U.S. Dietary Recommendations

This paper is part of a series of nutrition policy profiles prepared by Prevention Institute for the Center for Health Improvement (CHI).

Background

The United States Department of Agriculture (USDA) was established in 1862 to ensure a sufficient and available food supply and provide the public with useful information on subjects related to agriculture. In 1917, the first dietary recommendations set forth principles that continue to govern nutrition policy, such as the grouping of foods into categories like fruits and vegetables, grains, and meats. USDA publications explicitly encouraged consumers to choose foods from the full range of U.S. farm products, believing that increased consumption of U.S. agricultural products would improve the health of the general public. For nearly 35 years, the USDA received full support from the food industry when it came to the guidelines.¹

Food industry support began to taper off in the mid-1950s to early 1960s when the focus of dietary recommendations began to shift from avoidance of nutritional deficiencies to prevention of chronic disease. As research began to demonstrate linkages between the consumption of certain foods (most notably animal products such as meats, milk, and eggs) and chronic disease, dietary recommendations started to reflect a message of “eat less” rather than “eat more” for the first time since their inception. This began to translate into decreased sales for farmers and caused a conflict in the USDA, which was mandated to both protect farmers and provide the public with accurate nutritional information.²

In the early 1970s, the Senate Select Committee on Nutrition and Human Needs held a series of groundbreaking hearings that led to the 1977 publication of Dietary Goals for the United States, the first dietary recommendations for chronic disease prevention produced by a federal body.³ Chaired by Senator George McGovern, the Select Committee aimed to fill a vacuum in federal dietary guidance created by the reluctance of the USDA and the Department of Health and Human Services (formerly HEW) to provide advice in the face of opposition from industry. The report established goals for dietary change and advised an increase in consumption of fruits, vegetables, whole grains, poultry, and fish; a decrease in consumption of meat, eggs, butterfat, and foods with high fat content; and the substitution of non-fat milk for whole milk. Publication of this report pushed the administration to develop official recommendations known as the U.S. Dietary Guidelines.

Policy

Strengthen the implementation of the U.S. Dietary Guidelines and Food Guide Pyramid to provide a basis for informing federal nutrition policy and education activities.

The National Nutrition Monitoring and Related Research Act of 1990 requires the Departments of Agriculture and Health and Human Services to jointly publish a report entitled U.S. Dietary Guidelines for Americans every five years.⁴ Issued voluntarily in 1980, 1985, and 1990, the
The Food Guide Pyramid was released in 1992 with the objective of helping consumers put the Dietary Guidelines into action. The Pyramid translates the Guidelines into food choices and recommends that choices come primarily from the grains, vegetables, and fruits groups (plant foods), less from the meat and dairy groups (animal foods), and even less from fats, oils, and sweets. Within the Pyramid, food groups are arranged to indicate proportionality of servings and include text outlining recommended numbers of servings. The Food Guide Pyramid has been widely used by nutrition and health professionals, educators, media, and the food industry, and has helped to disseminate the nutritional messages of the Dietary Guidelines. It is currently used in a variety of ways, including on food labels and educational posters and in school curricula and computer software.

Effectiveness

It is generally agreed that the implementation of the U.S. Dietary Guidelines, along with supporting documents such as the Surgeon General’s Report on Nutrition and Health and the Food Guide Pyramid, has had an impact on the food supply and food purchasing in the U.S. In a 1996 USDA study utilizing data collected between 1989 and 1993, 3,000 U.S. supermarkets with at least $2 million in annual sales were analyzed in terms of prices, market size, and growth of sales for nutritionally improved foods. A total of 37 food categories were considered, and individual products within the categories were classified as nutritionally improved if they offered at least one improvement over the traditional food. For some items, improvement was based on a nutrition-related characteristic from the product label such as “light,” “low-fat,” or “packed in water.” Other items, such as canola and olive oils, were considered improved because they contained lower levels of saturated fat and higher levels of monounsaturated fat than other previously popular fats and oils.

The study concluded that in 30 of the 37 food categories, volume sales of nutritionally improved foods increased. Although nutritionally improved foods tend to cost more, their volume sales between 1989 and 1993 grew at a faster rate than traditional foods in the same category.
shares of improved foods showed a steady increase from 36 percent in 1989 to 39 percent in 1993. Dollar sales also increased from 26 percent to 30 percent of overall sales.

Not surprisingly, research shows that Americans’ consumption of healthier foods has also increased. Comparing dietary intake data from the late 1970s with that of the mid-1990s, Americans are currently drinking less whole milk and more low-fat and skim milk, and average fat consumption has decreased. Consumption of eggs has decreased, while consumption of fruit and grain products has increased.10

These results suggest that federal dietary guidelines do contribute to altering the food supply and food purchasing habits. The guidelines could be strengthened by including specific quantitative information that more clearly defines recommendations such as choosing a diet “low in saturated fat” or containing “less salt.” More could be done to disseminate and educate the public about the meaning of the guidelines. Further, the gains attributable to this policy have been partially undermined by a simultaneous explosion in the availability of high-fat, high-sodium snack and fast foods in the marketplace. Therefore, in addition to disseminating guidelines, it is important that federal policy be part of a comprehensive nutrition strategy, and that federal agencies play a more active role in providing incentives and regulations that improve the overall quality of the food supply.

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2 Ibid.