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Hirschman

Jay Hirschman, M.P.H., C.N.S.

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October 26, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion

Dear CNPP Colleagues and Other Readers:

Thank you for the opportunity to comment on the *Proposed Food Guide Pyramid Daily Food Intake Patterns and Technical Support Data*, as referenced in the Federal Register notice of September 11, 2003. Please note that the comments contained in this letter and the attachment represent my **personal** views on the subject. Many of you may know me in my capacity at USDA's Food and Nutrition Service where I serve as Staff Director for the Special Nutrition Staff within the Office of Analysis, Nutrition and Evaluation. I also serve as one of the USDA representatives on the Federal Steering Committee for the Dietary Reference Intakes, and am the chair-elect of the Food and Nutrition Section of the American Public Health Association. However, *the views presented in this paper are my own, were written at home on my own time, and do not necessarily reflect the opinion of any of the above mentioned organizations.*

My comments contained on the enclosed pages focus exclusively on the issue of the nutrient profiles for the food groups and subgroups. To summarize, I believe that USDA/CNPP should discontinue use of a system relying upon foods **"in their lowest fat and sugar form"**. As an alternative, I recommend use of a system such as that used for the Thrifty Food Plan (without pyramid servings constraints) in order to maximize use of the data on consumer preference in conjunction with DRI- and Dietary Guideline-base standards. This approach should enable development of a new USDA food guidance system and graphic that are more likely to assist the population in achieving improved energy balance and overall nutrition with less resistance, as it would require less change in eating pattern and food selection.

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Any new food guidance system and graphic will require extensive consumer testing with practitioners (e.g., nutritionists, WIC and extension paraprofessionals, and school teachers) and key population subgroups to ensure that they motivate appropriate behavior change with a minimum of misinformation. Future budget requests to Congress should provide adequate funding for CNPP to conduct the development, testing and promotion campaigns needed to achieve improved dietary intake by the U.S. population.

I would be glad to provide additional verbal clarification of any of the points in this letter or the attachment if this would be of use to CNPP or the Dietary Guidelines Advisory Committee.

Sincerely,



Jay Hirschman

Enclosure (3 pages)

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Hirschman

**Comments on Proposed Food Guide Pyramid Daily Food Intake Patterns and
Technical Support Data**

personal comments submitted by

Jay Hirschman, M.P.H., C.N.S.

These comments focus on one critical issue that should be addressed carefully as part of the revision to the Federally recognized dietary guidelines graphic currently represented by the 1992 Food Guide Pyramid, the issue of the nutrient profiles for the food groups and subgroups.

Nutrient Profiles for the Food Groups and Subgroups: The approach to nutrient profiles for the food groups used in the September 11, 2003 notice is similar to that described in Cronin et al's excellent 1987 article "Developing a Food Guidance System to implement the Dietary Guidelines" (JNE 19:281-302, 1987). This approach uses foods "in their lowest fat and sugar form" when defining the nutrient profile of the group (USDA/CNPP, September 11, 2003, Table 4, page 3). This approach was taken by USDA's Human Nutrition Information Service in the mid-1980's in order to develop a food guidance system that met nutrition requirements and addressed professional concerns for "usability issues such as availability and acceptability of foods and eating practices of the population." (Cronin et al, op cit, p.297)

While this was a reasonable and scientifically justifiable approach at the time of publication, 16 years of experience shows that this approach does not work effectively as the primary approach to dietary guidance for the American population. It is essential for USDA to reconsider this core component of its dietary guidance system and its implications for revising the Food Guide Pyramid or whatever graphic is needed to effectively communicate the intended 21st century messages.

Since the 1987 article, data from the HHS/CDC (National Center for Health Statistics NHANES surveys and the Behavioral Risk Factor Surveys) have documented a widespread and growing epidemic of obesity in the U.S. Energy imbalance has replaced nutrient inadequacy as the single most important nutritional concern for our nation. A new Federal food guidance system, and the graphic that represents it, should accordingly adopt this energy balance concern as the primary focus of its message.

Studies by Krebs-Smith (Krebs-Smith et al: *Characterizing food intake patterns of American adults*. Am J Clin Nutr. 1997 Apr;65(4 Suppl):1264S-1268S.) and Munoz (Munoz et al: *Food intakes of US children and adolescents compared with recommendations*. Pediatrics. 1997 Sep;100(3 Pt 1):323-9 and correction in Pediatrics. 1998 May;101(5):952-3.) and others have documented that very few individuals in the

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U.S. -- perhaps only one to two percent -- actually eat according to the Food Guide Pyramid. The USDA/CNPP Healthy Eating Index, based upon the Food Guide Pyramid, shows that average scores are in the 60's, and very few individuals obtain a perfect score of 100. These scientific explorations indicate that we as a nation need a food guidance system that is easier for the broad population to achieve.

One key weakness in the proposed system is that it does not take into account the full range of information on food consumption available from the key USDA and HHS national nutrition monitoring surveys--NFCS, CSFII, and NHANES. By using foods in their lowest fat and sugar forms in the calculations, it largely disregards the wealth of information available on consumer preference, expressed by the actual intake choices made by consumers. USDA, originally through the Human Nutrition Information Service, and now through CNPP, already has a system to make better use of the available consumer preference data--the approach used in calculating the Thrifty Food Plan (TFP) and the three other USDA food plans.

During my tenure at CNPP in 1995-96, I had the pleasure of working with Dr. Peter Basiotis and the Nutrition Policy Staff on updating the TFP. The new (1999) TFP and other food plans have a number of constraints, "including serving specifications for the Food Guide Pyramid." One of the key findings emerging out of the TFP development was that the Food Guide Pyramid servings constraints were in many cases binding. That is, the RDA- and Dietary Guidelines-based standards for nutrients and other food components could be met more easily if people did not have to also try to meet the Pyramid recommendations for food group servings. In this case "more easily met" means that less change from the current actual eating pattern of the population was needed.

The reliance on a system based on foods in their lowest fat and sugar form tends to lead to a significant misunderstanding of dietary recommendations by both the public and many health professionals. For example, the USDA/CNPP Healthy Eating Index uses the Food Guide Pyramid servings for five of the ten component scores. In the 1999-2000 HEI, the average score for the "meat group" was 6.6 out of a possible score of 10 (see CNPP-12, p.9). Some would take this to mean that the population is eating only 66 percent of the amount of meat recommended by the Food Guide Pyramid, and that people should, on average, increase their intake of meat by about 50 percent. However, in determining the number of servings, all meats are scored based on the profile of low fat meats, so that a high fat meat like the ground beef in a typical hamburger contributes only based on the lean meat contained in the burger. For example, according to the existing pyramid and HEI, a female between the ages of 25 and 50 needs the equivalent of 6 ounces of lean meat from the meat group (2.4 servings of 2.5 ounces each). If she eats 6 ounces of cooked ground beef, the HEI scores this as achieving only 87% of her target for the meat group, because the fat in the ground beef in excess of the fat in lean meat is not counted. This gives the false impression that she needs to eat more from this group, when in fact she needs to keep the total quantity constant and shift to lower fat choices in this group, lean meat and/or meat alternates. One cannot tell from the population's HEI score of 6.6 out of 10 if what is needed is increased consumption or a significant shift away from high

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fat choices to low fat choices within this group, or both.

Similarly, if people try to eat the current pyramid recommendation for servings from each of the five major pyramid food groups, but do not select from the low fat and sugar form of the foods, but continue to consume the types of foods from each group that they historically have eaten, they are likely to consume excess total calories, and probably excess saturated fat.

In my view, this indicates that USDA should be open to adopting an approach to nutrient profiles for food groups that yields the greatest likelihood that the resulting food guidance system and graphic will present to the population recommendations they are likely to achieve. That is, what is needed is a model that requires the least amount of change in current dietary practice while achieving good nutrition, with an emphasis on energy balance. The TFP model, which benefits from an optimization function updated the USDA's Economic Research Service, indicates that this can be done without sacrificing the DRI- and Dietary Guidelines-based nature of the nutrient targets for the system. USDA/CNPP has within its own organization many of the best experts in our nation on developing and maintaining such a system.

I would be glad to provide additional verbal clarification of any of the points above if this would be of use to CNPP.

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McCarthy



**SNACK FOOD
ASSOCIATION**
An International Trade Association

received
10/24/03

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October 24, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive
Room 1034
Alexandria, VA 22302

Dear Food Guide Pyramid Reassessment Team:

The Snack Food Association (SFA) is an international trade association representing snack food manufacturers and suppliers. SFA membership includes smaller regionally based snack food companies in addition to large national branded snack food manufacturers. SFA members manufacture potato chips, snack bars, tortilla chips, pretzels, cookies, popcorn, crackers, extruded snacks, meat snacks, pork rinds, snack nuts, party mix and other snacks. We are pleased to have the opportunity to provide comments on the review of the Food Guide Pyramid, hereafter referred to as the "pyramid."

The pyramid is one of the most recognized nutrition education tools in the United States and around the world and is used by health educators to convey basic nutrition concepts. We believe that to overhaul the entire pyramid graphic at this point, as some have suggested, would be counterproductive. At the same time, some improvements are needed. Although the pyramid is very recognizable, only a small percentage of the population is following its advice. In one study published in the Journal of the American College of Nutrition, the authors identified significant gaps between the nutrition information contained in the pyramid and consumer eating behaviors. They specifically identified large segments of the adult population from a nationally representative sample that failed to meet USDA dietary recommendations for fruit and dairy consumption (1). In another article in the Journal of the American College of Nutrition, the authors found that less than 10% of older adults met the pyramid's recommendations for dairy and grain servings. In the British Journal of Nutrition, it was reported that only 9% of children met their needs for fruits and dairy (2,3).

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The pyramid cannot convey all nutrition concepts to all audiences, but there are a few key messages within the existing pyramid that would benefit from refinement and focus. As a general approach, it might help consumers if the pyramid itself targeted one or two overarching nutrition messages and communicated those to the public, while accompanying educational materials provided additional reinforcement and explanation about its use. For example, we know that variety, proportionality, and moderation are major themes in the current pyramid, but the practical application of these concepts is not always clear to consumers. USDA can build on the existing success of the graphic and use that success to better highlight those messages that are most important to use of the pyramid in building a healthy diet.

One critical message in particular need of further refinement and clarification is portion awareness. It is important that consumers understand that calories do count and that portion control is a critical component of calorie control. According to a recent American Dietetic Association survey, there is considerable confusion about serving and portion size. A serving is the amount recommended in consumer education such as the pyramid, but a serving is not necessarily the amount commonly eaten, which is often more than one serving. In fact, two-thirds of survey respondents overestimated the serving size of cooked vegetables and the majority also overestimated serving sizes of pasta, rice and meat. Few underestimated serving sizes. Even those who try to do the right thing nutritionally have trouble with serving sizes.

To help consumers better understand dietary recommendations, it may be useful to provide more education about the amounts of foods commonly eaten by consumers in one meal and how those portions relate to the number of servings recommended in the pyramid. For example, a serving of pasta may be two cups instead of half a cup and the recommended number of servings in the grain group would be four or six. The same would apply to the fruit and vegetable group. Hardly any fruits on the market are the size of a tennis ball or baseball which is the reference point used to measure a serving of fruits. If fruits and vegetables were adjusted to accurately reflect the produce in the market, then consumers may understand that the recommendation to eat five servings of fruits and vegetables is not unrealistic.

USDA should also consider developing calorie-specific pyramids. This may help consumers to estimate specific calorie needs and the corresponding amounts of food needed to meet those needs. Another area in need of evaluation is mixed meals and how these meals fit into the pyramid and the overall diet.

As it has in the past, the pyramid must be based on the most recent, authoritative scientific information and should be consistent with the Dietary Guidelines for Americans. The revised pyramid should also be clear that the information is intended for healthy people. Individuals with medical conditions or diseases should consult a professional that can assist with specific dietary needs.

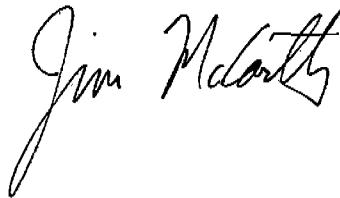
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Exercise is vital to the health of all Americans and should be considered as an integral part of the messages communicated in the pyramid. Today, less than one-third of Americans meet the federal recommendations for a minimum of 30 minutes of moderate physical activity at least 5 days a week. Forty percent of adults engage in no exercise activity at all. It is clear that physical activity and exercise need to be made a higher priority in the United States. Leading health experts know that inactivity leads to poor health; daily physical activity should be part of everyone's life.

The children's food pyramid contains information and visuals targeting exercise and activity, perhaps it is time to move in the same direction with adults.

Thank you for considering our recommendations for revision of the Food Guide Pyramid.

Sincerely,



James A. McCarthy
President and CEO

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1. Cleveland LE, Moshfegh AJ, Albertson AM, Goldman JD. Dietary intake of whole grains. *JAM College of Nutrition*. 2000; 19(3 Suppl): 331S-338S.
2. Foote JA, Guiliano AR, Harris RB. Older adults need guidance to meet nutritional recommendation. *JAM Coll Nutr*. 2000; 19(5): 628-640.
3. Brady LM, Lindquist CH, Herd SL, Goran MI. Comparison of children's dietary intake patterns with US dietary guidelines. *Br J Nutr*. 2000; 84(3):361-367.



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October 24, 2003

Food Guide Reassessment Team
USDA Center for Nutrition Policy & Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

Dear Food Guide Reassessment Team Members:

Thank you for the opportunity to provide comments on the proposed revisions to the food intake patterns that form the basis for the Food Guide Pyramid (hereinafter the Pyramid). With nearly two (2) out of three (3) American adults and approximately fifteen (15) percent of children overweight or obese, the time is right to address the accuracy of the Pyramid and the messages it conveys on healthy dietary patterns to consumers.

The American Meat Institute (AMI or the Institute) is the nation's oldest and largest trade association representing packers and processors of beef, pork, lamb, veal, turkey, and processed meat products in the U.S. Our member companies produce more than ninety (90) percent of meat products available in the U.S. AMI supports the use of the *Dietary Guidelines for Americans*, the Food Guide Pyramid, and other educational programs in educating consumers on healthful eating and living. The following comments respond to the questions raised by the Food Guide Reassessment Team (the Team) in the September 11, 2003, *Federal Register* Notice. These comments are meant to strengthen the underlying rationale for the Pyramid.

Question 1. Appropriateness of using sedentary, reference-sized individuals in assigning target calorie levels.

It is well understood that calorie requirements depend on activity level. "The body needs about 1.5 times the basal energy expenditure (BEE). There is a 10 percent reduction of caloric need between ages 51-75, with an additional 10-15 percent reduction after age 75, depending on individual activity.¹" The Institute agrees with the Food and Drug Administration's (FDA) assertion that caloric needs are based on activity level and that the majority of Americans are sedentary. Therefore, the recommended caloric intake for populations and the Pyramid should be based on a sedentary lifestyle. In addition, the Center for Nutrition Policy & Promotion (the Center) should work to educate consumers through public schooling, community programs, and other venues, about their individual

¹Baldwin, Chris, Christine Morrison, Michael Butler, and Mary Beth Papisan. "Nutritional Requirements." *Nutritional Needs of the Elderly* Pages: <http://www2.msstate.edu/~cem2/aging/>. (24 Oct. 2003).

caloric needs and how they increase or decrease in response to changes in activity level, or physiological state (e.g. pregnancy, lactating women, aging).

Question 2: Appropriateness of the selection of nutritional goals for the daily food intake patterns.

AMI generally agrees with the decision to base nutrient recommendations on available Recommended Daily Allowances (RDAs) or Adequate Intake as set by the Institute of Medicine (IOM) in recent Dietary Reference Intake reports. Unfortunately, it is impossible for the Institute to determine whether the information provided in the Tables is appropriate because the Team has not released the data on which the Tables are based. We respectfully request that the Team provide the data that were used to develop the intake patterns and subsequent tables to the public. These data are greatly needed in order to provide meaningful responses to the questions posed. Based on the available information, the Institute is providing the following recommendations regarding the intake patterns.

The Team chose to use the recommendation for potassium provided in the 1989 Dietary Reference Intake report. The current recommendation, provided in Table 3, is intake of 1400 to 2000 milligrams daily. However, more recent research indicates that a diet higher in dietary potassium may decrease blood pressure. According to Anderson and Young of Colorado State University Cooperative Extension, "Research suggests that the ratio of sodium to potassium in the diet may be more important than the specific amounts of sodium or potassium. The American Heart Association recommends a sodium-to-potassium ratio of one-to-one, or equal amounts of sodium and potassium. A diet low in potassium and high in sodium may be a factor in high blood pressure. Increasing potassium in the diet may protect against hypertension in people who are sensitive to high levels of sodium."² The authors recommend that adults consume 1,600 to 3,500 milligrams (mg) of sodium per day. The Team should further investigate the role of potassium in a healthy diet by conducting a thorough review and analysis of published scientific findings.

The *Federal Register* Notice reveals the Center's plan to make recommendations on limiting consumption of trans fats in the absence of a quantified standard. AMI respectfully reminds the Center that FDA's definition of trans fat does not include conjugated linoleic acid (CLA), a naturally occurring fat in meat and dairy products. Therefore, any consumer communications on consumption of trans fat should be representative of the definition.

² Anderson, J. and L. Young. "How Much Potassium." *Potassium and Health* Pages. <http://www.ext.colostate.edu/pubs/foodnut/09355.html>. (24 Oct. 2004).

Question 3: Appropriateness of the proposed food intake patterns for educating Americans about healthful eating patterns.

As previously stated, it is impossible for the Institute to determine whether the information provided in the Tables is an appropriate basis for food intake patterns because the Team has not released the data on which the Tables and intake patterns are based. The patterns provided in the Tables indicate levels of caloric intake the Team finds appropriate for each age group and gender. However, AMI is unable to comment on the propriety of these findings having not reviewed the raw data. Assuming the recommendations are appropriate, the Institute questions how the Center will communicate this large amount of information to the population in a meaningful and effective way through the use of graphics?

The *Federal Register* Notice states, "nutrient profiles were calculated by using forms of each food in the group with the lowest fat content and without added sugar." Therefore, one can deduce that low-fat dairy products, low-fat and low added sugar grain products, low-fat and low added sugar fruit and vegetable products, and lean meats were used to develop the recommended serving sizes for the intake patterns. The Center should conduct focus groups to determine whether Americans consistently choose low-fat and low-sugar food items when selecting a diet. If not, the Center should investigate the likelihood that Americans will subtract added sugars and fats when reading food labels to determine if the nutrient profile of the food fits into the recommendations for the food group and for consumption of added sugars and additional fats for the day? If consumers do not go through these calculations, the Team should consider the impact of consumers' behavior on the intake of their food and revise the recommended number of serving sizes within the Pyramid.

The intake patterns differentiate between consumption of more unsaturated (oils and soft margarines) and more saturated fats (solid fat) in the category "additional fats." Admittedly, the suggested consumption levels for additional fats are meant to "encourage substitution of solid fats with oils and soft margarines." However, the current categorization of fat types may mislead consumers. The Institute cautions that consumers are likely to perceive the terms "margarine" and "soft margarine" as interchangeable. The following table provided by the National Association of Margarine Manufacturers demonstrates that there is wide variance in saturated fat and trans fat content among low-fat, traditional, and liquid margarine products³.

³National Association of Margarine Manufacturers. "Tablesread Comparisons." *Nutritionally Speaking* Pages. <http://www.margarine.org/nutritionallyspeaking.html#>. (24 Oct. 2003).

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MARGARINE: Still the Best Choice

How Tablespreads Compare

| Product (per 1 T.J) | Calories | Total Fat (g) | Saturated Fat (g) | Trans Fat (g) | Saturated + Trans Fat (g) | Cholesterol (mg) | Uses |
|---|----------|---------------|-------------------|---------------|---------------------------|------------------|-------------------------------------|
| Butter | 100 | 11.0 | 7.0 | 0.5 | 7.5 | 31 | Spreading, Topping, Cooking, Baking |
| Lower Fat/Fat-free Margarine Products (60% or less oil) | 5-80 | 0-9.0 | 0-1.5 | 0-2.5 | 0-4.0 | 0 | Spreading, Topping, some Cooking |
| Traditional Margarine Products (more than 60% oil) | 80-100 | 9.0-11.0 | 1.0-2.0 | 0-3.0 | 1.0-5.0 | 0 | Spreading, Topping, Cooking, Baking |
| Liquid Margarine Products | 5-80 | 0-9.0 | 0-1.5 | 0 | 0-1.5 | 0 | Topping, some Cooking, some Baking |

Data compiled by National Association of Margarine Manufacturers, 2000

Any communication to consumers regarding eating patterns should distinguish between "soft margarine" and "margarine" and the Center should conduct consumer focus groups to ensure that consumers understand these terms. AMI recommends the Team adopt the term used in the 2000 edition of the *Dietary Guidelines for Americans*, "hard margarine" to replace the word, "margarine" for consistency in messaging⁴. The additional fats category would read, "Solid Fat/Hard Margarine and Oils/Soft Margarine."

Question 4: Appropriateness of using "cups" and "ounces" vs. "servings" in consumer materials to suggest daily amounts to choose from each food group and subgroup.

In October 2000 the Center published research titled, "Consumption of Food Group Servings: People's Perceptions vs. Reality." The study compared the Pyramid serving sizes consumed by individuals with self-reported portion sizes consumed of commonly eaten foods over the same time period. The study concluded, "people's perceptions of their food group consumption are very different from their actual consumption based on diaries. Adults underestimated their consumption of servings of grains, as well as servings of fat, oils, and sweets. They overestimated their consumption of fruit, milk products, and meat, poultry, fish, dry beans, eggs, and nut servings." Additionally, researchers concluded that "the difference between what people thought they ate and the number of servings they consumed may be the result of their not understanding what constitutes a serving."⁵ Regardless of whether the Team chooses to label consumer materials with "cups," "ounces," or "servings," the Team must develop a plan for educating consumers on the difference between Pyramid serving sizes and food label serving sizes.

The Pyramid serving size is designed to help consumers choose foods from each of the Pyramid's food groups to achieve an overall healthful diet. On the other hand,

⁴ U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. "Dietary Guidelines for Americans 2000, 5th Edition." <http://www.usda.gov/cnpp/DietGd.pdf>. (24 Oct. 2003).

⁵ U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. "Consumption of Food Group Servings: People's Perceptions vs. Reality." [Nutrition Insights](#).

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food label serving sizes are designed to help consumers compare nutrient profiles of different products within a Pyramid food group (e.g. nutrients of one brand of pasta to another brand of the same pasta). Permitting food manufacturers to label how many Pyramid "servings" for that food group are included in the labeled serving size of a particular product may help consumers put in perspective a serving of a food product as it relates to eating a diet consistent with the Pyramid's goals. In some cases the label might include Pyramid serving sizes for more than one food group. For example, a slice of Cinnamon Raisin Bread may constitute one serving of grains and one serving of fruit.

Question 5: Selection of Appropriate Illustrative Food Patterns

The U.S. Department of Agriculture (USDA of the agency) endorses two Pyramids for consumers use. They are: the Food Guide Pyramid for Young Children (age 2-6) and the Food Guide Pyramid (for adults). The agency's website also provides a link to the Food Nutrition Information Center which provides a variety of other pyramids including a Pyramid for individuals over the age of 70 and, a Pyramid for vegetarian meal planning. The Center website provides the following disclaimer, "The use of trade, firm, or corporation names in this Web site (or in Web site pages) is for the information and convenience of the reader. Such use does not constitute an official endorsement or approval by the USDA or the Agricultural Research Service of any product or service to the exclusion of others that may be suitable." Regardless of the disclaimer, the mere presence of a link to these Pyramids leads one to believe that the agency thinks more Pyramids that target specific populations are appropriate. The Institute is not in disagreement. However, if the agency believes this to be true, it should undertake efforts to develop Pyramids it can endorse. Otherwise, a variety of nutritional resource guides from multiple sources adds more confusion when determining the appropriate dietary patterns rather than simplifying it.

It seems fitting that the amount and number of food intake patterns used as the basis for the Pyramid be representative of the U.S. population. Therefore, the Institute recommends the Team review the most recent U.S. Census Bureau report from 2000 (the Census) that provides a breakdown of the U.S. population by: age, sex, ethnicity, income level, level of education, language spoken, etc. As of July 2002, the Census Bureau reported 281,421,906 people residing in the United States. Of those, there are approximately one hundred and thirty-eight (138) million males and one hundred and forty-three (143) million females. The median age of both males and females is approximately thirty-five (35) years. Nearly sixty-two percent (62%) of all people included in the Census are in the age range of eighteen (18) and sixty-four (64) years of age, with the greatest percentage, (30.2%), falling between the ages of twenty-five (25) and forty-four (44) years of age. Individuals under the age of eighteen (18) were found to be the second largest population at nearly twenty-six (26) percent. The Census found the third largest population was comprised of people between the ages of forty-five (45) and

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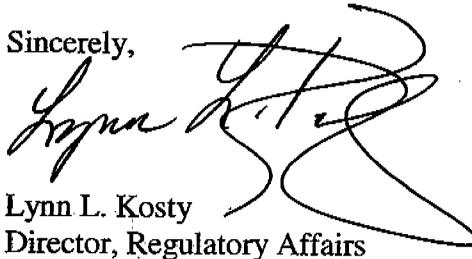
sixty-four (64) at twenty-two percent (22%). Individuals age sixty-five (65) and older represent less than six percent (6%) of the population⁶.

The Pyramid (for adults) should be based on typical caloric intake for the largest percentage of U.S. adults, those age twenty-five (25) to forty-four (44) years of age; individuals under the age of eighteen (18); and people between the ages of forty-five (45) and sixty-four (64). The median age for both males and females is approximately thirty-five (35) years of age. The median age also falls within the largest percentage of the population. Thus, it is appropriate that intake patterns for the Pyramid include caloric intake of 2200 calories/day for males and 1800 calories/day for females. AMI recommends that the 2800 calories/day intake pattern included in the 1992 Pyramid release be removed as it likely provides a caloric intake that is too great for the U.S. population.

The Census indicates that the second largest population of individuals is under the age of 18, the majority of which fall between the ages of five (5) and fourteen (14) years of age. The Team should consider whether it is appropriate to include a lesser caloric intake level such as 1400 calories/daily for these populations in the Pyramid (for adults). Perhaps it is more appropriate to design a Pyramid specific to the needs of children and adolescents. It is important to remember that adults typically do the food shopping and preparation for the household, although a growing number of children are taking on this responsibility. A Pyramid aimed at the needs of children and adolescents may be more useful in educational programs than for product labeling. The Team should also consider developing a separate Pyramid for aging Americans (over age sixty-five), many of whom have special caloric and nutritive needs. Regardless of the intake levels chosen for the basis of the Pyramid, the team must ensure that any recommended caloric intake levels are conservative estimates that are appropriate for individuals in the specified age range, gender, and recognizing the probability of limited physical activity.

The American Meat Institute applauds the Center's effort to update the Food Guide Pyramid to better serve the American consumer. We appreciate your consideration of these recommendations and look forward to our continued work toward a healthier America.

Sincerely,



Lynn L. Kosty
Director, Regulatory Affairs

[Enclosure]

⁶ U.S. Census Bureau. "Census 2000 Summary File 1, Matrices P13 and PCT12."
http://factfinder.census.gov/servlet/QTTable?geo_id=01000US&ds_name=DEC_2000_SF1_U&qr_name=DEC_2000_SF1_U_QTP1&lang=en&sse=on. (24 Oct. 2003).

10/23 Palmer-Sullivan

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FOODS COUNCIL

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October 20, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive
Room 1034
Alexandria, VA 22302

Dear Sir or Madam:

The National Barley Foods Council (NBFC) would like to submit a comment on the proposed revisions to the daily food intake patterns that serve as the technical basis for the Food Guide Pyramid. This comment pertains to one aspect of Issue No. 3 (the appropriateness of the proposed food intake patterns for educating Americans about healthful eating patterns -- FR 68(176):53539).

As stated in your Sept. 11, 2003 notice, "The Food Guide Pyramid is an educational tool that interprets and helps Americans implement the Dietary Guidelines for Americans". Accordingly, we applaud the focus on whole grains realizing that presently few people consume significant amounts of them. To that end, we would like to encourage the inclusion of whole barley and pearl barley in the actual diagrams of the Food Guide Pyramid and in the footnotes that describe whole grains.

Despite its many health benefits, human consumption of barley is still somewhat limited. However, a form of pearl barley that is considered whole grain (because it is lightly pearled, leaving the pericarp, alurone and germ) is available in most supermarkets around the country. With our continued emphasis on educating consumers and food and health professionals on availability, usage and the excellent nutritional benefits of this grain, we are convinced that barley will make a significant impact on whole grain consumption in the U.S.

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A number of agencies currently recommend barley in diets. The USDA Dietary Guidelines for Americans (Home and Garden Bulletin No. 232, 2000) mentions pearl barley and whole barley in soup as ways to increase whole grain in the diet. The Dietary Guidelines Advisory Committee stressed that variety be emphasized because of the substantial differences in the individual whole grains. Of the 17 primary cereals defined by FAO, those that make a significant contribution to the human diet are rice, wheat, maize (corn), barley, rye, oats, millet and sorghum. A comparison of the macronutrients in Table 1 shows that barley is high in Total Dietary Fiber, has a reasonable protein content and is fairly low in fat.

TABLE 1. Nutritive value of major cereals /100g edible portion¹

| Cereal | Energy kJ | Moisture % | Protein g | Fat g | CHO ² g | NSP ² g | TDF ² g | Starch g | Sugars g |
|---------|--------------|---------------|--------------|----------|-----------------------|-----------------------|-----------------------|-------------|-------------|
| Wheat | 1318 | 14.0 | 12.7 | 2.2 | 63.9 | 9.0 | 12.6 | 61.8 | 2.1 |
| Maize | 1515 | 12.0 | 8.7 | 0.8 | 77.7 | na | 11.0 | 71 | 1.6 |
| Rice | 1531 | 11.8 | 6.4 | 0.8 | 80.1 | 2.0 | 3.5 | 80.1 | 1.0 |
| Barley | 1282 | 11.7 | 10.6 | 2.1 | 64.0 | 14.8 | 17.3 | 62.2 | 1.8 |
| Sorghum | 1610 | 14.0 | 8.3 | 3.9 | 57.4 | na | 13.8 | (50) | 1.3 |
| Millet | 1481 | 13.3 | 5.8 | 1.7 | 75.4 | na | 8.5 | 60 | 4 |
| Rye | 1428 | 15.0 | 8.2 | 2.0 | 75.9 | 11.7 | 14.6 | 75.9 | na |
| Oats | 1698 | 8.9 | 12.4 | 8.7 | 72.8 | 6.8 | 10.3 | 72.8 | 1.2 |

¹Taken from: FAO/WHO Expert Consultation on Carbohydrates in Human Nutrition, FAO Food And Nutrition Paper 66, 1997, <http://www.fao.org/docrep/w8079e/w8079e00.htm>.

²CHO = carbohydrate; NSP = Non-starch polysaccharides; TDF = Total dietary fibre

In a petition recently submitted to the FDA, we provided evidence that barley fiber is equivalent to oat fiber in lowering cholesterol. In addition, barley has one of the lowest glycemic indexes of any of the whole grains. Barley is one of the three cereal grains recommended in the National Cholesterol Education Program as a source of viscous fiber that may help to lower LDL cholesterol (NCEP, ATP III, V-9 to V-21, 2001). Greater consumption of all whole grains but especially barley in the U.S. population

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Palmer-Sullivan

may help to slow the increasing numbers of people at risk for Type 2 diabetes.

The Sept. 11, 2003 notice states "The Daily Food Intake Patterns identify the types and variety of foods suggested for Americans to eat for health". We suggest that barley be added to the descriptions and types of whole grains that should be included. Following are suggested changes for model statements:

Grains:

Whole grains: All whole grain products and whole grains used as ingredients: for example, whole wheat and rye breads, whole grain cereals and crackers, corn tortillas, oatmeal, brown rice, **barley**.

Other grains: All refined grain products and refined grains used as ingredients: for example, white breads, enriched grain cereals and crackers, enriched pasta, white rice.

Grains: The following each count as 1 cup (2 servings) of grains: 1 cup cooked rice, pasta, **barley** or cooked cereal; 2 slices bread; 2 small muffins (1 oz each); 2 cups ready- to- eat cereal flakes.

Again, we congratulate your efforts to update and refine the US Food Guide Pyramid and thank you for your consideration of our comments and recommendations.

Sincerely,



Mary Palmer-Sullivan
Executive Director
National Barley Foods Council

10/29/03
O'Neil

CAROLYN O'NEIL

received
10/29/03

KJ

To Food Guide Pyramid Reassessment Team:

This letter is in response to the September 11, 2003 notice in the Federal Register: Department of Agriculture Center for Nutrition Policy and Promotion: Notice of Availability of Proposed Food Guide Pyramid Daily Food Intake Patterns and Technical Support Data. My comments relate specifically to information in the technical support data regarding the *Nutrition goal for Vitamin E* and the consumption of nuts and seeds.

As a registered dietitian who specializes in nutrition communication I applaud the USDA for their efforts to provide dietary guidance and to promote healthy eating habits across the nation and really, throughout the world! As a food journalist who works full time translating nutrition science into easy to understand nutrition advice, I recognize the difficult but important task USDA faces in updating and improving the Food Guide Pyramid. There's nothing more complicated than trying to make something simple!

There is one point I would like to draw attention to that may need some clarification. As the notice states, the 15 mg RDA for Vitamin E set in 2000 by IOM report increased substantially over the 1989 RDA. Therefore, it behooves us to tell consumers where they can get Vitamin E in the diet and highlight the best sources. At the same time, many good sources of Vitamin E are high in fat and calories, such as vegetable oils and spreads, so it also behooves us to point out Vitamin E sources with less of a calorie cost.

Nuts and seeds are good sources of Vitamin E. In fact, 164 calories/one ounce of almonds contains 7.3 mg alpha-tocopherol; compared to 164 calories/1.3 Tablespoons of Soybean oil which contain just 2 mg of alpha-tocopherol. As you can see, for the same calorie expenditure you get *more than three times* the alpha-tocopherol by choosing almonds as opposed to soybean oil. Even when comparing to safflower oil, a specified good source of alpha-tocopherol, almonds fare better as well. (164 calories worth of safflower oil contains 6.3 mg alpha-tocopherol.) Add to that the fact that nuts contain other important nutrients such as fiber and minerals and you see that they should not be left out of the list of specified Vitamin E sources.

And rather than focusing on where the American consumer has been, why not look where they are going? By concluding that "specifying the use of nuts and seeds to meet the vitamin E RDA is not considered feasible because they contribute only 4% of the total Vitamin E in America" does not take into account the optimistic news that tree nut consumption is actually going up! Per capita consumption of tree nuts has increased from 2.23 pounds in 2000 to 2.92 pounds in 2001. Looking at a breakdown, it's interesting to note that per capita consumption of almonds (which are the most popular of the tree nuts and the richest source of alpha-tocopherol) increased from 0.74 pounds in 1990 to 1.0 pounds per capita in 2001. So, more consumers are choosing nuts as a healthful addition to their diets. Let's encourage this encouraging trend to help more Americans reach the nutrition goal for Vitamin E!

Carolyn O'Neil, MS, RD, LD
Nutrition Communication Specialist



Barley Foods Consulting

October 16, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive
Room 1034
Alexandria, VA 22302

Dear Sir or Madam:

I would like to submit a comment on the proposed revisions to the daily food intake patterns that serve as the technical basis for the Food Guide Pyramid. This comment pertains to one aspect of Issue No. 3 (the appropriateness of the proposed food intake patterns for educating Americans about healthful eating patterns -- FR 68(176):53539).

As stated in your Sept. 11, 2003 notice, "The Food Guide Pyramid is an educational tool that interprets and helps Americans implement the Dietary Guidelines for Americans" and "The Daily Food Intake Patterns identify the types and variety of foods suggested for Americans to eat for health". Accordingly, I agree with the focus on whole grains realizing that presently few people consume significant amounts of them. But greater consumption of whole grains should lead to a healthier America. To that end, I would like to encourage the inclusion of whole barley and pearl barley in the actual diagrams of the Food Guide Pyramid and in the footnotes that describe whole grains.

Despite its many health benefits, human consumption of barley is still somewhat limited. However, a form of pearl barley that is considered whole grain (because it is lightly pearled, leaving the pericarp, aleurone and germ) is available in most supermarkets around the country. Barley flour and flakes are available at health food stores, in conventional stores that carry health foods and via mail order companies. Increased consumer awareness of barley as a whole grain could make a significant impact on whole grain consumption in the U.S. because it can be consumed in various forms throughout the day.

In a petition recently submitted to the FDA, the National Barley Foods Council provided evidence that barley fiber is equivalent to oat fiber in lowering cholesterol. In addition, barley has a low glycemic index. Barley is one of the three cereal grains recommended in the National Cholesterol Education Program as a source of viscous fiber that may help to lower LDL cholesterol (NCEP, ATP III, V-9 to V-21, 2001). Greater consumption of all whole grains but especially barley in the U.S. population may help to slow the increasing obesity and the numbers of people at risk for Type 2 diabetes.

The USDA Dietary Guidelines for Americans (Home and Garden Bulletin No. 232, 2000) mentions pearl barley and whole barley in soup as ways to increase whole grain in the diet. The

Barley Foods Consulting

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Fastnaught

Dietary Guidelines Advisory Committee stressed that variety be emphasized because of the substantial differences in the individual whole grains. I realize that not every food item can be mentioned in the Food Pyramid, not even in the footnotes. But barley is easily attainable and has the highest level of balanced fiber (both soluble and insoluble) of any of the whole grains. Thus it seems highly desirable to educate the consumer about this very important alternative in the whole grain menu.

I would like to recommend the following simple additions:

Grains:

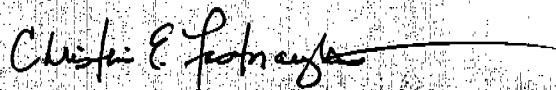
Whole grains: All whole grain products and whole grains used as ingredients: for example, whole wheat and rye breads, whole grain cereals and crackers, corn tortillas, oatmeal, brown rice, **barley**.

Other grains: All refined grain products and refined grains used as ingredients: for example, white breads, enriched grain cereals and crackers, enriched pasta, white rice.

Grains: The following each count as 1 cup (2 servings) of grains: 1 cup cooked rice, pasta, **barley** or cooked cereal; 2 slices bread; 2 small muffins (1 oz. each); 2 cups ready-to-eat cereal flakes.

Thank you for your consideration of my comments and suggestions.

Sincerely,



Christine E. Fastnaught, Ph.D.

1092 porter



STATE OF NEW YORK
DEPARTMENT OF HEALTH

received
10/24/03
KJ

October 21, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive
Room 1034
Alexandria, VA 22302

Dear Sir or Madam:

Thank you for the opportunity to provide comments on the proposed revisions to the daily food intake patterns that serve as the technical basis for the Food Guide Pyramid. As Director of the Bureau of Supplemental Food Programs and responsible for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Commodity Special Food Program (CSFP), and the Farmers Market Nutrition Program, I would like to submit the following comments:

- The nutritional goals for the proposed daily food intake patterns are appropriate for professional use. The important issue is that these goals be communicated in language that people will understand. If foods that are high in desired nutrients are given the most emphasis, the message that they are contributors to a more healthful diet will come across.
- The proposed daily food intake patterns are appropriate for educating Americans about a healthful diet. The increased amounts of whole grains, dark-green leafy vegetables, legumes and fruits are consistent with chronic disease prevention. The translation of these food intake patterns to Americans is critical. Emphasis should be on low-fat choices in each food group.
- The labeling of each food group should be considered part of the education on healthful eating. With that in mind, we would recommend that the names of the food groups be more nutrient-based (e.g. Protein-Rich Foods Group, Calcium-Rich Foods Group, etc.) The labels "additional fats" and "added sugars" may be misleading in that consumers may feel they should be added to achieve a healthful diet.
- We recommend the use of cups and ounces, rather than "servings" to suggest daily amounts from each food group. There is tremendous confusion between "serving" and "portion." When cups or ounces are not appropriate, portion sizes should be related to common object sizes, such as the palm of a hand or deck of cards.

M Frances Porter

- Consumer materials should be focused on balance and variety with special focus to the extreme demands on the best food choices in times of growth (childhood and pregnancy.) Specific recommendations for consumer materials include:
 - A separate Food Guide Pyramid for children.
 - Pictures of foods used in consumer materials should represent recommended portion sizes.
 - Fats and oils, and sweets should be separated into two groups.
 - Include some reference to trans fats in the fats and oils groups to reflect new labeling requirements.
 - There should be a clear understanding that the range of number of servings is based on age, gender, and physical activity level.

- When looking at Table 2 and Table 3 there are three distinct calorie levels that become apparent within a 600 calorie range determination:
 - Level 1 – Children 2-8 = 1000-1600 calories
 - Level 2 – All females and older Americans (>50) = 1600 – 2200 calories
 - Level 3 – Males 14-50

These three levels could be subsets of the food patterns for developing consumer materials.

Meeting the dietary needs of Americans is clearly a challenge. With the rise in obesity in all age groups we must strive to shift the current eating and physical activity patterns contributing to this rise. We appreciate the opportunity to contribute to this process and anxiously await the final product.

Sincerely,

M Frances Porter

M. Frances Porter, Director
Bureau of Supplemental Food Programs

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10/21/03

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October 21, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

To Whom It May Concern:

Thank you for the opportunity to comment on the proposed Food Guide Pyramid Update. As a leading manufacturer of food ingredients with fiber benefits, National Starch and Chemical Company (NSC) is very interested in the proposed recommendations regarding fiber intake.

In the *Federal Register* notice describing the proposal (Sept. 11, 2003, pp. 53536-53539), fiber intake recommendations are based on the "Adequate Intake (AI)" levels for fiber proposed in the 2002 Institute of Medicine (IOM) Report entitled "Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein and Amino Acids (Washington: National Academies Press). In the proposal, the AI for fiber is set for "total" fiber, which in the IOM report is defined as the sum of "dietary" and "functional" fiber. In the IOM report, "dietary" and "functional" fiber are in turn defined as "nondigestible carbohydrates and lignin that are intrinsic and intact in plants" and "isolated, nondigestible carbohydrates that have beneficial physiological effects in humans," respectively. NSC supports the use of the "total fiber" concept as the basis for the recommendations in the Food Guide Pyramid but is concerned about potential adoption of the IOM definition.

Specifically, NSC is concerned about the distinction between "dietary" and "functional" fiber. These definitions are *functional* rather than *analytic*, a situation unique to the nutrients discussed in the IOM report. These definitions imply that a physiological benefit must be proven for a particular material before classification as a "functional", but not a "dietary", fiber. Among the unanswered questions with these definitions:

- What physiological benefits will be necessary for classification as a "functional" fiber?
- What proof will be required for these benefits? Will *in vitro* evidence or specific biomarkers be acceptable?
- Who will decide whether a specific material can be so classified? Will a formal application be required?



2007 Goldring

Food Guide Pyramid Reassessment Team

Page 2

October 21, 2003

In addition, adoption of the IOM definition raises a series of practical questions:

- Will a "functional" fiber have to be proven as such before it is included in the "total" fiber value?
- If the "functional" fiber content of a specific food must be subtracted from the "total" fiber value if its physiological benefits have not been proven to the satisfaction of the regulatory authority, what analytic methods should be used to distinguish it from the "dietary" fiber? NSC is not aware of any methods capable of making such a distinction.

NSC agrees that fiber intake among the general population is low and should be increased, and government-sponsored consumer education such as the Food Guide Pyramid can be an effective tool to achieve that goal. The food ingredient industry can also help by developing materials that can increase the fiber content of foods commonly enjoyed by consumers. However, in order to develop such materials, companies must be confident that they can be claimed as fiber. The lack of clarity in the IOM definition undermines that confidence and thus could serve as a barrier to innovation.

Instead, NSC proposes that the current definition of fiber be retained. In CFR 101.9 and the 1998 "Nutrition Labeling Guidance Manual," all nutrients, including fiber, are defined analytically. The Guidance Manual specifically states,

"For compliance purposes, FDA uses appropriate methods as given in the most recent edition of Official Methods of Analysis of AOAC International, or if no AOAC method is available or appropriate, by other reliable and appropriate analytical procedures (21 CFR 101.9 (g)(2)). AOAC International's current Official Methods volumes are updated annually with new or modified methods. In addition, results of successful collaborative studies appear in the J. Assoc. Offic. Anal. Chem. throughout the year."

We believe that this definition is workable and minimizes the uncertainty associated with functional definitions of fiber. Such a definition will not serve as a barrier to food companies developing new sources of fiber and will ultimately help achieve the goals of the Food Guide Pyramid.

Thank you for your consideration.


Jay Goldring, Ph.D.

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10/24/03
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October 21, 2003

Center for Nutrition Policy and Promotion
Food Guide Pyramid Reassessment Team
USDA CNPP
3101 Park Center Drive
Room 1034
Alexandria VA 22302

Dear Mr. Hentges:

The California Walnut Commission/Walnut Marketing Board is a nonprofit organization that represents the California walnut industry, which is made up of over 5,000 walnut growers and processors. We appreciate the opportunity to share our comments in regard to the proposed modifications to the Food Guide Pyramid

This important nutrition education tool is the basis and main resource/reference for American food choices and as these choices have evolved, so should the pyramid. Increased scientific evidence in recent years has clearly shown the difference among dietary fats in relation to health and disease processes. Polyunsaturated, monounsaturated and saturated fat are not created equal and indeed, polyunsaturated fats contain essential nutrients, which are vital to good health. To this end, we are pleased that the proposed revisions suggests daily intake amounts of essential alpha-linolenic acid (ALA), however food sources noted of this essential fatty acid are misleading and incomplete. Based on national surveys, the main food sources of ALA in the American diet are canola oils and canola based soft margarines, however as American consumers begin to think about changing their personal dietary choices, they may want to know more about walnuts. Walnuts are unique as one of the only whole food sources of ALA – often thought, as mentioned, to be only in canola oil and canola based soft margarines. In addition, walnuts are also lower in calories and saturated fat than canola oil, plus offer protein, fiber and other nutrients. And while national consumer intake surveys provide an outline for food choices, recommendations to the Food Guide Pyramid should be based on scientific based evidence. The purpose of the Food Guide

California Walnut Commission

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Pyramid is to show the way to make food choices, not be indicative of how Americans are currently eating.

Support for the inclusion of walnuts in the diet is clear. In fact, in July of 2003, the Food and Drug Administration (FDA) affirmed the health claim, "Supportive but not conclusive research shows that eating 1.5 ounces per day of walnuts as part of a diet low in saturated fat and cholesterol may reduce the risk of heart disease. See nutrition information for fat content." This FDA decision comes in response to a petition filed by the California Walnut Commission, which highlights a body of international scientific research substantiating the specific benefit of consuming walnuts as part of a heart healthy diet in reducing the risk of heart disease. The body of evidence suggests that the nutritional composition of walnuts contribute to these heart health benefits. In addition, several recognized scientific organizations have identified walnuts as an essential part of a healthy diet. These organizations include the Food and Drug Administration and USDA's Strategic Action Plan: Protecting and Advancing American Health, the American Heart Association (consumer programs), and the National Academies' Institute of Medicine (DRI for ALA).

I urge you to please consider this recommendation and thank you for the opportunity to comment on this important issue.

Sincerely,



Dennis A. Balint

Chief Executive Officer/Executive Director

California Walnut Commission/Walnut Marketing Board

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October 20, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, Virginia 22302

Dear Food Guide Pyramid Reassessment Team Members:

The National Association for Family and Community Education represents thousands of consumers in 28 states. We are concerned that information on the Nutrition Facts labels and information contained in the Food Guide Pyramid is very confusing to consumers since these two sources do not always agree as to the amounts of food in a "serving." We encourage you to make the information for both more realistic and easy to understand. The average person is not going to review sophisticated and detailed documents trying to understand the how and why of the discrepancies in these two dietary tools.

We understand that there are many variables involved in setting the Nutrition Facts label and Food Guide Pyramid patterns, such as an individual's age, gender, weight, and daily caloric intake. However, in order to make this information in the best, usable form for the consumer, we would like to see cups and ounces versus servings in the charts. This would allow a man weighing 190 lbs and with an active lifestyle to determine his nutritional needs as well as a mother feeding a 10 year old girl weighing 70 lbs to determine her daughter's nutritional needs.

Both the Nutrition Facts label and the Food Guide Pyramid are valuable tools Americans can use to make wise food choices. If food product labels stated how many Pyramid servings were in one Nutrition Food label serving, this would increase the usefulness of both and lessen the confusion consumers face when shopping and preparing meals.

Thank you for the opportunity to express our concerns.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Ropp".

Carolyn Ropp, Vice President for Program
National Association for Family and Community Education





Oklahoma Cooperative Extension Service
Division of Agricultural Sciences and Natural Resources
Oklahoma State University

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10/24/03

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Pontotoc County OSU Extension Office

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

Dear Food Guide Pyramid Reassessment Team,

The following contains written comments on the proposed changes in the Food Guide Pyramid. These comments are from a group of ten individuals who teach from the FGP a minimum of 25 hours per week and one Dietitian that is their supervisor. We are a part of the Food Stamp Nutrition Education Program and EFNEP (Expanded Food and Nutrition Education Program) serving people with low incomes in Southeastern Oklahoma. Please find more information about our program enclosed with this letter.

We submit this without scientific information as we feel that what we can best provide is the insight into our experiences in teaching hard to reach audiences and what our observations have been about their ability and readiness to learn using the FGP.

We would be willing to pilot the use of the new FGP or assist in its development in any way possible. The FGP is the backbone of our education program and we deeply care about how functional and effective the information is. We understand that you are not addressing the graphic presentation at this time.

The following comments came from a brain storming session on September, 19, 2003:

1. Addressing overweight and obesity is vital. Supporting documents with the 12 Calorie categories is an excellent tool. The more categories the more the individual will feel that the information is meant for them and not their neighbor.
2. If skim milk is to be used as the reference it must be identified more clearly. Many would never read the footnote and miss the extra fat and calories in the milk group. We find that skim milk intake is the exception not the norm but it is important to guide people to the lower fat choice.

2003 Miracle

3. Nuts appear important to health and it should not be assumed that people will not eat them.
4. It is great to keep pushing fruit and vegetable consumption. We feel that we are making progress in consuming more.
5. We agree that matching FGP serving size and common amounts on labels would be much easier to teach.
6. Table 1 is good but confusing. Using common household measurements, rounded off, is always best for us to teach with.
7. We are concerned that 5 a day from the fruit and vegetable group starts at 1600 Calories. We feel that 5 a day is a minimum for any Calorie level and especially when we teach children.
8. We need a better FGP for children. Portion sizes and servings do change more than what the current FGP allows us to address easily.
9. We like the idea of added fats and sugars and need to have a mechanism to add to that/those food groups when teaching about high fat foods. We like the approach that if a food is fried you also give yourself 1 to 3 servings in the fat group. We teach that but it would be nice to have a chart that spells that out for commonly consumed foods.
10. Table 2. Really like this as is. It encourages identifying your activity level and the needs of different age groups. All commented on learning from the definitions of activity levels. They feel this could have a positive impact on their participants.
11. A table that states serving from food groups for commonly consumed combination foods would be very helpful.
12. A tool that address total cups or servings per week would help to assess intake beyond the daily amounts.
13. We think addressing the different types of vegetable and grains in the food groups is vital to be able to promote optimal food choices.
14. We feel trans-fat exclusion should be reconsidered – even if in supporting documents that address the added fat group.
15. The fiber intake of 14gr/1000 does not seem adequate as many elderly have an intake of about 1,200 Calories and need closer to 25 gr. of fiber per day. Is there another way to address this issue as the population is aging?

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Miracle

Considering the above comments:

1. We feel that the proposed patterns are reasonable intakes to expect for the various age groups. And the proposed intakes do seem feasible. (It is an attainable goal - not what is currently found in our participants)
2. We do feel we could use these proposed new patterns to help educate Americans about healthful eating patterns.
3. We feel that individuals or families will be able to use these patterns in making food choices. However, the graphic representation and the ongoing marketing of the FGP will be vital to its success.
4. Consumers can understand that 2 slices of bread equals 1 cup of grains - but it will need to be explained in some manner. We spend many hours explaining the FGP to our participants and coaching for behavior change so we know that the FGP is not understood by many individuals.
5. We feel that there needs to be a very simple FGP addressing children, adolescents, general population and older Americans (4 categories) and then there must be supporting documents that can go farther in our educating as addressed above.

We hope that the above information is helpful in a practical manner. We understand it is anecdotal in nature and may not meet your needs in many ways. However, we are a group that actually uses the FGP and want to give you our opinions.

Again, if we can be of assistance in any manner please do not hesitate to call on us. We have assisted in field testing materials for The American Diabetes Association and found that there is much to be gained by participating in the development of educational materials.

Thank you for your dedication and your willingness to be open to input.

Respectfully submitted,


Sarah Miracle, MBA, RACD
Sarah Miracle, CNEP Area Coordinator

Nutrition Education Assistants

Cindy Kesler
Cindy Kesler

Tammie Howard
Tammie Howard

Rose Ann Newton
Rose Ann Newton

Becky Smith
Becky Smith

Donna Campbell
Donna Campbell

Debbie Gould
Debbie Gould

Cheryle Dillingham
Cheryle Dillingham

Rhonda Skelton
Rhonda Skelton

Brenda Russell
Brenda Russell

Debra Sanders
Debra Sanders

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10/24/03

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October 22, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA. 22302

Dear Sir or Madam:

On behalf of 6,000 Sunkist Citrus growers, we support your efforts to update the Food Guide Pyramid to reflect current nutrition science and foster better dietary habits for Americans.

As outlined in the Federal Register notice, we agree that it is prudent for USDA to recommend daily intake patterns based on different lifestyles/energy levels so that consumers can better understand the relationship between food and exercise in a healthy lifestyle.

We also concur with the need to simplify consumer messages/materials for greater acceptance and adherence of the guidelines. However, we are concerned that replacing standard "serving size" information with "cups" will increase consumer confusion, not diminish it. Families do not think of a "cup" of oranges or a "cup" of bread. Thus, we strongly recommend that the new Food Guide graphic/illustration maintain "serving size" information along with "cups" so that the information is compatible with FDA Nutrition Facts Labels featured on virtually every item in the grocery store. This type of increased harmonization between USDA's Food Guide graphic and FDA's Nutrition Facts Labels will provide consumers with clear, consistent information no matter which source they turn to for assistance in making better food choices.

Relative to fruits and vegetables, science indicates that an increased consumption of fruits and vegetables promotes better health...from disease prevention to weight loss and weight maintenance. Therefore, we suggest that fruits and vegetables be given a more prominent position on the new Food Guide graphic, encouraging a minimum of five servings a day and preferably nine or more for most individuals. Such a dietary change would help combat heart

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Verloop

disease, cancer, obesity, and diabetes – key health issues plaguing our nation and costing million of lives and billions of dollars each year. Further, we would like to encourage greater consumption of *whole* fruits and vegetables, each of which provides a family of health-promoting vitamins and nutrients that may not be available in juices or supplements.

Consumers need delicious, easy-to-eat foods to live healthier lives. Citrus fruit offers that type of simple solution and has been scientifically linked to numerous health benefits, some of which are outlined below:

- **Vitamin C:** Supports the immune system and helps the body fight a variety of illnesses from colds and flu to cancer and heart disease.
- **Fiber:** Supports weight loss by contributing to satiety and curbing appetite, and may also reduce the risk of cancer and coronary heart disease. This is a key benefit of whole citrus fruit since juice is an insignificant source of fiber.
- **Folate:** Helps reduce the risk of heart disease and stroke, while also protecting against some birth defects.
- **Potassium:** Helps reduce the risks of high blood pressure and stroke, while helping the heart and kidneys to function properly.
- **Phytochemicals:** Powerful disease-fighting nutrients like beta-cryptoxanthin (linked to lung health), zeaxanthin (linked to eye health) and flavanones and limonoids, which may inhibit cancer cell growth, detoxify carcinogens and enhance the immune system.

Not only is citrus currently included in USDA's Dietary Guidelines for Americans, many other leading health organizations also promote the benefits of citrus including the American Heart Association, American Cancer Society, the National Cancer Institute and the Produce for Better Health Foundation, to name just a few.

As a voice for thousands of dedicated citrus growers, Sunkist urges USDA to depict citrus (predominantly oranges, lemons and grapefruit) prominently in the new Food Guide graphic and Dietary Guidelines for Americans.

Sincerely,



Robert Verloop
Vice President of Marketing



UNIVERSITY OF
FLORIDA

EXTENSION

Institute of Food and Agricultural Sciences

1705 Norman

received
10/24/03
KJ

October 16, 2003

Food Guide Pyramid Assessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, Virginia 22303

Dear Assessment Team,

Enclosed please find a cassette tape, written comments and a newspaper article on the Public Forum held on October 10, 2003 at the University of Florida/IFAS Extension complex in Palm Beach County. As you will hear on the tape and see in the written comments, the following concepts were brought up by several speakers:

- The Food Guide Pyramid (FGP) is confusing to both the general public and nutrition educators.
- The FGP does not accurately reflect the science as it is understood in 2003. Some FGP concepts are vague and/or misleading.
- The FGP does not embrace the multicultural nature of our country or various cultures understanding of what foods are included in specific groups.
- "Eat sparingly" is too vague and does not distinguish between healthier choices of fats.
- Water is not included in the FGP.
- Beans, legumes, potatoes and starches are grouped in the protein or vegetable groups, but are considered the same exchange for diabetic diets. This is too confusing.
- With the concern over obesity should exercise and caloric recommendations be a part of the FGP?
- Few people prepare food from "scratch", they do not have a good understanding of measurement of ingredients (including fats and sugars) that are included in "combination" foods.
- We may be victims of our own success. Produce (as well as fast foods) have become larger and larger. The public's perception of a serving has also become larger.

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We look forward to further information and another comment period next year.

Sincerely,

Audrey R. Norman

Audrey R. Norman, CFCS, CFLE
Program Leader
Family and Consumer Sciences

enclosures

ARN:jl

Cc: Dr. Joe Schaefer
Dr. Linda Bobroff
Clayton Hutcheson
Linda Nolte

3095 Norman

October 10, 2003

From: Clint Stevens, MS (formerly a registered dietitian 1991-2002)

Former Clinical Assistant Professor of Nutrition, Dietetic Internship Director, and/or Lecturer, at the University of Houston, South Carolina State University, and San Jacinto Community College in Pasadena, Texas.

Further accomplishments include being the Recipient of Houston Area Dietetics Association Outstanding Educator Award, 2000; Texas Dietetics Association Outstanding Dietetics Internship Director Award 2000; and The American Dietetics Association Outstanding Dietetics Internship Director Award for Area 4 (Texas, Utah, Colorado, Oklahoma, Kansas, New Mexico, and Nevada), 2000.

Now living in West Palm Beach, FL, 561-254-0471.

A few observations regarding the food guide pyramid:

1. The pyramid might be more effective if it was inverted, since people tend to read from the top down than the bottom up. That way, the "less healthy" foods would be at the bottom of the pyramid.
2. The pyramid uses certain starches/complex carbohydrates (but excluding the potato, beans, and corn) as (at?) its base. Potatoes are categorized as a vegetable, while beans are included as a meat alternate. ~~Corn, a starchy vegetable, and probably the second or third most consumed vegetable in the U.S. (after potatoes) is not depicted anywhere in the pyramid.~~ If an individual consumes the 6-11 servings of the pyramid base group on a regular basis, and then consumes beans, potatoes, and corn as well, the starch content of the diet increases dramatically. This may well promote the overeating of complex carbohydrates, contributing to obesity, since the average American is already over-consuming simple carbohydrates, animal-based protein foods, and fat from multiple sources in addition to complex carbohydrates (which also include "savory snacks" like Triscuits).
3. The pyramid emphasizes servings with overly complicated serving size information that is not adhered to or even known to most health professionals (much less the American public). Six to eleven servings of BCRP per day indicates that some Americans should be eating 3+ servings of starch at every meal (but at least 75% of Americans don't adhere or know about portion sizes). After all, who eats 3-4 crackers, or only 1/2 cup pasta or 1 tortilla at a time? Certainly not most men! I can't speak for women. And even most children eat more than 1 oz of ready-to-eat cereal (and most of it is sugar-coated). The serving sizes seem to be more appropriate to the elderly, if to any group at all.
4. The pyramid says use sugars and fats sparingly. This is entirely too vague. Where do French fries (which account for 25% of all "vegetables" eaten by Americans), and other foods like pastries and cookies and other "combination" foods fit in? What about ice cream? The American public is very confused! And so are the nutrition educators!
5. Meat, fish, poultry, eggs, dried beans, and nuts are lumped into the same group as meats and meat alternates. Yet beans contain virtually no fat, and nuts contain an average of 80% fat, so obviously this category has been made up for its protein content, with disregard as to its fat.
6. Vegetables include a serving of a medium potato or 3/4 cup vegetable juice. What about potato salad with its mayonnaise content? And while baked potatoes are nutritious, most Americans load them with fat when consuming them. And what about foods such as cole slaw, which is a cruciferous vegetable usually prepared with high fat mayonnaise? And why is the serving

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- size for vegetable juice only $\frac{3}{4}$ cup, instead of a cup, just to make it simpler? V-8 is very low calorie!!
7. Milk and yogurt have far less fat than cheese (which for diabetics is classified as a high-fat meat, and which is only the beginning of the incongruencies/inconsistencies between the Exchange Lists and the Food Guide Pyramid). Can't the USDA, American Dietetic Association, American Diabetes Association, American Heart Association, and other educational/governmental stakeholders reach some kind of consensus so that food classifications and serving sizes for different educational tools (which are dispersed from various private or governmental health promotion/disease prevention/public health-based information/education sources as well as in clinical nutrition environments) be more interlocked?
 8. With what we know about cancer, obesity, gastrointestinal disorders, heart disease, etc., fruits and vegetables MUST occupy a more prominent position in the pyramid. And what about soy products, with their cancer-preventive isothiocyanates? They are invisible when looking at the pyramid.
 9. While the purpose of the pyramid appears to be to promote the eating of a wide variety of foods (good), it does a lousy job regarding portion sizes, making them almost impossible for the average American to follow. The pyramid may even be contributing to "overnutrition" due to its rampant misinterpretation and misuse, even by nutrition professionals and educators.
 10. The Mediterranean pyramid (and other ethnic pyramids) look very different from the American pyramid, and the Mediterranean diet is often touted as being healthier than the American. Can this be addressed? Is the pyramid prescriptive or more descriptive???
 11. The current pyramid in no way reflects the eating habits of millions of Americans on low-carbohydrate diets. This is a serious problem, which contributes to nutritional confusion for tens of millions of Americans.
 12. Paradoxically, the pyramid provides too much information while being detrimentally reductionistic in its food listings and portion sizes. Its only effective use appears to be the promotion of eating a wide variety of foods, but as mentioned above, many healthy foods are not even referred to or depicted in the pyramid. Additionally, the pyramid has very little relevance in terms of the still-increasing consumption of snack foods (usually complex or simple carbohydrates combined with fat), fast foods and the continuing increase in dining out at non-fast food restaurants in the U.S.
 13. The pyramid does not take into account serious problems with food allergies, such as the roughly 1 in 120 Americans who are gluten-sensitive/intolerant, or those individuals who are starch intolerant in general (such as myself with IBS). It also does not take into account such serious allergies as peanuts/tree nuts that are life-threatening to as many as 3 million Americans, including children.
 14. Teaching the pyramid versus teaching the Exchange Lists and how to use them properly is very difficult, even to dietetic interns (individuals who have completed a 4-year accredited dietetics program) since the 200+ undergraduate programs accredited by The American Dietetic Association vary so much from program to program. I have directed numerous dietetic interns (with 4-year bachelor's degrees in nutrition) whose professors did not bother to even teach appropriate usage of the pyramid OR the Exchange Lists, despite being accredited by the American Dietetic Association.
 15. And what about nursing students? Their nutrition education requirements are minimal (usually introductory nutrition), yet they are primary providers of nutrition information to millions of Americans in health-care environments, including home-health care. I have yet to find any nurse who understands nutrition at a competent level, except those who are certified

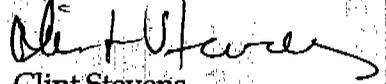
5095 Norman

- diabetes educators or who are certified in nutrition support. Even nurse practitioners do not have adequate training regarding foods, nutrition or the food guide pyramid.
16. And what about pharmacy students and pharmacists who are "dispensing" nutrition information without the benefit of understanding the pyramid (or the Exchange Lists), as well as physicians, certified clinical nutritionists (who may or not be registered dietitians), chiropractors, acupuncturists, and numerous other health care providers such as occupational and physical therapists? What do they know about (or do with) the pyramid, if anything?
 17. "Health-foodists" and other non-licensed and even completely untrained individuals continue to promote nutritional information counter to the pyramid ranging from outright quackery to possibly sound information depending on their backgrounds (and economic goals). Many "nutritionists," registered dietitians, and other health care or community providers of nutrition information continue to lack the training or expertise regarding the pyramid, food sources of nutrients (both macro- AND micronutrients), and the basics of Exchange Lists, partially because of the current Food Guide Pyramid.
 18. Try asking the average registered dietitian to name a good FOOD source of chromium, selenium, or even vitamin E and where these foods are on the food guide pyramid. Try asking any physician, pharmacist, nurse, or home economist the same question. **THEY DON'T KNOW.** Foods like sweet potatoes (an incredible source of vitamin E) don't exist on the pyramid, nor do foods like cruciferous vegetables (broccoli, cabbage, cauliflower, etc.) that are known to be cancer-preventive. And what about spinach, a high intake of which is associated in epidemiological studies with decreases in macular degeneration, the leading cause of blindness in the elderly? And what about all the anti-cancer phytochemicals (e.g., anthocyanins) found in fruits like berries or red grapes? They aren't currently depicted in the pyramid either. The pyramid does NOT effectively promote the public health as it now stands.

In summary, the Food Guide Pyramid is not meeting the needs of the American public, and an entirely different approach is needed (to address obesity alone, which contributes to cancer, heart disease, and diabetes while costing the economy billions of dollars and decreasing the quality of life for millions).

Since this is not going to happen, much more needs to be done to make the pyramid more applicable, sensible, and interpretable to the public, nutrition educators, students of nutrition, students in other health care disciplines including those in medical school and the gamut of current health-care providers in the U.S.

Respectfully submitted,


Clint Stevens

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Adams, Abenante, Page

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October 24, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

RE: Federal Register Notice, Volume 68, No. 176, September 11, 2003
Center for Nutrition Policy and Promotion; Notice of Availability of
Proposed Food Guide Pyramid Daily Food Intake Patterns and Technical Support
Data and Announcement of Public Comment Period

Dear Dr. Hentges:

Thank you for the opportunity to comment on the food intake patterns and technical support data released by you in the development of potential revisions to the Food Guide Pyramid. The Wheat Foods Council is an industry-wide association whose mission is to educate the public about the role of grain foods in a healthy diet. The American Bakers Association represents wholesale bakers in the United States who are responsible for manufacturing about 80 percent of grain-based foods. The North American Millers' Association's membership encompasses approximately 95 percent of the U.S. milling capacity for wheat, oats, corn and rye.

We commend USDA for compiling this extensive research and sharing it with the public in such a transparent manner. This data substantiates the scientific evidence that went into developing the first Food Guide Pyramid in the early 90's and subsequent reviews. No other graphic or food plan has undergone the broad and open examination procedures as the pyramid. While the Food Guide Pyramid is a well-researched document that gives scientific advice, our major concern is that the consumer does not follow it in their daily food choices even though it has a huge recognition level. That dilemma must be considered in every decision going forward.

We welcome the opportunity to address topics of particular interest to you and to comment on areas of concern to us:

Appropriateness of using sedentary, reference-sized individuals in assigning target caloric levels for assessing the nutritional adequacy and moderation of each food intake pattern.

While we believe most Americans meet the "sedentary" definition, it is probably in our best interests to encourage activity by using the "low-active" level to maximize physical activity. (We do realize that most individuals over-estimate their physical activity level.) While some of the groups in Table 2 (Energy Levels for Proposed Food Intake

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Wheat Foods Council comments on Federal Register Notice, No. 176, October 24, 2003, page 2:

Patterns) were assigned higher targets than their EER, we realize that this is a range and hopefully educational efforts will inspire increased activity to compensate for additional calories. It is recommended that future educational materials show activity equivalents to walking (e.g. bike riding, swimming, etc.) to provide additional options that can be easily understood by the general public.

Appropriateness of the selection of nutritional goals for the daily food intake patterns.

Carbohydrates: The use of the Acceptable Macronutrient Distribution Ranges (AMDR) from the average National Academy of Science recommendation for carbohydrates (55 percent of calories) is probably the least confusing way of listing carbohydrates rather than giving the range of 45 to 65 percent.

Fiber: Although there is considerable science to substantiate a fiber goal of 14 grams of total fiber per 1000 calories, the goal is not consistent with the government's aspiration to be "realistic and practical." Ultimately, consumer messages and education campaigns must be simple and easy to follow.

We will later address this issue, but by combining fortified cereals with whole grains, you are not accurately reflecting one of the best sources of fiber. Table 4 (Nutrient Profiles of Food Guide Pyramid Food Groups and Subgroups) does not indicate the fiber contribution of these whole grain and bran cereals in the diet. Also, did you include a common form of fruit – fruit juice – when calculating the fiber contribution of fruit?

Appropriateness of the proposed food intake patterns for educating Americans about healthful eating patterns. Are the proposed patterns reasonable intakes to expect for the various age/gender groups? Are the proposed intakes of some food groups or subgroups feasible?

Whole grains: By combining fortified cereals with whole grain and rye breads, crackers and pasta, the nutrient profile is misleading to the consumer. A half cup of cooked brown rice provides four mcg of folate (one percent DV) and 1.75 g of fiber. A slice of whole wheat bread provides 17 mcg of folate (four percent DV) and 2 g fiber. Many whole grain and fortified cereals contain 100% DV for folic acid and 3-9 g of fiber per serving. (We assume you are using folate equivalents for the data?) Our recommendation would be to place whole grain and fortified cereals in a separate subgroup. In addition, rye breads are rarely whole grain breads and should be put into the "other grains" grouping.

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Wheat Foods Council comments on Federal Register Notice, No. 176, October 24, 2003, page 3:

Other grains: The data table shows approximately 1 mg of cholesterol per serving. Most breads, pastas, crackers, rice, cereals and other grain foods do not contain cholesterol. One would assume that sweet baked goods are included, but not according to the "notes" for Table 1.

Recommendation for half of the servings to be whole grains: This recommendation is not consistent with the current recommendations of a minimum of three servings a day, nor does it fit USDA's goal of being "realistic and practical." The average American eats about one serving of whole grains daily, therefore the recommendation of three is asking them to **triple** their intake. Even this is probably not realistic, but it does provide an obtainable goal. Asking teenage boys to eat 5.5 servings of whole grains daily is definitely unrealistic and impractical. We recommend you continue with the commonly recognized level of a minimum of three servings per day.

Appropriateness of using "cups" and "ounces" vs. "servings" in the consumer materials to suggest daily amount to choose from each food group and subgroup.

Unfortunately, focus groups do show considerable confusion between the Food Guide Pyramid servings, nutrient label serving sizes and what the consumer perceives to be a "serving" on their plate. Therefore, we agree that changes should be made to the recommendation. We recommend using **cups** (half cups) for cooked pasta, rice and cereal and **ounces** for breads, ready-to-eat cereals, crackers, tortillas, etc. Figuring out what an ounce of cooked pasta, cereal or rice is could be time-consuming and confusing. While the copy may take slightly more space on the graphic, it will make for easier consumer understanding.

Selection of appropriate illustrative food patterns for various consumer materials. What criteria should be used to select a smaller number of illustrative food intake patterns? Which subset(s) of patterns would be most useful for various audiences?

The American Heart Association has an easy calculation for calories needed to maintain weight: 13 calories per pounds of weight for sedentary people and 15 calories per pound of weight for active people.¹ But this is only half of the equation. Now the consumer needs guidance on how much of what to eat for that amount of calories. Using a range of twelve caloric levels is helpful for the nutrition educator with patients, but will be overwhelming to the average American. Since the minimum intake of 1600 calories is necessary for following the current Food Guide Pyramid, that number could be used as the basis and then additional servings would be added accordingly for each higher caloric level.

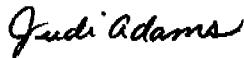
Americans should have the opportunity to tailor recommendations to their caloric needs and preferences without the help of a nutrition educator. (Please consider the possibility of harmonizing the chosen caloric level on the future graphic with the caloric level on the nutrition label).

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Adams, Abenante, Faga

Wheat Foods Council comments on Federal Register Notice, No. 176, October 24, 2003,
page 4:

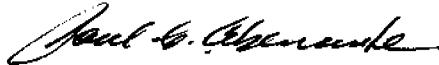
In closing, we commend CNPP for your continual research to test understanding and potential messages with the consumer. Thank you for the opportunity to comment on the proposed Food Guide Pyramid daily food intake patterns and technical support data. If you have any questions, please call Judi Adams

Sincerely,



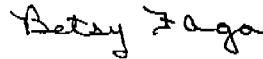
Judi Adams, MS, RD
President
Wheat Foods Council

Sincerely,



Paul Abenante
President

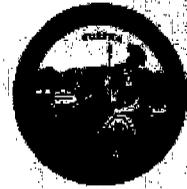
Sincerely,



Betsy Faga
President
North American Millers' Assn.

1. American Heart Association. "Be Smart for Your Heart."
www.americanheart.org/presenter.jhtml?identifier=502. October 20, 2003

California
Department of
Health Services



received
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Lyman, Sallack
October 23, 2003

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

Attention: Food Guide Pyramid Reassessment Team

Thank you for the opportunity to provide comments on the USDA Center for Nutrition Policy and Promotion's (CNPP) proposed daily food intake patterns. Members of the California Department of Health Services' (CDHS) Physical Activity and Nutrition Coordinating Committee (PANCC) reviewed the documents outlined in Federal Register Vol. 68, No. 176 and subsequently met to consolidate all the comments. These comments are forwarded to CNPP through CDHS' major nutrition and physical activity enterprises – WIC Supplemental Nutrition Branch and the Division of Chronic Disease and Injury Control. CDHS has also worked collaboratively with California's Interagency Nutrition Coordinating Council who will also be submitting comments. CDHS is thus pleased to submit the following comments regarding the topics of particular interest to CNPP:

- 1. Appropriateness of using sedentary, reference-sized individuals in assigning target calorie levels (Table 2) for assessing the nutritional adequacy and moderation of each food intake pattern.**
 - In general CDHS is in agreement with using sedentary, reference-sized individuals in assigning target calorie levels; however, there is a question about whether using the term "sedentary" is the best choice given that most people may be likely to classify themselves as "low active" rather than sedentary even if they are sedentary.
 - The energy levels for proposed food intake patterns (Table 2) are rough estimates and will not accurately reflect all individuals' caloric needs. It may be necessary to include instructions describing how to modify a diet if the consumer experiences weight gain or loss while following a particular pattern.
 - Calorie needs of some sedentary individuals may be lower than indicated in the patterns. The definitions of sedentary, low active, and active are not appropriate for preschool children. One cannot use the same criteria for activity in adults, as

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defined in Table 2, for children. CDHS recommends CNPP define unique activity levels for preschool children based on a pediatric assessment of resting energy expenditures and types of activity.

Is the proposed selection of nutritional goals for daily food intake patterns appropriate for educating Americans about healthful eating patterns (Table 3).

- Twelve daily food intake patterns appear to be more than adequate. A breakdown of food pattern calories by 400 calories may be more than sufficient, with instructions for adding additional calories, if needed, for such special groups as pregnant and lactating women.
- These proposed nutritional goals should be very useful in designing the revised food pyramid (s). It would be very useful for CNPP to develop more than one pyramid, one for adults, one for children and one for teens and possibly one for seniors.
- Regarding the USDA "The Food Guide Pyramid" booklet, page 9, "Sample Diets for a Day at 3 Calorie Levels": Suggest 1200 (children and dieters), 1600, 2000, and 2400 for energy levels based on the chart by gender and age groups.

Table 4: Nutrient Profiles of Food Guide Pyramid Food Groups and Subgroups:

⊗ Fruits and Vegetables:

- A 1,000 calorie diet would have 2.5 servings of fruits and vegetables. This does not appear to be nutritionally adequate if an adult is choosing to eat this many calories (e.g., dieters).
- CNPP should include at least five servings of fruits and vegetables in all calorie levels to reflect their protective benefit for heart disease and cancer. Fat and added sugar can be adjusted to allow this.
- Fruits and vegetables should be the primary focus of the pyramid, not grains.
- The breakdown of vegetables could be reformatted, as it requires presenting the data as servings of each type per week when all other foods are listed as servings per day. It would be preferable to keep with eating a "rainbow" of colors from the fruit and vegetable group.
- Encourage fruit and vegetable intake by presenting fruit and vegetable servings as at least 5 or 5+ to let consumers know that they are encouraged to eat more than the recommended number.

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- Include beans and legumes only in the meat group. Including legumes in both the meat and vegetable group is confusing. Also, according to the recommendations for a 1600 calorie diet, beans make up 24 percent of all vegetable servings each day.
- Removing legumes from the Fruits and Vegetables groups would leave enough extra fruit and vegetable calories to add 1-2 servings to each calorie level over 1000 without changing anything else. Also, for the 1000 calorie level, reduce "Added Sugar" to 3 tsp. for adult dieters.

⊗ Grains:

- The California Daily Food Guide suggests 4 out of 6 servings (67 percent) for women and 5 out of 9 servings (56 percent) for men should be whole grain. One suggestion would be "Eat more than half of your grain servings from whole grains."
- Refined carbohydrates high in fat may not be appropriate models in the Grains group.

⊗ Meat and Beans:

- In agreement with California Daily Food Guide, encourage one half serving per day of beans.
- Explicitly include nuts in the name of this group. If so, include a caveat about fat, even if it is good fat.

⊗ Milk:

- As some ethnic groups do not consume dairy, consider renaming the milk group "Milk and Milk Alternatives" (applies to The USDA Food Pyramid as well). Consider how nutrient needs can be met through nondairy sources and calcium-containing soy beverages. Include examples of milk alternatives recognizing that milk provides calcium but also protein, riboflavin, and other nutrients.

⊗ Additional Fats:

- Rename category Added Fat and Fried Food to reflect that fat added in preparation is included (applies to The USDA Food Pyramid as well).
- "Solid fats" and "oils/soft margarines" should be renamed. This does not reflect the differences between saturated, monounsaturated and polyunsaturated fats. We now have solid margarines that do contain "trans" fatty acids or saturated fats.

Added Sugar:

- When translated into The USDA Food Pyramid, the added sugars should say, "not to exceed" and educational material should include examples of major sweets with how many tsps. of sugar they contain. This should also be reflected in the explanation of added sugars in the Food Pyramid booklet.

3. Are the proposed food intake patterns for educating Americans about healthful eating patterns appropriate?

- It may be important to consider additional nutrient needs for more active individuals in each target group. Table 3 lists the nutritional goals for the target age/gender groups, but does not address the extra nutrients that may be needed for more active individuals in each group (except for males above 2400 calories).
- Nutrient needs during pregnancy should be identified.
- Consider addressing synthetic folic acid needs for women of childbearing age.
- Consider changing serving sizes to reflect the portion sizes people actually eat. Commercial food portion sizes have increased over the past two decades and consumer perceptions of portion sizes have changed. For example, the typical muffin today is 3-4 times larger than the recommended serving size for a muffin.
- Include a nutritional goal for water consumption.
- Twenty five percent of calories from sugar is too high. Calories would be better spent on fruits and vegetables.

4. Are "cups" and "ounces" vs. servings appropriate for use in consumer materials to suggest daily amounts to choose from each food group and subgroup?

- Use of cups and ounces instead of "servings" as a reference for intake is more standardized, relevant and visually concrete for the consumers.
- Consider using Nutritive Value of Foods, Home and Garden Bulletin Number 72 (tennis ball, golf ball, baseball, deck of cards...)

5. Selection of appropriate illustrative food patterns for various consumer materials and additional CDHS comments.

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- **Please consider placing the Fruit and Vegetable Groups at the base of the USDA Food Pyramid.**
- **Please consider adding physical activity to the base or center of the USDA Food Pyramid.**
- CDHS is pleased to see that CNPP is taking into consideration a variety of food intake patterns, however, the 12 daily food intake patterns in Table 3 may be too many to translate into direct consumer materials. We do feel it is very important for CNPP to expand the types of food pyramids, especially for children and teens. A practical set of food pyramids related to the food intake patterns would be to have a food pyramid for children (ages 2-8 years), teens (9-18 years), adults (19-55 years) and include information on pregnancy and lactation, and one for seniors (55-years).
- CDHS recommends that new consumer materials also include consideration of the cultural differences in foods and food patterns.
- Provide alternate pyramids for different groups (very active, pregnant, non-milk drinkers).
- The USDA Food Pyramid would be enhanced by having appealing photos of actual foods commonly eaten by diverse ethnic and cultural groups. Also the top of the pyramid should include actual graphics or photos of "Fats, Oils & Sweets" instead of symbols.
- **Consider discouraging high caloric drinks and include an explanation about "added sugars." Twenty five percent of calories from sugar is too high. Calories would be better derived from fruits, vegetables, complex carbohydrates and high quality protein sources.**
- Whole grains and high-fiber whole grain products should be distinguished from other grain products. Please emphasize use of whole grains in consumer products.
- All products that are high in fat and/or refined sugar should be de-emphasized both visually in graphic presentations of food products and in educational materials.
- Beans and bean products like tofu, along with nuts and seeds should be distinguished from animal protein sources, with a recommendation to eat non-animal protein sources at least once daily.

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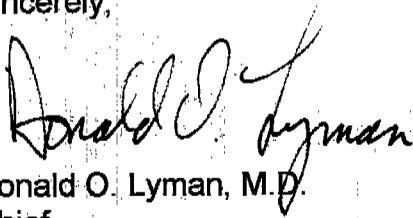
Food Guide Pyramid Reassessment Team

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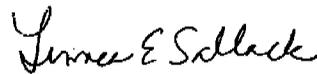
October 23, 2003

- Educational materials should emphasize low fat and non-fat calcium and vitamin D products, such as cow's milk.
- Educational consumer materials should also reflect the health benefits of consuming polyunsaturated and monounsaturated fats, and omega 3 fatty acids, including examples of foods containing these fats. Saturated fats and trans fatty acids should be de-emphasized.

Sincerely,



Donald O. Lyman, M.D.
Chief
Division of Chronic Disease & Injury Control



Linnea E. Sallack, M.P.H., R.D.
Chief
WIC Supplemental Nutrition Branch

cc: Seleda Williams, M.D., M.P.H.
Office of Clinical Preventive Medicine