

# **2009-2010 CHILDHOOD OBESITY<sup>1</sup>** **LEGISLATIVE WORKING GROUP**

## **SUMMARY & RECOMMENDATIONS**

Legislators and stakeholders convened an informal legislative working group that met four times during Fall 2009 and Winter 2010 to recommend legislative proposals that would assist in reducing the epidemic of childhood obesity here in Minnesota. Legislators consisted of members on education, early education, environment, health and transportation committees. Stakeholder groups included state agencies and organizations that focus on education and health issues.

While presentations and studies reviewed were comprehensive in describing the challenge and potential solutions, the guidelines in which recommendations were offered were based on the recognition of extremely restrictive state and school district budgets and a desire to keep the recommendations primarily focused on the school environment.

### **STATEMENT OF AFFIRMATION**

The Childhood Obesity Working Group (“Working Group”) affirms the need for multiple strategies to be utilized in attempting to reduce childhood obesity including but not limited to:

- Physical education;
- Physical activities – within schools and communities (ie; “brain breaks,” recess, non-PE classes), extra-curricular, outdoor-based, etc.;
- Quality Nutrition – within schools, grocery stores, restaurants, farming, youth facilities, homes; and
- Generate lifelong commitment to health and wellness.

The Working Group further affirms support for physical education, nutrition and physical activity as key strategies to:

- Increase students’ abilities for successful learning;
- Teach life-long learning physical activity skills and quality nutrition choices;
- Reduce childhood obesity which reduces early on-set diabetes, heart disease, and other chronic diseases associated with obesity at an early age; and
- Reduce health care costs.

### **RECOMMENDATION GUIDELINES**

The Working Group determined that recommendations for the 2010 Legislative Session would be better received if they were shaped by the following guidelines:

- Evidence-based;
- Generally related to legislation;
- No fiscal impact (unless it has a positive impact);
- No mandates; and
- Recommendations that can be made to a range of legislative committees.

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<sup>1</sup> Childhood obesity was the term adopted for this group, however the policies reviewed and recommended by the group promote healthy eating and active living more broadly. In future discussion, the issue could be defined more positively by focusing on these healthful activities for all community members.

## **RECOMMENDATIONS FOR 2010 LEGISLATIVE SESSION**

### 1. Physical Education

- Adopt statewide physical education standards based on current national standards or state-level benchmarks, which allows school districts flexibility of implementation and access to federal grant funding.
- As part of regular, annual data collection, require the Department of Education to collect annual data from school districts on PE classes, physical education standards, and graduation requirements.

### 2. Physical Activity

- Integrate physical activity into non-physical education classes, recess and extra-curricular activities throughout the school day using PE teachers as a resource.
- Encourage at least 60 minutes of quality physical activity be available daily in a school environment.
- When appropriate, incorporate physical activity or outdoor education into environmental and natural resource services and programs.

### 3. Recess

- Promote quality recess guidelines that engage all students, increase their activity levels, build social skills, and decrease behavioral issues.
- Allow SHIP funds to be used to assure quality physical activity during recess as well as in before and after school opportunities.
- Discourage recess from being taken away from students as a form of punishment.

### 4. Transportation

- Ensure children can safely walk and bike to school and throughout the community by authorizing the Complete Streets proposal. Complete Streets policy creates safer roadways for bicyclists and pedestrians and encourages physical activity as well as promoting safe routes to school.

### 5. Nutrition

- Encourage agriculture and education committees to review benefits of Farm to School programs.
- Support a resolution declaring Farm to School week in September 2010.
- Allow SHIP funds to be used to implement policies that require nutritious food and beverage options in schools and Farm to School programs.

### 6. Misc.

- School districts post school wellness policies on local school district website when available.
- Maintain the Legislature's commitment of funds to the Statewide Health Improvement Program (SHIP) to implement effective population-based strategies to prevent chronic disease and contain health care costs.

## **REFERENCES**

**NOTE: To view various PowerPoint presentations and reports from the working group meetings as well as additional comprehensive information about obesity rates, statistics, trends, prevention policies and plans, go to:**

**<http://www.americanheart.org/presenter.jhtml?identifier=3065232>**

### **Presentations:**

- September 21, 2009 – Background on Childhood Obesity
  - Prevalence, causes and impacts: Dr. Marti Kubik – Associate Professor, U of M School of Nursing
  - Current attempts to reduce childhood obesity: Rachel Callanan – American Heart Association (AHA)
  - Recent legislative/executive attempts to reduce childhood obesity: Ann Marie Yunker – Senate Counsel for Senate Education Committee, Rachel Callanan (AHA)
- October 30, 2009 – Efforts to Reduce Childhood Obesity
  - Physical Education and Physical Activity in the Schools: Mary Thissen Milder – MN Dept. of Education
  - School Nutrition Policies/Action for Healthy Kids: Dr. Marc Manley M.D. – Blue Cross/Blue Shield, Deb Loy – MN Dept. of Education, Teresa Rondeau-Ambroz – Dakota County Public Health
  - Community Strategies/State Health Improvement Program (SHIP): Jodi Rohe – BLEND (Better Living Exercise & Nutrition Daily), Cara McNulty – MN Dept. of Health, Bonnie Brueshoff--Dakota County Public Health.

### **Studies/Reports Reviewed:**

1. 2006 Shape of the Nation Report, “Key State Physical Education Policies and Practices.”
2. Trust for America’s Health, “F as in Fat: How Obesity Policies Are Failing in America, 2009.”
3. Council of State Governments, “Childhood Obesity: Sharing What Works”  
[http://www.csg.org/knowledgecenter/docs/ProgramsThatWork\\_Low\\_Res.pdf](http://www.csg.org/knowledgecenter/docs/ProgramsThatWork_Low_Res.pdf)
4. National Governors Association Center for Best Practices, “Shaping a Healthier Generation: Successful State Strategies to Prevent Childhood Obesity,” (2009).  
<http://www.nga.org/Files/pdf/0909HEALTHIERGENERATION.PDF>
5. Robert Wood Johnson Foundation, “Active Education Physical Education, Physical Activity and Academic Performance,” (2009).  
[http://www.leadershipforhealthycommunities.org/index.php?option=com\\_content&task=view&id=211](http://www.leadershipforhealthycommunities.org/index.php?option=com_content&task=view&id=211)

6. Minnesota Department of Health and Blue Cross and Blue Shield of Minnesota, “Obesity and Future Health Care Costs: A portrait of two Minnesotas,” (2008).  
[http://www.preventionmn.com/objects/pdfs/2MN\\_Final3.pdf](http://www.preventionmn.com/objects/pdfs/2MN_Final3.pdf)
7. Minnesota Department of Health—Minnesota’s Task Force to Reduce Childhood Obesity, “Recommendations to Prevent and Reduce Childhood Obesity in Minnesota,” (2007).  
<http://www.health.state.mn.us/divs/hpcd/chp/cdrr/obesity/pdfdocs/childhoodobesityrecommendations.pdf>
8. U.S. Department of Human Services and CDC Morbidity and Mortality Weekly Report: “Recommended Community Strategies and Measurements to Prevent Obesity in the United States,” (July 24, 2009) <http://www.cdc.gov/mmwr/PDF/rr/rr5807.pdf>
9. Minnesota Department of Health, “Minnesota’s Plan to Reduce Obesity and Obesity-Related Chronic Disease,” (2008).  
<http://www.health.state.mn.us/cdrr/obesity/obesityplan/obesityplan.html>
10. Robert Wood Johnson Foundation, “Action Strategies Toolkit,” Leadership for Healthy Communities – Advancing Policies to Support Healthy Eating and Active Living,” (2009). [www.leadershipforhealthycommunities.org](http://www.leadershipforhealthycommunities.org)
11. Menschik, D., et al. “Adolescent Physical Activities as Predictors of Young Adult Weight.” *Arch Pediatr Adolesc Med.* 2008; 162(1):29-33.  
<http://archpedi.amaassn.org/cgi/content/full/162/1/29?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=menschik&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>
12. Kvaakik, E., et al. “Physical Fitness and Physical Activity at Age 13 Years as Predictors of Cardiovascular Disease Risk Factors at Ages 15, 25, 33, and 40 Years: Extended Follow-up of the Oslo Youth Study” *PEDIATRICS* Vol. 123 1 January 2009, pp.e80-e86.  
<http://pediatrics.aappublications.org/cgi/content/abstract/123/1/e80>
13. Madsen, K., et. al. “Physical Activity Opportunities Associated With Fitness and Weight Status Among Adolescents in Low-Income Communities,” *Arch Pediatr Adolesc Med.* 2009;163(11):1014-1021.
14. Machalica, K., et al. November 18, 2009, “Students With A Lower Socioeconomic Background Benefit From Daily School Physical Activity.”  
<http://americanheart.mediaroom.com/index.php?s=43&item=859>

#### Legislators:

Sen. Terri Bonoff  
(Co-Chair)

Sen. Kathy Saltzman

Sen. Patricia Torres Ray

Rep. Denise Dittrich

Rep. Kim Norton  
(Co-Chair)

Sen. Geoff Michel

Sen. Dan Skogen

Rep. Patti Fritz

Rep. Bob Dettmer  
(Co-Chair)

Sen. Ellen Anderson

Rep. Nora Slawik

Rep. John Ward

**Stakeholders:** The following organizations were involved in the Working Group process or consulted when determining the final recommendations. Their involvement neither implies support nor opposition to the final recommendations.

Minnesota Department of Health  
Minnesota Department of Education  
Minnesota State High School League  
Minnesota School Nutrition Association  
Education Minnesota  
Minnesota Parent Teacher Association  
Minnesota Association of Elementary School Principals  
Minnesota Association of Secondary School Principals  
Minnesota Association of School Administrators  
Association of Metropolitan School Districts  
Minneapolis Public Schools  
Minnesota Rural Education Association  
Minnesota School Boards Association  
American Heart Association  
MN Association of Physical, Health, Education Recreation and Dance  
Public Health Law Center  
American Cancer Society  
Blue Cross and Blue Shield of Minnesota  
Minnesota Beverage Association  
Minnesota Medical Association  
Minnesota Local Public Health Association  
Dakota County Public Health  
University of Minnesota  
HealthPartners  
CentraCare Health Foundation—BLEND Coalition  
Action for Healthy Kids  
Minnesotans for Healthy Kids Coalition  
Minnesota Chapter of the American Academy of Pediatricians

### Survey Results of 2009-2010 Childhood Obesity Legislative Working Group:

The policy options used for the survey were compiled from evidence-based recommendations by the Robert Wood Johnson Foundation, the Minnesota Department of Health, the U.S. Department of Human Services, the U.S. Centers for Disease Control (CDC) and the legislative members of the working group. The survey was developed to pare down the 46 possible policy options to a selection of policies that would have broad working group support. To achieve this end, the survey asked legislators to rate each policy on a 5-point scale from “Not a Priority” to “Very High Priority,” and also choose their top 5 policy options from the list of 46. The utilization of both “rating” and “ranking” the policies should allow the identification of policies that have broad support. Nine of the twelve legislators who participated in the working group responded to the survey.

The different sections of the survey allowed for two separate lists of policies to be developed. The list using the “rating” results averaged the responses for each policy option, and the list using the “ranking” results was based on how many members listed a certain policy in their Top 5.

The top policies identified by both the rating and the ranking section of the survey are summarized below. (0 = Not a Priority – 4 = Very High Priority)

Policy Options - Rating	0	1	2	3	4	Rating Average
Integrate Physical Activity Throughout the School Day	0	0	1	2	5	3.50
Offer at Least 30 Minutes of Quality Physical Activity Daily	0	0	1	3	4	3.38

Policy Options - Ranking	5	4	3	2	1	Response Count
6) Offer at Least 30 Minutes of Quality Physical Activity Daily (In Schools)	0	1	0	2	3	6
13) Integrate Physical Activity Throughout the School Day	0	3	2	1	0	6

The rating section of the survey also identified three other policies that averaged at least “High Priority”, and the ranking section also identified two other policies that had at least three members respond with that policy in their Top 5.

Policy Options - Rating	0	1	2	3	4	Rating Average
Ensure that Students Have Appealing, Healthy Food and Beverage Choices in Schools	0	0	2	2	4	3.25
Reduce screen time for children	0	1	0	4	3	3.13
Create environments that support and encourage healthy food choices and physical activity for childcare and preschool	0	1	0	4	2	3.00

Policy Options - Ranking	5	4	3	2	1	Response Count
7) Implement Standards-Based Physical Education Classes Taught by Certified PE Teachers	0	0	0	2	2	4
40) Create environments that support and encourage healthy food choices and physical activity for childcare and preschool	2	1	0	0	0	3

The results show six policies that have broad support. Of course, the results of this survey need to be taken in concert with the discussions of working group in order to develop truly legitimate priorities. It is worth noting that the list identified here with two more respondents is nearly identical to the previous results.

### Legislation Reviewed

- House File 439/Senate File 61 (Norton/Tomassoni) and Fiscal Note
- April 25, 2008 Department of Finance Local Impact Note on House File 420/Senate File 382 (Ward/Tomassoni).
- Rep. Dettmer A09-0493 Amedment (4/22/09) to House File 2.
- Senate File 1606 (Sieben).
- House File 613 (Buesgens).