Food-Based Dietary Guidelines: Best Practices in Global Development and Implementation

9:45 a.m. – 10:45 a.m. Friday, 7/21/2017 | Constitution Ballroom
Society for Nutrition Education and Behavior
Outline

- Introduction (Seung-Yeon Lee, PhD, 2016-2017 DINE Chair)
- Presentations
  - Yenory Hernandez-Garbanzo, PhD
  - Mary Murimi, PhD
  - Luiza Torquato, MS
  - Serah Theuri, PhD, RD
- Q & A

Co-organized with Dr. Serah Theuri with help from the DINE Annual Conference Planning Committee

Sponsored by DINE and United Sorghum Checkoff Program
Yenory Hernandez-Garbanzo, PhD

Nutrition Specialist, Nutrition and Food Systems Division (ESN), FAO
2013-2014 DINE Chair
SNEB Foundation Board of Trustee

Research interest: formative evaluation to guide the design and implementation of inter-sectorial nutrition education programs; program evaluation and survey development

Areas of work: Technical support and capacity building to UN Member Countries on areas related to FBDGs and school food and nutrition education
Mary Murimi, PhD

Professor of Nutrition at Texas Tech and the Chancellor of Daystar University in Kenya
President of SNEB
Associate Editor for JNEB

Research interests: Environmental factor on nutrition status; coping strategies for food insecurity and factors that influence dietary behavior among low-income populations
Luiza Torquato, MS

- Technical Advisor of the Federal Council of Nutritionists in Brazil
- Researcher at the Observatory of Food Security and Nutrition Policies at the University of Brasilia
- Educator of the Slow Food Movement Brazil
- Research interests: Food and Nutrition Education and public policies to guarantee the Human Right to Health and Human Right to Adequate Food
Serah Theuri, PhD, RD

Associate Professor, Nutrition at University of Southern Indiana

2014-2015 DINE Chair

Research interest: food access in urban underserved communities and the impacts of food insecurity on health status

Work with her students in providing nutrition education to low-income adults at the University of Southern Indiana’s Community Health Centers.

Published articles on food insecurity and clinical findings of her community project
DINE Dinner:
7 pm on 7/22 (Saturday) at the New Big Wong Restaurant (610 H St NW)
** Vegetarian options available**

Dinner Business Meeting:
7 am - 8 am on 7/23 (Sunday) in Independence F-I
Food Based Dietary Guidelines at Global Level

Setting the Context: 
FAO’s Perspective
Current Team at FAO HQ Working with FBDGs

Fatima Hachem, Team Leader

Ana Islas
Focal Point for FBDGs Development

Ramani Wijesinha-Bettoni
Focal Point for FBDGs Implementation

Melissa Vargas

Yenory Hernández-Garbanzo

Acknowledgements

...Many other collaborators at FAO HQ, Regional and Country Level...
FAO’s WORK ON FOOD BASED DIETARY GUIDELINES

01 INTERNATIONAL ADVOCACY/CAPACITY DEVELOPMENT
Sensitization/awareness/capacity development workshops for government officials, practitioners and other relevant stakeholders for the development of FBDGs in all countries

02 RESOURCE MOBILIZATION
In collaboration with governments and/or other UN agencies for starting/expanding the work on FBDGs, especially in LMIC

03 TECHNICAL ASSISTANCE AT COUNTRY LEVEL
For the development, revision and/or implementation of FBDGs

04 COMPILETION OF COUNTRIES’ FBDGs
Through the FAO’s FBDGs website

05 DEVELOPMENT OF KNOWLEDGE PRODUCTS
Guidelines, reports, studies, and/or scientific publications to promote the effective development and implementation of FBDGs, including the integration of sustainability aspects

Strong presence on the ground to support UN Member countries in the preparation of their FBDGs- at different levels

• 2015-present:
  - Sierra Leone, Kenya, Afghanistan, Guyana, Panamá, Colombia, Ecuador, Uruguay, Suriname, Tanzania, Swaziland, Zimbabwe, Zambia, Mauritania, Niger

• 2016:
  - Regional workshops: African Anglophone and Francophone countries (n=24)
FBDGs CONTEXT: WHY NOW?

Overarching Paradigm: Different forms of Malnutrition + Changing Dietary Patterns

Emerging Issues: Urbanization + Effect of Climate Change on Food Availability

Source: Summary Report EFSA Scienti c Colloquium 5, 21-22 March 2006 - Parma, Italy

NORTH AMERICA
Poor dietary habits
Physical inactivity
Overweight & obesity
Obesogenic environments

LATIN AMERICA & CARIBBEAN
Changing dietary habits
Physical inactivity
Overweight & obesity
Food insecurity

EUROPE
High fat intake
Changing dietary habits
Physical inactivity
Overweight & obesity

AFRICA
Food insecurity
Poor breastfeeding practices
Infectious diseases
Overweight

ASIA & PACIFIC
Food insecurity
Infectious diseases
Poor sanitation & hygiene
Overweight

Nutrition Transition
FBDGs: WHAT ARE THEY AND FOR WHAT?

- FBDGs are a set of evidence-based, easily understood, behavior-focused messages for the general public.
- FBDGs take into account a country’s food availability, diet patterns and food culture, and nutrition-related issues.

TOOL TO PROMOTE:
- Nutritional well-being
- Desirable consumption patterns

TOOL TO PREVENT:
- Malnutrition and diet-related diseases
- Unsustainable food systems

TOOL TO PROVIDE GUIDANCE:
- Nutrition education programs
- Food, agriculture and trade policies
FBDGS: KEY ELEMENTS

01 Strong political commitment
02 Multi-sectoral working group
03 Science-based & Practical
04 Compatible with food supply
05 Culturally appropriate
06 Promote behavioral change & supportive PSE
International Advocacy & Capacity Development

Part One
HOW THE FAO/WHO's WORK WAS STARTED?

1992

FAO/WHO International Conference on Nutrition (ICN), Rome, 1992
Plan for Action on Nutrition called on governments to “provide advice to the public by disseminating… dietary guidelines relevant for different age groups and lifestyles and appropriate for the country’s population…”

1995

FAO/WHO Expert Consultation on Preparation and Use of FBDGs
Consultation and report that aimed to “…establish scientific basis and expert practical guide to the formulation and implementation of national dietary guidelines based on recommended foods and food groups rather than nutrients…”

2014

ICN2 Framework for Action also recommends to “…adopt and adapt, where appropriate, international guidelines on healthy diets” (Recommendation 13), in addition to mentioning FBDGs (Recommendation 12)…

2016

INTERNATIONAL SYMPOSIUM ON SUSTAINABLE FOOD SYSTEMS FOR HEALTHY DIETS AND IMPROVED NUTRITION
Sustainable Development Goals
United Nations Decade of Action on Nutrition 2016-2025
Food and Agriculture Organization of the United Nations
World Health Organization

...There was a call by Patrick Webb for FBDGs to be: “…re-framed and re-thought everywhere to guide policy-makers; not make them just consumer-focused but directly policy-maker-focused…”
FBDGs CURRENT ROLE IN THE INTERNATIONAL AGENDA

A Spotlight on the UN Decade of Action on Nutrition (2016-20225)

FBDGs can be instrumental in advocating for change

- FBDGs encourage...
- …Consumers to adopt nutrition-focused behaviours and...
- …Policy makers to adopt policies that create an enabling environment for sustainable diets...
- …both of which would lead production systems to perform better by producing a more diverse range of foods in a sustainable manner...

Stineke Oenema
UNSCN Coordinator
>100 Countries with FBDGs

In Africa only six countries:
Benin, Namibia, Nigeria, Seychelles, Sierra Leone and South Africa

2015: FAO’S CAPACITY DEVELOPMENT WORKSHOPS FOR SOUTHERN AFRICA: 24 COUNTRIES
2016: ZAMBIA, SWAZILAND, ZIMBABWE, TANZANIA, MAURITANIA & NIGER HAVE STARTED THE PROCESS FOR DEVELOPING THEIR NATIONAL FBDGS
Technical Assistance at Country Level

Part Two
GUÍA ALIMENTARIA PARA LA POBLACIÓN URUGUAYA
Para una alimentación saludable, compartida y placentera.

¡Promové el cambio!
A una alimentación más saludable, compartida y placentera

UNIDAD 4
#1 Why?: Motivators
#2 Overcoming Barriers: Reflection
#3 How to?: Skills to adopt the change

WHY+HOW=COMMITMENT TO CHANGE

Adapted from Marissa Burgermaster, Pam Koch, and Isobel Contento, DESIGN for Teachers. Presented at Society for Nutrition Education and Behavior Annual Conference, 2015 in Pittsburgh, PA.
Compilation of FBDGs

Part Three
FAO's FBDGs Website: 90 Countries

01 FOR GLOBAL MAPPING & RESEARCH OF FBDGs/FOOD GUIDES

AFRICA: 7
ASIA & PACIFIC: 17
NEAR EAST: 4

02 POOL OF COUNTRY FOCAL POINTS FOR FBDGS

EUROPE 33
NORTH AMERICA: 2
LATIN AMERICA & CARIBBEAN: 27

03 CAPACITY DEVELOPMENT SECTION: WORKSHOPS, FORUMS

COMING: IMPLEMENTATION & EVALUATION ASPECTS
Development of Knowledge Products

Part Four
FAO's FBDGs RECENT KNOWLEDGE PRODUCTS

STATUS OF FBDGs IN LATIN AMERICA AND THE CARIBBEAN
Study on the current situation, needs & lessons learned

PLATES, PYRAMIDS & PLANETS
Review of FBDGs that address sustainability

FBDGs IMPLEMENTATION
Article on: Implementing food-based dietary guidelines for policies, programmes and nutrition education (manual coming soon)
FBDGs: REALITY & CHALLENGES AHEAD

- Political will/Truly Multi-stakeholder Processes
- Limited Capacities & Resources
- Development & Implementation Issues
- Sustainability Considerations
- M & E/Research Evidence
- Evidence
Developing Dietary Guidelines for Americans

Mary Murimi, PhD, RD, LDN
Professor of Nutrition
College of Human Sciences
Texas Tech University

President: The Society for Nutrition Education and Behavior
Associate Editor: The Journal of Nutrition Education and Behavior
Chancellor: Daystar University in Kenya

Washington, D.C. July 21st, 2017
Dietary Guidelines for Americans

The 1990 National Nutrition Monitoring and Related Research Act requires that the U.S. Departments of Health and Human Services and of Agriculture publish a new edition of the Dietary Guidelines for Americans every 5 years. The guidelines should reflect current advancements in scientific knowledge on the relationship between nutrition and human health. The guidelines further translate the science current at the time into sound food-based guidance to promote health in the United States. The process has evolved from concerns of nutrient deficiencies and malnutrition in the beginning to disease prevention and over nutrition more recently.
Purpose of The *Dietary Guidelines for Americans*

Provides evidence-based food and beverage recommendations for Americans ages 2 and older

These recommendations aim to:

• Promote health
• Prevent chronic disease
• Help people reach and maintain a healthy weight
  • Forms the basis of federal nutrition policy and programs
  • Helps guide local, state, and national health promotion and disease prevention initiatives
• Informs various organizations and industries, such as food product development
Dietary Guidelines: What It Is, What It Is Not

• Translates science into food-based guidance toward a healthy and enjoyable diet
• Helps individuals improve and maintain overall health, focusing on disease prevention and reducing the risk of chronic diseases
• These Guidelines embody the idea that a healthy eating pattern is an adaptable framework in which individuals can enjoy foods:
  • that meet their personal,
  • cultural, and traditional preferences
  • and fit within their budget
• Is not intended to be used to treat disease
History of The Dietary Guidelines for Americans

1917 1943 1956 1979

Concern: Nutrient Deficiencies
From Nutrient based to Food based

Nutrient based goals

• Increase consumption of complex carbohydrates and “naturally occurring sugars”
• Reduce consumption of refined and processed sugars, saturated fat, cholesterol, and sodium

Food based

• Increase fruits, vegetables, and whole grains
• Decrease
  • refined and processed sugars and foods high in such sugars;
  • foods high in total fat and animal fat, and partially replace saturated fats with polyunsaturated fats
  • eggs, butter fat and other high cholesterol foods
  • salt and foods high in salt
• Choose low-fat and non-fat dairy products instead of high-fat dairy products (except young children)
Dietary Guidelines for Americans
Translating Science for Development of *Dietary Guidelines*

Three Stage Process

1. Review the Science
2. Develop the Dietary Guidelines
3. Implement the Dietary Guidelines
First edition to use a systematic review process

- Original systematic review
- Systematic review, meta analysis and reports
- Data analysis
- Food pattern and modeling analyses
Review of Current Scientific Evidence

The Secretaries of HHS and of USDA appoint an external Dietary Guidelines Advisory Committee to ensure sound external scientific advice to inform policy decisions. The Advisory Committee members are prestigious researchers in the fields of nutrition, health, and medicine. The committee is thoroughly vetted for conflicts of interest before they are appointed to their positions and are required to submit a financial disclosure form annually. The committee reviews the previous edition of the Dietary Guidelines to determine the topics for which new scientific evidence was needed to inform the development of the new edition. The public is invited to submit written/oral comments to the Advisory Committee throughout the entirety of its work.
Committee member requirements

Current knowledge in human nutrition and chronic disease
Familiarity with the purpose, communication and application of dietary guidelines
Expertise was sought in several specialty areas:
• Chronic disease e.g., cancer, cardiovascular disease, type 2 diabetes, overweight and obesity, and osteoporosis);
• Energy balance;
• Epidemiology;
• Food processing science, safety, and technology;
• General medicine;
• Gerontology;
• Nutrient bioavailability; nutrition biochemistry and physiology;
• Nutrition education and behavior change;
• Pediatrics; maternal/gestational nutrition;
• Public health;
• And/or nutrition-related systematic review methodology
Development of Dietary Guidelines

1. Develop research questions
2. Create and implement literature search and sort plans
3. Develop evidence portfolios
4. Synthesize the bodies of evidence
5. Develop conclusion statements and grade the evidence
6. Describe research recommendations
Original systematic reviews: The USDA Nutrition Evidence Library uses a systematic review methodology designed to analyze food, nutrition, and public health science

• The medical field has used systematic reviews as the standard practice for more than 25 years to inform the development of national guidelines for health professionals

Review of existing systematic reviews, meta-analyses, and reports by Federal agencies or leading scientific organizations

• The approach involved applying a systematic process to assess the quality of the existing review or report and to ensure that it presented a comprehensive review of the Advisory Committee’s question of interest.
Data analyses: The Advisory Committee used national data from Federal agencies to answer questions about chronic disease prevalence rates; food and nutrient intakes of the U.S. population across age, sex, and other demographic characteristics; and nutrient content of foods.

- Data analyses tailored to a specific question helped inform the Advisory Committee’s recommendations

Food pattern modeling analyses:

- Estimates of diet quality in the USDA recommended Food Patterns
- The Food Patterns were developed to demonstrate how Dietary Guidelines recommendations can be met within an overall eating pattern.
- Specific needs such as selecting foods to increase vitamin D intake were assessed
- The results of the modeling analyses kept recommendations grounded within the structure of an overall healthy eating pattern
Shifts Needed to Align with Healthy Eating Patterns

Shift to healthier food and beverage choices while considering cultural and personal preferences
Overarching themes and Recommendations

The Problem:

• $\frac{1}{2}$ of all Americans have one or more preventable chronic diseases that are related to poor quality dietary patterns and physical inactivity
• $\frac{2}{3}$ adults and nearly $\frac{1}{2}$ of children and youth are overweight or obese

The Gap:

• Dietary patterns are suboptimal and causally related to poor individual and population health and higher chronic disease rates
• Few improvements in consumers' food choices have been seen in recent decades
• Diets are low in vegetables, fruits, and whole grain and high in sodium, calories, saturated fat, refined grains, and added sugars
• Under consumption of Vit. D, calcium, potassium, and fiber and iron in adolescents and females
<table>
<thead>
<tr>
<th>Results</th>
<th>Recommendations in the Dietary Guidelines 2015-2020</th>
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| - Adolescents boys and girls have the lowest intake of vegetables
- Fruit intake low for almost all age and sex groups (with the exception of children aged 1-8 years) | Include a variety of vegetables from all of the subgroups – dark green, red and orange, legumes (beans and peas), starchy, and others
Eat fruits, especially whole fruits |
<p>| - The average consumption of refined grains was above the recommendations, while the average consumption of whole grains intakes was below the recommendation | Eat grains, at least half of which are whole grains |
| - Substantially below recommendations, except for your children, 1-3 years of age | Fat-free or low-fat dairy, including milk, yogurt, cheese, or fortified soy beverages |
| - Seafood consumption was low compared to recommendations | Consume a variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products |</p>
<table>
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<tr>
<th>Results</th>
<th>Recommendations in the Dietary Guidelines 2015-2020</th>
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<tr>
<td>- The major source of added sugars (47%) in typical U.S. diet is</td>
<td>Reduce added sugars consumption to less than 10% of calories per day</td>
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<tr>
<td>beverages, which include soft drinks, fruit drinks, sweetened coffee</td>
<td>Choose beverages with no added sugars, such as water</td>
</tr>
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<td>and tea, energy drinks, alcoholic beverages, and flavored water.</td>
<td>Reduce portions of sugar-sweetened beverages</td>
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<tr>
<td>- Only 29% of the individuals in the U.S. consume amount of saturated</td>
<td></td>
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<tr>
<td>fats consistent with the limit of less than 10 percent of calories</td>
<td>Reduce saturated fats intake to less than 10% of calories per day</td>
</tr>
<tr>
<td>- Main source: mixed dishes (pizza, burgers, sandwiches, soups, among</td>
<td></td>
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<tr>
<td>others)</td>
<td>Change the ingredients of the mixed dishes to increase the amount of vegetables, whole grains, lean meat, low-fat</td>
</tr>
<tr>
<td>- Average intake of sodium in adult men is 4,240 mg per day, and for</td>
<td>or fat-free cheese</td>
</tr>
<tr>
<td>women the average is 2,980 mg</td>
<td>Shift to food choices to reduce sodium intake</td>
</tr>
<tr>
<td>- Most sodium consumed in U.S. comes from salts added during commercial</td>
<td></td>
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<tr>
<td>food processing and preparation</td>
<td>Eating at home more often Limit sauces, mixes, and “instant” products, including flavored rice, instant noodles,</td>
</tr>
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<td>and ready-made pasta</td>
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Five Overarching Guidelines

1. Follow a healthy eating pattern across the lifespan
2. Focus on variety, nutrient density, and amount
3. Limit calories from added sugars, saturated fats, and reduce sodium intake
4. Shift to healthier food and beverage choices while considering cultural and personal preferences
5. Support healthy eating patterns for all
Healthy Physical Activity Patterns

• Adults
  ➢ Aim for 150 minutes of moderate intensity physical activity per week, and
  ➢ At least 2 days of muscle-strengthening exercises per week

• Youth ages 6-17 years
  ➢ At least 60 minutes of physical activity per day including aerobic, muscle-strengthening, and bone-strengthening activities
3 Implement the Dietary Guidelines

Translating Science for Development of *Dietary Guidelines*

- Foster partnerships with food producers, suppliers, and retailers to increase access to foods that align with the Dietary Guidelines
- Promote the development and availability of food products that align with the Dietary Guidelines in food retail and food service establishments
- Identify and support policies and/or programs that promote healthy eating and physical activity patterns
- Encourage participation in physical activity programs offered in various settings

Outreach to consumers about making healthy changes

HOME  Meal Planning
SCHOOL  Active play
WORKSITE  Community gardens
COMMUNITY  Active breaks
FOOD RETAIL
Food Access

- Having access to healthy, safe, and affordable food choices
- Influenced by:
  - Proximity to food retail outlets
  - Individual resources
  - Neighborhood level resources
  - Race/ethnicity, socioeconomic status, geographic location, disabilities
Acculturation

• The process by which individuals adopt the attitudes, values, customs, beliefs, of a new culture
• A gradual exchange between the original attitudes and behaviors associated with the originating country and those of the host culture
Figure D5.1: Elements needed for sustainable diets

**Values**
- Establish a culture of healthy living
- Embrace equitable solutions
- Encourage active citizenship to steward natural resources
- Transparency in the work
- Support universal food security

**Supply-Chain Participants**
- Conserve natural resources
- Use capital and labor responsibly
- Innovate in research and technology
- Enhance biodiversity

**Consumers**
- Link sustainability and healthy diets
- Achieve healthy dietary patterns
- Increase demand for sustainable food
- Minimize waste

**Policies**
- Informed by best evidence
- Engage multiple sector stakeholders
- Implement at local, regional, national, and global levels
- Develop systems for monitoring and accountability
- Align policies to promote both health and sustainability
THANK YOU!

Any Questions?
Everybody has a role with FBDGs: What’s Yours?

Thank you very much!

For more info email us at: dietary-guidelines@fao.org
Brazil’s Dietary Guidelines:
eat real food, together, in appropriate environments, and
exercise cooking skills

Luiza Torquato, MS

Federal Council of Nutritionists Observatory of Food Security and Nutrition Policies
University of Brasília, Brazil
Food and nutrition scenario in Brazil

The prevalence of **overweight** in adults has **increased three times** in the last 20 years.

57% of Brazilian adults are **overweight** and 20.8% are **obese**.

The overall **costs of obesity** to the Brazilian National Health System are close to R$500 million/year.

**Chronic Diseases are increasing!** The leading cause of death among adults!

In 10 years, people who had been diagnosed with diabetes increased 61.8% and with hypertension 14.2%.

**People are replacing natural or minimally processed foods** and preparation of meals based on these foods for ready-to-eat **industrialized food products**.

(IBGE, 2008-2009; PNS, 2013; VIGITEL; 2016)
Dietary Guidelines for the Brazilian Population

2014 – Launch of the new version of Brazilian´s guidelines!

• Elaborated in a participatory manner and in consultation with multiple sectors of the society
• It has principles and recommendations to encourage and support adequate and healthy diets, personally and collectively
• Instrument to support food and nutrition educational activities and national food and nutrition programs and policies

WHAT IS NEW?
1. DIET IS MORE THAN INTAKE OF NUTRIENTS!
Diet refers to intake of nutrients, but also to the foods that contain and provide nutrients; to how foods are combined and prepared in the form of meals; how these meals are eaten; and also to cultural and social dimensions of food choices, food preparation and modes of eating, all of which affect health and wellbeing.

2. FOOD ≠ FOOD PRODUCTS

3. CULINARY INGREDIENTS ≠ READY-TO-EAT FOOD PRODUCTS
4. HEALTHY DIETS DERIVE FROM SOCALLY AND ENVIRONMENTALLY SUSTAINABLE FOOD SYSTEMS

Recommendations need to take into account the impact of food production and distribution on social justice, local communities, biodiversity and environmental integrity.

5. MANY FACTORS CAN POSITIVELY OR NEGATIVELY INFLUENCE EATING PATTERNS

Knowing the characteristics and determinants of healthy diets can contribute to increase autonomy in making good food choices and to demand the fulfillment of the human right to adequate food.
DIETARY GUIDELINES FOR THE BRAZILIAN POPULATION

CONTENTS

• Preface
• Preamble
• Introduction
• Chapter 1. Principles
• Chapter 2. Choosing foods
• Chapter 3. From foods to meals
• Chapter 4. Modes of eating
• Chapter 5. Understanding and overcoming obstacles
• Ten steps to healthy diets
• How to know more
categories of food processing

NATURAL: obtained directly from plants or animals and purchased without any alteration

MINIMALLY PROCESSED FOODS: natural foods which have been somewhat altered before being purchased

OILS, FATS, SALT AND SUGAR: products that are extracted from the nature and used for seasoning and cooking food

PROCESSED FOODS: products that are manufactured essentially with the addition of salt or sugar to natural or minimally processed foods

ULTRA-PROCESSED FOODS: products whose manufacture involves several stages and various processing techniques and ingredients, many of which are used exclusively by industry
Healthy meal options

BREAKFAST

LUNCH

DINNER

SMALL MEALS
TEN STEPS TO HEALTHY DIETS

1. Make natural or minimally processed foods the basis of your diet

2. Use oils, fats, salt, and sugar in small amounts when seasoning and cooking natural or minimally processed foods and to create culinary preparations

3. Limit consumption of processed foods

4. Avoid consumption of ultra-processed foods

In great variety and mainly of plant origin! So you will have a diet that are nutritionally balanced, delicious, culturally appropriate, and supportive of socially and environmentally sustainable food systems

In moderation, it contribute to diverse and delicious diets without making them nutritionally unbalanced

The ingredients and methods used in the manufacture of processed foods unfavourably alter the nutritional composition of the foods from which they are derived

They are nutritionally unbalanced, tend to be consumed in excess, displace natural or minimally processed foods and their means of production, distribution, marketing, and consumption damage culture, social life, and the environment
5. Eat regularly and carefully in appropriate environments and, whenever possible, in company.

Make your meals at regular times; avoid snacking; eat slowly and enjoy what you are eating, without engaging in another activity. Eat in clean, comfortable and quiet places, where there is no pressure to consume unlimited amounts of food. Eat in company: this increases the enjoyment of food and encourages eating attentively.

6. Shop in places that offer a variety of natural or minimally processed foods.

Such as municipal and farmers markets or directly from producers. Prefer vegetables and fruits that are locally grown in season. Whenever possible, buy organic and agro-ecological based foods.

7. Develop, exercise and share cooking skills.

If you have cooking skills, develop and share them with boys and girls. If you don’t, acquire them. Learn from and talk with people who know, read books, check the internet, take courses…Start cooking!
TEN STEPS TO HEALTHY DIETS

8. Plan your time to make food and eating important in your life

Plan the food shopping, organize your domestic stores, and decide on meals in advance. Share with family members the responsibility for all activities related to meals. Make the preparation and eating of meals privileged times of conviviality and pleasure.

9. Out of home, prefer places that serve freshly made meals

Self-service restaurants and canteens that serve food buffet-style charged by weight are good choices. Avoid fast food chains

10. Be wary of food advertising and marketing

The purpose of advertising is to increase product sales, and not to inform or educate people. Be critical and teach children to be critical
STRATEGIES FOR ADEQUATE AND HEALTHY DIETS
BASED ON THE DIETARY GUIDELINES
Materials available on the Ministry of Health website:

Luiza Torquato, MS
luiza@cfn.org.br
FOOD-BASED DIETARY GUIDELINES

Serah Theuri PhD, RD
University of Southern Indiana
Framework for Implementation

http://apps.who.int/iris/bitstream/10665/43524/1/9789241594547_eng.pdf
Implementation Factors

- Time
- Training
- Media Strategies
- Educational Materials
- Testing
- Practicality
- Cultural Acceptability
- Comprehensibility
- Messages
- Multiple Versions
- Monitor & Evaluate

Question and Answer Time