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Food Labeling: Prominence of Calories

The American Dietetic Association (ADA) commends the Food and Drug Administration (FDA) on initiating changes to the food label to address today's public health nutrition concerns, one of which is obesity. The American Dietetic Association is the nation's largest organization of food and nutrition professionals in the United States, with nearly 67,000 members serving the public through the promotion of optimal nutrition, health and well being. ADA and its members are recognized for their grounding in sound science and for expertise in translating scientific information that consumers can understand and apply to self-directed goals to improve their nutritional health.

It is the position of the ADA that successful weight management to improve overall health for adults requires a lifelong commitment to healthful lifestyle behaviors emphasizing sustainable and enjoyable eating practices and daily physical activity.¹ It is for this reason that we support food labeling which provides information that individuals can use in adopting healthy eating practices. ADA supports well-considered approaches based on consumer research that increase the prominence of calories on the label, to the extent it does not detract from Nutrition Facts Panel and the consumer's ability to discern the overall nutritional value of the food product to the diet. However, FDA should understand that we have deep reservations about nutrition information initiatives unless they are matched with well designed, adequately funded and sustained nutrition education efforts. Information and education are not synonymous – they are complementary and synergistic. It will be the educational effort that determines how successfully consumers can understand and utilize the information to enhance and maintain healthy dietary practices. This information would be best conveyed within the context of the dietary guidance based on the Dietary Guidelines for Americans.

General Comments

¹ Position of the American Dietetic Association: Weight management. JADA 102:1145-1155.

This FDA initiative is an excellent opportunity to improve the Nutrition Facts Panel (NFP), using the totality of quality research on consumer understanding and usage of the label. In this way, the label can be optimally used not only as an informational tool for consumers to use in making healthier food choices, but also as a means to educate the public and promote healthy eating behaviors. Health promotion and disease prevention endeavors are the best strategies for reducing the current burden of disease.² Dietetics professionals are the recognized health care professionals who use the label in client education and counseling in the community, in the media, and one-on-one with consumers.

Comments concerning prominence of calorie information on food labels

ADA considers it appropriate and important to graphically enhance calorie information in the Nutrition Facts Panel (NFP). ADA also recommends that the "calories from fat" be deleted, and replaced by the %DV (percent of daily value) from calories. The %DV from calories will afford the consumer a way to gauge how a food contributes to the individual's total caloric target (2000 kcal) for the day and to assess the nutrient density of the food. If the food provides both 10% of the calories and provides more than 10% of the recommended intakes for indicator nutrients, then the food would be considered a smart choice for building a healthy diet.

ADA believes that any graphic enhancements of the caloric amount should not detract from the information in the NFP about the other nutrients in the food, as this may cause the consumer to lose sight of the nutritional value or the nutrient density of the food. ADA favors the approach outlined in the report of the FDA Obesity Working Group, which refers to consumer research that would support graphically enhancing the calories per serving on the NFP only.

ADA does not support requiring calories per serving information on the principal display panel (PDP). However, an exception might be considered for foods marketed as single servings or as meal replacements (see comments below). Currently, declarations of calorie content on the PDP are being used on packages of food that are to be consumed on a single eating occasion. This use of the PDP can be of great benefit to consumers trying to monitor their calories or to consume a smaller portion of a food.

Research with consumers indicates, however, that most consumers are able to identify on the label of food the number of calories per individual serving. However, one study reports that about two-thirds of consumers were not able to recognize that the sample food packages contained multiple servings. Furthermore, the study reported that that most consumers underestimated and underreported calorie intake from snack food sources, suggesting that consumers are unaware of the energy value of foods commonly consumed.³ Combined with increasing portion sizes, consumers appear to becoming accustomed to larger portion sizes.^{4,5}

² Position of the American Dietetic Association: The role of dietetics professionals in health promotion and disease prevention. JADA 102:1680-1687.

³ Pelletier AL, Change WW, Delzell JE, McCall JW. Patients' understanding and use of snack food package nutrition labels. J Am Board Fam Pract 2004;17:319-323.

⁴ Wansink B, Painter JE, North J. Bottomless bowls: Why visual cues of portion size may influence intake. Ob Res 2005;13:93-100.

ADA believes that a comprehensive approach to revising the food label should be considered and that studies be done to investigate the impact of changing the label on consumer behavior as part of a larger coordinated and integrated plan to maximize resources and minimize the expenses attendant to the label revision process. Subsequent to any label changes, an education campaign should be launched to inform consumers about the graphic enhancement of calorie information and the inclusion of %DV for calories. These labels changes should be presented in relation to the larger context of a healthy diet, including dietary guidance based on the Dietary Guidelines for Americans.

Comments concerning "Calories from fat"

After calories, studies indicate that fat is the second-most common nutrient of concern to consumers⁶. Therefore, the %DV and grams/serving information for fat should remain part of the NFP. This information supports the Dietary Guidelines recommendations and presents an opportunity to educate consumers on the latest science regarding the role of dietary fat in the development of chronic diseases.

The evidence suggests that the type of fat consumed is more important than the total amount of fat consumed. Removing the "calories from fat" statement would be consistent with current recommendations to limit saturated and trans fat while replacing them with food sources of monounsaturated and polyunsaturated fatty acids. FDA should also consider other possible enhancements of the NFP to assist consumers in understanding these concepts and the total nutrient profile of the food products.

Comments about the use of calorie information on food labels

For consumer convenience, more foods are being marketed in single serving containers or as a meal replacement; thus, it might be appropriate to allow, but not require, a declaration of the calories and the serving size on the PDP. This information should not detract from the NFP. ADA suggests that a statement on the front label directing the consumer to the NFP for additional nutritional information might be appropriate when calorie and serving size information is printed on the PDP.

ADA supports a requirement to increase the prominence of the calories per serving in the NFP. However, it is possible that enhancing the calories per serving alone will not be fully meaningful without simultaneously enhancing information about the size of and number of servings in the package. Research indicates that some consumers do not understand that the calories per serving of a food does not represent the total calorie contribution of an entire multi-serving package.

⁵ Lowe MR. Self-regulation of energy intake in the prevention and treatment of obesity: Is it feasible? *Ob Res* 2003;11:44S-59S.

⁶ Food Marketing Institute Shopping for Health 2004: Health related claims consumers look for: Low-fat 64%, Whole-grain 62%, Low in saturated fat 55%, Low calorie 52%. Available at: http://www.fmi.org/forms/store/ProductFormPublic/search?action=1&Product_productNumber=2080.

Comments about reformulation of foods or redesign of packaging

ADA recommends that dual columns be the standard on the NFP to compare the total nutrient contribution of a package that is intended as a single serving to the RACC. This same standard should apply if the entire contents of the package could reasonably be consumed at one eating occasion. ADA does not support claims comparing the calories of the same product in two packages of differing sizes.

Furthermore, ADA believes that additional consumer research should be conducted to determine the impact of dual labeling and of a calorie content declaration on the PDP, both alone and together, on consumer purchasing behavior. Ideally, such a study would investigate whether the product was purchased on subsequent shopping occasions, and the reasons for the on purchasing decisions over time.

Additional comments

ADA believes that a comprehensive approach to revising the food label should be considered and that studies be done to investigate the impact of changing the label on consumer behavior. The impact of changing the label on consumer behavior should be evaluated as part of a larger coordinated and integrated plan to maximize resources and minimize the expense inherent in the label revision process. Subsequent to any label changes, an education campaign should be launched to inform consumers about the graphic enhancement of calorie information and other changes made to the label. According to a recent systematic review of the literature, improvements in nutrition labeling could make a small but important contribution towards making the existing point-of-purchase environment more conducive to the selection of healthy choices. Still, consumers will require nutrition education and other interpretation aids can help them assess the nutrient contribution of specific foods to the overall diet.⁷

Please do not hesitate to call Dr. Mary Hager, Senior Manager, Regulatory Affairs for the American Dietetic Association, at (202) 775-8277 with any questions or requests for additional information.

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⁷ Cowburn G, Stockley L. Consumer understanding and use of nutrition labeling: a systematic review. *Public Health Nutrition*, 2005;8:21-28.

⁸ Members of the Task Force: Constance Geiger, Alison Kretzer, Allison Yates, Suzanne Murphy, and ADA staff, Mary Hager