

## Dietary Guidelines for Americans Frequently Asked Questions

The Dietary Guidelines for Americans (DGA) is the most powerful scientific document on diet and health that too few Americans have heard of. The DGA provides science-based advice for how we should eat and drink to reduce the risk of chronic disease, setting out parameters for millions of dollars in federal spending on food assistance and nutrition education. Yet in recent years, the DGA has come under attack by interest groups. Below we explain the role of the DGA in our nation's health and its scientific integrity.

### *What is the Dietary Guidelines for Americans?*

- The DGA provides advice on what to eat and drink to meet nutrient needs, promote health, and prevent disease.
- The DGA provides the scientific underpinning for many federal, state, local, non-profit, health professional, industry, and other programs, policies, guidelines, educational materials, and practices, including:
  - National School Lunch Program, School Breakfast Program, and Smart Snacks (à la carte, vending, school stores, and in-school fundraisers)
  - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) education and food packages
  - Child and Adult Care Food Program (CACFP)
  - Department of Defense Food Service Facilities guidelines, Commissary Nutrition Guide Program (education), Go for Green Program (education), Child Development Center menus
  - Thrifty Food Plan, the basis for the benefit amount for the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
  - Food Service Guidelines for Federal Facilities, which are used as guidelines across the country for vending and food service operations in public and private institutional settings like hospitals, food banks, and universities
  - Older Americans Act Title III-C congregate and home-delivered meal programs
  - SNAP-Ed, Expanded Food and Nutrition Education Program (EFNEP), and Cooperative Extension
  - Local and state health department programs and education
  - My Plate and other nutrition education resources developed and used by health care providers, nutrition counselors, early childcare providers, teachers, and others
- The DGA results in greater consistency for nutrition recommendations between programs and jurisdictions, which increases efficiency and reduces costs for food manufacturers and service operators.

- The DGA has been jointly developed and published by the U.S. Department of Agriculture and U.S. Department of Health and Human Services every five years, starting in 1980 and codified in the 1990 National Nutrition Monitoring and Related Research Act. In 2020, HHS and USDA jointly released the ninth edition, the 2020-2025 [Dietary Guidelines for Americans](#). The agencies' recommendations are based on a review of the evidence by the Dietary Guidelines Advisory Committee, a group of experts nominated through an open solicitation process.

### *Who is the target audience of the DGA?*

- The DGA is designed to be used by a professional audience, including policymakers and nutrition and health professionals, to help the general public follow a nutritionally adequate, health-promoting, and disease-preventing diet.<sup>1</sup>
- Until 2020, the DGA advice applied to Americans aged 2 and older. As mandated by the 2014 farm bill, the 2020-2025 DGA took a life stage approach and for the first time included dietary recommendations for pregnancy, lactation, and birth to 24 months of age.<sup>2</sup>
- Approximately half of all adults in the United States have one or more preventable chronic diseases, many of which may be mediated by diet and lifestyle factors.<sup>3</sup> The DGA is informed by studies that examine the association between diet and health among diverse populations that are healthy or at risk of chronic disease. It is intended to provide guidance that can benefit all Americans, regardless of health status, by improving their diet quality.
- Many respected health organizations develop their own nutrition recommendations (e.g., [American Heart Association](#), [American Institute for Cancer Research](#)) which play an important role in population-wide and disease-specific dietary advice. While many of these nutrition recommendations have similar and strong scientific underpinnings, the DGA provides a synchronous yet unique role in that the platform and reach of the DGA affects all Americans.

### *What is the role of the DGA in promoting public health?*

- Making it easier for Americans to eat healthfully can lower the risk of disease, early death, and health care spending. How we eat plays a key role in the prevention and management of chronic disease like type 2 diabetes, cardiovascular disease, and some cancers.<sup>4</sup>
  - Heart disease is one of our nation's leading killers, accounting for 1 in 4 deaths.<sup>5</sup> It is the costliest chronic disease, with health care spending at \$318 billion annually.<sup>6</sup> Roughly half of adults have high blood pressure and nearly a third have high LDL ("bad") cholesterol, which are major risk factors for heart disease and stroke.<sup>7</sup> By some estimates, 80 percent of deaths from heart disease are preventable by healthy lifestyle, including a nutritious diet.<sup>8</sup>
  - Nearly half of adults have diabetes or prediabetes.<sup>9</sup> Health care costs for diabetes reached \$327 billion in 2017 (an increase of 26 percent over a 5-year period).<sup>10</sup>

- Thirteen cancers, including breast, colorectal, esophageal, and uterine, are linked to excess body weight, constituting 40 percent of diagnosed cancers in the U.S.<sup>11</sup>
- If barriers to breastfeeding could be reduced to the extent that 90 percent of caregivers could exclusively breastfeed for the first six months of life, one study estimated that the United States could save \$3.7 billion in direct and indirect pediatric costs, and \$10.1 billion in premature death from pediatric disease.<sup>12</sup>
- The DGA can tell us what is healthiest to eat and drink, but many people in the United States face profound structural and socioeconomic barriers that put a healthy diet out of reach. As a result, the average individual does not eat in accordance with the DGA.<sup>13</sup> For people to be able to follow the DGA's advice, policies are needed that address our food environment and the social and racial inequities that affect access to healthy food.

### *How is the DGA developed to ensure integrity?*

- Before the experts on the Dietary Guidelines Advisory Committee review the evidence, they establish criteria for the studies they will include and exclude in their analysis. These criteria are publicly available in the Committee's [Scientific Report](#) and the [Nutrition Evidence Systematic Review](#). This step ensures that the Committee is not biased in its selection of studies and that its recommendations are based on well-designed studies.
- The DGA recommendations are based on what's called the preponderance of scientific evidence, which could include controlled trials that randomly assign people to different diets, cohort studies that track thousands of people for years, and other types of evidence.
- While the experts who develop the DGA consider randomized controlled trials when available, there are fewer of these types of studies because it is difficult for researchers to get thousands of people to change what they eat and maintain the changes for years, until hard endpoints, such as cancer or heart disease, are diagnosed. Over time, participants often change or revert to their usual diets. Randomized controlled trials are also far more expensive and, at times, may not be ethical. Because of these challenges, it is important to consider evidence from different types of studies.
- Occasionally, the media will report on a study that contradicts the larger body of evidence. While these studies typically receive the most media attention, it is important to determine whether their methodology is sound and how the results fit within the totality of the evidence. For example, a few poorly designed studies that fail to detect a link between high-sodium diets and high blood pressure need to be put into context among the hundred studies that do find a link.
- There is a difference between conflict of interest, bias, and expertise. Being an expert—based on years of academic research in one area of nutrition science—does not constitute a conflict of interest. However, conducting research that is funded by parties with a commercial interest in the outcome *is* a conflict of interest. Analyses of such studies find that they typically lead to biased conclusions.<sup>14</sup> Ideally, Advisory Committee members should have no competing financial interests, such as major funding from food industry sectors. At a minimum, any such conflicts should be disclosed.

- The process for developing the Guidelines will always have room to be strengthened, but it is rigorous and transparent. It allows for input from all interested stakeholders, which strengthens the quality of and trust in the resulting recommendations.

For more information, contact the National Alliance for Nutrition and Activity at [nana@cspinet.org](mailto:nana@cspinet.org).

Updated March 2021

## Endnotes

<sup>1</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](http://DietaryGuidelines.gov).

<sup>2</sup> Pub. L. No. 113-79, Agricultural Act of 2014. 128 Stat. 649 (2014). <https://www.congress.gov/113/plaws/publ79/PLAW-113publ79.pdf>.

<sup>3</sup> Roberts CK, Barnard RJ. Effects of exercise and diet on chronic disease. *J Appl Physiol* (1985). 2005 Jan;98(1):3-30. doi: 10.1152/jappphysiol.00852.2004. ;

Raghupathi W, Raghupathi V. An Empirical Study of Chronic Diseases in the United States: A Visual Analytics Approach. *Int J Environ Res Public Health*. 2018;15(3):431. Published 2018 Mar 1. doi:10.3390/ijerph15030431

<sup>4</sup> Willett WC, Koplan JP, Nugent R, et al. Prevention of Chronic Disease by Means of Diet and Lifestyle Changes. In: Jamison DT, Breman JG, Measham AR. Disease Control Priorities in Developing Countries. 2nd edition. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2006. Chapter 44. <https://www.ncbi.nlm.nih.gov/books/NBK11795/> Co-published by Oxford University Press, New York. ; Jardim TV, Mozaffarian D, Abrahams-Gessel S, Sy S, Lee Y, Liu J, Huang Y, Rehm C, Wilde P, Micha R, Gaziano TA. Cardiometabolic disease costs associated with suboptimal diet in the United States: A cost analysis based on a microsimulation model. *PLoS Med*. 2019 Dec 17;16(12):e1002981. doi: 10.1371/journal.pmed.1002981.

<sup>5</sup> Centers for Disease Control and Prevention. Heart Disease Facts. 8 Sep. 2020. <https://www.cdc.gov/heartdisease/facts.htm>.

<sup>6</sup> Cardiovascular Disease: A Costly Burden for America: Projections Through 2035. Research Triangle Park, NC: Research Triangle Institute; 2017.

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<sup>7</sup> Virani SS, et al. Heart Disease and Stroke Statistics—2020 Update: A Report from the American Heart Association. *Circulation*. 2020;141(9):e139-e596;Centers for Disease Control and Prevention. Facts about Hypertension. 8 Sep. 2020. <https://www.cdc.gov/bloodpressure/facts.htm>.

<sup>8</sup> Buttar HS, Li T, Ravi N. Prevention of cardiovascular diseases: Role of exercise, dietary interventions, obesity and smoking cessation. *Exp Clin Cardiol*.

2005;10(4):229-249. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2716237/>.

<sup>9</sup> Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

<sup>10</sup> American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2017. *Diabetes Care*. 2018 May;41(5):917-928. doi: 10.2337/dci18-0007.

<sup>11</sup> Centers for Disease Control and Prevention. Cancers Associated with Overweight and Obesity Make up 40 percent of Cancers Diagnosed in the United States. 3 Oct. 2017. <https://www.cdc.gov/media/releases/2017/p1003-vs-cancer-obesity.html>.

<sup>12</sup> Bartick M. Breastfeeding and the U.S. economy. *Breastfeed Med*. 2011 Oct;6:313-8. doi: 10.1089/bfm.2011.0057.

<sup>13</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. Ch. 1, p. 26. December 2020. Available at [DietaryGuidelines.gov](http://DietaryGuidelines.gov).

<sup>14</sup> Dunn AG, Coiera E, Mandl, KD. Conflict of interest disclosure in biomedical research: a review of current practices, biases, and the role of public registries in improving transparency. *Res Integr Peer Rev*. 2016;1(1). Doi: 10.1186/s41073-016-0006-7; Mandrioli D, Kearns CE, Bero LA. Relationship between Research Outcomes and Risk of Bias, Study Sponsorship, and Author Financial Conflicts of Interest in Reviews of the Effects of Artificially Sweetened Beverages on Weight Outcomes: A Systematic Review of Reviews. *PLoS One*. 2016 Sep 8;11(9):e0162198. doi: 10.1371/journal.pone.0162198. Erratum in: *PLoS One*. 2020 Mar 10;15(3):e0230469.