

Help All Children Grow Up at a Healthy Weight

JOHN LUMPKIN, M.D., M.P.H. Senior Vice President, Robert Wood Johnson Foundation

early a decade ago, the Robert Wood Johnson Foundation (RWJF) announced that it would commit \$500 million toward the cause of preventing childhood obesity. The foundation also set an ambitious goal for ourselves and for the nation: to reverse the childhood obesity epidemic by 2015.

It was never a solo effort. We were joined by parents, local officials, funders, nonprofits, industry leaders, and others working for change. Together, we were determined to create healthier communities throughout the United States and prove that obesity is not our destiny as a nation.

More than halfway through 2015, we are seeing real signs of progress, but not nearly enough. To torture an already overused football analogy, we have brought the ball down the field with the end zone finally in sight. It would be foolish to punt; now is the time to recommit, make strategic adjustments, and dig deep for that final push to the goal line.

SIGNS OF PROGRESS ON CHILDHOOD OBESITY

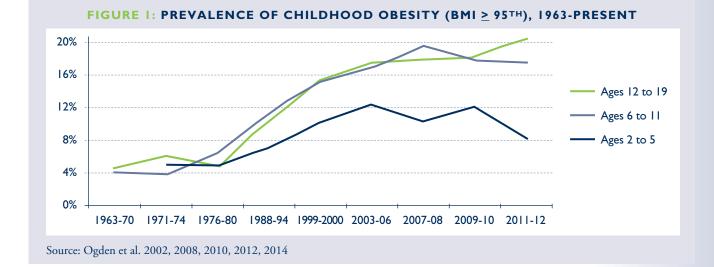
The evidence of progress is strong and unmistakable.

• Childhood obesity rates have stopped rising and may be declining among the youngest age groups. After reporting

a relentless rise from the 1980s to early 2000s, the Centers for Disease Control and Prevention's "gold standard" National Health and Nutrition Examination Survey now finds that childhood obesity rates have plateaued among adolescents and are declining among two- to five-year-olds (Figure 1).

2015

- Cities and states that take a comprehensive approach report the biggest gains. Communities that were among the first to take on this challenge are reporting significant declines in childhood obesity rates. Early successes are coming from all over the country, including Mississippi (childhood obesity rates \$\pmu11.6 percent\$), California (\$\pmu1.1 percent\$), New York City (\$\pmu5.5 percent\$), Philadelphia (\$\pmu4.7 percent\$), and Lincoln, Nebraska (\$\pmu8.2 percent\$) (RWJF 2015).
- Industry leaders are joining the movement. Although industry practices remain far from ideal, many leaders are working to be part of the solution. For example, in 2010, 16 leading food and beverage companies pledged to remove a total of 1.5 trillion calories from the marketplace by 2015 (Ng et al. 2014). According to independent evaluations conducted by highly respected public health researchers, those companies shattered their own goal, cutting a total of 6.4 trillion calories, three years ahead of schedule.



These signs of progress are exciting and reflect a broader cultural shift that values being healthy and having access to healthy choices. Slowly but surely, we are moving toward a Culture of Health. RWJF's overarching goal is ensuring that such a culture takes hold in every community in the United States.

But we are not there yet.

Progress to date has not been shared equitably among our children and communities. In too many places, gains have been concentrated in upper-income neighborhoods and among white families. In New York City, for example, obesity prevalence among white middle schoolers is down 2.2 percent, but it has declined only 0.4 percent among African Americans (Berger et al. 2011). Results like these are discouragingly common, but there are inspiring exceptions. In Philadelphia, for example, obesity prevalence has declined 7.6 percent among African-American boys, compared to 6.8 percent among whites (Robbins et al. 2012). Philadelphia has proven that interventions to help children maintain a healthy weight can also help to eliminate health disparities.

Even if obesity rates have stabilized, they remain far too high. Approximately 25 million children in the United States—nearly one in three children—remain at risk for high blood pressure and type 2 diabetes. If current trends continue, this generation of young people may be the first in U.S. history to live sicker and die younger than their parents' generation. That outcome is unacceptable to our foundation, and it should be unacceptable to every parent, elected official, and health funder in the nation.

Recognizing that the scope and pace of progress were insufficient to meet our goals, RWJF announced a second \$500 million commitment to this cause earlier this year, with a new 10-year goal of helping all children grow up at a healthy weight, no matter who they are or where they live. This commitment is part of our broader vision for building a Culture of Health in every community—a culture that puts health first and surrounds children and families with opportunities to make healthy choices every day.

Over the next 10 years, our work to help all children grow up at a healthy weight will focus on five core strategies:

• Ensure that all children enter kindergarten at a healthy weight. The evidence tells us clearly that when children enter school at a healthy weight, they are more likely to maintain that healthy weight into adolescence and adulthood. To help children get the healthiest start possible, RWJF plans to intensify our work with pre-school and early child care providers, and engage health care practitioners in a broad campaign to communicate with parents about how to introduce healthy habits in the home—even before their babies are born.

- Make a healthy school environment the norm and not the exception across the United States. When supported by parents, teachers, and administrators alike, well-designed school-based initiatives have been proven to help children maintain a healthy weight. Over the next 10 years, we will work to bring these best practices to scale.
- Make physical activity part of the everyday experience for children and youth. Getting up and moving around should be a fun and routine and part of life, whether children want to join a competitive sports league or just take a walk in the park. We will work with public and private sector partners to create demand for opportunities to be physically active in schools and neighborhoods and to ensure that physical activity programs and infrastructure are available in all communities.
- Eliminate consumption of sugar-sweetened beverages among zero- to five-year-olds. Toddlers should never consume sugar-sweetened drinks—whether full-calorie sodas, energy drinks, or "juice" drinks with sugar added (and frequently, very little juice). Together with parents and other partners, we will work with both for-profit and nonprofit child care providers to establish the norm that water, unsweetened milk, and 100 percent juice in appropriate serving sizes are the only acceptable beverages for young children. We will also work to raise awareness among parents about the health risks of sugary drinks.
- Make healthy foods the affordable, available, and desired choice in all neighborhoods. We are committed to eliminating food deserts once and for all, using Fresh Food Financing Initiatives, farmers market "double bucks," and other incentives to increase fruit and vegetable consumption among low-income families. Fundamentally, we believe that every parent should be able to find healthy, delicious, and affordable foods in their communities, every day.

We believe that if our nation can achieve these five goals, it will help all children grow up at a healthy weight, no matter who they are or where they live. And, it will bring our nation significantly closer toward the goal of building a Culture of Health that will benefit generations to come.

We are excited by the possibilities but are also aware of the limits of what any single organization can achieve. Everyone has a role to play in helping our children achieve a healthy weight: parents, youth, community leaders, industry leaders, faith leaders, and more. Philanthropies can also play an important role in catalyzing change at the local and national level, and I hope grantmakers will embrace that role.

SOURCES

Berger, Magdalena, Kevin Konty, Sophia Day, et al. "Obesity in K–8 Students—New York City, 2006-07 to 2010-11 School Years." *MMWR Weekly.* 60, no. 49 (2011): 1673-1678.

Robert Wood Johnson Foundation (RWJF). "Signs of Progress." Accessed August 2015. http://www.rwjf.org/en/library/collections/signs-of-progress.html.

Ng, Shu Wen, Meghan M. Slining, and Barry M. Popkin. "The Healthy Weight Commitment Foundation Pledge: Calories Sold from U.S. Consumer Packaged Goods, 2007–2012." *American Journal of Preventive Medicine*. 47, no. 4 (2014): 508-519.

Ogden CL, MD Carroll, BK Kitt, et al. "Prevalence of Childhood and Adult Obesity in the United States, 2011-2012." *Journal of the American Medical Association*. 311, no. 8 (2014): 806-814.

Ogden CL, MD Carroll, BK Kitt, et al. "Prevalence of Obesity and Trends in Body Mass Index among U.S. Children and Adolescents, 1999-2010." *Journal of the American Medical Association.* 307, no. 5 (2012): 483-490, 2012.

Ogden CL, MD Carroll, and KN Flegal. "High Body Mass Index for Age among US Children and Adolescents, 2003–2006." *Journal of the American Medical Association*. 299, no. 20 (2008): 2401-2405.

Ogden CL, MD Carroll, LR Curtin, et al. "Prevalence of High Body Mass Index in U.S. Children and Adolescents, 2007–2008." *Journal of the American Medical Association.* 303, no. 3 (2010): 242-249.

Ogden CL, Flegal KM, Carroll MD, et al. "Prevalence and Trends in Overweight among US Children and Adolescents, 1999–2000." *Journal of the American Medical Association*. 288, no. 14 (2002): 1728-1732.

Robbins, JM, G Mallya, M Polansky, and DF Schwarz. "Prevalence, Disparities, and Trends in Obesity and Severe Obesity among Students in the Philadelphia, Pennsylvania, School District, 2006–2010." *Preventing Chronic Disease*. 9 (2012): 120118. doi: http://dx.doi.org/10.5888/pcd9.120118.