

## The 2005 Dietary Guidelines: What Will it Take To Put Them Into Practice?

### Communications Research Behind the Dietary Guidelines for Americans

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Good morning. I am very happy to be here representing the Department of Health and Human Services. Over the past year I have spent a tremendous amount of time with my colleagues here and friends at USDA, especially Jackie Haven. We have spent a lot of time in dark rooms doing consumer focus groups. So it is nice to see and meet here under different circumstances.

I am going to whip through a couple of background things to get us into some of the consumer research, and then I am happy to answer any questions afterwards.

I am going to take you through the *Dietary Guidelines for Americans*, some of the consumer research and materials that we have available, and then what is coming in the future.

I think everyone knows at this point that the *Dietary Guidelines* is science-based advice for people ages 2-plus. The guidelines are issued every 5 years. This provides an opportunity for the government to speak with one voice. That is probably one of the most essential and key points that we try to make with the *Dietary Guidelines*. It is dietary guidance that the Federal Government can issue that has been reviewed by both the Secretary of HHS and the Department of Agriculture.

It all starts back in 2003 with the *Dietary Guidelines* Advisory Committee. The nominations are solicited through the Federal Register notice to the public, and the most important thing is that the nominees represent the public's well-being through research and education endeavors. And again, the Committee members are appointed by both Secretaries. The commitment is extensive.

Throughout the process in 2005, there were five public meetings, and the significance here is that all of the activities were done in public; open to the public, as well as there was a tremendous effort on the part of both Departments to seek public comments, both oral and written, throughout the process and at multiple junctures. So, certainly it was not only a collaborative process with the Departments, but also with the public.

The components of the *Dietary Guidelines* all start with what the *Dietary Guidelines* Committee and their scientific report. And just to give you an idea of what it looks like, it is

pretty thick. About 400 pages. So you can see where the task becomes very challenging in terms of how do you move from a 400-page science-based document to information that applies and is applicable to the consumer that you folks can work with too.

I am going to take you through some of the components that were derived from the scientific report. We are moving from the science to policy and have taken the *Dietary Guidelines* from 400 pages down to 70. At some point, we have to get down to information that the consumer can use. So, you are really looking at about 9 or 10 pages in a brochure, but there are other materials as well to supplement this information. I am going to get to some of that information shortly.

The *Dietary Guidelines for Americans* was released in January by both Secretaries, and it is for policy makers and health professionals, folks like yourself, to really go through and understand the technical science behind the guidelines. There are 23 general recommendations, 18 specific population recommendations targeting older Americans, children, and African Americans. There are nine focus areas that the *Dietary Guidelines* cover as well.

I think there were more recommendations than there have been in the past; really trying to give people a number of key messages and things that they need to focus on, that they can work with on a one-on-one basis. Or as policymakers, really provide focus in terms of the areas that are critical and need attention.

This year it was based on a 2,000-calorie reference point and we also switched from cups to ounces, rather than servings. There are many other things in the *Dietary Guidelines* too, and much more specificity than in the past. A bit later in my presentation, I am going to reference some websites that you can go to if you want presentations or more in-depth information and, of course, you have the policy document as well.

Another thing that is important with the *Dietary Guidelines* is that there is much more of an emphasis on physical activity this time. We understand that there really needs to be a balance between nutrition and physical activity. The two go hand-in-hand, and it is important that people make that connection as well.

Let me take you through some of the consumer research that we did, because we know the most important thing is to effectively communicate the message to the American public. We need to provide it in such a way that they can understand and relate to it on an individual level, with the goal of getting them to seek more information.

We did focus groups in Baltimore and Chicago. We talked to participants. We knew that from a starting point they had to have some general interest in health, and also, that they did not have a chronic disease. Again, the *Dietary Guidelines for Americans* are for healthy Americans and cover the concept of prevention.

After the focus groups, we did some testing on a consumer brochure that I will take you through, just to make sure that there weren't any red flags; that the copy was understandable, people liked it, it had a general appeal, and the graphics were something that they could relate to.

With the research and the focus groups we covered a number of different target audiences. We stratified by age, gender, BMI. We also looked at ethnicity and tried to reflect the general population. Again, that is very hard when you have a very limited number of groups, but at the same time we wanted to do the best we could under the time frame that we were up against.

With the focus groups we explored the information, starting with the *Dietary Guidelines* Advisory Committee report recommendations, and we went through trying to get an understanding of what people understood from those recommendations. We also wanted to get a sense of where they turned to in terms of health. What were the sources of information that they seek out?

Lastly, we tested some of what we are calling thematic statements. We were trying to discover what some of the motivators were or what things would really get people to seek out more information. This was a little new and was part of trying to understand the mindset of where people are coming from and gaining a better understanding of their needs.

Let me take you through some of the key findings. First of all, when it came to where people got their information, not a big surprise but most people identified doctors, word of mouth, and, to a lesser extent, the Internet, books, and magazines as their major sources for health information. They also described the Government, and in the context of health it was viewed as a trusted source of good information there. Maybe not on every front, but definitely when it came to this.

Many participants questioned the often conflicting information they received from multiple sources, and we now know that there is a lot of confusion out there. Frequently people mentioned that they would also cross-reference sources in order to find out, compare, and figure out what they thought made the most sense to them.

The bottom line. There was lots of frustration in terms of "How do I find the correct information?" And also, "What is the source?" They just didn't believe that there was one source they could go to for this type of information.

Let me take you through some of the key statements. This was, again, based on starting with the nine statements that came out of the *Dietary Guidelines* Advisory Committee report, and I am going to move pretty quickly through this.

We wanted to make sure that we tested the key statements as a starting point, and what we tried to do is run through with each one. I am going to use the example here: "Consume a

variety of foods within and among the basic food groups while staying within energy needs”; as an example to take you through the process.

The third treatment here was the one that they preferred the most. What we tried to do was vary the copy so that in some instances some statements were shorter, some were more descriptive, some used different terminology. That way throughout the process we could test different words, we could probe in different areas to begin to get an understanding of what made sense, what did people understand and what they did not.

In doing this exercise, we found out that participants were unclear on the meaning of nutrient dense versus essential nutrients. I think, to a great extent, there is recognition of what essential nutrients are; primarily from cereal boxes. Interestingly, a lot of times people couldn't really acknowledge that they knew exactly what that meant, but they knew essential nutrients were good for them. So, there is a certain level of understanding and it does vary significantly.

At the same time, when it came to some terms such as energy needs, people were a little confused about that. Sometimes it makes us realize that as we step back and look at the materials that we are developing, how much information can we convey? Not so much that we lose the consumer, but enough where at least they are getting the adequate information. The other point is that there is a large range in terms of some people who scan things and want information fast and in sound bites. Other people want the in-depth story. So that makes it a little bit difficult as well.

Basically, what we have learned is, first, familiarity with messages did not equate comprehension. Respondents are bombarded with numerous messages and a lot of times they have heard things before, but they are not sure about what they actually mean.

Again, simply providing additional information is not a substitute to reducing the knowledge gap. Additional information is frequently requested, but there is a clear aversion to overly wordy statements and anything too commercial.

Everyone is different. This is the notion that they want information to be inclusive, otherwise it is deemed not for me. This means that participants want to be able to apply advice to their own individual lifestyles and not in ways that automatically assume that they are engaged in negative behavior.

There is something to be said of don't make assumptions about me yet. You don't know me and that doesn't necessarily mean that I'm not trying and already taking some positive steps. Related to that is that being healthy is an individual process. Healthy eating and physical activity differ in value depending on what kind of value individuals place on that. There is also a bigger context too, in terms of how they are attempting to make positive changes in their lives.

Additionally, improving their health also means that they are trying to decrease their stress, quitting smoking, getting more sleep, etc. There are a number of things within their own personal universe that good healthy eating and physical activity have to fit in with as well. It is almost like what we call the macro and the micro me. On the macro side, there is this big picture so that if the information out there is too broad, often it is, “Well, that is good for other people, but it is not about me.” And then again, at the same time, with the micro me. How do you really get that information down to that one-on-one level?

The next thing is the notion of the thematic statements—the motivators. Really briefly—my health is my future. Participants connected with a theme’s emphasis on the importance of staying healthy for themselves, their families, and their future.

Across the board, that is something that continues to resonate with people. In the last couple of weeks, we conducted some focus groups with older Americans. People want to be healthy so they have a better quality of life and are there for the people that they spend their time with.

A better me. Consumers like the positive outcome associated with the message and the ease with which they can connect and identify with it at a personal level. It doesn’t matter if you are single or married. There is still the attitude that I want to be the best “me” that I possibly can. They talk about that in terms of being on “top of your game.” They clearly have a vision in terms of who they want to be and what being a healthier me means. It is all about balance. I think the word “balance” across the board is such a winner. It is something that people identify with. What is right for me is different from what might be right for everybody else. Therefore I have to make adjustments based on what my lifestyle is, what my body style is; what I do day in and day out.

And it is not a program. It is a lifestyle. This reiterates that it is about healthy lifestyle changes that are going to last. They don’t really want an over prescribed routine, nor do they want fad diets at this point. They want good, sound advice.

So, to sum up, motivation is essential. You have to be able to tap into what matters to consumers, making them feel better, more energized and being there for my family. Trust is important; we know that. There is so much confusion that consumers really want to be able to turn to one source to really count on, and that is where the science behind the *Dietary Guidelines for Americans* is critical and probably a great point of differentiation from much of the other information out there.

The more the individual knows, the more choices they have. Again, this reinforces that everyone is different. Keep it simple, but true to the science, and this is about making sure that it is straightforward and proven.

We did some web TV testing and conducted some focus groups to review the Dietary Guideline statements. This was more of a red flag check than anything else. We found out that again it was something that consumers could really relate to. The primary message

was the idea of connecting to feel better today, stay healthy for tomorrow. We know that is something that pulls people in.

Furthermore, in terms of the messages, three key points. We can't tell everybody everything in nine pages. We were trying to narrow it down to the key things that people can take away: 1) Make smart choices from every food group; 2) Find your balance between food and activity; and 3) Get the most nutrition out of your calories. It is a great launching pad. It keeps the messages simple, and you can continue to reinforce these three key points.

Based on the feedback that we received from focus groups and other information, we know that consumers are seeking out information in a couple of different ways. We know that people want a lot of information in some instances and in other instances not a lot. We know that people want guidance in terms of implementation, "How do I actually do these things?" and "What are the tools that I have available to me?"

And so we are creating a book. It is about 250 pages. We know already that Barnes & Noble will be carrying it. It is called *A Healthier You*, and it is consumer friendly.

The first half is taking information from the *Dietary Guidelines* and talking about how it relates to you, what you can do. It talks about the nutrition facts label and takes you through some of the healthy eating patterns, such as *MyPyramid* as well as the DASH plan. So, we are trying to provide information that is user friendly.

In this book, we will be publishing the *Dietary Guidelines for Americans*. For those people who want more in-depth technical information, they will have it. This is a first for the Federal Government in terms of trying to take this consumer-friendly book approach, and we look forward to seeing how it does.

We know that when someone is in a bookstore they will soon have the option of getting a book from the Federal Government that talks about healthy eating and nutrition based on the *Dietary Guidelines*. Hopefully they will pick that instead of South Beach Diet or anything else. We know who the competition is. We are trying to reiterate that this is not a diet book. This is about healthy living.

Over the past few months, we have spent much time talking to many of our own Federal agencies and know that even within HHS we are not the same. We need to reach out to people who have the expertise in working with specific populations.

We are working with the Administration on Aging already on a consumer brochure, as well as a new module for our health intermediary toolkit. That should be available in early November 2005. I believe it will be launched at our National Prevention Summit on October 24th and 25th.

We are also looking at developing materials that will be specific to the Hispanic population. With respect to American Indians/Native Alaskans, we are working with the Indian Health Service and we have already talked to some of their nutritionists and other folks in the various regions, working with different tribes and trying to understand what their needs are.

Our next step now, when we do have funding in place, is to figure out what kind of materials we really need. How are we going to be effective? And how do we get them in the hands of the right folks? Health literacy is also a critical area. Even with the book we made a point of having a plain-language specialist review it. We know it would be helpful to have additional materials that are easy to understand.

Head Start is on our list too. As we go forward, we are trying to leverage and not recreate the wheel in every instance. There are many great existing programs and materials available. We are looking at how we can continue to supplement and complement those efforts.

The same thing when it comes to strategic alliances. We know that we can't do it alone. This is a big year in terms of the Guidelines being released. There has been great publicity in the media and it is really encouraging that there is so much interest and it seems like people are paying attention more than ever before.

We have a toolkit for health intermediaries and different fact sheets that should be posted online at the end of October. So, there is more information coming.

We are trying to make many of these things downloadable. The book itself will be posted online. We are trying to make sure that there are options for people so that when they want information, they have the ability to get it. Thank you very much for your time.

## Policy and Program Implications of the New Guidance for FNS

**Jay Hirschman, MPH, Director, Special Nutrition Staff, Office of Analysis, Nutrition and Evaluation, Food and Nutrition Service, U.S. Department of Agriculture, Alexandria, VA**

It is a real pleasure to be here. At the Food and Nutrition Service (FNS), when we implement the *Dietary Guidelines*, we take this very seriously. It is pervasive in terms of our programs and covers items such as nutrition education, which has been a main focus of much of this conference. I am going to take a different tack here and talk about how it impacts on the benefits that we provide to our particular participants in some of our main programs.

FNS administers the 15 domestic nutrition assistance programs and our programs serve one in five Americans each year. The 2005 *Dietary Guidelines for Americans* are going to influence all of our programs. I'm going to focus on our four major programs, the largest

programs we have, the National School Lunch Program and the School Breakfast Program, the Food Stamp Program, and the WIC Program.

I hope you are all familiar with these programs. They encompass about 90 percent of the funding that is spent by the Food and Nutrition Service, and as we consider issues on how to implement things, one of the dictums that often are imposed upon us in trying to think about change is that we live in an environment that is usually a “pay-go” environment.

That is, if you are going to be making any changes, they either have to be cost neutral or, if it is going to cost money, you have to find money from someplace else. I point that out here because these programs are so large that tiny changes in these programs, if there were cost impacts, would require identifying many millions or hundreds of million dollars some place else to offset those costs. So we first approach things by trying to look at how we can be cost neutral in approaching changes that we make.

What is on the horizon for the 2006/2007 calendar years? We are looking forward to publication of the proposed and final rules regarding the changes in the WIC Food Package. There is actually a legislative requirement in the re-authorization language about publishing the rules on that.

We are looking forward to publication of the revised Thrifty Food Plan Market Basket, which will be published by the Center for Nutrition Policy and Promotion, then, implementing that change in terms of the Food Stamp benefit levels. Then, also new will be the publication of the proposed rule regarding the implementation of the *Dietary Guidelines* in the school lunch and school breakfast programs.

It helps to think about our different programs in terms of what the nutrition standards are. In WIC, the “foods that promote the health of the population served are indicated by relevant nutrition science, public health concerns and cultural eating patterns” is embodied in the law. In the Food Stamp program, we rely on the Thrifty Food Plan for underlying the benefit levels that determine food stamps, and the Thrifty Food Plan is a low-cost nutritious diet for a family of four persons. The School Lunch and the School Breakfast programs are required to offer a third of the RDAs for lunch and one-quarter of the RDAs for breakfast and to be consistent with the *Dietary Guidelines for Americans*.

Some general considerations for program change that we are always up against in trying to make these considerations fall into the realm of administrative changes, things that impact our target population (the consumers or participants in the program), and then the net value of the changes.

So, in the administrative arena we worry about costs. We worry about the burden on many of you folks as local implementers or State level implementers. We worry about the feasibility. Is this really going to work in the variety of situations that we might find in inner city D.C. as well as rural Montana or Alaska--vastly different environments?

In terms of the target populations that we are trying to reach, it is great to do stuff in theory. But, if our clients are dissuaded from participating in our programs, if they won't come to eat the school lunches, and if they don't come in for benefits in our different programs, then we are not being successful at reaching them. So, their satisfaction with the program is very important.

The net value of changes is important because change is hard. Change is difficult even if it doesn't necessarily cost money overtly in a budget; it takes effort to retrain people and it costs political capital as well.

In the School Lunch Program, the key fundamental issue is reimbursable meals. It is critical in the School Lunch and School Breakfast Programs to have a definition of what a reimbursable meal is, and the definition encompasses both food and nutrient requirements that are outlined in Federal regulations. But it doesn't apply, again, to foods that are served outside of these programs, such as a la carte or vending machines and the things that are not reimbursable, and I am not going to talk about those.

Here are the current requirements for reimbursable meals. Some of the core concepts that fit into this are about things being averaged over a week, about meeting RDA targets, about providing appropriate calories for particular age/grade groupings and for being consistent with the *Dietary Guidelines* in things such as total fat and saturated fat and reducing levels of sodium and cholesterol, and increasing fiber.

The requirements also in school meals take place through menu planning options. There are a variety of planning options available. There are two that are food-based systems and two that are nutrient-based systems, and then any reasonable means of planning menus also is available, if schools choose to try to go that route. Then there is an offer-versus-serve requirement. We can offer food to the students, but they don't necessarily have to take everything. There are certain minimum requirements of what must be taken for something being a reimbursable meal.

As we consider making adjustments in the School Lunch and School Breakfast Programs to implement the *Dietary Guidelines*, the questions about changing these standards become critical, and the first one I will talk about is calories. Determining the calorie levels is not a simple thing at all because you are doing a quantity food service in an institutional setting. It is very difficult to tailor things to the individual specifications of a child (like you might do at home) when you are trying to put kids through a line, when you have got to serve "x" many dozens or hundreds or thousands of students in a limited period of time.

The levels right now are based on the 1989 RDAs, and the 1989 RDAs were very convenient. They were very nice to us. They gave us a level that was sort of an average for the population for each age that we could use in calculating this.

The 2000 *Dietary Guidelines* and the new Dietary Reference Intakes, provide calorie ranges based on activity levels for sedentary, low active, and very active for each age and differently for boys and girls. So there is a challenge of meeting the individual needs in children in a group feeding situation, while both minimizing hunger and trying to prevent obesity.

One of the things that is clear is that for some of the age groups we are talking about, the calorie point the calculations are currently based on is up at the level or is perhaps even above what the active students require. There is an issue about whether that should be adjusted. But, the questions at any level are: Are you providing enough calories for the very active students? How do you provide enough for them without providing too much for the sedentary students? That is a challenge and it is not an easy challenge to address, but we are confronting that in our workgroup activities at FNS.

The previous *Dietary Guidelines* did not have a specific value, a numeric value, for sodium intake, but rather, recommended sodium in moderation. The new *Dietary Guidelines* and the *Dietary Reference Intakes* now have a tolerable upper intake level, typically called the UL, or upper intake level, for daily sodium intake. It varies somewhat with age level and we have data from the School Nutrition Dietary Assessment studies that indicate the lunches served to students typically have much more sodium in them than you would want on a per-calorie-being-offered basis. For example, if the current *Dietary Guidelines* were followed to the letter, the maximum amount of sodium in a high school lunch to match the calories that are typically provided there would be reduced by about 44 percent. Now, it is very difficult to reduce sodium that far and still have meals that are acceptable to our clientele.

If you look at data from the NHANES Survey, you will see what the sodium intake is for the U.S. population compared to the general level that is recommended. The point is that intakes are considerably above that, and people get acclimated to the level of sodium that they typically eat. So, it is hard to get people to reduce it. It is very difficult to meet sodium levels, and we are challenged with trying to figure out what is the appropriate policy approach to take for sodium for a national scope program that is not going to alienate the clients we are trying to reach.

*Trans* fats were not previously addressed in the *Dietary Guidelines* or monitored in school meals, but there has been a lot more science that has come to the fore about the potential adverse health effects of *trans* fats intake. The *Dietary Guidelines* now recommend the intake of *trans* fat be minimized, and *trans* fats will be added to the Nutrition Facts label. There is a challenge in minimizing the *trans* fats, both in planning and in monitoring, and we know that the food supply is changing as well while this is going on.

The minimum level for fiber: Should we set one? Currently schools are encouraged to increase fiber, but a numeric target has not been set. The *Dietary Guidelines* offer a clear recommendation of going for 14 grams per 1,000 kilocalories of fiber across the age groups. This would be something that would necessitate a considerable increase in the amount of fiber in school meals. We are grappling with the questions of what should be adopted as the requirement, or is it something that you put in for trying to just generally increase.

There is a separate question as well for the various nutrients. Which nutrients should be regulated and required? Some of the nutrients of concern for children, like magnesium, potassium, and Vitamin E are not available on the Nutrition Facts label and are harder to monitor.

I am going to talk briefly about the Thrifty Food Plan now, which relates to the Food Stamp Program. There are dietary standards in place for the Thrifty Food Plan that is currently used as the underpinning for Food Stamp benefits.

Peter Basiotis and his staff are working on updating the Thrifty Food Plan, which is a nutritious low-cost model diet. Part of the question that comes up here is how should the *Dietary Guidelines* and nutrient recommendations be prioritized for inclusion as nutrient standards in the Thrifty Food Plan? And then, if that process is done, what happens if you come up with a set of nutrient standards and you try to calculate the Thrifty Food Plan and it doesn't balance? What direction do you go?

This is actually something that was confronted in the two previous iterations of the Thrifty Food Plan. In the 1970s they couldn't get it to balance for iron for 1- and 2-year-old children. And in the last version we worked on, starting in the mid '90s, I recall that sodium was a major issue, along with some other nutrients.

In WIC, we are confronting the issue of how we can update the package for the new *Dietary Guidelines* and Dietary Reference Intakes, as well as changes in the population that we are serving and a general growth in the program.

FNS commissioned a review of the WIC Food Packages by the Institute of Medicine. This photo is not the full committee, but this has a representation of the IOM staff and the committee chair and some of the committee members who participated in the effort. The report was published April 27, 2005, and we are now developing a proposed rule in consideration of those recommendations. The recommendations suggest more variety in the food packages and increasing the value of packages for breastfeeding women. Specifically, they recommend adding fruits and vegetables, whole-grain products, such as whole-grain breads and whole grains themselves, and requiring that all of the cereals be whole grains; adding baby foods, including fruits, vegetables, and meats for infants over 6 months of age; and reducing quantities of juice, eggs, and milk and revising quantities of infant formulas.

Our concerns, however, go beyond just the *Dietary Guidelines*. We have to also be concerned about reducing the prevalence of inadequate or excessive nutrient intake among participants, which really goes back to the *Dietary Reference Intakes*. There is a methodology that is recommended in applying the *Dietary Reference Intakes* that can be used for assessing the probability of inadequacy in the population, and that is something that we are also looking at.

Foods are available in forms that are suitable for low-income persons who may have limited transportation. Storage and cooking facilities are other issues to be confronted and this is why, for example, the IOM committee (relative to WIC) recommended including canned beans along with the dried products that have previously been offered.

The foods have to be readily acceptable, widely available, and commonly consumed in a program like WIC. Or, if you are trying to run a school lunch program, you need to be sure that you can actually get products that might be needed, and one needs to take into account cultural preferences, and provide incentives for program participation.

And last, but not least, the program design must facilitate integrity; it is difficult if you go ahead and define a reimbursable meal somehow in a regulation and nobody could possibly tell if some child walked by with one or not.

Implementation of the current *Dietary Guidelines* recommendations into the FNS programs brings forward many questions and issues for which there are not always clear answers. Any change to a program is accompanied by positive and negative implications that must first be identified and then weighed against each other in coming up with decisions, and we know that the decisions we make ultimately will affect one and five people in the U.S. who participate, and may impact the agricultural marketplace as well.

We look forward to comments on the proposed rules. When they come out, please, take them seriously and give us your input. It has been a real pleasure to talk with you.

Thank you.

### **The Science Behind MyPyramid: Making It Work for You**

**Jackie Haven, MS, RD, Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, Alexandria, VA**

Good morning, everyone. I'm very happy to be here today talking about one of my favorite subjects, *MyPyramid*. I work at USDA's Center for Nutrition, Policy and Promotion.

There were two stages in the development of the *MyPyramid*. There was the science base and the consumer presentation. The science base was developed between 2001 and 2004. It was the technical analysis process to establish the "what" and "how much" to eat and that, of course, was developed in concert with the development of the 2005 *Dietary Guidelines*.

The consumer presentation, which started in 2004 and went into 2005, that gave us the Food Guidance System, which is the motivational and educational tools and messages and

materials for consumers and professionals, and this is what I will be talking more about this morning.

This time, we went with a systems approach for the communications portion. The Food Guidance System, as we call it, includes a graphic symbol and slogan, consumer messages, interactive guidance tools, print materials and materials for professionals, like the food intake patterns and educational framework.

The purpose for the symbol and slogan is different than what it was back in '92. The symbol is deliberately simple. It is intended to be motivational. It is intended to remind consumers to eat healthy and exercise and to encourage them to seek more information and to go to the website.

There are six main ideas that are hopefully being portrayed in the graphic. Three that were back from the '92 version: variety, moderation, and proportionality. Then three new ideas: activity, personalization, and gradual improvement.

In the *Dietary Guidelines*, the variety message was basically consume a variety of nutrient-dense foods and beverages within and among the basic food groups. In the *MyPyramid* graphic, the color bands represent the food groups that are needed each day for health. As you work with these different messages and ideas, we have come up with this idea that if you are going to be talking about the green group, or the vegetable group, you really can use the different colors. Hopefully, consumers over time will recognize these colors as the different food groups.

The second message is proportionality, and in the guidelines it was to adopt a balanced eating pattern, which would include sufficient amounts of fruits and vegetables, 3 or more ounce equivalents of whole-grain products per day, and 3 cup equivalents per day of fat-free or low-fat milk or milk products. In the *MyPyramid* graphic, it is the different widths of the color bands that suggest about how much from each food group should be eaten a day.

The next message is moderation, and in the *Dietary Guidelines* the moderation message is shown by the limit intakes of saturated and trans fat and choose products low in these fats; make choices of meat, poultry, dry beans and milk products that are lean, low-fat or fat-free; and choose and prepare foods and beverages with little added sugars or caloric sweeteners.

In the *MyPyramid* graphic, the narrowing of the bands from bottom to top suggests nutrient-dense forms of these foods. For example, in the fruit group a nutrient-dense choice would be an apple, versus an apple pie that would be a fruit that is not as nutrient-dense.

Physical activity is one of the newer symbols in the graphic. Of course, the *Dietary Guidelines* talk about engaging in regular physical activity and reducing sedentary activities to promote health, psychological well-being, and healthy body weight. In the *MyPyramid* graphic, it is the steps, and the person on them, which symbolizes physical activity.

Two other ideas that are in this new graphic are personalization. The name *MyPyramid*, of course, suggests this individualized approach, and the gradual improvement is shown by the slogan, “Steps to a Healthier You.”

We have several consumer materials that I will go over now. We have the graphic image and slogan, poster, mini-poster, our website, *MyPyramid.gov*, which includes the *MyPyramid* Plan, *MyPyramid* Tracker, and the Inside *MyPyramid*. We have in development the kids’ materials and a Spanish language version of our website. On the back of the mini-poster, we have messages for each food group, which coordinate with the *Dietary Guidelines*, and a sample amount of food you need if you are following a 2,000-calorie diet.

We have the website, [www.mypyramid.gov](http://www.mypyramid.gov), which I will be going into a little bit later.

I want to talk about something that I am very excited about, the *MyPyramid* for Kids materials for school-aged kids. Hopefully, this is coming out very, very soon. There will be very similar products such as a graphic, slogan, messages for kids, posters, and there is going to be an “anatomy,” lesson plans, parent handouts, and interactive games.

There is going to be a double-sided wall poster. One side has the graphic on it, and the second side has messages that have been written for kids in kid language and were tested with kids. So, it is two sided. It depends on the age group that you are working with. You might want to have the simple graphic or the one with the messages on it.

There will be an “anatomy” for kids. It looks just like the graphic and that, again, will have the same six concepts, but the ideas will be in a language that kids will better understand. There will be lesson plans that will introduce students to the *MyPyramid* principles and, of course, it was designed with teachers in mind. They are developed in three different levels for elementary school-aged kids. Level one is for grades one and two; level two is for grades three and four; and level three is for grades five and six. There will also be a flyer for parents as a take-home piece that they can post on their refrigerator. It will have the graphic on one side and healthy eating and physical activity messages on the other.

There is also an interactive game that I am very excited about. It is designed for kids 6 to 11 years old. It does again introduce the *Dietary Guidelines* and *MyPyramid* principles, and we hope that it is visually appealing and challenging for kids.

These materials will all be on the *MyPyramid.gov* website and also on the teamnutrition.usda.gov website. Team Nutrition is the one leading this version of the *MyPyramid.gov* for kids. And, of course, we will be sending out materials. When you get on the website, there will be a way to order materials, and we will be at conferences. Hopefully, we will get them out to you quickly so you can start using them.

Now, back to the *MyPyramid.gov* website and the *MyPyramid* Plan. This is a very simple level tool for consumers to find out what they need to eat each day. All they would need to

do is put their age in, their gender, and their physical activity level. There are three different levels of activity to choose from. Then, they click and get their own personal *MyPyramid* plan, which gives them the number of ounces of grains and cups of vegetables and fruits that they need per day. If you want to learn more, you can click on the corner and get a worksheet. This is for the really low-tech people who don't have a computer or just want to jot down what they are eating each day. They can write down what they chose to eat on that first left-hand column, then put it into the food groups, and then assess, by eye, how they think that they did. On the bottom, they can make a food goal and an activity goal for tomorrow. Very low-tech, but hopefully, it will work.

The other thing I want to point out is the inside of *MyPyramid*. There is a lot of information, of course, on the website. If you go onto the grains page, you will see simple messages about grains, such as be sure to have at least 3 ounces of whole-grain breads, cereals, crackers, and rice each day.

The other thing I want to highlight is that we have a "For Professionals" page which hopefully you have seen, and there is a lot of information on there, including the educational framework. Thank you.

### Using the *MyPyramid* Tracker

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Good morning. As you all have been hearing over the last couple of days and definitely this morning, since the release of the 2005 *Dietary Guidelines for Americans*, there has been a tremendous burst of activity and innovation in the food guidance arena. We at the USDA Center for Nutrition Policy and Promotion are privileged, happy, and even proud to have contributed significantly to this effort.

Jackie mentioned the *MyPyramid* food guidance system, which in itself is a new innovation, in that it is a systems approach as opposed to a one-size-fits-all. Part of that system is the *MyPyramid* Tracker, which I was asked to talk to you about today. We have this new integrated and interactive tool, which combines several functions. Before we get lost in the details of how to navigate the tool, let me give you an overview of what those functions are.

First and foremost, it provides an assessment of diet compliance with the 2005 *Dietary Guidelines* and also with the *MyPyramid* recommendations. After that, it provides trends analyses for people, because people can save the results of the diet analyses they have done, by storing those results for a year or more if they want to. It provides context-relevant, educational material. As people are going through the analysis of their diet, they can click on related links and get educational messages about how they are doing. A very big innovation, in my opinion, is the assessment of physical activity that is now integrated with

the assessment of the diet. People can enter their activity levels, and based on the Institute of Medicine's Report on food energy requirements, they can get an estimate of their energy requirement for the day. It then puts everything together by giving an estimate of their energy balance for the day, looking at the total energy intake and total energy expenditure, and a message tells the person if they are eating too much, too little, or about right on a given day.

There are two major parts to the site. One is the diet assessment and the other is the physical activity assessment. If you are a new user, you have an option of registering by providing some information.

If you are an existing user and you are returning and want to log in, you just log in. But if you just want to check it out, in other words, you want to get a flavor of what the site will do for you without going through the bother of registering, you can click on "check it out." When you register, you are asked to provide a user I.D., a password, and optionally an email. The only purpose of the email is so we can provide you with your password or your user I.D. if you forget them. Also, optionally again, you can provide the zip code so we get an idea of what parts of the country are using the site.

If you log in with your user I.D., every time you log in, it makes sure that it has the right information for you. The entry date will be today's date, unless you change it. It makes sure that you have the right height and the right weight, both in British units or metric units. About 20 percent of participants in this site are from overseas. When you click on "Save Today's Changes," if you have changed anything there, then you can proceed to the food intake or physical activity. Most people will start with food intake.

This takes a little bit of time because it goes through every food that the person ate in one day. Then, you have an option to put foods in. So, if you regularly eat a bagel in the morning, you can search for a bagel and then add it to your frequently eaten foods so you don't have to go through and search every time you log on. There are many different kinds of sodas listed on the site. Not only soda, but if you go to chicken, there are literally about 1,000 entries for chicken. We are working on improving this to make it more user-friendly.

However, in the earlier iteration, when we tried to only have a few foods, let's say 700 or 1,000 foods, people didn't like that. They wanted to have the option of choosing the food they wanted. So we are struggling now with a way to provide both flexibilities.

Once you have entered your foods, you can calculate the amounts or you can tell the program the amounts you have eaten. For each food you have entered, you have an option or you must define a serving size. Then, you would input the number of servings or the number of those units you consumed. After you go through this process for all foods, you click on "analyze." Then you get to a screen which has several subparts. The first category shows a comparison of your food group intake to the 2005 *Dietary Guidelines*

recommendations. Another option is to see your nutrient intake and how it compares to the recommendations.

Then, you can look at how your food consumption matches the *MyPyramid* recommendations in terms of percentages. You have an option to check information on nutrient or dietary supplements, and this links to sites like the Office of Dietary Supplements, and is purely informational. It does not give any advice on supplements, nor does it allow the user to say “I’m taking Vitamin C supplements” and incorporate it into the assessment. This is only for the person’s information.

The healthy eating history is what I mentioned in the overview. You can look at your eating patterns over time to see trends. We are also working on updating the Healthy Eating Index, which, of course, will now be different given the 2005 *Dietary Guidelines*. When that is ready, it will be incorporated into the site so you can look at your *Healthy Eating Index* score.

Now, you have an important choice to make. One is whether you want to maintain your weight or gradually eat less and gradually lose weight. We assume it is weight loss, not a weight gain choice. For good reason. The second choice is quite complicated. I don’t want to go through it now because there are exceptions for people who are very overweight. We don’t recommend they lose weight. They need to see a health professional.

After you have entered everything, you see how your intake compares to the *Dietary Guidelines*, and we have those so-called emoticons or smiley faces, which some people didn’t like, but most people love. If you get between 80 percent and 100 percent of the recommendation, it is a smiley face. If it is between 50 percent and 80 percent of the recommendation, it is a neutral face. Otherwise, it is a sour face or frowning face.

We have the five groups that Jackie mentioned in *MyPyramid* and then some of the moderation items. Currently, we do not have the database for oils, and therefore, we cannot really calculate discretionary calories that are a major part of the new *Dietary Guidelines*. A new innovation really. I think people will find it very useful.

The site will show you what nutrients are in your diet for that day. It also gives you a recommendation based on the IOM reports. This is calculated by the program from the person’s age, weight, height, and gender, of course, assuming sedentary physical activity at this point. That could change later when they input their physical activity in the physical assessment tool.

As I said, you can also compare it against the *MyPyramid* recommendations. This is a more direct comparison. More visual I should say, and it shows you your intake and the *MyPyramid* recommendation. In terms of history or trends analysis, we only have four points, and this is for food energy. You have a choice of looking at one day or one week, one month, two months, six months, one year.

Depending on your choice the graph will change. You have the choice of tracking your dietary history for all of these components. You can look at grains, vegetables, fruits, and protein, et cetera. It is an extremely useful tool for people who are serious about monitoring their diet quality.

The second major part of the site, the physical activity tool, gives people choices again. The first choice, what we call a standard option, is to enter physical activity for every minute of the day, including sleeping. That is tedious. Most people won't bother to do that. Many people will use the condensed option. Again, it gives you the same option as the complete standard option, but you don't have to input everything. One could say, "the only thing I did yesterday that was worth talking about was maybe I ran for five minutes or went for a long walk with my dog." So they put only that in. We think that these two are pretty good, even though they are two different approaches.

Either way you are going to have a choice on a drop down menu that has activities and these activities are basically in two categories. One is major activities, like household chores or office work. Once you select one, within that category there are several subcategories, and there are about 600 or 700 activities that have been published in the compendium of physical activities.

Once you have gone through the same process as you had with the food intake, in terms of inputting your activities, selecting your activities, and then inputting the duration of each activity, then you can analyze your physical activity. It tells you the METs, the metabolic equivalents, which is a technical term. For most people, they don't need to know what it is. It also tells you, for example, that 10 minutes of walking burned about 29 calories, which isn't very much. Then, you will see how many count from the activity, because if the activity is less than moderate, it doesn't count. You can be walking very slowly all day, but it still would not count. It has to be at least .5 miles per hour. The nutritionists and physiologists recommended this to us.

At the Center, before the Guidelines were out, we had a physical activities score developed that is published now. The purpose of that was for cardiovascular fitness. It is therefore a little different from the recommendations of the Guidelines, but until we can update the site to incorporate the guidelines recommendations, we are using a physical activity score. As with the diet assessment; it can store your physical activity scores so you can see them over time.

The exciting part that most consumers will find very interesting is that it shows you how your energy balance literally stacks up. Please remember we are always talking about an estimate, not the real thing. We are working on having a history of the balance in terms of the pluses and minuses that you might have every day. We want to have a history of that like we have for the physical activity score and the different nutrients and food components so the person can see if, over time, they have a trend or a flat, positive balance. They can then relate that to their weight gain, hopefully. Otherwise, we are in trouble.