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

Phase 1
6/2013
DGAC Charter

Phase 2
7 meetings up to 12/14
DGAC Public Meetings: Review of Science

Phase 3
1/15; posted online 2/15
DGAC Report Submitted to Secretaries of HHS & USDA

HHS & USDA Develop Policy Document

Expected Fall 2015
Released Jan 7 2016

5/16/2016
DGA 2015 issued by HHS and USDA (1/7/16)

- 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

(vs. DGA 2010)
DGA 2010 (7th 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

- **FOODS AND NUTRIENTS TO INCREASE**
  - Include a variety of fruits and vegetables in your diet every day.
  - Include whole grains in your diet every day.
  - Include low-fat or fat-free milk and yogurt in your diet each day.
  - Include lean meats, poultry, and fish in your diet each day.
  - Include nuts, seeds, and legumes in your diet each day.
  - Include fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soymilk.

- **FOODS AND NUTRIENTS TO REDUCE**
  - Reduce the intake of foods that provide little or no nutritional value, such as chips and other fried foods.
  - Reduce the intake of foods that are high in saturated fat, trans fat, cholesterol, and added sugars.

- **BUILDING HEALTHY EATING PATTERNS**
  - Select an eating pattern that meets nutrient needs at all times and is appropriate at all stages of life.
• 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

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2015 DGA: Highlights

5 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.

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


2015 DGA: 5 guidelines

1. Follow a healthy eating pattern across the lifespan. Eat a variety of nutrient-dense foods and keep total calorie intake within a range that will promote or 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 saturated and trans fats and reduce sodium intake. Consume an eating pattern high in added sugars, saturated fats, and sodium. Consume low-fat and reduced-fat milk products. Consume lower amounts of foods in the grain group and higher amounts of foods in the vegetable, fruit, protein, and dairy groups that are lower in calories but nutrient dense.

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: household, from home to school or workplace, and child care and foodservice settings.

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.
• Consume less than 10 percent of calories per day from saturated fats.
• Consume less than 2,300 milligrams (mg) per day of sodium.
• 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.
2015 DGA: Quantitative Guidelines

Limit
Added Sugars,
Saturated Fat,
Sodium

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

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.
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

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 (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.

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**DGA 2015: Somethings old, something new**

**CAFFENE**

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

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* UL: 2300 mg for healthy adults

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


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:
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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
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. Ahluwalia¹ and C. Boushey²

¹ Nutrition Monitoring Advisor, NHANES, NCHS/CDC
² 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

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
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

P/B-24 Project: Goal

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

**Phase I** (2012-2013)
- Scientific experts and government policy and program leaders identify topics, systematic review questions, and research and data needs.

**Phase II** (2014-2017)
- USDA’s Nutrition Evidence Library (NEL) collaborates with technical experts to conduct systematic reviews.

**Phase III** (2017-2018)
- Systematic review reports developed.
- Reports are provided to the 2020 Dietary Guidelines Advisory Committee for consideration.

Farm bill amended (2/2014):
DGA 2020 to include guidance to P/B-24
- CDC reps: N. Ahluwalia (NCHS); K. Scanlon and C. Perrine (NCCDPHP)

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

- Human Milk & Infant Formula Feeding
- Feeding Practices & Methods
- Complementary Feeding: Foods & Beverages
- Taste Development

[www.cnpp.usda.gov/birthto24months](http://www.cnpp.usda.gov/birthto24months)
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B-24 project
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Data needs identified: Potentially, a specialized study in NHANES to collect such data for P/B-24? Diet, anthropometry, breast milk sample...

THANK YOU FOR YOUR ATTENTION