

Updating Food Policies and Nutrition Guidance

Dietary Guidelines for Americans
&
Nutrition Facts Panel

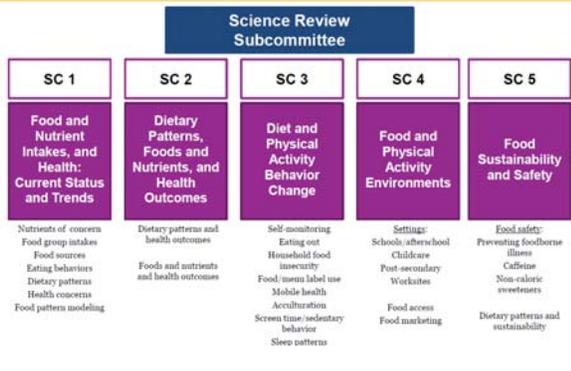
Michelle Futrell, MS, RD, LDN
N.C. Department of Health & Human Services
Nutrition Consultant, Children and Youth Branch;
N.C. Division of Public Health
(Office) 919-707-5669
(Fax) 919-870-4880
Michelle.futrell@dhhs.nc.gov
www.ncdhhs.gov/doh

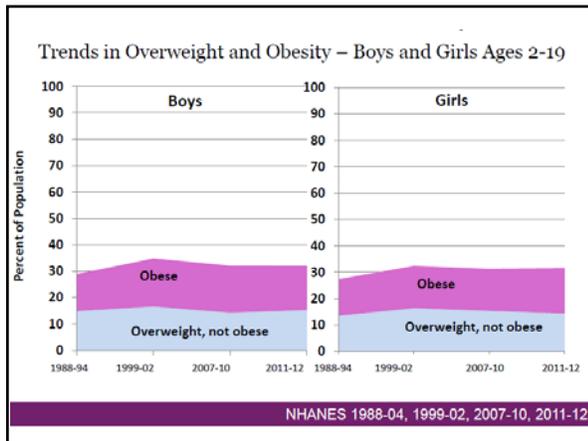
Objectives

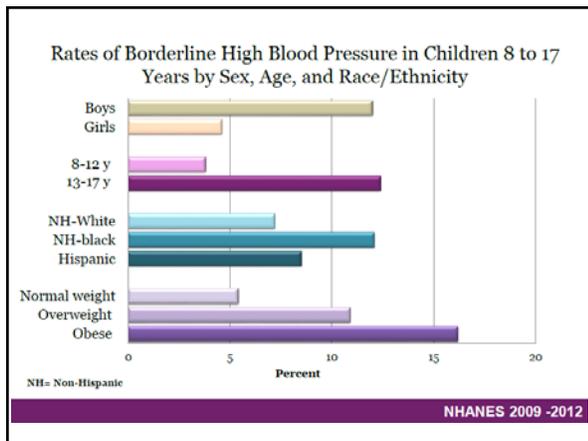
After participating in this workshop audience members will:

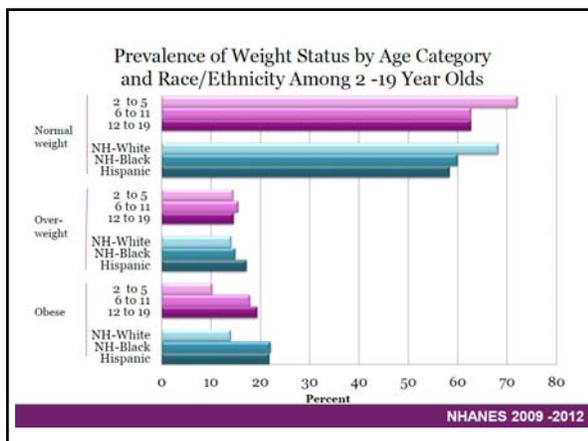
- Understand the development process of key federal dietary guidance
- Be able to use the *Dietary Guidelines for Americans* [DGAs] and the *Nutrition Facts Panel* [NFP] as evidence based guidance for clients and their families

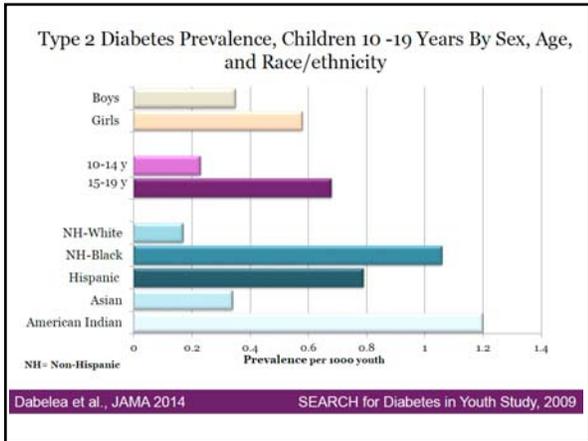
2015 DGAC Subcommittees

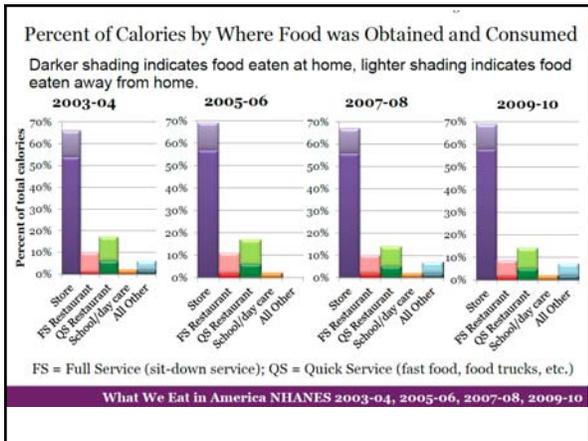


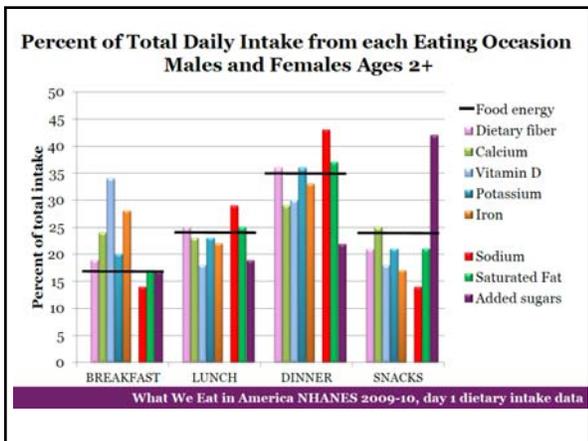


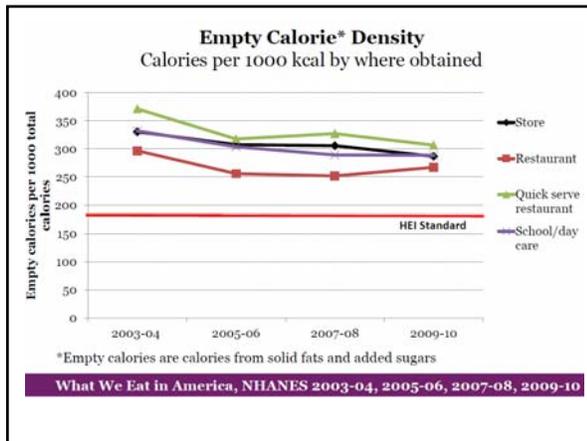












- ### Key Topic Areas
- Sedentary Behavior Including Screen Time
 - **Acculturation**
 - **Eating Out**
 - **Mobile Health**
 - Self-monitoring
 - Household Food Insecurity
 - Family Shared Meals
 - Sleep
 - Food/Menu Use

- ### Acculturation and Dietary Intake
- #### Draft Implication Statement
- Acculturation provides important information about:
 - Dietary habits
 - Risk of excessive body weight
 - Cultural aspects including language preferences
 - Acculturation research has important implications for
 - Dietary Guidelines **dissemination**
 - Dietary Guidelines **implementation**

Mobile Health (mHealth)

Background

- Recent expansion in use of mHealth technologies (e.g., text messaging, mobile phone apps, remote monitoring, portable sensors):
 - Change in US health information and health care delivery.
 - Mobile technologies offer unprecedented opportunities to:
 - Improve the health of Americans
 - Reach traditionally underserved ethnic and racial populations
- 2013 AHA/ACC/TOS Guidelines for Management of Overweight and Obesity in Adults provide research recommendations on using mHealth technologies to improve comprehensive, high-intensity lifestyle interventions for weight loss:
 - More research needed that evaluates effective methods of delivering lifestyle interventions remotely (e.g., internet, mobile phone, text messaging, telephone, DVDs, etc., or some combination of these) to achieve and maintain clinically meaningful weight loss.

Mobile Health (mHealth)

Draft Research Recommendations

1. Studies should assess the extent to which the use of mobile technologies impacts long-term adherence and attrition rates. Studies should document the percentage of subjects still participating in the mHealth intervention over short sequential periods of time (e.g., monthly after start of the intervention) and determine factors that affect adherence. Design studies to minimize attrition rates in the intervention and control arms.
2. Randomized controlled trials should be powered both for small effect sizes and relatively high attrition rates.

Mobile Health (mHealth)

Draft Research Recommendations

3. Studies, based on sound behavioral change theories, should test the effects of mobile health technologies on dietary and weight outcomes when used longer than 3 months and assess the sustainability of positive changes after the end of interventions.
4. Investigators are encouraged to use an "intent-to-treat" approach in their study designs and consider utilizing analytic plans that employ "Missing Not At Random" data imputation strategies.
5. Future studies should include larger study sample sizes, more heterogeneous populations, and include some of the under-represented ethnic/racial groups in the U.S. population.

Schools

Questions

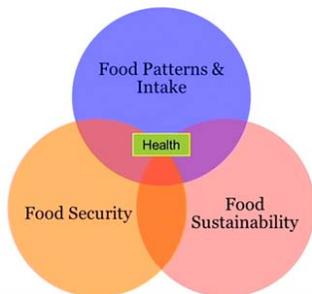
1. What is the impact of school-based approaches on the dietary intake, quality, behaviors and/or preferences of school-aged children?
2. What is the impact of school-based policies on the dietary intake, quality, behaviors and/or preferences of school-aged children?
3. What is the impact of school-based approaches on the weight status of school-aged children?
4. What is the impact of school-based policies on the weight status of school-aged children?

Approach: Existing Systematic Reviews

Subcommittee 5 Scope

- To address food and nutrition issues that will inform public health action and policies to promote the health of the population through food safety and long-term food security.

SC 5 Framework



Food Access

Draft Conclusion Statement: Dietary Intake & Quality

Limited but consistent evidence indicates that the relationship between access to farmers' markets/produce stands and dietary intake and quality is favorable.

Grade: Limited due to a small number of studies.

Note: A limited body of evidence shows conflicting results regarding access to other food outlets, such as supermarkets, grocery stores and convenience stores, and dietary intake and quality.

Food Access

Draft Conclusion Statement: Weight Status

Limited but consistent evidence indicates that the relationship between access to convenience stores and weight status is unfavorable with closer proximity and greater access being associated with significantly higher BMI and/or increased odds of overweight/obesity.

Grade: Limited due to a small number of studies.

Note: A limited body of evidence shows conflicting results regarding access to other food outlets, such as supermarkets, grocery stores and farmers' markets/produce stands, and weight status.

Physical Activity Interventions for Children

- What is the relationship between school-based physical activity interventions and increased physical activity?
- What is the relationship between early child care and education center-based interventions and increased physical activity?
- What is the relationship between home-based exercise programs and increased physical activity?
- What is the relationship between the built environment and amount of physical activity?

Source of evidence:

Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth (2013)

Physical Activity Interventions for Children

Draft Conclusion Statement:

- Multi-component school-based interventions can increase physical activity in children during school hours.
- Enhanced physical education (PE) can increase overall physical activity in children and physical activity time during PE class.

DGAC Grade: Strong

Physical Activity Interventions for Children (cont.)

Draft Conclusion Statement:

- Evidence is limited, but consistent, that school-based physical activity breaks can increase physical activity among children.
- Reasonably consistent evidence suggests that improving the built environment can increase physical activity in children.

DGAC Grade: Limited

Physical Activity Dose in Children (cont.)

Draft Conclusion Statement:

- Therefore, the DGAC concurs with the 2008 Physical Activity Guidelines for Americans that to achieve health benefits, children and adolescents should engage in 60 minutes (1 hour) or more of physical activity daily.
- Most of the 60 or more minutes a day should be either moderate- or vigorous-intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week.
- As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days of the week, as well as bone-strengthening physical activity on at least 3 days of the week.

DGAC Grade: Strong

Physical Activity Dose in Children (cont.)

Draft Conclusion Statement:

- These include regular participation in each of the following types of physical activity on 3 or more days per week: resistance exercise to enhance muscular strength in the large muscle groups of the trunk and limbs, vigorous aerobic exercise to improve cardiorespiratory fitness and cardiovascular and metabolic disease risk factors, and weight-loading activities to promote bone health.

DGAC Grade: Strong

Physical Activity Dose in Children

Draft Conclusion Statement:

- Substantial evidence indicates that important health and fitness benefits can be expected to accrue to most children and youth who participate daily in 60 or more minutes of moderate to vigorous physical activity.
- Certain specific types of physical activity should be included in an overall physical activity pattern in order for children and youth to gain comprehensive health benefits.

DGAC Grade: Strong

Physical Activity and Health Outcomes in Children

Draft Conclusion Statement:

- Strong evidence demonstrates that the physical fitness and health status of children and youth is substantially enhanced by frequent physical activity.
- Compared to inactive young people, physically active children and youth have higher levels of cardiorespiratory endurance and muscular strength and well documented health benefits include lower body fatness, more favorable cardiovascular and metabolic disease risk profiles, enhanced bone health, and reduced symptoms of anxiety and depression.

DGAC Grade: Strong

DGA SLIDES USED IN THIS PRESENTATION
CAN BE FOUND AT:

<http://www.health.gov/dietaryguidelines/2015-binder/meeting4/subcommittees.aspx>



FOOD LABELS

United States Department of Health and
Human Services

Food and Drug Administration

Food Labeling: Revision of the Nutrition and
Supplement Facts Labels Proposed Rule
Docket No. FDA-2012-N-1210

➤ FDA has not updated the Nutrition Facts
Panel [NFP] since the 2003 *trans*-fat
rulemaking or established new or updated
Daily Values (DVs) for nutrients since 1995

➤ Since that time, the public health profile of
the U.S. population has changed

- Interpreting the data on the NFP requires a high degree of background understanding about healthful and less-healthful nutrients
- Making the NFP more understandable could help to encourage more people to use nutrition labels
- Grouping nutrients into categories in comprehensible language, which nutrients are more or less healthful would help consumers consume less sodium and added sugars, among other items

Added Sugars

Labeling of added sugars would help people reduce their risk of obesity, dental caries, diabetes, heart disease, certain cancers, and other health problems

Listing added sugars on the NFP would provide vital information on the amount of added sugars in a food and help consumers eat less added sugars

According to data from the National Health and Nutrition Examination Survey (NHANES) 2007-2008 and U.S. Department of Agriculture (USDA), Americans consumed between 18 and 23 teaspoons) of added sugars per day

➤ In 2003–2006, added sugars (sugar, high-fructose corn syrup, etc.) provided 25 percent or more of calories for over 36 million Americans

➤ The main sources of added sugars are nutrient-poor foods, including cakes, cookies, candies, and sugar-sweetened beverages (SSB) such as soda, energy drinks, sports drinks and fruit drinks

➤ Excessive added sugars intake, particularly from SSB increases the risk of obesity, diabetes, cardiovascular disease and metabolic syndrome

➤ In 2003, the World Health Organization (WHO) recommended that individuals consume less than 10 percent of their calories from “free” sugars

➤ In 2005, the DGA recommended quantitative limits for added sugars. For example, a 2,000-calorie diet would have:

- No more than 133 calories (33 grams or 8 teaspoons) per day should come from added sugars
- That amounts to 6 percent of calories from added sugars in a 2,000-calorie diet

➤ In 2009, the American Heart Association (AHA) recommended that women consume no more than 100 calories (25 grams) and men 150 calories (37.5 grams) per day from added sugars

Currently, some information regarding added sugars can be found in ingredient labels BUT..

- The exact amounts are not disclosed on food packages
- Consumers may not know all of the forms of added sugar that can be in a food
- Consumers may not understand that ingredients are listed in order of predominance

Listing added sugars on the NFP would provide vital information on the amount of added sugars in a food and help consumers eat less added sugars

In a 2010 nationally representative telephone survey:

- 72 percent of respondents thought that including teaspoons as a measurement for sugar on food labels would be of assistance
- 38 percent preferred listing *only* teaspoons of added sugars on the label
- 34 percent of respondents preferred both teaspoons and grams
- 20 percent of those polled preferred listing sugar only in grams

Consumers need to understand that beverages can still contribute to obesity even though all their sugars are naturally occurring

- For example, replacing sugary-sweetened beverages with fruit juices loaded with total sugars still increases those health risks associated with overweight, obesity, diabetes, and other health problems related to excess sugar intake

Sodium

- FDA has proposed lowering the Daily Value (DV) for sodium from 2,400 mg to 2,300 mg
- The 2010 Institute of Medicine report recommended lowering the DV for sodium to 1,500 mg
- A DV of 1,500 mg is also recommended by the 2010 Dietary Guidelines Advisory Committee, the Centers for Disease Control and Prevention, the American Heart Association, and others in the public health community

Fiber

CSPI recommends FDA require manufacturers to disclose the amount of “added fiber” as a subcategory under “total fiber”

- Consumers could then be able to tell how much fiber has been added during processing versus the amount that is naturally in foods such as whole fruits, vegetables, whole grains and beans

Additionally,

Because the FDA does not require labeling to indicate the percentage of whole grains in a product, consumers must deduce from the ingredient list the relative proportion of whole grains, compared to refined grains

- Also added sugars should be grouped together in the ingredient list

Calories

To support consumers in selecting, preparing, and eating foods and beverages to meet their needs for weight management, consumers must be able to easily see and use the number of calories in a serving of a particular food or beverage

FDA proposes:

- To continue requiring total calories be declared on the label
- To increase the prominence of the calorie declaration via highlighted bold or extra bold type

Vitamins & Minerals

FDA Proposes:

- To continue requiring mandatory declaration of calcium and iron on the Nutrition Facts label
- To begin to require mandatory declaration of vitamin D and potassium

Because the *Dietary Guidelines for Americans, 2010 (DGA)* considers these four vitamins and mineral to be nutrients of public health concern

Serving Size vs. Portion Size

Some consumers view serving sizes as portion recommendations

For example:

- Canned soup
- Powdered coffee creamers
- Aerosol cooking sprays
- Pasta with sauce

Reference Amounts Customarily Consumed (RACCs)

- The original RACCs were established using U.S. Department of Agriculture (USDA) survey data from 1977-1978 and 1987-1988
- Consumption patterns have changed over the past few decades
- FDA proposes to revise the RACCs for certain products to reflect the way Americans eat today

Serving Sizes

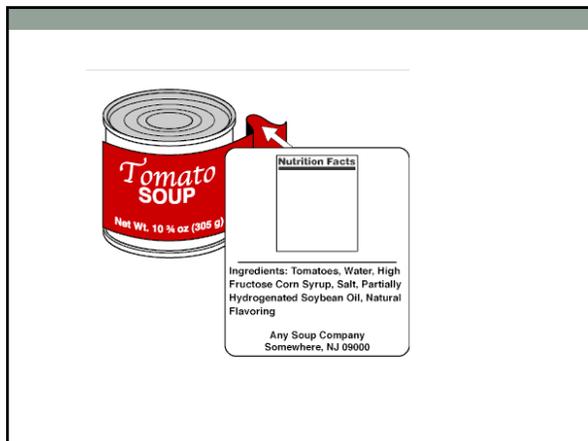
In order for consumers to be able to easily identify and comprehend the serving size and number of servings per container...

FDA proposes to increase:

- The prominence of the “*Servings*” per container
- The size and prominence of the “*Serving size*” declaration

Ingredient List

FDA proposes to modernize the ingredient list to include upper- and lower-case letters, bullet points between adjacent ingredients, and other changes to improve the readability



Current Label

INGREDIENTS: ENRICHED BLEACHED FLOUR (WHEAT FLOUR, NIACIN, IRON, THIAMIN MONONITRATE, RIBOFLAVIN, FOLIC ACID), SUGAR, SKIM MILK, BUTTER OIL OR PALM OIL, AND/OR COTTAGE CHEESE, WATER, COCOA PROCESSED WITH ALKALI, EGGS, CORN SYRUP, HIGH FRUCTOSE CORN SYRUP, CHERRIES, WHITE GRAPE JUICE CONCENTRATE. CONTAINS 2% OR LESS OF EACH OF THE FOLLOWING: WHOLE WHEAT FLOUR, SOYbean ALBUMIN PHOSPHATE, MONOCALCIUM PHOSPHATE, SALT, CORN STARCH, MONO- AND DIOLEIC ACIDS, NATURAL AND ARTIFICIAL FLAVORS, POLYGLYCEROL ESTERS OF FATTY ACIDS, SODIUM ALUMINUM PHOSPHATE, NATURAL COCOA EXTRACT, PROPYLENE GLYCOL MONO- AND DIOLEATE OF FATS AND FATTY ACIDS, MALTODEXTRIN, GELLAN GUM, LACTIC ACID, ESTERS OF FATTY ACIDS, POTASSIUM POLYPHOSPHATE, SOY FLOUR, COFFEE. CONTAINS MILK, WHEAT, EGGS AND SOY.

All-capital letters and condensed, sans serif fonts are hard to read.

Better Label

Ingredient Facts

Major ingredients: Sugars (sugar, corn syrup, high-fructose corn syrup, white grape juice concentrate) • Skim milk • Refined bleached flour (wheat flour, niacin, iron, thiamin mononitrate, riboflavin, folic acid) • Vegetable oil (palm, soybean, and/or cottonseed oils) • Water • Cocoa processed with alkali • Eggs • Cherries

Contains 2% or less of: Whole wheat flour • Caramel color • Polydextrose • Leavening (baking soda, sodium aluminum phosphate, monocalcium phosphate) • Salt • Corn starch • Mono- and diglycerides • Natural and artificial flavors • Polyglycerol esters of fatty acids • Sodium alginate • Natural cocoa extract • Propylene glycol • Mono- and diesters of fats and fatty acids • MaltoDEXTRIN • Gellan gum • Lactic acid esters of fatty acids • Soy lecithin • Polysorbate 60 • Soy flour • Coffee

Allergy Information: Contains MILK • WHEAT • EGGS • SOY

Bullets separate ingredients. Upper and lower-case serif font is easier to read.

Minor ingredients and allergens are listed separately.

Front-of-package Labeling

Front-of-package (FOP) labels would greatly facilitate healthy consumer choices

- An ideal front-of-package nutrition label would create a single measure that takes into account the overall healthfulness of a food, including calories, added sugars, fats and sodium

For example:

- Traffic light type indicators
- Numerical or other ranking systems

THANK YOU!
