FULL DISCLOSURE

Assessing Conflicts of Interest of the 2025 Dietary Guidelines Advisory Committee

Hana Mensendiek, Becky Morrison,
Tanya Pampalone, Stacy Malkan, and Gary Ruskin

U.S. Right to Know | October 2023

U.S. RIGHT TO KNOW

FULL DISCLOSURE

Assessing Conflicts of Interest of the 2025 Dietary Guidelines Advisory Committee

AVAILABLE ONLINE AT

https://usrtk.org/wp-content/uploads/dietary-guidelines-advisory-committee-conflicts-2023.pdf

ABOUT U.S. RIGHT TO KNOW

U.S. Right to Know is a nonprofit public health research group. We investigate corporate wrongdoing and government failures that threaten our health, environment and food system. Learn more about our work at usrtk.org.

ABOUT THE AUTHORS

Hana Mensendiek • Investigator, U.S. Right to Know
Becky Morrison • Researcher, U.S. Right to Know
Tanya Pampalone • Researcher, U.S. Right to Know
Stacy Malkan • Managing Editor, U.S. Right to Know
Gary Ruskin • Executive Director, U.S. Right to Know

DESIGN: David Gerratt/NonprofitDesign.com

U.S. RIGHT TO KNOW
USRTK.org

Contents

Executive Summary

Food and pharmaceutical industry actors have historically sought to influence the U.S. Dietary Guidelines for Americans (DGA),[1,2,3] and have had financial ties to nutrition experts on the Dietary Guidelines Advisory Committee (DGAC),[4] which reviews the latest science on diet, nutrition, and health outcomes to make recommendations for the DGA.

A 2017 report by the National Academies of Sciences, Engineering and Medicine (NASEM)[5] urged the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) to avoid appointing DGAC members with significant conflicts of interest, and to more fully disclose their industry ties.[6,7]

This year, for the first time, USDA and HHS released partial public disclosures of conflicts of interest of the 2025 DGAC, which showed that DGAC members have ties to large food and pharmaceutical companies and industry groups. However, these disclosures were voluntary, aggregated across all DGAC members, did not identify each individual member's conflicts, and only covered the last year.

The aim of this report is to provide fuller disclosure of conflicts of interest of the members of the 2025 DGAC, including financial and other ties during the last five years to the food, pharmaceutical, grocery, and other industries with a stake in the outcome of the dietary guidelines.

The aim of this report is to provide fuller disclosure of conflicts of interest of the members of the 2025 DGAC, including financial and other ties during the last five years to the food, pharmaceutical, grocery, and other industries with a stake in the outcome of the dietary guidelines.

We compiled publicly available data related to each of the 20 DGAC members, noting conflicts of interest.*

We found that 13 of 20 DGAC members had high-risk, medium-risk or possible** conflicts of interest with industry actors. Findings include:

- 9 of 20 members had high-risk (8) or medium-risk (1) conflicts of interest with food (8), pharmaceutical (3), and weight loss (2) companies or industry groups, most often in the form of research support and consultancy.
- 4 of 20 members had possible conflicts of interest with food and pharmaceutical companies or organizations that have a history of corporate sponsorship and lobbying in the development of the guidelines.
- Particular actors had ties to two or more members, including Abbott (4), Novo Nordisk (3), National Dairy Council (3), Eli Lilly (2), and Weight Watchers (WW) International (2).

* Data collection consisted of a web search (first 100 search results on Google; social media accounts; biography and/or CV; institutional and personal websites; and CMS's Open Payments website) and literature review (PubMed, Google Scholar, and the Web of Science Core Collection for all papers published by the member in the past five years).

** Please see methodology for our assessment of possible conflicts.

- Leading professional nutrition organizations in the U.S.—the American Society for Nutrition and the Academy of Nutrition and Dietetics, which both have a history of corporate sponsorship and lobbying in the development of the guidelines—have wide-ranging ties to DGAC members.

We also found signs of progress. While some DGAC members had high-risk conflicts of interest, seven members had no relationships in the past five years that met our definition of conflict of interest. An additional four members only had one instance of possible conflict of interest, although these range from a large, multi-year grant from a food company to a single speaking appearance at an industry-funded conference or an associate editor role at a journal that accepts corporate funding.

Surely, there is room for further improvement. With high-risk conflicts of interest still present on the DGAC, the public cannot have confidence that the official dietary advice of the U.S. government is free from industry influence.

With high-risk conflicts of interest still present on the DGAC, the public cannot have confidence that the official dietary advice of the U.S. government is free from industry influence.

Our findings point to six recommendations to improve the selection and operation of the DGAC. USDA and HHS should: (1) not appoint members with high-risk conflicts of interest; (2) disclose individual members' conflicts during the last five years; (3) use a transparent disclosure form—not OGE form 450, due to its confidentiality; (4) publish a list of provisional appointees prior to appointment, open for public comment, as recommended by NASEM; and, (5) include leadership roles or paid roles at conflicted nutrition organizations in disclosures of possible conflicts of interest. Congress should (6) expand the Physician Payments Sunshine Act to cover the nutrition field.

Introduction

Corporate interest in the Dietary Guidelines for Americans

The Dietary Guidelines for Americans (DGA) provide advice on what to eat and drink to "build a healthy diet that can promote healthy growth and development, help prevent diet-related chronic diseases, and meet nutrient needs."[8] Every five years, these guidelines are updated by the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS). They are considered the "gold standard" for dietary advice in the U.S. and around the world. They influence which foods are served in schools, hospitals, and military facilities. They inform the advice we receive from healthcare professionals. They influence how federal food aid is distributed, how nutrition labels look, and how food products are formulated.[9] It is, therefore, essential that the DGA be evidence-based and trustworthy because it is the scientific foundation for virtually all government-based nutrition policies and programs.

The Dietary Guidelines stand as a vital tool for public health. In recent years, however, the DGAC nominations process and concerns about conflicts of interest (COI) have been the subject of heightened scrutiny and calls for increased transparency. Fundamentally, the DGAs are created through a politicized process that is open to influence by corporations that benefit from the existing food system. Food, beverage, and pharmaceutical companies, as well as large grocery chains with a financial stake in the DGA, have repeatedly attempted—often successfully—to influence the guidelines.[10,11,12]

Food, beverage, and pharmaceutical companies, as well as large grocery chains with a financial stake in the DGA, have repeatedly attempted—often successfully—to influence the guidelines.

Corporations try to influence food policies in many ways, channeling millions of dollars to political candidates,* lobbying activities,** and trade groups and industry-affiliated nonprofits that influence research, public perceptions and lobbying efforts that inform the DGA.***

Food and drug companies also exert influence by designing and funding nutrition research that may advance their interests. Food industry influence over nutrition research is a phenomenon "so systematic that it has a name: The Funding Effect," says nutrition expert Marion Nestle, a leading authority on how the food industry influences food policy.[13] A large body of scientific evidence shows unsurprisingly that

* In 2022, the agribusiness industry contributed $58.6 million to candidates running for office, and the food and beverage industry contributed $13.3 million. Agribusiness: Money to Congress, 2022, OpenSecrets, accessed September 14, 2023; Food & Beverage: Money to Congress, 2022, OpenSecrets, accessed September 14, 2023.

** Lobbying expenditures for the agribusiness industry in 2022 topped $169 million, with 1,311 lobbyists reported. The food and beverage industry spent $29 million on lobbying in 2022, with 325 lobbyists reported. Agribusiness: Lobbying, 2022, OpenSecrets; Food & Beverage: Lobbying, 2022, Open Secrets, accessed September 14, 2023. Most of these lobbyists—61.5% for the agribusiness industry and 74% for the food and beverage industry— were "revolvers," meaning they are part of what OpenSecrets describes as a "revolving door that shuffles former federal employees into jobs as lobbyists, consultants and strategists, just as the door pulls former hired guns into government careers." Overview: Revolving Door, OpenSecrets, accessed September 2023.

*** U.S. Right to Know has co-authored 15 public health studies showing how the food and beverage industries and industry-funded groups use multiple channels to influence public opinion, scientific research, public health conferences and government policies related to diet and nutrition. U.S. Right to Know, Academic Work.

food-industry funding biases research in favor of the funders.[14,15,16,17] This bias often shows up in how research questions are framed and how results are interpreted, in ways that may not be transparent to the public.[18] Food industry sponsorship is nearly ubiquitous in the fields of nutrition, food, and agriculture, with sponsorship of academics, conferences and professional organizations that inform nutrition policies.[19,20]

Numerous public health organizations and advocates have voiced concerns about food and beverage industries' influence on the development of the dietary guidelines.[21,22,23] They argue that corporate influence can lead to recommendations that prioritize industry profits over public health. Research has shown that the food and beverage industries share similarities with the tobacco industry in the actions these industries have taken to downplay the harms of their products.[24,25,26]

The public health implications are clear: Poor diet contributes to the development of many chronic diseases and illnesses, including obesity,[27,28] type 2 diabetes,[29,30] cardiovascular disease,[31,32] cancer,[33,34] dementia,[35] depression,[36] chronic kidney disease[37] and all-cause mortality.[38,39]

Diet-related diseases disproportionately affect racial and ethnic minorities in the U.S.,[40,41] perpetuating health inequalities.[42] Obesity now afflicts 4 in 10 Americans.[43] By one estimate, by 2030, nearly 1 in 2 Americans will have obesity and nearly 1 in 4 will have severe obesity, with large disparities among vulnerable subgroups, especially women, Black adults and low-income adults.[44] Healthier diets could save many lives and billions of dollars in U.S. healthcare costs.[45]

Poor diet contributes to the development of many chronic diseases and illnesses, including obesity, type 2 diabetes, cardiovascular disease, cancer, dementia, depression, chronic kidney disease and all-cause mortality.

Industry influence and transparency: The Dietary Guidelines Advisory Committee

One route for the food industry to exert influence on the DGA is through the Dietary Guidelines Advisory Committee (DGAC)[46]—a panel of food and nutrition experts appointed by HHS and USDA every five years to review the latest science and make recommendations to the agencies for updating the DGA. The committee evaluates scientific findings to assess the relationships between diet, nutrition and health outcomes. They compile these findings into a comprehensive scientific report that summarizes the evidence and presents potential recommendations for the guidelines.[47] The draft scientific report is published for review and comment by stakeholders, including experts, organizations, and the general public.

Corporations and their allies can directly influence the DGAC throughout its deliberations by submitting comments to the DGAC, both written and oral, and they are prolific in doing so. Of the public comments from organizations submitted to the 2020 DGAC, nearly 70 percent came from the food and beverage industry, according to Corporate Accountability.[48] After the comment period, the DGAC finishes the report, and USDA and HHS use it as a foundation to develop the guidelines.*

Health groups, scientists and nutrition experts[49,50,51,52]—including a 2017 report by the National Academies of Sciences, Engineering and Medicine (NASEM)[53]—have called for tougher policies against conflicts of interests among DGAC members, and full disclosure of their

* Although the DGAC report is influential, it is only one of many channels for corporate influence in the development of the guidelines. HHS and USDA can accede to corporate lobbying and overrule the DGAC's recommendations—as they did in 2020 when they dismissed the DGAC's recommendation to set lower targets for the consumption of sugar and alcohol. (Roni Caryn Rabin, "U.S. Diet Guidelines Sidestep Scientific Advice to Cut Sugar and Alcohol," *New York Times*, December 29, 2020.) Congress can intervene in the process, too. When the 2015 DGAC report recommended a largely plant-based diet for environmental as well as health reasons, food industry lobbyists convinced Congress to use the appropriations process to set limits on what the guidelines can say. (Marion Nestle, "Congress Continues to Intervene in Dietary Guidelines," Food Politics by Marion Nestle, July 23, 2015.) Although outside of the scope of this report, these channels of influence are important for further research.

industry ties. NASEM proposed a redesign of the DGA process "to improve transparency, promote diversity of expertise and experience, support a deliberative process, foster independence in decision-making, and strengthen scientific rigor."[54]

NASEM urged USDA and HHS to avoid appointing DGAC members with significant conflicts of interest. In cases where conflicts cannot be avoided, NASEM recommended that the agencies identify and manage these conflicts of interest, and develop a policy to address any biases.[55]

The USDA and HHS have not thoroughly followed these recommendations. A March 2022 analysis by public health researchers found "significant and widespread" conflicts of interest in the previous DGAC (2020–2025).[56] At least 95% of those DGAC members had ties to the food, and/or pharmaceutical industries throughout their careers. Several members had ties to multiple companies or industry groups. These included Kellogg, Abbott, Kraft, Mead Johnson, General Mills, Danone, and the International Life Sciences Institute (ILSI), an industry group funded by food, beverage, and agriculture companies.[57,58,59,60,61,62,63]

Public health groups[64] and an influential U.S. Senator[65] have called on USDA and HHS to follow the NASEM's recommendations, but the agencies did not mandate public disclosure of COI for the 2020 or 2025 DGAC. In 2023, USDA and HHS did publish voluntary COI disclosures[66] for the 2025 DGAC. The four-page disclosure document revealed potential conflicts for DGAC members with drug companies, such as Eli Lilly, Novo Nordisk, and Pfizer, and several food industry actors with a stake in the committee's work, including Abbott Nutrition, the American Egg Board, Beyond Meat, National Cattlemen's Beef Association and National Dairy Council. HHS and USDA required the committee members to fill out the standard financial disclosure form, OGE 450,[67] but these forms are confidential and not disclosed to the public.

The COI disclosures for the 2025 DGAC have two key failings:

1. They cover only the last year, not five years.
2. They are aggregated, and do not identify which members have which conflicts. In other words, they obfuscate the industry ties of individual DGAC members.

Complete disclosures for each DGAC member covering at least five years are crucial for understanding the conflicts of the new DGAC members.[68]

This report is an effort to close that transparency gap. We report here on the conflicts of interest of the members of the 2025 DGAC, including financial and other ties to the food, pharmaceutical, grocery and other industries that have a stake in the dietary guidelines, related food and nutrition policies, and the foods Americans choose to buy and eat.

What's the matter with conflicts of interest?

There are two main problems with conflicts of interest at the DGAC.

First, conflicts of interest bring a risk of impairment of judgment that may introduce bias into the DGAC's work. Conflicted DGAC members may introduce bias that benefits their donors. Such bias may be good for corporate profits, not for public health.

Second, since the DGAC is a public trust, conflicts of interest at the DGAC may degrade its trustworthiness and reputation and erode the credibility of its work among the public.

Given the influence of the DGAs, and their importance as a public health measure, it is crucial to ensure the integrity of the DGAC, so that its work will be fair and objective, and that its report will have the standing and authority to guide the nation towards the best possible food choices.

Methodology

We searched for COI in publicly available data related to each of the 20 members of the 2025 DGAC. Searches were conducted in June and July, 2023. Our criteria for data categorization are based on a modification of those developed by Parker and Bero (2022).[69] They include additional criteria to match additional types of data we found.

We define COI as a financial or nonfinancial link between a DGAC member and an industry actor which creates a risk of impaired professional judgment relevant to the DGA. We define an industry actor as a food, agribusiness or relevant pharmaceutical company whose interests may be affected by the committee's report, or an organization that receives funding from such a company. We included the following as industry actors with relevant interests before the committee: food and beverage producers and manufacturers; agribusiness and large scale farming and processing corporations; large grocery chains or superstores; trade organizations and public relations entities that represent food company interests; pharmaceutical corporations with products related to diet, weight loss, or diet-related chronic disease management; and industry groups, and professional and academic nutrition organizations that receive funding from companies with interests before the DGAC,* and other entities, such as corporate foundations and research institutes, that receive funding from any actors listed above.

We noted all disclosures of financial or other types of linkages between a DGAC member and the above actors that coincide with their service on the DGAC, occurred within five years prior to service on the DGAC, or is anticipated in the next two years, following recommendations in Parker and Bero (2022).[70]

Data collection consisted of a web search and literature review. For each DGAC member, web searches included a review of: the first 100 Google search results; social media accounts; biography and/or CV on their institutional website; personal websites, if any; and CMS's Open Payments website.[71] The literature review included a search on PubMed, Google Scholar,** and the Web of Science Core Collection for all papers published by the member between June 2018 and June 2023. We examined the following sections of studies for COI: Competing interests/declaration of interest; funding; acknowledgements; author disclosures; ethics statements/disclosures; and author affiliations.

Three authors then independently categorized the compiled data into four levels of risk, according to criteria adapted from Parker and Bero (2022).[72] (See Appendix A for our criteria).

1. high-risk (such as direct financial links with large industry actors, or being in a position of decision-making at a small food industry company)

* We included financial ties to these organizations, as well as leadership positions that have decision-making capacity. We did not include membership, committee leadership or other roles. Please see Appendix B for a more detailed explanation of the inclusion of professional nutrition societies in our analysis.

** We searched members' names on Google Scholar and reviewed all results, except for Dr. Chris Taylor whose name produced more than 3 million search results. For Dr. Taylor, we reviewed publications listed under his user profile on Google Scholar, found here: Christopher A. Taylor, PhD, RDN, LD, FAND, accessed July 2023.

2. medium-risk (such as financial links with a government-industry partnership, or employment at a small food industry company)
3. low-risk (such as professional interests of the member, including contents of past publications)
4. minimal or no risk (such as personal values, religious beliefs or habits)

We included high- and medium-risk relationships as COI in our results, and excluded data with low, minimal or no risk. We conducted further research on all data for which we were not unanimous in categorization and resolved any disagreement through discussion in reference to our definition of COI.

When available information was insufficient to ascertain whether a specific relationship fulfilled the definitions of high or medium risk COI, but we could reasonably infer a high-or medium-risk relationship based on the limited information, we presented them as "possible COI." For example, it was often impossible to ascertain whether any payments were made for each speaking engagement at industry-sponsored conferences. We included speaking at industry-sponsored conferences as "possible COI" if they happened in person, because such engagements often include payments of honoraria, travel expenses or lodging support. We also included editor positions at industry-supported journals as "possible COI" as they are often paid, but not positions on editorial boards as they are often unpaid. To avoid over-representing a member's COI, we deleted all possible duplicates even if we could not verify that they were duplicates. For example, if multiple publications in a given year disclosed a grant or relationship, we assumed a single COI.

A COI is a risk of harm, not necessarily actual harm

We assessed data as COI based on the presence of a risk of impairment of judgment in the DGAC member's service on the committee, and not on whether the industry relationship in and of itself was worthy of criticism.

Writing on COI in the field of medicine, McCoy and Emanuel (2017)[73] clarify this distinction. "Conflicts of interest in medicine can thus lead to harm via 3 steps in a causal chain: (1) a physician or a researcher has a secondary—often financial—interest that threatens to bias his or her professional judgment; (2) the secondary interest does in fact bias the judgment of the physician or the researcher; and (3) this biased judgment results in harm to patients or to the integrity of research. Importantly, only the first of these 3 steps is necessary for a COI. A COI describes a situation in which there is a risk of bias and resulting harm, not a situation in which bias or harm necessarily occurs."

This understanding of COI is necessary given the ethical rationale for limiting COI. "Usually, it is difficult for observers to determine when a physician's or a researcher's judgment has been biased by a secondary interest. Even if bias can be detected, it will typically be only after the fact when harm has already occurred. The rationale for limiting COI is grounded in the ethical imperative to minimize risk to patients, the integrity of research, and other activities. Thus, failing to limit COIs to the extent possible is unethical even if those conflicts never result in patient harm or compromised research."

The results below are COI *in relation to the DGAC*. For example, if a DGAC member receives research funding from a weight loss drug manufacturer for a study on influenza, it is not our position that the research itself is unethical or necessarily biased. However, we would count this as COI i*n relation to the DGA*C, because such financial relationships with an interested actor presents a risk of impairment in the professional judgment while on the committee—for example, when voting on a recommendation about the use of weight loss drugs. Making these risk factors clear is the first step towards managing them so that they will not result in actual harm.

Results

The following are high-risk, medium-risk, and possible COI for each member of the 2025 DGAC. The results reflect data that were publicly available. Inclusion of more specific information (such as dollar figures) for some data but not others reflects the availability of that data, not the gravity of the conflict.

Sarah Booth, PhD

Tufts University (DGAC Chair)[*]

Medium-risk COI

Research support from a government-industry partnership: Dr. Booth co-authored an infant feeding study partially funded by grants from the USDA, National Dairy Council and the Gerber Foundation.[74]

Decision-making role in professional nutrition organizations with industry funding: Dr. Booth has held leadership positions in the industry-funded professional group, the American Society of Nutrition (ASN). See Appendix B for description of ASN's ties to industry. She is currently vice president of ASN,[75] and was its treasurer (2021–2022).[76]

Possible COI

Position in industry-sponsored conferences: Dr. Booth was selected to speak at a conference sponsored by Bayer, Coca-Cola, and Abbott, among other industry actors.[77]

Angela Odoms-Young, PhD, MS

Cornell University (DGAC Vice Chair)

Possible COI

Position in organizations with industry funding: Dr. Odoms-Young is associate editor of *Nutrition Reviews*, a nutrition journal published on behalf of the International Life Sciences Institute (ILSI),[78] a food and beverage industry group funded by its member companies.[79,80,81,82,83,84,85,86]

Steven Abrams, MD

University of Texas at Austin

High-risk COI

Industry consultancy: Steven Abrams was scientific advisor to MilkPEP,[87,88] the Milk Processor Education Program, until December 2018.[89] MilkPEP is part of the fluid milk checkoff program, governed by the USDA and funded by milk processors. It "exist[s] to increase dairy milk awareness and drive milk consumption to benefit all processors and the entire industry," according to its website.[90]

Research support: Dr. Abrams has disclosed research funding from Perrigo Nutrition,[91] the third largest manufacturer of infant formula in the U.S. and Canadian markets.[92]

Speaker fees: Dr. Abrams has disclosed support from Abbott Nutrition for presentations.[93]

* Affiliations of committee members referenced are from Dietary Guidelines for Americans website, 2025 Advisory Committee Members page, accessed September 2023. Biographical sketches of committee members are available on Dietary Guidelines for Americans website, 2025 Dietary Guidelines Committee Biographical Sketches, accessed September 2023.

Possible COI

Research support: Dr. Abrams authored a study on Vitamin D in infants funded by the Nestlé Nutrition Institute.[94]

Position in industry-sponsored conferences: Dr. Abrams was a speaker at a conference sponsored by Nestlé Nutrition Institute and Abbott Nutrition.[95] He was also a speaker at a Nestlé Nutrition Institute conference,[96] and published a book chapter as part of one of the Institute's workshop series.[97]

Position in professional and academic nutrition organizations with industry funding: Dr. Abrams is currently editor-in-chief of *Advances in Nutrition*, a nutrition journal published by the American Society for Nutrition (ASN).[98,99] Editor-in-Chief is a position appointed by ASN.

Cheryl Anderson, PhD, MPH, MS

University of California San Diego

High-risk COI

Industry consultancy: Dr. Anderson has received honoraria for serving on the scientific advisory board for the weight loss company WeightWatchers (WW) International.[100,101,102] She also has received honoraria for her work on the scientific advisory council of the McCormick Science Institute (MSI).[103,104,105] MSI is fully funded by the McCormick Company, which manufactures spices.[106,107]

Possible COI

Position in industry-sponsored conferences: Dr. Anderson was a keynote speaker for a symposium sponsored by Abbott, along with several other pharmaceutical companies. We note that the symposium's subject matter—heart failure—was not directly related to nutrition or to the mandate of the DGAC.[108]

Aline Andres, PhD, RD

University of Arkansas for Medical Sciences

We found no relationships that met our definition of conflicts of interest in the past five years for Aline Andres.

Carol Byrd-Bredbenner, PhD, RD, FAND

Rutgers, the State University of New Jersey

We found no relationships that met our definition of conflicts of interest in the past five years for Carol Byrd-Bredbenner.

Andrea Deierlein, PhD, MPH, MS

New York University

We found no relationships that met our definition of conflicts of interest in the past five years for Andrea Deierlein.

Heather Eicher-Miller, PhD

Purdue University

High-risk COI

Industry consultancy: Dr. Eicher-Miller has received personal fees for serving on the scientific advisory panel for Mead Johnson & Company (2020),[109] the National Dairy Council[110,111] and the Indiana Dairy Association (2014–2023).[112,113] She has received honoraria for work as a grant reviewer for the American Egg Board and for Dairy Management, Inc.[114] She also received an honorarium from the Council for Responsible Nutrition International,[115] a "trade association for dietary supplement and functional food manufacturers."[116]

Research support: Dr. Eicher-Miller has had at least four studies in the past five years funded by Eli Lilly and Company.[117,118,119,120] One grant from Eli Lilly listed on Dr. Eicher-Miller's CV totals $240,821.[121] She has also received research funding for a study on eggs and micronutrient intake from the U.S. Egg Nutrition Center, the science and nutrition education division of the checkoff program of the American Egg Board, in the amount of $114,311.[122]

Medium-risk COI

Leadership in professional and academic nutrition organizations with industry funding: Dr. Eicher-Miller is on the 2023–2024 board of directors for the American Society of Nutrition (ASN) as director-at-large of nutrition population science.[123]

Possible COI

Monetary prizes: Dr. Eicher-Miller received the Danone International Prize for Alimentation, a 100,000€ prize awarded every two years by the Danone Institute International in collaboration with the French Foundation for Medical Research.[124,125] She also received the Mead Johnson Award from the American Society for Nutrition, endowed by Mead Johnson Pediatric Nutrition Institute.[126]

Position in industry-sponsored conferences: Dr. Eicher-Miller has spoken at several national and regional conferences, invited by or sponsored by Eli Lilly and Company.[127]

Position in professional and academic nutrition organizations with industry funding: Dr. Eicher-Miller has received travel support from the Institute for Food Technologists (IFT), for which she was a media spokesperson (2019–2023).[128] IFT is a professional organization for food scientists and technologists funded in part by the processed food industry.* She has also received travel support from the International Food Information Council (IFIC),[129] an industry communications group that represents food, beverage, and agriculture companies.[130,131]

Jennifer Orlet Fisher, PhD

Temple University

Possible COI

Position in industry-sponsored conferences: Dr. Orlet Fisher was a speaker for a Nestlé Nutrition Institute-sponsored satellite program at a 2019 ASN symposium.[132,133]

Teresa Fung, ScD, RD

Simmons University

Possible COI

Position in professional and academic organizations with industry funding: Dr. Fung is associate editor for the *Journal of Nutrition*, published by ASN.[134]

Christopher Gardner, PhD

Stanford University

High-risk COI

Research support: Dr. Gardner has received funding from the plant-based meat substitute company, Beyond Meat[135,136,137,138,139,140] for research on the health effects of Beyond Meat plant-based meat alternatives.

Possible COI

Small business consultancy: Dr. Gardner advises Diet ID (online application offering dietary assessment services)[141] and is a scientific reviewer for Zoe (membership-based health platform offering nutrition coaching and at-home test kits for gut health, blood sugar, and blood fat).[142]

Edward Giovannucci, MD, ScD

Harvard University

We found no relationships that met our definition of conflicts of interest in the past five years for Edward Giovannucci.

Deanna Hoelscher, PhD, RDN, LD, CNS, FISBNPA

The University of Texas Health Science Center at Houston School of Public Health

We found no relationships that met our definition of conflicts of interest in the past five years for Deanna Hoelscher.

Valarie Blue Bird Jernigan, DrPH, MPH

Oklahoma State University

Possible COI

Research support: Novo Nordisk recently donated $3.5 million to the Center for Indigenous Health Research and Policy (CIHRP) at Oklahoma State University's Center for Health Sciences, of which Dr. Jernigan is director.[143,144]

* IFT "partners" providing "program support" include PepsiCo, Coca-Cola, DuPont, General Mills and Kraft Heinz.

Cristina Palacios, PhD, MSc

Florida International University

We found no relationships that met our definition of conflicts of interest in the past five years for Cristina Palacios.

Hollie Raynor, PhD, RD, LDN

University of Tennessee Knoxville

High-risk COI

Industry consultancy: Dr. Raynor has received compensation from the weight loss company Slimming World for participating on its scientific advisory board.[145,146]

Research support: Dr. Raynor received research funding from the weight loss program company Weight Watchers (WW) International[147,148] in the past five years.

Medium-risk COI

Research support from a government-industry partnership: Dr. Raynor is an author on a proposed study about improving outcomes of a Weight Watchers (WW) weight loss program.[149] The study is government funded, while WW will provide non-financial support for this study.

Fatima Cody Stanford, MD, MPH, MPA, MBA, FAAP, FACP, FAHA, FAMWA, FTOS

Harvard University

High-risk COI

Industry consultancy: Dr. Stanford is advisor/consultant to the weight loss and diabetes drug manufacturers Novo Nordisk,[150,151,152] Eli Lilly, Pfizer, Boehringer Ingelheim, Rhythm Pharmaceuticals, and Gelesis. She also advises GoodRX (prescription services).[153,154,155,156,157]

According to the Centers for Medicare & Medicaid Services (CMS)'s disclosure program, Open Payments, Dr. Stanford received a total of $68,880 in consulting fees from multinational weight loss drug manufacturers between 2018–2022, including Novo Nordisk ($47,605), Eli Lilly ($15,050), and Boehringer Ingelheim ($6,225).[158]

Research support: Dr. Stanford was coauthor for a study on the safety and tolerability of new-generation anti-obesity medications, funded by Novo Nordisk.[159]

Honoraria and travel support: According to Open Payments, Dr. Stanford received a total of $7,100 in honoraria from Novo Nordisk ($3,500), Currax Pharmaceuticals ($1,800), and Rhythm Pharmaceuticals ($1,800) between 2018–2022. For the same time period, she received $5,576 in travel, lodging and food support from Novo Nordisk ($5,087) and Eli Lilly ($489).

Other payments from corporations: Dr. Stanford received "compensation for services other than consulting" ($2,950) from Eli Lilly, according to Open Payments.

Medium-risk COI

Small business consultancy: Dr. Stanford advises Currax Pharmaceuticals (products include a weight management drug).[160,161]

According to Open Payments, Dr. Stanford received a total of $10,500 in consulting fees from Currax Pharmaceuticals between 2018–2022.

Possible COI

Small business consultancy: Dr. Stanford advises Sweetch (online health platform, services include disease management), Vida Health (services include weight loss coaching and prescription), Calibrate (weight loss coaching and prescription), MelliCell (type II diabetes drug discovery), LifeForce (products include semaglutide), Dox Health (services include prescription), Veri (services include continuous glucose monitors) and Ilant Health (obesity treatment).[162,163,164,165,166]

Position in industry-sponsored conferences and programs: Dr. Stanford was a speaker for an event sponsored by Novo Nordisk.[167] She was also program faculty/co-chair for at least three continuing medical education (CME) programs supported by grants from Novo Nordisk (2)[168,169] and Eli Lilly.[170]

Sameera Talegawkar, PhD

The George Washington University

We found no relationships that met our definition of conflicts of interest in the past five years for Sameera Talegawkar.

Chris Taylor, PhD, RDN, LD, FAND

The Ohio State University

High-risk COI

Research support: Dr. Taylor has authored at least 11 articles and abstracts in the past five years funded by Abbott Nutrition.[171,172,173,174,175,176,177,178,179,180,181] One of these studies also reports non-financial support from Abbott Laboratories, Bariatrix Nutrition Corp., and the National Dairy Council.[182] He has also authored a poster abstract about consumption of plant-sourced and animal-sourced protein and a study about the nutritional contribution of animal protein, both funded by the Beef Checkoff.[183,184] Two of his projects about the nutritional gaps/loss from skipping breakfast were supported by grants from the American Dairy Association Mideast.[185,186]

Honoraria and travel expenses: Dr. Taylor has received speaker honoraria and travel expenses from Abbott Nutrition.[187,188]

Deirdre Tobias, ScD

Harvard University

High-risk COI

Dr. Tobias authored an article, part of the COcoa Supplement and Multivitamin Outcomes Study (COSMOS), supported by an investigator-initiated grant from Mars Edge, a segment of the chocolate and snack manufacturer Mars, Incorporated.[189]

Medium-risk COI

Research support from government-industry partnerships: Dr. Tobias was an author for a meta-analysis about walnut consumption which was partly funded by the California Walnut Commission,[190] and a study about nut consumption partly funded by the Peanut Institute and the California Walnut Commission.[191]

Partial research support from a corporate foundation: Dr. Tobias authored a study (a preprint) which received partial grant support from the Novo Nordisk Foundation.[192,193]

Possible COI

Position in professional and academic organizations with industry funding: Dr. Tobias is the academic editor for the *American Journal of Clinical Nutrition*, published by the American Society for Nutrition (ASN).[194,195]

Limitations

Our reporting is dependent on the extent and quality of the financial disclosure data that underlies it. Where this data is incomplete or imperfect, that will be reflected in our reporting.

For example, regarding partial research funding from industry, we assessed an instance of COI on a binary (yes/no funding from industry actors), and did not (and usually could not) determine the extent of that funding. Because our data was not sufficient to fully characterize the extent of industry funding for each partially-funded study, our results in this category may lead to an over-represented perception of risk if the amount of industry funding was small.

Our methodology also presents limitations that make us prone to underreporting a DGAC member's relationship with industry. Reliance on publicly available data limits our investigation to relationships that are disclosed by the member, the member's institution, or by industry actors. These disclosures are often voluntary and opaque, and we did not have access to primary sources such as grant contracts or honoraria award letters. In the literature review, we were limited by the extent of journal disclosure requirements, which vary by journal. Some publications do not require disclosure of funding relationships or have statements related to conflict of interest.

We were also limited by the lack of financial relationship transparency programs like the CMS's Open Payments program in the nutrition field. Only one member was included in the Open Payments program (Fatima Cody Stanford). Thus we could characterize her conflicts more fully and with dollar figures, compared to all others who were not covered by this program. The inclusion of

Reliance on publicly available data limits our investigation to relationships that are disclosed by the member, the member's institution, or by industry actors. These disclosures are often voluntary and opaque.

Open Payments information for Dr. Stanford and no others does not mean that other members had fewer conflicts; we simply could not report on the data as they were not publicly available.

In addition, our results exclude data when we could not reasonably infer a high- or medium-risk relationship using available information. For example, we did not consider positions held by members in academic/professional organizations or small corporations (such as leadership roles in committees) as COI when we did not have adequate data to confidently conclude whether they were paid or decision-making positions in the organization or company overall. We also omitted relationships to some academic and professional organizations with corporate sponsorship when we could not find clear documentation on the organization's efforts to shape the DGA. We also did not include speaker roles in industry-sponsored conferences or workshops if they took place online, given the lack of evidence to reasonably suspect that members received travel/lodging/food support or honoraria. Although we conducted further research on all unclear data and discussed whether they met our COI criteria, (see Appendix A), the lack of available information made it impossible to determine if they met our criteria for COI and thus we did not include them.

Our criteria for relevant COI do not cover some relationships that may sway a member toward specific industry interests, such as frequently co-authoring papers with industry employees, and co-authoring a paper for which other authors received industry support. For example, we found instances of members authoring papers about a specific food product in which other authors received research funding from an organization that promotes that specific food. We could not determine how authorship of such publications, reliant on industry money, benefits the member or influences the final outcomes reached even without direct compensation disclosed.

Our criteria also only cover relationships within the past five years, which presents only a fragment of some members' longstanding ties to industry. In our web search and in CVs, we did come across data about members with significant older ties to industry. However, we did not include these data, as this was out of our scope.

Discussion and Recommendations

This report arose from concerns that the USDA and HHS continue to appoint DGAC members with conflicts of interest, and that the USDA and HHS disclosure of members' conflicts is inadequate for understanding the extent of their relationships with industry.

In the six years since the National Academies of Sciences, Engineering, and Medicine (NASEM) report addressed the issue of COIs of prospective committee members, it has been clear that USDA and HHS ought to strengthen their DGAC selection process as well as their management and disclosure of conflicts of interest. Until this occurs, the public cannot have confidence that the panel's recommendations to the U.S. government are free of influence from food, beverage and pharmaceutical companies. It was against this backdrop that we conceived of this report and sought to assess the extent and nature of the current committee's COIs.

Our findings show that problems with disclosure and mitigation of COIs persist. USDA and HHS have continued to appoint DGAC members with ties to industry, without a clear and strict policy to disclose and manage these conflicts. The agencies have aggregated the list of self-reported conflicts rather than attaching them to individual members. Additionally, the disclosures only cover the last year.

In total, we found that 13 of 20 DGAC members had high-risk (8), medium-risk (1), or possible (4) conflicts of interest. Members had ties with food (8 members), pharmaceutical (4), and weight loss (2) corporations or industry groups, most often in the form of research support and consultancy. Particular industry actors had ties with two or more members: Abbott (4), Novo Nordisk (3), the National Dairy Council (3), Nestlé Nutrition Institute (2), Eli Lilly (2), and Weight Watchers (WW) International (2). In addition, members held decision-making roles (2) or had confirmed or possible financial ties (5) to professional and academic nutrition organizations that receive industry funding.

Our findings show that problems with disclosure and mitigation of conflicts of interest persist.

There were also encouraging findings. For the 2025 DGAC, seven members had no relationships in the past five years that met our definition of COI. In addition, four members only had one instance of possible COI. Among these four instances, the COIs range from a large, multi-year grant from a food company to a single speaking appearance at an industry-funded conference or an associate editor role at a journal that accepts corporate funding. Members free of conflicts of interest are more in line with the recommendations of public health groups and NASEM to USDA and HHS.

We recognize that a 2022 study in *Public Health Nutrition* about COIs for the previous DGAC may be an attractive point of comparison. The researchers found "significant and widespread COI;" 19 of 20 committee members had conflicts with food and/or pharmaceutical companies with a clear financial stake in the DGAs, with some members having over or near 100 instances of COI.[196] However, our results cannot be directly compared to the *Public Health Nutrition* COI study, because it placed no time restrictions on

how far back to research conflicts, while our study limited COIs to those within the last five years. We also used somewhat different criteria for identifying and counting COIs.

Surely, there is room for further improvement. USDA and HHS have once again selected some DGAC members who are conflicted due to their relationships with corporations and trade groups from the food and pharmaceutical industries, which have a financial stake in the outcome of the Guidelines. We also found that professional nutrition organizations in the U.S.—the Academy of Nutrition and Dietetics and the American Society for Nutrition, both financed by food companies, have wide-ranging ties to DGAC members. With the organizations' history of corporate funding and their lobbying in the development of the guidelines, there are compelling reasons to scrutinize DGAC members' relationships with these influential groups and their funders (See Appendix B).

USDA and HHS have once again selected some DGAC members who are conflicted due to their relationships with corporations and trade groups from the food and pharmaceutical industries.

Our findings point to six recommendations to improve the DGAC selection and COI disclosure processes.

Recommendations

1. **Don't appoint members with high-risk conflicts of interest.** USDA and HHS can appoint nationally recognized nutrition and public health experts with minimal or no conflicts of interest, as exemplified by some current appointees. We urge the agencies to continue appointing such experts, and discontinue appointing those with extensive ties to industry.
2. **Disclose individual conflicts during the last five years.** The USDA and HHS's aggregated disclosures obfuscate industry ties of individual DGAC members. Individual disclosures are crucial in identifying which members have risk of corporate influence, and from which corporations and organizations. In addition, a five year window for reporting COIs would provide the public with a fuller account of members' backgrounds, biases, and financial entanglements.
3. **Use a better disclosure form.** At present, USDA and HHS require prospective DGAC members to fill out a "disclosure" form called Office of Government Ethics form 450. By law, form 450 is a confidential form. It is not subject to public disclosure. This has enabled the USDA and HHS to keep secret DGAC members' financial disclosures. We support the solution offered by Center for Science in the Public Interest: create another form that would be disclosed to the public, much like the FDA does for its advisory committees.[197]
4. **Make a list of provisional appointees open for public comment**. NASEM urged HHS and USDA to "make a list of provisional appointees open for public comment—including short biographies and any known conflicts—for a reasonable period of time prior to appointment."[198] Such a public list would encourage scrutiny of potential DGAC members' industry ties before rather than after their appointment, and possibly bring other unknown conflicts to light.
5. **Expand the Physician Payments Sunshine Act to cover the nutrition field.** The Physician Payments Sunshine Act is designed to increase transparency and accountability in healthcare.[199,200] It requires disclosure of payments between physicians, teaching hospitals and manufacturers of drugs, medical devices and biologics. Nutrition is an integral part of public health. Congress should expand the Physician Payments Sunshine Act to include industry payments made to nutritionists and dietitians.
6. **Include ties to conflicted nutrition organizations in disclosures of possible COI.** Our results show that leading professional nutrition organizations in the U.S., financed by food companies, have important ties to DGAC members (See Appendix B). Leadership positions in nutrition organizations, as well as financial ties such as editor positions in their journals, should be included as possible conflicts of interest if the organizations accept corporate funding and are active in lobbying in the development of the guidelines.

Appendix A

Criteria on relevant linkages with industry actors

Relevant financial and non-financial relationships are as follows:

High-risk

- Financial link [for any amount of money, of any duration, and occurring concurrently, recently (last 5 years), or in future (next 2 years)] between a Committee member and a large* national or multinational food, agrichemical or agribusiness corporation, or relevant** pharmaceutical corporation or PR firm.
  - A DGAC member, partner, or child is one of the following:
    - A company employee
    - Paid adviser, director, trustee or consultant
    - Recipient of speaker fees
    - Owner of financial holdings in the company (e.g., shares, patents, royalties)
    - Recipient of research money from company or company's nonprofit arm, if the nonprofit has financial/leadership ties to the company***
    - Recipient of monetary gift (e.g., to cover conference travel, accommodation, registration, honoraria)
- A DGAC member, partner, or child is in a position of control, ownership, or decision making over a small food industry company
  - Example: A DGAC member, partner, or child is owner of small company

Medium-risk

- Financial link (as defined above) between a Committee member and a government-food industry partnership
  - Example: A DGAC member, partner, or child receives grant funding for food research from formal partnership between government agency and multinational food company
- Financial link between a Committee member and a small food industry company
  - Example: A DGAC member, partner, or child is a small company employee
- Financial link or decision-making role in academic or professional organization that receives industry funding
  - Example: A DGAC member, partner, or child holds a paid role or is on the board of directors for an organization that receives industry funding

* One indicator of business size is the OECD's definition of a large enterprise as one that employs 250 or more employees.

** Companies that produce products related to diet, weight loss, or diet-related chronic disease management.

*** Examples include funding from company, and nonprofit leadership (president, board of directors) being company employees.

Appendix B

A note on the influence of professional nutrition organizations

The U.S. professional nutrition societies American Society for Nutrition and Academy of Nutrition and Dietetics are deeply engaged with each iteration of the Dietary Guidelines. They recommend nominees, generate topics and questions for the committee's review, and submit oral and written comments on the DGAC report that forms the basis of the eventual guidelines. Both ASN and the Academy have histories of receiving—and continue to receive—corporate funding from the food and beverage industries and industry groups with a stake in the outcome of the guidelines.

While most of this report focuses on direct ties to industry, we include a note here on ASN and the Academy because of the breadth of their reach, their degree of influence, and their extensive ties to companies with interests before the committee. ASN and the Academy may act—unsurprisingly—on behalf of their sponsors' interests. Committee members had ties to other professional organizations relevant to the committee's work, but for many of these we lacked sufficient publicly available information to assess the possibility of COIs.

American Society for Nutrition

As the nation's premier organization for doctoral-level nutrition and medical scientists, the American Society for Nutrition (ASN) is at the forefront of clinical nutrition research. It hosts conferences, symposia, webinars, and professional development programs. It actively engages in policy advocacy and regulatory processes. It bestows scholarships and professional awards, and it publishes four research journals. That 18 of 20 current DGAC members are ASN members also demonstrates the prominence of the organization.

Despite its high profile, ASN's longstanding partnerships with food and beverage industry giants have also, at times, raised concerns that it puts the interests of its corporate sponsors over the public's health.[201,202,203] These episodes, which took place in the 2010s, involved some of the ultra-processed food industry's biggest players—Coca-Cola, McDonald's, PepsiCo, Mars, and Kraft, among them, and, amid criticism, most of these have since terminated their sponsorship arrangements with the Society.

The ASN's 2023 "sustaining partners" include food companies and trade associations including Abbott Nutrition, the California Walnut Commission, Council for Responsible Nutrition, Egg Nutrition Council, the National Dairy Council (an employee of which also holds a seat on the ASN Board as the "Sustaining Partner Chair"),[204] Nestlé Nutrition Institute, Mars, Inc., and the Peanut Institute.[205] All of these "sustaining partners" also had ties with DGAC members, as seen in our results. Other current ASN "sustaining partners," with relationships going back at least three years (2021 to the present), include: Ajinomoto Health and Nutrition North America, the General Mills Institute of Health and Nutrition, Mondelez International, and the Sugar Association.[206] Past "sustaining partners" include Bayer HealthCare (2021–2022), the Corn Refiners Association (2021), and PepsiCo (2021).[207]

Our findings raise questions about possible COIs from a wide range of connections to the organization. Two DGAC members serve on the organization's board of directors (Booth, Eicher-Miller), which is responsible for the overall direction of the organization (including whether to accept corporate funds, and to provide those corporations with special access, influence, favors

or other benefits).[208] In addition, one member (Eicher-Miller) has been the recipient of an industry-ASN partnership award: the ASN/Mead Johnson Award, which is endowed by its Pediatric Nutrition Institute. Some DGAC members held editorial positions at ASN's journals (Abrams, editor in chief; Fung, associate editor since 2012; Tobias, academic editor).

ASN's ties to members were also apparent in data we found but did not classify as COI. DGAC members have reviewed for [209] and served on the editorial board[210] of ASN's journals, received high-profile awards [211,212,213] and chaired ASN's research interest sections [214,215] in the past five years.

The extent of direct influence by ASN on committee nominations or selection or the committee's eventual recommendations is outside the scope of this report. ASN's well-documented history of accepting food and beverage industry funding and its continued relationships with such sponsors, shows the need for better disclosure and transparency at all stages of the Dietary Guidelines process, both for corporate and nonprofit stakeholders who share an interest in the outcome of the guidelines.

The Academy of Nutrition and Dietetics

The Academy of Nutrition and Dietetics ("the Academy") is, according to its website, the nation's largest organization of food and nutrition professionals.[216] Its membership consists of over 112,000 credentialed nutrition practitioners, who are "committed to improving the nation's health and advancing the profession of nutrition and dietetics through research, education and advocacy."[217] By its own admission, the Academy plays, and touts, an active role in DGAC member nominations, selection, and in informing the committee's eventual recommendations that become the basis of the DGAs.[218]

It is the Academy's history of receiving funding from the food and beverage industry [219,220,221]—the target of scrutiny and criticism both from the public health community and from the Academy's own members[222,223,224,225]— and its involvement in the DGAC that underscores the need to examine possible conflicts of interest among current DGAC members that relate to their roles in the Academy. A 2022 study suggests that the Academy continues to "interact with unhealthy commodity corporations in a symbiotic relationship."[226] The study found that from 2011–17, the Academy received hundreds of thousands of dollars each from Conagra, Abbott, PepsiCo, Coca-Cola, Hershey, General Mills, Aramark, Unilever and Kellogg. The study also presented evidence that sponsors could procure from the Academy or its Foundation specific "rights and benefits."

Academy sponsors for 2023 include the American Beverage Association, General Mills, and Tate & Lyle.[227] Going back to 2021, sponsors have included Mondelez International, Bayer U.S.–Division Crop Science, National Cattlemen's Beef Association, Ajinomoto Health and Nutrition North America, Calorie Control Council and the National Confectioners Association.[228]

Abbott Nutrition, the pharmaceutical company that also makes infant formula, and the National Dairy Council, have been "Premier Sponsors" or "National Academy Sponsors," the two highest sponsorship tiers, for more than a decade. As seen in our results, both Abbott and the National Dairy Council have ties to multiple members. Other current Academy sponsors who have ties to committee members include the Egg Nutrition Center, a division of the American Egg Board, Council for Responsible Nutrition (the trade association for the supplement and functional foods industry) and Reckitt/Mead Johnson Nutrition, another infant formula company.

Our research found ties between the Academy and the DGAC that are diverse and far-reaching. While none of these members' roles within the Academy met our definition of a COI, and were therefore excluded from our results, we note them here given the Academy's influence and its perennial involvement in the DGAC process. One DGAC member was formerly a member of the Academy's speaker's bureau.[229,230,231] Notably, during the 2020-2025 DGA cycle, presumably as a way to assert its influence, the Academy established the AND-DGAC Collaborative for the Dietary

Guidelines for Americans.[232] Two members of the current DGAC[233,234,235] previously served as Academy representatives to this collaborative. One DGAC member[236] served as reviewer for the *Journal of the Academy of Nutrition and Dietetics*, with three also serving on the editorial board of the journal.[237,238,239] DGAC members served as chairs of various Academy dietary practice groups, committees and projects.[240,241] Two are fellows of the Academy (FAND).[242] DGAC members also received awards[243] and research funding[244,245,246,247] from the Academy.

Whether these relationships with Academy sponsors or the Academy itself had any role in the committee members' appointments and the views they bring to committee discussions, or could influence committee recommendations, is outside the scope of this report. It is reasonable to infer, however, that the Academy's interests, and by extension those of its sponsors, may be well-represented among the current DGAC.

Appendix C

Industry actors with ties to DGAC members

Abbott (Abbott, Abbott Nutrition, Abbott Laboratories)	Manufacturer, medical devices, formula products, infant nutrition products
Academy of Nutrition and Dietetics	Organization for nutrition professionals, partially funded by industry
American Egg Board	Checkoff marketing organization for the egg industry
American Dairy Association Mideast	National Dairy Council affiliate for OH & WV
American Society for Nutrition	Organization for academic nutritionists and nutrition researchers, partially funded by industry
Bayer	Manufacturer, pesticides, agricultural products, pharmaceuticals, food supplements, diagnostic products
Beef Checkoff	Checkoff marketing organization for beef producers
Beyond Meat	Manufacturer, plant-based meat alternatives
Boehringer Ingelheim	Manufacturer, diabetes and weight loss drugs
Calibrate	Weight loss coaching and weight loss drug prescription services
California Walnut Commission	Division of the California Department of Food and Agriculture, funded by walnut growers
Coca-Cola	Manufacturer, beverages
Council for Responsible Nutrition	Trade association for dietary supplement and functional foods industries
Currax Pharmaceuticals	Manufacturer, weight management medication
Dairy Management, Inc.	Trade association for farmers and dairy importers
Danone Institute International	Nutrition research, education and training institute established by the yogurt manufacturer
Dox Health	Health care app, services include prescriptions
Eli Lilly	Manufacturer, diabetes and weight loss drugs
Gelesis	Manufacturer, weight management aid drugs and other therapeutics for diet-related diseases
Gerber Foundation	Foundation supporting infants and young childrens' nutrition, care, and development, established by the Gerber Products Company
GoodRX	Prescription services and telemedicine platform
Ilant Health	Health care platform supporting those with obesity

Indiana Dairy Association	Trade group representing Indiana's dairy farmers and its dairy industry
International Life Sciences Institute (ILSI)	Food and beverage industry group funded by its member companies
International Food Information Council (IFIC)	Industry communications group representing food, beverage and agriculture companies
Institute for Food Technologists (IFT)	Professional organization for food scientists, partially funded by the processed food industry
LifeForce	Membership-based health care platform that sells pharmaceuticals, including semaglutide
Mars Edge	Research branch of Mars, snack and candy maker
McCormick Science Institute	Research institution funded by spice manufacturer
Mead Johnson	Manufacturer, breastmilk substitutes and infant nutrition products
Mead Johnson Pediatric Nutrition Institute	Research institution funded by manufacturer of breast milk substitutes and infant nutrition
MelliCell	Type II diabetes drug company
MilkPEP	Part of checkoff marketing organization (fluid milk)
National Dairy Council	Research and education organization funded by checkoff marketing organization (dairy)
Nestlé Nutrition Institute	Research institute established by Nestlé
Novo Nordisk	Manufacturer, diabetes and weight loss drugs
Novo Nordisk Foundation	Philanthropic arm of Novo Nordisk
Peanut Institute	Research and marketing organization for the peanut industry
Perrigo Nutrition	Manufacturer, infant formula
Pfizer	Manufacturer, weight loss drugs
Rhythm Pharmaceuticals	Manufacturer, weight loss drugs
Slimming World	Digital weight loss platform
Vida Health	Weight loss coaching and prescription services
WW International (formerly Weight Watchers International)	Weight loss programs

Appendix D
Funding

Funding for this report was provided by Feed the Truth, a 501(c)(3) nonprofit public health advocacy organization working on food and nutrition issues. Feed the Truth is funded by the Lubetzky Family Foundation. Daniel Lubetzky is the founder of KIND, a food company. This study, including methods, findings and recommendations, were solely at the discretion of U.S. Right to Know. Feed the Truth reviewed but did not have final say over the contents of the report. KIND did not review or participate in any way.

U.S. Right to Know is a 501(c)(3) nonprofit public health research group. We investigate corporate wrongdoing and government failures that threaten our health, environment and food system. Learn more about our work at usrtk.org.

Following is a list of our major donors over the past five years. We accept no corporate contributions. Donors listed here have contributed $5,000 or more to U.S. Right to Know since 2018. For a complete list of major donors and amounts contributed, see https://usrtk.org/donors/.

Major donors to U.S. Right to Know
(2018–September 10, 2023)

- Allison Wilson & Jonathan Latham
- Aurora Foundation
- Bluebell Foundation
- California Office of the Small Business Advocate
- Centre for Effective Altruism
- Ceres Trust
- Chicago Community Foundation
- Community Foundation of Western North Carolina
- Dr. Bronner's Family Foundation
- Feed the Truth
- ImpactAssets ReGen Fund
- Janet Buck
- Laura and John Arnold Foundation
- Lilah Hilliard Fisher Foundation
- National Philanthropic Trust—Adadevoh Memorial Fund
- Organic Consumers Association
- Pollinator Stewardship Council
- RSF Social Finance
- Ryan Salame
- San Diego Foundation
- Schmidt Family Foundation
- Soleil Moscona
- Swift Foundation
- Thousand Currents
- U.S. Small Business Administration
- Vital Spark Foundation
- Westreich Foundation
- Woodshouse Foundation

Endnotes

1. Lawrence Gostin, "The Influence of "Big Food" Promotes Healthy Profits but Not Healthy Consumers," *JAMA Network*, July 20, 2016.
2. Andrew Jacobs, "Scientific Panel on New Dietary Guidelines Draws Criticism From Health Advocates," *New York Times*, June 17, 2020.
3. Marion Nestle (2013) *Food Politics: How the Food Industry Influences Nutrition and Health*, Expanded Tenth Anniversary Edition. Berkeley, CA: University of California Press.
4. Mialon M, Serodio P, Crosbie E, et al. (2022) Conflicts of interest for members of the U.S. 2020 dietary guidelines advisory committee. *Public Health Nutrition,* 1–28.
5. National Academies of Sciences, Engineering, and Medicine (2017) "Optimizing the Process for Establishing the Dietary Guidelines for Americans: The Selection Process," National Academies Press.
6. National Academies of Sciences, Engineering, and Medicine news release, "New Report Calls for Comprehensive Redesign of Process for Updating Dietary Guidelines for Americans," September 14, 2017.
7. National Academies of Sciences, Engineering, and Medicine (2017) "Optimizing the Process for Establishing the Dietary Guidelines for Americans: The Selection Process," National Academies Press.
8. Dietary Guidelines for Americans, Dietary Guidelines about page, accessed September 2023.
9. Office of Disease Prevention and Health Promotion, Dietary Guidelines for Americans about page, U.S. Department of Health and Human Services, accessed September 2023.
10. Lawrence Gostin, "The Influence of "Big Food" Promotes Healthy Profits but Not Healthy Consumers," *JAMA Network,* July 20, 2016.
11. Andrew Jacobs, "Scientific Panel on New Dietary Guidelines Draws Criticism From Health Advocates," *New York Times,* June 17, 2020.
12. Marion Nestle (2013) *Food Politics: How the Food Industry Influences Nutrition and Health,* Expanded Tenth Anniversary Edition. Berkeley, CA: University of California Press.
13. Marion Nestle, "Industry-funded Research #4: Why it Matters," Food Politics by Marion Nestle, July 27, 2023, accessed September 2023.
14. Marion Nestle (2018) *Unsavory Truth: How Food Companies Skew the Science of What We Eat.* New York, NY: Basic Books.
15. Sacks G, Riesenberg D, Mialon M, et al. (2020) The characteristics and extent of food industry involvement in peer-reviewed research articles from 10 leading nutrition-related journals in 2018. *PLOS ONE* 15, e0243144.
16. Fabbri A, Lai A, Grundy Q, et al. (2018) The influence of industry sponsorship on the research agenda: A scoping review. *American Journal of Public Health* 108, e9–e16.
17. Rosenberg D, Boyle E, McKay A, et al. (2023) Sponsor influences on the quality and independence of Health Research. National Academies. Washington, D.C.: National Academies Press.
18. Marion Nestle, "Industry-funded Research #4: Why it Matters," Food Politics by Marion Nestle, July 27, 2023, accessed September 2023.
19. Nestle M (2001) Food Company Sponsorship of Nutrition Research and Professional Activities: A Conflict of Interest? *Public Health Nutrition* 4, 1015–1022.
20. Atli Gunnarsson J, Ruskin G, Stuckler D, et al. (2023) Big Food and drink sponsorship of conferences and speakers: A case study of one multinational company's influence over knowledge dissemination and professional engagement. *Public Health Nutrition* 26, 1094–1111.
21. Andrew Jacobs, "Scientific Panel on New Dietary Guidelines Draws Criticism From Health Advocates," *New York Times,* June 17, 2020.
22. "Physicians Committee for Responsible Medicine Sues USDA Over Deceptive Dietary Guidelines," *Good Medicine,* Spring-Summer 2011.
23. Iacobucci G (2020) Food and soft drink industry has too much influence over U.S. dietary guidelines, report says. *BMJ* 369, m1666.
24. Brownell KD & Warner KE (2009) The perils of ignoring history: Big Tobacco played dirty and millions died. How similar is Big Food? *The Milbank Quarterly* 87, 259–294.

25. Capewell S & Lloyd-Williams F (2018) The role of the food industry in health: Lessons from tobacco? *British Medical Bulletin* 125, 131–143.
26. Maani N, van Schalkwyk MCI, Filippidis FT, et al. (2022) Manufacturing doubt: Assessing the effects of independent vs industry-sponsored messaging about the harms of fossil fuels, smoking, alcohol, and sugar sweetened beverages. *SSM–Population Health* 17, 101009.
27. Cordova, R., Kleimann, N., Huybrechts, I., Gunter, M. J., Millett, C., & Friesling, H. (2021) Consumption of ultra -processed foods associated with weight gain and obesity in adults: A multi-national cohort study. *Clinical Nutrition,* 5079–5088.
28. Beslay M, Srour B, Méjean C, Allès B, Fiolet T, et al. (2020) Ultra-processed food intake in association with BMI change and risk of overweight and obesity: A prospective analysis of the French NutriNet-Santé cohort. *PLOS Medicine* 17(8): e1003256.
29. Micha R, Peñalvo JL, Cudhea F, et al. (2017) Association between dietary factors and mortality from heart disease, stroke, and type 2 diabetes in the United States. *JAMA* 317, 912–924.
30. Levy RB, Rauber F, Chang K, et al. (2021) Ultra-processed food consumption and type 2 diabetes incidence: A prospective cohort study. *Clinical Nutrition* 40, 3608–3614.
31. Srour B, Fezeu LK, Kesse-Guyot E, et al. (2019) Ultra-processed food intake and risk of cardiovascular disease: Prospective cohort study (NutriNet-Santé). *BMJ* 365, l1451.
32. Juul F, Vaidean G, Lin Y, et al. (2021) Ultra-Processed Foods and Incident Cardiovascular Disease in the Framingham Offspring Study. *J Am Coll Cardiol.* 12, 1520–1531.
33. Chang K, Gunter MJ, Rauber F, et al. (2023) Ultra-processed food consumption, cancer risk and cancer mortality: a large-scale prospective analysis within the UK Biobank. *eClinical Medicine* 56,101840.
34. Wang L, Du M, Wang K, Khandpur N, Rossato S L, Drouin-Chartier J et al. (2022) Association of ultra-processed food consumption with colorectal cancer risk among men and women: results from three prospective US cohort studies. *BMJ* 378:e068921
35. Li H, Li S, Yang H, et al. (2022) Association of ultraprocessed food consumption with risk of dementia. *Neurology* 99, e1056–e1066.
36. Samuthpongtorn C, Nguyen LH, Okereke OI, et al. (2023) Consumption of Ultraprocessed Food and Risk of Depression. *JAMA Network Open*. 6(9):e2334770.
37. Du S, Kim H, Crews DC, et al. (2022) Association between ultraprocessed food consumption and risk of incident CKD: A prospective cohort study. *American Journal of Kidney Diseases* 80, 589–598.
38. Rico-Campà A, Martínez-González MA, Alvarez-Alvarez I, et al. (2019) Association between consumption of ultra-processed foods and all cause mortality: SUN prospective cohort study. *BMJ* 365, l1949.
39. Schnabel L, Kesse-Guyot E, Allès B, et al. (2019) Association Between Ultraprocessed Food Consumption and Risk of Mortality Among Middle-aged Adults in France. *JAMA Intern Medicine*; 179(4):490–498.
40. Cross SH, Mehra MR, Bhatt DL, et al. (2020) Rural-urban differences in cardiovascular mortality in the US, 1999-2017. *JAMA* 323, 1852–1854.
41. DeSantis CE, Miller KD, Goding Sauer A, et al. (2019) Cancer statistics for African Americans, 2019. CA: *A Cancer Journal for Clinicians* 69, 211–233.
42. Bailey ZD, Krieger N, Agénor M, et al. (2017) Structural racism and health inequities in the USA: Evidence and interventions. *Lancet* 389, 1453–1463.
43. Bryan S, Afful J, Carroll M, et al. (2021) National Health and Nutrition Examination Survey 2017–March 2020 pre-pandemic data files development of files and prevalence estimates for selected health outcomes. *National Health Statistics Reports* 158.
44. Ward ZJ, Bleich SN, Cradock AL, et al. (2019) Projected U.S. state-level prevalence of adult obesity and severe obesity. *New England Journal of Medicine* 381, 2440–2450.
45. Jardim TV, Mozaffarian D, Abrahams-Gessel S, et al. (2019) Cardiometabolic disease costs associated with suboptimal diet in the United States: A cost analysis based on a micro-simulation model. *PLOS Medicine*.
46. Dietary Guidelines for Americans, "Who's Involved in Updating the Dietary Guidelines," accessed September 2023.
47. Dietary Guidelines for Americans, "Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services," U.S. Department of Agriculture, July 2020.
48. "Dietary Guidelines for Corporate America." Corporate Accountability, June 2020.
49. Nutrition Coalition, "Experts say disclosure for DGA Committee inadequate," press release, May 10, 2023, accessed September 2023.
50. Center for Science in the Public Interest, "Groups urge disclosure of potential financial conflicts among members of the Dietary Guidelines Advisory Committee," press release, updated January 30, 2023, accessed September 2023.
51. U.S. Senator Chuck Grassley website, "Grassley calls on nutrition advisory committee to halt dietary recommendations until conflicts of interest are resolved," press release, May 25, 2023, accessed September 2023.
52. Andrew Jacobs, "Scientific Panel on New Dietary Guidelines Draws Criticism from Health Advocates," *New York Times,* June 17, 2020.

53. National Academies of Sciences, Engineering, and Medicine 2017 report, "Optimizing the Process for Establishing the Dietary Guidelines for Americans: The Selection Process," National Academies Press.
54. National Academies of Sciences, Engineering, and Medicine news release, "New Report Calls for Comprehensive Redesign of Process for Updating Dietary Guidelines for Americans," September 14, 2017, accessed September 2023.
55. National Academies of Sciences, Engineering, and Medicine 2017 report, "Optimizing the Process for Establishing the Dietary Guidelines for Americans: The Selection Process," National Academies Press.
56. Mialon M, Serodio P, Crosbie E, et al. (2022) Conflicts of interest for members of the U.S. 2020 Dietary Guidelines Advisory Committee. *Public Health Nutrition*, 1–28.
57. Andrew Jacobs, "A Shadowy Industry Group Shapes Food Policy Around the World," *New York Times*, September 16, 2019.
58. Steele S, Ruskin G, Sarcevic L, et al. (2019) Are industry-funded charities promoting "advocacy-led studies" or "evidence-based science"?: A case study of the International Life Sciences Institute. *Globalization and Health* 15, 36.
59. Steele S, Ruskin G & Stuckler D (2020) Pushing partnerships: Corporate influence on research and policy via the International Life Sciences Institute. *Public Health Nutrition* 23, 2032–2040.
60. Maani Hessari, N., Ruskin, G., McKee, M. and Stuckler, D. (2019) Public Meets Private: Conversations Between Coca-Cola and the CDC. *Milbank Quarterly,* 97: 74-90.
61. Greenhalgh S. (2019) Making China safe for Coke: how Coca-Cola shaped obesity science and policy in China. *BMJ*; 364:k5050.
62. Greenhalgh S. (2021) Inside ILSI: How Coca-Cola, Working through Its Scientific Nonprofit, Created a Global Science of Exercise for Obesity and Got It Embedded in Chinese Policy (1995–2015). *Journal of Health Politics, Policy and Law*; 46 (2): 235–276.
63. Andrew Jacobs, "How Chummy Are Junk Food Giants and China's Health Officials? They Share Offices." *New York Times,* January 9, 2019.
64. Center for Science in the Public Interest, "Groups Urge Disclosure of Potential Financial Conflicts Among Members of the Dietary Guidelines Advisory Committee," press release, updated January 30, 2023, accessed September 2023.
65. U.S. Senator Chuck Grassley, Letter from U.S. Senator Chuck Grassley to Xavier Becerra, Secretary of Health and Human Services, and Tom Vilsack Secretary of Agriculture, U.S. Senator Chuck Grassley website, May 23, 2023.
66. Dietary Guidelines for Americans, 2025 Dietary Guidelines Advisory Committee Disclosures, latest update March 13, 2023, accessed September 2023.
67. U.S. Office of Government Ethics, OGE Form 450, 5 CFR Part 2634, Subpart I: Confidential Financial Disclosure Report Executive Branch, accessed September 2023.
68. Parker L & Bero L (2022) Managing risk from conflicts of interest in guideline development committees. *BMJ* 379, e072252.
69. Ibid.
70. Parker L & Bero L (2022) Managing risk from conflicts of interest in guideline development committees. *BMJ* 379, e072252.
71. Open Payments, about page, Centers for Medicare and Medicaid Services, accessed September 2023.
72. Parker L & Bero L (2022) Managing risk from conflicts of interest in guideline development committees. *BMJ* 379, e072252.
73. McCoy M & Emanuel E (2017). Why there are no "potential" conflicts of interest. *JAMA* 317(17):1721-1722.
74. Ellis JL, Wang M, Fu X, et al. (2022) Feeding practice and delivery mode are determinants of vitamin K in the infant gut: An exploratory analysis. *Current Developments in Nutrition* 6(3).
75. American Society for Nutrition, Board of Directors 2023–2024, accessed September 2023.
76. American Society for Nutrition, Board of Directors 2020-2021, Internet Archive Wayback Machine, accessed September 2023.
77. Diet and Optimum Health Conference 2023 sponsors, Linus Pauling Institute, Oregon State University, accessed September 2023.
78. *Nutrition Reviews,* Editorial Board, Oxford Academic, accessed September 2023.
79. Steele S, Ruskin G, Sarcevic L, et al. (2019) Are industry-funded charities promoting "advocacy-led studies" or "evidence-based science"?: A case study of the International Life Sciences Institute. *Globalization and Health* 15, 36.
80. Steele S, Ruskin G & Stuckler D (2020) Pushing partnerships: Corporate influence on research and policy via the International Life Sciences Institute. *Public Health Nutrition* 23, 2032–2040.
81. Andrew Jacobs, "A Shadowy Industry Group Shapes Food Policy Around the World," *New York Times,* September 16, 2019.
82. Mialon, M., Ho, M., Carriedo, A. et al. (2021) Beyond nutrition and physical activity: food industry shaping of the very principles of scientific integrity. *Globalization and Health* 17, 37.
83. Maani Hessari, N., Ruskin, G., McKee, M. and Stuckler, D. (2019) Public Meets Private: Conversations Between Coca-Cola and the CDC. *Milbank Quarterly*, 97: 74-90.
84. Greenhalgh S. (2019) Making China safe for Coke: how Coca-Cola shaped obesity science and policy in China. *BMJ*; 364:k5050.

85. Greenhalgh S. (2021) Inside ILSI: How Coca-Cola, Working through Its Scientific Nonprofit, Created a Global Science of Exercise for Obesity and Got It Embedded in Chinese Policy (1995–2015). *Journal of Health Politics, Policy and Law*; 46 (2): 235–276.
86. Andrew Jacobs, "How Chummy Are Junk Food Giants and China's Health Officials? They Share Offices." *New York Times*, January 9, 2019.
87. Lucas A, Boscardin J & Abrams SA (2020) Preterm infants fed cow's milk-derived fortifier had adverse outcomes despite a base diet of only mother's own milk. *Breastfeeding Medicine* 15, 297–303.
88. Abrams SA (2020) Vitamin D in preterm and full-term infants. *Annals of Nutrition and Metabolism* 76, 6–14.
89. Tan ML, Abrams SA & Osborn DA (2020) Vitamin D supplementation for term breastfed infants to prevent vitamin D deficiency and improve bone health. *Cochrane Database of Systematic Reviews* 12.
90. Milk Processor Education Program, MilkPEP about page, accessed September 2023.
91. Abrams SA & Duggan CP (2022) Infant and child formula shortages: Now is the time to prevent recurrences. *American Journal of Clinical Nutrition* 116, 289–292.
92. Perrigo, infant nutrition products page, accessed September 2023.
93. Abrams SA & Duggan CP (2022) Infant and child formula shortages: Now is the time to prevent recurrences. *American Journal of Clinical Nutrition* 116, 289–292.
94. Abrams SA (2020) Vitamin D in preterm and full-term infants. *Annals of Nutrition and Metabolism* 76, 6–14.
95. CME University of California San Diego School of Medicine, Advances in Neonatal and Pediatric Nutrition September 9-11, 2019 conference.
96. 29th International Pediatric Association Conference, video of Professor Steven Abrams' presentation, "Optimal Vitamin D Nutrition and Health in Childhood," Nestlé Nutrition Institute, March 26, 2019.
97. Abrams SA (2020) Selected micronutrient needs of children 1–3 years of age. Nestlé Nutrition Institute Workshop Series 95. Karger eBooks, 67–77.
98. American Society for Nutrition, "The American Society for Nutrition Appoints Steven A. Abrams, MD as Next Editor-in-Chief of Advances in Nutrition," press release, July 7, 2023, accessed September 2023.
99. Steve Abrams LinkedIn page, accessed September 2023.
100. WeightWatchers, Scientific Advisory Board about page, accessed September 2023.
101. Kirkpatrick CF, Sikand G, Petersen KS, et al. (2023) Nutrition interventions for adults with dyslipidemia: A clinical perspective from the National Lipid Association. *Journal of Clinical Lipidology* 16, 4.
102. Lloyd-Jones DM, Allen NB, Anderson CAM, et al. (2022) Life's essential 8: Updating and enhancing the American Heart Association's construct of cardiovascular health: A presidential advisory from the American Heart Association. *Circulation*, e18–e43.
103. McCormick Science Institute, Scientific Advisory Council about page, accessed September 2023.
104. Kirkpatrick CF, Sikand G, Petersen KS, et al. (2023) Nutrition interventions for adults with dyslipidemia: A clinical perspective from the National Lipid Association. *Journal of Clinical Lipidology* 16, 4.
105. Lloyd-Jones DM, Allen NB, Anderson CAM, et al. (2022) Life's essential 8: Updating and enhancing the American Heart Association's construct of cardiovascular health: A presidential advisory from the American Heart Association. *Circulation,* e18–e43.
106. McCormick Science Institute, About FAQs, accessed September 2023.
107. Faridi H & Johnson GH (2023) Introduction: Mccormick Science Institute compendium on the health benefits of spices. *Nutrition Today* 58, S1.
108. San Diego Heart Failure Symposium, syllabus for the 28th Annual San Diego Heart Failure Symposium held on July 8-9, 2022.
109. Heather A. Eicher-Miller, Curriculum Vitae, Purdue University College of Health and Human Sciences, accessed September 2023.
110. Liu Y & Eicher-Miller HA (2021) Food insecurity and cardiovascular disease risk. *Current Atherosclerosis Reports* 23.
111. Eicher-Miller HA & Fialkowski MK (2020) Nutrition among vulnerable U.S. populations. *Nutrients* 12, 3150.
112. Heather A. Eicher-Miller, Curriculum Vitae, Purdue University College of Health and Human Sciences, accessed September 2023.
113. Bailey RL, Jun S, Cowan AE, et al. (2023) Major gaps in understanding dietary supplement use in health and disease. *Annual Review of Nutrition* 43, 179–197.
114. Ibid.
115. Feskens EJ, Bailey R, Bhutta Z, et al. (2022) Women's Health: Optimal nutrition throughout the lifecycle. *European Journal of Nutrition* 61, 1–23.
116. Council for Responsible Nutrition, about CRN page, accessed September 2023.
117. Lin L, He J, Cowan A, et al. (2023) The development of a food image database for food identification. *Social Science Research Network*.
118. Qin Y, Aqeel M, Zhu F, et al. (2021) Dietary aspects to incorporate in the creation of a mobile image-based dietary assessment tool to manage and improve diabetes. *Nutrients* 13, 1179.
119. He J, Lin L, Eicher-Miller HA, et al. (2023) Long-tailed food classification. *Nutrients* 15, 2751.

120. Lin L, Zhu F, Delp EJ, Eicher-Miller HA. (2022) Differences in Dietary Intake Exist among U.S. Adults by Diabetic Status Using NHANES 2009–2016. *Nutrients.* 14(16):3284.
121. Heather A. Eicher-Miller, Curriculum Vitae, Purdue University College of Health and Human Sciences, accessed September 2023.
122. Purdue University, College of Health and Human Sciences, Heather Eicher-Miller about page, accessed September 2023.
123. American Society for Nutrition, Board of Directors 2023–2024, accessed September 2023.
124. Danone Institute nutrition research prizes , "Dr. Heather Eicher-Miller (Purdue University, West Lafayette, Indiana, USA) is the Laureate of the Danone International Prize for Alimentation DIPA 3rd Edition," press release, May 10, 2023, accessed September 2023.
125. Danone Institute, call for applications Danone International Prize for Alimentation 3rd edition, press release, May 16, 2022.
126. American Society for Nutrition, 2019 Recipients of National Scientific Achievement Awards, May 23, 2019, accessed September 2023.
127. Heather A. Eicher-Miller, Curriculum Vitae, Purdue University College of Health and Human Sciences, accessed September 2023.
128. Heather A. Eicher-Miller, Curriculum Vitae, Purdue University College of Health and Human Sciences, accessed September 2023.
129. Eicher-Miller HA & Fialkowski MK (2020) Nutrition among vulnerable U.S. populations. *Nutrients* 12, 3150.
130. Zaltz DA, Bisi LE, Ruskin G, et al. (2022) How independent is the International Food Information Council from the food and beverage industry? A content analysis of internal industry documents. *Globalization and Health* 18, 21.
131. Steele S, Sarcevic L, Ruskin G, et al. (2022) Confronting potential food industry 'front groups': Case study of the International Food Information Council's nutrition communications using the UCSF Food Industry Documents archive. *Globalization and Health* 18, 16.
132. Nestlé Nutrition Institute, sponsored symposium at the 2019 American Society for Nutrition conference, "Dietary Modeling for Optimization of Complementary Feeding," accessed September 2023.
133. American Society for Nutrition schedule for June 1–4, 2020 online conference, "Nutrition Live Online 2020," accessed September 2020.
134. Simmons University, Teresa Fung about page, accessed September 2023.
135. Crimarco A, Springfield S, Petlura C, et al. (2020) A randomized crossover trial on the effect of plant-based compared with animal-based meat on trimethylamine-N-oxide and cardiovascular disease risk factors in generally healthy adults: Study with appetizing plantfood—meat eating alternative trial (SWAP-MEAT). *American Journal of Clinical Nutrition* 112, 1188–1199.
136. Crimarco A, Landry MJ & Gardner CD (2021) Ultra-processed foods, weight gain, and co-morbidity risk. *Current Obesity Reports* 11, 80–92.
137. Vadiveloo MK, Landry MJ & Gardner CD (2022) The quest to advance assessment of dietary intake: Metabolomic meat markers. *American Journal of Clinical Nutrition* 116, 295–296.
138. Mendoza-Vasconez AS, Landry MJ, Crimarco A, et al. (2021) Sustainable diets for cardiovascular disease prevention and management. *Current Atherosclerosis Reports* 23, 31.
139. Crimarco A, Landry MJ, Carter MM, et al. (2022) Assessing the effects of alternative plant-based meats v. animal meats on biomarkers of inflammation: A secondary analysis of the swap-meat randomized crossover trial. *Journal of Nutritional Science* 11, e82.
140. Roberts AK, Busque V, Robinson JL, et al. (2022) Swap-meat athlete (study with appetizing plant-food, meat eating alternatives trial)—investigating the impact of three different diets on recreational athletic performance: A randomized crossover trial. *Nutrition Journal* 21, 69.
141. Christopher Gardner bio page on Diet ID website, accessed September 2023.
142. Christopher Gardner bio page on Zoe website, accessed September 2023.
143. Center for Health Sciences, Oklahoma State University, "Novo Nordisk Donates $3.5m to OSU to Fund Indigenous Health Initiative," press release, July 27, 2023, accessed September 2023.
144. Oklahoma State University news, "Novo Nordisk Donates $3.5m to OSU to Fund Indigenous Health Initiative," press release, July 26, 2023, accessed September 2023.
145. Raynor HA & Vadiveloo M (2018) Understanding the relationship between food variety, food intake, and energy balance. *Current Obesity Reports* 7, 68–75.
146. Raynor HA, Li F & Cardoso C (2018) Daily pattern of energy distribution and weight loss. *Physiology & Behavior* 192, 167–172.
147. Raynor HA & Vadiveloo M (2018) Understanding the relationship between food variety, food intake, and energy balance. *Current Obesity Reports* 7, 68–75.
148. Raynor HA, Thomas JG, Cardoso CC, et al. (2019) Examining the pattern of new foods and beverages consumed during obesity treatment to inform strategies for self-monitoring intake. *Appetite* 132, 147–153.
149. Cáceres NA, Yu Q, Capaldi J, et al. (2022) Evaluating environmental and inhibitory control strategies to improve outcomes in a widely available weight loss program. *Contemporary Clinical Trials* 11, 106844.
150. Anekwe CV, Jarrell AR, Townsend MJ, et al. (2020) Socioeconomics of obesity. *Current Obesity Reports* 9, 272–279.
151. Jackson HT, Anekwe C, Chang J, et al. (2019) The role of bariatric surgery on diabetes and diabetic care compliance. *Current Diabetes Reports* 19, 125.

152. Czepiel KS, Perez NP, Campoverde Reyes KJ, et al. (2020) Pharmacotherapy for the treatment of overweight and obesity in children, adolescents, and young adults in a large health system in the US. *Frontiers in Endocrinology* 11, 290.
153. Fatima Cody Stanford, slide presentation on "Obesity and Current Unmet Needs," *Radcliffe Cardiology*, accessed September 2023.
154. Johnson VR, Anekwe CV, Washington TB, et al. (2023) A women's health perspective on managing obesity. *Progress in Cardiovascular Diseases* 78, 11–16.
155. Diaz-Thomas AM, Golden SH, Dabelea DM, et al. (2023) Endocrine health and health care disparities in the pediatric and sexual and gender minority populations: An endocrine society scientific statement. *Journal of Clinical Endocrinology & Metabolism* 108, 1533–1584.
156. Butsch WS, Hajduk A, Cardel MI, et al. (2021) Covid-19 vaccines are effective in people with obesity: A position statement from the Obesity Society. *Obesity* 29, 1575–1579.
157. LinkedIn page for Fatima Cody Stanford.
158. Open Payments, disclosure page for Fatima C Stanford, Centers for Medicare and Medicaid Services, accessed September 2023.
159. Patel DK, Stanford FC (2018) Safety and tolerability of new-generation anti-obesity medications: A narrative review. *Postgraduate Medicine* 130, 173–182.
160. Johnson VR, Anekwe CV, Washington TB, et al. (2023) A women's health perspective on managing obesity. *Progress in Cardiovascular Diseases* 78, 11–16.
161. Open Payments, disclosure page for Fatima C Stanford, Centers for Medicare and Medicaid Services, accessed September 2023.
162. Fatima Cody Stanford, slide presentation about "Obesity and Current Unmet Needs," Radcliffe Cardiology, accessed September 2023.
163. Johnson VR, Anekwe CV, Washington TB, et al. (2023) A women's health perspective on managing obesity. *Progress in Cardiovascular Diseases* 78, 11–16.
164. Diaz-Thomas AM, Golden SH, Dabelea DM, et al. (2023) Endocrine health and health care disparities in the pediatric and sexual and gender minority populations: An endocrine society scientific statement. *Journal of Clinical Endocrinology & Metabolism* 108, 1533–1584.
165. Butsch WS, Hajduk A, Cardel MI, et al. (2021) Covid-19 vaccines are effective in people with obesity: A position statement from the Obesity Society. *Obesity* 29, 1575–1579.
166. LinkedIn page for Fatima Cody Stanford.
167. Mediflix,"Face to Face–Rethinking Weight," sponsored by Novo Nordisk, accessed September 2023.
168. CME Outfitters, medical education webcast, "Evaluation, treatment, and non-stigmatizing care for adolescents with obesity: Critical components of future health," course launch date June 28, 2023, accessed September 2023.
169. CME Outfitters, medical education course syllabus for June 30, 2021 live streaming course, "The Epidemic Within the Pandemic: Managing Complications in Populations with Obesity," accessed September 2023.
170. Free CME, medical education course, "A PCP-Obesity Specialist Collaboration Discussing the Most Undertreated Chronic Disease: Evidence-based Obesity Management," course release date April 17, 2023, accessed September 2023.
171. Fanelli SM, Kelly OJ, Krok-Schoen JL, et al. (2021) Low protein intakes and poor diet quality associate with functional limitations in U.S. adults with diabetes: A 2005–2016 NHANES analysis. *Nutrients* 13, 2582.
172. Fanelli SM, Jonnalagadda SS, Pisegna JL, et al. (2020) Poorer diet quality observed among us adults with a greater number of clinical chronic disease risk factors. *Journal of Primary Care & Community Health* 11.
173. Thomas S, Fanelli SM, Kelly O, et al. (2020) 1533-P: Lower protein intake is associated with higher intakes of carbohydrate and lower diet quality in adults with diabetes: A 2005–2016 NHANES analysis. *Diabetes* 69.
174. Ramsay SA, Bloch TD, Marriage B, et al. (2018) Skipping breakfast is associated with lower diet quality in young US children. *European Journal of Clinical Nutrition* 72, 548–556.
175. Shriver LH, Marriage BJ, Bloch TD, et al. (2018) Contribution of snacks to dietary intakes of young children in the United States. *Maternal & Child Nutrition* 14.
176. Krok-Schoen JL, Archdeacon Price A, Luo M, et al. (2019) Low dietary protein intakes and associated dietary patterns and functional limitations in an aging population: A NHANES analysis. *Journal of Nutrition, Health & Aging* 23, 338–347.
177. Kelly O, Fanelli SM, Krok-Schoen JL, et al. (2019) 1578-P: Meal consumption patterns and contributions of meals and snacks to total nutrient intakes by diabetes status. *Diabetes* 68.
178. Kelly O, Fanelli SM, Krok-Schoen JL, et al. (2019) 1577-P: Dietary intake trends associated with breakfast skipping in U.S. adults by diabetes status. *Diabetes* 68.
179. Price AA, Williams JA, Estes Doetsch H, et al. (2020) Utilization of current diagnostic indicators to characterize pediatric undernutrition among US Children. *Nutrients* 12, 1409.
180. Krok-Schoen JL, Jonnalagadda SS, Luo M, et al. (2019) Nutrient intakes from meals and snacks differ with age in middle-aged and older Americans. *Nutrients* 11, 1301.
181. Kelly O, Fanelli S, Thomas S, et al. (2020) Skipping breakfast is associated with diet quality and the distribution of food intake throughout the day: NHANES 2005–20016. *Current Developments in Nutrition* 4, 534.
182. Kelly O, Pisegna J, Taylor C, et al. (2020) Would you want to be what you eat? Food behaviors associate with diabetes status in U.S. adults. *Current Developments in Nutrition* 4, 1317.
183. Fanelli S & Taylor C (2021) P53 contribution of plant-based and animal-based sources to protein foods intakes among us adults by sex and age. *Journal of Nutrition Education and Behavior* 53, S48–S49.

184. Fanelli S, Heitman K, Madril P, et al. (2021) Delineating the nutritional contribution of animal protein to total intakes among adults in the US. *Current Developments in Nutrition* 5, 404.
185. Fanelli S, Walls C & Taylor C (2021) Skipping breakfast is associated with nutrient gaps and poorer diet quality among adults in the United States. *Proceedings of the Nutrition Society* 80, e48.
186. Fanelli S & Taylor C (2020) P101 comparison of food sources of energy among adults that skip versus consume breakfast. *Journal of Nutrition Education and Behavior* 52, S64.
187. Fanelli SM, Kelly OJ, Krok-Schoen JL, et al. (2021) Low protein intakes and poor diet quality associate with functional limitations in U.S. adults with diabetes: A 2005–2016 NHANES analysis. *Nutrients* 13, 2582.
188. Krok-Schoen JL, Archdeacon Price A, Luo M, et al. (2019) Low dietary protein intakes and associated dietary patterns and functional limitations in an aging population: A NHANES analysis. *Journal of Nutrition, Health & Aging* 23, 338–347.
189. Rist PM, Sesso HD, Johnson LG, et al. (2022) Design and baseline characteristics of participants in the COcoa Supplement and Multivitamin Outcomes Study (Cosmos). *Contemporary Clinical Trials* 116, 106728.
190. Guasch-Ferré M, Li J, Hu FB, et al. (2018) Effects of walnut consumption on blood lipids and other cardiovascular risk factors: An updated meta-analysis and systematic review of controlled trials. *American Journal of Clinical Nutrition* 108, 174–187.
191. Liu X, Guasch-Ferré M, Drouin-Chartier J-P, et al. (2019) Increased nut consumption and subsequent cardiovascular disease risk among U.S. men and women: Three large prospective cohort studies (OR17-08-19). *Current Developments in Nutrition* 3.
192. Bodhini D, Morton RW, Santhakumar V, et al. (2023) Role of sociodemographic, clinical, behavioral, and molecular factors in precision prevention of type 2 diabetes: A systematic review. *medRxiv* [Preprint].
193. Novo Nordisk Foundation, Who are we?, accessed September 2023.
194. *American Journal of Clinical Nutrition*, Editorial Board, accessed September 2023.
195. Deirdre Tobias LinkedIn page, accessed September 2023.
196. Mialon M, Serodio P, Crosbie E, et al. (2022) Conflicts of interest for members of the U.S. 2020 dietary guidelines advisory committee. *Public Health Nutrition*, 1–28.
197. Center for Science in the Public Interest, "Federal agencies are obscuring potential conflicts of interest among members of the Dietary Guidelines Advisory Committee," press release, updated May 9, 2023, accessed September 2023.
198. Center for Science in the Public Interest. "Groups urge disclosure of potential financial conflicts among members of the dietary guidelines advisory committee," press release, updated January 30, 2023, accessed September 2023.
199. Physician Payments Sunshine Act of 2009.
200. Open Payments, Open Payments about page, Centers for Medicare and Medicaid Services, accessed September 2023.
201. Nestle M (2018) "Co-opted? The American Society for Nutrition," *Unsavory Truth: How Food Companies Skew the Science of What We Eat.* New York, NY: Basic Books.
202. Eicher-Miller HA, Fulgoni VL & Keast DR (2012) Contributions of processed foods to dietary intake in the US from 2003-2008: A report of the Food and Nutrition Science Solutions Joint Task Force of the Academy of Nutrition and Dietetics, American Society for Nutrition, Institute of Food Technologists, and International Food Information Council. *The Journal of Nutrition* 142, 2065S-2072S.
203. Michele Simon, "Nutrition Scientists on the Take from Big Food," Eat Drink Politics, report, June 2015, accessed September 2023.
204. American Society for Nutrition, Board of Directors 2023–2024, accessed September 2023.
205. American Society for Nutrition. 2023 Sustaining Partners, accessed September 2023.
206. American Society for Nutrition, 2022 Sustaining Partners, Internet Archive Wayback Machine, accessed September 2023.
207. American Society for Nutrition, 2021 Sustaining Partners, Internet Archive Wayback Machine, accessed September 2023.
208. American Society for Nutrition, Sustaining Partners, accessed September 2023.
209. (2023) Erratum to "With appreciation" [The American Journal of Clinical Nutrition, Volume 117, Issue 1, January 2023, Pages 207–211]. *The American Journal of Clinical Nutrition* 118, 207–211.
210. Heather A. Eicher-Miller, Curriculum Vitae, Purdue University College of Health and Human Sciences, accessed September 2023.
211. Jean Mayer USDA Human Nutrition Research Center on Aging, Tufts University, center leadership about page, accessed September 2023.
212. 2022 Award Honorees, American Society for Nutrition, accessed September 2023.
213. Department of Nutrition Science, Purdue University, News 2021–2022, accessed September 2023.
214. Heather A. Eicher-Miller, Curriculum Vitae, Purdue University College of Health and Human Sciences, accessed September 2023.
215. News page from the Robert Stempel College of Public Health & Social Work, Florida International University, "American Society for Nutrition Names Cristina Palacios Chair-elect of Nutrition Education and Behavioral Science Research Interest Section," August 28, 2019, accessed September 2023.
216. Academy of Nutrition and Dietetics, About the Academy web page, accessed September 2023.
217. Ibid.

218. Academy of Nutrition and Dietetics, Annual Reports, 2018–2022, accessed September 2023.
219. Carriedo A, Pinsky I, Crosbie E, et al. (2022) The corporate capture of the nutrition profession in the USA: The case of the Academy of Nutrition and Dietetics. *Public Health Nutrition* 25, 3568–3582.
220. Michele Simon, "And Now a Word from Our Sponsors," Eat Drink Politics report, January 2013, accessed September 2023.
221. Candice Choi, Do Candy and Soda Makers Belong at a Dietitians' Conference? *Associated Press*, October 31, 2016.
222. Andy Bellatti, "Dietitians Fight Kraft Singles' 'Kids Eat Right' Seal," *Civil Eats*, March 23, 2015.
223. Stephanie Strom, "Dietitians Group Negotiating to End Labeling Deal With Kraft Singles." *New York Times*, March 30, 2015.
224. Reitshamer E, Schrier MS, Herbold N, et al. (2012) Members' attitudes toward corporate sponsorship of the Academy of Nutrition and Dietetics. *Journal of Hunger & Environmental Nutrition* 7, 149–164.
225. Anahad O'Connor, "Coke Spends Lavishly on Pediatricians and Dietitians." *New York Times*, September 28, 2015.
226. Carriedo A, Pinsky I, Crosbie E, et al. (2022) The corporate capture of the nutrition profession in the USA: The case of the Academy of Nutrition and Dietetics. *Public Health Nutrition* 25, 3568–3582.
227. Academy of Nutrition and Dietetics. Meet Our Sponsors, accessed September 2023.
228. Academy of Nutrition and Dietetics, Annual Reports, 2021 and 2022, accessed September 2023.
229. Wilson ER, Kyle TK, Nadglowski JF, et al. (2017) Obesity coverage gap: Consumers perceive low coverage for obesity treatments even when workplace wellness programs target BMI. *Obesity* 25, 370–377.
230. Thomas DM, Kyle TK & Stanford FC (2015) The gap between expectations and reality of exercise-induced weight loss is associated with discouragement. *Preventive Medicine* 81, 357–360.
231. Curriculum Vitae of Fatima Cody Stanford.
232. Tuma PA (2019) Dietary Guidelines 2020-2025: Update on Academy efforts. *Journal of the Academy of Nutrition and Dietetics* 119, 672–674.
233. UTHealth Houston School of Public Health, Deanna Hoelscher about page, accessed September 2023.
234. UTHealth Houston School of Public Health, Curriculum Vitae of Deanna M. Hoelscher, accessed September 2023.
235. University of Tennessee Knoxville, Department of Nutrition, Hollie Raynor Curriculum Vita, accessed September 2023.
236. Thanks to our Reviewers. *Journal of the Academy of Nutrition and Dietetics*
237. Bailey RL, Jun S, Cowan AE, et al. (2023) Major gaps in understanding dietary supplement use in health and disease. *Annual Review of Nutrition* 43, 179–197.
238. Simmons University, Teresa Fung about page.
239. University of Tennessee Knoxville, Department of Nutrition, Hollie Raynor Curriculum Vita.
240. Ibid.
241. UTHealth Houston School of Public Health, Curriculum Vitae of Deanna M. Hoelscher.
242. Dietary Guidelines for Americans, 2025 Advisory Committee about page, accessed September 2023.
243. Simmons University, Teresa Fung about page.
244. Morgan-Bathke M, Baxter SD, Halliday TM, et al. (2022) Weight management interventions provided by a dietitian for adults with overweight or obesity: An evidence analysis center systematic review and meta-analysis. *Journal of the Academy of Nutrition and Dietetics*.
245. Morgan-Bathke M, Raynor HA, Baxter SD, et al. (2023) Medical nutrition therapy interventions provided by dietitians for adult overweight and obesity management: An Academy of Nutrition and Dietetics evidence-based practice guideline. *Journal of the Academy of Nutrition and Dietetics* 123, 520–545.
246. Chui T-K, Proaño GV, Raynor HA, et al. (2020) A nutrition care process audit of the National Quality Improvement dataset: Supporting the improvement of data quality using the ANDHII platform. *Journal of the Academy of Nutrition and Dietetics* 120, 1238–1248.
247. Hoelscher DM, Brann LS, O'Brien S, et al. (2022) Prevention of pediatric overweight and obesity: Position of the Academy of Nutrition and Dietetics based on an umbrella review of systematic reviews. *Journal of the Academy of Nutrition and Dietetics* 122, 410–423.

ACKNOWLEDGEMENTS

Jim Krieger, MD, MPH (board member of Feed the Truth, clinical professor at University of Washington and executive director of Healthy Food America) reviewed the methods used in preparing this report and the final report. U.S. Right to Know is solely responsible for the methods and content of this report.

FULL DISCLOSURE

Assessing Conflicts of Interest of the 2025 Dietary Guidelines Advisory Committee

AVAILABLE ONLINE AT

https://usrtk.org/wp-content/uploads/dietary-guidelines-advisory-committee-conflicts-2023.pdf

U.S. RIGHT TO KNOW

U.S. Right to Know is a nonprofit public health research group.
We investigate corporate wrongdoing and government failures that threaten our health, environment and food system. Learn more about our work at usrtk.org.

U.S. RIGHT TO KNOW
USRTK.org