



SNEB Comments to the 2015 Dietary Guidelines Advisory Committee

4/04/2014

The Society for Nutrition Education and Behavior (SNEB) thanks the 2015 Dietary Guidelines Advisory Committee (DGAC) for the opportunity to submit written comments during the advisory process for the eighth edition of the *Dietary Guidelines for Americans (DGA)*. SNEB represents the unique professional interests of nutrition educators in the United States and worldwide. SNEB is dedicated to promoting effective nutrition education and healthy behavior through research, policy and practice with a vision of healthy communities, food systems and behaviors.

Summary

The Society for Nutrition Education and Behavior (SNEB) respectfully submits the following comments to the DGAC, which are organized into three main topic areas: 1) food environment and public policy, 2) dietary patterns, and 3) foods, beverages, and nutrients. Our recommendations related to the food and environment and public policy focus on strengthening the recommendations in Chapter 6 of the 2010 *DGA* regarding helping Americans make healthy food choices and improving the translation of science to policy. We strongly urge the DGAC to recommend further changes to the food environment to improve the nutritional quality of foods and beverages that are widely available, affordable, marketed, and consumed.

Our recommendations related to dietary patterns recognize that most Americans consume too many calories, which has led to high rates of overweight and obesity. We encourage the DGAC to address three key contributors of excess calorie intake: restaurant foods, large portion sizes of high-calorie foods of low nutritional value, and sugar-sweetened beverages. We also encourage the DGAC to recognize that overall dietary pattern is largely 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, including higher intakes of vegetables, fruits, whole grains, high quality lower fat protein sources, healthy oils, and less added sugars, saturated fats, and sodium. The DGAC should continue to emphasize that nutrients should come from whole foods rather than fortified, processed foods or supplements.

We also 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, vegetables and fruits, and dairy.



Finally, the DGAC should ensure that the final set of evidence-based recommendations are accompanied by wrap-around education, easy-to-understand consumer tested messages, tools, and resources to help individuals meet recommendations more easily. The proposed updates to the Nutrition Facts Panel provides an example of the importance of education initiatives to ensure that consumers understand and use the information to select, prepare, and consume healthy foods and beverages.

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

Respectfully submitted,

A handwritten signature in black ink that reads "Joanne Ikeda".

Joanne Ikeda
SNEB President

I. Food Environment, Public Policy, and Nutrition Education

A. Strengthen the recommendations in Chapter 6 of the 2010 DGA regarding helping Americans to make healthy food choices. Improve the translation of science to policy and support changes in the food environment to improve the nutritional quality of foods and beverages that are widely available, affordable, marketed, and consumed.

Recommendation: The 2015 DGAC should build on the work of the 2010 DGA and further emphasize the important role of the food environment and public policy in the ability of Americans to meet the DGA recommendations. This discussion should include the role of education, promotion, resource development, and other mechanisms that allow one's environment to be represent one that allows consumers to meet the DGAC recommendations. The committee should strongly recommend that the 2015 DGA call on a wide range of stakeholders – including policy-makers at all levels of government, public health experts, the food and beverage industry, food retailers, media companies, schools, businesses, community-based organizations, and others – to work in partnership across sectors to change policies and environments, complemented with education and promotion efforts, to increase access to and promotion of healthy food and beverage options, while decreasing access to and promotion of less healthy food and beverage options.

Numerous public health and scientific authorities, including the Institute of Medicine (IOM),ⁱⁱⁱ Centers for Disease Control and Prevention (CDC),ⁱⁱⁱ Community Preventive Services Task Force,^{iv} President's Cancer Panel,^v U.S. Preventive Services Task Force,^{vi,vii,viii} Robert Wood Johnson Foundation,^{ix} American Heart Association,^{xxi} and American Cancer Society^{xiii} have recommended evidence-based strategies for reducing obesity, diet-related chronic diseases, improving nutrition, and increasing physical activity by changing policies, environments, and systems.

The 2010 DGA included, for the first time, an important discussion about the ecological framework for nutrition and physical activity decisions. This acknowledges that various factors, including individual factors, physical and social environments, spheres of influence, and social and cultural norms and values, influence individuals' choices about food and physical activity. The 2010 DGA laid the groundwork for more robust efforts in the policy and environmental realm. Additional research published since 2010 further supports the notion that individual food and nutrition choices are strongly influenced by social, economic, environmental, and cultural factors. For example, the Harvard School of Public Health highlights the role of policy and environmental changes as remedies for the obesity epidemic, and acknowledges the role that nutrition education plays amongst these tools. Using New York City's "Pouring on the Pounds" campaign as an example, the Harvard School demonstrates how social media and health promotion campaigns can amplify the effect of policy changes.^{xiii} Researchers in Mississippi found that, when faced with the task of implementing School Wellness Policies (SWPs), nutrition education enabled school teachers to move through the "unfreezing phase", meaning they were given enough

information to believe that change in the environment was needed and were able to perceive the benefits of SWPs.^{xiv}

Recent research by the Robert Wood Johnson Foundation-funded Bridging the Gap program also found that students gained less weight from fifth to eighth grade if they lived in states with strong laws for competitive food standards that were required, specific, and consistent across grade levels.^{xv} Students were also less likely to remain overweight or obese over time if they lived in states with strong laws.

The 2015 DGAC should review existing research, and call for additional research on how levels of knowledge, perception, attitudes, and behaviors toward food marketing, labeling, etc. contribute to food choices and consumption habits.

Education and promotion campaigns and initiatives should be an integral component of policy and environmental changes. An important part of our environment is the information people receive and digest, and how it is disseminated through various channels.

Effective nutrition education programs and materials are designed in collaboration with representatives of the intended audience and with researchers and specialists in communication science and consumer perceptions and behaviors. Community representatives are particularly valued for the insight they can share with program and material planners. This is especially critical when participants are from immigrant or minority communities. Programs and materials that are culturally sensitive to the traditions, values, customs and beliefs of the intended audience are much more apt to be effective than "one size fits all" programs. Program messages should be behaviorally oriented so participants clearly understand the behaviors that will improve their nutritional well-being. Behaviors promoted should be realistic given the resources of participants. Messages about behaviors should be clear and concise using vocabulary that is easily understood. Perhaps most importantly, messages should empower participants to feel competent and capable of making changes as valued members of society.

All in all, effective nutrition education increases the likelihood that policy, systems, and environmental changes will result in positive habits. Policy, systems, and environmental changes can also be used to influence physical activity opportunities and choices and reduce sedentary behavior.

Dietary Patterns

SNEB provides the following recommendations related to restaurant foods and portion sizes. While we have provided examples of consumer messages, we strongly recommend that the DGA 2015 policy report issued by USDA and HHS include explicit recommendations and easy-to-understand consumer messages and tips that help people

better understand, and put into context, the specific, evidence-based recommendations put forth by the DGAC.

B. Excess calorie intake continues to be a major challenge. The committee should provide strong advice on three key contributors: restaurant foods, large portion sizes of high-calorie foods of low nutritional value, and sugar sweetened beverages, which will be discussed under the “added sugars” portion of the “Foods, Beverages, and Nutrients” section that follows.

1. Restaurant Foods

Recommendation: As part of the recommendations for creating a food environment that supports healthy dietary choices, 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.

Foods served in restaurants and other away-from-home establishments generally are higher in calories than foods prepared at home.^{xvi} Not surprisingly, eating out more frequently is associated with obesity, higher body fatness, and higher BMI.^{xvii,xviii} On average, meals prepared in restaurants also have more saturated fat and sodium, and less dietary fiber than food prepared at home.^{xix} In addition, away-from-home foods make up a large part of Americans' diets. Given that adults and children consume an average of one-third of their calories from eating out,^{xx} the DGAC should call on USDA and HHS, and other stakeholders, to provide practical advice and messages for consumers on how to follow the *DGA* recommendations when eating at restaurants. Such messages could include:

- eating half or less of most meals;
- skipping appetizers and desserts;
- ask not to receive the bread or chips that sometimes come at the beginning of the meal;
- ordering “light” menu items; ordering low or no calorie beverages; and
- ordering vegetables instead of rice, potatoes, or pasta as a side dish.

In light of the upcoming calorie labeling on chain restaurant menus, 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.

2. Portion Sizes

Recommendation: 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, the DGAC should 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. Finally, the recent proposed updates to the Nutrition Facts Label include important updates to serving sizes – an area that the DGAC should support and comment FDA for including these important changes in their proposal.

A key strategy for managing calorie intake is to manage portion sizes both at home and away from home, but consumers are confused and need more information about what constitutes an appropriate portion size to be able to choose an appropriate amount of food to consume. Larger portions not only contain more calories, but are also typically higher in total fat and saturated fat.^{xxi} Portion sizes for soft drinks and pizza grew between 1977-1978 and 2003-2008 among all food sources (stores, restaurants, and fast food chains).^{xxii} Well-controlled clinical studies suggest that providing children and adults with larger food portions can lead to significant increases in energy intake.^{xxiii} 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.^{xxiv}

C. Stress that overall dietary pattern is more important than any specific food or nutrient.

SNEB provides the following recommendations regarding overall dietary patterns. While we have provided examples of consumer messages, we strongly recommend that the DGA 2015 policy report issued by USDA and HHS include explicit recommendations and easy-to-understand consumer messages and tips that help people better understand, and put into context, the specific, evidence-based recommendations put forth by the DGAC.

Recommendation: We recommend that the new guidelines include an emphasis on overall dietary patterns including the need for a comprehensive education and promotion initiative that conveys important information about appropriate portion sizes especially for food groups to encourage – fruits, vegetables, whole grains, and low fat dairy. Research has shown that individuals with higher diet scores representing healthy diet patterns have important reductions in their risk of major chronic disease incidence and mortality (e.g. cardiovascular disease and cancer).

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 these dietary patterns^{xxv} as acceptable models of healthy dietary

behavior as well as stress the importance of education and promotion initiatives to highlight the key messages. 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 and trans fat, and sodium.

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

Recommendation: The DGAC should continue to emphasize that nutrient needs be met primarily by consuming naturally nutrient-dense foods as part of an overall healthy dietary pattern. This approach is consistent with recommendations from the IOM,^{xxvi} American Cancer Society,^{xxvii} and others and research showing 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. For example, whole grains contain not only higher levels of dietary fiber than refined grains, but also contain other micronutrients and phytonutrients that would not be found in refined grain products to which manufacturers simply added fiber. Given the consumer confusion surrounding whole foods versus processed, and healthy versus unhealthy, clear, easy-to-follow messages are critical to help consumers understand food and ingredient labels in order to consume a healthy diet.

II. Foods, Beverages, and Nutrients

SNEB provides the following recommendations for specific nutrients and food components. While we have provided examples of consumer messages, we strongly recommend that the DGA 2015 policy report issued by USDA and HHS include explicit recommendations and easy-to-understand consumer messages and tips that help people better understand, and put into context, the specific, evidence-based recommendations put forth by the DGAC.

A. Sodium

Recommendation: 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. In addition, the DGAC should recommend easy-to-understand consumer messages that help consumers understand sodium limits, and the importance of reading labels since the majority of sodium comes from foods purchased and consumed outside of the home and not from in-home food preparation.

B. Added sugars

Recommendation: The 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, 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 and the American Heart Association, which recommend limiting added sugars to six to ten percent of calories, depending on calorie intake.^{xxviii,xxix} Similar levels were provided in the appendices of previous versions of the DGA. 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. In addition, the DGAC should recommend easy-to-understand consumer messages that help people understand how to limit added sugars and what to look for on food labels.

1. Sugar-sweetened beverages

Recommendation: Given that sugar-sweetened beverages make a unique direct contribution to obesity and other non-communicable diseases, and along with fruit drinks, sports drinks, and sweet teas, comprise the largest source of calories in Americans’ diets,^{xxx} we urge the DGAC to emphasize strongly that Americans should consume these beverages only rarely. In addition, the DGAC should provide consumer messages and recommendations for other beverages, such as water, to be consumed in place of sugar-sweetened beverages.

C. Dietary fats

1. Trans fatty acids

Recommendation: 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). Considering the FDA’s recent announcement on trans fat,^{xxxi} we encourage the DGAC to immediately (prior to publication of its report) urge the FDA to revoke approval for use of partially hydrogenated oil and get it out of the food supply as soon as possible.

2. Saturated fat

Recommendation: The DGAC should continue to advise Americans to replace foods rich in saturated fat with ones higher in monounsaturated or polyunsaturated fats. We encourage the DGAC to consider establishing a research priority question to determine whether there are additional health benefits to limiting saturated fat intake to 7 percent of total calories, as recommended by the American Heart Association.^{xxxii} In addition, the DGAC should include easy to understand consumer messages on ways people can 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

Recommendation: 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 include easy to understand consumer messages regarding the need for consumers to continue to reduce cholesterol intake, especially from cholesterol-rich eggs, such as by discarding some or all of the cholesterol-rich yolks when they cook at home, using egg substitutes, or by asking for egg-white omelets or other dishes made with eggs at restaurants.

D. Whole grains

Recommendation: 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.

- 1.** Clearly recommend that consumers reduce their overall grain intake. In 2010, the average American consumed 134 pounds of total grains per year, compared to 95 pounds per year in 1970.^{xxxiii} People may get the wrong idea when recommendations advise them to “Eat *more* whole grains,” as that message could lead people to overeat. The DGAC should clearly recommend that consumers replace refined grains with whole grains and reduce grain intake overall.
- 2.** Delete the advice to consume at least 3 ounce-equivalents of whole grains per day. Instead, focus on the percentage of whole grains advice. The 2010 DGA states that the minimum recommended amount of whole grains for most Americans is 3-oz equivalents per day.^{xxxiv} However, most consumers do not understand what an “ounce-

equivalent” of grain means, and ounce-equivalents for whole grains are not provided on food labels.

3. Continue to clearly and strongly recommend that consumers replace refined grains with whole grains. The *DGA* should advise consumers to look for 100% whole wheat bread, brown rice, rolled or steel-cut oats, or foods labeled “100% whole grain.” Furthermore, the *DGA* should warn consumers that foods with labels such as “8 grams of whole grains” may contain mostly refined grain. For example, 8 grams of whole grain in a 57 gram serving of uncooked pasta would be only 14% whole grain. Other items like whole-grain rich muffins or some ready to eat cereals also include more refined than whole grains, further misleading and confusing consumers. In addition, the DGAC should recommend improvements to whole grain labeling to help consumers follow the whole grain advice in the *DGA*.

E. Red and processed meats

Recommendation: 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 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

Recommendation: 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. The DGAC should also emphasize the importance of eating whole, unprocessed fresh, frozen, and canned fruits and vegetables with limited added sugars, fats, and sodium. When fruits and vegetables are served as juice or prepared with added fats, sodium, and sugars, their caloric density increases, while their nutrient density may decrease.

Lastly, we urge the DGAC to recommend strengthening the advice to consume fruits and vegetables as solids, rather than as juices. In addition to fruit juices, the market for vegetable juices and vegetable/fruit blend beverages is rapidly growing. People are less likely to compensate for liquid calories later, which can lead to weight gain.^{xxxv} Fruit and vegetable juice also does not contain as much fiber, a nutrient of public health concern from the 2010 DGA, as the fruit or vegetable in its whole form.

G. Dairy

Recommendation: 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).

According to the IOM, upper tolerable intake levels start at 2,000 mg calcium for men and women over 51,^{xxxvi} but there are no explicit limits on dairy consumption. People could exceed this level by consuming more than three servings of dairy foods along with calcium supplements and/or calcium-fortified products (e.g., orange juice), as seen in some studies on higher risk of prostate cancer. However, only 18 percent of men and 10 percent of women consume the recommended three or more servings of dairy a day, so the DGAC's cautions regarding calcium overconsumption should focus more on calcium supplements and calcium-fortified foods, where consumers are more likely to exceed recommendations.^{xxxvii}

Endnotes

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