Food and beverage choices significantly impact health and wellbeing across the lifespan, including periods of growth, development, aging, and during pregnancy. However, the majority of the U.S. population is not following a healthy eating pattern.

Healthy eating patterns and regular physical activity are key for all stages of human growth and development as they help to promote a healthy body weight, help prevent and reduce the risk of chronic diseases, and support overall health, well-being, and quality of life.
Health Impact of Poor Diet and Physical Inactivity

- Despite the well-known benefits, many Americans are not meeting national, Federal guidelines for healthy eating or physical activity.
- Poor diets and physical inactivity are contributing to an epidemic of overweight and obesity.
  - From 2009-2012, about 73% of men and 65% of women are overweight or obese.
  - In addition, nearly one in three youths, ages 2-19 years, were overweight or obese.
- Also leads to increased risk of cardiovascular disease, hypertension, type 2 diabetes, poor bone health, and some types of cancer.

Despite the benefits of choosing healthy foods and beverages, the majority of Americans follow eating patterns that are low in vegetables, fruits, whole grains, low-fat dairy, and oils, and are too high in refined grains, saturated fats, added sugars, and sodium.

Approximately half of all U.S. adults—117 million individuals—have one or more diet- or physical activity-related preventable chronic diseases. Obesity, a major risk factor for many of these chronic conditions, is highly prevalent in the U.S. population. From 2009-2012, about 65 percent of adult females, 73 percent of adult males, and nearly one in three youths, ages two to 19 years, were overweight or obese.

Poor eating patterns and lack of physical activity increase risk for a wide variety of health issues, particularly chronic diseases such as cardiovascular disease, hypertension, type 2 diabetes, poor bone health, and certain types of cancer.
A multitude of choices, messages, individual resources, and other factors affect the food and physical activity choices an individual makes, and these decisions are rarely made in isolation. These factors include individual preferences and health needs, social and cultural norms, characteristics of settings that impact access and availability of healthy food choices, policies that promote or discourage healthy food options, and much more.

Effectively addressing this range of factors requires broad stakeholder engagement to support healthy food and physical activity choices for all Americans. Along with communicating the guidance on healthy eating patterns included in the DGA, this broad stakeholder engagement and coordination is an important component of DGA implementation and is necessary in order to reverse current trends.
In order to effectively impact food and physical activity choices for all Americans, concerted efforts to tailor different strategies among professionals within communities, businesses and industries, organizations, governments, and other segments of society are needed to support individuals and families in making lifestyle choices that align with the DGA. Because individual factors such as age, gender, socioeconomic status, race/ethnicity, as well as other influences, affect physical health, knowledge and skills, and personal preferences, professionals have an important role in leading disease-prevention efforts across a variety of settings (e.g., home, early care and education, worksites, retail, community) to make healthy eating and regular physical activity an organizational and societal norm. Changes at multiple levels of the Social-Ecological Model are needed, and these changes, in combination and over time, can have a meaningful impact on the health of current and future generations.

State health agencies play a variety of important roles in communicating and supporting DGA implementation across all sectors and settings. State health agencies can leverage their role as conveners, data and evidence-based practice experts, strategic planners, and communicators with access to broad stakeholder groups to identify successful strategies and provide support to other agencies and
stakeholders, all with the ultimate purpose of spreading these strategies to communities across their state.
The main purpose of the Dietary Guidelines is to inform the development of Federal food, nutrition, and health policies and programs. It is written for policymakers, as well as nutrition and health professionals, not the general public. The Dietary Guidelines is a critical tool for professionals to help Americans make healthy choices in their daily lives to help prevent chronic disease and enjoy a healthy diet.

Its recommendations are ultimately intended to help individuals improve and maintain overall health and reduce the risk of chronic disease—its focus is disease prevention. The Dietary Guidelines is not intended to be used to treat disease.

Regardless of an individual’s current health status, almost all people in the United States could benefit from shifting choices to better support healthy eating patterns. Thus, the Dietary Guidelines may be used or adapted by medical and nutrition professionals to encourage healthy eating patterns to patients.

[Additional Background:
The main purpose of the Dietary Guidelines is to inform the development of Federal food, nutrition, and health policies and programs. It serves as the evidence-based foundation for nutrition education materials that are developed by the Federal Government for the public. For example, Federal dietary guidance publications are required by law to be consistent
with the *Dietary Guidelines*. It also is used to inform USDA and HHS food programs, such as USDA’s National School Lunch Program and School Breakfast Program, which feed more than 30 million children each school day, and the Special Supplemental Nutrition Program for Women, Infants and Children, which uses the *Dietary Guidelines* as the scientific underpinning for its food packages and nutrition education program with about 8 million beneficiaries. In HHS, the Administration on Aging implements the *Dietary Guidelines* through the Older Americans Act Nutrition Services programs (i.e., nutrition programs for older adults), with about 5,000 community-based nutrition service providers who together serve more than 900,000 meals a day across the United States. Other Departments, such as the Department of Defense and the Department of Veterans Affairs, also use the *Dietary Guidelines* to inform programs. ]
Every 5 years since 1980, a new edition of the *Dietary Guidelines for Americans* has been published. Its goal is to make recommendations about the components of a healthy and nutritionally adequate diet to help promote health and prevent chronic disease for current and future generations. Although many of its recommendations have remained relatively consistent over time, the *Dietary Guidelines* has evolved as scientific knowledge has grown. These advancements have provided a greater understanding of, and focus on, the importance of healthy eating patterns as a whole, and how foods and beverages act synergistically to affect health. Therefore, healthy eating patterns is a focus of the 2015-2020 Dietary Guidelines.

Available at: DietaryGuidelines.gov
The 2015-2020 Dietary Guidelines is available exclusively on DietaryGuidelines.gov.

Suggested Citation
As noted earlier, creating each edition of the *Dietary Guidelines* is a joint effort of HHS and USDA. A new edition is published every 5 years to reflect advancements in scientific knowledge and translate the science current at the time into sound food-based guidance to promote health in the United States. The process to develop the *Dietary Guidelines* has also evolved and includes three stages.

In the first stage, the Secretaries of HHS and of USDA appoint an external Dietary Guidelines Advisory Committee (Advisory Committee). Their role is to provide advice and recommendations to the Federal Government on the current state of scientific evidence on nutrition and health. The 2015 Advisory Committee was charged with reviewing the 2010 edition of the *Dietary Guidelines* to determine the topics for which new scientific evidence was likely to be available, and to review that evidence to inform the development of the 2015-2020 edition.

The 2015 Advisory Committee used four state-of-the-art approaches to review and analyze the available evidence: original systematic reviews; existing systematic reviews, meta-analyses, and reports by Federal agencies or leading scientific organizations; data analyses; and food pattern modeling analyses. Most of its conclusion statements on nutrition and health were informed by systematic reviews, which are a gold standard for informing clinical practice guidelines and public health policies worldwide. This multifaceted
approach allowed the Advisory Committee to ask and answer scientific questions about the relationship of diet and health to systematically, objectively, and transparently synthesize research findings and to limit bias in its evaluation of the totality of the evidence for the topics it reviewed. This approach also allowed one or more methods to be used that were best suited to comprehensively answer each question.

The Advisory Committee’s work culminated in the *Scientific Report of the 2015 Dietary Guidelines Advisory Committee*, which was submitted to the Secretaries of HHS and of USDA and made available for public and agency comment in February 2015. For more information about the Advisory Committee and its review process and Advisory Report, visit DietaryGuidelines.gov.

In the second stage, HHS and USDA develop the policy document *Dietary Guidelines*, applying several process steps to promote scientific rigor. Similar to previous editions, this 8th edition builds upon the preceding edition, with the scientific justification for revisions informed by the Advisory Committee’s report and consideration of public and Federal agency comments. Comments on the Advisory Committee’s report are considered in the development of the policy document, placing emphasis on those with scientific justification while ensuring that the policy is based on the totality of the evidence and not on individual studies. After the Advisory Committee’s report is complete, Federal agencies provide comments regarding the applicability and rigor of the report for consideration in translating the science into policy.

Those who update the policy document are Federal experts with specialized knowledge in the evidence under consideration and its policy applications within the Federal Government. These policy writers include nutrition scientists, policy experts, and communications specialists. Consultation with other Federal experts occurs throughout the policy development process. A peer-review step also is completed, in which nonfederal experts independently conduct a confidential review of the draft policy document for clarity and technical accuracy of the translation of the evidence from the Advisory Report into policy language. In addition, extensive review and clearance of the policy document also occurs by Federal experts within the agencies of both Departments, such as the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Food and Drug Administration (FDA), and the USDA Food Safety and Inspection Service (FSIS). The Federal clearance of the policy document culminates with review and approval by the Secretaries of HHS and of USDA.

The *2015-2020 Dietary Guidelines* is built around five Guidelines with supporting Key Recommendations that provide detail on the elements of healthy eating patterns. The Key Recommendations represent the preponderance of the most current scientific evidence. Emphasis is placed on topics with the strongest evidence or public health need.

In the third and final stage, the Federal Government implements the recommendations in the *Dietary Guidelines*. Federal programs apply the *Dietary Guidelines* to meet the needs of
Americans and specific population groups through food, nutrition, and health policies and programs and in nutrition education materials for the public. Although the Dietary Guidelines provides the foundation for Federal nutrition and health initiatives, it is each Federal agency’s purview and responsibility to determine how best to implement the Dietary Guidelines to serve its specific audiences. One way USDA and other Federal agencies can implement the Dietary Guidelines is through MyPlate, which serves as a reminder to build healthy eating patterns by making healthy choices across the food groups. In addition to implementation by the Federal Government and as discussed in Chapter 3, ample opportunities exist for many other sectors of society to implement the Dietary Guidelines in the multiple settings they influence, from home to school to work to community.
The 2015-2020 Dietary Guidelines for Americans provides five overarching Guidelines that encourage healthy eating patterns, recognize that individuals will need to make shifts in their food and beverage choices to achieve a healthy pattern, and acknowledge that all segments of our society have a role to play in supporting healthy choices.
The 2015-2020 Dietary Guidelines for Americans provides five overarching Guidelines that encourage healthy eating patterns, recognize that individuals will need to make shifts in their food and beverage choices to achieve a healthy pattern, and acknowledge that all segments of our society have a role to play in supporting healthy choices.
These five Guidelines are supplemented with a number of Key Recommendations that provide more specific guidance on healthy eating patterns.

The Dietary Guidelines’ Key Recommendations for healthy eating patterns should be applied in their entirety, given the interconnected relationship that each dietary component can have with others.

**Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.**

**A healthy eating pattern includes:**

- A variety of vegetables from all of the subgroups—dark green, red and orange, legumes (beans and peas), starchy, and other
- Fruits, especially whole fruits
- Grains, at least half of which are whole grains
- Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products
- Oils

**A healthy eating pattern limits:**

- Saturated fats and **trans** fats, added sugars, and sodium

Information adapted from the 2015-2020 Dietary Guidelines for Americans. Available at DietaryGuidelines.gov.
Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
[Increasing the proportion of dairy intake that is fat-free or low-fat milk or yogurt and decreasing the proportion that is cheese would decrease saturated fats and sodium and increase potassium, vitamin A, and vitamin D provided from the dairy group.]

A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products

Oils [Oils include: canola, corn, olive, peanut, safflower, soybean, and sunflower oils. Oils also are naturally present in nuts, seeds, seafood, olives, and avocados.]

**A healthy eating pattern limits:** Saturated fats and *trans* fats, added sugars, and sodium [More information about these components to limit is provided on the next slide.]
Chapter 1 also includes discussion of the quantitative Key Recommendations 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.** [The added sugars recommendation is a target based on food pattern modeling and national data on intakes of calories from added sugars. This target demonstrates the public health need to limit calories from added sugars to meet food group and nutrient needs within calorie limits. When added sugars exceed 10% of calories, a healthy eating pattern may be difficult to achieve.]

- **Consume less than 10 percent of calories per day from saturated fats.** [The recommendation to consume less than 10 percent of calories per day as saturated fats is a target based on evidence that replacing saturated fats with unsaturated fats is associated with reduced risk of cardiovascular disease. However, replacing saturated fats with carbohydrates is not associated with reduced risk of cardiovascular disease.]

- **Consume less than 2,300 milligrams per day of sodium.** [Americans are encouraged to follow the age- and sex-appropriate Tolerable Upper Intake Levels (ULs) for sodium set...]

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**Key Elements of Healthy Eating Patterns:**

**Key Recommendations (cont.)**

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
- Meet the *Physical Activity Guidelines for Americans*

Information adapted from the 2015-2020 Dietary Guidelines for Americans. Available at DietaryGuidelines.gov.
by the Institute of Medicine. The UL is 2,300 milligrams per day for individuals ages 14 years and older. The recommendations for children younger than 14 years of age are the IOM age- and sex-appropriate ULs (which vary from 1,500 to 2,200, depending on age). For adults with hypertension or prehypertension, further reduction to 1,500 mg per day can result in greater blood pressure reduction.]

• 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. [It is not recommended that individuals begin drinking or drink more for any reason, and there are many circumstances in which individuals should not drink, such as during pregnancy.]

In tandem with these recommendations, Americans of all ages—children, adolescents, adults, and older adults—should meet the Physical Activity Guidelines for Americans to help promote health and reduce the risk of chronic disease.

And, Americans should aim to achieve and maintain a healthy body weight.
There are many ways to consume a healthy eating pattern, and the evidence to support multiple approaches has expanded over time.

Throughout the 2015-2020 Dietary Guidelines, the Healthy U.S.-Style Eating Pattern is used to illustrate the specific amounts and limits for food groups and other dietary components that make up healthy eating patterns. The Healthy U.S.-Style Eating Pattern at the 2000-calorie level is illustrated here.

Two additional healthy eating patterns—the Healthy Mediterranean-Style Eating Pattern and the Healthy Vegetarian Eating Pattern—are provided as examples to reflect other styles of eating.

The Healthy Mediterranean-Style Eating Pattern and Healthy Vegetarian Eating Pattern were developed by modifying the Healthy U.S.-Style Eating Pattern. Similar to the Healthy U.S.-Style Eating Pattern, these patterns were designed to consider the types and proportions of foods Americans typically consume, but in nutrient-dense forms and appropriate amounts, which result in eating patterns that are attainable and relevant in the U.S. population.

Appendices to the Guidelines provide detailed information about all three example eating patterns.
patterns at 12 calorie levels—from 1000 to 3200 calories.

Additionally, healthy eating patterns can be flexible with respect to the intake of carbohydrate, protein, and fat within the context of the AMDR (Acceptable Macronutrient Distribution Range).
For each food group and other component, Chapter 2 identifies suggested shifts that Americans can make in their food and beverage choices to move intakes closer to recommendations and limits. This slide shows a few examples of the shifts that are suggested.

- Increasing vegetables in mixed dishes while decreasing the amounts of refined grains or meats high in saturated fat and/or sodium.
- Incorporating seafood in meals twice per week in place of meat, poultry, or eggs.
- Using vegetable oil in place of solid fats when cooking, and using oil-based dressings and spreads on foods instead of those made from solid fats.
- Choosing beverages with no added sugars, such as water.
- Using the Nutrition Facts label to compare sodium content of foods and choosing the product with less sodium.

Information adapted from the 2015-2020 Dietary Guidelines for Americans. Available at DietaryGuidelines.gov.
As shown in the Social-Ecological Model, a multitude of choices, messages, individual resources, and other factors affect the food and physical activity choices an individual makes, and these decisions are rarely made in isolation. The following slides describes the various components in the Social-Ecological Model and how they play a role in influencing the decisions individuals make about foods and physical activity.
To shift from current eating patterns to those that align with the *Dietary Guidelines*, collective action across all segments of society is needed. As previously described, these actions must involve a broad range of sectors, occur across a variety of settings, and address the needs of individuals, families, and communities. These actions include identifying and addressing successful approaches for change; improving knowledge of what constitutes healthy eating and physical activity patterns; enhancing access to adequate amounts of healthy, safe, and affordable food choices; and promoting change in social and cultural norms and values to embrace, support, and maintain healthy eating and physical activity behaviors.

For example, at **home**, **individuals and families** can try out small changes to find what works for them, like adding more veggies to favorite dishes, planning meals and cooking at home, and incorporating physical activity into time with family or friends.

**Schools** can continue to offer healthy food choices in cafeterias and vending machines, provide nutrition education programs and school gardens, and encourage parents and caregivers to promote healthy changes at home.

**Workplaces** can offer healthy food options in the cafeteria, vending machines, and at staff meetings or functions; provide health and wellness programs and nutrition counseling; and
encourage walking meetings or activity breaks.

Communities can increase access to affordable, healthy food choices through community gardens, farmers’ markets, shelters, and food banks and create walkable communities by maintaining safe public spaces.

Food retail outlets can inform consumers about making healthy changes and provide healthy food choices.
In order to support state and territorial health agencies in the implementation of the Dietary Guidelines, ASTHO has developed several resources in order to educate and mobilize state health leadership to utilize and support the recommendations. Resources include state case studies, an issue brief, and an archived webinar. These resources can be accessed on ASTHO’s webpage: http://www.astho.org/Programs/Prevention/Promoting-the-Dietary-Guidelines-for-Americans/.

**Arkansas:** Arkansas is promoting the DGA thought the Arkansas Healthy Employee Lifestyle Program (AHELP) which includes a variety of services and tools for employees, including an online behavior tracking tool, and individual health risk assessment, incentive programs, and access to health education and peer support. AHELP also promotes healthy food options at catered events, in vending machines, and at snack bars.

**Massachusetts:** In 2009, Massachusetts became the first state to enact a statewide food procurement policy for state agencies responsible for large-scale food purchasing through an executive order. In response to the executive order, the Massachusetts Department of Public Health formed an advisory workgroup, developed draft nutrition standards, and surveyed 60 state agencies to identify which would be impacted by the policy. Nutrition standards were then developed in collaboration with the nine affected agencies. The standards were revised in 2012 to align with the 2010 DGA and will be revised again to
align with the 2015-2020 DGA. Resources have also been developed to support implementation.

**Minnesota:** The Minnesota Department of Health collaborated with the national Let’s Move Salad Bars to Schools initiative to help schools across the state procure salad bars and stock them with produce items. A field guide and fact sheet were developed to help decrease barriers for adoption and implementation. A total of 82 salad bars in 55 districts were donated across Minnesota.

**Rhode Island:** Rhode Island is offering evidence-based chronic disease self-management support which promotes the DGA through the Living Well Rhode Island program. This program aims to help individuals manage chronic conditions by increasing their knowledge and self-efficacy through individual health behavior action plans. The Rhode Island Department of Health partners with other state agencies and stakeholders to offer classes that cover a wide variety of topics including healthy eating choices that align with DGA recommendations, physical activity, appropriate medication use, diabetes self-management, and chronic pain self-management.

**Utah:** In 2010, the Utah Department of Health (UDOH) adopted an agency-wide policy requiring food served at catered UDOH-sponsored events to meet the DGA. The policy outlines general guidelines for selecting healthy food choices for catered events, procedures for UDOH staff to select and order foods that align with policy requirements, lists of suggested menu items that meet policy requirements, and a healthy food policy checklist that is required to be included in a catering request along with other required documentation. To support implementation of the policy, registered dietitians trained UDOH staff who select and approve catering menus.

**Washington:** In response to an executive order issued in 2013, the Washington State Department of Health convened a Food Procurement Workgroup to develop nutrition guidelines for foods and beverages available in all state agency food venues, including vending machines, cafeterias, onsite retail establishments, and meetings or other events. The resulting Washington State Healthy Nutrition Guidelines are based on the 2010-2015 DGA. The department developed a variety of implementation resources and has provided technical assistance to designated wellness coordinators within each state agency as they adopt the guidelines.
As described earlier, healthy eating patterns support overall health and wellbeing, promote a healthy body weight, and help prevent and reduce the risk of chronic disease throughout periods of growth, development, aging, and during pregnancy.

The DGA is an important guidepost for local, state, and national stakeholders, including state health agencies, which aim to promote healthy eating and physical activity behaviors, as well as improve access to resources that make healthy choices more easily attainable.
The core messages of the 2015-2020 Dietary Guidelines highlight the importance of:

- consuming overall healthy eating patterns, including vegetables, fruits, grains, dairy, protein foods, and oils,
- eaten within an appropriate calorie level, and
- in forms with limited amounts of saturated and trans fats, added sugars, and sodium.

State health agencies can play a variety of important roles when working with partners at the state and local levels to promote and implement the DGA across many settings to support healthy food choices among all residents of their state. However, broad stakeholder engagement and collaboration among all segments of society are needed to support healthy food and physical activity choices for all Americans in order to reverse current trends and have meaningful impact on the health of current and future generations.
These resources from HHS and ASTHO are available to help support the implementation of DGA across states and communities.
Supplemental Figures
Figure ES-1. **2015-2020 Dietary Guidelines for Americans at a Glance**

The 2015-2020 Dietary Guidelines focuses on the big picture with recommendations to help Americans make choices that add up to an overall healthy eating pattern. To build a healthy eating pattern, combine healthy choices from across all food groups—while paying attention to calorie limits, too.

Available at: https://health.gov/dietaryguidelines/2015/guidelines/infographic/es-1/
Figure 2-2. **Empower People To Make Healthy Shifts**

Making changes to eating patterns can be overwhelming. That’s why it’s important to emphasize that every food choice is an opportunity to move toward a healthy eating pattern. Small shifts in food choices—over the course of a week, a day, or even a meal—can make a big difference. Here are some ideas for realistic, small shifts that can help people adopt healthy eating patterns.

Available at: https://health.gov/dietaryguidelines/2015/guidelines/infographic/2-2/
Americans make food and beverage choices in a variety of settings at home, at work, and at play. Aligning these settings with the 2015-2020 Dietary Guidelines will not only influence individual choices—it can also have broader population level impact when multiple sectors commit to make changes together.

Available at: https://health.gov/dietaryguidelines/2015/guidelines/infographic/3-3/