



The Association of Food, Beverage
and Consumer Products Companies

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Statement
of
The Grocery Manufacturers Association
at the
Food and Drug Administration Public Meeting
on
Assessing Consumer Perceptions of Health Claims
Docket No. 2005N-0413
70 Fed. Reg. 60749 (October 19, 2005)
by
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I am Alison J. Kretser, Senior Director, Scientific Nutrition and Policy, of the Grocery Manufacturers Association (GMA). GMA commends FDA for holding this public meeting to consider the agency's research to assess consumer perceptions of health claims for food products. The research that has been done to date provides useful background information for the additional work that must be undertaken in order to better implement qualified health claims on the food label.

The consumer research that has thus far been conducted on disclaimers for qualified health claims has been very narrow in scope. The FDA consumer research assessed the interim evidence-based ranking system on which FDA issued guidance in July 2003. While the results of this research are useful in determining that the proposed "report card" grades have unintended, adverse effects and that sentences using closely-related adjectives do not allow a number of consumers to correctly distinguish among the four categories tested, the research has not explored more effective ways of conveying this information to consumers. The consumer research conducted is a good beginning, however much more work needs to be done.

The research to date does not demonstrate that **no** form of statement can be devised to provide a higher level of consumer understanding on the strength of the health claim. Rather, the research thus far has shown only that the specific approach suggested by FDA in its July 2003 guidance is not functioning adequately in this regard. There are a wide variety of alternative approaches that should be considered. For example, it is apparent from the consumer research that four levels of qualified health claims are too many. However, more importantly, we learned from the consumer research that qualified health claims should not exist in a vacuum, separated from

unqualified health claims. We must look at them as a continuum. A consumer should be able to easily understand the difference between an unqualified health claim and a qualified health claim. Today, the interim system lacks this cohesiveness. Additional research should test the possibility of having two tiers or at most three tiers of health claims for example; one tier for unqualified health claims and two tiers for qualified health claims. Although the best wording to use to distinguish among such tiers must be the subject of future research, GMA offers the following examples to illustrate the concept of a three-tier system,:

- For an unqualified health claim: “Very strong science demonstrates that calcium helps reduce the risk of osteoporosis.”
- For the first tier for qualified health claims: “Strong science suggests that nuts may help reduce the risk of heart disease.”
- For the second tier for qualified health claims: “Weak science suggests that green tea may help reduce the risk of prostate and breast cancer.”

As previously noted, there must be a continuum across both types of health claims. Industry, today, is reluctant to use the required language of unqualified health claims because it is so burdensome. Simplification of these claims would improve the chances that a consumer would more clearly understand the relationship between the claim and the product itself and thus be motivated to make dietary changes.

Health claims on food labels, including both qualified and unqualified health claims, can make a significant contribution to the public health. It is important to remember that labels are capable of reaching all consumers – even those who do not have access to other nutrition information and

who carry the greatest burden of chronic disease risk in this country. At the recent ADA annual meeting, FDA pointed out that the food label is the third jewel in the crown of nutrition policy, the Dietary Guidelines and MyPyramid being the other two. GMA believes the food label as a whole, and unqualified and qualified health claims in particular, are critical tools that can be used to communicate the government's nutrition messages detailed in the authoritative Dietary Guidelines.

As FDA conducts future consumer research to determine the most effective language for qualified health claims, GMA recommends that it also include unqualified health claims in that research. The agency should recognize that changes in the rules for unqualified health claims may be a necessary part of the decisions that will need to be made regarding changes to the interim rules for qualified health claims. The whole concept of health claims—qualified or not—is to provide consumers with accessible information they can – and will – use to improve their diets.

Thank you for this opportunity to speak. GMA looks forward to continuing to work with the agency on health claims.