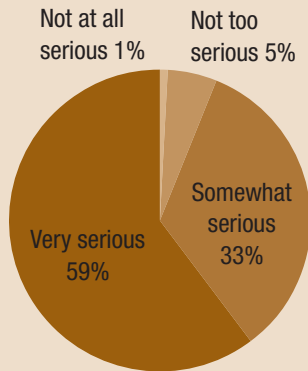




# What does America think about childhood obesity?

## Americans' Views Regarding the Problem of Childhood Obesity



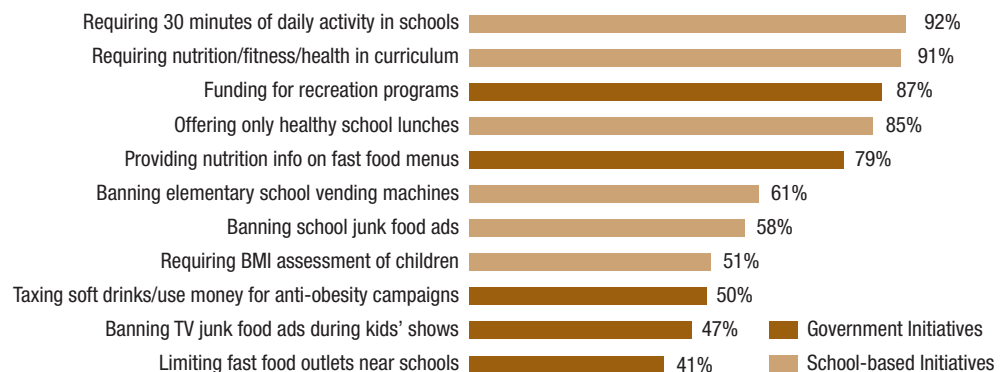
The Robert Wood Johnson Foundation (RWJF) is committed to halting the rise in childhood obesity rates by promoting healthy eating and physical activity in schools and communities throughout the nation. We place special emphasis on reaching the children at greatest risk: African-American, Hispanic, Native American and Asian/Pacific Islander children living in low-income communities.

Understanding the perceptions of the American public is important as RWJF works to improve access to healthy foods and opportunities for safe physical activity by changing policies, environments and social norms. This document highlights results from a survey conducted in October 2005 by the Harvard School of Public Health and RWJF. The team polled a nationally representative sample of 1,108 adults to determine current attitudes about childhood obesity and to gauge support for various childhood obesity prevention initiatives.

### Findings

- Ninety-two percent of all Americans surveyed consider childhood obesity to be a serious national problem (includes very serious and somewhat serious categories).
- Parents are less concerned about obesity in their own children. Only 41 percent of parents with children under age 18 were very concerned about their children being or becoming obese or seriously overweight.
- Parents concerned with obesity in their own children were significantly more likely than other parents to view childhood obesity as a very serious national problem (63 percent versus 50 percent).
- More African Americans (76 percent) view childhood obesity as a very serious problem than Hispanic Americans (57 percent) or whites (57 percent). Three-quarters of African Americans surveyed consider childhood obesity to be a very serious problem.

### Support for Childhood Obesity Initiatives



- African Americans (36 percent) and Hispanic Americans (44 percent) also were more likely than whites (15 percent) to be very concerned about their own children becoming obese or seriously overweight.
- Of the school-based and government initiatives that were suggested to respondents about how to address the problem of childhood obesity, five had broad-based support (at least 79 percent), while six of them received substantially lower levels of support.
- Of the six **school initiatives** mentioned in the survey, the most popular were:
  - requiring 30 minutes of daily physical activity for grades K-12 (92 percent);
  - including nutrition/fitness/health in school curricula (91 percent);
  - only healthy lunches in school (85 percent).
- The most popular of the five **government initiatives** mentioned in the survey included:
  - funding recreation programs for children and teens (87 percent);
  - including nutritional information on fast food menus (79 percent).

—Melanie Napier

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## Methodology<sup>1</sup>

This study was prepared by the Harvard School of Public Health and the Robert Wood Johnson Foundation. It was designed and analyzed by researchers at the Harvard School of Public Health. The research team included project director Robert J. Blendon, Catherine M. DesRoches, John M. Benson, Kathleen Weldon, and Channtal Fleischfresser of the Harvard School of Public Health and Melissa J. Herrmann of ICR/International Communications Research.

ICR/International Communications Research (Media, Pa.) conducted surveys via telephone from October 19–October 24, 2005 among a nationally representative sample of 1,108 adults age 18 and over. Of those, a total of 117 were African-Americans respondents and a total of 100 were Hispanic-American respondents. The margin of sampling error for the survey is plus or minus three percentage points for total respondents. Percentages may not always add up to 100 percent due to rounding.

Possible sources of nonsampling error include nonresponse bias, question wording and ordering effects. Nonresponse in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases, sample data are weighted to the most recent Census data available from the Current Population Survey for gender, age, race, education, as well as number of adults and number of telephone lines in the household. Other techniques, including random-digit dialing, replicate subsamples, callbacks staggered over times of day and days of the week, and systematic respondent selection within households, are used to ensure that the sample is representative.

<sup>1</sup> Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, October 2005