



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted Via Regulations.gov

January 22, 2020

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Center for Nutrition Policy and Promotion
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive
Room 1034
Alexandria, VA 22302

RE: Docket Number FNS-2019-0001 titled "Announcement of First Meeting of the 2020 Dietary Guidelines Advisory Committee and Request for Comments"

Dear Members of the Dietary Guidelines Advisory Committee,

The Healthcare Nutrition Council (HNC) is responding to the notice published March 12, 2019 in the *Federal Register* by the U.S. Department of Agriculture's (USDA), Food, Nutrition and Consumer Services (FNCS) and the Department of Health and Human Services (HHS) entitled "Announcement of First Meeting of the 2020 Dietary Guidelines Advisory Committee and Request for Comments." HNC is an association representing manufacturers of enteral nutrition (EN) formulas and oral nutrition supplements (ONS), parenteral nutritional (PN) formulas, supplies and equipment.¹ HNC members are committed to improving health by advancing policies that address and raise awareness of the impacts of nutrition on health outcomes and healthcare costs. This includes promoting nutritional screenings, diagnoses, assessments and appropriate and timely nutrition interventions while protecting patients' access to EN and PN products and services throughout the continuum of care. Following are comments from HNC regarding the 2020 Dietary Guidelines for Americans (DGAs).

We appreciate the Dietary Guidelines Advisory Committee's (DGAC or Committee) thoughtful consideration of the numerous comments submitted to the docket regarding the protocols and questions being reviewed. In reference to [our comments submitted](#) July 24, 2019, we acknowledge and thank the Dietary Patterns Subcommittee for including our suggestion to add race and ethnicity to the key confounders identified in the protocol to address the question "what is the relationship between dietary patterns consumed and sarcopenia." Sarcopenia and the need for higher protein was also addressed in our October 14, 2019 [comments](#) to the docket. We also acknowledge and thank the Data Analysis and Food Pattern Modeling Cross-Cutting Working Group for including additional chronic conditions for adults and older adults in the protocol question to "describe/evaluate prevalence of nutrition-related chronic health conditions;" these include cardiovascular disease, diabetes, metabolic syndrome, chronic liver disease, and cancer.

We continue to ask the Data Analysis and Food Pattern Modeling Cross-Cutting Working Group to conduct a separate, specific analysis for older adults for the question to "describe/evaluate

¹ HNC members are Abbott Nutrition, B. Braun Medical Inc., Nestle Healthcare Nutrition, and Nutricia North America.

nutrients of public health concern” and to not group older adults with the same population of “age 20 years and older,” since older adults have unique dietary needs. Also, for this protocol question, we continue to suggest expanding the age range for analysis of vitamin B6 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.²

As stated in our October 14, 2019 [comments](#) to the docket, we appreciate and support the approach to differentiate life stages in the 2020 DGAs and that older adults, ages 65 and older, remain a separate life stage as identified. We understand the DGAC continues to discuss whether the older adult category should start at age 65 or 71 years, and some protocols are inconsistent in the age they are measuring, perhaps due to available data. For example, the “describe and evaluate current prevalence of nutrition-related chronic health outcomes” protocol question describes an analytic plan for older adults “ages 60 years and older.” Our position is older adults should be defined as 65 years and older. We recommend the DGAC use 65 years to clearly define the age category for older adults and to use consistent analysis across all protocols for this age group.

We understand the Beverages and Added Sugars Subcommittee does not plan to evaluate oral nutrition supplements (ONS) in its scope. However, we note that “nutritional beverages (including meal replacements and protein shakes)” are under review which may cause confusion. We ask this Subcommittee to more clearly define “nutritional beverages” and explicitly state whether ONS are to be excluded, and if they are to clearly list them in the exclusion criteria. ONS products are intended to supplement the caloric, protein, vitamin, and mineral intakes and in some cases are recommended by healthcare providers for these benefits. We ask the Committee to consider the nutritional density of such products and how the products’ macro- and micronutrient profile contribute to and become part of dietary patterns that maintain adequate nutrition. In the report DGAC plans to share with USDA and HHS, we ask that the language around ONS and other “nutritional beverages” be very clearly differentiated so as not to cause confusion in the public. We urge this Subcommittee to review the overall nutrition status and other nutrition-related outcomes of the target groups, perhaps including some biochemical markers, beyond reviewing body weight and body composition especially since malnutrition can occur at any age regardless of the individual’s body weight, and parameters like body mass index (BMI) and body weight can still be met on malnourished individuals. Furthermore, we ask this Subcommittee to also consider different comparators beyond “plain water as a control” as certainly any beverages with calories will contribute toward nutrition status and body weight.

Since there are numerous beverages available on the market serving different purposes, we emphasize that consumers need clarity on recommendations around protein drinks (perhaps used by athletes), energy drinks, and how these differ from ONS. Reasons for consumption, nutritional profiles, and the role these products play in supporting nutritional status of the different target groups should be included in the assessment of the Beverages and Added Sugars Subcommittee where these products are being somehow evaluated.

² Tucker, Katherine. Institute of Medicine Food Forum. Providing Healthy and Safe Foods As We Age: Workshop Summary. Washington DC: National Academies Press; 2010. 5. Nutrition Concerns for Aging Populations. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK51837/>.

Interestingly, we are also curious how the Beverages and Added Sugars Subcommittee will evaluate data on “added sugars” which was defined in 2016 but the Subcommittee is looking for data going back to 2007. This presents a risk that the collected data may miss sugars as “added” since they were not yet present on the Nutrition Facts label.

ONS are used by individuals from different age groups – children to older adults – to complement their diet, help fill nutrient gaps, and may be used as sole source nutrition in some cases. These products may be recommended or prescribed by a physician or healthcare provider to deliver nutrition support necessary either for specific age groups or, depending on the product, to address certain health conditions. We understand the DGAs are for a general, healthy population, but there may be some circumstances where ONS are used in the continuum of care to help individuals meet their recommended dietary needs short term or long term. We urge the Committee to consider the reasons why ONS products are designed and consumed.

Since the 2015 DGAs were published, researchers have identified “several shortfall nutrients in the U.S. population, including fiber, folate, and iron (women only). Intake of some shortfall nutrients can be even lower in older adults. Similar to all of Americans, fiber is a shortfall nutrient and nutrient of public health concern in older adults, where only 4% of men and 13% of women had a dietary fiber intake above the recommended Adequate Intake (AI) level. The Dietary Guidelines Scientific Advisory Committee has highlighted that calcium intake from foods and beverages did not meet the estimated average requirement (EAR) for older adults, where 71% of men and 81% of females aged 71 years old or older had intakes below the EAR. An analysis using data from the National Health and Nutrition Examination Survey (NHANES) 2009–2012 found that percent of adults below the EAR increased with age for calcium, folate, magnesium, vitamin E, and vitamin D.”³ Oftentimes when diet alone is not meeting individual nutrient needs, ONS are recommended by healthcare providers to help fill these nutrient gaps.

Recently the U.S. Government Accountability Office (GAO) published a report encouraging the need for HHS to help address nutrient needs for older adults.⁴ The report states “HHS plans to focus on older adults in a future update to the [Dietary] Guidelines, but has not documented a plan for doing so. Documenting such a plan could help ensure Guidelines better address the needs of the population.” HNC supports the recommendations outlined in the GAO report such as the development of specific nutrient recommendations for older adults in the Dietary Guidelines and how these important nutrients will be met through meal programs and education, beginning in 2020. We understand there will be a concentrated effort in the 2025 DGA to address nutrient needs for older adults. Given the evidence and known literature identifying nutrient gaps in this vulnerable population, we strongly urge the Committee to consider addressing some of these nutrition recommendations in the current DGA.

³ Papanikolaou, Y.; Fulgoni, V.L., III. Grains Contribute Shortfall Nutrients and Nutrient Density to Older US Adults: Data from the National Health and Nutrition Examination Survey, 2011–2014. *Nutrients* 2018, *10*(5), 534. Retrieved from: <https://www.mdpi.com/2072-6643/10/5/534>.

⁴ U.S. Government Accountability Office (GAO). Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults. GAO-20-18: Published: Nov 21, 2019. Publicly Released: Dec 23, 2019. Retrieved from: <https://www.gao.gov/products/GAO-20-18>.



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We urge the Committee to offer balanced education for consumers on the role ONS play in helping older adults meet their nutrition requirements, especially in the nutrients of public health concern that can be found in ONS.

Thank you for the opportunity to provide comment. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Robert Rankin".

Robert Rankin
Executive Director