

Dietary Guidelines; for sodium and cholesterol on Daily Values set by the Food and Drug Administration (FDA) for use on food labels; and for potassium on the estimated minimum requirement from the 1989 RDAs.

4. *Nutrient Profiles of Food Guide Pyramid Food Groups and Subgroups.* These profiles identify the nutritional composition of foods in each group or subgroup, weighted by their average consumption by Americans. Nutrient profiles are also included for additional solid fats, oils and soft margarines, and for added sugars. Consumption data for food groups were calculated from the 1994–96 USDA Continuing Survey of Food Intakes by Individuals. The nutrient profiles are used in determining whether the nutritional goals for each Pyramid food pattern are met.

5. *Nutrients in Proposed Food Intake Patterns.* This table identifies the overall nutrient composition for each proposed food pattern and how this nutrient composition compares to the nutritional goals set for that pattern. First, the total amount of each nutrient in the pattern is calculated by using the nutrient profile for each food group or subgroup (Table 4) multiplied by the amount to be consumed from that group (Table 1). Then, the total amount of each nutrient is compared to the nutritional goal for that nutrient reported in Table 3. The result of that comparison is shown in Table 5 as a percent of the nutrient goal or as a percent of calories.

## V. Topics of Particular Interest to CNPP for Comments

Comments are welcomed on all aspects of the proposed Daily Food Intake Patterns and the accompanying technical support data tables. CNPP has particular interest in receiving comments from the public on the following issues and questions:

1. Appropriateness of using *sedentary, reference-sized individuals* in assigning target calorie levels (Table 2) for assessing the nutritional adequacy and moderation of each food intake pattern.

Reference heights and weights are set in Dietary Reference Intakes reports. Reference heights are the median heights for each age/gender group. Reference weights are weights that should approximate “ideal” weights based on low risk of chronic disease and adequate growth for children. For most adults, the reference weight used in these calculations represents a weight that is less than their actual weight. Use of average weights would increase the estimated energy requirements, and their use could promote consumption of food at a level that would increase

weight or maintain weight above what is healthy.

The calorie levels for food patterns used in comparing intakes with nutritional goals are those that are appropriate, on average, for sedentary individuals in each age/gender group. Use of these calorie levels does not require the assumption that a person needs to be active in order to meet nutrient needs. Given the sedentary lifestyles of many Americans, it was considered better not to assume any specific level of physical activity. However, CNPP does plan to encourage physical activity in Food Guide Pyramid materials designed for consumers.

2. Appropriateness of the *selection of nutritional goals* for the daily food intake patterns. The nutritional goals and their sources are identified in Table 3. For most nutrients, the *adequacy goal* is based on the RDA or Adequate Intake set by the IOM in recent Dietary Reference Intake reports. RDAs rather than Estimated Average Requirements, also set by the IOM, were used as the criteria for the nutritional goals because the food intake patterns are designed for use by individuals rather than for planning group intakes. The goal for each pattern is to have an intake at the RDA or Adequate Intake level or higher, but less than the Upper Limit of intake for that nutrient. In light of the inherent limitations of the data used to set the RDA and to create nutrient profiles, small deviations below the target of 100% RDA were considered acceptable. Because of the way nutrients are distributed in foods, levels of some nutrients in the food patterns (protein and vitamins C and A, for example) will likely exceed recommended quantities, while the pattern provides just the recommended quantities of other nutrients (folate and zinc, for example). Amounts of a nutrient in excess of the RDA or Adequate Intake were considered acceptable as long as they did not exceed the Upper Limits for that nutrient. For potassium, no recent Dietary Reference Intake report was available, so the 1989 minimum requirement was used.

For *moderation goals*, the standards used were the Acceptable Macronutrient Distribution Ranges (AMDR) from the IOM macronutrients report, quantitative recommendations from the 2000 Dietary Guidelines, or Daily Values set by FDA for use on Nutrition Facts Labels. In the case of the AMDRs, the goals were for nutrient levels to be within the range specified. An intake goal for trans fats was not set because no quantified standard is provided in the Dietary Reference Intakes or the Dietary Guidelines. In addition, data on the

current amount of trans fats in many food items are not available. CNPP does plan to provide information about limiting consumption of trans fats in materials designed for consumers.

*Nutritional goal for total fiber:* For total fiber, the IOM set Adequate Intake (AI) levels for each age/gender group based on the median caloric intake for that group. Since the food intake patterns are planned to meet nutrient needs at lower calorie levels—for sedentary, reference-sized individuals—the AIs were not considered to be appropriate goals. Therefore, the nutritional goal for total fiber is 14 grams total fiber per 1000 calories, the value used by the IOM as the basis for setting AI levels. In addition, the AI for fiber is set for “total” fiber rather than the “dietary” fiber that is available in food composition tables. The IOM report suggests that the amount of total fiber in an average diet, about 2000 calories, may be approximately 5.1 grams more than the amount of dietary fiber. Therefore, to convert the dietary fiber amounts from food composition data to estimates of total fiber, 2.5 grams were added to the calculated amount of dietary fiber for each 1000 calories in the food intake pattern.

*Nutritional goal for vitamin E:* The RDA for vitamin E in the 2000 IOM report increased substantially over the 1989 RDA. Typical intakes of vitamin E, as measured in food consumption surveys, are far less than the new RDA. Meeting the new RDA, especially at lower calorie intakes, would require substantial changes from typical intakes and would require the use of foods not commonly consumed. This is not consistent with the philosophical goal of being realistic and practical. While not reaching the RDA, vitamin E levels in the revised food intake patterns are higher than current consumption and are also higher than in the original food intake patterns. The major sources of vitamin E in American diets are fats and oils (20%) and vegetables (15%). Sunflower and safflower oils are especially rich in vitamin E, but the majority of vitamin E from fats and oils in American diets comes from soybean oil, which is much more widely consumed. The proposed daily food intake patterns include higher levels of dark green vegetables, legumes, and oils and soft margarines (replacing some solid fats) than the original Pyramid. Specifying the use of nuts and seeds to meet the vitamin E RDA was not considered to be feasible, since they contribute only 4% of the total vitamin E in American diets. In addition, peanuts or peanut butter, which together represent about 80% of all nut