



# We Will Reverse the Epidemic of Childhood Obesity

## President's Message

FROM THE ROBERT WOOD JOHNSON FOUNDATION 2006 ANNUAL REPORT

Risa Lavizzo-Mourey, M.D., M.B.A.  
President and Chief Executive Officer



“It is the calm and silent water  
that *drowns* a man.”

*Ashanti Proverb*

# We Will Reverse the Epidemic of Childhood Obesity

**After my residency in internal medicine in Boston,** our young family moved to Philadelphia, where I went to work as an instructor at Temple University's School of Medicine. I was so new at this that sometimes I wasn't quite sure who was the teacher and who was the student, and I loved every minute of it.

But all was not perfect.

Heading home after teaching with my preschooler in tow, we quickly realized we couldn't find a grocery or supermarket with the fresh fruit, produce and other healthy foods we were accustomed to eating.

How could this be? The answer was out on the street itself.

My office looked down on North Broad Street, a 13-mile arrow-straight boulevard laid out by William Penn himself. The street runs through the middle of some of the worst urban blight of any American city in the past 40 years.

Unseen beneath the boulevard, the SEPTA subway flows north like a tributary from Center City, ferrying to Temple thousands of commuter students who seldom witness what life is like on the streets surrounding their campus oasis.

What they would find is a neighborhood of about 20,000 people who are poor, mostly African-American and Hispanic, and chronically disadvantaged.<sup>1</sup>

Lower North Philadelphia can be a menacing world for children. Too many kids hang out in front of abandoned or boarded-up buildings, vulnerable to gangs, gun violence and worse. For many, it's not safe to walk to school, walk to a community center or use the playground (if one exists).

Barely one-third of the workforce has jobs. Less than 30 percent graduate from high school. Most of the housing is old and decaying. Even today, some homes lack indoor plumbing and phones. A majority of residents are renters; less than half own cars.

The U.S. Census Bureau in 1995 first began measuring whether households have access to food. That's when nutrition experts began talking about "food security," when families have enough food at all times for active, *healthy* living.<sup>2</sup>

In Lower North Philadelphia, however, the issue is "food insecurity." That's jargon for what happens when people go hungry. Or can't always afford nutritious, healthy food.<sup>3</sup> Or live where the only places to buy groceries are high-priced convenience stores stocked with everything that is bad for you and almost nothing that's good for you.

It's a national problem. The latest census data tell us that just over 15 percent of all households with children are food insecure.<sup>4</sup> That's an alarming 12.4 million children.<sup>5</sup>



More than half of these families can't afford to feed their kids good meals balanced with fresh fruit and vegetables. And the great majority—81 percent—rely instead on high-calorie, energy-dense junk food,<sup>6</sup> which means fatty foods loaded with refined grains and added sugars.<sup>7</sup>

**These few square miles just up the street from the Liberty Bell and Independence Hall are an incubator for childhood obesity, a textbook model for what can happen to the health of an entire generation when environment, economics and individual behavior become perniciously intertwined.**

Even today the only alternatives in that neighborhood are a handful of bodegas and corner stores where you can't buy an apple but you can wash down one ounce of Cheetos (10 grams of fat)<sup>8</sup> with a 22-ounce Coca-Cola Classic Slurpee (330 calories + about 88 grams of carbohydrates).<sup>9</sup>

Three blocks off Temple's campus stands a shuttered supermarket flanked by a wig shop and Popeye's Chicken & Biscuits (1 spicy chicken breast + buttermilk biscuit = 770 calories for \$2.99).<sup>10</sup> It's a busy place. A recent survey found that compared with other areas of the city, residents of Lower North Philadelphia are about 33 percent more likely to eat fast food and local take-out because that's all there is and it's cheap. Not surprisingly, nearly 30 percent of the children over age 5 have medical or physical disabilities, many of them diet-related.<sup>11</sup>

This is the great paradox of food insecurity in America. When there isn't enough *good* food available, low-income families and kids have to eat what *is* available—food that is low in nutrients, high in calories, and certain to make a hard life even worse. They don't call it "junk food" for nothing.

One of my colleagues visited the area last year and encountered a little girl in the third grade who had just discovered her first banana. Imagine, in modern-day America!

How this is about to change and what it means for the future of the health and health care of everyone in America, we'll get to shortly. But first, let's take a look at the big picture.

**Coast to coast, the insidious spread of childhood obesity** is the rule rather than the exception, even in the most food-secure corners of the country. City, suburbia, exurbia, rural countryside—no family or community is immune.

Just like the calm and silent water of the proverb, most of America didn't realize an epidemic was rising until the shape of kids, teens and adults everywhere was changing and, along with it, the health of our entire society.

Today more than 33 percent of all children and adolescents, and about 65 percent of all adults are overweight or obese.<sup>12</sup> That works out to nearly 13 million kids and teenagers, and some 144 million men and women, more than half the population of the United States.<sup>13</sup>

Like anyone who travels, I see overweight and obese kids everywhere, from airport concourses to the schools, community centers, clinics and grantee sites that I visit. It is a common sight. Kids of all ages, huffing and puffing, unable to climb stairs, parked in front of video games and computer screens as they munch their way through mountains of fatty snacks and sip gallons of sugary drinks.

If you think kids look bigger, it's because they are. This past year more than 250,000 children under age 6 exceeded the weight standards for regular car seats and new "husky" car seats were being developed and marketed.

In 1963 an average weight 10-year-old girl weighed about 77 pounds; today she weighs about 88. The average weight for a 10-year-old boy back then was about 74 pounds; today he weighs about 85 pounds. And that's just the average.<sup>14</sup>

Remember when kids actually went outdoors and *played*? Traveling today, I drive past paved-over school playgrounds, barren of jungle gyms, swings, kids and laughter, eerie and empty relics of the good old days before so many schools abandoned recess. I watch kids at airport boarding gates, comforting themselves with junk food. And I make a promise to myself that we have to change all this.



**It is an all-American crisis.** The galloping prevalence of obesity cuts across all categories of age, gender, education, income, profession, locale, parentage, race and ethnicity.

The epidemic explodes when it collides with determinative social and economic facts of life that segregate America's "haves" from our "have-nots"—factors such as race and ethnicity, poverty, failing housing and failed education, and the geography of food quality and supply.

Among our children, the epidemic is particularly virulent and is redirecting the trajectories of millions of young lives away from hope and health and toward despair and disease.

By 2004 the accumulating evidence elevated our own foundation's awareness to Code Red. So, with *TIME* and *ABC News*, we convened a national summit on obesity at Williamsburg, Virginia.

Many of our high-profile allies in this struggle were there: David Satcher, former U.S. Surgeon General; Professor Kelly Brownell of Yale; Dr. Tim Johnson of ABC.

In words that haunt me still, Vice Admiral Richard Carmona, U.S. Surgeon General at the time, described the epidemic in the starkest of terms:

**"As we look to the future and where childhood obesity will be in 20 years...it is every bit as threatening to us as is the terrorist threat we face today. It is the threat within."**<sup>15</sup>

Fortunately, the public and our leaders are awakening to the danger. Through our philanthropy and the support of others, evidence of the epidemic's course and consequences has now reached a convincing weight and mass that can no longer be avoided or overlooked.

The public agrees. In a survey we sponsored last year with the Harvard School of Public Health, 92 percent of Americans said childhood obesity is a serious national problem.<sup>16</sup>

Unless we turn back the epidemic of obesity at its point of origin—among our children—our society will pay a terrible human and financial price for as far out into the future as we can see.













As a result, the United States is on the threshold of powerful and necessary social change propelled by our collective instinct to survive. This is not new to Americans. We've stood here before and we've changed before—and in ways that look like they will be sustained.

In 1965, 43 percent of us smoked cigarettes.<sup>17</sup>  
Today only 20.9 percent of us light up.<sup>18</sup>

In 1982, drunk drivers killed about 22,000 people.  
In 2005, the toll had fallen to just over 12,000.<sup>19</sup>

In 1983, only 24 percent of us used seatbelts.<sup>20</sup>  
Today 82 percent of us buckle up.<sup>21</sup>

These statistics tell a story of radical transformations in individual behavior that were impossible to achieve without simultaneous policy, social and cultural change. The lives saved are countless and the misery avoided is incalculable, all because the country chose to change to survive.

Now it is time to do it again, and the stakes are even higher.

When David Satcher was Surgeon General, he said, "Overweight and obesity may soon cause as much preventable disease and death as cigarette smoking."<sup>22</sup>

A controversial prophesy, certainly, but one America cannot afford to ignore. The growing body of evidence is too powerful. Accordingly, the Robert Wood Johnson Foundation is taking action.

We believe the significant threat calls for a substantial investment that will help set the national agenda for change and will provoke significant increases in other private and public investment.

**So the Robert Wood Johnson Foundation will spend \$500 million over the next five years to help reverse the epidemic of childhood obesity.**

We must be bold enough to expect permanent, sustainable results by 2015, with benefits to the population, health care and the economy extending deep into this century.

Our approach is direct, practical and strong:

- First, make the case—with solid research and objective evidence—for the problem, and what works to roll it back and what doesn't. We will need as much effort on the community level as on the policy and industry level.
- Second, test and retest the best approaches, then widely install the most promising models as a firewall against the epidemic's further spread. A pile of bricks does not equal a wall. So, this will require that each of the most important approaches be integrated to have the full effect.
- Third, educate and motivate our leaders, and invest in advocacy to foster change.



And build a resource base big enough to match the enormity of the problem. How will we know it is working? We'll know when the evidence tells us so.

Next to adequate and sustained funding for programs that work, it is evidence we need more than anything else, evidence that establishes:

- How to get kids to eat well and physically move more;
- What school and family actions work best;
- That industry's interest in healthier lifestyles and eating habits is sincere and produces innovations that work; and
- That government "gets it," with realistic and responsive policies and budgets.

Our commitment is ambitious. With it comes risk and resistance. But it is a commitment the Robert Wood Johnson Foundation was invented to make. Our experience and the evidence command us to make it now.

As we progress, it is essential that we understand the epidemic itself and its effect on each of us and on all of us.

---

**How did we get so fat?** Part of the answer is easy; most of the answer is not.

The easy part first: Blame our primeval ancestors who learned the hard way to fend off starvation by hunting down and gorging themselves on fat-laden prey. Thanks to them, we are hardwired through our genes to crave fatty, energy-packed foods.

Fast-forward through the eons and we still like to consume whopping platters of mega-calories. Pile on the carbohydrates, and don't forget sugar and alcohol, too.

Herein lies a big part of the origin of today's obesity crisis: Unlike our cave-dwelling ancestors, we don't burn up energy running cross-country to catch dinner.

Instead, our food is abundantly more plentiful and is produced, prepared and presented to us in gigantic high-calorie portions far beyond what humans need to survive and function. It proves

once again that you really can't fool Mother Nature. We may have drastically altered our food environment, but our genes have stayed the same.

Unlike our parents and their parents before them, we have thrown the age-old formula of "energy in = energy out" far out of balance. Biologically, this is why so many of us are overweight or obese.

We need to tell America in big bold letters:

## ENERGY IN = ENERGY BURNED

How do we know the formula works? Calories are energy; we can measure how we use, abuse and burn them.

The details are in the data.

In the first study of its kind, researchers at Harvard late last year found that the gap between the energy our kids take in and what they burn off is more like an abyss.

The study, which we sponsored, shows that America's overweight teens consumed an average of 700 to 1,000 calories more than required each day over a 10-year period. This energy gap resulted in an average of 58 extra pounds for overweight teens.<sup>23</sup>

It's not just the heaviest kids who are falling into the energy gap—it's all of them. Over a 10-year period, both children and teens, on average, consumed 110 to 165 more calories than they burned each day. For all teenagers, that means an excess of 10 pounds, on average, per person. And they carry their over-eating habits along with them into adulthood and parenting.<sup>24</sup>

A generation ago, a standard day's energy intake for American adults was 2,234 calories. Today we're up to an average of 2,757 calories a day, a jump of nearly 20 percent. And pay attention to this detail: Most of that comes from lots more fats and oils (up 63 percent), grains (up 43 percent) and sugar (up 19 percent).<sup>25</sup>

Do we work it off? No way. A quarter of all adults report no leisure time physical activity at all—no gardening, calisthenics, walking for exercise—nothing.<sup>26</sup>

Among kids, 10 percent say they don't take part in any moderate or vigorous activity at all. More of them are spending three or more hours a day watching TV (37.2 percent) than spending any time in daily physical education classes at school (33 percent).<sup>27</sup>

Do the math. To lose a pound a week, you need to burn off 3,500 calories. That's 500 calories a day. Huge numbers of us, however, are heading in the opposite direction by adding, not subtracting extra calories. Only fat can follow.

So, we ask, why don't we stick to the energy in = energy burned formula?

This question is much tougher to answer. Coming into play is a confounding, twisted complex of genetics, biology, socioeconomic and environmental dynamics, commercial and cultural environments, and, above all, the awesome influence on children of the promotion of branded food and beverage products in the marketplace.<sup>28</sup>

In other words, if we're going to have any chance to reverse this epidemic and save our kids' future, it is not enough to tell them to put down the Twinkies and fries, turn off the TV and go play ball. It's going to take a lot more than that. We are going to have to weave together environment, economics and individual behavior in healthful instead of harmful ways.

**Until recently, much of the evidence** about obesity's consequences has been sketchy, anecdotal and not substantial enough to act on.

That's not good enough to foster fundamental, wide-scale change. We're finally learning what we need to know about childhood obesity. Factors that we now know for certain are driving the epidemic among children include:

- **Individual choice and behavior are important.** True, a quarter of all teens drink as many as four cans of sweetened beverages a day, the 600-calorie equivalent of adding an extra meal.<sup>29</sup> And they don't burn it off. On average, kids spend an amazing 6.71 nonschool hours a day in front of a TV, video game or computer, watching movies, and listening to music.<sup>30</sup> Sitting there, they'll opt for junk food every time. I know. I've been a working mom.
- **The world our kids live in plays a big role, too.** Only 10 percent of kids walk to school, the rest are driven in. Too many kids can't find safe places to walk, bike or play. Most schools have cut out daily physical education. And too many schools have relied on junk-food vending machines and cafeterias serving cheap, high-fat foods like pizza and fries to make up for budget gaps. So much for energy in = energy burned.
- **Where families live and what they earn make a difference.** If your family resides in a depressed neighborhood and is struggling to make ends meet, you are more likely to be overweight or obese. Between 1971 and 2004, the rate of overweight among 16-year-olds from families living just above the poverty level surged a shocking 233 percent. The list of causes is an invitation for achievable prevention: These kids habitually skip breakfast, have poor food choices at home, drink lots of sweetened beverages, and have limited access to supermarkets with healthy foods.<sup>31</sup>
- **The food and beverage industries are big power drivers.** They spend more than \$10 billion a year marketing high-calorie food packed with fat, sugar and salt to kids ages 2 to 11, still young enough to be forming their own food preferences. Not coincidentally, children in this age group are most strongly influenced by food product advertising.<sup>32</sup>
- **We've turned into a 24/7 fast-food, junk-food nation.** One-fourth of all Americans eat fast food at least once a day. One-fourth of all vegetables eaten in the United States are french fries.<sup>33</sup> Americans consume 16 pounds of potato chips per capita a year.<sup>34</sup> That's 38,912 calories. To burn them off, an obese 130-pound 10-year-old girl would have to walk briskly for about 115 hours a year. And her parents' Venti Strawberries & Crème Frappuccino with whipped cream from Starbucks is 770 calories.
- **Race, class, ethnicity and gender matter.** More than 40 percent of all African-American teenagers are overweight or at risk of becoming overweight; nearly 24 percent are obese.<sup>35</sup> African-American and Hispanic women, the mothers of the highest-risk kids, are at higher risk themselves for overweight and obesity than white women. Mexican-American men have higher obesity prevalence rates than white and black men. Women with low incomes are 50 percent more likely to





be obese than women with higher incomes.<sup>36</sup> About one-half of adult Pima Indians have diabetes; 95 percent of them are obese.<sup>37</sup> Increasingly, Pima youth are diagnosed with “adult diabetes” before age 20 and increasingly are likely to suffer kidney failure by the time they reach their mid-50s.<sup>38</sup>

What does it all add up to? In 1970 less than 5 percent of all children and adolescents were obese.<sup>39</sup> Today childhood obesity prevalence rates are rising so radically that, in comparison America’s business-as-usual ways of countering dangerous health threats seem stuck in place.

These kids grow up. At least 25 percent of all adults in 42 states are now obese.<sup>40</sup> To reverse the epidemic, we have to begin with the children, and it’s going to take all our kids and all the adults to do it.

If this page were a wall, the handwriting would be all over it.

---

**By now most of us would agree that** obesity is a menacing juggernaut that is adversely affecting people of all ages. Physically, medically and psychologically, the epidemic is changing the kind of people we are in ways we have never experienced before.

If our strategy to reverse the epidemic is to succeed, we need to thoroughly understand exactly what is happening. We do that the old-fashioned way—by measurement.

For perspective, here’s how the Institute of Medicine reports the speed of the obesity epidemic’s spread, based on data collected between 1963 and 2004.<sup>41</sup> As a physician, I am so shocked by the acceleration that it takes my breath away.

- For children ages 2 to 5, the obesity rate nearly *tripled* from 5 percent to 14 percent.
- For children ages 6 to 11, the rate *jumped almost fivefold*, 4 percent to 19 percent.
- For children ages 12 to 19, the rate *increased* from 5 percent to 17 percent.

America’s adolescents are now the most obese teenagers in the world. One study comparing teens in the United States with teens in 15 European countries and Israel found that no one else’s kids come close.<sup>42</sup>

**At the core of our concern:** The medical, psychosocial and financial consequences of obesity are threatening the country’s public and private capacities to contain the epidemic over time. In fact, for more young people than we can yet fathom, their fates as adults may be sealed already.

Medically, overweight and obese children are at much higher risk for terribly debilitating chronic conditions like type 2 diabetes and high blood pressure that just a short time ago were considered adult illnesses.<sup>43</sup>





An obese toddler already is trapped in a spiral of escalating risk. If obese at age 4, he or she has a 20 percent chance of being an obese adult. An obese teenager's risk of becoming an obese adult is as high as 80 percent.<sup>44</sup> If you are still obese in your 20s, the chance of premature death becomes very real and very high, with current odds running 50 to 100 percent against you.<sup>45</sup>

Indeed, death from obesity and diet-related factors may occur as much as 20 years sooner than normal—sooner, even, than your own parents—because the medical realities keep getting worse the older you get.

Researchers analyzing government health care data on adults discovered a 79 percent increase in the number of obesity-related cases of diabetes and a 29 percent increase in obesity-related high blood pressure.<sup>46</sup>

Besides diabetes, serious illnesses related to obesity may include many of the top 10 causes of death: cardiovascular disease; stroke; colon, kidney and breast cancers; plus musculoskeletal disorders and gall bladder disease.

It's as if millions of obese kids are having their medical charts for adult chronic care prepared in advance, just waiting for them to come of age and mature into obese and sickly seniors.

Psychosocially, what hits obese kids especially hard is that their quality of life is severely compromised by their condition. Anxiety, depression, more missed days at school and low self-esteem are routine parts of each day.<sup>47</sup> They report elevated levels of sadness, loneliness and nervousness.<sup>48</sup>

At school, they tend to function less well academically and socially. Unable to keep up with their peers, they report being teased, punched and bullied—even becoming bullies themselves.<sup>49</sup> The psychosocial scars may last a lifetime. Overweight adolescents are less likely to marry as adults than their average-weight peers; obese adolescents have lower household income as adults than nonobese adolescents.<sup>50</sup>

Financially, the prospects are foreboding.

RAND researchers predict that obesity will disable up to 22 percent more adults in the coming years, with as many as 25 percent more people entering nursing homes by 2020 at a huge cost. They estimate one of every five health care dollars spent by older members of our families will be to treat conditions related to their obesity.<sup>51</sup>

Another intriguing RAND study concluded that if you are obese and manage to survive middle age, your later years are likely to be miserable.

If you are an obese 70-year-old, for example, you can expect to live for maybe 14 more years. But you are likely to be seriously disabled, with a 40 percent chance that you will need help bathing, dressing, using the toilet, getting in and out of a chair, and, ironically, even eating.<sup>52</sup>

The cost of your care will be just as wretched, running about a quarter of a million in 2006 dollars. You can expect Medicare to pick up about \$150,000 of that, leaving you on the hook for at least \$100,000.<sup>53</sup>

But we'll all be on the hook as the true cost of obesity to society continues to grow.

Federal officials publicly put the yearly obesity-related medical expenses and lost productivity at between \$99 billion and \$117 billion. However, internal CDC documents posted on the Internet set the cost much higher, at "over \$200 billion annually."<sup>54</sup> And that's before the current crop of 13 million overweight and obese kids even reach adulthood.

This is frightening. Many of these kids may never escape the corrosive health, psychosocial and economic costs of their obesity.

**"Obesity, diabetes, and other diseases caused by poor diet and sedentary lifestyle now affect the health, happiness, and vitality of millions of men, women, and, most tragically, children and pose a major threat to the health care resources of the United States."**

Kelly D. Brownell, Ph.D., Yale Center for Eating and Weight Disorders





### But is childhood obesity a true epidemic?

Here is this physician's diagnosis:

- Childhood obesity is an epidemic unlike others. Though not a virus, it is virulent. Though not infectious, it is spreading rapidly. Though treatable, it resists treatment.
- It is an epidemic about complex social and human behaviors. How we bring it under control will be as much about the art and practice of social change as about the science and medicine of behavioral change.
- The questions we ask about this epidemic and the answers we find will hold the power to alter the course of America's health history—as it occurs.

**My prognosis: Untreated, the sum of the epidemic's parts add up to a disastrous total so dire that it may well overwhelm our health and financing systems.**

- The needless loss of countless lives will bring unspeakable suffering to the next generation coming of age and an immeasurable forfeit of human potential.
- Our public and private treasuries will be drained of resources badly needed for other national priorities.
- Health programs for the elderly, the disabled and the poor will be destabilized.
- The country's health care financing and delivery systems, already in precarious condition, will be overcome by the sheer weight of the health and medical needs of the obese.

**And my prescription: Americans, working together, can prevent this scenario from happening. It will take a great common effort, joining all of us in a common cause for the common good.**

The good news is that the work's already begun.

---

**The full magnitude of the threat** finally is beyond doubt and debate. The Institute of Medicine, in an exhaustive progress report sponsored by RWJF, confirmed that the country is slowly moving in the right direction.<sup>55</sup>

What movement we see, however, is jerky and fragmented, with a hodgepodge of disconnected, uncoordinated efforts rising in schools, communities, businesses, youth organizations, philanthropies and government at all levels.

The similarities to the turbulent early days of the stop-smoking effort are striking. There certainly is much from that experience that applies to what we need to do today. For example, the need to unify the disjointed obesity field, much as we did with the anti-tobacco forces. In fact, reversing the childhood obesity epidemic will require the nation's most massive mobilization ever to protect the health of the public. We are willing to help lead the way, but we cannot do it alone. And we are unwilling to waste time and money on approaches that do not work.

Granted, much of the responsibility falls to statehouses, town halls, local school districts, families and individuals.

But the tide will not be turned until the effort is energetically and strategically embraced with the full force of a responsive government and motivated elected leaders, a responsible food and beverage industry and its executives, and the on-the-ground energies of regional and local nongovernmental agencies, community groups and hometown leaders.

Which brings us back to our Philadelphia story.

---

**Philadelphia is a microcosm** of what we are learning about how "food geography" affects diet, health and childhood obesity and how to respond.

The Food Trust in Philadelphia is one of our obesity-fighting grantees. From its early days teaching disadvantaged kids about good nutrition, the Trust has emerged as an influential regional player in improving the flow of healthy foods from farm to market to distressed communities and urban schools throughout southeastern Pennsylvania.

We like how it turns research into action. For example, The Food Trust's hard data on childhood obesity informed the decision by Philadelphia schools to ban soda vending machines from every school in the city. It is the strongest such measure in the country.<sup>56</sup>

When the Trust mapped Philadelphia's food landscape, it uncovered previously undetected connections between poor neighborhoods, poor access to healthy food and poor health outcomes.<sup>57</sup> The mapping also revealed a pattern of high death rates from diet-related diseases in low-income neighborhoods without supermarkets.<sup>58</sup>

This is a key finding because Philadelphia has the second-lowest number of supermarkets per capita in the country. For hundreds of thousands of adults and children every day, the corner store is the first and often the only stop for food shopping and snacks.<sup>59</sup> One response that we support is The Food Trust's Corner Store Campaign to build grade-schoolers' demand for healthy snacks and convince corner stores to supply that demand. It even comes with a student-designed "Snack Smart Street Soldiers," comic book.

The Food Trust also helped the city realize that a supermarket could be part of economic development, creating both new jobs and new dollars.

And now there is good news for the entire neighborhood: a new 24-hour Fresh Grocer supermarket is scheduled to replace the abandoned supermarket. *USA Today* reports it is part of "a landmark study that will test whether having easy access to fresh fruits and vegetables improves a community's sense of health and well-being."<sup>60</sup>

"It's a natural experiment," says Allison Karpyn, The Food Trust's research director, "the first of its kind in the country."<sup>61</sup> It won't be the last, and it will become not just an experiment, but ubiquitous.

**Little Rock, Arkansas**, is 1,172 miles and a whole world apart from North Broad Street in Philadelphia.

But when it comes to childhood obesity, they have something ominous in common. In each state, 27 percent of children ages 2 to 5 are obese or overweight.<sup>62</sup> And in Arkansas, as in Philadelphia, unusual approaches are producing unexpectedly dramatic results.

Arkansas might not seem the most likely state to lead the fight to reverse the obesity epidemic. After all, there is something about Arkansas governors that lends them great weight.

When future governor Bill Clinton was 13, he already weighed 185 pounds;<sup>63</sup> at 15, he was up to 210.<sup>64</sup> His last year as governor, at age 46 with a famous fondness for Big Macs and barbecue, his cholesterol (227) and weight (226) were synchronous.<sup>65</sup>

When Gov. Mike Huckabee's chair collapsed under him during a cabinet meeting in 2002,<sup>66</sup> he weighed about 300 pounds. "The only reason I don't have an exact figure is because my scale stopped at 280 pounds," he said.<sup>67</sup>

Today these one-time political adversaries—by now trimmed down—are working together to reverse the epidemic of childhood obesity. We are proud to be their partner and, together, we already are delivering results all across the country.

For instance, when Gov. Huckabee signed Act 1220 into law in 2003, it became the nation's most ambitious statewide effort to combat childhood obesity. Its premise is smart: We can change unhealthy behavior and the social and economic environments encouraging it through a clever mix of information, reliable data, motivated parents, school reforms and strong public leaders.





Act 1220 is as much a movement as it is the law.

Components include:

- Measuring each student's body mass index (BMI) yearly.
- Confidentially reporting the results to parents.
- Supplying parents with how-to guidance on nutrition and physical activity.
- Serving healthier foods in school cafeterias.
- Barring student access to vending machines in grade schools.
- Requiring schools to publicly disclose food and beverage contracts and revenues.
- Mandating 30 minutes of physical activity each day in grades K–12.<sup>68</sup>

Data is the best driver for change, so it made sense for us to support the original collection and ongoing analysis of the state's student BMI data. The return on our investment was almost immediate.

In August 2006, in Little Rock, Gov. Huckabee and Dr. Joe Thompson, a pediatrician, former RWJF Clinical Scholar, state Surgeon General and director of the Arkansas Center for Health Improvement, announced the big news:

**The progression of childhood obesity among Arkansas public school students has been halted. The percentage of overweight children and adolescents has decreased, and the percentage of kids at a healthy weight has increased.<sup>69</sup>**

"We stopped the locomotive train of childhood obesity in its tracks," said Gov. Huckabee. "Now it's time to turn the train around and move full speed ahead to healthier living."<sup>70</sup>

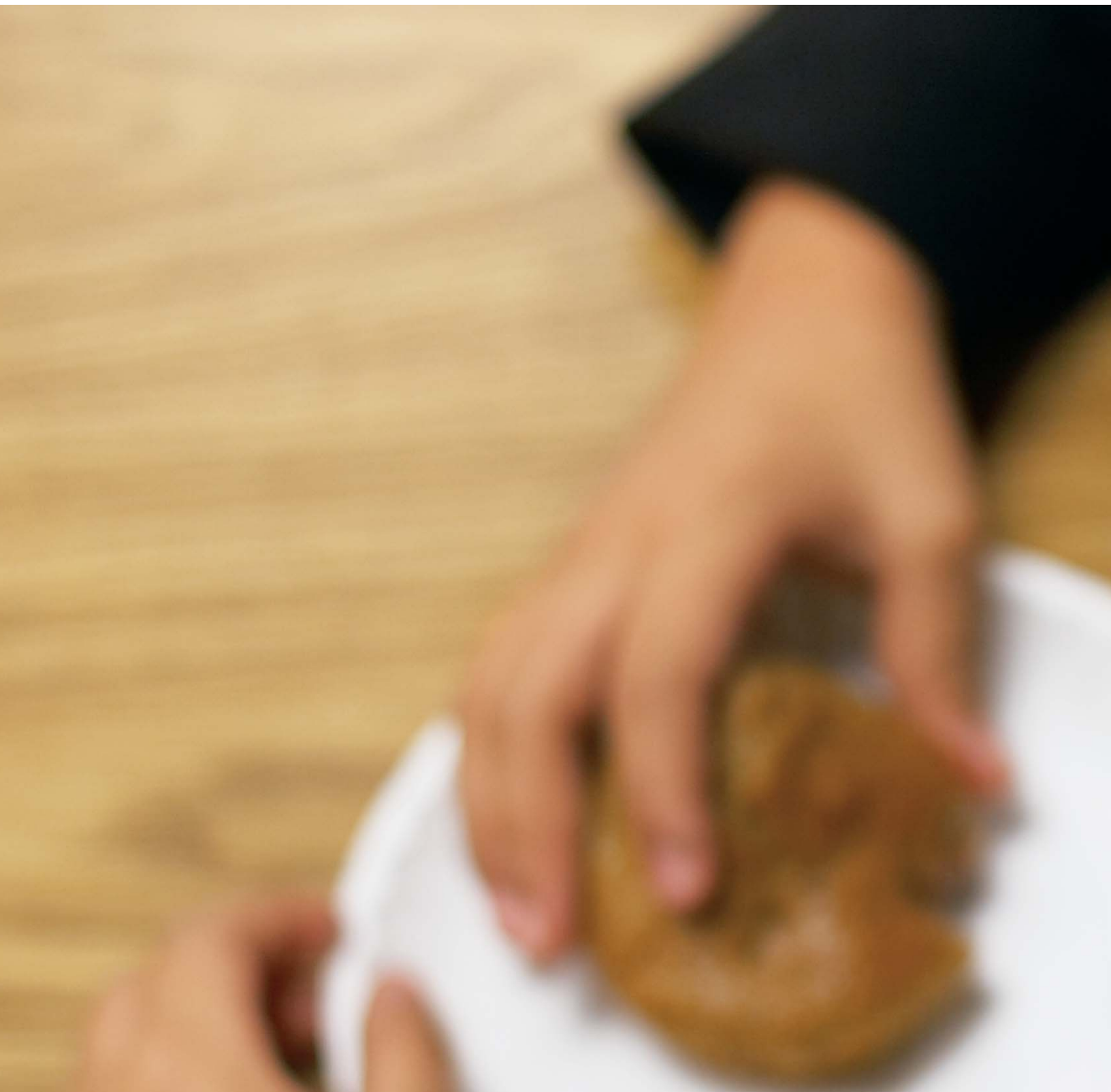
The real story, though, comes from parents like Rhonda Sanders. She had long known that her 10-year-old daughter—at 5 feet and 137 pounds—was "heavy."

Then the first report from the state came in the mail. Her daughter's BMI, at 26.4, was higher than 98 percent of all Arkansas kids her age, a discouraging distinction.

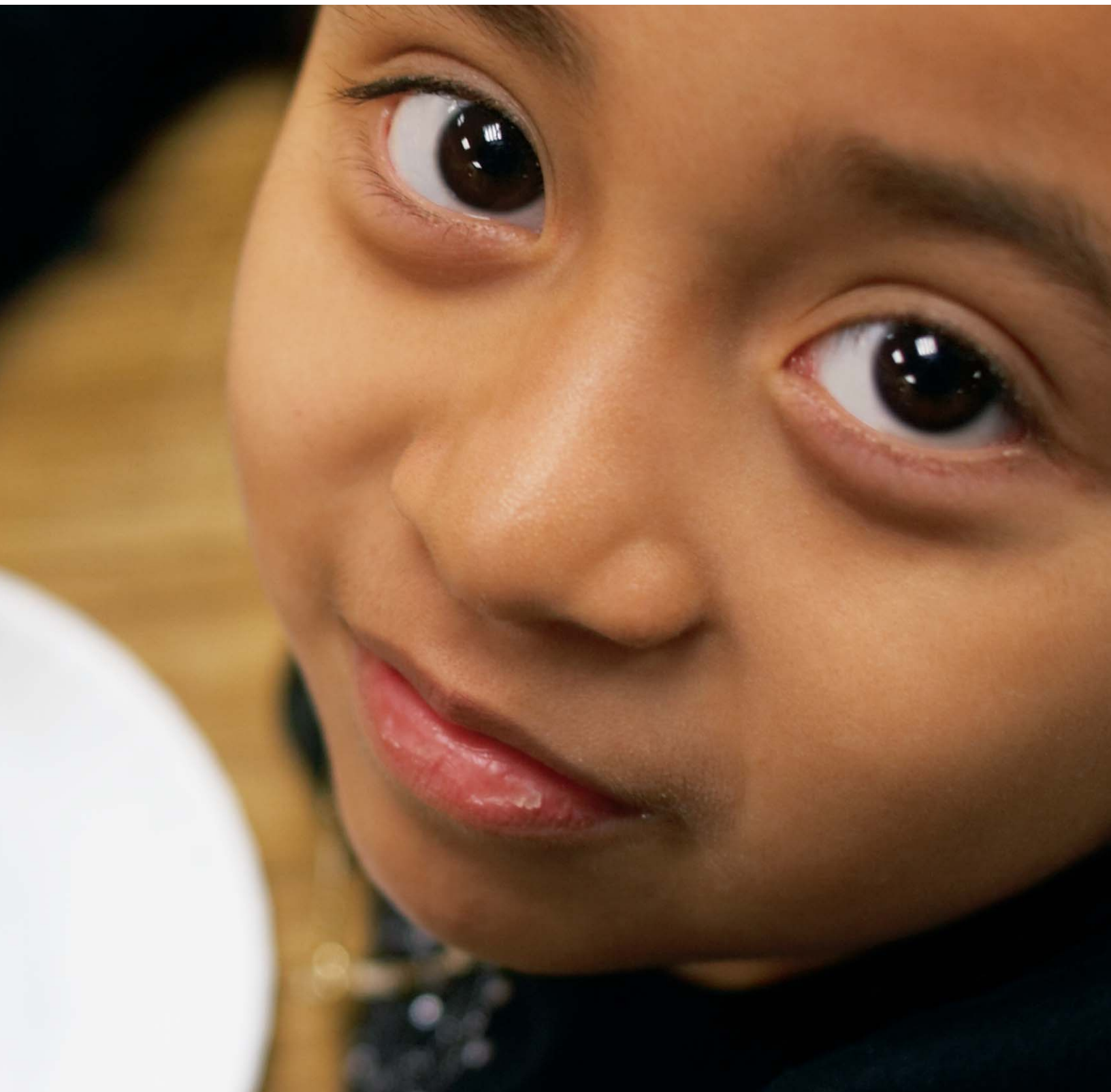
That letter changed everything for the Sanders family. Jumping on the trampoline replaced TV time. Fruit replaced potato chips. Rhonda says her daughter, now 13, is 5 feet, 6 inches tall, weighs only 120, and is "in the normal, healthy-weight range."<sup>71</sup>

The Arkansas experience is proving, Dr. Thompson says, that curtailing childhood obesity is not simply a matter of individuals changing on their own. "There are some individual characteristics, but it's a family issue, it's an environmental issue, it's a community issue. If communities have sidewalks,













if communities have places that people can go and play, a good sports program for young people, then they're going to actually be outside and doing more."<sup>72</sup>

In other words, when communities create environments that promote physical activity—we call it “active living by design”—the lives of all our people improve. It's a bit like that great baseball movie, *Field of Dreams*—“if you build it, they will come.”

Just ask families like the Sanders. When they set out on a weekend walk, they can pick up the 24-mile Arkansas River Trail right in downtown Little Rock. Last fall the trail jumped to the river's opposite shore with the opening of one of the world's longest pedestrian bridges, a 3,463-foot concrete arc<sup>73</sup> called the Big Dam Bridge. At a 3.5-mile-per-hour pace, over and back is about long enough for Rhonda's daughter to burn off the 105 calories in an 8-oz. soda.<sup>74</sup>

---

**Meanwhile, from the Harlem offices of his postpresidential foundation,** Bill Clinton is mounting a more national attack on the epidemic. Along with the American Heart Association, he has created the Alliance for a Healthier Generation. Gov. Huckabee is co-chair.

The Alliance shares our goal of reversing the epidemic in the next 10 years. Among their early accomplishments: persuading leaders of the food and beverage industries—brand names like Campbell's, Kraft, Coke and Pepsi—to follow new standards for healthier snacks and beverages sold in schools.

This is a Big Deal. For years, many key players in the food and beverage industries resisted suggestions that their products and marketing were environmental factors contributing to obesity. Now their own leaders are stepping up to help kids lower calories and live healthier lives.

We want them to succeed. The guidelines are science-based, but voluntary. If in fact industry leaders make their brands publicly accountable, with specific actions and timetables, the return on their investment to society will be huge. As in any business plan, it is the implementation of a vision that is the ultimate measure of success. The steps taken today will help ensure a healthy workforce and lower health care costs for businesses, taxpayers and individuals far into the future.

We fervently hope that the stated commitments of industry become a reality in our schools and neighborhoods.

We enthusiastically applaud the business community's awakening to how they can help reverse the epidemic. We view the role of business as a change agent to be natural and beneficial.

Just over 70 years ago, Robert Wood Johnson himself expressed a lesson hard-earned during the Great Depression. Business is a “true social asset,” he said. “It is to the enlightened self-interest of industry to accept and fulfill its share of social responsibility.”<sup>75</sup> He was right then—and now.

We enter the Alliance picture as the primary sponsor of their Healthy Schools Program at the absolute epicenter of the struggle: In the country's 123,000 schools, attended every school day by 54 million children and teenagers.<sup>76</sup>

Starting with 231 schools in 13 states, the idea is to help schools set specific standards for student nutrition, physical activity and staff wellness; and then reward the schools that meet the mark. We expect the program to spread to thousands of schools nationwide in the next five years.

The Healthy Schools Program has what it takes to rise to the scope and scale of the epidemic. This type of response is on a level sufficient to make a lasting difference if we have the staying power—which we do. And it sure helps when big names are in the lead, grabbing the nation's attention and building motivation.

School is where our children spend their days learning lessons and habits that will stay with them for life. It makes no sense to teach them well in the classroom but tempt them in the hallway and cafeteria with sodas and snacks. Or tell them it's important to get an hour of activity every day while cutting physical education.

Of course, we know that schools didn't cause the obesity epidemic. We recognize that schools struggle with the realities of tight budgets, high academic expectations and an educational culture that commands they “teach to the test.” But America will never reverse the obesity epidemic unless schools are a leading part of the solution.

We are encouraged by how enthusiastically schools are answering the challenge.<sup>77</sup>

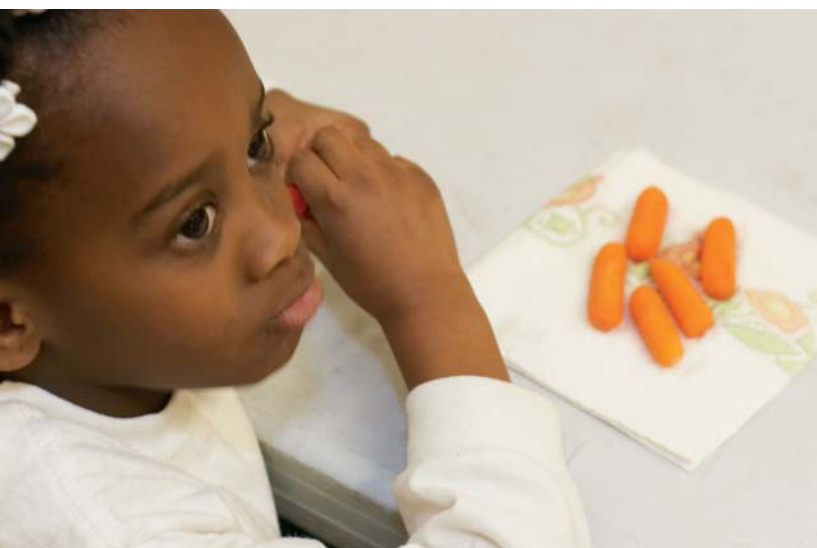
- **In Waterford, Maine**, a student group called “The Mixed Nuts” successfully pitched school administrators to remove sodas from all vending machines, eliminate trans fats in cafeteria foods, replace fried chips with baked chips, and limit days the school sells cookies.
- **At Plaza Park Middle School** in Evansville, Indiana, so many kids arrive early for school that a local run/walk club organized morning walks. Quickly, more than one-third of the school’s nearly 600 students were loping around school grounds and interior hallways. Principal Mary Schweizer reports that learning’s up, discipline problems are down and the kids are on their second year logging more than 12,000 calorie-burning miles.
- **In Minnesota**, Pattie Reiplinger, nutrition services director for the Cass Lake-Bena school district, convinced local food and beverage distributors to supply low-fat milk, bottled water and low-calorie juices. And she placed low-sugar, low-fat snacks in student vending machines.
- **Reynolds Middle School** in Lancaster, Pennsylvania, took down the “Do Not Skate” signs and now teaches in-line skating as part of regular physical education classes, pulling in kids who had been sitting out more conventional activities.

Out West, the California Endowment is midway through a four-year, \$26 million push for strong new state and local anti-obesity policies, including increases in children’s physical activity, improvements in nutrition, and reductions in the risk for childhood diabetes and obesity. They call the initiative Healthy Eating, Active Communities.<sup>78</sup>

Success is coming quickly. In 2005 Gov. Schwarzenegger signed the toughest laws in the nation banning junk food, soda, fruit drinks and sugared waters from the state’s public schools. New state mandates also expanded physical education for all grades. Public health authorities called the actions “the most impressive gains in school nutrition since school lunch was introduced after World War II.”<sup>79</sup>

What intrigues us is that, much as the Alliance for a Healthier Generation is leveraging the powers and responsibilities of business and industry to help reverse the epidemic, so, too, the California Endowment is leveraging the powers and responsibilities of government to do the same.

In the meantime, Philadelphia’s private, nonprofit The Food Trust is recasting Lower North Philadelphia’s food geography. And Arkansas is linking specific school-based policies with data collection and analysis to convince parents and children of the need to change fundamental aspects of their lives.





What we are witnessing is a rapidly maturing matrix of evidence-driven models that are defining what works through appraisal and evaluation and that have wide application locally and nationally. The best news is that, as we look toward 2015, we realize that pathfinders such as these are already clearing the trail.

**In the daily workings of our philanthropy,** we've made a promise to ourselves—that we will make a difference in our lifetime. And we are confronting this epidemic as a difference-making opportunity of a lifetime.

Each generation is given but a handful of chances to define for itself where it's going to wind up, how it's going to get there—and what it means for the generations to follow.

I can think of at least three moments in the past half century that dramatically shifted the course of American medical and scientific history.

The first was March 26, 1953, when Jonas Salk called a press conference to announce the discovery of a polio vaccine.

The second was just four weeks later, in the April 25, 1953, issue of the science journal *Nature*, when James Watson and Francis Crick published their discovery of the double helix structure of DNA.

The third time was January 11, 1964, when U.S. Surgeon General Luther Terry courageously reported that cigarette smoking causes cancer and other deadly diseases.

These are among the great medical and public health tipping points in the modern history of the world. America's reversal of the epidemic of childhood obesity will be of the same order of magnitude.

The Robert Wood Johnson Foundation has been in the business of seeking transformative social change for a little more than a generation. Along the way, we've gained world-class experience in identifying what needs to be changed, how to do it and when to do it.

John Gardner, one of the last century's greatest champions for social change, put it this way: "We are all faced with a series of great opportunities, brilliantly disguised as insoluble problems."<sup>80</sup>

Our job is to rip away the disguises, expose those seemingly insoluble problems for the opportunities they really are, and come up with solutions big enough and bold enough that their trajectories will take us far beyond the most distant horizon.

We are in the early stages of an epic undertaking that will be more difficult than the still unfinished 40-year campaign to break America's addiction to tobacco. One big difference: Unlike smoking, eating is a biological necessity. To transform the culture of how an entire society fulfills a biological necessity requires a clear vision and the will to turn it into reality.

We have the will and we have the vision. This is what we see when we look 10 years into our future and beyond:

- The prevention of obesity in our children and youth is an ongoing national health and health care priority. Along with smoke-free air and flu shots, it is a given. Prevention and public health communities are united, motivated and effective. Energy in = energy burned is wired into the country's mind-set.



- Parents and families are informed and lead their children in healthy eating and physical activity habits. Children and teenagers, aware of obesity's threat to their own quality and longevity of life, are energetic champions of healthy behavior within their families and among their peers. (Parents remember how, as children themselves, they pestered their own parents to quit smoking.)
- Federal funding of prevention, behavioral and population research is reliable, up to the task and sustained. The government supports translation of key research into action. Through private sector collaboratives, the government also organizes national guidelines for school nutrition and physical activity, advertising and marketing to children and youth, and ensures the flow of credible, objective information to the public.
- Industry produces and markets healthy foods and beverages to children and youth with the same sophistication and effectiveness with which they previously promoted energy-dense, high-calorie products. Industry is a partner with the prevention field, advocating energy in = energy burned behaviors as a way to build brand, secure market share and improve the health of their customers.
- Schools are free of junk food and sweetened beverages and are no longer reliant on their sale. Instead, schools are aggressive providers of nutritious food and physical activity. Junk food is out, and recess and physical education are back. Energy in = energy burned is core curriculum.
- Civic leaders pursue bold public policies to curb obesity and promote the good health of their populations, similar to how local governments protect the public from secondhand smoke and how New York City banned trans fats to improve heart health. Energy in = energy burned is a top-rank attribute of public planning as state and local governments decide how to improve the built infrastructure and better design public spaces for active living.
- Communities set as top public priorities access to affordable fresh fruit and vegetables for low-income families in disadvantaged neighborhoods. Supermarkets and farm markets are valued as necessary for the public's health and seen as good for the local economy.

- Finally, by 2015, the epidemic of obesity among our children is reversed. Societal observers conclude that the communal response to the obesity epidemic at the beginning of the 21st century transformed our national awareness that the health of a people is constructed through the efforts of all parts of society: schools, business, communities and public policies. The role of health care is to repair the damage we cannot yet prevent. They tell us that the abating epidemic in obesity is altering for the better the health future of generations to come.

**This is our vision, our expectation and our call to action.**

John F. Kennedy, quoting *Proverbs* in a speech on the eve of his assassination, warned that “*Where there is no vision, the people perish.*”<sup>81</sup>

We agree.

Our vision is driven by a compelling body of evidence that charges us to act and act now to reverse the epidemic with all the force and faithfulness of a public health imperative. We know it won't be easy. We know we cannot wait.

From the harsh history of Africa comes hard-earned wisdom:

**He who does not seize opportunity today, will be unable to seize tomorrow's opportunity.**

We get it. The Robert Wood Johnson Foundation is seizing the opportunity today. Tomorrow will be too late.

Respectfully submitted,



Risa Lavizzo-Mourey, M.D., M.B.A.  
President and Chief Executive Officer







“He who does not *seize* opportunity today,  
will be unable to seize tomorrow’s opportunity.”

- <sup>1</sup> Neighborhood Data from 2000 Census at [www.census.gov](http://www.census.gov) and "Children's Commission of Philadelphia 2005 Community Report Card on Lower North Philadelphia." [www.philasafe-sound.org/CRC\\_Lower\\_North.pdf](http://www.philasafe-sound.org/CRC_Lower_North.pdf)
- <sup>2</sup> "Food Insecurity in Households With Children: Food Assistance Research Brief." USDA Economic Research Service, 2001 data. [www.ers.usda.gov/publications/fanrr34/fanrr34-13/fanrr34-13.pdf](http://www.ers.usda.gov/publications/fanrr34/fanrr34-13/fanrr34-13.pdf)
- <sup>3</sup> Ibid.
- <sup>4</sup> "Food Security in the United States: Conditions and Trends." USDA Economic Research Service, 2005 data. [www.ers.usda.gov/Briefing/FoodSecurity/trends.htm](http://www.ers.usda.gov/Briefing/FoodSecurity/trends.htm)
- <sup>5</sup> Ibid.
- <sup>6</sup> Ibid.
- <sup>7</sup> "Poverty and Obesity: The Role of Energy Density and Energy Costs." *American Journal of Clinical Nutrition*, January 2004. [www.ajcn.org/cgi/content/full/79/1/6](http://www.ajcn.org/cgi/content/full/79/1/6)
- <sup>8</sup> Calorie-Count, from About.com. [www.calorie-count.com/calories/item/83644.html](http://www.calorie-count.com/calories/item/83644.html)
- <sup>9</sup> "A Look At Convenience Store Fare." *Reno Gazette-Journal*, April 18, 2005. [www.rgj.com/news/stories/html/2005/04/18/97407.php](http://www.rgj.com/news/stories/html/2005/04/18/97407.php)
- <sup>10</sup> Popeye's Nutrition Index, [www.popeyes.com/nutrition/index\\_nutr2005.asp](http://www.popeyes.com/nutrition/index_nutr2005.asp). Price from telecon to Popeye's outlet, November 29, 2006.
- <sup>11</sup> "Food Geography: How Food Access Affects Diet and Health." [www.TheFoodTrust.org](http://www.TheFoodTrust.org)
- <sup>12</sup> *Morbidity and Mortality Weekly Report*. Centers for Disease Control, January 13, 2006. <http://ier.isciii.es/mmwr/PDF/wk/mm5501.pdf>
- <sup>13</sup> "Resident Population Projections by Sex and Age 2005 to 2050." U.S. Census Bureau, Statistical Abstract of the United States, 2006. Table 12, [www.census.gov/prod/2005pubs/06statab/pop.pdf](http://www.census.gov/prod/2005pubs/06statab/pop.pdf)
- <sup>14</sup> "Mean Body Weight, Height, and Body Mass Index, United States 1960–2002." Advance Data No. 347. October 2004. [www.cdc.gov/nchs/data/ad/ad347.pdf](http://www.cdc.gov/nchs/data/ad/ad347.pdf)
- <sup>15</sup> TIME/ABC News Summit on Obesity. [www.time.com/time/2004/obesity/](http://www.time.com/time/2004/obesity/)
- <sup>16</sup> RWJF/Harvard School of Public Health survey, reported online at RWJF Research Highlight, April 2006. [www.rwjf.org/research/researchdetail.jsp?id=2571&ia=138](http://www.rwjf.org/research/researchdetail.jsp?id=2571&ia=138)
- <sup>17</sup> The Health Consequences of Smoking, Cardiovascular Disease A Report of the Surgeon General 1983. [www.philip-morrislovakia.sk/global/downloads/SH/Surgeon\\_General\\_1983.pdf](http://www.philip-morrislovakia.sk/global/downloads/SH/Surgeon_General_1983.pdf)
- <sup>18</sup> "Tobacco Use Among Adults—United States, 2005." CDC MMWR Weekly, October 27, 2006. [www.cdc.gov/MMWR/preview/mmwrhtml/mm5542a1.htm](http://www.cdc.gov/MMWR/preview/mmwrhtml/mm5542a1.htm)
- <sup>19</sup> National Highway Traffic Safety Administration, cited in "A New Strategy to Deter Drunken Driving." *The New York Times*, November 20, 2006.
- <sup>20</sup> "Perspectives in Disease Prevention and Health Promotion Seat Belt Use—United States." CDC Morbidity and Mortality Weekly Report, May 16, 1986. [www.cdc.gov/mmwr/preview/mmwrhtml/0000732.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/0000732.htm)
- <sup>21</sup> "Seat Belt Use Lags Among Rural Men," *USA Today*, May 15, 2006. Citing data from National Highway Traffic Safety Administration. [www.usatoday.com/news/nation/2006-05-14-seat-belt-cover\\_x.htm](http://www.usatoday.com/news/nation/2006-05-14-seat-belt-cover_x.htm)
- <sup>22</sup> "Overweight and Obesity Threaten U.S. Health Gains." Press release, December 31, 2001. [www.surgeongeneral.gov/topics/obesity](http://www.surgeongeneral.gov/topics/obesity)
- <sup>23</sup> "Study Finds Major Energy Gap Contributes to Obesity Among U.S. Teens." Draft press release regarding research by Harvard School of Public Health, published December 1, 2006 in *Pediatrics*.
- <sup>24</sup> Ibid.
- <sup>25</sup> "U.S. Food Consumption Up 16 Percent Since 1970." *Amber Waves*, November 2005, USDA Economic Research Service. [www.ers.usda.gov/AmberWaves/November05/Findings/USFoodConsumption.htm](http://www.ers.usda.gov/AmberWaves/November05/Findings/USFoodConsumption.htm)
- <sup>26</sup> "Prevalence of No Leisure-Time Physical Activity—35 States and the District of Columbia, 1988–2002." CDC MMWR, February 6, 2004. [www.cdc.gov/MMWR/preview/mmwrhtml/mm5304a4.htm](http://www.cdc.gov/MMWR/preview/mmwrhtml/mm5304a4.htm)
- <sup>27</sup> National Youth Risk Behavior Survey 2005. CDC (issued every 5 years). [www.cdc.gov/HealthyYouth/yrbs/pdf/trends/2005\\_YRBS\\_Physical\\_Activity.pdf](http://www.cdc.gov/HealthyYouth/yrbs/pdf/trends/2005_YRBS_Physical_Activity.pdf)
- <sup>28</sup> "Food Marketing to Children and Youth: Threat or Opportunity? (2006)" Institutes of Medicine. [www.nap.edu/catalog/11514.html](http://www.nap.edu/catalog/11514.html)
- <sup>29</sup> "Soft Drinks as Top Calorie Culprit." *Science News*, June 18, 2005. [www.sciencenews.org/articles/20050618/food.asp](http://www.sciencenews.org/articles/20050618/food.asp)
- <sup>30</sup> "'Media Multi-tasking' Changing the Amount and Nature of Young People's Media Use." March 9, 2005 news release re: "Generation M: Media in the Lives of 8–18 Year-olds—Report." Roberts, et al., Henry J. Kaiser Family Foundation. [www.kff.org/entmedia/entmedia030905nr.cfm](http://www.kff.org/entmedia/entmedia030905nr.cfm)
- <sup>31</sup> "Trends in the Association of Poverty With Overweight Among U.S. Adolescents, 1971–2004." Miech, et al., *JAMA*, May 24/31, 2006. <http://jama.ama-assn.org/cgi/content/abstract/295/20/2385>
- <sup>32</sup> *Food Marketing to Children and Youth*. IOM.
- <sup>33</sup> *Food Fight*. Kelly D. Brownell and Katherine Battle Horgen, Contemporary Books, 2004, plus "Americans Are Obsessed with Fast Food: The Dark Side of the All-American Meal." CBS News interview with Eric Schlosser, author of *Fast Food Nation*, January 18, 2001 [www.cbsnews.com/stories/2002/01/31/health/main326858.shtml](http://www.cbsnews.com/stories/2002/01/31/health/main326858.shtml)
- <sup>34</sup> "U.S. Per Capita Food Supply Trends." *Food Review*, Vol. 25(3), Winter 2002. USDA Economic Research Service. [www.ers.usda.gov/publications/FoodReview/DEC2002/frvol25i3a.pdf](http://www.ers.usda.gov/publications/FoodReview/DEC2002/frvol25i3a.pdf)
- <sup>35</sup> "Prevalence and Trends in Overweight Among U.S. Children and Adolescents, 1999–2000," *JAMA*, October 9, 2002. <http://jama.ama-assn.org/cgi/content/full/288/14/1728?max-toshows=&HITS=10&hits=10&RESULTFORMAT=1&andorexacttitle=&andorexactitleabs=&andandorexactfulltext=&and&searchid=1&FIRSTINDEX=0&sortspec=relevance&volume=288&firstpage=1728&resourcetype=HWCIT>
- <sup>36</sup> "The Facts About Overweight and Obesity Health Disparities (2001)." Office of the U.S. Surgeon General. [www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_glaance.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_glaance.htm)
- <sup>37</sup> "Obesity Associated with High Rates of Diabetes in the Pima Indians." National Diabetes Information Clearinghouse. <http://diabetes.niddk.nih.gov/dm/pubs/pima/index.htm>
- <sup>38</sup> "Effect of Youth-Onset Type 2 Diabetes Mellitus on Incidence of End-Stage Renal Disease and Mortality in Young and Middle-Aged Pima Indians." Pavkov, et al., *JAMA*, July 26, 2006. <http://jama.ama-assn.org/cgi/content/abstract/296/4/421>
- <sup>39</sup> *Healthy People 2010*, "Progress Review: Nutrition and Overweight." U.S. Department of Health & Human Services—Public Health Service, January 21, 2004. [www.healthypeople.gov/data/2010prog/focus19/default.htm](http://www.healthypeople.gov/data/2010prog/focus19/default.htm)
- <sup>40</sup> "Progress In Preventing Childhood Obesity: How Do We Measure Up?" Institute of Medicine Report Brief, Draft 6. August 24, 2006.
- <sup>41</sup> Ibid.
- <sup>42</sup> *The Archives of Pediatric & Adolescent Medicine*, January 2004. Study comparing 15-year-olds in 15 European countries, Israel and the United States.

- <sup>43</sup> "Adult diabetes on the Rise in Kids." MSNBC Interactive, October 30, 2006. [www.msnbc.msn.com/id/3341561](http://www.msnbc.msn.com/id/3341561)
- <sup>44</sup> "Prevention of Pediatric Overweight and Obesity." American Academy of Pediatrics, Committee on Nutrition, Pediatrics, August 2003. <http://aappublications.org/cgi/content/full/pediatrics;112/2/424>
- <sup>45</sup> "Overweight and Obesity Threaten U.S. Health Gains." U.S. Surgeon General, press release, December 13, 2001. [www.surgeongeneral.gov/topics/obesity](http://www.surgeongeneral.gov/topics/obesity)
- <sup>46</sup> "The Impact of Obesity on Rising Medical Spending." Thorpe, et al., RAND, Health Affairs Web Exclusive, October 20, 2004. <http://content.healthaffairs.org/cgi/reprint/hlthaff.w4.480v1.pdf>
- <sup>47</sup> Quality of Life Content from "Health-Related Quality of Life of Severely Obese Children and Adolescents." Shimmer, et al., JAMA, April 9, 2003.
- <sup>48</sup> "Associations Between Overweight and Obesity With Bullying Behaviors in School-Aged Children." Janssen, et al., Pediatrics, May 2004. <http://pediatrics.aappublications.org/cgi/content/abstract/113/5/1187>
- <sup>49</sup> Ibid.
- <sup>50</sup> Ibid.
- <sup>51</sup> "Increasing Obesity Rates and Disability Trends." Sturm, et al., *Health Affairs*, March/April 2004. <http://content.healthaffairs.org/cgi/content/abstract/23/2/199>
- <sup>52</sup> "The Health and Cost Consequences of Obesity Among the Future Elderly." Lakdawalla, et al., RAND, Health Affairs Web Exclusive, September 26, 2005. <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.w5.r30>
- <sup>53</sup> Thorpe, et al., RAND, *Health Affairs Web Exclusive*.
- <sup>54</sup> See Data Presentation, Edward Sondik, Director, National Center for Health Statistics. *Healthy People 2010 Progress Review*, January 23, 2004. (Slide # 2, Bullet #2.) [www.cdc.gov/nchs/ppt/hpdata2010/focusareas/fa19.ppt#2](http://www.cdc.gov/nchs/ppt/hpdata2010/focusareas/fa19.ppt#2)
- <sup>55</sup> *Progress in Preventing Childhood Obesity: How Do We Measure Up?* Committee on Progress in Preventing Childhood Obesity, Food and Nutrition Board, Institute of Medicine. Released September 13, 2006.
- <sup>56</sup> "Measuring Success." The Food Trust. [www.thefoodtrust.org/php/about/measuring.success.php](http://www.thefoodtrust.org/php/about/measuring.success.php)
- <sup>57</sup> "Food Geography: How Food Access Affects Diet and Health." The Food Trust & The Philadelphia Health Management Corp., February 23, 2006. [www.thefoodtrust.org/catalog/download.php?product\\_id=120](http://www.thefoodtrust.org/catalog/download.php?product_id=120). NOTE: Only Boston is worse, per "Grocery Shortage," by Athena D. Merritt, Philadelphia Business Journal, February 24, 2006. [www.bizjournals.com/philadelphia/stories/2006/02/27/story1.html](http://www.bizjournals.com/philadelphia/stories/2006/02/27/story1.html)
- <sup>58</sup> "In Cities, Healthful Living Through Fresher Shopping." *Washington Post*, October 15, 2006. [www.washingtonpost.com/wp-dyn/content/article/2006/10/14/AR2006101400859\\_pf.html](http://www.washingtonpost.com/wp-dyn/content/article/2006/10/14/AR2006101400859_pf.html)
- <sup>59</sup> See endnote 57, above.
- <sup>60</sup> "New Rx: Help people to avoid getting sick." Steve Sternberg, *USA today*, October 18, 2006. [www.usatoday.com/money/industries/health/2006-10-17-healthier-communities\\_x.htm](http://www.usatoday.com/money/industries/health/2006-10-17-healthier-communities_x.htm)
- <sup>61</sup> Ibid.
- <sup>62</sup> "Overweight and Obesity: State-Based Programs." CDC. [www.cdc.gov/nccdphp/dnpa/obesity/state\\_programs/index.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/index.htm)
- <sup>63</sup> "HOUSE CALL WITH DR. SANJAY GUPTA: Bill Clinton and Weight." CNN, Aired August 6, 2005, 8:30 ET. [www.transcripts.cnn.com/TRANSCRIPTS/0508/06/hcsg.01.html](http://www.transcripts.cnn.com/TRANSCRIPTS/0508/06/hcsg.01.html)
- <sup>64</sup> "Clinton Targets Childhood Obesity," CBS News, May 3, 2005. [www.cbsnews.com/stories/2005/05/04/earlyshow/health/health\\_news/printable692856.shtml](http://www.cbsnews.com/stories/2005/05/04/earlyshow/health/health_news/printable692856.shtml)
- <sup>65</sup> "Candidate's Health: Doctors Call Clinton Healthy; Campaign Offers New Details." *The New York Times*, October 15, 1992. <http://query.nytimes.com/gst/fullpage.html?res=9E0CE1DD143EF936A25753C1A964958260&sec=health&page=wanted=print>
- <sup>66</sup> *Quit Digging Your Grave with a Knife and Fork*. Mike Huckabee, Center Street 2005.
- <sup>67</sup> "Obesity: A Looming National Threat?" CNN.com, March 24, 2006. [www.cnn.com/2006/HEALTH/diet.fitness/03/24/hb.obesity.epidemic/index.html](http://www.cnn.com/2006/HEALTH/diet.fitness/03/24/hb.obesity.epidemic/index.html)
- <sup>68</sup> "Tracking Progress: The Third Annual Arkansas Assessment of Childhood and Adolescent Obesity." Arkansas Center for Health Improvement. [www.rwjf.org/files/publications/other/ACHI\\_2006.pdf](http://www.rwjf.org/files/publications/other/ACHI_2006.pdf)
- <sup>69</sup> Ibid.
- <sup>70</sup> "Arkansas Governor Wages War on Junk Food in School." Melissa Drosjack, Fox News, October 4, 2006. [www.foxnews.com/story/0,2933,217886,00.html?sPage=fnc.politics/government](http://www.foxnews.com/story/0,2933,217886,00.html?sPage=fnc.politics/government)
- <sup>71</sup> "Arkansas' Children Shed a Pinch of Their Fat; Weight War Works, Huckabee Declares." Nell Smith, *Arkansas Democrat-Gazette*, August 17, 2006. <http://library.ardemgazz.com/ShowArchiveStory.asp?Path=ArDemocratNW/2006/08/17&ID=Ar01102&Qry=BM1>
- <sup>72</sup> Interview by Susan Dentzer, *NewsHour with Jim Lehrer*, June 15, 2004. [www.pbs.org/newshour/bb/health/jan-june04/thompson\\_ex.html](http://www.pbs.org/newshour/bb/health/jan-june04/thompson_ex.html)
- <sup>73</sup> "Trails met, 'Big Dam Bridge' Opens." *Arkansas Democrat-Gazette*, October 1, 2006. <http://library.ardemgazz.com/ShowArchiveStory.asp?Path=ArDemocrat/2006/10/01&ID=Ar01701&Qry=pedestrian+bridge>
- <sup>74</sup> "Are We Drinking Too Much Soda." Colorado State University Cooperative Extension. [www.ext.colostate.edu/PUBS/columncc/cc010821.html](http://www.ext.colostate.edu/PUBS/columncc/cc010821.html)
- <sup>75</sup> From 1935's "Try Reality," cited in *Robert Wood Johnson: The Gentleman Rebel*, by Lawrence G. Foster. Lillian Press 1999, page 224.
- <sup>76</sup> "Program to Help Schools Create a Healthier Environment for the Nation's Students." Alliance for a Healthier Generation. Press release, February 13, 2006. [www.clintonfoundation.org/021306-nr-cf-hshk-usa-pr-program-to-help-schools-create-healthier-environment-for-students.htm](http://www.clintonfoundation.org/021306-nr-cf-hshk-usa-pr-program-to-help-schools-create-healthier-environment-for-students.htm)
- <sup>77</sup> School anecdotes from "Success Stories." Alliance for a Healthier Generation Healthy Generations. [www.healthiergeneration.org/engine/renderpage.asp?pid=s018](http://www.healthiergeneration.org/engine/renderpage.asp?pid=s018)
- <sup>78</sup> "The California Endowment Commits \$26 Million To Prevent Childhood Obesity." Press release, October 14, 2004. [www.calendow.org/news/press\\_releases/2004/10/101404.stm](http://www.calendow.org/news/press_releases/2004/10/101404.stm)
- <sup>79</sup> "Banning Junk Food and Soda Sales in the State's Public Schools." Isaacs & Swartz/ The California Endowment, October 2006. [www.calendow.org/reference/publications/pdf/npolicy/61024\\_CAE\\_BanningJunkFood7.pdf](http://www.calendow.org/reference/publications/pdf/npolicy/61024_CAE_BanningJunkFood7.pdf)
- <sup>80</sup> Gardner. [www.brainyquote.com/quotes/quotes/j/johnwgard134413.html](http://www.brainyquote.com/quotes/quotes/j/johnwgard134413.html)
- <sup>81</sup> "Epilogue." *Kennedy*, Theodore C. Sorenson. 1965.





Robert Wood Johnson Foundation

Route 1 and College Road East

Post Office Box 2316

Princeton, NJ 08543-2316

[www.rwjf.org](http://www.rwjf.org)

Spring 2007