



# Supporting the Use and Implementation of FDA's Updated "Healthy" Claim

**SUMMARY OF ROUNDTABLE DISCUSSIONS**  
Conducted by the Reagan-Udall Foundation for the FDA



## ABOUT THE REAGAN-UDALL FOUNDATION FOR THE FDA

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# Overview

Diet-related chronic diseases, including obesity, diabetes, heart disease and certain cancers are the leading causes of death and disability in the U.S. Healthy eating patterns, with foundational foods like fruits, vegetables, dairy, and whole grains, are associated with improved health. The Food and Drug Administration (FDA) is committed to providing information and accessible food labeling tools to empower consumers to make healthy food choices and help foster a healthier food supply.

As part of its efforts to support healthier eating, the FDA in December 2024 issued a final rule updating the criteria by which a food product could be labeled as "healthy" (<https://www.federalregister.gov/documents/2024/12/27/2024-29957/food-labeling-nutrient-content-claims-definition-of-term-healthy>). The nutrient content claim "healthy," first defined in 1994, was revised to help consumers identify foods that are at the core of healthy eating patterns.

The updated criteria for the "healthy" claim require that food products must:

- 1) contain a specified amount from food groups or subgroups (fruit, vegetables, whole grains, dairy, and proteins) recommended by the 2020–25 Dietary Guidelines for Americans (DGA) and
- 2) adhere to limits on saturated fats, sodium and added sugars, which have been designated in the 2020–25 DGA as "nutrients to limit."

The rule went into effect on April 28, 2025, with a compliance date of February 25, 2028. Manufacturers can start voluntarily using the claim if a food product meets the updated criteria.

To supplement the nutrient content claim, FDA is considering a symbol or icon that could be used on a package label to help consumers more easily and quickly identify which food products meet the updated "healthy" standard.

To better understand the opportunities and considerations regarding the use of the "healthy" claim, the Reagan-Udall Foundation for the FDA (Foundation) convened five invitation-based roundtable conversations with retailers, manufacturers, trade associations and academia, health care groups, and consumer/public health groups. The discussions, held in April 2025, sought to identify ways in which stakeholders could use the "healthy" claim to support consumers and ways FDA could further support stakeholders in their use of the "healthy" claim.

Participants in the roundtables widely recognized the potential of the updated claim to help consumers more easily identify foods that contribute to a healthful diet. Despite acknowledged challenges, there was strong appreciation for the claim's grounding in science and its potential to encourage healthier food purchasing decisions. Key themes and highlights from the discussions follow.

## Scientific Basis for the Updated Definition

Stakeholders welcomed the revised “healthy” definition, noting that it aligns well with the current, evidence-based scientific understanding of what constitutes a healthier diet. By broadening the definition to explicitly include critical food groups—fruits, vegetables, whole grains, protein, and dairy—participants agreed that the rule more closely reflects the recommendations outlined in the 2020–2025 DGA, which are updated every five years to incorporate the latest nutrition science. Participants also saw the updated definition as a valuable opportunity to educate consumers about the DGA and the importance of balancing food group intake with limits on certain nutrients to support overall healthy eating patterns.

## Current Consumer Perceptions of “Healthy”

The updated “healthy” claim offers a valuable opportunity to reframe and refresh consumer perceptions of the term. Roundtable participants expressed that historically, products labeled healthy have often carried negative associations related to taste, price, and convenience—factors that are key drivers in purchasing decisions, particularly for consumers with limited budgets. While many people want to buy healthier foods, participants observed that concerns about family acceptance—especially among children—often outweigh those intentions. One participant emphasized that the impact of the “healthy” claim can vary significantly depending on the retail environment, particularly in stores serving budget-conscious shoppers, where value and accessibility are paramount. There was broad agreement that to be effective, health-forward messaging must be balanced with messaging about affordability, taste, and convenience.

Some participants pointed out that this perception may deter manufacturers from paying for and/or retailers from giving prime shelf space to “healthy” products. Although some better for you items can yield higher margins, they often sell more slowly than less healthy alternatives. Retailers provided insight that some manufacturers of products eligible for the “healthy” claim may lack the financial resources to cover fees for premium placements—such as endcaps, online promotions, or advertising—making it harder to spotlight these options for consumers. However, participants recognized that when consumer demand changes and consumers are proactively seeking the healthier products, manufacturers and retailers are more likely to shift resources to promote the healthier items. An example of this has been seen in the sugary beverage category which, over a decade ago, dominated the canned or bottled drink aisles. Today however, it is a totally different visual, with over half of the aisle made up of carbonated or still water drinks. With the competition high in this category and consumer interest strong, manufacturers see value in committing financial resources to cover fees for premium placement for their brands’ healthier drinks.

One discussant suggested there has been success when retailers pair complimentary healthy foods with foods with higher volume sales in their promotions. The reason for this success was explained by the fact you aren’t making the consumer choose between healthy and not healthy; instead, the healthy product becomes an add-on and helps to start nudging consumers towards healthier products and behavior change.

Others voiced support for a tiered or “ladder up” approach to “healthy” (i.e., good, better, and best) to help consumers make gradual improvements in their food choices and eating habits. Such a framework could offer flexibility, helping nudge people to increase consumption of healthy food groups, reduce intake of nutrients that should typically be limited, and accommodate diverse dietary needs. One discussant, for example, highlighted the opportunity to nudge the consumer who is determined to buy frozen pizza for dinner that night and wants something that meets their needs for taste and price. While it may be difficult to find a pizza that meets their needs and is labeled “healthy,” this consumer might be convinced to purchase a more nutritious option



even it doesn't meet all the "healthy" criteria. Educating consumers with a "ladder up" approach could help consumers along a continuum of better choices.

Participants also noted that the term "healthy" can mean different things to different people. For some, it may refer to sustainability, minimal processing, or the absence of artificial colors and additives. This diversity in interpretation underscores the importance of helping consumers understand the specific nutrition-based regulatory definition of the term.

Some concern centered around the potential implication that foods without the "healthy" claim might be perceived as "unhealthy." FDA clarified in the preamble to the regulation:

"Foods that do not qualify for use of the claim are not deemed to be 'unhealthy' or unable to provide any nutritional benefits to consumers. Nor does the healthy definition, as established in this rule, represent a determination by FDA that consumers should only choose foods that qualify for the 'healthy' claim or completely avoid choosing foods that do not qualify for the 'healthy' claim."

Despite this clarification, which may not be seen by most consumers, some participants worry that using the label on only a subset of their product lines could inadvertently signal that the remaining items are less nutritious—even if they offer meaningful health benefits compared to other options. Many urged FDA to educate consumers on building balanced diets that include both foods bearing the "healthy" label and those that do not.

## Updated Definition of "Healthy" Encourages Reformulation

The change in claim criteria was seen as a catalyst for product reformulation and innovation. For example, it could motivate manufacturers to reformulate products by increasing the inclusion of nutrient-rich ingredients, such as fruits, vegetables, nuts, seeds, and beans, while reducing nutrients to limit. This is especially true for mixed dishes, bars and other foods with multiple ingredients. As efforts grow to help consumers incorporate more whole foods and core food groups into their diets, participants expressed optimism that the "healthy" claim on foods they believe to reduce chronic risk could be used as a hook to drive interest from consumers to look for other "healthy" products. Additionally, participants noted the opportunity to now use the "healthy" claim on products that previously did not qualify, this was especially true for foods like nuts and salmon.

Participants also highlighted the potential for the "healthy" claim to play a meaningful role in food assistance programs like US Department of Agriculture's (USDA) Supplemental Nutrition Assistance Program (SNAP) and "food is medicine" initiatives, including medically tailored meals and groceries. These channels could drive demand for qualifying products and encourage reformulation to meet program eligibility requirements.

In addition, participants emphasized the importance of continued nutrition research on food additives and other ingredients to ensure that reformulated products deliver genuine health benefits—rather than simply replacing one less healthy component with another.

While the updated "healthy" definition was largely seen as a positive step, participants acknowledged that reformulation and innovation take time and often require consumer engagement for broad acceptance of the newly formulated product.

To encourage greater adoption, some suggested FDA work with manufacturers to generate corporate commitments to increase advertising of “healthy” products to increase overall sales. Tracking these commitments to assess progress was also supported.

## Obstacles to Overcome to Encourage Greater Use of the Healthy Claim

### Regulatory Inconsistencies

Regulatory conflicts were a concern, especially as it pertains to federal feeding programs such as USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program. Given WIC's strict nutrition standards, some participants raised the point that it can be confusing if a product is not labeled “healthy” and yet is eligible for purchase with WIC benefits (i.e., certain cereals, peanut butters or yogurts). There was also a sentiment that the FDA proposed front-of-pack labeling regulation may create confusion as a scenario might exist where a meal or main dish could meet the “healthy” criteria but also must designate certain nutrients to limit like sodium as high.

### Legal Concerns

Legal uncertainty was another key issue, particularly regarding how the “healthy” claim may be used by retailers. Without access to a product's full recipe or nutritional formulation, retailers may find it difficult to verify whether an item meets the food group requirements for the “healthy” claim. Participants noted that relying on assumptions could expose retailers to legal risks if a product is promoted as “healthy” but later found not to qualify. It was emphasized that making such determinations without concrete data adds another layer of liability in an already complex regulatory environment.

Participants also pointed to the broader conversation and growing focus of the Make America Healthy Again (MAHA) movement on certain food ingredients (e.g., synthetic colors or seed oils) as a factor contributing to legal hesitancy.

### Packaging Limitations

Packaging constraints were also cited as a practical challenge. Relabeling products to include the “healthy” claim could be costly, and available label space is often limited. Manufacturers typically use packaging to convey brand messaging and highlight product benefits most relevant to their target audience. While some saw value in including the “healthy” claim, others preferred to use that space to promote attributes not covered by the FDA definition—such as functional benefits or specific dietary considerations. Ultimately, participants emphasized that labeling decisions must align with consumer priorities and marketing strategies and the more consumers are aware and appreciate the “healthy” claim, the more likely manufacturers are to use it.

## Database Resource Could Help Address Need for More Comprehensive Product Data

Participants identified areas where additional support from the FDA or third-party organizations could help promote and expand the use of the “healthy” label. As previously mentioned, retailers and other stakeholders

are often reluctant to label or promote a product as “healthy” without an official claim or verified evidence that the product meets all criteria. To address this challenge, multiple participants recommended improving access to reliable, comprehensive nutrition attribution data. One proposed solution was the creation of a centralized, standardized database that clearly identifies products meeting the FDA’s “healthy” definition. Such a resource would not only increase confidence in labeling decisions but also support consistent application of the claim across e-commerce platforms, digital marketing, and in-store shelf tags.

## Opportunities to Advance Awareness, Understanding and Use of the “Healthy” Claim

### Clarification Where the Rule May Not Provide Specific Direction

Participants emphasized the need for more clarity from FDA on how certain products—particularly novel and/or fortified foods—fit within the “healthy” criteria. With the rapid growth of food technology and the important role of food fortification in public health, many encouraged the agency to clarify how these products will be evaluated under the new definition. Similarly, with the new emphasis on meeting specific food group requirements, there was general support for the development and publication of a Frequently Asked Questions (FAQ) resource tailored for both consumers and industry stakeholders to promote consistent understanding and application.

### Collaborations

To have the greatest impact, participants expressed the importance of FDA and industry collaborating on consumer education, including messaging and leveraging influencers, engaging social media, the use of QR codes and other web and e-commerce tools. Another suggestion was to collaborate with:

- **insurance providers and payors** who may be providing benefits for their members to purchase healthier foods;
- **physicians and other public health organizations** who can guide patients toward healthier eating patterns; and
- **consumer advocacy groups** who can help amplify awareness and reach diverse audiences.

Some participants proposed launching a **public-private campaign** to drive alignment and visibility. Such a campaign could feature audience-specific messaging through a mix of social media, digital platforms, and traditional advertising.

### Education

Participants shared that education on the updated definition of “healthy” will be critical to ensuring the consumer understands and seeks the label as well as driving momentum within the industry. Participants also noted there are some positive signs regarding consumer interest in healthy foods, saying that database searches for high-fiber foods were up more than 150 percent, suggesting there is an opportunity to build on this consumer momentum to promote foods that can meet the definition of “healthy.”

Specifically, participants shared experiences that indicate consumers tend to respond to dietary/cultural considerations. These consumers need educational materials that speak to their interest in gut health, weight management or performance rather than relying solely on the term “healthy.” Recipe calculators or Artificial Intelligence (AI) tools that show how individual foods contribute to a healthy meal or pattern were suggested as

helpful tools to inform consumers. Participants discussed for example, that while a tortilla might not meet the definition of “healthy,” including vegetables, a low-fat dairy item and lean meat could lead to a “healthy” meal. It is important to note however, that generally participants believed a consumer education campaign might be more successful if time is allowed to ensure the education statements are being broadly used by industry.

Participants strongly supported consumer education to help shoppers understand:

- “Healthy” foods can meet consumers preferences of price, taste and convenience; but if you want a consumer to buy lentils because they’re healthy and inexpensive, you have to tell consumers how to use them, so they taste great and don’t need hours of preparation.
- Many different products can be incorporated into a healthy meal and eating pattern. Often retailers provide shoppers with recipes to make a nutritious meal. While not all the foods in the meal may meet the definition of “healthy,” recipes and meal ideas could help shoppers understand how to pair foods to come up with healthy eating patterns.
- “Healthy” foods are not limited to fresh foods, and while fresh might be preferred by some, packaged foods can also meet the “healthy” criteria.
- Different foods offer different benefits; because a food isn’t labeled “healthy” does not mean that it cannot be part of a healthy eating pattern. Efforts should be made to help consumers build healthy meals from a variety of ingredients.
- “Healthy” foods fit into specific health promoting diets, including a reduction in chronic inflammation, gut health, and weight management (including those utilizing GLP-1 agonists).

## The Addition of a “Healthy” Symbol

There was strong support for the introduction of an official FDA “healthy” symbol to serve as a simple, trustworthy visual cue for consumers. Participants felt such a symbol could enhance marketing value, streamline recognition at point of sale, and potentially help offset the cost and risk associated with product reformulation.

To support industry implementation, participants recommended:

- Avoiding overly complex placement or usage rules;
- Allowing flexibility in color schemes so the symbol can align with existing packaging designs;
- Providing clear guidance on how the symbol could be used on USDA-regulated products that meet the FDA’s “healthy” criteria.

There was some discussion about the symbol being of benefit in building confidence among those seeking healthier dietary patterns. This in turn could possibly provide marketing value to a manufacturer. Overall, participants agreed that a symbol—paired with robust education and thoughtful collaboration—could significantly increase consumer understanding and uptake of healthier food choices.

## Conclusion

In summary, participants broadly agreed that the updated “healthy” definition and the potential for an accompanying symbol present a meaningful opportunity to help consumers more easily identify foods that support a healthful diet. While challenges were acknowledged, participants offered constructive suggestions to address potential barriers. There was also strong appreciation for the scientific basis of the definition and its potential to promote healthier food choices and purchasing behaviors.



## Appendix

We appreciate the contributions of the individuals below to the Healthy Rule report. This list reflects those who participated in the roundtables. While all had the opportunity to review the draft report, their inclusion does not represent their endorsement of or agreement with the content of this report, either individually or on behalf of their organization. The Reagan-Udall Foundation for the FDA retains sole responsibility for this report.

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