



Policy Position Statement on Food Package and Retail Shelf Icon Systems October 2018

Background:

Consumers, manufacturers, third party organizations, such as the American Heart Association, and retailers realize the benefit of informing consumers 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.

According to one consumer survey, “health and nutrition” is now only second to “taste” as the most important attribute when selecting foods and beverages.¹ However, the data also show that consumers are confused about what is healthy—a major barrier to making healthier choices.¹ Even though consumers indicate they would like front-of-package labeling to help them make quicker decisions as they shop,² 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.

Front-of-Pack (FOP) labeling is noticed more than the Nutrition Facts Panel alone,^{3,4} suggesting that FOP labeling could be helpful in educating consumers about their food and beverage choices. Recent research indicates that Front-of-Pack (FOP) labeling can influence consumers’ understanding of the healthfulness of foods,^{5,6,7,8} including individuals who are more nutritionally at risk.⁹ Some research indicates that FOP labeling can also influence purchasing patterns.^{10,11} FOP labeling that interprets nutrient information seems to be more effective than labeling that just provides information about nutrients.¹²

Current Landscape:

In 2006, the Center for Science in the Public Interest (CSPI) petitioned the Food and Drug Administration (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.

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 introduction of the Smart Choices program in August 2009. 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 when products like sugary, fortified cereals received the Smart Choices icon.

After 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 (IOM), now the National Academies of Sciences, Engineering, and Medicine (NASEM), 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.

Concurrently, IOM began conducting a two-phase analysis of FOP systems. In the Phase I study, released on October 13, 2010, it identified FOP 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 planned to use knowledge gained from its compilation and assessment of FOP systems to plan the second phase report.

Phase II focused on consumer understanding and use of FOP systems and symbols and considered 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 was released in October 2011.

The IOM report concluded that it was time to shift away from labeling systems that mostly provide nutrition information without clear guidance about healthfulness toward a single system that encourages healthier food choices through simplicity, visual clarity, and the ability to convey meaning without written information.¹³ The report conveyed that a FOP labeling system should be simple, interpretive, ordinal, and supported by communication. It recommended including calories and serving size and having 0 to 3 nutritional points for saturated and trans fat, sodium, and added sugar.

In the years since the release of the IOM report, the FDA has primarily focused on other labeling efforts, like updating the Nutrition Facts Panel and serving sizes. In March 2018, FDA announced plans for a multi-year Nutrition Innovation Strategy. This strategy doesn’t address a front-of-pack labeling system specifically, but it does plan to look at the “healthy” claim on packaging.

American Heart Association 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 had insufficient 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 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 NASEM 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.

¹ NMI Health and Wellness Trends Database. 2017 Consumer Survey of 3,207 general population consumers.

² Acton, R.B., Vanderlee, L. and Hammond, D., 2018. Influence of front-of-package nutrition labels on beverage healthiness perceptions: Results from a randomized experiment. *Preventive medicine*. Access on September 13, 2018 at: <https://www.sciencedirect.com/science/article/pii/S0091743518302536?via%3Dihub>

³ Becker, M.W., Bello, N.M., Sundar, R.P., Peltier, C. and Bix, L., 2015. Front of pack labels enhance attention to nutrition information in novel and commercial brands. *Food policy*, 56, pp.76-86.

⁴ Graham, D.J., Heidrick, C. and Hodgins, K., 2015. Nutrition label viewing during a food-selection task: front-of-package labels vs nutrition facts labels. *Journal of the Academy of Nutrition and Dietetics*, 115(10), pp.1636-1646.

⁵ Khandpur, N., de Moraes Sato, P., Mais, L.A., Bortoletto Martins, A.P., Spinillo, C.G., Garcia, M.T., Urquizar Rojas, C.F. and Jaime, P.C., 2018. Are Front-of-Package Warning Labels More Effective at Communicating Nutrition Information than Traffic-Light Labels? A Randomized Controlled Experiment in a Brazilian Sample. *Nutrients*, 10(6), p.688.

⁶ Lundeberg, P.J., Graham, D.J. and Mohr, G.S., 2018. Comparison of two front-of-package nutrition labeling schemes, and their explanation, on consumers' perception of product healthfulness and food choice. *Appetite*, 125, pp.548-556. <https://www.ncbi.nlm.nih.gov/pubmed/29496604>

⁷ Roseman, M.G., Joung, H.W. and Littlejohn, E.I., 2018. Attitude and Behavior Factors Associated with Front-of-Package Label Use with Label Users Making Accurate Product Nutrition Assessments. *Journal of the Academy of Nutrition and Dietetics*, 118(5), pp.904-912.

⁸ Findling, M.T.G., Werth, P.M., Musicus, A.A., Bragg, M.A., Graham, D.J., Elbel, B. and Roberto, C.A., 2018. Comparing five front-of-pack nutrition labels' influence on consumers' perceptions and purchase intentions. *Preventive medicine*, 106, pp.114-121.

⁹ Ducrot, P., Méjean, C., Julia, C., Kesse-Guyot, E., Touvier, M., Fezeu, L.K., Hercberg, S. and Péneau, S., 2015. Objective understanding of front-of-package nutrition labels among nutritionally at-risk individuals. *Nutrients*, 7(8), pp.7106-7125.

¹⁰ Khandpur, N., de Moraes Sato, P., Mais, L.A., Bortoletto Martins, A.P., Spinillo, C.G., Garcia, M.T., Urquizar Rojas, C.F. and Jaime, P.C., 2018. Are Front-of-Package Warning Labels More Effective at Communicating Nutrition Information than Traffic-Light Labels? A Randomized Controlled Experiment in a Brazilian Sample. *Nutrients*, 10(6), p.688.

¹¹ Finkelstein, E.A., Li, W., Melo, G., Strombotne, K. and Zhen, C., 2018. Identifying the effect of shelf nutrition labels on consumer purchases: results of a natural experiment and consumer survey. *The American journal of clinical nutrition*, 107(4), pp.647-651.

¹² Lundeberg, P.J., Graham, D.J. and Mohr, G.S., 2018. Comparison of two front-of-package nutrition labeling schemes, and their explanation, on consumers' perception of product healthfulness and food choice. *Appetite*, 125, pp.548-556. <https://www.ncbi.nlm.nih.gov/pubmed/29496604>

¹³ Institute of Medicine. 2012. *Front-of-Package Nutrition Rating Systems and Symbols: Promoting Healthier Choices*. Washington, DC: The National Academies Press.