ACHI
INSPIRING HEALTHY ACTS

ASSESSMENT OF CHILDHOOD AND ADOLESCENT OBESITY IN ARKANSAS

2024–2025 School Year
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Executive Summary

In the United States, nearly one-fifth of children and adolescents are classified as obese.[1] This population is more likely to be at risk for a variety of health problems, including cardiovascular disease, type 2 diabetes, and bone and joint problems. Nationally, increased medical costs for children classified as obese are estimated to total more than $5 billion annually, which represents over 1% of the nation's healthcare spending.[2] During the COVID-19 pandemic, the rate of body mass index (BMI) increase among children and adolescents doubled, raising concerns for elevated obesity rates both nationally and in Arkansas.[3]

Passed by the Arkansas 84th General Assembly, Act 1220 of 2003 spearheaded initiatives to address obesity among school-age children in the state.[4] Under this legislation, schools are required to collect students' height and weight measurements and include a BMI percentile by age for each student. This requirement begins in kindergarten and continues for even-numbered grades. The act also required improved access to healthier foods and beverages in schools, the creation of local committees to promote physical activity and nutrition, and confidential reporting of each student's BMI measurement to his or her parents or guardians every other year.

While the statewide collection of BMI data helps inform parents about their child's weight status, data and information from the program may assist in developing new policies and improving health outcomes for all Arkansans. A previous study that used data from the Arkansas BMI screening program concluded that the program has greatly improved the ability to identify the children at greatest risk of future obesity, and the ability to predict which children are at an elevated risk of obesity may prove helpful in developing more-effective policies and improved health outcomes.[5] The data is also used by schools, districts, and state agencies when applying for grants.

This report previously introduced data on severe obesity as a dedicated section for the 2023-2024 school year. Starting this year, severe obesity will be incorporated throughout the report as a separate BMI classification. The inclusion of severe obesity aligns with the Centers for Disease Control and Prevention's development of extended BMI growth charts, which address the limitations of earlier charts that were not designed to accurately monitor children with very high BMIs.[1] Tracking severe obesity separately allows physicians, parents, schools, and other stakeholders to measure future progress for children with severe obesity.

Introduction

Act 1220 of 2003 established the first state-level legislation in the country to address the alarming prevalence of childhood obesity. The law is aimed at making changes within schools and school districts to encourage healthier lifestyles for students, school staff, and their families.[6]

Act 201 of 2007[7] amended the original BMI screening requirements of Act 1220 by limiting assessments to students in kindergarten and even-numbered grades 2 through 10, exempting 11th and 12th graders, and offering parents the option to opt out of the screening for their children.

About half of U.S. states require or recommend BMI assessments in schools, either to provide information to parents or to support surveillance and screening initiatives at the district and state levels.[8]

This report focuses solely on the BMI assessments for Arkansas public school students, as mandated by Act 1220 and amended by Act 201.

BMI Data Collection

The aggregate child BMI assessments presented in this report are an indication of the extent of the problem of childhood and adolescent obesity in Arkansas schools, school districts, and the state.

PROCESS

To complete the BMI assessments, trained school personnel or student-health professionals obtain one weight and two height measurements for each student. The measurement process is conducted privately with the student facing away from the scale. Data are entered into a secure, web-based computer system that is used to generate individual, confidential child health reports for parents or guardians. All public-school students in grades K, 2, 4, 6, 8, and 10 are measured, with some exceptions (see section titled "Reasons Students' BMI Could Not Be Assessed" for more information).

DEFINITION OF BMI

BMI is a constructed value that can be used to assign individuals into underweight, normal or healthy weight, overweight, or obese weight status categories. Using a student's weight and height measurements, BMI is calculated using the following formula:

$$\text{BMI} = \frac{\text{Weight in pounds}}{(\text{Height in inches})^2} \text{ x } 703$$

Boys and girls grow and develop at different rates. Based on the Centers for Disease Control and Prevention (CDC) guidelines, BMI percentiles for students are calculated individually for each boy and girl based on their sex, age, height, and weight.[1] Following standard classifications based on expert committee recommendations and used by healthcare professionals, BMI percentiles are used to categorize children according to whether they are underweight, at a healthy weight, overweight, obese, or severely obese. For children of similar ages and sexes, a higher BMI indicates a greater risk for having or developing obesity-related health problems. These BMI-for-age weight status classifications are as follows:

Severely Obese: *BMI-for-age-and-gender greater than or equal to 120% of the 95th percentile.*

Obese: *BMI-for-age-and-gender greater than or equal to 95th percentile and less than 120% of the 95th percentile.*

Overweight: *BMI-for-age-and-gender greater than or equal to the 85th and less than the 95th percentile.*

Healthy Weight: *BMI-for-age-and-gender greater than or equal to the 5th and less than the 85th percentile.*

Underweight: *BMI-for-age-and-gender less than the 5th percentile.*

For example, according to the extended growth charts, the 95th percentile BMI for a 10-year-old boy is 22, which falls into the obese category. By multiplying 22 by 120%, we get the BMI value representing the minimum BMI for the “severely obese” category for a 10-year-old boy:

$$22 \times 120\% = 26.4$$

If a 10-year-old boy had a BMI of 24, he would be categorized as “obese” because his BMI is at least 22 but less than 26.4. If he had a BMI of 27 then he would be categorized as severely obese.

A BMI assessment is a screening tool. An individual child’s BMI should not be considered a final indicator of whether the child has a weight problem that requires attention. Further evaluation by a health professional is the recommended next step for a child who is classified as overweight, obese, or severely obese.

Aggregate child BMI assessments are, however, a helpful indication of the extent of child and adolescent obesity in schools, school districts, and the state. The data presented in this report serve as a warning about the potential future health problems that Arkansans may face as these children become adults.

Overview of BMI Reports

CHILD HEALTH REPORTS

Confidential child health reports are made available to parents or guardians regardless of the student’s BMI classification. Child health reports are developed in the eSchoolPlus Cognos reporting system. It includes vision, hearing, scoliosis, and BMI screening results and provides simple suggestions to seek guidance from a doctor if necessary.

If the student was assessed, the report includes the height, weight, and BMI value. The report includes an explanation of what is considered a normal BMI measurement range, and what to do if a child’s BMI is above that range.

SCHOOL- AND DISTRICT-LEVEL REPORTING

Summary BMI profile information for individual schools and districts is published in an online dashboard, starting with data from the 2019-2020 school year.[a] School district reports combine information from all available school data in that district. The dashboard presents BMI classifications for schools separately for male and female students by grade and collectively for all students. Summary statistics for each school and district provide a community assessment of the environmental impact of obesity on public school students. For reporting prior to the 2019-2020 school year, summary statistics appear in the appendices of the reports. Previous reports, which are available on ACHI's website, describe the distribution of BMI status among students in each school or district.

Student and School Participation in the BMI Data Collection

In the 2024-2025 school year, 98.3% (1,035 out of 1,053) of Arkansas public schools, in 258 of 262 school districts, contributed measurements as part of the statewide BMI assessment. Participation rates were similar to or slightly higher than rates in previous years. Fluctuations in the total number of public schools each year are due to school closings, openings, and consolidations.

Only students in even-numbered grades were assessed and included in this report. The totals include BMI assessments that were submitted by June 15, 2025, for 90.0% (193,384 out of 214,757) of public-school students enrolled in grades K, 2, 4, 6, 8, and 10. Among students for whom data was reported, 77.6% (166,630 students) had valid data to allow BMI calculation (see section "Reasons Students' BMI Could Not Be Assessed").

Student participation at schools that contributed varied from 0.54% to 100% of the students enrolled in the required grades. High participation allows for confidence in the results reported by schools and school districts. For those schools or school districts with low participation, under-reporting of certain categories is possible.

[a] https://achi.net/body-mass-index-program

Reasons Students' BMI Could Not Be Assessed

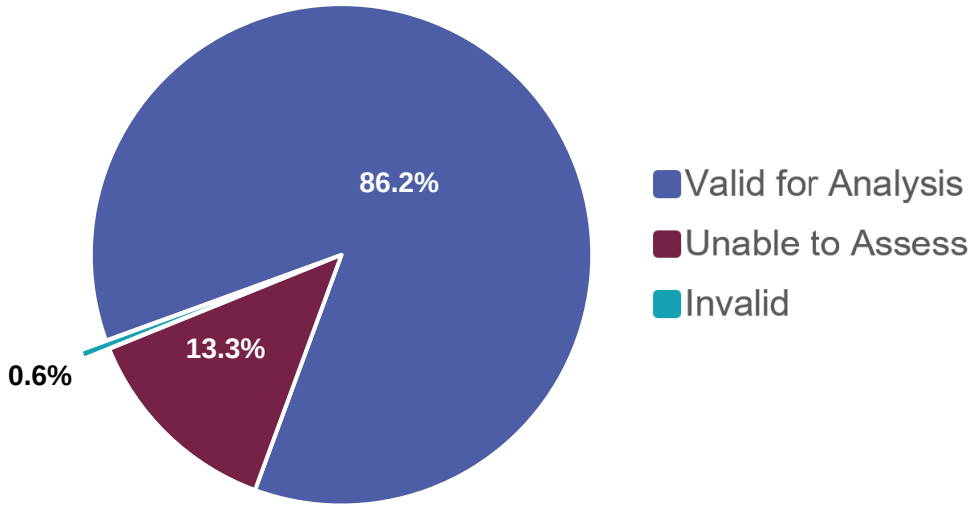
To complete the BMI assessments, school staff collected each student's height and weight measurements. Just under 14% of students with records submitted (26,754 out of 193,384) either had data that was classified as "unable to assess" (see Table 1 for a breakdown of reasons) or did not have valid data for height, weight, or both.

TABLE 1. BREAKDOWN OF KNOWN REASONS FOR BEING 'UNABLE TO ASSESS' BMI

Reason	Number of students	Percentage of students who were classified as "unable to assess"
Absent	11,374	44.3%
Parent Refused	9,342	36.4%
Student Refused	3,312	12.9%
Other	1,299	5.1%
Physical Disability	282	1.1%
Weight Exceeded Scale	17	0.1%
Inaccurate Measurements	14	0.1%
Pregnant	11	Less than 0.1%

A little over half of a percent (1,103 students; see Figure 1) of data submitted was invalid for analysis due to incomplete or incorrect data provided, measurement protocols not being followed, or inaccuracies in the equipment used to complete the assessment.

FIGURE 1. SCHOOL YEAR 2024-2025 STUDENT BMI ASSESSMENT



Statewide Results of the Arkansas BMI Assessment

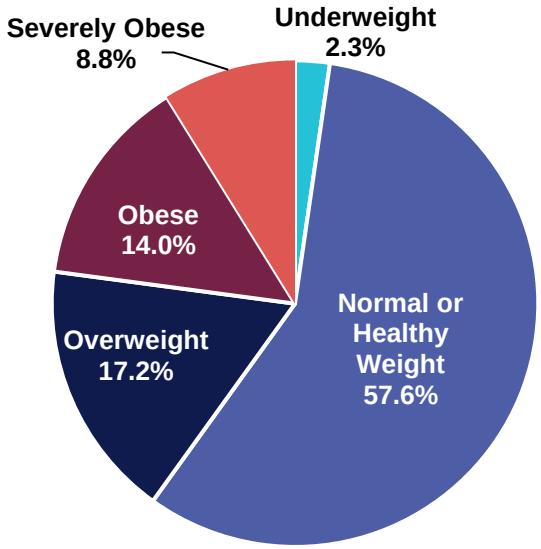
Total public-school enrollment in grades K, 2, 4, 6, 8, and 10 for the 2024-2025 school year, reported by the Arkansas Department of Education, was 214,757 students in 1,053 schools, within 262 school districts. The results presented in this section are based on data from 193,384 individual students (enrolled in grades K, 2, 4, 6, 8, or 10) with valid BMI assessments reported prior to June 15, 2025, by 1,035 schools in 258 school districts. BMI classifications are reported by sex, grade, and race/ethnicity. This section includes statewide percentages of underweight, healthy weight, overweight, obese, and severely obese students for selected demographic subgroups. Percentages for these five classifications are also reported for the majority of school districts (see online dashboard[b]) and counties in the state (see appendix).

BMI CLASSIFICATIONS FOR ALL STUDENTS

Figure 2 illustrates the BMI classification distribution of Arkansas students during the 2024-2025 school year. In this year, 40.1% of Arkansas students had BMI measurements that were classified as overweight, obese, or severely obese. In previous years, students classified as severely obese were included within the obese category.

For grant applications or programs that require a combined measurement for overweight or obese students, applicants should use the total share of students who are overweight, obese, or severely obese.

FIGURE 2. SCHOOL YEAR 2024-2025 STUDENT BMI CLASSIFICATION FOR ARKANSAS PUBLIC SCHOOL STUDENTS

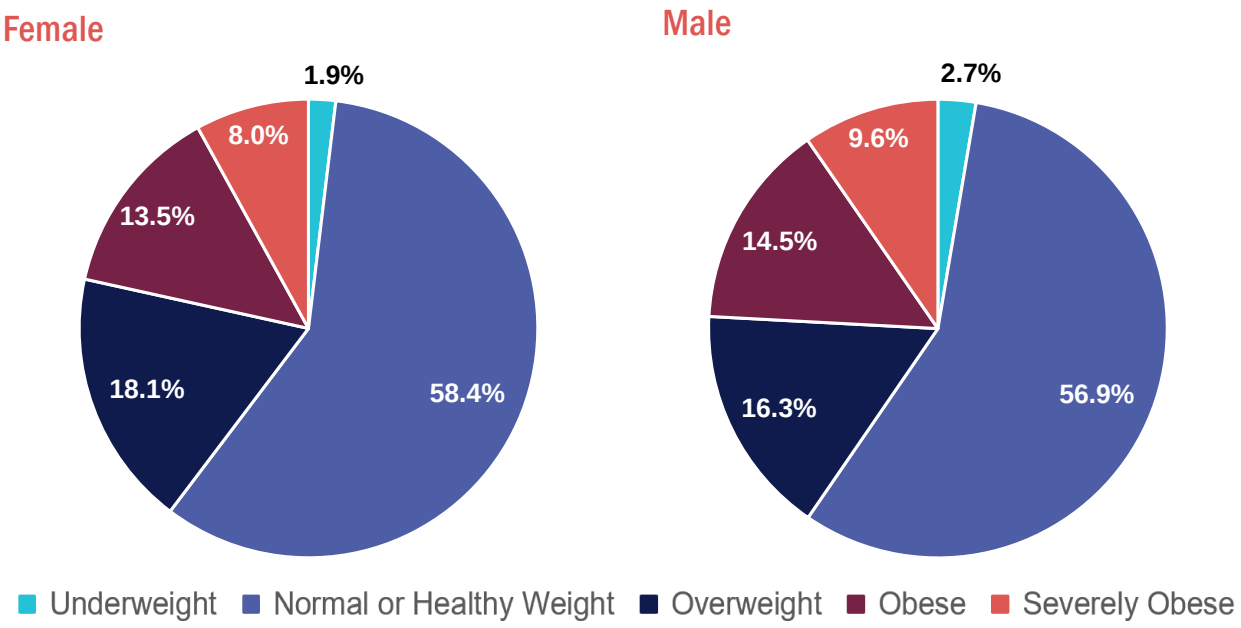


[b] https://achi.net/body-mass-index-program

BMI CLASSIFICATIONS BY SEX

Figure 3 provides BMI classifications by sex for the 2024-2025 school year. More boys (24.2%) than girls (21.5%) were classified as obese or severely obese. A higher percentage of girls (18.1%) had BMI measurements classified as overweight compared to boys (16.3%). The percentage of BMI measurements classified as healthy weight for girls (58.4%) was higher than for boys (56.9%).

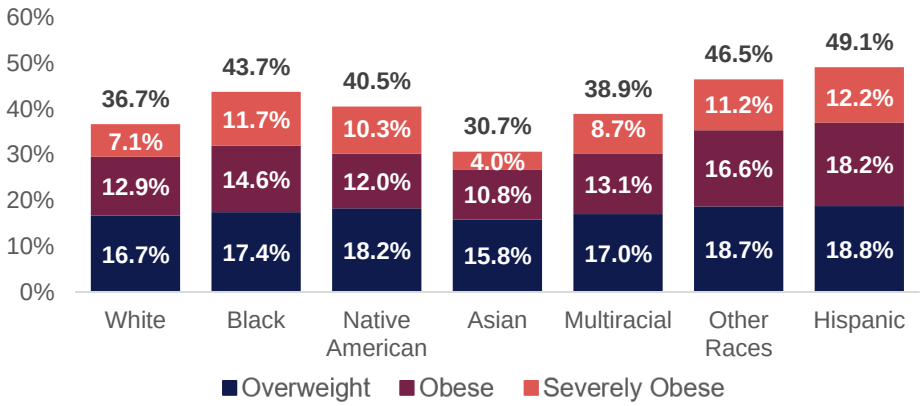
FIGURE 3. SCHOOL YEAR 2024-2025 STUDENT BMI CLASSIFICATION BY SEX



BMI CLASSIFICATIONS BY RACE/ETHNICITY

Figure 4 shows the percentages of students with a BMI measurement classified as overweight, obese, or severely obese, grouped by race and ethnicity. As in prior years, Hispanic students had the highest percentage of BMI measurements classified as overweight, obese, or severely obese at 49.1% combined. Among students grouped by Other Races, 46.5% of BMI measurements were classified as overweight, obese, or severely obese, followed by 43.7% of Black students, 40.5% of Native American students, 38.9% of multiracial students, 36.7% of White students, and 30.7% of Asian students.

FIGURE 4. SCHOOL YEAR 2024-2025 PERCENTAGES OF STUDENTS WITH A BMI MEASUREMENT CLASSIFIED AS OVERWEIGHT, OBESE, OR SEVERELY OBESE BY RACE/ETHNICITY

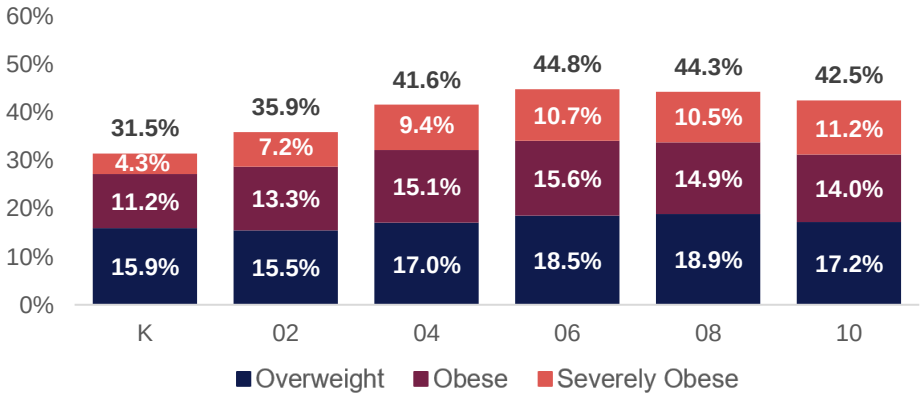


Note: The number at the top of each column is the total percentage of students in that category with BMI measurements of overweight, obese, or severely obese.

BMI CLASSIFICATIONS BY GRADE

Figure 5 shows the percentages of students whose BMI measurement was classified as overweight, obese, or severely obese by grade. Findings indicate that 31.5% of kindergarten students entered the school system are either overweight, obese, or severely obese. The percentage of students' BMI measurements classified as overweight, obese, or severely obese rose with each increasing grade level until grade 6.

FIGURE 5. SCHOOL YEAR 2024-2025 PERCENTAGES OF STUDENTS WITH BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT, OBESE, OR SEVERELY OBESE BY GRADE



Note: The number at the top of each column is the total percentage of students in that category with BMI measurements of overweight, obese, or severely obese.

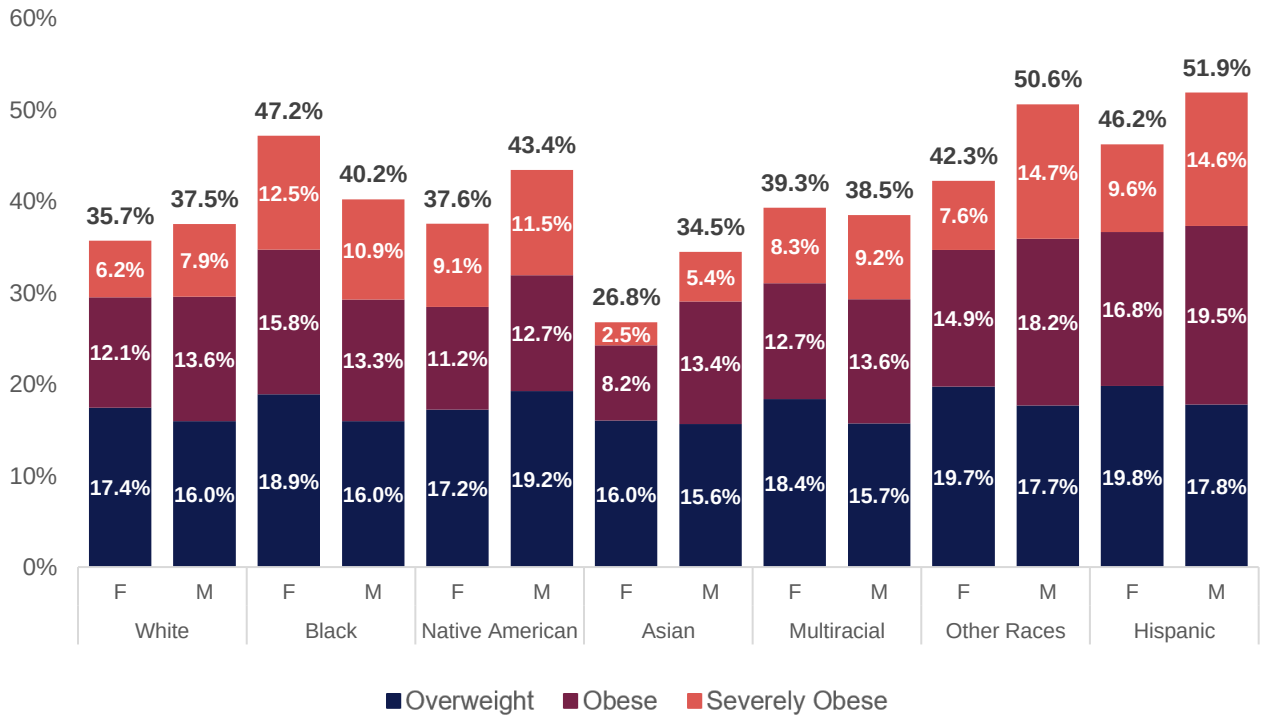
Grades 8 and 10 have slightly lower percentages of students classified as overweight, obese, or severely obese compared with grade 6 students at 44.3% and 42.5% respectively.

BMI CLASSIFICATIONS BY RACE/ETHNICITY AND SEX

When evaluating results by race/ethnicity and sex, Hispanic boys had the highest percentages of combined BMI measurements classified as overweight, obese, or severely obese (51.9%, see Figure 6). In most other race/ethnicity groups, boys had a higher total percentage of overweight, obese, or severely obese BMI classifications when compared with girls, except for Black and multiracial girls. Among female students, the highest percentage of students with measurements classified as overweight, obese, or severely obese was found in Black students at 47.2%, followed by Hispanic students at 46.2%.

The greatest difference between male students and female students within a race/ethnicity group was among students grouped as Other Races, where 42.3% of girls were in the three highest BMI classifications compared with 50.6% of boys.

FIGURE 6. SCHOOL YEAR 2024-2025 PERCENTAGES OF STUDENT BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT, OBESE, OR SEVERELY OBESE BY RACE/ETHNICITY AND SEX



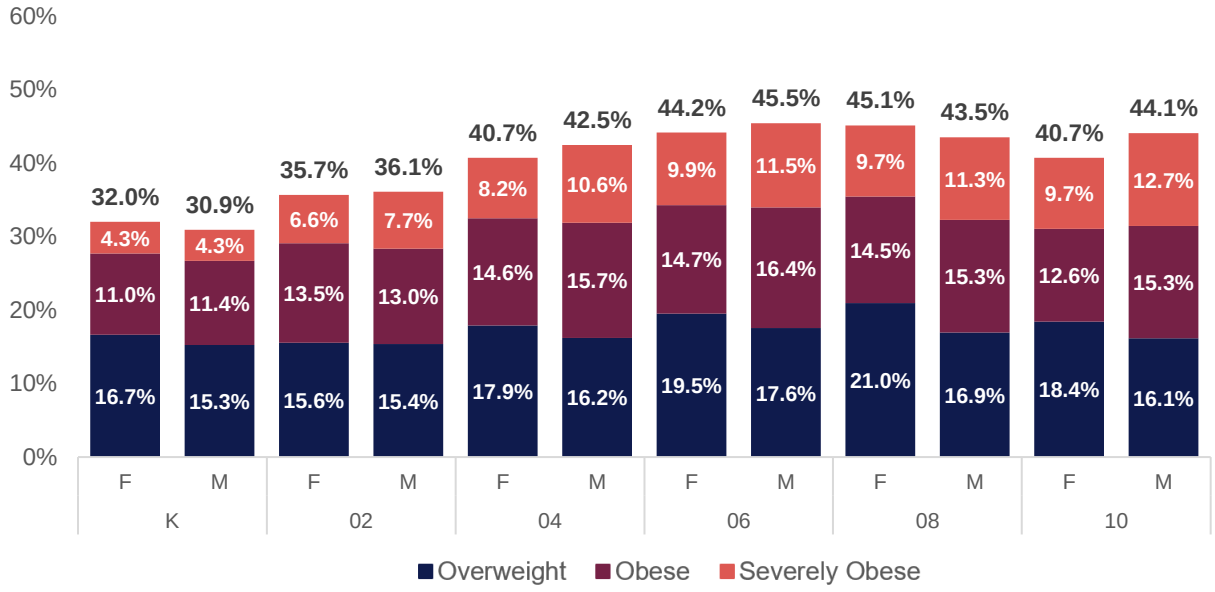
Notes: The number at the top of each column is the total percentage of students in that category with BMI measurements of overweight, obese, or severely obese. M = Male, F = Female.

BMI CLASSIFICATIONS BY GRADE AND SEX

As illustrated in Figure 7, data show that a slightly higher percentage of girls (32.0%) than boys (30.9%) enter school with BMI measurements classified as either overweight, obese, or severely obese in kindergarten. In the second grade, the percentage of male students

(36.1%) and female students (35.7%) that were classified in the overweight, obese, or severely obese category was nearly the same. In the fourth grade, the difference between boys and girls was slightly more pronounced, with 42.5% of male students and 40.7% of female students in the three highest BMI categories. In the sixth grade, female students' BMI measurements were slightly lower than those for male students (44.2% and 45.5%, respectively) for the total overweight, obese, or severely obese categories. In the eighth grade, the difference between sexes increases with girls at 45.1% and boys at 43.5% as overweight, obese, and severely obese. In the tenth grade, the difference between boys and girls in the combined overweight, obese, or severely obese BMI categories is the greatest compared to other grade levels (44.1% and 40.7%, respectively).

FIGURE 7. SCHOOL YEAR 2024-2025 PERCENTAGES OF STUDENTS WITH BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT, OBESE, OR SEVERELY OBESE BY GRADE AND SEX

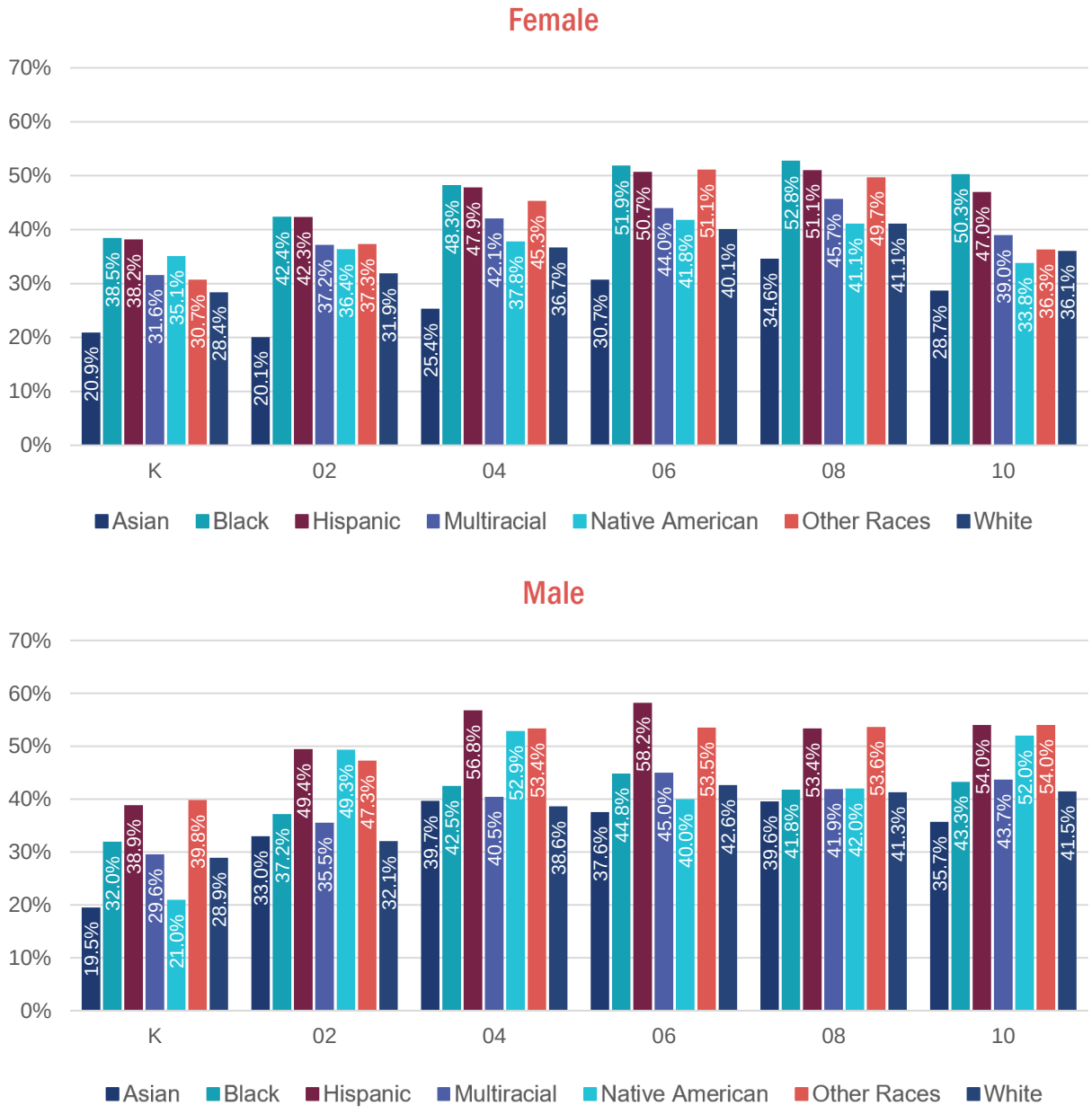


Notes: The number at the top of each column is the total percentage of students in that category with BMI measurements of overweight, obese, or severely obese. M = Male, F = Female.

BMI CLASSIFICATIONS BY SEX, GRADE, AND RACE/ETHNICITY GROUP

Analysis of the BMI data shows that some groups of students face a heightened risk for childhood obesity. The percentages of Black and Hispanic students with BMI measurements in the overweight, obese, or severely obese categories was higher across all measured grades compared to their White peers. The highest percentage of BMI measurements classified as overweight, obese, or severely obese was found among male students grouped as Hispanic, especially in the sixth grade, where 58.2% were classified as either overweight, obese, or severely obese (see Figure 8).

FIGURE 8. SCHOOL YEAR 2024-2025 PERCENTAGES OF STUDENTS WITH BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT, OBESE, OR SEVERELY OBESE BY SEX, RACE/ETHNICITY, AND GRADE



TRENDS IN STUDENT BMI

Data from the previous five years of BMI screenings (see Figure 9) reveal that the percentage of students measured as overweight, obese, or severely obese has declined after the higher rates for the 2020-2021 school year. Compared to the previous measurement year, in the 2024-2025 school year, the proportion of measurements in the obese level decreased slightly, while those in the overweight level increased slightly. These levels were slightly higher than or equal to their pre-pandemic percentages, respectively.

FIGURE 9. TRENDS IN BMI CLASSIFICATIONS FOR ARKANSAS PUBLIC SCHOOL STUDENTS

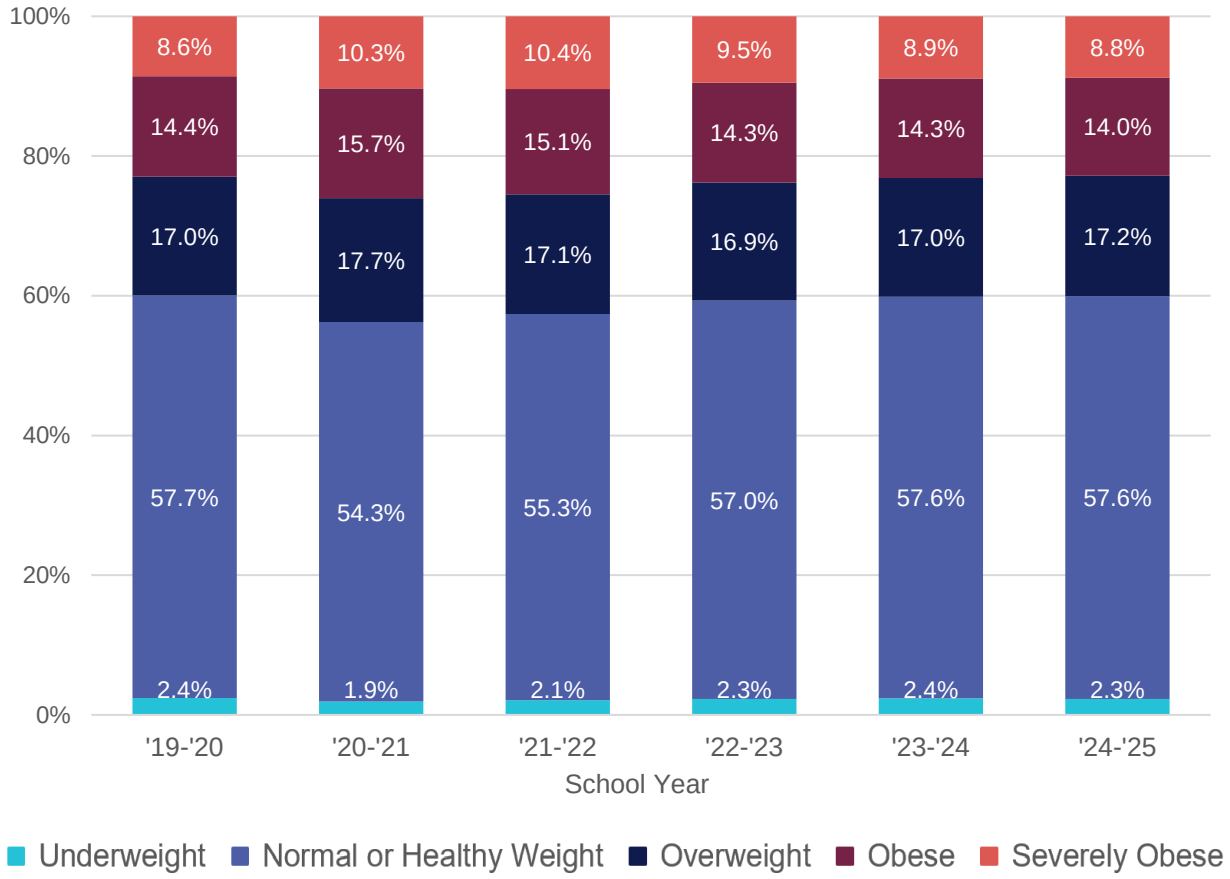


Figure 10 illustrates the trends of students with BMI measurements classified as overweight, obese, or severely obese at kindergarten and at grade 10 over the 22 years of data collected. There was modest improvement in the percentages of students classified as overweight, obese, or severely obese entering kindergarten from the 2003-2004 (32.6%) school year to the 2019-2020 school year (31.2%). However, in the 2020-2021 school year, the percentage increased sharply to an 18-year high of 36.1%. The 2021-2022 and 2022-2023 school years saw steady decreases to 31.0% from that high mark, with the 2024-2025 school year seeing just a slight increase to 31.5%. Similarly, the percentage of students classified as either overweight, obese, or severely obese in grade 10 saw an 18-year high of 44.8% in the 2020-2021 school year, up six percentage points from the initial grade 10 assessment of 38.6% in the 2003-2004 school year, but reduced slightly to 42.5% in the 2023-2024 and 2024-2025 school years, which is the lowest it has been since the 2014-

2015 school year. The online interactive dashboard shows trends from the 2019-2020 school year forward for all reported grades.

FIGURE 10. PERCENTAGE OF STUDENTS WITH BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT, OBESE, OR SEVERELY OBESE BY GRADE, SCHOOL YEARS 2003-2004 THROUGH 2023-2024

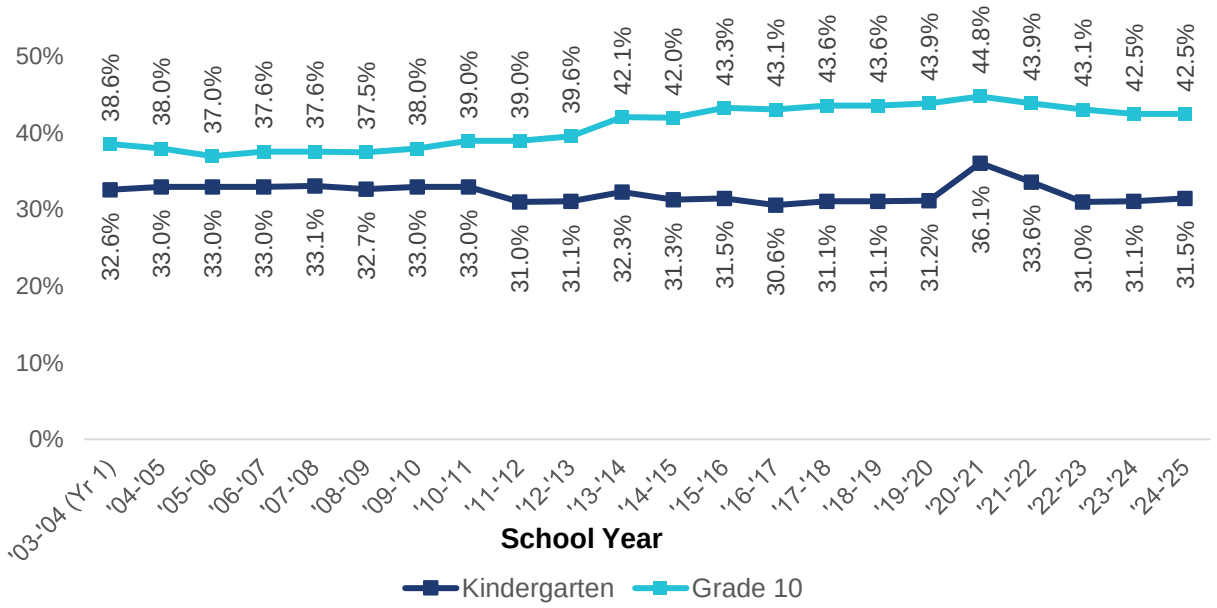
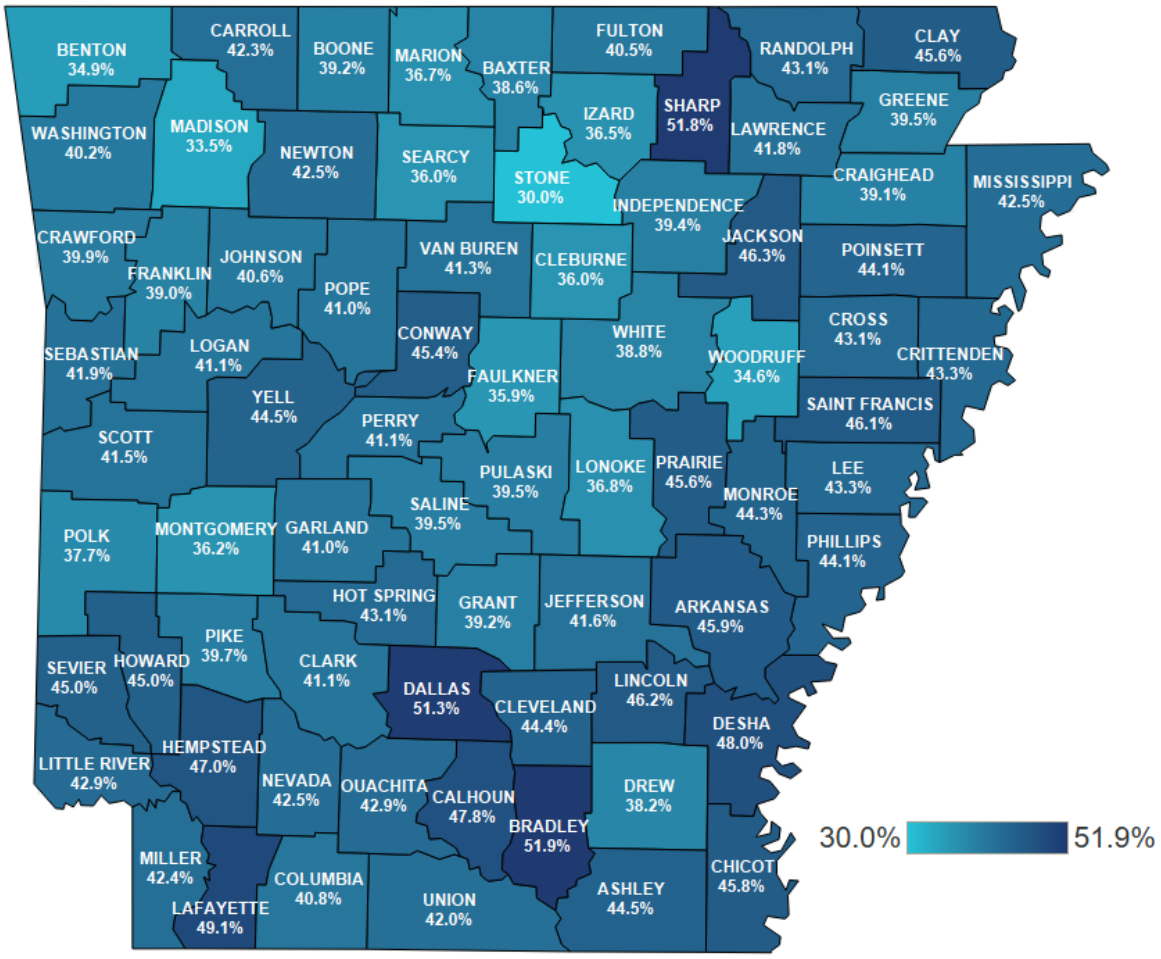


Figure 11 displays the percentage of students with a BMI classification of overweight, obese, or severely obese, among schools located in each county. Calculations are based on valid measurements among students in even grades: kindergarten through grade 10. Stone County had the lowest percentage of measurements classified as overweight, obese, or severely obese, at 30.0%, while Bradley County had the highest percentage at 51.9%. While all county-level data meets minimum thresholds for inclusion based on individual counts of students, some rural counties experienced relatively low numbers of eligible students having valid measurements in the most recent school year.

FIGURE 11. PERCENTAGE OF STUDENTS CLASSIFIED AS OVERWEIGHT, OBESE, OR SEVERELY OBESE, BY COUNTY LOCATION OF SCHOOL, FOR SCHOOL YEAR 2024-2025



Research Studies Using Arkansas's BMI Longitudinal Database

The Arkansas BMI longitudinal database, reaching back to the '03-'04 school year, has facilitated several research efforts, including dissertation research and scientific publications. For example, one study linked a mother's weight status in pregnancy to the association of a child's weight in kindergarten and found that as the mother's weight increases, the likelihood of a child having obesity in kindergarten also increases.

Two additional studies linked the BMI longitudinal database to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) data. An exploratory study with WIC data found that the duration of WIC participation was not associated with a kindergartner's weight status; however, the same study showed that breastfeeding (among WIC participants) for six months or longer was significantly associated with a lower weight in kindergarten. A separate

WIC study linked to the BMI data found that aging out of WIC showed no association with a kindergartner's weight status.[9]

Finally, a more recent study used BMI data from 10th graders and linked this information to adolescents' claims data from the All-Payer Claims Database nearly 15 years later, at age 30. The findings showed that those who had obesity or severe obesity in 10th grade incurred significantly higher annual healthcare expenditures at age 30, with annual costs increasing by $542 and $874, respectively.

Emerging Policy Opportunities

Arkansas continues to face high rates of childhood obesity, yet recent updates to federal nutrition standards, new state initiatives, and increased recognition of the links between mental health, physical activity, and nutrition create opportunities for meaningful progress. Federal updates to school meal standards include limits on added sugars and sodium and reinforce the importance of whole grains and nutrient-dense offerings.[10] These changes aim to improve students' dietary quality and reduce consumption of foods linked to excess weight gain, supporting healthy growth and development.

Access to nutritious food remains central to addressing childhood obesity. Schools and districts can expand participation in the community eligibility provision — a federal option allowing high-poverty schools to serve free meals to all students without collecting individual applications — and leverage the direct certification process, which now includes Medicaid enrollment in Arkansas to streamline eligibility for free and reduced-price meals. Recent Arkansas laws have expanded access to free meals, with Act 123 of 2025 ensuring that no child is charged for breakfast and Act 656 of 2023 eliminating reduced-price meal copays. These policies extend support to more students, particularly in high-poverty areas where food insecurity remains a barrier. Connecting families to the Supplemental Nutrition Assistance Program and the Special Supplemental Nutrition Program for Women, Infants, and Children also reinforces access to nutritious foods beyond the school day.

Schools can also strengthen physical activity through evidence-based practices, such as scheduling recess before lunch[11] and incorporating brief movement breaks throughout the day.[12] These strategies improve physical fitness, classroom focus, and behavior. Investing in safe, accessible spaces for activity and providing professional development for teachers can enhance the quality of physical education and help students build lifelong healthy habits.

Recognizing that emotional well-being can influence obesity-related behaviors — including emotional eating, reduced physical activity, and disrupted sleep — schools play a critical role in supporting student mental health.[13] Integrating trauma-informed practices and social-emotional learning into school frameworks can help address stressors that contribute to these behaviors. Identifying and addressing adverse childhood experiences, as well as integrating mental health initiatives into schools, can help mitigate these underlying factors and promote overall health.[14] Training educators to recognize and respond to adverse experiences and expanding access to school-based mental health supports can further advance Arkansas's whole-child approach.

Increasing daily opportunities for movement and promoting outdoor learning can support both physical and mental well-being.[15] Continued collaboration among schools, healthcare providers, and community partners will be essential to translate these policies into practice and build environments where all Arkansas children can grow up healthy, active, and ready to learn.

Conclusion

A total of 40.1% of Arkansas public school students who had a BMI measurement in the 2024-2025 school year are classified as either overweight, obese, or severely obese. This is the same percentage that was reported for the previous school year. BMI measurements in 2020-2021 indicated the highest percentages of grade-level obese classifications since student BMI measurement began in Arkansas. Despite improvements since that report, the proportion of students with a BMI measurement in the severely obese category remains higher than pre-pandemic levels for 2024-2025 school year measurements, which underscores the need for continued efforts to address child health and wellness.

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Appendix: BMI Classification by County

In this table, if fewer than five students are included in a BMI category, that group is not reported. For example, if fewer than five students are in the underweight category at a school in a particular county, the corresponding table cell is left blank. Schools that are missing valid measurements for 20% or more of the students enrolled in participating grades are excluded from the table. For grant applications or programs that require a combined measurement for overweight or obese students, applicants should use the total share of students who are overweight, obese, or severely obese.

County	Underweight (%)	Healthy Weight (%)	Overweight (%)	Obese (%)	Severely Obese (%)
ARKANSAS	1.2%	53.0%	18.2%	14.9%	12.7%
ASHLEY	0.9%	54.5%	18.8%	14.1%	11.7%
BAXTER	1.8%	59.6%	17.6%	13.6%	7.4%
BENTON	2.9%	62.2%	16.1%	12.1%	6.7%
BOONE	2.4%	58.5%	17.3%	14.0%	7.9%
BRADLEY	2.0%	46.1%	19.5%	18.2%	14.2%
CALHOUN	2.8%	49.5%	22.5%	11.0%	14.3%
CARROLL	1.8%	55.9%	16.3%	16.1%	9.8%
CHICOT	3.2%	51.1%	16.1%	17.2%	12.4%
CLARK	2.0%	56.9%	16.3%	15.7%	9.1%
CLAY	2.1%	52.3%	18.0%	16.5%	11.1%
CLEBURNE	2.4%	61.7%	16.7%	11.6%	7.6%
CLEVELAND	2.4%	53.2%	19.1%	14.9%	10.4%
COLUMBIA	2.7%	56.6%	15.1%	15.2%	10.4%
CONWAY	2.0%	52.5%	18.0%	14.4%	13.0%
CRAIGHEAD	2.7%	58.2%	16.9%	14.2%	8.0%
CRAWFORD	2.9%	57.2%	18.0%	13.8%	8.1%
CRITTENDEN	1.9%	54.8%	16.3%	14.7%	12.3%
CROSS	2.6%	54.3%	16.1%	15.3%	11.8%
DALLAS		48.3%	20.3%	15.7%	15.3%
DESHA	1.2%	50.9%	18.5%	15.7%	13.8%
DREW	1.7%	60.1%	15.3%	14.6%	8.4%
FAULKNER	2.2%	61.9%	16.2%	13.2%	6.4%
FRANKLIN	2.2%	58.8%	16.8%	13.7%	8.5%
FULTON	2.9%	56.6%	16.3%	16.3%	8.0%

County	Underweight (%)	Healthy Weight (%)	Overweight (%)	Obese (%)	Severely Obese (%)
GARLAND	2.6%	56.4%	18.8%	14.3%	7.8%
GRANT	1.9%	58.9%	19.1%	12.7%	7.5%
GREENE	1.9%	58.6%	15.6%	14.7%	9.2%
HEMPSTEAD	1.0%	52.1%	18.1%	17.9%	11.0%
HOT SPRING	2.0%	54.9%	18.7%	14.5%	10.0%
HOWARD	1.4%	53.6%	18.2%	15.6%	11.2%
INDEPENDENCE	2.9%	57.6%	16.3%	15.3%	7.8%
IZARD	1.9%	61.6%	18.0%	11.3%	7.2%
JACKSON	2.1%	51.6%	17.6%	17.4%	11.3%
JEFFERSON	2.2%	56.2%	16.3%	14.0%	11.3%
JOHNSON	2.0%	57.5%	17.1%	13.8%	9.7%
LAFAYETTE		50.2%	18.7%	14.5%	15.9%
LAWRENCE	1.8%	56.5%	18.2%	15.0%	8.6%
LEE	1.7%	55.0%	14.9%	14.2%	14.2%
LINCOLN	2.2%	51.6%	19.7%	17.0%	9.6%
LITTLE RIVER	1.3%	55.8%	18.2%	15.7%	9.1%
LOGAN	3.1%	55.8%	19.8%	12.2%	9.1%
LONOKE	2.5%	60.7%	17.4%	12.9%	6.5%
MADISON	10.8%	55.7%	13.9%	13.4%	6.2%
MARION	3.6%	59.7%	18.2%	11.5%	7.0%
MILLER	2.2%	55.4%	18.5%	14.6%	9.3%
MISSISSIPPI	1.7%	55.8%	16.6%	14.6%	11.3%
MONROE	2.1%	53.7%	14.5%	16.2%	13.6%
MONTGOMERY		63.3%	16.8%	13.3%	6.2%
NEVADA	1.5%	56.0%	18.2%	14.1%	10.2%
NEWTON	2.4%	55.1%	19.3%	14.2%	8.9%
OUACHITA	1.9%	55.1%	17.4%	15.7%	9.9%
PERRY	1.5%	57.4%	13.5%	17.2%	10.5%
PHILLIPS	1.5%	54.3%	16.6%	15.0%	12.5%
PIKE	2.1%	58.1%	18.1%	11.7%	9.9%
POINSETT	1.5%	54.4%	19.7%	14.0%	10.4%
POLK	3.7%	58.7%	16.8%	12.9%	8.0%
POPE	2.0%	57.0%	17.3%	14.8%	8.9%

County	Underweight (%)	Healthy Weight (%)	Overweight (%)	Obese (%)	Severely Obese (%)
PRAIRIE	2.9%	51.5%	19.1%	17.7%	8.8%
PULASKI	2.3%	58.1%	16.9%	13.6%	9.1%
RANDOLPH	1.8%	55.2%	17.3%	15.8%	10.0%
SAINT FRANCIS	2.4%	51.5%	17.3%	16.6%	12.2%
SALINE	2.6%	58.0%	17.2%	14.2%	8.2%
SCOTT	1.7%	56.8%	17.6%	14.1%	9.7%
SEARCY	4.4%	59.6%	15.2%	12.8%	8.1%
SEBASTIAN	1.9%	56.3%	18.3%	14.5%	9.1%
SEVIER	2.1%	52.9%	17.8%	16.8%	10.5%
SHARP	2.1%	46.1%	21.6%	18.4%	11.8%
STONE	2.4%	67.7%	14.4%	9.7%	5.9%
UNION	1.7%	56.3%	17.1%	13.8%	11.1%
VAN BUREN	2.4%	56.3%	18.3%	13.7%	9.3%
WASHINGTON	2.0%	57.8%	17.5%	14.2%	8.5%
WHITE	2.5%	58.7%	16.6%	13.2%	9.1%
WOODRUFF	3.1%	62.3%	15.3%	12.5%	6.9%
YELL	2.6%	52.9%	17.6%	17.2%	9.7%