



1907 5 JUL -6 P1:35

June 20, 2005

Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
12420 Parklawn Drive
Rockville, MD 20852

Re: Docket No. 2004N-0463
Food Labeling; Prominence of Calories
Advance notice of proposed rulemaking.
63 Fed Reg. 17008 (April 04, 2005)

AARP appreciates this opportunity to comment on the Food and Drug Administration's (FDA) Advance Notice of Proposed Rulemaking (ANPRM) on calorie labeling. This is the first step toward a possible revision of the agency's food labeling regulations that would make product labels, through enhanced disclosures, a more useful tool for consumers in their efforts to reach and maintain a healthy weight.

The overwhelming consensus among health authorities characterizes obesity as a major public-health problem. Obesity rates in adults have doubled over the last twenty years, with two-thirds of all adults either overweight or obese. Among older Americans at all ages, the rate of obesity continues to increase.¹ Obesity is a significant risk factor for many diet-related diseases, including heart disease, stroke, and diabetes.²

Obesity is a complex problem that requires a broad range of responses. Caloric intake is one factor in the obesity/overweight equation: a person loses weight by reducing caloric intake (eating less) and/or increasing energy output (exercising more). In this ANPRM, FDA is

¹ While in 1982, 14.4 percent of persons age 50-64 were obese, that figure had nearly doubled in 1999, to 26.7 percent. Similarly, for persons age 65-74, the rate of obesity increased from 12.6 percent to 22 percent; for ages 75-84, it rose from 7.7 to 15.1 percent, and for those age 85 and older, from 4.1 percent to 8.3 percent. National Center for Health Statistics (August 2001) (unpublished data).

² Overweight people are twice as likely to develop type-2 diabetes as people who are not overweight. In addition, many types of cancer are associated with overweight, and obesity increases the risk of osteoarthritis by placing extra pressure on joints and wearing away the cartilage that normally protects them. National Institute on Diabetes and Digestive and Kidney Disorders, Do You Know the Health Risks of Being Overweight?, available at <<http://www.niddk.nih.gov/health/nutrit/pubs/health.htm>>

2004N-0463

e47

focusing on the issue of caloric intake by considering possible changes to the food label that could help people who are trying to lose weight.

The “Nutrition Facts” Panel (NFP) on the food label provides consumers with essential information about the content of specific nutrients, such as saturated fat and fiber. The goal of the Nutrition Labeling and Education Act of 1990 (NLEA) and the implementing regulations was to help consumers eat more healthful diets by limiting their intake of some nutrients (like saturated fat) and increasing their intake of others (like fiber). By doing so, they would reduce their risk of developing diet-related diseases. Concerns about obesity and overweight were not at the forefront fifteen years ago, when the rules governing the NFP and other aspects of food labeling were implemented, and therefore, the current labeling system does not adequately incorporate these concerns.

One possible labeling change suggested by FDA in this ANPRM is to increase the type size of the calorie declaration in the NFP. While AARP generally supports increasing the type size used on labels, so that the information is easier-to-read for those people (including many older people) with impaired vision, we do not believe that this one change goes far enough toward enhancing the usefulness of the food label for weight reduction and maintenance.

By focusing on the NFP, FDA will likely only reach those health-conscious consumers who already use it for nutrition information. It is highly likely that those consumers most in need of information about calorie content do not regularly consult the NFP. Therefore, FDA should make calorie information as readily accessible as possible. AARP believes that this means putting calorie content on the front of food packages (the “principal display panel” or “PDP”). One need only visit a supermarket to see that many food manufacturers are using the PDP not only to make claims, but also to highlight the caloric and/or nutrient content of their products.³ Manufacturers clearly recognize the importance of this placement, and so should FDA. By requiring that calorie content be disclosed on the front of all food and beverage products, the agency best ensures that consumers have the easiest access to this important information.

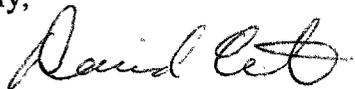
AARP recognizes that the initial reaction of one of FDA’s focus groups to a PDP disclosure of caloric content was not particularly positive. According to FDA, focus group participants found this disclosure (the number of calories were presented in a “starburst” design) to be misleading. We believe, however, that FDA must conduct further quantitative research on various types of PDP disclosures, and should perhaps test some of the formats currently being used by food companies.

If FDA decides to mandate a PDP disclosure of caloric content, it would be optimal if the agency required this disclosure to specify the actual serving and not just to indicate “per serving.” For example, the disclosure would say “100 calories per ½ cup” or “150 calories per 2 cookies.” Such a disclosure would clearly and prominently provide consumers with the essential information they need: how many calories are in how much/many units of a particular food or beverage product.

³ Please see examples of product PDPs included as an Attachment to these comments.

If you have any additional questions about our comments, please feel free to call me or contact Jo Reed (202-434-3800) of our Federal Affairs staff.

Sincerely,

A handwritten signature in cursive script, appearing to read "David Certner".

David Certner
Director
Federal Affairs