November 20, 2020

The Honorable Karen Bass, Chairwoman
Congressional Black Caucus
2059 Rayburn House Office Building
Washington, DC 20515

The Honorable Sanford Bishop Jr., Chair
House Appropriations Subcommittee on
Agriculture, Rural Development, Food and
Drug Administration, and Related Agencies
2407 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Bass and Chairman Bishop,

As you are aware, a growing body of evidence shows that the Covid-19 pandemic has an outsized impact on disadvantaged and communities of color in the U.S.[1] Further, these groups are already suffering disproportionately from chronic diseases, such as obesity, heart disease, depression and diabetes, which have been clearly linked to increased risk for poor Covid outcomes, including hospitalization, intubation, and death.[2]

There are many factors contributing to this hardship among minority communities: these groups are, for instance, more likely to be required to show up for work in person and more likely to return to more crowded homes; they have less time to cook and less access to healthy foods, and no doubt, they suffer from more stress, which weakens the immune system. These are all social determinants of health.

Healthy eating is arguably one of our best defenses against poor health**.** Rigorous scientific studies have shown that the best food choices and the **availability** of healthful, affordable foods (the rising grocery cost coupled with the of food income disparity of blacks in comparison to their white counter parts makes access more difficult), in addition to other factors, may reverse hypertension and type 2 diabetes. **Addressing chronic disease through better food choices should be reflected in federal nutrition guidance**. Yet our federal nutrition policy, the Dietary Guidelines for Americans (DGA), does not provide guidance for the 60% of Americans who have been diagnosed with a diet-related chronic disease. Although Congress mandated that the DGA be for the "general public," **the policy has remained focused on the those with good health and a healthy weight.** Thus, the policy includes only those people who least need advice while ignoring those most urgently in need of it.

As you may be aware, **fully 42.8% of American adults now have obesity**, and these rates are 24 percent higher among Hispanics and African Americans.[3] **The rate of diabetes continues to be significantly higher for racial minority groups.** Native Americans (American Indians and Alaska Natives) have a greater chance of having diabetes than any other US racial group and Pacific Islanders are 2.5 more likely to ge diagnosed with diabetes than whites.[5] As the DGA is currently being revised, this policy cannot afford to exclude those who struggle with these diseases— the majority of our nation— including the most vulnerable among us.

[1] Centers for Disease Control and Prevention, *Disparities in Incidence of COVID-19 Among Underrepresented Racial/Ethnic Groups in Counties Identified as Hotspots During June 5–18, 2020 — 22 States, February–June 2020*. August 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6933e1.htm

[2] https://www.youtube.com/watch?v=9Nb2xny9XiE

[3] Centers for Disease Control and Prevention, "Adult Obesity Facts." https://www.cdc.gov/obesity/data/adult.html

[4] American Diabetes Association Clinical Diabetes Journal, *The Disparate Impact of Diabetes on Racial/Ethnic Minority Populations*. July 2012. https://clinical.diabetesjournals.org/content/30/3/130

[5] US Department of Health and Human Services: Office of Minority Health (OMH), 2019. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlID=26

The 2020 DGA also risks excluding people of color, as they are largely not included in the studies informing the policy. **According to a recent report by the Food4Health Alliance, more than 90% of the scientific reviews conducted for the 2020 DGA did not account for race, ethnicity, and/or socio-economic status.** These reviews relied predominantly on white populations, mostly middle class, that are questionably generalized to the broader US population.[6]

The disturbing implication is that the 2020-2025 Dietary Guidelines for Americans may not be appropriate for historically disadvantaged populations.

Finally, there are significant questions about the 2020 DGA scientific reviews and whether they complied with the law requiring this policy to "reflect the preponderance of the scientific and medical knowledge that is current at the time." We and other public-interest groups have observed that the expert committee for the DGA excluded all trials on weight loss, all trials on low-carbohydrate diets, and the last decade of science on saturated fats.

Americans need reliable guidance about the best food that will help not only preserve their health but also reverse the diseases that afflict so many. This is especially true for minorities who have suffered a disparate impact from diet-related diseases and also now bear an excessive burden from the impact of the Covid-19. Obesity, diabetes, hypertension and heart disease were slowly killing these communities before the Coronavirus, and are even more lethal now, with the Coronavirus.

It is critical that the science that is set to inform the Dietary Guidelines reflects a diversity of race, ethnicity and socio-economic status that is representative of the general population in this country, otherwise the guidelines will continue to exclude the communities that are already most at risk.

Before these guidelines are accepted as a national standard, the lack of data and insight for low-income and minority Americans must be addressed. The lack of adherence to the most current standards of evidence must also be addressed. In the congressionally mandated report "Redesigning the Process for Establishing the Dietary Guidelines for Americans," the National Academy of Sciences, Engineering, and Medicine specifically recommended that the Guidelines "adopt state-of-the-art processes and methods, using validated, standardized processes and the most up-to-date data."[7] However, the recommendations on methodology were, on the whole, not adopted, as explained in a letter from USDA to Congress.[8]

We urge Congress to impress upon the agencies in charge of the Guidelines, the U.S. Departments of Agriculture and Health and Human Services, of the critical importance of getting these Guidelines right and ensuring that they serve *all* Americans, especially during this urgent time where the state of our health is so crucial in the fight against Covid19.

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[6] Food4Health Alliance, *Limitations of the Evidence on Race, Ethnicity and Socio-economic Status in the Report by the 2020 Dietary Guidelines Advisory Committee*. August 2020. https://food4health.org/wp-content/uploads/2020/08/F4H-report-113p.pdf

[7] The National Academies of Sciences, Engineering and Medicine, "Redesigning the Process for Establishing the Dietary Guidelines for Americans," September, 2017, p.8. http://nationalacademies.org/hmd/Reports/2017/redesigning-the-process-for-establishing-the-dietary-guidelines-for-americans.aspx

[8] "A Response to the National Academies of Engineering, Science and Medicine Report: A Report to Congress" Center for Nutrition Policy and Promotion, U.S. Department of Agriculture Food and Nutrition Services. August 2019.

Thank you for your time and attention to this matter.

Sincerely,

Members of the Food4Health Alliance:

American Psychological Association
Grapevine Health
NAACP
National Hispanic Medical Association
Native American Agriculture Fund
The Nutrition Coalition
WANDA: Woman Advancing Nutrition Dietetics and Agriculture

CC: Congressional Black Caucus, Congressional Hispanic Caucus, Congressional Asian Pacific American Caucus, Congressional Native American Caucus