

Overweight and Obesity among Children and Adolescents in North Carolina

FACT SHEET

Community & Clinical Connections for Prevention & Health Branch | North Carolina DHHS | Division of Public Health

What are overweight and obesity?

Overweight and obesity are conditions that result from extra body fat and/or abnormal body fat distribution.

- For children and adolescents, the amount of body fat is usually estimated by using weight and height to calculate a number called the body mass index (BMI). For a child and teen BMI calculator, visit [cdc.gov/healthyweight/bmi/calculator.html](https://www.cdc.gov/healthyweight/bmi/calculator.html). BMI is not a direct measure of body fat, but it is a reasonable indicator of the amount of body fat for most children and adolescents.
- Overweight and obesity in children and adolescents are generally defined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults because children's body composition varies with age and between boys and girls. After a child or adolescent's BMI has been calculated from his/her weight and height, it is compared to a standard growth chart to determine the percentile in which his/her BMI falls and his/her weight status. Standard growth charts are derived by aggregating the BMI of thousands of children and adolescents according to age and sex. For standard growth charts used by the Centers for Disease Control and Prevention (CDC), visit [cdc.gov/growthcharts/index.htm](https://www.cdc.gov/growthcharts/index.htm). Table 1 shows how BMI-for-age and sex percentile is generally used to classify weight status for children and adolescents.

Table 1. Classification of weight status by BMI-for-age and sex percentile for children and adolescents

| Body Mass Index (BMI) | Weight Status |
|-----------------------|----------------|
| Below 5 | Underweight |
| 5 to less than 85 | Healthy weight |
| 85 to less than 95 | Overweight |
| 95 or higher | Obese |

Created based on information from www.cdc.gov/growth-chart-training/hcp/using-bmi/screening-measure.html

How many children and adolescents are overweight or obese?

Among NC children ages 2–4 who participate in the Supplemental Nutrition Program for Women, Infants and Children (WIC), the prevalence of obesity is

14.1%^{1,2}

NC has the

28th

highest overweight rate and

31st

highest obesity rate among children aged 6 to 17 in the nation.³



About **1 in 3** high school students in NC are either overweight or obese.⁴

31.2%

In 2022 **19.6%**

of children under 18 were food insecure in North Carolina.¹

What are the complications of obesity?

- Overweight or obesity in children and adolescents increases the risk of several conditions including:

Hypertension (high blood pressure)

Hyperlipidemia including high cholesterol

Abnormal glucose tolerance including type 2 diabetes

Liver and gallbladder disease, sleep apnea, asthma and other respiratory problems

Joint, muscle and bone problems






Social and psychological problems (e.g., discrimination, poor self-esteem)

- Children and adolescents who are overweight or obese are more likely to become adults who are overweight or obese. For more information about overweight and obesity in adults, visit communityclinicalconnections.com/Data.

What are the risk factors for overweight and obesity?

- A variety of factors play a role in weight status including genetics, metabolism, medications, some health conditions, environment, behavior, culture and socioeconomic status.
- The two main determinants of overweight and obesity are nutrition and physical activity. The technical cause of overweight and obesity is calorie (energy) imbalance whereby calorie intake is greater than calorie use. How much and what a child or adolescent eats (calorie intake) and the amount of, types and intensity of physical activity he/she participates in (calorie use) can affect weight and overall health. See Table 2.
- Time of onset, duration and exclusivity of breastfeeding, as well as consumption of sugar-sweetened beverages and television viewing and screen time are also important risk factors for overweight and obesity in children and adolescents.
- Environments that lack places for physical activity or have limited access to healthy food options also contribute to overweight and obesity. For example, a child or adolescent's ability to be physically active may be limited because he or she doesn't have access to convenient, safe places to play.
- In certain rare disorders, genes can directly cause overweight and obesity. More commonly however, multiple genes may increase one's susceptibility for overweight or obesity but require outside factors, such as excess calorie intake and/or insufficient physical activity, for overweight or obesity to develop.

Table 2: Some Risk Factors for Overweight and Obesity among Children and Adolescents, North Carolina, 2023⁴

| Risk Factor | Child or Adolescent Population | |
|--|--------------------------------|-----------------|
| | Middle School | High School |
|  Did not meet physical activity recommendations | 71.5% | 76.3% |
|  Spent three or more hours per day on screen time | 70.0% (2021) | 74.2% (2021) |
|  Drank soda or pop at least once per day | No data | 21.0% |
|  Ate vegetables less than three times per day | No data | 89.0% |
|  Ate fruit or drank 100% fruit juice less than two times per day | No data | 76.3% |

What options are available to prevent or manage overweight and obesity?

- A balanced, nutritious eating pattern and regular physical activity are the foundation to prevent overweight and obesity. For healthy eating and physical activity guidelines, and strategies to reach and maintain a healthy weight for children and adolescents, see Table 3 and visit:
cdc.gov/healthy-weight-growth/tips-parents-caregivers/index.html
myplate.gov/life-stages/kids
cdc.gov/physical-activity-basics/health-benefits/children.html
brightfutures.aap.org
- The main objectives for the management of overweight and obesity in children and adolescents should be based on age, weight status and other relevant factors. Goals should be individualized for each child/adolescent and should include a family focus. Goals may include weight maintenance while the child is growing, or gradual and steady weight loss until a healthy weight is achieved, and maintenance of a healthy weight thereafter. For more information, visit the American Academy of Pediatrics–Institute for Healthy Childhood Weight website at ihcw.aap.org.

Table 3: Key Physical Activity Guidelines for Children and Adolescents

Children and adolescents 6 to 17 should do 60 minutes or more of physical activity daily.

Aerobic: Most of the 60 or more minutes a day should include activities that makes their hearts beat faster, and include vigorous-intensity physical activity at least 3 days a week.

Muscle-strengthening: As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days of week.

Bone-strengthening: As part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening activities such as running or jumping on at least 3 days of the week.

It is important to encourage young people to participate in physical activities that are appropriate for their age, that are enjoyable and that offer variety.

North Carolina's Plan to Address Overweight and Obesity identifies the following core behaviors to reduce overweight and obesity:



Move more.



Eat more healthy food, less junk and fast food.



Eat more fruits and vegetables.



Drink more water, less sugar-sweetened beverages.



Sit less.



Start and continue to breastfeed.



Get enough sleep.



Manage stress.⁵

To learn how strategies related to these behaviors can be applied in eight different community settings, please visit eatsmartmovemorenc.com.

- Creating environments that make it easier to engage in physical activity and healthy eating in community, home, childcare, school, healthcare and workplace settings is a proven strategy in controlling overweight and obesity.
- Parents/caregivers should talk to a healthcare provider for children or adolescents on medications or with health conditions that may lead to weight gain.

REFERENCES

1. Robert Wood Johnson Foundation. *Explore State Data: North Carolina*. State of Childhood Obesity. Retrieved on April 29, 2025, from <https://stateofchildhoodobesity.org/state-data/?state=NC>.

2. Food and Nutrition Service. *2022 WIC Participant and Program Characteristics*. U.S. Department of Agriculture. Retrieved on April 21, 2025, from <https://www.fns.usda.gov/research/wic/participant-program-characteristics-2022>.

3. Child and Adolescent Health Measurement Initiative. *2022-2023 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved on April 21, 2025, from <https://www.childhealthdata.org/browse/survey/allstates?q=10971>.

4. NC Healthy Schools Data. *2023 NC Youth Risk Behavior Survey*. North Carolina Department of Public Instruction. Retrieved on April 21, 2025 from <https://www.dpi.nc.gov/districts-schools/classroom-resources/academic-standards/programs-and-initiatives/nc-healthy-schools/nc-healthy-schools-data#NCYRBS-3538>.

5. Eat Smart, Move More North Carolina. (2020). *North Carolina's Plan to Address Overweight and Obesity*. Eat Smart, Move More North Carolina, Raleigh, NC. Available at: www.eatsmartmovemorenc.com.

Overall resource: In addition to the above references, this fact sheet was developed with heavy reliance on information from the Centers for Disease Control and Prevention website: cdc.gov/obesity/index.html.