in focus

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DIETARY FAT & HEART DISEASE DEBATE COMMANDS NEW ATTENTION

Fat and Heart Disease:
New Research or Dubious Science?

by Fiona Chew, Ph.D., Professor, S.I. Newhouse School of Public Communications, Syracuse University, N.Y.

"Butter Is Back" and "Study Questions Saturated Fat and Heart Disease Link" were among the many eye-grabbing headlines published across mainstream media following a March 2014 report that questioned the detrimental health effects of saturated fats.

But, tempting as it may be, is it prudent to push aside prevailing counsel and order that steak with buttered potatoes? Science not only asks the question; it provides the answer.

The Controversy

Public health officials and health-promoting organizations have long categorized saturated fats as "bad" fats because of their documented harmful effects on the heart, and unsaturated fats as "good" fats because of their positive effects on the same organ. It was, therefore, little surprise that when Rajiv Chowdhury, M.D., Ph.D., and his cohort questioned conventional wisdom and long-standing dietary recommendations to avoid foods containing saturated fats (e.g., beef, cheese and butter) and replace them with more foods containing unsaturated fats (e.g., nuts, vegetable oils and salmon), a faction ensued. Meanwhile, as pundits, physicians and policymakers pontificated, the American public watched, read and waited, wondering whom to believe and what, if anything, to do.

Conclusions from the New Research

Chowdhury et al.'s controversial research appeared as an article entitled "Association of Dietary, Circulating, and Supplement Fatty Acids With Coronary Risk: A Systematic Review and Meta-analysis" in the March 18, 2014 issue of the *Annals of Internal Medicine.*

Comprising three meta-analyses, the review by the group of international researchers concluded that saturated fats were not as detrimental as previously believed, indicating that, overall, the evidence did not support higher consumption of polyunsaturated fats or monounsaturated fats, and lower consumption of saturated fats to reduce heart disease risk. The review did confirm, however, that trans fats were linked to higher heart disease risk.

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While Chowdhury et al.'s conclusions received significant media attention and were consistent with Siri-Tarino et al.'s 2010 research in *American Society of Nutrition* suggesting a lack of evidence linking saturated fat to an increased risk of heart disease, the science behind the

controversy finds no substantive data to support the meta-analysis. In fact, it repudiates it as a potential new paradigm.

New Analysis of Old Research

To arrive at their conclusions, Chowdhury et al. aggregated the results of 76 completed scientific research studies, including: 32 observational studies with 512,420 participants that examined the relationship between dietary fatty acids intake and coronary risk; 17 observational studies with 25,727 participants looking at fatty acid biomarkers and coronary risk; and 27 randomized controlled trials with 105,085 participants investigating the effect of fatty acid supplementation on coronary outcomes.

In the observational studies, the researchers compared relative risk of coronary heart disease among participants consuming different types of fat – saturated, polyunsaturated, monounsaturated and trans fats – and different subtypes of fatty acids within each of these fat types. They found no statistically significant differences in high versus low consumption of saturated fats, monounsaturated fats and polyunsaturated fats or fatty acid subtypes and coronary risk. Higher consumption of trans fats (and total trans fatty acids), however, was associated with a statistically significant higher risk.

The meta-analysis of randomized controlled trials examined supplementation with linoleic acid and omega-3 and omega-6 fatty acids, and found no statistically significant reduction in heart disease risks. Since the results were based on the aggregation of existing studies and limited to the observed participants, who may or may not have been optimal candidates for testing specific associations, the researchers called for further trials in the area of supplementation.

As mentioned above, the results of this Chowdhury et al. meta-analysis of clinical trials were consistent with Siri-Tarino et al.'s 2010 analysis, which aggregated 21 studies with 347,747 participants who were tracked over a period of 5 to 23 years and found no significant evidence supporting the association of dietary fat consumption to an increased risk of coronary heart disease, stroke or cardiovascular disease (CVD).

Reactions from the Scientific Community

Just as it did in 2010 in the wake of Siri-Tarino et al., the scientific community strongly critiqued and commented on the Chowdhury et al. meta-analysis and its conclusions about fat consumption, with many scientists publishing comments in the *Annals of Internal Medicine* "Letters and Comments" section.

Drs. Walter Willett, Frank Sacks and Meir Stampfer of Harvard University's School of Public Health pointed out discrepancies in the number of studies included in the review's fatty acids biomarker analysis and the varying results (non-significant in the former versus significant in the latter). From the supplement table data, they concluded that the results for "both intake and biomarkers for long-chain ω-3 fatty acids support benefit." They also reported that the varied findings in the randomized controlled trials were expected, because many in the study population had relatively high ω-3 fatty acids consumption, which would therefore show little benefit (*Annals of Internal Medicine*. 161:6:453, 2014).

Willett et al. additionally identified several drawbacks to the analyses sampled, including: erroneous data in an important study that was included in the pooled analysis; inclusion of participants with prevalent CVD at baseline, instead of only healthy participants; and lack of acknowledgement by the meta-analysts of earlier pooled analyses that allowed direct comparisons between different fats, indicating that replacing saturated fatty acids (SFAs) with polyunsaturated fatty acids (PUFAs) was associated with lower coronary risks. Likewise, Willett et al. argued that the Chowdhury et al. review did not acknowledge data demonstrating the reduction of low-density lipoprotein cholesterol (LDL) when SFAs were replaced with monounsaturated fatty acids (MUFAs) or PUFAs. They maintain that a comprehensive review of the scientific literature would support the replacement of SFAs with PUFAs to reduce CVD risk.

Other scientists stated that Chowdhury et al. misinterpreted the results of some of the studies, including Drs. Christine Dawczynski, Marcus E. Kleber, Winfried März, Gerhard Jahreis and Stefan Lorkowski, who said data from their own meta-analysis using some of the same studies showed a positive association between saturated fats and coronary outcomes (*Annals of Internal Medicine*. 161:6:453-454, 2014). Other researchers, such as Drs. Frank Davidoff and Irwin H. Rosenberg, accused the meta-analysts of ecological fallacy and extrapolating results based on individuals or subgroups in a study population to the entire study population (*Annals of Internal Medicine*. 161:6:454, 2014). Still other critiques drew attention to differential results based on the inclusion or exclusion of studies, and raised the question of omission bias (Liebman, Katan & Jacobson, *Annals of Internal Medicine*. 161:6:454-

NOT ALL FATS ARE EQUAL

Category	MUFAs (Monounsaturated fatty acids)	PUFAs (Polyunsaturated fatty acids)	SFAs (Saturated fatty acids)
ROLE	Good fat	Good fat	Bad fat
FUNCTION	Decrease LDL[a] cholesterol, increase HDL [b] cholesterol	Decrease total cholesterol and LDL cholesterol	Increase total cholesterol and LDL cholesterol
EFFECT	Decrease risk of CVD	Decrease risk of CVD	Increase risk of CVD
RECOMMENDED ACTION	Replacing SFAs with MUFAs leads to decrease in CVD risk	Replacing SFAs with PUFAs leads to decrease in CVD risk	Decreasing SFA consumption resulted in CVD declines
SOURCES	Olive oil, canola oil, peanut oil, safflower oil, sesame oil, avocado, peanut butter, macadamia nuts, hazel nuts, almonds	Soybean oil, corn oil, sunflower oil, walnuts, sunflower seeds, tofu and soybeans, fatty fish such as salmon, mackerel, herring and trout	Fatty beef, lamb, pork, poultry with skin, beef fat (tallow), lard and cream, butter, cheese

[a] LDL cholesterol builds up in the bloodstream and deposits as plaque around the coronary arteries and other arteries constricting blood flow. Breakaway plaque could lead to a heart attack or stroke.

[b] HDL cholesterol removes LDL from the bloodstream and arterial walls, reducing the potential for plaque buildup.

455, 2014; Morenga, Mann & Skeaff, *Annals of Internal Medicine*. 161:6:455, 2014).

Finally, there were calls by experts to: further examine and differentiate the dietary sources of fatty acids (McCaulley, *Annals of Internal Medicine*. 161:6:456, 2014; Schwingshackl & Hoffman, *Annals of Internal Medicine*. 161:6:455-456, 2014); account for the effect of the replacement food, such as sugar and carbohydrates, on coronary risk (Diekman et al., *Annals of Internal Medicine*. 161:6:456-457, 2014); develop dietary guidelines based on the totality of evidence (Geleijnse, Brouwer & Kromhout, *Annals of Internal Medicine*. 161:6:457- 458, 2014); and focus on a "whole-diet" approach (O'Neil & Itsiopoulos, *Annals of Internal Medicine*. 161:6:458, 2014).

Media Storm

News organizations and medical/health journalists were also swift to round up various perspectives. The *New York Times* quoted Dr. Frank Hu, nutrition and epidemiology professor at Harvard's School of Public Health, as cautioning that the Chowdhury et al. findings did not represent "a green light" for more consumption of foods high in saturated fats, such as steak and butter. Advising the public to eat Mediterranean diet foods such as fish, high-fiber grains, olive oil, nuts and avocados, Hu emphasized that it was misleading to analyze individual nutrients in isolation because, when saturated fats are reduced, they are often replaced by refined carbohydrates, which can also increase heart disease risk. The focus on a whole diet approach was echoed by Yale University nutrition science professor Dr. David Katz.

New York University nutrition professor Dr. Marion Nestle indicated in *The Boston Globe* that the Chowdhury et al. study created confusion for everyone, and advised the public to eat all things in moderation.

Meanwhile, Dr. Dariush Mozaffarian, a co-author of the 2014 meta-analytic study, defended his and his cohort's conclusions, elaborating in *The Boston Globe* that, in their review, saturated fat was found to increase the size of the LDL, or artery-clogging cholesterol, particle, but not the number of LDL particles, which scientists now consider the main culprit for higher heart disease risk.

Scientific Evidence

While Chowdhury et al.'s review questioned the link between saturated fats and CVD, the cumulative scientific data, in conjunction with the scientific community, continue to support the connection.

The Nutrition Evidence Library (NEL) in the U.S. Department of Agriculture's Center for Nutrition Policy and Promotion houses the complete body of available scientific evidence to address food and nutrition questions, and it has become the nexus of facts – and the link between factions – in this larger-than-life health discussion. Conducting systematic reviews of the findings under its purview, the library fully documents available studies and provides evidence on the association of various types of fats and CVD risk, among other things. In fact, many of the findings establishing the relationship between fatty acids and coronary heart disease were predicated on the library's systematic reviews.

Saturated fatty acids. A 2011 NEL review of 12 recent studies, including 10 randomized controlled trials, one non-randomized trial and a meta-analysis of 11 cohort studies, resulted in strong evidence showing that SFAs have a positive association with increased risk of CVD. The review also revealed that decreasing SFA consumption conversely led to CVD declines. Specifically, it found that when there was a 5 percent decrease in SFA energy which was replaced by MUFAs or PUFAs, CVD risk dropped. A total of more than 344,900 subjects participated in the studies examined.

Polyunsaturated fatty acids. A NEL review of 10 studies involving more than 425,000 subjects from one meta-analysis of 11 cohort studies, five randomized controlled trials and four cohort studies provided strong and consistent evidence that n-6 PUFAs were linked to improved blood lipids associated with CVD, particularly when PUFAs replaced dietary SFAs or trans fatty acids. Replacing SFAs with PUFAs resulted in decreased total cholesterol, LDL cholesterol and triglycerides, the evaluation found, with PUFA consumption significantly leading to declines in CVD risk.

Another NEL review of 28 studies comprising nine meta-analyses, four randomized controlled trials and 15 cohort studies provided moderate evidence that consuming two servings of seafood equivalent to 250 mg per day of long-chain n-3 fatty acids was linked to reduced deaths from coronary heart disease or sudden death in persons with CVD. Meanwhile, eight studies examining the relationship between consumption of plant n-3 PUFAs and CVD risk showed limited, but supportive, evidence based on NEL review that higher consumption of plant-based n-3 fatty acids may be associated with reduced mortality among persons with CVD.

Monounsaturated fatty acids. A NEL review of 13 studies, including one meta-analysis of 11 cohort studies, 11 randomized controlled trials and one cohort study with more than 350,500 subjects, yielded strong evidence that when MUFAs replaced SFAs, blood lipids related to CVD improved and CVD risk decreased.

Trans fatty acids. Results from a 2006 meta-analysis of four cohort studies with nearly 400,000 subjects by Chowdhury et al. co-author David Mozaffarian and other researchers in the *New England Journal of Medicine* showed a higher increase in CVD risk from a higher intake of energy from trans fatty acids.

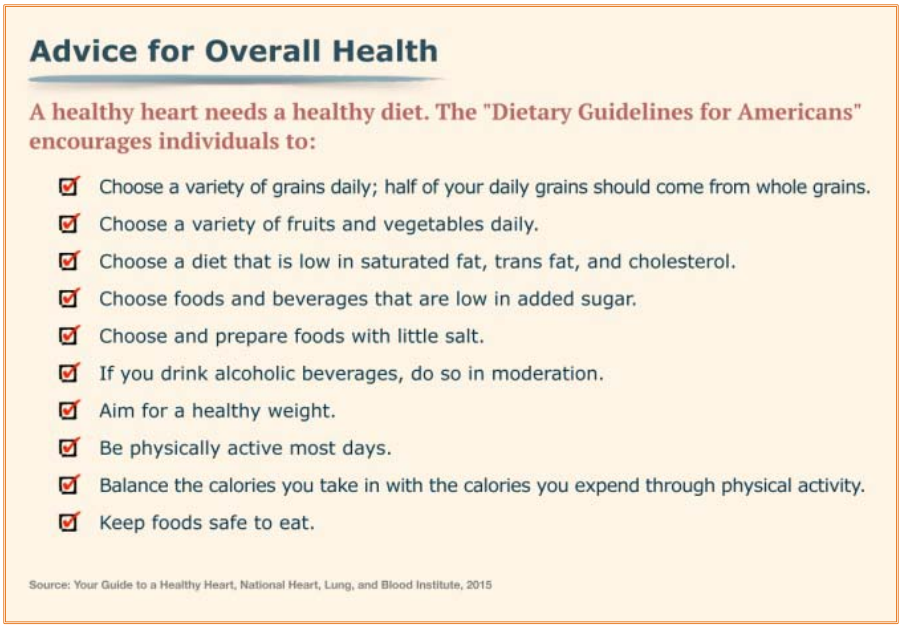
Overall, the scientific record consistently has shown that saturated fats and trans fats have an adverse association with CVD, and that intake of these fats increases CVD risk, while replacing them with polyunsaturated or monounsaturated fats reduces that risk.

Higher vs. Lower Fat Intake

Chowdhury et al.'s conclusion that "[c]urrent evidence does not clearly support cardiovascular guidelines that encourage high consumption of polyunsaturated fatty acids and low consumption of total saturated fats," was based on 49 observational studies. The authors aggregated the comparison of the top third and bottom third of participants' dietary intake of saturated fats, polyunsaturated fats and monounsaturated fats among 538,141 participants. They did not report that one fat was better than another fat, only that

higher intake versus lower intake of each type of fat was not associated with a higher or lower coronary risk. However, no absolute measures of the amount of fatty acids consumed were listed, since only the top and bottom thirds were assessed; therefore, these represent relative "highs" and "lows," and may not denote actual high and low amounts of fats.

Additionally, Chowdhury et al. analyzed the pooled effects of 27 randomized controlled trials with 105,085 participants and compared the supplementation of linoleic acid, long chain omega-3 fatty acid and omega-6 fatty acid. They concluded that "supplementation with these nutrients does not statistically significantly reduce the risk for coronary outcomes," but accepted data demonstrate otherwise.



SFAs are DOA

Despite the attention-grabbing headlines and heated debate surrounding the Chowdhury et al. analysis, butter is decidedly not back. It is squarely where it was before the controversy began. Perhaps the fact that there were polemics at all underlines, at least in part, that the permission to indulge has strong supporters.

In short, Chowdhury et al. gave us an "in." It was a narrow entrée, with little support, but it opened the door to questions – and the possibility of a completely guiltless cheeseburger, pizza or steak. And, if nothing else, it reminded professionals and the public alike that our renouncement of SFAs is backed by reams of strong, clear and exacting research.

This scientific evidence stands up to scrutiny. In doing so, it has established the consistent association between the consumption of saturated fats and trans fats, and the increase in CVD risk. Likewise, it finds and substantiates that replacing saturated fats with polyunsaturated or monounsaturated fats is linked to lower CVD risk.

Questions, no matter how big and broad, beg answers, however, and further research related to Chowdhury et al. is recommended. In addition to macro studies examining the quality of the whole diet and the replacement of saturated fats with carbohydrates, micro studies examining the chain length of saturated fats and the way in which the body metabolizes these fats, as well as investigations into the quality of gut microbiomes, merit examination.

In The Spotlight

Dietary Guidelines Advisory Committee Urges More Fruits and Vegetables, Less Meat

by Fiona Chew, Ph.D., Professor, S.I. Newhouse School of Public Communications, Syracuse University, N. Y.

About half of American adults, or 117 million people, have one or more preventable chronic diseases related to poor diet and lack of physical activity, and about two-thirds, or 155 million of the same demographic, are overweight or obese. Guided by these facts, in February 2015, the nation's top scientific panel on nutrition released an update on healthy nutrition and provided food-based recommendations that emphasize higher consumption of vegetables and fruits, and lower consumption of red and processed meat.

The recommendations are the scientific basis of the *Dietary Guidelines for Americans*, which is updated and published every five years by the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (DHHS), and which influences federal food and nutrition policy, as well as education initiatives such as the school lunch program.

Diet and Physical Activity, Health Promotion and Disease Prevention at Individual and Population Levels across the Lifespan

Source: http://www.health.gov/dietaryguidelines/2015-scientific-report/img/Figure-B21-color.png

If heeded, these latest recommendations mean a significant diet shift for many Americans. They also offer some help for the environment, as the panel placed a premium on sustainability and environmental impact during its review, a new provision that acknowledges a connection between the physical well-being of humans and the health, and future, of the planet.

Towards a Healthful Diet

Focusing on a healthful diet rather than the health benefits of individual nutrients, the advice in *Dietary Guidelines for Americans, 2015* is intended to help Americans attain and maintain a healthy weight, promote health and prevent disease in the face of two additional nutrition-related health issues. These include suboptimal dietary patterns of Americans, resulting in poor health and high chronic disease risk, and food insecurity, whereby the availability of sufficiently nutritious foods is limited.

Data from the 2012 national food surveys "What We Eat in America" and the "National Health and Nutrition Examination Survey," which are conducted routinely by DHHS (in partnership with USDA on the former), showed that Americans were eating inadequate amounts of vegetables, fruits, whole grains and low-fat dairy. At the same time, the survey statistics revealed that Americans were over-consuming refined grains, saturated fat, added sugars and sodium, based on the USDA recommended amounts. This behavior increased health risks, especially for high-blood pressure, cardiovascular disease (CVD), overweight and obesity, type 2 diabetes and certain cancers.

Given a review of this data and other existing research, the Dietary Guidelines Advisory Committee identified three dietary patterns – the Healthy U.S.-style, the Healthy Mediterranean-style and the Healthy Vegetarian – that are associated with health benefits, such as lower rates of heart disease and stroke, and recommended them as models of healthy dietary patterns (see chart). In their 2015 scientific report, the committee explained, "A healthy dietary pattern is higher in vegetables, fruits, whole grains, low- or non-fat dairy, seafood, legumes and nuts; moderate in alcohol; lower in red and processed meats, and low in sugar-sweetened foods and drinks and refined grains." Emphasizing sweeteners' links to obesity and chronic disease, the panel recommended that added sugars be limited to no more than 10 calories a day, or two teaspoons.

From its analysis of food category consumption data such as burgers, sandwiches and beverages, the committee also noted that the population's vegetable and whole grain consumption could increase, while the intake of sodium, saturated fat and refined grains would simultaneously decrease with elevated consumption of these healthier items. Likewise, they pointed out that added sugars in the diet could be lowered when limits are placed on sweets, desserts and beverage selections.

A Sustainable Diet Equals a Sustainable Environment

In considering food security and improving access to and availability of healthy food for the U.S. population, the advisory committee called for environmental policies to ensure a sustainable diet for current and future generations.

Models of Healthy Dietary Patterns

DIETARY PATTERN	CHARACTERISTICS
Healthy US-Style	Fruits, vegetables, grains, dairy, meat, poultry, eggs, nuts and seeds.
Healthy Mediterranean Style	Fruits, vegetables, grains, dairy, meat, seafood, poultry, eggs, nuts and seeds.
Healthy Vegetarian	Fruits, vegetables, grains, dairy, tofu and soy products, eggs, nuts and seeds

Source: http://www.health.gov/dietaryguidelines/2015-scientific-report/15-appendix-E3/e3-7.asp

Research on sustainable diets shows that diets rich in plant-based foods, including vegetables, fruits, whole grains, legumes, nuts and seeds, are lower in calories, promote health more actively and impact the environment less than the current U.S. diet, which is meat-heavy, calorie-intensive and environmentaxing. Because the latter comprises more animal- than plant-based foods, it produces more greenhouse gas emissions, and requires more land, water and energy use.

Objections and Support

The latest scientific update of the *Dietary Guidelines* elicited both opposition and support. In a *Washington Post* article dated April 20, 2015, the North American Meat Institute objected to the recommendation that Americans cut back on meat consumption, challenging the panel's contention that meat negatively impacts the environment. The industry group also claimed that the panel had overstepped its boundaries and expertise by including sustainability considerations.

Meanwhile, the February 20, 2015 issue of *The Wall Street Journal* reported that large-scale global production of animal-based food accounts for 80 percent of deforestation and 70 percent of freshwater use, according to the Johns Hopkins University Center for a Livable Future. The news outlet went on to quote a health and food expert from the National Resources Defense Council (a nonprofit, international environmental advocacy group) as saying that the current recommendations are health-driven.

The Center for Science in the Public Interest, a nonprofit education and advocacy group promoting safer and healthier foods, also endorsed the panel's conclusion that a sustainable diet higher in plant-based foods and lower in animal-based fare is better than the current American diet for both the nation's heath, and the heath of the planet.

In short, while the advisory committee's recommendations may not be unanimously heralded, they have been widely praised in the scientific community as a step in the right direction towards mitigating the growing, costly, and deadly, effects of a poor diet and an enervated earth.

CECHE NEWS

Mark Palmer and His Contributions Memorialized Through New Democracy Forum and Award

Two prominent Washington, D.C.-based organizations are honoring the legacy of former Ambassador and CECHE Cofounder and Vice Chairman Mark Palmer and his profound, global contributions to the cause of freedom.

In January 2015, Freedom House, a nonprofit that conducts research and advocacy on democracy, political freedom and human rights, unveiled *The Mark Palmer Forum for the Advancement of Democracy* and named its D.C. conference room after the accomplished diplomat. Two months later, in March 2015, the American Foreign Service Association (AFSA), the professional group of the U.S. Foreign Service, established The Mark Palmer Award for the Advancement of Democracy – the first such distinguished achievement award for a U.S. Foreign Service officer or member of any U.S. foreign affairs agency.

Palmer Forum at Freedom House to Assess and Advance Democratic Transitions

The Mark Palmer Forum for the Advancement of Democracy is intended to enhance understanding of why democratic transitions succeed or fail, and to contribute to more vigorous policy support for democracy advancement abroad. At its core, it features an annual half-day conference with leading policymakers and experts on or around the United Nations International Day of Democracy (September 15); it also periodically sponsors events and discussions with frontline human-rights defenders and digital activists.

Going forward, the Forum will explore ways to improve global prospects for democracy and human rights, including more effective public policy formulation and execution, and expanded civil society partnerships. In addition, it will strive to build a track record to enable

In addition to unveiling a forum in his honor, Freedom House named its Washington, D.C. conference room after Mark Palmer in recognition of his global advancement of democracy.

greater financial support for these causes. To accomplish this, Freedom House plans to arrange meetings for human-rights and digital-freedom activists with congressional and administration officials through the Forum, thereby increasing opportunities for policymakers to hear first-hand accounts from frontline activists, give activists a larger platform to share their insights and policy recommendations, and heighten awareness among congressional leaders and administration officials of the global crackdown on civil society and the growing constraints on independent media.

In addition, Freedom House plans to use The Palmer Forum as a focal point to form a coalition of like-minded civil society partners committed to encouraging measurable, positive improvement in democracy around the world, including entities such as the Council for the Community of Democracies, National Endowment for Democracy, Johns Hopkins School of Advanced International Studies and Atlantic Council. This coalition will meet at least annually at Freedom House or another relevant location. By bringing key people together to brainstorm solutions and promoting advocacy and events to spotlight the challenges democracy faces in today's world, Freedom House intends to build The Palmer Forum into a serious entity.

To date, Forum-sponsored events, which are announced regularly on the Freedom House website (https://freedomhouse.org/event-types/mark-palmer-forum#.VU5X8bd0yUl), have included:

- *Belarus on the Eve of Presidential Elections*, a symposium held **on March 25 (**Belarus Freedom Day) to examine how the country is preparing for the historic event planned for November 2015**.**

- *Advancing Democracy: Information Technology, Economic Growth and Political Change in the Middle East*, a conference hosted by Freedom House President Mark P. Lagon **on April 8** with Christopher M. Schroeder, U.S.-based tech entrepreneur, venture investor and author of *Startup Rising: The Entrepreneurial Revolution Remaking the Middle East.*

- *U.S.-China Relations: Facing China's 100 Year Marathon as a Rising Power*, a discussion **on April 20** about how U.S. foreign policy towards China might be influenced by the Communist Party's intensifying suppression of dissent at home under President Xi Jinping and its growing impact abroad, using Michael Pillsbury's provocative book, *The Hundred-Year Marathon*, as a springboard.

Palmer Award Recognizes U. S. Officers Active in Promoting Democracy and Freedom

Also supporting the global cause of civil society and human rights, the AFSA Mark Palmer Award for the Advancement of Democracy is an annual accolade designed to recognize an officer who embodies bold and creative achievement and employs imaginative, determined and effective means to enhance democracy and expand freedom. While open to all U.S. Foreign Service members serving domestically or abroad from any of the foreign affairs agencies, the award is particularly intended to spotlight early- to mid-career level officers. It consists of a $2,500 prize, as well as a stipend to attend the June presentation ceremony in Washington, D.C. Award nominations are reviewed by a panel of judges, and the winner is announced in early spring.

Chargé d'affaires Andrew Young has been named the first recipient of The Palmer Award. Chosen from among 17 nominees on April 2, 2015, Young is currently posted at the U.S. Embassy in Bamako, Mali. Important factors in the judges' selection of Young were his exemplary work in Burma in the late 1990s to support Nobel Laureate Aung Sang Suu Kyi and the Burmese National League for Democracy, as well as his efforts in the U.S. Congress in 2005 to promote the Advance Democracy Act, legislation that Ambassador Palmer himself initiated. Currently, Young is engaged in courageous work involving peace negotiations between rebel leaders and the government in war-torn Mali.

Young embodies both the spirit and standards of The Palmer Award, candidates of which are expected to have:

Call for Nominations: The Mark Palmer Award for the Advancement of Democracy

The American Foreign Service Association (AFSA), the professional association and union for the Foreign Service, is seeking nominations for a new award, the Mark Palmer Award for the Advancement of Democracy.

The Palmer Award is open to all Foreign Service members from any of the foreign affairs agencies, serving domestically or overseas, who promoted American policies focused on democracy, freedom and governance through bold, exemplary, imaginative and effective efforts during one or more assignments. The award offers a $2,500 prize and a travel stipend to attend the award ceremony in the Benjamin Franklin Room in June.

Ambassador Mark Palmer was a Foreign Service Officer who focused throughout his career on the issues of democracy and human rights. During his last assignment as Ambassador to Hungary (1986 to 1990), he prominently supported Hungary's march to freedom. His dedication and professionalism should inspire all of us to take the time to nominate a Foreign Service member who has demonstrated exemplary performance through the advancement of democracy.

All nominations must be received by **March 20, 2015**. Self-nominations are welcome.

For more information, please visit www.afsa.org/performance or contact Perri Green, Coordinator for Special Awards and Outreach, at (202) 719-9700 or green@afsa.org.

Dr. Sushma Palmer presents the first annual Mark Palmer Award to Chargé d'affaires Andrew Young.

1. Demonstrated critical support, protection and promotion of indigenous, frontline, high-risk democracy activism, whether by directly helping activists and democratic institutions or by pressing government officials, not only regime officials, but also international officials and the U.S. Government.
2. Demonstrated efforts to engage civil society and support civil society's right to freedoms of assembly, expression and other principles.
3. Demonstrated sustained efforts to support human rights, including actions which resulted in a release of prisoners of conscience, or an end to cruel and inhuman punishment.
4. Facilitated a broader dialogue on democratic reform.
5. Coordinated effective international efforts to advance movement toward democracy.
6. Identified and articulated the importance of democratic values, despite working in a closed/authoritarian society.
7. Contributed innovative ideas and support for the consolidation of democratic institutions in countries in transition.
8. Contributed to preventing democratic backsliding in new and fragile democracies.

Both The Palmer Forum and The Palmer Award are supported by Dr. Sushma Palmer, Mark's wife of 47 years, through her contributions to the Center for Communications, Health and the Environment (CECHE).

Also Noted

Dietary Guidelines for Americans, 2015:
Actions for Individuals and Families/Households

"It will take concerted, bold action on the part of individuals, families, communities, industry, and government to achieve and maintain healthy dietary patterns and the levels of physical activity needed to promote a healthy U.S. population," underscores the Scientific Report of the 2015 Dietary Guidelines Advisory Committee.

Following are specific recommendations from that U.S. Department of Agriculture/Health and Human Services report to help individuals, their families and households calibrate their lifestyle and behavior to promote personal health, manage preventive health services and activities, and prevent disease.

1. Think prevention, know your lifestyle-related health risk profile, make personal goals and commitments, and take action to promote personal and household/family health. Work with health professionals to assess and monitor your health risks and to personalize your preventive lifestyle behavior plan of action.

2. Know and understand how to modify your diet and physical activity to reduce personal and family member health risks. Know your current dietary pattern, including your healthy choices that can be maintained as well as areas for potential change. Act on this information. Seek to make gradual and sustainable changes in your dietary behaviors to achieve one of several sound healthy dietary pattern options (e.g., Healthy U.S.-style Pattern, the Healthy Mediterranean-style Pattern, or the Healthy Vegetarian Pattern). For most people, this will mean:

   - Improving food and menu choices, modifying recipes (including mixed dishes and sandwiches), and watching portion sizes.
   - Including more vegetables (without added salt or fat), fruits (without added sugars), whole grains, seafood, nuts, legumes, low/non-fat dairy or dairy alternatives (without added sugars).
   - Reducing consumption of red and processed meat, refined grains, added sugars, sodium, and saturated fat; substituting saturated fats with polyunsaturated alternatives; and replacing solid animal fats with non-tropical vegetable oils and nuts.

3. [Achieve] healthy dietary patterns through healthy food and beverage choices rather than with nutrient or dietary supplements except as needed.

4. Use available Dietary Guidelines for Americans tools and other sound resources to initiate positive personal lifestyle changes to improve dietary and physical activity behaviors, including goal setting and self-monitoring.

   - As needed, seek regular advice from qualified health care providers to establish a personalized plan for prevention that includes steps to adopt healthy dietary patterns and physical activity. As appropriate, engage with nutrition and health professionals to address personal health risks that can be lowered with sound diet and physical activity, or participate in comprehensive lifestyle interventions conducted by trained interventionists (registered dietitians/nutritionists, exercise and behavioral specialists).
   - Achieve and maintain a healthy weight. Know your level of obesity risk. Know your energy needs and how they change with varying levels of physical activity. Take personal action for obesity prevention or weight loss management, as needed, using sound, evidence-based tools and resources. Seek to achieve a dietary pattern consistent with the *Dietary Guidelines for Americans*, recognizing that many evidence-based options can facilitate weight loss and weight loss maintenance. As appropriate, work with qualified nutrition professionals and health providers to create a personalized plan of action for obesity prevention. When needed, engage in intensive, long-term nutrition counseling or comprehensive lifestyle intervention strategies to achieve maximal, long-term weight loss and weight maintenance results.
   - Ensure at home and in public settings, such as schools and early child care programs, that young children achieve a high-quality dietary pattern and level of physical activity. Encourage their active participation in food experiences and activity choices so that the importance of dietary quality and physical activity are reinforced, and healthy lifestyle behaviors become normative, habitual, and easier to maintain through adolescence and lifelong.
   - Follow on a regular basis, the *Physical Activity Guidelines for Americans*. Engage in at least 2.5 hours a week of moderate-intensity aerobic physical activity, such as brisk walking, or 1.25 hours a week of vigorous-intensity aerobic physical activity. For weight control, at least 1 hour a day of moderate- to vigorous-intensity physical activity may be required. Engage children in at least 1 hour a day of moderate- to vigorous-intensity physical activity each day. Limit children's screen time to no more than two hours per day. Adults should limit sedentary activity and replace it with aerobic and strengthening exercises. As needed, engage with qualified professionals in comprehensive lifestyle interventions to achieve maximal impact on healthy dietary and physical activity patterns and health outcomes. Get enough sleep!
   - Seek and demand the creation and maintenance of food and physical activity environments and resources in your community and in local public, private and retail settings so as to promote a "culture of health." These are strongly needed to facilitate the ease of initiating and meeting the U.S. Dietary Guidelines recommendations at home and away from home.

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