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February 10, 2025

[REDACTED]
Office of Disease Prevention and Health Promotion
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

Re: Request for Public Comments on the Scientific Report of the 2025 Dietary Guidelines Advisory Committee, Docket No. HHS-OASH-2024-0017-0001

The New York City (NYC) Department of Health and Mental Hygiene (Health Department) and the Mayor's Office of Food Policy (MOFP) are pleased to submit a comment regarding the Dietary Guidelines Advisory Committee's (the Committee) *Scientific Report of the 2025 Dietary Guidelines Advisory Committee* (Scientific Report). We recognize the tremendous effort undertaken by the Committee in putting together the Scientific Report and commend the Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) for fostering transparency and encouraging public input throughout the Dietary Guidelines development process.

The Health Department and MOFP recognize the importance of the Scientific Report, which will inform the next edition of the *Dietary Guidelines for Americans* (Dietary Guidelines). The Dietary Guidelines serve as a cornerstone for federal, state, and local food and nutrition policies and programs, including the National School Lunch Program (NSLP), the School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and SNAP-Ed, among others.

In NYC, the Scientific Report and the Dietary Guidelines have a direct and significant impact on public health because they inform a myriad of food and nutrition policies and programs. A notable example is the [NYC Food Standards](#), which are evidence-based nutrition guidelines for all foods purchased and served by NYC agencies and their sub-contractors, which amount to over 219 million meals and snacks every year. The Standards are reviewed and updated every three years based on the latest nutrition research, including the Dietary Guidelines. The most recent update in 2022 included increased fruit and vegetable serving sizes, requiring at least one whole or minimally processed plant-based protein per meal type weekly, a new added sugars limit, a new whole grain minimum, limits on servings of beef and a phase out of processed meats by 2025. The Dietary Guidelines also shape our public-facing nutrition education materials, including our [Guide to Healthy Eating and Active Living in NYC](#), [My Plate planner](#), and [Healthy Eating Information poster](#) for all NYC restaurants.

The Dietary Guidelines are critical in providing information to help address chronic disease. This is particularly important given the prevalence and consequences of diet-related chronic disease, both nationally and in NYC. Citywide, 13.0% of New Yorkers have been told they have diabetes, and 30.0% have been told they have hypertension,ⁱ with significant inequities across racial, ethnic, and socioeconomic groups. Diabetes prevalence is 16.4% among Black New Yorkers, 16.0% among Latino New Yorkers, 14.6% among Asian/Pacific Islander New Yorkers, and 7.6% among white New Yorkers. The



prevalence of hypertension is 40.7% among Black New Yorkers, 29.9% among Asian/Pacific Islander New Yorkers, 28.6% among Latino New Yorkers, and 23.6% among white New Yorkers. There are similar inequities between neighborhood poverty levels: among New Yorkers living in very high poverty, 18.6% have been told they have diabetes and 38.0% have been told they have hypertension, compared with 8.1% and 24.5%, respectively, among New Yorkers with low poverty.ⁱⁱ Further, food insecurity rates remain unacceptably high nationwide and in New York. In 2023, the prevalence of households at risk of food insecurity in NYC was 40.2% and 48.8% for households with children.

These unjust rates of chronic disease and food insecurity are due in part to historical disinvestment and structural racism that has created inequitable health outcomes. We applaud the Committee for being the first to apply a health equity lens to its Scientific Report. Grounding recommendations in health equity is crucial to identifying and addressing upstream factors that impact an individual's ability to achieve a healthy diet.

In light of these considerations, we urge USDA and HHS to consider the following topics and recommendations when developing the next edition of the Dietary Guidelines:

Part D, Chapter 2: Dietary Patterns

We applaud the Committee's emphasis on plant-forward dietary patterns and revisions to the "Protein Foods" group. **We urge USDA and HHS to follow the Committee's recommendation to move beans, peas, and lentils from "Vegetables" to "Protein Foods" and modify the order of subgroups within "Protein Foods" to emphasize plant sources of protein. Specifically, we support reorganizing the order of the Protein Foods Subgroups to list beans, peas, and lentils first, followed by nuts, seeds, and soy products, then seafood, and finally meats, poultry, and eggs.** Among meat products, we specifically support limiting the consumption of red and processed meats and replacing them with other protein sources, especially beans, peas, and lentils and other plant proteins. This would help encourage reduced intake of nutrients of concern, notably saturated fat and sodium, while increasing fiber intake. Similarly, we support the inclusion of more nutrient-dense, whole and minimally processed plant-based meal and dietary recommendation options in the Dietary Guidelines.

We see these recommendations as aligned with increased support for Americans to consume plant-predominant dietary patterns featuring whole and minimally processed foods. These recommendations also align with NYC's current plant-forward food and nutrition policies and programs, including our plant-based default and Lifestyle Medicine program in public hospitals and Meatless Mondays and Plant-Powered Fridays in public schools. We commend the Committee for emphasizing plant-forward dietary patterns.

We support the recommendation to remove the line for "Limits on Calories for Other Uses." We agree with the Committee's reasoning on this removal. Additionally, we believe it decreases the emphasis on calorie counting, an approach which may not be as helpful to Americans in supporting health goals as emphasizing an overall healthy dietary pattern.

Part D, Chapter 3: Beverages

The Committee updated the evidence grade for the association between sugar-sweetened beverages and growth, body composition, and risk of obesity to moderate, indicating a stronger link between these beverages and unfavorable health outcomes. **We encourage USDA and HHS to heed the Committee's**



recommendation to emphasize the importance of limiting, not just reducing, the consumption of sugar-sweetened beverages, as they provide little or no nutritional value and are the single largest source of added sugars. Further, the Committee found limited evidence that beverages with low- and no-calorie sweeteners are not associated with a change in body composition and risk of obesity. With this conclusion, as well as guidance from other health organizations such as the WHO,ⁱⁱⁱ **we recommend clear guidance in the Dietary Guidelines about not replacing sugar-sweetened beverages with beverages containing low- and no-calorie sweeteners** since they have no nutritional benefit and may not support weight loss goals.

Additionally, **we firmly support the Committee’s recommendation to prioritize plain drinking water as the primary beverage of choice for Americans to consume**. This approach is consistent with recommendations from public health professionals internationally, who recognize water as the optimal beverage for health. For example, similar government-issued dietary guidelines in Canada,^{iv} Australia,^v and Mexico^{vi} emphasize water as the primary beverage for consumption.

Regarding dairy consumption, we agree with the Committee’s conclusion that milk consumption for those aged one year and older should be limited to unsweetened fat-free and low-fat dairy milk as well as unsweetened fortified soy beverages across the lifespan. At the same time, many Americans do not consume dairy due to lactose intolerance (which may differ among people of different ancestry), cultural dietary customs, or other preferences or concerns. **Therefore, we encourage USDA and HHS to develop food patterns that rely on nutritionally equivalent food sources beyond dairy products for essential nutrients**.

Part D, Chapter 4: Food Sources of Saturated Fat

We support the Committee’s conclusion to limit consumption of saturated fat due to its association with increased risk of cardiovascular disease. **We urge USDA and HHS to apply the Committee’s guidance to reduce saturated fat intake by emphasizing healthy plant-based diets and replacing meat with plant foods**, including beans, peas, lentils, nuts, seeds, whole grains, and vegetables. We also agree with the Committee’s guidance to replace butter and plant oils high in saturated fat with plant oils higher in unsaturated fatty acids.

Part D, Chapters 6 and 7: Frequency of Meals and/or Snacking and Portion Sizes

Based on the evidence reviewed by the Committee, we support their conclusions regarding meal frequency, snacking, and portion sizes. **We urge USDA and HHS to consider weight stigma and bias when drafting the Dietary Guidelines**.

Part D, Chapter 10: Food Group and Subgroup Analyses

The Committee recommends adjusting the whole grain recommendation to be “mostly whole grains” instead of “at least half whole grains,” as it is stated in previous Dietary Guidelines, and to provide clear definitions and examples of whole grains. **We urge USDA and HHS to implement this recommendation in the Dietary Guidelines, as this will provide clearer guidance for Americans to increase their consumption of whole grains** compared to refined grains. The NYC Food Standards require at least half of all grains served be whole grains, in line with the current Dietary Guidelines, and recommend all grains served be whole grains. Therefore, we support the Committee’s guidance to further emphasize the consumption of whole grains.



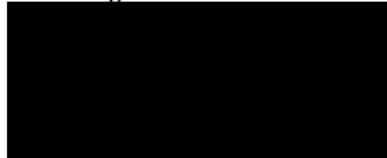
Part E, Chapter 2: Future Directions

We understand the Committee's rationale for not providing a recommendation on ultra-processed foods due to a lack of standard definition and limits in available evidence at this time. We echo the Committee's recommendation that future Committees further examine the association between ultra-processed foods and negative health outcomes as the evidence base increases over time because the growing prevalence of ultra-processed foods in U.S. diets is concerning. Therefore, **we encourage USDA and HHS to recommend dietary patterns comprised mostly of whole and minimally processed foods and low in the nutrients of concern as strong evidence supports that these foods are part of an overall healthy dietary pattern.**

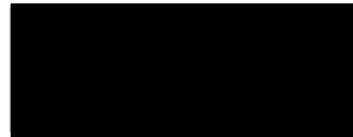
In addition to the specific recommendations above, we also want to commend the Committee for examining evidence on other topics of importance, including complementary feeding practices and utilizing food pattern modeling and diet simulations to explore culturally inclusive dietary patterns.

Thank you for the opportunity to comment. We look forward to the release of the 2025-2030 Dietary Guidelines.

Sincerely,



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New York City Department of
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ⁱ Community Health Survey. NYC. 2023

ⁱⁱ Community Healthy Survey. NYC. 2023

ⁱⁱⁱ Use of non-sugar sweeteners: WHO guideline. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO

^{iv} Canada's Dietary Guidelines. For Health Professionals and Policy Makers. [CDG-EN-2018.pdf \(canada.ca\)](#)

^v Australian Dietary Guidelines. Eat for Health. [n55_australian_dietary_guidelines.pdf](#)

^{vi} GUÍAS ALIMENTARIAS 2023 PARA LA POBLACIÓN MEXICANA. [Gui as Alimentarias 2023 para la poblacio n mexicana.pdf](#)