

**U.S. Department of Agriculture
2020 Dietary Guidelines for Americans Listening Session
November 28, 2017
Washington, DC**

Statement Submitted by the Food Research & Action Center (FRAC)

The Food Research & Action Center (FRAC) appreciates the opportunity to provide comments for the U.S. Department of Agriculture's (USDA) 2020 Dietary Guidelines for Americans Listening Session. FRAC is a research, policy, public education, and advocacy center working for more effective public and private policies to eradicate domestic hunger and improve the nutrition and health of low-income individuals and families.

FRAC fully supports the inclusion of comprehensive recommendations that are focused on promoting health and preventing disease for pregnant women and children under two years old. The Dietary Guidelines Advisory Committee should focus on these areas because prenatal and early childhood periods set the foundation for mental, physical, social, and emotional health.

This is an opportunity to establish clear, effective guidance to inform policies, programs, and practices that impact maternal and young child health, especially among those struggling with food insecurity. For example, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Child and Adult Care Food Program (CACFP), which are key nutrition supports for low-income families with young children.

Pregnancy and Early Childhood Nutrition Sets the Trajectory for Lifelong Health and Well-Being

An explosion of research in recent decades has deepened the understanding of how crucial early life experiences are to the physical, cognitive, social, and emotional development that serve as building blocks for children's achievement commensurate with their abilities. Poor nutrition and food insecurity during pregnancy and the critical first years of a child's life can negatively impact child development in both the short and long terms and hinder adult achievement, health, and productivity.

The Importance of Good Nutrition and Food Security During Pregnancy

Adequate prenatal nutrition is critical to ensure normal development of children's bodies and brains and to bolster child food security (Kind, 2006). Inadequate dietary intake during pregnancy and early childhood – which may be a consequence of food insecurity – can increase the risk for birth defects, anemia, low birth weight, preterm birth, and developmental risk (Black et al, 2011; Dietary Guidelines Advisory Committee, 2015; Haider et al., 2013). Of particular concern is the risk of mothers, especially for food-insecure mothers, entering pregnancy with insufficient iron stores and with low folate diets. Poor iron and folic acid status are linked to preterm births and fetal growth retardation, respectively (Kind, 2006). Prematurity and intrauterine growth retardation are critical indicators of medical and developmental risks that affect not only children's short-term well-being, but also extend into adulthood (Scholl & Johnson, 2000).

Children born to mothers who were food-insecure during pregnancy also are at increased risk of birth defects, including cleft palate, d-transposition of the great arteries, tetralogy of Fallot, spina bifida, and anencephaly (Charmichael et al., 2007). Finally, research shows that women who were marginally food insecure and had restricted their eating in an unhealthy way prior to becoming pregnant are more likely to gain excessive weight during pregnancy, which puts the mother at risk for gestational diabetes and obesity postpartum, and can predispose the baby to chronic disease through the phenomenon of prenatal nutritional programming (Laraia et al., 2013).

The Importance of Early Childhood Nutrition and Food Security

The first few years of a child's life are marked by dramatic changes in cognitive, linguistic, social, and emotional development, and in self-regulation, setting the stage for school readiness and adult well-being (Shonkoff & Phillips, 2000). However, current consumption patterns are problematic. Many young children are consuming diets too high in calories, saturated fat, and sugar, while too low in fruits, vegetables, whole grains, and low-fat dairy (Saavedra, et al., 2013; Fox, et al., 2010; Centers for Disease Control and Prevention, 2014). Problematic infant feeding trends include low rates of exclusive breastfeeding, introduction of solid foods before 4 months, short breastfeeding duration, and under-consumption of vegetables (Pérez-Escamilla et al., 2017). In addition, childhood obesity, an issue that disproportionately affects low-income children, has shown some modest improvement, but continues to be a pressing problem (Ogden et al., 2016; Pan et al., 2012).

Adequate nutrients are required to support normal growth and development, but food insecurity can compromise this. Research has shown that there is a statistically robust association between household food insecurity and physical health and developmental risk during early childhood, when brain growth is rapid (Rose-Jacobs et al., 2008). More specifically, compared to food-secure children, food-insecure children have odds of "fair or poor" health nearly twice as great, and odds of being hospitalized since birth almost a third larger (Cook et al., 2004). Mental health problems such as depression and anxiety disorders in mothers and behavior problems in preschool age children are more common when mothers are food insecure (Cunningham et al., 2012; Whitaker et al., 2006). Even mild nutritional deficits during critical periods of brain growth among infants and toddlers, also known as marginal food security, may be detrimental, as they are associated with higher odds of child fair or poor health status, hospitalizations, and mothers' depressive symptoms and fair or poor health status, compared with children and mothers in food-secure households (Cook et al., 2013). This is especially concerning since the adverse effects of food insecurity on health and development in young children occur before the appearance of readily identifiable clinical markers, such as underweight (Cook & Frank, 2008).

Aligning Food and Beverage Choices in a Variety of Settings: WIC and CACFP Are Significant Influences on Food Offered at Home and in Early Care and Education Settings

One strategy in the current Dietary Guidelines for Americans is to align food and beverage choices in a variety of settings, which cannot be fully realized or effectively addressed in early child care settings with the existing exclusion of pregnant women and children under 2 years of age. FRAC supports the inclusion of these populations in the next edition of the Dietary Guidelines for Americans to align healthy food and beverage choices across early childhood settings, including WIC, CACFP, and Head Start.

WIC and CACFP are federal nutrition assistance programs that provide pregnant women, mothers, infants, and young children with access to nutritious food. WIC – targeted to pregnant and post-partum women and children up to age 5 – assists families with buying healthy supplemental foods from WIC-authorized vendors and offers nutritional education, growth monitoring, and access to health care. CACFP provides healthy meals and snacks to children in Head Start, family child care, child care centers, and afterschool programs. A significant proportion of the U.S. population is served by these two programs; WIC serves approximately half of the infants in the U.S., and CACFP serves 4.2 million children. CACFP's nutrition standards are the standard for child care licensing in almost half of the states.

Including comprehensive recommendations that are focused on promoting health and preventing disease for pregnant women and children under two in the next edition of the Dietary Guidelines for Americans would strengthen the nutritional education; infant and toddler feeding practices; and the

periodic review and updates to the food package, meal patterns, and nutrition standards for WIC and CACFP programs. Such recommendations would offer critical guidance for child care providers and health professionals serving low-income families with pregnant women and young children.

WIC and CACFP are two of the most effective nutrition assistance programs available to families with young children. WIC has an extensive evidence base demonstrating its importance in reducing food insecurity and supporting all facets of maternal and child health, development, and diet quality. CACFP has a smaller, but growing, evidence base proving its importance for young children's diet quality, weight status, and overall health. (For more information on these programs and their impacts, visit FRAC's website at www.frac.org.)

Dietary Guidelines for Americans Process

FRAC was supportive, and continues to be supportive, of the rigorous process that has been in place for the Dietary Guidelines - and gets stronger with each version - that USDA and the Department of Health and Human Services (HHS) established. Furthermore, FRAC supports the recommendations from the recent Health and Medicine Division of the National Academies of Science, Medicine and Engineering consensus study report on the Dietary Guidelines to further strengthen the process.

The work of the USDA/HHS "Pregnancy and Birth to 24 Months project" (or "P/B-24 project") provides a logical, scientific-based starting point for the expansion of the Dietary Guidelines for Americans to include pregnant women, infants, and toddlers. FRAC has supported this initiative and encourages the Dietary Guidelines Advisory Committee to review this initiative during the scientific review process.

Conclusion

FRAC appreciates this opportunity to share comments and looks forward to providing feedback during future public comment periods after the establishment of the Dietary Guidelines Advisory Committee.

Sincerely,

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