

August 31, 2021

Griffin P. Rodgers, MD, MACP
Director
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
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Re: Request for Information: Input on the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Strategic Plan Draft Document

Dear Dr. Rodgers,

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to comment on the Input on the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Strategic Plan. Representing more than 112,000 credentialed nutrition and dietetics practitioners, the Academy of Nutrition and Dietetics is the world’s largest organization of food and nutrition professionals. The Academy is committed to improving the nation’s health and advancing the profession of dietetics through research, education and advocacy.

i. Elevation of Nutrition Within the Strategic Plan

Nutrition is a biological variable such that "nutrition is the complex biology of what happens as food is acquired, consumed, and metabolized. Because nutritional status can both *affect* metabolism (and, thus, physiology) and *be affected by* metabolism, it is appropriately viewed as a biological variable with both *cause* and *effect* characteristics."¹

Poor nutrition status is a preventable, independent etiology of NIDDK diseases and yet the emphasis on nutrition research and the amount of funding allocated to nutrition is low. Dietary interventions are a cost-effect way to reduce poor health outcomes for individuals living with these conditions. Whether it is DM, CKD, cystic fibrosis or IBD, nutrition should be a first line intervention and NIDDK research should reflect this. We support this increased focus both in terms of NIDDK’s support for helping develop a multidisciplinary research community and in terms of specifically training researchers who are experts in nutrition research and nutrition care, both in the community and in the clinical setting.

The cross-cutting topics listed (achieving health equity, improving women's health and strengthening biomedical research) are important and the Academy supports their focus in the NIDDK strategic plan. We also recommend that nutrition be included within this list and that nutrition be threaded throughout the three programmatic divisions (Diabetes, Endocrinology and Metabolic Diseases; Kidney, Urologic, and Hematologic Diseases) rather than having nutrition only under the "Division of Digestive Diseases and Nutrition."

¹ Daniel J Raiten, Gerald F Combs, Jr, Alison L Steiber, Andrew A Bremer, Perspective: Nutritional Status as a Biological Variable (NABV): Integrating Nutrition Science into Basic and Clinical Research and Care, *Advances in Nutrition*, 2021;, nmab046, <https://doi.org/10.1093/advances/nmab046>

We support NIDDK's prevention efforts and encourage the Institute to expand its view of prevention beyond primary and second prevention to include an increased focus on how to reduce risk and slow progression of chronic conditions which are inherently progressive such as diabetes, chronic kidney disease, cystic fibrosis and inflammatory bowel disease.

ii. Supporting Health Equity

While exploring the areas of precision medicine and nutrition, it is important for NIDDK to not lose sight of the value of investing in interventions that have the potential to be received by those at the intersection of highest risk and lowest resources. Expensive medications and medical devices (e.g., continuous glucose monitoring machines) are not always accessible to the patients who need them. Research on interventions which are more cost-effective but have long range impact on outcomes, like increased access to healthy foods for pregnant women and children, need to be equally prioritized. Overweight, obesity and inflammation are root causes of many of the conditions addressed by NIDDK and thus NIDDK should be focusing on improving the health of communities where these diseases are most prevalent.

iii. Supporting Researchers from Underrepresented Backgrounds

We support and applaud NIDDK goals for increased support for researchers from backgrounds underrepresented in science. We specifically call out that junior faculty and researchers need support and mentorship including more opportunities for small grants to participate on study sections and network particularly in an environment with limited budget and restrictions to human research.

iv. Collaborating to Improve Relevance and Reach

The Academy recommends that NIDDK consider broadening the vision to include multidisciplinary community-based research as well as clinical studies and trials. Community-based research and comparative effectiveness research deepen the understanding of causes, contributors and barriers to implementation of interventions that are necessary for translating this work to a setting where widespread impact can be had. This research also helps public health practitioners, clinicians, and decision-makers adequately understand the inputs and potential effects of interventions to help prioritize interventions. Community-based participatory research could have huge implications on both the incidence of these diseases but also the speed in which the progress to end stage.

Given the link between many NIDDK-relevant diseases childhood exposures and behaviors, we recommend exploring opportunities to align with government agencies (e.g., NICHD) focused on pediatric growth and development to conduct research related to prevention of overweight and obesity through optimal nutrition security. Similarly, collaborative research to better understand the nutritional etiologies of autoimmune and inflammatory diseases in children and adolescents, particularly the dietary intake components, can help with the goal of reducing their incidence and severity among the population.

We would encourage NIDDK to enhance its collaboration with organizations and foundations who support and educate the practitioners and patients with NIDDK-relevant diseases. These collaborations could increase the probability of both basic and clinical trials being relevant to the end users. From basic research to implementation science, partnering with professional

organizations such as the Academy and its practice groups who can assist in understanding how care is provided and what challenges are being faced between the practitioner and patient will enhance relevancy and dissemination.

v. *Conclusion*

We strongly urge NIDDK to view nutrition as a cross-cutting topic for the NIDDK strategic plan and increase the focus on nutrition within each of the programmatic divisions such that the impact of nutrition status on incidence and prevalence of disease can be measured and the effectiveness and cost-effectiveness of nutrition interventions across all diseases within the NIDDK portfolio can be determined.

The strategic plan is overall very detailed in what has been accomplished but has less information on how the Institute will expand and move forward for future research, particularly related to nutrition. We recommend the NIDDK consider including information on the kinds of support and guidance they will provide researchers and how they will integrate the cross cutting topics throughout the programmatic divisions.

The Academy appreciates the opportunity to provide comments on the proposed NIDDK strategic plan. Please contact either Jeanne Blankenship by telephone at 312-899-1730 or by email at jblankenship@eatright.org, Alison Steiber by telephone at 312-899-1768 or by email at asteiber@eatright.org with any questions or requests for additional information.

Sincerely,



Jeanne Blankenship, MS, RDN
Vice President, Policy Initiatives and Advocacy
Academy of Nutrition and Dietetics



Alison Steiber, PhD, RDN
Chief Science Officer
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