**Webinar Q&A**

## Behind the Grain: Refining Perspectives on the Public Health Role of Enriched and Fortified Grain Foods

Here are the answers to questions from the live webinar, organized by topic. Click a category below to jump directly to the relevant questions.

## Table of Contents

**Q: Can you explain why recommendations changed from the 2025 Dietary Guidelines Advisory Committee (DGAC) Scientific Report to the final 2025-2030 Dietary Guidelines for Americans (DGA)?**

**A:** It is atypical for a DGAC Scientific Report and DGA to be released under different administrations. The 2025 DGAC was directed to analyze available data and evidence through a health equity lens. The Trump administration objected to this approach and commissioned additional nutrition experts to review the evidence on selected topics, including protein, saturated fat, low-carbohydrate diets, and ultra-processed foods. The administration used this step as the basis for writing the DGA and "Scientific Foundation for the Dietary Guidelines for Americans" and published the reviews as the "Scientific Foundation for the Dietary Guidelines for Americans Appendices." Historically, nutrition experts working as career staff in the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) would update the previous DGA based on the DGAC Scientific Report.

**Q: Who drafted the Scientific Foundation for the DGA? How were the nine contributors selected? What was the purpose of this?**

**A:** The Scientific Foundation was authored by Christopher Ramsden, MD, PhD, CAPT, U.S. Public Health Service Commissioned Corps, National Institute on Aging, National Institutes of Health. The nine scientists listed in the Scientific Foundation were directly contracted by the federal government on specific topics. They were responsible for the review in which their name was associated in the Appendices document. The Scientific Foundation of the 2025-2030 DGA can be found here. The Appendices of the Scientific Foundation can be found here.

**Q: How was the decision made to stop using MyPlate?**

**A:** Public comments made by members of the administration indicate that the New Pyramid is meant to align visually with the 2025-2030 DGA's expanded emphasis on protein, promotion of full-fat dairy, and new definition of healthy fats, while decreasing the emphasis on grain foods. The New Pyramid was developed by the National Design Studio – an office within the White House established by Executive Order. The vision and process behind the development of the New Pyramid have not been shared publicly and it's unclear whether it underwent consumer research commensurate with that which informed MyPlate. You can learn more about the New Pyramid at RealFood.gov.

**Q: Are MyPlate resources still available?**

**A:** The MyPlate.gov website now redirects to RealFood.gov. Stay tuned for ways to get access free MyPlate materials.

**Q: Can I keep using MyPlate and previous DGA recommendations (or the Canadian Food Guide) with my clients?**

**A:** While MyPlate.gov no longer exists, MyPlate continues to be a science-based tool to help Americans follow healthy dietary patterns. The most recent International Food Information Council (IFIC) 2025 Food & Health Survey data show that awareness of MyPlate is high, with 77% of consumers saying they have seen the graphic and 53% saying they know a lot or a fair amount about it. Additionally, the Scientific Report of the 2025 DGAC, which evaluated the science and recommended updates to the 2020-2025 DGA, exists as an evidence-based resource for dietitians counseling and educating the public. The Center for Science in the Public Interest and Center for Biological Diversity updated the previous DGA based on the 2025 DGAC Scientific Report and published this as the Uncompromised DGA.

**Q: I don't follow the new DGA as I am not finding supportive evidence. What should I tell my patients?**

**A:** Consumers rely on registered dietitians (RDNs) for support in building healthier eating patterns. RDNs are the only health professionals whose training solely focuses on food and nutrition science and translation. RDNs can and should be confident in this role, regardless of the current DGA, and they can cite other authoritative sources they feel confident about using (e.g., American Heart Association).

**Q: Has the Academy for Nutrition and Dietetics established a lobbyist group of RDNs to address federal food assistance program cuts?**

**A:** While the Academy maintains a DC policy office and the Academy Political Action Committee (ANDPAC), as well as a grassroots advocacy program for members, it is unclear whether formal lobbying activities to address federal food assistance program cuts have been established. Members can contact the Academy at policy@eatright.org.

**Q: Why is meat placed higher in the New Pyramid, compared to fish?**

**A:** Because there is no publicly available information on the process used to develop the New Pyramid or any evidence of consumer testing, it is difficult to explain the placement of specific foods in comparison to one another in the graphic.

**Q: Are the 2025-2030 DGA calorie and servings across the age spectrum or for a certain age group?**

**A:** The Daily Servings by Calorie Level document provides food group ranges for calorie levels from 1,000 to 3,200. While not specified, it is presumed this is to correspond to the various calorie levels associated with age groups and life stages (e.g., pregnancy, lactation).

**Q: Why was yogurt reduced to 3/4 cup? I thought the reason for dairy equivalents was to equal approximately the same amount of calcium in 8 ounces of milk?**

**A:** There has not been a public explanation for why the 2025-2030 DGA use servings instead of ounce and cup equivalents, or how the servings of the different foods were determined. Additionally, it is unclear why weekly amounts of food subgroups are no longer given.

**Q: What is the research supporting the increase in protein intake?**

**A:** A section within the Appendices on high-quality, nutrient-dense protein foods includes a rapid systematic review for weight management and a narrative review for nutrient adequacy. Per the abstract, its purpose was to evaluate the experimental evidence supporting daily protein intakes between 1.2 g and 1.6 g protein/kg body weight for improved weight management in adults and nutrient adequacy across most life stages. This protein recommendation is above the current Recommended Dietary Allowance (RDA) for protein (0.8 g protein/kg body weight), which was established by the National Academies. Updating the Dietary Reference Intakes (DRIs) for macronutrients has been slated to be the next National Academies project, but the start date has been delayed by the administration. Part of that effort includes developing Chronic Disease Risk Reduction (CDRR) ranges to replace the current Adequate Macronutrient Distribution Ranges. You can learn more about the DRI projects and upcoming efforts here.

**Q: How do the new DGA affect vegetarian and vegan diets?**

**A:** As always, dietary patterns that eliminate certain foods or food groups must be carefully built to achieve nutrient adequacy and avoid nutritional deficits. RDNs are well positioned to support consumers who choose to follow vegetarian and vegan diets in making choices from all the food groups to meet vitamin and mineral requirements.

**Q: Why are protein serving sizes not congruent (e.g., 3 oz meat and 1 egg)?**

**A:** The Daily Servings By Calorie Level document does not provide background on changes to the 2020-2025 DGA, the shift from oz- and cup-equivalents to servings, or the designation of what a serving is for each food group.

**Q: Did the American Heart Association (AHA) come out with any input on the 2025-2030 DGA due to the increase in saturated fat recommendations?**

**A:** Yes. You can read the AHA statement about the 2025-2030 DGA here.

**Q: With increased protein recommendations, do you believe that the new DGA will promote cardiovascular disease? Kidney issues?**

**A:** It remains to be seen how the new DGA, if followed by consumers, will affect risk for diet-related chronic diseases. What is certain is that RDNs will continue to play a critical role in providing individuals and families with science-based nutrition guidance and helping them build healthy dietary patterns in accordance to their lifestyle, preferences, and/or medical conditions.

**Q: Does the new website include any information about consulting a local dietitian for guidance, rather than or in addition to Grok?**

**A:** RealFood.gov does not currently help visitors find an RDN.

**Q: Do you foresee an impact on underserved or disadvantaged communities, compared to past DGA, given that they appear to assume access to kitchen equipment, food availability, time, and financial resources that are often not available?**

**A:** It is unclear how the "eat real food" messaging will be perceived or communicated to communities with these limitations, including lack of access to full-service grocery stores.

**Q: The DGAs are released every five years yet the obesity rates continue to rise, which begs the question: how significant are these guidelines?**

**A:** While it is true that diet-related chronic disease rates remain high in the U.S., it is difficult to correlate them with the DGA. Adherence to the DGA among the population consistently remains low. The average Healthy Eating Index (HEI) score, which measures consumption in accordance with DGA, is only 58 out of a perfect score of 100.

**Q: Are there any anticipated updates to school nutrition standards or other programs like the Child and Adult Care Food Program (CACFP)?**

**A:** The administration has said to expect a proposed rule on foods served at schools, which may include CACFP, during the spring of 2026.

**Q: Will the fast food industry have to change their menus according to the new DGAs?**

**A:** There is no expectation that the food industry change menus in accordance with the DGAs, although there have been notable historical examples of them doing so (e.g., removing *trans* fats).

**Q: Do you know when the definition of "highly processed" will be created?**

**A:** Following a request for information (RFI) on developing a government-wide definition for ultra-processed foods, recent statements made from the administration indicate that a proposed definition could be coming as early as May 2026. The 2025-2030 DGA used the term "highly processed," which the Scientific Foundation defined as "any food, beverage, or engineered food-like item that is made primarily from substances extracted from foods (such as refined sugars, refined grains/starches, and refined oils) and/or containing industrially manufactured chemical additives."

**Q: What are the percentages of carbs, protein, and fat with the new guidelines?**

**A:** Data is not currently available on the target macronutrient levels or macronutrient distribution of diets based on the 2025-2030 DGA.

**Q: Where do I find the Healthy Eating Index (HEI) online? Is more current (since 2016) intake data (relative to HEI score) available?**

**A:** You can visit the USDA HEI webpage. The most recent HEI is 2020.

**Q: How do our DGA compare to other countries' dietary guidelines?**

**A:** The U.S. DGA tend to be more detailed and nutrient-specific compared to other countries, and the type and level of evidence used to inform the guidelines varies as well. While an increasing number of countries now recommend reducing ultra- or highly processed foods in the diet, other countries state they do not include processing level because it does not correlate with nutrition quality. Commonalities tend to be recommending consumption of whole grains, fruits, and vegetables – with recommendations to limit overconsumed nutrients (i.e., added sugars, sodium, saturated fat) or foods and drinks that are not nutrient-dense (e.g., sugar-sweetened beverages).

**Q: How does white rice fit into the new DGAs?**

**A:** The new DGA say to "focus on whole grains" and significantly reduce the consumption of highly processed, refined carbohydrates such as white bread, ready-to-eat or packaged breakfast options, flour tortillas, and crackers. While not mentioned specifically, white rice would be grouped with grain foods to significantly decrease. The New Pyramid depicts whole grains as the food group to be most limited and does not include refined, enriched grain foods at all.

**Q: Do you think these new DGAs will promote people taking more supplements?**

**A:** The new DGAs recommend vitamin D, and potentially iron, supplementation for infants. For adolescents and older adults, it states that fortified foods or supplements may be necessary when access to nutrient-rich foods is limited or when dietary intake or absorption is insufficient, respectively. For vegetarians and vegans, the DGA recommends avoiding nutrient gaps by prioritizing targeted supplementation, diversifying plant protein sources for amino acid balance, and enhancing mineral bioavailability through food preparation techniques. While the DGA say for the first time that a lower-carbohydrate diet may be indicated for some individuals with certain chronic diseases, they do not mention nutrient shortfalls that may be experienced while doing so.

**Q: What is considered refined grains in the new DGA?**

**A:** Any grain food that is not made with whole grains is positioned as a highly processed, refined grain – including staples like bread and foundational cultural foods such as flour tortillas. This is the case regardless of nutrient content (e.g., enriched and fortified grain foods, staple vs. indulgent choices).

**Q: Do the new DGA recommend eliminating fortification of grain products? Is it the goal of this administration to remove all fortification and enrichment from the food supply?**

**A:** To our knowledge, the administration has not set a goal to remove fortification and enrichment from the food supply. The modeling exercise shared during this webinar – comparing fortified and enriched bread products with those made from unenriched flour – was conducted to explore potential unintended consequences of shifts in consumer preferences and policy discussions related to food processing and ingredient transparency.

**Q: Why did the DGA remove refined grains when they used to comprise 50% of daily grains to consume?**

There appears to be a misperception among those in the current administration that all refined grain foods are unhealthy, and there is a lack of appreciation for the role that enriched, fortified staple grain foods play in nutrient adequacy. It is unclear whether the current DGA were modeled, as is typically the case, to ensure that they meet nutrient needs among various populations.

**Q: I understand the concern about nutrient gaps emerging due to decreased consumption of nutrients (e.g., folate, iron, thiamin, niacin, copper, magnesium, zinc) provided by enriched grains. However, aren't alternate sources of these nutrients readily available that align with the whole foods messaging of the DGAs (e.g., protein and vegetables)? For example, rather than getting iron and folate from highly processed breakfast cereal, what are we losing by encouraging the public to consume those nutrients from more green vegetables, beans, meat/fish, etc.? Just because the public's current eating patterns show we're getting iron and folate from refined grains, does that mean that's the most healthful way to consume these nutrients for most people?**

**A:** On a population basis, HEI scores have remained largely consistent over time, demonstrating that eating habits are notoriously difficult to change. Produce for Better Health Foundation behavioral research indicates that knowledge has less of an impact on what individuals eat compared to feelings and existing habits. Healthy choices that are also easy offer the best opportunity for success. Piggybacking on existing habits (e.g., adding more vegetables to a sandwich at lunch) is a proven tactic for building healthy eating patterns. Further, trended IFIC Food & Health Survey data show that price is the top driver of purchasing decisions. Grain foods, even those that are enriched and fortified, are relatively low-cost sources of nutrients. Finally, there's no evidence that when reducing one type of food, consumers will effectively consume different foods that meet nutrient requirements.

**Q: Do the iron and folate decrease in grains also account for the increase in protein food in the new recommendations?**

**A:** It is unclear whether the 2025-2030 DGA were modeled to ensure any nutrient losses from the removal of refined grains are filled by other food groups. However, it is unlikely that the increased protein food recommendations will fully offset these nutrient decreases given protein foods are often lower in folate and iron compared to grain foods. For example, a serving (1 medium slice) of bread contains 47.9 µg folate and a serving (1 cup) of ready-to-eat cereal contains 69.9 µg; meanwhile, a serving (3 oz) ground beef contains only 6 ug, which is 87-91%

less than the grain foods. Similarly, a serving of ready-to-eat cereal contains 9.26 mg iron while a serving ground beef contains only 1.5 mg, which is 83% less.

**Q: Are there studies showing that iron, folate, and zinc from refined grains are actually bioavailable to humans?**

**A:** Human isotope and clinical studies demonstrate that the nutrients added during grain enrichment and fortification, including folic acid and iron, are biologically available and contribute to nutrient intake and status. Folic acid in fortified bread products has particularly high bioavailability. Although refined grains contain less zinc compared to whole grains, it is typically more bioavailable due to the lower phytate content of refined grains, which tends to decrease zinc absorption in whole grains.

**Q: Heme iron from meat, poultry, and fish is absorbed more efficiently compared to non-heme sources. Has it been considered that animal-based sources could significantly improve iron status compared to fortified grains? Is cost a factor?**

**A.** It's true that animal sources of iron are better absorbed by the human body compared to plant sources. However, it's important to consider the implications within an overall dietary pattern and at the population level. Cost and accessibility can also play a role in dietary choices. Grain foods – including enriched breads and cereals – are widely consumed and largely affordable, which can make them an important contributor to nutrient intake across the population. Additionally, from a population perspective, even though the iron absorption from non-heme food sources is lower, foods that are consumed frequently can still make meaningful contributions to total iron intake. Enriched, fortified cereal grains are one example of such foods in the U.S. diet.

**Q: When taking the carbohydrate-rich foods away for the food pattern modeling, were those calories replaced with any other foods, or were they just removed?**

**A:** The 2025 DGAC modeled the removal of carbohydrate-containing food groups on the nutrients provided by the pattern overall, but they did not model replacements with other food groups in this question. Each food group and subgroup contributes a unique nutrient combination to a healthy dietary pattern, allowing the combination thereof to meet recommendations. Removing or replacing one food group with another one entirely can make this more challenging. All of the 2025 DGAC protocols, results, and conclusion statements for their food pattern modeling work can be found here.

The 2025-2030 DGA Scientific Foundation and Appendices do not include any food pattern modeling. Typically, when changes are made to recommended patterns, this step is completed to ensure no unintended nutrient gaps would be experienced if the pattern were followed. Because the 2025-2030 DGA do not include food pattern modeling, it's unclear whether any was done and there is no visibility into what decisions and tradeoffs were made in changing the pattern (e.g., including whole grains only).

**Q: With the New Pyramid and 2025-2030 DGA, will we again start to see more rickets and Beriberi – and other irradicated diseases?**

**A:** This could be the case if individuals were to eat according to the new DGA. However, eating behavior is notoriously difficult to change with a variety of complex factors affecting consumer eating patterns. Also, since there is no publicly available food pattern modeling of the new DGA, it's difficult to know how easy or difficult it would be for consumers to be replete in essential nutrients and prevent these diseases.

**Q: I am concerned from a National School Lunch/Breakfast Program perspective with regards to relying on 100% whole grains. How will these new DGAs impact reimbursements for school meals? How will we keep students fed and ready to learn?**

**A:** The administration has indicated that it is a priority to update the standards for food assistance programs based on the new DGA and have stated publicly that school meals will be the first program examined. A proposed rule could be out as early as April 2026. The School Nutrition Association has expressed concern over the cost to schools, as well as other issues.

**Q: What is the difference between folate and folic acid in enriched grain products? How can registered dietitians address consumer concerns with folic acid in enriched grain products?**

**A:** Folic acid is a synthetic form of folate that is added to fortified foods and dietary supplements. In the United States, enriched grain products will always contain folic acid, not folate, because the former is more stable and has higher bioavailability. When educating consumers on this ingredient, it's important to note that folic acid is a well-studied substance, and its safety has been confirmed by numerous global experts including the Centers for Disease Control and Prevention (CDC). Additionally, folic acid is the only form of folate shown to help prevent neural tube defects. For this reason, authorities such as the CDC and the World Health Organization encourage all women of childbearing age to consume folic acid daily to support a healthy pregnancy.

**Q: What do refined grains have that can't be replaced with whole grains? Don't whole grains have folate and iron?**

**A:** Consumers love staple grain foods, particularly refined grain options. Despite long-standing public health guidance to replace some enriched and fortified grain foods with whole grain foods, consumers largely do not choose them. One issue is that certain staple grain foods are part of traditional foodways in their refined, not whole grain, form. The food industry continues to innovate to add whole grains to foods in a way that is palatable to consumers.

**Q: What is the definition of "refined grains" in dietary guidance? Why would we promote refined grains as they typically are not as nutrient-dense and have poor quality ingredients? Diabetes and heart disease is huge from refined grain consumption.**

**A:** Diet is paramount in reducing the incidence of certain chronic conditions such as diabetes and heart disease. Refined grains are those that are made of refined flour. Underconsumed nutrients of public health concern include fiber, potassium, calcium, and vitamin D. Additionally, folate and iron are nutrients of public health concern in vulnerable populations including adolescent girls and women who are pregnant or may become pregnant. Almost 40% of dietary fiber in the American diet comes from refined grain foods. Enriched, refined grain food staples (e.g., multigrain bread, pasta, tortillas) are often lumped together with grain-based indulgent foods (e.g., cookies, cakes, pies) despite the nutritional differences. In actuality, the nutrient content of enriched, refined grain food staples is closer to whole grain food staples than grain-based indulgences.

**Q: Which refined grains are a good source of iron and folate?**

**A:** Fortified, ready-to-eat cereals typically have the highest levels of iron and folate per serving. Enriched wheat flour, corn flour, and cornmeal are also good sources, as are as pastas and breads that contain these enriched flours. For more information on the content of these grain sources, and others, refer to these USDA National Agricultural Library documents on folate and iron.

**Q: Was the focus on refined grains reduction tied to the amount of sugar associated with refined grains?**

**A:** Like all food groups, there is a wide range of products within refined grain foods, which can be thought of in two categories: staple grain foods and indulgent grain foods. Staple grain foods are important contributors of nutrients and include bread, buns, rolls, bagels, and English muffins, as well as pasta, tortillas, rice, and ready-to-eat cereals. Indulgent grain foods are the products that tend to be higher in added sugars and saturated fats – including cookies, cakes, and some snack foods – and should be enjoyed in celebrations, cultural foodways, and everyday moments of joy.

Observational studies typically do not distinguish between these types of refined grain foods. Refined grains are also often grouped with other foods (such as red and processed meat, sugar-sweetened foods and beverages, fried foods, and high-fat dairy products) as part of an "unhealthy" or "Western" dietary pattern in epidemiological studies. These misclassification issues in epidemiological analyses may introduce confounding and misrepresent the relationship between refined grain intake and health outcomes.

When analyzed individually, refined grain intake was not associated with increased risk of all-cause mortality, type 2 diabetes, cardiovascular disease, coronary heart disease, stroke, hypertension, or cancer.

**Q: What concerns do you have about adolescent and young adult females not getting enough folate in their diets?**

**A:** Inadequate folate intake is a major concern for individuals who wish to become pregnant. More than 20% of women over the age of 19, and 52% of women aged 20-44 who are pregnant, are not consuming enough folate according to data from the 2025 DGAC. Insufficient folate intake presents a major risk for neutral tube defects during pregnancy, and for this reason, the 2025 DGAC identifies folate as a nutrient of public health concern during the preconception period and first trimester. Low folate intake is also a concern for adolescent females. An estimated 34% of females aged 14-18 are not consuming enough folate, alongside a host of other nutrient shortfalls, which the 2020-2025 DGA calls as a "constellation of nutritional risks at a time of rapid growth and development, along with the onset of puberty, menarche, and hormonal changes."

**Q: How does reducing refined grains impact bone health? Whole grains do provide some important muscle and bone nutrients. Are 2-4 servings per day adequate for bone health?**

**A:** The 2020 DGAC, which was the last DGAC to examine bone health impacts, concluded there is moderate evidence that a dietary pattern higher in whole grains, fruits, vegetables, legumes, nuts, low-fat dairy, and lower in meats, sugar-sweetened beverages, and sweets is associated with more favorable bone health outcomes. The Committee did not identify a need to lower refined grains as part of this conclusion. This bone health evidence was used to support the 2020 DGA's recommendation to consume 3 servings of whole grains per day as part of a 2,000-calorie diet, which falls within the 2025-2030 DGA's current 2-4 servings recommendation.

**Q: What about issues in the MTHFR population? Folate is better than folic acid.**

**A:** Individuals with common variants in the MTHFR may have reduced efficiency in folate metabolism, but current evidence does not show that folic acid from fortified foods is ineffective for this group. Folic acid is well absorbed and can still be utilized in the body even among individuals with these variants. Human studies also demonstrate that folate from fortified grain foods – including bread products – is highly bioavailable, with very little of the ingested folate remaining unabsorbed. Overall, the key factor for individuals with MTHFR variants is maintaining adequate total folate intake, whether from naturally occurring folate in foods or folic acid from fortified products.

**Q: What is the most widely consumed grain globally?**
**A:** While rice is the most consumed grain as a single food, wheat is the most widely grown grain globally and used to manufacture foods like bread, pasta, and noodles.

**Q: Can whole grain foods be enriched?**
**A:** Yes, in theory, whole grain foods could be voluntarily fortified (not enriched, as enrichment is the restoration of nutrients lost during processing). Principles for the rational addition of essential nutrients to foods were established under the FDA's Fortification Policy. Whole grains could potentially be fortified under the following principle: a nutrient(s) may appropriately be added to a food to correct a dietary insufficiency recognized by the scientific community to exist and known to result in nutritional deficiency disease if sufficient information is available to identify the nutritional problem and the affected population groups, and the food is suitable to act as a vehicle for the added nutrients. The larger question would be the utility and cost- effectiveness of fortifying a food that is underconsumed by the majority of the population.

**Q: Is there a way for the food industry to produce more whole grain foods? And add more whole grains into popular mixed dish items?**
**A:** This is an area where the food industry has been doing a considerable amount of innovation. Manufacturers have developed a range of approaches to increase whole grain or fiber content in familiar foods while maintaining the taste, texture, and functionality that consumers expect. For example, ingredient innovations such as higher-fiber wheat flours and whole-grain white wheat varieties allow companies to increase whole grain or fiber levels in products like breads, tortillas, pasta, and mixed dishes without dramatically changing flavor, color, or product performance.

Many companies are also reformulating popular mixed dishes – like pizza crusts, pasta dishes, wraps, and grain bowls – to incorporate more whole grains or higher-fiber grain ingredients while keeping them appealing and affordable. Because consumer acceptance is critical, these changes often happen incrementally, but the continued development of new grain ingredients and milling technologies is giving the industry more tools to increase whole grain availability across a wider range of foods.

**Q: Is it possible that we may not need to rely on fortified breads, etc. now to meet nutrient needs given more access to variety of foods compared to when fortification was implemented?**
**A:** Grains, including fortified grains, continue to be a primary source of folate in the diet, contributing 22% of Americans' daily intakes according to data from the 2025 DGAC. While many Americans consume adequate folate through these foods and/or natural folate sources, folate intake remains concerningly inadequate among certain sub-populations, such as women of child-bearing age and adolescent females. The 2025 DGAC notes that the consumption of naturally folate-rich foods, like vegetables, does not meet recommended levels in these populations, indicating that fortification continues to be an important avenue for these life stages.

**Q: Are tortillas not fortified with folate?**
**A:** Flour tortillas are fortified with folic acid. In 2016, the FDA authorized the voluntary fortification of corn masa flour with folic acid; however, fortification is not required and adoption has been inconsistent, with many products remaining unfortified.

**Q: What percentage of the public is buying flour that is not enriched?**

**A:** We estimate that less than 10% of the volume of flour sold in the U.S. is not enriched. This include whole wheat flour (4% of total), organic flour (estimated 2%) and other specialty flours.

**Q: Is it mandatory for grain foods to be labeled with all ingredients that are fortified? Are purchases affected by consumers' interest in "clean labels"?**

**A:** Yes, when an enriched or fortified food is added as an ingredient to a grain product, the added nutrients must be declared in the ingredients list. In these cases, many nutrients must be declared by their technical names (e.g., riboflavin vs. Vitamin B2, niacin vs. Vitamin B3), which may not be recognizable to consumers. Consumer research indicates that ingredients that are unrecognizable or unpronounceable can immediately turn off consumers from a product, meaning purchases could be negatively impacted by current vitamin naming conventions.