



Association of State Public Health Nutritionists
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Subject: Recommendations for the 2020 *Dietary Guidelines for Americans*

Dear Doctors Stoody, Krefeld, de Jesus, and Olson:

The Association of State Public Health Nutritionists (ASPHN), respectfully offer our comments to the U.S. Departments of Agriculture and Health and Human Services (the Departments) on the 2020 Dietary Guidelines Advisory Committee's (DGAC) Scientific Report concerning the 2020-2025 Dietary Guidelines for Americans (DGA).

ASPHN is an Affiliate of the Association of State and Territorial Health Officials, and is composed of more than 500 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 to help guide implementation of the 2020 *Dietary Guidelines for Americans* (DGA). Our members have been working with the successive editions of the DGA since their introduction in 1980 and offer these eight recommendations to increase the DGA's impact over the next five years.



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In its evidence review, the DGAC summarizes the well-documented relationships between diet quality, multiple serious and costly chronic diseases, health care costs, disparities among many population segments, and the lack of significant population-wide progress toward healthier eating in the United States. ⁽¹⁾ Adding to the urgency, the Committee noted that *‘these parallel epidemics, one non-infectious (obesity and diet-related chronic diseases) and one infectious (COVID-19), appear to be synergistic [and] those at risk for the most serious outcomes of COVID-19 are people afflicted by diet-related chronic diseases... consequences of physical isolation and financial disruption ...[have led] to significant increases in food insecurity and hunger, further increasing susceptibility to both infectious and diet-related chronic diseases [and exposing] interrelationships between chronic diseases, COVID-19, and social determinants of health [emphasizing] the critical importance of improving dietary patterns’*. ⁽¹⁾

In recognition of the overwhelming evidence-base and the lack of progress toward healthy eating reported by the 2020 DGAC, together with the urgency exposed by the COVID pandemic, the ASPHN urges the Departments to reach beyond public information as it translates the DGAC recommendations into action. The main purpose of the DGA is to inform the development of Federal food, nutrition and health policies and programs. It is imperative that the Departments take a comprehensive, action-oriented approach; and mobilize the entire network of Federal programs to roll out the 2020 DGA, as follows:

First, to communicate clearly and avoid confusion, ASPHN recommends the 2020 Guidelines and all associated public education materials reinforce continuity with past recommendations while emphasizing the new information about adaptability of the three patterns to different foodways and all life stages. The findings that three popular dietary patterns each bring significant health benefits, that the benefits start in early childhood and accrue throughout life, and that there is remarkable consistency with past recommendations are critical pieces of new information for the public. In particular, communications should re-emphasize the benefits of increasing consumption of the healthiest foods – fruits, vegetables, whole grains, low-fat dairy, seafood and fish, and legumes; point out the new insights about beverages; and that eating fewer foods from the handful of categories with the highest amounts of unwanted food components such as saturated fat, sodium, and added sugars will markedly improve health. ⁽²⁾

The 2020-2025 DGAs should vigorously support access to healthful foods and dietary patterns with consideration given to the cultural, ethnic and socioeconomic factors that influence food preferences and access to healthful foods and beverages. Cultural fares, often connected with various Asian, African, African American, Latin, Middle Eastern, and Native American cuisines become more convoluted with cost and availability barriers. Because specific at-risk groups are especially hard hit by economic stress and food insecurity the 2020-2025 DGAs must correct systemic disparities and inequities caused by income, culture, race/ethnic discrimination, develop methods to incorporate diversity into the USDA Food Pattern Modeling, and flesh out food patterns that are contextually specific and flexible to dietary constraints and choices. ⁽³⁾

Second, ASPHN supports the DGAC’s conclusion that a maximum of 6% of daily calories should come from added sugars, and their caution to reduce the main food sources of added sugar, solid fats, and sodium. The DGAC found ample evidence to support limiting intake of sugar-sweetened beverages. This is consistent with the advice of leading health authorities, including the Centers for Disease Control and Prevention (CDC), the World Health Organization



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(WHO), the American Heart Association (AHA), the American Medical Association (AMA), and the World Cancer Research Fund (WCRF).^(4,5,6,7) The DGAs should include specific language to limit sugary drinks, as well as identify strategies that help decrease sugary drink consumption, especially for populations most impacted by poor health outcomes associated with higher sweetened beverages intake. The DGA should also include advice to drink water (plain, carbonated and unsweetened flavored) as a primary beverage.

Mean intakes of added sugar as a percent of total energy range from 10 to 15 percent across age-sex groups, with few differences by age or among race/ethnic groups.^(8,9,10) Principal sources of added sugars come from sweetened beverages, desserts and sweet snacks, coffee and tea (with their additions), candy and sugars, and breakfast cereals and bars.⁽¹¹⁾ Added sugar intakes could be greatly reduced by decreasing intakes of foods and beverages in these categories and by consuming low- or no-sugar-added versions of foods and beverages that can make positive contributions to diet.^(12, 13) For a 2000 calorie diet, 6% of daily calories translates into only 7.5 teaspoons per day, a dramatic decrease for most people.

Third, the 2020 Guidelines should place emphasis on breastfeeding and the importance of avoiding sugared beverages among children under age 2 years because they displace nutrient-dense foods while leading to weight gain and dental caries. To increase breastfeeding rates and lengthen duration, ASPHN urges that the 2020 Guidelines emphasize exclusive breastfeeding for the first 6 months of life. To move the needle from present rates, they also should recommend systems-based approaches that promote, protect and support breastfeeding to benefit mother and child while also focusing on eliminating known disparities by geography, income, education, and race and ethnicity.

For infants, the 2020 DGA should emphasize breastfeeding and human milk as optimal foods during early life, the gradual introduction of nutrient-rich complementary foods during the second half of infancy, and the avoidance of ‘toddler’ beverages. In the absence of breastfeeding, or after breastfeeding is discontinued, the DGA should clearly advise that infant formula is the only acceptable replacement for human milk until 12 months of age, consistent with recommendations of the American Academy of Pediatrics (AAP) and the World Health Organization.^(14, 15)

ASPHN strongly supports the DGAC’s recommendation to avoid giving sugared beverages to children under 2 years of age, consistent with the guidance of other health experts.^(16,17, 18,19) It will be important for caretakers to understand that such beverages displace nutrient-dense foods while leading to excess weight gain and dental caries.^(16, 19, 20) Advice in the DGA must explicitly describe flavored milks and ‘toddler milks’ as beverages to avoid because they offer no unique nutritional value and contribute unwanted added sugar to the diet. Caretakers for children aged 0 to 5 should also be advised to 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 growth and development.⁽¹⁵⁾ Multi-component approaches such as front-of-package labels in combination with state and local policy approaches could have dramatic impacts.

Fourth, assure that an intentional focus on equity and diversity is taken at every phase of implementation as the 2020 DGAs are rolled out. To address known disparities associated to geography, income, education, race, and ethnicity, the Departments are urged to intentionally engage audience members from those cohorts in message development, delivery, and placement.



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At the same time, we urge that in all its programs, the Departments assure that large-scale, population-wide approaches are guided by a social-ecological approach. All programs should be encouraged to engage multiple, diverse sectors of society when translating DGA messages for nationwide, state and local use. ^(21, 22, 23, 24)

To speed adoption of the three recommended dietary patterns, the Departments are urged to engage leaders in the agricultural and food industry sectors in finding new ways to increase the availability, improve formulations, and market healthy, under-consumed foods while also reducing food components known to be over-consumed. ^(25, 26)

Fifth, the Departments are urged to place much stronger emphasis on intentionally implementing policies and practices to eliminate food insecurity and disparities. Large proportions of the U.S. population are affected by food insecurity and poor access to affordable, healthy food. ^(27, 28, 29, 30) Fully 37 million Americans, including 11 million children, experienced food insecurity in 2018. ^(31, 32) The dramatic increase in unemployment with COVID-19 is expected to cause food insecurity for an additional 18 million US children, bringing the total to 40% of all US youth. ⁽³³⁾ It is anticipated that COVID-associated disruption will continue for several more years. ⁽³⁴⁾

One out of every four Americans benefits from a USDA food and nutrition program over the course of a year. ⁽³⁵⁾ To ensure those who utilize these programs have access to healthy foods, the Departments should prioritize closely aligning all federal nutrition policies and programs with the 2020-2025 DGAs. Studies show that recent upgrades to nutrition standards in the National School Lunch Program, the Child and Adult Care Food Program and the Women, Infants and Children Nutrition Program improved diet quality for participants, especially among low-income children. ^(36, 37, 38) Recognizing that the DGAs represent science-based dietary patterns associated with the most favorable health outcomes, the Federal government has a responsibility to ensure food and nutrition programs and policies quickly and completely align with the most current iteration of the DGAs.

While investigators concluded the Healthy, Hunger-Free Kids Act of 2010 was linked to improved dietary quality for lunch for children who were part of National School Lunch Program, their study also notes the act has been watered down over the years. ⁽³⁹⁾ Unfortunately, it now allows fewer whole grains, more flavored milk, and more sodium. Additionally, the US Department of Agriculture is currently considering changing the policy to allow participating schools to serve fewer servings of vegetables.

The Departments are also urged to place higher priority on reducing state rates of child and household food insecurity, geographic patterns of food deserts, and food swamps in order to increase access to and affordability of the types the healthy foods required in the three dietary patterns. ⁽⁴⁰⁾ As policies and practices of food assistance programs change with social disruptions and adverse economic conditions due to COVID, USDA is asked to do more to assure that all people who want to use Federal nutrition assistance programs have the information they need to do so. Approval or extension of administrative waivers can provide the flexibility that Federal food assistance programs need to respond to rapidly changing community needs.

Recent studies validate the role that various social determinants of health enact on food access among low-income populations' nutrition, food insecurity and hunger, food retail, and school and



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other community settings. ^(41, 42) Researchers Diane Schanzenbach and Abigail Pitts found that food insecurity across the U.S. has doubled and tripled among households with children. Across the nation, 7 percent of households reported receiving free food during the prior week. ⁽⁴³⁾ In addition, the Departments are urged to work with stakeholders over the coming months to identify measures that could be taken immediately to reduce food insecurity, race/ethnic disparities and inequities in the food system. To inform these efforts, the Departments are urged to compile and make publicly available relevant program evaluations, economic analyses, and other ‘grey literature’ from government, foundation and anti-hunger sources, and to identify gaps where more information and longer-term efforts are needed.

Sixth, the Departments are encouraged to collaborate actively with partners on large-scale interventions and to support such efforts by compiling the evidence base in ways that are usable by public, non-profit and business stakeholders. Partners at the implementation level urgently need a stronger federal infrastructure. This includes more federal focus on improving the ‘upstream’ social, economic, and environmental conditions that allow individuals to obtain healthy foods ⁽⁴⁴⁾ and on policy approaches that affect whole populations such as regulations, increased access to healthy food, health promotion programs, and economic incentives. ⁽⁴⁵⁾ A three-pronged approach of education, marketing, and policy, systems and environmental change (PSE) delivers a mix that is associated with large-scale impact and could be more widely applied. ^(46, 47, 48) Doing more to encourage government nutrition programs to join efforts in multi-sector approaches will help to eliminate food-related health disparities. ASPHN’s experience is that collective impact among existing programs will move the country farther toward the health benefits projected by evidence outlined in the 2020 DGA. ⁽⁴⁹⁾

Support is needed across all federal agencies to synthesize the results and lessons learned from existing public, non-profit and commercial interventions in order to move forward more powerfully. For example, a synthesis of analytic reports and evaluation studies (the ‘grey literature’) from USDA’s Food and Nutrition Service, Economic Research Service, and Agriculture Marketing Service, along with reports and technical assistance aids from CDC’s Nutrition, Physical Activity and Obesity Prevention Branch, would be invaluable to practitioners in all sectors.

The Departments should prioritize aligning federal nutrition programs such as the National School Breakfast Program, the National School Lunch program, the Child and Adult Care Food Program, the Women, Infants and Children Nutrition Program (WIC), and the Supplemental Nutrition Assistance Program (SNAP) with the 2020-2025 DGA. Engage the food industry for voluntary production, formulation and marketing approaches while building demand. ^(25, 26)

ASPHN urges the Departments to identify policies that limit collaboration among categorical programs and replace them with those that foster collaboration and comprehensive strategic approaches that benefit vulnerable groups and the general population alike. ⁽⁵⁰⁾

Seventh, efforts are urgently needed to strengthen nutrition monitoring and research. From its inception, the DGA has been a touchpoint to regularly authenticate and focus federal nutrition policies, assistance and public health programs. Improvements in national surveillance systems are needed to monitor and assess progress in addressing disparities in socioeconomic status, cultural food traditions and acculturation, food security, sustainable food systems, human milk

composition and impacts on maternal health outcomes, support for breastfeeding, iron content of formulas, and responsive feeding, and the food environment.

The scope and pace of nutritional discovery are insufficient to address nutrition-related challenges facing the nation. Reviews of available research by both the 2015⁽⁵¹⁾ and the 2020 Dietary Guidelines Advisory Committees (DGAC) described scores of questions as having only moderate, limited, or insufficient (not assignable) scientific evidence. Inadequate funding and coordination have hampered the nation's ability to fully leverage the potential of bioinformatic platforms and collective technologies for in-depth analysis, visualization and interpretation of nutrition, diet, and dietary patterns in public health research on food and nutrition.^(52, 53)

Stronger evaluation and research efforts are needed across the policy spectrum to advance deeper understanding of the efficacy, cost-effectiveness, equity, and feasibility of large-scale supports to healthy eating.^(54, 55, 56, 57) Translational research combined with implementation research will provide a comprehensive, across-the-board understanding of effective ways to advance effective approaches in all spheres of influence in the social ecological model.^(58, 59, 60) In this vein, more attention is needed on the upstream (social determinants) and mid-stream (program providers) research along with the investments necessary to better inform interventions that target the most immediate and direct causes of a population's health problem

Research underpins federal, tribal, state, and local food and nutrition regulatory activities, policies, and programs such as labeling, health claims, and food marketing, as well as oversight of food additives and feeding programs.⁽⁶¹⁾ At only 5% of its total budget, the National Institutes of Health's (NIH) investment in nutrition research has been flat for four decades, and failed to keep up with the dramatic increase in diet-related diseases during this period.⁽⁶²⁾ For all of NIH, only 1.3% of all NIH research projects focuses on the role of diet in the prevention and treatment of human diseases.⁽⁶³⁾ This amount should be increased proportionate to the contribution of diet to public health.

Finally, the 2025 DGA process should be adapted to examine practical, action-oriented questions about the policies and practices needed to accelerate healthy change across the United States. For the 2025 dietary guidance cycle, the protocol would be strengthened by:

- Using a PSE lens to evaluate the science of dietary change, including but not limited to multi-component and multi-sector interventions, such as those known effective in schools, worksites and community-wide interventions.
- Soliciting questions relevant to state and local-level administrators of Federal nutrition programs, especially topics that could upgrade practice in nutrition assistance programs such as Food Distribution Program on Indian Reservations (FDPIR), Senior Meals, Department of Defense (DoD), FNS, CNS, WIC, SNAP-Ed, and SNAP (Retail Stocking Standards).
- Choosing a racially and ethnically diverse Advisory Committee with expertise in public health, communications, food systems, and the social determinants of health.
- Using evidence from authoritative domestic and international bodies and from the grey literature, including data from the reporting systems of relevant Federal programs such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Child Nutrition Services (CNS), and SNAP. Giving precedence to the attenuation of food insecurity and diet-related disparities.



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- Prioritizing topics based on their potential to impact public health impact and the degree to which findings could advance the implementation and goals of the *DGA* in the socially, culturally, geographically, and economically diverse US population.
- Concentrating on social determinants of health that foster or undermine healthy eating and physical activity, especially among at-risk populations with high rates of diet-related illnesses and chronic diseases.
- Improving coordination and mobilize nutrition education and promotion activities among all programs -- CNS, WIC, SNAP-Ed, IHS, CDC.

Thank you for your consideration of our ASPHN comments. Our members appreciate the opportunity to contribute to the *2020 DGA* process and will stand ready to help achieve its goals.

With regards,

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President, ASPHN Board of Directors

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