

Questions and Answers on the 2010 *Dietary Guidelines for Americans*

General Overview

What are the *Dietary Guidelines for Americans* (DGA)?

The DGA provides advice for making food choices that promote good health, a healthy weight, and help prevent disease for healthy Americans ages 2 and over. The advice is based on a rigorous review of the scientific evidence through a transparent, unbiased process. The DGA is congressionally mandated under the 1990 National Nutrition Monitoring and Related Research Act (Public Law 101-445, Section 301 [7 U.S.C. 5341], Title III). It is released by the Secretaries of USDA and HHS every five years.

Why are the *Dietary Guidelines* important?

They form the basis of Federal nutrition policy, education, outreach, and food assistance programs used by consumers, industry, nutrition educators and health professionals. All Federal dietary guidance for the public is required to be consistent with the DGA. The guidelines provide the scientific basis for the government to speak in a consistent and uniform manner. They are used in the development of materials, messages, tools and programs to communicate healthy eating and physical activity to the public.

How do the *Dietary Guidelines Advisory Committee* (DGAC) Report and the *Dietary Guidelines for Americans* relate to each other?

The DGAC Report is a scientific advisory report and presents the recommendations of the external 2010 Dietary Guidelines Advisory Committee to the Secretaries of USDA and HHS for use in updating the official *Dietary Guidelines for Americans*. The DGAC Report is written for the Federal government as the basis for developing the *Dietary Guidelines for Americans* (DGA). Comments from Federal agencies and the public are considered in the development of the DGA. The DGA is intended for policymakers, nutrition educators and health professionals in developing nutrition policy, nutrition education messages and consumer materials for the general public and for specific audiences, such as children.

How will the DGAC Report and the DGA be made available?

The DGAC Report was released in June 2010 and is available at www.dietaryguidelines.gov along with the DGA policy document. Limited numbers of hard copies of both documents will be available, and requests and ordering information will be found at www.dietaryguidelines.gov.

Why are the *Dietary Guidelines* only for ages 2 years and older?

The DGA has always focused on adults and children 2 years of age and older. Children under 2 years of age are not included because their nutritional needs and eating patterns vary by their developmental stage and differ substantially from those of older children and adults. A separate committee for reviewing nutrition and physical activity needs of pregnant women and children from birth to 2 years old could be beneficial as it would be made up of scientists and nutrition professionals who are experts in those very specialized topic areas of infant development and infant feeding practices.

Why are the *Dietary Guidelines* revised every five years?

This periodic review is mandated under the 1990 National Nutrition Monitoring and Related Research Act (Public Law 101-445, Section 301[7 U.S.C. 5341], Title III). The DGA is required to be based on the preponderance of current scientific and medical knowledge and to be released by the Secretaries of USDA and HHS every five years.

How much did it cost to develop the *2010 Dietary Guidelines*?

In compliance with Federal Advisory Committee Act (FACA) Law, a Committee Charter is developed every five years which estimates the costs that will be incurred in supporting Committee operations in the development of the Dietary Guidelines Advisory Committee Report. For 2010, Committee Operations averaged \$250,000 per year as posted in the two-year approved Charter, for a total of about \$500,000. Additional costs incurred in developing the DGAs include expenses for producing and printing the DGA policy document. These costs were about \$87,000 for 2010.

Release

When were the *2010 Dietary Guidelines for Americans* released?

The *2010 Dietary Guidelines for Americans* were released online on January 31, 2011.

Why was the DGA not released in 2010 according to the original timeline?

Secretaries Vilsack and Sebelius reviewed, cleared and signed off on the *2010 Dietary Guidelines for Americans* in late December 2010 following a robust, transparent, collaborative inter-agency review. The release of the Policy Document in January 2011 was timed based on the availability of both Secretaries.

2010 Dietary Guidelines Advisory Committee (DGAC) Report

Process

How is the process of reviewing the evidence different from 2005?

Topic areas addressed in the 2010 DGAC Report were similar to those in 2005. The 2010 DGAC worked with the newly established USDA Nutrition Evidence Library (NEL) to conduct evidence-based systematic reviews for the majority of the DGAC's questions – 130 of the 180 questions posed. The decision-making process and evidence relevant to each review is publicly available at www.nutritionevidencelibrary.gov. The 2005 DGAC had used a modified systematic review process to address its research questions. The 2010 DGAC answered the remaining questions using data analyses, food pattern modeling analyses, and consideration of other evidence-based reviews or existing reports. Other reports, such as the *2008 Physical Activity Guidelines for Americans*, were also used to provide additional information or context.

What is the NEL process?

The NEL process is a systematic evidence-based review process which guides a group of experts to rigorously evaluate scientific evidence to answer specific diet and food-related questions that inform development of Federal public health policy, programs and guidance. The process is meticulously documented to ensure transparency of the decision-making process related to each review. NEL uses a predefined six-step approach designed to minimize bias and ensure objectivity, transparency, and reproducibility of the process: Develop research questions, create and implement literature search and sort protocols, develop evidence portfolios (summaries of research findings), synthesize the bodies of evidence, develop conclusion statement and grade the evidence, and describe research recommendations. An evidence portfolio which substantiates the conclusion made for each question addressed is publicly available at www.nutritionevidencelibrary.gov.

Who was responsible for managing the NEL process?

The Nutrition Evidence Library (NEL) is housed within the USDA Center for Nutrition Policy and Promotion (CNPP). DGAC members designed and directed the execution of each step of each systematic review in accordance with the NEL methodology approved by the Committee and outlined in the 2010 Dietary Guidelines Advisory Committee Report. The DGAC members reviewed and approved all conclusions for its Advisory Report to the USDA and HHS Secretaries. The NEL staff was responsible for ensuring compliance with this process and quality control at each step.

Why did the 2010 Dietary Guidelines Advisory Committee (DGAC) use an evidence-based systematic review methodology?

Evidence-based systematic review is considered the state-of-the-art method for objectively synthesizing research findings to support practice, guideline and policy recommendations. The transparent systematic review method used by the USDA Nutrition Evidence Library ensures government compliance with the Quality of Information Act, which mandates that Federal agencies ensure the quality, objectivity, utility, and integrity of the information used to form Federal guidance.

Did the public have an opportunity to give input on the DGA process?

A public comments database was accessible for providing written comments and submitting support material. A total of 765 written comments on the DGA process were posted between Oct 15, 2008, and April 29, 2010. A total of 1,159 comments on the DGAC Report were posted from June 15 to July 15, 2010.

Oral testimony was heard at the 2nd DGAC meeting and at a public meeting on the DGAC Report in July 2010. A total of 51 organizations or individuals provided oral comments on the DGA process on January 29-30, 2009 (2nd DGAC meeting), and 50 organizations or individuals provided oral comments on the DGAC Report on July 8, 2010.

How was the DGAC deliberation process made transparent for the public?

The public was encouraged to submit comments and observe the first two DGAC meetings in person. They were encouraged to submit comments and view the remaining four meetings by webinar from

around the globe. A www.dietaryguidelines.gov website was developed to provide one-stop DGA information. Transcripts and meeting minutes for each DGAC meeting and archives of each webinar are available on the website. Outside speaker presentations and data charts were also posted to the website. In addition, all meeting announcements and details were posted online. All Committee decisions were discussed in the public forum.

Why were webinar meetings implemented instead of in-person meetings?

The webinars provided increased access to DGAC deliberations to a much larger audience. People such as students and staff of local health departments, who normally would not travel to DC, could observe the webinars. This eliminated travel time and cost to the public. Average attendance in 2005 was 140 attendees. On-line attendance for 2010 webinar meetings averaged 350 attendees or sites, including attendees from 15 countries.

How was the *Dietary Guidelines* revision process managed?

USDA's Center for Nutrition Policy and Promotion had the administrative lead for the process for developing the 2010 DGA with staff support from HHS's Office of Disease Prevention and Health Promotion and USDA's Agricultural Research Service. Each step of the development of the *Dietary Guidelines* is a joint effort between USDA and HHS. For the 2015 edition, HHS will have the administrative lead.

What was the make-up of the 13 DGAC members?

The DGAC was made up of experts in nutrition and public health with particular expertise in: energy balance, epidemiology, general medicine, nutritional biochemistry and physiology, food safety and technology, gerontology, pediatrics, maternal/gestational health, nutrition education, the prevention of various chronic diseases, and evidence review methodology. It represented a balanced and diverse membership consisting of seven women and six men from various ethnicities, of various ages and representing different regions of the country. Ethics clearance identified no potential conflicts of interests of the DGAC members. Information about each DGAC member is available in the DGAC Report, available at www.dietaryguidelines.gov.

Content

What are the major themes of the 2010 DGAC Report?

The DGAC considers the obesity epidemic to be the greatest threat to public health in this century. Each section of the Report was developed in a way that addressed the challenges of obesity. Another major theme was a focus on children throughout the Report.

The Report included four major action steps for the American public:

1. Reduce the incidence and prevalence of overweight and obesity of the US population by reducing overall calorie intake and increasing physical activity.

2. Shift food intake patterns to a diet that emphasizes vegetables, cooked dry beans and peas, fruits, whole grains, nuts, and seeds. In addition, increase the intake of seafood and fat-free and low-fat milk and milk products and consume only moderate amounts of lean meats, poultry, and eggs.
3. Significantly reduce intake of foods containing added sugars and solid fats because these dietary components contribute excess calories and few, if any, nutrients. In addition, reduce sodium intake and lower intake of refined grains that are coupled with added sugar, solid fat, and sodium.
4. Meet the *2008 Physical Activity Guidelines for Americans*.

What is new in the 2010 DGAC Report?

Two new chapters were included: “The Total Diet” considers various health-promoting dietary patterns and “Translating and Integrating the Evidence” addresses the broader environmental and social change needed to support healthy eating. A flexible approach to a total diet was encouraged, incorporating individual tastes and food preferences into the Report’s individual recommendations for a dietary pattern that is acceptable without exceeding calorie needs.

In addition:

- Eating *behaviors* were addressed (e.g., breakfast, snacking, fast food) and the association of screen time with increased body weight was assessed.
- Recommendations to increase consumption of plant foods (vegetables, cooked dry beans and peas, fruits, whole grains and nuts and seeds) were included.
- Seafood consumption of 8 oz (two servings) per week was encouraged. The Report noted that the benefits of consuming seafood far outweigh the risks, even for pregnant women.

2010 Dietary Guidelines for Americans Policy Document

Process

How was the 2010 DGA Policy Document written based on the DGAC Report?

A working group of USDA-CNPP and HHS-ODPHP nutritionists translated the Advisory Report into a draft of the *2010 Dietary Guidelines* Policy Document. Public and agency comments on the DGAC Report were considered at that time. The draft policy document was peer-reviewed according to OMB’s Quality of Information Act requirements. Numerous agencies within both Departments reviewed and cleared the Policy Document. The CNPP and ODPHP team finalized the document, which was then sent to the Secretaries of USDA and HHS for final review, clearance and sign-off in December 2010. Secretaries Vilsack and Sebelius jointly released the 7th edition of the DGA on January 31, 2011.

Content

What is the make-up and overall scope of the DGA 2010?

The DGA includes 23 key recommendations for all Americans, and six recommendations for specific population groups. It is organized into six chapters that follow the four main findings from the DGAC's translation/integration chapter (identified in the section on 2010 DGAC Report content, major themes). The overall scope of the DGA reflects the association of poor diet and physical activity with major causes of morbidity and mortality, including, but not limited to, obesity. Recommendations were based on conclusion statements from the DGAC Report, taking the strength of the evidence into consideration.

What are the major themes of the DGA 2010?

The two major themes are balancing calories to manage body weight and focusing on nutrient-dense foods and beverages. Balancing calories to manage body weight includes the concepts of controlling total calorie intake to manage body weight, increasing physical activity, and avoiding inactivity. Focusing on nutrient-dense foods and beverages includes the concepts of eating vegetables, fruits, whole grains, fat-free or low-fat dairy products, and seafood more often, and eating foods and beverages high in solid fats (major sources of saturated and *trans* fats), and added sugars less often, and reducing sodium intake.

What is different in the 2010 DGA from the 2005 DGA?

The overarching differences include emphases on managing body weight through *all* life stages and on proper nutrition for children throughout. Also, research on eating patterns is incorporated for the first time, and the eating patterns presented now include vegetarian adaptations. Chapter 6 of the 2010 DGA, a new section, acknowledges the influence of the broader food and physical activity environment on Americans' daily food, beverage and physical activity choices. This section calls for improvements to the environment via *systematic and coordinated efforts among all sectors* of influence.

Additional differences include:

- The 2010 Key Recommendations for food group intake are directional rather than providing the precise quantitative amounts that should be consumed, as were included as examples in 2005. Although the 2010 Key Recommendations do not specify quantities, an entire chapter (Chapter 5) and several appendices discuss eating patterns that include specific quantities.
- Inclusion of a Key Recommendation for increasing seafood intake.
- Eating *behaviors* are addressed (e.g., breakfast, snacking, fast food) and the association of screen time with increased body weight was assessed.
- Specific foods that should be limited because they are substantial sources of sodium, saturated fat, cholesterol, *trans* fat, and added sugars are identified.
 - Reduce daily sodium intake to less than 2,300 mg and further reduce intake to 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. The 1,500 mg recommendation applies to about half of the U.S. population, including children, and the majority of adults

- There is a focus on nutrients of *public health concern*, (potassium, dietary fiber, calcium, and vitamin D), rather than on nutrients with *intakes below recommended levels*.
- A new appendix table includes key consumer behaviors and potential strategies for professionals to use in implementing the *Dietary Guidelines*.
- New guidance for alcohol consumption by breastfeeding women is included.

Why do the 2010 DGA's only have six Key Recommendations for specific population groups?

The 2005 DGA's had 18 Key Recommendations for specific population groups; for 2010 there are six. Many of the 2005 recommendations for specific population groups now apply to most Americans; therefore, they have either been incorporated into the general Key Recommendations or included as topics and guidance that are discussed within the text.

How is the figure of the social-ecological model in Chapter 6 used?

The figure in Chapter 6 identifies the many layers of society that play a role in the health of Americans, helping groups and individuals identify where they can play a role and how their contributions relate to those of others. This model can also serve to identify gaps in the American social structure where new initiatives can fill a need.

The factors and influencers are divided into various sectors:

- Individual factors – demographic factors (such as age, gender, income, race/ethnicity, genetics, presence of disability), psychosocial factors, knowledge and skills, and gene-environment interactions.
- Environmental Settings – schools, workplaces, recreational facilities, food service and retail establishments, and other community settings, such as faith-based organizations.
- Sectors of Influence – government, public health, and health care systems, agriculture, industry, community design and safety, foundations and funders, and media.
- Social and Cultural Norms and Values – social norms and guidelines that govern our thoughts and behaviors, such as belief systems, heritage, religion, priorities, lifestyles, and body image.

Implementation

How will the *Dietary Guidelines* be implemented?

The policy document is available online at www.dietaryguidelines.gov. This website also will provide information about availability of hard copies, and ordering information, as soon as that information is available.

CNPP and ODPHP will develop simple, direct, actionable messages, tools, and information based on ongoing consumer research as part of the *Dietary Guidelines* nutrition education and communication efforts. With the assistance of both federal and industry partners, CNPP will conduct marketing activities to promote the overarching DGA 2010 concepts and recommendations.

Communication information on the *Dietary Guidelines* will be available for professionals at www.dietaryguidelines.gov and www.health.gov/dietaryguidelines. Consumer information will be available at www.mypyramid.gov and at www.healthfinder.gov/prevention.

Which Federal programs are impacted by the *Dietary Guidelines*?

Agencies within USDA and HHS rely on and plan for receiving DGA Policy Recommendations every five years. Agencies use the newest information provided through the DGA to make appropriate changes and program updates. Nutrition education is a key part of most programs where the focus is on providing the most accurate and up-to-date dietary recommendations, nutrition advice, food resource management, and food safety practices.

Examples of how the DGA is used by various agencies include:

In USDA

- Food and Nutrition Service (FNS) nutrition assistance programs use the DGA to calibrate their food benefits for SNAP (formerly Food Stamps), WIC, and NSLP.
- Food Safety and Inspection Service (FSIS) implements the DGA through Nutrition Facts labeling and food safety education programs and campaigns.
- Center for Nutrition Policy and Promotion (CNPP) uses the DGA as the nutritional basis for the USDA Food Plans (Thrifty, Low-Cost, Moderate-Cost, and Liberal) used for SNAP allotments, food allowances for the U.S. military, and setting child support and foster care guidelines. The USDA Food Patterns are based on the DGA, and serve as the foundation for development of consumer materials including MyPyramid educational materials and interactive, online dietary assessment and planning tools for consumers. The Healthy Eating Index is updated based the new DGA to measure the diet quality of the U.S. population.
- Other USDA agencies, such as the Agricultural Marketing Service (AMS), Agricultural Research Service (ARS), Economic Research Service (ERS), and National Institute of Food and Agriculture (NIFA), use the DGA to guide decisions on food purchasing, create research grant opportunities, analyses of food consumption survey data, and monitor other national initiatives.

In HHS

- Centers for Disease Control and Prevention (CDC) implements *Fruits & Veggies — More Matters* as a program that provides substantial resources for consumers based on the DGA and also updates the *Healthy Weight* web site in English and Spanish (<http://www.cdc.gov/healthyweight> and <http://www.cdc.gov/healthyweight/spanish/index.html>).
- Food and Drug Administration (FDA) incorporate the DGA into Front of Pack and other nutrition labeling initiatives.
- National Institutes of Health (NIH) produces many consumer initiatives to promote healthy eating and physical activity principles of the *Dietary Guidelines* (e.g., *WECAN!*[™], National Heart Lung and Blood Institute's Dietary Approaches to Stop Hypertension Eating Plan, NICHD's Media-Smart Youth materials).
- Office of Disease Prevention and Health Promotion (ODPHP) implements *Healthy People 2020*, which includes a section on nutrition and weight status which provides a mechanism to measure the Nation's progress toward implementing the recommendations of the *Dietary Guidelines*.
- Other HHS agencies, such as the Administration on Aging (AoA), Administration for Children and Families (ACF), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), and Office on Women's Health (OWH), have nutrition and health education programs geared toward specific population groups based on the DGAs, such as the Older Americans Nutrition Program and Head Start (ACF).