

May 16, 2022

Janet M. de Jesus, MS, RD
Nutrition Advisor
Office of Disease Prevention and Health Promotion
Office of the Assistant Secretary for Health
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

RE: Federal Register Document #2022-08043; Request for Comments on Scientific Questions to Be Examined to Support the Development of the Dietary Guidelines for Americans, 2025–2030

Dear Ms. de Jesus:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to offer our comments to the Office of Disease Prevention and Health Promotion on the proposed scientific questions to inform the development of the 2025-2030 Dietary Guidelines for Americans. These guidelines serve as an important resource for physicians and their clinical teams in collaborating with patients to improve health outcomes by addressing nutrition and dietary intake.

Overall, the AMA agrees with the three topics and that the questions should be viewed with an equity lens. The past two years have shined a much-needed light on structural and systemic racism, and the impact this has on achieving and closing gaps in positive and sustainable health outcomes. It is for this reason that the review needs to provide a more detailed explanation of what is meant by “viewing with an equity lens.” At the heart of an equity approach is proactive engagement with the people most likely to be impacted to seek out their experience and proposed approaches.

The AMA is also concerned that alcohol was eliminated as a topic on the list of questions while acknowledging that it is a high priority. It is unclear from the notice if the review of alcohol consumption will be incorporated into the 2025 guidelines or be issued as a separate guidance.

Dietary Patterns Across Life Stages

The first question lists a variety of health conditions while the second question is limited. The AMA recommends that the same list of health conditions from question one (i.e., cardiovascular disease, type 2 diabetes, certain types of cancer, cognitive decline, mild cognitive impairment, dementia, and Alzheimer’s disease, bone health and all-cause mortality) be added to the second question, except for sarcopenia.

The AMA suggests an additional two questions be added to this section:

- “What is the relationship between dietary patterns consumed” and other lifestyle behaviors such as tobacco use and being sedentary that put people at risk for obesity, cancers, and cardiovascular disease (CVD)?

- “What is the relationship between dietary patterns consumed” and substance use disorders (particularly opioid use disorder) and mental health issues?

Specific Dietary Pattern Components

The AMA suggests additional health conditions be added to the question on added sugar. There are numerous studies that link added sugar to cancer and CVD. One study observed that adults who consumed approximately 17 percent to 21 percent of calories from added sugar had a 38 percent higher risk of CVD mortality. The Framingham Offspring Cohort concluded that higher sugary beverage consumption was associated with increased cancer risk among participants with central adiposity or the accumulation of fat in the lower torso around the abdominal area.^{i ii iii iv}

Strategies for Individuals and Families Related to Diet Quality & Weight Management

The AMA recommends that this section include questions on the impact of evidence-based policy and population-based initiatives on consumption and health outcomes. Limiting the questions in this section to parental controls and exposure limits the impact of these guidelines as a tool for investigating and implementing evidence-based environmental strategies to improve health through improvements in food access, affordability, quality, and availability.^{v vi vii}

Suggested wording:

- What is the relationship of policies addressing (1) marketing, retail sales, and wholesale distribution, (2) historic disinvestment in particular neighborhoods or communities, and (3) benefits such as Supplemental Nutrition Assistance Program, sugary drink taxes, National School Lunch Program, Elderly Nutrition Program, Food Distribution Program on Indian Reservations, and similar strategies to consumption patterns and health outcomes?

The AMA also recommends that this section include one or more question(s) related to the training and diversity of the workforce providing the intervention, the setting, and the social supports offered to improve dietary intake and nutrition. Suggested wording:

- What is the relationship between dietary counseling (1) by people with varying training and professional, demographic, or cultural backgrounds, among concordant or discordant counselor-patient pairs, (2) in different settings by different organizations, and (3) with what supplemental supports (e.g., childcare, benefits enrollment, cooking class, food pantry) and health outcomes?

Food Pattern Modeling

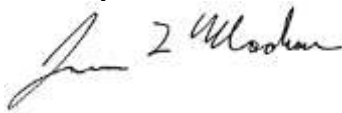
The AMA agrees with looking at multiple dietary food patterns, but that the current framing of the questions may be alienating if people do not see themselves in these categories or face unacknowledged constraints. The AMA recommends that to ensure social and cultural sensitivity and diversity for practical adoption, other dietary patterns and inclusive language be included in the formation of the food pattern questions. For example, discuss plant-based diets or plant-forward eating patterns that are or may be more about prioritizing plants rather than being restrictive diets of omission. In addition, discuss the relationship between economic constraints or opportunities and strategies to pursue healthy food patterns.

Data Analysis

The AMA recommends that for this section, wherever possible, all the lines of inquiry and data analysis should be disaggregated by demographics, starting with race, ethnicity, and primary language. The updated guidelines should endorse the national surveillance systems expansion of diversity and sample size for underreported populations as recommended by the 2020 Dietary Guidelines for Americans.

Thank you again for the opportunity to review and comment on the proposed questions to inform the development of the 2025-2030 Dietary Guidelines for Americans. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,



James L. Madara, MD

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