UNITED STATES OF AMERICA

DEPARTMENT OF AGRICULTURE AND

DEPARTMENT 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
CHERYL ACHTERBERG, PHD	MEMBER
LAWRENCE J. APPEL, MD, MPH	MEMBER
ROGER A. CLEMENS, DRPH,	MEMBER
MIRIAM E. NELSON, PHD	MEMBER
SHARON M. NICKOLS-RICHARDSON, PHD	MEMBER
THOMAS A. PEARSON, MD, PHD, RD	MEMBER
RAFAEL PEREZ-ESCAMILLA, PHD	MEMBER
XAVIER PI-SUNYER, MD, MPH	MEMBER
ERIC B. RIMM, SCD	MEMBER
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

TABLE OF CONTENTS

	PAGE
Opening Remarks	3
Expert Presentations	
Adam Drewnowski	12
Frank Sacks	60
Patricia Crawford	102
Michael Hamm	135
Food Safety and Technology	175
Recess	214

- 1 PROCEEDINGS
- (1:30 p.m.)
- 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.
- 9 I'm speaking on behalf of Dr.
- 10 Robert Post, who could not be here with us
- 11 today. Dr. Post is the Acting Executive
- 12 Director of the Center for Nutrition Policy
- 13 and Promotion of the United States Department
- 14 of Agriculture.
- 15 At this time, I would like to
- 16 recognize Rear Admiral Penny Slade-Sawyer
- 17 representing our partnership with the U.S.
- 18 Department of Health and Human Services in
- 19 working with the Committee.
- We want to welcome you to this
- 21 webinar for the third meeting of the 2010
- 22 Dietary Guidance Advisory Committee. I would

- 1 like to give you a few reminders before we get
- 2 started.
- 3 This Committee is governed by the
- 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.
- 11 Therefore, each public meeting has
- 12 been and will continue to be announced in the
- 13 Federal Register through a public notice.
- 14 As part of the open and
- 15 transparent process, the meetings of the full
- 16 Committee are open for observation by the
- 17 public. And any deliberations that occur
- 18 between meetings such as those in topic-
- 19 specific subcommittees are brought back to the
- 20 full Committee at a public meeting as you will
- 21 hear today and tomorrow.
- 22 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.
- 6 In addition to the rules of the
- 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
- 13 Guidelines Management Team.
- 14 Committee members are not able to
- 15 give presentations as a member of the
- 16 Committee about the Committee's work or speak
- 17 as a representative of the Committee as this
- 18 would be inconsistent with Advisory Committee
- 19 operations and would preclude the requirement
- 20 that the Committee's work is transparent to
- 21 the public.
- 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.
- 16 The event staff here in the room
- 17 with us will be monitoring an e-mail line, so
- 18 to speak, where public participants can send
- 19 notes of any technical difficulties while the
- 20 meeting proceeds. As you see on the screen,
- 21 this e-mail address is tech_issue@yahoo.com.
- 22 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 This presentation is being
- 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.
- 9 After the meeting, you can also
- 10 visit our website, www.dietaryguidelines.gov
- 11 to request the archive.
- 12 We value your feedback on this
- 13 webinar meeting and after the meeting,
- 14 registrants will receive a follow-up survey.
- As in that past, a transcript and
- 16 a written summary of this event will also be
- 17 posted to our website when available.
- 18 Because this meeting is being
- 19 streamed live to the public, I would like to
- 20 ask that the Committee members clearly state
- 21 their name before speaking. This is
- 22 particularly important to facilitate clear

- 1 deliberations to the public who are following
- 2 the discussion.
- With that said, I'd now like to
- 4 turn the meeting over to the Chair of the
- 5 Dietary Guidelines Advisory Committee, Dr.
- 6 Linda Van Horn.
- 7 CHAIR VAN HORN: Thank you,
- 8 Carole. And this is Linda Van Horn. And I
- 9 would like to offer my welcome and thanks for
- 10 participation to the Committee as well as
- 11 those who support the Committee. And good
- 12 afternoon to our public participants who are
- 13 viewing on the internet today.
- 14 Since the second meeting of the
- 15 Dietary Guidelines Advisory Committee in late
- 16 January, the Committee has met several
- 17 milestones. Each of the seven topic area
- 18 subcommittees has prioritized their research
- 19 questions for scientific review of the
- 20 literature.
- 21 We also identified several areas
- 22 where outside expertise is needed. And we are

- 1 going to hear from those experts today and
- 2 tomorrow.
- 3 Each subcommittee has been
- 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
- 9 now being extracted and organized.
- 10 We will hear an update on the
- 11 status of their work from each of the seven
- 12 subcommittees over the course of the next two
- 13 days. Our Food Safety and Technology
- 14 Subcommittee will present later today and the
- 15 remaining six groups tomorrow.
- We continue to have lively
- 17 discussions on several cross-cutting issues,
- 18 which we will cover throughout this meeting as
- 19 well as during the time that has been set
- 20 aside at the end of the day tomorrow.
- To remind the Committee members,
- 22 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.
- 9 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.
- 18 Our first presenter is Dr. Adam
- 19 Drewnowski. He is a world-renowned leader in
- 20 innovative research approaches for the
- 21 prevention and treatment of obesity.
- 22 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.
- 6 Dr. Drewnowski is also Director of
- 7 the Center for Public Health and Nutrition and
- 8 the Center for Obesity Research.
- 9 Dr. Drewnowski's current research
- 10 is focused on the relationship between poverty
- 11 and obesity and the links between obesity and
- 12 diabetes rates in vulnerable populations and
- 13 access to those healthy foods.
- 14 He has conducted extensive studies
- 15 on taste function and food preferences in
- 16 relation to food choices and the overall
- 17 quality of the diet and has also conducted
- 18 epidemiological studies on dietary quality
- 19 both in the United States and abroad.
- 20 We are very grateful for your
- 21 willingness to join us here today. Thank you
- 22 and please begin.

- DR. DREWNOWSKI: Thank you.
- 2 Good afternoon everyone. I want
- 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.
- 9 I think this is a historic
- 10 occasion. I think this Committee really has
- 11 unprecedented power to change the way that
- 12 Americans think about food, purchase food, and
- 13 use food to create healthier diets. But with
- 14 power comes challenges. And this Committee
- 15 faces also an unprecedented challenge.
- 16 I think in the past, many
- 17 committees looked at scientific evidence and
- 18 tried to point the way to healthiest, most
- 19 nutritious, most nutrient-dense foods.
- 20 The economic crisis has really
- 21 changed all that. There are many people
- 22 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 So we need to think not only about
- 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.
- 9 So I would like to bring a variety
- 10 of evidence to support my views. But I want
- 11 to start with full disclosure.
- 12 My research on food prices has
- 13 been funded by the U.S. Department of
- 14 Agriculture.
- 15 My research on diet quality and
- 16 diet cost was funded by the National
- 17 Institutes of Health and by the French
- 18 government.
- 19 Research on affordable nutrient-
- 20 dense foods has been funded by the Nutrient-
- 21 Rich Foods Coalition.
- 22 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?
- 13 And then I have evidence to show
- 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.
- 20 And then I want to deal with the
- 21 relation between specific macronutrients,
- 22 sugar and fat, health outcomes, and body

- 1 weight.
- 2 And then one question that was
- 3 asked whether or not sugars, especially in
- 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.
- 8 But I want to take the broader
- 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.
- 14 Some segments of our society are
- 15 acutely sensitive to the issue of money, time,
- 16 and access. Simply, some foods are too dear,
- 17 not accessible, not available in given
- 18 neighborhoods. What are we to do to change
- 19 all that?
- 20 And then I say it with some regret
- 21 as a public health nutritionist, not enough
- 22 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.
- 6 And the various experts presenting
- 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.
- 11 So this is my logic flow. This is
- 12 what my research shows. Research shows that
- 13 energy-dense foods, energy density defined as
- 14 calories per 100 grams, actually cost less per
- 15 calorie. They are cheap sources of calories.
- 16 They may be cheap sources of empty calories -
- 17 more about that later -- but they are
- 18 certainly cheap sources of calories.
- 19 Such foods may contain added
- 20 sugars and added fats. Diets composed of such
- 21 foods are cheaper. It is not too much of a
- 22 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.
- 5 So you see a connection here
- 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.
- 11 So to support my viewpoint, I'm
- 12 going to use data from the U.S. Department of
- 13 Agriculture. And I actually I commend the
- 14 USDA for having come up with two datasets,
- 15 which I have been analyzing for the past year.
- 16 First of all, I have been using
- 17 the Food and Nutrition Database for Dietary
- 18 Studies, which lists nutrient composition of
- 19 all foods consumed by Americans in the
- 20 National Health and Nutrition Examination
- 21 Survey. This is the dataset for what we eat
- 22 in America, an exhaustive, good quality,

- 1 nutrient composition dataset from the USDA.
- 2 And then last year, the Center for
- 3 Nutrition 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.
- 12 I believe tomorrow Andrea Carlson
- 13 and Brian Wansink, who are actually at CNPP
- 14 developing these very data I will talk about
- 15 will present before you tomorrow.
- 16 So we have nutrient composition
- 17 data, which allows us to calculate energy
- 18 density and energy cost. And then those same
- 19 data can be used to calculate not only
- 20 nutrients per calorie but also nutrients per
- 21 unit cost. So this actually does open the
- 22 door to nutrient- and price-related research.

- 1 Now this is a slide which shows
- 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.
- 7 Energy density of foods is related
- 8 inversely to the water, water content. Simply
- 9 put, energy-dense foods are dry. Foods of
- 10 low-energy density are hydrated. The range
- 11 goes from water, zero energy density per unit
- 12 weight to oil, 900 calories per 100 grams with
- 13 sugar in between.
- So you have oils, 900 calories per
- 15 100 grams, spreads and butter, other spreads -
- 16 mayonnaise, salad dressings, and so on. And
- 17 here you have sugars, dry cereals, cooked
- 18 pasta, and low-energy density but sweetened
- 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
- 22 in cost.

1 So what you have here is oils and

- 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.
- 6 But notice how this relation shows
- 7 you the link between energy density and energy
- 8 costs. When you start putting in other food
- 9 groups here, notice that you have lower cost
- 10 beans and eggs and nuts over here, meat in the
- 11 center, fish and shellfish over here, and
- 12 dairy products -- lower energy density yogurt
- and milk and higher energy density cheeses.
- 14 You go to the next group of foods
- 15 and here you have vegetables and fruit.
- 16 Notice that energy density is lowest for salad
- 17 greens, mostly water. It goes here to fruit,
- 18 canned fruit in syrup, dried fruit with higher
- 19 energy density, white potatoes, fried potatoes
- 20 over here, higher energy density. But notice
- 21 again the issue of cost per 1,000 calories.
- 22 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
- 10 dollar? It is going to be obviously something
- 11 that contains added sugar and added fat. You
- 12 know it. I know it. There is a relation here
- 13 that is an inverse relation.
- 14 This relationship comes out more
- 15 strongly in the next few slides. The point I
- 16 want to make here is that we know about this
- 17 relationship but we usually talk about foods
- 18 on the left in terms of the added sugars, the
- 19 high fructose corn syrup, the high glycemic
- 20 index, the added fats, the trans fatty acids,
- 21 the energy density, the minimal nutritional
- 22 value.

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1 And in many cases -- not all cases
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- 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.
- 9 So my suggestion is this. First
- 10 of all, we need to recognize the existence of
- 11 the cost barrier and somehow include it in our
- 12 dietary guidelines and recommendations. And
- 13 then live in the middle.
- 14 There are many foods here in the
- 15 center which actually do have high nutrient
- 16 density and are, in fact, affordable. And
- 17 foods in the middle include foods from every
- 18 food group. So, in fact, there are choices to
- 19 be made within every food group. They do
- 20 exist.
- 21 This is actually brought out
- 22 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.
- 7 But if you look here in the
- 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.
- 21 A couple more things, all those
- 22 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 So let me now move from foods to
- 9 diets because as I said before, some of these
- 10 foods are used to construct lower cost energy-
- 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.
- 16 What we did here was to take mean
- 17 French national food prices, attach them to
- 18 dietary intake data from 2,000 French adults,
- 19 calculate the cost of the diet at the
- 20 individual level, and then split the
- 21 population into equal quartiles.
- 22 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 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
- 10 day, five Euros per day, six Euros per day,
- 11 seven-and-a-half Euros per day. And this is
- 12 the cost per ten megajoules.
- We go from lower cost diet --
- 14 here's a reference diet -- least cost diet --
- 15 to the highest cost diet. The highest cost
- 16 diets are nutrient rich. They do have lower
- 17 energy density. And you eat less. So you pay
- 18 more to eat less or you pay less to eat more.
- 19 But what you are paying less to eat more of
- 20 are going to be the added sugars and the added
- 21 fats.
- 22 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.
- 9 The diets over here do have more
- 10 added fat and added sugar and saturated fat.
- 11 They are, in fact, cheaper and they are
- 12 consumed with people by lower education and
- 13 lower means.
- 14 But my studies are based on
- 15 relatively few people -- there are better data
- 16 that illustrate this issue. Economic
- 17 pressures drive consumer food choices towards
- 18 cheaper, more energy dense foods. And let's
- 19 not forget sweetened beverages.
- 20 Added sugars and fats do provide
- 21 more calories per dollar. Lost cost, energy-
- 22 dense diets naturally lead to overeating and

- 1 weight gain. So paradoxically, spending less
- 2 may mean eating more.
- 3 And the Committee has the question
- 4 about adherence to dietary guidelines. Diet
- 5 quality is, in fact, measured through
- 6 adherence of dietary guidelines.
- 7 The measures of diet quality, we
- 8 measure diet quality in terms of adherence of
- 9 dietary guidelines. Think of the healthy
- 10 eating index. That's what it measures.
- 11 So here this is our model which
- 12 was published a while back in a paper co-
- 13 authored with Steve Specter. We're saying
- 14 that as food costs go up or if food spending
- 15 diminishes, consumers or healthy Americans do
- 16 not want to eat less. They don't want to be
- 17 hungry.
- 18 So as a result, what they do is to
- 19 buy cheaper foods to get you the same number
- 20 of calories. So that immediately forces them
- 21 towards more energy-dense foods which provide
- 22 calories at a lower cost. But it also forces

- 1 them towards less nutrient-rich foods.
- 2 So in the end, they end up
- 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.
- 9 So the question then becomes what
- 10 can we do about it and how can we intervene?
- 11 This is the critical issue. And few people
- 12 have data showing that lower quality diets are
- 13 consumed by lower income groups. The best
- 14 data on this topic actually do not come from
- 15 my laboratory or from my center. They come
- 16 from Tom Frieden, the Health Commissioner for
- 17 the City of New York.
- 18 The New York City Community Health
- 19 Survey surveys approximately 10,000 people
- 20 regarding their diets and health. And so what
- 21 I have here are data from this study published
- 22 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.
- 4 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.
- But the socioeconomic gradient is,
- 14 in fact, stupendous. So adjusting for
- 15 demographics, frequent soda consumption was
- 16 associated with TV viewing and less physical
- 17 activity. Adjusting for demographics and
- 18 behaviors, frequent soda consumption was
- 19 associated with higher BMI for women but not
- 20 for men.
- 21 But what was interesting here is
- 22 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 So now I want to show you
- 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.
- 9 So here is now prevalence of
- 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.
- 17 These were, of course, areas of
- 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.
- 2 And I just have maps of Manhattan
- 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.
- 7 What you see here is that the
- 8 prevalence of obesity quadruples the moment
- 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.
- 13 There is a direct relation between
- 14 obesity and poverty, percent of families below
- 15 poverty and obesity rates over here. And then
- 16 when you come to diabetes, you see a relation
- 17 that is even stronger. Diabetes rates
- 18 increase sevenfold by going from the Upper
- 19 Eastside to Harlem.
- 20 And the relation here is extremely
- 21 strong just from Manhattan. R is .87. So as
- 22 a result, you see a complete continuity

- 1 between consumption of a specific diet,
- 2 poverty, and obesity.
- 3 And Manhattan and New York City
- 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.
- 9 So let me now move to the logic on
- 10 how we're thinking about those things because
- 11 it seems to me that in trying to link specific
- 12 macronutrients or specific foods to ill health
- 13 outcomes, to ill health and adverse health
- 14 outcomes, we are forgetting the important
- 15 contribution of poverty, social disparities,
- 16 unemployment, lack of health insurance, under-
- 17 served neighborhoods. All of those things are
- 18 part of the picture and part of the package.
- 19 It actually reminds me some years
- 20 ago USDA came under attack from Doug Besharov
- 21 on the pages of Washington Post because he
- 22 accused the USDA of fattening the poor. You

- 1 may remember that.
- The argument was kind of strange.
- 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.
- Now I, of course, disagree with
- 8 that but I'm thinking to some extent, we're
- 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.
- 14 Did a specific macronutrient make
- 15 them obese? Or was it really something else?
- 16 And there are two possibilities. The
- 17 Committee wanted me to address the issue of
- 18 satiety. One theory is that liquid sugars
- 19 fail to promote satiety. My theory is more
- 20 economic and more addressed in the next slide.
- 21 Take a look at this. This is in
- 22 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
- 7 100 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.
- 13 The eye-opening thing is that the
- 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.
- 18 So my thought is to not forget the
- 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
- 22 combination of those factors has on their

- 1 health.
- 2 So let me just digress here for a
- 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.
- 10 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.
- 20 The size of the meal presented
- 21 immediately afterwards is a measure of
- 22 satiation. The size of the meal presented two

- 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.
- 4 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.
- 9 Now I think it is probably fair to
- 10 say that the issue is unresolved. Studies
- 11 conducted by Harry Kissileff at Columbia
- 12 showed about 20 years ago that soups, liquids,
- 13 were more satiating than solids.
- 14 Sometimes I kind of feel those
- 15 studies were underappreciated and not
- 16 sufficiently credited at the time. They are
- 17 classic studies on satiety and how to measure
- 18 satiety.
- 19 Then about 15 years later, there
- 20 came out reports that solids, jelly beans,
- 21 were more satiating that sugared liquids cola
- 22 so that complete compensation was observed

- 1 following ingestion of jelly beans and no
- 2 compensation whatever was observed after
- 3 drinking soda.
- 4 Since that time, this same lab,
- 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.
- 10 In some cases there was an effect
- 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.
- 19 So I just want to show you very
- 20 briefly two of our own studies where we
- 21 compared cola and cookies. The thing to
- 22 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.
- 10 But this just goes to show that
- 11 the scales worked. Subjects were correctly
- 12 recording their thirst.
- 13 And so it gives us confidence that
- 14 when we come to fullness and hunger, the same
- 15 subjects, the same condition, the same scales,
- 16 are telling us correctly that there was
- 17 absolutely no difference in satiety between
- 18 the liquid cola and the solid cookies. Both
- 19 spoiled appetite if given just before lunch.
- 20 The next study we did on this
- 21 topic compared cola, juice, and milk. The
- 22 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 And let me just show you here, the
- 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.
- 10 But, of course, notice that
- 11 subjects were sensitive to the calories in
- 12 caloric liquids as opposed to just plain
- 13 sparkling water with no calories. So the
- 14 human body's desire to eat is actually
- 15 sensitive to calories provided in solid or in
- 16 liquid form.
- 17 We have now found similar results
- 18 with liquid yogurts which contain more protein
- 19 and there may be a higher satiating impact of
- 20 yogurts. Our subjects are clearly capable of
- 21 perceiving the calories in yogurt.
- 22 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.
- 7 But there was no difference
- 8 between the different kinds of beverages. And
- 9 no difference between the cola, the orange
- 10 juice, and the milk.
- 11 So let me now move on to this
- 12 other issue, trying to bring back the
- 13 economics, the macronutrients, and the food
- 14 choices together in a kind of cohesive way and
- in a way that may be useful to you.
- 16 And here I want to say -- take a
- 17 step back and say well, if we accept that
- 18 there is this confound between the consumption
- 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?
- 2 Or should we take a more direct
- 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?
- 9 And so here I have some recent
- 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.
- 16 What we did here was to create an
- 17 avoidance index based on the diet content of
- 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.
- 2 So what I want to show you here is
- 3 the type of diets that -- I want to show you
- 4 how the two types of scores discriminate
- 5 between the quality of the diets of
- 6 participants in the NHANES study.
- 7 We calculated mean scores for each
- 8 person and the participants were split into
- 9 five equal groups based on their scores. So
- 10 here let me just take you through the first
- 11 slide.
- 12 This score is based on avoidance.
- 13 It does have the added sugar and the
- 14 saturated fat and sodium.
- So the bottom quintile, these are
- 16 the people who had least added sugar, least
- 17 saturated fat, and least sodium in their diet.
- 18 And these are people who have the most. And
- 19 this is the score based on nutrient density of
- 20 foods, which includes nutrients to encourage
- 21 and nutrients to limit.
- 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.
- 5 On the other hand, the other
- 6 approach does reliably discriminate between
- 7 diets which are low in vitamin C and those
- 8 that are high in vitamin C.
- 9 And here we have the same picture
- 10 for vitamin A. Again, better discrimination
- in terms of diet quality and adherence to
- 12 dietary guidelines. We see the same thing for
- 13 calcium intakes, the better step-wise
- 14 approach, again reflecting better compliance
- 15 with dietary guidelines and higher diet
- 16 quality.
- 17 The same thing appears for food
- 18 groups. Notice again that diets which are
- 19 lowest in saturated fat and lowest in added
- 20 sugar are not necessarily that much higher in
- 21 vegetables. This score does a better job.
- 22 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.
- 6 So this is interesting because
- 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
- 10 actually the less you eat.
- 11 So let me just kind of start
- 12 wrapping here. Going here from energy density
- 13 to nutrient density, we can focus our dietary
- 14 guidelines and dietary advice on nutrient-
- 15 dense foods.
- 16 Nutrient density provides a better
- 17 approximation of diet quality and extra
- 18 calories that people consume than, in fact,
- 19 scores or indices or advice based on saturated
- 20 fat, sugar, and salt. The avoidance approach
- 21 has been telling people what not to eat.
- 22 What I'm suggesting is that we

- 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.
- 7 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.
- 17 I cannot overemphasize the
- 18 importance of nutrition education and cooking
- 19 skills. To some extent, it does come down to
- 20 access, money, knowledge, and time.
- 21 And limiting low-cost foods may
- 22 not necessarily give us the answer that we

- 1 seek. Rather promoting affordable choices is
- 2 where we want to go.
- 3 So thank you for your attention.
- 4 I'll be very happy to answer the Committee's
- 5 questions.
- 6 CHAIR VAN HORN: Thank you very
- 7 much for that excellent presentation. Thank
- 8 you very much. This is Linda Van Horn
- 9 speaking.
- 10 We have about ten minutes. If it
- is all right, we'll just open the floor to
- 12 questions from the Committee members.
- 13 Mim, you look like you have a
- 14 question.
- 15 MEMBER NELSON: This is Mim
- 16 Nelson. Thanks, Adam, very much.
- 17 I quess two questions. First is
- 18 I'm thinking of, you know, your graph with the
- 19 cost per 1,000 calories. And that, you know,
- 20 green leafy vegetables get a really bad score
- 21 there.
- 22 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.
- 10 So is that something that should
- 11 enter --
- DR. DREWNOWSKI: Yes.
- 13 MEMBER NELSON: -- that's sort of
- 14 the first --
- 15 DR. DREWNOWSKI: Of course. You
- 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.
- 21 MEMBER NELSON: And then you can
- 22 look more at that.

- 1 DR. DREWNOWSKI: Then we can look
- 2 at --
- 3 MEMBER NELSON: Got it. Right.
- DR. DREWNOWSKI: Exactly. The
- 5 diets with higher consumption of different
- 6 types of vegetables and fruit and look
- 7 specifically at their costs.
- 8 MEMBER NELSON: Right.
- 9 DR. DREWNOWSKI: We're in the
- 10 process of doing that. And I believe USDA is
- 11 also in the process of joining those two
- 12 datasets together for similar type research.
- 13 MEMBER NELSON: Okay. So --
- 14 thanks, that's great.
- 15 The next one is more a sort of --
- 16 I don't know -- we've been talking a lot in
- 17 our committee about the effect of the
- 18 environment in its fullest sort of range.
- 19 And thinking about the data in New
- 20 York that you presented and with sodas -- and
- 21 I'm not saying I'm an advocate of sodas
- 22 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.
- 5 And so how influential is poverty
- 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.
- 10 So availability becomes an issue.
- 11 And so is it that simplistic to
- 12 think of it from an economic point of view
- 13 versus there are so many other factors of what
- 14 foods are in those neighborhoods?
- DR. DREWNOWSKI: That's an
- 16 excellent question. It's not simplistic at
- 17 all. It is very, very complex.
- 18 Environment has much to do with it
- 19 for a number of reasons from the purchasing
- 20 power of the neighborhood to the type of foods
- 21 which are stocked in a given neighborhood, to
- 22 access and transportation, to the quality of

- 1 schools, and so on.
- 2 And this is for this reason that
- 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.
- 9 But what you are really
- 10 fundamentally saying is that these choices are
- 11 beyond any individual control.
- 12 MEMBER NELSON: Right. It's not
- 13 about personal choice.
- 14 DR. DREWNOWSKI: It's not about
- 15 personal choice.
- 16 MEMBER NELSON: Right.
- DR. DREWNOWSKI: We're completely
- 18 together on that. And I would actually go
- 19 further and say to some extent, some segments
- 20 of our society actually have no choice or very
- 21 limited choice. And what can we do to make
- 22 sure that they do, indeed, have access to --

- 1 MEMBER NELSON: Right.
- DR. DREWNOWSKI: -- nutrient-rich
- 3 foods. How can we do that? Because merely
- 4 suggesting 'have leafy greens' may not do it.
- 5 MEMBER NELSON: Right.
- DR. DREWNOWSKI: We need to be
- 7 much more subtle and nuanced about that and
- 8 say this is the way really to go step by step,
- 9 taking into account preferences, culture,
- 10 access, cost, transportation. All of those
- 11 things are hugely important.
- 12 MEMBER NELSON: So it may be that
- 13 the cost issue is more related to just the
- 14 fact that they live in those environments
- 15 versus that they have limited income
- 16 themselves? I mean if they had limited income
- 17 and they lived down, you know, in the 50s
- 18 midtown, maybe the -- if they, for some --
- DR. DREWNOWSKI: Did you say that
- 20 people with limited incomes who live on Park
- 21 Avenue --
- 22 MEMBER NELSON: No, but I'm just

- 1 saying that -- I mean I'm using a hypothetical
- 2 example but if that person with limited income
- 3 actually lived in a different neighborhood,
- 4 their food intake might be quite different.
- DR. DREWNOWSKI: They would have
- 6 access to better foods, which --
- 7 MEMBER NELSON: Yes.
- B DR. DREWNOWSKI: -- means they
- 9 would have physical access in --
- 10 MEMBER NELSON: Yes.
- 11 DR. DREWNOWSKI: -- terms of
- 12 proximity. What we're doing right now in
- 13 Seattle is trying to distinguish between
- 14 physical access and economic access --
- 15 MEMBER NELSON: Yes.
- DR. DREWNOWSKI: -- because you
- 17 may be living next door to Whole Foods --
- 18 MEMBER NELSON: Right.
- DR. DREWNOWSKI: -- or to another
- 20 --
- 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.
- 5 So it is a question of
- 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 --
- 10 MEMBER NELSON: Yes.
- DR. DREWNOWSKI: -- to assure
- 12 access to healthy foods.
- 13 MEMBER NELSON: Right.
- 14 DR. DREWNOWSKI: I think it is a
- 15 very important issue.
- 16 CHAIR VAN HORN: Thank you.
- 17 I think Larry has a question. And
- 18 then Eric.
- 19 MEMBER APPEL: Yes, this is Larry
- 20 Appel. Great presentation.
- 21 I want to follow up on that access
- 22 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.
- 5 I live or I work across the street
- 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.
- 10 So I'd like to have you comment
- 11 more about this access issue because I
- 12 actually think that that might be perhaps
- overblown as a solution to this problem.
- DR. DREWNOWSKI: Now thank you for
- 15 the question. My specific bias here is that I
- 16 believe in assuring economic access. I think
- 17 we've all talked about physical access and
- 18 proximity. Physical proximity to either fast
- 19 foods or supermarkets will determine your
- 20 health.
- I really don't think so. I really
- 22 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.
- 10 But let me again emphasize the
- 11 notion of knowledge, money, and time. My
- 12 belief is that you can eat well if you have
- 13 some combination of knowledge, money, and
- 14 time.
- 15 If you have knowledge and time,
- 16 you can do with less money. So nutrition
- 17 education and cooking skills will get you by.
- 18 If you have time and money, you have no
- 19 problem.
- 20 But a number of people in our
- 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 So knowledge, money, and time.
- 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.
- 9 CHAIR VAN HORN: Eric, did you
- 10 have a question?
- 11 MEMBER RIMM: Yes, this is Eric
- 12 Rimm.
- I was going to add something very
- 14 similar to Larry because I thought I had heard
- anecdotally or seen pilot studies where they
- 16 tried to make fruits and vegetables
- 17 essentially free through a food stamp program.
- DR. DREWNOWSKI: Yes.
- 19 MEMBER RIMM: And people still
- 20 didn't access them. And it's sort of what
- 21 Larry is saying. And I guess it ties into
- 22 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.
- I mean you started to say that.
- 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 --
- 9 DR. DREWNOWSKI: Well --
- 10 MEMBER RIMM: -- much more
- 11 complicated than that.
- DR. DREWNOWSKI: Of course.
- 13 MEMBER RIMM: And if you give
- 14 people free spinach and you give people --
- 15 even if you may teach them how to use it or
- 16 give them food stamps or access to it, that
- 17 there still is a differentiation of what
- 18 people desire based on culture or based on
- 19 access to television, based on all sorts of
- 20 other cultural exposures.
- 21 DR. DREWNOWSKI: There are, of
- 22 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 And I want to say that the USDA
- 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.
- 9 And now the new WIC program is
- 10 allowing certain amount of fresh vegetables
- 11 and fruit as part of the WIC package. And
- 12 we'll see what success that has. So yes,
- 13 there are programs. And I wouldn't be
- 14 pessimistic. They do have some degree of
- 15 success.
- But in some cases, it really is
- 17 the knowledge and cooking skills. People get
- 18 their kale but they don't necessarily know
- 19 what to do with it. And other foods become
- 20 cheaper, tastier, more available.
- 21 MEMBER RIMM: Are those data
- 22 published yet? The success of some of those

- 1 programs?
- DR. DREWNOWSKI: I have not seen
- 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.
- 6 MEMBER RIMM: I think that would
- 7 be very important.
- 8 CHAIR VAN HORN: Thank you so
- 9 much.
- 10 We're going to need to move on to
- 11 our next speaker.
- DR. DREWNOWSKI: Thank you.
- 13 CHAIR VAN HORN: But that was an
- 14 excellent presentation. And so that we don't
- 15 burst the eardrums of people listening in, we
- 16 will not applaud. But please accept our
- 17 gratitude.
- 18 It's my pleasure to introduce our
- 19 next speaker, Dr. Frank Sacks. Dr. Sacks is
- 20 Professor or Cardiovascular Disease Prevention
- 21 in the Department of Nutrition at Harvard
- 22 School of Public Health.

- 1 He is a Senior Attending Physician
- 2 at Brigham and Women's Hospital and Professor
- 3 of Medicine at Harvard Medical School.
- 4 Dr. Sacks is involved in research
- 5 and public policy in nutrition, cholesterol
- 6 disorders, hypertension, and cardiovascular
- 7 disease.
- 8 He is the Chair of two NHLBI-
- 9 sponsored trials, the POUNDS LOST trial that
- 10 we'll hear about today and the OmniCarb Trial.
- 11 He is a member of the new NHLBI
- 12 Clinical Guidelines for Cardiovascular Risk
- 13 Reduction first expert panel.
- 14 And it is my pleasure to introduce
- 15 Dr. Frank Sacks who will tell us more about
- 16 POUNDS LOST.
- 17 DR. SACKS: Okay. Thank you,
- 18 Linda.
- I appreciate the opportunity to be
- 20 here. And to share with you some new findings
- 21 on dietary macronutrients and weight loss, and
- 22 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.
- 4 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.
- 9 So I am going to go through some
- 10 of these slides very fast. So I guess I'm
- 11 told that we have an absolute limit on time.
- 12 So excuse me for some of that.
- 13 All right. So first I'm going to
- 14 discuss low-fat diets, the background to that.
- Now the longtime paradigm is that low fat,
- 16 high carbohydrate diets will promote weight
- 17 loss or prevent weight gain for a variety of
- 18 metabolic reasons.
- 19 Now that paradigm has been called
- 20 into question but I do think there is some
- 21 validity to it. For example, vegetarians eat
- 22 low fat but lots of -- but the carbohydrate-

- 1 rich foods are full of vegetables, whole
- 2 grains, and so forth.
- 3 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 The same sort of thing in coronary
- 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.
- 18 And the carbohydrate is low
- 19 glycemic index for a lot of the carbohydrate-
- 20 rich foods. So in certain selected
- 21 populations, I think this paradigm works very
- 22 well.

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1 Now in the larger population or
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- 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.
- 6 And they randomized patients to a
- 7 vegan group or a standard low fat group for
- 8 weight loss, gave some of them support, a lot
- 9 of sustained support and contact, encouraged
- 10 them to be on the diet, and the vegan group
- 11 lost a little more weight than the standard
- 12 low fat group did, but only if they were given
- 13 sustained support.
- So I just want to make that point
- 15 that certainly in these researchers' hands,
- 16 the vegan group did a bit better than the
- 17 standard low fat group. However, the second
- 18 dimension of these results are that without
- 19 any support, neither group did well at all.
- 20 So that support is extremely important.
- 21 So now let's move to the opposite
- 22 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.
- 9 Okay, another study, similar,
- 10 rapid weight gain of the Atkins diet, regain
- 11 from six to 12 months such that at the end,
- 12 there was no difference in weight loss between
- 13 the Atkins and the conventional diet.
- In fact, if you carry out those
- 15 trajectories, you would imagine that in
- 16 another few months there would be really no
- 17 difference between groups. And they might
- 18 even cross over and give an opposite result.
- 19 So very important to continue
- 20 these studies until we can get some sense of
- 21 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.
- 11 Okay, so now how about yet another
- 12 type of diet, a Mediterranean high fat diet.
- 13 All right. This is a study that I did with
- 14 Kathy McManus. And wanted to see whether
- 15 people could lose weight on a high fat
- 16 Mediterranean-style diet. And indeed they
- 17 did.
- 18 Compared to a low fat diet, weight
- 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
- 22 whereas the other group regained a lot of the

- 1 weight.
- Now also adherence at 18 months
- 3 was much better and participation was much
- 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.
- 8 The drop outs, regardless of
- 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
- 12 whether it was low fat or Mediterranean, lost
- 13 11 pounds. So, again, participation seems to
- 14 be very, very important in these studies.
- 15 Very recently yet another study
- 16 compared three diets. The lower curve here is
- 17 the Atkins diet. And, again, just like the
- 18 previous studies, you see rapid weight gain at
- 19 about six months. But then rapid regain.
- 20 So that at the end of the study,
- 21 at two years, you see an absolutely similar
- 22 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.
- 5 Okay, so how do we interpret this
- 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.
- 10 There is no obvious pattern of
- 11 results across this collection of studies.
- 12 And with the Atkins diet, superiority in the
- 13 first few months was often not sustained by
- one to two years. In fact, in no study was
- 15 there truly a statistically significant
- 16 difference between Atkins and the comparator
- 17 studies that went out to a year.
- 18 All right. So what were some
- 19 limitations in some of these studies? Here is
- 20 a whole host of limitations that were
- 21 discussed and written about by colleagues.
- 22 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.
- A large percentage of dropouts,
- 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.
- 14 And, very important: novelty of
- one of the diets, media attention. It is
- 16 marketing. There are certain biases that can
- 17 enter into a trial that may not be so well
- 18 intended and may not be perceived. And I've
- 19 had that happen with a study I did on the
- 20 Mediterranean diet some time ago. There were
- 21 subtle biases that fit in so that I do think
- 22 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.
- 6 All of these considerations lead
- 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.
- So we randomized 811 people to
- 15 four diets. So I'd like to describe this
- 16 trial in some detail and give you a sense of,
- 17 I think, where we're at with the macronutrient
- 18 hypothesis and what future directions might
- 19 be.
- 20 So two of these diets were low in
- 21 fat, 20 percent, and two of the diets were
- 22 high in fat, 40 percent. So there were 400

- 1 people in low fat and 400 in high fat.
- Now within those categories of
- 3 fat, half of them were taught a diet that is
- 4 15 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
- 8 65 percent down to 35 percent of calories.
- 9 Now in designing these diets, we
- 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
- 13 diet. All diets were done -- were composed
- 14 with healthful guidelines such as those of the
- 15 American Heart Association's guidelines.
- 16 So if we look at the comparisons
- 17 then, this is a factorial study, about 400 per
- 18 group, dietary fat level, 20 versus 40,
- 19 dietary protein 15 versus 25. Carbohydrate,
- 20 65 down to 35 with a linear dose effect
- 21 hypothesized.
- 22 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.
- 6 So we specified menus for two week
- 7 cycles for each group. They knew they were
- 8 going to do this. We showed them examples
- 9 coming in.
- 10 We gave them motivational,
- 11 psychological questionnaires, and so forth --
- 12 really wanted people who were fully informed
- 13 about what they were getting into, knew what
- 14 it was about, and were motivated. And we had
- 15 behavioral psychologists like Don Williamson
- 16 devise that.
- 17 Participants were taught to follow
- 18 meal plans exactly. Energy reduction bills
- 19 750 kilocals, doubly-labeled water showed that
- 20 it was about 300 to 400 calorie reduction
- 21 achieved at six months.
- Okay, physical activity goal, 90

- 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.
- 21 And I think we did achieve that in
- 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 It is very difficult to bring
- 10 patients back for weight measurements when
- 11 they were unhappy with their weight loss.
- 12 That's basically the reason. It's a very
- 13 different kind of study than other kinds of
- 14 nutritional studies.
- We had 64 percent women and 27
- 16 were in the overweight category, 73 percent in
- 17 the obese category.
- 18 Okay, so here was the primary
- 19 trial outcomes. So pre-specified primary
- 20 outcome, change in weight from time zero to
- 21 two years, all randomized participants, the 20
- 22 percent that did not come in for a body weight

- 1 measurement, we imputed their data using Tom
- 2 Wadden's approach.
- 3 So, this is it. There's two
- 4 years. Absolutely no difference based on
- 5 protein, fat, or carbohydrate.
- Now the completers, the 80
- 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.
- 11 Okay, now this graph shows the
- 12 six, 12, 18, and 24 month results for each of
- 13 the four dietary types. So you can see, for
- 14 example, at the six-month point, you see four
- 15 symbols. And these represent the four diets.
- 16 You really don't need to know
- 17 which is which because it is quite obvious
- 18 that there's absolutely no difference in
- 19 weight loss. The average weight loss is about
- 20 six kilograms at six months.
- 21 The adherence was very good at six
- 22 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.
- 4 And then there was -- that was
- 5 sustained to 12 months, so we didn't see any
- 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
- 10 groups.
- 11 These are the same data for
- 12 completers. Again, very clearly at six months
- 13 no difference, and no significant differences
- 14 here whatsoever.
- 15 Now waist circumference, we know
- 16 where fat is is a relevant factor for
- 17 metabolic abnormalities. So waist
- 18 circumference was our secondary outcome. You
- 19 can see weight loss -- I mean loss of waist
- 20 circumference at six months, absolutely
- 21 identical across all four groups.
- 22 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.
- We've done some body composition
- 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.
- 10 Now cut points for weight loss,
- 11 whether it is a five percent weight loss or a
- 12 ten percent or greater or 20 kilograms or
- 13 greater, you can see there is really no
- 14 difference at all across any of these groups.
- 15 Very interestingly, even though on
- 16 average most patients gained weight after six
- 17 months or after a year, about a quarter of the
- 18 participants continued to lose weight after
- 19 six months.
- 20 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.
- 4 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.
- 12 There were absolutely no
- 13 differences by diet group at six months or at
- 14 24 months, to their great surprise. You know
- 15 whatever that data early on about satiety,
- 16 very good experiments, they just didn't seem
- 17 to carry through in this study to the six
- 18 month point or to the two year point.
- 19 Now just speaking about adherence,
- 20 the Danziger study compared these four diets
- 21 from Atkins out to Ornish and this is self-
- 22 reported adherence levels. And you see they

- 1 started fairly high but by six months, self-
- 2 reported adherence decreased dramatically.
- 3 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 This is what really did have a --
- 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.
- 16 That's the -- and -- but you
- 17 notice that there is a huge difference across
- 18 -- there's a huge difference among people. We
- 19 had people who attended sessions and lost 30
- 20 kilograms. We had patients who attended most
- 21 of the sessions and actually gained a few
- 22 kilograms.

- 1 Then we had patients who came to
- 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.
- 9 Now what I just described to you
- 10 for the total group is exactly the same in all
- 11 four of the diet groups. Other studies have
- 12 showed that sustained interaction with
- 13 something -- with the research team had a lot
- 14 to do with weight loss.
- 15 This looked at Weight Watchers.
- 16 It's certainly better than two dietitian
- 17 consultations to have a sustained program.
- 18 Internet behavioral e-counseling also is
- 19 successful. The Premier study follow-up
- 20 shows, again, it was very important to have
- 21 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.
- 6 For example, the low fat diet that
- 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,
- 11 35 percent, increased as well. Kind of they
- 12 converged toward what their population average
- 13 is. And by two years, convergence on it
- 14 occurred further.
- So it seems to me that ambitious
- 16 macronutrient goals in a population-based
- 17 study are not achievable even though weight
- 18 loss is achievable. And they will --
- 19 participants will gravitate to their usual
- 20 intake over time.
- 21 Even at two years, there was a
- 22 difference here. And this is not unique to

- 1 our study. In all previous studies, this kind
- 2 of phenomenon has been found.
- 3 Okay, finally with regard to the
- 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.
- 9 But in the higher carb, low fat
- 10 groups, insulin did not go down as much, HDL
- 11 did not go up as much. So if you look at this
- 12 total risk factor picture, you'd say well,
- 13 maybe it is a tie between everything. But in
- 14 people who have dyslipidemia, may have some
- insulin resistance, perhaps the highest carb
- 16 diet is not the best choice even though it did
- 17 just as well for weight loss.
- 18 So in summary then, reduced
- 19 calorie diets achieve similar weight loss
- 20 after two years regardless of macronutrient
- 21 emphasis, that satisfaction, satiety, and
- 22 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 So how do we translate the
- 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
- 10 cardiovascular disease. Risk factors
- 11 improved. Low fat may not be the best for
- 12 metabolic syndrome or diabetes.
- Ongoing counseling sessions, very
- 14 important to achieve and maintain weight loss
- 15 no matter what group they are in and that
- 16 successful diets for weight loss, I think, can
- 17 be tailored to individual patient's personal
- 18 and cultural preferences to achieve long-term
- 19 success.
- 20 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.
- 2 So, thank you for that, for paying
- 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.
- 7 Okay, so prior to DASH sodium,
- 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
- 13 100 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.
- 17 So in the DASH sodium study, we
- 18 wanted to do this on a much larger scale, more
- 19 population applicable. We then looked at 150
- 20 millimole to 100 to 50 or 3.5 of sodium, 2.3
- 21 grams or 1.2 grams of sodium. So those were
- the ranges that we tested in 412 people.

- 1 And here is the effect of sodium
- 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
- 6 60 millimoles.
- 7 That also happened in the DASH
- 8 diet to somewhat of a lesser extent but sodium
- 9 reduction did effect the DASH diet.
- 10 Now here's a really clinically
- 11 important population, you know these are
- 12 patients over the age of 45 and mildly
- 13 hypertensive. And you see a real accentuation
- 14 of blood pressure lowering at low sodium.
- So at the top bar, it's the sodium
- 16 reduction in the control diet. It goes down
- 17 2.1 -- blood pressure reduction, 2.1 from high
- 18 to medium and six from medium to low. Low
- 19 being proximately a one and a half gram goal
- 20 that you're looking at. And in the DASH diet,
- 21 same sort of thing. An accentuation of blood
- 22 pressure reduction when you go from medium to

- 1 low down to around 1500.
- Okay, now let's look at some
- 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 And here you can see that 50-
- 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.
- 17 Okay, now there's an age
- 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
- 22 control diet. Okay, this is 23 to 41, middle

- 1 age, middle age, older.
- 2 You see blood pressure -- sodium
- 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.
- 10 So how do I sum this up? Well,
- 11 certainly evidence from the DASH sodium study
- 12 agrees with other evidence that there is an
- 13 accentuation of blood pressure lowering in the
- 14 1,500 milligram to 2,500 milligram range
- 15 compared to 2,500 to 3,000 or 3,500.
- 16 Most population groups are
- 17 responsive. It is about 70 percent of the
- 18 U.S. population would be in this responsive
- 19 group; that is over the age of 45, anybody,
- 20 African-American, any age, mild hypertensives,
- 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.
- 6 So thank you very much for your
- 7 attention. I'd be happy to take questions.
- 8 CHAIR VAN HORN: Thank you very
- 9 much. We have about ten minutes. I'm going
- 10 to take executive privilege and ask just one
- 11 quick question in terms of what you've
- 12 presented in both cases. Certainly the
- 13 compelling data recognizing that 70 percent of
- 14 the population could be responsive, are there
- 15 any downsides that you can think of for
- 16 reducing the recommended level to somewhere
- 17 around 1,500 milligrams?
- 18 DR. SACKS: I am not aware of any
- 19 downside. There are long-term studies, long-
- 20 term follow-up of sodium reduction trials
- 21 showing benefit to cardiovascular events after
- 22 they showed benefit to blood pressure without

- 1 any adverse effects identified.
- So, no -- and then, of course,
- 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.
- 7 CHAIR VAN HORN: The other quick
- 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
- ongoing support, which seems to be the key
- 14 factor in terms of both attendance at sessions
- and/or ongoing tailored feedback to people who
- 16 manage to make these kinds of changes and
- 17 sustain them long term, it would seem that
- 18 that type of approach would, as long as
- 19 calories are reduced, be appropriate in terms
- 20 of helping people to make these energy
- 21 reductions in terms of their dietary intake.
- 22 Would you agree?

- DR. SACKS: Yes, I think really
- 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.
- 11 CHAIR VAN HORN: Excellent.
- The group? Eric?
- 13 MEMBER RIMM: This is Eric Rimm.
- 14 If I could lead the witness a bit more, just -
- 15 you know, I think -- and it is not fair,
- 16 Frank, you haven't -- I mean you talked about
- 17 the Israeli study, but I wanted to dwell on
- 18 your study and the Israeli study together
- 19 because they were both, you know, probably the
- 20 best, well done, long-term trials of diet
- 21 composition and weight loss.
- 22 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
- 10 still grounds to have a 20 to 35 percent of
- 11 calories of fat range for the amount of fat
- 12 that is consumed?
- DR. SACKS: Well, personally, I
- 14 think maybe we don't need any type of range,
- 15 you know, for recommended fat intake or even
- 16 macronutrient intake, that really we could
- 17 work our recommendations based on foods. But
- 18 specifically what you're saying, is there a
- 19 problem with 40 percent fat? No, I don't
- 20 think so. In fact, there are benefits for the
- 21 risk factors if it is the right fat obviously.
- 22 And that's the key. If you recommend high

- 1 fat, will people really eat the beneficial
- 2 fats.
- 3 CHAIR VAN HORN: Tom?
- 4 MEMBER PEARSON: This is Tom
- 5 Pearson. Thanks for that presentation, Frank.
- 6 I had a question about the
- 7 physical activity part of the POUNDS LOST
- 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
- 12 compliance with exercise and the effectiveness
- of those four diet arms, which, of course, had
- 14 different components, which may, in fact, have
- 15 a little different responsiveness to physical
- 16 activity.
- 17 DR. SACKS: Well, that is an
- 18 interesting question. And we're actually
- 19 looking into that kind of thing now. But I
- 20 can just tell you that different adherence
- 21 measures, for example group participation,
- 22 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.
- 5 CHAIR VAN HORN: Cheryl?
- 6 MEMBER ACHTERBERG: Cheryl
- 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?
- DR. SACKS: Well, I think -- okay,
- 17 so maybe I overstated it. So they did -- they
- 18 drifted toward their previous macronutrient
- 19 intake. But they didn't go get to that point.
- 20 So you might say there is partial movement
- 21 toward the previous.
- 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.
- 11 CHAIR VAN HORN: Larry?
- 12 MEMBER APPEL: Yes, thanks, Frank.
- I have two questions, different
- 14 fronts. You know, in some of the studies
- 15 we've done we've calculated Framingham risk as
- 16 an outcome variable. And I didn't see that in
- 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.
- 20 And the second question is
- 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?
- DR. SACKS: Okay. Well, let's
- 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.
- 12 And it would deal with the
- 13 cholesterol, the HDL, the blood pressure, and
- 14 using those changes, the diets would probably
- do more or less the same. But it is a good
- 16 thought.
- 17 And there are other risk -- there
- 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.
- 22 And the second one was --

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1 MEMBER APPEL: The satiety --
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- DR. SACKS: Oh, the satiety --
- 4 you didn't see a difference but other studies
- 5 where you actually control -- you know,
- 6 typically smaller study or controlled feeding
- 7 studies do. So, you know, what is the
- 8 explanation?
- 9 DR. SACKS: Well, I don't know,
- 10 you know, if we had done satiety studies very
- 11 early after a week or two weeks, we might have
- 12 seen differences like these. But all I can
- 13 say is they didn't carry through to six
- 14 months.
- 15 And the difference between this
- 16 study, say, and the OmniHeart study is
- 17 OmniHeart we fed them to constant weight. So
- 18 we had plenty of obese people who we didn't
- 19 let lose weight. In this case, the whole
- 20 emphasis was losing weight. And there wasn't
- 21 any satiety difference at six months.
- 22 CHAIR VAN HORN: Rafael?

1 MEMBER PEREZ-ESCAMILLA: Yes,

- 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
- deal with the problem to become part of the
- 14 system.
- Now the problem that we encounter
- 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?

- DR. SACKS: Yes, I think that is a
- 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.
- 6 But now actually, I mean maybe one
- 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 But I don't know. I think your
- idea of looking for models that could be done
- 14 at very low cost or no cost maybe after, you
- 15 know, the first couple sessions, may be the
- 16 way to go. I think that's probably where the
- 17 future is in the whole behavioral side of
- 18 this.
- 19 CHAIR VAN HORN: I'd like to just
- 20 go back to one issue related to your comment
- 21 about it doesn't matter what fat level, only
- 22 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.
- 14 And it would appear from the slide
- 15 that you showed showing the differences in
- 16 lipids and insulin, et cetera, that, indeed,
- 17 you know, the group that had the lower total
- 18 fat and presumably lower saturated fat would
- 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
- 22 what you said about the weight control issue.

- DR. SACKS: Oh, sure. Well, you
- 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.
- 7 So let's, so in our higher fat
- 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.
- 13 I mean they were probably having a little more
- 14 saturated fat than the low fat group. And
- 15 that's why there was a 6 percent LDL
- 16 differential between those groups.
- So, you know, education on good
- 18 fat/bad fat -- I mean we really -- we worked
- 19 hard at it. And certainly there wasn't a 20
- 20 percent difference. But there was still a
- 21 small difference. So still that's an issue
- 22 that we have to work on.

- 1 MEMBER APPEL: This is Larry
- 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?
- 9 I know you were trying to
- 10 emphasize the, you know, the better fats. But
- in reality, were people, you know, was it
- 12 accomplished? You know you could sustain a
- 13 better fat profile even with higher -- even at
- 14 of higher fat.
- DR. SACKS: Well, you know, you
- 16 got me on that. I just can't pull the numbers
- 17 out of my head.
- 18 MEMBER APPEL: Okay.
- DR. SACKS: But they're published
- 20 actually in the article, the saturated fat
- 21 content on the four different diets.
- 22 CHAIR VAN HORN: Thank you again

- 1 for an outstanding presentation. We really
- 2 appreciate all of your excellent comments.
- And at this time, the group will
- 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
- 8 the record at 3:05 p.m. and
- 9 resumed at 3:24 p.m.)
- 10 CHAIR VAN HORN: All right. Thank
- 11 you for standing by. We are now ready to
- 12 proceed with our next presenter, Dr. Patricia
- 13 Crawford.
- 14 Dr. Crawford is Director of the
- 15 Robert C. and Veronica Atkins Center for
- 16 Weight and Health, an adjunct professor in the
- 17 Department of Nutritional Sciences and
- 18 Toxicology and the School of Public Health at
- 19 the University of California at Berkeley.
- 20 Dr. Crawford served as the Chair
- 21 of the Nutrition Subcommittee for all ten
- 22 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 Currently she is directing two
- 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
- 10 impact of legislation to improve the foods in
- 11 California schools examining implementation of
- 12 school wellness policies and evaluating the
- impact of large-scale community interventions
- 14 to create healthy food and activity
- 15 environments for children.
- 16 Thank you.
- DR. CRAWFORD: Thank you, Linda.
- 18 And I'm truly honored to be here.
- 19 And I applaud the Committee for your interest
- 20 in hearing the voices from the community in
- 21 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 So today, rather than talking
- 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.
- 17 So I thought I'd throw this in to
- 18 show you how we get information from our
- 19 partners. We all go jogging on the California
- 20 coast.
- 21 Okay, so I have four questions to
- 22 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?
- So that's where we're going to
- 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.
- 21 And the community members that I
- 22 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 nutrient-
- 14 based quidelines. 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.
- 18 And a good example are fruits and
- 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 vegetable one, it would be very helpful to

- 1 them.
- 2 They said they understand
- 3 consuming a sufficient amount of fruits and
- 4 vegetables while staying within their energy
- 5 needs, two cups of fruit, two-and-a-half cups
- 6 of vegetables per day are recommended for this
- 7 reference intake with higher and lower
- 8 amounts, depending on the calorie levels,
- 9 choose the variety from the five vegetable
- 10 subgroups, all of that is very clear.
- 11 Then it falls apart with the other
- 12 groups. And largely that is because of
- 13 processing, how difficult that is. And I know
- 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,
- 17 poultry, dry beans, and milk or milk products,
- 18 make choices that are lean, low fat, or fat
- 19 free, that sounds very clear. But the
- 20 questions that were raised are well, you know,
- 21 what about turkey hot dogs?
- 22 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.
- 9 So it's possible that as a result,
- 10 the fruit and vegetable messages are more
- 11 often transmitted and more often discussed.
- 12 For example, in nutrition education, the
- 13 primary topic in most of the nutrition
- 14 education in schools is fruits and vegetables.
- 15 So it is possible because of that clarity that
- 16 that is one of the reasons. I'm sure it is
- 17 not the only reason. But that is possibly one
- 18 of them.
- 19 And another situation, I did many
- 20 focus groups with WIC mothers a few years back
- 21 and found that through hundreds of pages of
- 22 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.
- 5 And I don't know how much of that
- 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.
- 11 So another concern is the
- 12 complexity of the messages. We hear that
- 13 especially with nutrition education they
- 14 cannot seem to figure out how to take the
- 15 Guidelines or the pyramid into nutrition
- 16 education. It's complicated. You need a
- 17 computer for the pyramid. Five-a-day was just
- 18 simple and useful.
- 19 But the last one I think is
- 20 particularly interesting. A national set of
- 21 benchmarks and standards would be helpful in
- 22 developing nutrition curriculum. And I'm

- 1 going to come back to that one again a little
- 2 bit later.
- 3 But people are really calling for
- 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.
- 13 Another one, concepts regarding
- 14 the Dietary Guidelines include too much focus
- 15 on nutrients. So that one came out over and
- 16 over again. We eat foods and you talk about
- 17 nutrients. And clearly that's not completely
- 18 fair because foods are a very big part of the
- 19 Guidelines as well.
- 20 But take, for example, the effort
- 21 required by school personnel to decide on and
- 22 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?
- Now this is a brief summary of
- 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
- 22 of sweetening.

1 So completely different guidelines

- 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
- 8 schools as competitive foods.
- 9 And which do you think -- the
- 10 beverages or the foods, when we've been out
- 11 surveying, are the most compliant to that
- 12 legislation? In 2007, we were supposed to
- 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
- 16 was much more likely that the beverages would
- 17 be compliant than the foods. Now there are a
- 18 lot of reasons.
- 19 There are more foods than there
- 20 are beverages, you know, more choices out
- 21 there. But one of them could have been it is
- 22 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 Now look at this list. These are
- 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?
- 13 And remember that was the fat
- 14 limits, that was the sugar limits. All of
- 15 them might be compliant, yes. Well, in fact,
- 16 it is even worse than that. Exactly half of
- 17 them are adherent, the yellow ones are
- 18 adherent and the red ones aren't.
- 19 And it behooves us to look and see
- 20 -- I mean say you are a school food service
- 21 director and you are out there and you have to
- 22 decide between Nature Valley strawberry yogurt

- 1 granola bar and Nature Valley crunchy oats and
- 2 honey granola bar. No way.
- 3 So they're out -- these are in the
- 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.
- 9 So this is really difficult for
- 10 schools to get to the place -- and they are
- 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.
- 16 So also on too much focus on
- 17 nutrients, I wanted to share with you a quote
- 18 that I got from a school food service director
- 19 who is a dietitian in one of our large school
- 20 districts in California. She said, "As a food
- 21 service director, we now serve foods that
- 22 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."
- 9 "When food is not satisfying to
- 10 one's palette, the consumer is left wanting.
- 11 First we took out the fat, compensated with
- 12 more sugar. People considered the result to
- 13 be diet food and ate more resulting in an
- 14 equal or greater caloric intake. Next we got
- 15 excited about the sugars and made sugar the
- 16 villain, then trans fats, and now sodium."
- 17 So this is pretty difficult to
- 18 take. But she, being a dietitian, she said
- 19 ''I am part of this problem.'' But I'd like
- 20 you to share it with the Committee.
- 21 "We've become so nutrient focused
- 22 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.
- 15 So their concerns about the
- 16 Dietary Guidelines include a fourth issue.
- 17 And that's the use of discretionary calories.
- 18 And this one is quite different from the
- 19 other three because this was something that
- 20 was, you know, included in the Dietary
- 21 Guidelines last time that those working in the
- 22 community really love.

- 1 So this is such a positive thing.
- 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.
- 6 So this came out -- several people
- 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
- 12 explain that to the public and use examples.
- 13 The problem is trying to use the
- 14 examples. I've been using this example in a
- 15 class that I teach in community nutrition.
- 16 And I'm not sure. I've actually vetted with
- 17 somebody on the Dietary Guidelines Committee
- 18 last year. I vetted it with somebody at USDA.
- 19 And each one had slightly different opinions
- 20 of exactly how you calculate.
- I mean should I be doing extra
- 22 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?
- I mean, so I put this in here
- 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.
- 10 And one of our advocate groups,
- 11 the California Food Policy Advocates said we
- 12 are using it, we're trying to understand it,
- it is really working, and tell the Committee
- 14 that we would love to have a better, you know,
- 15 translation of this concept.
- 16 So question number two that I was
- 17 asked to answer. Have school wellness
- 18 policies utilized information from the Dietary
- 19 Guidelines? We're working -- a study we have
- 20 is Team Nutrition Local Wellness
- 21 Demonstration Project with the Department of
- 22 Education and two other states, Iowa and

- 1 Pennsylvania.
- 2 And so I'm going to just summarize
- 3 briefly and say absolutely. This is really a
- 4 phenomenal way to get the Dietary Guidelines
- 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
- 10 putting out information that people at the
- 11 community level are talking about now.
- 12 So there are four summary points
- 13 here that the school wellness policy requires
- 14 schools to set goals for nutrition education.
- 15 So while many mention the Dietary Guidelines
- 16 or MyPyramid, interview data suggests that
- 17 they are having difficulty using that
- 18 information in nutrition education. But it is
- in their wellness policy so they are trying to
- 20 make that leap and translate it.
- Number two, they are using it,
- 22 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.
- 5 And then the fourth point, many
- 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
- 10 putting it into their own wellness policies.
- 11 And what that means is they will
- 12 then have to, and they will begin to really
- 13 work on, you know, translating that into
- 14 practice. But they do use policies. You can
- 15 see that they actually are using the language
- 16 that is similar in many, many of the
- 17 districts.
- 18 So while not a representative
- 19 sample, we are measuring and looking at 31
- 20 school districts in this Team Nutrition Local
- 21 Wellness Demonstration Project. And 30 of
- 22 them mention the Dietary Guidelines either

- 1 explicitly for education or competitive
- 2 schools or at least referenced it.
- 3 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.
- So it does show that this is a
- 13 real opportunity to get the information out
- 14 there and to be discussed. And I will -- I
- won't go over all these examples, but I'll
- 16 tell you that the wording is all over the map.
- 17 We just gave you some examples here of the
- 18 different kinds of wording that is in the
- 19 Wellness Policy.
- 20 The first one is very general
- 21 wording. The second one has some daily
- 22 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.
- 6 And then the next one talks about
- 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.
- 13 And then the last one down here is
- 14 an example of another policy where nutritional
- 15 integrity is the level of performance that
- 16 assures that school-sponsored foods meet
- 17 recommended dietary allowances and dietary
- 18 quidelines.
- 19 So you can see it is all over the
- 20 map. But there are definitely patterns in
- 21 schools where certain language is picked up by
- 22 different states, and many of the schools

- 1 within that state will have the same type of
- 2 language.
- 3 So a real opportunity with those
- 4 wellness policies. And we'll have a
- 5 conclusion to that study pretty soon. And
- 6 we'll have more information on it.
- 7 Question three, how can government
- 8 nutrition guidelines convey usable information
- 9 applicable to the school and community
- 10 settings? For example, how is the pyramid
- 11 being used? Has it been adapted? Or have
- 12 alternatives been developed by community
- 13 groups?
- 14 Well, we hear a lot about the
- 15 Guidelines and pyramid when we're talking to
- 16 our community partners. And I wanted to help
- 17 you focus here on the third one. The pyramid
- 18 is not helpful on a social marketing level.
- 19 So that was one of the messages that came out
- 20 that was very important, I felt.
- 21 And down here, it is reiterated in
- 22 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.
- 5 So alternatively, many, many
- 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
- 12 Expanded Food Nutrition Education Program as
- 13 well as Food Stamp Education Program. The
- 14 staff just love it, and the clients love it.
- 15 And an article is coming out on the use of
- 16 this plate curriculum.
- 17 The Coalition of Food Banks in
- 18 California like the plate so much but they
- 19 wanted to add foods, pictures of foods, words
- 20 about foods. And you can see that this one
- 21 was adapted for Asian foods so they still like
- 22 the symbolism of the plate and they use it in

- 1 their, you know, their education with the food
- 2 bank recipients.
- 3 This is another one that is being
- 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.
- 10 But I want to point out the
- 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.
- 17 And I must say, years ago when I
- 18 first saw the plate, I was working with the
- 19 Growth and Health Study where we were working
- 20 with adolescent African-American girls, and I
- 21 found that it was sort of irrelevant to the
- 22 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 And now I've come full circle
- 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.
- 15 And they just pulled apart each
- 16 package. And that was the meal. So you can
- imagine how surprised we all were that you
- 18 can, you know, go and buy packages and create
- 19 a meal from these packages. So lots of
- 20 interest in this area.
- 21 Okay, so question four, so drawing
- 22 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.
- 10 Because what I've been learning
- 11 from working with these community partners is
- 12 that if we don't provide that very specific
- 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.
- 22 Seven say they have low calories,

- 1 19 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.
- 13 Another example of a healthy food
- 14 definition, I thought this was so original. I
- 15 was speaking to an elementary school teacher
- 16 in Oregon who wanted her students to bring a
- 17 healthy snack every Friday. She said but how
- 18 do I know what a healthy snack is? I mean I
- 19 could tell them just to bring a fruit and
- 20 vegetable because that one I understand. But
- 21 I wanted to broaden it to a healthy snack.
- 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."
- 9 So it's a very practical way to do
- 10 it. It doesn't hit the fat issue at all. But
- 11 it definitely worked for her. And she said
- 12 the snacks have been pretty good.
- So another example was -- this was
- 14 in the newspaper. After voting to introduce
- 15 increased lunch prices next year in Kentucky,
- 16 a school board member said you can cut lots of
- 17 costs in a food service program by getting
- 18 prepackaged foods and stuff that is not
- 19 healthy out.
- 20 So this is somebody who has
- 21 decided that it is more the packaging. The
- 22 foods that come in packages are less healthy.

- 1 So different definition.
- 2 And this is a school nutrition
- 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.
- 6 So you can look at this in any
- 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.
- 14 And then to get -- to reduce
- 15 donations of the least healthy. So they said
- 16 we can encourage fruits and vegetables.
- 17 That's the green. And we can discourage sodas
- 18 and candy. We can sort of understand that.
- 19 But all the foods in the middle,
- 20 they have no idea where to -- you know, many,
- 21 many discussions -- I mean this is just an
- 22 enormous problem for somebody working in the

- 1 community.
- We can do the red part a little
- 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.
- 9 So all suggested we want help
- 10 defining healthy foods. Can you use colors?
- 11 Can you use checkmarks? And can you even use
- 12 a system like we rate restaurants with A for
- 13 best choice, B for okay, C for worst choice?
- 14 We need prompts to change
- 15 behaviors. And we need guidelines that will
- 16 actually guide dietary practice.
- 17 This is Armando Valdez, who works
- 18 with the Latino population in California. And
- 19 he said, "We really need help on how to guide
- 20 those choices."
- 21 And, finally, the last one is near
- 22 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."
- 5 I love that. So -- and he ended
- 6 by saying, "If schools are serving 30 million
- 7 students per day and meeting regulations
- 8 crafted from the Guidelines, how can only two
- 9 percent of the children be meeting it?"
- 10 Somebody had better research and
- 11 figure out exactly what is happening? You
- 12 know why do we have such a disconnect here.
- 13 So I thought that was a very interesting quote
- 14 to end with.
- 15 So thank you again for the
- 16 opportunity to come and share some of the
- 17 voices from the schools and communities. I
- 18 know they appreciate your interest in what
- 19 they're doing and the problems that they are
- 20 having. And really look forward to the new
- 21 Guidelines.
- 22 CHAIR VAN HORN: Thank you so

- 1 much, Pat.
- 2 And in the interest of time, we're
- 3 just going to take maybe one or two questions
- 4 now. But then open after Mike gives his
- 5 presentation, to see if we have further
- 6 questions.
- 7 Tom?
- 8 MEMBER PEARSON: The whole field
- 9 of guideline development obviously has
- 10 evolved over the years. Certainly we have
- 11 been provided descriptors of the strength of
- 12 evidence supporting recommendations.
- 13 You've provided a number of models
- 14 here. Your healthy plate, the Local Wellness
- 15 Policy, et cetera. How many of those have
- 16 really been subjected to rigorous randomized
- 17 evaluations so that we can, in fact,
- 18 generalize them beyond California or wherever?
- 19 Because what we've been doing for
- 20 30 or 40 years is anecdotal discussion of
- 21 things that look nice for which there is no
- 22 evidence to say they are worth our time and

- 1 effort.
- DR. CRAWFORD: No, I think that
- 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.
- 9 CHAIR VAN HORN: Chris, go ahead.
- 10 MEMBER WILLIAMS: I think it is
- 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
- 15 healthy.
- I recall a little boy whose mother
- 17 had just gone apple picking. And every day
- 18 for five days he got an apple. And finally on
- 19 the fifth day, he said, "Mom, do you think
- 20 just one time I could have something that is
- 21 not healthy?"
- 22 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.
- DR. CRAWFORD: And that's what
- 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.
- 16 They said we can take that message
- 17 to the community. But nobody is willing to go
- 18 out there and say well, which foods fit on
- 19 that first level? And on that second level?
- 20 So you are right on target.
- 21 CHAIR VAN HORN: Thank you again,
- 22 Pat. That was excellent.

1 We're going to move right along to

- 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.
- 11 At MSU, he is co-founder of the
- 12 C.S. Mott Group for Sustainable Food Systems,
- which engages communities in applied research
- 14 and outreach to promote sustainable food
- 15 systems.
- 16 Dr. Hamm's active research areas
- 17 include community food security and
- 18 sustainable food systems.
- 19 Thank you so much for coming.
- DR. HAMM: Well, thank you so much
- 21 for having me. I really appreciate it. And
- 22 I'm honored to be here.

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1 You can tell there have been a lot
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- 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.
- 5 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.
- 10 And one of the things -- one of
- 11 the questions -- I was asked to address four
- 12 questions. And I'll just kind of take them
- 13 more or less in order. And one of the
- 14 questions was does sustainability of our food
- 15 supply relate to the Dietary Guidelines?
- 16 And I'd like to just think a
- 17 little bit about fruits and vegetables for a
- 18 second because that's one where it is pretty
- 19 clear that Americans, on average, eat far less
- 20 than they should. And I'd like to just run a
- 21 scenario by you which is tomorrow morning, 300
- 22 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.
- 5 Three things would happen. The
- 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.
- 10 The second thing that would happen
- 11 is that every dietitian in the country would
- 12 faint.
- 13 (Laughter.)
- 14 DR. HAMM: And the third thing
- 15 that would happen is that we'd find out we are
- 16 13 million acres short of production.
- 17 So the reality is is that -- and
- 18 this is ERS data actually that came out soon
- 19 after the 2005 Dietary Guidelines were brought
- 20 out. And so what we know is that there is a
- 21 disconnect in reality between our agricultural
- 22 production and our Dietary Guidelines for a

- 1 healthy diet.
- 2 So 13 million acres, just to give
- 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.
- Now if we step back from that for
- 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?
- 14 Well, one thing to keep track of
- 15 is is that it is not a static issue and it is
- 16 a consistently moving target. This is a
- 17 graphic out of the American Farmland Trust.
- 18 All those areas in red on the map of the
- 19 United States are areas of highly productive
- 20 farmland and under high threat of development.
- 21 Now that map came out prior to the
- 22 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.
- We can anticipate, though, as the
- 5 economy recovers that those pressures are
- 6 going to be back on to a large extent.
- 7 In fact, they estimate that right
- 8 now 86 percent of the fruits and vegetables
- 9 that are produced in this country are produced
- 10 in the path of development.
- 11 That is the land that they are
- 12 produced on is under threat of development, 86
- 13 percent. Sixty-three percent of our dairy is
- in the path of development.
- In other words, right now we under
- 16 produce what we need for a healthy diet by 13
- 17 to 14 million acres. And what we do produce
- 18 is in danger of not being there at some point
- 19 down the road.
- Now right now, we produce half of
- 21 our domestic fruits and vegetables in
- 22 California. And I would argue we need

- 1 California right now because we need that
- 2 production.
- 3 And what we also know is is that
- 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.
- 12 If climate change scenarios are
- 13 anything close to right, there is anticipation
- 14 that they could lose as much as 70 percent of
- 15 the snowpack runoff that services irrigation
- 16 for California agriculture.
- 17 That snowpack runoff in other
- 18 water supplies also services the population in
- 19 California, a population that tomographers say
- 20 may grow from 36 million to 50 million by
- 21 2050. Another 14 million people needs water,
- 22 needs land to live, needs land for roads to

- 1 move around, and needs land for businesses.
- 2 All of those things do two things.
- 3 They take land out of production. And they
- 4 take water out of production.
- 5 And so one of the things that we
- 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
- 10 now.
- 11 So what that means is from a
- 12 standpoint of ensuring a healthy food supply
- 13 now and into the future, we have to think not
- 14 just about where we're getting our food now
- 15 and what we may need to do to boost that
- 16 production but how are we going to think about
- 17 a sustainable food supply ten, 20, 30 years
- 18 down the road.
- 19 And I would argue that one of the
- 20 things we need to think about right now is how
- 21 do we go about preserving that production in
- 22 places that are highly productive right now.

- 1 And how do we think about redistributing
- 2 production across the country?
- If you go back to a census of
- 4 agriculture from the `30s or `40s, you would
- 5 find that just about any county in the United
- 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.
- But the reality is is that many,
- 13 many places in the country have the potential
- 14 to produce a much broader array of fruits and
- 15 vegetables, a much broader array of animal
- 16 products than they currently do. And in many
- 17 of the advocacy groups that I work with,
- 18 that's called local food systems.
- 19 In one vernacular, we can think of
- 20 that as national security. In another
- 21 vernacular, we can think of that as economic
- 22 development potential. There's all kinds of

- 1 ways we can think about it.
- 2 I think from our standpoint, the
- 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.
- 7 So that brings us to the next
- 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.
- 13 You can go out and get coffee
- 14 certified five different ways. You can go out
- 15 and get food that is organic and it is fair
- 16 trade and it is bird friendly and it is
- 17 environmental and there is animal welfare
- 18 characteristics. There's all kinds of
- 19 attributes that different consumers in the
- 20 marketplace are looking for.
- 21 And I'm not really concerned about
- 22 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.
- 9 In fact, it is what we think of as
- 10 a wicked problem. A wicked problem is a
- 11 problem for which there is not a solution.
- 12 There are improvements in the situation. It
- is a problem in which it is not a linear
- 14 science problem because human values, morals,
- 15 perspectives, culture, religion, all kinds of
- 16 human attributes and things that make up the
- 17 human community come into play. So there's
- 18 differences of opinion.
- 19 If I asked you all to define what
- 20 sustainability was, we'd come up with a whole
- 21 bunch of different answers to that question.
- 22 We'd start about the triple bottom line and go

- 1 through all kinds of scenarios about what
- 2 sustainable is.
- And so to a large extent, I don't
- 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.
- 12 I think it would look locally
- 13 integrated. I think we have to re-disperse
- 14 our food production across the landscape of
- 15 the United States. I think we need to do that
- 16 and I think we need to do it fairly quickly.
- 17 I think it would be community
- 18 based and I'll talk about that in a second
- 19 with respect to economic development. I think
- 20 there are ways to use the food system and the
- 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 I think we would try to have food-
- 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.
- 9 I do a lot of work in Detroit
- 10 which has a very high unemployment rate. And
- 11 I look at the upper part of the Lower
- 12 Peninsula in Michigan which has actually the
- 13 highest unemployment rate in the state at 18
- 14 percent.
- 15 You know our state has an official
- 16 unemployment rate of 13 percent. That's very
- 17 high. And it's not going to get any better in
- 18 the near future.
- 19 I think it is an -- we would see
- 20 it as an opportunity to connect to other
- 21 issues, which I'll talk about more directly in
- 22 just a second.

- 1 I think it would focus on health
- 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.
- 10 So many people -- I know the
- 11 Oxford Dictionary in 2008 declared localvore
- 12 the word of the year which is kind of
- interesting in many ways and kind of fun. And
- 14 also unknowable in terms of what that word
- 15 really means.
- 16 For many people in the local food
- 17 movement, their idea of local is is that
- 18 everything should come from local sources. If
- 19 it is coming from a global source, it's
- 20 probably bad. If it is coming from across the
- 21 country, it's probably bad. And I actually
- 22 don't think that is true whatsoever.

- 1 I think for a whole lot of
- 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.
- 10 But we also want to get stuff from
- 11 regional, from national, and from global
- 12 sources. The issue, I think, and where I sit
- 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.
- 18 And so the trick is how do we
- 19 rebalance the portfolio of where our food
- 20 comes from and use that in such a way that we
- 21 can, in fact, improve the healthfulness of the
- 22 food supply?

- 1 Now, I live in Michigan. I was in
- 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.
- 6 You know we have about a six-month
- 7 growing season at best. And so the question
- 8 is is okay, this whole local stuff, are there
- 9 ways from a production standpoint, in fact, to
- 10 generate fresh fruits and vegetables in a time
- 11 of year when we really shouldn't be doing that
- 12 because there is that on the ground.
- 13 Well, and the answer to that is --
- 14 and can you do it sustainably? And the answer
- 15 to that is probably yes. What you are seeing
- 16 there is -- would probably -- you would say
- 17 that's a greenhouse. But the reality is is
- 18 that greenhouse has no fossil fuel energy
- 19 being used for heat. Any heat that is in
- 20 there has come from the sun and it's stored
- 21 heat down in the ground.
- 22 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.
- 5 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.
- 12 So this picture is actually taken
- 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.
- 20 So we can do that. So the point
- 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.
- Now here's the one that is a big
- 3 one for some people and that I was asked to
- 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 I've seen a lot of literature that
- 9 says the ten reasons to buy local. And one of
- 10 them is always because it is more nutritious.
- 11 I can construct scenarios for you in which
- 12 local is more nutritious or less nutritious.
- 13 It all depends on how that crop is handled
- 14 from the moment it is harvested until the
- 15 moment it goes in your mouth.
- 16 So post-harvest management, as you
- 17 all know, once you harvest a crop, it starts
- 18 to die. And cellular senescence is the thing
- 19 that destroys fruits and vegetables. And so
- 20 how you manage that post harvest is critically
- 21 important. Okay?
- 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.
- 10 So I actually think that's kind of
- 11 a red herring of an issue in local versus
- 12 distant food. There's other things that
- 13 probably aren't. But I think that is one that
- 14 is.
- Okay, the big one. Because,
- 16 again, I'm in Michigan and the only reason
- 17 that's relevant I think here is because we
- 18 went into the economic recession before
- 19 anybody else did.
- 20 And if I were a betting man, I'd
- 21 say we'll come out of it after everybody else
- 22 does because Michigan really did run for 100

- 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 So what that means is is can we
- 12 think about -- and the other point to make
- 13 there is that in Michigan, as it is across the
- 14 country right now, if you're not having a
- 15 conversation about economic development, there
- 16 really is no conversation. That is the
- 17 conversation.
- 18 And so the question is is can we
- 19 think about this relationship of 14 million
- 20 acres needed in more production, which, if you
- 21 take us as three percent of the population,
- 22 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
- 10 state economy if we could bridge that gap?
- 11 And we did it in a way in which we
- 12 said okay, let's assume -- you know, when you
- 13 run models, you make whatever assumptions you
- 14 want, you just have to justify them -- so our
- 15 assumption was was that people didn't
- 16 drastically change their diets. They just ate
- 17 more of everything they are currently eating:
- 18 more apples, more oranges, more bananas, et
- 19 cetera, et cetera.
- 20 And we threw out the things that
- 21 we don't grow in Michigan: apples, oranges, et
- 22 cetera. And then we took the things that we

- 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 So we get about a month of
- 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.
- We said let's take that small
- 14 piece, which is about 15 percent of the total
- 15 bump in need that there is, and say what would
- it mean to the economy if we actually produced
- 17 that in Michigan and ate that in Michigan with
- 18 ten million people.
- 19 And what it means is is that we'd
- 20 need to produce about 37,000 more acres of
- 21 produce in the state of Michigan to get that
- 22 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.
- 7 So the reality is by just bridging
- 8 about 15 percent of that public health gap, we
- 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.
- So in other words, we can -- we
- 14 firmly believe, and this is actually getting
- 15 some traction in the state, we can firmly link
- 16 increasing public health with local production
- 17 for local consumption with economic
- 18 development and job creation. And it is not
- 19 just job creation. It's all small business
- 20 creation because those farms that are
- 21 producing that are either small- or medium-
- 22 scale farms. And those are each businesses

- 1 that we desperately need in the state.
- Now we can then think about taking
- 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.
- 8 With these kinds of devices right
- 9 here, with those high tunnels, we can, for
- 10 example, normally where I live in Michigan,
- 11 we'll start getting field-grown tomatoes
- 12 sometimes after the 4th of July. And we'll
- 13 quit getting them sometime between October 3rd
- 14 and 10th when the first hard frost comes in.
- With these high tunnels, we can
- 16 start tomato plants in there right now and
- 17 start getting tomatoes in early June. And we
- 18 can keep getting tomatoes until early to mid-
- 19 November. So we add about two months to the
- 20 fresh market for tomato season.
- 21 We can produce lettuce greens. We
- 22 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.
- 7 Each of those are farmers markets.
- 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
- 13 under which people can get stuff fresh. And
- 14 early and late in the season can we expand the
- 15 diversity that is in the marketplace?
- 16 So we know that we can do the
- 17 production and the farmers are doing that.
- 18 The question is is if you grow it, will they
- 19 come? Will there be demand for it?
- 20 So David Conner in our group, who
- 21 leads this work, has gone out and surveyed
- 22 consumers at these farmers markets. And said

- 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.
- 7 He said well, if there were these
- 8 high tunnels all over the place and there was
- 9 a lot of product coming in, when would you be
- 10 willing to come? And they said well, we'd
- 11 come a lot earlier.
- 12 He said well, what is the latest
- 13 you come right now? Well, September, sometime
- 14 between September and December depending.
- What's the latest you would come,
- 16 again if there was product available? Much
- 17 later.
- 18 So we actually think that there is
- 19 an opportunity there to think about linking up
- 20 this extension of production in a sustainable
- 21 way with a market, okay.
- 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?
- 9 Well, of course, one of the
- 10 problems when we went away from paper food
- 11 stamps to electronic is the use of food stamps
- 12 at farmers markets collapsed overnight long
- 13 ago and now that is starting to come back.
- 14 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.
- 19 That still doesn't necessarily
- 20 allow for adequate resources to purchase what
- 21 people would like to purchase at those farmers
- 22 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.
- 6 For example, in Detroit, there's
- 7 something like a thousand places to purchase
- 8 food to take home inside the city of Detroit;
- 9 92 percent of those are liquor stores, filling
- 10 stations, and 7-11-type stores. There are
- 11 only 80 -- something like 80 corner grocery
- 12 stores, corner full-service grocery stores in
- 13 the city of Detroit and none of those are
- 14 supermarkets. There's not one supermarket in
- 15 the city of Detroit, okay?
- 16 So, the idea then with using youth
- 17 and youth farm stands and giving them some
- 18 entrepreneurial training so we start to break
- 19 this cycle of thinking that I can go from high
- 20 school to a lifelong union job that gives me
- 21 great wages and great benefits and retire,
- 22 which is now broken in Michigan, we need to

- 1 think of other things.
- 2 So we train youth in how to sell
- 3 produce. And then they get produce from
- 4 farmers and sell it in the community.
- 5 There's now a thing called the
- 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.
- 13 If you check at many farmers
- 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.
- 18 And then you need to link that to
- 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.
- Then you've got to ask yourself,
- 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?
- Well, there's a program that
- 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.
- So if somebody spends five dollars
- of a SNAP card, they actually get ten dollars
- 15 worth of produce. And the farmer is paid out
- of that philanthropic pool of money to help to
- 17 make up the difference so the farmer is not
- 18 the one that is not out in doing that. And so
- 19 that's going on right now.
- 20 And finally, and one of the big
- 21 issues here is in all of this, who is going to
- 22 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 To the extent that it is not
- 9 broken, there are kids going back. At MSU, I
- 10 just lectured yesterday in a class on crop and
- 11 soil science and about half those kids are
- 12 going back to their farm. But these are
- 13 three, four, five, six thousand-acre corn,
- 14 wheat, and soybean farms for the most part.
- 15 And so figuring out, in fact,
- 16 strategies for creating the next generation of
- 17 farmers is there, and there are things going
- 18 on in Michigan at Michigan State and in other
- 19 parts of the state. And there are things
- 20 going on in other places to recognize that we
- 21 have a large pool of immigrants that are in
- 22 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.
- 9 The second group is we have a lot
- 10 of kids in colleges and universities very
- 11 interested in the environment. And they are
- 12 translating that interest into an interest in
- 13 farming.
- 14 It is primarily organic farming
- 15 because it comes from an interest in the
- 16 environment and everybody thinks that is more
- 17 environment. That's another discussion.
- 18 But I found at Rutgers we started
- 19 a student organic farm there and we never had
- anybody with a farming background come there.
- 21 They were all interested in organic. And my
- 22 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.
- 5 And so what these young people
- 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.
- 12 And the third group is there are
- 13 some young people that live on farms today
- 14 that want to go into farming. And so there
- are some programs out there with FFA and with
- 16 some other things that are engaging these
- 17 young people in looking at other things they
- 18 can do besides growing corn, wheat, and
- 19 soybeans. And that's, again, another
- 20 discussion.
- 21 So my point is is that there are
- 22 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 So in summary, and I'll end, is I
- 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
- 12 an opportunity with respect to the Dietary
- 13 Guidelines and can help achieve America's
- 14 goals in this regard.
- 15 And on that note, I will quit.
- 16 And say thank you.
- 17 CHAIR VAN HORN: Excellent.
- Can we jump into questions, Mike?
- 19 Yes, Rafael?
- 20 MEMBER PEREZ-ESCAMILLA: Thanks,
- 21 Mike, for what I think is a very important
- 22 presentation.

1 I think that the idea of free

- 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.
- 9 Can you illuminate us a little bit
- 10 as to why, in spite of having that model in
- 11 place, we should be worried about local food
- 12 production?
- DR. HAMM: Well, I don't know if I
- 14 can illuminate but I'll answer the question --
- 15 I'm not sure I'll illuminate.
- 16 Here's one thing to keep in mind -
- 17 and, again, I think that we can't just think
- 18 about where we are right now but think about
- 19 what are likely scenarios down the road over
- 20 the next ten, 20, 30 years? And recognize
- 21 that we could be wrong about those scenarios.
- 22 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.
- 11 And so the probability is is that
- 12 places where we're sourcing a lot of that
- 13 fresh produce from now are going to experience
- 14 an increase in extreme events of climate, are
- 15 going to experience an increase in drought
- 16 events, and finally, those places are also
- 17 seeing an increase in population. And they
- 18 need a food supply for their own population,
- 19 too.
- 20 So, again, I'm not opposed to
- 21 global trade. I think it is an important
- 22 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.
- 3 And I think the only way we're
- 4 going to be able to ensure a domestic food
- 5 supply down the road is to spread it back out
- 6 across the countryside.
- 7 MEMBER PEARSON: As I've
- 8 disclosed, I may be the only farmer on this
- 9 board. But I'll tell you, Concord grapes in
- 10 upstate New York, a ton is 160 dollars, and
- 11 that's not the production costs.
- DR. HAMM: Right.
- 13 MEMBER PEARSON: And one of the
- 14 reasons it's 160 dollars a ton is is that a
- 15 converted oil tanker from Asia will pull up
- 16 with -- loaded with grape juice, and basically
- 17 undercut the entire market. So I don't think
- 18 you can have it both ways.
- 19 We make beautiful table and juice
- 20 grapes, and most of my farmer friends are
- 21 basically converting to wine grapes. I think
- 22 we've got probably enough wine in this country

- 1 -- my own view -- and it doesn't necessarily
- 2 fit into the Guidelines perfectly.
- 3 But certainly the fruit would.
- 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.
- B DR. HAMM: Right.
- 9 MEMBER PEARSON: And so I think
- 10 the Dietary Guidelines does have a role in
- 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
- 15 can't go ahead and continue to produce fresh
- 16 fruits and vegetables in the State of New
- 17 York.
- DR. HAMM: Was that just a
- 19 comment, or would you like a response, as
- 20 well?
- 21 MEMBER PEARSON: Well, I was just
- 22 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.
- 7 DR. HAMM: In some products,
- 8 that's true. And Michigan experienced the
- 9 same thing with apple juice. About seven
- 10 years ago, Chinese concentrates started coming
- in, and it killed about half of Michigan's
- 12 apple market overnight.
- 13 And now they're in the middle of
- 14 transitioning to a fresh market apple, which
- of course is a different tree, and so it takes
- 16 time to do that.
- 17 That said, one example that I can
- 18 give you is is that out of the last farm bill,
- 19 there was a rule -- there's been a ruling put
- 20 out by USDA that it is not -- I don't want to
- 21 use the word, illegal, but let's just say it's
- 22 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
- on it. Everything had to be competitively
- 13 bid, with no preferencing.
- 14 We got two bills passed in the
- 15 Michigan legislature last session that raised
- 16 the Michigan threshold to the federal
- 17 threshold. So the state's not a barrier.
- 18 And now we're working with --
- 19 we've got a state farm-to-school coordinator
- 20 in my group. And she's working with school
- 21 districts across the state with food service
- 22 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.
- 14 So I think that there are -- we
- 15 have some leeway inside the federal
- 16 regulations right now to start doing some of
- 17 this. And I think we're going to end up
- 18 having to go further, and I think we are going
- 19 to end up having to make a decision of whether
- 20 we think that a healthy diet is, in fact,
- 21 something that we, as a population and as a
- 22 citizenry, think that everybody in our country

- 1 should have access to. And that's a whole
- 2 other discussion.
- 3 But I think there are ways right
- 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.
- 10 CHAIR VAN HORN: Excellent points.
- 11 We have really got to move ahead, I'm afraid.
- DR. HAMM: Yes.
- 13 CHAIR VAN HORN: But thank you so
- 14 much for your presentation, and I'm sure we
- 15 can talk a little bit later, as well.
- 16 At this point, we'd like to move
- 17 forward with our first of the seven
- 18 subcommittee updates. And first on the agenda
- 19 is Food Safety and Technology, which is
- 20 chaired by Roger Clemens.
- 21 MEMBER CLEMENS: I'm from
- 22 California. Where water flows, food grows.

- 1 Thank you very much for your
- 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.
- 7 It's our fortune to talk about
- 8 food safety -- I actually had some food safety
- 9 questions for Mike, but they'll have to wait
- 10 until on sidebar, I'm afraid.
- 11 Our group has been working
- 12 together, Rafael, with the excellent support
- 13 by USDA and DHHS, wonderful staff. Thank you
- 14 so much for your tremendous work and support
- 15 to bring this to where we are today.
- Right now, a number of issues in
- 17 terms of behavior we'll want to address. We
- 18 also want to address a very hot topic in the
- 19 news in methylmercury in terms of fish
- 20 consumption. This will be in part a
- 21 collaborative effort with Dr. Pearson's team
- 22 with Fatty Acids to look at food consumption,

- 1 and fish consumption in particular, and the
- 2 impact of methylmercury on other outcomes.
- And lastly, we want to look at the
- 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 MEMBER PEREZ-ESCAMILLA: Thank
- 9 you, Roger, very much.
- 10 What we're going to do is to give
- 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.
- 15 First of all, what you see on this
- 16 slide are four questions for which we have
- 17 already developed PICO charts, and for which
- 18 the lit review has begun, especially those
- 19 labeled as priority level one, it means that
- 20 the work is currently underway, and those
- 21 questions labeled as priority level two, what
- 22 it means is that we are in the process, or at

- 1 the early stage of the review, the lit review
- 2 process.
- 3 The first set of questions is
- 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.
- 12 First of all, with regards to in-
- 13 home food safety behaviors, we are documenting
- 14 and going very systematically through the
- 15 literature on describing what actually USA
- 16 consumers are doing at home in terms of food
- 17 storage, food preparation, handling, hand-
- 18 washing, which as we know has become a major
- 19 thing in the news lately, and also on washing
- 20 and cleaning techniques for the food
- 21 preparation utensils, equipment, food surface
- 22 preparation areas and so on, as well as on the

- 1 washing and cleaning techniques for different
- 2 foods that are prepared at home.
- 3 The second set of sub-questions
- 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.
- 10 So it's not only documenting what
- 11 people are doing, but does it matter. Is
- 12 there scientific evidence to make
- 13 recommendations to the public at large as the
- 14 best way to store foods, prepare foods, wash
- 15 their hands, wash and sanitize their kitchens
- 16 and the foods that they consume.
- We have developed the search and
- 18 sort plans, and we have made a strategic
- 19 decision, at least for now, that with regards
- 20 to describing the actual behaviors -- not only
- 21 behaviors, but also knowledge and attitudes,
- 22 we will concentrate mostly on studies done in

- 1 the U.S., because it is the main target
- 2 population for the Guidelines.
- 3 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.
- We are not including in our search
- 13 the literature related to food safety issues
- 14 in the health care clinical settings, or
- 15 concentrating on specific food safety issues
- 16 surrounding a clinical condition, such as
- 17 renal disease, because the Guidelines are
- 18 supposed to target the healthy American
- 19 population over two years of age.
- 20 So with regards to in-home food
- 21 safety behaviors, the conclusion statements
- 22 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.
- 5 And I must say that the staff has
- 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.
- 11 So in terms of the Federal
- 12 Consumer Food Safety Survey data, it comes
- 13 mostly from the Food and Drug Administration
- 14 and Food Safety and Inspection Service.
- 15 And the survey, which is based on
- 16 a nationally representative sample, is applied
- over the phone, was initiated in 1988, and the
- 18 latest data available is for 2006. The next
- 19 survey is planned for 2009.
- So we do have an opportunity to
- 21 look at circular trends as to how food safety
- 22 attitudes, knowledge, and behaviors have been

- 1 changing in the U.S. since the last Dietary
- 2 Guidelines were issued.
- And we have received a lot of
- 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
- 10 to break down these results by socioeconomic,
- 11 demographic, and other type of characteristics
- 12 of the population.
- 13 So the first question that we're
- 14 concentrating on related to what consumers are
- 15 actually doing at home, we will have a good
- 16 snapshot as to what is happening at the
- 17 country level by different ethnic groups,
- 18 socioeconomic groups, and so on based on these
- 19 data from the CFSAN and the FDA.
- 20 The NEL literature review is
- 21 proceeding very well, I would say, and there
- 22 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.
- 9 In terms of next steps, we will
- 10 conduct additional literature searches and get
- 11 the sort list approval for in-home consumer
- 12 behaviors related to hand-washing and the
- 13 washing and sanitation of food preparation
- 14 areas, food preparation utensils, and washing
- 15 and cleaning of foods at home. And also with
- 16 regards to the influence of several of these
- 17 techniques or behaviors on food safety
- 18 outcomes.
- 19 In terms of the federal programs
- 20 that are very key for understanding food
- 21 safety recommendations in the country, we know
- 22 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.
- 6 And the 2005 Committee also looked
- 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.
- 11 The FightBAC!(c) campaign, for
- 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
- 15 1997.
- 16 And the scientific evidence behind
- 17 it is basically the application of the HACCP
- 18 principles -- HACCP stands for Hazards
- 19 Analysis and Critical Control Points, that
- 20 came from the food industry, and how that was
- 21 translated into the home setting. That's the
- 22 origin of FightBAC!(c).

- 1 So the scientific evidence behind
- 2 it is fairly solid, and we anticipate that we
- 3 will continue endorsing that framework.
- 4 So a couple of federal agencies
- 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 we will concentrate on the
- 13 literature since 2004. And we may have to go
- 14 a little bit before then if we identify
- 15 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
- 19 our search with 2004, and try to explain to
- 20 the public, you know, what is the scientific
- 21 evidence for the program FightBAC!(c) and the
- 22 other recommendations that are made with

- 1 regards to food safety.
- 2 And very importantly, to identify
- 3 emerging issues related to food safety in the
- 4 -- according to the people that are running
- 5 those federal programs. And you will see that
- 6 we have identified some of them already.
- 7 There are a number of very useful
- 8 websites that you can check if you are more
- 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.
- 15 And a lot of interest because of
- 16 Listeria on more emphasis on teaching
- 17 consumers how they can check their
- 18 refrigerator temperature, and which are the
- ones, the temperatures that they should have
- 20 their refrigerators at.
- 21 So what are some of the emerging
- 22 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.
- 14 Consumption of raw foods related
- 15 to the whole foods movement is an issue that
- 16 was identified by several of these key
- 17 individuals as an area that needs more
- 18 attention from us. And recommendations for
- 19 time and temperature relationships for
- 20 different foods.
- 21 Again, the consumers do understand
- 22 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.
- 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.
- 9 So moving on from in-home food
- 10 safety behaviors, we have continued our work
- 11 on the benefit-risk analysis literature for
- 12 fish consumption. And as we know, the main
- 13 issue, the main concern is related to the
- 14 methylmercury levels in fish.
- 15 We have identified a number of
- 16 reports, some of them that have already been
- 17 published like the IOM Seafood Choices Report
- 18 published in 2007, that was devoted completely
- 19 to reviewing the literature, integrating the
- 20 literature, and making recommendations about
- 21 what people should do with regards to their
- 22 seafood choices, and what researchers should

- 1 be concentrated on based on information that
- 2 still needs to be sorted out.
- We also -- all of us know that the
- 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.
- 17 The two reports -- the IOM Report
- 18 and the FDA analysis are very much linked with
- 19 each other, because what the IOM Report did
- 20 was to endorse the 2004 recommendation or
- 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.
- 14 And the picture that is emerging
- 15 from reading these reports and having had
- 16 conversations with experts is that fish
- 17 consumption is, indeed, a healthy practice,
- 18 that it should be recommended, but that, at
- 19 the same time, the risk of methylmercury
- 20 contamination in fish is real, and the public
- 21 needs to be well informed, especially about
- 22 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.
- In the U.S., the level of fish
- 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.
- 10 So the main concern right now
- 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.
- 18 So this has really become an issue
- 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
- 22 is going to be the challenge for us as we

- 1 write this section of our Dietary Guidelines
- 2 Advisory Committee chapter.
- 3 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.
- 9 And to do an NEL literature review
- 10 on the benefit risk analysis of fish
- 11 consumption, but starting in 2006, because the
- 12 IOM Report has actually summarized all the
- 13 literature until then.
- 14 We believe it's very important for
- 15 us to better understand how to make more
- 16 available to the public at large data on fish
- 17 species specific methylmercury content, so
- 18 that people can actually decided by themselves
- 19 and understand what are the different
- 20 methylmercury levels in different fish.
- 21 And we also want to better
- 22 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 And now I will turn the
- 13 presentation to Roger, who will talk about new
- 14 food safety technology.
- 15 MEMBER CLEMENS: Thank you,
- 16 Rafael.
- 17 You should note, too, that it's
- 18 more, as Rafael spoke about methylmercury, is
- 19 more than just content of that in fish. We
- 20 want to be looking at some of the nutrients,
- 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 Thank you, Rafael, very much for
- 5 that insight.
- 6 We looked at the data on new
- 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.
- What we have learned, however, is
- 15 that we want to look more at this important
- 16 topic of food allergies. Clearly the topic of
- 17 food allergies has extended beyond the basic
- 18 eight.
- 19 Through the excellent work from
- 20 Kellie and her team, we've actually explored
- 21 some additional programs with a number of
- 22 agencies, one within CFSAN, and one under

- 1 NIAID here in Washington. One deals with food
- 2 allergy, food allergy labeling, food allergy
- 3 implications from the food allergy labeling of
- 4 2002.
- 5 We're exploring that in terms of
- 6 regulatory, and has it made a difference in
- 7 food selection in the home, as well as for
- 8 commercial entities.
- 9 We should note that there will be
- 10 a public hearing on this topic later this
- 11 year. Don't know if that's going to make it
- 12 for the Dietary Guidelines, though. It may be
- 13 just too late for us to consider. But we want
- 14 to keep our eyes open to see where that lands
- 15 for us, Linda.
- 16 It was really quite intriguing.
- 17 We're very pleased that Katie was able to give
- 18 us some additional information. So we're
- 19 working with the folks in CFSAN to see if
- 20 there's additional behavioral and choice
- 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.
- The work by Marshal Plaut, both at
- 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.
- 14 Under -- oh, this is the
- 15 development of the piece I just shared with
- 16 you. So we're excited that we will be working
- 17 with the agency to explore this in greater
- 18 detail. And part of the greater detail, we
- 19 want to do additional evidence-based review,
- 20 and thank you very much for, Donna Kellie, for
- 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.
- 10 So at the end of the day, we
- 11 looked to invite some folks from NIAID,
- 12 perhaps we'll get Mike or Marshall on board
- 13 with this at one of our subcommittee meetings,
- 14 certainly at one of our conference calls, to
- 15 include what's going on, and see what we
- 16 actually include in our recommendations for
- 17 the future.
- 18 We're really quite excited about
- 19 this -- really -- that agencies working
- 20 together for a common issue. It goes back to
- 21 our priorities here.
- 22 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.
- 11 Then we'll continue to explore
- 12 food technologies. The food technologies that
- 13 might be incorporated into the home at nominal
- 14 expense. And of course, we'll hit the very
- 15 popular topic of food allergies.
- 16 That's it for here.
- 17 Any questions?
- 18 Shelly?
- 19 MEMBER NICKOLS-RICHARDSON: This
- 20 is Shelly Nickols-Richardson. Related to the
- 21 in-home food safety behaviors, it does relate
- 22 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 So not just sort of the short
- 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.
- 11 But it is a concern. And even if
- 12 it's not something that can be addressed in
- the 2010 Guidelines, perhaps it's an emerging
- 14 issue for later.
- 15 MEMBER CLEMENS: Actually, we are
- 16 addressing that. Thank you for sharing that,
- 17 Shelly.
- 18 Rafael?
- 19 MEMBER PEREZ-ESCAMILLA: Yes, it's
- 20 in the PICO chart.
- 21 CHAIR VAN HORN: Tom, go ahead.
- 22 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.
- 11 You know, we have the U.S.
- 12 Preventive Services Task Force. We have a
- 13 variety of things that are very, you know,
- 14 evidence oriented now, and this is such an
- important area, this home food safety, that I
- 16 think it should be held to the same standards.
- 17 CHAIR VAN HORN: Larry? Oh, I'm
- 18 sorry.
- 19 MEMBER PEREZ-ESCAMILLA: The
- 20 answer is absolutely yes.
- 21 CHAIR VAN HORN: Larry?
- 22 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.
- 5 But I was wondering is, you know,
- 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
- 10 meat?
- I mean, so that you actually then
- 12 target, you know, your questions to the big
- 13 public health problems. I mean that's what we
- 14 do on these other committees. You know, like
- 15 what effects blood pressure? What effects
- 16 heart disease?
- 17 And I see a different sort of
- 18 structure here, sort of like topical rather
- 19 than top down where is the problem. So I just
- 20 -- is there some data that should guide us?
- 21 I'm just sort of curious.
- 22 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.
- 7 There are some attempts at trying
- 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.
- But we will -- if that literature
- 14 exists, if any evidence is out there, we will
- 15 find it.
- 16 MEMBER APPEL: Okay. Let me
- 17 follow up then. Maybe, you know, the preface
- 18 to each of these should be, how big is the
- 19 problem. So I was listening to your comments
- 20 about methylmercury, you know, so how big is
- 21 that problem, you know, so that we can sort of
- 22 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.
- 12 CHAIR VAN HORN: Cheryl?
- 13 MEMBER PEREZ-ESCAMILLA: And I
- 14 just want to follow up on that because, in
- 15 terms of the methylmercury issue, one big
- 16 concern in OB/GYNs telling pregnant women to
- 17 don't eat fish during pregnancy. Nobody has
- 18 ever made that recommendation. It seems that
- 19 the evidence will not support at all making
- 20 that recommendation.
- 21 So your point is very well taken
- 22 that we need to have a better estimate of --

- 1 within the context of the U.S., how big is the
- 2 problem, yes.
- 3 MEMBER ACHTERBERG: This is Cheryl
- 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
- 13 needed to look at the implications there.
- 14 And I don't know if you were aware
- 15 that your subcommittee was nominated to do
- 16 that.
- 17 (Laughter.)
- 18 MEMBER CLEMENS: Thank you very
- 19 much, Cheryl. You may recall that, in the
- 20 first meeting we had, that we addressed the
- 21 "O" word. And it was agreed at that time
- 22 maybe we wouldn't address it.

- 1 But it sounds like from your group
- 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.
- 7 So we'd be glad to embrace that
- 8 new question and put it back on. Thank you
- 9 very much, Cheryl.
- 10 MEMBER NELSON: Well, I -- this is
- 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.
- 16 But I'm not sure that -- I'm
- 17 concerned that, if we deal with it from a
- 18 food -- in the food safety section, that
- 19 somehow, just by default, that then there's
- 20 some kind of worry and question about, you
- 21 know, local food, and organic food, and all
- 22 this other stuff which -- I mean we just have

- 1 a whole range of the food supply.
- 2 And I think that dealing with the
- 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?
- 7 If there's a question about local
- 8 foods, sustainable foods, organic foods
- 9 around, you know, nutrient quality, that's
- 10 another question.
- 11 But if there is really a serious
- 12 concern about organic foods, which I don't
- 13 know the safety literature as much, but I
- 14 don't think there is, because it's being
- 15 dealt with elsewhere.
- 16 As you said, it's about the home
- 17 that you guys are dealing with. I guess I
- 18 would just opt for that's the right -- we've
- 19 got a lot of work to do, and that would be
- 20 the way to go. But --
- 21 MEMBER CLEMENS: Where does the
- 22 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.
- 13 MEMBER ACHTERBERG: And to follow
- 14 up on Mim's comments, I think in our
- 15 subcommittee we were well aware of some of
- 16 the issues raised, Mim. Part of it, frankly,
- 17 is a workload issue, as this particular
- 18 subcommittee has so many questions to sort
- 19 through.
- 20 So we recognize that there are
- 21 issues around this that perhaps go beyond the
- 22 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.
- 5 CHAIR VAN HORN: Right. And any
- 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.
- 11 Chris?
- 12 MEMBER WILLIAMS: Chris Williams.
- 13 It looks like you're trying to categorize
- 14 things in terms of foodborne illness, and
- then food contaminants, which mercury would
- 16 be one.
- 17 Have you considered other
- 18 contaminants, such as pesticides and other
- 19 things that could contaminate the foods?
- 20 MEMBER PEREZ-ESCAMILLA: Yes,
- 21 specifically with regards to fish, that is a
- 22 very important question. Over 75 percent of

- 1 the fish advisories, local and federal and so
- on, are related to methylmercury in fish.
- 3 Some of the experts that we have
- 4 contacted believe, or their data suggests to
- 5 them that, for example, persistent organic
- 6 pollutants, the POPs, are not a big issue in
- 7 the U.S., that if methylmercury is addressed,
- 8 essentially that would address the biggest
- 9 concern.
- 10 Others, essentially their concern
- 11 is related to how complex the data is. So
- 12 the combination of perhaps having more data
- 13 available for methylmercury, and that it
- 14 appears that it is a much larger problem than
- other known contaminants, lead us to choose
- 16 this path of concentrating mostly on the
- 17 methylmercury in fish.
- 18 If your question is about
- 19 contaminants in general for all sorts of
- 20 foods, pesticides and so on, we've had some
- 21 conversations as to how this probably would
- 22 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.
- 5 MEMBER RIMM: Yes, this is Eric
- 6 Rimm.
- 7 I do worry about dropping
- 8 pesticides from the list for fish, because I
- 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.
- So you know, while I believe that
- 16 I would have salmon of either kind, because I
- 17 think it's going to have plenty of omega-3
- 18 fatty acids, and that's what I'm concerned
- 19 about, I think you may run into the same
- 20 problem with pregnant women who are trying to
- 21 decide whether to eat fish or not based on
- 22 the mercury content.

- 1 Salmon has no mercury, but there
- 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.
- 6 MEMBER PEREZ-ESCAMILLA: And the
- 7 response from the FDA related to POPs and
- 8 dioxin, dioxin-like compounds in farmed
- 9 salmon, which the concern is through the feed
- 10 --
- 11 MEMBER RIMM: Yes.
- 12 MEMBER PEREZ-ESCAMILLA: -- that
- 13 almost -- that evidence came from studies
- 14 done outside the U.S. And that, as far as
- 15 they know, it is not an issue for farmed
- 16 salmon in the U.S.
- 17 MEMBER RIMM: Well, yes, but
- 18 three-quarters of the salmon --
- 19 MEMBER PEREZ-ESCAMILLA: Or Chile.
- 20 MEMBER RIMM: All the salmon comes
- 21 from Chile.
- 22 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 So according to their data, the
- 5 evidence related to farmed salmon and dioxin,
- 6 it does not apply to the situation in the
- 7 U.S.
- 8 MEMBER RIMM: I mean, with all due
- 9 respect, I disagree, because there are data -
- 10 -
- 11 MEMBER PEREZ-ESCAMILLA: Okay.
- 12 MEMBER RIMM: -- that suggest that
- 13 there's quite a distribution of it. And
- 14 again, I don't think there's -- I know there
- 15 are studies showing that if pregnant women
- 16 have substantial amounts of pesticides, that
- 17 there is neurological effects in their
- 18 children.
- 19 It's not generally from fish.
- 20 It's usually from eating other foods that are
- 21 very high in pesticides. But the perception
- 22 is out there, I think, that people choose

- 1 wild over farmed because of this perception
- 2 of pesticides.
- 3 And there are plenty of studies,
- 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.
- 9 You know, whether there are
- 10 important health differences related to that,
- 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.
- 18 So I just worry that we're sort of
- 19 missing out on a whole half of the
- 20 misperception related to fish consumption by
- 21 just focusing on mercury.
- 22 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.
- 9 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
- 13 scientific reports.
- 14 Thank you all for coming.
- 15 (Whereupon, the above-entitled
- 16 matter was adjourned at 5:11 p.m.)

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	98:11 167:13	211:4	affordable 13:6,19	air 150:2
A	achieved 69:2	addressed 33:20	22:16 23:16 41:4	algorithmic 19:20
abdominal 76:6	71:21	199:12 202:11	45:2,8,14 46:1	allergens 196:1
ability 170:1	Achterberg 1:10	204:20 209:7	afraid 175:11	allergies 177:4
able 5:14 32:5	92:6,7 204:3,4	addressing 193:10	176:10	178:11 194:16,17
54:22 96:12 114:4	207:13	199:16	African 29:8	196:13 198:15
168:7 170:4 188:7	Acid 193:6,9	adds 156:2	African-American	allergy 195:2,2,2,3
191:20 195:17,21	acids 21:20 176:22	Adequacy 204:6	85:11,14 86:20	196:5
197:7 210:1	210:18	adequate 160:20	102:3 124:20	allow 145:22
abnormalities	acres 137:16 138:2	adherence 27:4,6,8	African-America	160:20 165:6
75:17	138:3 139:17	43:11 66:2 68:1	85:3,5	allowance 104:9
above-entitled	140:9 153:20,22	74:21 77:19,22	afternoon 3:4 8:12	allowances 121:17
101:7 214:15	155:20 156:1	78:2,5 79:22	10:10 12:2	allowing 58:10
abroad 11:19 180:7	167:3	91:20	age 84:12 85:17,19	allows 18:17 176:6
absolute 61:11	act 4:4,7	adherent 112:17,18	86:1,1,19,20,21	alternative 35:4
absolutely 38:17	Acting 3:11	adjourn 214:9	86:21,22 87:2	alternatively 123:5
66:21 74:4,18	active 135:16	adjourned 214:16	163:22 180:19	alternatives 122:12
75:20 77:12 118:3	activity 29:17	adjunct 11:3	agencies 181:9	ambitious 80:15
151:6 200:20	71:22 91:7,16	101:16	185:4 187:3	America 1:1 17:22
academia 136:2	92:1 102:14	adjusting 29:14,17	194:22 197:19	American 14:4,5
accentuation 84:13	156:10 167:10	Administration	agency 190:3	24:4 26:4,6 29:9
84:21 86:7,13	actual 47:18 112:7	181:13 184:14	196:17	70:15 138:17
accept 40:17 59:16	125:10 179:20	Admiral 3:16	agenda 10:8,10	143:5 165:7 172:6
acceptable 24:2	acutely 15:15	adolescent 124:20	175:18	180:18
access 7:8 11:13	Adam 2:6 10:18	adorescent 124.20 adopted 129:8	agents 199:2	Americans 12:12
15:16 34:15 40:21	46:16	adopting 129:11	ages 171:14	17:19 27:15 126:3
45:3,20 49:22	adapt 109:7	adopting 129:7	ago 32:20 36:12	136:19,22
50:22 51:10 52:6	adapted 122:11	adults 24:18	54:1 68:20 124:17	America's 167:13
52:9,14,14 53:6	123:21	advantage 38:22	140:7 160:13	amount 15:5 34:14
53:12,21 54:3,8	add 56:13 123:19	advantage 38.22 adverse 32:13 88:1	172:10 197:4	34:16 58:10 76:2
54:11,16,17,22	157:19	advice 4:6 16:2	agree 53:6 88:22	82:22 90:11 106:3
55:7,9 56:20	added 16:19,20	44:14,19	agreed 10:16	110:21 169:2
57:16,19 160:1,8	21:11,11,18,20	advisories 209:1	204:21 208:7	amounts 38:4
167:6 175:1	25:20,20 26:10,10	advisory 1:4 3:8,22	agreements 168:2	104:11 106:8
accessibility 163:4	26:20 40:20,20	4:4,5 5:9,18 8:5	172:4	191:1 212:16
accessible 15:17	41:18,18 42:13,16	8:15 183:22	agrees 86:12	Amy 182:6
41:5 45:9,14	43:19 110:18,19	189:21 191:14	agricultural 53:7	analyses 76:6
160:17 162:20	116:11	192:2	137:21 142:6	analysis 184:19
accomplished	addition 5:6 98:21	advocacy 142:17	147:2	188:11 189:18
100:12	additional 116:10	advocate 48:21	agriculture 1:2	192:10 194:2,2
account 16:5 51:9	182:4 183:10	117:10	3:14 13:14 17:13	198:9
192:7	194:21 195:18,20	advocated 49:8	135:4,7 140:16	analyzing 17:15
accounts 58:7	196:19	advocates 103:14	142:4 150:14	Andrea 18:12
accused 32:22	address 6:21 16:7	103:15 117:11	164:5 165:3	and/or 88:15
achievable 80:17	33:17 136:11	affect 87:4	ahead 47:16 133:9	anecdotal 132:20
80:18	151:4 176:17,18	affiliated 135:6	171:15 175:11	anecdotally 56:15
achieve 72:21	204:22 209:8	afford 13:2 53:2	199:21	animal 142:15
81:19 82:14,18	207.22 207.0	unoru 13.2 33.2	177.21	ummu 172.1 <i>J</i>
			<u> </u>	<u> </u>

143:17	60:19 101:2	agnost 69:6	143:11,19 144:16	balance 98:6 134:1
Ann 158:6	114:22 131:18	aspect 68:6 aspects 83:4	145.11,19 144.10	134:7
announced 4:12	135:21 214:4	aspects 83.4 assessment 189:7	audience 6:3	balanced 146:8
answer 14:7 35:3	appreciation 166:8	190:1,8,12	August 166:1	bananas 154:18
45:22 46:4 103:22	166:10	assigned 93:1	authored 27:13	bank 124:2 129:9
117:17 149:13,14	approach 41:3,6,7	assigned 93.1 assistance 6:14	author's 65:9	banks 123:17
151:5,6 168:14	41:21 43:6,14	33:4,5	aution \$ 05.9 auto 153:1	129:10,13
190:1 200:20	44:20 45:1 74:2	assisting 10:7	automatically	bar 84:15 113:1,2
202:5.6	88:12,18 184:10	associated 29:16,19	40:22	barrier 22:11
answers 144:21	206:5	34:3,8,11 189:10	availability 49:10	173:17
anticipate 139:4	approaches 10:20	189:14	157:6	bars 85:20 86:4,6
141:6 185:2	177:13	Association 14:5	available 7:5,17	base 192:4 200:5
anticipation 140:13	appropriate 41:8	26:7 162:6	15:17 58:20 155:5	based 26:14 41:17
antioxidants 22:5	61:8 88:19	Association's 70:15	15.17 58.20 155.5	41:20 42:9,12,19
anybody 86:19	approval 183:11	assume 45:3	189:5 192:6,16	44:19 57:18,18,19
97:10 152:19	approximately 7:6	154:12	194:12 209:13	72:9 74:4 90:17
165:20 210:9	20:3 28:19	assumption 154:15	Avenue 51:21	96:11 105:14,21
apart 106:11	approximation	assumptions assumptions	average 74:8,19	119:6 145:18
125:15	44:17	154:13	76:16 78:14 80:12	179:9 180:22
appealing 41:5	APRIL 1:6	assure 4:5 53:11	81:22 136:19	181:15 182:18
45:14	Arbor 158:6	assures 121:16	avoidance 41:17	184:13 189:1,8
appear 98:14	archive 7:8,11	assuring 54:16	42:12 44:20	192:5 210:21
appears 43:17	area 8:17 117:7	ate 36:3 40:3 80:10	avoided 72:14	baseline 73:4
209:14	125:20 187:17	93:6 114:13	aware 87:18 204:14	basic 194:17 196:6
Appel 1:11 53:19	200:15 204:5	154:16 155:17	207:15	196:9
53:20 93:12 95:1	areas 8:21 9:7	Atkins 64:3,4,4,10	axis 19:4,19 78:11	basically 73:12
95:3 99:3 100:1,2	30:16,17 135:16	64:13 65:1,5	78:12	84:3 87:4 160:15
100:18 200:22,22	138:18,19 169:7	66:17 67:1,3,12	70.12	170:16,21 171:14
202:16	178:22 183:14	67:16 77:21	B	184:1,17
appetite 38:19	argue 139:22	101:15	B 1:14 130:13	basis 164:5 203:9
appetitive 36:5	141:19	atmosphere 155:11	BACdown 186:13	bean 106:22
applaud 59:16	argument 33:2,3	155:11	back 4:19 25:8	beans 20:10 36:20
102:19	47:2	attach 24:17	27:12 40:12,17	37:1 106:17
apple 37:7 133:17	Armando 130:17	attack 32:20	45:10 73:10 74:22	beautiful 83:9
133:18 172:9,12	arms 90:6,6 91:13	attempts 202:7	79:3 92:9 97:20	124:6 125:9
172:14	array 142:14,15	attend 197:7	107:20 109:1	170:19
apples 37:7 154:18	article 100:20	attendance 78:11	119:7 136:6 138:8	Bedford-Stuyves
154:21 155:10	123:15	88:14	139:6 140:4 142:3	30:15,20
applicable 83:19	Asia 170:15	attended 78:12,15	160:13 164:6,7,9	beds 150:6
122:9 123:9	Asian 123:21	78:19,20	164:12 170:5	begun 116:7
application 105:3	157:22	Attending 60:1	184:13 197:20	177:18
123:4 184:17	aside 9:20	attention 46:3	205:2,8	behalf 3:9
applied 104:3	asked 14:1 15:3	68:15 83:3 87:7	background 61:14	behavior 12:7 36:5
135:13 181:16	29:1 61:4 117:17	187:18 191:4	165:20	176:17 198:1
apply 212:6	136:11 144:19	attitudes 179:21	backgrounds 165:2	behavioral 61:2
appointment 11:3	151:3 154:4	181:22	bad 46:20 70:12	71:15 77:7 79:18
appreciate 10:17	asking 131:2	attributes 143:10	88:5 147:20,21	97:17 195:20
_ -	_			
	•	•	•	

	1, 150.00	105.10		100.0
behaviors 23:19	betting 152:20	197:12	burned 166:1	199:3
29:18 130:15	beverage 14:5,5	body 14:22 35:8	burst 59:15	caloric 39:6,12
178:4,13 179:4,6	40:5 112:1	73:6,22 76:4,5	business 156:19	40:4 114:14
179:20,21 180:4,5	beverages 19:19	94:9 119:8	businesses 141:1	calorics 34:4
180:21 181:22	26:19 33:12 34:2	body's 39:14	156:22	calorie 16:15 17:7
183:2,12,17	34:6,21 35:6	Bolger 190:7	busy 109:8	18:20 35:6 71:20
188:10 197:1	38:22 39:7 40:2,8	boost 141:15	butter 19:15	72:12 81:19 104:9
198:2,21	110:14,15,21	born 29:8	124:12	106:8
behooves 108:8	111:7,10,13,16,20	boroughs 30:11	buy 27:19 33:10	calories 16:14,15
112:19	134:9	bottom 34:6 39:5	47:2 55:6 57:1,6	16:16,18 19:12,14
belief 55:12	beyond 49:2 50:11	42:15 65:1 144:22	115:4 125:18	19:20 20:2,21
believe 18:12 48:10	85:19 86:9 132:18	boy 133:16	148:17 151:9	21:5,5,9 26:21
54:16 156:14	186:10 194:17	Bray 69:11	buys 34:20	27:20,22 28:8
191:21 192:14	196:6,8 207:21	break 101:4 161:18		35:9 37:22 38:1
209:4 210:15	bias 54:15	171:5 182:10	<u> </u>	39:2,11,13,15,21
believed 104:16	biases 68:16,21	breast-feeding 96:7	c 3:1 43:1,7,8	40:5 44:18 46:19
benchmarks	bid 173:13 174:3,6	Brian 18:13	101:15 130:13	47:4,6,7 57:2,8
108:21	bidding 173:1	bridge 154:10	184:2,8,11,22	70:8 88:19 89:6
beneficial 91:1	big 67:6 85:18	163:11	185:21 186:10	90:3,7,11 110:8,9
benefit 10:11 87:21	109:18 148:17	bridging 156:7	200:1	110:10 115:17
87:22 96:5 162:20	151:2 152:15	brief 110:12 208:2	calcium 43:13	116:11,22 117:5
189:7 190:1	163:20 168:22	briefly 37:20 83:4	124:9	126:22 133:12
192:10 194:2	201:12 202:18,20	118:3	calculate 18:17,19	campaign 184:3,11
benefits 90:20	203:15 204:1	Brigham 60:2	24:19 116:20	186:13
98:12 161:21	209:6	bright 214:6,11	calculated 42:7	campaigns 185:8
191:19 193:10	biggest 209:8	bring 13:9 22:3	93:15	campus 113:5
198:7	bill 110:4,13	40:12 73:9 125:10	California 26:2,3	Canada 213:7
benefit-risk 188:11	172:18	127:16,19 129:12	44:9 101:19	Cancer 11:5
Berkeley 54:2	bills 71:18 173:14	176:15	102:11 103:19	candy 129:18
101:19 102:6	bird 143:16	bringing 125:12	109:22 110:7,13	canned 20:18
Bernand 63:5	bit 63:16 89:14	brings 143:7	111:7 113:20	canning 199:4,10
Besharov 32:20	109:2 130:3 136:6	broadcasting 6:1	117:11 120:5	cap 110:21 173:10
best 10:6 28:13	136:17 139:2	broaden 127:21	121:12 123:18	173:11 174:3,6
54:6 73:1,8 81:16	140:4 152:2 168:9	broader 15:8 16:9	124:4 129:10	capable 39:20
82:11 89:20	175:15 185:14	142:14,15	130:18 132:18	carb 64:3,4 80:9,10
130:13 149:7	blend 148:3	broccoli 159:4	138:5 139:22	81:9,15 82:22
179:14 191:19	blind 83:8	broken 161:22	140:1,4,16,19	127:2
204:9	blood 61:7 69:8	164:6,9	141:8,9 175:22	carbohydrate
better 22:22 26:15	83:12 84:4,14,17	Bronx 30:20	Californias 138:4	61:16,22 62:10,15
43:10,13,14,21	84:21 85:10,20	Brooklyn 30:15,21	California's 112:11	62:18,19 63:22
44:16 52:6 63:16	86:2,3,13 87:22	brought 4:19 22:21	140:5	65:4 70:6,19 74:5
66:3,4 79:16	94:13 97:22	137:19	call 69:8 196:4	carbohydrates
99:11 100:10,13	201:15	bucket 206:22	called 41:19 61:19	70:7
106:14 117:14	blows 150:2	budget 146:8	128:7 142:18	card 160:15 163:1
127:10 131:10	blue 120:8	build 13:8 147:3,6	162:5	163:14
146:17 192:15,21	BMI 29:19	bump 152:7 155:15	calling 109:3	cardiovascular
196:12 203:22	board 128:16 170:9	bunch 144:21	calls 181:6 197:14	59:20 60:6,12
	-		-	-

82:10 87:21 98:1	CFSAN 182:19	ahaanly 90.10	75.15 19 20 76.2	CNPP 18:13
98:5	194:22 195:19	cheaply 89:10 check 162:13 186:8	75:15,18,20 76:3 82:2	coalition 13:21
cards 163:5,12	chain 126:17,18	186:17	circumstances	103:15 123:17
care 56:7 180:14	Chair 1:9,10 8:4,7	checkmark 134:11	104:19	coast 103:20
196:12	46:6 53:16 56:9	checkmarks	citizenry 174:22	coffee 143:13
Carlson 18:12	59:8,13 60:8 87:8	130:11	city 28:17,18 29:6	cohesive 40:14
Carole 1:17 3:5 8:8	88:7 89:11 91:3	cheese 107:2	30:10,11 31:5	cola 34:3 36:21
	92:5 93:11 95:22	cheeses 20:13	32:3 102:7 161:8	
carry 64:14 77:17 95:13	97:19 100:22	107:3	161:13,15	37:21 38:8,18,21 40:9
case 95:19	101:10,20 131:22	Cheryl 1:10 92:5,6	claims 115:5	collaborating
	133:9 134:21	203:12 204:3,19	126:18 127:1,2	193:5
cases 22:1,1,2 34:9 36:2 37:10,12	167:17 175:10,13	205.12 204.3,19		collaboration
58:16 87:12 160:3	199:21 200:17,21	child 125:12	clarifying 9:6	193:5
	203:12 208:5	children 102:15	clarity 107:15 class 116:15 164:10	collaborative
categories 70:2 112:1,3	213:22	129:3 131:9	200:9	176:21
*	chaired 175:20	133:11 134:4		
categorize 208:13 category 23:17	Chairperson 1:7	189:11 191:5	classic 36:17 classifications	collapsed 160:12 colleague 41:11
73:16,17 134:9	challenge 12:15	212:18	105:15	colleagues 67:21
191:9	191:22	children's 102:5	classroom 128:8	collection 67:6,11
causes 202:9	challenged 149:5	Chile 211:19,21	cleaning 178:20	colleges 165:10
	challenges 12:14	212:3 213:6	179:1 183:15	color 134:12
caveat 189:21 CDC 203:10	chance 72:17	Chinese 172:10	clear 7:22 104:19	colors 130:10
cellular 151:18	change 12:11 15:18	chip 114:5	104:20 106:10,19	Columbia 36:11
census 32:7 142:3	73:20 78:13 85:6	chips 125:2	110:11 123:3	combination 34:22
center 3:12 11:5,7	92:13 93:19 94:9	chocolate 114:5,7	126:8 136:19	55:13 209:12
11:8 18:2 20:11	130:14 140:12	choice 12:6 23:14	clearly 7:20 39:20	come 15:13 17:14
22:15 23:8 28:15	154:16 169:8	49:3 50:13,15,20	75:12 99:5 109:17	25:7 28:14,15
50:3 101:15	changed 12:21	50:21 81:16 127:9	115:11 194:16	31:16 35:15 38:14
centers 142:9	197:1,1	130:13,13 195:20	197:22 198:6	45:19 73:22 88:6
Center's 102:22	changes 82:3 88:16	197:1	Clemens 1:11	109:1 119:7 125:4
Central 129:9	93:22 94:2,14	choices 11:16 15:10	175:20,21 193:15	128:22 131:16
140:6,8 cents 20:3	98:12 102:5 180:5	22:18 26:17 40:14 46:1 50:10 106:18	199:15 203:3 204:18 206:21	144:17,20 147:18 149:20 152:21
	changing 23:18			
cereals 19:17 certain 58:10 62:9	92:13 182:1	111:20 130:20	clients 123:14 climate 140:12	158:19 159:1,10
	chapter 192:2 characteristics	188:17,22		159:11,13,15
62:9,20 68:16	73:4 143:18 145:7	cholesterol 60:5 94:13	169:8,14 climatic 142:10	160:13 165:20 186:22 213:12
121:7,21 134:8		choose 88:12 106:9		
certainly 16:18 63:15 67:7 79:16	173:1 182:11	209:15 212:22	climbing 160:8	comes 12:14 21:14 148:20 157:14
	charge 181:8		clinical 26:4 60:12	
86:11 87:12 99:19	chart 120:3 199:20	choosing 88:11 Chris 133:9 208:11	180:14,16 196:10	165:15 180:3
132:10 171:3,13	210:11 charts 177:17		203:9	181:12 201:2 211:20
197:14 208:9 214:4		208:12 CHRISTINE 1:15	clinically 84:10 Clinton 184:14	coming 16:7 71:9
	cheap 16:15,16,18			C
certified 143:14 cetera 98:16	40:19 57:1,7 cheaper 16:21 17:1	circle 120:6 125:4 circular 181:21	close 140:13	123:15 135:19
132:15 147:7	26:11,18 27:19	circular 181:21 circulated 33:22	closely 17:10 50:4 closer 80:9	147:19,20 159:9
	28:7 58:20	circulated 55:22 circumference	clue 151:6	164:3,7 169:6 172:10 214:14
154:19,19,22	20.7 30.20	ch cumerence	Clue 151.0	1/2.10 214:14
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

	I		I	I
commend 17:13	125:6 126:4,11	57:11 108:16	103:4 181:4	27:15 117:9
comment 54:10	130:1 131:1 133:5	comply 4:8	conference 181:6	143:19 158:22
97:20 98:21	134:17 135:7,17	components 61:3	196:4 197:14	178:16 182:14
171:19 189:5	144:17 145:17	91:14 197:3	confidence 38:13	185:11 186:17
197:6,7 203:1	146:2 153:5 162:4	composed 16:20	confirms 44:7,8	187:21 207:6
commented 54:1	community-supp	70:13	conflicting 115:2	consuming 28:3
comments 5:3	150:14	composition 17:18	confound 40:18	106:3 152:5,6
101:2 202:19	comparator 67:16	18:1,16 47:17	confused 116:3	consumption 29:1
207:14 210:2	compare 180:9	76:5 89:21	confusing 115:2	29:2,5,6,9,15,18
commercial 189:7	compared 37:21	compounds 211:8	confusion 127:12	29:22 30:6,10,13
195:8	38:21 65:2,18	comprehensive	conjunction 136:3	30:22 32:1 40:18
Commissioner	66:16 77:20 81:7	104:18	connect 146:20	44:1,3,4 48:5
28:16	86:15	computer 91:22	Connecticut 163:8	155:22 156:17
committed 73:2	comparing 116:22	108:17	connection 17:5	176:20,22 177:1
committee 1:4 3:8	comparison 64:22	concentrate 179:22	connections 24:5	178:7 184:9
3:19,22 4:3,4,16	99:2	185:12	Conner 158:20	187:14 188:12
4:20 5:4,8,9,12,14	comparisons 70:16	concentrated 142:8	consequences	189:8,9 190:17
5:16,17,18 7:20	74:10	189:1	203:10	191:7 192:4,11,22
8:5,10,11,15,16	compelling 87:13	concentrates	consider 133:14	193:11 198:8,10
9:21 10:12 12:3	compensated	172:10	143:9 195:13	213:20
12:10,14 16:9	114:11	concentrating	consideration	contact 5:10 6:11
27:3 33:17 46:12	compensation	180:15 182:14	16:10	63:9 72:13
48:17 53:22	36:22 37:2,17	209:16	considerations	contacted 185:6
102:19 114:20	competitive 109:22	concept 73:2	69:6	209:4
116:17 117:13	110:5,14 111:8	117:15	considered 70:12	contacts 190:6
144:1 184:1,6	112:6 118:22	concepts 109:13	114:12 167:11	contain 16:19
192:2 202:12	120:1	concern 105:10	208:17	39:18
committees 4:6	competitively	108:11 144:1	Consistent 96:2	contains 21:11
12:17 118:8	173:12	188:13 191:10,13	consistently 138:16	contaminants
201:14	compilation 201:6	199:11 203:16	constant 95:17	208:15,18 209:15
Committee's 5:16	complete 4:8 31:22	206:12 209:9,10	constitutes 126:7	209:19
5:20 14:8 46:4	36:22 192:6	211:9	construct 24:7,10	contaminate
common 111:6	completed 9:8 73:6	concerned 15:22	151:11	208:19
197:20	completely 47:1	143:21 168:4	constructing 45:2	contamination
communicate	50:17 109:17	205:17 210:18	consultations 79:17	190:20
191:19	111:1 188:18	concerns 98:1	consume 35:16	content 19:8 41:17
communities	completers 74:6	105:3,8 115:15	44:18 154:7,8	70:6 100:21
131:17 135:13	75:12	conclusion 122:5	179:16 191:2	192:17 193:19
145:22 146:6	complex 49:17	180:21	consumed 17:19	210:22
166:22 167:7	113:15 209:11	Concord 170:9	24:1 26:12 28:13	CONTENTS 2:1
community 28:18	complexity 108:12	concrete 109:4	90:12 104:12	context 202:22
96:12 102:13,20	compliance 43:14	condition 38:15	191:8	204:1
103:5,8,16 104:4	91:10,12 111:5	180:16	consumer 26:17	continually 125:7
104:14,21 105:10	compliant 111:11	conduct 183:10	114:10 127:8	continue 4:12 9:16
108:10 115:14,22	111:14,17 112:10	194:1	180:4 181:2,12	64:19 77:1 171:15
116:15 118:5,11	112:11,15	conducted 11:14	183:1,11	182:9 185:3
122:9,12,16 123:6	complicated 45:4	11:17 26:1 36:11	consumers 17:9	194:10 198:6,11
	•	-	•	•

214:12
continued 75:22
76:18 188:10
continuity 31:22
continuity 31.22
14:18
contribute 15:4
contribute 15.4
control 50:11 62:14
70:12 84:2,16
85:22 95:5 98:3
98:22 184:19
98:22 184:19 controlled 95:6
155:11
controls 4:9
convenience 15:11
conventional 64:6
64:13
converge 80:3
converged 80:12
convergence 80:13
conversation
153:15,16,17
conversations
187:8 190:9,16
209:21
converted 170:15
converting 170:21
convey 122:8
cooked 19:17 24:2
cookies 37:21 38:3
38:9,18 114:6
cooking 16:1 45:18
55:17 58:17
cooperative 103:12
123:10
coordinator 173:19
core 116:9
corn 21:19 164:13
166:18
corner 161:4,11,12
coronary 62:11
correct 199:8 208:2
correctly 38:11,16
cost 4:9 13:16
14:12 15:11 16:14
17:7 18:18,21

19:4,19,22 20:9 20:21 21:2,4 22:11 23:3,9 24:10,13,19 25:2 25:5,9,12,13,14 25:15,15 26:21 27:22 33:11 45:5 46:19 47:7 51:10 51:13 96:18,19 97:14,14 costly 20:4 costs 14:16 18:9 20:8 22:8 27:14 45:12 48:7 128:17 170:11 counseling 72:7
82:13 97:5
counselors 96:11 countries 180:9
country 96:22
137:8,11 139:1,9 142:2,9,13 147:21 153:14 160:15 162:14 164:3,22 170:22 174:22 182:17 183:21 countryside 170:6
county 142:5
174:10
97:15 126:15 185:4 214:11
course 9:12 30:17 33:7 39:10 47:15
57:12,22 88:2 89:7 91:13 98:4 148:15 160:9 172:3,15 198:14
cover 9:18 60:22
108:2 175:6
covered 115:4
CO-EXECUTIVE 1:17,18
co-founder 135:11
crackers 114:8
crafted 131:8

craving 77:6,10

cravings 81:22
Crawford 2:8
101:5,13,14,20
102:17 133:2
134:10
create 12:13 24:6
41:16 102:14
119:8 125:18
138:11,12 162:8
167:2 171:22
creating 164:16
creation 156:18,19
156:20 171:7
credible 104:17
credited 36:16
crisis 12:20 138:22
criteria 112:9
127:7 200:7
critical 28:11
184:19
critically 151:20
crop 135:8 151:13
151:17 164:10
crops 150:10 158:1
159:5
cross 31:9 64:18
cross-contaminat
184:4
cross-cutting 9:17
CRP 94:19,20
crunchy 113:1
CSAs 148:5
cultural 57:20
82:18
culture 51:9 57:18
144:15
cups 106:5,5
curious 201:21
current 11:9 34:11
104:2,16,17
138:22
currently 102:4
135:6 138:5
142:16 154:17
172:5 177:20
curriculum 108:22
109:6 123:3,16
107.0 123.3,10

curve 66:16
cut 76:10 128:16
cute 124:13
cutoff 127:10
cutoffs 127:7
cycle 161:19 171:5
171:6,6
cycles 71:7
C.S 135:3,12
D
D 3:1
daily 72:10 120:21
dairy 20:12 23:10
139:13
danger 139:18
Danone 14:3
Danziger 77:20
DASH 83:6,7,17
84:7,9,20 86:5,11
data 17:12 18:14
18:17,19 24:12,18
26:7,15 28:12,14
28:21 30:6 31:4
32:4 41:10 44:7,8
47:17,18 48:19
58:21 74:1 75:11
77:15 83:5 87:13
92:11 96:3 118:16
137:18 151:6
181:2,12,18 182:4
182:8,19 192:16
194:6 197:8
201:20 209:4,11
209:12 212:4,9
database 5:4 17:17
dataset 17:21 18:1
18:4,5 31:6
datasets 17:14 18:6
48:12
dates 184:13
daughter 141:8
David 158:20
Davis 1:17 3:3,5
day 9:20 25:10,10
25:10,11 29:3

36:3 40:4 106:6

J 12:20 24:11	D-4	00.6 01.16 04.2 2	100.21 154.16	1:6014 110.17
dense 13:20 24:11	Detroit 146:9 161:6	80:6 81:16 84:2,3	100:21 154:16	difficulty 118:17
26:18,22 41:4	161:8,13,15	84:8,9,16,20	difference 37:14	digress 35:2
44:9,15	develop 102:22	85:22 86:5 89:3	38:17 39:5 40:7,9	diligently 9:4
density 16:13 17:6	developed 122:12	89:20 91:13 93:2	62:13 64:8,12,17	dimension 63:18
18:8,18 19:3,5,7	123:10 167:1	100:3 114:13	65:8 67:16 74:4	diminishes 27:15
19:10,11,18 20:7	177:17 179:17	138:1 139:16	74:18 75:13 76:1	dioxin 211:8 212:5
20:12,13,16,19,20	developing 18:14	174:20	76:14,21 78:17,18	dioxin-like 211:8
21:2,21 22:16	108:22 109:5	dietary 1:4 3:7,22	80:22 85:9 95:4	direct 31:13 41:2
23:2,12 25:17	123:6	5:8,12 8:5,15	95:15,21 99:20,21	148:4
28:4 39:1 41:21	development 102:1	11:18 16:2 17:17	154:7 163:17	directing 102:4
42:19 44:12,13,16	132:9 138:20,22	22:12 24:18 27:4	195:6 211:2	directions 69:18
deny 58:2	139:10,12,14	27:6,9 43:12,15	differences 75:13	directly 146:21
Department 1:2,3	142:22 145:19	44:13,14 56:5	77:13 79:7 81:4	director 3:12 10:22
3:13,18 13:13	146:2,2 151:1	60:21 70:18,19	95:12 98:15	11:6 101:14
17:12 31:5 59:21	153:15 154:2	74:13 77:10 81:4	144:18 152:8	112:21 113:18,21
101:17 117:21	156:18 180:10	88:21 90:1 92:9	194:9 213:5,8,10	129:3
153:5,6	189:11,15 196:15	92:14 103:9	different 21:3 38:2	directors 103:14
departments 135:7	devices 157:8	104:16 109:14	40:8 48:5 49:7	173:22 174:2
136:3	devise 71:16	115:16,20 116:17	52:3,4 55:6,8 64:1	disagree 33:7
depending 106:8	devised 72:8 89:9	117:18 118:4,7,15	65:10 66:22 70:11	205:11 212:9
159:14	devoted 188:18	119:22 120:7,8,10	72:22 73:13 77:5	disclosed 170:8
depends 151:13	DFO 1:18	121:17,17 129:8	88:4,5 91:14,15	disclosure 13:11
deprivation 30:16	DHHS 1:19,20	130:16 136:7,15	91:20 93:13	disconnect 131:12
describe 69:15 71:1	176:13	137:2,19,22	100:21 108:10	137:21
128:5	diabetes 11:12	138:10 167:12	111:1 113:6,7,8	discourage 129:17
described 79:9	31:16,17 32:6	171:10 182:1	115:18 116:19	discovered 98:9
88:10	82:12 89:5 96:9	183:22 192:1	120:18 121:22	discretionary
describing 178:15	diabetic 17:3	195:12 208:4	124:9 127:5,7	104:9 115:17
179:20	Dictionary 147:11	Dietetic 26:7	129:1,7 143:14,19	116:10
descriptors 132:11	die 151:18	dietitian 79:16	144:21 155:2	discriminate 42:4
deserts 55:3	diet 11:17 13:15,16	113:19 114:18	165:4 172:15	43:6
design 35:12,13	14:11,12,14 17:8	137:11	179:1,6 180:4	discrimination
68:12 70:6	17:8 24:4,19 25:2	diets 12:13 13:8	181:9 182:17	43:10
designated 3:6	25:4,5,13,14,14	16:20,22 18:9	183:6 187:20	discuss 61:2,5,14
126:21	25:15 27:4,7,8	24:7,9,11,13 25:8	191:2 192:19,20	193:8
designed 70:10	32:1 41:13,17	25:16 26:9,22	193:1,2 199:1	discussed 67:21
designers 50:5	42:17 43:11,15	28:4,5,12,20	201:17 204:4,5	107:11 120:14
designing 70:9	44:9,17 45:11,12	33:10 41:1 42:3,5	205:12	discussion 8:2
desire 39:14 57:18	62:5,10,15 63:10	43:4,7,18 44:5	differential 53:6	132:20 165:17
desperately 157:1	63:22,22 64:4,4,6	45:2,6 47:18 48:5	55:8 99:16	166:20 175:2
desserts 20:5	64:10,13 65:1,3,4	61:14,16 65:1,2	differentials 54:9	discussions 9:17
124:11	65:6,12,12,16,18	65:10 66:16,22	differentiation	129:21
destroys 151:19	66:17 67:1,1,2,3,7	68:15 69:15,20,21	57:17	disease 59:20 60:7
detail 69:16 71:1	67:12 68:5,20	70:9,13 74:15	difficult 73:9	82:10 89:4 98:2,5
196:18,18	70:3,11,12,12,13	76:22 77:20 81:5	106:13 113:9	102:2 180:17
determine 54:19	72:9,16 73:1 74:9	81:19 82:6,8,16	114:17	189:12,16 201:16
determining 127:5	77:13 78:4 79:11	93:7,18 94:14	difficulties 6:10,19	disorders 60:6
	•	•	•	-

disparities 32:8,15 donations 129:15 disparity 22:7 distanct 152:1,9 distanct 152:1,9 distanct 152:1,9 distanct 152:1,14 dose 61:6 70:7,20 double 83:8 85:10 104:7 distribution 31:3 212:13 distribution 31:3 212:13 district 118:8 122:15 district 118:8 122:15 district 118:8 122:15 district 118:8 122:15 double 83:8 85:10 double 83:8 85:10 district 118:8 122:15 double 4:8 3:8 85:10 district 113:20 districts 113:20 districts 113:20 downsides 87:19 downsides 87:19 downsides 87:19 downsides 87:19 downsides 87:15 diverse 142:6 147:8 diverse 142:6 147:8 diverse 142:6 147:8 diverse 142:6 147:8 documenting 17:8:13 179:10 documents 185:10 documents 185:10
distance 152:1,9 distant 152:12 distant 152:12 53:2 55:1 53:2 55:1 53:2 55:1 61:2 18:22 28:4 61:2 18:22 28:4 61:2 18:4 61:2 18:4 61
distant 152:12 distinct 93:21 94:2 dose 61:6 70:7.20 distinguish 52:13 double 83:8 85:10 104:7 distribution 31:3 163:11 doubly-labeled district 118:8 71:19 Doug 32:20 doughnut 116:22 downside 87:19 downside 87:15 divergent 67:7 72:18 divergent 67:7 72:18 divergent 42:6 147:8 divergent 42:6 147:8 divergent 137:9 doughnut 15:22, 15 divergent 137:9 doughnut 15:20 doughnut 15
distinct 93:21 94:2 double 83:8 85:10 59:2,12 59:2,12 115:3 129:3 129:13 129:13 136:19 137:2 136:19 137:2 191:16 203:17 191:16 203:17 191:16 203:17 191:17;20 173:11 173:21 174:5,9 downside 87:19 divergent 67:7 72:18 diverse 142:6 147:8 diverse 185:10 50:14,17 51:2,6 douments 185:10 50:14,17 51:2,6 dougn 25:6 48:10 52:16,19,22 53:11 178:13 179:10 52:16,19,22 53:11 179:19 115:10 116:21 57:9,12,21 59:2 doing 25:6 48:10 52:12,19,19 60:4 52:12 69:119:47 60:15,17 87:18 199:19 101:5,12 132:19 137:1 101:14,20 102:17 141:9,9 149:11 133:2 134:10 157:6 158:17 135:2,16,20 160:18 163:18 176:21 198:8 dollar 21:6,8,10 205:14 207:9 205:18 207:19 207:10
distinguish 52:13 104:7
104:7 distribution 31:3 163:11 doubly-labeled district 118:8 71:19 Doug 32:20 doughnut 116:22 downside 87:19 downside 87:15 downside 87:16 downside 87:16 downside 87:16 downside 87:16 downside 87:16 downside 87:16
distribution 31:3 212:13 doubly-labeled district 118:8 71:19 Doug 32:20 doughnut 116:22 downsides 87:19 downsides 87:19 downsides 87:15 Dr 1:7 3:9,11 8:5 10:18 11:6,9 12:1 diverse 142:6 147:8 diverse 142:6 147:8 diversity 158:15 diverse 142:6 147:8 diversity 158:15 documenting 178:13 179:10 documents 185:10 dos 106:21 doing 25:6 48:10 52:12 69:11 94:7 99:12 105:8 89:1 90:13 91:17 10:19 115:10 116:21 97:19 99:12 105:8 89:1 90:13 91:17 10:19 113:219 137:1 10:19 13:2 13:2 19 137:1 10:19 13:2 13:2 19 137:1 10:19 13:2 13:2 19 137:1 10:19 13:2 13:2 13:2 19 137:1 10:19 13:2 13:2 19 137:1 10:19 13:2 13:2 13:2 19 137:1 10:19 13:2 13:2 13:19 137:1 10:114,20 102:17 16:18 163:18 174:11,12,16 176:18 18:3 179:10 17:7 175:12 17:8,18 179:11 13:2 17:8,18 179:11 13:2 17:8,18 179:11 12:2 17:8,18 179:12 17:7:12 18:15 189:6 dollar 21:6,8,10 20:14 207:9 earlier 31:5 99:4 earlier 31:5 99:4 eather 99: 124:22 eating 27:2,10 28:6 eather 99: 124:22 eating 27:
Comparison Com
district 118:8 124:14
124:14 districts 113:20 119:17,20 173:11 173:21 174:5,9 downside 87:19 downsides 87:15 10:18 11:6,9 12:1 10:18 11:6,9 12:1 10:18 11:6,9 12:1 10:18 11:6,9 12:1 10:17 drive 26:17 26:16 33:20 34:15 downenting 178:13 179:10 dosing 25:6 48:10 59:12,19,19 60:4 55:12,19,19 60:4 55:12 69:11 94:7 97:9 99:12 105:8 10:15,11 13:19 10:15,11 13:19 13:2 134:10 15:76 158:17 16:18 163:18 174:11,12,16 178:16 179:11 182:15 189:6 dollar 21:6,8,10 doughnut 116:22 ddrink 33:11 107:1 ddrink 33:31 1107:1 ddrink 33:31 1107:1 ddrink 33:31 1107:1 ddrink 33:33 ddrink 33:34:4,4 EBT 162:19 economic 12:20 electronic 160:11 162:20 electronic 160:11 162:20 electronic 160:11 162:20 elementary 127:12 eloquently 88:10 electroly electronic 160:11 162:20 elementary 127:12 eloquently 88:10 ddrink 33:4:4,4 EBT 162:19 economic 12:20 elementary 127:12 eloquently 88:10 ddrink 33:4:4,4 EBT 162:19 economic 12:20 elementary 127:12 eloquently 88:10 ddrink 33:4:4,4 ddrink 33:4:4,4 EBT 162:19 economic 12:20 elementary 127:12 eloquently 88:10 ddrink 33:4:4,4 ddrink 33:4:4,4 EBT 162:19 ddrink 13:20 ddrink 13:20 ddrink 13:20 ddrink 13:20 ddrink 13:20 ddrink 13:20 ddrink 13:4 ddrink 13:20 ddrink 13:4 ddrink 13:4 ddrink 13:4 ddrink 13:4 ddrink 13:5 ddrink 13:4 ddrink 13:4 ddrink 13:4 ddrink 13:4 ddrink 13:4 ddrink 13:5 ddrink 13:5
districts 113:20 doughnut 116:22 downside 87:19 drink 33:11 107:1 drinking 37:3 47:4 68:4 93:2 125:8 154:17 elaborate 104:1 electrolyte 110:20 electronic 160:11 173:21 174:5,9 downsides 87:15 divergent 67:7 Dr 1:7 3:9,11 8:5 10:19 drinks 34:4,4 212:20 EBT 162:19 electronic 160:11 162:20 electronic 160:11 divergent 67:7 72:18 diverse 142:6 147:8 diversity 158:15 diversity 158:15 dovered 137:9 50:14,17 51:2,6 documenting 178:13 179:10 documents 185:10 dogs 106:21 52:14,52:5,8,11 documents 185:10 dogs 106:21 57:9,12,21 59:2 doing 25:6 48:10 52:12 69:11 94:7 97:9 99:12 105:8 89:1 90:13 91:17 97:9 99:12 105:8 89:1 90:13 91:17 115:10 116:21 12:19 137:1 12:19 137:1 133:2 134:10 135:2,16,20 137:4 113:19 133:2 134:10 135:2,16,20 178:18 178:16 179:11 175:7 175:12 178:18 178:16 179:11 172:7 175:12 178:18 178:16 179:11 178:16 179:11 178:16 179:11 178:17 175:12 endouls 176:21 198:8 endollar 21:6,8,10 drink 33:11 107:1 drinking 37:3 drinking 37:3 110:19 drinking 37:3 120:10:10 drinking 37:3 120 drinking 37:3 120:10:10 drinking 37:3 120:10:10 drinking 37:3 120 drinking 34:4,4 drinking 34:4,4 drinking 34:4,4 drinking 34:4,4 drinking 34:4,4 drinking 36:17 drive 26:17 drive 26:10 drive 26:17 drive 26:17 drive 26:10 drive 26:17 drive 26:10 dri
119:17,20 173:11
173:21 174:5,9 downsides 87:15 Dr 1:7 3:9,11 8:5 10:18 11:6,9 12:1 divergent 67:7 72:18 10:18 11:6,9 12:1 diverse 142:6 147:8 diversity 158:15 diverced 137:9 50:14,17 51:2,6 documenting 178:13 179:10 52:16,19,22 53:11 dougs 106:21 57:9,12,21 59:2 dought 140:10 52:12 69:11 94:7 60:15,17 87:18 97:9 99:12 105:8 89:1 90:13 91:17 100:19 101:5,12 132:19 137:1 101:14,20 102:17 141:9,9 149:11 157:6 158:17 135:2,16,20 178:16 179:11 172:7 175:12 182:15 189:6 dollar 21:6,8,10 205:14 207:9
divergent 67:7 Dr 1:7 3:9,11 8:5 drinks 34:4,4 EBT 162:19 162:20 elementary 127:1: 72:18 37:5 47:12,15 drive 26:17 drive 26:17 drive 26:17 drive 26:17 drive 26:17 drive 26:17 drive 15:10 49:12 52:14 54:16 elementary 127:1: eloquently 88:10 embedded 70:6 embrace 205:7 drop 66:8 49:12 52:14 54:16 49:12 52:14 54:16 embrace 205:7 embrace 205:7 embrace 205:7 embrace 205:7 emprace 205:7 <
T2:18
diverse 142:6 147:8 37:5 47:12,15 drive 26:17 26:16 33:20 34:15 eloquently 88:10 diversity 158:15 48:1,4,9 49:15 driven 15:10 49:12 52:14 54:16 embedded 70:6 documenting 51:19 52:5,8,11 52:16,19,22 53:11 dropouts 67:3 68:8 49:12 52:14 54:16 embedded 70:6 dogs 106:21 52:16,19,22 53:11 68:9 46:2 150:22 146:2 150:22 190:14 199:13 doing 25:6 48:10 59:12,19,19 60:4 60:15,17 87:18 DRPH 1:11 152:18 153:15 emphasis 81:21 97:9 99:12 105:8 89:1 90:13 91:17 Drug 181:13 20:14 94:13 economically 153:3 emphasis 81:21 109:8 111:4 115:9 97:1 99:1 100:15 dwell 89:17 dwell 89:17 dwell 89:17 dwell 89:17 dwell 89:17 dyslipidemia 81:14 D.C 3:4 Economists 50:5 encouraged 16:8 63:9 encouraged 16:8 encouraged 16:8 63:9 encouraged 16:8 63:9 encouraged 16:8 63:9 <
diversity 158:15 48:1,4,9 49:15 driven 15:10 49:12 52:14 54:16 embedded 70:6 documenting 51:19 52:5,8,11 drop 66:8 42:10,21 145:19 embrace 205:7 documents 185:10 52:16,19,22 53:11 68:9 dropping 210:7 desconomically 153:3 emphasis 81:21 doing 25:6 48:10 59:12,19,19 60:4 59:12,19,19 60:4 DRPH 1:11 Drug 181:13 economically 153:3 emphasis 81:21 97:9 99:12 105:8 89:1 90:13 91:17 Drug 181:13 34:19 40:13 economics 12:6 82:7 100:10 15:10 116:21 97:1 99:1 100:15 dwell 89:17 dwell 89:17 dyslipidemia 81:14 157:6 158:17 133:2 134:10 D.C 3:4 economy 139:5 154:10 155:16 encouraged 16:8 178:16 179:11 172:7 175:12 176:21 198:8 176:21 198:8 erdrums 59:15 education 26:12 endorse 189:20 endorse 189:20 dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 117:22 118:14,18 ends 13:1
divorced 137:9 50:14,17 51:2,6 drop 66:8 54:22 55:8 138:22 embrace 205:7 documenting 51:19 52:5,8,11 dropouts 67:3 68:8 54:22 55:8 138:22 embrace 205:7 documents 185:10 52:16,19,22 53:11 68:9 dropping 210:14 199:13 emerging 186:3,2 dogs 106:21 57:9,12,21 59:2 dropping 210:7 drought 140:10 152:18 153:15 emphasis 81:21 doing 25:6 48:10 59:12,19,19 60:4 169:15 DRPH 1:11 economically 153:3 emphasis 81:21 97:9 99:12 105:8 89:1 90:13 91:17 Drug 181:13 dry 19:9,17 106:17 34:19 40:13 empty 16:16 28:7 15:10 116:21 97:1 99:1 100:15 dwell 89:17 dwell 89:17 dwell 89:17 33:8 economists 53:8 encourage economists 63:9 141:9,9 149:11 133:2 134:10 135:2,16,20 D.C 3:4 D.C 3:4 Educate 20:14 20:15 ended
documenting 51:19 52:5,8,11 dropouts 67:3 68:8 142:10,21 145:19 emerging 186:3,2 190:14 199:13 documents 185:10 dogs 106:21 57:9,12,21 59:2 dropping 210:7 dropping 210:7<
178:13 179:10
documents 185:10 53:14 54:14 56:18 dropping 210:7 drought 152:18 153:15 emphasis 81:21 dogs 106:21 57:9,12,21 59:2 drought 140:10 154:2 156:10,17 89:2 95:20 186:1 52:12 69:11 94:7 60:15,17 87:18 DRPH 1:11 economically 153:3 emphasize 55:10 97:9 99:12 105:8 89:1 90:13 91:17 Drug 181:13 economics 12:6 emphasize 55:10 109:8 111:4 115:9 92:16 94:5 95:2,9 dry 19:9,17 106:17 due 212:8 economics 12:6 enables 6:2 115:10 116:21 97:1 99:1 100:15 dwell 89:17 53:8 economics 157:6 encourage 42:1,20 132:19 137:1 101:14,20 102:17 dynamic 148:3 dyslipidemia 81:14 154:10 155:16 economists 50:5 encourage 129:16 141:9,9 149:11 133:2 134:10 135:2,16,20 D.C 3:4 E 29:11 45:18 55:17 educate 20:1 29:11 45:18 55:17 ended 131:5
dogs 106:21 57:9,12,21 59:2 drought 140:10 154:2 156:10,17 89:2 95:20 186:1 doing 25:6 48:10 59:12,19,19 60:4 169:15 economically 153:3 emphasize 55:10 97:9 99:12 105:8 89:1 90:13 91:17 DRPH 1:11 34:19 40:13 emphasize 55:10 109:8 111:4 115:9 92:16 94:5 95:2,9 dry 19:9,17 106:17 dwell 89:17 economics 167:6 enables 6:2 115:10 116:21 97:1 99:1 100:15 dwell 89:17 dynamic 148:3 economy 139:5 encourage 42:1,20 125:11 131:19 101:14,20 102:17 dynamic 148:3 economy 139:5 129:16 141:9,9 149:11 133:2 134:10 dyslipidemia 81:14 154:10 155:16 economy 139:5 129:16 157:6 158:17 135:2,16,20 D.C 3:4 E educate 207:6 e3:9 174:11,12,16 170:12 171:8,18 170:12 171:8,18 E 29:11 45:18 55:17 ended 131:5 182:15 189:6 176:21 198:8 earlier 31:5 99:4 108:13,16 109:11 108:13,16 109:11 endorsed 185:3 dollar 21:6,8,10 205:14 207:9 205:14 207:9 earlier
doing 25:6 48:10 59:12,19,19 60:4 169:15 economically 153:3 emphasize 55:10 52:12 69:11 94:7 89:1 90:13 91:17 Drug 181:13 34:19 40:13 82:7 100:10 97:9 99:12 105:8 99:1 99:1 100:15 92:16 94:5 95:2,9 dry 19:9,17 106:17 economics 12:6 82:7 100:10 109:8 111:4 115:9 97:1 99:1 100:15 dry 19:9,17 106:17 economics 167:6 enables 6:2 115:10 116:21 100:19 101:5,12 dwell 89:17 economists 50:5 encourage 42:1,20 132:19 137:1 101:14,20 102:17 dyslipidemia 81:14 154:10 155:16 economy 139:5 129:16 141:9,9 149:11 135:2,16,20 D.C 3:4 Educate 207:6 educate 207:6 e3:9 160:18 163:18 170:12 171:8,18 172:7 175:12 E1:12 3:1,1 6:12 29:11 45:18 55:17 endorse 189:20 182:15 189:6 176:21 198:8 earlier 31:5 99:4 108:13,16 109:11 endorsing 185:3 dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 117:22 118:14,18 ends 13:1
52:12 69:11 94:7 60:15,17 87:18 DRPH 1:11 economics 12:6 82:7 100:10 97:9 99:12 105:8 89:1 90:13 91:17 Drug 181:13 34:19 40:13 empty 16:16 28:7 109:8 111:4 115:9 92:16 94:5 95:2,9 dry 19:9,17 106:17 deconomics 12:6 82:7 100:10 115:10 116:21 97:1 99:1 100:15 dwell 89:17 dwell 89:17 dwell 89:17 dyslipidemia 81:14 53:8 economists 50:5 encourage 42:1,20 132:19 137:1 101:14,20 102:17 dyslipidemia 81:14 154:10 155:16 encourage 42:1,20 141:9,9 149:11 133:2 134:10 135:2,16,20 D.C 3:4 educate 207:6 educate 207:6 education 26:12 endorse 189:20 174:11,12,16 170:12 171:8,18 170:12 171:8,18 eardrums 59:15 99:17 107:12,14 endorsed 184:1 182:15 189:6 176:21 198:8 earlier 31:5 99:4 117:22 118:14,18 endorsing 185:3 dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 117:22 118:14,18 ends 13:1
97:9 99:12 105:8 89:1 90:13 91:17 Drug 181:13 34:19 40:13 empty 16:16 28:7 109:8 111:4 115:9 92:16 94:5 95:2,9 dry 19:9,17 106:17 economies 167:6 enables 6:2 115:10 116:21 97:1 99:1 100:15 due 212:8 economists 50:5 encounter 96:15 125:11 131:19 100:19 101:5,12 dynamic 148:3 economy 139:5 129:16 132:19 137:1 101:14,20 102:17 dyslipidemia 81:14 154:10 155:16 encourage 42:1,20 157:6 158:17 135:2,16,20 137:14 168:13 170:12 171:8,18 E education 26:12 ended 131:5 178:16 179:11 172:7 175:12 eardrums 59:15 99:17 107:12,14 endorsed 184:1 182:15 189:6 176:21 198:8 eardrums 59:15 108:13,16 109:11 endorsing 185:3 dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 17:22 118:14,18 ends 13:1
109:8 111:4 115:9 92:16 94:5 95:2,9 dry 19:9,17 106:17 economies 167:6 enables 6:2 115:10 116:21 97:1 99:1 100:15 due 212:8 dwell 89:17 53:8 economists 50:5 encourage 42:1,20 132:19 137:1 101:14,20 102:17 dynamic 148:3 dyslipidemia 81:14 154:10 155:16 encourage 42:1,20 141:9,9 149:11 133:2 134:10 dyslipidemia 81:14 154:10 155:16 encourage 42:1,20 160:18 163:18 137:14 168:13 170:12 171:8,18 E educate 207:6 63:9 178:16 179:11 172:7 175:12 e1:12 3:1,1 6:12 29:11 45:18 55:17 endorse 189:20 182:15 189:6 176:21 198:8 eardrums 59:15 108:13,16 109:11 endorsing 185:3 dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 117:22 118:14,18 ends 13:1
115:10 116:21 97:1 99:1 100:15 due 212:8 economists 50:5 encounter 96:15 125:11 131:19 100:19 101:5,12 dwell 89:17 53:8 economy 139:5 129:16 132:19 137:1 133:2 134:10 dyslipidemia 81:14 154:10 155:16 encourage 42:1,20 141:9,9 149:11 135:2,16,20 D.C 3:4 educate 207:6 63:9 160:18 163:18 137:14 168:13 170:12 171:8,18 E 29:11 45:18 55:17 ended 131:5 178:16 179:11 172:7 175:12 e1:12 3:1,1 6:12 99:17 107:12,14 endorsed 184:1 182:15 189:6 176:21 198:8 earlier 31:5 99:4 108:13,16 109:11 endorsing 185:3 dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 117:22 118:14,18 ends 13:1
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
141:9,9 149:11 133:2 134:10 dyslipidemia 81:14 154:10 155:16 encouraged 16:8 157:6 158:17 135:2,16,20 137:14 168:13 D.C 3:4 educate 207:6 63:9 174:11,12,16 170:12 171:8,18 29:11 45:18 55:17 endorse 189:20 178:16 179:11 172:7 175:12 e1:12 3:1,1 6:12 99:17 107:12,14 endorsed 184:1 182:15 189:6 176:21 198:8 earlier 31:5 99:4 108:13,16 109:11 endorsing 185:3 dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 117:22 118:14,18 ends 13:1
157:6 158:17 135:2,16,20 D.C 3:4 educate 207:6 63:9 160:18 163:18 137:14 168:13 29:11 45:18 55:17 ended 131:5 178:16 179:11 172:7 175:12 e1:12 3:1,1 6:12 99:17 107:12,14 endorsed 184:1 182:15 189:6 176:21 198:8 eardrums 59:15 108:13,16 109:11 endorsing 185:3 dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 117:22 118:14,18 ends 13:1
160:18 163:18 137:14 168:13 174:11,12,16 170:12 171:8,18 178:16 179:11 172:7 175:12 182:15 189:6 176:21 198:8 dollar 21:6,8,10 205:14 207:9 Comparison of the control of the cont
174:11,12,16
178:16 179:11 172:7 175:12 e 1:12 3:1,1 6:12 99:17 107:12,14 endorsed 184:1 182:15 189:6 176:21 198:8 eardrums 59:15 108:13,16 109:11 endorsing 185:3 dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 117:22 118:14,18 ends 13:1
182:15 189:6
dollar 21:6,8,10 205:14 207:9 earlier 31:5 99:4 117:22 118:14,18 ends 13:1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26:21 162:10 draft 189:4 159:11 160:3 120:1 121:10,11 energy 10:17 16:1
173:10 drafted 180:22 earliest 159:1 123:12,13 124:1 17:6,7 18:17,18
dollars 21:4 156:2 dramatically 78:2 early 77:15 80:8 146:3 185:6 19:3,4,5,7,11 20
156:3,10 162:11 92:13 157:4 95:11 157:17,18 effect 37:10,11,12 20:7,12,13,16,19
163:13,14 170:10 drastically 154:16 158:11,14 159:5 37:13 48:17 61:6 20:20 21:2,2,4,2
170:14 173:3,9 drawing 125:21 178:1 214:7,11 70:20 83:14 84:1 22:8 23:2,3,9,10
domestic 139:21 dressings 19:16 East 30:14 31:11 84:9 85:18 86:7 23:11 24:10,14
169:4 170:1,4
domestically 138:6 10:19 11:6 12:1 easy 28:5 effectiveness 91:12 28:3 39:1 44:3,1
Don 71:15 47:12,15 48:1,4,9 eat 17:21 25:17,18 96:18,20 200:6 71:18 88:20 106

19:9 23:5 27:21 33:10 58:1 energy-density	72:20 73:3 Eric 1:14 53:18 56:9,11 89:12,13 210:5 ERS 137:18	exacerbate 115:7 exact 39:9 exactly 34:14,16	exists 202:14 expand 150:21 157:7 158:12,14	extracted 9:9 extreme 169:14
19:9 23:5 27:21 33:10 58:1 energy-density 28:5	56:9,11 89:12,13 210:5	exactly 34:14,16	_	
33:10 58:1 energy-density 28:5	210:5	,	157.7 158.12 14	
energy-density 28:5				extremely 31:20
28:5	ERS 137·18	37:22 48:4 71:18	Expanded 123:12	63:20 79:5
	LIKO 137.10	79:10 112:16	expanding 157:3	eyes 195:14
engagement 5:8	especially 15:3	116:20 131:11	expenditures 153:9	eye-opening 34:13
	108:13 177:18	134:14	expense 198:14	e-counseling 79:18
engages 135:13	190:21	Examination 17:20	expensive 23:6,12	e-mail 6:17,21
engaging 166:16	essentially 24:22	41:14 47:20	23:13 47:9 89:8	e-mails 7:1
enhance 144:5	26:8 56:17 153:7	examined 204:8	experience 6:10	
145:10	163:11 209:8,10	examining 102:11	125:22 169:13,15	F
enhancing 143:4	established 4:5	203:5	experienced 172:8	fabric 165:7
167:10	estimate 139:7	example 52:2 55:3	198:4	FACA 4:4,4 5:7
enjoy 114:22	203:22	57:2 61:21 74:14	experiment 88:3	face 58:1
enormous 129:22	et 98:16 132:15	80:6 81:5 91:21	experimental 35:14	faces 12:15
ensure 170:4	147:6 154:18,19	94:18 98:9 104:5	90:6	facilitate 7:22
194:12	154:21	105:18 106:15	experiments 77:16	fact 22:16,18 26:11
ensuring 141:12	ethnic 182:17	107:12 109:20	expert 2:5 60:13	27:5 28:7 29:14
C	Euros 25:9,10,10	116:14 121:14	expertise 8:22	30:2 44:18 51:14
entire 127:3 170:17	25:11	122:10 127:13	10:13 177:5	64:14 67:14 90:20
entirely 204:4	evaluating 102:5,9	128:13 157:10	experts 9:1 16:6	91:14 98:3 112:15
entities 195:8	102:12 111:5	161:6 172:17	77:8 190:16	132:17 139:7
entrepreneurial	evaluations 59:5	174:10 185:17	191:11 209:3	144:9 148:21
161:18	132:17	191:16 209:5	explain 94:4	149:9 160:3
environment 48:18	event 6:16 7:16	examples 71:8	116:12 185:19	164:15 167:4
49:18 103:2 150:7	events 87:21	116:12,14 120:15	explanation 95:8	174:7,20 196:11
165:11,16,17	169:14,16	120:17 121:9	explicitly 120:1	207:3,9
environmental	everybody 56:3	126:9,15	explore 194:10	factor 75:16 81:12
143:17	87:5 128:1 148:16	excellent 46:7	196:17 198:11	88:14
environments 49:2	152:21 160:8	49:16 52:22 59:14	explored 194:20	factorial 70:17
51:14 102:15	165:16 167:7	89:11 101:2	exploring 195:5	factors 15:10,13
EPA 189:21 209:22	174:22 187:4	134:22 167:17	exposure 25:3	16:4 34:22 49:1
epidemiologic 34:1	210:12	175:10 176:12	196:1 197:2	49:13 81:5 82:4
102:1	everybody's 87:5	194:19 214:1	exposures 57:20	82:10 90:21 102:2
epidemiological	evidence 12:6,17	exceptional 38:8	express 12:3	108:7
11:18	13:10 14:13,15	exceptions 32:4	expresses 115:11	fail 33:19
epidemiologists	77:5 86:11,12	excess 35:6	extended 194:17	faint 137:12
25:1	132:12,22 133:4	excited 5:22 114:15	extension 103:12	fair 36:9 89:15
epidemiology 11:3	179:5,12 180:3,9	196:6,16 197:5,18	123:11 155:8	109:18 143:15
50:7	181:3 184:16	excuse 61:12	159:20 199:1	167:9
equal 24:21 42:9	185:1,21 196:22	executive 3:7,11	extensive 11:14	fairly 29:4 78:1
72:17 114:14	200:5,9,14 202:14	87:10	extent 33:8 39:9	145:16 182:7
151:22	203:19 211:13	exercise 72:10	45:19 50:19 84:8	185:2
equally 23:22 24:1	212:5	91:12	91:10 139:6 145:3	fall 56:1 173:4
	evidence-based	exhaustive 17:22	146:3 164:8	178:5 207:4
equipment 178:21	196:19	exist 22:20	extra 44:17 116:21	209:22
equipoise 69:1	evolved 132:10	existence 22:10	117:5	falls 106:11

	I		I	I
familiar 10:2	40:20 41:18,19	federally-manda	175:17,18 177:15	followed 24:22
184:12	42:14,17 43:1,19	153:9	178:3,12 182:13	following 7:7 8:1
families 31:14	44:20 61:15,22	feds 173:9	204:20	10:7 33:9 37:1
150:15	62:10,15 63:7,12	feed 210:14 211:9	fish 20:11 176:19	110:16 184:10
fan 150:1	63:17 64:6 65:4	feedback 7:12	177:1 178:7	follow-up 7:14
far 22:2 88:11	65:12,15,18 66:9	72:10 88:15	188:12,14 189:7,9	79:19 87:20 96:3
115:1 136:19	66:12 67:2 69:21	feeding 95:6	190:16,20,22	208:8,9
148:13 152:6	69:22 70:1,1,3,18	feel 36:14 75:1	191:1,6,8,16	food 2:10 9:13
194:8 210:1	74:5 75:16 76:6,7	123:9	192:4,10,16,20,22	11:15,16 12:5,6
211:14	80:6 81:5,8,9	feeling 165:22	193:1,11,19,21	12:12,12,13 13:12
farm 148:6 150:13	82:11 90:2,3,7,11	felt 10:12 122:20	194:3 198:7,9	14:14,16 15:9
150:15 156:5	90:11,15,19,21	204:12	203:17 205:4	17:6,17 18:4,4,8
158:10 161:17	91:1 93:1,2 97:21	FFA 166:15	208:21 209:1,2,17	19:2 20:8,22 21:9
164:6,12,22 165:1	98:7,7,10,13,18	fiber 22:4 38:4	210:8,21 212:19	22:18,19 23:14,17
165:19 166:7,9	98:18 99:5,7,9,11	62:17 114:1	213:6,14,20	23:17 24:17 26:17
172:18	99:14,14,18 100:3	field 35:11 132:8	fit 68:21 125:2,7,13	27:14,14 33:4,5
farmed 205:4	100:7,8,13,14,20	field-grown 157:11	134:18 171:2	40:13 43:17 45:15
210:10,14 211:8	106:15,18,18	fifth 133:19	206:22,22	47:18 52:4 53:8
211:15 212:5	107:3 110:8,9	FightBAC 184:2,8	fits 124:15	54:6,7 55:3 56:17
213:1	112:13 113:22	184:11,22 185:21	five 14:8 25:10 42:9	57:16,22 77:6,10
farmer 162:15	114:1,11 117:1	186:10 200:1	53:22 76:11 106:9	102:14 103:14
163:15,17 170:8	121:4 127:1	figure 94:10 108:14	133:18 143:14	104:5,10 112:2,20
170:20 172:6	128:10	130:5 131:11	156:11 163:13	113:15,18,20
farmers 54:2 148:5	fats 16:20 21:20	figuring 164:15	164:13 213:4	114:3,9,13 115:1
156:3,4 158:7,8	25:21 26:20 28:3	filling 161:9	Five-a-day 108:17	117:11 123:12,13
158:17,22 159:2	91:2 100:10	final 159:22	171:12	123:17 124:1
160:12,16,21	114:16	finally 81:3 127:22	flavored 114:7	126:7,14 127:13
162:4,6,9,10,13	fattening 32:22	130:21 133:18	floor 46:11	128:17 129:9,9,10
162:15,19 163:12	fatty 21:20 176:22	163:20 169:16	flow 16:11	129:13 135:9,12
164:2,17 171:13	193:6,9 210:18	find 133:22 137:15	flowing 174:8	135:14,17,18
173:22 174:1	fat/bad 99:18	142:5 162:14	flows 175:22	136:14 141:12,14
207:10	favor 172:6	201:1 202:15	focus 44:13 45:1	141:17 142:18
farming 164:1	favorable 82:3	finding 38:8 89:2	93:9 105:6 107:20	143:9,10,11,15
165:2,13,14,20	183:4	findings 60:20 67:6	109:14 113:16	144:2,3 145:4,8
166:14	FDA 181:2 182:4,7	82:6 96:21 103:7	122:17 147:1	145:14,20,21
farmland 138:17	182:19 185:5	192:7	213:12	146:5 147:16
138:20	186:11 189:4,18	firmly 156:14,15	focused 11:10	148:4,19,22
farms 156:20,22	189:21 190:4,7	first 10:18 17:16	114:21	152:12 160:4,10
164:4,14 166:13	192:8 211:7	22:9 42:10 46:17	focusing 201:3	160:11 161:8
175:5 207:1,3	FDA/USDA 207:4	47:14 60:13 61:13	213:21	163:22 165:7
farm-to-school	fed 95:17	64:2 67:13 79:2	folks 103:14 123:6	166:3 167:11
173:19	federal 3:6 4:4,13	97:15 103:22	195:19 197:11	168:11 169:18
fashion 192:6	118:9 126:2	104:15 105:10,11	follow 53:21 71:17	170:2,4 173:21
fast 54:18 61:10	173:16 174:15	110:4 114:11	111:22 112:2	174:2 175:19,22
faster 64:6	181:1,7,11 183:19	120:20 124:18	137:2 188:8	176:8,8,22 177:4
fat 14:22 21:11	185:4,8 186:5	128:6 134:19	202:17 203:14	178:4,10,11,13,16
26:10,10 38:3,4	187:3 209:1	137:6 157:14	207:13	178:17,20,21
	•	-	•	•

170 4 6 100 4 12	104 00 105 7 0	104.2	20 10 24 7 0	G 2 1
179:4,6 180:4,13	124:22 125:7,8	184:2	20:18 34:7,8	G 3:1
180:15,20 181:2,8	127:6 128:18,22	fourth 115:16	43:22 48:6 58:6	gain 27:1 61:17
181:12,13,14,21	129:4,13,19 130:6	119:5	58:11 105:21	64:10 66:10,18
182:8 183:3,3,4,6	130:10 134:9,18	four-and-a-half	106:5 107:10	gained 76:16 78:21
183:13,14,17,20	179:2,14,14,16	25:9	110:18 127:19	gap 154:6,10 156:8
184:3,20 185:5	183:15 184:4,9	framework 178:5	171:3	gastroenteritis
186:1,3,22 187:3	187:10,14,15,20	185:3	fruits 23:10 56:16	201:8
188:9 193:6,14	187:22 188:2	Framingham 93:15	105:18 106:3	gathering 9:5
194:12,16,17	195:22 199:10	93:19 94:6,8,10	107:14 129:16	181:10
195:1,2,2,3,7	204:11,11 206:8,8	France 14:3 24:12	136:17 137:3	general 14:4 63:2
196:1,5,8,13	206:8,12 208:19	Francisco 62:12	139:8,21 142:14	120:20 209:19
197:2,3,22 198:1	209:20 212:20	Frank 2:7 59:19	149:10 151:19	generalize 132:18
198:3,7,9,12,12	food-based 105:12	60:15 89:16 91:5	167:3 171:16	generalized 69:5
198:15,21 199:5	food-safety 180:6	93:12 100:2	172:5 186:12	generally 35:13
200:15 202:2	Force 200:12	frankly 187:7	fruit-based 110:17	75:7 212:19
205:18,18,21,21	forces 27:20,22	207:16	fuel 149:18	generate 149:10
206:1 207:5,11,22	forget 16:1 22:7	Fred 11:4	FUKAGAWA 1:10	156:9,11
208:15	26:19 34:18 41:5	free 6:11 38:3	Fulgoni 41:11	generated 164:2
foodborne 179:9	forgetting 32:14	56:17 57:14 58:5	full 4:15,20 13:11	generates 156:4
208:14	forgotten 114:22	106:19 114:1	62:1,15 125:4	generation 164:16
foods 11:13 12:19	148:14	134:6 168:1	fullest 48:18	Genesee 174:10
13:2,5,7,20,21	form 15:4 39:16	French 13:17 24:17	fullness 36:6 38:14	gentlemen 3:3
15:16 16:13,19,21	formal 190:9	24:18 25:22 26:7	39:8	geographic 30:6,11
17:6,19 18:8 19:5	former 165:1	44:7	fully 71:12 184:1	30:21 172:22
19:7,9,9 20:14	formula 34:10	frequent 29:1,6,15	full-service 161:12	George 69:11
21:2,17 22:14,17	forth 62:2 71:11	29:18 30:10,13	fun 147:13	Germany 14:4
22:17 23:5,12,13	77:11	frequently 23:22	function 11:15	getting 26:5 71:13
23:16,22 24:6,8	fortune 176:7	fresh 58:10 114:5	208:3	108:9 118:6
24:10 26:18 27:19	forward 9:5 131:20	138:6 149:10	fundamental 14:10	128:17 134:6
27:21 28:1 32:12	175:17	150:16 155:5	45:10	141:14 156:14
34:1,20,20 41:3	fossil 149:18	157:20 158:13	fundamentally	157:11,13,17,18
42:20 44:15 45:9	found 39:17 66:6	161:4 163:12	50:10	159:4 164:4 199:7
45:14,21 49:1,14	78:6 80:1 81:2	169:2,4,13 171:15	funded 13:13,16,20	girls 102:3 124:20
49:20 51:3 52:6	96:6 100:8 107:21	172:14 175:7	14:1	125:1
52:17 53:12 54:19	112:5 124:21	freshly 34:7	funding 118:9	give 4:1 5:15 39:3
55:6 58:2,19 62:1	165:18 193:21	Friday 127:17	fun-shaped 114:7	45:22 57:13,14,16
62:16,20 70:10	foundation 163:8	fried 20:19	further 14:15	64:18 69:16 77:2
82:9 90:17 93:6,7	four 10:11,15 64:22	Frieden 28:16	50:19 80:14 98:20	126:8,15 135:2
102:10 104:7,11	69:15 72:5,6 74:8	friendly 143:16	102:9 132:5 140:5	138:2 160:22
106:16 108:1	74:13,14,15 75:21	188:7	174:18 190:6,9,11	172:18 177:10
109:16,18,22	77:20 78:3 79:11	friends 170:20	future 12:8 69:18	178:8 195:17
110:5 111:4,6,8	91:13 93:18	front 115:9 186:11	76:9 82:21 97:17	207:9
111:10,15,17,19	100:21 103:21	fronts 93:14	141:13 146:18	given 13:5 15:17
112:5,6 113:21	105:11 118:12	frost 157:14	147:5 154:1	17:8 35:17 38:19
115:4 116:9,9,9	125:12,21 127:2	frozen 187:10	197:17	49:21 63:12 174:3
118:22 121:16	136:11 150:16	fructose 21:19	G	gives 21:9 38:13
123:19,19,20,21	164:13 177:16	fruit 20:15,17,18		132:4 161:20

	141.16 146.17	76.12.12	155.1 1 4 150.10	HACCD 104.17.10
giving 161:17	141:16 146:17	greater 76:12,13	155:1,1,4 158:18	HACCP 184:17,18
glad 205:7	158:3 161:1,2	114:14 144:5	163:22 166:3	half 68:11 70:3,4
glass 150:3	162:22 163:19,21	146:3 196:17,18	168:5,6	84:19 112:16
global 88:3 147:19	164:4,5,9,12,17	green 46:20 47:3,7	growing 149:7	139:20 164:11
148:11 169:21	164:20 169:9,13	129:17 130:3	150:9 166:18	172:11 213:19
172:5	169:15 170:4	greenhouse 149:17	grows 175:22	Hamm 2:9 135:3
globalizing 168:3	171:4,22 172:1	149:18	Growth 101:22	135:20 137:14
glycemic 21:19	174:5,8,17,18	greens 20:17 51:4	124:19	168:13 170:12
62:19	175:5 177:10	157:21,22 159:5	guess 46:17 56:21	171:8,18 172:7
go 20:14 21:7 23:9	178:14 190:13	grew 149:3	61:10 112:8 200:3	175:12 205:15
23:12 25:8,13	191:22 193:4	grocery 137:8	202:4 206:17	207:9
27:14 36:2 46:2	195:11 197:15	148:8 161:4,11,12	guest 214:5	Hamm's 135:16
49:1 50:18 51:8	200:2,4 207:8	ground 149:12,21	guidance 3:7,22	hand 43:5 178:17
61:9 81:10,11	210:17	grounds 90:10	103:10 109:4,9	189:9,13
82:21 83:4 84:22	good 3:4 8:11 12:2	group 20:14 22:18	117:7 126:6 188:6	handled 151:13
92:19 97:16,20	17:22 22:6 34:8	22:19 23:14,17	guide 12:8 129:9	152:9
103:19 120:15	58:2 66:6 68:22	45:15 62:14 63:5	130:16,19 201:20	handling 178:17
125:8,18 133:9	74:21 77:2,16	63:7,7,10,12,16	guideline 132:9	183:3 186:12
134:17 141:21	94:15 99:17	63:17,19 65:21,22	guidelines 1:4 5:9	hands 63:15 67:8
142:3 143:13,14	105:18 114:4	66:4 69:12 70:18	5:13 8:5,15 16:2	179:15
144:22 148:2	128:12 134:3	71:7 72:4 76:20	22:12 27:4,6,9	hand-washing
161:19 165:3	167:4 182:15	77:13 78:10 79:10	43:12,15 44:14	183:12
166:14 171:15	governed 4:3	81:8 82:15 86:19	56:2,5 60:12	happen 68:19
174:18 185:13	government 13:18	89:12 91:21 98:17	70:14,15 89:4	137:5,6,10,15
193:8 199:21	122:7 181:8	99:8,11,14 101:3	90:1 103:10 104:2	happened 84:7
206:3,20 207:21	grade 200:9	124:8 135:12	104:16 105:14,16	100:3 173:6 185:7
208:9	gradient 29:13	158:20 165:9	105:17,21 108:15	happening 131:11
goal 71:22 72:19	grain 117:1	166:12 173:20	109:10,14,19	182:16
84:19 130:6 182:5	grains 62:2	176:11 198:9	111:1 115:16,21	happens 35:13
goals 72:12 80:1,4	gram 84:19	205:1	116:17 117:19	happy 46:4 87:7
80:16 118:14	grams 16:14 19:12	groups 9:15 17:2	118:4,7,15 119:1	hard 99:19 112:1
167:14	19:15 38:2 39:2	19:2 20:9,22	119:22 120:7,9,10	113:12 117:4
goes 19:11 20:17	83:21,21	28:13 42:9 43:18	121:8,18 122:8,15	123:2 157:14
38:10 84:16 100:7	granola 113:1,2	55:5,5 64:17 72:2	123:7 126:2 129:8	166:3
151:15 197:20	grant 164:4	72:13 74:9 75:10	130:15 131:3,8,21	hardest 169:9
going 9:1 10:5	grape 170:16	75:21 76:1,14	136:7,15 137:2,19	Harlem 30:14,14
17:12 21:10 25:20	grapes 170:9,20,21	78:4 79:11 81:10	137:22 138:10	30:19 31:11,19
31:9,18 44:12	graph 46:18 74:11	82:3 86:16 93:5	167:13 171:2,10	Harry 36:11
45:10 47:5 56:13	graphic 138:17	97:7,8,8 99:16	171:11 180:2,17	Harvard 59:21
59:10 61:9,13	graphics 124:6	103:16 106:12	182:2 183:22	60:3 69:10
71:8 83:3,11,12	grateful 11:20	107:20 108:3	192:1 195:12	harvest 151:17,20
85:15 87:9 88:3	gratitude 59:17	113:7 117:10	196:9 197:9	harvested 151:14
89:9 94:20 96:16	gravitate 80:19	122:13 125:6	199:13 200:8	hashing 214:8
103:8 104:13	great 48:14 53:20	142:17 182:17,18	207:2,4,12 208:4	Hazards 184:18
105:6,11 109:1	58:7 77:14 114:4	191:15 214:6	guys 206:17	HDL 81:10 94:13
118:2 132:3 135:1	116:4 161:21,21	grow 140:20 147:6	54 ,5 200.17	head 100:17 162:17
137:2 139:6 140:8	202:2	150:10,17 154:21	H	health 1:3 3:18
137.2 137.0 170.0	202.2	150.10,17 154.21		11Ca1CII 1.3 3.10
	l	I	l	ı

11.7 10.5 12.17	100.10 115.10	120.10 141.00	144.17	
11:7 12:5 13:17	108:12 115:12	138:19 141:22	144:17	imagine 64:15
14:22 15:21 16:1	116:7 122:14	high-risk 184:9	hundred 156:9	125:17
17:20 28:16,18,20	heard 56:14	historic 12:9	hundreds 103:5	immediately 27:20
28:22 31:6 32:12	hearing 10:11	hit 71:4 128:10	107:21	35:18,21
32:13,13,16 34:9	102:20 195:10	169:9 198:14	hunger 36:6 37:11	immense 32:8
35:1 40:21 41:13	heart 69:7 70:15	home 36:2 96:9	37:12 38:6,14	immigrants 164:21
47:19 50:3,8	89:4 102:2 130:22	125:12 161:8	39:8	immigration 92:12
54:20 59:22 98:8	189:12,16 201:16	178:13,16 179:2,8 180:5 182:15	hungry 14:17 27:17	impact 39:19
101:16,18,22 115:5 124:19	heat 149:19,19,21 Heights 30:14	183:15 184:21	Hutchinson 11:5	102:10,13 177:2 179:7
126:18 127:1,2	held 200:16	194:13 195:7	hydrated 19:10	impacts 193:22
143:4 144:6	help 12:7 24:6	194.13 193.7	Hygiene 31:6	implementation
145:41 146:1	45:13 53:1 122:16	200:15 206:3,16	hypertension 60:6	102:11 171:11
147:1 153:6,6,8	130:9,19 145:10	hometown 150:8	83:5	implications 195:3
154:3,6 156:8,16	163:16 167:1,13	home-based 202:1	hypertensive 84:13	196:8 203:6
180:14 196:12	helpful 105:22	202:8	85:4	204:13
201:13 203:9	108:21 109:12	honey 113:2	hypertensives	implying 56:22
213:10	122:18,22	honored 102:18	83:10 85:11,13	import 169:2,5
healthcare 96:21	helping 88:20	135:22	86:20	importance 45:18
healthful 70:14	175:4	hoop 149:22	hypotheses 69:4	important 7:22
healthfulness	helps 113:13	hope 12:7	hypothesis 69:18	10:6 16:3 32:14
148:21	hemolytic-uremic	hopefully 87:1	hypothesized 70:21	51:11 53:15 59:5
healthier 12:13	201:9	197:6	hypothetical 52:1	59:7 63:20 64:19
13:8 41:1 43:4	herring 152:11	hoping 57:5		66:14 67:22 68:2
45:2,6 129:12	high 21:19,19	Horn 1:7,9 8:6,7,8	I	68:14 72:14 79:20
151:4	22:15 23:9 29:10	46:6,8 53:16 56:9	idea 97:13 129:20	82:14 84:11 96:4
healthiest 12:18	29:11 43:8 61:16	59:8,13 87:8 88:7	138:3 147:17	96:10 97:3 110:1
130:6	62:10,15 65:3,12	89:11 91:3 92:5	158:11 160:22	122:20 151:21
healthily 115:4	65:15 69:22 70:1	93:11 95:22 97:19	161:16 168:1,2	167:21 169:21
healthy 11:13 24:7	78:1 84:17 90:22	100:22 101:10	identical 30:3	177:7 187:22
27:9,15 53:12	93:1 113:5,22	131:22 133:9	75:21	192:14 194:1,15
89:3 93:7 102:8	114:2 138:20	134:21 167:17	identified 8:21 88:1	200:15 201:4
102:14 104:8	146:10,17 157:5,9	175:10,13 199:21	183:1 186:6 187:8	208:22 210:4
107:22 124:4	157:15 158:9	200:17,21 203:12	187:16 188:15	213:10
126:7,13,20,21	159:8 161:19	208:5 213:22	identify 41:3 45:8	importantly 186:2
127:4,6,13,17,18	190:22 191:9	Hospital 60:2	45:13 185:14	improve 14:11
127:21 128:7,19	212:21	host 67:20	186:2	45:11 102:10
128:22 129:4,5,15	higher 20:13,18,20	hot 106:21 148:15	identifying 23:15	148:21 175:4
130:10 132:14	28:3,4 29:19	176:18	ill 32:12,13 40:21	improved 82:11
133:15,21 134:1,4	39:19 43:1,15,20	hours 35:18 36:1	illegal 172:21	improvements
134:5 138:1	48:5 81:8,9 99:7	house 149:22	illness 202:2	144:12 189:10
139:16 141:12	100:13,14 106:7	households 187:12	208:14	improving 96:8
147:2,3,5,6,6,7	119:3	huge 22:7 78:17,18	illnesses 179:9	imputed 74:1
174:20 180:18	highest 25:15,15	hugely 16:3 51:11	illuminate 168:9,14	incapable 35:8
190:17	30:12,18 81:15	human 1:3 3:18	168:15	inches 82:2
hear 4:21 9:1,10	146:13	31:6 35:8 39:14	illustrate 24:13	include 22:11,17
60:10 101:5	highly 10:13	135:9 144:14,16	26:16	56:3 96:21 103:12
			l	l

109:14 115:16 120:10 135:17 197:15,16 included 77:8 115:20 184:7 187:7 includes 42:20 148:4 including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19 influence 183:16	
120:10 135:17 197:15,16 included 77:8 115:20 184:7 187:7 includes 42:20 148:4 including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	100 14 117 16
197:15,16 included 77:8 115:20 184:7 187:7 includes 42:20 148:4 including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
included 77:8 115:20 184:7 187:7 includes 42:20 148:4 including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	120:10 135:17
included 77:8 115:20 184:7 187:7 includes 42:20 148:4 including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	197:15.16
115:20 184:7 187:7 includes 42:20 148:4 including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	,
includes 42:20 148:4 including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
includes 42:20 148:4 including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	115:20 184:7
including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	187:7
including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	includes 42:20
including 65:3 180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
180:12 208:7 income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporate 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
income 17:2 28:13 49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
49:6 51:15,16 52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	income 17:2 28:13
52:2 55:4,5 96:9 incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
incomes 12:5 16:4 45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	-
45:4 51:20 inconclusive 37:9 inconsistent 5:18 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	*
inconclusive 37:9 inconsistent 5:18 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	incomes 12:5 16:4
inconclusive 37:9 inconsistent 5:18 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	45:4 51:20
inconsistent 5:18 incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
incorporate 197:8 incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
incorporated 198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	incorporate 197:8
198:13 increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	_
increase 19:21 31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	_
31:18 155:22 161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
161:4 169:3,14,15 169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
169:17 199:3 increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	161:4 169:3.14.15
increased 80:11 128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
128:15 increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
increasing 15:6 17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	128:15
17:3,3 156:16 increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	increasing 15:6
increment 19:21 index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
index 21:20 25:3 27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
27:10 41:17,19 62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	index 21:20 25:3
62:19 indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	27:10 41:17.19
indicate 207:2 indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
indicated 30:18 140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
140:8 197:4 indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
indices 44:19 indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	140:8 197:4
indirect 148:5 individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
individual 24:20 50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
50:11 72:6 79:7 82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
82:17 91:22 individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	50:11 72:6 79:7
individuals 5:10 6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
6:4 10:12 123:1 187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
187:2,2,17 193:2 industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
industry 14:2 30:7 153:1 184:20 inexpensive 40:19	
industry 14:2 30:7 153:1 184:20 inexpensive 40:19	187:2,2,17 193:2
153:1 184:20 inexpensive 40:19	
inexpensive 40:19	
influence 183:16	
	influence 183:16

influential 49:5
information 5:11
6:9,12 7:7 9:6,8
56:6 68:1 103:18
105:5 107:8 117:8
117:18 118:5,10
118:18 119:2
120:7,11,13 122:6
122:8 123:7
126:13 181:1,10
188:7 189:1
195:18,21 196:3
199:9
informed 71:12
190:21 191:21
196:12
ingestion 37:1
ingredient 128:3
ingredients 128:6
initial 45:10
initially 56:22
initiated 181:17
initiating 196:21
initiative 98:8
102:7 186:13
initiatives 185:9
186:9
innovative 10:20
inside 150:5,6
158:1 161:8
174:15
insight 194:5
Inspection 181:14
Institute 14:6
Institutes 13:17
Institution 69:8
institutions 69:13
instructive 29:5
insulation 150:4
insulin 81:10,15
98:16
insurance 32:16
162:8,10,16
intake 24:18 35:6
37:11,13 52:4
61:8 80:9,20

88:21 90:2,15,16

92:19 93:8 102:6
106:7 114:14
intakes 43:2,13
80:5 82:8
integrated 145:13
integrating 188:19
integrity 121:15
intended 68:18
intensification
83:14 84:4
intensity 72:1
intention 82:1
intentions 69:1
interaction 79:12
79:21 85:18 91:11
interest 102:19
125:20 131:18
132:2 165:12,12
165:15 186:15
204:10,11
interested 6:3 79:6
165:11,21 174:12
186:9
interesting 25:7
29:21 44:2,6 67:4
76:8 91:18 108:20
121:1 124:5
131:13 133:11
147:13 189:8
interestingly 76:15
international 6:15
14:3
internationally 6:5
internet 8:13 79:18
97:11
interpret 67:5
intervals 36:7
intervene 28:10
intervention 90:6
92:10
interventions
102:13
interview 118:16
interviews 187:1
inter-correlated

intrinsically 25:5
introduce 10:1
59:18 60:14
128:14
invaluable 105:2
inverse 21:1,13
23:4
inversely 19:8
investigators 67:8
72:15,22
investment 202:5
invite 197:11
inviting 12:4
involved 60:4
in-home 178:4
179:4 180:20
183:1,11 188:9
198:21
IOM 188:17
189:17,19 192:5
192:12
Iowa 117:22 120:5
irrelevant 124:21
irrigation 140·15
irrigation 140:15 Israeli 89:17 18
Israeli 89:17,18
Israeli 89:17,18 90:4
Israeli 89:17,18 90:4 issue 15:7,15 20:21
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11 187:15 188:13
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11 187:15 188:13
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11 187:15 188:13 189:9 191:18 197:20 199:14 203:15 207:17
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11 187:15 188:13 189:9 191:18 197:20 199:14
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11 187:15 188:13 189:9 191:18 197:20 199:14 203:15 207:17
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11 187:15 188:13 189:9 191:18 197:20 199:14 203:15 207:17 209:6 210:4
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11 187:15 188:13 189:9 191:18 197:20 199:14 203:15 207:17 209:6 210:4 211:15 issued 182:2 189:4
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11 187:15 188:13 189:9 191:18 197:20 199:14 203:15 207:17 209:6 210:4 211:15 issued 182:2 189:4 issues 9:17 16:8,9
Israeli 89:17,18 90:4 issue 15:7,15 20:21 26:16 28:11 33:17 36:10 40:12 49:10 51:13 53:7,8,15 53:22 54:11 61:5 96:16 97:20 98:21 98:22 99:21 115:16 120:22 128:10 138:15 148:12 152:11 187:15 188:13 189:9 191:18 197:20 199:14 203:15 207:17 209:6 210:4 211:15 issued 182:2 189:4

intriguing 195:16

163:21 168:5
176:16 180:13,15
186:3,22 187:9
196:5 197:22
198:3 202:3 203:6
204:7 207:7,16,21
208:8 214:8
items 126:21

J **J** 1:11 **Janet** 53:22 January 8:16 jelly 36:20 37:1 **jerk** 100:6 **Jersey** 149:2 **JOANNE** 1:15 **job** 43:21 44:1 115:10 156:18,19 161:20 **jobs** 156:5,6,11 **jogging** 103:19 **join** 11:21 **joining** 47:17 48:11 **joint** 11:4 **Journal** 26:4,6 28:22 juice 37:6,8 38:21 39:7 40:10 110:18 170:16,19 172:9 juices 34:7,8 175:6 **July** 157:12 166:1 **jump** 167:18 **June** 157:17 jurisdiction 209:22 **justify** 154:14 juxtaposing 98:2

<u>K</u>

K 1:10 110:6,15 148:7 173:2 kale 58:18 Kansas 102:7 KATHRYN 1:18 Kathy 65:14 Katie 195:17 keep 72:3 89:6 138:14 157:18

intimated 92:7

1.00 1.0 1.0 7.1.1		l	l	
168:16 195:14	77:14 84:11 86:22	labeling 195:2,3	layer 149:22 150:5	70:18 85:15 87:16
198:4	89:15,19 90:15	labels 128:3	layers 150:2	97:21 104:4
Kellie 194:20	92:22 93:4,5,14	laboratory 28:15	LD 1:9	105:10 118:11
196:20	93:19 94:1,2,3,8	35:15,16	LDL 81:6 98:19	121:15 122:18
Kentucky 128:15	95:5,7,9,10 96:3,6	lack 32:16 68:1	99:6,15	126:1 134:19,19
key 82:20 88:13	97:12,15 98:8,17	105:12 129:5	LDLs 99:10	177:19,21 178:8
90:22 97:4 181:7	99:2,2,6,17 100:5	202:4	lead 26:22 40:22	180:10 182:17
183:20 184:2	100:7,9,10,11,12	Ladies 3:3	43:4 69:6 89:14	191:6 202:10
187:1,2,16	100:15 105:15,20	land 139:11 140:22	209:15	levels 77:22 81:6
kids 124:4,14 128:3	106:13,14,20	140:22 141:1,3	leader 10:19	88:5 106:8 188:14
164:3,9,11 165:10	107:1,4 108:2,5,9	154:1 164:4	leaders 103:16	192:20
killed 172:11	109:4 111:20	Lando 182:6	leading 102:9	liability 162:10,15
kilocals 71:19	115:8,20 116:4	lands 195:14	leads 69:3 158:21	liberty 14:9
kilograms 74:8,20	117:6,14 119:13	landscape 145:14	leafy 46:20 47:3,7	Library 181:3
76:12,21 78:13,15	120:22 124:1,14	154:1	51:4	lifelong 161:20
78:20,22	125:18 127:11,18	language 119:15	lean 106:15,18	lifting 119:9
kind 33:2 36:14	129:20 130:4,7	121:21 122:2	124:8	limit 41:20 42:1,21
40:14 44:11 62:4	131:12,18 133:6	large 68:8 82:7	leap 16:22 118:20	61:11
68:12 73:13 80:11	134:4 137:1,20	113:19 124:14	learn 89:5 173:22	limitations 34:20
81:1 91:19 93:3	140:3 146:15	139:6 145:3	174:1	67:19,20
94:21 113:13	147:10 149:6	164:21 179:13	learned 194:14	limited 50:21 51:15
117:8 127:11	151:17 154:12	192:16	214:2	51:16,20 52:2
136:6,12 147:12	158:16 168:13	largely 106:12	learning 126:10	54:4 160:5,7
147:13 152:7,10	171:12 176:5	larger 63:1 83:18	lectured 164:10	limiting 40:21 41:7
153:8 161:1 166:1	178:18 183:21	204:10 209:14	led 40:2,5 53:22	43:3 45:3,21
190:8 196:21	185:15,16,20	largest 120:6	93:18	121:7
204:4 205:20	188:1,12 189:3	large-scale 102:13	leeway 174:15	limits 112:14,14
210:16	195:11 199:8	Larry 53:17,19	left 21:18 79:2	188:2
kinds 40:8 73:13	200:11,13 201:5,6	56:14,21 93:11	114:10 153:10	Linda 1:7,9 8:6,8
79:7 88:16 107:5	201:7,8,12,14	99:3 100:1 200:17	166:2 188:3	46:8 60:18 102:17
115:12 120:18	202:4,17,20,21	200:21,22 203:4	205:15	195:15
121:11 124:22	203:1 204:14	lastly 177:3	legislation 102:10	line 6:17 39:5 65:1
142:22 143:18	205:14,21 206:9	late 8:15 158:11,14	110:2,3,6 111:2,6	69:4 72:17 75:22
144:15 145:1,6,7	206:13 207:1	195:13 198:4	111:12,14,22	115:9 134:3
157:8 165:4 207:7	208:8 210:11,15	lately 178:19	112:8,12	144:22 linear 23:1 70:20
King 53:22 Kissileff 36:11	211:15 212:14	198:22	legislature 173:5 173:15	
	213:9,11 knowledge 15:22	latest 159:12,15 181:18	lesser 84:8	83:14,15 144:13
kitchens 179:15 knee 100:6	U			link 20:7 32:11
	45:20 55:11,13,15	Latino 130:18	lettuce 157:21	121:11 156:15
knew 71:7,13	56:4,6 58:17	Latinos 96:8	162:17	162:18
knife 124:12	179:21 181:22 known 209:15	Laughter 137:13 204:17	let's 16:1 26:18	linkages 167:2 linked 17:10 18:5
know 21:12,12,16	MIIUWII 209.13	launched 184:14	41:5 58:1 63:21 85:2 93:1 94:5	29:7,9,12 189:18
46:18,19 47:6 48:16 49:3,6,8	-L	186:11,14	99:7 138:9,11	linking 18:6 159:19
51:17 54:1,2,3	L 1:15,15	lavalier 177:6	154:6,8,12 155:13	links 11:11 14:15
58:18 62:9 68:3,5	lab 37:4,5	LAWRENCE 1:11	154:0,8,12 155:15	lipid 98:11
69:3 74:16 75:15	labeled 177:19,21	lay 104:10	level 23:8,11 24:20	lipids 97:22 98:16
07.3 /4.10 /3.13		14y 104.10	10101 43.0,11 44.40	npius 91.44 90.10
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

	1	1	<u> </u>	l
liquid 15:4 33:18	173:11 174:8	166:17 193:20	134:11,11	macronutrient
35:6,8,16 38:18	204:11 205:13,21	196:4 198:1	low 23:10 24:13	33:14 69:17 71:2
39:16,18	206:7,22 207:1,10	looks 76:6 201:3	29:10,10 33:11	71:4 72:11 80:1,4
liquids 36:12,21	209:1	208:13	42:22 43:1,7 49:6	80:4,16 81:20
37:14 39:12	locales 88:4	lose 62:3,6,7 65:15	55:4 61:15,22	82:8 90:16 92:18
liquor 161:9	locally 145:12	68:10 76:18 77:1	62:10,14,18 63:7	93:8
list 105:11 110:16	locals 148:16 173:8	95:19 140:14	63:12,17,22 64:3	macronutrients
112:4 183:11	localvore 147:11	169:22	64:4,6 65:4,18	14:21 32:12 40:13
210:8	location 30:1,7,11	losing 95:20	66:9,12 67:2	40:19,20 60:21
listening 59:15	30:22	loss 34:12 60:21	69:20 70:1 80:6	61:1 77:5
202:19	locations 76:8	61:2,3,17 62:5,13	80:10 81:5,9	mailed 6:13
listen-only 5:1	log 23:2,3	63:8 64:5,12 65:5	82:11 84:14,18,18	main 180:1 188:12
Listeria 186:14,16	logic 16:11 32:9	65:19,21 66:5,22	85:1 93:2 96:9	188:13 191:10
lists 17:18	33:9	69:2 71:2 73:11	97:14 99:11,14	mainstream 24:4
lit 177:18 178:1	logistical 142:10	74:8,19,19 75:19	106:15,18 107:3	maintain 82:14
literally 49:6	log/log 22:22	75:19 76:10,11	113:22 114:1	maintaining 14:12
literature 8:20 9:7	long 87:19 88:17,18	78:10 79:8,14	126:22 127:1,2	45:12 96:5 169:1
148:15 151:8	145:10 160:12	80:18 81:17,19,22	155:10 191:7	major 178:18
178:15 180:7,13	188:2	82:7,14,16 89:21	lower 14:12 17:2	majority 174:4
182:20 183:10	longer 37:15 68:10	90:8 92:3 99:8	20:9,12 24:10	making 88:11
185:13 188:11,19	114:2,3	lost 26:21 60:9,16	25:13,16 26:12,13	188:20 203:19
188:20 192:9,13	longtime 61:15	62:8 63:11 66:12	27:22 28:12,13	male 29:7
202:13 206:13	long-term 64:21	69:9 76:21 78:14	44:4 66:16 85:15	man 152:20
little 63:11 91:15	82:18 87:19 89:20	78:19 88:9 91:7	86:3 98:10,17,18	manage 88:16
99:13 109:1	199:4,10	99:8	98:19 106:7	151:20
124:11,12 125:13	look 23:7 31:4	lot 48:16 57:3	146:11	management 5:13
130:2,3 133:16	33:21 38:6 46:13	62:19 63:8 64:1	lowering 84:14	151:16 194:12
134:6 136:6,17	47:22 48:1,6 70:5	65:22 72:3 78:9	86:13 98:11,19	manager 104:10
140:4 152:2 168:9	70:16 81:11 85:2	79:13 83:13 85:14	lowers 99:6	managers 104:6
175:15 185:14	89:22 112:4,19	111:18 122:14	lowest 20:16 43:19	Manhattan 31:2,3
live 6:1 7:19 22:13	126:17 129:6	136:1 138:7 142:9	43:19	31:21 32:3
51:14,20 54:5	131:20 132:21	143:10 146:9	low-cost 45:21	mantra 100:5
140:22 149:1	145:8,12 146:11	148:1 151:8	low-energy 19:10	map 120:16 121:20
157:10 166:13	154:6 163:22	153:22 155:1,2	19:18	138:18,21
lived 51:17 52:3	164:1 169:7	159:9,11 160:14	low-fat 61:14	maps 31:2
lively 9:16	176:22 177:3	165:9 166:4	luck 167:4	Marie 158:5
living 52:17	180:6 181:21	169:12 174:7	lunch 38:19 39:3	market 54:6
loaded 170:16	194:15 196:22	178:5 181:10	40:2,5,6 102:6,7	157:20 158:11
loads 179:8	198:2,7 200:3,5	182:3 186:15	119:4 124:22	159:2,21 162:6,11
local 117:20 119:20	204:13	187:12 206:19	125:11 128:15	162:15 170:17
132:14 142:18	looked 12:17 79:15	214:3	173:2	171:7 172:5,12,14
147:16,17,18	83:19 184:6 194:6	lots 61:22 125:19	Lung 69:7	175:8
148:4,5,6,14,17	197:11	128:16 187:9		marketer 15:12
149:8 151:4,9,12	looking 18:7 36:4	Louis 150:8	M	marketing 68:16
152:8,11 156:16	41:12 84:20 91:19	love 115:22 117:14	M 1:12	122:18
156:17 161:4	92:4 97:13 119:19	119:9 123:14,14	machines 49:9	marketplace
167:6 168:11	126:19 143:20	131:5 133:6	113:4	143:20 158:15
	1	1	1	•

markets 54:2 148:5	73:10 75:1 94:20	171.0 21 175.21	Maxiaan 20.9	140.20.20.21
158:7,22 160:12		171:9,21 175:21 177:8 193:15	Mexican 29:8 Michael 2:9 135:3	140:20,20,21 153:19 155:18
· · · · · · · · · · · · · · · · · · ·	measures 27:7,10			
160:16,22 162:14 162:19 163:12	91:21 207:9	198:19 199:15,19 199:22 200:19,22	Michigan 135:4	156:2,3,9 162:9
	measuring 36:5 119:19	201:22 202:16	146:6,12 149:1,4 150:7 152:16,22	167:3 Mills 14:4
Marshall 196:2			· /	
Marshall 197:12	meat 20:10 106:16	203:3,13 204:3,18	153:13 154:21	Mim 46:13,15
materials 183:7	124:7,7 201:10 mechanism 35:4	205:10 206:21	155:1,17,17,21	205:11 207:16
matter 82:15 97:21 101:7 179:11	mechanisms 196:7	207:13 208:12,20 210:5 211:6,11,12	157:10 158:3 160:6 161:3,22	Mim's 207:14 mind 34:3 168:16
214:16	media 68:15		162:6,7 163:9	182:6 198:5
matters 55:1	Medical 60:3	211:17,19,20,22 212:8,11,12	164:18,18 172:8	minerals 22:5
Matters 37:5	medicine 11:4 60:3	members 5:9,14	173:10,15,16	mini 186:12
	Mediterranean	7:20 9:21 46:12	Michigan's 172:11	minimal 21:21
mayonnaise 19:16			microclimates	
McGregor 83:8 McManus 65:14	65:12,21 66:4,9 66:12 67:1 68:20	103:15 104:15,21 men 29:20	155:3	minority 29:7
McMURRY 1:18		mention 79:22	microwave 187:5	minute 35:3 151:1 minutes 46:10 72:1
	Mediterranean-s 65:16			87:9 91:8
MD 1:10,11,13,14 1:15	medium 6:2 84:18	118:15 119:22 120:8	187:10,11 microwaves 187:13	87:9 91:8 MIRIAM 1:12
meal 35:17,20,22	84:18,22 156:21	mentioned 93:22	mid 157:18	misconceptions
36:8 71:18 124:4	meet 13:1 105:16	99:4 116:7 187:5	middle 22:13,17	208:3
125:16,19	121:16	menu 127:3	,	
meals 148:8		menus 71:6 126:20	85:7,19,22 86:1 129:19 172:13	misperception 213:20
	meeting 1:5,7 3:21			
mean 24:16 27:2	4:11,20,22 6:20	mercury 208:15	midtown 51:18	missing 213:19 mission 102:22
42:7 51:16 52:1	7:3,7,9,13,13,18	210:22 211:1	Midwest 149:4	
57:4 75:19 89:16	8:4,14 9:18,22	213:13,13,13,16 213:21	MIFMA 162:6	Missouri 150:8
93:5 97:4,6 99:4	112:7 131:7,9		migrant 164:22 165:1	mixed 41:22
99:13,18 107:2 109:8 112:9,20	193:8 194:7 204:20	merely 51:3	Mike 132:4 167:18	mode 5:1 model 27:11
113:11 116:21	meetings 4:15,18	mergers 136:2 message 6:1 108:4	167:21 176:3,9	105:20 119:6
117:3 127:18	181:7 197:13	123:4 134:16	190:7 197:12	168:10
129:21 130:5	megajoules 25:12	messages 107:10	mild 86:20	models 96:10 97:13
134:14 146:6	megajoules 23.12 member 1:10,11,11	108:2,8,12 122:19	mildly 84:12	119:9,9 132:13
153:4 154:9	1:12,12,13,13,14	123:2 171:13	milestones 8:17	154:13
155:16 163:22	1:14,15,15 5:15	184:2	milk 20:13 38:21	moderate 83:9
201:11,13 205:13	11:4 46:15 47:13	met 8:16	39:7,8 40:10	Mom 133:19
205:22 206:5	47:21 48:3,8,13	met 8.10 metabolic 17:4	106:17,17 107:1	moment 31:8
212:8	50:12,16 51:1,5	32:6 61:18 75:17	110:20	151:14,15
means 23:5 26:13	51:12,22 52:7,10	82:12	milligram 86:14,14	moments 197:4
43:2 52:8 119:11	52:15,18,21 53:10	methodology	milligrams 87:4,17	monetary 25:3
141:11 147:15	53:13,19 56:11,19	190:11	milliliters 38:2	money 15:15 45:20
153:5,11 155:19	57:10,13 58:21	methylmercury	millimole 83:20	55:11,13,16,18
177:19,22	59:6 60:11 89:13	176:19 177:2	85:9	56:4,7 153:7
measure 27:8	91:4 92:6 93:12	188:14 189:13	millimoles 83:11	158:4 163:10,16
35:21 36:1,17	95:1,3 96:1 100:1	190:19 191:1,9	83:11 84:6 85:6	monitor 109:22
measured 27:5	100:18 128:16	190:19 191:1,9	million 131:6	monitoring 6:17
measurement 74:1	132:8 133:10	202:20 203:5,15	136:22 137:16	7:2 213:5
measurements	167:20 170:7,13	202.20 203.3,13	138:2,3 139:17	month 26:3 74:12
incasui cilicitis	107.20 170.7,13	207.2,1,13,11	130.4,3 137.17	111011111 20.3 /4.12
	I	I	I	I

77.10 124.14		102.0	o4 o h lev 1 6 . 4	41.14 45.19 47.20
77:18 134:14	national 13:16 14:2 15:6 17:20 18:4	192:9 Notes 1:12 46:15	notably 16:4	41:14 45:18 47:20 50:3,7 55:16
155:6		Nelson 1:12 46:15	note 6:22 167:15	′
months 64:3,11,16	24:17 41:13 47:19	46:16 47:13,21	193:17 195:9	59:21 60:5 101:21 103:13 104:2
65:19,20,20 66:2	69:7 108:20	48:3,8,13 50:12	notes 6:19 notice 4:13 10:16	
66:10,19 67:13	142:20 148:11	50:16 51:1,5,12		107:12,13 108:13
71:21 72:5 74:20	nationally 181:16	51:22 52:7,10,15	19:19 20:6,9,16	108:15,22 109:11
74:22 75:1,5,6,9	natural 88:3	52:18,21 53:10,13	20:20 23:4 29:5	115:5 116:15
75:12,20 76:1,17	naturally 26:22	205:10	34:1 37:22 39:10	117:20 118:14,18
76:19 77:13,14	nature 98:7 112:22	neurological	43:18 78:17	119:3,20 121:9 122:8 123:12
78:1 80:9 95:14	113:1 202:3	189:11,15 212:17	notion 55:11	
95:21 155:8,9	Neal 63:5 near 130:21 146:18	never 79:3 146:7	novelty 68:14	126:2,3 129:2
157:19 158:1		165:19 174:5	November 157:19	135:10 143:9
morals 144:14	nearly 103:4	new 6:2 28:17,18	nuanced 51:7	181:3
morning 136:21	necessarily 23:22	29:6 30:10,11	number 6:14 15:13	nutritional 11:1
214:7,10	43:4,20 45:22	31:5 32:3 48:19	27:19 35:5 39:2	21:21 73:14
Morningside 30:14	48:22 58:18 63:3	58:9 60:11,20	49:19 55:20 77:4	101:17 114:2
mother 133:16	98:11 160:19	125:5 129:10	77:9 78:12 117:16	121:14
mothers 107:20	171:1	131:20 140:7	118:21 132:13	nutritionist 15:21
motivated 71:14	need 13:4,6 16:4	148:16 149:2,2	160:7 176:16	nutritious 12:19
123:1	22:10 24:2,5 40:1	170:10 171:16	181:6 186:7	151:5,10,12,12
motivational 71:10	45:7 51:6 57:1,7	178:9 193:13	188:15 191:14	152:2
Mott 135:3,12	59:10 74:16 79:6	194:6 204:10	194:21 199:3	nuts 20:10
mouth 151:15	89:6 90:14 98:6	205:8	202:3	0
move 9:4 24:8 32:9	108:16 130:14,15	news 176:19 178:19	numbers 100:16	
40:11 59:10 63:21	130:19 131:2	newspaper 128:14	nurture 147:4	O 3:1 204:21
135:1 141:1	139:16,22 140:1	NHANES 42:6	nutrient 13:19,20	oats 113:1
175:11,16	141:15,20 145:15	NHLBI 60:8,11	17:18 18:1,8,9,16	obese 17:2 33:4,6
moved 150:9	145:16 155:15,20	101:22	18:22 22:15 24:14	33:12,15 73:17
movement 92:20	157:1 161:22	NIAID 195:1 196:3	25:16 41:4,21	95:18
147:17 187:15	162:18 165:4	197:11	42:19 44:9,13,14	obesity 10:21 11:8
moving 44:2 50:8	167:3 169:18,22	nice 23:1 44:1	44:16 45:4 47:17	11:11,11 14:16
138:16 144:4	188:5,6 203:22	132:21	105:13 112:2	15:4,6 17:10
	needed 8:22 153:20	•	114:21 204:6	29:12 30:1,2,18
MPH 1:11,14,15	166:10 204:8,13	Nickols-Richard	206:9	31:1,4,8,10,11,14
MSU 135:11	needs 106:5 125:22	1:12 198:19,20	nutrients 18:20,20	31:15 32:2,6 34:3
150:13 164:9	126:1 140:21,22	nine 66:10 82:1	41:20,22 42:1,20	102:2
MSW 1:19	140:22 141:1	nominal 198:13	42:21 43:3 109:15	objective 4:7 71:3
Muskegon 158:5	187:17 189:2	nominated 204:15	109:17 111:3	observation 4:16
MyPyramid	190:21	non 85:4,13	113:17 193:20,21	observational
118:16 121:10	negative 193:22	non-African-Am	nutrient-dense	68:13
	neighborhood	85:12	12:19 13:5,6	observed 36:22
N	49:20,21 52:3	non-domestic	23:16 44:5	37:2
N 3:1	97:8	169:5	nutrient-rich 28:1	obtain 72:10
NAFTA 172:3	neighborhoods	normally 157:10	45:9 51:2 62:16	obvious 67:10
name 7:21	15:18 32:17 49:14	normotensive 85:4	nutrition 3:12 11:7	74:17
NAOMI 1:10	neither 63:19	normotensives	15:22 16:2 17:17	obviously 15:9
nation 6:4	NEL 181:3 182:20	85:12,14	17:20 18:3 26:4	21:10 30:12 90:21

99:12 108:7 132:9	132:4 195:14	177:2 180:6 183:6	Park 51:20	patience 176:2
OB/GYNs 203:16	Opening 2:4	183:18	part 4:14 16:3 24:4	patients 62:12 63:6
occasion 12:10	operationalize	outreach 135:14	32:18,18 49:7	73:10 76:16 78:20
occur 4:17	121:3 130:8	outs 66:8	58:11 91:7 96:13	79:1,4 80:2 84:12
occurred 80:14	134:15	outside 8:22 10:13	96:21 109:18	86:8 92:8
October 157:13	operations 5:19	56:1 211:14	114:19 120:6	patient's 82:17
offer 8:9	opinion 144:18	outstanding 101:1	130:2,3 146:11	Patricia 2:8 101:12
Officer 3:6	opinions 73:1	214:1	164:14 165:6	pattern 64:2 67:10
official 146:15	116:19	ovens 187:12	176:20 184:8	92:9
offset 193:22	opportunities 5:2	overall 11:16 23:4	185:18 196:18	patterns 92:14
oh 95:2 99:1 196:14	194:11	82:2	207:16 213:14	121:20 192:22
200:17	opportunity 60:19	overblown 54:13	partial 92:20	pay 10:14 25:17,18
oil 19:12 170:15	116:5 120:13	overeat 28:5	participants 5:1	96:17 97:10
oils 19:14 20:1	122:3 131:16	overeating 26:22	6:15,18 8:12	paying 25:19 83:2
okay 33:9 48:13	146:20 157:3	overemphasize	41:13 42:6,8	Pearson 1:13 91:4
60:17 64:9 65:11	159:19 167:12	45:17	47:19 68:4,11	91:5 132:8 170:7
67:5 71:22 73:18	181:20 207:6	overnight 160:12	71:4,17 72:9,16	170:13 171:9,21
74:11 81:3 83:7	208:1	172:12	73:21 76:18 78:14	199:22
85:2,17,20,22	opposed 39:12	overstated 92:17	80:2,8,19	Pearson's 176:21
92:16 94:5 100:18	169:20	overview 61:1	participate 5:2	198:9
103:21 113:22	opposite 63:21	overweight 14:18	146:1	pediatric 103:1
125:21 130:13	64:18 65:3 189:14	73:16 103:2	participating 6:5	peer 96:11 97:7
138:9 149:8	opt 206:18	Oxford 147:11	participation 8:10	PENELOPE 1:19
151:21 152:15	optimize 126:2		66:3,13 79:8	Peninsula 146:12
154:5,12 157:5	options 41:8 169:1	P	91:21,22 97:5	158:4
159:1,21 161:15	orange 40:9 86:6	P 3:1	particular 78:4,5	Pennington 69:10
163:3 169:1	oranges 154:18,21	package 32:18	82:22 177:1	72:8 77:8
172:22 202:16	order 1:7 14:10	58:11 125:16	207:17	Pennsylvania
212:11	22:8 24:6 136:13	packages 125:13	particularly 7:22	118:1 120:5
old 141:8	Oregon 127:16	125:18,19 128:4	61:6 103:2 108:20	Penny 3:16
older 86:1,4	organic 143:15	128:22	parties 6:3	people 10:2 12:21
omega-3 210:17	148:16 150:13	packaging 128:21	partner 69:11	12:22 13:1 15:22
OmniCarb 60:10	165:14,19,21	PAGE 2:3	partners 103:5,9	22:3 24:6 25:4
OmniHeart 94:1	204:11 205:13,21	pages 32:21 107:21	103:11,19 122:16	26:12,15 28:11,19
95:16,17 99:3,4	206:5,8,12 209:5	paid 25:4 163:15	126:11	33:3,4,10 35:5
once 25:6 134:14	organized 9:9	191:4	partnership 3:17	42:16,18 44:18,21
151:17	oriented 200:14	palette 114:10	185:5	51:20 53:3,3
ones 107:4 112:17	origin 184:13,22	pane 150:3	Partnerships 102:8	55:20 56:19 57:1
112:18 120:8	original 34:10 65:9	panel 60:13	parts 30:20 164:19	57:6,14,14,18
169:8 186:19	127:14	paper 27:12 33:22	passed 110:1,14	58:17 59:15 65:15
one's 114:10	Ornish 65:3 77:21	93:17 100:4	173:14	69:14 70:1 71:12
ongoing 82:13	ounce 29:3	160:10	pasta 19:18	72:3,8 76:22
88:13,15	outbreaks 202:2,8	paradigm 61:15,19	pat 124:12 132:1	78:18,19 81:14
online 5:4	outcome 73:20	62:8,21	134:22 176:2	82:22 83:22 86:4
on-farm 156:5	75:18 93:16 94:9	paradoxically 27:1	path 139:10,14	86:8,22 88:12,15
open 4:7,14,16 9:22	outcomes 14:22	paramount 71:3	209:16 210:2	88:20 89:2 91:1
18:21 46:11 88:8	32:13,14 73:19	parents 49:8	pathogen 179:8	92:12 95:18 96:4

06.0 11 07.0	211.10.22.212.11	125.0 150.12	24.12.40.12.62.14	- agiti and 197.2
96:9,11 97:8	211:19,22 212:11	125:9 150:12	24:13 49:12 63:14	positions 187:2
100:11 103:12	perfectly 171:2	190:14	64:8 74:14 75:3	positive 116:1
105:12 107:1,4	performance	pictures 123:19	77:18,18 87:1	possibilities 33:16
109:3 114:12	121:15	piece 148:14	92:19 97:22 119:5	possible 14:11,17
115:3,13 116:6	period 197:6,7	155:14 196:15	124:10 139:18	45:11 88:11 107:9
118:10 133:6	persistent 209:5	pieces 110:1,3	150:20 153:12	107:15 145:5,6
140:21 143:11	211:2	111:2,5	166:21 172:1	possibly 107:17
146:1 147:7,10,16	person 42:8 52:2	pilot 56:15 58:5 PI-SUNYER 1:14	175:16 203:21	post 3:10,11 32:21
151:3 152:4	personal 49:3		pointing 23:15 41:8	151:20
154:15 155:18	50:13,15 82:17	place 107:6 113:10	points 6:8 76:10	posted 7:17
158:13 160:4,5,21	personally 5:11 90:13	159:8 168:11	118:12 158:3	post-harvest
163:4 166:5,8,13		187:9	175:10 184:19	151:16 155:10
166:17 179:11	personnel 109:21	places 141:22	214:1	potatoes 20:19,19
181:7 186:4	perspective 207:22	142:13 161:7	policies 102:12	potential 87:3,5
188:21 191:20	perspectives 144:15	164:20 169:12,16	117:18 119:1,6,6	142:13,22
192:18 212:22		plain 39:12 40:6	119:10,14 122:4	poultry 106:17
perceived 68:18	pertinent 9:5	plan 214:10	policy 3:12 18:3	pounds 60:9,16
perceiving 39:21	pessimistic 58:14	planned 181:19	50:8 60:5 103:3	66:10,13 69:9
percent 22:8 31:11	pesticides 208:18	planners 50:5	117:11 118:13,19	82:1 88:9 91:7
31:14 34:7 37:16	209:20 210:8,14	planning 104:11	120:19 121:2,12	99:8
37:17 39:7 68:9	211:3 212:16,21	192:3	121:14 132:15	poverty 11:10
69:21,22 70:4,4,8	213:2,6	plans 9:6 71:18	pollutants 209:6	12:22 14:16 17:9
70:8 73:7,15,16	PHD 1:9,10,10,12	179:18	pool 163:16 164:21	29:10,10,10 30:2
73:22 74:7,22	1:12,13,13,15	plants 147:4,6,6	pooling 163:9	30:16,22 31:3,14
76:11,12 80:7,11	phenomenal 118:4	150:7 157:16	poor 24:15 32:22	31:15 32:2,15
81:7,8 86:17	phenomenon 81:2	plastic 150:1,6	33:3,4,10	40:21 45:5 49:5
87:13 90:2,7,10	philanthropic	plate 123:16,18,22	pop 203:8	power 12:11,14
90:19 98:10 99:15	163:10,16	124:18 125:3,7,9	POPs 209:6 211:7	35:7 49:20
99:20 110:8,8,9	phone 181:17	125:13 132:14	popular 34:3	practical 128:9
110:18 111:13,15	199:3	205:3 Plaut 196:2	198:15	practice 119:14
131:9 133:11 138:5 139:8,13,13	phrasing 204:9		population 13:8 24:21 62:7 63:1,3	130:16 190:17
, ,	physical 29:16 52:9	play 144:17	,	196:11
140:14 146:14,16	52:14 54:17,18	please 6:22 10:1 11:22 59:16 101:4	80:12 83:19 84:11 86:16,18 87:14	
153:21 155:14,22	71:22 91:7,15 92:1		98:4 130:18	pre 80:3,3
156:1,8 160:6 161:9 208:22		pleased 195:17 200:2	140:18,19 143:5	precisely 190:2
	Physician 60:1		140.18,19 143.3	preclude 5:19 preface 202:17
percentage 68:8 112:10 169:4	physicians 196:11 physiological 193:3	pleasure 59:18 60:14	153:21 164:1	preference 57:22
		plenty 23:14 95:18	169:17,18 174:21	preferences 11:15
percentages 152:3 perception 211:3	phytochemicals 22:6	210:17 213:3	180:2,19 182:12	51:9 82:18
212:21 213:1		plot 32:5	191:3	
Perez-Escamilla	picked 121:21 picking 133:17	-		preferencing 172:22 173:13
1:13 96:1,2	PICO 177:17	plots 23:1 plunge 10:9	populations 11:12 62:21 165:6	preferentially 17:1
167:20 177:8	199:20 205:5	plus 40:5 202:3	population-based	pregnancy 191:17
199:19 200:19	210:11	pius 40:3 202:3 pocket 21:8	78:5 80:16	203:17
201:22 203:13	picture 15:9 16:3	pocket 21:8 pockets 156:2,4	portfolio 148:19	pregnant 191:4,16
208:20 211:6,12	32:18 43:9 81:12	point 12:18 21:15	portion 110:11	203:16 210:20
200.20 211.0,12	J4.10 4J.7 01.14	point 12.10 21.13	POLUOII 110.11	203.10 210.20
			<u> </u>	<u> </u>

212:15	191:11,12	209:14 210:20	products 20:12	provide 4:6 26:20
preload 35:12,17	prevalence 29:11	problematic 43:3	23:11 106:17	27:21 39:1 56:5,7
Premier 79:19	30:9,13,18 31:8	104:3	110:20 142:16	109:9 117:7 126:5
	31:10,11		170.20 142.10	
prepackaged 128:18	*	problems 68:2 131:19 160:10		126:6,12 150:15
	prevent 61:17		professor 11:2	provided 39:15
preparation 24:3	preventative 153:7	201:13	59:20 60:2 101:16	73:6 132:11,13
178:17,21,22	prevention 10:21	PROCAM 94:18	135:3	providers 196:12
183:3,13,14	59:20 184:3	procedures 25:1	profile 100:13	provides 44:16
prepare 179:14	Preventive 200:12	proceed 101:12	profiles 38:7	providing 5:3 20:2
prepared 179:2	previous 60:22	proceeding 35:8	profound 166:7,10	58:5 103:11 105:1
preparing 106:16	66:18 72:18 81:1	182:21	program 11:1	167:6
present 1:8,16 9:14	92:18,21	proceeds 6:20	56:17 58:5,9	proximately 84:19
12:5 18:10,15	previously 173:9	process 4:15 5:3	66:11 68:7 71:1	proximity 52:12
21:3	pre-specified 73:19	48:10,11 177:22	75:8 79:17 102:8	54:18,18
presentation 7:4	price 34:15,19	178:2	123:12,13 128:17	psychological
46:7 53:20 59:14	47:18 172:2	processed 115:4	148:8 160:4 162:9	71:11
91:5 92:8 101:1	prices 13:12 14:14	processing 106:13	162:21 163:7	psychologists 71:15
132:5 167:22	16:5 17:6 18:4,5	129:5	173:2 185:21	77:7
175:14 177:6	24:17 128:15	produce 137:7	200:2	PT 1:19
190:10 193:13	price-related 18:22	138:6,7,7 139:16	programs 58:13	public 4:7,11,13,17
presentations 2:5	primarily 165:14	139:17,20 142:14	59:1 66:7 148:7	4:20,22 5:2,21 6:8
5:15 176:4 214:2	primary 73:18,19	150:16 155:20,21	160:14 161:2	6:18 7:3,19 8:1,12
214:12	107:13	157:21,22,22	165:5 166:15	9:22 10:7 11:7
presented 35:20,22	principles 184:18	158:10 161:4	183:19 186:5	15:21 45:8,13
48:20 87:12 182:7	prior 83:7 138:21	162:3,3 163:12,15	187:4 194:21	50:3,8 59:22 60:5
presenter 10:18	priorities 197:21	169:3,4,13 170:1	project 102:7	101:18 104:10
101:12	prioritized 8:18	171:15	117:21 119:21	116:12 143:4
presenters 10:15	priority 177:19,21	produced 139:9,9	141:6 158:2	144:6 145:22
presenting 16:6	178:8	139:12 155:16	promote 33:19	153:6 154:3,6
preservation 154:1	privilege 87:10	produces 85:10	35:6 61:16 62:5	156:8,16 179:13
199:10	probability 169:11	138:5 165:7	135:14	185:20 189:5
preserving 141:21	probably 36:9	producing 156:21	promoted 39:8	190:20 192:16
presiding 1:7	89:19 94:14 97:16	158:10	78:4	195:10 197:5
press 198:4,22	99:13 146:4	product 117:1	promotes 64:4	201:13
pressure 61:7	147:20,21 149:15	159:9,16 160:1	promoting 46:1	publication 41:11
83:12,15 84:4,14	149:16 152:3,13	163:3 174:8	promotion 3:13	public's 23:19
84:17,22 85:10,20	170:22 204:8	production 137:16	18:3 96:7	publish 59:4
86:2,3,13 87:22	209:21	137:22 138:4,11	promptly 4:8 101:5	published 26:3,5
94:13 139:2	problem 54:13	140:2,5,9 141:3,4	prompts 130:14	27:12 28:21 58:22
201:15	55:19,22 90:19	141:16,21 142:2,7	proper 184:4	90:4,5 100:19
pressures 26:17	94:7,11 96:13,15	142:8,8 145:14	proponent 168:22	185:9,16 188:17
139:5	114:19 115:6	149:9 153:20	proportions 70:11	188:18
presumably 98:18	116:13 129:22	156:1,6,16 158:17	propose 69:7	Puerto 29:8
pretty 65:19	133:13 144:7,8,10	159:20 168:12	protein 38:4 39:18	pull 100:16 170:15
114:17 122:5	144:10,11,13,14	170:11	70:4,5,19 74:5	pulled 124:7
125:8 128:12	175:7,8 201:7,19	productive 138:19	83:1 124:8	125:15
134:2 136:18	202:19,21 204:2	141:22	protocol 65:9	purchase 12:12
	,		-	-
	<u>'</u>			•

160 20 21 161 7	100 7 105 01	100 10 22 202 7	76 12 70 0 02 20	101.15
160:20,21 161:7	122:7 125:21	199:18,22 203:7	76:13 78:8 82:20	191:15
purchasing 49:19	143:8 144:21	raised 106:20	83:13 84:10 89:1	recommendation
Purdue 37:5	149:7 151:7	173:15 207:16	90:16 91:1 94:10	98:9 189:20
pursue 203:8	153:18 154:5	randomized 63:6	97:4 99:9,18	203:18,20
pushing 82:21	158:18 159:22	68:10 69:14 73:5	101:1 105:3 107:2	recommendations
put 19:9 20:22	168:14 182:13	73:21 132:16	109:3,11 112:1	22:12 56:2 90:17
117:3 118:22	190:2 200:1 201:2	range 19:10 48:18	113:9,11,13	96:19 115:3
139:2 143:11	202:6 203:2 204:5	82:7 86:14 90:11	115:11,22 117:13	120:22 126:6
172:19 173:10,11	205:8,20 206:6,7	90:14 206:1	118:3 119:12	132:12 179:13
188:4 200:7 202:6	206:10 207:8	ranges 83:22	124:15 130:19	183:21 185:22
202:22 205:2,8	208:22 209:18	rapid 64:10 65:5	131:20 132:16	187:18 188:8,20
putting 20:8	questioning 47:1	66:18,19 72:10	133:3 135:21	197:16 202:22
118:10 119:10	questionnaires	rare 36:2	143:21,22 147:15	recommended 13:3
206:5	71:11 77:9	rate 130:12 146:10	149:11 152:22	68:5 87:16 90:15
pyramid 103:10	questions 8:19 14:8	146:13,16 160:6	153:16 162:7	91:9 93:7 106:6
108:15,17 122:10	46:5,12,17 87:7	rates 11:12 15:6	171:4,22 175:11	121:17 190:3,18
122:15,17,22	93:13 103:21	31:15,17 32:6	191:18 195:16	reconcile 92:11
123:8 131:4	106:20 107:5	rating 37:11,13	197:18,19 200:7	reconvene 214:10
p.m 1:7 3:2 101:8,9	131:2 132:3,6	ratings 94:1 95:3	206:11 214:7	record 36:2 72:9
214:16	136:11,12,14	rationale 85:15	Rear 3:16	101:8
	167:18 176:6,9	raw 187:14	rearranging 14:9	recorded 7:5
Q	177:12,16,21	RD 1:9,13,15	reason 50:2 57:6	recording 38:12
quadruples 31:8,12	178:3,6,8 198:17	reach 6:2	73:12 107:17	recordkeeping
qualify 212:1	200:4 201:12	reached 72:11	152:16 210:13	4:10
qualitative 98:7,12	203:4 205:6	read 128:3 183:7	reasonable 4:9	recovers 139:5
quality 11:17,18	207:18 208:9	191:12	reasons 49:19	Recreation 135:8
13:15 14:11,15	quick 87:11 88:7	readers 160:16	61:18 107:16	red 85:20 86:3
17:7,22 18:8,9	quickly 145:16	163:1	111:18 142:10,11	112:18 124:7
27:5,7,8 28:12	quintile 42:15	reading 190:15	148:2 151:9	130:2 138:18
41:12 42:5 43:11	quit 157:13 167:15	ready 101:11	170:14	152:11
43:16 44:17 45:11	quite 25:7 52:4	166:11	rebalance 148:19	redistributing
49:22 206:9	74:17 76:7 99:12	real 84:13 114:3	recalibrate 153:2	142:1
quantify 202:8	115:18 134:3	115:1 120:13	recall 133:16	reduce 82:9 100:6
quantitative 189:6	139:2 157:3 187:7	122:3 129:3 175:7	204:19	129:14 197:2
190:1	191:7 195:16	190:20	receive 7:7,14 33:3	reduced 81:18
quantities 105:14	197:18 212:13	reality 100:11	received 182:3	83:12 84:5 88:19
quarter 76:17	quote 113:17	137:17,21 142:12	199:2	reducing 45:12
quartiles 24:21	131:13	149:17 152:2	receives 118:9	86:3 87:16 179:7
Queens 30:21		156:7 166:3	Recess 2:11	196:1
question 14:10	R	realized 15:9	recession 152:18	reduction 60:13
15:2 27:3 28:9	R 3:1 31:21	really 12:10,20	recipients 124:2	71:18,20 75:22
35:3 45:10 46:14	radishes 159:5	14:10 23:13 30:5	recognize 3:16	84:2,5,9,16,17,22
49:16 53:5,17	RADM 1:19	33:15 37:17 46:20	22:10 164:20	85:11,19,21 87:20
54:15 56:10 61:20	Rafael 1:13 95:22	50:8,9 51:8 53:1	168:20 207:20	89:4 96:5 189:12
62:4 87:11 88:8	96:2 167:19	54:21,21 55:1,2	recognizing 87:13	reductions 85:21
91:6,18 93:20	176:12 177:5,6	58:16 64:16 68:4	174:2	88:21
96:17 117:16	193:16,18 194:4	71:12 73:2 74:16	recommend 90:22	refer 5:10
	•	-	•	•

ma f amamaa 25.14	02.2 07.20 09.2			
reference 25:14	92:3 97:20 98:3	replay 7:5	respectfully 205:11	right 10:10 22:4
106:7	98:21 111:3,3	replicated 26:1,8	respond 6:22	46:11 48:3,8
referenced 120:2	178:4,6,9 179:4	report 59:3 76:9	response 70:7	50:12,16 51:1,5
references 120:6	180:13 182:14	184:1 188:17	171:19 186:14	52:12,18 53:13
referred 203:7	183:1,2,4,12	189:4,17,19 192:5	211:7	61:13 65:13 67:18
reflecting 43:14	186:3,22 187:5,9	192:8,12	responsible 15:5	70:22 90:21
reform 96:22	187:14 188:13	reported 77:22	113:7	101:10 110:11
refrigerator 186:18	191:13 193:10	78:2 194:9	responsive 86:17	111:4 121:8 130:7
199:7	198:20 199:4,9	reports 36:20	86:18 87:2,14	134:20 135:1
refrigerators	209:2,11 211:7	188:16 189:17	responsiveness	139:7,15,20 140:1
186:20	212:5 213:10,20	190:15 191:12	91:15	140:6,13 141:20
refugees 165:1	relates 88:9	214:13	rest 36:3 105:7	141:22 143:22
regain 64:10 65:6	relating 61:7 77:10	represent 74:15	restaurants 126:17	146:4 153:14
66:19 75:6,9 76:2	relation 11:16	representative 5:17	126:17,19 127:9	157:8,16 158:2
76:3	14:14,21 18:7	119:18 181:16	130:12 148:8	159:1,3,13 162:22
regained 64:5	19:3 20:6 21:1,12	representing 3:17	restraint 77:11	163:19 166:22
65:22	21:13 23:2 31:4	request 7:11 182:5	restricted 134:8	168:18 170:12
regard 77:3 81:3	31:13,16,20 83:16	require 24:3 193:4	restrictive 173:7	171:8 174:11,16
88:6 167:14	relationship 11:10	required 109:21	result 27:18 31:22	175:3,7,8 176:16
regarding 28:20	21:14,17 23:5	requirement 5:19	45:5 64:18 66:5	177:4 188:1
109:13 184:3	136:7 153:19	requirements 4:10	67:4 69:3,5 74:7	191:10 206:3,18
regardless 66:8,11	relationships	119:4	75:2 77:2 78:10	207:12 208:5
68:22 81:20	187:19	requires 118:13	107:9 114:12	213:22
regards 178:10,12	relative 200:1,5	research 8:18	187:1 191:14	rigorous 132:16
179:19 180:20	relatively 10:15	10:20 11:5,8,9	resulting 114:13	Rimm 1:14 56:11
183:16 185:8	26:15	13:12,15,19,22	results 37:8 39:17	56:12,19 57:10,13
186:1 188:21	released 18:3	16:12,12 18:22	63:18 64:21 67:7	58:21 59:6 89:13
208:21	relevant 4:6 6:9	35:11 40:1 48:12	67:11 72:18 74:12	89:13 210:5,6
regional 148:11	75:16 152:17	60:4 68:12 79:13	182:10	211:11,17,20
regions 169:10	185:15	96:20 131:3,10	resumed 101:9	212:8,12
Register 4:13	reliably 43:6	133:3 135:13,16	retail 20:3	risk 60:12 81:5,12
registrants 6:13	religion 144:15	158:2 194:8 196:5	retire 161:21	82:3,9,10 90:21
7:6,14	remainder 72:6	researcher 130:22	return 76:7 101:4	93:15,19 94:6,8
regret 15:20	remaining 9:15	researchers 63:15	reverse 14:9	94:10,17 98:5
regulations 131:7	remarkable 62:12	69:4,13 188:22	review 5:7 6:7 8:19	102:2 178:7 179:8
174:16	Remarks 2:4	researcher's 68:22	9:6 177:18 178:1	186:14 189:7,12
regulatory 195:6	remember 33:1	resembles 114:3	178:1 180:22	189:14,16 190:1,7
reimbursement	112:13	residencies 92:13	181:3 182:20	190:19 192:4,10
96:16	remind 9:21	resistance 81:15	192:9 196:19	194:2,2
reinvigorating	reminders 4:1	resource 105:2	reviewing 188:19	risks 98:1 191:20
167:5	reminds 32:19	135:8	reviews 9:5,7 34:1	198:7
reiterated 122:21	removing 41:6	resources 160:5,7	185:15	road 139:19 141:18
relate 136:9,15	renal 180:17	160:20 163:6	Reynolds 94:19	168:19 170:5
153:22 154:2	rephrase 45:1	202:6 203:11	re-disperse 145:13	roads 140:22
179:5 183:5	replaced 114:6	respect 138:10	Rican 29:8	Robert 3:10 101:15
198:21	replacement	145:19 167:12	rich 13:21 24:14	Roger 1:11 175:20
related 19:7 51:13	110:21	212:9	25:16 62:1,17,20	177:9 178:8
	•	•	•	•

193:13	salt 44:20	117.17 110.0 12	googonally 140.5	select 63:2
role 171:10 177:4	sample 119:19	117:17 118:8,13 119:4,20 120:10	seasonally 149:5 Seattle 11:2 26:2,5	selected 17:1,8
romanticism 166:2	181:16	121:2 122:9	32:5 44:8 50:4	62:20
room 6:16 210:9	San 62:12	124:14 125:10,14	52:13 55:2	selecting 106:16
root 158:1 159:5	sanitation 183:13	126:3 127:15	second 8:14 63:17	selection 195:7,22
round 150:11	187:11	128:16 129:2	93:20 94:22	self 77:21 78:1
row 85:7,7	sanitize 179:15	148:7 161:20	120:21 134:19	self-management
rule 172:19	satiating 35:7	173:2,11,20 174:4	136:18 137:10	96:8
rules 5:6,7 115:2,5	36:13,21 39:19	174:9	138:9 145:18	sell 162:2,4,11
ruling 172:19	satiation 35:22	schools 49:7,9 50:1	146:22 165:9	Senate 110:4,13
run 136:20 137:7	satiety 12:7 13:22	58:5 102:8,11	178:6 179:3	send 6:18
152:22 154:8,13	33:18,19 35:4	107:14 110:1	secondary 75:18	senescence 151:18
210:19	36:1,4,17,18 38:7	111:8 112:6 113:6	Secretary 1:17,18	Senior 60:1
running 186:4	38:17 77:6,15	113:10 115:13	3:7	sense 64:20 69:16
187:3	81:21 93:21 94:3	118:14 119:2	section 137:7 192:1	72:22 116:8
runoff 140:15,17	95:1,2,10,21	120:2,4 121:21,22	192:4 205:18	sensitive 15:15
Rutgers 165:18	satisfaction 77:6	125:5 131:6,17	secure 146:6	39:11,15
<u> </u>	81:21	174:11	security 135:17	September 159:13
	satisfying 114:5,9	school-sponsored	142:20	159:14
S 3:1	saturated 26:10	121:16	see 6:9,20 17:5 21:1	serious 206:11
Sacks 2:7 59:19,19	41:18 42:14,17	science 135:9	23:8 30:12,19	serve 113:21
60:4,15,17 87:18	43:1,19 44:19	144:14 164:11	31:7,16,22 43:12	served 32:17
89:1 90:13 91:17	98:18 99:14 100:3	Sciences 11:1	54:8 58:12 64:2	101:20 121:4
92:16 94:5 95:2,9	100:7,20 110:9	101:17 135:9	65:5,14 66:18,21	service 104:6,10
97:1 99:1 100:15	savor 115:1	science-based	74:13,14 75:5,19	112:20 113:18,21
100:19	saw 91:10 112:9	103:1	76:13 77:22 78:14	128:17 173:21
safe 186:11 191:2	124:18	scientific 8:19 9:4	84:3,13 85:8 86:2	174:2 181:14
194:12 207:11	saying 27:13 33:9	12:17 164:5	86:6,7 93:16,22	services 1:3 3:18
safely 187:10	48:21 50:10 52:1	179:12 184:16	94:2,6 95:4 100:2	140:15,18 200:12
safety 2:10 9:13	56:21 57:6 90:18	185:1,20 214:13	108:10 112:7,19	serving 29:2,3 55:4
175:19 176:8,8	98:2 129:4 131:6	score 41:20 42:12	119:15 121:19	131:6
178:4,10,13 179:4	says 127:3 151:9	42:19,22 43:21	123:20 124:6,7,8	session 78:10,15
179:6 180:5,13,15	scale 19:20 23:3,3	46:20	132:5 146:19	173:15
180:21 181:2,8,12	83:15,18 156:22	scores 42:4,7,9	148:6 158:12	sessions 72:4,7
181:14,21 182:8	scales 38:11,15	44:1,19	177:15 186:5	78:12,19,21 79:2
183:5,6,17,21	148:13	Scotland 213:7	195:14,19 196:21	82:13 88:14 97:15
185:6 186:1,3,22	SCD 1:14	screen 6:9,20	197:15 200:3	set 9:19 54:1
187:3,5 188:10	scenario 136:21	186:11	201:17	108:20 118:14
193:6,14 197:22	154:9	seafood 188:17,22	seeing 149:15	119:3 178:3,6
198:1,3,21 200:15	scenarios 140:12	search 179:17	169:17 197:5	179:3
205:18 206:13	145:1 151:11	180:12 185:19	seek 46:1	setting 184:21
207:5,22	168:19,21 169:8	searches 183:10	seemingly 37:15	settings 104:6
salad 19:16 20:16	school 59:22 60:3	season 149:7	seen 30:8 56:15	122:10 126:4
salmon 210:10,10	101:18 102:6,6,12	150:21 155:8	59:2,3 95:12	180:14
210:14,16 211:1,9	103:13 104:3,5	157:7,20 158:12	151:8	seven 8:17 9:11
211:16,18,20	109:21 112:20	158:14	segments 13:7	31:10 126:22
212:2,5 213:15	113:4,18,19	seasonal 157:6	15:14 50:19 191:3	172:9 175:17
<u> </u>	110.1,10,17	234001111110	13.11.30.17.171.3	1,2,71,0,1,
	l		I	l

	 	 	l	1
183:4	180:10 184:10	smaller 95:6	solutions 103:1,3	191:3
sevenfold 31:18	simple 108:18	213:15	solve 115:6	specialists 50:6
seven-and-a-half	111:22 126:8	snack 127:17,18,21	somebody 115:9	species 190:22
25:11	144:7,8	128:7	116:17,18 128:20	191:8 192:17
share 12:4 60:20	simplistic 49:11,16	snacks 110:5	129:22 131:10	193:1 213:15
113:17 114:20	simply 7:1 15:16	128:12 133:12	163:13 168:6	specific 4:19 14:21
131:16 199:2	19:8 113:22	134:2,2,5	somewhat 37:8	30:6 32:1,11,12
shared 196:3,15	single 174:6	SNAP 160:4 163:5	67:2 84:8	33:14 54:15 91:11
sharing 196:7	Sioux 158:5	163:14	soon 122:5 125:8	110:10 126:8,12
199:16	sit 148:12	snapshot 182:16	137:18 164:7	180:15 188:6
shark 213:16	sited 158:9	snowpack 140:15	193:7	192:17
SHARON 1:12	situation 107:19	140:17	sorry 200:18	specifically 35:3
shellfish 20:11	144:12 212:6	social 32:7,15	205:14	48:7 90:1,18
Shelly 198:18,20	six 9:15 25:10	122:18	sort 47:13 48:15,18	120:8 184:7
199:17	37:16 64:11 65:19	society 15:14 50:20	49:2 56:20 62:11	208:21
short 10:15 137:16	66:19 71:21 72:5	55:21	84:21 86:6 94:11	specificity 105:12
199:6	74:12,20,20,21	socioeconomic	100:5 124:21	108:6
shorter 152:1	75:1,6,12,20	29:13 182:10,18	129:7,18 179:18	specifics 105:13
show 14:13 21:5	76:16,19 77:13,17	193:1	183:11 199:6	120:11
24:11 30:4 37:19	78:1 80:9 81:7	soda 29:1,3,6,9,15	201:1,3,6,17,18	specified 71:6
38:10 39:4 42:2,3	84:18 95:13,21	29:18,22 30:10,13	201:21 202:21	Specter 27:13
45:7 103:18 110:2	146:7 149:3	30:22 37:3 39:7	207:18 213:5,18	spend 176:4
120:12 125:7	156:11 164:13	49:3,9 57:1,2,6	sorted 189:2	spending 27:1,14
185:10	165:22	125:2	sorts 57:19 209:19	spends 163:13
showed 36:12 67:8	Sixty-three 139:13	sodas 48:20,21	sounds 106:19	spinach 57:14
71:8,19 74:7	six-month 74:14	129:17	205:1	spite 168:10
79:12 83:10 87:22	75:2 149:6	sodium 41:19	soups 36:12	split 24:20 42:8
98:15 99:5	size 35:20,22	42:14,17 61:5,6,8	source 147:19	spoiled 38:19
showing 28:12 31:3	skills 16:1 45:19	83:4,6,7,8,17,20	148:4,6	spoke 104:22
87:21 96:3 98:15	55:17 58:17	83:21 84:1,5,8,14	sources 14:2 16:15	193:18
120:3 212:15	Slade-Sawyer 1:19	84:15 85:5,19,21	16:16,18 124:9	sponsored 60:9
shown 194:8	3:16	86:2,11 87:3,3,20	147:18 148:12	spoon 124:11
shows 16:12,12	SLAVIN 1:15	88:5 114:16	169:5 181:1	spread 170:5
19:1 20:6 23:1	slide 19:1 22:22	120:22	sourcing 169:12	spreads 19:15,15
74:11 79:20	33:20 42:11 98:14	sodium-blood	south 30:19 150:10	squeezed 34:7
125:12	177:16	83:15	soybean 164:14	St 150:8 158:5
side 22:4 97:17	slides 21:15 61:10	soil 135:9 164:11	soybeans 166:19	staff 6:16,22 72:15
121:4 158:5 205:4	100:4	soils 147:3,4,5	sparkling 39:13	72:16 123:14
sidebar 176:10	sliding 12:22	sold 110:15 111:7	speak 5:16 6:18	133:5 176:13
significant 64:7	slightly 116:19	solicit 5:11	speaker 59:11,19	177:14 181:5
65:8 67:15 75:13	Slimfast 34:9,10	solid 35:16 37:7,7	135:2	185:6
98:4 152:4,7	slips 162:17	38:18 39:15 75:2	speakers 208:6	stage 178:1
similar 32:4 33:9	slowed 139:1	185:2	214:5	stamp 56:17
39:17 48:12 56:14	slowing 189:14	solids 36:13,20	speaking 3:9 7:21	103:14 123:13
64:9 66:21 70:10	small 38:4 76:2	37:14	10:2 46:9 77:19	stamps 57:16 160:4
75:9 81:19,22	99:21 114:5 152:7	solution 54:13	127:15	160:11,11
119:16 122:22	155:13 156:19,21	144:11	special 10:14 157:7	stand 177:11
117.10 122.22	100.10 100.17,21	· · · · · ·	-F-00-00-10-11-10-11-1	
	<u> </u>	<u> </u>	<u> </u>	ı

	İ		İ	i
178:10	status 9:11 193:3	37:6,20 56:15	subjects 35:14 36:2	192:12
standard 63:7,11	stay 10:6 66:6	64:1,20 66:14,18	38:11,15 39:3,11	summary 7:16
63:17 77:9	staying 66:11 106:4	67:11,17,19 68:3	39:20 40:3	81:18 110:12
standards 108:21	step 40:17 47:16	72:18 73:14 75:7	submitted 41:10	118:12 167:8
119:3 200:16	51:8,8 136:6	79:11 81:1 87:19	subsequent 179:8	summer 140:10
standing 3:5	138:8 140:4	90:5 92:12 93:14	subsidization 172:2	sun 149:20
101:11	steps 183:9	95:4,7,10 102:5,9	substantial 212:16	superior 67:2
standpoint 141:12	step-wise 43:13	103:4,7 125:5,11	subtle 51:7 68:21	superiority 67:9,12
143:2 147:3 149:9	Steve 27:13	135:8 179:22	sub-questions	supermarket 21:7
163:4	stick 89:5	182:22 183:2,4	179:3	161:14
standpoints 41:15	stocked 49:21	211:13 212:15	success 58:7,12,15	supermarkets
stands 161:17	storage 155:11,12	213:3	58:22 61:3 72:17	54:19 55:4 161:14
184:18	178:17 183:3	study 25:22 26:3,5	82:19	suppliers 212:2
stark 54:8	184:4 199:4	28:21 30:19 35:12	successful 76:20	supplies 140:18
start 13:11 18:7	store 53:1 137:8	38:20 42:6 63:5	79:19 82:6,16	supply 53:8 113:15
20:8 25:6 44:11	179:14 187:22	64:9 65:7,13	90:8	136:15 138:12
104:14 144:22	stored 149:20	66:15,20 67:14	successfully 96:12	141:12,17 144:3
157:11,16,17	stores 113:5,8	68:19 69:11 70:7	Sudzucker 14:3	145:21 148:22
159:4 161:18	148:9 161:5,9,10	70:17 73:5,6,13	suffering 17:3	169:18 170:2,5
174:8,16 185:18	161:12,12	77:10,17,20 78:6	sufficient 106:3	194:13 197:2
started 4:2 57:4	strange 33:2	78:7 79:19 80:4	sufficiently 36:16	206:1 207:11
78:1 163:8 165:18	strategic 179:18	80:17 81:1,4 83:6	sugar 14:22 15:5	support 6:11 8:11
172:10	strategies 160:18	83:8,9,17 86:11	19:13 20:2 21:11	13:10 17:11 63:8
starting 160:13	164:16 167:1	88:9 89:17,18,18	26:10 34:14,15,16	63:9,13,19,20
192:11	strawberries 155:7	90:4,5 91:8 93:10	38:3 40:20 41:18	88:13 89:7 90:9
starts 151:17	strawberry 112:22	95:6,16,16 97:3	42:13,16,22 43:20	96:3,4 176:12,14
state 7:20 58:8 61:1	streamed 7:19	99:3,4,8 101:22	44:20 110:9	182:4 203:19
122:1 135:4	streaming 7:2	102:1 111:4	112:14 114:1,12	supporting 132:12
146:13,15 153:2,5	street 31:9 54:5	117:19 122:5	114:15 117:2	suppose 21:7 62:16
154:10 155:3,21	strength 132:11	124:19	127:3 128:5	92:2
156:12,15 157:1	strict 63:4	stuff 22:6 128:18	sugared 36:21	supposed 107:7
158:6 162:22	stroke 189:12,16	148:10 149:8	sugars 15:3 16:20	111:12,13 137:3
164:18,19 171:16	strong 31:21 108:9	158:13 175:8	19:17 21:18 25:20	180:18
173:5,5,19,21	stronger 31:17	205:22	26:20 28:3 33:18	suppress 38:8
174:5	strongly 21:15	stupendous 29:14	114:15	suppressed 39:8
statement 212:1	structure 201:18	subcommittee 9:3	suggest 16:22	suppression 40:2
statements 180:21	struggling 129:12	9:14 101:21	104:1 212:12	sure 50:22 56:1
states 1:1 3:13	133:5	175:18 182:8	suggested 35:5	99:1 104:22
11:19 117:22	student 150:13	190:10 193:6,7,9	83:13 130:9	107:16 116:16
121:22 138:19	165:19	197:13 204:7,12	suggesting 44:22	127:10 143:22
142:6 145:15	students 110:16	204:15 207:15,18	51:4	168:15 175:14
166:22 173:7	126:16 127:16	subcommittees	suggestion 22:9	193:7 204:9
199:1	131:7 150:19	4:19 8:18 9:12	suggests 118:16	205:12,14,16
state's 173:17	studied 28:22	subgroups 85:3	209:4	207:10 210:1
static 138:15	studies 11:14,18	106:10	sum 86:10	213:11
stations 161:10	17:18 26:1,14	subject 204:5	summarize 118:2	surface 178:21
statistically 67:15	35:14 36:10,15,17	subjected 132:16	summarized 72:19	surprise 77:14
	l		<u> </u>	l

			I	I
surprised 125:17	178:14	57:22 58:2 113:22	151:9 155:9,18	161:1 162:5
surprising 17:9	systems 135:12,15	tastes 114:3	163:14 168:20	168:16 169:22
surrounding	135:18 142:18	tastier 58:20	tended 80:3 92:8	172:9 178:19
180:16		taught 70:3 71:17	tenfold 19:21	things 23:21 32:10
surveillance 202:1	<u>T</u>	72:15,16 128:2,4	ten-year-old 141:7	32:17 41:6 50:7
survey 7:14 17:21	table 2:1 170:19	teach 57:15 116:15	term 87:20 88:17	51:11 105:8
28:19 41:14 47:20	tables 165:8	teacher 127:15	145:10 199:7	113:14 114:6
126:16 181:2,12	tailored 82:17	teachers 103:13	terms 14:19 21:18	115:12 121:7
181:15,19	88:15 123:1	teaching 71:3	27:8 43:11 52:11	132:21 136:10
surveyed 158:21	take 15:8 16:4	186:16	87:11 88:14,19,21	137:5 141:2,2,5
surveying 111:11	24:16 31:4 33:21	team 5:13 79:13	93:8 96:19 100:3	141:20 144:16
112:6	40:16 41:2 42:10	117:20 119:20	147:14 176:17,19	146:1 152:12
surveys 28:19	87:7,10 101:4	176:21 194:20	177:11 178:7,16	154:20,22 155:2,3
suspect 30:7	108:14 109:7,20	196:4	181:11 183:9,19	159:4,6 160:2
sustain 88:17	114:18 123:7	technical 6:8,10,11	188:2 191:7 195:5	162:1 164:17,19
100:12	132:3 134:16	6:14,19	195:22 202:5	166:16,17 167:7
sustainability	136:12 138:13	technique 72:1	203:15 208:14	174:11 200:10,13
136:8,14 144:5,20	141:3,4 153:8,21	techniques 178:20	terrific 69:12	201:4 203:8
167:10	155:13 157:4	179:1 183:5,17	tested 83:22 123:11	208:14,19
sustainable 135:4	161:8 190:4 192:7	technologies 178:9	thank 3:4 8:7 11:21	think 12:9,10,12,16
135:12,14,18	taken 50:6 56:7	194:7,11 198:12	12:1 46:3,6,7	13:4,6 25:2 27:9
141:17 145:2,4,9	150:12 203:21	198:12	53:16 54:14 59:8	36:9 47:1,2 49:12
159:20 206:8	takes 172:15	technology 2:10	59:12 60:17 83:2	53:7,14,17 54:12
sustainably 149:14	talk 14:1 18:14	9:13 155:9 175:19	87:6,8 100:22	54:16,21,22 55:2
sustained 62:13	21:17 103:8 105:7	193:14	101:6,10 102:16	57:3 59:4,6 61:20
63:9,13 65:21	109:16 136:6	tech_issue@yaho	102:17 131:15,22	62:21 67:22 68:1
67:13 75:5,8	145:18 146:21	6:21	134:21 135:19,20	68:21 69:17 72:21
79:12,17,21	151:1 172:2	teenage 125:1	167:16 175:13	75:7 82:16 87:15
sweetened 19:18	175:15 176:7	teleconference	176:1,2,3,13	89:1,15 90:9,14
26:19 33:11 34:4	193:13	182:6	177:8 193:15	90:20 92:16 96:10
sweeteners 110:19	talked 54:17 89:16	television 57:19	194:4 196:20	97:1,2,12,16
110:20	107:22 108:1	tell 15:12 45:15	199:16 203:4	108:8,19 109:6
sweetening 110:22	127:22 160:2	60:15 91:20	204:18 205:8	111:9 113:12
sweets 20:5 23:9	204:7	117:13 120:16	214:14	115:11 117:6
swordfish 213:17	talking 48:16 103:6	127:19 136:1	thanks 8:9 10:14	123:3 125:22
symbolism 123:22	104:14 115:13	170:9	12:3 46:16 48:14	127:8,11 133:2,10
symbols 74:15	118:11 122:15 talks 121:6	telling 38:16 44:21	91:5 93:12 167:20	133:19,22 134:7
syndrome 17:4		171:14 203:16	theories 77:4	136:8,16 141:13
32:7 82:12 201:9	tanker 170:15	temperature	theory 33:18,19	141:16,20 142:1
syrup 20:18 21:19	target 61:8 80:7 130:7 134:20	186:18 187:19	they'd 137:8	142:19,21 143:1,2
system 53:9 72:9		188:1,5	thing 34:13 37:18	143:3,4,8 144:2,2
96:14 130:12	138:16 180:1,18 201:12	temperatures	37:21 43:12,17	144:3,4,6,9 145:4
134:12,12 142:7		166:1 186:19	62:11 83:5 84:21	145:5,6,12,13,15
144:3 145:4,8,20	targets 71:2,5 task 41:7 190:5	199:8	86:6,21 91:19	145:16,17,19
148:4 167:11	200:12	ten 25:12 46:10	92:1 104:15 116:1	146:5,19 147:1,7
systematic 185:15	taste 11:15 15:11	76:12 87:9 101:21	137:6,10,14	147:22 148:1,12
systematically	Lasic 11.13 13.11	103:3 141:17	138:14 151:18	150:2,21 152:10

		_	 	1
152:13,17 153:12	211:18	tomographers	transformed	162:22 180:9
153:19 157:2	threshold 173:16	140:19	196:10	185:19
159:18,19 161:3	173:17	tomorrow 4:21 6:6	transitioning	trying 12:22 32:11
162:1 167:5,9,21	threw 154:20	9:2,15,20 10:5	172:14	40:12 52:13 62:6
168:1,17,17,18	throw 103:17	16:7 18:12,15	translate 82:5	62:7 85:16 100:9
169:21,22 170:3	tie 81:13	136:21 208:7	107:7 117:8	113:11 115:3
170:17,21 171:4,9	ties 56:21	214:10	118:20 123:8	116:13 117:12
174:14,17,18,20	tight 10:4	ton 170:10,14	translated 184:21	118:19 121:3
174:22 175:3,4,6	time 3:15 9:19	tools 123:9 145:21	translating 119:13	127:9 129:12
175:7 200:16	10:17 15:15 36:16	top 34:2 84:15	165:12	202:5,7 208:13
201:4 202:10	37:4 45:20 55:11	134:3 191:8	translation 105:4	210:20
206:2,4,4,14	55:14,15,18 56:4	201:19	105:13 117:15	tuna 213:16
207:14 210:9,17	59:4 61:11 68:20	topic 4:18 8:17	translational 131:3	tunnels 157:5,9,15
210:19 211:4	73:20 75:3 80:2	28:14 38:21 59:4	transmission 105:4	158:9 159:8
212:14,22 213:11	80:20 90:3 101:3	61:2 97:2 107:13	transmitted 107:11	turkey 106:21
214:2	110:15 115:21	147:8 148:17	transparent 4:15	turn 8:4 177:5
thinking 32:10	132:2,22 133:20	176:18 177:7	5:20	193:12
33:8 46:18 48:19	135:2 148:2	194:16,16 195:10	transportation	TV 29:11,16
94:7 134:4 161:19	149:10 150:18	198:15	49:22 50:6 51:10	twice 121:5 156:5
thinks 165:16	164:7 170:2	topical 201:18	traveling 152:1	two 9:12 17:14 18:6
third 1:5 3:21	172:16 176:5,6	topics 10:12 184:7	treat 82:1	26:1 33:16 35:18
122:17 137:14	187:19 188:2,5	202:11	treatment 10:21	35:22 37:20 41:14
166:12	190:19 194:9	total 40:5 44:3 76:3	tree 172:15	42:4 46:17 48:11
thirst 36:7 38:7,9	204:21 214:4	79:10 81:12 98:6	tremendous 169:2	60:8 66:21,22
38:12	timeline 10:4,6	98:10,17 100:7	176:14	67:14 69:20,21
THOMAS 1:13	times 104:18,20	155:14	trends 181:21	71:6 72:5,7 73:21
thought 34:18	140:7	totally 116:3 134:8	182:9	74:3,9 77:2,18
56:14,22 94:16	tipped 148:13	tough 97:2	trial 60:9,10 68:10	78:13,15 79:3,16
103:17 121:1	title 136:4	Toxicology 101:18	68:17 69:8,9,16	80:13,21 81:20
127:14 131:13	toast 117:2	to-school 148:7	73:19	82:1 93:13 95:11
thoughts 12:4	today 3:11 4:21 6:5	track 138:14 170:1	trials 60:9,22 66:5	102:4 106:5 110:1
103:9	8:13 9:1,14 10:5	tract 32:7	69:2 87:20 89:20	110:3 111:2,5
thousand 47:4	10:16 11:21 16:7	traction 156:15	133:8	117:16,22 118:21
156:11 161:7	18:11 60:10 103:6	trade 143:16 168:2	trial-wide 72:19	121:8 131:8 132:3
thousand-acre	103:22 136:5	168:3 169:21	trick 148:18	134:5 138:4 141:2
164:13 threat 138:20	142:7 143:12	172:4 traditional 164:2	tried 12:18 56:16	150:2 157:19
	166:13 176:6,15 214:3	207:22		173:14 174:11
139:12 140:6 three 19:2 36:1		train 162:2	triglycerides 94:19	177:21 178:8 180:19 181:1
39:6 55:21 65:2	today's 10:10 told 61:11	train 162:2 training 161:18	triple 144:22 tropical 169:7,10	188:4 189:17
66:16 72:4 115:19	toll 6:11	165:5	true 147:22 172:8	199:1
122:7 128:6 136:2	Tom 28:16 74:1	trajectories 64:15	truly 10:17 67:15	two-and-a-half
137:5 138:4 140:7	91:3,4 132:7	trans 21:20 114:1	73:8 102:18	106:5 155:7
140:11 150:9	199:21	114:16	105:19 108:3	type 15:5 17:8
153:21 158:3,8	tomato 157:16,20	transcript 7:15	Trust 138:17	35:11 42:3 48:12
164:13	tomatoes 155:8	transcripts 107:22	truth 22:3	49:20 62:10 63:22
three-quarters	157:11,17,18	transfer 162:20	try 41:3 146:5	65:12 67:8 74:7
mrcc-quarters	15/.11,1/,10	u ansici 102.20	1 tr y = 1.5 1 = 0.5	03.12 07.0 74.7
	l		l	<u> </u>

78:4 88:18 89:7	12:11,15	U.C 123:10	vegetable 47:8	volumes 207:3
90:14 96:19 98:13	unpublished	U.S 3:17 13:13	105:22 106:9	voting 128:14
122:1 182:11	185:10	17:12 26:2 29:8	107:10 127:20	vulnerable 11:12
types 42:4 48:6	unresolved 36:10	84:3 86:18 167:11	vegetables 20:15	
65:2 67:9 74:13	unsaturated 99:5,9	180:1,7,11 182:1	23:10 43:21 46:20	W
105:15	unusual 30:5	183:2 187:13	47:3 48:6 56:16	Wadden's 74:2
typical 84:3	update 9:10 177:11	191:6 200:11	58:6,10 62:1	wade 94:21
typically 95:6	178:9	204:1 209:7	105:19 106:4,6	wages 161:21
	updates 175:18	211:14,16 212:1,2	107:14 108:1	waist 75:15,17,19
U	185:7	212:7 213:7	129:16 136:17	75:22 76:2 82:2
uncooked 187:10	upper 31:10,18		137:3 139:8,21	wait 176:9
underappreciated	55:5 85:7 146:11	V	142:15 149:10	wake 136:22
36:15	158:4	V 1:9	151:19 167:4	walk 53:2 55:1 57:5
undercooked 201:9	upstate 170:10	Valdez 130:17	171:16 172:6	Wansink 18:13
undercut 170:17	uptake 54:4	valid 68:10	186:12	want 3:20 12:2
understand 105:17	urban 28:22 50:4,5	validity 61:21	vegetable-based	13:10 14:20 15:8
105:20 106:2	USA 178:15	Valley 112:22	110:17	18:10 21:16 22:3
113:13 117:4,12	usable 122:8	113:1 140:6,8	vegetarian 62:15	24:11 27:16,16
124:15 127:20	USDA 1:18 3:6	valuable 10:13	63:4	30:4 37:19 40:16
129:18 133:7	17:14 18:1 19:2	value 7:12 21:22	vegetarians 61:21	42:2,3 46:2 47:4
187:21 188:7	20:4 32:20,22	114:2 150:4	vending 113:4	49:3,4 53:21 56:2
190:11 192:15,19	48:10 58:4 59:3	163:11	venues 113:8	58:4 63:14 105:12
192:22 193:9	116:18 119:3	values 144:14	vernacular 142:19	105:14,15 109:5,6
understanding	158:4 172:20	Van 1:7,9 8:6,7,8	142:21	109:7,7 123:1
179:5 183:20	176:13 185:5	46:6,8 53:16 56:9	Veronica 101:15	124:10 130:9
understood 105:1	207:2	59:8,13 87:8 88:7	versus 37:6,7,15,16	133:3,4,7,13
108:3 116:5	use 12:13 17:12	89:11 91:3 92:5	49:4,6,13 51:15	134:8,15 143:11
underway 177:20	24:6 35:11 57:15	93:11 95:22 97:19	70:18,19 152:11	148:10 154:14
unemployment	90:7 91:22 115:17	100:22 101:10	205:4	165:3 166:6,9,14
32:16 146:10,13	116:4,12,13	131:22 133:9	vertical 19:4	172:20 176:17,18
146:16 160:6	119:14 121:10	134:21 167:17	vetted 116:16,18	177:3 192:21
unfortunately	123:2,15,22	175:10,13 199:21	viability 175:5	193:20 194:15
202:1,12	129:11 130:10,11	200:17,21 203:12	VICE 1:10	195:13 196:19
unhappy 73:11	130:11 145:20	208:5 213:22	vicious 171:5,6	198:6 203:14
union 161:20	148:20 160:11	variable 93:16 94:9	Victor 41:11	wanted 33:17 65:14
unique 80:22	163:5 172:21,22	variables 79:7	view 49:12 97:22	71:4,12 83:18
unit 18:21 19:11	195:21 200:8	varied 6:3	171:1	89:17 104:22
190:8	useful 40:15 104:9	variety 13:9 14:2	viewing 8:13 29:16	113:17 119:7
United 1:1 3:13	105:9 108:18	15:10 61:17 106:9	viewpoint 17:11	122:16 123:19
11:19 138:19	186:7	121:7 172:3,4	views 13:10	127:16,21 136:5
142:5 145:15	user 188:6	200:13	villain 114:16	138:9 201:1
universities 165:10	usual 80:19	various 16:6 34:19	visit 7:10	wanting 114:10
University 11:1	usually 21:17 39:3	103:15 104:11	vitamin 43:1,7,8,10	wants 148:16
101:19 135:5	80:10 212:20	160:16,17 197:3	vitamins 22:5	wash 179:14,15
unknowable	utensils 178:21	vast 174:4	voices 10:3 102:20	washing 178:18,19
147:14	183:14	vastly 38:1	131:17	179:1 183:13,14
unprecedented	utilized 117:18	vegan 63:5,7,10,16	Volume 38:1	Washington 3:4

	1			ı
11:2 32:21 58:8	weigh 98:6	104:13 111:4	191:4,16 203:16	130:17 133:6
195:1	weight 15:1 19:12	115:12 117:12,19	210:20 212:15	world 54:7,7 88:4
wasn't 95:20 99:19	27:1 34:12 60:21	122:15 125:11	Women's 60:2 98:8	136:4 163:10
Watchers 79:15	61:2,3,16,17 62:4	132:2 135:1 137:1	wondered 98:19	168:7 169:7,10
watching 29:11	62:5,6,7,8,13 63:8	137:3 141:14	wonderful 105:7	world-renowned
water 19:8,8,11	63:11 64:5,5,10	149:4 169:12	162:8 176:3,13	10:19
20:17 39:13 40:6	64:12 65:5,15,18	170:3 173:18	wondering 91:9	worried 168:11
71:19 110:19	65:21 66:1,5,18	174:17 177:10	92:11 93:17 94:3	210:13
140:18,21 141:4	66:22 69:2 71:2	181:9 182:13	171:22 201:5	worry 205:20 210:7
175:22	73:7,10,11,20,22	184:9 195:5,17,18	word 147:12,14	213:18
watermelon 37:6,7	74:8,19,19 75:19	196:6,16 197:5,18	172:21 202:4	worse 112:16
way 12:11,18 21:3	76:4,10,11,16,18	198:1,2,8 210:1	204:21	worst 54:7 130:13
40:14,15 45:8	77:1 78:9,13 79:8	213:18	wording 118:7	worth 132:22
51:8 89:3,8 93:4	79:14,15 80:17	we've 48:16 54:17	120:16,18,21	163:15
97:16 113:2 118:4	81:17,19,22 82:6	64:1 76:5 93:15	121:8	wouldn't 58:13
118:5 122:22	82:14,16 89:21	93:15 103:4	words 36:6 123:19	204:22
128:9 129:7 130:5	90:8 92:3 94:9	111:10 114:21,22	139:15 156:13	wouldn't 213:12
143:3 148:20	95:17,19,20 96:5	132:19 137:1	work 4:8 5:12,16	wrapping 44:12
150:22 154:11	98:3,22 99:8	138:12 142:7	5:20 9:11 35:10	write 123:2 192:1
159:21 164:2	101:16 110:10	148:13,14 153:1	54:5 62:9 63:3	written 5:3 7:16
168:8 170:3 173:8	welcome 3:20 8:9	158:2 170:22	73:1 90:17 99:22	67:21
179:14 181:10	136:4 210:3	173:19 194:20	104:1 107:1 108:7	wrong 100:6 137:1
187:11 206:3,20	welfare 143:17	198:3 206:18	119:13 142:17	168:21 206:5
211:5	wellness 102:12	209:20 214:2	146:9 158:21	www.dietaryguid
ways 7:2 23:15	117:17,20 118:8	whatnot 77:7 83:1	165:5 166:4 173:5	5:5 7:10
56:8 89:9 104:1,4	118:13,19 119:1	whatsoever 39:6	173:22 174:1	
108:10 123:6	119:10,21 120:19	75:14 147:22	176:14 177:20	X
127:5 128:5 143:1	121:2,12 122:4	wheat 114:7 164:14	183:7 188:10	X 78:11
143:14 145:20	132:14	166:18	194:19 196:2,21	XAVIER 1:14
147:13 149:9	well-known 35:12	Wheel 124:4	200:10 206:19	T 7
161:3 166:22	went 67:17 81:6	white 20:19 102:3	worked 38:11 93:4	<u>Y</u>
167:5 170:18	101:7 111:15	WIC 58:9,11	99:18 128:2,11	Y 78:12
175:3	152:4,18 160:10	103:13 107:20	173:8 185:11	year 7:6 17:15 18:2
web 6:1 72:8	weren't 99:12	108:2	workers 164:22	67:17 76:17 77:18
WebEx 6:11	western 158:5	wicked 144:10,10	165:1	116:18 128:15
webinar 3:21 7:13	we'll 38:6 46:11	wild 205:3,4 210:10	working 3:19 9:4	147:12 149:11
website 7:10,17	58:12 60:10 76:8	210:12 213:1	41:12 50:4 113:12	150:11,16 155:4
websites 126:20	88:8 94:20 122:4	Williams 1:15	115:13,14,21	158:1 162:12
186:8	122:6 152:21	133:10 208:12,12	117:13,19 124:18	169:3 174:9,13
web-based 92:1	157:11,12 176:17	Williamson 71:15	124:19 125:5	195:11
WEDNESDAY 1:6	197:12 198:11,14	willing 134:17	126:11 129:22	years 32:19 36:12
week 71:6 72:1	we're 10:4,5 27:13	159:10	173:18,20 176:11	36:19 54:1 66:21
91:8 95:11 121:5	32:5,10 33:8,9	willingness 11:21	177:12 182:9	67:14 72:8 73:21
131:1	36:4,5 41:22 47:5	windows 150:3	195:19 196:16	74:4,9 77:2 78:13
weeks 72:5,6,7	47:16 48:9 50:17	wine 170:21,22	197:19 198:8	78:15 79:3 80:13
95:11 140:7	52:12 59:10 69:17	witness 89:14	workload 207:17	80:21 81:20
150:16,16 165:22	91:18 92:4 94:20	women 29:19 73:15	works 62:21	101:22 103:4
				107:20 115:10
	•	•	•	•

124.17 122.10 20	100 000 172.2 0	200 92.11 156.2 2	35 70.0 20 00.11	
124:17 132:10,20	100,000 173:3,9	200 83:11 156:2,3	35 70:8,20 80:11	8
140:11 141:7,8,17	100,000-dollar	162:11	90:2,10 110:7,9	8:30 214:11
143:6 146:7 149:2	174:3,6	2001/2002 18:5	36 140:20	80 73:7 74:6 161:11
149:3 153:1	102 2:8	2002 195:4	37,000 155:20	161:11
168:20 172:10	11 66:13	2003 185:17	156:1	800 73:5
180:19 213:5	12 2:6 29:3 64:11	2004 185:13,19	4	800,000 140:9
yellow 112:17	65:20 74:12 75:5	189:20 191:14	4th 157:12	811 69:14
130:4	75:6,9 76:1 110:4	2005 89:22 110:2		86 139:8,12
yesterday 164:10	110:7,15 148:7	137:19 183:22	40 69:22 70:18	87 31:21 38:2
yogurt 20:12 39:21	158:1 173:2	184:6 185:7	86:22 87:2 90:7	
112:22	12-month 64:8	2006 181:18 192:11	90:19 132:20	9
yogurts 39:18,20	124 126:18	2007 111:12 188:18	141:8 143:6	9.3 76:21
York 28:17,18 29:6	13 137:16 138:2,3	2008 147:11	40s 86:8 142:4	90 71:22 91:8
30:10,11 31:5	139:16 146:16	2009 1:6 181:19	40-watt 150:1	90-degree 165:22
32:3 48:20 129:10	160:5 167:3	192:8	400 69:22 70:1,17	900 19:12,14
140:7 149:2	135 2:9	2010 3:21 199:13	71:20	92 161:9
170:10 171:17	14 139:17 140:21	2050 140:21	41 85:22	93 74:22
young 29:7 166:5	153:19	214 2:11	412 83:22	96 158:9
166:13,17 191:5	15 36:19 70:4,19	22-pound 62:13	45 84:12 86:19,22	96th 31:9
youth 146:3 161:16	155:14,22,22	23 85:22	87:2	965 110:13
161:17 162:2	156:8	24 37:16 74:12 75:9	48 150:16	
$\overline{\mathbf{z}}$	15-minute 101:4	77:14	5	
	150 83:19 85:6	25 70:4,19	5:11 214:16	
zero 19:11 37:15	1500 85:1	250 110:10		
55:21 73:20	16 182:22 183:2	27 73:15	50 47:6,7 68:9	
173:11	160 170:10,14	29 1:6	83:13,20 84:5	
zones 150:9	175 2:10		85:7,8,9 110:18	
0	18 65:20 66:2,10	3	111:13 138:5	
	74:12 146:13	3 2:4	140:20 141:8	
0.2 78:14	18,000 173:10	3rd 157:13	143:6	
1	19 127:1	3,000 86:15	50s 51:17 86:8	
1,000 19:20 20:2,21	1988 181:17	3,500 86:15	6	
21:4 22:8 46:19	1997 184:15	3.5 83:20	6 99:15	
1,500 86:14 87:4,17		3:05 101:8	60 2:7 84:6	
1,800 156:4	2	3:20 101:6	64 73:15	
1-866-229-3239	2 31:20	3:24 101:9	645 73:5	
6:12	2,000 24:18	30 78:19 115:10	65 70:8,20 80:7	
1.2 83:21	2,500 86:14,15	119:21 131:6	05 /0.0,20 00:/	
1:30 1:7 3:2	2.1 84:17,17	132:20 133:11	7	
1:30 1:7 3:2 10 110:8	2.3 83:20	141:7,8,17 143:6	7-11-type 161:10	
10 110:8 10th 157:14	20 20:3 36:12 69:21	150:10 158:9	70 86:17 87:13	
10.000 28:19	70:18 73:21 76:12	168:20	140:14	
10,000 28:19 100 16:14 19:12,15	90:2,10 98:10	30s 142:4	700 38:2	
34:7 37:15 39:2	99:19 141:7,17	300 38:1 71:20	73 73:16	
	143:6 149:2	136:21	75 150:15 208:22	
47:5 83:11,13,20	168:20 174:12	31 119:19	75 130.13 200.22 750 71:19	
85:6,7,9 103:4	20-minute 36:7	33 126:20	150 / 1.17	
111:14 152:22				
	•	•	•	·