

The Importance of Addressing the Burden of Obesity

Obesity prevalence in the United States reveals health disparities among sex, ethnicity and race.

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Obesity continues to rise in the United States, and Latino populations saw the greatest increase in the condition since 1990, according to a [study by researchers at the University of Washington published in JAMA Network](#). By 2035, nearly half of the U.S. population is expected to be living with obesity.

[Obesity](#) raises the risk for various health conditions, including type 2 diabetes, heart disease, high blood pressure, [fatty liver disease](#) and cancer, [according to the National Institutes of Health \(NIH\)](#).

“Given the association between obesity and adverse health outcomes, and the resulting rapidly rising health care costs, these findings underscore the importance of addressing the burden of obesity,” wrote the study’s authors.

The researchers compared the body mass index (BMI) of over 1 million people according to state, ethnicity, race, sex and age based on data from the National Health and Nutrition Examination Survey, the Behavioral Risk Factor Surveillance System and Gallup Survey Data. A BMI above 30 indicated obesity, and forecasted rates of obesity were calculated using various math models.

In 1990, 19.3% of the adult U.S. population was living with obesity. By 2022, this increased to 42.5%; by 2035, this proportion is projected to increase to 46.9%.

Changes in obesity rates by state, ethnicity and race varied. Differences between state obesity rates can be addressed using evidence-based health policies and state-level legislation, but the disparities in obesity based on sex, ethnicity and race reveal a larger pattern of inequity across the country.

Overall, females had a higher prevalence of severe obesity—a BMI over 40. While 1 in every 20 white and Latina women had severe obesity, compared with 1 in every 5 Black women. Latino men and women both saw the largest increase in obesity between 1990 and 2022. However, as of 2022, Black women had the highest rate of obesity nationwide.

“Studies suggest that these disparities are the result of a complex and multifactorial set of causes, including discrimination based on race and ethnicity group, food insecurity and differential access to healthy food, socioeconomic deprivation and inequities in physical activity access due to neighborhood segregation and aspects of the built environment,” wrote the study’s authors.

When comparing by age group, the researchers saw obesity increasing among younger ages, indicating earlier onset of obesity. Obesity prevalence decreased at the oldest ages, potentially revealing premature death for those living with obesity or the effect of other health conditions in older populations.

Lifestyle changes to address obesity include improving eating and exercise habits and participating in weight-loss programs, while medical interventions include medications and surgeries, [according to the NIH](#). (Weight-loss medications, like GLP-1, are also linked to lower cancer risk and longer cancer survival.)

“Weight-loss medications are generally highly effective,” wrote the study’s authors, “However, access to and use of medications varied by race and ethnicity group and income level: These barriers must be addressed for pharmacotherapies to reduce disparities.”

To learn more about the effects of weight loss medications and surgeries, read:

- [“GLP-1 Weight-Loss Meds Linked to Lower Cancer Risk,”](#)
- [“GLP-1 Receptor Antagonists Improve Lung Cancer Outcomes,”](#)
- [“GLP-1 Weight-Loss Meds Linked to Improved Colon Cancer Survival”](#) and
- [“Weight-Loss Surgery Cuts Fatty Liver Complications.”](#)