

**June 22, 2015**

The Honorable Harold Rogers  
Chairman, U.S. House of Representatives Committee on Appropriations  
H-305, The Capitol, Washington, DC 20515

The Honorable Nita M. Lowey  
Ranking Member, U.S. House of Representatives Committee on Appropriations

The Honorable Robert Aderholt  
Chairman, U.S. House of Representatives Subcommittee on Appropriations for Agriculture, Rural  
Development, Food and Drug Administration, and Related Agencies

The Honorable Sam Farr  
Ranking Member, U.S. House of Representatives Subcommittee on Appropriations for Agriculture, Rural  
Development, Food and Drug Administration, and Related Agencies

The Honorable Tom Cole  
Chairman, U.S. House of Representatives Subcommittee on Appropriations for Labor, Health and Human  
Services, Education and Related Agencies

The Honorable Rosa DeLauro  
Ranking Member, U.S. House of Representatives Subcommittee on Appropriations for Labor, Health and  
Human Services, Education and Related Agencies

**Re: Agriculture and Labor/HHS Appropriations Riders on Dietary Guidelines**

Dear Appropriations Committee Member:

By law (Public Law 101-445, Title III, 7 U.S.C. 5301 et seq.), the Dietary Guidelines for Americans (DGA) is published by the federal government every 5 years. To meet this requirement, since the 1985 edition, the U. S. Department of Agriculture and Department of Health and Human Services have jointly appointed an expert scientific Dietary Guidelines Advisory Committee (DGAC) to review current scientific, medical and public health knowledge and make evidence-based nutrition and health recommendations to the Federal government for translation into the *Dietary Guidelines for Americans* (DGA).

The 2015 DGAC recognized that the DGA are the basis of Federal policies and programs and provide a critical framework for local, state, and national health promotion and disease prevention initiatives. We also understood the influence of the *DGA* in shaping policies and initiatives across the public and private sectors, including public health and health care, education, business, and the food industry and retailers.

The 2015 DGAC examined the scientific base in seven areas: Food and Nutrient Intakes and Health: Current Status and Trends; Dietary Patterns, Foods and Nutrients and Health Outcomes; Individual Diet and Physical Activity Behavior Change; Food Environment and Settings; Food Sustainability and Safety; Cross-cutting Topics of Public Health Importance (Sodium, Saturated Fat, Added Sugars and Low-calorie Sweeteners) and Physical Activity. We posed over 100

research questions and addressed each systematically and in several distinct ways. For example, we analyzed current food and nutrient intake patterns and trends in the U.S. using data from our robust national health and nutrition monitoring system (for example, the National Nutrition Examination Survey (NHANES), the Centers for Disease Control, and National Cancer Institute) and also conducted original modeling research to define an array of healthy dietary patterns. As appropriate, we systematically reviewed original peer-reviewed research literature (including meta analyses) and examined current reports on expert health guidelines from Federal agencies such as the National Institutes of Health (NIH), independent scientific groups including the National Academy of Sciences and Institute of Medicine, and professional health organizations such as the American Heart Association. The DGAC reviewed and synthesized the scientific evidence on each topic and considered quality evidence grading rubrics of the NEL or expert committees producing guidelines' on various health outcomes related to diet and other modifiable lifestyle behaviors. Formal grades were assigned to our conclusions and recommendations using strict criteria primarily where peer-reviewed published research formed the primary body of evidence. The DGAC process was completed in a 20 month period and throughout, was transparent and included regular public meetings and open public commentary.

Today, the undersigned members of the 2015 Dietary Guidelines Advisory Committee write in strong opposition to the *Dietary Guidelines*-related riders on the Agriculture and Labor/HHS appropriations bill that are currently under consideration in the House of Representatives and to request that the riders be removed from the bill. These riders severely curtail the development of the 2015 *Dietary Guidelines for Americans* by restricting policy development exclusively to the topics of 'diet and nutrient intake'. With an unduly narrow reading of this language, large areas within the scope of the DGAC's charge and its important scientific findings and recommendations would be ignored.

Furthermore, despite abundant and sound evidence, the bill would impose an arbitrary grading threshold retroactively, and limit policy development to recommendations in the DGAC Scientific Report that received a 'Strong' evidence grade (Grade 1). This threshold is completely inconsistent with current and historic scientific practice used for evidence-based expert guideline development by the NIH, National Academy of Sciences, Institute of Medicine, the *Dietary Guidelines for Americans*, World Health Organization and other expert scientific groups domestically and globally. In addition, the bill's riders undermine the entire process that was carefully implemented by the 2015 *Dietary Guidelines Advisory Committee* in collaboration with a large number of participating expert federal staff at USDA and DHHS and other expert advisors. The proposed riders would have serious key deleterious effects as discussed below.

**First and consistent with previous DGACs**, the 2015 Committee conducted original analyses of the current status and trends in food and nutrient intake and physical activity of the US population across the lifespan. We also modeled an array of dietary patterns that could be utilized to achieve healthy food and nutrient intake profiles consistent with minimizing disease prevention risk and maximizing health promotion across many of the Nation's most serious and preventable health problems including: cardiovascular disease, diabetes, overweight and obesity, and diet- and lifestyle-related cancers. Of note, these chronic diseases have a major impact on current and future health care expenditures; they also influence national security due to the high percentage of obese age-eligible recruits. Furthermore, we considered the health outcomes and metabolic risk profiles of Americans across broad age ranges and sociodemographic strata in

order to identify the most prevalent diet-related problems, trends that have been historically resistant to change, emerging and important new problems, and population subgroups at particular health and nutritional risk. Consistent with expert practice, the Committee did not assign formal evidence rating grades to conclusions and recommendations derived from its original data analyses. Of note also is that many of our graded conclusions and recommendations relate to important topics that are independent yet integral to ‘food and nutrition’ (for example, they may focus on diet-related health parameters and risks or physical activity) and, as such, are essential to the alleviation of the Nation’s burden of nutrition-related health problems. These important areas will be summarily ignored if the bill’s riders for a circumscribed policy development process were enacted.

**Second and consistent with the 2010 DGAC**, we examined relationships between dietary patterns and disease prevention and health promotion across the lifespan but we substantially expanded the disease endpoints considered by the 2010 DGAC. We also reviewed research findings from randomized controlled dietary intervention trials that were designed to achieve healthy dietary patterns, reduce disease risk and improve health outcomes. As a result, we reached new and important conclusions regarding the food and nutrient characteristics of diverse healthy dietary patterns. We also were able to identify the characteristics of and modes of effective preventive dietary interventions at individual levels and the clinically meaningful benefits to be accrued with high-quality dietary intervention strategies alone or in combination with physical activity interventions. If the narrow ‘diet and nutrient intake’ focus of the proposed bill riders were implemented, these important aspects of the 2015 DGAC Scientific report would be overlooked. This would seriously undermine the development of policies for healthcare systems and public health settings that would be designed to create programs that achieve healthy dietary patterns and improve physical activity using intervention strategies of known effectiveness. Such narrow interpretations would also place serious limitations on the ability of Americans to adopt healthy lifestyle behavior changes since the DGA policy development process would not be able to tap into the full extent of effective solutions identified in the 2015 DGAC’s sound recommendations. Finally, this would damage well-founded efforts to address the Nation’s preventable health and nutrition problems which account for a high proportion of the Nation’s annual health expenditures.

**Third**, the 2015 DGAC extended its evidence reviews to include research on ‘what modes and methods work’ to promote dietary behavior change at *individual* and *population* levels and the impact of such interventions on health-related outcomes. We assessed the antecedents of adverse dietary behaviors of individuals, the characteristics of effective intervention strategies and of their providers and settings, and the evidence of impact on health outcomes, particularly from interventions carried out in healthcare and public health settings. In addition, the 2015 DGAC examined other settings in which environmental changes have shown effectiveness in changing population dietary behaviors and health-related outcomes. This sound and high quality evidence base is critical to achieving improved dietary intake and physical activity patterns and essential to improving the health of the Nation and decreasing healthcare costs. Those problems particularly resistant to change, such as overweight and obesity, would benefit from innovative and effective models as defined in the DGAC’s Scientific Report and which could be integrated into Federal policies and scaled to various healthcare, public health and community settings including: day care, primary and secondary schools and corporate worksites. These critical aspects of the 2015 DGAC Scientific Report would also be imperiled by the bill’s riders.

**Fourth**, among the areas of focus of the 2015 DGAC was an assessment of food insecurity in the population, a major priority area of the U.S. Department of Agriculture. We examined this topic from current and future perspectives and in so doing, identified particular populations at risk for food insecurity; we also sought to determine whether population food insecurity was exacerbated by the goal to achieve healthy dietary patterns as defined in the 2015 Scientific Report and assessed whether healthy patterns were sustainable for current and future generations. If we are to promote healthy dietary patterns to our population, these are critical questions to address. However, if the bill's riders are implemented, these highly relevant and important aspects of the 2015 DGAC report will be dismissed. Opportunities for new and innovative approaches to health communications that link to environmental themes will also be lost.

**Fifth**, the 2015 DGAC's review of evidence on physical activity as well as the literature that examines health risks associated with various foods and food product constituents (such as caffeine or aspartame) would be removed if the bill's riders were accepted.

In effect, the bill's riders would prevent significant progress in the 2015 DGA by ignoring ample evidence and the many conclusions and recommendations of the 2015 DGAC that received **Strong** and **Moderate** evidence grades. The quality of the evidence at these levels warrants serious attention in the 2015 DGA policy development process. If overlooked, we would move little beyond the 2010 DGA and be forced to ignore substantive research that supports initiatives with the potential to stem the tide of our Nation's intractable obesity epidemic and other preventable diet- and lifestyle-related diseases. Nearly half of all American adults---117 million individuals---have one or more preventable chronic diseases that relate to poor dietary patterns and physical inactivity including: cardiovascular disease, hypertension, type 2 diabetes and diet-related cancers. Two-thirds of American adults are overweight and obesity and the majority have clinical evidence of disease risk that makes them candidates for evidence-based preventive intervention and treatment. One in three children and youth are overweight or obese and rates of diabetes are rapidly rising. Preventable, poverty-driven health disparities are rampant and food insecurity is high particularly in ethnic/racial minority groups and other vulnerable segments of the population. Future food insecurity is predictable without attention to the safety, quality, cost and sustainability of the food supply. The US health and public health systems are burdened with preventable health problems and employers and consumers are strained under rising healthcare costs, many of which are associated with the treatment of preventable health problems. Given the scope and urgency of these problems, it is important to consider the translation of the 2015 DGAC's entire report to the extent possible into the most comprehensive diet and health advice and an array of evidence-based programs and services at individual and population levels.

We strongly urge you to remove the "Grade 1: Strong" and "nutrient and diet intake" limitation language in the appropriations bill and allow the full range of recommendations put forth by the 2015 Dietary Guidance Advisory Committee to be considered in creating the 2015 Dietary Guidelines for Americans.

Respectfully submitted on behalf of the 2015 Dietary Guidelines Advisory Committee,



Barbara E. Millen, DrPH, RD, FADA  
Chair, 2015 Dietary Guidelines Advisory Committee

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