CENTER FOR Science IN THE Public Interest
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U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion (ODPHP)
Office of the Assistant Secretary for Health (OASH)
Attn: Janet M. de Jesus, MS, RD
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

Re: Docket HHS-OASH-2024-0017; Request for Public Comments on the Scientific Report of the 2025 Dietary Guidelines Advisory Committee

Dear Ms. de Jesus,

The Center for Science in the Public Interest respectfully submits these comments to the U.S. Departments of Agriculture and Health and Human Services (the Departments) on the Scientific Report prepared by the 2025 Dietary Guidelines Advisory Committee (DGAC) to inform the 2025–2030 *Dietary Guidelines for Americans* (DGA).

The Center for Science in the Public Interest (CSPI) is a non-profit consumer education and advocacy organization that since 1971 has been working to improve the public's health through better nutrition and food safety. CSPI advocates for evidence-based and community informed policies on nutrition, food safety and health, holds government agencies and corporations to account, and empowers consumers with independent, unbiased information to live healthier lives. CSPI has led efforts to secure the Nutrition Facts Panel and added sugar disclosures on packaged foods, calorie labeling on chain restaurant menus, elimination of artificial trans-fat from the U.S. food supply, and nutrition standards for school lunches, among other achievements. CSPI is an independent organization that does not accept any corporate funding.

Overall, CSPI strongly supports the conclusions and recommendations in the report. Specifically, it is critical for the Departments to finalize this cycle of DGA updates, as mandated by law to occur at least every five years, and adopt the following 2025 DGAC recommendations in the 2025–2030 DGA:

- Adopt the proposed *Eat Healthy Your Way* dietary pattern, including modifications that emphasize dietary intakes of beans, peas, and lentils while reducing intakes of red and processed meats;
- Emphasize the flexibility of the dietary pattern and illustrate how the DGA recommendations can be adapted for diverse cultural diets;
- Clarify the importance of whole grain and whole fruit consumption;
- Maintain quantitative added sugar, saturated fat, and sodium limits and alert consumers to sodium levels in foods;
- Highlight plain drinking water as the primary beverage to consume; and
- Integrate health equity into the DGA, supported by the novel health equity approach employed by this DGAC.

We also urge the Departments to consider the following CSPI recommendations while drafting the DGA:

- Uphold transparency in translating the DGAC report to the final DGA, including publicly disclosing the reasoning for why any DGAC recommendations were not adopted, as recommended by the National Academies of Sciences, Engineering, and Medicine (NASEM);[1]
- Clearly communicate the intent of shifting beans, peas, and lentils to the Protein Foods category;
- Include a section in the 2025–2030 DGA on the critical role of policy, systems, and environmental (PSE) factors in shaping our ability to consume a healthy diet, acknowledging changes needed to the food supply and existing federal nutrition regulations;
- Prioritize completing the separate evidence review process on sustainability and incorporate its findings, as is being done with alcohol;
- Recommend that individuals who do not drink alcohol are not advised to start drinking, and for those who choose to drink, drinking less alcohol is better for health than drinking more;
- Support and disseminate the DGAC's calls for future research, including more funding for National Health and Nutrition Examination Survey (NHANES) development and a continued focus on health equity, including more diverse research samples. The Departments should pursue funding and resources for the research needs identified by the 2025 DGAC; and
- In consumer-facing materials (and in response to public interest in the ultra-processed foods conclusions), emphasize how the DGA promotes minimally processed foods.

Transparency

As recommended by NASEM, we urge the Departments to "provide the public with a clear explanation when the DGA omit or accept only parts of conclusions from the scientific report."[2]

Overall, the 2025 DGAC's recommendations and conclusions reflect the preponderance of scientific evidence. As required by law, the DGA must be based on the preponderance of current scientific and medical knowledge and updated at least every five years.[3] Therefore, the Departments should finalize this cycle of DGA updates by adopting the science-based recommendations of the DGAC in the 2025–2030 DGA.

However, should the Departments decide to omit or accept only part of a conclusion or recommendation, they have a duty to explain their rationale to the public. Exercising transparency and accountability in this way will help build public trust in the Departments and the DGA. It is critical to demonstrate that public health, not politics, is the primary driver for updating the DGA.

Healthy Dietary Pattern

We support the DGAC's description of a healthy dietary pattern. The 2025 DGAC's recommendations build on previous DGA editions by increasing emphasis on whole grains and prioritizing legumes, nuts, fish, and seafood as protein sources, while explicitly recommending a reduction in red and processed meat consumption. We urge the Departments to include these recommendations in the DGA.

[1] National Academies of Sciences, Engineering, and Medicine (NASEM). Redesigning the Process for Establishing the Dietary Guidelines for Americans; p. 12. The National Academies Press. 2017:12. https://doi.org/10.17226/24883.
[2] NASEM, 2017; p. 12.
[3] National Nutrition Monitoring and Related Research Act of 1990. P.L. 101-445. p.10.

We urge the Departments to adopt the DGAC's recommendation to maintain the 2020–2025 DGA limits on sodium, added sugar, and saturated fat in the 2025–2030 DGA. In light of the proposed removal of specific quantities of "remaining daily calories for other uses," we also urge the Departments to clearly communicate these quantitative daily limits on calories from saturated fat and added sugar in the final 2025-2030 DGA.

The average population sodium intake far exceeds recommended limits, with 89% of Americans one year and older exceeding the sodium Chronic Disease Risk Reduction intake amount (CDRR).[4] Therefore, the guidance to limit sodium intake to less than 2,300 milligrams per day for those 14 and older (and less for those younger than 14)[5] remains a salient recommendation. The Committee also recommended that added sugars and saturated fat each provide less than 10% of calories per day, starting at age 2. These limits are important to maintain given that saturated fat, added sugar, and sodium were all highlighted as nutrients of public health concern by the 2025 DGAC due to the negative health impacts of overconsumption, such as an increased risk of obesity (for added sugars) and increased risk of cardiovascular disease (for sodium and saturated fat).[6]

The 2020–2025 DGA included the same quantitative daily limits on sodium, added sugars, and saturated fats recommended by the 2025 DGAC. However, these limits were presented in the context of the 2020 Healthy U.S.-Style Dietary Patterns, which provided quantitative "limits on calories for other uses" for all dietary patterns for individuals 2 years and older.[7] These limits were calculated by subtracting the amount of nutrient-dense essential calories from the total amount of calories provided in a pattern level (e.g., at the 2,000-calorie level, the modeled nutrient-dense foods provided 88% of essential calories, therefore 12% of calories per day were allocated as "calories for other uses"). The 2020–2025 DGA communicated that, while the total dietary pattern should not exceed the 10% limits for added sugars and saturated fat calories, the "remaining calories for other uses" could be used for the consumption of saturated fats, added sugars, or additional consumption of nutrient-dense foods beyond food group needs (provided that an individual met food group recommendations through only nutrient-dense foods).

Unlike the recommendations in the 2020 DGA, the 2025 DGAC proposed eliminating the specific quantitative "limits on calories for other uses" in presentations of all dietary patterns.[8] This proposed change should not affect the quantitative daily limits for added sugar and saturated fat calories but will affect how these calories are accounted for and presented in a healthy dietary pattern. This could potentially affect the advice given to individuals on how to consume a dietary pattern that stays within total calorie limits while including some amount of calories from added sugar and saturated fats. We urge the Departments to clearly communicate the quantitative added sugars and saturated fat limits in the 2025–2030 DGA despite the elimination of "limits on calories for other uses" from the modeled dietary patterns.

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[4] 2025 Dietary Guidelines Advisory Committee (DGAC). 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. Part D, Ch. 1, p. 21. https://doi.org/10.52570/DGAC2025

[5] DGAC, 2024; Part E, Ch. 1, p 17-18.

[6] DGAC, 2024; Part D, Ch. 1, p 42-46.

[7] U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition; Table 1-1. December 2020.

[8] DGAC, 2024; Part D, Ch. 10, p 36, 40.

We support the DGAC's recommendation to replace saturated fat with plant-based sources of unsaturated fat.

The DGAC's review of food-level substitutions and replacements demonstrated a clear reduction in cardiovascular disease risk: "evidence indicates that when reducing butter, processed and unprocessed red meat, and dairy, substitution or replacement with a wide range of plant-based food sources, including plant-based protein foods, whole grains, vegetables, or [Monounsaturated Fatty Acids] MUFA- and [Polyunsaturated Fatty Acids] PUFA-rich vegetable oils and spreads, is associated with cardiovascular disease risk reduction."[9]

We support the DGAC's recommendations that the DGA should "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".[10]

We urge the Departments to more clearly emphasize the importance of consuming whole fruit in the 2025–2030 DGA.

The DGAC noted that the 2020–2025 DGA recommended "fruits, especially whole fruit" as a core element in a healthy dietary pattern but did not propose modifications to that language. We recommend the Departments make it explicit in their recommendations that the majority of fruit should be whole (e.g., "fruits, mostly whole fruit" or "fruit, at least half of which are whole fruit"). The 2020–2025 DGA did this, specifying that "At least half of the recommended amount of fruit should come from whole fruit, rather than 100% juice."[11] This recommendation is important for consumers, because fruits and vegetables provide the greatest health and nutritional benefits when consumed whole (fresh, frozen, or canned).[12,13,14] Whole fruits and vegetables are nutrient-dense and their intact dietary fiber, hard texture, and slow ingestion rate promote satiety.

We urge the Departments to incorporate the DGAC's recommendation to reduce red and processed meat in a healthy dietary pattern.

[9] DGAC, 2024; Part D, Ch. 4, p. 15.
[10] DGAC, 2024; Part E, Ch. 1, p. 15.
[11] 2020 DGA; p. 32.
[12] Teo PS, Lim AJ, Goh AT, R J, Choy JYM, McCrickerd K, Forde CG. Texture-based differences in eating rate influence energy intake for minimally processed and ultra-processed meals. *Am J Clin Nutr.* 2022;116(1):244-254.
[13] Flood-Obbagy JE, Rolls BJ. The effect of fruit in different forms on energy intake and satiety at a meal. *Appetite.* 2009;52(2):416-422.
[14] Forde CG, Mars M, de Graaf K. Ultra-Processing or Oral Processing? A Role for Energy Density and Eating Rate in Moderating Energy Intake from Processed Foods. *Curr Dev Nutr.* 2020;4(3).

Based on their systematic reviews[15,16] of the evidence which found consistent indications that negative health consequences were linked with dietary patterns with higher intakes of red and processed meats, the 2025 DGAC explicitly recommended reducing intakes of red and processed meats.[17] This recommendation builds on the findings that informed previous editions of the DGA. The 2020–2025 DGA noted that a dietary pattern associated with positive health outcomes included "relatively higher intake of vegetables, fruits, legumes, whole grains, low- or non-fat dairy, lean meats and poultry, seafood, nuts, and unsaturated vegetable oils, and relatively lower consumption of red and processed meats, sugar-sweetened foods and beverages, and refined grains."[18]

Further, in 2015 the International Agency for Research on Cancer concluded that processed meats are "carcinogenic to humans" and red meats are "probably carcinogenic to humans."[19] In 2018, the World Cancer Research Fund also found strong evidence that consuming red meat and processed meat increases the risk of colorectal cancer.[20] We therefore urge the Departments to explicitly advise limiting red and processed meat and prioritizing plant-based protein options in the definition of a healthy dietary pattern in the 2025–2030 DGA.

We urge the Departments to incorporate the DGAC's recommendation to emphasize beans, peas, and lentils and plant-based sources of protein in the proposed Eat Healthy Your Way dietary pattern.

Findings from multiple 2025 DGAC systematic reviews emphasized "the health benefits of increasing beans, peas, and lentils while reducing red and processed meats."[21] We support adopting the DGAC's recommendation to shift beans, peas, and lentils from the Vegetables category to the Protein Foods category, while clarifying that the DGAC's evidence-based recommendation is to eat more plant-based sources of protein and less red and processed meat.

In adopting the DGAC's proposed dietary pattern, the increase to total servings of Protein Foods and decrease in total servings of Vegetables should be carefully communicated to ensure that individuals, groups, and programs are not encouraged to decrease other vegetable intake and/or increase protein intake from animal-based sources. They instead should be encouraged to maintain or increase servings of non-starchy vegetables (that are not beans, peas, or lentils) and emphasize beans, peas, and lentils as protein

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[15] Gardner C, Hoelscher DM, Tobias D, Anderson CAM, Taylor C, Booth S, Deierlein A, Fung T, Giovannucci E, Raynor H, Stanford FC, Talegawkar S, Raghavan R, Kingshipp BJ, Kim JH, Cole NC, Higgins M, Huang S, Reigh N, Butera G, Terry N, Obbagy J. *Food Sources of Saturated Fat and Risk of Cardiovascular Disease: A Systematic Review.* November 2024. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://doi.org/10.52570/NESR.DGAC2025.SR24

[16] Anderson C, Gardner C, Talegawkar S, Hoelscher DM, Stanford FC, Tobias D, Booth S, Fung T, Deierlein A, Giovannucci E, Raynor H, Taylor C, Raghavan R, English LK, Reigh N, Huang S, Higgins M, Callahan EH, Fultz A, Butera G, Terry N, Obbagy J. *Dietary Patterns and Risk of Cardiovascular Disease: A Systematic Review*. November 2024. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://doi.org/10.52570/NESR.DGAC2025.SR13

[17] DGAC, 2024; Part E, Ch. 1, p. 4.

[18] 2020 DGA; p. 23.

[19] World Health Organization: International Agency for Research on Cancer. IARC Monographs Evaluate Consumption of Red and Processed Meat. October 26, 2015. https://www.iarc.who.int/wp-content/uploads/2018/07/pr240_E.pdf

[20] American Institute for Cancer Research, World Cancer Research Fund. Meat, Fish, and Dairy Products and the Risk of Cancer. Diet, Nutrition, Physical Activity and Cancer: A Global Perspective. 2018. https://www.wcrf.org/dietandcancer/exposures/meat-fish-dairy

[21] DGAC, 2024; Part E, Ch. 1, p. 4.

sources, as a "reduction in Total Vegetables would have negative nutrient implications" across age groups for nutrients like fiber and potassium, and for certain age and sex groups in iron, vitamin C, and folate.[22] The DGAC mentioned this concern directly: "The Committee recognizes 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."[23]

Nutrition standards and menus for federal nutrition assistance programs like the National School Lunch Program are based on the healthy dietary pattern modeled in the DGA. Therefore, if a minimum proportion of Protein Foods from beans, peas, and lentils is not clearly communicated for implementation into policies and programs, the increase in the Protein Foods category and decrease in the Vegetables category could lead to higher consumption of red and processed meat or other animal-based protein sources and lower consumption of vegetables, negating the intended beneficial health impact of this change.

We support reordering the Protein Foods subgroups to list beans, peas, and lentils first, as modeled in Table E.1.2 of the report.[24] Reordering the list to emphasize beans, peas, and lentils is a helpful first step in communicating the intent of this shift and prioritizing plant-based sources of protein in a healthy dietary pattern.

We urge the Departments to ensure that the 2025–2030 DGA can be utilized by people across various racial, ethnic, socioeconomic, and cultural contexts.

We urge the Departments to clearly illustrate how healthy dietary patterns can be adapted for different cultures, dietary preferences, and budgets, building on the language offerings and meal preparation resources currently offered as consumer resources on the DGA website. The newly proposed dietary pattern enhances flexibility and inclusivity and can increase the uptake of the DGA's guidance if these flexibilities are clearly communicated. Further support for the need to expand this health equity focus in future DGA processes is detailed below under "Future Directions."

Beverages

We urge the Departments to adopt the DGAC's recommendation to highlight plain drinking water as the primary beverage for people to consume in the 2025–2030 DGA.

Other beverages that contribute beneficial nutrients like unsweetened, pasteurized, fat-free and low-fat dairy milk, and unsweetened fortified soy beverages can also be incorporated into a healthy dietary pattern. Pasteurized 100% juice can also be incorporated into a healthy dietary pattern; however, as reported by the DGAC in their systematic review of the evidence, sugar-sweetened beverage (SSB) consumption is associated with unfavorable growth patterns, body composition, and higher risk of obesity

[22] DGAC, 2024; Part D, Ch. 10, p. 17.
[23] DGAC, 2024; Part E, Ch. 1, p. 4.
[24] DGAC, 2024; Part E, Ch. 1, p. 7.

in childhood through early adulthood.[25] In addition to associations with these outcomes, SSB intake among adults is associated with an increased risk of type 2 diabetes.[26]

CSPI therefore agrees with the DGAC's recommendation that the Departments should advise people to limit consumption of these beverages and **urges the Departments to further advise individuals to avoid consuming SSBs altogether.** The 2025–2030 DGA should continue to emphasize avoiding any fruit or vegetable juices or juice drinks containing added sugars in accordance with overall recommendations to limit any SSB. CSPI also supports the DGAC's recommendation that "given continuing questions and uncertainty about the long-term effectiveness of low- and no-calorie sweeteners in beverages for weight management, emphasis should be on consumption of water and nutrient-dense beverages. This is particularly important for children."[27]

Plain water may be flavored with 100% fruit juice, but when it comes to recommending 100% juice on its own, the Departments should maintain existing recommendations. In their systematic review of the evidence on the relationship between 100% juice consumption by children and adolescents and growth, body composition, and risk of obesity, the DGAC found moderate evidence that 100% juice consumption is not associated with these health outcomes.[28] While the DGAC's food pattern modeling exercises[29] showed that individuals could consume up to 50% of daily fruit from 100% fruit juice with no negative nutrient implications, CSPI recommends that the Departments advise people to prioritize eating whole fruits to meet food group recommendations rather than drinking 100% juice. Especially for young children, fruit juice is not a necessary dietary component and does not provide any greater nutritional benefit than whole fruit but does contain less dietary fiber than whole fruit. Greater consumption of 100% juice may displace whole fruit from the diet, leading to reduced fiber intake, which is highlighted by the DGAC as a nutrient of public health concern. However, in situations of reduced food access where whole fruit is not available, the Departments should advise parents and caregivers that 100% juice may help meet daily fruit recommendations.

The 2025–2030 DGA should continue to advise individuals against serving 100% fruit or vegetable juice to infants before the age of 12 months. For young children ages 1–3 years, the DGA should advise that no more than ½ cup (4 fl. oz.) of 100% juice should be given per day, and children ages 4–5 years should be given no more than ½–¾ cup (4–6 fl. oz.) 100% juice per day. For children and adolescents ages 7 through 18 years, intake should be limited to up to 1 cup (8 fl. oz.) per day. These quantitative limits on juice intake are also supported by the American Academy of Pediatrics, the Academy of Nutrition and

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[25] Deierlein AL, Raynor HA, Andres A, et al. *Sugar-Sweetened Beverages and Growth, Body Composition, and Risk of Obesity: A Systematic Review with Meta-Analysis*. US Dept of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review; 2024. Accessed January 13, 2025. https://doi.org/10.52570/NESR.DGAC2025.SR23

[26] Giovannucci E, Taylor CA, Deierlein AL, et al. *Sugar- Sweetened Beverages and Risk of Type 2 Diabetes: A Systematic Review*. US Dept of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review; 2024. Accessed January 13, 2025. https://doi.org/10.52570/NESR.DGAC2025.SR14

[27] DGAC, 2024; Part D, Ch. 3, p. 18.

[28] Deierlein AL, Raynor HA, Andres A, et al. *100% Juice and Growth, Body Composition, and Risk of Obesity: A Systematic Review with Meta-Analysis*; p. 30, Table 6. US Dept of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review; 2024. Accessed January 16, 2025. https://doi.org/10.52570/NESR.DGAC2025.SR05

[29] DGAC, 2024; Part D, Ch. 10, p. 14.

Dietetics, the American Academy of Pediatric Dentistry, and the American Heart Association in their authoritative guidance on optimal beverage consumption during early childhood and adolescence.[30,31]

In their systematic review of the evidence, the DGAC found that for children ages 2–5 years old, higher-fat dairy milk, in comparison to lower-fat dairy milk, may be associated with favorable growth and body composition, and lower risk of obesity during childhood, based on evidence graded as limited.[32] The Committee also concluded from their systematic review of the evidence that for older children and adolescents, there may not be a relationship between consumption of sweetened milk and growth, body composition, and risk of obesity, based on evidence graded as limited.[33] CSPI generally agrees that there is a lack of strong evidence on both relationships, and given the totality of evidence on the intake of higher added sugars and saturated fat in the diet on health outcomes, we agree with the Committee's assessment that evidence is not sufficient to advise changing the existing recommendations to primarily consume unsweetened fat-free and low-fat milk across the lifespan.[34]

The 2025–2030 DGA should carry forward existing recommendations for introduction of pasteurized dairy and fortified soy milk products to infants' diets.[35] Once infants have reached 12 months of age, parents and caregivers may offer whole-fat unsweetened dairy milk or fortified soy milk to children ages 12–23 months, and transition to fat-free and low-fat unsweetened dairy milk at 24 months. These recommendations are also supported by the multi-disciplinary expert panel on healthy beverage consumption during childhood.[36] The Departments should advise parents and caregivers against selecting plant-based alternative beverages, even those fortified with calcium and vitamin D, to replace dairy or fortified soy milk consumption for children, especially. As reported in the DGAC's food pattern modeling analyses, "direct substitution of plant-based milk alternatives for cow's milk within the patterns may introduce unintended consequences for meeting other nutrient recommendations and may vary by product selected. This is especially a concern in children where nutrients such as protein, phosphorus, and magnesium are critical for bone mineral development."[37] However, as noted by the DGAC, plant-based milk alternatives are a rapidly evolving market and the data used in modeling exercises may not reflect the most up-to-date nutrition information about plant-based milk alternatives.[38] Therefore, this recommendation could change if nutritionally equivalent alternatives are developed.

It is also important for the 2025–2030 DGA to carry forward the previous DGA's recommendations regarding protecting infants and young children, who "should not be given any unpasteurized foods or

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[30] Lott M, et al. *Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations*; p. 18. Healthy Eating Research. 2019. https://healthyeatingresearch.org/wpcontent/uploads/2019/09/HER-HealthyBeverageTechnicalReport.pdf. Accessed January 15, 2025.

[31] Heyman MB, Abrams SA. Fruit juice in infants, children, and adolescents: Current recommendations; p. 6. *Pediatrics*. 2017;139(6). doi:10.1542/peds.2017-0967

[32] Raynor HA, Deierlein AL, Gardner CD, et al. *Dairy Milk and Milk Alternatives and Growth, Body Composition, and Risk of Obesity: A Systematic Review*; p. 27, Table 6. US Dept of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review; 2024. Accessed January 16, 2025. https://doi.org/10.52570/NESR.DGAC2025.SR03

[33] Raynor HA, Deierlein AL, Gardner CD, et al. *Dairy Milk and Milk Alternatives and Growth, Body Composition, and Risk of Obesity: A Systematic Review*; p. 29, Table 7. US Dept of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review; 2024. Accessed January 16, 2025. https://doi.org/10.52570/NESR.DGAC2025.SR03

[34] DGAC, 2024; Part D, Ch. 3, p. 17.

[35] 2020 DGA; p. 62.

[36] Lott M, et al, 2019; p. 14.

[37] DGAC, 2024; Part D, Ch. 10, p. 10.

[38] DGAC, 2024; Part D, Ch. 10, Box D.10.2

beverages, such as unpasteurized juices, milk, yogurt, or cheeses, as they could contain harmful bacteria."[39] **We urge the Departments to maintain the previous DGA recommendation that consuming raw, undercooked, or unpasteurized food products—like raw milk—increases the risk of contracting a foodborne illness, and that populations at increased risk of foodborne illness—including pregnant individuals, young children, older adults, and individuals with weakened immune systems—or those preparing food for them, should use extra caution**.[40]

Policy, Systems, and Environmental Strategies to Support Healthy Eating Patterns

We urge the Departments to consider existing reviews of research on policy, systems, and environmental (PSE) barriers to a healthy diet and include a section with recommendations for systems-level interventions in the 2025–2030 DGA.

Based on the findings that there is a gap between dietary recommendations and actual intakes across all sociodemographic groups,[41] the 2025 DGAC urged the Departments to "convene researchers with diverse expertise in behavioral, implementation, and communication sciences to evaluate the science of dietary behavior change and make evidence-based recommendations to promote dietary intakes that align with [DGA] recommendations," noting that "behavioral science can identify structural and social drivers of dietary intake."[42] They recommended identifying PSE strategies for implementing the DGA as a future research need and alternating the focus of DGA cycles between what to eat and "how to eat" in order to provide guidance on how to successfully implement the advice of the DGA.[43]

However, there is already ample research on the structural drivers of dietary intake and the association between the food environment and health outcomes,[44,45,46,47,48] as well as sufficient research-informed recommendations on how to make positive changes to the food supply and policy environment.[49] For example, CSPI, in partnership with the Johns Hopkins Bloomberg School of Public Health (BSPH), and Healthy Eating Research (HER), published a 2023 report with policy opportunities to improve the retail food environment.[50] This report was based on a convening of stakeholders: food and beverage retailers

[39] 2020 DGA; p. 61.

[40] 2020 DGA; p. 34.

[41] DGAC, 2024; Part D, Ch. 1, p. 4.

[42] DGAC, 2024; Part E, Ch. 1, p. 12.

[43] DGAC, 2024; Part E, Ch. 1, p. 19.

[44] Cameron AJ, Charlton E, Ngan WW, Sacks G. A Systematic Review of the Effectiveness of Supermarket-Based Interventions Involving Product, Promotion, or Place on the Healthiness of Consumer Purchases. *Current Nutrition Reports*. 2016. 2016;5(3):129-138.

[45] Karpyn A, McCallops K, Wolgast H, Glanz K. Improving Consumption and Purchases of Healthier Foods in Retail Environments: A Systematic Review. *International Journal of Environmental Research and Public Health.* 2020;17(20):7524

[46] Pitt E, Gallegos D, Comans T, Cameron C, Thornton L. Exploring the influence of local food environments on food behaviours: a systematic review of qualitative literature. *Public Health Nutr*. 2017;20(13):2393-2405.

[47] Moran AJ, Gu Y, Clynes S, Goheer A, Roberto CA, Palmer A. Associations between Governmental Policies to Improve the Nutritional Quality of Supermarket Purchases and Individual, Retailer, and Community Health Outcomes: An Integrative Review. *Int J Environ Res Public Health*. 2020;17(20)doi:10.3390/ijerph17207493

[48] John S, Winkler MR, Kaur R, et al. Balancing Mission and Margins: What Makes Healthy Community Food Stores Successful. International Journal of Environmental Research and Public Health. 2022;19(14):8470

[49] Hecht AA, Lott MM, Arm K, et al. Developing a National Research Agenda to Support Healthy Food Retail. *Int J Environ Res Public Health.* 2020;17(21).

[50] John S, Johnson J, Nelms A, Bresnahan C, Tucker AC, Wolfson JA. Recommendations to Promote Healthy Retail Food Environments: Key Federal Policy Opportunities for the Farm Bill. Center for Science In the Public Interest. 2023. Available at: https://www.cspinet.org/resource/report-title-recommendations-promote-healthy-retail-food-environments

and manufacturers, Supplemental Nutrition Assistance Program (SNAP) participants, and public health researchers, practitioners, and advocates. These recommendations included strengthening SNAP retailer stocking standards to better align with the DGA and expanding nutrition education through SNAP-Ed.

These recommendations align with similar guidance in past versions of the DGA, which have laid the groundwork for a section on PSE interventions in the 2025–2030 DGA. A new PSE section can build on *Chapter 3: Everyone Has a Role in Supporting Healthy Eating Patterns* and the *Strategies for Action* in the 2015–2020 DGA, which acknowledged needed policy and food environment changes like "promote the development and availability of food products that align with the Dietary Guidelines in food retail and food service establishments."[51] Given the chronic disease epidemic in our country, it is critical for those who shape the food environment, such as food producers, food retail, and food service establishments, to play a role in making healthy diets more accessible.

For example, one PSE strategy included in the 2025–2030 DGA could be recommendations to institutional food service (including schools) on how to align menus with the updated DGA, including examples of how to emphasize plant-based proteins. This guidance is critical to ensure the recommended shift of beans, peas, and lentils from the Vegetables to Protein Foods subgroup does not result in lower overall consumption of vegetables among schoolchildren.

Furthermore, while the gap between recommended and actual dietary intake exists across all sociodemographic groups, the DGAC found "significant disparities in prevalence of nutrition-related chronic health conditions between sociodemographic groups" after reviewing the data with a health equity lens.[52] Research has shown that differences in access to nutritious food also exist and may be key drivers of the disparities in health outcomes,[53,54] a pressing issue given rising food insecurity in our country.[55] Therefore, a PSE strategies section would complement this DGAC's health equity focus by putting forth suggestions for key stakeholders on how to create a "state in which everyone has a fair and just opportunity to attain their highest level of health."[56] **A section—informed by existing behavioral, implementation, and communication science—on PSE strategies to make a healthy diet more accessible should be included in the 2025–2030 DGA.**

We support the DGAC's call to further reduce sodium in the food supply by asking the food industry to follow the Food and Drug Administration's draft Phase II voluntary sodium reduction targets.[57] We urge the Departments to include this call to action as a PSE strategy in the 2025–2030 DGA.

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[51] U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans; p. 64-68. 8th Edition. December 2015.
[52] DGAC, 2024; Part A, p.1.
[53] Gundersen C, Ziliak JP. Food Insecurity And Health Outcomes. *Health Affairs*. 2015;34(11):1830-1839. https://pubmed.ncbi.nlm.nih.gov/26526240/
[54] Gearing M, Dixit-Joshi S, May L. Barriers that Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments: Survey Findings. 2021. https://fns-prod.azureedge.us/sites/default/files/resource-files/SNAP-Barriers-SurveyFindings.pdf
[55] Rabbitt, M.P., Reed-Jones, M., Hales, L.J., & Burke, M.P. Household food security in the United States in 2023 (Report No. ERR-337). 2024. U.S. Department of Agriculture, Economic Research Service.
[56] DGAC, 2024; Part A, p.2.
[57] U.S. Food and Drug Administration. *Draft Guidance for Industry: Voluntary Sodium Reduction Goals (Edition 2).* August 2024. Accessed December 20, 2024. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/draft-guidance-industry-voluntary-sodium-reduction-goals-edition-2

The DGAC found that 89% of individuals over the age of one exceed the Chronic Disease Risk Reduction intake level for sodium.[58] Sodium reduction is critically important for health but is largely out of consumers' control, because most sodium in the American diet comes from packaged and prepared foods.[59] The DGAC's Food Pattern Modeling results demonstrate that it is nearly impossible for an individual to eat a diet aligned with recommended sodium limits, likely due to the high sodium content in the food supply.[60] Therefore, as stated by the DGAC, the food industry must commit to these voluntary targets and ultimately reduce sodium in their products.

Alcohol

We support the DGAC's recommendation that the Departments should consider the findings of both the National Academies of Sciences, Engineering, and Medicine (NASEM) and Interagency Coordination Committee on the Prevention of Underage Drinking's (ICCPUD) reports on alcohol intake and health outcomes.[61] **We also recommend incorporating findings from the 2025 U.S. Surgeon General's Advisory on Alcohol and Cancer Risk**.[62]

While the reports varied in their conclusions (see more detail below), all three were consistent in their findings that moderate alcohol consumption is associated with an increased risk of breast cancer, and that heavy drinking is associated with many increased health risks. Furthermore, despite favorable associations between drinking one drink a day and lowered risk of ischemic stroke identified in both the NASEM and ICCPUD reports, moderate alcohol consumption is associated with increased risk of a variety of other harms, including cancer, road and accidental injuries, violence, and drowning.

Given the collective findings from these expert panel reports on health risks associated with moderate alcohol consumption, **we urge the Departments to recommend that individuals who do not drink alcohol are not advised to start drinking, and for those who choose to drink, drinking less alcohol is better for health than drinking more.**

Sustainability

We urge the Departments to finalize and publish results from the separate federal efforts to integrate nutrition guidance and sustainability in a timely manner.

While the DGAC's report noted that the Departments should consider the separate reviews being conducted on alcohol by NASEM and ICCPUD, it did not mention the separate reviews being conducted on environmental sustainability. We encourage the Departments to consider the findings of the NIH ADVANTAGE study[63] and the federal "Examining a Process Framework for Considering Sustainability

[58] DGAC, 2024; Part D, Ch.1, p. 21.
[59] U.S. Food and Drug Administration. *Sodium in Your Diet: Use the Nutrition Facts Label and Reduce Your Intake.* June 2021. https://www.fda.gov/media/84261/download#:~:text=Americans%20eat%20on%20average%20about,recommended%20limits%20are%20even%20lower. Accessed January 13, 2025.
[60] DGAC, 2024; Part E, Ch.1, p. 17-18.
[61] DGAC, 2024; Part E, Ch.1, p. 18.
[62] U.S. Surgeon General. *Alcohol and Cancer Risk: The U.S. Surgeon General's Advisory.* January 2025. https://www.hhs.gov/sites/default/files/oash-alcohol-cancer-risk.pdf
[63] U.S. Department of Health and Human Services. National Institutes of Health. Agriculture & Diet: Value Added for Nutrition, Translation, & Adaptation in a Global Ecology (ADVANTAGE) Project. October 24, 2023. https://www.nichd.nih.gov/research/supported/advantage. Accessed February 5, 2025.

in Dietary Guidelines" Workgroup,[64] which are focused on evaluating the evidence and policy implications of the interconnected issues of climate change, dietary patterns, and the food system.

Given the growing climate crisis and its impact on our food system and food security, it is urgent that food production and consumption contribute to a resilient food system for years to come.[65] The DGA are uniquely positioned to influence food supply and demand, and thereby influence the food system, as they inform standards for federal food assistance programs and provide dietary advice that shapes consumer choices and institutional food procurement.[66] Therefore, the DGA have a critical role to play in addressing our nation's interconnected crises of chronic disease, food insecurity, and environmental disruption.

We urge the Departments to incorporate the DGAC's recommendations to prioritize plant-based proteins and promote plant-based meal options. We also urge the Departments to acknowledge the connection between a healthy diet and a sustainable diet in the 2025–2030 DGA.

The 2025 DGAC's recommendations, while primarily aimed at meeting nutrient needs, promoting health, and preventing chronic disease, also support planetary health. For example, the DGAC recommended reducing red meat consumption and including more nutrient-dense plant-based options throughout their report, citing the reduced cardiovascular disease risk of a diet lower in processed or unprocessed red meat and higher in plant-based protein and unsaturated fat sources.[67] The recommendation to substitute red meat with plant sources of protein is consistent with more than a decade of evidence, including the 2015 DGAC's conclusion that "in general, a dietary pattern that is higher in plant-based foods, such as vegetables, fruits, whole grains, legumes, nuts, and seeds, and lower in animal-based foods is more health promoting and is associated with lesser environmental impact (GHG emissions and energy, land, and water use) than is the current average U.S. diet."[68]

Future Directions

We support the DGAC's calls for future research, including more funding for NHANES development and more diverse research samples. We urge the Departments to pursue resources for the research needs identified by the DGAC.

We support many of the DGAC's recommendations for future DGACs and the greater research community, including:

- Selecting 2030 DGAC members with expertise in behavioral, communication, policy, and implementation science.
- Prioritization of health equity by future DGACs.

[64] U.S. Department of Health and Human Services and Department of Agriculture. 2025 Dietary Guidelines Advisory Committee Meeting 5 Summary; p. 9. May 29-30, 2024. https://www.dietaryguidelines.gov/sites/default/files/2024-09/2025-DGAC-Meeting-5-Summary.pdf

[65] Myers, SS., Smith, MR., Guth, S. Climate Change and Global Food Systems: Potential Impacts on Food Security and Undernutrition; p. 265, 267-268. *Annu. Rev. Public Health.* January 2017; 38:259–77.

[66] DGAC, 2024; Part B, Ch.1, p. 4.

[67] DGAC, 2024; Executive Summary, p. 5; Part D, Ch.4, p. 6, 15.

[68] 2015 Dietary Guidelines Advisory Committee. Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture. 2015. Washington, DC: US Department of Agriculture. Pg. 289. https://health.gov/dietaryguidelines/2015-scientific-report

- Conducting a formal evaluation through systematic review of the effectiveness of culturally responsive interventions to improve diet.
- Continued support and expanded investment in NHANES and other federal nationally representative surveys on nutrition and health, to allow:
    - Increased sample sizes for underrepresented sociodemographic and cultural groups, including pregnant and lactating individuals.
    - Including questions in NHANES that allow for accurate identification of culture and race affiliations, as well as dietary behaviors, food environment, food access, and dietary preferences.
    - Expanded instruments to capture social determinants of health (SDOH) and other factors that influence dietary intake.
    - Continued monitoring of market trends and the food supply.

We applaud the 2025 DGAC's leadership in being the first to deploy a systematic approach to apply a health equity lens across their work. Reviewing the evidence base with consideration to demographic, socioeconomic, and political influences provided a more comprehensive picture as to whether the results were generalizable across various populations. Unfortunately, the efficacy of this approach was limited given the often-absent demographic variables and limited inclusion of certain populations in research inquiries. As such, we endorse the need for improved SDOH and demographic data collection methods in diet and health research and encourage additional funding for scholarship that would establish standardized approaches.

The Committee's innovative approach to constructing a dietary simulation utilizing a nationally representative dietary intake dataset in combination with a database sourced from experts on select American Indian and Alaska Native foodways is another effort we applaud. We support the assertion that future Committees should investigate additional methods to consider cultural foodways in dietary simulations to expand the knowledge base on dietary diversity and identify health equity opportunities. As this nation continues to grow in diversity, guidelines that incorporate cultural foodways and the influence of the SDOH on diet are positioned to have the most meaningful and sustained population health impact.

We also urge the Departments to convene the research community to hear the DGAC's recommendations included in the Report's "Methodological Considerations for Research Community," including the critical calls to replicate observational studies conducted outside of the United States, determine consistent nomenclature and components for dietary patterns, and develop evidence-based and consistent nomenclature for food groups and subgroups.[69]

We urge the federal government to increase their prioritization and funding of randomized controlled trials (RCTs), both long-term trials to confirm observational evidence included in past DGAC systematic reviews and short-term intensive feeding studies to provide novel evidence on key scientific questions, such as ultra-processed foods (UPFs).

We acknowledge that the DGAC's findings on ultra-processed foods were constrained by the current available evidence, and we support the DGAC's subsequent call for more research. The limitations in the

[69] DGAC, 2024; Part E, p. 10-11.

evidence base related to UPFs identified in the DGAC report (such as inconsistent definitions of UPFs and inability of certain dietary assessment methods to accurately capture UPF consumption) should provide more impetus for funding to support high-quality research into the impacts of these foods.

Given ongoing research in this area, **we support the DGAC's recommendation that future Committees re-examine the association of UPFs with growth, body composition, and risk of obesity and examine associations with other health outcomes, such as type 2 diabetes mellitus, cardiovascular disease, cancer, and cognitive decline**.[70]

In the meantime, **we urge the Departments to ensure DGA recommendations are accurately worded given the limited evidence. In consumer-facing materials, we urge the Departments to incorporate clear messaging that the guidelines do promote minimally processed foods.** Furthermore, the DGAC and past DGA recommendations already recommend limiting consumption of foods that have strong evidence of harm, including many that would be considered ultra-processed like processed meat and products high in added sugar, saturated fat, and sodium.[71]

We urge the Departments to continue to update the DGA every five years based on the preponderance of scientific evidence, as required by law.

Section 301 of the National Nutrition Monitoring and Related Research Act mandates that HHS and USDA jointly publish the DGA "at least every five years," and that the report "shall be based on the preponderance of the scientific and medical knowledge which is current at the time the report is prepared."[72]

As the DGA are updated for 2030–2035, we support the 2025 DGAC's recommendations on questions to deprioritize (listed below) in the 2030 review of the evidence, with a few exceptions for continued evidence monitoring:

- What is the relationship between dietary patterns consumed and risk of cardiovascular disease?
- What is the relationship between sugar-sweetened beverage consumption and growth, body composition, and risk of obesity?
- What is the relationship between 100% juice consumption and growth, body composition, and risk of obesity?
- What are the implications for nutrient intakes when modifying the Fruits food group quantities within the Healthy US-style Dietary Pattern?
- What is the relationship between portion size and energy intake?
- What is the relationship between beverage patterns consumed and growth, body composition, and risk of obesity?
- What is the relationship between sugar-sweetened beverage consumption and risk of type 2 diabetes?
    - CSPI agrees that it is appropriate to deprioritize this question for infants, young children, adults, and older adults in 2030. CSPI recommends that the Nutrition Evidence Systematic Review (NESR) team monitor the emerging evidence for children and

[70] DGAC, 2024; Part D, Ch. 2, p. 26.
[71] DGAC, 2024; Part D, Ch. 2, p. 26.
[72] National Nutrition Monitoring and Related Research Act of 1990. P.L. 101-445. p.10.

adolescents to determine whether re-examination of this question by the 2030 DGAC is warranted.

- What is the relationship between dietary patterns consumed and risk of type 2 diabetes in adults and older adults?
    - CSPI agrees that it is appropriate to deprioritize this question for adults and older adults in 2030. CSPI recommends that the NESR team continue to monitor the emerging evidence on dietary patterns and risk of type 2 diabetes among children and adolescents to determine if a reassessment of the evidence by the 2030 DGAC is warranted.

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

    - CSPI agrees that it is appropriate to deprioritize this question where conclusion statements were rated as strong or moderate but recommends that NESR conduct continued evidence monitoring for the conclusion statements rated as limited and grade not assignable to determine whether the 2030 DGAC should re-review the evidence in full.

CSPI recommends that the NESR team continue to monitor the emerging evidence on portion size and growth, body composition, and risk of obesity across all life stages to determine if a reassessment of the evidence by the 2030 DGAC is warranted.

While the 2025 DGAC recommended deprioritizing the food pattern modeling question, "Can nutrient goals be met when animal sources of foods and beverages are removed from the Healthy Vegetarian Dietary Pattern for ages 2 years and older?", due to insufficient data available to model substitutions, we recommend that the 2030 DGAC re-examine this question through a systematic review of the existing literature. The question may be rewritten as, "What is the relationship between vegetarian dietary patterns and nutrient adequacy in individuals ages 2 and older?"

Lastly, we recommend that the 2030 DGAC prioritize the following questions for which the 2025 DGAC drafted protocols but ultimately did not answer due to time and resource constraints:

- What is the relationship between dietary patterns consumed and risk of prostate cancer?
- What is the relationship between dietary patterns consumed and risk of depression?
- What is the relationship between coffee and/or tea consumption and growth, body composition, and risk of obesity?
- What is the relationship between coffee and/or tea consumption and risk of type 2 diabetes?
- What is the relationship between dairy milk and milk alternative consumption and risk of type 2 diabetes?
- What is the relationship between 100% juice consumption and risk of type 2 diabetes?
- What is the relationship between dietary patterns consumed and bone health?
- What evidence has been published on the relationship between home food availability in adults and diet-related psychosocial factors, dietary intake, diet quality, and health outcomes?

Conclusion

In conclusion, CSPI appreciates the opportunity to submit comments in response to the 2025 DGAC's Scientific Report. We urge the Departments to finalize the 2025 DGA process and adopt the 2025

DGAC's evidence-based recommendations in the final 2025-2030 DGA. Please contact Grace Chamberlin at gchamberlin@cspinet.org with any questions or requests for additional information.

Sincerely,

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