



August 13, 2020

Eve Essery Stoody, PhD  
Designated Federal Officer  
Co-Executive Secretary  
Center for Nutrition Policy and Promotion  
Food, Nutrition, and Consumer Services  
U.S. Department of Agriculture

David Klurfeld, PhD  
Coordinator of Peer Review of NESR Systematic Reviews  
Co-Executive Secretary  
Agricultural Research Service  
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Division of Prevention Science  
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Richard Olson, MD, MPH  
Division of Prevention Science  
Office of Disease Prevention and Health Promotion  
U.S. Department of Health and Human Services

Dear Dr. Stoody, Dr. Klurfeld, Ms. de Jesus, and Dr. Olson:

On behalf of United Fresh Produce Association, we respectfully submit the following comments to the U.S. Departments of Agriculture and Health and Human Services (the Departments) on the Scientific Report prepared by the 2020 Dietary Guidelines Advisory Committee (DGAC) to inform the 2020-2025 Dietary Guidelines for Americans (DGA).

United Fresh Produce Association represents the full fresh produce supply chain including growers, shippers, fresh-cut processors, wholesalers, distributors, retailers, industry suppliers, allied associations, and foodservice operators (including K-12). A core component of the association's work has been increasing fruit and vegetable consumption through federal policy and programs guided by DGA recommendations.

Overall, we support the conclusions and recommendations in the report and their continued support for the importance of a diet rich in a wide variety of fruits and vegetables, from all subgroups, over the lifespan. Specific comments and recommendations below:

### **Dietary Patterns Across the Lifespan**

The 2020 DGAC's attention to dietary patterns within and across life stages to support is sound and would continue the focus of the 2015-2020 DGA. Since the last DGA, evidence has only strengthened in favor of a dietary pattern that is higher in fruits and vegetables. Specifically, we support the 2020 DGAC's conclusions that the core elements of this dietary pattern are strongly linked to lower risk of all-cause mortality; linked to reduced risk of cardiovascular disease, type 2 diabetes, obesity, bone health, and several cancers.

Expanding dietary pattern recommendations to birth to age two and pregnant and post-partum women makes an important step toward focusing on these critically important populations in early development.

### *Dietary Patterns during Pregnancy and Lactation*

We commend the 2020 DGAC for synthesizing the growing evidence that consuming a healthy dietary pattern before and during pregnancy supports a healthy pregnancy and optimal birth outcomes. The 2020 DGAC's recommendation to provide similar advice to women who are lactating is also appropriate.

Specifically, we support the 2020 DGAC's recommendation that, in part, says pregnant and lactating women should choose dietary patterns that are higher in fruits and vegetables. As the DGAC indicates, these dietary patterns protect against poor maternal-fetal outcomes in pregnancy and are consistent with general healthy dietary advice that is given on a population-level to achieve healthy weight and prevent chronic disease risk.

### *Birth to 24 Months*

We concur with DGAC's recommendation that nutrient-dense complementary foods should be introduced in the second six months of life to provide key nutrients, foster acceptance of a variety of nutritious foods, and build healthy dietary habits. This recommendation provides a terrific opportunity to empower parents and caregivers to feel confident introducing complementary foods when developmentally appropriate. This advice is aligned with authoritative recommendations from the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition, the American Academy of Pediatrics, Healthy Eating Research, and Health Canada.<sup>1</sup>

At the same time, providing recommendations for the first time includes enormous responsibility on the Departments to ensure that these recommendations are accessible, clear and consistent, and not easily manipulated to target parent-consumers trying to do best by their children at this critical point in development. We encourage USDA and HHS to be explicit in any recommendations that developmentally appropriate whole foods, including fruits and vegetables, are appropriate and that foods with additives, supplements, or expensive blends are not necessary unless directed by a pediatrician.

Relatedly, there is evidence that suggests juices should not be introduced into the diet before 12 months of age and should be limited to no more than four ounces per day in toddlers one to

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<sup>1</sup> Perez-Escamilla, 2017: 36-37; Fewtrell, 2017; American Academy of Pediatrics, 2019; Health Canada, Canadian Paediatric Society, Dietitians of Canada, Breastfeeding Committee for Canada. *Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months*. 2014. <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months/6-24-months.html>

three years of age.<sup>2</sup> While the current DGA recommends sources of fruits and vegetables should come from mostly whole (including fresh-cut) sources, it also states that juice can help meet fruit and vegetable consumption targets. Should the DGA address recommendations for under 2, advice should be clear for this age group in early development to consume fruits and vegetables in developmentally-appropriate whole forms. Additionally, complementary foods with added salt, whether homemade or commercially prepared, should be avoided in the first year of life and limited thereafter to prevent children from developing preferences for salty foods.<sup>3</sup> This should be extended to vegetable recommendations for this age group.

### **Policy Implementation**

It is no secret that despite strong DGA recommendations over decades, American diets have never met the guidelines, including for fruit and vegetable consumption where only one in ten Americans meet consumption targets. There is a multitude of societal factors that contribute to Americans' food choices and we strongly encourage USDA and HHS to take proactive, bold, but science-based steps to foster systemic change. Collaboration within – and across Departments – ranging from increased nutrition research, labeling, promotion, insurance coverage and incentives for medically-tailored meals, and improved access to fruits and vegetables in nutrition feeding programs can help lead to a cohesive and concerted approach to reverse the obesity epidemic.

We know that when implemented correctly, the DGA work. In the last decade, both the Women, Infants, and Children (WIC) program and the National School Lunch Program have been updated to better align with DGA. Obesity rates are decreasing in 2-4 year olds participating in WIC, and just recently, data indicate that updated nutrition standards led to a significant reduction in obesity risk among children living in poverty<sup>4</sup> <sup>5</sup>. Access to increased fruits and vegetables have played a vital role in the progress in both of these programs. Specifically, DGA vegetable subgroups have resulted in a wider variety of fresh vegetables available to students, promoting both consumption and exposure for healthy lifetime dietary patterns.

We acknowledge that a comprehensive approach will take effort from all sectors of the government, as well as industry, but the Departments should also use every opportunity to follow the federal government's own guidelines. For example, in the WIC program, families are given a monthly allotment to purchase fruits and vegetables through a Cash Value Benefit

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<sup>2</sup> Lott, 2019; Fidler, 2017; Heyman MB, et al. Fruit Juice in Infants, Children, and Adolescents: Current Recommendations. *Pediatrics*. 2017;139:e20170967.

<sup>3</sup> Fewtrell, 2017; American Academy of Pediatrics, 2019; Health Canada, 2014; Fidler, 2017; Perez-Escamilla, 2017.

<sup>4</sup> Pan L, Blanck HM, Park S, et al. State-Specific Prevalence of Obesity Among Children Aged 2–4 Years Enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children — United States, 2010–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:1057–1061. DOI: <http://dx.doi.org/10.15585/mmwr.mm6846a3>

<sup>5</sup> Health Affairs' July Issue: Food, Income, Work & More, " Health Affairs Blog, July 7, 2020. DOI: 10.1377/hblog20200707.681565

(CVB). Today, those the monthly CVB stands at \$9 for children and \$11 for women. In 2017 the National Academy of Sciences (NASEM) submitted a report to USDA to update the WIC food package to align with 2015-2020 DGA, which would have essentially doubled the CVB amount, but the recommendations were never implemented. It is likely that an additional NASEM report will be required to align with the 2020-2025 DGAs – losing several critical years when participants could have benefited from a diet more consistent with government recommendations.

There is no better way to improve the diet quality of Americans than increasing access and consumption of fruits and vegetables and we stand ready and willing to serve as an ally to the USDA and HHS as the work on implementing the DGA continues. We look forward to the 2020-2025 DGA being finalized later this year and the work that lies ahead to make the recommendations a reality for every American.

Sincerely,

A handwritten signature in blue ink that reads "Mollie Van Lieu". The signature is written in a cursive style and is positioned above the typed name.

Mollie Van Lieu  
Senior Director, Nutrition Policy  
United Fresh Produce Association

CC:

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