

The State of Obesity:

Better Policies for a Healthier America

2017



This executive summary includes the latest data on state obesity rates, national obesity trends and policy recommendations from *The State of Obesity: Better Policies for a Healthier America* report. The full report, individual state briefs and policy maps are available at stateofobesity.org.

TFAH and RWJF collaborate on the State of Obesity report series, which is supported by a grant from RWJF.

Obesity is one of the biggest health concerns in communities across the country, with about 70 percent of county officials ranking it as a leading problem where they live. Factors related to obesity are also rated as communities' priority health issues, including nutrition and physical activity at 58 percent, heart disease and hypertension at 57 percent and diabetes at 44 percent.¹

There has been progress to address the epidemic. After decades of sharp increases, the rise in obesity rates among both children and adults has slowed in recent years. Yet obesity remains a bigger threat to our health and country now than it was a generation ago. If trends continue, children today could be the first generation to live shorter, less healthy lives than their parents.

NATIONAL OBESITY TRENDS

For children and youth:

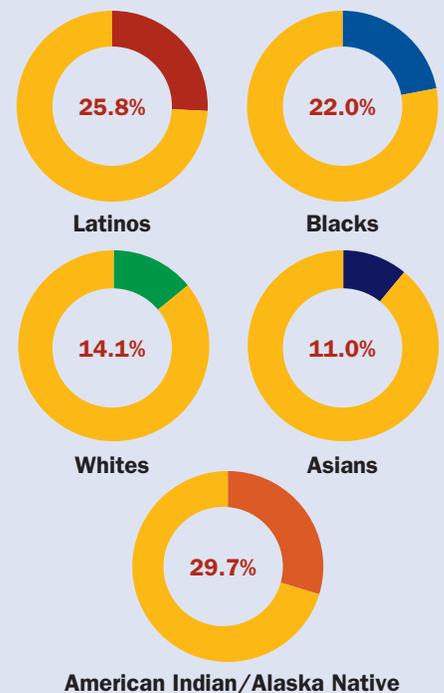
Nationally, the obesity rate among children ages 2 to 19 is 18.5 percent.² [National Health and Nutrition Examination Survey (NHANES), 2015 data]

- Since 1980, childhood obesity rates (ages 2 to 19) have tripled. Obesity rates have more than doubled among 2- to 5-year-olds (from 5.0 percent to 13.9 percent) and among 6- to 11-year-olds (from 6.5 percent to 18.4 percent). Rates among teens (ages 12 to 19) quadrupled from 5 percent to 20.6 percent.^{2,3} [NHANES, 2015–2016 data]
- Nearly 2 percent of young children (ages 2 to 5) are extremely obese, 4.3 percent of 6- to 11-year olds are extremely obese and 9.1 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 Centers for Disease Control and Prevention (CDC) BMI-for-age growth charts).⁴ [NHANES, 2011–2014 data]

- Rates of obesity and severe obesity have declined among 2- to 4-year-olds enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children. From 2010 to 2014, rates of obesity dropped from 15.9 percent to 14.5 percent and rates of severe obesity dropped from 2.12 percent to 1.96 percent.^{5,6}
- Significant racial and ethnic inequities in obesity rates remain. Rates are higher among Latino (25.8 percent) and Black (22.0 percent) children than among White (14.1 percent) and Asian (11.0 percent) children (ages 2 to 19) — and the rates are higher starting at earlier ages and increase faster.²
- Among American Indian/Alaska Native children, 20.7 percent of 2- to 5-year-olds, 31.7 percent of 6- to 11-year-olds and 33.8 percent of 12- to 19-year-olds are obese. The overall

obesity rate among youth ages 2 to 19 is 29.7 percent and has held steady since 2006.⁷

Obesity Rates for Children Ages 2 to 19 by Race and Ethnicity

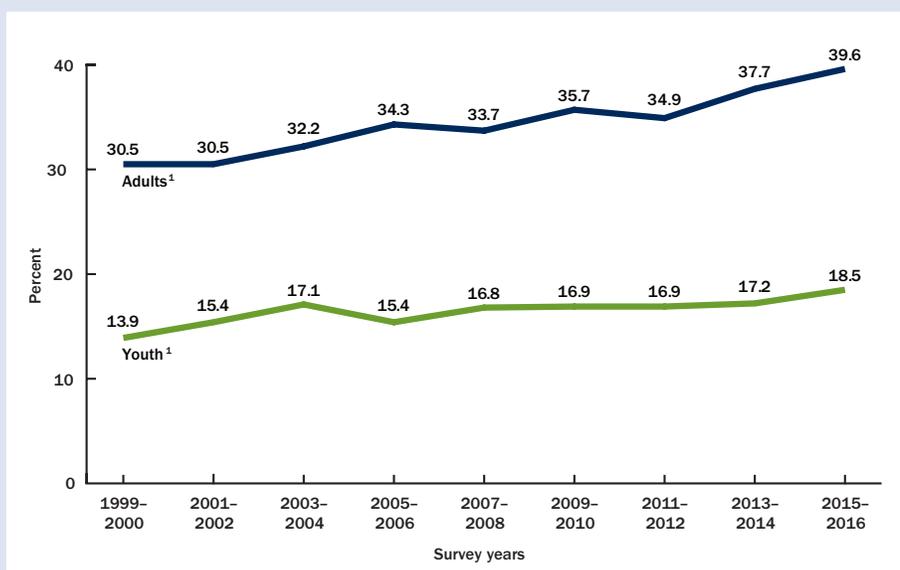


NATIONAL OBESITY TRENDS

For adults:

- Obesity rates exceeded 35 percent in five states, 30 percent in 25 states and 25 percent in 46 states. The lowest rate was 22.3 percent in Colorado.⁸ [Behavioral Risk Factor Surveillance System (BRFSS), 2016]
- Nationally, 39.6 percent of adults are obese.² [NHANES, 2015–2016 data]
 - Obesity rates are higher among women (41.1 percent) compared to men (37.9 percent).²
 - In addition, rates are the highest among middle-age adults (42.8 percent for 40- to 59-year-olds), compared to 35.7 percent of 20- to 39-year-olds and 41.0 percent of adults ages 60 and older.²
- There are significant racial and ethnic inequities.² [NHANES, 2015–2016 data]
 - Obesity rates are higher among Latinos (47.0 percent) and Blacks (46.8 percent) than among Whites (37.9 percent) and Asian Americans (12.7 percent).²
 - Rates are higher among women: Blacks have a rate of 54.8 percent, Latinas of 50.6 percent, Whites of 38.0 percent and Asians of 14.8 percent. For men, Latinos have a rate of 43.1 percent, Whites of 37.9 percent, Blacks of 36.9 percent and Asians 10.1 percent.²
- Nearly 8 percent of adults are extremely obese (BMI greater than or equal to 40.0).⁴ [NHANES, 2013-2014 data]
- Overall, women are also almost twice as likely (9.9 percent) to be extremely obese compared to men (5.5 percent).⁴
- Black women (16.8 percent) are more likely to be extremely obese than White women (9.7 percent).⁴
- 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.⁹ [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.⁹ [2008-2010 data]

Trends in obesity prevalence among adults aged 20 and over (age-adjusted) and youth aged 2–19 years: United States, 1999–2000 through 2015–2016



Significant increasing linear trend from 1999–2000 through 2015–2016.

All estimates for adults are age adjusted by the direct method to the 2000 U.S. census population using the age groups 20–39, 40–59, and 60 and over. Access data table at: https://www.cdc.gov/nchs/data/databriefs/db288_table.pdf#5.

Source: NCHS, National Health and Nutrition Examination Survey, 1999–2016.

Obesity Rates for Adults by Race and Ethnicity

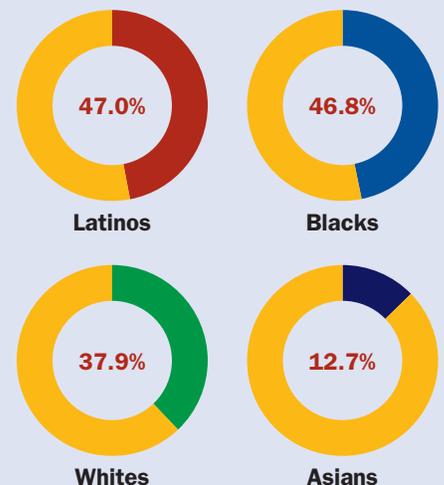


CHART ON OBESITY AND OVERWEIGHT RATES AND RELATED

ADULTS										
States	Obesity (BRFSS 2016 Data)		Overweight & Obesity (BRFSS 2016 Data)		Diabetes (BRFSS 2016 Data)		Physical Inactivity (BRFSS 2016 Data)		Hypertension (BRFSS 2015 Data)	
	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	35.7 (+/- 1.6)	3	69.5 (+/- 1.5)	3	14.6 (+/- 1.0)	2	29.4 (+/- 1.4)**	6	40.4 (+/-1.5)	3
Alaska	31.4 (+/- 2.9)	20	66.7 (+/- 2.9)	20	7.5 (+/- 1.4)	49	19.1 (+/- 2.7)	44	27.5 (+/-2.2)	48
Arizona	29.0 (+/- 1.5)	29	63.2 (+/- 1.7)	38	10.8 (+/- 0.8)	21	23.1 (+/- 1.4)	26	30.8 (+/-1.4)	27
Arkansas	35.7 (+/- 2.4)	3	68.2 (+/- 2.4)	11	13.5 (+/- 1.4)	4	32.5 (+/- 2.3)	1	39.3 (+/-2.2)	4
California	25.0 (+/- 1.1)	47	61.0 (+/- 1.2)	45	10.2 (+/- 0.7)	29	20.5 (+/- 1.0)	36	28.5 (+/-1.0)	46
Colorado	22.3 (+/- 0.9)*	51	58.1 (+/- 1.1)	49	6.6 (+/- 0.4)	51	15.8 (+/- 0.8)**	50	25.7 (+/-1.1)	50
Connecticut	26.0 (+/- 1.2)	42	61.8 (+/- 1.4)	43	9.8 (+/- 0.7)	30	21.3 (+/- 1.1)**	33	30.4 (+/-1.1)	30
Delaware	30.7 (+/- 2.1)	23	68.0 (+/- 2.2)	13	10.6 (+/- 1.2)	23	26.6 (+/- 1.8)	14	34.5 (+/-2.0)	12
D.C.	22.6 (+/- 1.7)	50	53.4 (+/- 2.2)	51	7.7 (+/- 0.8)	48	16.2 (+/- 1.5)**	49	29.4 (+/-2.5)	41
Florida	27.4 (+/- 1.0)	36	63.2 (+/- 1.1)	38	11.8 (+/- 0.7)	11	29.8 (+/- 1.0)*	3	33.5 (+/-1.3)	16
Georgia	31.4 (+/- 1.7)	20	65.8 (+/- 1.8)	24	12.1 (+/- 1.0)	8	29.4 (+/- 1.6)	6	36.2 (+/-1.8)	9
Hawaii	23.8 (+/- 1.4)	48	57.6 (+/- 1.6)	50	10.5 (+/- 0.9)*	25	20.8 (+/- 1.3)	34	32.0 (+/-1.5)	23
Idaho	27.4 (+/- 1.8)	36	64.5 (+/- 2.0)	32	8.9 (+/- 1.0)	40	20.2 (+/- 1.5)	38	31.2 (+/-1.7)	25
Illinois	31.6 (+/- 1.7)	18	65.0 (+/- 1.8)	28	10.4 (+/- 1.0)	27	23.9 (+/- 1.5)	21	30.8 (+/-1.5)	27
Indiana	32.5 (+/- 1.3)	10	67.2 (+/- 1.4)	16	11.5 (+/- 0.7)	13	26.8 (+/- 1.2)**	13	32.4 (+/-1.6)	21
Iowa	32.0 (+/- 1.5)	13	68.7 (+/- 1.5)	7	9.3 (+/- 0.7)	36	22.7 (+/- 1.2)**	30	30.6 (+/-1.4)	29
Kansas	31.2 (+/- 1.1)**	22	66.7 (+/- 1.2)	20	9.4 (+/- 0.6)	34	23.5 (+/- 1.0)**	23	31.6 (+/-0.7)	24
Kentucky	34.2 (+/- 1.5)	7	69.1 (+/- 1.5)	5	13.1 (+/- 0.9)	5	29.8 (+/- 1.4)**	3	39.0 (+/-1.6)	6
Louisiana	35.5 (+/- 2.1)	5	69.2 (+/- 2.1)	4	12.1 (+/- 1.2)	8	29.1 (+/- 2.0)**	8	39.3 (+/-1.8)	4
Maine	29.9 (+/- 1.4)	26	65.2 (+/- 1.5)	27	10.6 (+/- 0.8)	23	20.6 (+/- 1.2)**	35	34.1 (+/-1.3)	14
Maryland	29.9 (+/- 1.1)	26	64.6 (+/- 1.2)	31	10.8 (+/- 0.6)	21	23.1 (+/- 1.0)	26	32.5 (+/-1.6)	19
Massachusetts	23.6 (+/- 1.3)	49	60.2 (+/- 1.6)	48	9.3 (+/- 0.8)	36	20 (+/- 1.2)**	39	29.6 (+/-1.2)	38
Michigan	32.5 (+/- 1.1)	10	67.5 (+/- 1.1)	14	11.2 (+/- 0.7)	17	23.9 (+/- 1.0)**	21	33.1 (+/-1.2)	18
Minnesota	27.8 (+/- 0.8)*	34	64.8 (+/- 0.9)*	30	8.4 (+/- 0.5)*	43	18 (+/- 0.7)**	46	26.3 (+/-0.8)	49
Mississippi	37.3 (+/- 1.9)	2	71.3 (+/- 1.8)	1	13.6 (+/- 1.1)	3	30.3 (+/- 1.7)**	2	42.4 (+/-1.8)	2
Missouri	31.7 (+/- 1.7)	17	67.2 (+/- 1.8)	16	11.5 (+/- 1.0)	13	24.9 (+/- 1.5)	18	34.1 (+/-1.5)	14
Montana	25.5 (+/- 1.6)	44	62.7 (+/- 1.9)	40	8.1 (+/- 0.8)	46	19.9 (+/- 1.4)**	41	29.1 (+/-1.5)	45
Nebraska	32.0 (+/- 1.2)	13	68.5 (+/- 1.3)	9	8.8 (+/- 0.6)	41	22.4 (+/- 1.0)**	31	29.9 (+/-1.0)	34
Nevada	25.8 (+/- 2.0)	43	62.3 (+/- 2.3)	42	11.1 (+/- 1.2)	19	24.7 (+/- 1.9)	19	28.3 (+/-2.4)	47
New Hampshire	26.6 (+/- 1.6)	40	63.5 (+/- 1.9)	36	9.0 (+/- 0.8)	39	19.3 (+/- 1.3)**	43	29.2 (+/-1.4)	44
New Jersey	27.4 (+/- 1.7)	36	63.8 (+/- 1.8)	34	9.2 (+/- 0.9)	38	29.8 (+/- 1.6)*	3	30.9 (+/-1.3)	26
New Mexico	28.3 (+/- 1.8)	33	64.9 (+/- 1.9)	29	11.6 (+/- 1.1)	12	20.3 (+/- 1.5)**	37	30.0 (+/-1.5)	33
New York	25.5 (+/- 1.0)	44	60.8 (+/- 1.2)	46	10.5 (+/- 0.6)	25	26.3 (+/- 1.0)**	15	29.3 (+/-1.0)	43
North Carolina	31.8 (+/- 1.5)	16	66.8 (+/- 1.5)	19	11.3 (+/- 0.9)	15	23.3 (+/- 1.3)**	24	35.2 (+/-1.4)	11
North Dakota	31.9 (+/- 1.6)	15	68.1 (+/- 1.7)	12	8.6 (+/- 0.8)	42	22.2 (+/- 1.4)**	32	30.4 (+/-1.6)	30
Ohio	31.5 (+/- 1.3)	19	66.3 (+/- 1.4)	22	11.1 (+/- 0.7)	19	25.9 (+/- 1.2)	16	34.3 (+/-1.4)	13
Oklahoma	32.8 (+/- 1.6)	9	68.8 (+/- 1.6)	6	12 (+/- 0.9)	10	28.5 (+/- 1.4)**	9	36.2 (+/-1.6)	9
Oregon	28.7 (+/- 1.5)	31	62.6 (+/- 1.6)	41	9.5 (+/- 0.9)	33	17.2 (+/- 1.2)	48	30.1 (+/-1.5)	32
Pennsylvania	30.3 (+/- 1.5)	25	65.4 (+/- 1.6)	26	11.3 (+/- 1.0)	15	22.9 (+/- 1.3)**	29	32.5 (+/-1.6)	19
Rhode Island	26.6 (+/- 1.8)	40	63.7 (+/- 2.0)	35	9.8 (+/- 1.0)	30	24.4 (+/- 1.6)**	20	32.4 (+/-1.6)	21
South Carolina	32.3 (+/- 1.3)	12	67.4 (+/- 1.3)	15	13 (+/- 0.8)*	6	26.9 (+/- 1.2)	12	37.8 (+/-1.2)	8
South Dakota	29.6 (+/- 2.1)	28	66.9 (+/- 2.3)	18	7.9 (+/- 1.0)	47	18.9 (+/- 1.7)**	45	29.9 (+/-1.7)	34
Tennessee	34.8 (+/- 1.8)	6	68.6 (+/- 1.8)	8	12.7 (+/- 1.0)	7	28.4 (+/- 1.6)	11	38.5 (+/-1.8)	7
Texas	33.7 (+/- 1.7)	8	68.4 (+/- 1.7)	10	11.2 (+/- 1.0)	17	25.2 (+/- 1.5)**	17	29.5 (+/-1.3)	40
Utah	25.4 (+/- 1.1)	46	60.4 (+/- 1.3)	47	7.2 (+/- 0.6)	50	15.7 (+/- 0.9)**	51	23.6 (+/-0.9)	51
Vermont	27.1 (+/- 1.6)	39	61.7 (+/- 1.8)	44	8.4 (+/- 0.8)	43	19.5 (+/- 1.3)**	42	29.4 (+/-1.4)	41
Virginia	29.0 (+/- 1.3)	29	65.5 (+/- 1.4)	25	10.4 (+/- 0.7)	27	23.3 (+/- 1.2)**	24	33.2 (+/-1.3)	17
Washington	28.6 (+/- 1.0)*	32	63.5	36	9.4*	34	17.6**	47	29.7 (+/-0.9)	37
West Virginia	37.7 (+/- 1.4)*	1	70.9 (+/- 1.3)	2	15 (+/- 0.9)	1	28.5 (+/- 1.2)**	9	42.7 (+/-1.5)	1
Wisconsin	30.7 (+/- 1.7)	23	66.2 (+/- 1.9)	23	9.8 (+/- 1.0)*	30	20 (+/- 1.5)	39	29.6 (+/-1.5)	38
Wyoming	27.7 (+/- 2.0)	35	64.2 (+/- 2.3)	33	8.3 (+/- 1.0)	45	23.1 (+/- 1.9)**	26	29.9 (+/-1.8)	34

Note: For rankings, 1 = Highest rate and 51 = Lowest rate; Red and * indicates state rate between 2015 and 2016 has significantly increased; Green and ** indicates state rate between 2015 and 2016 has significantly decrease; C.I. = Confidence Intervals. If not referenced, confidence intervals could not be calculated

Source: Behavioral Risk Factor Surveillance (BRFSS), Centers for Disease Control and Prevention (CDC)

HEALTH INDICATORS IN THE STATES

CHILDREN AND ADOLESCENTS

States	Young Children Ages 2 to 4: Obesity (WIC PC 2012 Data)	Children and Teenagers Ages 6 to 17: Obesity and Physical Activity (NSCH 2016 Data)			High School Students: Obesity, Overweight, Physical Activity (YRBS 2015 Data)			Food Insecurity (USDA 2013-2015 Data)
	Percent of Obese Low-Income Children Ages 2-4 (95% C.I.)	Percent of Obese or Overweight Children Ages 10-17	Ranking	Percent of Children Ages 6-11 Participating in 60 Minutes of Physical Activity Everyday	Percentage of Obese High School Students (95% C.I.)	Percentage of Overweight High School Students (95% C.I.)	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)	35.5	6	40.0	16.1 (+/- 2.8)	17.5 (+/-2.4)	25.4 (+/- 3.2)	17.7
Alaska	20.6 (+/- 0.9)	26.3	42	31.7	14.0 (+/- 2.3)	16.7 (+/-2.2)	20.9 (+/- 2.3)	13.9
Arizona	14.9 (+/- 0.3)	26.9	40	22.9	10.9 (+/- 2.3)	14.7 (+/-1.8)	26.0 (+/- 3.4)	15.8
Arkansas	14.6 (+/- 0.4)	33.9	9	29.6	18.0 (+/- 2.0)	18.0 (+/-3.0)	28.6 (+/- 3.2)	18.4
California	17.6 (+/- 0.1)	31.2	24	30.5	13.9 (+/- 2.8)	16.5 (+/-3.0)	25.3 (+/- 3.8)	12.5
Colorado	8.9 (+/- 0.3)	27.2	36	28.8	N/A	N/A	N/A	12.2
Connecticut	16.6 (+/- 0.5)	30.2	29	32.2	12.3 (+/- 2.3)	14.3 (+/-2.0)	25.3 (+/- 2.7)	12.2
Delaware	16.9 (+/- 0.8)	30.9	25	29.5	15.8 (+/- 1.7)	15.8 (+/-2.0)	24.7 (+/- 2.3)	12.1
D.C.	14.4 (+/- 1.0)	33.8	11	23.8	N/A	N/A	N/A	12.6
Florida	13.7 (+/- 0.2)	36.6	4	32.5	12.3 (+/- 1.1)	14.5 (+/-1.1)	24.1 (+/- 1.6)	15.1
Georgia	13.4 (+/- 0.3)	32.2	18	36.4	N/A	N/A	N/A	16.2
Hawaii	10.2 (+/- 0.5)	25.5	44	25.1	12.9 (+/- 2.1)	15.3 (+/-1.4)	20.3 (+/- 1.6)	12.8
Idaho	11.8 (+/- 0.5)	26.0	43	30.8	11.1 (+/- 2.2)	15.3 (+/-2.0)	29.6 (+/- 3.2)	14.0
Illinois	15.9 (+/- 0.2)	27.0	39	31.2	12.6 (+/-1.9)	15.4 (+/-1.4)	26.8 (+/- 2.7)	11.7
Indiana	14.7 (+/- 0.3)	33.9	9	36.3	13.6 (+/-1.9)	17.3 (+/-3.0)	25.3 (+/- 2.6)	14.4
Iowa	15.1 (+/- 0.4)	29.9	30	26.0	N/A	N/A	N/A	12.0
Kansas	13.1 (+/- 0.4)	30.9	25	32.0	N/A	N/A	N/A	13.2
Kentucky	13.5 (+/- 0.4)	33.5	14	30.2	18.5 (+/-2.2)	17 (+/-2.7)	20.2 (+/- 3.3)	15.8
Louisiana	13.8 (+/- 0.4)	34.0	8	25.4	N/A	N/A	N/A	16.9
Maine	14.9 (+/- 0.7)	28.2	34	36.0	13.3 (+/-1.5)	14.9 (+/- 0.9)	21.6 (+/- 1.3)	14.8
Maryland	16.2 (+/- 0.4)	33.6	13	27.1	11.5 (+/-0.5)	14.9 (+/- 0.5)	19.5 (+/- 0.5)	11.4
Massachusetts	16.9 (+/- 0.4)	26.6	41	28.1	11.0 (+/-1.7)	15.3 (+/- 1.8)	24.1 (+/- 2.8)	10.3
Michigan	13.9 (+/- 0.2)	32.0	19	32.3	14.3 (+/-1.8)	16.0 (+/- 1.9)	24.6 (+/- 3.8)	15.1
Minnesota	12.2 (+/- 0.3)	27.7	35	32.6	N/A	N/A	N/A	9.9
Mississippi	14.8 (+/- 0.4)	37.0	3	34.3	18.9 (+/-2)	17.1 (+/- 1.4)	21.2 (+/- 2.7)	21.5
Missouri	13.5 (+/- 0.3)	29.4	32	29.6	13.1 (+/- 3.6)	13.3 (+/- 2.3)	26.0 (+/- 4.2)	15.6
Montana	11.3 (+/- 0.7)	23.2	48	30.3	10.3 (+/- 1.2)	15.0 (+/- 0.9)	28.7 (+/- 1.7)	13.0
Nebraska	17.2 (+/- 0.6)	29.2	33	36.4	13.0 (+/- 2.1)	16.9 (+/-1.9)	29.7 (+/- 2.9)	12.3
Nevada	12.9 (+/- 0.4)	30.5	28	31.0	12.2 (+/- 2.1)	15.0 (+/- 2.4)	28.6 (+/- 2.9)	13.7
New Hampshire	14.8 (+/- 0.9)	23.8	47	30.1	12.2 (+/- 2.5)	14.5 (+/- 1.1)	22.3 (+/- 1.1)	9.7
New Jersey	16.8 (+/- 0.3)	31.7	21	24.7	N/A	N/A	N/A	10.8
New Mexico	13.5 (+/- 0.5)	24.9	46	31.8	15.6 (+/- 0.9)	16.2 (+/- 1.1)	30.9 (+/- 1.8)	16.0
New York	15.1 (+/- 0.2)	31.8	20	22.9	13.1 (+/- 1.6)	13.9 (+/- 1.5)	23.3 (+/- 2.5)	12.6
North Carolina	13.5 (+/- 0.3)	30.9	25	32.5	16.4 (+/- 2.9)	15.9 (+/- 2.7)	24.3 (+/- 1.5)	16.5
North Dakota	14.0 (+/- 1.0)	37.1	2	34.8	14.0 (+/- 2.0)	14.7 (+/- 1.6)	25.4 (+/- 2.5)	7.7
Ohio	13.0 (+/- 0.2)	33.1	16	34.9	N/A	N/A	N/A	16.0
Oklahoma	15.0 (+/- 0.4)	33.8	11	30.8	17.3 (+/- 3.1)	15.3 (+/- 2.3)	32.2 (+/- 2.9)	16.2
Oregon	15.9 (+/- 0.4)	20.3	50	29.7	N/A	N/A	N/A	14.2
Pennsylvania	13.1 (+/- 0.3)	31.7	21	30.8	14.0 (+/- 1.8)	15.8 (+/- 1.6)	24.8 (+/- 2.5)	13.1
Rhode Island	16.7 (+/- 0.8)	36.3	5	28.2	12.0 (+/- 2.4)	14.7 (+/- 1.8)	20.3 (+/- 2.5)	12.5
South Carolina	12.6 (+/- 0.3)	32.9	17	31.3	16.3 (+/- 1.9)	18.2 (+/- 1.1)	23.6 (+/- 3.6)	15.3
South Dakota	14.8 (+/- 0.8)	31.4	23	31.9	14.7 (+/- 2.7)	14.5 (+/- 2.7)	28.1 (+/- 3.9)	12.1
Tennessee	15.3 (+/- 0.3)	37.7	1	29.6	18.6 (+/- 2.0)	17.1 (+/- 1.2)	25.9 (+/- 1.8)	15.4
Texas	15.9 (+/- 0.1)	33.3	15	23.8	N/A	N/A	N/A	15.7
Utah	8.7 (+/- 0.4)	19.2	51	21.9	N/A	N/A	N/A	13.1
Vermont	13.7 (+/- 0.9)	22.2	49	39.7	12.4 (+/- 0.5)	14.0 (+/- 0.5)	23.1 (+/- 0.6)	11.9
Virginia	20.1 (+/- 0.4)	27.2	36	29.9	13.0 (+/- 1.8)	15.1 (+/- 1.6)	25.1 (+/- 2.3)	11.2
Washington	14.3 (+/- 0.3)	25.5	44	33.7	N/A	N/A	N/A	12.8
West Virginia	14.1 (+/- 0.6)	35.1	7	32.1	17.9 (+/- 3.1)	17.0 (+/- 2.1)	25.8 (+/- 2.7)	14.9
Wisconsin	15.2 (+/- 0.3)	29.5	31	32.5	N/A	N/A	N/A	11.0
Wyoming	10.6 (+/- 0.9)	27.1	38	29.2	11.0 (+/- 1.6)	14.6 (+/- 1.6)	27.1 (+/- 2.4)	12.3

Note: C.I. = Confidence Intervals
 Source: The U.S. Department of Agriculture (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), 2016 data. Confidence intervals and additional information can be found online: <http://www.childhealthdata.org/browse/survey/allstates?q=4568>; <http://childhealthdata.org/browse/survey/allstates?q=4551>

Note: C.I. = Confidence Intervals.
 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/yrbs/index.htm>.

Source: Calculated by the U.S. Department of Agriculture (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 2016								Obesity Rates by Ethnicity – BRFSS 2016					
	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, 2016 (95% C.I.)	Rank	Percent Obese, 2016 (95% C.I.)	Rank	Percent Obese, 2016 (95% C.I.)	Rank	Percent Obese, 2016 (95% C.I.)	Rank	Percent Obese, 2016 (95% C.I.)	Rank	Percent Obese, 2016 (95% C.I.)	Rank	Percent Obese, 2016 (95% C.I.)	Rank
Alabama	22.6	6	38.2	3	42.1 (+/- 2.5)	3	29.6 (+/- 2.5)	20	44.1 (+/- 1.9)	5	28.1	38	32.4 (+/- 1)	5
Alaska	15.1	36	35.4 (+/- 5.6)	8	32.5 (+/- 4.1)	36	35.3 (+/- 7.2)	1	43.6	6	27.9	40	28.7 (+/- 1.5)	27
Arizona	14.4	42	31.3	24	35.1 (+/- 2.4)	23	25.9 (+/- 1.8)	36	33.1	34	35.0 (+/- 2.2)	9	26.0 (+/- 0.9)	37
Arkansas	28.6 (+/- 9.8)	1	38.4 (+/- 5)	2	41.1 (+/- 3.5)	3	27.6 (+/- 2.8)	32	44.2 (+/- 4)	4	32.4 (+/- 7.6)	15	34.0 (+/- 1.4)	2
California	14.5 (+/- 2.5)	40	25.4 (+/- 1.9)	45	29.6 (+/- 1.9)	47	23.5 (+/- 2.4)	49	31.0 (+/- 2.9)	39	32.3 (+/- 1.2)	17	22.7 (+/- 0.8)	48
Colorado	12.8	48	21.9	49	26.9 (+/- 1.5)	51	21.0 (+/- 1.4)	50	29.1	45	27.1	42	19.8 (+/- 0.6)	49
Connecticut	13.4 (+/- 3.7)	46	27.0 (+/- 2.7)	39	30.3 (+/- 1.8)	43	24.9 (+/- 1.7)	44	37.7 (+/- 3)	19	30.3 (+/- 2.4)	31	24.3 (+/- 0.8)	45
Delaware	19.3	14	30.9 (+/- 4.2)	27	34.8 (+/- 3.4)	27	30.4 (+/- 3.2)	14	36.5 (+/- 3.2)	27	32.1 (+/- 4.8)	19	29.4 (+/- 1.4)	21
D.C.	11.6 (+/- 5.1)	50	21.1 (+/- 2.8)	51	29.1 (+/- 2.7)	48	24.0 (+/- 3.4)	47	35.5 (+/- 2.1)	29	20.0 (+/- 5.6)	49	9.7 (+/- 1.4)	51
Florida	14.9	38	28.3	33	32.1 (+/- 1.8)	38	25.8 (+/- 1.7)	38	35.2	30	26.8	43	25.7 (+/- 0.8)	39
Georgia	17.3	24	31.7	22	37.1 (+/- 2.8)	16	31.0 (+/- 2.7)	7	37.7 (+/- 2.1)	20	28.4	36	28.9 (+/- 1.2)	25
Hawaii	13.9	44	27.9	35	28.3 (+/- 2.2)	49	16.0 (+/- 2)	51	31.3	38	31.4 (+/- 3.1)	21	17.6 (+/- 1.4)	50
Idaho	21.4	9	25.9 (+/- 3.5)	42	32.8 (+/- 3.0)	34	25.2 (+/- 2.6)	41	N/A	N/A	33.6 (+/- 4.5)	11	27.6 (+/- 1.1)	32
Illinois	17.3	24	31.4 (+/- 3.3)	23	37.5 (+/- 2.8)	13	30.8 (+/- 2.9)	11	41.3 (+/- 3.1)	13	36.3 (+/- 3.2)	7	29.2 (+/- 1.1)	22
Indiana	17.6	21	33.7 (+/- 2.7)	12	38.4 (+/- 2.0)	10	30.6 (+/- 1.8)	12	41.7	11	28.7	35	31.8 (+/- 0.9)	9
Iowa	18.4	16	33.4 (+/- 3)	14	37.1 (+/- 2.3)	16	30.9	10	32.1	35	29.9	32	31.9 (+/- 0.9)	7
Kansas	19.8	13	32.3	19	36.4 (+/- 1.8)	19	28.9 (+/- 1.7)	22	43.1 (+/- 3.2)	7	35.2 (+/- 2.4)	8	31.5 (+/- 0.6)	10
Kentucky	20.2	11	37.1	6	38.4 (+/- 2.3)	10	31.0 (+/- 2.5)	7	42.4	9	25.0	45	33.4	3
Louisiana	25.9	3	36.4	7	38.5 (+/- 3.1)	8	35.3 (+/- 3.1)	1	42.9	8	32.2	18	32.6 (+/- 1.2)	4
Maine	20.7	10	27.8	36	35.0 (+/- 2.2)	25	28.7 (+/- 2)	23	34.3	32	30.5	30	29.5 (+/- 0.8)	18
Maryland	16.3 (+/- 3.4)	31	29.9 (+/- 2.2)	28	35.0 (+/- 1.6)	25	29.2 (+/- 1.6)	21	38.1 (+/- 1.8)	18	25.4 (+/- 3.9)	44	27.8 (+/- 1)	31
Massachusetts	14.5	40	21.8 (+/- 2.4)	50	27.7 (+/- 2.2)	50	25.1 (+/- 2.6)	43	36.6	25	31.4 (+/- 2.7)	21	22.9 (+/- 0.8)	47
Michigan	21.7	8	33.4	14	35.7 (+/- 1.7)	21	32.2 (+/- 1.9)	5	37.4	22	38.4	2	30.7 (+/- 0.8)	15
Minnesota	16.1	32	26.5 (+/- 1.6)	40	32.7 (+/- 1.4)	35	28.6 (+/- 1.6)	25	30.4 (+/- 3)	41	33.1 (+/- 3.2)	12	27.3 (+/- 0.5)	33
Mississippi	19.9	12	42.9	1	42.6	2	31.0 (+/- 2.9)	7	44.6 (+/- 1.9)	2	22.3	48	31.9 (+/- 1.4)	7
Missouri	17.7	18	31.2 (+/- 3.6)	26	38.5 (+/- 2.8)	8	30.0 (+/- 2.5)	16	38.6 (+/- 3.4)	17	32.7	14	30.7 (+/- 1)	15
Montana	15.3	35	25.2 (+/- 3.4)	46	30.3 (+/- 2.7)	43	24.3 (+/- 2.5)	46	N/A	N/A	24.8 (+/- 6.4)	46	24.4 (+/- 1)	44
Nebraska	17.2	26	32.9	17	38.6 (+/- 2)	7	29.9 (+/- 1.8)	18	37.2	23	31.8	20	30.8 (+/- 0.7)	13
Nevada	16.9 (+/- 5.4)	27	24.8 (+/- 3.5)	48	30.0 (+/- 3.4)	45	25.7 (+/- 3.7)	40	30.8	40	30.6 (+/- 3.4)	28	26.2 (+/- 1.6)	36
New Hampshire	13.7	45	28.0 (+/- 3.7)	34	29.9 (+/- 2.3)	46	26.5 (+/- 2.2)	35	30.3	42	24.7	47	27.2 (+/- 0.9)	35
New Jersey	14.2	43	25.6 (+/- 3.3)	44	32.9 (+/- 2.7)	33	27.9 (+/- 3)	29	37.2 (+/- 2.6)	24	31.4 (+/- 2.3)	21	25.4 (+/- 1)	41
New Mexico	17.6	21	32.6 (+/- 3.6)	18	31.3 (+/- 2.7)	41	24.0 (+/- 2.6)	47	34.4 (+/- 9)	31	31.3 (+/- 1.7)	24	23.9 (+/- 1.2)	46
New York	12.7	49	24.9	47	31.4 (+/- 1.7)	40	24.6 (+/- 1.9)	45	32.1	36	30.6	28	25.1 (+/- 0.8)	42
North Carolina	17.7	18	33.4 (+/- 2.7)	14	37.3 (+/- 2.5)	14	28.6 (+/- 2.6)	25	40.2 (+/- 2)	14	31.2	25	28.1 (+/- 1)	29
North Dakota	17.7 (+/- 5.2)	18	33.6 (+/- 3.1)	13	37.1 (+/- 2.4)	16	32.1 (+/- 2.4)	6	15.9	46	37.2	5	31.5 (+/- 1)	10
Ohio	16.6	29	32.1 (+/- 2.7)	20	37.3 (+/- 2.1)	14	29.7 (+/- 2)	19	37.6	21	27.8	41	30.8 (+/- 0.9)	13
Oklahoma	22.9	5	34.4 (+/- 3.1)	10	36.3 (+/- 2.4)	20	30.4 (+/- 2.2)	14	36.6 (+/- 3.7)	26	36.7	6	32.3 (+/- 1)	6
Oregon	17.4 (+/- 4.6)	23	28.9 (+/- 2.9)	32	33.1 (+/- 2.5)	30	27.7 (+/- 2.5)	31	30.2 (+/- 9.9)	43	32.4 (+/- 4)	15	29.0 (+/- 1)	24
Pennsylvania	15.9	34	29.9 (+/- 2.9)	28	35.4 (+/- 2.4)	22	30.5 (+/- 2.9)	13	36.4	28	39.5	1	29.5 (+/- 0.9)	18
Rhode Island	13.1	47	26.4 (+/- 3.8)	41	33.1 (+/- 2.6)	30	25.2 (+/- 2.6)	41	31.9	37	30.8 (+/- 3.5)	27	26.0 (+/- 1.1)	37
South Carolina	16.8	28	34.6 (+/- 2.6)	9	38.0 (+/- 2)	12	28.7 (+/- 1.8)	23	41.7 (+/- 1.5)	12	28.2	37	28.9 (+/- 0.8)	25
South Dakota	15.0	37	32	21	34.5	28	27.3 (+/- 3.4)	33	N/A	N/A	29.5	34	29.5 (+/- 1.2)	18
Tennessee	22.5	7	38.0 (+/- 3.8)	5	40.0 (+/- 2.9)	5	28.6 (+/- 2.7)	25	45.1	1	33.0	13	31.3 (+/- 1.1)	12
Texas	23.9	4	34.2 (+/- 3)	11	38.9 (+/- 3)	6	30.0 (+/- 3.3)	16	42.4	10	37.4 (+/- 1.7)	4	29.2 (+/- 1.1)	22
Utah	8.9	51	25.9 (+/- 2)	42	33.0 (+/- 2.1)	32	26.8 (+/- 2.2)	34	30.1	44	28.1	38	24.9 (+/- 0.6)	43
Vermont	18.7	15	27.6	37	30.5 (+/- 2.3)	42	25.9 (+/- 2.5)	36	N/A	N/A	N/A	N/A	25.7 (+/- 0.9)	39
Virginia	18.2	17	27.5	38	35.1	23	27.8	30	39.4	16	29.6	33	27.3 (+/- 0.8)	33
Washington	16.4	30	29.6	30	32.1	38	28.3	28	34.2	33	34.4	10	28.2 (+/- 0.7)	28
West Virginia	26.0 (+/- 5.3)	2	38.2 (+/- 2.7)	3	44.7 (+/- 2.1)	1	32.4 (+/- 2.3)	4	44.6 (+/- 5.4)	3	37.7 (+/- 9.7)	3	36.0 (+/- 0.9)	1
Wisconsin	14.8	39	31.3	24	33.6	29	34.6 (+/- 3)	3	39.9	15	31.2	25	30.5 (+/- 1)	17
Wyoming	16.0 (+/- 6.9)	33	29 (+/- 4.1)	31	32.3 (+/- 3.1)	37	25.8 (+/- 2.9)	38	N/A	N/A	N/A	N/A	27.9 (+/- 1.2)	30

Note: For ranking, 1 = Highest rate and 51 = Lowest rate; If not referenced, confidence intervals could not be calculated; C.I. = Confidence Intervals.

Source: Behavior Risk Factor Surveillance System (BRFSS), CDC

EARLY CHILDHOOD OBESITY RATES (WIC)

Research has demonstrated that creating healthy eating patterns early on can help establish lifelong food preferences and habits.¹⁰ Given the high rates of obesity among our nation's youth, forming good eating behaviors at an early age is critical.¹¹ It is especially important to ensure that low-income families have access to affordable nutritious foods.

Nationally, the obesity rate among low-income 2- to 4-year-old children enrolled in WIC (the Special Supplemental Nutrition Program for Women, Infants and Children) declined from 15.9 percent in 2010 to 14.5 percent in 2014.⁵ Rates of severe obesity also decreased among this population— from 2.12 percent in 2010 to 1.96 percent in 2014.⁶

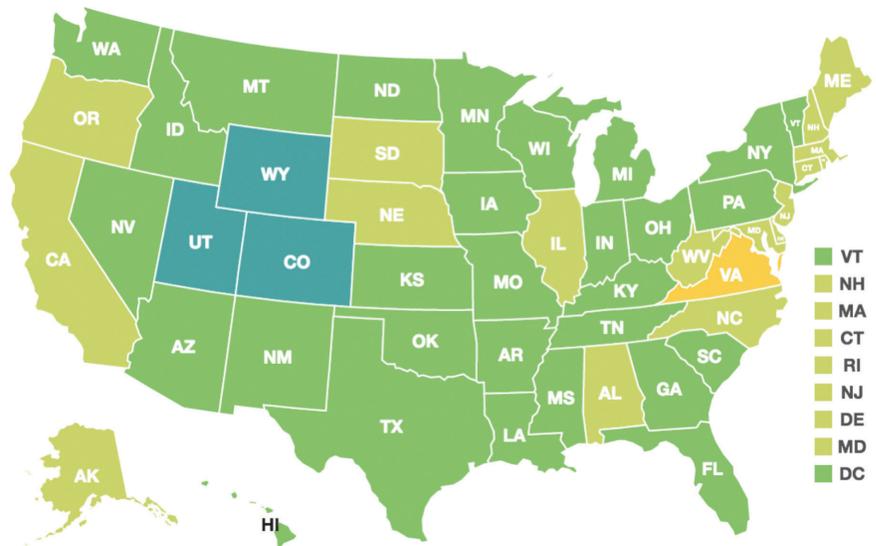
- **On a state level, obesity rates ranged from a low of 8.2 percent in Utah to a high of 20.0 percent in Virginia.** Obesity rates decreased significantly in 31 states and increased significantly in only four states between 2010 and 2014.⁵
- **Racial and ethnic differences remain significant among 2- to 4-year-old WIC participants:** 18 percent of American Indian/Alaska Natives, 17.3 percent of Latinos, 12.2 percent of Whites, 11.9 percent of Blacks, and 11.1 percent of Asians/Pacific Islanders were obese in 2014.⁵

CDC analyses cite that a set of initiatives have contributed to the recent reduction in obesity rates, including revisions to the WIC program's food package, providing WIC recipients with more healthy food options, and WIC efforts to promote and support breastfeeding.

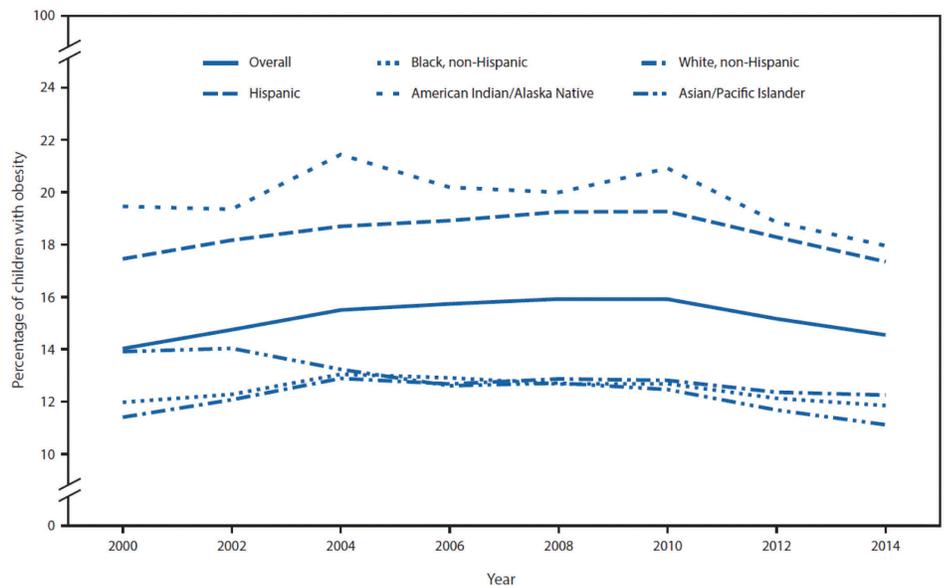
Obesity Rate: WIC Participants Ages 2-4, 2014

Percent of WIC participants ages 2-4 with obesity

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



Prevalence of obesity among WIC participants aged 2-4 years, overall and by race/ethnicity — United States, 2000-2014

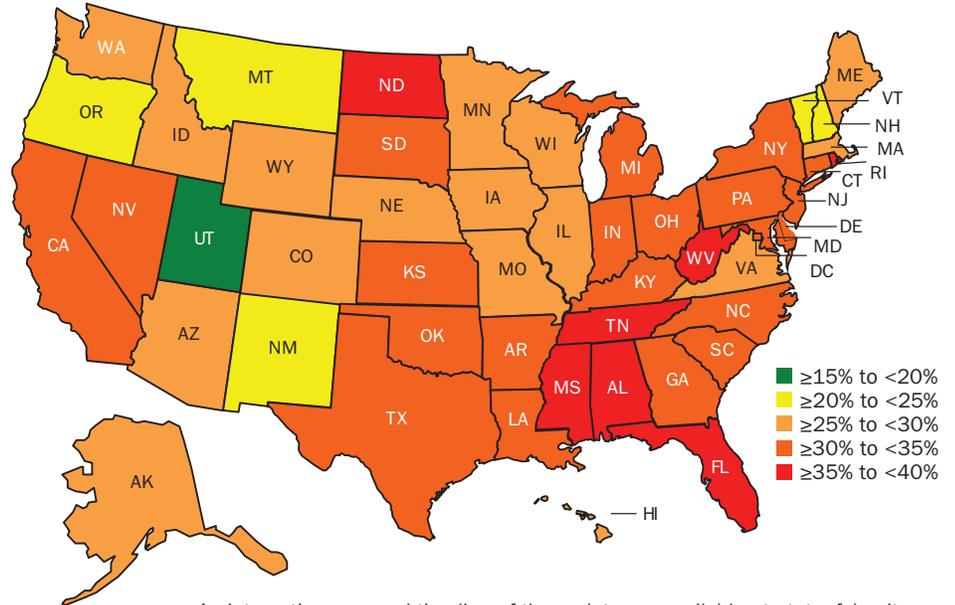


OBESITY RATES IN CHILDREN AGES 10-17 (NSCH)

In 2016, nearly one-third (31.2 percent) of children ages 10-17 were either overweight or obese, according to the National Survey of Children's Health (NSCH).¹² At a state level, Utah had the lowest rate of overweight or obese children in this age group at 19.2 percent, while Tennessee had the highest rate at 37.7 percent.¹²

NSCH is based on a survey of parents in each state. The data are from parental reports, so they are not as reliable as measured data, but they are the only source of comparative state-by-state data for children in this age group. NSCH has typically been conducted and released every four years.

Percentage of Children Ages 10 to 17 Classified as Obese and Overweight by State, 2016 National Survey of Children's Health (NSCH)



An interactive map and timeline of these data are available at stateofobesity.org
 Source: National Survey of Children's Health, 2016



FEDERAL OBESITY PREVENTION POLICIES AND PROGRAMS

A range of federal programs help support opportunities for healthy eating and increased physical activity. These programs include policies and initiatives focused on making healthier choices more accessible and affordable to families and children.

The charts below provide a snapshot of the current funding level for a range of policies and programs in early child care centers, schools and communities nationwide.

Budgets for Some Key Federal Child Care and Obesity-Related Programs ¹³	Enacted Budget FY 2017	Enacted Budget FY 2016
Child and Adult Care Food Program (USDA)	*\$3.491 billion	\$3.340 billion
Child Care and Development Block Grant	\$2.856 billion	\$2.761 billion
Head Start	\$9.253 billion	\$9.168 billion
WIC (USDA)	\$6.35 billion	\$6.35 billion

*Estimated (vs. enacted)

Budgets for Some Key Federal School-Based Obesity-Related Programs ¹⁴	Enacted Budget FY 2017	Enacted Budget FY 2016
National School Lunch Program (USDA)	*\$12.340 billion	\$12.528 billion
School Breakfast Program (USDA)	*\$4.470 billion	\$4.339 billion
Student Support and Academic Enrichment Grants (U.S. Department of Education)	\$400 million	[these are new grants authorized in late 2015 as a component of the Every Student Succeeds Act (ESSA)]
Farm-to-School Program (USDA)	\$8.4 million	\$9.1 million
Transportation Alternatives Set-Aside (may include Safe Routes to School) (Department of Transportation)	\$835 million	\$835 million
Division of Population Health, Healthy Schools (CDC)	\$15.4 million	\$15.4 million

*Estimated (vs. enacted)

Budgets for Some Key Federal Community-Based Obesity-Related Programs ¹⁵	Enacted Budget FY 2017	Enacted Budget FY 2016
Division of Nutrition, Physical Activity and Obesity (CDC)	\$49.920 million	\$49.920 million
Chronic Disease Programs at CDC Including the Division of Nutrition, Physical Activity and Obesity and School Health Programs	\$1.116 billion	\$1.177 billion
Healthy Food Financing Initiative	\$22 million	\$22 million
New Markets Tax Credits	\$3.5 billion (for Calendar Year 2017)	\$7 billion (2015-2016 combined funding)
Supplemental Nutrition Assistance Program (USDA)	*\$78.488 billion	\$80.839 billion

*Estimated (vs. enacted)

Recommendations

The State of Obesity reports have documented how, over the past 15 years, significant progress has been made toward preventing obesity and stabilizing obesity rates, especially among children, by promoting better nutrition and increased physical activity through local, state and federal programs and policy changes, and collaborations between the public and private sectors.^{16,17}

Long-term investments and policy changes in early childhood settings, schools, communities, and the healthcare system have begun to pay off, but the next few years will be pivotal for the obesity epidemic to ensure that progress continues and accomplishments are not eroded. Proposals to cut funding for obesity prevention programs, weaken school nutrition regulations, and delay updates to important education tools like the Nutrition Facts label could contribute to higher obesity rates, reversing hard-fought progress and harming the nation's health.

Top recommendations for maintaining and building on this progress include:

- **Invest in Prevention, Evidenced-based Policies and Programs to Improve Nutrition and Increase Physical Activity at the Federal, State and Local Level.**
 - Federal programs need sufficient resources to develop and support innovative, evidence-based approaches to address obesity and improve nutrition and physical activity. Examples include: the National Center for Chronic Disease Prevention and Health Promotion, the Division of Nutrition, Physical Activity and Obesity (DNPAO), the Prevention and Public Health Fund, CDC's Healthy Schools Branch within the Division of Population Health, and the Office of Safe and Healthy Schools at the Department of Education.
- ▲ State and local governments should expand resources for comprehensive approaches to obesity — including supporting obesity, nutrition and physical activity programs.
- Other sectors beyond government should invest in efforts to address the obesity crisis, including the hospitals, health insurers, employers and businesses, social services, community organizations and philanthropies.
- **Prioritize Early Childhood Policies and Programs.**
 - The U.S. Department of Health and Human Services (HHS), USDA and the Department of Education should issue regular guidance covering programs such as Head Start, the Child and Adult Care Food Program and early childhood programs supported through the Every Student Succeeds Act (ESSA) that encourage healthier meals, opportunities for physical activity, limits on screen time and other supports that promote health. And policies should support strong preconception and prenatal health support.
- ▲ States should follow expert guidance by adopting and implementing best practices—including by making investments in Quality Improvement Rating Systems—for nutrition, activity and screen time requirements and regulations covering child-care and day-care settings. States also should support targeted home visiting programs that provide at-risk families with parenting education resources and connections to nutrition programs and other services.
- **Maintain Progress on School-Based Policies and Programs.**
 - USDA should maintain:
 - Current nutrition standards covering school meals and snacks.
 - The Community Eligibility Provision that allows schools in high-poverty areas to reduce bureaucracy, improve efficiency, save costs and decrease childhood hunger; and
 - School wellness research, technical assistance and programs should be maintained at CDC and the Department of Education.
 - Federal programs need sufficient resources to support physical education and physical activity throughout the school day and healthier school initiatives (including, but not limited to ESSA Title I and Title IV and programs supported by CDC's Healthy Schools Branch and DNPAO).
- Federal, state and local programs should be expanded to eliminate lead from water in schools and to make safe, free water available to all students.

▲ States should continue to meet or exceed current federal nutrition standards for school meals and snacks. School districts should continue to support local wellness plan implementation to ensure students have healthy learning environments conducive to improved school performance. School districts should also continue and expand flexible breakfast programs, such as second-chance breakfasts, breakfast on-the-go and breakfasts in classrooms.

▲ State and local education agencies should maintain and enforce standards for physical education and physical activity throughout the school day.

▲ State and local policymakers should identify opportunities to further integrate education and health through the implementation of ESSA, including incorporating indicators of student health as education accountability measures.

● **Invest in Community-Based Policies and Programs to Improve Nutrition and Increase Physical Activity.**

■ The Food and Drug Administration (FDA) should move forward with guidelines, requirements and implementation of menu labeling rules and the updated Nutrition Facts label to help Americans make more informed choices about what they eat and drink.

○ Federal, state and local governments should provide sufficient resources to support policies and programs that support healthy communities, including obesity and chronic disease prevention programs; transportation, housing and community development policies that support active living; and nutrition assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) and healthy food financing initiatives (including public-private partnerships) that reduce food insecurity and help ensure all Americans have access to affordable, healthy food options.

▲ State and local governments should prioritize health in transportation and community design planning, ensuring residents have access to walking, biking, transit and other forms of active transportation, parks and recreation centers and other safe, accessible places to be physically active.

● **Expand Obesity-Prevention Healthcare Coverage and Care.**

● 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. Medicaid programs should cover

and encourage use of obesity-related preventive services. 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. Programs that are effective in terms of costs and performance, such as the Diabetes Prevention Program (DPP) and community health worker-clinical coordination models, should be extended. The Centers for Medicare & Medicaid Services (CMS) is finalizing a payment structure for DPP coverage under Medicare, which took effect on January 1, 2018.

▲ States should promote innovative solutions that help people maintain healthy diets and physical activity by, for example, including coverage of DPP and diabetes self-management education in their state employee health plan and in their Medicaid program.

Sources

1. Alberti P, Sutton K, Baer I. Community Health Needs Assessments: Engaging Community Partners to Improve Health. Association of American Medical Colleges. Analysis in Brief. 2014;14(11). <https://www.aamc.org/download/419276/data/dec2014communityhealth.pdf>
2. Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity among adults and youth: United States, 2015–2016. NCHS data brief, no 288. Hyattsville, MD: National Center for Health Statistics. 2017.
3. Centers for Disease Control and Prevention. Childhood Obesity Facts. <https://www.cdc.gov/healthyschools/obesity/facts.htm>.
4. Ogden CL, Carroll MD, Lawman HG, Fryar CD, Kruszon-Moran D, Kit BK, Flegal KM. Trends in obesity prevalence among children and adolescents in the United States, 1988-1994 through 2013-2014. JAMA. 2016;315(21):2292-2299.
5. Pan L, Freedman DS, Sharma AJ, et al. Trends in Obesity Among Participants Aged 2-4 Years in the Special Supplemental Nutrition Program for Women, Infants, and Children - United States, 2000–2014. Morbidity and Mortality Weekly Report (MMWR) 2016;65:1256–1260.
6. Pan L, Park S, Slayton R, Goodman AB, Blanck HM. Trends in Severe Obesity Among Children Aged 2 to 4 Years Enrolled in Special Supplemental Nutrition Program for Women, Infants, and Children From 2000 to 2014. JAMA Pediatrics.
7. Ann Bullock, Karen Sheff, Kelly Moore, Spero Manson, “Obesity and Overweight in American Indian and Alaska Native Children, 2006–2015”, American Journal of Public Health 107, no. 9: pp. 1502-1507.
8. Behavioral Risk Factor Surveillance System, 2016 Survey Data and Documentation. In U.S. Centers for Disease Control and Prevention. https://www.cdc.gov/brfss/data_documentation/index.htm.
9. 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. <http://www.tfah.org/report/88/>. Published 2011. (Based on data using the previous BRFSS methodology in use from 2008-2010.)
10. Pérez-Escamilla R, Segura-Pérez S, Lott M. Expert Panel on Best Practices for Promoting Healthy Nutrition, Feeding Patterns, and Weight Status for Infants and Toddlers from Birth to 24 Months. Feeding Guidelines for Infants and Young Toddlers: A Responsive Parenting Approach. Guidelines for Health Professionals. Durham, NC: Healthy Eating Research, 2017. <http://healthyeatingresearch.org>.
11. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011–2012. JAMA. 2014;311(8):806-814.
12. Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health. www.childhealthdata.org/browse/survey/results?q=4568&r=1.
13. Food and Nutrition Service. 2018 Explanatory Notes; Consolidated Appropriations Act of 2017. Pub.L. 115-31. May 5, 2017; Food and Nutrition Service. 2017 Explanatory Notes; Administration for Children and Families. Fiscal Year 2016 Federal Child Care and Related Appropriations; Consolidated Appropriations Act of 2016. Pub. L. 114-113. December 18, 2015.
14. U.S. Department of Agriculture. FY 2017 Budget Summary; First Focus. Children’s Budget 2016; Committee on Appropriations—Democrats. FY2017 Omnibus Appropriations Act; U.S. Department of Transportation, Federal Highway Administration. Distribution of fiscal year 2017 transportation alternatives (ta) set-aside funds; U.S. Department of Transportation, Federal Highway Administration. Transportation Alternatives (TA) Set-Aside FY 2016 Apportionments; Division H-Departments of Labor, Health and Human Services, and Education, and related agencies appropriations act, 2017; Centers for Disease Control and Prevention. FY 2016 Operating Plan; Ujifusa A. Budget Deal for 2017 Includes Increases for Title I, Special Education. Education Week.
15. Division H-Departments of Labor, Health and Human Services, and Education, and related agencies appropriations act, 2017; Centers for Disease Control and Prevention. FY 2016 Operating Plan; Centers for Disease Control and Prevention. Overview of the CDC FY 2018 budget request; U.S. Department of Treasury. Department of the Treasury Community Development Financial Institutions Fund: Congressional justification for appropriations and annual performance report and plan: FY 2018; Novogradac & Company LLP CDFI Fund Opens \$ 3.5 Billion NMTC Allocation Round for CY 2017; Department of the Treasury, Community Development Financial Institutions Fund. Funding opportunity title: amended notice of allocation availability (NOAA) for the combined calendar year (CY) 2015—CY 2016 allocation round of the New Markets Tax Credit (NMTC) program. 81 Fed. Reg. 23356.; U.S. Department of Agriculture. FY 2018 Budget Summary.
16. Wabitsch M, Moss A, Kromeyer-Hauschild K. Unexpected plateauing of childhood obesity rates in developed countries. BMC Med. 2014;12:17.
17. Farley TA, Dowell D. Preventing childhood obesity: what are we doing right? Am J Pub Health. 2014;104(9):1579-83.



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