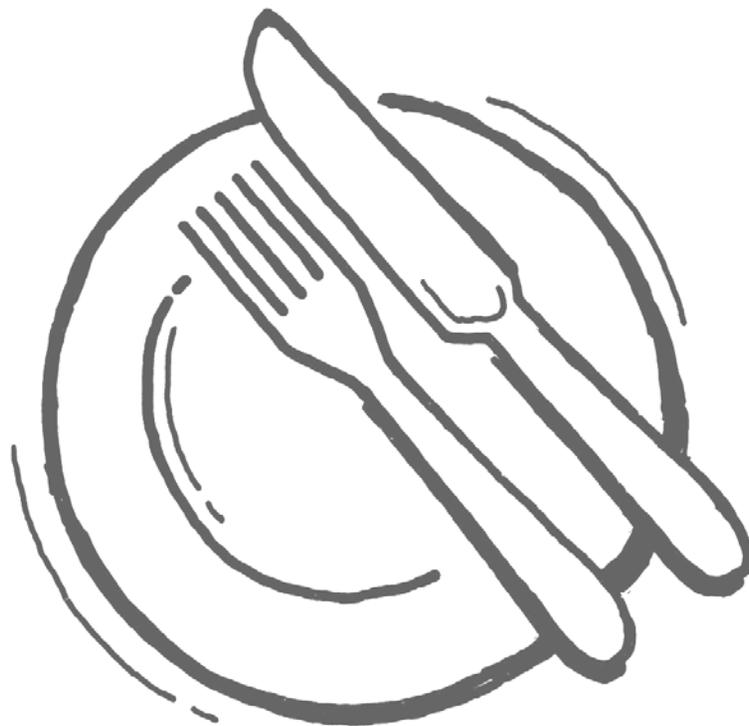


Guide for Authors and Reviewers

Dietary Guidelines for Americans, 2010



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Part A. Introduction

This **Guide for Authors and Reviewers, based on the *Dietary Guidelines for Americans, 2010***, was created to help both authors and reviewers move through the Dietary Guidance Review process as efficiently and effectively as possible.

The *Dietary Guidelines for Americans* (DG) are the basis for Federal nutrition policy. Review of draft nutrition materials by the U.S. Department of Agriculture (USDA) Dietary Guidance Working Group (DGWG) and the U.S. Department of Health and Human Services (HHS) Committee on Dietary Guidance (CDG) fulfills the legislative mandate, the National Nutrition Monitoring and Related Research Act (NNMRR) of 1990, to ensure that Federal dietary guidance is consistent with the *Dietary Guidelines for Americans*, and is scientifically accurate.

Dietary Guidance Review of Federal nutrition-related documents is important for consistent, accurate messages so that Federal Government Agencies speak with one voice when it comes to interpreting the DG. This review process is intended as a policy review that allows for creative interpretation of healthy eating and physical activity messages; not as a peer or editorial review.

The sections in this Guide provide:

- **Incorporating Health Literacy and Plain Language Into Reviews:** includes guidance applicable to both authors and reviewers.
- **For Authors and Authoring Agencies:** identifies the materials that require review, instructions for submitting materials for review, a checklist of required materials, and guidance on how to proceed after receiving reviewed materials.
- **For Reviewers:** contains instructions for reviewing materials, including how to categorize and format comments for submission.
- **Brief Summary: *Dietary Guidelines for Americans, 2010*:** provides a synopsis of key points and recommendations.
- ***Dietary Guidelines for Americans, 2010 by Topic Area*:** explores topic areas within the DG with respect to definitions, acceptable terms, current intake levels, and evidence-based benefits and implications and provides key recommendations, technical guidance, and consumer messages.
- ***Dietary Guidelines for Americans, 2010 Appendices, Tables, and Figures*:** lists appendices, tables, and figures available in the DG.
- **Resources:** provides web-based resources for additional secondary information about DG topic areas.

Part B. Incorporating Health Literacy and Plain Language Into Reviews

Keep in mind health literacy principles along with plain language, whether you are an author or a reviewer.

Section 1. Health Literacy

Section 2. Plain Language

Section 1. Health Literacy:

Refers to the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

- HHS National Action Plan to Improve Health Literacy: www.health.gov/communication/HLActionPlan
- Goals emphasize the importance of creating health/nutrition information that is **accurate, accessible, and actionable**.
 - Easy-to-understand and culturally and linguistically appropriate.
- **Tips for knowing your audience:**
 - When writing or reviewing materials—understand your target audience.
 - Is the material engaging? Respect your audience and put yourself in their shoes.
 - What **action** do you want the audience to take?
 - Are you connecting? All materials—a handout, booklet, or factsheet, etc. can become teachable moments.
 - Ask yourself if the key points are up-front or “at a glance.” Take action.
 - Documents should be clear and concise.

Section 2. Plain Language:

Plain language (also called Plain English) is communication your audience can understand the first time they read or hear it. However, language that is plain to one set of readers may not be plain to others.

- Written material is in plain language if your audience can:
 - Find what they need
 - Understand what they find
 - Use what they find to meet their needs
- **Writing Techniques:** there are many writing techniques that can help you achieve this goal. Among the most common are:
 - Logical organization with the reader in mind
 - Using pronouns such as "you"
 - Active voice
 - Short sentences
 - Common, everyday words
 - Easy-to-read design features
- No one technique defines plain language. Rather, plain language is defined by results—it is easy to read, understand, and use.
- More information on plain language: www.plainlanguage.gov

Part C. Authors and Authoring Agencies

How to Make the Process Go Smoothly

- Section 1. What Kinds of Materials Need Review?**
- Section 2. When Do I Submit Materials for Review?**
- Section 3. What Do I Need to Submit?**
- Section 4. How Do I Submit Materials?**
- Section 5. Checklist for Materials Submitted for Review**
- Section 6. How Long Is the Review Process?**
- Section 7. How Do I Proceed After Receiving the Dietary Guidance Review Comments?**

Section 1. What Kinds of Materials Need Review?

Materials to be reviewed:*

- Those that contain guidance on diet for members and subgroups of the generally healthy population ages 2 years and older in the United States, and Americans considered to be at increased risk of chronic disease:
 - Developed by any Federal Agency and intended for distribution through print or electronic media
 - Developed by non-Federal organizations, to which any Federal Agency attaches its name or logo
- Including, but not limited to:
 - Consumer education brochures, fact sheets, recipes, posters, public service announcements, news features, and web-based materials
 - Guidance on diet including recommendations on intakes of nutrients and other food components, suggestions on what to eat (food guides, sample menus, and recipes), and how to buy, store, and prepare foods to achieve good nutrition

Materials to be excluded from review:*

- Those intended for use in the course of disease treatment.
- Background information on the research base for dietary guidance provided to health/nutrition/education professionals that is not available to the general public.
- Those prepared for and used in research projects, any rule or regulation issued by a Federal Agency, and scientific papers, reports, or articles unless they contain information on dietary guidance like recommendations on amount to eat.

- Materials developed by non-Federal organizations which do not list Federal employees as their advisors.
- Examples of materials excluded from review are:
 - Joint USDA/HHS National Nutrition Monitoring Reports
 - USDA Food Safety and Inspection Service and the Food and Drug Administration food labeling regulations
 - USDA National School Lunch Program regulations
 - Any scientific reports commissioned by either Department such as those prepared under contract with the National Research Council or Institute of Medicine
 - Regional, state, and local level guidance or materials not carrying the USDA/HHS name or logo

*As specified by 1994 HHS/USDA Memorandum of Understanding.

Section 2. When Do I Submit Materials for Review?

1. Content of materials should be cleared by author's Agency prior to submission for DGWG/CDG review. Documents do not need to be in final format/layout. Editorial review for grammar and punctuation is the responsibility of the authoring Agency and preliminary proofreading should occur prior to submitting for review. Graphics depicting MyPlate, the Nutrition Facts label, BMI charts, foods, etc. should be included or described.
2. Communications clearance by the author's Agency may occur in parallel with this review process.
3. When ready to submit, ensure materials are ready for the interagency review process (see next page for checklist).
4. Due to the length of the review process, agencies should plan to submit materials at least **6 weeks** prior to anticipated publication deadline.

Section 3. What Materials Do I Need to Submit?

1. Provide **Background** on the materials:
 - i. Brief overall description of program's purpose or role of the materials
 - ii. Target audience
 - iii. How materials were developed (basis, consumer testing, nutrient content analysis, peer review, editorial review, Agency review, etc.)
 - iv. Dissemination/outreach plans
 - v. Publication date
 - Requests for expedited reviews should be limited—requests must be discussed with DGWG and CDG Chairs
2. Provide documents in MS Word and/or PDF format with page numbers. Web previews must be in PDF format.

3. If materials contain dietary guidance that is based on new scientific findings published after the release of the current DG, scientific rationale and references should be provided.
4. If submitting updates or revisions to previously-reviewed materials, highlight updates/revisions.
5. Publications in a language other than English must be accompanied by the English translation which will be reviewed.

Section 4. How Do I Submit Materials?

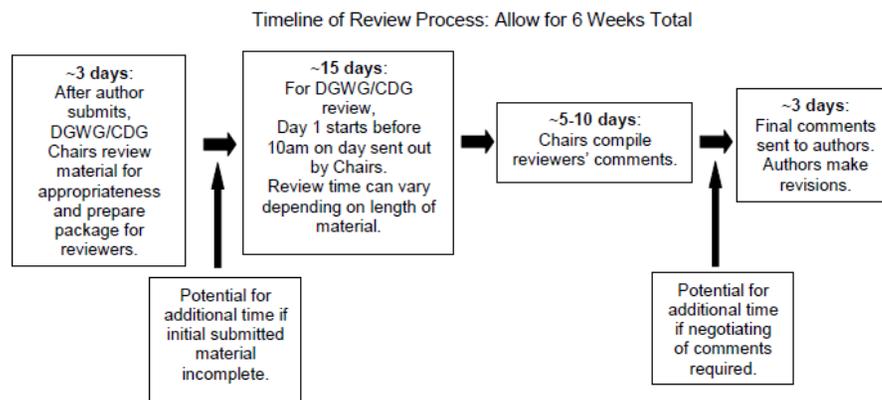
1. Contact your Agency representative. Your representative will submit your material for official Dietary Guidance Review.
2. On subject line of email, specify “DG Request for Review: [Title of document/Agency]”

Section 5. Checklist for Materials Submitted for Review:

- The *Dietary Guidelines for Americans*, 2010 was used by authors/contractors to develop materials.
- Prepared by a nutritionist or prepared in close consultation with a nutritionist.
- Peer-reviewed by internal and/or external nutritionists for scientific and technical accuracy and consistency with the DG.
- Approved internally by submitting Agency; any internal policy issues resolved prior to submission.
- Proofread for spelling and grammar.
- Formatted in MS Word or PDF (including website material).
- Page numbers included.
- If material includes updates/revisions to previously reviewed materials, these specific sections are highlighted.
- Background information provided per Agency policy.
- Scientific rationale provided if guidance is based on new scientific findings that were published after the publication of the current DG.

Section 6. How Long Is the Review Process?

1. The number and length of documents submitted as well as those concurrently under review influences the length of the review process.
2. Reviewers are generally given 15 working days for a review. The date sent out for review by the Chair counts as day one if sent out prior to 10:00 a.m.; otherwise, day one begins on the next working day.
3. Comments are due back by close of business (COB) unless otherwise noted.
4. Once comments are back to the Chairs, compilation of comments can take from 5-10 working days depending on whether comments have to be negotiated.
5. Six weeks total should be allowed for the review process.



Section 7. How Do I Proceed After Receiving Dietary Guidance Review Comments?

1. Comments from USDA and HHS Dietary Guidance Review committees will be categorized, collated, and forwarded to the Agency representative.
2. Comments will be categorized as “Inconsistencies with the Dietary Guidelines,” “Scientific/Technical Inaccuracies,” and “Other.”
 - a. All comments should be considered by the authors.
 - b. Comments designated “Inconsistencies with the Dietary Guidelines” or “Scientific/Technical Inaccuracies” are considered major issues that must be addressed by the author before publication of the document.
 - c. Comments labeled “Other” are suggested changes. “Other” comments with an asterisk denote high importance. It is not necessary to address these comments for publication.
3. Resolution Process (if needed):
 - a. For any “Inconsistencies” or “Scientific/Technical Inaccuracies” with which the authors disagree, rationale must be addressed. A meeting or conference call will be set up for discussion and resolution with the relevant Agencies.
 - b. Per the legislation mandating this review, any comments in these categories that cannot be resolved by staff are to be presented to the Secretaries of USDA and HHS for resolution and are required to be published via *Federal Register* notice for public comment (this is a rare circumstance).
4. Final Publication:
 - a. If available, provide a final copy and/or weblink of published material to the Agency representative.

Part D. Reviewers

Ensuring Consistency, Accuracy, and Relevance

Section 1. Who Are the Reviewers?

Section 2. When Is the Review Due?

Section 3. What Steps Do I Take to Review Materials?

Section 4. How Do I Officially Comment?

Section 5. How Should I Format the Dietary Guidance Review Comments?

The **National Nutrition Monitoring and Related Research Act (NNMRRRA) of 1990** (Public Law 101-445) states that the U.S. Secretaries of Agriculture and Health and Human Services approve any dietary guidance for the general population (or identified population subgroups) prior to the release of that information to ensure that the guidance is consistent with the “Dietary Guidelines” or is based on medical or new scientific knowledge determined to be valid by the Secretaries.

Dietary Guidance Review of Federal nutrition-related documents is important for consistent, accurate messages, so that the Federal Government Agencies speak with one voice when it comes to interpreting the DG. This review process is intended as a policy review that allows for creative interpretation of healthy eating and physical activity messages; not as a peer or editorial review.

Section 1. Who Are the Reviewers?

USDA:

Center for Nutrition Policy and Promotion (CNPP)
Agricultural Marketing Service (AMS)
Agricultural Research Service (ARS)
National Agricultural Library (NAL)
National Institute of Food and Agriculture (NIFA)
Economic Research Service (ERS)
Food and Nutrition Service (FNS)
Food Safety and Inspection Service (FSIS)
Office of Communications (OC)

HHS:

Administration on Aging (AoA)
Administration for Children and Families (ACF)
Centers for Disease Control and Prevention (CDC)
Food and Drug Administration (FDA)
Health Resources and Service Administration (HRSA)
Indian Health Service (IHS)
National Institutes of Health (NIH)
Office of Minority Health (OMH)
Office on Women’s Health (OWH)
President’s Council for Fitness, Sports and Nutrition (PCFSN)

Section 2. When Is the Review Due?

Reviewers are generally given 15 working days to review and provide comments on materials. Authors should allow for 6 weeks total for review of material and collation of comments, as well as any necessary discussion and resolution.

This review process should be conducted as timely as possible to allow Agencies to complete publication of materials within planned due dates and budgets. Comments are always welcome if provided ahead of the due date.

Exceptions:

- Some materials that are very short will often be given a shorter timeframe for review; longer publications may require more review time.
- Rushed reviews may be required from time to time, especially those that are highly visible or that may have been generated at the end of the fiscal year and are dependent on funding/contract availability, expiration, etc.
- The Chairs of both the DGWG and the CDG reserve the right to determine whether some materials even require full work group review. Materials with minimal nutrition guidance or minimal updating may be handled by an “internal review.”

Section 3. What Steps Do I Take to Review Materials?

Key Resource: *Dietary Guidelines for Americans*, 2010. The DG is the reference for consistent messages.

Note: “Key Recommendations” for each topic area identify the areas with strongest scientific support.

Step 1. Read the background

The Background provides the purpose of the document, type of audience, how it will be used, and how it will be disseminated. In addition, the inclusion of formative research, qualitative research, and focus groups is encouraged and should be described if part of the development process.

Step 2. Identify the document type

Identify the TYPE of document for review. Is it a fact sheet, web site, manual, public service announcement, formal program handbook, etc.?

Step 3. Identify the target audience

Identify with the target audience. Read the document as if you **are** the target audience, i.e., a single mom, a high school student, a web consumer, an educator, a researcher, etc. Put yourself in their shoes while reading the document. Be sure you can understand the material from that perspective. Are they using “plain language”? Can *you* understand it?

Step 4. Review the document

- a) Refer to the DG as the reference point and be sure the correct meaning is conveyed. Interpretations are welcome; wording does not have to be word-for-word from the DG. Creative ways to promote the DG messages to various target audiences can be a challenge for authors. Your review is important to ensure consistency in meaning and interpretation.
- b) Keep the target audience in mind when you comment. Is the comment appropriate as it relates to the target audience?
- c) Consider the overall context of the message, including accompanying graphics and charts (i.e., not the consistency of each sentence or phrase).

Step 5. Write up your comments

- a) Authorship allows for creative interpretation of healthy eating and physical activity messages; the review process is intended to serve as a policy review, not a peer review or editorial review.
- b) Use the *Comments Template* to report your comments. If using the form from SharePoint, make sure to save the form on your hard drive first.

- c) Comments should be categorized as “Inconsistencies with the DG,” “Scientific/Technical Inaccuracies,” or “Other.”
- d) Clearly and concisely state the area of concern and briefly describe why it is a problem.
- e) Comment based on your area of expertise (e.g., nutrition labeling, food safety, research, food assistance programs, marketing, etc.). Specific comments as to technical accuracy are very important.
- f) Offer a solution. If you sense that different wording would make a statement clearer, please offer a suggestion. A comment will more likely be used if a solution is offered.
- g) Refrain from use of “personal comments,” especially those that are negative and/or offer no solution. Do not use “I think,” “in my opinion,” “wording is awkward,” and “it’s confusing” which are “Other” comments.
- h) We request an editorial review (grammar, punctuation, formatting) be conducted prior to submission, but many times typos linger and may actually change the meaning of the sentence. Authoring Agencies are responsible for final editorial review after addressing comments. Reviewers are requested to hold back on submitting editorial comments; reporting typos is strictly voluntary.

Section 4. How Do I Officially Comment?

The main focus of this review process should be on consistency with the general nutrition principles of the *Dietary Guidelines for Americans*, 2010. In addition, major scientific/technical errors should be identified. Comments designated as “Inconsistent with the Dietary Guidelines” or “Scientific/Technical Inaccuracies” are considered important issues that must be addressed before publication of the document/materials. Any disagreement with these comments by the authors must be documented with rationale and resolved with the commenting Agency.

Comment categories include:

- (I) Inconsistencies with the Dietary Guidelines
- (S) Scientific/Technical Inaccuracies
- (O) Other Substantive and Editorial Comments
- (O*) Other with Special Attention

(I) Inconsistencies with the Dietary Guidelines (must be addressed before publication)

- a. Most important: Comment if there is a statement that is contrary to the scientific principles of the current DG. These are critical elements and must be brought to the attention of the author. These elements must be addressed in principle prior to publication. Provide your rationale explaining why it is inconsistent relating it to the DG.

- b. Identify information or guidance that is misleading and likely to lead to dietary choices that are not consistent with the DG because it neglects to include important information. While being creative in messaging is promoted, the key recommendations must correctly be conveyed.

(S) Scientific/Technical Inaccuracies (must be addressed before publication)

- a. Comment if a statement is technically or scientifically inaccurate. Consider whether the issue is important enough that the publication could not be published without addressing it. Examples of major substantive errors of scientific fact or major technical issues include:
 - i. Incorrect statement of Dietary Reference Intake (DRI) values (those which are not part of the DG Key Recommendations).
 - ii. Incorrect terminology related to the USDA Food Patterns or the DASH Eating Plan, especially related to servings, portions, or amounts to consume.
 - iii. Incorrect statements about the use of the Nutrition Facts label for making food choices.

(O) Other Comments (can be published without change)

- i. “Other” comments may be added to ensure clarity of the message but should be kept to a minimum. Statements that are unclear (from a personal perspective, or that others may benefit from, etc.), requests to add new or more information, as well as additional suggestions can be listed. Comments in this category are read by authors and often used, but there is no obligation for the comments to be addressed. Keep in mind that the authors will do a final editorial review prior to publication.
- ii. Considerations for “Other” comments include:
 - Complimentary comments.
 - Important concerns that should be addressed before publication like broken weblinks, faded or illegible material, missing resources, etc.
 - Additional information that may make the materials “more consistent” with the DG (i.e., incomplete information that is not likely to be misleading), refinements to improve accuracy and consistency, suggestions to improve the quality of the document, professional opinions/perspectives regarding target audience, etc.
 - Rule of thumb: when in doubt of category, add to “Other.”

- Editorial concerns regarding the clarity of wording of the material, i.e., confusing information.

(O *) Other with Special Attention:

- a. Strong comments or concerns that are not “inconsistencies” or major “scientific/technical inaccuracies” are highlighted by an asterisk (*) for special consideration for the authors. These comments may be identified by the respective Chairs of the review committees.

Section 5. How Should I Format the Dietary Guidance Review Comments?

For efficiency, a template for commenting has been provided. This template assists in the compilation effort. Some general guidance to follow:

1. Use MS/Word for all comments.
2. Use Times New Roman font in size 12.
3. For each comment, enter: page #, paragraph #, line #, colon, space, comment. For example: Page 4, Para 5, Line 4: Should say “fat-free or low-fat” before the word “milk.”
 - a. Many items include various sections, chapters, and titles. Use the title once and proceed with comments under that general area, by page number, paragraph number, and then line number. Then proceed with the next title or area, and continue with comments in a similar manner.
 - b. There is no need to repeat the entire sentence or line from the document, only if it is easier to explain. Justification may be needed to explain your entry. Be brief.
4. Refrain from using emphatic formatting unless absolutely necessary. For example, use quotation marks around “quotes” instead of *italics*. Avoid ALL CAPS or **bolding**. Do not use **color** or ~~strikethrough~~.
5. Avoid the use of any personal formatting such as bullets, tabs, and excessive spacing, as this interferes with the collation process.
6. Do not cut and paste large passages into the review form, and do not insert scanned or any other type of image.
7. Comments should be constructive, accurate, and respectful.
8. Each comment should be entered into a separate row in the form, even if they appear in the same section or sentence.

Part E. Brief Summary: *Dietary Guidelines for Americans, 2010*

Section 1. *Dietary Guidelines for Americans, 2010* Main Messages

Section 2. Seven Select Consumer Messages

Section 3. Key Points

Section 4. Key Recommendations

Section 1. *Dietary Guidelines for Americans, 2010* Main Messages

- Focus on consuming nutrient-dense foods and beverages.
- Maintain calorie balance over time to achieve and sustain a healthy weight.

Section 2. Seven Select Consumer Messages

1. Enjoy your food, but eat less.
2. Avoid oversized portions.
3. Make half your plate fruits and vegetables.
4. Make at least half your grains whole grains.
5. Switch to fat-free or low-fat (1%) milk.
6. Compare sodium in foods like soup, bread, and frozen meals and choose the foods with lower numbers.
7. Drink water instead of sugary drinks.

Section 3. Key Points

- The Executive Summary provides a snapshot of all the DG recommendations.
- It is important to note that all quantitative recommendations in the Dietary Guidelines are expressed as *average* daily or weekly amounts to be met *over time*.
- The DG development process is described, as well as the various uses of the Guidelines and importance of the Guidelines for health promotion and disease prevention. The heavy toll of diet-related diseases are highlighted and explained.
- While the target population continues to be **Americans ages 2 years and older who are apparently healthy**, the 2010 Guidelines are especially cognizant of the growing numbers of Americans, both children and adults, who are at **increased risk for developing diet-related chronic disease**. This is a new addition to the Guidelines. The DGs are not intended to be recommendations for Americans with therapeutic needs.
- Children are a particularly important focus of the *Dietary Guidelines for Americans, 2010* because of the growing body of evidence documenting the vital role that optimal nutrition plays throughout the lifespan.
- A basic premise of the Dietary Guidelines is that nutrient needs should be met primarily through consuming foods. Americans should aim to consume a diet that achieves the Institute of Medicine's most recent DRIs.

Section 4. Key Recommendations

BALANCING CALORIES TO MANAGE WEIGHT

- 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.

FOODS AND FOOD COMPONENTS TO REDUCE

- Reduce daily sodium intake to less than 2,300 milligrams (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.
- Consume less than 10 percent 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 by limiting foods that contain synthetic sources of *trans* fats, such as partially hydrogenated oils, and by limiting other solid fats.
- 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—and only by adults of legal drinking age.¹

1. See Chapter 3, Foods and Food Components to Reduce, for additional recommendations on alcohol consumption and specific population groups. There are many circumstances when people should not drink alcohol.

FOODS AND NUTRIENTS TO INCREASE

Individuals should meet the following recommendations as part of a healthy eating pattern 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.²
- 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.
- 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.

2. Fortified soy beverages have been marketed as “soymilk,” a product name consumers could see in supermarkets and consumer materials. However, FDA’s regulations do not contain provisions for the use of the term “soymilk.” Therefore, in this document, the term “fortified soy beverage” includes products that may be marketed as “soymilk.”

3. Includes adolescent girls.

4. “Folic acid” is the synthetic form of the nutrient; whereas, “folate” is the form found naturally in foods.

Recommendations for specific population groups

*Women capable of becoming pregnant*³

- Choose foods that supply heme iron, which is more readily absorbed by the body, additional iron sources, and enhancers of iron absorption such as vitamin C-rich foods.
- Consume 400 micrograms (mcg) per day of synthetic folic acid (from fortified foods and/or supplements) in addition to food forms of folate from a varied diet.⁴

*Women who are pregnant or breastfeeding*³

- Consume 8 to 12 ounces of seafood per week from a variety of seafood types.
- Due to their high methyl mercury content, limit white (albacore) tuna to 6 ounces per week and do not eat the following four types of fish: tilefish, shark, swordfish, and king mackerel.
- If pregnant, take an iron supplement, as recommended by an obstetrician or other health care provider.

Individuals ages 50 years and older

- Consume foods fortified with vitamin B₁₂, such as fortified cereals, or dietary supplements.

BUILDING HEALTHY EATING PATTERNS

- 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.

Part F. Dietary Guidelines for Americans, 2010 by Topic Area

Terminology, Dietary Intake and Health, and Recommendations

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Added Sugars</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> Pages ix, x, 4-5, 13-14, 16, 19-21, 27-29, 30, 32, 35-36, 42, 45-47, 50-51, 53-54, 58, 62-63, 66-67, 74, 79-83, 91, 94 Tables 5-1, A2-1, A4-2 Figures 3-6, 5-1, 5-2 Appendices 2, 4, 10, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> Food-A-Pedia 	<p>Definitions:</p> <ul style="list-style-type: none"> Sugars, syrups, and other caloric sweeteners that are added to foods during processing, preparation, or consumed separately. Added sugars do not include naturally occurring sugars such as those in fruit (fructose) and milk products (lactose). <p>Dietary Sources & Acceptable Terms:</p> <ul style="list-style-type: none"> Names for added sugars include: sucrose, fructose, high fructose corn syrup, corn sweetener, white sugar, brown sugar, corn syrup, corn syrup solids, raw sugar, glucose, lactose, maltose, malt syrup, maple syrup, pancake syrup, fructose sweetener, liquid fructose, fruit juice concentrate, honey, molasses, anhydrous dextrose, invert sugar, turbinado sugar, trehalose, and crystal dextrose. Nutrient-dense foods are those in which nutrients and other beneficial substances have not been “diluted” by the addition of calories from added solid fats, <u>added sugars</u>, or added refined starches, or by the solid fats naturally present in the food. <ul style="list-style-type: none"> The term nutrient-dense is not well understood by most consumers. The term “empty calories” is being used in some consumer materials to identify calories from solid fats or added sugars in foods (and beverages) that are not nutrient-dense (Figure 5-2). <p>Consumer Messages:</p> <ul style="list-style-type: none"> Choose water, fat-free milk, 100% fruit juice, or unsweetened tea or coffee as drinks rather than sugar-sweetened drinks. Use the Nutrition Facts label to choose packaged foods with less total sugars, and use the ingredients list to choose foods with little or no added sugars. Identify the amount of calories from added sugars and solid fats contained in foods and drinks at http://www.myfoodapedia.gov. Identify the amount of empty calories in foods and drinks at http://www.myfoodapedia.gov. When you have foods and drinks with added sugars and solid fats, choose a small portion. When you have foods and drinks that contain empty calories, choose a small portion. 	<ul style="list-style-type: none"> Contribute an average of 16% of the total calories in American diets. The major sources in the diets of Americans are soda, energy drinks, and sports drinks (36% of added sugar intake), grain-based desserts (13%), sugar-sweetened fruit drinks (10%), dairy-based desserts (6%), and candy (6%). See <i>Figure 3-6 Sources of Added Sugars</i>. 	<ul style="list-style-type: none"> Reducing added sugars will decrease calorie content without compromising nutrient adequacy. The majority of sugars in typical American diets are sugars added to foods during processing, preparation, or at the table. Although the body’s response to sugars does not depend on whether they are naturally present in food or added to foods, sugars found naturally in foods are part of the food’s total package of nutrients and other healthful components. In contrast, many foods that contain added sugars often supply calories, but few or no essential nutrients and no dietary fiber. Both naturally occurring sugars and added sugars increase the risk of dental caries. USDA Food Patterns are designed to meet nutrient needs within calorie limits (pp. 79-82 DG) and to include limited calories for solid fats and <u>added sugars</u>. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> Reduce the intake of calories from solid fats and <u>added sugars</u>. <p>Guidance:</p> <ul style="list-style-type: none"> Sweetened foods and beverages can be replaced with those that have no or are low in added sugars. Cut back on foods and drinks with added sugars or caloric sweeteners (sugar-sweetened beverages).

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<p>Alcohol</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages x, 2-4, 12-16, 20-21, 30-32, 44-45, 47-48, 51, 61-62, 68-69, 91, 94 • Tables 2-2, 5-1 • Appendices 1, 2, 3, 16 <p>Notes:</p> <ul style="list-style-type: none"> • First DG that discusses: Heavy/High-risk drinking and binge drinking. 	<p>Definitions and Dietary Sources:</p> <ul style="list-style-type: none"> • One drink contains 0.6 fluid ounces (oz) of alcohol. <ul style="list-style-type: none"> ○ One drink is defined as: <ul style="list-style-type: none"> ▪ 12 fl oz of regular beer (5% alcohol) ▪ 5 fl oz of wine (12% alcohol) ▪ 1.5 fl oz 80 proof (40% alcohol) distilled spirits ○ Moderate alcohol consumption is: <ul style="list-style-type: none"> ▪ Up to 2 drinks in any single day for men ▪ Up to 1 drink in a day for women ○ Heavy or high-risk drinking is: <ul style="list-style-type: none"> ▪ Consumption of > 3 drinks on any day or > 7 per week for women ▪ Consumption of > 4 drinks on any day or > 14 per week for men ○ Binge drinking is the consumption within 2 hours of: <ul style="list-style-type: none"> ▪ 4 or more drinks for women ▪ 5 or more drinks for men <p>Consumer Messages:</p> <ul style="list-style-type: none"> • Breastfeeding women can occasionally consume an alcoholic beverage without exposing infants to alcohol (p. 31 of the DG). • If breastfeeding, wait at least 4 hours after drinking alcohol before breastfeeding. Alcohol should not be consumed at all until consistent latch on and breastfeeding patterns are established. • Consider the calorie content of mixers as well as the alcohol. • Limit alcohol to no more than 1 drink per day for women and 2 drinks per day for men. 	<ul style="list-style-type: none"> • Alcoholic beverages are a top calorie contributor in many U.S. adult diets (7 calories/gram) but provide few nutrients. • This is the only instance in the DG where the amount specified “per day” refers to an amount consumed on any single day. All other dietary recommendations are for daily <i>averages</i> over time. 	<ul style="list-style-type: none"> • Alcohol may be beneficial when consumed in moderation (i.e., lowers risk of all-cause mortality among some and cardiovascular disease (CVD), and helps keep cognitive function with age). • Risks associated with moderate alcohol intake have also been identified (i.e., increased risk of breast cancer, violence, drowning, injuries from falls, and motor vehicle crashes). • Dietary factors that increase blood pressure include excessive sodium and insufficient potassium intake, overweight and obesity, and <u>excess alcohol consumption</u>. 	<p>Key Recommendations: If alcohol is consumed, it should be consumed in moderation, and only by adults of legal drinking age.</p> <p>Guidance:</p> <ul style="list-style-type: none"> • It is not recommended that anyone begin drinking for potential health benefits. • A full list of people who should not drink is found on pp. 31-32 of the DG.
<p>Beans and Peas</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix, xi, 4-5, 15-16, 34-35, 38-42, 45-46, 50-53, 65-66, 79-82, 91, 94 • Tables 5-1, 5-2, 5-3, A2-1 • Appendices 2, 7, 8, 9, 16 <p>Notes:</p> <ul style="list-style-type: none"> • While beans and peas are legumes, the term is not widely understood by consumers. 	<p>Definitions and Dietary Sources:</p> <ul style="list-style-type: none"> • Beans and peas are the mature forms of legumes. They include kidney beans, pinto beans, black beans, garbanzo beans (chick peas), lima beans, black-eyed peas, and lentils. • Green peas and green string beans are not in the beans and peas subgroup. <ul style="list-style-type: none"> ○ Green peas are “starchy” vegetables (like potatoes and corn). ○ Green beans are “other” vegetables. ○ Their nutrient contents are more similar to the other foods in these categories (e.g., for green beans, their nutrient content is similar to onions, iceberg lettuce, celery, cabbage). 	<ul style="list-style-type: none"> • Inadequate protein intake in the United States is rare. • Meat, poultry, and eggs are the most commonly consumed protein foods, while seafood, <u>beans and peas</u>, soy products, nuts, and seeds are consumed in proportionally smaller amounts. 	<ul style="list-style-type: none"> • Excellent sources of protein and also provide other nutrients, such as iron and zinc, similar to seafood, meat, and poultry. • Excellent sources of dietary fiber and nutrients such as potassium and folate, which also are found in other vegetables. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Eat a variety of vegetables, especially dark-green and red and orange vegetables and <u>beans and peas</u>. • Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, <u>beans and peas</u>, soy products, and unsalted nuts and seeds. • Choose foods that provide more <u>potassium, dietary fiber</u>, calcium, and vitamin D, which are nutrients of concern in American diets. • Because of their high nutrient content, may be considered both as a vegetable and as a protein food.

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	<p>Acceptable Terms:</p> <ul style="list-style-type: none"> Beans should be listed as “Beans and Peas” when referring to the subgroup of the vegetable food group. Do not insert the word “dry.” No longer called “cooked dried.” 			
<p>Behavior (for body weight and weight management)</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> Pages x, 1, 2, 4, 8, 9, 10, 11, 17, 19, 31, 48, 55-60, 62-68, 72 Tables A2-1 Appendices 2, 3 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> Dietary Guidelines Consumer Brochure 	<p>Definitions:</p> <ul style="list-style-type: none"> Individuals are encouraged to become more conscious of what they eat and what they do. This means: <ul style="list-style-type: none"> Increasing awareness of what, when, why, and how much they eat. Deliberately making better choices regarding what and how much they consume. Seeking ways to be more physically active. 	<ul style="list-style-type: none"> The most recent data indicate that 72% of men and 64% of women are overweight or obese, with about one-third of adults being obese. 	<ul style="list-style-type: none"> Improved nutrition, appropriate eating behaviors, and increased physical activity have tremendous potential to: <ul style="list-style-type: none"> Decrease the prevalence of overweight and obesity Enhance the public’s health Reduce morbidity and premature mortality Reduce health care costs Monitoring food intake can help with awareness of what and how much Americans eat and drink. Monitoring body weight and physical activity can help prevent weight gain and improve losing or maintaining body weight. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> 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. <p>Guidance:</p> <ul style="list-style-type: none"> Behaviors with strongest evidence: <ul style="list-style-type: none"> Focus on the total number of calories consumed Monitor food intake When eating out, choose smaller portions or lower calorie options Prepare, serve, and consume smaller portions of foods and beverages, especially those high in calories Eat a nutrient-dense breakfast Limit screen time
	<p>Consumer Messages:</p> <ul style="list-style-type: none"> Enjoy your food, but eat less. Consume foods and drinks to meet, not exceed, calorie needs. Plan ahead to make better food choices. Track food and calorie intake. Reduce portions, especially of high-calorie foods. Cook and eat more meals at home, instead of eating out. 			

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<ul style="list-style-type: none"> Limit screen time. Increase physical activity. Avoid inactivity. Some physical activity is better than none. Focus on eating nutrient-dense forms of foods from all food groups (i.e., those with few or no empty calories), such as vegetables without butter, fruits without added sugars, fat-free milk instead of whole milk, and lean instead of fatty meats. 				
<p>Beverages</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> Pages i, ix-xi, 4, 5, 8-9, 12-17, 19, 22-23, 26-30, 34, 35, 38, 41, 43, 46-50, 52-54, 56, 59, 61-62, 65, 67, 73-74, 82, 91-95 Tables 2-2, 5-2 Appendices 1, 2, 4, 9, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> 10 Tips: Make Better Beverage Choices 	<p>Definitions:</p> <ul style="list-style-type: none"> Sugar-sweetened beverages: Liquids that are sweetened with various forms of sugars that add calories. These beverages include, but are not limited to, soda, fruit ades and fruit drinks, and sports and energy drinks. <p>Dietary Sources:</p> <ul style="list-style-type: none"> The major types of beverages consumed by adults, in descending order by average calorie intake, are: regular soda, energy, and sports drinks; alcoholic beverages; milk (including whole, 2%, 1%, and fat-free); 100% fruit juice; and fruit drinks. The major beverages for children are somewhat different and, in order by average calorie intake, are: milk (including whole, 2%, 1%, and fat-free); regular soda, energy, and sports drinks; fruit drinks; and 100% fruit juice. Among children and adolescents, milk and 100% fruit juice intake is higher for younger children, and soda intake is higher for adolescents. 	<ul style="list-style-type: none"> Both American adults and children consume an average of 400 calories per day as beverages. 	<ul style="list-style-type: none"> Beverages contribute substantially to overall dietary and calorie intake for most Americans. Some evidence suggests that beverages are less filling than solid foods; however, soup may lead to decreased calorie intake and body weight over time. Strong evidence shows that children and adolescents who consume more sugar-sweetened beverages have higher body weight compared to those who drink less, and moderate evidence also supports this relationship in adults. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> Account for all foods and beverages consumed and assess how they fit within a total healthy eating pattern. <p>Guidance:</p> <ul style="list-style-type: none"> Plan for beverages in the context of total calorie intake. Beverages provide needed water, but many add calories to the diet without providing essential nutrients. Fat-free or low-fat milk and 100% fruit juice provide a substantial amount of nutrients along with their calories. Water and unsweetened beverages (coffee and tea) contribute to total water without adding calories.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> Encourage water and beverages with few or no calories. Drink recommended amounts of low-fat and fat-free milk and 100% fruit juice. Beverages are an important component of most people’s diets and should not be overlooked when discussing calorie intake. Drink fat-free (skim) or low-fat (1%) milk. If you currently drink whole milk, gradually switch to lower fat versions. This change will cut calories, but will not reduce calcium or other essential nutrients. 				
<p>Body Weight and Individual Foods and Beverages</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> Pages 15-16 	<p>Definition:</p> <ul style="list-style-type: none"> Body mass index (BMI): A measure of weight in kilograms (kg) relative to height in meters (m) squared. BMI is considered a reasonably reliable indicator of total body fat, which is related to the risk of disease and death. BMI status categories include underweight, healthy weight, overweight, and obese. Overweight and obese describe ranges of weight that are greater than what is considered healthy for a given height, while underweight describes a weight that is lower than what is considered healthy. 		<ul style="list-style-type: none"> When total calorie intake is held constant, there is little evidence that any individual food group or beverage has a unique impact on body weight. When total calorie intake is not held constant, some foods and beverages have been associated with effects on body weight (see <i>Guidance</i>). 	<p>Guidance: To manage body weight:</p> <ul style="list-style-type: none"> Increase intake of whole grains, vegetables, and fruits. Reduce intake of sugar-sweetened beverages. Monitor intake of 100% fruit juice for children and adolescents, especially those who are overweight. Monitor calorie intake from alcoholic beverages for adults.

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<p>Breakfast</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages 12, 19, 26, 41, 46, 61, 66-67 • Tables A2-1 • Appendices 1, 2 	<p>Definition:</p> <ul style="list-style-type: none"> • Typically consumed as the first meal of the day. 		<ul style="list-style-type: none"> • Consuming breakfast has been associated with weight loss and weight loss maintenance, as well as improved nutrient intake. • Not eating breakfast has been associated with excess body weight, especially among children and adolescents. 	<p>Guidance: Eat a nutrient-dense breakfast.</p>
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Substitute whole-grain choices for refined grains in breakfast cereals, breads, crackers, rice, and pasta. • Use the Nutrition Facts label to choose breakfast cereals and other packaged foods with less total sugars, and use the ingredients list to choose foods with little or no added sugars. 				
<p>Calcium</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages xi, 4, 29, 33-34, 38, 40-42, 45-46, 50, 52-53, 60, 65, 73, 76-77, 82, 89 • Tables 5-2 • Figures 5-1, A4-1 • Appendices 2, 4, 5, 6, 9, 14 	<p>Sources:</p> <ul style="list-style-type: none"> • Milk and milk products contribute substantially to calcium intake. 	<ul style="list-style-type: none"> • Age groups of particular concern due to low calcium intake from food include children ages 9 years and older, adolescent girls, and adult women, as well as adults ages 51 years and older. 	<ul style="list-style-type: none"> • A nutrient of concern in the American diet. • Important for optimal bone health. • Serves vital roles in nerve transmission, constriction and dilation of blood vessels, and muscle contraction. • Low bone mass, a risk factor for osteoporosis and fracture, is a significant risk among Americans. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Choose foods that provide more potassium, dietary fiber, <u>calcium</u>, and vitamin D, which are nutrients of concern in American diets. <p>Guidance:</p> <ul style="list-style-type: none"> • Achieve calcium intake by consuming recommended levels of fat-free or low-fat milk and milk products and/or alternative calcium sources. • Not consuming milk products requires careful replacement with other food sources of calcium, including fortified foods. • Calcium in some plant foods is well absorbed but consuming enough plant foods to achieve the RDA may be unrealistic for many.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, and fortified soy beverages. 				

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<p>Calorie Balance</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix-x, 4-5, 8-11, 13-17, 19, 55, 58, 62-68, 78, 91 • Tables 2-3 • Appendices 2, 6, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> • 10 Tips: Choose MyPlate • 10 Tips: Enjoy Your Food, But Eat Less <p>FDA:</p> <ul style="list-style-type: none"> • How to Understand and Use the Nutrition Facts Label 	<p>Definitions:</p> <ul style="list-style-type: none"> • The balance between calories consumed in foods and beverages and calories expended through physical activity and metabolic processes. <p>Dietary sources:</p> <ul style="list-style-type: none"> • Foods and beverages contribute to calorie intake. <p>Acceptable terms:</p> <ul style="list-style-type: none"> • Because the word “eat” is usually used instead of “consume,” care should be taken regarding beverages, as one <i>drinks</i> them, but <i>eats</i> food. • The term “energy balance” can be used as appropriate for the audience. <p>Consumer Messages:</p> <ul style="list-style-type: none"> • Enjoy your food, but eat less. • Avoid oversized portions. • Drink water instead of sugary drinks. • Plan ahead to make better food choices. • Track food and caloric intake. • Reduce portions, especially of high-calorie foods. • Cook and eat more meals at home, instead of eating out. Think about choosing healthy eating options when eating out. 	<ul style="list-style-type: none"> • The current high rates of overweight and obesity among virtually all subgroups of the population demonstrate that many Americans are in calorie <i>imbalance</i>—that is, they consume more calories than they expend. 	<ul style="list-style-type: none"> • Helps attain and maintain a healthy weight, reduces risk of chronic disease, and promotes overall health. • Achieving and sustaining a healthy body weight across the lifespan is important for maintaining good health and quality of life. • Calorie balance <i>over time</i> is the key to weight management. This can be achieved over time by eating and drinking fewer calories, being more physically active or best of all, a combination of the two. • Consuming the same amount of calories as expended will result in maintaining a steady weight. • Consuming more calories than expended will result in weight gain. • Consuming fewer calories than expended will result in weight loss. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • 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. <p>Guidance:</p> <ul style="list-style-type: none"> • Monitor food intake to be aware of what and how much you eat and drink. • Monitor body weight and physical activity.

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<p>Calorie Density</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages 12, 16, 19, 46-47, 91, 94 • Table 2-2 • Figure 5-1, 5-2 • Appendix 16 	<p>Definitions:</p> <ul style="list-style-type: none"> • <u>Calorie Density</u>: Amount of calories provided per unit of food weight. Also known as “energy density.” <p>Dietary sources:</p> <ul style="list-style-type: none"> • Foods high in water and/or dietary fiber typically have fewer calories per gram and are lower in calorie density, while foods higher in fat are generally higher in calorie density. • A dietary pattern low in calorie density is higher in vegetables, fruit, and dietary fiber and relatively low in total fat, saturated fat, and added sugars. • See <i>Nutrient-Density</i>. 	<ul style="list-style-type: none"> • See <i>Table 2-2 Top 25 Sources of Calories Among Americans 2 Years and Older NHANES 2005-2006</i> • See <i>Figure 5-1 How Do Typical American Diets Compare to Recommended Intake Levels or Limits?</i> • See <i>Figure 5-2 Examples of Calories in Food Choices That Are Not in Nutrient-Dense Forms and the Calories in Nutrient-Dense Forms of These Foods</i> 	<ul style="list-style-type: none"> • Strong evidence shows that eating patterns that are low in calorie density improve weight loss and weight maintenance, and also may be associated with a lower risk of type 2 diabetes in adults. 	<p>Guidance:</p> <ul style="list-style-type: none"> • Nutrients and other healthful properties of food and beverages, as well as their calories, should be considered when selecting an eating pattern for optimal health. • Consuming an eating pattern low in calorie density may help to reduce calorie intake and improve body weight outcomes and overall health. • The USDA Food Patterns and the DASH Eating Plan, described in Chapter 5, are examples of eating patterns that are low in calorie density.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Limit calorie intake from solid fats and added sugars. • See <i>Calories from Solid Fats and Added Sugars for additional messages</i>. 				
<p>Calories from Solid Fats and Added Sugars (SoFAS)</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages 28-29, 46, 79-82 • Figures 5-1 • Appendices 7, 8, 9 	<p>Definitions and Dietary Sources:</p> <ul style="list-style-type: none"> • See “<i>solid fats</i>” and “<i>added sugars</i>” for major food sources. <p>Acceptable terms:</p> <ul style="list-style-type: none"> • The calories from solid fats and added sugars are often referred to as “empty calories.” The term “empty calories” is being used in some consumer materials to identify calories from solid fats or added sugars in foods (and beverages) that are not nutrient-dense. 	<ul style="list-style-type: none"> • On average, together they contribute 35% (800 calories) of daily calories without adding to overall nutrient adequacy. • <i>Figure 3-5 Sources of Solid Fats in the Diets of the U.S. Population</i> • <i>Figure 3-6 Sources of Added Sugars in the Diets of the U.S. Population</i> 	<ul style="list-style-type: none"> • Implications for weight management as intake in the diet increases. • Difficult to eat foods with sufficient dietary fiber and essential nutrients and stay within calorie limits if solid fats and/or added sugars increase in the diet. • USDA Food Patterns are designed to meet nutrient needs within calorie limits (pp. 79-82 DG) and include limits on calories from solid fats and added sugars. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Reduce intake of calories from solid fats and added sugars. <p>Guidance:</p> <ul style="list-style-type: none"> • Limit the amount of solid fats and added sugars when cooking or eating (e.g., trimming fat from meat, using less butter and stick margarine, and using less table sugar). • For most people, no more than ~5-15% of calories from SoFAS can be reasonably accommodated while meeting nutrient needs and staying within calorie limits.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Focus on eating nutrient-dense forms of foods from all food groups (i.e., those with few or no empty calories), such as vegetables without butter, fruits without added sugar, fat-free milk instead of whole milk, and lean instead of fatty meats. • Limit the amount of solid fats and added sugars when cooking or eating, such as using less butter and stick margarine. • Consume fewer and smaller portions of foods and beverages that contain solid fats and/or added sugars, such as sodas. • Identify the amount of calories from added sugars and solid fats contained in foods and drinks at http://www.myfoodapedia.gov. • Identify the amount of empty calories in foods and drinks at http://www.myfoodapedia.gov. • Choose foods prepared with little or no added sugars or solid fats. 				

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<p>Calorie Needs</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages xi, 5, 9, 12-14, 28, 33-34, 38, 50, 53, 63, 73, 78 • Tables 2-2, 2-3, A2-1 • Figures A4-1 • Appendices 2, 4, 6 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> • Weight Management - Eat the Right Amount of Calories for You • SuperTracker: My Plan 	<p>Definitions:</p> <ul style="list-style-type: none"> • The total number of calories a person needs each day varies depending on a number of factors, including the person’s age, gender, height, weight, and level of physical activity. In addition, a desire to lose, maintain, or gain weight affects how many calories should be consumed. • <i>See Calorie Balance</i> 	<ul style="list-style-type: none"> • <i>See Appendix 6: Estimated Calorie Needs</i> • <i>See Table 2-2 Top 25 Sources of Calories Among Americans</i> 	<ul style="list-style-type: none"> • The total number of calories consumed from foods and beverages is fundamental in achieving and maintaining calorie balance essential to a healthy body weight. 	<p>Guidance:</p> <ul style="list-style-type: none"> • Individuals should meet DG recommendations as part of a healthy eating pattern while staying within their calorie needs. • Select an eating pattern that meets nutrient needs over time at an appropriate calorie level. • For people to assess whether they are eating the appropriate number of calories they need to monitor body weight and adjust calorie intake and participation in physical activity based on changes in weight over time. • Producing a calorie deficit can be done by reducing calorie intake, increasing expenditure, or both. • A calorie deficit of 500 calories or more per day is a common initial goal for weight loss for adults. • When providing guidance on calorie levels, it should be made clear that some people need more while others need less. • Estimated calorie needs are provided in Table 2-3 and in a more detailed table in Appendix 6.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • The 2010 Dietary Guidelines will help Americans choose a nutritious diet within their calorie needs. • Know your calorie needs. • Consume foods and drinks to meet, not exceed, calorie needs. • Estimate your calorie needs with online tools such as those available through the SuperTracker at ChooseMyPlate.gov. 				

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<p>Carbohydrate, Protein, and Fat</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix- xi, 2, 4, 5,9, 11-17, 20-21, 23-30, 32, 34-36, 38-42, 44-49, 51-54, 58, 61-63, 65-67, 70, 72-74, 76, 78-79, 81-83, 87, 89-95 • Tables 2-2, 2-3, 2-4, 5-1, 5-2, 5-3, A2-1, A4-1 • Figures 3-3, 3-4, 3-5, 5-1, 5-2, A4-1 • Appendices 1, 2, 5, 6, 7, 8, 9, 10, 12, 14, 15 	<p>Definitions:</p> <ul style="list-style-type: none"> • 3 macronutrients. Main sources of calories in the diet. <ul style="list-style-type: none"> ○ Carbohydrates – 4 calories per gram ○ Protein – 4 calories per gram ○ Fat – 9 calories per gram <p>Acceptable terms: <i>See individual food groups that are sources of macronutrients for acceptable terms</i></p>	<ul style="list-style-type: none"> • Carbohydrates: Most is consumed in the form of starches—from grains (esp. refined grains), potatoes, and other starchy vegetables. <ul style="list-style-type: none"> ○ Most people consume enough carbohydrates but too much added sugars and not enough fiber. • Protein: Inadequate protein intake in the United States is rare. • Fat: Americans currently consume too many calories from solid <u>fats</u>. 	<ul style="list-style-type: none"> • Carbohydrates: Primary calorie (energy) source. • Protein: Provides calories and amino acids for building and preserving body muscle and tissue. • Fat: Provides essential fatty acids and help fat-soluble vitamin absorption (A,D,E,K). 	<p>Guidance:</p> <ul style="list-style-type: none"> • There is no optimal proportion of macronutrients but should be within the Acceptable Macronutrient Distribution Ranges (AMDR) recommended by DRI's. • <i>See Table 2-4 for AMDR DRI ranges</i>
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • <i>See Consumer Messages more specific to the education material of interest.</i> 				
<p>Cholesterol</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages x, 2-4, 9, 14-15, 17, 20-21, 23-27, 29, 32, 40, 44, 53, 61, 73, 76, 91 • Figures A4-1 • Appendices 1, 4, 5, 16 	<p>Definitions:</p> <ul style="list-style-type: none"> • Dietary Cholesterol: Cholesterol found in foods of animal origin. • Serum Cholesterol: Cholesterol that travels in the blood as part of distinct particles containing lipoproteins. <p>Dietary sources:</p> <ul style="list-style-type: none"> • Only found in animal products. Major sources are eggs/egg mixed dishes, chicken/chicken mixed dishes, beef/beef mixed dishes, beef burgers. 	<ul style="list-style-type: none"> • Average cholesterol intake by men is about 350 milligrams (mg) per day and by women, 240 mg per day. 	<ul style="list-style-type: none"> • The potential negative effects of dietary cholesterol are small compared to those of saturated and <i>trans</i> fatty acids. • The effect of dietary cholesterol on blood lipids is reduced when saturated fatty acid intake is low. • Evidence suggests that one egg (i.e., egg yolk) per day does not increase blood cholesterol levels, nor does it increase the risk of CVD in healthy people. • Humans are able to synthesize sufficient cholesterol to meet biologic requirements, and there is no evidence for a dietary requirement for cholesterol. 	<p>DG Recommendations:</p> <ul style="list-style-type: none"> • Consume less than 300 mg per day of cholesterol. <p>Guidance:</p> <ul style="list-style-type: none"> • Consuming less than 200 mg per day can further help individuals at high risk of CVD. • Reduce intake by limiting intake of major cholesterol sources.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • People do not <i>need</i> to eat cholesterol; the body makes enough. 				

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Dietary Fiber</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages xi, 4, 5, 16, 27-30, 33-36, 39-41, 42, 45, 49, 60, 65-66, 73, 75, 88, 91, 93-95 • Tables A2-1 • Figures A4-1 • Appendices 2, 4, 13, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> • Food-A-Pedia <p>FDA:</p> <ul style="list-style-type: none"> • How to Understand and Use the Nutrition Facts Label 	<p>Definitions:</p> <ul style="list-style-type: none"> • Fiber: Non-digestible carbohydrates and lignin that occurs naturally in plants. <p>Dietary sources:</p> <ul style="list-style-type: none"> • Vegetables, fruits, whole grains, nuts, beans and peas (e.g., navy beans, split peas, lentils, pinto beans, and black beans). Also bran, while not a whole grain, is an excellent source. • <i>See Appendix 13.</i> 	<ul style="list-style-type: none"> • The Adequate Intake (AI) for fiber is 14 grams per 1,000 calories, or 25 grams per day for women and 38 grams per day for men. Most Americans greatly underconsume dietary fiber, and usual intake averages only 15 grams per day. 	<ul style="list-style-type: none"> • A nutrient of concern in the American diet. • May help reduce the risk of CVD, obesity, and type 2 diabetes. • Helps provide a feeling of fullness. • Important in promoting healthy laxation. • It is unclear if fiber added to foods provides the same health benefits as naturally occurring sources. 	<p>DG Recommendations:</p> <ul style="list-style-type: none"> • Choose foods that provide more potassium, <u>dietary fiber</u>, calcium, and vitamin D, which are nutrients of concern in American diets. <p>Guidance:</p> <ul style="list-style-type: none"> • Children and adults should consume foods naturally high in dietary fiber. • Use the Nutrition Facts label and the ingredients list to choose whole grains that are a good or excellent source of dietary fiber. Good sources of fiber contain 10 to 19% of the Daily Value per serving, and excellent sources of dietary fiber contain 20% or more.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Increase whole-grain intake. • Increase vegetable and fruit intake. • Focus on fiber—beans and peas are a great source. • Use the Nutrition Facts label to identify foods, such as whole grains, with more fiber. • To find foods with more dietary fiber, use the Food-A-Pedia through ChooseMyPlate.gov. 				
<p>Eating Patterns</p> <p><i>Also see: Healthy Eating Patterns</i></p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix, xi, 2, 4-5, 9, 13, 15-17, 19, 23, 28, 33-34, 36, 40, 42-54, 63-68, 73, 79-84, 91-92 • Tables 5-1, 5-3 • Appendices 2, 4, 7, 8, 9, 10, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> • 10 Tips: Build a Healthy Meal • 10 Tips: Healthy Eating for Vegetarians 	<p>Definitions:</p> <ul style="list-style-type: none"> • The combination of foods and beverages that constitutes an individual’s complete dietary intake over time. • May be a description of a combination of foods recommended for consumption. <p>Acceptable Terms:</p> <ul style="list-style-type: none"> • Eating patterns can accommodate a variety of food preferences, cultural traditions, and diverse customs. • There are many types of healthy eating patterns. Examples include USDA Food Patterns, Dietary Approaches to Stop Hypertension (DASH) Eating Plan, Mediterranean, vegetarian, vegan. 		<ul style="list-style-type: none"> • USDA Food Patterns were updated to carry out the DG recommendations. They provide recommended amounts and limits at 12 calorie levels. (Foods are in nutrient-dense forms.) • DASH was developed to help individuals prevent HBP and other risk factors for heart disease. • <i>See “Healthy Eating Patterns.”</i> 	<p>Key Recommendations: Select an eating pattern that meets nutrient needs over time at an appropriate calorie level.</p> <p>Guidance:</p> <ul style="list-style-type: none"> • There is no one prescribed eating pattern. • Two eating patterns that embody the Dietary Guidelines are the USDA Food Patterns and their vegetarian adaptations and the DASH (Dietary Approaches to Stop Hypertension) Eating Plan. • USDA and DASH use different terminology and have different specific recommendations—use one or the other—don’t try to mix and match. Cup and ounce equivalents are used with USDA Food Patterns, and Servings are used with DASH.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
				<ul style="list-style-type: none"> • Consumer materials even if focused on a particular topic area (i.e., fruits and vegetables) should make mention of the principles of an overall healthy eating pattern. • See Appendices for variations on USDA Food Patterns (lacto-ovo and vegan), DASH and text regarding Mediterranean-style eating patterns (also Table 5-1, 5-3).
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Americans should aim to meet their nutrient requirements through a healthy eating pattern that includes foods with few or no empty calories, while balancing calorie intake with energy expenditures. • See Consumer Messages for the food groups. 				
<p>Fat Also see: Solid fats, Oils, Added Sugars, and Saturated Fat</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix-xi, 2, 4-5, 9, 11-17, 20-21, 24-30, 32, 34-36, 38-42, 44-48, 50-54, 58, 61-63, 65-67, 70, 73-74, 83, 87, 89-91, 93-95 • Tables 2-2, 2-4, 5-1, 5-2, A2-1, A4-1 • Figures 3-3, 3-4, 3-5, 5-1, 5-2, A4-1 • Appendices 1, 5, 10, 12, 14, 15 	<p>Definitions:</p> <ul style="list-style-type: none"> • Contain a mixture of saturated, monounsaturated, and polyunsaturated fatty acids. <p>Consumer Messages:</p> <ul style="list-style-type: none"> • Use oils instead of solid fats, when possible. • Cut back on solid fats. Choose foods with little solid fats and prepare foods to minimize the amount of solid fats. • Limit saturated fat intake and keep <i>trans</i> fat intake as low as possible. 	<ul style="list-style-type: none"> • Average intake is 34% of calories. 	<ul style="list-style-type: none"> • Acceptable ranges are associated with reduced risk of chronic diseases, such as CVD. 	<p>Guidance:</p> <ul style="list-style-type: none"> • The Dietary Guidelines do not make recommendations on total fat reduction, but rather make specific recommendations for reducing saturated fatty acids, cholesterol and <i>trans</i> fatty acids, and replacing solid fats with oils. • Total fat intake should fall within established AMDR recommended by DRI's. • See Table 2-4 for AMDR DRI ranges.
<p>Fluoride and Oral Hygiene</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Page 48 	<p>Dietary Sources:</p> <ul style="list-style-type: none"> • Fluoridated water and/or fluoride-containing dental products. <p>Consumer Messages:</p> <ul style="list-style-type: none"> • Most bottled water is not fluoridated. 		<ul style="list-style-type: none"> • Drinking fluoridated water and/or use of fluoride-containing dental products helps reduce risk of dental caries. • With increased bottled water consumption, Americans may not be getting enough fluoride to maintain oral health. 	<p>Guidance:</p> <ul style="list-style-type: none"> • A combined approach of reducing the amount of time sugars and starches are in the mouth, drinking fluoridated water, and brushing and flossing teeth is the most effect way to reduce dental caries.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Folate (Folic Acid)</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages xi, 34-35, 40-42, 49, 76 • Appendix 5 • Dietary Supplement Fact Sheet: Folate • Folic Acid, What Should You Know? 	<p>Dietary Sources:</p> <ul style="list-style-type: none"> • Natural food sources of folate include beans and peas, oranges and orange juice, and dark-green leafy vegetables such as spinach and mustard greens. • Enriched and fortified grain products contain folic acid. <p>Acceptable Terms:</p> <ul style="list-style-type: none"> • The terms “folate” and “folic acid” may be used interchangeably in consumer materials when used in general. • When referring to key recommendations, take care the correct term is used, as synthetic “folic acid” and dietary “folate” equivalents have important technical differences. 		<ul style="list-style-type: none"> • Folic acid fortification has been successful in reducing the incidence of neural tube defects. 	<p>Guidance:</p> <ul style="list-style-type: none"> • Women capable of becoming pregnant are advised to consume 400 micrograms (mcg) of synthetic folic acid daily from fortified foods or supplements, in addition to food forms of folate from a varied diet. • Women who are pregnant are advised to consume 600 mcg of dietary folate equivalents daily from all sources.
<p>Food Allergies/ Intolerances</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Page 49 <p>NIH:</p> <ul style="list-style-type: none"> • Food Allergies 	<p>Definition:</p> <ul style="list-style-type: none"> • Allergy: Proteins in these foods trigger an abnormal immune response in persons allergic to the food. • Intolerance: Due to the inability of the body to digest or metabolize a food component. For example, lactose intolerance is caused by a deficiency of the enzyme lactase that breaks down the sugar lactose in milk and milk products. 		<ul style="list-style-type: none"> • Common food allergies include those to milk, eggs, fish, crustacean shellfish, tree nuts, wheat, peanuts, and soybeans. 	<p>Guidance:</p> <ul style="list-style-type: none"> • <i>See Definitions and Evidence-Based Health Connections of common food allergies.</i>
<p>Food Groups</p> <p><i>See also: Vegetables and Fruits, Whole Grains, Refined Grains, Milk and Milk Products, Protein Foods Group</i></p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages 5, 15, 29, 33, 35-40, 43-45, 47, 50-54, 79-81, 83, 92, 94 • Tables 5-1, 5-2 • Appendices 7, 8, 10, 16 	<p>Definitions:</p> <ul style="list-style-type: none"> • Foods are grouped based on commonalities in nutrients provided and how the foods are viewed and used by consumers. • Food groups described in the DG include: Vegetables, Fruits, Grains, Protein Foods, and Dairy (or Milk and Milk Products). <p>Acceptable Terms:</p> <ul style="list-style-type: none"> • Changes in USDA food groups: <ul style="list-style-type: none"> ○ Milk and Milk Products are now referred to as Dairy. ○ Fortified soy beverages are part of the Dairy group. ○ Meat and Beans are now referred to as Protein Foods. <ul style="list-style-type: none"> ▪ Beans and peas not referred to as “cooked dried.” ○ Red and orange vegetable subgroup replaces orange vegetable subgroup. <p>Dietary Sources:</p> <ul style="list-style-type: none"> • <i>See Notes for Appendix 7 p. 80</i> of the DG 	<ul style="list-style-type: none"> • <i>See individual food groups</i> 	<ul style="list-style-type: none"> • Consuming foods from all food groups within the context of an overall healthy eating pattern is associated with a health benefit or meeting nutrient needs. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • <i>See individual food groups.</i> <p>Guidance:</p> <ul style="list-style-type: none"> • USDA Food Pattern food groups and subgroups are explained in Table 5-2. Oils are not a food group.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Food Safety Principles</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix, xi, 2, 4, 43, 48, 54, 58, 62, 68-70, 72, 93 • Tables A2-1, A3-1 • Appendices 2, 3, 16 	<p>Definitions:</p> <ul style="list-style-type: none"> • FightBAC![®]: A national public education campaign to promote food safety to consumers and educate them on how to handle and prepare food safely. In this campaign, pathogens are represented by a cartoonlike bacteria character named “BAC.” • Foodborne disease: Disease caused by consuming foods or beverages contaminated with disease-causing bacteria or viruses. Many different disease-causing microbes, or pathogens, can contaminate foods, so there are many different foodborne infections. In addition, poisonous chemicals, or other harmful substances, can cause foodborne diseases if they are present in food. 	<ul style="list-style-type: none"> • Every year, foodborne illness affects more than 76 million individuals in the United States, leading to 325,000 hospitalizations and 5,000 deaths. 		<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Follow food safety recommendations when preparing and eating foods to reduce the risk of foodborne illnesses. <p>Guidance:</p> <ul style="list-style-type: none"> • Clean/Separate/Cook/Chill • Foods to avoid—raw (unpasteurized) milk, cheeses, and juices; raw or undercooked animal foods, such as seafood, meat, poultry, and eggs; and raw sprouts. • Safe minimum internal cooking temperatures chart (p. 71 of the DG). A change has occurred since the printing of the DG. Fresh pork and fresh ham have the same temp as the other fresh meats—145 degrees Fahrenheit (°F) with a 3-minute “rest time” after removal from the heat source. • Guidance on food preparation should include instructions for hand washing, cleaning surfaces and utensils, and properly washing and rinsing produce, especially when children are involved. • When Fight BAC![®] is used, include trademark symbol.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Be food safe. • Four basic food safety principles work together to reduce the risk of foodborne illness—Clean, Separate, Cook, and Chill. These four principles are the cornerstones of <i>Fight BAC!</i>[®], a national food safety education campaign. • Wash hands with soap and water. • Wipe up spills immediately—clean food contact surfaces often. • Rinse fresh vegetables and fruits under running water just before eating, cutting, or cooking. • Raw seafood, meat, and poultry should not be rinsed. Bacteria in these raw juices can spread to other foods, utensils, and surfaces, leading to foodborne illness. • When shopping, place raw seafood, meat, and poultry in plastic bags. Separate them from other foods in your grocery cart and bags. • Always use a clean plate to serve and eat food. • Keep cold foods at 40 °F or below. Keep hot foods at 140 °F or above (Appendix 3 & Table A3-1). 				

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Fortified Foods or Supplements</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix, xi, 6, 34, 37-38, 40-42, 49-50, 52-54, 61, 65, 75, 89-90, 94 • Tables 5-2, A2-1 • Appendices 1, 2, 4, 9, 14, 15, 16 	<p>Definitions:</p> <ul style="list-style-type: none"> • Fortification: the addition of one more essential nutrients to a food, whether or not it is normally contained in the food. • Enrichment: the addition of specific nutrients (iron, thiamin, riboflavin, and niacin) to refined-grain products in order to replace losses of the nutrients that occur during processing. <p>Dietary Sources:</p> <ul style="list-style-type: none"> • DG discusses fortification or supplementation as needed for special populations for vitamin D, folic acid, vitamin B₁₂, and iron. 		<ul style="list-style-type: none"> • Fortification may be used to prevent or correct a deficiency in the population or sub-population; to restore naturally occurring nutrients lost during processing, storage, or handling; or to increase the nutrient level above that found in comparable food and to serve as a meaningful source of the nutrient. • Sufficient evidence is not available to support a recommendation for or against the use of multivitamin/mineral supplements in the primary prevention of chronic disease for the healthy American population. 	<p>Guidance:</p> <ul style="list-style-type: none"> • A fundamental premise of the DG is that nutrients should come primarily from foods. • In specific circumstances, fortified foods and/or supplements may be advisable (i.e., vitamin D, folic acid, vitamin B₁₂, and iron). • There is no general recommendation for or against the use of a multivitamin/mineral supplement.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Americans should aim to meet their nutrient requirements through a healthy eating pattern that includes foods with few or no empty calories, while balancing calorie intake with energy expenditures. • Supplement use should be discussed with a health care provider to establish need and correct dosage. 				
<p>Glycemic Index/Load</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages 16-17, 51 • Table 5-1 	<p>Definitions:</p> <ul style="list-style-type: none"> • Measures of the effects of carbohydrate-containing foods and beverages on blood sugar levels. 		<ul style="list-style-type: none"> • Strong evidence shows that Glycemic Index and/or load are not associated with body weight. 	<p>Guidance:</p> <ul style="list-style-type: none"> • It is not necessary to consider glycemic index/glycemic load when selecting carbohydrate foods and beverages for weight management.
<p>Healthy Eating Patterns</p> <p><i>Also see:</i> <i>Eating patterns</i></p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix, xi, 4-5, 9, 16-17, 19, 33-34, 36, 43-46, 48-51, 54, 73, 91 • Table 5-1 • Appendices 4, 16 	<p>Definitions & Dietary Sources:</p> <ul style="list-style-type: none"> • Eating Pattern: the combination of foods and beverages that constitute an individual's complete dietary intake over time. This may be a description of a customary way of eating or a description of a combination of foods recommended for consumption. • Common elements: <ul style="list-style-type: none"> ○ Abundant in fruits and vegetables. ○ Include moderate amounts and variety of protein foods. ○ Only limited amounts of added sugars. ○ Tend to have high unsaturated to saturated fatty acid ratio, and higher dietary fiber and potassium content. ○ Most are low in full-fat dairy products, but some include substantial amounts of low-fat milk and milk products. 	<ul style="list-style-type: none"> • <i>See Table 5-1 Eating Pattern Comparison</i> 	<ul style="list-style-type: none"> • Various eating patterns may provide short- and long-term health benefits, including a reduced risk of chronic disease. • Many traditional eating patterns can provide health benefits. Their variety demonstrates that people can eat healthfully in a number of ways. • All healthy eating patterns described in the DG are similar to each other and to the healthful eating patterns identified in the research. 	<p>Guidance:</p> <ul style="list-style-type: none"> • Two eating patterns that embody the Dietary Guidelines are the USDA Food Patterns and their vegetarian adaptations and the DASH (Dietary Approaches to Stop Hypertension) Eating Plan. • Follow a healthy eating pattern, which: <ul style="list-style-type: none"> ○ Emphasizes nutrient-dense, foods with few or no empty calories, foods and beverages—vegetables, fruits, whole grains, fat-free or low-fat milk and milk products (dairy), seafood, lean meats and poultry, eggs, beans and peas, and nuts and seeds (unsalted). ○ Limits intake of sodium, solid fats, added sugars, and refined grains.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
	<ul style="list-style-type: none"> Many emphasize whole grains and may include more oils than solid fats Some are relatively low in sodium and include wine with meals. 			
Consumer Messages:				
<ul style="list-style-type: none"> The USDA Food Patterns and DASH Eating Plan are healthy eating patterns that can help all Americans to: <ul style="list-style-type: none"> Stay within their calorie limits. Meet their nutrient needs. Reduce chronic disease risk. 				
Iron Resources: DG: <ul style="list-style-type: none"> Pages xi, 29, 34-36, 38, 40-41, 49, 61, 73, 75-76, 92, 94 Figure A4-1 Appendices 1, 4, 5, 16 	Dietary Sources: <ul style="list-style-type: none"> Heme iron: lean meat and poultry and seafood. Non-heme iron: plant foods—white beans, lentils, and spinach, as well as foods enriched with iron, such as most breads and cereals. 		<ul style="list-style-type: none"> Substantial numbers of women who are capable of becoming pregnant, including adolescent girls, are deficient in iron. 	Key Recommendations: <ul style="list-style-type: none"> For women capable of being pregnant: Choose foods that supply heme iron, which is more readily absorbed by the body, additional iron sources, and enhancers of iron absorption such as vitamin C-rich foods. For women who are pregnant or breastfeeding: If pregnant, take an iron supplement, as recommended by an obstetrician or other health care provider.
Consumer Messages:				
<ul style="list-style-type: none"> Choose foods that supply heme iron, which is more readily absorbed by the body than non-heme iron, as well as additional iron sources and enhancers of iron absorption such as vitamin C-rich foods. 				
Juice, 100% Fruit Resources: DG: <ul style="list-style-type: none"> Pages ix, xi, 4-5, 12, 14, 16, 27-29, 33-36, 39-42, 44-54, 61-65, 67-69, 74, 79, 81-83, 87, 88-92, 94-95 Tables 2-2, 5-1, 5-2, A2-1 Figures 3-6 Appendices 1, 2, 7, 8, 9, 10, 12, 13, 14, 15, 16 	Definitions: <ul style="list-style-type: none"> 100% fruit juice Dietary Sources: <ul style="list-style-type: none"> Sweetened juice products with minimum juice content, such as juice drinks, are considered sugar-sweetened beverages rather than fruit juice. 	<ul style="list-style-type: none"> Children and adults 19-30 consume more than half their fruit as juice. 	<ul style="list-style-type: none"> Although 100% fruit juice can be part of a healthful diet, it lacks dietary fiber and when consumed in excess can contribute extra calories. 	Guidance: <ul style="list-style-type: none"> The majority of the fruit should come from whole fruits (fresh, canned, frozen and dried) rather than from juice. To limit added sugars, fruit canned in 100% juice is encouraged over fruit canned in syrup. When discussing juice in educational materials, specify <u>100%</u> fruit juice. The percent of juice in a beverage may be found on the package label, such as “contains 25% juice” or “100% fruit juice.” Some labels may say they provide 100% of a nutrient, such as “provides 100% Daily Value of vitamin C.” Unless the package also states it is “100% juice,” it is not 100% juice.
Consumer Messages:				
<ul style="list-style-type: none"> Choose whole or cut-up fruits more often than juice. <i>See “Guidance” for forms of whole fruit.</i> Select 100% fruit juice when choosing juices. 				

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Milk and Milk Products (Dairy)</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix, xi, 4-5, 11-16, 25-27, 33-35, 38, 40-42, 44-52-54, 62, 65, 67, 72, 74, 82-83, 87, 89-95 • Tables 2-2, 5-1, 5-2, A2-1 • Figures 3-4, 3-5, 5-2 • Appendices 2, 9, 10, 12, 14, 15, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> • 10 Tips: Got Your Dairy Today? • 1 Cup Equivalents <p>Notes:</p> <ul style="list-style-type: none"> • Authors do <u>not</u> need to repeat “fat-free and low-fat” continuously. • The ordering of fat-free or low-fat and low-fat or fat-free are both correct. 	<p>Dietary Sources:</p> <ul style="list-style-type: none"> • All fluid milk and milk products, including lactose-free and lactose-reduced products, yogurts, frozen yogurts, dairy desserts, and cheeses. Most choices should be fat-free or low-fat. Cream, sour cream, and cream cheese are not included due to their low calcium content. Calcium fortified soy beverages are part of the dairy group. <p>Acceptable Terms:</p> <ul style="list-style-type: none"> • Can also be referred to as dairy in educational materials. When referring to food groups, the correct food group name is “Dairy.” 	<ul style="list-style-type: none"> • Intake is less than recommended amounts for most adults, children and adolescents ages 4 to 18 years and many children 2-3 years. • The majority of current fluid milk intake comes from 2% fat or whole milk. Almost half total dairy intake is from cheese. 	<ul style="list-style-type: none"> • Provide nutrients, such as calcium, vitamin D (for products fortified with vitamin D), and potassium. • Moderate evidence shows link to improved bone health, especially in children and adolescents. • Moderate evidence shows association with a reduced risk of CVD and type 2 diabetes and with lower blood pressure in adults. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages. <p>Guidance:</p> <ul style="list-style-type: none"> • Choosing fluid milk or yogurt rather than cheese can increase intake of potassium, vitamin A, and vitamin D and decrease intake of sodium, cholesterol, and saturated fatty acids. • Fat-free and low-fat milk provides the same nutrients with less solid fat and calories than 2% or whole fat versions. • When discussing this food group, be clear that low-fat and fat-free versions are recommended.
<p>Non-caloric Sweeteners</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Page 19 	<p>Acceptable Terms:</p> <ul style="list-style-type: none"> • Discussed as substitutes for caloric sweeteners. 		<ul style="list-style-type: none"> • Replacing added sugars with non-caloric sweeteners may reduce calorie intake in the short term. • Effectiveness as a weight management strategy is questionable. 	<p>Guidance:</p> <ul style="list-style-type: none"> • Not enough evidence to support a specific recommendation.
<p>Nutrient-Density</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages 5, 35, 41, 46-47, 51, 62-68, 94 • Table 5-1 • Figure 5-2 • Appendices 2, 16 	<p>Definitions:</p> <ul style="list-style-type: none"> • Nutrient-dense foods and beverages are those with little or no empty calories, which provide vitamins, minerals, and other substances that may have positive health effects, with relatively few calories. • Nutrient-dense foods and beverages are lean or low in solid fats, and minimize or exclude added solid fats, sugars, starches, and sodium. • Ideally, nutrient-dense foods are also in forms that retain naturally occurring components, such as dietary fiber. 		<ul style="list-style-type: none"> • Nutrient-dense foods and beverages provide vitamins, minerals, and other substances that may have positive health effects with relatively few calories. 	<p>Guidance:</p> <ul style="list-style-type: none"> • Meeting nutrient needs within calorie needs is an important goal for health. • Nutrients and other beneficial substances in a food have not been “diluted” by the addition of calories from added solid fats, added sugars, or added refined starches, or by the solid fats naturally present in the food.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
	<p>Dietary Sources:</p> <ul style="list-style-type: none"> All vegetables, fruits, whole grains, seafood, eggs, beans and peas, unsalted nuts and seeds, fat-free <i>and</i> low-fat milk and milk products, and <i>lean</i> meats and poultry—when prepared without adding solid fats, sugars, or salt—are nutrient-dense foods. <p>Acceptable Terms:</p> <p>This term “nutrient-density” is not well understood by most consumers. The term “empty calories” is being used in some consumer materials to identify calories from solid fats or added sugars in foods (and beverages) that are not nutrient-dense (Figure 5-2).</p>			
<p>Consumer Messages:</p> <ul style="list-style-type: none"> See <i>Consumer Messages for the food groups, solid fat, and added sugar</i>. Focus on eating nutrient-dense forms of foods from all food groups (i.e., those that have few or no empty calories), such as vegetables without butter, fruits without added sugar, fat-free milk instead of whole milk, and lean instead of fatty meats. 				
<p>Nutrients of Public Health Concern</p> <p>Resources: DG: • Pages 4, 33, 40-42</p>	<p>Definitions:</p> <ul style="list-style-type: none"> Potassium, dietary fiber, calcium, and vitamin D are nutrients of public health concern for both adults and children. Iron, folate, and vitamin B₁₂ for special population groups. 		<ul style="list-style-type: none"> See <i>individual nutrients for more information</i>. 	
<p>Nuts and Seeds</p> <p>Resources: DG: • Pages ix, xi, 4, 5, 26, 34-35, 38-39, 46, 51, 53, 81-82, 94 • Figure 3-4 • Tables 5-1, 5-3 • Appendices 8, 9, 16</p> <p>Notes:</p> <ul style="list-style-type: none"> Coconut is not considered a nut, because its nutrient profile differs greatly from other nuts. 	<p>Definitions:</p> <ul style="list-style-type: none"> Part of the Protein Foods group in the USDA Food Patterns. <p>Dietary Sources:</p> <ul style="list-style-type: none"> Examples include almonds, mixed nuts, peanuts, walnuts, sunflower seeds, peanut butter. 		<ul style="list-style-type: none"> Moderate evidence that eating peanuts and certain tree nuts (i.e., walnuts, almonds, and pistachios) reduces risk factors for CVD when consumed as part of a diet that is nutritionally adequate and within calorie needs. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and <u>unsalted nuts and seeds</u>. <p>Guidance:</p> <ul style="list-style-type: none"> Because nuts and seeds are high in calories, they should be eaten in small portions and replace other protein foods, like some meat or poultry, rather than adding to the diet. Fats in nuts and seeds are considered oils. When referring to nuts and seeds in education materials, they should be stated as “unsalted” to help reduce sodium intake.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> Eat a variety of foods from the Protein Foods group each week including seafood, beans and peas, and unsalted nuts, as well as lean meats, poultry, and eggs. 				

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Oils</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages x-xi, 4, 11,17, 21, 24-27, 33-35, 38-40, 42, 45-46, 50-52, 62, 66-67, 74, 79, 81-83, 91, 93-95 • Tables 5-1, A2-1, A4-1 • Figures 3-3, 5-1 • Appendices 2, 4, 7, 8, 9, 10, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> • Importance of Consuming Oils • Oils v. Solid Fats 	<p>Definitions:</p> <ul style="list-style-type: none"> • Fats high in mono- and polyunsaturated fatty acids, which are usually liquid at room temperature. <p>Dietary Sources:</p> <ul style="list-style-type: none"> • Found naturally in olives, nuts, avocados, and seafood. • Common oils are canola, corn, olive, peanut, safflower, soybean, sunflower. • Mayonnaise, salad dressings, and soft (tub or squeeze) margarine are mainly oil. 		<ul style="list-style-type: none"> • Provide essential fatty acids and vitamin E. • Replacing some saturated fatty acids with unsaturated fatty acids lowers total and LDL cholesterol levels. • Oils are a concentrated source of calories. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Use oils to replace solid fats where possible. <p>Guidance:</p> <ul style="list-style-type: none"> • Use oils in small amounts. • Use soft instead of stick margarine/butter. • Replace some meat/poultry with seafood or unsalted nuts or seeds. • Use vegetable oils instead of solid fats in cooking. • Oils are not a food group. • Coconut oil, palm kernel oil, palm oil, and partially hydrogenated vegetable oil are not considered oils for nutritional purposes. They are high in saturated or <i>trans</i> fats.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Use oils instead of solid fats, when possible. • When cooking, use vegetable oils such as olive, canola, corn, safflower, or sunflower oil rather than solid fats (butter, stick margarine, shortening, lard). • Consider calories when adding oils to foods or in cooking. Use only small amounts to keep calories in check. • Eat seafood in place of meat or poultry twice a week. Select some seafood that is higher in oils and lower in mercury, such as salmon, trout, and herring. 				
<p>Physical Activity</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix, x, 1-5, 8-11, 13-14, 17-20, 31, 48, 55-59, 61-64, 91 • Tables 2-3, 2-5, A2-1 • Figure 6-1 • Appendices 1, 2, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> • Tips for Increasing Physical Activity <p>Health.gov:</p> <ul style="list-style-type: none"> • Physical Activity Guidelines for Americans, 2008 	<p>Definitions:</p> <ul style="list-style-type: none"> • Any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a basal level. • The amount of physical activity necessary to successfully maintain a healthy body weight depends on calorie intake and varies considerably among adults, including older adults. <p>Sources:</p> <ul style="list-style-type: none"> • See <i>types of activities considered physical activity from the Physical Activity Guidelines for Americans, 2008 (PAGs)</i>. Also see <i>Table 2-5 of the DG</i>. <p>Acceptable Terms:</p> <ul style="list-style-type: none"> • There are 4 types: moderate-intensity, vigorous-intensity, muscle strengthening, and bone-strengthening. 		<ul style="list-style-type: none"> • Regular physical activity reduces the risk of many adverse health outcomes. • For most health outcomes, additional benefits occur as the amount of physical activity increases through higher intensity, greater frequency, and/or longer duration. • Most health benefits occur with at least 2 hours and 30 minutes (150 minutes) a week of moderate-intensity physical activity, such as brisk walking. Additional benefits occur with more physical activity. • Health benefits of physical activity occur for children and adolescents, young and middle-aged adults, older adults, and those in every studied racial and ethnic group. 	<p>Guidance:</p> <ul style="list-style-type: none"> • The PAGs are for Americans 6 years and older. The Physical Activity Guidelines Advisory Committee did not review evidence for children younger than age 6. Children younger than age 6 should do physical activity appropriate for their age and stage of development. • Some physical activity is better than none. • Both aerobic (endurance) and muscle-strengthening (resistance) physical activity are beneficial. • Episodes of activity that are at least 10 minutes long count toward meeting the PAGs.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
	<p>Consumer Messages:</p> <ul style="list-style-type: none"> • The <i>2008 Physical Activity Guidelines</i> provides guidance on age-appropriate physical activity (Table 2-5 of DG). • Avoid inactivity. Some physical activity is better than none. • Slowly build up the amount of physical activity you choose. • Limit screen time. • Increase physical activity. • Choose moderate- or vigorous-intensity physical activities. • Health benefits of physical activity are attainable for people with disabilities. • The benefits of physical activity outweigh the risks of injury and heart attack. 			
<p>Potassium</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages xi, 2-4, 23, 33-35, 38, 40, 42, 45-46, 53, 61, 65, 68, 76, 87 • Table A2-1 • Figure 5-1 • Appendices 1, 2, 5, 12 	<p>Dietary Sources:</p> <ul style="list-style-type: none"> • In all food groups, notably in vegetables, fruits, and milk and milk products. <i>See Appendix 12.</i> 	<ul style="list-style-type: none"> • AI for adults is 4,700 mg per day. Few Americans consume amounts equal to or greater than the AI. 	<ul style="list-style-type: none"> • A nutrient of concern in the American diet. • Can lower blood pressure. • Especially beneficial for African Americans and those with hypertension. • Possible reduction in risk of developing kidney stones and decreased bone loss. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Choose foods that provide more <u>potassium</u>, dietary fiber, calcium, and vitamin D, which are nutrients of concern in American diets. <p>Guidance:</p> <ul style="list-style-type: none"> • Select a variety of food sources of potassium to meet recommended intake rather than relying on supplements.
<p>Protein Foods Group</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages xi, 2, 4, 14, 15, 17, 24, 34-35, 38-39, 44-45, 49, 51-53, 62-63, 66, 73, 76, 79, 81-82, 91-92, 94 • Tables 2-4, 5-1, 5-2, 5-3, A2-1 • Figures A4-1 • Appendices 2, 4, 5, 7, 8, 9, 16 <p>ChooseMyPlate.gov</p> <ul style="list-style-type: none"> • 10 Tips: With Protein Foods, Variety is Key • 1 Ounce Equivalents 	<p>Definitions:</p> <ul style="list-style-type: none"> • Includes seafood, meat, poultry, eggs, beans and peas, soy products, nuts, and seeds. <p>Acceptable Terms: Lean and extra lean meat definitions apply to all meats and main dishes with significant meat content.</p> <ul style="list-style-type: none"> • Lean: <10% fat. <ul style="list-style-type: none"> ◦ Specifically: <10g fat, ≤4.5g saturated fat, <95mg cholesterol* • Extra-lean: <5% fat <ul style="list-style-type: none"> ◦ Specifically: <5g fat, ≤2g saturated fat, <95mg cholesterol* <p>*Specific definitions apply per 100 g and per reference amount customarily consumed (RACC) or per labeled serving.</p>	<ul style="list-style-type: none"> • Most commonly consumed—meat, poultry, and eggs. • Less commonly consumed—seafood, beans/peas, soy products, nuts/seeds. • Some Americans need to increase intake, while other are eating more than is recommended. 	<ul style="list-style-type: none"> • Provide protein, B vitamins, vitamin E, iron, zinc, magnesium. • <i>See “seafood” and “nuts and seeds” for additional health benefits.</i> 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds. <p>Guidance:</p> <ul style="list-style-type: none"> • Meat and poultry should be consumed in their lean forms to decrease intake of solid fats. • Nuts and seeds should be referred to in consumer materials as “unsalted.” • Seafood choices should emphasize some options in higher omega-3 fatty acids (pp. 39 & 85 of the DG).

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Notes:</p> <ul style="list-style-type: none"> In the USDA Food Patterns, the Meat and Beans group was renamed Protein Foods group. The total amount of protein foods remained constant. Amounts of meat and poultry were decreased to accommodate the increased amounts of seafood. 	<p>Consumer Messages:</p> <ul style="list-style-type: none"> Eat a variety of foods from the protein foods group each week. This group includes seafood, beans and peas, and nuts, as well as lean meats, poultry, and eggs. Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry. Eat seafood in place of meat or poultry twice a week. Select some seafood that is higher in oils and lower in mercury, such as salmon, trout, and herring. Select lean meats and poultry. Choose meat cuts that are low in fat and ground beef that is extra lean (at least 95% lean). Trim or drain fat from meat and remove poultry skin before cooking or eating. Try grilling, broiling, poaching, or roasting. These cooking methods do not add extra fat. Drain fat from ground meats after cooking. Avoid breading on meat and poultry, which adds calories. 			
<p>Refined Grains</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> Pages ix-xi, 4, 14, 16, 20-21, 29-30, 32, 34, 36-37, 45-47, 52, 66, 74-75, 81-82, 92, 94 Tables 5-2, A2-1 Figures 3-7, 5-1 Appendices 2, 4, 8, 9, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> 1 Ounce Equivalents 	<p>Definitions:</p> <ul style="list-style-type: none"> Grains and grain products missing the bran, germ, and/or endosperm; any part of a grain product that is not a whole grain. Most are enriched with iron, thiamin, riboflavin, niacin, and folic acid. <p>Dietary Sources:</p> <ul style="list-style-type: none"> See <i>Current Intake Levels</i> 	<ul style="list-style-type: none"> Major sources in the diets of Americans are yeast breads (26% of total refined grain intake); pizza (11%); grain-based desserts (10%); and tortillas, burritos, and tacos (8%) (Figure 3-7). These items and many others have whole-grain counterparts in the marketplace that can readily be selected by consumers. 	<ul style="list-style-type: none"> Refined grains have a positive role in providing some vitamins and minerals. However, when consumed beyond recommended levels, they commonly provide excess calories, especially because many are also high in solid fats and added sugars. Dietary fiber and some vitamins and minerals present in whole grains are not routinely added back to refined grains. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> Increase whole-grain intake by replacing refined grains with whole grains. Limit consumption of foods that contain refined grains, especially those that contain solid fats, added sugars, and sodium. <p>Guidance:</p> <ul style="list-style-type: none"> See footnotes for Figure 3-7 (p. 30 of the DG) for foods included in major sources categories.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> Replace refined grains with whole grains whenever possible. See <i>Whole Grains for Consumer Messages</i>. 				
<p>Saturated Fat</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> Pages x, 4, 16-17, 21, 24-27, 29, 38, 40, 44-46, 53, 61, 67, 73, 74, 76, 91, 93-95 Tables A2-1 Figures 3-3, 3-4, 5-1, A4-1 Appendices 1, 2, 4, 5, 16 	<p>Definitions:</p> <ul style="list-style-type: none"> Saturated fatty acids (SFA) have no double bonds. Examples include the fatty acids found in animal products, such as meat, milk and milk products, hydrogenated shortening, and coconut or palm oils. In general, foods with relatively high amounts of saturated fatty acids are solid at room temperature. <p>Dietary Sources:</p> <ul style="list-style-type: none"> See <i>Current Intake Levels</i> 	<ul style="list-style-type: none"> Contribute an average of 11% of calories to the diet. Major sources of SFA in the American diet include regular (full-fat) cheese (9% of total saturated fat intake), pizza (6%), grain-based desserts (6%), dairy-based desserts (6%), chicken/chicken mixed dishes (6%), and sausage, franks, bacon, and ribs (5%). 	<ul style="list-style-type: none"> Higher dietary SFA intake is associated with higher levels of blood total cholesterol and LDL. Higher total and LDL cholesterol levels are risk factors for CVD. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> Consume <10% of calories from saturated fatty acids by replacing them with mono and polyunsaturated fatty acids. <p>Guidance:</p> <ul style="list-style-type: none"> The reduction to 7% of calories can further reduce risk of CVD.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Solid fats like butter and lard can be replaced with vegetable oils. • Saturated fat intake can be reduced by purchasing and consuming fat-free and low-fat milk/dairy and trimming fat from meat. • Limit saturated fat intake and keep <i>trans</i> fat intake as low as possible. 				
<p>Screen Time</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages 17, 19, 61, 64 • Appendices 1, 2 	<p>Definition:</p> <ul style="list-style-type: none"> • TV viewing, playing electronic games, or computer use other than for homework. 		<ul style="list-style-type: none"> • Television viewing is associated with overweight and obesity, especially when combined with eating. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Increase physical activity and reduce time spent in sedentary behaviors. <p>Guidance:</p> <ul style="list-style-type: none"> • Children and adolescents should limit screen time to no more than 1-2 hours per day.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Avoid eating while watching TV. • Limit the amount of time you spend watching television or using other media such as video games. This is especially important for children and adolescents. • Use the time you watch television to be physically active in front of the television. 				
<p>Seafood</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix, xi, 4-5, 15, 17, 24, 34-35, 38-42, 44-46, 48, 50-53, 61-62, 66, 68-72, 79, 85, 91, 94 • Tables 5-1, 5-2, 5-3, A2-1, A3-1, • Figures 5-1 • Appendices 1, 2, 3, 7, 11, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> • 10 Tips: Eat Seafood Twice a Week <p>FDA:</p> <ul style="list-style-type: none"> • Advice for Women Who Might Become Pregnant <p>EPA:</p> <ul style="list-style-type: none"> • Fish Consumption Advisories 	<p>Definitions:</p> <ul style="list-style-type: none"> • Large category of marine animals that live in the sea and in freshwater lakes and rivers. Includes <u>fish</u> such as salmon, tuna, trout, and tilapia and <u>shellfish</u> such as shrimp, crab, oysters. <p>Dietary Sources:</p> <ul style="list-style-type: none"> • See <i>Appendix 11 which lists common seafood varieties with the estimated EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid) and mercury content in a 4-ounce cooked portion.</i> <p>Accepted Terms:</p> <ul style="list-style-type: none"> • EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid) can be referred to as “omega-3 fats.” • Use the term “seafood” unless only “fish” or “shellfish” is being discussed. 	<ul style="list-style-type: none"> • Average intake of seafood is about 3½ ounces per week. 	<ul style="list-style-type: none"> • Seafood contributes a range of nutrients, notably the omega-3 fatty acids EPA and DHA. • Seafood intake of about 8 ounces per week that provides an average of 250 mg per day of EPA and DHA (~1,750 mg per week) is associated with reduced cardiac deaths, so it contributes to prevention of heart disease for the general population. • Health benefits of seafood outweigh health risks associated with methyl mercury. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Increase amount and variety of seafood consumed by choosing seafood in place of some meat and poultry. • Women who are pregnant or breastfeeding: <ul style="list-style-type: none"> ○ Consume 8 to 12 ounces of seafood per week from a variety of seafood types. ○ Due to their high methyl mercury content, limit white (albacore) tuna to 6 ounces per week and do not eat the following four types of fish: tilefish, shark, swordfish, and king mackerel. <p>Guidance:</p> <ul style="list-style-type: none"> • Intake of 8 ounces per week (about 20% of protein foods intake) is recommended. • Smaller amounts are recommended for children. • State and local advisories provide information to guide consumers who eat fish caught from local waters.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
	<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry. • Eat seafood in place of meat or poultry twice a week. Select some seafood that is higher in oils and lower in mercury, such as salmon, trout, and herring. • The 8-ounce-per-week recommendation for seafood includes the entire nutrient package, not just EPA and DHA (<i>for educational materials, this should be clear so as not to imply that supplements are being recommended</i>). 			<ul style="list-style-type: none"> • Seafood choices can include those with higher and lower amounts of EPA and DHA, but some choices with higher amounts should be included. • <i>See Appendix 11: Estimated EPA and DHA and Mercury Content in 4 Ounces of Selected Seafood Varieties</i>
<p>Snacking</p> <p>Resources: DG: • Page 19</p>	<p>Definitions:</p> <ul style="list-style-type: none"> • Eating in-between meals. <p>Consumer Messages:</p> <ul style="list-style-type: none"> • Have healthy snacks available at home and bring them to eat when on-the-go. • Think ahead before attending parties: Eat a small, healthy snack before heading out. 			<ul style="list-style-type: none"> • There is currently not enough evidence to support a specific recommendation for snacking and frequency of eating.
<p>Sodium</p> <p>Resources: DG: • Pages ix, x, 2-5, 20-24, 29, 32, 35, 38-40, 44-46, 50, 53, 58, 61-62, 65, 68, 73, 76, 83, 94 • Table A2-1 • Figures 3-1, 3-2, 5-1, A4-1 • Appendices 1, 2, 4, 5, 10, 16</p> <p>ChooseMyPlate.gov: • 10 Tips: Salt and Sodium</p>	<p>Definitions:</p> <ul style="list-style-type: none"> • Essential nutrient needed in small quantities. <p>Dietary Sources and Acceptable Terms:</p> <ul style="list-style-type: none"> • Primarily consumed as salt (sodium chloride). • Some foods are high in sodium, but excess sodium intake is also due to frequent consumption of foods that contain lower amounts of sodium. • Most is added during food processing. 	<ul style="list-style-type: none"> • Virtually all Americans consume more sodium than they need. Estimated average sodium intake is about 3,400 mg per day. • The problem of excess sodium intake is partially due to frequent consumption of foods that contain lower amounts of sodium, such as yeast breads (which contribute 7% of the sodium in the U.S. diet). Other primary sources of sodium include chicken and chicken mixed dishes (7% of sodium intake), pizza (6%), and pasta and pasta dishes (5%)—although these items can be purchased or prepared with less salt. • <i>See Figure 5-1</i> 	<ul style="list-style-type: none"> • Blood Pressure (BP) decreases as sodium intake decreases. • Keeping BP in the normal range reduces an individual’s risk of CVD, congestive heart failure, and kidney disease. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> • Reduce daily sodium intake to less than 2,300 mg, and further reduce to 1,500 mg if: <ul style="list-style-type: none"> ○ Age 51 years or older ○ African American ○ Have: <ul style="list-style-type: none"> ▪ High blood pressure ▪ Diabetes ▪ Chronic kidney disease <p>Guidance:</p> <ul style="list-style-type: none"> • The groups in the key recommendations comprise about half of the U.S. population. • AI for 9- to 50-year-olds is 1,500 mg per day. Some age groups have lower established AI’s based on lower calorie requirements. • Note the recommendation for certain groups is to decrease sodium intake <u>to</u> 1,500 mg per day, not <u>less than</u> as is for the 2,300 mg recommendation for the rest of Americans.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
				<ul style="list-style-type: none"> An immediate, deliberate reduction in the sodium content of foods in the marketplace is necessary to allow consumers to reduce sodium intake to recommended levels.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> Since there is no threshold for the effect of sodium on blood pressure, everyone should reduce their sodium intake to less than 2,300 mg per day. Read the Nutrition Facts label for information on sodium content of foods, and purchase foods low in sodium. Consume more fresh foods and fewer processed foods high in sodium. Eat more foods prepared at home, where you have more control, and use little or no salt or salty seasonings when cooking and eating foods. When eating at restaurants, ask that salt not be added to your food and order lower sodium options if available. 				
<p>Solid Fats <i>Also see:</i> <i>Saturated fats</i> <i>Calories from SoFAS</i></p> <p>Resources: DG:</p> <ul style="list-style-type: none"> Pages ix-xi, 4-5, 13, 20-21, 24-25, 27-30, 32, 34-36, 38, 40, 42, 45-47, 50-51, 54, 58, 62-63, 66-67, 74, 93-95 Tables 5-1, A2-1, A4-1 Figure 3-5, 5-1, 5-2 Appendices 2, 4, 16 	<p>Definitions:</p> <ul style="list-style-type: none"> Fats with a high percentage of saturated and/or <i>trans</i> fatty acids, which are usually solid at room temperature. <p>Dietary Sources:</p> <ul style="list-style-type: none"> Common solid fats include milk fat (whole milk, butter), beef fat, chicken fat, pork fat (lard), stick margarine, coconut/palm oil, and shortening. Found in most animal foods, but can be made from vegetable oils through hydrogenation. <p>Acceptable Terms:</p> <ul style="list-style-type: none"> Solid fats can be used when describing fat as a part of a food or added to a food, rather than as the nutrients—saturated and <i>trans</i> fats. The term “empty calories” is being used in consumer materials to identify calories from solid fats or added sugars in foods (and beverages) that are not nutrient-dense. 	<ul style="list-style-type: none"> Solid fats contribute an average of 19% of the total calories in American diets but few essential nutrients and no dietary fiber. Some major food sources of solid fats in the American diet are grain-based desserts (11% of all solid fat intake); pizza (9%); regular (full-fat) cheese (8%); sausage, franks, bacon, and ribs (7%); and fried white potatoes (5%). See Figure 5-1 	<ul style="list-style-type: none"> In addition to the effects of saturated and <i>trans</i> fatty acids on CVD risk, solid fats are abundant in diets of Americans and contribute substantially to excess calorie intake. Moderate evidence suggests an association between the increased intake of processed meats (e.g., franks, sausage, and bacon) and increased risk of colorectal cancer and CVD. USDA Food Patterns are designed to meet nutrient needs within calorie limits (pp. 79-82 DG) and to include limited calories for <u>solid fats</u> and added sugars. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> Reduce the intake of calories from <u>solid fats</u> and added sugars. Keep <i>trans</i> fatty acid consumption as low as possible by limiting foods that contain synthetic sources of <i>trans</i> fats, such as partially hydrogenated oils, and by limiting other <u>solid fats</u>. Limit the consumption of foods that contain refined grains, especially refined grain foods that contain <u>solid fats</u>, added sugars, and sodium. Replace protein foods that are higher in solid fats with choices that are lower in <u>solid fats</u> and calories and/or are sources of oils. Use oils to replace solid fats where possible. <p>Guidance:</p> <ul style="list-style-type: none"> Americans should limit their intake of foods high in solid fats and /or replace them with alternatives that are low in solid fats (e.g., fat-free milk).
<p>Consumer Messages:</p> <ul style="list-style-type: none"> Cut back on solid fats. Choose foods with little solid fats and prepare foods to minimize the amount of solid fats. Limit saturated fat intake and keep <i>trans</i> fat intake as low as possible. 				

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Soy Beverages</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages xi, 34, 38, 41, 49, 52, 65 • Tables 5-2, A2-1 • Appendix 2 	<p>Dietary Sources:</p> <ul style="list-style-type: none"> ▪ Soy beverages fortified with calcium and vitamins A and D are considered part of the Dairy group because they are similar to milk both nutritionally and in their use in meals. <p>Acceptable Terms:</p> <ul style="list-style-type: none"> • Almond, rice, hemp, or whole grain “milk” beverages do <u>not</u> have the same nutritional profile as dairy foods and are <u>not</u> considered part of the Dairy group. • USDA uses the term “calcium-fortified soymilk (soy beverage)” to provide both FDA’s preferred language and a plain language translation of it. • Soymilk is the name consumers see in supermarkets. When appropriate in the context of the material, the word “fortified” or “calcium-fortified” should precede soymilk, to read “calcium-fortified soymilk (soy beverage).” 			
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, and fortified soy beverages. 				
<p>Trans Fat</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages x, 4, 11, 15, 20-21, 24-27, 29, 32, 38, 40, 45, 62, 65, 67, 74, 93 • Tables A2-1, A4-1 • Appendices 2, 4, 16 	<p>Definitions:</p> <ul style="list-style-type: none"> • Unsaturated fatty acids that contain one or more isolated double bonds in a <i>trans</i> configuration produced by chemical hydrogenation. • Natural or ruminant <i>trans</i> fatty acids are found naturally in some foods (some meat and whole milk). • Synthetic or industrial <i>trans</i> fatty acids can be produced through hydrogenation. <p>Dietary Sources & Acceptable Terms:</p> <ul style="list-style-type: none"> • Foods containing partially hydrogenated oils (some margarines, snack foods, and prepared desserts) are a major source. 		<ul style="list-style-type: none"> ▪ There is an association between increased <i>trans</i> fatty acid intake and increased risk of CVD. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> ▪ Keep <i>trans</i> fatty acid consumption as low as possible by limiting foods that contain synthetic sources of <i>trans</i> fats, such as partially hydrogenated oils, and by limiting other solid fats. <p>Guidance:</p> <ul style="list-style-type: none"> • There is no recommendation to limit the intake of natural <i>trans</i> fatty acids (e.g., milk and milk products and meat), because this could have potential implications for nutrient adequacy. • <i>Trans</i> fat while written in italics, may not be necessary for some consumer materials and could even be confusing.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Limit saturated fat intake and keep <i>trans</i> fat intake as low as possible. • Check the Nutrition Facts label to choose foods with little or no saturated fat and no <i>trans</i> fat. • Limit foods containing partially hydrogenated oils, a major source of <i>trans</i> fats. 				

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Vegetables and Fruits <i>Also see:</i> <i>Juice</i> <i>Food groups</i> <i>Beans and peas</i></p> <p>Resources: DG: <ul style="list-style-type: none"> • Pages ix, xi, 4-5, 12, 14, 16, 24-25, 27-29, 33-36, 39-42, 44-48, 50-53, 62-65, 67, 69, 74, 79, 81-83, 88, 91-95 • Tables 2-2, 5-1, 5-2, A2-1 • Figures 3-6, 5-1 • Appendices 2, 3, 7, 8, 9, 10, 13, 16 ChooseMyPlate.gov: <ul style="list-style-type: none"> • 10 Tips: Add More Vegetables to Your Day • 1 Cup Vegetables Equivalents • 10 Tips: Focus on Fruit • 1 Cup Fruit Equivalents Notes: <ul style="list-style-type: none"> • “Red and orange vegetable” subgroup was created when tomatoes and red peppers were moved from the “other vegetable” to the new “red and orange” vegetable subgroup. </p>	<p>Dietary Sources:</p> <ul style="list-style-type: none"> • Vegetables: All fresh, frozen, and canned dark-green vegetables, red and orange vegetables, beans and peas (legumes), starchy vegetables, other vegetables. For examples of these vegetables, see Notes for Appendix 7 (DG p. 80). • Fruits: All fresh, frozen, canned, and dried fruits and 100% fruit juices. • Most vegetables and fruits contain many of the following nutrients: folate, magnesium, potassium, dietary fiber, and vitamins A, C, and K. <p>Consumer Messages:</p> <ul style="list-style-type: none"> • Eat recommended amounts of vegetables and include a variety of vegetables, especially dark-green vegetables, red and orange vegetables, and beans and peas. • Eat recommended amounts of fruits and choose a variety of fruits. Choose whole or cut-up fruits more often than fruit juice. • Include vegetables in meals and in snacks. Fresh, frozen, and canned vegetables all count. When eating canned vegetables, choose those labeled as “reduced sodium” or “no salt added.” • Add dark-green, red, and orange vegetables to soups, stews, casseroles, stir-fries, and other main and side dishes. Use dark leafy greens, such as romaine lettuce and spinach, to make salads. • Rinse fresh vegetables and fruits under running water just before eating, cutting, or cooking. Do not use soap or detergent; commercial produce washes are not needed. • Packaged produce labeled “prewashed” can be eaten without further rinsing. • Cut fresh fruits and vegetables should be put into containers and refrigerated. 	<ul style="list-style-type: none"> • Very few Americans age 2 and older consume recommended amounts of vegetables. • Very few Americans age 4 and older consume recommended amounts of fruit. 	<ul style="list-style-type: none"> • Major contributors of a number of underconsumed nutrients. • Associated with reduced risk of many chronic diseases (CVD, heart attack, stroke, some types of cancer). • Relatively low in calories when prepared without added fat or sugars, so can help to achieve and maintain a healthy weight. 	<p>DG Recommendations:</p> <ul style="list-style-type: none"> • Increase vegetable and fruit intake. • Eat a variety of vegetables, especially dark-green and red and orange vegetables and beans and peas. <p>Guidance:</p> <ul style="list-style-type: none"> • Statements regarding canned and frozen vegetables should include a recommendation to choose “low” or “no salt added” options. • Care should be taken to not always recommend only fresh forms, as canned, frozen, and dried (also 100% juice) are all acceptable forms. • Avocados considered a vegetable for nutritional purposes. • Anytime fruit juice or fruit canned in juice is mentioned, it should be described as 100% fruit juice. • When describing preparation of fresh fruits and vegetables, note food safety principles for washing/rinsing produce (p. 69 of the DG).

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance		
Vitamin B₁₂ Resources: DG: <ul style="list-style-type: none"> • Pages xi, 34, 40, 42, 49, 53, 61, 76 • Appendices 1, 5 	Dietary Sources: <ul style="list-style-type: none"> ▪ Naturally occurring B₁₂ is found only in animal products, but many cereals are fortified. 	<ul style="list-style-type: none"> ▪ On average, those ages 50 years and older consume adequate B₁₂ but may have reduced ability to absorb the naturally occurring B₁₂. 	<ul style="list-style-type: none"> • The crystalline form of B₁₂ is well absorbed. • Substantial proportions of individuals ages 50 years and older may have reduced ability to absorb naturally occurring vitamin B₁₂. 	Key Recommendations: <ul style="list-style-type: none"> ▪ Consume foods fortified with vitamin B₁₂, such as fortified cereals, or dietary supplements. Guidance: <ul style="list-style-type: none"> ▪ Those ages 50 years and older are encouraged to include foods fortified with vitamin B₁₂, such as fortified cereals, or take dietary supplements. 		
Vitamin D Resources: DG: <ul style="list-style-type: none"> • Pages xi, 4, 33, 34, 38, 40-42, 45-46, 49-50, 52, 65, 76, 90 • Tables A2-1 • Figures 5-1 • Appendices 2, 5, 15 	Dietary Sources: <ul style="list-style-type: none"> • Most vitamin D is obtained from fortified foods, especially fluid milk and some yogurts. • Some breakfast cereals, margarine, orange juice, and soy beverages also are fortified. • Natural sources of vitamin D include some kinds of fish (e.g., salmon, herring, mackerel, and tuna) and smaller amounts in egg yolks. • <i>See Appendix 15</i> 	<ul style="list-style-type: none"> ▪ Dietary intakes are below recommendations, but more than 80% of Americans have adequate blood levels. 	<ul style="list-style-type: none"> • Vitamin D is a nutrient of concern in the American diet. • Deficiency causes rickets in children and osteomalacia in adults. • It helps reduce the risk of bone fractures. 	Key Recommendations: <ul style="list-style-type: none"> ▪ Choose foods that provide more potassium, dietary fiber, calcium, and <u>vitamin D</u>, which are nutrients of concern in American diets. Guidance: The RDAs for vitamin D (assume minimal sun exposure) are: <ul style="list-style-type: none"> • 600 IU (15 microgram - mcg) per day for children and most adults. • 800 IU (20 mcg) for adults > 70 years • Intake > 4,000 IU (100 mcg) per day increases the potential risk of adverse effects. 		
Consumer Messages: <ul style="list-style-type: none"> • Vitamin D is unique in that sunlight on the skin enables the body to make vitamin D. • Choose fat-free or low-fat milk or yogurt more often than cheese. Milk and yogurt are better sources of potassium and are lower in sodium than most cheeses. Also, most milk is fortified with vitamin D. 		Water Resources: DG: <ul style="list-style-type: none"> • Pages 2, 16, 19, 28, 37, 47-48, 54, 67, 91, 94 • Tables A2-1 • Appendices 2, 16 	Dietary Sources: <ul style="list-style-type: none"> ▪ Water intake includes drinking water, other fluids, and water in food. 	<ul style="list-style-type: none"> ▪ Healthy individuals, in general, have an adequate total water intake. The combination of thirst and typical behaviors, such as drinking beverages with meals, provides sufficient total water intake. 	<ul style="list-style-type: none"> • Individual water needs vary based on physical activity and exposure to heat stress. • Heat waves have the potential to result in an increased risk of dehydration, especially in older adults. 	Guidance: <ul style="list-style-type: none"> ▪ The DG encourage water intake, as well as unsweetened beverages that contribute to total water intake without adding calories, but does not include a quantitative recommendation for water.

Topic Area Resources and Notes	Definitions Dietary Sources Acceptable Terms	Current Intake Levels	Evidence-Based Health Connections	Key Recommendations and Other Guidance
<p>Whole Grain</p> <p>Resources: DG:</p> <ul style="list-style-type: none"> • Pages ix, xi, 4-5, 14, 16, 23, 29-30, 33-37, 40-42, 44-46, 50-53, 62-64, 66, 74-75, 79, 81, 82, 94-95 • Tables 5-1, 5-2, A2-1, A4-3 • Figures 4-1, 5-1 • Appendices 2, 4, 7, 8, 9, 16 <p>ChooseMyPlate.gov:</p> <ul style="list-style-type: none"> • 10 Tips: Make Half Your Grains Whole • 1 Ounce Equivalents 	<p>Definitions:</p> <ul style="list-style-type: none"> • Grain and grain products made from the entire grain seed, usually called the kernel, which consists of the bran, germ, and endosperm. • Source of nutrients such as iron, magnesium, selenium, B vitamins, and dietary fiber. Many, but not all, whole grains are a source of dietary fiber. Dietary fiber content varies from whole grain to whole grain. <p>Dietary Sources:</p> <ul style="list-style-type: none"> • All whole-grain products and whole grains used as ingredients: for example, whole-wheat bread, whole-grain cereals and crackers, oatmeal, and brown rice. • See Nutrition Facts label for additional details on identifying dietary sources of whole grains using the ingredients list. 	<ul style="list-style-type: none"> • Less than 5% of Americans consume the minimum recommended amount of whole grains (for many, 3 oz equivalents per day). • On average, Americans eat less than 1 oz equivalents of whole grains per day. 	<ul style="list-style-type: none"> • Moderate evidence indicates that whole-grain intake may reduce the risk of CVD and is associated with a lower body weight. • Limited evidence also shows that consuming whole grains is associated with a reduced incidence of type 2 diabetes. • Choosing whole grains that are higher in dietary fiber has additional health benefits. • Consuming enough whole grains helps meet nutrient needs. 	<p>Key Recommendations:</p> <ul style="list-style-type: none"> ▪ Consume at least half of all grains as whole grains. Increase whole-grain intake by replacing refined grains with whole grains. <p>Guidance:</p> <ul style="list-style-type: none"> • The most direct way to meet the whole-grain recommendation is to eat at least half of one’s grain-based foods as 100% whole-grain foods (Figure 4-1). • All grains can be consumed as whole grains, but some should be fortified with folic acid, such as ready-to-eat (RTE) whole-grain cereals. This is particularly important for women capable of becoming pregnant.
<p>Consumer Messages:</p> <ul style="list-style-type: none"> • Consume at least half of all grains as whole grains. • Replace white bread, rolls, bagels, muffins, pasta, and rice with whole-grain versions. • The whole grain should be the first ingredient or the second ingredient, after water. Check the ingredients list on product labels for the words “whole” or “whole grain” before the grain ingredient’s name. • Note that foods labeled with the words “multi-grain,” “stone-ground,” “100% wheat,” “cracked wheat,” “seven-grain,” or “bran” are usually not 100% whole-grain products, and may not contain any whole grains. • Use the Nutrition Facts label and the ingredients list to choose whole grains that are a good or excellent source of dietary fiber. 				

Part G. Dietary Guidelines for Americans, 2010 Appendices, Tables and Figures

- Section 1. *Dietary Guidelines for Americans, 2010 Appendices*
- Section 2. *Dietary Guidelines for Americans, 2010 List of Tables*
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Section 1. Dietary Guidelines for Americans, 2010 Appendices

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Appendix 2. Key Consumer Behaviors and Potential Strategies for Professionals to use in Implementing the 2010 Dietary Guidelines for Americans	62	Potential strategies for all food groups and other topic areas like oils and solid fats, sodium, alcohol, and food safety. These strategies can be useful to you as a starting point in developing nutrition education materials. While some of these messages have been consumer tested, the majority have not. It is encouraged that messages be tailored, as well as tested with consumers, for your specific audiences and needs.
Appendix 3. Food Safety Principles and Guidance for Consumers	69	Detailed policy regarding food safety is housed in this appendix rather than as a chapter. The content is comprehensive and should be used in developing and reviewing materials.
Appendix 4. Using the Nutrition Facts Label	73	Discusses the use of the food label and provides information regarding the ingredients list, such as tables that provide examples of solid fats, whole grains, and added sugars that can be listed as an ingredient.
Appendix 5. Nutritional Goals for Age-Gender Groups, Based on Dietary Reference Intakes and Dietary Guidelines Recommendations	76	Houses the table of Nutritional Goals for Age-Gender Groups, based on DRIs & DG Recommendations.
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Appendices 12-15. Selected Food Sources Ranked by Amounts of Potassium/ Dietary Fiber/ Calcium/ Vitamin D and Calories per Standard Food Portion	87	For other shortfall nutrients, food sources can be found in the Dietary Guidelines Advisory Committee (DGC) report (see footnote DG p. 35).
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Part H. Resources

Includes additional resources to be used to supplement educational materials.

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Dietary Guidelines for Americans	http://www.dietaryguidelines.gov
Choosemyplate.gov	http://www.choosemyplate.gov
Physical Activity Guidelines for Americans	http://health.gov/paguidelines
Nutrition.gov	http://www.nutrition.gov
Healthfinder.gov	http://www.healthfinder.gov
Health.gov	http://www.health.gov
Food Safety.gov	http://www.foodsafety.gov
U.S Department of Agriculture (USDA)	
Agricultural Research Service	http://www.ars.usda.gov
Center for Nutrition Policy and Promotion	http://www.cnpp.usda.gov
Food and Nutrition Information Center	http://fnic.nal.usda.gov
Food and Nutrition Service	http://www.fns.usda.gov
Food Safety and Inspection Service	http://www.fsis.usda.gov
National Institute of Food and Agriculture	http://www.nifa.usda.gov
U.S. Department of Health and Human Services (HHS)	
Centers for Disease Control and Prevention	http://www.cdc.gov
Food and Drug Administration	http://www.fda.gov
Office of Disease Prevention and Health Promotion	http://odphp.osophs.dhhs.gov
National Institutes of Health	http://www.nih.gov
Let's Move!	http://www.letsmove.gov/
Healthy People	http://www.healthypeople.gov
U.S. National Physical Activity Plan	http://www.physicalactivityplan.org/
Plain Language	http://www.Plainlanguage.gov
National Action Plan to Improve Health Literacy	www.health.gov/communication/HLActionPlan
Nutrition Evidence Library	http://www.nutritionevidencelibrary.gov
Standard Reference Food Composition Database	http://ndb.nal.usda.gov/ndb/foods/list
Food-A-Pedia	https://www.choosemyplate.gov/SuperTracker/foodapedia.aspx
Institute of Medicine, Dietary Reference Intakes	http://www.iom.edu/Activities/Nutrition/SummaryDRIs/DRI-Tables.aspx

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Starch	See <u>Carbohydrates</u> , Fat and Protein
Sugar	See Added Sugars and Fruit, 100% Juice
Supplements	See Fortified Foods or Supplements
Television	See Screen Time
Trans fat	11, 21, 23, 30, 33, 35-36
Vegetables and Fruit	12, 24, 25, 37
Vitamin B₁₂	12, 26, 29, 38
Vitamin D	12, 14, 17, 21-22, 26, 28-29, 31, 36, 38, 40
Vitamins	See Vitamin B ₁₂ , Vitamin D, Folate (Folic Acid)
Water	10, 13, 16, 18-19, 23, 38-39
Whole Grains	10, 12, 16, 22, 24, 26-27, 29, 32, 39, 40-41