

**2025 DIETARY GUIDELINES
ADVISORY COMMITTEE
MEETING 3**

Convened by the
U.S. Department of Health and Human Services (HHS)
U.S. Department of Agriculture (USDA)

September 12–13, 2023

Dietary Guidelines Advisory Committee Members present:

- Dr. Sarah Booth (Chair)
- Dr. Angela Odoms-Young (Vice Chair)
- Dr. Steven Abrams
- Dr. Cheryl Anderson
- Dr. Aline Andres
- Dr. Carol Byrd-Bredbenner
- Dr. Andrea Deierlein
- Dr. Heather Eicher-Miller
- Dr. Teresa Fung
- Dr. Christopher Gardner
- Dr. Edward Giovannucci
- Dr. Deanna Hoelscher
- Dr. Jennifer Orlet Fisher
- Dr. Cristina Palacios
- Dr. Hollie Raynor
- Dr. Fatima Cody Stanford
- Dr. Chris Taylor
- Dr. Deirdre Tobias

Also present:¹

- Ms. Janet de Jesus, Designated Federal Officer, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, HHS
- Dr. Eve Stoody, Director, Nutrition Guidance and Analysis Division, Center for Nutrition Policy and Promotion, Food and Nutrition Service, USDA

Venue

The Dietary Guidelines Advisory Committee met in the conference center of the Tower Building, which houses the HHS Office of Disease Prevention and Health Promotion, at 1101 Wootton Parkway, Rockville, MD. The meeting was open to the public via live webcast.

¹ The individuals listed here facilitated some of the meeting agenda items and are listed in the order of appearance on the agenda. Additional in-person attendees included HHS and USDA staff members and contractors who are supporting the *Dietary Guidelines for Americans, 2025-2030*.

The following is a summary of Meeting 3. For additional details, refer to the [agenda](#), videocast recording ([Day 1](#) and [Day 2](#)), and the [Meeting 3](#) page of [DietaryGuidelines.gov](#).

DAY 1 – September 12, 2023

WELCOME

The third meeting of the 2025 Dietary Guidelines Advisory Committee (“Committee”) was convened at 1:00 PM on Tuesday, September 12, 2023, at the Tower Oaks conference center of the Tower Building in Rockville, MD.

Dr. Eve Stoodly, Director, Nutrition Guidance and Analysis Division, USDA, introduced herself and welcomed attendees to the meeting. She mentioned that 18 Committee members were in attendance and that two committee members—Dr. Valarie Blue Bird Jernigan and Dr. Sameera Talegawkar—were unable to attend Meeting 3. Dr. Stoodly expressed the Departments’ appreciation for the written and (pre-recorded) oral comments received to date, and shared that the Committee has had the opportunity to review all written comments submitted through [regulations.gov](#). Written comments will continue to be accepted through fall 2024.

Dr. Stoodly stated that Day 1 of Meeting 3 would consist of virtual oral public comments. She explained that participation in the oral comment opportunity was available on a first-come, first-serve basis, that commenters were limited to one representative per organization as well as a 2-minute limit for their remarks, and that oral comments could be presented either live (virtually) or pre-recorded to be played at Meeting 3. Due to a desire to accommodate as many commenters as possible, discussion between commenters and Committee members will not occur.

The list of commenters’ names and their affiliations was posted to [dietaryguidelines.gov](#) on September 11, and a [final list](#) was posted following Meeting 3.

VIRTUAL ORAL PUBLIC COMMENTS

A total of 82 members of the public provided virtual oral comments to the Committee during the 3-hour public comment session. Of this total, 56 individuals submitted pre-recorded comments that were consolidated into a single video compilation, and the remainder delivered live comments. The public comment session included commenters who were confirmed to provide comments prior to the public meeting, as well as additional commenters who were available on standby to provide comments as time allowed. The list of oral as well as videos of this session are available on the [Meeting 3 page](#) at [DietaryGuidelines.gov](#).

CLOSING REMARKS AND ADJOURNMENT

Following the oral public comments, Dr. Stoodly encouraged the public to continue to provide [written comments](#) to the Committee on their deliberations through [Regulations.gov](#).

Day 1 was adjourned at 3:56 PM.

DAY 2 – September 13, 2023

WELCOME

Day 2 of the 2025 Dietary Guidelines Advisory Committee Meeting 3 was convened at 9:00 AM on Wednesday, September 13, 2023, at the Tower Oaks conference center of the Tower Building in Rockville, MD, the location of the HHS Office of Disease Prevention and Health Promotion.

Ms. Janet de Jesus, Designated Federal Officer for the *Dietary Guidelines* and a Nutrition Advisor in the HHS Office of Disease Prevention and Health Promotion, introduced herself, welcomed attendees to the meeting, and noted that two members of the Committee—Dr. Valarie Blue Bird Jernigan and Dr. Sameera Talegawkar—were unable to attend Meeting 3.

She reminded attendees that the *Dietary Guidelines* process is currently in step 3, in which the Committee reviews the scientific evidence for the development of its scientific report. She also referenced recent interest in the status of the guidelines for alcohol and clarified that 1) development of recommendations for the next edition of the *Dietary Guidelines* has not yet begun and 2) the topic of alcohol is not being examined by the 2025 Dietary Guidelines Advisory Committee, but instead evidence on alcohol and health will be examined in separate processes that are described on the [related projects](#) section of [dietaryguidelines.gov](https://www.dietaryguidelines.gov).

Lastly, Ms. de Jesus highlighted that the Committee's 6th and final public meeting will include a presentation of its draft scientific report, which the Departments have requested to be finalized by October 2024. Following the release of the scientific report, HHS and USDA will begin the process to update the *Dietary Guidelines*, to be published in 2025.

CHAIR/VICE CHAIR REMARKS

Dr. Angela Odoms-Young (Vice Chair) stated that the goal of the public meeting is for the Subcommittees (SC) and Working Group (WG) to share updates with the full Committee and share progress on the Committee's evidence review. Since Meeting 2, the four SCs have developed three new protocols for food pattern modeling (FPM), three new systematic review (SR) protocols, and two new evidence scan protocols. SCs have also refined previously presented protocols based on the Committee's input from Meeting 2 and public comments. Additional prioritization of SC evidence reviews may be needed based on final decisions of protocols. In addition, the health equity WG has collaborated with each SC to determine how to incorporate health equity into the three approaches used to examine the evidence (i.e., SR, FPM, and data analysis).

Dr. Odoms-Young noted that protocols will be refined after Meeting 3 to reflect Committee discussions and will be posted at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov) and [NESR.usda.gov](https://www.nesr.usda.gov) in October; any public comments on those protocols are requested within one month of the posting.

Dr. Sarah Booth (Chair) emphasized the committee's appreciation for the approximately 500 written public comments received since January 2023 and welcomed further comments. She then provided a recap of the Nutrition Evidence Systematic Review (NESR) methodology (previously described at Meeting 1) given that several SCs will present graded conclusion statements at Meeting 3, based on the evidence synthesis from their systematic reviews. A conclusion statement is a summary statement that is carefully constructed, based on the evidence reviewed, to answer the systematic review question. One of four grades (strong,

moderate, limited, or grade not assignable) is assigned to each conclusion statement based on an assessment of the underlying evidence for five elements: consistency, precision, risk of bias, directness, and generalizability. The grade communicates the Committee's level of certainty in the evidence. See slide 13 for a table of definitions (i.e., interpretations) of the four grades.

Lastly, Dr. Booth reviewed the agenda for Day 2 of Meeting 3.

HEALTH EQUITY WORKING GROUP OVERVIEW

On behalf of Dr. Sameera Talegawkar (WG Chair), Dr. Sarah Booth presented the health equity WG progress since Meeting 2. She reminded attendees that all members of the WG are also members of at least one SC, which fosters regular cross-talk between the WG and SCs. The Committee recognizes the renewed sense of urgency and importance of incorporating health equity in its work, and its efforts to do so are aligned with other federal efforts that incorporate a focus on health equity, such as Healthy People 2030. All scientific questions will be reviewed with a health equity lens, as described during Meeting 2, to ensure that the next edition of the *Dietary Guidelines* is relevant to people with diverse racial, ethnic, socioeconomic, and cultural backgrounds. The health equity WG has collaborated with each SC to provide input on protocols and plans for scientific questions in order to incorporate health equity considerations into the Committee's review of the scientific evidence. It has also developed an outline for incorporating health equity content into its report.

Dr. Booth elaborated on how health equity is manifesting in the three approaches to examine the evidence. For data analysis, health equity is incorporated into each step of the process, starting with identifying data needs, developing the data analysis plan, and determining analyses and subpopulation variables to request from federal data analysts. Trends, similarities, and differences between subpopulations' dietary intakes, dietary patterns, and prevalence of health conditions will be identified, summarized, and synthesized as part of the Committee's evidence review and used to inform conclusions and future recommendations.

For FPM, a new protocol was added to consider representation when developing nutrient profiles and later for draft dietary patterns. SC3 is also developing a plan to conduct diet simulations to evaluate draft dietary patterns considering the wide variety of nutrient dense foods and beverages consumed by a diverse U.S. population. Protocol discussions have explored how to incorporate intake variability considerations—across populations, communities, or cultural groups—into the rationale, analyses, and future directions for food pattern modeling, given that dietary intakes vary by individual, age, life stage, geographic location, and acculturation, among other factors.

Dr. Booth continued on to explain that SC3 is evaluating the possibility of building flexibilities into USDA Dietary Patterns in future editions of the *Dietary Guidelines* to account for diverse foodways, dietary preferences, and needs of U.S. population groups. For example, it is considering examining the nutrient intake implications of hypothetical modifications of the Grains food group with other foods that are staple carbohydrates for some population subgroups (e.g., starchy vegetables; beans, peas, lentils; some red and orange vegetables). She displayed where the staple carbohydrate foods currently fit within the USDA Dietary Patterns and emphasized that these hypothetical modifications would be used to examine flexibilities within those patterns.

For systematic reviews, Dr. Booth stated that the health equity considerations built into the NESR process align with how other organizations have integrated equity in their review processes. After examining many resources, the Committee identified PRISMA-E reporting guidelines and Cochrane methods for considering equity in systematic reviews as key examples of resources that best fit its work. An example of how health equity is being incorporated into protocol development is that protocols and reviews will use gender-inclusive language to greatest extent possible; will use the term “socioeconomic position” (instead of socioeconomic status) to more fully capture factors such as income, education, and occupation that may impact diet-health relationships; and will interpret race/ethnicity as a social construct instead of a biological construct. The Meeting 3 slides include details about how health equity will be incorporated into subsequent steps of the systematic review process, including how to operationalize the grading of generalizability.

Dr. Booth shared a table summarizing the health equity WG’s efforts that have either been completed, are in progress, and are upcoming for each approach to examine the evidence, as well as for development of the scientific report. The WG will continue to consider health equity throughout all steps of the three approaches and will further develop its health equity content for the report.

During a brief Committee discussion following the presentation, it was emphasized that the Committee can use only the available data in the literature and that in the future, researchers could collect additional data to allow richer analyses of research findings.

DATA ANALYSIS

Dr. Heather Eicher-Miller (Data Analysis Chair) reviewed the data analysis process and goals as well as progress since Meeting 2, presented examples of completed data analyses, and facilitated a Committee discussion and next steps.

The Data Analysis Team (DAT), comprised of HHS and USDA staff, collaborates with the Committee to identify data analysis topics and questions, develop and share requests for new analyses with interagency partners, draft summaries of the evidence, and prepare data supplements. These analyses and summaries will be provided to the Committee, who will then review and synthesize the evidence and develop conclusion statements for the four scientific questions to be addressed with data analysis (presented at Meeting 1). At that time, the Committee will examine all analyses collectively to identify special considerations related to dietary intake and nutrition-related chronic health condition prevalence, such as factors or combinations of factors that may be important for meeting nutritional goals and reducing chronic disease risk across the life span.

Since Meeting 2, the DAT and SC3 have published a [Federal Data Analysis Plan for the 2025 Dietary Guidelines Advisory Committee](#), drafted an evidence scan on patterns of dietary intake during the COVID-19 pandemic, discussed health equity considerations with the Health Equity WG, identified published data analyses, discussed further data needs with the Committee, and submitted analysis requests to interagency DAT collaborators.

To provide the Committee with estimates of dietary intakes during and after the COVID-19 pandemic from non-federal data sources, an evidence scan was conducted to answer the research question: “What are the patterns of food and beverage intake from March 2020-December 2022, including potential changes in dietary intake due to COVID-19 (Coronavirus

Disease 2019)?” After screening and data extraction, 12 articles were included in the evidence scan. Method of dietary assessment was one of the inclusion criteria—studies were included if they used 24-hour dietary recall methodology or food frequency questionnaire, but excluded for use of, for example, dietary screeners. None of the included articles were nationally representative, and the five studies that compared intakes before vs. during the pandemic did not find differences in total dietary intake. Moreover, the studies that examined intakes during the pandemic (but did not compare to intakes before the pandemic) indicated similar dietary intakes and diet quality as has been reported in prior research. This evidence scan was informative as it showed that little nutrition research examining dietary intakes in healthy U.S. individuals took place during the COVID pandemic.

In terms of health equity considerations for data analysis, the Committee will examine the demographics examined by the prior (2020) Committee—sex, race and/or ethnicity, socioeconomic status, and age/life stage. SC3 and the Health Equity WG discussed nine additional demographics available in NHANES that could potentially be explored in the present analyses; after considering sample size, generalizability, and impact, SC3 initially prioritized three for further exploration: household food security category, SNAP participation, and WIC participation. The subpopulations to be examined in each analysis will be determined based on data availability, sample size, and Committee prioritization.

Because federal data analysis partners already analyzed an extensive amount of data prior to the Committee’s work and have also started to complete many specific requests from the Committee, each analysis will not be stratified by all demographic variables.

Dr. Eicher-Miller presented examples of analyses available to the Committee and noted that future public meetings will include a more comprehensive review of the available data on dietary intake and nutrition-related chronic health conditions in the U.S.. The Committee will not draft conclusions until all analyses are available. A full list of available and requested analyses is available in the [Federal Data Analysis Plan](#), and Dr. Eicher-Miller provided examples of additional forthcoming analyses during her presentation. She shared examples of findings organized by the SC’s scientific question topics:

Current Intakes of Food Groups, Nutrients, and Dietary Components

- From NHANES cycles 2003-2004 to 2017-2018:
 - Among adolescents (12-19 years), estimated mean intakes decreased for dairy, vegetables, and fruit juice; among adults (20+ years), estimated mean intakes decreased only for fruit juice.
 - Among adults and adolescents, refined grains slightly decreased while whole grains slightly increased; among adults only, nuts, seeds, soy, and legumes increased.
- Usual intakes for nutrients of public health concern (fiber, vitamin D, calcium, and potassium) do not meet Dietary Reference Intake (DRI) recommendations among ages 1+ years, while intakes of the three dietary components to limit per the 2020 DGAs—sodium, saturated fat, and added sugars—exceed DRI or DGA recommendations. The degree to which usual intakes exceed recommendations for each of these three dietary components varies by subpopulation (e.g., race and/or ethnicity; family income as a percent of poverty level).

Current Patterns of Food and Beverage Consumption

- Diet quality based on Healthy Eating Index (HEI)-2020 is unchanged since 2005-2006 and is low across the lifespan (scores range from 49 to 62 depending on age group, starting at 2-4 years).
- Based on scores for individual HEI components, intakes do not align with DGA recommendations for ages 2+ years. Examples of components closest to aligning with DGA recommendations are total protein foods, seafood and plant proteins, and whole fruits; examples of components furthest away are sodium, saturated fat, and whole grains. Scores for some components vary by race and/or ethnicities.
- Based on scores for individual components of the HEI-Toddlers-2020, intakes do not align with DGA recommendations for ages 12-23 months. The average HEI score for this group is 63, and the dietary component farthest from alignment with DGA recommendations is added sugars.

Prevalence of Nutrition-Related Chronic Health Conditions and Corresponding Measures

- Prevalence of obesity among children and adolescents has increased over time
- Prevalence of coronary heart disease is higher among males and older adults ages 75+ years
- Total prevalence of diagnosed and undiagnosed diabetes increased with age
- Incidence of colon and rectal cancer differs by age and race and/or ethnicity

SC3's next steps are for staff to request and receive additional analyses from the federal DAT, staff to draft summaries of analysis results for the Committee, and the Committee to review analysis results, draft conclusions, and determine future directions.

Committee questions and discussion followed Dr. Eicher-Miller's presentation. She explained that when all data analyses are available, findings could be triangulated with findings from the systematic reviews and food pattern modeling to provide a more complete picture of trends in dietary intakes and nutrition-related health conditions. She noted that intakes of sugary beverages are being examined but were not presented today, as well as data on intakes from different protein sources. Dr. Anderson noted that the differences in intakes by race and/or ethnicity help underscore why the Committee is applying a health equity lens to its examination of the evidence. Dr. Taylor emphasized that the data are cross-sectional and that differences between subpopulations can be generational, which means that generational context is important. Dr. TusaRebecca Pannucci (Branch Chief, Nutrition and Economic Analysis, CNPP, FNS, USDA) responded to a question from Dr. Andres by clarifying that the HEI-2020 is used to measure diet quality of intake data collected in previous years in order to enable accurate comparison of intake data over time. Committee members also commented on the lack of data on tribal/indigenous populations and the importance of understanding what foods are driving intakes of various HEI components that are comprised of different types of foods (e.g., seafood/plant proteins).

FOOD PATTERN MODELING

Dr. Chris Taylor (Food Pattern Modeling Chair) summarized the FPM progress since Meeting 2, including identification of a need to add a new protocol to systematically inform the development of nutrient profiles, and development of protocols that will analyze hypothetical modifications to three food groups.

Dr. Taylor elaborated on progress in developing nutrient profiles. A new protocol will examine the question, “What are the differences between nutrient profiles calculated using the dietary intakes of the total U.S. population and population subgroups?” After the basis of nutrient profiles is determined based on intakes from the total population, SC3 will examine differences in nutrient profiles based on intakes of population subgroups (race, ethnicity, poverty level, and age as reported in WWEIA, NHANES datasets). The goal is to determine if nutrient profiles (i.e., The proportional nutrient composition from the item clusters that represent each food group and subgroup from the variety of foods in each food group in their nutrient-dense forms. The nutrient profiles are based on a weighted average of nutrient-dense forms of foods (i.e., a composite of nutrient-dense forms of foods and beverages within a food group or subgroup). The weighted average calculation considers a range of food choices in the United States, but in nutrient-dense forms, and results in a food pattern that can be adapted to fit an individual’s preferences). are different when calculated based on the intakes of various population subgroups. Population subgroups developed in respect to specific demographic subgroups may have implications for accounting for variation in dietary intake when evaluating how proposed dietary patterns meet nutritional goals for each age-sex group.

Dr. Taylor next discussed new protocols to be used to analyze hypothetical modifications to three food groups: Protein Foods, Dairy and Fortified Soy Alternatives, and Grains. These food groups are comprised of a variety of foods from which an individual may choose to meet food group intake recommendations. Factors such as budget, cultural norms, and dietary needs (e.g., allergies) influence such choices. For each of the three protocols, Dr. Taylor provided key definitions, protocol objectives, and specific questions to be examined to help understand nutrient intake implications of hypothetical modifications to recommended quantities of food groups/subgroups (e.g., What are the implications for nutrient intakes when proportions of animal-based Protein Foods subgroups are reduced and proportions of plant-based Protein Foods subgroups are increased?). Ultimately, these analyses will help determine if flexibilities to any food groups could be implemented in some or all USDA Dietary Patterns to equitably consider population norms, preferences, and needs while maintaining alignment with systematic review evidence.

The next steps for FPM are to begin nutrient profile development analysis for the basis protocol and the WWEIA population subgroups protocol, and then use those nutrient profiles to begin analyses of hypothetical modifications to Protein Foods, Dairy and Fortified Soy Alternatives, and Grains. Protocols will also be finalized for analyses of hypothetical modifications for other food groups (Vegetables, Fruits) and dietary patterns (vegan, low carbohydrate, different ranges of nutrient density), with a goal of presenting those protocols at Meeting 4 in January 2024.

Committee questions and discussion followed Dr. Taylor’s presentation. Topics included nomenclature used to describe food groups/subgroups and clarifications of planned analyses within the new protocols. Dr. Taylor noted that if the analyses indicate that it is possible to include flexibilities to any food groups/subgroups, it may help more people meet intake recommendations for the modified group/subgroup(s). He also emphasized that the SC is constrained by the population subgroup data available in WWEIA datasets.

DIET IN PREGNANCY AND BIRTH THROUGH ADOLESCENCE

Dr. Jennifer Orlet Fisher (SC2 Chair) summarized SC2's progress since Meeting 2. Work is underway to conduct systematic reviews for all eight of SC2's scientific questions, although not all questions are currently at the same stage of the NESR process.

Dr. Orlet Fisher described SC2's work to date to evaluate evidence for its scientific question regarding the effects on food acceptance of providing children repeated exposure to food. She reviewed the analytic framework and protocol, described the body of evidence from the 20 articles included in the review, and described the intervention/comparator and outcomes for the body of evidence. She also discussed SC2's consensus reached on two conclusion statements and corresponding grades for vegetables, two conclusion statements and corresponding grades for fruits, and one conclusion statement and corresponding grade for repeated non-taste exposure.

Dr. Aline Andres (SC2 member) described SC2's work to date to evaluate the evidence of the effects of dietary patterns during pregnancy on gestational diabetes mellitus. She reviewed the analytic framework and protocol, described the body of evidence from the 45 articles included in the review, and described the intervention/exposure and outcomes for the body of evidence. She also discussed the SC's consensus reached on one conclusion statement and corresponding grade.

SC2's next steps are to continue work on systematic reviews for the remainder of its scientific questions.

A committee discussion followed the SC2 presentation. Topics that arose included the need to translate the findings on repeated exposure into tangible guidance that healthcare providers can share with parents of young children, as well as limitations in the research on dietary patterns during pregnancy and the outcome of gestational diabetes mellitus (i.e., only 1-2 dietary patterns were represented among the RCTs in the body of evidence, and high variability existed within the body of evidence).

DIETARY PATTERNS AND SPECIFIC DIETARY COMPONENTS ACROSS LIFE STAGES

Dr. Deanna Hoelscher (SC1 Chair) summarized SC1's progress since Meeting 2. SC1 developed two new systematic review protocols for dietary patterns and one new systematic review protocol for specific dietary pattern components, began implementing systematic review protocols presented at Meeting 2 for both dietary patterns and specific dietary pattern components, and de-prioritized conducting a systematic review for dietary patterns and depression.

Dr. Hoelscher presented a few revisions to the protocols that were presented at Meeting 2, along with the rationale for the revisions and a list of the systematic reviews to which each revision applies. Revisions were made to protocols for systematic reviews that examine dietary patterns and to systematic reviews with growth, body composition, and risk of obesity as an outcome.

New Systematic Review Protocols

Dr. Hoelscher presented SC1's new protocols for Committee review, including dietary patterns and risk of cognitive decline, dementia, and Alzheimer's disease; dietary patterns and bone health; and food sources of saturated fat consumed and risk of cardiovascular disease. These

protocols use standard NESR criteria for study design, population (study participants – only human studies), publication status (peer-reviewed studies published in research journals), language (published in English), country (high or very high human development index countries in the year(s) that intervention/exposure data were collected), and population (health status – studies that exclusively enroll participants *not* diagnosed with a disease, as well as studies that enroll *some* participants with a disease or other relevant condition).

For the two questions with dietary patterns as the exposure, Dr. Hoelscher stated that the definition of “dietary pattern” presented at Meeting 2 applies, as do the inclusion/exclusion criteria for intervention/exposure and comparator.

Dr. Sarah Booth presented the analytic framework for dietary patterns and risk of cognitive decline, dementia, and Alzheimer's disease (a question that SC members have moved up in their overall prioritization), and Dr. Teresa Fung presented the analytic framework for dietary patterns and bone health. The presentations highlighted information about the population, outcomes, and key confounders and inclusion and exclusion criteria for publication date, study duration (intervention length and follow-up duration, as applicable), and size of study groups.

A committee discussion followed presentations of the two new protocols for dietary patterns questions. Committee members raised questions about key confounders (e.g., dietary supplement use for the bone health question, which they ultimately decided not to include in the list of key confounders) and sufficiency of the length of study duration (≥ 12 weeks) for observing certain cognitive health outcomes. It was noted that SC1 had consulted with the Substance Abuse and Mental Health Services Administration (SAMHSA) to confirm the feasibility of observing certain outcomes in the time chosen for study duration. It was also noted that the SC could consider assessing whether trends exist in which outcomes observed at shorter versus longer follow-up periods.

Dr. Christopher Gardner presented the new protocol for the question on food sources of saturated fat and cardiovascular disease. He provided the list of “food sources of saturated fat” to be considered for this protocol and presented the analytic framework, which includes information about the population, outcomes, and key confounders and inclusion and exclusion criteria for intervention/exposure, comparator, publication date, study duration (intervention length), and population health status.

The committee discussion about the protocol presented by Dr. Gardner revolved around whether to exclude individuals ages birth to 24 months. The Committee consensus was to exclude this age group and limit the population of interest to ages 2+ years in the protocol.

Deprioritized Systematic Review

Dr. Deanna Hoelscher discussed SC1's rationale for deprioritizing the question about dietary patterns and risk of depression. During protocol development, the SC sought input from federal partners and subject matter experts at the National Institute of Mental Health and SAMHSA. Concerns among these subject matter experts about the potential for reverse causality in the relationship between dietary patterns and depression contributed to the question being deprioritized. Given that depression may be episodic and/or not assessed at baseline, it is likely that depression influences dietary patterns. SC1 recognizes the importance of depression as a public health concern and plans to address the limitations of existing research in the Committee's report to guide future research on this topic.

Systematic Reviews Underway

Dr. Andrea Deierlein presented SC1’s review of the evidence, conclusion statement, and grade for its systematic review on dietary patterns and gestational weight gain (GWG). This question is an update to the SR completed by the 2020 Committee and SC1 decided to synthesize evidence from the prior SR and the new search as one body of evidence. She described SC1’s work to evaluate the evidence of the relationship between dietary patterns consumed and GWG. She reviewed the applicable components of the analytic framework and protocol for the broader question on dietary patterns and growth, body composition, and risk of obesity; described the body of evidence from the 21 articles included in the review that examined excessive GWG as an outcome, and described the intervention/exposure and outcomes for the body of evidence. She also discussed the SC’s consensus reached on one conclusion statement and corresponding grade for dietary patterns and excessive GWG. She then provided the same summary for the outcome of inadequate GWG, for which the body of evidence included 17 articles in the review.

SC1’s next steps are to continue work to conduct systematic reviews for questions about dietary patterns and specific dietary pattern components.

A brief Committee discussion followed the final section of the SC1 presentation. One Committee member asked for additional explanation about the “insufficient evidence” grade assigned to the conclusion statement for the question about dietary patterns and inadequate GWG. Dr. Hoelscher replied that the articles included in the question’s body of evidence had many limitations and that the characteristics of the overall body of evidence were different than those for the evidence on excessive GWG. She also noted that limitations in available data will affect the Committee’s ability to evaluate the evidence from an intersectional lens.

STRATEGIES FOR INDIVIDUALS AND FAMILIES RELATED TO DIET QUALITY AND WEIGHT MANAGEMENT

Dr. Cristina Palacios (SC4 Chair) shared SC4’s progress since Meeting 2. She reiterated that all topics being assessed by SC4 have either never been reviewed by a previous DGAC or are being assessed with updated methodologies. She noted that the revisions to the protocols with growth, body composition, and obesity as an outcome (discussed during the SC1 presentation) apply to SC4’s systematic reviews on frequency of meals and/or snacking, as well as portion size.

Since Meeting 2, SC4 has finalized and begun implementing the protocols for its five systematic reviews (three on the topic of frequency of meals and/or snacking and two on portion size). SC4 also started implementing new protocols for evidence scans to explore other food-based strategies, including cultural and traditional foods and home food availability, that were not well-suited for assessment through systematic review.

Dr. Palacios described the methodology for an evidence scan, which is an exploratory project that uses systematic methods to search for and describe the volume and characteristics of evidence available for a given question. A key difference compared to systematic reviews is that for evidence scans, the results of each study are typically not extracted, because the focus is to understand *what* has been published—not to synthesize evidence, assess risk of bias, or create

graded conclusion statements. Evidence scans can inform the Committee’s work, for example, by informing research recommendations on strategies to improve implementation and uptake of DGA recommendations.

Dr. Palacios presented the rationale for the two evidence scans—one on culturally tailored dietary interventions and another on home food availability in adults, both of which are being examined in relation to diet-related psychosocial factors, dietary intake, diet quality, and health outcome. She then presented details of the two new evidence scan protocols, including information about the population, interventions, and outcomes; and inclusion and exclusion criteria for study design, publication date, publication status, language, country, population (study participants, life stage, and health status), intervention, comparator, and outcomes. Key definitions that apply to the home food availability evidence scan include:

- **Accessibility:** availability of food in a form, place, and time that facilitates its consumption; i.e., it is retrievable and ready to eat
- **Availability:** the physical presence of food in a home or living space, regardless of whether it is readily visible or accessible

SC4’s next steps are to refine and implement the evidence scan protocols discussed and continue work on systematic reviews for frequency of meals and/or snacking and portion size.

During the Committee discussion about the draft evidence scan protocols, Dr. Palacios responded to questions and clarified that “culturally tailored” could refer to the diet itself or the intervention delivery; that the cultural component could be based on age, race and/or ethnicity, sexual identity, religion, or other specific identifier; and that studies do consider length of time participants have lived in the United States. She also explained that the evidence scan on home food availability is inventory-driven, not intervention research. A question was asked about whether college students are included in studies of home food environments, given that those years can be a time of significant change in eating habits, although their environments are not traditional home settings.

CHAIR/VICE CHAIR WRAP UP

Dr. Sarah Booth (Chair) thanked the Committee for its hard work and active engagement. She invited each member to share something that impressed them about the meeting or the overall DGA process to date. Themes from Committee members’ comments included feeling impressed at progress made and encouraged by the full Committee’s thoughtful and detailed dedication to the process; mutual respect for fellow Committee members’ viewpoints and diverse styles and expertise; appreciation for the broad range of perspectives shared during the public oral comment session; appreciation for the federal staff’s top-notch guidance and support; importance of applying the health equity lens to both data and interpretation of outcomes and behaviors; acknowledgement that data availability might limit the findings and conclusions that can be made on various topics; importance of maintaining rigor in the Committee’s processes; and observation of the increasing sophistication of food pattern modeling methods in recent years.

ADJOURNMENT

Ms. Janet de Jesus congratulated the Committee for completing Meeting 3 and commended its dedication and passion toward achieving substantial progress in all three approaches to examine the evidence. She noted that updated protocols will be posted on [dietaryguidelines.gov](https://www.dietaryguidelines.gov) in October and reiterated that public comments are appreciated. She highlighted the importance of ensuring that the full Committee receives such comments and reminded attendees that comments are to be submitted via [regulations.gov](https://www.regulations.gov), not directly to individual Committee members. The Committee's next meeting is in January 2024. Ms. de Jesus thanked the federal staff for their support to the Committee and adjourned Meeting 3 at 2:57 pm ET.