



**Front-of-Package Nutrition Labeling  
Virtual Public Meeting  
November 16, 2023 | 2:30-5pm (Eastern)**

**Transcript**

**Welcome & Opening Remarks**

**Susan C. Winckler, RPh, Esq., CEO, Reagan-Udall Foundation for the FDA**

Susan Winckler ([00:00:01](#)):

Hello and welcome to our virtual public meeting on front-of-fact nutrition labeling. I am Susan Winckler and I have the honor of serving as the chief executive officer of the Reagan-Udall Foundation for the FDA. Thank you for joining us for today's discussion. For those of you who are new to the foundation's work, we are the non-profit, non-government organization created by Congress to help FDA do more to protect and promote the public's health. One way we do that is by convening meetings like this one to help the agency share information and hear from stakeholders about important issues. Our role is to create engagement opportunities to help inform the agency's work. Of note, we do not advise the FDA on regulatory decision-making.

[\(00:00:46\)](#):

So let's take a look at our agenda. In just a moment, we will hear opening remarks from agency leadership and a presentation from FDA. This will be followed by a panel discussion focused on why nutrition labeling matters. And we'll close out with a time for public comment, which required advanced registration. And thank you to those who registered in advance. We were able to accommodate each organization that requested the opportunity to present public comment, and we will hold each organization to the same timeframe for their remarks.

[\(00:01:20\)](#):

Here's a quick preview of how the public comment section will operate. We will begin public comment at around 3:45 and I will list the upcoming speakers in groups of three. So you have advanced notice of your appearance. Press the raise hand function when your name is called, and we will make your audio and video available, although you will also need to have your video turned on and be unmuted. If you provided a slide to support your two minutes of remarks, that slide will appear as I call on you.

[\(00:01:50\)](#):

So now let's turn to some substance. We're honored to have FDA Commissioner Robert Califf with us this afternoon. And Dr. Califf, I'm happy to welcome you to the foundation screen for the second time this week, this time to talk about nutrition. Dr. Califf, would you please speak for a bit?

## Commissioner Remarks

**Robert M. Califf, MD, Commissioner of Food and Drugs, FDA**

Commissioner Robert M. Califf ([00:02:10](#)):

Morning. Thank you Susan, and thanks to the Reagan-Udall Foundation for focusing on organizing and hosting today's important public meeting on front-of-package labeling. This is a key aspect of the FDA's nutrition work and an important priority. As most of you are aware, the FDA regulates around 80% of the US food supply. One key responsibility of this oversight is the complex task of preventing and responding to foodborne illness outbreaks. But another responsibility that forms a critical part of the FDA's mission, the focus of today's meeting, is helping create a healthier food supply and providing American consumers with key nutrition information we can all use to make informed, healthy choices. FDA has brought authority over food labeling, including authority to require that nutrition information be provided to consumers. Ensuring access to key nutrition information about the foods we eat is an essential aspect of our work that goes to the very core of our mission to protect and promote public health.

([00:03:19](#)):

It's worth noting that our work in this area also supports the all of government and all society approach the administration is taking to reduce diet-related diseases, from USDA's powerful WIC program that has longstanding history of helping moms, kids, and babies thrive, to the research and public health agendas of the NIH and CDC. The food industry also has responsibility and an opportunity to provide additional information and healthier choices that American consumers are asking for. That's an important part of the equation since government most assuredly can't do this alone. We're increasingly aware of the powerful influence of visual and verbal cues in a pervasive world of advertising and social media. And there is also increasing concern about the constant effort to make less nutritious options more appealing to taste and appearance, including clever intertwining of food and popular culture.

([00:04:23](#)):

Using the available tools that have been granted by Congress, we're taking positive steps to advance nutrition. For instance, we updated the iconic nutrition facts label on packaged foods, implemented labeling requirements for restaurant menus, established voluntary sodium targets, and we're updating the definition of the "healthy" claim. Our latest work on front-of-package labeling has the potential to be similarly iconic. Although we can't use many of the methods of modern advertising, we do have the ability to make basic information available to all consumers. And putting the fundamental information on the front of the pack is a common sense way to improve the probability that the consumer will have a chance to be informed.

([00:05:15](#)):

These regulatory developments are important, but I want to step back for a moment to underscore the profound personal impact that nutrition has on health. Each year, more than a million Americans die from diet-related diseases, including cardiovascular disease, diabetes, and certain forms of cancer. And while we've seen enormous progress in terms of controlling or developing treatments, for many of these diseases, alarmingly, we're in the midst of a significant backsliding related to many diseases and chronic illnesses.

([00:05:49](#)):

This reversal is also contributing to a catastrophic decline in life expectancy. I was just in Singapore, and they're approaching an average lifespan of 85 years while we're at 76 years and dropping. Almost a full

decade difference in how long we can expect to live, and an even greater difference when you factor in how long we are living in good health.

[\(00:06:16\)](#):

Even more worrisome is that much of this negative trajectory is based on or driven by disparities that are a function of race, ethnicity, education, and wealth as well as where someone lives. People in rural settings, for example, are seeing a dramatic decline in health and life expectancy compared to those in urban settings. And people without a college degree have an eight-and-a-half-year shorter lifespan in America compared to people with a college degree. And those are just some of the most prominent disparities.

[\(00:06:50\)](#):

I know I just cited a variety of statistics about the burden of diet-related diseases, which are important to understand, but we can't forget that we're talking about real people's lives here. These are not just statistics. I'm glad that there's a panel in today's meeting to hear stories and ground our conversation and why this work is so important.

[\(00:07:12\)](#):

Over the last several months, I've been meeting with many groups, including patients, family members, healthcare professionals, and many others who have a direct stake in fighting these diseases. Time and again in these discussions, I've heard from patients, consumers, and others just how important it is to have clear labeling not only on medicines but on their foods. They want it to be easier to pick out foods that can improve their health, preventing disease, and ascending their lives.

[\(00:07:42\)](#):

A parent, for instance, once explained to me the necessity of having their diabetic teenager easily identify which foods are better for them. We're tackling this challenge through a suite of nutrition initiatives, many of which were highlighted in the White House's national strategy on hunger, nutrition, and health. Front and center is our work on front-of-package nutrition labeling. Front-of-package labels can help consumers quickly and easily identify foods that can help them build a healthy eating pattern. Countries around the world are seeing success with this approach.

[\(00:08:19\)](#):

But we can't help to solve the problem of diet-related diseases in this country if we don't also look at our policies with an eye toward increasing equity. Unfortunately, issues of nutrition and health are often exacerbated and complicated by a variety of social disparities: race, ethnicity, wealth, education, and where we live. Front-of-package labeling is part of FDA's broader approach to advancing health equity by helping consumers to identify foods that could improve dietary patterns. And research shows that front-of-package labels may be particularly helpful for people who may be less familiar with nutrition information.

[\(00:09:03\)](#):

As I said before, the FDA can't solve this epidemic of diet-related disease on its own. We need to work collectively to better support the health of Americans. Together we can ensure that Americans get the information they need to make good and well-informed decisions about their health. Front-of-the-package labeling is an important step in this direction and is at the center of many ongoing efforts to help promote public health through nutrition labeling, healthy food options, and making it easier to develop healthy habits. I look forward to the comments from today's session to further inform our work in this important area.

Susan Winkler ([00:09:44](#)):

So it looks like we just lost Commissioner Califf there, but Commissioner Califf, I will assure that we thank you for your remarks and thank you for joining us today. With that, I'm going to turn to FDA's newest deputy commissioner and the first to hold this particular position. James "Jim" Jones, joined the agency just under two months ago as the first deputy commissioner for Human Foods. Thank you for joining us and we look forward to having you step on our foundation stage virtually and in person not only today but in the future. So I'm going to turn it over to you, Deputy Commissioner Jones.

### **Deputy Commissioner Remarks**

#### **James "Jim" Jones, MS, Deputy Commissioner for Human Foods, FDA**

Deputy Commissioner James "Jim" Jones ([00:10:25](#)):

Susan, good to see you. I want to thank the commissioner for his remarks. And thank you to the foundation for hosting this meeting. Having served on the Reagan-Udall Foundation's expert panel to review the FDA's Human Foods program, it is quite something to now be joining this forum in my new role as deputy commissioner for Human Foods. I'm very excited about the work ahead and I'm happy to report that even as the reorganization proposal is being finalized, we are already applying new energy and focus to our work.

([00:10:57](#)):

Eight weeks in, I can tell you that nutrition is very much top-of-mind, not only because it's one of our key priorities under the reorganization but because nutrition has long been a priority of the FDA's. There are several important initiatives underway thanks to hard work by everyone who has worked on this issue for many years. And as Commissioner Califf noted, [inaudible 00:11:19] nutrition offers us one of the best public health interventions, reducing chronic illnesses and premature death.

([00:11:26](#)):

We are pulling multiple levers to facilitate improved nutrition. One of our key strategies is helping consumers make healthier choices by providing at-a-glance nutrition information. So we are looking [inaudible 00:11:42] back as is evidenced by us coming together today. [inaudible 00:11:48] labeling has the potential to be a very useful tool for US consumers. It will complement nutrition facts label and work with our other labeling initiatives, including our post updates to the definition of the healthy claim and our research on potential healthy symbol. We also look at what is in the pack. For example, earlier this year [inaudible 00:12:09] a rule to allow the use of salt substitute to standardized foods such as bread and cheeses [inaudible 00:12:15] salt is required or [inaudible 00:12:18]. And next year we will update the 2021 short-term voluntary sodium reduction targets for a broad range of processed, packaged, and prepared foods, which is a commitment to national strategy [inaudible 00:12:30] nutrition health, [inaudible 00:12:32] this area.

([00:12:36](#)):

We're also in the early stages of thinking through with federal partners potential strategies to reduce the consumption of added sugar. And just last week, because [inaudible 00:12:46] very well attended [inaudible 00:12:47] meeting and listening sessions to hear from stakeholders on their ideas and perspectives related to added sugar [inaudible 00:12:55]. The federal register is open until mid-January, after which time we'll review the comments and feedback we perceive to identify the best next steps. The added sugars meeting last week and today's meeting are important ways for us to gather information and feedback. In addition, we have had dozens of meetings with organizations and companies and we will continue to engage to dig deeper into these issues.

[\(00:13:19\)](#):

We want to make sure that our efforts help create a healthier food supply that everyone has access to. For this reason, the [inaudible 00:13:28] research was designed to oversample individuals from underserved communities and those most at risk for diet-related disease. We are meeting with tribes and other community members experiencing diet-related diseases to hear how front-of-package labeling can help them find healthy options. By including communities often left out of the discussions and hearing the perspectives of industry, public health and consumer groups, academia, and healthcare groups, we at the FDA are better able to ensure that we maximize the potential of our actions to have the greatest positive impact on health and close the gap in health disparities. And by coming together and finding common ground, we're in a much better position to identify solutions that work for as many entities as possible.

[\(00:14:17\)](#):

This sort of collaboration, early and often, increases the likelihood of finding solutions that are optimal. It also allows us to better understand the implications of different approaches and ultimately is how we make progress in achieving our shared goal of improving nutrition for people across the country. As I've said before, we can accomplish much more together than any of us can accomplish separately. Again, thank you to the Reagan-Udall Foundation bringing us all together today. And I look forward to all of us continuing these conversations moving forward. Thank you.

Susan Winkler [\(00:14:53\)](#):

Deputy Commissioner Jones, thank you for investing the time to join us today as well as for having this conversation to gather additional information. We did hear a little bit that a couple of people had difficulty hearing you, so we will be sure to post your remarks at the end of the meeting so that people can read what you said. Many people could hear you, but I just wanted to make sure that we do that as well. So thank you Deputy Commissioner Jones.

Deputy Commissioner James "Jim" Jones [\(00:15:18\)](#):

Thanks.

**FDA's Front-of-Package Nutrition Labeling Initiative**  
**Robin McKinnon, PhD, MPA, Senior Advisor for Nutrition Policy, FDA**

Susan Winkler [\(00:15:19\)](#):

I'm going to turn to your colleague. You're welcome. And I'm going to turn to your colleague, Dr. Robin McKinnon, to give us some updated information on the agency's work to date on front-of-package labeling. So Dr. McKinnon, you serve as senior advisor for nutrition policy at FDA Center for Food Safety and Applied Nutrition. I know you are steeped in these issues and we are looking forward to hearing from you. Would you come on camera, unmute, and share your insights?

Dr. Robin McKinnon [\(00:15:52\)](#):

Great. Thank you, Susan. And thank you to the foundation for hosting this meeting. As the commissioner noted, we're facing an epidemic of diet-related chronic diseases right now. We've known this for some time, but what has changed is the call and the commitment to action that we've seen by the White House, the conference on Hunger, Nutrition and Health, and the national strategy that was released last year. And the national strategy highlights that FDA will conduct research and propose developing a

standardized front-of-package labeling system for food packages to help consumers, particularly those with lower nutrition knowledge, quickly and easily identify foods that are part of a healthy eating pattern. And by front-of-package, or FOP for those who might not be aware, this is labeling on the front of food packages that typically provide simplified, at-a-glance information giving consumers additional context to help them quickly make more informed food choices.

[\(00:16:55\):](#)

There's certainly been a dramatic rise in FOP labeling around the world in recent years. And the Institute of Medicine, now the National Academies of Sciences and Medicine, published reports in 2010 and 2012 that were mandated by Congress recommending that FDA develop an FOP scheme. And as part of our nutrition efforts, we at FDA, we want to empower consumers' understanding of their dietary choices by providing more informative and accessible labeling. So in today's presentation, I'll review our research activities in this area, note some of themes that we've heard from the research, outline our engagement to date, and discuss next steps.

[\(00:17:41\):](#)

So we've been reviewing the research on FOP labeling, examining the experiences of other countries that have implemented FOP schemes. We've talked to a number of foreign health officials about their FOP programs and lessons learned. And experiences of other countries around the world suggest that FOP labeling can help people, especially those with lower nutrition knowledge, and busy shoppers, to understand nutrition information and to make healthier choices.

[\(00:18:09\):](#)

This world map is from the Global Food Research Program, University of North Carolina Chapel Hill, and provides a quick overview of the many places around the globe that have adopted FOP labeling and chose many different designs in use. Some FOP labeling schemes are voluntary, countries in green. Some are mandatory, the countries that are shown in blue. And the schemes used are either usually nutrient-focused or can provide a summary indicator of healthfulness. And they can also be varying levels of interpretation provided, and typically intended to assist consumers in identifying the healthfulness of a product. But one of the most recent schemes finalized and in the process of implementation is in Canada, which has adopted a high end label approach which notifies consumers when there's a product high in certain nutrients of concern, as have many Latin South American countries, which often use a black octagon for those nutrients.

[\(00:19:11\):](#)

FDA's work is driven by science. So we want to benefit from whatever evidence exists or can be generated to make the best scientific and public health decisions. So we've been closely reviewing the literature on FOP labeling for a number of years. And the most recent comprehensive literature review is linked from our FOP website. And our dedicated team has also been very active in conducting consumer research. This includes conducting focus groups last year and this year and an experimental study this year. This is a very typical process for consumer research at FDA, a combination of focus groups and experimental research.

[\(00:19:57\):](#)

So on the focus groups that we conducted last year, we conducted 12 90-minute focus groups with US adult food shoppers to get participant reactions to four FOP scheme categories that you see here. Top left is a guideline daily amount type scheme, and other designs in the different quadrants with additional interpretive elements. And in this initial set of focus groups, we wanted to gain an understanding about what consumers' reactions to these scheme categories were, where the

consumers, again particularly those with lower nutrition knowledge, could use them to quickly and easily identify foods that are part of a healthy eating pattern.

[\(00:20:47\)](#):

And so some of the themes that we heard from the focus groups last year, there were some mixed findings on how much information that participants preferred to be provided in FOP schemes. There's a strong finding that participants believed that the products bearing schemes with high in were not healthy. Participants were confused by the use of red, yellow, and green when schemes contained both nutrients to limit and also nutrients to get enough of. So for example, participants couldn't easily reconcile using red to convey high sodium and also red to convey low fiber. And there were some mixed reactions to the inclusion of [fda.gov](http://fda.gov) on the schemes. Some participants understood it to mean that the information was not for marketing purposes, but others interpreted to mean that the product or the ingredients were FDA-approved. And some others said that they wouldn't notice it.

[\(00:21:49\)](#):

The results overall helped to inform our proposed experimental study, which I'll turn to now. But some may not be aware that when federal agencies want to collect information from the public, like an experimental study, were required by the Paperwork Reduction Act to publish notices in the federal register to provide the public with the opportunity to comment. And I certainly want to thank everybody who submitted comments to the two procedural notices that we issued about our plans for the study.

[\(00:22:25\)](#):

The purpose of the study was to assess participants' ability to use different FOP schemes to evaluate the healthfulness of a food product, with a focus on the nutrients that the Dietary Guidelines for Americans have identified as nutrients to limit. So sodium, added sugars, saturated fat. It's an online questionnaire. Took about 15 minutes to complete. And as is typical for studies like this, it was online only, similar to the approach that we took with research to inform our work on the healthy symbol.

[\(00:22:58\)](#):

[inaudible 00:23:00] 9,200 participants. Originally, we planned to include 3,000 participants, and many commented to our first procedural notice that this sample size wasn't sufficient. And we agreed and increased it to over 9,000. In terms of demographics, while all demographic groups are affected by diet-related chronic disease, certain groups are at increased risk. And so there are extensive efforts to ensure that groups most at risk for diet-related disease were oversampled to ensure there was adequate representation in the study, including rural populations, racial and ethnic minority groups, those with lower education, and those with lower nutrition knowledge as well.

[\(00:23:45\)](#):

And the experiment was broken into two main parts. First, looking at the ability to interpret the schemes themselves where participants were asked to identify the healthiest and the least healthy nutrient profile within a single scheme. And then the second part focused on evaluating the effectiveness of the schemes measured in terms of how the participant responded to the product and the label when the scheme appeared on the label of three mock products that are shown here, breakfast cereal, frozen meal, and panned soup.

[\(00:24:18\)](#):

And the food product categories included are those that are most highly consumed by many consumers of all economic levels. There's a wide variety of foods in these categories, which in turn can vary widely in terms of healthfulness. And specifically the questions, the research questions for the study were, are the consumers able to use the FOP schemes to evaluate the healthfulness of a food product? And then



which FOP schemes allow consumers to make that evaluation more quickly? Which FO schemes allow consumers to evaluate the healthfulness of the food product without seeking more information? Are consumers able to use the FOP schemes to determine how the food can be included in a healthy dietary pattern? And then are there differences in understanding and use of FOP schemes by demographic categories? So the schemes that were tested in the experimental study were based on insights from our 2022 focus groups, also review and analysis of the scientific literature on FOP labeling and also review of schemes from other countries, and just highlighting that the scheme categories tested reflect major themes from the literature and schemes in use around the world.

[\(00:25:44\)](#):

So this first scheme here is what's typically referred to as a guideline daily amount scheme. I mentioned one earlier as well. Showing left to right versions with the healthiest profile to the least healthy in terms of these nutrients: saturated fat, sodium, and added sugars. And the next scheme... bring it up now... this is an interpretive scheme showing high, medium, and low, the different nutrients with a range of different design elements. You'll see magnifying glass, black and white, color. And there was also another interpretive scheme showing high, medium, and low for the different nutrients. Again, but with the percent daily value, again with some variation in design with black and white and color. And then finally, another interpretive scheme, high in, with some also with the percent daily value, and some without.

[\(00:26:51\)](#):

And so moving now, the 2023 focus groups. Among other things, these focus groups were looking to gauge participant reactions to FOP schemes on mock beverage and also non-beverage food products. And this is intended to complement the experimental study and help us with the understanding of how consumers react to and interpret various elements of FOP schemes using the mock product as a backdrop. And the FOP schemes on the mock products shown here were the same schemes used in the experimental study that I just showed.

[\(00:27:27\)](#):

And in terms of logistics, there are 15 online focus groups. Total of 90 adults ages 18 and above. Each were about 90 minutes long. And these were also segmented by education, nutrition, motivation, literacy, and knowledge. And also there was an oversampling of groups at increased risk for diet-related disease. So in terms of themes that we heard overall from all the literature, discussions with other countries and our research thus far, that indicates that an FOP scheme can help consumers identify healthy foods. But consumers prefer simple, interpretive FOP labeling schemes. And the FOP labels appear helpful for those with lower nutrition knowledge, and that FOP complements the nutrition facts label.

[\(00:28:22\)](#):

Additionally on the experimental study in the second round of focus groups, I can share that the data collection has been completed and we're in the process of analyzing those results. And one pleasant surprise was the participants' reactions to the experimental study. We received quite a bit of spontaneous feedback about how much they enjoyed participating. I can also share that at a high level, our early analysis of the experimental study shows that trends in the results appear consistent across demographic groups. So while the numbers might be different for different groups, the trends appear consistent.

Dr. Robin McKinnon [\(00:29:01\)](#):



Groups, the trends appear consistent. Now in terms of engagement and next steps, we've held numerous engagement with groups over the last year interested in FOP labeling, public health groups, consumer groups, healthcare, medical groups, tribal leaders, industry trade associations, individual companies, and of course, our federal partners and more. In the public meeting that we held just last week on ways to reduce added sugars consumption in the US, in the listening sessions, there's several participants highlighted the potential for an FOP scheme to assist consumers in identifying the added sugars content of food products and potentially helping them to reduce added sugars intake.

[\(00:29:51\)](#):

We are committed to ongoing engagement on this topic and this meeting is an important element of that. I will note that the topics under discussion later reflect many of the themes that we've heard comments on thus far. And so I'm certainly looking forward to hearing those comments to come and to ongoing engagement. No doubt as well, many people are well aware that we took a step of adding a proposed rule on FOP labeling to the unified agenda.

[\(00:30:21\)](#):

I will note that timelines are dependent on a number of factors. So wireless work remains a very high priority for us. We are not in a position to be able to provide specific feedback on timelines, given how challenging they can be to predict. And I also want to remind folks that while the results of the experimental study are important to inform many next steps, including a proposed rule for public comment, they're not the only consideration. Also, the scientific literature, discussions with other countries, insights from focus groups, legal considerations, feedback from stakeholders and more.

[\(00:31:01\)](#):

We've said before, we know from experience the best decisions come from hearing all points of view, collecting as much data as possible to help lead us in the right direction. So with that, I will say thank you for the opportunity to provide this update, Susan, and I will hand back to you. Thank you.

Susan Winkler [\(00:31:22\)](#):

Excellent. And Robin, thank you so much for leading us through that and providing the insight and the context for the work that the agency is doing. I'll note that we'd had a request to have a link to the website where they could find some of this information. And so we will be posting that to the foundation website to get people to the FDA website so they can see the information.

Dr. Robin McKinnon [\(00:31:45\)](#):

Wonderful. Thank you.

### **Why Nutrition Labeling Matters**

**Lauren Fiechtner, MD, MPH, Director of Nutrition, Division of Gastroenterology and General Academic Pediatrics, Mass General for Children**

**Nancy Glick, Director, Food and Nutrition Policy, National Consumers League**

**Jeffery Lee, MD, Past President, Los Angeles County Medical Association**

**Lilian Tsi Stielstra, Stroke Survivor, Retired Certified Financial Planner**

Susan Winkler [\(00:31:47\)](#):

Great. Thank you so much, Robin. So with that, we're going to turn to the next section of our meeting. And as many of you know, all of you know, nutrition labels provide vital information for us to consider about the nutritional content of food and beverages, which empowers consumers to make informed

choices to meet their dietary needs and health goals. For the next portion of our meeting, we'll hear from four individuals who will share their perspectives regarding nutrition labeling.

[\(00:32:20\)](#):

I'm going to ask our four panelists to come on the video, come on the screen and to be ready to speak. I'll introduce you here and then we're going to start a conversation. And so I'll first say our first panelist alphabetical order is Dr. Lauren Fiechtner, who is director of nutrition at Mass General Hospital for Children in the Division of Gastroenterology and Nutrition. And she's also an assistant professor of pediatrics at Harvard Medical School and the senior health and research advisor at the Greater Boston Food Bank.

[\(00:32:55\)](#):

Our second panelist, again alphabetically, Nancy Glick, is the food and nutrition policy lead at the National Consumers League. Then Dr. Jeffrey Lee is the assistant medical director for Facey Medical Group, a fellow of the American College of Physicians and a certified professional coder. Dr. Lee, thank you for joining us. And finally, Lillian Tsi Stielstra is a stroke survivor and retired certified financial planner. So I've gone through your names and titles and now we want to hear more from each of you specifically. So let's start our conversation with you, Lillian.

[\(00:33:37\)](#):

I think it's just so helpful if we think about that very personal experience. Would you remind us of the importance of nutrition information in our day-to-day lives by sharing your story with us?

Lillian Tsi Stielstra [\(00:33:50\)](#):

Good afternoon everyone. Thank you for the opportunity to share. Well, my name is Lillian Tsi Stielstra, and 13 years ago I had a little stroke. It's an ischemic stroke, which is basically a clot going to a part of my brain that controls the left side of my body. I'm very lucky that I have no deficits and I call the stroke my stroke of good luck because I am able to survive, and in fact, I feel in much better shape now after 13 years of carefully monitoring how much salt I take, how much saturated fat I eat, and making big changes to the way I was living. So it has been a process. It's an ongoing process.

[\(00:34:39\)](#):

Before my stroke, I'm a very busy, full-time salesperson. Before my stroke, raising two young children, I never really read labels and it was a good thing, our children are very active and only now that I realize how much sugar I was putting into their bodies when they were running around on the soccer fields. So fortunately they were active and they were able to burn all of that off.

[\(00:35:08\)](#):

But after the stroke, when I had to learn to monitor the amount of salt I was taking in, I was also on high blood pressure medication for a little while. And I am happy to report that I am no longer on high blood pressure medication because of the changes that I've made, because of the careful monitoring that I do. And very frequently I used to just buy things without caring what was in them. And now every shopping expedition at the supermarket is an adventure in math.

[\(00:35:44\)](#):

And I say that because I will stand in that aisle and pull out four items and compare those nutrition labels side by side and then go, but wait, this is a quarter cup. Wait, that's a half cup. Now I have to do fractions and go, is this one actually better? Because the percentages weren't really helpful. And so I consider myself slightly educated and informed, and yet it is still taking me time and energy.

[\(00:36:16\)](#):

If I think back to when I was a working professional, I was so busy, I don't have time to stand at the shop and go, "Is this one better? Is this one better? Is this one better?" And do the math, literally. The one pet peeve area I have, which I would think is more in the manufacturing process as opposed to labeling, but I thought this would be a great opportunity to share, is in the deli meat section.

[\(00:36:44\)](#):

We're all told shop on the outside of the supermarket and the deli meats section is on the outside. You think you're doing a great job trying to save some money and buy that deli meat and make your own sandwich instead of paying \$15 for a sandwich outside. But really that's an area where the labeling is not very clear. I had to stand and waste everybody else's time behind me asking the clerk to say, "Hey, you know that big hunk of ham that's in that display? Can you look at the plastic packaging around it and tell me is there salt in the ham?"

[\(00:37:25\)](#):

And of course there is. Nobody realizes and nobody stops to ask because we're all busy. We all want to just get the food and go home and feed the kids and go on with our lives. But two ounces, and that's really two little tiny slices of ham or turkey or whatever have you. Two ounces. The lowest one that I could find in that shop was 35% of our day's salt value. And the average sandwich has at least six to eight slices. So in one sandwich, we could already have exceeded our daily salt intake if we use that 2000 calorie intake model.

[\(00:38:07\)](#):

What shocked me more is when we travel, my husband and I, we go to local supermarkets to buy their deli meats and their cheeses and their breads because that's a cheaper way to travel than to eat at fancy restaurants all the time. In France and Croatia is where it stands out because I had to use Google Translate to scan the labels and I go, "Oh my God is something wrong?" 100 grams of their average packaged deli meats only has 15% of salt value. This is in the manufacturing process, but 100 grams is three and a half ounces.

[\(00:38:45\)](#):

Now I have to do the math. Three and a half ounces versus two ounces and make it all equal ... Wait, that is still lower salt and I get more meat, less salt. This is in the manufacturing process. There's some people out here who may have some say in how things get manufactured. I hope that helps. It's my pet peeve topic for now because I am concerned about how much salt we're taking, so much so now I actually make my own sandwich meats. I don't buy what is processed out there because I don't know, and I don't want to waste all the other customers' time making the counter staff check every label for me. And then I do the math.

[\(00:39:28\)](#):

It is possible to make changes to one's health. It is a time-consuming process. It is a concerted effort required, and I just want to encourage people who are listening to share that it is possible to make the changes. And it just means being more mindful, paying attention, and this whole topic about front of label packaging, making things simpler for the average busy consumer. Imagine the mother working with two toddlers in the shopping cart standing at the supermarket. You are not going to check the four different types of juice packets to see which one has less sugar.

[\(00:40:11\)](#):

So I'm not at that stage anymore. Happily, my kids are grown and healthy and I'm here to share that I think our steps to watch better labeling is getting better. I used to think, wow, a package of potato chips is only 180 calories. No, that's only six potato chips. If you eat, the whole package is 480 calories. And

that's where the improvement is, I see in some packages now, one portion and the whole package things are moving in the right direction. So that's all I have and I'm happy to answer more questions if necessary.

Susan Winkler ([00:40:56](#)):

Yeah, Lillian, that was delightful as you gave us a poignant phrase of adventures in math and then the underscoring of how just the efficiency and trying to be more diligent can be challenging and how efficiency can make a difference. And as your mention of being a working professional and having young kids, it's as if you know, I were going to turn to Dr. Fiechtner next, because Lauren, you look at this topic, I was going to say three different angles, but I think it's four different angles.

([00:41:33](#)):

As a pediatrician, as a parent, as a leader of an evidence-based pediatric weight management clinic that's recognized by the CDC and the American Academy of Pediatrics, and as an advisor to the food bank, which tells me that you are thinking about nutrition and nutrition labeling more than the average bear and are thinking through things. So would you share your thoughts on nutrition labeling for your individual patients and parents in your clinic and from more of a procurement perspective, from the food bank?

Dr. Lauren Fiechtner ([00:42:07](#)):

Yeah, Lillian, that was so inspiring and as a mother of two, shopping is really time-consuming and the math is very, very difficult. And I will just also say my kids are interested in the labels too and understanding them. So I'm really excited about the prospect of simple labels that we can teach our children as parents too, as we move down those shopping aisles with two toddlers screaming and wanting a lot of extra stuff in that shopping cart.

([00:42:37](#)):

But as a pediatrician who focuses on gastroenterology and nutrition, reading food labels can be incredibly difficult, as Lillian just shared. It's very difficult for my patients to understand what they're feeding their children. I often get questions on how to read them, what aspects are we supposed to focus on for either themselves or often they see my title as director of nutrition, then they say, "Hey, Doctor, I have hypertension. How do I read this label?"

([00:43:08](#)):

So that can be a really time-consuming in a short visit when I have a lot of other things to talk about as well. In addition, many of my patients rely on our dieticians to teach them how to understand nutrition labels, and they are an incredible resource to my practice and to my patients. But we know registered dieticians are really hard to come by, even at an academic large health center like my own. And then in places where I do work in rural Mississippi, we can't find registered dieticians in some towns. So patients really don't have access to this expertise.

([00:43:47](#)):

As Susan mentioned, I've been really fortunate enough to develop an evidence-based pediatric weight management intervention over the last 11 years with the American Academy of Pediatrics. And as part of that work, we actually explored with families what they wanted to learn from a pediatric weight management intervention. And they wanted a group curriculum. They wanted to come together with other families to learn how best to learn healthy lifestyles for their children and for their families for lifelong health.

[\(00:44:18\)](#):

And resoundingly, I was shocked. They really wanted to learn how to read nutrition labels. So this became the last topic of our group curriculum, and it's sort of the mastery level of all the nutrition knowledge they've learned and all the health behavioral lifestyle intervention pieces they've learned. And so it's incredible that that is what they wanted. But this is because nutrition labels are so complex. We also know that those who respond to our intervention best have learned how to read nutrition labels just like Lillian has, and her story is incredible. And so I think it's really important we make these simpler.

[\(00:44:59\)](#):

Finally, from my work as a senior health and research advisor at the Greater Boston Food Bank, we are one of the first food banks to have a nutritional policy, and we use a supporting wellness at pantries that ranks our food in the green, yellow, red situation, just like we just learned from Robin based on sugar, salt and saturated fat. We're a lucky enough, again, to have a resource of registered dieticians who review all the food that comes into our warehouse and ranks it according to what we're procuring and works with our food acquisition team to really understand what they're ordering as well so when this food gets to the client, it's as healthy as possible.

[\(00:45:42\)](#):

So making nutrition labels easier to understand could really help the charitable food assistance program more easily categorize and distribute healthier options for their clients, especially those food pantries who do not have access to registered dieticians. And then in addition, food pantries are often asked by their clients, what of these items is healthiest for me and for my chronic illness? And I think that can also help the clients best understand when they are at a food pantry, what is best for their hypertension and for their chronic medical conditions. So thanks again for having me and I'm happy to answer any questions as well.

Susan Winkler [\(00:46:21\)](#):

So Lauren, that was really helpful in both showing us that there is interest in and an appetite for understanding nutrition label. And then I am struck in the food bank perspective that while we have helpful programs in some of the more traditional places where we look at nutrition information, we should remember that there are places other than grocery stores where individuals access food. And so can we make sure that the nutrition information is easier to reach there as well. So thank you.

[\(00:47:02\)](#):

Dr. Lee, I'm going to turn to you next as past president of the LA County Medical Association. And I know you've said that in your practice, you too are working with individuals and you hear from them about their journeys, I guess I would say, with nutrition labels. Please share with us your insights.

Dr. Jeffery Lee [\(00:47:28\)](#):

Thank you, Susan. And thank you to the foundation for inviting me to share my experience. I am a primary care physician taking care of adults, and I've seen the effects of diet related disease and obesity, and it's really important that my patients, the public, have access to better information on nutritional content. I believe that currently we have the easiest availability to the most palatable, or you might say, hyper palatable food in all of history.

[\(00:48:03\)](#):

I'll commonly tell my patients, I think that the cheapest food we have today tastes better than what kings and queens used to eat like 100 years ago. So our food tastes better than ever, but and all that collective knowledge on how to make food taste better, it is great to eat, but then it's had the detrimental consequences that we've talked about; high blood pressure, high cholesterol, diabetes, heart disease, stroke, cancer. Also, things that patients may not be as aware about. Things like arthritis, fatty liver disease, depression, dementia and pain.

[\(00:48:46\)](#):

When I take care of patients who have these conditions, a lot of times they express that they've had real difficulty in understanding what's best for their health to eat. When they're picking out food, they're making choices very rapidly and spontaneously. And in this day and age, we all suffer from some amount of decision fatigue. It's hard to make good decisions when you don't have good information. And for you to have to go out and look for that information is really hard. And that's competing with the marketing and the packaging for a highly processed, unhealthy foods. Oftentimes these products have words like nature or nutritious or real or low or whole or vitamins, and it makes the sense that those are healthier than they actually are.

[\(00:49:40\)](#):

And that's such a difficult situation for our patients to be in to try and figure out what's objective scientific information versus what is spin or marketing. And Lillian had the great example. I'll just give another example. Your average sports drink, if you look at the nutrition facts, it says 80 calories. What you don't realize is that it has two and a half servings. So that's two and a half times the calories that they're taking in. Who only drinks 40% of a bottle and saves the rest for later? Of course you're going to drink the whole bottle. So the labeling needs to be simple and easy to access for patients so they understand what foods they're consuming so they can make the best decisions for their own health.

Susan Winkler [\(00:50:33\)](#):

Dr. Lee, you gave us another phrase here as we're thinking about the why and improving nutrition labeling, and that's decision fatigue. So thank you. I'm collecting, I've got one so far from each of you, but appreciate the orientation of the importance for your adult patients and some of the dynamics there. So we've been talking a lot about the very personal patient health oriented importance of nutrition labeling. I want to turn to you, Nancy, for more of that policy level. The work you do at the National Consumers League is at that policy level. And share with us, what do you see that's important from that higher level policy perspective?

Nancy Glick [\(00:51:17\)](#):

Well, thank you, and I'm so glad to come at the end of this because I agree with everybody. So I was very literal in how I sort of addressed this because it was like, why does nutrition labeling matter? So I wanted to answer that question. And very important are two reasons, I think, that are important, whether it's on the back of the whole label or front of pack. One is that it allows people to have information to make informed decisions and compare.

[\(00:51:55\)](#):

And the second, which I think is really important, is when FDA requires something like added sugars on a label, industry response. And there's incredible data about what happened after FDA changed the labeling for fat and saturated fat and the reformulations that resulted from that. Same with the added sugars. So labeling is not only helpful for us in terms of understanding how to be better consumers, but it actually improves the products or at least some of the products.

[\(00:52:45\):](#)

So we think with that in mind, it's very important to get it right. And I asked myself, so if we go back in time to 1994, how are we doing? Do consumers value the label? And the answer is yes, they do. Both USDA and FDA do regular monitoring of use of labeling. And in about 2005, 62% of the public was using labels. Now it's 87%. So it is ubiquitous. People expect it, whether or not it provides everything they want, they know it's there and they know that they can take one bottle and another bottle and compare numbers, even if they need a calculator like Lillian did.

[\(00:53:45\):](#)

So we think that's very important because we look at this in terms of consumers want it, they're using it. So how do we make it better? And one of the things I also asked is, so has the world changed in a better way, even with the deficits in labeling? And the answer there is yes as well. There was, excuse me for looking, but there was a study that was in the American Journal of Preventive Medicine, and it was a study where they rate very large analysis of use of labeling and how there was improvements in health. And I'll just read you some of the results of that.

[\(00:54:32\):](#)

The use of the label reduced the intake of calories by 6.6%, total fat by 10.6%, and other generally unhealthy choices by 13%, and also increased vegetable intake by 13.5%. So in a perfect world, we know that it's a tool, people are using it and some of them are benefiting in terms of better health. Of course, I'm interested in the fact that the doctors on this panel are counseling because one of the things that I learned in doing my research is the AMA has an entire curriculum around this.

[\(00:55:18\):](#)

So doctors do validate the importance of the food label. So does the nutrition labeling matter? Yes, it does. So now into the policy parts of it. To some extent, our view is that there's the unintended consequences of everything. So for example, we were very pleased about the changes in added sugars. But here's the problem. Many, many of the products were reformulated with artificial sweeteners, but there is no labeling right now to tell you what those artificial sweeteners are. And we're concerned about that. We look at the fact that there's a holistic part to the story and very specific parts. Our basic concerns have to do with what was talked about is the most important things people look at, which is sodium, fat, calories, nutrient density, and the daily value. And in our comments on the healthy claim, we told FDA that we don't think that the levels of sodium that FDA now permits are low enough.

[\(00:56:42\):](#)

We think that the American Heart Association's recommendations of 6% of the intake is more appropriate than 10. We also are, as I said, we are concerned about the amount of fat, and we concur with the fact that there should be 10% of calories per day. With added sugars, imagine the fact that 58% of Americans now consume, well, we consume the most sugar in the world. I guess we all knew that. But again, the American Heart Association has recommendations that are lower than what FDA has.

[\(00:57:34\):](#)

So we would like to encourage FDA to recognizing that the food industry responds to try to go lower with some of these things. The other thing that we are concerned about are some of these innovative foods. We talked about this a little bit. And the plant-based milks and the plant-based meats sounds great, but the number of ingredients it takes to make a, quote, hamburger out of something that is a plant is incredible. We do not know what are in these products. Right now, there are no requirements to do this.

[\(00:58:22\):](#)



We, in fact, put together a consensus panel and submitted comments to FDA about this, because we think that as the food industry continues to innovate, there are always going to be new things. Labeling needs to constantly adapt so that we're able to use this tool appropriately.

(00:58:48):

Finally, if we get to front of pack, I think our most concern ... There's not much real estate. The focus groups show that there's a lot of concern, what high means, what low means, and colors. But I think what we really feel is we must communicate what a nutrient-dense food is, because if we can do that simply, people will understand that this is a food that is giving me more of the nutrients I need. Daily value, I think, is like, wow, you pretty much need a PhD to get that. Since we use it in all of these things, we need to figure out a better way to communicate that.

(00:59:38):

That's my big picture.

Susan Winkler (00:59:40):

Nancy, thank you. You remind us ... I think your phrase to underscore from that is that labeling matters and [inaudible 00:59:50]

Nancy Glick (00:59:50):

I took you seriously.

Susan Winkler (00:59:52):

Yes. Labeling matters. That's a good thing.

(00:59:55):

Let's continue the conversation a bit. Dr. Lee, I want to turn to you. Are there tools that you found helpful for your patients in your practice, as they're thinking and looking, and either doing the math or trying to compare?

Dr. Jeffery Lee (01:00:12):

There are a lot of tools out there about nutrition, whether it's just the internet, social media, and YouTube. You can watch all these videos on nutrition, but the problem is there's just as much, if not more, bad information than good information. That's really difficult, because having a trusted source of information that you can rely on is very difficult. Patients are hearing, oftentimes, conflicting things about what they should be eating. So it is difficult.

(01:00:43):

Then at the point of purchase, when they're in the market, a lot of the tools just are not, I think, efficient enough when you're out there just pulling things off of the shelf. You're in there because you got stuff to do. If you're doing the shopping, you're going and ... Pulling out your phone and then trying to look something up is really impractical.

Susan Winkler (01:01:06):

Yeah. It's really helpful to remind us then, because Commissioner Califf had said quite often that he's worried about misinformation and misunderstanding of products, to even think about nutrition and nutrition labeling in front of pack is one of the most powerful tools against misinformation, right? It would have the information right there.

Dr. Jeffery Lee ([01:01:32](#)):

Yeah, agreed. That would be authoritative and very clear.

Susan Winkler ([01:01:36](#)):

Yeah, yeah. You talked about efficiency, which makes me think of Lillian, because I can hear her talking about, "I'm trying to compare and trying to do other things."

([01:01:46](#)):

Are there nutrition tools that you use or you wished you might use? You told us a bit about doing the math. Separate from a calculator, are there tools that you might use or think about in crafting a healthier lifestyle?

Lillian Tsi Stielstra ([01:02:02](#)):

Well, after my stroke, I started volunteering with the American Heart Association. Nancy brought up their standards. Those were very helpful for me to learn what amount of salt should I be consuming a day, how much sugar should I be consuming a day. I think there's a lot of wizardry in your phone these days. Like Dr. Lee mentioned, you can go find an app. Someone in the common chats just mentioned that there's their Guiding Stars or something. There are definitely tools out there.

([01:02:39](#)):

But what I think, for me, a bigger tool is having a shopping list so that you're prepared before you go into the store and instead of randomly just pulling stuff off. In my old life, pre-stroke, I would just go in and pick whatever was cheapest, fastest, and get out and get on my day without thinking at all. Now, surprisingly, I have more time being retired, but I still make an effort to make a list and then stick to the list.

([01:03:14](#)):

On the days when I stick to my list, because I never stick to my list ... There's always this other thing calling out to me going, "Try this cracker," "Try this cheese, because it goes really well with your wine." It's having that list to help you focus, and knowing what nutrition you want to put in your body. That takes a lot of learning. It was through the Heart Association that I went to attend classes on nutrition that I learned that my taste buds refresh every three weeks, and I can learn to accept new tastes.

([01:03:51](#)):

There's a lot of learning involved in the last 13 years. It hasn't been easy. If I can give any suggestion is to focus on one thing at a time. You can focus on saturated fat for this year, and then focus on salt the next year. Obviously, you want to do all simultaneously, but to try and change everything at once is just going to be too mind-boggling. You will feel defeated, and you can't do it. It takes time. It takes processing. For the doctors who counsel patients, it really does take time. If they would just give it that focus for six months, a year, it can happen.

([01:04:36](#)):

I'm actually from Singapore originally. I just came back from a trip from Singapore. Earlier, it was mentioned that the people in Singapore are living longer than the people in the US. I wonder if I didn't live in the US for the last 30 years, maybe I might not have had heart issues. But that's all in theory. What I did notice was the front of package in some of the products on the supermarket shelves in Singapore. I have to say ... It's not a foreign country to me, so it's not a strange language or anything. It was so easy to sift through and say, "Don't want that one. Too much red in front," "Okay. I'll look at this one instead." It did simplify and save me a little bit of time. It helped me narrow down from the 17

different things down to three that I would pick out and say, "Okay. I'm going to look at these two." For those products that didn't have the front of package labels, I didn't even bother, because hey, if they're not going to help me out, I'm not going to patronize them.

[\(01:05:48\)](#):

Long answer. I'm not sure if I got anywhere. Sorry.

Susan Winkler [\(01:05:51\)](#):

You did, Lillian, because you spoke about the discipline, and then looking ... I think what's important from a labeling perspective is that that information was there for you to see and to evaluate.

[\(01:06:05\)](#):

I want to turn ... Nancy, I know you covered a whole lot of things in your piece. Is there anything you want to add as a quick hit, and then Dr. Fiechtner, I'm actually going to give you the last word in this panel. Nancy, what would you like to share?

Nancy Glick [\(01:06:17\)](#):

Well, I think I covered most of it, but I do like what USDA did with MyPlate. I think that was very, very helpful, because people could see a diet and not just a food. I do think that, as part of what we do, we need to make sure that we are ... When you're making decisions, you're not just buying pickles. So I think to the extent we can help people bring the two together, that would be very helpful.

Susan Winkler [\(01:06:48\)](#):

Nancy, that's a great point, that we may be evaluating something on an individual perspective, but then it becomes part of a plate that we might use, or for those of us without the time for a plate, at least consuming more than one thing at one time as we stand at our desks, which we do not recommend.

[\(01:07:11\)](#):

Lauren, I want to turn to you. What's the highest need you see in nutrition labeling?

Dr. Lauren Fiechtner [\(01:07:19\)](#):

Well, that's a good question. I feel like, actually, I would echo what Nancy is saying is that this holistic approach of the diet and nutrient density as a ... This is a whole diet. This is your whole plate, as USDA focuses on. Really, it's not just those single ingredients, but it's the whole picture of this.

[\(01:07:45\)](#):

Yeah. I think as food insecurity rises and the cost of food has really gone up, I think we know that 85% of those with food insecurity are going to the cheapest foods available. If they could see that cheapest food, and see that they're also getting really good nutrients, I think we could prevent a lot of chronic illness.

Susan Winkler [\(01:08:06\)](#):

That is a great way, and it actually intersects well with a question we had about how all of this comes together. Not only are we consuming more than one product at a time, there are factors other than nutrition information that affect what we are able to purchase and to use.

[\(01:08:25\)](#):

We challenged the four of you to help paint a picture of why nutrition labeling is important. You've been so powerful from helping us think about the adventures in math of some of the current challenge, therefore the need for improvement to underscoring that there actually is an appetite for information, that that is what parents want to see if they're trying to help a child navigate something, to Dr. Lee's decision fatigue that we're trying to figure out what and where, and then Nancy reminding us that labeling matters. That's why we want to think about nutrition labeling.

[\(01:09:09\)](#):

I have to say, Dr. Fiechtner, Dr. Lee, Lillian and Nancy, thank you for joining us and doing that stage setting. We're now going to let you step aside, and we're going to turn to the public comment period of the meeting. Thank you all so much.

### **Public Comment – Design considerations, such as placement and color**

Susan Winckler [\(01:09:25\)](#):

Now, I have to cover some logistics so that we get ready for the public comment component. This is the public comment for those who pre-registered. I'll note we were able to accommodate the speaking requests from every organization who requested a speaking slot. We're going to hear comments in three categories. First, design considerations such as placement and color, then a category of potential intersection with other nutrition-related policies such as labeling efforts and nutrition assistance programs, and third, international experiences with front of package labeling.

[\(01:10:05\)](#):

Let me run through some of the logistics here. This will all be much easier for folks who are later in the public comment period, but we want to go through the rules at least a couple of times or at least the parameters.

[\(01:10:17\)](#):

I'm going to call on you in alphabetical order of the organization's name, within that category where you are speaking. I'm going to list our upcoming speakers in groups of three. So you will have a bit of advanced notice of your appearance, and you're going to hear your name a couple of times as I have a rolling group of three that I introduce.

[\(01:10:38\)](#):

The raise hand function should now be working. I'm going to just use that as my cue to the tech team that I hope that it is. If it isn't, we will find out something else to do. When your name is called, use the raise hand function, then it'll be easier for our team to find you so that we can make your audio and video available to the webinar, and a reminder that you will need to have your video turned on and be unmuted.

[\(01:11:07\)](#):

Each speaker is going to have two minutes. There will be a countdown clock that displays on screen that displays the time remaining. You will be muted when the clock hits zero. If you have not begun speaking within 10 seconds of your name being called, we will move on to the next commenter. So if you see the clock ... If I weren't already speaking, someone would've jumped in and moved on.

[\(01:11:32\)](#):

Now, I'll also note each presenter had the option of preparing one slide to share. That slide is teed up to display when you are making remarks.

[\(01:11:43\)](#):

Finally, this is our time to listen to you. We being the foundation, FDA, the panelists, all of the individuals on the webinar, we are listening. We will not provide a response to comments, but rather, we are actively gathering your input.

[\(01:12:02\)](#):

Let's begin with our first category for comments, which is design considerations such as placement and color. Our first three speakers will be Susan Bishop, Dr. Xaq Frohlich and Sarah Brandmeier.

[\(01:12:17\)](#):

Susan Bishop from the American Heart Association, you are on deck. You get the least amount of notice of any of the public commenters. I am going to tap dance just a bit until we see you prepared and ready to present. Let's turn to Susan's slide, and we will prepare to start the timer. Go ahead, Susan.

Susan Bishop [\(01:12:44\)](#):

Thank you. My name is Susan Bishop. I'm the director of federal regulatory affairs for the American Heart Association.

[\(01:12:51\)](#):

I'd like to start by expressing a HA's strong support for the development of a mandatory front of package nutrition labeling system. A front of pack system, based on the best available science and consumer research, can help consumers make healthier choices. HA recommends the FDA focus on a front of pack system that is required to appear on all foods and beverages; is nutrient specific, highlighting the amount of added sugars, sodium and saturated fat; includes calories; includes interpretive elements to help consumers better understand the nutritional content of the product; and uses a simple design that is easy to understand, including for consumers with lower literacy.

[\(01:13:41\)](#):

The FLP system must also be attention grabbing, so it stands out on the product package. During discussions HA had with groups of consumers, participants said that some of the current voluntary FLP systems blend in with the product packaging or look simply like another design element on the package. To ensure that the FLP system stands out, FDA should consider using icons or imagery such as a magnifying glass to draw attention to the FLP label; select either a multicolored, red, yellow, green, or black and white color scheme. Other monochromatic color schemes, such as a blue FLP label on a blue package, should not be allowed. The FLP label should also appear where eye tracking data show it is optimally seen by consumers and is generally in the same place on every product package. Most importantly, the FLP systems should be standardized. There is a consistent look and placement on all packages.

[\(01:14:43\)](#):

Thank you.

Susan Winkler [\(01:14:45\)](#):

Thank you so much, Susan.

[\(01:14:47\)](#):

Let me run our list. We'll hear from Dr. Xaq Frohlich, Sarah Brandmeier and Tom Gremillion. Actually, it's Thomas Gremillion. Sorry about that, Thomas. We'll now hear from Dr. Xaq Frohlich from Auburn University.

[\(01:15:03\)](#):

Dr. Frohlich?

Xaq Frohlich [\(01:15:06\)](#):

Thank you. My name is Xaq Frohlich. I have a PhD from MIT in Science and Technology Studies. I'm currently an associate professor of history at Auburn University. I have spent the last 15 years researching and writing about the history of the FDA. I just finished a book on this titled From Label to Table, which describes the history of FDA policies on food standards and food labeling from the 1930s to present. What I want to do is direct you to the lower right on my slide. I won't read the quote, but I have a quote here from Burkey Belser, who was head of the design firm that worked on the FDA's 1990s nutrition facts panel. Here, he was explaining to me, in an interview in 2009, the power of the FDA nutrition facts panel as a government brand, saying that its appearance on all packaging meant consumers would, "understand and absorb it in ways that supersede reading." I think this is a really key insight. Understanding how consumers use this label is not just about how they consciously read it. He would even characterize the current initiative on front of package labeling as a form of extending the brand.

[\(01:16:12\)](#):

Why is this important? One reason is that I think the black and white design is important to the persuasive power of the label as being considered objective information. It says this is not advertising. The designers from my book cover took advantage of this. It leaps out and draws your attention to it, in contrast with very colorful food marketing that we would see on other packaging.

[\(01:16:35\)](#):

Second, I worry there is a compartmentalization of different policies at the FDA about the food label that doesn't address how consumers actually use labels. Every time I speak about the history of FDA nutrition labeling, my audiences asked me about ingredients labels. This is because consumers see the two as linked in how they think about healthy. I want to see how the FDA is going to address this.

[\(01:16:56\)](#):

Finally, my work complicates the idea that reforming food systems can be solved just by improving labels. Every label system has been gamed by bad faith actors. I think we need to make sure we have staff dedicated to identifying this.

[\(01:17:09\)](#):

Thank you.

Susan Winkler [\(01:17:11\)](#):

Thank you Dr. Frohlich.

[\(01:17:12\)](#):

Adding to my list, Brandmeier, Gremillion. Dr. Christina Roberto would be third in line. Let's turn now to Sarah Brandmeier from Consumer Brands Association.

[\(01:17:23\)](#):

Sarah?

Sarah Brandmeier [\(01:17:25\)](#):

Thank you so much. Good afternoon. I'm Sarah Brandmeier, director of regulatory and technical affairs at the Consumer Brands Association. Consumer Brands thanks the Reagan-Udall Foundation for hosting this public meeting on front of package or FLP labeling. Consumer Brands champions the industry whose products Americans depend on every day, representing nearly 2,000 iconic brands, including food and beverage products.

[\(01:17:47\)](#):

Facts Up Front, or FUF, a voluntary industry-led initiative has been in the marketplace for more than a decade, and puts key nutritional information from the nutrition facts panel, or NFP, right on the front of its food packaging. Industry has embraced FUF and the program has evolved over time. In fact, to align more closely with the dietary guidelines for Americans, or DGAs, and the revised NFP, we've recently released an update to the FUF style guide to include an added sugars icon.

[\(01:18:11\)](#):

We urge FDA to include calories in the FLP schemes to be tested. As research has shown that calories are what consumers look for most often on nutrition labels, FDA's stated goal to reduce diet-related chronic disease can best be achieved by giving consumers calorie information as part of any FLP scheme. Additionally, a calories icon would provide a relevant practical option for small packages where a complete FLP graphic is not feasible.

[\(01:18:33\)](#):

FDA should take a holistic approach to the labeling of a food nutritional profile, including addressing both positive nutrients and nutrients to limit, allowing consumers to make more informed choices based upon the total nutrient contributions of a food. An exclusive focus on nutrients to limit will not help consumers identify the better or more nutrient-dense choice. This would be in line with the DGAs, which focuses on both positive nutrients and nutrients to limit.

[\(01:18:54\)](#):

Consumer Brands prefers the use of a monochromatic scheme. Research from Health Canada shows that the use of a monochromatic scheme is both effective and efficient. Further, currently, there are no mandatory policies globally that include a color-coded traffic light system.

[\(01:19:07\)](#):

Development of a FLP labeling system would be the most significant nutrition labeling initiative since nutrition label reform. Consumer Brands is a partner in this effort, as shown by our longstanding commitment to the Facts Up Front program. Any proposed FLP labeling system must be developed in a transparent manner, with stakeholder input, focused on real, tangible outcomes for consumers, and needs to be done within the confines of FDA [inaudible 01:19:26] authority.

[\(01:19:27\)](#):

Thank you.

Susan Winkler [\(01:19:28\)](#):

Thank you so much, Sarah. Adding to our queue, we have Gremillion, Roberto, and then Elizabeth Orlan is our new person who is up. I'll turn now to Thomas Gremillion from the Consumer Federation of America.

[\(01:19:42\)](#):

Thomas, are you with us and ready to speak? Okay. Thomas, I am moving on.

[\(01:19:49\)](#):



Our next queue, we have Dr. Christina Roberto, Elizabeth Orlan. Dr. Jim Krieger, you're latest in the queue.

[\(01:19:56\)](#):

Dr. Christina Roberto, are you with us and ready to provide remarks from the Robert Wood Johnson Foundation Healthy Eating Research National Program?

[\(01:20:05\)](#):

Dr. Roberto?

Dr. Christina Roberto [\(01:20:07\)](#):

Thank you. I'm an associate professor of health policy at the University of Pennsylvania. I've studied food and nutrition labeling for 15 years.

[\(01:20:15\)](#):

I strongly support FDA's pursuit of a front of package labeling system. There's ample scientific evidence that such labels, when well-designed, help consumers make informed choices. Based on my own research and the other scientific literature, I strongly recommend that the FDA front of pack nutrition labeling system be mandatory; include nutrient-specific information about added sugars, sodium, saturated fat, and calories per serving; and be simple and easy to understand, so even a kid could use it to encourage their parents to buy healthy foods.

[\(01:20:44\)](#):

To achieve that, the research is clear that the most effective labeling systems have the following components. They avoid numbers and percentages, and instead use other methods to help consumers quickly understand the nutritional profile of a product, such as the FDA's proposal to have the words high in added sugars or high in sodium without any percentages, versus the voluntary industry Facts Up Front system which has numbers and percentages. They use recognizable pictures or images, like yield signs with an exclamation point, to grab consumer attention and reinforce the information. They avoid the inclusion of nutrients to encourage, such as fiber and protein, which can leave consumers with the impression that a product is healthy when its overall nutritional profile is poor.

[\(01:21:25\)](#):

Finally, the label should have standardized placement, so it must appear on the front of the package, as opposed to the top or other places, which can happen now with the industry's voluntary Facts Up Front labeling system.

[\(01:21:36\)](#):

I'm grateful to the FDA for moving this policy forward. Americans need clear and transparent information about their food supply, and a simple front of package nutrition label, as opposed to the current ineffective Facts Up Front label. We'll give them that.

[\(01:21:50\)](#):

Thank you.

Susan Winkler [\(01:21:50\)](#):

Thank you so much, Dr. Roberto.

[\(01:21:52\)](#):

Adding to my queue following Orlan and Krieger is Michelle Matto. Let's turn next to Elizabeth Orlan from the Global Health Advocacy Incubator.

[\(01:22:02\)](#):

You should now have access to video and audio. Elizabeth?

Elizabeth Orlan [\(01:22:08\)](#):

Hi. Thank you so much. I'm Elizabeth Orlan. I'm the associate director for research at the Global Health Advocacy Incubator in Washington DC.

[\(01:22:17\)](#):

I want to highlight several attributes that can make an effective FLP label according to country experiences and recent evidence. These include being mandatory, black and white, and a standardized size; containing symbols that can be used for quick grocery store decision making; and without numbers, to foster equity; focus only on nutrients of concern, for example, high in sugar; be developed based on existing science; have FDA endorsement for credibility; and be based on a standard measurement to facilitate comparison, as mentioned by previous panelists.

[\(01:22:52\)](#):

Promising initial evaluations in countries with high-in labels have shown significant reductions in the calories, sugar, sodium and saturated fat content consumed. In contrast, studies have shown that the traffic light labels, red, yellow, green color, can cause confusion and have not been shown to decrease decisions to purchase unhealthy foods.

[\(01:23:11\)](#):

For example, I show the nutrient profile of Lucky Charms cereal. This low, medium and high nutrient profile model is very confusing for consumers, and can trick them into believing low levels of some nutrients of concern can counteract the harms of high levels of other nutrients of concern, as found in the FDA study. By comparison, the high-in front of pack label provides the consumer with clear and accurate information on which nutrients of concern are in high levels, like this high in added sugar label on the right.

[\(01:23:45\)](#):

Therefore, we as the Global Health Advocacy Incubator recommend FDA considers a high-in label, like the simple label on the right, proposed for research by the Center for Science in the Public Interest, as a quicker and more effective way to display which nutrients of concern are present in food products.

[\(01:24:02\)](#):

Thank you so much.

Susan Winkler [\(01:24:05\)](#):

Thank you so much, Elizabeth.

[\(01:24:07\)](#):

We will now turn ... Let me do our order. Krieger, Matto and Su Li. Chris Su Li, you are the addition to the order. Let's turn now to Dr. Jim Krieger from Healthy Food America.

[\(01:24:20\)](#):

Dr. Krieger, are you with us and ready to present?

Dr. Jim Krieger ([01:24:24](#)):

Hello. Good afternoon.

Susan Winkler ([01:24:25](#)):

Yes. Go ahead.

Dr. Jim Krieger ([01:24:27](#)):

Great. Hi. Thank you for hosting the meeting.

([01:24:29](#)):

I'm Jim Krieger. I'm clinical professor of public health and medicine at University of Washington, and executive director of Healthy Food America, an NGO that advocates for healthy food policy.

([01:24:38](#)):

As we've seen, evidence shows that effective labels are mandatory, and use simple interpretive icons that are easily seen and understood by consumers, and placed in the same high visibility location. Icon labels work better than text-only labels. This is especially true for diverse consumers with low literacy, numeracy or English language skills. In particular, numerical labels are hard to understand, and studies show they're less effective than nutrient warnings or traffic light labels.

([01:25:05](#)):

One FDA proposed label option, the simplest and best in my estimation, is on my slide, but next to it's a potentially even more effective label from a discrete choice experiment that I recently completed. We pretested multiple labels. This icon label with an exclamation mark discourage parents from purchasing a sugary drink for their child more than a text-only one. In the actual experiment, it reduced the choice of beverage high in added sugar by 45% relative to no label. These findings are consistent with many other studies which have found that icon labels outperform text labels.

([01:25:38](#)):

Next, labels should be mandatory, otherwise, there's a risk of inconsistent use by industry. If a fruit drink is marketed with a natural claim, but it also have a high in sugar label, natural claims lead parents to underestimate the amount of added sugars in fruit drinks.

([01:25:53](#)):

Labels should only include nutrients of concern. Adding additional healthier, quote unquote, nutrients makes them hard to understand and interpret.

([01:26:01](#)):

Finally, labels should address the increased use of non-sugar sweeteners, because the growing evidence shows negative long-term effects, including diabetes and heart disease. The effects on children are largely unknown. Early life exposure to sweetness encourages lifelong taste preferences. Mexico, Columbia, and Argentina include a sweetener label with advice to avoid among children. I think we should do that here as well.

([01:26:22](#)):

Thank you very much.

Susan Winkler ([01:26:25](#)):

Thank you, Dr. Krieger.

[\(01:26:27\)](#):

In our queue now, I'm actually going to go back and add our third speaker in the queue will be Thomas Gremillion. We have found you, Thomas, and we'll fit you in third. But next, I'm going to turn to Michelle Matto from the International Dairy Foods Association, who will be followed by Chris Su Li, and then Thomas Gremillion.

[\(01:26:45\)](#):

Michelle, are you with us and ready to present?

Michelle Matto [\(01:26:50\)](#):

I am. Yes.

Susan Winkler [\(01:26:52\)](#):

Excellent. Please proceed.

Michelle Matto [\(01:26:54\)](#):

Good afternoon. I'm Michelle Matto, associate vice president for regulatory affairs and nutrition at the International Dairy Foods Association, which represents companies that make most of the dairy products and ingredients marketed in the United States. IDFA believes that any proposed mandatory front of pack scheme must be grounded in scientific evidence, developed in a transparent manner with stakeholder input, and focus on tangible outcomes for consumers. Further, prior to implementing a mandatory front of pack scheme, the agency should establish metrics to measure public health impact or success. Front of pack labeling should not de-emphasize the nutrition information provided on the nutrition facts label, nor should the selected scheme be viewed as a warning label to consumers cautioning them about eating a particular food versus helping them to identify helpful choices. If front of pack focuses on just a few nutrients to limit the full nutrient profile of a food may be misrepresented. We also recommend that the agency avoid using nutrient content claim language, such as high in or low in, as part of front of pack schemes.

[\(01:28:02\)](#):

It is extremely difficult to provide comments to inform the agency's rulemaking without understanding the results of the consumer research FDA has conducted. FDA should release the complete results of their consumer research, before proceeding with any further rulemaking. The data FDA will use to perform the cost-benefit analysis for its front of pack rules should be identified and made available to the public. An accelerated rulemaking process could result in unintended consequences, including discouraging the consumption of nutrient rich foods and beverages that are recommended by the dietary guidelines for Americans. With that in mind, we urge the agency to issue an advanced notice of proposed rulemaking as the first step, following precedent for other significant labeling changes. Thank you, and I appreciate the opportunity to comment today.

Susan Winkler [\(01:28:53\)](#):

Thank you so much Michelle. Let me remind where we are in our queue. We'll hear from Kris Sollid, then Thomas Gremillion, and then Dr. Caitlin Boon. I'll remind folks that as I call your name, go ahead and raise your hand early. We will unmute you, and allow you to speak only when it is your turn, but you can raise your hand ahead of time, after I've called your name. Kris Sollid from the International Food Information Council, are you with us, Kris, and ready to speak?

Kris Sollid ([01:29:25](#)):

I am.

Susan Winkler ([01:29:26](#)):

Excellent. Please proceed.

Kris Sollid ([01:29:28](#)):

Hi everyone, my name's Kris Sollid. I'm from the International Food Information Council. One of our primary objectives at IFIC is conducting consumer research. This fall we conducted a survey of 3000 Americans that included experimental exercises designed to assess consumer interpretation, and application of proposed FDA FOP schemes, and facts upfront. I'm excited to share early highlights of our data collection that are relevant to FOP design considerations. Displaying calorie and fiber information, in addition to saturated fat, sodium and added sugars helped more people correctly identify the healthiest choice. Specifically, we observed significant differences between groups exposed to variations of the FDA's proposed GDA FOP scheme. Conversely, including calorie and fiber information, FOP schemes also helped more people correctly identify the least healthy choice. Specifically, we observed significant improvements in groups exposed to calorie information on FDA's proposed nutrition info, and nutrition info with DV FOP schemes. Overall, more people were able to correctly identify the healthiest choice, than correctly identify the least healthy choice.

([01:30:43](#)):

Now time is a critical element to consider, so we measure the time taken to select the healthiest choice, and the least healthy choices. Our survey respondents took twice as much time to select the healthiest option as they took to select the least healthy option. Finally, when comparing groups exposed to facts upfront and the FDA's proposed high in FOP scheme while on food products, the groups exposed to facts upfront reported being more satisfied with the information display, especially when calorie and fiber information was included. We look forward to sharing the full results of IFIC's FOP study with FDA and other stakeholders that support our mission to help Americans building healthier eating patterns, that align with science-driven food policy. Thank you.

Susan Winkler ([01:31:29](#)):

Thank you Kris. We're going to return to Thomas Gremillion, and following that will be Dr. Caitlin Boone, and Farida Mohamedshah. Thomas, I think we now have found you and are you ready to present?

Thomas Gremillion ([01:31:45](#)):

Yes.

Susan Winkler ([01:31:46](#)):

Excellent.

Thomas Gremillion ([01:31:47](#)):

My name is Thomas Gremillion. I'm the Director of Food Policy at Consumer Federation of America, and we appreciate the opportunity to comment here, and we appreciate the FDA and the Biden administration's prioritization of front-of-pack labeling, and particularly the objective outlined in the national strategy on Hunger Nutrition health on reaching lower nutrition literacy consumers. In reality, we're all lower nutrition literacy consumers under sufficiently taxing demands on our time and

attention. FDA will do well to keep its front-of-package labeling rules simple and consistent, as has been stressed by other presenters. Making the rules mandatory is a prerequisite for consistency, in the related area of alcoholic beverage labeling. We have seen how voluntary labeling rules are an abject failure.

[\(01:32:46\)](#):

One of the main benefits of an effective front-of-pack labeling scheme is that they make actionable nutrition information accessible to consumers. In addition to making sure that information is available on all the packaged food items, it should be highly visible and unambiguous. Toward that end, it should not include some indicators for bad things, like added sugars and fats, and others for good things like vitamin C or fiber. The research is clear that indicators of unhealthfulness best support healthier choices across the full spectrum of foods. Related to that, just an aside, FDA really should not waste more time and resources on a healthy icon. Finally, FDA should look into disclosing non-sugar sweeteners, because the reformulation has got to push that, and we have below our preferred design. Thank you so much for the opportunity to comment.

Susan Winkler [\(01:33:49\)](#):

Thank you Thomas. We appreciate it. We have in the queue Dr. Caitlin Boon, then Farida Mohamedshah, and Dr. Anna Grumman. Let's turn now to Dr. Caitlin Boon from Mars Incorporated. Dr. Boon, are you with us and prepared to speak?

Dr. Caitlin Boon [\(01:34:06\)](#):

I am, thank you.

Susan Winkler [\(01:34:06\)](#):

Excellent, please proceed.

Dr. Caitlin Boon [\(01:34:12\)](#):

Good afternoon. Good afternoon. I serve as US public Affairs Director for health and nutrition at Mars Incorporated. Mars is supportive of the process that FDA is following, to create effective science-based front-of-pack labeling, that will empower consumers to support healthy dietary patterns. We thank FDA and the Reagan-Udall Foundation for this opportunity to comment. Drawing from our past experience, we believe it's critical for FDA to include a factual declaration of calories per serving, in front-of-pack labeling. Mars and many others have utilized front-of-pack calorie labeling to ensure compliance with the vending machine rule, as well as providing consumers with easily accessible information. We believe that in practice, if FDA does not include calorie information in a future scheme industry, we would need to use both the FDA developed label, as well as a facts upfront calorie label, to ensure compliance with vending machine rules going forward.

[\(01:35:15\)](#):

We think this would be challenging to implement, given the limited size of vended products, and like many manufacturers, we do not create separate packaging for vending. This labeling approach would broadly impact individual serving packs. Mars also urges FDA to consider the feasibility of front-of-pack labels for very small packages, or products that contribute insignificant nutritional content, and to consider exemptions, or alternative formats, for those types of products. Finally, as this is the first time FDA may define medium, Mars encourages FDA to consider the intersections of the definition of

medium with labeling standards, such as healthy, as well as how medium is understood by consumers. Thank you again for this opportunity to provide input.

Susan Winkler ([01:36:10](#)):

Thank you Caitlin. Our queue now is Farida Mohamedshah, Dr. Anna Grumman and Dr. Nadine Gracia. Farida from the National Confectioners Association, are you with us and prepared to speak?

Farida Mohamedshah ([01:36:26](#)):

Yes I am.

Susan Winkler ([01:36:28](#)):

Excellent. Please proceed.

Farida Mohamedshah ([01:36:31](#)):

Thank you for the opportunity to comment, on behalf of the National Confection Association or NCA, which represent the interest of the US confectionary industry. Our members support transparent nutrition information to help consumers make informed choices. There are three design elements for a front-of-pack labeling system that are important to the confection industry. The first two elements are informed by the confectionary industries Always A Treat initiative launched in 2017. First for transparency to be meaningful, FOP design must include calorie labeling. Always A Treat initiative included a commitment to increase transparency. As a result, 95% of bestselling confectionary products have FOP calorie labels to allow consumers to make informed choices. Given that calories are important from a nutrition standpoint and calorie disclosure is required for products sold in vending machines, it is critical for FDA's FOP system to include a calorie icon for confectionary.

([01:37:25](#)):

Second, alternatives based on packet size consideration. Always A Treat initiative also included a commitment to provide smaller portion options to help consumers manage calorie and added sugar intake. This resulted in a significant increase of confectionary products in smaller portion packaged size. This raises base concerns to accommodate the required FOP labeling. Therefore, we urge the agency to consider the application of FOP on small pack, and in these cases offer alternatives to provide this information. Third, color considerations, studies in Health Canada's consultation on FOP labeling indicated that the consumers encountered challenges understanding FOP labeling when multiple colors are used on the same pack. Thus, monochromatic schemes will likely be useful in fostering consumers understanding, while limiting potential concerns associated with systems that utilize multiple colors, such as traffic light systems. To conclude, NC support a voluntary FOP system that provides calorie information, and alternatives for small packages, employs monochromatic schemes, and offers factory nutrition information to consumers. Thank you.

Susan Winkler ([01:38:31](#)):

Thank you so much. Our next in the queue we'll have Dr. Anna Grummon, Dr. Nadine Gracia, and then Dr. Francis Fleming-Milici. Dr. Anna Grummon with Stanford University, are you here with us and prepared to speak?

Dr. Anna Grummon ([01:38:47](#)):

I am, thank you.



Susan Winkler ([01:38:48](#)):

Excellent. Please proceed.

Dr. Anna Grummon ([01:38:50](#)):

Thank you. I'm an assistant professor of pediatrics and health policy at the Stanford School of Medicine, and I've studied food and nutrition labels for nearly a decade. I want to start by adding my excitement that the FDA is pursuing front-of-pack labeling given the large body of evidence that consumers benefit from these labels. I also want to make three design recommendations based on the research literature, and for each recommendation I'll provide sample evidence supporting that recommendation. First, as others have emphasized, the evidence indicates that interpretive labels are more beneficial than numeric labels. For example, one study compared high in interpretive labels to numeric calorie labels and found that the high in labels increased selection of healthy beverages and snacks by 30 to 59%. The high in labels also reduce selection of unhealthy beverages and snacks, as you can see on the graph on the right.

([01:39:38](#)):

Second, negative labels have benefits over positive labels. Negative labels refer to labels that are meant to discourage consumption of less healthy nutrients, or less healthy foods. One study found that negative labels increased purchase helpfulness by twice as much as positive labels, and increased consumer understanding of product helpfulness by 1.5 times as much as positive labels. Both labels can be helpful, but negative labels are more beneficial to consumers than positive labels. Third, labels with icons are more effective than labels without icons, and also more equitable. One study found that labels with icons are perceived as more effective than labels with only text, and importantly, this effect was twice as strong for consumers with limited English use, meaning that adding icons benefits priority populations the most. Research also shows that consumers like labels with icons. About two in three say that high in, front-of-pack labels with icons, make them feel more in control of their healthy eating decisions. Moreover, there are many effective icon designs, including some examples on the right here. To summarize, front-of-pack labels should be interpretive, should highlight negative nutrients or characteristics, and should include icons. Thank you.

Susan Winkler ([01:40:47](#)):

Thank you Anna. We're in our queue with Dr. Nadine Gracia, Dr. Francis Fleming-Milici, and then Leah Biondo. Dr. Nadine Gracia and Trust for America's Health, are you with us and prepared to speak?

Dr. Nadine Gracia ([01:41:03](#)):

I am, thank you.

Susan Winkler ([01:41:05](#)):

Please proceed.

Dr. Nadine Gracia ([01:41:06](#)):

Thank you for the opportunity to provide comments today. My name is Nadine Gracia and I'm the President and CEO of Trust For America's Health, commonly known as TFAH. TFAH is a nonprofit, nonpartisan, public health policy research and advocacy organization. Our organization is committed to promoting optimal health for every person and community, and making prevention and health equity foundational to policymaking at all levels. One of TFAH's longstanding policy priorities is chronic disease

and obesity prevention, including through improving nutrition education, while advancing health equity. In September of this year, TFAH released the 20th edition of our annual state of obesity report, which tracks rates of overweight and obesity, and provides evidence-based policy recommendations to address this important public health issue. One of these policies encourages FDA to swiftly adopt a mandatory front-of-package labeling scheme.

[\(01:41:57\)](#):

When considering design considerations for a front-of-package label, TFAH urges the Reagan-Udall Foundation and FDA to consider three topics. One, any front-of-package label should be mandatory for all processed foods. Not only is this the most effective strategy for reaching the largest number of consumers, but it would also ensure the biggest public health impact by decreasing overconsumption of nutrients of concern. Second, front-of-package labels should feature an attention grabbing, and easy to understand icon or symbol, on the package. Research demonstrates that icons lead to enhanced effectiveness for labels, particularly for populations with lower nutrition literacy, and limited English proficiency, which would advance health equity. Finally, front-of-package labeling schemes should focus on the three major nutrients of concern including sodium, sugar, and fat, including the levels of healthy nutrients such as fiber, on the same label could lead to confusion and misinterpretation. Thank you for your time and consideration.

Susan Winkler [\(01:42:57\)](#):

Thank you Ms. Gracia. In our queue we have Dr. Francis Milici, Leah Biondo, and Sarah Ludmer. Sarah, you're the new addition to the queue. Turning now to Dr. Francis Fleming-Milici from the University of Connecticut, Rudd Center for Food Policy and Health. Dr. Fleming-Milici, are you present and prepared to speak?

Dr. Francis Fleming-Milici [\(01:43:19\)](#):

Yes, I am. Thank you very much, and thank you for hosting this event. I'm representing the Rudd Center for Food Policy and Health, where I have been a researcher looking at food marketing to children, and parents of young children, including labeling, for over 10 years. We support front-of-package nutrition labeling, and believe it can effectively communicate information about a food's nutrient content, if it contains nutrients of concern, is standardized in color and location, is mandatory, and contains a graphic component. However, FDA strategies to reduce added sugar consumption, coupled with mandatory front-of-package disclosures on products high in added sugar, will likely result in reformulation, and this has been raised by others in this group today, and an increase of non-nutritive sweeteners in foods and beverages. A particular concern is how this impacts children. Despite experts recommendations against children's consumption of non-nutritive sweeteners, among young children, in the US, over 20% of children ages two to five consume non-nutritive sweeteners in the foods they eat, and there is a potential for this number to rise.

[\(01:44:27\)](#):

In Chile, where a front-of-package warning label was adopted for added sugars, but not for non-nutritive sweeteners, there has been an increase in the presence and consumption of non-nutritive sweeteners in beverages, yogurts, and other products consumed by children. Increases of these sweeteners are already occurring in the US. For example, what you could see on the slide here, in 2022, Capri Sun reduced added sugar in its fruit drink product by adding a non-nutritive sweetener. Now 16 of the 21 products and flavors offered by this brand contained some kind of non-nutritive sweetener. Therefore, we urge the FDA to consider, in the near term, the importance of adding disclosures about non-nutritive sweeteners to foods and beverages, to avoid unintentional negative consequences of policy change. In

closing, two weeks ago we published a study showing that front-of-package disclosures of added sugar and non-nutritive sweeteners significantly increased parents' ability to identify these in products. We'll be sure to submit that with our comment on November 22nd. Thank you.

Susan Winkler ([01:45:33](#)):

Thank you. We are going to close out this section after hearing from Leah Biondo and Sarah Ludmer. Then I will queue up the next section. We'll talk about the intersection of front-of-pack labeling with other nutrition related policies, where we will first hear from Krystal Register. But finishing out this section, Leah Biondo from the US Cattleman's Association. Leah, are you present and ready to present? All right then moving on from Leah... Leah rather, we will turn to Sarah Ludmer with the WK Kellogg Company. Let me queue the first two folks in our next section. Krystal Register with FMI, the Food Industry Association, and Julie Greene. First, let's hear from Sarah Ludmer with the WK Kellogg Company. Sarah, are you here and ready to present?

Sarah Ludmer ([01:46:26](#)):

I'm here, thank you. WK Kellogg Co appreciates this opportunity. As the government considers FOP designs, it must consider the unique US regulatory and labeling requirements impact on the underlying nutrient criteria to prevent consumer confusion, particularly for those with lower nutrition literacy. Unlike most other regions that have front-of-pack, US labeling is not based on a single fixed value like a hundred grams, but rather it is established for different food categories in reference amounts, or racks, reflecting typical consumption by Americans. Serving sizes based on these numbers can differ significantly even within a category. Cereals, for example, have 40 and 60 gram racks. Light cereals are those like grain flakes or toasted oats, while heavy cereals are bran-based, or those like shredded wheat biscuits.

([01:47:13](#)):

On the slide, the whole grain rich cereal in the center will receive a high in warning. This cereal is an excellent source of fiber, meets WIC requirements, and yet consumers may be discouraged from purchasing it. When compared to the multi-grain flake on the left, it has more fiber and less sugar per gram, but using the same criteria for nutrient thresholds on a per serving basis, this doesn't account for its nutrient density. Adding to this complexity, when that multi-grain flake on the left is packed in a single serve container, as you see on the right, the serving size is much higher due to labeling rules, and consumers will see a very different front-of-pack for the same exact food. Setting the same nutrient thresholds per serving across the cereal category will naturally disadvantage heavier cereals, which often contain higher amounts of whole grain and fiber.

([01:47:57](#)):

While not perfect, Canada solves for this issue by using tiered thresholds for negative nutrients, increasing based on the foods rack or serving size, to better reflect the overall nutrition. They even have specific exemptions for foods with health protective benefits. Canada's simple interpretive high in scheme, without per serving [inaudible 01:48:14], enables this flexibility without creating consumer confusion, and supports consumption nutrient-dense foods. Cereal contributes significantly to under consumed nutrients and food groups, and we're hopeful FOP systems will acknowledge food categories that support these patterns, and positive health outcomes. Thank you, and we'll provide more in greater detail later.

## **Public Comment – Potential intersection with other nutrition-related policies, such as other labeling efforts and nutrition assistance programs**

Susan Winkler ([01:48:32](#)):

Thank you. That closes out our first section on design considerations, and we'll turn now to the intersection with other nutrition related policies, such as other labeling efforts, and nutrition assistance programs. As a reminder, we'll start with Krystal Register, then turn to Julie Greene, and then Dr. Lisa Sanders. Krystal Register with FMI, the Food Industry Association, are you present and ready to... are you both here and ready to present?

Krystal Register ([01:49:00](#)):

I'm here, thank you.

Susan Winkler ([01:49:02](#)):

Please proceed.

Krystal Register ([01:49:03](#)):

My name's Krystal Register, Senior Director of Health and Wellbeing at FMI, the Food Industry Association. Thank you for the opportunity to provide our industry perspective on FDA's front-of-package nutrition labeling research. FMI is a co-creator of the Facts Up Front program, a voluntary labeling program that remains an important and widely adopted front-of-pack labeling tool. Facts Up Front was designed to allow consumers to use key product information at a glance, with icons that highlight calories, saturated fat, sodium added sugars and nutrients, to encourage taking values directly from the nutrition facts label to the front of the package. FMI believes this makes facts Up Front the best suited front-of-pack scheme, with clear facts to help consumers make informed choices. Many of the front-of-pack schemes FDA has proposed go beyond factual disclosure with subjective characterization. Reducing a foods entire contribution to the diet to whether it is high, medium, or low, or high in one to three highlighted nutrients to avoid, is overly simplistic, and will not help educated consumers on how to improve their overall dietary pattern.

([01:50:09](#)):

It's concerning that many nutrient rich choices such as whole grain cereals and breads will likely be perceived as bad or negative, when there are otherwise healthful foods many of us currently consume in alignment with the dietary guidelines. We believe meaningful discussion on consumer guidance must include calories. Previously, FDA has linked calories to obesity and diet related disease. Calories are prominently bold in the updated nutrition facts label, and required on menu labeling and vending. Yet none of the front-of-pack schemes tested has calories included. When considering the potential intersection with other nutrition related policies, there are noted conflicts between the proposed definition of healthy nutrient content claim levels, guidance for using dietary guidance statements, and the front-of-pack schemes tested. As policies intersect, there must be alignment of parameters, and values must be considered in unison, to prevent consumer confusion. Thank you for the opportunity to comment today.

Susan Winkler ([01:51:03](#)):

Thank you. Our queue now includes Julie Greene, Dr. Lisa Sanders, and then Mollie Van Lieu. Julie Greene with Guiding Stars Licensing Company. Are you present and ready to present?

Julie Greene ([01:51:15](#)):

I am, thank you. Guiding Stars is a nutrition guidance program that is both summative and interpretive. Our positive tiered communication approach identifies foods that meet or exceed the published nutrient density standard we introduced in 2006, and continue to refine, with the support of an independent scientific advisory panel. In developing this model, we did consider other approaches. Warning labels tell consumers what not to eat, leaving many supermarket products without clear guidance, as most fall between proposed high in labels, and the healthy definition. Many of these products solve barriers to healthier eating, like taste, convenience, and cost. However, if we only have high in and healthy, we provide no guidance on these numerous better choices. Our positive standard enables Ahold Delhaize, and other users, to incentivize and reward better choices for everyone along the value chain. Consumers benefit from nutrition incentive and loyalty programs that encourage buying foods earning Guiding Stars, and research confirms its positive impact, especially among those with low income, and low health literacy.

([01:52:20](#)):

Manufacturers with products meeting Star standards are included in health-focused displays, and approved product lists for nutrition incentive programs, which boost sales. Food retailers use our program to aim for higher sales of Star earning products, earning them better scores in indices that matter to ESG focused investors. Years of peer-reviewed research shows us the positive impact of Guiding Stars and consumer shopping behavior. But there's also an NIH funded study in progress to assess how Guiding Stars can compliment FDA's proposed high in labels and healthy definition. This project is also looking at various versions of Guiding Star score communications, to further understand consumer comprehension and behavior. As FDA moves towards front-of-pack labeling, we ask that you consider the meaningful benefits Guiding Stars has had on consumer choices, including those with lower nutrition knowledge, as well as marketplace impacts. Then consider how FDA's proposed FOP labeling may work in harmony with a positive summative approach, such as Guiding Stars. Thank you for the opportunity to share our perspectives.

Susan Winkler ([01:53:26](#)):

Thank you. Our queue is now Dr. Lisa Sanders, Mollie Van Lieu, and Dr. Kristen Hicks-Roof. Dr. Lisa Sanders from the Institute of Food Technologists, are you here and ready to present?

Dr. Lisa Sanders ([01:53:41](#)):

Thank you very much. I am representing the Institute of Food Technologists, which is a global organization of approximately 12,000 members committed to advancing the science of food. We applaud the FDA for their efforts to modernize and update food labeling guidance, to better align with current nutrition science, and federal dietary guidelines, and we appreciate this opportunity to make comments. The FDA has put forward for public comments, several potential changes to the food label, including an update to the definition of healthy, a healthy icon, a front-of-package nutrition label, and dietary guidance statements. While some of these proposed label changes are being tested with consumers, the research is in isolation of the other proposed changes to the label. Multiple changes may lead to greater complexity of the label, and as we heard from our earlier panel, consumers desire more simplicity. Therefore, we encourage the FDA to consider these labeling initiatives as a whole, and conduct research that would investigate potential interactions of these components on consumer understanding and behavior.

([01:54:46](#)):

For example, how might a consumer understand and respond to a dietary guidance statement of eat yogurt as part of a nutritious dietary pattern, if the yogurt also includes a front-of-package label stating high in added sugar? Alternatively, could a healthy icon on a food label paired with a front-of-pack label saying low in saturated fat, help consumers better understand the nutrients they need to limit in their diet? These scenarios demonstrate potential opportunities for consumer education, as well as potential confusion. Therefore, we believe it is critical to test and understand how these label elements may interact to influence consumer behavior. We thank you for the opportunity to provide these comments.

Susan Winkler ([01:55:29](#)):

Thank you, Dr. Sanders. Our queue is now Mollie Van Lieu, Dr. Kristen Hicks-Roof, and Jenny Hopkinson. Mollie Van Lieu. From the International Fresh Produce Association. Do we have your audio and your video, and are you ready to present?

Mollie Van Lieu ([01:55:45](#)):

Yes, I am here. If you can hear me?

Susan Winkler ([01:55:47](#)):

We can, please proceed.

Mollie Van Lieu ([01:55:49](#)):

Great. Thank you. My name is Mollie Van Lieu, and I'm with the International Fresh Produce Association. Although fruits and vegetables are core elements of the dietary guidelines, only one in 10 adults consume recommended amounts, and CDC data show that nearly half of all children, between the ages of one and five do not eat a single vegetable on a daily basis. Accordingly, we strongly support FDA's nutrition innovation strategy. We urge FDA to consider four points in this work.

([01:56:15](#)):

One, while obvious, it is important to note that unpackaged fresh fruits and vegetables often bear little to no labeling opportunities. Additionally, most Americans are well aware that fruits and vegetables are good for them, but instead consume other foods.

([01:56:28](#)):

Number two, FDA should require fruit and vegetable claims in name or imaging to disclose the quantity of per serving fruit and vegetables servings in household measures. Many foods, including those marketed to children, contain the names and images of fruits and vegetables on their packaging. These marketing tactics make items appear more helpful than they are, despite containing no or minimal amounts of fruits and vegetables. We encourage the agency to consider how this type of labeling influences consumer purchasing habits.

([01:56:56](#)):

Three, the FDA should ensure all of its labeling initiatives intersect well with other federal feeding programs. As FDA pursues initiatives like a healthy logo, it should ensure efforts do not result in consumer confusion, particularly for those who participate in programs like WIC or school meals. For example, a bottle of juice may be allowed to bear a healthy logo, although the DGA and organizations like the AAP have recommended no juice consumption before 12 months of age, and limited consumption thereafter.

([01:57:23](#)):

Four, front-of-package labeling and packaging. Many fresh fruits and vegetables are sold in both US and Canada using the same packaging with, Canada's soon implementing its own FOPL requirements. We simply wish to flag this point as an ongoing consideration of how packaged foods may address dual FOP requirements. There is no better way to improve the dietary quality of Americans than by increasing consumption of fruits and vegetables. We stand ready and willing to help serve as an ally to FDA throughout this labeling process. Thank you.

Susan Winkler ([01:57:54](#)):

Thank you. Next in our queue, so just a reminder of the queue, Dr. Kristen Hicks-Roof, Jenny Hopkinson, and then Dr. Courtney Gaine. Dr. Kristen Hicks-Roof from the National Pork Board. Are you with us and ready to present?

Dr. Kristen Hicks-Roof ([01:58:10](#)):

Yes, I'm here.

Susan Winkler ([01:58:12](#)):

Excellent, please proceed.

Dr. Kristen Hicks-Roof ([01:58:14](#)):

Hi, my name is Dr. Kristen Hicks-Roof, and I'm the director of Nutrition Research at the National Pork Board. I appreciate the opportunity to talk about the recent FDA open call for the draft of dietary guidance statements. We conducted a consumer study with Circana of over a thousand participants across consumer segmentations, including genders, ethnicities, and generations. We compared these across various proteins, and six different claims were tested to determine what consumers thought of these different dietary guidance statements.

([01:58:43](#)):

What I think is really important, if you look on the slide, is that that top statement, which is actually the longest statement, was the most motivating and believable across all of these protein statements. And not only that, consumers are willing to pay more if they understand the facts behind the guidance. So consumers thought these messages were both motivating and believable because they mentioned the dietary guidelines and they have facts and statistics.

([01:59:07](#)):

Ultimately, the dietary guidance statements are an opportunity to translate dietary guidelines for Americans, having specific and informative messaging, but also having a positive food label on the package. I think that's important to continue to empower consumers on what foods they can purchase versus always scaring them away from purchases. In addition, it's part of focusing on foods and food groups as part of a hopeful, helpful dietary pattern. Thank you for allowing me to make comments.

Susan Winkler ([01:59:39](#)):

Thank you. Our queue is now Jenny Hopkinson. Dr. Courtney Gaine, and then new to the queue is Umailla Fatima, I apologize. So Jenny Hopkinson with the Sustainable Food Policy Alliance. Jenny, are you prepared to present?

Jenny Hopkinson ([01:59:58](#)):



Yes, I am. Thank you. Good afternoon, and thank you for the opportunity to provide input to assist the Food and Drug Administration as it considers front-of-pack nutrition labeling. My name is Jenny Hopkinson, and I'm presenting on behalf of the Sustainable Food Policy Alliance, which comprises some of the world's best known food companies, Danone North America, Mars Incorporated, Nestle USA, and Unilever United States.

[\(02:00:21\)](#):

SFPA is committed to developing and advocating for policies that encourage and support healthy eating and drinking behaviors to enable all Americans to live healthy lives. My comments today are focused in particular on the potential intersection with other nutritional related policies such as other labeling efforts and nutrition assistance programs.

[\(02:00:43\)](#):

FDA consumers, food and beverage makers, and other public health professionals and other partners must work together to develop and implement a broad and comprehensive approach to educate consumers, enable informed nutrition choices and facilitate behavior change. Science-based front-of-pack labeling is one of several tools that can play an important role in this approach.

[\(02:01:04\)](#):

As FDA seeks to advance front-of-pack labeling, we trust that the agency will collaborate with stakeholders to create a system that provides clarity to consumers and manufacturers, positively influences consumer behavior, and avoids unintended consequences or conflicts with existing food labeling regulations. To be most effective, SFPA believes that front-of-pack labeling must work in tandem with other federal nutrition policies aimed at boosting consumer nutrition education and healthy lifestyles, harmonize with existing nutrition labeling regulations, including claims and vending machine labeling regulations, and support consumers in aligning their eating habits with the recommendations in the most recent US Dietary Guidelines for Americans. In conclusion, SFPA looks forward to the opportunity to work with the FDA and other stakeholders to develop an effective and evidence-based front-of-pack labeling system that will make meaningful strides toward improving public health. Thank you so much for the time today.

Susan Winkler [\(02:02:03\)](#):

Thank you. We will close out this section by hearing from Dr. Courtney Gaine, and then Umaila Fatima, then we'll turn to the international experience section, where we will hear first from Eva Greenthal. So let's turn now to Dr. Courtney Gaine with the Sugar Association. Dr. Gaine, are you ready to turn on your audio and video and present your remarks?

Dr. Courtney Gaine [\(02:02:27\)](#):

I am.

Susan Winkler [\(02:02:28\)](#):

Excellent. Please proceed.

Dr. Courtney Gaine [\(02:02:30\)](#):

All right, thank you. My name is Dr. Courtney Gaine and I'm the president and CEO of the Sugar Association. Today, I'd like to emphasize three key points. First, the Dietary Guidelines for Americans are the foundation for federal nutrition policy. Any labeling regulation must stay consistent with the guideline's emphasis on dietary patterns. Implementing a front-of-package scheme focused only on

three nutrients to limit is a significant departure from that dietary patterns focus, and not consistent with evidence that improving diet related diseases involves more than just decreased intake of select nutrients.

[\(02:03:03\)](#):

Research demonstrates that diet shortfalls, such as low whole grains and low fruit and vegetable consumption, are greater dietary risk factors than intake of sugar sweetened beverages. Second, if anything is on front-of-pack, calories need to be there. The importance of calories cannot be minimized. Two decades of data tells us that a focus on added sugars reduction without calorie reduction is meaningless from the perspective of improving health.

[\(02:03:26\)](#):

Since its peak in 1999, added sugars intake decreased by 30% while obesity in children has increased by 44%, and adults by 37%. Most consumers believe reduced sugar means reduced calories, but this is often not the case, as manufacturers must substitute other caloric ingredients to replace the palatability and functions of sugar. See my slide, calories must be on the front-of-pack.

[\(02:03:50\)](#):

Third, a spotlight on reduced added sugars without transparency around the use of low and no calorie sweeteners is misleading. We know that a front-of-pack scheme will spur product reformulation. The question is, reformulation with what? The current one-dimensional focus on sugar reduction has led to a surge in the use of sweeteners, even in children's products, and without meaningful calorie reduction or improved health outcomes. Consumers may wish to reduce added sugars intake but not by increased consumption of artificial sweeteners. To avoid misleading consumers, FDA must ensure transparency of sweeteners on front-of-pack whenever added sugars are highlighted.

[\(02:04:25\)](#):

In summary, FDA must proceed with caution with front-of-pack plans and ensure that any scheme will improve diet quality will have minimal unintended consequences and consumers are not misled. Thank you.

Susan Winkler [\(02:04:36\)](#):

Thank you. Our queue is now Umailla Fatima. Then we'll turn to the international experience and hear from Eva Greenthal, and then Milena Guadron. So Umailla Fatima from UnidosUS, are you here and ready to present remarks?

Umailla Fatima [\(02:04:51\)](#):

Yes. Thank you.

Susan Winkler [\(02:04:53\)](#):

Please proceed.

Umailla Fatima [\(02:04:54\)](#):

Good afternoon. My name is Umailla Fatima, and I'm a health policy analyst for UnidosUS is the nation's largest Hispanic civil rights and advocacy organization. Through our unique combination of expert research, advocacy programs, and a network of nearly 300 community-based organizations, we challenge the barriers that affect Latinos at the national and local levels. We appreciate the Reagan-

Udall Foundation for the FDA for convening this important meeting, and for inviting us to share the Latino perspective on front-of-pack nutrition labeling.

[\(02:05:23\)](#):

Obesity, heart disease and diabetes are some of the most serious and preventable health conditions impacting the Latino community. A contributing factor to these high rates of diet-related diseases is nutrition knowledge and health literacy, which can create significant barriers to navigating detailed nutrition information on the back of food packages and labels for Latinos. Front-of-pack nutrition labeling is a key tool in reducing health disparities by empowering Latinos to make healthy choices.

[\(02:05:49\)](#):

Federal nutrition programs are critical supports for Latinos who experience food insecurity. Latinos represent 42% of participants in WIC and 16% of SNAP participants. Integrating front-of-pack labeling education into SNAP-ed classes, nutrition counseling at WIC clinics, and at food banks has the potential to empower families to leverage front-of-pack labeling when they're shopping for their groceries. Making front-of-pack labeling mandatory and available nationwide in stores would further aid program participants in making fast, informed healthy choices for themselves and their children. Front-of-pack labeling can also drive industry to reformulate foods, including Latino cultural staples in order to score better on front of pack systems. This effect would improve the nutritional profile of many foods that are core parts of a traditional diet, and improve the food environment for low-income communities of color. By empowering nutrition literacy and informed choices, effective front-of-pack labeling implementation can significantly improve the diets and health outcomes of our Latino communities, advancing health equity for our communities of color. Thank you.

### **Public Comment – International experience with front-of-package labeling**

Susan Winkler [\(02:06:53\)](#):

Thank you Ms. Fatima. So now let's turn to our third section, which is the international experience with different labeling schemas. We'll turn first to Eva Greenthal, then our queue includes Milena Guadron and Mariana Ribiero. Eva Greenthal, with the Center for Science in the Public Interest. Ms. Greenthal, are you here on audio and video, and prepared to present?

Eva Greenthal [\(02:07:21\)](#):

Yes. Hello.

Susan Winkler [\(02:07:23\)](#):

Excellent. Please proceed.

Eva Greenthal [\(02:07:25\)](#):

Hi, everyone. My name is Eva Greenthal, and I'm with the Center for Science in the Public Interest, or CSPI. In August 2022, CSPI filed a citizen petition, calling on FDA to adopt a front-of-package labeling system that is mandatory, interpretive with respect to levels of added sugars, sodium, and saturated fat, and includes calories. We're thrilled that the recent progress FDA has made towards designing and studying front-of-package icons.

[\(02:07:53\)](#):

I want to highlight two important considerations for FDA as it moves forward. First, it is critically important that FDA's front-of-package labeling policy be mandatory, not voluntary. The US is several years behind other nations, so we can learn from their experiences, and the data clearly show that mandatory policies are preferable. A 2023 research report from the George Institute for Global Health found that in Australia, nine years after the government endorsed the voluntary front-of-package Health Star rating system, Health Star icons appeared on only 36% of products that could be expected to bear the labels. The report found that large multinational companies like Coca-Cola, Mars, Nestle, Unilever, and Mondelez are failing to consistently apply the labels, and healthier product categories like nuts and salads were more likely to bear icons than less-healthy categories like condiments and confectionary, showing that when labeling is voluntary, companies will use it for marketing purposes rather than public health promotion. Mandatory labeling will optimize impact and ensure consistency across the food supply.

[\(02:08:57\)](#):

Second, it is important that FDA require front-of-package calorie disclosures alongside FDA's mandatory front-of-package nutrition label. This is one of the few areas where leading food industry stakeholders and consumer nutrition advocates are aligned. While FDA surveys show calories are the most viewed component of the nutrition facts label, IFIC's 2022 Food and Health Survey found that only 29% of consumers looked at calories on the nutrition facts label while grocery shopping. Requiring calorie icons like those already used on some products as part of facts upfront will streamline front of pack rules with the-

Susan Winkler [\(02:09:33\)](#):

Thank you, Ms. Greenthal. We appreciate your participation today. I'll turn now on our queue. Milena Guadron, Mariana Ribiero, and Alejandra Contreras. So Milena Guadron from FIAN Columbia?

Milena Guadron [\(02:09:50\)](#):

I'm here.

Susan Winkler [\(02:09:52\)](#):

Yes, please proceed.

Milena Guadron [\(02:09:54\)](#):

Thank you. I'm Milena Guadron. FIAN Columbia's an organization that defends the right to food. And together, with other civil organizations, we help ship the FOPL. We have promote these steps in the congress of the republic since 2017, and it was not until the third attempt that it became law, '21, recognized that the objective of having healthy food environments that prevent noncommunicable disease, it is necessary to have FOPL system, which is established by the Ministry of Health according to the criteria of the level of processing, and that is based on the greatest scientific evidence free of conflict of interest.

[\(02:10:42\)](#):

This criteria were key or easy to defend regulation of the law that was given through resolution 2492, in which the ministry defined the greatest evidence indicate an octagonal shape with black background that has a warning effect and white letters with the word "Excess sodium, sugars, saturated fats, trans fats, and the presence of sweeteners." The content limits of these critical nutrients correspond to the

PAHO Nutrient Profile, the only one based on the level of processing, and supported by the NOVA Food Classification.

[\(02:11:19\)](#):

And what were the keys to our advocacy and mobilization strategy? It's important understand that all together, working closely, civil associated and academia, free of conflict of interest, they make a good team with the objective of positioning, the great difference between a food and an ultra-processed product that damage health, as well as the concept of ultra-processing that goes beyond a critical nutrient. Open spaces for participation and use communication in strategies aimed at policy makers and citizens to make visible in the public debate FOPA as a human right issue, which connects the right to clear and easy to understand information with the right to food. Thank you.

Susan Winkler [\(02:12:10\)](#):

Thank you. And now, let's turn to our queue is Mariana Ribiero, Alejandra Contreras, and Gaston Ares. So Mariana Ribiero from the IDEC, the Brazilian Institute for Consumer Defense, are you present with your video and audio prepared?

Mariana Ribiero [\(02:12:29\)](#):

Yes.

Susan Winkler [\(02:12:30\)](#):

Please proceed.

Mariana Ribiero [\(02:12:31\)](#):

Good afternoon, my name is Mariana. I am a nutritionist and a research analyst at Brazil Institute for Consumer Defense. In the case of Brazil, [inaudible 02:12:40] for the nutrition food labeling regulation, which include a front-of-package labeling, it started in 2014 by our National Health Surveillance Agency, Anvisa, who was responsible for the entire process. In this timeline, I would like to highlight the proposal presented by that, in 2017, which defendant warning labels with the triangle based on the Chilean experience and available scientific evidence at the time. And then, the two magnifying glass models created by Anvisa throughout the process.

[\(02:13:12\)](#):

Also, it is important to mention that we have evidence which indicates corporate political activities of the food and beverage industry interference in the decision of the model that Anvisa approved. Our new regulation was approved in 2020, and although we considered it a model with some limitations, it represents a great improvement for the Brazilian consumers.

[\(02:13:33\)](#):

A [inaudible 02:13:35] for some improvements to the regulation, and I would like to mention three key [inaudible 02:13:40]. First is to include a warning for non-sugar sweeteners, as the model of Argentine and Mexico. That is important when we think about reformulation of the products in World Health Organizational guideline. The second is make our nutrient profile model more restrictive. For example, using PAHO standard, so more a healthy progress, or be able to include the front-of-package nutrition labeling. And the third is to align the resolution with the Brazilian dietary guidelines, considering the level of food processing to list which category of products needs to include the front-of-package, nutrition plate. That's it and I would like to thank you all for the opportunity to share our experience from Brazil.

Susan Winkler ([02:14:25](#)):

Thank you Ms. Ribiero. Our queue now includes Alejandra Contreras, Gaston Ares, and Dr. Barry Popkin. So Alejandra Contreras from the National Institute of Public Health of Mexico, are you present and prepared to present? Yes. Thank you. Please proceed.

Alejandra Contreras ([02:14:45](#)):

Thank you. Hi, for the space. My name is Alejandra Contreras. I'm a researcher at the National Institute of Public Health in Mexico. Our nutrition research center developed around 40 documents that describe the result of multiple studies evaluating different labeling systems and nutrient profiles. One, in labels, and the Pan-American Health Organization model obtained the best results and ideal for the epidemics of obesity and diabetes in Mexico.

([02:15:12](#)):

The participation of the food industry and the regulatory process was a barrier to defending the health and the rights of the population and children. For example, they denied the ineffectiveness of the daily food guidelines, argue against the nutritional profile, and oppose the warnings about artificial sweeteners. The industry arguments were later analyzed and published by Rajina Duran, and also in a book led by [foreign language 02:15:39]. The covers are in the photos of this slide.

([02:15:42](#)):

Fortunately, with a powerful strategy that combined a force for academia's, civil society organizations and rational expert committees, warning labels were approved and implemented in 2020 with some innovations such as legends directed at children and numeric sales for small products.

([02:15:59](#)):

The food industry has filled around 150 legal protections to remove or weaken the policy. Six of the litigations are still ongoing. One of them is from Nestle, and another is from Santa Clara, the rebrand of Coca-Cola. The later results indicates that the policy is highly approved, understood, and used in our country. Around 40% of adults and youth report reduction of unhealthy food purchases due to the presence of black octagons. We continue evaluating this policy and collaborating with other countries seeking to implement similar results. It's important that regulation for ultra-process unhealthy foods continue to be free of conflict of interest. I leave information on how you can find us on our social networks. Thank you.

Susan Winkler ([02:16:52](#)):

Thank you. We are at the final stages of our queue with our final three speakers, will be Gaston Ares, Dr. Barry Popkin, and Dr. Mary L'Abbe. Gaston, from the University de la Republica, are you present and ready to present?

Gaston Ares ([02:17:08](#)):

Yes. My name is Gaston Ares. I'm an associate professor at University de la Republica. Thank you for the opportunity to share the experience of Uruguay with mandatory front-pack nutrition leveling, which can provide relevant input for the regulatory process of the FDA.

([02:17:24](#)):

The research we conducted in Uruguay provided similar results than the studies showed before. So Uruguay was the third Latin American country to implement this policy based on warning labels, which correspond to black octagons with the text "excess" followed by the corresponding nutrient and the

acronym of the Ministry of Public Health. During the design of the policy, the country conducted an extensive amount of peer-reviewed research to design this octagon, and the results stress the importance of interpretive elements to increase understanding and show that highlighting products high in nutrients associated with noncommunicable diseases was the most effective approach to encourage healthier food choices, particularly when compared to the GDA or the traffic light system.

[\(02:18:13\)](#):

The research also stressed the importance of the inclusion of icons and contrasting colors, such as black and white, to maximize impact, after the implementation of the policy. In 2020, we have seen an improvement in consumer ability to understand the nutritional information provided on food labels, and we have seen that approximately 6 out of 10 consumers report using this information when making their food purchases, and this number has remained stable since the implementation. The labels have discouraged purchase of products high in nutrients associated with NCDs, and we have not seen any negative effects on the food industry so far. Thank you very much for the opportunity.

Susan Winkler [\(02:18:56\)](#):

Thank you. Of our final two speakers, we have Dr. Barry Popkin, and Dr. Mary L'Abbe. Dr. Popkin from the University of North Carolina Chapel Hill, are you ready on audio and video, and here to present?

Dr. Barry Popkin [\(02:19:12\)](#):

Yes.

Susan Winkler [\(02:19:13\)](#):

Excellent. Please, proceed.

Dr. Barry Popkin [\(02:19:15\)](#):

Our group has been working on warning labels and front-of-the-package labeling for over 15 years. First, I was involved with healthy choices, and now with warning labels, since we helped design the Chilean law long ago and forward. And we've been working with over 12 countries across the globe with random control trials.

[\(02:19:38\)](#):

And I want to speak here briefly first about Chile in a number of ways, Chile by the way, is recognized by the World Bank as a high income country, just like the US, so it's quite comparable in many ways. And you can see here from our evaluation after three years, it's not published yet, it's on online, but not published, these results showing the impacts. In Chile, one of the things we do is we use energy density along with the cutoffs in the other three, calories, sodium, and saturated fats. We use "added sugar" though because we have it in the front-of-the-package labeling and the nutrition facts panel in the US, so we strongly recommend you use that, not "total sugar."

[\(02:20:33\)](#):

Lastly, in coming to reformulation in Chile, as it's been mentioned by several speakers, we had significant reductions of sugar, shifts to non-nutritive sweeteners, and sodium shifts to a lot of it going to potassium salt, which is a win-win. So some reformulations are very healthy and helpful, and others are not. And what's important on Chile that we learned in our studies and in our focus groups was people would select, if the warning label was on all the nutrients, and people would shift from four to three to zero systematically. I think I'm done.



Susan Winkler ([02:21:19](#)):

Thank you, Dr. Popkin. That is the end of your time, yes. Thank you so much for joining us. And our last public commenter is Dr. Mary L'Abbe from the University of Toronto. Dr. L'Abbe, are you here and ready to present?

Dr. Mary L'Abbe ([02:21:34](#)):

Yes, thank you.

Susan Winkler ([02:21:36](#)):

Excellent. Please proceed.

Dr. Mary L'Abbe ([02:21:37](#)):

I'm professor in the Department of Nutritional Sciences at University of Toronto from Canada. Front-of-pack labeling is a powerful tool to improve diet quality and dietary intakes, and ultimately, health outcomes through two main mechanisms. First, it changes consumer purchasing and dietary behaviors. Front-of-pack labeling was more easily noticed than the front-of-pack, excuse me, the back-of-Pack nutrition facts table in Canada, and was especially helpful for consumers with low or marginal health literacy. Canadian consumers would also purchase fewer foods with high-end labels.

([02:22:16](#)):

Second, front-of-pack labeling improves the nutritional quality of foods as we saw in Chile, and Dr. Popkin just mentioned, manufacturers also reformulated their products to lower levels of nutrients highlighted on the front of pack labels. In modeling studies, these changes would avert 2,000 to 9,000 diet-related deaths a year in Canada.

([02:22:40](#)):

Evidence shows that mandatory labels work the best. Voluntary systems have slow and skewed uptake. In Australia and New Zealand, as you see in the bottom left corner, Health Star ratings were more often on less healthy foods, excuse me, more often on more healthy foods than in the less healthy foods. And finally, the regulations must be clear. Canada focused on the nutrients of concern with excessive intakes. The design must be interpretive, easily-noticeable, and prominently-located, and the regulations must be consistent with other policies. For example, Canada's dietary guidelines recommends that processed or prepared foods that contribute excess sodium, free sugars, or saturated fat should not be consumed regularly. Canada's front-to-pack label system will help Canadians identify such foods. And finally, the footnote on our nutrition facts table aligns with the 15% dietary threshold that is used on the front-to-pack label.

## **Closing Remarks & Adjournment**

**Susan C. Winckler, RPh, Esq., CEO, Reagan-Udall Foundation for the FDA**

Susan Winkler ([02:23:47](#)):

Thank you, Dr. L'Abbe. That concludes our meeting today. And I, first, must thank all of you who presented public comment. We appreciate that you joined us and could share your insights. We also thank our panelists and our speakers who joined us, and for each of you who attended the meeting. Thank you, and enjoy the rest of your day.