**Establishing Guidelines**

# Establishing Guidelines

## The government supplies guidelines for the average American to achieve health goals

# Government Guidelines

* 1. Preview of factors

# The Dietary Guidelines

1. HHS/USDA – Legislated every 5 years since 1980
2. Summarizes science-based advice for healthy people over age 2 to promote health & decrease risk for chronic diseases
3. Encourages Americans to eat fewer calories, be more active and make healthy food choices
4. Serves as baseline for Federal nutrition policy/programs

# How many calories?

# DRIs – Dietary Reference Intakes

1. This is used more for nutrition labeling - vitamins and minerals. Dietary guidelines aim for overall health in eating – DRIs are about indiv. nutrients
2. Published by Food & Nutrition Board (FNB) - Canada and US nutrition experts who determine acceptable levels of mostly micronutrients
3. RDA (Recommended Daily Allowance) - nutrient-based value that is part of DRIs.
4. Replaced RDAs in U.S. (1941)
5. Focus of DRIs is to prevent chronic diseases
6. DRI set for all *vitamins and minerals*
7. Includes maximum intake due to overconsumption of nutrient supplements (ie toxicity)

# EER – Estimated Energy Requirements

* 1. EER is all about how much each macronutrient should contribute to overall calorie intake
  2. Estimated energy requirement based on age, gender, ht, wt & physical activity level
  3. Dependent on energy use
  4. Empty calories make up discretionary calorie allowance – small amt of total calories in day.

# EER – Estimated Energy Requirements

# AMDR – Acceptable Macronutrient Distribution Range

# Recommendation for CHO, Pro & Fats.

# The range of macronutrient requirements is based on total daily calorie needs and balance of nutrients that are associated with decreased risk of chronic disease:

# Protein: 10–35% of total calories

# Fat: 20–35%

# Carbohydrates: 45–65%

# MyPlate

# All these components come together to inform MyPlate – usable diet plan for average American

# Incorporated not only the *Dietary Guidelines* but also the Dietary Reference Intakes and the Dietary Guidelines Advisory Committee Report.

# Debate

# Healthy Eating Pyramid

# Harvard’s version of Pyramid. What are big differences? More emphasis on oils, less emphasis on dairy and red meat. Room for refined carbs – distinguished from whole grains.

# DRI and Pyramid

# This slide shows graphically how these recommendations and implementation tools relate to each other.

# The Dietary Reference Intake’s nutrient-based recommendations are the starting point for all of the recommendations and tools shown.

# They served as a major source of information for the Dietary Guidelines Advisory Committee in developing their science-based report.

# The *Dietary Guidelines for Americans* were then developed based on the Committee report.

# These resources provide the basis for many consumer tools, which include those shown here: the MyPyramid food guidance system, Finding Your Way to a Healthier You (the *Dietary Guidelines* consumer brochure), and the Nutrition Facts label.

# The Nutrition Facts label is currently based on previous editions of the *Dietary Guidelines* and on the Recommended Dietary Allowances, which preceded the DRI reports.

# Future updates to the label build on the current recommendations.

# Daily Reference Values (DRVs)

# The DV for protein is 50 g, although that does not apply to all populations and differs by weight. The Reference Daily Intake (RDI) for protein has been established for these groups: children one to four years: 16 g; infants under one year: 14 g; pregnant women: 60 g; nursing mothers: 65 g.

# Nutrient Label Panel

# Reference Daily Intakes: Nutrients that have DRIs or other established standards.

# Values refer to vitamins and minerals.

# Daily Reference Values: Nutrients that do not have DRIs or any other established standards. Values refer to pro, fat, CHO, fiber, Chol, Na+ & K+

# What must be on them?

# Product name

# Manufacturer’s name and address

# Uniform serving size

# Amount in the package

# Ingredients in descending order by weight

# Which foods require labels?

# Nearly all packaged foods and processed meat products

# Any food making a health claim

# Fresh fruit, vegetable, raw single-ingredient meal, poultry, and fish are *voluntary.*

# Which do not?

# Food for immediate consumption

# Ready-to-eat foods not for immediate consumption but prepared on site

# Bulk foods sold to consumer

# Medical foods

# Foods that contain very few nutrients

# Food produced by small businesses

# Food packaged in small containers

# Healthy Claims - Nutrient content claims are different from health claims.

# Osteoporosis (Calcium)

# Cancer (Fiber, low fat, Fs & Vs)

# Heart disease and stroke (Fiber. Low sat. fat and cholesterol)

# Hypertension (Low sodium)

# Neural tube defects (Folic acid)

# Tooth decay