May 27, 2003

Honorable Claude A. Allen  
Deputy Secretary  
Department of Health and Human Services  
Washington, D.C. 20201

Honorable James R. Moseley  
Deputy Secretary  
Department of Agriculture  
Washington, D.C. 20250

Dear Mr. Allen and Mr. Moseley:

The purpose of this letter is to request that the Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) further incorporate the large body of recent public health evidence linking food consumption patterns to health and disease as the *Dietary Guidelines for Americans* is revised for its scheduled 2005 release and to update the *Food Guide Pyramid*, which was introduced in 1992.

Secretary Thompson has made it clear that both childhood overweight and adult obesity and the associated chronic health problems such as heart disease are widespread in the United States, and have become one of our nation’s most important public health problems. However, recent studies suggest that adherence to the *Dietary Guidelines* has only modest impact on the risk of cardiovascular disease and no significant impact on other chronic diseases such as cancer. The Office of Management and Budget (OMB) believes that these and other studies should play a prominent role as USDA and HHS revise the guidelines. Given the wide reach of the federal nutrition guidelines, we believe that good nutrition habits fostered by improved information on the links between diet and health will have a significant health impact, especially in reducing heart disease. Coronary heart disease (CHD) is our nation’s largest cause of premature death for both men and women, killing over 500,000 Americans each year. Even a modest improvement in dietary habits may lead to significant reductions in the number of premature deaths from CHD.

We recognize that the 2000 *Dietary Guidelines* made some changes in recommendations that may reduce cardiovascular risk. We nonetheless urge you to reconsider all available nutritional and medical evidence as you develop the new guidelines. For example, in a previous letter addressed to HHS, we encouraged the Food and Drug Administration (FDA) to finalize a rule to require a product’s Nutrition Facts panel to include the amount of *trans* fatty acids present in foods. As you know, there is a growing body of scientific evidence, both experimental and epidemiological, that suggests consumption of *trans* fatty acids increases the risk of CHD. Another important risk factor is the omega-3 fatty acid content of food. Both epidemiologic and clinical studies find that an increase in consumption of omega-3 fatty acids
results in reduced deaths due to CHD. The recent revision of the American Heart Association’s (AHA’s) dietary guidelines recognizes this evidence by recommending consuming fish, which is high in omega-3 fatty acids, at least twice weekly to reduce the risk of CHD. In addition, the AHA recommends the inclusion of oils and other food sources high in omega-3 fatty acids.

The current Dietary Guidelines targets only the reduction of saturated fat and cholesterol, with only a brief reference to the risks from trans fatty acids and benefits of omega-3 fatty acids. We encourage you to consider strengthening the language in the guidance and to modify the Food Guide Pyramid to better differentiate the health benefits and risks from foods. As noted in the Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans (2000), consumers find the Food Guide Pyramid to be the most useful part of the Guidelines and the Guidelines itself encourages readers to "let the pyramid guide your food choices." Yet the current Food Guide Pyramid, for example, groups meat, poultry, fish, dry beans, eggs, and nuts into a single "Meat and Beans Group" when research suggests that these foods may not be equivalent in terms of their health effects.

Given the significant potential improvement in public health suggested by current evidence, we urge you to consider revising the Dietary Guidelines and Food Guide Pyramid to emphasize the benefits of reducing foods high in trans fatty acids and increasing consumption of foods rich in omega-3 fatty acid.

We would like to set up a meeting with your agencies in the next few weeks to discuss this issue. As always, the OIRA staff stands ready to assist you in these efforts.

Sincerely,

[Signature]

John D. Graham, Ph.D.
Administrator