



DEPARTMENT OF HEALTH
AND HUMAN SERVICES

DEPARTMENT OF
AGRICULTURE



January 28, 2015

The Honorable Sylvia Mathews Burwell
Secretary of Health and Human Services
200 Independence Avenue, SW
Washington DC, 20201

The Honorable Thomas J. Vilsack
Secretary of Agriculture
1400 Independence Avenue, SW
Washington DC, 20250

Dear Secretaries Burwell and Vilsack,

It is my great honor to present to you the final Scientific Report of the 2015 Dietary Guidelines Advisory Committee (DGAC). When appointed a year and a half ago, our Committee accepted the charge of examining where sufficient “new scientific evidence is likely to be available that may inform revisions to the current guidance or suggest new guidance.” We recognized the importance and key function of the U.S. *Dietary Guidelines* in forming the basis of Federal nutrition policy and programs and in providing a critical framework for local, state, and national health promotion and disease prevention strategies. We also understood the influence of the *Guidelines* in shaping policies, standards, and initiatives across the public and private sectors, including public health and health care, education, business, and the food industry and retailers. As such, we approached our review with a broad scope to address the many issues that may be relevant as the government creates the *2015 Dietary Guidelines for Americans*.

In carrying out our charge, the 2015 DGAC formulated a set of overarching goals. In brief, we planned to determine the current composition and quality of the American diet and areas of public health concern; trends in the Nation’s leading diet- and lifestyle-related health problems; the established, measurable impact of overall dietary patterns and physical activity on short- and long-term health outcomes; the most effective methods of improving dietary patterns and physical activity to achieve favorable health outcomes in Americans 2 years and older; and sound strategies to help promote a healthy, safe, affordable, and sustainable food supply. We also were intent on identifying the Nation’s major diet- and lifestyle-related health disparities and levels of food insecurity in underserved populations. Recognizing the dynamic interplay between individuals, their families and communities, and the environment, we laid out an ecological, systems-based conceptual framework to guide our deliberative processes and then evaluated almost 100 primary and many ancillary research questions.

Over the past 18 months, the 2015 DGAC was extremely privileged to work with the outstanding Federal support staff of the U.S. Departments of Agriculture and Health and Human Services. We wish to acknowledge these individuals and their invaluable assistance as we developed our Report. We will be forever grateful for their dedication to working with our expert Committee to create the most productive and wonderfully collegial environment for our deliberations. With their

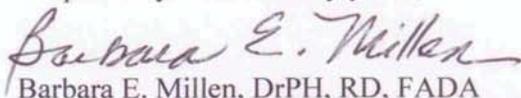
extraordinarily capable assistance, we were able to develop a current and sound evidence base using many complex sources, including an abundance of original peer-reviewed literature compiled by USDA's Nutrition Evidence Library and its national network of research volunteers, the national nutrition and health data monitoring systems, the National Health and Nutrition Examination Survey, and the USDA food pattern modeling process.

Our Report highlights the major diet-related health problems we face as a Nation and must reverse. About half of all American adults—117 million individuals—have one or more *preventable* chronic diseases that relate to poor quality dietary patterns and physical inactivity, including cardiovascular diseases, hypertension, type 2 diabetes, and diet-related cancers. More than two-thirds of adults and nearly one-third of children and youth are overweight or obese. These devastating health problems have persisted for decades, strained U.S. health care costs, and focused the attention of our health care system on disease treatment rather than prevention. They call for bold action and sound, innovative solutions.

The dietary patterns of the American public are suboptimal and are causally related to poor individual and population health and higher chronic disease rates. Unfortunately, few improvements in consumers' food choices have occurred in recent decades. On average, the U.S. diet is low in vegetables, fruit, and whole grains and too high in calories, saturated fat, sodium, refined grains, and added sugars. Under-consumption of vitamin D, calcium, potassium, and fiber are of public health concern for the majority of the U.S. population. Furthermore, more than 49 million people in the United States, including nearly 9 million children, live in food insecure households. Creative, evidence-based strategies are needed to reverse these alarming trends.

The economic and social costs of preventable chronic diseases, health disparities, and food insecurity are enormous, and the Nation's adverse dietary pattern and physical activity trends must be reversed. The 2015 DGAC hopes that its Report will aid in developing public policies that aim to establish a "culture of health" at individual and population levels and, in so doing, make healthy lifestyle choices easy, accessible, affordable and normative—both at home and away from home. Dramatic paradigm shifts are needed to help individuals and families take more active roles in their personal health and to incentivize health care and public health services, programs, and research to focus more on prevention and personal diet and lifestyle management. We hope our Report will also lead to public policies that align the public and private sectors on common ground to work collaboratively to develop and offer healthier food products and choices, expanded nutrition programs and services focused on prevention, and greater opportunities for increased physical activity. We urge the development and implementation of nutrition and related policies, standards, programs, and services that promote population-wide healthy dietary patterns and physical activity. Our Report also recommends key research areas where priority attention is needed. That said, the Committee wishes to emphasize that the current evidence base has never been stronger and provides a sound basis to guide the development of public policies and effective nutrition and physical activity interventions to promote health and prevent disease at individual and population levels. Establishing the policy framework to achieve these aims is of paramount importance. We look forward to the translation of this Report into future recommendations in the *2015 Dietary Guidelines for Americans*.

Respectfully and sincerely yours,



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