

2020 Dietary Guidelines for Americans: Listening session remarks
28 November 2017

Our suggestions for the 2020 Dietary Guidelines for Americans (DGAs) are as follows:

1. **Instead of releasing entirely new DGAs in 2020, we strongly suggest working toward a 2020 release of the “pregnant women and children from birth until the age of 2” (P/B-24) guidelines recently added to the statute.** Statutorily, the Secretary of Agriculture and the Secretary of Health and Human Services are required to publish a report containing nutritional and dietary information for Americans every five years. In keeping with the law, USDA and HHS should publish the P/B-24 guidelines for early childhood nutrition, which were slated for release in 2020 as a much-needed addition of the 2015-2020 DGAs. We believe this would meet the statute’s requirement, which reads, “Secretaries shall publish a report entitled ‘Dietary Guidelines for Americans’. Each such report shall contain nutritional and dietary information and guidelines for the general public.”¹ Pregnant women, and children from birth until age 2 comprise a significant portion of the general public and as the first report on this critical group the process should be devoted to these new guidelines.
2. **Before the next comprehensive DGAs are released the Dietary Reference Intakes (DRIs) should be updated with an eye toward diet-related, chronic disease.** The DRIs are the primary reference for the DGAs; however, they are antiquated. The DRIs are decades old (the last full update was in 2001) based on nutrient deficiencies (which are now rare in the U.S.), and lack many relevant nutrients (e.g., lutein, omega-3’s, lycopene, flavonoids, etc.). Most importantly, the DRIs fail to adequately address the major nutrition crises of our time –obesity and chronic disease –which continue to claim millions of lives and drive up health care costs at an unsustainable rate. Scientific advances (including priorities for more nuts, legumes, fish and vegetable oils; and fewer processed meats and foods higher in refined carbohydrates and salt) provide an abundance of new evidence to identify key food-based dietary metrics.² It would be inadvisable to move forward with an additional DGA overhaul before the DRIs have been brought up to date with the latest developments in nutrition science, especially those related to the diet-related diseases.

We recommend the National Academy create diet-related, chronic disease DRIs based on a high standard of evidence and established through a rigorous development process. A National Academy ad hoc committee has already convened and published a report addressing conceptual and methodological challenges and making recommendations for developing chronic disease DRIs. Among their many insightful suggestions, one critical idea stands out –substances whose increased intake have been shown to increase the risk of a chronic disease should be assigned Tolerable Upper Intake Levels (ULs).³ If adopted, this change would considerably strengthen the DRIs.

3. **We echo the National Academy’s call for increased transparency of the DGA process;** especially their recommendation of a two-committee approach, a public comment period following the release of the proposed research questions, and documentation of the transition from the DGAC report to the final DGA. The National Academy’s “DGA Process Redesign Model” recommends creating a Dietary Guidelines Planning and Continuity Group (DGPCG), independent from the DGAC, which would identify nutrition questions for review and submit a report with the proposed topics and questions.⁴ This two-committee approach separates

¹ 7 U.S. Code § 5341 - Establishment of dietary guidelines

² Mozaffarian, D. (2016). "Dietary and Policy Priorities for Cardiovascular Disease, Diabetes, and Obesity: A Comprehensive Review." *Circulation* **133**(2): 187-225.

³ *Guiding Principles for Developing Dietary Reference Intakes Based on Chronic Disease*, p. 11, National Academies of Science, Engineering, and Medicine, August 2017.

⁴ *Redesigning the Process for Establishing the DGA*, p. 10, National Academies of Science, Engineering, and Medicine, September

the individuals choosing the relevant nutrition issues from the group making the ultimate recommendations. The resulting list of questions would then be subject to a comment period open to a multitude of diverse stakeholders. The DGA planning process should be as transparent and inclusive as possible, because the proposed topics and questions determine what will be discussed and decided upon by the DGAC.

We also support the Academy's request for transparency in the transition from the DCAC report to the final DGA. A lack of clear documentation and disclosure of the DGA process has led to concerns about the impartiality of the guidelines. The National Academy concurs, concluding in their redesign report: "documentation of the steps used to evaluate the scientific evidence and to reach consensus on the DGA would help the public to more thoroughly understand the complexities of the processes needed to update the DGA and potentially lead to greater credibility in the decisions made."⁵ Seemingly trivial details—what meetings take place, with whom, why some recommendations are accepted and others rejected—become paramount when national health standards are at stake.

4. **When the USDA moves forward with updating the entire DGAs, we recommend it take into consideration all high-quality evidence including the nutrition evidence library, published meta-analyses from major organizations, published meta-analyses in peer-reviewed journals and expert consensus of the panel based on published studies.** The nutrition evidence library, in its current form, should be considered as just one resource among many for setting the DGAs. As with other major national guidelines such as from the US Preventive Services Task Force, Centers for Disease Control and Prevention, and major advocacy and clinical organizations such as the American Heart Association and American College of Cardiology, the DGAC should utilize the full range of available evidence for their review and conclusions, with clear documentation of the types, strength, and quality of evidence considered for each conclusion.

Thank for considering our comments and prioritizing our nation's nutrition,



Dariush Mozaffarian, MD DrPH, Dean



Jerold Mandel, MPH, Professor of the Practice

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⁵ *Redesigning the Process for Establishing the DGA*, p. 41, National Academies of Science, Engineering, and Medicine, September 2017.