

Is the Healthy Eating Index Underutilized?

Alan M Preston, PhD*

Dept Biochemistry Univ Puerto Rico, Med Sci Campus San Juan, PR 00936, USA

Introduction

Each year US News and World Reports issues a list of the 35 or so of the most popular diets [1]. The majority of these are developed by the commercial diet industry of which annual profits reach more than \$72 billion annually equivalent to the cost of 5 Gerald R Ford-class nuclear- powered aircraft carriers or the amount Americans spent on their pets in 2018 [2].

Of course, the principal objective of diets is to promote weight reduction however manufacturers often also include health benefits of their prescribed eating plans in promotional literature. Two of the most common caloric formulations are low fat-high carbohydrate found in the Ornish, Macrobiotic and TLC diets [1] and high fat-low carbohydrate found in the Atkins, Keto and Paleo diets [1]. Both formulations have their advocates and detractors which often contradict each other. Consumers need an independent value system to judge health claims. Fortunately, such a measure exists which is the Healthy Eating Index (HEI) [3].

The HEI is a scoring system to evaluate a set of foods

The 2015 editions emphasize a variety of food groups, nutrient density and improving food and beverage choices within calorie needs. The scores range from 0 to an ideal of 100. The overall HEI-2015 score is made up of 13 components that reflect different food groups and key recommendations in the 2015-2020 Dietary Guidelines for American [4]. Of the 13 components, 9 are encouraged for abundant consumption and 4 for limited consumption [4].

The HEI has most frequently been used for assessing and analyzing diet quality in surveillance, epidemiologic and intervention research and with individuals in clinical settings for the purpose of nutritional counseling [5,6]. Less frequently, the HEI has been used to assess food supply in the general environment [7] and in more specific sites such as menus in fast-food restaurants [8]. More recently, the HEI's of the Federal School Lunch and Breakfast programs have been assessed [9].

The premise of this discourse is to extend utilization of HEI's to commercial diets

The total HEI-2015 score for Americans is 59 out of 100. This snapshot of overall diet quality indicates that average diets of Americans do not conform to dietary recommendations [10]. This result is hardly surprising since according to the HEI-2005, offerings at fast-food restaurants and the 2005 U.S. Food Supply received scores of 43.4 and 54.9, respectively [8]. Almost 40% of Americans dine at fast food restaurant daily [11] so these scores are unlikely to change. How is a person able to improve his/her personal HEI?. The obvious answer is to consume a diet having a high HEI. *Complete fidelity to following a diet with an established HEI should result in a personal HEI of equivalent value.* Exemplary diets like the DASH diet (Dietary Approaches to Stop Hypertension) created at the National Institutes of Health and the American Heart Association diet have scores

*Corresponding author: Alan M Preston, PhD, Dept Biochemistry Univ Puerto Rico, Med Sci Campus San Juan, PR 00926, USA, E-mail: alan.preston@upr.edu

Received Date: January 25, 2021

Accepted Date: January 27, 2021

Published Date: February 03, 2021

Citation: Preston AM (2021) Is the Healthy Eating Index Underutilized? J Nutr Food Sci 4: 026.

Copyright: © 2021 Preston AM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

above 90 [12]. Adherents to these types of diets should expect high personal HEI's in proportion to the percentage of compliance time. Manufacturers of commercial diets have yet to make this information available. This application of HEI could create a new perspective in the way in which diets are evaluated for the benefit of consumers as well as for promotional purposes. *Until this happens, I consider the HEI to be underutilized.*

References

1. US news world reports diets.
2. <https://www.researchandmarkets.com/reports/4753379/the-u-s-weight-loss-and-diet-control-market>
3. Kennedy ET, Ohls J, Carlson S, Fleming K 1995 (1995) The Healthy Eating Index: Design and applications. J Am Diet Assoc 9: 1103-1118.
4. Krebs-Smith SM, Pannucci TE, Subar AF, Kirkpatrick SI, Lerman JL, et al. (2018) Update of the Healthy Eating Index: HEI-2015. J Acad Nutr Diet 118: 1591-1602.
5. Reedy J, Lerman JL, Krebs-Smith SM, Kirkpatrick SI, Pannucci TE, et al. (2018) Evaluation of the Healthy Eating Index-2015. J Acad Nutr Diet 118: 1622-1633.
6. Schap T, Kuczynski K, Hiza H (2017) Healthy Eating Index-Beyond the Score. J Acad Nutr Diet 117: 519-521.
7. Kirkpatrick SI, Reedy J, Krebs-Smith SM, Pannucci TE, Subar AF, et al. (2018) Applications of the Healthy Eating Index for Surveillance, Epidemiology, and Intervention Research: Considerations and Caveats. J Acad Nutr Diet 118: 1603-1621.
8. Kirkpatrick SI, Reedy J, Kahle LI, Harris JL, Ohri-Vachaspati P, et al. (2014) Fast-food menu offerings vary in dietary quality, but are consistently poor. Public Health Nutr 17: 924-931
9. Gearan EC, Fox MK (2020) Updated nutritional standards have significantly improved the nutritional quality of school lunches and breakfasts. J Acad Nutr Diet 120: 363-370.
10. <https://www.cdc.gov/nchs/nhanes/wweia.htm>

-
11. Fryar CD, Hughes JP, Herrick KA, Ahluwalia N (2018) Fast food consumption among adults in the United States, 2013-2016. NCHS Data Brief, no 322. Hyattsville, MD: National Center for Health Statistics.
 12. Guenther PM, Casavale KO, Reedy J, Kirkpatrick SI, Hiza HA, et al. (2013) Update of the Healthy Eating Index: HEI-2010. J Acad Nutr Diet 113: 569-580.



Henry Journal of Acupuncture & Traditional Medicine

Henry Journal of Anesthesia & Perioperative Management

Henry Journal of Aquaculture and Technical Development

Henry Journal of Cardiology & Cardiovascular Medicine

Henry Journal of Case Reports & Imaging

Henry Journal of Cell & Molecular Biology

Henry Journal of Tissue Biology & Cytology

Henry Journal of Clinical, Experimental and Cosmetic Dermatology

Henry Journal of Diabetes & Metabolic Syndrome

Henry Journal of Emergency Medicine, Trauma & Surgical Care

Henry Journal of Haematology & Hemotherapy

Henry Journal of Immunology & Immunotherapy

Henry Journal of Nanoscience, Nanomedicine & Nanobiology

Henry Journal of Nutrition & Food Science

Henry Journal of Obesity & Body Weight

Henry Journal of Cellular & Molecular Oncology

Henry Journal of Ophthalmology & Optometry

Henry Journal of Perinatology & Pediatrics

Submit Your Manuscript: <https://www.henrypublishinggroups.com/submit-manuscript/>