



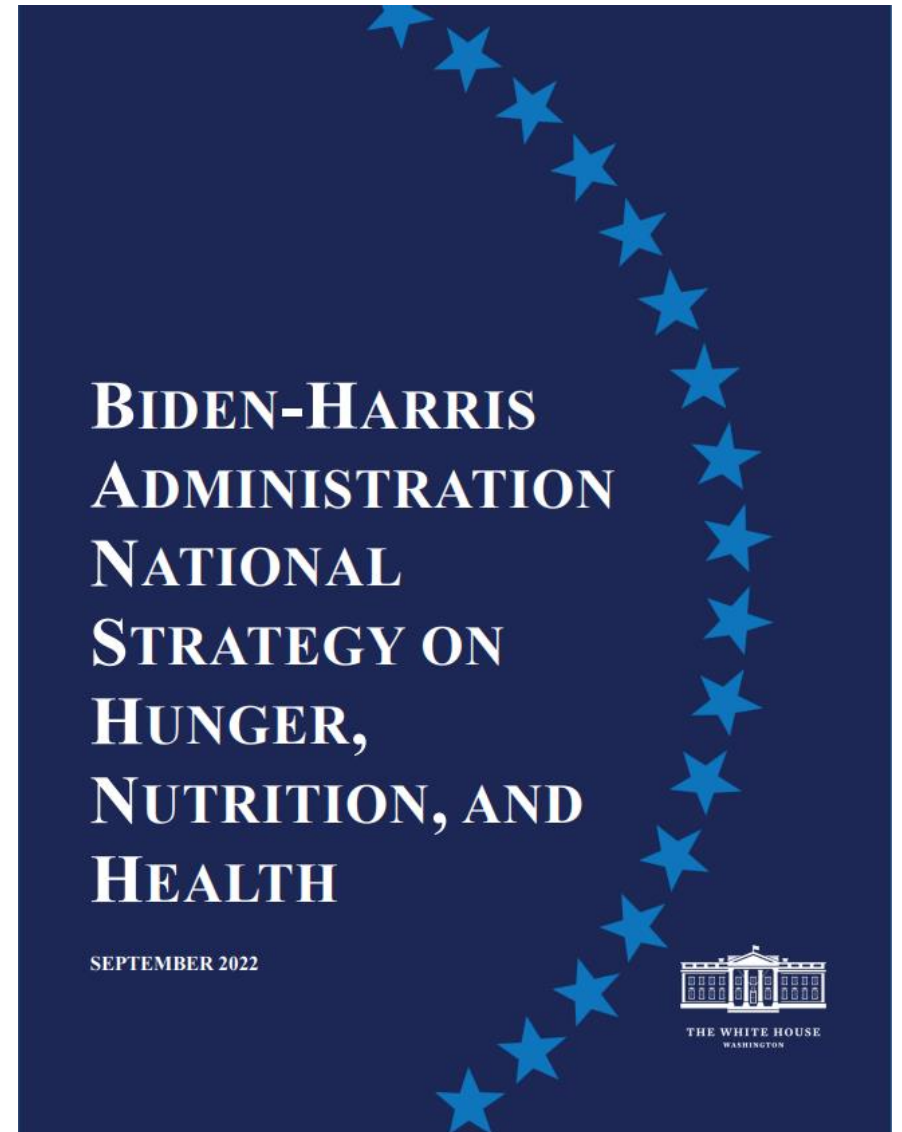
A Vision for Advancing Nutrition in the United States

March 2024

DRAFT/PRE-DECISIONAL

National Strategy

Implement a coordinated federal vision for advancing nutrition science. The Administration will increase collaboration across nutrition science and research priorities to identify the research and data needs that are most likely to make a meaningful impact on food security and nutrition. Working with external scientific experts, the Interagency Committee on Human Nutrition Research, and the White House Office of Science and Technology Policy (OSTP), **the President's Council of Advisors on Science & Technology (PCAST) will identify scientific opportunities, gaps, and priorities to continue to advance nutrition science, with a particular emphasis on ensuring equitable access to the benefits of research.**



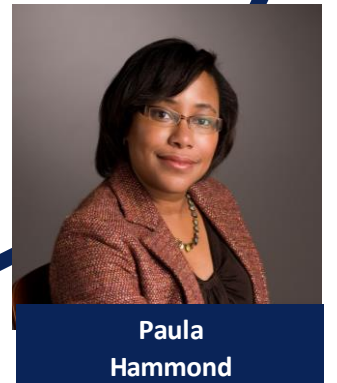
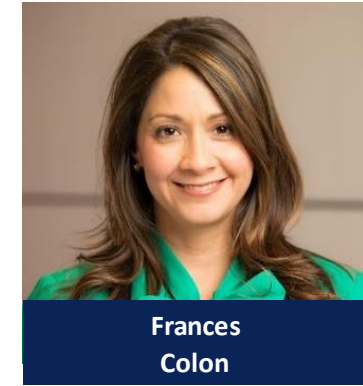
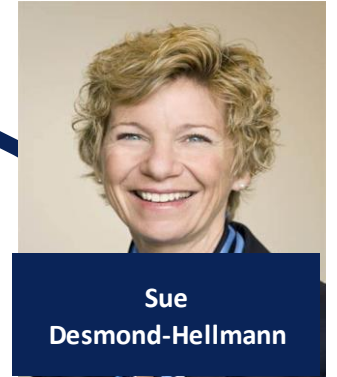
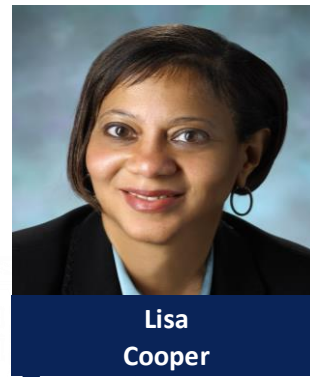
PCAST Working Group

PCAST Members

- Cathie Woteki (Univ. of Virginia & Iowa State Univ.) – *Co-Lead*
- Frances Colon (Center for American Progress) – *Co-Lead*
- Lisa Cooper (John Hopkins Univ.)
- Dan Arvizu (Former, New Mexico State Univ.)
- Sue Desmond-Hellmann (Former, Bill & Melinda Gates Foundation)
- Paula Hammond (Massachusetts Institute of Technology)

External Representatives:

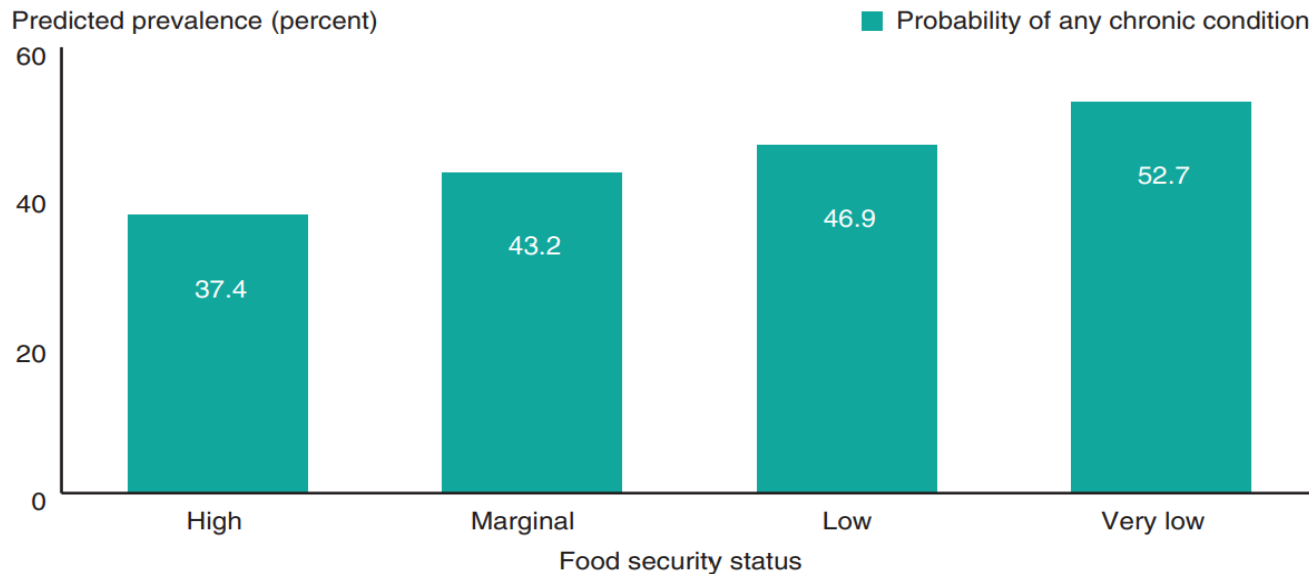
- Pamela Starke-Reed (USDA)
- Andrew Bremer (National Institute of Health)
- Rachel Fisher (Health & Human Services)
- Nicholas Jury (National Institute of Health)



Health, economic and social impacts of diet-related chronic diseases are immense

- The burden of these diseases falls inequitably
- Reducing diet-related health disparities using evidence-based interventions should be a major priority

Adults in households with more severe food insecurity are more likely to have a chronic illness



More coordinated federal efforts could address these diet-related burdens:

<p>CHRONIC DISEASES</p> <p>Poor diet is the leading cause of illness in the US, causing half a million deaths per year related to obesity, diabetes, cardiovascular disease, and cancers.</p>	<p>FOOD INSECURITY</p> <p>1 in 9 households — or 37 million Americans, including 11 million children — were food insecure in 2018; and things are much worse with COVID-19.</p>	<p>HEALTH DISPARITIES</p> <p>Significant diet-related health disparities are experienced by minority, rural, low-income, and other underserved populations.</p>
<p>PUBLIC CONFUSION</p> <p>There is a large and growing appetite among Americans for credible, rigorous nutritional science information.</p>	<p>HEALTHCARE COSTS</p> <p>National healthcare spending has skyrocketed to reach nearly 1 in 5 dollars in the entire US economy, with most of this due to diet-related chronic diseases.</p>	<p>GOVERNMENT BUDGETS</p> <p>Federal spending on healthcare has risen from 5% to 28% of the total federal budget since 1970. The US government spends \$160 billion annually on direct healthcare for diabetes alone.</p>
<p>US ECONOMIC COMPETITIVENESS</p> <p>Healthcare expenditures for US businesses have increased 15-fold since 1970 (adjusted for inflation), harming global competitiveness and contributing to stagnating wages.</p>	<p>MILITARY READINESS</p> <p>71% of young people between the ages of 17 and 24 years do not qualify for military service, with obesity being the leading medical disqualifier.</p>	<p>LINKS TO SUSTAINABILITY</p> <p>Nutrition security is interrelated with resource scarcity, loss of biodiversity, water shortages, warming climate, and soil degradation from food production.</p>



Nutrition WG Overall Process

Interviewed federal agencies

- What are the biggest evidence gaps/impediments to your ability to deliver equitable access to new research findings through programs?

Drafted preliminary findings, conclusions, and recommendations

Convened workshop to gather feedback on and further refine findings and recommendations

Met with additional stakeholders to further refine findings



U.S. Government Consultations

Health and Human Services (HHS) Agencies

Centers for Disease Control and Prevention (CDC)

- Division of Health and Nutrition Examination Surveys
- Division of Nutrition, Physical Activity, and Obesity
- Obesity Prevention and Control

Food and Drug Administration (FDA)

- Center for Food Safety and Applied Nutrition
- Nutrition Policy
- Office of Nutrition and Food Labeling

Health Resources and Services Administration (HRSA)

- Bureau of Primary Health Care
- Care Integration and Workforce Quality
- U.S. Maternal and Child Health Bureau

National Institutes of Health (NIH)

- Risk Factor Assessment Branch, National Cancer Institute
- Office of Dietary Supplements, Office of the Director

Office of Disease Prevention and Health Promotion (ODPHP)

- Division of Prevention Science
- Health & Director

U.S. Department of Agriculture (USDA) Agencies

- Office of the Chief Scientist

Agricultural Research Service (ARS)

- Human Nutrition

Economic Research Service (ERS)

- Food Economics Division

Food and Nutrition Service (FNS)

National Institute of Food and Agriculture (NIFA)

- Institute of Food Safety and Nutrition

Department of Defense

National Aeronautics and Space Administration (NASA)

- Nutritional Biochemistry
- Nutritional Biochemistry Human Health and Performance
- Nutrition Field Advisory Board

U.S. Agency for International Development

Veterans Health Administration



Private Sector & Non-Governmental Consultations

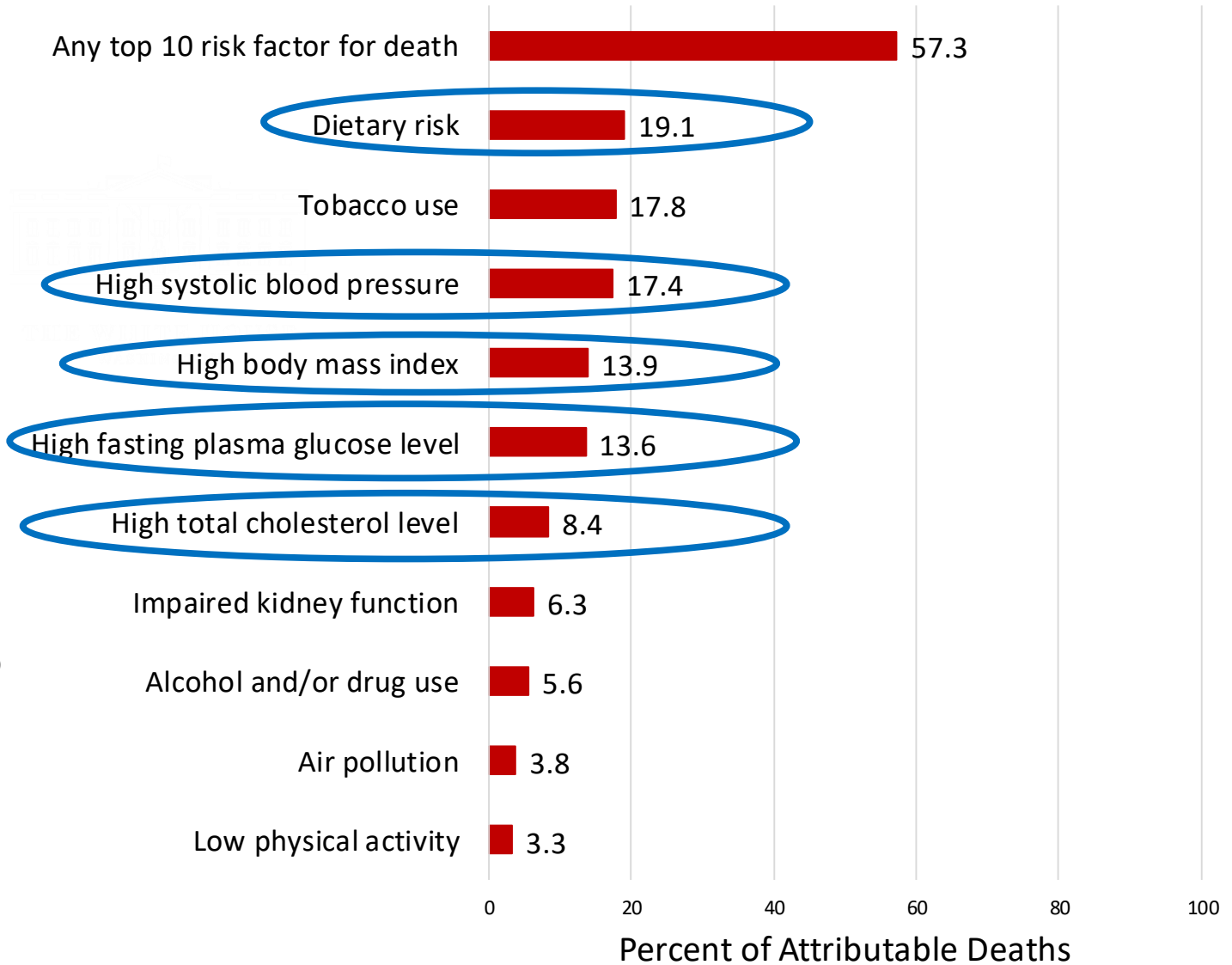
- Abbott Nutrition
- Ahold Delhaize
- Akta Strategies
- Academy of Nutrition & Dietetics
- American Heart Association
- American Public Health Association
- American Society of Nutrition
- Anthem Blue Cross & Blue Shield
- Archer Daniels Midland
- Aspen Institute
- Balchem
- Bill & Melinda Gates Foundation
- Boardwalk Collective
- Brightseed Bio
- Center for Medicare and Medicaid Innovation
- Cornell University
- Council for Responsible Nutrition
- Food & Medicine Program
- Food & Nutrition Board
- FoodMinds
- Good Food Institute
- Kroger Health
- Harvard University
- Indiana University School of Public Health-Bloomington
- Instacart
- Mars Incorporated
- MMS Health Strategies, LLC
- National Cattlemen's Beef Association
- National Dairy Council
- National Grocers Association
- North American Meat Institute
- Purdue University
- SNI Global
- Texas A&M University
- The Food Industry Association
- The Rockefeller Foundation
- Towson University
- Tufts University
- UCSF- Medicine and of Epidemiology and Biostatistics
- UNC School of Medicine
- Uniformed Services University
- University of Maryland School of Public Health
- University of Missouri-Columbia
- Wake Forest University School of Medicine



Biggest Return on Federal Investment in Nutrition Research will occur if we address the following gap:

- Insufficient focus on disease prevention in federal research programs further impacts disparities in outcomes

Leading Risk Factors for Death in the U.S.



Scientific Gaps (and Opportunities)

- Lack of implementation science limits effectiveness of program interventions
- Need for improved and innovative methodologies for capturing information on dietary habits
- Limited prioritization of equity considerations in research framework
- Limited infrastructure to collect data on subpopulations at all life stages to inform, develop, and evaluate comprehensive prevention programs
- Homogeneity in scientific workforce limits ability to partner with communities to provide equitable access to the benefits of research
- Unrealized and restricted private sector research engagement leads to missed opportunities to gather information, e.g., on consumer habits and practical implementation considerations
- Need to expand research in precision nutrition to consider multiple synergistic interactions; e.g. of diet with genetics, microbiome, environmental exposures, socioeconomic factors
- Insufficient authority and resources for ICHNR limits federal coordination efforts, e.g., lapsed federal research plan



Recommendation 1. Take rapid actions to fill gaps hindering equitable access to the benefits of nutrition research

1.A The HHS/Centers for Disease Control and Prevention (CDC) and USDA working with state, tribal, local and territorial public health entities should strengthen national nutritional surveillance programs to provide greater understanding of the dietary intake, nutritional, and health status of sociodemographic subgroups.

1.B Federal agencies should prioritize equity in nutrition research; and the ICHNR should develop guidelines for review of research programs for equity considerations, and support agencies in their efforts to identify, share, and adopt leading practices.

1.C HHS/CDC and USDA, in consultation with the DoD and VA, should design a cross-agency program to diversify the nutrition science and dietetics workforce, building on widespread education and training resources in multiple departments that are not currently harmonized.

1.D The ICHNR should develop and submit a budget request to OMB for FY 2026 for a coordinated program of research in implementation science.



Recommendation 2. Fortify the scientific evidence base for future public and private sector actions to combat diet-related diseases through a coordinated and sustained federal interagency effort, led by the Secretaries of HHS and USDA

2.A Develop and launch a sustained public-private sector campaign to optimize implementation, beginning with the 2025 Dietary Guidelines for Americans.

2.B In consultation with private sector entities, propose innovative ways to engage the private sector and remove barriers to integration of public and private data and research on diet and health.

2.C Develop a 5-year, 2025-2030, nutrition research roadmap, building on the framework provided in the Interagency Committee on Human Nutrition Research (ICHNR) 2016-2021 roadmap.



Conclusions

- Prevention of diet-related chronic diseases should be a primary goal for the United States.
- The scope of efforts needed requires:
 - Supporting high priority research to understand the unfolding and changing nature of the problem
 - Developing effective evidence-based solutions for federal agencies and private sector implementation
 - Equitable implementation of federal food and health programs,
 - Assessing and reporting on progress and emerging issues to the President and Congress
 - Coordinating agency efforts to develop, implement, and adapt strategies
 - Engaging and challenging the private sector and individuals to take steps within their purview,
 - Seeking Congressional support to fund these programs and ultimately deliver benefits to the nation
- The ICHNR provides groundwork for coordinating research, but would require additional authorities, resources, and dedicated staff to effectively transfer and translate research into disease prevention efforts at the scale required.

