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Putting the Dietary Guidelines for Americans into Action through the National Strategy on Hunger, Nutrition, and Health

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Introduction

The United States is facing a crisis of widespread food insecurity and exceedingly high rates of diet-related diseases like diabetes, obesity, and hypertension. To address this challenge and set a course for improved nutrition and food access nationwide, the Biden-Harris Administration hosted the first White House Conference on Hunger, Nutrition, and Health in over 50 years on September 28, 2022. In the National Strategy, released in conjunction with the Conference, the Administration identified a set of actions that the federal government will take to help achieve its goal of ending hunger and increasing healthy eating and physical activity by 2030, so that fewer Americans experience diet-related diseases.¹

Underpinning many of these actions is the *Dietary Guidelines for Americans* ("*Dietary Guidelines*"), which provides scientific advice on nutrition intake to meet nutrient needs, promote health, and prevent disease and serves as the cornerstone of federal food and nutrition programs.² This manuscript details how expanded implementation of the *Dietary Guidelines* can help advance actions in the National Strategy and achieve the goals of the Administration.

Although the health and economic burden of diet-related diseases are not new issues, the imperative to address them has never been greater. Today, 60 percent of adults have one or more diet-related diseases posing extraordinary public health challenges. Thus,

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¹ THE WHITE HOUSE, *Biden-Harris Administration National Strategy On Hunger, Nutrition, And Health* 4-5 (Sept. 2022), <https://www.whitehouse.gov/wp-content/uploads/2022/09/white-house-national-strategy-on-hunger-nutrition-and-health-final.pdf> [hereinafter *National Strategy*].

² U.S. DEP'T OF AGRIC., *DIETARY GUIDELINES FOR AMERICANS 2020-2025* (9th ed. 2020) [hereinafter *Dietary Guidelines*].

the need for improved access to high quality nutritious foods for all Americans could not be overstated.

Since 1980, the United States Departments of Agriculture ("USDA") and Health and Human Services ("HHS") have updated and released the *Dietary Guidelines* every five years based on the current body of nutrition science. While the regular cadence of scientific review is mandated by the 1990 National Nutrition Monitoring and Related Research Act, there is no corresponding allocation of dedicated funds.³ As such, the new National Strategy highlights the importance of appropriating adequate funding to HHS and USDA to regularly update the *Dietary Guidelines* and ensure its broad implementation.

Each edition of the *Dietary Guidelines* reflects the most up-to-date understanding of diet and nutrition science. HHS and USDA use an external Federal Advisory Committee comprised of nationally recognized experts in nutrition and medicine to review the evidence and produce a scientific report which is used by the Departments to update each edition of the *Dietary Guidelines*. This rigorous scientific foundation makes the *Dietary Guidelines* a valuable tool that can be applied across the food environment.

Unfortunately, most Americans fall short of the *Dietary Guidelines* recommendations. Seventy-five percent of Americans do not consume the recommended amounts of fruits, vegetables, or dairy, and most Americans greatly exceed recommended limits for sodium, saturated fats, and added sugars. Racial, ethnic and socioeconomic disparities also exist regarding nutrient intake and chronic disease prevalence.⁴ The social conditions of most Americans' lives offer predominantly unhealthy food choices and limited opportunity for physical activity, making healthy eating and active living challenging for a great many.⁵ To ensure that healthier,

³ National Nutrition Monitoring and Related Research Act of 1990, H.R.1608, 101st Cong. (1990).

⁴ U.S. DEP'T OF HEALTH AND HUM. SERVS., HEALTH, UNITED STATES, 2015: WITH SPECIAL FEATURE ON RACIAL AND ETHNIC HEALTH DISPARITIES (2016); U.S. DEP'T OF AGRIC., SCIENTIFIC REPORT OF THE 2020 DIETARY GUIDELINES ADVISORY COMMITTEE: ADVISORY REPORT TO THE SECRETARY OF AGRICULTURE AND THE SECRETARY OF HEALTH AND HUMAN SERVICES, U.S. DEP'T OF AGRIC., AGRIC. RSCH. SERV. (2020).

⁵ Chang Seung Ho & Kim Kijeong, *A review of factors limiting physical activity among young children from low-income families.*, J. OF EXERCISE REHAB., (2017); Angela Odoms-Young et al., *Retail Environments as a Venue for Obesity Prevention*, CURR OBES REP., June 2016; James F Sallis & Karen Glanz, *The role of built environments in physical activity, eating, and obesity in childhood*, FUTURE CHILD, 2006; Pin-jane Chen & Marta Antonelli, *Conceptual Models of Food*

more affordable opportunities exist across communities, expanded implementation of the *Dietary Guidelines* is needed by the federal government and among external partners such as state and local public health organizations, non-profits, health systems, healthcare professionals, academic experts, the charitable food system, childcare settings, school systems, and the entirety of the food industry—from production to marketing to distribution.

The National Strategy is organized around five pillars, each with a detailed set of actions that the federal government will pursue to shift the country's food, nutrition, physical activity, and health trajectory over the next decade. The pillars include actions for specific agencies across the federal government; for example, sixty-three actions are specific to HHS. Below we describe how to achieve broader implementation of the *Dietary Guidelines* within each of the five pillars.

Pillar I: Improve Food Access and Affordability

A fundamental step to reduce hunger and associated disparities is helping all Americans become economically secure. Improving access to federal nutrition assistance programs is one tool toward economic security. Food assistance programs are guided by statutory requirements that inform program benefit delivery and define eligibility requirements to ensure that individuals and households most often affected by poor dietary quality and related chronic disease risks have sufficient access to federal nutrition assistance. The *Dietary Guidelines* offer a scientifically based roadmap by which these programs can deliver a consistent and effective response to improving dietary quality throughout the lifespan. However, fully leveraging these programs to provide the highest quality foods requires overcoming many challenges, such as access and affordability, particularly in underserved rural and urban communities. Further aligning federal food programs, such as the National School Lunch and School Breakfast programs with the *Dietary Guidelines* can significantly improve the nutrition quality available for the millions of Americans these programs serve.

Pillar II: Integration of Nutrition and Health

The growing burden of food insecurity and poor diet on health outcomes has triggered the health care system to identify and respond to specific needs for different types of foods. “Food is

medicine” is an umbrella term for programs within the healthcare system that address nutrition at the individual level to prevent, manage, and potentially reverse chronic disease.⁶ *Dietary Guidelines* are the foundation of “food is medicine” initiatives such as medically tailored meals and groceries as well as produce prescriptions (i.e., fruit and vegetable prescriptions or vouchers provided by medical professionals for people with diet-related chronic diseases or food insecurity).⁷

Centers for Medicare & Medicaid Services (“CMS”), an agency within HHS, is taking several steps to expand beneficiaries’ access to “food is medicine” interventions, including providing guidance to states.⁸ As described in the National Strategy, the Biden-Harris Administration supports legislation to create a pilot program to cover medically tailored meals for individuals in traditional Medicare who are experiencing diet-related health conditions.⁹ Support for this legislative proposal builds on a demonstration initiative in Medicaid where CMS provides authority for states to test Medicaid coverage of additional nutrition services and supports using Medicaid section 1115 demonstration projects.¹⁰ On the same day as the White House Conference, approval of Medicaid section 1115 demonstration initiatives in Massachusetts and Oregon was announced, expanding both states’ authority to test coverage for evidenced-based nutritional assistance and medically tailored meals.¹¹ All of these efforts are guided by the body of evidence provided by the *Dietary Guidelines*.

Pillar III: Empower all consumers to make and have access to healthy choices

With increased affordability and access to healthier foods throughout the retail food environment (e.g., grocery and convenience stores, supermarkets, restaurants, food banks), along with greater nutrition literacy, it will be easier for more Americans

⁶ Sarah Downer et al., *Food is Medicine: Actions to Integrate Food and Nutrition into Healthcare*, THE BMJ, June 29, 2020, at 1.

⁷ See *National Strategy supra* note 1.

⁸ See *Id.*

⁹ See *Id.*

¹⁰ Seifert R, Gershon R, & London K., *How Waivers Work: ACA Section 1332 and Medicaid Section 1115. Policy Brief*, October 2015., <https://www.cthealth.org/wp-content/uploads/2015/10/R2T-Policy-Briefs-2.0-How-Waivers-Work-FINAL-2.pdf>.

¹¹ See *HHS Approves Groundbreaking Medicaid Initiatives in Massachusetts and Oregon*, U.S. CTRS. FOR MEDICARE & MEDICAID SERVS., <https://www.cms.gov/newsroom/press-releases/hhs-approves-groundbreaking-medicare-initiatives-massachusetts-and-oregon>. (last visited Feb. 17, 2023).

to consume a dietary pattern in alignment with the *Dietary Guidelines*.

A. Retail Food Environment

The *Dietary Guidelines* was an important input used to create the *Food Service Guidelines for Federal Facilities*, a set of standards for food and nutrition, facility efficiency, environmental support, community development, food safety, and behavioral design.¹² These guidelines can be adapted for use in other settings such as hospitals and healthcare facilities, colleges and universities, parks, private worksites, and state and local agencies.¹³ If used more widely in public and private food service venues (e.g., cafeterias, cafes, snack bars, concession stands, and vending machines), offerings of healthier foods and beverages would reach more Americans.

B. Regulatory Action

Regulatory action can be a tool for facilitating industry innovation and empowering consumers to make healthy choices. The U.S. Food and Drug Administration ("FDA") has regulatory authority over the labeling of most packaged foods, including nutrition information, ensuring all populations can make informed food choices.¹⁴ Examples of impactful FDA regulatory actions in the last decade include essentially removing Partially Hydrogenated Oils (i.e., artificial *trans* fats) from the food supply, updating the Nutrition Facts label, including mandating added sugars declaration, establishing and implementing menu and vending machine labeling requirements, and issuing guidance on short-term voluntary sodium reduction targets for industry.¹⁵ Developing a front-of-package labeling system and updating the criteria for when companies can use the claim "healthy" on food products—actions in the National

¹² See U.S. DEP'T OF HEALTH & HUM. SERV., FOOD SERVICE GUIDELINES FOR FEDERAL FACILITIES (2017).

¹³ See *Id.*

¹⁴ See *Guidance for Industry: Food Labeling Guide*, U.S. DEP'T AGRIC. (Jan. 2013), <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/guidance-industry-food-labeling-guide>; *Changes to the Nutrition Facts Label*, U.S. DEP'T AGRIC., <https://www.fda.gov/food/food-labeling-nutrition/changes-nutrition-facts-label> (last visited Feb. 17, 2023).

¹⁵ See *Trans Fat*, U.S. DEP'T AGRIC., <https://www.fda.gov/food/food-additives-petitions/trans-fat> (last visited Feb. 6, 2023); *FDA's Nutrition Initiatives*, U.S. DEP'T AGRIC., <https://www.fda.gov/food/food-labeling-nutrition/fda-nutrition-innovation-strategy>. (last visited Feb. 17, 2023).

Strategy—provide additional opportunities for regulatory action to improve the healthfulness of the food supply and nutrition literacy.

C. Nutrition Education

Nutrition education and communication provide actionable guidance, tools, and other resources to meet consumers “where they are” and help them to make informed decisions.¹⁶ Americans are faced with a constant barrage of conflicting, provocative nutrition “clickbait headlines” and often-counterproductive food industry marketing.¹⁷ Further, there is a current epidemic of misinformation continuously being spread by social media influencers, unreliable online sources, and news outlets, whose headlines sometimes stretch the truth to grab attention.¹⁸

Scientifically grounded messages through mass media and public education campaigns can be highly effective at increasing awareness and achieving favorable individual and population-level behavior changes.¹⁹ It is important to note, however, that unlike “Click It or Ticket” as a slogan to motivate seatbelt wearing, diet-related behavioral change is not a simple, single action.²⁰ Nutrition intake and the decisions people make to determine what they eat and drink are complicated and highly personal. Thus, federal efforts in this area must be culturally sensitive and nuanced.

Unfortunately, federal communication campaigns lack the necessary funding to effectively reach and help the public make beneficial dietary changes.²¹ As noted in the National Strategy, the Biden-Harris Administration will work with Congress to lead a national campaign to boost awareness of healthy eating recommendations and support all Americans in making healthy choices.²² Federal nutrition efforts could put consumer nutrition guidance and tools in the context of MyPlate, the translation of the *Dietary Guidelines* that serves expressly as a common healthy eating

¹⁶ See *Dietary Guidelines supra* note 2.

¹⁷ See Chioma Ihekqezazu, *Is Coffee the Cause or the Cure? Conflicting Nutrition Messages in Two Decades of Online ‘New York Times’ Nutrition News Coverage*, 38 HEALTH COMMUNICATION, 260, 265 (2021); Jennifer L. Harris ET AL., FAST FOOD FACTS 2021, 41-45 (UConn Rudd Ctr. for Pol’y and Obesity, 2021), <https://media.ruddcenter.uconn.edu/PDFs/FACTS2021.pdf>.

¹⁸ Vosoughi S, et al. *The spread of true and false news online*, 359 SCIENCE 1146 (2018).

¹⁹ Melanie A. Wakefield et al., *Use of Mass Media Campaigns to Change Health Behaviour*, 376 THE LANCET 1261, 1261 (2010).

²⁰ See *Id.* at 1267.

²¹ See *Id.* at 1261.

²² See *National Strategy supra* note 1.

resource for consumers, with consumer-tested tools that can be personalized for every life stage.²³

Pillar IV: Support Physical Activity for All

Along with healthy eating, regular physical activity is strongly and positively correlated with a variety of health outcomes.²⁴ Similar to the *Dietary Guidelines*, the *Physical Activity Guidelines for Americans* is evidence-based and is updated regularly (every ten years, with a five-year interim report) but also does not have dedicated funding to support Guideline development.²⁵ The *Physical Activity Guidelines* provides information on the amounts and types of physical activity Americans need to get and stay healthy.²⁶ HHS leads the development of the *Physical Activity Guidelines* and information is woven into the *Dietary Guidelines* to emphasize the importance of including both healthy eating and regular physical activity into one's routine. Like expanding implementation of the *Dietary Guidelines*, increasing the use of the *Physical Activity Guidelines* will require efforts across the federal government as well as work from all sectors of society. Supporting increased physical activity for all includes expanding access to safe places to be active involving improvements to the built environment and active transportation, increasing opportunities to be active for youth at school, and increasing the knowledge and awareness of the importance of regular physical activity across life stages.

Pillar V: Enhance Nutrition and Food Security Research

Addressing diet-related chronic health conditions begins with research to better understand the relationship between diet and health. For example, one of the principal gaps identified through the *Dietary Guidelines* is our understanding of social determinants of health to advance health equity.²⁷ HHS is committed to enhancing diversity and inclusion in nutrition, health, and food security research.²⁸ For example, the National Institutes of Health (NIH) created a Common Fund Community Partnerships to Advance Science for Society ("ComPASS") Program to develop a health

²³ See *Dietary Guidelines supra* note 2.

²⁴ See *Id.* at 94.

²⁵ See U.S. DEP'T OF HEALTH & HUMAN SERVS., PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS 18 (2^d ed. 2018).

²⁶ See *Id.* at 2.

²⁷ See *Id.* at 19.

²⁸ See *Id.* at 32.

equity research model for community-led, multisectoral structural intervention research across NIH and other federal agencies.²⁹ Recently, HHS and USDA announced the 2025 Dietary Guidelines Advisory Committee, with a membership that is reflective of diversity in the United States.³⁰ The Committee will broaden the perspectives brought to review the current body of nutrition science supporting the next edition of the *Dietary Guidelines*.

A. Nutrition Surveillance and Monitoring

There are vast disparities in the access, availability, and affordability of healthy foods.³¹ Federally funded monitoring and surveillance can help to identify these gaps and draw increased attention to where resources are needed most.³² Surveillance tools (often co-funded from multiple federal agencies) are used to examine the state of the American diet (i.e., how closely diets align with *Dietary Guidelines*) and assess the success of federal initiatives.³³ One data source is the National Health and Nutrition Examination Survey (or “NHANES”), a program of studies designed to assess the health and nutritional status of adults and children in the United States. It is conducted by Centers for Disease Control and Prevention’s National Center for Health Statistics, with funding from several federal agencies on various components.³⁴

B. Tracking Progress

Measuring the success of the Administration’s goals can be tracked through several Healthy People objectives: (1) improving the diet quality of all Americans, (2) reducing food and nutrition insecurity, and (3) reducing the proportion of Americans with overweight and obesity.³⁵

Healthy People 2030 provides science-based objectives with targets to monitor progress using publicly available, valid, reliable,

²⁹ See *Id.* at 32-33.

³⁰ See *Id.* at 33.

³¹ See *Access to Foods That Support Healthy Dietary Patterns*, OFF. OF DISEASE PREVENTION & HEALTH PROMOTION, <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-dietary-patterns>. (last visited Feb. 17, 2023).

³² See *National Strategy supra* note 1.

³³ See *Id.* at 34-35.

³⁴ *About NHANES*, CTR. FOR DISEASE CONTROL & PREVENTION (Dec. 20, 2022), https://www.cdc.gov/nchs/nhanes/about_nhanes.htm.

³⁵ See *Nutrition and Healthy Eating*, OFF. OF DISEASE PREVENTION & HEALTH PROMOTION, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating> (last visited Feb. 17, 2023).

and nationally representative data sources.³⁶ Using the specific targets set by the Nutrition and Weight Status Workgroup (which are based on the *Dietary Guidelines*), interim progress can be measured throughout the decade.³⁷

Conclusion

Everyone has an important role to play in ending hunger and increasing healthy eating and physical activity. This includes local, State, territorial, and Tribal governments; Congress; the private sector; civil society; agricultural workers; food distributors; philanthropists; academics; and of course, the federal government.³⁸ Through widespread implementation of the *Dietary Guidelines* across federal programs and by multiple sectors, we can collectively advance actions within each pillar of the National Strategy, increase healthy eating for all Americans, and control the extraordinary epidemic of diet-related chronic disease.

³⁶ See *About the Objectives*, OFF. OF DISEASE PREVENTION & HEALTH PROMOTION, <https://health.gov/healthypeople/objectives-and-data/about-objectives> (last visited Feb. 17, 2023).

³⁷ See *Nutrition and Status Workgroup*, OFF. OF DISEASE PREVENTION & HEALTH PROMOTION, <https://health.gov/healthypeople/about/workgroups/nutrition-and-weight-status-workgroup#about> (last visited Feb. 17, 2023).

³⁸ See *National Strategy supra* note 1.