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Dear Dr. Stoody, Dr. Klurfeld, Ms. de Jesus, Dr. Olson, and other federal officials tasked with updating the *Dietary Guidelines for Americans*:

The Childhood Obesity Prevention Coalition of Washington State (COPC) respectfully submits these comments to the U.S. Departments of Agriculture and Health and Human Services (the Departments) on the Scientific Report prepared for the 2020-2025 *Dietary Guidelines for Americans* (DGA) by the 2020 Dietary Guidelines Advisory Committee (DGAC).

The *Childhood Obesity Prevention Coalition* (COPC) was established in 2007 to provide guidance and leadership to decision makers that have the power to change our physical and social environments. Today, we claim 44 member organizations and the COPC has made healthy choices easier through healthy eating and active living strategies and initiatives. Overall, we strongly support the conclusions and recommendations in the report. The following comments provide additional explanation and recommendations for those tasked with finalizing the DGA.

TRANSPARENCY IN DEVELOPING THE 2020-2025 DGA

As recommended by the National Academies of Sciences, Engineering and Medicine, we urge the Departments to “provide the public with a clear explanation when the DGA omit or accept only parts of conclusions from the scientific report.”¹

Overall, the 2020 DGAC’s recommendations and conclusions reflect the preponderance of scientific evidence, and most of them should be adopted without reservation in the 2020-2025 DGA. However, should the Departments decide to omit or accept only part of a conclusion or recommendation, they

¹ National Academies of Sciences, Engineering, and Medicine. Redesigning the Process for Establishing the *Dietary Guidelines for Americans*. The National Academies Press. 2017:12. <https://doi.org/10.17226/24883>.

have a duty to explain their rationale to the public. Exercising transparency in this way will help to ensure accountability so that public health, not politics, is the primary driver for updating the DGA.

DIETARY PATTERNS ACROSS THE LIFESPAN

We welcome the 2020 DGAC’s attention to dietary patterns within and across life stages to support health and wellness. As in the 2015-2020 DGA, following a healthful dietary pattern across the lifespan should be the foundation of the advice in the 2020-2025 DGA.

Expanding the scope of the DGA to include women who are pregnant and/or lactating, infants, and toddlers is an important step toward more comprehensive and consistent efforts to promote health across the lifespan, including education, research, and policies.

With respect to dietary patterns, the 2020 DGAC’s review expands on previous committees’ reviews, demonstrating that evidence linking dietary patterns to health outcomes has increased significantly. Specifically, evidence has strengthened in favor of a dietary pattern that is higher in vegetables, fruits, nuts, legumes, whole grains, seafood, low- and non-fat dairy foods, and unsaturated vegetable oils, while being lower in red and processed meats, saturated fatty acids and cholesterol, and beverages and foods with added sugars. We support the 2020 DGAC’s conclusions that the core elements of this dietary pattern are:

- strongly linked to lower risk of all-cause mortality;
- linked to reduced risk of cardiovascular disease, type 2 diabetes, obesity, bone health, and several cancers;
- associated with reduced risk of poor maternal-fetal outcomes in women who are pregnant; and
- appropriate from age 2 to older adulthood.

The 2020-2025 DGA should add red and processed meats to the list of components to limit in a healthy eating pattern.

We note that the 2015 DGAC’s review of the evidence found strong or moderate evidence for associations between dietary patterns high in red and processed meat intake and increased risk of cardiovascular disease, colorectal cancer, measures of body weight or obesity, and type 2 diabetes. Further, the International Agency for Research on Cancer concluded in 2015 that processed meats are “carcinogenic to humans” and red meats are “probably carcinogenic to humans.”² Despite these conclusions, the 2015-2020 DGA did not include a recommendation to lower consumption of red and processed meat, except for teen and adult males.

In 2018, the American Institute for Cancer Research also identified strong evidence that consuming red meat and processed meat increases the risk of colorectal cancer.³ The 2020 DGAC’s conclusions contribute additional support for limiting red and processed meat as part of a healthy dietary pattern in relation to all-cause mortality, bone health, and pregnancy outcomes. We therefore urge the Departments to explicitly advise limiting red and processed meat in the definition of a healthy dietary pattern in the 2020-2025 DGA. This advice would be consistent in part with Canada’s Dietary

² World Health Organization: International Agency for Research on Cancer. IARC Monographs Evaluate Consumption of Red and Processed Meat. October 26, 2015. http://www.iarc.fr/en/media-centre/pr/2015/pdfs/pr240_E.pdf.

³ American Institute for Cancer Research, World Cancer Research Fund. Meat, Fish, and Dairy Products and the Risk of Cancer. *Diet, Nutrition, Physical Activity and Cancer: A Global Perspective*, 2018. <https://www.wcrf.org/dietandcancer/exposures/meat-fish-dairy>.

Guidelines, which categorize processed meats among highly processed foods that “undermine healthy eating and should not be consumed regularly.”⁴

BIRTH TO 24 MONTHS

We strongly support the 2020 DGAC’s recommendations to:

- Encourage exclusive breastfeeding, ideally for the first 6 months of life, with continued breastfeeding through the first year of life or longer as desired by the mother and infant.
- Encourage the broader implementation of policies and programs that promote, protect, and support breastfeeding to benefit both the health of the mother and the infant.

The 2020-2025 DGA should also clearly advise that in the absence of breastfeeding, or after breastfeeding is discontinued, infant formula is the only acceptable replacement for human milk until 12 months of age.

These recommendations are supported by a broad consensus among public health organizations and experts and evidence demonstrating health benefits for the child and the mother. The American Academy of Pediatrics and the World Health Organization recommend that infants be exclusively breastfed for about the first six months of life and then continue to be breastfed with the introduction of appropriate complementary feeding until at least one⁵ or two years⁶ of age.

Many practical barriers, including the lack of appropriate policy supports for mothers and infants, may encroach upon the desire or ability of mothers to initiate or continue breastfeeding. Some parents adopt children, for example, while many others may find it exceedingly difficult, are unable, or choose not, to exclusively breastfeed their biological children. To support mothers in making the best choice, the 2020-2025 DGA should identify strategies to support breastfeeding and reduce disparities in breastfeeding initiation and duration related to geography, income, race, and education.

We agree with the 2020 DGAC’s recommendation that complementary foods and beverages should not be introduced to infants before 4 months of age.

We urge the Departments to state in the 2020-2025 DGA that complementary foods and beverages be introduced when the infant is developmentally ready, sometime after four months of age; ideally introduction of complementary foods and beverages will coincide with about six months of exclusive human milk feeding. There is consensus among the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition, the American Academy of Pediatrics, and Healthy Eating Research⁷ infant feeding guidelines that complementary foods and beverages should be introduced when the infant is developmentally ready, with the acknowledgement that this varies from infant to infant.⁸

⁴ Health Canada. Foods and Beverages that Undermine Healthy Eating. *Canada’s Dietary Guidelines for Healthy Professionals and Policymakers*. 2019. <https://food-guide.canada.ca/static/assets/pdf/CDG-EN-2018.pdf>.

⁵ American Academy of Pediatrics. Breastfeeding and the Use of Human Milk. *Pediatrics*. 2012;129:e827-41.

⁶ World Health Organization. Infant and Young Child Feeding. February 16, 2018. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>; World Health Organization. *Global Strategy for Infant and Young Child Feeding*. 2003.

⁷ A national program of the Robert Wood Johnson Foundation.

⁸ Fewtrell M, et al. Complementary Feeding: A Position Paper by the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) Committee on Nutrition. *J Pediatr Gastroenterol Nutr*. 2017;64:119-132; American Academy of Pediatrics. Complementary Feeding. In: Kleinman R, Greer F, eds. *Pediatric Nutrition* 2019: 163-188.; Perez-Escamilla R, Segura-Perez S, Lott M. *Feeding Guidelines for Infants and Young Toddlers: A Responsive Approach*. Healthy Eating Research. 2017. <http://healthyeatingresearch.org>

Introduction of complementary foods also should not occur later than 7 months of age. After 7 months of age, breast milk or infant formula alone will not meet the growth and developmental needs of infants, and delayed introduction may also result in feeding difficulties.⁹

We concur with the 2020 DGAC that nutrient-dense complementary foods from all food groups, including meats, eggs, fish, fruits, vegetables, dairy, and whole grains, should be introduced in the second six months of life “to provide key nutrients, foster acceptance of a variety of nutritious foods, and build healthy dietary habits.”

This advice is aligned with authoritative recommendations from the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition, the American Academy of Pediatrics, Healthy Eating Research, and Health Canada.¹⁰

We strongly support the 2020 DGAC’s recommendation that children avoid foods and beverages with added sugars during the first 2 years of life.

This advice is consistent with the guidance of several leading health authorities.¹¹ The American Heart Association has concluded that there is strong evidence that sugar-sweetened beverage (SSB) intake in childhood leads to excess weight gain.¹² Consuming SSBs and foods with added sugars in the first two years of life is also likely to displace nutrient-dense foods.¹³ Further, at least one study in U.S. children showed that frequent consumption of SSBs (≥ 3 times per week) in infancy was associated with a significantly increased risk of dental caries at age six.¹⁴

Advice in the 2020-2025 DGA should explicitly identify flavored milks and so-called “toddler milks” as beverages to avoid for children aged 0 to 5. The recent consensus statement published by Healthy Eating Research recommends that young children avoid flavored milks and toddler milks.¹⁵ Flavored milks are sources of added sugars and excess calories, while toddler milks offer no unique nutritional value and may contribute added sugars to the diet.

⁹ Northstone K, et al. The Effect of Age of Introduction to Lumpy Solid Foods Eaten and Reported Feeding Difficulties at 6 and 15 Months. *J Hum Nutr Diet.* 2001;14:43-54.

¹⁰ Perez-Escamilla, 2017: 36-37; Fewtrell, 2017; American Academy of Pediatrics, 2019; Health Canada, Canadian Paediatric Society, Dietitians of Canada, Breastfeeding Committee for Canada. *Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months.* 2014. <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months/6-24-months.html>

¹¹ Perez-Escamilla, 2017; Lott M, et al. *Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations. Technical Scientific Report.* Healthy Eating Research. 2019; Vos MB, et. al. Added Sugars and Cardiovascular Disease Risk in Children. A Scientific Statement from the American Heart Association. *Circulation.* 2017; 135:e1017-34; Fidler N, et al. Sugar in Infants, Children and Adolescents: A Position Paper of the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition Committee on Nutrition. *J Pediatr Gastroenterol Nutr.* 2017;65:681-696.

¹² Vos, 2017; Fidler, 2017.

¹³ Fidler, 2017; Vos, 2017.

¹⁴ Park S, et al. Association of Sugar-Sweetened Beverage Intake during Infancy with Dental Caries in 6-year olds. *Clin Nutr Res.* 2015;4:49-17.

¹⁵ Lott, 2019; Defined as “Milk drink supplemented with nutrients and often containing added sugars. These products are marketed as appropriate for children ages 9 to 36 months, and may be marketed as ‘transition formulas,’ ‘follow-on formulas,’ or ‘weaning formulas’ for children 9 to 24 months and ‘toddler milk,’ ‘growing-up milk’ or ‘young child milk’ for children 12 to 26 months.”

The 2020-2025 DGA should adopt authoritative guidance about other dietary components that should be limited in the first two years of life, including:

- Infants younger than one year of age should not consume cow’s milk and plant-based milk alternatives.¹⁶
- Juices (with no added sugars or other sweeteners) should not be introduced into the diet before 12 months of age and should be limited to no more than four ounces per day in toddlers one to three years of age.¹⁷
- Complementary foods with added salt, whether homemade or commercially prepared, should be avoided in the first year of life and limited thereafter to prevent children from developing preferences for salty foods.¹⁸
- Children aged 0 to 5 should avoid beverages with no- or low-calorie sweeteners and beverages with caffeine, based on the rationale that there is too little evidence to determine safe levels of consumption of these additives during this critical period of development.¹⁹

INDIVIDUALS AGED 2 YEARS AND OLDER

We urge the Departments to incorporate into the 2020-2025 DGA the 2020 DGAC’s recommendation to reduce added sugars to less than 6 percent of calories.

This recommendation is consistent with those of other major health authorities. The World Health Organization advises both adults and children to reduce “free sugars” to less than 10 percent of calories and states that “a reduction to 5 percent of total energy intake would provide additional health benefits.”²⁰ The American Heart Association’s recommended limits on added sugars—no more than 100 calories of added sugars per day for children and women and no more than 150 calories per day for men—are roughly equal to 5 percent of calories for many people in each group.²¹

The 2020-2025 DGA should also include advice to:

- drink water (plain, carbonated, and unsweetened flavored) as a primary beverage;
- clarify that low and no-calorie sweetened beverages (LNCSBs) may be consumed by adults instead of sugar-sweetened beverages (SSBs), emphasizing that water is preferred to either LNCSBs or SSBs; and
- advise against consumption of LNCSBs by children.

SSBs are associated with adiposity, as the 2020 DGAC acknowledges. Recent scientific advisories recommend against LNCSBs for children, including an expert consensus statement issued in 2019 on behalf of the American Heart Association (AHA), the Academy of Nutrition and Dietetics, the American

¹⁶ Fewtrell, 2017; American Academy of Pediatrics, 2019; Health Canada, 2014; Lott, 2019.

¹⁷ Lott, 2019; Fidler, 2017; Heyman MB, et al. Fruit Juice in Infants, Children, and Adolescents: Current Recommendations. *Pediatrics*. 2017;139:e20170967.

¹⁸ Fewtrell, 2017; American Academy of Pediatrics, 2019; Health Canada, 2014; Fidler, 2017; Perez-Escamilla, 2017.

¹⁹ Lott, 2019.

²⁰ World Health Organization. *Sugars Intake for Adults and Children*. 2015.

https://www.who.int/nutrition/publications/guidelines/sugars_intake/en/

²¹ Van Horn L, et al. Recommended Dietary Pattern to Achieve Adherence to the American Heart Association/American College of Cardiology (AHA/ACC) Guidelines: A Scientific Statement from the American Heart Association. *Circulation*. 2016;134(22):e505-e529; Johnson RK, et al. Dietary Sugars Intake and Cardiovascular Health: A Scientific Statement from the American Heart Association. *Circulation*. 2009;120(11):1011-20; Vos MB, et al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement from the American Heart Association. *Circulation*. 2017;135(19):e1017-e1034.

Academy of Pediatrics, and the American Academy of Pediatric Dentistry on healthy beverages for children aged 0 to 5,²² and a 2018 AHA Scientific Advisory.²³ The 2020 DGAC did not examine endpoints other than adiposity for LNCSBs nor did it consider the differences between low or no calorie sweeteners in terms of their safety profiles, data gaps, usage, or exposure; these should be considered by future DGACs. For example, the Center for Science in the Public Interest has particular concerns about the safety of aspartame as well as cumulative effects from sugar alcohols, polydextrose, and allulose on laxation and gastrointestinal distress, especially for children.²⁴

We urge the Departments to incorporate into the 2020-2025 DGA the 2020 DGAC’s recommendation to reduce saturated fats to less than 10 percent of calories and to replace saturated fats with unsaturated fats, especially polyunsaturated fats.

As the 2020 DGAC concluded, strong evidence demonstrates that replacing saturated fats with polyunsaturated fats reduces LDL cholesterol and the risk of coronary heart disease and cardiovascular mortality. This conclusion is consistent with those of other health authorities, including the World Health Organization,²⁵ the American Heart Association, and the American College of Cardiology.²⁶ The European Society of Cardiology has concluded that LDL is a cause of cardiovascular disease.²⁷ An American Heart Association advisory concluded that replacing saturated fats with polyunsaturated fats reduced cardiovascular disease risk by 30 percent in randomized controlled trials.²⁸ Most recently, a 2020 Cochrane review of randomized controlled trials that lasted at least two years concluded that reducing saturated fats lowers the risk of cardiovascular events by 21 percent.²⁹

SODIUM

We expect the Departments to adopt, without reservation, the National Academies of Sciences, Engineering, and Medicine (NAEM) recommendations for limiting daily sodium intake across the lifespan in the 2020-2025 DGA. The new Chronic Disease Risk Reduction (CDRR) intake for sodium reinforces the current DGA limit of 2,300 mg per day for Americans aged 14 and above, with lower limits of 1,200 to 1,800 mg per day for younger children.³⁰

²² Lott, 2019.

²³ Johnson RK, et al. Low-Calorie Sweetened Beverages and Cardiometabolic Health: A Scientific Advisory from the American Heart Association. *Circulation*. 2018;138:e126-e140.

²⁴ Center for Science in the Public Interest. Chemical Cuisine. <https://www.cspinet.org/eating-healthy/chemical-cuisine>.; Comments of the Center for Science in the Public Interest (CSPI) on The Declaration of Allulose and Calories from Allulose on Nutrition and Supplement Facts Labels, Draft Guidance for Industry. June 17, 2019. <https://cspinet.org/sites/default/files/attachment/allulose%20final%20from%20CSPI.pdf>.

²⁵ World Health Organization. Healthy Diet. April 29, 2020. <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>.

²⁶ Eckel RH, et al. 2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol*. 2014;63(25 Pt B):2960-84.

²⁷ Ference BA, et al. Low-Density Lipoproteins Cause Atherosclerotic Cardiovascular Disease. 1. Evidence from Genetic, Epidemiologic, and Clinical Studies. A Consensus Statement from the European Atherosclerosis Society Consensus Panel. *Eur Heart J*. 2017;38(32):2459-72.

²⁸ Sacks FM, et al. Dietary Fats and Cardiovascular Disease: A Presidential Advisory From the American Heart Association. *Circulation*. 2017;136(3):e1-e23.

²⁹ Hooper L, et al. Reduction in Saturated Fat Intake for Cardiovascular Disease. *Cochrane Database Syst Rev*. 2020;5:CD011737.

³⁰ National Academies of Sciences, Engineering, and Medicine. 2019. *Dietary Reference Intakes for Sodium and Potassium*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25353>.

As the 2020 DGAC found, sodium is overconsumed by approximately 90% of Americans aged 1 and older, with the average adult consuming about 3,400 mg per day. The NASEM identified strong evidence that reducing sodium intakes above the CDRR would reduce chronic disease risk among the apparently healthy population.³¹

INCORPORATING POLICY, SYSTEMS, AND ENVIRONMENTAL STRATEGIES TO SUPPORT HEALTHY EATING PATTERNS

The 2020-2025 DGA should build on the 2015-2020 DGA’s policy, systems, and environmental strategies to support healthy eating patterns.

The 2020 DGAC astutely points out that “the typical American dietary pattern is not currently nor has it ever been aligned with recommendations issued by the *Dietary Guidelines for Americans* since their inception in 1980.” There are many environmental and structural factors that influence Americans’ ability to follow the DGA, including systemic disadvantages related to race and socioeconomic status. Indeed, to make the DGA applicable in an equitable way, particular attention to the barriers faced by low-income households, Black, Hispanic, and Indigenous communities, and other socially at-risk populations is needed.

The 2015-2020 DGA reflects this need in part, with the key recommendation to “Support healthy eating patterns for all.” We urge the Departments to expand upon the strategies listed in the 2015-2020 DGA³² with the following policy and environmental change recommendations:

- Make healthy foods and beverages accessible and affordable;
- Limit access to high-calorie, nutrient-poor foods and sugar-sweetened beverages in public places;
- Encourage healthy eating and physical activity in child care and education settings;
- Within schools, maintain comprehensive school meal guidelines that increase intake of vegetables, fruits, and whole grains, and limit sodium and saturated fat, and incorporate guidelines to limit added sugars; make drinking water freely available throughout the day; prohibit marketing of unhealthy foods; eliminate all sugar-sweetened beverages;
- In food retail settings, shift in-store marketing from unhealthy to healthy options to support rather than undermine healthy eating, including through placement, pricing, and promotion;
- Strengthen retailer stocking standards for the Supplemental Nutrition Assistance Program, requiring stores to stock a wider variety of foods, including more perishable foods;
- In restaurants, shift menus, portion sizes, marketing, pricing, and other promotions to provide and support healthier options of food and beverages, especially for children;
- Implement Front-of-Package labels that help consumers make healthy choices;
- Align nutrition policies, agriculture policies, and nutrition assistance programs with the DGA and transform the food system to promote population health;
- Reduce added sugars by taxing sugary drinks or other measures;
- Reduce sodium in the food supply by releasing the short- and long-term voluntary sodium reduction targets for industry;
- Expand access to and use of healthy built environments and make physical activity accessible, affordable, and safe;

³¹ National Academies, 2019.

³² Chapter 3: Everyone Has a Role in Supporting Healthy Eating Patterns

We urge the Departments to adopt strategies to implement the 2020-2025 DGA in ways that support the long-term sustainability of the food system.

The stated goal of the DGA is “to make recommendations about the components of a healthy and nutritionally adequate diet to help promote health and prevent chronic disease for current and future generations.” The federal government has an obligation to protect the health of future generations by following the best available evidence to support sustainable food systems.

The 2015 DGAC found consistent evidence that a dietary pattern higher in plant-based foods is both beneficial for health and associated with lesser environmental impact, including greenhouse gas emissions and energy, land, and water use, than the average U.S. diet. However, the topic of sustainability was ultimately excluded from the 2015-2020 DGA.

Despite the rapid growth of scientific research on sustainable diets and the growing urgency of protecting long-term public health and future food security, the 2020 DGAC was not tasked with revisiting this topic.³³ Regardless, in response to current research and overwhelming public comments, the 2020 DGAC has again recognized the importance of sustainability, saying that the federal government must “support efforts to consider the *Dietary Guidelines* in relation to sustainability of the food system.”

Thank you for your consideration of our comments. For more information, please contact: Victor Colman at vic@copcwa.org.



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³³ Reinhardt SL, et al. Systematic Review of Dietary Patterns and Sustainability in the United States. *Adv Nutr.* 2020;11(4):1016-31.