

The Weight of Our Children

New Mexico Childhood Obesity 2024 Update

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2024

Introduction: Childhood Obesity in Context

Obesity is a serious health issue in New Mexico, particularly in children. Childhood obesity is a complex issue that is influenced by weight bias, socioeconomic status, food insecurity, and community infrastructure.¹ Nearly one-in-four (24.7%) school-aged children in New Mexico live in poverty, compared to nearly one-in-six (15.7%) nationally in 2023, making New Mexican children more at risk for obesity than children in other states.² Children who have obesity have a higher likelihood of developing high cholesterol, type 2 diabetes, hypertension, heart disease, stroke,³ fatty liver disease, sleep apnea,⁴ and depression.⁵ Childhood obesity and overweight are a primary public health concern. While weight and body size alone should not be considered causes of health or measures of health outcomes, the stigma associated with them should be. Rates of obesity and overweight can be used to assess exposure to stigma and unequal access to healthy eating and physical activity opportunities.

Inequities have a substantial health impact on the well-being of our communities. It is important to be able to identify where health inequities exist. Labeling people based on their bodies can be problematic; it can be used to assess exposure to stigma.⁶ The terms “obese” and “overweight” are used in this report, but these terms can also be stigmatizing and have a complex history.



PC: Guadalupe County library yoga

Summary

This report provides the frequency of childhood obesity and overweight in New Mexico in fall 2024. Reduced involvement in the metro area is a limitation of this data. This report includes data from 2,946 students measured at 40 schools across 21 counties in fall 2024.

Key findings:

- Obesity has decreased for the fourth year in a row for third grade students. Obesity for kindergarten students has decreased this year but has fluctuated over the past four years.
- As in previous years, obesity significantly increased between kindergarten and third grade, suggesting the years between kindergarten and third grade may be a key intervention point in the development of obesity.
- Boys are more likely to have obesity than girls for both kindergarten and third grade students. In 2024, the difference between boys and girls who have obesity is 6.5%.
- American Indian students continue to have the highest obesity prevalence compared to their Hispanic, White, Asian, and African American counterparts. In 2024, the percent of American Indian students with obesity was 27.6%.

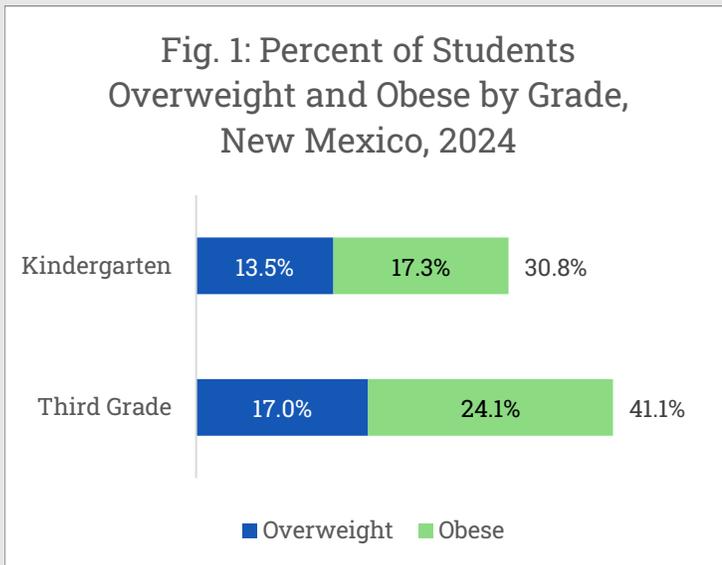


The New Mexico Department of Health (NMDOH) established its Statewide Childhood Obesity Surveillance System in 2010 to understand the extent of obesity among the elementary school-age population in New Mexico. The system uses body mass index (BMI) percentile and a standardized measurement protocol to monitor childhood obesity over time, identify at-risk groups, guide state and local prevention efforts, and inform appropriate resource allocation. NMDOH collects and reports childhood obesity data on kindergarten and third grade students annually across the state with the

support from many schools, nursing programs, and volunteers. Public elementary schools are selected randomly for data collection. The COVID-19 pandemic reduced school participation and for data collection, there are lasting effects in the largest metro school districts. Studies comparing weight status found rural areas had higher rates of obesity than urban areas and our data are missing a large portion of urban data.⁷ This limits how representative 2024 data is of the whole state.

Childhood Overweight and Obesity Prevalence

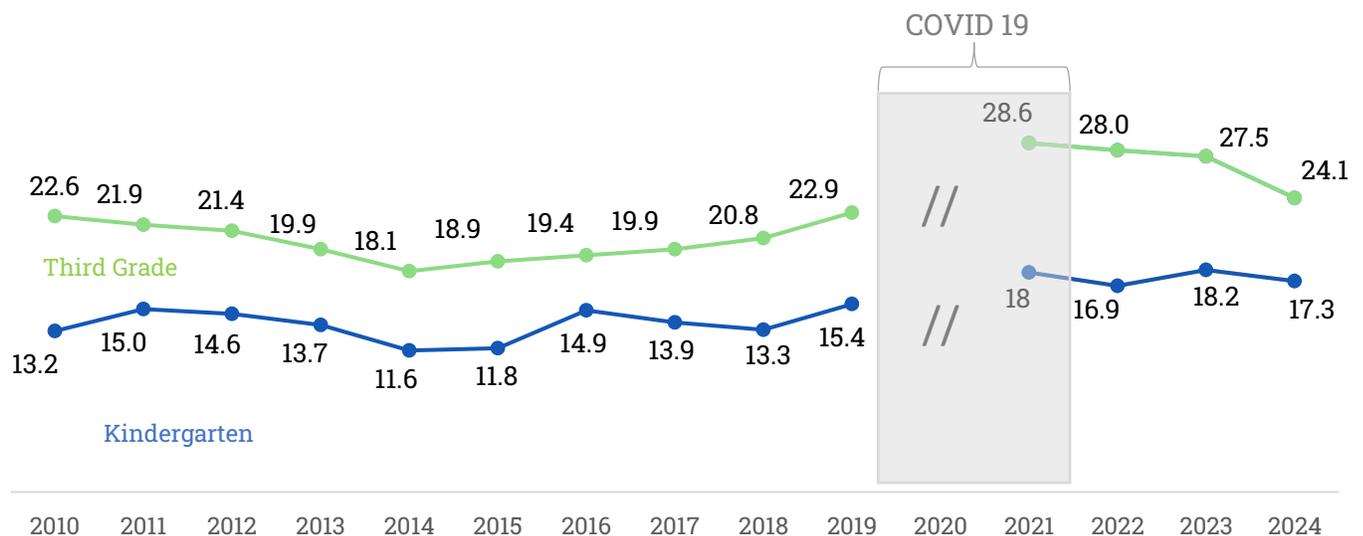
Fig. 1: Percent of Students Overweight and Obese by Grade, New Mexico, 2024



By Grade

In 2024, 30.8% of kindergarten students and 41.1% of third grade students had BMIs that met criteria for overweight or obesity, respectively (Fig. 1). The prevalence of obesity in 2024 was higher among third grade students than kindergarten students, which was statistically significant, indicating participating third grade students had higher obesity than participating kindergarten students. The percent of third grade students who have obesity has been trending downwards for the last four years. The percent of kindergarten students who have obesity has fluctuated with a slight rise in 2023 and a slight decrease in 2024 (Fig. 2). However, obesity rates have not yet returned to pre-pandemic levels.

Fig. 2: Percent of Students Obese by Grade, New Mexico, 2010-2024*



* Due to the pandemic and school closures, data was not collected in 2020 and participation rates in the metro area were greatly reduced in 2021 (2021 – 2024 estimates only represent non-metro areas). For 2024 – 2025, participation rates in the metro region were still reduced, making the 2021- 2024 data consistent across years.

Fig. 3: Percent of Students Overweight & Obese by Gender, New Mexico, 2024

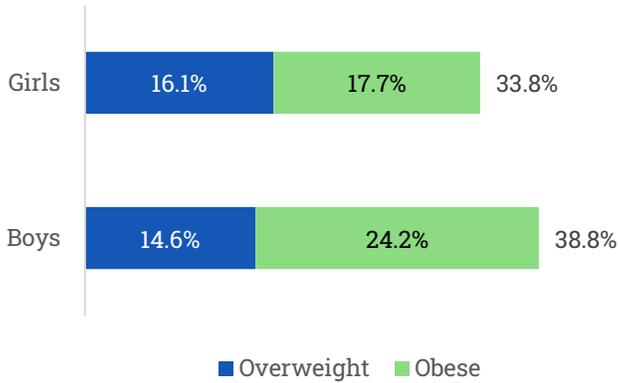
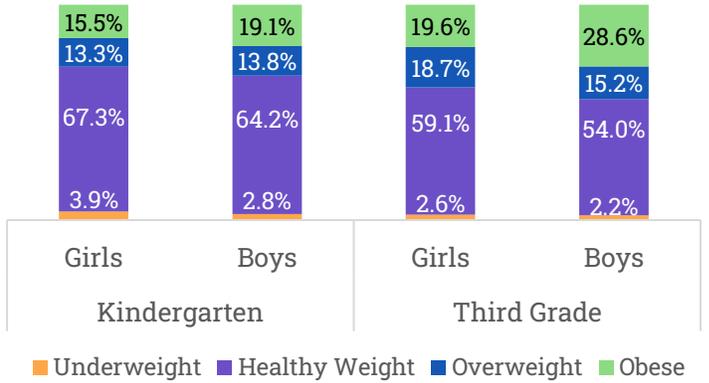


Fig. 4: Percent of Students in Weight Categories by Grade and Gender, New Mexico, 2024



By Gender

The combined group of kindergarten and third grade boys had a higher obesity prevalence than the combined group of kindergarten and third grade girls (Fig. 3). Obesity was 24.2% among boys and 17.7% among girls. Additionally, when breaking the data out by grade and gender, kindergarten boys (19.1%) had higher rates of obesity than girls (15.5%), and third grade boys (28.6%) had higher rates of obesity than girls (19.6%) (Fig. 4).

By Race/Ethnicity

For kindergarten and third grade students, American Indian, Hispanic, and African American students had higher levels of obesity than White and Asian students in 2024 (Fig. 5).

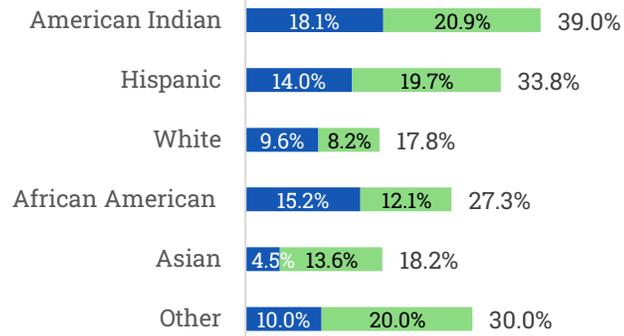
For kindergarten students, there was a statistically significant difference between American Indian and White students, American Indian and Hispanic students, and Hispanic and White students.

For third grade students, there was a statistically significant difference between American Indian and White students, and American Indian and Hispanic students.

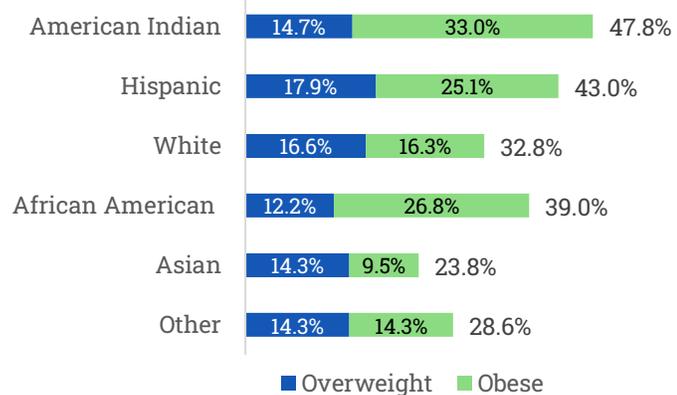
These patterns may reflect inequities like weight bias, socioeconomic status, food insecurity, and community infrastructure that have a substantial health impact on the well-being of historically marginalized communities.

Fig. 5: Percent of Students Overweight and Obese by Race/Ethnicity, New Mexico, 2024

A. Kindergarten



B. Third Grade



What the State is Doing to Address Childhood Obesity

NMDOH's Obesity, Nutrition, and Physical Activity Program (ONAPA) partners with state and local organizations and community coalitions in seven counties and one Tribal community across New Mexico to expand healthy eating and physical activity opportunities where children and adults live, learn, play, work, eat, and shop.

ONAPA and its partners implement long-term and sustainable policy, systems, and environmental change based on the Centers for Disease Control and Prevention's (CDC) best practices for preventing obesity. Despite successes and community transformation at the local level, more resources are needed to increase ONAPA's reach and to have a meaningful impact on childhood obesity in New Mexico.

Key Strategies

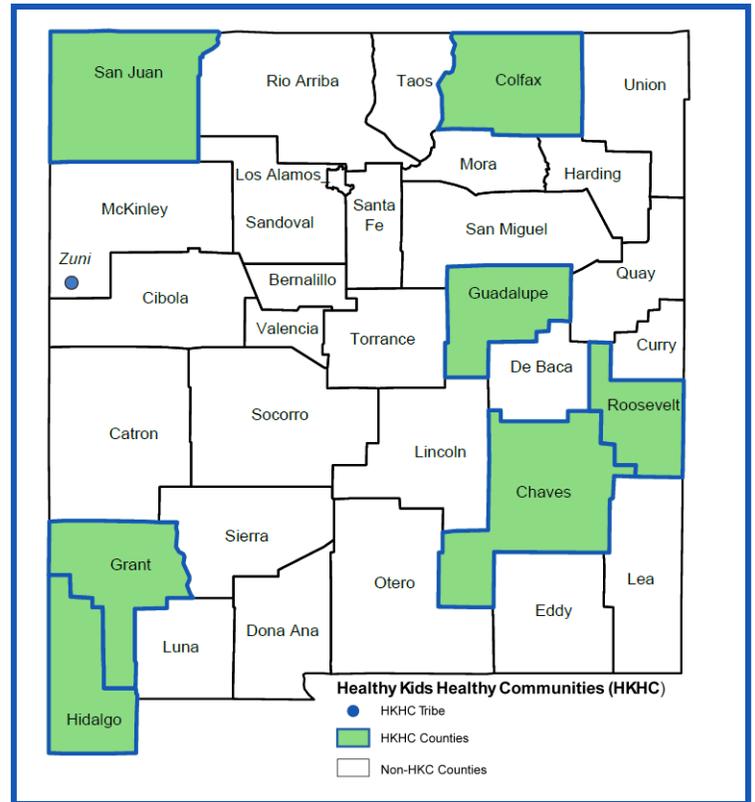
School Environment

Increasing opportunities for healthy eating and physical activity before, during, and after school.

Strategies include establishing salad bars, edible gardens, and walking programs; farm to school; integrating locally grown produce into snacks and meals; nutrition education; opening school yards for community use during non-school hours; healthy fundraisers; and strengthening wellness policies to include language on healthy eating, physical activity, and staff wellness.

Food and Built Environment

Increasing access to healthy, affordable food and places to be physically active in low-income, rural, and Tribal communities.



Strategies include establishing community gardens and farmers' markets; expanding healthy options and nutrition education in food distribution sites and senior centers; creating active outdoor spaces for community use; and establishing safe walking and biking routes that connect neighborhoods to everyday destinations.

For more information about ONAPA's programs, please visit the website ([Healthy Kids Healthy Communities \(nmhealth.org\)](http://Healthy Kids Healthy Communities (nmhealth.org))) or contact Rita Condon, ONAPA Program Manager, at rita.condon@doh.nm.gov.



PC: San Juan County 4H seed planting



PC: Grant County garden club



PC: Roosevelt County garden tasting

Methods

What Was Done and Why

Each year, NMDOH's Statewide Childhood Obesity Surveillance System uses stratified cluster sampling to select 70 public elementary schools from across the state to collect height and weight measurements from kindergarten and third grade students. Measurements are collected from August to November using a standard protocol and trained nursing students and volunteers.

BMI is calculated from height and weight measurements and categorized based on sex-specific CDC BMI-for-age percentiles, which are defined as underweight (<5th percentile), healthy weight (≥5th to <85th percentile), overweight (≥85th to <95th percentile), and obese (≥95th percentile).⁸ In a typical year, survey weights are used to produce estimates of weight status that are representative of all kindergarteners and third graders statewide. Data is analyzed using R (Version 4.3.3). Statistical significance is defined as $p < 0.05$.

The COVID-19 pandemic has had a lasting impact on BMI data collection. Obesity rates for third graders have been generally trending downward, however, they have not dropped to their pre-pandemic levels. Kindergarten obesity rates have fluctuated post-pandemic, going up slightly in 2023 and then decreasing in 2024.

There were 40 total schools measured in 2024. Participation from the largest metro school district has lagged since 2021. The metro region represents about 26% of kindergarten and third grade public school students in the state. The low metro participation rate is a limitation of this dataset, making our estimates less representative of the state's true obesity and overweight prevalences. This limitation prevents us from full statewide representation, and also limits how these data are interpreted and the comparisons between pre- and post-pandemic data collection.



PC: Chaves County healthy fundraiser color run



Tips to Help Kids Eat Healthy & Stay Active



Every day is a new chance to improve your kids' health habits. Try out the Healthy Kids 5-2-1-0 Challenge and live healthier day by day!

- 5 Eat 5 or more fruits and vegetables a day.** Keep cut-up fruits and veggies in the fridge for handy, healthy snacks.
- 2 Trim screen time to less than 2 hours a day.** Select TV shows or computer games ahead of time so children have a plan for how they will use their screen time.
- 1 Be active at least 1 hour a day.** Where can you go today? Plan a safe walking route to a school, park, or another place in your neighborhood with your child – then walk!
- 0 Drink lots of H₂O every day.** Make water your first drink of choice! Give your child a water bottle to carry with them so it's always handy when they are thirsty.

References

1. Chakraborty, Tandra R., et al. "Childhood obesity: Health policies and interventions." *Global Perspectives on Childhood Obesity*. Academic Press, (2019). 455-472. <https://doi.org/10.1016/B978-0-12-812840-4.00035-9>
2. U.S. Census Bureau. "POVERTY STATUS IN THE PAST 12 MONTHS." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701*, (2023). <https://data.census.gov/all?q=poverty+in+new+mexico+in+2023>. Accessed on February 27, 2025.
3. Reilly, JJ., and J. Kelly. Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review. *International journal of obesity* 35.7 (2011): 891-898. <https://doi.org/10.1038/ijo.2010.222>
4. de Cuevillas, Begoña, et al. "Sleep duration is associated with liver steatosis in children depending on body adiposity." *European Journal of Pediatrics* 183.2 (2024): 779-789. <https://doi.org/10.1007/s00431-023-05332-2>
5. Quek, Ying-Hui, et al. "Exploring the association between childhood and adolescent obesity and depression: a meta-analysis." *Obesity reviews* 18.7 (2017): 742-754. <https://doi.org/10.1111/obr.12535>
6. Hunger, Jeffrey M., et al. "An Evidence-Based Rationale for Adopting Weight-Inclusive Health Policy." *Social Issues and Policy Review*, Vol. 14, No. 1, (2020), pp. 73–107 DOI: 10.1111/sipr.12062
7. Johnson III, JA, and AM Johnson. "Urban-rural differences in childhood and adolescent obesity in the United States: a systematic review and meta-analysis." *Childhood obesity* 11.3 (2015): 233-241. <https://doi.org/10.1089/chi.2014.0085>
8. Centers for Disease Control and Prevention. *About Child and Teen BMI*. Centers for Disease Control and Prevention. Published August 27, 2021. Accessed February 28, 2023. <https://www.cdc.gov/healthy>