

## 2020 DIETARY GUIDELINES ADVISORY COMMITTEE

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## PUBLIC MEETING

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THURSDAY

MARCH 28, 2019

DAY 1 OF 2

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The Advisory Group met in the Jefferson Auditorium, at the headquarters of the U.S. Department of Agriculture, 1400 Independence Avenue, Washington, DC, at 9:00 a.m., Barbara Schneeman, Chair, presiding. The meeting allowed for public viewing, both in-person and by Web.

## PRESENT

BARBARA SCHNEEMAN, PhD, Chair  
 RONALD KLEINMAN, MD, Vice Chair  
 JAMY ARD, MD  
 REGAN BAILEY, PhD, MPH, RD  
 LYDIA BAZZANO, MD, PhD  
 CAROL BOUSHEY, PhD, MPH, RDN  
 TERESA DAVIS, PhD  
 KATHRYN DEWEY, PhD  
 STEVEN HEYMSFIELD, MD  
 HEATHER LEIDY, PhD  
 RICHARD MATTES, PhD, MPH, RD  
 ELIZABETH MAYER-DAVIS, PhD, RD  
 RACHEL NOVOTNY, PhD, RDN, LD  
 JOAN SABATÉ, MD, DrPH  
 LINDA SNETSELAAR, PhD, RD  
 JAMIE STANG, PhD, MPH, RDN  
 LINDA VAN HORN, PhD, RDN, LD

ALSO PRESENT

BRANDON LIPPS, JD, Acting Deputy Under Secretary,  
USDA

DON WRIGHT, MD, MPH, Deputy Assistant Secretary  
for Health, HHS

SCOTT HUTCHINS, PhD, Deputy Under Secretary, USDA

JACKIE HAVEN, MS, RD, USDA

COLETTE RIHANE, MS, RD, USDA

EVE STOODY, PhD, USDA, Designated Federal Officer

RICHARD OLSON, MD, HHS

JANET de JESUS, MS, RD, HHS

JULIE OBBAGY, PhD, RD, USDA

TUSAREBECCA PANNUCCI, PhD, MPH, RD, USDA

DAVID KLURFELD, PhD, USDA, Co-Executive Secretary

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1 P-R-O-C-E-E-D-I-N-G-S

2 9:00 a.m.

3 DR. STODY: Good morning.

4 My name is Eve Stody, and I'm the  
5 Designated Federal Officer for the 2020 Dietary  
6 Guidelines Advisory Committee, and I'm also the  
7 Lead Nutritionist for nutrition guidance at  
8 USDA's Center for Nutrition Policy and Promotion.

9 It is really my pleasure to welcome  
10 everyone, both here in the audience and those of  
11 you online, to the first meeting of the 2020  
12 Dietary Guidelines Advisory Committee. We are  
13 really so excited to get this work underway, and  
14 we thank you for your interest and your work in  
15 this process.

16 I do want to start with just a couple  
17 of housekeeping items. For those of you here in  
18 person, you'll notice that we have badges. You  
19 need to have either a USDA official badge or that  
20 sticker to go through the halls of this building.  
21 So, please keep that sticker on. It designates  
22 to security that you are a part of this group.

1           Also, you will notice that some people  
2           have blue dots, and those blue dots indicate that  
3           they are staff. It also says "staff". So, if  
4           you have any questions at all, please reach out  
5           to a member of the staff, and they can help you  
6           or they can direct you to someone who can assist  
7           you.

8           Now, finally, if you need some  
9           refreshments or lunch later, the cafeteria is  
10          down wing 3.

11          Now we are all here with a common goal  
12          to improve the health of our nation. We know  
13          that what we eat and drink matters. And yet, we  
14          know that we are very far behind in meeting the  
15          Dietary Guidelines. On average, Americans have  
16          a score of a 59 out of 100 on the Healthy Eating  
17          Index. If you look at the lefthand side, that  
18          graph there, it shows that Healthy Eating Index  
19          scores have increased slightly over the last 10  
20          years. Now, the righthand side, you can see that  
21          Healthy Eating Index scores are slightly higher  
22          among our youngest and our oldest Americans, but,

1 overall, there is a lot of room for improvement.  
2 And yet, research shows us that moving towards a  
3 healthy diet, a diet that aligns with the Dietary  
4 Guidelines, can have health as well as economic  
5 benefits in terms of healthcare costs.

6 The Dietary Guidelines are mandated to  
7 reflect the preponderance of scientific evidence  
8 and to be published jointly by the Departments of  
9 Agriculture and Health and Human Services at  
10 least every five years. And it is important to  
11 reexamine the evidence to provide current,  
12 credible, science-based advice to all Americans  
13 now from birth into older adulthood.

14 We want to set the stage by saying  
15 that USDA and HHS are committed to ensuring that  
16 our process to develop the 2020-2025 Dietary  
17 Guidelines for Americans is transparent,  
18 inclusive, and science-driven. And those are  
19 three terms that really drive our work on a daily  
20 basis. And you will hear more about how we're  
21 working to address these goals throughout the  
22 presentations today and tomorrow.

1           So, for our agenda today, this morning  
2 we'll have some opening remarks and formal  
3 swearing-in of the Committee. That would be  
4 followed by a quick break. And then, I'll do an  
5 overview of the Committee's Charter, operations,  
6 and timeline, and that will be followed by  
7 remarks by our Chair and Vice Chair, and then,  
8 lunch.

9           And then, this afternoon I'll begin  
10 with a presentation around responding, the  
11 Department's response, USDA's and HHS's responses  
12 to the National Academies of Sciences'  
13 Engineering and Medicine Study on the process to  
14 establish the Dietary Guidelines for Americans.  
15 We will, then, get into a discussion about the  
16 approaches that the Committee will use to examine  
17 the evidence. So, that includes the Nutrition  
18 Evidence Systematic Review, formerly known as the  
19 Nutrition Evidence Library, or NEL, as well as  
20 data analysis and food pattern modeling.

21           We'll also have a discussion about a  
22 new step that we're implementing, which is the

1 peer review of the systematic reviews conducted  
2 by the 2020 Advisory Committee. Then, I'll close  
3 the day with a little bit of a discussion about  
4 opportunities for public engagement throughout  
5 this process before we close for today.

6 Now, for the public record -- oh,  
7 maybe I should note, too, that the agenda is  
8 available at [dietaryguidelines.gov](http://dietaryguidelines.gov). And we will  
9 post the recording of this meeting, as well as  
10 all of the slides and any of the materials that  
11 are used today, at [dietaryguidelines.gov](http://dietaryguidelines.gov). Please  
12 allow one to two weeks for posting, just so we  
13 have all those pieces.

14 We will also have meeting minutes from  
15 this meeting and eventually a transcript, but  
16 that will take a little bit longer for us to get  
17 and get posted.

18 For the public record, 17 of our 20  
19 members are here with us today, who Mr. Lipps  
20 will introduce shortly. Doctors Donovan, Naimi,  
21 and Taveras were not able to be here today, but  
22 they will tune in as they are able.

1           Should they have any questions or  
2           comments during the Committee's discussion, they  
3           will send them to one of our colleagues,  
4           Stephanie Fu, who will come to this podium and  
5           speak on their behalf.

6           Please note that this is a meeting of  
7           the Committee that is open to the public to  
8           observe. If you have any comments to the  
9           Committee, we encourage you to submit those  
10          through the written public comment process, so  
11          they become an official part of the public  
12          record.

13          We will also have two opportunities  
14          for the public to provide oral comments to the  
15          Committee. We had one last round, and we're  
16          going to have two this round. And we'll talk  
17          more about that later today and at  
18          dietaryguidelines.gov.

19          So, we're so happy to have our  
20          leadership from USDA and HHS here with us today  
21          to kick off this exciting phase of our process.  
22          I'm pleased to introduce Brandon Lipps, Acting

1 Deputy Under Secretary of the USDA Food,  
2 Nutrition, and Consumer Services mission area,  
3 and Administrator of the Food Nutrition Service,  
4 or FNS. As you may be aware, FNS is the lead  
5 agency from USDA for the 2020-2025 Dietary  
6 Guidelines process.

7 Acting Deputy Under Secretary Lipps  
8 joined USDA in 2017 from Texas Tech University  
9 System, where he was the Chief of Staff and  
10 Director of Federal Affairs in the Office of the  
11 Chancellor. Before that, he served as counsel  
12 and senior professional staff to the U.S. House  
13 Committee on Agriculture, where he led the  
14 nutrition policy team in developing key  
15 initiatives in nutrition assistance.

16 We really appreciate Mr. Lipps'  
17 leadership here at FNS, and please join me in  
18 welcoming him.

19 (Applause.)

20 DEP. UNDER SEC. LIPPS: Good morning.  
21 Good morning.

22 That's better.

1                   Thank you, everybody, for being here  
2 today.

3                   Thanks, Dr. Stoodly, for that kind  
4 introduction.

5                   On behalf of Secretary Perdue, who  
6 couldn't be with us here today -- he is on travel  
7 -- I want to welcome everybody, our Committee and  
8 our audience, to the first meeting of the 2020  
9 Dietary Guidelines Advisory Committee.

10                  Many thanks to Dr. Don Wright from the  
11 Department of Health and Human Services for their  
12 great partnership in this process, and for Dr.  
13 Hutchins, from our REE mission area here at USDA,  
14 for joining us today. They're going to give you  
15 comments in just a few minutes on their  
16 perspectives as well.

17                  I'm very excited to announce we have  
18 more than a thousand people joining us today in  
19 this room and, also, by webcast. The  
20 participation by the public is a very important  
21 part in this process. You will hear us talk over  
22 and over about ways that we have increased

1 transparency in this process. I think the  
2 process has done a wonderful job in the past.  
3 Many folks didn't know how to access many of the  
4 transparent opportunities that were in various  
5 places on our website. We have worked on  
6 revamping much of that stuff and provided more  
7 opportunities for input, beginning with listening  
8 sessions prior to putting the questions out for  
9 public comment, and continuing as we go  
10 throughout this process.

11 Committee Members, we are excited that  
12 you're all here today. I'm very excited that 17  
13 of you were able to travel here relatively  
14 quickly for the first meeting of the Committee  
15 today. We've asked for a significant commitment  
16 from each of you. You've accepted our  
17 invitation, and we thank you. You all have very  
18 important roles in your day jobs, and we thank  
19 you for the time that you have committed here.

20 In the next phase we're kicking off  
21 today, the Departments collectively are asking  
22 you, as scientific experts in nutrition and

1 public health, to conduct an independent,  
2 rigorous review of the scientific evidence. Your  
3 role is to examine that science. Our roles at  
4 USDA and HHS are to develop the Dietary  
5 Guidelines, and we take our roles just as  
6 seriously as we believe that you do.

7 Every federal nutrition program and  
8 all federal nutrition activities nationwide rely  
9 on the Dietary Guidelines. It impacts millions  
10 of lives. And for the first time, the 2020-to-  
11 2025 edition will do so from birth to adulthood,  
12 the entire lifespan.

13 At USDA, this means programs and  
14 initiatives like our Women, Infants, and  
15 Children, often known as [the] WIC Program, will  
16 be more heavily influenced by the Dietary  
17 Guidelines. Our Child and Adult Care Food  
18 Program, which provides important nutrition to  
19 children in daycare, both public and in-home  
20 throughout the country; our SNAP Education  
21 Initiatives, which provide important nutrition  
22 advice to those on our SNAP program, and, of

1 course, MyPlate, the nutrition resource for all  
2 consumers, as the public looks to us for  
3 nutrition advice on how to eat a healthy diet.

4           It goes without saying -- Eve said it;  
5 I told you we would say it again -- but it's  
6 imperative that our process be transparent and  
7 that it be evidence-based. We must ensure that  
8 what we put into the Guidelines is grounded in  
9 the latest science, not the latest study to hit  
10 the headlines, the latest science across studies  
11 over time and of high quality.

12           Thank you, Committee, again for taking  
13 on this very important role. It is a difficult  
14 role and one that will take much time commitment  
15 from you, and we appreciate you providing that.

16           We are committed to making the process  
17 and the work of this Committee to be transparent  
18 and inclusive every step of the way. Since the  
19 process started to develop the 2020-to-2025  
20 Dietary Guidelines early last year, we have  
21 worked hard to make sure of that, fostering  
22 public trust and input. We've built transparency

1 into every stage of the process. We've improved  
2 how we make it available, and moves as simply as  
3 redesigning our website.

4 We want the public to comment. The  
5 public comment period for this phase of the  
6 process opened on March 12th and will remain open  
7 for the entire time the Committee is doing its  
8 work. All of you listening today, we ask you to  
9 comment on this process every step along the way.  
10 There will also be opportunities for oral  
11 comments to the Committee at two of our hearings.

12 After the Committee submits its  
13 reports to us and disbands, and the public  
14 comment period closes, we will open a new public  
15 comment period on the scientific report provided  
16 from the Committee.

17 All told, from the start of this  
18 process, where we saw public input on the topics  
19 and questions the Committee will examine, because  
20 they are important to the Dietary Guidelines we  
21 will develop, to our call for nominations for  
22 Advisory Committee members, to the public comment

1 periods that I've just talked about, we have made  
2 sure that the public will have had about two  
3 years to participate in this process.

4           Transparent, inclusive, and science-  
5 driven, that's our commitment, both to you, the  
6 Committee, and to the public, as this process  
7 moves forward.

8           At this time, I have the great  
9 pleasure of introducing the Committee. As I say  
10 each of your names, I would appreciate you  
11 standing up.

12           And for those of you in the audience,  
13 I would appreciate you holding your applause  
14 until we finish introducing all members.

15           I want to first welcome the Chair of  
16 our Committee, Dr. Barbara Schneeman. Dr.  
17 Schneeman, thank you for your willingness to lead  
18 this incredible effort.

19           Along with her, our Vice Chair, Dr.  
20 Ron Kleinman. Dr. Kleinman, thank you as well  
21 for this very important role.

22           You all please stay standing. You can

1 have the joy of standing as all your partners go.

2 (Laughter.)

3 Also serving on the Committee:

4 Dr. Heather Leidy;

5 Dr. Joan Sabate;

6 Dr. Carol Boushey;

7 Dr. Regan Bailey;

8 Dr. Jamy Ard;

9 Dr. Elizabeth Mayer-Davis;

10 Dr. Steven Heymsfield;

11 Dr. Kathryn Dewey;

12 Dr. Lydia Bazzano;

13 Dr. Richard Mattes;

14 Dr. Rachel Novotny;

15 Dr. Linda Van Horn;

16 Dr. Teresa Davis;

17 Dr. Linda Snetselaar;

18 And Dr. Jamie Stang.

19 Joining us remotely are Dr. Elsie

20 Taveras, Dr. Sharon Donovan, and Dr. Tim Naimi.

21 Committee Members, thank you all very  
22 much for volunteering your valuable time to this

1 very important process. We look forward to your  
2 independent review of the process and your  
3 recommendations to the departments.

4 Please give a healthy round of  
5 applause to our Committee members.

6 (Applause.)

7 You can be seated.

8 I felt a little bit like I was back in  
9 my old job calling names coming across the stage.

10 (Laughter.)

11 Thank you for welcoming our Committee.

12 It's now my pleasure to ask the Chair  
13 and Vice Chair to come forward and stand with me  
14 as we administer the oath of office to the  
15 Committee.

16 Dr. Schneeman and Dr. Kleinman, and  
17 other Committee Members, please raise your right  
18 hand.

19 Both of you please come over here,  
20 yes.

21 (Committee members sworn-in.)

22 Thank you, everyone.

1 (Applause.)

2 In closing this portion, again,  
3 Committee, I want to thank you for your  
4 willingness to serve. We are going to thank you  
5 often. We have very high expectations of you,  
6 and we know we are asking a lot of time  
7 commitment to you. So, thank you again for that.  
8 Thank you for your expertise in your fields and  
9 your commitment to ensuring dedication to public  
10 health.

11 It is now time for you to hear from my  
12 colleague at the Department of Health and Human  
13 Services, Dr. Don Wright. It is my pleasure to  
14 introduce Dr. Wright.

15 He is the Deputy Assistant Secretary  
16 for Health and Director of the Office of Disease  
17 Prevention and Health Promotion, as we all know,  
18 ODPHP, which drives the Dietary Guidelines work  
19 for HHS with us here at USDA. As Director of  
20 ODPHP, in addition to the Dietary Guidelines, Dr.  
21 Wright provides leadership for Healthy People  
22 2020 and oversees the recently-released Physical

1 Activity Guidelines, also important, we should  
2 all note.

3 Please give a warm welcome to our  
4 friend, Dr. Don Wright.

5 (Applause.)

6 DEP. ASST. SEC. WRIGHT: Well, thank  
7 you all. And thank you, Mr. Lipps, for opening  
8 today's session of the Dietary Guidelines  
9 Advisory Committee.

10 As most of you know, the U.S.  
11 Department of Health and Human Services works  
12 hand-in-hand with the U.S. Department of  
13 Agriculture in the creation and development of  
14 the Dietary Guidelines for Americans. USDA and  
15 HHS have worked collaboratively on the Dietary  
16 Guidelines for Americans since 1980, when the  
17 first edition was actually released.

18 My office, the Office of Disease  
19 Prevention and Health Promotion, is the HHS lead  
20 for the Dietary Guidelines and works closely with  
21 the Center for Nutrition Policy and Promotion at  
22 USDA.

1                   Mr. Lipps, I am very proud to say that  
2 my office and your office work so  
3 collaboratively, have in the past, and will  
4 continue to work together collaboratively, in  
5 support of the Advisory Committee work.

6                   Since 1990, the National Nutrition  
7 Monitoring and Related Research Act has mandated  
8 that the Dietary Guidelines be republished by  
9 USDA and Health and Human Services at least every  
10 five years. This particular legislation is  
11 important because it ensures that the Dietary  
12 Guidelines remain a priority for both  
13 Departments.

14                   The law stipulates that each edition  
15 of the Dietary Guidelines should be based on the  
16 preponderance of the science evidence and medical  
17 knowledge current at the time, and should be used  
18 as the basis for federal food programs. This  
19 drives us to work continually to improve the  
20 rigor of the process and underlies the  
21 Guidelines, and to ensure that all programs  
22 related to food, nutrition, and health are based

1 on the strongest scientific evidence.

2 As you probably know, health promotion  
3 and disease prevention is a top priority for the  
4 U.S. Department of Health and Human Services. To  
5 that end, nutrition guidance based on rigorous  
6 scientific research and evidence is critical to  
7 the health and well-being of our nation.

8 At HHS, our agencies use the Dietary  
9 Guidelines in a variety of ways. Certainly, the  
10 Dietary Guidelines are used for current guidance  
11 delivered through our grant programs and through  
12 our educational materials. They're also used in  
13 our food assistance programs, like the Older  
14 Americans Act nutrition programs. They're used  
15 in our National Health Objectives, such as the  
16 Nutrition and Weight Status Objectives in the  
17 Healthy People Initiative. They're used in  
18 nutrition monitoring and research, and certainly,  
19 they're used in the regulatory process as related  
20 to food labeling and fortification.

21 Over the years, the Dietary Guidelines  
22 development process has continued to evolve and

1 to reflect advances in nutrition science, and to  
2 increase the transparency of the entire process.  
3 Last year, in 2018, USDA and HHS introduced a new  
4 step in the process. We asked the public, as  
5 well as our federal agencies, for comments on  
6 proposed topics and scientific questions to guide  
7 the work of the Committee. We received over  
8 12,000 comments on these topics and questions,  
9 and considered the comments based on criteria  
10 such as the importance of it as related to public  
11 health or the potential impact on our federal  
12 food programs.

13 To the Committee, HHS and USDA hope  
14 that the final topics and questions will help  
15 streamline the work of the Committee by focusing  
16 on the evidence related to nutrition and a wide  
17 variety of health outcomes across the lifespan.  
18 For example, the Committee will be reviewing  
19 evidence on the relationship between dietary  
20 patterns consumed at each stage of life and the  
21 risk of development of cardiovascular disease, of  
22 type 2 diabetes, and of certain types of cancer.

1 Without question, this is a very important work.

2 The public can also view all the  
3 topics and questions, including public comment on  
4 those initially proposed, on  
5 [www.dietaryguidelines.gov](http://www.dietaryguidelines.gov). Everyone will hear  
6 more about the topics and questions at tomorrow's  
7 session.

8 We may all work in different areas of  
9 health, but we all share a common mission: to  
10 enhance the health and well-being of all  
11 Americans. Unfortunately, too many Americans  
12 engage in behavior such as unhealthy food choices  
13 and physical inactivity that lead to poor health.  
14 As a result, 60 percent of adults in the United  
15 States have a chronic disease, and 40 percent of  
16 adults have two or more chronic diseases.

17 But in that news there is good news.  
18 We know many chronic diseases, including obesity,  
19 can be prevented through both a healthy diet and  
20 through physical activity. HHS recently  
21 published the second edition of the Physical  
22 Activity Guidelines for Americans. We released

1 those in November of 2018. My office, the Office  
2 of Disease Prevention and Health Promotion, led  
3 this initiative, using a similar advisory  
4 committee with subject matter experts in the area  
5 of exercise. Move Your Way is a promotional  
6 campaign to encourage the public to meet the  
7 recommendations listed in the Physical Activity  
8 Guidelines for Americans.

9           Preventing chronic disease like  
10 obesity, type 2 diabetes, and cancer are very  
11 important public health priorities within HHS and  
12 to our agencies, especially to the National  
13 Institutes of Health, the Food and Drug  
14 Administration, and the Centers for Disease  
15 Control and Prevention in Atlanta.

16           Nutrition is a key focus in the  
17 Healthy People Initiative, which my office leads  
18 on behalf of Secretary Azar. For almost 40  
19 years, Healthy People has been providing science-  
20 based National Objectives with ambitious, yet  
21 achievable goals for improving the health of the  
22 nation.

1           In this way, Healthy People can serve  
2           in many ways as a roadmap for the nation's health  
3           prevention and disease prevention activities.

4           Healthy People is very much about understanding  
5           where we are now, planning for where we want to  
6           be in the future, and then, providing guidance on  
7           how we can make those improvements over the next  
8           decade.

9           The Dietary Guidelines help to inform  
10          the foundation of the nutrition and weight status  
11          goals and objectives within the Healthy People  
12          2020 and the soon-to-be-released Healthy People  
13          2030 Initiative. For example, the Healthy People  
14          2020 objectives promote increasing the  
15          consumption of fruits, vegetables, and whole  
16          grains in the diet. Other objectives provide  
17          goals and targets to reduce the consumption of  
18          saturated fats and added sugars over the decade.  
19          Healthy People 2020 also aims to reduce the  
20          proportion of children and adults who are obese.

21                 Let me say another office within HHS,  
22                 the Office of Women's Health, is looking forward

1 to the Advisory Committee's science-based  
2 recommendation to promote women's health across  
3 the lifespan. We know that proper nutrition  
4 during the early stages of life is critical to  
5 support healthy growth and development during  
6 childhood and to promote health and prevent  
7 chronic disease throughout adulthood.

8 Because of this, the Committee will  
9 examine questions focused on infants and toddlers  
10 from birth to age 2 and women during pregnancy  
11 and lactation. Certainly, your work will help  
12 ensure that a strong scientific foundation  
13 underlies the Dietary Guidelines we provide for  
14 all Americans across the lifespan.

15 Well, in closing, I want to take just  
16 a minute to thank you for your willingness to  
17 serve on this Committee. It is truly a labor of  
18 love, and I do think the impact of your work is  
19 very large and has the opportunity to improve the  
20 health of the nation. So, thank you for your  
21 willingness to serve.

22 I did want to say that the Assistant

1 Secretary for Health, Admiral Giroir, was,  
2 unfortunately, unable to be here today, but he  
3 sends his well wishes as well as his thank you.

4 I'm very pleased and confident that  
5 this group has the right expertise. We have the  
6 right people at the table to carry out the  
7 Committee's charge, and I know your work will be  
8 instrumental in helping the people of the United  
9 States of America live healthier and longer  
10 lives. I look forward to working with all of you  
11 over the next year and a half as you review the  
12 scientific basis.

13 Thank you very much.

14 (Applause.)

15 DEP. UNDER SEC. LIPPS: Thank you  
16 again, Dr. Wright.

17 I will say that we do have a great  
18 partnership, and I do believe that the two  
19 Departments working together helps to make this a  
20 better and more robust process as we move  
21 forward. So, we appreciate you and your staff  
22 and that partnership.

1 I now have the pleasure of introducing  
2 a colleague from here at USDA, Dr. Scott  
3 Hutchins. As we discussed earlier, we are taking  
4 all the opportunities we can to increase the  
5 transparency and the science-based portions of  
6 this process. The Agricultural Research Service,  
7 under the direction of Dr. Hutchins, is going to  
8 help us do that as we move forward.

9 Dr. Hutchins is the Deputy Under  
10 Secretary for USDA's Research, Education, and  
11 Economics mission area, which, as I mentioned,  
12 includes the Agricultural Research Service, and  
13 it is now part of our Dietary Guidelines team.

14 Dr. Hutchins was sworn-in by USDA  
15 Secretary Perdue in January of this year and  
16 joined USDA after 32 years at Corteva  
17 AgriScience. He is also an adjunct professor of  
18 entomology at the University of Nebraska-Lincoln.

19 With that, we would like you to come  
20 provide us a few remarks, Dr. Hutchins.

21 (Applause.)

22 DEP. UNDER SEC. HUTCHINS: Thank you,

1 Mr. Lipps, for that introduction.

2 And good morning, and thank you all  
3 for joining us here today for this inaugural  
4 event.

5 And, I also want to make a special  
6 thanks to the Committee for their service and for  
7 all the work that will be occurring over the next  
8 14 months. It will be, indeed, critical to us,  
9 but also, I know, a tremendous amount of work on  
10 their part. And we look forward to the output.

11 I was sworn-in, as indicated, on  
12 January 29th by Secretary Perdue as the Deputy  
13 Under Secretary for this mission area. And since  
14 that time, I've been really busy learning and  
15 gaining perspectives from a number of  
16 stakeholders on a number of topics, including  
17 this topic, which I'm very pleased to help  
18 sponsor on behalf of the USDA with Mr. Lipps.  
19 And since I've joined, I have been pleased to  
20 have the opportunity to work with so many  
21 dedicated colleagues within the USDA.

22 My background is in entomology. I'm

1 an entomologist and have a past in the private  
2 sector, as you indicated. And I have always  
3 known about the talent of USDA scientists and  
4 their dedication to their mission throughout my  
5 career, but to be here and to see it firsthand  
6 has been truly inspiring. And I could not be  
7 more proud to be part of their team.

8 REE, as we call it, Research,  
9 Education, and Economics, is a research-based  
10 organization, as the name implies. And I  
11 strongly believe that research matters. Science-  
12 based and data-driven is the mantra for REE and,  
13 also, for Secretary Perdue, and it should  
14 characterize, also, the focus of this Committee  
15 and process, as indicated in the mission.

16 Indeed, the systematic review of  
17 scientific evidence is a critical and invaluable  
18 part of any deliberative process. Humans have  
19 evolved as a species over millennia, not in five-  
20 year increments. And evolution doesn't work that  
21 way. Individuals don't evolve; populations  
22 evolve. But what does change continuously is our

1 knowledge and understanding of science through  
2 research and how to interpret those new learnings  
3 and decipher the complex interactions to better  
4 inform policies. So, the work of this Committee  
5 is critical in that regard.

6 But what is unique to humans as a  
7 species is our ability to choose and the freedom  
8 to choose. And that freedom provides us the  
9 opening to provide guidance with those choices.  
10 And I recognize that there are a lot of opinions  
11 out there and a lot of different perspectives to  
12 draw upon. I have it, actually, in my own  
13 family. I have three grown children, all well-  
14 educated and all responsible adults. One is a  
15 vegetarian, one is a frequent meat consumer, and  
16 one is an omnivore. And all three are content in  
17 their choices, and what's most important to me is  
18 that they're all respectful of each other and  
19 their choices.

20 From these three families, I have  
21 seven grandchildren age 6 and under. In their  
22 raising from my children, they are ensuring at

1 every meal that they have a well-balanced  
2 opportunity and are focused on nutrition for  
3 their children.

4 Just a few words about the mission  
5 area I want to share with you because I think it  
6 will be useful to this Committee. We have four  
7 agencies within the Research, Education, and  
8 Economics mission area. The National Institute  
9 for Food and Agriculture, or NIFA, sponsors  
10 research at universities across the country,  
11 especially in 1862 and 1890 land grant  
12 institutions, cutting-edge research.

13 The Economic Research Service is also  
14 part of this mission area, and it collects and  
15 analyzes data on food availability, and has  
16 created just a tremendous amount of information  
17 and reports that can be supportive of this  
18 Committee and implementation.

19 The National Agricultural Statistics  
20 Service generates crop forecasts and plays an  
21 important role in helping with pricing and other  
22 types of information.

1                   And the intramural research  
2                   organization for USDA, the Agricultural Research  
3                   Service, or ARS, generates the foundational  
4                   information for surveillance of dietary intake  
5                   and nutritional status.

6                   These four agencies, along with the  
7                   Office of the Chief Scientist, combines and  
8                   provides the guidance to the Department on a  
9                   number of topics, including these from a science  
10                  and research standpoint.

11                  The USDA has maintained food  
12                  composition data, for example, since 1891. This  
13                  task was recently totally revised with the  
14                  creation of the FoodData Central, a one-stop shop  
15                  website for all data products related to food  
16                  composition and delivery of dietary surveys.

17                  In partnership with the Centers for  
18                  Disease Control, the Agricultural Research  
19                  Service analyzes food intake reports and  
20                  calculates nutrient intakes for all age groups,  
21                  identifying shortfall or excess nutrients which  
22                  can be correlated against a variety of health

1 endpoints. This dietary component is called What  
2 We Eat in America, and is the only nationally-  
3 representative snapshot of the changing dietary  
4 habits and nutrient intake for Americans. And I  
5 believe it will be useful to this Committee.

6 Mission area scientists stand ready to  
7 assist the Committee in mining these databases as  
8 needed, and with newly-expanded scope to include  
9 children from birth to 24 months and pregnant  
10 women, we can support the new amount of  
11 information as well, in support of this  
12 Committee.

13 At USDA, we are for sound science and  
14 the preponderance of quality evidence as the  
15 basis for your recommendations. I welcome the  
16 Committee to not only analyze what we have, but  
17 to provide support to us in identifying important  
18 gaps in knowledge that you find in the course of  
19 your work, so that that will help guide the  
20 research community in efforts for the future to  
21 fill such gaps.

22 Research is a priority of USDA;

1 Secretary Perdue, who has stated clearly the  
2 departmental goals that he wants to provide all  
3 Americans access to a safe, nutritious, and  
4 secure food supply. He says it this way: "We  
5 are here to do right and feed everyone."

6 And in that sense, we again thank you  
7 for your service. We welcome the guests and look  
8 forward to the stakeholder input. And we thank  
9 you for your contribution and your involvement.

10 (Applause.)

11 DEP. UNDER SEC. LIPPS: Thanks, Dr.  
12 Hutchins.

13 I think the only thing standing  
14 between us and a break is a photo opportunity.

15 (Laughter.)

16 So, I'm not sure -- we have a very  
17 cozy stage, which actually I like. I like to  
18 have our teams at the smallest table we can get  
19 in, so we can sit around and debate. And I hope  
20 you will have plenty opportunity to do that.

21 But, with that, I want Dr. Hutchins  
22 and Dr. Wright to join me and the Committee up at

1 the center of the stage. And I think our  
2 colleagues will tell us where to stand.

3 Thank you all very much.

4 DR. STOODY: And those here in the  
5 audience, you're welcome to stay or you're  
6 welcome to break. And we'll reconvene at 10:15.

7 (Whereupon, the above-entitled matter  
8 went off the record at 9:35 a.m. and resumed at  
9 10:14 a.m.)

10 DEP. UNDER SEC. LIPPS: Welcome back,  
11 everybody.

12 Eve is very forceful, and when she  
13 said, "Take your seats," you did that very fast.  
14 So, we're waiting for 10:15 for the few  
15 stragglers who were all out, based on our former  
16 commitment timeline.

17 I just wanted to take a minute. I am  
18 not always real good about reading from my  
19 script, but I did this morning. And staff are  
20 not good about bragging on themselves when they  
21 write your comments. But they really keep the  
22 wheels turning on this front and have done a lot

1 of work to get us to this place.

2 So, I would like to ask all of the  
3 USDA and HHS staff to stand up, and let's take a  
4 moment and recognize them for their hard work.

5 (Applause.)

6 Thank you all very much. It's been a  
7 lot of work to get to this point, and we have a  
8 long way to go.

9 With that, I will leave the stage and  
10 let you all get on with your program.

11 Thank you.

12 DR. STOODY: Thank you, Mr. Lipps.

13 Okay. So, we are going to get right  
14 in and start talking about the Committee's  
15 Charter, operations, and then, timeline.

16 And again, my name is Eve Stody, and  
17 I'm the Designated Federal Officer for this 2020  
18 Dietary Guidelines Advisory Committee.

19 So, we are going to start with the  
20 foundation. And Dr. Wright did speak to this as  
21 well. The Dietary Guidelines are mandated under  
22 the National Nutrition Monitoring and Related

1 Research Act, which was passed in 1990. And the  
2 bullets here are verbatim from that Act.

3 That Act requires the Dietary  
4 Guidelines to contain nutritional and dietary  
5 information and guidelines for the general  
6 public;

7 That they will be published jointly by  
8 the Secretaries of Agriculture and Health and  
9 Human Services at least every five years;

10 And that they will be promoted by each  
11 federal agency in carrying out any federal food,  
12 nutrition, or health program;

13 And finally, that they will be based  
14 on the preponderance of the scientific and  
15 medical knowledge which is current at the time it  
16 is prepared.

17 And those things really do inform our  
18 process, thinking about the preponderance of  
19 evidence, speaking to the general public, making  
20 them applicable to Americans. And you'll see  
21 those things, really informed the kind of  
22 criteria that's used in our systematic review

1 process, as well as the data that's used to  
2 inform the process as well.

3 Now some of you may also know about  
4 the Agricultural Act of 2014. It mandates the  
5 inclusion of infants and toddlers and women who  
6 are pregnant, beginning with the 2020-2025  
7 Dietary Guidelines for Americans.

8 Now, historically, the Dietary  
9 Guidelines have really focused on Americans ages  
10 2 years and older. Some of the earlier editions  
11 did speak to pregnancy -- really all the editions  
12 have spoken to pregnancy to a certain extent.  
13 Infants and toddlers were addressed in some of  
14 the earlier editions, but, then, later, it's been  
15 two years and older.

16 However, that evidence base has  
17 continued to grow. And really, for the past, I  
18 would say about 10 years, the Departments have  
19 kind of had this -- there's been this kind of  
20 discussion around should we expand to include  
21 these age groups. And then, the Agricultural Act  
22 passed in 2014 which really mandated that to

1 occur.

2 So, the upcoming edition will cover  
3 the entire lifespan from birth through older  
4 adulthood. And we're really excited about that  
5 change. It's resulted in, you know, we have new  
6 experts. This Committee is the largest committee  
7 we've ever had, and that's to reflect that  
8 expertise. That has also allowed us to, within  
9 our federal staff -- and we'll talk more about  
10 that -- we have a number of federal staff who  
11 have expertise in that area that have come into  
12 this process as well. And I think it will make  
13 it an even stronger process.

14 This Dietary Guidelines Advisory  
15 Committee is what's called a discretionary  
16 committee. We're not required to do it. The  
17 Departments have asked to have this Committee.  
18 It is established to accomplish a specific task.  
19 And as it has been noted before, this Committee  
20 has been established to provide independent,  
21 science-based advice and recommendations to be  
22 considered by USDA and HHS in the development of

1 the next edition of the Dietary Guidelines.

2 This Committee is formed and governed  
3 under what is known as the Federal Advisory  
4 Committee Act. We note that just because there  
5 are formal processes. There are formal processes  
6 for establishing the Committee, how you operate,  
7 how we oversee your work, and your termination,  
8 which sounds very dramatic.

9 (Laughter.)

10 But the ending of the Committee's  
11 work.

12 So, there are rules and processes.  
13 And so, we'll work to help ensure that this  
14 process stays within the Federal Advisory  
15 Committee Act.

16 Members of this Committee are  
17 appointed as special government employees.  
18 There's another type of member which is called a  
19 representative member. And special government  
20 employees are selected really based on your  
21 recognized expertise and expert knowledge  
22 relevant to this Committee. And so, you are

1 asked to review the evidence as independent  
2 scientists, and not representing a specific  
3 viewpoint.

4 As a part of the Federal Advisory  
5 Committee Act, a charter must be filed with  
6 Congress before a Federal Advisory Committee can  
7 meet or take any action. The charter for the  
8 2020 Dietary Guidelines Advisory Committee was  
9 filed with Congress on October 5th of 2018, and  
10 it describes the Advisory Committee's purpose,  
11 duties, and general operations. That charter is  
12 available at [dietaryguidelines.gov](http://dietaryguidelines.gov). We have  
13 previously shared this charter with the Committee  
14 as well. And if you go to [dietaryguidelines.gov](http://dietaryguidelines.gov),  
15 you click on the Resources tab, and you can see a  
16 link directly to the charter.

17 Okay. So, as noted, one of the things  
18 that the charter describes is the Committee's  
19 objective and scope. And you will see us talk  
20 about this at every meeting. This is really the  
21 governing -- what the Departments are asking the  
22 Committee to do. And so, we will come back to

1 this regularly. You'll see it presented at every  
2 meeting.

3 The 2020 Dietary Guidelines Advisory  
4 Committee will:

5 Examine the evidence on specific  
6 topics and scientific questions identified by the  
7 Departments. We'll talk a little bit about those  
8 in the next slide, and then, again, in a  
9 presentation tomorrow.

10 Then, after reviewing the evidence,  
11 develop a report that outlines its science-based  
12 review and recommendations to the Departments  
13 with your scientific justification for those  
14 recommendations.

15 At the end of this scientific review,  
16 you will submit your review -- you will develop  
17 that report and submit that report to the  
18 Secretaries of the Department of Agriculture and  
19 Health and Human Services for consideration as  
20 the Departments develop the next edition of the  
21 Dietary Guidelines.

22 Now, to those specific topics and

1 supporting scientific questions, Dr. Wright spoke  
2 to this a little bit in his opening remarks.  
3 But, for this round, for the first time, we  
4 identified the topics and questions before  
5 establishing the Committee. And we'll talk a bit  
6 why we took that route here later this afternoon.

7           These topics and questions were  
8 identified by the Departments, but with federal  
9 input as well as public comments. They reflect a  
10 continued focus on patterns of what we eat and  
11 drink as a whole, on average, and over time, now  
12 from birth into older adulthood.

13           And just briefly, the topic areas look  
14 at dietary patterns, beverages, added sugars,  
15 dietary fats, seafood, frequency of eating, and,  
16 of course, questions focusing on the birth to 24  
17 months and pregnancy and lactation.

18           And those topics and questions are  
19 also available now at [dietaryguidelines.gov](http://dietaryguidelines.gov). We  
20 posted those in September of last year. So, they  
21 are available for viewing there at this time.

22           Okay. The Committee's task is time-

1 limited. The Committee will terminate after  
2 delivery of its final report to the Secretaries  
3 of USDA and HHS or two years from the date the  
4 charter was filed with Congress. And that's a  
5 requirement of FACA. And so, again, the date  
6 that the charter was filed with Congress was  
7 October 5th of last year, either the report  
8 submitting or that date, whichever comes first.

9 We do want to note that, while the  
10 charter was filed in October, the Departments  
11 request the Committee's report by May of 2020.  
12 And that is to allow the Departments to meet the  
13 mandate to release the next edition of the  
14 Dietary Guidelines within five years of the last  
15 edition, which means that we need to release the  
16 Dietary Guidelines by December of 2020. So,  
17 we're asking you to complete this work by May, so  
18 that we have that time to meet that mandate.

19 The Committee is expected to hold five  
20 meetings, and we are excited, for the very first  
21 time, to be identifying those meeting dates at  
22 the beginning of the process. This is the first

1 time we have ever done this. Usually, we plan  
2 them as we go. With such a large Committee of  
3 fantastic experts, it was really necessary to try  
4 to get these on your calendars as soon as  
5 possible. And also, we hope that it allows the  
6 public to follow along in the process as well and  
7 to plan for these meetings.

8 So, the meeting dates are here. I  
9 will also show them a couple of other times  
10 today. Four of the meetings will be held in  
11 Washington, D.C. We do plan for the fourth  
12 meeting to be out of the D.C. area in Houston,  
13 Texas, so to go out of the usual D.C. hotspot.  
14 And then, two of the meetings, we'll have the  
15 opportunity for oral comments to the Committee.  
16 So, that will be the meeting in July and the  
17 meeting in January we'll have the opportunity for  
18 the public to register to provide oral comments  
19 to the Committee.

20 Now I will say registration is not  
21 open yet.

22 (Laughter.)

1           So, I would love for you all to be  
2 really excited about this, but we'll announce  
3 registration as that becomes available and as we  
4 get to the individual meetings. And we'll  
5 announce that through dietaryguidelines.gov and  
6 through our listserv. And I'll talk more about  
7 how to sign up for that here in a bit. So, we  
8 hope that having these dates really does help you  
9 follow the process and plan for engagement.

10           The Committee's charter does allow for  
11 the formation of subcommittees. Those  
12 subcommittees should be composed of members of  
13 the parent Committee. So, these 20 members  
14 dividing into groups of subcommittees. And  
15 that's to help it accomplish its objectives and  
16 to help facilitate this review of the evidence.

17           So, the purpose of the subcommittees  
18 is to review the evidence and, then, provide  
19 advice to the parent Committee. So, the  
20 subcommittees aren't speaking to the Departments  
21 directly. You're working as subcommittees,  
22 reporting that information to the parent

1 Committee, the full Committee. Ultimately, your  
2 recommendation, your report, is on behalf of the  
3 whole Committee to the Departments.

4 Each subcommittee will conduct its  
5 work together between the meetings of the full  
6 Committee and will provide updates for  
7 deliberation and decisions during the public  
8 meetings. So, we really encourage you -- I mean,  
9 this conversation needs to happen in a public  
10 forum, having discussion and deliberations across  
11 the Committee. And so, that will be the  
12 expectation. And I think this meeting there's a  
13 lot of presentations of us talking about the  
14 process. In future meetings, we'll include a lot  
15 more discussion of your review of the evidence,  
16 where you are, things that need to be discussed  
17 at the full Committee. So, at the end of the  
18 day, when you submit your report, everybody has  
19 been engaged and understands the recommendations  
20 that are being made by the Committee.

21 I do want to note, as Mr. Lipps had  
22 staff stand up, we do have a number of staff who

1 will be helping to support the Committee. But  
2 the ultimate conclusions and recommendations are  
3 of the Committee. So, we are here to help  
4 facilitate the work, to ensure that we follow  
5 processes, but, at the end of the day, it's your  
6 report and the Committee's recommendations to us.

7 Now I do want to note that public  
8 comments are accepted throughout the Committee's  
9 deliberations and on their report. We'll talk  
10 more about this at the end of the day when we  
11 talk about opportunities for public engagement.  
12 But I do want to note that this is in addition to  
13 just being more deliberative. It is a  
14 requirement of the Federal Advisory Committee  
15 Act.

16 And so, we will have public comments,  
17 I think as Dr. Wright noted, opened on March  
18 12th, and it will continue throughout the  
19 Committee's deliberations. So, at any time you  
20 can go in and provide written public comments to  
21 the Committee. You can find that link; we do it  
22 through regulations.gov, but you can go to

1 dietaryguidelines.gov and access that  
2 information. I think, so far, we've gotten like  
3 49 public comments. So, if the public has  
4 comments, we encourage you to submit them through  
5 that route.

6 I do want to note that the Committee  
7 did complete an administrative training prior to  
8 this meeting. That meeting included an  
9 introduction to the Federal Advisory Committee  
10 Act from a USDA Committee Management Officer. It  
11 included ethics training by USDA Office of Ethics  
12 staff. It included guidance on interactions with  
13 media from the USDA Food and Nutrition Service's  
14 Office of Communications.

15 And I'll say, just generally,  
16 Committee members are asked not to speak on  
17 behalf of the Committee. So, if stakeholders  
18 reach out to them with information, they will  
19 request that that information be submitted  
20 through the public comment process. And that's  
21 to allow it to be a part of the official record  
22 and to be a part of the official process. When

1 there are media requests, those are directed to  
2 the Departments, and to only discuss information  
3 that is publicly available. Really, those are  
4 elements that are requirements around FACA, but  
5 also as their appointments as special government  
6 employees.

7 I will note that slides from that  
8 administrative training will be posted at  
9 dietaryguidelines.gov when we post the  
10 information for this public meeting.

11 Okay. Creating the Dietary Guidelines.  
12 As has already been talked about by our  
13 leadership, it is a partnership between USDA and  
14 HHS. I do want to note that, and some of you may  
15 know that, the responsibility for serving as the  
16 administrative lead rotates every five years.  
17 So, we're at USDA today because USDA is serving  
18 as the administrative lead for the 2020 edition,  
19 just as HHS served as the administrative lead for  
20 the 2015 process. However, as has been noted by  
21 our leadership, this is very much a partnership,  
22 and we will continue to work together in creating

1 the final edition of the 2020 Dietary Guidelines  
2 as well.

3 Now, within the Departments, the USDA  
4 Center for Nutrition Policy and Promotion within  
5 the Food and Nutrition Service and the HHS Office  
6 of Disease Prevention and Health Promotion play  
7 lead roles in the Dietary Guidelines process.  
8 Just to note that these two offices are led by  
9 Jackie Haven for the Center for Nutrition Policy  
10 and Promotion and Dr. Wright from ODPHP.

11 Within those offices, we have a number  
12 of staff that this is what we do year-round, all  
13 the time. Whether we have a committee in place  
14 or not, we're preparing for the next committee.  
15 We are looking at process improvements. We are  
16 developing websites. So, it is something that we  
17 do. It is literally a part of our job  
18 description, supporting of the Dietary Guidelines  
19 at all times. And it's communications and all  
20 the different elements that come with this work.

21 We are also very pleased to have some  
22 federal liaisons supporting this process who have

1 really come on to support the Committee, so to  
2 support the work of the Committee. Some of those  
3 are with USDA and, also, from agencies within  
4 HHS, including FDA, CDC, and NIH.

5 And then, there are additional staff,  
6 other staff. And one of our things is trying to  
7 really identify roles and responsibilities and  
8 distributing workload and responsibilities. We  
9 will have staff who are specifically focused on  
10 supporting the review of evidence, and those will  
11 be identified in presentations later today.

12 And then, finally, to note we do have  
13 a science writer who will help support in the  
14 development of your report, and we have worked  
15 with her on a few different rounds, and she has  
16 been wonderful to work with. So, we will have  
17 that support as well.

18 So, just in closing, again, the  
19 Committee has a very important role, which I  
20 think you've heard several of us speak to so far.  
21 And that is to describe the state of current  
22 nutrition science. Each edition of the Dietary

1 Guidelines that the Departments develop build  
2 upon the previous edition with scientific  
3 justifications provided and informed by your  
4 work.

5 And your report, your final report,  
6 will ultimately also be posted for public comment  
7 on your report. And again, there's public and  
8 agency comment. But, at the end of the day, this  
9 is really a foundational piece for providing  
10 scientific justification for changes.

11 As you heard, too, we really thank you  
12 for this work. I think there's been comments  
13 that everybody keeps saying it's a lot of work.

14 (Laughter.)

15 So, it is a lot of work, and we really  
16 do appreciate your time, your expertise, and we  
17 look forward to receiving your report.

18 So, with that, I am happy to answer  
19 any questions, if you have any at this time,  
20 related to the charter, the timeline, or your  
21 operations.

22 (No response.)

1 All right. And you always know where  
2 to find me if you have questions.

3 Okay. So, I am now so pleased to  
4 introduce the Chair of the 2020 Dietary  
5 Guidelines Advisory Committee, Dr. Barbara  
6 Schneeman.

7 Dr. Schneeman's distinguished career  
8 in nutrition science and chronic disease  
9 prevention reflects diverse experience tackling  
10 the complex issue from multiple perspectives. It  
11 includes 28 years at the University of  
12 California, Davis, serving in leadership roles  
13 nationally, including with the U.S. Food and Drug  
14 Administration, and lending her expertise to  
15 influential committees internationally, such as  
16 the Food and Agricultural Organization and the  
17 World Health Organization.

18 At UC-Davis, Dr. Schneeman educated  
19 food science students on nutrition principles and  
20 food policies, trained graduate students in food  
21 nutrition science, and conducted research on  
22 dietary factors associated with reducing risk of

1 chronic disease.

2 For nine years, she served as the  
3 Director of the Office of Nutrition Labeling and  
4 Dietary Supplements at the U.S. Food and Drug  
5 Administration.

6 Dr. Schneeman, also, importantly,  
7 brings seasoned insights into the Dietary  
8 Guidelines process specifically. She served as a  
9 member of the 1990 and '95 Dietary Guidelines  
10 Advisory Committees and, more recently, she  
11 served as a member of the National Academies'  
12 study on the process to establish the Dietary  
13 Guidelines, which completed its work in 2017.

14 So, please join me in welcoming Dr.  
15 Schneeman.

16 (Applause.)

17 CHAIR SCHNEEMAN: Thank you, Eve.

18 I'm going to take the prerogative to  
19 sit with the Committee. It seems appropriate.

20 And so, first of all, let me extend my  
21 thank you to the Committee members for your  
22 agreement to serve on this Committee. It is a

1 major commitment of time and talent. I will echo  
2 or reinforce what you have been hearing.

3 But I have to say, seeing the  
4 outstanding roster of experts who have agreed to  
5 serve, made the decision to serve as Chair much  
6 easier. I feel I have a good group to work with.

7 I also want to recognize the expertise  
8 and experience of the staff who will be working  
9 with us. You all are an incredible valuable  
10 resource for the task ahead of us.

11 And Dr. Stoody and the officials that  
12 we have heard earlier from HHS and USDA have  
13 certainly presented the significance of the  
14 Dietary Guidelines themselves for the federal  
15 government programs. And from my experience, I  
16 know how important they are in shaping programs.  
17 They've also clearly outlined the elements that  
18 are key to the task of this Committee.

19 So, in considering the task ahead of  
20 us, I just wanted to emphasize a few principles  
21 that are important to me in moving the work  
22 forward and keeping us on task. Certainly, the

1 importance of understanding the Committee's  
2 charter. What we will hear about the topics and  
3 questions, this is what we've been asked to  
4 provide independent scientific evaluation, and we  
5 need to focus on that work.

6 Also, the evaluation of the available  
7 science is central to our task. And whenever  
8 possible, we will make conclusions and  
9 recommendations based on that evaluation.

10 This central task will rely both on  
11 the expertise of the Committee members as well as  
12 the support of the staff to make sure we are  
13 reviewing the relevant data and studies to answer  
14 the questions that are in the topics and  
15 questions.

16 And then, as a third point, I do want  
17 to make sure that we abide by the legal framework  
18 of the Federal Advisory Committee Act. Having  
19 worked for the federal government, I know how  
20 important it is for the credibility of our work  
21 to adhere to those requirements. And certainly,  
22 we've learned more in our training. We've heard

1 more about it today.

2 And I think a reminder that you will  
3 hear often is, while we will be using  
4 subcommittees for our working groups because we  
5 have to progress the work between meetings, the  
6 decisionmaking process and the deliberation that  
7 the Committee as a whole will go through will be  
8 a part of the public process. And that's to make  
9 sure we're consistent with the FACA requirements.

10 So, related to these principles and  
11 some of what we've been hearing, this first  
12 meeting of the Committee has been structured to  
13 both inform the Committee about the topics and  
14 scientific questions, the evidence that is  
15 available and that we can tap into, and how it  
16 will be examined and evaluated, and to obtain  
17 input from the Committee on several items to  
18 establish our framework for the Committee's work,  
19 and that the subcommittees can, then, rely on for  
20 their work to bring things forward to the parent  
21 Committee.

22 I can't emphasize enough how fortunate

1 we are to have the support of expert staff from  
2 USDA and HHS, many of whom you will be hearing  
3 from today and tomorrow, and have the opportunity  
4 to gain more insight and, also, ask your  
5 questions; and again, to be part of that public  
6 deliberation to ask those questions.

7           So, I'm also very pleased that Dr.  
8 Kleinman has agreed to serve as the Vice Chair  
9 for the Committee. Given that this is the first  
10 DGAC that has been asked to review and make  
11 recommendations for pregnancy, lactation, and B  
12 through 24, his expertise will be valuable in  
13 guiding the Committee's deliberations and  
14 decision-making in this area.

15           Dr. Kleinman brings vast experience as  
16 an esteemed pediatrician who has served in many  
17 leadership roles. Nutrition support of infant  
18 and children and nutrition and public health  
19 policy are among his major research interests.  
20 He is currently Chair of the Massachusetts  
21 General Hospital's Department of Pediatrics,  
22 Physician-in-Chief of the Mass General Hospital

1 for Children, and a Charles Wilder Professor of  
2 Pediatrics at Harvard Medical School. He served  
3 as the Chair of the AAP Committee on Nutrition  
4 and is the Editor of the Academy's Pediatric  
5 Nutrition Handbook.

6 Dr. Kleinman has served on numerous  
7 scientific advisory committees and boards, from  
8 several committees for the National Academy of  
9 Sciences' Maternal and Child Health and Obesity  
10 Prevention for Young Children, as well as  
11 Adolescent Health and Development, to serving on  
12 the Scientific Advisory Committee for the Sesame  
13 Street Workshop since 2009.

14 I think of special important for our  
15 work, Dr. Kleinman served as Chair of the  
16 Workshop Planning Committee for the Dietary  
17 Guidelines Birth to 24 Months Project from 2012  
18 to 2013 and brings that expertise to us.

19 So, I'll let you make some opening  
20 remarks.

21 VICE CHAIR KLEINMAN: Thank you very  
22 much, Barbara.

1 I'm going to keep my remarks very  
2 brief and just perhaps add a little bit to what  
3 you've already said.

4 First, I really do appreciate this  
5 opportunity to work with all of you on this  
6 project. We'll call it a "project". I think  
7 it's a wonderful opportunity to learn for me and,  
8 also, for us collectively to be able to evaluate  
9 the evidence base that's evolved since the last  
10 Dietary Guidelines, the current Dietary  
11 Guidelines came out; and, in particular, to see  
12 or provide advice on how this evidence base can  
13 inform the implementation of these into  
14 guidelines.

15 On a personal and professional note,  
16 I am a pediatrician and have spent most of my  
17 professional career in research in the field of  
18 nutrition. But, to echo what some of the  
19 previous speakers have said, I am a father, and I  
20 know it's hard to believe, I'm a grandfather as  
21 well.

22 (Laughter.)

1                   So, both from a professional and  
2                   personal position, I am very excited that these  
3                   Guidelines will now incorporate the entire  
4                   lifespan from pregnancy right through the early  
5                   periods of life.

6                   This isn't a new concept. I was  
7                   looking for a quote, and I came upon one by  
8                   Frederick Douglass. So, that goes back over 150  
9                   years. And to paraphrase him, he said, "It's  
10                  easier to build strong children than to mend  
11                  broken adults."

12                  And so, from that, we have finally  
13                  come to the point where we recognize the  
14                  importance of what I think most people now call  
15                  the first thousand days and how environmental  
16                  factors, and, in particular, nutrition,  
17                  influences the development of all of the systems  
18                  that not only have immediate impact on the life  
19                  of the child, but impact the development of  
20                  health and disease later in life.

21                  So, I'm approaching this with really  
22                  so much enthusiasm to see how we look at the

1 evidence base and come up with some  
2 recommendations for that period of life.

3 That's about all I have to say. A  
4 mentor of mine once said that, "At some point in  
5 a conversation, everything that needs to be said  
6 has been said. It's just that everybody hasn't  
7 said it yet."

8 (Laughter.)

9 And so, hopefully, we'll be able to  
10 conduct our business that way.

11 (Applause.)

12 DR. STODY: So, thank you, Dr.  
13 Schneeman and Dr. Kleinman.

14 We are going to adjust our schedule a  
15 little bit. I'm going to go ahead and give the  
16 presentation about responding to the National  
17 Academies' report, since we are running a little  
18 bit ahead. So, I'm going to put that up on the  
19 slide presentation. So, just we'll pause one  
20 second, and then, we'll reconvene here in just  
21 literally two minutes.

22 (Whereupon, the above-entitled matter

1 went off the record at 10:44 a.m. and resumed at  
2 10:45 a.m.)

3 DR. STODY: Okay. I hope everybody  
4 had a great lunch.

5 (Laughter.)

6 So, yes, just a little shuffle in the  
7 agenda. One of the things we wanted to do was to  
8 do a presentation around the National Academies'  
9 report on the process to update the Dietary  
10 Guidelines. So, we'll spend some time walking  
11 through that here today.

12 In 2016, Congress directed a  
13 comprehensive study on the process to update the  
14 Dietary Guidelines. USDA then commissioned the  
15 National Academies' Health and Medicine Division  
16 to undertake this study. The Health and Medicine  
17 Division did convene a 14-member committee that  
18 conducted this independent study for 18 months.  
19 Three members of our Dietary Guidelines Advisory  
20 Committee also served as members of that HMD  
21 committee, Dr. Schneeman, Dr. Ard, and Dr.  
22 Boushey.

1           That study concluded in two reports,  
2           the first on Optimizing the Process for  
3           Establishing the Dietary Guidelines. And it was  
4           really focused on the Advisory Committee, so the  
5           selection process for establishing this  
6           Committee. And then, the second report was  
7           really on the remaining aspects or the larger  
8           aspects of the process. And so, it was a broader  
9           scope and covered everything kind of beyond the  
10          selection process. Those two reports were  
11          released in February and September of 2017.

12                 So, just to start off, USDA and HHS  
13          thank the National Academies and the committee  
14          for their work and recommendations. And again,  
15          USDA was commissioned to do the report, and  
16          that's why we asked HMD to do it. But the report  
17          was to both Departments, and both Departments  
18          have worked together in responding to the  
19          recommendations.

20                 So, we want to speak a bit about how  
21          we respond to these recommendations for the 2020  
22          process. Some of the things that we considered

1 when reviewing the recommendations was conforming  
2 with relevant laws and regulations. So, we've  
3 already talked a bit about the Federal Advisory  
4 Committee Act, and that was something that we had  
5 to think about and look at the recommendations in  
6 relation to that Act.

7 Also, federal ethics laws and  
8 regulations. There were some things that really  
9 had input from our ethics, how conflicts of  
10 interest are defined and how we work within the  
11 discussion around conflicts of interest.

12 We also considered time and resources.  
13 We're mandated to develop the Dietary Guidelines  
14 every five years. So, how do we fit these pieces  
15 within the process, and particularly, for this  
16 process. So, what we'll talk about today relates  
17 specifically to this Advisory Committee and the  
18 2020 Dietary Guidelines.

19 We also talked about potential  
20 implications on other federal advisory  
21 committees. There are currently 400 active  
22 committees within USDA and HHS. And so, things

1 that we do in this Advisory Committee can impact  
2 other advisory committee processes. So, we kind  
3 of looked at it with a larger global perspective  
4 as well.

5 And then, we also had input from  
6 stakeholder listening sessions. So, after the  
7 reports were released, USDA and HHS hosted a  
8 listening session where a number of stakeholders  
9 came in and provided input around those  
10 recommendations. And the transcripts from those  
11 listening sessions are available on CNPP's  
12 website.

13 The reports did provide overarching  
14 values and, then, specific process  
15 recommendations. So, there were five values that  
16 they recommended to improve the integrity of the  
17 process, to develop credible and trustworthy  
18 guidelines. And those five values are: to  
19 enhance transparency; to promote diversity of  
20 expertise and experience; to support a  
21 deliberative process; to manage biases and  
22 conflicts of interest, and to adopt state-of-the-

1 art processes and methods.

2 Overall, USDA and HHS support these  
3 values and will continue to integrate steps to  
4 address these goals. Even when we were going  
5 through the individuals recommendations, we would  
6 come back to these values and kind of think  
7 about, are there elements that we can address  
8 related to these values?

9 I will say these have been values that  
10 we have worked towards prior to the report, but  
11 it was nice to see those kind of affirmed in the  
12 committee's report, kind of informing our process  
13 as we move forward.

14 Now I will say that the first report  
15 included four recommendations, and the second  
16 report included seven recommendations. And I'm  
17 literally going to walk through each of the  
18 recommendations, talk about what the  
19 recommendation was, and our response to that  
20 recommendation. So, it will be a little  
21 recommendation after recommendation, but we  
22 really felt like it deserved the time to kind of

1 walk through each one and talk about our response  
2 to those recommendations.

3           So, the first recommendation related  
4 to -- and again, the first report was around  
5 establishing the committee -- so, the first  
6 recommendation was that the Secretaries of  
7 Agriculture and Health and Human Services should  
8 employ an external third party that would help  
9 narrow down the list of nominations to develop a  
10 primary and alternate list of nominees for  
11 consideration by the Departments in establishing  
12 the Committee.

13           So, again, this was really,  
14 historically, in a way, this is typically done as  
15 the Departments receive nominations and the  
16 Departments select the Committee. And the  
17 recommendation here was for the Departments to  
18 receive the nominations, but for us to ask a  
19 third party to narrow down the list to kind of a  
20 primary and secondary kind of slate. Now our  
21 response, due to resource limitations really  
22 around cost and time, we did not utilize a third

1 party for the Committee selection process.

2 I should note there were other  
3 elements to the recommendation around  
4 establishing criteria for the Advisory Committee,  
5 and that is something that we did do. We did  
6 develop screening criteria. That criteria was  
7 included with our call for nominations. So, we  
8 were telling people, these are the criteria that  
9 we are looking at when we're looking at the  
10 individual nominees.

11 They related to, they were criteria  
12 around the educational background, professional  
13 experience, demonstrated scientific expertise,  
14 obligations under the Federal Advisory Committee  
15 Act, and requirements regarding a balanced  
16 membership.

17 And one of the other things, kind of  
18 going back to that value of transparency as well,  
19 we now provide more information on our website on  
20 the process that we use within the Departments to  
21 establish the Committee. So, again, identifying  
22 those criteria in advance, and then, just telling

1 people more. If we have always had processes; we  
2 just haven't necessarily described them, and that  
3 has been something that we are working to do, is  
4 add more transparency through our website.

5 The second recommendation was that the  
6 Secretaries of USDA and HHS should make a list of  
7 provisional appointees open for public comment,  
8 including short biographies and any known  
9 conflicts, for a reasonable period of time prior  
10 to appointment.

11 We did explore incorporating this  
12 recommendation. However, in the interest of  
13 provisional appointees, the Departments chose not  
14 to implement this recommendation out of privacy  
15 concerns. And specifically, there wasn't a way  
16 that we could guarantee -- I mean, those comments  
17 could have been made public, and we didn't want  
18 to subject potential Committee members to kind of  
19 being within -- having all those comments in a  
20 public space.

21 The third recommendation was that the  
22 Secretaries of Agriculture and Health and Human

1 Services should disclose how provisional  
2 nominees' biases and conflicts of interest are  
3 identified and managed. And there were four  
4 elements to this.

5 The first was by creating and publicly  
6 posting a policy and form to explicitly disclose  
7 financial and non-financial biases and conflicts.

8 The second was to develop a management  
9 plan for addressing biases and conflicts for the  
10 panel as a whole and individuals as needed.

11 The third, certifying that a federal  
12 ethics officer independently reviewed and judged  
13 the Advisory Committee's biases and conflicts of  
14 interest.

15 And then, finally, documenting how  
16 conflicts of interest were managed in the Dietary  
17 Guidelines Advisory Committee report.

18 Related to this recommendation, we  
19 just want to note that we agree that managing  
20 potential conflicts of interest and minimizing  
21 bias is essential to this process. USDA and HHS  
22 do work to assess and manage potential conflicts

1 of interest and work to manage bias through a  
2 number of different steps in our processes, and  
3 I'll walk through a few of these here.

4 First, during the Committee's  
5 selection process, everybody, all of the  
6 individuals who were under final consideration  
7 for the Committee were asked to submit a  
8 confidential financial disclosure report, a form  
9 known as the OGE 450. And that form is publicly  
10 available on the web. So, everybody was asked to  
11 do that prior to selection.

12 Historically, the way advisory  
13 committees have been formed, that step is done  
14 after you have been appointed. So, after members  
15 are appointed, they do the conflict of interest.  
16 In this case, we did it before. So, before you  
17 are selected, before we had done final  
18 identification of members, that step was taken.  
19 That completed report was reviewed by ethics  
20 officials within the USDA Office of Ethics.

21 And then, we also in this round asked  
22 for some specific information in nomination

1 packages. And so, typically, it's send a 10-15-  
2 page CV. And we really asked for specific  
3 information: education, employment, peer review  
4 publications, presentations, blogs, funding  
5 sources, other affiliations. And we really did  
6 this for awareness, but also to support  
7 establishing a Committee with broad  
8 representation and balance across many different  
9 considerations. So, it was really helpful in our  
10 process to kind of see the broad range of  
11 elements in the CVs.

12 So, that was during Committee  
13 selection. During Committee service, the USDA  
14 ethics official will conduct annual review of  
15 each member's conflict-of-interest form.

16 Ethics training will also be provided  
17 to the Committee annually. We've already done  
18 that ethics training prior to this meeting for  
19 this year, and we'll do it again before the  
20 Committee is terminated.

21 In general, the approaches to examine  
22 evidence are protocol-driven. They're rigorous.

1 They're objective. And those elements help to  
2 minimize bias.

3 And we'll ask the Committee to also  
4 provide a summary of how it worked to manage  
5 potential conflicts of interest and minimize bias  
6 in its scientific report.

7 The fourth recommendation was that the  
8 Secretaries of Agriculture and Health and Human  
9 Services should adopt a system for continuous  
10 process improvement, to enhance outcomes and  
11 performance of the selection process. And we  
12 will continue to do this. We'll look at how this  
13 process worked.

14 We have spent a lot of time talking to  
15 other -- we have 400 other advisory committees.  
16 What is the process you use, understanding how  
17 other agencies work in this space, and also  
18 reviewing best practices just across the  
19 nutrition community and medical community as  
20 well.

21 Okay. So, as I noted, the second  
22 report included seven recommendations. So, we

1 have seven more to go.

2 (Laughter.)

3 The first recommendation was that the  
4 Secretaries -- and again, this is on the larger  
5 process, beyond kind of the selection process,  
6 all the other elements. The Secretaries of  
7 Agriculture and Health and Human Services should  
8 redesign the Dietary Guidelines process to  
9 prioritize topics to be reviewed in each cycle,  
10 and then, to redistribute the current functions  
11 of the Advisory Committee to three separate  
12 groups.

13 And so, first, the three groups are  
14 the Dietary Guidelines Planning and Continuity  
15 Group. And that group would work to monitor and  
16 curate evidence generation, identify and  
17 prioritize topics, and then, provide strategic  
18 planning support across the Dietary Guidelines  
19 cycles.

20 The second was to convene what they  
21 call technical expert panels to provide content  
22 and methodological considerations during

1 evaluation of the evidence.

2 And the third was that the Advisory  
3 Committee, which they phrase the Dietary  
4 Guidelines Scientific Advisory Committee, would  
5 then interpret that scientific evidence and draw  
6 conclusions.

7 Now, in response, three separate  
8 groups have not been established, again, part due  
9 to time and resource constraints in relation to  
10 establishing discretionary advisory committees.  
11 All those would also have to be discretionary,  
12 which, again, establishing one discretionary  
13 advisory committee is a process. And so, to  
14 develop additional ones -- and they would have to  
15 be Federal Advisory Committees -- is a process.  
16 Particularly the Continuity Group would be an  
17 advisory committee.

18 However, in response to this  
19 recommendation, and to support a more  
20 deliberative and transparent process, USDA and  
21 HHS, as you heard and as we've discussed, with  
22 federal agency and public input, did identify the

1 topics and questions to be examined by the  
2 Committee prior to establishing the Committee.  
3 So, doing the topics and questions first was, in  
4 part, due to the NASEM report, to kind of pull  
5 that out as a separate step.

6 I do want to note that there are  
7 relevant existing Nutrition Evidence Systematic  
8 Review, which was formerly known as the NEL.  
9 There are existing NESR systematic reviews,  
10 including those conducted by the 2015 Committee,  
11 as well as some that were completed by recent  
12 pregnancy and birth to 24 months technical expert  
13 collaboratives that are available for the  
14 Committee's consideration. So, they are  
15 relevant, and they've addressed these topic areas  
16 and relate to the questions of interest.

17 The second recommendation of the  
18 second report was that the Secretaries of  
19 Agriculture and Health and Human Services should  
20 provide the public with a clear explanation when  
21 the Dietary Guidelines omit or accept only parts  
22 of conclusions from the scientific report.

1                   And I'll say, as we've noted on our  
2 website, we'll continue to expand our response to  
3 these recommendations as we move into the  
4 respective steps. So, we're just not there yet.  
5 So, the Departments will respond to this  
6 recommendation as we move to this phase.

7                   The third is that the Secretary of  
8 Agriculture should clearly separate the roles of  
9 the USDA Nutrition Evidence Library, now the  
10 NESR, staff and the Dietary Guidelines Scientific  
11 Advisory Committee, such that the NEL staff plan  
12 and conduct systematic reviews with input from  
13 technical expert panels, perform risk-of-bias  
14 assessment of individual studies, and assist the  
15 Committee as needed.

16                   The NEL systematic reviews should be  
17 externally peer-reviewed prior to being made  
18 available for use by the Committee, and that the  
19 Committee synthesize and interpret the results of  
20 systematic reviews and draw conclusions about the  
21 entire body of evidence.

22                   Now, in response, I'll say that the

1 roles and responsibilities of the NESR staff and  
2 the Committee will be clearly outlined. Dr.  
3 Obbagy will talk a bit about the NESR process  
4 later today, and we'll continue that discussion  
5 about what the roles and responsibilities are.  
6 There are separation of responsibilities.

7 Due to time and resource constraints  
8 again, NESR will not be conducting -- and this is  
9 just the point we made a minute ago -- we won't  
10 be conducting systematic reviews with input from  
11 separate technical expert panels during the work  
12 of the Committee. NESR will be working directly  
13 with the Committee. However, as I noted, there  
14 are some relevant systematic reviews within kind  
15 of the NESR topics and questions they've done in  
16 the past that are relevant for the Committee to  
17 consider.

18 We do want to note that we did add a  
19 step, which is the peer review of the systematic  
20 reviews that you do. And Dr. Klurfeld will speak  
21 to that later today. The Agricultural Research  
22 Service is going to help facilitate that peer-

1 review process. And that was to align with this  
2 recommendation and just generally align with best  
3 practices.

4           The fourth recommendation is that the  
5 Secretary of Agriculture should ensure all  
6 Nutrition Evidence Library systematic reviews  
7 align with best practices by enabling ongoing  
8 training of the NEL staff, enabling engagement  
9 with and learning from external groups at the  
10 forefront of systematic review methods, inviting  
11 external systematic review experts to  
12 periodically evaluate the NEL methods, and to  
13 invest in technological infrastructure.

14           The NESR team acknowledges that  
15 systematic review science and supporting  
16 technologies evolve continuously. NESR's  
17 Continuous Quality Advancement Initiative -- so,  
18 they have work where they do this  
19 already -- involves enhancing staff knowledge and  
20 skills through ongoing training and professional  
21 development, leveraging the expertise, and  
22 collaborating with methodologists from other

1 leading systematic review organizations, such as  
2 Cochrane, as well as the HHS Agency for  
3 Healthcare Research and Quality, or AHRQ. And  
4 they are working and do have steps that they'll  
5 speak to around expanding technological  
6 infrastructure.

7 For the fifth recommendation, it was  
8 that the Departments should enhance the method  
9 known as food pattern modeling to better reflect  
10 the complex interactions involved, variability in  
11 intakes, and range of possible healthful diets.  
12 And the response is that a food pattern modeling  
13 team has worked to transparently document its  
14 method and incorporated the latest dietary intake  
15 data for analysis.

16 The topics and questions that have  
17 been identified also allow for more explanation  
18 of variability in intakes across the lifespan and  
19 examination of a range of possible healthful  
20 diets based on available evidence. And Dr.  
21 TusaRebecca Pannucci will speak to that process  
22 later today.

1           The sixth was that the Secretaries of  
2           Agriculture and Health and Human Services should  
3           standardize the methods and criteria for  
4           establishing nutrients of public health concern.  
5           And again, the data analysis team has worked to  
6           transparently document those steps first, and,  
7           also, to standardize those methods and criteria  
8           for establishing nutrients of concern. And that  
9           won't be discussed in today's data analysis  
10          presentation, but it will be discussed, and there  
11          has been work to standardize those methods.

12                 And then, finally, the National  
13          Academies' committee recommended that the  
14          Departments should commission research and  
15          evaluate strategies to develop and implement  
16          systems approaches into the Dietary Guidelines.  
17          The selected strategies should begin to be used  
18          to integrate systems mapping and modeling into  
19          the Dietary Guidelines process.

20                 And again, I will say that -- and I  
21          think Dr. Wright mentioned, too -- we are  
22          continuously looking to add methods and to

1 address kind of advances in reviewing science.  
2 So, for example, USDA established the Nutrition  
3 Evidence Systematic Review in 2008 because  
4 systematic reviews are really becoming the state-  
5 of-the-art approach for informing clinical and  
6 public health guidance. And so, it is something  
7 that we are staying on top of and trying to  
8 advance. And I will say we have done some  
9 initial exploration into systems approaches and  
10 will continue to explore this option.

11 So, just in closing, there are fact  
12 sheets that are available on our website with  
13 these recommendations and our responses -- again,  
14 if you go to [dietaryguidelines.gov](http://dietaryguidelines.gov), and you click  
15 on Resources.

16 We've also been asked to submit a  
17 report to Congress with responses to these  
18 recommendations. And so, we'll be doing that  
19 later this year.

20 With that, I'm happy to answer any  
21 questions, if there are questions on this topic.

22 CHAIR SCHNEEMAN: I will make a

1 comment, personal comment, as a Committee member.  
2 And having been involved with the recommendations  
3 from the National Academies, I am impressed with  
4 what you have been able to incorporate from the  
5 recommendations for this particular cycle. I  
6 think it's fair to say that the committee was  
7 concerned about the timing, how well things could  
8 be integrated.

9 And I guess one thing that might  
10 affect the deliberation of our Committee was the  
11 recommendation about, thinking about it  
12 generally, around those three committee  
13 structures, but, definitely, the principle behind  
14 it was thinking about continuity over the cycles,  
15 so that topics could be identified moving forward  
16 that needed to be addressed, and that some  
17 recommendations probably don't need to be  
18 addressed with each cycle.

19 So, I'd be interested in your comments  
20 about that concept of continuity and how the  
21 Departments have thought of that.

22 DR. STOODY: I mean, we agree, and it

1 has been something we have talked about. I think  
2 there has been this discussion of do we need to  
3 address every topic every time, but that's a hard  
4 thing to -- it is not easy to say which topics  
5 you're not addressing because in the field of  
6 nutrition there's so much interest and there's  
7 research published every day on different topics.  
8 So, thinking about that mandate for the Dietary  
9 Guidelines to be based on the preponderance of  
10 current scientific evidence, you know, being sure  
11 that we meet that mandate while also not  
12 duplicating or going into topic areas we don't  
13 need to necessarily reexamine.

14 So, I think that the idea and part of  
15 the conversation on the federal level has been  
16 trying to think about now we've added this  
17 emphasis around birth to 24. What's the emphasis  
18 in 2025? And so, I think we would like to have  
19 that more continuity -- the concept of it or the  
20 principles behind it, I think we support. It's  
21 how to implement the infrastructure to get us to  
22 that goal and, also, to represent the

1 preponderance of current science.

2 So, it's something we're definitely  
3 talking about, and we already are thinking about  
4 kind of what can we do and steps that we can take  
5 to prepare for the 2025 process, and this is part  
6 of that conversation.

7 All right. Any other questions?

8 CHAIR SCHNEEMAN: Thinking about this  
9 Committee's work, the current DGAC Committee's --  
10 it's not working. I'll try this one. There.

11 Thinking about this particular DGAC  
12 Committee's work, I anticipate that the public  
13 comments will grow as the process moves forward.  
14 And we have been given a set of topics and  
15 questions that the Departments have asked us  
16 specifically to address. So, if we see things  
17 that go beyond that mandate that the Committee  
18 has, is there a way that we can acknowledge the  
19 relevance of the topic or question, but not  
20 necessarily deal with it directly? I'm just  
21 thinking, again, in terms of how do we handle  
22 something like that in the framework of these

1 recommendations.

2 DR. STODY: Absolutely. So, the  
3 Committee is asked to limit its review of the  
4 evidence to the topics and questions that have  
5 been identified by the Departments. If there are  
6 topics -- I mean, we are looking at -- I mean, we  
7 do this every five years. And so, I think that  
8 if there are topics and questions that you feel  
9 that are relevant in this process, there is an  
10 opportunity to acknowledge those. It's really  
11 we're asking you to focus your review to evidence  
12 on those topics and questions which Janet de  
13 Jesus will speak to tomorrow. If there's  
14 anything beyond that, I think there can be a  
15 place in your report to speak to, we feel like,  
16 in 2025, looking at X, Y, and Z. Yes, I think  
17 that's totally appropriate.

18 MEMBER MATTES: As a corollary of  
19 that, given the topics, do we have the authority  
20 to request specific reviews? I mean, you are  
21 going to develop the database that we work on.  
22 What if we have ideas that additional data is

1 necessary to answer the question well?

2 DR. STOODY: So, I'm not sure if I  
3 totally understand the question. You can work  
4 within the topics and questions.

5 MEMBER MATTES: You're going to be  
6 preparing systematic reviews --

7 DR. STOODY: With your input.

8 MEMBER MATTES: -- for us to work  
9 with, right.

10 DR. STOODY: With your input, yes.

11 MEMBER MATTES: Okay. So, we can  
12 request a review on a particular facet within our  
13 topic area --

14 DR. STOODY: Within the topic.

15 MEMBER MATTES: -- that you may not  
16 have thought of yet?

17 DR. STOODY: That's part of the  
18 conversation, yes --

19 MEMBER MATTES: Good.

20 DR. STOODY: -- with the  
21 subcommittees, yes, and the Committee. Yes, it's  
22 just staying within those topics and questions,

1 but you'll be involved in kind of -- and part of  
2 the discussion tomorrow, for example, will be on  
3 discussion of which neurocognitive health  
4 outcomes to consider or which cancer outcomes to  
5 consider. So, you are a group of experts brought  
6 together to inform those systematic reviews.

7 Any others?

8 MEMBER HEYMSFIELD: In one of your  
9 slides, you mentioned five values to improve the  
10 integrity of the process. And one of those was  
11 support a deliberative process. What's a  
12 deliberative process?

13 DR. STODY: You ask the Committee.

14 (Laughter.)

15 Well, I think the way that they spoke  
16 to it was that it had a lot of input. I mean,  
17 that it had input from the Committee. I mean, I  
18 think, for us, it's that we're not operating in  
19 isolation. The Departments aren't operating in  
20 isolation. We have input from the Committee.  
21 There is the public comment period. That there  
22 is the systematic review piece. I mean, that

1 there are different elements. It is kind of many  
2 sources of evidence feeding into the process;  
3 that there are different roles and  
4 responsibilities, and that there are multiple  
5 pieces to developing the Guidelines. But, I  
6 mean, you all are on the Committee.

7 Dr. Schneeman or Dr. Boushey, if you  
8 like to add to that?

9 But, for us, it's really been trying  
10 to make sure that we get input from various  
11 sources; that we took that topics and questions  
12 process, the development of topics and questions  
13 outside of the Committee process. It's kind of  
14 the division of responsibilities, having public  
15 input on that, kind of having a lot of input in  
16 different places.

17 MEMBER HEYMSFIELD: Okay.

18 MEMBER ARD: I'll just add to that.  
19 I think part of that discussion, too, centered  
20 around the idea of diversity of thought within  
21 the Committee. So that, from a deliberative  
22 standpoint, if everyone on the Committee already

1 has a predetermined perspective on Topic X, then  
2 that's not deliberation; that's just consensus.

3 And so, the idea was, when you're  
4 constituting the Committee, that we're looking  
5 not just at the typical conflicts of interest  
6 around association with industry or those types  
7 of things, but also diversity of thought and  
8 perspective in being able to say, if presented  
9 with scientific evidence that is contrary to my  
10 previous line of research, then I'm able to  
11 discuss that, deliberate on that, and then, come  
12 to a conclusion that is based on the evidence.

13 MEMBER NOVOTNY: Sort of jumping off  
14 of what Dr. Kleinman said earlier, I'm struck  
15 with the fact that we're at this point pursuing  
16 the idea of initiating the Dietary Guidelines  
17 starting in pregnancy and at birth. And what an  
18 amazing opportunity it is to kind of track from  
19 the bigger-picture, overarching question of  
20 prevention of something as chronic as obesity in  
21 this country, and while we're all about trying to  
22 meet nutrient needs, we're also trying to do it

1 in a manner that is prevention-oriented.

2 And I'm just curious -- and maybe this  
3 will come up later during our deliberations  
4 specifically -- but it is impressive to me that  
5 we have this opportunity to look at this upcoming  
6 generation of individuals who will be followed  
7 through this new movement in the establishment of  
8 these Guidelines. I'm wondering if there is a  
9 plan to look at some sort of tracking of this  
10 upcoming generation for that purpose, to  
11 determine whether these benefits can, in fact,  
12 influence health and longevity in years to come.

13 DR. STODY: It is a fantastic  
14 research question.

15 (Laughter.)

16 So, maybe you can engage on that, yes.  
17 I think that's a larger conversation, looking at  
18 the impact of the Guidelines for this next  
19 generation after these Guidelines come out. So,  
20 I think it's separate from this specific process,  
21 but a very important part of the process, yes.

22 CHAIR SCHNEEMAN: And perhaps thinking

1 about what can be in the Committee's report, I  
2 believe we can make research recommendations,  
3 that that has been a standard part of the  
4 process.

5 DR. STODY: Absolutely, yes. It's an  
6 important part, we think. It does help inform  
7 research that's done. So, yes, it's a very key  
8 part.

9 Okay. So, if there are no other  
10 questions, we will break for lunch. And please  
11 reconvene here at 12:45 to continue the  
12 discussion.

13 So, thank you.

14 (Applause.)

15 (Whereupon, the above-entitled matter  
16 went off the record at 11:16 a.m. and resumed at  
17 12:47 p.m.)

18 DR. STODY: Good afternoon. I hope  
19 everyone had a great lunch, and we'll get going  
20 here in just one second.

21 Before we start, I want to have my  
22 colleague here, Jessica Larson, who is going to

1 give a little bit of update for those people who  
2 are viewing the webinar, this meeting today, by  
3 YouTube.

4 MS. LARSON: Hello. For those who  
5 have received the announcement, there is a second  
6 link for this afternoon. We hope everyone has  
7 switched over. If you are on the original link  
8 from this morning, we ask that you switch over.  
9 You can find that link either by going to  
10 #dietaryguidelines. We will also be emailing the  
11 link out, and it has been on this screen for  
12 those who were watching during the break. But,  
13 if anyone has a pen and paper, you can also write  
14 it down. So, I'll read it out loud.

15 It is [https://youtu.be/big/m7\\_gyjw8](https://youtu.be/big/m7_gyjw8).

16 Once again, we will be tweeting that  
17 out #dietaryguidelines. And you will also be  
18 receiving an email.

19 The new link has already started, but  
20 the old link will expire soon. So, we appreciate  
21 you switching over for the afternoon session.

22 Tomorrow there will be two links. So,

1 please check your email. For those who are  
2 viewing online, there will be a morning link and  
3 an afternoon link.

4 Thank you.

5 DR. STODY: Thanks, Jessica.

6 So, for those who are just joining us  
7 for this afternoon's session, this morning we  
8 wrapped up our original agenda items a little bit  
9 early. And so, we covered the response to the  
10 National Academies' report presentation prior to  
11 the break. However, I do want to note, as we  
12 noted at the beginning of the meeting, all of the  
13 presentations will be archived on our website.  
14 So, there will be an opportunity to see that, if  
15 you're interested in viewing it. Additionally,  
16 we will have the slides from that presentation  
17 available on our website as well.

18 So, today, this afternoon, we are  
19 going to move on in the agenda and talk about the  
20 approaches for examining the evidence. Our next  
21 speaker is Colette Rihane, Director of the Office  
22 of Nutrition Guidance and Analysis in the Center

1 for Nutrition Policy and Promotion, or CNPP,  
2 within the Food and Nutrition Service at USDA.

3 A Registered Dietician and 22-year  
4 veteran, she has years of clinical experience in  
5 nutrition counseling and evaluating nutrition  
6 status for patients across the lifespan. She has  
7 been with USDA for nearly 20 years. At CNPP, she  
8 provides oversight and guidance for the process  
9 of developing the Dietary Guidelines for  
10 Americans and for CNPP's Nutrition Evidence  
11 Systematic Review, the review of nutrition data,  
12 and the development of USDA's Food Patterns, and  
13 the updates to the Healthy Eating Index.

14 Please join me in welcoming Colette  
15 Rihane.

16 (Applause.)

17 MS. RIHANE: Thank you very much, Eve.

18 Welcome back, everyone. I hope  
19 everyone had a great lunch. I'm happy to see  
20 everyone here.

21 We have a lot of good information for  
22 you this afternoon. Please, we're going to have

1 to try to make sure you don't fall asleep after  
2 lunch.

3 (Laughter.)

4 So, what I'm going to do right now is  
5 just going to introduce to you various approaches  
6 for examining the evidence, those approaches that  
7 will be used by the Committee members in  
8 examining the scientific evidence.

9 Reviewing the science, answering  
10 questions on a variety of topics, and developing  
11 a scientific report of findings is like  
12 completing one gigantic puzzle. It's important  
13 to remember that not all questions are created  
14 equally, and not all questions can be answered  
15 using the same approach.

16 There are several approaches that can  
17 be used to answering a particular question.  
18 Listed here are the three approaches that will be  
19 discussed in more detail over the next few hours.  
20 We have several speakers who will be discussing  
21 each one individually.

22 One approach that is used is, as you

1 have heard the term, Nutrition Evidence  
2 Systematic Reviews. These are systematic reviews  
3 that inform the Committee's work and will be  
4 supported by the Nutrition Evidence Systematic  
5 Review team, or the NESR team, at USDA's Center  
6 for Nutrition Policy and Promotion.

7           These reviews will either be new,  
8 original systematic reviews that the NESR team  
9 and the Committee will conduct to answer the  
10 questions on diet and health by searching for,  
11 evaluating, synthesizing, and culminating all  
12 relevant peer-reviewed studies.

13           Or they will also be able to look at  
14 existing systematic reviews, which I believe has  
15 been alluded to, that the NESR previously  
16 conducted which are relevant to the current  
17 topics right now and the questions being  
18 investigated.

19           Another approach is food pattern  
20 modeling. These are analyses that are performed  
21 using national datasets as well as findings from  
22 systematic reviews to help us understand how the

1 changes in dietary recommendations might impact  
2 meeting nutrient needs across the U.S.  
3 population.

4 Additionally, data analyses will be  
5 looked at, which are a collection of analyses  
6 used with national datasets to help us understand  
7 the current health and dietary intakes for  
8 Americans. The data help make Dietary Guidelines  
9 be more practical, more relevant, and also  
10 achievable.

11 As you can see, each of these  
12 approaches has a unique place in assisting the  
13 Advisory Committee and answering the questions  
14 that need to be answered.

15 As I mentioned already, not all  
16 questions are created equally, and therefore, not  
17 all questions are systematic review questions.  
18 That's very important to remember.

19 The best approach to answering a  
20 question depends on the nature of the question  
21 and the type of information needed to answer that  
22 question. As the next speakers describe each of

1 these approaches in more detail, you will see  
2 that each approach is clearly protocol-driven,  
3 completed in a very rigorous and objective  
4 manner, and, most importantly, designed to help  
5 minimize bias.

6 This is just one of the many  
7 commitments our agencies have made in support of  
8 the National Academies' study that Dr. Stoody  
9 talked about earlier before the break. Together,  
10 these approaches for examining the evidence are  
11 meant to be complementary approaches that,  
12 together, provide a robust evidence base for all  
13 the questions across the topics that have been  
14 identified.

15 The approaches provide unique  
16 contributions to help answer questions, and it  
17 should never be suggested that one approach is  
18 superior to another. In all these cases, federal  
19 staff across USDA and HHS, which you've heard  
20 already we have a vast team to assist, will be  
21 supporting the Committee in various ways during  
22 its review of the evidence, regardless of the

1 approach being used.

2 So, we're going to start to first look  
3 at the first of three approaches that we are  
4 hoping to introduce to you. And that review be  
5 will by Dr. Julie Obbagy.

6 Dr. Obbagy has been with the Center  
7 for Nutrition Policy and Promotion for nearly 10  
8 years reviewing evidence to support work to  
9 develop and implement dietary guidance, to help  
10 improve the health and well-being of Americans.  
11 She is leading the work of CNPP's Nutrition  
12 Evidence Systematic Review team to support the  
13 2020 Dietary Guidelines Advisory Committee's  
14 review of the science.

15 She will spend her time today  
16 providing an overview of NESR and answer  
17 questions the Committee may have afterward.

18 Please welcome Dr. Julie Obbagy.

19 (Applause.)

20 DR. OBBAGY: Great. Thanks, Colette.

21 So, my job here today is to give you  
22 all an introduction to Nutrition Evidence

1       Systematic Review, or what we refer to as NESR.  
2       So, I'll talk a little bit about who we are and  
3       what we do. I'll walk you through our systematic  
4       review methodology, and talk a little bit about  
5       our methods for using and/or updating existing  
6       NESR systematic reviews. And then, finally, talk  
7       a little bit about how we plan to make our work  
8       transparent and accessible.

9               So, the first item that I'd like to  
10       address today is that we have recently changed  
11       our name. We're now known as Nutrition Evidence  
12       Systematic Review, or NESR. Previously, we were  
13       known as the Nutrition Evidence Library, or NEL.  
14       NEL was launched about 10 years ago. And pretty  
15       much since our inception, there's been a pretty  
16       common misperception that we're more of a  
17       traditional library in the sense that we're sort  
18       of a brick-and-mortar library or an online  
19       database that houses every nutrition research  
20       article ever published, which is not at all what  
21       we are.

22               And so, we are really hoping that by

1 changing our name to Nutrition Evidence  
2 Systematic Review, we'll do a better job of  
3 communicating to people that we really are a team  
4 of scientists who specialize in conducting  
5 systematic reviews. But, to correspond with the  
6 name change, I think it's important to note that  
7 this does not reflect a change in our role, and  
8 it doesn't reflect a change in our systematic  
9 review methodology.

10 So, this slide show our NESR team  
11 members. I am pretty proud to be representing  
12 such a well-qualified and dedicated group of  
13 individuals. All of our analysts do have  
14 advanced degrees in nutrition, public health,  
15 epidemiology, or a very closely related field.  
16 We're also supported by three librarians, all of  
17 whom have advanced degrees in library science.

18 Our staff has received extensive  
19 hands-on training over the years as well as  
20 professional development ongoing, and really are  
21 able to perform all of the steps in our process  
22 independently.

1                   Our staff also has a lot of  
2                   experience. Many have been with the team for the  
3                   last three to four years. Some of us have been  
4                   with the team much longer, 10 or 11 years. So,  
5                   we're all very much looking forward to supporting  
6                   your work and reviewing the evidence over the  
7                   next year and a half or so.

8                   So, the core mission of NESR is to  
9                   conduct systematic reviews on food and nutrition-  
10                  related topics that can be used to inform U.S.  
11                  federal nutrition-related guidance and programs.  
12                  And so, just to make sure we're all on the same  
13                  page as to what a systematic review is, I've just  
14                  put the definition for sort of how we define and  
15                  describe what a systematic review is on this  
16                  slide. In essence, it's a research project that  
17                  answers a very clearly-formulated scientific  
18                  question by searching for, evaluating, analyzing,  
19                  and synthesizing nutrition evidence.

20                  And so, Dr. Stoody did a nice job of  
21                  going through all of the USDA and HHS responses  
22                  to the recent National Academy study that came

1 out on the process to develop the Dietary  
2 Guidelines. So, I won't go into much detail  
3 here, other than to say that the responses to the  
4 NESR-related recommendations are found on our  
5 website, as well as on dietaryguidelines.gov; and  
6 that I do hope, as I walk through the rest of the  
7 presentation, you'll really be able to see how we  
8 do really support the five values that are listed  
9 on the top of this slide. And I think you'll get  
10 a good, clear understanding of what the role of  
11 the NESR staff is versus what your role as the  
12 Advisory Committee will be.

13 In addition, since our inception, I  
14 think we've really worked hard to ensure that our  
15 process does remain up-to-date. And so, we  
16 really did appreciate the emphasis in the report  
17 on continuing to do that. And, of course, as we  
18 prepared to support your work as the 2020  
19 Committee, we did do a very thorough evaluation  
20 of our methods and our tools, just to make sure  
21 that we are, in fact, aligned with current best  
22 practices, both in the field of systematic review

1 methodology as well as in the field of nutrition  
2 science.

3           So, as I walk through our process  
4 today, I will highlight a few areas where we have  
5 made some advancements, either by engaging with  
6 or leveraging some of the advancements made by  
7 others in the field, like Cochrane, which is a  
8 global leader in conducting systematic reviews,  
9 as well as Health and Human Services, Agency for  
10 Healthcare Research and Quality, AHRQ.

11           And then, again, we've also continued  
12 with professional development. We've also really  
13 worked to leverage technology where we can, all  
14 with the goal of ensuring that at the end of the  
15 day our work is as high quality and credible as  
16 it possibly can be.

17           So, before I dive more specifically  
18 into our methodology, I did want to set the stage  
19 for how our staff will work to support you as a  
20 Committee. So, this slide briefly describes the  
21 roles of each of those groups. And I'll speak to  
22 those roles a little bit more as I walk through

1 the methodology.

2 But, briefly, our NESR staff are  
3 really scientists with systematic review  
4 methodology experience. And so, we'll be  
5 handling all aspects of planning, facilitating,  
6 conducting, and then, of course, documenting the  
7 work necessary to complete your systematic  
8 reviews in accordance with our methodology.

9 You, as the Advisory Committee, are  
10 really the scientific experts with that diversity  
11 of expertise and experience who will work with  
12 our staff to help us refine and provide feedback  
13 on various systematic review materials, like  
14 analytic frameworks, inclusion/exclusion  
15 criteria, and then, of course, play a very  
16 critical role in synthesizing the body of  
17 evidence to answer important diet-related  
18 questions that you've been tasked with answering.

19 In addition, as Dr. Stoody mentioned  
20 earlier today, too, the Advisory Committee will  
21 do its work in subcommittees. Each subcommittee  
22 conducts its work in between meetings of the full

1 Committee, and then, will provide updates for  
2 deliberation and discussion at subsequent public  
3 meetings.

4 All right. So, getting into the  
5 process, we begin the systematic review process  
6 by working with the subcommittees to develop an  
7 analytic framework for each of the questions that  
8 you'll be answering using a systematic review.  
9 The analytic framework really defines the core  
10 elements of the systematic review question. So,  
11 it defines the population of interest, the  
12 intervention or exposure, as well as what it's  
13 being compared to or the comparator, the outcomes  
14 of interest. It also defines key terms and  
15 identifies factors such as key confounders and  
16 other critical factors that could be impacting  
17 the relationship being examined.

18 So, the analytic framework, I would  
19 say, really is sort of the foundational part that  
20 defines how the rest of the systematic review  
21 will play out. It informs not only the  
22 inclusion/exclusion criteria, as well as the

1 literature search strategy, but it defines what  
2 data will be extracted. It informs risk-of-bias  
3 assessments, and then, of course, it drives the  
4 strategy for how you will synthesize the evidence  
5 to draw conclusions and grade the body of  
6 evidence. So, this is really a critical part of  
7 the process.

8           Next, NESR staff will facilitate your  
9 use of the analytic framework to establish  
10 inclusion and exclusion criteria upfront before  
11 any studies have been reviewed. These criteria  
12 are tailored specifically to each of the  
13 individual systematic review questions, and  
14 they're really designed to guide a very objective  
15 and consistent and transparent identification of  
16 the most relevant and appropriate studies to be  
17 including in the systematic reviews.

18           And again, the criteria are also  
19 framed to ensure that the reviews are useful for  
20 informing U.S. federal guidance. And so,  
21 whenever possible, we're including studies that  
22 are applicable to the U.S. population, are

1 informative to our federal nutrition policies and  
2 programs, and then, of course, are most rigorous  
3 from a scientific standpoint.

4 And as I mentioned, the criteria are  
5 tailored specifically to each of the systematic  
6 review questions, though we do have a number of  
7 standard criteria that we typically apply  
8 consistently across our reviews, unless there is  
9 a very strong rationale to do otherwise. And so,  
10 I've put them here on the slide, and I'll walk  
11 through each one and just talk briefly about  
12 those criteria.

13 First is study design. We include the  
14 designs that offer the strongest evidence to  
15 support a relationship between diet and health.  
16 So, obviously, randomized controlled trials are  
17 on that list as well as non-randomized controlled  
18 trials, but we also do include prospective and  
19 retrospective cohort studies, as well as nested  
20 case-control studies, which means that we do  
21 exclude typically uncontrolled trials as well as  
22 cross-sectional studies and case-control studies.

1           And so, while we do acknowledge that  
2           relying on RCTs is really important, we also  
3           believe that, by including high-quality,  
4           rigorously-conducted observational research, it  
5           can really provide an important complement to the  
6           evidence provided by the RCTs, and allows us to  
7           look, for example, at research done in more  
8           vulnerable populations -- for example, the  
9           pregnancy and birth to 24 months population is a  
10          good example there -- or to look at longer-term  
11          or more rare health outcomes.

12           In addition, though, our process does  
13          have several steps later on, and I'll note those  
14          as I go, where we really take study design into  
15          consideration and really weigh the strengths and  
16          limitations of the various designs that were  
17          being reviewed.

18           So, next is publication status. We  
19          include peer-reviewed publications and exclude  
20          gray literature or unpublished literature. I  
21          think this is a good place to note that we do  
22          address publication bias later in the process

1 during the synthesis process, and we do, also,  
2 take steps to ensure that we're not including any  
3 articles published in predatory journals, which  
4 are those journals that don't have very good  
5 peer-review policies in place. And then, we're  
6 also ensuring that articles that have been  
7 retracted are not considered.

8 We also include studies published in  
9 English and exclude those published in languages  
10 other than English. And then, when it comes to  
11 country, again, because our focus is on looking  
12 at evidence that's most generalizable to the  
13 U.S., we do include studies conducted in  
14 countries that -- we use what's called the Human  
15 Development Index, which takes a number of  
16 different factors into account, like life  
17 expectancy, standard of living, education level.  
18 It ranks countries according to that criteria.  
19 And then, we include studies that are done in  
20 countries ranked high or very high and exclude  
21 those that are done in medium- or low-ranked  
22 countries.

1                   And then, finally, health status of  
2 study subjects is another critical one. As  
3 you've heard a few times today, the Guidelines  
4 really focus on health promotion and disease  
5 prevention, and our not clinical guidelines for  
6 treatment of individuals with a specific  
7 condition or a specific disease. And so,  
8 therefore, we really aim to include studies that  
9 are done in a population of subjects that are  
10 healthy or at risk for chronic disease.

11                   We'll also include studies that enroll  
12 some of a population that may be diagnosed with a  
13 disease or that has the health outcome of  
14 interest, but we do exclude studies where they  
15 exclusively enroll individuals with a disease or  
16 with the health outcome of interest because that  
17 tends to be more of a treatment paradigm. So,  
18 looking at diet or nutrition as a way to treat a  
19 disease versus using it or examining it more in  
20 sort of that disease-prevention/health-promotion  
21 paradigm.

22                   And so, at the bottom of the slide

1       there are some examples of other criteria that we  
2       would establish, things like the date of  
3       publication, how the intervention or exposure was  
4       defined, what the comparator is, and then, what  
5       those intermediate and long-term health outcomes  
6       are. And there may be other criteria that you  
7       would consider establishing just based on  
8       whatever question it is you're answering.

9               So, next, our NESR librarians will  
10       create what we call a search strategy. They use  
11       the analytic framework and they use that  
12       inclusion/exclusion criteria as their guides.  
13       And the goal is to find all of the studies that  
14       are relevant to the question you are addressing.

15               And so, the strategy identifies both  
16       the relevant electronic databases -- we always  
17       search PubMed; we always search Cochrane and  
18       Embase. We may consider additional databases  
19       that may be appropriate for whatever topic is  
20       being addressed. And then, we also identify key  
21       terms that are used in each of those databases to  
22       search for the types of studies that we're

1 looking for.

2 And so, you will have an opportunity  
3 to review that search strategy, and we do have a  
4 process where it's peer-reviewed by another  
5 librarian as well, just to make sure that it's  
6 comprehensive in capturing all of those key  
7 search terms to identify the studies that we  
8 would be looking for.

9 So, once the search strategy is  
10 finalized and approved, the librarians will  
11 conduct that search. And that yields a pretty  
12 long list of potentially-relevant articles, but  
13 our goal here is to really cast a very wide net  
14 and just make sure that we've identified any  
15 potential article that could be relevant for  
16 inclusion in the review.

17 So, the next process is screening all  
18 of those literature search results. We have two  
19 NESR analysts who will independently screen all  
20 of the studies that were identified in the  
21 librarians' search using the inclusion and  
22 exclusion criteria. And we do this using a web-

1 based tool, which really helps make the process a  
2 little bit more efficient.

3 But the goal here is to review every  
4 single one of those studies that came up in the  
5 literature search against those criteria and  
6 exclude any that do not meet the criteria. And  
7 so, ultimately, this means that only those  
8 studies that meet all of the criteria will be  
9 included in the final systematic review.

10 We also do a manual search here, which  
11 is a very standard step in conducting a  
12 systematic review. For us, it involves searching  
13 all of the reference lists of the included  
14 articles that we've identified, just to make sure  
15 that we haven't missed any peer-reviewed article  
16 that might meet our criteria, but wasn't picked  
17 up in the electronic database search.

18 It's very rare that we would pick up  
19 an article this way, but sometimes there are  
20 problems with how a paper was indexed in PubMed,  
21 for example, and we could have missed it. And  
22 so, really, this is just a way to make sure that

1 we're being as comprehensive as possible in  
2 picking up any possible article that might relate  
3 to the question that's being addressed.

4           And then, our NESR analysts will  
5 document all of the search results, including  
6 that list of included articles, and a list of all  
7 of the articles that were excluded with the  
8 rationale for why they were excluded. So, this  
9 process of both searching and, then, screening  
10 the literature is really a very systemic and  
11 well-documented process, and it's really based on  
12 objective criteria. And so, ultimately, it  
13 should be reproducible and clear as to why we've  
14 included some studies, and then, if we've  
15 excluded studies, it's clear as to why they were  
16 excluded as well.

17           So, next, our NESR analysts will  
18 extract key data from each of the studies  
19 included in the systematic review. And the  
20 subcommittee members will provide input onto what  
21 data should be extracted, just based on what  
22 kinds of information you think you would need to

1 answer the systematic review question.

2 We also do harness the power of  
3 technology here as well. Using a web-based tool  
4 really helps us with accurate, consistent, and  
5 efficient data extraction.

6 And then, once that's complete, our  
7 NESR analysts will also use that information to  
8 create a series of evidence tables, which are  
9 essentially ways to summarize and describe the  
10 body of evidence, and will be useful to you all  
11 as you move into this step of synthesizing the  
12 evidence to draw conclusions.

13 In addition, conducting a formal risk-  
14 of-bias assessment for each of the included  
15 studies is another critical part of our process.  
16 I've included a definition here on the screen for  
17 what risk of bias is. It's the likelihood of a  
18 systematic error or deviation in the results or  
19 inferences of a study which could lead to under-  
20 or overestimation of either the true effect of  
21 the intervention on the outcome or the  
22 association between the exposure and outcome that

1 you're looking at.

2           And so, this assessment really is  
3 designed to provide information regarding each of  
4 the included studies, as well as the body of  
5 evidence as a whole, that can be considered when  
6 synthesizing the evidence, drawing conclusions,  
7 and, of course, grading the strength of the  
8 evidence.

9           So, this is one area of systematic  
10 review methodology that has been evolving quite a  
11 bit in recent years. We've really been following  
12 these evolutions closely and have decided, in  
13 order to align with some of the other systemic  
14 review organizations that are out there, to adopt  
15 the three tools shown on this slide here to  
16 assess risk of bias in the reviews that you'll  
17 conduct as the 2020 Committee.

18           So, the first is called Cochrane's  
19 Risk-of-Bias Tool for Randomized Trials, or Risk  
20 of Bias 2.0. This is a relatively-new tool  
21 released by Cochrane and, obviously, focused on  
22 randomized trials.

1           The next tool is also a Cochrane tool.  
2           It's called the Risk of Bias in Non-Randomized  
3           Studies of Interventions Tool, or ROBINS-I. And  
4           that is a tool to assess risk of bias in non-  
5           randomized trials.

6           The last tool is one that we have  
7           adapted for use in our work. There is not a  
8           universally-accepted tool right now for assessing  
9           risk of bias in observational studies. We have  
10          been involved in an effort that Cochrane is  
11          leading to do this in collaboration with some  
12          other U.S. federal entities, but they haven't  
13          released a final tool yet. They have released a  
14          preliminary tool, however. It's based very  
15          closely on the ROBINS-I tool. And so, we have  
16          taken that preliminary tool and adapted it for  
17          use in assessing nutrition research.

18          And so, the types of bias, the tools,  
19          you can get a general sense of the types of bias  
20          these tools will be considering in the list at  
21          the bottom of the slide. And then, I'll also  
22          just note that our website has these three tools

1 linked on it, as well as there's a website for  
2 the Cochrane tools that provides extensive  
3 information about the tool and the guidance for  
4 answering the questions.

5           So, next, the subcommittees will use  
6 the extracted data, the evidence tables, those  
7 risk-of-bias assessments from all of those  
8 included studies to examine whether or not the  
9 intervention or exposure that you're looking at  
10 is related to the outcome in the population of  
11 interest. So, coming back to that analytic  
12 framework and really thinking about how the  
13 evidence addresses the question as you've laid it  
14 out in the analytic framework.

15           And so, in essence, evidence synthesis  
16 is the process by which evidence from multiple  
17 studies is described, compared, and then,  
18 combined qualitatively. It really focuses on  
19 looking for overarching themes in the evidence.  
20 It looks for differences in how the studies were  
21 conducted and their results. Looks for factors  
22 that may have been impacting the relationships

1 that you're examining, and then, of course,  
2 identifies gaps and limitations in the body of  
3 evidence as well.

4 So, next, the subcommittee members  
5 will use the evidence synthesis to develop a  
6 conclusion statement. A conclusion statement is  
7 a summary statement that reflects the complete  
8 body of evidence reviewed. So, it doesn't take  
9 into consideration evidence outside of those  
10 included studies that you have included in the  
11 review. And it's really written as an answer to  
12 the systematic review question.

13 In addition, it may also state when  
14 there's not enough evidence to answer the  
15 question as well. So, it's either an answer to  
16 the question or a statement that there is not  
17 enough evidence to answer the question.

18 So, next, once you have a conclusion  
19 statement in place, you'll use predetermined  
20 criteria to assign a grade to the evidence  
21 underlying that conclusion statement. And the  
22 grade really indicates kind of the strength of

1 evidence underlying that conclusion or how  
2 confident we are in the conclusion statement.  
3 I'll talk a little bit more about the  
4 predetermined criteria on the next slide. But  
5 the goal is to really consistently and  
6 transparently assess the body of evidence to  
7 assign one of the four grades that are listed on  
8 this slide.

9           So, when you indicate a strong grade  
10 for a conclusion statement, that really means  
11 that there is strong evidence underlying that  
12 grade, such that if new articles are published,  
13 it's probably not going to impact the conclusion  
14 that you've drawn.

15           When you move to a more moderate sort  
16 of strength of evidence, it's sort of reflective  
17 of the fact that, if new articles are coming out,  
18 you might need to make some edits to that  
19 conclusion statement.

20           And then, finally, a grade of limited  
21 indicates that the body of evidence was much more  
22 limited in nature, and if new studies are

1 published, that will most likely need some  
2 updates and edits to it.

3 And then, finally, we do have a grade  
4 not assignable option, and that's really to  
5 indicate where a conclusion statement was not  
6 able to be drawn, either because there was no  
7 evidence available to answer the question or  
8 there was some evidence, but it was very limited  
9 in nature and had many limitations in the body of  
10 evidence.

11 So, grading is another area in the  
12 systemic review field where there has been quite  
13 a number of advancements over the last several  
14 years. NESR has made some updates to leverage  
15 those advancements. Specifically, we have  
16 updated our grading criteria to align more  
17 closely with a very commonly-used grading  
18 approach called GRADE, although we do have some  
19 points of differentiation really to meet the  
20 purposes of what a NESR review is intended to be  
21 used for.

22 So, NESR's grading process, very much

1 like GRADE, provides a very structured and  
2 transparent approach for assessing the strength  
3 of the body of evidence. And we do have four out  
4 of the five grading elements in common. Risk of  
5 bias, consistency, directness, and precision are  
6 the four elements that we do have in common.

7 GRADE has a fifth element for  
8 publication bias, which, as I mentioned earlier,  
9 is something that we acknowledge as being very  
10 important to consider. However, GRADE  
11 acknowledges, as well as we do, that there's not  
12 really great gold-standard methodology for  
13 assessing publication bias, particularly when it  
14 comes to observational studies. And so, we have  
15 elected to not include it formally in our grading  
16 process, but to consider it thoroughly during the  
17 synthesis process and address it in describing  
18 the body of evidence.

19 On the other hand, our fifth criteria  
20 for grading is generalizability. And so, because  
21 our reviews are being so directly used to inform  
22 federal policies and programs, directly impacting

1 the American population, we've really felt that  
2 it was imperative to make sure that we were  
3 considering how generalizable the body of  
4 evidence was to the American population of  
5 interest. And so, for this reason, we've  
6 retained generalizability as a grading element  
7 for use in grading our conclusion statements.

8 Finally, I think this is another  
9 really important place in the process where we  
10 take study design into consideration. These  
11 criteria shown on the slide will be assessed  
12 separately for each category of study design --  
13 this is also very similar to the way that GRADE  
14 works -- before an overall grade is finally  
15 assigned to the complete body of evidence. But  
16 this really will allow for consideration of the  
17 strengths and limitations of the various study  
18 designs that have been included, particularly  
19 when a body of evidence includes a mixture of  
20 randomized controlled trials and observational  
21 studies.

22 And there's just a note at the bottom

1 of the slide that our grading rubric also, which  
2 spells out the criteria that are seen on this  
3 slide here in much more detail, is available on  
4 our website.

5 And then, finally, throughout the  
6 process of conducting a systematic review, many  
7 gaps and limitations are identified. And  
8 therefore, as a final step, the Committee should  
9 make recommendations for future research that may  
10 address any of the gaps and limitations that  
11 emerged as you reviewed and synthesized the body  
12 of evidence.

13 So, that's really the overall process  
14 that we use for conducting a systematic review.  
15 I'm going to switch gears really quickly just to  
16 talk a little bit about our methodology for using  
17 and/or updating existing NESR systematic reviews.

18 As Eve mentioned, we have done a  
19 number of systematic reviews that are potentially  
20 relevant to the questions that you'll be  
21 addressing, that you've been tasked with  
22 addressing. And so, we'll work closely with the

1 subcommittees to identify any relevant existing  
2 NESR systematic reviews that we've done that are  
3 very similar in nature to the question that  
4 you're addressing.

5 In terms of relevancy, we're looking  
6 for things like it was done in the same  
7 population. It's looking at the same diet-  
8 related intervention exposure. It's looking at  
9 the same outcomes. It used similar definitions  
10 for key terms, and it used the same  
11 inclusion/exclusion criteria.

12 If a relevant systematic review is  
13 identified, our next step will be to take a look  
14 at whether or not it's timely. And by that, we  
15 mean taking a look at the date range that was  
16 used in the original systematic review and  
17 determining whether it was recent enough to be  
18 used or if it would require some updating.

19 And so, if an update is needed, we  
20 will conduct another literature search, do  
21 thorough screening of those articles, and  
22 identify any relevant research articles that may

1 have been published after the completion of the  
2 original systemic review. And then, of course,  
3 sort of take them through the same process I just  
4 outlined in terms of extracting data and  
5 assessing risk of bias.

6 We'll also during this process take  
7 some steps to determine whether any of these  
8 existing systematic reviews may have included an  
9 article that has since been retracted. So,  
10 that's something that we'll cover our bases on.

11 So, next, the Committee can then  
12 proceed with using the existing review to answer  
13 their question. If an existing review is being  
14 used and not being updated to answer a question,  
15 you can carry forward the conclusion and the  
16 grade from that review. If an existing review is  
17 being updated, you can consider that new evidence  
18 that's been identified since the completion of  
19 the original review and really sort of consider  
20 that in relation to the body of evidence that was  
21 originally reviewed and the conclusions that were  
22 originally drawn to determine whether any updates

1 or changes to the conclusion or grade would be  
2 warranted.

3 And then, finally, just a few slides  
4 to talk about our core values around transparency  
5 and accessibility, and really making the work  
6 that we're doing as transparent and accessible to  
7 a wide range of audience as possible.

8 So, to correspond with our new name,  
9 we've launched an updated website, [nesr.usda.gov](http://nesr.usda.gov),  
10 as listed at the top of the slide. I would just  
11 say don't put "www" in front of that because it  
12 won't work. Just go straight to [nesr.usda.gov](http://nesr.usda.gov).  
13 And that website still contains all of the  
14 complete documentation of every review that we  
15 have done previously. So, all of the reviews,  
16 for example, that were done by the 2015 Committee  
17 are available on that website right now.

18 We've also included a number of  
19 enhancements to the website, really designed to  
20 improve the user's experience. There's a lot  
21 more information about our methodology. There's  
22 an animated infographic around the methodology,

1 for example, which you've sort of gotten a taste  
2 of in the presentation today. We've done some  
3 mobile and search optimization, and we've tried  
4 to use plain language throughout, wherever  
5 possible.

6 Another key change that we've made is  
7 that we do plan to make the work transparent sort  
8 of as it's ongoing by posting our systematic  
9 review protocols on [dietaryguidelines.gov](http://dietaryguidelines.gov). In a  
10 section of the website shown here in the  
11 screenshot called "Work Under Way," there will be  
12 sort of updates as to the status of each of the  
13 questions that are being addressed. And then,  
14 there will be the full systematic review protocol  
15 posted for each of those questions as your work  
16 gets underway and continues.

17 And so, the protocol really is sort of  
18 that plan for how the systematic review is being  
19 conducted. And it will include the analytic  
20 framework, the inclusion/exclusion criteria, the  
21 search strategy. And then, once we do the search  
22 and screen the results, we'll also update to

1 include the list of included articles as well as  
2 the list of excluded articles with the reason why  
3 they were excluded.

4 And then, finally, much down the road,  
5 as you start to draft conclusion statements and  
6 grade the evidence, those will be added to the  
7 website as well.

8 So, we do encourage everyone, both on  
9 the Committee but mainly the audience here, to  
10 really regularly check dietaryguidelines.gov to  
11 follow along with the Committee's work.

12 And that's where I'll stop today, but  
13 I'm more than happy to take any questions that  
14 you might have about the process.

15 (Applause.)

16 VICE CHAIR KLEINMAN: Julie, that was  
17 terrific. Thank you very much.

18 Just a couple of questions.

19 Heterogeneity of studies, does that fit into the  
20 bias group? Is that where you consider that or?

21 DR. OBBAGY: Yeah, I would say that  
22 heterogeneity, obviously, is an issue that does

1       come up. That's something that you'll weigh in  
2       both your synthesis process and drawing  
3       conclusions about the body of evidence. I mean,  
4       that's really looking for both the similarities  
5       and differences, not only in how the results are  
6       being reported, but how the studies were  
7       conducted as well, the populations they're done  
8       in. So, you really need to kind of consider all  
9       of that as you're synthesizing the evidence. But  
10      we don't have sort of like an assessment tool or  
11      anything to get at heterogeneity, but that's  
12      really kind of what the synthesis is intended to  
13      get at.

14                   VICE CHAIR KLEINMAN: Have you  
15      considered using -- I mean, there are tools to do  
16      that -- are you thinking about actually  
17      formally --

18                   DR. OBBAGY: Yeah, we have not looked  
19      into that, but I think it's something that we  
20      could do some exploration around, because it's  
21      certainly something that is pretty common in  
22      nutrition research, in particular.

1                   VICE CHAIR KLEINMAN: Yeah. And when  
2 you assign a level of evidence, will we be able  
3 to understand how you came to that category?

4                   DR. OBBAGY: Yes.

5                   VICE CHAIR KLEINMAN: Is that  
6 described for each review?

7                   DR. OBBAGY: So, that's your  
8 responsibility really. You'll be the ones.

9                   (Laughter.)

10                   Yes, so, essentially, we'll get you  
11 all the evidence, but it's your job to really  
12 pull it together, draw the conclusion, and grade  
13 that strength of the evidence. So, we can  
14 facilitate that and help you along the way with  
15 our tools and our grading rubric, but that's  
16 really the core responsibility of the Committee  
17 in the systematic review process.

18                   VICE CHAIR KLEINMAN: I should  
19 probably quit at this point, having stuck my foot  
20 in my mouth here.

21                   (Laughter.)

22                   But just one more brief question. How

1 do you deal with existing systematic reviews?  
2 So, let's say the Cochrane did a review on one of  
3 our questions of interest and they completed that  
4 in the last six months. Do you consider those  
5 or?

6 DR. OBBAGY: Yeah, so that's a great  
7 question. And I think, actually, there was a  
8 really good section of the NASEM report that did  
9 speak to this a little bit.

10 In theory, it sounds like a  
11 potentially good step to take in that it could be  
12 a timesaver. However, what we have found, and  
13 what the NASEM report also suggested, is that it  
14 can really end up being more labor-intensive  
15 sometimes than conducting the original systematic  
16 review. Because we're so focused on informing  
17 U.S. Dietary Guidelines, you know, many Cochrane  
18 reviews, while they're excellent reviews, may  
19 include research done in populations that aren't  
20 really generalizable to the U.S. And so, the  
21 work of trying to tease that apart and really  
22 kind of figure out how it fits with our purposes

1 can be sometimes not as easy as you would like.

2 And so, our focus is to really  
3 leverage the existing reviews that we've done  
4 with, for example, the 2015 Committee. We've  
5 done a dietary patterns project, the pregnancy  
6 and birth to 24 months project. So, we do have a  
7 lot of existing work that was really done very  
8 specifically focused on informing federal  
9 nutrition policies and programs in the U.S. And  
10 so, that is kind of the direction that we've  
11 chosen to go for this project.

12 VICE CHAIR KLEINMAN: Thank you.

13 MEMBER DEWEY: Thank you very much,  
14 Julie. That was great.

15 As you know, I participated in the  
16 technical expert collaborative for the birth to  
17 24, and some issues came up that you were talking  
18 about today that I wanted to ask about. One of  
19 them has to do with categorizing the country in  
20 which a study was done as high or very high on  
21 the Human Development Index. And what I learned  
22 in the process is that it was being done based on

1 their ranking today, even if the study was done  
2 20 or 30 years ago.

3 DR. OBBAGY: Yes.

4 MEMBER DEWEY: And so, my question is  
5 whether your tools --

6 DR. OBBAGY: Yes.

7 MEMBER DEWEY: -- now allow you to  
8 designate the HDI at the time the study was  
9 conducted.

10 DR. OBBAGY: Yes. Yes, we have done  
11 that change.

12 MEMBER DEWEY: Yes.

13 DR. OBBAGY: And so, we will assess  
14 the Human Development Index for a study based on  
15 the year in which it was conducted or the year in  
16 which the data were collected.

17 I believe the Human Development Index  
18 goes back to 1990. And so, if there were studies  
19 published prior to that, we would likely use 1990  
20 as the year that we would assess. But, yes, we  
21 have addressed that because --

22 MEMBER DEWEY: Okay, great.

1 DR. OBBAGY: Yes.

2 MEMBER DEWEY: And then, with regard  
3 to generalizability, the way your slide depicted  
4 that was in terms of generalizability to the U.S.  
5 population.

6 DR. OBBAGY: Uh-hum.

7 MEMBER DEWEY: And I'm wondering if  
8 that means the average across the whole  
9 population, or is it something that this group  
10 would take into consideration in terms of whether  
11 we consider it generalizable to subgroups of the  
12 U.S.; for example, low-income subgroups?

13 DR. OBBAGY: Yes. Yeah, I think you  
14 can absolutely think about the general population  
15 as well as some of the potentially high-risk  
16 subgroups that may be particularly sort of  
17 impacted by a particular outcome or diet  
18 relationship. So, yes, you can sort of take  
19 that.

20 And then, I think when you're drawing  
21 your conclusions as well, an important step can  
22 really be to look at the populations that were

1 addressed in the studies you're reviewing, and as  
2 much as you can, tailor the conclusion statement  
3 to really indicate what population you think that  
4 that conclusion applies to. So, there's sort of  
5 multiple places where I think you can sort of get  
6 at that subgroup issue.

7 MEMBER DEWEY: Great. Thank you very  
8 much.

9 DR. OBBAGY: Yes, thank you.

10 MEMBER MAYER-DAVIS: So, I actually  
11 have two questions. One's pretty quick. I don't  
12 believe I heard you use the term "meta-analysis".  
13 So, I'm assuming that you exclude those studies  
14 and only use the primary data. Is that the case?

15 DR. OBBAGY: Yes, correct. So, we are  
16 really focused on doing the qualitative,  
17 systematic review of the evidence, and we haven't  
18 gotten too much into meta-analysis. A lot of the  
19 reason why is around that issue of heterogeneity,  
20 and it becomes very difficult to meta-analyze  
21 when you have such a heterogeneous body of  
22 evidence. So, that's not something we have

1 gotten into quite yet.

2 MEMBER MAYER-DAVIS: Okay. And then,  
3 my other question had to do with inclusion and  
4 exclusion criteria. I noticed that you were  
5 excluding studies that were focused on  
6 individuals with a particular disease condition,  
7 which I understand that aspect of excluding a  
8 study that was, say, only done among individuals  
9 with type 2 diabetes, for example.

10 DR. OBBAGY: Correct.

11 MEMBER MAYER-DAVIS: But I'm wondering  
12 whether you're looking at studies in which  
13 individuals were excluded if they have that  
14 condition at the beginning of, say, a prospective  
15 design --

16 DR. OBBAGY: Yes.

17 MEMBER MAYER-DAVIS: -- just being  
18 concerned that, you know, if you did such a  
19 thing, then you would end up with very healthy  
20 people, and particularly when you think about  
21 older adults, that would not actually be  
22 representative of who lives in this country --

1 DR. OBBAGY: Yes.

2 MEMBER MAYER-DAVIS: -- just because  
3 of common comorbidities that exist.

4 DR. OBBAGY: Yeah. No, that's a great  
5 point, that sometimes if you're only looking at  
6 the cohort, when they've excluded all of those  
7 from the get-go. And actually, that's an issue  
8 that our risk-of-bias tools really pick up in  
9 terms of selection bias. And so, while it's not  
10 necessarily usually considered as part of the  
11 criteria, our tools would pick up the fact that a  
12 study may sort of be already sort of stacked the  
13 deck to look at the healthier individuals. But I  
14 think that that's something that we can have some  
15 discussions around how to handle that kind of  
16 paper that could exclude populations like that,  
17 or not, as the case may be.

18 MEMBER BAILEY: Okay, I'll quickly ask  
19 my question while they're figuring out  
20 microphones.

21 Thank you, Dr. Obbagy.

22 Could you explain to me how the NHANES

1 and other nationally-representative survey data  
2 will be used, since currently they're in the  
3 exclusion criteria?

4 DR. OBBAGY: Yes. So, we typically  
5 don't -- yes, so she asked how NHANES data,  
6 studies that use NHANES data will be handled in  
7 our inclusion/exclusion criteria, based on the  
8 fact that we exclude cross-sectional studies.  
9 So, we do typically exclude a study that might  
10 look at diet in relation to health, but was done  
11 using NHANES data.

12 But, as I alluded to, sometimes there  
13 are questions for which a cross-sectional design  
14 is more appropriate to use. So, then, we might  
15 consider using cross-sectional. But if it's a  
16 paper looking at a diet-health relationship, it  
17 would not be included. However, NHANES will be  
18 used, and Dr. Pannucci will talk more about that  
19 in terms of your data analysis questions.

20 MEMBER MATTES: So, you have a number  
21 of good controls for bias. My question, and I  
22 have to admit this is a bit of a pet peeve, is,

1 do you control for trials where the outcome of  
2 interest was actually the primary outcome listed  
3 a priori? So often in these reviews, you get  
4 trials that, yes, I measured this and, yes, they  
5 had an outcome that's relevant. But we would  
6 never, as an original research article, viewed it  
7 as high quality because it wasn't designed to  
8 answer that question. Yet, they're included in  
9 these reviews frequently. Do you have a way -- I  
10 didn't see where in the categorization that would  
11 fall.

12 DR. OBBAGY: Yeah, yeah. I want to  
13 get the wording right. But there is a category  
14 within the risk-of-bias tools to look at, for  
15 example, did the study have a published protocol,  
16 both in RCT and a cohort study? And do you have  
17 concerns about selective reporting of the  
18 results, based on your review of that original  
19 protocol? So, when available, the intent is to  
20 go look at the original protocol and make sure  
21 that the analyses reported in the paper align  
22 with that protocol, and you don't have a concern

1 that there has been sort of some selection of  
2 results and reporting in that way.

3 It's a little trickier with cohort  
4 studies because they don't typically have a  
5 published protocol like an RCT might, but it's  
6 still an issue there and something we take into  
7 consideration.

8 MEMBER HEYMSFIELD: Where are these  
9 published? How do we find these?

10 DR. OBBAGY: Yes. So, they're not --  
11 we haven't made them yet.

12 (Laughter.)

13 Again, that's sort of the work that  
14 you'll all be doing. However, our website, as I  
15 mentioned -- and it's on the slide now --  
16 contains existing reviews that we've done before.  
17 And so, if you do go to the website, for example,  
18 there's a project section of the website; 2015  
19 Dietary Guidelines Advisory Committee reviews are  
20 included there. And you can see all of the  
21 reviews that were done by that Committee, just to  
22 get a sense for kind of what the final product

1 might look like.

2 MEMBER BOUSHEY: Does this one work?

3 Okay.

4 So, this Risk of Bias for Nutrition  
5 Observational Studies, what's classified as  
6 nutrition observational studies?

7 DR. OBBAGY: So, that would include  
8 things like prospective and retrospective cohort  
9 studies, case-control studies, nested case-  
10 control studies, cross-sectional study design.  
11 So, any study that has --

12 MEMBER BOUSHEY: So, ones that aren't  
13 included? Well, some of them?

14 DR. OBBAGY: Yes, it would address  
15 those, just in case we did have a review where we  
16 needed to include one of those designs, but yes.  
17 Thank you.

18 CHAIR SCHNEEMAN: I don't know if  
19 you're the right person to answer this question,  
20 but I am curious about other guidelines that have  
21 been developed. And it might be a particularly  
22 sensitive issue around the B-24 where they were

1 looking at evidence, developed a guideline. Does  
2 that information come into the information that  
3 we'll be looking at?

4 DR. OBBAGY: Yes. No, so we don't  
5 necessarily look at a guideline and, then, sort  
6 of backtrack to look at the evidence that was  
7 reviewed as part of it. I think we could use  
8 that as sort of a manual search source  
9 potentially to take a look back at what they may  
10 have considered, and just make sure that we've  
11 included the articles that were considered in the  
12 development of that guideline. But we do not  
13 assess a guideline or do that sort of in a  
14 systematic way as part of our process anyway.

15 CHAIR SCHNEEMAN: Okay. And then, I  
16 had a follow-up question on the Cochrane reviews,  
17 too. I understand your answer that sometimes  
18 picking apart what was reviewed may be more  
19 challenging than doing it. But I think where  
20 there are well-established Cochrane reviews that  
21 might have a different recommendation or a  
22 different conclusion, the Committee should be

1 aware of that. So, I'm wondering, do you just  
2 exclude those or do you bring that in alongside  
3 your own systematic review?

4 DR. OBBAGY: We don't, but that could  
5 be something that you might want to look at in  
6 sort of a contextual way and kind of compare the  
7 evidence that you've reviewed and the conclusions  
8 you've drawn when drafting your report  
9 potentially.

10 MEMBER MATTES: Just kind of a  
11 logistical thing. What is the realistic  
12 turnaround time? Say you present us with  
13 something, and we go, "You know, we'd really like  
14 to tweak it this way."

15 DR. OBBAGY: Yes, yes. I mean, we  
16 will do our utmost hardest effort to turn things  
17 around as quickly as possible. I mean, you are  
18 on a very tight timeline with the work that  
19 you're doing. And so, the staff that you saw on  
20 the slide are ready to dive in on Monday and get  
21 things really going. So, we've done a lot of  
22 work to try to prepare as much as we can for you,

1 but, obviously, we're really excited to get the  
2 input that we need from you all to really dive in  
3 and get the ball going. But I think we'll be  
4 turning things as fast as we possibly can as we  
5 go.

6 CHAIR SCHNEEMAN: Thank you so much.

7 (Applause.)

8 MS. RIHANE: Thank you, Julie, for  
9 that great overview.

10 So, our next speaker is Dr. David  
11 Klurfeld. He is the National Program Leader for  
12 Human Nutrition in USDA's Agricultural Research  
13 Service, or, as we call it, ARS. And he's been  
14 there since 2004. He is responsible for the  
15 scientific direction of the intramural human  
16 nutrition research conducted by USDA  
17 laboratories.

18 Prior to government service, he was  
19 Professor and Chairman of the Department of  
20 Nutrition and Food Science at Wayne State  
21 University in Detroit, and prior to that, was on  
22 the faculty of the Wistar Institute and the

1 University of Pennsylvania School of Medicine.

2 Dr. Klurfeld will speak today about  
3 ARS's role of peer review during this phase of  
4 the process.

5 Let's welcome Dr. Klurfeld.

6 (Applause.)

7 DR. KLURFELD: Thanks, Colette.

8 So, I've got actually very short  
9 remarks. I notice nobody's in post-prandial  
10 coma. So, glad to see that.

11 (Laughter.)

12 As you've all seen this morning, the  
13 National Academy review of the Dietary Guidelines  
14 process included recommendations to use a multi-  
15 pronged approach to strengthen what was the NEL  
16 protocol, which is now the Nutrition Evidence  
17 Systematic Review, or NESR.

18 As part of the Memorandum of  
19 Understanding that established the framework for  
20 agency cooperation to support the 2020 Dietary  
21 Guidelines, it included specifically calling out  
22 ARS to facilitate peer review of the systematic

1 reviews produced for your reference. And we will  
2 use our own statisticians and scientists in ARS  
3 playing the primary role in specific subjects,  
4 but we will also count on similarly-skilled  
5 individuals in other federal agencies, including  
6 the Economic Research Service, NIH, CDC, and FDA.  
7 We hope that will be enough agencies to  
8 facilitate the review of the numbers that Julie's  
9 group plans to do because there are more than 60  
10 questions already on the docket for that.

11 But we anticipate the process to be  
12 analogous to an academic journal review. And the  
13 possible outcomes could be similar, from minor  
14 revision, acceptance, modification, or even  
15 potentially rejection. We certainly hope the  
16 latter category won't be necessary and that  
17 appropriate modifications can be done to achieve  
18 not just an acceptable review, but a high-quality  
19 review that will enable the Committee to make the  
20 best informed decision.

21 I want to point out some of the  
22 modifications that Dr. Obbagy's group has

1 instituted recently, in response primarily to the  
2 National Academy review, is using risk-of-bias  
3 assessment tools and adapting the GRADE system.

4 And I can tell you that the group in the  
5 University of Ottawa that developed GRADE has  
6 also recently developed a system that's  
7 specifically applicable to nutrition studies.

8 And just in the last month, I did a review for  
9 the Annals of Internal Medicine of one of their  
10 systematic reviews. And from my perspective, it  
11 looked really good. I haven't heard an editorial  
12 decision on that one yet, but that's just an  
13 aside.

14 So, we currently have 62 questions  
15 proposed, either by federal staff or through  
16 collection of stakeholder input. And the  
17 categories for the questions primarily are in the  
18 birth to 24 month group where we have more than  
19 20 questions, dietary patterns where we have 17  
20 questions. So, the bulk is in there. There's  
21 obviously huge interest in beverage consumption.  
22 So, we have about 10 there. And we have small

1 numbers on added sugars, types of dietary fats,  
2 seafood, frequency of eating.

3 So, since we have two Children's  
4 Nutrition Centers as part of ARS, we feel that we  
5 are well equipped to handle the birth to 24 month  
6 reviews.

7 As Julie mentioned, some of the  
8 questions may be answered with existing  
9 systematic reviews. In fact, NESR actually has  
10 proposed evaluating those reviews using AMSTAR 2,  
11 which is another formal grading system.

12 I can tell you that we have not fully  
13 formalized the review process. So, I'm not ready  
14 to give you any specifics of how we're going to  
15 handle a particular example. But we're looking  
16 forward to turning these around as quickly as  
17 possible. We understand the lifespan of this  
18 Committee is actually shorter than any other  
19 previous Dietary Guidelines Committee, and that's  
20 because you have more work to do.

21 (Laughter.)

22 We added two years of life plus

1 pregnancy and lactation.

2 So, if there are any questions, I will  
3 try to answer them. But that's where we are  
4 right now.

5 CHAIR SCHNEEMAN: So, I appreciate  
6 your setting up this peer-review system because I  
7 think it is a valuable part of the peer-review  
8 system, or the systematic review system.

9 Do you know, when you think about how  
10 long you would give one of the scientists to  
11 complete that, do you have a sense of how quickly  
12 they would be able to turn it around?

13 DR. KLURFELD: We're going to approach  
14 this just the way we do with journal reviews.  
15 I've been Associate Editor of AJCN for the last  
16 12 years. We give reviewers three weeks. I  
17 think that's adequate, particularly if they're  
18 federal scientists. We have a little leverage on  
19 those folks. So, we're hopeful, having written a  
20 systematic review and having reviewed dozens of  
21 them, I would say three weeks is sufficient to  
22 accomplish a good quality review.

1                   CHAIR SCHNEEMAN: And for scientists  
2 who may be familiar with the topic area, but not  
3 necessarily systematic reviews, do you have any  
4 way to provide just some background for them, so  
5 they understand what it is they're looking at and  
6 how to approach it?

7                   DR. KLURFELD: Yes, Barbara, we've  
8 actually talked about that quite a bit, and I  
9 think we're going to have a checklist for  
10 reviewers, because our subject matter experts  
11 probably aren't going to be as familiar in-depth  
12 on performance of a systematic review. I'm sure  
13 they've all read them, but looking behind the  
14 curtain is a different story.

15                  MEMBER BOUSHEY: So, what were you  
16 thinking of about how many reviewers for each  
17 one? Had you thought about that?

18                  DR. KLURFELD: Oh, sure. Again, like  
19 a systematic review, simply because of the  
20 numbers -- we have 62 reviews -- I think we're  
21 going to stick with two external reviewers, and  
22 they will be anonymous reviewers, just like a

1 journal review.

2 CHAIR SCHNEEMAN: Great. Thank you  
3 very much, David.

4 DR. KLURFELD: Thank you.

5 (Applause.)

6 MS. RIHANE: All right. Thank you,  
7 Dr. Klurfeld.

8 We are just speeding right along here,  
9 aren't we?

10 We have a few more presentations this  
11 afternoon, but we are ready for the break. We're  
12 a little ahead of schedule, but I think because  
13 of the nature of the presentations to come, it's  
14 a good time to take a quick break.

15 So, sorry, everyone on the phone and  
16 here, but we will be breaking now for, let's say,  
17 15 minutes. So, it's 10 to 2:00. So, 2:05, be  
18 back here at 2:05.

19 Okay. Thank you.

20 (Whereupon, the above-entitled matter  
21 went off the record at 1:52 p.m. and resumed at  
22 2:08 p.m.)

1 MS. RIHANE: Okay. Are we about  
2 ready, everybody? All right. Great.

3 What I wanted to do quick, if I could  
4 remind -- we haven't really discussed this in too  
5 detail or enforced it, but folks on the phone and  
6 people who can't see who are having a hard time  
7 sometimes knowing who you are. So, if you could,  
8 when you have a comment to make or a question to  
9 ask, just announce your name. That's helpful for  
10 the transcriber as well because the meeting is  
11 being transcribed. So, they'll know, and the  
12 people on the phone can follow, and folks who  
13 can't see you will be able to know who's talking.  
14 And, you know, after a while, we'll get to know  
15 your voices and, then, it won't be so  
16 detrimental.

17 Okay, great. All right. So, welcome  
18 back, everyone.

19 Our next speaker will be Dr.  
20 TusaRebecca Pannucci. She joined the Center for  
21 Nutrition Policy and Promotion in 2015. She  
22 serves as the Lead Nutritionist for the Nutrition

1 and Economic Analysis team and leads a  
2 multidisciplinary team conducting analyses for  
3 the USDA Food Patterns, Healthy Eating Index, the  
4 USDA Food Plans, and expenditures on children by  
5 families. She'll be supporting the work of the  
6 2020 Dietary Guidelines Advisory Committee and  
7 the Working Group on Data Analysis and Food  
8 Pattern Modeling, which is what she'll be  
9 discussing with you all today.

10 TusaRebecca Pannucci.

11 (Applause.)

12 DR. PANNUCCI: Thank you, Colette.

13 Good afternoon.

14 So, earlier you heard my colleague,  
15 Dr. Obbagy, describe the systematic review  
16 approach that will be used by the Committee to  
17 examine the relationship between diet and health.  
18 This afternoon I will be describing two other  
19 approaches presented to the Committee. Together,  
20 these approaches will be used to address the  
21 topics and questions proposed.

22 I do want to start by saying I'm here

1 as a spokesperson for the work that is really  
2 done by interagency collaborations, by federal  
3 staff, many of whom are here in the audience or  
4 on the webcast today. So, I'll be describing the  
5 data that make that analysis possible to support  
6 the questions that you will be discussing.

7 So, what is the purpose of data  
8 analysis for the Committee? It's a collection of  
9 analyses from nationally-representative federal  
10 data sources that will provide insights into the  
11 eating habits and diet-related chronic diseases  
12 in the United States. These analyses provide  
13 insight specifically representative of the U.S.  
14 population at each life stage.

15 Today, I'll share information about  
16 the federal data sources that are used in  
17 analyses provided to the Committee. A bulk of  
18 the analyses come from NHANES, the National  
19 Health and Nutrition Examination Survey. The  
20 dietary data come from What We Eat In America  
21 portion of NHANES and are supported by databases,  
22 including the USDA food and nutrient database for

1 dietary studies and the USDA food patterns  
2 equivalence database, both of which will be  
3 described.

4 I will briefly touch on other data  
5 that are used, including the National Health  
6 Interview Survey and the Surveillance,  
7 Epidemiology, and End Results Data.

8 The National Health and Nutrition  
9 Examination Survey, or NHANES, is a program of  
10 studies designed to assess the health and  
11 nutrition status of adults and children in the  
12 United States. And it's supported by the  
13 National Center for Health Statistics at the  
14 Centers for Disease Control and Prevention.

15 The goal is to develop U.S.  
16 population-based estimates of health conditions,  
17 awareness, and treatment and control of selected  
18 diseases, environmental exposures, and critical  
19 to your work, nutrition status and diet  
20 behaviors.

21 Findings from the survey will be used  
22 to determine the prevalence of major diseases and

1 risk factors for those diseases, assess  
2 nutritional status and its association with  
3 health promotion and disease prevention, and  
4 serve as the basis for national standards for  
5 such measurements as height, weight, and blood  
6 pressure.

7 Research organizations, universities,  
8 and healthcare providers, and educators benefit  
9 from this survey information. But, of course  
10 primary data users are federal agencies that  
11 collaborated in the design and development of the  
12 survey. The National Institutes of Health, the  
13 Food and Drug Administration, and the CDC are  
14 among the agencies that rely upon NHANES to  
15 provide data essential for implementation and  
16 evaluation of program activities.

17 The U.S. Department of Agriculture and  
18 the National Center for Health Statistics  
19 cooperate in planning and reporting dietary and  
20 nutrition information from the survey. These  
21 data help develop public health policy that is  
22 relevant to the U.S. population and expand the

1 health knowledge for the nation.

2 NHANES has its inception in the  
3 National Health Survey Act of 1956. This  
4 provided the legislative authorization for a  
5 continuing survey to provide current statistical  
6 data on the amount, distribution, and effects of  
7 illness and disability in the United States.  
8 Since 1999, NHANES has been continuously  
9 collecting data on all ages.

10 Data is released in two-year cycles.  
11 The most recently-released data are NHANES 2015-  
12 2016. We will be utilizing this most recently-  
13 released cycle of NHANES in analysis presented to  
14 the Committee.

15 But I will note that, for some  
16 analyses and subgroups of the population,  
17 multiple cycles will be combined to ensure  
18 appropriate sample size. For example, NHANES  
19 2013-2014 will be combined with NHANES 2015-2016.

20 NHANES uses a complex sampling design  
21 and constructs sample weights to produce this  
22 nationally-representative data. So, data are not

1 obtained using a simple random sample. Rather, a  
2 complex, multi-stage probability sampling design  
3 is used to select participants representative of  
4 the civilian, non-institutionalized population.  
5 Sample weights for each two-year cycle take into  
6 account things like survey non-response,  
7 oversampling, post-stratification, and sampling  
8 error. And we apply these sampling weights and  
9 analysis to ensure the results represent unbiased  
10 estimates with accurate statistical significance.

11           Oversampling of certain populations is  
12 done to increase the reliability and precision of  
13 health status indicators in the populations  
14 listed on this slide.

15           The time between data collection and  
16 data release to the public can be explained by  
17 the rigorous data release process. All data go  
18 through quality control, editing, and cleanup.  
19 The weights must be assigned. The data must be  
20 prepared for the analyses, documentation written,  
21 and, of course, a review for confidentiality.  
22 And as mentioned, then these data are released in

1 two-year cycles, the most recent of which is  
2 2015-16.

3 So now that we've discussed some of  
4 the logistics, let's examine the data collection.  
5 So, NHANES is unique in that it combines both  
6 interviews and physical examinations. The  
7 interview includes demographics, socioeconomic,  
8 dietary, and health-related questions, many of  
9 which are collected in the homes of the  
10 participants.

11 Health measurements are performed in  
12 the MEC, the Mobile Exam Centers. These equipped  
13 mobile centers travel to locations throughout the  
14 country. The physical assessment in the MEC  
15 includes things like physical exam measurements,  
16 height, weight; specialized testing, lab specimen  
17 collection, which I'll get into in a minute; 24-  
18 hour dietary recall conducted in person. And  
19 then, after the in-person exam, there are other  
20 assessments, including a second 24-hour dietary  
21 recall.

22 NHANES laboratory testing includes

1 nutritional biomarkers, diagnostic indicators for  
2 diabetes, lipid profiles, including total  
3 cholesterol, and other biochemistry profiles.  
4 These lab data allow for ongoing assessment of  
5 the U.S. population's nutrition status by  
6 measuring blood and urine concentration of  
7 biochemical indicators, such as nutrients or  
8 other dietary indicators with public health  
9 relevance.

10           This is the most comprehensive  
11 biochemical assessment of the U.S. population.  
12 And while these biochemical measures are useful  
13 in helping to describe nutritional status, the  
14 Dietary Guidelines provide food-based dietary  
15 guidance. So, it's imperative that we know the  
16 food and beverage choices made by Americans.  
17 From that, we use the dietary intake data from  
18 the What We Eat in America portion of NHANES.

19           USDA is responsible for the survey's  
20 dietary data collection methodology and  
21 maintenance of the databases used to code and  
22 process the data, and the data review and

1 processing.

2           The dietary data are collected using  
3 the gold standard for dietary assessment, a  
4 multiple-pass 24-hour dietary recall. USDA  
5 developed the automated multiple-pass method  
6 which is conducted by trained interviewers. It's  
7 a research-based approach to enhance efficient  
8 collection of complete dietary data in large-  
9 scale surveys and reduce burden on the  
10 participant.

11           The recall includes the quick list,  
12 which is an uninterrupted recall of foods and  
13 beverages consumed the previous 24 hours; a  
14 forgotten foods list where the interview prompts  
15 the subject for foods possibly forgotten using a  
16 standardized list of nine categories. The time-  
17 and-occasion step includes a time for the  
18 participants to add the time of day and the name  
19 of each eating event. The detail cycle includes  
20 descriptions of the foods, portion sizes  
21 consumed, and any additions. Eating occasion  
22 reviews are conducted, and they look for times

1 that foods might have been eaten in between the  
2 occasions already reported. And the final probe,  
3 the reviewer asks for anything else consumed,  
4 even small amounts. You can see that this is  
5 designed to help participants report their food  
6 and beverage intake in great detail.

7 What We Eat in America is supported by  
8 databases which provide information about the  
9 nutrient values and food group contributions of  
10 the foods reported by Americans.

11 FNDDS, or the Food and Nutrient  
12 Database for Dietary Studies, includes nutrient  
13 values for about 9,000 foods and beverages.  
14 These include energy as well as 64 nutrients.

15 The FPED, or Food Patterns Equivalent  
16 Database, converts those foods from FNDDS into  
17 food group components. The food patterns  
18 components are defined as the number of cup  
19 equivalents for fruit, vegetables, and dairy, or  
20 ounce equivalents for grains and protein foods,  
21 and teaspoon equivalents for added sugars, gram  
22 equivalents for solid fats and oils, and the

1 number of alcoholic drinks. The FPED database  
2 really provides a unique research tool to  
3 evaluate the food and beverage intakes of  
4 Americans compared to the recommendations in the  
5 Dietary Guidelines.

6 Finally, the What We Eat in America  
7 food category exists as a way to examine foods  
8 and beverages as they're consumed in the American  
9 diet. And by that, I mean we know that people  
10 eat foods in combinations. We might want to know  
11 that vegetables can be consumed on their own or  
12 as a part of mixed dishes, pizzas, sandwiches, or  
13 burgers.

14 So, these supporting data sources  
15 allow us to provide dietary intake analysis  
16 relevant to the U.S. population from different  
17 angles that will help answer the topics and  
18 questions presented to the Committee.

19 Now I'll briefly describe two other  
20 datasets. The National Health Interview Survey  
21 provides information on the health of the U.S.  
22 civilian, non-institutionalized population

1 through confidential interviews conducted in  
2 households. Like NHANES, this is managed by the  
3 National Center for Health Statistics of the CDC.  
4 It's one of the nation's largest in-person  
5 household health surveys, and it provides data  
6 for analyzing health trends and tracking progress  
7 towards achieving national health objectives,  
8 like Healthy People 2020. These data are  
9 continuously collected throughout the year and  
10 can be used for epidemiological and policy  
11 analysis and characterizing those with various  
12 health conditions.

13 The Surveillance, Epidemiology, and  
14 End Result Program is the authoritative source  
15 for cancer statistics. It's supported by the  
16 Surveillance Research Program in NCI's Division  
17 of Cancer Control and Population Sciences.

18 Data are collected on cancer cases  
19 from various locations and sources throughout the  
20 United States. This all began back in 1973 and  
21 has expanded to include even more areas and  
22 demographics today.

1 SEER collects the data and produces  
2 statistics on the trends in cancer incidence and  
3 cancer deaths. The areas where data are  
4 collected are representative of the demographics  
5 of the entire United States and cover diverse  
6 population groups. These data are used by  
7 thousands of researchers, clinicians, and cancer  
8 registrars, and can be used in analysis for the  
9 Committee.

10 Again, the data analysis team is a  
11 well-qualified group of federal scientists  
12 collaborating across agencies. They have  
13 advanced degrees in nutrition, statistics, and  
14 epidemiology. Many of them are listed on the  
15 slide, and we will look forward to providing  
16 analyses that the Committee can consider to  
17 answer the questions.

18 The data I have described will be used  
19 in analyses that can contribute to the  
20 following relevant topics and questions  
21 considered by the Committee. These have been  
22 paraphrased a bit, but across the lifespan we can

1 look at current dietary patterns and beverage  
2 consumption, current intakes of food groups and  
3 nutrients, nutrients of public health concern,  
4 prevalence of nutrition-related chronic health  
5 conditions, dietary intake across the life  
6 stages, relationship between frequency of eating  
7 and achieving nutrient and food group  
8 recommendations, and the relationship between  
9 added sugars consumption and achieving nutrient  
10 and food group recommendations.

11 We welcome you to follow along. The  
12 website that Dr. Obbagy showed earlier, shown  
13 here again on this slide, is really the go-to  
14 source for the topics and questions to be  
15 examined by the Committee. This is where you  
16 will find the protocols as they are developed,  
17 the analytic methods, and data that will be used,  
18 and then, finally, the draft conclusions down the  
19 road.

20 We want to emphasize our commitment to  
21 transparency and accessibility of information  
22 throughout this process.

1           So, I'll pause now before I talk about  
2 food pattern modeling for any questions related  
3 to data analysis that I can try to answer today.

4           MEMBER HEYMSFIELD: Did you say what  
5 age the NHANES goes down to?

6           DR. PANNUCCI: We have data on all  
7 ages in NHANES.

8           MEMBER HEYMSFIELD: All ages now?

9           DR. PANNUCCI: Uh-hum.

10          That was Dr. Heymsfield.

11          MEMBER DEWEY: So, to follow up on  
12 that, what would be the sample size of children,  
13 for example, between 6 and 24 months in the  
14 NHANES, the most recent?

15          DR. PANNUCCI: Sure. I don't know the  
16 exact sample size off the top of my head. The  
17 sample size is certainly smaller in those age  
18 ranges. But, by combining cycles, we can still  
19 look at estimates of food group and nutrient  
20 intake.

21          MEMBER DEWEY: And does that mean that  
22 the What We Eat in America information that you

1 described would also be available for that same  
2 sample size?

3 DR. PANNUCCI: Even FNDDS has  
4 information on baby foods and infant formulas,  
5 for example.

6 MEMBER DEWEY: But, in terms of actual  
7 consumption by whatever the survey covered --

8 DR. PANNUCCI: Yes.

9 MEMBER DEWEY: Okay. And then, I have  
10 a similar question about pregnant women and  
11 lactating women. Do you know what the sample  
12 size for those was?

13 DR. PANNUCCI: I don't have the sample  
14 sizes memorized, I'm sorry, but those will be a  
15 part of our conversation. And overall, this is a  
16 new piece to examine. So, we'll definitely want  
17 to have conversations around the limitations and  
18 strengths of the information that we can obtain  
19 using NHANES.

20 MEMBER DEWEY: Okay. And I forgot to  
21 identify myself. This is Kathryn Dewey.

22 DR. PANNUCCI: Thank you, Dr. Dewey.

1                   MEMBER SABATE: Hi. My name is Joan  
2 Sabate.

3                   And I was going to ask the same as  
4 hers, sample size for some age groups. But let's  
5 now move onto sample size for some of the  
6 minority groups, such as Asians, for instance.  
7 You say that NHANES also covers Asians or  
8 Hispanic?

9                   DR. PANNUCCI: Uh-hum.

10                  MEMBER SABATE: But you have about  
11 5,000 in total?

12                  DR. PANNUCCI: So, we use the survey  
13 weights to ensure the national representativeness  
14 of the populations. We'll have to get that data  
15 breakout for you. I don't have it memorized.

16                  MEMBER SABATE: Okay.

17                  MEMBER VAN HORN: It's great to see  
18 the -- oh, sorry, Linda Van Horn -- it's great to  
19 see the movement towards understanding eating  
20 patterns and food groups, and things of that  
21 sort. But I am wondering, because I don't know,  
22 to what degree the availability of food

1 processing, brand names, fast food consumption,  
2 things like that are built into the database now.

3 DR. PANNUCCI: Sure. I can speak to  
4 that briefly, and we can get into it in more  
5 detail. But USDA does have the Branded Foods  
6 Database, and there's a lot of work going on  
7 around that, although it's not integrated into  
8 NHANES.

9 As far as things like fast food, there  
10 are questions about the location of the food  
11 consumed. So, we can look at things like food  
12 away from home, uh-hum.

13 VICE CHAIR KLEINMAN: Ron Kleinman.  
14 When will the '17-18 data be  
15 available? Because the challenge here is that,  
16 for '15-16, by the time this comes out, we're  
17 already a decade behind in at least that data.

18 DR. PANNUCCI: That's a great  
19 question.

20 VICE CHAIR KLEINMAN: Yes.

21 DR. PANNUCCI: That's a great  
22 question, and we've talked about this as a team.

1                   VICE CHAIR KLEINMAN: Can we get a  
2 special deal on this?

3                   (Laughter.)

4                   DR. PANNUCCI: Well, if the data  
5 angels could come and make all of the databases  
6 ready.

7                   The issue is that the data will be  
8 starting to be released towards the end of the  
9 deliberation process or beginning of the writing  
10 process. Things like the FPED database, that's  
11 not released until a little bit later. So, it is  
12 that data release process that I described that  
13 translates to that difference in the time that  
14 the data are collected, which is ongoing now, and  
15 the time that it would be able to be used for the  
16 Committee. So, the '17, sorry, the '15-16 is the  
17 complete package of data and supporting databases  
18 that will be able to be used by the Committee.

19                   VICE CHAIR KLEINMAN: So, in line with  
20 that, we're talking about federal databases.

21                   DR. PANNUCCI: Yes, sir.

22                   VICE CHAIR KLEINMAN: Is there any

1 opportunity to use, let's say, an industry-  
2 sponsored database? I think for the population  
3 of birth to two, there is the FITS study, for  
4 example, and that's all published. And some of  
5 it's duplicative, but some of it actually  
6 complements what NHANES is collecting. Is there  
7 any opportunity to take advantage of what's  
8 published?

9 DR. PANNUCCI: We will be providing  
10 sources from the federal datasets for the  
11 Committee.

12 VICE CHAIR KLEINMAN: Only the federal  
13 datasets? Okay. Thank you.

14 CHAIR SCHNEEMAN: This is Barbara  
15 Schneeman, and I have two questions.

16 One is I notice in your relevant  
17 topics and questions you refer to the nutrients  
18 of public health concern. And I think it was  
19 mentioned in an earlier presentation that the  
20 federal government is moving to a more  
21 standardized definition of nutrients of public  
22 health concern. Is that something you can share

1 at this point?

2 DR. PANNUCCI: No, we're going to be  
3 talking about that at a future meeting in detail,  
4 uh-hum.

5 CHAIR SCHNEEMAN: Okay.

6 DR. PANNUCCI: Yes.

7 CHAIR SCHNEEMAN: Okay. And then,  
8 again, this may be a future meeting question, but  
9 I think in Dr. Stody's presentation she showed  
10 that there was a slight tickup in the Healthy  
11 Eating Index. And do you have a sense of what  
12 caused that slight uptick?

13 DR. PANNUCCI: Tomorrow you will hear  
14 the state of the American diet.

15 (Laughter.)

16 And I will be presenting data on that.  
17 So, stay tuned. I'm sure that's a real kind of  
18 -- I'm losing the words -- but that's the trailer  
19 for tomorrow.

20 (Laughter.)

21 So now, we'll have even more people  
22 staying tuned to find out not only the Healthy

1 Eating Index, but drilling down into data behind  
2 that. And I'm excited to share that tomorrow,  
3 yes. But I do have ideas.

4 I will say, in preparation for  
5 tomorrow, that it is the different levels of data  
6 that I described today that allow us to drill  
7 down and start to look what might be behind that  
8 main number.

9 CHAIR SCHNEEMAN: So, coming back to  
10 Dr. Kleinman's question about the published data  
11 from the FITS study, I'm wondering, does that  
12 somehow work its way into what we heard earlier  
13 on the systematic reviews? Is there a way that  
14 that might be looked at in that context?

15 DR. PANNUCCI: Right, the cross-  
16 sectional studies are excluded, uh-hum. Yes, the  
17 cross-sectional studies would not come up in the  
18 systematic reviews, no.

19 MEMBER MAYER-DAVIS: Yes, Beth Mayer-  
20 Davis.

21 So, really just to follow on this  
22 conversation, you know, in terms of the data, so

1 you indicated that you would be using the federal  
2 databases and described those. And we have this  
3 question about FITS, which just made me think,  
4 well, if there's an NIH-sponsored grant, those  
5 data are the data of the American taxpayers, and  
6 if there's an appropriate database that's been  
7 posted onto the NIH repository for the Institute,  
8 might not those data be available, if there's  
9 something otherwise missing that is critical?

10 DR. PANNUCCI: I think that's an  
11 interesting question. Maybe we can have a bigger  
12 discussion around that. But, as the data  
13 analysis team, our plan is to be using the  
14 federally-available datasets.

15 CHAIR SCHNEEMAN: Okay, great. Thank  
16 you.

17 DR. PANNUCCI: Okay. Does anybody  
18 need to quick stand up, sit down, a quick stretch  
19 break? Because you get to hear from me again.

20 (Laughter.)

21 (Applause.)

22 All right. Well, thank you very much.

1                   And now, it's my pleasure to talk to  
2                   you about food pattern modeling. So, food  
3                   pattern modeling, along with the NESR systematic  
4                   reviews and data analysis, provide insight to  
5                   answer questions from different, but  
6                   complementary angles, which you've heard about  
7                   before. So, this presentation describes both the  
8                   USDA food patterns and the food pattern modeling  
9                   process.

10                   Food pattern modeling is an analysis  
11                   approach used to understand how changes to food  
12                   group intakes might impact meeting nutrient needs  
13                   across the U.S. population. Because the Dietary  
14                   Guidelines provide food-based recommendations,  
15                   it's imperative that the Committee be able to  
16                   articulate the evidence on the relationships  
17                   between diet and health through food patterns  
18                   that might be adopted by the American public.  
19                   And food pattern modeling is the approach that  
20                   can help us answer such questions.

21                   To understand the modeling approach,  
22                   it's helpful to have an understanding of the USDA

1 Food Patterns that serve as the foundation to  
2 this modeling, to food pattern modeling. USDA  
3 has a long history of providing food-based  
4 dietary guidance represented by the images of  
5 food guides shown here. Dating back to the early  
6 1900s, there was a focus on protective foods, and  
7 then, to a foundation diet for nutrient adequacy  
8 with daily number of servings from seven food  
9 groups in the 1940s. By the late '70s, there was  
10 guidance on moderating intakes of fats, sweets,  
11 and alcohol, and the total diet approach was  
12 well-established with goals for adequacy and  
13 moderation by the early '80s. This guidance has  
14 evolved over time, of course, to reflect the  
15 available science and most recently reflects the  
16 2015-2020 Dietary Guidelines for Americans.

17 The USDA Food Patterns were developed  
18 to help Americans carry out the Dietary  
19 Guidelines for Americans. So, therefore, the  
20 Food Patterns provide examples of food group  
21 amounts designed to promote health and meet  
22 nutrient needs. Again, they articulate the

1 evidence on the relationship between diet and  
2 health, and we compare those patterns to dietary  
3 reference intake nutrient recommendations  
4 developed by the National Academies.

5           USDA Food Patterns are based on a  
6 range of foods consumed by Americans, but in  
7 nutrient-dense forms of those foods. In other  
8 words, foods prepared with minimal amounts of  
9 sodium, saturated fat, and added sugar. The Food  
10 Patterns are examples and use broad food group  
11 amounts, which makes them adaptable to fit an  
12 individual's preferences. Those preferences  
13 might be cultural preferences, preferences  
14 related to an allergy or intolerance, or budget  
15 constraints.

16           The Healthy U.S.-Style Pattern,  
17 published as part of the 2015-2020 DGAs, as shown  
18 here, to illustrate a few points that I assure  
19 you can be made without you needing to read all  
20 of the numbers.

21           (Laughter.)

22           Briefly, the pattern describes the

1 amounts and types of foods to consume through the  
2 recommended intakes for five major food groups  
3 and subgroups within several of those food  
4 groups. So, fruits, vegetables, and within  
5 vegetables, dark green, red-orange, beans and  
6 peas, starchy vegetables, and other vegetables.  
7 Grains is broken down into whole grains and  
8 refined grains. Protein foods, and then, meats,  
9 poultry, and eggs, seafoods, and nut, seeds, and  
10 soy products. And then, dairy foods, oils, and a  
11 limit on calories for other uses.

12 All amounts are given in cup or ounce  
13 equivalents, with the exception of oils in grams  
14 and calories for other uses, which is given as an  
15 absolute number of calories that can be converted  
16 to a percent of total calories within the  
17 pattern.

18 Recommended amounts and limits in the  
19 three USDA food patterns that were a part of the  
20 2015-2020 Guidelines are included for 12 calorie  
21 levels ranging from 1,000 to 3200 calories. The  
22 patterns at 1,000, 1200, and 1400 calories were

1 intended to meet nutrient needs of children ages  
2 2 to 8, and patterns at 1600 calories and above  
3 were intended to meet the needs of those 9 years  
4 old and older. Of course, individuals should  
5 follow a plan that meets their estimated calorie  
6 needs.

7 So, it's the structure of the food  
8 patterns that allows for modifications that test  
9 the overall influence of hypothetical changes to  
10 dietary recommendations. So now that we have a  
11 foundational understanding of the patterns, we  
12 can better understand the food pattern modeling  
13 approach used to answer the proposed topics and  
14 questions for the Committee.

15 So, what is food pattern modeling?  
16 Simply put, it's the modification of USDA Food  
17 Pattern food groups, an assessment of their  
18 impacts on nutrients within the patterns. It's a  
19 way to answer questions about hypothetical  
20 changes to food-based recommendations.

21 Generally, the analyses involve  
22 identifying the impact of specific changes in

1 amounts or types of food that might be included  
2 in the pattern. It's not menu modeling, which  
3 specifies particular foods and would be  
4 prescriptive.

5 Staff at CNPP, the Center for  
6 Nutrition Policy and Promotion, and Committee  
7 members recognized that the food groups and  
8 nutrient profiles in the USDA Food Patterns  
9 presented an opportunity for an innovative and a  
10 creative approach to solve some hypothetical  
11 questions back in 2005.

12 The food pattern modeling methods were  
13 initially developed for that 2005 Committee when  
14 the Committee was asking "What if?" questions to  
15 staff. Over time, we've increased the capacity  
16 of the method to answer questions by the  
17 Committee. And by 2015, the Committee came with  
18 the expectation that food pattern modeling would  
19 be a source of evidence to consider, and it  
20 remains a cross-cutting topic for you all.

21 Here's an outline of our current  
22 process. You could say that it's really already

1 begun because the topics and questions that will  
2 be addressed have been identified and have  
3 already been listed on dietaryguidelines.gov.

4 Supporting staff will work with you,  
5 the Committee, to discuss the planned approach  
6 and develop a protocol for answering each of the  
7 questions. You will find these questions on the  
8 topics and questions tracker that has been  
9 mentioned several times by Dr. Obbagy and myself.

10 Then, staff will modify the  
11 appropriate food patterns elements, which I'll  
12 describe in just a minute. And then, we'll apply  
13 those modifications and calculate the nutrients  
14 in the pattern across the calorie levels and  
15 compare to the DRIs. This is done to examine the  
16 nutrient adequacy for the different age-sex  
17 groups for which the different calorie levels  
18 might be appropriate. Finally, after the  
19 analysis, the draft conclusions will be posted  
20 online.

21 So, what are the modifiable elements  
22 of the food patterns? I mentioned previously

1 that the structure of the patterns with the food  
2 groups and subgroups allows for elements to be  
3 modified as part of the modeling process. And  
4 there are four elements that can be modified.  
5 The food group amounts in a pattern can be  
6 increased or decreased. Certain foods can be  
7 introduced or excluded entirely; for example, in  
8 a vegetarian pattern. And the goals and  
9 constraints can be modified. For example, we  
10 know that there is new DRI for potassium. So, we  
11 would apply that in our list of goals and  
12 constraints. And last, the food group nutrient  
13 profiles, which are the average nutrients of  
14 foods consumed by Americans in nutrient-dense  
15 forms, can be adjusted.

16 In thinking about food pattern  
17 modeling, there are two key assumptions that  
18 really need to be kept at front of mind. We  
19 assume population-based consumption patterns.  
20 We're really implementing foods reported by  
21 Americans, but in their nutrient-dense forms.  
22 And this allows us to articulate the evidence in

1 a way that could be adopted by the American  
2 public.

3 We also assume compliance with all  
4 food intake recommendations when examining  
5 whether nutrient needs have been met. Of course,  
6 we cannot predict the behavior of individuals.

7 So, here's a paraphrased list of the  
8 relevant topics and questions that will be  
9 addressed using food pattern modeling. Relative  
10 to the B-24 population, can a pattern be  
11 established based on the relationships identified  
12 in the systematic reviews? Again, based on the  
13 relationships identified in systematic reviews,  
14 are there changes to current food patterns that  
15 are needed? Do the patterns meet nutrient  
16 recommendations for each stage of life through  
17 variations of the patterns? Is there evidence to  
18 support supplementation and/or consumption of  
19 fortified foods to meet nutrient adequacy? And  
20 what is the relationship between added sugars  
21 consumption and achieving food group  
22 recommendations?

1                   Again, I'd like to acknowledge that  
2                   this is a team effort. My team at the Center for  
3                   Nutrition Policy and Promotion includes well-  
4                   qualified individuals with advanced degrees in  
5                   nutrition and statistics. Kristin Koegel, Kevin  
6                   Kuczynski, and Cheyenne Swanson, all of whom are  
7                   here today, will be working to support you in  
8                   answering these types of questions.

9                   I can't emphasize enough our  
10                  commitment to transparency and accessibility of  
11                  information. Again, I invite you all in the  
12                  audience to follow along in the topics and  
13                  questions to be examined by the Committee in the  
14                  "Work Under Way" section on  
15                  dietaryguidelines.gov. Here you'll find the  
16                  protocols as they're developed, the modeling  
17                  methods, and the draft conclusions.

18                  And with that, I will again open it up  
19                  to questions from the Committee.

20                  Dr. Mattes?

21                  MEMBER MATTES: Thank you. Very good.

22                  So, you've discussed your ability to

1 look at patterns in terms of nutrients in foods,  
2 but, of course, there are circadian, infradian,  
3 seasonal, cultural, lots of different kinds of  
4 patterns. Can you work on those as well? One of  
5 our questions has to do with eating frequency.

6 DR. PANNUCCI: It does have to do with  
7 eating frequency.

8 MEMBER MATTES: That kind of data  
9 would be valuable.

10 DR. PANNUCCI: That would be an  
11 interesting discussion to have. That's not  
12 something that has been addressed in the  
13 modeling, but that's a discussion that we could  
14 have.

15 CHAIR SCHNEEMAN: This is Barbara  
16 Schneeman.

17 I would assume that part of that  
18 question probably goes back to the data that we  
19 have from NHANES or from something else.

20 DR. PANNUCCI: Yes. Right. And in  
21 NHANES, there is the time of day-occasion that  
22 can be examined. Typically, the food patterns

1 really look at daily amounts to consume, but  
2 don't assign patterns related to things like time  
3 of day.

4 MEMBER DEWEY: This is Kay Dewey.

5 DR. PANNUCCI: Yes?

6 MEMBER DEWEY: So, for the birth to 24  
7 age group, we don't already have an existing  
8 guidelines in terms of the food groups and  
9 amounts?

10 DR. PANNUCCI: That's right.

11 MEMBER DEWEY: So, can you do this  
12 backwards? Can you start with meeting nutrient  
13 needs and work backwards to dietary patterns that  
14 would achieve those? We tend to do that using  
15 linear programming.

16 DR. PANNUCCI: Uh-hum, I'm familiar  
17 with the programming. We use that for other  
18 projects.

19 MEMBER DEWEY: But I'm not sure if  
20 this particular technique could be reverse-  
21 engineered.

22 DR. PANNUCCI: I mean, if you're

1 thinking about linear programming, like an  
2 optimization model, that's something that could  
3 be explored. Our team does use those  
4 optimization models in a different project, but  
5 we have not used optimization modeling for the  
6 rest of the patterns. I think some of it will  
7 depend on the evidence from the systematic  
8 reviews, and that will also need to be considered  
9 when discussing that overarching question.

10 MEMBER DEWEY: Thanks.

11 MEMBER SABATE: Joan Sabate.

12 DR. PANNUCCI: Yes?

13 MEMBER SABATE: I'm very happy that  
14 this tool is available to us, I mean at least  
15 analyzing the situation in the U.S. population  
16 and being able to make recommendations. Based on  
17 what you mention, if I've understood correctly,  
18 you have the ability to use nutrient data that  
19 comes from food patterns and see in different  
20 groups or subgroups of the U.S. populations,  
21 whether by age, by culture, by whatever, I mean  
22 by modifying some food groups, we still can

1 accomplish the nutrients of the DRI.

2 DR. PANNUCCI: Uh-hum.

3 MEMBER SABATE: I think this is one  
4 step and it's useful, but I think the purpose of  
5 this Committee -- and that is not a question to  
6 you; it's also a reflection for the Committee --  
7 I think the purpose of this Committee is going  
8 beyond to meet the DRI. It's to try to develop a  
9 pattern, I mean, that goes towards optimal  
10 nutrition. But that is going beyond the growth  
11 and development and reproduction, and going to  
12 lowering the risk of disease, longevity, so on  
13 and so forth.

14 So, for this, it's going beyond the  
15 published nutrient recommendations, and we are  
16 going into phytochemicals, phytosterols, I mean,  
17 and many other compounds that are not nutrients  
18 and they do not participate in any of the  
19 metabolic classic describing patterns.

20 So, how can you help us in  
21 accomplishing that? So, I mean, given a set of  
22 compounds present in the foods that sometimes we

1 don't even know the exact composition, I mean,  
2 and having outcome longevity and, you know, low  
3 risk for chronic disease, how can we fit into  
4 this model?

5           You know, it's going from nutrient  
6 adequacy to optimal nutrition. That's what I'm  
7 basically -- because I think that is ultimately  
8 the purpose of this Committee. It's not to meet  
9 DRI. This is another committee at the federal  
10 level.

11           DR. PANNUCCI: Does the Committee want  
12 to discuss that?

13           (Laughter.)

14           Yes, that's an interesting question,  
15 and we do think about the patterns being food  
16 groups, food group amounts that reflect patterns  
17 that are associated with positive health outcomes  
18 in the population, so things we do see in  
19 systematic reviews and how that feeds into the  
20 conversation around food pattern modeling.

21           And the other would be understanding  
22 whether any of those phytonutrients might be

1 available in the FNDDS database, and I don't  
2 remember exactly which ones are available.

3 CHAIR SCHNEEMAN: I think maybe  
4 related to that question, I'm looking at your  
5 modifiable elements. And several people have  
6 referred to cultural aspects. And yet, we have  
7 foods reported by Americans in nutrient-dense  
8 form, which kind of homogenizes us down to some  
9 very basic foods. And I know that the Academy  
10 committee was concerned about that; that we wind  
11 up with a generic food pattern as opposed to  
12 reflecting more cultural-ethnic food patterns  
13 that could also be structured to meet the Dietary  
14 Guidelines. And I'm just wondering how far the  
15 Committee can go with this approach to try and  
16 consider some of those issues.

17 DR. PANNUCCI: I think food pattern  
18 modeling can be used to look at patterns that  
19 have been shown to have positive health outcomes  
20 in the literature. So, some of that conversation  
21 -- again, I keep referring back to, what does the  
22 science say and how do we want to examine that as

1 it applies to the U.S. population through food  
2 pattern modeling? So, I think that would be a  
3 great conversation to have, to see if that's  
4 something that we want to continue to look at  
5 through food pattern modeling.

6 CHAIR SCHNEEMAN: I guess a part of my  
7 question is, you know, for example, the Dietary  
8 Guidelines, the 2015 did include Mediterranean  
9 diet.

10 DR. PANNUCCI: Yes.

11 CHAIR SCHNEEMAN: It included  
12 vegetarian diet. I can't remember others. But  
13 if someone is coming from more of a Hispanic  
14 focus or more of an Asian focus, is it our job to  
15 be thinking about how would we modify what's  
16 within the food groups or is that something that  
17 happens after the Committee makes its  
18 recommendation? Where does that happen that we  
19 start to apply it to different approaches that  
20 people might use to build their diet?

21 DR. PANNUCCI: Well, the patterns as  
22 they are are fairly adaptable within the food

1 groups. But, to your point earlier looking at  
2 some of the demographic subgroups, we might want  
3 to look at data to see how similar or different  
4 their dietary patterns are as well, to drive the  
5 differences in food group amounts in a pattern.

6 All right. Well, thank you. I'm  
7 looking forward to future conversations with all  
8 of you.

9 (Applause.)

10 DR. STODY: All right. Thanks, Dr.  
11 Pannucci.

12 Okay. So, we are running ahead of  
13 schedule, but we will -- I don't think this will  
14 take an hour and a half -- but we will continue  
15 today with our closing out. And we want to talk  
16 a little bit, as we close out, about  
17 opportunities for public engagement.

18 There are multiple opportunities for  
19 the public to participate in this process that  
20 began before this Committee was established, but  
21 during the Committee's review of the evidence  
22 and, also, after the Committee's review of

1 evidence. And we want to talk about each of  
2 those just for a few minutes.

3 First, there were two key  
4 opportunities for public input before this  
5 Committee was established, and you've heard about  
6 that quite a bit today. That was in the  
7 establishment of the topics and scientific  
8 questions. So, as was noted, for the first time  
9 the Departments proposed topics and scientific  
10 questions to be examined by the Committee, and  
11 then, we had a public comment period. Over  
12 12,000 comments were received on the topics and  
13 questions, and we did that about a year ago. And  
14 then, the topics and questions were refined based  
15 on that public and federal agency comments. And  
16 Janet de Jesus will give more information about  
17 the specific topics in that refinement in a  
18 presentation tomorrow.

19 Also, with Committee nominations, all  
20 nominations to the Committee were from the  
21 public. So, everyone here as a part of this  
22 Committee was somebody who was nominated from the

1 public. Nominations were accepted. We had a 30-  
2 day nomination period from September 6th to  
3 October 6th and had wonderful nomination pool and  
4 really excited to have this opportunity to bring  
5 this Committee together.

6           During the Committee's deliberations,  
7 as we have noted, we will have five public  
8 meetings. And as I noted in one of my first  
9 presentations, those dates have been set. So, if  
10 you didn't see those dates in the earlier  
11 presentation, we are very excited this time to  
12 announce those dates at the start of the process.  
13 We've never done that before, and we do hope that  
14 it helps you to follow along in the process and  
15 helps with your planning.

16           Two of those meetings will have the  
17 opportunity for oral comments to the Committee,  
18 and that will be the second meeting in July and  
19 the fourth meeting in January. Registration, as  
20 I noted, for those meetings will be made closer  
21 to the actual meeting dates. And you can stay  
22 up-to-date on these different things at

1 dietary guidelines. And we'll be making  
2 announcements through our listserv.

3 Also noted, in addition to the public  
4 meetings and the opportunities for oral public  
5 comments, you will also have the opportunity to  
6 provide the Committee with written public  
7 comments. And those are welcome throughout the  
8 Committee's work, as Mr. Lipps noted in the  
9 beginning.

10 The public comment period for this  
11 Committee opened on March 12th. We have about 49  
12 comments up until this date. That comment period  
13 is continuous. So, it will stay open until the  
14 Committee ends its deliberations in 2020.

15 I do want to note to the Committee and  
16 to the public that federal staff will support the  
17 Committee. They will group those comments by  
18 topic area. So taking the topic areas and your  
19 subcommittee structure, they will group them and  
20 they will do brief summaries around the comments  
21 with the comment numbers, just to help in seeing  
22 them as a collection. But the original comments

1 are available for the Committee and for the  
2 public review at [regulations.gov](http://regulations.gov).

3 Also during the Advisory Committee's  
4 work, you can follow their work at  
5 [dietaryguidelines.gov](http://dietaryguidelines.gov). There you can register  
6 for meetings; as I've noted, see materials from  
7 past meetings, including the archived webcasts,  
8 meeting minutes, slides and handouts. Just give  
9 us a little bit of time to get those things  
10 posted. Again, a link to [regulations.gov](http://regulations.gov) to  
11 submit public comments.

12 And as Drs. Obbagy and Pannucci both  
13 alluded to, you can review the progress on the  
14 topics and scientific questions and read monthly  
15 subcommittee updates. So, this is also a new  
16 element that we've added. Once a month, we'll do  
17 a bit of an update to the website, so that the  
18 public can follow along in the process.

19 We'll update the protocols as they  
20 become available. As I think Dr. Klurfeld noted,  
21 there are a number of different questions. All  
22 of those questions already are on our website. I

1 mean, I'll show a screenshot of that here in a  
2 second. But, once a month, we'll collectively do  
3 an update with the protocols and a brief  
4 subcommittee update, so you can get a sense for  
5 what's happening in between the public meetings.  
6 And also, you can get answers to any of your  
7 questions, and I'll talk a little bit more about  
8 that here in a second.

9 As Mr. Lipps noted, we have recently  
10 redesigned our website. That was led by  
11 colleagues here, Liz Rahavi and Stephanie Fu.  
12 We've always had a website. I think,  
13 historically, we have communicated more to  
14 somebody who follows the process, who is a health  
15 professional, a nutrition professional, who kind  
16 of is following this as a part of -- I mean, they  
17 have familiarity with it.

18 And now, we've grown to where we have  
19 new audiences and new people engaged in the  
20 process. That's partly in addition to the  
21 pregnancy and birth to 24 months work, because  
22 people who haven't a part of the Dietary

1 Guidelines, we're communicating to them as well.  
2 So, we took the approach of kind of communicating  
3 to newer audiences who weren't as familiar with  
4 what the Guidelines are and the process are for  
5 developing them.

6 So, for those materials around public  
7 meetings and public comments, you click on "Get  
8 Involved," the top right hand portion of the  
9 website. And from there, you can submit public  
10 comments and you can also register to attend  
11 meetings and see information from previous  
12 meetings.

13 The "Work Under Way" section is going  
14 to be a very important part of the website during  
15 the Committee's review of the evidence. This is  
16 where we will post the protocols and all the  
17 subcommittee updates and keep you posted on  
18 what's happening in relation to the work of the  
19 Committee.

20 So, the "Work Under Way" tab will be  
21 key. If you click on "Work Under Way" and look  
22 at the review of the science, you can see there's

1 information about the Advisory Committee. There  
2 will be information about the approaches for  
3 examining the evidence. This is where you can  
4 get to the list of topics and questions that have  
5 been shown by both Dr. Obbagy and Dr. TusaRebecca  
6 Pannucci.

7 So, if you scroll down, literally,  
8 every single question is there and you will be  
9 able to follow it. There's little icons that  
10 say, "This question is still to come." Reality  
11 is there are a number of questions and they can't  
12 all be done at once. And so, there will be a  
13 period -- you know, this one is still -- we  
14 haven't started working on it yet. This one is  
15 in the process of developing the plan for looking  
16 at it, or you're implementing the plan, or you  
17 have a draft conclusion. So, the website will be  
18 updated along those different steps, and you can  
19 follow the process with the little icons to the  
20 left.

21 The next section, just to note, is the  
22 "Most Popular Questions" section. We get a lot

1 of questions about the Dietary Guidelines, and  
2 you may have questions about the Dietary  
3 Guidelines. And we have a section about those  
4 questions.

5 And so, we do update this section  
6 regularly. So, if we're hearing a lot of  
7 questions, we're getting asked questions, or we  
8 see that there's questions circulating, we will  
9 update this to kind of try to address those.

10 So, it is divided into different topic  
11 areas. If you have a question, go here first and  
12 see if it is addressed. If not, you can always  
13 reach out to us. We have a "Contact Us," and our  
14 email address is there as well.

15 As we noted, this Committee's work  
16 will conclude with a scientific report for the  
17 Secretaries of Agriculture and Health and Human  
18 Services to consider as the Departments develop  
19 the 2020-2025 Dietary Guidelines for Americans.  
20 Once we receive that report, USDA and HHS will  
21 post the report at [dietaryguidelines.gov](http://dietaryguidelines.gov) for  
22 public comment. And we will also host a meeting

1 for the public to provide oral comments to the  
2 Departments on the Committee's report as well.

3 So, we encourage you to follow the  
4 process and get involved. We will make  
5 announcements at [dietaryguidelines.gov](http://dietaryguidelines.gov). There is  
6 the formal process of announcements through The  
7 Federal Register notice process, and we will use  
8 that.

9 We will also use our listserv a lot.  
10 And if you don't know, you think maybe I'm on it,  
11 well, if you -- I think the last couple of weeks  
12 we did a call, sent out a listserv message around  
13 the opening the registration process, another  
14 email when the registration process was about to  
15 close, another email with the agenda for the  
16 public meeting.

17 So, if you didn't receive those  
18 emails, please sign up for our listserv. And you  
19 can do that by going to [dietaryguidelines.gov](http://dietaryguidelines.gov),  
20 scrolling all the way to the bottom of that page.  
21 And you can click where it's circled there. It  
22 says, "Sign up to receive regular updates." And

1 we encourage you to do that.

2 I was just going to say, so if there's  
3 other discussion items, you are welcome to have  
4 it and we definitely have the time.

5 CHAIR SCHNEEMAN: Yes, we definitely  
6 have time. So, I thought what we could do at  
7 this point -- many of our Committee members  
8 haven't had a chance to say something. And so,  
9 we've heard a lot of presentations that help us  
10 understand the process and what we will be going  
11 through. So, I'd like to just go through and ask  
12 each Committee member, do you have something  
13 where you want additional information, something  
14 that you've felt is particularly important, or  
15 want some more clarification, because we have the  
16 whole group of experts still here? So, if you  
17 don't mind, I'm just going to ask each person if  
18 they have something they would like to put on the  
19 table.

20 So, Steve, I'll start with you.

21 MEMBER HEYMSFIELD: Okay. I had to  
22 step out for a minute, but I'm interested in the

1 question about the validity of self-reported food  
2 intake data.

3 DR. STODY: So, for this, maybe Drs.  
4 Pannucci and Obbagy, do you all want to come up  
5 as well?

6 CHAIR SCHNEEMAN: What we can maybe do  
7 is go and collect several of these and then --

8 DR. STODY: Sure. Handle them  
9 collectively?

10 CHAIR SCHNEEMAN: Yes.

11 DR. STODY: Sure.

12 MEMBER HEYMSFIELD: The context is  
13 earlier in my career I did a number of studies  
14 looking at self-reported versus actual intake  
15 using doubly labeled water for measuring energy  
16 intake. There's pretty clear biases in that kind  
17 of data. And so, throughout my career, I've  
18 watched sort of the publications on self-reported  
19 intake and wondering about how accurate and  
20 representative they really are.

21 DR. PANNUCCI: Thank you for asking.

22 CHAIR SCHNEEMAN: I think what we'll

1 do, we'll collect several, and we'll keep track.  
2 And then, that way, you don't have to instantly  
3 think of the response.

4 MEMBER MAYER-DAVIS: So, this is  
5 actually a much less important question than his,  
6 and I appreciate his question because I think  
7 that's something we need to give a lot of thought  
8 to.

9 But I did notice, as I was reading  
10 through the various questions for the various  
11 subcommittees, that in quite a number of cases  
12 there's a good bit of overlap. And so, I'm just  
13 wondering how that's handled pragmatically, so  
14 that everyone can work as efficient, not creating  
15 duplicate effort. How is that generally handled?

16 CHAIR SCHNEEMAN: So, we'll take one  
17 more, and then, we'll let you respond to these,  
18 please.

19 MEMBER ARD: Maybe if they get too  
20 close.

21 So, I don't think I really have  
22 anything. I do think I will sort of put a pin, a

1 bookmark, so to speak, on the sort of question  
2 around the National Academy recommendation around  
3 the translation of the Committee report into the  
4 policy document, and wanting to stay abreast of  
5 what that deliberation looks like, so we can  
6 understand, is the Committee -- will there be  
7 adjudication of, yes, this isn't going to make it  
8 into the policy document and why?

9 DR. PANNUCCI: All right. I'll start  
10 by addressing Dr. Heymsfield's question about,  
11 essentially, the value of self-report dietary  
12 data compared to biomarker data, such as doubly  
13 labeled water. And doubly labeled water, of  
14 course, is an objective biomarker for dietary  
15 intake, or for energy intake rather. I should  
16 correct myself there. And that is a value for  
17 energy.

18 But, as I mentioned in my  
19 presentation, of course, you're tasked with  
20 providing food-based dietary guidance. And so,  
21 the dietary data from What We Eat in America are  
22 quite valuable in understanding the types of

1 foods and quantities consumed by Americans.

2           The error in self-report dietary data  
3 are recognized. There are different levels of  
4 error that can occur, either in reporting, in the  
5 databases, the estimates of the nutrients, et  
6 cetera. We account for some of that in the  
7 analysis that is done. So, even some of our  
8 colleagues work on some of the robust statistical  
9 methods that accommodate for some of the error in  
10 self-report dietary data. So, we don't brush  
11 that under the rug or ignore it by any means.  
12 But, for food-based dietary guidance, of course,  
13 food-based dietary recall is of utmost  
14 importance.

15           And I'll also speak to the 24-hour  
16 recall, the AMPM, also being a way to help people  
17 recall what they've eaten in great detail to the  
18 best that they can.

19           Does that help?

20           MEMBER HEYMSFIELD: Yes.

21           DR. PANNUCCI: Yes? So, it is quite  
22 valuable data, despite some of the error that

1 does exist and we acknowledge.

2 DR. OBBAGY: And I will just add, from  
3 a systematic review perspective, certainly most  
4 of the studies that we will be including in the  
5 reviews often do include self-reported dietary  
6 intake. And we have a part of our protocol  
7 process where we'll have thorough discussions  
8 about the methodology used around diet assessment  
9 for particular interventions and exposures that  
10 you'll be looking at. And then, as we work  
11 through the process and assess risk of bias of  
12 the studies, we'll certainly be taking those  
13 discussions in mind when we're assessing the sort  
14 of overall risk of bias of studies, especially  
15 around bias due to measurement of an exposure in  
16 observational studies, in particular.

17 So, there definitely is overlap. I  
18 believe the way that the subcommittee membership  
19 will be designed is, though, that there are  
20 members strategically placed, so that they're  
21 addressing topics where there are overlap.  
22 Certainly, our team is prepared to handle that

1 overlap. We don't want two subcommittees doing  
2 the same sorts of review of evidence. So, we  
3 will be sure to make sure that, where there is  
4 that overlap, we'll be prepared to kind of figure  
5 out where it is going to be addressed and where  
6 you don't want to duplicate efforts.

7 DR. PANNUCCI: Similarly, the data  
8 analysis and food pattern modeling is a cross-  
9 cutting subcommittee that will be having  
10 conversations across the committees as we develop  
11 protocols and do the analyses to have  
12 conversations.

13 DR. STODY: And to Dr. Ard's comment,  
14 definitely noted. To be totally honest, we've  
15 been in the phase of getting this Committee in  
16 place and getting into the stuff. I think we can  
17 definitely plan to have more conversations and  
18 give more information about that next step as we  
19 move forward in subsequent public meetings.

20 MEMBER BAILEY: Regan Bailey.

21 I have a two-pronged question. The  
22 first, there are 62 questions. Are there any

1 questions that you're immediately concerned that  
2 there are not enough data available to answer?

3           And my second question is, while we do  
4 have NHANES data across all ages, there's very  
5 limited sample size for infants and pregnant  
6 women. So, Dr. Dewey mentioned that. There's  
7 about 1200 women from 1999 through 2014. So,  
8 even combining all of those surveys, and that's  
9 to say nothing of lactating women. There's a  
10 couple hundred lactating women in all of those  
11 survey years.

12           So, I am just wondering what your  
13 concerns are at this point about the lack of data  
14 from NHANES across a broad representation of  
15 population groups at risk and the availability of  
16 data for some of the questions that we have.

17           MEMBER BOUSHEY: This is Carol  
18 Boushey.

19           And I kind of in a way have a question  
20 very similar to yours, Regan, because what I was  
21 thinking was, I looked at some of them, and do we  
22 have to actually do a review to ensure inadequate

1 or limited data? And so, that was the other. I  
2 mean, do we have to do a review to do that or can  
3 we do it by group consensus for some of the  
4 questions that were in there?

5 MEMBER STANG: Jamie Stang.

6 And I guess my question is, it follows  
7 a little bit on some of the other questions, but  
8 also what we know about the adequacy of the  
9 databases, particularly when it comes to infants  
10 and children under the age of two, particularly  
11 when you get into things like some of the  
12 traditional feeding patterns and the cultural and  
13 ethnic-specific feeding patterns.

14 DR. OBBAGY: I can speak to the  
15 question about how to handle what we might  
16 consider an empty review or one where there's  
17 just not very much evidence. I do think it's  
18 really important to go through the process of  
19 doing the literature search and identifying what  
20 is out there. If there's nothing out there, then  
21 it's a very easy conclusion and grade. And so, I  
22 do think it's really important to document where

1 we don't have that evidence, and then, draft up  
2 some research recommendations to that point,  
3 because it is an important resource for funding  
4 agencies and researchers. And I think it's an  
5 important topic of public health concern, and I  
6 think it's a good way to flag those areas where  
7 there's a lack of research. So, we will go  
8 through that process. But, if there's no  
9 studies, we can really simplify the process of  
10 answering the question.

11 (Laughter.)

12 DR. PANNUCCI: Similarly, with the  
13 data available, I think that where there are  
14 limited data, we can look forward to research  
15 recommendations and things like Kellie is very  
16 well versed in leading efforts around the B-24  
17 data. It's a collaborative, yes, collaborative?  
18 Yes, B-24 data, collaborative -- what? Federal  
19 Data Consortium. B-24, Federal Data Consortium,  
20 looking forward to data that could be acquired in  
21 the future.

22 MEMBER LEIDY: Hi. This is Heather

1 Leidy. A couple of questions.

2           The first one is really about the  
3 inclusion/exclusion criteria with NESR or some  
4 others. And that is, is obesity considered a  
5 disease condition and, if so, if it's part of the  
6 exclusion criteria, are the majority of those  
7 studies excluded? Along those lines, if they are  
8 healthy, yet obese individuals that are healthy,  
9 are those, then, in a different category because  
10 they're not expressing disease? So, in essence,  
11 it's more about prevention, not treatment. So,  
12 that's my first one, sub-question.

13           Along those lines, there wasn't  
14 mention of crossover designs. I'm assuming  
15 they're probably in the category of a randomized  
16 controlled trial, but some crossovers don't  
17 actually serve as their own control. So, where  
18 do they fit? I didn't see them in the exclusion  
19 criteria.

20           And then, the last question with that  
21 along those lines, does the Committee or the  
22 subcommittees have the ability to bring up

1 studies or data, publications, that are not  
2 included in these types of reviews? So, for  
3 example, the meta-analyses or non-federal survey  
4 data. This was kind of mentioned earlier, but I  
5 guess my question along those lines, are we  
6 permitted to bring those types of studies up for  
7 discussion in the subcommittees or are we only  
8 restricted to the data that gets reviewed from  
9 your perspective?

10 MEMBER DAVIS: This is Teresa Davis  
11 from Baylor College of Medicine.

12 So, there were systematic reviews that  
13 were conducted in the 2015 Dietary Guidelines,  
14 and then, for the birth to 24 months working  
15 group. So, are some of these systematic reviews  
16 that are being proposed, are they updates to  
17 those that were previously done or all they all  
18 new ones that are being proposed?

19 DR. OBBAGY: So, I will start with the  
20 last question there about some of the existing  
21 reviews. I think that's a question that we'll  
22 work with you all on. The existing reviews, for

1 example, from pregnancy and birth to 24 months,  
2 the literature searches for those are much more  
3 recent, although there is still a gap from the  
4 time where we finish that until the present time.  
5 So, I think we'll certainly want to have  
6 discussions with you all from your perspective as  
7 to whether an update is warranted for the most  
8 recent reviews.

9 I do think that, for 2015, those will  
10 need to be updated to reflect the last five or so  
11 years of data. And so, I think that there could  
12 be some variability, but I think it's part of  
13 your discussion as a Committee to determine how  
14 timely and whether that update is warranted  
15 ultimately.

16 To your question about the obesity,  
17 that is an excellent question. I mean, I think  
18 that really the intent is for, say you have a  
19 study that includes only obese individuals, and  
20 it's really a study designed to sort of treat  
21 that obesity and reduce weight. Then, we might  
22 not include that study.

1                   However, if we're looking at some  
2 other outcome, say cardiovascular risk factors or  
3 type 2 diabetes or prediabetes, if there's a  
4 population with obesity, we're not going to  
5 exclude a study just because they're obese  
6 individuals. We would really only exclude those  
7 in which the outcome of interest in the review  
8 was obesity, risk of obesity.

9                   That's not making --

10                   MEMBER LEIDY: If you caught these  
11 individuals, well, then, we will see outcome is  
12 still --

13                   DR. OBBAGY: Yes. So, we would not  
14 exclude it. We would not probably consider  
15 obesity a disease that we would exclude that  
16 study on the basis of that. We would probably  
17 put that more in that category of at risk for  
18 chronic disease. And we do include studies where  
19 individuals are more at risk. But it sort of  
20 depends on what the outcome of the systematic  
21 review is as to what outcomes, how we would  
22 handle some of those situations. So, that's not

1 a great answer, but I do think it's a question  
2 specific and what the outcome really is that  
3 you're looking at.

4 MEMBER LEIDY: So, then, we also have  
5 crossover designs.

6 DR. OBBAGY: Oh, yes, crossover  
7 designs. So, crossover design studies are  
8 included as part of the randomized controlled  
9 trial category. And, in fact, the Risk-of-Bias  
10 2.0 tool has a special subset of questions that  
11 are geared specifically towards crossover design  
12 studies. So, when we do come across those, we  
13 have a tool that addresses issues specific to  
14 those studies.

15 CHAIR SCHNEEMAN: And I think Heather  
16 also asked a question about, in the subcommittee,  
17 bringing in studies that were not necessarily  
18 included in the review.

19 DR. STODY: So, Julie can speak to  
20 original studies. But kind of thinking about the  
21 meta-analysis question or other data sources, the  
22 systematic reviews themselves, we ask you to base

1 conclusions based on the body of included studies  
2 in that NESR review. There can be the  
3 opportunity, though -- I mean, you're ultimately  
4 developing a report with recommendations. And  
5 so, I think there can be the opportunity to look  
6 at existing meta-analysis or a Cochrane review,  
7 or something, to add some contextual information.  
8 But the conclusions themselves should be based on  
9 the original, you know, the systematic review,  
10 NESR systematic review work. But it's like any  
11 publication, I mean, you can speak to what other  
12 evidence is out there in your discussion and the  
13 report.

14 CHAIR SCHNEEMAN: We'll gather some  
15 more questions.

16 MEMBER SABATE: Okay. Joan Sabate.

17 The Dietary Guidelines, when they  
18 started in the '80s, were basically nutrient-  
19 based. Then, slowly evolved throughout the years  
20 to be food- or food-group-based. And in 2015,  
21 they were food-pattern-based, recommending three  
22 health patterns as the prototypes. I mean, one

1 being the vegetarian, the one being the  
2 Mediterranean, and the other, I think it was  
3 called the healthy American diet, or something  
4 like this.

5 So now, in the 2020 we have close to  
6 60 questions that we have to address. My  
7 question is, what's the task of this Committee?  
8 If we take these three dietary patterns, I mean,  
9 are those still relevant or those obsolete?  
10 Because if they are relevant, then we have to  
11 multiply the 60 times 3. So, it's 180 questions  
12 that we have to address.

13 (Laughter.)

14 So, I'm not trying to be malicious,  
15 but I'm trying to say, are we going to be able to  
16 address or that's our task, to know if, for  
17 instance, in babies or in toddlers or in  
18 adolescents, I mean, the three dietary patterns  
19 can accomplish the goals that you want, or what?  
20 I'm saying that's my question. I mean, is it 60  
21 or 180 questions that we have to address?

22 DR. PANNUCCI: We'll wait for our

1 three.

2 MEMBER SNETSELAAR: Okay. My question  
3 relates to what will happen eventually with what  
4 we're doing relative to our recommendations.  
5 Will you get advice from the public, for example,  
6 on how our recommendations might best be  
7 presented to them, so that they're most usable  
8 for them? Because our ultimate goal is to see  
9 the American public change, and I just wondered  
10 if you had some thoughts about that or some  
11 ideas.

12 MEMBER VAN HORN: Relative to what was  
13 just asked, I think, again, the fact that we're  
14 now introducing the younger generation and  
15 getting at those kinds of questions, the ability  
16 to collect data, even on breastfeeding behavior,  
17 you know, and the fact that that's a whole topic  
18 area in and of itself that is evolving  
19 continually, and the importance of it related to  
20 the new findings related to epigenetics and other  
21 things that are very much influenced by initial  
22 feeding and duration of that feeding, et cetera.

1 I just would hope that we do the best we possibly  
2 can, knowing how difficult it is to assess those  
3 kinds of questions. But, again, the opportunity  
4 is so unique and available to us this time, that  
5 we should try to do everything possible to  
6 capture those kinds of questions.

7 DR. PANNUCCI: Well, I can start to  
8 address Dr. Sabate. I think that the task to  
9 look at the food patterns is, thankfully, within  
10 those 63 questions, not multiplying. Those are  
11 the three patterns that were developed for 2015-  
12 2020, but it might be that the evidence suggests  
13 other patterns for 2020-2025.

14 So, one of the questions -- I only can  
15 remember the gist of it -- was to examine whether  
16 the evidence will drive differences to the food  
17 patterns through food pattern modeling. So,  
18 that's something that will be a conversation of  
19 part of the Data Analysis Food Pattern Modeling  
20 Subcommittee, and we'll look forward to more  
21 conversations.

22 But I think that is within the 63

1 questions, not a multiple of them.

2 DR. OBBAGY: And from the systematic  
3 review perspective, our reviews looking at  
4 dietary patterns and health, we'll look at any  
5 research that's examined any sort of dietary  
6 pattern in relation to health. So, we're not  
7 going to be looking just for studies that examine  
8 the three patterns we already have in relation to  
9 health. So, we're taking sort of a broad look at  
10 any patterns, and then, the results of those  
11 reviews are what will inform TusaRebecca's work,  
12 and then, your work at determining what patterns  
13 you might recommend for the next iteration of the  
14 Guidelines.

15 DR. STODY: And then, Dr. Snetselaar,  
16 to your point, I think what you're asking about  
17 is really the implementation piece, which is  
18 really the million dollar question. You know, we  
19 can develop guidance, but how to get it to people  
20 and how those people actually implement that  
21 guidance.

22 I think that is, it's a separate --

1 it's a next step. I think if we can focus on the  
2 review of science and talk about what those  
3 recommendations should be, there should  
4 definitely -- I mean, some of our federal  
5 partners do work in this space of the how. How  
6 do we get people to change? But, if we can focus  
7 on "what" piece, I think that's the core ask for  
8 this Committee.

9 CHAIR SCHNEEMAN: I was going to say,  
10 you raise various points that should be a part  
11 of, worked into our thinking all the way through.

12 MEMBER NOVOTNY: Rachel Novotny.

13 I have really kind of three areas I'm  
14 mulling that have pretty much already been  
15 discussed, but my take on them is -- one is, the  
16 first one is around the scope really of the  
17 Guidelines or the guidance that we want to come  
18 up with, and specifically, with regard to  
19 subpopulations or special populations. I'm of  
20 the opinion that it would be important to address  
21 some of those, considering the use to which the  
22 Guidelines are intended, thinking about food

1 assistance and some of those other intended uses,  
2 along cultural lines or ways that if we can do it  
3 according to ethnic groups and NHANES.

4 But, in a similar vein, wondering if,  
5 when, and how some other datasets could be drawn  
6 in for some of those very purposes. And I  
7 realize we've got a lot on our plate already.  
8 So, those are the things I was kind of mulling.

9 And then, a more granular thought of  
10 wondering if you've given thought yet to  
11 quantifying breastfeeding for the birth to 24-  
12 month group. I realize it's not just about  
13 quantifying it, but for that part of it, for  
14 looking at intake.

15 MEMBER MATTES: Rick Mattes.

16 It's easy to get punchy thinking of  
17 the power that we have at our disposal here.

18 (Laughter.)

19 Can you help me define a barrier? Say  
20 we're interested in eating patterns, and to  
21 determine their veracity, we want to understand  
22 some mechanistic information about them. Are you

1 capable of doing systematic reviews on things  
2 like brain reward mechanisms and eating patterns  
3 or gut-brain access in feeding patterns? I mean,  
4 it's one thing to look at the pattern, but to  
5 know if it's real, sometimes you want to know the  
6 mechanism behind it. Is that part of our  
7 purview? Are you capable of doing that?

8 MEMBER BAZZANO: Okay. This is Lydia  
9 Bazzano.

10 I have two questions. One of them is  
11 sort of more of an operational thing. Given that  
12 the systematic reviews are only longitudinal data  
13 in some way collected, and not cross-sectional,  
14 on all but the food pattern modeling and the data  
15 analysis parts; those are cross-sectional using  
16 NHANES or other databases. I just want to know  
17 how it all fits together. I think there was some  
18 talk about how that works together and what  
19 exactly we're doing.

20 And then, some of the questions -- my  
21 second question related to, I guess it gets at  
22 the same special populations issue. Some of the

1 interesting questions in dietary patterns were  
2 about neurocognitive outcomes in sarcopenia. And  
3 we do talk about the life course, but we are  
4 lumping everybody over 18 together, aren't we,  
5 except pregnancy and birth to 24 months right  
6 now?

7 MEMBER DEWEY: I have just one very  
8 practical question. And that is, whether it  
9 would be possible to map the existing systematic  
10 reviews against the 60-some questions we have, so  
11 we know what's out there and what we're starting  
12 from.

13 Thank you.

14 DR. STOODY: I can just say,  
15 generally, about your question -- and I think  
16 there are a couple of questions that got at  
17 subgroups, whether it be -- whatever the  
18 subgroups are. I think as much as you can speak  
19 to that based on the evidence base, that is  
20 wonderful. In the systematic review work, and  
21 Julie talked about the grids that they develop,  
22 the data extraction that they do. They regularly

1 pull out information about subgroups as much as  
2 possible. And I think if you can make  
3 conclusions based on subgroups, that is very  
4 useful. I think it's really based on what  
5 evidence is available. So, you can only do that  
6 as much as the evidence allows you to do it. So,  
7 it is something that's built into the process.

8 And I think, similarly with the data  
9 analysis, as much as you can speak to subgroups,  
10 that will be done, including age, you know,  
11 different age groups. In the age groups, there's  
12 some flexibility there. I mean, again, it's  
13 based somewhat on age groups, somewhat on the  
14 data that's available, but it's not set in stone  
15 specific cut-points on age this to this. That's  
16 up for the Committee to discuss as well.

17 With regard to bringing it all  
18 together, I mean, that is a very important part  
19 of the final phase of this process. So,  
20 throughout the course of this work you'll do  
21 systematic reviews. I'm sorry. Throughout the  
22 course of this work you'll do systematic reviews.

1 You'll do data analysis. There's food pattern  
2 modeling.

3 I know that it is a tight timeline,  
4 but at the end of it, bringing it all together is  
5 really like the most important, I mean an  
6 extremely important part of it. So, bringing it  
7 all together in your report. In the past,  
8 there's been some front chapters that kind of  
9 bring it all together and speak to it  
10 collectively.

11 But what you'll find is that, I mean,  
12 the systematic reviews inform the food pattern  
13 modeling. I mean, it works out you get different  
14 perspectives of it, looking at what current  
15 intakes are related to what you see in the  
16 systematic reviews, related to what ultimately is  
17 recommended. I mean, it does talk to each other.  
18 It's just it's a little bit later in the process,  
19 once you've kind of gotten some conclusion  
20 statements. It's putting those pieces together.

21 So, really, collectively, it covers  
22 nutrition science in a number of different ways,

1 which we found to be very useful, the systematic  
2 review pace, and then, also, thinking about  
3 modeling to meet -- you know, what you see in the  
4 systematic reviews, how does that result in  
5 developing patterns, and how does that relate to  
6 -- does that allow people to meet nutrient needs?

7 I mean, it is a story. So, I think to  
8 kind of speak to that complementary aspect, we  
9 just need to be a little bit further down the  
10 road, so you can have some conclusions. And  
11 because there is so much crossover, that will be  
12 really important, too. Like Julie said, you  
13 don't want to duplicate efforts in the systematic  
14 reviews, but all these topics are interrelated.  
15 And so, having that package of conclusions and  
16 bringing it together to kind of make final  
17 recommendations/advice to the Departments really  
18 is a conversation across all of the  
19 subcommittees, across all of the questions. So,  
20 I think that's just a little bit further down the  
21 road to see how it all comes together.

22 CHAIR SCHNEEMAN: So, was one of you

1 going to comment on Dr. Mattes' question?

2 DR. OBBAGY: Yes. You know, I think  
3 that's an important question. To me, those are  
4 different questions, the ones that you have on  
5 your list already. And while we're capable of  
6 answering a question like that, to me it is a  
7 separate and different question than the ones  
8 that you have currently on the table. And so,  
9 given that your charge is really to answer those  
10 questions, I'm not sure that that's possible for  
11 this go-round. But I appreciate that  
12 understanding the mechanisms underlying some of  
13 these relationships is, of course, important.  
14 Just limits on time and resources.

15 And then, to your question about  
16 mapping of the systematic reviews that are  
17 existing, we can definitely do that. And I think  
18 that will be a really important first step. As  
19 we start to work within the subcommittees, we can  
20 certainly bring that information to you all.

21 I think there's probably somewhere in  
22 the order of 20-ish reviews that may be relevant

1 to your questions, but I think that that's  
2 certainly something that we would bring to you  
3 for review, to confirm that you would agree with  
4 that assessment.

5 DR. PANNUCCI: And then, to add to  
6 that, we've anticipated some of the analysis that  
7 might be needed to answer some of the questions  
8 for data analysis, so we can map those to the  
9 questions and the data that are available to  
10 answer questions. So, we've already started that  
11 mapping process for you. We'll help you with  
12 understanding what data is available, what  
13 analysis has been completed, what's in the works,  
14 and where conversations will be needed on how  
15 that data might be useful in your deliberations.

16 And then, I believe there was a  
17 question about quantifying breastfeeding from  
18 Rachel. And that's a conversation that is  
19 ongoing. I think that that's something that we  
20 need to talk about more, around the limitations  
21 and the challenges around quantifying  
22 breastfeeding and how we're going to integrate

1 that into your discussion.

2 DR. OBBAGY: But, at least from the  
3 systematic review perspective, the intervention  
4 or exposure of human milk feeding will certainly  
5 capture any sort of type of breastfeeding,  
6 whether it's frequency, amount. So, that sort of  
7 quantification of breastfeeding will also get  
8 captured in the systematic reviews to the extent  
9 that the data breaks it down and reports it that  
10 way.

11 VICE CHAIR KLEINMAN: Just about all  
12 my questions have been asked. I do think that  
13 the question asked about mechanisms is quite  
14 relevant. As we're making these recommendations  
15 around dietary patterns and food consumption and  
16 outcomes, it's always nice to know that there's a  
17 biologic basis for these recommendations. And  
18 so, to the degree that we can have some of that  
19 to add context to these recommendations, I think  
20 that would be very relevant and persuasive to the  
21 population as we put these recommendations  
22 forward. So, that's just a comment.

1           The outcomes that we are charged to  
2 look at are often reported both qualitatively in  
3 some cases and quantitatively in other cases.

4 And I'm wondering if in the process of the  
5 systematic reviews we could have some indication  
6 of that, since we have to judge the level of  
7 evidence. I think it would be very helpful for  
8 us to be making that judgment knowing what kind  
9 of data we're dealing with.

10           DR. OBBAGY: Yes, and very similar to  
11 what I talked about with measurement of dietary  
12 intake, we'll also upfront have a very thorough  
13 discussion about measurement of the outcomes.

14 And then, that will feed, then, into risk-of-bias  
15 assessments and your sort of synthesis and  
16 grading of the evidence. So, certainly, having  
17 an upfront discussion about what are the  
18 strongest, most valid, and reliable measures for  
19 assessing an outcome and making sure that that is  
20 weighed and considered throughout the process.

21           CHAIR SCHNEEMAN: Just to add to that,  
22 I assume that biomarkers become one of the issues

1 there and whether something is a valid biomarker  
2 or not for the outcome.

3           These are great comments and questions  
4 you have all had. So, I'm glad we had the time  
5 to include that in our discussion. I think it's  
6 been certainly very helpful to me. And I'm not  
7 sure you expected to suddenly be a panel over  
8 there, but we really appreciate the thoughtful  
9 responses to the issues and the questions that  
10 the Committee is raising.

11           So, Eve, I'll turn it back to you to  
12 close this out and set us up for tomorrow, right?

13           DR. STODY: Excellent. Thank you.

14           So, we'll end a little early today.

15 We will reconvene tomorrow here at the same place  
16 at 8:30, and we look forward to seeing you then.

17           Thank you.

18           (Applause.)

19           (Whereupon, the above-entitled matter  
20 went off the record at 3:35 p.m.)

21

22

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Advisory Committee Meeting

Before: USDA

Date: 03-28-19

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