

Part F. Appendix F-1: Glossary of Terms and Abbreviations

Terms included in this appendix are defined according to their use in the 2025 Dietary Guidelines Advisory Committee’s review of the evidence and resulting Scientific Report. Terms that are included here are those that are cross-cutting (i.e., appear in multiple chapters) throughout the report, ambiguous in some contexts, and/or may have multiple definitions. This appendix also includes a list of abbreviations used in the Scientific Report.

Glossary of Terms

Added sugars: Sugars that are added during the processing of foods (such as sucrose or dextrose), foods packaged as sweeteners (such as table sugar), sugars from syrups and honey, and sugars from concentrated fruit or vegetable juices.

Beans, Peas, and Lentils: Name for the food subgroup formerly called “legumes (beans and peas)” that includes the dried edible seeds of legumes (beans and peas). This subgroup is also known as pulses. Beans, peas, and lentils have a similar nutrient profile to foods in both the Vegetable Group and the Protein Foods Group. They may be thought of as either a vegetable or a protein food when aiming to meet recommended intakes. Beans include varieties such as kidney beans, pinto beans, white beans, black beans, pinto beans, and fava beans. Also included are dried peas (e.g., chickpeas, black-eyed peas), and lentils. Edamame, the soybean in the pod, is counted in the subgroup even though it is eaten fresh and not dried. Generally, foods made from processed soybeans are a part of the Nuts, Seeds, and Soy Products subgroup of the Protein Foods Group. Green peas and green (string) beans are not counted in the subgroup because the nutrient content of these vegetables is more similar to vegetables in other subgroups.

Beverage patterns: The quantities, proportions, variety, or combination of different beverages in diets, and the frequency with which they are habitually consumed.

Body mass index (BMI): A measure that defines weight in kilograms (kg) divided by height in meters (m) squared. BMI is an indicator of deficient or excess body tissue, both fat and muscle. BMI status categories for individuals ages 2 years and older include underweight, normal weight, overweight, and obesity (normal weight is often referred to as “healthy” weight). Overweight and obesity describe ranges of weight that are greater than what is considered healthy for a given height, whereas underweight describes a weight that is lower than what is considered healthy. Because children and adolescents are growing, their BMI is plotted on growth charts for sex and age. The percentile indicates the relative position of the child's BMI among children of the same sex and age. This is generally referred to as a *BMI percentile* or *z-score*. Body weight categories for children, adolescents, and adults are summarized in [Table F.1.1](#).

TABLE F.1.1
BODY MASS INDEX CATEGORIES FOR CHILDREN, ADOLESCENTS, AND ADULTS

Body Mass Index Category	Children and Adolescents (Ages 2 to 19 years) (Sex-Specific BMI-for-Age Percentile Range)	Adults (BMI)
Underweight	Less than the 5 th percentile	Less than 18.5 kg/m ²
Normal Weight	5 th percentile to less than the 85 th percentile	18.5 to 24.9 kg/m ²
Overweight	85 th to less than the 95 th percentile	25.0 to 29.9 kg/m ²
Obesity	Equal to or greater than the 95 th percentile	30.0 kg/m ² and greater
Severe Obesity	120% of the 95 th percentile or greater	40.0 kg/m ² and greater

Carbohydrates: One of the 3 primary macronutrients that may be present in foods and beverages.

Carbohydrates include sugars, starches, and fibers:

- **Sugars:** A simple carbohydrate composed of one unit (a monosaccharide, such as glucose and fructose) or two joined units (a disaccharide, such as lactose and sucrose). Sugars include white sugar, brown sugar, fruit sugar, corn syrup, molasses, and honey (see Added sugars).
- **Starches:** Many glucose units linked together. Examples of foods containing starch include vegetables, dry beans and peas, and grains (e.g., rice, oats, wheat, barley, corn).
- **Fiber:** Nondigestible carbohydrates and lignin that are intrinsic and intact in plants. Fiber consists of dietary fiber, the fiber naturally occurring in foods, and functional fiber, which are isolated, nondigestible carbohydrates that have beneficial physiological effects in humans.

Complementary feeding: The process that starts when human milk or infant formula is complemented by other foods and beverages. The complementary feeding period typically continues to age 24 months as the young child transitions to family foods.

Complementary foods and beverages (CFB): Foods and beverages (liquids, semisolids, and solids) other than human milk or infant formula provided to an infant or young child during the complementary feeding period to provide nutrients and energy.

Consistency: One of the criteria used to grade the strength of the evidence in systematic reviews conducted using Nutrition Evidence Systematic Review (NESR) methodology. Consistency considers the degree of similarity in the direction and magnitude of effect across the body of evidence. This element also considers whether differences across the results can be explained by variations in study designs and methods (see [Grade](#)).

Chronic Disease Risk Reduction (CDRR) intakes: A nutrient reference value that characterizes nutrient intakes that are expected to reduce the risk of developing chronic disease. The CDRR does not replace existing DRI categories, but changes how evidence on chronic disease risk is assessed and used in the DRI process. For individuals ages 14 and older, the CDRR recommendation is to reduce sodium intakes if above 2,300 mg per day.

The sodium CDRR for children ages 1-13 are:

- 1–3 years Reduce intakes if above 1,200 mg/day
- 4–8 years Reduce intakes if above 1,500 mg/day
- 9–13 years Reduce intakes if above 1,800 mg/day

Culture: The shared values, norms, and belief systems that collectively shape a group’s attitudes, behaviors, and perceptions through their interactions with and within their environments.

Dietary pattern: The combination of foods and beverages that constitutes an individual’s complete dietary intake over time. This may be a description of a customary way of eating or a description of a combination of foods recommended for consumption.

Dietary Pattern Flexibilities: The Committee operationalized the term ‘Flexibilities’ as narrative advice around options for meeting nutrient needs outside of quantitative pattern recommendations (e.g., flexibilities to consume more plant-based protein foods than quantified in the Pattern).

Dietary Pattern Modifications: The Committee operationalized the term ‘Modifications’ as any proposed change to the food group or subgroup quantities provided in the patterns included in the Dietary Guidelines for Americans, 2020-2025.

Dietary Pattern Variations: The Committee operationalized the term ‘Variation’ as the creation of a new dietary pattern.

Dietary Reference Intakes (DRIs): Nutrient reference values developed by the National Academies of Sciences, Engineering, and Medicine that are specific to age, sex, and life stage. The DRIs provide reference values for vitamins, minerals, and other nutrients that: 1) indicate daily intake amounts that meet the needs of most healthy people, and 2) set intake levels not to exceed to avoid harm.

Dietary supplement: A product intended to supplement the diet that contains 1 or more dietary ingredients (including vitamins, minerals, herbs or other botanicals, amino acids, and other substances) intended to be taken by mouth as a pill, capsule, tablet, or liquid, and that is labeled on the front panel as being a dietary supplement.

Directness: One of the criteria used to grade the strength of the evidence in systematic reviews conducted using NESR methodology. Directness considers the extent to which studies are designed to directly examine the relationship among the interventions/exposures, comparators, and outcome(s) of primary interest in the systematic review question (see [Grade](#)).

Established Nutritional Goals for Food Pattern Modeling: The established nutritional goals for food pattern modeling analyses are defined as the Estimated Energy Requirement (EER) for energy, less than 10 percent of energy from saturated fat, less than 10 percent of energy from added sugars, lower than the Chronic Disease Risk Reduction intakes (CDRR) for sodium, and 90 percent of the Recommended Dietary Allowance (RDA) or Adequate Intake (AI) when an RDA is not established.

Evidence scan: An exploratory evidence description project in which systematic methods are used to search for and describe the volume and characteristics of evidence available on a nutrition question or topic of public health importance.

Fats: One of 3 primary macronutrients that may be present in foods and beverages.

- **Unsaturated fat:** Unsaturated fat has 1 or more double bonds between carbon atoms. Depending on the double bonds, unsaturated fats can be classified as monounsaturated fat or polyunsaturated fat:
- **Monounsaturated fat:** Monounsaturated fats have 1 double bond. They are found in both animal and plant products. Plant sources that are rich in monounsaturated fat include nuts and vegetable oils that are liquid at room temperature (e.g., canola oil, olive oil, high oleic safflower, and sunflower oils).
- **Polyunsaturated fat:** Polyunsaturated fats have 2 or more double bonds and may be 1 of 2 types, based on the position of the first double bond. Polyunsaturated fats are found in many different plants and some fish sources.
- **Saturated fat:** Saturated fats have no double bonds. Major sources include animal products, such as meat and dairy products, and plant sources higher in saturated fat (e.g., palm oil, cocoa butter, and coconut oil). In general, fats high in saturated fatty acids are solid at room temperature.

Food environments: The physical, social, and person-centered environments that play a role in what people choose to eat. Physical factors include the availability and accessibility of foods in homes, early care and education centers, preschools, schools, and community venues, with the most proximal being food in homes. Social factors include social support for making healthy food choices, role modeling, and social expectations. The person-centered factors include an individual's perceptions of the food environment and their own relationship with food. Food environments also include macro-level factors such as food marketing, food production and distribution systems, agricultural policies, federal nutrition assistance programs, and economic price structures.

Food groups: A method of grouping similar foods for descriptive and guidance purposes. Food groups in the USDA Dietary Pattern(s) are defined as Fruits, Vegetables, Grains, Dairy and Fortified Soy Alternatives, and Protein Foods. Some of these groups are divided into subgroups, such as Dark-Green Vegetables or Whole Grains. When mixed dishes are assigned to food groups, they are disaggregated into their major component parts. For example, pizza may be disaggregated into the Grains (crust), Dairy and

Fortified Soy Alternatives (cheese), Vegetables (sauce and toppings), and Protein Foods (toppings) food groups.

Food pattern modeling: Food pattern modeling is a methodology used to illustrate how changes to the amounts or types of foods and beverages in a dietary pattern might affect meeting nutrient needs. Food pattern modeling is used to develop quantitative dietary patterns that reflect health-promoting patterns identified in systematic reviews and meet energy and nutrient needs.

Food security: A condition in which all people, at all times, have access to sufficient, safe, and nutritious food to maintain a healthy and active life.

Generalizability: One of the criteria used to grade the strength of the evidence in systematic reviews conducted using NESR methodology. Generalizability considers whether the study participants, interventions and/or exposures, comparators, and outcomes examined in the body of evidence are applicable to the U.S. population of interest for the review (see [Grade](#)).

Grade: A term that communicates the strength of evidence supporting a conclusion statement developed as part of systematic reviews conducted using NESR methodology. The strength of evidence is determined based on an evaluation of predefined criteria for the following grading elements: consistency, precision, risk of bias, directness, and generalizability. A conclusion statement can receive a grade of Strong, Moderate, or Limited. If insufficient or no evidence is available to answer a systematic review question, then no grade is assigned (i.e., Grade Not Assignable) (see [Consistency; Precision; Risk of bias; Directness; Generalizability](#)).

- **Strong:** The conclusion statement is based on a strong body of evidence as assessed by consistency, precision, risk of bias, directness, and generalizability. The level of certainty in the conclusion is strong, such that if new evidence emerges, modifications to the conclusion are unlikely to be required.
- **Moderate:** The conclusion statement is based on a moderate body of evidence as assessed by consistency, precision, risk of bias, directness, and generalizability. The level of certainty in the conclusion is moderate, such that if new evidence emerges, modifications to the conclusion may be required.
- **Limited:** The conclusion statement is based on a limited body of evidence as assessed by consistency, precision, risk of bias, directness, and generalizability. The level of certainty in the conclusion is limited, such that if new evidence emerges, modifications to the conclusion are likely to be required.
- **Grade Not Assignable:** A conclusion statement cannot be drawn due to either a lack of evidence, or evidence that has severe limitations related to consistency, precision, risk of bias, directness, and generalizability.

Growth, body composition, and risk of obesity measures include the following:

- *Growth*: includes height, length/stature-for-age, weight, weight-for-age, stunting, failure to thrive, wasting, BMI-for-age, weight-for-length/stature, body circumferences (arm, neck, thigh), head circumference;
- *Body Composition*: includes skinfold thicknesses, fat mass, ectopic fat, fat-free mass, lean mass, waist circumference, waist-to-hip ratio; and
- *Risk of Obesity*: includes BMI, underweight, healthy/normal weight, overweight, obesity, and weight gain.
- *Gestational Weight Gain*: includes the increase in weight during pregnancy (difference in weight between 1 time during pregnancy and pre-pregnancy weight or between 1 time in pregnancy and an earlier time during pregnancy);
- *Postpartum Weight Change*: includes the change in weight during the postpartum period (difference in weight between weight during postpartum and weight at delivery or between 1 time in postpartum and an earlier time during postpartum).

Health Disparities: A particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. This includes the consistent and systematic treatment of all individuals in a fair, just, and impartial manner, including individuals who belong to communities that have often been denied such treatment, such as Black, Hispanic or Latino, Indigenous and Native American, Asian American, Native Hawaiian and Pacific Islander persons, and other persons of color; members of religious minorities; women and girls; Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual persons; persons with disabilities; persons who live in rural areas; persons who live in United States Territories; persons with stigmatized health conditions; persons otherwise adversely affected by persistent poverty or inequality; and individuals who belong to multiple such communities.

Human milk: A person's own milk provided at the breast (i.e., nursing) or expressed and fed fresh or after refrigeration or freezing.

Human milk feeding: Feeding human milk alone or in combination with infant formula and/or complementary foods and beverages.

Infant formula: A food that is represented for special dietary use solely as a food for infants by reason of its simulation of human milk or its suitability as a complete or partial substitute for human milk.

Isocaloric: Having the same energy values. For example, 2 dietary patterns that vary in macronutrient proportions but have the same energy content are isocaloric.

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 food pattern modeling.

Lean meat: Any meat with less than 10 percent fat by weight, or less than 10 grams of fat per 100 grams, based on USDA and FDA definitions for food label use. Examples include 95 percent lean ground beef, cooked; broiled beef steak, lean only eaten; baked pork chop, lean only eaten; roasted chicken breast or leg, no skin eaten; and smoked/cured ham, lean only eaten.

Non-dairy alternatives: For the Committee's Food Pattern Modeling analyses, non-dairy alternatives are defined as foods and beverages that may be marketed to the public as milk, yogurt, or cheese alternatives originating from plant foods (e.g., almond, coconut, pea, and oat beverages; non-dairy yogurts and cheeses). For these analyses non-dairy alternatives do not include fortified soy alternatives as they are already a component of the Dairy and Fortified Soy Alternatives Food Group.

Nutrient-dense: Nutrient-dense foods and beverages provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium. Vegetables, fruits, whole grains, seafood, eggs, beans, peas, and lentils, unsalted nuts and seeds, fat-free and low-fat dairy products, and lean meats and poultry—when prepared with no or little added sugars, saturated fat, and sodium— are nutrient-dense foods.

Nutrient-dense representative foods: For purposes of USDA food pattern modeling, 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, saturated fat, and sodium. 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.

Nutrients and food components of public health concern: Nutrients and other dietary components that are overconsumed or underconsumed (compared to Dietary Reference Intake recommendations and biological measures of the nutrient when available) and linked in the scientific literature to adverse health outcomes in the general population or in a subpopulation.

Nutrients and food components that pose special challenges: Nutrients and other dietary components for which dietary guidance to meet recommended intake levels was challenging to develop, or identification of at-risk groups was difficult due to unavailability of dietary data or biological endpoints directly linked to adverse outcomes. These nutrients and food components should continue to be monitored.

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 calculated weighted average

considers a range of foods and beverages reported by individuals in the United States, but are modeled using nutrient-dense forms, and results in a food pattern that can be adapted to fit an individual's preferences.

Nutrition Evidence Systematic Review (NESR): NESR specializes in conducting food- and nutrition-related systematic reviews. NESR systematic reviews are research projects that answer important public health questions by using rigorous and transparent methods to search for, evaluate, analyze, and synthesize the body of scientific evidence on topics relevant to federal policy and programs.

Ounce equivalent (oz eq): The amount of a food product that is considered equal to 1 ounce from the Grains or Protein Foods food group. An oz eq for some foods may be less than a measured ounce in weight if the food is concentrated or low in water content (nuts, peanut butter, dried meats, flour) or more than a measured ounce in weight if the food contains a large amount of water (tofu, cooked beans, cooked rice or pasta).

Portion size: The amount of a food or beverage served at 1 time in 1 eating occasion and includes pre-portioned, self-served, and packaged foods and beverages.

Precision: One of the criteria used to grade the strength of the evidence in systematic reviews conducted using NESR methodology. Precision considers the degree of certainty around an effect estimate for a given outcome. This element considers measures of variability, such as the width and range of confidence intervals, the number of studies, and sample sizes, within and across studies (see Grade).

Processed meat: Meat, poultry, or seafood products preserved by smoking, curing, or salting, or addition of chemical preservatives. Examples of processed meat include bacon, sausage, hot dogs, sandwich meat, packaged ham, pepperoni, and salami.

Protein: One of 3 primary macronutrients that may be present in foods and beverages. Protein is the major functional and structural component of every animal cell. Proteins are composed of amino acids, 9 of which are essential, meaning they cannot be synthesized by humans and therefore must be obtained from the diet. The quality of dietary protein is determined by its amino acid profile relative to human requirements as determined by the body's requirements for growth, maintenance, and repair. Protein quality is determined by 2 factors: digestibility and amino acid composition.

- **Animal protein:** Protein from meat, poultry, seafood, eggs, and milk and milk products.
- **Plant-based protein:** Protein from plants such as dry beans, whole grains, fruit, nuts, and seeds.

Protocol: A plan used by the 2025 Dietary Guidelines Advisory Committee to conduct a systematic review or food pattern modeling analysis of a scientific question. Protocols were established at the beginning of a review or analysis and were posted online to provide transparency, guard against selective reporting, avoid duplication of efforts, and facilitate peer review and/or public comment.

Risk of bias: One of the criteria used to grade the strength of the evidence in systematic reviews conducted using NESR methodology. Risk of bias considers the likelihood that systematic errors resulting

from the design and conduct of the studies could have impacted the accuracy of the reported results across the body of evidence. (see [Grade](#))

Seafood: Marine animals that live in the sea and in freshwater lakes and rivers. Seafood includes fish such as salmon, tuna, trout, and tilapia, and shellfish such as shrimp, crab, and oysters.

Serving size: The customary or standard amount of a particular food or beverage consumed for the purpose of evaluating nutritional content or providing dietary guidance.

Simulation: Simulation is a systems science method that has been defined as “a mathematical model that describes or recreates computationally a system process.” In USDA food pattern modeling, simulation was used to create computationally thousands of 7-day diets that meet the modified Healthy U.S.-Style Dietary Pattern by randomly selecting foods and beverages from a set of food and beverage items using a predefined probability of selection for each item.

Social Determinants of Health: Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These are also known as non-medical drivers of health.

Socioeconomic position: An economic and sociologic measure defined by factors such as income in dollars, income as a percent of the poverty ratio, food security, eligibility for federal assistance programs, or level of education.

What We Eat in America (WWEIA) Food Categories: The What We Eat in America (WWEIA) Food Categories provide an application to analyze foods and beverages as consumed in the U.S. diet. Each of the food and beverage items that can be reported in WWEIA, National Health and Nutrition Examination Survey are placed in 1 of the mutually exclusive food categories. This is done by linking each food code contained in the Food and Nutrient Database for Dietary Studies (FNDDS) to 1 WWEIA category. The focus of this categorization system is on grouping similar foods and beverages together based on usage and nutrient content.

- This classification scheme includes approximately 172 unique categories.
- Each category is assigned a 4-digit number and description.
- Each FNDDS food code is linked to a unique category.
- Categories contain discrete food items - no disaggregation into ingredients; e.g., pizza vs. grain, cheese, tomatoes, etc. (see [Food groups](#)).

Abbreviations

The following table describes abbreviations and acronyms used throughout the Scientific Report of the 2025 Dietary Guidelines Advisory Committee.

TABLE F.1.2
LIST OF ABBREVIATIONS

Abbreviation	Full Name
AAP	American Academy of Pediatrics
AAPD	American Academy of Pediatric Dentistry
AHA	American Heart Association
AND	Academy of Nutrition and Dietetics
AI	Adequate Intake
AMDR	Acceptable Macronutrient Distribution Range
ARS	Agricultural Research Service
AT	alpha-tocopherol
BMI	body mass index
CACFP	Child and Adult Care Food Program
CBPR	community-based participatory research
CDC	Centers for Disease Control and Prevention
CDRR	Chronic Disease Risk Reduction Intake
CEM	continuous evidence monitoring
CFB	complementary foods and beverages
CHD	coronary heart disease
CNPP	Center for Nutrition Policy and Promotion
CONSORT	Consolidated Standards of Reporting Trials
CQA	continuous quality advancement
CVD	cardiovascular disease
DFE	dietary folate equivalent
DRI	Dietary Reference Intakes
EAR	Estimated Average Requirement
EER	Estimated Energy Requirement
ERS	Economic Research Service
FACA	Federal Advisory Committee Act

Abbreviation	Full Name
FDA	Food and Drug Administration
FFQ	food frequency questionnaire
FNDDS	Food and Nutrient Database for Dietary Studies
FNS	Food and Nutrition Service
FPED	Food Pattern Equivalents Database
FPM	food pattern modeling
FSRG	Food Surveys Research Group
GBCO	growth, body composition, and risk of obesity
GDM	gestational diabetes mellitus
GED	General Educational Development
GRAS	Generally Recognized as Safe
HDL-C	high-density lipoprotein cholesterol
HEI	Healthy Eating Index
HHS	United States Department of Health and Human Services
H-MED	Healthy Mediterranean-Style Dietary Pattern from the <i>Dietary Guidelines for Americans, 2020-2025</i>
HUSS	Healthy U.S.-Style Dietary Pattern from the <i>Dietary Guidelines for Americans, 2020-2025</i>
H-VEG	Healthy Vegetarian Dietary Pattern from the <i>Dietary Guidelines for Americans, 2020-2025</i>
ICHNR	Interagency Committee on Human Nutrition Research
IHS	Indian Health Service
LDL-C	low-density lipoprotein cholesterol
LNCSB	low- and no-calorie sweetened beverages
MUFA	monounsaturated fatty acids
NASEM	National Academies of Sciences, Engineering, and Medicine
NCI	National Cancer Institute
NCHS	National Center for Health Statistics
NESR	Nutrition Evidence Systematic Review
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
NIH	National Institutes of Health
NIS	National Immunization Surveys
NSLP	National School Lunch Program

Abbreviation	Full Name
NVSS	National Vital Statistics System
OASH	Office of the Assistant Secretary for Health
ODPHP	Office of Disease Prevention and Health Promotion
PCAST	President's Council of Advisors on Science and Technology
RAE	retinol activity equivalents
RCT	randomized controlled trials
RDA	Recommended Dietary Allowance
P/B-24 Project	Pregnancy and Birth to 24 Months Project
PCS	prospective cohort studies
PICO	population, intervention, comparator, and outcome(s)
PIR	poverty to income ratio
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PRAMS	Pregnancy Risk Assessment Monitoring System
PUFA	polyunsaturated fatty acids
SBP	School Breakfast Program
SDOH	social determinants of health
SEER	Surveillance, Epidemiology and End Results
SEP	socioeconomic position
SFSP	Summer Food Service Program
SNAP	Supplemental Nutrition Assistance Program
SR Legacy	Standard Reference Legacy
SSB	sugar-sweetened beverages
UL	Tolerable Upper Intake Level
UPF	ultra-processed food
USDA	United States Department of Agriculture
WHO	World Health Organization
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WWEIA	What We Eat in America