



NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

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Richard D. Olson, MD, MPH
Designated Federal Officer (DFO), 2015 DGAC
U.S. Department of Health & Human Services
Office of the Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
1101 Wootton Parkway, Suite LL100 Tower Building
Rockville, MD 20852

Re: Scientific Report of the 2015 Dietary Guidelines Advisory Committee

Dear Dr. Olson:

The New York City Department of Health and Mental Hygiene (NYC DOHMH) appreciates the efforts the 2015 Dietary Guidelines Advisory Committee (Committee), the United States Department of Agriculture (USDA) and the Department of Health and Human Services (DHHS) in encouraging the US population to consume a healthy diet and laying the foundation for policies that support these efforts. For the 2015 Dietary Guidelines for Americans (DGA), we respectfully request that the USDA and the DHHS consider the following:

Added Sugar

NYC DOHMH strongly supports the Committee's recommendation that Americans consume no more than 10% of total calories from added sugars per day and encourages the DGA to advise Americans to further limit consumption of added sugars to levels below 10% of total calories. Americans consume too much added sugar from both foods and beverages: approximately 16% of total caloric intake for children and adolescents is from added sugars and 13% of total caloric intake for adults is from added sugars.¹² The Committee's recommendation is consistent with that of the World Health Organization (WHO), which recommends that adults and children reduce their intake of free sugars to less than 10% of total energy intake. WHO recommends a further reduction in free sugar consumption to 5% or less for additional health benefits.³ The American Heart Association also encourages a lower limit for added sugars, recommending that no more than half of daily discretionary calorie allowance come from added sugars, which is no more than 100 calories per day for most women and 150 calories per day for most men.⁴ A strong recommendation in the DGA on added sugar, specifically encouraging Americans to limit consumption to levels below 10% of total calories, is needed to increase consistency with other health recommendations and support Americans' efforts to achieve healthy dietary patterns.

Sugar-Sweetened Beverages

NYC DOHMH strongly supports the Committee's recommendation that the US population reduce consumption of sugar-sweetened beverages to decrease dietary intake of added sugars. We recommend that this be made clear in the 2015 DGA by recommending that all Americans, especially youth, should limit or avoid these products all together.

Sugar-sweetened beverages are the largest single source of added sugars in the American diet, are less satiating than solid food, and contain little or no nutritional value.^{5,6} As the Committee noted, numerous studies in adults and youth link the consumption of sugar-sweetened beverages with weight gain, obesity, type 2 diabetes, and heart disease.^{7, 8,9, 10, 11, 12, 13, 14, 15, 16} Despite recent declines, consumption of sugar-sweetened beverages remains excessively high. In 2010, the average American adult consumed 151 calories per day from sugar-sweetened beverages. Certain populations derive a much larger proportion of calories from sugar-sweetened beverages than others. For instance, adolescent males (ages 12-17) consume, on average, nearly 300 calories a day, or 15% of their recommended daily calorie allowance, from sugar-sweetened beverages.¹⁷ As noted by the Committee, the recommendation to avoid or limit sugar-sweetened beverages aligns with those of numerous health organizations, including WHO and the American Diabetes Association.^{18,19} In particular, NYC DOHMH agrees with the Committee's recommendation that the Nutrition Facts Panel include added sugars in both grams and teaspoons, as well as a percent daily value. This action would facilitate individual efforts to choose foods with less added sugar and perhaps prompt reformulation of products to meet consumer demand.

Trans Fat

NYC DOHMH strongly supports the Committee's recommendation that partially hydrogenated oils containing trans-fat should be avoided. Trans fat has no known nutritional benefits and the negative health effects of industrially-produced trans-fat are well documented.^{20,21} While there is evidence that trans-fat intake has decreased, industrial trans-fat is still present in a wide range of packaged food, even items labeled 0 grams trans-fat.²² In November 2013, the Food and Drug Administration (FDA) announced its tentative determination that industrial sources of trans-fat are no longer generally recognized as safe. We support this decision which, if finalized, will eliminate industrial trans-fat from the processed food supply. Consumers will remain at risk until the FDA proposal is fully implemented. In the interim, we encourage the 2015 DGA to continue to clearly articulate the dangers of industrial trans-fat in order to emphasize that food companies and restaurants should eliminate industrial trans-fat from their products and that individuals should avoid – not just limit – industrial trans-fat. Consumers should be encouraged to look at the ingredients listed on packaged food labels to avoid foods containing partially hydrogenated vegetable oils. Consuming multiple servings of food products containing less than 0.5 grams of trans fat, which can be labeled as “0” grams, can present a genuine risk to the health of consumers.

Sodium

NYC DOHMH strongly supports the Committee's recommendation that the general population should reduce its sodium intake to less than 2,300 mg/day, or the age-appropriate amount for those under 18 years old, based on the strength of evidence demonstrating the link between sodium intake, blood pressure, and cardiovascular disease risk. NYC DOHMH agrees with the Committee which notes that sodium intake deserves particular attention because it is “associated with negative health outcomes when over-consumed” and that lowering sodium intake is a key part of a healthy diet.

There is a body of strong evidence, including observational studies, feeding studies, and randomized controlled trials, that indicates that lowering sodium intake lowers blood pressure.²³ Hypertension is a well-established risk factor for cardiovascular disease, and while fewer studies show the impact of sodium intake on specific cardiovascular disease outcomes, NYC DOHMH agrees with the Committee's conclusion that

the data sufficiently demonstrate a positive relationship between sodium intake and risk of cardiovascular disease.

NYC DOHMH supports the Committee's emphasis on population- and industry-focused strategies to reduce sodium consumption. Nearly 80% of sodium in the US diet comes from packaged and restaurant food.²⁴ In order for the general population to reduce sodium intake and adhere to recommended limits, a population-based strategy that includes efforts by the food industry to reduce the sodium content of its products is essential. The National Salt Reduction Initiative (NSRI), which is coordinated by NYC DOHMH, provides one such example. The NSRI is partnership of state and local health departments and organizations that encourages voluntary sodium reduction commitments from the food industry. As a next step toward making meaningful reductions in population sodium intake, NYC DOHMH urges action from the federal government and further sodium reduction efforts by the food industry. The NSRI was modeled on a nationally-led, public-private partnership in the United Kingdom (UK), a sodium reduction initiative which achieved reductions in salt intake, blood pressure, and decreases in mortality from stroke and ischemic heart disease.²⁵ The success of the UK salt reduction initiative demonstrates the positive impact that a federally-coordinated initiative encouraging concerted corporate sodium reduction can have. In addition, the NSRI framework highlights the feasibility of developing stepwise sodium targets across a wide range of food categories. NYC DOHMH applauds the sodium reduction achievements made by companies as part of the NSRI, but sodium reduction must be achieved across a wider range of products in order to achieve a meaningful reduction in population sodium intake. To that end, NYC DOHMH supports the Committee's recommendation that the FDA should expeditiously initiate a process to set mandatory national standards for the sodium content of food.

Food environment

NYC DOHMH also strongly supports the Committee's recommendation that population- and environmental-level strategies are needed to improve the food environment and make healthy choices more accessible and appealing for individuals. It is important that the DGA make clear that the food environment influences the nutrition patterns of the US population. Meaningful, population-wide changes in dietary behaviors will not be realized until the food environment is aligned to support and sustain these efforts. We applaud the Committee for recognizing this need and urge the USDA and DHHS to follow suit by emphasizing these strategies in the Dietary Guidelines. Strategies to improve nutrition in the foodservice setting, such as reducing portion sizes and implementing nutrition standards for foods and beverages offered in public places, are especially necessary given the significant proportion of meals that Americans eat away from home noted by the Committee.²⁶

NYC DOHMH recognizes the impact the nation's nutrition recommendations have on the dietary habits of the US population, and on nutrition policy and practice. We appreciate the opportunity to comment on the Scientific Report of the 2015 Dietary Guidelines Committee and thank you for your consideration.

Sincerely,



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Commissioner

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