

## Healthy People 2020 Summary of Objectives

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### **Nutrition and Weight Status**

**Number      Objective Short Title**

#### **Healthier Food Access**

- NWS-1      State nutrition standards for child care
- NWS-2      Nutritious foods and beverages offered outside of school meals
- NWS-3      State-level incentive policies for food retail
- NWD-4      Retail access to foods recommended by Dietary Guidelines for Americans

#### **Health Care and Worksite Settings**

- NWS-5      Primary care physicians who measure patients' body mass index (BMI)
- NWS-6      Physician office visits with nutrition or weight counseling or education
- NWS-7      Worksite nutrition and weight management classes and counseling

#### **Weight Status**

- NWS-8      Healthy weight in adults
- NWS-9      Obesity in adults
- NWS-10      Obesity in children and adolescents
- NWS-11      Inappropriate weight gain

#### **Food Insecurity**

- NWS-12      Food insecurity among children
- NWS-13      Food insecurity among households

#### **Food and Nutrient Consumption**

- NWS-14      Fruit intake
- NWS-15      Vegetable intake
- NWS-16      Whole grain intake
- NWS-17      Solid fat and added sugar intake
- NWS-18      Saturated fat intake

NWS-19 Sodium intake

NWS-20 Calcium intake

**Iron Deficiency**

NWS-21 Iron deficiency in young children and in females of childbearing age

NWS-22 Iron deficiency in pregnant females

## Topic Area: Nutrition and Weight Status

### 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.

Target: 34 States (can include the District of Columbia).

Baseline: 24 States had nutrition standards for foods and beverages provided to preschool-aged children in child care in 2006.

Target setting method: 1 State per year improvement (can include the District of Columbia).

Data sources: National Resource Center for Health and Safety in Child Care and Early Education, and child care licensing websites from each State government and the District of Columbia.

**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.

Target: 21.3 percent.

Baseline: 9.3 percent of schools did not sell or offer calorically sweetened beverages to students in 2006.

Target setting method: Modeled on previous data: 12 percentage point increase.

Data source: School Health Policies and Programs Study, CDC.

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.

Target: 18.6 percent.

Baseline: 6.6 percent of school districts required schools to make fruits or vegetables available whenever other foods are offered or served in 2006.

Target setting method: 12.0 percentage point increase.

Data source: School Health Policies and Program Study, CDC.

**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.

Target: 18 States (including the District of Columbia).

Baseline: 8 States (including the District of Columbia) had State-level policies that incentivized food retail outlets to provide foods that are encouraged by the Dietary Guidelines in 2009.

Target setting method: Modeled on previous data; 1 State per year improvement.

Data sources: CDC State Indicator Report on Fruits and Vegetables. The report gathers data from three data sources: (1) CDC Nutrition, Physical Activity, and Obesity Legislative Database, (2) National Conference of State Legislatures Health Community Design and Access to Healthy Food Legislative Database, (3) The Food Trust.

**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*.

Proposed data source: To be determined.

### **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.

Target: 53.6 percent.

Baseline: 48.7 percent of primary care physicians regularly assessed body mass index (BMI) in their adult patients in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Energy Balance Related Care among Primary Care Physicians.

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.

Target: 54.7 percent.

Baseline: 49.7 percent of primary care physicians regularly assessed body mass index (BMI) for age and sex in their child or adolescent patients in 2008.

Target setting method: 10 percent improvement.

Data source: National Survey on Energy Balance Related Care Among Primary Care Physicians.

**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 and nutrition.

Target: 22.9 percent.

Baseline: 20.8 percent of physician office visits of adult patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia included counseling or education related to diet and nutrition in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

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.

Target: 31.8 percent.

Baseline: 28.9 percent of physician office visits of adult patients who are obese included counseling or education related to weight reduction, nutrition, or physical activity in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

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

Target: 15.2 percent.

Baseline: 12.2 percent of physician office visits of all child or adults patients included counseling about nutrition or diet in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 3 percentage point improvement.

Data source: National Ambulatory Medical Care Survey, CDC, NCHS.

**NWS–7:** (Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling.

Potential data source: A followup survey to the 2004 National Worksite Health Promotion Survey.

## **Weight Status**

**NWS–8:** Increase the proportion of adults who are at a healthy weight.

Target: 33.9 percent.

Baseline: 30.8 percent of persons aged 20 years and over were at a healthy weight in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

**NWS–9:** Reduce the proportion of adults who are obese.

Target: 30.6 percent.

Baseline: 34.0 percent of persons aged 20 years and over were obese in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

**NWS–10** Reduce the proportion of children and adolescents who are considered obese.

NWS–10.1 Children aged 2 to 5 years.

Target: 9.6 percent.

Baseline: 10.7 percent of children aged 2 to 5 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10.2 Children aged 6 to 11 years.

Target: 15.7 percent.

Baseline: 17.4 percent of children aged 6 to 11 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10.3 Adolescents aged 12 to 19 years.

Target: 16.1 percent.

Baseline: 17.9 percent of adolescents aged 12 to 19 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–10.4 Children and adolescents aged 2 to 19 years.

Target: 14.6 percent.

Baseline: 16.2 percent of children and adolescents aged 2 to 19 years were considered obese in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

**NWS–11:** (Developmental) Prevent inappropriate weight gain in youth and adults.

NWS–11.1 Children aged 2 to 5 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.2 Children aged 6 to 11 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.3 Adolescents aged 12 to 19 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.4 Children and adolescents aged 2 to 19 years.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–11.5 Adults aged 20 years and older.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

## **Food Insecurity**

**NWS–12:** Eliminate very low food security among children.

Target: 0.2 percent.

Baseline: 1.3 percent of households with children had very low food security among children in 2008.

Target setting method: Consistent with the Department of Agriculture's policy to eliminate childhood hunger by 2015.

Data source: Food Security Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census.

**NWS–13:** Reduce household food insecurity and in so doing reduce hunger.

Target: 6.0 percent.

Baseline: 14.6 percent of households were food insecure in 2008.

Target setting method: Retain 2010 target.

Data source: Food Security Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census.

## **Food and Nutrient Consumption**

**NWS–14:** Increase the contribution of fruits to the diets of the population aged 2 years and older.

Target: 0.9 cup equivalents per 1,000 calories.

Baseline: 0.5 cup equivalents of fruits per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04.

Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 Dietary Guidelines for Americans [DGA] recommendations, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

**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.

Target: 1.1 cup equivalents per 1,000 calories.



Baseline: 0.8 cup equivalents of total vegetables per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 DGA recommendations, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

**NWS–15.2** Increase the contribution of dark green vegetables, orange vegetables, and legumes to the diets of the population aged 2 years and older.

Target: 0.3 cup equivalents per 1,000 calories.

Baseline: 0.1 cup equivalents of dark green or orange vegetables or legumes per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Evidence-based approach (Considered the baseline in relation to USDA Food Guide recommendations, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

**NWS–16** Increase the contribution of whole grains to the diets of the population aged 2 years and older.

Target: 0.6 ounce equivalents per 1,000 calories.

Baseline: 0.3 ounce equivalents of whole grains per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 DGA recommendation, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

**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.

Target: 16.7 percent.

Baseline: 18.9 percent was the mean percentage of total daily calorie intake provided by solid fats for the population aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Evidence-based approach (Considered the baseline in relation to USDA Food Guide recommendations, potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

**NWS–17.2** Reduce consumption of calories from added sugars.

Target: 10.8 percent.

Baseline: 15.7 percent was the mean percentage of total daily calorie intake provided by added sugars for the population aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Evidence-based approach (Considered the baseline in relation to USDA Food Guide recommendations, potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

**NWS–17.3** Reduce consumption of calories from solid fats and added sugars.

Target: 29.8 percent.

Baseline: 34.6 percent was the mean percentage of total daily calorie intake provided by solid fats and added sugars for the population aged 2 years and older in 2001–04 (age adjusted to the year 2000 standard population).

Target setting method: Evidence-based approach (Considered the baseline in relation to USDA Food Guide recommendations, potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

**NWS–18:** Reduce consumption of saturated fat in the population aged 2 years and older.

Target: 9.5 percent.

Baseline: 11.3 percent was the mean percentage of total daily calorie intake provided by saturated fat for the population aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population).

Target setting method: Evidence-based approach (Considered the baseline in relation to 2005 DGA recommendation, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

**NWS–19:** Reduce consumption of sodium in the population aged 2 years and older.

Target: 2,300 milligrams.

Baseline: 3,641 milligrams of sodium from foods, dietary supplements and antacids, drinking water, and salt use at the table was the mean total daily intake by persons aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population).

Target setting method: Evidence-based approach (Considered the baseline in relation to the 2005 DGA recommendations and Institute of Medicine [IOM] Dietary Reference Intakes [DRIs], past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

**NWS–20:** Increase consumption of calcium in the population aged 2 years and older.

Target: 1,300 milligrams.

Baseline: 1,118 milligrams of calcium from foods, dietary supplements and antacids, and drinking water was the mean total daily intake by persons aged 2 years and older in 2003–06 (age adjusted to the year 2000 standard population).

Target setting method: Evidence-based approach (Considered the baseline in relation to IOM DRIs, past trends and potentially achievable shift in the usual intake distribution, and applicability of the target to subpopulations).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS.

## **Iron Deficiency**

**NWS–21:** Reduce iron deficiency among young children and females of childbearing age.

NWS–21.1 Children aged 1 to 2 years.

Target: 14.3 percent.

Baseline: 15.9 percent of children aged 1 to 2 years were iron deficient in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–21.2 Children aged 3 to 4 years.

Target: 4.3 percent.

Baseline: 5.3 percent of children aged 3 to 4 years were iron deficient in 2005–08.

Target setting method: 1 percentage point improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

NWS–21.3 Females aged 12 to 49 years.

Target: 9.4 percent.

Baseline: 10.4 percent of females aged 12 to 49 years old were iron deficient in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

**NWS–22:** Reduce iron deficiency among pregnant females.

Target: 14.5 percent.

Baseline: 16.1 percent of pregnant females were iron deficient in 2003–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.