

February 5, 2025

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

Re: Docket No. HHS-OASH-2024-0017—Scientific Report of the 2025 Dietary Guidelines
Advisory Committee

To Whom It May Concern:

On behalf of our 159,000 members, we respectively ask the Department of Health and Human Services to adopt the following observations and recommendations as a supplement to the findings and recommendations in the Scientific Report of the 2025 Dietary Guidelines Advisory Committee. We offer these comments in response to your Federal Register notice of December 11, 2024 (89 FR 99883).

Introduced in 1980, the *Dietary Guidelines for Americans* is a compendium of recommendations about what (and how much) to eat and drink to meet nutrient needs, prevent disease, and promote health. The U.S. Department of Agriculture and the U.S. Department of Health and Human Services jointly update the *Dietary Guidelines* every five years, based on a scientific report and recommendations of a panel of experts, known as the Dietary Guidelines Advisory Committee.

The ADA generally supports the findings and recommendations of the 2025 Dietary Guidelines Advisory Committee, including the brief mention the bi-directional relationship between diet and oral health. However, we are dismayed that the 2025 DGAC did not formally include oral diseases in its systematic reviews for chronic conditions related to diet and nutrition, as was done in prior years.

The 2025 DGAC stated that oral health was one of eight topics where the body of literature had not grown enough from the 2020 Scientific Report to warrant formal systematic reviews.* The implication is that the recommendations from the *Dietary Guidelines for Americans, 2020-2025* would remain unchanged.

Enclosed you will find our detailed comments to inform the *Dietary Guidelines for Americans, 2025-2030*. We offer the following recommendations to ensure oral health is addressed.

* The DGAC did not review the following topics: oral health, specific nutrient recommendations; healthy food environments; food safety; human milk and infant formula; seafood; eating disorders; and physical activity. The DGAC stated that “existing or planned federal resources” were sufficient to inform these topics in the *Dietary Guidelines for Americans, 2025-2030*.

- HHS and USDA should require the 2025 DGAC to specify the “existing or planned federal resources” that are intended to inform the eight topics that the Scientific Report does not address, including oral health.
- HHS and USDA should specify in the final published version how any “existing or planned federal resources” for these topics truly informed the *Dietary Guidelines for Americans, 2025-2030*, particularly with respect to oral health.
- HHS and USDA should retain the *Dietary Guidelines for Americans, 2020-2025* recommendation to limit added sugar consumption to less than 10 percent of daily caloric intake.

Again, the ADA generally supports the findings and recommendations of the 2025 Dietary Guidelines Advisory Committee, including some mention the bi-directional relationship between diet and oral health. It reinforces what the public health community has known for years: Oral health is an inextricable part of overall health and well-being.

Thank you for providing us the opportunity to comment, and for your leadership on this issue. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or burnsr@ada.org.

Sincerely,

/s/

Brett Kessler, D.D.S.
President

BHK:RAC:rjb

/s/

Raymond A. Cohlma, D.D.S.
Executive Director

Scientific Report of the 2025 Dietary Guidelines Advisory Committee

February 5, 2025

The ADA generally supports the findings and recommendations of the 2025 Dietary Guidelines Advisory Committee. The Committee noted that a few dietary behaviors have changed over time, such as a positive shift in beverage patterns to more water and fewer sugar-sweetened beverages.* However, the 2025 DGAC found no major differences in dietary intake since the 2020 Committee's review.

The 2025 DGAC stated that despite significant declines in sugar-sweetened beverage consumption, consumption patterns are still a serious health concern.

The ADA is pleased that the 2025 DGAC's Scientific Report mentions the bi-directional relationship between diet and oral health.†

Eating patterns and food choices play an important role in preventing tooth decay, maintaining soft tissues in the mouth, and maintaining good oral health overall. We are especially pleased with the Scientific Report's acknowledgement that lowering sugar and acid exposures and drinking fluoridated water are safe and proven strategies to maintain good oral health.

Furthermore, we are pleased that the report acknowledges that bi-directional relationship between oral health and nutrient intakes. For example, individuals with teeth that are lost or compromised may avoid eating many nutrient-dense foods to avoid experiencing pain in the teeth or jaw.

The DGAC's acknowledgement of bi-directional relationship between diet and oral health reinforces what public health experts have been saying for years: Oral health is an inextricable part of overall health and well-being.

The ADA is disappointed that the 2025 DGAC did not formally include oral diseases in its systematic reviews for chronic conditions related to diet and nutrition.‡

While the Scientific Report notes that "oral health and nutrition have a bidirectional relationship," the DGAC departed from work of prior committees by not formally include oral diseases in its systematic reviews for chronic conditions related to diet and nutrition, as was done in prior years. It was a missed opportunity to shape the future of diet-related dental research, dental patient counseling, and modern public health strategies to promote optimal oral health through sound dietary practices.

The 2025 DGAC stated that oral health was one of eight topics where the body of literature had not grown substantially enough from the 2020-2025 version to warrant formal systematic

* Part D, Chapter 1, p. 63.

† (Part D, Chapter 1, p. 41).

‡ Part C, p. 3.

reviews.[§] The implication is that the recommendations from the *Dietary Guidelines for Americans, 2020-2025* would remain unchanged.

For these eight topics, the DGAC further stated that “existing or planned federal resources...may be used to inform the *Dietary Guidelines for Americans, 2025-2030*.” However, the Scientific Report does not identify what those “existing or planned federal resources” are, and it is unclear how HHS and USDA will use them when developing the final guidelines.

- The ADA recommends requiring the 2025 DGAC to specify the “existing or planned federal resources” that HHS and USDA are intended to use to inform the eight topics that the Scientific Report does not address, including oral health.
- The ADA recommends that HHS specify in the final published version how any “existing or planned federal resources” for these topics truly informed the *Dietary Guidelines for Americans, 2025-2030*, particularly with respect to oral health.

The ADA is pleased that the DGAC’s Scientific Report identified sugar as a dietary component that presents a substantial public health concern, based on consumption patterns.**

From a dental perspective, no amount of sugar can be consumed without increasing the risk for tooth decay. Sugar increases the build-up of plaque (a sticky, colorless, bacterial film) and promotes cariogenic bacterial activity, which weakens enamel and can potentially form a cavity. This applies regardless of whether the sugar is natural or added.

Plaque can be controlled by brushing twice a day with a fluoride toothpaste, using an interdental cleaner, and visiting the dentist regularly. But repeated exposure to dietary sugars increases the likelihood that cariogenic plaque will build-up to dangerously high levels.

The ADA recognizes that it is neither practical nor possible to remove all sugary foods from the human diet. Even milk has a measurable amount of sugar. However, it is practical and possible to encourage good eating habits, which would necessarily include limiting sugar consumption.

The ADA would like to refine the body of literature examining the direct causal relationship between sugar consumption and oral diseases. In the meantime, retaining the *Dietary Guidelines for Americans, 2020-2025* recommendation to limit added sugar consumption to less than 10 percent of daily caloric intake seems like a reasonable public health goal.

- The ADA recommends the *Dietary Guidelines for Americans, 2020-2025* retain the recommendation to limit added sugar consumption to less than 10 percent of daily caloric intake.

Future iterations of the Dietary Guidelines for Americans.

[§] The DGAC did not review the following topics: oral health, specific nutrient recommendations; healthy food environments; food safety; human milk and infant formula; seafood; eating disorders; and physical activity. The DGAC stated that “existing or planned federal resources” were already sufficient to inform these topics in the *Dietary Guidelines for Americans, 2025-2030*.

^{**} Pard D, Chapter 2, pp. 15, 16.

This is the first Scientific Report in decades that has given little more than a passing mention of oral diseases as chronic conditions related to diet and nutrition. It was a tremendous oversight that will affect future directions of diet-related dental research, dental patient counseling, and modern public health strategies to promote optimal oral health through sound dietary practices.

To ensure bi-directional relationships between diet and oral health are adequately addressed in future Dietary Guidelines, we offer the following recommendations.

- Appoint a scientific expert on diet and oral health to serve on future *Dietary Guidelines* advisory committees.^{††}
- Ensure that future Dietary Guidelines advisory committees prioritize systematic reviews on the relationship between consumption of 100 percent juice and the prevalence of oral diseases across the lifespan (e.g., tooth decay, gum disease, etc.).
- Ensure that future Dietary Guidelines advisory committees prioritize systematic reviews on the relationship between sugar-sweetened beverage consumption and the prevalence of oral diseases across the lifespan (e.g., tooth decay, gum disease, etc.).
- Ensure that future Dietary Guidelines advisory committees prioritize systematic reviews on the relationship between low- and no-calorie sweetener consumption and the prevalence of oral diseases across the lifespan (e.g., tooth decay, gum disease, etc.).
- Ensure that future Dietary Guidelines advisory committees prioritize systematic reviews on the relationship between consumption of ultra-processed foods and the prevalence of oral diseases across the lifespan (e.g., tooth decay, gum disease, etc.).
- Ensure that future *Dietary Guidelines* advisory committees prioritize systematic reviews on the relationship between overall diet quality and individual nutrient deficiencies and both the health of soft tissues in the mouth and the prevalence of oral soft tissue diseases (e.g., gum disease, oral cancer).
- Ensure that future Dietary Guidelines advisory committees prioritize systematic reviews on the extent to which oral disease rates correspond with fluctuations in the price of added sugar products (e.g., sugar-sweetened beverages, candy, breakfast cereals, granola bars, etc.).

^{††} American Dental Association, et al., letter to the Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, regarding the nomination of Dr. Teresa Marshall to the 2025 Dietary Guidelines Advisory Committee, July 15, 2022.