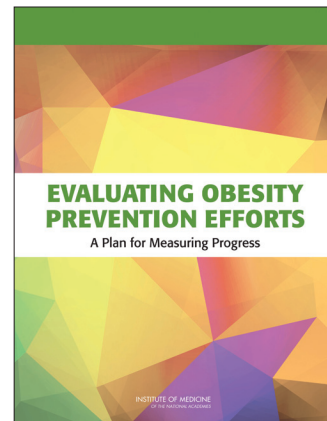




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Indicators for Measuring Progress in Obesity Prevention





















The 2012 IOM report *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* identified key goal areas and strategies for obesity prevention in the United States. In 2013, the IOM released the follow-up report *Evaluating Obesity Prevention Efforts: A Plan for Measuring Progress*, which draws on the recommendations of the 2012 report and proposes a plan to measure progress in obesity prevention, including new metrics.









This table lists indicators of progress for each goal area and strategy and notes whether data for tracking change are available at the community  and national  levels. The table is available in interactive form at www.iom.edu/evaluatingprogress. Consult the interactive table for links to specific data sources for each indicator.

Improve the collective impact of obesity prevention efforts

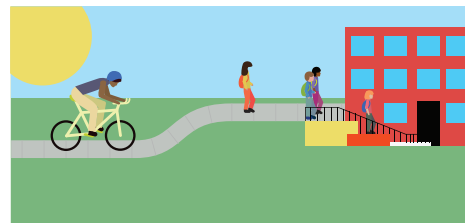














INDICATOR TOPIC*		DATA AVAILABILITY
1 Obesity—adult	Reduce the proportion of adults who are obese (body mass index (BMI) ≥ 30) ^a	  
2 Obesity—adolescent	Reduce the proportion of adolescents aged 12–19 who are considered obese ^c	  
3 Obesity—child	Reduce the proportion of children aged 6–11 who are considered obese ^{b,c}	  
4 Obesity—preschool age	Reduce the proportion of children aged 2–5 who are considered obese ^{b,c}	 
5 Overweight—adult	Reduce the proportion of adults who are considered overweight (BMI 25–29.9) ^d	  
6 Overweight—adolescent	Reduce the proportion of adolescents aged 12–19 who are considered overweight ^d	  
7 Overweight—child	Reduce the proportion of children aged 6–11 who are considered overweight ^d	  











INDICATOR TOPIC*			DATA AVAILABILITY
8	Overweight—preschool age	Reduce the proportion of children aged 2–5 who are considered overweight ^d	
9	Overweight—infant	Reduce the proportion of infants aged 0–2 with weight-for-length greater than the 95th percentile based on Centers for Disease Control and Prevention (CDC) recommendation to use the World Health Organization (WHO) growth charts standard for birth to age 24 months	
10	Gestational weight gain	Reduce gestational weight gain to meet the IOM (2009) recommendations for total and rate of weight gain based on pre-pregnancy BMI	
11	Birth weight	Increase the number of children who are born with a birth weight that is appropriate for their gestational age	
12	Maternal pre-pregnancy weight	Reduce the proportion of women whose pre-pregnancy weight is considered obese or overweight	
13	Maternal post-pregnancy weight	Reduce the proportion of women who are considered obese or overweight post-pregnancy	

GOAL AREA 1

Improve the physical activity environment











14	Adult physical activity	Increase the proportion of adults who meet current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity ^{b,c}	  ◇
15	Adolescent physical activity	Increase the proportion of adolescents who meet current federal physical activity guidelines for aerobic physical activity ^b	 
16	Child and adolescent daily vigorous physical activity	Increase the proportion of children aged 6–17 who engage in at least 20 minutes per day of vigorous physical activity	 
STRATEGY 1-1: ENHANCE THE PHYSICAL AND BUILT ENVIRONMENT			
17	Joint/shared use of community facilities	Increase the proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations) ^b	  ◇
18	Policies that promote physical activity and the built environment	Increase legislative policies for the built environment (i.e., community-scale, street-scale, and transportation and travel policies) that enhance access to and availability of physical activity opportunities ^{b (developmental)}	
19	Active transport by adults	Increase the proportion of walking trips made by adults for leisure or commuting to work ^{b (developmental)}	 
20	Active commuting to school	Increase the proportion of trips to school made by walking 1 mile or less or biking 2 miles or less by children aged 5 to 15 years ^{b (developmental)}	





















INDICATOR TOPIC*			DATA AVAILABILITY
21	Bicycling by adults	Increase the proportion of trips of 5 miles or less made by bicycling by adults for leisure or active transport for commuting purposes ^{b (developmental)}	 
22	Recreational facility outlet density	Increase the proportion of recreation and fitness facilities per 1,000 people	 
23	Child and adolescent physical activity-related attitudes and perceptions	Increase the proportion of children aged 0-17 years living in safe neighborhoods	
24	Child and adolescent physical activity-related attitudes and perceptions	Increase the proportion of children aged 0-17 years living in supportive neighborhoods	
25	Physical activity for older adults	Increase the proportion of older adults (aged 65 and older) with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities ^b	  
STRATEGY 1-2: PROVIDE AND SUPPORT COMMUNITY PROGRAMS DESIGNED TO INCREASE PHYSICAL ACTIVITY			
26	Nonschool organized physical activity-related activities	Increase the proportion of children aged 6-17 who participate in one or more organized physical activities outside of school, such as sports teams or lessons, clubs, or organizations	
STRATEGY 1-3: ADOPT PHYSICAL ACTIVITY REQUIREMENTS FOR LICENSED CHILD CARE PROVIDERS			
27	Physical activity requirements for licensed child care	Increase the number of states with licensing regulations for physical activity in child care that require a number of minutes of physical activity per day or by length of time in care (physical activity is defined to include large muscle or gross motor activity, development, and/or equipment as well as vigorous or moderate physical activity) ^b	

GOAL AREA 2

Improve the food and beverage environment



28	Adult energy intake	Reduce the mean calories consumed among adults to meet Dietary Guideline recommendations for age, gender, and activity levels	
29	Child and adolescent energy intake	Reduce the mean calories consumed among children and adolescents aged 2 to 19 to meet Dietary Guideline recommendations for age, gender, and activity levels	
STRATEGY 2-1: ADOPT POLICIES AND IMPLEMENT PRACTICES TO REDUCE OVERCONSUMPTION OF SUGAR-SWEETENED BEVERAGES			
30	Sugar-sweetened beverage policies in schools	States and school districts adopt policies that prohibit the sale of sugar-sweetened beverages in schools and require that schools offer a variety of no- or low-calorie beverage options that are favorably priced ^d	  
31	Sugar-sweetened beverage consumption	Reduce energy intake from consumption of sugar-sweetened beverages ^d	  

INDICATOR TOPIC*		DATA AVAILABILITY	
32	Price of low-fat milk	Reduce the relative price of low-fat milk (compared to soda/sweetened beverages)	 
33	Sugar-sweetened beverage taxation	Increase the number of states that adopt a law imposing an excise tax on sugar-sweetened beverages and dedicating a portion of the revenue to obesity prevention programs	  
STRATEGY 2-2: INCREASE THE AVAILABILITY OF LOWER-CALORIE AND HEALTHIER FOOD AND BEVERAGE OPTIONS FOR CHILDREN IN RESTAURANTS			
34	Child and adolescent caloric intake in restaurants	Reduce caloric intake by children and adolescents in chain and quick-service restaurants ^d	
STRATEGY 2-3: UTILIZE STRONG NATIONAL STANDARDS FOR ALL FOODS AND BEVERGES SOLD OR PROVIDED THROUGH THE GOVERNMENT, AND ENSURE THAT THESE HEALTHY OPTIONS ARE AVAILABLE IN ALL PLACES FREQUENTED BY THE PUBLIC			
35	Consumption of solid fats and added sugars	Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older ^b	
36	Consumption of solid fats	Reduce consumption of calories from solid fats ^b	
37	Consumption of added sugars	Reduce consumption of calories from added sugars ^b	
38	School policies to facilitate access to clean drinking water	Increase the proportion of states and sistricts with policies that require schools to provide access to free, clean, potable water throughout the school setting ^d	  
39	Consumption of fruits	Increase the contribution of fruits to the diets of the population aged 2 years and older ^b	 
40	Consumption of vegetables	Increase the variety and contribution of total vegetables to the diets of the population aged 2 years and older ^{b,c}	 
41	Consumption of whole grains	Increase the contribution of whole grains to the diets of the population aged 2 years and older ^b	
42	Healthy vending policies in federal worksites	The federal government expands its healthy vending/concession guidelines to include all federal government-owned, -operated, and -occupied buildings, worksites, and facilities ^d	
43	Nutrition standards in child care	Increase the number of states with nutrition standards for foods and beverages provided to preschool-aged children in child care ^b	
STRATEGY 2-4: INTRODUCE, MODIFY, AND UTILIZE HEALTH-PROMOTING FOOD AND BEVERAGE RETAILING AND DISTRIBUTION			
44	Food retail incentive policies	Increase the number of states that have state-level policies that incentivize food retail outlets to provide foods that are encouraged by the <i>Dietary Guidelines for Americans</i> ^b	

INDICATOR TOPIC*		DATA AVAILABILITY
45	Fast food outlet density Reduce the density of fast-food restaurants (per 100,000 population)	
46	Healthy food outlet density Increase the proportion of healthy food outlets in communities across the United States	
47	Price of fruit and vegetable Decrease the relative price of fruit and vegetables (compared to snack items)	

GOAL AREA 3

Improve the messaging environment









STRATEGY 3-1: DEVELOP AND SUPPORT A SUSTAINED, TARGETED PHYSICAL ACTIVITY AND NUTRITION SOCIAL MARKETING PROGRAM		
48	Funding for national social marketing program Federal funding for sustained, targeted physical activity and nutrition social marketing campaign, and designation of a lead federal agency to oversee it ^d	
STRATEGY 3-2: IMPLEMENT COMMON STANDARDS FOR MARKETING FOODS AND BEVERAGES TO CHILDREN AND ADOLESCENTS		
49	Television marketing of foods and beverages to children and adolescents Increase the proportion of foods and beverages marketed to children and adolescents that are recommended by the <i>Dietary Guidelines for Americans</i> and reduce the proportion of foods and beverages marketed that are not recommended by the <i>Dietary Guidelines for Americans</i> ^d	
STRATEGY 3-3: ENSURE CONSISTENT NUTRITION LABELING FOR THE FRONT OF PACKAGES, RETAIL STORE SHELVES, AND MENUS AND MENU BOARDS THAT ENCOURAGES HEALTHIER FOOD CHOICES		
50	Purchase of foods and beverages recommended in <i>Dietary Guidelines for Americans</i> Increase purchases of reformulated foods that meet the definition in the <i>Dietary Guidelines for Americans</i> of foods and beverages people should consume in greater quantities and reduce purchasing of items not recommended by the <i>Dietary Guidelines for Americans</i> ^d	
STRATEGY 3-4: ADOPT CONSISTENT NUTRITION EDUCATION POLICIES FOR FEDERAL PROGRAMS WITH NUTRITION EDUCATION COMPONENTS		
51	Nutrition education policies for federal nutrition programs Increase the proportion of states that adopt SNAP-Ed curricula that note which foods and beverages to increase (i.e., those recommended by the <i>Dietary Guidelines for Americans</i>) and which to decrease (e.g., solid fats and added sugars) ^d	
52	Purchase by SNAP participants of foods and beverages recommended in <i>Dietary Guidelines for Americans</i> Increase the proportion of foods and beverages purchased by SNAP participants that are recommended by the <i>Dietary Guidelines for Americans</i> and decrease the proportion of foods and beverages purchased that are not recommended by the <i>Dietary Guidelines for Americans</i> ^d	

GOAL AREA 4

Improve health care and worksites


















STRATEGY 4-1: PROVIDE STANDARDIZED CARE AND ADVOCATE FOR HEALTHY COMMUNITY ENVIRONMENTS			
53	Community-based preventive nutrition services	Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and state agencies) providing population-based primary prevention services in the following area: nutrition ^b	
54	Community-based preventive physical activity services	Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and state agencies) providing population-based primary prevention services in the following area: physical activity ^b	
55	BMI measurement by physicians	Increase the proportion of primary care physicians who regularly measure the body mass index of their patients ^b	
56	Nutrition/weight counseling by physicians	Increase the proportion of physician office visits that include counseling or education related to nutrition or weight ^b	
57	Physical activity-related counseling by physicians	Increase the proportion of physician office visits that include counseling or education related to physical activity	
STRATEGY 4-2: ENSURE COVERAGE OF, ACCESS TO, AND INCENTIVES FOR ROUTINE OBESITY PREVENTION, SCREENING, DIAGNOSIS, AND TREATMENT			
58	Insurance incentives for healthful lifestyles	Increase the number of health plans that include incentives for maintaining healthful lifestyles ^d	
59	Obesity screening and promotion strategies offered by health plans	Increase the number of health plans that promote obesity screening and prevention ^d	
60	Obesity screening and prevention reimbursement strategies offered by health plans	Increase the number of health care plans that use innovative reimbursement strategies for screening and obesity prevention services ^d	
61	Obesity screening and prevention metrics	Increase the number of health plans reporting and achieving obesity prevention and screening metrics, including universal BMI assessment, weight assessment, and counseling on physical activity and nutrition for children, adolescents, and adults ^d	
STRATEGY 4-3: ENCOURAGE ACTIVE LIVING AND HEALTHY EATING AT WORK			
62	Employee health promotion programs	Increase the proportion of worksites that offer an employee health promotion program to their employees ^{b (developmental)}	
63	Employee participation in health promotion programs	Increase the proportion of employees who participate in employer-sponsored health promotion activities ^{b (developmental)}	










INDICATOR TOPIC*		DATA AVAILABILITY	
64	Employee participation in exercise programs	Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs ^{b (developmental)}	
STRATEGY 4-4: ENCOURAGE HEALTHY WEIGHT GAIN DURING PREGNANCY AND BREASTFEEDING, AND PROMOTE BREASTFEEDING-FRIENDLY ENVIRONMENTS			
65	Exclusive breastfeeding	Increase the proportion of children between the ages of 6 months and 5 years old who were exclusively breastfed or given breast milk for their first 6 months	
66	Hospital breastfeeding policies	Increase the percentage of U.S. hospitals with policies and practices to support breastfeeding ^d	
67	Employer lactation-support programs	Increase the proportion of employers that have worksite lactation-support programs ^b	  ◇
68	Breastfeeding disparities	Reduce disparities in breastfeeding initiation and maintenance ^d	

GOAL AREA 5

Improve school and child care environments^e



STRATEGY 5-1: REQUIRE QUALITY PHYSICAL EDUCATION AND OPPORTUNITIES FOR PHYSICAL ACTIVITY IN SCHOOLS			
69	Daily school physical education	Increase the proportion of adolescents who participate in daily school physical education ^b	  ◇
70	Daily school physical education	Increase the proportion of public and private schools that require daily physical education for all students ^b	  ◇
71	School recess—state	Increase the number of states that require regularly scheduled elementary school recess ^b	  ◇
72	School recess—school district	Increase the proportion of school districts that require regularly scheduled elementary school recess ^b	  ◇
73	School recess time	Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time ^b	  ◇
STRATEGY 5-2: ENSURE STRONG NUTRITIONAL STANDARDS FOR ALL FOODS AND BEVERAGES SOLD OR PROVIDED THROUGH SCHOOLS			
74	Availability of healthy food options in schools	Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold ^b	  ◇
75	School Breakfast Program in schools	Increase the proportion of schools with a School Breakfast Program ^b	  ◇
76	Child school dietary intake	Increase the proportion of children and adolescents aged 5-18 who consume foods and beverages at school recommended by the <i>Dietary Guidelines for Americans</i> ^d	

INDICATOR TOPIC*			DATA AVAILABILITY
77	Federal school meal standards	Increase the proportion of schools offering meals that meet the 2012 federal nutrition standards for school meals	
78	Child school dietary intake of fats and sugars	Decrease the proportion of children and adolescents aged 5-18 who consume foods and beverages at school not recommended by the <i>Dietary Guidelines for Americans</i> such as those containing solid fats and added sugars (SOFAS) ^d	
79	Farm-to-School programs	Increase the number of schools with Farm-to-School programs	
STRATEGY 5-3: ENSURE FOOD LITERACY IN SCHOOLS			
80	National Health Education Standards	Increase the proportion of schools that require cumulative instruction in health education that meet the National Health Education Standards for elementary, middle, and senior high schools ^b	  ◇
81	Nutrition professional development for teachers	Increase the proportion of required health education classes or courses taught by a teacher who has had professional development related to nutrition and dietary behavior within the past 2 years	  ◇
<i>Goal Area 5 Related and Relevant Indicators</i>			
82	College physical education	Increase the proportion of college and university students who receive information from their institution on the priority health risk behavior area: inadequate physical activity ^b	
83	College nutrition education	Increase the proportion of college and university students who receive information from their institution on the priority health risk behavior area: unhealthy dietary patterns ^b	

* The indicators in this table are best aligned with the recommendations included in the IOM's *Accelerating Progress in Obesity Prevention* report (IOM, 2012) based on available and ongoing data sources.

◇ For selected communities.

NOTE: Physical activity is defined to include large muscle or gross motor activity, development, and/or equipment as well as vigorous or moderate physical activity

a Wording based on wording available from data source and/or *Healthy People 2020* (HHS, 2010) wording, if applicable.

b *Healthy People 2020* indicator (HHS, 2010). "Developmental" indicates that there is no baseline data available for the indicator and therefore does not currently have a set target.

c *Leading Health Indicators* are a subset of the *Healthy People 2020* indicators selected on priority health issues (HHS, 2010).

d *Accelerating Progress in Obesity Prevention* indicator (IOM, 2012).

e Additional indicators in this table of interest related to the school and child care environment include: school (#30 and 38) and child care (#27 and 43).

References

HHS (U.S. Department of Health and Human Services). 2010. *Healthy People 2020*. <http://www.healthypeople.gov/2020/default.aspx> (accessed January 31, 2013).

IOM (Institute of Medicine). 2012. *Accelerating progress in obesity prevention: Solving the weight of the nation*. Washington, DC: The National Academies Press.

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