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Cohort 604

Capstone Project

Alliance University

Organizational Management Program

Chapter Three - Data Trend Analysis and Interpretations

Statistical Data

Food Availability and Consumption

The average U.S diet falls short of the recommended Dietary Guidelines for the below major food groups.

Fig 1A

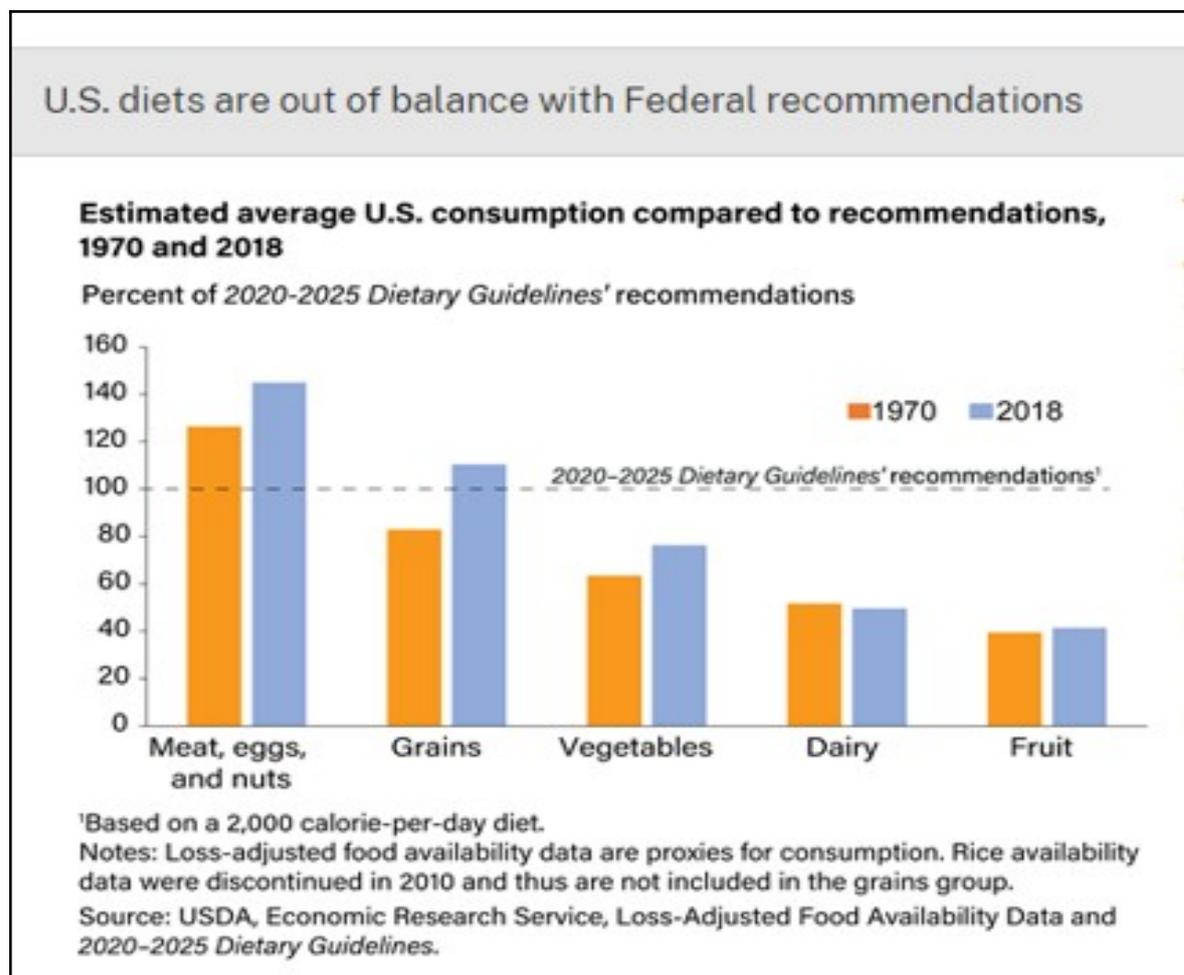
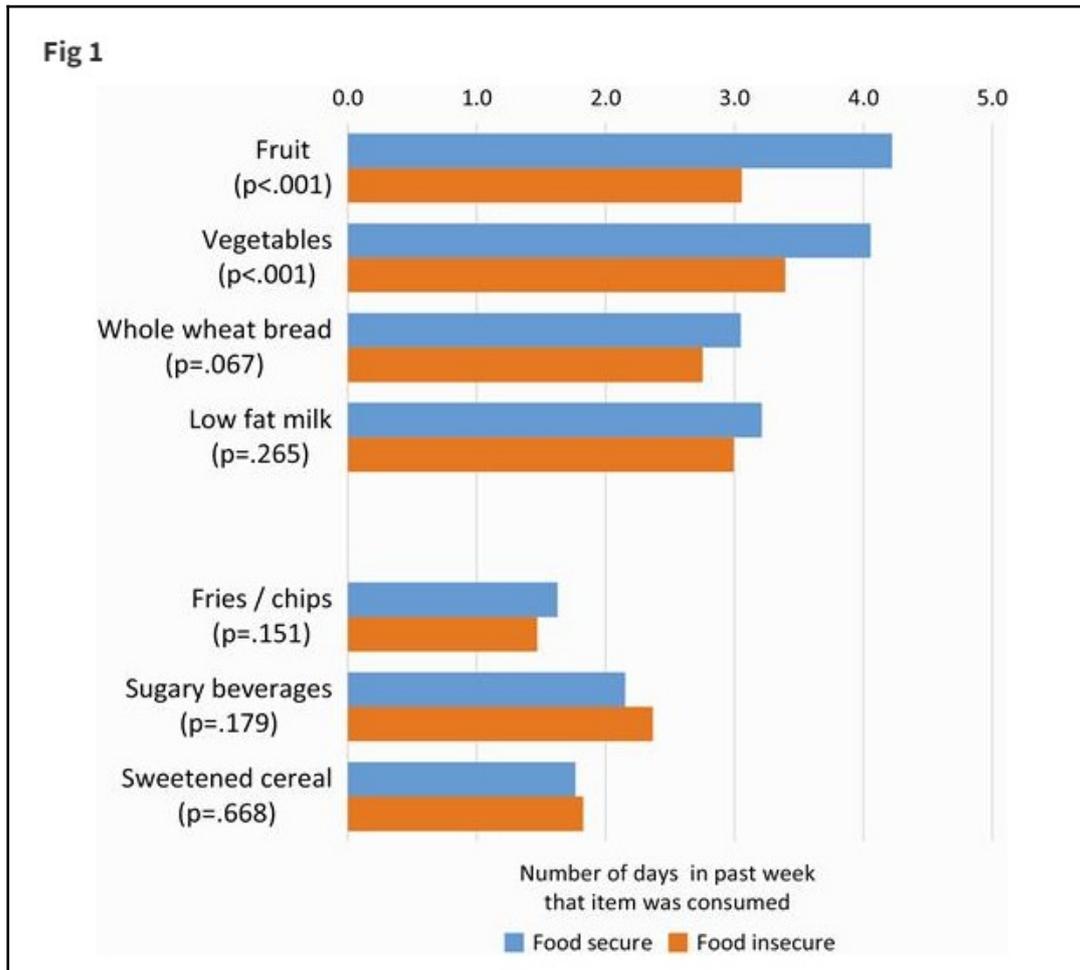


Fig 1B indicates that food-insecure populations have a lower frequency of consumption of a variety of healthy foods (.44 fewer servings of fruit per day and .43 fewer servings of vegetables per day). With regard to energy-dense foods, such as sugary beverages and cereal, consumption frequency is relatively high across both groups, and very comparable in magnitude.

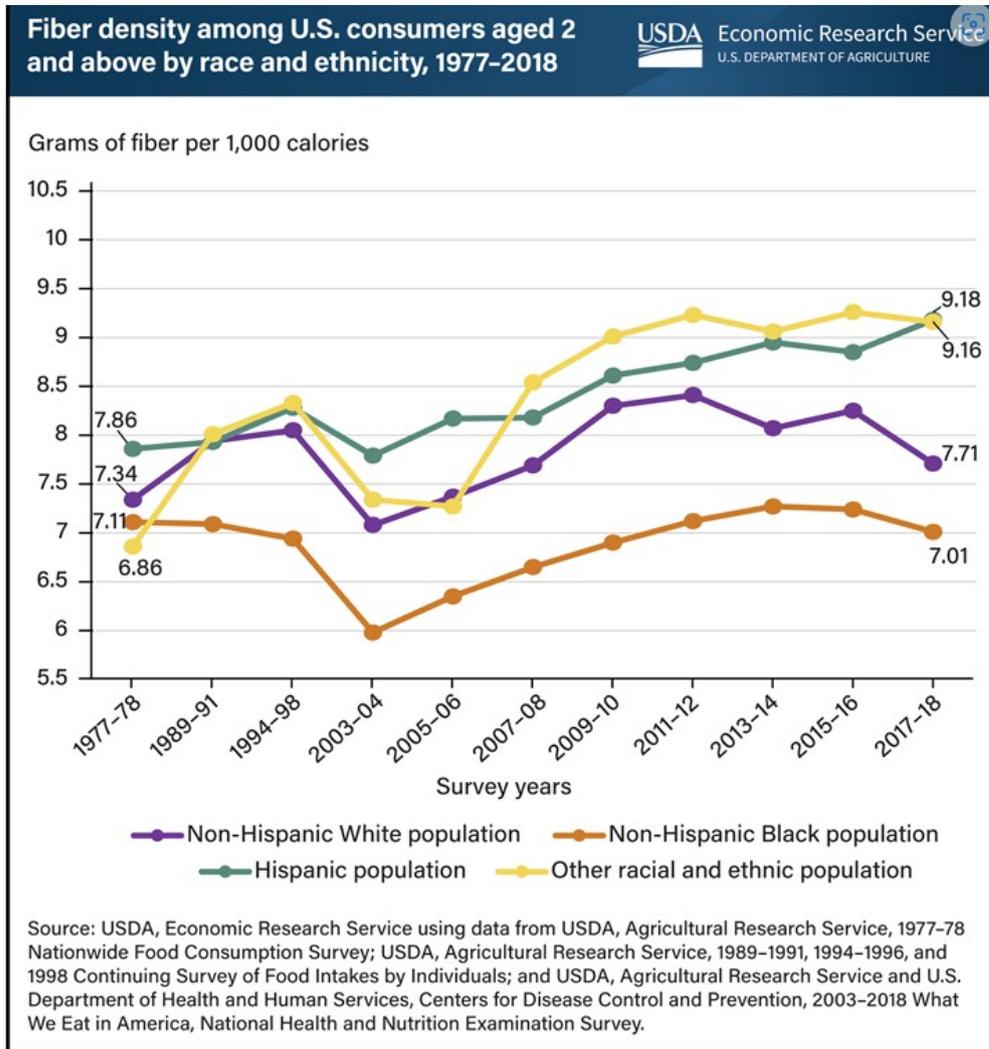
Fig 1B



According to the 2020-2025 Dietary Guidelines for Americans, low intakes of dietary fiber are a public health concern. The diet of U.S. consumers averaged 8.1 grams of fiber for each 1,000 calories in 2017-18 which is 58% of the recommended 14 grams per 1,000 calories.

Over time, racial and ethnic gaps in dietary fiber consumption per 1,000 calories have widened

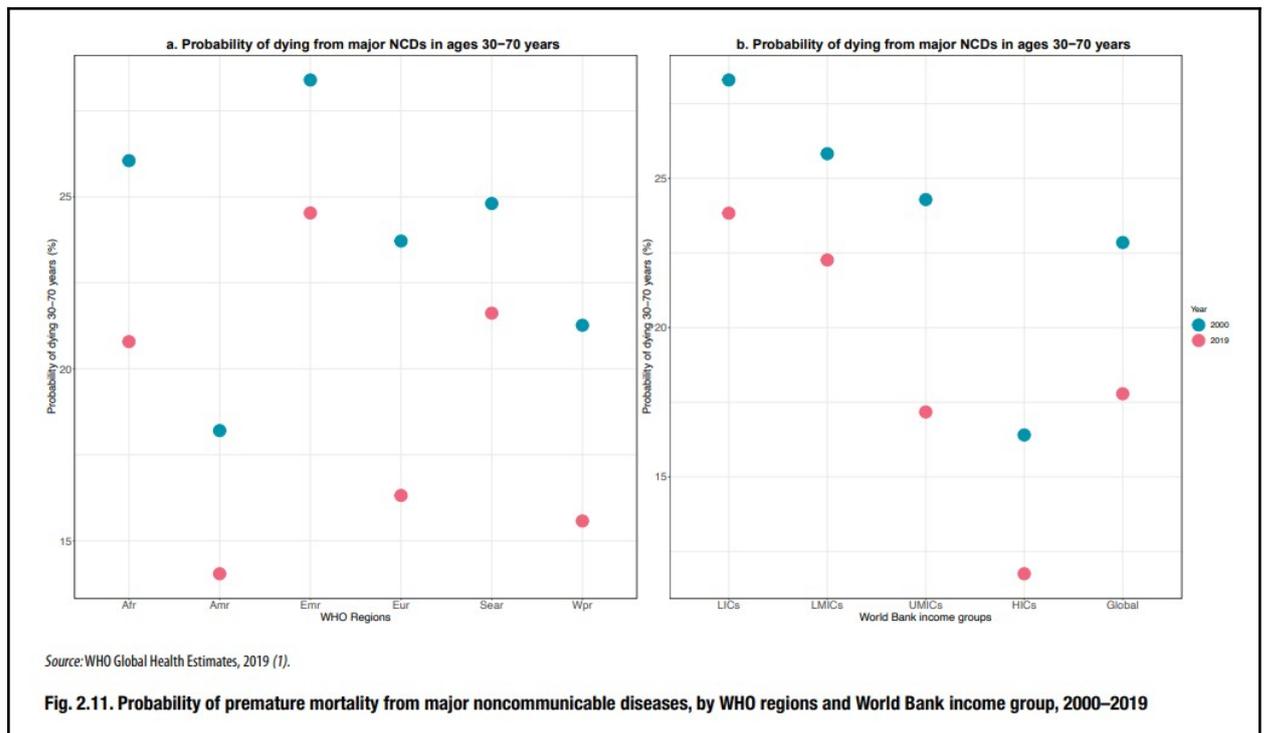
Fig 1C



This chart appears in ERS' report Dietary Quality by Food Source and Demographics in the United States, 1977-2018, published March 2023.

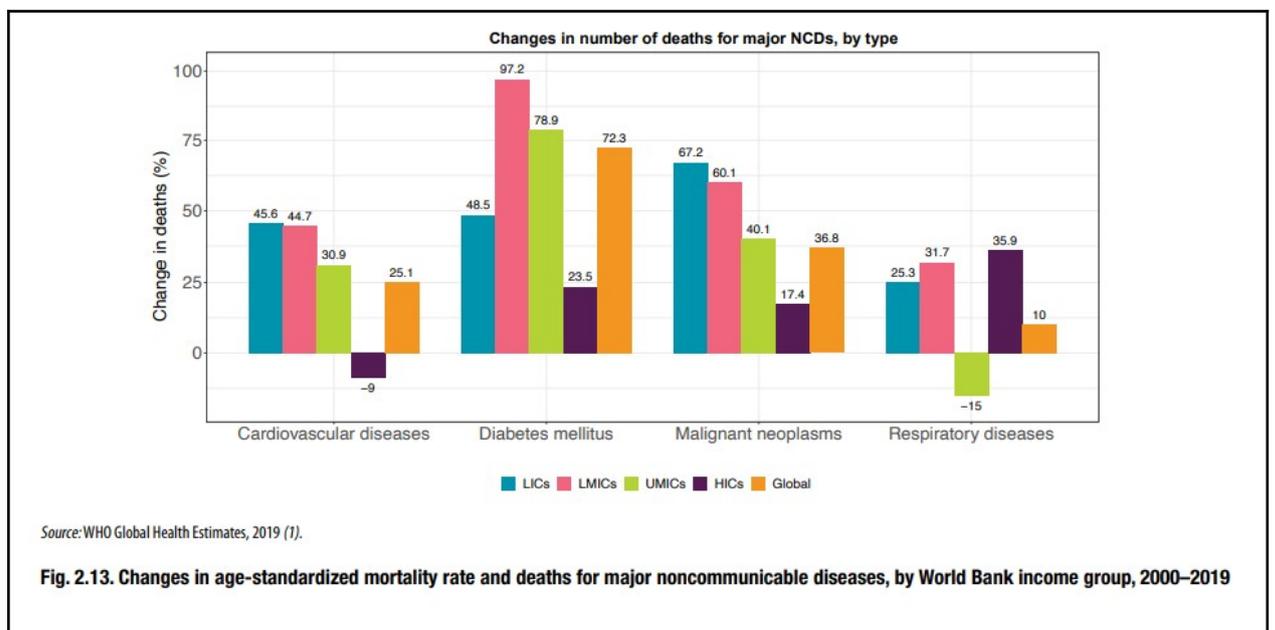
Fig 2.11 Noncommunicable disease mortality

Probabilities of pre-mature mortality from Noncommunicable diseases - (2000 - 2019) global/income based



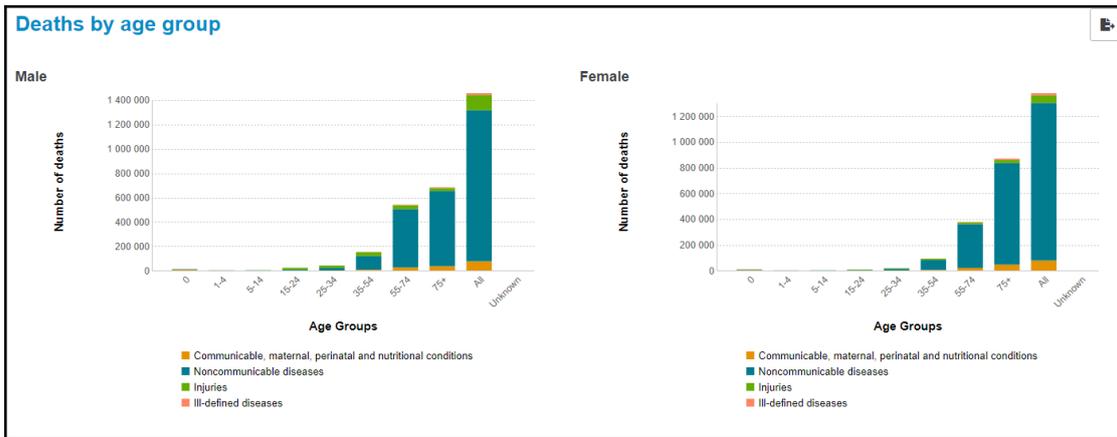
Statistical Tables

Mortality rate for the 4 major NCD's

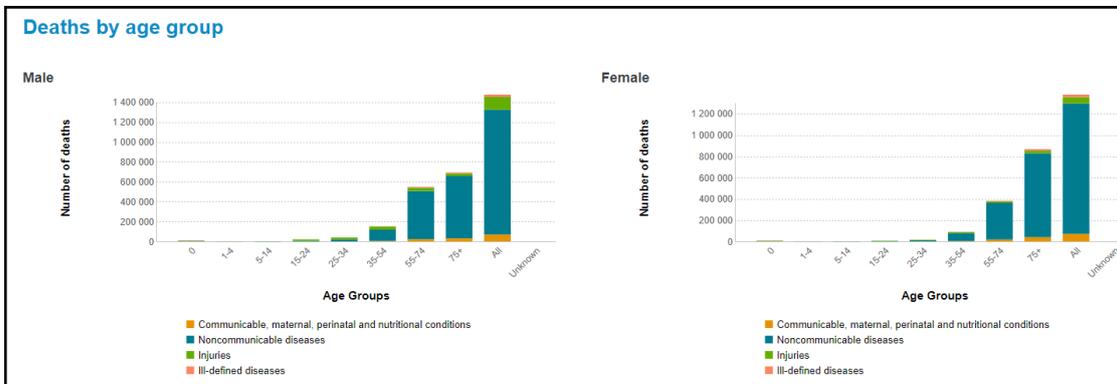


Mortality Statistics - Detailed breakdown of major causes

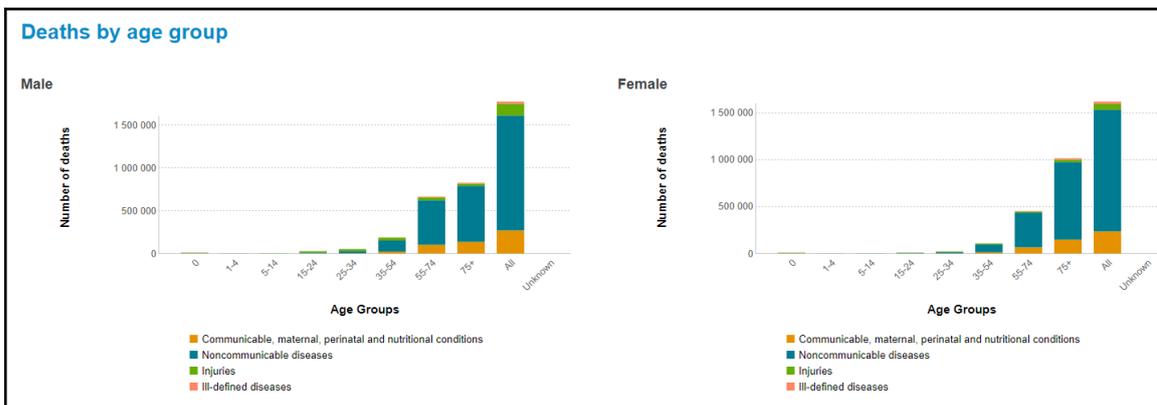
2018



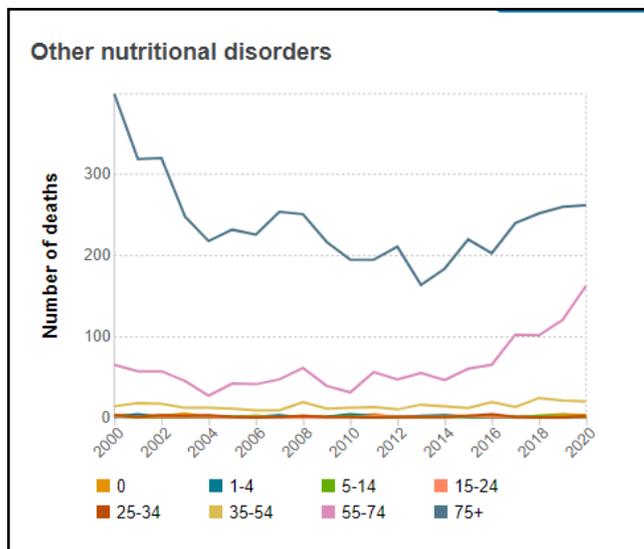
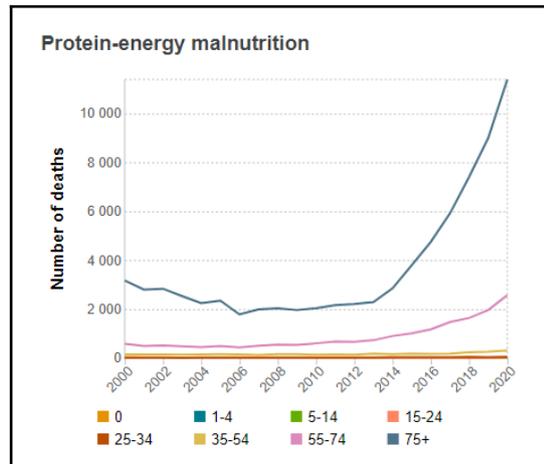
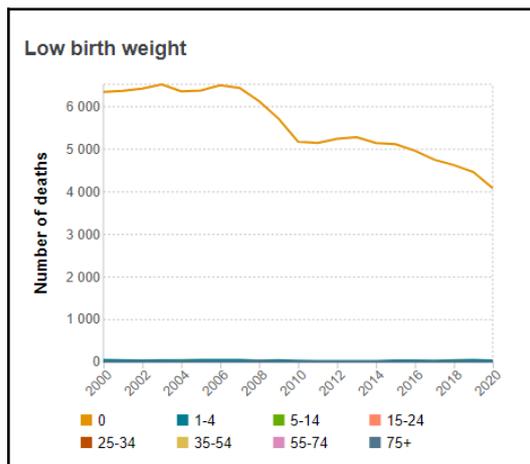
2019



2020



Trends over time: selected causes of death by age group



Implications

As stated in earlier chapters of this Capstone; the availability of healthy, affordable foods contributes to a person’s diet and potential risk of related chronic diseases. Food insecurity defined in this analysis is associated with less healthy dietary behaviors as shown in the differences with regard to frequency of fruit and vegetable consumption, which are both significantly lower in food-insecure populations. Additionally, research analyzing Federal food consumption survey data spanning the years 1977 through 2018 (*the most recent available national data*) shows that dietary fiber density, measured in this research as grams of fiber per 1,000 calories in food consumed, across race and ethnicity has widened over time. It was further observed that diets of non-Hispanic Black people have been significantly lower in fiber density than those of non-Black people. Based on

nutrition guidelines; improving consumption of dietary fiber may also reduce the risk of cardiovascular disease, type 2 diabetes, and some types of cancer. Many young children do not consume fruits and vegetables daily and are regularly consuming sugar-sweetened beverages. Federal nutrition programs and state policies and programs can support improvements in diet quality by increasing access to and availability of fruits and vegetables and healthy beverages in places where young children live, learn, and play.

Healthy eating patterns increase the chances of longer life and lower the risk for serious health problems. For people with chronic diseases, healthy eating can help manage these conditions and prevent complications. Federal data show that from the first edition of the Dietary Guidelines for Americans in 1980 through today, healthy dietary consumption have fallen far short of meeting the daily recommendations, thus diet-related chronic disease rates have risen and continue to be a major public health concern.

Noncommunicable diseases (NCDs), such as heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for 74% of all deaths globally. Each year, 17 million people die from a NCD before age 70; 86% of these premature deaths occur in low- and middle-income countries. People of all age groups, regions and countries are affected by NCDs. Children, adults, and the elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, lifestyles, or the lack of physical activity. Unhealthy diets and a lack of physical activity may show up in people as raised blood pressure, increased blood glucose, elevated blood lipids and obesity. These are called metabolic risk factors and can lead to cardiovascular disease; one of the leading NCDs in terms of premature deaths.

Socioeconomic impacts such as Poverty is closely linked with NCDs. Socially disadvantaged people tend to be more vulnerable and get sicker and die sooner than people of higher social positions, especially because they are at greater risk of being exposed to unhealthy dietary practices, and have limited access to health services.

The scientific connection between food and health has been well documented for decades, providing substantial evidence that healthy dietary patterns can help people achieve and maintain good health.

Please note: (some trends may not be avail from 2023 and 5 years prior per below mentioned -In March 2020, the coronavirus disease 2019 (COVID-19) pandemic halted National Health and Nutrition Examination Survey (NHANES) field operations)