## UNITED STATES OF AMERICA

## DEPARTMENT OF AGRICULTURE

 ANDDEPARTMENT OF HEALTH AND HUMAN SERVICES
DIETARY GUIDELINES ADVISORY COMMITTEE
THIRD MEETING
WEDNESDAY, APRIL 29, 2009
The meeting came to order at 1:30 p.m.,
Dr. Linda Van Horn, Chairperson, presiding.
PRESENT:
LINDA V. VAN HORN, PHD, RD, LD CHAIR
NAOMI K. FUKAGAWA, MD, PHD VICE CHAIR
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RAFAEL PEREZ-ESCAMILLA, PHD
XAVIER PI-SUNYER, MD, MPH
ERIC B. RIMM, SCD
JOANNE L. SLAVIN, PHD, RD MEMBER
CHRISTINE L. WILLIAMS, MD, MPH MEMBER
ALSO PRESENT:
CAROLE DAVIS, CO-EXECUTIVE SECRETARY AND DFO, USDA
KATHRYN McMURRY, CO-EXECUTIVE SECRETARY, DHHS
RADM PENELOPE SLADE-SAWYER, PT, MSW, DHHS

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1

2 4 good afternoon from Washington, D.C. Thank

5 you for standing by. I'm Carole Davis, the
6 Designated Federal Officer, and a USDA Co-
7 Executive Secretary to the Dietary Guidance
8 Advisory Committee.

11 today. Dr. Post is the Acting Executive

> P R O C E E D I N G S
(1:30 p.m.)
MS. DAVIS: Ladies and gentlemen,

I'm speaking on behalf of Dr. Robert Post, who could not be here with us Director of the Center for Nutrition Policy and Promotion of the United States Department of Agriculture.

At this time, I would like to recognize Rear Admiral Penny Slade-Sawyer representing our partnership with the U.S. Department of Health and Human Services in working with the Committee.

We want to welcome you to this
webinar for the third meeting of the 2010
Dietary Guidance Advisory Committee. I would

1 like to give you a few reminders before we get 2 started.

4 Federal Advisory Committee Act or FACA. FACA 5 was established to assure that Advisory

6 Committees provide advice that is relevant,
7 objective, and open to the public, act
8 promptly to complete their work, and comply
9 with reasonable cost controls and
10 recordkeeping requirements.

21 hear today and tomorrow.
During the meeting all public

1 participants will be in a listen-only mode.
2 The public has opportunities to participate in
3 the process by providing written comments to
4 the Committee through our online database at 5 www.dietaryguidelines.gov.

7 FACA, I would like to review some rules of
8 engagement for the Committee. The Dietary
9 Guidelines Advisory Committee members will
10 refer any individuals who contact them 11 personally to solicit information about their 12 work on the Committee to the Dietary

We are very excited to be

1 broadcasting this message live via the web.
2 This new medium enables us to reach a more
3 varied audience of interested parties. We
4 have individuals from across the nation as
5 well as internationally participating today 6 and tomorrow.

7 I would like to review a few
8 technical points for the public. On your
9 screen, you see some relevant information. If
10 you experience technical difficulties, you may
11 contact WebEx Technical Support toll free at
12 1-866-229-3239. This information was also e-
13 mailed to all registrants as well as was a
14 technical assistance number for our
15 international participants.
The event staff here in the room
with us will be monitoring an e-mail line, so to speak, where public participants can send notes of any technical difficulties while the meeting proceeds. As you see on the screen, this e-mail address is tech_issue@yahoo.com. So please note that the staff will not respond

1 to these e-mails. It is simply one of several
2 ways we are monitoring the streaming
3 efficiency of the meeting to the public.
4
5 recorded. It will be available for replay for
6 approximately a year. All registrants will
7 receive information following the meeting
8 about how to access the archive.

21 their name before speaking. This is

1 deliberations to the public who are following 2 the discussion.

4 turn the meeting over to the Chair of the 5 Dietary Guidelines Advisory Committee, Dr. 6 Linda Van Horn.

We also identified several areas where outside expertise is needed. And we are

1 going to hear from those experts today and
2 tomorrow. 4 diligently working to move their scientific

5 reviews forward by gathering pertinent 6 information and clarifying their review plans.

7 In some areas, literature reviews have
8 already been completed and that information is 8 already been completed and that in
9 now being extracted and organized. 11 status of their work from each of the seven

Each subcommittee has been

We will hear an update on the subcommittees over the course of the next two days. Our Food Safety and Technology Subcommittee will present later today and the remaining six groups tomorrow.

We continue to have lively
discussions on several cross-cutting issues, which we will cover throughout this meeting as well as during the time that has been set aside at the end of the day tomorrow.

To remind the Committee members, because this meeting is open to the public,

1 again, please introduce yourself when you are
2 speaking so people can become familiar with
3 your voices.
4 We're on a very tight timeline
5 today and tomorrow so we're going to do our
6 best to stay on that timeline to be important
7 in assisting the public in following along
8 with this agenda.
With that, I'd like to plunge
10 right in to today's agenda. This afternoon,
11 we have the benefit of hearing from four
12 individuals on topics where the Committee felt
13 outside expertise would be highly valuable.
14 And I'd like to pay special thanks to these
15 four presenters who, on relatively short 16 notice, agreed to be here with us today. And

17 we truly appreciate this time and energy.

21 prevention and treatment of obesity.
Our first presenter is Dr. Adam
Drewnowski. He is a world-renowned leader in innovative research approaches for the

He is the Director of the

1 Nutritional Sciences Program at the University 2 of Washington in Seattle and Professor of

3 Epidemiology with an adjunct appointment in
4 medicine and is a joint member of the Fred
5 Hutchinson Cancer Research Center.

7 the Center for Public Health and Nutrition and 8 the Center for Obesity Research.

21 willingness to join us here today. Thank you 22 and please begin. Dr. Drewnowski's current research is focused on the relationship between poverty and obesity and the links between obesity and diabetes rates in vulnerable populations and access to those healthy foods.

He has conducted extensive studies on taste function and food preferences in relation to food choices and the overall quality of the diet and has also conducted epidemiological studies on dietary quality both in the United States and abroad. We are very grateful for your

Dr. Drewnowski is also Director of

3 to express my thanks to the Committee for
4 inviting me here to share my thoughts about
5 food, health and incomes. And to present
6 evidence on the economics of food choice
7 behavior in satiety that I hope will help
8 guide your deliberations in the future.

21 changed all that. There are many people
DR. DREWNOWSKI: Thank you.
Good afternoon everyone. I want

I think this is a historic occasion. I think this Committee really has unprecedented power to change the way that Americans think about food, purchase food, and use food to create healthier diets. But with power comes challenges. And this Committee faces also an unprecedented challenge.

I think in the past, many committees looked at scientific evidence and tried to point the way to healthiest, most nutritious, most nutrient-dense foods.

The economic crisis has really sliding into poverty. There are people trying

1 to make ends meet. There are people who
2 cannot afford many of the foods that are
3 recommended. What are we to do about them?

4

5 nutrient-dense foods. This is a given. We
6 need to think about affordable nutrient-dense
7 foods and how they can be used by all segments
8 of the population to build healthier diets.
So we need to think not only about -

So I would like to bring a variety
of evidence to support my views. But I want to start with full disclosure.

My research on food prices has been funded by the U.S. Department of Agriculture.

My research on diet quality and diet cost was funded by the National Institutes of Health and by the French government.

Research on affordable nutrientdense foods has been funded by the NutrientRich Foods Coalition.

And research on satiety, which I

1 was asked to talk about as well, was funded by
2 a variety of industry sources both national
3 and international, Danone France, Sudzucker
4 Germany, General Mills, and the American
5 Beverage Association and the American Beverage
6 Institute.
7 I am about to answer the
8 Committee's five questions. I took the
9 liberty of rearranging them in the reverse 10 order because the fundamental question really

11 is: Is it possible to improve diet quality
12 while maintaining lower a diet cost?

14 the relation between food prices and diet 15 quality, further evidence to demonstrate links 16 between food costs, poverty, and obesity 17 because it is actually possible to be hungry 18 and overweight. It is not a contradiction in 19 terms.

21 relation between specific macronutrients, 22

And then I have evidence to show

And then I want to deal with the sugar and fat, health outcomes, and body

1 weight.

4 liquid form, contribute to obesity and is the
5 amount or the type of sugar responsible in
6 increasing national obesity rates. So I'll
7 deal with that issue as well.

9 picture here. As you obviously realized, food 10 choices are driven by a variety of factors.

11 Yes, we do have taste, cost, and convenience. 12 Any marketer will tell you that. But there

13 are a number of other factors that come in. 21 as a public health nutritionist, not enough

And then one question that was asked whether or not sugars, especially in deal with that issue as well.

But I want to take the broader

Some segments of our society are acutely sensitive to the issue of money, time, and access. Simply, some foods are too dear, not accessible, not available in given neighborhoods. What are we to do to change all that? And then I say it with some regret people have nutrition knowledge concerned with

1 health or let's not forget cooking skills. So
2 nutrition advice and dietary guidelines are a
3 hugely important part of the picture but we
4 need to take other factors, notably incomes
5 and prices and so on, into account.

7 here today and coming in tomorrow will address
8 those issues. I'm actually encouraged that
9 the Committee is taking these broader issues 10 into consideration.

21 foods are cheaper. It is not too much of a
So this is my logic flow. This is what my research shows. Research shows that energy-dense foods, energy density defined as calories per 100 grams, actually cost less per calorie. They are cheap sources of calories. They may be cheap sources of empty calories -- more about that later -- but they are certainly cheap sources of calories.

Such foods may contain added sugars and added fats. Diets composed of such leap to suggest that such diets are not only

1 cheaper but they are preferentially selected
2 by lower income groups who are obese and
3 increasing diabetic and increasing suffering
4 from metabolic syndrome.

6 between energy density of foods, food prices 7 per calorie, energy cost, the quality of the 8 diet, the type of the diet selected by given

9 consumers. And then, not surprising, poverty
10 and obesity are very closely linked.

21 Survey. This is the dataset for what we eat
So to support my viewpoint, I'm going to use data from the U.S. Department of Agriculture. And I actually I commend the USDA for having come up with two datasets, which I have been analyzing for the past year.

First of all, I have been using the Food and Nutrition Database for Dietary Studies, which lists nutrient composition of all foods consumed by Americans in the National Health and Nutrition Examination in America, an exhaustive, good quality,

1 nutrient composition dataset from the USDA.

3 Nutrition And then last year, the Center for Policy and Promotion released 4 another dataset of food prices, national food 5 prices from 2001/2002 linked to that dataset.

6 So by linking those two datasets, you can
7 actually start looking at the relation between
8 food quality, nutrient density of foods,
9 nutrient quality of diets, and their costs.
10 And this is what $I$ want to present to you here 11 today.

I believe tomorrow Andrea Carlson and Brian Wansink, who are actually at CNPP developing these very data I will talk about will present before you tomorrow.

So we have nutrient composition data, which allows us to calculate energy density and energy cost. And then those same data can be used to calculate not only nutrients per calorie but also nutrients per unit cost. So this actually does open the door to nutrient- and price-related research.

2 you for three food groups, as defined by USDA,
3 the relation between energy density on the 4 vertical axis and energy cost. Now much has

5 been said about energy density of foods. Let
6 me demystify it for you.

19 beverages. Notice on this axis, you have cost
20 per 1,000 calories on algorithmic scale so
21 that each increment equals a tenfold increase
Now this is a slide which shows

Energy density of foods is related inversely to the water, water content. Simply put, energy-dense foods are dry. Foods of low-energy density are hydrated. The range goes from water, zero energy density per unit weight to oil, 900 calories per 100 grams with sugar in between.

So you have oils, 900 calories per 100 grams, spreads and butter, other spreads -- mayonnaise, salad dressings, and so on. And here you have sugars, dry cereals, cooked pasta, and low-energy density but sweetened in cost.

2 sugar providing you with 1,000 calories for
3 approximately 20 cents or less at retail
4 according to the USDA. And more costly
5 desserts and other sweets over here.

9 groups here, notice that you have lower cost

21 again the issue of cost per 1,000 calories.
So what you have here is oils and But notice how this relation shows you the link between energy density and energy costs. When you start putting in other food beans and eggs and nuts over here, meat in the center, fish and shellfish over here, and dairy products -- lower energy density yogurt and milk and higher energy density cheeses.

You go to the next group of foods and here you have vegetables and fruit. Notice that energy density is lowest for salad greens, mostly water. It goes here to fruit, canned fruit in syrup, dried fruit with higher energy density, white potatoes, fried potatoes over here, higher energy density. But notice

So when you put all food groups

1 together, you see an inverse relation between 2 energy density and energy cost of foods. You

3 can actually present it in a different way.
4 Rather than energy cost dollars per 1,000
5 calories, you can also show how many calories
6 you can get for a dollar.
7 Suppose you go to a supermarket.
8 You have a dollar in your pocket. What is the
9 food that gives you most calories for your dollar? It is going to be obviously something that contains added sugar and added fat. You know it. I know it. There is a relation here that is an inverse relation.

This relationship comes out more strongly in the next few slides. The point I want to make here is that we know about this relationship but we usually talk about foods on the left in terms of the added sugars, the high fructose corn syrup, the high glycemic index, the added fats, the trans fatty acids, the energy density, the minimal nutritional value.

1
2 but in many cases -- this is not far from the
3 truth. But we want to bring people over to
4 the right side, towards the fiber, the
5 vitamins, the minerals, the antioxidants, the
6 phytochemicals, all the good stuff. But very
7 often we forget that there is a huge disparity 8 in energy costs in the order of 1,000 percent.

And in many cases -- not all cases res

So my suggestion is this. First of all, we need to recognize the existence of the cost barrier and somehow include it in our dietary guidelines and recommendations. And then live in the middle.

There are many foods here in the center which actually do have high nutrient density and are, in fact, affordable. And foods in the middle include foods from every food group. So, in fact, there are choices to be made within every food group. They do exist.

This is actually brought out better on the next slide if you like log/log

1 plots. This one shows you a nice linear
2 relation between energy density on the log
3 scale and energy cost, also on the log scale.
4 Notice that yes, there is an overall inverse
5 relationship, which means energy-dense foods
6 on the whole are less expensive.

8 center, you can see that for any one level of
9 cost, you can go from high energy sweets to
10 low energy vegetables and fruits and dairy
11 products. At the same level of energy
12 density, you can go from less expensive foods 13 to more expensive foods. So there is really 14 plenty of choice within each food group. And 15 there are ways of pointing to and identifying 16 the affordable nutrient-dense foods within

17 each food category and food group. It does 18 not have to be all or nothing. And changing 19 the public's behaviors from over here to over 20 here.

A couple more things, all those foods are not necessarily equally frequently

1 consumed. They are not all equally
2 acceptable. Some of them need to be cooked.
3 Some of them may require preparation. Some
4 are not part of the mainstream American diet.
5 All of those connections need to be made in
6 order to help people use these foods to create
7 and construct healthy diets.

8

9

11 dense diets. And here what I want to show you
12 are some data from France, which actually 13 illustrate the point that low cost diets are 14 likely to be both energy rich and nutrient 15 poor.

So let me now move from foods to diets because as I said before, some of these foods are used to construct lower cost energy-

What we did here was to take mean French national food prices, attach them to dietary intake data from 2,000 French adults, calculate the cost of the diet at the individual level, and then split the population into equal quartiles.

So here we essentially followed

1 the same procedures as the epidemiologists do.
2 Just think of the cost of the diet as an
3 index of monetary exposure. This is not what
4 people paid for the diet. This is what the
5 diet intrinsically cost.
$6 \quad$ And once you start doing that, you
7 come across something quite interesting.
8 These are the diets -- let me just go back
9 here -- which cost four-and-a-half Euros per day, five Euros per day, six Euros per day, seven-and-a-half Euros per day. And this is the cost per ten megajoules.

We go from lower cost diet -here's a reference diet -- least cost diet -to the highest cost diet. The highest cost diets are nutrient rich. They do have lower energy density. And you eat less. So you pay more to eat less or you pay less to eat more.

But what you are paying less to eat more of are going to be the added sugars and the added fats.

And so the French study was just

1 replicated in two studies conducted in the
2 U.S., one in California, one in Seattle. The
3 California study was published last month in
4 the American Journal of Clinical Nutrition.
5 The Seattle study is getting published in a 6 few days in the Journal of the American 7 Dietetic Association. These French data were 8 essentially replicated.

11 They are, in fact, cheaper and they are 21 more calories per dollar. Lost cost, energy-

The diets over here do have more added fat and added sugar and saturated fat. consumed with people by lower education and lower means.

But my studies are based on relatively few people -- there are better data that illustrate this issue. Economic pressures drive consumer food choices towards cheaper, more energy dense foods. And let's not forget sweetened beverages.

Added sugars and fats do provide dense diets naturally lead to overeating and

1 weight gain. So paradoxically, spending less
2 may mean eating more.

4 about adherence to dietary guidelines. Diet
5 quality is, in fact, measured through
6 adherence of dietary guidelines.

9 dietary guidelines. Think of the healthy
10 eating index. That's what it measures.

21 towards more energy-dense foods which provide
So as a result, what they do is to buy cheaper foods to get you the same number of calories. So that immediately forces them calories at a lower cost. But it also forces

1 them towards less nutrient-rich foods.

3 consuming sugars and fats, higher energy-
4 density diets. And actually with higher
5 energy-density diets it is easy to overeat.
6 So rather than eat less, they end up eating
7 more. But those are, in fact, cheaper, empty
8 calories.
So in the end, they end up

So the question then becomes what can we do about it and how can we intervene? This is the critical issue. And few people have data showing that lower quality diets are consumed by lower income groups. The best data on this topic actually do not come from my laboratory or from my center. They come from Tom Frieden, the Health Commissioner for the City of New York.

The New York City Community Health Survey surveys approximately 10,000 people regarding their diets and health. And so what I have here are data from this study published in the Journal of Urban Health. They studied

1 asked about frequent consumption of soda
2 defined as consumption of at least one serving
3 -- 12 ounce serving -- of soda per day. And what we have here is fairly

5 instructive. Notice that consumption --
6 frequent consumption of soda in New York City
7 was linked to being male, young, minority --
8 Puerto Rican, Mexican, U.S.-born African
9 American. Consumption of soda was linked to 10 poverty, high poverty, low poverty, to low

11 education, high prevalence of TV watching and 12 yes, it was linked to obesity.

14 in fact, stupendous. So adjusting for
15 demographics, frequent soda consumption was

18 behaviors, frequent soda consumption was 19 associated with higher BMI for women but not 20 for men. But the socioeconomic gradient is, associated with TV viewing and less physical activity. Adjusting for demographics and

But what was interesting here is that the demographics of soda consumption,

1 demographics of obesity or the location of
2 obesity and those of poverty were, in fact,
3 identical.

4

5 something unusual because no one really has
6 data of specific consumption by geographic
7 location. I suspect the industry does that
8 but I have not seen it myself.

10 frequent soda consumption in New York City by
11 New York City boroughs by geographic location. 12 What you see, obviously, is that highest 13 prevalence of frequent soda consumption was in 14 East Harlem, Harlem, Morningside Heights, 15 Brooklyn, and Bedford-Stuyvesant. These are 16 the areas of deprivation and poverty.

18 highest obesity prevalence, as indicated by 19 the same study. Again, you see Harlem, South 20 Bronx, Bedford-Stuyvesant, and parts of

21 Brooklyn and Queens. So you have geographic
22 location of soda consumption, poverty, and

1 obesity.

3 showing you poverty distribution of Manhattan
4 in relation to obesity. Take a look at data
5 from an earlier New York City Department of
6 Health and Human Hygiene dataset.

9 you cross 96th Street. So going from the
10 Upper Eastside, prevalence of obesity at seven
11 percent to East Harlem, obesity prevalence 12 quadruples. 21 strong just from Manhattan. $R$ is .87. So as

And I just have maps of Manhattan

What you see here is that the prevalence of obesity quadruples the moment -

There is a direct relation between obesity and poverty, percent of families below poverty and obesity rates over here. And then when you come to diabetes, you see a relation that is even stronger. Diabetes rates increase sevenfold by going from the Upper Eastside to Harlem.

And the relation here is extremely a result, you see a complete continuity

1 between consumption of a specific diet,
2 poverty, and obesity.

4 are not exceptions. I have similar data now
5 for Seattle, where we're now able to plot
6 rates of obesity, diabetes, and metabolic
7 syndrome by census tract. And the social
8 disparities are immense.

11 it seems to me that in trying to link specific 12 macronutrients or specific foods to ill health

21 on the pages of Washington Post because he
So let me now move to the logic on how we're thinking about those things because outcomes, to ill health and adverse health outcomes, we are forgetting the important contribution of poverty, social disparities, unemployment, lack of health insurance, underserved neighborhoods. All of those things are part of the picture and part of the package.

It actually reminds me some years ago USDA came under attack from Doug Besharov accused the USDA of fattening the poor. You

1 may remember that.

3 The argument was that poor people receive
4 food assistance. Poor people are obese.
5 Therefore, food assistance must have made them
6 obese.

9 following similar logic. We're saying okay, 10 poor people do buy energy-dense diets. Yes,

11 they do. They do drink low cost sweetened 12 beverages. Yes, they do. They are obese. 13 Yes, they are.

Now I, of course, disagree with that but I'm thinking to some extent, we're Yes, they are.

Did a specific macronutrient make them obese? Or was it really something else?

And there are two possibilities. The Committee wanted me to address the issue of satiety. One theory is that liquid sugars fail to promote satiety. My theory is more economic and more addressed in the next slide.

Take a look at this. This is in the paper that was circulated in the

1 epidemiologic reviews. Notice that the foods
2 or the beverages on the top have become in the
3 popular mind associated with obesity. Cola,
4 sweetened drinks, calorics of drinks, and so
5 on.
6 The beverages on the bottom, the
7100 percent fruit juices, the freshly squeezed
8 fruit juices have been associated with good
9 health. And in some cases, Slimfast -- this
10 is the original Slimfast formula and the
11 current one, they have been associated with 12 weight loss.

14 amount of sugar is exactly the same. The
15 price of sugar isn't. The economic access
16 isn't. The amount of sugar is exactly the
17 same.

19 issues of economics, the price of various
20 foods, the limitations of who buys what foods
21 and beverages and why, and what the
So my thought is to not forget the combination of those factors has on their

1 health.

3 minute to answer specifically the question on
4 satiety because the alternative mechanism
5 suggested by a number of people has been that
6 liquid beverages promote excess calorie intake
7 because they have no satiating power. And the
8 human body is incapable of proceeding liquid 9 calories.

So here, all of us who work in
11 this field use the same type of a research
12 design. This is the well-known preload study 13 design. What generally happens is that

14 subjects -- these are experimental studies
15 done in the laboratory -- come into the
16 laboratory, consume a solid or a liquid
17 preload. And then they are given a meal
18 immediately afterwards or maybe two hours 19 later.

21 immediately afterwards is a measure of
So let me just digress here for a

1 or three hours later is a measure of satiety.
2 In rare cases, subjects go home and record
3 what else they ate during the rest of the day.
And if we're looking at satiety,
5 we're also measuring appetitive behavior, in
6 other words hunger and fullness and these are
7 to eat and thirst at 20-minute intervals until
8 the next meal.

15 studies were underappreciated and not
Now I think it is probably fair to
say that the issue is unresolved. Studies conducted by Harry Kissileff at Columbia showed about 20 years ago that soups, liquids, were more satiating than solids.

Sometimes I kind of feel those sufficiently credited at the time. They are classic studies on satiety and how to measure satiety.

Then about 15 years later, there came out reports that solids, jelly beans, were more satiating that sugared liquids cola so that complete compensation was observed

1 following ingestion of jelly beans and no
2 compensation whatever was observed after
3 drinking soda.

4
5 the Dr. Mattes' Lab at Purdue, came out with
6 some other studies on watermelon juice versus
7 solid watermelon, solid apples versus apple
8 juice. And the results were somewhat
9 inconclusive.

11 on intake but no effect on hunger rating. In
12 other cases, there was an effect on hunger
13 rating and no effect on intake. And then the 14 difference between the solids and the liquids 15 was no longer seemingly zero versus 100 16 percent. It was more like six versus 24 17 percent compensation, which is really not the 18 same thing. 20 briefly two of our own studies where we 21 compared cola and cookies. The thing to

Since that time, this same lab,

In some cases there was an effect

So I just want to show you very notice here is that calories are exactly the

1 same -- 300 calories. Volume is vastly
2 different -- 87 grams, 700 milliliters, mostly
3 sugar. The cookies were fat free so there is
4 no fat. Small amounts of fiber and protein
5 over here but nothing very much.
6 And then we'll look at hunger,
7 satiety, and thirst profiles. And an
8 exceptional finding here, cola did suppress
9 thirst, cookies did not.

11

21 topic compared cola, juice, and milk. The
But this just goes to show that the scales worked. Subjects were correctly recording their thirst.

And so it gives us confidence that when we come to fullness and hunger, the same subjects, the same condition, the same scales, are telling us correctly that there was absolutely no difference in satiety between the liquid cola and the solid cookies. Both spoiled appetite if given just before lunch.

The next study we did on this advantage here is that all those beverages

1 have the same energy density and provide the 2 same number of calories per 100 grams. We

3 usually give a lunch to our subjects.

4

5 bottom line is there was no difference 6 whatsoever between the three caloric 7 beverages. Soda, juice, and milk, one percent 8 milk, suppressed hunger and promoted fullness 9 to the exact same extent.

And let me just show you here, the beverages. Soda, juice, and milk, one percent

But, of course, notice that subjects were sensitive to the calories in caloric liquids as opposed to just plain sparkling water with no calories. So the human body's desire to eat is actually sensitive to calories provided in solid or in liquid form.

We have now found similar results with liquid yogurts which contain more protein and there may be a higher satiating impact of yogurts. Our subjects are clearly capable of perceiving the calories in yogurt.

But -- and this is where more

1 research does need to be done -- none of those
2 beverages led to any suppression at lunch.
3 Our subjects came in, ate as they always do.
4 So that at the end of the day, a caloric
5 beverage plus lunch led to more total calories
6 than lunch and plain water.

12 other issue, trying to bring back the

19 of cheap macronutrients, inexpensive
20 macronutrients, added sugar and added fat,
21 poverty, and ill health, will limiting access
22 to those, by itself, automatically lead to

1 healthier diets?

3 approach and try instead to identify foods
4 that are nutrient dense, affordable,
5 accessible, and let's not forget appealing?
6 So do we approach things by removing and
7 limiting? Or do we approach our task by
8 pointing to appropriate options?

10 data which is about to be submitted for
11 publication from Victor Fulgoni, my colleague
12 who has been working on looking at the quality 13 of diet of participants in the National Health 14 and Nutrition Examination Survey from two 15 standpoints.

18 added fat -- no, of added sugar, saturated
19 fat, and sodium. We called it an index or a 20 score based on nutrients to limit. And then

21 we used the nutrient density approach which
22 was more mixed. We're using nutrients to

1 encourage and nutrients to limit, both. 4 how the two types of scores discriminate 5 between the quality of the diets of 6 participants in the NHANES study.

9 five equal groups based on their scores. So 10 here let me just take you through the first 11 slide.

21 and nutrients to limit. saturated fat and sodium.

So what I want to show you here is
the type of diets that -- I want to show you

We calculated mean scores for each person and the participants were split into

This score is based on avoidance. It does have the added sugar and the

So the bottom quintile, these are the people who had least added sugar, least saturated fat, and least sodium in their diet. And these are people who have the most. And this is the score based on nutrient density of foods, which includes nutrients to encourage

So a score which is low in sugar,

1 low in saturated fat, is higher in vitamin C
2 intakes but not by much, which means that
3 limiting problematic nutrients does not, by
4 default, necessarily lead to healthier diets. 6 approach does reliably discriminate between

7 diets which are low in vitamin C and those
8 that are high in vitamin C.

21 vegetables. This score does a better job.
On the other hand, the other

And here we have the same picture for vitamin A. Again, better discrimination in terms of diet quality and adherence to dietary guidelines. We see the same thing for calcium intakes, the better step-wise approach, again reflecting better compliance with dietary guidelines and higher diet quality.

The same thing appears for food groups. Notice again that diets which are lowest in saturated fat and lowest in added sugar are not necessarily that much higher in

And then here we have fruit

1 consumption. Those scores do a nice job. And
2 what's interesting here, moving past no
3 consumption is that the total energy
4 consumption is actually lower for the most
5 nutrient-dense diets.

7 that confirms the French data and it also
8 confirms the data from Seattle and from
9 California. The more nutrient dense a diet is

21 has been telling people what not to eat. actually the less you eat.

So let me just kind of start wrapping here. Going here from energy density to nutrient density, we can focus our dietary guidelines and dietary advice on nutrientdense foods.

Nutrient density provides a better approximation of diet quality and extra calories that people consume than, in fact, scores or indices or advice based on saturated fat, sugar, and salt. The avoidance approach

What I'm suggesting is that we

So this is interesting because

1 rephrase our approach and actually focus on
2 constructing affordable, healthier diets. We
3 cannot assume that limiting access to any one
4 nutrient, complicated as it is by incomes,
5 cost, poverty, and so on, will result in
6 healthier diets.
What we need to do is to show the
8 public the way to identify affordable,
9 accessible, nutrient-rich foods. So, yes,
10 going back to my initial fundamental question,
11 yes, it is possible to improve diet quality
12 while maintaining or reducing diet costs but 13 only if we help the public identify 14 affordable, accessible, appealing foods within 15 each food group. And also tell them what to 16 do with it.

18 importance of nutrition education and cooking 19 skills. To some extent, it does come down to 20 access, money, knowledge, and time.

And limiting low-cost foods may not necessarily give us the answer that we

1 seek. Rather promoting affordable choices is
2 where we want to go.
So thank you for your attention.
4 I'll be very happy to answer the Committee's 5 questions.

6

9 speaking.

But is that the -- I'm not

1 questioning -- I think that -- I completely
2 buy into your argument. But when we think of
3 something like green, leafy vegetables, we may
4 not want to be eating a thousand calories of
5 them. That we're only going to get 100
6 calories of them or 50. That, you know, the
7 cost of the 50 calories of a green, leafy
8 vegetable is actually not that -- maybe that
9 expensive.

11 enter --
12
13
14

16 are a step ahead of me because we're now
17 joining the nutrient composition data and the
18 food price data to actual diets of
19 participants in the National Health and
20 Nutrition Examination Survey.

22 look more at that.

2 at --

5 diets with higher consumption of different
6 types of vegetables and fruit and look
7 specifically at their costs.

20 York that you presented and with sodas -- and
21 I'm not saying I'm an advocate of sodas
DR. DREWNOWSKI: Then we can look

MEMBER NELSON: Got it. Right. DR. DREWNOWSKI: Exactly. The MEMBER NELSON: Right.

DR. DREWNOWSKI: We're in the process of doing that. And I believe USDA is also in the process of joining those two datasets together for similar type research. MEMBER NELSON: Okay. So -thanks, that's great.

The next one is more a sort of -I don't know -- we've been talking a lot in our committee about the effect of the environment in its fullest sort of range.

And thinking about the data in New necessarily but is it -- how -- if there are

1 so many factors that go into what foods are in
2 those environments that are beyond sort of the
3 personal choice of, you know, I want a soda
4 versus I want something else.

6 or low income versus literally, you know, the 7 schools are different in that part because,

8 you know, the parents have advocated to get
9 the soda machines out of the other schools.

21 which are stocked in a given neighborhood, to
So availability becomes an issue.
And so is it that simplistic to think of it from an economic point of view versus there are so many other factors of what foods are in those neighborhoods?

DR. DREWNOWSKI: That's an excellent question. It's not simplistic at all. It is very, very complex.

Environment has much to do with it
for a number of reasons from the purchasing power of the neighborhood to the type of foods access and transportation, to the quality of

1 schools, and so on.

3 our Center for Public Health and Nutrition in
4 Seattle is very closely working with urban
5 planners, urban designers, economists,
6 transportation specialists who have taken
7 things out of nutrition and epidemiology,
8 really moving into public health and policy.

11 beyond any individual control.

21 limited choice. And what can we do to make
But what you are really
fundamentally saying is that these choices are

MEMBER NELSON: Right. It's not about personal choice.

DR. DREWNOWSKI: It's not about personal choice.

MEMBER NELSON: Right.
DR. DREWNOWSKI: We're completely
together on that. And I would actually go further and say to some extent, some segments of our society actually have no choice or very sure that they do, indeed, have access to --

MEMBER NELSON: Right.
DR. DREWNOWSKI: -- nutrient-rich
foods. How can we do that? Because merely suggesting‘‘have leafy greens'' may not do it.

MEMBER NELSON: Right.
DR. DREWNOWSKI: We need to be much more subtle and nuanced about that and say this is the way really to go step by step, taking into account preferences, culture, access, cost, transportation. All of those things are hugely important.

MEMBER NELSON: So it may be that the cost issue is more related to just the fact that they live in those environments versus that they have limited income themselves? I mean if they had limited income and they lived down, you know, in the 50s midtown, maybe the -- if they, for some --

DR. DREWNOWSKI: Did you say that people with limited incomes who live on Park

MEMBER NELSON: No, but I'm just

1 saying that -- I mean I'm using a hypothetical
example but if that person with limited income actually lived in a different neighborhood, their food intake might be quite different.

DR. DREWNOWSKI: They would have access to better foods, which --

MEMBER NELSON: Yes.
DR. DREWNOWSKI: -- means they
would have physical access in --
MEMBER NELSON: Yes.
DR. DREWNOWSKI: -- terms of
proximity. What we're doing right now in Seattle is trying to distinguish between physical access and economic access --

MEMBER NELSON: Yes.
DR. DREWNOWSKI: -- because you may be living next door to Whole Foods --

MEMBER NELSON: Right.
DR. DREWNOWSKI: -- or to another

MEMBER NELSON: Yes.
DR. DREWNOWSKI: -- excellent

1 store but it doesn't really help you if you
2 can't afford to walk through the door. And
3 many people can, some people cannot. Again,
4 what to do.

6 differential access. I agree with that. I
7 think it is an issue for agricultural
8 economists and the issue of what food supply
9 system --
MEMBER NELSON: Yes.
DR. DREWNOWSKI: -- to assure access to healthy foods.

MEMBER NELSON: Right.
DR. DREWNOWSKI: I think it is a
very important issue.
CHAIR VAN HORN: Thank you.
I think Larry has a question. And then Eric.

MEMBER APPEL: Yes, this is Larry Appel. Great presentation.

I want to follow up on that access issue. Janet King, who led the Committee five

1 years ago, commented that, you know, they set
2 up, you know, farmers markets in Berkeley, you
3 know. And so there was access. But there was
4 very limited uptake.

6 from a market that has the best food in the 7 world as well as the worst food in the world 8 and so there is access. But I see very stark 9 differentials.

11 more about this access issue because I

I really don't think so. I really think that economic access and being able to

1 walk through the door really is what matters.
2 I really do think that in Seattle, for
3 example, we do not have food deserts. And
4 there are supermarkets serving both low income
5 groups and upper income groups.
6 And they buy different foods just
7 like you say, because they have access to
8 different -- it is a differential economic
9 access.

11 notion of knowledge, money, and time. My

21 society are zero for three. And that's a 22 problem. What can we do? And how can we then

1 make sure that they do not fall outside of our
2 recommendations and guidelines. We want to
3 include everybody. How do we do that?

4
5 And dietary guidelines do provide the
6 knowledge, the information. They don't
7 provide the money. But that can be taken care
8 of through other ways.

21 Larry is saying. And I guess it ties into
So knowledge, money, and time.

CHAIR VAN HORN: Eric, did you have a question?

MEMBER RIMM: Yes, this is Eric
Rimm.
I was going to add something very similar to Larry because I thought I had heard anecdotally or seen pilot studies where they tried to make fruits and vegetables essentially free through a food stamp program. DR. DREWNOWSKI: Yes.

MEMBER RIMM: And people still
didn't access them. And it's sort of what what I thought you were implying initially is

1 that people buy soda because they need cheap
2 calories. Or soda was your example. But I
3 think it may be a lot more than that.

4

5 But I'm hoping we don't walk away from here
6 saying the only reason people buy soda is
7 because they have to and they need cheap
8 calories. It seems like it is much --
DR. DREWNOWSKI: Well --
MEMBER RIMM: -- much more complicated than that.

DR. DREWNOWSKI: Of course.
MEMBER RIMM: And if you give people free spinach and you give people -even if you may teach them how to use it or give them food stamps or access to it, that there still is a differentiation of what people desire based on culture or based on access to television, based on all sorts of other cultural exposures.

DR. DREWNOWSKI: There are, of course, issues of food preference and taste.

1 And let's face it, some of the energy-dense
2 foods do taste good. I can't deny that. Yes,
3 they do.

4

5 pilot program for schools providing free
6 vegetables and fruit was actually, by all
7 accounts, a great success at least in the 8 state of Washington.

And I want to say that the USDA accounts, a great success at least in the

And now the new WIC program is
allowing certain amount of fresh vegetables and fruit as part of the WIC package. And we'll see what success that has. So yes, there are programs. And $I$ wouldn't be pessimistic. They do have some degree of success.

But in some cases, it really is the knowledge and cooking skills. People get their kale but they don't necessarily know what to do with it. And other foods become cheaper, tastier, more available.

MEMBER RIMM: Are those data published yet? The success of some of those

1 programs?

2

3 those. I have seen one report from USDA about
4 this topic. I think it is time to publish
5 those. The evaluations are very important.

9 much.

21 in the Department of Nutrition at Harvard
DR. DREWNOWSKI: I have not seen

MEMBER RIMM: I think that would be very important.

CHAIR VAN HORN: Thank you so

We're going to need to move on to our next speaker.

DR. DREWNOWSKI: Thank you.
CHAIR VAN HORN: But that was an excellent presentation. And so that we don't burst the eardrums of people listening in, we will not applaud. But please accept our gratitude.

It's my pleasure to introduce our next speaker, Dr. Frank Sacks. Dr. Sacks is Professor or Cardiovascular Disease Prevention School of Public Health.

2 at Brigham and Women's Hospital and Professor
3 of Medicine at Harvard Medical School.
4
5 and public policy in nutrition, cholesterol
6 disorders, hypertension, and cardiovascular 7 disease.

He is a Senior Attending Physician

Dr. Sacks is involved in research
is the Chair of two NHLBIsponsored trials, the POUNDS LOST trial that we'll hear about today and the OmniCarb Trial. He is a member of the new NHLBI Clinical Guidelines for Cardiovascular Risk Reduction first expert panel.

And it is my pleasure to introduce Dr. Frank Sacks who will tell us more about POUNDS LOST.

DR. SACKS: Okay. Thank you, Linda.

I appreciate the opportunity to be here. And to share with you some new findings on dietary macronutrients and weight loss, and to just cover some previous trials, an

1 overview of the state of the macronutrients
2 weight loss topic, discuss the behavioral
3 components of success in weight loss.
And then I was asked, at the end
5 to discuss the issue of sodium and
6 particularly the dose effect of sodium on
7 blood pressure and issues relating to what the
8 appropriate target would be for sodium intake.
So I am going to go through some of these slides very fast. So I guess I'm told that we have an absolute limit on time. So excuse me for some of that.

All right. So first I'm going to discuss low-fat diets, the background to that. Now the longtime paradigm is that low fat, high carbohydrate diets will promote weight loss or prevent weight gain for a variety of metabolic reasons.

Now that paradigm has been called into question but I do think there is some validity to it. For example, vegetarians eat low fat but lots of -- but the carbohydrate-

1 rich foods are full of vegetables, whole 2 grains, and so forth.

And they are much -- they lose
4 weight. And there is no question this kind of 5 diet can promote weight loss even if you

6 aren't even trying to lose weight because this
7 population was not trying to lose weight.
8 They just lost weight. And so that paradigm
9 can work in certain, you know, with a certain
10 type of high carbohydrate, low fat diet.

11
12 patients in San Francisco, remarkable
13 sustained weight loss, 22-pound difference
14 against the control group. Again, very low
15 fat, high carbohydrate vegetarian diet full of
16 foods that I suppose are very nutrient-rich
17 but also very rich in fiber.

21 populations, I think this paradigm works very 22 well.

2 when you just select from the general 3 population, it doesn't necessarily work so

4 well. So here is also a strict vegetarian,
5 vegan study, by Neal Bernand in that group.
Now in the larger population or And they randomized patients to a vegan group or a standard low fat group for weight loss, gave some of them support, a lot of sustained support and contact, encouraged them to be on the diet, and the vegan group lost a little more weight than the standard low fat group did, but only if they were given sustained support.

So I just want to make that point that certainly in these researchers' hands, the vegan group did a bit better than the standard low fat group. However, the second dimension of these results are that without any support, neither group did well at all. So that support is extremely important.

So now let's move to the opposite type of diet, a low carbohydrate diet. And

1 we've had a lot of different studies. And you
2 can see a pattern where in the first few
3 months, the low carb -- Atkins -- this is an
4 Atkins diet, the low carb Atkins diet promotes
5 weight loss but then that weight is regained
6 faster than a conventional low fat diet. And
7 at the end, there was no significant
8 difference at the 12 -month point.
Okay, another study, similar, rapid weight gain of the Atkins diet, regain from six to 12 months such that at the end, there was no difference in weight loss between the Atkins and the conventional diet.

In fact, if you carry out those trajectories, you would imagine that in another few months there would be really no difference between groups. And they might even cross over and give an opposite result.

So very important to continue these studies until we can get some sense of the long-term results.

Now here, comparison of four

1 diets. The Atkins diet is the bottom line
2 compared to three other types of diets, 3 including its opposite diet, the Ornish high

4 carbohydrate, low fat diet. Again, as you
5 see, there's rapid weight loss in the Atkins
6 diet. More regain.
7 And at the end of that study,
8 there was no significant difference, according
9 to the author's original protocol, between 10 these different diets. 19 loss was the same at six months. Pretty much 20 the same at 12 months. But at 18 months, the 21 Mediterranean group sustained the weight loss

Okay, so now how about yet another type of diet, a Mediterranean high fat diet. All right. This is a study that I did with Kathy McManus. And wanted to see whether people could lose weight on a high fat Mediterranean-style diet. And indeed they did.

Compared to a low fat diet, weight whereas the other group regained a lot of the

1 weight.

4 better in the Mediterranean group. And here's
5 a result that other weight loss trials have
6 found that it is good to stay in these 7 programs. 9 whether they were on low fat or Mediterranean, 10 had a gain of nine pounds over 18 months.

11 Those staying in the program, regardless of

21 at two years, you see an absolutely similar
Now also adherence at 18 months was much better and participation was much program.

The drop outs, regardless of whether it was low fat or Mediterranean, lost 11 pounds. So, again, participation seems to be very, very important in these studies.

Very recently yet another study compared three diets. The lower curve here is the Atkins diet. And, again, just like the previous studies, you see rapid weight gain at about six months. But then rapid regain.

So that at the end of the study, weight loss in two very different diets, the

1 Atkins diet and the Mediterranean diet,
2 somewhat superior to a low fat diet. There
3 were more dropouts in the Atkins diet so that
4 is an interesting result.

6 big collection of findings? Well, one, the
7 certainly divergent results that each diet
8 type in the hands of some investigators showed
9 the superiority of other types.

11 results across this collection of studies.

21 discussed and written about by colleagues.
Okay, so how do we interpret this

There is no obvious pattern of And with the Atkins diet, superiority in the first few months was often not sustained by one to two years. In fact, in no study was there truly a statistically significant difference between Atkins and the comparator studies that went out to a year.

All right. So what were some
limitations in some of these studies? Here is a whole host of limitations that were But I'll say I think what is very important to

1 say I think lack of information on adherence
2 is one of the most important problems in some
3 of these studies. If you don't know what
4 their participants were eating, you really
5 don't know if the recommended diet did
6 anything. Or whether it was some other aspect
7 of the program.
8
9 some had 50 percent dropouts. So it's no 10 longer a valid randomized trial if you lose

11 half the participants. It becomes something 12 else, some other kind of research design like 13 observational.

A large percentage of dropouts,

And, very important: novelty of
one of the diets, media attention. It is
marketing. There are certain biases that can enter into a trial that may not be so well intended and may not be perceived. And I've had that happen with a study I did on the Mediterranean diet some time ago. There were subtle biases that fit in so that I do think that regardless of a researcher's good

1 intentions, sometimes equipoise is not
2 achieved in weight loss trials. And sometimes
3 that leads to a result that's, you know, in
4 line with the researchers' hypotheses, but it
5 may not be a generalized result.

7 us to propose to the National Heart, Lung, and
8 Blood Institution a trial that we call the
9 POUNDS LOST trial. And that was done at
10 Harvard and also done at Pennington. And
11 George Bray was my partner in doing this study
12 along with a very, very terrific group of
13 researchers at both institutions.

21 fat, 20 percent, and two of the diets were
So two of these diets were low in high in fat, 40 percent. So there were 400

1 people in low fat and 400 in high fat.

3 fat, half of them were taught a diet that is
415 percent protein. Half of them, 25 percent
5 protein. And then if you look at the
6 carbohydrate content, embedded in this design
7 is a dose response study of carbohydrates from
865 percent down to 35 percent of calories.

10 designed them with similar foods but in
11 different proportions. And no diet was a
12 control diet. No diet was considered a bad

All right. Now I'd like to

1 describe in some detail what the program is
2 for weight loss -- the macronutrient targets
3 with a paramount teaching objective. We
4 wanted participants to hit the macronutrient 5 targets.

9 coming in.

21 achieved at six months.

1 minutes per week, same technique and intensity
2 was used in all groups. And this is what we
3 did -- a lot -- to keep these people in.
4 We had group sessions three out of
5 every four weeks for six months then two out
6 of four weeks for the remainder. Individual
7 counseling sessions every eight weeks for two
8 years. The Pennington people devised a web-
9 based system for participants to record diet 10 and exercise and obtain rapid feedback daily

11 about whether they reached their macronutrient 12 or calorie goals.

13 Contact among the groups were 14 avoided. And it is very important to say that

15 the investigators taught the staff and the 16 staff taught the participants that each diet

17 had an equal chance of success in line with 18 divergent results of previous studies that I 19 have summarized. And the goal was trial-wide 20 equipoise.

22 a sense. The investigators had different

1 opinions about which diet would work best.
2 And we really were committed to this concept 3 of equipoise.

4 The baseline characteristics then
5 of the study, 800 were randomized, 645
6 completed the study; that is, provided a body
7 weight at the end, 80 percent. And that's
8 truly the best we could do.

9

11 they were unhappy with their weight loss.
It is very difficult to bring
patients back for weight measurements when That's basically the reason. It's a very different kind of study than other kinds of nutritional studies.

We had 64 percent women and 27
were in the overweight category, 73 percent in the obese category.

Okay, so here was the primary trial outcomes. So pre-specified primary outcome, change in weight from time zero to two years, all randomized participants, the 20 percent that did not come in for a body weight

1 measurement, we imputed their data using Tom
2 Wadden's approach.

7 percent, showed the same type of result. The
8 average weight loss was about four kilograms
9 at two years across all of the groups and diet 10 comparisons.

So, this is it. There's two years. Absolutely no difference based on protein, fat, or carbohydrate.

Now the completers, the 80

Okay, now this graph shows the six, 12, 18, and 24 month results for each of the four dietary types. So you can see, for example, at the six-month point, you see four symbols. And these represent the four diets.

You really don't need to know which is which because it is quite obvious that there's absolutely no difference in weight loss. The average weight loss is about six kilograms at six months.

The adherence was very good at six months. There were 93 percent that came back

1 for measurements at six months. So we feel
2 this is a very solid result for a six-month 3 time point.

6 regain from six to 12 months like other 7 studies generally did, I think because we had 8 a sustained program. But then they had some

9 regain from 12 to 24 months similar in all the

21 identical across all four groups.
These are the same data for completers. Again, very clearly at six months no difference, and no significant differences here whatsoever.

Now waist circumference, we know where fat is is a relevant factor for metabolic abnormalities. So waist circumference was our secondary outcome. You can see weight loss -- I mean loss of waist circumference at six months, absolutely

Reduction in waist line continued

1 to 12 months, no difference among groups. And
2 there was a small amount of regain of waist
3 circumference -- less that regain of total
4 body weight.

6 analyses. It looks like abdominal fat did not
7 return quite as much as fat in other
8 locations. That's very interesting. We'll
9 have a report on that sometime in the future.
Now cut points for weight loss, whether it is a five percent weight loss or a ten percent or greater or 20 kilograms or greater, you can see there is really no difference at all across any of these groups.

Very interestingly, even though on average most patients gained weight after six months or after a year, about a quarter of the participants continued to lose weight after six months.

That was a very successful group -
21 - lost 9.3 kilograms with no difference across
22 the diets. So there are people who will

1 continue to lose weight and get a very, very 2 good result at two years. We shouldn't give 3 up in that regard.

There are a number of theories and
5 evidence about different macronutrients and 6 satiety and satisfaction and food craving and

7 whatnot and our behavioral psychologists at
8 Pennington are experts in this, they included
9 a number of standard questionnaires in this 10 study relating to food craving and dietary 11 restraint and so forth.

21 from Atkins out to Ornish and this is self-
There were absolutely no differences by diet group at six months or at 24 months, to their great surprise. You know whatever that data early on about satiety, very good experiments, they just didn't seem to carry through in this study to the six month point or to the two year point. Now just speaking about adherence, the Danziger study compared these four diets reported adherence levels. And you see they

1 started fairly high but by six months, self-
2 reported adherence decreased dramatically.
And it was the same in all four of
4 the groups -- no particular diet type promoted
5 adherence in this particular population-based
6 study. And that's what we found in our own
7 study as well.

8

9 seemed to have a lot to do with the weight 10 loss result and that's group session

11 attendance. And here on the X axis, we have 12 number of sessions attended, and the Y axis, 13 weight change in kilograms at two years. And 14 you can see participants, on average, lost 0.2 15 kilograms per session attended over two years. That's the -- and -- but you notice that there is a huge difference across -- there's a huge difference among people. We had people who attended sessions and lost 30 kilograms. We had patients who attended most of the sessions and actually gained a few kilograms.

2 the first couple of sessions and then left.
3 And never came back except at two years. Most
4 of those patients didn't do so well. But a
5 few of them did extremely well. Just didn't
6 need us. So I'm very interested in these
7 kinds of individual variables -- differences
8 in participation and weight loss.
Then we had patients who came to in participation and wight loss.

Now what I just described to you
for the total group is exactly the same in all four of the diet groups. Other studies have showed that sustained interaction with something -- with the research team had a lot to do with weight loss.

This looked at Weight Watchers. It's certainly better than two dietitian consultations to have a sustained program. Internet behavioral e-counseling also is successful. The Premier study follow-up shows, again, it was very important to have sustained interaction.

Now I'd like to mention adherence

1 to the macronutrient goals because we found
2 that over time, patients that are participants
3 tended to converge on their pre -- their pre-
4 study macronutrient goals or macronutrient 5 intakes.

7 had its target of 65 percent -- and that's
8 what participants did very early on -- but by
9 six months, their carb intake decreased closer
10 to what they usually ate. And the low carb,
1135 percent, increased as well. Kind of they
12 converged toward what their population average

For example, the low fat diet that is. And by two years, convergence on it occurred further.

So it seems to me that ambitious macronutrient goals in a population-based study are not achievable even though weight loss is achievable. And they will --
participants will gravitate to their usual intake over time.

Even at two years, there was a difference here. And this is not unique to

1 our study. In all previous studies, this kind
2 of phenomenon has been found.

4 study, there were some dietary differences on
5 risk factors. For example, the low fat diets
6 had -- their LDL levels went down more -- not
7 that much -- six percent compared to one
8 percent in the higher fat group. 11 did not go up as much. So if you look at this

21 emphasis, that satisfaction, satiety, and
But in the higher carb, low fat groups, insulin did not go down as much, HDL total risk factor picture, you'd say well, maybe it is a tie between everything. But in people who have dyslipidemia, may have some insulin resistance, perhaps the highest carb diet is not the best choice even though it did just as well for weight loss.

So in summary then, reduced calorie diets achieve similar weight loss after two years regardless of macronutrient cravings were similar, average weight loss

1 nine pounds by intention to treat, and two
2 inches of waist circumference. And overall,
3 all groups had favorable changes in risk
4 factors.
5
6 findings? Well, successful diets for weight
7 loss can emphasize a large range of
8 macronutrient intakes. And these diets are
9 made with foods that reduce risk of cardiovascular disease. Risk factors improved. Low fat may not be the best for metabolic syndrome or diabetes.

Ongoing counseling sessions, very important to achieve and maintain weight loss no matter what group they are in and that successful diets for weight loss, I think, can be tailored to individual patient's personal and cultural preferences to achieve long-term success.

And maybe that's really the key to
21 go after in the future rather than pushing
22 people to eat a particular amount of carb or

1 protein or whatnot.

3 attention to that. And now I'm going to
4 briefly go over some aspects of the sodium
5 hypertension thing from mostly data from the
6 DASH sodium study.

8 McGregor did a double blind sodium study.
9 It's a beautiful study in moderate
10 hypertensives. And what he showed is that
11 going from 200 millimoles to 100 millimoles 12 reduced blood pressure the same as going from 13100 to 50. And that really suggested a lot of 14 linear effect or an intensification on a 15 linear scale of the sodium-blood pressure 16 relation.

21 grams or 1.2 grams of sodium. So those were 22 the ranges that we tested in 412 people.

2 reduction in the control diet that is
3 basically a typical U.S. diet. And you see
4 this intensification of blood pressure
5 reduction as sodium is reduced down to 50 or
660 millimoles.

11 important population, you know these are
And here is the effect of sodium

- Th diet to somewhat of a lesser extent but sodium reduction did effect the DASH diet.

Now here's a really clinically patients over the age of 45 and mildly hypertensive. And you see a real accentuation of blood pressure lowering at low sodium.

So at the top bar, it's the sodium reduction in the control diet. It goes down 2.1 -- blood pressure reduction, 2.1 from high to medium and six from medium to low. Low being proximately a one and a half gram goal that you're looking at. And in the DASH diet, same sort of thing. An accentuation of blood pressure reduction when you go from medium to

1 low down to around 1500.

3 subgroups here. So this is African-Americans,
4 hypertensive and normotensive. And non-
5 African-Americans. And this is the sodium
6 change from 150 millimoles to 100 . That's the
7 upper row. And the middle row from 100 to 50.
8
9 millimole difference, from 100 to 50, it
10 produces at least double the blood pressure
11 reduction in African-American hypertensives
12 and normotensives, non-African-American
13 hypertensives and about the same in non-
14 African-American normotensives. So a lot of
15 rationale for going down to the lower level or 16 at least trying to.

18 interaction also. There's a big effect of
19 sodium reduction in middle age and beyond.
20 So, okay, the red bars are blood pressure
21 reductions of sodium reduction with the control diet. Okay, this is 23 to 41, middle

1 age, middle age, older.

3 is reducing blood pressure in the lower red
4 bars more and more as people get older. And
5 with the DASH diet, that would be in the
6 orange bars, you see the same sort of thing.
7 You see an accentuation of the effect in
8 patients, people who are in their 40s and 50s
9 and beyond.

21 any age, and this whole age thing, well, you 22 know, people under the age of 40 or 45

1 hopefully will at some point become more than
2 the age of 40 or 45 and become responsive to
3 sodium. So there is a potential for sodium
4 down to 1,500 milligrams to affect basically
5 everybody or everybody's potential.

7 attention. I'd be happy to take questions.

21 showing benefit to cardiovascular events after
CHAIR VAN HORN: Thank you very much. We have about ten minutes. I'm going to take executive privilege and ask just one quick question in terms of what you've presented in both cases. Certainly the compelling data recognizing that 70 percent of the population could be responsive, are there any downsides that you can think of for reducing the recommended level to somewhere around 1,500 milligrams?

DR. SACKS: I am not aware of any downside. There are long-term studies, longterm follow-up of sodium reduction trials they showed benefit to blood pressure without

So thank you very much for your

1 any adverse effects identified.

3 there is a global natural experiment going on
4 because different locales around the world eat
5 different sodium levels. So nothing bad has
6 come up in that regard.

8 question, then we'll open up to everyone else,
9 relates to the POUNDS LOST study and
10 everything that you so eloquently described as
11 far as choosing -- making it possible for 12 people to choose their approach. And with

13 ongoing support, which seems to be the key
14 factor in terms of both attendance at sessions
15 and/or ongoing tailored feedback to people who

21 reductions in terms of their dietary intake.
22 Would you agree?

1
2 the emphasis now should be on people finding
3 their way to a healthy diet that is within
4 guidelines for reduction of heart disease or
5 diabetes that they can stick with and learn
6 how to keep the calories down. And they need
7 some type of support. Now, of course, we did
8 it in a very expensive way, but there have to
9 be ways devised that are going to do it 10 cheaply.

21 composition and weight loss.
CHAIR VAN HORN: Excellent.
The group? Eric?
MEMBER RIMM: This is Eric Rimm. If I could lead the witness a bit more, just -- you know, I think -- and it is not fair, Frank, you haven't -- I mean you talked about the Israeli study, but I wanted to dwell on your study and the Israeli study together because they were both, you know, probably the best, well done, long-term trials of diet

And if you look at the 2005

1 Dietary Guidelines that specifically say that
2 fat intake should be between 20 and 35 percent
3 of calories from fat. And since that time,
4 now your study has published and the Israeli
5 study has published, and both studies used
6 intervention arms or experimental arms that 7 use 40 percent of calories from fat. And both

8 of those were successful in weight loss when
9 there was support. So do you think there are

11 calories of fat range for the amount of fat that is consumed? DR. SACKS: Well, personally, I think maybe we don't need any type of range, you know, for recommended fat intake or even macronutrient intake, that really we could work our recommendations based on foods. But specifically what you're saying, is there a problem with 40 percent fat? No, I don't think so. In fact, there are benefits for the risk factors if it is the right fat obviously. And that's the key. If you recommend high

1 fat, will people really eat the beneficial
2 fats.

5 Pearson. Thanks for that presentation, Frank. 8 study. You had 90 minutes per week

9 recommended. And I was just wondering the 10 extent to which you saw compliance with that 11 and if there was any specific interaction with

21 measures, for example group participation,
CHAIR VAN HORN: Tom?
MEMBER PEARSON: This is Tom I had a question about the physical activity part of the POUNDS LOST compliance with exercise and the effectiveness of those four diet arms, which, of course, had different components, which may, in fact, have a little different responsiveness to physical activity.

DR. SACKS: Well, that is an interesting question. And we're actually looking into that kind of thing now. But I can just tell you that different adherence individual participation, use of the computer

1 web-based thing, physical activity, they are
2 all very inter-correlated. So I suppose that
3 they all would be related to weight loss. But
4 we're looking into that.

7 Achterberg. You intimated in your 8 presentation that your patients tended to

9 drift back to the dietary pattern that they 10 had before the intervention. And I was just

11 wondering how you might reconcile those data 12 with immigration studies where people, in 13 changing residencies, dramatically change 14 their dietary patterns. So what do you do 15 with that?

21 toward the previous.
CHAIR VAN HORN: Cheryl?
MEMBER ACHTERBERG: Cheryl

DR. SACKS: Well, I think -- okay, so maybe I overstated it. So they did -- they drifted toward their previous macronutrient intake. But they didn't go get to that point. So you might say there is partial movement

Now, you know, if they were

1 assigned, let's say, to high fat but they are
2 used to eating a low fat diet, that's where
3 they kind of drifted to. So that's -- you
4 know, it just worked that way in any of the
5 groups. Now that doesn't mean we don't know
6 whether they ate the same foods because we
7 recommended healthy foods on all the diets.
8 But in terms of macronutrient intake, they
9 drifted toward that because that was the focus 10 of the study.

14 fronts. You know, in some of the studies
15 we've done we've calculated Framingham risk as

17 your paper. And I was wondering if it was
18 done and if all four diets led to the same,
19 you know, change in Framingham risk.

21 distinct having to do with satiety. You
22 mentioned you didn't see any changes in

1 ratings. And yet, you know, we did OmniHeart
2 where we see very distinct, you know, changes
3 in satiety. So I'm just wondering, you know,
4 was there -- can you explain?

6 see. Yes, Framingham risk, yes, we were
7 thinking about doing that. The problem with
8 Framingham risk is it doesn't -- you know, our
9 outcome variable, body weight change, doesn't 10 really figure into Framingham risk. So that's 11 sort of a problem.

18 are other, for example, PROCAM has
19 triglycerides in it and Reynolds has CRP.
20 We're going to get CRP measurements. So we'll
21 kind of wade into that.
And it would deal with the cholesterol, the HDL, the blood pressure, and using those changes, the diets would probably do more or less the same. But it is a good thought.

And there are other risk -- there

And the second one was --

7 studies do. So, you know, what is the
8 explanation?

21 any satiety difference at six months.
MEMBER APPEL: The satiety --
DR. SACKS: Oh, the satiety --
MEMBER APPEL: -- ratings where
you didn't see a difference but other studies where you actually control -- you know, typically smaller study or controlled feeding

DR. SACKS: Well, I don't know, you know, if we had done satiety studies very early after a week or two weeks, we might have seen differences like these. But all I can say is they didn't carry through to six months.

And the difference between this
study, say, and the OmniHeart study is OmniHeart we fed them to constant weight. So we had plenty of obese people who we didn't let lose weight. In this case, the whole emphasis was losing weight. And there wasn't

CHAIR VAN HORN: Rafael?

1
2 Rafael Perez-Escamilla. Consistent with your
3 follow-up support data showing, you know, that
4 it is important to support people in
5 maintaining the benefit in weight reduction,
6 you know we have found the same whether it is
7 a breast-feeding promotion, whether it is
8 Latinos improving their self-management of
9 diabetes at home. And for low income people,
10 it is very important to think about models
11 based on peer counselors, people from the 12 community that have successfully been able to 13 deal with the problem to become part of the 14 system.

16 is the reimbursement issue. Like who is going
17 to pay for these. So the question is about 18 cost effectiveness. And what would be your 19 recommendations in terms of the type of cost 20 effectiveness research that we should do to 21 include these findings as part of a healthcare 22 reform in the country?

1

2 tough topic. But I think it is very, very
3 important because our study and others say
4 that really that is the key. I mean it is
5 participation. It is counseling.

7 could just do that in peer groups or 8 neighborhood groups or groups that people are

9 just doing it on their own that they don't
10 have to pay for anybody. Or maybe with the
11 internet they could do it.

12

DR. SACKS: Yes, I think that is a


But now actually, I mean maybe one

But I don't know. I think your idea of looking for models that could be done at very low cost or no cost maybe after, you know, the first couple sessions, may be the way to go. I think that's probably where the future is in the whole behavioral side of this.

CHAIR VAN HORN: I'd like to just go back to one issue related to your comment about it doesn't matter what fat level, only from the point of view of blood lipids and

1 concerns about risks for cardiovascular
2 disease and juxtaposing what you were saying
3 related to weight control and the fact that we
4 do, of course, have a significant population
5 at risk for cardiovascular disease. And we
6 need to weigh and balance not only the total
7 fat but the qualitative nature of the fat. I
8 know from the Women's Health Initiative, for
9 example, we discovered that a recommendation 10 to lower total fat to 20 percent doesn't

11 necessarily achieve the lipid lowering
12 benefits unless there are qualitative changes 13 in the type of fat.

19 have lower LDL lowering. So I just wondered 20 if you would like to make just a further 21 comment related to that issue in addition to

And it would appear from the slide that you showed showing the differences in lipids and insulin, et cetera, that, indeed, you know, the group that had the lower total fat and presumably lower saturated fat would what you said about the weight control issue.

1
2 know, taking up -- you know, in comparison
3 with the OmniHeart study that Larry Appel
4 mentioned earlier, so I mean OmniHeart study
5 showed very clearly that unsaturated fat, you
6 know, lowers LDL very nicely.
DR. SACKS: Oh, sure. Well, you

8 group in our POUNDS LOST weight loss study, if
9 they had really eaten unsaturated fat, then 10 their LDLs would have gone down very well, 11 just as much or better than the low fat group.

12 So obviously they weren't quite doing that.

21 small difference. So still that's an issue I mean they were probably having a little more saturated fat than the low fat group. And that's why there was a 6 percent LDL differential between those groups.

So, you know, education on good fat/bad fat -- I mean we really -- we worked hard at it. And certainly there wasn't a 20 percent difference. But there was still a that we have to work on.

1
2 Appel. Frank, I didn't see actually what
3 happened in terms of saturated fat by diet in
4 your paper or your slides. So could -- you
5 know, there is this sort of mantra and maybe
6 it is knee jerk and wrong that if you reduce,
7 you know, as total fat goes, so does saturated
8 fat. Is that what you found?
MEMBER APPEL: This is Larry

I know you were trying to emphasize the, you know, the better fats. But in reality, were people, you know, was it accomplished? You know you could sustain a better fat profile even with higher -- even at of higher fat.

DR. SACKS: Well, you know, you got me on that. I just can't pull the numbers out of my head.

MEMBER APPEL: Okay.
DR. SACKS: But they're published actually in the article, the saturated fat content on the four different diets.

CHAIR VAN HORN: Thank you again

1 for an outstanding presentation. We really
2 appreciate all of your excellent comments.

4 take a 15 -minute break. And please return so
5 that we can hear Dr. Crawford promptly at
6 3:20. Thank you.
7 (Whereupon, the above-entitled matter went off

21 of the Nutrition Subcommittee for all ten the record at 3:05 p.m. and resumed at 3:24 p.m.)

CHAIR VAN HORN: All right. Thank you for standing by. We are now ready to proceed with our next presenter, Dr. Patricia

Dr. Crawford is Director of the
Robert C. and Veronica Atkins Center for Weight and Health, an adjunct professor in the Department of Nutritional Sciences and Toxicology and the School of Public Health at the University of California at Berkeley. Dr. Crawford served as the Chair years of the NHLBI Growth and Health Study, an

1 epidemiologic study on the development of
2 obesity and heart disease risk factors in
3 African-American and white Girls.

4

5 studies evaluating changes in children's
6 school lunch intake in the Berkeley School
7 Lunch Initiative Project and the Kansas City
8 Healthy Schools Partnerships Program.
9 Further, she is leading studies evaluating the impact of legislation to improve the foods in California schools examining implementation of school wellness policies and evaluating the impact of large-scale community interventions to create healthy food and activity environments for children.

Thank you.
DR. CRAWFORD: Thank you, Linda. And I'm truly honored to be here.

And I applaud the Committee for your interest in hearing the voices from the community in your deliberations.

The Center's mission is to develop

1 the science-based solutions to pediatric
2 overweight, particularly using the environment
3 and policy solutions. And over the last ten
4 years, we've conducted nearly 100 studies with
5 hundreds of community partners.
6
7 about the findings from these studies, I'm
8 actually going to talk about the community
9 partners and their thoughts about the Dietary
10 Guidelines, the pyramid, and the guidance that
11 you all are providing. And these partners
12 include people from cooperative extension,
13 from WIC, teachers, school nutrition
14 directors, advocates, food stamp folks,
15 advocates, various coalition members and
16 leaders, and groups throughout the community.

18 show you how we get information from our
19 partners. We all go jogging on the California 20 coast.

Okay, so I have four questions to answer today. And the first one is rather

1 elaborate. In what ways does my work suggest
2 that the current nutrition guidelines are
3 problematic when applied at the school or
4 community level? In what ways are they
5 effective? For example, how can school food
6 service managers and other settings
7 distinguish between foods that are the most
8 healthy and those that are the least? How
9 useful is the discretionary calorie allowance
10 for the lay public and food service manager in
11 planning amounts of various foods that should
12 be consumed?

14 start. So in talking to those community 15 members, the first thing that came out is that

16 the current Dietary Guidelines are believed to 17 be credible and they are current and they are

18 comprehensive. And at many times in many 19 circumstances, they are very clear. At other 20 times, they are less clear.

22
So that's where we're going to

And the community members that I spoke with wanted to be sure that you

1 understood that you are providing an
2 invaluable resource for them. And their
3 concerns really deal with the application and
4 the transmission and the translation of this
5 information.
6 And so I'm going to focus, for the
7 rest of the talk, not on all of the wonderful
8 things you are doing but on the concerns that
9 they have to make them even more useful at the 10 community level. So the first concern, and

11 I'm going to list four now, the first is the 12 lack of specificity. People want food-based 13 specifics for the translation of nutrient14 based guidelines. They want quantities, 15 types, classifications. They want to know how 16 they can meet the guidelines, not -- they

17 understand what the guidelines are. 19 vegetables. They said that they truly 20 understand. So if you can model, you know, 21 other guidelines based on that fruit and 22

And a good example are fruits and vegetable one, it would be very helpful to

1 them.

7 reference intake with higher and lower
8 amounts, depending on the calorie levels,
9 choose the variety from the five vegetable

14 you all know that better than anyone. But
15 even in the example of the lean and low fat 16 foods, when selecting and preparing meat,

21 what about turkey hot dogs?
They said they understand consuming a sufficient amount of fruits and vegetables while staying within their energy needs, two cups of fruit, two-and-a-half cups of vegetables per day are recommended for this subgroups, all of that is very clear. Then it falls apart with the other groups. And largely that is because of processing, how difficult that is. And I know poultry, dry beans, and milk or milk products, make choices that are lean, low fat, or fat free, that sounds very clear. But the questions that were raised are well, you know,

And what about bean? And, you

1 know, people where I work don't drink milk.
2 So, I mean, should we really be using cheese
3 often? And those low fat cheeses aren't, you
4 know, aren't the ones that people eat. And so
5 there's just all kinds of questions about how
6 to get to that place. They don't -- they
7 can't translate what they are supposed to do
8 with that information.
So it's possible that as a result, the fruit and vegetable messages are more often transmitted and more often discussed. For example, in nutrition education, the primary topic in most of the nutrition education in schools is fruits and vegetables. So it is possible because of that clarity that that is one of the reasons. I'm sure it is not the only reason. But that is possibly one of them.

And another situation, I did many focus groups with WIC mothers a few years back and found that through hundreds of pages of transcripts, when they talked about healthy

1 foods, they talked about vegetables. And we
2 know that the WIC messages cover all of the
3 groups. But they truly understood that
4 message.

6 might be because of that specificity.
7 Obviously there are other factors at work.
8 But I think it behooves us that those messages
9 are getting out, you know, strong to the
10 community. And we see it in different ways. 21 benchmarks and standards would be helpful in

And I don't know how much of that

So another concern is the complexity of the messages. We hear that especially with nutrition education they cannot seem to figure out how to take the Guidelines or the pyramid into nutrition education. It's complicated. You need a computer for the pyramid. Five-a-day was just simple and useful.

But the last one I think is particularly interesting. A national set of developing nutrition curriculum. And I'm

1 going to come back to that one again a little
2 bit later.

4 very concrete guidance. You know they don't
5 want to be out developing their own
6 curriculum. As much as we think they want to
7 do it, they want to adapt. They want to take
8 one, I mean they are busy doing what they do.
9 And so the more guidance that we can provide
10 for them on how to get from the guidelines
11 down to nutrition education would really be 12 helpful.

14 the Dietary Guidelines include too much focus 15 on nutrients. So that one came out over and

21 required by school personnel to decide on and
Another one, concepts regarding over again. We eat foods and you talk about nutrients. And clearly that's not completely fair because foods are a very big part of the Guidelines as well.

But take, for example, the effort to monitor the competitive foods in California

1 schools after we passed two important pieces
2 of legislation in 2005. Let me show you the
3 two pieces of legislation.
4
The first is Senate Bill 12, which
5 is for competitive foods. Snacks may have,
6 according to our legislation, and this is K
7 through 12 in California, no more than 35
8 percent calories from fat, 10 percent of its
9 calories from saturated fat, 35 percent sugar
10 by weight, 250 calories for a specific
11 portion. So very clear. Right?

13 California Senate Bill 965. This is for
14 competitive beverages. They were passed at
15 the same time, $K$ through 12. Beverages sold
16 to students must be from the following list:
17 fruit-based, vegetable-based drinks that are 18 at least 50 percent fruit juice without added

19 sweeteners, drinking water without added 20 sweeteners, milk products, electrolyte

21 replacement beverages with a cap on the amount
Now this is a brief summary of of sweetening.

1
2 for these two pieces of legislation. One more 3 related to the nutrients. One more related to

4 the foods. And we're doing a study right now
5 evaluating compliance with these two pieces of 6 legislation. And these are very common foods
7 and beverages that are sold in California 6 legislation. And these are very common foods
7 and beverages that are sold in California

8 schools as competitive foods.

11 surveying, are the most compliant to that 13 have 50 percent of the beverages were supposed

14 to be compliant to the legislation and 100 15 percent of the foods. When we went out, it

20 are beverages, you know, more choices out 21 there. But one of them could have been it is

So completely different guidelines

And which do you think -- the beverages or the foods, when we've been out legislation? In 2007, we were supposed to was much more likely that the beverages would be compliant than the foods. Now there are a

There are more foods than there very simple to follow that legislation with

1 the beverage categories, and it is really hard 2 to follow it with the food nutrient 3 categories.

4
5 some of the foods that we found when we were
6 out surveying competitive foods in schools to
7 see whether they were meeting the actual
8 legislation. So can you guess which one of
9 these, I mean you saw the criteria, might be 10 compliant and which are not or what percentage 11 of these might be compliant with California's 12 legislation?

21 director and you are out there and you have to
And remember that was the fat
limits, that was the sugar limits. All of them might be compliant, yes. Well, in fact, it is even worse than that. Exactly half of them are adherent, the yellow ones are adherent and the red ones aren't.

And it behooves us to look and see -- I mean say you are a school food service decide between Nature Valley strawberry yogurt

1 granola bar and Nature Valley crunchy oats and
2 honey granola bar. No way.

4 vending machines, they're in the school
5 stores, they are all over the campus in high
6 schools. And sometimes we have different
7 groups that are responsible for different
8 stores or different venues.

11 trying. I mean they really are out there 12 working very hard to get there. So I think 13 that it really helps us understand the kind of 14 things that they are up against because the 15 food supply is so complex now.

21 service director, we now serve foods that
So they're out -- these are in the So this is really difficult for schools to get to the place -- and they are

So also on too much focus on nutrients, I wanted to share with you a quote that I got from a school food service director who is a dietitian in one of our large school districts in California. She said, "As a food simply taste okay. It's low fat. It's high

1 fiber. It's low sugar. It's trans fat free
2 with high nutritional value. It no longer
3 resembles real food. It no longer tastes
4 great or even good. We used to be able to
5 make small, fresh, satisfying chocolate chip
6 cookies. That has now been replaced by things
7 like fun-shaped whole wheat chocolate flavored
8 crackers."
"When food is not satisfying to one's palette, the consumer is left wanting. First we took out the fat, compensated with more sugar. People considered the result to be diet food and ate more resulting in an equal or greater caloric intake. Next we got excited about the sugars and made sugar the villain, then trans fats, and now sodium."

So this is pretty difficult to
take. But she, being a dietitian, she said "'I am part of this problem.'" But I'd like you to share it with the Committee.
"We've become so nutrient focused we've forgotten how to enjoy, appreciate,

1 savor real food. There are far too many
2 confusing, conflicting rules and
3 recommendations. People trying to eat
4 healthily buy processed foods covered with
5 health claims. More defined nutrition rules
6 will not solve our problem. They will only
7 exacerbate it."
8 So this is, you know, this is from
9 somebody on the front line who has been doing
10 the job she has been doing for 30 years. And
11 I think it really expresses very clearly the
12 kinds of things that we hear when we're out
13 talking to people working in the schools and 14 working in the community.

21 Guidelines last time that those working in the 22 community really love.

1
2 Now they're not using it much, and that's
3 because they are totally confused by how to 4 use it. But they know there is great
5 opportunity if they understood it more. 4 use it. But they know there is
5 opportunity if they understood it more.

7 mentioned that they've just begun to hear 8 about it, and it actually makes so much sense.

9 That foods -- some foods are core foods. And
10 then they have additional discretionary
11 calories added to them so they can begin to
So this is such a positive thing.

So this came out -- several people explain that to the public and use examples. The problem is trying to use the examples. I've been using this example in a class that I teach in community nutrition. And I'm not sure. I've actually vetted with somebody on the Dietary Guidelines Committee last year. I vetted it with somebody at USDA. And each one had slightly different opinions of exactly how you calculate.

I mean should I be doing extra calories from a doughnut by comparing it to a

1 grain product that doesn't have the fat and
2 sugar? Now would that be the like toast?

4 because I've tried hard to understand myself
5 how we get to those extra calories. And I'd
6 like, you know, I think that if you could
7 provide more guidance in this area, that we
8 can translate this kind of information for the
9 consumers.

11 the California Food Policy Advocates said we 12 are using it, we're trying to understand it, 13 it is really working, and tell the Committee 14 that we would love to have a better, you know, 15 translation of this concept.

I mean, so I put this in here

1 Pennsylvania.

5 information out to the community in a way that
6 it hasn't been out before. So by getting that
7 wording from the Dietary Guidelines into the
8 wellness committees in every school district
9 that receives federal funding, we are actually
And so I'm going to just summarize briefly and say absolutely. This is really a phenomenal way to get the Dietary Guidelines putting out information that people at the community level are talking about now.

So there are four summary points here that the school wellness policy requires schools to set goals for nutrition education. So while many mention the Dietary Guidelines or MyPyramid, interview data suggests that they are having difficulty using that information in nutrition education. But it is in their wellness policy so they are trying to make that leap and translate it.

Number two, they are using it, many of them for competitive foods to put

1 guidelines into their wellness policies. Some
2 schools are actually using the information to
3 set higher nutrition standards than USDA
4 requirements for school lunch.

6 policies are based on model policies. And so
7 that was where I wanted to come back to. The
8 more that you all, as a body, can create
9 models, they love lifting those models and

21 Wellness Demonstration Project. And 30 of
sample, we are measuring and looking at 31 school districts in this Team Nutrition Local them mention the Dietary Guidelines either

1 explicitly for education or competitive
2 schools or at least referenced it.
And here's a chart showing you how
4 many did that. And this is with schools in
5 California, Iowa, and Pennsylvania. So the
6 largest part of the circle is with references
7 to the Dietary Guidelines information. But
8 the blue ones specifically mention the Dietary
9 Guidelines. And then there was just that one 10 school that didn't include Dietary Guidelines 11 at all, the information or the specifics.

21 wording. The second one has some daily
So it does show that this is a real opportunity to get the information out there and to be discussed. And I will -- I won't go over all these examples, but I'll tell you that the wording is all over the map. We just gave you some examples here of the different kinds of wording that is in the Wellness Policy.

The first one is very general recommendations, you know, the sodium issue.

1 The next one here I thought was interesting
2 because in the Wellness Policy, the school is
3 trying to actually operationalize it. They
4 said that fat served on the side, no more than
5 twice a week.

7 the variety and limiting certain things, the 8 wording right out of the Guidelines. And two 9 more examples, one of them on nutrition 10 education that they can use the MyPyramid or 11 they can link it to other kinds of education. 12 This is a California Wellness Policy.

21 schools where certain language is picked up by
And then the last one down here is
an example of another policy where nutritional integrity is the level of performance that assures that school-sponsored foods meet recommended dietary allowances and dietary guidelines.

So you can see it is all over the map. But there are definitely patterns in different states, and many of the schools

And then the next one talks about

1 within that state will have the same type of
2 language. 4 wellness policies. And we'll have a

5 conclusion to that study pretty soon. And 6 we'll have more information on it.

9 applicable to the school and community
10 settings? For example, how is the pyramid
11 being used? Has it been adapted? Or have
So a real opportunity with those

Question three, how can government nutrition guidelines convey usable information alternatives been developed by community groups?

Well, we hear a lot about the Guidelines and pyramid when we're talking to our community partners. And I wanted to help you focus here on the third one. The pyramid is not helpful on a social marketing level. So that was one of the messages that came out that was very important, I felt.

And down here, it is reiterated in
a similar way. The pyramid is helpful for

1 motivated individuals who want tailored
2 messages but it is hard to use to write a
3 curriculum. So I think this is a very clear
4 message about the application.

6 community folks are developing other ways to
7 take the information from the Guidelines and
8 the pyramid and to actually translate them
9 into tools that they feel are more applicable.
10 This one was developed by U.C. Cooperative
11 Extension and has been tested with the
So alternatively, many, many Expanded Food Nutrition Education Program as well as Food Stamp Education Program. The staff just love it, and the clients love it. And an article is coming out on the use of this plate curriculum.

The Coalition of Food Banks in
California like the plate so much but they wanted to add foods, pictures of foods, words about foods. And you can see that this one was adapted for Asian foods so they still like the symbolism of the plate and they use it in

1 their, you know, their education with the food
2 bank recipients.

4 used in California, Healthy Kids Meal Wheel.
5 And this one is interesting because of the
6 beautiful graphics you'll see. And then you
7 can see how meat is -- red meat is pulled out 8 from the lean protein group. And you can see
9 all the different sources of calcium here. 8 from the lean protein group. And you can
9 all the different sources of calcium here.

11 desserts over here on the little spoon and the 12 little pat of butter on the knife. Isn't that 13 cute? So -- but it is, it's being used in a 14 large school district. And, you know, kids 15 can really understand how it all fits 16 together. 21 found that it was sort of irrelevant to the

This is another one that is being But I want to point out the

And I must say, years ago when I
first saw the plate, I was working with the Growth and Health Study where we were working with adolescent African-American girls, and I kinds of foods that were being eaten for lunch

1 by these teenage girls. They were having
2 chips and soda. And how does that fit on a 3 plate?

4

5 working in these new studies with schools and
6 with other community groups that if we don't
7 continually show how foods can fit on a plate,
8 pretty soon we won't be eating foods that go
9 on a plate. And I have a beautiful picture, 10 which I didn't bring, of an actual school

11 lunch in one of the studies that we're doing
12 that shows a child bringing from home four 13 little packages that fit on the plate at 14 school.

And now I've come full circle

And they just pulled apart each package. And that was the meal. So you can imagine how surprised we all were that you can, you know, go and buy packages and create a meal from these packages. So lots of interest in this area.

Okay, so question four, so drawing on my experience, what do you think the needs

1 -- needs to be done at the level of the
2 federal nutrition guidelines to optimize
3 nutrition for Americans in the school and
4 community settings? And so at the end here,
5 I'd like to just provide a few
6 recommendations. One is to provide guidance
7 on what constitutes a healthy food. Be
8 simple. Be specific. Be clear. Give
9 examples.

11 from working with these community partners is
12 that if we don't provide that very specific
13 information for them on what is a healthy
14 food, that they will do it themselves. And
15 let me give you just a couple of examples. So
16 one of my students did a survey of
17 restaurants, chain restaurants to look at
18 health claims. And out of 124 chain
19 restaurants, and this is just looking at the
20 websites, 33 say they have healthy menus or
21 items designated as healthy.
Seven say they have low calories,

119 have health claims about low fat, eight had
2 health claims about low carb, four about
3 sugar, and one just says their entire menu is
4 healthy. Now it's not so much that they all
5 have different ways of determining what
6 healthy foods are, but it's that all of the
7 cutoffs and all of the criteria are different.
8 So think about you as a consumer
9 trying to make a choice between restaurants.
10 You're not sure which cutoff is better. And,
11 you know, so I think it is that kind of
12 confusion out there. 20 vegetable because that one I understand. But

21 I wanted to broaden it to a healthy snack.
Another example of a healthy food definition, I thought this was so original. I was speaking to an elementary school teacher in Oregon who wanted her students to bring a healthy snack every Friday. She said but how do I know what a healthy snack is? I mean I could tell them just to bring a fruit and So finally she said, "I talked to

1 everybody, and I came up with a definition
2 that worked for me." She said, "I taught the
3 kids how to read the ingredient labels on all
4 their packages. And I taught them all the
5 ways to describe sugar. And then I said if
6 that is one of the first three ingredients,
7 then it is not called a healthy snack in my
8 classroom."

11 it definitely worked for her. And she said

21 decided that it is more the packaging. The
So it's a very practical way to do it. It doesn't hit the fat issue at all. But the snacks have been pretty good.

So another example was -- this was in the newspaper. After voting to introduce increased lunch prices next year in Kentucky, a school board member said you can cut lots of costs in a food service program by getting prepackaged foods and stuff that is not healthy out.

So this is somebody who has foods that come in packages are less healthy.

1 So different definition.

3 director who said children will eat real whole
4 foods. And she's saying that that is healthy.
5 So lack of processing is healthy.

7 different way. This is an adoption of sort of
8 the Dietary Guidelines that have been adopted
9 into a food guide by the Central Food Bank of
10 New York. And now food banks in California
11 are adopting it for their use because they are 12 struggling with trying to bring healthier 13 foods into the food banks.

21 many discussions -- I mean this is just an
And then to get -- to reduce donations of the least healthy. So they said we can encourage fruits and vegetables. That's the green. And we can discourage sodas and candy. We can sort of understand that.

But all the foods in the middle, they have no idea where to -- you know, many, enormous problem for somebody working in the

1 community.

3 bit. We can do the green part a little. But
4 we don't know what to do with all that yellow.
5 I mean is there some way we can figure out
6 which are the healthiest foods? So their goal
7 is right on target but they don't know how to
8 operationalize it.
So all suggested we want help defining healthy foods. Can you use colors? Can you use checkmarks? And can you even use a system like we rate restaurants with A for best choice, B for okay, C for worst choice?

We need prompts to change behaviors. And we need guidelines that will actually guide dietary practice.

This is Armando Valdez, who works with the Latino population in California. And he said, "We really need help on how to guide those choices."

And, finally, the last one is near and dear to my heart as a researcher. Someone

1 from the community said last week when I was
2 asking about these questions, "We need more
3 translational research for the Guidelines and
4 the pyramid."

7 students per day and meeting regulations
8 crafted from the Guidelines, how can only two

CHAIR VAN HORN: Thank you so

1 much, Pat.

4 now. But then open after Mike gives his
5 presentation, to see if we have further 6 questions.

7
8
9 of guideline development obviously has
10 evolved over the years. Certainly we have
11 been provided descriptors of the strength of

21 things that look nice for which there is no
22
Tom?
MEMBER PEARSON: The whole field evidence supporting recommendations.

You've provided a number of models here. Your healthy plate, the Local Wellness Policy, et cetera. How many of those have really been subjected to rigorous randomized evaluations so that we can, in fact, generalize them beyond California or wherever?

Because what we've been doing for 30 or 40 years is anecdotal discussion of evidence to say they are worth our time and

And in the interest of time, we're just going to take maybe one or two questions

1 effort.

3 they really do want that research. And they
4 do want the evidence because they are just
5 struggling in the community to do what staff
6 say works, what people say they love, you know
7 what they understand. But we want those 8 trials.

11 interesting that children get about 30 percent 12 of their calories from snacks. But the 13 problem is that they don't always want
14 something that we might consider to be 13 problem is that they don't always want
14 something that we might consider to be 15 healthy.

21 not healthy?"
DR. CRAWFORD: No, I think that trials.

CHAIR VAN HORN: Chris, go ahead.
MEMBER WILLIAMS: I think it is

I recall a little boy whose mother had just gone apple picking. And every day for five days he got an apple. And finally on the fifth day, he said, "Mom, do you think just one time $I$ could have something that is

And I think we have to find a

1 balance somehow between sometimes healthy
2 snacks and sometimes snacks that are pretty
3 good but not quite as top of the line, maybe
4 thinking about healthy, you know, children
5 having two snacks a day, maybe one healthy one
6 and one free one or getting a little more
7 balance there because $I$ think all of us don't
8 want to be totally restricted to a certain
9 category of foods or beverages.

11 they would love. They would love a checkmark 12 system or a color system. Have these every 13 day. Have these on some days. Have these 14 once a month. I mean that is exactly what 15 they want to operationalize it.

DR. CRAWFORD: And that's what

They said we can take that message to the community. But nobody is willing to go out there and say well, which foods fit on that first level? And on that second level?

So you are right on target.
CHAIR VAN HORN: Thank you again, Pat. That was excellent.

1
2 give time for our next speaker who is Dr.
3 Michael Hamm. He is the C.S. Mott Professor
4 of Sustainable Agriculture at Michigan State
5 University.
6 He is currently affiliated with
7 the Departments of Community Agriculture,
8 Recreation, and Resource Studies, Crop and
9 Soil Sciences, and Food Science and Human
10 Nutrition.

21 for having me. I really appreciate it. And
We're going to move right along to

At MSU, he is co-founder of the C.S. Mott Group for Sustainable Food Systems, which engages communities in applied research and outreach to promote sustainable food systems.

Dr. Hamm's active research areas
include community food security and sustainable food systems.

Thank you so much for coming.
DR. HAMM: Well, thank you so much I'm honored to be here.

2 of mergers in academia because I'm in three
3 departments and every one has a conjunction in
4 the title. So welcome to my world.
So what I wanted to do today was
6 kind of step back a little bit and talk about
7 the relationship of the Dietary Guidelines to
8 sustainability. And maybe think about how
9 they relate to one another.
And one of the things -- one of the questions -- I was asked to address four questions. And I'll just kind of take them more or less in order. And one of the questions was does sustainability of our food supply relate to the Dietary Guidelines?

And I'd like to just think a little bit about fruits and vegetables for a second because that's one where it is pretty clear that Americans, on average, eat far less than they should. And I'd like to just run a scenario by you which is tomorrow morning, 300 million Americans wake up and all decide you

1 know what, we've been doing it wrong. We're
2 going to follow the Dietary Guidelines and eat
3 all the fruits and vegetables we're supposed 4 to.

6 first thing that would happen is there would
7 be a run at the produce section of every
8 grocery store in the country. And they'd be
9 divorced of everything.
Three things would happen. The

The second thing that would happen is that every dietitian in the country would faint.
(Laughter.)
DR. HAMM: And the third thing that would happen is that we'd find out we are 13 million acres short of production.

So the reality is is that -- and this is ERS data actually that came out soon after the 2005 Dietary Guidelines were brought out. And so what we know is that there is a disconnect in reality between our agricultural production and our Dietary Guidelines for a

1 healthy diet.

3 you an idea of what that is, 13 million acres 4 is two to three Californias of production.
5 And California currently produces 50 percent
6 of our fresh produce that we domestically
7 produce. It is a lot of produce.
8
9 a second and say okay, so let's say we wanted 10 to get to the Dietary Guidelines with respect

11 to production. Let's say we can create the 12 demand. Now we've got to create the supply. 13 What would it take to do that?

So 13 million acres, just to give produce. It if we step back fro

Now if we step back from that for

Well, one thing to keep track of is is that it is not a static issue and it is a consistently moving target. This is a graphic out of the American Farmland Trust. All those areas in red on the map of the United States are areas of highly productive farmland and under high threat of development.

Now that map came out prior to the current economic crisis. And so development

1 actually across the country has slowed down
2 quite a bit. And so it's put less pressure on 3 it.

4
5 economy
6 going to be back on to a large extent.

9 that are produced in this country are produced

21 our domestic fruits and vegetables in
We can anticipate, though, as the recovers that those pressures are In fact, they estimate that right now 86 percent of the fruits and vegetables in the path of development.

That is the land that they are produced on is under threat of development, 86 percent. Sixty-three percent of our dairy is in the path of development.

In other words, right now we under produce what we need for a healthy diet by 13 to 14 million acres. And what we do produce is in danger of not being there at some point down the road.

Now right now, we produce half of California. And I would argue we need

1 California right now because we need that 2 production.

4 California, if we step back even a little bit 5 further, California's production is under

6 threat right now, too. The Central Valley, in
7 the New York Times about three weeks ago, they
8 indicated the Central Valley is going to have
9 about 800,000 acres less production this
10 summer. Why? Because they've had a drought 11 for three years.

If climate change scenarios are anything close to right, there is anticipation that they could lose as much as 70 percent of the snowpack runoff that services irrigation for California agriculture.

That snowpack runoff in other water supplies also services the population in California, a population that tomographers say may grow from 36 million to 50 million by 2050. Another 14 million people needs water, needs land to live, needs land for roads to

1 move around, and needs land for businesses.

3 They take land out of production. And they
4 take water out of production.

6 can anticipate, that we can project, is that
7 20, 30 years from now when my ten-year-old
8 daughter is 30, 40, 50 years old, California
9 may well not be doing what California is doing

21 do we go about preserving that production in
So what that means is from a standpoint of ensuring a healthy food supply now and into the future, we have to think not just about where we're getting our food now and what we may need to do to boost that production but how are we going to think about a sustainable food supply ten, 20,30 years down the road.

And I would argue that one of the things we need to think about right now is how places that are highly productive right now.

1 And how do we think about redistributing
2 production across the country?

4

6 States had a more diverse agricultural
7 production system than it does today. We've
8 concentrated our production into production
9 centers across the country for a whole lot of 10 economic and logistical reasons and climatic 11 reasons.

20 that as national security. In another 21 vernacular, we can think of that as economic But the reality is is that many, many places in the country have the potential to produce a much broader array of fruits and vegetables, a much broader array of animal products than they currently do. And in many of the advocacy groups that $I$ work with, that's called local food systems.

In one vernacular, we can think of development potential. There's all kinds of

1 ways we can think about it.

3 way that we should think about it is how do we
4 think about enhancing the public health of the
5 American population, not just now but for the
6 next 20, 30, 40, 50 years.

8 question, which is should we think about more
9 than food as nutrition but also consider other
10 food attributes? And there's a lot of
11 attributes that people want to put into food 12 today.

You can go out and get coffee certified five different ways. You can go out and get food that is organic and it is fair trade and it is bird friendly and it is environmental and there is animal welfare characteristics. There's all kinds of attributes that different consumers in the marketplace are looking for.

And I'm not really concerned about that right now. And I'm not really sure that

1 is a concern of this Committee. But what I do
2 think is is that when we think about the food
3 system and we think about the food supply,
4 what we think about as moving towards a
5 greater sustainability that can enhance the
6 public health of the population, we think of
7 it not as a simple problem because it's not a 8 simple problem.

In fact, it is what we think of as a wicked problem. A wicked problem is a problem for which there is not a solution. There are improvements in the situation. It is a problem in which it is not a linear science problem because human values, morals, perspectives, culture, religion, all kinds of human attributes and things that make up the human community come into play. So there's differences of opinion.

If I asked you all to define what sustainability was, we'd come up with a whole bunch of different answers to that question. We'd start about the triple bottom line and go

1 through all kinds of scenarios about what 2 sustainable is.

4 think defining a sustainable food system is
5 actually possible. What $I$ do think is
6 possible to do is to think about what kinds of
7 attributes, what kinds of characteristics
8 would we look for in moving that food system
9 towards something that was more sustainable 10 over the long term and that could help enhance

11 the health of the population.

21 food supply as tools for other issues that we
22 have in our communities that allow public

1 health people to participate in things like
2 economic development and community development
3 and youth education to a greater extent than
4 we probably are right now.
5
6 secure communities. I mean $I$ am in Michigan.
7 I've been there six years. There's never
8 been a balanced budget since I've been there.

10 which has a very high unemployment rate. And
11 I look at the upper part of the Lower Peninsula in Michigan which has actually the highest unemployment rate in the state at 18 percent.

You know our state has an official unemployment rate of 13 percent. That's very high. And it's not going to get any better in the near future.

I think it is an -- we would see it as an opportunity to connect to other issues, which I'll talk about more directly in just a second.

1
2 and on healthy. From an agricultural
3 standpoint, how do we build healthy soils so
4 that those soils can nurture plants now and
5 into the future? How do those healthy soils
6 build healthy plants, grow healthy plants, et
7 cetera, down to healthy people? And I think
8 it would be diverse, which is another topic
9 for another day.

11 Oxford Dictionary in 2008 declared localvore 12 the word of the year which is kind of

21 country, it's probably bad. And I actually
22 don't think that is true whatsoever.

1
2 reasons, that we don't have time to go into
3 here, we should have a dynamic blend in our
4 food system that includes local, direct source
5 local like farmers markets and CSAs, indirect
6 local source like what we might see at a farm-
7 to-school programs in our K through 12 school
8 meals program, in restaurants, in grocery
9 stores.

11 regional, from national, and from global 12 sources. The issue, I think, and where I sit 13 is is that we've tipped the scales so far that 14 we've forgotten about that local piece. Now 15 it is, of course, hot in the literature -- the 16 locals, the new organic, everybody wants to 17 buy local. It's a big topic. And so the trick is how do we rebalance the portfolio of where our food comes from and use that in such a way that we can, in fact, improve the healthfulness of the food supply?

1
2 New Jersey for 20 years. I was in New York
3 for six years before that. But I grew up in
4 the Midwest. But I'm from Michigan. We're
5 seasonally challenged.
Now, I live in Michigan. I was in

You know we have about a six-month growing season at best. And so the question is is okay, this whole local stuff, are there ways from a production standpoint, in fact, to generate fresh fruits and vegetables in a time of year when we really shouldn't be doing that because there is that on the ground.

Well, and the answer to that is -and can you do it sustainably? And the answer to that is probably yes. What you are seeing there is -- would probably -- you would say that's a greenhouse. But the reality is is that greenhouse has no fossil fuel energy being used for heat. Any heat that is in there has come from the sun and it's stored heat down in the ground.

That hoop house has a double layer

1 of plastic on it with about a 40 -watt fan that
2 blows air between those two layers. Think of
3 it as double pane glass on your windows and
4 the insulation value.
Then inside there is another layer
6 of plastic over the beds. Inside there, in
7 Michigan, the environment of those plants is
8 about my hometown of St. Louis, Missouri. And
9 so you've moved about three growing zones
10 south. And you can grow about 30 crops in
11 there year round.

13 from the student organic farm at MSU where
14 they have a community-supported agriculture
15 farm of 75 families. And they provide them
16 fresh produce 48 weeks a year. The four weeks
17 is not because they can't grow it. It's
18 because they are taking time off because the
19 students are all gone.

21 is is that we can expand the season and think 22 about this in a way around economic

1 development that I'll talk about in a minute.

4 address. Is local healthier or more
5 nutritious? And the answer is I haven't got a
6 clue. There is absolutely no data to answer
7 that question.

8

9

21 important. Okay? Now here's the one that is a big one for some people and that I was asked to

I've seen a lot of literature that says the ten reasons to buy local. And one of them is always because it is more nutritious. I can construct scenarios for you in which local is more nutritious or less nutritious. It all depends on how that crop is handled from the moment it is harvested until the moment it goes in your mouth.

So post-harvest management, as you
all know, once you harvest a crop, it starts to die. And cellular senescence is the thing that destroys fruits and vegetables. And so how you manage that post harvest is critically

Now all else being equal, it is

1 traveling a shorter distance. It should be a
2 little bit more nutritious. The reality is
3 the percentages are probably not that
4 significant. If people actually went from
5 what they are consuming now to what they
6 should be consuming, that would be far more
7 significant than kind of any small bump you'd
8 get from the differences between local and
9 distance if they are all handled the same.
So I actually think that's kind of a red herring of an issue in local versus distant food. There's other things that probably aren't. But I think that is one that is.

Okay, the big one. Because, again, I'm in Michigan and the only reason that's relevant I think here is because we went into the economic recession before anybody else did.

And if I were a betting man, I'd
21 say we'll come out of it after everybody else

1 years on the auto industry. And now we've got
2 to recalibrate who we are as a state
3 economically.
4 Now what does that mean? That
5 means that our State Department of Community
6 Health, which is the Public Health Department,
7 essentially has no money for preventative
8 health. If you take away the kind of
9 federally-mandated expenditures, there's 10 nothing left.

11
12

21 take us as three percent of the population,
So what that means is is can we think about -- and the other point to make there is that in Michigan, as it is across the country right now, if you're not having a conversation about economic development, there really is no conversation. That is the conversation.

And so the question is is can we think about this relationship of 14 million acres needed in more production, which, if you that's a lot of acres, and relate that to

1 landscape and land preservation for the future
2 and relate that to economic development and
3 public health.
4
So we asked ourselves that
5 question. And what we did was we said okay,
6 let's look at that public health gap, that
7 difference between what we do consume and what
8 we should consume. And let's just run a
9 scenario and say what would it mean to the

21 we don't grow in Michigan: apples, oranges, et

1 do grow in Michigan, which we grow a lot of
2 different things because we have a lot of
3 microclimates in the state -- the things that
4 we do grow and said how much of the year are
5 they available fresh?

6

7 strawberries. We get about two-and-a-half 8 months of tomatoes without season extension

9 technology. We get about ten months with 10 apples because of post-harvest and low

11 atmosphere storage -- controlled atmosphere
12 storage.

21 produce in the state of Michigan to get that
So we get about a month of

We said let's take that small piece, which is about 15 percent of the total bump in need that there is, and say what would it mean to the economy if we actually produced that in Michigan and ate that in Michigan with ten million people.

And what it means is is that we'd need to produce about 37,000 more acres of 15 percent increase in consumption. That 15

1 percent -- that 37,000 acres of production
2 adds 200 million dollars to the pockets of
3 farmers. And that 200 million dollars in the
4 pockets of farmers generates about 1,800 off-
5 farm jobs and at least twice that many on-farm
6 jobs for the production.

9 can generate a few hundred million more 10 dollars of economic activity and we can

11 generate about five or six thousand more jobs 12 in the state.

21 producing that are either small- or medium-
So the reality is by just bridging about 15 percent of that public health gap, we

So in other words, we can -- we firmly believe, and this is actually getting some traction in the state, we can firmly link increasing public health with local production for local consumption with economic development and job creation. And it is not just job creation. It's all small business creation because those farms that are scale farms. And those are each businesses

1 that we desperately need in the state.

3 and expanding that opportunity quite
4 dramatically because we can now take with
5 these high tunnels and say okay, that was just
6 seasonal availability without doing anything
7 special. We can now expand the season.

9 here, with those high tunnels, we can, for
Now we can then think about taking

> With these kinds of devices right example, normally where I live in Michigan, we'll start getting field-grown tomatoes sometimes after the 4 th of July. And we'll quit getting them sometime between October 3rd and 10th when the first hard frost comes in. With these high tunnels, we can start tomato plants in there right now and start getting tomatoes in early June. And we can keep getting tomatoes until early to midNovember. So we add about two months to the fresh market for tomato season.

We can produce lettuce greens. We can produce Asian greens. We can produce most

1 root crops 12 months a year inside there
2 because we've got a research project right now
3 that's going on in three points in Michigan
4 with USDA money up in the Upper Peninsula with
5 Sioux St. Marie, Muskegon on the western side 6 of the state, and Ann Arbor.

8 And each of those has three farmers that has
9 one of those 30 by 96 high tunnels sited on 10 their farm. And they are producing to produce

11 for an early and a late market with the idea 12 that let's see if we can expand the season The question is is if you grow it, will they come? Will there be demand for it?

So David Conner in our group, who
21 leads this work, has gone out and surveyed

1 okay, right now, when is the earliest you come
2 to the farmers market. Most of them say May
3 or later. And that's about right. May is
4 when you start getting in things like broccoli
5 and greens and early root crops like radishes
6 and things like that.

21 way with a market, okay. come a lot earlier. later.

He said well, if there were these high tunnels all over the place and there was a lot of product coming in, when would you be willing to come? And they said well, we'd

He said well, what is the latest you come right now? Well, September, sometime between September and December depending.

What's the latest you would come, again if there was product available? Much

So we actually think that there is an opportunity there to think about linking up this extension of production in a sustainable

Now the final question around that

1 then is well, who has access to that product?
2 Because one of the things that was talked
3 about earlier is the fact that in many cases,
4 people on food stamps, in the SNAP program,
5 people with limited resources -- and with a 13
6 percent unemployment rate in Michigan, the
7 number that have limited resources is
8 climbing, how does everybody get access to it?
Well, of course, one of the
problems when we went away from paper food stamps to electronic is the use of food stamps at farmers markets collapsed overnight long ago and now that is starting to come back.

And there's a lot of programs
15 around the country to basically get the card
16 readers at various farmers markets and make
17 that accessible. And there's various
18 strategies for doing that.

That still doesn't necessarily allow for adequate resources to purchase what people would like to purchase at those farmers markets. And so just to give you an idea of

1 the kind of thing that is going on out there
2 and one of the programs that is going on in
3 Michigan is to think about ways that we can
4 increase local fresh produce at corner grocery
5 stores.

For example, in Detroit, there's something like a thousand places to purchase food to take home inside the city of Detroit; 92 percent of those are liquor stores, filling stations, and 7-11-type stores. There are only 80 -- something like 80 corner grocery stores, corner full-service grocery stores in the city of Detroit and none of those are supermarkets. There's not one supermarket in the city of Detroit, okay?

So, the idea then with using youth
and youth farm stands and giving them some entrepreneurial training so we start to break this cycle of thinking that $I$ can go from high school to a lifelong union job that gives me great wages and great benefits and retire, which is now broken in Michigan, we need to

1 think of other things.

3 produce. And then they get produce from
4 farmers and sell it in the community.

6 Michigan Farmers Market Association, MIFMA, in
7 Michigan which has done something really
8 wonderful, which is create an insurance
9 program so that farmers can get a million
10 dollar liability insurance at any farmers
11 market they sell at for only 200 dollars a 12 year.

14 markets across the country, you'll find that
15 no farmer and no farmers market has liability
16 insurance. And they're just praying nobody
17 slips on a head of lettuce.

19 all those farmers markets being EBT, 20 electronic benefit transfer accessible, many

21 of which aren't. And there is a program in
22 the state right now going on to try to get

1 them card readers.

3 okay, now there's product and there's
4 accessibility from the standpoint of people 5 who can use SNAP cards. Do they have enough

6 resources to do it? 8 started with a foundation in Connecticut,

9 which is now moving into Michigan, of pooling 10 money from the philanthropic world to

11 essentially double the value of the bridge 12 cards at farmers markets for fresh produce.

21 issues here is in all of this, who is going to
Well, there's a program that So if somebody spends five dollars of a SNAP card, they actually get ten dollars worth of produce. And the farmer is paid out of that philanthropic pool of money to help to make up the difference so the farmer is not the one that is not out in doing that. And so that's going on right now.

And finally, and one of the big grow the food? I mean if you look at the age

1 of the farming population and if you look at
2 the traditional way that we generated farmers
3 in this country, which is kids coming off of
4 farms, going to the land grant, getting a
5 scientific basis for agriculture, and going
6 back to the farm, it's broken. And it's not
7 coming back any time soon.

8
9 broken, there are kids going back. At MSU, I

21 have a large pool of immigrants that are in
To the extent that it is not just lectured yesterday in a class on crop and soil science and about half those kids are going back to their farm. But these are three, four, five, six thousand-acre corn, wheat, and soybean farms for the most part.

And so figuring out, in fact, strategies for creating the next generation of farmers is there, and there are things going on in Michigan at Michigan State and in other parts of the state. And there are things going on in other places to recognize that we this country either as migrant farm workers or

1 former migrant farm workers or as refugees,
2 many of which have farming backgrounds and
3 want to go into agriculture.
4 We need different kinds of
5 training programs to work with these
6 populations and to allow them to become part
7 of the American fabric that produces food for
8 our tables.
The second group is we have a lot of kids in colleges and universities very interested in the environment. And they are translating that interest into an interest in farming.

It is primarily organic farming
15 because it comes from an interest in the environment and everybody thinks that is more environment. That's another discussion.

But I found at Rutgers we started a student organic farm there and we never had anybody with a farming background come there. They were all interested in organic. And my feeling was was that six weeks at 90-degree

1 temperatures in July and August kind of burned
2 out the romanticism. And what was left was a
3 reality that it is hard to grow food. It is a
4 lot of work.

6 came out of it with, if they didn't want to
7 farm, they came out with a profound
8 appreciation for people who did it. And if
9 they did want to farm, they came out with a 10 profound appreciation of what they needed to

11 do to get themselves ready.

And so what these young people ppreciation for people wo did it. And if

And the third group is there are some young people that live on farms today that want to go into farming. And so there are some programs out there with FFA and with some other things that are engaging these young people in looking at other things they can do besides growing corn, wheat, and soybeans. And that's, again, another discussion.

So my point is is that there are ways in communities and in states right now

1 that strategies are being developed to help
2 create these linkages so that we don't just
3 say well, we need 13 million acres of fruits
4 and vegetables. Good luck. But, in fact,
5 ways where we can think about reinvigorating
6 our local economies and providing access for
7 everybody in the communities to these things.

8

9 think it is fair to say that most of the 10 activity around enhancing sustainability of

11 the food system in the U.S. can be considered

21 Mike, for what I think is a very important
So in summary, and I'll end, is I an opportunity with respect to the Dietary Guidelines and can help achieve America's goals in this regard.

And on that note, $I$ will quit.
And say thank you.
CHAIR VAN HORN: Excellent.
Can we jump into questions, Mike?
Yes, Rafael?
MEMBER PEREZ-ESCAMILLA: Thanks, presentation.

2 trade agreements and the whole idea of 3 globalizing trade and so on, that was that we

4 shouldn't be so much concerned about these 5 issues because what we cannot grow here,

6 somebody else will grow it somewhere else in
7 the world. And we will be able to get it that 8 way.

I think that the idea of free

Can you illuminate us a little bit as to why, in spite of having that model in place, we should be worried about local food production?

DR. HAMM: Well, I don't know if I can illuminate but I'll answer the question -I'm not sure I'll illuminate.

Here's one thing to keep in mind -- and, again, I think that we can't just think about where we are right now but think about what are likely scenarios down the road over the next ten, 20, 30 years? And recognize that we could be wrong about those scenarios. So I'm a big proponent of

1 maintaining as many options as we can. Okay.
2 We import a tremendous amount of fresh
3 produce now. Every year we increase the
4 percentage of our domestic fresh produce that
5 we import from non-domestic sources.
6 Much of that is coming from
7 tropical areas of the world. If you look at
8 climate change scenarios, the ones that are
9 going to be the hardest hit are those in the 10 tropical regions of the world.

21 global trade. I think it is an important
22
So, again, I'm not opposed to thing. But $I$ think that we need to not lose

1 track of our ability to produce a domestic
2 food supply at the same time.

5 supply down the road is to spread it back out
6 across the countryside.
MEMBER PEARSON: As I've disclosed, I may be the only farmer on this board. But I'll tell you, Concord grapes in upstate New York, a ton is 160 dollars, and that's not the production costs.

DR. HAMM: Right.
MEMBER PEARSON: And one of the reasons it's 160 dollars a ton is is that a converted oil tanker from Asia will pull up with -- loaded with grape juice, and basically undercut the entire market. So I don't think you can have it both ways.

We make beautiful table and juice grapes, and most of my farmer friends are basically converting to wine grapes. I think we've got probably enough wine in this country

1 -- my own view -- and it doesn't necessarily
2 fit into the Guidelines perfectly.

4 And so I think you're going to really have to
5 break out of this cycle. It's a vicious
6 cycle, and the vicious cycle has to do with
7 market creation.

8
9
10
11 there. But the implementation of guidelines, 12 you know the Five-A-Day or whatever the 13 messages are, because certainly my farmers at 14 all ages are basically telling me that they

DR. HAMM: Right.
MEMBER PEARSON: And so I think the Dietary Guidelines does have a role in can't go ahead and continue to produce fresh fruits and vegetables in the State of New York.

DR. HAMM: Was that just a comment, or would you like a response, as well?

MEMBER PEARSON: Well, I was just wondering how are you going to really create,

1 because at some point, you're going to have to
2 talk about subsidization of price here, which
3 of course would get into a variety of NAFTA
4 and a variety of trade agreements, which --
5 but currently the global market for fruits and
6 vegetables does not favor the American farmer. that's true. And Michigan experienced the same thing with apple juice. About seven years ago, Chinese concentrates started coming in, and it killed about half of Michigan's apple market overnight.

And now they're in the middle of transitioning to a fresh market apple, which of course is a different tree, and so it takes time to do that.

That said, one example that I can give you is is that out of the last farm bill, there was a rule -- there's been a ruling put out by USDA that it is not -- I don't want to use the word, illegal, but let's just say it's okay to use geographic preferencing as one of

1 your characteristics when you're bidding for
2 the K through 12 school lunch program for
3 under 100,000 dollars.

4
Now what we just did last fall in
5 our state was work with the state legislature,
6 because what had happened in the past was --
7 and states can be more restrictive on that,
8 and so can locals -- so the way it worked
9 previously is the feds was 100,000 dollars,
10 Michigan put an 18,000 dollar cap on it, and
11 many local school districts put a cap of zero
12 on it. Everything had to be competitively
13 bid, with no preferencing.

21 districts across the state with food service
We got two bills passed in the Michigan legislature last session that raised the Michigan threshold to the federal threshold. So the state's not a barrier. And now we're working with -we've got a state farm-to-school coordinator in my group. And she's working with school directors to learn how to work with farmers,

1 and with farmers to learn how to work with
2 food service directors, recognizing that, for
3 a given bid, they've got 100,000-dollar cap,
4 which for the vast majority of the school
5 districts in the state, you're never going to
6 get to a 100,000-dollar cap on a single bid.
7 And in fact, there's a lot of
8 local product that's going to start flowing
9 into the school districts next year. There's
10 some now, and in Genesee County, for example,
11 right now there's two schools doing things.
12 There's 20 that are interested in doing it
13 next year.

15 have some leeway inside the federal

21 something that we, as a population and as a
So I think that there are -- we regulations right now to start doing some of this. And I think we're going to end up having to go further, and I think we are going to end up having to make a decision of whether we think that a healthy diet is, in fact, citizenry, think that everybody in our country

1 should have access to. And that's a whole
2 other discussion.

4 now that we can think about helping improve
5 viability of farms. And it's not going to
6 cover everything. The juices, I think, is a
7 real problem right now. But I think the fresh
8 market stuff is much less of a problem right
9 now.
CHAIR VAN HORN: Excellent points.
We have really got to move ahead, I'm afraid.
DR. HAMM: Yes.

CHAIR VAN HORN: But thank you so much for your presentation, and I'm sure we can talk a little bit later, as well.

At this point, we'd like to move forward with our first of the seven subcommittee updates. And first on the agenda is Food Safety and Technology, which is chaired by Roger Clemens.

MEMBER CLEMENS: I'm from
California. Where water flows, food grows.

1

2 patience. And thank you very much, Pat. And 3 Mike, thank you for those wonderful

4 presentations. We could definitely spend more
5 time with you. I know all of us have more
6 questions, more than time allows today.

9 questions for Mike, but they'll have to wait
Thank you very much for your

It's our fortune to talk about food safety -- I actually had some food safety until on sidebar, I'm afraid.

Our group has been working together, Rafael, with the excellent support by USDA and DHHS, wonderful staff. Thank you so much for your tremendous work and support to bring this to where we are today.

Right now, a number of issues in terms of behavior we'll want to address. We also want to address a very hot topic in the news in methylmercury in terms of fish consumption. This will be in part a collaborative effort with Dr. Pearson's team with Fatty Acids to look at food consumption,

1 and fish consumption in particular, and the
2 impact of methylmercury on other outcomes.

4 role of food allergies. Right now, with some
5 expertise from Rafael, I will turn the
6 lavalier over to Rafael to make a presentation
7 on this important topic.

8

9 you, Roger, very much.

11 you an update as to where we stand in terms of
12 the questions that we are working on and the 13 approaches that we are using together with the 14 staff.

21 questions labeled as priority level two, what
First of all, what you see on this slide are four questions for which we have already developed PICO charts, and for which the lit review has begun, especially those labeled as priority level one, it means that the work is currently underway, and those it means is that we are in the process, or at

1 the early stage of the review, the lit review 2 process.

4 related to in-home food safety behaviors, a
5 lot of which fall within the framework. And
6 the second set of questions are related to the 7 risk of fish consumption. And in terms of the

8 priority level two questions, Roger will give
9 us an update on the new technologies related 10 to food safety and where we stand with regards 11 to food allergies.

14 and going very systematically through the
The first set of questions is

First of all, with regards to inhome food safety behaviors, we are documenting literature on describing what actually USA consumers are doing at home in terms of food storage, food preparation, handling, handwashing, which as we know has become a major thing in the news lately, and also on washing and cleaning techniques for the food preparation utensils, equipment, food surface preparation areas and so on, as well as on the

1 washing and cleaning techniques for different
2 foods that are prepared at home.

4 related to in-home food safety behaviors 5 actually relate to understanding the evidence 6 behind different food safety behaviors, and

7 what impact they actually have at reducing
8 pathogen loads and subsequent risk of home-
9 based foodborne illnesses.
So it's not only documenting what people are doing, but does it matter. Is there scientific evidence to make recommendations to the public at large as the best way to store foods, prepare foods, wash their hands, wash and sanitize their kitchens and the foods that they consume.

We have developed the search and sort plans, and we have made a strategic decision, at least for now, that with regards to describing the actual behaviors -- not only behaviors, but also knowledge and attitudes, we will concentrate mostly on studies done in

1 the U.S., because it is the main target
2 population for the Guidelines.
But when it comes to the evidence
4 behind the different consumer behaviors, food
5 safety behaviors at home, and the changes in
6 food-safety outcomes, we will look at the
7 literature from both the U.S. and abroad. And
8 whenever we have to make a decision, we will
9 try to compare with evidence of countries that 10 are at the similar level of development as the 11 U.S. 21 safety behaviors, the conclusion statements

We are not including in our search the literature related to food safety issues in the health care clinical settings, or concentrating on specific food safety issues surrounding a clinical condition, such as renal disease, because the Guidelines are supposed to target the healthy American population over two years of age.

So with regards to in-home food will be drafted based on the review of

1 information from two sources: the Federal
2 Consumer Food Safety Survey data from the FDA, 3 and the NEL, Nutrition Evidence Library review 4 that is being conducted.

6 already had a number of conference calls and 7 meetings with key people in the federal 8 government that are in charge of food safety

9 at different agencies. So we're also
10 gathering a lot of information that way.

21 look at circular trends as to how food safety
Consumer Food Safety Survey data, it comes mostly from the Food and Drug Administration and Food Safety and Inspection Service.

And the survey, which is based on a nationally representative sample, is applied over the phone, was initiated in 1988, and the latest data available is for 2006. The next survey is planned for 2009.

So we do have an opportunity to attitudes, knowledge, and behaviors have been

1 changing in the U.S. since the last Dietary
2 Guidelines were issued.

4 support from the FDA to do additional data
5 that we request. And with having this goal in
6 mind, we had a teleconference with Amy Lando
7 from FDA, where she presented fairly recent
8 data to the subcommittee on food safety
9 trends, and we will continue working with her to break down these results by socioeconomic, demographic, and other type of characteristics of the population.

So the first question that we're concentrating on related to what consumers are actually doing at home, we will have a good snapshot as to what is happening at the country level by different ethnic groups, socioeconomic groups, and so on based on these data from the CFSAN and the FDA.

The NEL literature review is
proceeding very well, I would say, and there are already 16 studies that have been

1 identified related to in-home consumer
2 behaviors in the U.S., 16 studies related to
3 food storage, food preparation and handling,
4 and seven studies related to favorable food
5 safety techniques, and how they relate to
6 different food safety outcomes. So we do have
7 enough work to do -- enough materials to read
8 already.

In terms of next steps, we will conduct additional literature searches and get the sort list approval for in-home consumer behaviors related to hand-washing and the washing and sanitation of food preparation areas, food preparation utensils, and washing and cleaning of foods at home. And also with regards to the influence of several of these techniques or behaviors on food safety outcomes.

In terms of the federal programs that are very key for understanding food safety recommendations in the country, we know that the 2005 Dietary Guidelines Advisory

1 Committee Report basically fully endorsed the
2 four key messages from the FightBAC!(c)
3 campaign regarding the prevention of food
4 cross-contamination, proper storage of foods, 5 and so on.

7 at topics that were not included, specifically
8 as part of FightBAC!(c), such as the
9 consumption of high-risk foods. So we're 10 following a very similar approach. 12 those of you that are not familiar with it, is

13 mostly based -- its origin dates back to the 14 Clinton Administration. It was launched in 151997.

21 translated into the home setting. That's the
The FightBAC!(c) campaign, for

And the scientific evidence behind it is basically the application of the HACCP principles -- HACCP stands for Hazards Analysis and Critical Control Points, that came from the food industry, and how that was origin of FightBAC!(c).

1

2 it is fairly solid, and we anticipate that we
3 will continue endorsing that framework.

4

5 within FDA, USDA, and the Partnership for Food 6 Safety Education have been contacted by staff

7 to get updates on what has happened since 2005
8 with regards to these campaigns and federal
9 initiatives, and if there is any published or
10 unpublished documents to show how they have 11 worked with consumers.

12

So the scientific evidence behind

So a couple of federal agencies undished documen

So we will concentrate on the literature since 2004. And we may have to go a little bit before then if we identify relevant systematic reviews that we know some of which we already know were published, one of them, for example, in 2003.

But by most part, we will start our search with 2004, and try to explain to the public, you know, what is the scientific evidence for the program FightBAC!(c) and the other recommendations that are made with

1 regards to food safety.

5 those federal programs. And you will see that
6 we have identified some of them already.

9 interested in initiatives that are above and 10 beyond FightBAC!(c). And you have those in

11 front of your screen. The FDA launched a safe
12 handling of fruits and vegetables mini 13 campaign, and BACdown was an initiative 14 launched in response to the risk of Listeria.

And very importantly, to identify emerging issues related to food safety in the -- according to the people that are running

There are a number of very useful websites that you can check if you are more and And a lot of interest because of Listeria on more emphasis on teaching consumers how they can check their refrigerator temperature, and which are the ones, the temperatures that they should have their refrigerators at.

So what are some of the emerging issues related to food safety that have come

1 up as a result of the interviews with key
2 individuals, or individuals in key positions
3 in federal agencies running food safety
4 programs? One of them that everybody
5 mentioned is related to microwave safety.
6 This is something that had not
7 been included before, and quite frankly, we
8 had not identified until these conversations
9 took place. There's lots of issues related to
10 how to safely microwave uncooked frozen foods
11 all the way to the sanitation of the microwave
12 ovens. And a lot of households have 13 microwaves now in the U.S.

19 time and temperature relationships for 20 different foods.

Again, the consumers do understand that it's important to store foods at the

1 right temperature. And they know there are
2 time limits in terms of how long foods can be 3 left out and so on.

4
But when you put the two together,
5 the time and temperature, we need more 6 specific guidance. They need more user-

7 friendly information to be able to understand 8 and follow the recommendations. 21 what people should do with regards to their

So moving on from in-home food safety behaviors, we have continued our work on the benefit-risk analysis literature for fish consumption. And as we know, the main issue, the main concern is related to the methylmercury levels in fish.

We have identified a number of reports, some of them that have already been published like the IOM Seafood Choices Report published in 2007, that was devoted completely to reviewing the literature, integrating the literature, and making recommendations about seafood choices, and what researchers should

1 be concentrated on based on information that
2 still needs to be sorted out.

4 FDA has issued a draft report that until
5 recently was available for public comment
6 where they are actually doing a quantitative
7 risk and benefit assessment of commercial fish
8 consumption based on the very interesting
9 issue that, on the one hand, fish consumption
10 has been associated with improvements in
11 neurological development in children and 12 reduction in risk of heart disease and stroke. 13 But on the other hand, methylmercury has been 14 associated with the opposite risk of slowing 15 down neurological development, and perhaps 16 risk for heart disease and stroke.

21 advisory from the FDA and EPA with a caveat 22 that they could not do themselves a

1 quantitative benefit risk assessment to answer
2 more precisely the question, and they
3 recommended for another agency to do so. And
4 that's why the FDA decided to take on this
5 task.
6 We had further contacts with the
7 FDA, and Mike Bolger, from their Risk
8 Assessment Unit, was kind enough to have
9 further conversations and a formal
10 presentation with our subcommittee for us to
11 further understand the methodology that they 12 used in their assessment, and where they were 13 going with it.

15 from reading these reports and having had conversations with experts is that fish consumption is, indeed, a healthy practice, that it should be recommended, but that, at the same time, the risk of methylmercury contamination in fish is real, and the public needs to be well informed, especially about the fish species that are very high in

1 methylmercury, and the amounts of fish that
2 would be safe to consume for different
3 segments of the population, with special
4 attention being paid to pregnant women and
5 young children.

6
7 consumption is quite low, and in terms of the
8 top fish species consumed, none of them are in
9 the high methylmercury category.

11 pretty much among all the experts and the
12 reports that we have read is pretty much
13 related to the concern that it seems that, as
14 a result of the 2004 advisory, a number of
15 groups took it upon themselves to recommend --
16 for example, pregnant women, to don't eat fish
17 at all during pregnancy. 19 as to how best to communicate the benefits,

20 the risks, and for people to be able to make 21 an informed decision. So we believe that that

So the main concern right now

So this has really become an issue is going to be the challenge for us as we

1 write this section of our Dietary Guidelines
2 Advisory Committee chapter.
So what we are planning then is to
4 base our section on risk of fish consumption
5 based on the IOM Report. And if it's made
6 available to us in a more complete fashion,
7 perhaps take into account some of the findings
8 from the 2009 FDA Report.

And to do an NEL literature review on the benefit risk analysis of fish consumption, but starting in 2006, because the IOM Report has actually summarized all the literature until then.

We believe it's very important for us to better understand how to make more available to the public at large data on fish species specific methylmercury content, so that people can actually decided by themselves and understand what are the different methylmercury levels in different fish.

And we also want to better understand the fish consumption patterns of

1 different species of fish by socioeconomic,
2 demographic, and individuals with different
3 physiological status.
4
This is going to require
5 collaborating -- a collaboration between the
6 Food Safety Subcommittee and the Fatty Acid
7 Subcommittee. And I'm sure we will be soon
8 meeting to discuss how to go about it, because
9 the Fatty Acid Subcommittee, we understand,
10 will be addressing the benefits related to
11 fish consumption.

12

16 Rafael.

21 other nutrients found in fish that actually 22 may offset some of the negative impacts.

1 Therefore, it's important that we conduct this
2 risk analysis and risk benefit analysis on the 3 fish.

4
5 that insight.

6

7 technologies since our last meeting. Our
8 research thus far has not shown any
9 differences from what we reported last time,
10 so we will continue to explore other
11 opportunities and technologies that might be 12 available to ensure a safe management of food 13 supply in the home.

20 Kellie and her team, we've actually explored
21 some additional programs with a number of
22

Thank you, Rafael, very much for We looked at the data on new

1 NIAID here in Washington. One deals with food
2 allergy, food allergy labeling, food allergy
3 implications from the food allergy labeling of 42002 .

6 regulatory, and has it made a difference in
7 food selection in the home, as well as for
8 commercial entities.

21 information that we might be able to use in
22 terms of selection of foods that might be

1 reducing our exposure to food allergens.

3 NIAID, information that was shared in the last
4 conference call with our team, looking at what
5 issues there are in food allergy research, and
6 beyond just the basic eight. We're excited
7 about sharing some of the mechanisms, as well
8 as some of the food implications beyond the
9 basic eight -- how some of those guidelines
10 have actually transformed into clinical
11 practice so that, in fact, physicians and 12 health care providers are better informed 13 about food allergies.

21 initiating the kind of work that we see here
22 to look at the evidence and say, have we

1 changed behaviors, have we changed the choice
2 of the food supply to reduce our exposure to
3 various food components?
4
As we indicated just moments ago,
5 that we're excited about seeing the public
6 comment period, and hopefully some of us will 7 be able to attend that comment period to 8 incorporate the data and perhaps our 9 Guidelines.

11 looked to invite some folks from NIAID,

21 our priorities here.
So at the end of the day, we perhaps we'll get Mike or Marshall on board with this at one of our subcommittee meetings, certainly at one of our conference calls, to include what's going on, and see what we actually include in our recommendations for the future.

We're really quite excited about this -- really -- that agencies working together for a common issue. It goes back to

Clearly the issues on food safety

1 and behavior, we're looking at food safety
2 behaviors in the home. We're not here to look
3 at the food safety issues that we've all
4 experienced in the press of late. Keep that 5 in mind.

6 We clearly want to continue to
7 look at the risks and benefits of food fish
8 consumption, so we're working with Dr.
9 Pearson's group on food analysis on fish 10 consumption.

Then we'll continue to explore food technologies. The food technologies that might be incorporated into the home at nominal expense. And of course, we'll hit the very popular topic of food allergies.

That's it for here.
Any questions?
Shelly?
MEMBER NICKOLS-RICHARDSON: This
is Shelly Nickols-Richardson. Related to the in-home food safety behaviors, it does relate to what's been in the press lately that, in

1 two different states, I've had extension
2 agents share with me that they have received
3 an increase in the number of phone calls
4 related to home canning and long-term storage 5 of food.

6
7 term, are you getting the refrigerator
8 temperatures correct. I don't know how much
9 information there might be related to home
10 canning, long-term preservation of foods.
So not just sort of the short canning, long

But it is a concern. And even if it's not something that can be addressed in the 2010 Guidelines, perhaps it's an emerging issue for later.

MEMBER CLEMENS: Actually, we are addressing that. Thank you for sharing that, Shelly.

Rafael?
MEMBER PEREZ-ESCAMILLA: Yes, it's
in the PICO chart.
CHAIR VAN HORN: Tom, go ahead.
MEMBER PEARSON: Rafael, $I$ had a

1 question for you relative to the FightBAC!(c)
2 Program, so I was pleased you are going to
3 look at that and see. But I guess one of the
4 questions I had is whether or not you're going
5 to look at it relative to its evidence base
6 for effectiveness. And if not, when we could
7 really put in some of the same criteria that
8 we use for all of our other guidelines of what
9 class and grade of evidence we have that these 10 things work.

You know, we have the U.S. Preventive Services Task Force. We have a variety of things that are very, you know, evidence oriented now, and this is such an important area, this home food safety, that I think it should be held to the same standards.

CHAIR VAN HORN: Larry? Oh, I'm sorry.

MEMBER PEREZ-ESCAMILLA: The answer is absolutely yes.

CHAIR VAN HORN: Larry?
MEMBER APPEL: Larry Appel. I

1 wanted to find out if there's sort of a
2 question that comes before these, because it
3 looks like these are focusing on sort of
4 things that we think are important.

6 is there any sort of compilation of, you know,
7 where is the problem here? You know, is it,
8 you know, is it gastroenteritis? Is it
9 hemolytic-uremic syndrome from undercooked meat?

I mean, so that you actually then target, you know, your questions to the big public health problems. I mean that's what we do on these other committees. You know, like what effects blood pressure? What effects heart disease?

And I see a different sort of structure here, sort of like topical rather than top down where is the problem. So I just -- is there some data that should guide us? I'm just sort of curious.

MEMBER PEREZ-ESCAMILLA: Yes,

1 unfortunately, the surveillance of home-based
2 food illness outbreaks is not great for a
3 number of issues -- the nature of them plus,
4 you know, I guess the word is the lack of
5 investment in terms of trying to answer -- to
6 put the resources to answer your question.

8 to actually quantify the home-based outbreaks,
9 and what are the causes of them. But it's not 10 at the same level, I think, as it is for other

11 topics that are being addressed by the 12 Committee, unfortunately.

21 that problem, you know, so that we can sort of
But we will -- if that literature exists, if any evidence is out there, we will find it.

MEMBER APPEL: Okay. Let me
follow up then. Maybe, you know, the preface to each of these should be, how big is the problem. So I was listening to your comments about methylmercury, you know, so how big is put the recommendations in the context. And

1 you know, that may be more of a comment than a
2 question.

4 thank you for the questions on that, Larry --
5 we are actually examining the methylmercury
6 implications, as well as the other issues to
7 which Rafael referred. If some of those
8 things pop up, then we will pursue on the
9 clinical basis, or any other of the health
10 consequences through the CDC and other
11 resources.

MEMBER CLEMENS: We actually -which Rafael referred. If some of those

CHAIR VAN HORN: Cheryl?
MEMBER PEREZ-ESCAMILLA: And I
just want to follow up on that because, in terms of the methylmercury issue, one big concern in OB/GYNs telling pregnant women to don't eat fish during pregnancy. Nobody has ever made that recommendation. It seems that the evidence will not support at all making that recommendation.

So your point is very well taken that we need to have a better estimate of --

1 within the context of the U.S., how big is the 2 problem, yes.

4 Achterberg. An entirely different kind of 5 question, different subject area.

6 But in the Nutrient Adequacy
7 Subcommittee, one of the issues that we talked 8 about that probably needed to be examined --

9 and I'm not sure this is the best phrasing yet
10 for it -- but with the new interest or larger
11 interest now in organic foods, local foods and
12 such, that it felt like some subcommittee (Laughter.)

MEMBER CLEMENS: Thank you very much, Cheryl. You may recall that, in the first meeting we had, that we addressed the "0" word. And it was agreed at that time maybe we wouldn't address it.

1
2 that perhaps we should put it back on our
3 plate. And they also came up with that wild -
4 - on the fish side, wild versus farmed. And 5 we actually -- that is one of our PICO 6 questions.

8 new question and put it back on. Thank you
9 very much, Cheryl.

11 Mim -- I respectfully may disagree, because
12 I'm not sure -- there are so many different -13 I mean there's local, there's organic -- I'm

14 not sure that -- I'm sorry that, you know, Dr.
15 Hamm just left.

21 know, local food, and organic food, and all
22
But it sounds like from your group

So we'd be glad to embrace that

MEMBER NELSON: Well, I -- this is

But I'm not sure that -- I'm concerned that, if we deal with it from a food -- in the food safety section, that somehow, just by default, that then there's some kind of worry and question about, you this other stuff which -- I mean we just have

1 a whole range of the food supply.

3 home is the right way to go with it. And I
4 think -- I'm just -- I think it may be the
5 wrong approach for putting organic -- I mean,
6 what's the question?

8 foods, sustainable foods, organic foods
9 around, you know, nutrient quality, that's 10 another question.

But if there is really a serious concern about organic foods, which I don't know the safety literature as much, but I don't think there is, because it's being dealt with elsewhere.

As you said, it's about the home that you guys are dealing with. I guess I would just opt for that's the right -- we've got a lot of work to do, and that would be the way to go. But --

MEMBER CLEMENS: Where does the local fit? What bucket should it fit in? We

1 do know that the local farms -- there's
2 guidelines at the USDA that indicate there
3 are some farms, some volumes that, in fact,
4 do not fall under the FDA/USDA guidelines for
5 food safety. And maybe we have an
6 opportunity to educate the consumers about
7 these kinds of issues.
8 And the question I was going to
9 give to Dr. Hamm was, in fact, what measures
10 are the local farmers using to be sure that
11 the food supply is safe? There aren't any
12 guidelines right now.

21 issues around this that perhaps go beyond the
So we recognize that there are traditional food safety perspective, but that

1 there's also an opportunity here, even if
2 it's very brief, to correct some
3 misconceptions, and that a function of the
4 Dietary Guidelines might be to do just that.

6 of the speakers that we had already, and
7 including those tomorrow, have agreed, you
8 know, that if we have follow-up issues,
9 follow-up questions, we can certainly go to 10 them.

Chris?
MEMBER WILLIAMS: Chris Williams. It looks like you're trying to categorize things in terms of foodborne illness, and then food contaminants, which mercury would be one.

Have you considered other contaminants, such as pesticides and other things that could contaminate the foods?

MEMBER PEREZ-ESCAMILLA: Yes, specifically with regards to fish, that is a very important question. Over 75 percent of

1 the fish advisories, local and federal and so
2 on, are related to methylmercury in fish. 21 conversations as to how this probably would

Some of the experts that we have contacted believe, or their data suggests to them that, for example, persistent organic pollutants, the POPs, are not a big issue in
the U.S., that if methylmercury is addressed, essentially that would address the biggest concern.

Others, essentially their concern is related to how complex the data is. So the combination of perhaps having more data available for methylmercury, and that it appears that it is a much larger problem than other known contaminants, lead us to choose this path of concentrating mostly on the methylmercury in fish.

If your question is about contaminants in general for all sorts of foods, pesticides and so on, we've had some fall within the jurisdiction of EPA, and

1 we're not sure how far we would be able to
2 get if we took that path. But any comments
3 are more than welcome, because it is an
4 important issue.

6 Rimm.

9 think if you ask anybody in this room, would 10 you rather have wild salmon or farmed salmon,

11 I know you just said it's on your PICO chart, 12 everybody would say, wild, likely. And the 13 reason is because they're worried about 14 pesticides in the feed in the farmed salmon.

21 decide whether to eat fish or not based on 22 the mercury content.

1

2 might be a difference in persistent
3 pesticides. So if the perception is out
4 there, I think we should address it either 5 way.

21 from Chile.
Salmon has no mercury, but there
response from the FDA related to POPs and dioxin, dioxin-like compounds in farmed salmon, which the concern is through the feed MEMBER RIMM: Yes. MEMBER PEREZ-ESCAMILLA: -- that almost -- that evidence came from studies done outside the U.S. And that, as far as they know, it is not an issue for farmed salmon in the U.S.

MEMBER RIMM: Well, yes, but three-quarters of the salmon --

MEMBER PEREZ-ESCAMILLA: Or Chile.
MEMBER RIMM: All the salmon comes

MEMBER PEREZ-ESCAMILLA: So I will

1 qualify my statement. So they said the U.S.
2 or the suppliers for salmon in the U.S., such
3 as Chile.

4
5 evidence related to farmed salmon and dioxin,
6 it does not apply to the situation in the
7 U.S.
8
9 respect, I disagree, because there are data -

21 very high in pesticides. But the perception
So according to their data, the

MEMBER RIMM: I mean, with all due

MEMBER PEREZ-ESCAMILLA: Okay.
MEMBER RIMM: -- that suggest that there's quite a distribution of it. And again, $I$ don't think there's -- I know there are studies showing that if pregnant women have substantial amounts of pesticides, that there is neurological effects in their children.

It's not generally from fish. It's usually from eating other foods that are is out there, I think, that people choose

1 wild over farmed because of this perception 2 of pesticides.

4 and there have been many over the last five
5 years sort of monitoring differences in
6 pesticides between fish from Chile, and from
7 Scotland, and from Canada, and from the U.S.,
8 and there are differences.

11 I don't know. But I think -- I'm sure that
12 it wouldn't come up if we just focus on
13 mercury, because mercury doesn't -- mercury
14 is not part of anything -- any fish like
15 salmon or any of the smaller species.
16 Mercury is mostly for tuna, and shark, and
17 swordfish.

21 just focusing on mercury.
So I just worry that we're sort of
missing out on a whole half of the misperception related to fish consumption by

CHAIR VAN HORN: All right. Well,

1 excellent points, and outstanding
2 presentations. I think we've all learned a 3 lot today.

4 And certainly appreciate the time
5 and energy that our guest speakers took, as
6 well as all of the groups that came bright
7 and early this morning to begin really
8 hashing through some of these issues.
So we will now adjourn for the
10 day, and plan to reconvene tomorrow morning
11 bright and early at 8:30 with another couple
12 of presentations, and then continue with our

21

Thank you all for coming.
(Whereupon, the above-entitled matter was adjourned at 5:11 p.m.) scientific reports.

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