

Part E. Chapter 2: Future Directions

Introduction

Throughout its review of the science, the Committee identified important gaps in data and identified future directions for nutrition and health research. Each systematic review report contains research recommendations specific to the topic examined.¹ Several cross-cutting priorities emerged that offer important considerations for future Dietary Guidelines Advisory Committees, emphasize the critical support for federal data and other activities related to the *Dietary Guidelines for Americans (Dietary Guidelines)*, and identify important research gaps to inform future *Dietary Guidelines*. Communicating these evidence gaps and methodological considerations to funding agencies, and to those who conduct primary research and surveillance data programs, is of paramount importance to the health and well-being of the U.S. population. Advancements in nutrition science are required for dietary recommendations to evolve into stronger, more targeted advice for the U.S. population to improve individual and population-level health. By funding and implementing these future directions, the research community, federal agencies, and future Committees can ensure the certainty, relevance, inclusivity, and effectiveness of future *Dietary Guidelines*, ultimately contributing to better health outcomes for all communities.

Future Directions in the Dietary Guidelines Process

Health Equity

This Committee is the first in the history of the Dietary Guidelines Advisory Committees to purposefully apply a health equity lens across its deliberations. The development and implementation of dietary guidance that is applicable to the entire U.S. population requires a robust, rigorous, and reproducible research base that includes representation of diverse population groups. The Committee carefully considered relevant and available sociodemographic indicators to integrate the social determinants of health (SDOH) when interpreting nutrition research across data analysis, systematic reviews, and food pattern modeling. Ultimately, the Committee was limited to examining only a few SDOH variables based on data availability. In this context and based on its review of the evidence, the Committee made several recommendations.

- Prioritization of health equity by future Dietary Guidelines Advisory Committees.²

Rationale: Review of the data analyses through a health equity lens highlighted the importance of considering SDOH indicators, but also made apparent the limitations of available data to fully capture the diversity of the U.S. population. Such diversity includes various racial and/or ethnic and cultural subgroups, as well as life stages such as infancy, early childhood, pregnancy and lactation, and older adulthood. In addition, the Committee did not have access to SDOH variables such as neighborhood, home, and built environmental factors nor neighborhood food availability and cost. The health equity approach used by the 2025 Committee did, however, reveal that although diets across the lifespan fail to align with the *Dietary Guidelines*, some differences exist by sociodemographic groups such as race and/or ethnicity and age. For example, diet quality, per the

Healthy Eating Index (HEI), is meaningfully different by race and/or ethnicity and life stage, as are prevalence of several health outcomes.^{3,4 5} An extensive body of evidence indicates that these differences are driven by broader social, economic, and structural conditions that are beyond the individual's control.⁶ Therefore, the SDOH indicators should be considered. Additionally, the Committee advanced methods of testing the proposed patterns with the integration of diet simulations, which provided an additional opportunity to consider intake variability when evaluating a dietary pattern. Representative dietary intake data as an input strengthens diet simulations as an advancement to food pattern modeling. However, extending diet simulations to specific population groups is limited by available dietary intake data. Therefore, the Committee's diet simulations used nationally representative dietary intake data and also piloted an innovative approach that used a database of foods and beverages informed by experts with professional and lived experience with select American Indian and Alaska Native foodways. Future Committees should identify other opportunities for incorporating cultural foodways into diet simulation efforts to expand dietary diversity and health equity. The lack of data on racial and/or ethnic, cultural, and regional subgroups limits the ability of the resulting dietary guidance to fully meet diverse population groups where they are in terms of their current dietary intakes and to provide appropriate recommendations. Ideally, nationally representative longitudinal data from these groups would be available to inform future *Dietary Guidelines*.

- Conduct a systematic review stemming from this Committee's evidence scan to formally evaluate the effectiveness of culturally responsive interventions to improve diet on relevant health outcomes.

Rationale: The Committee was not able to conduct a systematic review regarding the effectiveness of culturally responsive interventions to improve diet due to the lack of information necessary to prepare the Population, Intervention, Comparison, and Outcome (PICO) table. The next Committee could use information obtained from the evidence scan to formulate the PICO elements for a systematic review protocol that evaluates the effectiveness of culturally responsive interventions to improve diet on relevant health outcomes. The initial evidence scan concentrated on a limited set of exploratory outcomes and was not intended to draw conclusions about the relationship between culturally responsive interventions and dietary intake or other relevant outcomes. For future guidelines, it is crucial to identify and incorporate additional outcomes that are significant for specific populations. This includes health outcomes, behavioral changes, and socioeconomic impacts that might be more pertinent to some communities than to others. The Committee also suggests that the next Committee consider factors beyond racial and/or ethnic group categorizations, such as time spent in the United States, nativity, acculturation, geographic location of residence, education level, income, and various intersecting identities as foci for the populations of interest. If culturally responsive interventions are found to be effective to improve dietary patterns and health outcomes in the future, the Committee also recommends that unifying/core factors of these interventions be identified or described for translation to other populations. By expanding the focus, the *Dietary Guidelines* can be better tailored to address the

unique needs and challenges faced by diverse populations, thereby improving the effectiveness and acceptance of interventions.

- Conduct a systematic review or additional projects that consider SDOH to improve diet on relevant outcomes.

Rationale: Assessing and addressing SDOH, specifically the conditions in which people are born, grow, work, live, worship, and age—including access to affordable, healthy foods, access to affordable and safe housing, access to transportation, access to quality healthcare, economic stability, educational opportunities, home and neighborhood conditions, and social cohesion— are necessary to positively impact dietary behaviors that result from a complex interplay of psychological, sociological, and economic factors. Future research should expand the list of determinants to consider when examining the efficacy of interventions to include both culturally appropriate dietary interventions and interventions focused on SDOH and exposure to intersecting systems of disadvantage.

Behavioral Science and Implementation Research

As indicated by the current dietary intake evidence provided through data analysis,⁷ the U.S. population does not meet dietary recommendations. To address this persistent gap between dietary recommendations and actual intakes, diverse expertise in behavioral, implementation, and communication sciences is needed to evaluate the science of dietary behavior change, make evidence-based recommendations for strategies to promote dietary intakes that align with *Dietary Guidelines* recommendations, and provide evidence for effective implementation strategies in multiple contexts (e.g., home, daycare, school, workplace) where federal nutrition programs may be provided. In this context, the Committee made recommendations around behavioral science, communication, and implementation.

- Determine evidence-based behavioral and implementation strategies associated with successful adoption of evidence-based recommendations across different life stages, populations, and settings.

Rationale: Although evidence-based recommendations are formed from the research within a particular field of study, adoption or sustainability of these recommendations are not automatic at the individual or population levels. Failure of U.S. adult diets to align with the *Dietary Guidelines*, as measured by the HEI, indicates that adoption of the *Dietary Guidelines* into practice may be limited.³ Identifying methods, interventions, and variables that influence adoption and sustainability of evidence-based interventions by individuals, families, and organizations is expected to better support adherence to the *Dietary Guidelines*.³ Behavioral theories are used to guide the development of effective health behavior interventions because these theories provide frameworks and constructs that facilitate healthy eating behaviors. Systematic reviews of behavioral nutrition studies can provide a list of effective strategies for dietary change at the individual, social, and environmental levels.

- Identify evidence-based policy, systems, and environmental change strategies for implementing the *Dietary Guidelines for Americans* across different life stages, populations, and settings.

Rationale: Implementation of and support for the adoption of population-based dietary guidance requires policy, systems, and environment (PSE) change. PSE research can provide strategies for creating policies that drive changes in environments and systems to accelerate and maintain societal adoption of evidence-based dietary guidance.

- Identify evidence-based health communication strategies for conveying and promoting the *Dietary Guidelines for Americans* across different life stages, populations, and settings.

Rationale: Effective nutrition communications are critical to ensure that the U.S. population understands the importance of the *Dietary Guidelines* and uses them to make healthy choices. Health communication research can provide evidence-based insights for communicating guidance in a way that is understandable, credible, practical, and actionable for diverse audiences. Health communication research can also provide evidence on the most appropriate strategies to reach diverse populations and life stages and emphasize the multiple roles of food. Interactive technology tools should be explored for effective communication of the flexibilities available within the *Dietary Guidelines*. Adopting an evidence-based approach to communication of the *Dietary Guidelines* to the public is critical for successful implementation and for building public trust and health literacy.

- Select members with expertise in behavioral, communication, policy, and implementation sciences for the next Committee.

Rationale: Committee members with expertise in behavioral, communication, policy, and implementation sciences, in addition to nutritional sciences, should be prioritized. Integrating robust behavioral and implementation scientific evidence into the execution of dietary guidance can enhance the effectiveness of nutrition policies and interventions, thereby improving public health outcomes. Recommendations for the development of strategies for implementation of the *Dietary Guidelines* in federal food programs, and in home and other eating environments, require examination of nutrition research related to implementation strategies. It will be important to have Committee members with expertise in such data (e.g., implementation and behavioral sciences) to continue to accurately interpret the scientific evidence.

Prioritization of Scientific Questions for Consideration by Future Committees

Prioritization of scientific questions continued throughout the Committee's evidence review to ensure the highest priority questions could be completed within the Committee's term. At the completion of its work, the Committee ranked all the questions it reviewed by level of prioritization for consideration by future Committees. By consensus, the Committee recommended that the questions in [Table E.2.1](#) not be considered by the next Committee because: 1) they were of lower priority for informing advice to the Departments as they develop the next edition of the *Dietary Guidelines*, (2) they had current conclusion statements that are strong and not likely to change in the next 5 years, and/or (3) the evidence isn't evolving quickly and is not anticipated to have accumulated enough in the next 5 years to warrant re-examination at that time. However, the Committee recommends ongoing assessment of research

availability through continuous evidence monitoring to determine if emerging evidence suggests that modification to the conclusion statements and/or grades may be warranted.⁸

TABLE E.2.1
SCIENTIFIC QUESTIONS FOR THE NEXT COMMITTEE TO DEPRIORITIZE

Question	Approach to Examine Evidence
What is the relationship between dietary patterns consumed and risk of cardiovascular disease?	Systematic Review
What is the relationship between sugar-sweetened beverage consumption and growth, body composition, and risk of obesity?	Systematic Review
What is the relationship between sugar-sweetened beverage consumption and risk of type 2 diabetes?	Systematic Review
What is the relationship between dietary patterns consumed and risk of type 2 diabetes in adults and older adults?	Systematic Review
What is the relationship between 100% juice consumption and growth, body composition, and risk of obesity?	Systematic Review
What are the implications for nutrient intakes when modifying the Fruits food group quantities within the Healthy U.S.-Style Dietary Pattern?	Food Pattern Modeling
What is the relationship between beverage patterns consumed and growth, body composition, and risk of obesity?	Systematic Review
What is the relationship between food sources of saturated fat consumed and risk of cardiovascular disease?	Systematic Review
What is the relationship between portion size and growth, body composition, and risk of obesity?	Systematic Review
What is the relationship between portion size and energy intake?	Systematic Review
Can nutrient goals be met when animal sources of foods and beverages are removed from the Healthy Vegetarian Dietary Pattern for ages 2 years and older?	Food Pattern Modeling

It is the intention of the Committee to identify questions that have lower priority to allow future Committees to prioritize scientific questions that this Committee did not have the time or resources to pursue as well as to incorporate new, emerging dietary guidance topics. Some of the conclusions to the systematic review questions above had statements that were graded as strong. NESR methodology defines a grade of strong as “the level of certainty in the conclusion is strong, such that if new evidence emerges, modifications to the conclusion are unlikely to be required.”⁸ The food pattern modeling results support existing quantities of Fruits in the overall synthesis that integrates the food groups in a healthy dietary pattern so no further consideration is recommended. When considering if nutrient goals can be met when animal sources of foods and beverages are removed from the Healthy Vegetarian Dietary Pattern for ages 2 years and older, the Committee was constrained by insufficient data on the appropriate substitution

of foods and beverages that would replace those excluded as part of the analyses and did not recommend further consideration. Other questions were deprioritized because they were of lower priority for informing advice and/or the evidence was not, in the opinion of the Committee, evolving quickly and could be on a delayed update schedule.⁸ Many of the questions deprioritized had stronger evidence for adults than other life stages, and it may be appropriate to monitor these questions for life stages with conclusion statements graded as limited or grade not assignable to determine if evidence is available to support the next Committee's re-examination of these questions.

Strengthening the Nutrition Surveillance System

The 2022 White House National Strategy on Hunger, Nutrition and Health and the 2024 President's Council of Advisors on Science and Technology (PCAST) Vision for Advancing Nutrition in the United States emphasize the critical need for federal data and related programs.^{9,10} Both reports highlight the importance of enhancing the U.S. food and nutrition surveillance system to facilitate continuous and accurate monitoring of food consumption patterns, dietary composition, nutrient intake, and overall nutritional status. Such advancements are essential for identifying evidence gaps and guiding effective population health interventions. Additionally, targeted funding for nutrition research is crucial to support the development of evidence-based policies that promote and protect public health. The PCAST report makes special mention of the negative repercussions of disruptions in federal funding to critical federal nutrition initiatives. The Committee provides further context for the critical importance of these programs in support of future *Dietary Guidelines*.

National Health and Nutrition Examination Survey (NHANES) and Other National Surveys

- Continue to support and expand investment in NHANES as it is the only nationally representative survey that includes both detailed dietary assessment and a panel of risk factors and health indicators measured using high-quality methods in a continuous survey over time.

Rationale: The Committee strongly emphasizes the importance of the data generated in the National Health and Nutrition Examination Survey (NHANES), including What We Eat in America (WWEIA).^{11,12} NHANES is the only U.S. resource that provides dietary assessment and health outcome data that is representative of the non-institutionalized U.S. population. Its continuous, systematic, technician-measured data collection and high-quality standards for data management, cleaning, and public release enable monitoring of dietary changes in the population over time and evaluation of emerging nutritional improvement, degradation, and disparities in the population. Population-level dietary intakes must be carefully monitored over time to evaluate public health events, policy changes, and other secular trends, to provide unique and unparalleled evidence of impact at a national scale to inform future initiatives and events. NHANES has maintained high-quality, consistent methodology for tracking population dietary intake and health outcomes during the past 20+ years. As such, its data are essential for informing the *Dietary Guidelines* process and developing food group and subgroup recommendations that meet the population where they are in terms of their current dietary intakes, so that guidance is responsive and actionable to the

population's foodways. Without these data, evaluation of dietary intake and health outcomes before and after broad public health events, such as the COVID-19 pandemic, or implementation of nutrition-related policy, would not provide essential information. The Committee supports expansion of dedicated resources to fund this essential public health surveillance program.

- Increase sample sizes and oversampling for underrepresented sociodemographic and cultural groups in WWEIA, NHANES and other federal, nationally representative surveys on nutrition or health to adequately address the diversity of the U.S. population.

Rationale: The Committee acknowledges the substantially lower response rates for the NHANES August 2021-August 2023 cycle, which will be available for the work of the next Committee, and encourages federal efforts to increase response rates for dietary recall and physical examination in future NHANES cycles.^{11,13} To achieve this, the Committee strongly recommends that support be provided to enhance community and public engagement. This would help identify strategies to increase response and participation, as well as address the needs, priorities, and experiences of communities in using and accessing the data. The Committee further recommends employing individuals from the communities being studied to assist with data collection and dissemination, ensuring culturally appropriate and trusted engagement. Moreover, NHANES should ensure that sociodemographic groups residing in the United States are adequately represented in the data used to inform national dietary guidance. Dietary intake data that captures diverse cultural and regional dietary patterns, as well as those that vary according to other sociodemographic characteristics, is needed by future Committees to understand current dietary intakes among these groups and determine if the Eat Healthy Your Way Dietary Pattern can meet the nutrient needs of the diverse U.S. population. For example, Native American, Alaska Native, and Pacific Islander populations experience high rates of chronic disease rates, yet are not adequately represented in most federal, nationally representative surveys on nutrition and health.¹⁴ Currently, NHANES does not collect information on tribal affiliation or whether the respondent is a member of a state- or federally recognized tribe. Additionally, NHANES does not ask respondents who report more than 1 race which race they most identify with, and public use files contain only 2 measures of race and ethnicity, which limits the identification of American Indians/Alaska Natives (as well as other racial/ethnic and geographic subgroups that may have higher rates of diet-related conditions) when using public use data. Sample sizes in NHANES also are not adequate to allow for data to be disaggregated by subgroups within larger racial/ethnic categories (e.g., Chinese, Indian, Filipino, etc.) and by other characteristics such as country or region of origin. Likewise, insufficient sample sizes do not allow for disaggregation of race and/or ethnicity classification for most groups when considering different life stages (e.g., older adults ages 80 years and older, infants, young children, and pregnancy and lactation), while maintaining participant confidentiality. Moreover, few national surveys provide information on dietary behaviors and consumption patterns of individuals who are pregnant, postpartum, and/or lactating. Thus, nationally representative data on dietary intakes, health indicators, nutritional status, biospecimen collections, body composition and weight-related metrics, and health outcomes are not available to support surveillance and monitoring of these

groups. Consideration of these cultural, geographic, and life stage groups is important for representing substantial shares of the population, fast-growing segments of the population, and life stages during which rapid growth and development occur.

- Incorporate and/or expand instruments in national surveys (e.g., WWEIA, NHANES) that capture SDOH and multilevel factors that influence dietary intakes such as food environments and individuals' perceptions of the food environment, food access, acculturation, dietary preferences (e.g., vegetarian diet), and policies that act as barriers and facilitators to healthy food intake.

Rationale: Questions that assessed individuals' eating behaviors, perceptions, acculturation, and food environments in prior WWEIA, NHANES are limited. For example, questions related to acculturation captured the language spoken at an individual's home and did not examine other acculturation strategies (e.g., shifts in cultural practices and traditions, media use, cuisine, values, attitudes, social norms, and hobbies) that could be useful for understanding differences in dietary intakes among individuals from various cultural backgrounds.

FoodData Central

- Prioritize ongoing updates to national food composition databases that can be used in the development of national nutrition policy, including the *Dietary Guidelines for Americans*.

Rationale: Food composition data form the foundation for all aspects of national dietary surveillance efforts and are critical to nutrition researchers, dietetics professionals, consumers, the agricultural sector, and food manufacturers. These data ultimately pave the way for nutrition, health, and agricultural policies that include and extend beyond the *Dietary Guidelines* process. The USDA FoodData Central forms the basis for food composition data in the U.S. and includes 5 distinct data types (i.e., Foundation Foods; Standard Reference (SR) Legacy; Food and Nutrient Database for Dietary Studies (FNDDS); Experimental Foods; and Branded Foods).¹⁵ The data from Foundation Foods and SR Legacy feeds into FNDDS, which is critical to the 3 approaches used by the Committee to review the science (i.e., data analysis, systematic reviews, and food pattern modeling). Rigorous analytical food composition data and their corresponding food group contributions (i.e., Food Patterns Equivalents Database [FPED]) are essential for determining nutrient adequacy when developing or refining healthy dietary patterns and when examining associations between dietary exposures and health-related outcomes. Due to the rigor needed for development of national nutrition policy, the Committee did not consider label data from Branded Foods. However, the Committee recommends that concerted effort be made to standardize the Branded Foods data types to expand the overall food composition databases to be sufficiently nimble to reflect current intake patterns. The Committee also recognizes that the full scope of the methodologies used in the *Dietary Guidelines* process go beyond the capabilities of FNDDS, given its purpose is to provide data to be applied to analysis of foods and beverages reported in WWEIA, NHANES cycles. To capture data from the ever-evolving food supply, the Committee recommends bolstering analytical data in other FoodData Central databases to fill data gaps identified by this Committee. Continuous monitoring of market trends (e.g., ultra-processed foods (UPFs), non-dairy

milk products, and plant-based meat alternatives), with a goal of updating and expanding the food composition databases, is essential to allow for additional testing of generalizability of nutrient profile calculations. Such monitoring requires additional resources to produce nutritional estimates aligned with the rigor of the FNDDS and FPED databases. Additional actions that are imperative to support the continuous quality of advancement of this work involve expanding FoodData Central datasets to include the following: current, nationally representative food composition data that are consistently analyzed for a complete list of nutrients, links to the FPED, data for cooked foods, and data for multiple portion sizes.

- Support ongoing efforts to expand national food composition data to include more food and beverages consumed across diverse cultural and population groups.

Rationale: The Committee supports continued efforts to expand FoodData Central to include additional foods and beverages consumed in diverse communities while also acknowledging the amount and importance of data already included in these databases. In addition, the Committee also encourages support and resources to continue to expand the national nutrient databases for inclusion of foods included in the diets of additional population groups. The Committee suggests that prioritization of the next set of foods and beverages to be included in FoodData Central is aligned with the NHANES sampling plan, so that future Committees can analyze the dietary intakes of and evaluate dietary pattern flexibility for additional population groups.

- Expand the national food composition data to include food components, such as phytonutrients, as well as common non-nutritive food and beverage additives that are increasingly used by industrial food manufacturers, such as flavoring agents, sweeteners, colorants, preservatives, texturizers, and other substances.

Rationale: Expanding the national food composition data to include food components, such as phytonutrients, and industrial additives will facilitate ongoing monitoring of the prevalence and trends in consumption of these bioactives and other substances in the population, and support emerging research to investigate their potential health effects.

Human Milk Composition

- Prioritize, support, and fund research to develop and improve federally available data on human milk composition from diverse population groups and across all phases of lactation.

Rationale: The Standard Reference Legacy data for human milk in the USDA nutrient database was last analyzed and updated in 1976.¹⁶ Human milk composition is influenced by numerous factors including characteristics of the lactating individual (parity, age, and health status), stage of lactation, environmental factors, and dietary intake. There is a need for a comprehensive, representative, systematic collection of human milk across the United States and Canada that reflects current dietary intake patterns of diverse populations and the methodological advances of current assay methods to better inform the Dietary Reference Intakes and future nutrients of public health concerns.

Dietary Reference Intakes (DRIs)

- Emphasize the importance of the Joint U.S.-Canada DRI Working Group to coordinate regular updates to existing DRIs and development of new DRIs for nutrients across the lifespan.

Rationale: The DRIs are a set of scientifically developed reference values for nutrients that serve as a vital resource for evaluating the nutritional quality of dietary patterns consumed in the United States.¹⁷ The Committee relies on and uses the DRIs to develop dietary patterns that meet nutrient requirements and understand how current nutrient intakes compare to recommendations. The DRIs are not required to be updated on a recurring basis. However, many nutrients have not been updated in 10 to 20 years, and new data may be available to warrant updates to nutrient values or to develop values for nutrients that have never been considered. Furthermore, the Chronic Disease Risk Reduction (CDRR) Intake model needs to be applied to all nutrients within the DRI Framework.¹⁸

Methodological Considerations for the Research Community

Throughout its review of the science, the Committee identified important gaps in data and identified future directions. Additional research recommendations pertaining to each scientific approach (data analysis, systematic reviews, and food pattern modeling) are included elsewhere in this report. The following recommendations span multiple scientific approaches that benefit the entire research community.

- Replicate observational studies conducted outside of the United States with prospective cohort studies among U.S. populations, while considering diversity in race and/or ethnicity, socioeconomic position, gender identity, and health disparities.

Rationale: The Committee's reviews included many studies that were conducted in countries outside the United States. Despite having comparable human development index classification, studies conducted outside of the United States often include homogenous populations and have limited generalizability to the U.S. context due to differences in food supply and lack of participant diversity.¹⁹⁻²¹ Nonetheless, it continues to be important to consider the entire body of evidence, including U.S. and international studies, to help evaluate potential diet-health relationships.

- Determine consistent nomenclature and components for dietary patterns.

Rationale: The Committee had difficulty assessing some of the literature due to subjectivity in labeling and determining the food components that comprise a pattern. Further, certain patterns were population-specific and less generalizable between studies, making it challenging to reproduce and compare patterns across the body of evidence.²²

- Develop evidence-based and consistent nomenclature for food groups and subgroups.

Rationale: The naming and grouping of certain foods to food groups and subgroups is cultural, historical, and based on the way that foods are consumed as part of culinary practice, and not necessarily tied to botanical nomenclature. Grouping of foods and beverages into FPED categories

relies on similarities in nutrient composition of foods and beverages in a food group (e.g., Red and Orange Vegetables are characteristically higher in vitamin A and carotenoids than the other Vegetables subgroups). All food groups and subgroups are defined in the FPED, a database for assessing food group and subgroup intakes and calculating the HEI scores for assessment of diet quality in the U.S. population. Consumer testing informed the naming of some food groups such as the change from "Meat, poultry, eggs, seafood, and beans" to "Protein Foods." The Vegetables and Protein Foods subgroup "Legumes" was changed to "Beans, Peas, and Lentils" to be more specific and descriptive of the food types within the subgroup. As perspectives on foods, their availability, and their use change over time, the naming of food groups and subgroups need re-evaluation. Their grouping and nomenclature may need tailoring to convey their meaning to individual groups in the U.S. population. The Committee recommends consumer testing of the current terminology is recommended for certain food groups and subgroups, specifically Beans, Peas and Lentils, Dairy and Fortified Soy Alternatives, and the term 'whole fruits', which is used to describe recommended types from the Fruits Food Group.

Summary

In closing, future Committees should identify opportunities for enhancing data representation and inclusivity. This will require expanding the life stage and subgroup analyses; working with agencies and the research community to address critical gaps in data collection, surveillance, and scientific evidence; and exploring the potential for a more robust inclusion of cultural foodways and SDOH considerations. Given the persistent gap between dietary guidance and actual dietary intakes, additional evidence-based focus is needed on behavioral sciences, health communication, and implementation research in the *Dietary Guidelines* process. Finally, robust collection of dietary and health outcome data via NHANES and other databases, along with availability of nutrient adequacy markers informed by current DRIs—as well as food composition and nutrient databases that provide comprehensive support for these resources—are critical for effectively implementing the future directions identified in this chapter. These future directions underscore the importance of inclusive and representative dietary data and expertise to inform guidelines that support health equity and address the needs of a diverse U.S. population.

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