

Evaluating the Process to Develop the *Dietary Guidelines for Americans, 2020-2025*:

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1. When the National Academies 2017 report was released, there were practical and other barriers to creating the Dietary Guidelines Planning and Continuity Group (DGPCG), Technical Expert Panels (TEPs), and Dietary Guidelines Scientific Advisory Committee (DGSAC)?
 - a. Are there barriers to implementing these recommendations now?
 - b. Please describe how you will address underlying barriers that impede the full implementation of recommendation 1.
 - c. Given the effectiveness of the Technical Expert Collaboratives (TECs) for the Pregnancy and Birth to 24 Months project, what were the barriers to implementing the TEPs, which seem similar to the TECs, as proposed in recommendation 1?

Response to Question 1: Dietary Guidelines Planning and Continuity Group

Role as proposed by NASEM 2017	Who played this role in 2020?	Who will play this role in 2025?	Benefits and Barriers
DGPCG Generalists and specialists, Federal and non-Federal who: • Support strategic planning • Identify, select, and prioritize topics • Oversee monitoring of new evidence	Led by staff from USDA CNPP and HHS ODPHP who support DGA development and implementation—with input by Federal nutrition SMEs, ICHNR Subcommittee on Dietary Guidance, and public comments No monitoring of evidence; monitoring requires the questions to be identified and selected, and protocols to be developed	Similar to 2020 Expansion of role of ICHNR SC on DG Addition of NESR continuous evidence monitoring Addition of stating “rationale” for prioritized questions Additional question refinement with DGAC	<u>Benefits of the current approach:</u> Supports goals of the 2017 NASEM rec (e.g., diversity of expertise and separation of roles); public comments process successful and well-received; CNPP/ODPHP staff are uniquely positioned to support strategic planning (e.g., monitor nutrition science and international guidance, lead ICHNR SC on DG, support implementation of DGA) <u>Barriers to change:</u> Formation of additional Federal advisory committee adds significant costs and resources within existing budget ceiling for Federal advisory committees at both Departments and is difficult to justify when existing approach addresses goals; additionally, 2017 NASEM acknowledged multiple approaches to meet this rec

DGPCG not formed by name, but the function of the DGPCG has been accomplished and will continue to evolve

Response to Question 1: Technical Expert Panels

Role as proposed by NASEM 2017	Who played this role in 2020?	Who will play this role in 2025?	Benefits and Barriers
TEPs* Domain and methodological experts who: • Help NESR develop and refine systematic review protocols • Help USDA/HHS data team identify and analyze data (food pattern modeling and descriptive data analyses) prior to convening DGSAC	DGAC subcommittees, with review and input from full committee Based on input from: • Federal SMEs, as needed • Previous DGACs and TECs (by using/ updating their existing NESR reviews) USDA/HHS food pattern modeling and data teams started work prior to convening DGAC Public comments	Similar to 2020 Expansion of role of ICHNR SC on DG and Federal SMEs to inform systematic review protocols USDA/HHS food pattern modeling and data teams anticipate identifying and analyzing data prior to convening DGAC	<u>Benefits of the current approach:</u> • DGAC's participation in developing protocols <i>and</i> synthesizing the evidence, developing conclusion statements, and grading the strength of the evidence ensures the review is transparent and the independent work of an external, expert Committee – which enhances its trustworthiness, and reduces the perception of bias or conflict of interest. • Promotes diversity of expertise and experience by leveraging input from Federal SMEs, previous DGACs, TECs, public comments • Allows NESR to focus on conducting CQA and assessing research availability <u>Barriers to change:</u> Staff availability, limited transparency, and timeliness of work

TEPs not formed by name, but pre-work occurred and included a range of expertise and will continue to evolve

*TEPs are different from TECs. TEC members develop and refine systematic review protocols, *and* participate in evidence synthesis, conclusion statement development, and grading the strength of the evidence.

Response to Question 1: Dietary Guidelines Scientific Advisory Committee

	Role as proposed by NASEM 2017	Who played this role in 2020?	Who will play this role in 2025?	Benefits and Barriers
DGSAC	<p>Domain and methodological experts who:</p> <ul style="list-style-type: none"> Assess systematic reviews and other types of evidence to develop conclusions for USDA/HHS consideration Identify new questions and topics if needed and seek TEP to assist Identify topics for DGPCG to consider for the next DGSAC 	<p>DGAC</p> <p>Integrated evidence across approaches and developed conclusions for USDA/HHS</p> <p>Refined list of questions, but, per charter, limited review to questions identified by USDA/HHS</p> <p>Identified topics to consider for next DGAC (in Future Directions of Report)</p>	<p>DGAC, similar to 2020 but will have opportunity to identify new questions, if needed, to inform advice</p>	<p><u>Benefits of the current approach:</u> Accomplishes division of roles and has more transparency and public deliberation and participation than proposed TEP(s) and DGSAC approach.</p> <p><u>Barriers to change:</u> The DGAC is an existing Federal advisory committee that is reestablished for each edition; it is not a simple renaming. Additionally, communications challenge of adding "scientific" when previous DGACs have always provided scientific review.</p>

DGSAC was not formed by name, but the functions of the DGAC are similar to the DGSAC.

2. How do USDA and HHS decide to recommend something different in the *DGA* than the DGAC concluded?
 - a. Is there a formal review process with specific criteria by which they compare DGAC conclusions against the *DGA* to identify such differences?
 - b. For the *2020-2025 DGA*, how did the agencies decide to specifically highlight differences in alcohol and added sugar intake?
 - c. How did the agencies identify other differences between DGAC conclusions and *DGA* recommendations that they did not highlight?

Response to Question 2: Background

2. How do USDA and HHS decide to recommend something different in the *DGA* than the DGAC concluded?

- The 2017 NASEM recommendation was specific to when the *DGA* "omit or accept only parts," not all differences
- The DGAC's scientific report is a detailed technical document on the current state of nutrition science on specific topics for HHS and USDA *DGA* developers. The *DGA* is an evidence-based policy document for programs, policy makers and health professionals.
- Both discuss topics in multiple places
- USDA/HHS stated that:
 - DGAC scientific report is not a draft of the *DGA*
 - DGA* build from the previous edition of the *DGA*
 - Some topics will be addressed using existing federal guidance
- DGAC answered many scientific questions, and several questions addressed the same topic across different outcomes and using different approaches
 - DGAC conclusion statements are not "one-for-one" with *DGA* recommendations
 - Important to look across the conclusion statements and ultimately consider the DGAC's advice to the Departments
 - DGAC advice summarized in Part B integration chapters and Part D chapter summaries

Response to Question 2: Subquestions

- a. Is there a formal review process with specific criteria by which they compare DGAC conclusions against the *DGA* to identify such differences?
- b. For the *2020-2025 DGA*, how did the agencies decide to specifically highlight differences in alcohol and added sugar intake?
- c. How did the agencies identify other differences between DGAC conclusions and *DGA* recommendations that they did not highlight?
 - The *DGA* writing team included Federal staff who supported the DGAC, and the draft *DGA* was peer-reviewed by additional Federal staff who supported the DGAC process, members of the 2020 DGAC, and additional external peer reviewers. Process of writing and review included comparison of the DGAC report to the *DGA*.
 - Alcoholic beverages and added sugars were highlighted because they were identified as the only 2 topics related to the 2017 NASEM rec regarding "omit or accept only parts." *DGA* peer reviewers did not comment on other inconsistencies between DGAC report and *DGA*.

Response to Question 2: Examples

TABLE 3-3 Selected Examples of Potential Differences Between the 2020 Dietary Guidelines Advisory Committee Scientific Report and the 2020–2025 Dietary Guidelines for Americans

Type of Difference	Example	2020 DGAC Scientific Report	2020–2025 DGA
DGAC Scientific Report did not review, or found insufficient evidence for, a topic that the DGA included	Vitamin and mineral supplement use in pregnancy	Questions related to dietary supplements remain unanswered by this committee	Most health care providers recommend women who are pregnant or planning to become pregnant take a daily prenatal vitamin and mineral supplement
DGAC cited limited evidence in support of advice but the DGA did not discuss at all	Use of omega-3 fatty acid supplements in pregnancy	Limited evidence suggests that omega-3 fatty acid supplementation during pregnancy can result in favorable cognitive development in children	
DGAC recommended but the DGA did not	Choice of fish that is higher in omega-3 fatty acids in pregnancy (and at other life stages)	At least 8 and up to 12 ounces of a variety of seafood per week, from choices that are lower in methylmercury and higher in omega-3 fatty acids	At least 8 and up to 12 ounces of a variety of seafood per week, from choices lower in methylmercury

NOTES: DGA = Dietary Guidelines for Americans; DGAC = Dietary Guidelines Advisory Committee. Further information in Appendix D.
SOURCES: DGAC, 2020; USDA and HHS, 2020.
Excerpt from, "Evaluating the Process to Develop the Dietary Guidelines for Americans, 2020–2025: A Midcourse Report"

Not an example of an omission; USDA/HHS made reference to the fact that "most health care providers" make this recommendation.

2020 DGAC Report also states, "Thus, the Committee was unable to make a specific recommendation about routine supplementation with omega-3 fatty acids during pregnancy." Not an example of an omission; DGA aligns with DGAC Report.

DGA also states, "Seafood choices higher in EPA and DHA and lower in methylmercury are encouraged." Not an example of an omission. EPA and DHA are the omega-3 fatty acids in seafood; DGA aligns with DGAC Report.

Response to Question 2: Transparency

2. How do USDA and HHS decide to recommend something different in the DGA than the DGAC concluded?



- USDA and HHS provided more transparency to the process to develop the DGA as well as decisions around DGA recommendations than ever before.
[o https://www.dietaryguidelines.gov/usda-hhs-development-dietary-guidelines](https://www.dietaryguidelines.gov/usda-hhs-development-dietary-guidelines)
- We will continue to explore ways to enhance transparency.

3. The NASEM 2017 report recommended that USDA separate the roles of the NEL (now NESR) from those of the DGSAC (still implemented as the DGAC) relative to conducting, reviewing, and synthesizing the evidence from the systematic reviews created for the development of the DGA. Do you anticipate being able to establish a DGSAC as part of the 2025–2030 DGA process?

a. If not, how do you plan to address separating the roles of NESR and the DGAC in handling the systematic reviews?

Response to Question 3

Role as described by NASEM 2017	Who played this role in 2020?	Who will play this role in 2025?	Benefits and Barriers
NESR NESR should plan and conduct individual systematic reviews (using protocols developed with input from the TEPs)	DGAC, with NESR support; in subcommittees, with review and input from full committee <ul style="list-style-type: none"> The DGAC made all substantive decisions throughout the process of conducting its systematic reviews, and NESR supported the DGAC by facilitating and documenting the work necessary for timely execution of the systematic reviews in accordance with NESR methodology. DGAC developed and refined systematic review protocol, synthesized the evidence to develop conclusion statements, and graded the strength of the evidence NESR supported the DGAC by executing their protocol to search for and screen studies, extract data, and conduct risk of bias assessments. 	DGAC, with NESR support, similar to 2020	<p>Benefits of the current approach: Accomplishes division of roles and provides a more deliberative process—and supports resource management and has more transparency and public deliberations</p> <ul style="list-style-type: none"> Ensures the DGAC's review and integration of the evidence, and their advice to the government, is the independent work of an external expert committee—which enhances its trustworthiness, and reduces the perception of bias or conflict of interest. Leverages trained and qualified NESR scientists to execute the DGAC's large scope work and tight timelines <p>Barriers to change:</p> <ul style="list-style-type: none"> If NESR were to conduct the systematic reviews without DGAC involvement, the reviews would not be the product of a transparent, external, expert committee—which could reduce its trustworthiness, and introduce the perception of bias or conflict of interest. NESR uses the interim time between DGACs to conduct non-DGAC projects, continuous evidence monitoring, and continuous quality advancement of our methods
DGSAC DGSAC should interpret the scientific evidence and draw conclusions "The DGSAC would be charged with integrating all data inputs such as systematic reviews, food pattern modeling, and descriptive data analyses to develop its conclusions regarding diet and its relationship to health."	DGAC, without NESR support <ul style="list-style-type: none"> Integrated the evidence by looking across all of its conclusions—from systematic reviews, data analysis, and food pattern modeling—to develop overarching advice for USDA and HHS to consider as the Departments developed the next edition of the Dietary Guidelines. (in Part B, Chap 2: Integrating the Evidence) 	DGAC, similar to 2020	

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4. What actions were taken to develop a plan for integrating systems thinking and data into the *DGA* process?
- What actions have been taken to build capacity in systems science?
 - What specific resources will be needed (staff, time, funding)?

Response to Question 4

- The *DGA* provides a framework intended to be customized based on:
 - Individual needs (e.g., based on age, sex, height, weight, physical activity level, and pregnancy or lactation status)
 - Personal preferences
 - Cultural traditions
 - Budgetary considerations
- Continuous quality advancement activities for food pattern modeling are underway to better reflect the complex interactions involved, variability in intakes, and range of possible healthful diets
- CNPP is pursuing a contract to support a workshop to begin exploring and mapping out the applicability of systems science approaches to the *DGA*
 - Deliverables will include short- and long-term goals, which will help inform resource needs
 - Expected that additional funding will be required



Thank you