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Dear Dr. Olson, Dr. Casavale, Ms. Rihane, and Dr. Bowman:

On behalf of the National Association of County and City Health Officials (NACCHO), I am writing to provide comments on the recommendations released by the Dietary Guidelines for Americans Committee (DGAC) in February 2015 regarding the Dietary Guidelines for Americans (DGA). NACCHO is the voice of the 2,800 local health departments across the country. Local health departments develop policies and create environments that make it easier for people to be healthy and safe, including advising the public on healthy eating practices, increasing access to affordable healthy foods, and ensuring food safety.

Local health departments work to develop programs and foster partnerships that help to stem the skyrocketing obesity epidemic. Over the past 30 years, obesity prevalence has more than doubled among children and adults and tripled among adolescents. Children and adolescents with disabilities are 38% more likely to be obese than their peers without disabilities, and adults with disabilities are 58% more likely to be obese than adults without disabilities. The alarming rates of obesity cause concern because of associated health consequences. Obesity increases the risk of many chronic diseases and conditions including diabetes, heart disease, hypertension, depression, stroke, arthritis, and some
cancers. Overweight children are likely to become overweight or obese adults. The economic costs of obesity are staggering. Of particular concern are the medical care costs of obesity in the United States. In 2008 health care costs associated with obesity totaled about $147 billion.

NACCHO offers the following comments and recommendations to the DGAC:

A) Policy and Environmental Approaches

NACCHO strongly supports the DGAC’s focus on the broad range of factors, including policy and environmental approaches, that influence people’s diet and weight-related behaviors. The final DGA report should continue to reflect these sensible and science-based changes to our food environment and public policies to support and facilitate Americans making healthier food and beverage choices across the lifespan.

Reversing current obesity trends and changing dietary patterns on a broad scale requires a comprehensive, coordinated system-wide approach that engages all levels of the socio-ecological model. In particular, policy, environmental, and systems changes must make healthy foods and beverages more accessible, affordable, and desirable, while making less healthy foods less accessible, affordable, and desirable, particularly for at-risk populations. This approach to improving diet, promoting health, and reducing diet-related chronic disease through changing the policies and environments where youth and adults spend the majority of their time has been promoted by numerous public health authorities, including the Centers for Disease Control and Prevention,1 Community Preventive Services Task Force,2 Institute of Medicine,3 President’s Cancer Panel,4 and now the 2015 DGAC.

NACCHO supports the DGAC’s use of the socio-ecological model and recognition that individual diet, physical activity, and weight management behaviors are influenced by individual biological, household, community, societal, and cultural factors, we well as public and private policies, systems, and environments. The fact that the DGAC found that multi-component interventions that addressed both diet and physical activity and used a variety of strategies were most likely to be successful in preventing obesity points to the need for a multi-component, collaborative, and sustainable approach.

NACCHO supports many of the actions for communities and populations recommended by the DGAC and urges the DGA to include and expand upon these recommendations. NACCHO recommends that the DGA include the following recommendations:

- Make healthy lifestyles and chronic disease prevention a national and local priority, and incentivize collaborations by multiple sectors of influence at all levels that promote individual healthy lifestyle behavior change and create a “culture of health.”
- Make healthy foods accessible and affordable.
- Encourage healthy eating and physical activity in child care and education settings.

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• Within schools, maintain comprehensive school meal guidelines that increase intake of vegetables without added salt, fruits without added sugars, and whole grains and limit sodium, added sugars, saturated fat, and trans fats; make drinking water freely available throughout the day; prohibit marketing of unhealthy foods; eliminate all sugar-sweetened beverages, including mid-calorie drinks.
• Implement Nutrition Facts and Front-of-Package labels that help consumers make healthy choices and, on the Nutrition Facts label, provide added sugar amounts in grams and teaspoons as well as a percentage daily value.
• Expand access to and use of healthy built environments and make physical activity accessible, affordable, and safe.
• Promote a sustainable and safe food supply to ensure long-term food security.
• Encourage consumer behavior consistent with food safety principles to prevent foodborne illness.

B) Dietary Patterns

NACCHO recommends the DGAC’s recognition of a variety of healthy dietary patterns and the continued emphasis that healthy diets meet nutrient needs with whole foods.

NACCHO applauds the DGAC’s focus on overall dietary patterns and the common characteristics of healthy diets. NACCHO further supports the DGAC’s assessment that the overall body of evidence identifies a healthy dietary pattern that includes the following components:
• Higher in fruits, vegetables, whole grains, low or non-fat dairy, seafood, legumes, and nuts.
• Moderate in alcohol, among those who choose to drink, except for children and other individuals for whom alcohol consumption is not recommended.
• Lower in red and processed meats.
• Low in sugar-sweetened foods and drinks and refined grains.

Because individuals may have difficulty piecing together individual aspects of dietary recommendations, and may find certain diets easier to follow than others, the new guidelines should include several dietary patterns as acceptable models of healthy dietary behavior. The 2015 DGA should include these findings in the recommendations and emphasize the importance of consuming an overall healthy dietary pattern, because the combination of healthy dietary habits has more impact on lowering disease risk than any one specific nutrient or food.

Research has shown healthy diet patterns can decrease blood pressure and cardiovascular events, compared to standard diets. Additionally, individuals in prospective cohort studies with higher diet scores representing healthy diet patterns are less likely to be overweight or obese, have lower risk of

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5 Healthy Eating Index (HEI)-2005, an “alternate” HEI-2010 based on the Harvard Food Pyramid, the Dietary Approaches to Stop Hypertension (DASH) diet, and the Mediterranean diet (and alternative scores adapted for non-Mediterranean countries).
major chronic diseases, including diabetes, cardiovascular disease, and cancer, and have a lower risk of premature death.\textsuperscript{10} Each of the recommended dietary patterns shares many of the same core elements identified by the DGAC, namely higher intakes of fruits, vegetables, low-fat dairy foods, fish, poultry, beans, nuts, whole grains, healthy oils (providing more monounsaturated and polyunsaturated fats), and lower intakes of added sugars, sodium, and red and processed meats.

NACCHO agrees with the DGAC report that the DGA should continue to recommend that nutrient needs be met primarily by consuming nutrient-dense, whole foods as part of an overall healthy dietary pattern. This approach is consistent with recommendations from the Institute of Medicine,\textsuperscript{11} American Cancer Society,\textsuperscript{12} American Institute for Cancer Research,\textsuperscript{13} and others, and research showing that the nutrient density and overall healthfulness of fruits, vegetables, whole grains, and low-fat dairy products cannot be duplicated by simply adding vitamins or minerals to nutrient-poor foods.

NACCHO supports the DGAC’s recommendations that most Americans should rely on healthy diets, not vitamin or mineral supplements, to lower their risk of cancer, heart disease, and other illness. Clinical trials have found that folic acid can lower the risk of neural tube birth defects,\textsuperscript{14} calcium supplements lower the risk of recurrent colorectal adenomas,\textsuperscript{15} and a low-dose multivitamin and mineral supplement may lower the risk of all cancers combined in men.\textsuperscript{16} However, other clinical trials have found that several nutrients, including beta-carotene, selenium, and vitamin E, do not lower, and may even increase, cancer risk.\textsuperscript{17} The majority of the evidence does not suggest that individuals should take single or combined dietary supplements for prevention of cancer or cardiovascular disease.\textsuperscript{18}

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\textsuperscript{12} Kushi et al., 2012.

\textsuperscript{13} WCRF/AICR, 2007.


Another benefit of a focus in the DGA on overall healthy dietary patterns is that it allows individuals to consume a wide range of foods and beverages and meet nutrient needs in a variety of ways. This makes it easier for individuals to consume a healthful diet that is tailored to their individual physical needs and social and cultural preferences but still meets the overarching recommendations for a healthy dietary pattern. The DGA should provide several examples of specific diets that meet the overarching healthy diet pattern recommendations.

C) Recommended Diet: Added Sugars

NACCHO supports the DGAC’s recommendations to reduce consumption of added sugars, including the need for a line on added sugars on the Nutrition Facts label that includes a percentage of a Daily Value (DV) based on 10% of calories or less in a 2,000-calorie diet, and for amounts expressed in teaspoons as well as grams to maximize consumer understanding.

NACCHO concurs that the scientific evidence underscoring concerns with added sugars in the diet is strong. After reviewing the evidence, the DGAC found that “strong evidence supports reducing added sugars intake to reduce health risks” and that a limit on “added sugars to a maximum of 10% of total daily caloric intake” was supported by the food pattern modeling analysis and the scientific evidence review on added sugar and chronic disease risk.

Convincing evidence from randomized trials suggests that drinking sugar-sweetened beverages, the largest source of added sugars in Americans’ diets, leads to weight gain in both children and adults. Sugar-sweetened beverages are also associated with cardiovascular disease, type 2 diabetes, metabolic syndrome, gout, and dental caries. Recent clinical studies have found that high intakes of fructose-containing sugars raise levels of triglycerides, visceral fat, liver fat, blood glucose, insulin, and LDL-cholesterol. Moreover, the higher diets are in added sugars, the lower they are in a variety of vitamins and minerals.

NACCHO supports the DGAC’s recommendation for consuming no more than 10% of calories from added sugars and believes that that could form an adequate basis for FDA to include a percent DV for added sugars on the labels of packaged foods. A quantitative recommendation for added sugars must be included in the main body (and not just an appendix) of the DGA, as it has important implications for national programs and policies, including school meals, snacks and drinks in schools, and food labeling.

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Furthermore, the FDA, as a department within HHS, should align its updates to the Nutrition Facts label by including a percent DV for added sugars on the labels of all processed foods, as the DGA recommended. In addition, added sugars should be indicated on labels in teaspoons to ease consumer understanding. Few Americans are familiar with the metric measures used for total sugars and other nutrients. They do, however, instantly understand measurements such as teaspoons, tablespoons, and cups, which are commonly used in cooking and baking and used on the Nutrition Facts label to indicate serving sizes.

NACCHO supports the policy implications of the DGAC’s conclusions on the need for policies that address over-consumption of added sugars. Specifically, NACCHO agrees that the DGA should endorse additional policies that would discourage excessive consumption of added sugars, and reduce consumption of sugar-sweetened beverages, including the following:

- Continued efforts to reduce added sugars in foods and beverages in school meals and snacks.
- Health promotion efforts and policies to reduce the availability of sugar-sweetened beverages in post-secondary institutions and worksites.
- Public education campaigns to raise public awareness of health harms of and alternatives to added sugars.

D) Recommended Diet: Sodium

NACCHO strongly supports the DGAC’s emphasis on sodium reduction. Sodium continues to be a major public health problem, with Americans consuming an average of roughly 3,500 mg per day—far more than the recommended amount. Excess sodium consumption is linked to the development and worsening of high blood pressure and an increased risk of heart disease, stroke, kidney failure, gastric cancer, and osteoporosis. Despite the methodological flaws and limitations that plague many studies, it is clear that higher sodium intakes are associated with a higher risk of cardiovascular disease.

NACCHO concurs with the DGAC recommendation that the general population limit sodium to less than 2,300 mg or the age-appropriate Dietary Reference Intake (DRI) amount, and 1,500 mg per day for adults who will benefit from blood pressure reduction. The DGAC should strongly recommend

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24 Percentage Daily Values (DVs) are an essential tool for consumer comprehension and use of nutrition information. In its proposal, FDA notes: “Section 2(b)(1)[A] of the 1990 amendments mandated that FDA regulations implementing section 403(q) of the FD&C Act require that nutrition labeling must be conveyed to the public in a manner which enables the public to readily observe and comprehend such information and to understand its relative significance in the context of a total daily diet. In particular, the percent DV of a nutrient present in food is declared on food labels to help consumers understand the relative significance of nutrition information in the context of a total daily diet, compare the nutritional values of food products, and to plan general diets. We also noted that the percent DV information advises the consumer how much of a recommended intake of that nutrient is provided by the food.” See 79 F.R. 11880, 11887.

25 A 2010 nationally representative telephone survey conducted by Center for Science in the Public Interest (CSPI) found that 72 percent of respondents thought that including teaspoons as a measurement for sugar on food labels would be of assistance: 38 percent preferred listing only teaspoons of added sugars on the label, while 34 percent of respondents preferred both teaspoons and grams. Just 20 percent of those polled preferred listing sugar only in grams. Center for Science in the Public Interest. (August 2, 2011). Unrealistic serving sizes understate calories, sodium, saturated fat, says CSPI. Press Release. Available at http://cspinet.org/new/201108021.html. Accessed April 23, 2014.


27 We recommend that the final policy document specify the amount of sodium that corresponds to the DRI amount for each age group so that policies can be set accordingly. Per the 2006 IOM DRIs for sodium, the Upper Levels (mg/day) are: Age 1-3: 1,500; Age 4-8: 1,900; Age 9-13: 2,200; Age 14-18: 2,300. Hellwig, J. P., Otten, J. J., & Meyers, L. D. (Eds.). (2006). Dietary Reference Intakes: The Essential Guide to Nutrient Requirements. National Academies Press.
reducing 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.

Confusingly, the DGAC also recommended that people with hypertension or prehypertension consume no more than 2,400 mg of sodium per day based on the estimated average urinary sodium excretion for subjects in the DASH sodium trial. However, recommending less than 2,300 mg for the general population and no more than 2,400 mg for adults who would benefit from blood pressure lowering would result in confusion. NACCHO urges HHS and USDA to simplify the messaging in the final policy document and recommend less than 2,300 mg for the general population and 1,500 mg for at-risk subgroups.

To help individuals reduce their sodium intake, the DGAC has recommended that a “primary emphasis be placed on policies and population-based strategies for sodium reduction while at the same time paying attention to consumer education.” Nearly 80% of the sodium consumed comes from packaged and restaurants foods, thus Americans will continue to have difficulty reducing their sodium intake unless there are changes to the food supply or significant changes in eating behaviors. As the DGAC advised, HHS and USDA should work with the food and restaurant industry to lower the amount of sodium in the food supply. The agencies should also continue to move forward with existing efforts to reduce sodium intake in children. Children are also at risk of developing heart disease and elevated blood pressure at an earlier age because most consume too much sodium. Accordingly, federal efforts are needed to lower sodium intake in children, such as continuing the tiered reduction in the School Meals program.

E) Recommended Diet: Fats

The Dietary Guidelines for Americans should continue to advise Americans to replace foods rich in saturated fat with ones higher in monounsaturated or polyunsaturated fats.

Strong evidence from controlled trials shows that replacing saturated fat with polyunsaturated and monounsaturated fats results in favorable effects on lipid profiles and a lower risk of cardiovascular events. The DGA should continue to advise replacement of foods rich in saturated fat with ones higher in monounsaturated or polyunsaturated fats.

Although NACCHO supports the DGAC’s recommendation to consume less than 10% of calories from saturated fat, the American Heart Association recommends that healthy Americans over age two should ideally consume no more than 7% of calories from saturated fat. This lower saturated fat intake would more closely match the DASH, OmniHeart, and DELTA trials and would be more consistent with a diet rich in vegetables, fruits, low-fat dairy products, whole grains, poultry, fish, legumes, nuts, and vegetable oils, and limited in sweets, sugar-sweetened beverages, and red meat, as noted by the American Heart Association/American College of Cardiology 2013 guidelines.


The DGA should recommend that people replace foods high in saturated fat, such as red meat, full-fat dairy products, many desserts, and foods made with palm or coconut oils, with foods rich in polyunsaturated and/or monounsaturated fats, such as nuts, seeds, seafood, non-tropical oils, soy foods, and margarines or shortenings with the least saturated fat. Americans should consume those unsaturated fats as part of a diet rich in fruits, vegetables, whole grains, legumes, and low-fat dairy products.

F) Recommended Diet: Fruits and Vegetables

NACCHO concurs with the DGAC recommendations that additional measures are needed to encourage consumption of fruits and vegetables as part of a healthy diet.

Americans currently eat a diet that is low in vegetables and fruits, and this dietary pattern contributes to increased risk of chronic disease and poor health. Among the U.S. population, 90% do not eat the daily recommended amount of vegetables, and 80% do not eat the daily recommended amount of fruit. Fresh, frozen, and canned fruits and vegetables contribute many important nutrients of public health concern, including fiber, potassium, iron, folate, and vitamin A. A diet rich in fruits and vegetables is associated with a decreased risk of cardiovascular disease.

NACCHO agrees that it will take bold action to achieve healthy dietary patterns in the U.S. and that environmental and policy changes are important in achieving this goal. The DGAC recommendations note the importance of implementing comprehensive nutrition standards to increase fruits and vegetables in school meals. School-based environmental modifications that include nutrition education and parent involvement are especially effective in increasing children’s fruit and vegetable consumption. The DGA also should recommend that the Supplemental Nutrition Assistance Program (SNAP) give further consideration to financial incentives to encourage people to buy more fruits and vegetables, as studies have shown that discounting the cost at stores or farmers markets leads to greater purchases and, presumably, consumption.

NACCHO recommends USDA and HHS implement the following strategies to increase fruit and vegetable consumption:

- Strengthen efforts to encourage all Americans to make half their plates fruits and vegetables at every meal.
- Strengthen and promote policies that increase children’s access to more fruits and vegetables in school meals and the school food environment.
- Promote policies that increase access to more fruits and vegetables in all other federal nutrition programs.

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• Fund research on best practices, behavioral economics, and multi-component interventions that will add to the evidence base concerning how to most effectively increase American’s fruit and vegetable consumption.
• Support private efforts to promote the consumption of fruits and vegetables.

G) Recommended Diet: Whole Grains

NACCHO supports the DGAC’s emphasis on whole grains as part of a healthful diet and encourages USDA and HHS to provide clear recommendations to help people translate this advice into healthier consumption patterns.

The DGA should include a strong recommendation to consume fewer grains and to substitute refined grains with whole grains, as recommended by the DGAC. The advice should be clear that people should substitute refined grains with whole grains, rather than adding whole grains for a total increased consumption of grain foods. Consumers may be misled by products that do not contain a sufficient amount of whole grains to truly qualify as a whole grain product, thus recommendations should include an emphasis on identification of whole grains. Additionally, current DGA uses ounce-equivalents for grain consumption recommendations, which is confusing for consumers. Instead, the DGA should advise on individual grain product consumption as a percentage of all grains consumed.

The DGA should recommend that Americans limit their consumption of all grains to four or five small servings per day (for a 2,000 calorie diet) and that at least half those grains should be whole, indicated as 100% whole grain or listing whole grain as the first ingredient.

H) Water Promotion

NACCHO supports the development of policies to promote water as the primary beverage of choice. NACCHO also supports public education and policy changes to encourage access to clean water, including a symbol for water as part of the graphics for MyPlate.

Water is an essential nutrient. Adequate hydration is crucial for the proper function and regulation of the kidneys and heart thus affecting heart rate, blood pressure, vaso-vagal response, lipid regulation, removal of body waste products, and thermoregulation; good hydration also supports mental concentration, mood, skin health, helps prevent headaches, and lubricates joints. While hydration can come from many sources, low intake of plain water is associated with poor dietary quality and physical inactivity in youth.

Between 2005 and 2010, 28% of children aged 4–13 years old in the U.S. did not have a drink of plain water on two consecutive days. Plain water accounted for less than one-third of total daily dietary water intake from beverages and foods for children aged 4-13 years old. While it is possible to meet all hydration needs with other sources, plain tap water is ideal because, unlike sugar-sweetened beverages,

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36 Ibid.
it does not contain calories and has virtually no adverse effects. Recent research shows that substituting drinking water for sugar drinks (sodas, juice drinks, pre-sweetened tea and coffee drinks, sports drinks, and energy drinks) can help reduce intake of calories from added sugars among both children and adults and reduce the risk of dental caries. Science-based organizations, such as the Institute of Medicine’s Committee on Accelerating Progress in Obesity Prevention, Centers for Disease Control and Prevention, and the American Heart Association’s Voices for Healthy Kids, embrace the importance of water in chronic disease prevention and have called for improvements in community-wide drinking water access.

NACCHO recommends that HHS and USDA promote plain tap water as the primary beverage of choice. That recommendation would build on that provided in the 2010 DGA and the strengthened recommendations for drinking water made in the 2015 DGAC report.

In addition to including strong language on drinking water in the 2015 DGA, NACCHO recommends education and promotion to encourage water as a preferred beverage. In 2014, national leaders in nutrition urged the DGAC to encourage a symbol for water on MyPlate. The addition of a water symbol would enable MyPlate to promote water consumption along with its other messages. Such a MyPlate message would synergize with the Partnership for a Healthier America’s Drink Up campaign to raise public awareness about the benefits of drinking water, as well as with key strategies of the Centers for Disease Control and Prevention designed to decrease consumption of sugar-sweetened beverages.

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Encouraging water consumption would build demand for improved access to clean and safe tap water, needed in many homes, schools, and other sites across the country, as recommended by the DGAC. Finally, adding water to the MyPlate graphic would support effective implementation of the provisions of the Healthy, Hunger-Free Kids Act of 2010 requiring ready access to water in childcare and in schools, also recommended by the DGAC.

NACCHO strongly urges those tasked with finalizing the Dietary Guidelines to maintain the emphasis in the DGAC’s report on changing the food environment to improve the nutritional quality of foods and beverages that are widely available, affordable, marketed, and consumed. Thank you for your attention to these recommendations.

Sincerely,

LaMar Hasbrouck, MD, MPH
Executive Director

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