

February 6, 2025

The Honorable Dorothy A. Fink, MD
Acting Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Gary Washington
Acting Secretary
U.S. Department of Agriculture
1400 Independence Avenue, SW
Washington, DC 20250

Re: Scientific Report of the 2025 Dietary Guidelines Advisory Committee

Dear Acting Secretaries Fink and Washington:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to comment on the Scientific Report of the 2025 [Dietary Guidelines Advisory Committee](#) (DGAC). We commend the committee for this important work, which provides evidence-based advice on what to eat and drink to meet nutrient needs, promote health, and prevent disease through a transparent, evidence-based process that is supported through a collaborative effort between the U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA). Importantly, the guidelines in this report are used to inform federal nutrition standards for schools and low-income food programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children which, in partnership with state and tribal governments, [collectively serve one in four Americans](#). Below we offer detailed comments supporting many of the committee's priority areas of focus and guidance statements along with several recommendations the AMA believes will further strengthen the guidelines, particularly when it comes to ultra-processed foods and their role in nutrition-related chronic illnesses and overall health.

The Link Between Diet and Chronic Disease

First and foremost, the AMA appreciates the report's emphasis on diet's impact on several types of cancer and diet-related chronic diseases, particularly the impact of saturated fat, ultra-processed foods, and sugar-sweetened beverages on the risk of cardiovascular disease, obesity, and diabetes. Battling chronic disease is one of the AMA's three strategic arcs. The AMA's [MAP™ Hypertension Program](#) is an evidence-based quality improvement program that provides a clear path to significant, sustained improvements in blood pressure control. Hypertension is a major contributor to heart disease, the number one cause of death and disability in our country.¹ Diabetes and prediabetes have been another major focus for the AMA. We have [collaborated](#) with the Centers for Disease Control and Prevention to increase public awareness of prediabetes, boost clinical screening rates, and boost patient referrals to lifestyle change programs. Nearly 15 percent of American adults have Diabetes, and another 3.4 percent of American adults have undiagnosed Diabetes. Regarding obesity, the AMA officially [recognized](#) obesity as a disease back in 2013 and has [policy](#) to assume a leadership role in collaborating with other interested organizations to advance the study, prevention, and treatment of obesity and [policy](#) to advocate for a

¹ <https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html>.

federal task force on obesity, which we look forward to working with this administration to advance. Obesity affects more than 42 percent of American adults and 20 percent of American youth and another 30 percent of adults and 16 percent of youth are classified as being overweight, placing them at increased risk of developing obesity in the future.²

Prioritizing Nutrient-Dense Food and Limiting Intake of Sodium, Added Sugars, and Saturated Fat

The AMA agrees with the continued emphasis on nutrient-dense foods and the need to limit consumption of foods that offer little nutrients but are high in added sugars, saturated fats, and sodium. Specifically, the AMA agrees with the DGAC recommendation to provide clear advice to consumers alerting them to sodium levels in foods and further lowering voluntary sodium reduction targets to reduce sodium in the food supply. The AMA recently submitted [comments](#) largely in support of lower voluntary Phase 2 sodium reduction targets and intends to submit comments on the recently proposed [rulemaking](#) on front of package food labeling to make it easier for Americans to make healthy choices and looks forward to continuing to engage with the administration on these important efforts. We support changes to reduce intake of red and processed meats, which aligns with AMA [policy](#) supporting reduced consumption of processed meats, particularly for patients diagnosed or at risk for cardiovascular disease, type 2 diabetes, and cancer, while promoting healthy plant-based alternatives.

Going Further on Ultra-Processed Foods and Alcohol Consumption

We greatly appreciate that the committee included a systematic review of ultra-processed foods for the first time, which is an important step in acknowledging the important implications overconsumption of ultra-processed foods can have on diet and onset of chronic-related illnesses. However, we were disappointed that the majority of the committee’s findings related to ultra-processed foods had a “limited” evidence rating due to definitional inconsistencies and the fact that many studies were international and/or were found to lack a sufficiently diverse population. In the case of ultra-processed foods, the evidence is more than sufficiently consistent for the committee to advance recommendations to limit consumption of ultra-processed food in American diets. As noted in the Committee’s scientific report (page 24), recent systematic reviews have consistently reported that consumption of ultra-processed foods across children and adults is associated with poor health outcomes. By definition, ultra-processed foods contain high amounts of salt, sugar and fats, each of which has sufficient evidence of negative health impacts in their own right.^{3,4} Ultra-processed foods have especially important implications given their high prevalence in American diets and their relationship to obesity, cardiovascular disease, and other diet-related diseases, as well as discrepancies across demographic groups that put certain Americans at an elevated risk of high intake and therefore chronic disease. We support the committee’s recommendation that future dietary guidelines advisory committees should continue examining the association of ultra-processed foods with growth, body composition, and risk of obesity, but we feel more can and should be done in the 2025 guidance statements. We note that guidance statements can be refined over time as more evidence is collected, but that the general trend between ultra-processed foods and their negative impact on health, particularly chronic disease, is already well-established. Therefore, the most appropriate course of action

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC10375286/#:~:text=Introduction,of%20obesity%20as%20a%20disease.>

³ Elizabeth L, Machado P, Zinöcker M, Baker P, Lawrence M. Ultra-Processed Foods and Health Outcomes: A Narrative Review. *Nutrients*. 2020 Jun 30;12(7):1955. doi: 10.3390/nu12071955. PMID: 32630022; PMCID: PMC7399967.

⁴ Lane, M et al. (2024). Ultra-processed food exposure and Adverse Health Outcomes: Umbrella Review of epidemiological meta-analyses. *BMJ*. <https://doi.org/10.1136/bmj-2023-077310>.

would be to make guidance statements now and refine them in the future, as opposed to not making any concrete recommendations regarding ultra-processed foods in the 2026-2030 dietary recommendations.

Regarding alcohol, the AMA appreciates that the DGAC recognizes that alcohol contains sugars, is not essential to a nutritious diet, and recommends limiting alcohol. We understand that the DGAC scientific committee is largely relying on two reports^{5,6} to determine updates to its 2025-2030 recommendations regarding alcohol consumption. While we appreciate that both reports reached the same conclusion that any alcohol use increases the risk of negative health outcomes including cancers and kidney and liver disease, neither includes concrete recommendations, which the AMA fears may in turn inhibit the DGAC's ability to make conclusive recommendations about the negative health impacts of alcohol consumption. There are additional materials that we believe are important for the DGAC to consider. The recent [Surgeon General's advisory](#) describes in detail scientific evidence for the causal link between alcohol consumption and increased risk for at least seven different types of cancer and was [applauded](#) by the AMA. Among other key findings, the report notes that 270,000 or 16.4 percent of total breast cancer cases in 2019 were attributable to alcohol consumption. The concerning trend of higher alcohol use during the COVID-19 pandemic, which rose by 20 percent in 2020 and has sustained through 2022⁷ also emphasizes the importance of DGAC's need to make strong concrete recommendations about alcohol consumption, as negative health outcomes will likely be exacerbated. Given the overwhelming evidence of the negative effects of alcohol consumption on health outcomes including cancers, ischemic stroke, diabetes, and kidney and liver disease,⁸ the AMA strongly urges the DGAC to update its 2025-2030 guidance to explicitly warn about the risks of alcohol consumption and its relationship to certain cancers and other diseases and affirm that there is no safe threshold for alcohol consumption.

Need For Complementary Targeted Communication and Lifestyle Intervention Strategies

The AMA agrees that the focus should not only be on the recommended amounts and types of foods, but also on evidence-based behavioral and lifestyle interventions, including portion size and meal frequency and/or snacking. The AMA has repeatedly [called for](#) modifications to expand the reach of the Medicare Diabetes Prevention Program, which provides practical training and education to individuals who have or are at risk of developing diabetes. Specifically, the AMA has recommended expanding the program to all-online suppliers and removing the once-per-lifetime limit to expand its reach to more Americans, particularly those in rural and underserved areas.

The dietary guidelines have been released since 1980, yet the report cites evidence that Americans consistently fail to meet dietary recommendations across income, age, geographic, racial, and other demographic groups. Thus, we agree that to be most effective, guidelines must be supplemented with evidence-based methods to effectively communicate and implement the guidance with specific sub-populations in mind, such as school-aged children or communities that lack proximate access to a grocery store. While we agree with the importance of these complementary communication and implementation

⁵ [Interagency Coordinating Committee on the Prevention of Underage Drinking \(ICCPUD\) Alcohol Intake and Health Draft Report.](#)

⁶ [National Academies of Sciences, Engineering, and Medicine \(NASEM\) Review of Evidence on Alcohol and Health Report.](#)

⁷ Ayyala-Somayajula, D. et al. (2025). Trends in alcohol use after the COVID-19 pandemic: A national cross-sectional study. *Annals of Internal Medicine*, 178(1), 139–142. <https://doi.org/10.7326/annals-24-02157>.

⁸ National Academies of Sciences, Engineering, and Medicine. 2025. Review of Evidence on Alcohol and Health. Washington, DC: The National Academies Press. <https://doi.org/10.17226/28582>.

efforts, we disagree that the committee should completely supplant its efforts to update its nutritional guidelines every other cycle to focus solely on communication and implementation. Rather, we believe both should be considered in tandem each cycle.

The AMA further agrees that to be most effective, dietary recommendations and communications/ implementation strategies must be designed with specific populations in mind, including a variety of age and income levels, as well as varying geographic, cultural, allergy/dietary, and other considerations. There are numerous variables that can impact food access, preferences, and patterns. For example, on page 54, the report states that the poorest intakes of nutritious foods occur among adolescents ages 14 to 18 years and that older Americans have increased nutrient needs and, as a result, are more prone to diet-related chronic disease. The DGAC report also found that income and employment have a significant impact on dietary choices and that risk of obesity is significantly lower among children from higher income families (page 64). The prevalence of obesity is higher among non-Hispanic Black and Hispanic and/or Latino children compared to non-Hispanic White children, but lower among non-Hispanic Asian children compared to other groups (page 13). Sex, geography, food security status, vegetarianism, allergy, and/or cultural food limitations or preferences can all impact dietary needs and preferences.

To successfully achieve effective, long-lasting positive changes to dietary patterns and lifestyle behaviors for a population as diverse as America, various budgetary, cultural, and dietary constraints along with individual needs and preferences must be factored into nutritional guidelines that offer sufficient flexibility. These guidelines must be supported by a targeted, multifaceted communications and implementation strategy that specifically takes into account barriers to accessing healthy food options, which are disproportionate for certain populations such as Americans living in rural areas. We note that to successfully turn the tide when it comes to promoting healthier food options and combating chronic disease, the administration should study and consider new levers that effectively drive population-level behavioral changes, such as limiting advertisements or promotions of unhealthy foods, especially to children, and incentivizing food and beverage manufacturers to produce and promote healthier options. We support the committee's proposed new "Eat Healthy Your Way" dietary pattern, which is designed to be streamlined while offering sufficient flexibility to meet myriad individual needs and preferences. We note that sufficiently customized food interventions are more likely to promote initial uptake of and promote ongoing adherence to healthier eating and lifestyle choices, making them more likely to achieve positive, long-lasting results and be more effective overall.

Investing in Research

Lastly, the AMA wishes to underscore the importance of investing in nutrition-related science and research. Currently, [less than five percent](#) of the National Institutes of Health's budget goes toward nutrition research despite its broad implications for chronic disease, health and quality of life, and health care spending in this country. The committee indicated several times in the report that the strength of its recommendations was limited not by the magnitude of impact of certain foods on health and outcomes, but by research limitations, including a lack of studies in this country with a sufficiently broad and representative sample population and a lack of consistent definitions of key nutrition terms and concepts including for ultra-processed foods. As the report notes, there has also been limited if any investment to date in evidence-based methods for communicating and implementing guidelines to achieve population-level behavioral changes.

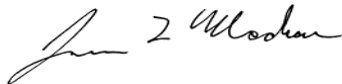
Accordingly, the AMA strongly urges HHS and USDA to invest in future nutrition-related research, including studying the relative effectiveness of various food guidelines and intervention strategies

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particularly as it relates to subpopulations that are statistically more likely to over-consume unhealthy foods and/or suffer from diet-related chronic conditions. To this end, we agree with the committee's recommendation to prioritize funding for updating national food comparison databases and to define consistent nutrition scientific nomenclature to facilitate more accurate cross-study comparisons. It is also important that food research surveys a broad distribution of food and beverage options, including those consumed across various subpopulation groups, as well as food and beverage additives that are increasingly used by industrial food manufacturers, including flavoring agents, sweeteners, colorants, preservatives, and texturizers. It is important that medical and nutrition experts be included in relevant planning discussions to help ensure future research is as effective and consistently defined as possible.

Thank you for considering the AMA's comments. If you have any questions, please contact Margaret Garikes, Vice President, Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara".

James L. Madara, MD

cc: Sarah L. Booth, PhD
Angela Odoms-Young, PhD