

Overweight and Obesity Statistics

U.S. Department of Health
and Human Services

NATIONAL INSTITUTES OF HEALTH

NIDDK | NATIONAL INSTITUTE OF
DIABETES AND DIGESTIVE
AND KIDNEY DISEASES

WIN Weight-control Information Network

General Information

Over two-thirds of adults in the United States are overweight or obese, and over one-third are obese, according to data from the National Health and Nutrition Examination Survey (NHANES) 2003–2006 and 2007–2008.

What Are Overweight and Obesity?

Overweight: Overweight specifically refers to an excessive amount of body weight that may come from muscles, bone, adipose (fat) tissue, and water.

Obesity: Obesity specifically refers to an excessive amount of adipose tissue.¹

Causes of Overweight and Obesity

Essentially, overweight and obesity result from energy imbalance. The body needs a certain amount of energy (calories) from food to sustain basic life functions. Body weight is maintained when calories eaten equals the number of calories the body expends, or “burns.” When more calories are consumed than burned, energy balance is tipped toward weight gain, overweight, and obesity. Genetic, environmental, behavioral, and socioeconomic factors can all lead to overweight and obesity.²

Treating Overweight and Obesity

Overweight and obesity are risk factors for diabetes, heart disease, high blood pressure, and other health problems. Since there is no single cause of all overweight and obesity, there is no single way to prevent or treat overweight and obesity that will help everyone. Treatment may include a combination of diet, exercise, behavior modification, and sometimes weight-loss drugs. In some cases of extreme obesity, bariatric surgery may be recommended.²

Risk Factors for Overweight and Obesity

- type 2 diabetes
- coronary heart disease
- high LDL (“bad”) cholesterol
- stroke
- hypertension
- nonalcoholic fatty liver disease
- gallbladder disease
- osteoarthritis (degeneration of cartilage and bone of joints)
- sleep apnea and other breathing problems
- some forms of cancer (breast, colorectal, endometrial, and kidney)
- complications of pregnancy
- menstrual irregularities

Estimates on Overweight and Obesity

The estimates on overweight and obesity in this fact sheet were taken from the Centers for Disease Control and Prevention (CDC). Data are based on the CDC's National Health and Nutrition Examination Survey (NHANES) from 2003–2006 and 2007–2008.

Some of the overweight- and obesity-related prevalence rates are presented as crude or unadjusted estimates, while others are age-adjusted estimates. Unadjusted prevalence estimates are used to present cross-sectional data for population groups at a given point or time period, without accounting for the effect of different age distributions among groups. For age-adjusted rates, statistical procedures are used to remove the effect of age differences when comparing two or more populations at one point in time, or one population at two or more points in time. Unadjusted estimates and age-adjusted estimates will yield slightly different values.

Unless otherwise specified, the figures below represent age-adjusted estimates. Age-adjusted estimates are used in order to account for age variations among the groups being compared. For more details on the methods for deriving prevalence of overweight and obesity, visit www.cdc.gov/nchs/nhanes.htm.³

Overweight and Obesity Prevalence Estimates*

Q: How many adults age 20 and older are overweight or obese (Body Mass Index, or BMI, ≥ 25)?

A: Over two-thirds of U.S. adults are overweight or obese.⁴

All Adults	68 percent
Women	64.1 percent
Men	72.3 percent

Q: How many adults age 20 and older are obese (BMI ≥ 30)?

A: Over one-third of U.S. adults are obese.⁴

All Adults	33.8 percent
Women	35.5 percent
Men	32.2 percent

Q: How many adults age 20 and older are extremely obese (BMI ≥ 40)?

A: A small percentage of U.S. adults are extremely obese.⁴

All Adults	5.7 percent
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Q: How many adults age 20 and older are at a healthy weight (BMI ≥ 18.5 to < 25)?

A: Less than one-third of U.S. adults are at a healthy weight.⁵

All Adults	31.6 percent
Women	36.5 percent
Men	26.6 percent

Q: How has the prevalence of obesity in adults changed over the years?

A: The prevalence has steadily increased among both genders, all ages, all racial/ethnic groups, all educational levels, and all smoking levels.⁶ From 1960–2 to 2005–6, the prevalence of obesity increased from 13.4 to 35.1 percent in U.S. adults age 20 to 74.⁷ Since 2004, while the prevalence of overweight is still high among men and women, there are no significant differences in prevalence rates documented from 2003 to 2004, 2005 to 2006, and 2007 to 2008.⁴ In fact, among women, there has been no change in obesity prevalence between 1999 and 2008.

Q: What is the prevalence of obesity among non-Hispanic Black, Hispanic, and non-Hispanic White racial and ethnic groups?

A: Among women, the age-adjusted prevalence of obesity (BMI ≥ 30) in racial and ethnic groups is higher among non-Hispanic Black and Hispanic women than among non-Hispanic White women. Among these three groups of men, the difference in prevalence is less significant. In this context, the term Hispanic includes Mexican Americans.⁴

Non-Hispanic Black Women	49.6 percent
Hispanic Women	43 percent
Non-Hispanic White Women	33 percent
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Non-Hispanic Black Men	37.3 percent
Hispanic or Men	34.3 percent
Non-Hispanic White Men	31.9 percent

(Statistics are for populations age 20 and older.)

Q: What are the percent distributions of obesity in other racial and ethnic groups?*

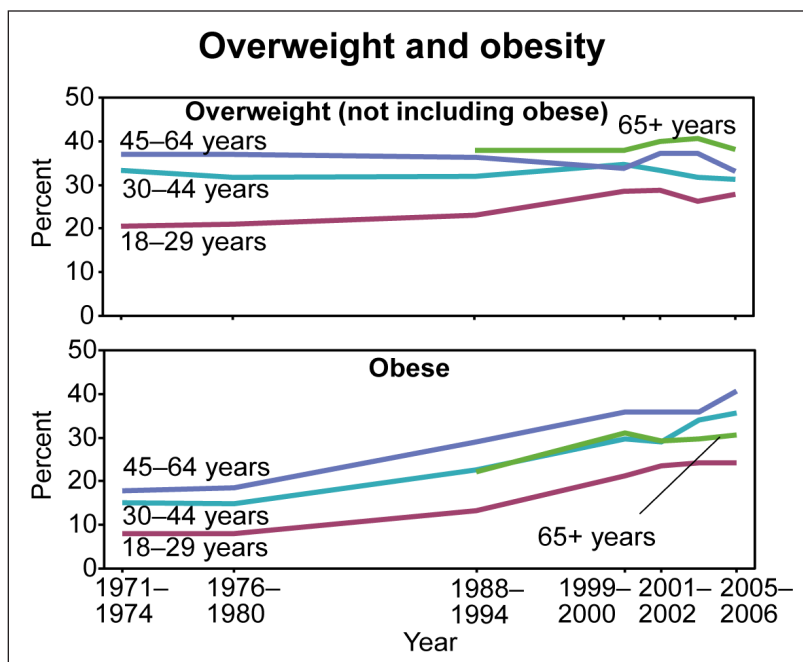
A: Gender-specific data for Asian Americans, Native Americans, Alaska Natives, and Native Hawaiians or Other Pacific Islanders are not available. Following are percent distributions of obesity for men and women in these groups. Rates of obesity among Asian Americans are much lower in comparison to other racial and ethnic groups.⁸

Asian Americans	8.9 percent
Native Americans and Alaska Natives	32.4 percent
Native Hawaiians or Other Pacific Islanders	31 percent

* The statistics presented in this section for adults and racial and ethnic groups are based on the following definitions unless otherwise specified: healthy weight = BMI ≥ 18.5 to < 25; overweight = BMI ≥ 25 to < 30; obesity = BMI ≥ 30; and extreme obesity = BMI ≥ 40. BMI is a number calculated from a person's weight and height.¹

**Statistics are for populations age 18 and older.

Figure. Overweight and Obesity, by Age: United States, 1971–2006.



SOURCES: CDC/NCHS, Health, United States, 2008, Figure 7. Data from the National Health and Nutrition Examination Survey.

Q: What is the prevalence of overweight and obesity in children and adolescents?

A: Data from the NHANES survey (2003–2006) indicate that approximately 12.4 percent of children age 2 to 5 and 17 percent of children age 6 to 11 were overweight.*** About 17.6 percent of adolescents (age 12 to 19) were overweight in 2003–2006.⁹

**** Overweight is defined by the sex- and age-specific 95th percentile cutoff points of the 2000 CDC growth charts. These revised growth charts include smoothed sex-specific BMI for-age-percentiles and are based on data from NHES II (1963 to 1965) and III (1966 to 1970), and NHANES I (1971 to 1974), II (1976 to 1980), and III (1988 to 1994). The CDC BMI growth charts specifically excluded NHANES III data for children older than 6 years.¹⁰*

Q: What is the mortality rate associated with obesity?

A: Most studies show an increase in mortality rates associated with obesity. Individuals who are obese have a significantly increased risk of death from all causes, compared with healthy weight individuals (BMI 18.5 to 24.9). The increased risk varies by cause of death, and most of this increased risk is due to cardiovascular causes.¹¹ Obesity is associated with over 112,000 excess deaths due to cardiovascular disease, over 15,000 excess deaths due to cancer, and over 35,000 excess deaths due to non-cancer, non-cardiovascular disease causes per year in the U.S. population, relative to healthy-weight individuals.¹¹

Economic Costs Related to Overweight and Obesity

As the prevalence of overweight and obesity has increased in the United States, so have related health care costs.

The statistics presented below represent the economic cost of obesity in the United States in 2006, updated to 2008 dollars.¹²

Q: What is the cost of obesity?

A: On average, people who are considered obese pay \$1,429 (42 percent) more in health care costs than normal-weight individuals.¹²

Q: What is the cost of obesity by insurance status?

A: For each obese beneficiary:

- Medicare pays \$1,723 more than it pays for normal-weight beneficiaries.
- Medicaid pays \$1,021 more than it pays for normal-weight beneficiaries.
- Private insurers pay \$1,140 more than they pay for normal-weight beneficiaries.¹²

Q: What is the cost of obesity by the type of service provided?

A: For each obese patient:

- Medicare pays \$95 more for an inpatient service, \$693 more for a non-inpatient service, and \$608 more for prescription drugs in comparison with normal-weight patients.
- Medicaid pays \$213 more for an inpatient service, \$175 more for a non-inpatient service, and \$230 more for prescription drugs in comparison with normal-weight patients.
- Private insurers pay \$443 more for an inpatient service, \$398 more for a non-inpatient service, and \$284 more for prescription drugs in comparison with normal-weight patients.¹²

Other Statistics Related to Overweight and Obesity

Q: How physically active is the U.S. population?

A: Only 31 percent of U.S. adults report that they engage in regular leisure-time physical activity (defined as either three sessions per week of vigorous physical activity lasting 20 minutes or more, or five sessions per week of light-to-moderate physical activity lasting 30 minutes or more). About 40 percent of adults report no leisure-time physical activity.⁵

About 35 percent of high school students report that they participate in at least 60 minutes of physical activity on 5 or more days of the week, and only 30 percent of students report that they attend physical education class daily. As children get older, participation in regular physical activity decreases dramatically.¹³

In contrast to reported activity, when physical activity is measured by a device that detects movement, only about 3–5 percent of adults

obtain 30 minutes of moderate or greater intensity physical activity on at least 5 days per week. Among youth, measured activity provides information on younger children than is available with reports and highlights the decline in activity from childhood to adolescence. For example, 42 percent of children age 6–11 obtain the recommended 60 minutes per day of physical activity, whereas only 8 percent of adolescents achieve this goal.¹⁴

Q: What are the benefits of physical activity?

A: Research suggests that physical activity may reduce the risk of many adverse health conditions, such as coronary heart disease, stroke, some cancers, type 2 diabetes, osteoporosis, and depression. In addition, physical activity can help reduce risk factors for conditions such as high blood pressure and blood cholesterol. Researchers believe that some physical activity is better than none, and additional health benefits can be gained by increasing the frequency, intensity, and duration of physical activity.

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The Weight-control Information Network (WIN) is a national information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH), which is the Federal Government's lead agency responsible for biomedical research on nutrition and obesity. Authorized by Congress (Public Law 103–43), WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based information on weight control, obesity, physical activity, and related nutritional issues.

Publications produced by WIN are reviewed by both NIDDK scientists and outside experts. This fact sheet was also reviewed by Rick Troiano, Ph.D., National Cancer Institute; Cynthia Ogden, Ph.D., National Center for Health Statistics (NCHS), CDC; and Katherine Flegal, Ph.D., Senior Research Scientist, NCHS, CDC.

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