



Association of State Public Health Nutritionists
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January 13, 2020

Barbara Schneeman, PhD
Chair, 2020-2025 Dietary Guidelines Advisory Committee
c/o Eve Stoody, PhD
Designated Federal Officer
Center for Nutrition Policy and Promotion, Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 1034
Alexandria, VA 22301

Re: 2020 Dietary Guidelines Advisory Committee Request for Comments [Docket FNS-2019-0001]

Dear Doctor Schneeman:

The Association of State Public Health Nutritionists (ASPHN), an Affiliate of the Association of State and Territorial Health Officials, is composed of more than 400 public health nutritionists leading statewide nutrition programs in all 50 states, the District of Columbia and five U.S. territories.

ASPHN's vision is healthy eating and active living for everyone. Our mission is to strengthen nutrition policy, programs and environments for all people through development of public health nutrition leaders and collective action of members nationwide. ASPHN is comprised of registered dietitians, nutritionists, and other health professionals who are closely involved in the implementation of federal nutrition programs. Our collaborative network includes public health programs and providers who play critical roles in delivering public health messages and nutrition programs. These include those in public health nursing, dental health, chronic disease prevention programs and local level agencies who work directly and indirectly with the public. More information about ASPHN members and resources is available on the web at www.asphn.org and on Facebook at www.facebook.com/asphn.

The Association of State Public Health Nutritionists (ASPHN) appreciates the opportunity to share our experience with the Dietary Guidelines Advisory Committee (Committee). ASPHN members have worked to implement the Dietary Guidelines for Americans (*DGA*) since they were first issued in 1980, so we see the 2020 revision as having the potential to make a difference in the success of programs in our states. By working in large nutrition programs funded by the federal government, states and private sources, our members partner with a wide variety of academic, professional, voluntary, community, and business institutions. We have used this long experience to identify seven recommendations that would increase the impact of the *2020 Dietary Guidelines for Americans (2020 DGA)* on public health.



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ASPHN is very concerned that—in spite of successively more refined *DGA* recommendations—there has been little improvement in measures of diet quality or diet-related health. The U.S. dietary patterns score as measured by the Healthy Eating Index (HEI) has risen only 5% over the last decade.⁽¹⁾ Over nearly 20 years, obesity rates rose about 30% in adults and youth, to nearly 40% of adults and 19% of youth.⁽²⁾

By 2030 nearly half of U.S. adults are likely to have obesity, prevalence will exceed 50% in 29 states, and severe obesity will exceed healthy weight to become the most common BMI category among women, African American and low-income adults.⁽³⁾ The best estimates of direct medical care costs for the three most prevalent diet-related diseases and obesity exceed \$700 billion⁽⁴⁾, while the cost of food insecurity was estimated to reach at least \$160 billion in 2014.⁽⁵⁾ In sum, international comparisons show that, ‘*Compared with other developed and many developing nations, the United States continues to rank at or near the bottom in indicators of mortality and life expectancy while continuing to exceed other countries in health spending*’.⁽⁶⁾

To change the trajectory of American’s health status, quality of life, and national costs, the rate of dietary improvement must be accelerated. Economic modeling forecasts that a 20% improvement in the HEI-2015 could save over \$30 billion through reductions in cardiovascular disease, type 2 diabetes and certain cancers, while an 80% improvement could save \$55 billion.⁽⁷⁾ Similarly, annual cost savings associated with a 20% conformance with the Healthy Mediterranean-Style Eating Pattern (MEP) is estimated to save over \$16 billion, while a shift to 80% conformance with the MEP could save \$88 billion.^(8,9) For example, between 2015-2017 the HEI-2015 scores for low-income moms, youth and children increased 5.3%, 4.2% and 5.0%, respectively, in California, a state with long-running, large-scale, multi-component, multi-level interventions⁽¹⁰⁾, as compared with 5% nationwide for US adults from 2005-2006 and 2013-2014. Keeping in mind, that although this accelerated increase is an amazing accomplishment, at this rate it will still take at least twenty years to move the population-based HEI-2015 to a score of 80 out of 100 points. If the *2020 DGA* is intended to guide the country toward achieving significant health benefits, then it must contain strong recommendations to support large-scale, theory-driven, experience-based interventions.

Therefore, ASPHN recommends the Committee take the seven following actions:

Expand the scientific data used to construct the *2020 DGA* by drawing from a full array of available evidence, not solely U. S. Department of Agriculture (USDA) reviews. The types of studies to consider should include epidemiologic studies, evidence reviews from authoritative outside bodies, meta-analyses, published reports of community interventions, and the gray literature, including grantee reports from USDA, CDC, other government and foundation-funded interventions. CDC maintains updated information about its research, state and local programs and proven strategies at on its website, as does USDA.^(11,12) For example, the *SNAP-Ed Toolkit of Obesity Prevention*



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Interventions is a searchable compendium of over 130 evidence-based interventions found effective with low-income audiences and in low-resource settings (USDA, 2019). The interventions were funded by a variety of governmental, foundation, and private sources, not solely USDA.

ASPHN members trust and use dietary and physical activity recommendations from a wide variety of authoritative organizations. These include, but are not limited to, the country's major disease-specific voluntary health organizations and advocacy bodies such as the American Heart Association, American Cancer Society, American Diabetes Association, Academy of Nutrition and Dietetics, Bread for the World, the Center for Budget and Policy Priorities, the Center for Science in the Public Interest, Feeding America, the Food Research and Action Center, the Kaiser Family Foundation, the National WIC Association, the Robert Wood Johnson Foundation, Share Our Strength, the UCONN Rudd Center for Food Policy and Obesity, and the Union of Concerned Scientists.

Use the Social Ecological Model as an organizing framework for recommendations in the 2020 DGA. This includes identifying leverage points for influencing behavior on a population scale at all five levels of influence, not solely advice to individuals. The theory-based Social Ecological Model has long guided grant decisions for the nation's largest federal nutrition programs. ^(13, 14, 15) In the *2020 DGA* this would mean identifying the most meaningful influences and adding recommended actions to support positive change at the *interpersonal level*, such as among social networks; at the *institutional/organizational level* such as schools, workplaces, food stores, restaurants, parks, and other sites where food and activity decisions are made; at the *community level*, for factors affecting whole communities such as the built, economic, media and commercial environments; and at the *structures and systems level* which reflect policy decisions and systems changes by entities within the public, non-profit and private sectors.

Emphasize policy, systems and environmental change (PSE) approaches as a means of achieving goals of the 2020 DGA. As supported in theory using the Social Ecological Model, improvements that make the healthy choice the easy choice are needed wherever food and activity decisions are made. In other words, to successfully improve dietary intake, policy, systems, and environments (PSE) must support healthy behaviors. ^(16, 17) PSE strategies have been successfully used nationwide. Centers for Disease Control and Prevention (CDC) grantees reported that food service guidelines were introduced in over 10,000 early childhood education facilities, over 2,300 worksites, and nearly 300 community settings such as parks, concession stands, community centers, sports stadiums, and restaurants implemented food service guidelines between 2012-2017. The grantees helped over 2,200 communities develop or adopt transportation plans. Breastfeeding promotion practices were adopted by nearly 500 birthing facilities, 140 hospitals were designated as Baby-Friendly, and over 2,600 community sites and nearly 2,000 employers introduced new measures to support breastfeeding. ⁽¹⁸⁾ For the period



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2000-2010, states with CDC's Prevention Division of Nutrition, Physical Activity, and Obesity (DNPAO) grants had higher odds of decreasing obesity rates than did other states.⁽¹⁹⁾ In the large USDA Supplemental Nutrition Assistance and Education Program (SNAP-Ed), grantees reported that in 2017 new PSE strategies were conducted in about 35,000 low-resource community sites (USDA Education and Administration Reporting System (EARS), personal communication). The *2020 DGA* should acknowledge such results and recommend scaling-up PSE efforts in order to reach a larger proportion of the American population.

With excessive levels of sodium being dominant in the American food supply, systematic, large-scale approaches that reduce salt content in pre-prepared and restaurant foods are critical. Cutting-edge projects such as those being pioneered at the Drexel Culinary Lab, the University of Arkansas, the Los Angeles County Department of Public Health, and the County of San Diego's Health and Human Services Agency have reported remarkable reductions in sodium. Respectively, they have pioneered approaches that could be scaled up for commercially-processed foods, school meals, worksite and university food service, and congregate meals for seniors.^(20, 21)

The *2015 DGA* recommended that Americans reduce their intake of added sugar. Sugar-sweetened beverages (SSBs) are the single largest source of added dietary sugar⁽²²⁾ and more money is spent on soft drinks than any other item in Americans' household food budget.⁽²³⁾ As a result, many authorities have recommended that an array of PSE strategies be used in schools, cities, counties, states and entire countries to lower the consumption of SSBs. By reducing the sale and consumption of SSBs, they believe that national goals to slow the rates of increase in obesity and other health problems can be achieved.^(24, 25, 26, 27, 28)

It is estimated that in 2019, the soft drink industry spent well over \$5 billion to advertise its products⁽²⁹⁾ and large amounts of advertising and promotion are directed to children, youth, and communities of color.⁽³⁰⁾ To reduce SSB intake will require strong recommendations in the *2020 DGA*.

Highlight social marketing campaigns as a means of bringing together efforts of public, non-profit and industry organizations to help Americans reach recommendations in the *2020 DGA*. Social marketing campaigns are considered to be effective, efficient and appropriate for dietary change because they can adapt methods used by commercial food marketing, focus on specific dietary behaviors, tailor messages to specific audiences, bring like-minded stakeholders together, and build on existing programs, thereby resulting in synergies that yield collective impact at a very low cost.^(31, 32) Early examples of large social marketing campaigns included the *National 5 A Day Program* to promote fruits and vegetables and *VERB™* which increased physical activity in youth.^(33, 34) A review of 13 nationally branded campaigns (1990-2016) identified common measures of success and urged wider adoption of social marketing for large-



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scale changes in healthy eating. ⁽³⁵⁾ The nationwide initiative, *Let's Move! Salad Bars to Schools*, provided nearly 6,000 salad bars to needy schools, benefitted nearly 3 million students, and helped secure ongoing Congressional funding for school kitchen equipment. ^(36, 37) At present at least 61 different social marketing campaigns are being run by 33 states to reach low-income families with children. ⁽³⁸⁾ The *2020 DGA* should support greater use of social marketing approaches to help Federal programs increase their impact and meet new requirements to improve coordination nationally ^(39, 40) and in states. ⁽⁴¹⁾

Ensure that recommendations in the 2020 DGA align with environmental conditions that ensure food security for future generations. Increasing temperatures, changes in precipitation patterns, and more severe weather events will directly affect agriculture, food security and human health of our nation and virtually all states. ^(42, 43, 44) As concluded in the Scientific Report of the 2015 Dietary Guidelines Advisory Committee, dietary patterns that are higher in plant-based foods, such as vegetables, fruits, whole grains, legumes, nuts, and seeds, and lower in animal-based foods are more health-promoting and associated with fewer adverse environmental impacts such as emissions of greenhouse gases and excess use of energy, land, and water, than is the current average U.S. diet. ⁽⁴⁵⁾ It is important to not only encourage the U.S. population to shift towards a healthful dietary pattern but also to recognize how food choices can improve environmental conditions and sustain a healthy food supply.

Recommend new partnerships between federal researchers and practitioners, including to develop more comprehensive and timely monitoring systems. Research and evaluation initiatives with 'the field' are needed to help address the complexities faced by large-scale community-based interventions and state/local policy initiatives. New methods and monitoring systems are essential to track progress toward healthy eating, physical activity, and obesity prevention in real time and thus enable practitioners to continually improve their efforts. For example, the Measures Registry of the National Coalition for Childhood Obesity Research is a years-long, multi-sector initiative to identify valid and reliable instruments for researchers and practitioners to measure change in dietary and physical activity behaviors and environments. However, it contains relatively few instruments to measure change in the food environment and none that can track progress in larger-scale efforts by whole systems, communities, or regions of the country. ⁽⁴⁶⁾ The US National Nutrition Monitoring System is neither comprehensive nor timely. ⁽⁴⁷⁾ The shortage of reliable instruments and adequate monitoring systems hampers efforts of stakeholders to work together and understand which efforts are most effective to improve the diets of Americans.

Recommend closer alignment between the federal investment in public health interventions with the costs attributable to unhealthy eating patterns in the U.S. A contributor to the poor progress in achieving *DGA* goals is that the federal investment in prevention research and intervention programs does not reflect the growing evidence that large-scale community interventions help accomplish recommendations of the *DGA*. An assessment at the National Institutes of Health revealed that only 6.7% of its funding



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from 2012-2017 supported prevention research on dietary risk, while 19% of deaths and 10% of lost disability-adjusted life-years (DALYs) are attributable to poor diet. ⁽⁴⁸⁾ Similarly, the country's largest federal community nutrition programs totaled about \$900 million at USDA in 2017 ⁽⁴⁹⁾ and \$109 million at CDC in 2019 ⁽⁵⁰⁾ which was minuscule in comparison to the \$700 billion in medical costs attributed to failure to achieve dietary recommendations. ⁽⁵¹⁾ Strategically coordinating the efforts of USDA's nutrition assistance programs to reduce rates of food insecurity such as using the Thrifty Food Plan to calculate SNAP benefits, expanding fruit and vegetable incentive programs, and strengthening nutrition education and public health approaches could add further to these savings ^(52, 53) thereby leveraging the assets and impact this investment.

It is critical to accompany the increasingly sophisticated recommendations about nutritional science in the 2020 DGA with much more robust recommendations for nutrition policy and programming. The adoption of the seven recommendations above will do so. ASPHN urgently recommends that the Committee incorporate these approaches and use the 2020 revision as an opportunity to marry basic science with the growing body of intervention science in order to realize the potential for large-scale gains in public health through improved nutrition.

Our members appreciate the opportunity to contribute to the *2020 DGA* process and will stand ready to help achieve its goals.

With regards,

Diane Golzynski, PhD, RD
President, ASPHN Board of Directors

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