

2015 DGAC: MEETING 3  
March 14, 2014

# Introduction to Subcommittee Reports

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## 2015 Dietary Guidelines Advisory Committee

- Provides science-based recommendations to the Federal government on how **food, nutrition, and physical activity** can promote the health of the U.S. population and help reduce the burden from major chronic diseases and other *lifestyle-related* health problems
- Scientific report informs the Dietary Guidelines for Americans, 2015 policy document

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## Premise

“The Dietary Guidelines for Americans should offer the anchor reference point around which **all** food and nutrition policy activities can orient.”



J. Michael McGinnis, MD  
Institutes of Medicine  
DGAC Meeting 2  
January 13, 2014

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## Potential for Public Policy Impact



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## Public-Private Partnerships



### Public Sector Initiatives

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## Public-Private Partnerships



### Public Sector Initiatives

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## What's at Stake

### America's Nutrition Status and Health

- High infant mortality rates
- Preventable disease and disability
  - Obesity/overweight epidemic
  - Half of the nation's "health burden"
- Limited availability to preventative lifestyle health services
- Food insecurity
- Food safety
- Agricultural sustainability
- Wide health disparities across communities



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## Leading Causes of Death (2011)

Rank	Cause	Number of Deaths	Percent of all Deaths
1	Heart disease	396,339	23.7%
2	Cancer	375,313	22.9%
3	Chronic lower respiratory diseases	143,382	8.7%
4	Stroke (cerebrovascular diseases)	128,931	7.9%
5	Accidents (unintentional injuries)	122,777	7.6%
6	Alzheimer's disease	84,691	5.2%
7	Diabetes	73,282	4.5%
8	Nephritis, nephrotic syndrome, and nephrosis	45,731	2.8%
9	Influenza and Pneumonia	53,667	3.3%
10	Intentional self-harm (suicide)	38,285	2.4%
11	Septicemia	35,539	2.2%
12	Chronic liver disease and cirrhosis	33,539	2.1%
13	Hypertension	27,477	1.7%
14	Parkinson's Disease	23,107	1.4%
15	Pneumonitis due to solids and liquids	18,090	1.1%
	All other causes	512,723	31.5%

Source: National Vital Statistics Reports, Volume 61, Number 6. Deaths: Preliminary Data for 2011. October 10, 2012  
<http://www.cdc.gov/nchs/data/nvsr/nvsr06.pdf>

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## What's at Stake

### America's Health and Nutrition Status

- High infant mortality rates
- Preventable disease and disability
  - Half of the nation's "health burden"
  - Obesity/overweight epidemic
- Limited availability to preventative lifestyle health services
- Food insecurity
  - Disparities across SES, racial/ethnic groups
- Food safety
- Agricultural sustainability



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## Reducing Population Disease Burden

- *Improve diet and physical activity patterns*
- *Reduce overweight and obesity rates*
- *Lower dietary risks*
- *Reduce/prevent tobacco use/exposure*
- *Moderate alcohol use*
- *Lower metabolic risk factors*
- *Increase access to quality medical care*
- *Individualize lifestyle interventions*

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## Conceptual Framework- a Working Model

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## 2015 DGAC: New Directions

**Core to the DGAC:**  
 Food, nutrient, and health-related recommendations

**New themes:**

1. Dietary patterns and health outcomes
2. Systems approach
3. Best practices or "what works"
4. Sustainability and dietary patterns

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## DGAC Subcommittees

**Science Review Subcommittee**

SC 1	SC 2	SC 3	SC 4	SC 5
<b>Food and Nutrient Intakes, and Health: Current Status and Trends</b>	<b>Dietary Patterns, Foods and Nutrients, and Health Outcomes</b>	<b>Diet and Physical Activity Behavior Change</b>	<b>Food and Physical Activity Environments</b>	<b>Food Sustainability and Safety</b>
Nutrients of concern Food group intakes compared to recommendations	Dietary patterns and various health outcomes Health impact of dietary choices and intervention	Modes & methods of behavior change Mobile health Acculturation Home food environment Screen time	Food access School, childcare, & worksite settings Food marketing	Food safety & security Caffeine Non-caloric sweeteners Sustainability Food Pattern Modeling

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## Cross-cutting Topics

**Examples**

- Sodium
- Eating out/behaviors and the food environment
- Health impact of and modes/methods of behavior change (“What Works”)
- Physical Activity

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## Physical Activity Approach to Addressing Topic Area

1. DGAC agreed to use existing systematic reviews and reports to address physical activity topic
2. Identified recent reports to serve as primary sources of evidence
3. Reviewed key findings of reports relevant to the major DGAC topic areas
4. Extracted key findings and methodology considerations for each report
5. Developed research questions for SCs 1 – 4
6. Identified key findings from reports

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## Physical Activity Sources of Evidence

- AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk (2013)
- Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth (2013)
- Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (2012)
- Dietary Guidelines Advisory Committee Report, 2010
- Physical Activity Guidelines for Americans, 2008
- Physical Activity Guidelines Advisory Committee Report, 2008
- Task Force on Community Preventive Services: Recommendations to increase physical activity in communities (2008)

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## Physical Activity Approach to Addressing Topic Area (cont.)

**Next steps:**

1. Discuss questions and key findings with relevant SC.
2. Develop conclusion statements for each question based on the key findings extracted from existing reports.
3. Discuss conclusion statements for each question and relevant findings at public meeting.

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## Invited Experts and Consultants

**Invited Experts**

Individuals invited by the SC, usually on a one time basis, to provide their expertise to inform the SC’s work. Invited experts do not participate in decisions at the SC level.

**Consultant SC Members**

Individuals sought by the SC to participate in SC discussions and decisions on an ongoing basis but are not members of the full DGAC. Like DGAC members, consultants complete training and have been reviewed and cleared through a formal process within the Federal government.

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## Examining the Evidence

- NEL Systematic reviews
- Data analyses
- Existing high-quality evidence-based reports
- Food pattern modeling analyses
- Public comments

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www.NEL.gov

## USDA NEL Process

```

    graph TD
      S1[Step 1: Topic identification and systematic review question development] --> S2[Step 2: Literature search, screening, and selection]
      S2 --> S3[Step 3: Data extraction and risk of bias assessment]
      S3 --> S4[Step 4: Evidence synthesis]
      S4 --> S5[Step 5: Conclusion statements and grading the evidence]
      S5 --> S6[Step 6: Research recommendations and technical abstracts]
    
```

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## 2015 DGAC Systematic Reviews

- NEL materials presented today may include:
  - Analytical framework for the systematic review(s)
  - Inclusion/Exclusion criteria
  - Literature search results
  - Description of the evidence reviewed
  - Conclusion statement, grade, key findings
  - Research recommendations

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## Conclusion Statements and Grading the Evidence

- **Conclusion Statements:** Brief overall summary statement worded as an answer to the systematic review question; tightly associated with the evidence
- **Grading the evidence:** Considers risk of bias, quantity, consistency, impact, and generalizability of the body of evidence

<b>Strong</b>	The conclusion statement is substantiated by a strong body of evidence and is unlikely to change if new evidence emerges.
<b>Moderate</b>	There are some methodological concerns related to the body of evidence, and new data might arise which would modify the conclusion statement.
<b>Limited</b>	The quality and/or quantity of evidence available to support the conclusion statement are weak, and are not strong enough to support policy recommendations.
<b>Grade not assignable</b>	The body of evidence is too small or has serious design flaws and a valid conclusion statement is not possible.

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