



Consumer Federation of America

October 11, 2018
Commissioner Scott Gottlieb
Food and Drug Administration
Department of Health and Human Services
5630 Fishers Lane, Room 1061
Rockville, MD 20852

Re: Comprehensive, Multi-Year Nutrition Innovation Strategy (FDA-2018-N-238)

Dear Commissioner Gottlieb:

Consumer Federation of America appreciates the opportunity to submit the following comments on the Food and Drug Administration's (FDA's) comprehensive, multi-year Nutrition Innovation Strategy. As we indicated in our [joint letter](#) with other members of the National Alliance for Nutrition and Activity, we applaud the agency's commitment to aligning food labels with dietary advice, and encourage you to focus on:

- Strengthening the definition of “healthy” and review a full range of options for front-of-package nutrition labeling programs.
- Improving labeling of whole grains to enhance transparency for consumers and encourage healthful reformulation of grain-containing foods.
- Improving health and transparency by addressing deceptive labeling.
- Improving standards of identity and ingredient lists.
- Completing the agency's critical work on nutrition education and sodium reduction.

We write separately here to elaborate on the first of these points.

The standard American diet—captured fittingly by the acronym “SAD”—has spawned a public health crisis. Seventy percent of adults and 33 percent of children and teens are now overweight or obese,¹ and nearly half of adults have diabetes or

¹ Fryar CD, Carroll MD, Ogden CL. Prevalence of Overweight, Obesity, and Extreme Obesity Among Adults Aged 20 and Over: United States, 1960–1962 Through 2013–2014. National Center for Health Statistics, July 2016. Accessed at: https://www.cdc.gov/nchs/data/hestat/obesity_adult_13_14/obesity_adult_13_14.pdf

prediabetes.² According to recent estimates, obesity-related conditions cost \$1.42 trillion per year in healthcare and lost productivity in the U.S. alone.³ That is approximately 8% of the U.S. gross domestic product. These jaw dropping numbers show how the scourge of diet-related disease is dragging down the entire economy, yet they hardly capture the full tragedy of the obesity epidemic. They do not capture the angst felt by the millions of Americans struggling to lose weight, the distress of those witnessing a friend or family member's health deteriorate, or the loneliness felt by the countless children who are stigmatized because of their weight.⁴

To turn back the tide on this public health crisis, public policy must create the conditions that make the healthy choice the easy choice. That is too often not the case today. Food company marketers have long understood that consumers may fall prey to manipulation that leads them to betray their interest. Behavioral psychology research has shown that individual's preferences are not stable, but rather highly dependent on contextual cues and emotional "priming."⁵ This reality helps to explain why so many consumers make poor dietary choices despite a high level of interest in the healthfulness of food, and particularly in labeling on ingredients, nutrition facts, and other health claims.⁶ Most consumers understand that they should eat plenty of fresh fruits and vegetables, as well as follow the other recommendations in the 2015 Dietary Guidelines for Americans, such as avoiding added sugars. Food marketing, however, tends to push consumers towards less healthy, processed food options.

A standard icon or symbol for the claim "healthy" on foods should not exacerbate this problem. More robustly defining what foods qualify as "healthy" can yield important public health gains by curbing deceptive marketing tactics. However, promoting "healthy" labeled foods should not lead consumers to substitute "healthy" processed foods for more nutritious fruits and vegetables. For this reason, FDA should consider using a healthy icon or symbol in conjunction with a more comprehensive approach, such as the "stoplight," pictured below, that is used in Great Britain and Ecuador:

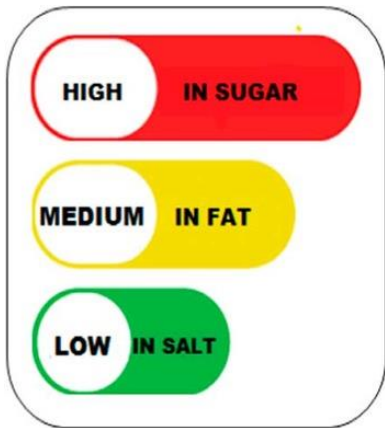
² National Center for Chronic Disease Prevention and Health Promotion. *National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States*. 2017. Accessed at: <https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>

³ See Darius Mozaffarian. "Food is Medicine" presentation at 41st Annual National Food Policy Conference Washington, DC March 29, 2018. Accessed at: <https://consumerfed.org/wp-content/uploads/2018/04/dariush-mozaffarian-presentation.pdf>

⁴ See, e.g. "The Emotional Toll of Obesity" available at: www.healthchildren.org

⁵ See, e.g. Daniel Kahnemann. *Thinking Fast and Slow*. 2011.

⁶ Data from the International Food Information Council show that health, as well as weight loss, are core considerations for most consumers in making food choices. Consumers pay attention to labels: more than half of consumers look at the Nutrition Facts Panel or ingredient list "often" or "always" when making a purchasing decision, and approximately 40% say they consider other labeling statements about health or nutrition benefits. International Food Information Council Foundation. *2018 Food and Health Survey*. Washington, DC: International Food Information Council Foundation, 2018. Accessed at: <https://www.foodinsight.org/2018-food-and-health-survey>.



Based on study of 21 focus groups, Ecuadorian researchers recently concluded that the traffic light system “is an effective tool for conveying complex information.”⁷ This is in part because the traffic light label alerts consumers to foods with healthy and *unhealthy* nutrition profiles. Indeed, another study comparing traffic light labels to the Chilean system of warning labels on packaged foods—essentially only the red lights from the traffic light label—concluded that adopting warning labels “would be more effective . . . at improving consumer food choices.”⁸

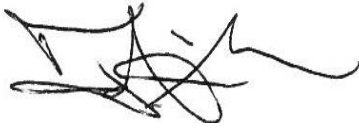
FDA’s definition of “healthy” should also reflect the latest nutrition science. In your remarks announcing the FDA Nutrition Innovation Strategy, you recognized the role that polyunsaturated fatty acids, nuts, and legumes play in a healthy diet. Such statements are important correctives to the low-fat diet craze that prevailed during much of the latter half of the twentieth-century. New rules for “healthy” labeling claims could help to further reinforce the role of dietary fats, and help to steer consumers towards the more healthful ones. At the same time, labeling rules should harness the latest science on harmful food additives and ingredients, helping consumers to avoid refined grains, starches, sugars, processed meats, and foods that are high in sodium. Toward this end, we agree with the Center for Science in the Public Interest that a revised “healthy” definition should include limits on added sugars, require that grain-containing foods be 100% whole grain, maintain maxima for saturated fat, sodium, and added sugar while allowing for consideration of both food and nutrient criteria.

Thank you for your consideration of these comments.

⁷ A qualitative study of consumer perceptions and use of traffic light food labelling in Ecuador, 2018. Accessed at: <https://www.cambridge.org/core/journals/public-health-nutrition/article/qualitative-study-of-consumer-perceptions-and-use-of-traffic-light-food-labelling-in-ecuador/73D51ECDC1F9C1B6E2147C68261F1019/core-reader>

⁸ Are Front-of-Package Warning Labels More Effective at Communicating Nutrition Information than Traffic-Light Labels? A Randomized Controlled Experiment in a Brazilian Sample, 2018. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6024864/>

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas Gremillion', with a long, sweeping flourish extending to the right.

Thomas Gremillion
Director, Food Policy Institute
Consumer Federation of America