



TOPIC

On behalf of the University of California’s Nutrition Policy Institute, I would like to offer comments, first for the Nutrition Evidence Library evidence review and analysis process, and secondly on how the Guidelines can better ensure nutritional sufficiency for all Americans.

CREDENTIALS

I am the Director of the Nutrition Policy Institute and a Cooperative Extension Specialist. I have a doctorate in nutrition, am a Registered Dietitian, and have conducted nutrition research for over two decades. The University of California’s Nutrition Policy Institute is known for conducting rigorous research to inform and strengthen nutrition policy, with an emphasis on the federal nutrition assistance programs, young children, and families. Through research our aim is to improve public health and prevent food insecurity, obesity, and chronic disease.

While I have not served on a Dietary Guidelines Advisory Committee, in 2005 I was among the first evidence analysts trained in the Academy of Nutrition and Dietetics evidence analysis process, after which much of the Nutrition Evidence Library process is modeled. In 2006 I was the lead author of the first Academy position paper to use this systematic review process. Collectively at the Nutrition Policy Institute we have reviewed hundreds of scientific publications involving a spectrum of research designs. We also have reviewed evidence tabulated by other analysts to answer questions and derive recommendations – the same process used by the 2015 DGA Committee. I have carefully examined the methods chapter of the 2015 report and can attest that the Committee did an outstanding job of following the systematic review protocol, the highest bar for evidence analysis. In addition to the Academy of Nutrition and Dietetics, the Committee’s state-of-the art methodology is informed by the Agency for Healthcare Research and Quality, the Cochrane Collaboration, and the IOM.

STRENGTHS OF THE PROCESS

There are 5 reasons why the Nutrition Evidence Library evidence analysis process is to be **commended and continued.**



- 1) First it is **systematic** as strictly prescribed procedures are followed for each and every step of the process.
- 2) Second it is **thorough** because studies were identified by skilled librarians searching multiple databases. The studies were then screened to meet pre-defined inclusion criteria, and articles were hand searched for additional studies not identified through the electronic searches. In addition, the 2015 Committee assessed whether high-quality systematic reviews or meta-analyses had already been done.
- 3) Third, the process is **inclusive**. Not only were randomized, controlled trials included, which are the gold standard for causal inference, but also other controlled trials, observational studies, reviews, and meta-analyses. All relevant studies from a range of different scientists are included.
- 4) Fourth it is **transparent** in that all materials utilized in the process are maintained online and public comment and public hearings were held throughout.
- 5) Lastly, the process is designed to **minimize bias**. All studies were abstracted and quality rated by trained analysts so that the evidence could then be appropriately weighed by the DGA Committee to answer questions and derive recommendations. In this way all relevant studies were considered in relation to their strengths and limitations.

NEED FOR RIGOR

This rigorous approach is warranted given the national importance of the Dietary Guidelines. The Guidelines are the evidence-based foundation for recommendations for the health of the population as a whole. They are the basis for the federal nutrition assistance programs, to determine the WIC food package and education, the school meal requirements, the meal patterns of the Child and Adult Care Food Program, SNAP benefits, and SNAP education. Health care practitioners and nutrition professionals can use the Guidelines as the starting point for counseling patients, adapting them to accommodate a range of factors such as age, sex and metabolic health in order to provide individualized recommendations. In addition, public health professionals, researchers, advocates and the like rely on the Guidelines to design and evaluate nutrition education interventions and improve **environments** to support healthy eating.



NEED FOR EXPANSION

And **because nutrition environments do matter** – from the very beginning of life – I applaud the USDA and HHS for their plans to include pregnant women and young children from birth to 24 months of age in the next Guidelines. Nutrition early in life is critical for setting the stage for a lifetime of health. We can't wait to address nutrition until children are school-age because 1 in 5 are overweight or obese by the time they start kindergarten. We can't wait until children are teens because nearly 1 in 4 U.S. adolescents already has diabetes or pre-diabetes.

A greater challenge than determining what Americans should eat, however, is identifying better ways to help Americans eat better. While we are seeing some emerging benefits from Guidelines-based changes such as the redesigned WIC food packages and school meal regulations, overall the American diet is still not close to meeting the Guidelines. Evidence suggests that changes to the food environment coupled with nutrition education are key if we are to realize the potential of the Guidelines.

CONCLUSION

In conclusion, nutrition is a continuously evolving science that is critical to human health and well-being. Rigorously re-assessing the evidence at frequent intervals, such as the five-year Guidelines cycle, is necessary to ensure our federal nutrition programs, and our entire population, benefit from the best dietary recommendations science can provide. With each iteration, the central findings and recommendations of the Guidelines become stronger, while new science helps to uncover emerging areas of focus. Continuing to appoint scientific experts to undertake a rigorous review of the evidence and make recommendations for the nation offers a sound and critical opportunity to support our population's health. The challenge before us is to create a culture where these recommendations can become affordable, convenient, and socially acceptable so that all Americans are willing and able to follow them.

Respectfully submitted on January 3, 2017:

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