

Policy Position Statement on Food Package and Retail Shelf Icon Systems October 2010

Background:

Consumers, manufacturers, third party organizations such as the American Heart Association, and retailers realize the benefit of informing purchasers how to facilitate healthy purchasing by providing symbols and other messaging on the food packaging or retail shelves. Consequently, health-related icons have proliferated in the marketplace across the U.S. and internationally from third-party organizations, retail outlets and manufacturers. Some publicize the criteria used by their systems and others are proprietary and do not release their algorithms or criteria to the public. Even if the criteria are transparent, they may vary dramatically across each system. Consequently, even though consumers indicate they would like front-of-package labeling to help them make quicker decisions as they shop, many do not trust the systems in the marketplace or find the plethora of symbols confusing. They, along with health professionals, are perplexed as to what these symbols mean. Experts question whether the icons currently in use are of any value in helping people make healthy food choices at point-of-purchase.

Current Landscape:

In 2006, The Center for Science in the Public Interest (CSPI) petitioned the FDA to develop a standardized system of symbols or at least guidance on a standard set of criteria. In response to this petition, FDA held a public hearing in September 2007 to gather information from industry, health-related organizations, the public, and other countries where voluntary or mandated systems are implemented. FDA used the hearing as an opportunity to solicit information and comments about the programs currently in use regarding the application of symbols to communicate nutrition information on food labels. The American Heart Association testified at this hearing.

The issue has also garnered interest on Capitol Hill. In the 110th Congress, Senator Tom Harkin (D-IA) introduced language in his HELP America Act (S. 1342) directing the Secretary of Health and Human Services to solicit public comments regarding whether American consumers would be better served by establishing a single, standardized, retail front-label food guidance system regulated by the Food and Drug Administration.

At the same time, the Keystone Center convened a Food and Nutrition Roundtable to address nutrition labeling. This forum brought together leaders from government, industry, non-profit organizations and the research community to identify and apply comprehensive, science-based strategies to develop high value food labeling and nutrition education systems. The result of this initiative was development of the Smart Choices program. Many of the individual manufacturers temporarily merged into Smart Choices. But that program was suspended when it came under attack from Members of Congress, States' Attorneys General, and others.

As a result of the Smart Choices suspension, the FDA began scrutinizing all point-of-purchase icons to determine if they were nutritionally sound, well-designed to help consumers make informed and healthy food choices, and not false or misleading. The Agency expressed its intent to

“work with the food industry - retailers and manufacturers alike - as well as nutrition and design experts and the Institute of Medicine, to develop an optimal, common approach to nutrition-related FOP and shelf labeling that all Americans can trust and use to build better diets and improve their health.” Following this letter to industry, in 2009, the FDA announced its intent to develop standardized, science-based criteria for a unified FOP system in the U.S. The FDA continues this work with expectations for some announcement in 2011.

Concurrently, the Institute of Medicine began conducting a two-phase analysis of FOP systems. In the Phase I study, released on October 13, 2010, it identified front-of-package systems being used by manufacturers, supermarkets, health organizations, and governments in the United States and abroad. The IOM considered the purpose and overall merits of front-label nutrition icons, identified the criteria underlying the systems and evaluated their scientific basis, considered advantages and disadvantages of various approaches for adults and children; and plans to use knowledge gained from its compilation and assessment of front-of-package systems to plan the second phase report.

Phase II focuses on consumer understanding and use of front-of-package systems and symbols and will consider assessment of which icons are the most effective with consumer audiences, development of conclusions about the systems and icons that best promote health and how to maximize their use, and potential benefits of a single, standardized front-label food guidance system regulated by the Food and Drug Administration. The Phase II report will be released in Fall 2011.

AHA Position:

The American Heart Association created its Food Certification program in 1995 because it recognized the value of this type of consumer education program in adopting heart-healthy dietary guidelines at the time and place that consumers make selection decisions and because the FDA did not have sufficient resources to monitor or manage such a program. The public had made it clear that it desired this type of guidance from the AHA.

Evolving research, public demand, and changes in the market place have created a window of opportunity for the establishment of a unified nationwide science-based system. Consumers are increasingly receptive to this type of information to inform and guide their dietary purchasing and choices. The AHA ultimately favors the establishment by the FDA of a directed, standardized, comprehensive front-of-package food labeling program and icon system with unified criteria based upon the best available science and consumer research, featuring consumer education as a primary goal along with healthier food selection and consumption. In the meantime, systems currently in the marketplace and additional research will determine which type of guidance works best for educating the consumer and facilitating healthier food choices.

If a single, unified system is created, sufficient resources must be committed to the management and enforcement of the program, criteria and rules. The system should be generalized to the entire U.S. population, (it should not be disease-specific) highlighting foods and nutrients that are “good for you” and those that should be avoided. All foods and beverages should be considered for display of the icon, with manufacturers responsible for full disclosure of nutritional components that cannot be evaluated by examining the Nutrition Facts Panel (e.g. added sugars) as well as producing current lab analyses for their products. Government or third-party oversight would confirm this testing with regular spot-checks. The process should be objective and specific, transparent, adaptable to accommodate a wide range of foods and beverages, easily understandable to the general public and financed without the appearance of conflict of interest. The process for implementing such a system, monitoring and updating needs to be streamlined, timely, and efficient. The AHA is concerned that until such a comprehensive program is established, competing health-related icons will continue to

proliferate in the marketplace. The AHA will evaluate the environment carefully to determine its role in the evolution of a unified system.

The optimal program should reference the Dietary Guidelines for Americans and the National Academy of Sciences Dietary Reference Intakes Reports. There should be an effective, tested, and proven accompanying nutrition education campaign focused on calories, saturated fat, trans fat, sodium, added sugars, nutrient density and portion control. Consumer testing should be conducted in advance of establishing any system to validate that it will be easy to understand, relevant and useful to consumers. Importantly, the program must include appropriate and robust enforcement and monitoring, including components such as random sampling in the marketplace. Finally, the program should be evaluated every five years to ensure its standards are consistent with current Dietary Guidelines for Americans and the Dietary Reference Intakes and if not, the standards should be modified to comply.

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