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August 13, 2020

The Honorable Sonny Perdue
Secretary of Agriculture
U.S. Department of Agriculture
1400 Independence Avenue, SW
Washington, DC 20250

The Honorable Alex Azar
Secretary of Health and Human Services
Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Docket FNS-2020-0015

Dear Secretaries Perdue and Azar:

On behalf of the American Heart Association (AHA), including the American Stroke Association and more than 40 million volunteers and supporters, we appreciate the opportunity to provide comments in response to the Scientific Report of the 2020 Dietary Guidelines Advisory Committee.

AHA strongly supports the Advisory Committee's Scientific Report. We applaud the recommendations and the methodology used to develop a rigorous, evidence-based review of the science that reflects the needs of today's population, which is largely overweight or obese, undernourished, and physically inactive, and chronic conditions are prevalent.

AHA appreciates the Committee's focus on healthy dietary patterns throughout the life cycle, including, for the first time, women who are pregnant or lactating and infants and toddlers from birth to 24 months of age. The Scientific Report shows that a high-quality diet at every life stage can promote health and reduce the risk of diet-related chronic disease. The report also highlights the connection between diet-related chronic diseases and health outcomes in infectious diseases, such as the current COVID-19 pandemic. These "dual epidemics" as described by the Committee, illustrate the central role that diet plays in overall health and well-being, as well as the urgent need for broader policy and environmental change to help Americans make healthier choices.

We thank the Committee for its work, and we look forward to seeing the Committee's recommendations incorporated into the 2020-2025 Dietary Guidelines for Americans later this year.

To help the U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) translate the Advisory Committee's report into specific consumer guidance and develop federal policy, AHA offers the following comments and recommendations.

Life Stages Approach

AHA supports the life stages approach used in the Scientific Report. Nutrient and energy needs vary by age and change over time.

We are especially pleased that the report contains recommendations for women who are pregnant or lactating and for infants and toddlers from birth to 24 months of age; this is a critical time of development. Proper nutrition beginning in utero can significantly impact growth and development and favorably influence risk for chronic disease in childhood and later in life. Initiating a healthful dietary pattern early in life also helps lay the foundation for a lifetime of healthy eating habits, ideally for the whole family.

To further enhance the life stages approach, we recommend expanding the number of life stages beyond the five identified in the report (pregnancy and lactation, birth to age 24 months, children ages 2 years and older, adolescents, and adults) to include a sixth life stage focused on older adults. Older or geriatric individuals have unique nutrition and energy needs. If possible, the 2020-2025 Dietary Guidelines for Americans should provide guidance that is specific to older adults. Future Advisory Committees should be tasked with conducting an in-depth review of the evidence on this subset of the population.

Dietary Patterns

AHA strongly supports the Committee's decision to make dietary patterns a centerpiece of its report. Achieving an overall healthy dietary pattern is more important than any one specific food or nutrient. Dietary recommendations that focus on the total diet – and the type and quality of foods and beverages consumed rather than individual nutrients – are also easier for the public to understand and implement.

Another benefit of a dietary pattern approach is that it encourages personal choice. Individuals can consume a wide range of foods and meet nutrient needs in a variety of ways. This makes it easier for individuals to consume a healthy diet that is tailored to their individual physical needs and social and cultural preferences, but still meet the overarching recommendations for a healthy dietary pattern. To illustrate this flexibility, we recommend that the Dietary Guidelines include several examples of specific diets that could meet the overarching healthy dietary pattern recommendations.

With regard to the core dietary pattern recommended by the Committee, we agree that the evidence strongly supports a dietary pattern that is higher in vegetables, fruits, legumes, whole grains, low- or non-fat dairy, lean meat and poultry, seafood, nuts, and unsaturated vegetable oils and low in red and processed meats, saturated fatty acids and cholesterol, sugar-sweetened foods and drinks, and refined grains. Diets that share these characteristics are associated with a lower risk of cardiovascular disease (CVD), type 2 diabetes, cancer, overweight and obesity, and other adverse health outcomes. This recommended dietary pattern is also aligned with the diet recommendations in the 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease.¹

Pregnancy and Lactation

AHA supports the Committee's recommendation that women who are pregnant or lactating should choose dietary patterns that are higher in vegetables, fruits, whole grains, nuts, legumes, seafood, and vegetable oils, and lower in added sugars, refined grains, and red and processed meats. This advice is consistent with general healthy dietary advice, and as the Committee found, helps protect against poor maternal-fetal outcomes in pregnancy.

We also support the recommendation that pregnant and lactating women consume at least 8 but up to 12 ounces of seafood per week that are lower in methylmercury and higher in omega-3 fatty acids. To help women implement this recommendation, we urge USDA and HHS to provide specific advice in the Dietary Guidelines on which fish are lower in methylmercury and higher in omega-3 fatty acids and not simply defer to recommendations provided by the Food and Drug Administration and the Environmental Protection Agency, as these do not identify choices lower in methylmercury and higher in omega-3 fatty acids.

Birth to 24 Months

We strongly support the Advisory Committee'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. The Dietary Guidelines 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.

We also agree with the Committee's recommendation that complementary foods and beverages should not be introduced to infants before 4 months of age. AHA recommends that the addition of other sources of nutrients "should begin at 4 to 6 months of age to ensure

¹ Arnett DK, et al. ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2019;140:e596–e646. <https://doi.org/10.1161/CIR.0000000000000678>

sufficient micronutrients in the diet.”² 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.³

We also agree with the Committee’s recommendation to avoid juice during the first year of life, and to limit juice to small amounts of 100% juice after 12 months of age. The Dietary Guidelines should emphasize that even 100% juice offers no nutritional benefits over whole fruit, therefore serving small pieces of whole fruit is preferable.⁴ In addition, if 100% fruit juice is served, parents and caregivers should consider adding water to decrease the sugar and calorie content.

We also support the recommendation that children avoid foods and beverages with added sugars under age 2. Higher intake of sugar-sweetened beverages (SSBs) and added sugars has been strongly linked to excess weight gain and an increased risk of obesity.⁵ Consuming SSBs and foods with added sugars in the first two years of life is also likely to displace nutrient-dense foods.^{6,7} 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 6 years.⁸

Advice in the Dietary Guidelines should explicitly label flavored milks and toddler milks as beverages to avoid for young children. The recent consensus statement published by Healthy Eating Research recommends that young children avoid flavored milks and toddler milks.⁹ 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.

² Gidding S, et al. Dietary Recommendations for Children and Adolescents: A Guide for Practitioners: Consensus Statement from the American Heart Association. *Circulation*. 2005;112:2061–2075. <https://doi.org/10.1161/CIRCULATIONAHA.105.169251>

³ 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.

⁴ Lott M, et al. Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations. Consensus Statement. Durham, NC: Healthy Eating Research, 2019. September 2019. <https://healthyeatingresearch.org/wp-content/uploads/2019/09/HER-HealthyBeverage-ConsensusStatement.pdf>

⁵ Vos MB, et al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement from the American Heart Association. *Circulation*. 2017;135:e1017–e1034. <https://doi.org/10.1161/CIR.0000000000000439>

⁶ 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.

⁷ Vos MB, 2017.

⁸ 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.

⁹ Lott, 2019.

Individuals 2 Years and Older

Dietary Fats and Seafood

Saturated Fat

AHA strongly supports the recommendation to reduce saturated fat intake by replacing it with unsaturated fats, particularly polyunsaturated fat. We urge USDA and HHS to incorporate this recommendation into the Dietary Guidelines.

Lowering intake of saturated fat and replacing it with unsaturated fat to lower the incidence of CVD is a long-standing AHA recommendation. Saturated fat increases LDL cholesterol, which is a major cause of atherosclerosis and CVD, and strong evidence shows that replacing it with polyunsaturated or monounsaturated fat decreases LDL cholesterol. AHA's 2017 Dietary Fats and Cardiovascular Disease Presidential Advisory found that the evidence that has accumulated in recent years strengthens this recommendation even further.¹⁰ According to the Presidential Advisory, "randomized controlled trials that lowered intake of dietary saturated fat and replaced it with polyunsaturated vegetable oil reduced CVD by ~30%, similar to the reduction achieved by statin treatment. Prospective observational studies in many populations showed that lower intake of saturated fat coupled with higher intake of polyunsaturated and monounsaturated fat is associated with lower rates of CVD and of other major causes of death and all-cause mortality."¹¹ The Advisory concluded that the overall evidence indicates that polyunsaturated fat from vegetable oils reduces CVD "somewhat more" than monounsaturated fat when replacing saturated fat.

Again, we urge the departments to adopt the Advisory Committee's recommendation to reduce saturated fat and replace it with unsaturated fat, particularly polyunsaturated fat. The Dietary Guidelines should provide examples of key sources of saturated fats to be reduced, such as dairy fat (butter), lard (pork), beef tallow, palm oil, palm kernel oil, and coconut oil, and sources of unsaturated fats that are healthy replacements, such as canola oil, corn oil, soybean oil, peanut oil, and walnuts.¹²

We also recommend cautioning consumers against replacing saturated fats with refined carbohydrates. The Dietary Guidelines Advisory Committee examined the benefits of replacing saturated fats with carbohydrates and concluded that replacing saturated fats with refined carbohydrates and sugars is not associated with lower rates of CVD and may increase CVD risk. This is consistent with AHA's review of the evidence, which found that replacing saturated fats with carbohydrates, particularly refined carbohydrates, did not reduce risk

¹⁰ Sacks FM, et al. Dietary Fats and Cardiovascular Disease: A Presidential Advisory from the American Heart Association. *Circulation*. 2017;136:e1–e23. <https://doi.org/10.1161/CIR.0000000000000510>

¹¹ Ibid.

¹² Ibid.

for coronary heart disease. In addition, in general, refined grains and added sugars are associated with higher rates of CVD and diabetes. Therefore, we believe it is appropriate to include an explicit recommendation in the Dietary Guidelines that saturated fat should not be replaced by refined carbohydrates or sugars.

In addition, we encourage the departments to lower the numerical recommendation for saturated fat from <10% of total calories to <7% of calories (<6% for patients at cardiovascular risk) as recommended in the 2016 Scientific Statement on Recommended Dietary Pattern to Achieve Adherence to the AHA/ACC Guidelines.¹³ The AHA/ACC guidelines,¹⁴ which were originally initiated by the National Heart, Lung and Blood Institute in 2008 and later finished in collaboration with AHA and ACC, found that 5 to 6% of calories is an ideal target for saturated fat consumption.

Dietary Cholesterol

AHA supports the Advisory Committee's decision to maintain the current recommendation for dietary cholesterol, which does not include a specific numerical limit, but recommends keeping dietary cholesterol intake as low as possible while consuming a healthy eating pattern.¹⁵

AHA did not include a specific recommendation for dietary cholesterol in the 2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk and concluded that there is "insufficient evidence to determine whether lowering dietary cholesterol reduces LDL-C."¹⁶

Instead, as part of an overall dietary pattern, AHA recommends focusing on lowering saturated fat intake and minimizing *trans* fat intake. AHA's 2019 Dietary Cholesterol and Cardiovascular Risk Science Advisory concluded that, "The available evidence suggests that within the context of eating patterns, replacing saturated fat with unsaturated fat is expected to produce greater reductions in LDL cholesterol concentrations than reducing dietary cholesterol alone. Within the range of dietary cholesterol and dietary fats available from common food sources, there is greater potential to optimize plasma lipoprotein profiles by improving the ratio of dietary saturated fatty acid to polyunsaturated fatty acid than by reducing dietary cholesterol."

¹³ Van Horn L, et al. Recommended Dietary Pattern to Achieve Adherence to the American Heart Association/American College of Cardiology Guidelines: A Scientific Statement from the American Heart Association. *Circulation*. 2016;134:e505–e529. <https://doi.org/10.1161/CIR.0000000000000462>

¹⁴ Eckel RH, et al. 2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk. *Circulation*. 2014;129:S76–S99. <https://doi.org/10.1161/01.cir.0000437740.48606.d1>

¹⁵ U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015–2020 Dietary Guidelines for Americans*. 8th Edition. December 2015. <http://health.gov/dietaryguidelines/2015/guidelines/>

¹⁶ Carson JS, et al. Dietary Cholesterol and Cardiovascular Risk: A Science Advisory from the American Heart Association. *Circulation*. 2020;141:e39–e53. <https://doi.org/10.1161/CIR.0000000000000743>

In addition, lowering saturated fat intake typically results in a lower intake of dietary cholesterol since cholesterol is commonly found in animal foods that are high in saturated fat or consumed with foods high in saturated fat. Focusing on the overall dietary pattern – rather than a specific cholesterol recommendation – may also be easier for consumers to implement, especially since heart-healthy diets are inherently low in cholesterol.

Seafood

AHA supports the recommendation to consume two servings of seafood per week with an emphasis on species higher in omega-3 polyunsaturated fatty acids and with low methylmercury. Including one to two seafood meals per week as part of a healthy dietary pattern can help “reduce the risk of congestive heart failure, coronary heart disease, ischemic stroke, and sudden cardiac death, especially when seafood replaces the intake of less healthy foods.”¹⁷

However, to follow this advice, there must be a sufficient, safe, and sustainable supply of seafood. This will require the monitoring of both sources of wild-caught species and farmed fish. Sources of wild-caught seafood must not be depleted, and farmed fish should be raised in a way that is both sustainable and environmentally appropriate.¹⁸

Beverages

Sugar-Sweetened Beverages

The Dietary Guidelines should continue to recommend limited or no consumption of sugar-sweetened beverages. SSBs or sugary drinks are the primary source of added sugars in the American diet, accounting for 32% of added sugars for young children, 49% for adolescents, and 58% for adults.¹⁹ Drinking sugar-sweetened beverages leads to weight gain in both children and adults^{20,21,22} and is associated with higher blood pressure, leading to increased rates of hypertension.²³ In addition, a recent study that used data from two large-scale

¹⁷ Rimm EB, et al. Seafood Long-Chain n-3 Polyunsaturated Fatty Acids and Cardiovascular Disease: A Science Advisory from the American Heart Association. *Circulation*. 2018;138:e35–e47.

<https://doi.org/10.1161/CIR.0000000000000574>

¹⁸ Ibid.

¹⁹ Dietary Guidelines Advisory Committee. 2020. *Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services*. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC.

²⁰ Malik VS, et al. Sugar-sweetened beverages and weight gain in children and adults: a systemic review and meta-analysis. *Am J Clin Nutr* doi: 10.3945/ajcn.113.058362. 2013.

²¹ Ebbeling CB, et al. A randomized trial of sugar-sweetened beverages and adolescent body weight. *N Engl J Med*. 2012 Oct 11;367(15):1407-16.

²² De Ruyter JC, et al. A trial of sugar-free or sugar-sweetened beverages and body weight in children. *N Engl J Med*. 2012 Oct 11;367(15):1397-406.

²³ Malik AH, et al. Impact of sugar-sweetened beverages on blood pressure. *Am J Cardiol*. 2014;113:1574-1580.

longitudinal studies found that frequently drinking sugar-sweetened beverages is associated with an increased risk of death from CVD, and to a lesser extent cancer.²⁴ The risk of death increased as people drank more sugary drinks.

The Dietary Guidelines should advise replacing sugar-sweetened beverages with a healthy option, specifically water, which should be promoted as the preferred beverage choice, or low-fat or fat-free milk for children.

Low/No Calorie Beverages

We agree with the Advisory Committee that low- or no-calorie sweetened beverages may be used to help control energy intake and promote weight loss, particularly in adults who are habitually high consumers of sugar-sweetened beverages.²⁵ “This approach may be particularly helpful for persons who are habituated to a sweet-tasting beverage and for whom water, at least initially, is an undesirable option.”²⁶ However, additional research is needed to explore the relationship between low- or no-calorie sweetened beverages, body weight, and other health outcomes. For example, the mortality study highlighted in the section on sugar-sweetened beverages above, found that replacing sugar-sweetened beverages with artificially sweetened beverages was associated with a moderately lower risk of mortality; however, “intake of artificially sweetened beverages was associated with total and CVD mortality at high intake levels mostly among women.”²⁷ This warrants further study.

The Dietary Guidelines should recommend against the prolonged use of no- or low-calorie sweetened beverages for children.²⁸

Added Sugars

AHA strongly supports the Advisory Committee’s recommendation that added sugars intake be limited to <6% of calories, and we urge the departments to incorporate this recommendation into the Dietary Guidelines.

The Committee’s recommendation to reduce added sugars from <10% of calories to <6% is consistent with AHA’s recommended limit on added sugars of no more than 100 calories (6 teaspoons) of added sugars per day for children and women and no more than 150 calories

²⁴ Malik V, et al. Long-Term Consumption of Sugar-Sweetened and Artificially Sweetened Beverages and Risk of Mortality in U.S. Adults. *Circulation*. 2019;139:2113–2125.

<https://doi.org/10.1161/CIRCULATIONAHA.118.037401>

²⁵ Johnson RK, et al. Low-Calorie Sweetened Beverages and Cardiometabolic Health: A Science Advisory from the American Heart Association. *Circulation*. 2018.

www.ahajournals.org/doi/10.1161/CIR.0000000000000569

²⁶ Ibid.

²⁷ Malik, 2019.

²⁸ Johnson, 2018.

(9 teaspoons) per day for men, which is roughly equal to 5% of calories for many people in each age group.^{29,30,31}

The current 2015-2020 Dietary Guidelines recommendation of <10% of calories is too high as many adults and children have little room in their diet for empty calories with no nutritional value and need to go lower than 10% in order to have a healthy dietary pattern and meet their essential nutrient needs. Reducing the added sugars limit to <6% of calories will result in the greatest health benefit.

In addition to reducing the quantitative recommendation, the Dietary Guidelines should provide consumers with specific strategies for reducing added sugar consumption. This should include a clear description of the major sources of added sugars, and an explicit recommendation to avoid sugar-sweetened beverages.

Translation of the DGAC Report into the Dietary Guidelines

AHA encourages USDA and HHS to adopt the recommendations in the Advisory Committee's Scientific Report and incorporate them into the 2020-2025 Dietary Guidelines. The Committee's report provides a strong, evidence-based foundation for the development of the new Dietary Guidelines.

If the departments elect not to adopt a Committee recommendation, we urge USDA and HHS to provide a clear and compelling reason why. The departments should explain their rationale to the public. Exercising transparency in this way will help ensure that the Dietary Guidelines are based on the most rigorous, scientific evidence available and not influenced by special interests or political interference. Providing a public rationale will also comply with the recommendation from the National Academies of Sciences, Engineering, and Medicine (NASEM), which was charged with examining the process used to develop the Dietary Guidelines. According to the NASEM's report, the departments should "provide the public with a clear explanation when the DGA omit or accept only parts of the conclusions from the scientific report."³²

As the departments work to translate the Advisory Committee's report into the Dietary Guidelines, we also encourage you to include guidance on the following topics that were not the focus of specific questions examined by the Committee. These topics remain issues of

²⁹ Johnson RK, et al. Dietary Sugars Intake and Cardiovascular Health: A Scientific Statement from the American Heart Association. *Circulation*. 2009;120(11):1011-20.
<https://doi.org/10.1161/CIRCULATIONAHA.109.192627>

³⁰ Vos MB, 2017.

³¹ Van Horn L, 2016.

³² 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>.

public health concern and have been the topic of previous Committees' review, or, as with sodium, have been the subject of a recent NASEM review.

Sodium

Sodium is an important public health topic. It has been identified as a nutrient of public health concern because consumption far exceeds recommended amounts. And, as the departments are aware, excess sodium consumption has been linked to high blood pressure, which leads to increased risk for coronary heart disease, stroke, heart failure, kidney failure, gastric cancer, and osteoporosis.

We urge the departments to adopt, without reservation, the NASEM recommendations for limiting daily sodium intake across the lifespan in the Dietary Guidelines. The new Chronic Disease Risk Reduction (CDRR) intake for sodium reinforces the current Dietary Guidelines limit of 2,300 mg per day for Americans aged 14 and above, with lower limits of 1,200 – 1,800 mg per day for younger children.³³

As the Advisory Committee found, sodium is overconsumed by approximately 90% of Americans aged 1 and older, with the average American 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.³⁴

Trans Fat

Diets low in saturated and *trans* fatty acids reduce the risk of cardiovascular disease. While the removal of *trans* fat's generally recognized as safe (GRAS) status has resulted in a welcomed reduction in the amount of *trans* fat in the food supply, the Dietary Guidelines should continue to recommend that *trans* fat consumption be kept as low as possible.

Grains

Lowering intake of refined grains and substituting whole grain versions for at least half of all grain servings has been a long-standing recommendation in the Dietary Guidelines. Diets high in whole grains and fiber have been associated with increased diet quality and decreased risk of cardiovascular disease.³⁵ There is also evidence that people who eat whole grain foods – particularly those that are high in fiber and lower in sugar – have a lower body weight than those who eat fewer whole grains.³⁶

³³ 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>.

³⁴ Ibid.

³⁵ U.S. Department of Health and Human Services. 2015-2020 Dietary Guidelines for Americans.

³⁶ Ibid.

The Dietary Guidelines should clearly and strongly recommend that consumers replace refined grains with whole grains and continue with its previous advice to keep at least half of all grains whole. The Guidelines should also provide specific examples of foods to consume such as 100% whole wheat bread, brown rice, rolled or steel-cut oats, or foods labeled “100% whole grain.”

Fruits and Vegetables

Encouraging consumption of fruits and vegetables should remain an integral part of the Dietary Guidelines. Fruits and vegetables are key to a healthy diet. They contribute important nutrients that most people do not get enough of, are a great source of antioxidants, and are naturally low in saturated fat and calories. However, despite decades of consistent messaging advising Americans to eat more fruits and vegetables, intake levels remain low with approximately 10% eating the daily recommended amount of vegetables and less than 20% eating the recommended amount of fruit. This indicates that continued emphasis on this dietary recommendation, as well as a new and innovative approach to encourage consumption of fruits and vegetables is needed, and we encourage the departments to explore the best way to address this problem.

Potassium

Potassium has been identified as a nutrient of concern because consumption remains too low, which can adversely impact health. The Dietary Guidelines should continue to recommend increased consumption of potassium-rich fruits and vegetables, as well as non-fat and low-fat dairy. The Guidelines should also emphasize potassium’s ability to help blunt the adverse effects of sodium on blood pressure.

Processed Foods

The Dietary Guidelines should continue to address the role of processed foods in the diet. Some processed foods, such as processed meats and poultry, are sources of sodium and saturated fat. While other processed foods, such as packaged snacks, ready-to-eat meals, and desserts, are sources of sodium, saturated fat, added sugars, refined grains, and excess calories. One estimate found that highly processed foods account for 50% of calories and 90% of added sugars in the typical American diet.³⁷

Research shows that highly or ultra-processed foods, which one diet classification system calls “snacks, drinks, ready meals and many other products created mostly or entirely from substances extracted from foods or derived from food constituents with little if any intact food,”³⁸ may not only contribute to excess calorie intake, but also poor health outcomes, such

³⁷ Martinez S, et al. Ultra-processed Foods and Added Sugars in the U.S. diet: Evidence from a Nationally Representative Cross-Sectional Study. *BMJ Open* 2016;6:e009892. doi: 10.1136/bmjopen-2015-009892.

³⁸ The NOVA Classification System. <https://worldnutritionjournal.org/index.php/wn/article/view/5/4>

as obesity, high blood pressure, cancer, and death from all causes.^{39,40,41} Ultra-processed foods have also been linked to lower measures of cardiovascular health. “Researchers at the Centers for Disease Control and Prevention found that for every 5% increase in calories from ultra-processed foods a person ate, there was a corresponding decrease in overall cardiovascular health. Adults who ate approximately 70% of their calories from ultra-processed foods were half as likely to have “ideal” cardiovascular health, as defined by the American Heart Association’s Life’s Simple 7, compared with people who ate 40% or less of their calories from ultra-processed foods.”^{42,43}

The Guidelines should recommend reducing the amount of highly processed foods in the diet, and advise consumers to cook at home; shop the perimeter of the store; choose minimally processed, nutrient-dense options; and choose carefully when eating at restaurants.

Physical Activity

The Dietary Guidelines should continue to strongly emphasize the importance of physical activity and reinforce that there is an association between sedentary behavior and mortality, heart disease, high blood pressure, diabetes, obesity, and some cancers.⁴⁴ Being physically active is one of the most important health behaviors people can do to maintain cardiovascular health and quality of living.

To promote physical activity within the Dietary Guidelines, the ensuing consumer education campaign should emphasize the importance of adhering to the Physical Activity Guidelines for Americans. But the Departments must go beyond simply telling Americans to be physically active; Americans have heard that message for years, but the majority still do not get the recommended amount of physical activity. Changes to public policies and the environmental setting are also needed.

³⁹ Hall KD, et al. Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain: An Independent Randomized Controlled Trial of *Ad Libitum* Food Intake. 2019, *Cell Metabolism* 30, 67–77. July 2, 2019.

⁴⁰ Rico-Campa A, et al. Association Between Consumption of Ultra-Processed Foods and All Cause Mortality: SUN Prospective Cohort Study. *BMJ*. 2019; 365: l1949. <https://www.bmj.com/content/365/bmj.l1949>

⁴¹ Schnabel L, et al. Association Between Ultraprocessed Food Consumption and Risk of Mortality Among Middle- aged Adults in France. *JAMA Intern Med*. 2019 Apr 1;179(4):490-498. doi: 10.1001/jamainternmed.2018.7289

⁴² American Heart Association Scientific Sessions. Too Much Ultra-Processed Foods Linked to Lower Heart Health. <https://newsroom.heart.org/news/too-much-ultra-processed-foods-linked-to-lower-heart-health?preview=82b0>

⁴³ Zhang Z, et al. Association Between Ultra-Processed Food Intake and Cardiovascular Health Among U.S. Adults: NHANES 2011-2016. *Circulation*. 2019. https://www.ahajournals.org/doi/10.1161/circ.140.suppl_1.10611

⁴⁴ Eyre, H., et al. Preventing cancer, cardiovascular disease, and diabetes: a common agenda for the American Cancer Society, the American Diabetes Association, and the American Heart Association. *Circulation* 109(25): 3244-3255; 2004.

Environmental and Policy Approaches to Implement the Guidelines

Many of the Committee’s recommendations (e.g., eat more fruits and vegetables, eat less saturated fat and added sugars) have been made in previous editions of the Dietary Guidelines yet adherence to a healthy dietary pattern has not improved and obesity rates remain high. To reverse this trend, broader environmental and policy approaches designed to improve access to high quality, affordable, healthy foods are needed; simply telling the public what to eat is not enough. A comprehensive, coordinated system-wide approach is needed to change dietary patterns on a broad scale.

We urge the departments to consider the social, economic, environmental, and cultural factors that impact a consumer’s ability to follow a healthy dietary pattern. Some of these, including social determinants of health, food access, food security, and environmental settings, were identified by the Advisory Committee as influencing the quality of the dietary pattern people consume.⁴⁵ USDA and HHS should pursue environmental, systems, and policy changes that support Americans’ individual efforts to make better food choices, adopt healthier lifestyles, and achieve a healthy weight. We note that many of these strategies involve changes in federal policies, and we encourage the departments to work with their federal partners to move them forward. We recommend the departments:

- Educate the public about the benefits of a healthy diet and active lifestyle as an important strategy for reducing the incidence and risk of cardiovascular disease, stroke, and other chronic diseases
- Encourage and incentivize the food and beverage and restaurant industries to produce and sell healthier options
 - Revise the “healthy” nutrient content claim overseen by the FDA and create a “healthy” front-of-pack icon
 - Release the short- and long-term voluntary sodium reduction targets for the food industry
 - Support economic and pricing approaches to limit added sugars intake including SSB taxes
- Update the nutrition standards used in federal feeding programs
 - Withdraw the USDA proposed rule (FNS-2019-0007) that would weaken the nutrition standards for the National School Lunch and Breakfast Programs, and restore the sodium and whole grains standards contained in the 2012 final rule (FNS-2007-0038)
 - Include an added sugars standard in the National School Lunch and Breakfast Programs
 - Strengthen the nutrition standards in the Summer Food Service Program

⁴⁵ 2020 DGAC Report, Part B: Chapter 2: Integrating the Evidence, page 5.

- Limit access to high-calorie, nutrient-poor foods and sugar-sweetened beverages in workplaces and other public places
 - Encourage adoption of food service guidelines, including in federal, state, and local government facilities
- Increase access to fruits and vegetables and other healthy foods
 - Strengthen retailer standards for the Supplemental Nutrition Assistance Program (SNAP), requiring retailers to stock a wider variety of foods and more perishable foods
 - Pilot methods to improve diet quality in SNAP without reducing access to the program or cutting the benefit level
- Encourage manufacturers, retailers, and restaurants to promote healthy options and limit the marketing of unhealthy foods
 - Develop marketing standards that limit the advertising of unhealthy foods and beverages to children and adolescents, including online marketing
 - In food retail settings, use product placement, pricing, and promotion to encourage the purchase of healthier options
 - In restaurants, shift menus, portion sizes, marketing, pricing, and other promotions to provide and support healthier options of food and beverages, including making the healthier option the default option in children's meals
- Promote a sustainable and safe food supply to ensure long-term food security
- Encourage and increase opportunities for physical activity
 - Update the Physical Activity Guidelines every ten years with a mid-course review every five years
 - Promote shared use agreements that allow schools to share their physical activity facilities with the community for recreation and exercise opportunities
 - Improve and invest in the built environment to increase opportunities for active transportation such as walking, bicycling, or rolling
- Fund research on how to best drive behavioral change

In addition to the recommended actions above, we strongly encourage the departments to consider how food insecurity affects Americans' ability to achieve a healthy dietary pattern. This is a critical issue identified by the Advisory Committee for future research – and we agree that additional research is needed – however the current COVID-19 pandemic necessitates that we address this issue now as large numbers of people are currently experiencing food insecurity. This is particularly concerning since low-socioeconomic populations are at high risk for nutrition sensitive health conditions.⁴⁶ We urge the departments to make addressing food insecurity a priority.

⁴⁶ 2020 DGAC Report, Part B: Chapter 2: Integrating the Evidence, page 12.

Finally, we encourage the departments to examine how traditional dietary guidance can be impacted by questions of food sustainability. Even though the Advisory Committee was not tasked with revisiting this topic, the Committee again recognized the importance of sustainability stating that federal departments must “support efforts to consider the *Dietary Guidelines* in relation to sustainability of the food system.”⁴⁷ We appreciate the Committee raising this issue and we encourage USDA and HHS to consider how they can support systems changes that may be necessary to improve food sustainability and ensure access to affordable, healthy foods. This may include updating the charter and scope of future Dietary Guidelines Advisory Committees to ensure that food sustainability is included as a component and that the Committee includes members with the appropriate expertise to advise on the topic.

Future Directions

Similar to previous committees, the 2020 Dietary Guidelines Advisory Committee put forth valuable research recommendations that could lead to a more robust evidence base to inform future updates of the Dietary Guidelines. We encourage the departments to work with relevant agencies, including the National Institutes of Health, towards addressing these research needs.

AHA would also like to take this opportunity to highlight a few research topics we encourage the departments and future Advisory Committees to explore, including:

- **Dietary Pattern for Older Adults:** As noted earlier in our comments, older or geriatric adults have unique energy and nutrient needs and additional research should be conducted to provide specific dietary recommendations for this population.
- **Gut Microbiome:** Diet has emerged as a leading factor affecting the gut microbiome and health. The science in this area is growing quickly and warrants reconsideration. A future Advisory Committee could, for example, explore the health effects of the gut microbiome on weight, cardiovascular disease, bone health, and CVD risk factors as well as changes in the microbiome across the life course.
- **Frequency of Eating and Timing of Meal/Snack Consumption:** While the Committee examined several questions related to frequency of eating, additional research is needed for future Committees to make recommendations on the frequency and timing of eating and health outcomes.

⁴⁷ Ibid, Part E: Future Directions, page 6.

- **Fad Diets:** Fad diets often attract a lot of attention but may not be based on sound science. We recommend examining the most popular fad diets to determine their impact on weight, nutrient adequacy, and health outcomes.
- **Behavior Change:** Additional research is needed to determine how to best drive behavioral change, particularly in different socioeconomic groups and ethnicities.
- **Sustainability:** As discussed above, sustainability is an important topic that should be revisited. The departments should build on the work of the 2015 Dietary Guidelines Advisory Committee and examine sustainable diets and the changes that will be required to the food supply chain, including food production, harvesting, and the associated economic and environmental sectors.

Closing

In closing, AHA would like to reiterate our strong support for the 2020 Dietary Guidelines Advisory Committee Scientific Report. The Committee's report provides the Agencies with a strong, science-based foundation for the 2020-2025 Dietary Guidelines and we encourage HHS and USDA to incorporate the Committee's recommendations into the final policy document.

To help the public implement the new Dietary Guidelines, we urge USDA and HHS to make sure that the Advisory Committee report is translated into strong, easily understandable recommendations that include examples of specific foods to consume and avoid, and ways to make healthier choices. We also encourage the departments to focus on broad policy and environmental changes that will help make the healthy choice the easy, affordable, available, and attractive choice for more Americans.

Thank you for your consideration of our comments. If you have any questions or need any additional information, please do not hesitate to contact Susan Bishop, Senior Regulatory Affairs Advisor, at (202) 785-7908 or susan.k.bishop@heart.org.

Sincerely,



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