



March 14, 2014

2015 Dietary Guidelines Advisory Committee  
c/o the U.S. Department of Health and Human Services  
Office of Disease Prevention and Health Promotion, OASH/HHS  
1101 Wootton Parkway  
Suite LL100 Tower Building  
Rockville, MD 20852

SUBMITTED ELECTRONICALLY

**Re: Comments to the 2015 Dietary Guidelines Advisory Committee regarding the Eighth Edition of the Dietary Guidelines for Americans**

To Whom It May Concern:

Trust for America's Health would like to thank the 2015 Dietary Guidelines Advisory Committee (DGAC) for this opportunity to provide comments during the advisory process for the eighth edition of the Dietary Guidelines for Americans (DGA). Trust for America's Health (TFAH) is a nonprofit, nonpartisan public health advocacy organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

Our comments will attempt to address three main topic areas, which we have attempted to organized according to subcommittee (SC) request areas: 1) foods, beverages, and nutrients (SC 1); 2) dietary patterns (SC 2); and 3) food environments and policy (SC 4).

Our recommendations pertaining to dietary patterns are in part based on our longstanding commitment to addressing the obesity epidemic. Each year, we and the Robert Wood Johnson Foundation (RWJF) issue *F as in Fat: How Obesity Threatens America's Future* to examine strategies for addressing the obesity crisis. As you know, childhood obesity rates have climbed dramatically in the past 30 years.<sup>1</sup> Moreover, this change is having a major impact on the health of America's youth, and, for the first time in history, this generation is expected to live sicker and die younger than their parents.

TFAH's comments thus reflect the consensus that Americans consume too many calories and we urge DGAC to consider the role that overall dietary patterns play in driving this epidemic. We also recommend that the 2015 DGA strengthen the recommendations in Chapter 6 of 2010 DGA regarding healthy food choices and improving the translation of science to practice and policy.

The DGAC should continue to emphasize that nutrients should come from whole foods rather than fortified, processed foods or supplements. Finally, we provide comments and recommendations to the DGAC regarding several specific food groups, foods, and nutrients,



including sodium, added sugars, dietary fats (trans fatty acids, saturated fat, and dietary cholesterol), whole grains, red and processed meats, fruits and vegetables, and dairy.

Our detailed comments follow, and we would be pleased to provide more information to the DGAC regarding these and other issues.

## **Dietary Patterns (SC-1)**

- A. Excess caloric intake continues to be a major challenge for population health. The committee should provide advice on three key contributors: restaurant foods, large portion sizes of high-calorie foods of low nutritional value, and sugar-sweetened beverages.

### *1. Restaurant Foods*

Research from the U.S. Department of Agriculture (USDA) has concluded that foods served in restaurants and other away-from-home establishments generally are higher in calories than foods prepared at home.<sup>2</sup> Accordingly, eating out more frequently is associated with obesity, higher body fatness, and higher BMI.<sup>3</sup> On average, meals prepared in restaurants also have more saturated fat and sodium, and less dietary fiber than food prepared at home.<sup>4</sup>

The DGAC should likewise recommend that USDA and HHS provide practical advice for consumers on how to follow the DGA recommendations when eating at restaurants. In light of long-overdue calorie labeling on chain restaurant menus as a result of requirements under the Affordable Care Act (ACA), the DGA also should provide advice on how to use calorie labeling on menus, menu boards, and food display tags to make lower calorie choices when eating out. Finally, the DGAC should also call on the food/beverage and restaurant industries to take steps to improve the nutritional quality of restaurant meals, offer smaller portions, and provide calorie information to the greatest extent.

### *2. Portion Sizes*

A key strategy for managing calorie intake is to manage portion sizes both at home and away from home. Portion sizes for soft drinks and pizza grew between 1977-1978 and 2003-2008 among all food sources (stores, restaurants, and fast food chains).<sup>5</sup> Accordingly, in 2010, the DGA provided brief advice in the appendix on how to reduce portion sizes: use smaller plates, portion out small amounts of food, and replace large portions of high-calorie foods with lower-calorie foods.

The DGAC should recommend strengthening and expanding the advice on reducing portion size to include consumer education messages, and urging that it be placed in the text of the DGA, rather than the appendix. Also, as previously noted, the DGAC should also urge HHS and USDA to call on the food/beverage and restaurant industries to offer ready-to-eat and restaurant foods in more reasonable portion sizes.

- B. Overall dietary pattern is more important than any specific food or nutrient. A variety of dietary patterns have been linked to reduced cancer and heart disease risk and overall health, but they have many of the same characteristics: higher intakes of fruits, vegetables, whole grains, high quality protein sources, healthy oils, and less added sugars, saturated fat, and sodium.

2015 DGA should include an emphasis on overall dietary patterns, because the combination of healthy dietary habits is thought to have greater impact on lowering disease risk than any one specific nutrient or food.

The American Cancer Society recommends consuming an overall healthy diet with an emphasis on plant foods as part of its guidelines on nutrition and physical activity for cancer prevention<sup>6</sup> and within this recommendation is a focus on vegetables, fruits, whole grains, limiting processed and red meat consumption, and choosing foods and beverages in amounts to help achieve and maintain a healthy body weight. The American Heart Association and American Diabetes Association also have similar nutrition and physical activity recommendations.<sup>7,8</sup>

The new guidelines should recommend that individuals consume a diet that contains the core elements of healthy dietary patterns, including higher intakes of fruits, vegetables, whole grains, high quality protein sources (more fish, beans, nuts, less red and processed meat), healthy oils (providing more monounsaturated and polyunsaturated compared to saturated fats), and less added sugars, saturated fat, and sodium.

- C. Continue to emphasize that nutrients should come from whole foods, not fortified, processed foods or supplements.

The DGAC should continue to emphasize that nutrient needs be met primarily by consuming nutrient-dense, unprocessed foods as part of an overall healthy dietary pattern. This approach is consistent with recommendations from the Institutes of Medicine.<sup>9</sup> Research also demonstrates that the nutrient-density of fruits, vegetables, whole grains, and low-fat dairy products cannot be duplicated by simply adding vitamins or minerals to nutrition-poor foods. The 2015 DGA should encourage the consumption of nutrients from foods and beverages that are naturally nutrient-dense, including fruits, vegetables, beans, low-fat dairy products, seafood, lean poultry, and whole grains.

We do not however mean to suggest that fortifying food with nutrients of public health concern for certain subpopulations are not important complementary nutrition strategies. These include folic acid for women who could become pregnant, vitamin B-12 for older adults, and iron for premenopausal women and girls, where fortification helps individuals meet recommended daily amounts. For the general public, fortification and/or supplementation may also help Americans meet recommendations for vitamin D and calcium, if these nutrients are not obtained in adequate amounts from natural sources (e.g., calcium fortified soy milk or vitamin D fortified fluid milk). However, the 2015 DGA should encourage the public to strive to choose whole foods as the healthiest option.

## **Foods, Beverages, and Nutrients (SC-2)**

### **A. Sodium**

The DGAC should strongly recommend retaining the current quantitative targets for sodium intake, to reduce daily sodium intake to 2,300 milligrams (mg) per day for the general population and to 1,500 mg per day for at-risk subgroups. The recent IOM Committee Report, *Sodium Intake in Populations: Assessment of Evidence*,<sup>10</sup> released on May 14, 2013, should not change the DGA advice. Given that too much, not too little, sodium is the pressing public health problem, the DGAC should echo the American Heart Association,<sup>11</sup> the American Medical Association,<sup>12</sup> and the World Health Organization,<sup>13</sup> which recommend limiting sodium to no more than 1,500 or 2,000 mg a day.

### **B. Added sugars**

#### *1. In general*

Consuming foods high in added sugars makes it more difficult to meet nutrient needs and stay within calorie limits. In contrast, foods high in natural sugars, such as fruits and dairy products, are often high in other nutrients.

DGAC should recommend that USDA and HHS eliminate the current “SoFAS” definition of solid fats and added sugars, and include a quantitative recommendation for the consumption of added sugars separately in the body of the DGA text. Specifically, we recommend that Americans should get no more than five to ten percent of their calories from added sugars. That recommendation would align the DGA with World Health Organization<sup>14</sup> and the American Heart Association,<sup>15</sup> which recommend limiting added sugars to six to ten percent of calories, depending on calorie intake.

A quantitative recommendation for added sugars, which should be included in the main text of the DGA, would have important implications for national programs and policies, including school meals, competitive foods in schools, and food labeling. Furthermore, the DGAC should urge the FDA to ensure the recommendations regarding added sugars in the 2015 DGAC report and 2015 DGA are reflected in any updates to the Nutrition Facts label.

#### *2. Sugar-sweetened beverages*

While there is no single culprit for our caloric overconsumption, sugar-sweetened beverages, including fruit drinks, sport drinks, soda, and sweet teas, remain the largest source of added sugars in Americans’ diets. Although consumption has slowly been declining, Americans are still consuming far more sugar drinks than is healthy. The National Health and Nutrition Examination Survey (NHANES) 2005–2008 found that about half the U.S. population consumes sugar drinks on any given day.<sup>16</sup>

There is convincing evidence from randomized controlled trials that drinking sugar-sweetened beverages leads to weight gain and evidence from intervention studies shows that calories

consumed in liquid form are less satiating than the same number of calories consumed from food.<sup>17</sup> This can lead people to overeat and eventually gain weight. As with other food products with added sugar, sugar-sweetened beverages provide calories with few nutrients, which makes it difficult for consumers to meet nutritional needs and stay within calorie requirements.

Given that sugar-sweetened beverages make a unique direct contribution to obesity and other non-communicable diseases, we urge the DGAC to emphasize strongly that Americans should consume these beverages infrequently. In addition, the DGAC should provide recommendations for other beverages, such as water, to be consumed in place of sugar-sweetened beverages.

## C. Dietary fats

### 1. *Trans fatty acids*

The DGAC should recommend strengthening the trans fat recommendation to “avoid all sources of industrially-produced trans fat. Although the 2010 DGA urged the public to keep trans fat consumption “as low as possible” by limiting foods that contain synthetic sources of trans fats, we encourage the 2015 DGAC to recommend that USDA and HHS clarify and strengthen its advice by urging Americans to check ingredient lists and avoid consuming foods that contain partially hydrogenated oil (the main source of artificial trans fat). Consumers cannot rely on foods that are labeled as “trans fat free” or 0 grams of trans fat, since they may actually contain up to 0.49 grams of trans fat per serving.

Since 2006, the food industry has made major progress in replacing partially hydrogenated vegetable oil in the food supply by reformulating or eliminating products. , However, overall progress has slowed over time, particularly from 2008 to 2011.<sup>18</sup> Voluntary efforts to limit artificial trans fats in foods have been insufficient, as many restaurants continue to use, and processed foods continue to contain, substantial amounts of partially hydrogenated oil and trans fat. We encourage the DGAC to 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 the DGAC encourage HHS and USDA to include a list of the main sources of synthetic trans fat in Americans’ diets so consumers will be more aware of foods likely to contain trans fats.

### 2. *Saturated fat*

In 2010, the DGAC recommended limiting saturated fat intake to less than 10 percent of total calories based on evidence from controlled trials and prospective cohort studies showing that saturated fat intake raises serum total and LDL-cholesterol levels, which increase the risk of cardiovascular disease. The DGAC should recommend that people replace foods high in saturated fat with low-fat versions of those foods and consume fruits, vegetables, whole grains, and foods rich in monounsaturated and/or polyunsaturated fats, such as fish and nuts, in place of meats, dairy products, baked goods, and other foods high in saturated fats. Solid margarines and shortenings used in cooking should be replaced as much as possible with liquid vegetable oils or shortenings with the least saturated fat.

### 3. *Dietary cholesterol*

We urge the DGAC to retain the key recommendation to consume less than 300 mg per day of dietary cholesterol, and recommend that the DGA clarify the public's confusion about dietary cholesterol. The DGAC should continue to recommend that people reduce their cholesterol intake, especially from cholesterol-rich eggs, and recommend practical steps towards doing so.

#### D. *Whole grains*

Whole grains, including whole wheat, brown or wild rice, rolled oats, and whole-grain barley, are an important part of an overall diet. Foods made from whole-grains are higher in fiber, certain vitamins, and minerals, compared to foods made from processed (refined) grain. We are concerned that the current advice to consumers to “increase whole grain intake” may be confusing, and we encourage the DGAC to make the following clarifications to the whole grain recommendations: clearly recommend that consumers reduce their overall grain intake; delete the advice to consume at least 3 ounce-equivalents of whole grains per day and instead, focus on the percentage of whole grains advice; and continue to clearly and strongly recommend that consumers replace refined grains with whole grains.

#### E. *Red and processed meats*

We recommend that the DGAC carefully review the research on the negative health effects of regular consumption of red and processed meats and include a recommendation to avoid the regular consumption of these meats. The DGAC should recommend that the 2015 DGA policy report issued by the federal agencies include explicit recommendations for both reducing consumption of red and processed meats, and choosing mainly healthy alternative protein sources. The policy report should also include practical recommendations for reducing red and processed meat consumption and substituting lean, unprocessed poultry; fish; and plant-based protein sources for common sources of red and processed meats in the diets of Americans.

#### F. *Fruits and vegetables*

Very few Americans consume the daily recommended amount of fruits and vegetables necessary to promote good health and reduce risk of chronic diseases. In addition, while overall fruit and vegetable consumption is low, Americans consume more fruit juice and more starchy vegetables than recommended.<sup>19</sup>

Over the last five years, policy changes have started to align the 2010 DGA fruit and vegetable recommendations with federal nutrition programs. WIC food packages now include fruits and vegetables, and school lunch/breakfast programs now include a wider variety and double the amount of fruits and vegetables. With a goal of strengthening nutrition in the Supplemental Nutrition Assistance Program (SNAP), the 2014 Farm Bill includes federal funding to provide incentives for SNAP families to purchase more fruits and vegetables. “Make half your plate fruits and vegetables,” a key DGA consumer message, highlights the importance that all Americans need to increase their fruit and vegetable consumption.

We urge the DGAC to recommend that all Americans consume more and a greater variety of fruits and vegetables every day, to emphasize the need for strong, clear, compelling nutrition education and promotion messages about fruits and vegetables, and to highlight federal nutrition policies that need to be updated and aligned with DGA fruit and vegetable recommendations.

*G. Dairy*

We recommend that the DGAC update the 2010 DGAC review of the evidence on recommended intakes of milk, milk products, and non-milk sources of calcium and vitamin D (including supplements). We also encourage the DGAC to refine its recommendation regarding milk and milk products to identify potential thresholds of intake for individuals, particularly men; for example, the DGAC should recommend a level not to exceed for calcium intake (from food sources or supplements).

**III. Food Environment and Public Policy**

DGAC should strengthen the recommendations in Chapter 6 of the 2015 DGA regarding helping Americans to make healthy food choices.

Numerous public health and scientific authorities, including the IOM, Centers for Disease Control and Prevention (CDC), Community Preventive Services Task Force, President's Cancer Panel, U.S. Preventive Services Task Force, RWJF, American Heart Association, and American Cancer Society have recommended evidence-based strategies for reducing obesity, improving nutrition, and increasing physical activity by changing policies, environments, and systems.

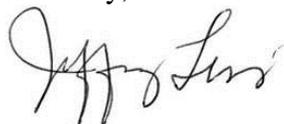
Our National Prevention and Health Promotion Strategy recognizes that health promotion will require empowering individuals to make healthy choices, but must also create, maintain, and recognize healthy and safe community environments, among other strategic directions. The 2015 DGAC should build on the work of the 2010 DGA and further emphasize the important role of the food environment in the ability of Americans to meet the DGA recommendations.

**Conclusion**

We are eager to see how the 2015 DGA can serve as another step in the right direction towards promoting healthier choices and addressing our nation's obesity epidemic and other pressing chronic disease challenges.

If you have any questions, please feel free to contact Jack Rayburn, TFAH's Senior Government Relations Manager at (202) 223 – 9870 x 28 or [jrayburn@tfah.org](mailto:jrayburn@tfah.org).

Sincerely,



Jeffrey Levi, PhD  
Executive Director

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