

Part B. Chapter 1: Introduction

More than half of all U.S. adults have one or more preventable chronic conditions, many of which are related to unhealthy dietary intakes.¹ Food insecurity is present in 18 million U.S. households, including 3.2 million U.S. households with children.² The likelihood of having a chronic disease increases with increasing degree of food insecurity, and both disproportionately affect different population groups.³ Availability and access to nutritious foods and beverages that support healthy living is important for all people in the United States. Up-to-date nutrition advice in the *Dietary Guidelines for Americans* can help improve the health of individuals in the United States by encouraging food and beverage choices that are affordable, enjoyable, promote health and sustainability, and help prevent chronic diseases.

By law (Public Law 101-445, Title III, 7 U.S.C. 5301 et seq.), the *Dietary Guidelines for Americans* is published by the federal government every 5 years. Since the 1985 edition, the U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) have fulfilled this requirement by establishing a Dietary Guidelines Advisory Committee (Committee) of nationally recognized experts in the field of nutrition and health to review the scientific and medical knowledge current at the time.

The 2025 Dietary Guidelines Advisory Committee was established for the single, time-limited task to examine the evidence on specific nutrition and public health topics, and for providing independent, science-based advice and recommendations to the federal government. The Committee considered all the conclusion statements generated from its scientific reviews to develop overarching advice for the Secretaries of Health and Human Services and Agriculture for use as HHS and USDA develop the *Dietary Guidelines for Americans, 2025–2030*.

An Evolving Focus for Dietary Guidance

To meet the nutrient needs of the U.S. population, the *Dietary Guidelines for Americans, 2020-2025* promotes consumption of a variety of nutrient-dense foods and beverages from food groups and subgroups in USDA Dietary Patterns. Each edition of the *Dietary Guidelines* builds on the previous edition, with scientific justification for changes informed by the Committee's scientific report, along with input from federal agencies and the public. Early editions focused on healthy members of the public but more recent editions, recognizing the growing prevalence of diet-related chronic diseases such as cardiovascular disease, type 2 diabetes, obesity, and some forms of cancer, have also addressed individuals with increased risk of chronic disease. More recent editions have also focused on dietary patterns, or combinations of foods eaten over time, with more quantitative information and refinements in guidance.

The 2025 Committee expanded the scope of work of the 2020 Committee to: (1) explore variability in intakes and the range of possible healthy diets; (2) refine patterns based on special considerations by life stage, if and where evidence is available; (3) provide a framework intended to be customized to individual needs and preferences; and (4) conduct work through a health equity lens to help HHS and USDA develop *Dietary Guidelines* that can support all people in the U.S. across racial, ethnic, socioeconomic, and cultural backgrounds in achieving a healthy dietary pattern. This Committee leveraged methodological refinements to those used in prior Committees; introduced new analytical tools, such as a new risk of bias tool for

observational studies; and expanded transparency around its activities, including providing updated information for dedicated websites where all the protocols were posted for comment.

Several key themes emerged throughout the Committee's work. First, the value of leveraging multiple sources of evidence to inform comprehensive, actionable recommendations. Second, the importance of considering select sociodemographic and economic indicators across approaches to examine evidence, which is central to applying a health equity lens. Third, the expansion of the scope of the evidence reviewed to examine not only recommended amounts and types of foods but also strategies to effectively promote healthy dietary patterns across the life course; this recognizes that achieving a healthy dietary pattern involves a combination of dietary/feeding strategies and behavioral modifications. The Committee also emphasized the importance of flexibility and inclusion in dietary recommendations—which is increasingly recognized as essential for promoting adherence to healthy eating patterns and improving overall health outcomes—as a core element across the 3 themes.

Health Equity

This Committee was the first to be charged to and employ a comprehensive, systematic approach to incorporate a health equity lens throughout its work. Although prior Committees incorporated basic demographic factors such as age, race, and/or ethnicity into their reviews of the science, this Committee considered additional variables representing the social determinants of health (such as socioeconomic position) as it reviewed, interpreted, and synthesized evidence across data analysis, systematic review, and food pattern modeling. The importance of reviewing evidence through a health equity lens and considering factors like economic stability cannot be overstated. Income and employment have a significant impact on dietary choices through various factors, including time constraints, financial resources, and workplace food environments. Economic constraints can limit access to healthier food options, pushing individuals toward cheaper, less nutritious alternatives.^{4,5}

Including these select sociodemographic and economic indicators allowed the Committee to examine their implications for recommending dietary patterns that promote health equity. Specifically, the inclusion of such indicators allowed the Committee to understand how they impact dietary risk, how and if different populations are represented in the existing literature to ensure generalizability, and the potential of existing and revised dietary patterns to meet cultural, regional, social, and religious needs. This approach is consistent with federal program and policy initiatives to improve health, improve food and nutrition security, and promote equity. The effort to center health equity builds on previous editions of the *Dietary Guidelines* as they continue to refine population-based dietary recommendations across life stages, reflecting changing dietary needs over the life course. Integrating social and structural considerations that affect the relationship between diet and health, such as influences of varying environments, financial circumstances, and cultural backgrounds, supports an inclusive approach to dietary guidance. While such evidence is still accumulating, integrating the available data can inform development of dietary guidance that is relevant to diverse population groups.

Flexibility and Inclusion

This Committee used food pattern modeling (FPM) to build on the current *Dietary Guidelines* to explore what modifications and flexibilities can be introduced in and between food groups in current USDA Dietary Patterns to enhance dietary guidance for all individuals. The integration of data analysis, systematic reviews, and FPM through a health equity lens allowed the Committee to explore different combinations of foods within the individual food groups and subgroups to maximize the capacity of the healthy dietary patterns to address individual differences while optimizing health. The Committee further built on this work by conducting novel diet simulations that can test the capacity of a wide range of foods and beverages to meet a given dietary pattern. The addition of this systems science approach allowed the Committee to test dietary patterns to ensure the final pattern recommended to the Departments is inclusive of a broader range of dietary intakes and considers health equity. Separately, a pilot was conducted to simulate foods and beverages identified by cultural experts as included in select American Indian and Alaska Native diets, the first time any country has conducted simulations to evaluate national dietary guidelines using only foods identified for specific cultural groups.

The importance of flexibility and inclusion in dietary recommendations is increasingly recognized as essential for promoting adherence to healthy eating patterns and improving overall health outcomes among a diverse population. Flexibility in dietary guidelines allows individuals to tailor their eating habits to fit personal preferences, cultural practices, and lifestyle needs, which can enhance motivation and compliance with dietary recommendations.^{6,7} For instance, dietary guidelines that incorporate a variety of food choices rather than rigid restrictions can accommodate diverse dietary patterns, making it easier for individuals to integrate healthy foods into their daily lives.⁸ Inclusion is equally vital, as it ensures that dietary recommendations are accessible and relevant to a broad audience, including those with specific health conditions, cultural backgrounds, and socioeconomic positions. This approach recognizes that individuals have unique dietary needs and preferences, which can significantly influence their ability to follow dietary guidelines. By allowing for flexibility in food choices, such as incorporating preferred foods in moderation, dietary recommendations can be more effective in promoting long-term behavior change. For example, studies have shown that individuals who follow more flexible dietary patterns tend to have higher adherence to recommended nutrient intakes and lower risks of diet-related diseases.⁹ By recognizing the diverse needs of the population and allowing for personalized dietary choices, health professionals can foster a more inclusive approach to nutrition that supports long-term health and well-being. Ultimately, this work allowed the Committee to develop advice to the Departments recommending a single flexible, healthy dietary pattern, designed to meet people where they are and to meet the varied budgetary, cultural, and personal preferences of people living in the United States.

The How of Healthy Eating

This Committee emphasized the importance of extending its evidence review beyond *what* a healthy dietary pattern is to *how* to support consumption of a healthy dietary pattern across the lifespan. The Committee gave consideration not only to recommendations regarding the amounts and types of foods to consume but also evaluated the effectiveness of strategies—including frequency of meals/snacks, breakfast consumption, portion size, and child feeding styles and practices—for achieving a healthy dietary

pattern and lower risk of obesity across the lifespan. Evidence indicates that achieving a healthy dietary pattern involves a combination of dietary/feeding strategies and behavioral modifications. For example, the Committee considered the timing and types of complementary foods, use of responsive feeding practices, and use of structure in guiding children's eating behaviors. During infancy the introduction of complementary foods is a critical milestone in a child's development, influencing not only one's nutritional status but also future eating behaviors and food preferences. During early childhood, child feeding styles and practices have been shown to influence children's food intake, dietary habits, and overall health outcomes. This helped the Committee consider guidance that can be provided to parents and caregivers to support them in both *what* to feed and *how* to feed.

Eating behaviors are important determinants of dietary intake, and some can be investigated as strategies to enhance health. Understanding how these behaviors influence food intake is critical for identifying effective strategies for improving dietary quality and weight management in childhood and adulthood. For example, understanding how portion sizes impact selection and consumption of food can inform recommendations for weight control and obesity prevention.

Lastly, recognizing that nutrient-dense foods that align with the dietary patterns recommended by the *Dietary Guidelines for Americans* are present in all cultural diets, the Committee conducted a novel evidence scan of culturally responsive approaches and interventions. This evidence scan on culturally tailored interventions may provide insights as to the importance of allowing for flexibilities around the Healthy U.S.-Style Dietary Pattern to be more culturally responsive, supporting the development of the Committee's flexible, healthy dietary pattern.

From the 2025 Dietary Guidelines Advisory Committee Report to the *Dietary Guidelines for Americans*

A major goal of the 2025 Committee is to summarize and synthesize the evidence to support HHS and USDA in developing the *Dietary Guidelines for Americans, 2025-2030* recommendations for meeting nutrient requirements and promoting health for all Americans. The *Dietary Guidelines* is developed and written for a professional audience including policymakers, healthcare providers, nutrition educators, and federal nutrition program operators. The federal government uses the *Dietary Guidelines for Americans* as the basis of its food and nutrition assistance programs—in which about 1 in 4 people in the United States participate during a given year—and its nutrition education efforts, as well as decisions about national health objectives, and for providing information on diet and health to the general public.¹⁰ For example, the National School Lunch Program incorporates the *Dietary Guidelines* in menu planning, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) applies the *Dietary Guidelines* in its program and educational materials, and the Healthy People objectives for the nation include objectives based on the *Dietary Guidelines*. The *Dietary Guidelines* also provides a critical framework for state and local health promotion and disease prevention initiatives.

A Guide to the Committee's Report

This report is organized into 5 major sections and several appendixes. **Part A** provides an Executive Summary of the Report. **Part B** sets the stage for the report (in this introductory chapter) and discusses the Committee's use of a health equity lens throughout its review of the evidence. **Part C** describes the methodology the Committee used to conduct its work and review the evidence on diet and health. **Part D** provides the results of the Committee's review of the evidence using data analysis, systematic review, and food pattern modeling. **Part E** presents the Committee's overarching advice to the Departments, as well as recommendations of topics for the nutrition and public health community to consider, including research recommendations. The report's appendixes (**Part F**) include a glossary and list of abbreviations; a summary of the process used to collect public comments; biographical sketches of Committee members; a list of Subcommittee and Working Group members; and acknowledgements.

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