

ADOLESCENT OVERWEIGHT AND OBESITY

Over the past 30 years, the prevalence of obesity has quadrupled among adolescents in the United States.¹ In 2011–2012, 20.5 percent of youth aged 12–19 years were obese, 14.0 percent were overweight, 61.9 percent were of normal weight, and 3.6 percent were underweight. Overweight and obesity in adolescence is associated with overweight and obesity in adulthood, putting obese adolescents at increased risk of several adverse health conditions, including overweight and obesity later in life, high cholesterol and blood pressure, prediabetes, bone and joint problems, cancer, and other social and psychological health outcomes.²

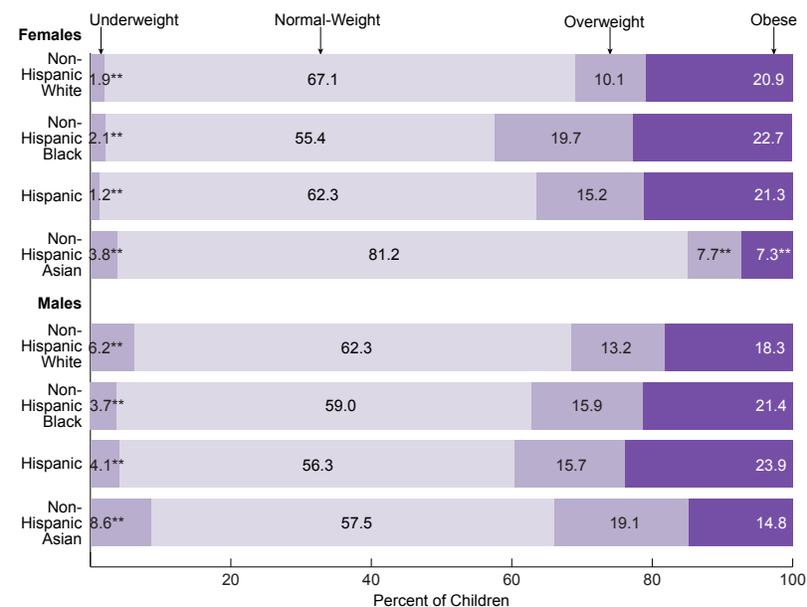
Adolescent weight status varies by several factors, including sex, race and ethnicity, and poverty status. In 2011–2012, nearly 40 percent of non-Hispanic Black and Hispanic youth were reportedly overweight or obese, compared to 31.2 percent of non-Hispanic White youth. Racial and ethnic differences varied by sex and were particularly pronounced among males, such that 21.4 percent of non-Hispanic

Black males and 23.9 percent of Hispanic males were obese, compared to 18.3 percent of non-Hispanic White males (figure 1).

The prevalence of overweight and obesity also varies by poverty status. In 2011–2012, nearly 41 percent of youth living in households with incomes below 100 percent of poverty were overweight or obese. By comparison, 28.2 percent of youth living in households with incomes of 300 percent or more of poverty were overweight or obese. These differences were only notable among females: 17.1 and 25.9 percent of females living in households with incomes below 100 percent of poverty were overweight and obese, respectively, compared to 9.0 and 10.8 percent of their female counterparts living in households with incomes of 300 percent or more of poverty (figure 2).

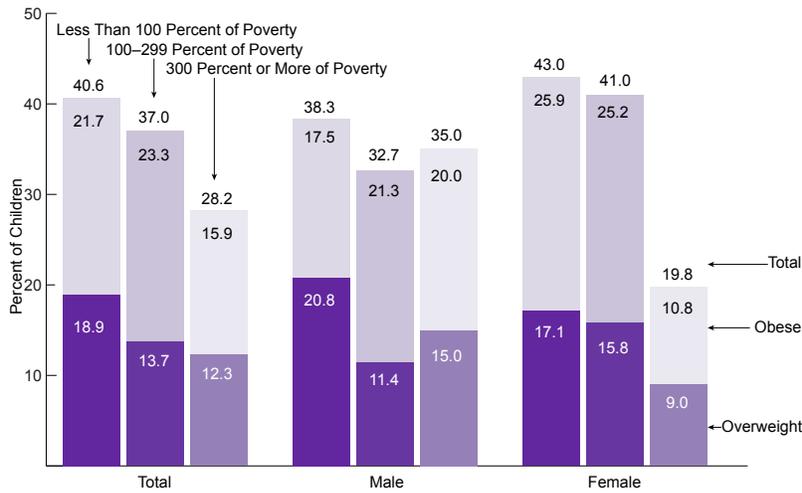
The Community Preventive Services Task Force recommends several strategies for preventing obesity in community settings. For example, behavioral interventions for reducing screen time (e.g., time spent watching television, playing computer games, or browsing the Internet) have improved weight-related outcomes among children and adolescents.

Figure 1. Weight Status* of Children Aged 12–19 Years, by Race/Ethnicity and Sex, 2011–2012



*Based on Body Mass Index (BMI, ratio of height to weight squared) growth charts for age and sex from measured height and weight: underweight is a BMI under the 5th percentile, normal weight is a BMI between the 5th and 84th percentile, overweight is a BMI between the 85th and 94th percentile, and obesity is a BMI in the 95th percentile or above. **Estimate is not reliable; based on fewer than 10 cases or relative standard error > 30 percent.

Figure 2. Overweight and Obese Children Aged 12–19 Years, by Sex and Poverty Status, 2011–2012**



*Based on Body Mass Index (BMI, ratio of height to weight squared) growth charts for age and sex from measured height and weight: underweight is a BMI under the 5th percentile, normal weight is a BMI between the 5th and 84th percentile, overweight is a BMI between the 85th and 94th percentile, and obesity is a BMI in the 95th percentile or above. **The U.S. Census Bureau weighted average poverty threshold for a family of four was \$23,492 in 2012.

Data Sources

Figure 1 and 2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey, 2011–2012. Unpublished estimates. Analyses conducted by the National Center for Health Statistics.

Endnotes

1. U.S. Department of Health and Human Services, National Center for Health Statistics. *Health, United States, 2011: With Special Features on Socioeconomic Status and Health*. Hyattsville, MD: U.S. Department of Health and Human Services; 2012.
2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Adolescent and School Health: Childhood Obesity Facts. 2012. Available at: <http://www.cdc.gov/healthyyouth/obesity/facts.htm>. Accessed September 5, 2014.

Suggested Citation

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2014*. Rockville, Maryland: U.S. Department of Health and Human Services, 2015. Online at <http://mchb.hrsa.gov/chusa14/>