

# The State of Obesity:

## *Better Policies for a Healthier America* 2016



After decades of increasing, the national childhood obesity rate has leveled off and the rise in obesity among adults is beginning to slow. This is progress, but rates are alarmingly higher than they were a generation ago.

This executive summary provides an overview of major findings from *The State of Obesity: Better Policies for a Healthier America* report with data on state obesity rates and trends over the past 25 years. The summary also includes a set of priority policy recommendations to accelerate progress in addressing obesity. The full report with state rankings in all categories is available at <http://stateofobesity.org>. TFAH and RWJF collaborated on the report, which was supported by a grant from RWJF.

Obesity remains one of the biggest threats to the health of our children and our country, putting millions of Americans at increased risk for a range of chronic diseases and contributing to more than \$147 billion to \$210 billion dollars in preventable healthcare spending.<sup>1</sup>

Some of the most concerning trends include:

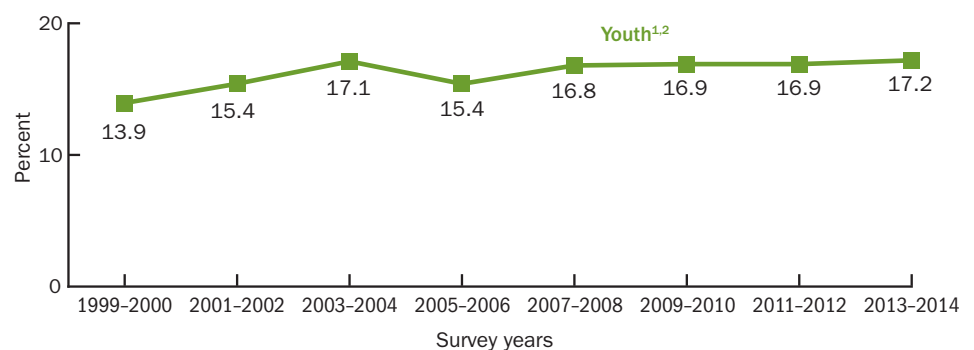
#### For children and youth:

Nationally, childhood obesity rates have remained stable for the past decade — at around 17 percent [ages 2 to 19, National Health and Nutrition Examination Survey (NHANES), 2011-2014 data].<sup>2</sup> Rates are declining among 2- to 5-year-olds, stable among 6- to 11-year-olds, and increasing among 12- to 19-year-olds.

- Since 1980, the childhood obesity rates (ages 2 to 19) have tripled — with the rates of obese 6- to 11-year-olds more than doubling (from 7 percent to 17.5 percent) and rates of obese teens (ages 12 to 19) quadrupling from 5 percent to 20.5 percent.<sup>3, 4</sup> [NHANES, 2011-2014 data]

- Obesity rates have also become much higher starting in earlier ages — 8.9 percent of 2- to 5-year-olds are now obese, and approximately 2 percent are extremely obese.<sup>5</sup> [NHANES, 2011-2014 data]
- Among high school students, out of 37 states, obesity rates exceeded 15 percent in 11 states and no state had a rate below 10 percent.<sup>6</sup> [Youth Risk Behavior Survey (YRBS), 2015 data]
- Nearly 2 percent of young children (ages 2 to 5) are extremely obese, 5.6 percent of 6- to 11-year olds are extremely obese and 7.8 percent of 12- to 19-year-olds are extremely obese (body mass index (BMI) at or above 120 percent of the sex-specific 95th percentile on the CDC BMI-for-age growth charts).<sup>7</sup> [NHANES, 2011-2014 data]
- There are also significant racial and ethnic inequities. Rates are higher among Latino (21.9 percent) and Black (19.5 percent) children than among White (14.7 percent) and Asian (8.6 percent) children (ages 2 to 19)

#### Trends in obesity prevalence among youth aged 2–19 years: United States, 1999–2000 through 2013–2014

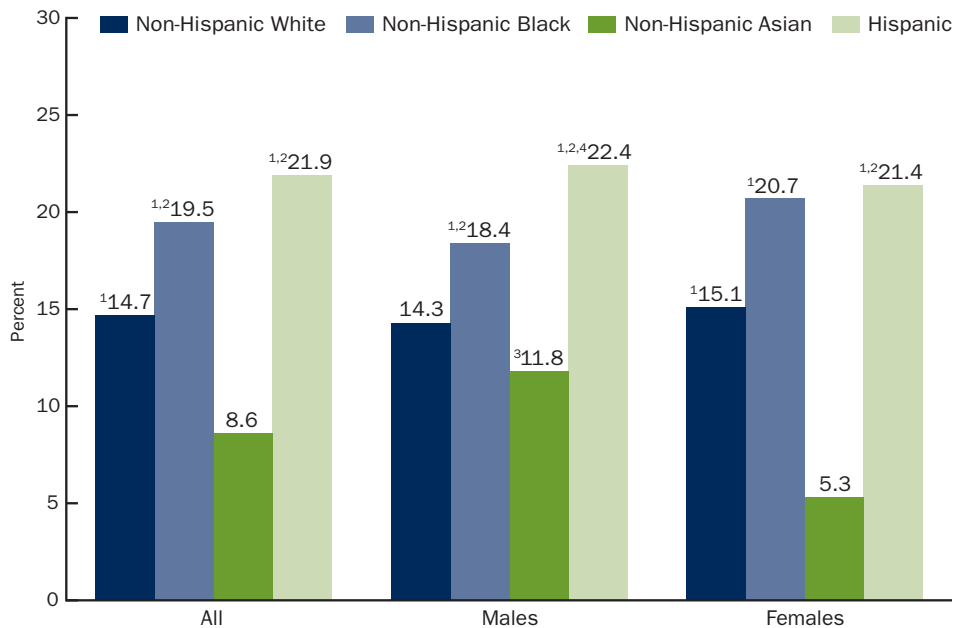


<sup>1</sup> Significant increasing linear trend from 1999–2000 through 2013–2014.

<sup>2</sup> Test for linear trend for 2003–2004 through 2013–2014 not significant ( $p > 0.05$ ).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.

## Prevalence of obesity among youth aged 2–19 years, by sex and race and Hispanic origin: United States, 2011–2014



<sup>1</sup> Significantly different from non-Hispanic Asian persons.

<sup>2</sup> Significantly different from non-Hispanic White persons.

<sup>3</sup> Significantly different from females of the same race and Hispanic origin.

<sup>4</sup> Significantly different from non-Hispanic Black persons.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2011–2014.

— and the rates are higher starting at earlier ages and increase faster.<sup>8</sup> [NHANES, 2011-2014 data]

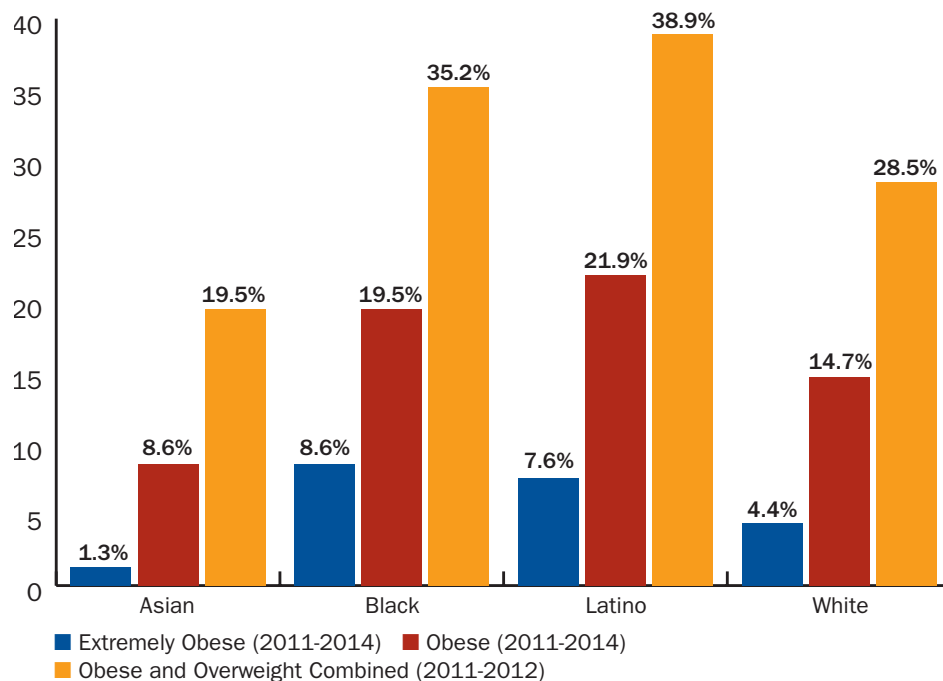
- 21.4 percent of Latina females and 22.4 percent of Latino males are obese;
- 20.7 percent of Black females and 18.4 percent of Black males are obese;
- 15.1 percent of White females and 14.3 percent of White males are obese; and
- 5.3 percent of Asian females and 11.8 percent of Asian males are obese.
- Among preschoolers (ages 2 to 5), Latinos are three times as likely (15.6 percent) and Blacks are twice as likely

(10.4 percent) to be obese as Whites (5.2 percent) and Asians (5.0 percent).

- Among American Indian/Alaska Native children, 25 percent of 2- to 5-year-olds, 31 percent of 6- to 11-year-olds and 31 percent of 12- to 19-year-olds are obese.<sup>9</sup> [Indian Health Service, 2008 data]
- In addition, there are also significant inequities in rates of extreme obesity (body-mass-index) at or above 120 percent of the sex-specific 95th percentile on the Centers for Disease Control and Prevention (CDC) BMI-for-age growth charts.<sup>10</sup> [NHANES, 2011-2014 data]

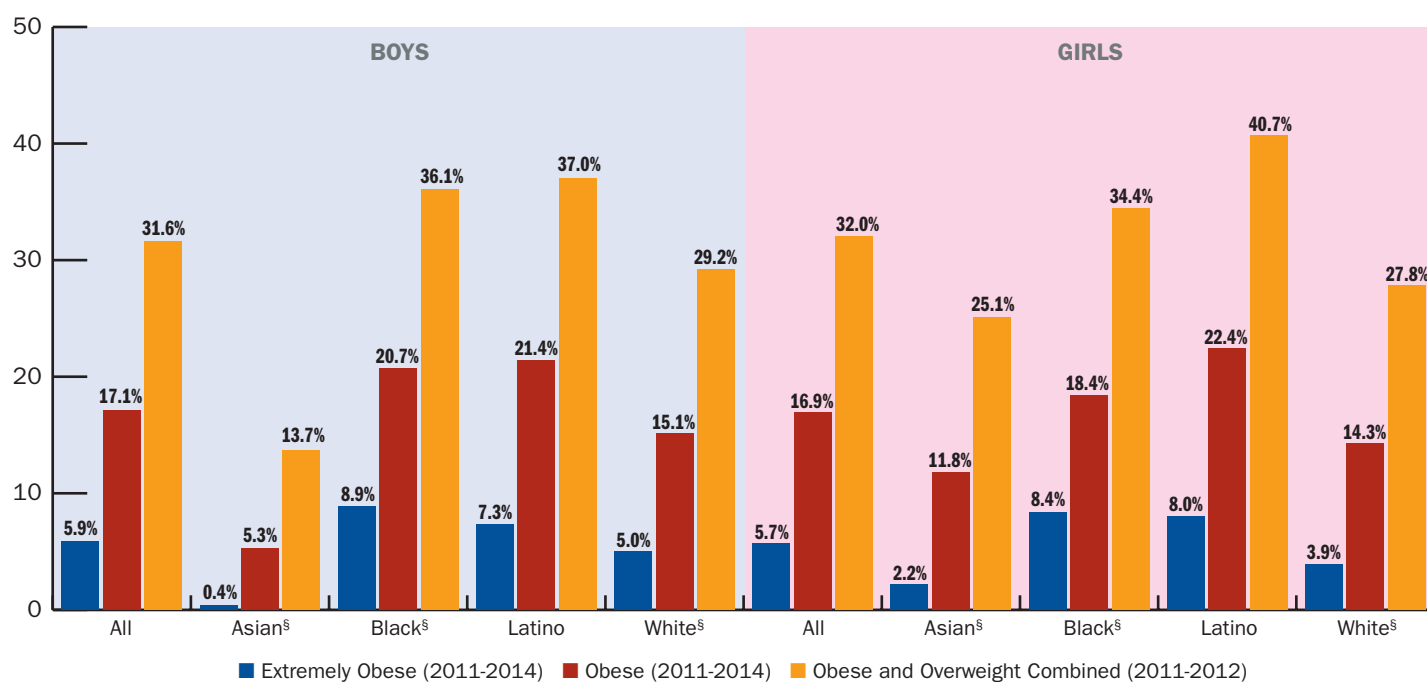
- Almost 9 percent of Black, 7.6 percent of Latino, 4.4 percent of White and 1.3 percent of Asian children are extremely obese (ages 2 to 19).
- Among preschoolers (ages 2 to 5), Latinos (7.6 percent) and Blacks (8.6 percent) are almost twice as likely to be extremely obese as Whites (4.4 percent).

### Obesity and Overweight Rates for Children Ages 2 to 19, NHANES



Note: The Centers for Disease Control and Prevention uses the term Hispanic in analysis.  
 § = non-Hispanic; Extreme obesity in children = BMI at or above 120% of the 95th percentile on BMI-for-age growth charts.

### Obesity and Overweight Rates for Children Ages 2 to 19, NHANES by Gender and Race<sup>11</sup>

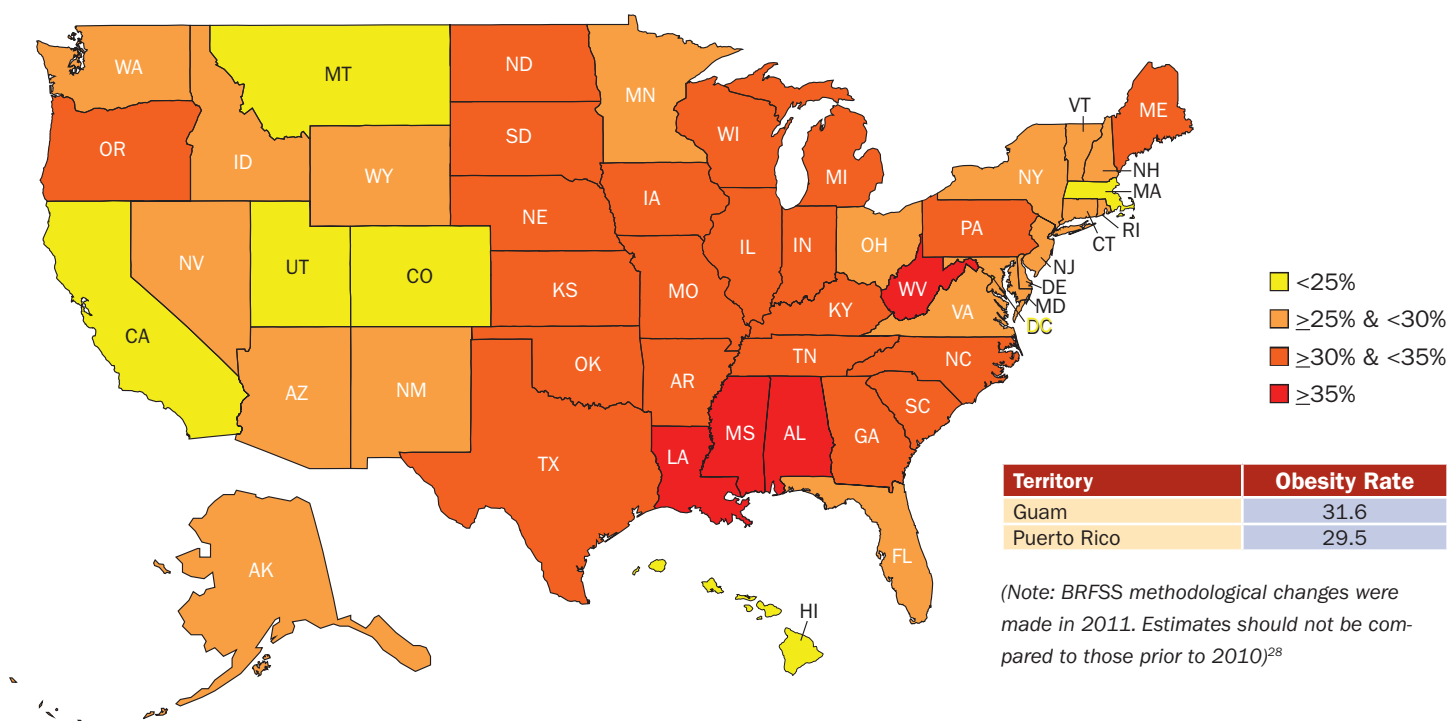


Note: The Centers for Disease Control and Prevention uses the term Hispanic in analysis. § = non-Hispanic.

## For adults:

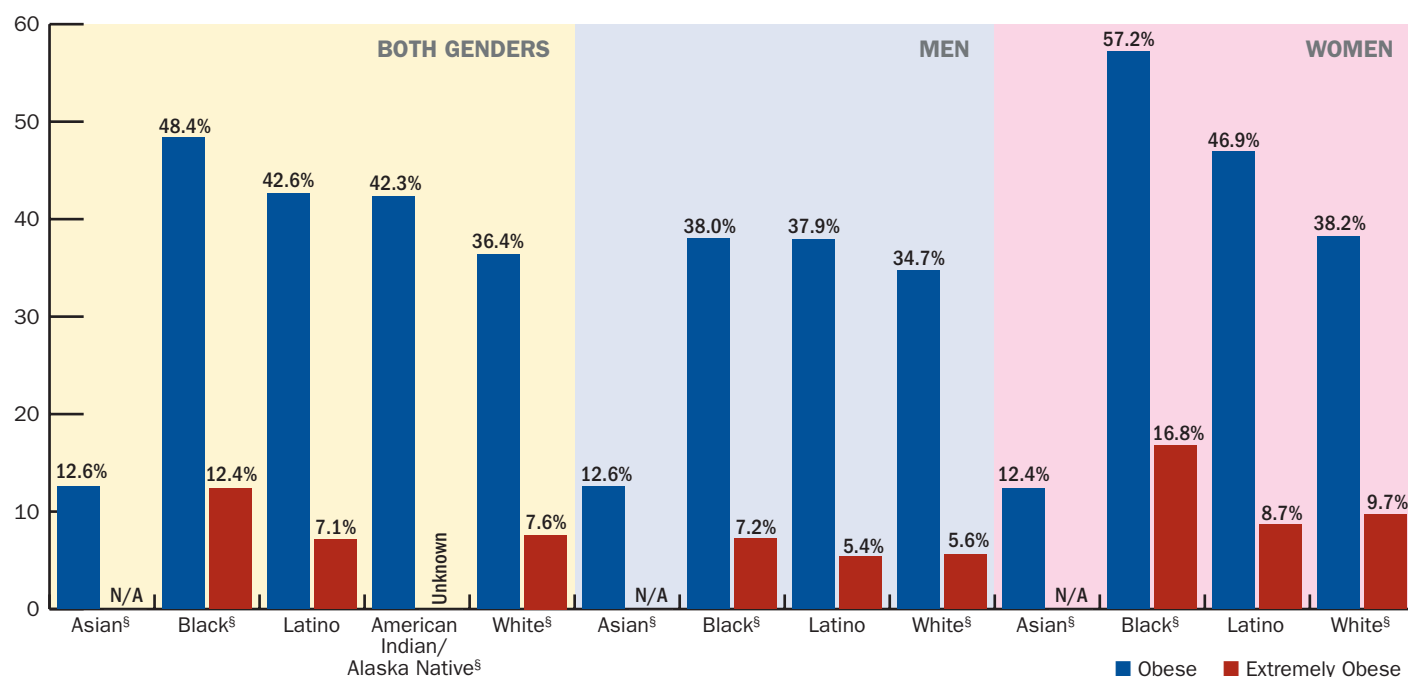
- Obesity rates exceeded 35 percent in four states, 30 percent in 25 states and are above 20 percent in all states. The lowest rate was 20.2 percent in Colorado. [Behavioral Risk Factor Surveillance Survey, 2015]
- In 1985, no state had an adult obesity rate higher than 15 percent; in 1991, no state was over 20 percent; in 2000, no state was over 25 percent; and, in 2006, only Mississippi and West Virginia were above 31 percent.
- Nationally, nearly 38 percent of adults are obese.<sup>14</sup> [NHANES, 2013-2014 data]
- Nearly 8 percent of adults are extremely obese (BMI greater than or equal to 40.0);
- Obesity rates are higher among women (40.4 percent) compared to men (35.0 percent). Between 2005 and 2014, the difference in obesity among women was 5.1 percent higher among women and 1.7 percent higher among men.
- Women are also almost twice as likely (9.9 percent) to be extremely obese compared to men (5.5 percent);
- In addition, rates are the highest among middle-age adults (41 percent for 40- to 59-year-olds), compared to 34.3 percent of 20- to 39-year-olds and 38.5 percent of adults ages 60 and older.
- There are significant racial and ethnic inequities [NHANES, 2013-2014 data]:
  - Obesity rates are higher among Blacks (48.4 percent) and Latinos (42.6 percent) than among Whites (36.4 percent) and Asian Americans (12.6 percent).<sup>15</sup>
  - The inequities are highest among women: Blacks have a rate of 57.2 percent, Latinos of 46.9 percent, Whites of 38.2 percent and Asians of 12.4 percent. For men, Latinos have a rate of 37.9 percent, Blacks of 38.0 percent and Whites of 34.7 percent.<sup>16</sup>
- Black women (16.8 percent) are twice as likely to be extremely obese as White women (9.7 percent).<sup>17</sup>
- And there are income and/or education inequities:
  - Nearly 33 percent of adults who did not graduate high school were obese compared with 21.5 percent of those who graduated from college or technical college. [2008-2010 data]
  - More than 33 percent of adults who earn less than \$15,000 per year are obese compared with 24.6 percent of those who earned at least \$50,000 per year.<sup>18</sup> [2008-2010 data]
- Approximately one in four young adults — ages 17 to 24 — are too overweight to join the military. Being overweight or obese is the leading medical reason why young adults cannot enlist.<sup>19, 20</sup> And, the military spends more than \$1.5 billion on healthcare costs and on recruiting replacements for those who are too unfit to serve.

## 2015 ADULT OBESITY RATES





**Obesity and Overweight Rates for Adults, National Health and Nutrition Examination Survey, 2013 to 2014<sup>21</sup>  
(with Native American/Alaska Native Rates per 2014 National Health Interview Survey<sup>22</sup>)**



Note: The Centers for Disease Control and Prevention uses the term Hispanic in analysis. § = non-Hispanic; N/A data only included 2 participants.

Reversing the epidemic — and ensuring that all children have the opportunity to grow up at a healthy weight — will require intensifying our investments in the most effective programs and policies.

Evidence about what’s working to help curb the epidemic is growing and some key lessons have emerged.

First, prevention should be a top priority, especially among young children and pregnant women. It is easier and more effective to prevent unhealthy weight gain than it is to reverse it later. Strategies that focus on helping every child maintain a healthy weight are critical. By giving children a healthy start, they will be on a much better trajectory for lifelong health as they age.

Second, making healthy choices an easier part of people’s daily lives is essential. While personal responsibility is an important consideration in obesity prevention, the choices families and youth make are impacted by where they live, learn, work and play. In many neighborhoods, healthy foods are scarce and more expensive, while cheap processed foods are widely available and heavily marketed. Finding safe, accessible places to be physically active can be a challenge for many.

Third, it is essential to target more intense efforts in areas where there are the greatest challenges. Obesity rates are highest among racial and ethnic minorities, people who live in low-

income communities and those living in the South. These populations are more likely to have limited access to healthy options and progress in addressing the inequities has been limited.

Experts have identified a range of policies and programs that can help make healthy eating and physical activity part of the daily routine, including improving school nutrition, complete streets initiatives, access to open space, incentives for healthy food purchases, food labeling and limits on advertising to children.

Many of the most successful approaches for preventing obesity focus on matching the specific needs and leveraging the existing resources within a local community. These place-based approaches ensure that people who live in the community are invested in making a difference in their own cities and towns. For example, a place-based approach may involve creating local partnership networks that involve leaders from the public health, healthcare, education, philanthropic, social service, transportation and housing sectors. Those partners work together to determine key priorities for that community; identify local assets, resources and potential funding sources; and evaluate the most effective strategies for achieving the shared goal.

A growing number of mechanisms support place-based approaches. This strategy brings together partners from healthcare, public health and boards of health, social services, community

groups, local governments and private businesses to focus on shared interests and goals and combine resources to achieve a stronger collective impact. For instance, healthy food financing initiatives help increase the availability of accessible, affordable foods in many communities. Nonprofit hospitals have a new focus on conducting regular community health needs assessments and are considering providing community benefit funds aimed at improving residents' health. New healthcare models, such as Accountable Health Organizations (AHOs), Patient-Centered Medical Homes (PCMH) and prevention initiatives focused on improving the health of Medicaid populations are also engaging communities and investing resources into obesity and other prevention programs.

Research also shows a strong return on investment for community-based prevention programs. CDC, The New York Academy of Medicine (NYAM) and other experts have identified a range of programs that have proved effective in reducing obesity and obesity-related disease levels by 5 percent or — in some cases — more.<sup>23, 24, 25</sup> The analysis showed that investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition and prevent smoking and other tobacco use could save the country more than \$16 billion annually within five years — a return of \$5.60 for every \$1.<sup>26</sup>

Yet the current investment in prevention programs represents a small fraction of this level and there is a significant challenge in bringing these efforts to scale across the country. For instance, the federal budget only includes \$50 million annually to promote nutrition, physical activity and obesity prevention programs at CDC, which are distributed through small targeted grants across the country. CDC's total chronic disease prevention funding is only \$1.17 billion a year, which is less than one-quarter of CDC's overall budget and equals around 5 percent of the budget for the National Institutes of Health (NIH).<sup>27</sup> In addition, many federal, state and local prevention initiatives either narrowly address a particular concern or shift to a new focus or approach after a short time period.

This report is an urgent call to action.

There are more effective ways to use available federal, state and local public health funds to prevent obesity and improve health. New strategies are needed to secure other funding sources and engage diverse partners in support of the most promising approaches for helping all Americans eat healthier and be more active. Success will require individuals, families, schools, communities, businesses, government and every other sector of American society to play a role in building an inclusive Culture of Health, in which every person has an equal opportunity to live the healthiest life they can.

# CHART ON OBESITY AND OVERWEIGHT RATES

	ADULTS										
	Obesity (BRFSS 2015 Data)		Overweight & Obesity (BRFSS 2015 Data)		Diabetes (BRFSS 2015 Data)		Physical Inactivity (BRFSS 2015 Data)		Hypertension (BRFSS 2015 Data)		
States	Percent of Obese Adults (95% C.I.)	Ranking	Percent of Overweight and Obese Adults (95% C.I.)	Ranking	Percent of Adults with Diabetes (95% C.I.)	Ranking	Percent of Adults Who are Physically Inactive (95% C.I.)	Ranking	Percent of Adults Who have Hypertension (95% C.I.)	Ranking	
Alabama	35.6 (+/-1.5)	2	68.7 (+/-1.5)	6	13.5 (+/-0.9)	3	31.9 (+/-1.5)*	5	40.4 (+/-1.5)	3	
Alaska	29.8 (+/-2.4)	26	67.2 (+/-2.6)	10	7.6 (+/-1.4)	48	22.0 (+/-2.4)	41	27.5 (+/-2.2)	48	
Arizona	28.4 (+/-1.6)	34	65.3 (+/-1.7)	28	10.1 (+/-0.8)	24	24.7 (+/-1.5)*	32	30.8 (+/-1.4)	27	
Arkansas	34.5 (+/-2.3)	6	69.5 (+/-2.3)	3	12.6 (+/-1.3)	7	34.2 (+/-2.3)*	2	39.3 (+/-2.2)	4	
California	24.2 (+/-1.0)	47	60.3 (+/-1.2)	44	10.0 (+/-0.7)	25	20.0 (+/-1.0)**	47	28.5 (+/-1.0)	46	
Colorado	20.2 (+/-1.1)	51	56.6 (+/-1.4)	50	6.8 (+/-0.5)	51	17.9 (+/-1.1)*	51	25.7 (+/-1.1)	50	
Connecticut	25.3 (+/-1.2)	42	61.6 (+/-1.3)	42	9.3 (+/-0.7)	31	23.5 (+/-1.2)*	35	30.4 (+/-1.1)	30	
Delaware	29.7 (+/-2.1)	28	66.8 (+/-2.2)	14	11.5 (+/-1.2)	10	29.4 (+/-2.1)*	10	34.5 (+/-2.0)	12	
D.C.	22.1 (+/-2.5)	50	54.4 (+/-3.4)	51	8.5 (+/-1.3)	39	19.4 (+/-2.5)	48	29.4 (+/-2.5)	41	
Florida	26.8 (+/-1.3)	35	64.1 (+/-1.4)	35	11.3 (+/-0.8)	15	26.2 (+/-1.4)*	24	33.5 (+/-1.3)	16	
Georgia	30.7 (+/-1.9)	19	65.5 (+/-2.0)	26	11.3 (+/-1.0)	15	27.3 (+/-1.9)*	15	36.2 (+/-1.8)	9	
Hawaii	22.7 (+/-1.4)	49	57.0 (+/-1.7)	49	8.5 (+/-0.8)	39	22.5 (+/-1.4)*	38	32.0 (+/-1.5)	23	
Idaho	28.6 (+/-1.8)	33	65.2 (+/-2.0)	29	8.1 (+/-0.8)	45	21.2 (+/-1.6)*	45	31.2 (+/-1.7)	25	
Illinois	30.8 (+/-1.6)	18	66.2 (+/-1.7)	20	9.9 (+/-0.9)	26	24.8 (+/-1.5)	30	30.8 (+/-1.5)	27	
Indiana	31.3 (+/-1.8)	15	66.5 (+/-1.9)	16	11.4 (+/-1.1)	13	29.4 (+/-1.8)*	10	32.4 (+/-1.6)	21	
Iowa	32.1 (+/-1.6)	12	66.7 (+/-1.7)	15	8.8 (+/-0.8)	36	26.3 (+/-1.5)*	23	30.6 (+/-1.4)	29	
Kansas	34.2 (+/-0.8)*	7	68.0 (+/-0.8)*	9	9.7 (+/-0.4)	29	26.5 (+/-0.7)*	21	31.6 (+/-0.7)	24	
Kentucky	34.6 (+/-1.7)*	5	67.2 (+/-1.8)	10	13.4 (+/-1.1)	4	32.5 (+/-1.7)	4	39.0 (+/-1.6)	6	
Louisiana	36.2 (+/-1.9)	1	69.2 (+/-1.9)	4	12.7 (+/-1.1)*	5	31.9 (+/-1.8)*	5	39.3 (+/-1.8)	4	
Maine	30.0 (+/-1.4)	24	66.5 (+/-1.5)*	16	9.9 (+/-0.8)	26	24.8 (+/-1.3)*	30	34.1 (+/-1.3)	14	
Maryland	28.9 (+/-1.7)	31	65.0 (+/-1.9)	30	10.3 (+/-0.9)	22	24.1 (+/-1.6)*	34	32.5 (+/-1.6)	19	
Massachusetts	24.3 (+/-1.3)	46	59.7 (+/-1.5)	46	8.9 (+/-0.8)	35	26.5 (+/-1.4)*	21	29.6 (+/-1.2)	38	
Michigan	31.2 (+/-1.3)	16	66.2 (+/-1.3)	20	10.7 (+/-0.8)	18	25.5 (+/-1.2)	27	33.1 (+/-1.2)	18	
Minnesota	26.1 (+/-0.9)**	39	62.8 (+/-1.0)	39	7.6 (+/-0.4)	48	21.8 (+/-0.8)*	42	26.3 (+/-0.8)	49	
Mississippi	35.6 (+/-1.9)	2	70.1 (+/-1.8)	2	14.7 (+/-1.2)*	1	36.8 (+/-1.8)*	1	42.4 (+/-1.8)	2	
Missouri	32.4 (+/-1.6)	10	66.3 (+/-1.7)	19	11.5 (+/-0.9)	10	27.0 (+/-1.5)	17	34.1 (+/-1.5)	14	
Montana	23.6 (+/-1.6)**	48	61.0 (+/-1.9)	43	7.9 (+/-0.9)	47	22.5 (+/-1.5)*	38	29.1 (+/-1.5)	45	
Nebraska	31.4 (+/-1.1)	14	67.0 (+/-1.2)	12	8.8 (+/-0.6)	36	25.3 (+/-1.0)*	28	29.9 (+/-1.0)	34	
Nevada	26.7 (+/-2.7)	36	64.7 (+/-2.9)	31	9.7 (+/-1.5)	29	24.7 (+/-2.6)	32	28.3 (+/-2.4)	47	
New Hampshire	26.3 (+/-1.5)	38	63.6 (+/-1.8)	37	8.1 (+/-0.7)	45	22.6 (+/-1.5)*	36	29.2 (+/-1.4)	44	
New Jersey	25.6 (+/-1.3)	41	63.4 (+/-1.5)	38	9.0 (+/-0.7)	33	27.2 (+/-1.4)*	16	30.9 (+/-1.3)	26	
New Mexico	28.8 (+/-1.8)	32	64.5 (+/-1.9)	32	11.5 (+/-1.1)	10	22.6 (+/-1.6)	36	30.0 (+/-1.5)	33	
New York	25.0 (+/-1.1)**	44	59.5 (+/-1.3)	48	9.8 (+/-0.7)	28	29.3 (+/-1.2)*	12	29.3 (+/-1.0)	43	
North Carolina	30.1 (+/-1.4)	22	65.8 (+/-1.5)	25	10.7 (+/-0.8)	18	26.2 (+/-1.3)*	24	35.2 (+/-1.4)	11	
North Dakota	31.0 (+/-1.8)	17	67.0 (+/-1.9)	12	8.7 (+/-0.9)	38	26.8 (+/-1.7)*	19	30.4 (+/-1.6)	30	
Ohio	29.8 (+/-1.4)**	26	66.5 (+/-1.5)	16	11.0 (+/-0.8)	17	27.0 (+/-1.4)*	17	34.3 (+/-1.4)	13	
Oklahoma	33.9 (+/-1.7)	8	68.9 (+/-1.7)	5	11.7 (+/-0.9)	9	33.2 (+/-1.7)*	3	36.2 (+/-1.6)	9	
Oregon	30.1 (+/-1.7)	22	64.5 (+/-1.7)*	32	10.7 (+/-1.0)*	18	18.8 (+/-1.5)*	50	30.1 (+/-1.5)	32	
Pennsylvania	30.0 (+/-1.6)	24	66.2 (+/-1.7)	20	10.4 (+/-1.0)	21	27.8 (+/-1.6)*	14	32.5 (+/-1.6)	19	
Rhode Island	26.0 (+/-1.7)	40	62.6 (+/-1.9)	40	9.0 (+/-0.9)	33	28.1 (+/-1.8)*	13	32.4 (+/-1.6)	21	
South Carolina	31.7 (+/-1.2)	13	66.2 (+/-1.3)	20	11.8 (+/-0.7)	8	26.7 (+/-1.2)	20	37.8 (+/-1.2)	8	
South Dakota	30.4 (+/-1.9)	21	64.5 (+/-2.1)	32	9.3 (+/-1.0)	31	21.5 (+/-1.7)	44	29.9 (+/-1.7)	34	
Tennessee	33.8 (+/-1.9)	9	68.7 (+/-2.0)	6	12.7 (+/-1.1)	5	30.4 (+/-1.9)*	8	38.5 (+/-1.8)	7	
Texas	32.4 (+/-1.5)	10	68.7 (+/-1.5)	6	11.4 (+/-0.9)	13	29.5 (+/-1.5)	9	29.5 (+/-1.3)	40	
Utah	24.5 (+/-1.0)	45	59.6 (+/-1.2)	47	7.0 (+/-0.5)	50	20.3 (+/-1.0)*	46	23.6 (+/-0.9)	51	
Vermont	25.1 (+/-1.4)	43	59.9 (+/-1.7)	45	8.2 (+/-0.8)	44	22.2 (+/-1.4)*	40	29.4 (+/-1.4)	41	
Virginia	29.2 (+/-1.4)	29	64.1 (+/-1.5)	35	10.3 (+/-0.8)	22	25.1 (+/-1.3)	29	33.2 (+/-1.3)	17	
Washington	26.4 (+/-1.0)	37	62.5 (+/-1.1)	41	8.4 (+/-0.5)	41	19.0 (+/-0.9)	49	29.7 (+/-0.9)	37	
West Virginia	35.6 (+/-1.5)	2	71.1 (+/-1.4)	1	14.5 (+/-1.0)	2	30.8 (+/-1.4)*	7	42.7 (+/-1.5)	1	
Wisconsin	30.7 (+/-1.7)	19	66.0 (+/-1.8)	24	8.4 (+/-0.9)	41	21.6 (+/-1.5)	43	29.6 (+/-1.5)	38	
Wyoming	29.0 (+/-2.0)	30	65.4 (+/-2.2)	27	8.4 (+/-0.9)	41	26.2 (+/-1.9)*	24	29.9 (+/-1.8)	34	

Note: For ranking, 1 = Highest rate and 51=Lowest rate; Red and \* indicates a statistically significant increase and green and \*\* indicates a statistically significant decrease; CI = Confidence Intervals.  
Source: Behavior Risk Factor Surveillance System (BRFSS), CDC.



# AND RELATED HEALTH INDICATORS IN THE STATES

## CHILDREN AND ADOLESCENTS

	Young Children Ages 2 to 4: Obesity (WIC PC 2012 Data)	Children and Teenagers Ages 6 to 17: Obesity and Physical Activity (NSCH 2011 Data)			Children and Teenagers Ages 6 to 17: Obesity and Physical Activity (NSCH 2011 Data)			Food Insecurity (USDA 2012- 2014 Data)
States	Percent of Obese Low-Income Children Ages 2-4 (95% C.I.)	Percent of Obese Children Ages 10-17 (95% C.I.)	Ranking	Percent of Children Participating in Vigorous Physical Activity per Day (Ages 6-17)	Percentage of Obese High School Students (95% Conf Interval)	Percentage of Overweight High School Students (95% Conf Interval)	Percentage of High School Students Who Were Physically Active At Least 60 Minutes on All 7 Days	Percent of Households with Food Insecurity, Average
Alabama	15.6 (+/- 0.4)	18.6 (+/- 3.9)	11	32.7	17.1 (+/- 2.7)	15.8 (+/- 2.7)	24.8 (+/- 2.4)	16.8*
Alaska	20.6 (+/- 0.9)	14.0 (+/- 3.3)	32	32.9	12.4 (+/- 2.1)	13.7 (+/- 2.6)	20.9 (+/- 2.8)	12.0**
Arizona	14.9 (+/- 0.3)	19.8 (+/- 4.6)	7	26.4	10.7 (+/- 2.7)	12.7 (+/- 1.9)	21.7 (+/- 2.5)	15.4
Arkansas	14.6 (+/- 0.4)	20.0 (+/- 4.2)	6	31.6	17.8 (+/- 2.2)	15.9 (+/- 2.5)	27.5 (+/- 3.0)	19.9*
California	17.6 (+/- 0.1)	15.1 (+/- 4.1)	21	25.2	N/A	N/A	N/A	13.5**
Colorado	8.9 (+/- 0.3)	10.9 (+/- 3.6)	47	28.3	N/A	N/A	N/A	13.6
Connecticut	16.6 (+/- 0.5)	15.0 (+/- 3.2)	23	25.8	12.3 (+/- 2.3)	13.9 (+/- 1.6)	26.0 (+/- 3.2)	13.9
Delaware	16.9 (+/- 0.8)	16.9 (+/- 4.1)	16	26.5	14.2 (+/- 1.4)	16.3 (+/- 1.7)	23.7 (+/- 2.0)	12.1**
D.C.	14.4 (+/- 1.0)	21.4 (+/- 5.5)	3	26.8	N/A	N/A	N/A	13.2
Florida	13.7 (+/- 0.2)	13.4 (+/- 3.3)	38	31.5	11.6 (+/- 1.2)	14.7 (+/- 1.2)	25.3 (+/- 1.4)	13.8
Georgia	13.4 (+/- 0.3)	16.5 (+/- 3.8)	17	30.6	12.7 (+/- 1.7)	17.1 (+/- 2.1)	24.7 (+/- 2.2)	15.7
Hawaii	10.2 (+/- 0.5)	11.5 (+/- 2.6)	44	28.7	13.4 (+/- 1.9)	14.9 (+/- 2.0)	22.0 (+/- 1.5)	12.3**
Idaho	11.8 (+/- 0.5)	10.6 (+/- 3.4)	49	25.5	9.6 (+/- 1.5)	15.7 (+/- 1.3)	27.9 (+/- 2.7)	14.1
Illinois	15.9 (+/- 0.2)	19.3 (+/- 3.9)	9	23.5	11.5 (+/- 1.8)	14.4 (+/- 1.7)	25.4 (+/- 2.3)	11.7
Indiana	14.7 (+/- 0.3)	14.3 (+/- 3.7)	28	28.6	N/A	N/A	N/A	14.6
Iowa	15.1 (+/- 0.4)	13.6 (+/- 3.2)	35	31.2	N/A	N/A	N/A	11.4**
Kansas	13.1 (+/- 0.4)	14.2 (+/- 3.6)	31	28.2	12.6 (+/- 2.1)	16.3 (+/- 1.8)	38.3 (+/- 2.3)	15.9*
Kentucky	13.5 (+/- 0.4)	19.7 (+/- 3.9)	8	32.3	18.0 (+/- 2.5)	15.4 (+/- 2.1)	22.5 (+/- 2.6)	17.5*
Louisiana	13.8 (+/- 0.4)	21.1 (+/- 4.0)	4	31.1	13.5 (+/- 2.7)	16.4 (+/- 1.9)	N/A	17.6*
Maine	14.9 (+/- 0.7)	12.5 (+/- 3.0)	42	32.0	11.6 (+/- 1.6)	14.2 (+/- 0.9)	22.3 (+/- 1.6)	16.2*
Maryland	16.2 (+/- 0.4)	15.1 (+/- 3.7)	21	24.4	11.0 (+/- 0.4)	14.8 (+/- 0.4)	21.6 (+/- 0.6)	12.5**
Massachusetts	16.9 (+/- 0.4)	14.5 (+/- 3.5)	25	25.5	10.2 (+/- 1.8)	12.9 (+/- 1.7)	23.0 (+/- 2.3)	19.6*
Michigan	13.9 (+/- 0.2)	14.8 (+/- 3.6)	24	27.7	13.0 (+/- 1.8)	15.5 (+/- 1.3)	26.7 (+/- 2.8)	14.7
Minnesota	12.2 (+/- 0.3)	14.0 (+/- 3.7)	32	28.7	N/A	N/A	N/A	10.4**
Mississippi	14.8 (+/- 0.4)	21.7 (+/- 4.4)	1	27.7	15.4 (+/- 2.4)	13.2 (+/- 2.6)	25.9 (+/- 3.5)	22.0*
Missouri	13.5 (+/- 0.3)	13.5 (+/- 3.0)	36	33.7	14.9 (+/- 2.8)	15.5 (+/- 2.3)	27.2 (+/- 2.6)	16.8*
Montana	11.3 (+/- 0.7)	14.3 (+/- 3.4)	28	32.4	9.4 (+/- 1.1)	12.9 (+/- 1.2)	27.7 (+/- 1.7)	11.5**
Nebraska	17.2 (+/- 0.6)	13.8 (+/- 3.1)	34	31.3	12.7 (+/- 2.0)	13.8 (+/- 1.6)	32.3 (+/- 2.6)	13.9
Nevada	12.9 (+/- 0.4)	18.6 (+/- 4.2)	11	22.4	11.4 (+/- 2.0)	14.6 (+/- 2.5)	24.0 (+/- 2.6)	15.2
New Hampshire	14.8 (+/- 0.9)	15.5 (+/- 3.6)	19	28.1	11.2 (+/- 1.7)	13.8 (+/- 1.6)	22.9 (+/- 2.3)	10.0**
New Jersey	16.8 (+/- 0.3)	10.0 (+/- 2.9)	50	25.3	8.7 (+/- 2.2)	14.0 (+/- 2.2)	27.6 (+/- 3.7)	11.7**
New Mexico	13.5 (+/- 0.5)	14.4 (+/- 3.7)	27	29.6	12.6 (+/- 2.4)	15.0 (+/- 1.8)	31.1 (+/- 2.4)	12.3**
New York	15.1 (+/- 0.2)	14.5 (+/- 3.2)	25	24.6	10.6 (+/- 1.1)	13.8 (+/- 1.1)	25.7 (+/- 3.3)	14.4
North Carolina	13.5 (+/- 0.3)	16.1 (+/- 4.0)	18	31.6	12.5 (+/- 1.9)	15.2 (+/- 2.2)	25.9 (+/- 2.6)	16.7*
North Dakota	14.0 (+/- 1.)	15.4 (+/- 3.8)	20	30.4	13.5 (+/- 1.8)	15.1 (+/- 1.8)	24.7 (+/- 2.5)	8.4**
Ohio	13.0 (+/- 0.2)	17.4 (+/- 3.7)	14	28.5	13.0 (+/- 2.4)	15.9 (+/- 2.0)	25.9 (+/- 3.7)	16.9*
Oklahoma	15.0 (+/- 0.4)	17.4 (+/- 3.6)	14	34.9	11.8 (+/- 2.0)	15.3 (+/- 2.4)	38.5 (+/- 3.4)	16.5*
Oregon	15.9 (+/- 0.4)	9.9 (+/- 2.8)	51	28.5	N/A	N/A	N/A	16.1*
Pennsylvania	13.1 (+/- 0.3)	13.5 (+/- 3.5)	36	27.0	N/A	N/A	N/A	11.3**
Rhode Island	16.7 (+/- 0.8)	13.2 (+/- 3.3)	41	25.2	10.7 (+/- 1.3)	16.2 (+/- 2.5)	23.2 (+/- 3.8)	12.7**
South Carolina	12.6 (+/- 0.3)	21.5 (+/- 4.1)	2	30.3	13.9 (+/- 2.5)	16.8 (+/- 2.1)	23.8 (+/- 3.0)	13.9
South Dakota	14.8 (+/- 0.8)	13.4 (+/- 3.3)	38	30.2	11.9 (+/- 2.3)	13.2 (+/- 1.6)	27.7 (+/- 2.5)	11.9**
Tennessee	15.3 (+/- 0.3)	20.5 (+/- 4.2)	5	34.5	16.9 (+/- 1.9)	15.4 (+/- 2.3)	25.4 (+/- 3.1)	16.3*
Texas	15.9 (+/- 0.1)	19.1 (+/- 4.5)	10	29.0	15.7 (+/- 1.9)	15.6 (+/- 1.6)	30.0 (+/- 2.4)	17.2*
Utah	8.7 (+/- 0.4)	11.6 (+/- 3.3)	43	18.1	6.4 (+/- 1.9)	11.0 (+/- 2.2)	19.7 (+/- 2.7)	13.3
Vermont	13.7 (+/- 0.9)	11.3 (+/- 2.7)	45	33.3	13.2 (+/- 2.1)	15.8 (+/- 1.0)	25.4 (+/- 1.9)	12.6**
Virginia	20.1 (+/- 0.4)	14.3 (+/- 3.6)	28	26.1	12.0 (+/- 1.3)	14.7 (+/- 1.4)	23.8 (+/- 1.6)	10.1**
Washington	14.3 (+/- 0.3)	11.0 (+/- 3.1)	46	28.5	N/A	N/A	N/A	13.7
West Virginia	14.1 (+/- 0.6)	18.5 (+/- 3.4)	13	34.1	15.6 (+/- 2.3)	15.5 (+/- 2.0)	31.0 (+/- 2.4)	15.3
Wisconsin	15.2 (+/- 0.3)	13.4 (+/- 3.1)	38	28.3	11.6 (+/- 2.1)	13.0 (+/- 1.2)	24.0 (+/- 2.3)	11.4**
Wyoming	10.6 (+/- 0.9)	10.7 (+/- 4.2)	48	30.2	10.7 (+/- 1.4)	12.8 (+/- 1.2)	28.2 (+/- 2.0)	14.0

Source: USDA, Women, Infants, and Children Participant and Program Characteristics (WIC PC), 2012.

Note: For ranking, 1 = Highest rate and 51 = Lowest rate.  
Source: National Survey of Children's Health (NSCH), 2011 data.

Note: Previous YRBS reports used the term "overweight" to describe youth with a BMI at or above the 95th percentile for age and sex and "at risk for overweight" for those with a BMI at or above the 85th percentile, but below the 95th percentile. However, this report uses the terms "obese" and "overweight" based on the 2007 recommendations from the Expert Committee on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity convened by the American Medical Association. Source: Youth Risk Behavior Survey (YRBS) 2015, CDC. YRBS data are collected every 2 years. Percentages are as reported on the CDC website and can be found at: <http://www.cdc.gov/HealthyYouth/yrb/index.htm>.

Note: Red and \* indicate state rate is significantly higher than the national average of 14.3; Green and \*\* indicates state rate is significantly lower than the national rate. Source: Calculated by USDA, Economic Research Service using data from the Current Population Survey Food Security Supplement.

## RACIAL AND ETHNIC INEQUITIES AND OBESITY

### OBESITY RATES BY AGE AND ETHNICITY

	Obesity Rates by Age — BRFSS 2015								Obesity Rates by Ethnicity — BRFSS 2015							
	18-24 Year Olds		25-44 Year Olds		45-64 Year Olds		65+ Year Olds		Obesity Among Blacks		Obesity Among Latinos		Obesity Among Whites			
	Percent Obese, 2015 (95% C.I.)	Rank	Percent Obese, 2015 (95% C.I.)	Rank	Percent Obese, 2015 (95% C.I.)	Rank	Percent Obese, 2015 (95% C.I.)	Rank	Percent Obese, 2015 (95% C.I.)	Rank	Percent Obese, 2015 (95% C.I.)	Rank	Percent Obese, 2015 (95% C.I.)	Rank		
Alabama	25.1 <sup>b</sup>	3	38.1 <sup>b</sup>	2	40.4 (+/-2.3)	5	30.2 (+/-2.4)	13	43.2 (+/-1.9)	2	27.6 (+/-7.8)	40	31.1 (+/-1.0)	11		
Alaska	19.2 <sup>b</sup>	18	31.3 (+/-4.5)	20	30.7 (+/-3.4)	41	34.7 (+/-5.3)	1	40.5 (+/-9.1)	14	28.3 (+/-6.4)	34	27.7 (+/-1.3)	29		
Arizona	17.5	24	31.4 (+/-3.2)	19	32.7 (+/-2.4)	30	24.2 (+/-2.0)	45	34.2 (+/-6.1)	37	35.5 (+/-2.9)	8	24.4 (+/-1.1)	43		
Arkansas	20.7	11	36.8 (+/-4.8)	5	40.5 (+/-3.6)	3	29.8 (+/-3.0)	15	43.9 (+/-3.6)	1	36.9 (+/-7.2)	3	33.2 (+/-1.4)	2		
California	13.6 (+/-2.3)	36	26.2 (+/-1.8)	38	26.9 (+/-1.8)	49	22.8 (+/-2.2)	48	32.8 (+/-3.1)	39	31.3 (+/-1.3)	23	22.2 (+/-0.8)	48		
Colorado	11.2 <sup>b</sup>	43	19.8 <sup>b</sup>	50	24.1 (+/-1.7)	51	20.0 (+/-1.7)	50	27.7 (+/-3.8)	45	28.3 (+/-1.7)	34	19.1 (+/-0.6)	49		
Connecticut	11.2 (+/-3.5)	43	26.2 (+/-2.4)	38	29.2 (+/-1.8)	45	25.5 (+/-1.9)	41	35.5 (+/-3.1)	29	30.3 (+/-2.7)	29	24.0 (+/-0.9)	44		
Delaware	18.2 <sup>b</sup>	19	29.9 (+/-4.4)	29	34.8 (+/-3.3)	25	27.9 (+/-2.9)	29	36.6 (+/-3.0)	23	35.3 (+/-4.9)	10	29.4 (+/-1.3)	20		
D.C.	N/A	N/A	16.0 (+/-3.9)	51	31.0 (+/-4.2)	38	29.7 (+/-3.9)	16	35.2 (+/-2.2)	34	18.5 (+/-6.0)	51	9.9 (+/-1.4)	51		
Florida	16.5 (+/-4.2)	28	25.7 (+/-2.8)	42	32.1 (+/-2.3)	34	25.8 (+/-1.9)	40	35.3 (+/-2.4)	33	26.5 (+/-1.9)	44	25.2 (+/-0.8)	39		
Georgia	16.0 <sup>b</sup>	31	30.8 <sup>b</sup>	22	36.9 (+/-2.9)	15	29.7 <sup>b</sup>	16	37.8 (+/-2.0)	19	27.1 (+/-4.4)	42	28.0 (+/-1.1)	26		
Hawaii	14.1 <sup>b</sup>	34	26.4 <sup>b</sup>	37	25.2 (+/-2.2)	50	17.9 (+/-2.3)	51	33.6 (+/-10.7)	38	31.8 (+/-3.2)	18	17.9 (+/-1.4)	50		
Idaho	15.5 <sup>b</sup>	32	30.1 (+/-3.5)	27	33.3 (+/-2.9)	28	27.3 (+/-2.7)	32	N/A	N/A	36.3 (+/-4.6)	6	28.1 (+/-1.1)	24		
Illinois	17.1 <sup>b</sup>	25	30.3 (+/-3.2)	24	36.1 (+/-2.6)	19	31.3 (+/-2.8)	5	40.7 (+/-3.3)	13	36.0 (+/-3.5)	7	28.3 (+/-1.1)	22		
Indiana	22.6 <sup>b</sup>	4	29.6 (+/-3.5)	31	37.4 (+/-2.7)	11	29.5 <sup>b</sup>	19	41.5 (+/-3.6)	10	31.4 (+/-4.2)	21	31.3 (+/-0.9)	9		
Iowa	17.8 <sup>b</sup>	21	35.1 (+/-3.4)	10	35.9 (+/-2.4)	20	31.1 (+/-2.5)	7	35.4 (+/-6.9)	30	34.0 (+/-4.2)	12	31.6 (+/-0.9)	6		
Kansas	22.1 (+/-2.5)	8	36.9 <sup>b</sup>	4	38.9 (+/-1.3)	8	30.5 (+/-1.2)	11	42.7 (+/-2.8)	5	35.4 (+/-2.1)	9	31.0 (+/-0.5)	12		
Kentucky	17.8 <sup>b</sup>	21	36.8 (+/-3.6)	5	40.5 (+/-2.6)	3	31.2 <sup>b</sup>	6	42.7 (+/-4.2)	5	24.3 (+/-7.2)	49	32.9 (+/-0.9)	3		
Louisiana	29.0 <sup>b</sup>	2	35.9 (+/-3.6)	8	40.7 (+/-3.0)	2	33.6 <sup>b</sup>	2	42.5 (+/-2.2)	7	29.9 (+/-6.9)	30	31.9 (+/-1.2)	5		
Maine	22.5 <sup>b</sup>	5	30.2 (+/-3.0)	26	32.7 (+/-2.1)	30	29.0 (+/-2.1)	23	35.9 (+/-12.7)	26	25.3 (+/-7.6)	47	29.2 (+/-0.8)	21		
Maryland	10.3 (+/-4.4)	48	29.4 (+/-3.7)	32	34.4 (+/-2.6)	26	29.4 (+/-2.6)	20	38.0 (+/-1.9)	18	25.1 (+/-4.1)	48	26.7 (+/-1.0)	33		
Massachusetts	10.6 <sup>b</sup>	47	23.0 (+/-2.4)	48	29.9 <sup>b</sup>	42	25.2 (+/-2.7)	42	35.9 (+/-3.5)	26	32.4 (+/-2.6)	16	23.0 (+/-0.7)	46		
Michigan	16.3 <sup>b</sup>	29	33.9 <sup>b</sup>	11	35.1 (+/-2.0)	23	30.0 <sup>b</sup>	14	37.6 (+/-2.4)	20	36.9 (+/-4.8)	3	30.2 (+/-0.8)	15		
Minnesota	13.1 <sup>b</sup>	38	24.6 (+/-1.7)	46	30.9 (+/-1.4)	40	28.5 (+/-1.6)	26	29.9 (+/-3.5)	42	31.2 (+/-3.9)	24	26.5 (+/-0.6)	35		
Mississippi	32.8 <sup>b</sup>	1	38.4 <sup>b</sup>	1	36.8 (+/-2.7)	16	30.8 (+/-2.6)	9	43.2 (+/-1.9)	2	25.4 (+/-10.2)	46	31.5 (+/-1.3)	7		
Missouri	21.4 <sup>b</sup>	10	33.7 (+/-3.3)	12	37.0 (+/-2.5)	14	29.4 (+/-2.3)	20	38.4 (+/-3.5)	17	31.5 (+/-6.9)	19	30.4 (+/-1.0)	14		
Montana	12.9 <sup>b</sup>	40	23.0 (+/-3.3)	48	28.3 (+/-2.5)	47	23.2 (+/-2.4)	47	N/A	N/A	26.8 (+/-6.2)	43	23.8 (+/-0.9)	45		
Nebraska	15.1 <sup>b</sup>	33	31.6 <sup>b</sup>	18	37.4 <sup>b</sup>	11	32.0 <sup>b</sup>	3	36.3 (+/-4.4)	25	30.8 (+/-3.0)	26	30.0 (+/-0.6)	16		
Nevada	N/A	N/A	28.0 (+/-5.0)	34	32.7 (+/-4.8)	30	23.9 (+/-4.7)	46	34.5 (+/-5.9)	35	30.5 (+/-3.7)	28	26.3 (+/-1.6)	37		
New Hampshire	19.9 <sup>b</sup>	17	24.4 <sup>b</sup>	47	28.9 (+/-2.1)	46	27.8 (+/-2.2)	30	27.6 (+/-11.5)	46	27.8 (+/-8.3)	38	27.3 (+/-0.9)	31		
New Jersey	10.7 <sup>b</sup>	46	25.7 (+/-2.6)	42	29.7 (+/-2.1)	44	26.9 (+/-2.6)	35	36.6 (+/-2.2)	23	28.8 (+/-2.0)	32	25.6 (+/-0.9)	38		
New Mexico	21.7 <sup>b</sup>	9	33.6 (+/-3.6)	13	31.2 (+/-2.6)	36	22.3 (+/-2.6)	49	37.5 (+/-8.0)	21	31.2 (+/-1.6)	24	22.8 (+/-1.1)	47		
New York	12.7 (+/-3.0)	42	24.7 (+/-2.1)	45	29.9 (+/-1.7)	42	24.9 (+/-1.8)	43	32.3 (+/-2.3)	40	30.6 (+/-2.1)	27	24.9 (+/-0.9)	40		
North Carolina	20.1 <sup>b</sup>	16	30.1 (+/-2.8)	27	35.7 (+/-2.3)	21	26.7 (+/-2.6)	37	39.9 (+/-1.9)	15	28.1 (+/-3.0)	36	27.2 (+/-0.9)	32		
North Dakota	16.7 (+/-5.0)	26	31.8 (+/-3.5)	15	37.1 (+/-2.7)	13	30.9 (+/-2.8)	8	20.0 (+/-9.1)	47	35.1 (+/-9.0)	11	31.3 (+/-1.0)	9		
Ohio	17.8 <sup>b</sup>	21	27.9 (+/-2.8)	35	36.3 (+/-2.2)	18	29.0 (+/-2.1)	23	37.1 (+/-2.9)	22	26.3 (+/-5.2)	45	30.5 (+/-0.8)	13		
Oklahoma	22.5 <sup>b</sup>	5	35.3 (+/-3.3)	9	40.4 (+/-2.5)	5	28.1 (+/-2.1)	28	35.4 (+/-3.4)	30	33.9 (+/-3.8)	13	32.5 (+/-0.9)	4		
Oregon	20.3 (+/-5.7)	14	31.2 (+/-3.4)	21	33.1 (+/-2.7)	29	28.9 (+/-2.6)	25	29.4 (+/-10.0)	43	31.4 (+/-4.5)	21	28.1 (+/-1.0)	24		
Pennsylvania	12.8 <sup>b</sup>	41	30.3 (+/-3.3)	24	35.5 (+/-2.7)	22	30.8 (+/-2.9)	9	35.7 (+/-2.9)	28	39.1 (+/-5.1)	2	29.5 (+/-0.8)	19		
Rhode Island	10.8 <sup>b</sup>	45	27.7 <sup>b</sup>	36	31.4 (+/-2.6)	35	24.4 (+/-2.4)	44	34.5 (+/-4.8)	35	28.9 (+/-3.3)	31	26.4 (+/-1.0)	36		
South Carolina	20.3 <sup>b</sup>	14	33.4 <sup>b</sup>	14	36.5 (+/-1.9)	17	28.5 (+/-1.9)	26	42.2 (+/-1.5)	8	32.1 (+/-5.0)	17	28.3 (+/-0.8)	22		
South Dakota	16.1 <sup>b</sup>	30	30.7 <sup>b</sup>	23	38.0 (+/-3.2)	10	26.5 (+/-2.8)	38	N/A	N/A	28.8 (+/-9.8)	32	29.6 (+/-1.1)	18		
Tennessee	18.1 <sup>b</sup>	20	37.7 (+/-4.0)	3	39.4 (+/-3.1)	7	27.7 (+/-2.6)	31	43.0 (+/-3.3)	4	27.6 (+/-8.8)	40	31.5 (+/-1.2)	7		
Texas	22.4 <sup>b</sup>	7	31.7 (+/-2.6)	17	38.6 (+/-2.6)	9	29.7 (+/-2.6)	16	41.5 (+/-3.1)	10	36.9 (+/-1.6)	3	27.9 (+/-1.0)	28		
Utah	10.2 <sup>b</sup>	49	25.0 (+/-1.7)	44	31.1 (+/-1.9)	37	26.2 (+/-2.2)	39	30.9 (+/-8.3)	41	27.7 (+/-2.1)	39	24.5 (+/-0.6)	42		
Vermont	13.0 <sup>b</sup>	39	25.8 <sup>b</sup>	41	27.9 <sup>b</sup>	48	26.9 <sup>b</sup>	35	29.0 (+/-13.0)	44	22.4 (+/-8.1)	50	24.8 (+/-0.8)	41		
Virginia	16.7 <sup>b</sup>	26	29.2 <sup>b</sup>	33	34.1 (+/-2.2)	27	29.3 <sup>b</sup>	22	39.2 (+/-2.1)	16	27.9 (+/-3.7)	37	26.7 (+/-0.8)	33		
Washington	13.6 <sup>b</sup>	36	26.0 <sup>b</sup>	40	31.0 <sup>b</sup>	38	27.2 <sup>b</sup>	34	35.4 (+/-4.7)	30	31.5 (+/-2.9)	19	27.7 (+/-0.7)	29		
West Virginia	20.7 (+/-4.6)	11	36.8 (+/-3.0)	5	43.2 (+/-2.4)	1	30.3 (+/-2.5)	12	41.5 (+/-5.8)	10	40.2 (+/-9.4)	1	35.2 (+/-0.9)	1		
Wisconsin	14.1 <sup>b</sup>	34	31.8 <sup>b</sup>	15	35.1 (+/-2.7)	23	31.8 <sup>b</sup>	4	41.6 (+/-6.3)	9	33.4 (+/-6.1)	14	29.8 (+/-1.0)	17		
Wyoming	20.4 (+/-7.5)	13	29.9 (+/-4.0)	29	32.5 (+/-3.0)	33	27.3 (+/-2.6)	32	N/A	N/A	33.4 (+/-5.2)	14	28.0 (+/-1.1)	26		

Note: For ranking, 1 = Highest rate and 51 = Lowest rate; <sup>b</sup> = confidence intervals could not be calculated; C.I. = Confidence Intervals.

Source: Behavior Risk Factor Surveillance (BRFSS), CDC

# State of Obesity Policy Recommendations

## A. Invest in Obesity Prevention

- Centers for Disease Control & Prevention: Providing adequate funding for the CDC's National Center for Chronic Disease Prevention and Health Promotion/Division of Nutrition, Physical Activity, and Obesity would permit CDC to increase support to additional state and local health departments to carry out interventions focused specifically on improving nutrition and promoting physical activity.
- Prevention and Public Health Fund: The Prevention and Public Health Fund should be fully allocated to support evidence-based and innovative approaches to improving the public health system and reducing disease rates. Future increases to the Prevention Fund should be directed toward innovative public health programs, not used to supplant the CDC budget.

## B. Early Child Policies and Programs

- Every Student Succeeds Act: The Department of Education should release guidance to support the use of Title I funding for quality early childhood education services that encourage healthier meals, opportunities for physical activity, limiting screen time and connecting families to community resources promoting overall health and wellness.
- Head Start: HHS should issue final performance standards that ensure meals and snacks meet USDA's requirements for the National School Lunch Program, the School Breakfast

Program or the Child and Adult Care Feeding Program, include nutrition and physical activity in community assessments and include physical activity and screen time related performance standards.

- Child and Adult Care Food Program: Participants in CACFP — including child care centers, day care homes, afterschool care centers, adult day care centers and emergency shelters — should be provided with the resources necessary for full, timely implementation of updated nutrition standards.

## C. School-Based Policies and Programs

- Child Nutrition Act:
  - Building on progress made over the last two years, schools should continue implementation of the final "Smart Snacks" rule that updates nutrition standards for snack foods and beverages served and sold in schools.
  - The USDA and state education departments should encourage all eligible schools to participate in the Community Eligibility Provision, under which schools in high-poverty areas may serve free school meals to all students.
  - Schools should comply as quickly as possible with a provision in USDA's final rule updating local school wellness policy guidelines that all foods marketed in schools meet Smart Snacks nutrition standards.
- Every Student Succeeds Act: States and localities should prioritize evidence-based programs that

enhance regular physical education and physical activity opportunities through the school day (Title I), and apply for physical education grants under the Student Support and Academic Enrichment Grants program (Title IV).

- Federal, state and local policymakers should identify opportunities to further integrate education and health so that indicators of student health are included in education accountability measures. Needs assessments should be supported to identify the best evidence-based strategies that match a local community's issues and concerns and leverage existing resources.

## D. Community-Based Policies and Programs

- Menu labeling: Chain restaurants and similar food retail establishments covered under the FDA's menu labeling regulations should, to the extent possible, provide required information to consumers in advance of the final May 2017 implementation date, and FDA should develop and implement a strategy for enforcement, public awareness and education.
- State and municipal governments should prioritize health in transportation planning, including by using the limited available Transportation Alternative Program funds to help communities ensure that all residents have access to walking, biking, transit and other forms of active transportation that promote physical activity.



- States and localities should pursue strategies—including tax credits, zoning incentives, grants, low-interest loans and public-private partnerships—to increase access to healthy, affordable foods in communities.

## E. Health, Healthcare and Obesity

- All public and private health plans should cover the full range of obesity prevention, treatment and management services, including nutritional counseling, medications and behavioral health consultation.
- Medicare should encourage eligible beneficiaries to enroll in obesity counseling, a covered benefit, and evaluate its use and effectiveness.
- Health plans and health systems should seek innovative solutions for linking clinical treatment and counseling services with public health strategies to help people develop and maintain healthy diets and physically active lifestyles.
- Height and weight data from electronic health records should be used more routinely for child and adult obesity surveillance and the targeting and evaluation of clinical and public health interventions.

## Acknowledgments

Trust for America's Health is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and healthcare. We are striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at [www.rwjf.org/facebook](https://www.rwjf.org/facebook).

## Endnotes

- 1 Cawley J and Meyerhoefer C. The medical care costs of obesity: an instrumental variables approach. *Journal of Health Economics*, 31(1): 219-230, 2012; And Finkelstein, Trogdon, Cohen, et al. Annual medical spending attributable to obesity. *Health Affairs*, 38(5): w822-w831, 2009.
- 2 Ogden CL, et al., No. 219, 2015.
- 3 Childhood Obesity Facts. In *Centers for Disease Control and Prevention*, 2015. <http://www.cdc.gov/healthyschools/obesity/facts.htm> (accessed May 2016).
- 4 Ogden CL, et al. Prevalence of obesity among adults and youth: United States, 2011-2014. *NCHS Data Brief*, No. 219, 2015. <http://www.cdc.gov/nchs/data/databriefs/db219.htm> (accessed April 2016).
- 5 Ogden CL, Carroll MD, Lawman HG, et al. Trends in obesity prevalence among children and adolescents in the United States, 1988-1994 through 2013-2014. *JAMA*, 315(21): 2292-2299, 2016.
- 6 Kann L, McManus T, Harris WA, et al., Youth Risk Behaviors Surveillance—United States, 2015. *MMWR*, 65(SS6): 1-174, 2016.
- 7 Ogden CL, Carroll MD, Lawman HG, et al. Trends in obesity prevalence among children and adolescents in the United States, 1988-1994 through 2013-2014. *JAMA*, 315(21): 2292-2299, 2016. [jamanetwork.com/article.aspx?articleid=2526638](http://jamanetwork.com/article.aspx?articleid=2526638)
- 8 Ogden CL, Carroll MD, Lawman HG, et al. Trends in obesity prevalence among children and adolescents in the United States, 1988-1994 through 2013-2014. *JAMA*, 315(21): 2292-2299, 2016.
- 9 Indian Health Service. *Healthy Weight for Life. A Vision for Healthy Weight Across the Lifespan of American Indians and Alaska Natives, Actions for Communities, Individuals, and Families*. Rockville, MD: U.S. Department of Health and Human Services, 2011. [https://www.ihs.gov/healthyweight/includes/themes/newihstheme/display\\_objects/documents/HW4L\\_Communities.pdf](https://www.ihs.gov/healthyweight/includes/themes/newihstheme/display_objects/documents/HW4L_Communities.pdf) (accessed May 2015).
- 10 Ogden CL, et al., 2292-2299, 2016.
- 11 Ogden CL, et al., 2292-2296, 2016.
- 12 Ogden CL, et al., 2292-2296, 2016.
- 13 Ogden CL, et al., 806-814, 2014.
- 14 Flegal KM, Kruszon-Moran D, Carroll MD, et al. Trends in obesity among adults in the United States, 2005 to 2014. *JAMA*, 315(21): 284-2291, 2016. <http://jamanetwork.com/article.aspx?articleid=2526639> (accessed June 2016).
- 15 Flegal KM, et al., 2284-2291, 2016.
- 16 Flegal KM, et al., 2284-2291, 2016.
- 17 Flegal KM, et al., 2284-2291, 2016.
- 18 Trust for America's Health and Robert Wood Johnson Foundation. *F as in Fat: How Obesity Threatens America's Future — 2011*. Washington, D.C.: Trust for America's Health, 2011. <http://www.tfah.org/report/88/> (accessed July 2012). Based on data using the previous BRFSS methodology in use from 2008-2010.
- 19 Mission: Readiness. *Still Too Fat to Fight*. Washington, D.C.: Mission: Readiness, 2012. <http://missionreadiness.s3.amazonaws.com/wp-content/uploads/Still-Too-Fat-To-Fight-Report.pdf> (accessed June 2015).
- 20 Mission: Readiness. *Retreat is Not An Option for Kansas. Healthier School Meals Protect Our Children and Our Country*. Washington, D.C.: Mission: Readiness, 2014. <http://missionreadiness.s3.amazonaws.com/wp-content/uploads/MR-NAT-Retreat-Not-an-Option2.pdf> (accessed May 2016).
- 21 Ogden CL, Carroll MD, Lawman HG, et al. Trends in obesity prevalence among children and adolescents in the United States, 1988-1994 through 2013-2014. *JAMA*, 315(21): 2292-2299, 2016.
- 22 Tables of Summary Health Statistics: National Health Survey, 2014. Table A-15. In *CDC, National Centers for Health Statistics*, 2016. <http://www.cdc.gov/nchs/nhis/shs/tables.htm> (accessed July 2016).
- 23 The New York Academy of Medicine. *A Compendium of Proven Community-Based Prevention Programs*. New York, NY: The New York Academy of Medicine, 2013. <http://www.tfah.org/report/110/> (accessed April 2016).
- 24 What is the Community Guide? In *The Guide to Community Preventive Services*, 2016. <http://www.thecommunityguide.org/> (accessed May 2015).
- 25 Center for Training and Research Translation. *Who We Are*. In *Center TRT*, 2013. <http://centertrt.org/> (accessed June 2015).
- 26 Trust for America's Health. *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Strong Communities*. Washington, DC: Trust for America's Health, 2009.