

**Proposed Minnesota Public Health Association Resolution  
Physical Activity and Nutrition in the School Environment 2007**

**WHEREAS**, schools ought to provide a consistent environment conducive to teaching and modeling healthful eating behaviors and regular physical activity;

**WHEREAS**, in 2000, 53.2 million students were enrolled in public and private elementary and secondary schools in the United States, providing prime opportunity to educate and prevent against obesity<sup>1</sup>;

**WHEREAS**, the Minnesota Public Health Association recognizes that obesity and overweight among children and adolescents is a concern among all age, race, and ethnic groups;

**WHEREAS**, early childhood overweight is significantly associated with later childhood and adult obesity and related morbidities in adults<sup>2</sup>;

**WHEREAS**, 16 % of children and adolescents in the U.S. ages 6-19 are overweight, a number that has doubled for children and tripled for adolescents since 1980<sup>3</sup>;

**WHEREAS**, type 2 diabetes due to overweight is the fastest-growing childhood disease in the United States<sup>4,5,6</sup>;

**WHEREAS**, 43% of elementary schools, 74% of middle schools, and 98% of high schools have vending machines, school stores, or snack bars where students can purchase food or beverages that are in competition with federally supported child nutrition programs<sup>7</sup>; and

**WHEREAS**, the childhood obesity epidemic has been linked to multiple factors including increased access to and consumption of calorie-dense foods and sugar added beverages, decreased daily physical activity, and increased sedentary behavior.

**THEREFORE, BE IT RESOLVED** that the Minnesota Public Health Association:

1. Supports prevention efforts to reduce the prevalence of overweight and obesity in children and adolescents through policy, education, and environmental changes;
2. Supports efforts to implement and improve the vending, school lunch, and wellness policies of schools in Minnesota;
3. Supports the integration of food and nutrition education into school curricula;
4. Supports limits on the availability of high-calorie, nutrient-poor foods and beverages in school stores, vending machines and a la carte offerings;
5. Supports efforts to increase the availability of drinking fountains in schools with quality water;
6. Supports and encourages schools to develop, implement and enforce school policies to encourage healthful food and physical education messages and marketing practices to children;
7. Supports legislation and policies that increase the quantity and quality of physical education programs offered in grades K-12; and

8. Encourages schools to expand opportunities for physical activity to include intramural sports, activity clubs, after-school programs, other non-team based physical activity and, where possible, safer biking and walking paths to and from schools.

### **References:**

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<sup>1</sup> Institute of Medicine. Preventing Childhood Obesity: Health in the Balance. National Academy of Sciences, 2005.

<sup>2</sup> U.S. Department of Health and Human Services. The Surgeon General's Call to Action to prevent and decrease overweight and obesity, 2001.

<sup>3</sup> A Nation at Risk: Obesity in the United States, A Statistical Sourcebook. Robert Wood Johnson Foundation, 2006.

<sup>4</sup> Rosenbloom AL, Joe JR, Young RS, Winter WE. Emerging epidemic of type 2 diabetes in youth. Diabetes Care. 1999; 22:345-54.

<sup>5</sup> Dabelea D, Pettitt DJ, Jones KL, Arslanian SA. Type 2 diabetes mellitus in minority children and adolescents. An emerging problem. Endocrinol Metab Clin North Am. 1999, 28: 709-29.

<sup>6</sup> American Diabetes Association. Type 2 diabetes in children and adolescents. Diabetes Care. 2000; 23:381-9.

<sup>7</sup> CDC School Health Policies and Programs Study, 2000.