

As the science leaders of the Academy of Nutrition and Dietetics, American Academy of Pediatrics, American College of Cardiology, American Dental Association and the American Medical Association, we are writing to clear up possible misunderstandings regarding scientific evidence and the 2015 *Dietary Guidelines for Americans*.

We are concerned that the proposed language in the House's Departments of Agriculture, Rural Development, Food and Drug Administration and Related Agencies (section 734) and Departments of Labor, Health and Human Services and Education and Related Agencies, (section 232) Fiscal Year 2016 Appropriations Bills is an overreach regarding the intention of evidence-based science.

(1) Each revision to any nutritional or dietary information or guideline contained in the 2010 edition of the Dietary Guidelines for Americans and any new nutritional or dietary information or guideline to be included in the eighth edition of the Dietary Guidelines for Americans—

(A) shall be based on scientific evidence that has been rated "Grade I: Strong" by the grading rubric developed by the Nutrition Evidence Library of the Department of Agriculture;

The Academy of Nutrition and Dietetics' Evidence Analysis Library was established in 2004. The Nutrition Evidence Library was launched in July 2008 by the Department of Agriculture's Center for Nutrition Policy and Promotion and mirrors the Academy's EAL but specializes in systematic reviews to inform federal nutrition-related policies and programs. The NEL conducts systematic reviews on food and nutrition-related topics by using a rigorous, transparent and reproducible methodology to support federal nutrition policies and programs.

This process includes developing a specific research question on diet and health, developing a corresponding search plan for literature review designed to answer the research question, extracting data from existing literature as directed by the search plan, developing a conclusion statement to answer the question and grading the strength of evidence supporting the conclusion. A conclusion can be graded Strong, Moderate, Limited or Grade Not Assignable.

The strong rating is reserved for bodies of evidence completely free from study design concerns or disagreements between findings. The nature of science and statistics is such that a small number of contrary findings is expected and a preponderance of evidence can overcome limitations of individual studies. Therefore, recommendations with a moderate rating, which indicates a sizable body of well-designed research with which the committee had no more than minor doubts, are more than sufficient to inform the Dietary Guidelines for Americans.

The exclusion of recommendations with a moderate rating would strike several uncontested truths from the record available to USDA, including the relationships between sugar and cavities and between a sedentary lifestyle and obesity. Additionally, the current language would bar USDA and HHS from supporting two recommendations derived from emerging science that are vital to the health of Americans: the use of school-based nutrition and exercise programs to prevent obesity and the reduction of added sugar intake to prevent heart disease. Obesity and heart disease are deadly and costly burdens to the nation and Americans deserve access to the knowledge of every effective tool to combat them.

Nutrition focused systematic reviews, unlike pharmaceutical research, use a plethora of methodology, not just randomize clinical trials. The reason for a paucity of randomized clinical trials in nutrition literature is multifactorial but basically people must eat to survive and thus pure control groups are difficult. Fortunately, many new research methods are becoming acceptable to study key research questions relating to the health of the public. Unfortunately, many of these have yet to be utilized to fill the current large gaps in human nutrition research. Currently, the published food and nutrition research, which has been funded by the government, foundation and industry is a mixture of clinical trials, observational trials and cohort and case studies the latter of which do not receive as high of a grade value as randomized clinical trials. Thus, if the United States is to continue to guide the American population on healthy eating choices to prevent disease and have optimal health we must accept conclusion statements that are less than Grade 1 while futuristically funding rigorously designed food and nutrition studies in a variety of populations to fill the prevalent nutrition research gaps.

The DGAC's scientific conclusions and HHS/USDA's final development of the *Dietary Guidelines* use more than one question or source of evidence, such as NEL systematic reviews. The DGAC considered seven questions examining the relationship between dietary patterns and health outcomes, including cancer, type 2 diabetes and cardiovascular disease. The DGAC also reviewed evidence using a process known as food pattern modeling to describe the combination of foods and drinks a person should consume to meet nutrient needs and the impact on chronic disease. The final *Dietary Guidelines* consider all this information.

Nutrition is an evolving science and a lack of evidence or limited evidence for one specific question does not mean that there is not strong evidence to support guidance. DGA recommendations have historically been made drawing upon both "Strong" and "Moderate" strength evidence. The *Dietary Guidelines* are developed based on the preponderance of the strongest available evidence. Limited or Moderate evidence for one health outcome could greatly limit the ability to provide guidance on dietary patterns when the evidence may be Strong for other health outcomes. Using the cutoff of "Strong" will significantly limit the ability to develop recommendations across the *Dietary Guidelines*.

The 2010 *Dietary Guidelines for Americans* were based on the strongest evidence available, not just the evidence that was identified as Grade 1: Strong. Making a change for 2015 would create an inconsistency between recommendations in the 2010 DGAs, some of which are supported by "Moderate" evidence.

We ask that the House's Departments of Agriculture, Rural Development, Food and Drug Administration and Related Agencies (section 734) and Departments of Labor, Health and Human Services and Education and Related Agencies, (section 232) Fiscal Year 2016 Appropriations Bills not be included in the final spending package for Fiscal Year 2016.

We would be glad to discuss this request further. Please feel free to connect Alison Steiber, PhD, RDN, Chief Science Officer for the Academy of Nutrition and Dietetics, with your questions. (asteiber@eatright.org)

Thank you for your consideration.

Respectfully,
Academy of Nutrition and Dietetics

American Academy of Pediatrics
American College of Cardiology
American Dental Association
American Medical Association