

DIETARY GUIDELINES FOR AMERICANS

An Overview & What Changed

Comparing the 2020–2025 and 2025–2030 editions

What Are the Dietary Guidelines?

Issued jointly by the USDA and HHS, the DGA sets federal nutrition policy every five years. The guidelines shape food assistance programs, institutional menus, and the nutrition advice given by clinicians and dietitians nationwide.



2020–2025 EDITION

164-page comprehensive document written for health professionals and policymakers



2025–2030 EDITION

Released January 2026 — a shorter, simpler, consumer-facing format



Nutrient-Dense Foods

Prioritize whole foods across the lifespan



Balanced Patterns

Focus on overall dietary pattern, not single nutrients



Practical Guidance

Translate science into everyday eating habits

What Stayed the Same

Both editions share the same foundational approach to nutrition



Promote healthy dietary patterns rather than focusing on individual nutrients alone



Encourage vegetables, fruits, whole grains, lean proteins, and dairy or dairy alternatives



Recommend limiting added sugars, saturated fat, and sodium



Continue to address nutrition needs across all life stages

Major Differences

The core guidance is consistent — the shift is in emphasis and framing

Topic	2020–2025 DGA	2025–2030 DGA
Primary Focus	“Make Every Bite Count” — meeting food group & nutrient targets	Greater emphasis on food quality, patterns, and practical eating behaviors
Ultra-Processed Foods	Limited discussion of processing level; focused on nutrient content	Stronger recommendations to limit highly processed & ultra-processed foods
Protein Guidance	Focused on meeting protein needs through varied protein foods	Increased emphasis on protein quantity & quality for aging adults and muscle mass
Processed Carbohydrates	Focused on limiting added sugars and refined grains broadly	More explicit guidance to reduce refined and highly processed carbohydrates

A Simpler, More Public-Facing Document

Format and audience changed as much as the content itself

2020–2025

164

pages of comprehensive, technical guidance

Written primarily for health professionals & policymakers

2025–2030

Short

consumer-focused, plain-language format

Designed to be accessible directly to the public

The Biggest Change: Protein



While most micronutrient and macronutrient targets carried over unchanged, published analyses of the 2025–2030 edition report a substantially higher recommended protein intake — with emphasis on muscle maintenance, healthy aging, and satiety.

2020–2025 RDA

0.8

g / kg body weight / day

AMDR: 10–35% of calories from protein

Baseline adult RDA, unchanged from prior editions

2025–2030 (reported)

1.2–1.6

g / kg body weight / day

~1.5–2x the traditional RDA

Particularly relevant for older adults and populations at risk of inadequate protein intake

Most Numeric Targets Are Unchanged

Protein stands out as the exception — these core limits carried forward



Carbohydrates

45–65%

of calories — AMDR unchanged;
emphasis shifts to fiber-rich, less-
refined sources



Saturated Fat

< 10%

of calories — limit retained in the
2025–2030 edition



Added Sugars

< 10%

of calories — numeric limit unchanged;
messaging on sugary drinks
strengthened



Sodium

≤ 2,300 mg

per day for adults — no new
documented numeric limit

Micronutrients (calcium, vitamin D, potassium, iron, magnesium, folate, B12): no evidence of broadly changed DRIs or RDAs in the 2025–2030 edition.

What This Means for Menu Planning

Practical takeaways for institutional foodservice settings



Foundations hold steady

Core nutrient standards you use today do not need a major overhaul.



Watch processing level

Increased scrutiny of ultra-processed foods and sugar-sweetened beverages.



Protein needs a look

Highest operational impact area — especially for older-adult and at-risk populations.



Favor whole foods

Shift toward minimally processed foods and higher-quality protein sources.

Bottom Line

- ✓ Core principles — healthy patterns, limiting added sugars/saturated fat/sodium — remain intact
- ✓ The 2025–2030 edition is simpler and more consumer-facing in format
- ✓ Greater emphasis on food quality and limiting ultra-processed foods
- ✓ Protein recommendations increased significantly (0.8 → 1.2–1.6 g/kg/day)

Sources: 2020–2025 & 2025–2030 Dietary Guidelines for Americans; DietaryGuidelines.gov; JAMA Network; published dietetics analyses



Heart Healthy Diet Definition

Anna Rivera, Ph.D, MBA, RDN

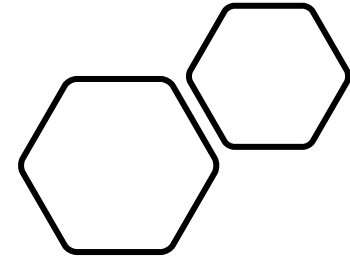
ACFSA 2026 Annual International Conference –
Burbank CA

A heart-healthy diet is defined by the [Academy of Nutrition and Dietetics](#) as a balanced eating pattern that emphasizes nutrient-dense foods to support cardiovascular health and reduce the risk of heart disease.

What does this mean?



We are made of 50-60% water





OMEGA
3

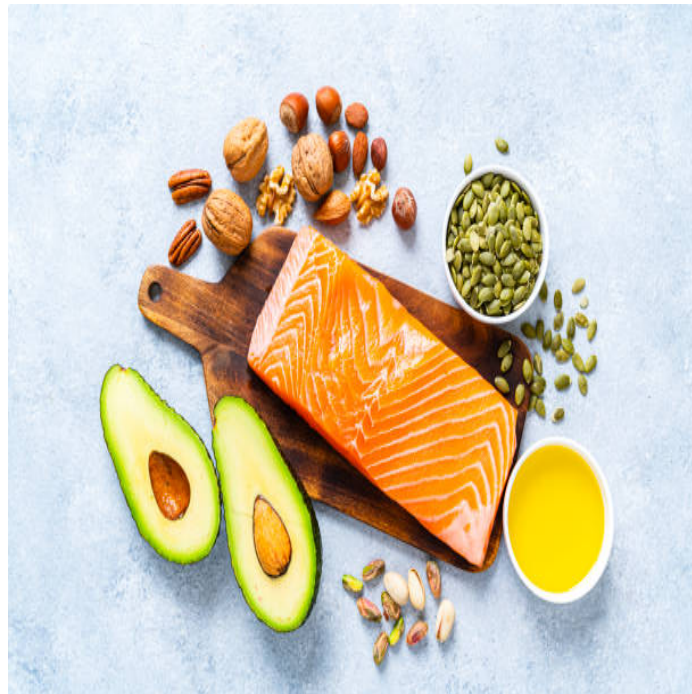
Food Sources of Omega-3 Fatty Acids

Plant Base Sources

Chia seeds (cooked, 1 oz)
Flaxseeds (ground, 1 tbsp)
Walnuts (1 oz) Hemp seeds (1 tbsp)
Edamame (1 cup)
Tofu (firm, 3 oz)
Spinach (1 cup)
Brussel sprouts (100g)
Avocados (100g)

Marine and Animal Sources

Salmon (cooked, 3 oz)
Mackerel (cooked, 3 oz)
Sardines (canned, 3 oz)
Herring (cooked, 3 oz)
Trout (cooked, 3 oz)
Tuna (canned, 3 oz)
Grass Fed Beef (cooked, 3 oz)



Fortified Foods

Omega-3 enriched eggs (1 large)
Fortified plant-based milks (1 cup)

Supplements

Fish Oil (1,000 mg capsule)
Algal Oil (vegetarian, 1,000 mg)



Fiber – Soluble & Insoluble



SOLUBLE FIBER

Dissolves in water to form a gel. Slows digestion.

- Lowering LDL cholesterol
- Steadier blood glucose
- Diarrhea / loose stools

INSOLUBLE FIBER

Does not dissolve. Adds bulk and speeds transit.

- Constipation / regularity
- Moving waste through the gut
- Preventing straining

• Food Sources of Soluble Fiber to Help Lower Cholesterol & Steady Blood Sugars

- Oatmeal
- Mango 1 small
- Figs, dried
- Black beans 1/2 cup
- Navy beans 1/2 cup
- Oat bran cereal, cooked 3/4 cup
- Kidney beans (light red) 1/2 cup
- Brussels sprouts 1/2 cup
- Apricots, fresh 4
- Orange 1 small
- Pumpernickel bread 1 slice
- Flaxseed, ground 1 Tbsp



SOURCES OF FIBER



Insoluble	Both	Soluble
<u>Energy Dense</u> Brown Rice Buckwheat groats Quinoa <u>Toppers</u> Apple, with skin Blackberries Blueberries Canned pumpkin Cantaloupe Cauliflower Celery Cranberries Cucumber Eggplant Honeydew Radish Raspberry Spinach Strawberry Yellow bell pepper <u>Supplement</u> Flaxseed	<u>Toppers</u> Beet greens Bok-choy Carrots Green beans Green cabbage Mango Red cabbage Zucchini	<u>Energy Dense</u> Oatmeal Sweet Potato <u>Toppers</u> Asparagus Beets Broccoli Brussel sprouts Collards Kale Green and red bell pepper Parsnip Parsley <u>Supplement</u> Psyllium Husk

Fiber Daily
goal:
About 25g for
women
About 38g for
men

Eating the what many Rainbow



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Credit: fcacofotodigital



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♥️❓ **Red – Lycopene and Anthocyanidins**

Tomatoes, watermelon, strawberries, red bell peppers, cranberries

- Powerful free-radical scavenger
- Supports prostate & breast health
- Protects cardiovascular tissue



❓ **Orange – Beta-Carotene and Alpha-Carotene**

Carrots, sweet potatoes, pumpkins, apricots, mangoes

- Converts to Vitamin A in the body
- Enhances immune cellular response
- Optimizes vision & retinal health



ANY
QUESTIONS
?



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Credit: Lentochka

EXECUTIVE BRIEF

Dietary Guidelines Reset

Major changes from 2020–2025 to 2025–2030
and implications for 40 units serving 57,000 people
daily

FOCUS

**Menu design • procurement • cost • insulin scenario
planning**

Prepared for portfolio-level nutrition practice



The organizing philosophy changed

From a flexible modeled pattern to a direct whole-food hierarchy

2020–2025

“Make Every Bite Count”

Dietary pattern first

Customizable for culture, preference and budget

Operational detail

Calorie levels, cup/ounce equivalents, food-group targets, nutrient tables and life-stage adaptations

2025–2030

“Eat real food”

Food hierarchy first

Whole, nutrient-dense foods over highly processed foods

Communication trade-off

Simpler top-line message, but less calorie-specific pattern modeling for menu operators

What changed at a glance

Seven domains that matter to menu design and clinical operations

DOMAIN	2020–2025	2025–2030
Protein	Food-group ounce equivalents	1.2–1.6 g/kg/day; prioritize every meal
Dairy	Fat-free / low-fat emphasis	Full-fat, no added sugar
Fats	Oils emphasized	Olive oil prioritized; butter/tallow listed
Grains	≥ half whole grains	2–4 whole-grain servings; reduce refined carbs
Added sugar	<10% kcal/day	≤10 g per meal; no amount recommended
Alcohol	1/day women; 2/day men	“Consume less” without numeric limit
Life stages	Birth–24 months added	Birth–4 years plus gut-health emphasis

Continuity remains: saturated fat generally <10% of calories and sodium <2,300 mg/day for ages 14+.

Protein rises to the center of the plate

A body-weight target replaces reliance on food-group equivalents alone

NEW TARGET

1.2–1.6 g/kg/day

70 kg adult → 84–112 g/day

Portfolio working change

90 g → 115 g per person/day

Dairy & fat: full-fat unsweetened dairy is now included; olive oil is prioritized, while butter and beef tallow are listed as options.



Guardrail: saturated fat still generally <10% of calories.

Carbohydrate quality gets a sharper filter

Whole grains, produce and meal-level sugar limits move upstream into specifications



WHOLE GRAINS

2–4 servings/day; significantly reduce refined foods

PRODUCE

~3 vegetable + 2 fruit servings at 2,000 kcal

ADDED SUGAR

No more than 10 g in one meal

INGREDIENT SCREEN

Limit sweeteners, artificial flavors, dyes and preservatives

Operational effect: cereal, bread, snack, beverage and dessert specifications become primary compliance levers.

Continuity, simplification and emerging topics

Not every change is a new numeric target



SODIUM

**<2,300 mg/day
ages 14+**

Continuity, with lower
age bands and an
activity caveat



BEVERAGES

**Water +
unsweetened**

Avoid sugar-sweetened
drinks; discourage
adolescent
caffeine/energy drinks



ALCOHOL

Consume less

Sex-specific daily drink
limits removed



EARLY LIFE

Birth–4 years

Breastfeeding,
formula, vitamin D and
allergen timing
expanded



GUT HEALTH

New emphasis

Vegetables, fruits,
fermented and high-
fiber foods support
diversity

Portfolio transformation: the scale of the shift

40 units • 57,000 people served daily • lower 48 states

+25 g

protein/person/day

-32 g

carbohydrate/person/day

~2,600

kcal/person/day

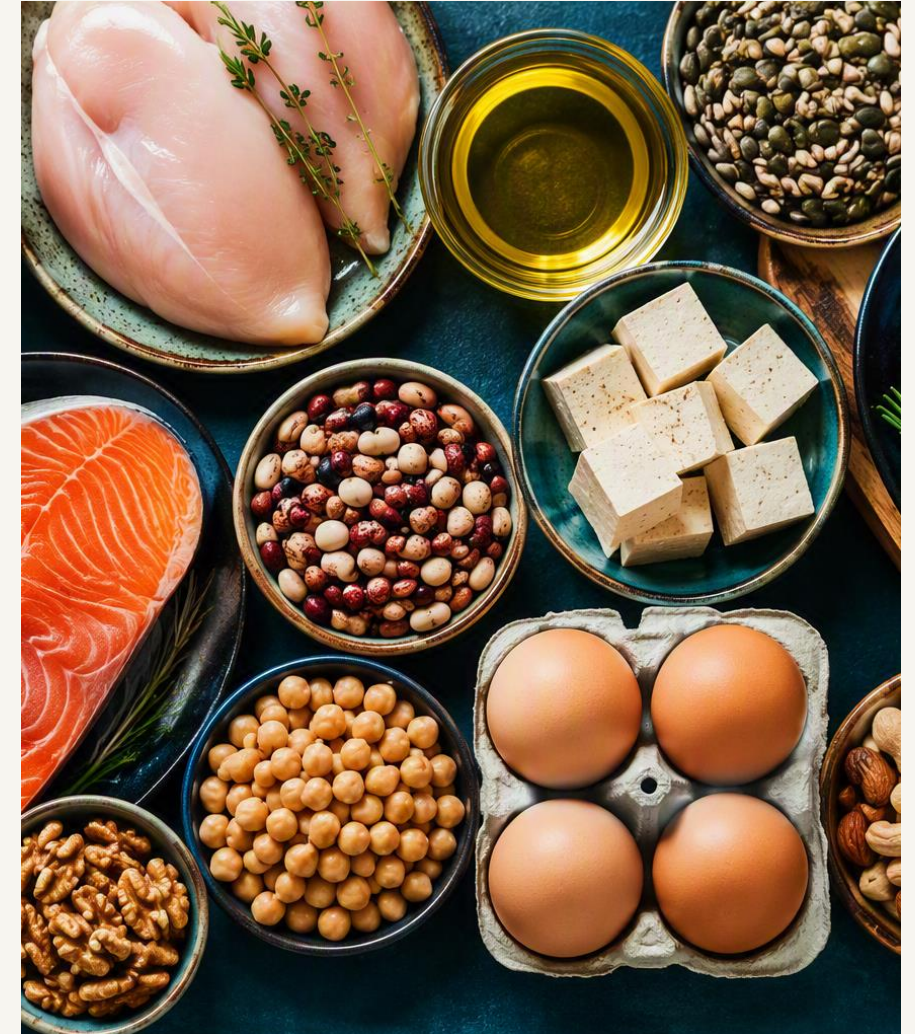
+\$11.2M

midpoint food cost/year

MACRO SHIFT

Carbohydrate: 54.8% → 50% of calories

If no calories are replaced: -27 kcal/day



Annual purchasing and budget implications

The transformation is material before considering medical offsets

6.0–7.6M lb

additional protein-containing foods

1.07M lb

additional protein nutrient

1.35M lb

carbohydrate nutrient removed

2.36M

20-slice loaf equivalents removed

Before rollout: reconcile contracts, regulatory requirements, saturated fat, meal-level sugar and an objective definition of “highly processed.”

NET ANNUAL
FOOD COST

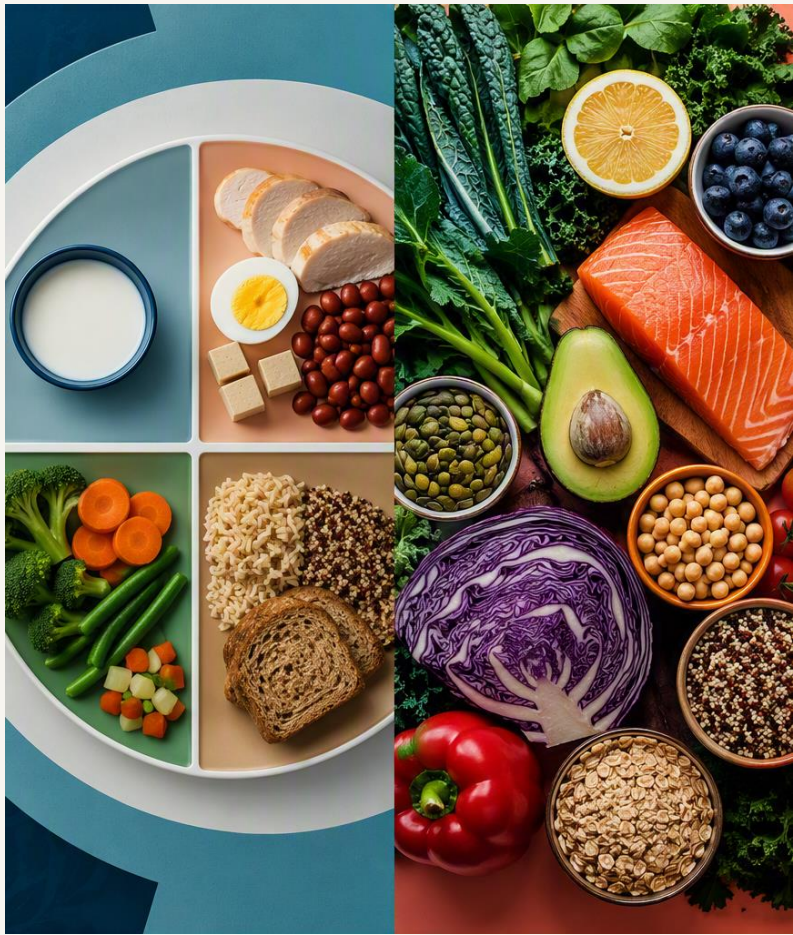
\$9.6M–\$13.2M

Planning midpoint

\$11.2M/year

Insulin savings: use a scenario model, not a promise

Diet can change medication needs, but savings require clinical deprescribing and measured utilization



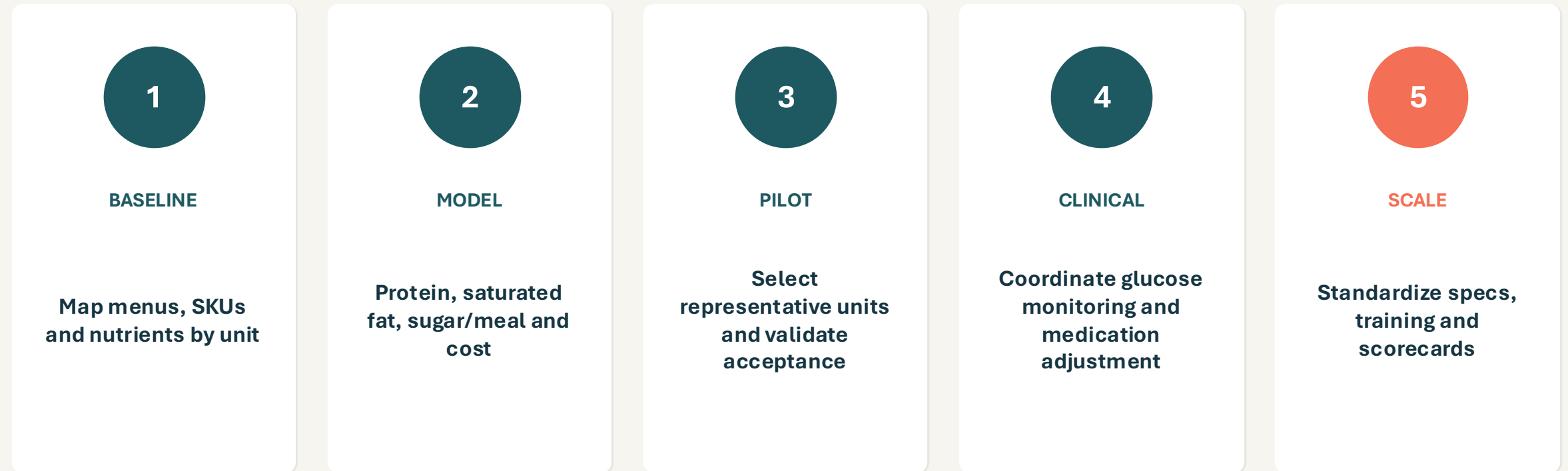
BASELINE MODEL					
10% insulin-dependent = 5,700 people • 1 vial/month • \$300/vial					
VIAL REDUCTION	PER PERSON/YR*	PER UNIT/YR	PORTFOLIO/YR	5 YEARS	10 YEARS
5%	\$18	\$25.7K	\$1.03M	\$5.13M	\$10.26M
10%	\$36	\$51.3K	\$2.05M	\$10.26M	\$20.52M
20%	\$72	\$102.6K	\$4.10M	\$20.52M	\$41.04M

*Per person across all 57,000 served. Per insulin-dependent person: \$180 / \$360 / \$720 annually.

No inflation, discounting, adherence attrition or clinical program cost included.

Recommended path to an evidence-backed rollout

Separate guideline translation, operational feasibility and clinical outcomes



Decision gate: approve a pilot only after nutrition, procurement, legal/contract and clinical teams agree on measurable success criteria.