

# Dietary Guidelines for Americans 2015 and Related NHANES Updates

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*Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention*



## DGA 2015 Process

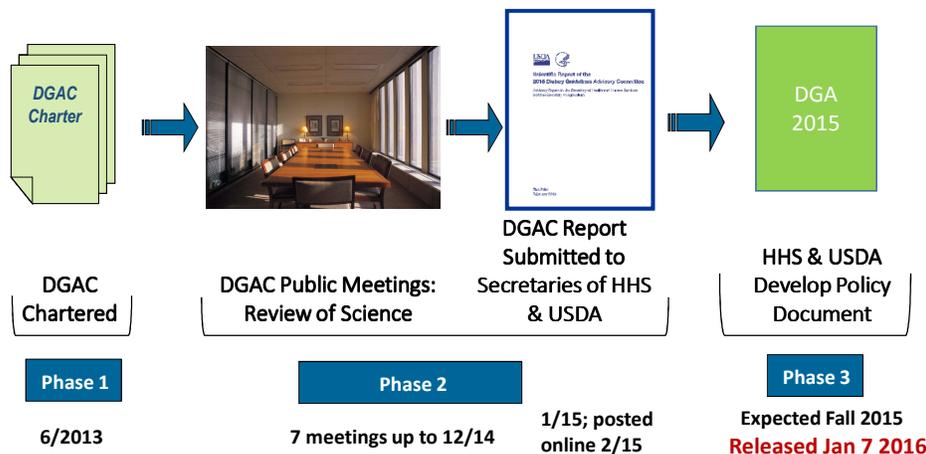
DGAC 2015 Chairs: B. Millen and A. Lichtenstein

Co-executive Secretaries: R. Olson (HHS) and C. Rihane (USDA)

3 Teams to support DGAC needs: Management; Nutrition Evidence Library (NEL); Data Support Team\*

\* Multiple agency team (USDA, FDA, NCI, CDC etc.)

From CDC – NHANES: C. Ogden, B. Kit, K. Herrick, N. Ahluwalia were members of the Data Support Team



### DGA 2015 issued by HHS and USDA (1/7/16)



2015 DGA are the 8th edition of DGA

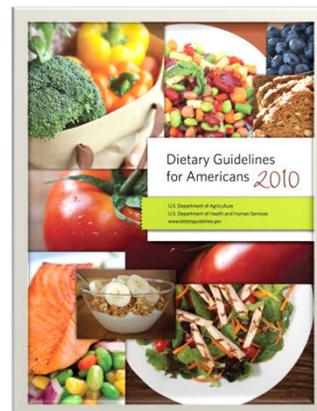
- The new guidelines were developed
  - using the 2010 DGA and DGAC 2015 advisory report
  - consideration of public and Federal agency comments
- Science-based federal recommendations about healthy and nutritionally-adequate diet, for Americans ages 2 years and above
- Focus on disease prevention
- Target Audience: Policy makers and nutrition/health professionals

### Update on DGA 2015: 5 guidelines and key recommendations

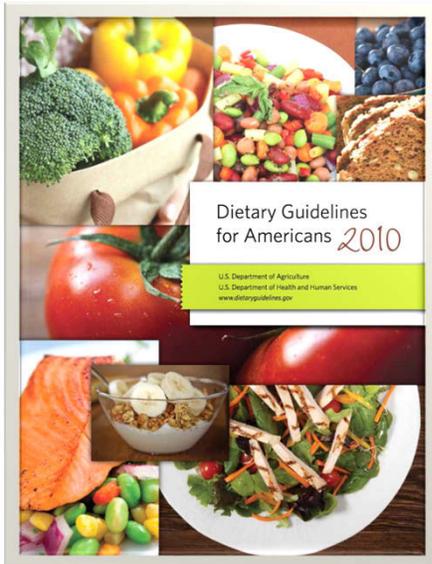


2015 DGA are the 8th edition of DGA

(vs. DGA 2010)



## DGA 2010 (7<sup>th</sup> ed) emphasized 2 overarching concepts



1. Maintain calorie balance over time to achieve and sustain a healthy weight
2. Consume nutrient-dense foods and beverages

## Key recommendations from 2010 DGA: Dietary components



### ✓ 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.<sup>1</sup>

### ✓ 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.<sup>2</sup>
- Choose a variety of protein foods, which include seafood, lean meat and poultry, egg, 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.

Recommendations for specific population groups

#### Women capable of becoming pregnant<sup>3</sup>

- 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.<sup>4</sup>

#### Women who are pregnant or breastfeeding<sup>5</sup>

- 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 B<sub>12</sub>, 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.

## 2015 DGA: Key Recommendations on Dietary Patterns



- People do not eat food groups and nutrients in isolation, rather in combination
- Components of the eating pattern can interact → cumulative health effects
- Eating patterns may be more predictive of health and disease risk rather than individual foods/ nutrients

✓ As a result, eating patterns (totality of food and beverages consumed over time) and their food and nutrient characteristics, are a focus of the recommendations in the 2015 Dietary Guidelines

## 2015 DGA: Highlights 5 guidelines

### The Guidelines



- ✓ **1. Follow a healthy eating pattern across the lifespan.** All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
- 2. Focus on variety, nutrient density, and amount.** To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
- 3. Limit calories from added sugars and saturated fats and reduce sodium intake.** Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
- ✓ **4. Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
- ✓ **5. Support healthy eating patterns for all.** Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

<http://health.gov/dietaryguidelines/2015/guidelines/executive-summary/>



## Dietary Patterns—USDA Food Patterns

- Food Pattern Modeling demonstrates that healthy eating patterns can be achieved with:
  - Healthy U.S.-style Pattern
  - Healthy Mediterranean-style Pattern
  - Healthy Vegetarian Pattern

<http://health.gov/dietaryguidelines/2015/guidelines/chapter-1/a-closer-look-inside-healthy-eating-patterns/>

**1 Follow a healthy eating pattern across the lifespan.** All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.

**2 Focus on variety, nutrient density, and amount.** To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.

**3 Limit calories from added sugars and saturated fats and reduce sodium intake.** Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.

**4 Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.

**5 Support healthy eating patterns for all.** Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

## 2015 DGA: 5 guidelines

Follow a healthy eating pattern over time to help support a healthy body weight and reduce the risk of chronic disease.

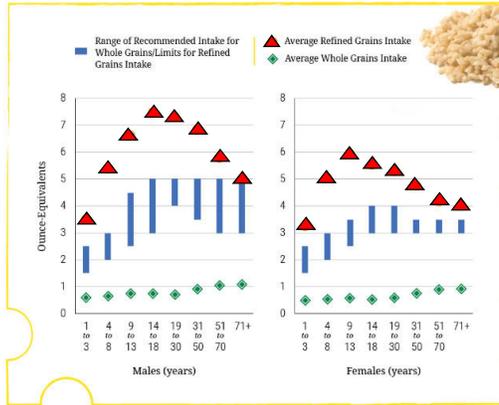
**A healthy eating pattern includes:**



<http://health.gov/dietaryguidelines/2015/guidelines/executive-summary/>

### INTAKE OF GRAINS BY THE U.S. POPULATION ( 1 y+)

Average Whole and Refined Grain Intakes in Ounce-Equivalents per Day by Age-Sex Groups, Compared to Ranges of Recommended Daily Intake for Whole Grains and Limits for Refined Grains\*



✓ Make half your grains whole grains!

**Note:** To meet recommendations,   
 ◆ whole grain intake should be within or above the blue bars and   
 ▲ refined grain intake within or below the bars.

Data Sources: What We Eat in America, NHANES 2007-2010 for average intakes by age-sex group. Healthy U.S.-Style Food Patterns, which vary based on age, sex, and activity level, for recommended intake ranges.

### 2015 DGA: Follow a healthy eating pattern across the life span



- Key Recommendations that are quantitative are provided for several components of the diet that should be limited. These components are of particular public health concern in the United States, and the specified limits can help individuals achieve healthy eating patterns within calorie limits:
- Consume less than 10 percent of calories per day from added sugars<sup>[2]</sup>
  - Consume less than 10 percent of calories per day from saturated fats<sup>[3]</sup>
  - Consume less than 2,300 milligrams (mg) per day of sodium<sup>[4]</sup>
  - If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and up to two drinks per day for men—and only by adults of legal drinking age.<sup>[5]</sup>

✓ Consistent with 2010 DGA

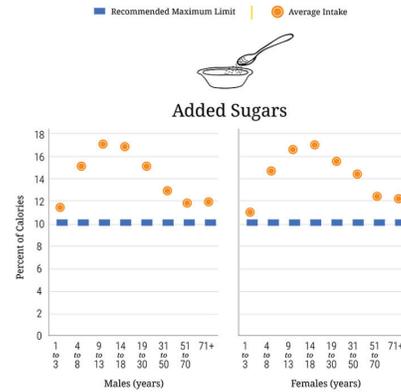


**2015 DGA:**  
**Reduce added sugar\* intake to provide <10% of calories consumed/day**

- **Strong evidence for a positive association with**
  - **excess body weight** (children and adults)
  - **increased diabetes risk** (adults, that is independent of body weight)
- **Moderate evidence for a positive association with**
  - **higher BP and serum triglycerides**

\* Added sugars from food and/or sugar-sweetened beverages include table sugar, syrups and other caloric sweeteners. Naturally occurring sugars (e.g. in milk or fruit) are not added sugars

**Average Intakes of Added Sugars as a Percent of Calories per Day by Age-Sex Group, in Comparison to the Dietary Guidelines Maximum Limit of Less than 10 Percent of Calories**

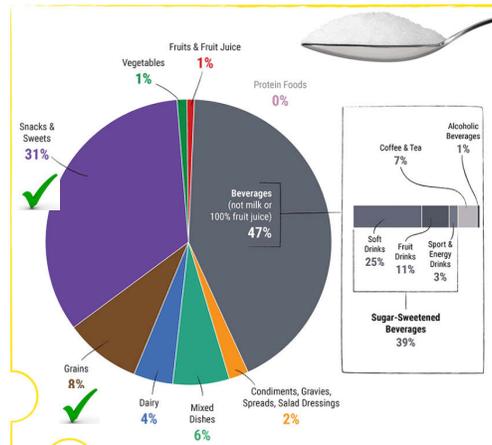


✓ **2015 DGA**  
**Goal: Less than 10% of calories from added sugars**

Data Sources: What We Eat in America, NHANES 2007-2010 for average intakes by age-sex group.

**ADDED SUGARS: SOURCES**

**Food Category Sources of Added Sugars in the U.S. Population Ages 2 Years and Older**



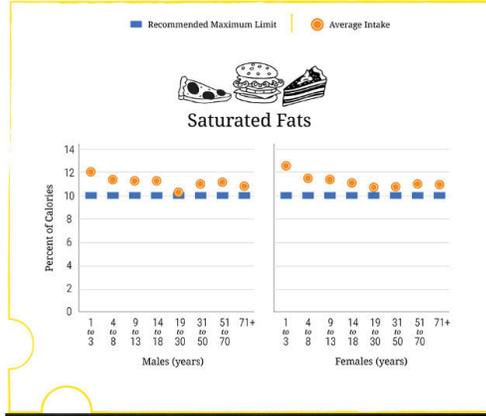
**Beverages are a major source of added sugar in the US diet but provide ~ half of the added sugars consumed...**

**Hidden source:** Snack and sweets; Followed by grains; mixed dishes...

Data Source: What We Eat in America (WWEIA) Food Category analyses for the 2015 Dietary Guidelines Advisory Committee. Estimates based on day 1 dietary recalls from WWEIA, NHANES 2009-2010.

**Average Intakes of Saturated Fats as a Percent of Calories per Day by Age-Sex Groups, Compared to Dietary Guidelines Maximum Limit of Less than 10 Percent of Calories**

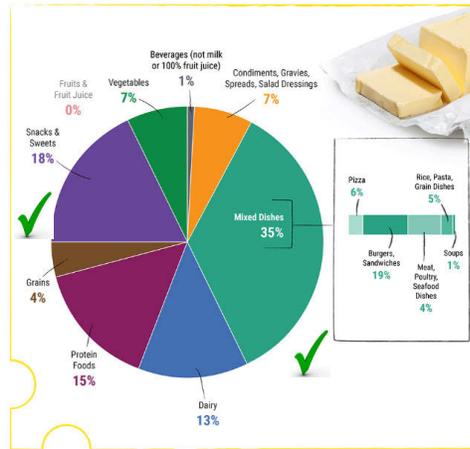
✓ **2015 DGA:**  
 Goal: Reduce saturated fat intake to provide <10% of total calories consumed/day



Data Source: What We Eat in America, NHANES 2007-2010 for average intakes by age-sex group.

**SATURATED FATS: SOURCES**

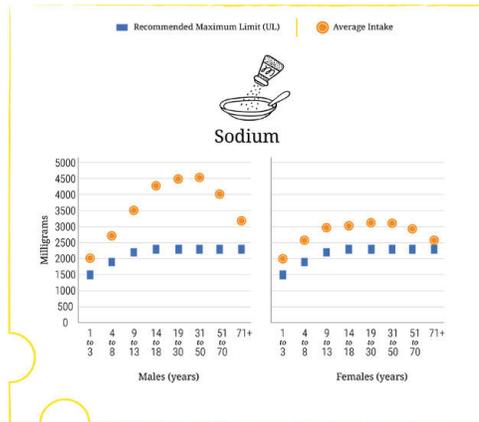
**Food Category Sources of Saturated Fats in the U.S. Population Ages 2 Years and Older**



Data Source: What We Eat in America (WWEIA) Food Category analyses for the 2015 Dietary Guidelines Advisory Committee. Estimates based on day 1 dietary recalls from WWEIA, NHANES 2009-2010.

## DGA 2015 Recommendation: Reduce Sodium Intake < Tolerable Upper Intake Levels\*

Average Intake of Sodium in Milligrams per Day by Age-Sex Groups, Compared to Tolerable Upper Intake Levels (UL)



\* UL: 2300 mg for healthy adults

- Average intake (ages: 1y+): 3.4 g/day
- Most sodium consumed in the U.S. comes from **salts added during commercial food processing** and preparation
- Mixed dishes — including burgers, sandwiches, and tacos; rice, pasta, and grain dishes; pizza; meat, poultry, and seafood dishes; and soups—account for almost 50% sodium intake in the U.S.

The foods in many of these categories are often commercially processed or prepared.

## DGA 2015: Somethings old, something new

### CAFFEINE

**Up to 5 Cups of Coffee a Day OK, Gov't Advisory Committee Says**  
By SHIMMY LUPKIN • Feb 21, 2015, 5:52 AM ET

**10K** stories

New federal dietary guidelines recommend "moderate" caffeine consumption, up to 400 milligrams of caffeine or three to five cups of coffee a day.

You can consume up to 5 cups of coffee a day, or up to 400 milligrams of caffeine, without detrimental effects, according to a new report that will help shape the official government dietary guidelines due out later this year.

This is the first time caffeine has been mentioned in the advisory report, which is submitted by a panel of experts to the U.S. Department of Agriculture and the Department of Health and Human Services every five years. The 2015 Dietary Guidelines for Americans will be finalized by the end of the year.

The advisory committee determined moderate coffee consumption was not associated with health risks, including cardiovascular disease and cancer. In fact, the committee noted that there's evidence coffee has some health benefits, including reducing the risk of developing type 2 diabetes and cardiovascular disease. There's also some evidence caffeine offers protection against Parkinson's disease, the committee wrote.

Still, pregnant women and children should limit their caffeine consumption, the committee concluded, adding that mixing alcohol and caffeine should be avoided.

**New Cholesterol Guidelines Mean These Foods Could Be Back on the Table**

<http://abcnews.go.com/Health/>

Almost all (>95%) US adults and & 70% children consume caffeine on a given day

**Average daily intakes of caffeine:**

- For adults range: 110 mg (females 19-30 y) to 260 mg (males 51-70 y)
- For children: 5-32 mg/d and adolescents: 63-80 mg

**These amounts are much lower than 400 mg/d, that can be incorporated into healthy eating patterns**

**Caffeine sources for adults:** Coffee and tea (70-90% of total caffeine intake across all adult age groups)

**Caffeine sources for children 2-11 y:** Tea and soda

**Caffeine sources for 12-19 y:** Tea, soda, and coffee



**Well**

2015  
Nutrition Panel Calls for Less Sugar and Eases  
Cholesterol and Fat Restrictions



## SUMMARY

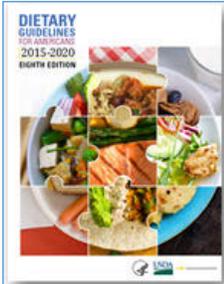
**DGAC 2015 report (posted 2/15) aka sugar, fat, cholesterol guidelines**

→ **DGA 2015 – the policy document (1/16)**  
by HHS and USDA  
aka “Healthy Dietary Patterns” Guidelines



- **Emphasize healthy eating patterns**
  - attainable in various ways, adaptable, involve everyone
- **2015 guidelines are consistent with DGA 2010**
  - including limiting saturated fat, sodium, added sugars
- **WHAT’s new**
  - specific guidance for added sugars (<10 % of total calories)
  - information on other dietary components (e.g. caffeine)
- **Suggest shifts in various dietary components**
  - to align with healthier eating patterns for disease prevention
- **Healthy choices for everyone, everywhere!**

## Links for further reading



✓ <http://health.gov/dietaryguidelines/2015/guidelines/chapter-1/a-closer-look-inside-healthy-eating-patterns/>

Appendix 2: Estimated caloric needs

Chapter 1 – Adapt dietary pattern to align with healthy pattern corresponding to the estimated caloric needs

## Dietary Patterns—USDA Food Patterns

- Food Pattern Modeling demonstrates that healthy eating patterns can be achieved with:
  - Healthy U.S.-style Pattern
  - Healthy Mediterranean-style Pattern
  - Healthy Vegetarian Pattern



## BSC Fall 2015 Meeting

### 1) What are the DGA

- History
- Process for DGA update

### 2) NHANES supporting the DGA 2015 process

- DHANES staff's involvement
- NHANES data uses

### 3) Status update: DGA 2015

- DGAC committee report
- Next Steps: Dietary guidance for young children (birth to 24 mo.) & pregnant women

### ✓ 4) Briefing on NHANES dietary data: Controversies

- Controversies in collection methods
- DHANES efforts: Updates



Advances in Nutrition: An International Review Journal

REVIEW  
ASN

### Update on NHANES Dietary Data: Focus on Collection, Release, Analytical Considerations, and Uses to Inform Public Policy<sup>1,2</sup>

Namanjeet Ahluwalia,<sup>1\*</sup> Johanna Dwyer,<sup>2</sup> Ana Terry,<sup>2</sup> Alanna Mooshig,<sup>1</sup> and Clifford Johnson<sup>1</sup>

<sup>1</sup>National Health and Nutrition Examination Survey, National Center for Health Statistics, CDC, Hyattsville, MD; <sup>2</sup>Office of Dietary Supplements, NIH, Bethesda, MD; and <sup>3</sup>Food Surveys Research Group, USDA, Beltsville, MD

**ABSTRACT**

NHANES is the cornerstone for national nutrition monitoring to inform nutrition and health policy. Nutritional assessment in NHANES is described with a focus on dietary data collection, analysis, and use in nutrition monitoring. NHANES has been collecting through diet on diet, nutritional status, and chronic disease in cross-sectional surveys with nationally representative samples since the early 1970s. Continuous data collection began in 1999 with public data release in 2-year cycles on ~10,000 participants. In 2002, the Continuing Surveys of Food Intakes by Individuals and the NHANES dietary component were merged, forming a consolidated dietary data collection known as What We Eat in America, since then, 246 recalls have been collected on 2 using the USDA Automated Multiple-Pass Method. Detailed and targeted food frequency questionnaires have been collected in some NHANES cycles. Dietary supplement use data have been collected in diet since 2003 to fill data needed to inform policy for the population. The continuous NHANES can adapt its content to address emerging public health needs and reflect food priorities. Changes in data collection methods are made after expert input and validation to overcome studies. NHANES dietary data are used to describe intake of food, nutrients, food groups, and dietary patterns for the US population and large sociodemographic groups to plan and evaluate nutrition programs and policies. Visual displays, trade distributions can be generated after adjusting for day-to-day variation. NHANES remains open and flexible to incorporate improvements while maintaining data quality and providing timely data to track the nation's nutrition and health status. In summary, NHANES collects dietary data in the context of its broad multipurpose goals; the strengths and limitations of these data are also discussed in this review. Adv Nutr 2016;17:121-34.

**Keywords:** dietary assessment, epidemiology, nutritional surveillance, public policy, nutrition databases, visual intake, nutrition policy

**Introduction**

Dietary assessment and other nutrition surveillance techniques such as anthropometric measurements, biochemical tests, and evaluation of clinical signs and symptoms of malnutrition are used for population monitoring and to develop nutrition policies and programs toward improving nutrition and health. Wright et al. (1) described NHANES methods and dietary data collection until the mid-2000s, and others have described various uses of NHANES data (2). Statistical approaches for improving precision in estimating dietary intake and for assessing usual intakes have been developed over the past 2 decades (3–5) and can be incorporated into analyses using NHANES data.

**Current Status of Knowledge: NHANES and Its Dietary Data**

The NHANES is conducted by the National Center for Health Statistics of the CDC. It consists of ongoing, comprehensive, cross-sectional, population-based surveys designed to collect data on the diet, nutritional status, health, and health behaviors of the noninstitutionalized US civilian population. NHANES is unique because it combines personal interviews with standardized physical examinations and laboratory tests administered by a specially trained staff that travels to selected survey sites to collect data on a nationally representative sample of the US population (9). Nutritional

(6–8). This article provides an updated description of NHANES methods since it became a continuous survey in 1999. It describes analytical considerations and the uses of NHANES dietary data, the strengths, limitations, and potential improvements in dietary data collection and analysis are also highlighted.

The authors reported funding received for this study. This is a free access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.  
Conflict of interest: N. Ahluwalia, C. Johnson, A. Terry, Alanna Mooshig, C. Johnson, no conflict of interest.  
\*Corresponding author: namanjeet.ahluwalia@hhs.gov

© 2016 American Society for Nutrition. Adv Nutr 2016;17:121–34. doi: 10.3945/an.115.009258

Downloaded from advances.nutrition.org at Stephen L. Thomas CDC Library on May 12, 2016

<http://advances.nutrition.org/advance/7/1/121.full.pdf>

**FREE ACCESS ARTICLE**

<http://www.cdc.gov/nchs/nhanes/index.htm>

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## National Center for Health Statistics

National Health and Nutrition Examination Survey

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Proposal Guidelines

Survey Results and Products +

Listserv

NHANES Survey Participants +

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NHANES Tutorials

CDC > NCHS > National Health and Nutrition Examination Survey

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**Update on NHANES Dietary Data: Focus on Collection, Release, Analytical Considerations, and Uses to Inform Public Policy.** <sup>1</sup>

Adv Nutr. 2016 Jan 15;17(1):121-34. doi: 10.3945/an.115.009258. Print 2016 Jan. Review.

**Deadlines for Proposals for 2019-20 Content** [PDF - 80 KB]

### April 2016

### Data Release

- Audiometry (AUX\_G 2011-2012)
- Audiometry - Acoustic Reflex (AUXAR\_G 2011-2012)
- Audiometry - Tympanometry (AUXTYM\_G 2011-2012)
- Insulin (Subsample) (INS\_H 2013-2014)

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Experimental Biology 2016,  
Am Soc Nutr Annual Meeting  
San Diego, April 5 2016



## SYMPOSIUM

### Nutritional Status Monitoring in the U.S. over 45 years in the National Health and Nutrition Examination Survey (NHANES): Updates and Challenges

**Chairs: N. Ahluwalia<sup>1</sup> and C. Boushey<sup>2</sup>**

<sup>1</sup> Nutrition Monitoring Advisor, NHANES, NCHS/CDC

<sup>2</sup> Professor, University of Hawaii Cancer Center



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics

## NHANES in Nutrition Monitoring: Updates And Challenges



**NHES I**



**Continuous NHANES**

**The goals of this first ever symposium on NHANES were to:**

- 1) inform the audience (nutrition scientists and policy makers) on the types of data collected in NHANES and highlight their strengths and limitations
- 2) describe how NHANES stays relevant and evolves to incorporate state of the art methods and addresses emerging public health needs
- 3) summarize the contribution and impact of NHANES in nutrition research and policy
- 4) describe appropriate uses of NHANES nutrition data

## NHANES in Nutrition Monitoring: Updates And Challenges



Naman Ahluwalia  
NCHS, CDC  
Overview: NHANES  
and how it evolves



Alanna Moshfegh  
FSRG, USDA  
WWEIA:  
Dietary intake



Jaime Gahche  
NCHS, CDC  
Dietary  
supplements

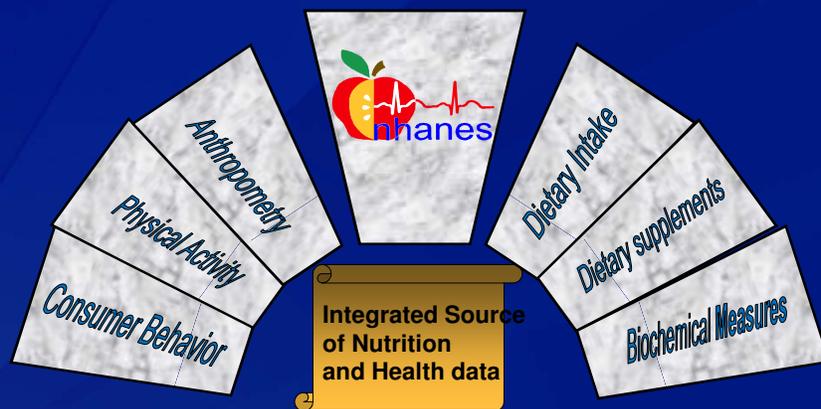


Christine Pfeiffer  
NCEH, CDC  
Nutrition biomarkers



Kevin Dodd  
NCI, NIH  
Modeling usual intakes

## NHANES: Keystone of 21<sup>st</sup> Century U.S. Nutrition Monitoring with Comprehensive Nutrition Status Assessment



Develop  
Physical Activity  
Guidelines  
for Americans

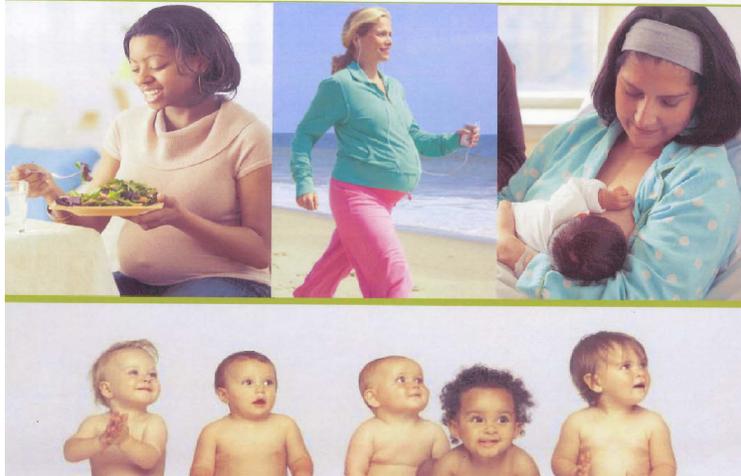
Revise Dietary  
Reference  
Intakes

Track  
Healthy People  
Objectives

Revise Dietary  
Guidelines  
for Americans

## What's Coming Next in the DGA 2020?

Dietary Guidance for Birth to 24 Months and Pregnancy mandated by Farm Bill 2014 starting with DGA 2020



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## P/B-24 Project: Goal

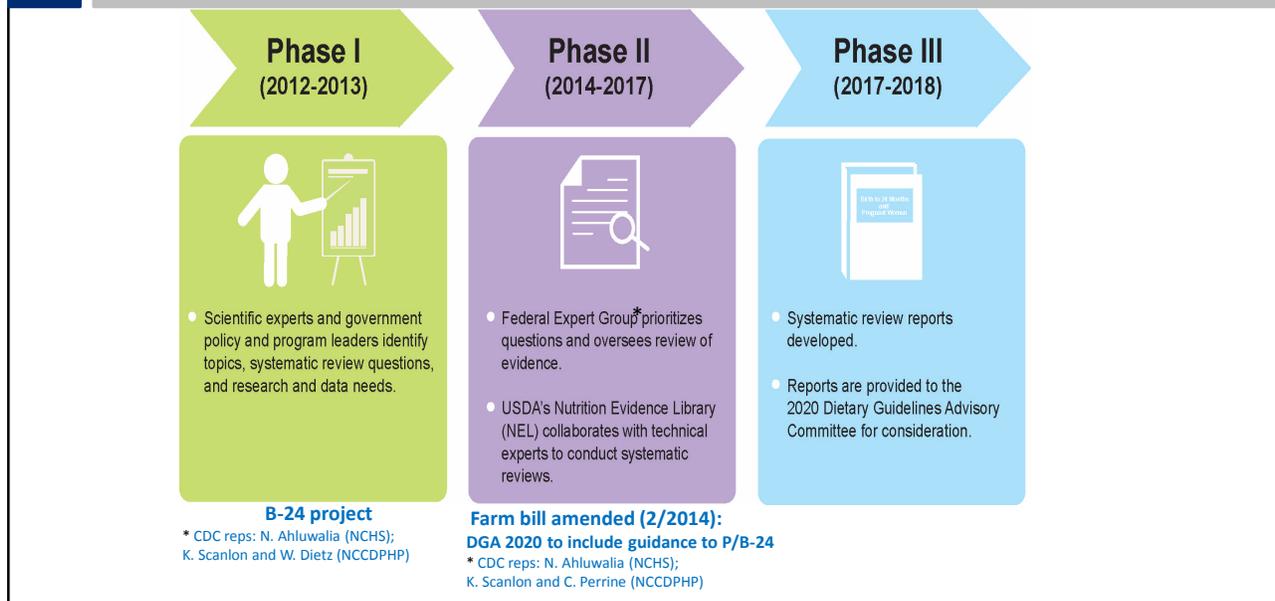


+ P/B-24

Dietary Guidelines for  
Americans 2020

Support the development of dietary guidance for birth to 24 months and pregnancy

## The Multi-phase P/B-24 Project is Currently in Phase II



## Themes Addressed by the P/B-24 Project

[www.cnpp.usda.gov/birthto24months](http://www.cnpp.usda.gov/birthto24months)



Human Milk & Infant Formula Feeding



Taste Development



Feeding Practices & Methods



Complementary Feeding: Foods & Beverages

### The Multi-phase P/B-24 Project is Currently in Phase II

