2010 Dietary Guidelines for Americans

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Agenda for Commodity Supplemental Food Program (CSFP)

- Brief history and description of the Dietary Guidelines for Americans (DGA)
- Review the Key Recommendations of the DGA
- Review the tools that can be used to implement the DGA
Dietary Guidelines for Americans
History 1980 – 2010
The Dietary Guidelines for Americans

**Purpose**
- Science-based advice
- Ages 2 and older
- Food-based recommendations

**Target Audience**
- Federal programs, health professionals

**Produced by**
- HHS and USDA
- Every 5 years
Current dietary guidance

The scientific report of the 2015 Dietary Guidelines Advisory Committee (DGAC) has been released

- Provides scientific evidence to inform the 2015 Dietary Guidelines for Americans

2015 Dietary Guidelines will be completed and available in late 2015
Executive Summary

Eating and physical activity patterns that are focused on consuming fewer calories, making informed food choices, and being physically active can help people attain and maintain a healthy weight, reduce their risk of chronic disease, and promote overall health. The Dietary Guidelines for Americans, 2010 exemplifies these strategies through recommendations that accommodate the food preferences, cultural traditions, and customs of the many and diverse groups who live in the United States.


Dietary Guidelines recommendations traditionally have been intended for healthy Americans ages 2 years and older. However, Dietary Guidelines for Americans, 2010 is being released at a time of rising concern about the health of the American population. Poor diet and physical inactivity are the most important factors contributing to an epidemic of overweight and obesity affecting men, women, and children in all segments of our society. Even in the absence of overweight, poor diet and physical inactivity are associated with major causes of morbidity and mortality in the United States. Therefore, the Dietary Guidelines for Americans, 2010 is intended for Americans ages 2 years and older, including those at increased risk of chronic disease.

Dietary Guidelines for Americans, 2010 also recognizes that in recent years nearly 15 percent of American households have been unable to acquire adequate food to meet their needs. This dietary guidance can help them maximize the nutritional content of
Dietary Guidelines 2010
Introduction

- The heavy toll of diet-related chronic diseases
  - 37% of Americans have cardiovascular disease
  - 34% of Americans have hypertension
  - 11% of Americans have diabetes and 35% have pre-diabetes
    - The majority have type 2 diabetes
  - 41% of Americans will be diagnosed with cancer during their lifetimes
  - One out of every two women and one in four men ages 50 and older will have an osteoporosis-related fracture in their lifetimes
Chapter 2
Balancing Calories to Manage Weight

Achieving and sustaining appropriate body weight across the lifespan is vital to maintaining good health and quality of life. Many behavioral, environmental, and genetic factors have been shown to affect a person's body weight. Calorie balance over time is the key to weight management. Calorie balance refers to the relationship between calories consumed from foods and beverages and calories expended in normal body functions (i.e., metabolic processes) and through physical activity. People cannot control the calories expended in metabolic processes, but they can control what they eat and drink, as well as how many calories they use in physical activity.

Calories consumed must equal calories expended for a person to maintain the same body weight. Consuming more calories than expended will result in weight gain. Conversely, consuming fewer calories than expended will result in weight loss. This can be achieved over time by eating fewer calories, being more physically active, or, best of all, a combination of the two.

Maintaining a healthy body weight and preventing excess weight gain throughout the lifespan are highly preferable to losing weight after weight gain. Once a person becomes obese, reducing body weight back to a healthy range requires significant effort over a span of time, even years. People who are most successful at losing weight and keeping it off do so through continued attention to calorie balance.

The current high rates of overweight and obesity among virtually all subgroups of the population in the United States demonstrate that many Americans are in calorie imbalance—that is, they consume more calories than they expend. To curb the obesity epidemic and improve their health, Americans need to make significant efforts to decrease the total number of calories they consume from foods and beverages and increase calorie expenditure through physical activity.

For more information, see Chapter 3 for discussion of healthy eating patterns that meet nutrient needs within calorie limits.
Key Recommendations

Prevent and/or reduce overweight and obesity through improved eating and physical activity behaviors.

Control total calorie intake to manage body weight. For people who are overweight or obese, this will mean consuming fewer calories from foods and beverages.

Increase physical activity and reduce time spent in sedentary behaviors.

Maintain appropriate calorie balance during each stage of life—childhood, adolescence, adulthood, pregnancy and breastfeeding, and older age.
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Chapter 2
Balancing Calories to Manage Weight

- Adults ages 65 years and older who are overweight are encouraged to not gain additional weight.

- Among older adults who are obese, particularly those with cardiovascular disease risk factors, intentional weight loss can be beneficial and result in improved quality of life and reduced risk of chronic diseases and associated disabilities.
Chapter 3
Foods and Food Components to Reduce

The Dietary Guidelines for Americans provides science-based advice to promote health and reduce the risk of major chronic diseases through diet and physical activity. Currently, very few Americans consume diets that meet Dietary Guidelines recommendations. This chapter focuses on certain foods and food components that are consumed in excessive amounts and may increase the risk of certain chronic diseases. These include sodium, solid fats (major sources of saturated and trans fatty acids), added sugars, and refined grains. These food components are consumed in excess by children, adolescents, adults, and older adults. In addition, the diets of most men exceed the recommendation for cholesterol. Some people also consume too much alcohol.

This excessive intake replaces nutrient-dense forms of foods in the diet, making it difficult for people to achieve recommended nutrient intake and control calorie intake. Many Americans are overweight or obese, and are at higher risk of chronic diseases, such as cardiovascular disease, diabetes, and certain types of cancer. Even in the absence of overweight or obesity, consuming too much sodium, solid fats, saturated and trans fatty acids, cholesterol, added sugars, and alcohol increases the risk of some of the most common chronic diseases in the United States. Discussing solid fats in addition to saturated and trans fatty acids is important because, apart from the effects of saturated and trans fatty acids on cardiovascular disease risk, solid fats are abundant in the diets of Americans and contribute significantly to excess calorie intake. The recommendations in this chapter are based on evidence that eating less of these foods and food components can help Americans meet their nutritional needs with an appropriate calorie level, as well as help reduce chronic disease risk.
Chapter 3
Foods and Food Components to Reduce

Key Recommendations:

- Reduce daily sodium intake to less than 1,500 mg among persons who are 51 and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease.
- Consume less than 10% of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids.
- Consume less than 300 mg per day of dietary cholesterol.
- Keep trans fatty acid consumption as low as possible, especially by limiting foods that contain partially hydrogenated oils.
- Reduce the intake of calories from solid fats and added sugars.
- Limit the consumption of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugars, and sodium.
- If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and two drinks per day for men.
Chapter 4
Foods and Nutrients to Increase

A wide variety of nutritious foods are available in the United States. However, many Americans do not eat the array of foods that will provide all needed nutrients while staying within calorie needs. In the United States, intakes of vegetables, fruits, whole grains, milk and milk products, and oils are lower than recommended. As a result, dietary intakes of several nutrients—potassium, dietary fiber, calcium, and vitamin D—are low enough to be of public health concern for both adults and children. Several other nutrients also are of concern for specific population groups, such as folate for women who are capable of becoming pregnant.

This chapter describes food choices that should be emphasized to help Americans close nutrient gaps and move toward healthful eating patterns. Recommendations are based on evidence that consuming these foods within the context of an overall healthy eating pattern is associated with a health benefit or meeting nutrient needs. Guidance on food choices for a healthy eating pattern generally groups foods based on commonalities in nutrients provided and how the foods are viewed and used by consumers. The following recommendations provide advice about making choices from all food groups while balancing calorie needs.

FOR MORE INFORMATION
See Chapter 5 for a description of and additional information about suggested healthy eating patterns and their food group intake recommendations.

57. Milk and milk products also can be referred to as dairy products.
Chapter 4
Foods and Nutrients to Increase

Key Recommendations:

Individuals should meet the following recommendations as part of a healthy eating pattern and while staying within their calorie needs.

- Increase vegetable and fruit intake
- Eat a variety of vegetables, especially dark-green and red and orange vegetables and beans and peas.
- Consume at least half of all grains as whole grains. Increase whole-grain intake by replacing refined grains with whole grains.
- Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages.
- Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
- Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry.
Key Recommendations:

- Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories and/or are sources of oils.
- Use oils to replace solid fats where possible.
- Choose foods that provide more potassium, dietary fiber, calcium, and vitamin D, which are nutrients of concern in American diets. These foods include vegetables, fruits, whole grains, and milk and milk products.

**Individuals ages 50 years and older**

- Consume foods fortified with vitamin B12, such as fortified cereals, or dietary supplements.
Chapter 5
Building Healthy Eating Patterns

Individuals and families can incorporate the recommendations presented in each of the previous chapters into an overall healthy way to eat—a healthy eating pattern. A growing body of evidence from research on eating patterns supports these recommendations. A healthy eating pattern is not a rigid prescription, but rather an array of options that can accommodate cultural, ethnic, traditional, and personal preferences and food cost and availability. Americans have flexibility in making choices to create a healthy eating pattern that meets nutrient needs and stays within calorie limits. This chapter describes research findings from clinical trials of eating patterns and from observational studies of traditional eating patterns. The chapter also explains the principles for selecting a healthy eating pattern. Several templates—adaptable guides for healthy eating—have been developed that show how Americans can put these principles into action: the USDA Food Patterns, lacto-ovo vegetarian or vegan adaptations of the USDA Food Patterns, and the DASH Eating Plan. These templates translate and integrate dietary recommendations into an overall healthy way to eat. They identify average daily amounts of foods, in nutrient-dense forms, to eat from all food groups and include limits for some dietary components. Consumers, professionals, and organizations can make use of these templates to plan healthy eating patterns for various food and beverage choices.

Key Recommendations

1. Select an eating pattern that meets nutrient needs over time at an appropriate calorie level.
2. Account for all foods and beverages consumed and assess how they fit within a total healthier eating pattern.
3. Follow food safety recommendations when preparing and eating foods to reduce the risk of foodborne illnesses.

\[\text{References}\]

1. Dietary Guidelines for Americans, 2010 uses the term “eating pattern” rather than the term “diet” (as was used in the 2005 DGA report), to refer to the combination of foods and beverages that constitute an individual’s complete dietary intake over time. The term “diet” may be misused at an eating pattern intended for weight loss.
2. Dietary Approaches to Stop Hypertension.
Chapter 5
Building Healthy Eating Patterns

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- Select an eating pattern that meets nutrient needs over time at an appropriate calorie level.
- Account for all foods and beverages consumed and assess how they fit within a total healthy eating pattern.
- Follow food safety recommendations when preparing and eating foods to reduce the risk of foodborne illnesses.
Chapter 6
Helping Americans Make Healthy Choices

Individuals and families make choices every day about what they will eat and drink and how physically active they will be. Today, Americans must make these choices within the context of an environment that promotes overconsumption of calories and discourages physical activity. This environment and the individual choices made within it have contributed to dramatic increases in the rates of overweight and obesity. Poor health outcomes, such as cardiovascular disease, type 2 diabetes, and some types of cancer also have increased in tandem. To reverse these trends, a coordinated system-wide approach is needed—an approach that engages all sectors of society, including individuals and families, educators, communities and organizations, health professionals, small and large businesses, and policymakers. Everyone has a role in the movement to make America healthy. By working together through policies, programs, and partnerships, we can improve the health of the current generation and take responsibility for giving future generations a better chance to lead healthy and productive lives.

One way to think about how our current food and physical activity environment evolved and about how it can be improved is the Social-Ecological Model. Many public health experts agree that the Social-Ecological Model (Figure 6-1) provides a framework to illustrate how all elements of society combine to shape an individual’s food and physical activity choices, and ultimately one’s calorie balance and chronic disease risk. The following describes some of the factors and influencers found within each element of the model:

- **Individual factors.** Factors such as age, gender, income, race/ethnicity, genetics, and the presence of a disability can all influence an individual’s and/or family’s food intake and physical activity patterns. In order to change one’s knowledge, attitudes, beliefs, and behaviors, these individual factors should be considered and addressed (as possible).

- **Environmental settings.** People regularly make decisions about food and physical activity in a
Chapter 6
Helping Americans Make Healthy Choices

Key Points:

- Current food and physical activity environment is influential—for better and for worse.
- All elements of society, have a role:
  - Individuals and families
  - Communities
  - Business and industry
  - Various levels of government
  - Can work together to improve the Nation’s nutrition and physical activity
Additional Content in DGA Policy Document

- Additional graphics to clarify some concepts:
  - Examples of nutrient-dense and non-nutrient dense forms of foods
  - Sources of solid fats in the diet of the US population
  - How to consume at least half whole grains
FIGURE 5-2. Examples of the Calories in Food Choices That Are Not in Nutrient-Dense Forms and the Calories in Nutrient-Dense Forms of These Foods

- Regular ground beef patty (75% lean) cooked 3 ounces: Extra lean ground beef patty (90% lean) 184, Beef fat 52, 236 total
- Breaded fried chicken strips 3 ounces: Baked chicken breast 138, Breading and frying fat 108, 246 total
- Frosted corn flakes cereal 1 cup: Corn flakes 90, Added sugars 57, 147 total
- Curly french fried potatoes 1 cup: Baked potato 117, Frying fat 141, 258 total
- Sweetened applesauce 1 cup: Unsweetened applesauce 105, Added sugars 68, 173 total
- Whole milk 1 cup: Fat-free milk 83, Milk fat 66, 149 total

FIGURE 3-5. Sources of Solid Fats in the Diets of the U.S. Population Ages 2 Years and Older, NHANES 2003–2004

- Data are drawn from analyses of usual dietary intake conducted by the National Cancer Institute. Foods and beverages consumed were divided into 97 categories and ranked according to solid fat contribution to the diet. “All other food categories” represents food categories that each contributes less than 2% of the total solid fat intake.
- Also includes nachos, quesadillas, and other Mexican mixed dishes.
FIGURE 4-1. Three Ways to Make at Least Half of Total Grains Whole Grains

1. 3 ounces of 100% whole grains and 3 ounces of refined-grain products

   100%  100%  100%  0%  0%  0%

2. 2 ounces of 100% whole grains, 2 ounces of partly whole-grain products, and 2 ounces of refined-grain products

   100%  100%  ≥51%  ≥51%  0%  0%

3. 6 ounces of partly whole-grain products

   ≥51%  ≥51%  ≥51%  ≥51%  ≥51%  ≥51%

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a. Each one-ounce slice of bread represents a 1 ounce-equivalent of grains: 1 one-ounce slice bread; 1 ounce uncooked pasta or rice; 1/2 cup cooked rice, pasta, or cereal; 1 tortilla (6” diameter); 1 pancake (5” diameter); 1 ounce ready-to-eat cereal (about 1 cup cereal flakes). The figure uses an example for a person whose recommendation is 6 ounces of total grains with at least 3 ounces from whole grains per day.
b. Partly whole-grain products depicted are those that contribute substantially to whole-grain intake. For example, products that contain at least 51% of total weight as whole grains or those that provide at least 8 grams of whole grains per ounce-equivalent.
The website features practical information and tips to help Americans build healthier diets. It features selected messages to help consumers focus on key behaviors. Selected messages include:

- **Balancing Calories**
  - Enjoy your food, but eat less. Avoid oversized portions.

- **Foods to Increase**
  - Make half your plate fruits and vegetables.
  - Make at least half your grains whole grains.
  - Switch to fat-free or low-fat (1%) milk.

- **Foods to Reduce**
  - Compare sodium in foods like soup, bread, and frozen meals—and choose foods with lower numbers.
  - Drink water instead of sugary drinks.
Let's Eat for the Health of It!

Cut back on foods high in solid fats, added sugars, and salt

Added sugars and fats load foods with extra calories you don't need. Too much sodium may increase your blood pressure.

- Choose foods and drinks with little or no added sugars.
- Look out for salt (sodium) in foods you buy - it all adds up.
- Eat fewer foods that are high in solid fats.
Let's Eat for the Health of It!

Eat the right amount of calories for you

People who are successful at managing their weight have found ways to keep track of how much they eat in a day, even if they don't count every calorie.

- Enjoy your food, but eat less.
- Cook more often at home, where you are in control of what's in your food.
- When eating out, choose lower calorie menu options.
- Write down what you eat to keep track of how much you eat.
- If you drink alcoholic beverages, do so sensibly - limit to 1 drink a day for women or to 2 drinks a day for men.
Let's Eat for the Health of It!

Be physically active your way

- Pick activities that you like and start by doing what you can, at least 10 minutes at a time. Every bit adds up, and the health benefits increase as you spend more time being active.
• Get your personalized nutrition and physical activity plan.
• Track your foods and physical activities to see how they stack up.
• Get tips and support to help you make healthier choices and plan ahead.
Food Tracker

Search and add food to view how your daily choices stack up to your food group targets and daily limits. Make tracking and planning ahead simple by using the Copy Meals and Create a Combo features.

Search: All Foods for Type in your food here

Graph

Daily Limits

Total Calories Eaten: 695
Empty Calories† Eaten: 98

Empty Calories† Limit: 258
Total Limit: 2000

Oils
Eaten: 1 tsp.
Limit: 6 tsp.

Saturated Fat
Eaten: 4g
Limit: 22g

Sodium
Eaten: 484mg
Limit: 1500mg
# Food-A-Pedia

## Broccoli, fresh, cooked (no salt or fat added)

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<td>Sodium(^\d)</td>
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## Broccoli, fresh, cooked (with salt and butter)

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\(^\d\) Calories from food components such as added sugars and solid fats that provide little nutritional value. Empty Calories are part of Total Calories.
Thank You

Look Forward to 2015

Dietary Guidelines for Americans

www.DietaryGuidelines.gov