National Milk Producers Federation

2107 Wilson Blvd., Suite 600, Arlington, VA 22201 | (703) 243-6111 | www.nmpf.org

May 16, 2022

Janet M. de Jesus, MS, RD
HHS Office of Disease Prevention and Health Promotion
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

RE: Docket No. OASH-2022-0005

Dear Ms. de Jesus:

These comments on the proposed scientific questions for the 2025 Dietary Guidelines for Americans (DGA) are submitted on behalf of the National Milk Producers Federation (NMPF). NMPF was organized in 1916 to provide a forum for dairy producers and the cooperatives they own to participate in public policy discussions. NMPF advocates policies to Congress, U.S. and foreign government agencies, industry organizations, the news media, and the public.

A key priority for NMPF and its members is ensuring access to nutrient-dense, healthy foods for all, a priority we share with HHS, USDA, and so many others. We value immensely the scientific process and the crucial role science- and evidence-based findings play in our shared efforts to improve both food and nutrition security for all Americans. As such, you will find woven throughout our more specific comments below an emphasis on including current and relevant scientific studies so the DGA can best promote healthy eating and informed nutrition and dietary choices across all groups in the U.S.

NMPF commends the Departments of Health and Human Services and Agriculture (HHS and USDA) for providing an opportunity for the public to comment on the proposed questions. In that regard, NMPF has two recommendations in addition to those we identify below with respect to specific questions:

1. HHS and USDA should provide an **opportunity for comment on inclusion and exclusion criteria** that will apply broadly to the systematic reviews and other work on the proposed questions. In particular, NMPF believes it is critical to structure these criteria so that science that examines individual foods or food groups, such as dairy, can be appropriately considered. Such consideration is implicit in the proposed question on food sources of saturated fat, but should also apply more broadly.

2. HHS and USDA should allow for the possibility that **members of the Dietary Guidelines Advisory Committee (DGAC)** will want to tweak particular questions or add new ones. Reportedly, the inability to do this was

the source of some frustration for previous DGAC members. In the DGAC, HHS and USDA are supposedly assembling the foremost nutrition experts in the United States. It seems quite strange to exclude such a distinguished body from the design of the scientific questions which they are asked to answer.

On the following pages, NMPF provides suggestions on several draft questions, as well as on food pattern modeling and data analysis. Thank you in advance for your consideration of our views.

Sincerely,

Clay Detlefsen, Esq.
Senior Vice President and Staff Counsel

This comment relates to the following question:

What is the relationship between dietary patterns consumed and:

- growth, size, body composition, risk of overweight and obesity, and weight loss and maintenance?
- risk of cardiovascular disease?
- risk of type 2 diabetes?
- risk of certain types of cancer (breast, colorectal, lung, prostate)?
- risk of cognitive decline, mild cognitive impairment, dementia, and Alzheimer's disease?
- risk of sarcopenia?
- bone health?
- all-cause mortality?

Suggested change to question:

NMPF suggests –

- Adding "**and cardiometabolic disorders"** to the second bullet, as well as clarifying that specific risk factors such as obesity, measures of blood cholesterol, insulin resistance and others will be considered

Rationale for change:

The proposed change will ensure consideration of **a wider range of chronic disease risks**, including the risk of nonalcoholic fatty liver disease, and conditions such as metabolic syndrome that are associated with elevated risk.

NMPF **supports the inclusion of sarcopenia risk** in the question, and we note in general that risk factors for the senior population are highly relevant to the DGA as that population grows. Like most other age groups, seniors significantly under-consume dairy, and that is a concern because of the various health risks that may be mitigated by adequate dairy consumption.

This comment relates to the following question:

What is the relationship between consumption of dietary patterns with varying amounts of ultra-processed foods and growth, size, body composition, risk of overweight and obesity, and weight loss and maintenance?

Suggested change to question:

NMPF suggests –

- Supplementing the question with an explanation that the review will assess ---
    - Whether there is a widely-accepted scientific definition of "ultraprocessed foods"; and
    - Whether there is a sufficient number of well-designed studies *using a common definition of "ultraprocessed foods"* to permit meaningful conclusions to be drawn.

Rationale for change:

NMPF is uncertain whether the term "ultraprocessed foods" **has been adequately defined** with reference to the nature and type of processing; the nutrients and quantities of those nutrients (e.g., sugar, salt, fat), if any, included in the definition; the distinction between greater and lesser degrees of processing; and the scope of the definition, including whether it pulls in highly traditional, millennia-old foods such as cheese and yogurt.

If a widely-accepted definition can be identified (which we question), the next issue is **whether available studies use this definition** to include and exclude the foods that are the subject of their work. If not, a meaningful analysis across multiple studies is likely not possible, given the sort of apples-to-oranges comparisons that would be involved.

NMPF also recommends that –

- HHS and USDA consider converting this question into a recommendation for additional research and scientific consensus, which could be studied in future DGA revisions; and
- If the departments retain this question, ensure the appointment to the DGAC of one or more food scientists with expertise in food processing.

This comment relates to the following question:

What is the relationship between 1) timing of introduction, and 2) types and amounts of complementary foods and beverages and:

- growth, size, body composition, and risk of overweight and obesity?
- iron and zinc status?

Suggested change to question:

NMPF suggests –

- Adding "neurocognitive development" to the first bullet; and
- Changing the second bullet to "micronutrient status."

Rationale for change:

It is clear that diets, of both the mother and child, are potentially important for **neurocognitive development of the fetus, infant and toddler**. Iron and zinc status are important, but other nutrients, such as choline, are significant for neurocognitive milestones. Moreover, micronutrients such as potassium, vitamin D and calcium have been consistently identified as nutrients of concern for under-consumption. It seems appropriate for the departments to examine a broader range of micronutrients than just iron and zinc.

This comment relates to the following question:

What is the relationship between beverage consumption (beverage patterns, dairy milk and milk alternatives, 100% juice, low- or no-calorie sweetened beverages, sugar-sweetened beverages, coffee, tea, water) and:

- growth, size, body composition, risk of overweight and obesity, and weight loss and maintenance?
- risk of type 2 diabetes?

Suggested change to question:

NMPF suggests –

- Adding a bullet on "nutritional adequacy and quality of the diet."

Rationale for change:

A number of studies have associated **greater milk consumption with better nutrient adequacy** and better diets. Of the beverages listed, only milk is nutrient-dense, providing 13 essential nutrients. This is true whether milk is flavored or unflavored.

With respect to **"milk alternatives,"** NMPF notes that previous editions of the DGA did not consider any of these except fortified soy beverage to be in the milk group, since the other beverages are generally not equivalent to milk in one or more key nutrients, often protein. (Fortified soy is considered nutritionally equivalent by the DGA, but many key nutrients do not occur naturally and must be added, raising issues of differential bioavailability.)

NMPF urges HHS and USDA to make clear, assuming this is still what analysis shows, that **milk imitators are not milk and do not provide the same nutrient package**. NMPF also urges HHS and USDA to take into account incidents of serious health problems resulting from the consumption of these beverages in young children, such as those discussed on the public record by former Food and Drug Administrator Scott Gottlieb.

This comment relates to the following question:

What is the relationship between food sources of added sugars consumed and:

- growth, size, body composition, risk of overweight and obesity, and weight loss and maintenance?
- risk of type 2 diabetes?

Suggested change to question:

NMPF suggests –

- Adding a third bullet on "nutritional adequacy and quality of the diet."

Rationale for change:

Several editions of the DGA have recognized that **moderate amounts of added sugars may facilitate greater consumption of nutrient-dense foods**, such as milk, yogurt, whole grain-rich breakfast cereal and cranberry juice. Flavored milk is popular among children (about two-thirds of milk consumed in public schools is flavored), while studies have shown that children who consume flavored milk tend to consume more and to have better diets than non-milk consumers.

The effect of added sugars on various health outcomes may be quite different, **depending on the foods to which they are added.** To make sweeping generalizations about added sugars is to ignore the positive role they may sometimes play, if added in modest amounts to healthy foods such as dairy.

Depending on the outcome of the systematic reviews, the DGAC may find justification for **differentiated recommendations on added sugars.** For example, in addition to any recommendations to limit added sugars to a certain portion of calories, the DGAC may also consider recommending that the added sugars allowance be preferentially consumed in nutrient-dense foods, with less-healthy foods only consumed if a balance in the calorie budget remains.

This comment relates to the following question:

What is the relationship between food sources of saturated fat consumed and risk of cardiovascular disease?

Suggested change to question:

NMPF suggests –

- Adding "(including dairy)" after "saturated fat"; and
- Adding after "cardiovascular disease" –
    - ", type 2 diabetes, hypertension and other risks or biomarkers"

Rationale for change:

For years, a range of scientific studies – including randomized controlled trials, epidemiological studies and meta-analyses – have shown **neutral to beneficial effects of dairy foods at all fat levels** on a variety of chronic disease risks. Whether because of dairy's unique food matrix or for other reasons, it appears that **not all saturated fats are created equal** and that the advice to limit saturated fat, without regard for its food source, is causing Americans to forgo some of the nutritional benefits of dairy.

NMPF commends HHS and USDA for including this question on food sources of saturated fat, and we see it as a promising sign that the departments are recognizing that things are not as simple as past nutrition guidance suggested. We strongly urge the departments to –

- Ensure that the full range of science related to dairy foods is considered;
- Toward that end, ensure that **food-specific studies** – both those published since the 2020 DGA and earlier studies that might have been excluded previously – are taken into account; and
- Expand the focus on cardiovascular disease – although that is highly appropriate – to include **other conditions** where dairy may have beneficial effects, including hypertension and type 2 diabetes.

NMPF recognizes that hypertension per se is a biomarker for stroke and other types of cardiovascular disease, rather than a health outcome in and of itself, but we feel hypertension is an appropriate focus because sometimes connections between foods and disease biomarkers are clearer and more informative than those between foods and the end state of disease. Moreover, hypertension occurs disproportionately among disadvantaged populations and communities of color, so that its inclusion will serve HHS and USDA's goal of advancing health equity.

This comment relates to Food Pattern Modeling:

The description of planned modeling states: "Changes to Dietary Patterns may include increases or decreases in amounts of food groups/subgroups and/or recategorization of food groups/subgroups …"

NMPF Suggestion:

NMPF strongly supports **retaining dairy as a separate food group** and reaffirming the need for Americans to consume three servings of dairy daily (with smaller amounts for the youngest age groups).

Rationale:

Dairy's nutrient package is unique, supplying 13 essential nutrients. Studies have shown that the nutrients supplied by dairy are difficult and expensive to replace if people do not consume dairy. Dairy is nutrient-dense and can be consumed in a variety of foods such as milk, cheese and yogurt.

Combining dairy with some other food group would likely have negative consequences for nutrient intake and diet quality. The departments should recognize that despite the importance of dietary patterns, these patterns comprise certain food groups, among which dairy is critically important.

This comment relates to Data Analysis:

The departments state that data analysis will include, among other things, “current nutrient intakes” and the “prevalence of nutrition-related chronic health conditions.”

NMPF Suggestion:

HHS and USDA should carry out data analysis on the incidence of lactose intolerance, using scientific measurements in addition to self-reporting. The departments should also analyze the current mix of dairy products as to their lactose content.

Rationale for change:

Self-reported lactose intolerance may be considerably in excess of rates found when accurate diagnostic measures are used, suggesting a possible need for more consumer education on this topic, since avoiding dairy foods because of perceived lactose intolerance may inadvertently deprive people of dairy’s unique nutrient package. Rates of lactose intolerance are higher in communities of color while the incidence of some conditions that may be favorably affected by dairy consumption, such as hypertension, is also higher. This paradox suggests the need for better education on the availability of low-lactose and lactose-free dairy foods.

Relatedly, some lactose-free milk brands have become increasingly popular, including brands that remove lactose through ultra-filtration. Insights into these categories may be informative in developing strategies that can be used by individuals who are or perceive that they are lactose-intolerant but who are still looking for ways to take in the essential vitamins and nutrients dairy products provide