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VIA ELECTRONIC SUBMISSION (www.regulations.gov)

The Honorable Sylvia Burwell
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 120F
Washington, DC 20201

The Honorable Tom Vilsack
U.S. Department of Agriculture
Jamie L. Whitten Federal Building
1400 Independence Avenue, SW, Room 200-A
Washington, DC 20250

Re: Comments for Consideration by USDA and HHS Regarding the Scientific Report of the Dietary Guidelines Advisory Committee

Dear Secretary Burwell and Secretary Vilsack:

Mars, Incorporated (Mars) is pleased to submit these comments to the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) regarding the 2015 Dietary Guidelines Advisory Committee (DGAC) Report.

Mars, Incorporated is a private, family-owned business with more than a century of history and some of the best-loved brands in the world including M&M'S®, PEDIGREE®, DOUBLEMINT® and UNCLE BEN'S®. Headquartered in McLean, VA, Mars has more than \$33 billion in sales from six diverse business segments: Petcare, Chocolate, Wrigley, Food, Drinks, and Symbioscience. More than 75,000 Associates across 73 countries are united by the company's Five Principles: Quality, Efficiency, Responsibility, Mutuality, and Freedom and strive every day to create relationships with stakeholders that deliver growth we are proud of as a company.

I. Executive Summary

Mars appreciates the opportunity to comment on the DGAC's Scientific Report and recognizes the significant effort undertaken by the DGAC, as well as USDA and HHS, to update the Dietary Guidelines for Americans (DGA) to reflect the latest nutritional science. Mars offers the following comments on the DGAC Scientific Report:

- **ADDED SUGARS.** Mars supports the DGAC's recommendation that consumers reduce their added sugars intake to no more than 10% of daily energy intake. Further, Mars supports labeling and educational approaches, including added sugars labeling and off-label nutrition education, which aim to provide consumers with information that will help guide decisions about their sugar intake, provided that those approaches ensure that consumers will correctly interpret the relationship between added and total sugars in the context of their daily caloric needs.
- **SUGAR-FREE GUM.** Mars urges the Departments to meaningfully address oral health in the 2015 Policy Document and include a recommendation that Americans chew sugar-free gum after meals based on 40 years of research showing that doing so helps reduce cavities. To read the full comments on this topic, please refer to separate comments submitted by Wrigley.
- **SODIUM.** Mars supports the DGAC's recommended sodium daily value of 2300 mg/day.
- **GRAINS.** Mars supports the DGAC's recommended intake of whole grains and the recognition that enriched grains like white rice can provide a meaningful contribution to the diet.
- **FAMILY MEAL TIME.** Mars appreciates that the DGAC addressed the issue of family meal time in the Scientific Report and offers additional scientific research that USDA and HHS may find valuable as you continue work on the 2015 Dietary Guidelines for Americans.

In all of the above areas, Mars recognizes the role that the food industry can play in advancing these nutritional goals and is committed to doing its part to help consumers maintain a balanced diet and healthy lifestyle through product reformulation, reduced portion sizes, responsible marketing, and consumer information, as detailed below.

II. Mars Supports the DGAC's Added Sugars Recommendation

In its report, the DGAC recommends limiting added sugar intake to no more than 10% of daily caloric intake, similar to the recent World Health Organization (WHO) guidance to limit the

intake of free sugars to 10% of total energy.¹ There is clear evidence that non-communicable diseases (NCD) associated with poor diets, physical inactivity, and obesity are a growing global public health challenge, and there is emerging scientific evidence that the excess consumption of added sugars is a factor contributing to NCD. Based on emerging science, Mars supports helping consumers reduce their intake of added sugars to no more than 10% of total energy intake. At Mars, we believe it is time for all stakeholders – including industry – to engage in a constructive discussion that focuses on effective approaches to helping consumers manage their intake of added sugars.

Mars recognizes the critical role that the food industry can and must play in helping consumers achieve their nutritional goals, including reducing their intake of added sugars. We have already taken steps to reduce portion size, offer a variety of product options, promote nutritional awareness, and market our products responsibly. Specifically, we have Guideline Daily Amount (GDA) labeling globally on our chocolate, food and hard and soft candy products (with the exception of very small packages), providing consumers with clear, easily accessible information about the amount of calories, fat, saturated fat, sugar, and sodium in our products. Further, we have a strict Marketing Code that does not allow marketing communications directed to children under 12 years of age for our food, chocolate, confections, and gum products. We support communication and education programs to promote consumption of confectionery products in moderation, have limited all of our confectionery products to no more than 250 calories per serving, and we offer a range of product options and sizes so that consumers can enjoy the right product for them. Lastly, we offer sugar-free products within our Wrigley gum and mint portfolio. As USDA has previously acknowledged in its Smart Snacks rule, our sugar-free gum products can help consumers lower the risk of dental caries that can result from carbohydrate (including sugar) consumption, when chewed within 20 minutes after meals.²

With average added sugar intake in the U.S. at approximately 13% of daily caloric intake, Mars acknowledges that more can and should be done to help consumers reduce added sugar intake, and we believe innovative approaches should be considered that can help consumers more easily monitor and reduce their added sugar consumption. We are proud of our confectionery portfolio, and the moments of joy that our treats bring to people's lives. We also believe that we, and others in the confectionery industry, have a larger role to play in offering consumers more options, including smaller portion sizes. Along those lines, we plan to increase the number of Mars chocolate offerings below 200 calories per pack and continue to identify ways to support educational initiatives with consumers about moderation and ways to live a healthy, balanced

¹ 2015 Dietary Guidelines Advisory Committee, "Scientific Report of the 2015 Dietary Guidelines Advisory Committee," at Part D: Science Base, page 30, (2015), available at <http://www.health.gov/dietaryguidelines/2015-scientific-report/> (last accessed March 22, 2015).

² National School Lunch Program and School Breakfast Program: Nutrition Standards for All Foods Sold in School as Required by the Healthy, Hunger-Free Kids Act of 2010, 78 Fed. Reg. 125 (June 28, 2013) (to be codified at 21 C.F.R. pts. 210 and 220).

lifestyle. At the same time, we will also continue our efforts to improve the nutritional composition of our product portfolio and continue to promote the oral health care benefits of chewing sugar-free gum.

The DGAC notes that increased awareness of the added sugar content of foods could help consumers reduce added sugar intake.³ Mars supports the consideration of new labeling approaches, including added sugars labeling, which aim to provide consumers with information that will help guide decisions about their sugar intake. Such approaches must, however, not only provide consumers the information they need to make informed decisions about sugar intake, but also ensure consumers understand the relationship between total and added sugars. On the latter point, we refer the Departments to preliminary research findings submitted to FDA by the International Food Information Council Foundation in 2014, which demonstrated the importance of ensuring added sugars labeling is designed so as to be understood and accurately interpreted by consumers.⁴

We believe meaningful reductions in added sugar intake will only occur as a result of numerous actions taken by various stakeholders, and we have more to learn about which approaches will be most effective in helping individuals meet the DGAC's 10% recommendation. We are committed to working on our own and with others in the industry, policy makers, health advocates, and our consumers to identify additional actions that can make a real difference.

We believe it is important to note, however, that Mars is concerned that the DGAC proposed specific policy recommendations related to local and federal economic/tax policies, food assistance programs, health care, and education without providing policy rationale and evidence to support and justify these recommendations. While Mars would welcome and would be a constructive participant in any discussion and debate about these and other approaches to help consumers reduce intake of added sugars and other nutrients of concern, we believe such proposals should be carefully considered by government, industry, NGO, and other key stakeholders in policy forums that promote transparency, debate, and differing views – such as state and Federal legislatures. In the future, we encourage USDA and HHS to limit the Dietary Guidelines Advisory Committee's review and recommendations to the scope of nutrition advice, recognizing that the responsibility to consider and develop public policies that advance these nutrition goals rests with elected officials and federal regulators.

³ 2015 Dietary Guidelines Advisory Committee, "Scientific Report of the 2015 Dietary Guidelines Advisory Committee," at Part D: Science Base, page 27, (2015), available at <http://www.health.gov/dietaryguidelines/2015-scientific-report/> (last accessed March 22, 2015).

⁴ International Food Information Council Foundation, "Comments on the Proposed Revisions to the Nutrition Facts Panel (NFP)," Docket ID: FDA-2012-N-1210, (Aug. 2014) (preliminary research findings suggest that many consumers do not correctly identify the amount of total sugars in a product when added sugars are identified).

III. Mars and Wrigley Urge HHS and USDA to Meaningfully Address Oral Health and Include a Recommendation that Americans Chew Sugar-Free Gum After Meals in the 2015 Policy Document

Mars and Wrigley are concerned that the DGAC did not identify oral health as a public health priority contrary to the precedents set by the 2005 and 2010 editions of the DGAs. By not making oral health a public health priority, we understand that the DGAC did not request a National Evidence Library (NEL) systematic review of *all* scientific evidence related to oral health, particularly evidence related to the oral health benefits of chewing sugar-free gum, that was properly submitted in a timely manner to the DGAC for its consideration by multiple stakeholders.

Therefore, we respectfully request that HHS and USDA reaffirm oral health as a public health priority in the 2015 DGA, as well as recognize that chewing sugar-free gum for 20 minutes after eating or drinking can help to reduce dental caries, which has already been acknowledged through a formal USDA rulemaking proceeding on nutrition policy. For more information about the oral health benefits of chewing sugar-free gum, we strongly encourage HHS and USDA to review Wrigley's previously submitted comments and scientific evidence (see #277 (full comments), #433 (abbreviated comments), and #280-291 (scientific evidence) on the DGAC docket).

A. HHS and USDA Should Consider Reaffirming Oral Health as a Public Health Priority in the 2015 Policy Document Based on the Approach Taken from the 2005 and 2010 Dietary Guidelines

We are disappointed by the Scientific Report's treatment of oral health because it does not meaningfully address the issue, despite oral health remaining a public health priority of the federal government. According to the National Institutes of Health, in the United States “dental caries (tooth decay) remains the most prevalent chronic disease in both children and adults, even though it is largely preventable. Although dental caries have significantly decreased for most Americans over the past four decades, disparities remain among population groups.”⁵ Additionally, HHS has selected oral health as one of its Leading Health Indicators in its “Healthy People 2020,” which provides a comprehensive set of 10-year goals and objectives for improving the health of all Americans.⁶

⁵ National Institutes of Health, National Institute of Dental and Craniofacial Research, “Dental Caries (Tooth Decay),” available at <http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/> (last accessed March 23, 2015). See also, Institute of Medicine, “Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth,” 37 (2007), available at <http://www.iom.edu/Reports/2007/Nutrition-Standards-for-Foods-in-Schools-Leading-the-Way-toward-Healthier-Youth.aspx> (last accessed March 23, 2013).

⁶ Health and Human Services, “Healthy People 2020,” available at <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health> (last accessed on March 23, 2015).

Further, both the 2005 and 2010 DGAs recognized oral health as a public health priority. The 2005 DGAC's Technical Report found a causal relationship between the intake of carbohydrates and dental caries.⁷ The Committee also went a step further by focusing on oral hygiene methods proven to help improve oral health. It concluded that “[d]rinking fluoridated water and/or using fluoride-containing dental hygiene products help reduce the risk of dental caries. A combined approach of reducing the frequency and duration of exposure to fermentable carbohydrate intake and optimizing oral hygiene practices is the most effective way to reduce dental caries incidence.”⁸ The 2010 DGAC reaffirmed these conclusions,⁹ but the 2015 DGAC did not do so. **Therefore, we ask HHS and USDA to reaffirm the oral health conclusions in the 2015 Policy Document.**

B. Should HHS and USDA Reaffirm the 2005 and 2010 Dietary Guidelines for Americans, the Chewing of Sugar-free Gum Should be Included as an Oral Hygiene Measure

Should HHS and USDA reaffirm the oral health conclusions from the 2005 and 2010 DGAs, we also request that the Departments include chewing sugar-free gum as an oral hygiene measure. We understand that over 50 scientific studies and literature covering over 40 years of research on the topic were submitted for a systematic review, but the DGAC did not conduct such a review. Therefore, we ask that HHS and USDA conduct a systematic review of the submitted evidence showing that chewing sugar-free gum stimulates salivary flow, which neutralizes plaque acids and enhances remineralization of the tooth enamel, as well as reduces dental caries.

C. USDA Has Already Affirmed the Scientific Finding that Chewing Sugar-Free Gum After Meals Reduces Dental Caries

If the Departments decide not to conduct a systematic scientific review, then **we ask HHS and USDA to affirm USDA's scientific finding that chewing sugar-free gum after meals reduces dental caries.** In the interim final rule published in June 2013 for Smart Snacks, USDA's Food and Nutrition Service recognized the oral health benefits of chewing sugar-free gum as its reasoning for allowing sugar-free gum products to be sold in schools under the new nutrition standards.¹⁰ Based on USDA's review of the same studies submitted to the 2015 DGAC, USDA

⁷ Overall, the Committee concluded that “the process of dental caries formation involves three steps: the fermentation of substrate by cariogenic bacteria in the mouth to produce acid, demineralization of the enamel surface by the acid, and subsequent bacterial invasion.”⁷ The Committee defined “substrate” as “sugars, (including sucrose, glucose, fructose, and lactose) and starch”⁷ and also focused on other important factors that contribute to the formation of dental caries, including “the form of the food, how long it remains in the mouth, and the frequency of consumption.” 2005 Dietary Guidelines Advisory Committee, “The Report of the Dietary Guidelines Advisory Committee on Dietary Guidelines for Americans, 2005,” at Part A: Executive Summary, page 6, (2005), available at <http://www.health.gov/dietaryguidelines/dga2005/report/> (last accessed March 23, 2015).

⁸ *Id.* at 6.

⁹ 2005 Dietary Guidelines Advisory Committee, “Section: 5 Carbohydrates,” at 4.

¹⁰ 78 Fed. Reg. “Interim Final Rule for Smart Snacks,” 125 at 39079 (June 28, 2013).

agreed that “[c]linical studies have shown that chewing sugarless gum for 20 minutes following meals can help prevent tooth decay.”¹¹ Therefore, HHS and USDA should continue to recognize the oral health benefits of chewing sugar-free gum in the 2015 Policy Document in order to align with existing nutrition policy created by USDA through a formal rulemaking proceeding in compliance with the Administrative Procedures Act.

IV. Mars Supports the DGAC’s Sodium Recommendation

Mars supports the DGAC’s recommendation that sodium intake be limited to less than 2,300 mg/day, consistent with the 2013 Institute of Medicine (IOM) Report, *Sodium Intake in Populations*.¹² As the DGAC notes in its report, sodium remains a nutrient of public health concern, with average intakes for ages two and older at 3,463 mg/day.¹³ At Mars, we believe the food industry has a meaningful role to play in helping to reduce sodium intake, and concur with the DGAC’s recommendation that government agencies partner with the food industry to reduce sodium content in the food supply.¹⁴

Over the past several years, Mars Food has taken a leadership role within the industry to lower sodium in foods in an effort to help consumers maintain cardiovascular health. In 2010, Mars Food was one of the first food manufacturers to sign on to the National Salt Reduction Initiative (NSRI). Led by New York City, the NSRI is a coalition of more than 90 cities, states, and national health organizations that are working to help food manufacturers and restaurants voluntarily reduce the amount of salt in their products, with the goal of reducing Americans’ salt intake by 20 percent over five years. The NSRI is a model for how voluntary public/private partnerships can bring about meaningful change in the food industry and was based on a similar sodium reduction initiative in the United Kingdom. The NSRI now includes commitments from 28 companies to reduce sodium content.

Under the NSRI, Mars Food voluntarily committed to reduce sodium in its UNCLE BEN’S® flavored rice products in accordance with NSRI standards. (The company’s other varieties of UNCLE BEN’S® brand rice products, and the organic Seeds of Change® pasta sauce, simmer sauce, and salad dressings, already met NSRI standards.) Since joining the NSRI, Mars Food has successfully met its 2012 and 2014 sodium reduction targets, reducing sodium content across our global portfolio by an average of 25%.

¹¹ *Id.*

¹² Institute of Medicine, “Sodium Intake in Populations: Assessment of Evidence,” (2013), available at <http://www.iom.edu/Reports/2013/Sodium-Intake-in-Populations-Assessment-of-Evidence.aspx> (last accessed March 22, 2015).

¹³ 2015 Dietary Guidelines Advisory Committee, “Scientific Report of the 2015 Dietary Guidelines Advisory Committee,” at Part D: Science Base, page 4, (2015), available at <http://www.health.gov/dietaryguidelines/2015-scientific-report/> (last accessed March 22, 2015).

¹⁴ *Id.* at 9.

Mars believes that, with broad participation from industry, the voluntary sodium reduction targets advanced by the NSRI will have a meaningful impact on consumer health over time. However, it is important that sodium reduction efforts be phased over a period of years to help ensure consumer acceptance. In our experience, consumers still prefer higher sodium products over lower sodium options. In addition, any sodium reduction program should seek to level the playing field among manufacturers so as not to penalize any manufacturer who has already made significant strides to reduce sodium.

As part of Mars Food's health and nutrition strategy, we have been committed to making meaningful sodium reductions without compromising the great taste our consumers expect as they continue to seek healthier food choices. We continue to review our products and consider additional ways we can reduce sodium consistent with quality standards. Even before joining the NSRI, Mars Food was proactively engaged for three years in the development of new lower-sodium rice products and the reformulation of sodium content in existing products. Mars will continue to play its part in helping consumers access and enjoy lower sodium options.

V. Mars Supports the DGAC's Whole Grains Recommendation and Urges Continued Recognition of the Value of Enriched Grains

Mars supports the DGAC's recommendation that half of all grain intake come from whole grains.¹⁵ Mars Food has been an industry leader in the development of whole grain rice products, including whole grain brown rice, flavored whole grain brown rice, and mixed whole grain offerings. Today, 34% of the Mars Food North America portfolio is comprised of whole grains, including 46 Stock Keeping Units (SKUs) that offer 100% whole grain. Nearly 83% of our SKUs contain 48 grams (dry) or more whole grains in one serving, meeting the total daily recommended amount of whole grains.

Mars also supports the DGAC's conclusion that enriched grains such as white rice be included in the intake recommendation because enriched grains are commonly enriched with folic acid, iron, and several B vitamins, which can help address nutrient shortfalls in some diets.¹⁶ Enriched, fortified white rice contributes more than 15 vitamins and minerals, including folate and other B vitamins, iron, and zinc to the diet; it is sodium and cholesterol free, and has only a trace of fat, with no saturated fats.¹⁷ Since 1998, virtually all white rice and other enriched grains in the U.S. have been fortified with the B-vitamin folic acid to reduce the risk of neural tube defects (NTD) in newborns. This public health campaign has been successful in reducing the incidence of NTD

¹⁵ 2015 Dietary Guidelines Advisory Committee, "Scientific Report of the 2015 Dietary Guidelines Advisory Committee," at Part D: Science Base, page 29, (2015), available at <http://www.health.gov/dietaryguidelines/2015-scientific-report/> (last accessed March 22, 2015).

¹⁶ *Id.* at 30.

¹⁷ US Department of Agriculture, "National Nutrient Database for Standard Reference," available at <http://ndb.nal.usda.gov/ndb/search/list> (last accessed March 22, 2015).

by 26%, according to the Centers for Disease Control and Prevention (CDC).¹⁸ Indeed, enriched grains like white rice are the primary source of folic acid in women's diets.¹⁹

In addition, research shows that rice consumption in children – whether white or brown rice – is associated with improved diet quality and nutrition intake.²⁰ Rice consumption is associated with improved cardiovascular health in important ways, as well. Studies show that adult rice consumers tend to have a 42% lower risk of high blood pressure,²¹ and men who eat rice regularly are associated with a 30% lower risk of coronary heart disease and heart failure.²² As such, Mars is encouraged that the DGAC recognized the unique value of both white and brown rice in the Scientific Report.

VI. Mars Supports the DGAC Recommendation for Further Study of the Benefits of Family Meal Time

Mars concurs with the DGAC's conclusion that there is "promising" evidence that family-shared meals in the home can have a positive impact on health.²³ As a result of the research demonstrating the benefits of families cooking at home together, Mars Food, through its UNCLE BEN'S® rice brand, launched its Ben's Beginners™ program in 2012 to encourage kids to develop rice recipes at home with their families and submit the recipes, along with a video demonstrating their preparation of it, in an online competition. Through the Ben's Beginners™ competition, 2,200 families have prepared rice recipes at home together since 2012.

Based on existing research, we believe family meal time has an important influence on family life and the development of healthful eating habits among children. Planning, preparing, and eating a meal together as a family has been linked with multiple positive social and nutritional outcomes. Research shows that kids who eat with their families are happier overall; adolescents who eat family dinners are associated with drastically higher wellbeing; and teenagers who eat with their families two to three times per week may reduce chances of obesity in young

¹⁸ Centers for Disease Prevention and Control, "Spina Bifida and Anencephaly Before and After Folic Acid Mandate – United States, 1995-1996 and 1999-2000," available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5317a3.htm> (last accessed March 22, 2015).

¹⁹ S. Choumenkovitch et. al, "Folic Acid Intake from Fortification in United States Exceeds Predictions," *J Nutrition*, 132(9):2792-2798 (2002).

²⁰ V. Fulgoni, III et. al, "Diet Quality and Markers for Human Health in Rice Eaters Versus Non-Rice Eaters: An Analysis of the US National Health and Nutrition Examination Survey, 1999–2004," *Nutrition Today*, 45(6):262-272 (2010).

²¹ Z. Shi et. al, "Rice Intake, Weight Change and Risk of the Metabolic Syndrome Development among Chinese Adults: the Jiangsu Nutrition Study (JIN)," *Asia Pac J Clinical Nutrition*, 21(1):35-43 (2012).

²² E.S. Eshak ES et. al, "Rice Intake is Associated with Reduced Risk of Mortality from Cardiovascular Disease in Japanese Men but not Women," *J Nutrition*, 141(4):595-602 (2011).

²³ 2015 Dietary Guidelines Advisory Committee, "Scientific Report of the 2015 Dietary Guidelines Advisory Committee," at Part D: Science Base, page 24, (2015), available at <http://www.health.gov/dietaryguidelines/2015-scientific-report/> (last accessed March 22, 2015).

adulthood.²⁴ Children or adolescents who can eat family meals three or more times per week are more likely to be within a normal weight range, and have healthier eating habits compared to those who consume less than three family meals per week.²⁵ When parents and their children cook and eat together, kids learn a crucial skill to carry with them throughout their lifetime.

Specifically, research has demonstrated that children or adolescents who eat with their family are associated with:

- Eating more healthy foods as children, including fruits and vegetables²⁶
- Being less likely to be overweight or obese ten years later in young adulthood²⁷
- Having positive family interactions²⁸
- Being less likely to resort to quick fixes like fast food²⁹
- Having greater academic achievement³⁰
- Being less likely to engage in disordered eating³¹
- Having improved psychological well-being³²
- Having less delinquency³³
- Eating healthier as adults³⁴
- Exhibiting fewer depressive symptoms³⁵

²⁴ See K. Musick et. al, “Assessing Causality and Persistence in Associations between Family Dinners and Adolescent Well-Being,” *J Marriage Fam*, 74(3):476–493 (2012); M.E. Eisenberg et. al, “Correlations Between Family meals and Psychosocial Well-being Among Adolescents,” *Arch Pediatr Adolesc Med*, 158(8):792-6 (2004); J.M. Berge et. al, “Structural and Interpersonal Characteristics of Family Meals: Associations with Adolescent Body Mass Index and Dietary Patterns,” *J Acad Nutr Diet*, 113(6):816–822 (2013).

²⁵ E. Roos et. al, “Does Eating Family Meals and Having the Television on during Dinner Correlate with Overweight? A Sub-Study of the PRO GREENS Project, Looking at Children from Nine European Countries,” *Pub Health Nutr*, 17(11):2528-2536 (2014).

²⁶ T. Videon et al, “Influences on Adolescent Eating Patterns: The Importance of Family Meals,” *J Adol Health* 32(5):365-373 (2003).

²⁷ B. Fiese et. al, “Is Frequency of Shared Family Meals Related to the Nutritional Health of Children and Adolescents?” *Pediatrics*, 127(6):1565-1574 (2011); M. Berge et. al, “The Protective Role of Family Meals for Youth Obesity: 10-Year Longitudinal Associations,” *Pediatrics*, 166(2), 296-301 (2014).

²⁸ M. Eisenberg et. al, “Family Meals and Substance Use: Is There a Long-Term Protective Association?” *J Adol Health*, 43(2):151-156 (2008).

²⁹ D. Neumark-Sztainer et. al, “Family Meal Patterns: Associations with Sociodemographic Characteristics and Improved Dietary Intake Among Adolescents,” *J Am Diet Assn*, 103(3):317-322 (2003).

³⁰ M. Eisenberg et. al, “Does TV Viewing During Family Meals Make a Difference in Adolescent Substance Use?” *J Prev Med*, 48(6):585-587 (2009).

³¹ B. Fiese et. al, “Is Frequency of Shared Family Meals Related to the Nutritional Health of Children and Adolescents?” *Pediatrics* 127(6):1565-1574 (2011).

³² J. Fulkerson et. al, “Are There Nutritional and Other Benefits Associated with Family meals Among At-Risk Youth?” *J Adol Health*, 45(4):389-395 (2009).

³³ B. Fiese et. al, “Is Frequency of Shared Family Meals Related to the Nutritional Health of Children and Adolescents?” *Pediatrics*, 127(6):1565-1574 (2011); Council of Economic Advisors, “Teens and their Parents in the 21st Century: An Examination of Trends in Teen Behavior and the Role of Parental Involvement,” (2000), available at <http://files.eric.ed.gov/fulltext/ED443529.pdf> (last accessed March 22, 2015).

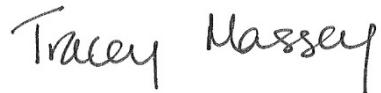
³⁴ M. Eisenberg et. al, “Family Meals and Substance Use: Is There a Long-Term Protective Association?” *J Adol Health*, 43(2):151-156 (2008).

Mars is pleased that the DGAC included this issue in its Scientific Report given how meaningful family mealtime at home can be to improving nutrition and health. We also support the DGAC's recommendation that further study be conducted into the specific contribution of family shared meals to weight outcomes independent of other behavioral strategies so as to increase the available scientific evidence, enabling stronger recommendations in the future. We have attached to this comment additional studies that we recommended USDA and HHS review as you work to finalize the 2015 Dietary Guidelines for Americans, and we urge the Departments to address the importance of family meal time in the final Policy Document and communications materials.

VII. Conclusion

Mars appreciates the opportunity to submit these comments regarding the Dietary Guidelines Advisory Committee's Scientific Report. We fully support USDA and HHS' efforts to update the Dietary Guidelines for Americans to provide valuable nutritional guidance to consumers, and we hope that USDA and HHS will consider Mars a resource as it finalizes the Policy Document.

Sincerely,



Tracey Massey
President, Mars Chocolate North America



Casey Keller
President, Wrigley North America



Apu Mody
President, Mars Food North America

³⁵ K. Musick et. al, "Assessing Causality and Persistence in Associations Between Family Dinners and Adolescent Well-Being," *J Marriage Fam*, 74(3):476–493 (2012).