



AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.

July 17, 2014

Richard Olson, MD, MPH
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
1101 Wootton Parkway, Suite LL100
Rockville, MD 20852

SUBMITTED VIA:

<http://www.health.gov/dietaryguidelines/dga2015/comments/writeComments.aspx>

Dear Dr. Olson:

On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and all communities, I thank you for the opportunity to provide comments on the Dietary Guidelines for Americans. APHA appreciates the efforts of the U.S. Department of Health and Human Services and U.S. Department of Agriculture in encouraging Americans to consume a healthful diet that can be accessible to all Americans and that result in eating behaviors that can be sustained by those at all income levels and stages of life. It is evident that the Dietary Guidelines for Americans has played a vital role in revising the nutritional standards of the federal food assistance programs and nutrition education programs to promote public health and well-being. Because the guidelines are the cornerstone of food and nutrition policy and communication, we encourage HHS and USDA to continue the pursuit of guidelines that celebrate cultural and ethnic diversity and allow more Americans the chance to adopt the dietary guidelines as their way of eating.

APHA will focus its remarks on the following key principles for the 2015 Dietary Guidelines Advisory Committee:

1. The committee should make a recommendation to establish dietary guidelines for children 0-2 years of age to ensure that nutrition standards based on the guidelines can be established for the Child and Adult Care Food Program and Women, Infants, and Children. DGAC should also recommend that the evidence be compiled to provide the foundation for setting dietary guidelines for children from birth to age 2 in the subsequent dietary guidelines.
2. The committee should include strong recommendations for nutrition education for consumers to be available to facilitate adoption of the dietary guidelines by all Americans and for adequate technical assistance for food service providers to implement the guidelines.
3. Dietary guideline recommendations should embrace the economic, lifestyle and cultural differences among Americans. The focus should be on improving existing habits and not

requiring adoption of new behaviors that are not affordable, not accessible or not realistic for families that have limited income, time, kitchen storage, preparation space and transportation. The guidelines should identify the use of minimally processed foods without added sugar, sodium and fat as potential solutions that address these limitations.

4. Recommendations should recognize the lower literacy and nutrition literacy of many individuals at highest risk of nutrition related chronic diseases and thus make the recommendations simple, clear and adoptable.
5. Recommendations should focus on healthy dietary patterns, foods and food components instead of individual nutrients that can be added or subtracted to foods without improving overall diets. Additionally, portion sizes with illustrations of recommended portions should be included in the dietary guidelines. Advice should be provided on how to follow these dietary patterns while selecting foods outside of the home.

Food Environment and Public Policy

APHA urges the Dietary Guidelines Advisory Committee when focusing on the food environment and public policy to keep in mind how well the recommendations serve those with limited food budgets, limited transportation, limited access to stores with a wide array of healthy, affordable food, and limited facilities to easily prepare and store foods. It is also important to recognize, as previous guidelines have stated, that there are vast cultural and ethnic differences in food preferences.

APHA supports government nutritional guidelines and strategies for all people in the U.S. with the sole purpose of protecting the health of the public through dissemination of evidence-based guidance in dietary intake and physical activity.^{1,2} DGAC's recommendations should include:

1. Encouraging participation by the public in the development of public health policies in local, state, federal and tribal governments;
2. Consumer information that increases public awareness and understanding of the multiple benefits of healthy eating and physical activity by all people, including low-literacy and economically stressed Americans. Information should include foods representative of diverse cultures, provide accurate and frequent messages regarding choosing nutritious foods and encouraging physical activity and incorporate product labeling that easily explains better food choices following the Institutes of Medicine front-of-package nutrition rating systems and symbols recommendations;³
3. Continuation of efforts to increase the nutritional quality of the food delivery programs through the implementation of the nutritional standards offering more under-consumed nutritious foods such as fruits and vegetables and encourage consumption of affordable, high quality foods and remove barriers to obtaining culturally appropriate foods, as well as monitoring plans for food programs such as school meals, WIC and the Supplemental Nutrition Assistance Program;

¹ American Public Health Association. Supporting the WHO global strategy on diet, physical activity and health. 2005. Accessed at: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1309>.

² American Public Health Association. Urgent call for a nationwide public health infrastructure and action to reverse the obesity epidemic. 2006. Accessed at: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1343>.

³ Institute of Medicine. Front-of-package nutrition rating systems and symbols: Promoting healthier choices. Washington, DC: The National Academies Press, 2011.

4. Product labeling, advertising and marketing that promote healthy foods and development of new policies and enforcement of current laws banning advertising messages that provide misinformation, and those that increase the consumption and purchase of foods of poor nutritional value by children;
5. Agricultural policies consistent with protection and promotion of public health including promotion of under-consumed nutritious foods consistent with public health;
6. Encouragement of the local, state, federal and tribal governments to develop policy for pricing strategies to decrease the price of and increase the availability of high quality fresh fruits, vegetables, low and non-fat milk, whole grains and drinking water;
7. Maintenance of surveillance data collection processes at the local, state and tribal level including rigorous program evaluation for new and existing strategies to ensure implementation of strategies to positively and equitably impact overweight, obesity and chronic disease rates;
8. Increase public and private funding availability for applied research to identify and disseminate effective approaches, policies and resources including media literacy tools to be used throughout the U.S. to encourage physical activity, consumption of healthy foods, and understanding of messages from private corporations aimed at purchasing and consuming increased amounts of less nutritious foods;
9. Encouragement of organizations including schools, work places and religious organizations to provide and promote nutritious food choices and offer opportunities to be physically active;
10. Reviewing existing and developing new policies that encourage people powered transportation including safe walking and bike routes, and encourages public participation in developing strategies for increasing physical activity in everyday life;
11. Strengthening of the local community built environment through land use and zoning laws, lot preservation, community support agencies, redevelopment and support for food outlets that provide access to nutritious foods such as supermarkets, grocery stores and restaurants;
12. Developing community and clinical strategies to identify, prevent and treat overweight and obesity at all ages including coordinated weighing, measuring and documentation of weight during visits with health professionals and implementing clinical education strategies where found to be effective, including dissemination of guidelines and delivery of educational messages through counseling, group classes, effective written, video and computer educational channels, and community programs in partnership with governmental, health care and business stakeholders;
13. Urging U.S. federal and state governments to mandate the implementation and reimbursement of the documented cost effective clinical strategies by third party payers; and
14. Encouraging public and private measures to strengthen nutrition assistance programs at federal, state and local levels to diversify the nation's food systems so as to support local agriculture—urban and rural— and to provide healthy, fresh food, locally produced where possible.

SC 2: Dietary Patterns

- a. Restaurant Foods

APHA has strongly supported menu labeling at fast-food and other chain restaurants—to provide consumers with nutrition information that is easily readable and accessible. APHA urges DGAC to encourage a robust educational effort, by federal and state health agencies and other health organizations, to support understanding and use of this tool to help people make healthier food choices, especially among those with lower nutritional literacy.⁴ APHA also urges DGAC to call for restaurants to improve the nutritional quality of their menu offerings, for example by reducing caloric content, offering smaller portions, offering more fruits, vegetables and whole grains, and using healthier cooking fats that are lower in saturated and trans fats.

b. Portion Sizes

As stated above, APHA recommends that DGAC urges restaurants to offer smaller portions of those beverages that provide calories without nutritional value and foods that provide nutrients that should be consumed at lower quantities. With mixed public response to policies restricting portion size, DGAC could recommend adding examples of physical activity needed to expend the calories contained in a food. For example, if a menu item like a white chocolate mocha and a cinnamon scone at a coffeehouse has 1,030 calories then show this calorie amount along with a picture and/or notation of number of hours of walking needed to burn off the 1,030 calories.

c. Dietary Patterns Versus Individual Nutrients or Single Foods

APHA recommends that DGAC continue to emphasize overall dietary patterns rather than individual foods or nutrients and include more examples of healthy patterns that reflect the broad diversity of cultural and ethnic foods consumed by Americans. Recognition and use of the 2015 dietary guidelines may significantly improve when the advice can be easily incorporated into the daily routine of Americans at all income levels, all stages of life and all points of diversity. Recommendations for fruits and vegetables should reference a wide-variety of culturally appropriate selections. For good sources of calcium and protein in the dairy group, non-dairy substitutes such as soymilk should be referenced. The recommended culturally-diverse dietary patterns should share core elements, namely higher intakes of fruits, vegetables, whole grains, diverse sources of nutrients of concern such as calcium, high quality protein sources (more fish, soyfoods, legumes and nuts and less red and processed meat), healthy oils (providing more monounsaturated and polyunsaturated compared to saturated fats), and foods with less added sugars, saturated fat and sodium.

d. Whole Foods in all Forms without Added Sugar and Fat or Minimum Preservatives

APHA supports DGAC emphasizing that nutrient needs should be met primarily by consuming nutrient-dense, whole foods as part of an overall healthy dietary pattern. DGAC should be sensitive to the limited incomes, limited time and limited preparation and storage space and equipment of many Americans. People need to know how to select pre-prepared foods and processed foods with less sugar, saturated fat and sodium. Fruits

⁴American Public Health Association. Support for nutrition labeling in fast-food and other chain restaurants. 2004. Accessed at: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1300>.

and vegetables of any form that are produced with no added sugar and fat, and very little sodium or other preservatives can help stretch family or individual budgets, be stored feasibly and require minimal preparation when time is limited. The committee could identify specific items that fall into categories of minimally processed foods such as, but not limited to whole grain-rich pasta; brown rice; whole grain crackers; canned tuna; and frozen, canned or dried fruits and vegetables without added fat, sugar or sodium.

SC 2: Foods, Beverages and Nutrients

APHA offers the following comments on specific foods, beverages and nutrients with the understanding that recommendations should focus on total diet and dietary patterns.

a. Sodium

APHA believes it is important for DGAC to continue to recommend reductions in dietary sodium intake for the U.S. population. Although a recent review presents the methodological problems that influence the consistency of research findings about the role of sodium in some health outcomes,⁵ there is sufficient evidence for recommending overall reductions in dietary sodium intake at the population and individual levels, at least as it applies to blood pressure as one marker for cardiovascular disease risk. Despite recommendations to reduce dietary sodium,^{6,7,8,9,10} intake remains high, due in large part to the wide consumption of processed foods and foods eaten away from home which account for most of the sodium in American diets.^{11,12} APHA supports that DGAC recommend a uniform upper level of sodium consumption. While recognizing that individuals play a role in reducing sodium consumption, APHA recommends that DGAC urge the food and restaurant industries to gradually reduce the sodium in their products as the most cost-effective way to reduce sodium in the food supply and lower dietary sodium consumption in the population.¹³ At the same time it is important to continue to provide ways for consumers to easily identify sodium in their foods through information on food labels and menu notices so they can avoid high sodium foods. In addition, with

⁵ Cobb LK, Anderson CAM, Elliott P, et al. Methodological issues in cohort studies that relate sodium intake to cardiovascular disease outcomes: A science advisory from the American Heart Association. *Circulation*. 2014; 129:1173-1186.

⁶ Department of Health and Human Services and Department of Agriculture, *Dietary Guidelines for Americans*, 2010. Accessed at: <http://www.health.gov/dietaryguidelines/2010.asp>.

⁷ Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Accessed at: <http://www.healthypeople.gov/2020/default.aspx>.

⁸ Appel LJ, Frohlich ED, Hal JE, et al. The importance of population-wide sodium reduction as a means to prevent cardiovascular disease and stroke: A call to action from the American Heart Association. *Circulation*. 2011; 1123:1138-1143.

⁹ World Health Organization. *Reducing salt intake in populations*. Report of a WHO forum and technical meeting. Geneva: 2007.

¹⁰ American Public Health Association. *Reducing sodium content in the American Diet*. 2002. Accessed at: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=278>.

¹¹ James WP, Ralph A, Sanchez-Castillo CP. The dominance of salt in manufactured food in the sodium intake of affluent societies. *Lancet*. 1987; 1:426-9.

¹² Mattes RD, Donnelly D. Relative contributions of dietary sodium sources. *Journal of the American College of Nutrition* 1991; 10:383-393.

¹³ Cobiac LC, Vos T, Veerman JL. Cost-effectiveness of interventions to reduce dietary salt intake. *Heart* 2010; 96:1920-5.

the relatively rapid emergence of new research in this area it is crucial to regularly monitor for changes and recommendations that can affect policy and program management.

b. Added Sugars

APHA is concerned that continued emphasis on one food component “added sugars” may distract consumers from the more important issues of total calories, large portion sizes and sugar sweetened beverages with high calorie content but no nutrients. As was seen in the past, when one nutrient like total fat becomes the focus on dietary fat, food manufacturers produce low fat foods that are not necessarily lower in calories. Likewise, the emphasis on *trans* fats has led many food manufacturers and restaurants to simply substitute an oil or solid fat that is high in saturated fat in place of a partially hydrogenated oil instead of replacing the oil high in *trans* fat with an oil low in saturated fat and *trans* fat. Similarly, it is possible to replace added sugars with another component and not reduce total calories. Little consumer testing has been conducted to demonstrate consumer knowledge of the meaning of added sugars or to show changed food choices related to added sugars. Therefore, APHA recommends that DGAC takes a more comprehensive approach to this issue by considering total calories from all calorie sources such as carbohydrates including sugars; fats; protein; alcohol; and portion sizes instead of a limited focus on added sugars that may have a negative unintended consequence on food options and consumption.

c. Trans Fatty Acids

APHA urges DGAC to recommend that USDA and HHS clarify and strengthen their advice by urging Americans to check ingredient lists and avoid consuming foods that contain partially hydrogenated oil—the main source of artificial *trans* fat. DGAC should also recommend that USDA and HHS urge restaurants and food manufacturers to substitute oils with both low *trans* fats and low saturated fat content to protect consumer health. DGAC should recommend keeping the current advice to limit all sources of *trans* fat, but extend the recommendation to advise Americans to avoid consuming any foods made with partially hydrogenated oil. We also recommend that DGAC encourage HHS and USDA to include a list of the main sources of synthetic *trans* fats in Americans’ diets to improve consumer awareness of foods likely to contain *trans* fats.

Physical Activity

APHA urges DGAC to recommend strengthening the emphasis on physical activity and include recommendations from the 2010 *National Physical Activity Plan*¹⁴ and the Institute of Medicine report, *Educating the Student Body, 2013*:¹⁵

¹⁴ National physical activity plan. 2010. Accessed at: <http://www.physicalactivityplan.org/NationalPhysicalActivityPlan.pdf>.

¹⁵ Institute of Medicine. *Educating the student body: Taking physical activity and physical education to school*. Washington, DC: The National Academies Press, 2013. Accessed at: www.iom.edu/studentbody.

1. Updating the 2008 Physical Activity Guidelines listed in table 2-5 of the 2010 dietary guidelines, if necessary, and providing more of the science behind the benefits of physical activity for health promotion, disease prevention and other co-benefits;
2. Developing a section on 'building lifestyle patterns for active living' that could parallel recommendations in chapter 5, *Building Health Eating Patterns*, of the 2010 dietary guidelines;
3. Further developing chapter 6, *Helping Americans Make Healthy Choices*, of the 2010 dietary guidelines by summarizing the call to action in the eight sectors delineated in the *National Physical Activity Plan* and integrating them with a nutritious diet: business and industry; education; health care; mass media; parks, recreation, fitness and sport; public health; transportation, land use and community design; and volunteer and non-profit organizations; and
4. In an appendix, incorporate the overarching strategies in the *National Physical Activity Plan* and relevant recommendations in *Educating the Student Body*.

SC 5: Food Sustainability and Safety Subcommittee

Request 5-2 Food Systems Sustainability

APHA applauds DGAC for exploring ways to integrate sustainability into the 2015 recommendations. Diet is one part of a larger system of environmental, social and economic sustainability. The guidelines have the power to inform Americans of how their food choices impact food security and environmental sustainability for future generations. APHA as an organization, including members of its Environment and Food and Nutrition Sections, are among the nation's leaders in advocating for sustainability in the food system as integral to the future of the nation.¹⁶

It would be shortsighted to advise consumers on what to eat without incorporating the abundant and well-supported evidence that the nation's long-term nutritional health and food security depends on the sustained capability of our food system to provide the foods essential for the our children and grandchildren thrive. APHA emphasizes that sustainability-related recommendations are critical to advancing the guidelines' overall goals.¹⁷

APHA suggests including the following specific messages in the 2015 dietary guidelines:

1. Encourage consumers to reduce food waste and provide strategies to assist them in doing so. An estimated 31 to 40 percent of the food supply ends as food waste.^{18,19} Food waste negatively impacts consumer food budgets, food security and the environment.²⁰ We suggest including a statement about reducing food waste on the main dietary guidelines graphic and presenting messaging on the benefits of reducing food waste and guidance on

¹⁶ American Public Health Association. Toward a healthy, sustainable food system, 2007. Accessed at: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1361>.

¹⁷ Gussow JD, Clancy KL. Dietary guidelines for sustainability. *Journal of Nutrition Education*, 1986; 18(1):1-5.

¹⁸ Hall KD, Guo J, Dore M, Chow CC. The progressive increase of food waste in America and its environmental impact. *PLoS ONE*, 2009; 4(11): e7940.

¹⁹ Buzby JC, Wells HF, Hyman J. The estimated amount, value, and calories of postharvest food losses at the retail and consumer levels in the United States. USDA, 2014.

²⁰ See Dietary Guidelines for Americans, 2015 public comment #407 from Roni Neff, submitted March 11, 2014.

how to do so. For example, the Environmental Protection Agency *Food: Too Good to Waste* campaign provides guidance on how to reduce food waste by making a shopping list with meals in mind, eating what you buy, preparing items sooner, buying what you need, and keeping fruits and vegetables fresh through proper storage.²¹

2. Encourage local, state, federal and tribal governments to develop sustainable agriculture policies and policies that promote better alignment of public and private investments that seek to make healthy, sustainably produced foods the affordable and convenient choices.
3. Encourage consumers to choose foods and beverages that are minimally processed and minimally packaged. While some processing and packaging may be beneficial to aid in food preservation, reducing these will help decrease the nation's overall energy consumption²² while aligning with nutritional goals. An estimated 15.7 percent of the national energy budget is dedicated to the food system, which includes the energy required to grow, package, distribute, store, prepare, serve and dispose of food.²³
4. Recommend that consumers seek out foods produced through sustainable production methods that care for the soil, pollinators and water supplies, and that provide adequate livelihood and good working conditions for farmers and farmworkers. Such foods can be purchased in both farmers markets and other direct marketing venues, and increasingly, in supermarkets. Supporting these practices increases the resilience and sustainability of our food production system for both humans and the environment.²⁴
5. While the guidelines appropriately emphasize the healthfulness of seafood consumption, they should advise consumers to eat products lower on the aquatic food chain like shellfish, sardines, anchovies and herring and refrain from recommending specific species that are associated with harmful fishing or farming practices like shrimp or farmed Atlantic Salmon.²⁵
6. Emphasize the variety of foods that provide protein and calcium. The Food and Agriculture Organization estimates that human activity in producing protein in the form of meat, eggs and dairy products uses 70 percent of the world's agricultural land²⁶ and contributes 18 percent of all greenhouse gas emissions.²⁷ Current guidelines recommend plant-based diets. The guidelines can advance acceptance of plant-based diets by using language and graphics that emphasize alternative protein sources, and providing consumers with more explicit guidance on how to adopt plant-based diets. Encourage consumers who do eat meat to choose meat produced without antimicrobial drugs (other than in the treatment of specific illness). Eighty percent of all antimicrobials sold in the U.S. are used in agriculture.²⁸ Overuse of agricultural antimicrobials, especially in the

²¹ EPA Region 10 and West Coast Climate and Materials Management Forum. *Food: Too good to waste pilot – Background research report*. US Environmental Protection Agency, 2012.

²² Cuéllar AD, Webber ME. Wasted food, wasted energy: The embedded energy in food waste in the United States. *Environmental science & technology*. 2010; 44(16): 6464-6469.

²³ Ibid.

²⁴ Tilman D, et al. Agricultural sustainability and intensive production practices. *Nature*, 2002; 418: 671-677.

²⁵ See Dietary Guidelines for Americans, 2015 public comment #149 from Jillian Fry & Dave Love, submitted Nov. 25, 2013.

²⁶ Steinfeld H, Gerber P, Wassenaar T, Castel V, Rosales M, Haan C. *Livestock's long shadow: Environmental issues and options*. Rome: Food and Agriculture Organization of the United Nations, 2006.

²⁷ Gerber PJ, Steinfeld H, Henderson B, et al. *Tackling climate change through livestock – A global assessment of emissions and mitigation opportunities*. Rome: Food and Agriculture Organization of the United Nations, 2013.

²⁸ Food and Drug Administration. 2010 Summary report on antimicrobials sold or distributed for use in food-producing animals. Center for Veterinary Medicine. Accessed at: <http://www.fda.gov/downloads/ForIndustry/UserFees/AnimalDrugUserFeeActADUFA/UCM277657.pdf>.

absence of a clinical diagnosis, contributes to the evolution and spread of antibiotic resistance, including in human populations.²⁹

7. Encourage consumers to eat a diverse array of foods low on the food chain—such as fruits and vegetables—and educate them on the importance of integrating nutritional and environmental considerations.³⁰ Additionally, conserving food biodiversity makes it possible to conserve variation in the nutritional content of the food crops that comprise our plant-based diets, and thus is essential as we work to adapt our food system to future environmental stressors like climate change.³¹

APHA values the extensive review of the scientific research on nutrition by the Dietary Guidelines Advisory Committee and its continued advocacy for a healthier food supply through food policies for federal nutrition programs, schools, work places, clinics and health professional practices, faith-based organizations and the community at large. As the committee develops recommendations on dietary patterns, we urge consideration of cultural preferences, economic realities and life stages, along with consideration for environmental sustainability. In general, any dietary pattern should include references to affordable and accessible fruits, vegetables, whole grain products, low fat dairy and similar substitutes such as nuts, beans, soy foods and healthy oils. Thank you for your time, attention and dedication to this essential public health report.

Sincerely,



Georges C. Benjamin, MD
Executive Director

²⁹ Van den Boogaard AE, Stobberingh EE. Epidemiology of resistance to antibiotics: links between animals and humans. *International Journal of antimicrobial agents*, 2000; 14(4):327-335.

³⁰ Van Dooren C, et al. Exploring dietary guidelines based on ecological and nutritional values: A comparison of six dietary patterns. *Food Policy*. 2014; 44:36-46.

³¹ Institute of Medicine. *Sustainable Diets: Food for healthy people and healthy planet: Workshop summary*. Washington, DC: The National Academies Press, 2014.