



2020-2025 Dietary Guidelines for Americans Overview

On December 29, 2020, USDA and HHS published the *2020-2025 Dietary Guidelines for Americans (DGA or Dietary Guidelines)*. The *Dietary Guidelines* is required under the 1990 National Nutrition Monitoring and Related Research Act, which states that every 5 years, the U.S. Departments of Health and Human Services (HHS) and of Agriculture (USDA) must jointly publish a report containing nutritional and dietary information and guidelines for the general public. The 2020-2025 edition recommendations are relatively status quo and similar to the 2015-2020 edition, with revisions based on the [Scientific Advisory Report of the 2020 Dietary Guidelines Advisory Committee](#) and consideration of Federal agency and public comments. The 2020-2025 DGAs are divided into 6 Chapters. Chapter 1 provides foundational guidance that is then applied across life stages outlined in the remaining chapters.

USDA/HHS announced the release of the DGAs with an online [webinar](#). They also published an updated *Dietary Guidelines website* that includes links to new educational and reference [materials](#). To accompany the publication of the *Dietary Guidelines*, USDA also launched a communication strategy that will highlight a call to action - "Make Every Bite Count with the *Dietary Guidelines*." In tandem, they are promoting a "Start Simple with MyPlate" campaign which provides inspiration and ideas that people can easily incorporate into their busy lives to help them improve their health and well-being over time. Additionally, an updated [MyPlate website](#) is available.

2020-2025 DGA Themes

- **The *Dietary Guidelines* is developed to help all Americans.** The *Dietary Guidelines* is based on scientific evidence on health-promoting diets in people who represent the general U.S. population. It is designed for policymakers and nutrition and health professionals to help all individuals and their families consume a healthy, nutritionally adequate diet.
- **Most Americans still do not follow the *Dietary Guidelines*.** The average American diet scores a 59 out of 100 on the Healthy Eating Index (HEI), which measures how closely a diet aligns with the *Dietary Guidelines*. Research shows that higher HEI scores can improve health. On average Americans have 1 or more chronic diet-related health conditions, including overweight and obesity, heart disease, stroke, type 2 diabetes, hypertension, liver disease, certain types of cancer, dental caries, and/or metabolic syndrome. Across the lifespan, the typical American diet results in overconsumption of total energy, saturated fats, sodium, added sugars, and for some, alcoholic beverages, while intakes of fruits, vegetables, and whole grains are lower than current recommendations.
- **Life stage approach.** This is the first time the *Dietary Guidelines* has provided guidance by stage of life, from birth to older adulthood, including pregnancy and lactation. Diet quality is higher in young children but tends to decline with age throughout childhood and into adolescence, particularly for females.
- **Focus on a framework of dietary patterns.** The *Dietary Guidelines* focuses on the combination of foods and beverages that make up an individual's whole diet over time, and not single foods or eating occasions in isolation. The DGAs continue to recommend the three dietary patterns outlined in the previous edition (Healthy US-Style, Mediterranean-Style, and Healthy Vegetarian), without the addition of any other dietary patterns (e.g., low-carbohydrate). The *Guidelines* suggest nutrient-dense foods and beverages such as 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.



- **Making choices rich in nutrients should be the first choice.** The *DGAs* conclude that vitamin D, calcium, dietary fiber, and potassium continue to be underconsumed and are dietary components of public health concern. The *DGAs* provide [lists](#) of examples of a variety of nutrient-dense foods and beverages that are some of the highest sources of these dietary components.
 - There is very little leeway for extra calories from added sugars, saturated fats, and if consumed, alcohol. Most of the calories a person eats each day (~85%) are needed for foods rich in nutrients that help the person meet food group recommendations. This leaves only 15% of calories for added sugar, saturated fats, and alcohol combined.
- **The *Dietary Guidelines* is meant to be adaptable to personal preferences, cultural foodways and budgetary considerations.** The *Dietary Guidelines* framework purposely provides recommendations by food groups and subgroups—not specific foods and beverages—to avoid being prescriptive.

Overarching Guidelines and Key Recommendations

There are **4 overarching Guidelines** in the *2020-2025 DGAs*. Additional information and detail on each of these areas, as well as coordinated recommendations are outlined in Chapter 1.

1. Follow a healthy dietary pattern at every life stage.
2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
3. Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.
4. Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

There are **Key Recommendations** supporting the 4 *Guidelines*, including quantitative recommendations on limits that are based on the body of science reviewed. The following are consistent with previous editions:

1. Limiting added sugars to less than 10% of calories per day for ages 2 and older and to avoid added sugars for infants and toddlers; *However, it is noted, most Americans have less than 8% of total calories available to use towards consumption of added sugars, including the added sugars inherent within a healthy dietary pattern;*
2. Limiting saturated fat to less than 10% of calories per day starting at age 2;
3. Limiting sodium intake to less than 2,300mg per day (or even less if younger than 14);
4. Limiting alcoholic beverages* (if consumed) to 2 drinks or less a day for men and 1 drink or less a day for women.

There are **3 Key Dietary Principles that can help people achieve the *Dietary Guidelines***. To help improve Americans' eating patterns, the *Dietary Guidelines* suggests:

- Meet nutritional needs primarily from foods and beverages.
- Choose a variety of options from each food group.
- Pay attention to portion size.



Key Take Aways for SNAC

Guideline 1: Follow a healthy dietary pattern at every life stage.

- From 12 months through older adulthood, follow a healthy dietary pattern across the lifespan to meet nutrient needs, help achieve a healthy body weight, and reduce the risk of chronic disease.
- Chapter 1 provides examples of foods in non-nutrient dense forms and illustrates the difference in preparation method. For example, the difference of movie theater popcorn vs air popped.
- The science underlying the DGAs demonstrates that healthy eating across the lifespan can promote health and reduce risk of chronic disease. The DGAs provide specific examples of positive outcomes across each life stage group. For example, for Birth through 23 months, sticking close to DGA patterns can help prevent risk of overweight or obesity.
- The DGAs continues to suggest dietary patterns with food components consisting of **higher intake of vegetables, fruits, legumes, whole grains, low- or non-fat dairy, lean meat and poultry, seafood, nuts and unsaturated vegetable oils and a lower intake of red and processed meats, sugar-sweetened foods and drinks, and refined grains.**
- Dietary patterns characterized by higher intake of red and processed meats, sugar-sweetened foods and beverages, and refined grains are associated with detrimental health outcomes.

Guideline 3: Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.

- More than 80 percent have dietary patterns that are low in vegetables, fruits, and dairy.
- More than half of the population is meeting or exceeding total grain and total protein foods recommendations, but are not meeting the recommendations for the subgroups within each of these food groups.
- Grains: Choose 100% whole-grain foods for at least half of all grains consumed. Individuals who eat refined grains should choose enriched grains. Individuals who consume all of their grains as whole grains should include some that have been fortified with folic acid. Grain-based foods in nutrient-dense forms limit the additions of added sugars, saturated fat, and sodium. Shifting to more nutrient-dense forms of grains, such as ready-to-eat breakfast cereals with less sugar, will help meet healthy dietary patterns.
- About 20 percent of intake of refined grains comes from **snacks and sweets, including crackers, pretzels, cakes, cookies, and other grain desserts.** The remaining refined grains are generally eaten as separate food items, such as pancakes, cereals, breads, tortillas, pasta, or rice.
- About 60 percent of whole-grain intake in the United States is from individual food items, mostly cereals and crackers, rather than mixed dishes. Grains are generally consumed in forms with higher amounts of sodium (e.g., breads, tortillas, crackers) and added sugars (e.g., grain-based desserts, many ready-to-eat breakfast cereals) rather than the nutrient-dense forms.
- Shifting from refined to whole-grain versions of commonly consumed foods—such as from white to 100% whole-wheat breads, and white to brown rice where culturally appropriate—would increase whole-grain intakes and lower refined grain intakes to help meet recommendations.
- Oils: Oils contain important essential fatty acids and are therefore part of a healthy dietary pattern. Strategies to shift intake include cooking with vegetable oil in place of fats high in saturated fat, including butter, shortening, lard, or coconut oil. However,



some foods, **such as desserts and sweet snacks**, that are prepared with oils instead of fats high in saturated fat are still high in added sugars and are thus not a nutrient-dense food choice.

- Across the other categories of fruit, vegetables, and dairy, the DGA suggests incorporating these into “snacks” throughout the day.

Guideline 4: Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

Added Sugar: limits added sugars to less than 10 percent of calories per day.

- When added sugars exceed 10 percent of calories, a healthy dietary pattern within calories limits is very difficult to achieve.
- Most Americans have less than 8 percent of calories available for added sugars, including the added sugars inherent to a healthy dietary pattern.
- The major sources of added sugars in typical U.S. diets are sugar-sweetened beverages, desserts and **sweet snacks**, sweetened coffee and tea, and candy.

Saturated Fat:

- For those 2 years and older, saturated fat should be limited to less than 10 percent of calories per day.
- The main sources of saturated fat in the U.S. diet include sandwiches, including burgers, tacos, and burritos; desserts and **sweet snacks**; and rice, pasta, and other grain-based mixed dishes.
- Strategies to lower saturated fat intake include reducing intakes of dessert and sweet snacks by consuming smaller portion sizes and eating these foods less often.

Sodium: The Chronic Disease Risk Reduction (CDRR) levels defined by the National Academies— 1,200 mg/day for ages 1 through 3; 1,500 mg/day for ages 4 through 8; 1,800 mg/day for ages 9 through 13; and 2,300 mg/day for all other age groups.

- American consume too much salt, with most sodium coming from commercial processing and restaurants.
- Sodium is found in foods from almost all food categories across the food supply (Figure 1-12), including mixed dishes such as sandwiches, burgers, and tacos; rice, pasta, and grain dishes; pizza; meat, poultry, and seafood dishes; and soups.
- **Desserts and sweet snacks account for 11%**
- **Chips, Crackers and Savory Snacks accounted for 4%**
- Because sodium is found in so many foods, multiple strategies should be implemented to reduce sodium intake to the recommended limits. Careful choices are needed in all food groups to reduce intake.

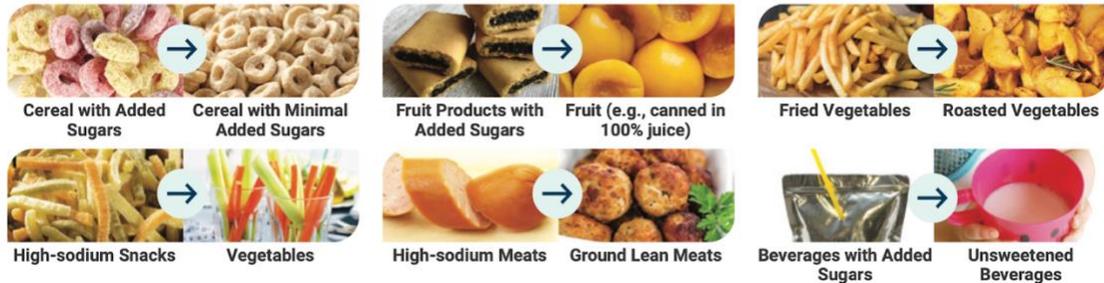
Birth to 23 months

- The DGAs recommend promoting nutrient-dense choices such as swapping out high sodium snacks for vegetables



Make Healthy Shifts To Empower Toddlers To Eat Nutrient-Dense Foods in Dietary Patterns

Science shows that early food preferences influence later food choices. Make the first choice the healthiest choices that set the toddlers on a path of making nutrient-dense choices in the years to come. Examples of shifts in common choices to healthier, more nutrient-dense food choices include:



Children and Adolescents

- Snacks can be used as a way to promote intake of nutrient-dense fruits and vegetables, like carrot sticks and hummus or apple slices, instead of foods like chips or cookies. Using snacks as an opportunity to encourage nutrient-dense food group choices is especially relevant during early childhood when the total volume of food consumed at regular meals is lower and snacking is common.

Adults

- Sodium: Overconsumption of sodium occurs for several reasons. Because sodium is found in foods and beverages across all food groups, with most coming from foods that have salt added during commercial processing rather than salt added to foods during or after preparation, reducing sodium consumption will require a joint effort by individuals, the food and beverage industry, and food service and retail establishments.
- Added sugars: A variety of foods and beverages contribute to the remaining added sugars consumed by adults. In addition to the contribution of sugar-sweetened beverages and sweetened coffees and teas, about 30 percent come from desserts and sweet snacks, candies, and sweetened breakfast cereals. For example, over the past decade, beverages, snacks, and bakery foods have continuously topped the list for the most new product introductions (source: ers.usda.gov/topics/food-markets-prices/processing-marketing/new-products.aspx)

Detailed Notes

Message from the Secretaries

- The science shows it's never too late to start and maintain a healthy dietary pattern, which can yield health benefits in the short term and cumulatively over years.
- The DGAs are based off a robust scientific review from the 2020-2025 DGAC, who also provided recommendations for future work/considerations
- The U.S. and Canadian Dietary Reference Intake Steering Committees are **currently developing plans to re-examine energy, protein, fat, and carbohydrate—the timeline for these macronutrient reviews has not been established.**



- USDA and HHS will be jointly funding the work to help guide our Departments' research agendas in the coming years.

Executive Summary: The *DGA* executive summary is available [here](#)

Introduction

Key Takeaways

- American Diet: diet-related chronic diseases, such as cardiovascular disease, type 2 diabetes, obesity, liver disease, some types of cancer, and dental caries, pose a major public health problem for Americans.
 - 60% of Americans have one or more diet-related chronic disease (statistics outlined on page 5 of the introduction)
- The importance of following the *Dietary Guidelines* across all life stages has been brought into focus even more with the emergence of COVID-19.
- Dietary Patterns: The *DGAs* recognize the importance of a healthy dietary pattern as a whole— rather than on individual nutrients or foods in isolation.
- Lifestage approach: recognizes that each life stage is distinct—nutrient needs vary over the lifespan and each life stage has unique implications for food and beverage choices and disease risk.
- The *DGA* role is to translate the recommendations for specific nutrient requirements (DRIs) from the National Academies of Sciences, Engineering, and Medicine into food and beverage recommendations
- Developing the *DGAs* consisted of a 4 stage approach including
 - Stage 1: Identifying topics and supporting scientific questions for the Dietary Advisory Committee to review through public engagement
 - Stage 2: Appoint the DGAC to review current scientific evidence.
 - The 20 nationally recognized scientific experts appointed to the Committee represented a mix of practitioners, epidemiologists, scientists, clinical trialists, and others from every region of the United States.
 - After 16 months and 6 public meetings to discuss and deliberate on their findings, the DGAC completed and published their final Scientific Report for review by HHS/USDA in 2020. This report, organized by life stage, reflects the Advisory Committee's full examination of scientific evidence using three approaches: data analysis, systematic reviews, and food pattern modeling.
 - Stage 3: Develop the *Dietary Guidelines*
 - Stage 4: Implement the *Dietary Guidelines*
- The *DGAs* continue to utilize MyPlate to translate the guidelines, written for a professional audience, into recommendations for the everyday American. More information is available at [MyPlate.gov](#). "Start Simple with MyPlate" campaign.

Chapter 1: Nutrition and Health Across the Lifespan: The Guidelines and Key Recommendations

- Chapter 1 provides a framework for the remaining chapters. Broken up into the 4 key recommendations, it provides foundational guidance that can then be applied across life stages.

Guideline 1: Follow a healthy dietary pattern at every life stage.

Key Recommendations



- For about the first 6 months of life, exclusively feed infants human milk. Continue to feed infants human milk through at least the first year of life, and longer if desired. Feed infants iron-fortified infant formula during the first year of life when human milk is unavailable. Provide infants with supplemental vitamin D beginning soon after birth.
- At about 6 months, introduce infants to nutrient-dense complementary foods. Introduce infants to potentially allergenic foods along with other complementary foods. Encourage infants and toddlers to consume a variety of foods from all food groups. Include foods rich in iron and zinc, particularly for infants fed human milk.
- From 12 months through older adulthood, follow a healthy dietary pattern across the lifespan to meet nutrient needs, help achieve a healthy body weight, and reduce the risk of chronic disease.

Chapter Notes

- A dietary pattern represents the totality of what individuals habitually eat and drink, and the parts of the pattern act synergistically to affect health.
- Establishing and maintaining a healthy dietary pattern can help minimize diet-related chronic disease risk. Conversely, consuming foods and beverages that are not nutrient-dense may lead to disease expression in later years.
- The dietary pattern examples are carried forward from 2015 and are
 - **The Healthy US Style Dietary Pattern**
 - **The Healthy Mediterranean Style Dietary Pattern**
 - **The Healthy Vegetarian Style Dietary Pattern**
 - **The Dietary Approaches to Stop Hypertension (DASH) Dietary Pattern**
- Details on each pattern are outlined in the tables in Appendix 3
- Additionally, definitions of each food group (grains, vegetables, fruits, dairy, protein, oils etc) are defined in appendix 3
- The Healthy U.S.-Style and Healthy Vegetarian Dietary Patterns are provided for toddlers ages 12 through 23 months who are no longer receiving human milk or infant formula.
- These patterns are designed to meet nutrient needs while not exceeding calorie requirements and while staying within limits for overconsumed dietary components, such as added sugars, saturated fat, and sodium.
- Amounts of each food group and subgroup within the patterns are based on nutrient and *Dietary Guidelines* standards (see [Appendix 1. Nutritional Goals for Age-Sex Groups](#)).
- The Patterns have 12 calorie levels to meet the needs of individuals across the lifespan ages 2 and older.
- Chapter 1 provides examples of foods in non-nutrient dense forms and illustrates the difference in preparation method. For example, the difference of breaded fried fish vs. baked fish, movie theater popcorn vs air popped, 80% lean beef vs 97% lean beef.
- It illustrates making small changes in food choices over time. Another example is choosing unsweetened cereal vs. sweetened cereal, low sodium beans vs. regular, and vegetable oils instead of butter.
- The *DGAs* also continues to suggest dietary patterns with food components consisting of **higher intake of vegetables, fruits, legumes, whole grains, low- or non-fat dairy, lean meat and poultry, seafood, nuts and unsaturated vegetable oils and a lower intake of red and processed meats, sugar-sweetened foods and drinks, and refined grains.**
- The science underlying the *DGAs* demonstrates that healthy eating across the lifespan can promote health and reduce risk of chronic disease. The *DGAs* provide specific examples of positive outcomes across each life stage group. For example, for Birth



through 23 months, sticking close to *DGA* patterns can help prevent risk of overweight or obesity or lower peanut allergy.

Chapter 1 Key Dietary Principles: The *DGAs* outline key principles to key people meet the Guidelines and Key Recommendations.

- Meet nutritional needs primarily from foods and beverages.
 - In some cases when this is not otherwise possible, fortified foods and dietary supplements are useful
 - Nutrient density is often determine by how a food or meal is prepared either at home or by a food manufacturer
- Choose a variety of options from each food group.
 - All forms of foods, including fresh, canned, dried, frozen, and 100% juices, in nutrient-dense forms, can be included in healthy dietary patterns.
- Pay attention to portion size.
 - Reading Nutrition Facts Labels can help determine how much you are eating.

Guideline 2: Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.

Key Recommendations

A healthy dietary pattern can benefit all individuals regardless of age, race, or ethnicity, or current health status. The *Dietary Guidelines* provides a framework intended to be customized to individual needs and preferences, as well as the foodways of the diverse cultures in the United States.

Chapter Notes

- Eating should be enjoyed
- In every setting, across all cultures, and at any age or budget, there are foods and beverages that can fit within the *Dietary Guidelines* framework. This ensures that the *DGAs* can “meet people where they are.”
- [The USDA Food Plans—Thrifty, Low-Cost, Moderate-Cost, and Liberal-Cost food plans](#)—each represent a nutritious diet at a different cost level. These plans are scheduled to be revised, with an updated Thrifty Food Plan published by the end of 2022 to reflect this edition of the *Dietary Guidelines* and updated food availability and food cost data.
- The *DGA* reflects a range of options across food groups and the customizing framework is available [here](#). The examples below are a sample of the range of options in each food group—to be eaten in nutrient-dense forms.
- **Vegetables** (See appendix 3 for examples)
 - **Dark-Green Vegetables:** All fresh, frozen, and canned dark- green leafy vegetables
 - **Red and Orange Vegetables:** All fresh, frozen, and canned red and orange vegetables or juice, cooked or raw
 - **Beans, Peas, Lentils:** All cooked from dry or canned beans, peas, chickpeas, and lentils. Does not include green beans or green peas.
 - **Starchy Vegetables:** All fresh, frozen, and canned starchy vegetables (includes white potatoes).
 - **Other Vegetables:** All other fresh, frozen, and canned vegetables, cooked or raw.
- **Fruits** (See appendix 3 for examples)



- All fresh, frozen, canned, and dried fruits and 100% fruit juices:
- **Grains** (See appendix 3 for examples)
 - **Whole grains:** All whole-grain products and whole grains used as ingredients.
 - **Refined grains:** All refined-grain products and refined grains used as ingredients. Refined grain choices should be enriched.
- **Dairy and Fortified Soy Alternatives**
 - All fluid, dry, or evaporated milk, including lactose-free and lactose-reduced products and fortified soy beverages (soy milk), buttermilk, yogurt, kefir, frozen yogurt, dairy desserts, and cheeses. Most choices should be fat-free or low-fat. Cream, sour cream, and cream cheese are not included due to their low calcium content.
- **Protein Foods**
 - **Meats, Poultry, Eggs:** Meats include beef, goat, lamb, pork, and game meat (e.g., bison, moose, elk, deer). Poultry includes chicken, Cornish hens, duck, game birds (e.g., ostrich, pheasant, and quail), goose, and turkey. Organ meats include chitterlings, giblets, gizzard, liver, sweetbreads, tongue, and tripe. Eggs include chicken eggs and other birds' eggs. Meats and poultry should be lean or low-fat.
 - **Seafood:** Lower in methylmercury (See appendix 3 for examples)
 - **Nuts, Seeds, Soy Products:** Nuts and seeds include all nuts (tree nuts and peanuts), nut butters, seeds (e.g., chia, flax, pumpkin, sesame, and sunflower), and seed butters (e.g., sesame or tahini and sunflower). Soy includes tofu, tempeh, and products made from soy flour, soy protein isolate, and soy concentrate. Nuts should be unsalted.

Guideline 3: Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.

Key Recommendations

Nutrient-dense foods provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium.

The core elements that make up a healthy dietary pattern include:

- Vegetables of all types—dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables
- Fruits, especially whole fruit
- Grains, at least half of which are whole grain
- Dairy, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives
- Protein foods, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products
- Oils, including vegetable oils and oils in food, such as seafood and nuts

Chapter Notes

This section uses the Healthy U.S.-Style Dietary Pattern to show how people can make shifts in their choices to achieve a healthy dietary pattern.

- More than 80 percent have dietary patterns that are low in vegetables, fruits, and dairy.
- More than half of the population is meeting or exceeding total grain and total protein foods recommendations, but are not meeting the recommendations for the subgroups within each of these food groups.



- **Vegetables:** Healthy dietary patterns include a variety of vegetables from all five vegetable subgroups—dark green; red and orange; beans, peas, and lentils; starchy; and other. These include all fresh, frozen, canned, and dried options in cooked or raw forms, including 100% vegetable juices. Vegetables in their nutrient-dense forms have limited additions such as salt, butter, or creamy sauces.
- **Fruit:** includes whole fruits and 100% fruit juice. Whole fruits include fresh, canned, frozen, and dried forms. Whole fruits can be eaten in various forms, such as cut, sliced, diced, or cubed. At least half of the recommended amount of fruit should come from whole fruit, rather than 100% juice.
- **Grains:** Choose 100% whole-grain foods for at least half of all grains consumed. Individuals who eat refined grains should choose enriched grains. Individuals who consume all of their grains as whole grains should include some that have been fortified with folic acid. Grain-based foods in nutrient-dense forms limit the additions of added sugars, saturated fat, and sodium. Shifting to more nutrient-dense forms of grains, such as ready-to-eat breakfast cereals with less sugar, will help meet healthy dietary patterns.
- **Dairy and Fortified Soy Alternatives:** Include fat-free and low-fat (1%) milk, yogurt, and cheese. Individuals who are lactose intolerant can choose low-lactose and lactose-free dairy products. For individuals who choose dairy alternatives, fortified soy beverages (commonly known as “soy milk”) and soy yogurt—which are fortified with calcium, vitamin A, and vitamin D. Most individuals would benefit by increasing intake of dairy in fat-free or low-fat forms.
- **Plant Based Dairy Alternatives (Named “other products”):** Other products sold as “milks” but made from plants (e.g., almond, rice, coconut, oat, and hemp “milks”) may contain calcium and be consumed as a source of calcium, but they are not included as part of the dairy group because their overall nutritional content is not similar to dairy milk and fortified soy beverages. Therefore, consuming these beverages does not contribute to meeting the dairy group recommendation.
- **Protein Foods:** Include a variety of protein foods in nutrient-dense forms. The protein foods group comprises a broad group of foods from both animal and plant sources, and includes several subgroups: meats, poultry, and eggs; seafood; and nuts, seeds, and soy products. Beans, peas, and lentils may be considered a part of the protein foods group as well as the vegetable group.
- Shifts are needed within the protein foods group to add variety to subgroup intakes. Selecting from the seafood subgroup or the beans, peas, and lentils subgroup more often could help meet recommendations while still ensuring adequate protein consumption.
- Replacing processed or high-fat meats (e.g., hot dogs, sausages, bacon) with seafood could help lower intake of saturated fat and sodium, nutrients that are often consumed in excess of recommended limits. Replacing processed or high-fat meats with beans, peas, and lentils would have similar benefits, as well as increasing dietary fiber, a dietary component of public health concern.
- **Oils:** Oils contain important essential fatty acids and are therefore part of a healthy dietary pattern. Strategies to shift intake include cooking with vegetable oil in place of fats high in saturated fat, including butter, shortening, lard, or coconut oil. However, some foods, such as desserts and sweet snacks, that are prepared with oils instead of fats high in saturated fat are still high in added sugars, and are thus not a nutrient-dense food choice.
- **Beverages:** Beverages that are calorie-free—especially water—or that contribute beneficial nutrients, such as fat-free and low-fat milk and 100% juice, should be the primary beverages consumed.



- **Dietary Components of Public Health Concern for Underconsumption:** Current inadequate intake of nutrient-dense foods and beverages across food groups has resulted in underconsumption of some nutrients and dietary components. Calcium, potassium, dietary fiber, and vitamin D are considered dietary components of public health concern for the general U.S. population because low intakes are associated with health concerns.

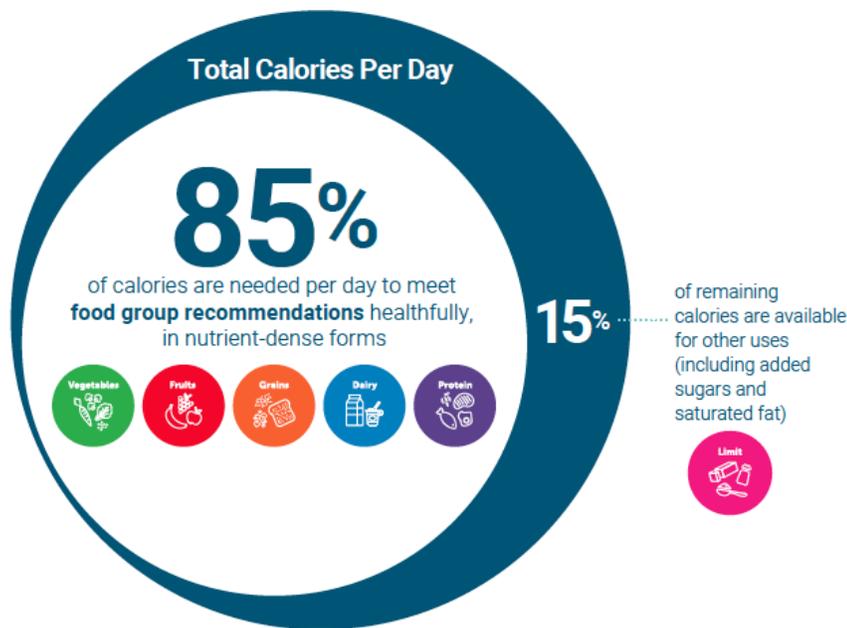
Guideline 4: Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

Key Recommendations

A small amount of added sugars, saturated fat, or sodium can be added to nutrient-dense foods and beverages to help meet food group recommendations, but foods and beverages high in these components should be limited.

Figure 1-7

The 85-15 Guide: Percentage of Calories Needed To Meet Food Group Needs With Nutrient-Dense Choices and Percentage Left for Other Uses



Chapter Notes

- Discretionary calories available for added sugars equate to about 250 to 300 calories per day.

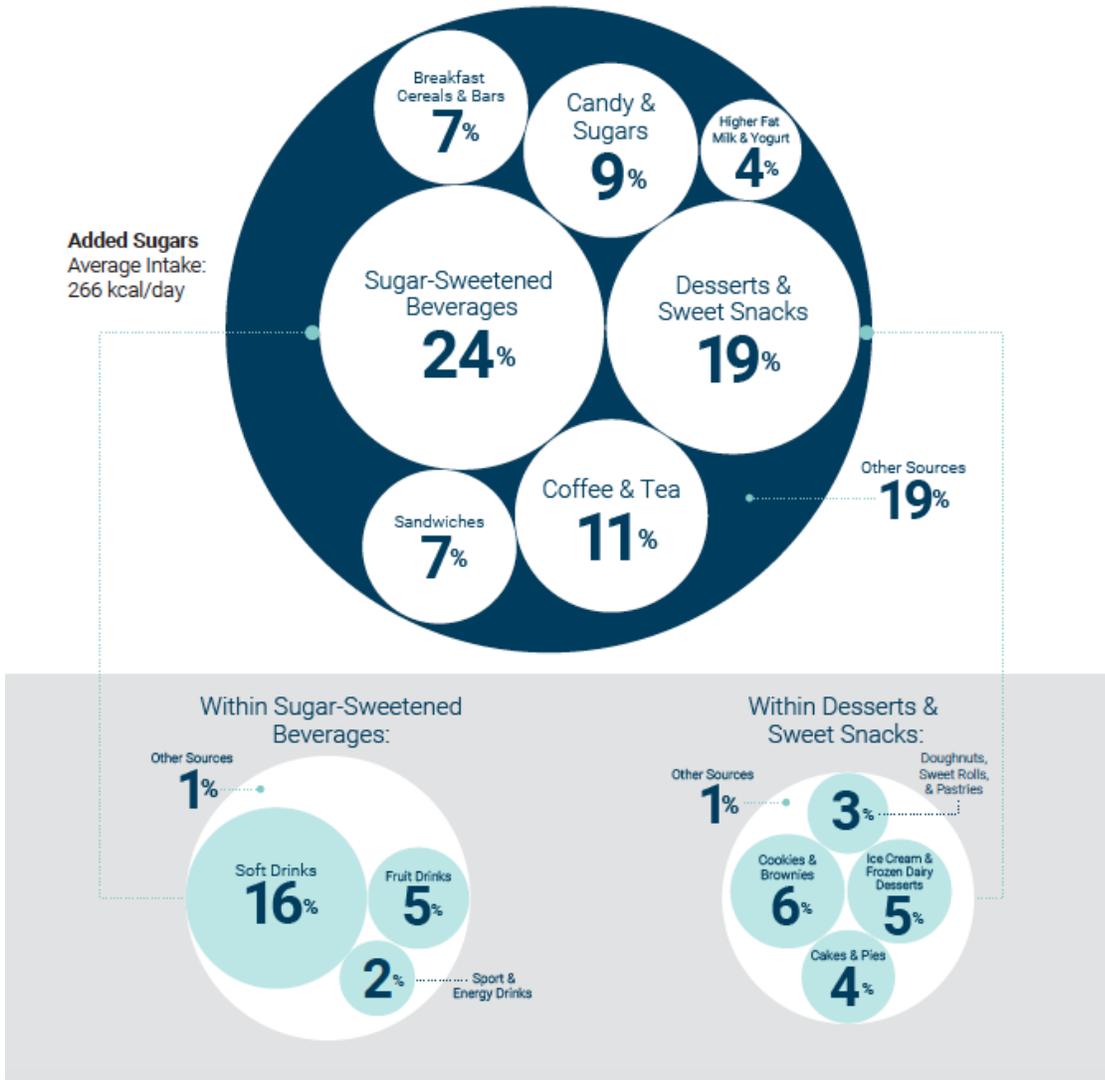
Added Sugar: limits added sugars to less than 10 percent of calories per day.

- When added sugars exceed 10 percent of calories, a healthy dietary pattern within calories limits is very difficult to achieve.
- Most Americans have less than 8 percent of calories available for added sugars, including the added sugars inherent to a healthy dietary pattern.
- The major sources of added sugars in typical U.S. diets are sugar-sweetened beverages, desserts and sweet snacks, sweetened coffee and tea, and candy.



- Strategies for reducing added sugars include reducing portions, consuming these items less often, and selecting options low in added sugars.
- For those with a weight loss goal, limiting intake of foods and beverages high in added sugars is a strategy to help reduce calorie intake.

Top Sources and Average Intakes of Added Sugars: U.S. Population Ages 1 and Older



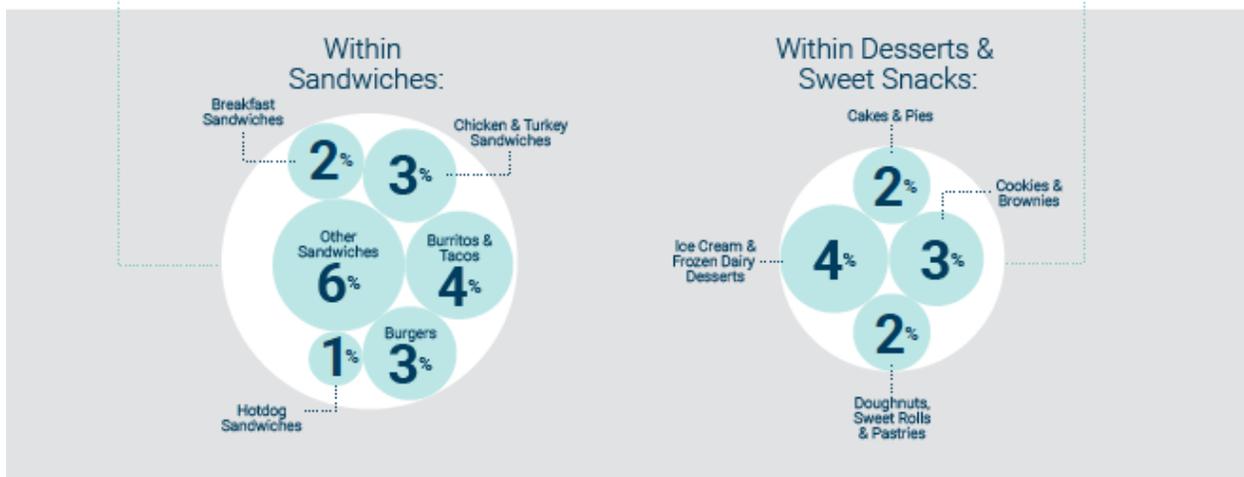
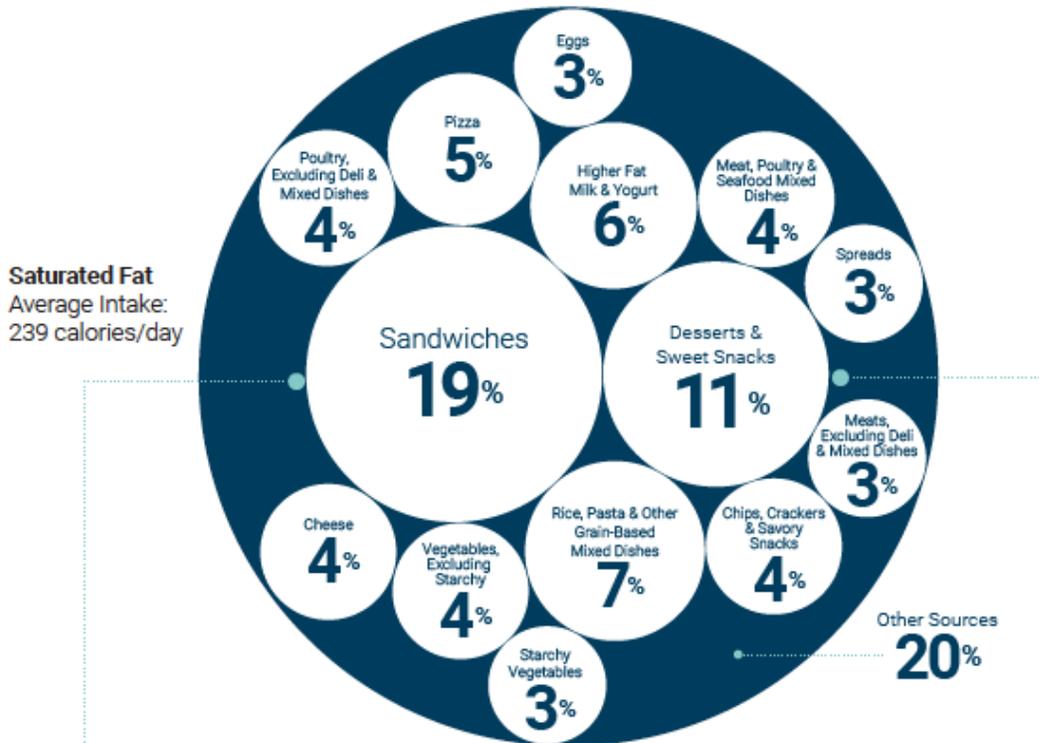
Saturated Fat:

- For those 2 years and older, saturated fat should be limited to less than 10 percent of calories per day.
- The main sources of saturated fat in the U.S. diet include sandwiches, including burgers, tacos, and burritos; desserts and sweet snacks; and rice, pasta, and other grain-based mixed dishes.
- Strategies to lower saturated fat intake include reducing intakes of dessert and sweet snacks by consuming smaller portion sizes and eating these foods less often.



- When cooking and purchasing meals, select lean meat and lower fat cheese in place of high-fat meats and regular cheese—or replace them with ingredients with oils, such as nuts, seeds, or avocado.

Top Sources and Average Intakes of Saturated Fat: U.S. Population Ages 1 and Older



Sodium:



- The Chronic Disease Risk Reduction (CDRR) levels defined by the National Academies— 1,200 mg/day for ages 1 through 3; 1,500 mg/day for ages 4 through 8; 1,800 mg/day for ages 9 through 13; and 2,300 mg/day for all other age groups.
- American consume too much salt, with most sodium coming from commercial processing and restaurants.
- For most calorie levels and at most ages, there is very little room for food choices that are high in sodium.
- Sodium is found in foods from almost all food categories across the food supply (Figure 1-12), including mixed dishes such as sandwiches, burgers, and tacos; rice, pasta, and grain dishes; pizza; meat, poultry, and seafood dishes; and soups.
- Because sodium is found in so many foods, multiple strategies should be implemented to reduce sodium intake to the recommended limits. Careful choices are needed in all food groups to reduce intake.

Top Sources and Average Intakes of Sodium: U.S. Population Ages 1 and Older





Alcohol:

- The *Dietary Guidelines* does not recommend that individuals who do not drink alcohol start drinking for any reason.
- To help Americans move toward a healthy dietary pattern and minimize risks associated with drinking, adults of legal drinking age can choose not to drink or to drink in moderation by limiting intakes to 2 drinks or less in a day for men and 1 drink or less in a day for women, on days when alcohol is consumed.

Everyone Has a Role

- Everyone has a role to play to support access to healthy foods and beverages in multiple settings nationwide
- Food manufacturers and retail establishments can support Americans in achieving a healthy dietary pattern by providing healthy options in all places where foods and beverages are purchased.
- Portion sizes also can be reduced to help individuals make choices that better fit within their calorie needs. Food manufacturers are encouraged to consider the entire composition of the food or beverage, and not just individual nutrients or ingredients when developing or reformulating products.
- When developing or modifying menus, establishments can consider the range of offerings both within and across food groups and other dietary components to determine whether the healthy options offered reflect the proportions in healthy dietary patterns.
- During challenging times and economic downturn, government and nongovernment nutrition assistance programs help alleviate food insecurity and play an essential role by providing food, meals, and educational resources so that participants can make healthy food choices within their budget.

Chapter 2: Birth to 23 months

Key Takeaways

- For the first 6 months, exclusively feed infants human or iron fortified infant formula.
- Provide infants with 400 IU supplemental vitamin D.
- At 6 months introduce infants to nutrient dense complementary foods such as nutrient dense fruits, vegetables, grains, protein foods (including lean meats, poultry, eggs, seafood, nuts and seeds), dairy (including milk, yogurt, and cheese), and oils.
- Introduce infants to potentially allergenic foods, including: peanuts, egg, cow milk, tree nuts, wheat crustacean shellfish, fish, and soy, along with complementary foods.
- Encourage infants and toddlers to consume a variety of foods.
 - If eczema, egg allergy, or both (at risk for peanut allergy) introduce peanut containing foods as early as 4 to 6 months.
- Infants and toddlers should avoid foods and beverages with added sugars and high sodium.
- Infants and toddlers shouldn't consume plant based milks until the second year of life.
- No juice before 12 months and thereafter if 100% juice is provided, limit to 4 oz.
- Transition toddlers to family diet at age 2.

Chapter 3: Children and Adolescents

Key Takeaways



- Youth have diverse calorie and nutrient needs based on age and patterns of growth, development, and physical activity.
- Current intake data of young children show some components of a healthy dietary pattern that continue from the infant and toddler life stages. Before these components of a healthy dietary pattern are established, however, diet quality worsens through childhood and into adolescence and intake patterns drift further from recommendations in the *Dietary Guidelines*.
- Active community support is needed to help youth meet food group and nutrient goals with nutrient- dense foods and beverages.
- Dietary components that make up healthy dietary patterns at the calorie levels appropriate for most children and adolescents are provided across four age ranges: ages 2 through 4 and ages 5 through 8, ages 9 through 13 and for ages 14 through 18. The calories remaining for other uses is about 10-15 percent of the total available—after meeting food group and nutrient goals through the selection of nutrient-dense foods and beverages.

Chapter 4: Adults 19-59

Key Takeaways

- Many individuals enter the adult life stage with an unhealthy dietary pattern already established from the childhood and adolescent years.
- To attain the most health benefits from physical activity, adults need at least 150 to 300 minutes of moderate- intensity aerobic activity. Adults also need muscle-strengthening activity at least 2 days each week.
- In the United States, 74 percent of adults have overweight or obesity, creating an increased risk for the development of other chronic health conditions, including cardiovascular disease, type 2 diabetes, and certain types of cancer.
- Table 4-1 displays the Healthy U.S.-Style Dietary Pattern at eight calorie levels that are appropriate for most adults ages 19 through 59 years to illustrate the specific amounts and limits for food groups and other dietary components that make up healthy dietary patterns. In general, calorie needs are lower for females compared to males. Calorie needs decline throughout adulthood due to changes in metabolism that accompany aging. Level of physical activity, body composition, and the presence of chronic disease are additional factors that affect calorie needs.



Table 4-1
**Healthy U.S.-Style Dietary Pattern for Adults
 Ages 19 Through 59, With Daily or Weekly Amounts
 From Food Groups, Subgroups, and Components**

CALORIE LEVEL OF PATTERN ^a	1,600	1,800	2,000	2,200	2,400	2,600	2,800	3,000
FOOD GROUP OR SUBGROUP^b	Daily Amount of Food From Each Group (Vegetable and protein foods subgroup amounts are per week)							
Vegetables (cup eq/day)	2	2 ½	2 ½	3	3	3 ½	3 ½	4
	Vegetable Subgroups in Weekly Amounts							
Dark-Green Vegetables (cup eq/wk)	1 ½	1 ½	1 ½	2	2	2 ½	2 ½	2 ½
Red & Orange Vegetables (cup eq/wk)	4	5	5	6	6	7	7	7 ½
Beans, Peas, Lentils (cup eq/wk)	1	1 ½	1 ½	2	2	2 ½	2 ½	3
Starchy Vegetables (cup eq/wk)	4	5	5	6	6	7	7	8
Other Vegetables (cup eq/wk)	3 ½	4	4	5	5	5 ½	5 ½	7
Fruits (cup eq/day)	1 ½	1 ½	2	2	2	2 ½	2 ½	2 ½
Grains (ounce eq/day)	5	6	6	7	8	9	10	10
Whole Grains (ounce eq/day)	3	3	3	3 ½	4	4 ½	5	5
Refined Grains (ounce eq/day)	2	3	3	3 ½	4	4 ½	5	5
Dairy (cup eq/day)	3	3	3	3	3	3	3	3
Protein Foods (ounce eq/day)	5	5	5 ½	6	6 ½	6 ½	7	7
	Protein Foods Subgroups in Weekly Amounts							
Meats, Poultry, Eggs (ounce eq/wk)	23	23	26	28	31	31	33	33
Seafood (ounce eq/wk)	8	8	8	9	10	10	10	10
Nuts, Seeds, Soy Products (ounce eq/wk)	4	4	5	5	5	5	6	6
Oils (grams/day)	22	24	27	29	31	34	36	44
Limit on Calories for Other Uses (kcal/day)^c	100	140	240	250	320	350	370	440
Limit on Calories for Other Uses (%/day)	6%	8%	12%	11%	13%	13%	13%	15%

^a Calorie level ranges: Ages 19 through 30, Females: 1,800-2,400 calories, Males: 2,400-3,000 calories. Ages 31 through 59, Females: 1,600-2,200 calories, Males: 2,200-3,000 calories. Energy levels are calculated based on median height and body weight for healthy body mass index (BMI) reference individuals. For adults, the reference man is 5 feet 10 inches tall and weighs 154 pounds. The reference woman is 5 feet 4 inches tall and weighs 126 pounds. Calorie needs vary based on many factors. The DRI Calculator for Healthcare Professionals, available at nal.usda.gov/fnic/dri-calculator, can be used to estimate calorie needs based on age, sex, height, weight, and activity level.

^b Definitions for each food group and subgroup and quantity (i.e., cup or ounce equivalents) are provided in **Chapter 1** and are compiled in **Appendix 3**.

^c All foods are assumed to be in nutrient-dense forms; lean or low-fat; and prepared with minimal added sugars, refined starches, saturated fat, 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 number 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, saturated fat, or alcohol, or to eat more than the recommended amount of food in a food group.

NOTE: The total dietary pattern should not exceed Dietary Guidelines limits for added sugars, saturated fat, and alcohol, be within the Acceptable Macronutrient Distribution Ranges for protein, carbohydrate, and total fats; and stay within calorie limits. Values are rounded. See **Appendix 3** for all calorie levels of the pattern.

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- Nutrient-dense foods and beverages provide vitamins, minerals, and other health-promoting components and have 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.
- Special considerations:
 - Fiber: More than 90 percent of women and 97 percent of men do not meet recommended intakes for dietary fiber.
 - Foods to Encourage: Fruits, vegetables, and whole grains
 - Calcium and Vitamin D: Calcium and vitamin D are important at any age, and most adults do not consume adequate amounts.
 - Foods to Encourage: Calcium-rich foods, such as low-fat milk and yogurt and fortified soy alternatives and canned sardines and salmon, can help adults better meet intake recommendations. Vitamin D aids in the absorption of calcium and USDA recommends seafood and choosing foods that are fortified with vitamin D, including milk, fortified soy beverages, and fortified soy yogurt, and some whole-grain cereals.
 - Saturated fat: ~75 percent of adults exceed the 10-percent limit on saturated fat as a result of selecting foods and beverages across food groups that are not in nutrient-dense forms.
 - Top sources: The top sources of saturated fat for adults are sandwiches (e.g., deli sandwiches, burgers, tacos, burritos, grilled cheese, hot dogs) and other grain-based mixed dishes (e.g. spaghetti and meatballs, casseroles, quesadillas) that typically contain ingredients from several



- food groups that are not in nutrient-dense forms, including grains, protein foods, and dairy.
- Foods to Encourage: Making changes to the type of ingredients as well as amount and/or frequency of their consumption will help adults lower saturated fat intake without a need to eliminate these foods from the household diet. Strategies include using lean meats and low-fat cheese to prepare these foods or substituting beans in place of meats as the protein source. Saturated fat also can be reduced by substituting certain ingredients with sources of unsaturated fat (e.g., using avocado, nuts, or seeds in a dish instead of cheese).
 - Sodium: The number of adults exceeding the Chronic Disease Risk Reduction level for sodium during this life stage is concerning given that 45 percent of adults ages 18 and older are living with hypertension.
 - Top sources: Because sodium is found in foods and beverages across all food groups, with most coming from foods that have salt added during commercial processing rather than salt added to foods during or after preparation, reducing sodium consumption will require a joint effort by individuals, the food and beverage industry, and food service and retail establishments.
 - Added sugar: Most adults exceed recommended limits for added sugars as a result of eating foods and drinking beverages higher in added sugars and selecting foods and beverages across food groups that are not in nutrient-dense forms. Added sugars are of particular concern for adults because exceeding limits contributes to excess calorie intake.
 - Top sources: In addition to the contribution of sugar-sweetened beverages and sweetened coffees and teas, about 30 percent come from desserts and sweet snacks, candies, and sweetened breakfast cereals.

Chapter 5: Women who are Pregnant or Lactating

Key Takeaways

- Current intake data:
 - On average, women who are pregnant or lactating consume below the daily and weekly recommended intake for total vegetables.
 - On average, women who are pregnant and lactating consume below the recommended intake of 1.5 cup/eq per week for beans, peas, and lentils. Pregnant women consume an average of 0.5 cup/eq per week while lactating women consume an average of 1 cup/eq per week. Note, there was a small sample size for lactating women.
 - On average, women who are pregnant and lactating consume below the recommended intake of 5 cup/eq per week for starchy vegetables. Pregnant women consume an average of 3 cup/eq per week while lactating women consume an average of 1.5 cup/eq per week.
 - On average, women who are pregnant and lactating consume below the recommended intake of 3-5 oz/eq per day for whole grains. Pregnant women consume an average of 1 oz/eq per day while lactating women consume an average of 1.5 oz/eq per day.
 - On average, women who are pregnant and lactating consume above the recommended intake of 3-5 oz/eq per day for refined grains. Pregnant women consume an average of 6 oz/eq per day while lactating women consume an average of 6.5 oz/eq per day.



- On average, women who are pregnant and lactating consume above the daily recommended intake for meat, poultry, and eggs.
- 70% of pregnant women and 51% of lactating women consume greater than 10% of total daily energy from added sugar. Average intakes for pregnant women were 288 kcal/day and average intakes for lactating women were 248 kcal/day.
- 75% of pregnant women and 77% of lactating women consume greater than 10% of total daily energy from saturated fat. Average intakes for pregnant women were 240 kcal/day and average intakes for lactating women were 264 kcal/day.
- 88% of pregnant women and 97% of lactating women consume above 2,300 mg of sodium per day. Average intakes for pregnant women were 3,305 mg/day and average intakes for lactating women were 3,880 mg per day. Note sample sizes were small.
- Nutrients of public health concern:
 - Nutrients of public health concern for pregnant women include those for the general population (calcium vitamin D, potassium, dietary fiber) as well as iron.
 - Nutrients of public health concern for lactating women include those for the general population (calcium vitamin D, potassium, dietary fiber).
- Folate:
 - The RDA for folate is higher during pregnancy and lactation than all other life stages. Folate is found inherently in dark-green vegetables and beans, peas, and lentils.
 - All enriched grains (i.e., bread, pasta, rice, and cereal) and some corn masa flours are fortified with folic acid.
- Iron:
 - Iron needs increase during pregnancy compared to prepregnancy. Iron deficiency affects about 1 in 10 women who are pregnant and 1 in 4 women during their third trimester.
 - Heme iron, which is found in animal source foods (e.g., lean meats, poultry, and some seafood) is more readily absorbed by the body than the non-heme iron found in plant source foods (e.g., beans, peas, lentils, and dark-green vegetables). Additional iron sources include foods enriched or fortified with iron, such as many whole-wheat breads and ready-to-eat cereals.
- Iodine:
 - Iodine needs increase substantially during pregnancy and lactation.
- Choline:
 - Choline needs also increase during pregnancy and lactation. Meeting recommended intakes for the dairy and protein food groups—with eggs, meats, and some seafood being notable sources—as well as the beans, peas, and lentils subgroup can help meet choline needs.
- Seafood:
 - Women who are pregnant or lactating should consume at least 8 and up to 12 ounces of a variety of seafood per week.

Chapter 6: Older Adults

Key Takeaways

- Current intake data:
 - Diet quality is highest among older adults compared to other ages. However, this age group is still not meeting the recommendations for many food groups and nutrient intakes.



- Among ages 60 and older, 54% of males and 58% of females consume greater than 10% of total daily energy from added sugar. Average intakes for males were 247 kcal/day and average intakes for females were 213 kcal/day.
- Among ages 60 and older, 80% of males and 77% of females consume greater than 10% of total daily energy from saturated fat. Average intakes for males were 269 kcal/day and average intakes for females were 203 kcal/day.
- Among ages 60 and older, 94% of males and 72% of females consume above 2,300 mg of sodium per day. Average intakes for males were 3,799 mg/day and average intakes for females were 2,802 mg per day.
- Nutrients of public health concern:
 - Nutrients of public concern for the general population (calcium, vitamin D, potassium, and dietary fiber) apply to older adults as well. In addition, protein, vitamin B12, and hydration are special considerations for this age group.
- Protein:
 - Consuming enough protein is important to prevent the loss of lean muscle mass that occurs naturally with age.
 - Intake patterns show average intakes of protein foods are lower for individuals ages 71 and older compared to adults ages 60 through 70. About 50% of women and 30% of men 71 and older fall short of protein foods recommendations.
 - Most older adults are meeting or exceeding weekly recommendations for meats, poultry, and eggs. However, other protein foods like dairy and fortified soy alternatives, and beans, peas, and lentils are underconsumed in older adults, but provide important nutrients that support healthy dietary patterns. For example, the dairy food group provides calcium, vitamin D, and vitamin B12 and the beans, peas, and lentils subgroup provides dietary fiber.
 - Many older adults can improve their dietary pattern and better meet nutrient needs by choosing from a wider variety of protein sources. In some cases, this may mean using seafood more often in place of meats, poultry, or eggs or using beans, peas, and lentils in mixed dishes, such as soups, rice, or pasta dishes.
- B12:
 - Vitamin B12 is of concern for some older adults. Therefore, this age group is encouraged to meet the recommendations for protein foods, a common source of vitamin B12, and include foods fortified with vitamin B12, such as breakfast cereals.
- Dietary supplements:
 - Many adults in the United States take one or more dietary supplements either as a pill or drink. All sources of a nutrient or food component—whether from food or a dietary supplement—should be considered when assessing an individual's dietary pattern, including any added sugars that may come from supplement drinks. Beverage supplements should not replace regular food intake unless instructed by a health professional.
- Hydration:
 - Many older adults do not drink enough fluids to stay hydrated. It is important that older adults drink plenty of water to prevent dehydration and aid in the digestion of food and absorption of nutrients. In addition to water, choosing unsweetened beverages such as 100% fruit or vegetable juice and low-fat or fat-free milk or fortified soy beverage can support fluid intake to prevent dehydration while helping to achieve food group recommendations.

Appendices

The appendices include tables outlining:



- Nutrition goals by age and sex
- Estimated calorie needs by age, sex, and physical activity level
- Dietary Patterns including Healthy US, Healthy vegetarian and Mediterranean-Style

Additionally it includes some definitions primarily for food groups and subgroups and their serving equivalents.

2015 vs. 2020

Healthy U.S.-Style Eating Pattern at the 2,000-Calorie Level, With Daily or Weekly Amounts From Food Groups, Subgroups, & Components

Food Group ^a	Amount ^b in the 2,000-Calorie-Level Pattern
Vegetables	2½ c-eq/day
Dark Green	1½ c-eq/wk
Red & Orange	5½ c-eq/wk
Legumes (Beans & Peas)	1½ c-eq/wk
Starchy	5 c-eq/wk
Other	4 c-eq/wk
Fruits	2 c-eq/day
Grains	6 oz-eq/day
Whole Grains	≥ 3 oz-eq/day
Refined Grains	≤ 3 oz-eq/day
Dairy	3 c-eq/day
Protein Foods	5½ oz-eq/day
Seafood	8 oz-eq/wk
Meats, Poultry, Eggs	26 oz-eq/wk
Nuts, Seeds, Soy Products	5 oz-eq/wk
Oils	27 g/day
Limit on Calories for Other Uses (% of Calories)^c	270 kcal/day (14%)

^a Definitions for each food group and subgroup are provided throughout the chapter and are compiled in Appendix 3.

^b Food group amounts shown in cup-(c) or ounce-(oz) equivalents (eq). Oils are shown in grams (g). Quantity equivalents for each food group are defined in Appendix 3. Amounts will vary for those who need less than 2,000 or more than 2,000 calories per day. See Appendix 3 for all 12 calorie levels of the pattern.

^c Assumes food choices to meet food group recommendations are in nutrient-dense forms. Calories from added sugars, added refined starches, solid fats, alcohol, and/or to eat more than the recommended amount of nutrient-dense foods are accounted for under this category.

NOTE: The total eating pattern should not exceed Dietary Guidelines limits for intake of calories from added sugars and saturated fats and alcohol and should be within the Acceptable Macronutrient Distribution Ranges for calories from protein, carbohydrate, and total fats. Most calorie patterns do not have enough calories available after meeting food group needs to consume 10 percent of calories from added sugars and 10 percent of calories from saturated fats and still stay within calorie limits. Values are rounded.



Table 1-1

Healthy U.S.-Style Dietary Pattern at the 2,000-Calorie Level, With Daily or Weekly Amounts From Food Groups, Subgroups, and Components

FOOD GROUP OR SUBGROUP ^a	Daily Amount ^b of Food From Each Group (Vegetable and protein foods subgroup amounts are per week.)
Vegetables (cup eq/day)	2 ½
	Vegetable Subgroups in Weekly Amounts
Dark-Green Vegetables (cup eq/wk)	1 ½
Red and Orange Vegetables (cup eq/wk)	5 ½
Beans, Peas, Lentils (cup eq/wk)	1 ½
Starchy Vegetables (cup eq/wk)	5
Other Vegetables (cup eq/wk)	4
Fruits (cup eq/day)	2
Grains (ounce eq/day)	6
Whole Grains (ounce eq/day)	≥ 3
Refined Grains (ounce eq/day)	< 3
Dairy (cup eq/day)	3
Protein Foods (ounce eq/day)	5 ½
	Protein Foods Subgroups in Weekly Amounts
Meats, Poultry, Eggs (ounce eq/wk)	26
Seafood (ounce eq/wk)	8
Nuts, Seeds, Soy Products (ounce eq/wk)	5
Oils (grams/day)	27
Limit on Calories for Other Uses (kcal/day)^c	240
Limit on Calories for Other Uses (%/day)	12%

^a Definitions for each food group and subgroup are provided throughout the chapter and are compiled in Appendix 3.

^b Food group amounts shown in cup or ounce equivalents (eq). Oils are shown in grams. Quantity equivalents for each food group are defined in Appendix 3. Amounts will vary for those who need <2,000 or >2,000 calories per day.

^c Foods are assumed to be in nutrient-dense forms, lean or low-fat and prepared with minimal added sugars, refined starches, saturated fat, 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, saturated fat, and/or alcohol, or to eat more than the recommended amount of food in a food group.

NOTE: The total dietary pattern should not exceed Dietary Guidelines limits for added sugars, saturated fat, and alcohol; be within the Acceptable Macronutrient Distribution Ranges for protein, carbohydrate, and total fats; and stay within calorie limits. Values are rounded. See Appendix 3 for all calorie levels of the pattern.

In comparing the 2015 to 2020 Healthy US Style Eating Patterns recommended by the DGA, these are virtually the same. Although the limit on calories for other uses (% of calories) goes down from 270 kcal/day (14%) to 240 kcal/day (12%).