School Influence on Childhood Obesity
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Introduction
Schools, parents, and fast food chains are receiving criticism for the growing issue of childhood obesity. Schools are making changes in a variety of areas to positively influence children’s health, health education level, and physical activity level. These changes are an attempt to fight this epidemic.

The Preventative Approach
When it comes to obesity in children it is more realistic to take a preventative approach rather than attempting to treat the problem (Leviton, 2008). It is recommended that children participate in at least one hour of physical activity a day. Leviton stated that implementing a weekly recess program will yield minimal results but making small daily changes will produce greater results on the whole. If schools can get children to exert more energy every day, whether through more time on the playground or more activities during P.E., the small daily change will prove to be beneficial to the children.

Researchers have found that elementary aged children are the ideal age to begin making changes (Procter et al. 2008). Children spend an average of 35 hours a week in school, which is ample time to make an impact. Young children are more impressionable than older children and adults. Young children are developing habits and learning behaviors they will carry with them throughout their adulthood (Davidson 2007). Schools have an opportunity to instill healthy eating habits, positive attitudes about physical activity, and to educate every child who walks into the classroom.

Healthy Diet
The school cafeteria is one area that has the potential to positively influence a child’s health. Figure 1 illustrates the four areas—product, price, promotion, and place—that Goldberg and Gunasti (2008) stated influence parents and children’s food choices. Goldberg and Gunasti stated that changing the product, the food that is served, can be beneficial. Food preparation and presentation can have an effect on a child’s perception of it. If schools present healthy food options in a way that appeals to a child’s senses, the child may be enticed by it and choose the healthy option.

Many food distributors target children through their advertising. Cereals companies, potato chip companies and other processed and prepackaged food companies use cartoon characters, jingles, and commercials that catch children’s attention making the company’s product easily recognizable when presented as an option in a school cafeteria. Schools have an opportunity to reach children through the same tactic by positively marketing the schools dining options (Goldberg & Gunasti). Another option to positively promoting the school lunch is to limit the amount of “competitive foods” sold in the cafeteria (Leviton 2008). Competitive foods are foods that are low in nutritional value and compete with the foods on the school’s menu. Competitive foods are also found in vending machines. Removal of vending machines or incorporating healthy options in the machines can be beneficial to a child’s health.
Active Classrooms

Active classrooms are classrooms that incorporate physical activities into the lessons taught in the classroom. Researchers are considering active classrooms as an option to positively impact a child’s health. Children are restricted to their desks for seven hours each day and the active classrooms require students to get up out of those desks (Davidson, 2007). McKenzie and Kahan (2008) presented the idea of incorporating activity in subjects such as math and science. Math and science are areas of study that are not limited to text books. Hands-on activities or simply creating work stations around the classroom forces students to exert energy. While all these options do have the potential to positively influence a child’s physical activity level, they do have costs attached to them.

Problems

With all change, there is a price to pay to achieve the desired outcome. For one, there are monetary costs the schools may not be able to endure (Davidson 2008). School districts work on limited budgets, therefore, the training, time, and energy needed for programs to be effective may be out of their range. The need for well qualified teachers and adequate equipment is a necessity. Children can be given time to play outside but if there is broken playground equipment or a limited supply of balls and jump ropes children are tempted to stand around and watch others. Healthy and fresh foods are more expensive than bulks of frozen or processed foods. According to Davidson, teachers, principals, and school nurses must be qualified to actively prevent childhood obesity and they must all be working toward the same goal-preventing childhood obesity.

The research done in the field also presents a problem. The research has not
been extensive, therefore, the proper implementation techniques have not been perfected and the most accurate way to measure success had not been developed (Davidson).

**Conclusion**

There are a number of options being explored to prevent childhood obesity. Teachers, principals, and nurses all working toward preventing childhood obesity is the first step to seeing change. It is unrealistic to believe a complete makeover of the school cafeteria and classroom is going to be immediate and yield immediate results, but it is a start. The important thing to consider is that it is a process and what and how much goes into making the changes will influence the outcome.

With further research in the areas of physical activity, healthy diets, and active classrooms the three will work together to prevent obesity in children.

**Audience**

This research brief is intended for school district officials interested in implementing a prevention program and teachers looking to find out what he or she can do to help. Knowledge of the issue at hand is not necessary but is helpful.

**References**


