Dear Members of the Dietary Guidelines Advisory Committee,

The Healthcare Nutrition Council (HNC) is responding to the 2020 Dietary Guidelines Advisory Committee (DGAC) request for comments on the protocols being examined by the Committee. HNC is an association representing manufacturers of enteral nutrition (EN) formulas and oral nutrition supplements (ONS), parenteral nutritional (PN) formulas, supplies and equipment. HNC members are committed to improving health by advancing policies that address and raise awareness of nutrition and its impact on patient outcomes and healthcare costs. This includes promoting nutritional screenings, diagnoses, assessments and appropriate and timely nutrition interventions while protecting patients’ access to specialized nutrition support products and services throughout the continuum of care.

Thank you for the opportunity to provide comment on the protocols and questions being reviewed. We acknowledge and appreciate the Committee is continuing to consider a life stage approach and that the inclusion criteria in several protocols will allow studies to be included where some participants have been diagnosed with a disease or health outcome of interest, especially since approximately 60% of the U.S. adult population has at least one chronic disease.2

**Dietary Patterns Subcommittee**
Regarding the question “What is the relationship between dietary patterns consumed and sarcopenia,” HNC recommends to add race and ethnicity to the key co-founders identified in the protocol. Sarcopenia prevalence varies by age and ethnicity and should be thoughtfully considered when making nutrition recommendations to a diverse U.S. population.3

**Data Analysis and Food Pattern Modeling Cross-Cutting Working Group**
The protocol to “describe/evaluate current intakes of food groups and nutrients,” HNC agrees older adults should be specifically considered during this analysis.

“Describe/evaluate nutrients of public health concern,” we note older adults are included as part of the data analysis protocol for this research question, however no specific analyses for the older adult population are identified. Older adults have different nutrient needs and are not getting enough protein, omega-3 fatty acids, dietary fiber; vitamins B6, B12, and E; calcium, magnesium, and potassium.4 Older

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1 HNC members are Abbott Nutrition, B. Braun Medical Inc., Nestle Healthcare Nutrition, and Nutricia North America.
adults are getting too much folate and sodium. Therefore, we suggest expanding the age range for analysis of vitamin Bs and vitamin E to include older adults, and consider analyses specific to older adults for protein, omega 3-fatty acids, dietary fiber, calcium, magnesium, and potassium.

The question to “describe/evaluate prevalence of nutrition-related chronic health conditions,” we agree the chronic conditions of reduced muscle strength and prevalence of osteoporosis or low bone mass should be specifically evaluated for older adults. The chronic conditions of cardiovascular disease, diabetes, metabolic syndrome, chronic liver disease, and cancer should also be considered for the adult population, including older adults.

Last, “How does dietary intake, particularly dietary patterns, track across life stages from the introduction of foods, into childhood, and through older adulthood,” HNC agrees older adults should be included in this analysis due to different nutrients needed during aging, higher prevalence of chronic disease among older adults, and higher risk of malnutrition.

Thank you for the opportunity to provide comment on the protocol questions. HNC looks forward to providing additional comments to the DGAC during this process. Please let me know if you have any questions.

Sincerely,

Robert Rankin
Executive Director

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5 Ibid.
6 Ibid.