Health Disparities in the Medi-Cal Population

Adolescent Obesity



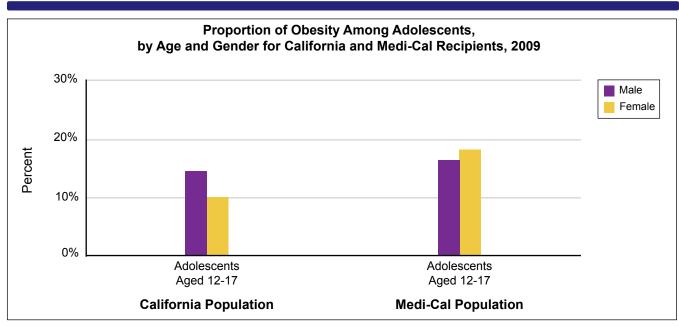
According to a 2012 Institute of Medicine report, obese youth are likely to be obese in adulthood. This report also stated that overweight youth were at greater risk for other health problems, including type 2 diabetes, hypertension, asthma, early maturation, and orthopedic problems.¹ Recently, several chronic diseases which had originally been considered "adult onset" are now appearing at younger ages, including type 2 diabetes and elevated blood pressure.¹⁻² Lastly, research has noted that obesity can vary by gender.³

Body Mass Index (BMI)-for-age charts are recommended to assess weight in relation to stature for children aged 2 to 20. Adolescents aged 12 to 17 were considered obese if they had a BMI equal to or greater than the 95th percentile. Among adolescent Californians, males reported higher rates of being obese than females (see Figure).

Among California Medi-Cal adolescents, females reported higher rates of being obese than males. In addition, the Medi-Cal adolescent population was more likely to be obese than California adolescents in general.



Figure



Source: AskCHIS, California Health Interview Survey, 2009.

- 1. IOM (Institute of Medicine). 2012. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Washington, DC: The National Academies Press.
 2. Quattrin T, Liu E, Shaw N, Shine B, Chiang, E. Obese children who are referred to the pediatric endocrinologist: Characteristics and outcome. *Pediatrics*. 2005.
- 3. Zhang Q, Wang Y. Trends in the association between obesity and socioeconomic status in US adults: 1971 to 2000. Obes Res. 2004 Oct;12(10):1622-1632.

Link to Data Sources and Methods

Feb;115(2:):348-351.