August 13, 2020

The Honorable Alex Azar
Secretary of Health & Human Services
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Sonny Perdue
Secretary of Agriculture
U.S. Department of Agriculture
1400 Independence Ave., S.W.
Washington, D.C. 20250

Via Federal eRulemaking Portal

Re: Scientific Report of the 2020 Dietary Guidelines Advisory Committee [FNS-2020-0015]

Dear Secretaries Azar and Perdue:

The Bipartisan Policy Center (BPC) appreciates the opportunity to submit comments on the Scientific Report of the 2020 Dietary Guidelines Advisory Committee (DGAC). Founded in 2007 by former U.S. Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole, and George Mitchell, BPC is a non-profit organization that combines the best ideas from both parties to promote health, security, and opportunity for all Americans.

These BPC staff-developed comments reflect staff expertise and input from BPC leaders, experts, and stakeholders from across every sector of health care. They do not represent official positions of BPC's founders or board of directors.

Executive Summary

BPC applauds the Committee for making evidence-based recommendations to improve health outcomes and prevent disease at all stages of life. As a country that spends more than $3.8 trillion on health care, the role nutrition plays in preventing disease and adverse health conditions cannot be overstated. We strongly encourage the Departments to incorporate the conclusions and recommendations in the Committee's report into the final guidelines. The Guidelines should also recommend policy, systems, and environmental changes that encourage healthier choices. In these comments, BPC expresses support for the following and urges the Departments' consideration:

- **BPC supports the DGAC's thoughtful approach to reviewing evidence through systematic literature reviews and food pattern modeling, in partnership with the Nutrition Evidence Systematic Review team and other agency staff.**
- **We appreciate the 2020 DGAC providing, for the first time, sound recommendations for nutrition from birth to 24 months and during pregnancy and lactation.**
- **We support the 2020 DGAC's recommendation to revise the limit on added sugars to less than 6 percent of daily calories and urge the USDA and HHS to include this recommendation in the 2020-2025 DGA.**
- **We support revising the daily limit on alcoholic beverages to no more than one drink per day for both men and women, on days when alcohol is consumed.**
- **We urge USDA and HHS to increase transparency in the development of the Dietary Guidelines.**
- **We ask the Departments to recognize the role of policy, systems, and environmental change strategies in supporting healthy eating patterns and provide guidance on how such strategies can help people more easily follow the Guidelines**.

I. Background

BPC has a vested interest in developing and supporting feasible bipartisan solutions that improve health for all Americans, including access to healthy food and good nutrition. The substantial link between diet and overall health has shaped BPC's focus on the importance of childhood nutrition and access to healthy food through programs and policies that are informed by the *Dietary Guidelines for Americans* (DGA) such as school meal programs, the Supplemental Nutrition Assistance Program (SNAP), and the Nutrition Facts label. Shutdowns, unemployment, school closures, and unanticipated financial hardship caused by the pandemic has heightened the need for increased investment in and access to these essential nutrition programs. Further, it is key that participating families and children can rely on the federal programs to provide access to healthy meals based on the most recent nutrition science. The association between diet-related health outcomes such as obesity and diabetes and worse outcomes for people who contract COVID-19 has highlighted the need for good nutrition and has further motivated BPC to submit comments to inform these influential guidelines.

BPC has been engaged throughout the 2020-2025 Dietary Guidelines development process. In February, BPC submitted comments on the DGAC's evidence review process, report content, and the policy implications associated with the *2020-2025 Dietary Guidelines for Americans* (DGA). We are pleased that the Committee's scientific report aligns with many of the recommendations in our previous comments.

Overall, we support the conclusions and recommendations included in the DGAC's report. We urge the Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) to utilize the recommendations from this report in developing the final *2020-2025 Dietary Guidelines for Americans*.

I. General Comments on DGAC's Scientific Report

BPC supports the DGAC's thoughtful approach to reviewing evidence through systematic literature reviews and food pattern modeling, in partnership with the Nutrition Evidence Systematic Review team and other agency staff. We appreciate that the Committee took steps to ensure transparency, including publicly posting research protocols and meeting summaries, and maintain a scientific approach during the evidence analysis and conclusion stages of the process.

BPC applauds the 2020 DGAC for reinforcing conclusions and recommendations made by previous committees on topics where evidence continues to grow. For example, the 2020 DGAC report emphasizes the importance of following a healthy dietary pattern across the lifespan, aligning with the 2015 – 2020 DGAC report and Dietary Guidelines. Evidence continues to demonstrate that good nutrition is necessary for promoting health and preventing disease at every stage of life. Unfortunately, the typical American diet lacks nutritional quality and includes too much saturated fat, sodium, added sugars, and alcohol.[1] This is reflected in the prevalence of chronic diseases, such as heart disease, cancer, and type 2 diabetes. According to the Centers for Disease Control and Prevention (CDC), 40 percent of adults have two or more chronic diseases, citing poor nutrition as a leading cause.[2] Current research highlights the importance of good nutrition in reducing risk of chronic disease early in life, even as early as gestation, where the mother's diet can impact the child's future health outcomes.

II. Nutrition During Pregnancy, Lactation, and Early Childhood

We appreciate the 2020 DGAC providing, for the first time, sound recommendations for nutrition from birth to 24 months and during pregnancy and lactation. These life stages are critically important for long-term health and development and pose unique nutritional considerations. Diet during pregnancy, lactation, and in early childhood has been shown to influence children's health outcomes later in life. In fact, children who have obesity are more likely to become adults with obesity.[3] As the 2020 DGAC report states, it is critical that healthy eating behaviors are formed early as dietary habits developed during this time period can have long-term health implications, including brain development and food preferences.[4]

Eating a nutritious diet before and during pregnancy is beneficial for both mom and baby. A healthy dietary pattern can reduce the risk of pregnancy complications such as gestational diabetes.[5] The first one thousand days that encompass the period of prenatal development and the first two years after birth are critical in building a healthy foundation for childhood development and beyond. There is overwhelming evidence in support of breastfeeding during infancy. The American Academy of Pediatrics and the World Health Organization recommend that infants be exclusively breastfed as human milk protects against many diseases and health conditions, including diabetes and obesity.[6,7] As such, **BPC supports the 2020 DGAC's recommendation to encourage exclusive breastfeeding for about the first six months of life and continued breastfeeding with introduction of complementary foods until at least one or two years of age.** However, women can experience lactation problems or practical barriers, including lack of knowledge and early return to work, that may inhibit the ability to breastfeed. Many of these practical barriers are disproportionately experienced by black mothers.[8] The 2020 DGA

should identify strategies to mitigate these barriers and specifically note that infant formula is the only acceptable replacement when providing human milk is not an option. Reducing disparities in breastfeeding initiation and duration related to geography, income, race, and education should be a particular goal.

We agree with the 2020 DGAC's recommendation for feeding infants and toddlers 6 month to 2 years nutrient-dense complementary foods from all food groups, including meats, eggs, fish, fruits, vegetables, dairy, and whole grains "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.[9] In addition to these recommendations on building a healthy diet, future guidance should address best practice strategies for feeding these foods to young children.

III. Added Sugars

We support the 2020 DGAC's recommendation to revise the limit on added sugars to less than 6 percent of daily calories and urge the USDA and HHS to include this recommendation in the 2020-2025 DGA. The 2020 DGAC suggests the added sugar limit be reduced to less than 6 percent of daily calories. Reducing intake of added sugars is key in preventing adverse health conditions like obesity and heart disease. Indeed, current levels of consumption of added sugars for ages 2 and up exceed the current 10 percent suggested cap. In 2013-2016, 63 percent of the U.S. population consumed more than the recommended 10 percent.[10] While this is an improvement from 2007-2010, when 70 percent of the population exceeded this limit, lowering the recommended limits for added sugars can help Americans reduce their consumption. This revision is also consistent with standards from other critical health authorities like the American Heart Association, which suggests limiting added sugars to about 5 percent of calories.[11] Recommended limits for added sugars have important policy and programmatic implications, including for the Nutrition Facts label and meal programs, both of which impact the daily eating habits of millions of Americans.

The Guidelines should specifically recommend limiting consumption of sugar-sweetened beverages (SSBs). According to the Committee's report, roughly 70 percent of added sugars come from consumption of sugar-sweetened beverages, desserts and sweet snacks, coffee and tea, candy and sugar, and breakfast cereals and bars.[12] The CDC also reports that sugar-sweetened beverages are the leading contributors of added sugar in the U.S.[13] As the DGAC notes, SSBs provide excess calories without any nutrients, which can lead to weight gain. **The Guidelines should recommend drinking primarily water and unsweetened beverages in place of SSBs.**

We support the DGAC's recommendation that children under age 2 not consume any added sugars. This advice is consistent with the guidance of several leading health authorities.[14,15,16] The American Heart Association has concluded that there is strong evidence that sugar-sweetened beverage (SSB) intake in childhood leads to excess weight gain.[17] Consuming SSBs and foods with added sugars in the first two years of life is also likely to displace nutrient-dense foods.[18] We also concur with several

leading medical and health organizations, including the Academy of Nutrition and Dietetics, American Heart Association, American Academy of Pediatrics, and the American Academy of Pediatric Dentistry, that children through age five should not consume any SSBs.[19]

IV. Alcohol

BPC supports revising the daily limit on alcoholic beverages to no more than one drink per day for both men and women, on days when alcohol is consumed. Lowering the daily alcohol limit from two drinks per day to one for men is supported by evidence of increased risk of cancer and all-cause mortality with consumption of even less than two drinks per day.[20, 21]

Alcohol consumption has increased in the past 20 years.[22] More than half of American adults report drinking alcohol in the past month and nearly half of those report binge drinking. Alcohol intake is tied to numerous health problems including several forms of cancer, liver disease, high blood pressure, and mental and behavioral health issues, including depression. [23] Additionally, alcohol is notably a risk factor for domestic violence, sexual assault, and child abuse and neglect.[24,25,26] Alcohol also provides empty calories, contributing to weight gain. Among people who currently drink, alcoholic beverages contribute 9 percent of daily energy.[27]

V. Transparency

We urge USDA and HHS to increase transparency in the development of the Dietary Guidelines. BPC values transparency as an important principle of good government. We strongly urge the Departments to align the official guidelines with the evidence-based conclusions and recommendations in the 2020 DGAC's report. Increased transparency in this step of the process means the Departments should provide a clear rationale if a conclusion or recommendation from the report is excluded from the final guidelines. This recommendation for increased transparency was made by the National Academies of Sciences, Engineering and Medicine in 2017 during their review of the process to update the Dietary Guidelines.[28]

VI. Policy, Systems, and Environmental Changes

We ask that the Departments recognize the role of policy, systems, and environmental strategies in supporting healthy eating patterns and provide guidance on how such strategies can help people more easily follow the Guidelines. We recognize that the recommendations alone cannot ignite healthier food and beverage choices and ultimately improved health outcomes. As noted by the 2020 DGAC, Americans have not been successful in aligning their diets with the DGA. On average, Americans score relatively low, receiving a 59 out of 100 on the healthy eating index, which measures consistency with the guidelines.[29] It is clear that Americans need support in adhering to these important guidelines. In order to adequately support all Americans, the Departments must recognize and address the equity issues in nutrition and food access across socioeconomic status, race, urbanization and geography. Food insecurity, for example, is a result of a number of factors including food pricing, income level and food availability which collectively can make healthy foods inaccessible.[30] However, there are stark racial disparities in food insecurity. According to USDA, while 10 percent of white

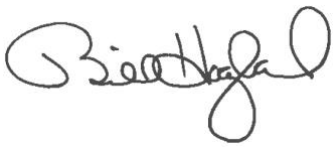
households face food insecurity, 21 percent of Black households experience food insecurity.[31] Programs such as SNAP, that aligns its nutrition standards with the DGA, provide critical food assistance for many low-income people, including those from underserved communities. Policy changes like increasing benefit levels and reducing barriers to enrollment in SNAP can help to make adhering to the DGA more feasible.

It is important to note that many barriers to healthy meals are disproportionately experienced by Black, Indigenous and People of Color (BIPOC) communities, in part due to geographic issues. Food deserts, areas that lack access to foods that make up a healthy diet, are more likely to appear in low income and BIPOC communities.[32,33] Additionally, these same communities are more frequently targeted by unhealthy fast food companies.[34] That is why it is imperative that the *2020-2025 Dietary Guidelines for Americans* include a recognition of the need for supportive policies and environments to help all individuals and families make healthier choices. The *2020-2025 Dietary Guidelines for Americans* should use the socioecological model, which was applied in the *2015-2020 Dietary Guidelines for Americans*, as a framework to help identify the many stakeholders that must be involved in this effort, including state and local governments, non-profits, and the private sector, and the role that each can play in supporting or hindering adherence to the Guidelines. **In addition to policy, system and environmental changes, we ask the Departments to spearhead a campaign geared towards low-income, underserved communities where the largest food access disparities exist.** Media campaigns are an effective public health tool in changing behaviors and can help communities make healthier food and beverage choices.[35] Campaign efforts should not only be targeted to low-income and BIPOC communities, but also include culturally relevant messaging. The Departments could forge partnerships with local communities to help develop appropriate campaign messaging. Consistent messaging across various platforms is key in keeping community members engaged. Finally, the messaging should importantly include healthy eating resources informed by the DGA.

VII. Conclusion

In conclusion, we appreciate the opportunity to provide comments on the Committee's scientific report. We look forward to the release of the final *2020-2025 Dietary Guidelines for Americans*. If you have any questions or we can provide additional information, please contact Tyler Barton at (202) 627-7918 or tbarton@bipartisanpolicy.org.

Sincerely,



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