




## Document Details

<b>Docket ID:</b>	CDC-2018-0029 <a href="#">↻</a>
<b>Docket Title:</b>	Evaluation of the Sodium Reduction in Communities Program <a href="#">*</a> <a href="#">↻</a>
<b>Document File:</b>	 HTML
<b>Docket Phase:</b>	Notice
<b>Phase Sequence:</b>	1
<b>Original Document ID:</b>	CDC-2018-0029-DRAFT-0002
<b>Current Document ID:</b>	CDC-2018-0029-0002
<b>Title:</b>	Comment from (Anonymous Anonymous) <a href="#">*</a> <a href="#">↻</a>
<b>Number of Attachments:</b>	0
<b>Document Type:</b>	PUBLIC SUBMISSIONS <a href="#">*</a> <a href="#">↻</a>
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<b>Comment on Document ID:</b>	CDC-2018-0029-0001 <a href="#">↻</a>
<b>Comment on Document Title:</b>	Evaluation of the Sodium Reduction in Communities Program 2018-11789 <a href="#">↻</a>
<b>Status:</b>	Posted <a href="#">↻</a>
<b>Received Date:</b>	06/09/2018 <a href="#">*</a> <a href="#">↻</a>
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## Document Optional Details

<b>Status Set Date:</b>	06/13/2018
<b>Current Assignee:</b>	NA
<b>Status Set By:</b>	Burroughs-Stokes, Kenya LaTrice (CDC)
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## Submitter Info

**Comment:**

ISSUE china and India; Why is Air pollution monitoring only available in one quarter of the population in China and only a few percent of the population in India, and in both countries, PM2.5 monitoring networks have only been created very recently, so long-term trends cannot be assessed. India pollution levels have kept creeping upwards, 2015 was the worst year on record. Out of India 89 cities only 17 are covered by the continuous air quality monitoring system, Durgapur, Gorakhpur, Asansol, Shiliguri, Bareilly and Ludhiana are among the most polluted cities without. Therefore, the 2009 Air rules on the USA should not apply since the report failed to account for all countries. EPA reliance on IPCC an international organization, this in not fair to America. China has passed United States in 2011 as the largest global GHG emitter and China, India, do not ascribe to international GHG reduction agreements. The emission of the nitrogen dioxide pollutant has gone up significantly in the South Asia region, Chhattisgarh region of India, largest increases occurred over Jamnagar (India), Dhaka (Bangladesh) had the largest increase (79 per cent) of any world city. Example in city of Ludhiana India PM 2.5 108 VERY BAD PM 10 Pollution Level: 201 VERY BAD Extremely High Pollution Index: 89.65 HIGH Pollution Exp Scale: 162.21 Extremely High Air Pollution 85.42 Very High Drinking Water Pollution 61.05 High , Bad Water Pollution 70.24 High Air quality 14.58 Very Low Drinking Water Quality 38.95 Low Water Quality 29.76 Low Mexico, Mexico City Air pollution data from World Health Organization Info Last update: March 2018 The air in Mexico City has an annual average of 20 g/m3 of PM2.5 particles. Thats 100% Worse than WHO safe level. (WHO recommends PM2.5 at 10 ) PM10 42 Bad unhealthy PM2.5 20 Red Pollution Index: 85.32 Bad unhealthy Pollution Exp Scale: 153.63 high numbers for very polluted cities RED Air Pollution 83.33 Very High Drinking Water Pollution 61.02 High RED unhealthy Water Pollution 71.61 High Red unhealthy Air quality 16.67 Very Low Red unhealthy Drinking Water Quality 38.98 Low Bad unhealthy Water Quality 28.39 Low Bad unhealthy Compare to the USA TEXAS HOUSTON The air has an annual average of 10 g/m3 of PM2.5 particles. Thats at the WHO safe level. Healthy, GREEN ALABAMA, Birmingham The air quality has annual average of 11 g/m3 of PM2.5 particles. Thats 10% BETTER than WHO safe level. GREEN KENTUCKY , Louisville annual average of 11 g/m3 of PM2.5 particles. Thats 10% BETTER than WHO recommended safe level. GREEN PENNSYLVANIA, Pittsburgh, air quality has an annual average of 10 g/m3 of PM2.5 particles. Thats at the WHO safe level. GREEN Agency needs to ensure only scientific studies with data available to the public are used when creating policy. increase transparency at the EPA and the BLM, boost confidence in the agency's decision making. improve transparency for the cost of each decision. Tariffs are needed to protect America and resend and or cancel the 2009 GHG Regulations. \*🌐

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**Email Address:**

Organization Name:



Cover Page:



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**Cover Page:** 








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<b>Docket ID:</b>	CDC-2018-0029 <a href="#">↻</a>
<b>Docket Title:</b>	Evaluation of the Sodium Reduction in Communities Program <a href="#">*</a> <a href="#">↻</a>
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<b>Document Subtype:</b>	<a href="#">↻</a>
<b>Comment on Document ID:</b>	CDC-2018-0029-0001 <a href="#">↻</a>
<b>Comment on Document Title:</b>	Evaluation of the Sodium Reduction in Communities Program 2018-11789 <a href="#">↻</a>
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## Submitter Info

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**Organization Name:**   
**Cover Page:** 

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### Submitter Info

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July 14, 2018

Jeffrey M. Zirger  
Information Collection Review Office  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, MS-D74  
Atlanta, Georgia 30329

RE: Evaluation of the Sodium Reduction in Communities Program 2018-11789  
Docket No. CDC-2018-0029

To Whom It May Concern:

Thank you for the opportunity to comment on the proposed Evaluation of the Sodium Reduction in Communities Program (SRCP). I have a degree in dietetics from Brigham Young University and I am a nutrition and dietetic technician, registered (NDTR). I am currently completing a dietetic internship through Utah State University, which allows me to gain supervised practice hours in a variety of community and health settings in preparation to becoming a registered dietitian nutritionist (RDN). I have a strong interest in helping individuals attain optimum health, and I believe sodium reduction will help individuals prevent health complications caused by high sodium intake.

In the US, about 90% of the population consumes too much sodium.<sup>1</sup> Children and teens ages 2 to 19 consume an average of over 3,000 mg daily, while adults consume an average of over 3,500 mg daily.<sup>2</sup> The way in which food is prepared greatly influences sodium intake. Recent research has shown that sodium added to food outside the home, including processed and restaurant foods, may account for over two-thirds (71%) of sodium intake in adults.<sup>3</sup> Not all products or food dishes are offered in low-sodium variations, which makes it more difficult for consumers to reduce sodium intake.

A diet lower in sodium can lead to improved cardiovascular health. According to the American Heart Association (AHA), individuals should eat less than 2,400 mg daily to lower blood pressure, but even reducing intake by 1,000 mg per day can help.<sup>4</sup> If food service organizations even make small changes in reducing sodium, those changes could help Americans lower their overall sodium intake. Several Healthy People 2020 goals are also related to reducing sodium intake, including reducing sodium consumption for ages 2 years and older to 2,300 mg per day (NWS-19) and increasing the proportion of adults with prehypertension and hypertension who meet sodium intake recommendations (HDS-9.3 and HDS-10.3).<sup>5</sup> America needs sodium reduction programs to help meet these important health goals.

Concern 1: Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility.

The work completed by the SRCP is valuable in helping food service organizations reduce sodium for the health of the population. The collection of information from grantees and partners will help the CDC evaluate how the programs are progressing, what strategies have been implemented, and the amount of resources required for the programs, including cost, time and staff. The information gained from the

evaluation will have practical use in evaluating the success of such programs and giving new organizations useful information for getting started with their own sodium reduction programs.

There are many food organizations that can benefit from knowing how to implement sodium reduction programs. AHA is working to achieve a 20% decrease in sodium intake among Americans by encouraging consumers to write letters and sign petitions to convince large food companies to reduce sodium.<sup>6</sup> The implementation of a new program can be an overwhelming task for any organization to undertake. With successful programs serving as models, other organizations could have access to strategy ideas and estimates for cost and other resources so they can effectively implement their own programs. Gathering information from as many programs as possible will allow for more diverse data, as factors like the size of the organization and region of the US may influence certain aspects of program implementation. Evaluating the current programs will only further the nationwide sodium reduction effort.

Thank you for considering my comment on this important matter. I believe the Evaluation of the SRCP will provide very useful information for current and future sodium reduction programs.

Sincerely,  
Alexi Meredith  
USU Dietetic Intern

- 
1. Jackson SL, Coleman King SM, Zhao L, Cogswell ME. Prevalence of sodium intake in the United States. *MMWR Morb Mortal Wkly Rep*. 2016;64:1394–1397.
  2. U.S. Department of Agriculture, Agricultural Research Service. Nutrient intakes from food and beverages: Mean amounts consumed per individual, by gender and age, in the United States, 2013-2014. Available at: [https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/1314/Table\\_1\\_NIN\\_GEN\\_13.pdf](https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/1314/Table_1_NIN_GEN_13.pdf). Accessed July 10, 2018.
  3. Harnak, LI, Cogswell ME, Shikany JM, et al. Sources of sodium in US adults from 3 geographic regions. *Circulation*. 2017;135:1775-1783.
  4. American Heart Association. The American Heart Association's diet and lifestyle recommendations. Available at: [http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/The-American-Heart-Associations-Diet-and-Lifestyle-Recommendations\\_UCM\\_305855\\_Article.jsp#.W0bDzdJKiuU](http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/The-American-Heart-Associations-Diet-and-Lifestyle-Recommendations_UCM_305855_Article.jsp#.W0bDzdJKiuU). Accessed July 11, 2018.
  5. Office of Disease Prevention and Health Promotion. 2020 topics and objectives. Available at: <https://www.healthypeople.gov/2020/topics-objectives>. Accessed July 12, 2018.
  6. American Heart Association. Creating healthier options in the food supply. Available at: [https://sodiumbreakup.heart.org/lowering\\_sodium\\_in\\_the\\_food\\_supply?utm\\_source=SRI&utm\\_medium=HeartOrg&utm\\_term=Website&utm\\_content=SodiumAndSalt&utm\\_campaign=SodiumBreakup](https://sodiumbreakup.heart.org/lowering_sodium_in_the_food_supply?utm_source=SRI&utm_medium=HeartOrg&utm_term=Website&utm_content=SodiumAndSalt&utm_campaign=SodiumBreakup). Accessed July 11, 2018.



### Appendix 3b. Summary of Public Comments from 60 Day FRN

CDC received two comments related to the previous notice, but neither were substantive.

Comment	Agency	Response	Action
<p>ISSUE china and India; Why is Air pollution monitoring only available in one quarter of the population in China and only a few percent of the population in India, and in both countries, PM2.5 monitoring networks have only been created very recently, so long-term trends cannot be assessed. India pollution levels have kept creeping upwards, 2015 was the worst year on record. Out of India 89 cities only 17 are covered by the continuous air quality monitoring system, Durgapur, Gorakhpur, Asansol, Shiliguri, Bareilly and Ludhiana are among the most polluted cities without. Therefore, the 2009 Air rules on the USA should not apply since the report failed to account for all countries. EPA reliance on IPCC an international organization, this in not fair to America. China has passed United States in 2011 as the largest global GHG emitter and China, India, do not ascribe to international GHG reduction agreements. The emission of the nitrogen dioxide pollutant has gone up significantly in the South Asia region, Chhattisgarh region of India, largest increases occurred over Jamnagar (India), Dhaka (Bangladesh) had the largest increase (79 per cent) of any world city. Example in city of Ludhiana India PM 2.5 108 VERY BAD PM 10 Pollution Level: 201 VERY BAD Extremely High Pollution Index: 89.65 HIGH Pollution Exp Scale: 162.21 Extremely High Air Pollution 85.42Very High Drinking Water Pollution 61.05 High , Bad Water Pollution 70.24 High Air quality14.58 Very Low Drinking Water Quality38.95 Low Water Quality 29.76 Low Mexico, Mexico City Air pollution data from World Health Organization Info Last update: March 2018 The air in Mexico City has an annual average of 20 g/m3 of PM2.5 particles. Thats 100% Worse than WHO safe level. (WHO recommends PM2.5 at 10 ) PM10 42 Bad unhealthy PM2.5 20 Red Pollution Index: 85.32Bad unhealthy Pollution Exp Scale: 153.63 high numbers for very polluted cities RED Air Pollution 83.33 Very High Drinking Water Pollution 61.02 High RED unhealthy Water Pollution71.61 HighRedunhealthy Air quality 16.67 Very Low Red unhealthy Drinking Water Quality38.98 Low Bad unhealthy Water Quality 28.39 Low Bad unhealthy Compare to the USA TEXAS HOUSTON The air has an annual average of 10 g/m3 of PM2.5 particles. That’s at the WHO safe level. Healthy, GREEN ALABAMA, Birmingham The air quality has annual average of 11 g/m3 of</p>	<p>Anonymous</p>	<p>This comment is not related to this data collection</p>	<p>Out of scope</p>

<p>PM2.5 particles. That's 10% BETTER than WHO safe level. GREEN KENTUCKY , Louisville annual average of 11 g/m3 of PM2.5 particles. That's 10% BETTER than WHO recommended safe level. GREEN PENNSYLVANIA, Pittsburgh, air quality has an annual average of 10 g/m3 of PM2.5 particles. That's at the WHO safe level. GREEN Agency needs to ensure only scientific studies with data available to the public are used when creating policy. increase transparency at the EPA and the BLM, boost confidence in the agency's decision making. improve transparency for the cost of each decision. Tariffs are needed to protect America and resend and or cancel the 2009 GHG Regulations.</p>			
<p>Thank you for the opportunity to comment on the proposed Evaluation of the Sodium Reduction in Communities Program (SRCP). I have a degree in dietetics from Brigham Young University and I am a nutrition and dietetic technician, registered (NDTR). I am currently completing a dietetic internship through Utah State University, which allows me to gain supervised practice hours in a variety of community and health settings in preparation to becoming a registered dietitian nutritionist (RDN). I have a strong interest in helping individuals attain optimum health, and I believe sodium reduction will help individuals prevent health complications caused by high sodium intake.</p> <p>In the US, about 90% of the population consumes too much sodium.<sup>1</sup> Children and teens ages 2 to 19 consume an average of over 3,000 mg daily, while adults consume an average of over 3,500 mg daily.<sup>2</sup> The way in which food is prepared greatly influences sodium intake. Recent research has shown that sodium added to food outside the home, including processed and restaurant foods, may account for over two-thirds (71%) of sodium intake in adults.<sup>3</sup> Not all products or food dishes are offered in low-sodium variations, which makes it more difficult for consumers to reduce sodium intake.</p> <p>A diet lower in sodium can lead to improved cardiovascular health. According to the American Heart Association (AHA), individuals should eat less than 2,400 mg daily to lower blood pressure, but even reducing intake by 1,000 mg per day can help.<sup>4</sup> If food service organizations even make small changes in reducing sodium, those changes could help Americans lower their overall sodium intake. Several Healthy People 2020 goals are also related to reducing sodium intake, including reducing sodium consumption for ages 2 years and older to 2,300 mg per day (NWS-19) and increasing the proportion of adults with prehypertension and hypertension who meet sodium intake recommendations (HDS-9.3 and HDS-10.3).<sup>5</sup> America needs sodium reduction programs to help meet these important health goals.</p>	<p>USU</p>	<p>This comment is simply complementing the program associated with the data collection</p>	<p>Out of scope</p>

Concern 1: Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility.

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2. U.S. Department of Agriculture, Agricultural Research Service. Nutrient intakes from food and beverages: Mean amounts consumed per individual, by gender and age, in the United States, 2013-2014. Available at:

[https://www.ars.usda.gov/ARUserFiles/80400530/pdf/1314/Table\\_1\\_NIN\\_GEN\\_13.pdf](https://www.ars.usda.gov/ARUserFiles/80400530/pdf/1314/Table_1_NIN_GEN_13.pdf). Accessed July 10, 2018.

3. Harnak, LI, Cogswell ME, Shikany JM, et al. Sources of sodium in US adults from 3 geographic regions. *Circulation*. 2017;135:1775-1783.

4. American Heart Association. The American Heart Association's diet and lifestyle recommendations. Available at: [http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/The-American-Heart-Associations-Diet-and-Lifestyle-Recommendations\\_UCM\\_305855\\_Article.jsp#.W0bDzdJKiuU](http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/The-American-Heart-Associations-Diet-and-Lifestyle-Recommendations_UCM_305855_Article.jsp#.W0bDzdJKiuU). Accessed July 11, 2018.

5. Office of Disease Prevention and Health Promotion. 2020 topics and objectives. Available at: <https://www.healthypeople.gov/2020/topics-objectives>. Accessed July 12, 2018.

6. American Heart Association. Creating healthier options in the food supply. Available at: <https://sodiumbreakup>.