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Re: Response to Request for Comments on the Dietary Guidelines for Americans, 2015

Dear Dr. Olson, Dr. Casavale, Ms. Rihane, and Dr. Bowman:

Strategic Alliance is pleased to have the opportunity to respond to the request for comments on the *Scientific Report of the 2015 Dietary Guidelines Advisory Committee* (DGAC). In this letter, we provide comment in strong support of several key topics outlined in the report. We believe the DGAC's report represents a significant and valuable contribution to the evolving body of evidence and recommendations that shapes the U.S. Dietary Guidelines for Americans.

The Strategic Alliance for Healthy Food and Activity Environments is a statewide network of nutrition and physical activity advocates in California. Since its founding in 2001, the Alliance has advanced an environmental and policy change approach to healthy eating and active living throughout California. Our [*Taking Action for a Healthier California*](#) policy platform – a priority list of strategies to foster healthy community environments across California – was largely incorporated into Governor Schwarzenegger's 2005 *10-Step Vision for a Healthy California*. Together, the Alliance's Steering Committee and statewide network have championed a broad range of policies, from the establishment of nutrition standards that got soda and junk foods out of schools, to the elevation of joint use (shared use) across the state as key strategy for increasing access to safe places to play. Improving access to healthful, sustainable foods in the community, children's settings, workplaces, and through federal nutrition programs has been an enduring priority for the Alliance since its inception. It is based on our collective experience in advancing promising and evidence-based strategies to prevent diet-related chronic illness that we offer our comments.

Approximately half of all adults in the U.S. live with chronic illness. The Centers for Disease Control and Prevention (CDC) estimates that up to 40 percent of annual deaths from each of the five leading causes of mortality – including heart disease, cancer, and stroke – are preventable. There exists enormous opportunity to elevate and prioritize prevention, and the Dietary Guidelines are a powerful tool for positive change; they guide food policy decisions in communities and set the course for the American diet. The Guidelines serve a critical function by forming the basis of food and nutrition standards within federal nutrition policy and programs. In addition, they provide an evidence-based framework for local, state, and national health promotion and disease prevention initiatives.

Strategic Alliance recognizes the significance of the report's recommendations for policies and environments that support and improve public health. Despite public reports to the contrary, the basic nutrition advice in the Guidelines has been largely unchanged for years. What has changed is the growing research base documenting the role of the surrounding environment and the widespread marketing and availability of unhealthful foods as significant contributors to poor diet. To translate the unbiased science in the expert report into environmental and policy actions will be critical to achieving the dietary recommendations laid out in the Dietary Guidelines at a population scale.

Contrary to some criticism of the 2015 DGAC's report, both concern with policy implementation and a broader view of health is consistent with past Guidelines and reports. In its 2010 report, the DGAC stated that "all segments of society—from parents to policy makers and everyone else in between—

must now take responsibility and play a leadership role in creating gradual and steady change to help current and future generations live healthy and productive lives.”¹

In this comment letter, we make the following points:

- A) We support the DGAC’s use of the socio-ecological model and recognition that individual diet and physical activity are influenced by individual biological, household, community, societal, and cultural factors, as well as public and private policies, systems, and environments.
- B) We strongly support the DGAC’s inclusion of specific policy and organizational practice changes that are needed to create healthy environments. The final DGA report should continue to reflect these science-based changes to our food environment and public policies to support and facilitate Americans making healthier food and beverage choices across the lifespan.
- C) We commend the DGAC’s recognition of a variety of healthy dietary patterns and the continued emphasis that healthy diets meet nutrient needs with whole foods.
- D) We support DGAC’s finding that multi-component interventions that use a variety of strategies, including environmental change approaches, are more effective than single-component interventions.
- E) We endorse the DGAC’s recognition of sustainability as an essential component of federal dietary guidance. We strongly agree that linking health, dietary guidance, and the environment will promote human health and sustainability.
- F) We support the DGAC’s recommendations to reduce consumption of added sugars, and to incorporate added sugars into the Nutrition Facts label, including a percentage of a Daily Value based on 10 percent of calories or less in a 2,000-calorie diet, and for amounts expressed in teaspoons as well as grams to maximize consumer understanding.
- G) We support the development of policies to promote water as the primary beverage of choice. We also support public education and policy changes to encourage access to clean water, including a symbol for water as part of the graphics for MyPlate.

We strongly urge those tasked with finalizing the Dietary Guidelines to maintain the emphasis in the DGAC’s report on changing the food environment to improve the nutritional quality of foods and beverages that are widely available, affordable, marketed, and consumed. Below, we expand our comments, which follow the topical format of the DGAC Scientific Report.

A) Part B. Chapter 1: Introduction – DGAC Conceptual Framework

¹ In fact, many substantial matters of policy have been addressed in past Guidelines and Committee reports. These include, in no particular order: the need for physical activity (DG 1980-2010, DGAC 1995-2010); alcohol consumption, warnings against use of driving or machinery (DG 1980-2010, DGAC 1995-2010); reducing healthcare costs through diet (DGAC 1995); poverty as a barrier to nutritional implementation (DGAC 1995, DGAC/DG 2010); racial health disparities (DGAC 2005, DGAC/DG 2010); the cost and availability of fruits and vegetables (DGAC 2005, DGAC/DG 2010); the geographic distribution of fast food and convenience store versus grocery stores (DGAC/DG 2010); opportunities for safe and enjoyable outdoor activities (DGAC 2005, DGAC/DG 2010); benefits of plant-based diets (DGAC/DG, 1995, 2000, 2005, 2010); the need to reduce screen time for children (*i.e.*, television, video games, computer use (DGAC/DG 2010)); policies impacting sustainable agriculture and aquaculture (DGAC/DG 2010); land use policy and zoning policy (DGAC 2010); food safety and technology (hand sanitation, kitchen cleanliness, temperature control) (DGAC/DG 2000-2010); economic incentives for food manufacturers as barrier for health (DGAC 2010); the need to increase comprehensive education for health, nutrition and physical education (DGAC 2010 in-depth; and included in prior years); improving public/private partnerships for health (DGAC/DG 2010); developing legislation and policies in diverse sectors (public health, retail, transportation, etc.) (DGAC/DG 2010); and the advisability of limiting food and beverage marketing to children (DGAC/DG 2010).

We support the DGAC’s use of the socio-ecological model and recognition that individual diet and physical activity are influenced by individual biological, household, community, societal, and cultural factors, as well as public and private policies, systems, and environments.

The DGAC rightly recognizes the dynamic interplay that exists among individuals’ nutrition, physical activity, and other health-related lifestyle behaviors and their environmental and social contexts. In the 2000 report, *Promoting health: Intervention strategies from social and behavioral research*, the Institute of Medicine described the fundamental importance of innovative approaches to promote health behaviors. They recognized that education-alone and individually focused interventions are not sufficient: “it is unreasonable to expect that people will change their behavior easily when so many forces in the social, culture and physical environment conspire against such change.”ⁱ Since then, numerous authoritative documents^{ii,iii,iv} describe the central and fundamental role of the environment, social policy, and organizational practices in shaping health behaviors and outcomes.

B) Part B. Chapter 2: 2015 DGAC Themes and Recommendations: Integrating the Evidence -- Actions for Communities and Populations

We strongly support the DGAC’s inclusion of specific policy and organizational practice changes that are needed to create healthy environments. The final DGA report should continue to reflect these science-based changes to our food environment and public policies to support and facilitate Americans making healthier food and beverage choices across the lifespan.

The DGAC recommended *Actions for Communities and Populations* strongly reflect the state of evidence that policy, practice, and environmental changes across a broad range of sectors – including health care, public health, education, food and agriculture, transportation, food retail, the media, and service sectors – are needed to create a national “culture of health” and build towards positive norms change related to diet and health behaviors.

In California, Strategic Alliance and its statewide partners have over a decade of experience advancing and implementing state policy to improve food environments in communities, schools, institutions, and workplaces. We have learned that policy change in these multiple environments to increase access to healthful food, limit marketing of junk food, increase access to water, and make the healthy choice the default, work synergistically to change dietary behaviors. We have cultivated partnerships across sectors, and at the state level instituted a Health in All Policies approach to ensure our work achieves this ultimate goal of creating healthier norms. The DGAC report’s elevation of specific strategies across sectors is aligned with what we have learned here in California about what works.

In addition to the California experience, specific strategies to foster health-promoting policies and environments in the communities, schools, workplaces and institutions where children and adults spend the majority of their time have been developed and promoted by numerous public health authorities, including the Centers for Disease Control and Prevention, Community Preventive Services Task Force, Institute of Medicine, President’s Cancer Panel, and now the 2015 DGAC. The recommendations delineated in the DGAC *Actions for Communities and Populations* rightly align with the strategies described by the aforementioned public health authorities.^{v,vi,vii,viii}

We strongly recommend that the DGA prominently feature the DGAC's recommendations for policies and environments that support and promote healthy diets and lifestyles. The DGA should emphasize the important role that the food environment and public policies play in the ability of Americans to follow the DGA's recommendations. The DGA should include a call to action for a wide range of stakeholders—including policy-makers at all levels of government, public health experts, the food and beverage industry, restaurants and food retailers, media companies, schools, businesses, community-based organizations, and others—to make healthy lifestyles and disease prevention top priorities. Additionally, many of the recommended population-level strategies involve changes in federal policies, and the federal government must move forward with making evidence-based changes in policies and practices. The federal government should also encourage and incentivize policy changes at other levels of government and in the private sector that promote healthy environments and behaviors.

C) Part D. Chapter 2: Dietary Patterns, Foods and Nutrients, and Health Outcomes

We commend the DGAC's recognition of a variety of healthy dietary patterns and the continued emphasis that healthy diets meet nutrient needs with whole foods.

Strategic Alliance supports DGAC's focus on overall dietary patterns and the common characteristics of healthy diets. We further support the DGAC's assessment that the overall body of evidence identifies a healthy dietary pattern as one that is:

- higher in fruits, vegetables, whole grains, low or non-fat dairy, seafood, legumes, and nuts;
- moderate in alcohol, among those who choose to drink, except for children and other individuals for whom alcohol consumption is not recommended;
- lower in red and processed meats; and
- low in sugar-sweetened foods and drinks and refined grains.

The DGAC examined the evidence supporting several dietary patterns and their relationship to health outcomes. Each of the dietary patterns that the DGAC ultimately recommended shares many of the same core elements identified by the DGAC, namely higher intakes of fruits, vegetables, low-fat dairy foods, fish, poultry, beans, nuts, whole grains, healthy oils (providing more monounsaturated and polyunsaturated fats), and lower intakes of added sugars, sodium, and red and processed meats. The 2015 DGA should include these findings into the recommendations and emphasize the importance of consuming an overall healthy dietary pattern, because the combination of healthy dietary habits has more impact on lowering disease risk than any one specific nutrient or food.

We agree with the DGAC report that the DGA should continue to recommend that nutrient needs be met primarily by consuming nutrient-dense, whole foods as part of an overall healthy dietary pattern. This approach is consistent with recommendations from the Institute of Medicine,^{ix} American Cancer Society,^x American Institute for Cancer Research,^{xi} and others, and research showing that the nutrient density and overall healthfulness of fruits, vegetables, whole grains, and low-fat dairy products cannot be duplicated by simply adding vitamins or minerals to nutrient-poor foods. The American Cancer Society's Nutrition and Physical Activity Guidelines for Cancer Prevention notes, "it is likely that foods and nutrients have additive or synergistic effects on health and interact in complex ways that are difficult to study and are poorly understood."^{xii}

The recommendation that whole foods be at the center of an overall healthy dietary pattern has significant implications for the food, beverage and restaurant industries. Reformulating packaged and restaurant foods holds strong potential to increase intake of nutrient-dense, whole foods. At the same time, these foods are such a significant source of sodium in the American diet, the Dietary Guidelines should also specify that reformulation should be a central strategy to reducing sodium levels present in the food supply.

D) Part D. Chapter 4: Food Environment and Settings

We support DGAC’s finding that multi-component interventions that use a variety of strategies, including environmental change approaches, are more effective than single-component interventions.

We are pleased that the DGAC found at least promising, and many times much stronger, evidence that multi-component obesity prevention approaches in child care settings, schools, and worksites improve weight-related outcomes and that the committee found moderate-to-strong evidence that school and worksite policies improve diet outcomes. Two widely used public health frameworks for designing initiatives – the [Social-Ecological Model](#) and the [Spectrum of Prevention](#) – emphasize the importance of multi-level, multi-component interventions to achieve significant and lasting impact. The fact that the DGAC found that multi-component interventions that addressed both diet and physical activity and used a variety of strategies, including policy and environmental changes, were most likely to be successful in preventing obesity points to the need for a multi-component, collaborative, and sustainable approach.

E) Part D. Chapter 5: Food Sustainability and Safety

We endorse the DGAC’s recognition of sustainability as an essential component of federal dietary guidance. We strongly agree that linking health, dietary guidance, and the environment will promote human health and sustainability.

The DGAC took a measured but significant step in including a review of the relationship between dietary patterns and environmental impacts in terms of increased greenhouse gas emissions, land use, water use, and energy use. DGAC’s comprehensive review of the literature found moderate to strong evidence that, “dietary patterns that promote health also promote sustainability.” The DGAC’s conclusion supports the assertion that sustainable dietary choices support both long-term and short-term nutritional health and are closely linked to the choices recommended for optimal nutrition. Our nation’s ability to meet future food needs will depend on those environmental outcomes, particularly in the context of a changing climate, with more extremes in weather such as drought, resource shortages, changes in global dietary patterns, and population growth.^{xiii} The DGAC’s review of the effects of individual and population-level dietary patterns on sustainability is both timely and in the interest of public health.

The Committee’s findings on sustainability reflect a rigorous and comprehensive assessment of the latest scientific evidence and were prepared in close consultation with experts spanning nutrition, agricultural, and environmental sciences. The findings reflect a substantial body of science that

illustrates the synergies between healthy dietary choices and a sustainable food system. Its prioritization of sustainability is consistent with a range of scientific consensus organizations, including the National Research Council, a committee of the Institute of Medicine, and the Academy of Nutrition and Dietetics.^{xiv}

F) Part D. Chapter 6: Cross-Cutting Topics of Public Health Importance – Added Sugars

We support the DGAC’s recommendations to reduce consumption of added sugars, and to incorporate added sugars into the Nutrition Facts label, including a percentage of a Daily Value based on 10 percent of calories or less in a 2,000-calorie diet, and for amounts expressed in teaspoons as well as grams to maximize consumer understanding.

Evidence supporting the harmful impacts of added sugars has increased since the 2010 DGAC deliberations, and we strongly support the DGACs reexamination of the public health goals for added sugar consumption. With regard to high consumption of added sugars, the DGAC concluded that there was “strong evidence” for an increased risk of excess body weight and type 2 diabetes, and “moderate evidence” for an increased risk of hypertension, stroke, coronary heart disease, high blood pressure, serum triglycerides, and dental caries. After reviewing the evidence, the Committee found that “strong evidence supports reducing added sugars intake to reduce health risks” and that a limit on “added sugars to a maximum of 10 percent of total daily caloric intake” was supported by the food pattern modeling analysis and the scientific evidence review on added sugar and chronic disease risk.^{xv}

While we support the DGAC’s recommendation for consuming no more than 10 percent of calories from added sugars, and believe that that could form an adequate basis for FDA to include a percent DV for added sugars on the labels of packaged foods, we believe that a lower recommendation would also be appropriate. Specifically, Americans should get no more than five to ten percent of their calories from added sugars. That recommendation would align the DGA with recommendations from the World Health Organization and the American Heart Association (AHA).^{xvi} Such science-based recommendations and guidelines to reduce added sugar intake have existed for years:

- In 2003, the World Health Organization (WHO) recommended that individuals consume less than 10 percent of their calories from “free” sugars. That includes added sugars and the “free” sugars in fruit juices, honey, and syrups, so the percentage of calories from added sugars would be less than 10 percent.
- In 2005, the DGA recommended quantitative limits for added sugars combined with solid fats based on the discretionary calorie allowance for each level of calorie intake.^{xvii} For example, after lower-calorie, nutrient-dense foods in each food group were selected, someone consuming a 2,000-calorie diet would have up to 267 discretionary calories to expend on solid fats and added sugars (assuming no alcohol, which is not the case for many U.S. adults). Dividing those calories equally between solid fats and added sugars, a reasonable and realistic recommendation, would mean that no more than 133 calories (33 grams or 8 teaspoons) per day should come from added sugars. That would amount to 6 percent of calories in a 2,000-calorie diet.

- In 2009, the American Heart Association (AHA) recommended that women and men consume no more than 100 calories (25 grams) or 150 calories (37.5 grams) per day from added sugars, respectively. That is equivalent to roughly 6 percent of total calories (based on intakes of 1,800 calories for women and 2,200 for men).^{xviii} The AHA recommendation was based on amounts of discretionary calories for added sugars and solid fats detailed in the appendices of previous versions of the DGA.
- In 2015, the WHO, following a comprehensive review of the science, published an evidence-informed guideline that provides two strong recommendations: 1) “a reduced intake of free sugars throughout the life course;” 2) “reducing intake of free sugars to less than 10 percent of total energy intake.”^{xix} The WHO also made a conditional recommendation for an even lower sugar intake, to “below 5 percent.”

Strategic Alliance recommends that a quantitative limit for added sugars must be included in the main body (not just an appendix) of the DGA, as it has important implications for national programs and policies, including school meals, snacks and drinks in schools, and food labeling.

Strategic Alliance strongly supports the policy implications described in the DGAC report as they relate to reducing consumption of added sugars. We agree that efforts at local, state, and national levels are needed to lower added sugars in beverages and foods and to limit availability of sugar-sweetened beverages and snacks. We agree that the DGA should endorse such policies, including the following:

- Revising the Nutrition Facts label to include added sugars, with amounts expressed in both grams and teaspoons, along with a percent DV;
- Economic and pricing approaches, including incentives and disincentives;
- Continued efforts to reduce added sugars in foods and beverages in school meals and snacks;
- Limiting the presence and advertising of foods and beverages high in added sugars to young children, youth, and adolescents;
- Health promotion efforts and policies to reduce the availability of sugar-sweetened beverages in post-secondary institutions and worksites;

All of those policies are an appropriate response to decades of food marketing and promotion, lobbying, and attempted influence over health research findings by sugar interests.^{xx} Connecting dietary advice to consumption patterns is critical to achieving public health improvements.

G) Part D. Chapter 6: Cross-Cutting Topics of Public Health Importance – Water

We support the development of policies to promote water as the primary beverage of choice. We also support public education and policy changes to encourage access to clean water, including a symbol for water as part of the graphics for MyPlate.

We are pleased to see specific inclusion of water as the preferred beverage of choice in the DGAC report, including the recognition that strategies are needed to ensure water is available in “public settings, as well as child care facilities, schools, worksites and other community places.” In addition to the language contained in the report, we recommend that the Dietary Guidelines include specific

guidance that *plain tap water* is the primary beverage of choice. Encouraging water consumption can help to build demand for improved access to clean and safe tap water, needed in many homes, schools, and other sites across the country.^{xxi, xxii}

In addition to including strong language on drinking water in the 2015 DGA, Strategic Alliance encourages the USDA to update MyPlate to include a symbol for water. In 2014, national leaders in nutrition urged DGAC to encourage a symbol for water on MyPlate.^{xxiii} The addition of a water symbol would enable MyPlate to promote water consumption along with its other messages. Such a MyPlate message would synergize with key strategies of the Centers for Disease Control and Prevention designed to decrease consumption of sugar-sweetened beverages and numerous local initiatives across the country that encourage water consumption.^{xxiv} Finally, adding water to the MyPlate graphic would support effective implementation of the provisions of the Healthy, Hunger-Free Kids Act of 2010 requiring ready access to water in childcare and in schools, also recommended by the DGAC.

In closing, Strategic Alliance believes that the 2015 Scientific Report of the Dietary Guidelines Advisory Committee reflects a tremendous contribution to national efforts to review and translate the evidence-base on healthy diets and chronic disease prevention. We thank the U.S. Department of Health and Human Services and the U.S. Department of Agriculture for the opportunity to share our comments, and we look forward to receiving your response.

Sincerely,



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On behalf of the Strategic Alliance for Healthy Food and Activity Environments

Strategic Alliance Steering Committee Includes:

- Ad Lucem Consulting
- CANFIT
- California Center for Public Health Advocacy
- California Convergence Coordinating Office
- California Food Policy Advocates
- California Pan Ethnic Health Network
- California Park and Recreation Society
- California Project Lean
- California WIC Association
- ChangeLab Solutions
- Child Care Food Program Roundtable
- Latino Health Access
- Policy Link
- Prevention Institute
- The Sarah Samuels Center for Public Health Research and Evaluation

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