



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via Regulations.gov

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Center for Nutrition Policy and Promotion
Food, Nutrition and Consumer Services
U.S. Department of Agriculture
Braddock Metro Center II
1320 Braddock Place, Room 4094
Alexandria, VA 22314

RE: Docket Number FNS-2019-0001 Comments on Protocols

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 that were posted January 10, 2020. 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.

Data Analysis and Food Pattern Modeling Cross-Cutting Working Group

Food Pattern Modeling Questions

HNC is providing comment on 1) “[For 2 years and older] Are changes to the USDA Food Patterns needed based on the relationships identified [in the systematic reviews]? If so, how well do USDA Food Pattern variations meet nutrient recommendations for each stage of life? If nutrient needs are not met, is there evidence to support supplementation and/or consumption of fortified foods to meet nutrient adequacy?” and 2) “[For those under 2 years of age] Can USDA Food Patterns be established based on the relationships identified [in the systematic reviews]? If so, how well do USDA Food Pattern variations meet nutrient recommendations for infants and toddlers? If nutrient needs are not met, is there evidence to support supplementation and/or consumption of fortified foods to meet nutrient adequacy?”

We believe the Dietary Guidelines for Americans (DGA) generally address the nutrient needs required by most healthy individuals. However, we recognize many Americans have health concerns—more than 40% of the total population are affected by chronic diseases²—and the impact of chronic diseases on nutrition needs can be further amplified by the fact that most Americans are not adhering to the Guidelines or meeting their recommended needs in some areas. The Data Analysis and Food Pattern Modeling Cross-Cutting Working Group’s analysis

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

² Centers for Disease Control and Prevention. The Power of Prevention. 2009. Retrieved from: <http://www.cdc.gov/chronicdisease/pdf/2009-Power-of-Prevention.pdf>.

and National Health and Nutrition Examination Survey (NHANES) data both identify food groups and nutrients that are underconsumed. For example, we understand the average daily fruit intake is less than 1 cup per day and vegetable intake is approximately 1.5 cups per day, which are below the recommended intake levels. As a result of inadequate food group intake, we recognize the Working Group draft conclusion statement acknowledges nutrients underconsumed for ages 1 year and older; these include: vitamins A, C, D, E, K; calcium, magnesium, fiber, choline, and potassium. These findings on nutrient shortfalls are consistent with literature^{3,4} we have shared in our previously submitted comments.

For individuals ages 1 year and older who are not meeting their nutrient needs, oral nutrition supplements (ONS) are recommended to help supplement their diet and close nutrient gaps. One of the reasons ONS are developed is *because* nutrient needs can be difficult for some people to meet through recommended dietary patterns, even for those choosing fortified foods who have adequate appetites. We also recognize young children may not be eating the best food choices during this critical growth period,^{5,6} and ONS can supplement their diet to support their development. For older adults, there is evidence^{7,8} to support a need for higher protein intake and ONS may help these individuals meet their needs.

As shared in our October 14, 2019 [comments](#) to the docket, ONS can help individuals meet their recommended nutrient needs and manage the risk of malnutrition while hospitalized or in the community. The use of ONS with caregiver education reduced 30-day readmission rates and length of stay in hospitals among older adults with malnutrition by 2 days on average.⁹ The NOURISH study found malnourished patients randomized to receive high-protein ONS for 90 days post-discharge had improved nutritional status and decreased mortality compared to those in the placebo group.^{10,11} Other studies have found use of ONS in hospitalized patients reduced 30-day readmission rates, reduced length of stay, reduced incidences of pressure ulcers, reduced risk of complications from chronic disease, decreased length of antibiotic therapy, and

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 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/>.

⁵ Saavedra, JM; Deming, D; Dattilo, A; and Reidy, K. Lessons from the feeding infants and toddlers study in North America: what children eat, and implications for obesity prevention. *Ann Nutr Metab.* 2013; 62 (Suppl 3): 27-36.

⁶ Welker, Emily B; Jacquier, Emma F; Catellier, Diane J; Anater, Andrea S; and Story, Mary T. Room for Improvement Remains in Food Consumption Patterns of Young Children Aged 2–4 Years. *J Nutr.* 2018; 148 (Suppl 3): 1536S-1546S.

⁷ Bauer, J; Biolo, G; Cederholm, T; Cesari, M; Cruz-Jentoft, AJ; Morley, JE; Phillips, S; Sieber, C; Stehle, P; Teta, D; Visvanathan, R; Volpi, E; and Boirie, Y. Evidence-Based Recommendations for Optimal Dietary Protein Intake in Older People: A Position Paper From the PROT-AGE Study Group. *J Am Med Dir Assoc.* 2013; 14:543-559.

⁸ Deutz, NE; Bauer, JM; Barazzoni, R; Biolo, G; Boirie, Y; Bony-Westphal, A; Cederholm, T; Cruz-Jentoft, A; Krznarić, Z; Nair, KS; Singer, P; Teta, D; Tipton, K; and Calder, PC. Protein intake and exercise for optimal muscle function with aging: Recommendations from the ESPEN Expert Group. *Clin Nutr.* 2014; 33(6):929-936.

⁹ Silver, Heidi; Kelsey Jones Pratt, Michelle Bruno, Joe Lynch, Kristi Mitchell, and Sharon McCauley. Effectiveness of the malnutrition quality improvement initiative on practitioner malnutrition knowledge and screening, diagnosis, and timeliness of malnutrition-related care provided to older adults admitted to a tertiary care facility: a pilot study. *Journal of the Academy of Nutrition and Dietetics.* 2017; 118(1): 101-109.

¹⁰ Goates, Scott; Kristy Du, Carol Braunschweig, and Mary Beth Arensberg. Economic Burden of Disease-Associated malnutrition at the State Level. *PLOS ONE.* 2016; 11(9): 1-15.

¹¹ Deutz, NE; Matheson, EM; Matarese, LE; Luo, M; Baggs, GE; Nelson, JL; Hegazi, RA; Tappenden, KA; and Ziegler, TR. Readmission and mortality in malnourished, older, hospitalized adults treated with a specialized oral nutritional supplement: A randomized clinical trial. *Clin Nutr.* 2016; 35(1): 18-26.



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ultimately reduced health care costs.^{12,13,14} Additionally the World Health Organization (WHO) recognizes malnutrition as a major problem affecting older adults, and has published a strong recommendation that ONS with dietary advice should be recommended to older people affected by undernutrition.¹⁵

For these reasons, HNC believes there is “evidence to support supplementation” as it relates to the two protocol questions identified above. In our previous comments, we have urged the DGAC to consider the role of ONS as a means to supplement the diet of individuals ages 1 year of age and older who may not otherwise be meeting their nutrient needs through food alone. ONS may be used by individuals of all ages for short or long-term durations and, in some cases, may be a sole source of nutrition. We continue to ask the DGAC to recognize these products for their unique role, consider why they were formulated, how ONS greatly differ from other beverages, and to educate consumers on how ONS can be used to supplement their diet.

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

Sincerely,

A handwritten signature in black ink that reads "Robert Rankin". The signature is written in a cursive, flowing style.

Robert Rankin
Executive Director

¹² Goates, Scott; Kristy Du, Carol Braunschweig, and Mary Beth Arensberg. Economic Burden of Disease-Associated malnutrition at the State Level. *PLOS ONE*. 2016; 11(9): 1-15.

¹³ Philipson, TJ; Snider, JT; Lakdawalla, DN; Stryckman, B; and Goldman, DP. Impact of oral nutritional supplementation on hospital outcomes. *Am J Manag Care*. 2013; 19(2): 121-128.

¹⁴ Mullin, GE; Fan, L; Sulo, S; and Partridge, J. The Association between Oral Nutritional Supplements and 30-Day Hospital Readmissions of Malnourished Patients at a U.S. Academic Medical Center. *Journal of the Academy of Nutrition and Dietetics*. 2019; 119(7): 1168-1175.

¹⁵ World Health Organization. Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO. Retrieved from <https://www.who.int/ageing/publications/guidelines-icope/en/>.