CHILD OVERWEIGHT AND OBESITY

Childhood overweight and obesity is a significant public health issue, affecting nearly a third of all children in the United States. Obese children are at increased risk of several adverse health outcomes, including high blood pressure and cholesterol, asthma, and many other chronic physiologic and psychosocial health conditions. Childhood obesity is also associated with obesity in adulthood and children who are overweight are more likely to have severe obesity in adulthood.

Body mass index (BMI) is the ratio of weight to height squared that is used to define overweight and obesity. In children, BMI is categorized as a function of age and sex, since both of these factors affect body composition. Children below the 5th percentile of BMI for age are considered underweight, those between the 5th and 84th percentiles are considered to have a normal weight, those between the 85th and 94th percentiles are considered overweight, and those in the 95th percentile or above are considered obese. In 2011–2012, nearly 30 percent of children aged 2–11 years were overweight or obese, 66.9 percent were of normal weight, and 3.4 percent were underweight based on measured height and weight.

Children’s weight status varies by a number of factors, including age, sex, and race and ethnicity. For example, school-aged children are more likely to be obese than preschool-aged children. In 2011–2012, 17.7 percent of children aged 6–11 years were obese, compared to 8.4 percent of children aged 2–5 years (figure 1). The percent of children who were overweight was similar by age: 14.5 percent of 2- to 5-year-olds and 16.5 percent of 6- to 11-year-olds.

With regard to race and ethnicity, nearly 40 percent of Hispanic children and 31.4 percent of non-Hispanic Black children aged 6–11 years were overweight or obese overall. By comparison, 26.1 percent of non-Hispanic White children and 15.5 percent of non-Hispanic Asian children were overweight or obese. Racial and ethnic differences in obesity were particularly pronounced among males: 18.6 percent of non-Hispanic Black males and 24.2 percent of Hispanic males were obese, compared to 7.9 percent of their non-Hispanic White counterparts (figure 2).

Several strategies may prevent childhood obesity, such as increasing physical activity, eating right, and reducing screen time. Dietary strategies for preventing childhood obesity include limiting access calories from fats and sugars, consuming smaller portions, and increasing intake of whole grains, vegetables, and fruits. The 2008 Physical Activity Guidelines for Americans recommend that children aged 6–11 years participate in 60 minutes or more per day of aerobic activity. The recommended amount of fruits and vegetables is 1–1.5 cups of each for children aged 2–8 years. Recommendations for children aged 9 years and older vary depending on their age, sex, and activity level. The Community Preventive Services Task Force also recommends behavioral interventions for reducing screen time (e.g., time spent watching television, playing computer games, or browsing the Internet) to improve physical activity, diet, and weight-related outcomes.

Figure 1. Weight Status* of Children Aged 2–11 Years, by Sex and Age, 2011–2012

<table>
<thead>
<tr>
<th>Sex</th>
<th>2–5 Years</th>
<th>6–11 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Underweight</td>
<td>Normal-Weight</td>
</tr>
<tr>
<td>Female</td>
<td>3.6</td>
<td>62.2</td>
</tr>
<tr>
<td></td>
<td>3.7</td>
<td>61.1</td>
</tr>
<tr>
<td>Male</td>
<td>3.5**</td>
<td>63.3</td>
</tr>
</tbody>
</table>

*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; relative standard error > 30 percent.
### 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


### Suggested Citation