

Physical Activity

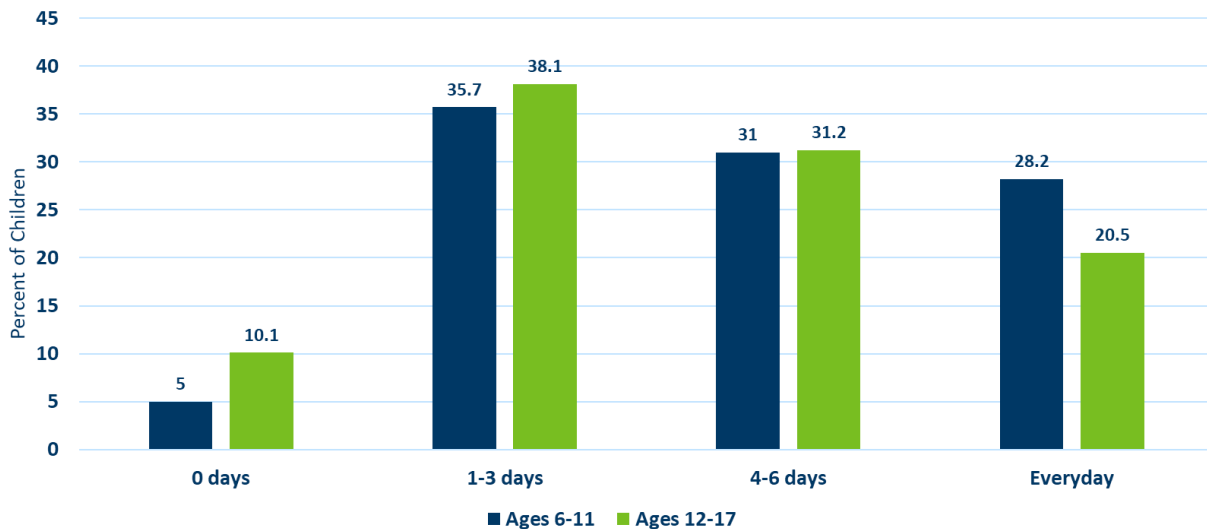
HEALTH THROUGH MOVEMENT

Why It's Important

Physical activity is one of the best things people can do to improve their health and reduce their risk of disease. It is vital for healthy aging, can reduce the burden of chronic diseases, and prevent early death. Nationally, nearly 1 in 5 school age children is obese and fewer children are meeting physical exercise guidelines than ever before; a trend that is seen in Minnesota as well.¹ In Minnesota, only 28 percent of children between the ages of 6 and 11 years old are physically active for at least 60 minutes per day (Figure 1).² As children age into adolescence, this proportion drops to just 20 percent. Physical activity during childhood and adolescence is crucial to healthy bone, muscle, and cardiovascular system development and also helps form healthy lifelong health habits. An adequate amount of physical activity per week during childhood, which varies by age group, has been associated with lower rates of diabetes, cardiovascular disease, and obesity.³

"[Women, children, and families need] affordable recreation opportunities - many children are unable to participate in valuable local recreation programs due to cost. They don't have the same opportunities to benefit their physical health and social connection." – Needs Assessment Discovery Survey Respondent

Figure 1. Number of days Minnesota children were physically active for at least 60 minutes per day, 2016-2017

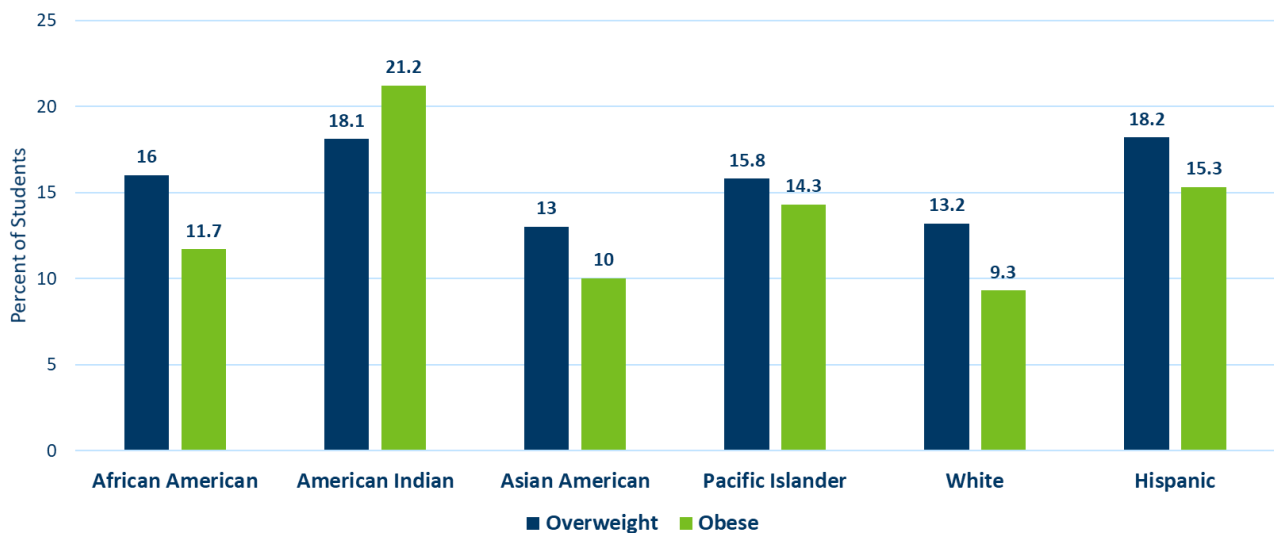


Source: National Survey of Children's Health

Focus on Health Equity

In Minnesota, male students are nearly twice as likely as female students to be obese (13% vs. 7%).⁵ Rates of obesity and amount of physical activity per week can be impacted by income, sex, and race/ethnicity with people of color, American Indians, and people with the lowest incomes having higher rates of obesity.⁴ Rates of physical activity and obesity among children and adolescents can be impacted by access to safe, adequate, and affordable recreational opportunities.

Figure 2. Percent of Minnesota Students that are Overweight or Obese by Race/Ethnicity, 2016



Source: Minnesota Student Survey

Physical Activity in Schools

Minnesota has comprehensive legislation that mandates that all schools teaching students from kindergarten to 8th grade must include physical education that meets the 2018 Minnesota physical education standards per grade level. While physical education is required for all students until 8th grade, high school students (9th to 12th grade) must receive instruction in health education at least once.⁶ Schools in Minnesota are not required to offer recess.⁷ Health education does not necessarily mean physical activity and the type and amount of health education required is established by individual districts. Differences in school facilities and required physical and health education instruction are varied, largely in part due to the current funding of school districts based on local taxes, which can result in disparities between districts with low income districts experiencing decreased course offerings and lower quality facilities.⁸

Cost of Recreational Activities

Children that come from homes with household incomes above \$50,000 per year are more likely to participate in youth sports. Children from low-income households are half as likely as their wealthier peers to play at least one day of team sports in a year.⁹ The number of children participating in youth sports has been declining in the past decade as the cost of youth sports has risen drastically. The cost for most parks and recreation sports leagues are \$100 or more per season, which is out of reach for many families especially when cost of equipment, transportation to games, and uniforms is added to the equation.¹⁰

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“Success looks like every kid in this country having the opportunity to play sports and develop habits of physical activity for their lifetime”-Tom Farrey, Executive Director of the Aspen Institute Sports & Society Program⁹

Safe Neighborhoods

Having access to parks, sidewalks, playgrounds, sports fields, and recreation centers allow people to be physically active at or near home, but the safety of these spaces can limit the ability and comfort of children and families to utilize these spaces. A research brief published by Child Trends found that children get most of their exercise in parks and playgrounds and improved walkability in neighborhoods increased physical activity among all age groups.¹¹ This report concluded that neighborhood characteristics had a large impact on physical activity than race and sex.

Additional Considerations

Children and Youth with Special Health Needs (CYSHN) are more likely to be obese and less likely to be physically active, often due to a lack of opportunities to be physically active in accessible and safe ways rather than due to a lack of ability to be physically active in general.¹² Limited resources in schools, such as lack of adaptive equipment or staffing to support the student, as well as inaccessible spaces to play in neighborhoods, have been identified as barriers to physical activity experienced by CYSHN.

Important Note on Equity and Intersectionality

The Minnesota Department of Health’s Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person’s ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation– which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

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