

Nutrition and Physical Activity

About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

Seriousness of the Issue

Lack of adequate or proper nutrition and physical activity in childhood can have adverse effects on a child's growth and development. For instance, if calcium intake is too low in childhood or adolescents, there is an increased risk for osteoporosis. Regular physical activity for children is important to promote normal growth and maintain healthy bones, muscles and joints.¹ It can also help develop self-esteem and social skills such as negotiation and cooperation.²

Recently, increasing attention is being paid to the link between these issues and the increase in childhood obesity. The increasing rate of overweight and obesity threatens the health of our children and youth, placing them at much greater risk for the development of and early onset of chronic diseases.

The proportion of children classified as overweight or obese is growing at an alarming rate in the United States and in Minnesota:

- In 2004, 13.8% of children ages two to five enrolled in the Minnesota Women, Infants, and Children Supplemental Feeding Program (WIC) were overweight.³
- Prevalence of obesity among children and adolescents in the United States quadrupled among 6-11 year-olds and more than tripled among 12-19 year-olds between 1971-74, and 1999-2002, according to the National Health and Nutrition Examination Survey (NHANES).⁴

Physical Activity

Data from the 2007 Minnesota Student Survey indicate a high percentage of Minnesota youth, especially girls, fail to meet national physical activity recommendations.

Percentage of students reporting being physically active five or more days per week for at least 30 minutes per day (moderate physical activity) seven days before the survey:

	<u>Grade 6</u>	<u>Grade 9</u>	<u>Grade 12</u>
Boys	52%	62%	52%
Girls	43%	49%	31% ⁵

Percentage of students participating in a physical activity that made them sweat or breathe hard three or more days per week for at least 20 minutes per day (vigorous physical activity) seven days before the survey:

	<u>Grade 6</u>	<u>Grade 9</u>	<u>Grade 12</u>
Boys	71%	75%	66%
Girls	69%	70%	51% ⁵

Nutrition

As with physical activity, the Minnesota Student Survey shows similarities and differences between in eating habits between boys and girls.

Percentage of students who drank zero glasses of milk the day before the survey:

	<u>Grade 6</u>	<u>Grade 9</u>	<u>Grade 12</u>
Boys	12%	13%	16%
Girls	17%	24%	29% ⁵

Both boys and girls eat only two to three daily servings of fruits, fruit juices, or vegetables.⁵

While the obesity epidemic appears in both boys and girls and among all racial and ethnic groups, disparities exist in terms of who is particularly affected. At a national level, individuals in low socio-economic groups, Hispanics, non-Hispanic Blacks, and Native Americans tend to have higher overweight and obesity rates in childhood and adolescence.⁶



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These trends are all evident in Minnesota. In addition, youth living in non-metro areas are more likely to be overweight or obese than those living in metro areas.⁷

Evidence-Based Strategies

Developing healthy eating and physical activity habits early in life makes it easier to sustain them into adulthood. The Minnesota Department of Health has developed a number of nutrition and physical activity intervention recommendations based on the Centers for Disease Control and Prevention's Community Guide.⁸ The Minnesota Obesity Plan to reduce obesity and obesity-related chronic disease within the state contains a comprehensive list of these interventions.⁹

The new Minnesota Statewide Health Improvement Program (SHIP) is supporting communities all across the state to implement a number of these interventions. The interventions that have been selected are designed to address policy, systems and environmental change in the four settings of schools, communities (including child care), worksites and health care. A number of these interventions are focused on children and adolescents.

Current Resources and Capacity

Currently, the general public, as well as specific groups such as the medical community and schools, are very aware of and interested in taking action on nutrition and physical activity promotion. This level of awareness can translate to a higher level commitment to addressing these issues. The Minnesota Obesity Plan recognizes that while addressing these issues can seem daunting the need for action is clear.⁹

Communities in Minnesota have a diverse range of capacities for implementing interventions. SHIP will be assisting the effort to reduce the percentage of Minnesotans who are obese or overweight through better nutrition and increased physical activity. Each community receiving SHIP funding support is identifying their community priorities and then will select the obesity prevention interventions from the SHIP Menu of Interventions that address their community priorities.¹⁰

WIC recently updated its approved food package. This was done to reflect changes in the federal program and dietary guidelines. It includes more whole grain options, fruits and vegetables. This may influence smaller convenience stores to carry a wider selection of fruits and vegetables, which would affect the eating options for lower income families.¹¹

For more information, visit the MDH Chronic Disease and Risk Reduction Unit's Nutrition and Physical Activity web sites:

<http://www.health.state.mn.us/nutrition/>

<http://www.health.state.mn.us/physicalactivity/>

¹ CDC. (1996). Physical Activity and Health: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services.

² Lee, S. Burgeson, C. Fulton, J., & Spain, C. (2007). Physical Education and Physical Activity: Results from the School Health Policies and Programs Study, 2006. *Journal of School Health*, 77: 435-463.

³ Pediatric Nutrition Surveillance System Report: Health Indicators Minnesota Children Enrolled in WIC 1995 to 2004. St. Paul, MN: Minnesota Department of Health.

⁴ Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey Data. 2003-2004.

⁵ Minnesota Departments of Education, Health, Human Services and Public Safety. 2007 Minnesota Student Survey. www.health.state.mn.us/divs/chs/mss Retrieved 8/13/09.

⁶ Centers for Disease Control and Prevention. (2009). Differences in Prevalence of Obesity Among Black, White, and Hispanic Adults –United States, 2006-2008. *MMWR*, 58(27): 740-744.

⁷ Park, E. (2008). Overweight youth in Minnesota, their eating habits and physical activity: Data from the 2007 Minnesota Student Survey. St. Paul, MN: Minnesota Department of Human Services.

⁸ Centers for Disease Control and Prevention. (2002) The Guide to Community Preventive Services. www.thecommunityguide.org/pa Retrieved 8/13/09.

⁹ Minnesota Department of Health (2008). Minnesota Plan to Reduce Obesity and Obesity-Related Chronic Diseases: Promoting Healthy Eating, Physical Activity and Healthy Weight. St Paul, MN: Minnesota Department of Health.

¹⁰ Minnesota Department of Health. (2009). SHIP Grants to Local Communities: Request for Proposals, Appendix E: Menu of Interventions. http://www.health.state.mn.us/healthreform/ship/SHIPRFP_Section3.pdf Retrieved 8/18/09.

¹¹ Minnesota Department of Health. July 30,2009. Minnesota WIC program to offer healthier food choices to women, infants and children. News Release. St Paul, MN: Minnesota Department of Health.