

# Key Facts about Childhood Overweight and Obesity in the Latino\* Community

## Overview

Over the past three decades, the prevalence of overweight and obesity in children (ages 6–11) has nearly tripled in the United States, while the frequency among American adolescents (ages 12–19) has doubled.<sup>1</sup> According to the most recent National Health and Nutrition Examination Survey (NHANES), in 2005–2006 15% of children and adolescents were overweight in the United States.<sup>2</sup>

While data from 2003–06 note that overall rates of childhood overweight are leveling, the rate of obesity among Latino children continues to be disproportionately high compared to other American children. More than one-quarter (27.5%) of Mexican American boys ages 6–11 are overweight, compared to 15.5% of non-Hispanic Whites and 18.6% of non-Hispanic Blacks (see figure 1).<sup>†</sup> Twenty-two percent of Mexican American adolescent boys are overweight, compared to their non-Hispanic White and Black counterparts (17.3% and 18.5%, respectively) (see figure 1).<sup>3</sup>

Among girls, nearly 16% of Mexican American children and 17% of Mexican American adolescents are overweight,

compared to non-Hispanic White children and adolescents (14.4% and 14.5%, respectively) (see figure 1). However, non-Hispanic Black girls and adolescents had the highest rates of overweight among females ages 6–19 (see figure 1).<sup>4</sup>

### Defining Childhood Overweight

The term **overweight**<sup>‡</sup> is used to describe children (ages 2–18) who have a body mass index (BMI) equal to or greater than the 95th percentile of the age- and gender-specific BMI charts provided by the Centers for Disease Control and Prevention (CDC).

<sup>‡</sup> Definition for overweight is based on the 2000 CDC Growth Charts for the United States. Since many researchers use the term “obese” to refer to children in the same category, these terms are used interchangeably within this document.

\* The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.

† The majority of national data measuring prevalence of overweight and obesity in the Latino population are collected on the Mexican American community, the largest subgroup of Latinos in the United States. While these data can be used to roughly note trends in the Latino community, they do not reflect the full diversity of the Latino population in the United States.

Figure 1

Overweight (BMI ≥ 95th Percentile) Among Children and Adolescents 6–19 Years of Age, by Age, Sex, Race, and Hispanic Origin, 2003–06		
Sex, Race, and Hispanic Origin	Percent of Population	
	6-11 years of age	12-19 years of age
<b>Boys</b>		
Total	18.0	18.2
Non-Hispanic White	15.5	17.3
Non-Hispanic Black	18.6	18.5
Mexican American	27.5	22.1
<b>Girls</b>		
Total	15.8	16.8
Non-Hispanic White	14.4	14.5
Non-Hispanic Black	24.0	27.7
Mexican American	19.7	19.9

Source: Cynthia L. Ogden, Margaret D. Carroll, and Katherine M. Flegal, "High Body Mass Index for Age Among U.S. Children and Adolescents, 2003-2006," *Journal of the American Medical Association* 299 (2008): 2401-2405.

## Latino obese children may suffer adverse health effects.

As the prevalence of obesity in American children and adolescents has increased over the last three decades, the cost of treating comorbidities associated with this condition has also risen. The national cost of childhood obesity is estimated at approximately \$11 billion for children with private insurance and \$3 billion for those with Medicaid.<sup>5</sup> Overweight children are more likely to suffer from such health complications as low self-esteem, depression, increased risk of type 2 diabetes, cardiovascular disease, asthma, sleep apnea, and hypertension.<sup>6</sup>

- The emotional and social impact of being overweight can have profound effects on child and adolescent well-being in addition to the negative physical health effects.<sup>7</sup> Researchers who analyzed data from the National Longitudinal Survey of Youth found that obese

children have decreasing levels of self-esteem and are more likely to be sad, lonely, and nervous, as well as more likely to engage in high-risk behaviors such as smoking or consuming alcohol. In addition, they note that nearly 70% of Hispanic and White obese females displayed decreased self-esteem by early adolescence.<sup>8</sup>

- Type 2 diabetes is disproportionately prevalent among overweight Hispanic children, and most children with type 2 diabetes were overweight at the point of diagnosis.<sup>9</sup> Data from a Los Angeles, CA study note a higher level of insulin resistance among Hispanic children, suggesting a link between weight status and the predisposition for diabetes in Hispanic children.<sup>10</sup>

- A study of schools in Houston, TX revealed that being overweight was the primary contributing factor to hypertension, or high blood pressure, especially among the Hispanic population.<sup>11</sup> Researchers have associated childhood obesity with an increased risk of cardiovascular disease in both childhood and adult life.<sup>12</sup>

## Conclusion

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The number of Latino children who are overweight has dramatically increased over the past three decades. These weight problems are increasingly linked to health complications and chronic diseases in children, which in turn have profound

implications for their quality of life. Major investments in combating this condition need to be made now so we can put the youngest generation back on the track to a healthy future.

## Endnotes

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1. *Childhood Obesity in the United States: Facts and Figures* (Washington, DC: Institute of Medicine of the National Academies, 2004), <http://www.iom.edu/Object.File/Master/22/606/FINALfactsandfigures2.pdf> (accessed April 28, 2008).
2. Cynthia L. Ogden, Margaret D. Carroll, and Katherine M. Flegal, "High Body Mass Index for Age Among US Children and Adolescents, 2003-2006," *Journal of the American Medical Association* 299 (2008): 2401-2405.
3. Ibid.
4. Ibid.
5. *Childhood Obesity: Costs, Treatment Patterns, Disparities in Care, and Prevalent Medical Conditions* (Ann Arbor, MI: Thomson Medstat, 2006), [http://www.medstat.com/pdfs/childhood\\_obesity.pdf](http://www.medstat.com/pdfs/childhood_obesity.pdf) (accessed April 29, 2008).
6. Food Research and Action Center, *Obesity, Food Insecurity, and the Federal Child Nutrition Programs: Understanding the Linkages* (Washington, DC: Food Research and Action Center, 2005), [http://www.frac.org/pdf/obesity05\\_paper.pdf](http://www.frac.org/pdf/obesity05_paper.pdf) (accessed May 19, 2008).
7. Richard S. Strauss and Harold A. Pollack, "Social Marginalization of Overweight Children," *Archives of Pediatrics & Adolescent Medicine* 157 (2003): 746-752.
8. Richard S. Strauss, "Childhood Obesity and Self-Esteem," *Pediatrics* 105 (January 2000): e15.
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10. Michael I. Goran, Richard N. Bergman, Martha L. Cruz, and Richard Watanabe, "Insulin Resistance and Associated Compensatory Responses in African-American and Hispanic Children," *Diabetes Care* 25 (December 2002): 2184-2190.
11. Jonathan M. Sorof, Dejian Lai, and Jennifer Turner, et al., "Overweight, Ethnicity, and the Prevalence of Hypertension in School-Aged Children," *Pediatrics* 113 (2004): 475-482.
12. Valerie Burke, "Obesity in Childhood and Cardiovascular Risk," *Clinical and Experimental Pharmacology and Physiology* 33 (2006): 831-837.