



Robert Wood Johnson
Foundation



CHILDHOOD OBESITY

THE ROBERT WOOD JOHNSON FOUNDATION (RWJF) IS COMMITTED TO TACKLING ONE OF TODAY'S MOST URGENT THREATS TO THE HEALTH OF OUR CHILDREN AND FAMILIES—CHILDHOOD OBESITY. OUR GOAL IS TO REVERSE THE CHILDHOOD OBESITY EPIDEMIC BY 2015.

WE PLACE SPECIAL EMPHASIS ON REACHING CHILDREN AT GREATEST RISK: AFRICAN-AMERICAN, LATINO, NATIVE AMERICAN, ASIAN AMERICAN AND PACIFIC ISLANDER CHILDREN LIVING IN LOW-INCOME COMMUNITIES. OUR GRANTMAKING FOCUSES ON CHILDREN AND YOUTH AGES 3 TO 18, A CRITICAL PERIOD DURING WHICH LIFELONG HABITS ARE FORMED.

WE WORK MAINLY IN SCHOOLS AND COMMUNITIES, WHERE OUR GOAL IS TO IMPROVE ACCESS TO AFFORDABLE HEALTHY FOODS AND OPPORTUNITIES FOR PHYSICAL ACTIVITY.

THE PROBLEM

Childhood obesity is a public health epidemic. During the past four decades, obesity rates have soared among all age groups, more than quadrupling among children ages 6 to 11. Today, more than one-third of all children and adolescents in the United States are overweight or obese. That's nearly 25 million kids and teenagers.

If we don't act to reverse this alarming trend, we're in danger of raising the first generation of American children who will live sicker and die younger than the previous generation. Preventing obesity during childhood is critical, because habits that last into adulthood frequently are formed during youth. Research shows that overweight adolescents have up to an 80 percent chance of becoming overweight or obese adults.

Earlier onset of obesity also leads to the earlier onset of related illnesses, such as heart disease, stroke, diabetes and certain types of cancer. By reversing the epidemic of childhood obesity, we will make our nation healthier and save countless lives.

Obesity also poses a tremendous financial threat to our economy and our health care system. It's estimated that the obesity epidemic costs our nation \$117 billion per year in direct health care costs and lost productivity. Childhood obesity alone carries a huge price tag—up to \$14 billion per year in direct health care costs to treat kids.

How did we get to this point?

There's a simple equation that defines our nation's obesity epidemic. To maintain a healthy weight, the energy we consume in calories must equal the amount of energy we burn. This is "energy balance."

For at least three decades, we've been terribly out of balance—taking in enormously more than we burn. Today's overweight teenagers consume between 700 and 1,000 calories more

per day than what's needed for the growth, physical activity and body function of a normal-weight teen. Over the course of 10 years, that "energy gap" is enough to pack an average of 58 extra pounds on an overweight adolescent.

As awareness of childhood obesity has grown, so, too, has our understanding of the many factors that contribute to the epidemic and what we'll need to do to reverse it. Attention has shifted from a focus on personal responsibility to the social and environmental factors that contribute to our nation's weight problem. While individual choice and behavior are important, the world we live in plays a big role, too.

As a society, we've dramatically altered the way we live, eat, work and play. Our kids spend an average of five hours per day sitting in front of a screen, whether it's a television, video game or computer. A generation ago, approximately half of all school-age children walked or biked to school. Today, it's estimated that nine out of 10 kids are driven to school. And once they get there, there aren't many opportunities for exercise. Only 8 percent of elementary schools provide daily physical education.

At the same time, children are eating more unhealthy foods in ever-larger sizes. During the past 20 years, the typical calorie content of menu items like French fries and sodas has increased approximately 50 percent. Children consume these high-calorie, low-nutrient foods not only in restaurants, but also in their homes and schools.

In communities hardest hit by obesity, families simply don't have the opportunities they need to make healthy choices. They don't have grocery stores that stock affordable fresh fruits and vegetables. There aren't enough safe places for kids to play or programs to help them be physically active every day. *To reverse the childhood obesity epidemic, we must remove these barriers and provide families with better access to healthy choices.*

EVOLUTION OF RWJF STRATEGY

The Foundation has worked for several years to increase routine physical activity among people of all ages by promoting policy and environmental changes that foster activity-friendly communities. With the rising prevalence of obesity and related health problems, it became clear that we needed to add equal emphasis to creating environments and policies that also promote healthy eating. Our focus on children, for whom rates of obesity are rising steeply, is central to our commitment to prevention and to promoting lifelong healthy eating and physical activity behaviors.

WHAT WE FUND

RWJF has developed three integrated strategies to reverse the childhood obesity epidemic: **evidence**, **action**, and **advocacy**.

Investments in **building the evidence base** will help ensure that the most promising efforts are replicated throughout the nation.

- The Foundation's major research efforts in this area—*Active Living Research*, *Healthy Eating Research* and *Bridging the Gap*—are contributing to the nation's collective understanding about the changes to policies and to community and school environments that are most effective in increasing physical activity and improving nutrition for kids.
- RWJF also seeks to evaluate innovative approaches under way in states, communities and schools across the country. For instance, RWJF supported an independent evaluation of efforts to implement Arkansas Act 1220, which mandated a comprehensive approach to addressing childhood obesity in public schools. The Foundation also funded a separate initiative to analyze body mass index (BMI) data for all Arkansas public school students. Already, the BMI analysis has indicated that, in just three years, Arkansas has halted the progression of the epidemic in the state.

Our **action** strategy for communities and schools focuses on engaging partners at the local level, building coalitions, and promoting the most promising approaches.

- The Foundation is working with The Food Trust, a Philadelphia-based advocacy organization whose mission is to ensure that everyone has access to affordable, nutritious food. The Food Trust has achieved tremendous success in bringing supermarkets back to underserved communities in Pennsylvania, and we're working together to replicate those results nationwide.

- We're also working closely with the Alliance for a Healthier Generation (a partnership of the American Heart Association and William J. Clinton Foundation) to support its efforts to improve nutrition, physical activity and staff wellness in schools nationwide.

As we learn from our evidence and action strategies, we share results by educating leaders and investing in **advocacy**. Effective advocacy motivates elected officials and other community leaders to support important policy changes and helps build a broad national constituency for childhood obesity prevention.

- RWJF supported the National Governors Association when Arkansas Governor Mike Huckabee designated wellness in schools, homes, and workplaces as his Chairman's Initiative for 2005–2006.
- Through our Active Living Leadership initiative, we also work closely with organizations that represent elected and appointed officials, such as the National Conference of State Legislatures, the U.S. Conference of Mayors and the National Association of Latino Elected and Appointed Officials, to educate their members about successful approaches to increasing physical activity and healthy eating among kids. Our goal is to support leaders and decision-makers in their efforts to create healthier states, counties and cities.

RWJF funds programs and projects to address childhood obesity in the United States and its territories. Beginning in 2007, we will solicit all proposals through our national programs and through targeted calls for proposals. We anticipate releasing a call for proposals in fall 2007 to catalyze action in communities and states across the nation.

WHAT WE DON'T FUND

RWJF is dedicated to improving access to healthy choices by changing policies, environments and social norms. Therefore, we generally do *not* support projects that provide only information or education. Because our emphasis is on *preventing* obesity, we do *not* invest in research regarding medical or surgical treatment of obesity. In keeping with Foundation policy, we will give preference to projects developed by public agencies and tax-exempt organizations. We do not accept unsolicited proposals for work related to childhood obesity.

FOR THE MOST CURRENT INFORMATION
ON OUR STRATEGY, PLEASE VISIT OUR WEB
SITE AT WWW.RWJF.ORG/OBESITY.

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