

Need another reason to boost fruit, veggie intake? Try COVID-19

APR 29, 2022

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The advice laid out in the 2020–2025 Dietary Guidelines for Americans says adults should consume just 1.5–2 cups of fruit and 2–3 cups of vegetables each day.

Yet only a small percentage of American adults end up meeting those thresholds, says a report published in the Centers for Disease Control and Prevention’s *Morbidity and Mortality Weekly Report*. And that fact has severe public health implications.

One in ten isn’t good

“A healthy diet supports healthy immune function and helps to prevent obesity, type 2 diabetes, cardiovascular diseases and some cancers,” wrote the authors of the report, adding that “having some of these conditions can predispose persons to more severe illness and death from COVID-19.”

Examining 2019 survey data, researchers found that fruit and vegetable intake was low, with only about “one in 10 adults meeting either recommendation.”

Overall, they noted, just 12.3% of adults got enough fruit and only 10% met the mark on vegetables. The study, “Adults Meeting Fruit and Vegetable Intake Recommendations—United States, 2019,” was published earlier this year.

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Data tells a bleak story

The researchers also noted that meeting vegetable intake recommendations was highest among those 51 or older. There were also differences in vegetable intake between groups defined by income level and race. While 12.2% of adults in the highest-income households got enough veggies, only 7.7% of those living in middle-income households did. Meanwhile, 6.9% of Black adults met vegetable intake recommendations, compared with 10.1% of white adults.

“This is an old public health issue,” said Kate Kirley, MD, director of chronic disease prevention and programs at the AMA. “Examining the national and state data only tell part of the story, but unfortunately the story that these data tell is quite bleak. We see very low fruit and vegetable intake across the population, and that is true regardless of how you break down the data according to different groups defined by demographics.

“Vegetable intake, in particular, has a very concerning pattern with significant differences between groups defined by gender, race and income—differences that are the result of longstanding inequities,” Dr. Kirley added. “As you delve into more local data—not included in this study—these inequities often become even more stark.”

Why today is different

“Perceived barriers to fruit and vegetable consumption include cost, as well as limited availability and access,” the report notes, adding that “for some persons, such barriers might have worsened during the COVID-19 pandemic related to economic and supply chain disruptions that could further limit ability to access healthier foods.”

Dr. Kirley said she hopes the pandemic “will draw attention to this longstanding problem and that we’ll start to see more investment in innovative solutions to promote health through better nutrition.”

Tailored intervention efforts to increase fruit and vegetable intake are needed. States and communities should support food-policy councils to build a more sustainable food system, the report says. They also can implement nutrition-incentive and produce-prescription programs that help people buy fruits and vegetables. Education and social marketing can also help raise awareness.

The CME module “Nutrition Science for Health and Longevity: What Every Physicians Needs to Know” is enduring material and designated by the AMA for a maximum 4 *AMA PRA Category 1 Credit™* and helps physicians begin an effective nutrition conversation with patients. The four-hour, self-paced course is developed and hosted by the Gaples Institute for Integrative Cardiology, a nonprofit focused on enhancing the role of nutrition and lifestyle in health care.



This course includes four modules that are distributed in collaboration with the AMA Ed Hub™, an online platform with high-quality CME/MOC from many trusted sources to support lifelong learning of physicians and other medical professionals.

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