

February 10, 2025

The Honorable Dorothy A. Fink
Acting Secretary, U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., S.W.
Washington, DC 20201

The Honorable Gary Washington
Acting Secretary, U.S. Department of Agriculture
Jamie L. Whitten Building
1400 Independence Ave., S.W.
Washington, DC 20250

Re: *Scientific Report of the 2025-2030 Dietary Guidelines Advisory Committee*

Dear Acting Secretaries Fink and Washington:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit comments to the Secretary of Health and Human Services and the Secretary of the Department of Agriculture on the 2025 Dietary Guideline Advisory Committee’s Report (the “Committee” or the “Advisory Committee”) regarding its conclusions, advice, and recommendations to inform the 2025-2030 *Dietary Guidelines for Americans* (the “*Dietary Guidelines*,” “*Guidelines*,” or *DGAs*). Representing more than 112,000 registered dietitian nutritionists (RDNs); nutrition and dietetic technicians, registered (NDTRs); and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the world and is committed to accelerating improvements in health and wellbeing for all through food and nutrition. Our members have helped conduct, review and translate nutrition research for the *Guidelines* since their inception and will work to help consumers, industry and government programs adopt dietary patterns in accordance with the final recommendations of the U.S. Department of Health and Human Services (“HHS”) and the U.S. Department of Agriculture (“USDA”) (collectively, the “Departments”).

The Academy recognizes the 2025 Committee’s work took place against a backdrop of several significant nutrition-related issues in the United States. Chronic health conditions for which poor nutrition is a risk factor—including overweight and obesity, Type 2 diabetes, cardiovascular disease (CVD), metabolic syndrome and certain cancers—are prevalent, presenting major public health challenges and data show significant disparities in prevalence of nutrition-related chronic health conditions between sociodemographic groups.

The Academy recognizes and commends the Committee’s primary goal to center health accessibility in their deliberations to help HHS and USDA ensure that the resulting guidance in the *Dietary Guidelines* is relevant to people of all backgrounds, thereby increasing the potential of the guidance to meet nutrient needs, promote health and reduce risk of chronic disease.

The Academy recognizes the Committee addressed a broad range of important diet- and health-related questions, building on the work of previous Committees and expanding their reviews to new topics including food sources of

saturated fat consumed and risk of CVD; dietary patterns with varying amounts of ultra-processed foods; strategies for improving diet quality and weight management, which involved new reviews on portion size and frequency of meals and/or snacking; and practical guidance about how to feed younger children in terms of caregiver feeding styles and practices that support children’s consumption of healthy foods.

The Academy applauds the Committee’s efforts to leverage advancements in the methods including employing meta-analysis to examine the evidence and the transparency on the work in progress throughout the process. In addition, the Academy recognizes all systematic reviews and food pattern modeling reports underwent external peer review to further align with recommendations from a National Academies report.

There are few public health initiatives with as much policy significance and public relevance as the *Dietary Guidelines for Americans*. **The Academy applauds** the work and dedication of the Committee over the 22-month timespan. We commend the Committee for their engagement in extensive Committee deliberations, their work on the rigorous reviews of data and scientific literature and conducting their work in a transparent, science-based manner, to the delivery of a well-constructed report.

The Academy applauds HHS, USDA and the Committee for implementing many of the recommendations from the 2017 National Academies of Sciences, Engineering, and Medicine (NASEM) report “Redesigning the Process for Establishing the Dietary Guidelines” and the 2023 report “Evaluating the Process to Develop the Dietary Guidelines for Americans, 2020–2025.” The Academy also commends the Committee for their work considering questions that examined the relationships between diet and health across the lifespan through a health accessibility lens. This focus aided the understanding of what the American public eats and how it is linked to health outcomes. It also expanded the inquiry into why and how dietary patterns are shaped leading to potential steps toward more effective nutrition communication and behavior change.

The Academy’s comments below reflect our considered analysis of the most current literature and the purposes and statutory requirements of the *Dietary Guidelines*.

The Academy supports the Committee’s findings on the assessment of dietary intakes throughout the lifespan. Having a safe and nutritious food system for Americans is a primary concern of the Academy and thus specifically we support the following:

- Consumption of nutrient-dense foods and beverages is critical to meeting nutrient needs essential for health throughout the lifespan, from growth and development during pregnancy and childhood through healthy aging during adulthood.
- Nearly all U.S. individuals can benefit from shifting to healthier dietary patterns.
- Social determinants of health, which include economic, environmental, social, educational and structural factors, play a role in dietary intakes throughout the lifespan because they impact the ability of individuals and population groups to access healthy foods and achieve nutrition recommendations.
- Review of current U.S. dietary intakes indicates that across the lifespan, intakes of Vegetables; Fruits; Dairy and Fortified Soy Alternatives; Seafood; Nuts, Seeds and Soy Products; and Whole Grains are generally lower than current recommendations, while intakes of total Grains (including Refined Grains); total Protein Foods; and Meat, Poultry and Eggs are generally at or above current recommendations.
- Based on dietary intake, biomarker data and relevance to health, for individuals ages one year and older, vitamin D, calcium, potassium and dietary fiber are nutrients of public health concern due to underconsumption; and sodium, added sugars and (for ages two years and older) saturated fat are nutrients of public health concern due to overconsumption. Additional nutrients are of public health concern for certain individuals only during specific life stages.

- Each individual life stage holds unique implications for dietary intake and the risk of disease. In addition, during certain periods of the lifespan, dietary shortfalls and their associated risks may pose greater threats to long-term health.
- Diet quality is relatively higher in early childhood compared to later childhood and adolescence.
- The poor nutrient intakes of adolescents, particularly females—paired with potential for rapid growth and development during this period—are concerning, both at the individual level and for the possible intergenerational impacts.
- Diet quality is somewhat higher for older adults compared to younger adults, though several specific nutrient concerns remain.
- Within each life stage, opportunities exist to provide specific advice to individuals about food components that provide key nutrients at that life stage and for ways they can make healthy food choices and employ strategies to improve diet quality.

The Academy supports the Committee’s recommendations on dietary patterns and specific components across life stages. Specifically,

- **Beverages:** Emphasizing consumption of water and beverages that contribute beneficial nutrients; and reducing intake of beverages (e.g., sugar-sweetened beverages (SSB)) that contain calories while contributing limited or no beneficial nutrients.
- **Food sources of saturated fat:** Since the first edition of the *Dietary Guidelines* was published in 1980, each subsequent edition has consistently recommended limiting consumption of saturated fat. The Academy recognizes this scientific report is the first Committee to formally evaluate food-level comparisons of foods with higher or lower levels of saturated fat to inform potential guidance for which foods across the dietary pattern could be increased when saturated fat-containing foods are reduced, for cardiovascular disease risk reduction.

The Committee’s findings reinforce the recommendations in the current (2020-2025) *Dietary Guidelines* to limit total saturated fat intake to less than 10% of calories per day starting at age two by replacing it with unsaturated fat, particularly polyunsaturated fats. Their report states consuming foods lower in saturated fat may be related to decreased cardiovascular disease risk through their lower saturated fat content, as well as the other nutritional exposures within these foods, such as beneficial dietary factors (e.g., fiber, antioxidants). Their findings support recommendations to replace saturated fat-containing foods with plant sources rich in MUFA, PUFA and fiber, rather than other animal sources of saturated fat, for reduction in CVD risk. Further, the Committee’s systematic review findings support replacement of plant sources higher in saturated fat, such as coconut oil, cocoa butter and palm oil, with vegetable oils higher in unsaturated fats.

The Academy supports the Committee’s findings on the importance of complimentary feeding and feeding styles and practices during childhood. Specifically:

- Dietary Practices and Behaviors in Birth Through Childhood – complementary feeding begins around age six months and extends to 24 months, a period during which complementary foods and beverages (CFB) take on an increasingly important role in sustaining adequate growth and development. In addition to the timing of introduction, the types and amounts of CFB are important factors that may influence dietary intake, nutritional status, growth and body composition and future health outcomes. Fruits, vegetables and grains are complementary food options between ages six and 24 months that are not associated with unfavorable outcomes related to growth or risk of obesity, based on the Committee’s systematic reviews. Conclusions for food groups beyond fruits, vegetables and grains for these outcomes were not noted.
- Children’s food acceptance and preferences are largely learned through experience. Structured feeding practices, including repeated exposure—a practice that shows robust evidence of promoting children’s acceptance of fruits and vegetables during the first six years of life—may support children’s intakes of both

fruits and vegetables by organizing children's physical and social eating environments: making readily accepted foods generally available to children (e.g., fruits), including vegetables in eating routines (e.g., providing vegetables at snacks), providing guided choices that include vegetables and modeling enjoyment of eating vegetables.

The Academy supports the Committee's strategies for individuals and families related to diet quality and weight management. Specifically:

- For children and adolescents, regular breakfast consumption and a higher number of eating occasions may be associated with favorable outcomes related to growth, body composition, and/or lower risk of obesity.
- Frequency of daily snacking among children may not be associated with outcomes related to growth, body composition, and/or risk of obesity; and meal frequency/skipping among children may not be associated with risk of overweight or obesity.
- For adults and older adults, breakfast skipping, overall snacking and number of eating occasions may not be associated with outcomes related to body composition, body weight, and/or risk of obesity, but after dinner/evening snacking may be associated with less favorable outcomes related to body composition and risk of obesity.
- The Committee could not find adequate evidence for any life stage on the relationship between frequency of meals and/or snacking and energy intake, nor for consuming a dietary pattern that is better aligned with the *Dietary Guidelines*, highlighting the need for additional research on these topics.
- Not enough evidence was available to assess the relationship between frequency of meals and/or snacking and gestational weight gain or postpartum weight change.

The Academy supports the following on portion size:

- The Committee reported on the evidence which indicated that large portions, particularly of energy-dense foods and beverages, promote energy intake among both adults and children.
- Portion size effects were observed across a variety of different types of foods, participant characteristics and packaging types and sizes, suggesting that larger portion sizes may have universal effects to promote food consumption.
- The implications of portion size may depend on food type. Among adults and older adults, portion size and energy density have independent and additive effects on daily energy intake. Among children, larger portion sizes of low energy-dense foods such as vegetables and fruits promote consumption of those foods without appreciable effects on daily energy intake.
- Strategies to promote portion control of energy-dense foods include selection of smaller package sizes and use of pre-portioned meals and snacks for foods and beverages.

Committee's overarching advice to DHHS and USDA, **the Academy supports:**

- The value of using multiple sources of evidence to inform comprehensive, actionable recommendations.
- The importance of considering select sociodemographic and economic indicators that are central to applying a health accessibility lens.
- The expansion of the scope of the evidence reviewed to examine not only recommended amounts and types of foods but also strategies to effectively promote healthy dietary patterns across the life course.
- The Committee found that the three current USDA Dietary Patterns, as well as other healthy dietary patterns, have similar core elements. They recommended a core Eat Healthy Your Way Dietary Pattern—a single inclusive, flexible, dietary pattern that incorporates scientific evidence accumulated across many years and builds on the work of prior Committees.

- The Committee recommended that the proposed Eat Healthy Your Way Dietary Pattern emphasizes dietary intakes of beans, peas and lentils while reducing intakes of red and processed meats indicating that nutrient goals are generally met with such a shift from the 2020 HUSS to include more plant-based Protein Foods. The Academy supports this while understanding that there are individual protein needs as humans age and that further research is needed to understand those needs throughout the life stages.
- The Committee recommended moving Beans, Peas and Lentils as a subgroup of the Vegetables Food Group to a subgroup of the Protein Foods Group to align with evidence to encourage plant sources of Protein Foods.
- The Committee proposed reorganizing the order of the Protein Foods Group to list Beans, Peas and Lentils first, followed by Nuts, Seeds and Soy products, then Seafood, and finally Meats, Poultry and Eggs.
- The Committee recommended removing “Limits on Calories for Other Uses” from the quantitative pattern because variability in calorie content exists across the many food and beverage options that may be used to achieve the pattern’s food group and subgroup recommendations, meaning that it is possible that no calories may remain for other uses.

The Academy recommends the federal government conduct consumer research on the proposed changes to the food patterns to better understand consumer understanding and acceptance and recommends calling the pattern the MyPlate pattern to better align with the national federal nutrition symbol.

Part E, Chapter 1: Overarching Advice to the Departments

The Academy appreciated this chapter that integrated the Committee’s findings and conclusions across the three approaches it took to examine evidence—data analysis, systematic reviews and food pattern modeling—to provide overarching advice to the U.S. Departments of Health and Human Services and Agriculture (the Departments), including answering the overarching question of whether changes should be made to current USDA Dietary Patterns.

As the Committee considered conclusion statements from the systematic reviews, which encompassed multiple life stages, a dietary pattern emerged that was consistently beneficial for health. This healthy dietary pattern for individuals ages two years and older is: (1) higher in vegetables, fruits, legumes, nuts, whole grains, fish/seafood, and vegetable oils higher in unsaturated fat; and (2) lower in red and processed meats, sugar-sweetened foods and beverages, refined grains, and saturated fat. A healthy dietary pattern, as indicated by the systematic reviews, may also include consumption of fat-free or low-fat dairy and foods lower in sodium, and/or may include plant-based dietary options.

Details of the Committee’s proposed Eat Healthy Your Way pattern:

- The Beans, Peas and Lentils Subgroup be moved from the Vegetables Food Group to the Protein Foods Group (reduce the quantity of Vegetables in the pattern by 0 to 0.5 cup eq/day and increase the quantity of Protein Foods in the pattern from 0.50 to 1.75 ounce eq/day in the 2,200 to 3,200 calorie levels).

The Academy supports the Committee’s recommendation that this shift to the pattern would require clear communication to explain that it is not recommending that individuals— many of whom do not meet current Vegetables recommendations — decrease vegetable intake, nor is it recommending that all individuals increase protein intake. *The Academy and its members can assist with the translation of this recommendation to improve understanding and uptake by Americans.*

- The Committee proposed the reorganization of the order of the Protein Foods Subgroups to list Beans, Peas and Lentils first, followed by Nuts, Seeds and Soy Products, then Seafood, Meats, Poultry and Eggs. Reordering of Protein Foods emphasizes the health benefits of more plant-based Protein Foods.

The Academy agrees with the Committee’s recommendations to the Departments to conduct research with consumers and/or health professionals to finalize the dietary pattern name and other aspects of the Eat Healthy Your Way pattern for consumer understanding and consistency.

The Academy supports the Committee’s special considerations in the 2020-2025 Dietary Guidelines Nutrients and Dietary Components of Public Health Concern with regard to the nutrients and dietary components of public health concern. Dietary recommendations to support dietary patterns that allow all Americans to meet their nutritional needs should continue to be prioritized.

- Continued emphasis should also be placed on life stages that are particularly vulnerable due to increased nutrient needs or substantial health risks associated with underconsumption or overconsumption. Several life stages, including some during which individuals experience rapid growth and development, have additional nutrients of public health concern: **infants** (e.g., iron for those primarily fed human milk), **adolescents** (especially females who have multiple nutritional shortfalls), **adults who are menstruating** (e.g., iron), or are **pregnant** (e.g., iron and during the 1st trimester, folate).
- When a lacto-ovo vegetarian pattern is provided to young children ages 12 through 23 months, careful planning— e.g., to the quantities provided in the Eat Healthy Your Way Dietary Pattern—is critical to meeting nutritional goals. Though the quantities are not changed, the Beans, Peas and Lentils Subgroup is presented as part of the Protein Foods Group as was applied to the Eat Healthy Your Way Dietary Pattern for ages two and older.
- Nutrient-dense food and beverage choices – considering the current prevalence of overweight and obesity, meeting nutrient goals within calorie levels to maintain a healthy weight is critical for all age-sex groups.
- Saturated fat goals were met for many age-sex groups when the probability of including foods lower in nutrient density was 15% of that of all other foods, but saturated fat goals were not met for all age-sex groups until foods lower in nutrient density were excluded from the simulations.
- Sodium goals could not be met (i.e., simulations exceeded the Chronic Disease Risk Reduction (CDRR) for sodium) for nearly all age-sex groups even when foods lower in nutrient density were excluded from the simulations. Furthermore, the Committee emphasized that the calorie levels used in the Food Pattern Modeling protocol assume an activity level of inactivity, which makes nutrient-dense choices even more important so that nutrient needs can be met within smaller energy allotments. For individuals who increase their physical activity, nutrient-dense choices are still advised to meet the recommended food group and subgroup quantities at a higher calorie level, but flexibilities around those choices increase.

The Academy supports the Committee’s urge to HHS and USDA “to convene scientists with diverse expertise in behavioral, implementation, and communication sciences to evaluate the science of dietary behavior change and make evidence-based recommendations for strategies to promote dietary intakes that align with Dietary Guidelines for Americans recommendations.”

- Currently, implementation of the *Dietary Guidelines* recommendations is low and thus the Academy supports increased focus on implementation and translational science in this area to improve uptake of the guidelines and ultimately improve the health of the population. Furthermore, the Academy will leverage and promote reputable professions, organizations and interdisciplinary efforts to advance nutrition for all.

The Academy supports the Committee’s Advice to the Departments for Overarching Guidelines:

For Guidelines 1 and 2, the Committee recommended Updates for 2025-2030:

- Emphasize flexibility and integration to maintain a health accessibility lens. The Committee envisioned that the *Dietary Guidelines* could shift, through interactive technology, from a static presentation of healthy dietary patterns to provide consumers with more interactive guidance that introduces flexibilities and is more inclusive in its approach.
- Illustrate how the *Dietary Guidelines* can be adapted for different cultural diets. Culturally responsive interventions may help promote better adherence and support uptake of dietary guidance by providing individuals with foods that align with their cultural practices and preferences.

- Provide guidance for adaptation of dietary patterns across different social, economic, geographic and cultural contexts. This can assist federal food and nutrition assistance programs in meeting nutrient needs and support food and nutrition security across the entire U.S. population.
- Throughout all dietary guidance, the Committee supported an emphasis on joy and pleasure in eating. Food serves many roles in society and by embracing cultural foodways, the Committee recognizes that any recommended dietary pattern must meet a variety of roles that food plays.

Committee Updates to Guideline 3 for the 2025-2030 *Dietary Guidelines*:

- Use structured feeding practices to promote children's intake of vegetables and fruits, including making those foods available and accessible in the home, providing repeated exposure to new foods, and modeling healthy eating behaviors. For children and adults, consume smaller portions of energy-dense foods to stay within energy requirements. For children, use portion size strategically to promote intake of vegetables and fruits.
- Increase emphasis on Whole Grains, provide clear definitions and/or examples of Whole Grains, recommend that Grains are “mostly Whole Grains” instead of “at least half Whole Grains,” and support exploring fortification/enrichment of Whole Grains.
- Continue to recommend that Dairy and Fortified Milk Alternatives, plain cow milk (whole milk) or fortified unsweetened soy beverage can be offered beginning around 12 months of age and that fat-free and low-fat options are recommended for individuals ages two years and older.
- State that recommendations for meals and snacks should focus on nutrient-dense foods and beverages and under consumed food groups.
- Continue to recommend regular breakfast consumption as part of a dietary pattern that is better aligned with the *Dietary Guidelines*, particularly for children and adolescents.
- Consider more education and communication around cup and ounce equivalents and develop interactive tools to make conversions intuitive and easy. Conduct consumer research on the dietary pattern and food group and subgroup names:
 - Recommended new consumer research regarding the food group name, “Protein Foods” because foods in other food groups also contain protein.
 - For “Dairy and Fortified Soy Alternatives,” suggested not referring to lactose-free options and fortified soy milk and yogurt as “alternatives” because they are part of the Dairy group. Determine if “Dairy and Fortified Soy Alternatives” is the best term to capture recommended foods within this food group (i.e., milk and soy milk, yogurt and soy yogurt and cheese).
 - Recommended exploring nomenclature for “Other Vegetables” to better reflect the foods in this food group (e.g., asparagus, avocado, bamboo shoots, beets, bitter melon, Brussels sprouts, cabbage (green, red, napa, savoy), cactus pads (nopales), cauliflower, celery, chayote (mirliton), cucumber, eggplant, green beans, kohlrabi, luffa, mushrooms, okra, onions, radish, rutabaga, seaweed, snow peas, summer squash, tomatillos and turnips).

Committee Updates to Guideline 4 for the 2025-2030 *Dietary Guidelines*:

- Provide clear advice to consumers that alerts them to sodium levels in foods. Diet simulations confirm that staying below the CDRR for sodium (2,300 mg per day for ages 14 years and older) is difficult for all population groups, even when all foods exceeding a limit of 345 milligrams per serving limit were excluded (i.e., a threshold of 15% of the Daily Value). Their analyses indicate that the food supply is high in sodium.
- This Committee supports further reducing voluntary targets to further reduce sodium in the food supply. Federal agencies have a long history of encouraging a gradual reduction of sodium in the food supply. The FDA published final guidance for industry on voluntary sodium reduction targets (Phase 1) to provide measurable, 2.5-year targets in 2021. A preliminary assessment shows progress in reducing sodium and achieving FDA’s Phase 1 targets between 2010 and 2022. Overall, 40% of food categories had already

achieved the Phase I sodium targets or were within 10% of meeting the targets. The greatest number of reductions were seen in packaged food categories. The FDA took another step in its sodium reduction efforts by issuing new, Phase II voluntary sodium reduction targets in draft guidance.

The Academy partially supports the Committee’s proposed and future modifications to the USDA Dietary Patterns. The Committee recommends increased efforts to effectively implement dietary guidance.

- In their Overarching Advice to the Departments Scientific Report of the 2025 Dietary Guidelines Advisory Committee, they recommended that future Dietary Guidelines Advisory Committees alternate between five-year cycles in their focus to ensure that the scientific evidence of what Americans should eat is supported by robust science on how to eat and how to successfully implement that scientific advice. The Academy supports a continual process of evaluation of science with interim updates every five years and more comprehensive updates every ten years. **Additionally, the Academy supports** the continuation and methodological updates to the science base to be conducted by DHHS and USDA.

The Academy supports the recommendations in Part E – Chapter 2: Future Directions in the Dietary Guidelines Process for Health Accessibility to prioritize health accessibility by future Dietary Guidelines Advisory Committees.

Prioritization of Scientific Questions for Consideration by Future Committees:

The Academy supports the Committee’s recommended prioritization of scientific questions for future Committees to ensure the highest priority questions could be completed within the Committee’s term. At the completion of its work, the Committee ranked all the questions it reviewed by level of prioritization for consideration by future Committees. By consensus, the Committee recommended that the questions in **Table E.2.1** not be considered by the next Committee because:

- 1) They were of lower priority for informing advice to the Departments as they develop the next edition of the *Dietary Guidelines*;
- (2) They had current conclusion statements that are strong and not likely to change in the next five years; and/or
- (3) The evidence is not evolving quickly and is not anticipated to have accumulated enough in the next five years to be warranted for reexamination at that time.

The Academy supports the Committee’s recommended ongoing assessment of research Part E. Future Directions Scientific Report of the 2025 Dietary Guidelines Advisory Committee.

Strengthening the Nutrition Surveillance System:

The Academy supports the Committee’s recommendations to strengthen the nutrition surveillance system. This is imperative to facilitate continuous and accurate monitoring of food consumption patterns, dietary composition, nutrient intake and overall nutritional status—essential for identifying evidence gaps and guiding effective population health interventions.

The Academy strongly agrees that continued and additional support is needed and expanded for the following National surveys and data collections:

- National Health and Nutrition Examination Survey (NHANES) and Other National Surveys.
- Increase the sample sizes and oversampling for underrepresented sociodemographic and cultural groups in WWEIA, NHANES and other federal, nationally representative surveys on nutrition or health to adequately address differences within the U.S. population.
- Incorporate and/or expand instruments in national surveys (e.g., WWEIA, NHANES) that capture social determinants of health and multilevel factors that influence dietary intakes such as food environments and

individuals' perceptions of the food environment, food access, acculturation, dietary preferences (e.g., vegetarian diet) and policies that act as barriers and facilitators to healthy food intake.

- FoodData Central—the foundation for all aspects of national dietary surveillance efforts is critical to nutrition researchers, dietetics professionals, consumers, the agricultural sector and food manufacturers.
- Expand national food composition data to include more food and beverages consumed across diverse cultural and population groups.

Human Milk Composition

- Prioritize, support, and fund research to develop and improve federally available data on human milk composition from varied population groups and across all phases of lactation.

Dietary Reference Intakes (DRIs)

- Emphasize the importance of the Joint U.S.-Canada DRI Working Group to coordinate regular updates to existing DRIs and development of new DRIs for nutrients across the lifespan.

Methodological Considerations for the Research Community:

The Academy supports the Committee's recommendations for the research community:

- Replicate observational studies conducted outside of the United States with prospective cohort studies among U.S. populations, while considering differences in economic standing, personal background and health disparities.
- Determine consistent nomenclature and components for dietary patterns to help clarify what foods are in which food groups.

Further, the Academy supports increased funding for DHHS and USDA to help communicate and disseminate the 2025-2030 *Dietary Guidelines for Americans*.

Conclusion:

The Academy is very supportive of the 2025-2030 *Dietary Guidelines for Americans* scientific report. Unfortunately, the United States' science-based guidelines are in jeopardy as nutrition and dietary prospective research is woefully underfunded by the government. To achieve strong guidelines for the health of the American population, a strong foundation of prospective evidence must be available for inclusion into systematic reviews and for use in modeling. These two methods are the backbone of the recommendation statements and yet huge gaps in evidence persist over decades.

The Academy stands ready to support the U.S. government in evidence generation, interpretation, translation and implementation as our mission is to accelerate improvement in global health and well-being through food and nutrition.

The Academy appreciates the opportunity to provide these comments and is happy to provide further explanation as to any of our comments.

Sincerely,



Harlivleen "Livleen" Gill, MBA, RDN, LDN, FAND
President 2024-2025
Academy of Nutrition and Dietetics