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October 11, 2018

Division of Dockets Management
Food and Drug Administration
Department of Health and Human Services
5630 Fishers Lane, Room 1061
Rockville, MD 20852

***Re*: FDA-2018-N-238; The Food and Drug Administration's Comprehensive, Multi-Year Nutrition Innovation Strategy; Public Meeting; Request for Comments**

Founded in 1952, The Association for State Public Health Nutritionists (ASPHN) is a non-profit membership organization that provides state and national leadership on food and nutrition policy, programs and services aimed at improving the health of our population. ASPHN's membership is composed of more than 350 public health nutritionists located throughout all 50 states, the District of Columbia and five U.S. territories.

ASPHN's vision is healthy eating and active living for everyone. Our mission is to strengthen nutrition policy, programs and environments for all people through development of public health nutrition leaders and collective action of members nationwide. ASPHN is comprised of registered dietitians, nutritionists, and other health professionals who are closely involved in the implementation of federal nutrition programs. Our collaborative network includes public health programs and providers who play critical roles in delivering public health messages and nutrition programs; i.e. public health nursing, dental health, chronic disease prevention programs and local level agencies working directly and indirectly with the public. You can find ASPHN on the web at www.asphn.org and on Facebook at www.facebook.com/asphn.

ASPHN appreciates FDA's commitment to align food labels with dietary advice. Thank you for initiating this pivotal opportunity to establish greater transparency for food consumers and to foster innovation that drives reformulation and the availability of healthier foods.

ASPHN respectfully submits the following comments on the Food and Drug Administration's (FDA's) Nutrition Innovation Strategy. We encourage the FDA to use this opportunity to both promote healthful foods and to prevent misleading labeling that hampers Americans' ability to make healthful dietary choices. Labeling transparency is a

valuable tool for assisting consumers in making healthful choices and should assist consumers in following dietary advice, as the Nutrition Labeling Education Act directs. Consumers pay attention to labels: more than half of consumers look at the Nutrition Facts Panel or ingredient list "often" or "always" when making a purchasing decision, and approximately 40% say they consider other labeling statements about health or nutrition benefits[1]. Every time a consumer goes looking for healthier food and is sold a food or beverage that undermines their health that is a missed opportunity to reduce diet-related disease. Many consumers who dutifully try to follow dietary advice nonetheless struggle with excess weight gain, high blood pressure, prediabetes, and other preventable diet-related health problems. An alarming 70% of adults and 33% of children and teens are now overweight or obese [2, 3]. Approximately 45% of adults have diabetes or prediabetes [4].

For these reasons, we strongly believe that the FDA should focus on the following topics as part of the Nutrition Innovation Strategy:

1. **Strengthen the definition of "healthy" and review a full range of options for front-of-package nutrition labeling programs.** We urge the FDA to begin by strengthening the definition of healthy as it has already proposed. The revised healthy definition should include limits on added sugars and require that grain-containing foods be 100% whole grain.

   If the FDA makes additional changes as to the healthful ingredients permitted on labels using the term healthy, it should consider only the foods that make up the core of a healthy eating pattern in their nutrient-dense forms [5]. For example, should the agency consider exempting certain fruits and vegetables from the minimum requirements that apply to certain beneficial nutrients, any such exemption should only apply to fruits and vegetables that are present in a food in a whole or cut-up form, and not when they are merely a concentrate, powder, paste, isolate, juice, or puree. We are concerned that if healthy is not carefully defined, the claim could encourage consumers to select less healthy foods and under-consumed whole fruits and vegetables.

2. **Improve labeling of whole grains to improve transparency for consumers and encourage healthful reformulation of grain-containing foods.** To prevent misleading claims and encourage healthful innovation, we request that the FDA:
   - Define whole grain claims to clearly include use of the terms:
     - whole wheat
     - whole grain
     - made with whole grain
     - multigrain
   - Declare whole grain content by weight

- Use the term “wheat” on a wheat-based bread, pasta, or other product that is typically made from wheat
- Use depictions of wheat or grains, or any similar descriptive phrases, terms, or representations suggesting the product contains whole grains
- Require that companies making such whole grain claims prominently and uniformly disclose either the percentage of whole grains and refined grains, or the grams of both refined and whole grains per serving (for example, contains 8g whole grain and 16g refined grain). The form of the disclosure should be based on the results of consumer testing.

3. **Require foods that make fiber claims and contain synthetic or isolated fibers** clearly disclose on the front of a package that a food “Includes X grams of processed fiber per serving.”

4. **Improve standards of identity and ingredient lists.** As cheese is a major contributor of saturated fat to the American diet and a calorically dense food FDA should eliminate milkfat minimums where they appear as part of a standard of identity. This would include certain cheeses (21 CFR Part 133), cacao products (21 CFR Part 163), frozen desserts (21 CFR Part 135), and milk and cream (21 CFR Part 131). FDA should prioritize milkfat minimums for the most commonly consumed cheeses (mozzarella, cheddar, and American). Other requests for modification of the standards of identity should be considered by the FDA on a case-by-case basis, similar to that applied to the petition for potassium chloride use.

5. **Ensure that the percentage “Daily Value” of sugars remains listed for single-ingredient sweeteners regardless of whether the word “added” is retained on the label.** Update 21 CFR § 101.14 to include a disqualifying level of added sugars for health claims that comport with its Daily Value for added sugars, as the FDA indicated that it plans to do in its Nutrition Facts Panel Final Rule. To facilitate consumer understanding, we urge the FDA to issue guidance that maintains clear and specific labeling requirements that apply only to single-ingredient sweeteners. Such guidance should require that the percentage “Daily Value” for added sugars be provided as part of the current line for “Total Sugars” and permit substitution of the term “Sugars” in lieu of “Total Sugars” to alleviate any consumer confusion.

6. **Include sodium reduction in the FDA’s Nutrition Innovation Strategy.** Given successful population-wide sodium-reduction efforts in several other countries and the variation in sodium concentration within similar types of foods, the FDA’s proposed sodium-reduction targets are eminently feasible and could even be strengthened.

We appreciate the opportunity to comment and look forward to working with the agency on solutions and public education efforts that generate greater transparency on food labels in the service of health.

Sincerely,

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President, ASPHN Board of Directors

References

1. International Food Information Council Foundation. 2018 Food and Health Survey. Washington, DC: International Food Information Council Foundation, 2018. Accessed at: <https://www.foodinsight.org/2018-food-and-health-survey>.
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5. 2015–2020 Dietary Guidelines for Americans. 8th Edition. Washington, D.C.: U.S. Department of Health and Human Services and U.S. Department of Agriculture: December 2015. Accessed at: <https://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf>.