# Report card

## United States

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity prevalence</td>
<td>2</td>
</tr>
<tr>
<td>Trend: % Adults living with obesity in the United States 1960-2017</td>
<td>4</td>
</tr>
<tr>
<td>Trend: % Adults living with overweight or obesity in the United States 1960-2017</td>
<td>7</td>
</tr>
<tr>
<td>Trend: % Adults living with severe obesity in the United States 1960-1997</td>
<td>10</td>
</tr>
<tr>
<td>Trend: % Adults living with severe obesity in the United States 1999-2003</td>
<td>11</td>
</tr>
<tr>
<td>Trend: % Children living with overweight or obesity in the United States 1999-2011</td>
<td>12</td>
</tr>
<tr>
<td>Trend: % Children living with overweight or obesity in the United States 2009-2017</td>
<td>13</td>
</tr>
<tr>
<td>Overweight/obesity by education</td>
<td>14</td>
</tr>
<tr>
<td>Overweight/obesity by age</td>
<td>18</td>
</tr>
<tr>
<td>Overweight/obesity by region</td>
<td>20</td>
</tr>
<tr>
<td>Overweight/obesity by socio-economic group</td>
<td>23</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>27</td>
</tr>
<tr>
<td>Estimated per-capita fruit intake</td>
<td>33</td>
</tr>
<tr>
<td>Estimated per-capita processed meat intake</td>
<td>34</td>
</tr>
<tr>
<td>Estimated per-capita whole grains intake</td>
<td>35</td>
</tr>
<tr>
<td>Mental health - depression disorders</td>
<td>36</td>
</tr>
<tr>
<td>Mental health - anxiety disorders</td>
<td>37</td>
</tr>
<tr>
<td>Oesophageal cancer</td>
<td>38</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>40</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>41</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>43</td>
</tr>
<tr>
<td>Gallbladder cancer</td>
<td>45</td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>47</td>
</tr>
<tr>
<td>Cancer of the uterus</td>
<td>49</td>
</tr>
<tr>
<td>Raised blood pressure</td>
<td>50</td>
</tr>
<tr>
<td>Raised cholesterol</td>
<td>53</td>
</tr>
<tr>
<td>Raised fasting blood glucose</td>
<td>56</td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>58</td>
</tr>
<tr>
<td>Health systems</td>
<td>59</td>
</tr>
</tbody>
</table>
Obesity prevalence

Adults, 2017-2018

Survey type: Measured
Age: 18+
Sample size: 5429
Area covered: National
References: Reanalysis of NHANES 2017/18 by Rachel Jackson Leach, Jaynaide Powis World Obesity Federation

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2017-2018

Survey type: Measured
Age: 5-17
Sample size: 2086
Area covered: National
References: Reanalysis of NHANES 2017/18 by Rachel Jackson Leach, Jaynaide Powis World Obesity Federation
Cutoffs: IOTF
% Adults living with obesity in the United States 1960-2017

Men

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Women

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Men and women

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in the United States 1960-2017

Women

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Men

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Men and women

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with severe obesity in the United States 1960-1997

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/


Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with severe obesity in the United States 1999-2003

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/


Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Children living with overweight or obesity in the United States 1999-2011

Survey type: Measured
Notes: Aged 6-11
Definitions: 85th & 95th Centile CDC cut off
Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Children living with overweight or obesity in the United States 2009-2017

Survey type: Measured

References:

2009: NHANES IASO analysis
2015: NHANES 2015/16. Analysis conducted by the World Obesity Federation, Caroline Litts, Fiona Montague & R Jackson-Leach 2017
2017: Reanalysis of NHANES 2017/18 by Rachel Jackson Leach, Jaynaide Powis World Obesity Federation

Notes:

Aged 5-17

Definitions:

IOTF

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Men, 2017-2018

Survey type: Measured
Age: 18+
Sample size: 5350 (unweighted)
Area covered: National
References: NHANES 2017/18 Reanalysis by Rachel Jackson Leach, Jaynaide Powis, World Obesity Federation, March 2020
Notes: Weighted

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2017-2018

Survey type:Measured
Age:18+
Sample size:5350 (unweighted)
Area covered:National
References:NHANES 2017/18 Reanalysis by Rachel Jackson Leach, Jaynaide Powis, World Obesity Federation, March 2020
Notes:Weighted

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Boys, 2015-2016

Survey type: Measured
Age: 5-17
Sample size: 2315
Area covered: National
References: NHANES 2015/16. Analysis conducted by the World Obesity Federation, Caroline Litts, Fiona Montague & R Jackson-Leach 2017
Notes: Weighted
Cutoffs: Other
Girls, 2015-2016

Survey type: Measured
Age: 5-17
Sample size: 2315
Area covered: National
References: NHANES 2015/16. Analysis conducted by the World Obesity Federation, Caroline Litts, Fiona Montague & R Jackson-Leach 2017
Notes: Weighted
Cutoffs: Other
Overweight/obesity by age

Adults, 2017-2018

Survey type: Measured
Sample size: 5432 (unweighted)
Area covered: National
References: NHANES 2017/18 Reanalysis by Rachel Jackson Leach, Jaynaide Powis, World Obesity Federation, March 2020
Notes: Weighted

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2017-2018

Survey type: Measured
Sample size: 2086 (unweighted)
Area covered: National
References: NHANES 2017/18 Reanalysis by Rachel Jackson Leach, Jaynaide Powis, World Obesity Federation, March 2020
Notes: Weighted
Cutoffs: IOTF
Overweight/obesity by region

Adults, 2014

Survey type: Self-reported
Age: 18+
Area covered: National


Notes: NOT NHANES States N-Z (inclusive)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Boys, 1999-2006

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight or obesity (%)</td>
<td>35</td>
<td>25</td>
</tr>
</tbody>
</table>

Survey type: Measured
Age: 2-19
Sample size: 15479
Area covered: National
Notes: Children were considered overweight and obese if their body mass index (BMI) was at or above the 85th percentile for age and gender according to growth charts from the National Center for Health Statistics (NCHS).
Cutoffs: Other
Girls, 1999-2006

Survey type: Measured
Age: 2-19
Sample size: 15479
Area covered: National


Notes: Children were considered overweight and obese if their body mass index (BMI) was at or above the 85th percentile for age and gender according to growth charts from the National Center for Health Statistics (NCHS).

Cutoffs: Other
Overweight/obesity by socio-economic group

Men, 2017-2018

Survey type: Measured
Age: 18+
Sample size: 4638 (unweighted)
Area covered: National
References: NHANES 2017/18 Reanalysis by Rachel Jackson Leach, Jaynaide Powis, World Obesity Federation, March 2020
Notes: Weighted

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2017-2018

Survey type: Measured
Age: 18+
Sample size: 4638 (unweighted)
Area covered: National
References: NHANES 2017/18 Reanalysis by Rachel Jackson Leach, Jaynaide Powis, World Obesity Federation, March 2020
Notes: Weighted

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Boys, 2017-2018

Survey type: Measured
Age: 5-17
Sample size: 1852 (unweighted)
Area covered: National
References: NHANES 2017/18 Reanalysis by Rachel Jackson Leach, Jaynaide Powis, World Obesity Federation, March 2020
Notes: Weighted
Cutoffs: IOTF
Girls, 2017-2018

Survey type: Measured
Age: 5-17
Sample size: 1852 (unweighted)
Area covered: National
References: NHANES 2017/18 Reanalysis by Rachel Jackson Leach, Jaynaide Powis, World Obesity Federation, March 2020
Notes: Weighted
Cutoffs: IOTF
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

Children, 2010


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

% insufficient physical activity

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita fruit intake (g/day)
Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000

Incidence per 100,000
Gallbladder cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
## Kidney cancer

**Men, 2018**

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Lucia</td>
<td>0</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>3</td>
</tr>
<tr>
<td>Haiti</td>
<td>3</td>
</tr>
<tr>
<td>Guatemala</td>
<td>4</td>
</tr>
<tr>
<td>Belize</td>
<td>4</td>
</tr>
<tr>
<td>Guyana</td>
<td>5</td>
</tr>
<tr>
<td>Jamaica</td>
<td>5</td>
</tr>
<tr>
<td>Jamaica</td>
<td>5</td>
</tr>
<tr>
<td>Honduras</td>
<td>5</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>6</td>
</tr>
<tr>
<td>El Salvador</td>
<td>6</td>
</tr>
<tr>
<td>Suriname</td>
<td>6</td>
</tr>
<tr>
<td>Bahamas</td>
<td>7</td>
</tr>
<tr>
<td>Bolivia</td>
<td>8</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>9</td>
</tr>
<tr>
<td>Colombia</td>
<td>10</td>
</tr>
<tr>
<td>Ecuador</td>
<td>11</td>
</tr>
<tr>
<td>Paraguay</td>
<td>12</td>
</tr>
<tr>
<td>Mexico</td>
<td>15</td>
</tr>
<tr>
<td>Panama</td>
<td>15</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>15</td>
</tr>
<tr>
<td>Cuba</td>
<td>16</td>
</tr>
<tr>
<td>Brazil</td>
<td>17</td>
</tr>
<tr>
<td>Venezuela</td>
<td>18</td>
</tr>
<tr>
<td>Peru</td>
<td>19</td>
</tr>
<tr>
<td>Barbados</td>
<td>20</td>
</tr>
<tr>
<td>Chile</td>
<td>21</td>
</tr>
<tr>
<td>Argentina</td>
<td>22</td>
</tr>
<tr>
<td>Canada</td>
<td>23</td>
</tr>
<tr>
<td>United States</td>
<td>24</td>
</tr>
<tr>
<td>Uruguay</td>
<td>25</td>
</tr>
</tbody>
</table>

**Age:** 20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age:

20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008

% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008


Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014-2019

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014-2019


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: High Income

Health systems summary
Healthcare coverage in the USA is fragmented, with several public and private sources. Public coverage provided by the government include Medicare, a federal program for the disabled and adults over 64, and Medicaid, a means-tested insurance programme that provides free or low-cost care to those who do not have insurance through their employers or cannot afford insurance through the private market. There is also publicly provided military coverage. Publicly financed care is typically funded by a combination of taxation, premiums, federal revenues and co-payments. On the other hand, private sources of health coverage, which include employer-provided health insurance and private insurance, are funded by employers, employees and private spending.

Efforts have been made since the 2010 Affordable Care Act to reduce the number of underinsured and uninsured Americans. There is evidence that the expansion of Medicaid under the Act reduced the percentage of the population uninsured from 16% to 8% and has improved financial risk protection for the low-income population. The USA is an outlier among large, rich countries by not having universal healthcare.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Not known</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Partial</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Partial</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

<table>
<thead>
<tr>
<th>Lack of training for healthcare professionals</th>
<th>Stigma</th>
<th>High cost of out of pocket payments</th>
<th>Failure to recognise or accept all available treatment options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of financial investment and lack of coverage</td>
<td>Healthcare professionals disinterested in obesity training and treatment</td>
<td>Poor adherence to or fear of treatment</td>
<td>Obesity not recognised as a disease</td>
</tr>
</tbody>
</table>

Summary of stakeholder feedback

Stakeholders felt that obesity was not yet recognised as a disease, both at a government and a health provider level. It was recognised that there has been some progress - with the American Medical Association and numerous groups and government agencies recognising obesity as a disease - but not enough. There are still some state governments and insurers who explicitly consider obesity to not be a disease and it was noted that obesity is certainly not yet treated in the same way as other chronic diseases such as diabetes and cancer.

Those living with obesity reportedly present to the system in primary care, but only when they have comorbidities. Despite this, stakeholders noted that obesity is rarely managed in primary care due to a lack of provider knowledge and poor reimbursement of treatment options. Instead, obesity medicine specialists were said to increasingly be the main source of care for people with obesity, a practice that is unsustainable. Stakeholders felt that people tended to leave the system because of lack of specialist referral and poor follow-up.

Once in the system, the type of treatment available to patients is highly dependent on type of health coverage the individual has and the state they live in. This results in great inequality and inequity in the accessibility of treatment. Medicare covers surgery if BMI criteria is met, but what Medicaid covers varies across states. Pharmacotherapy was said to be poorly covered across the board. As a result, many pay out of pocket for treatment across the country.

There are many guidelines and recommendations for treatment of obesity in adults and children. Examples include recommendations/guidelines from the U.S. Preventive Services Task Force, the American Association of Clinical Endocrinologists, and The Obesity Society. One stakeholder highlighted that the issue was not a lack of guidelines, but how existing guidelines could be met. Stakeholders felt that healthcare practitioners were generally not appropriately trained to manage people with obesity, with there being inadequate numbers of trained professionals in both urban and rural areas. There is training available through the America Board of Obesity Medicine, it was said that many have to self-fund. There is another certification by the Academy of Nutrition and Dietetics for dietitians and other integrated health professionals.