NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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via electronic submission: regulations.gov

Re: 2025 Dietary Guidelines Advisory Committee, Docket No. HHS-OASH-2022-0021

The New York City Department of Health and Mental Hygiene (NYC Health Department) is pleased to comment on the 2025–2030 Dietary Guidelines Advisory Committee (DGAC) and the 2025–2030 Dietary Guidelines for Americans (Dietary Guidelines) on the process and development of the 2025-2030 Dietary Guidelines report. We appreciate the Health and Human Services' (HHS) and U.S. Department of Agriculture's (USDA) efforts to encourage public involvement in the Dietary Guidelines process, providing opportunities to comment, and fostering a transparent review.

By working to improve the food system, NYC's Health Department strives to reduce chronic diseases among New Yorkers, including heart disease, type 2 diabetes, and cancer. Diet-related diseases are among the leading causes of death in the U.S., and the impact of these diseases is not felt equally across NYC. New Yorkers who are Black or Latino and New Yorkers with lower incomes are more likely to suffer from diet-related diseases. About one-fourth of New Yorkers[1] have high blood pressure, and nearly one million New Yorkers have diabetes[2]. These conditions increase the risk for preventable illness, such as diabetes, heart disease, stroke, and some cancers. In addition, the typical American diet is high in sodium and added sugars, which can negatively impact health, increasing the risk of many diet-related diseases.

The NYC Health Department prides itself as being at the forefront of many progressive food policy initiatives. It works to address the impact of structural racism and other injustices that are caused by the inequitable prevalence, treatment, and outcomes of chronic diseases in communities of color and other marginalized communities. The Health Department's goal is for every New Yorker to be able to easily navigate a food system that supports both the public and environmental health, where people can access and afford healthy food they want to eat. Indeed, NYC relies on the Dietary Guidelines to inform a broad range of initiatives, policies, and programs that move us toward this goal.

Additionally, the NYC Health Department commends the 2020 DGAC for providing examples of healthy eating patterns. The Health Department especially appreciates the regulations' recommendation to keep a diet of fruits and vegetables, whole grains, low-fat dairy, and lean and plant-based proteins,

while limiting saturated and trans fats, added sugars, and sodium. This guidance has helped inform and support wide-reaching efforts and beneficial policies at the federal, state, and local levels. For example:

- At the national level, the Dietary Guidelines are used as the basis for many nutrition policies and programs including the National School Lunch and School Breakfast Programs, the Special Supplemental Nutrition Program (SNAP) for Women, Infants, and Children (WIC), and SNAP-Ed.
- The Dietary Guidelines also serve as an important guide for local food and nutrition initiatives and public messaging in NYC like:
    - The NYC Food Standards (the Standards) are evidence-based nutrition criteria for all foods purchased and served by NYC agencies and their contractors. The Standards are reviewed and revised every three years using the Dietary Guidelines to inform food and nutrient requirements such as limits on added sugar and sodium and minimum requirements for fruits, vegetables, and whole grains. The Standards have been in place since 2008 and apply to over 192 million meals served each year including at schools, older adult centers, public hospitals, correctional facilities, and shelter systems. They also apply to foods sold in vending machines and commissaries and foods purchased with City funds that are served at meetings and events.
    - Public-facing nutrition education materials developed by NYC such as our Guide to Healthy Eating and Active Living in NYC[3], My Plate planner[4], and Healthy Eating Information Poster[5] for restaurants are all informed by the Dietary Guidelines.
    - During the COVID-19 public health emergency, NYC established GetFood NYC, an emergency meal delivery program for home-bound New Yorkers. Nutrition requirements for vendors providing meals through this program were based on the Dietary Guidelines.
- Additionally, the Dietary Guidelines' wide influence may impact the overall food and beverage system by encouraging industry reformulation or the introduction of new products to better align with the Dietary Guideline recommendations.

These initiatives are informed by the sound scientific evidence put forward in the Dietary Guidelines. It is essential that the Dietary Guidelines provide clear, precise, quantitative recommendations for a healthy diet that are understandable and useful in setting these types of standards and informing additional nutrition-related policies and programs. We urge the HHS, USDA, and DGAC to keep these policy-based and programmatic applications of the Dietary Guidelines in mind as they proceed.

The following topic areas are of great interest to the NYC Health Department. Therefore, NYC encourages the DGAC to carefully consider the topics below due to the wide-reaching implication of the Dietary Guidelines.

Health Equity

The NYC Health Department commends the DGAC for reviewing all scientific questions with a lens toward health equity. The structure of the U.S. food system creates and sustains racial inequities, and the burden of diet-related diseases disproportionately impacts communities of color. In NYC specifically, neighborhoods are segregated by race and income, and low-income communities in all five boroughs, as well as Black and Latino communities, have less access to healthy food and fewer resources for purchasing food than predominantly white communities.[6] Many New Yorkers struggle to get the food they need, and the burden of food insecurity is not distributed equally. In 2021, more than one third (35%) of NYC adults were living in a household that was at risk for food insecurity, and there was a higher prevalence of such individuals in groups like Latinos (53%) and Black New Yorkers (42%) than white New Yorkers (16%).[7] Ultimately, food-insecure New Yorkers disproportionately belong to communities of color, which further deepens existing racial inequalities and reflects historic discrimination and structural disadvantages.

Evidence suggests that food insecurity may exacerbate outcomes related to diet-related chronic diseases, like hypertension and diabetes, both of which disproportionately affect Blacks and Latinos more compared to white and low-income New Yorkers.[8] Equitable access to and availability of health-promoting opportunities vary among NYC neighborhoods. Specifically, opportunities to consume a healthy diet differ by neighborhood poverty, for example, people who live in the lowest income households are more likely to have consumed no fruits or vegetables on the previous day, compared with those in higher-income households.[9]

Importantly, between 2007 and 2020, overall sugary drink consumption among NYC adults has trended significantly downward. In 2021, sugary drink consumption in NYC was 14.9% with disproportionately higher rates among some populations. Specifically, 18.5% of Black New Yorkers, 19.8% of Latino New Yorkers, and 9.7% of White New Yorkers consumed at least one serving of sugary drinks per day, and 18.0% of low-income New Yorkers consumed at least one serving of sugary drinks per day.[10] With this context, the NYC Health Department is encouraged that the DGAC is considering health equity in its recommendations, and it urges them to continue to consider recommendations that are flexible enough to accommodate a wide variety of income levels and cultural food preferences.

The NYC Health Department recommends that the DGAC apply a health equity lens when evaluating research on dairy consumption. Previous Dietary Guidelines included dairy as a core element of a healthful dietary pattern. However, lactose intolerance may differ across racial and ethnic groups. Thus, NYC encourages the DGAC to examine and include evidence concerning variable lactose intolerance of dairy products and potential alternative choices to support dietary health to avoid perpetuating racial and ethnic biases in our dietary recommendations.[11] Significantly, the U.S. has historically emphasized the importance of dairy consumption as part of a healthy diet. Yet, dietary guidelines in other countries, including Canada and Mexico, do not recommend dairy consumption as a key component of a healthy eating routine.[12,13] Therefore, the USDA should consider eliminating dairy recommendations for a healthy diet if the evidence reveals that certain racial and ethnic groups are disparately impacted by lactose intolerance.

In NYC, we are focused on improving equity and promoting access to a food system with healthy choices where everyone can access nutritious, high-quality foods that are culturally relevant and accessible. For example, NYC has several programs aimed at eliminating financial barriers to healthy food. Groceries to Go is a program that provides credits for eligible New Yorkers to purchase groceries through an online platform. Additionally, the NYC Health Department oversees various nutrition incentive programs, including the Health Bucks program, which gives shoppers using SNAP benefits $2 in coupons for fresh fruits and vegetables at any NYC farmers' market for every $2 they spend at one of these markets.

NYC also uses its purchasing power to support equity in the food supply by adopting The Good Food Purchasing Program (GFPP) framework. The GFPP framework educates institutions on the source of the food they purchase and provides a methodology to quantify the food's impact along five core values: local economies, environmental sustainability, valued workforce, animal welfare, and nutrition. The program offers unprecedented transparency and accountability by calling on City government to consider a comprehensive set of values related to food access beyond just cost. When low cost is prioritized over social and environmental values, there are inequitable impacts on the health and wellbeing of people, animals, and the environment. Improving equity, affordability, accessibility, and consumption of high-quality, culturally relevant food in all communities is central to our focus on advancing GFPP practices. Therefore, DGAC should consider these important core values as they develop recommendations.

Added Sugars

NYC applauds the DGAC for considering the impact of the overconsumption of sugar on growth, size, body composition, risk of being overweight and obese, weight loss and maintenance, and the risk of type 2 diabetes. The NYC Health Department has taken steps to address excess added sugars consumption through various programs and policies. The National Salt and Sugar Reduction Initiative (NSSRI) is a partnership of organizations and health authorities from across the country, convened by the NYC Health Department, that sets voluntary reduction targets for sugar and salt consumption and asks food and beverage companies to commit to meeting such targets. Most recently, the NYC Health Department, in partnership with the Center for Science in the Public Interest, submitted a joint petition calling on the FDA to issue voluntary targets for reducing added sugars in foods and beverages, a request which is modeled by the NSSRI. [14]

NYC encourages the DGAC to continue to examine the evidence on added sugar consumption and recommend evidence-based and ambitious reductions in consumption, which will inform policies, programs, and educational materials that reach millions of Americans. The 2020 DGA made history by, for the first time, including a recommended limit on added sugar consumption, which relied upon the scientific review of added sugar literature conducted by the 2020 DGAC. NYC urges the 2025–2030 DGAC to continue to examine the latest scientific evidence on added sugars and, as appropriate, recommend greater limits to added sugar consumption for consideration in the 2025-2030 Dietary Guidelines.

Sodium

Diets high in sodium can increase blood pressure and the risk for heart disease and stroke.[15] NYC has taken progressive steps to decrease consumption of sodium over time. For example, the NSSRI began as the National Salt Reduction Initiative (NSRI) in 2008, developing targets to guide companies in reducing sodium levels in their food products. Targets included 62 packaged food categories and 25 categories of restaurant food. The initiative included voluntary 2012 and 2014 targets for average sodium levels in each food category and a maximum sodium level for all items served in restaurants. Between 2009 and 2018, there was an 8.5% sales-weighted mean reduction in sodium levels among the categories for which the NSRI set targets.[16] In addition, NYC was the first city in the nation to require chain restaurants to post a warning icon next to menu items that contain at least 2300mg of sodium.

NYC encourages the DGAC to maintain the 2020 recommendations on sodium and encourage limiting consumption of foods that are high in sodium. A strong sodium recommendation will be valuable in aiding the FDA with finalizing voluntary long-term sodium guidance for the food industry.

Dietary Patterns that Highlight Whole and Minimally Processed Plant Food

NYC is committed to improving access to and encouraging New Yorkers to consume whole and minimally processed foods as well as meals and snacks that are rich with plant-based foods. In 2021, only 7% of NYC adults consumed the recommended five or more cups of fruits and vegetables a day.[17] In addition, beans, peas, and lentils consumption remains low, with less than 20% of Americans meeting the recommended dietary intake.[18] The Health Department's recent efforts include a new media campaign that encourages New Yorkers to put plants on their plates and adopt a healthy balanced diet full of whole and minimally processed foods.

Citywide, other related work includes the introduction of expanded and improved plant-powered options in all public schools, reimaging the Department of Social Services food distribution program to include fresh produce for the first time, and rolling out NYC Health + Hospital's (H+H) new Plant-Based Lifestyle Medicine clinics, which use healthy lifestyle habits to prevent and treat common chronic conditions such as type 2 diabetes and high blood pressure. Further, H+H now offers culturally diverse, plant-based dishes as the primary dinner option for inpatients at all of its eleven public hospitals.

NYC applauds the DGAC and the 2020 Dietary Guidelines for promoting nutrient-dense versions of foods. We encourage the DGAC to include recommendations for increased consumption of dietary patterns full of plants and highlight the specific health benefits of dietary patterns that contain mostly whole and minimally processed foods from plants and fewer animal foods. It also encourages DGAC to reflect the diversity of cultural foodways found across the US in its recommendations. Keeping in line with the 2020 Dietary Guidelines, the DGAC should provide quantitative recommendations of whole, minimally processed, protein foods from plants, including beans, peas, lentils, nuts, and seeds.

Low and No Calorie Sweeteners

NYC also encourages the DGAC to explore consumption of low- and no-calorie sweeteners (LNCS) in their review. In NYC, the Food Standards do not allow LNCS in foods and beverages purchased and offered at sites that serve a majority of children aged 18 or younger. The NSSRI encourages the food and beverage industry to reduce sugar in their packaged products via voluntary sugar reduction targets. So, the NYC Health Department advises companies to consider existing and new scientific research and regulations to determine the appropriate use of LNCS. It also recommends limiting the use of LNCS in products marketed to or commonly consumed by children.

LNCS are widely used in food production and their consumption has increased over time.[19,20] Some food manufacturers may use LCNS to reduce added sugars in their products, resulting in increased consumption. Yet, the World Health Organization (WHO) recommends against using LNCS as a means of achieving weight control or reducing the risk of noncommunicable diseases.[21] DGAC should explore available research on LNCS to identify why WHO recommends against them, gaps in research, including health impacts related to long-term consumption, and provide recommendations for safe consumption, especially in children. Currently, LNCS are not subject to federal labeling requirements for disclosing their presence or quantities in foods and beverages. However, without labeling requirements, consumers remain uninformed about the amounts of LNCS they are consuming. Therefore, NYC recommends that there be additional funding for research and new labeling requirements to inform the public about adverse health effects associated with LNCS.

Ultra-Processed Foods

The NYC Health Department is also committed to reducing consumption of ultra-processed foods and drinks, with particular emphasis on sugary drinks, processed meats, and other foods that are high in added sugars, sodium, and/or unhealthy fats. NYC urges the DGAC to continue to promote dietary patterns full of nutrient-dense foods and encourage dietary patterns that limit or avoid ultra-processed products, as growing evidence suggests that they could be associated with negative health outcomes.[22]

Sustainability

While sustainability is not currently on the list of proposed scientific questions being examined by this DGAC, NYC would like to underscore the importance of considering sustainability when examining dietary guidelines and establishing recommendations. Previous Dietary Guidelines have not included sustainability criteria, despite the impacts of the food system on long-term environmental sustainability. Healthy eating patterns and the environmental sustainability of our food systems are intrinsically linked.[23,24,25,26] In recognition of the importance of public health and environmental sustainability, the NYC Food Standards include recommendations to promote sustainable food practices. Additionally, Mayor Adams has pledged to reduce absolute carbon emissions from food purchases across City agencies by 33% by 2030. For example, Mayor Adams plans to reduce city food procurements for beef and processed meat, which contribute substantially to NYC's greenhouse gas emissions[27] and are linked to an increased risk of colorectal cancer, respectively. Therefore, NYC urges the DGAC to consider all recommendations within the context of sustainability.

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Thank you for the opportunity to comment on this important work.

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