

# in focus

A CECHE publication on global health & environment issues



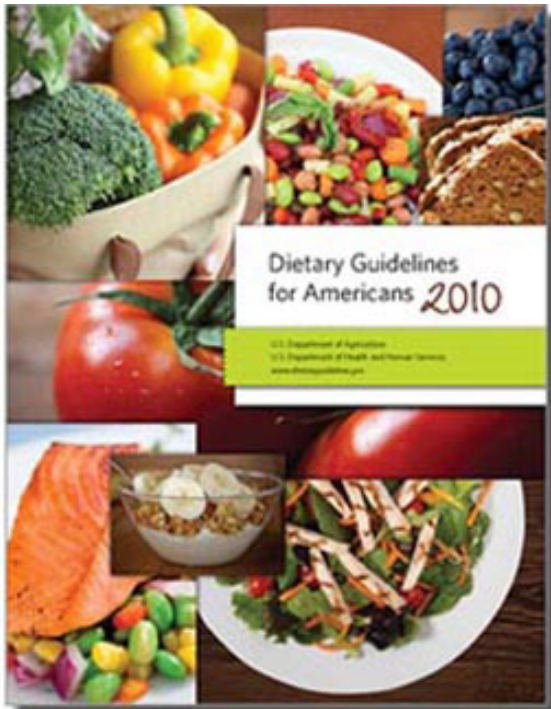
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## NEW U.S. DIETARY GUIDELINES TARGET CONSUMPTION TO COMBAT OBESITY, OTHER CHRONIC DISEASES

### Dietary Guidelines 2010 Focus on Obesity, Call for Reduced Sodium, Fat and Sugar Intake

Poor diet and physical inactivity are the principal contributors to an epidemic of overweight and obesity that is affecting men, women and children throughout the United States, and the world. They are also major causes of global morbidity and mortality.



The new Dietary Guidelines were released on January 31, 2011, and are more understandable and actionable than previous versions.

Against this backdrop, the new 2010 Dietary Guidelines for Americans (DGA) were released on January 31, 2011.

First published in 1980, the DGA are reviewed, updated and jointly released by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services every five years. They offer advice for making food choices that promote good health and weight, and form the basis of federal nutrition policy, education, outreach and assistance programs. The current guidelines are also intended to assist with disease prevention in Americans ages 2 years and older, including those at increased risk of chronic diseases.

The 2010 DGA were developed using an evidence-based systematic review process involving a 13-member advisory committee of nutrition and public health experts. They take into account the woeful state of American health, with particular emphasis on the challenges of obesity and proper nutrition for children, as well as national food availability and consumption patterns.

#### Key Recommendations

The 2010 DGA include 23 key recommendations for all Americans, and six recommendations for specific



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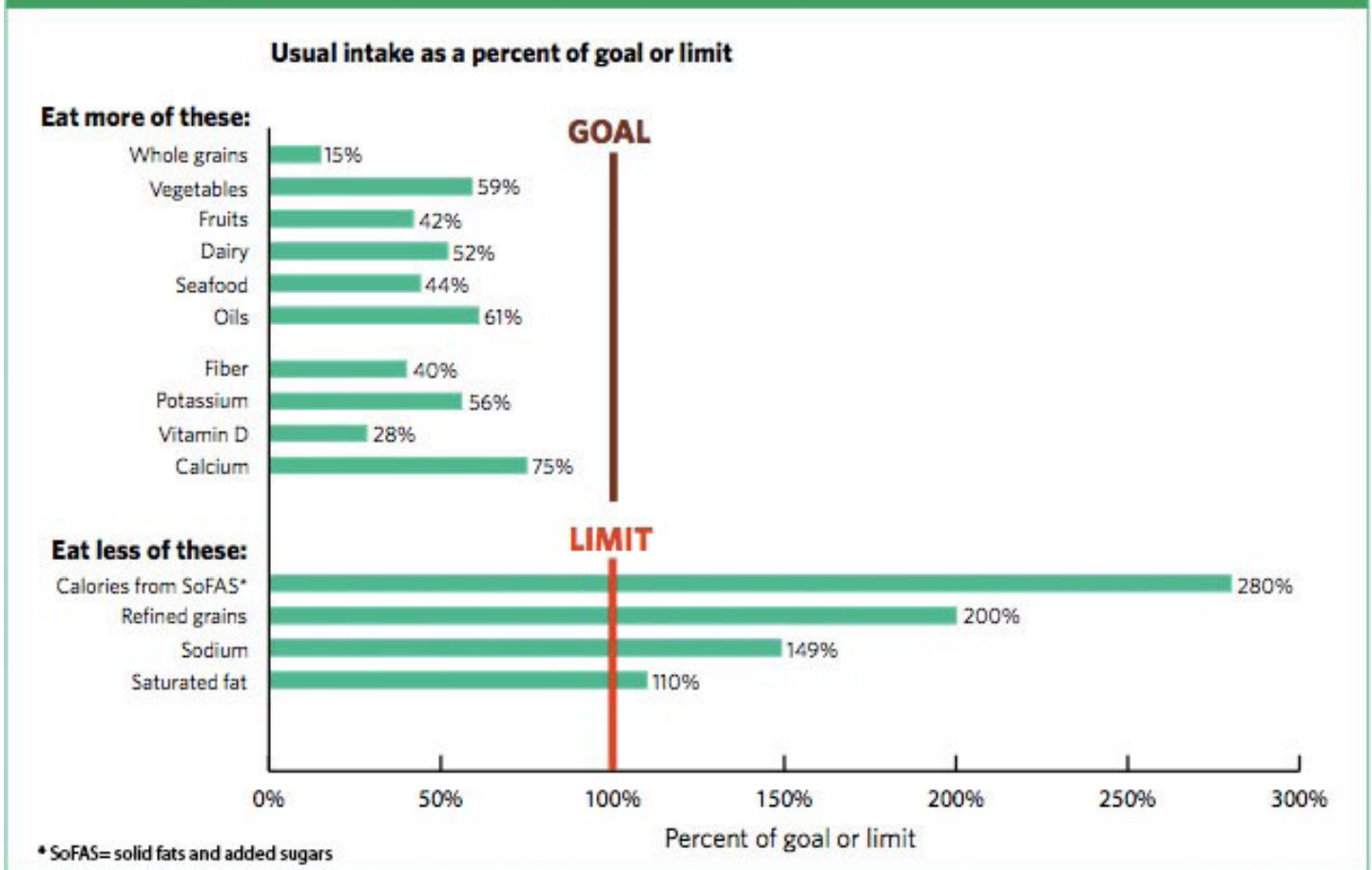
population groups. The recommendations incorporate two overarching concepts aimed at curbing obesity and improving public health. These dietary threads focus on:

1. balancing calories to manage body weight, which includes controlling total calorie intake and increasing physical activity.
2. consuming nutrient-dense foods and beverages such as vegetables, fruits, legumes, whole grains, seafood and fat-free/low-fat milk, rather than calorie-dense fare full of solid fats, added sugars and refined grains that make it difficult to achieve recommended nutrient intake while controlling calorie and sodium consumption.

The 2010 DGA recommendations feature a section on “Foods and Food Components to Reduce” with specific suggestions that include:

- Lower daily sodium intake to less than 2,300 milligrams (mg) – and to 1,500 mg among persons 51 and older, African Americans and people with hypertension, diabetes or chronic kidney disease.
- Consume less than 10 percent of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids, and keep trans fatty acid consumption as low as possible.
- Consume less than 300 mg per day of dietary cholesterol.

**FIGURE 5-1. How Do Typical American Diets Compare to Recommended Intake Levels or Limits?**



This graph from the new DGA reveals that Americans fall significantly short on suggested intakes of most recommended foods, nutrients and vitamins, and in many cases far exceed the limits set for food components to reduce. It is based on data from: USDA, Agricultural Research Service and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. What We Eat in America, NHANES 2001–2004 or 2005–2006.



- Reduce the intake of calories from solid fats and added sugars.
- Consume alcohol in moderation, if consumed at all —up to one drink per day for women and two drinks per day for men of legal drinking age.

Meanwhile, the “Foods and Nutrients to Increase” segment of the recommendations counsels Americans to:

- Increase vegetable and fruit intake.
- Consume at least half of all grains as whole grains.
- Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry.
- Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories and/or are sources of oils.
- Use oils to replace solid fats where possible.
- Choose foods that provide more potassium, dietary fiber, calcium and vitamin D, which are nutrients of concern in American diets. (Such foods include vegetables, fruits, whole grains, and fat-free and low-fat milk and milk products.)

The 2010 guidelines also take into account specific population groups. For individuals ages 50 years and older, for example, they encourage consumption of foods with added vitamin B12, such as fortified cereals, or dietary supplements. The DGA also offer food and nutrient advice for women capable of becoming pregnant and those who are pregnant or breastfeeding.

For a complete list of Key Recommendations, go to <http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/ExecSumm.pdf>. Or to view the DGA document in its entirety, visit <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>.

### The Five-Year Difference

Generally speaking, the DGA are consistent over the years, and their recommendations, while sensible and based on emerging science, are often vague.

Compared to the 2005 guidelines, however, “the messages [in the 2010 DGA] are more understandable,” commented Center for Science in the Public Interest (CSPI) Nutrition Policy Director Margo G. Wootan in a 1/31/11 statement. And they are decidedly more actionable, with a targeted list that advises consumers to:

- Enjoy your food, but eat less.
- Avoid oversized portions.
- Make half your plate fruits and vegetables.
- Switch to fat-free or low-fat (1%) milk.
- Compare sodium in foods like soup, bread and frozen meals – and choose the foods with lower numbers.
- Drink water instead of sugary drinks.



The 2010 DGA call for increased seafood consumption. (Source: Dietary Guidelines for Americans, 2010, Chapter 5)

In the process of developing the new guidelines, some committee meetings were streamed live via a Webinar format, allowing Americans to hear deliberations and see presentations. And a public comments process ensured a transparent and democratic process. The guidelines acknowledge the profound influence of current U.S. food, screen time and living environments on Americans’ eating behaviors and dietary and physical activity choices. They also incorporate research on eating patterns for the first time, and the eating patterns presented now include vegetarian adaptations.

While the 2005 guidelines put forth precise consumption amounts in various food groups, the 2010 Key Recommendations for food group intake are merely directional. Yet the new guidelines offer many specif-





ics. They advocate for increased seafood consumption. They identify specific foods that should be limited because of their high sodium, saturated fat, cholesterol, trans fat and added sugars. They urge the public to reduce daily sodium intake, and provide detailed daily amounts and parameters.

Specific actions underway to implement the guidelines include the push to improve school foods, to require menu labeling in chain restaurants and to fund community programs promoting healthy eating and physical activity.

Nevertheless, Wootan warns, “[W]ithout even more serious governmental efforts—such as banning artificial trans fat and limiting sodium in packaged foods—

the Dietary Guidelines will hardly be sufficient to fend off the costly and debilitating diet-related illnesses that afflict millions of Americans.”

In fact, it will undoubtedly take a lot more than dietary guidelines to reverse the nation’s damaging diet and deteriorating health. Scientists estimate that only 3 percent of the population follows the DGA. And even if that number is closer to 10 percent as CSPI predicts, that’s hardly enough to inspire a sea change. By acknowledging that good food decisions are increasingly difficult and by offering concrete “fixes,” the 2010 DGA may garner increased attention, and become a greater force in moving Americans to heed the call to health.

## IN THE SPOTLIGHT

### Sodium Rising:

## High Sodium Intakes Compromise Health, Compel Consumption Cut

Written in conjunction with the staff of the Center for Science in the Public Interest

The 2010 Dietary Guidelines for Americans (DGA) task the population to lower its daily sodium intake, and to compare foods and choose those with lower sodium contents. And with good reason.

Eating less salt is one of the single best ways to prevent high blood pressure, heart attacks and strokes. Yet, despite decades of pressure by groups like Center for Science in the Public Interest (CSPI) and admonitions by prominent health experts, per capita sodium consumption has risen, and continues to increase.

Applying the adequate and tolerable intake levels developed by the Institute of Medicine (IOM), the current DGAs recommend that individuals 14 years and older consume no more than 2,300 milligrams (mg) of sodium a day (about a teaspoon of salt), while people with hypertension, diabetes or chronic kidney disease, those who are 51 years and older, African Americans and children 9 to 14 consume no more than 1,500 mg of sodium daily. This 1,500 mg recommendation applies to about half of the U.S. population. Meanwhile, children ages 4 to 8 are advised to consume no more

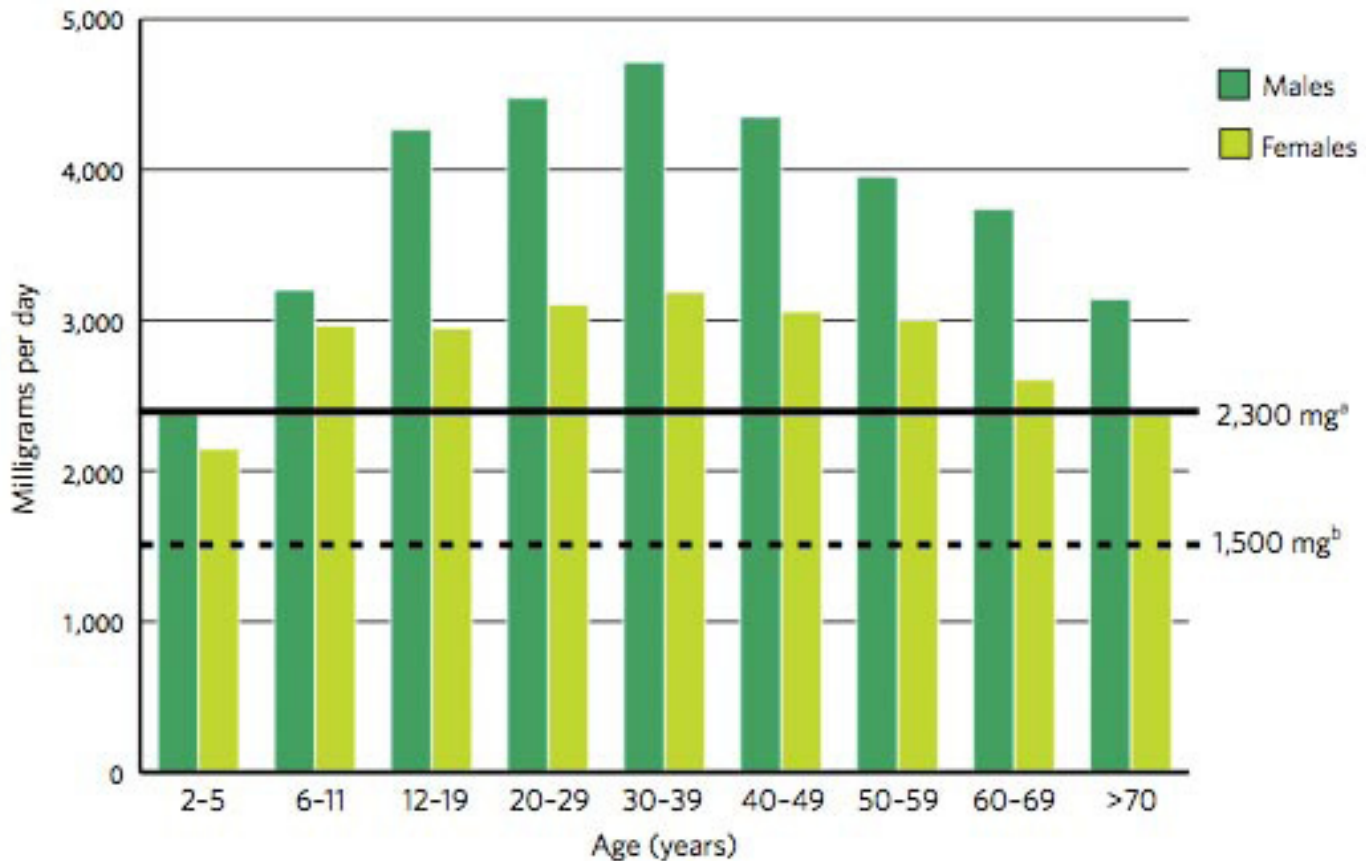
than 1,200 mg of sodium a day, and children ages 1 to 3 no more than 1,000 mg.

In fact, virtually all Americans consume more sodium than they need – about twice the recommended levels – and that’s the case for most people around the world. The National Cancer Institute’s 2005-2006 National Health and Nutrition Examination Survey (NHANES) found that average estimated daily sodium consumption was about 3,400 mg for adults, with children also grossly over-consuming the mineral (see chart). Actual daily intake, however, is probably even higher – closer to 4,000 mg/day for adults – since NHANES estimates omit salt added at the table or in cooking, and survey respondents often underestimate their actual consumption.

### The Scoop on Salt

Contrary to popular belief, most of the sodium populations in industrialized countries consume is not from the salt shaker. Three-quarters of all sodium comes from processed and restaurant foods. Many restaurant meals, especially at table-service restaurants,





Estimated Mean Daily Sodium Intake, by Age-Gender Group, NHANES 2005-2006. Consumption is well above the 2,300 mg/day Tolerable Upper Intake Level for individuals 14 years and older set by the Institute of Medicine, and the 1,500 mg/day Adequate Intake Level for individuals ages 9 years and older. (Source: DGA 2010, Figure 3-1)

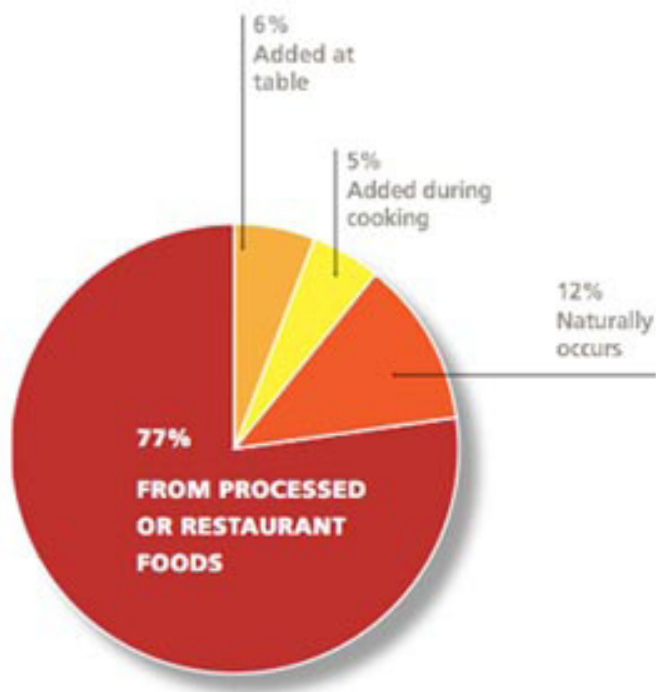
provide huge amounts of sodium – mostly from salt – in a single meal. At Applebee’s, for example, a meal of Sizzling Shrimp Skillet Fajitas and accompanying sides contains 5,310 mg of sodium; and while their Weight Watchers® Chipotle Lime Chicken with sides may pack only 490 calories, it shocks the system with 4,990 mg of sodium. At Red Lobster restaurants, the Admiral’s Feast alone contains 4,300 mg of sodium. Add in a Caesar Salad, a Cheddar Bay Biscuit and a Light Lemonade, and dinner delivers 5,265 mg – more sodium than is safe for most people to consume in three days!

Even some foods purchased at the grocery store have unsafe levels of salt. A Swanson Hungry Man Roasted Carved Turkey frozen dinner contains 1,620 mg of sodium. And some foods intended for children, like an Oscar Mayer Lunchables with Lean Ham and Cheddar Cracker Stackers, has more than 1,000 mg of sodium – nearly an entire day’s worth for kids ages 4 to 8.

But everyday foods such as bread also add up to surprisingly large amounts of sodium – not because they are salt-laden, but because people consume such foods frequently. In fact, yeast breads, including white bread/rolls, mixed-grain bread, flavored bread, whole-wheat bread/rolls, bagels, flat breads, croissants and English muffins, contribute 7 percent of the sodium in the U.S. diet, based on data from the 2005–2006 NHANES. Meanwhile, chicken naturally contains little sodium, but the ways in which it is both packaged and prepared often add tons of salt to an otherwise low-sodium option.

According to the DGA, “...calorie intake is associated with sodium intake (i.e., the more foods and beverages people consume, the more sodium they tend to consume).” So limiting calorie consumption can help reduce sodium intake, although this is not a given, as in the case of Applebee’s Weight Watchers® Chipotle Lime Chicken dinner.





Source: CDC

Most of the average person's sodium intake in industrialized countries comes from processed or restaurant foods. (Graphic design source: Harvard Public Health Review, Fall 2009)

### Reasons to Reduce

The extraordinary importance of lowering sodium consumption has become a hot-button issue of the current millennium. It was highlighted in a 2004 commentary in the American Journal of Public Health coauthored by Claude Lenfant, then-director of the National Heart, Lung and Blood Institute, and two colleagues. The article estimated that reducing the sodium content of packaged and restaurant foods in the United States by 50 percent would prevent 150,000 deaths per year from cardiovascular disease.

Lowering sodium consumption also would save tens of billions of dollars in annual healthcare costs. A 2009 RAND Corporation study estimates that reducing average sodium intake from 3,400 to 2,300 mg per day would reduce direct medical costs by \$18 billion per year. And a further reduction to 1,500 mg per day could cut medical costs by \$28 billion annually. Because hypertension is a major cause of disease and death in most countries around the world, similar

benefits due to lowering sodium consumption would accrue to most nations.

### Here Today, Here Tomorrow?

While more prominent today, the case to lower sodium levels is not new. In the early 1980s, the U.S. Food and Drug Administration (FDA) called for vigorous voluntary action on the part of industry to cut salt. But when CSPI evaluated the changes in almost 100 foods produced in 1983 and still made in 2004, the sodium content of those foods decreased an average of only 5 percent, a decline of 0.3 percent per year – a far lower rate than needed to achieve the 50-percent reduction over 10 years that the American Medical Association, American Heart Association, American Public Health Association and many other experts have recommended.

That said, with many restaurants now making their nutritional information publicly available, sodium levels may finally be dipping. For example, Red Lobster's above-mentioned Admiral's Feast, Caesar Salad, Cheddar Bay Biscuit and Light Lemonade previously packed 6,555 mg of sodium, 1,290 mg more than it does today. Perhaps, the food industry is getting the message (or adjusting portion sizes to deliver the difference).

### National Programs and Mandatory Measures

In contrast to the U.S. government's spotty track record on sodium reform, the United Kingdom's Food Standards Agency has successfully made salt reduction a top priority and is both making consumers more aware of the health threat posed by excessive salt consumption and exerting strong pressure on the food and restaurant industries to gradually lower sodium levels to specified targets. U.K. food makers have reduced salt levels by 40 percent or more in some products; it is unclear, however, whether the British government will continue to support this initiative under Prime Minister David Cameron.

Meanwhile, America's biggest hope for widespread sodium reduction rests on the National Salt Reduction



Initiative (NSRI). Based upon the U.K.'s Salt Reduction Campaign, the NSRI is a coalition of 72 local and state health authorities and health organizations working to help food manufacturers and restaurants voluntarily reduce the amount of salt in their products. The goal of the NSRI is to reduce sodium intake by 20 percent over five years, by cutting the salt in packaged and restaurant foods by 25 percent during that time. Spearheaded by the New York City (NYC) Health Department, it is currently led by NYC health officials, who, after receiving input from industry, in April 2010, announced final targets for 62 categories of packaged food and 25 categories of restaurant food. To date, 28 food manufacturers and restaurant chains have committed to the NSRI sodium targets, including Campbell Soup Company, Kraft Foods, Au Bon Pain, Starbucks Coffee Company, Unilever and Target Corporation.

Other companies (including major ones such as ConAgra, Pepperidge Farms and Frito-Lay) have also committed to reducing sodium on their own accord by about 10 to 25 percent over the next several years.

To ensure that all food manufacturers and restaurant chains reduce sodium in their foods, the FDA needs to take action and set mandatory limits on salt, which could be phased in gradually over time. This is exactly what a landmark IOM report on strategies to reduce sodium called for in April 2010. Mandatory measures are also likely to be necessary in other countries that are experiencing unnecessarily high rates of cardiovascular disease due to excess dietary salt.



New York City has taken the lead in battling salt nationwide. Above, a subway poster from the Big Apple's 2010 Salt Media Campaign. (Source: <http://www.nyc.gov/html/doh/html/cardio/cardio-salt-ads.shtml>)

Sodium reduction should be a top health priority for governments around the world. The new dietary guidelines have upped the ante in America, and CSPI will continue to urge the U.S. government and the food industry to cut sodium; but health advocates will be the key to measures that are truly “worth their salt” at reducing sodium levels both in the United States and around the world.

## CECHE NEWS

### Pressure to “Dump Soda” Prompts Pepsi Pull-out from Schools Worldwide

CECHE remains committed to improving health and well-being, with particular emphasis on combatting obesity and diet-related disease worldwide. Its fruitful collaboration with Center for Science in the Public Interest (CSPI) on its Global Dump Soft Drinks Campaign continues to make significant strides on this front.

Launched in October 2007, the initiative aims to reduce consumption of high-calorie carbonated and

non-carbonated beverages worldwide. It also seeks to establish working relationships with industry leaders and provide resources for advocates, including a detailed Web site, [www.dumpsoftdrinks.org](http://www.dumpsoftdrinks.org).

CECHE has specifically supported CSPI's collaboration with VOICE, a consumer-advocacy coalition in India. In addition to urging the Indian government to curb soft drinks marketing and demanding product, portion and program actions, VOICE is working with







Pepsi and Coke both announced new policies regarding the sale of sugary soft drinks in schools outside of the United States. Pepsi's policy, which is much more comprehensive and specific than Coke's, went into effect at the beginning of 2011

CECHE and CSPI on a nationwide push to remove soft drinks from Indian schools.

Its efforts received a significant boost in March 2010, when PepsiCo CEO Indra Nooyi announced that the company would phase out full-sugar carbonated soft drinks and some other high-calorie beverages from all schools worldwide (a practice it instituted in the United States and Canada four years earlier).

PepsiCo's new global policy went into effect on January 1, 2011. In addition to the "Dump Soft Drinks" campaign and grassroots pressure, its development and implementation stemmed from negotiations CSPI, the International Association of Consumer Food Organizations (IACFO) and other multinational nonprofits had with the soft drink industry, represented by PepsiCo, Coca-Cola and the International Council of Beverage Associations.

Pepsi's policy still allows for the sale in high schools of non-caloric drinks and sports drinks such as Gatorade that have about half the calories of regular carbonated soft drinks, and it does not limit the portion sizes of fruit juice.

Coca-Cola also announced a new policy as a result of the campaign and negotiations. Its policy states that the company will "not offer any Coca-Cola products in primary schools," but then notes that if school authorities request drinks "to meet hydration needs, [Coca-



While soft drinks are now scarce in schools across America, worldwide, policies restricting their sale are just beginning to be enacted, with Coke taking a backseat to Pepsi.

(Source: <http://www.babble.com/CS/blogs/strollerderby/archive/2008/09/25/they-say-banning-soda-in-schools-doesn-t-stop-kids-from-drinking-it.aspx>)





Cola] will endeavor to meet those requests.” Moreover, the global Coke policy explicitly allows for the sale of its sugary soft drinks in high schools across the globe, although it abandoned the practice in the United States and Canada in 2006 as a result of state and local pressure, and an agreement with the American Heart Association and the Clinton Foundation (spurred by the threat of litigation by CSPI and others).

Smaller regional and national companies represented by the International Council of Beverage Associations did not make any commitments to change their policies, but they represent a relatively small share of the global market.

With its new policy in place, Pepsi says it aims for full compliance by January 2012, noting that in some countries, parts of the distribution chain are out of its control. Conversely, Coca-Cola’s policy will go into effect in 2013, when the company says its existing beverage contracts with schools will expire. CSPI, IACFO and the World Heart Federation are now engaged in

developing a monitoring system to ensure that the companies keep their promises.

Meanwhile, despite such progress, trade reports indicate that PepsiCo and Coca-Cola plan to boost overall sales of carbonated soft drinks (only a tiny percentage of which are sold in schools) around the world by more than 10 percent within the next four years. The companies are particularly targeting growing markets like India and China, so organizations like VOICE – and its partnership with CECHE and CSPI – will remain invaluable.

“We have our work cut out for us,” commented Bruce Silverglade, president of IACFO, which represented CSPI in the recent negotiations with the soft drink industry and contributed significantly to this article. “Cutting back on school sales is important, but the ultimate goal is to reduce carbonated soft drink consumption overall and to spare developing nations the harm that soft drinks have caused in North America and elsewhere.”

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