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Nutrition and Weight Status

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Goal

Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

Overview

The Nutrition and Weight Status objectives for Healthy People 2020 reflect strong science supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.¹

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.²

Why Are Nutrition and Weight Status Important?

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions,¹ including:

- Overweight and obesity
- Malnutrition
- Iron-deficiency anemia
- Heart disease
- High blood pressure
- Dyslipidemia (poor lipid profiles)
- Type 2 diabetes
- Osteoporosis
- Oral disease
- Constipation
- Diverticular disease



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[Nutrition and Weight Status](#)

Midcourse Review Data Are In!

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- Some cancers

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.^{2, 3, 4, 5}

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Understanding Nutrition and Weight Status

Diet

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet

Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.^{6, 7}

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems⁸

Physical Determinants of Diet

Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.⁹

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.¹⁰

Marketing also influences people's—particularly children's—food choices.¹¹

Weight

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity.^{3, 12, 13} Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including health care settings,^{2, 14, 15, 16} worksites,¹⁷ or schools.^{12, 18, 19}

Social and Physical Determinants of Weight

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight.

Related Topic Areas

[Adolescent Health](#)
[Arthritis, Osteoporosis, and Chronic Back Conditions](#)
[Cancer](#)
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Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women.²⁰ Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls.²¹ The association of income with obesity varies by age, gender, and race/ethnicity.²²

Emerging Issues in Nutrition and Weight Status

As new and innovative policy and environmental interventions to support diet and physical activity are implemented, it will be important to identify which are most effective. A better understanding of how to prevent unhealthy weight gain is also needed.

References

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Healthier Food Access

- NWS-1** Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care +
- NWS-2** Increase the proportion of schools that offer nutritious foods and beverages outside of school meals

 - NWS-2.1** Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students +
 - NWS-2.2** Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold +
- NWS-3** Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans +
- NWS-4** (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans +

Health Care and Worksite Settings

- NWS-5** Increase the proportion of primary care physicians who regularly measure the body mass index of their patients

 - NWS-5.1** Increase the proportion of primary care physicians who regularly assess body mass index (BMI) in their adult patients +
 - NWS-5.2** Increase the proportion of primary care physicians who regularly assess body mass index (BMI) for age and sex in their child or adolescent patients +
- NWS-6** Increase the proportion of physician office visits that include counseling or education related to nutrition or weight

 - NWS-6.1** Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet or nutrition +
 - NWS-6.2** Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity +

NWS-6.3 Increase the proportion of physician visits made by all child or adult patients that include counseling about nutrition or diet +

NWS-7 (Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling +

Weight Status

NWS-8 Increase the proportion of adults who are at a healthy weight +

NWS-9 Reduce the proportion of adults who are obese LHI Revised +

NWS-10 Reduce the proportion of children and adolescents who are considered obese

NWS-10.1 Reduce the proportion of children aged 2 to 5 years who are considered obese Revised +

NWS-10.2 Reduce the proportion of children aged 6 to 11 years who are considered obese +

NWS-10.3 Reduce the proportion of adolescents aged 12 to 19 years who are considered obese +

NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese LHI Revised +

NWS-11 (Developmental) Prevent inappropriate weight gain in youth and adults

NWS-11.1 (Developmental) Prevent inappropriate weight gain in children aged 2 to 5 years +

NWS-11.2 (Developmental) Prevent inappropriate weight gain in children aged 6 to 11 years +

NWS-11.3 (Developmental) Prevent inappropriate weight gain in adolescents aged 12 to 19 years +

NWS-11.4 (Developmental) Prevent inappropriate weight gain in children and adolescents aged 2 to 19 years +

NWS-11.5 (Developmental) Prevent inappropriate weight gain in adults aged 20 years and older +

Food Insecurity

NWS-12 Eliminate very low food security among children +

NWS-13 Reduce household food insecurity and in doing so reduce hunger +

Food and Nutrient Consumption

NWS-14 Increase the contribution of fruits to the diets of the population aged 2 years and older Revised +

NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older

NWS-15.1 Increase the contribution of total vegetables to the diets of the population aged 2 years and older LHI Revised +

NWS-15.2 Increase the contribution of dark green vegetables, red and orange vegetables, and beans and peas to the diets of the population aged 2 years and older Revised +

NWS-16 Increase the contribution of whole grains to the diets of the population aged 2 years and older Revised +

NWS-17

Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older

- NWS-17.1 Reduce consumption of calories from solid fats Revised +
- NWS-17.2 Reduce consumption of calories from added sugars Revised +
- NWS-17.3 Reduce consumption of calories from solid fats and added sugars Revised +
- NWS-18 Reduce consumption of saturated fat in the population aged 2 years and older Revised +
- NWS-19 Reduce consumption of sodium in the population aged 2 years and older Revised +
- NWS-20 Increase consumption of calcium in the population aged 2 years and older Revised +

Iron Deficiency

- NWS-21 Reduce iron deficiency among young children and females of childbearing age
 - NWS-21.1 Reduce iron deficiency among children aged 1 to 2 years +
 - NWS-21.2 Reduce iron deficiency among children aged 3 to 4 years +
 - NWS-21.3 Reduce iron deficiency among females aged 12 to 49 years Revised +
- NWS-22 Reduce iron deficiency among pregnant females +

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Find evidence-based information and recommendations related to **Nutrition and Weight Status**.

Strength of Evidence	Topic Area	Publication Date	Resource Type
<p>4 out of 4</p>	<p>Nutrition and Weight Status</p> <p>2015–2020 Dietary Guidelines for Americans</p> <p>HHS/OASH, USDA/CNPP</p>	2015	<p>Non-Systematic Review, Systematic Review, Randomized Controlled Trial, Cohort Study, Cross-Sectional or Prevalence Study, Case-Control Study, Experimental Study</p>
<p>4 out of 4</p>	<p>Nutrition and Weight Status</p> <p>Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling</p> <p>U.S. Preventive Services Task Force</p> <p>Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity</p>	2014	<p>Systematic Review</p>
<p>4 out of 4</p>	<p>Nutrition and Weight Status</p> <p>Obesity: Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children</p> <p>Community Preventive Services Task Force</p>	2014	<p>Systematic Review</p>
<p>4 out of 4</p>	<p>Nutrition and Weight Status</p> <p>Obesity in Adults: Screening and Management</p> <p>U.S. Preventive Services Task Force</p>	2012	<p>Systematic Review</p>
<p>4 out of 4</p>	<p>Nutrition and Weight Status</p> <p>Effectiveness of Primary Care – Relevant Treatments for Obesity in Adults</p> <p>USPSTF</p>	2011	<p>Systematic Review, Randomized Controlled Trial, Cohort Study, Expert Opinion, Field-Based Summary or Case Study, Case-Control Study, Experimental Study</p>
<p>4 out of 4</p>	<p>Nutrition and Weight Status</p> <p>Effectiveness of Weight Management Interventions in Children: A Targeted Systematic Review for the USPSTF</p>	2010	<p>Systematic Review, Randomized Controlled Trial, Expert Opinion</p>

Strength of Evidence	Topic Area	Publication Date	Resource Type
 4 out of 4	USPSTF Nutrition and Weight Status <u>Obesity in Children and Adolescents: Screening</u>	2010	Systematic Review
 4 out of 4	U.S. Preventive Services Task Force Diabetes, Heart Disease and Stroke, Nutrition and Weight Status <u>Obesity: Technology-Supported Multicomponent Coaching or Counseling Interventions – To Maintain Weight Loss</u>	2009	Systematic Review
 4 out of 4	Community Preventive Services Task Force Diabetes, Heart Disease and Stroke, Nutrition and Weight Status <u>Obesity: Technology-Supported Multicomponent Coaching or Counseling Interventions – To Reduce Weight</u>	2009	Systematic Review
 4 out of 4	Community Preventive Services Task Force Educational and Community-Based Programs, Nutrition and Weight Status, Physical Activity <u>Obesity: Worksite Programs</u>	2007	Systematic Review
 4 out of 4	Community Preventive Services Task Force Nutrition and Weight Status <u>Deficiency Anemia in Childhood and Pregnancy: Update of the 1996 U.S. Preventive Services Task Force Review</u>	2006	Systematic Review , Randomized Controlled Trial , Experimental Study , Cohort Study , Case-Control Study , Expert Opinion
 4 out of 4	USPSTF Nutrition and Weight Status <u>Anemia Screening: Pregnant Women</u>	2006	Systematic Review
 4 out of 4	U.S. Preventive Services Task Force Nutrition and Weight Status <u>Iron Deficiency Anemia: Screening</u>	2006	Systematic Review
 4 out of 4	U.S. Preventive Services Task Force Nutrition and Weight Status <u>Behavioral Counseling in Primary Care To Promote a Healthy Diet: Recommendations and Rationale</u>	2003	Systematic Review , Randomized Controlled Trial , Experimental Study , Case-Control Study , Field-Based Summary or Case Study , Expert Opinion
 4 out of 4	USPSTF Nutrition and Weight Status <u>Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report</u>	1998	Systematic Review , Randomized Controlled Trial , Cross-Sectional or Prevalence Study , Expert Opinion , Field-Based Summary or Case Study , Experimental Study
 3 out of 4	NIH/NHLBI Nutrition and Weight Status <u>Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation</u>	2012	Non-Systematic Review , Randomized Controlled Trial , Cohort Study , Cross-Sectional or Prevalence Study , Expert Opinion ,

Strength of Evidence	Topic Area	Publication Date	Resource Type
	IOM		Field-Based Summary or Case Study, Experimental Study
	Nutrition and Weight Status		
 3 out of 4	School Health Guidelines to Promote Healthy Eating and Physical Activity	2011	Randomized Controlled Trial, Cohort Study, Cross-Sectional or Prevalence Study, Expert Opinion, Experimental Study
	CDC/MMWR		
	Nutrition and Weight Status		
 3 out of 4	Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables	2011	Non-Systematic Review, Cross-Sectional or Prevalence Study, Expert Opinion, Field-Based Summary or Case Study, Experimental Study
	CDC/NCCDPHP		
	Nutrition and Weight Status		
 3 out of 4	Strategies to Reduce Sodium Intake in the United States	2010	Non-Systematic Review, Cross-Sectional or Prevalence Study, Expert Opinion, Field-Based Summary or Case Study
	National Academy of Sciences		
	Nutrition and Weight Status		
 3 out of 4	Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth	2007	Non-Systematic Review, Expert Opinion, Field-Based Summary or Case Study
	Institute of Medicine		
	Nutrition and Weight Status		
 3 out of 4	Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids	2005	Non-Systematic Review
	National Academy of Sciences		
	Nutrition and Weight Status		
 3 out of 4	Preventing Childhood Obesity: Health in the Balance	2004	Non-Systematic Review, Randomized Controlled Trial, Cohort Study, Cross-Sectional or Prevalence Study, Expert Opinion, Field-Based Summary or Case Study, Experimental Study
	Institute of Medicine		

The Healthy People 2020 evidence-based resources identified have been selected by subject matter experts at the U.S. Department of Health and Human Resources. Each of the selected evidence-based resources has been rated and classified according to a set of [selection criteria](#) based, in part, on publication status, publication type, and number of studies. This classification scheme does not necessarily consider all dimensions of quality, such as statistical significance, effect size (e.g., magnitude of effect), meaningfulness of effect, additional effect over control, and study design (e.g., sample size, power, internal validity, external validity, generalizability, potential biases, potential confounders).

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Clinical Recommendations

The following clinical recommendations come from the [US Preventive Services Task Force \(USPSTF\)](#).

Behavioral Counseling in Primary Care to Promote a Healthy Diet

The U.S. Preventive Services Task Force (USPSTF) recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered at [ajpmonline.org](#).

Screening for Iron Deficiency Anemia—including Iron Supplementation for Children and Pregnant Women

The U.S. Preventive Services Task Force (USPSTF) recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.

uspreventiveservicestaskforce.org 

Screening for Obesity in Adults

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.

uspreventiveservicestaskforce.org 

Screening for Obesity in Children and Adolescents

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

uspreventiveservicestaskforce.org 

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Consumer Information

The following consumer resources are from healthfinder.gov.

Healthy Snacks: Quick tips for parents

Snacks give kids important nutrients and help control hunger between meals. Get ideas for healthy snacks your kids will enjoy.

Losing Weight: Conversation starters

Talking with a friend or family member about losing weight can be hard. If you want to help a loved one reach a healthy weight, these tips can help you get the conversation started.

Heart Healthy Foods: Shopping list

Use this list the next time you go food shopping to help you choose heart healthy foods.

Keep Your Heart Healthy

Take steps today to reduce your risk of heart disease.

Eat Healthy

Your body needs the right vitamins, minerals, and other nutrients to stay healthy.

Watch Your Weight

To stay at a healthy weight, balance the calories you eat with the calories you burn (use up). If you need to lose weight, start by setting small goals.

Get Enough Calcium

Get enough calcium every day to keep your bones strong. Calcium can help prevent osteoporosis (bone loss).

Have a Healthy Pregnancy

Eat healthy, stay active, and see your doctor or midwife regularly.

Help Your Child Stay at a Healthy Weight

Help your child stay at a healthy weight by balancing what your child eats with physical activity.

Take Steps to Prevent Type 2 Diabetes

You can lower your risk of type 2 diabetes by eating healthy and staying active.

Eat Less Sodium: Quick tips

Use these tips to help reduce the amount of sodium (salt) in your diet. Most people eat much more sodium than they need.

Low Sodium Foods: Shopping list

Use this list the next time you go food shopping to help you choose foods low in sodium (salt). Most people eat much more sodium than they need.

Healthy Eating: Conversation starters

Sometimes a family member or friend could use a little encouragement to make a healthy change. Use these tips to start a conversation about eating healthy.

Calcium: Shopping list

Use this list the next time you go food shopping to help you choose foods high in calcium.

[Eat Healthy During Pregnancy: Quick tips](#)

Use these tips to choose foods that will help you have a healthy pregnancy and a healthy baby.

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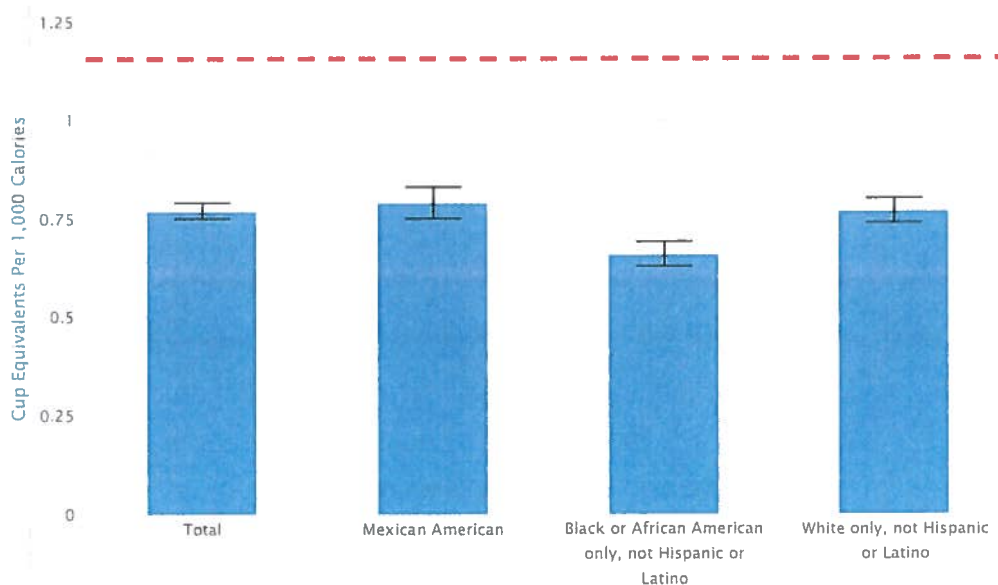
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NWS-15.1 Mean daily intake of total vegetables (age adjusted, cup equivalents per 1,000 calories, 2+ years) By Race/Ethnicity LHI

Year: 2009-2012

2020 Target = 1.16 ↑ Increase desired



At baseline, 0.76 cup equivalent of total vegetables per 1,000 calories was the mean daily intake by persons aged 2 years and over in 2005–08 (age adjusted to the year 2000 standard population). The target is 1.16 cup, based on a target-setting method of Modeling.

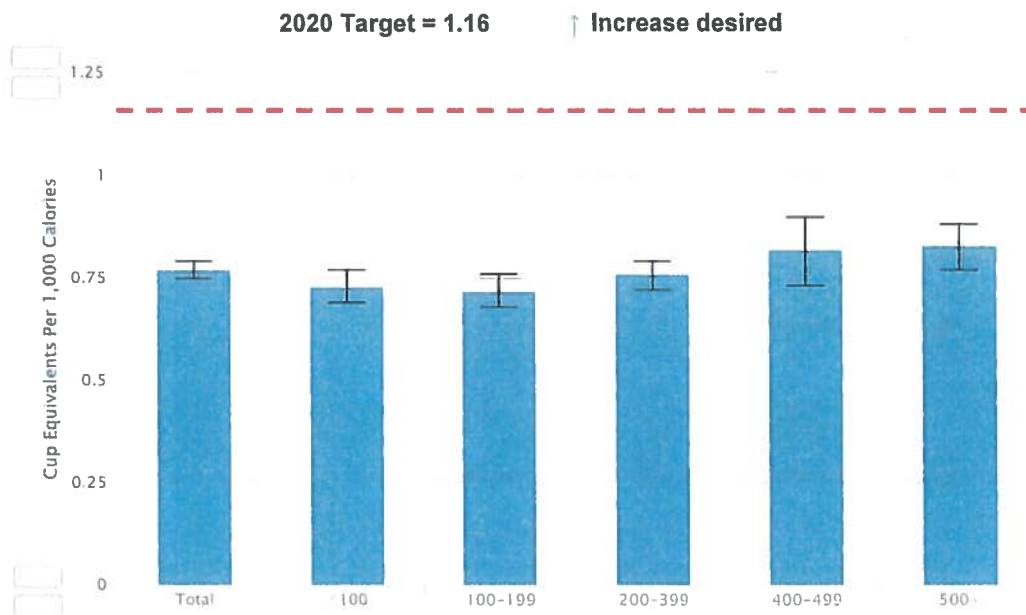
Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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NWS-15.1 Mean daily intake of total vegetables (age adjusted, cup equivalents per 1,000 calories, 2+ years) By Family income (percent poverty threshold) LHI

Year: 2009-2012



At baseline, 0.76 cup equivalent of total vegetables per 1,000 calories was the mean daily intake by persons aged 2 years and over in 2005–08 (age adjusted to the year 2000 standard population). The target is 1.16 cup, based on a target-setting method of Modeling.

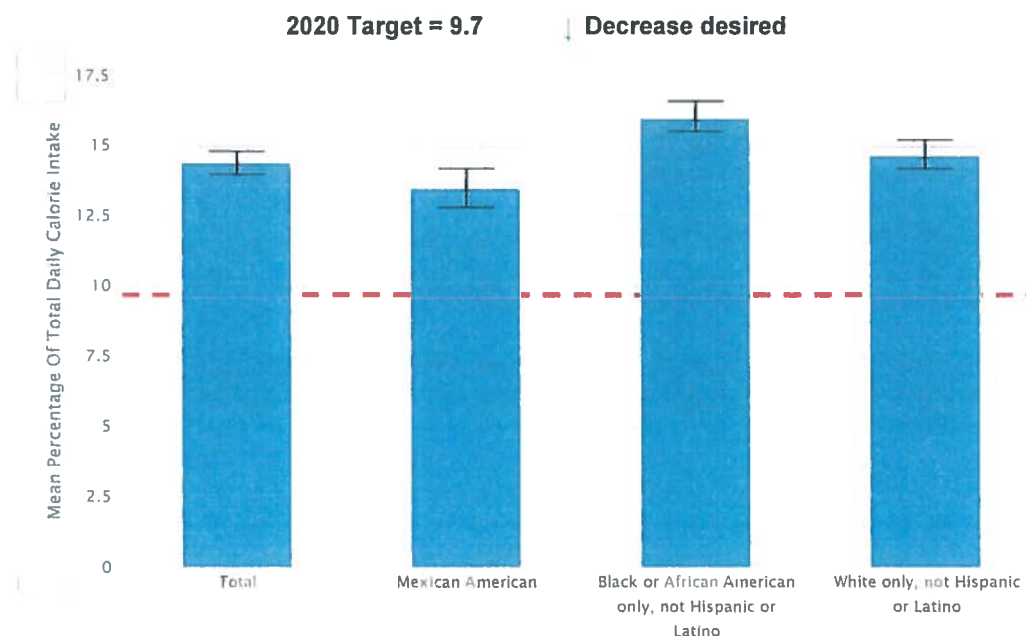
Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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NWS-17.2 Mean percent of total daily calorie intake from added sugars (age adjusted, 2+ years) By Race/Ethnicity

Year: 2009-2012



At baseline, 15.1 percent was the mean percentage of total daily calorie intake from added sugars for the population aged 2 years and over in 2005–08 (age adjusted to the year 2000 standard population). The target is 9.7 percent, based on a target-setting method of Modeling.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

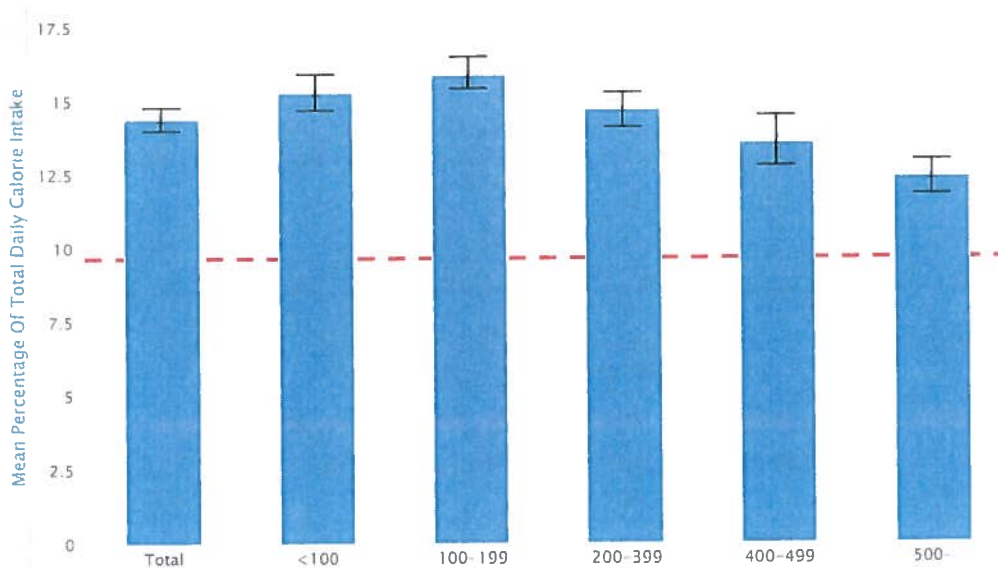
Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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**NWS-17.2 Mean percent of total daily calorie intake from added sugars (age adjusted, 2+ years)
By Family income (percent poverty threshold)**

Year: 2009-2012

2020 Target = 9.7 | Decrease desired



At baseline, 15.1 percent was the mean percentage of total daily calorie intake from added sugars for the population aged 2 years and over in 2005–08 (age adjusted to the year 2000 standard population). The target is 9.7 percent, based on a target-setting method of Modeling.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

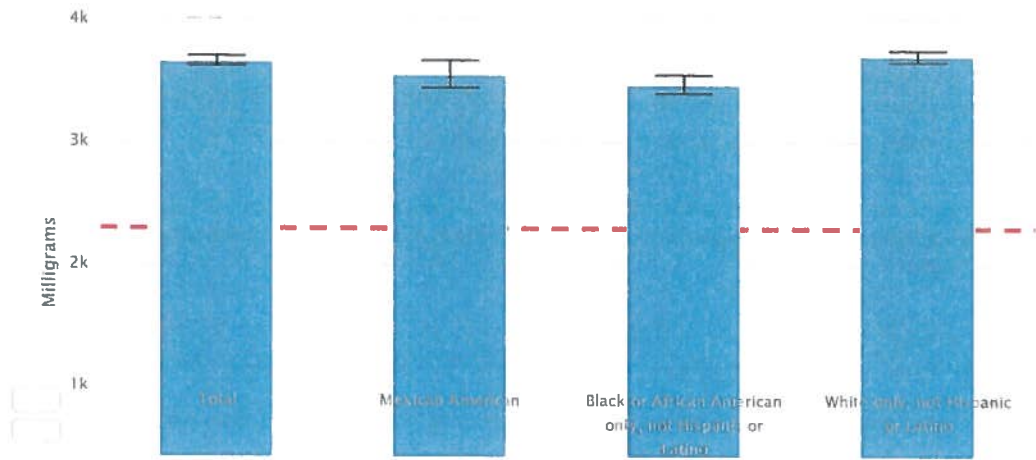
Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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**NWS-19 Mean total daily sodium intake (age adjusted, mg, 2+ years)
By Race/Ethnicity**

Year: 2009-2012

2020 Target = 2,300 | Decrease desired



At baseline, 3,658 milligrams of sodium from foods, dietary supplements, antacids, drinking water, and salt use at the table was the mean total daily intake by persons aged 2 years and over in 2009–12 (age adjusted to the year 2000 standard population). The target is 2,300 milligrams, based on a target-setting method of Modeling.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

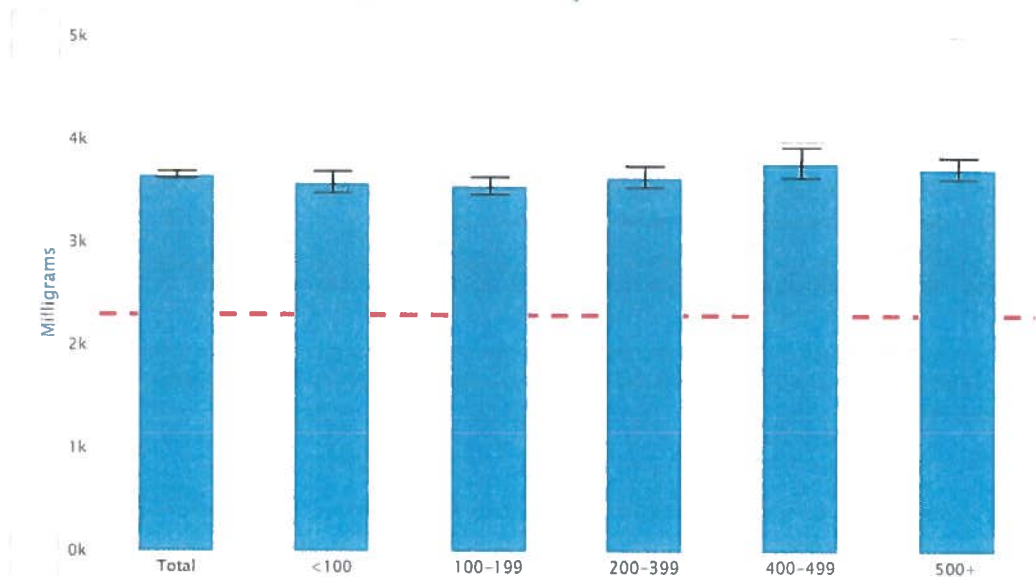
Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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NWS-19 Mean total daily sodium intake (age adjusted, mg, 2+ years) By Family income (percent poverty threshold)

Year: 2009-2012

2020 Target = 2,300 ↓ Decrease desired



At baseline, 3,658 milligrams of sodium from foods, dietary supplements, antacids, drinking water, and salt use at the table was the mean total daily intake by persons aged 2 years and over in 2009–12 (age adjusted to the year 2000 standard population). The target is 2,300 milligrams, based on a target-setting method of Modeling.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

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