

· ABOUT ME ·

Hedwig (Hedy) Lee

Institution | [Washington University in St. Louis](#)

Co-Director | [Center for the Study of Race, Ethnicity & Equity](#) (CRE²)

Professor | [Department of Sociology](#)

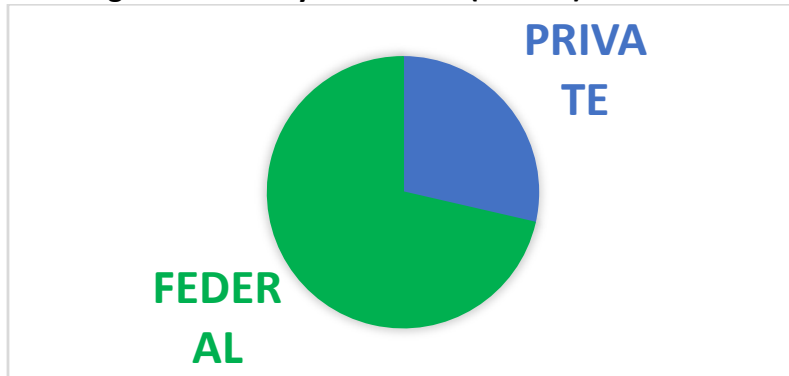
Director | Undergraduate Studies | [Department of Sociology](#)

Former NICHD Pre-Doctoral Trainee

Former/Current NICHD + NIA Grantee

In FY 2021 WUSTL received **\$879.3 million** in research support, **\$627.9 million (over 70%)** of which was **federal research support** from institutions such as the **NIH**. This research support funds **over 3,000 projects** aimed at advancing population health and well-being across a variety of domains. For more information see: <https://wustl.edu/about/university-facts/>

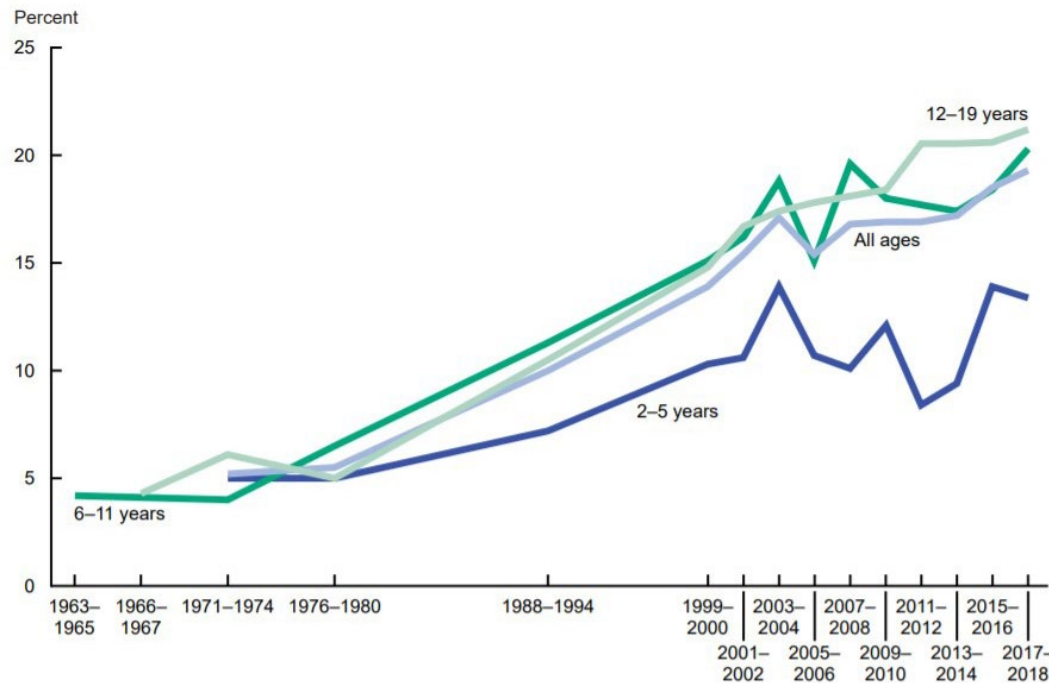
Washington University in St. Louis (WUSTL) research funding sources (FY 2021)



NIH funding is fundamental to research and training activities across the Danforth and Medical School campuses supporting the development of future population scientists to documenting the health and well-being of Missourians in the wake of COVID 19. All of these activities also require quality data on the social, economic, and health conditions of populations.

A significant proportion of my NIH funded work has examined trends in obesity during the transition to adulthood, an important risk period. Obesity for children and teens aged 2-19 years is defined as body mass index [BMI] \geq the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts. Obese adolescents are more likely to stay obese as adults. For individuals 20 years and above obesity is defined as having a BMI \geq 30. The prevalence of obesity among children and adolescents ages 2 to 19 years roughly doubled between 1988–1994 and 2017–2018. Obesity is also associated with higher risk of COVID-related health complications.

Trends in obesity among children and adolescents ages 2–19 years, by age: United States, 1963–1965 through 2017–2018

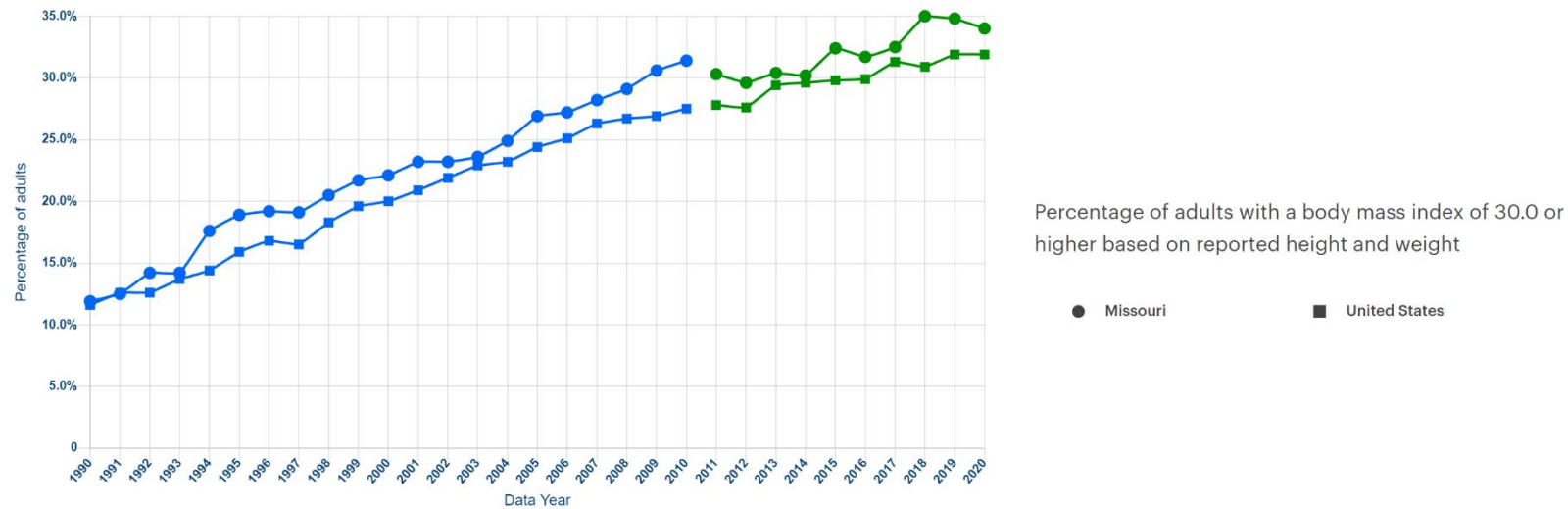


DATA SOURCES: National Center for Health Statistics, National Health Examination Surveys II (ages 6–11) and III (ages 12–17); and National Health and Nutrition Examination Surveys (NHANES) I–III, and NHANES 1999–2000, 2001–2002, 2003–2004, 2005–2006, 2007–2008, 2009–2010, 2011–2012, 2013–2014, 2015–2016, and 2017–2018.

GRAPH SOURCE: <https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity>

Adult obesity in Missouri is higher than the national average which has important implications for health and well-being for our residents especially because of the current COVID-19 pandemic.

Trends in obesity among adults in Missouri, United States, 1990–2020



DATA SOURCE: CDC, Behavioral Risk Factor Surveillance System

NOTE: The interrupted blue and green lines reflect the fact the BRFSS 2011 data should be considered a baseline year for data analysis and is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame. For more information see: https://www.cdc.gov/brfss/annual_data/annual_2011.htm

GRAPH SOURCE: <https://www.americashealthrankings.org/explore/annual/measure/Obesity/state/MO>

CITATIONS

Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats, Centers for Disease Control and Prevention. Updated January 29, 2021. www.cdc.gov/nchs/data/hestat/obesity-child-17-18/overweight-obesity-child-H.pdf

Lee H, Lee D, Guo G, Harris KM. Trends in body mass index in adolescence and young adulthood in the United States: 1959-2002. J Adolesc Health. 2011 Dec;49(6):601-8. doi: 10.1016/j.jadohealth.2011.04.019. Epub 2011 Jul 12. PMID: 22098770; PMCID: PMC3228354.