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Newest Data Show One in Six Youth Have Obesity Nationwide

As new research links COVID-19 pandemic to rising childhood obesity rates, the Robert Wood Johnson Foundation calls on policymakers to prioritize children's health and improve racial equity

Princeton, N.J.—One in six young people nationwide, 16.2 percent of youth ages 10-17, have obesity, according to the newest available data. The data reveal sharp disparities, with the highest obesity rates among youth of color and youth from households with low incomes. They are included in a new report released today from the Robert Wood Johnson Foundation, *From Crisis to Opportunity: Reforming Our Nation's Policies to Help All Children Grow Up Healthy*. The report, available at www.stateofchildhoodobesity.org, includes the latest data on childhood obesity rates and offers policy recommendations for prioritizing health and equity.

The national and state-by-state obesity rates among 10- to 17-year-olds come from the 2019-2020 National Survey of Children's Health, along with analysis conducted by the Health Resources and Services Administration's Maternal and Child Health Bureau. They show the national obesity rate for youth ages 10-17 has held steady for the last five years but more data are needed to examine effects from the COVID-19 pandemic.

Other more recent data support a surge in rates during the COVID-19 pandemic particularly among younger children. [National data from electronic medical records](#) show an increase in childhood obesity rates from August 2019 to August 2020. In [Philadelphia](#), existing disparities in obesity rates seem to be worsening, with rates rising more for Hispanic and Black children, and those in families with low incomes, than for white children or those in families with higher incomes.

"The state of childhood obesity in America is an urgent call to action for leaders at all levels and across all sectors," said Jamie Bussel, senior program officer at the Robert Wood Johnson Foundation who leads the Foundation's efforts to prevent childhood obesity. "Obesity is a symptom of deep-rooted challenges that have only been made worse by the pandemic and are a warning sign that our nation's policies are failing our kids. We must make real, systemic change to set kids on a path to better health."

In the new report, RWJF cites the impact of structural racism on the health of children and families. Racist policies and discriminatory practices affect our food system, access to healthcare, affordable housing, and critical family supports like childcare. Together, the effects of these policies and practices often force families to make hard choices on how to spend limited resources.

“The COVID pandemic has worsened risk factors for childhood obesity, causing already high obesity rates to increase,” said Sandra G. Hassink, M.D., M.S. FAAP, medical director of the American Academy of Pediatrics Institute for Healthy Childhood Weight. “Economic stressors, food insecurity, less consistent access to healthy meals at school, combined with increased sedentary time, sleep dysregulation, reduced physical activity, and social isolation have made it harder for families to stay healthy. This challenge is compounded by the fact that many of the consequences of obesity—including breathing problems, high blood pressure and diabetes—increase the risks of serious COVID-19 disease. As we look out now and beyond the pandemic, we must create environments that support children and families in sustaining healthy lifestyles.”

Policy Recommendations

The new report highlights how programs and policies, including federal nutrition programs, play a critical role in obesity prevention, particularly among groups at highest risk for health disparities. The Foundation makes several key policy recommendations, a few of which are highlighted below.

- Make universal school meals permanent and provide resources to ensure every child has access to a consistent source of healthy meals.
- Extend eligibility for WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children, to postpartum mothers through the first two years after the birth of a baby and to children through age 6. Doing so would align with participation in school meal programs so that there is no gap in support.
- Extend and expand other programs that are pulling families out of poverty and reducing food insecurity, such as [the expanded Child Tax Credit](#). After just the first month of expanded payments, the percentage of families with children reporting that they sometimes or often did not have enough to eat [declined significantly](#).
- The federal government, and state governments which have not done so, must [close the Medicaid coverage gap](#). Doing so would improve health outcomes and reduce racial and ethnic disparities.
- The federal government should develop a consistent approach to collecting timely data on obesity rates, including data organized by race, ethnicity, and income level, in order to ensure prevention strategies are grounded in evidence and center equity.

Key Findings from New Obesity Rate Data

The best available data continue to show that millions of young people across the country have obesity, and that children of color and those furthest from economic opportunity face greater risk than their peers.

National data for 10-17 year olds:

- The newest data from the National Survey of Children’s Health show that 16.2 percent of youth ages 10 to 17 in 2019-2020 had obesity, a rate that has held steady for the last five years. The 2020 data were collected from June 2020 until January 2021, and do not yet indicate any significant change in rates associated with the COVID-19 pandemic.
- Disparities by race and ethnicity persist. In 2019-2020, non-Hispanic Asian children had the lowest obesity rate (8.1%) followed by non-Hispanic White children (12.1%). Obesity rates were significantly higher for non-Hispanic Black (23.8%), Hispanic (21.4%), and non-Hispanic American Indian/Alaska Native (28.7%) children.
- There were also significant differences based on household income. In 2019-2020, obesity rates ranged from 8.6% among youth in the highest income group to 23.1% among youth in the lowest income group.

Data on the impact of the COVID-19 pandemic:

- Emerging evidence shows that the COVID-19 pandemic may be contributing to rising childhood obesity rates.
 - [National data](#) from a set of electronic medical records show an increase in the obesity rate for youth ages 2 to 19, from 19.3% in 2019 to 22.4% in 2020
 - In [Philadelphia](#), obesity rates increased among youth ages 2-17, from 13.7% in 2019 to 15.4% in 2020.
 - In Southern [California](#), the rate of overweight and obesity among youth ages 5-11 increased from 36.2% pre-pandemic to 45.7% during the pandemic.

State-by-state data for 10-17 year olds:

- In 2019-2020, Kentucky had the highest youth obesity rate (23.8%) while Montana had the lowest (10.0%)
- Six states had youth obesity rates significantly higher than the national rate (16.2%): Kentucky (23.8%), Mississippi (22.3%), Louisiana (22.2%), West Virginia (21.9%), Alabama (21.8%), and Tennessee (20.8%).
- Eleven states had youth obesity rates significantly lower than the national rate (16.2%): Montana (10%), Arizona (10.2%), Utah (10.3%), North Dakota (10.5%), Wyoming (11.0%), Colorado (11.2%), New York (11.5%), Kansas (11.7%), Minnesota (11.7%), Massachusetts (12.2%), and Nebraska (12.6%).

Declining obesity rates among children participating in WIC, prior to the COVID-19 pandemic:

- The national obesity rate among children ages 2-4 participating in WIC has dropped in recent years, from 15.9 percent in 2010 to 14.4 percent in 2018. This decline was statistically significant among all racial and ethnic groups studied: American Indian/Alaska Native, Asian/Pacific Islander, black, Hispanic, and white.

State by State Obesity Rate Data

Rank	State	2019-2020
1	Kentucky	23.8%
2	Mississippi	22.3
3	Louisiana	22.2
4	West Virginia	21.9
5	Alabama	21.8
6	Tennessee	20.8
7	Arkansas	20.6
8	Texas	20.3
9	South Carolina	20.1
10	North Carolina	19.8
11	Missouri	19.6
12	Delaware	18.9
13	Oklahoma	18.7
14	Georgia	18
15	Alaska	17.8
16	Illinois	17.4
17	Ohio	17.2
18	Iowa	16.9
19	Maryland	16.7
19	Rhode Island	16.7
21	Nevada	16
22	Florida	15.8
23	Michigan	15.7
24	Indiana	15.6
25	Hawaii	15.5
26	Connecticut	15.3
26	New Mexico	15.3
28	California	15.2
28	South Dakota	15.2

30	Pennsylvania	15.1
31	Virginia	14.9
32	Wisconsin	14.6
33	Washington, D.C.	14.2
34	Vermont	14.0
35	New Jersey	13.8
36	Maine	13.7
36	Oregon	13.7
38	New Hampshire	13.5
39	Idaho	13.3
40	Washington	13.2
41	Nebraska	12.6
42	Massachusetts	12.2
43	Kansas	11.7
43	Minnesota	11.7
45	New York	11.5
46	Colorado	11.2
47	Wyoming	11
48	North Dakota	10.5
49	Utah	10.3
50	Arizona	10.2
51	Montana	10

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The Robert Wood Johnson Foundation (RWJF) is committed to improving health and health equity in the United States. In partnership with others, we are working to develop a Culture of Health rooted in equity, that provides every individual with a fair and just opportunity to thrive, no matter who they are, where they live, or how much money they have. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.