

What are the differences between nutrient profiles calculated using the dietary intakes of the total U.S. population and population subgroups?: Food Pattern Modeling Protocol

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Rationale

Food Pattern Modeling (FPM) is a methodology used to a) illustrate how hypothetical changes to the amounts or types of foods and beverages in a dietary pattern might affect meeting nutrient needs, and b) assist in defining quantitative dietary patterns that reflect the evidence for health-promoting diets synthesized from systematic reviews, while meeting energy and nutrient needs.

Each food group and subgroup within the USDA Dietary Patterns has a defined nutrient profile that serves as the foundation of any FPM analysis. The nutrient profiles are calculated as the average of nutrient-dense forms of foods and beverages assigned to each food group or subgroup, weighted according to the proportions of reported consumption (by gram weight consumed) in the U.S. population.¹ Historically, nutrient profile calculations included the proportional contribution of intake relative to all foods and beverages in a food group or subgroup reported by all individuals ages 2 and older in What We Eat in America, National Health and Nutrition Examination Survey (WWEIA, NHANES). Nutrient profiles of food groups and subgroups included foods and beverages with a range of nutrient density in the composite to calculate the proportions of reported consumption (in grams). However, nutrient-dense representative foods for each item cluster are used to estimate energy and nutrients for each food group or subgroup in calculating the nutrient profiles. The Committee describes an analysis to explore whether some foods and beverages lower in nutrient density should be excluded from the calculation of nutrient profiles in a separate protocol addressing the question: Should foods and beverages with lower nutrient density (i.e., those with added sugars, saturated fat, and sodium) contribute to item clusters, representative foods, and therefore the nutrient profiles for each food group and subgroup used in modeling the USDA Dietary Patterns? The use of existing methods to include all foods and beverages or to exclude some foods and beverages that are lower in nutrient density will be the foundation of the analysis addressed in the analysis described below.

The proportions of reported consumption (by gram weight consumed) in the U.S. population on the whole may or may not be generalizable to subgroups in the population. It may potentially disregard differences related to food access, preferences, choices, and cultural foodways associated with population characteristics.

The 2020 Dietary Guidelines Advisory Committee evaluated possible differences in the nutrient profiles through a life stage approach, which was consistent with their overarching examination of the evidence across all life stages. An analysis was conducted in which nutrient profiles were based on the proportions of foods consumed specific to each life stage, including infants and young children under 24 months, children 2 through 3 years, children and adolescents 5 through 18 years, adults 19 through 70 years, and older adults 71 years and older.² The committee noted that the different intake proportions by life stage could be related to lifestyle and socialization patterns for each age group. The 2025 Committee's work has an emphasis on health equity and, throughout FPM analyses, is aiming to consider variation in dietary intakes in the population. Further, calculation of nutrient profiles using foods and beverages reported by individuals categorized based on race and/or ethnicity group and socioeconomic position (e.g., income measures related to federal assistance program income eligibility) may allow additional insights for the purpose of food pattern modeling analyses. The dietary intake data from WWEIA, NHANES have publicly available variables for race and/or ethnicity as well as income measures. Of note, these categories do not represent all individuals in the population and there is considerable heterogeneity within each subgroup identified for this analysis that may not be fully accounted for. Additional population subgroups would also be relevant to consider; however, this analysis represents a step towards accounting for variation in dietary intake, will potentially inform the diet simulations protocol, and may generate hypotheses for future FPM work.

This protocol describes an approach to evaluate nutrient profiles calculated using dietary intakes reported by individuals in population subgroups represented in WWEIA, NHANES. The Committee will evaluate the similarities and differences benefits nutrient profiles for each demographic subgroup. The nutrient profiles

developed in respect to specific demographic subgroups may have implications for accounting for variation in dietary intake when evaluating how proposed dietary patterns meet nutritional goals for each age-sex group. Therefore, comparing the current methodology with an alternative approach based on proportional consumption related to these population characteristics is essential in ensuring that the recommended dietary patterns are equitable and can be implemented by all people in the U.S.

Introduction

To prepare for the development of the *Dietary Guidelines for Americans, 2025-2030*, the U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) identified a proposed list of scientific questions based on relevance, importance, potential impact to federal programs, and avoiding duplication, which were posted for public comment.^{1,3} The Departments appointed the 2025 Dietary Guidelines Advisory Committee (Committee) in January 2023 to review evidence on the scientific questions. Their review forms the basis of their independent, science-based advice and recommendations to HHS and USDA, which is considered as the Departments develop the next edition of the *Dietary Guidelines*. These questions were refined and prioritized by the Committee for consideration in their review of the evidence.

The Committee will be asked to answer the following question using FPM analyses:

Considering each life stage, should changes be made to the USDA Dietary Patterns (Healthy U.S.-Style, Healthy Mediterranean-Style, and/or Healthy Vegetarian); should additional Dietary Patterns be developed/proposed based on:

- **Findings from systematic reviews, data analysis, and/or FPM analyses; and**
- **Population norms (e.g., starchy vegetables are often consumed interchangeably with grains), preferences (e.g., emphasis on one staple grain versus another), or needs (e.g., lactose intolerance) of the diverse communities and cultural foodways within the U.S. population?**

Changes to USDA Dietary Patterns may include modification to the amounts of food groups/subgroups and/or recategorization of food groups/subgroups, as well as subsequent changes to energy available for other uses, including for added sugars.

As part of that process and to address the overarching FPM question: Should foods and beverages with lower nutrient density (i.e., those with added sugars, saturated fat, and sodium) contribute to item clusters, representative foods, and therefore the nutrient profiles for each food group and subgroup used in modeling the USDA Dietary Patterns?

The following question for analysis has been identified:

What are the differences between nutrient profiles calculated using the dietary intakes of the total U.S. population and population subgroups?

The Committee will use FPM analyses to address this question, with support from USDA's FPM methods team. This protocol will establish methods used to develop and compare revised nutrient profiles to nutrient profiles developed using existing methods for each food group (i.e., Vegetables; Fruits; Grains; Dairy and Fortified Soy Alternatives; and Protein Foods) and subgroup (i.e., Dark-Green Vegetables; Red and Orange Vegetables; Beans, Peas, and Lentils; Starchy Vegetables; Other Vegetables; Whole Grains; Refined Grains; Meats, Poultry, and Eggs; Seafood; Nuts, Seeds, and Soy Products).

Historical perspectives

Historically, all foods and beverages reported by individuals ages 2 and older in WWEIA, NHANES that contribute to a food group and/or subgroup are used in the development of nutrient profiles. The 2020 Dietary Guidelines Advisory Committee created nutrient profiles using dietary intakes and proportions of consumption for infants and young children less than 2 years old, for ages 2 and older as well as nutrient profiles for life stages including ages 2 to 3 years, 4 to 18 years, 19 to 70 years, and 71 years and older.²

The existing steps used to calculate a weighted average nutrient profile are described in detail below and visualized in **Figure 1**. An approach to revise these steps follows the description of existing approaches.

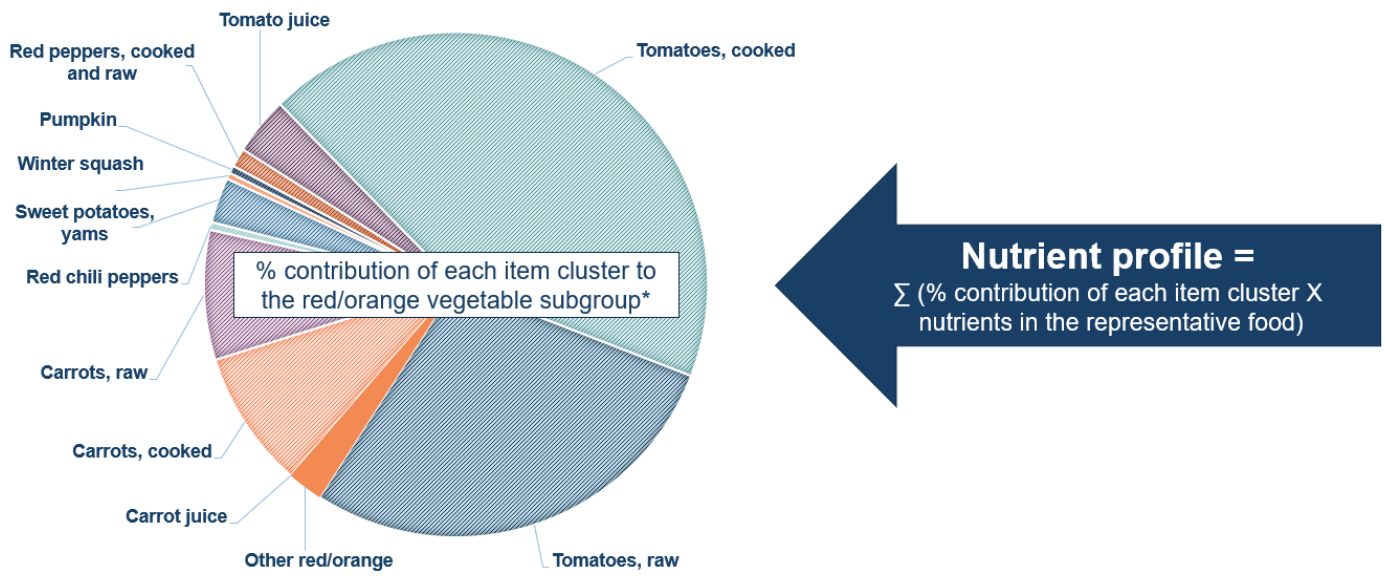
1. First, all foods and beverages, including combination foods and mixed dishes, reported in WWEIA, NHANES are disaggregated into ingredients and categorized into ~400 item clusters.⁴ An item cluster is a group of similar foods or beverages (e.g., all sources of cooked carrots grouped together). Each food group and subgroup nutrient profile is comprised of a collection of item clusters, each representing the various types and sources of foods and beverages comprising a food group or subgroup, such as the Red and Orange Vegetables subgroup.
2. Second, each item cluster is assigned a single, nutrient-dense representative food to exemplify the energy and nutrient values that represent the item cluster in FPM. The *Dietary Guidelines for Americans, 2020-2025* defines nutrient-dense foods and beverages as those which provide vitamins, minerals, and other health-promoting components and have no or limited added sugars, saturated fat, and sodium. For FPM, a nutrient-dense representative food is chosen by selecting a single food or beverage within the item cluster with the least amounts of added sugars, saturated fats, and/or sodium (e.g., cooked carrots with no added sugars, fat, or salt to represent all sources of cooked carrots). In some cases, if there is no nutrient-dense food within an item cluster (e.g., flavored milk item clusters), then a nutrient-dense form of a food from a similar item cluster (e.g., unflavored skim milk) is selected as the representative food.
3. Third, dietary recall data WWEIA, NHANES is used to calculate the proportion of consumption that each item cluster contributes to the entire food group or subgroup. The result is a composite for each food group or subgroup (i.e., the proportional contribution of each item cluster within each food group or subgroup). While the energy and nutrients assigned to each item cluster are represented by a nutrient dense food, the proportion of consumption of that item cluster to the entire food group or subgroup considers all food or beverage sources, regardless of nutrient density (e.g., consumption of all cooked carrots regardless of if they contain added sugars, salt, and/or fat or are used as an ingredient in a food (i.e., carrots in carrot cake) to calculate the proportional contribution of the item cluster, “Carrots, cooked” to the subgroup “Red and Orange Vegetables”).
4. Fourth, a weighted average nutrient profile is calculated to develop the nutrient profile for each food group and subgroup. The calculation of each nutrient profile considers the proportional contribution from multiple item clusters. The percent contribution of each item cluster within a food group or subgroup is multiplied by the energy and nutrients in their assigned nutrient-dense representative foods. The results are summed to determine the overall nutrient profile for each food group and subgroup. The following formula is used to calculate each nutrient profile:

$$\sum (\% \text{ contribution of each item cluster} \times \text{nutrients in the representative food})$$

The 2020 Dietary Guidelines Advisory Committee used FPM to explore the development of dietary patterns for individuals less than 2 years of age.⁵ The nutrient profiles for this age group were developed using the same steps, but with a few distinctions. The foods and beverages were limited to those reported (by proxy reporting) for this age group (i.e., < 2 years of age) and the proportion of consumption of each item cluster was specific to proportions of consumption in this age group. Differences in the representative foods used, compared to those used for nutrient profiles in FPM for ages 2 and older, were the following:

- Whole milk was used instead of fat-free milk
- Reduced-fat plain yogurt was used instead of fat-free yogurts (plain or flavored with non-caloric sweeteners)
- Reduced-fat cheeses were used as representative foods for all cheese item clusters instead of using skim or fat-free cheese options when available

Figure 1. Calculation of a weighted average nutrient profile for the Red and Orange Vegetables subgroup



*2020 FPM Report 2+: https://www.dietaryguidelines.gov/sites/default/files/2020-07/FoodPatternModeling_Report_2YearsandOlder.pdf

Each nutrient profile includes energy, the macronutrients, 12 vitamins, and 8 minerals. For example, the nutrient profile for the Red and Orange Vegetables subgroup includes ~45 kcal, ~2.4 g of fiber, and ~43 mg of vitamin C, which reflects the weighted average contribution of the nutrients in the nutrient-dense representative foods that represent each item cluster that make up Red and Orange Vegetables subgroup.

Current perspectives

This protocol describes an approach to compare nutrient profiles calculated using dietary intakes and corresponding proportions of consumption specific to population subgroups that are publicly available in WWEIA, NHANES. The analyses will provide insight into the generalizability of a single nutrient profile compared to nutrient profiles calculated for population subgroups. Additionally, the approach can be used to evaluate the magnitude of quantitative and qualitative implications on the ability of the existing Healthy U.S.-Style Dietary Pattern for meeting nutritional goals.

The same general steps for constructing nutrient profiles remain; however, instead of including all foods reported in WWEIA, NHANES, by all individuals ages 12 months and older, analyses will use dietary intakes of individuals based on race and/or ethnicity group and socioeconomic position (e.g., income measures related to federal assistance program income eligibility). Of note, this approach is not suggesting multiple dietary patterns will be created based on population subgroup. Rather, the evaluation will consider if a single nutrient profile is generalizable for FPM analyses or if multiple nutrient profiles specific to population subgroups should be used when evaluating whether proposed dietary patterns achieve nutritional goals.

The results of these analyses will be considered together with the results of a companion protocol examining if the existing or a revised approach that removes some foods and beverages lower in nutrient density will be used to develop nutrient profiles. That protocol aims to answer the following methodological question:

“Should foods and beverages with lower nutrient density (i.e., those with added sugars, saturated fat, and sodium) contribute to item clusters, representative foods, and therefore the nutrient profiles for each food group and subgroup used in modeling the USDA Dietary Patterns?”

For more information on the companion analyses, view the protocol developed by the 2025 Committee and posted on DietaryGuidelines.gov.⁶

The Committee will consider if the existing approach or a revised approach to calculating nutrient profiles will be used for subsequent FPM analyses based on the results of these two protocols.

Methods

This section presents an overview of the methods, or the process, that will be used by the Committee to answer the question:

What are the differences between nutrient profiles calculated using the dietary intakes of the total U.S. population and population subgroups?

Develop a protocol

A FPM protocol is the plan for how USDA’s FPM methodology will be used to conduct specific FPM analyses. The protocol is established by the Committee before the analysis is conducted. The protocol describes the components of the FPM process, including the analytic framework, analytic plan, analysis synthesis, conclusion development, and future research recommendations. It is developed through Committee discussion of the strengths and limitations for various analysis types and exercises to identify the most appropriate and relevant methods to answer each FPM question. FPM is an iterative process; thus, results from initial analyses may inform refinement of this protocol or subsequent protocols.

When reviewing questions or topics addressed by prior Committees, the Committee uses the previous analytic framework, plan, and protocol to inform and refine their current approaches. Any changes to this protocol from its first publication will be described in **Table 3. Protocol amendments**.

Develop an analytic framework

An analytic framework represents the overall scope of the FPM analyses, including the population, type of analyses, and data sources identified to answer the question. It also includes the definitions of key terms.

Question:

What are the differences between nutrient profiles calculated using the dietary intakes of the total U.S. population and population subgroups?

Population:

The nutrient profiles modeled in these FPM analyses using existing methods are based on dietary intake data among the U.S. population ages 12 months and older. The contribution of complementary foods and beverages consumed by infants less than 12 months will not be included in the calculation of nutrient profiles.

Around 12 months a dietary pattern that no longer includes infant or toddler formula or human milk may be established; however, consumption of human milk in the second year of life is common. The USDA Dietary Patterns are tailored for children ages 12 through 23 months who are no longer receiving infant or toddler follow-on formula or human milk.

Population subgroups will be classified based on existing self-identified race and/or ethnicity and income data within WWEIA, NHANES. Racial and ethnic subgroups are provided for broader classification purposes but do not delineate the full diversity within each category. Limitations of publicly available data and sample sizes for other racial or ethnic subgroups preclude analyses of other subgroups of the U.S. population. Individuals in the “other or multiracial” classification will be excluded from the analysis of race and/or ethnicity for concerns of sample size and interpretability. The data will be evaluated with an understanding of the opportunities and limitations of the available data. Household income data is for the individual (household of one person or unrelated individuals) or family (by household number and location within the 48 contiguous states or the District of Columbia, or Hawaii, or Alaska) and are compared with the Department of Health and Human Services poverty guidelines specific to the survey year to determine the percent of the poverty guideline.

To compare existing methods to revised methods, analyses will compare nutrient profiles based on dietary intakes of the following population group definitions:

- 1) Current method: **U.S. population 12 months and older**
- 2) Population subgroup by race and/or ethnicity
 - a) **Non-Hispanic Black**
 - b) **Non-Hispanic Asian**
 - c) **Non-Hispanic White**
 - d) **Hispanic (Mexican American and Other Hispanic)**
- 3) Population subgroup for household income as a percent of the federal poverty level:
 - a) **Under 131% poverty**
 - b) **≤185% poverty**
 - c) **186-350% poverty**
 - d) **Over 350% poverty**

The nutrient profiles examined in these FPM analyses will be applied to the 2020 U.S. Healthy-Style Dietary Patterns published for ages 12 through 23 months, and for ages 2 years and older.¹ As part of the evaluation, any age-sex groups and life stages for whom nutrient goals are met or not met at each calorie level will be identified.

Types of analyses:

The overall FPM methodology used to develop and update the USDA Dietary Patterns includes six steps: **(1)** identifying appropriate energy levels for the patterns; **(2)** identifying nutritional goals for the patterns; **(3)** establishing food groupings and food group amounts; **(4)** determining the amounts of energy and nutrients that would be provided by consuming various foods within each food group or subgroup; and **(5)** evaluating nutrient levels in each pattern against nutritional goals; and **(6)** multiple iteration and re-evaluation of revised nutrient profiles may be required to examine differences in the methods being used to calculate nutrient profiles.

This question will focus on step 4, determining the amounts of energy and nutrients that would be obtained by consuming various foods within each food group. In this step, nutrient profiles are calculated for each food group and subgroup. Analyses for the protocol will test the implications of using revised nutrient profiles that are driven by the differences in dietary intakes of different population subgroups in WWEIA, NHANES compared to existing nutrient profiles which use dietary intakes of all individuals 12 months and older. Revised nutrient profiles can then be applied in step 5 to evaluate implications for nutrient levels in each pattern.

FPM analyses for answering these questions will involve:

- Calculate a nutrient profile for each food group and subgroup using the dietary intakes of all individuals 12 months and older in WWEIA, NHANES.
- Calculate a revised nutrient profile for each food group and subgroup that uses the dietary intake of various population subgroups to calculate nutrient profiles.
- Compare food group and subgroup nutrient profiles of existing and revised approaches.
 - Evaluate proportional contribution of item clusters (i.e., each item cluster's percent contribution) to the total composite of each food group and subgroup.
- Compare total energy and nutrients provided in the Healthy U.S.-Style Dietary Pattern, as defined in the *Dietary Guidelines for Americans, 2020-2025* for ages 12 through 23 months and for ages 2 years and older, when nutrient profiles are calculated using the revised methods to the total energy and nutrients provided when nutrient profiles are calculated using existing methods.¹
 - Identify the age-sex groups and life stages for whom nutrient goals are met or not met at each calorie level.
- FPM is an iterative process (i.e., repeated analyses), thus results from initial analyses may inform refinement of this protocol. Any changes to this protocol will be described in **Table 3. Protocol amendments**.
- Consider results with the results of this protocol and its companion nutrient profile development protocol to determine if existing or revised nutrient profiles will be used for subsequent FPM analyses.

Data Sources:

- What We Eat in America, NHANES 2017-2018, individuals 1 years and over, days 1 and 2, weighted to produce nationally representative estimates. Available: ars.usda.gov/nea/bhnrc/fsrg
- FNDDS 2017-2018: U.S. Department of Agriculture, Agricultural Research Service. 2020. *USDA Food and Nutrient Database for Dietary Studies 2017-2018*. Available: ars.usda.gov/nea/bhnrc/fsrg
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Key definitions:

Key definitions in this protocol include existing definitions used by the 2020 Dietary Guidelines Advisory Committee and/or published in the *Dietary Guidelines for Americans, 2020-2025*, such as definitions operationalized in the HUSS Patterns.^{1,2} The 2025 Dietary Guidelines Advisory Committee will continue to consider terminology and implications of terms related to health equity and/or communication to the public. Future revisions to existing definitions will be noted.

Food groups and subgroups in the Healthy U.S.-Style (HUSS) Dietary Pattern: USDA’s HUSS Dietary Pattern for ages 2 years and older provides amounts of five major food groups and subgroups including:

- Fruits
- Vegetables:
 - *Dark-Green; Red and Orange; Beans, Peas, and Lentils^a; Starchy; and Other*
- Dairy and Fortified Soy Alternatives
- Grains:
 - *Whole Grains; Refined Grains*
- Protein Foods:
 - *Meats, Poultry, and Eggs; Seafood; Nuts, Seeds, and Soy Products; Beans, Peas, and Lentils^a*
 - ^a. Beans, Peas, and Lentils are typically modeled as Vegetables in the HUSS Pattern but can also be counted toward the Protein Foods group. For the analyses in this protocol using the HUSS Dietary Pattern, Beans, Peas, and Lentils will only be modeled in the Vegetable food group.
 - ^b. For the HUSS Dietary Pattern for ages 12 through 23 months, there are separate subgroups for 1) Meats and Poultry and 2) Eggs.

Oils: Oils are sources of essential fatty acids and include canola, corn, olive, peanut, safflower, soybean, and sunflower oils. Oils also are naturally present in nuts, seeds, seafood, olives, and avocados. The fat in some tropical plants, such as coconut oil, palm kernel oil, and palm oil, are not included in the oils category because they contain a higher percentage of saturated fat than do other oils.

Added sugars: Added sugars are either added during the processing of foods or are packaged as sweeteners (e.g., a bag of table sugar). Added sugars include sugars (free, mono- and disaccharides), sugars from syrups and honey, and sugars from concentrated fruit or vegetable juices that are in excess of what would be expected from the same volume of 100 percent fruit or vegetable juice of the same type.^{1,2,7} Naturally occurring sugars, such as those in fruit or milk, are not defined as added sugars. Specific examples of added sugars that can be listed as an ingredient include brown sugar, corn sweetener, corn syrup, dextrose, fructose, glucose, high-fructose corn syrup, honey, invert sugar, lactose, malt syrup, maltose, molasses, raw sugar, sucrose, trehalose, and turbinado sugar.

Limits on calories for other uses (as defined in the HUSS Dietary Pattern)^{1,2:} Foods are assumed to be in nutrient-dense forms, which are lean or low-fat and prepared with minimal added saturated fat, added sugars, refined starches, or sodium. If all food choices to meet food group recommendations are in nutrient-dense forms, a small number of calories remain within the overall limit of the pattern (i.e., limit on calories for other uses). The amount of calories depends on the total calorie level of the pattern and the amounts of food from each food group required to meet nutritional goals. Calories up to the specified limit can be used for added sugars, refined starches, saturated fat, and/or alcohol (for nonpregnant adults of legal drinking age only), or to eat more than the recommended amount of food in a food group.

Item Clusters: Identified groupings of the same or similar foods or beverages that make up each food group and subgroup. Item clusters are used to calculate the weighted average consumption for use in calculating a nutrient profile for each food group and subgroup used in USDA FPM.

Nutrient-Dense Representative Foods: For the purpose of USDA's FPM, each item cluster is assigned a nutrient-dense representative food which are those foods or beverages that represent the forms with the least amounts of added sugars, sodium, and saturated fats. The nutrient composition of the nutrient-dense representative food is used to represent the nutrient composition of the entire item cluster when calculating the nutrient profile for a food group or subgroup.

Nutrient Profiles: The proportional nutrient composition from the item clusters that represent each food group and subgroup from the variety of foods in each food group in their nutrient-dense forms. The nutrient profiles are based on a weighted average of nutrient-dense forms of foods (i.e., a composite of nutrient-dense forms of foods and beverages within a food group or subgroup). The weighted average calculation considers a range of food choices in the United States, but in nutrient-dense forms, and results in a food pattern that can be adapted to fit an individual's preferences.

Develop an analytic plan

Establish energy levels:

Dietary Reference Intakes (DRI) formulas are used to calculate Estimated Energy Requirements (EER) for each age-sex group and for three age groups specific to pregnancy and lactation (14-18 years, 19-30 years and 31-50 years).⁸ (See **Table 1.**) EER is based on sex, age, height, weight, level of physical activity, and life stage and, during pregnancy, gestational weeks. The EERs for pregnancy account for the energy cost of tissue accretion and deposition based on pre-pregnancy BMI category and IOM recommended rates of gestational weight gain. The EERs for lactation account for the energy cost of human milk production and mobilization of postpartum tissue stores for gradual weight loss.¹

Computed weight for a body mass index (BMI) of 22.5 kg/m² for adult males and 21.5 kg/m² for adult females (ages 19+ years) and median height are used to calculate reference energy levels for each age-sex group.¹ The computed weight based on the corresponding BMI is obtained using the following equation.

$$\text{BMI } 22.5 \text{ or } 21.5 \times (\text{median height in m})^2 = \text{computed weight in kg}$$

These BMIs correspond to the 50th percentile (median) for reference weight among 19-year old males and females based on the 2005 DRI for energy and the 2000 CDC Growth Charts.^{9,10} The EER calculations for adults follow the 2020 Committee’s approach to base reference weight on a BMI of 18.5 to <25 kg/m² but are enhanced to incorporate median heights for each age-sex group using updated NHANES data instead of using one median height for all adult males and one median height for all adult females.^{5,11} For children and adolescents ages 2-18 years, median height and the 50th percentile BMI-for-age are obtained using NHANES anthropometric data and the CDC Growth Charts.^{11,12} For young children ages 12 through 23 months, EERs from the DRI report using NHANES median weight and length are used, as these result in similar calorie levels as WHO Growth Chart data.^{8,13} These weight, height/length, and BMI assumptions for estimating energy levels in FPM align with those being used in the Committee’s data analysis work. The use of median height/length also aligns with the DRI for energy report.⁸

A lower energy level (for inactive individuals) rounded to the nearest 200 calorie level and its associated pattern are determined for each age-sex group and used in evaluating the patterns against nutritional goals. (See step 2: **Establish nutritional goals.**) The 2020 USDA Dietary Patterns for ages 12 through 23 months are established to meet the EER for those ages. For ages 2 years and older, the 2020 Dietary Patterns generally are not age- or sex- specific. However, the 2020 Dietary Patterns at 1,000, 1,200, and 1,400 calorie levels are designed to meet the nutritional needs of children ages 2 through 8 years. Patterns from 1,600 to 3,200 calories are designed to meet the nutritional needs of children 9 years and older and adults. The 1,000 and 1,200 calorie level patterns are not intended for children 9 years and older or adults, and the 1,400-calorie level is not intended for children ages 10 years and older or adults. Individuals may require a calorie level that is higher or lower than the calorie level associated with each population-level age-sex group.

Table 1. Age-sex groups for which nutritional goals are examined in analyses

Children (Male/Female)	Males	Females	Pregnancy (Per 1 st , 2 nd , and 3 rd Trimesters)	Lactation (Per 0-6 and 7-12 months postpartum)
1-3 years				
	4-8 years	4-8 years		
	9-13 years	9-13 years		
	14-18 years	14-18 years	14-18 years	14-18 years
	19-30 years	19-30 years	19-30 years	19-30 years
	31-50 years	31-50 years	31-50 years	31-50 years
	51+ years	51+ years		

Establish nutritional goals:

Specific nutritional goal quantities for a dietary intake pattern are set according to energy intake level and based on the DRI age-sex group(s) for which the pattern is designed. Goals for total energy, fat, protein, carbohydrates, 3 fatty acids, 12 vitamins, 8 minerals, added sugars, and fiber are based on DRI reports released between 1997 and 2023 and on quantitative recommendations in the current *Dietary Guidelines for Americans, 2020-2025* (DGA).^{1,8,14-17} The macronutrients, fatty acids, vitamins, and minerals that are considered nutritional goals for these analyses are specified in **Table 2**. Because the dietary patterns are designed as a framework for achieving a healthy dietary pattern, the goals are the Recommended Dietary

Allowance (RDA) amounts for nutrients having an RDA. The Adequate Intake (AI) is used as the nutrient goal when an RDA is not established.

Table 2. Nutritional goals for analyses

Food Component	Specific Nutrients (and Source of Goal ^a)
Energy	Energy (EER)
Macronutrients	Carbohydrate (AMDR/RDA), Protein (AMDR/RDA), Total Fat (AMDR)
Fatty acids	Saturated Fatty Acids (DGA 2020-2025, <10% of total energy), 18:2 Linoleic Acid (AI), 18:3 Linolenic Acid (AI)
Vitamins	Vitamin A (RDA), Vitamin C (RDA), Vitamin D (RDA), Vitamin E (RDA), Vitamin K (AI), Thiamin (RDA), Riboflavin (RDA), Niacin (RDA), Vitamin B6 (RDA), Folate (RDA), Vitamin B12 (RDA), Choline (AI)
Minerals	Calcium (RDA), Copper (RDA), Iron (RDA), Magnesium (RDA), Phosphorus (RDA), Potassium (AI), Sodium (CDRR), Zinc (RDA)
Added Sugars	Added Sugars (DGA 2020-2025, <10% of total energy)
Fiber	Total Dietary Fiber (AI, 14g/1,000 calories)

^a AI = Adequate Intake, AMDR = Acceptable Macronutrient Distribution Range, CDRR = Chronic Disease Risk Reduction Level, DGA 2020-2025 = *Dietary Guidelines for Americans, 2020-2025*, RDA = Recommended Dietary Allowance

Establish food groupings and amounts:

Existing food groups and subgroups in the USDA HUSS Dietary Pattern for ages 12 through 23 months and ages 2 years and older (published in the *Dietary Guidelines for Americans, 2020-2025*) will be used in these analysis using the existing methods.¹

After the revised approach (detailed below) is used to calculate nutrient profiles using the dietary intakes of different population subgroups, the quantitative daily and weekly recommended portions of food group and subgroups will be modified to determine if nutritional goals can be met as listed in **Table 2**.

Determine the amounts of nutrients that would be obtained by consuming various foods within each group:

- A composite system will be used to determine the anticipated energy and nutrient content, or nutrient profile, of each food group or subgroup as described below for the existing and revised approaches.
 - Existing nutrient profile development approach: All foods reported by individuals ages 12 months and older as part of WWEIA, NHANES 2017-2018 are disaggregated into their ingredients.¹⁸
 - Revised nutrient profile development approach: All foods reported by individuals <different population subgroups> as part of WWEIA, NHANES 2017-2018 are disaggregated into their ingredients. The population subgroups will be evaluated individually by:
 - Race and/or Ethnicity
 - Non-Hispanic Black
 - Non-Hispanic Asian

- Non-Hispanic White
- Hispanic
- Household Income as a Percent of the Federal Poverty Level
 - Under 131% poverty
 - ≤185% poverty
 - 186-350% poverty
 - Over 350% poverty
- Similar ingredients are aggregated into food item clusters.
- A nutrient-dense form of the food is selected as the representative food for each cluster.
- The proportional intake of each item cluster within each food group or subgroup is calculated and used to compute a weighted average of nutrient-dense forms of foods representing each food item cluster.
- Using the nutrients in each representative food and the item cluster’s proportional intake using the life stage approach (children less than 2 years and the population 2 years and older), a nutrient profile is calculated for each food group or subgroup. Thus, a nutrient profile specific to each child age 12 through 23 months and to the rest of the population is created and used to estimate the anticipated nutrients in the patterns. Nutrient profiles are also calculated for oils and solid fats using food supply data to determine proportional intakes.

Evaluate nutrient level in each pattern against nutritional goals:

Using the revised nutrient profiles that rely on dietary intakes of the full population ages 12 months and older and from the identified population subgroups will be used to evaluate the magnitude of quantitative and qualitative implications for the nutrients provided by the amounts recommended in the *Dietary Guidelines for Americans, 2020-2025* from each food group (and oils). The nutrients provided in the patterns that integrate nutrient profiles from each analysis by population subgroup will be compared to the age, sex, and life stage-specific goals (usually at least 90% of the RDA or AI).

Iteration and re-evaluation:

After identifying the implications of the defined revised nutrient profiles and their comparison to the nutrient profiles calculated with existing methods, the Committee may use a stepwise, iterative approach to make adjustments. This may result in testing a different set of defined population groups and re-evaluation of the resulting nutrient profiles. Any changes to this protocol will be described in **Table 3. Protocol amendments**.

Conduct analyses

The USDA FPM methods team, in collaboration with the Committee, will use the analytic framework and analytic plan as a guide for conducting analyses and preparing tables and reports describing the analytic results for each analysis.

Synthesize analyses

The Committee will describe, compare, and combine the evidence from all FPM analyses conducted to answer this FPM question. Synthesis of the analyses will involve summarizing results with particular emphasis on implications for each life stage: infants, children, adolescents, adults, older adults, and individuals who are pregnant or lactating. Implications for each of the existing USDA Dietary Patterns or rationale for new pattern development, including energy levels, will also be included.

The analyses from each individual protocol, along with the results of simulated diet analyses, related systematic review evidence, and related data analysis findings, will be considered together in answering the primary question.

Develop conclusion

The Committee will review and discuss the synthesis of the analyses to develop conclusion statements for each FPM question. Conclusions from this protocol will be used along with conclusions from all other FPM protocols, the graded conclusion of any related systematic review, and related data analysis findings to collectively inform the Committee’s advice on the development or refinement of healthy dietary patterns.

Recommend future research

The Committee will identify and document research gaps and methodological limitations throughout the FPM process. These gaps and limitations will be used to develop research recommendations that describe the research, data, and methodological advances that are needed to strengthen the process to model and develop healthy dietary patterns. Rationales for the necessity of additional or stronger research may also be provided with the research recommendations.

Protocol amendments

The first version of this protocol was published in October 2023. This revised version was published in February 2024. Amendments listing protocol changes are documented below in **Table 3**.

Table 3. Protocol amendments

Date	Protocol change	Description
February 2024	Analytic Framework Analytic Plan	The range of household income as a percent of the Federal Poverty Level were updated for accuracy.
February 2024	Analytic Plan	The analytic plan was revised to establish energy levels based on the updated Estimated Energy Requirement (EER) equations from the Dietary Reference Intakes for Energy report published by the National Academies of Sciences, Engineering, and Medicine in 2023. ⁸

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The Committee members are involved in: establishing all aspects of the protocol, which presents the plan for how they are planning to examine the scientific evidence, including the development of an analytic framework and analytic plan; synthesizing analysis results; and writing conclusion statements. The analytic framework and plan provide details about the types of analyses that will be conducted, synthesized, and from which conclusions will be drawn to inform subsequent FPM questions and the Committee's advice on the development or refinement of healthy dietary patterns. The FPM Methods Team, with assistance from Federal Liaisons and Project Leadership, supports the Committee by facilitating, executing, and documenting the work necessary.

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