

# United States of America

## Country overview

### Malnutrition burden

**The United States is on course to meet the global targets for under-five stunting and under-five wasting, but is off course to meet the targets for all other indicators analysed with adequate data.**

Although it performs relatively well against other countries, the United States still experiences a malnutrition burden among its under-five population. As of 2016, the national prevalence of under-five overweight is 9.4%, which has increased slightly from 8.2% in 2014. The national prevalence of under-five stunting is 3.5%, which is significantly less than the global average of 21.9%. the United States' under-five wasting prevalence of 0.4% is also less than the global average of 7.3%.

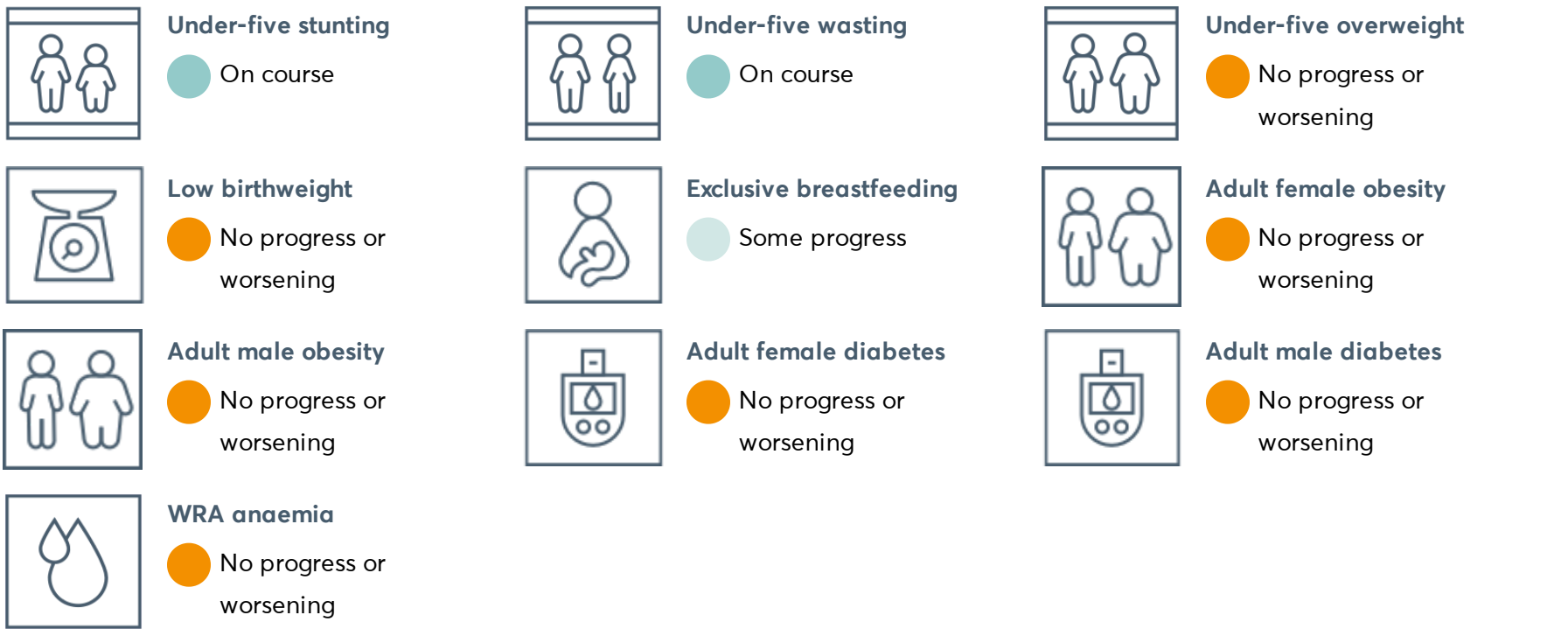
In the United States, 34.7% of infants under 6 months are exclusively breastfed. The United States' 2015 low birth weight prevalence of 8% has increased slightly from 7.5% in 2000.

The United States' adult population also face a malnutrition burden. 13.3% of women of reproductive age have anaemia, and 8.2% of adult men have diabetes, compared to 6.4% of women. Meanwhile, 37% of women and 35.5% of men have obesity.

Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

### Progress against global nutrition targets 2019



Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

# Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight



Low birth weight



Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Sources: UNICEF, Division of Data Research and Policy (2019).  
UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

# Prevalence of under-five stunting

Stunting at subnational level



Stunting at 5km level

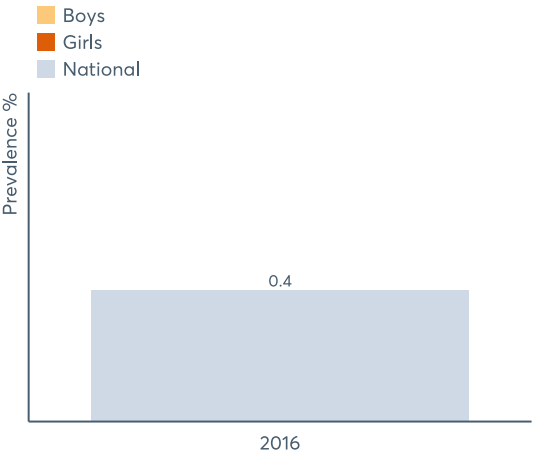


Source: Kinyoki, D.K. et al. Mapping child growth failure across low- and middle-income countries. Nature 577, 231–234 (2020) doi:10.1038/s41586-019-1878-8.

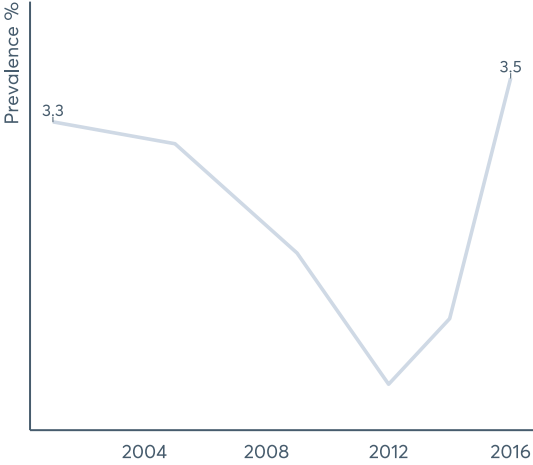
Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

# Child (under-five) nutrition status over time

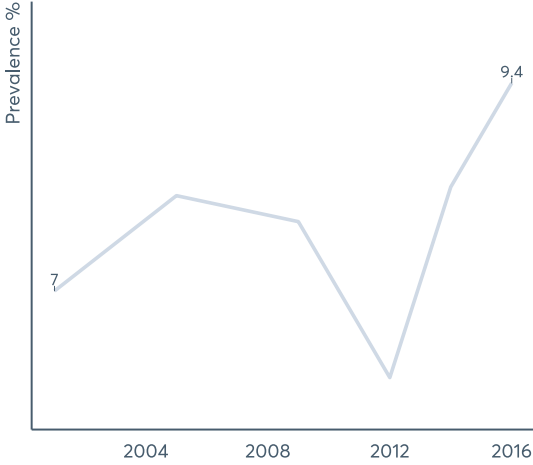
Wasting by gender



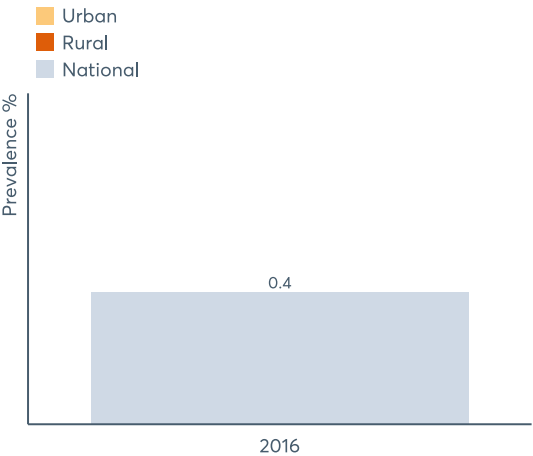
Stunting by gender



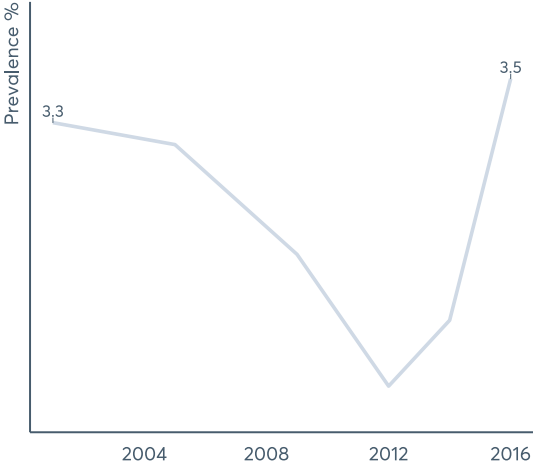
Overweight by gender



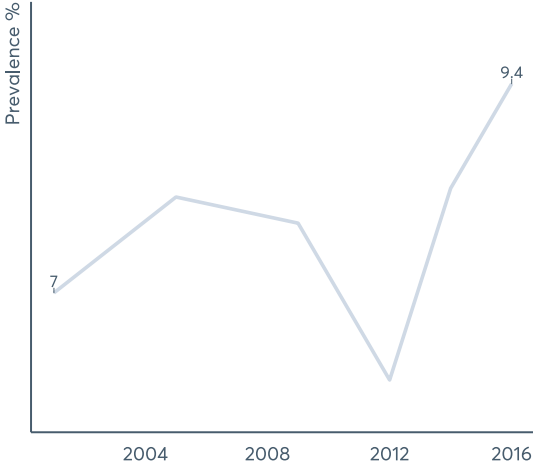
Wasting by location



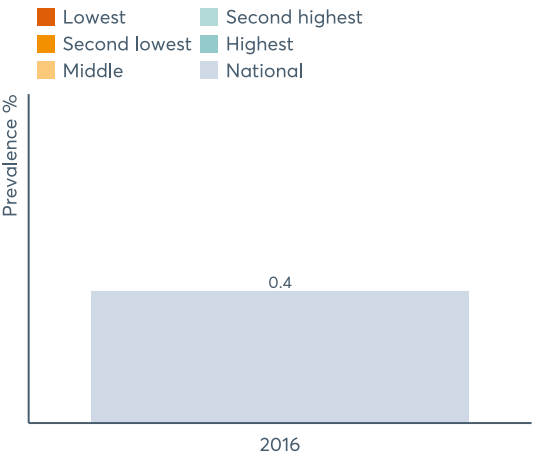
Stunting by location



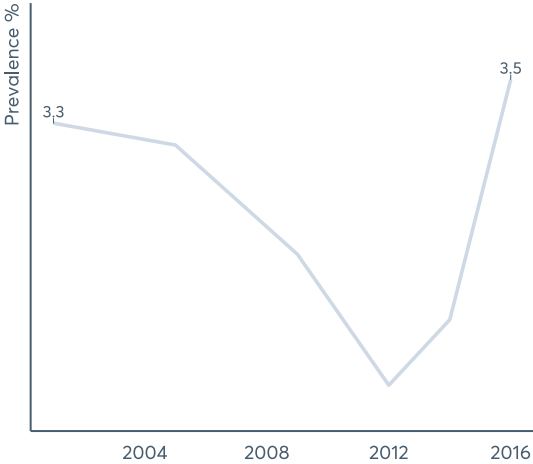
Overweight by location



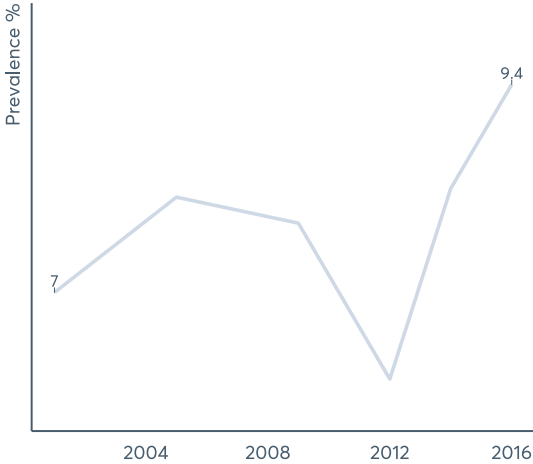
Wasting by income



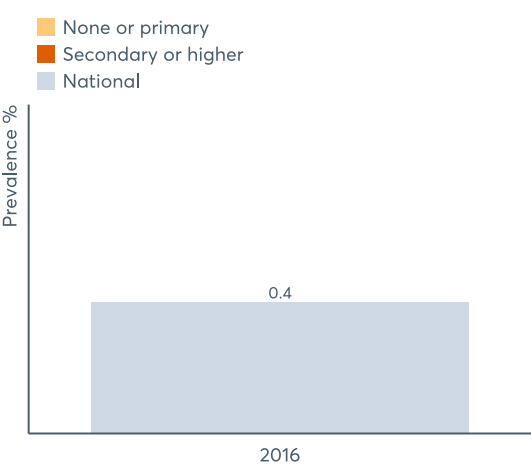
Stunting by income



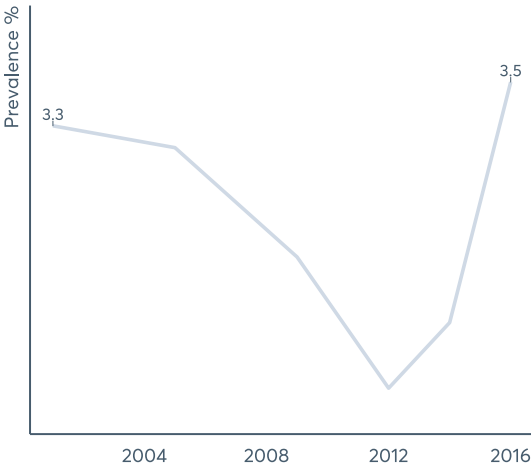
Overweight by income



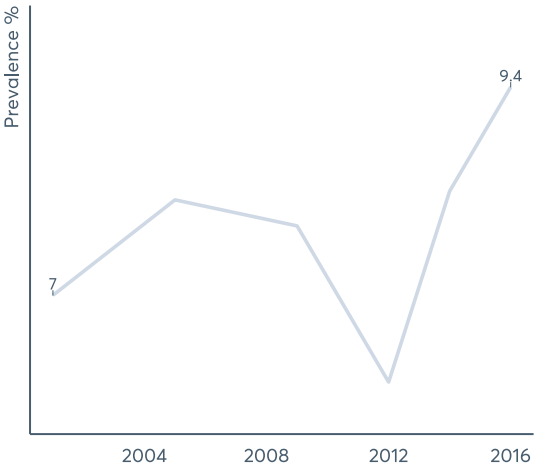
### Wasting by mother's education



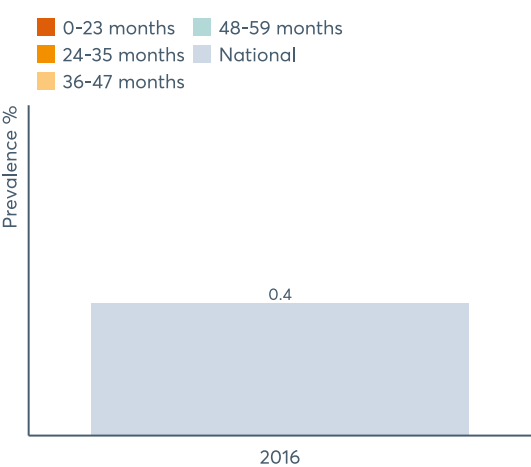
### Stunting by mother's education



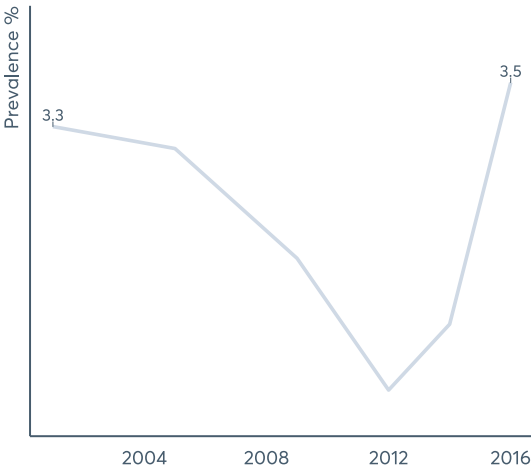
### Overweight by mother's education



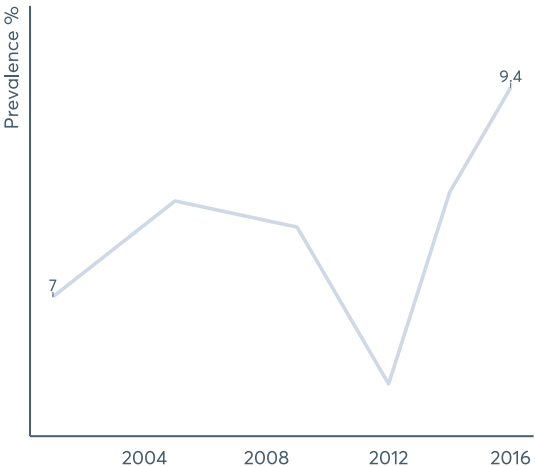
### Wasting by age



### Stunting by age



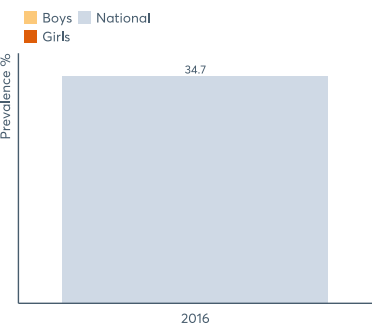
### Overweight by age



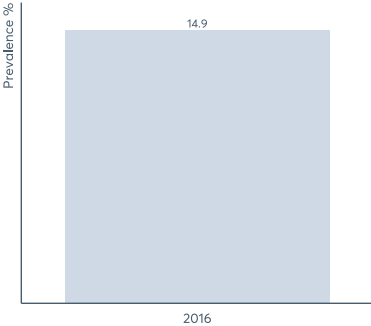
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

# Infant and young child feeding over time

Exclusive breastfeeding by gender



Continued breastfeeding at 1 year by gender



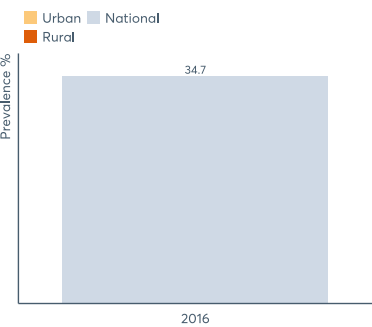
Minimum acceptable diet by gender



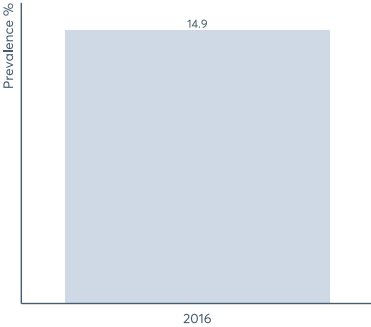
Intro. to solid, semi-solid, soft foods by gender



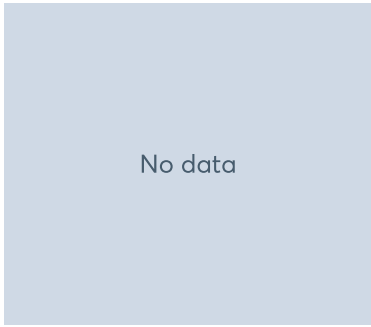
Exclusive breastfeeding by location



Continued breastfeeding at 1 year by location



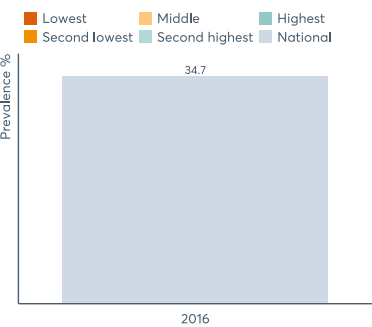
Minimum acceptable diet by location



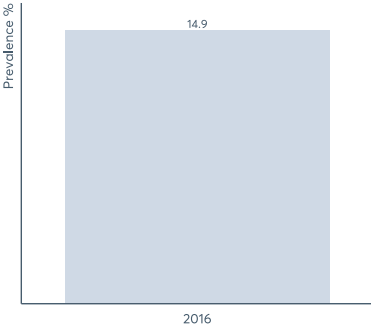
Intro. to solid, semi-solid, soft foods by location



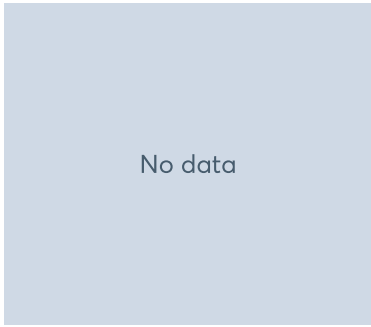
Exclusive breastfeeding by income



Continued breastfeeding at 1 year by income



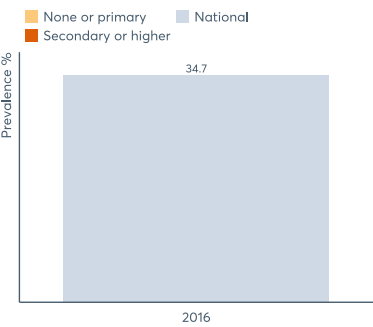
Minimum acceptable diet by income



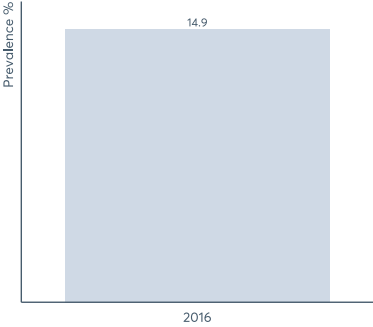
Intro. to solid, semi-solid, soft foods by income



Exclusive breastfeeding by mother's education



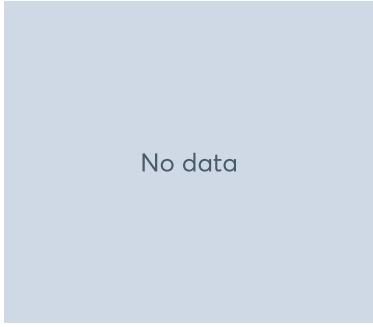
Continued breastfeeding at 1 year by mother's education



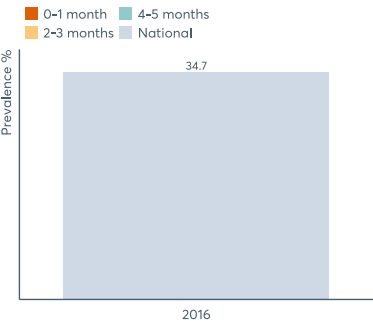
Minimum acceptable diet by mother's education



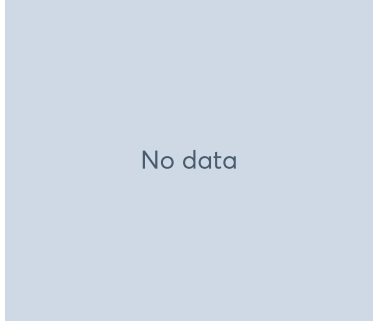
Intro. to solid, semi-solid, soft foods by mother's education



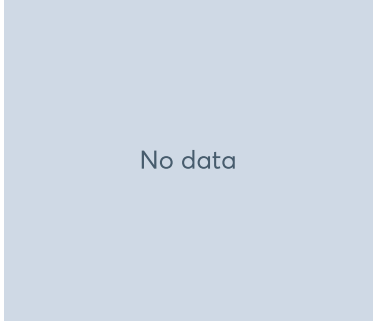
Exclusive breastfeeding by age



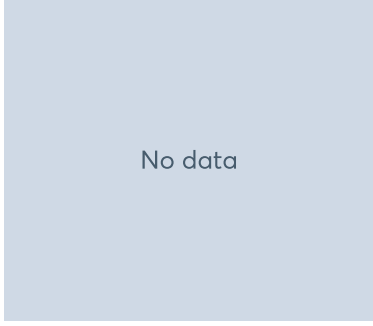
Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

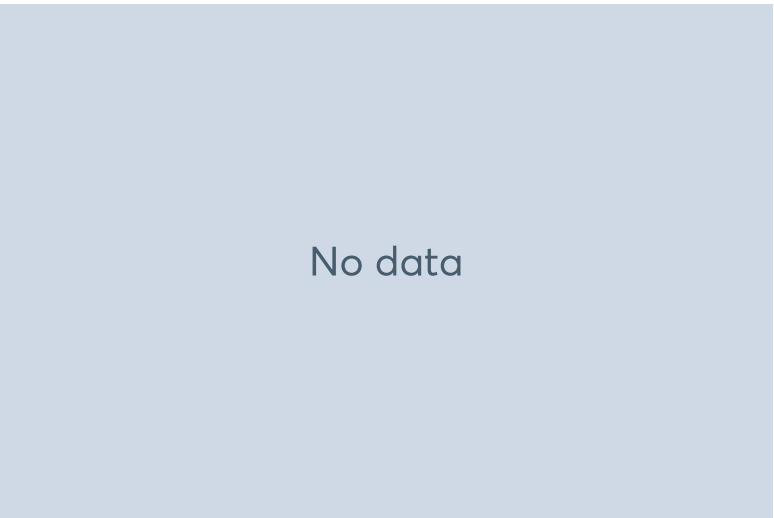
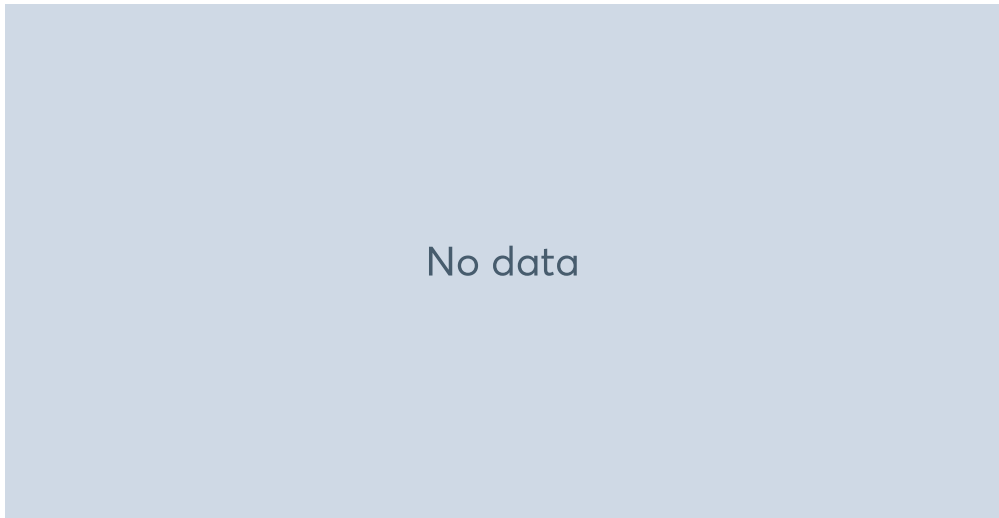


Intro. to solid, semi-solid, soft foods by age



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.

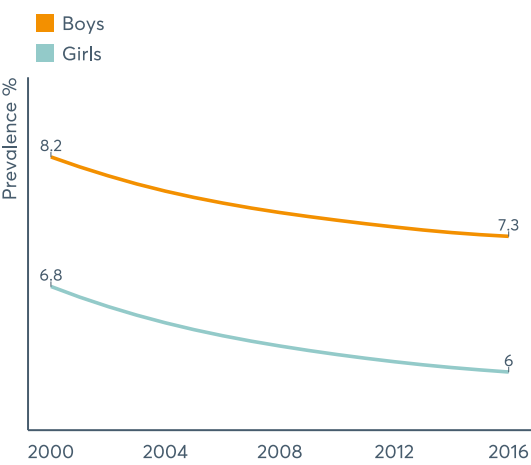
Infant and young child feeding



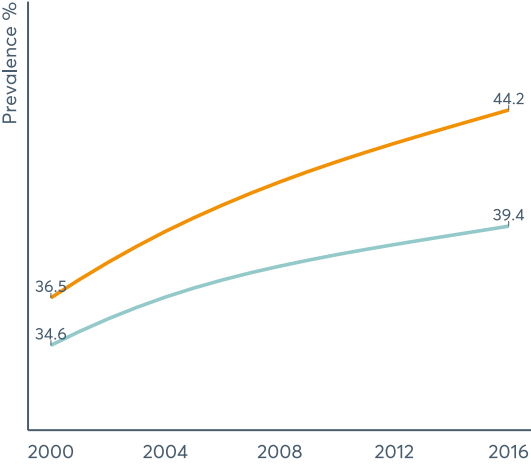
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

# Child and adolescent (aged 5-19) nutrition status

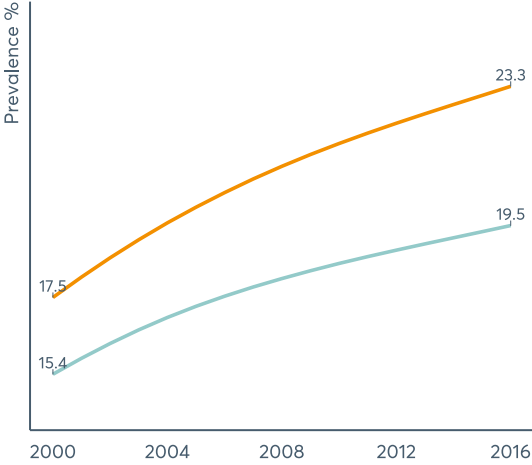
Underweight by gender



Overweight by gender



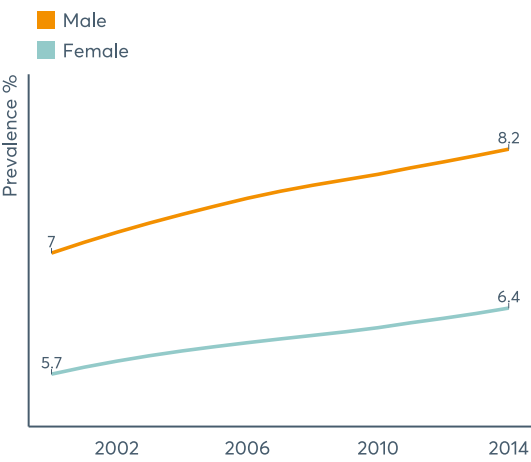
Obesity by gender



Sources: NCD Risk Factor Collaboration.

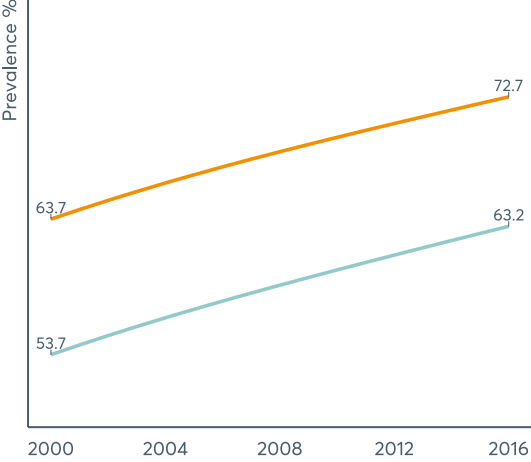
# Adult nutrition status

## Diabetes by gender

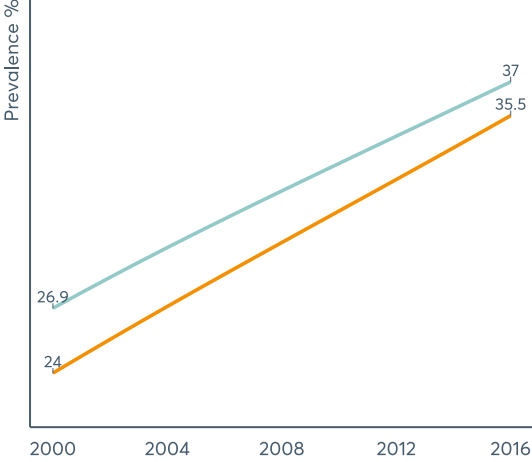


Sources: NCD Risk Factor Collaboration.

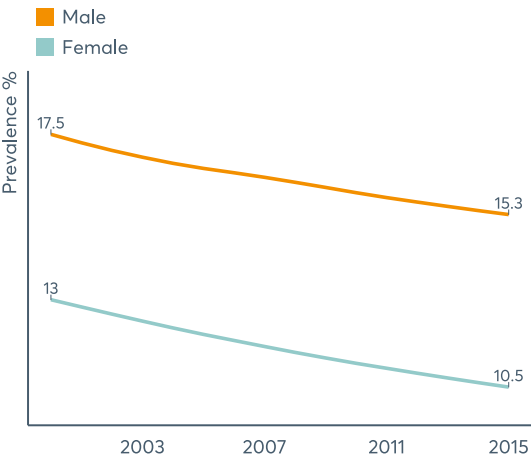
## Overweight by gender



## Obesity by gender

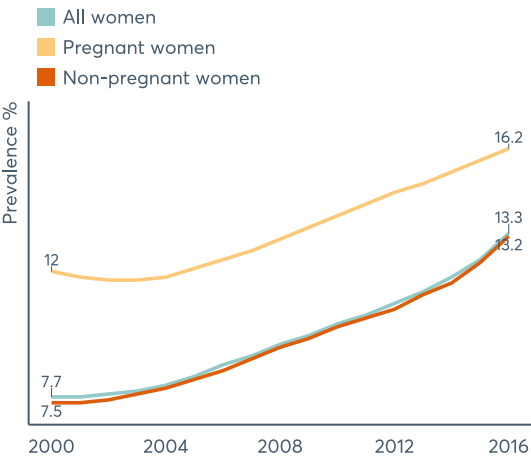


## Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

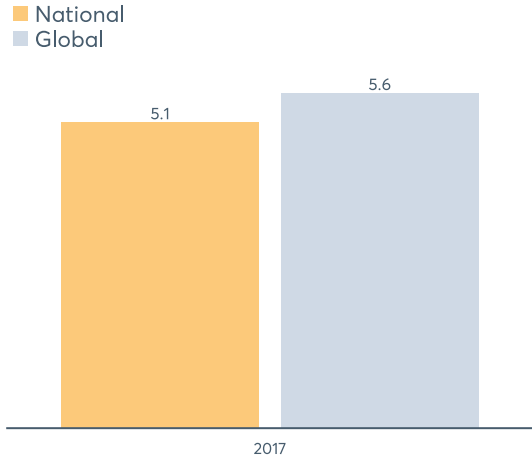
## Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

## Salt intake (grams per day)



Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.



# Dietary needs

## Consumption of food groups and components, 2016



Sources: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

# Intervention coverage

| Coverage/practice indicator   | Total (%) | Boy (%) | Girl (%) | Year    |
|---|-----------|---------|----------|---------|
| Children 0-59 months with diarrhoea who received zinc treatment   | No data   | No data | No data  | No data |
| Children 6-59 months who received vitamin A supplements in last 6 months  | No data   | No data | No data  | No data |
| Children 6-59 months given iron supplements in past 7 days  | No data   | No data | No data  | No data |
| Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care | No data   | NA      | NA       | No data |
| Household consumption of any iodised salt   | No data   | NA      | NA       | No data |

Sources: Huestis A. and Kothari M., based on 2016 Global Nutrition Report.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

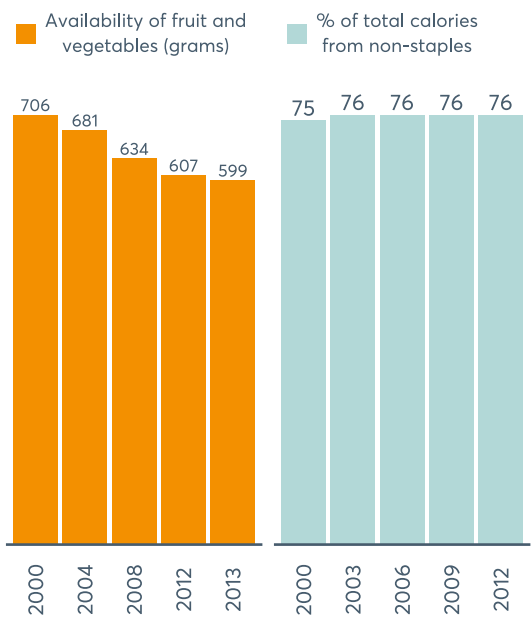
# Determinants

## Undernourishment



Source: FAOSTAT 2018.

## Food supply



Source: FAOSTAT 2018.

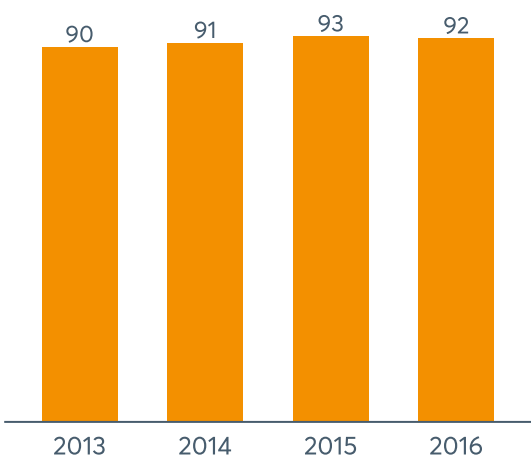
## Gender-related determinants

|  |         |         |
|--|---------|---------|
| Early childbearing births by age 18 (%) <sup>1</sup>       | No data | No data |
| Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup> | 0.19    | 2017    |
| Gender Inequality Index (country rank) <sup>2</sup>        | 41      | 2017    |

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018.

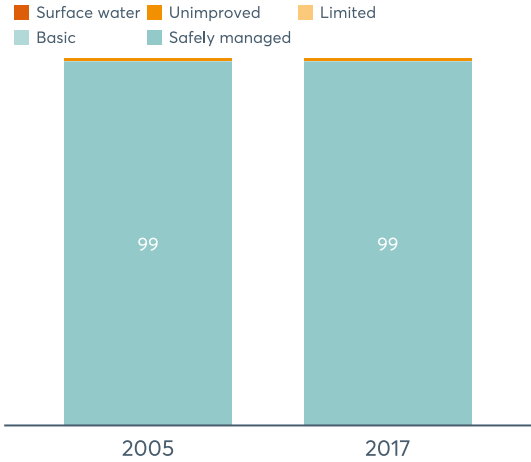
Notes: <sup>\*</sup> 0 = low inequality, 1 = high inequality.

## Female secondary education enrolment (net, % population)



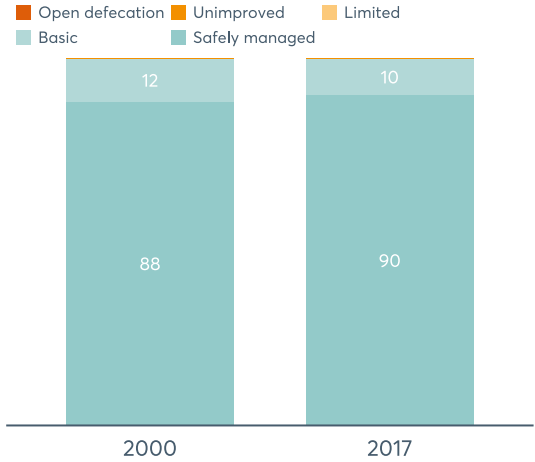
Source: UNESCO Institute for Statistics 2018.

## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

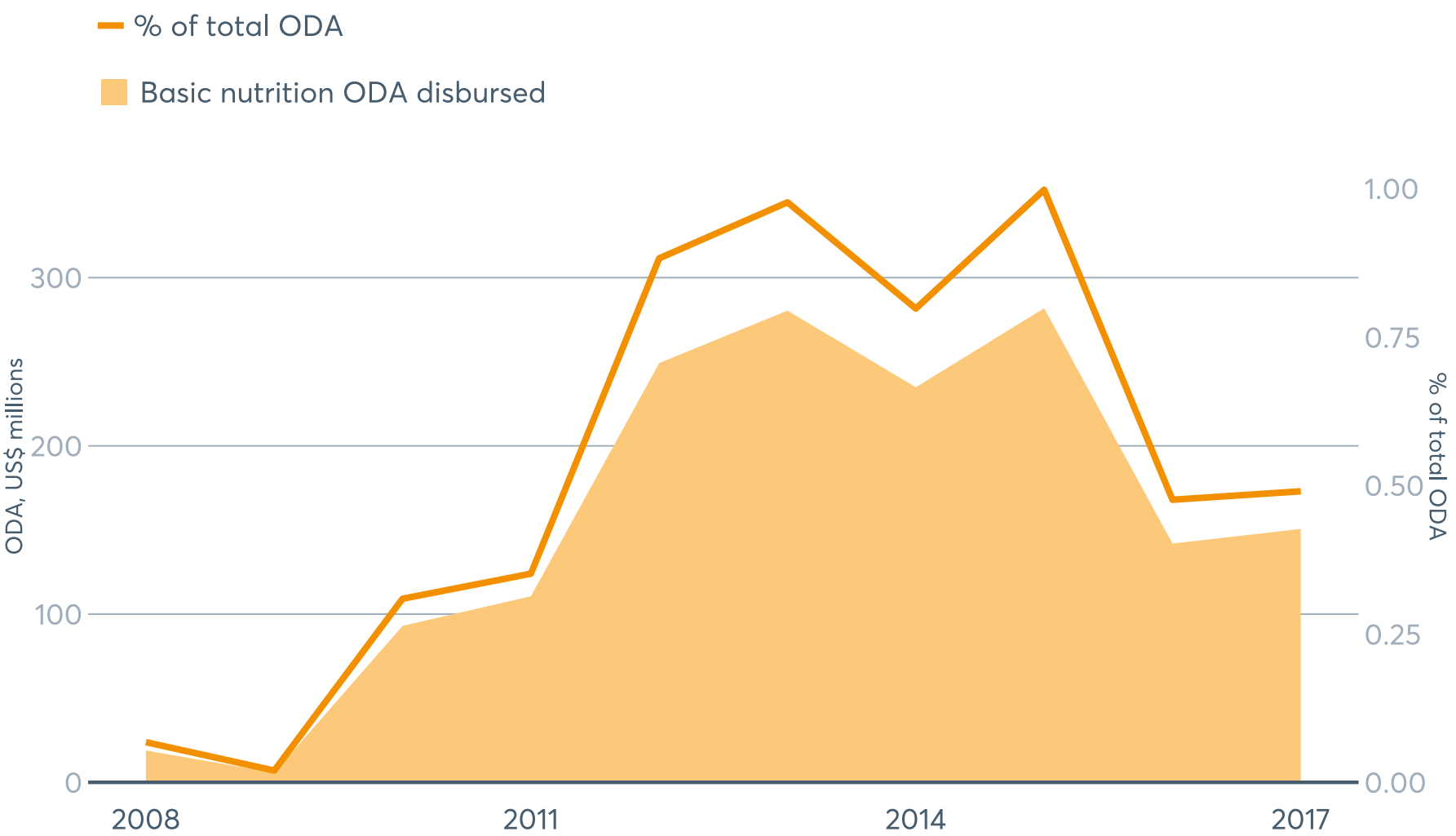
## Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Resources, policies and targets

## Development assistance



Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

## National policies

|  |     |
|--|-----|
| Mandatory legislation for salt iodisation  | No  |
| Sugar-sweetened beverage tax   | No  |
| Food-based dietary guidelines  | Yes |
| Policy to reduce salt consumption  | Yes |
| Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs   | Yes |
| Operational, multisectoral national NCD policy, strategy or action plan  | Yes |
| Operational policy, strategy or action plan for diabetes   | Yes |
| Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt | Yes |
| Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats   | Yes |

Sources: [Global Fortification Data Exchange 2018](#); Sugar-sweetened data prepared using data from the [NOURISHING database](#), academic references and market reports; [FAO 2018](#); [WHO Global database on the Implementation of Nutrition Action \(GINA\)](#), [2nd Global Nutrition Policy Review](#), [WHO Global Health Observatory](#).

Notes: NA = not applicable; NCD = non-communicable disease.

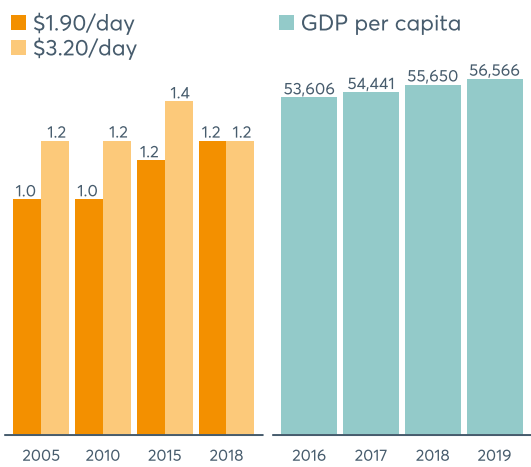
Targets included in national (nutrition or other) plan

|  |                                   |
|--|-----------------------------------|
| Stunting                                   | Anaemia                           |
| No   | Yes                               |
| Low birth weight                           | Child overweight                  |
| Yes  | Yes                               |
| Exclusive breastfeeding                    | Wasting                           |
| Yes  | No                                |
| Salt intake                                | Overweight adults and adolescents |
| Yes  | Yes                               |
| Multisectoral comprehensive nutrition plan |                                   |
| No   |                                   |

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

# Economics and demography

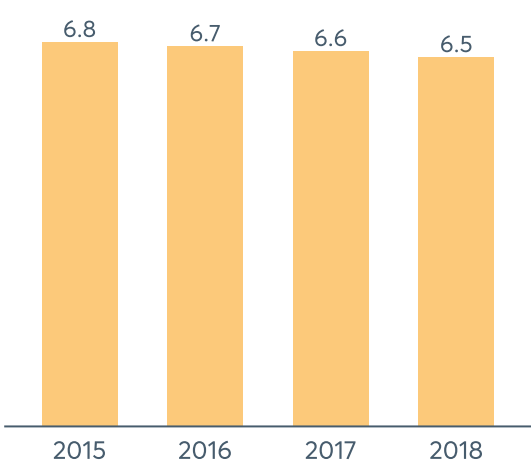
## Poverty rates (%) and GDP (PPP\$)



Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.

## Under-five mortality (per 1,000 live births)



Source: UN Inter-agency Group for Child Mortality Estimation 2018.

## Government revenues (\$m)



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

## Income inequality

| Gini index score <sup>1</sup> | Gini index rank <sup>2</sup> | Year |
|-------------------------------|------------------------------|------|
| 42                            | 111                          | 2016 |

Sources: World Bank 2019.

Notes: <sup>1</sup> 0 = perfect equality, 100 = perfect inequality.<sup>2</sup> Countries are ranked from most equal (1) to most unequal (159).

## Population

|                                   |         |      |
|-----------------------------------|---------|------|
| Population (thousands)            | 327,167 | 2018 |
| Under-five population (thousands) | 19,604  | 2019 |
| Rural (%)                         | 18      | 2018 |
| >65 years (thousands)             | 53,340  | 2019 |

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

## Population density of health workers per 1,000 people

|                          |         |         |
|--------------------------|---------|---------|
| Physicians               | 2.57    | 2014    |
| Nurses and midwives      | 9.88    | 2005    |
| Community health workers | No data | No data |

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.