

FORUM:	World Health Assembly
ISSUE:	Measures to Improve School Nutrition Standards and Physical Activity Programs and Combat the Rise of Childhood Obesity in the United States
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Introduction

Obesity is a clinical condition caused by body fat accumulation and affects over 100 million adults in the United States as of 2020. Obesity is considered a chronic medical condition, which implies that the condition can originate from childhood and have lasting effects beyond adulthood. As a result, childhood obesity poses a significant public health issue in the United States and is the primary focus of this resolution. As of 2020, the Centers for Disease Control and Prevention (CDC) reports that 19.7% of children aged 2-19 years are considered obese, a standard that is based on whether the child is within the 95th percentile of the body mass index (BMI) scale of their demographic and gender. Obesity has been shown to have lifelong impacts on individuals' cardiovascular, psychological, and overall health, suggesting that the recent surge in childhood obesity may have serious implications for their long-term well-being.

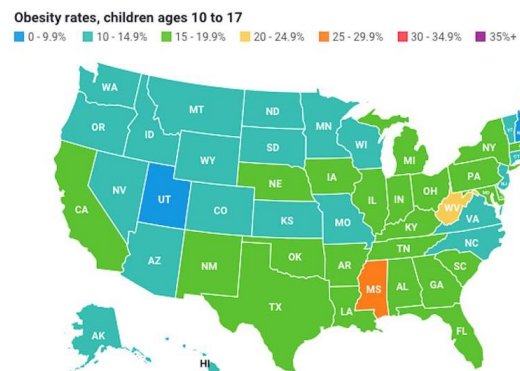


Figure 1: Map of the United States, depicting childhood obesity rates from 2016-17

There are several emerging solutions to childhood obesity—namely, primary and secondary intervention strategies. Primary intervention involves raising awareness of physical education, nutritional standards, and healthy lifestyle practices. By encouraging parents and children to engage in these educational experiences, primary intervention targets the lack of understanding around how daily habits contribute to obesity. Secondary intervention incorporates medical screening and treatments to prioritize the detection of obesity and the reinforcement of a healthy lifestyle. Previous research has shown that the combination of these types of intervention strategies has been effective in reducing obesity worldwide. With this in mind, this resolution primarily focuses on the actions that educational institutions could take to address the issue of childhood obesity through nutritional and physical health awareness mechanisms.



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Background

Previous research has found that obesity bias affects children's psychological and social well-being in educational settings, often leading to rejection by peers and teachers. As a result, it has become increasingly important for schools to actively incorporate educational programs supporting obese children, rather than to isolate them and reinforce the self-fulfilling prophecy that suggests obese children are less academically or socially competent.

The CDC has provided several approaches to address childhood obesity in educational

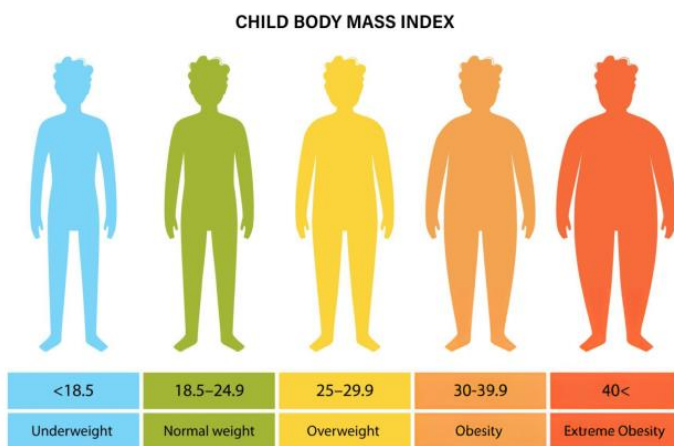


Figure 2: Chart depicting childhood BMIs and their respective health classifications

environments, including but not limited to enforcing physical activity regulations, creating partnerships between the school and parents to enforce a healthy lifestyle, and preventing discrimination based on students' size or weight. According to a study analyzing school intervention strategies, students tended to have lower BMI scores when they attended schools with nutritional guidelines than without, providing a glimpse into the impact that educational spaces have on overall childhood

health.

The United Nations (UN) has also raised awareness of the gravity of this issue, especially raising awareness of the fact that approximately one in five children are considered overweight globally as of 2025. The UN largely attributes this phenomenon to increased accessibility and marketing of processed foods that lure children into an invisible psychological battle against hamburgers and sugar-filled drinks. As children are more susceptible to falling for these marketing tactics, the UN urges member states to enforce stringent regulations on marketing strategies, food labeling, and accessibility of unhealthy foods at schools.

Problems Raised

The Long-Term Jeopardization of Health

The National Institute of Health (NIH) outlines the various long-term health risks associated with obesity, including Type 2 diabetes, hypertension, and strokes. To explore these conditions briefly, Type 2 diabetes is caused by insulin resistance, in which cells do not properly take up and use blood glucose for



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energy. Diabetes is often associated with heart disease, strokes, and nerve damage and requires regular monitoring of one's blood sugar levels, eating habits, and weight. Hypertension, otherwise known as high blood pressure, can be fatal, especially as it can contribute to heart attacks, strokes, or kidney disease. Finally, strokes are caused by clogged or ruptured blood vessels in the brain or neck regions, which can lead to death or paralysis. As highlighted through the severe health consequences associated with obesity, the issue of childhood obesity is not only pertinent for schools to help students lead healthy lives during their school years but also to equip them with the skills necessary to prevent encountering these health issues in the long term.

Lack of Proper Intervention Strategies in Educational Settings

A research study focusing on the healthcare policies at government schools in the Kingdom of Saudi Arabia (KSA) found that one of the primary obstacles to implementing healthy living practices at schools was the issue of limited infrastructure, time, and staff to educate students on proper health and nutrition. As the curriculum largely centered on teaching students core subjects, physical education classes were largely limited to one class period of 45 minutes per week. Furthermore, some schools did not have the proper equipment or gym to maintain physical education classes training students on building real exercise skills.

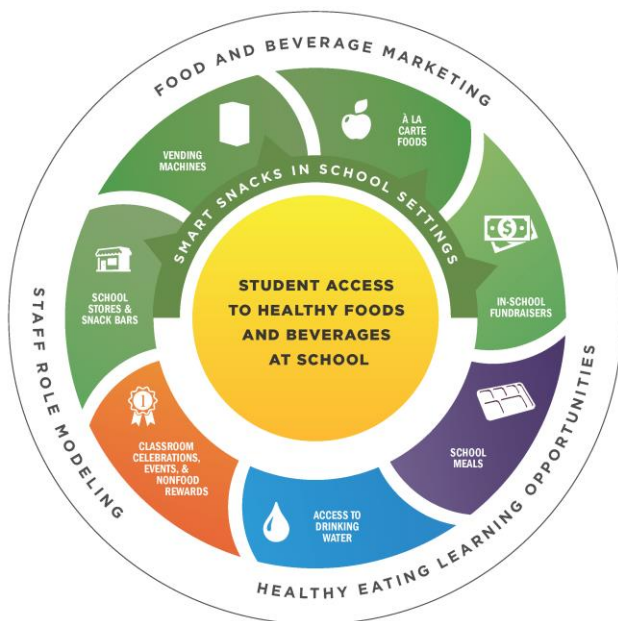


Figure 3: Informative poster from the CDC outlining food services offered to students in educational settings

Certainly, this study may only reveal a pattern in the KSA, as the study's primary focus groups were government-operated KSA schools. However, the same principle applies to educational institutes in the United States as well. With the diversity of schools and their respective availability of resources for these programs, it is difficult to create, implement, and standardize effective programs dedicated to curbing obesity. As of 2017, a study estimated that only about 3% of US public primary and secondary schools implemented health awareness and training programs, illustrating the relevance of this issue today.

International Actions

World Health Organization Health Service Delivery Framework for Prevention and Management of Obesity



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In 2023, the World Health Organization (WHO) established a new framework to guide Member States and organizations in healthcare delivery and intervention strategies for patients with obesity. The WHO collaborated with the Nutrition and Food Safety Department and the Integrated Health Services Department, Clinical Services, and Systems Unit to help inform the framework. The framework highlights the importance of long-term treatment and increasing accessibility of clinical resources to treat obesity worldwide. By encouraging collaboration across various government sectors, this framework standardized definitions related to obesity, constructed a four-step prevention mechanism to prevent the progression of the condition, and outlined areas for growth in the contemporary healthcare space. Although this guideline is largely for Member States to reference as they aim to decrease obesity rates across the nation, educational institutions can also benefit from using this framework to inform their school-wide policies on nutrition and physical education.

World Health Organization Acceleration Plan to Stop Obesity

Established in 2022 during the 75th World Health Assembly conference, the WHO Acceleration Plan to Stop Obesity specifically targets Sustainable Development Goal #3, which prioritizes “Good Health and Well-Being.” Recognizing the lives lost each year due to non-communicable diseases (NCDs), this plan moves governments internationally to recognize obesity as a grave public health issue in need of proactive actions taken to prevent the rise in obesity. In particular, this acceleration plan has emphasized the lack of accessibility of fundamental healthcare systems dedicated to obesity in low- and middle-income countries (LMICs), suggesting that educational institutions in such regions should emphasize providing accessible healthcare where students may otherwise not be able to afford or find healthcare services.



Figure 4: Children consuming a balanced diet

Furthermore, this acceleration plan has suggested that there should be increased taxation on sugar-sweetened beverages (SSB), as such policies in various countries have been shown to lead to decreased SSB consumption. At schools, policies should aim to target food awareness and dietary requirements, particularly discouraging students from consuming SSB during the school day and creating a balanced dietary menu in school cafeterias.

Key Players

World Obesity Federation

The World Obesity Federation often collaborates with the UN to recommend the WHO and UNICEF for health- or policy-related information about obesity. By leading awareness campaigns on obesity and living with the condition, this organization has transformed public perception of obesity. Internationally, this organization has published journals, created data libraries, and led conferences on obesity intervention, reaching over 100 countries and regions. As Member States establish health protocols for public or government-operated schools, governments can benefit from collaborating with the World Obesity Federation to identify areas the government can financially support.

Obesity Action Coalition (OAC)



Figure 5: Poster of 2026 Your Weight Matters National Convention organized by the OAC in 2026

The OAC has led several initiatives specifically dedicated to childhood obesity, including the Thrive Together Youth and Families Program. This program has provided families with health-related support for children with obesity and increased medical literacy on the underlying causes of obesity. By sharing

teenagers' journeys with obesity, this program has actively strived to dismantle the societal

stigma and shame associated with obesity. As schools collaborate with such organizations, institutions should prioritize eliminating the social barriers and stigma associated with obesity before implementing health-related regulations.

Possible Solutions

Standardization of Dietary Requirements and Health Programs in Schools

As mentioned previously, a key obstacle in the intervention of childhood obesity is the fact that different educational institutions have variable resources, teachers, and curriculum requirements. As a result, this variability often leads to decreased effectiveness of obesity programs across the United States, a country that does not mandate advertisements for foods provided at school. In order to address this issue, Member States must first prioritize the standardization of such policies, ensuring that dietary and physical health requirements are maintained at a high quality on a regular basis.



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According to the WHO guideline on healthy school food environments, schools should first begin by reviewing the food and beverages typically served in school meals and snacks, ensuring that these all meet the proper dietary requirements as outlined by science-backed research and approval from the school board. At the same time, it is important for schools to consider the fact that students may come from different socioeconomic backgrounds, and as a result, should prioritize making sure that nutritious foods are available to all students---not simply those who can afford to buy snacks.

The CDC recommends daily exercise of at least an hour for children, and schools should aim to encourage this habit through physical education periods. Although there may be the issue of a lack of proper gym equipment, facilities, or teachers to monitor this physical education, educational systems can find ways to integrate physical activity through walking, biking, and sports activities across the school day. Using the Comprehensive School Physical Activity Program (CSPAP), institutions should aim to encourage active lifestyles in their students, both inside and outside of the classroom.



Figure 6: Children attending physical education class

Increased Obesity Literacy

With rising obesity levels, it has become imperative for students, parents, and school boards alike to recognize the significance of this public health crisis. Hence, educational systems should aim to serve as a liaison between students and science, raising awareness of the symptoms, intervention strategies, and daily habits that can affect whether a child is diagnosed with obesity.

In particular, the World Diabetes Foundation proposes a sample two-step framework for this literacy project. The first step should raise medical literacy on the various health consequences associated with obesity, primarily targeted at children and parents. This step can involve various mitigation strategies, including food labeling practices and nutritional health workshops. The following step should then extend beyond the educational setting to teach parents how to lead a culture of healthier lives in their homes, pioneering the long-term prevention of obesity.

Glossary

Childhood Obesity



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A clinical condition affecting children at or above age two marked by a BMI score within the 95th percentile of the child's respective gender and demographic

Body Mass Index (BMI)

Metric that provides a general estimate of an individual's body fat considering an individual's height and weight

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