



May 16, 2022

Janet M. de Jesus, MS, RD
Office of Disease Prevention and Health Promotion (ODPHP)
Office of the Assistant Secretary for Health (OASH), HHS
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

RE: Docket ID HHS-OASH-2022-0005

Dear Ms. De Jesus:

The Dietary Guideline for Americans (DGAs) are at the core of all federal nutrition education and public health nutrition programming in the United States. As such, the Association of SNAP Nutrition Education Administrators (ASNNA) values the opportunity to review and comment on the evolution of the DGAs from the lens of the Supplemental Nutrition Assistance Program – Nutrition Education (SNAP-Ed) program which is funded through the Food and Nutrition Services (FNS) arm of the United States Department of Agriculture (USDA). SNAP-Ed regulations and program guidance stipulate that all SNAP-Ed activities must align with the current DGAs.

Nutrition education, as broadly defined and conducted in the field, has adapted, and changed through the years with changing science, societal norms, and technology; moving at an increasingly rapid pace, especially where technology is concerned. Keeping these changes in mind, ASNNA's suggestions of new scientific questions to inform development of the 2025-2030 DGAs with rationale are attached and organized as follows:

- Factors affecting individuals
- Policy, systems, and environmental supports for healthy lifestyles
- Coordination of efforts among sectors of influence
- Positive change in whole populations
- Infrastructure and technical capacity needed to support federal and other programs

In sum, the attached scientific questions and accompanying rationales highlight knowledge gaps in the science of nutrition, nutrition education, and public health programming. As these gaps are closed, SNAP-Ed practice, as advised by the DGAs, can be increasingly impactful.

ASNNA welcomes any opportunity to further engage on these important questions. Nationally, SNAP-Ed programs and its leaders bring diversity to both implementing agencies, communities, and population sectors served. Inclusion of the practitioners of federal nutrition programs will ensure equitable practices and community voice have a seat at the table as the 2025-2030 DGAs are developed.

Sincerely,

Teresa Jackson, MS, RDN, LD
Senior Co-Chair, ASNNA Leadership Team

**New Scientific Questions to Inform Development
of the
Dietary Guidelines for Americans, 2025-2030 Edition**

New Scientific Question	Rationale
Factors Affecting Individuals	
<p>Trends? What are the trends over time for consumption of foods and nutrients of concern for different population segments, as above? What is known about impacts of and recovery from the COVID pandemic on dietary quality and physical activity? What can be said about the growing influence of technology on food systems and food choices?</p>	<p>Food and dietary information are complex, dietary trends change slowly, and adverse trends are impacting public health, national security (military readiness), and the U.S. economy (preventable health care costs). For planning together, the public, non-profit, and business sectors need the latest information in one place. This can help them assess what has and has not worked, set priorities, and encourage collaboration. It will be important to assess the role that COVID has had and make recommendations for both corrective action and to accelerate change in the future.</p> <p>Reference: Federal Strategy Needed to Coordinate Diet-Related Efforts https://frac.org/wp-content/uploads/COVIDResearchReport-2021.pdf</p>
<p>Trajectory? From 2000 to 2025, what have been the overall trends in food insecurity, healthy eating, physical activity, and obesity in the U.S.? What is known about differences in trends by income, ethnicity, education, duration of U.S. residency, and geography (region of the U.S., rural, urban, tribal)?</p> <p>Note: Income categories used in federal nutrition assistance programs are: <i>very poor</i> (<50% of the Federal Poverty Level/FPL), <i>very low income</i> (\leq130% FPL, or SNAP), <i>low income</i> (<185%FPL, school meals, WIC, Medicaid), and <i>middle/higher income</i> (200-299% FPL, >300% FPL). Information needed for geographical areas includes, but is not limited to: states, Congressional districts, cities/counties/tribal areas, and census tracts.</p>	<p>Federal nutrition programs target lower-income population subgroups and are expected to set impact objectives annually based on comprehensive state needs assessments. Within the statutory income eligibility categories, it is critical to have the best, most recent information for different consumer variables so that interventions and evaluation targets can be well-tailored.</p> <p>Reference: https://snaped.fns.usda.gov/program-administration/snap-ed-plan-guidance-and-templates</p>

<p>Assessment methods? What are the best available short assessment methods for food security, dietary quality, physical activity, and obesity prevention for different population segments? For planning and evaluation, what are the significant differences between research-type indices and shorter indices suitable for use in the field, e.g., NHANES vs HEI-2015, BRFSS, or YRBS? Are there point-in-time assessment methods that can determine the duration of positive behavioral change?</p>	<p>Incidental to its review of evidence, it would be very helpful if short, low-cost instruments that could be used in public health settings were identified in the next <i>Dietary Guidelines for Americans (DGA)</i>. Valid, practical instruments that could be used in group and observational settings, for phone surveys, or on social media for different population subgroups are needed. Practitioners need to know the best short, validated instruments with metrics that can be aggregated and used by diverse intervention programs. Topics include: food security, overall dietary quality, foods and beverages of concern, physical activity, and obesity prevention.</p>
<p>Incentives? What role do incentives play in modifying food and beverage purchasing and consumption? What is known about the synergy between financial and promotional incentives, and what combination might be the most powerful? Are there examples of public, non-profit, and business sectors joining efforts to offer different types of incentives?</p> <p>Note: Financial incentives to consumers may include price discounts, coupons, sales specials, loyalty programs. Non-financial incentives may be contests, games, recognition, experiences, and ‘trade promotions’ with intermediaries who deliver programming.</p>	<p>There is much interest in the use of financial incentives to encourage positive behavior, particularly for fruits and vegetables, but available federal funds may be insufficient for nationwide impact. Does any research suggest what wider range of incentives might be mobilized to help reach <i>DGA</i> goals?</p> <p>References: https://www.nifa.usda.gov/grants/programs/gus-schumacher-nutrition-incentive-program and https://www.power2motivate.com/news-blog/blog/what-is-incentive-marketing</p>
<p>Dietary patterns? Extending the 2020 <i>DGA</i> concept of healthy dietary patterns, what are the healthiest dietary patterns of cuisines for Latinx, Middle Eastern, Asian, African, and Native populations in the U.S.?</p>	<p>The three patterns (Healthy US, Mediterranean, Vegetarian) in the 2025 <i>DGA</i> were very helpful. It would be useful to provide a similar typology for other large cultural groups.</p>
<p>Policy, Systems, and Environmental Supports for Healthy Lifestyles</p>	
<p>Interventions? What large-scale policy, systems, and environmental change (PSE) interventions would be most impactful in correcting food and nutrient shortfalls and excesses, or in achieving health impacts among different population segments?</p>	<p>Population-wide change requires long-term, multi-component interventions that make healthy choices easier choices for consumers. By extrapolating from lessons learned, such as through CHOICES and similar projects, it would be very helpful if the next <i>DGA</i> recommended the most promising intervention strategies that practicing stakeholders could combine to result in large population impacts.</p> <p>Reference: https://choicesproject.org</p>

<p>Community settings? In which types of community settings do policy, systems, and environmental changes (PSE) hold the most promise for positively impacting dietary and physical activity behaviors of population segments at different life stages, e.g., children and youth of different age cohorts, working age adults, and older people?</p> <p>Note: Besides schools, settings that reach large cohorts of Americans include worksites, grocery stores, restaurants, park and recreation sites, food banks/pantries, health care, childcare, religious/faith, and tribal settings.</p>	<p>PSEs are a mainstay of public health approaches, and significant increases in PSE interventions are being reported. It is widely agreed that PSE changes are effective interventions in schools, but there is less clarity about other settings that reach large proportions of Americans. It would be very helpful if <i>DGA</i> research showcased PSE approaches in other settings that impacted food group shortfalls and excesses, especially for youth and for adult subgroups.</p> <p>Reference: M Burke <i>et al</i> (2022), Policy, Systems, and Environmental Change Strategies in the Supplemental Nutrition Assistance Program (SNAP-Ed), <i>JNEB</i>.</p>
<p>Duration? What does research show about how long PSE changes need to be in place to have an impact? What is known about factors that increase the rate of positive change?</p>	<p>It has been difficult to track longer-term PSE changes in the <i>SNAP-Ed Evaluation Framework</i> after their initial implementation by an organizational partner. The sooner and longer positive changes are in place, the greater the impact. It would be helpful to know what factors are associated with rapid uptake and longer duration of such changes, and whether there are differences between lower- and better-resourced settings. Often, lower-resourced partners may be more open to change.</p> <p>Reference: J Puma <i>et al</i> (2020), <i>The SNAP-Ed Evaluation Framework: Uptake and Implications for Nutrition Education, Practice, and Research</i>, <i>JNEB</i>.</p>
<p>Urgency? By building on the federal programs that are in place now, what does scientific evidence suggest that they could do now – or do differently – to achieve <i>DGA</i> goals for food security, healthy eating, physical activity, and obesity prevention to achieve dietary change on a population-wide basis by 2030?</p> <p>Note: Important federal programs include, but are not limited to USDA (SNAP, SNAP-Ed, WIC, EFNEP, GusNIP, TEFAP, FDIPIR, school meals, and CACFP) and CDC (SPAN, REACH, and HOP).</p>	<p>Federal programs are asked to magnify their impact at no additional cost by coordinating their efforts. It would be helpful for the <i>DGA</i> to identify examples of success through coordination at the national, state, local, or tribal levels.</p> <p>Reference: https://snaped.fns.usda.gov/program-administration/snap-ed-plan-guidance-and-templates</p>

Coordination of Efforts among Sectors of Influence	
<p>Scaling up? What is known about how best to scale-up smaller interventions for larger reach and impact?</p> <p>Note: States in the SNAP-Ed Program have developed and evaluated 135 interventions with diverse populations in many kinds of low-resource settings that have been peer-reviewed for inclusion in the <i>SNAP-Ed Toolkit</i>, and CDC has worked with partners to develop a number of promising strategies.</p>	<p>It would be helpful to know if research suggests factors that should be used to accelerate the diffusion of such innovations more widely and provide real-life examples.</p> <p>References: https://snapedtoolkit.org/interventions/find/ and https://www.cdc.gov/nccdphp/dnpao/index.html</p>
<p>Social marketing? What is known about how larger, voluntary campaigns have increased or sustained their impact for food security, healthy eating, physical activity, and/or obesity prevention? To what degree could social marketing approaches be used to enhance the design, delivery, and evaluation of public programs targeted to different population segments?</p> <p>Note: Social marketing aims for social benefits and adds to the 4 Ps of commercial marketing (product, price, place, promotion) by including goals for policy, partnerships, publics, and purse strings (shared costs).</p>	<p>Social marketing campaigns that enhance on-the-ground educational and PSE interventions are a trademark of SNAP-Ed, with at least 60 statewide and local campaigns reported in 2018. However, attributing outcomes is problematic. It would be helpful to examine results from similar efforts in the U.S. and abroad to identify characteristics associated with success, what outcomes are reasonable to expect, and timeframes.</p> <p>References: VI Kraak et al (2017). Branded Marketing and Media Campaigns to Support a Healthy Diet in the United States, 1990-2016. Report to the Robert Wood Johnson Foundation for the Partnership for a Healthier America's NFV Campaign Evaluation. ME Huhman <i>et al</i> (2010). The Influence of the VERB Campaign on Children's Physical Activity in 2002-2006, <i>AJPH</i>. M Huhman et al (2017). Social Marketing as a Framework for Youth Physical Activity: a 10-Year Retrospective on the Legacy of CDC's VERB Campaign, <i>Curr Obes Res</i>.</p>
<p>Commercial marketing? What is the evidence that commercial marketing of food and beverages is reducing the quality of American diets? Is there evidence that commercial marketing of healthy foods and beverages is effective in increasing sales and/or consumption?</p>	<p>In working with the food and beverage industries, it would be helpful to have authoritative conclusions about the degree to which different sorts of marketing are associated with positive or negative effects on dietary trends.</p> <p>References: TR Englund <i>et al</i> (2019). How Branded Marketing and Media Campaigns Can Support a Healthy Diet and Food Well-Being for Americans: Evidence for 13 Campaigns in the United States, <i>JNEB</i>.</p>
<p>Vulnerable groups? What evidence shows that there is disproportionate marketing to different vulnerable groups, and the impact on sales?</p> <p>Note: Vulnerable groups may include children, youth, people with less education and income, and new Americans/non-English speakers.</p>	<p>It is believed that unhealthy foods and beverages are marketed more heavily in-language (not English language) and to children and lower-income consumers who are eligible for nutrition assistance programs. It would be helpful in working with other stakeholders for authoritative conclusions about the presence and impact of such marketing on different groups to be available in one place.</p> <p>Reference: https://www.ftc.gov/reports/marketing-food-children-adolescents-review-industry-expenditures-activities-self-regulation-federal</p>

<p>Collaboration? What are most effective approaches to encourage collaboration among public, business, non-profit, non-governmental (NGO), and the philanthropic sectors? What is known about which data, or metrics, the four sectors would find useful? What are examples of coalitions or collaboratives that have successfully achieved change in food security, healthy eating, physical activity or obesity prevention, particularly those involving governmental bodies and programs at the national, state, or city/county levels?</p>	<p>Federal programs are required to coordinate across organizational silos and to reach out to non-profit, NGO, business, and tribal stakeholders. However, private sector organizations often regard working with government as difficult, slow, and inefficient. What is known about public programs that did business differently and supported successful multi-sector efforts? What characteristics were associated with a commitment to work together over extended periods?</p> <p>Reference: https://snaped.fns.usda.gov/program-administration/snap-ed-plan-guidance-and-templates, Collective Insights on Collective Impact, Section 5, <i>Community Toolbox</i>, Kansas State University.</p>
<p>Positive Change in Whole Populations</p>	
<p>Acceleration? Does research support any set of integrated strategies that has helped speed the pace of change in low-resource settings such as worksites, grocery stores, park and recreation sites, food banks/pantries, health care, schools, childcare, faith, and tribal lands?</p>	<p>There are many examples of successful interventions operating separately in communities, but not necessarily models that show what mix resulted in change for different population segments. What examples of comprehensive interventions with results that exceeded secular rates of change did the <i>DGA</i> find?</p> <p>Reference: https://choicesproject.org, <i>Shape Up Somerville, Building and Sustaining a Healthy Community—Reflections over 15 Years (1998-2013)</i></p>
<p>International? What has domestic and international research shown about large-scale strategies and measures that result in population- or system-wide healthy change, e.g., sugar-sweetened beverages, fruits and vegetables, physical activity, and obesity prevention? What are the most promising approaches for the U.S.?</p>	<p>Many countries have sponsored large-scale initiatives to promote healthy eating, physical activity, and obesity prevention, especially around fruits and vegetables, physical activity, and sugar-sweetened beverages. It would be useful to draw lessons and make recommendations based on successful international experience that could support achievement of recommendations in the next <i>DGA</i> cycle.</p> <p>Examples of domestic U.S., state and local policies that affect the food and beverage choices of families while eating out can also be a helpful resource in examining what is in place and what may be working in different areas of the U.S.</p> <p>Reference: State and Local Restaurant Kids’ Meal Policies https://www.cspinet.org/sites/default/files/2022-03/CSPI_chart_local_kids_meal_policies_feb_2022.pdf</p>

<p>Permanence? What are characteristics of interventions with the highest likelihood of securing longer-term or even permanent change in changing cultural norms, values, and organizational practices/conditions that support positive changes in dietary and physical activity practices?</p>	<p>Excellent, effective interventions may fall by the wayside when grant funding ends. What does research show about factors needed for stakeholders to adopt the changes into their own operations and budgets?</p>
<p>Life stages? In which age cohorts are interventions most likely to be effective in changing dietary intake within a 5- to 10-year window? What is the evidence that there are key periods in a lifetime to establish healthy habits? What are the best examples of such interventions?</p>	<p>Intervention programs target specific consumer segments. It would be helpful to know, within each life stage, which windows of time/life events are most favorable to positive change that is likely to be most readily adopted and sustained over time.</p>
<p>Dashboard? Are there key changes in norms, environmental conditions, the marketing environment, and policy and institutional/system improvements that correlate with healthier eating and active living by populations and in communities? Have any countries, states, or tribal bodies developed a dashboard of indicators that was used successfully to guide such multi-sector efforts?</p>	<p>The <i>Healthy People 2030</i> measures are complicated and often depend on data that are years old. It would be helpful to practitioners and policy makers if a smaller set of action-oriented metrics that could be reported out regularly were recommended. The dashboard might use new information technologies and be constructed from data in existing federal reports and reporting systems.</p> <p>References: https://www.ers.usda.gov/data-products/food-environment-atlas/ and https://www.nature.com/articles/s43016-020-0077-y</p>
<p>Attribution? What are the best non-experimental methods available to show cause-and-effect between interventions and population changes in public health settings?</p> <p>Note: Non-experimental methods may include cross-sectional, correlational, and observational studies, and triangulation is an analysis technique used in multi-method research designs.</p>	<p>Experimental methods are rarely feasible for service programs in the public sector. It would be helpful to know what the <i>DGA</i> research found about newer, lower-cost, faster methods that could be used in public health settings.</p>

Infrastructure and technical capacity needed to support federal and other programs	
<p>National Nutrition Monitoring System (NNM)? What new metrics should be added to, or reported more regularly from large data sets, to enable practitioners to track trends and positive change through the National Nutrition Monitoring System?</p> <p>Note: New metrics might include environmental conditions, system characteristics, or governmental policies (PSEs) associated with food access, quality, availability, and cost.</p>	<p>Practitioners need monitoring metrics that are closer to real-time so programs can adapt to rapidly changing conditions quickly rather than years later. Data collected by the federal government are very high quality, but they often are dated, hard to access, and difficult to use on a sub-national level. Newer approaches to information technology should allow Federal data to be easily accessed for needs assessments and benchmarking by programs with limited planning and evaluative resources. What data do researchers suggest are available, but not yet captured, that could inform intervention decisions by practitioners within an updated NNM system?</p>
<p>Updated statistical approaches? What new methods have been identified to extrapolate and project impact from available data?</p> <p>Note: May include synthetic estimates, qualitative analyses, and econometric projections for population segments and sub-national geographic areas.</p>	<p>It has been proposed that NNM data be used to create synthetic estimates for smaller geographic areas. Similarly, in the tobacco field, rates of tobacco use have been used to project cost savings for states, worksites, and Medicaid. What examples did the <i>DGA</i> find for food and nutrition security, physical activity, and obesity prevention that would be useful to practitioners and policy makers?</p> <p>Reference: https://www.health.state.mn.us/communities/tobacco/initiatives/docs/cessation.pdf</p>
<p>Equity? What does evidence show about the best approaches and interventions that can address multiple components leading to nutrition security? What are the best examples of success?</p> <p>Note: Measures needed for nutrition security are outlined by USDA here: https://www.usda.gov/sites/default/files/documents/usda-actions-nutrition-security.pdf</p>	<p>The USDA action measures call for a number of inter-related conditions to be in place, and the evidence indicates that no one program can do it all. What does research suggest about the degree to which federal guidance could eliminate differences in such conditions? These conditions would include the degree to which federal resources, including funding, are available equitably, as well as federal rules, regulations, and policies that incorporate community voice.</p> <p>Reference: RL Rivera <i>et al</i> (2019). Effect of Supplemental Nutrition Assistance Program-Education (SNAP-Ed) on food security and dietary outcomes. <i>Nutrition Reviews</i>.</p>

<p>What's needed now? What immediate measures are needed to strengthen nutrition monitoring and research have been included and/or recommended?</p>	<p>A stronger federal infrastructure to support community interventions for people and communities with low incomes would result in stronger, more relevant programming. Specific changes for SNAP-Ed in the 2018 Farm Bill could be designed to support many different federal nutrition programs.</p> <p>Additionally, in March 2022 the USDA announced actions on nutrition security and provided a formal definition to prioritize nutrition security efforts in the U.S.</p> <p>References: <i>Recommendations for Implementing the Nutrition Education and Obesity Prevention Grant Program</i>, https://asnna.us.org and USDA Announces Actions on Nutrition https://www.usda.gov/media/press-releases/2022/03/17/usda-announces-actions-nutrition-security</p>
<p>Gray literature? What new approaches does the gray literature suggest would be effective in achieving goals of the DGA, 2025-2030?</p> <p>Note: Gray literature includes reports, evaluations, research, websites, and webinars from authoritative governmental, non-profit, philanthropic, and business organizations.</p>	<p>From an action perspective, gray literature is useful because it is often more current; may reflect recent social conditions; contains new ideas, innovations, and operational information; and has less publication bias compared to articles in peer-reviewed journals.</p> <p>References: https://nopren.ucsf.edu, https://www.nccor.org, and https://www.fns.usda.gov/program/snap-ed-connection.</p>