

Capital Reporting Company

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 ORIGINAL

FDA PUBLIC HEARING

SEPTEMBER 11, 2007

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A P P E A R A N C E S

PANEL MEMBERS:

Michael Landa
Barbara Schneeman
Camille Brewer
Felicia Billingslea
Kathleen Ellwood
Vincent de Jesus
Steve Bradbard
David Zorn
(Chung-Tung) Jordan Lin
Alan Levy
Louisa Nickerson
Robert Post

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FIRST A. M. SESSION SPEAKERS:

Barbara Schneeman, Moderator
Ann Marie Krautheim
Cynthia Harri man
Jan Ritter
David Katz, M. D.

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1 MICHAEL LANDA: It's 9:00, if we could
2 please take our seats, we could get started.

3 But before we get started today, if
4 there is anyone in the audience who needs the
5 services of a sign language interpreter, would you
6 please raise your hand.

7 Thank you.

8 We're going to begin today by continuing
9 with panels on the U.S. experience. Our speakers
10 today are, or this morning, I should say, for the
11 first panel this morning are Ann Marie Krautheim
12 from the National Dairy Council, Cynthia Harriman
13 from Oldways Whole Grain Council, Jan Ritter from
14 Columbus Children's Hospital and David Katz, M.D.

15 I begin by asking Ann Marie Krautheim to
16 start. Thank you.

17 ANN MARIE KRAUTHEIM: Good morning. My
18 name's Ann Marie Krautheim, I'm a senior vice
19 president for nutrition affairs for the National
20 Dairy Council.

21 In 1915, American's dairy farmers
22 founded National Dairy Council as an investment to

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1 look at how nutrition or -- how dairy products and
2 learn more about dairy products and their role in
3 nutrition and health in the American diet.

4 For almost a century the men and women
5 milking dairy cows here in the United States have
6 invested nutrition research and education to help
7 educate Americans about the role of dairy in a
8 healthy diet.

9 I'd like to commend the Food and Drug
10 Administration for holding this hearing and looking
11 at this important issue of utilizing nutrition
12 symbols on pack as a way to educate and communicate
13 about nutrition information to the consumer.

14 And I'd like to extend a thank you to
15 the FDA as well for the opportunity to share
16 insights that we have learned through the
17 implementation of the three a day of dairy program
18 which includes a logo.

19 After the presentations yesterday, what
20 I thought I'd do today is focus on four key areas
21 that I believe are unique and distinct for the three
22 a day of dairy program compared to most of the

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1 approaches that were presented yesterday and share
2 learnings from those elements that will be
3 applicable to the discussion today.

4 First and foremost, three a day of dairy
5 is a program with a logo. It's not a logo alone.
6 The logo is one component of a multi-faceted
7 approach to help educate the American public about
8 the importance of consuming three servings of dairy
9 a day which is consistent with the dietary
10 guidelines.

11 This program involves elements such as
12 the one you see in front of you which is an
13 educational ad that we ran both in health
14 professional journals as well as consumer
15 publications, but it's complimented by a
16 collaboration with brands and industry who utilize
17 the logo on pack, utilize the information and
18 messaging in marketing and advertising materials and
19 in addition to that it involves health professional
20 organizations and patient education tools, in
21 addition to grants that are given to State level
22 organizations to implement nutrition education

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1 program in the local communities.
2 So again, the logo is a part of the
3 program. It's a symbol, it's a, it's an icon, but
4 the program is much broader in nature.
5 We also developed this program to
6 address the public health issue of a deficit. I
7 think a lot of the programs yesterday focused on
8 elements that consumers are getting in excess, which
9 is a very important component in education with
10 nutrition. This program, however, was intended to
11 help people to recognize and understand and
12 ultimately change behavior to close the gap between
13 current dietary recommendations for three servings a
14 day of dairy versus what's actually consumed.
15 Our consumer research shows that
16 Americans believe they're getting enough calcium and
17 dairy in their diet when, in fact, Anne Heins data,
18 we know that only about half of the recommended
19 three servings of dairy daily are being consumed.
20 So we felt that this program would
21 provide a call to action to the American public and
22 integrate that with industry, brand and health

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1 professional efforts to bring this call to action to
2 life and achieve a behavior change.
3 Another piece or element of this program
4 that is unique and distinct is that it is
5 implemented and it's really overseen and approved by
6 the United States Department of Agriculture. As
7 part of the dairy check-off program, our programs
8 are required to be reviewed and approved by USDA.
9 In addition to that, the three a day of
10 dairy program has, has benefitted from really solid
11 partnerships from leading health professional
12 organizations and on the slide in front of you what
13 we wanted to show here is that the program, the
14 bottom tier shows the different public health and
15 nutrition policies, whether they're through
16 Government organizations or health professional
17 organizations that recommend three daily servings of
18 dairy, including from the far left the National
19 Medical Association report on the role of dairy in
20 the diets of African-Americans, the Surgeon General
21 report on osteoporosis and bone health.

22 I know you'll recognize the next two,
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1 the dietary guidelines and My Pyramid, as well as
2 two recent statements from the American Academy of
3 Pediatrics, one on the role of calcium and
4 bone-building nutrients and developing strong bones

5 among children and then the other on lactose
6 intolerance.

7 So all of those reports and/or policy
8 documents do support the recommendations that we
9 carry forth through the three a day program. And
10 then we've partnered with, since 2003, the American
11 Dietetic Association, the American Academy of
12 Pediatrics, the National Medical Association, the
13 American Academy of Family Physicians and most
14 recently the National Hispanic Medical Association
15 has signed on in support of the program and its
16 messages.

17 And what does this mean that we're
18 partnering with these organizations? They have
19 agreed to work with us in the development of the
20 program, to help maintain the integrity of the
21 program and then collaborate with us to develop
22 tools to help educate the public, whether it be in

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1 the marketing environments or communications
2 environment or directly through the health
3 professional directly to the patient.

4 It's been a very positive relationship
5 and this is the area of the program that I work most
6 closely with and we have a representative from each
7 of these organizations that sits on an advisory
8 panel that provides counsel, guidance and we have a
9 lot of very good discussions in ways to enhance the
10 program and make it stronger.

11 These organizations then also help to
12 take this message out to their members and help
13 their members to put this message into practice in
14 their environments with their patients and the
15 public. So it's been, you know, a really critical
16 piece.

17 We've also worked with WebMD. I know
18 yesterday that was some -- there was some
19 discussions about the importance of Web
20 communications and Websites. On WebMD health and
21 nutrition is the most frequently searched topic and
22 they, they have the top, you know, Website for

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1 health and nutrition information, so our
2 collaboration with them has been very critical in
3 helping to reach the public with health and
4 nutrition messages related to this program. And
5 then we also are working with the National Institute
6 of Child Health and Development as it correlates
7 with their milk matters campaign and we have a lot
8 of consistencies and similar goals that we're
9 working to maximize and coordinate as well.

10 Last, but not least, the fourth element
11 that's somewhat different than those that were
12 presented yesterday is the message. It's simple,
13 it's easy to understand and it was developed through
14 consumer research and also complimented with some of
15 the knowledge we've gained from EUFIC over the years
16 that consumers are really looking for context in
17 terms of health and nutrition messages. They want
18 to know how much, how often and what's in it for me.
19 What's the health benefit and that's what drove the
20 development of this program.

21 We tell them they need three servings,

22 three times a day for bone-building benefits and

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1 we've found that moms, and I'll share a little bit
2 more about that with you in a few minutes, have
3 really appreciated this message, they understand it
4 and they utilize it and it's making an impact.

5 So ultimately the three a day program is
6 innovative in its approach and we actually were
7 recognized through the American Dietetic Association
8 recently in 2006 as a recipient of the Anita Owen
9 award for innovation in nutrition education and in
10 2004 received the President's Circle award for
11 nutrition education from the American Dietetic
12 Association.

13 And it's really about, again, helping
14 Americans focusing on the dairy group, but bringing
15 those dietary guidelines to life and putting forth a
16 call to action to the American public so that they
17 know how many servings they need and how often and
18 provide the motivation for them to do so.

19 Here's some specific reasons that the
20 program we believe is working. It's now more, on
21 more than 2.7 billion packages in the marketplace.
22 It's been embraced by more than 70 retailers across

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1 the country and this is really a critical component
2 for the program.

3 At National Dairy Council, we do not own
4 a product, we do not manufacture a product and we do
5 not sell a product, so we needed to work in
6 collaboration with brands and with industries to
7 help them understand that this is an important
8 message and how to utilize the program and really
9 help them to be motivated to invest their dollars to
10 help make the program come to life through their
11 brands and their execution.

12 In addition to that, through consumer
13 research we know that in 2003 only one out of five
14 moms knew that they should be getting three servings
15 of dairy daily. This was before the program
16 launched. In 2004, that program had doubled where
17 44 percent of moms could state that they knew they
18 needed three servings of dairy daily and by 2006,
19 this was up to 52 percent of moms recognizing that
20 they need three servings of dairy in their diet
21 daily.

22 In addition to that, they, moms who are

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1 aware of the logo, we talked to moms who said yes, I
2 know that logo, I've seen that logo and other moms
3 who were not familiar with the logo to try to gauge
4 differences in knowledge among those two groups.

5 And what we found is that from moms who
6 were familiar with the logo, they obviously were
7 aware, more aware of the need for three, they had a
8 higher intent to consume three themselves and to
9 help their family consume three servings. They also
10 were more likely to want to get their nutrients from
11 food as opposed to supplements and they also could
12 recognize the nutrients in dairy beyond calcium,
13 they could name other nutrients in addition to
14 calcium that are in milk and milk products and they
15 could associate dairy with its bone-building

16 benefits.

17 In addition to that, four out of five
18 moms did tell us that they believed that an on pack
19 logo such as the three a day logo is a good reminder
20 for them. It's a daily reminder to them about the
21 need for themselves and the need for their family to
22 consume three servings of dairy daily.

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1 I think the real test of effectiveness
2 of this program, and I'm sure you would agree, is
3 what is this doing to consumer behavior, are they
4 actually consuming more dairy.

5 And we are waiting anxiously for the
6 next round of the Anne Heins data to be released to
7 help assess that. The 2004 data is available,
8 however the campaign was launched in 2003 and that
9 data is really too close to make a difference -- or
10 to see a change, a significant change, so we're
11 anticipating with the next round of Anne Heins data
12 that we'll be able to better track that and gauge
13 that.

14 However, we do at this time have sales
15 data and that's the best indicator of the
16 effectiveness of this program. And we have seen
17 since the launch of the program an increase in low
18 fat and non-fat milk sales. While there's been a
19 decline in whole milk sales or full fat milk sales,
20 overall there's been a net increase in overall milk
21 sales. We've also seen an increase in yogurt sales.
22 The majority of the yogurt in the marketplace is low

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1 fat and fat free and those yogurt sales are
2 continuing to grow steadily.

3 And in addition to that, we're seeing
4 growth in the cheese category and interestingly the
5 low fat and non-fat cheeses are growing at a rate of
6 sales three times the rate of traditional regular
7 fat cheeses and in fact in 2007, in the natural
8 cheese category, low fat or lower fat cheeses are
9 the driver of sales in the cheese category in 2007.

10 So based on the sales figures and the
11 attitudes and awareness and intent to purchase, it's
12 our belief that the program is making a difference
13 and we'll be able to validate that further with the
14 next round of Anne Hines data that's released.

15 Overall while the program seems to be
16 working, our work is not done. We still have more
17 room to help the public to not only recognize their
18 need but working collaboratively with industry to
19 help make sure that dairy products, milk and milk
20 products are available in the form that consumers
21 want them, in the places that consumers want them
22 and ultimately helping consumers to have that

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1 product and fulfill their demand for the dairy
2 products that they want and need.

3 You also had asked about the criteria
4 for the logo so I wanted to spend a few moments on
5 that. The criteria, this logo may only be used on
6 milk, cheese or yogurt. They need to provide an
7 excellent source of calcium, specifically 20 percent
8 of the DV for calcium. We do require, and which is
9 consistent with FDA regulations, that if products

10 exceed levels for total fat, saturated fat,
11 cholesterol or sodium, that a disclosure statement
12 be depicted in proximity to the logo that refers the
13 consumer to the nutrition facts panel for more
14 information on the specific nutrient or nutrients
15 that may be relevant.

16 The log -- low fat logo is available for
17 manufacturers to use and in all of our marketing and
18 communication tools and health professional outreach
19 and education, we do place emphasis on low fat, fat
20 free varieties of dairy. And in addition to that,
21 three a day of dairy recipes have been developed
22 that also have set criteria limiting the amount of

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1 fats, total fats and sodium in those recipes.

2 So ultimately our challenge and our goal
3 is to help consumers to meet their dietary guideline
4 recommendations for three servings of dairy daily.

5 With the concerns about overweight and
6 obesity in the U.S., we feel that it's very
7 important that consumers get the most nutrition they
8 can for their calories. We need to maximize the
9 choices that they're making to make sure that
10 they're not only, you know, minimizing nutrients
11 that are of concern, the fats, the sugars, the
12 sodium, et cetera, but at the same time not
13 overlooking the fact that we have an undernourished
14 population at the same time and we need to provide
15 education to remind people about what builds a good
16 dietary pattern and which foods and food groups need
17 to be a part of that.

18 So we look forward to continued dialogue
19 on this issue.

20 We, again, thank the FDA for taking the
21 time to have this discussion and look forward to
22 continuing to be a part of the dialogue and we'll

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1 plan to submit additional public comments in a
2 written form, as well.

3 Thank you very much.

4 (Applause)

5 MICHAEL LANDA: Our next presenter is
6 Cynthia Harriman with Oldways, the Whole Grain
7 Council.

8 CINTHYA HARRIMAN: Good morning
9 everybody. I, it's a good act to follow the dairy
10 group because our presentation is also in the same
11 direction, we're talking about things we're trying
12 to get more of in the diet and one of those is whole
13 grains.

14 Let me make sure I've got the system
15 down here. Did it, okay.

16 I'm going to talk today about what the
17 whole grain stamp is, why it's needed, how it was
18 created, the education and outreach that supports
19 it. I think we've all agreed that the education
20 component is a big part of any program, how
21 consumers use the whole grain stamp and how it
22 nudges industry in a healthier direction.

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1 First of all, just a few words about who
2 we are and who our parent organization is. The
3 Whole Grains Council has been around for a little

4 over four years now, we're a non-profit consumer
5 advocacy group working to promote more whole grain
6 consumption for better health and we do things that
7 fall into three groups, all of which you'll see a
8 little bit about in this presentation.

9 We encourage manufacturers to create
10 more whole grain products and assist them in doing
11 so, we support consumers in educating them about
12 what a whole grain is, how to find it, how to cook
13 it, how to enjoy it and we help the media to write
14 compelling and accurate stories about whole grains.

15 And we're part of Oldways, I have to
16 apologize for some of the graphics, that would be a
17 transparent background but it's kind of interesting
18 in a Mandaean sense. Looked a little boring on the
19 Macintosh when I created it, but the PC says why
20 don't we have some shapes in here.

21 Anyway, we're probably best known as
22 creators of the Mediterranean diet pyramid about a

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1 decade and a half ago and we are working with
2 consumers, scientists, food companies. We are of
3 the belief at Oldways that it's important to work on
4 both parts of the equation and I see a lot of that
5 in this audience this week.

6 I think it is important if we talked
7 about whole grains until we were blue in the face
8 and got consumers to the store and they all said,
9 boy, those Whole Grains Council people are right, we
10 ought to eat more whole grains and they get there
11 and there aren't any products or they can't find
12 them, we have wasted our time.

13 Similarly, if we cajole and nudge
14 industry into doing the right thing and they put out
15 all these great products and they get in the store
16 and nobody buys them and they lose their shirt,
17 they're not going to continue to do that, so you
18 have to work on both sides at the same time and
19 that's what we're doing.

20 So, let me just show it to you, it
21 actually has a sort of perforated edge, this is
22 another kind of liberty that the computer has taken.

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1 I have some little hand-outs that will show you the
2 stamp a little more accurately.

3 But, anyway, these are the elements of
4 the stamp. Yeah, there's the pointer. It has the
5 grain chief on it which is sort of our logo that
6 we're carrying into all of our information
7 materials, it's a, it's not a wheat sheaf, it's an
8 universal grain sheaf. It has our Website for more
9 information. We have a very comprehensive Website
10 and it has the words whole grain on it and then we
11 call out the number of grams of whole grain per
12 labeled serving.

13 And on the bottom -- on the top if the
14 product has, where all the grain is whole grain,
15 then it will also have an added 100 percent on top
16 of the sheaf and all of the stamps have eat 48 grams
17 or more of whole grains daily, we think it's really
18 important to have the context on there.

19 Americans don't understand grams
20 naturally. They do become accustomed in a certain

21 category, like they know that one gram of fiber
22 isn't much, but in another area like Omega 3s, one

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1 gram might be a lot so you need to put the context
2 on there so they do understand and the 48 grams is
3 the minimum prescribed in the, in the dietary
4 guidelines so we put that on there for a reference.
5 So someone can look at this stamp and say oh, gee,
6 this gives me about half of what I needed to and get
7 that context which we think is important.

8 So, in summary, the whole grain stamp is
9 a nutrient-specific symbol and not a summary symbol.
10 We've seen both types. It does not make a health
11 claim, it just says here's what's in it. It is only
12 used on products that have a minimum of at least
13 eight grams of whole grain, minimum half serving
14 amount and we don't think it is a good idea to be
15 calling out whole grain content of anything less
16 than a significant amount, which is in our opinion
17 and in the opinion of many others a half serving,
18 eight grams, and the number of grams is stated
19 clearly on the stamp.

20 And if all the grain is whole grain,
21 100 percent can be added and we have the Website to
22 lead consumers to info on the health benefits of

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1 whole grain.

2 Again, some kind of creative graphics,
3 but the basic stamp, just to get you a sense of what
4 it looks like and to remind people it comes in all
5 different numbers and the 100 percent stamp.

6 We started with this, just to go back
7 and give you the context now that you've seen our
8 baby here, the context is that this statement really
9 shows where we were in 2003 when we started the
10 Whole Grains Council.

11 It cannot be hoped to successfully
12 educate market and increase whole grain consumption
13 until consumers can identify whole grain. Study
14 after study have showed people don't know what they
15 are, they think if the bread is brown, it's whole
16 grain and they don't know it's just caramel colored.
17 All of these confusions about what ingredients are
18 what and so forth, something was -- definitely
19 needed to get whole grains off the ground.

20 We had the whole grain health claim
21 which was a very good start since 1999, but it can
22 only be used on foods where 51 percent or more of

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1 the weight of the food is whole grain and there's
2 some problems with that. As with anything that
3 generally works well, there are a few unintended
4 consequences.

5 The whole grain health claim kind of
6 gave us an all or nothing choice, especially in the
7 bread area. You pretty much have to make that out
8 of 100 percent whole grain because most of the,
9 close to half of the weight of bread is moisture
10 weight so you don't have a lot of room for fiddling
11 around and getting consumers to move their pallets
12 over. You've got to make it 100 percent whole grain
13 and too often when we give consumers a choice
14 between all or nothing, going all the way to

15 healthy, healthy, healthy ultimate from where they
16 are now, they just don't budge from where they are.

17 So, we need to move them gradually as
18 we've done with the whole milk to skim milk movement
19 and there wasn't any way with the whole grain health
20 claim being the only way you could call out on a
21 package to actually do that.

22 One other, one other small problem,

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1 Lower fiber grains are not included because there is
2 a fiber proxy, fiber marker in the whole grain
3 health claim. So rice, for instance, brown rice,
4 you can't put the whole grain health claim on a
5 package of brown rice because it's too low in fiber.
6 So there's some other little unintended consequences
7 of this. It's a great start, but we need to go
8 further.

9 The other issue is we need to support
10 the dietary guidelines and I think we, this is a
11 thought I want to leave everybody with on the bottom
12 of this screen, as we move forward, let's think of
13 ways that we can integrate the message that our
14 consumers get from the Government and that they're
15 hearing about the dietary guidelines and then there
16 are things on the package that re-enforce and help
17 people move forward with the dietary guidelines.

18 So after the health claim, the
19 consumption hadn't really budged in terms of whole
20 grain consumption. Then dietary guidelines came out
21 in 2005 and we came out with the whole grain stamp a
22 week after the dietary guidelines came out. The

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1 rule was out there and now consumers needed a tool.

2 The other problem and the other need
3 that we saw in introducing this in tandem with the
4 dietary guidelines is that the dietary guidelines in
5 talking about the ounce equivalents really only help
6 consumers in finding the right amount of 100 percent
7 whole grain foods.

8 When you say here's how you get your
9 whole grains, a slice of bread, a half a cup of
10 cooked grain, cereal, a cup of cereal, that sort of
11 thing, you're talking about 100 percent whole grain
12 products and you aren't giving them a tool to move
13 their pallet up with these partially refined,
14 partially whole grain products as they get used to
15 the nuttier, fuller taste of whole grains so we
16 wanted to fill that gap, also.

17 So developing the stamp, we started
18 development in July of 2003. We introduced it in
19 January of 2005, as I mentioned, and along the way
20 we consulted with a scientific advisory committee
21 that we have very eminent grain and nutrition
22 scientists who work with the Whole Grains Council,

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1 working with FDA and USDA along the way with
2 consumers, with health professionals, with
3 manufacturers because a tool needs to meet
4 everyone's needs in order to be successful.

5 Again, if you come out with a tool and
6 the manufacturers hate it, they won't pick it up, it
7 won't become universal. If you come out with
8 something that the consumer doesn't trust or

9 understand, then it's wasted. So you really have to
10 work with everybody. But we all have seen that
11 here.

12 So then we started our media campaign.
13 Our goal in the beginning of the whole grain stamp
14 was to talk to, through the trades, the first year,
15 to get more manufacturers aware of it so it was on
16 enough products before we said hey, consumers, look
17 for the stamp. But Oprah called us and said I've
18 heard about this stamp thing, can I have it on the
19 program? And when Oprah calls, you don't say oh,
20 no, we aren't ready to do consumer outreach until
21 this Fall, sorry. You just say yes, ma'am. So we
22 did and that was kind of cool. And she is a big

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1 believer in whole grains and that's cool.

2 We did, in the Fall we did start our
3 media outreach campaign. We were reaching millions
4 of readers in things like Cooking Light, in Parade
5 and that sort of thing, so, and in the last year
6 we've included information from the stamp or about
7 whole grains in over 200 publications.

8 We also do education programs, one of
9 the cool ones we're doing now is we're supporting
10 dietitians with materials. We have these cool
11 little just ask for whole grains buttons and anybody
12 who asks me can get one here if they want one and we
13 give them out to dietitians if they can tell us
14 about what programs they're doing to promote whole
15 grains, kind of a little carrot thing.

16 And this was a diabetes Summer camp in
17 North Carolina and these kids here, you can't see it
18 too well from way back there, but all these kids are
19 wearing their just ask for whole grains buttons and
20 they have this special program where they tasted
21 different grains and different whole grain products
22 and this a typical the thing we're doing with whole

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1 grains.

2 We're also getting a lot of feedback
3 from consumers that the whole grain stamp is making
4 a difference in their lives. This is somebody who
5 just E-mailed us and said having the whole grain
6 stamp has made it much easier for me to find these
7 products. She's pregnant, she's trying to eat
8 better. She didn't eat whole grains before, it's a
9 long E-mail, the other part of it says I bought What
10 to Expect When You're Expecting and it said eat
11 whole grains, but I didn't know what to do and then
12 I found your stamp and we thought that was pretty
13 cool.

14 Here's another guy who is pre-diabetic
15 who appreciates the stamp.

16 And then we're increasingly getting, I'm
17 not going to name names here and embarrass anybody,
18 I did not see any of company name products, did I
19 miss them or does their whole grain bread somehow
20 not qualify.

21 So, we are reaching a lot of different
22 companies who are working with us, but consumers are

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1 actually starting to expect the stamp now and
2 getting a little dubious when they don't see it,

3 like the stars that Hannaford was talking about
4 yesterday.

5 So we have done some surveys, this was
6 early on in the life of the stamp in the first year
7 when it was only on something like 300 products,
8 even then a Harris interactive pole, 51 percent of
9 consumers said the whole grain stamps increased the
10 likelihood that they would choose a product, but
11 rightfully another 28 percent said they need to know
12 who the heck this Whole Grains Council is anyway and
13 I think this is something that has come up over and
14 over and we're humble about this.

15 We need to continue to do education
16 because people need to understand the source of a
17 symbol and understand the system and know that it's
18 something they can trust.

19 Another set of focus groups that one of
20 our sponsor members did, questioning shoppers in the
21 Midwest about the whole grain stamp, the majority of
22 the adults associated the whole grain stamp with

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1 being healthy, thought it carried helpful and
2 meaningful information, I believe the stamp was
3 reason to at least make me pick it up and look at it
4 and that it would be a difference maker when they
5 were trying to decide between two similar products.

6 So now the stamp is getting quite a
7 consistent standard, it's now on about
8 1,400 products across all segments of grain products
9 and 170 companies now are supporting our work.

10 These are all the different segments
11 that we're using the stamp in. As you can see, most
12 of it is bread and cereals, but then that's the bulk
13 of the whole grain products out there. But we're
14 seeing a lot of growth in other categories.
15 Everything up to sweet treats, like cookies and
16 muffins we put together in that category, soups, all
17 kinds of interesting products are going in the whole
18 grain route.

19 We have, as I said, 170 members. I put
20 Cosco and Whole Foods in red because they're new
21 members in the last couple months and I think this
22 is a trend to grocery stores adopting this on a

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1 store-wide basis, and wanting to use it on their
2 in-store bakery products in addition to the branded
3 products. They've seen the success of it on the
4 branded products they bring in and then they want to
5 use it on their in-house so that they join our
6 effort.

7 We also have among our members, our
8 170 members, we have companies that are based in
9 Canada, Germany, Ireland, Norway, Finland and Italy.
10 They're not using it on their products in those
11 countries, but on the ones they sell in the United
12 States, but that's getting them interested in this
13 whole issue and the conference we're having in
14 November, we are having an international session
15 because a lot of these folks want to come here and
16 say, gee, whether it's the stamp or not, how can we
17 do similar successful promotional efforts around the
18 health benefits of whole grains in our country.

19 So we're nudging industry to do better

20 and I think this is an important part of our work.
21 We recently had someone who said oh, yeah, I want to
22 join, I want to use the stamp on my products and

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1 when they put their products for our system for
2 registering them and certifying them we said, um,
3 but your products really don't have any whole grain
4 in them and they go oh, but that's our wheat bagel,
5 of course it has. No, it doesn't, actually.

6 And it's amazing some of these big
7 companies really don't know what they've got in
8 their products and when you give them some
9 benchmarks and some things to reach for and a goal,
10 they get educated and that particular company said,
11 well, we're going to fiddle with that, we'll come
12 back to you or they find out that they just miss our
13 minimum and they're going to tweak that formulation
14 and bump it up. And this is all getting more whole
15 grains into the American public and that's a good
16 thing.

17 So, we're seeing re-formulation. We're
18 not seeing people that are just meeting the minimum,
19 though. Of the products that are currently using
20 the stamp, three-quarters of them offer a full
21 serving of whole grain or more, not just the minimum
22 half a serving.

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1 So, we're really seeing the stamp is
2 meaningful in that way and it's at a time when the
3 latest Anne Hines data, which as we all know is a
4 couple years behind, is showing that we're still
5 kind of stuck at one serving, to have that many
6 products that are over another serving or more to
7 people, that's really going to make a difference in
8 consumption.

9 It is a completely voluntary program
10 with minimal costs to manufacturers and large
11 benefits to consumers.

12 Just as a side thing, this has nothing
13 to do with retail packaging, but we are branching
14 out. We're also trying to nudge food service to do
15 better, this is part of our campaigns this year.

16 We are using this related menu symbol on
17 restaurants and food service and a couple operations
18 have started using it already, but our goal is to
19 get at least one whole grain choice everywhere where
20 Americans eat.

21 So in summary, the whole grain stamp is
22 a consistent standard that is widely supported

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1 across different segments of grain food products.
2 It's backed by science. It has the third-party
3 endorsement of a non-profit organization, it's not a
4 manufacturer scheme. It makes the dietary
5 guidelines actionable and I really can't stress this
6 enough, you really need to figure out ways to get
7 people to follow the guidelines. It replaces a
8 company's specific patchwork of symbols that might
9 exist otherwise and it is another positive good
10 stuff message trusted by consumers, easy to use and
11 effective.

12 Thank you very much.
13 (Applause)

14 MICHAEL LANDA: Our next speaker is Jan
15 Ritter with Columbus Children's Hospital.

16 JAN RITTER: All right, good morning,
17 everyone. First off, I want to thank you for
18 inviting Columbus Children's Hospital to talk about
19 and present information on a tool that we developed,
20 Snack Wise, that assesses the nutritional value of
21 snack foods.

22 The first thing I'll do is give you a

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1 little bit of history as to why we decided to do
2 such a tool. Secondly, some of the rationale behind
3 it and then third, looking at Ohio, how it's been
4 implemented in Ohio and other States around the
5 country.

6 The first thing that, the history behind
7 it, in 2002, the Surgeons General report came out
8 and really looked at the problem of overweight and
9 obesity in the United States.

10 When that report came out, one of the
11 things that it talked about was one place that we
12 could create change would be within the school
13 environment. And so looking at the school
14 environment, team nutrition, USDA began to do some
15 things where they were having schools really assess
16 the nutritional quality of their environment.

17 From that point we had a lot of schools
18 that were asking us what is a healthy vetted food
19 item.

20 So, we began to look at that approach by
21 looking at the science. We know that many changes
22 have occurred over the past 30 years that have

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1 created some of the imbalances that we see in
2 children's diets and among them one of the most
3 important I think is the use of energy dense,
4 nutrient poor foods. Those foods are, children have
5 ready access to them, whether they are in the home,
6 whether from vending, a la cart in the school or in
7 the community.

8 The other thing that we know is despite
9 being cautioned to use them sparingly, we know that
10 children consume them in excess. And, in fact,
11 about 30 percent of their calories come in the form
12 of these energy dense, nutrient poor foods. So not
13 only does that increase the risk for excess energy
14 intake, but also it contributes to an array of micro
15 nutrient deficiencies that we see broadly within the
16 United States, a problem that was cited in the 2005
17 dietary guidelines.

18 Another slide that just kind of looks at
19 the Anne Hines data and the continuing food survey
20 of individual intake, which shows that micro
21 nutrient deficiencies occur broadly throughout the
22 United States in the population of children, and

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1 with that we see these problem nutrients becoming
2 increasingly a problem -- problematic around school
3 age where kids are beginning to express their
4 independence through eating behavior.

5 Oops. Did I stop it?

6 On the other hand, we know that the 2005
7 dietary guidelines recommends a nutrient density

8 approach where individuals consume a variety of
9 nutrient dense foods and beverages within and among
10 the basic five food groups, while choosing those
11 foods also that limit the amount of fat, saturated
12 fat, sugars, added sugars, trans fat and sodium.

13 So we know that the first choice is to
14 meet nutrient needs through the five food groups,
15 however, we also know that the reality is it may
16 take a combination of naturally nutrient dense, the
17 five food groups along with some fortified foods to
18 help Americans meet nutrient needs.

19 So both types of foods may play a role
20 in assisting Americans to achieve nutrient adequacy
21 and that is sustainable and accommodates
22 ever-changing lifestyles.

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1 You're probably all well aware in 2004
2 the Child Nutrition and Re-authorization Act
3 required that all schools actually implement
4 nutrition standards for all foods that are available
5 on their campus. And as this began, we really saw a
6 role in developing this tool to help schools really
7 understand how they can provide more nutrient dense
8 foods.

9 Most schools were adopting standards
10 that were prescriptive, limiting calories, fat,
11 saturated and trans fat, sugars and sodium. That
12 approach, in fact, can restrict certain foods that
13 may offer better nutritional profile despite the
14 fact that it could contain more fat or sugar.

15 For instance, one of the things that we
16 saw were restrictions on sugar limits, some of your
17 vendor flavored milks and yogurts which are popular
18 among kids and also offer substantial nutritional
19 profile.

20 So another approach that we began to
21 look at is using the dietary guidelines, the daily
22 values within the dietary guidelines as well and

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1 looking at a nutrient density approach to the food
2 labeling and that's where we developed Snack Wise.
3 It's basically a simple algorithm to identify
4 nutrient density of snack foods commonly found in
5 a la cart vending school stores and fundraisers.
6 It's based on the current dietary guideline
7 recommendation and percent daily values on the food
8 label and one other thing I want to make clear, it's
9 not static, it can be changed with current nutrition
10 science.

11 In fact, we already are in our second
12 version because when they first developed the tool,
13 it was before the dietary guidelines were released,
14 so after that we made some changes.

15 This is the algorithm or the parameters
16 or criteria that we use to develop the program and
17 basically you can see it's based on 10 components
18 commonly found on the food label. And it does
19 evaluate the overall nutritional value of a snack
20 food. It either, what happens is you either add or
21 subtract points and that's based on whether the
22 nutrient has either a positive or a negative impact

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1 on the total nutritional value of that snack item.

2 So it basically weights the nutritional
3 quality of the food.

4 This is just an example of how the food
5 is entered in, we just use, again, the back of the
6 food label or the back of the package and this is
7 the screen, it is a computer-based software program
8 and we are actually going Web based within the next
9 couple weeks, but what happens is they just enter in
10 the nutrition components off of the back of the food
11 label, press a button and then the information is
12 displayed as either a green, yellow or red choice
13 and then it will tell you whether it's met the
14 nutrition target.

15 You can see over here -- whoops, I'm not
16 pointing, there's the nutrition target, so it will
17 tell the user whether they've met the nutrition
18 target for each of the components.

19 At this point we have over 200 schools
20 in Ohio, districts in Ohio, so that encompasses a
21 lot more schools that are actually using Snack Wise.
22 We're in Ohio State University now. There's quite a

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1 few hospitals that are using it, businesses, after
2 school programs, so there's many. Vendors are
3 actually taking it on and in the southern part of
4 the United States there's a large vending company
5 that's implemented it in all of their schools.

6 So one of the things that we look at is
7 then it just uses that simple method at a glance you
8 can identify a better choice within processed snack
9 foods.

10 What it does is it emphasizes that all
11 foods can fit within a reasonable and balanced diet
12 and it does teach a concept that some snack food
13 choices are better than others. And of course we
14 always want to emphasize the fact that nutrient
15 density, first we want them from whole foods, so
16 fruits and vegetables of course would always be a
17 green if you're looking at a snack.

18 These are some of the components that
19 come along in the package of Snack Wise. For
20 vendors, one of the things that we have found that
21 works real well is that they have this poster art
22 where they can just actually list what foods within

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1 their vending machine meet the best choice, choose
2 occasionally or choose rarely.

3 The validation of Snack Wise, what we
4 did is we used the algorithm for Snack Wise and we
5 evaluated it against, with 64 snack foods. This was
6 then compared with the evaluation to the overall
7 subjective opinions of 19 experienced dietitians and
8 what we found, the software was able to offer a
9 similar assessment of the food item's total
10 nutritional value.

11 This is what the, basically the results,
12 the evaluation model clearly segmented snack foods
13 as least healthy, moderately healthy and then most
14 healthy. So, the food ratings really represent a
15 continuum of nutrient density ranging from lower to
16 moderate to higher nutritional value.

17 One of the things I will say is the
18 cut-off points that differentiate your red from your

19 yellow, your yellow from green are arbitrary. Your
20 point values are within a range for each of the
21 categories, so some foods may be a better choice
22 than others within a green category, for instance,

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1 or a yellow or a red.

2 This is just an example of a food that
3 if you put that through Snack Wise, because of the
4 nutrient contribution with protein is a good source
5 of protein as well as Vitamin A and iron and it is
6 low in fat, saturated fat and sugar, this would be a
7 green choice.

8 So, one of the things that we did find
9 is that you can help schools rate their machines or
10 their a la cart, but you also need to give them
11 guidelines. And so because of the availability of
12 different types of foods as manufacturers begin to
13 develop things, we saw that the ratio we could use
14 would be 15 -- no more than 15 percent of their
15 foods as red, 55 percent yellow and 30 percent
16 green.

17 We have schools that have dedicated
18 machines or a la cart that are all green and yellow
19 and that's really what our goal is, as we see
20 manufacturers begin to respond and to produce foods
21 that meet those categories, you can pretty much
22 eliminate red foods.

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1 Recently Ohio introduced legislation and
2 if that is passed, it will apply the Snack Wise
3 algorithm and ratio of the snack foods sold in a la
4 cart vending in school stores.

5 The other thing we did is just a little
6 pilot study. We don't have a lot of money to
7 actually do some further studies, would like to do
8 some bigger studies but this was done in Bolling
9 Green, it's a high school and what the DECCA class,
10 which is a marketing class, basically went in and
11 they decided that they were interested in changing
12 some of the options within their school because of
13 the overweight and obesity problem.

14 So, their objective was basically to
15 change the nutritional profile of foods within their
16 vending machines and they wanted to see if kids
17 would choose those healthier options and also could
18 it be done without losing revenue.

19 So what you can see, the intervention
20 was actually, at the beginning of the school year
21 there was, most of the foods that they had were red.
22 The intervention was actually made in December and

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1 you can see that from that point on, the sales of
2 red items really decreased as we began to see the
3 sale of yellow and green increase. And that was
4 just because of actually product.

5 The interesting thing, though, is that
6 it remained revenue neutral. They did not have any
7 loss in sales. That's what schools are really
8 worried about and we see that time and time again,
9 if you implement healthier choices, you do not lose
10 revenue, kids adjust to what you have in the
11 machines or on a la cart.

12 Okay. All right. The other thing that

13 we asked, did, you'll notice the promotions. One of
14 the things that we looked at, these kids actually
15 did the stickers on the merchandise, 64 percent of
16 them noticed the stickers on merchandise.

17 When asked why they purchased the
18 healthier snack, many of the students indicated that
19 they either did that because they liked the snack,
20 that was actually the number one reason why they
21 purchase snacks and so taste is of great value, then
22 also the other reason was because they liked, they

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1 wanted a better choice nutritionally.

2 So our conclusion really is that you can
3 use symbols used in Snack Wise. They're a simple
4 method to educate, guide and help shape students
5 behavior and snack choices. The tools broaden
6 criteria. Using nutrition information on the facts
7 label and adding in the balance of red, yellow and
8 greens are a guide that can help shape snack choices
9 for children.

10 As we have, that was our actually
11 primary audience was to go into schools, but as we
12 have seen in Ohio, we're seeing it used at the
13 University level, businesses and industry are also
14 interested in it, so it is a thing that, you know,
15 basically it does follow the dietary guidelines so
16 anyone over the age of 5 can, you know, it's that's
17 a healthy individual can use Snack Wise as rating
18 the individual's snack item.

19 The other thing that we did is go, we
20 went into schools just recently and did a little
21 educational intervention at the middle school
22 helping them to look at snack options within their,

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1 within the education and they were able to get on
2 the computer software program and actually look at
3 those kinds of things and were able to determine
4 what was a healthier snack.

5 So, I want to thank you and thank you
6 for your time.

7 (Applause)

8 MICHAEL LANDA: Our final presenter for
9 this morning's first session is David Katz, M.D.

10 DR. DAVID KATZ: Good morning. My
11 sincere thanks to FDA for this opportunity. My
12 thanks as well to all of you for your kind attention
13 as we discuss the overall nutritional quality index.

14 In July of 2003, then Secretary of
15 Health Tommy Thompson convened a group of thought
16 leaders addressing the topic of epidemic obesity.
17 To meet with him, then FDA Commissioner Mark
18 McClellan, the heads of the NIH and the CDC, gather
19 around a table and share our perspectives in
20 particular on what the FDA might do to combat the
21 obesity epidemic. I was privileged to be among them
22 and when my turn came, I said a food supply for

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1 dummi es.

2 We should translate the ability of
3 leading nutrition experts to discriminate among the
4 choices available to them on the basis of nutrition
5 into a tool every consumer could use, whether that's
6 green, yellow, red, stars, hearts, moons, clovers,

7 letters, numbers, doesn't matter, but at a glance
8 nutrition guidance on every bag, box, bottle, jar
9 and can in the food supply.

10 There was a certain amount of head
11 nodding, but not a great deal else happened. We did
12 have some follow-up discussion, I wrote an op ed
13 which the Hartford Current published, New York
14 Newsday published and it traveled to some newspapers
15 around the country arguing that you shouldn't
16 require a Ph.D. in nutrition or biochemistry to go
17 grocery shopping.

18 In February of 2006, an opportunity came
19 along to actually put this concept into action and
20 by that time, my patience in faith had run a little
21 bit thin, so I decided to go for it. And the
22 mission of the ONQI development project was to

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1 develop an algorithm that could stratify foods on
2 the basis of overall nutritional quality both
3 universally across all categories, but also to guide
4 choice in particular within categories because after
5 all, that's how people choose food. They don't
6 choose bread or spinach, they choose a particular
7 variety of bread or breakfast cereal or pasta sauce
8 or salad dressing.

9 We also set out to develop an algorithm
10 that would entirely avoid the good food, bad food
11 conundrum and essentially the mission, again, was to
12 place the discriminating capacity of top nutrition
13 experts into the hands of every consumer.

14 Please note, perfect is the enemy of
15 good. There is no nutrition expert who has perfect
16 knowledge of nutritional composition of any food.
17 All that is required is the ability to discriminate
18 on the basis of what we do know to make better
19 choices within every category. If you sum up those
20 better choices across all food categories, the
21 aggregate impact on dietary quality can be quite
22 substantial.

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1 The process we used was, in essence,
2 which recommended then to Secretary Thompson, the
3 FDA or the IOM might convene a panel of independent
4 nutrition experts, sequester them, if required,
5 support them, as necessary, and give them the time
6 they need to develop a consensus opinion on a metric
7 that will translate their collective judgment and
8 knowledge into a tool every consumer could use.
9 That was the process I recommended.

10 That was the process we used. We did a
11 great deal of canvassing. There was an iterative
12 selection process. Ultimately 17 invitations were
13 extended to form a panel of experts, 10 to
14 15 strong. 15 of 17 accepted. Of the two who
15 didn't, one is actually in the room or was
16 yesterday, Linda Myer (sic), and Harvey Fineberg at
17 IOM because they're precluded from their bylaws from
18 getting involved in this sort of thing. The other
19 actually was Adam Jenalski who has intellectual
20 property in this space and was on sabbatical, two
21 good reasons.

22 Everyone else said yes. We did lose a

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1 few to attrition and one to conflict of interest,
2 that was Bob Eckel, President of the American Heart
3 Association who joined for a while, felt there was a
4 conflict and stepped down.

5 But our group includes past Presidents
6 of the American Dietetic Association, the American
7 Diabetes Association, the current President of the
8 American Cancer Society, the inventor of the
9 glycemic index and the originator of the traffic
10 light diet, Len Epstein, as well as a number of
11 other notables, Walt Willet at Harvard, Barbara
12 Rolls at Penn State. Familiar names I trust.

13 I chaired that group and will chair an
14 Advisory Board selected from within those ranks with
15 an addition, Dr. David Ludwig from Harvard, but this
16 is a group that will engage in ongoing oversight of
17 the ONQI as it is commercialized.

18 We reviewed the literature extensively,
19 did not want to re-invent the wheel. We obviously
20 looked at prior initiatives, many of the things
21 being discussed over these two days. In light of
22 the prior literature and invoking of course all of

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1 the nutrition guidance we've heard so much about
2 dietary guidelines, what's on the nutrition facts
3 panel, the DRIs from the Institute of Medicine, we
4 developed a basic working formula in February of
5 2006 and it took the better part of 18 months to
6 refine it.

7 That process was iterative based on the
8 consensus of the panel, with multiple meetings
9 largely being conference calls, list serve
10 exchanges, revisions to the formula were made and
11 each time tested.

12 The initial validation process after
13 passing phase validity criterion was to actually
14 have these experts score and rank foods. We did
15 dozens, then we did over 100 and we ran correlation
16 analyses between the performance of the ONQI and the
17 pooled independent rankings of this group of
18 experts. The correlation we achieved before that
19 process concluded was 0.92.

20 The algorithm was finalized in July of
21 '07, so very recently.

22
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1 The numerator nutrients in the ONQI are
2 listed here. You'll note they include everything on
3 the nutrition facts panel, but additional
4 information as well.

5 I will note that what is not in the ONQI
6 is as important as what is. There are a number of
7 nutrients of considerable interest. We were very
8 interested in Chromium and Selenium, they're not
9 routinely available in any nutrient database as of
10 yet. The USDA doesn't routinely include them, nor
11 do others. If that changes, they might very well
12 warrant consideration. We talked about Choline, we
13 talked about a number of other things.

14 We have a list of nutrients to revisit
15 if and when the evidence base will allow for their
16 inclusion, but this was an evidence-based process.
17 If the science wasn't strong and we couldn't
quantify our judgment, we had to leave some

18 nutrients out.
19 The denominator nutrients we've heard
20 about from just about everybody, sat fat, trans fat,
21 sodium, sugar, both total and added distinguished
22 between the two and cholesterol.

0056

1 Other algorithm components because it's
2 not just about the summative effects of micro
3 nutrients, we looked at the quality of the macro
4 nutrients. So we have an entry for the biological
5 quality of protein, obviously looking at composition
6 of essential amino acids, we look at the biological
7 quality of fat, the ratio of unsaturated to total
8 fat.

9 We apply universal adjustors that ask
10 questions about the overall profile of the food,
11 energy density and its glycemic load. And I should
12 note, and forgive me, this is a brisk presentation
13 for the sake of expedition on a limited timeline,
14 many details will be glossed over. We made a number
15 of categorical adjustments. The algorithm is
16 universal, but the playing field of food categories
17 is not entirely level.

18 I'll give you just one brief example.
19 Cooking oils. I suspect everyone in the room would
20 agree, olive oil is a nutritious food, Canola oil is
21 a nutritious food. But you don't eat those foods in
22 the quantities you would eat fruits and vegetables.

0057

1 If you apply a level energy density coefficient, it
2 is unkind to cooking oils. We made a suitable
3 adjustment so that olive oil and Canola oil and
4 their likes received the credit they deserved
5 relative to the respect they got from the nutrition
6 experts. Other categorical adjustments were made as
7 well, one of which precludes manipulating the ONQI
8 score of a food by high level fortification, but
9 again, I'll leave out the details.

10 The novel core concepts, the
11 intellectual backbone of the understanding key, if
12 you will, derives from threshold values based on the
13 DRIs, primarily, but other sources when required, a
14 trajectory score and then weighting of that
15 trajectory score. Let me quickly define the
16 trajectory score.

17 The recommended prototypical diet of
18 2,000 calories advises no more than 2,400 milligrams
19 of sodium intake for the day. That threshold value
20 then is 1.2 milligrams of sodium per calorie over
21 the course of the day; of the foods with more sodium
22 than that will influence your trajectory for the day

0058

1 so that it's less likely you'll stay under the
2 recommended upper limit. Foods with less will make
3 it easier for you to hit that target.

4 So, the trajectory score says the sodium
5 in a food divided by the calories in the food
6 divided by 1.2 create a ratio of the density of
7 sodium in that food to the average density of sodium
8 in all foods over the course of the day if you want
9 to meet the recommended daily intake level.

10 For calcium, if we're supposed to get at
11 least 1,000 milligrams in a 2,000 calorie diet, that

12 means on average our foods must provide at least
13 half a milligram of calcium per calorie. Foods
14 providing more will help us hit the target. Foods
15 providing less will contribute less. That is the
16 trajectory score concept.

17 It looks at all nutrients in the food
18 relative to the targets for the day and asks are
19 they more or less concentrated than the diet should
20 be overall. How will they influence the trajectory
21 toward daily targets and consequently weekly
22 targets.

0059

1 That wasn't enough, though. One of the
2 questions that has not been asked nor answered so
3 far in these proceedings is what do we mean by
4 nutritious. Very difficult term to define. We
5 might say nutritiousness of a food relates to its
6 influence on health. Of course that doesn't help
7 much because defining health is also difficult.

8 What we chose to do was say that is what
9 nutritiousness means, it means the influence, the
10 favorable influence of a food on health and health
11 is defined both in terms of vitality and the
12 avoidance of disease. We, therefore, looked at the
13 condition specific nutrients most impact for good or
14 for bad and we asked additional questions based on
15 epidemiology and we used a great deal of literature
16 to back these up. What is the prevalence of these
17 conditions, how significant are they and what is the
18 strength of association between the nutrient and the
19 condition.

20 I'll give you an example. We talk about
21 dietary trans fat, the primary concern is
22 cardiovascular disease. It has other adverse

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1 effects, but that tops the list. What is the
2 prevalence of cardiovascular disease, it's
3 hyperendemic. What is its severity? It is threat
4 to life and limb, high severity. What is the
5 strength of association between each incremental
6 addition of trans fat in the diet and the risk of
7 heart disease, strong. And, therefore, we used an
8 ordinal scale, again validated using correlation
9 analysis for these weights.

10 And let me compare that to cholesterol,
11 the primary concern there for dietary cholesterol,
12 again, heart disease. Prevalence of heart disease,
13 the same. Severity of heart disease, the same. But
14 the strength of association between each milligram
15 of dietary cholesterol and heart disease,
16 substantially less than that for trans fat. The
17 weighting coefficients are different and, therefore,
18 account for that as well.

19 There are a number of other mathematical
20 elements in the algorithm that we needn't bog down
21 with today, we did not use strictly dichotomous
22 threshold values. Again, consider sodium. The dash

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1 sodium diet indicates to us that 1,200 milligrams of
2 sodium is distinctly advantageous for blood pressure
3 reduction, between 1,200 and 2,400 milligrams per
4 day is acceptable, more than 2,400 disadvantageous.
5 You can break these threshold values down as

6 indicated into ordinal ranges that indicate optimal
7 versus acceptable versus less acceptable.

8 So, we use those ordinal scales, there's
9 a fair amount of log transformation built into the
10 algorithm simply to compress ranges and improve
11 splay. As noted, a number of category specific
12 adjustments. Just as a for instance, we capped the
13 credit we will give to extrinsic nutrients added to
14 processed food, we respect every nutrient in natural
15 foods. And that way you can't put an awful lot of
16 folate or Vitamin C into a processed food and
17 inflate the ONQI score beyond that of fruits and
18 vegetables. Just can't happen.

19 Here's a quick glimpse at the formula.
20 Never mind. The SAS program is considerably uglier
21 than that available for your edification. At this
22 point that requires a non-disclosure agreement, we

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1 also have the rank list of over 1,000 foods
2 available for review.

3 Now when I flashed it at you, there is
4 no denying that the ONQI formula is complex. In
5 fact, at one point along the way in our
6 deliberations, Walter Willet said I think this is
7 getting too complicated. And I asked him, Walter,
8 could you build the engine of your car, I said,
9 because it's got a lot of moving parts, and I can't
10 build mine, you can't build yours but you get in,
11 turn the key and it goes vroom.

12 That's how the ONQI works. The
13 sophistication under the hood is advantageous
14 because it allows for flexibility, it encompasses a
15 wide array of nutritional considerations, it's a
16 turn-key system. It's a score, it's a ranking,
17 translatable into any set of symbols you like,
18 again, hearts, moons, stars, clovers, colors,
19 letters, numbers.

20 Personally I like a 1 to 10 scale, the
21 Olympic scoring system, bananas get a 9.2 from the
22 Russian judge, that sort of thing, but we'll see.

0063

1 But it's a turn-key system at the user interface.

2 One of the great challenges we
3 encountered and had not fully anticipated is that
4 when you build an engine like this, it burns high
5 performance fuel, namely, a great deal of nutrient
6 input. That database does not exist. USDA can't
7 provide it. Nobody can. We had to build it.

8 Working with the University of Minnesota
9 and the NDSR database, we now have a method in place
10 to score 125,000 foods, essentially, and with little
11 help from our manufacturer friends we can use
12 methods analogous to those being used by NDSR and
13 the USDA to populate their nutrient database to
14 score everything. And of course this is applicable
15 to meals, to all recipes, as well, but in terms of
16 packaged foods, we have access to 125,000.

17 We had to develop ONQI specific
18 functional food categories. I believe we heard from
19 Kraft that they had 49 food categories, My Pyramid
20 gives us many fewer. Let me just briefly note what
21 a functional food category is. It's a category
22 within which a consumer makes alternative choices.

0064

1 Breakfast cereal, we could say breakfast cereal is a
2 grain, but people may not choose between breakfast
3 cereal and pasta, they'll choose between one
4 breakfast cereal and another, one bread and another.

5 So functional food categories are based
6 partly on composition, i.e., derived from grains,
7 but also prioritized functional considerations,
8 again at the user interface where the rubber hits
9 the road and choices are being made.

10 Consideration of placement in more than
11 one category is particularly important for Web use.
12 Consider, for example, a mom interested in selecting
13 a healthy snack for a child's lunch. She may not be
14 thinking of baby carrots as a vegetable and not
15 interested in comparing it to other vegetables,
16 maybe it should come up on the snack list and there
17 should be immediate evidence of the relative
18 nutritiousness of baby carrots as a snack in a lunch
19 box compared to other potential snack items. We
20 built that functionality in.

21 Some of the unique attributes of the
22 ONQI. It's objective, it was born of pure science.

0065

1 There was no commercial interest. Again, we tried
2 to do what IOM or FDA itself might have done, just
3 science until we were done. It's universal, it
4 scores any food across all food categories and can
5 be used to score the entire diet with appropriate
6 weighting for balance and variety. It's highly
7 sophisticated, admittedly complex, but at the user
8 interface it's a turn-key system. It avoids the
9 good bad, bad food conundrum.

10 Again, the question we asked was
11 different, how does the distribution of all of the
12 nutrients, good or bad in a food, influence the
13 daily trajectory toward guideline levels. If it
14 helps, that's good. If it hurts, that's bad. The
15 food can be both good and bad or neither, depending
16 on how you look at the universe. Personally I think
17 there may be bad foods, I'm not so sure about cheese
18 doodles, for example, but I digress. The ONQI is
19 not influenced by that bias that I may have.

20 And one of the things I'd like to point
21 out given all the industry input here, a system like
22 this, or perhaps this system, could be used to

0066

1 validate others. We might take an industry metric
2 that's better for you or not better for you, use
3 ONQI scores and say do they, in fact, differentiate.
4 We could score all of the industry's different
5 systems and say objectively can we corroborate your
6 claim that your better for you products are indeed
7 better for you. If yes, you can say powered by the
8 ONQI. If no, we can consult with you to talk about
9 re-formulations that would help us get there from
10 here, but it might be a normative standard on the
11 basis of which these more specific health claims
12 could be made.

13 There is a need for this kind of
14 guidance, let me make the case with apologies to
15 anybody who has a product shown on the screen.
16 Popular potato chips, box of breakfast cereal, corn

17 chips and a chocolate drink. Here matched for
18 calories shown in descending order is the sodium
19 content of these products. Highest for the
20 breakfast cereal, next for the chocolate drink, then
21 the salty snacks. Consumers wouldn't even know that
22 salt is a consideration in these food categories,

0067

1 but indeed it is. We must have cross-cutting
2 guidance.

3 Here we have a popular pasta sauce and
4 chocolate ice cream topping, matching for calories,
5 yet again more added sugar in the pasta sauce.
6 People would not routinely pour packets of sugar
7 over their spaghetti, but frankly in processed food
8 that's exactly what they're doing. They have no
9 clue. They need to be informed to be empowered.

10

11 We must overcome the current Tower of
12 Babel problem. Too much information is every bit as
13 disempowering as none and that's the scenario we
14 have at present. There clearly is, and with all due
15 respect to everybody in the room, a potential for
16 conflict of interest in a system that is built in
17 response to a product portfolio. The science really
18 should come first and the products re-formulated to
19 match that.

20 Single nutrient claims or banner ads can
21 be confusing. Let me give you one example and
22 again, with apologies for the specificity of this,
there are many other examples, but we recently in a

0068

1 run of the ONQI scored one-third less sugar Kellogg's
2 Sugar Frosted Flakes and regular Kellogg Sugar
3 Frosted Flakes. The one-third less sugar brand
4 scored less well.

5 We thought maybe the ONQI had run amuck,
6 dug into the details. Here's what we found in the
7 one-third less sugar variety, more sodium, less
8 fiber, higher energy density, higher glycemic load.
9 One thing was fixed, four things were broken. The
10 banner ad on the front of the package would not
11 convey that to the consumer, however.

12

13 There is intellectual property here.
14 There are patents pending. The intellectual
15 property is owned by Griffin Hospital, a
16 Yale-affiliated community hospital. The development
17 project was run out of Yale's Prevention Research
18 Center housed at Griffin Hospital. We will be
19 developing a company separate from the science for
commercialization of this.

20 Our retail partner is Topco, nation's
21 second largest grocer, 4,000 supermarkets
22 nationwide, they routinely service 60 million

0069

1 consumers, reach up to 100 million. Our Web partner
2 is being finalized. Seems promising that it will be
3 Revolution Health which is not yet as big as WebMD,
4 but is pretty committed to getting there as fast as
5 possible.

6

7 We'll be doing validation testing over
8 time, the ultimate test is to see whether or not the
9 aggregate ONQI scores for foods across the diet are
10 predictive of health outcomes. We're developing
ongoing validation studies to assess just that and

11 we see applications obviously on supermarket
12 shelves, we'd like to work with manufacturers to get
13 it on the package.

14 We will have a large online presence
15 where you can score and rank any food also in print
16 and we do have school-based applications in mind.
17 Those will be philanthropic. The algorithm is done,
18 the supply line has been developed. The Advisory
19 Board convened. We'll have 20,000 foods scored by
20 the end of this month, approximately 50,000 before
21 our launch in April of '08 and then we'll continue
22 to score until 125,000 are done.

0070

1 We plan a scientific and press
2 conference here in D.C. or nearby D.C.
3 November 30th, many of you will be hearing about
4 that, national roll-out in Topco supermarkets
5 nationwide April of '08 and again, we're actively
6 seeking partnerships with food manufacturers and
7 others.

8 With that, I thank you very much for
9 your time and attention.

10 (Applause)

11 MICHAEL LANDA: We'll start with the
12 questions from Kathleen Ellwood. Can you get closer
13 to it?

14 KATHLEEN ELLWOOD: Now you can hear, now
15 it's on.

16 The presenter for whole grains, and I
17 wanted some clarification there, you have the stamp
18 and you're running an education program, but in
19 doing so are you also talking in conjunction with
20 the food label and how you would use the food label
21 in conjunction with the stamp?

22 Is any of that, and then my second

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1 question is, and I couldn't tell when you were going
2 through the slides rapidly, is I assume you're
3 putting this on snack foods because a lot of snack
4 foods now have whole grain and if so, are you using
5 other criteria which I didn't hear like fat and
6 sodium, would that, you know, play a role in some of
7 the products that you would want to see your stamp
8 on?

9 CINTHYA HARRIMAN: Those are both good
10 questions and to answer your first one, the
11 complementarity of the whole grain stamp with other
12 things on the label, first of all, the whole grain
13 stamp, even though it's on 1,400 products, is still
14 on -- not on all products that are grain products or
15 whole grain products and we are primarily an
16 educational organization trying to promote increased
17 consumption of whole grains, not a sticker of
18 stamps.

19 And so there's a lot of information on
20 our Website and we answer questions every day about
21 how you would figure out if a product is a good
22 choice if it isn't using the stamp. Even answering

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1 that question with the blacked-out company name, we
2 answered that user and said, you know, there's a lot
3 of very good whole grain products out here and
4 here's how you might look for it and just because a

5 product doesn't have the stamp doesn't mean it might
6 not be a good choice, it just means we can't tell
7 you if it is.

8 And so there's a lot of education that
9 we are doing that's complimentary to that and a lot
10 of that is explaining packaging choices and what
11 different ingredients mean and so forth and we do
12 that primarily through our Website.

13 To answer your second question about any
14 other threshold requirements for the stamp, we've
15 kept the stamp purposely very simple because we
16 think the big issue is it would be great if whole
17 grains were listed on the nutrition facts panel, but
18 you can't.

19 How do -- we just put the number of
20 grams on there and then consumers do have to make
21 some choices, but yes, to answer David's thing,
22 there are now cheese doodles with 20 grams of whole

0073

1 grain in them. Are we making a choice, a judgment
2 about what else is in those cheese puffs; no, we are
3 not.

4 KATHLEEN ELLWOOD: I mean you will see
5 whole wheat, I think manufacturers are trying to put
6 on their label if they have a whole grain product
7 and they will pick that up if they read the
8 ingredients lists, especially if it's one of the
9 first ingredients, which it would be.

10 So I was just wondering, then, are, are
11 you -- and I realize you're doing a lot of
12 education, that this would be a good opportunity to
13 educate the consumer about how to read the facts
14 panel and ingredients list.

15 CINTHYA HARRIMAN: And I totally agree
16 and that's something we take advantage of, but in
17 that 2 seconds, 5 seconds, 14 seconds, depending on
18 which speaker you go with, there's not a lot of
19 nutrient facts panel reading that can happen and one
20 of the interesting things, Kathy, that we find is
21 when our, our member companies that are using this
22 stamp submit products to us for registration, they

0074

1 very often have ingredients on there like they just
2 list barley and we have to go back to them and we
3 have to say, is that whole grain barley, is it pearl
4 barley, what kind of barley is it, can you prove it
5 to us, because very often the manufacturers are, in
6 fact, missing the opportunity to tout their whole
7 grain ingredients. They do pretty well on the wheat
8 versus whole wheat, but on other things they drop
9 the ball and that causes further consumer confusion.

10 And so we do a lot of education with the
11 manufacturer side also saying this is the way you
12 should describe this ingredient so that consumers
13 get it. So it's part of teaching the consumer how
14 to read the ingredient, it's part of teaching the
15 manufacturer how to write the ingredient list.

16 MICHAEL LANDA: David Zorn has a
17 question.

18 DAVID ZORN: My question's for
19 Ms. Harriman, also.

20 You showed at the very end something, I
21 thought it was interesting, I don't think we've

22 heard too much about it until this morning, was
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1 displaying symbols at food service, also.

2 But your stamp looks extremely different
3 from the one that you're putting on packages. Could
4 you tell us why it's so different? It would seem to
5 be nice to have a similar conjunction between the
6 two.

7 CINTHYA HARRIMAN: No, that's another
8 very good question. There are a couple reasons why
9 we have purposely chosen to have a slightly
10 different symbol for the food service campaign that
11 we're just starting now.

12 One is that, first of all, on a menu,
13 you're only going to see this very small, you can
14 picture the little, you know, heart healthy check,
15 V for vegetarian, things that you see on menus,
16 they're all very small and the entire stamp would
17 not reproduce well.

18 But perhaps even more important, we're
19 very careful about the credibility of the stamp on
20 retail products and when someone submits a product
21 to us and we look at all the ingredients and ask
22 them questions and look into it carefully, we know

0076
1 what's in that product and the product isn't apt to
2 change.

3 Now on the fast food chain level, that's
4 also true. You could totally vet a product. But if
5 someone's walking into a fine dining restaurant,
6 today the chef makes the quinoa pilaf one way,
7 tomorrow a little different, we cannot re-certify
8 that product every single day, so we have to work
9 with the restaurants and educate them on broad
10 guidelines of what constitutes that eight grams of
11 whole grain, it's putting so much brown rice in a
12 dish, it's putting so much this in a dish, but
13 because we cannot be as sure of that.

14 We're, we're touting that as an
15 indication to consumers that there is whole grain in
16 this product and we don't want to take away from the
17 reputation that we've worked hard to build for the
18 whole grain stamp by the fact that it might not be
19 quite as 100 percent certified in the restaurant
20 area just because of the impossibilities of the
21 logistics.

22 DAVID ZORN: Thank you.

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1 MICHAEL LANDA: Barbara Schneeman has a
2 question.

3 BARBARA SCHNEEMAN: Thank you, I
4 actually want to direct separate questions to three
5 of the panelists.

6 For the National Dairy Council, I'm
7 curious about the criteria, other criteria that you
8 use for the food. The dietary guideline message
9 with regard to dairy products is for low fat and fat
10 free and I had the implication -- or I took the
11 implication from what you said that you don't
12 restrict products to be low fat or fat free. I'd
13 like you to address that issue.

14 For Ms. Ritter, for the Snack Wise
15 program, I would be interested to hear how you

16 handle fortification issues if the nutrients are
17 being fortified and also whether or not your system
18 includes beverages.

19 And for Dr. Katz, I, I wanted to come
20 back and understand the system a little bit better
21 given the examples that you used. The examples
22 focused on a single nutrient and comparing across

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1 categories, but one could take an odd message from
2 the comparisons that you set up.

3 So I'm wondering if the intent here then
4 is to focus on a single nutrient that a consumer
5 might be looking for or a manufacturer is
6 highlighting or if, indeed, you're trying to come
7 back and make a statement about a food in a broader
8 context.

9

So.

10 ANN MARIE KRAUTHEIM: Okay. In regards
11 to the criteria for the logo, we have based the
12 criteria, when the program was launched, it was
13 driven behind the bone health benefit and for that
14 reason we have developed the criteria solely based
15 on FDA serving size and the excellent source
16 criteria for calcium within that product.

17 Being consistent with FDA regulations we
18 do, as I mentioned, utilize the disclosure
19 statements where necessary for products that exceed
20 levels of saturated fat, total fat, sodium,
21 et cetera, so that we draw the consumer's attention
22 to the nutrition facts panel where that information

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1 is visibly apparent for the consumer.

2 We have made, you know, I think
3 increasingly, increased our efforts to place
4 emphasis beyond the on pack symbol on low fat and
5 fat free products through the marketing and
6 education tools, the consumer recipes and another
7 key part of that we believe is educating the
8 consumer about portion size and making sure that the
9 consumer understands what a portion of dairy is so
10 that they're obviously meeting the needs for three
11 servings, but on the flip side, you know, helping
12 consumers understand and not promote the
13 overconsumption, as well.

14 BARBARA SCHNEEMAN: I guess you get
15 emphasizing the dietary guidelines and that's why I
16 was asking the question because the dietary
17 guidelines specifically draw attention to low fat
18 and fat free. So it seemed like there may be a gap
19 there, that --

20 ANN MARIE KRAUTHEIM: Yeah, and we, you
21 know, we've talked about that and we've had a lot of
22 discussion in how to best address that and with,

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1 with the marketplace, we know that consumers are
2 looking for foods, obviously, number one, that meet
3 their taste needs, but also looking at the nutrition
4 needs.

5 We also believe that the approach that
6 we're taking is consistent with current FDA regs and
7 then knowing that some of the discretionary calories
8 in the diet can be used to help cover the calories
9 that people may have with the purchase or choice of

10 a fuller fat cheese, for example, if that's a choice
11 that they choose to make.

12 JAN RITTER: Okay. I will answer your
13 second question first. We decided not to attack
14 beverages because you would need -- we were looking
15 at basically nutrients that are found in foods. I
16 think in the beverage you would also need to qualify
17 things like added sugars, sweeteners, caffeine and
18 we did not address that, so that's why we did not
19 consider beverages.

20 The first question as far as
21 fortification of foods, I think that, I'm not sure
22 exactly what you're asking, but I, but as we look at

0081
1 the market, the market -- the re-formulation of
2 product, we are seeing more fortification of foods
3 and so therefore those type of snack foods would
4 fall into the green category.

5 BARBARA SCHNEEMAN: I think the question
6 was so if, if a manufacturer -- could a manufacturer
7 fortify a product with vitamins, minerals, in your
8 system it would be limited to the ones on the
9 nutrition fact label, could they fortify and improve
10 their score?

11 JAN RITTER: Yes, you are limited by the
12 nutrition facts label, but they can fortify and
13 that, in that process you're going to have a
14 healthier, you know, a better choice as far as a
15 snack food.

16 DR. DAVID KATZ: Just to follow up on
17 that, I'll note that our system of course does score
18 beverages and fortification will improve a score if
19 the food is relatively dilute in those nutrients,
20 but we box in how much improvement so there isn't
21 significant categorical change and the overall
22 composition of the food is reflected.

0082
1 You noted the odd examples I showed,
2 salty breakfast cereal, perhaps, and sugary pasta
3 sauce. The intent there was to demonstrate that the
4 nutritional liabilities that populate the modern
5 food landscape are not necessarily even those most
6 people anticipate. Those are there, too, but there
7 are the unanticipated ones. For that very reason,
8 the ONQI measures every nutrient in every food
9 category. So it is not at all nutrient specific.

10 When we evaluate the quality of a
11 breakfast cereal, its whole grain composition is
12 very much reflected in the assessment of both fiber,
13 glycemic load. We also look at added sugar and
14 maybe noting, as we think and I very much appreciate
15 the presentations along with mine, but a good
16 healthy heart is good for bones, and so food that is
17 potentially good for bones but has nutrients that
18 are not quite so good for your arteries has certain
19 liabilities.

20 I favor a holistic view of health, a
21 healthy vital body is firing on all cylinders. So
22 the algorithm we put together looked across a wide

0083
1 array of conditions and a wide array of nutrients
2 and evaluates all foods on their merits. A
3 breakfast cereal that is rich in fiber, a good

4 source of whole grain but has added trans fat, for
5 example, will have its score dragged down by the
6 trans fat. If it's highly concentrated in sodium,
7 which might not be expected in a breakfast cereal,
8 but in fact is common practice, the sodium density
9 in that cereal will affect its score but it will get
10 credit for its fiber and its whole grain, so we, we
11 look at all of these nutrients in every food
12 category.

13 BARBARA SCHNEEMAN: Perhaps to help
14 understand the system, then, for those examples that
15 you gave, perhaps what we need to know is what the
16 total score was for the product, because you drew
17 our attention to a single nutrient that was maybe
18 not consistent with a consumer perception. So it,
19 maybe if you told us what the total score was, that
20 would help.

21 DR. DAVID KATZ: I don't have it handy,
22 but I can tell you, for example, that in the Ragu

0084
1 Super Chunky Mushroom Marinara sauce, which is
2 surprisingly high in sugar, it scored less well than
3 other marinara sauces which had a comparable serving
4 of total carotinoids which we measured and other
5 nutrients in them, but did not have the added sugar.

6 On the other hand, the Super Chunky
7 Mushroom Marinara sauce got full credit for its
8 content of carotinoids and so forth.

9 So, there is both interest in the
10 absolute score which looks at the total universe of
11 foods, but in particular it's the relative rankings.

12 Again, if you're choosing a pasta sauce,
13 the competitors for your interest are the other
14 pasta sauces and so this one would, received
15 demerits for a copious addition of added sugar, but
16 the total score would reflect the other elements of
17 that product. I don't recall it offhand, we've
18 scored at this point thousands of foods, I don't
19 remember all the scores, but they get the credit
20 they deserve.

21 The Chex breakfast cereal, for example,
22 will get credit for all the nutrients added to it as

0085
1 well as its content of fiber, but the high
2 concentration of sodium will influence that.

3 And what determines the relative impact
4 of any given nutrient on the total ONQI score is
5 both how far from threshold values that nutrient is,
6 so if there's a lot of trans fat or a lot of
7 saturated fat it has a bigger impact and then the
8 weighting coefficients, how important is the
9 condition that nutrient influences, how strong is
10 the association between that nutrient and that
11 condition.

12 MICHAEL LANDA: Steve Bradbard has a
13 question.

14 STEVE BRADBARD: Yeah, hi, David.

15 DR. DAVID KATZ: Hi, Steve.

16 STEVE BRADBARD: It's hard to listen to
17 your description of ONQI without thinking some about
18 Hannaford which we heard about yesterday and the
19 summary score that you talked about, the ONQI, you
20 said that you prefer to think about it yourself as a

21 zero to 10 type of score. Hannaford uses no stars,
22 one stars, two stars, three stars.

0086

1 I guess what I'm wondering is in terms
2 of convergence from what you know about the way in
3 which the algorithms work, would you anticipate that
4 if you took your ONQI system and represented it in
5 terms of no stars, one star, two stars, three stars,
6 you could pretty much overlay the two systems and
7 there would be very, very little difference between
8 them?

9 DR. DAVID KATZ: Caren and I have
10 started discussing the fact that we are members of
11 the mutual admiration society and would like to
12 begin looking at how to reconcile the two systems.

13 We're doing focus groups and consumer
14 testing now consulting with others who are very good
15 at this to determine what are the range of good
16 contenders for the translation of this system into
17 symbols.

18 Note that on the Internet we anticipate
19 that the highly motivated health conscious shopper
20 can type in the name of any food, get its ranking
21 and a list of similar foods and look at its raw
22 score and then click on it and find out what

0087

1 nutrients are driving the score. We also anticipate
2 functionality where you can do that with a recipe,
3 drag and drop in different ingredients and see how
4 ingredients substitutions modify the overall
5 nutritional profile of a recipe.

6 So in some settings I think the raw
7 score, the full range of values will be of use but
8 yes, I do see value in a simple set of symbols,
9 we're exploring that.

10 I would, with respect to others who have
11 argued in defense of it, say there's a potential
12 liability in the no star realm. Bear in mind that
13 right now 70 to 80 percent of the foods in the
14 Hannaford star -- store have no star, consequently
15 the system does not enhance the consumer's
16 discriminating ability among all those foods.

17 So, you know, if that is a proportional
18 representation of choices made in the supermarket,
19 8 times out of 10 the system isn't telling you how
20 to do better. Frankly, there is a range of
21 nutritional value even in the candy aisle. I think
22 we're all increasingly aware of demerits, for

0088

1 example, of dark chocolate in its Flavonoid content.
2 We can discriminate there. I do.

3 And to some extent we asked the very
4 practical question among our panel of experts, do
5 you think about your choices when you want a salty
6 snack. Do you think about your choices when you
7 want a frozen dessert or when you want a candy or a
8 cookie, and the answer was yes, we choose
9 selectively even there.

10 So the no star category concerns me if
11 it leaves out a lot of foods. If it is a category
12 in its own right and we leave out relatively few, I
13 think it would be fine. There is a balance between
14 the simplicity, the at a glance usability of the

15 system and the degree to which it enhances
16 discriminating ability across all food categories.
17 We're looking for the sweet spot.

18 STEVE BRADBARD: I guess as a follow-up
19 to that, you mentioned then about 70 percent of the
20 foods in the Hannaford system receive no stars.

21 Using the ONQI, would 70 percent of the
22 foods receive a grade of one or one or two, which

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1 would be equivalent in many peoples minds to a very,
2 very poor score?

3 DR. DAVID KATZ: If you're talking about
4 the 1 to 10 system, I don't think it would be that
5 many, but I think I'll probably just have to take
6 the Fifth here and say we're still looking at the
7 best way to translate the raw scores into enhanced
8 discriminating ability across the widest array of
9 foods.

10 Let me give you a for instance, a 1 to
11 10 range compresses raw scores that spans four
12 orders of magnitude. If we just let the algorithm
13 do its thing, it turns out scores in the tens of
14 thousands all the way down to less than one.
15 Clearly that's not useful in retail space or on the
16 package.

17 But if you compress that to one to ten,
18 you lose an awful lot of the detail.

19 So, you know, maybe, maybe a better
20 system, and I know you've thought a lot about these
21 things, but maybe a better would be, you know,
22 there's a green box for the best foods and they have

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1 a one to 10 range, even within the produce aisle
2 there's the best of the best, the superstars like
3 spinach and broccoli and lentils and maybe you have
4 a color scheme that takes you down to the lower end
5 of the nutrition range and a range of numbers there.
6 We're working that out.

7 STEVE BRADBARD: Thank you.

8 MICHAEL LANDA: Question from Alan Levy.

9 ALAN LEVY: Thank you. This is a good
10 panel I think to ask this question of. One of the
11 things that's illustrated is that currently there's
12 a lot of signage systems out there and they're not
13 necessarily all consistent.

14 What do you think the consequences of
15 that are for consumer understanding of any given
16 signage system and what remedies do you foresee to
17 address if that's a problem, how would we address
18 it?

19 ANN MARIE KRAUTHEIM: You know, we've
20 been looking at that pretty, you know, closely.

21 What we don't know and I would recommend
22 be done is that we really look at it from the

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1 consumer perspective. I think ultimately for any
2 system to work it has to be meaningful and
3 motivating to the public to make a behavior change
4 and I don't believe, you know, with all the
5 presentations we've seen, we don't totally
6 understand what, what the consumer is looking for
7 and what's going to help them to make that decision
8 most effectively and we'd be interested in looking

9 at that more closely, really what are those needs
10 state for the consumer. We can put all the
11 information, all the messaging on the package, but
12 if it's not going to resonate with the public in a
13 meaningful way, motivate them to change behavior, I
14 don't think it matters, you know, what we do or what
15 we say.

16 So, I think we really have to start with
17 that consumer and get a better understanding of the
18 consumer needs state around health and wellness and
19 how we can speak to them in a way that's motivating
20 and meaningful.

21 DR. DAVID KATZ: I'm notorious for
22 playing talking and although I make my living

0092
1 running clinical trials and studies in the
2 community, I think some things are common sense.

3 If my foot were to catch on fire, I
4 wouldn't need a clinical trial to fetch a pail of
5 water.

6 I think too much information is
7 disempowering when it conflicts. I think that's
8 just obvious. I think common sense indicates that.
9 You hear conflicting things from different sources
10 and eventually you stop listening, you stop
11 trusting, you just don't pay attention. I think
12 there's a real hazard there.

13 On the other hand, there may be room for
14 more than one kind of system. The systems that were
15 discussed on this panel that are specific to food
16 groups and that are an endorsement of goodness
17 within that category may not conflict with universal
18 nutrition scoring, but I think we need universal
19 nutrition scoring.

20 I think we need to know which product is
21 better for me and my family because I don't think
22 even a scrupulous attention to the nutrition facts

0093
1 panel at present answers that question. You'd have
2 to really figure it out. Well it's high in fiber,
3 but it's also high in sugar and high in salt and it
4 has some trans fat, does the benefit of the fiber
5 outweigh the harm of the trans fat, is there a
6 better product. I think that's what people want to
7 know.

8 We haven't really put that to the test
9 very much. Maybe the closest is the Hannaford's
10 example and I think the one year results indicate
11 that consumers like it and that it changes the way
12 that they eat.

13 We clearly need to do the validation
14 testing to ascertain that. How do we get there from
15 here. This is a really good start. You know, I
16 think action begins with dialogue and mutual
17 understanding, but again, to float a proposition,
18 what about using an objective standard system as a
19 common denominator, a validator of some of the
20 different claims.

21 Are we putting seals of approval among
22 all these different systems on foods that truly are

0094
1 more nutritious when we use a common metric? And
2 rather than imposing a common metric from the start

3 or asking that everybody adopt one, maybe we could
4 use it as a leveler, as a validator and then proceed
5 incrementally to streamline and simplifying.

6 CINTHYA HARRIMAN: I'll answer just
7 briefly, I don't think we would be doing what we're
8 doing with the whole grain stamp if there were some
9 kind of official universal system or Government
10 mandated or Government developed system for doing
11 that, but the fact is that as NGOs and as
12 manufacturers, those of us in this room can
13 sometimes move a little bit more nimbly.

14 You have processes and regulations that
15 in, in a way get to a more universal system that is
16 great, but at the same time makes things take a
17 while. And we wanted something that came out right
18 with the dietary guidelines and we could move
19 quickly and the result of that ability, I think it's
20 wonderful that there are so many things going on
21 now.

22 Do I think it's good in the long run;

0095

1 no, we have to be moving towards something that is
2 more consistent, but I think we're doing all the
3 experimenting out here and learning about all of
4 this so that as you work through your careful
5 procedures, you're going to get all of this input
6 from us and I think we're right where we should be
7 right now working toward a very good result.

8 MICHAEL LANDA: Louisa Nickerson.

9 LOUISA NICKERSON: My question is for
10 Dr. Katz and has to do with transparency for both
11 industry and consumers.

12 Obviously there are a lot of advantages
13 to having an overall scoring system that allows fine
14 distinctions between products both across categories
15 and within categories, but in contrast to, for
16 example, a whole grains stamp or a dairy stamp where
17 it's fairly obvious what a manufacturer has to do to
18 earn that stamp and if it's not obvious, the
19 organization will work with the manufacturer as the
20 whole grains folks have done.

21 Since your algorithm is highly complex
22 and involves weighting and I believe is not public,

0096

1 how would a manufacturer who wants to earn a better
2 score achieve that goal and from the consumer
3 perspective, I can look at different foods and see
4 which one is nutritionally better overall, but
5 suppose I have a particular interest, for example,
6 I'm not concerned about fat because my cholesterol
7 is very low and no one in my family has ever had
8 heart disease, but I am very concerned about calcium
9 because all the women in my family have had
10 osteoporosis, so I'm not -- you know, I want to know
11 specifically is this a good choice for me given my
12 risk factors, so how does that play out?

13 DR. DAVID KATZ: Those are really two
14 questions and if you didn't mind, I'll take them in
15 reverse order.

16 In terms of condition specificity, the
17 dietary guidelines of course are a one size fits all
18 metric based on nutritiousness, but then there are
19 tools associated with that to personalize, My

20 Pyramid being an example. And of course at the
21 extreme we have medicalized diets, people with
22 gluten enteropathy, other food intolerances, renal

0097

1 insufficiency, congestive heart failure who simply
2 can't eat the way the rest of us do.

3 Because of the sophistication of the
4 algorithm, and I would argue this really is the
5 justification for building in that complexity, we
6 can medicalize and personalize the ONQI any which
7 way. We can take the ONQI score and say what we
8 want is the highest sum of the ONQI score and
9 calcium in a food because calcium is my priority.
10 Now you can't do all of this at point of purchase
11 because if you gum up the supermarket, your friends
12 in retail start to get annoyed.

13 You can do all of this on the Web, you
14 can do this in print, so, you know, you could
15 publish scores for people with gluten enteropathy
16 where any food containing gluten has its score
17 zeroed out. You could publish scores for people
18 concerned about their blood pressure where you
19 increase the weight assigned to sodium content. You
20 could publish scores and place them on the Internet
21 for people concerned about osteoporosis and very
22 easily.

0098

1 And again, this is a discussion I'm
2 having with our potential Web partner this afternoon
3 as we explore functionality, a drop-down box, which
4 condition concerns you, which runs in your family,
5 you enter your profile and you tailor the score to
6 suit you. Again, not at, not at point of purchase.

7 With regard to transparency, first I
8 would argue that all transparency is relative. With
9 all of these educational outreach programs, there is
10 limited understanding in the public at large of what
11 we're talking about. You know, we see this on TV
12 from time to time where people are asked how many
13 calories are in a double cheeseburger and they say
14 two, so, you know, a great deal of failing
15 educational effort with regard to nutrition.

16 But we're committed to making our
17 algorithm fully transparent. We're publishing in
18 the peer reviewed literature, have not done that yet
19 but will, we will share the algorithm with any food
20 manufacturer now under terms of an NDA. We're not
21 putting the whole algorithm out there just yet, but
22 hope ultimately once intellectual property

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1 protection is in place to be able to do that as
2 well.

3 And I also think it can be explained in
4 fairly simple terms, you know, essentially we're
5 looking at how concentrated are the nutrients in a
6 food relative to how concentrated they're supposed
7 to be in your diet overall. That's, you know,
8 that's the one line explanation of the ONQI in lay
9 terms. So the concept is simple. There is a lot of
10 sophistication behind it, but I will share the full
11 algorithm with anybody that needs to see it.

12 With regard to relationships with
13 manufacturers, what we hope is to enter working

14 relationships with them where they get to see the
15 algorithm and we work collaboratively to
16 re-formulate products to improve their scores.
17 The advantage I see in that is they're
18 not just saying this is better for you because we
19 say so, but they're using an objective metric that
20 disinterested third party, a group of scientists
21 developed this, we improved our nutrition and
22 they're saying so because we scored to prove it. So

0100

1 I see a really win/win by working together. The
2 ultimate winner we're all interested in, of course,
3 is the American consumer.
4 MICHAEL LANDA: Our last question for
5 this morning's first panel goes to Rob Post.
6 ROBERT POST: Thanks. My question's for
7 Dr. Katz, but the others on the panel could probably
8 address it to the extent it involves them.

9 Not all the presenters that we've heard
10 from have addressed the issue of fortification and
11 it's a very real thing these days. There are an
12 awful lot of -- there's a trend, perhaps, in
13 fortifying foods.

14 So, how important is the issue of foods,
15 of fortification to enhance nutrient value in either
16 setting some thresholds and adjusting, as we've
17 heard, or disregarding it altogether as just a fact
18 and a factor in today's market?

19 DR. DAVID KATZ: I think it's extremely
20 important.

21 Now I should note before taking the
22 question head on, there, there are considerations in

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1 nutrition that nobody's metric will get at and we're
2 just talking about the sophistication of the ONQI,
3 but let's look at the ways in which it's incredibly
4 simplistic. Bioavailability, differences in
5 absorption, nutrient, nutrient interaction. Nobody
6 could build a metric if we really considered all of
7 the different influences on how a nutrient in a food
8 influences what goes on in the body.

9 We don't make a distinction between the
10 quality of a nutrient in terms of its intrinsic
11 placement in a food or its extrinsic addition to a
12 food. The concern about fortification, however, is
13 you could highly fortify a food -- this is common
14 practice with breakfast cereals, you know, I watch
15 Sponge Bob occasionally with my 8-year-old son and
16 see all those commercials and at the end the
17 sonorous voice of the announcer comes on to tell you
18 fortified with 11 essential vitamins and minerals,
19 part of a complete breakfast. But my son and I are
20 looking at one another thinking would we eat that;
21 no, it's loaded with sugar and artificial
22 colorings and so forth.

0102

1 You would not want the admission of a
2 multi-vitamin to a bowl of highly-processed, forgive
3 me, junk, to produce a meritorious score. On the
4 other hand, those nutrients have to count for
5 something. We address that by capping the value we
6 would assign to extrinsically-added nutrients while
7 not capping the value of nutrients that are found

8 intrinsically in food. So we respect fortification.
9 And again, what is the ultimate
10 barometer here. We don't have a gold standard.
11 Those of us who are interested in scientific
12 validation must work towards one, but in the interim
13 we were asking the question does the ONQI stratify
14 foods in accord with the collective judgment of this
15 group of people who's very knowledgeable about
16 making food choice, in essence, would the ONQI guide
17 people to eat this stuff that we would eat. And if
18 the answer was yes, it was performing well and we
19 would not eat highly-fortified junk food. We would,
20 however, eat food that has good nutritional property
21 overall with the added benefit of being a functional
22 food enhanced by the addition of shortfall

0103

1 nutrients.
2 So I think there is a need to respect
3 fortification, but not to let it become the tail
4 that wags the dog.
5 MICHAEL LANDA: Anyone else on the panel
6 respond?
7 ANN MARIE KRAUTHEIM: Just to add to
8 that, we, with the three a day logo, we have looked
9 at fortification and how that plays into meeting the
10 calcium criteria for the logo and we do require that
11 at least 10 percent of the calcium in the product
12 needs to be naturally occurring. There can be
13 additional, above that that's fortified, but it has
14 to be, we feel really strongly that from a nutrition
15 standpoint it's important to educate the public
16 about naturally-occurring nutrients and when we
17 think about the food pyramid and why we even have
18 food groups. It's because those food groups deliver
19 key nutrients naturally into the food supply that
20 are important for good health.

21 So I would encourage, you know, the
22 approaches that are taken to, you know, consider

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1 that and how we can help best educate the public
2 about those naturally-occurring nutrients and using
3 the food grouping system as a core premise for a
4 healthy diet. Obviously there's a place for
5 fortification and maybe it's for those nutrients
6 that are underconsumed or there's a shortage of in
7 the food supply.
8 We don't have the absolute answer, but I
9 think it's an important question and it really gets
10 back to the core of what's the foundation of a
11 healthy diet and those food groups that provide
12 those key naturally-occurring nutrients is a place
13 of emphasis for us.

14 DR. DAVID KATZ: Just in order not for
15 my answer to seem unbalanced, I just want to add at
16 the end we have compelling examples of the value of
17 fortification. Folate added to foods, to grains in
18 particular, is more bioavailable, better absorbed
19 and is the difference between most people
20 approximating the recommended intake or not. So,
21 you know, again, I think we have to judiciously weigh
22 the influence of fortification on overall

0105

1 nutritional quality, but it can be a very important

2 public health venture and that needs to be
3 respected.

4 JAN RITTER: And I would just add, as
5 well, that in the educational process, that's one of
6 the things that we want to get across clearly, that
7 you would, your first choice, and I think we do need
8 to separate that tier of foods, that you're looking
9 at naturally nutrient dense foods first and then
10 from within that, then when you get into these
11 subcategories like snack foods that, you know, we
12 know the people like to choose a snack from a
13 vending machine or wherever, then they --
14 fortification can play a part in supplementing.

15 CINTHYA HARRIMAN: Not an issue for us
16 because we're only calling out the presence of whole
17 grain.

18 MICHAEL LANDA: That concludes our first
19 panel this morning and our question and answer
20 session.

21 Let's re-convene at 10 after 11.
22 (Applause)

0106

1 (Recessed 10:44 a.m.)
2 (Reconvened 11:09 a.m.)

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0107

1 SECOND MORNING SESSION SPEAKERS

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3 Michael Jacobson
4 Sue Borra
5 Sheila Weiss
6 Regina Hillidine
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1 MICHAEL LANDA: If we could all take our
2 seats, please, we can get started. We're running a
3 little late today, although we have some time in the
4 afternoon to catch up.

5 Thank you. Our next panel is a
6 continuation of U.S. experience, research and other
7 perspectives. Our presenters are Michael Jacobson
8 from the Center for Science in the public interest,
9 Sue Borra from the International Food Information
10 Council, Sheila Weiss from the National Restaurant
11 Association and Regina Hildwine from the Grocery
12 Manufacturers Association, back slash, Food Products
13 Association.

14 We'll start with Mike Jacobson.

15 MICHAEL JACOBSON: Thank you very much,
16 Michael, and to the audience I'm going to give you a
17 break from Power Point slides and mi scues.

18 I'm really excited that the FDA's
19 exploring the use of these front label nutrition
20 icons and greatly appreciate the opportunity to
21 participate in this public hearing.

22 I think that front label nutrition icons
0109
1 could be the biggest labeling break-through, at
2 least through, at least since the 1938 food drug,
3 food and drug amendments that required ingredient
4 labels, and it could be a highly effective way to
5 improve diets and reduce the rates of diet-related
6 diseases.

7 That's kind of my bottom line, I could
8 end it now, but I won't because I've been given
9 15 minutes. But in a way, the rest is details and
10 we've heard all these conflicting systems. There's
11 nothing, there's no perfect system, although some
12 systems are obviously flawed.

13 I've been interested in rating the
14 nutritional values of foods for over 30 years. Back
15 in 1973 with the help of an intern, all of you know
16 what that is, and a slide rule, many of you don't
17 know what that is, developed a complicated algorithm
18 called nutrition scoreboard to rate the nutritional
19 values of food. So, for instance, in the protein
20 group, broiled cod had a score of plus 50 and
21 hotdogs did not have a score of zero, they had a
22 score of minus 20.

0110
1 And in the late 1980s, CSPI began
2 advocating nutrition labeling front of the package
3 information that would have every package bear a
4 nutrition square divided into four quadrants, very
5 much along the lines of what the FSA has done in the
6 UK, each quadrant representing a key nutrient and
7 color-coded red, yellow or green. Alan Levy shot
8 that one down, and his consumer surveys, if you
9 believe them.

10 Finally, last November 30th, CSPI filed
11 a formal petition calling on the FDA to open a
12 rule-making to explore a national system of front

13 label icons. This is all separate -- she wants me
14 to stop drinking this and drink -- I know it's early
15 in the morning.

16 Front, we have nutrition facts labels in
17 this country which are extraordinarily valuable,
18 especially to consumers who are, who have high blood
19 pressure or osteoporosis who are looking for one or
20 two nutrients and can make easy comparisons.

21 And all of this stuff about nutrition --
22 front label icons I think does nothing -- says

0111

1 almost nothing about the nutrition facts labels,
2 although there may be ways to integrate these, these
3 two approaches.

4 The nutrition labels can make your head
5 go dizzy trying to compare holding up two packages
6 in the same category, some of which -- one of which
7 has more Vitamin A and Vitamin C but also more
8 saturated fat and half a gram of trans fat. How do
9 you weight these different elements?

10 The front label icons could cut through
11 that and reach people who don't know about
12 nutrition, who haven't had a heart attack and are
13 really, really motivated to look at the nutrition
14 label. There, they would be understandable to a
15 kid. You can hand your kid a 20 dollar bill and say
16 Johnny, buy anything you want in the grocery store,
17 but it has to have a green dot or a smiley face or
18 whatever.

19 As we've heard various manufacturers,
20 trade associations and others have developed
21 simplified, but inconsistent labeling systems. The
22 fact that they're using these systems indicates the

0112

1 value of the systems, but the proliferation of
2 inconsistent systems I think is really leading to
3 confusion. So if you go into Hannaford and you pick
4 up a package of something or other and it has a logo
5 from one of the current systems but it doesn't have
6 any stars from Hannaford, what's the customer to
7 believe?

8 In developing a system of front label
9 nutrition symbols, basic decisions need to be made
10 at some point and I'd like to address a few of them,
11 and sometimes I'll give my opinion, other times just
12 raise the point.

13 One key decision is whether every food
14 or only healthy foods or only better for you foods
15 should bear a symbol and several major
16 manufacturers, Kraft and PepsiCo, Unilever and the
17 American Heart Association and the Swedish
18 Government have gone in this direction, highlight to
19 consumers some of the healthier foods in the
20 supermarket.

21 In contrast, the British Government,
22 Hannaford Brothers supermarkets, CSPI and some

0113

1 others have put foods or nutrients, in the case of
2 Britain, on a scale from better to worse and give
3 either red, yellow or green type ratings or stars or
4 numerical scores.

5 My own gut feeling is that having a
6 symbol on every food rating every food is the better

7 approach, better than just the green ratings,
8 because you have to pull of the green attracting you
9 to the healthier foods and you have the push of the
10 red ratings discouraging you, not -- still
11 permitting you obviously to buy a food, but
12 discouraging you, at least.

13 I think yesterday Mike Rayner suggested
14 having one big red, yellow or green dot to attract
15 you to or repel you from certain foods,
16 supplemented, though, with four smaller dots or
17 particular nutrients of interest and that's one way
18 to tie things together.

19 Bruce Silverglade in my office has
20 suggested just having a red, yellow or green dot on
21 the front but on the nutrition facts label
22 highlighting the key nutrients in red, yellow or

0114

1 green, choose whichever nutrients you want, but that
2 would be a way to build the nutrition label into
3 this.

4 Now for Mike Rayner's I guess expanded
5 five dot system, one big and four small or three
6 small or two small, whatever, I don't know if that's
7 the best approach for the United States or not. I
8 don't know if the graded approach is better than
9 the just the good foods symbol or not, but I do know
10 what's missing; and that is research, good consumer
11 behavior research, perhaps in a mock grocery store
12 with packages with first one label, then another
13 label, then another label to see which motivates
14 consumers to choose the healthier foods most, most
15 often.

16 In either case, though, either having
17 just, say, a green dot or red, yellow or green
18 system gives cut-off points and those are valuable
19 in encouraging companies to improve the nutritional
20 quality of their products to jump up a grade, to get
21 a, go from green -- go from yellow to green or from
22 one star to two stars. And if you have more cut-off

0115

1 points, you have more opportunities. You could
2 make, encourage improvements through a broader range
3 of foods. That's one benefit of a graded system.

4 Another matter that may be significant
5 and I don't know how significant is what should the
6 symbol, what should a good food symbol look like, is
7 the keyhole the right symbol, is it a smiley face,
8 is it anything else, how big should it be, where
9 should it be on the package. Some supermarket
10 display cases have lips, so you don't want it at the
11 very bottom of the package, so you have to think
12 about that.

13 And, ditto, if you have a graded
14 system, what should the symbols look like and if you
15 do have a graded system, should, as in Britain,
16 the least healthy foods bear a symbol or as at
17 Hannaford the least healthy foods not bear a symbol
18 or something in between, like at Hannaford maybe it
19 would be the outline of a star to remind you that
20 maybe it could have had a star but it didn't.

21 So some of that's amenable to research.
22 Other issues are more policy related, judgment

0116

1 dependent and one such matter is whether labeling
2 should be mandatory. When you just have a good food
3 symbol, you might not need it to be mandatory, but I
4 think that it would help because some companies just
5 may not want to do it and there would be relatively
6 few foods in the supermarket that would have such
7 symbols. And if a food didn't have a symbol -- the
8 good food symbol, does that mean it's not good or
9 does it mean the company just hasn't gotten around
10 to it or isn't interested in it for some reason.

11 On the other hand, if you had a good,
12 medium and bad approach, that would have to be
13 mandatory because not many producers of, oh, picking
14 a food at random, Cheddar cheese would want to put a
15 red dot on their label because of all the saturated
16 fat and the sodium.

17 So that, that will have to be a
18 political call, a judgment call.

19 And then getting on to the algorithm,
20 boy, have we heard about different algorithms,
21 stretching from single nutrient to several nutrients
22 to a whole bunch of them. What should the algorithm

0117

1 include and how should those different elements be
2 weighted. And I think nutrition experts in general
3 would agree that the nutrients highlighted in
4 dietary guidelines for Americans and the nutrition
5 label and perhaps some other nutrients are key
6 nutrients that should be considered for inclusion.

7 You know, in a way you want the least
8 number of nutrients that give you the right answer,
9 but you -- if you should add extra nutrients, if
10 that adds value, then add some extra nutrients.

11 And another very important consideration
12 is whether the algo -- whether the ratings should be
13 based on a basis of per 100 grams or per serving or
14 per 100 calories. In some cases you get rather
15 different results using those different approaches
16 and there may not be any one right answer.

17 It may be that a whole bunch of systems
18 would end up giving you pretty much the same result,
19 but when you run foods through a system and see the
20 answers and you come up with inexplicable results,
21 it suggests that something needs to be changed.

22
0118

1 that had whole milk and skim milk getting the same
2 rating; that doesn't make sense. The American Heart
3 Association has its logo on sugary breakfast cereals
4 because it does not consider refined sugars in its
5 system. To me that doesn't make sense.

6 In some systems, added nutrients can
7 pose a problem. We heard of the, and with the UK's
8 traffic light system, I would question whether we
9 should have a traffic -- whether one of the dots
10 should be for total fat. There's already a dot for
11 saturated and maybe trans is included, I'm not sure,
12 so that's a, you know, could be in the U.S. we'd
13 want to chop down that one. And the Dairy
14 Associations three a day as Barbara Schneeman was
15 alluding to doesn't make sense if that logo appears
16 on, oh, hard Cheddar cheese -- Cheddar cheese, for
17 instance, because of all the saturated fat and hard

18 cheeses are specifically discouraged in the dietary
19 guidelines.

20 And should a food that isn't one-third
21 whole grain, two-thirds refined grain get a whole
22 grain logo on it saying 8 grams of whole grain?

0119
1 People might be misled into thinking there's more
2 whole grain than there really is.

3 There's some other questions, whether
4 high levels of good nutrients should be able to
5 counterbalance a high level of a bad nutrient. If
6 you have 485 milligrams of sodium, should that
7 disqualify a food from a good food symbol or should
8 that be counter-balanced because the food is a whole
9 grained food, tons of fiber, lots of certain other
10 nutrients and no saturated fat, let's say.

11 Should the cut-off points vary from one
12 category to another? Sweden's keyhole system
13 requires breads to be 100 percent whole grain to get
14 the symbol, the keyhole symbol. Pasta, though, only
15 50 percent whole grains because the rationale is
16 it's hard to find whole grain pastas, so it's
17 loosening up the criteria.

18 So there are a lot of judgments when you
19 go from category to category.

20 And David Katz was suggesting that maybe
21 certain candies or other similar snack foods should
22 have, might deserve a red dot -- I'm sorry, a green

0120
1 dot or at least a yellow dot because they're the
2 best of the worst.

3 And then we talked a little about the
4 issue of, or you talked about the issue of added, or
5 fortified nutrients and should they get full credit
6 or should they get no credit or something halfway in
7 between. I think David Katz had a, suggested a good
8 compromise of discounting the addition of them.

9 One minute? And let me get to two final
10 points, one is should a national system coexist with
11 these individual systems? And in general, I would
12 say not. The purpose of a national system, like
13 nutrition facts label, is to clear up the
14 marketplace confusion and have one standard system
15 replace the others. And I was very pleased to hear,
16 I think the Heart Association and maybe Unilever or
17 Kraft say that they'd be willing to have their
18 system be replaced by a national system.

19 So, stepping back from all these
20 details, how do you get from here to there, and one
21 way would be through FDA's regulatory approach.
22 That clearly would take 10 to 15 years, between

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1 proposals, funding, consumer behavior studies,
2 economic analyses, OMB approvals and the like,
3 proposals, re-proposals, all the public comment
4 periods. It's -- from 19 -- we petitioned the FDA
5 in 1994 for trans fat labeling, it got on the
6 packages in 2006. A dozen years, nine and a half
7 years until the final regulation.

8 What I propose is something different,
9 which is the FDA perhaps could start some consumer
10 research, but we really need legislation to
11 jump-start this process. Congress should pass a law

12 that would do two things.
13 First, it would commission the Institute
14 of Medicine to conduct research evaluating all the
15 existing systems and conducting consumer behavior
16 research and recommending one or two best systems,
17 either an existing system or one of its own devising
18 within 18 months or two years and then the
19 legislation would give FDA another 18 months or some
20 fixed period of time by which it had to propose a
21 regulation.

22 And then there would be another year or
0122
1 a couple of years until final regulation, but I
2 think if we want to see consistent -- a national,
3 clear, consistent consumer-oriented, not
4 industry-oriented system, we need that kind of
5 legislation.

6 So thank you very much and it's going to
7 be interesting to see how things proceed.

8 (Applause)
9 MICHAEL LANDA: Our next speaker is Sue
10 Borra with the International Food Information
11 Council.

12 SUE BORRA: Thank you. No, that's
13 Michael's.

14 Good morning everybody, thank you for
15 the opportunity to share with you some of the
16 insights that we've been able to glean from some of
17 the work that we've done and actually, Michael, I
18 thank you for setting the stage for me because you
19 talked about the importance of research and I'm
20 certainly going to share that, as well.

21 Though I do have to tell a little funny
22 story, I was passing Michael in the hallway

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1 yesterday and commenting on our, doing our panel
2 presentation, I said so, Michael, do you plan to use
3 slides today, he turns to me and goes nope, I'm
4 doing it naked. So I want you to know your
5 presentation was quite different than what I was
6 expecting, Michael, as a result of that.

7 MICHAEL JACOBSON: I hate to disappoint
8 you.

9 SUE BORRA: I know, next time.
10 To understand the perspective that I'm
11 coming from from EUFIC, I think I'm doing -- did I
12 just do the pointer, I just pointed to somebody's
13 head there. Which one, the bottom one. Side.
14 There we go.

15 To understand the perspective I'm coming
16 from, the work I do at EUFIC, we are a non-profit
17 organization that sees as our mission is to
18 effectively communicate science-based information on
19 nutrition, health and food safety for the public
20 good.

21 So in that communication mapped date we
22 have, it is critically important for us to not only

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1 understand the science that's going into it, but
2 even more importantly understand the consumer
3 insights that take place as you're doing this
4 communication.

5 The work we do is supported by,

6 primarily by the food, beverage and ag industries
7 and actually I do want to thank you for inviting my
8 colleague, Joe Wills, from MUFIC which is our
9 European counterpart. We work very collaboratively
10 together and bringing her here gave us an
11 opportunity to discuss some of our next projects on
12 consumer information with nutrition labeling.

13 So for this morning what I would like to
14 share with you is some of open the lens a little
15 bit. We've been kind of narrowly focusing in on
16 this whole subject of, you know, looking at a food
17 pack and seeing a symbol, but I do want to open it
18 up because these food decisions, as you well know,
19 are made in a huge other environment of activities
20 going on.

21 So to share where this context comes in
22 and how consumers are somewhat looking at these

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1 decisions as they're trying to make them, what else
2 is having an influence. What are, where are their
3 information sources that they tell us that they're
4 getting this from and what do they say about some of
5 the nutrition information on packages. We have not
6 exactly studied quantitatively front of pack or this
7 labeling at EUFIC, we certainly are looking at that
8 opportunity in the future, but some of the research
9 we have done has touched upon this so I'll share
10 some of the findings of that with you.

11 These are a variety of consumer research
12 projects we've undertaken over the years, anywhere
13 from qualified health claims to food label and
14 calories and how consumers perceive that. Most all
15 of our research reports are published on our
16 EUFIC.org Websites, so I encourage you to go see
17 them. A couple of them I'm presenting today. We're
18 still in the process of finishing an entire project,
19 so it will be, it will come in the near future.

20 So, to open that lens, the role food and
21 nutrition play on health and this is a question we
22 asked in a research we just conducted earlier this

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1 year. And the question is to what extent does each
2 factor play a role in maintaining or improving
3 overall health; and we gave them choices of food
4 nutrition, exercise or family health industry --
5 health history, well you can see consumers think
6 that nutrition plays a huge role in what impacts
7 their health, closely followed by exercise and
8 further down by family history.

9 So we've gotten the message through to
10 consumers that nutrition and food are important
11 health -- or components of a healthy lifestyle.

12 Then we asked in a food and health
13 survey that we conducted this year how would you
14 rate the overall healthfulness of your diet and you
15 can see that, what is it, 46 and 8 percent said
16 somewhat or extremely healthful in 2006, got a
17 couple higher percentage points in 2007.

18 So that they're thinking they're doing
19 kind of sort of okay, but for most consumers, and I
20 think one of the supermarkets showed that 40 percent
21 of their shoppers are saying, you know, I'm, I'm
22 trying to eat more healthfully, but I really know I

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1 need some help so what can you do to help me.

2 This was an interesting one, we asked
3 this in 2006 in our food and health survey, and we
4 asked that question about where do you get
5 information a little different way. We said what
6 sources of information make you change what you do
7 about nutrition, food and health. Health
8 professionals came up number one at 42 percent,
9 family and friends, 42 percent.

10 Interestingly, the food label came up as
11 the third highest factor in that particular list of
12 questions which I had not seen it come up this high
13 before, but I think in the way we phrased that
14 question it kind of led them to a nutrition facts of
15 food product label being that source.

16 So as you drill down into what are they
17 using on a nutrition facts -- or a food label, all
18 the things they might see on a food label, what is
19 it, we saw an increase over 2006 to 2007, 66 percent
20 of the folks said they were using nutrition facts
21 panel as a part of that, those elements on a food
22 label that were helping to make their choices. And

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1 I did want to point down that you see there a
2 statement about nutrition benefits was also one of
3 the things, one of the elements and I don't have an
4 arrow, but below brand name was statements about
5 health benefits also making an impact on them as
6 well.

7 Now some ethnographic research, and I'll
8 show the design in just a little bit for you, we
9 actually followed consumers around in a supermarket
10 to see how they were making some food decisions.
11 This, and this was the kind of research that they
12 knew we were following them around. At first they
13 thought we were just trying to figure out like from
14 a store perspective how they were doing their
15 shopping, they didn't know we were trying to figure
16 out if they were using nutrition information in
17 making their purchases.

18 So, as they were picking up items and
19 looking at things and putting things in their cart
20 and making decisions, we'd kind of walk up and say,
21 okay, what impacted your decision to put that
22 product into your cart. So we drilled down to find

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1 out, okay, when in that shopping experience were
2 they looking at nutrition facts panels and
3 another -- just back up real quickly, these shoppers
4 told us, we screened for shoppers who said they were
5 relatively high users of nutrition facts
6 information, that was a criteria that went into
7 this.

8 As we went through them with their
9 supermarket shopping experience, they didn't use it
10 very often in most of their shopping experiences.
11 It's a point to note, they think, in their minds,
12 though, they thought that that was an important
13 factor for them to consider. So when they looked at
14 nutrition facts panels, it was a new item, it was
15 something they hadn't seen before, so that was one
16 of the things that they would look at. If there was

17 a claim on the front of the package, they would look
18 to the back to see what that panel said in reference
19 to it.

20 If they were looking at two different
21 items in comparison and had similar front claims,
22 they would turn around and look. Price points would

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1 be another thing they would look at, same price,
2 what's maybe the better choice in health.

3 Interesting, items requested by another adult with a
4 health concern, so somebody in their family said can
5 you look for some such product.

6 If their kids requested it, they might
7 have looked at the nutrition facts panel, so that
8 was interesting for those of us interested in
9 childhood nutrition. And then those items that said
10 they were changing their recipe.

11 When they, we saw they definitely didn't
12 use it at all which was obviously more often in
13 their shopping experience, it was a routine item,
14 they always put it in their cart, they've seen this
15 stuff, they're going to continue to use it.

16 If they were simple ingredient products,
17 things like milk or eggs, they tend not to look at
18 that, that information. If a, this was interesting,
19 and the impact of friends and family which you saw
20 in my other one, if another healthy adult had
21 recommended this product or said this was good to
22 buy, they didn't need to look at the nutrition facts

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1 panel, their friend knew the answer to it so they
2 didn't need to look any further. And then things
3 that, price may weigh more importantly than
4 nutrition in some of these decisions as well.

5 As you all know, this is not new data,
6 that consumers more frequently use this information
7 when they make first-time purchases and we see that
8 play out in the marketplace as well as in what they
9 tell us when they use it. And when given the list
10 of all the things that they can look at on a
11 nutrition facts panel and what do they look at most,
12 this is a busy slide, but interestingly they do tell
13 us they look at calories most often and that
14 certainly has been a change over 10 years ago
15 collecting this data where fat was always number
16 one, though you can see fat is second highest. You
17 can see the trans fat impact from 2006 to 2007 from
18 49 percent in 2006 to 63 percent in 2007 looking at
19 trans fat.

20 But with calories being the thing they
21 look at most all, we actually in our food and health
22 survey asked a question about well how many calories

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1 do you think you need in a day. Well, and this was
2 an open-ended question, they could, it's a Web-based
3 survey so they can answer in, just put in a number.

4 Let's see, in 2007, we had 11 percent
5 get it correctly, 15 percent overestimated,
6 43 percent underestimated and 31 percent didn't even
7 venture to guess how many calories that they had.
8 The only good news from 2006 to 2007, though, in
9 terms of getting it correct, more folks tried to
10 guess at an answer, how's that, was the difference

11 between the two years and the year before.
12 So you can see if we're going to use
13 calorie information, we've got a huge education
14 component ahead of us to put this in the context of
15 how folks are going to deal with this in their daily
16 lives.

17 I mentioned to you we did, this was some
18 of the most fun research we've done, the
19 ethnographic research, and we did it in three places
20 in the country. We had 26 families, they went and
21 met with the family at home, kind of asked them a
22 variety of questions about how they approached their

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1 grocery shopping. It was really fun, they got to
2 look at their cabinets and see all the things that
3 were in there, there were some great photographs out
4 of that. Then they followed them to the store and
5 their shopping experience and walked through and
6 while they knew the ethnographers were there to talk
7 with them, they weren't quite sure the direction of
8 it. And then we went back to their home and said
9 okay, so now you've got all this, what are you going
10 to do with it and had a final wrap-up so that we got
11 some more information.

12 We used the directions from this
13 ethnographic then to go into a qualitative phase to
14 say consumers said this, so let's try with this
15 information to see what we can come up with here and
16 I'll share with you just a little bit of those
17 findings.

18 Our goal is to take this into a third
19 phase and do some quantitative research to really
20 test this to see if these things hold true, when you
21 work with consumers, can they really use this to
22 make information.

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1 So these are some of the things that our
2 ethnographic research, they told us to improve
3 readability, things like font size, they didn't like
4 paragraph styles with nutrition facts panels, they
5 thought the information on the footnote should be up
6 closer to the other information. Serving size they
7 thought should be bolded, it was something that they
8 suggested. Things like usability, serving sizes
9 attention across some more products, providing
10 information that's easy to interpret for a single
11 serve, maintain consistent terminology.

12 Listening -- linking to information that
13 consumers know like the food guide pyramid was a
14 good suggestion that they had and in fact we went
15 into the focus group and tested a variety of
16 mock-ups of having information that connected this
17 food to a food group information and that was really
18 well received by consumers. We didn't explore it to
19 a great degree, we just started this conversation
20 and dialogue, but this was highly well-received.

21 The other thing they really liked was
22 having a link to a Website for more information.

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1 Having the My Pyramid.gov there was really helpful
2 to them and said oh, this is a place I can go to and
3 get more information, so FDA may want to consider
4 FDA.gov on a future paragraph, how's that.

5 Then some other things we found to
6 improve clarity, the whole thing about fats, there
7 was lots of confusion about dietary fats and issues
8 with calories and calories from fats were very
9 confusing.

10 Percent daily value, I think this is a,
11 I have done a tremendous number and been to, behind
12 the glass in a tremendous number of focus groups on
13 reading the nutrition facts panel. I've decided the
14 best way to educate the consuming public is to have
15 350 million focus group participants go in, look at
16 the nutrition facts label, explain DV and they go
17 out going oh, I get it.

18 So, and in fact the learnings we have
19 when we do these focus groups, by the end they're DV
20 converts and they're ready, you know, to go out and
21 tell the world and they like to use it in things
22 like that. It's a very interesting process.

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1 One of the recommendations to improve
2 visibility, this is a big area we're talking about
3 here, is moving key information to a small panel on
4 the front of the package and we just took into our
5 focus groups some of the thumbnail information that
6 was already out there and available, presented a
7 variety of mock-ups to them and in fact this was the
8 one that was chosen, the one with the most
9 information was chosen by this group as being most
10 helpful.

11 And, in fact, by, as I said, by that
12 time they, they totally understood the DV so they
13 wanted to have that information there as well, in
14 this particular case.

15 Just one real short fact about
16 unintended consequences, I know we've talked about
17 this but I think this is one of the classic cases of
18 trying to provide good information and sometimes it
19 doesn't get the necessary return on what you're
20 trying to say.

21 As you all know, a couple years ago
22 there was a recommendation that possibly to add a

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1 footnote on trans fat, that intake of trans fat
2 should be low as possible. We set up a lot of tests
3 with consumers to have them look at different food
4 labels and you can see the first food label that
5 says 70 percent should be label A has total fat 11,
6 7 grams of sat fat, zero grams of trans and the next
7 one total fat 11, sat fat 2 and trans fat 2. And we
8 asked which one would be most healthy and with the
9 trans fat label there and 70 percent of the folks
10 picked the one with higher saturated fat because
11 that footnote scared them totally away from trans
12 fat. So those are the things we have to look at as
13 we're looking at these labels.

14 And I would be remiss not to include and
15 people have alluded to it here, but the number one
16 reason people choose foods is because the taste,
17 price comes next and things like healthfulness are
18 behind in that stack of things.

19 So, in summary, as we're thinking about
20 best ways and approaches to this in the future in
21 using a consumer-centered focus, when we look at the

22 food label, we know that there's lots of differences
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1 between what they say they are doing and using and
2 what they really are doing, so we need to understand
3 that and take that into consideration.

4 We need to, we need to take into account
5 all the factors that are packed in consumers food
6 choices. Nutrition is and health is just one of the
7 small components that play into that. Look at, be
8 aware of potential unintended consequences and test
9 for them.

10 I think we couldn't agree more and
11 everybody's in agreement here that consumer research
12 is essential to ensure that all these new approaches
13 really help consumers achieve a healthful diet and I
14 would be remiss also to say anything that we do has
15 to have appropriate investment in consumer education
16 or we're going to be in the DV situation 10 years
17 from now that we're here today.

18 So, thank you for the opportunity to
19 make this presentation. I also want to thank, by
20 the way, my colleagues at the Consumer Studies Group
21 at FDA. They've been very helpful to us in looking
22 at some of our research and being a consultant to us

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1 and I really want to thank you for doing that for
2 many of these research projects.

3 Thank you very much.
4 (Applause)

5 MICHAEL LANDA: Our next speaker is
6 Sheila Weiss with the National Restaurant
7 Association.

8 SHEILA WEISS: Thank you very much. My
9 name is Sheila Weiss. I'm the director of nutrition
10 policy at the National Restaurant Association. And
11 I would like to thank FDA for inviting us to
12 participate in this meeting and talk about some of
13 the research and perspectives that have come out of
14 some of the activities in the restaurant industry.

15 Together with the National Restaurant
16 Association, Educational Foundation, the
17 Association's mission is to represent, educate and
18 promote a rapidly growing industry that is comprised
19 of 935,000 restaurant and food service outlets and
20 we employ 12.8 million employees. We serve as the
21 leading business association for the restaurant
22 industry.

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1 And as you can see from this slide, we
2 represent everything from quick service to your
3 small mom and pop around the corner, we also
4 represent manager services and contractors at
5 schools and universities, industrial plants,
6 hospitals and nursing homes.

7 Now it's estimated that in the year
8 2000 (sic), the sales for the restaurant industry
9 will be about 537 billion dollars and with 935,000
10 restaurant locations, we expect to serve 70 billion
11 meals in this country this year. The average
12 American eats 4.2 meals per week that are prepared
13 outside of the home, spending about 47.9 percent of
14 their food dollar away from home.

15 Now one of the first programs I'm going

16 to talk about that is taking place in the restaurant
17 industry is HealthyDiningFinder.com. This was
18 started as healthy dining in the State of
19 California, working with the restaurants in various
20 local areas throughout the State to help them
21 identify foods that fit into their criteria of
22 smarter choices and then about five years ago,

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1 healthy dining approached us to help them support a
2 grant that they were, they were, they were writing
3 for a grant to CDC so that they could take this
4 program national on a Website.

5 And just this past year they
6 collaborated with the CDC, National Restaurant
7 Association and five to nine a day to create
8 HealthyDiningFinder.com, which essentially is sort
9 of a Yellow Pages for restaurants. A person can go
10 on to Healthy Dining Finder and type in a zip code
11 and find participating restaurants in their area.
12 They can also search by type of food, price range
13 and obviously location.

14 At this point, this program was launched
15 officially in, just this past March and already
16 there are over 60,000 participating locations
17 through the country.

18 Now, while any restaurant can
19 participate in the healthy dining program, featured
20 menu items -- feature menu items must fall within
21 certain limits for calories and fat, both total and
22 saturated. And the nutrition criteria also

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1 encouraged the use of lean proteins, fruits and
2 vegetables, whole grains, and trans fat free and
3 non-fried items. The criteria are based on many of
4 the recommendations of the leading health
5 organizations and for entrees the specific criteria
6 are 75 -- 750 calories or less, 25 grams of fat or
7 less and 8 grams of saturated fat or less. And for
8 appetizers, sides and desserts, that criteria is
9 250 calories or less, 8 grams of fat or less and
10 3 grams of saturated fat or less.

11 And all this information is explained on
12 their Website at HealthyDiningFinder.com and then
13 when, also whenever possible menu items that are
14 lower in sodium and cholesterol are also featured.
15 These are highlighted on their menu with a symbol
16 also with substantiated -- with explanatory
17 information on the criteria and what is included.

18 Now when we asked our members what sorts
19 of symbols they were using on their menus, as you
20 can imagine and what has been discussed over the
21 last two days is that this use of symbols varies
22 greatly throughout the industry. Some are

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1 developing programs for their retail items that meet
2 a following criteria, whether it's looking at
3 specific calories or fat or a conglomerate of
4 nutrients.

5 Some restaurants, for example, Dennis,
6 has a fit fare item where the criteria is 15 grams
7 of fat or below per serving and they have a box on
8 their menu explaining the definition of their fit
9 fare and then with some contract, one of our

10 contract services members that we heard from, that
11 they use a nutrient-based icon that is based on
12 multiple nutrients, calories, total fat, saturated
13 and trans fats, as well as cholesterol and sodium
14 and the nutrient criteria may vary by food category,
15 entree or whole meal, side dish and snacks and for
16 snacks they have an added sugar threshold added for
17 that.

18 And then for this program there's also a
19 brief description with a symbol and more detailed
20 information on pocket guides, Websites, posters,
21 plasma stations, signs, depending on which area
22 they're located in.

0144

1 Now the second part of the Federal
2 Register, I had my finger, sorry about that,
3 talked -- asked for information on specific research
4 on using symbols and in January -- and I'm going to
5 talk about one company's examination of using
6 symbols to represent nutrients.

7 In January 2007, McDonald's and ENLASO
8 Corporation, which is a provider of translation and
9 localization solutions, released a case study on how
10 icons designed to represent nutritional information
11 were culturally evaluated for worldwide use. And
12 while this case study does not show how consumers
13 have used the information or how it has affected
14 purchasing decision, it shows the vast amount of
15 consideration that needs to go into creating such
16 icons.

17 And the main challenge for them was
18 developing icons or images that would work with or
19 without language in over 109 locales. And team
20 members analyzed over 13,000 comments from cultural
21 image experts and tested dozens of variations of the
22 nutrient visuals. And this is, this is a, this is

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1 just an image of the package in the U.S. showing the
2 symbols.

3 Now their look at this focused on five
4 main nutrient visuals, calories, fat, carbohydrates,
5 protein and sodium that would be used globally on
6 packaging and also designed and evaluated half a
7 dozen supplemental visuals that might be needed in
8 some locales.

9 They discovered there were no
10 established standards for language-free nutrient
11 visuals that could be copied or modified, so they
12 looked to create their own. And as I mentioned,
13 over 13,000 comments were received that they had to
14 distill and assess.

15 Now some of the key findings include the
16 importance of the role of color, as I think was
17 discussed earlier. Red signaled, red can signal
18 danger or caution in many cultures and they also
19 found that universally the combination of black and
20 yellow, black images on a yellow background is
21 associated with traffic signs.

22 Now the design and evaluation phase for

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1 most of the five primary nutrient visuals went
2 smoothly, but supplemental nutrients proved to be
3 more troublesome. For example, when they were

4 looking to create a symbol for calcium, they thought
5 a bone would be a great idea, but it's, it seemed
6 logical for westerners, but had negative and
7 sometimes insulting connotations for others.

8 And then also a smile for teeth also
9 seemed like a great idea at the time, but was a
10 mystery to some countries. And milk containers,
11 cartons and bottles were not recognized in many
12 Asian countries and sometimes were associated with
13 poison, which would not necessarily be a good symbol
14 to include.

15 Now, there is very little information as
16 I said about how customers are actually using this
17 information and McDonald's, in speaking with
18 McDonald's, they do plan to do some quantitative
19 customer research to evaluate the use of these
20 symbols. They also intend to promote the
21 understanding of these images through supporting
22 materials globally from Websites to images explained

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1 on tray liners and in-store displays.

2 Now, this shows one company's experience
3 in exploring the use of symbols to communicate
4 nutrition information. As I said, it doesn't
5 explore how they're utilized, but as, as the FDA
6 looks into this issue, we encourage you to consider
7 a standard approach that would not further confuse
8 customers on the issue of nutrition, but help them
9 to make wiser choices.

10 Thank you very much.

11 (Applause)

12 MICHAEL LANDA: Our next speaker for
13 this panel is Regina Hildwine with Grocery
14 Manufacturers Association, Food Products
15 Association.

16 REGINA HILDWINE: Thank you. Good
17 morning everyone. Still morning.

18 My name's Regina Hildwine, I work with
19 the Grocery Manufacturers, Food Products
20 Association. We'd like to thank you FDA for the
21 invitation to participate in this, in this hearing
22 and to give us an opportunity to present our

0148

1 perspectives on the use of symbols to communicate
2 nutrition information on food labels and in
3 labeling.

4 We, incidentally, also are intending to
5 file written comments.

6 Just by way of background, a little
7 clarification, too, the Grocery Manufacturers, Food
8 Products Association, or GMA/FPA, represents the
9 world's leading food, beverage and consumer product
10 companies. Our association promotes sound public
11 policy, champions initiatives that increase
12 productivity and growth and help to protect the
13 safety and security of the food supply through
14 scientific excellence. We used to be two different
15 associations, GMA, and NFPA, which changed its name
16 to FPA, so it's very confusing. Just remember us
17 today as GMA/FPA, very simple.

18 You've heard from our members who have
19 made presentations at this meeting. Our members
20 make private label products for supermarket

21 companies. Our members participate in just about
22 all of the private logo systems described, so of

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1 course we have a very deep interest in this subject.

2 The subject of symbols on food labels
3 and labeling has certainly drawn a lot of focus in
4 the food industry, in Governments and in other
5 interested parties in recent years, but symbols and
6 similar graphic elements are not new features on
7 food labels and in labeling. And I think it's
8 useful to remind ourselves of some history through
9 some examples of the types of symbols and related
10 graphic designs that have been used for many years
11 lawfully and effectively on food labels and in
12 labeling to communicate to consumers.

13 Food companies for many years have
14 established their corporate identities on the label
15 and labeling of their products through trademark
16 company logos and brand icons. These symbols are
17 very powerful in supporting consumer's confidence in
18 a company's products, so much so that battles
19 literally have been pitched over logos and the
20 symbols travel with products when product lines are
21 required by other firms.

22 Many packaged food products also display

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1 product vignettes on their labels, pictorial
2 depictions of the food that's contained in the
3 package.

4 Now FDA rules recognize that vignettes
5 are an important, are important label features that,
6 for example, can establish the characterizing flavor
7 of a food or connote the presence of juice in a
8 beverage, so there -- but they are, in fact, very
9 important images.

10 Symbols used on labels can also signify
11 that a product was made with a particular
12 ingredient, such as some sweeteners. Symbols can
13 signify that the food was made in accordance with
14 certain religious dietary criteria or that the food
15 fits with certain cultural themes. Think about
16 holiday designs that are used on labels at certain
17 times of the year. Even the Government has
18 contributed to the lexicon of labeled symbols, with
19 such examples as the USDA mark of inspection on the
20 labels of meat and poultry products or the recent
21 addition of the organic logo to signify products
22 made according to that quality standard.

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1 Nearly all of these examples of symbols
2 and graphic designs are voluntary label elements.
3 The USDA mark of inspection being the exception.
4 Since they are label features, these logos, icons
5 and symbols are all required by law to be truthful
6 and non-misleading in every respect, as are all
7 printed and graphic elements on food labels and in
8 labeling.

9 Food companies are adhering to the law.
10 As a rule, these symbols have been and now are used
11 on food labels and labeling in a manner that is
12 truthful and non-misleading.

13 The use of symbols to communicate
14 nutrition information fits within this context.

15 They are now used in a manner that is truthful and
16 non-misleading. Furthermore, they are consistent
17 with the regulatory framework that FDA has
18 established for making representations about
19 nutrition. They are voluntary label elements and
20 GMA/FPA believes that they should continue to be
21 voluntary.

22 Several years ago FDA challenged the

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1 food industry to start to compete by using the
2 healthy nutrition characteristics of the food. This
3 challenge prompted many food companies to
4 re-formulate their products. GMA/FPA has collected
5 data that indicates thousands of food products have
6 been re-formulated to improve their nutrient
7 profiles in recent years.

8 FDA also encouraged food companies to
9 experiment with labeling presentations on calories
10 and serving sizes. Food companies have taken this
11 encouragement seriously and many are using label
12 surfaces and labeling techniques such as symbols and
13 related graphic designs that supplement nutrition
14 facts in order to communicate nutrition information
15 and food and dietary guidance to consumers.

16 Food companies are proceeding with their
17 efforts mindful of their responsibilities to make
18 truthful and non-misleading statements on labels and
19 in labeling and to present novel labeling options
20 within the regulatory framework that FDA has
21 established for communicating nutrition information.

22 The chief purpose of many nutrition

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1 symbols used on labels and in labeling is to provide
2 positive dietary guidance messages to consumers. In
3 order to be effective, symbols focus on positive
4 nutrition messages to consumers and do not demonize
5 food products or categories. We knew through a lot
6 of consumer studies that consumers feel empowered to
7 take control of their diets when they are provided
8 options. Prohibition does not work, certainly not
9 in the long-term.

10 Because improving dietary patterns is a
11 long-term exercise, consumers are best served by
12 learning the food choices that they can turn to
13 again and again to improve their diets over time.
14 Consistent with this view, the intent behind the
15 nutrition symbols and use on U.S. food packages
16 today is to help consumers to meet the dietary
17 guidelines for Americans and to implement the food
18 guidance in My Pyramid.

19 GMA/FPA right now, along with the Food
20 Marketing Institute, we're sponsoring take a peak in
21 My Pyramid. This is an in-store campaign that's
22 built around My Pyramid. In itself, a powerful

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1 nutrition symbol. This program is designed to help
2 provide consumers in a retail setting with the tools
3 they need to make healthful and informed food
4 choices. Through clear and simple in-store
5 messaging, take a peak provides easy to follow
6 guidance, it shows consumers how small, progressive
7 changes in their purchasing habits and diets can
8 improve their health with the selection of foods and

9 beverages in the five food groups and oils.

10 My Pyramid is often represented on the
11 labels and labeling of food products including those
12 that use additional symbols to communicate
13 nutrition. Many food industry nutrition symbol
14 programs reference the dietary guidelines for
15 Americans or My Pyramid or both in the materials
16 that explain the nutrition symbols.

17 This linkage with the dietary guidelines
18 for Americans and My Pyramid, with this linkage the
19 nutrition symbol programs are grounded in sound
20 science and are consistent with the policies set
21 forth by the Federal Government on communicating
22 dietary guidance and similar representations about

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1 the food.

2 As FDA, itself, emphasized earlier this
3 year in a letter to manufacturers, dietary guidance
4 statements tend to focus on general dietary
5 patterns, practices and recommendations to promote
6 health. The nutrition symbol programs encourage
7 consumers to select food and beverage product
8 options in a company's array of products that will
9 help support the small incremental steps that can
10 improve dietary patterns in health.

11 Nutrition symbols used on labels and
12 labeling of foods are designed to send positive and
13 helpful messages to consumers. It's important that
14 consumers understand the meanings of the symbols.
15 Companies that are using these symbols provide a
16 great deal of information, both on labels and in
17 labeling and through educational and explanatory
18 materials, including those on Websites to help
19 consumers understand the helpful role of the symbols
20 in improving nutrition.

21 The educational materials also remind
22 consumers that detailed information about the

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1 nutrients in the food presented in the nutrition
2 facts panel. The context for the nutrition symbols
3 is important so that consumers learn that they're
4 focused on positive options for nutrition and so
5 that consumers do not misperceive their meaning as
6 signifying some other factor such as overall product
7 quality.

8 Many nutrition symbols on food labels
9 and in labeling, many in the U.S. that we've heard
10 about yesterday and today typically are utilized
11 with at least one statement of dietary or food
12 guidance, relative or absolute nutrient content
13 claim, health claim, structure, function claim or
14 statement of quantity on the label or labeling of
15 the product. All these types of statements are
16 addressed in FDA's regulations and policies.

17 Claims may be represented on the
18 principal display panel or on other panels of the
19 label. Some nutrition symbols used on food labels
20 or labeling may, themselves, constitute a claim and
21 are consistent with FDA's regulations and policies
22 governing such claims. For example, it's well

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1 articulated in FDA rules that label symbols such as
2 a heart would constitute a health claim when used to

3 imply a substance/disease relationship and heart
4 symbols are used on labels consistent with that
5 policy.

6 Some uses of nutrition symbols may
7 simply provide an illustration of the defined and
8 stated claim, in other words, the graphic user
9 interface to the text message. Those symbols are
10 nutrition message corollaries to product vignettes
11 which illustrate the identity of the food. Since
12 nutrition symbols on labels and labeling are
13 truthful and non-misleading and are consistent with
14 the framework set forth by the Government for
15 communicating dietary and food guidance and other
16 nutrition information, they should continue to be
17 permitted as voluntary graphic elements on food
18 labels and labeling.

19 GMA/FPA believes that the FDA policies
20 and guidance around nutrition communication on
21 labels and in labeling are very clear and are being
22 followed by the industry. Consequently, GMA/FPA

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1 believes that additional regulations focused on
2 nutrition symbols are unnecessary.

3 Thank you and we'll be providing further
4 written comments.

5 (Applause)

6 MICHAEL LANDA: First question from
7 Barbara Schneeman.

8 BARBARA SCHNEEMAN: Thank you and thank
9 you to the panel.

10 I would be interested in hearing the
11 panel comment from the various perspectives about
12 the potential for halo effects with symbols that are
13 used in different marketing. And I think I'm
14 particularly interested in the consumer research and
15 the consumer focus that when something appears on a
16 package, do consumers make other assumptions about
17 that food; in other words, does it carry with it the
18 notion of, gee, there must be something beneficial
19 about this food.

20 And so I'm, I'm just interested in the
21 degree to which what you've done so far with
22 consumers helps understand that and I'm also very

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1 interested from the perspective of the food service
2 organization where there's less complete information
3 provided to consumers and what assumptions consumers
4 make about products when they see symbols.

5 SUE BORRA: As a quick answer, because
6 I'd want to think about that a little bit more, when
7 we did the research on qualified health claims, I
8 think we found, so you put a health claim on a front
9 of a package and you're trying to use wording to
10 discriminate whether or not it's a high level or low
11 level of science, consumers really couldn't
12 discriminate between all those types of things, so
13 they thought every wording in the health claim all
14 sound the same to them. They would look at it as
15 this is all the same information, they're just
16 saying it a little bit differently.

17 And there is, it does translate into
18 some other attributes of the food potentially, like
19 when the A, B, C and D were used, consumers judged

20 that to be it's either an A food, a B food or a C
21 food in terms of quality, not judgment of science.
22 So that, that's how that was interpreted with

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1 consumers.

2 So you have to look at I think of asking
3 the question in a way that you can study that one a
4 little bit more specifically I think to get some of
5 the answers that you're looking for. If they make
6 one claim of it, do they not think about the other
7 parts of the food.

8 Anybody else have research?

9 MICHAEL LANDA: Anyone else want to
10 respond?

11 REGINA HILDWINE: I want to respond a
12 little bit. Barbara, FDA, itself, did some research
13 some time ago, probably before you got to the
14 Agency, which talked about the halo effect with
15 regard to health claims and observed that consumers
16 are bringing to their food experience everything
17 they know.

18 So, the, the issue really is, you know,
19 what do consumers know and what kind of assistance
20 are they going to need to help them in that short
21 time they have in the marketplace to sort of focus
22 their attention on the products that they're going

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1 to buy.

2 MICHAEL JACOBSON: Well, I have gut
3 feelings, not research. But I think when there are
4 claims, certain claims on the fronts of packages
5 like zero grams trans fat or Smart Spot or Heart
6 Check, people take those positive claims of
7 healthfulness to reflect the overall healthfulness
8 of the food and clearly that's very dangerous.

9 SHEILA WEISS: And I don't, we don't
10 have hard and fast research showing how consumers
11 use a lot of these symbols, but when I asked, when,
12 in speaking with various food service locations
13 about how they use these and how, how these menu,
14 how these menu items do in sales, responses have
15 been positive, that people -- that their customers
16 are happy to see them, but also we've heard
17 anecdotally that sometimes using, using the symbols,
18 people, people steer clear of those items deemed as
19 healthy when dining out because sometimes they, they
20 aren't necessarily looking for the healthiest
21 option.

22 But, so, it goes, it goes across the

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1 board, really. About it. That's my response.

2 MICHAEL LANDA: A question from Rob
3 Post.

4 ROBERT POST: Thank you. Obviously this
5 is, these past two days are for an important issue
6 and that deals or focuses on nutrition, but in my
7 experience, there is a lot of complexity to food
8 labels and there's a lot of information there and
9 that's come up.

10 And Regina had a comment about other
11 symbols and the history of using other symbols, so
12 in that context to what extent and perhaps, Sue,
13 perhaps this is something EUFIC has dealt with, to

14 what extent are these peripheral issues like no
15 allergins or MSG free or animal product claims, to
16 what extent do they interact with the view of the
17 overall healthfulness of a food and perhaps
18 competing for the importance of nutrition and health
19 information and are there data that you're aware of
20 and, in fact, were these studies performed in the
21 context of a complete label?

22 My experience shows that thousands of
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1 labels are out there with multiple messages, you
2 know, and it's just not isolated to nutrition
3 information, but there's a lot of other things,
4 organic was mentioned, fresh, I don't want to say
5 the word natural, but I will, and so these are all
6 perhaps part of the competition.

7 SUE BORRA: Yeah, I would agree. I
8 don't know that I've seen something that's looked at
9 the, that kind of totality of information you see,
10 kind of focusing in on different parts of it, but I
11 think that would be an important part of an overall
12 so to say how do all these things, if we're going to
13 understand consumer motivators, I think that's part
14 of understanding all the motivators that go into
15 consumers making these decisions.

16 Though I think it's important to point
17 out that in, and someone mentioned earlier, that
18 each individual comes to that food with a
19 preconceived notion and that information's got to
20 meet that individual's needs at that time to make a
21 difference in terms of their decision-making and
22 what their knowledge is about the food, what their

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1 knowledge is about the environment -- I mean all
2 these things come into play, so it makes making
3 systems quite difficult to meet all those kinds of
4 needs.

5 MICHAEL LANDA: A question from David
6 Zorn.

7 DAVID ZORN: My question is I think
8 mainly for Ms. Hildwine. We all agree that it's
9 important to do consumer research on how consumers
10 would respond under different labeling regimes,
11 under different scenarios and different criteria.

12 It seems to me that, that it would be
13 important to do research on how producers will
14 respond under different labeling regimes.
15 There's -- it's one thing to, to communicate a
16 message to people and find out how they would react
17 under -- when they see this or when they see that.
18 As we learned with certainly the trans fat labeling,
19 there's a lot of labels that people will never see
20 because producers decided to run for the nearest
21 trans fat exit and totally remove that from their
22 product.

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1 So, and then that's something that
2 people didn't expect, those of us who did research
3 on it.

4 I was just asking for your suggestions.
5 First of all, I guess would you agree if, that that
6 kind of research is needed and if so, how would it
7 be done or, and if you can point to any research

8 that has been done or ways that we could explore
9 that.

10 REGINA HILDWINE: Well, as we're talking
11 about this current subject of the use of symbols to
12 communicate nutrition information, it would seem to
13 me that it's the food companies that are in the lead
14 and certainly availing themselves of, you know,
15 innovative concepts.

16 I, you know, there, there has been some
17 research, I think it was published by the Federal
18 Trade Commission, that observed that the ability of
19 the food industry to innovate and novel ideas where,
20 were explored more freely before the Nutrition
21 Labeling and Education Act and the natural
22 constraining effect that that's going to have

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1 because it set different kinds of limits and the,
2 the idea of, you know, whether we would study how,
3 how the industry would respond, I would just say be
4 sure you're asking the right questions.

5 And as early as 1998, which is when the
6 trans fat nutrition labeling proposed rules were,
7 were published, the proposals, we began to hear
8 indications from the industry that they were looking
9 for trans fat solutions, so it didn't happen in 2003
10 when the rule was published. It happened sometime
11 before that.

12 The industry really is on the leading
13 edge, not the following edge on all of these
14 concepts.

15 MICHAEL LANDA: We have a question from
16 Louisa Nickerson.

17 LOUISA NICKERSON: This question is for
18 Ms. Hildwine.

19 You said a couple times that nutrition
20 symbols and food labeling are truthful and
21 non-misleading.

22 Do you have any research supporting that

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1 conclusion?

2 REGINA HILDWINE: The evidence that I
3 have that they are truthful and non-misleading is
4 that they are in existence in the marketplace.
5 Ya'll have the enforcement authority in case they're
6 not.

7 So, so, in fact, I think this is an area
8 where the general law covers, covers the territory
9 just fine and we haven't really particularly studied
10 those effects.

11 MICHAEL LANDA: Question from Leslye
12 Fraser.

13 LESLYE FRASER: It's a general question
14 and maybe I'll, it starts with comments also that
15 Ms. Hildwine made, but I'll defer to anyone on the
16 panel.

17 When, in GMA/FPA's conclusion that
18 nothing further is needed because the current
19 marketplace is fine, I guess my first question is
20 when you reflect back on NLEA and one of the
21 comments was to avoid a Tower of Babel situation, do
22 you see us on that trend or do you see the market

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1 correcting itself in that regard with the use of

2 various different symbols out there; and then the
3 second might be a reflection for those companies
4 that are marketing both in the U.S. and in countries
5 in the EU which may have voluntary systems in place
6 that are more standardized, do you see any
7 differences or pros and cons between what's in the
8 U.S. now versus what's in perhaps the UK or Sweden
9 where there are those voluntary systems, but they
10 are more standardized to get at the point of we're
11 fine, but how do you, how do you square those two or
12 just see them as different?

13 REGINA HILDWINE: My recollection of the
14 Tower of Babel speech, which was of course
15 introduced by Secretary of Health and Human Services
16 Louis Sullivan in the Reagan administration, Reagan,
17 yeah, it, it in part related to different meanings
18 behind expressions on food labels.

19 What I think we're seeing with all of
20 the current systems in place is that there is a
21 consistent meaning behind the messages. If you
22 listen closely during all the presentations,

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1 nutrient content claims, health claims, dietary
2 guidance, statements of quantity were mentioned
3 consistently as a framework for all of these, all of
4 these systems. So I don't think there's a Tower of
5 Babel.

6 And as to consumers ability to
7 understand graphic images, just think what happens
8 when you turn on your cell phone or your computer in
9 the morning and the number of graphic images that
10 you automatically understand. Human beings have
11 been communicating with graphics for over
12 40,000 years and I think we understand how it's
13 done.

14 MICHAEL JACOBSON: I'd like to address
15 that briefly.

16 I think there is confusion in the
17 marketplace where different symbols mean different
18 things but they might be taken, they might all be
19 taken to mean healthy food and, and that's one
20 impetus to try to clear away these inconsistencies
21 among the systems, but I think a much bigger
22 consideration is America's health.

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1 Obesity rates going through the roof,
2 half a million people dying every year prematurely
3 because of heart attacks, high sodium levels
4 contributing very significantly to strokes and heart
5 attacks.

6 So, we have some real, you know, human
7 health considerations that should be upper most in
8 mind and Government has an opportunity, companies
9 voluntarily have an opportunity and Government has
10 an opportunity to guide people towards healthier
11 diets. You know, clearly nutrition facts labels
12 have not been sufficient. My Pyramid is, has severe
13 limitations. Dietary guidelines is, you know,
14 invisible to the general public.

15 So, a good, clear, national system of
16 front label icons could be a very influential
17 approach and as we heard from, especially from Tesco
18 and Sainsbury has found the same and Hannaford

19 probably to a lesser extent, these, information on
20 the fronts of packages can be very powerful in
21 guiding people towards the healthiest food and away
22 from the least healthy foods.

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1 MICHAEL LANDA: Barbara Schneeman has a
2 question.

3 BARBARA SCHNEEMAN: Actually I would
4 like to address one question to Sue Borra from
5 EUFIC.

6 In some of the presentations you gave,
7 you referred to linkages to the Web and consumer
8 interest in that link to the Web and I would be
9 interested in knowing more about the demographic
10 that was responding in that way and how generally
11 applicable that would be across the population or
12 your sense.

13 And then I would like NRA to address as
14 they've, as you've developed programs where you're
15 trying to convey more information to consumers about
16 foods in food service sector, it seemed like sodium
17 was getting kind of short-shrifted in some of the
18 kind symbols or programs that you've developed and I
19 would be interested in hearing more about the role
20 of sodium in the kind of communication systems that
21 you're developing.

22 And also, I think many of us are, have

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1 seen on menus, you know, either a heart symbol or
2 other kinds of symbols trying to lead consumers to a
3 choice that might be lower in calories or some other
4 modification and I would be interested to know
5 whether or not there are general criteria that have
6 been developed for those or is that really on an
7 organization-by-organization basis for doing that.

8 SUE BORRA: To start off with your Web
9 question, we, the research that I shared so far went
10 from ethnographic to the qualitative phase, so this
11 is just very preliminarily directional, you'd have
12 to do some further testing on it. But it was very
13 interesting in the fact especially in that
14 ethnographic research.

15 They were using nutrition facts panel
16 information sometimes to make purchase decisions.
17 When we went home, we talked to them about, okay,
18 what are you going to use now that you're at home.
19 If they looked at the nutrition facts panel at home,
20 it was more for educational purpose. They've made
21 the decision to purchase that food, bring it in
22 their home, they were going to eat it. But then

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1 they're looking at it for more education kind of
2 information.

3 I think that's where the Website became
4 very valuable. It's a place I can go, it's
5 somewhere beyond just this little box on the label
6 to find out some more information and I think
7 because of most of the regulation we're under now
8 was way before the days of Web, I don't think we've
9 even begun to explore what our opportunities are to
10 communicate through that venue with a lot of this
11 complicated information that's being, trying to be
12 presented in one shop in a label environment and I

13 think that's worth exploring.
14 So we will take that on in terms of our
15 next phase of experiment, however, I have to admit
16 we're doing more quantitative analyses now in a
17 Web-based environment, so it's going to be hard to
18 tease out, you know, who are going to benefit from
19 that the most, so that's something to consider, too.
20 SHEILA WEISS: There are two parts, so
21 I'm going to address the first part first. In terms
22 of the role of sodium in this nutrition information,
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1 now certainly in a lot of these criteria the sodium
2 is included in a general criteria, in our food
3 service -- in our contract service that use the
4 lighter fare, they, they highlighted sodium more so
5 in their elder -- their elder hostile -- not
6 hostiles, their, I'm sorry, their retirement
7 communities and those food service establishments to
8 look at their audience.

9 Now as sodium is becoming more of an
10 issue, a highlight for our industry as well as for
11 the packaged food industry, our members are
12 certainly moving to reduce sodium in various ways
13 and one of the most successful ways they've found to
14 do this is more, is more stealthier, to do it
15 gradually and make changes with their suppliers,
16 make changes in some of their other menu items and
17 going more towards fresher ingredients and different
18 spices and different flavors, but certainly this is
19 something that's being done gradually in the
20 industry.

21 In terms of the symbols, there isn't
22 necessarily a general criteria because there are so
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1 many symbols out there. When I, when we talked to
2 our members, they had different symbols with
3 different criteria, certainly some uses a carrot to
4 represent vegetarian items, some use, some use, look
5 at fat and calories, depending on, on their
6 consumers. So, it certainly varies and there is not
7 a general criteria.

8 Now obviously something like Healthy
9 Dining Finder which is a program that we are working
10 to promote through the industry, there is a, there
11 is a specific and general criteria for that.

12 MICHAEL JACOBSON: I'm, regarding the
13 Internet, I'm not sure what's behind your question,
14 but I think we should pretty much ignore the
15 Internet as a source, as a useful source of
16 information for consumers.

17 Look at it this way, what percentage of
18 people read a food label? 5 percent, 50 percent,
19 you know the numbers vary, but it's in that,
20 somewhere around that order of magnitude.

21 Fast food companies have been saying
22 they put nutrition information on the Internet, it's
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1 there for every consumer, people can go to the
2 Internet, see what a Big Mac has or whatever and
3 what percentage of consumers, of McDonald's
4 consumers in that instance go to the Internet and
5 use that. And I would guess it's on the order of
6 .0001 percent and we shouldn't -- nutrition labeling

7 is extremely important, food labeling is extremely
8 important because that's where, you know, people
9 have it in their hand.

10 Consumers shouldn't be forced to go to
11 the Internet to get a nutrition facts label, say,
12 which some people might have argued for back in 1990
13 if the Internet had been around then.

14 It, good information should be on the
15 label.

16 MICHAEL LANDA: Any other questions from
17 the FDA panelists?

18 That concludes our session for this
19 morning. Let's reconvene at 1:30, please.

20 Thank you.

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1 AFTERNOON FIRST SESSION SPEAKERS:

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4 Mary Hager
5 Victor Fulgoni
6 Mary K. Young
7 Helen Falco
8 Marty Ordman
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1 MICHAEL LANDA: If we could begin to
2 re-assemble, that would be helpful. Thank you.

3 Why don't we get started on this
4 afternoon's sessions. We have scheduled, we're
5 scheduled to hear from our registered public
6 commentators that's not on the program, but we're also
7 going to have panel one from yesterday come up again
8 to take some more questions, it was the first panel
9 yesterday. I was a little nervous about letting
10 questions run on too long and consequently lots of
11 questions that people had were not asked because
12 there wasn't time to ask them, so we'll remedy that
13 today.

14 With that, our registered commentators are
15 Mary Hager from the American Dietetic Association,
16 Victor Fulgoni from Nutrient Rich Foods Coalition,
17 Mary K. Young from the National Cattlemen's Beef
18 Association, Helen Falco from the Coca-Cola Company,
19 Marty Ordman from the Dole Food Company is listed,
20 it's unclear whether he has made it here or will be
21 able to. We'll see when his time comes.

22 Let's start with Mary Hager from the

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1 American Dietetic Association.

2 MARY HAGER: Good afternoon. I wish to
3 begin by thanking the FDA for the opportunity to
4 provide comments on behalf of the American Dietetic
5 Association. The ADA represents 67,000 food and
6 nutrition professionals serving the public through
7 the promotion of optimal nutrition, health and
8 well-being.

9 ADA does not endorse or certify food
10 products and thus does not have a proprietary symbol
11 or icon. ADA, however, has long been an active
12 participant in nutrition public policy process and
13 thus it has developed principles for food product
14 labeling.

15 ADA has six public policy priority areas
16 and they readily address many of the labeling issues
17 we've heard discussed over the two days. It's ADA's
18 long-standing position that food and nutrition
19 misinformation can have harmful affects on the
20 health, well-being and economic status of consumers.

21 Over these two days we have heard many
22 concerns on how labeling affects these areas,

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1 particularly when it comes to child nutrition,
2 literacy and overweight and obesity.

3 Members of ADA are nationally
4 credentialed food and nutrition specialists working
5 in health care, academia, public health, the media,
6 Government and the food industry. They are uniquely
7 qualified to advocate for and promote science-based
8 nutrition information to the public. They also
9 function as primary nutrition educators of
10 professionals and actually correct food and
11 nutrition misinformation.

12 Who are ADA's 67,000 members? The
13 majority are registered dietitians, greater than
14 50 percent have graduate degrees including
15 professional degrees in laws and medicine and
16 members also include nutritionists who are not RDs
17 and several other groups of members.

18 ADA members practice primarily in
19 clinical settings, that would be hospitals and
20 unrelated facilities. Next to that they also
21 practice in community settings where they have a lot
22 of influence as well with the public and the

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1 consumers. Again, they have several other practice
2 areas including academia and research.

3 ADA has built a reputation of relying on
4 sound science and because of that its members are
5 sought after scientific advisors in a large variety
6 of venues, a lot of them Government based. Also, it
7 produces a peer review journal and has developed an
8 evidence analysis library which contains more than
9 20,000 graded scientific peer reviewed papers that
10 have been graded for the strength of the science.

11 Generally specific questions are asked
12 and then the literature is collected, rated and
13 ranked for its science. Consequently, as you see at
14 the bottom, we are a global leader in evidence-based
15 practice because of that library and this is a slide
16 which shows that we have inquiries to our online
17 evidence analysis library by more than 120 different

18 countries worldwide.
19 Again, we recognize that all science is
20 not equal, so we evaluate it. And this is a member
21 service, we also, people subscribe to our evidence
22 analysis library for practice guidance and for other

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1 issues related to the science.
2 ADA members also translate the science
3 and they are invited in a variety of settings. They
4 are a source of information to Government, again,
5 professionals, other professionals and consumer
6 education.

7 ADA supports FDA's efforts and its
8 decision to explore this issue and urges it to
9 consider the effectiveness of food and beverage
10 product labeling symbols. These labeling symbols
11 are designed to market certain positive nutritional
12 attributes of specific food products in order to
13 theoretically enable consumers to make more informed
14 and healthier food choices. In many cases they also
15 consider the negative nutrition attributes of a food
16 product.

17 ADA has adopted its own set of
18 principles for the labeling of foods, beverages and
19 other dietary products that are consumed by the
20 public and it uses those principles to guide its
21 consideration of proposed labeling rules.

22 While our principles, which I'll share
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1 with you, are not exclusive, they represent a
2 foundation that together with the science can be
3 uniformly applied to a wide variety of food product
4 labels.

5 ADA's member task force on labeling has
6 analyzed and advised ADA in developing its responses
7 to a variety of agencies and you'll see the SISAN,
8 Alcohol and Tobacco Tax and Trade, USDA and the FTC
9 are listed.

10 The Association has agreed on the
11 following set of principles supported by sound
12 science. Label claims must be clear and
13 understandable to consumers. The label must be
14 truthful and not misleading. That's not our
15 original idea, but we do ascribe to it fully.

16 Content of the label should help
17 consumers make informed decisions to build a healthy
18 diet. Label content should have consistent type and
19 format so products can be read and consumers can
20 make product comparisons. And this number four we
21 consider very important and we ask a lot of the
22 executive branch agencies to get together and make

0184
1 sure that they are being consistent in how they
2 present label information.

3 All claims should include labeling of
4 accurate quantitative information about the dietary
5 substance including the DVs and how much is needed
6 to be consumed to meet their daily requirements.

7 Consumer research is imperative before
8 making any changes to the label. And lastly, the
9 label's only a source of information, I'm not the
10 first person to say that today and, or even today,
11 sustained support for educational programs and

12 individual counseling by registered dietitians are
13 essential.

14 While front of package symbols are
15 frequently promoted as helping consumers make better
16 food purchase selections more quickly, it is unclear
17 as to how well the current plethora of symbols
18 actually facilitates or form purchase decisions and
19 improve diets. Haven't seen those data yet.

20 ADA recommends that the FDA consider
21 these principles in exercising its authority to
22 formulate a cogent, coherent and consistent national

0185

1 policy on symbols and icons that consumers can
2 understand and use within the context of the myriad
3 of food and dietary options available in today's
4 market.

5 Furthermore, ADA believes that consumers
6 are benefitted when they consume a healthful diet
7 from a variety of foods. We believe it's the total
8 diet, not any single food product, which is an
9 essential element for good nutrition and better
10 health.

11 If asked which of our principles are the
12 most important for FDA to apply and considering the
13 appropriateness of icons and symbols to convey the
14 nutritional value of food, our answers would include
15 these four. Again, they must be clear and
16 understandable to consumers and consequently, they
17 must be consumer tested. It should help them make
18 informed decisions to build a healthy diet and there
19 should be an ongoing educational effort.

20 We also believe that when consumer
21 research is conducted, it should not just be on the
22 primary shoppers, but it should also be on

0186

1 influencers such as the registered dietitians who
2 spend a lot of one-on-one time with individuals and
3 who are doing public health programs because if they
4 don't believe the icon is meaningful, they will
5 undermine it, I'll be frank with you. They'll say
6 it really doesn't mean anything, it's just another
7 marketing tool. So if you take your consumer
8 research, it should be to key health professionals.
9 And of course you heard mentioned yesterday,
10 children.

11 So, final words, labeling should help
12 Americans make informed decisions to build a better
13 diet.

14 Thank you.
15 (Applause)

16 MICHAEL LANDA: Our next public
17 commenter is Victor Fulgoni from Nutrient Rich Foods
18 Coalition.

19 VICTOR FULGONI: Thank you and good
20 afternoon.

21 I also want to thank FDA for holding
22 this public hearing on on pack nutrition labeling

0187

1 and the use of symbols. My name is Victor Fulgoni,
2 I'm from the Food and Nutrition Consulting Company
3 called Nutrition Impact. For the last several years
4 I have been working with Adam Jenalski and a small
5 group of scientific advisors to develop the nutrient

6 rich foods index and today I'm here to talk on
7 behalf of the Nutrient Rich Foods Coalition.

8 Our comments are going to address three
9 key questions that FDA put forward in the Federal
10 Register Notice and those are dealing with what
11 nutritional criteria should be included in a symbol
12 system and how should those criteria be selected,
13 what nutrient thresholds or algorithms should be
14 used and develop a display nutrient specific or
15 summary symbol and do symbols affect nutrient
16 quality of total diet of consumers who use these
17 symbols.

18 We actually will probably be one of the
19 first to show that the index can be used to actually
20 correlate with an objective measure of diet quality,
21 something I've heard over the last two days we
22 direly need to see.

0188

1 Our approach is based on nutrient
2 density. We believe that nutrient density should be
3 the basis for any nutritional criteria that's being
4 used for on pack symbols. We believe that the, that
5 this could help address, you know, the public health
6 crisis about obesity and overweight and still at the
7 same time address some of the micro nutrient issues
8 that are still concerns about certain, consumption
9 of certain micro nutrients in certain population
10 groups.

11 The idea of nutrient density is not new.
12 It's been around a long time. It's highlighted in
13 the FDA -- FDA obesity report, it's highlighted in
14 the dietary guidelines. It's really an accepted
15 dietary principle. The problem is we haven't had
16 very good ways of measuring it and that's what we're
17 hoping to do with the nutrient foods rich index.

18 We think that the nutrient density is
19 the best way to actually help tell the story about
20 the total nutrient value of a food.

21 The core principles of our approach,
22 it's science based and consumer tested. We haven't

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1 quite completed the consumer testing, but it's going
2 to be by the time it gets implemented. We believe
3 it should be simple, objective and transparent so
4 that everybody can see where the algorithm, how the
5 algorithm works and how their products would fit
6 into that particular algorithm.

7 We believe any approach should be
8 validated against diet quality measures and
9 hopefully even health outcomes, if that's possible.
10 And we should emphasize the total nutrient value of
11 the foods within and among the food groups, should
12 be able to compare within a food group as well as
13 across a food group.

14 Our approach is really looking at going
15 across the whole food supply, being able to apply an
16 index for all foods, not a particular category of
17 foods, all foods, whether they are in packaged goods
18 or in restaurants, doesn't really matter.

19 The algorithm should work for all of
20 those groups and the goal is to help people enjoy
21 healthier diets by getting more nutrition from their
22 calories.

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1 The approach doesn't, doesn't focus
2 specifically on nutrients to avoid, nor does it
3 focus specifically on nutrients to increase. It
4 really looks at using the total nutrition package
5 that we have for foods. The approach, the
6 scientific steps we take are four, the first is
7 really looking at the nutritional criteria, then we
8 create the algorithm, do the testing and validation
9 and eventually do the comprehensive consumer
10 research.

11 There are a lot of questions that we had
12 to go through as we went through the nutritional
13 criteria selection. What nutrients to include,
14 what, what's the reference amount for each of those
15 nutrients, where is the dietary standard that we
16 should have for that nutrient. What serving size,
17 is it based on RACC, is it based on 100 calories, is
18 it based on 2,000 calories, is it based on
19 100 grams. What is the basis for doing this.

20 Is it just positive nutrients, is it
21 just negative nutrients or is it a combination of
22 both. And then is it food group specific. You

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1 know, we actually looked at an algorithm that took
2 advantage of the fact that, you know, food groups
3 have been developed to provide certain nutrients,
4 could we create an algorithm just based off those
5 particular nutrients from each specific food group.

6 On the algorithm there's several
7 questions, do you do just a sum of the daily value
8 percentages, do you create a mean, do you create a
9 ratio, do you weight, do you cap, I mean there's a
10 variety of iterations that we've gone to to kind of
11 evaluate where we're going to go.

12 So I'll just go ahead and take you
13 through some of the decisions that we've made based
14 on the validation approach we've used.

15 We started with the nutrients that are
16 needed to be increased in the diet by primarily
17 looking at the USDA what we eat in American usual
18 intake report, looking at the nutrients that were,
19 you know, needed to be increased in most people and
20 also added in nutrients that were needed for some
21 subpopulation groups; however, just adding more
22 nutrients is not simply the solution to this.

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1 We found that there were several
2 nutrients that are highly correlated, they travel
3 together and they didn't help us in trying to
4 explain more variation in total diet, so we actually
5 removed some of those. Some nutrients are
6 ubiquitous so we weren't able to use it to help
7 differentiate among food products, so they were
8 dropped as well.

9 The key focus was to actually be able to
10 have an index that would allow us to distinguish
11 among most foods and allow for healthier choices,
12 consumers that saw these scores.

13 This is a list of some of the algorithms
14 that we've actually tested, shows you the nutrients
15 that are actually included. We actually did look at
16 some preexisting indices that are out there. We're

17 focusing right about now on 11 nutrients seems to be
18 an ideal number, this includes protein, fiber, four
19 vitamins and five minerals and you can see the list
20 there. We've added in the negative nutrients, we've
21 actually concluded saturated fat total or added
22 sugars and sodium are about the best group of

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1 negative nutrients to add.

2 We've, we've decided to combine both
3 positive and negative. After looking at several of
4 our iterations, we think this provides a broader
5 approach, it's more comprehensive and actually did
6 enhance, as you'll see, some of our explanation of
7 variation in total diet.

8 We linked the reference amounts to
9 well-accepted standards, those of FDA's DRVs, daily
10 reference values and RDI values. We didn't insert
11 new evolving concepts, we stayed to the true, tried
12 and true consensus science. We currently look like
13 the base -- to base the calculations on 100 K cal s
14 or RACC seems to be the best.

15 There are other options you could use,
16 but those two seem to be, continually to be the
17 front runner. And regarding food groups, you saw
18 some algorithms were actually adding in food groups,
19 mixing food groups and nutrients. We don't think
20 that that's a good way to create an algorithm, but
21 we do think you can use the algorithm across the
22 food groups and then if you want to apply it

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1 specifically within food groups.

2 All of our calculations were based on
3 USDA nutrient composition data and the national
4 health and nutrition examination surveys. For those
5 of you outside the United States, we are very
6 fortunate in the U.S. to have extensive nutrient
7 composition data as well as health and nutrition
8 intake data that's available every couple of years
9 from the National Center of Health Statistics and
10 Center for Disease Control.

11 On the algorithm, itself, you saw some
12 that created a point system, you could be
13 continuous, you could be weighted, you could be
14 unweighted, you can use the sum, you could use the
15 mean, you can do a ratio. We looked at all of those
16 options and basically, we also did look at capping
17 when we had a 2,000 calorie option. You know,
18 2,000 calories of peppers provided an awful lot of
19 Vitamin C, so we had to end up capping, capping
20 that.

21 We are capping now at 100 percent, but
22 we think a continuous unweighted mean or sum would

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1 be the best approach and I'll show you some of that.
2 This is just an example of what you could show, this
3 is actually looking at one of the models that
4 included 15 nutrients, you see pretty much the same
5 thing with the lower numbers, but showing you can
6 differentiate foods, your vegetables and actually
7 your organ meats are over here because of the
8 nutrients they have.

9 This is energy density, just to show you
10 the energy density related to the index. You can

11 see that candy and soda end up over on one side and
12 you have a continuum of where milk, fish, cheese and
13 other products are available.

14 So that just gives you a picture of what
15 the index looks like. On validation, and this is
16 where we've spent a lot of our effort, if you go
17 through the literature you'll see various approaches
18 to trying to validate an index. Some are basically
19 it looks right, it feels right, I've seen the data,
20 it looks right.

21 Others are just, you know, certain foods
22 that we think should be higher are higher, then

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1 there are others that are just correlating with
2 expert opinion. We think the best and frankly the
3 only valid way to do it is to link to some measure
4 of diet quality. And in our case, what we link to
5 is a healthy eating index developed by USDA.

6 We've used the 2005 healthy eating index
7 which factors in fruits, whole fruits, grains, whole
8 grains, vegetables, vibrantly colored vegetables and
9 goes all the way down to have saturated fat, sodium,
10 and then the new concept of SFASA, which is the
11 calories from saturated fat, added sugars and
12 alcohol, so that's really the basis of how we
13 validated our index.

14 All right. So we, we actually have used
15 the, and actually the Anne Heins data and developed
16 a regression analyses based on diet quality, body
17 mass index, both systolic and diastolic blood
18 pressure and cholesterol levels.

19 What we did, we took the Anne Heins
20 data, calculated the nutrient index for every food
21 that was consumed by the subjects in the study and
22 then created an overall diet score based on the

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1 index for those subjects and then correlated that
2 information to diet quality as well as the health
3 outcome variables.

4 This is a very data rich slide which is
5 getting into a format for a publication and I just
6 want to highlight on this case we're showing, we can
7 explain about 40 percent of the variation. If
8 you're using 100 K cal as your basis, and 11 minus
9 3, those 11 nutrients I showed you plus the 3
10 negatives we talked about were about 32 percent of
11 the variation in healthy eating index with the
12 nutrient index. This is our, if you just looked at
13 what a baseline would be adjusting for gender, age
14 and race ethnicity, it's about 7 percent, so we're
15 seeing a very significant increase in, in the
16 explanation of variation. So showing that diet, the
17 nutrient index can predict diet quality as measured
18 by a healthy eating index.

19 We show the same thing with -- yep, yep,
20 I'm going to go right through. We show the same
21 thing with blood pressure and with LDL cholesterol.
22 We can show significant relationships, however the

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1 R-squares are significantly lower and so we, we now
2 have a family of indices that have been tested and
3 this is the only approach that I've seen that has
4 actually been validated against objective measures

5 of diet quality and health outcomes and I think the
6 key next step is translation of this science to the
7 consumer.

8 There's another team that is actually
9 working on that and then as we've developed the
10 science, they're starting to work that, you have the
11 activities to bring that science to life, messages,
12 on pack tools, et cetera.

13 So, you know, our approach is
14 science-based, consumer driven, objective and
15 transparent. We believe that it's relevant, you
16 know, to the dietary needs to distinguish among the
17 food groups, the reference amounts are linked to
18 food labeling, we think it's important to link to
19 the food labels, let's not throw it away, we spent a
20 lot of time working it.

21 The balance of positive and negative
22 nutrients really looks at the complete nutritive

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1 value, have a simple algorithm that's fairly
2 transparent and it's been validated against
3 subjective measures and hopefully we'll help people
4 enjoy healthier diets by getting more nutrition from
5 their calories.

6 Thank you.

7 (Applause)

8 MICHAEL LANDA: Our next speaker is
9 Mary K. Young with the National Cattlemen's Beef
10 Association.

11 MARY YOUNG: There we go. Thank you.
12 On behalf of America's beef producers, I appreciate
13 the opportunity to be here today to share some of
14 our consumer research.

15 While there is not mandatory nutrition
16 labeling in the meat case, we have been long-time
17 supporters of just that. We believe consumers have
18 the right to know what's in their foods and we have
19 supported USDA's proposed rule on nutrition labeling
20 in the meat case for a very long time.

21 To that end we've been doing a number of
22 different types of research projects on nutrition

0200

1 labeling and I'm going to share a little bit of that
2 today with you.

3 Sticky thing. There we go. These are
4 the three questions that I'll address today,
5 consumer attitudes towards symbols, the connection
6 between symbols as well as the principal display
7 panel and how do consumers use these symbols.

8 The last couple of days we've all been
9 here because we're trying to help Americans build
10 healthier diets. The FDA obesity working group
11 called for an action plan to help consumers lead
12 healthier lives through better nutrition and the
13 dietary guidelines for Americans in My Pyramid call
14 us to get more nutrition from our calories because
15 of the concern of being overfed yet undernourished.

16 In fact, the dietary guidelines, in
17 part, say many Americans consume more calories than
18 they need without meeting recommended intakes for
19 nutrients. This circumstance means that most people
20 need to choose meals and snacks that are high in
21 nutrients but low to moderate in energy content,

22 that is, meeting nutrient recommendations must go
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1 hand in hand with keeping calories under control.

2 We firmly believe in the need for a
3 unified system and that the nutrition facts panel
4 and the principal display panel can really be
5 powerful tools to help consumers implement the
6 dietary guidelines in My Pyramid.

7 So, given that, we asked the question
8 does the nutrition facts panel go far enough to
9 actually help Americans get more nutrition from
10 their calories. We've conducted a number of
11 different research projects, the one I'm going to
12 primarily spend some time talking about today is the
13 800 online adult food shoppers, it's a random
14 sample.

15 We also talked to registered dietitians
16 in both qualitative and quantitative and I've got a
17 little bit of that data to share with you today.

18 We tested products across the grocery
19 store. We provided different nutrition facts panels
20 and principal display panels and we tested all
21 different products in random order, et cetera,
22 throughout the project.

0202

1 And the first question we asked, if
2 we're supposed to be getting more nutrition for our
3 calories, does the nutrition facts panel help
4 consumers do that, given that it only has four micro
5 nutrients, Vitamin A, C, calcium and iron.

6 So we provided a couple of different
7 samples. On the, I guess your left, you see the
8 current nutrition facts panel and then on the other
9 side you see an expanded panel that is food group
10 specific, provides the nutrients, as an earlier
11 speaker said, we have food groups for a reason and
12 so it expands the nutrition information to provide
13 nutrients, micro nutrients that are found from that
14 food group and this is the spinach examples, the
15 vegetable example.

16 What did consumers tell us, that
17 overwhelmingly almost 80 percent of consumers prefer
18 the nutrition facts panel that shows the food group
19 specific nutrients on the label and dietitians
20 agree, they like that idea of having all of that
21 information when they're talking to their consumers
22 and having their clients make healthier choices.

0203

1 Well what about the principal display
2 panel, is it an opportunity to communicate more
3 nutrition information and obviously we've spent two
4 days talking about that. So we first showed the
5 same labels including the milk one, it's not up
6 here, it's just so the slide wouldn't get too busy
7 without any, any kind of symbol on the front of pack
8 at all.

9 We then said well what about if we put a
10 calorie call-out on the package and this is what
11 that looks like, you can see just a little round
12 circle that says, you know, up there with the
13 spinach, 20 calories per serving.

14 We then also said well what about a
15 package front that includes calories and nutrient

16 call-outs and then that's what these packages would
17 look like, that spinach again, 20 calories per
18 serving is an excellent source of Vitamin A and
19 Vitamin C.

20 And consumers, again, almost 70 percent
21 of consumers prefer the front of the package that
22 shows both calories and nutrients and told us that

0204

1 it would be most effective in helping them choose
2 nutritious foods. And, in fact, only 5 percent of
3 consumers preferred the calories only label on the
4 front. Probably not surprising to those of us in
5 the room that does a lot of consumer research.

6 But dietitians agree as well, not only
7 do they prefer that front of pack that has both the
8 calories and nutrition information, they believe it
9 will help their clients actually follow the dietary
10 guidelines and choose nutritious foods and get more
11 nutrition from their calories.

12 Well then what about the combination of
13 the principal display panel and the nutrition facts
14 panel, you know, and how could those work together
15 and is there a combination that would work best for
16 consumers. So, consumers looked at all of those
17 products with a total of six different options of
18 combinations with each of those products and then
19 what did they tell us.

20 Their preference, and it was an online
21 survey, so they were able to turn the product over
22 online and see the nutrition facts panel, their

0205

1 preference consistently across the board for all
2 products that, the principal display panel on front
3 that had calories plus nutrients and then the
4 expanded food group specific nutrition facts panel
5 on the bottom and in fact, 57 percent of consumers
6 preferred that.

7 The second most popular one that was the
8 most, second most liked by 12 percent of consumers
9 was the calorie plus nutrients and the current
10 nutrition facts panel.

11 Well, 30 years of talking primarily
12 about fat, we know we've had an unintended
13 consequence of people choosing a lot of low fat
14 foods without regard to calories, so we also asked
15 the question is there a potential unintended
16 consequence of focusing primarily on calories,
17 because we do believe that we should be helping
18 people build better diets by the total nutritive
19 package of their foods.

20 So, we showed them two labels and what
21 you see here is a low calorie, high nutrient value
22 food, if you can't see the numbers, it's 90 calories

0206

1 and has a number of vitamins and minerals, good and
2 excellent source of a number of vitamins and
3 minerals, the other product is a low calorie, low
4 nutrient value food at 5 calories are virtually no
5 micro nutrients at all. And we asked consumers
6 which would you choose, which product is the
7 healthier product.

8 And consumers equally selected diet soda
9 and skim milk which does cause one to be concerned

10 about if we focus only on calories on that principal
11 display panel, for some people will there be an
12 unintended consequence of choosing low calorie foods
13 that are not nutrient rich.

14 In summary, we do believe a unified
15 system is important and that the nutrition facts
16 panel as well as the principal display panel can be
17 really primarily effective tools in helping
18 consumers implement the dietary guidelines in
19 My Pyramid.

20 The nutrition facts panel could go much
21 further by providing the food group specific micro
22 nutrients in helping Americans get more nutrition

0207
1 from their calories. The principal display panel
2 that includes calories plus nutrients was the most
3 effective one that we showed consumers in helping
4 them choose nutritious food choices and the
5 combination of that same panel, principal display
6 panel with calories and nutrients plus the expanded
7 food group specific nutrition facts panel was the
8 one that consumers and dietitians preferred as a way
9 to help them purchase nutritious foods.

10 And the last point is we do need to, as
11 we're having these types of deliberations, be
12 concerned about any unintended consequences that
13 could come out of what we do.

14 Thank you.
15 (Applause)

16 MICHAEL LANDA: Our final speaker on
17 this panel is Helen Falco with the Coca-Cola
18 Company.

19 HELEN FALCO: Good afternoon. I think
20 there's something special about being last on an
21 agenda and on a dreary, rainy afternoon, so it's
22 kind of nice to see how full the room still is.

0208
1 My name is Helen Falco, I serve as
2 director of nutrition and health policy for the
3 Coca-Cola Company. We really appreciate the
4 opportunity to be here to share our views on the use
5 of symbols to communicate nutrition information.

6 Before making my remarks, I would like
7 to state that Coca-Cola acknowledges the importance
8 of identifying and implementing solutions that will
9 enhance the health, the well-being and the
10 nutritional status of the public. That's what we're
11 really here for.

12 At Coca-Cola we believe in offering
13 people choices and we provide a wide variety of
14 beverages as well as portion sizes to meet consumers
15 need for fun, for refreshment, nutrition and
16 hydration.

17 From our range of products, package
18 sizes and the information that is provided on these
19 packages, including for dual labeling that provide
20 both serving size and for the total package,
21 consumers can make sensible choices that are
22 compatible with a healthy, active lifestyle.

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1 However, having nutrition information is
2 not enough. The challenge for all of us is to
3 identify what really will work to promote healthy

4 lifestyles and what will result in positive,
5 sustainable changes in the health of consumers, in
6 particular with respect to obesity.

7 We would like to thank FDA for providing
8 this opportunity to share our viewpoints and for
9 addressing this increasing interest in the use of
10 nutrition symbols. Coca-Cola wishes to provide --
11 to provide brief comments that will cover three main
12 points related to research and education, themes
13 that have been repeated over and over during these
14 two days.

15 Number one, comprehensive U.S.
16 population-based research is needed before embarking
17 on any Governmental approach to nutrition symbols.

18 Number two, concerted, sustained and
19 creative education programs must underpin current
20 and future nutrition labeling initiatives.

21 And three, successful educational
22 initiatives must inform, must motivate and must

0210 1 empower consumers to achieve better diets and better
2 health.

3 Coca-Cola has participated in industry
4 and Government discussions on the use of nutrition
5 symbols in many parts of the world, including here
6 in the United States. And we have applied
7 objective, fact-based symbols in some countries, in
8 particular where nutrition information is not
9 mandatory.

10 While we continue to learn from the
11 experiences in other countries, we believe that
12 consideration about use of nutrition symbols needs
13 to be addressed in the national context, taking into
14 account existing regulatory conditions as well as
15 consumer health issues and consumer interest.

16 In particular, consideration should be
17 given to the availability of alternate solutions
18 that could be effectively and efficiently utilized
19 to help slow the rate of obesity and eventually
20 reduce its prevalence in our society.

21 FDA has asked challenging questions with
22 respect to existing research on nutrition symbols.

0211 1 While a number of qualitative and quantitative
2 investigations have been carried out and have been
3 reported on during this hearing, answers to how
4 these programs are understood and utilized within
5 the context of the total diet remain unclear.

6 There simply is no definitive indication
7 at this point that creating yet another on pack
8 representation of nutrition information would be
9 motivating or would make a difference, especially
10 with respect to the prevalence of obesity.

11 Furthermore, there is no definitive
12 indication at this point that broader use of
13 nutrition symbols would help stem the confusion
14 about diet and health.

15 In our opinion, therefore, there is a
16 need for comprehensive U.S. population-based
17 research that would demonstrate whether or not
18 symbols would serve as an effective tool in helping
19 American consumers achieve a healthier overall diet
20 and in doing so, would help reduce the incidents of

21 obesity. And if that answer is affirmative,
22 additional research would be needed to identify

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1 which types of symbols and supporting educational
2 initiatives would best achieve the purpose.

3 What is even more crucial, we need
4 research to help determine the basic underpinning of
5 what motivates a consumer to read, to understand and
6 to act on nutrition information. We need to
7 determine why currently-available information does
8 not yet seem to resonate with so many people.

9 Our ascertaining this basic, but not at
10 all simple question, is absolutely essential. Until
11 such research is available, we believe that it would
12 be premature to embark on any Governmental approach
13 to use of nutrition symbols in the U.S. population.

14 Nevertheless, we can't wait for all the
15 answers before taking action. At the very least we
16 must use the tools at hand and begin to develop
17 necessary educational foundation that will lead to
18 changes in diet and changes in health.

19 Where then do we go in the U.S. context?
20 We feel that the U.S. is in a unique position having
21 implemented nutrition labeling some 15 years ago.
22 Consumers see the nutrition facts panel nearly every

0213

1 time they pick up a packaged food or beverage
2 product. They see it, but do they understand the
3 information, can they use it to select an overall
4 healthy diet. Despite the familiarity that
5 consumers have with this grandfather of nutrition
6 symbols, there is good evidence that the answer to
7 these questions is all too often no.

8 Certainly improvements to the format and
9 content of the nutrition facts panel can and should
10 be considered, but is this enough? We don't think
11 so. Just like any other complex instrument, MP3
12 players, the hybrid cars, consumers must be taught
13 to use the nutrition facts panel before it can
14 impact their lives.

15 It cannot achieve the desired outcome,
16 better diet and health on its own. It is
17 Coca-Cola's position that through concerted,
18 sustained and creative education programs that are
19 supported by all stakeholders, by Government,
20 consumer groups, health professionals, the food and
21 beverage industry, schools, parents, the media, in
22 other words, by all of us, that we can slowly but

0214

1 surely help reduce the prevalence of obesity in the
2 U.S. population.

3 Well now there are many who say, hmm,
4 education, we've tried it, doesn't work. Let's go
5 on to something else. We can agree that scattered,
6 short-term initiatives lack the necessary scientific
7 evaluation to substantiate the work are unlikely to
8 have the needed impact.

9 Further, education cannot be just one
10 way. We have to approach it from many angles and
11 from many disciplines. To that end, just imagine
12 what if we were to harness the collective genius of
13 all stakeholders to develop and execute programs
14 that inform, that motivate and that empower

15 consumers to take charge of their own diets, their
16 own level of physical activity and their own health.
17 Change would not be instantaneous, but
18 we believe it would be observed over time and that
19 small steps would eventually lead to big, big
20 successes.

21 One way Coca-Cola is planning to
22 increase understanding of the nutrition facts panel

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1 and the ingredient panel, because as we can't
2 forget, it does also provide a lot of really good
3 information, is through a program we will be
4 initiating called be label conscious. It is
5 designed to increase the consciousness of consumers
6 as it relates to the food label, to increase their
7 awareness, their knowledge and their understanding
8 of this very important tool. We will keep you
9 updated as progress moves forward.

10 So, as you reflect on the vast amount of
11 information that has been presented over these two
12 days, we encourage you to consider the importance
13 and the power of education. Whether it is education
14 to improve the understanding and use of the current
15 nutrition facts panel or an improved panel or
16 potentially whether it is education to understand
17 and use nutrition symbols.

18 Without concerted education programs
19 that motivate and empower the consumer, we will
20 continue to engage in graphic exercises and
21 unfortunately we will leave this problem for the
22 next generation to resolve.

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1 Thank you for your consideration. We
2 will be providing additional detailed comments and
3 we look forward to working with everyone in a
4 collaborative manner to find solutions that really
5 will final turn the tide on obesity.

6 Thank you.

7 (Applause)

8 MICHAEL LANDA: We have a question from
9 Kathy Ellwood.

10 KATHLEEN ELLWOOD: Oh, takes a while.

11 Okay, this is for Dr. Fulgoni and this is really
12 kind of piggybacking on a question that
13 Dr. Schneeman had asked of a speaker this morning
14 that in your system, are you taking into account
15 fortification and does it also apply to beverages or
16 is it strictly for conventional foods?

17 VICTOR FULGONI: Yeah, I'll take the
18 last, the last question first. It applies to both
19 food and beverages and frankly all foods that are
20 consumed in America.

21 On fortification, it does include
22 fortification, we're not trying to exclude

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1 fortification, nor do we penalize for fortification.
2 However, we do cap at 100 percent of the DV so if
3 something was fortified at 125 percent, it would not
4 get any additional value.

5 MICHAEL LANDA: We have a question from
6 David Zorn.

7 DAVID ZORN: Ms. Young, my question is
8 for you. On the nutrition call-outs, and I couldn't

9 really see the slide, what nutrients did you
10 highlight on the front?
11 MARY YOUNG: It's a good question, sorry
12 they were so small. We, we highlighted nutrients
13 from that food that were either an excellent or a
14 good source. So the spinach had Vitamin A and
15 Vitamin C, I think the milk had calcium and
16 Vitamin D and then beef had either protein and iron
17 or iron and zinc, something like that.

18 DAVID ZORN: So it varied from just
19 which every --

20 MARY YOUNG: It varied, it was food
21 group specific.

22 DAVID ZORN: Okay, so it was almost sort

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1 of a substitute for a nutrient content claim, sort
2 of?

3 MARY YOUNG: Yeah. Uh-huh.

4 DAVID ZORN: Okay, thank you.

5 MICHAEL LANDA: We have a question from
6 Felicia Billingslea.

7 FELICIA BILLINGSLEA: Actually,
8 Ms. Young, my question is also for you and builds on
9 David's question.

10 You, you said that one of the findings
11 from your research was that consumers preferred to
12 have food specific nutrients included in the
13 nutrition facts panel.

14 I guess the first part of my question is
15 how would the consumer have been informed that these
16 are food group specific; and the second part is if
17 they saw two milk products, let's say, where one had
18 just the mandatory nutrients in the nutrition facts
19 panel, the other included the expanded group, would
20 the consumer take away that those products are
21 different or would they understand that even the
22 product that didn't contain those expanded nutrients

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1 contained those because they were the same food?

2 MARY YOUNG: Also good questions.

3 The, before we did the quantitative, we
4 did some qualitative work and what we found in
5 qualitative is that if it's not there, they don't
6 think it has it.

7 Now when they were shown the milk
8 products, for instance, they saw it on a container
9 of milk, they saw the nutrition facts panel and they
10 saw both panels. So they saw one as it stands today
11 and then they saw the expanded one.

12 Now we didn't tell them it was food
13 group specific, but they saw what the micro
14 nutrients were and then they selected which panel
15 was the one that helped them choose the foods, you
16 know, nutrition foods. Which one did they prefer
17 and which would then help them shop for more
18 nutritious foods.

19 MICHAEL LANDA: We have a question from
20 Camille Brewer.

21 CAMILLE BREWER: Thank you. I'd like to
22 build on Felicia's question. It's not clear to me

0220
1 how you're defining food groups, are you talking
2 about peaches to peaches, are you talking about milk

3 products as a larger category? What does food group
4 mean to you?

5 MARY YOUNG: We used it based on USDA's
6 food grouping when they developed the pyramid that
7 there are specific nutrients that each food group
8 provides, so fruits provide, you know, these
9 nutrients, vegetables provide these ones, et cetera,
10 et cetera. So those were the ones that we utilized
11 in putting on the label.

12 MICHAEL LANDA: We have a question from
13 Barbara Schneeman.

14 BARBARA SCHNEEMAN: Thank you.

15 I have a question for Dr. Hager and I'd
16 like to know with the various symbols and systems
17 that are out there in the marketplace, do you know
18 if dietitians, your professional group, are they
19 using them to any extent? If they do use them, how
20 do they use them?

21 And also I did note that ADA has at
22 times decided to endorse a program, I think you were

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1 referred to in the three a day, what criteria the
2 organization uses to lend its name to these kinds of
3 programs.

4 MARY HAGER: Right, exactly, but not a
5 specific food product do we endorse, so we don't
6 have a symbol for an endorsed or certified food
7 product, I'd like to clarify that. And in terms of
8 our members using the symbols, that's something that
9 we're going to be looking at in how they use them.

10 MICHAEL LANDA: I just have a clarifying
11 question.

12 When you do endorse, what is it that you
13 endorse?

14 MARY HAGER: We, what do we endorse, it
15 would be a program, we would go into a memorandum of
16 agreement for a specific program or we've done that
17 with insurance companies with the wellness program
18 for children or that type of thing.

19 But when it comes to a food product, we
20 would, do not have an icon to say, you know, this
21 food product, per se, on the shelf, would have an
22 ADA symbol on it. Is that clear or did I miss

0222
1 something?

2 Like, you know, like we have on our
3 toothpaste or our, like the check system. Programs,
4 but not products.

5 BARBARA SCHNEEMAN: Right, and so if you
6 think about a program that you, I don't know whether
7 endorse is the correct word, but if you think about
8 a program that you have lent your name to, what
9 criteria have you used to make a decision about
10 whether or not you would enter into that?

11 MARY HAGER: Exactly, and I cannot
12 answer that myself. I would have to contact our
13 Chicago group for that.

14 BARBARA SCHNEEMAN: Thank you.

15 MICHAEL LANDA: Any other questions from
16 the panel? Barbara Schneeman.

17 BARBARA SCHNEEMAN: Get a second chance.
18 I wanted to ask Ms. Young some more
19 questions about the study that they did, so I'm --

20 it almost -- one interpretation of the nutrition
21 facts labels that you put up for the diet soda and
22 the milk is that while consumers did have additional

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1 information, it didn't improve the judgment they
2 made about the product and I'm just wondering if you
3 would comment on that.

4 I think you were trying to address, you
5 know, do consumers just look at a longer list of
6 nutrients and assume a product is more nutritious,
7 but when they compare two products and made a
8 judgment, did that additional information help them.

9 MARY YOUNG: They saw that unintended
10 consequences section was separate from, and I don't
11 remember what order, I'd have to go back and look at
12 the questionnaire and look at that, but it was
13 separate from the longer panel questions, et cetera.

14 But obviously, one, one of those labels
15 had more information and, you know, a good part of
16 the population, equal numbers picked the one with
17 more nutrition information. So I would, given that
18 it was higher in calories, it was a 90 calorie food
19 with, you know, lots of vitamins and minerals, but
20 they looked at that information and they used that
21 information to choose that as the healthier product.

22 Equal numbers looked at that 5 calories
0224

1 with no nutrients basing it on that information and
2 chose that as the healthier product. Given that
3 there's no other information except there -- on that
4 label except calories, you can assume they're making
5 that judgment based on that.

6 BARBARA SCHNEEMAN: I guess additional
7 follow-up on that.

8 Did you then have any additional
9 information about the participants in the study that
10 might have given you some insight as to what they
11 were looking for and how that might influence the
12 choice that they made?

13 MARY YOUNG: Of who they were
14 demographically, is that, is that what you mean?

15 BARBARA SCHNEEMAN: No, could there be a
16 difference that some of your group was more
17 interested in calories, other members of the group
18 more interested in nutrition, do you have any of
19 that kind of information?

20 MARY YOUNG: Yeah, there is some in
21 there and we can get in and get that out for you.
22 There is some in there that there was a segment that

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1 identifies themselves as, you know, more health
2 conscious and I don't know if we've teased that out.

3 I can look at it to see if the more
4 health conscious ones tended towards one or the
5 other choices, but there, there was some
6 self-selection of were they more or less, more
7 health conscious, less or moderate so we can look at
8 that and provide that in the written comments.

9 MICHAEL LANDA: We have a question from
10 David Zorn.

11 DAVID ZORN: My question's for Ms. Falco
12 and I'm sorry if you mentioned this during your
13 presentation, I may have missed it, does Coca-Cola

14 use any symbols on the front of their packages other
15 than just sort of the normal advertising type of
16 things, any nutrition-related symbols?

17 I realize you have a broad range of
18 products so it may be difficult to cover.

19 HELEN FALCO: Well, yeah, we have, since
20 we're an international company, in the European
21 Union Coca-Cola is among the companies that are
22 leading the way in applying GDAs front of pack, as

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1 front as you can be of a round can.

2 In Australia, we're also involved in
3 initiatives and in other countries where it's been
4 the appropriate solution.

5 In the United States we have not applied
6 nutrition symbols as such as we have been discussing
7 during these two days. We still feel that there's a
8 need for a great deal of research before we know the
9 way to go, but in other countries it has been
10 fact-based. On many of our U.S.-based products,
11 though, we are applying nutrition claims and health
12 claims where it's appropriate.

13 DAVID ZORN: Thank you.

14 MICHAEL LANDA: Any other questions
15 from -- oh, I'm sorry, we have a question from Rob
16 Post.

17 ROBERT POST: Thanks. This is for
18 Helen. You mentioned, kind of made us curious
19 perhaps with the label conscious program, so I
20 thought of it as a question, and you said it links
21 or it provides information about nutrition facts and
22 ingredient statements.

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1 Is it intended to be related to being
2 health conscious and what connection is there in the
3 nutrition facts and the ingredients statement,
4 because that's one area I don't think we've really
5 heard a lot about.

6 HELEN FALCO: Well the program is in its
7 developmental stages so, you know, specific details
8 I can't give, but it very much does link better
9 health through nutrition and through information and
10 it's done in a fun way, but it's intended to build
11 on existing FDA programs, tools, resources. We'll
12 eventually be looking for partnerships.

13 So, you know, as I said in my
14 presentation, we need to -- we use many, many
15 different avenues to get information out to
16 consumers and so that's the idea behind this one.
17 So stay tuned.

18 MICHAEL LANDA: We have a question from
19 Barbara Schneeman.

20 BARBARA SCHNEEMAN: Thank you. I have a
21 question for Dr. Fulgoni and, Victor, I know that
22 toward the end we sort of, you had to rush through a

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1 lot of things and I think I missed what is it that
2 would get communicated to a consumer, how are they
3 made aware, how do they come to understand the
4 system that you're using?

5 VICTOR FULGONI: Yeah, that's still
6 under development. That's the consumer research
7 component. We basically, this has been the

8 component to decide on how to build the index that
9 you could actually evaluate foods and then have the
10 index validated against some measure of diet quality
11 and health outcomes.

12 Now that we have that the next phase is
13 to actually say how do we take that information, is
14 it a 10 point scale, is it a 5 point scale, is it no
15 scale at all, is it, you know, and work that and
16 that's the next phase of the nutrition, Nutrient
17 Rich Foods Coalition is going to be doing.

18 BARBARA SCHNEEMAN: All right. I guess
19 as you move forward with that, are you anticipating
20 it as something that goes on the food package itself
21 or in an educational context or is it in a retail
22 environment?

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1 What is your thinking in terms of where
2 the consumer would become aware of it?

3 VICTOR FULGONI: I think it, you know
4 the ideal scenario would be in both a retail and on
5 pack scenario where you would actually be able to
6 say you have an index that measures nutrient density
7 or total nutrient value of a food and that relates
8 to total diet quality, that if people would select
9 these foods that rank higher in this index, they
10 should get a better diet and hopefully better health
11 outcomes.

12 BARBARA SCHNEEMAN: In that context,
13 given what you've told us about the system you're
14 developing, I would anticipate that some of the
15 foods are not traditionally packaged foods, so I'm
16 wondering if you've given some thought to how it
17 gets communicated with those foods.

18 VICTOR FULGONI: Yeah, I mean it would
19 be relatively, you could apply it almost anywhere.
20 I mean if you wanted to do it in menus, you could,
21 if it was in a retail -- in a restaurant or
22 something of that sort. But all of that needs to be

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1 worked out to see what, how the consumer wants to
2 receive that and to figure that out because that's
3 really the next big piece of work that the coalition
4 needs to address.

5 MICHAEL LANDA: Any other questions from
6 the panel?

7 Thank you very much.

8 (Applause)

9 As I mentioned earlier, we didn't have
10 enough time for questioning yesterday of the first
11 panel which was the panel on the international
12 experience Government activities.

13 If members of that panel would come
14 forward now, that's Claire Boville in the UK, the
15 Food Standards Agency. Jan-Willem van den Brink
16 from the Netherlands Ministry of Health, Welfare and
17 Sport, Tipvov Parinyasiri, Thailand Food and Drug
18 Administration, and Mary L'Abbe from Health Canada.

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3 Claire Boville
4 Jan-William van den Brink
5 Tivon Pari nyasi ri
6 Mary L' Abbe
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1 MR. LANDA: Let me just thank you all
2 for agreeing to return for another round of
3 questions. We very much appreciate it.
4 Why don't we start with Felicia
5 Billingslea.

6 FELICIA BILLINGSLEA: Yes, my question,
7 the first question I have is directed to the
8 countries that have voluntary nutrition labeling and
9 I was wondering if sign posting or the use of sign
10 posting triggers nutrition fact labeling in your, on
11 your products, because if I understood, there are
12 certain features on the food label that would
13 trigger nutrition labeling and is sign posting one
14 of those?

15 If it is not, then how would the
16 consumer get further information about the product?
17 If you could address that.

18 MR. van den BRINK: Thank you, well
19 first of all, thank you for inviting us back, it's a
20 real honor.

21 We thought we could get away with
22 15 minutes. No.

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1 I think I could speak for Claire as well
2 because in the European community, it's, it's
3 European regulated, it's European law that whenever
4 you make a claim on a product and a choice, a
5 Healthy Choice logo or the Choices logo, if such a
6 claim or any other claim, you must then declare the
7 nutrients that are in the product and there are, we
8 have the big four and the big eight, that's the two
9 types of nutrition labeling that are, is, is
10 mandatory whenever you make a claim.

11 So, short answer is yes. I'm not sure
12 if you want to add something to that.

13 CLAIRE BOVILLE: Yes, I agree with all
14 the points that Jan-Willem has made, that that is
15 what's laid down in the European law.

16 In terms how the front of pack sign
17 posting works in the UK, we consider the traffic
18 lights approach to be nutritional labeling

19 information so --
20 MICHAEL LANDA: Claire could you speak
21 up a little bit.

22 CLAIRE BOVILLE: Oh, I'm not usually

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1 accused of being too quiet.

2 In the UK the traffic light labeling
3 system, we consider that to be nutritional labeling,
4 so it always, if you apply that on the front, it
5 would always be accompanied by more detailed
6 nutritional labeling information on the back of the
7 pack. So the information should not in any way
8 contradict or provide conflicting information. If
9 that answers your question.

10 MICHAEL LANDA: We have a question from
11 Camille Brewer.

12 CAMILLE BREWER: Thank you.
13 Ms. Boville, I'd like to probe a little bit on
14 education.

15 Can you talk about specific education on
16 sign posting in the UK? Which sector is in the
17 lead? Is it a lead Government responsibility, is it
18 done jointly with industry, how's it coordinated and
19 what are the costs? Thank you.

20 CLAIRE BOVILLE: That's a very
21 interesting question. I did have in my presentation
22 but unfortunately didn't have time to show you some

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1 of the education activities that we have carried out
2 as part of the awareness raising with the sign post
3 labeling that we have in the UK.

4 We see that when the agency Board made
5 its recommendations on what should be in the sign
6 post labeling scheme, part of its commitment was
7 that it would support it with communication and
8 education activities to raise awareness of it.

9 And that was considered to be an
10 important element because of the form with which the
11 recommendations took in that they were principles,
12 they were not a logo.

13 So, therefore, you have the opportunity
14 for companies to use their creative powers to come
15 up with a design for a logo which incorporates the
16 four core principles, but which best matches the
17 corporate values or design for that company. I hope
18 I'm making myself clear, yeah.

19 So, in that situation what you end up
20 with is, is a series of logos which can look
21 different but actually the underpinning basis for
22 them is all the same. So it's important, therefore,

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1 that the consumer was aware that they were all part
2 of the Government scheme and that they all had the
3 same criteria.

4 So, we started that, a number of things
5 happened. One was an awareness raising activity,
6 sort of in the media called range of media activity,
7 an advertising campaign which included a poster
8 campaign, and I've got a copy here of it. This is
9 just a small, small-scale image. That appeared
10 much, much bigger in size on billboards, on buses
11 and was given away as posters, as well, for people
12 to have.

13 MICHAEL LANDA: Could you describe that
14 please just for the transcript.

15 CLAIRE BOVILLE: Oh, yes, of course. It
16 has the -- it's a very simple design, it has the
17 word food written down the side and in this sort of
18 roundness of the F is the color red and in the O --
19 in the O is the red, in the second red there's the
20 amber and in the round of the D is the green and
21 it's the design that looks like a traffic light and
22 then the words say to it, there is a new labeling

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1 system on food. It tells you the levels of sugars,
2 fat, saturated fat and salt. Red means high, amber
3 means medium, green means low. The Food Standards
4 Agency helping you make healthier choices and then
5 there's the Website address which is
6 Eatwell.gov.UK/trafficlights. So it's referring the
7 consumer to a place where they can find more
8 information and it's, it's sort of saying look out
9 for this.

10 And then that was supported by a TV
11 advertising campaign and again, in the presentation
12 I did have a clip of it so hopefully you'll have an
13 opportunity after today to play it, but it features
14 this kind of graphic and that was supported then,
15 that ran in early this year for a number of weeks,
16 about 12 weeks and then that was supported by
17 further communication and education activities,
18 mainly aimed at the health professionals and
19 dietitians and that group and some leaflets. And
20 there's always an article in FSA News, every single
21 month, telling people about, you know, who the new
22 doctors are, what it looks like and there's a whole

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1 section on our Eat Well Website where you can have a
2 look at who is adopting, what their logo looks like
3 and there's a statement about their reasons for
4 adopting, why they made that choice themselves.

5 And then in addition to that, we have
6 what we call an adopt a supporter group which is
7 where all those companies who have chosen to use the
8 sign posting approach and all of the organizations
9 which are behind it so the consumer organizations,
10 the medical and professional organizations which are
11 behind it come together to discuss communication and
12 education activities to ensure that they're giving
13 out the same message and using their different
14 powers and their different channels for getting that
15 message across.

16 I have a pack here which summarizes this
17 and I'd be happy to give you a copy before I leave
18 today.

19 MICHAEL LANDA: A question from David
20 Zorn.

21 DAVID ZORN: I actually have a few
22 questions, but I'll just do one at a time and you

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1 can stop calling on me.

2 I'll start with my question for
3 Mr. van den Brink, you mentioned that the plan or
4 the thinking currently is to update the criteria for
5 the symbol. I think you mentioned either two or
6 five years, it was every two years, and the reason

7 was that you would, you would encourage people to
8 keep improving their products over time.

9 I just, it, it seemed like a, I don't
10 want to prejudice you, but it seemed like a very
11 expensive proposition to keep changing the symbols
12 because it's one thing to earn it this year, but if,
13 if I don't earn it the next year, I can't just say
14 oh, well I won't re-formulate my product, I also
15 have to remove it from my label.

16 Again, I was just trying to get a sense
17 of how did you get feedback from the, your producers
18 of what they thought of that prospect?

19 MR. van den BRINK: Well, thank you.
20 Good question. Well first of all it, it's not that
21 we as a ministry of health came up with that, it's
22 the proposition made by Choices, the organization,

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1 itself, and based on their, on the work that the
2 scientific commission has done to establish the
3 criteria that they have right now.

4 The commission said, take salt, for
5 instance, they said, well, for some product groups
6 we have set a threshold for salt a little lower than
7 you would -- sorry, you would want to, but in two
8 years time we need to look at it again and see if,
9 if we could raise the thresholds so that, so that
10 product -- that companies are stimulated to make
11 product re-formulation, do product re-formulation
12 and -- well, to be honest, it's the industry,
13 itself, that came up with this, that proposal, the
14 industry, the departments, all departments in the
15 Healthy Choice logo and especially the scientific
16 commission, but it was backed by the foundation
17 which, which -- of, well the companies that are a
18 member of the foundation are present, so it's their,
19 it's their call.

20 MICHAEL LANDA: Dr. Schneeman has a
21 question.

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22 BARBARA SCHNEEMAN: I just wanted to
1 follow up and clarify, so is that moving target for
2 sodium, is it sodium specific or is it for all of
3 the nutrients across the profile or just the sodium
4 piece of it?

5 MR. van den BRINK: No, I meant to
6 mention sodium as an example because it's really
7 stated as one of the thing that they now say that
8 they want to look at it in two years, but all the
9 nutrients will be reviewed, the whole system will be
10 reviewed in two years, so see if, two reasons, see
11 if the scientific insight has changed over the years
12 and also to see how many products satisfy or
13 eligible for a claim, for a logo.

14 If more than 20 percent of the products
15 in the main products groups, for something, one
16 product, the main product group, say bread, more
17 than 20 percent of breads products that are on the
18 market are eligible for a claim, then we need to
19 change that and set the levels higher so that it,
20 again, stimulates producers to re-formulate.

21 MICHAEL LANDA: All right. David Zorn,
22 did you have an additional question?

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1 DAVID ZORN: Yes, let me ask, and I'm
2 not sure if all three of the non-North American
3 speakers mentioned, but at least two mentioned that
4 industry was not excited about the colors, the red,
5 yellow, green, they more preferred a one color
6 solution.

7 I'm wondering if you have a sense, and I
8 realize you can't necessarily speak for them, but do
9 you have a sense of maybe it's because of the
10 additional expense of printing in more colors than
11 just doing a one color logo?

12 TIPVON PARINYASIRI: In Thailand we
13 discuss about the voluntary logo and the company
14 proposed the GDA, they started, they have the color,
15 but their color have no meaning. It just make it
16 attractive to the consumer. However, the NGO group,
17 they prefer to have the traffic light color but
18 that, that logo no level of nutrition, so we think
19 about to combine, they should have some color and
20 have some meaning, however they, you know.

21 But the second step, they can peak
22 information on that one, so we have to, FDA have to

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1 take another approach that both, both side doesn't
2 want to combine, so maybe we'll come up with our
3 suggestion that combine traffic light and GDA and
4 since we have a voluntary nutritional labeling,
5 it's, for the food format and also short, brief
6 format, the Thai consumer doesn't read that much and
7 even though it's already launched for nine year, but
8 for the, they become popular among the big company
9 because they think it's the, it's good to have the
10 nutritional labeling even though the consumer
11 doesn't read, but it looks healthy, that's what,
12 that's what Thai, I mean perception of the industry.

13 However, we, we think with the
14 nutritional labeling, the food format, we need a lot
15 of tremendous education program which is difficult
16 for Thai people and we think about the logo, we have
17 something to attract the consumer to look at the
18 nutrition and have some arrow to bring it to the
19 back. That's what we thinking about and it will
20 attract consumer more to help, to have healthier
21 food. That's what among Thai, among our officer.

22 MR. van den BRINK: I'm guessing here,

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1 but I think that a lot of companies do not
2 voluntarily want to have something on saying that
3 it's not a good product, so, but in UK they have
4 other examples for that, so.

5 CLAIRE BOVILLE: Certainly the, one of
6 the arguments that was given very early on when we
7 were in the process of consulting and discussing
8 what may or may not be in the recommendations for a
9 sign posting scheme, the issue of cost was raised
10 by, by some -- by some businesses, but what actually
11 happened in reality once this, once the
12 recommendations were made was that we saw an
13 increasing number of companies adopting it.

14 Now you might think, yeah, they're all
15 big companies. Far from that being the case. In
16 fact, actually, we have a mix, we have big
17 multi-nationals, we have medium companies and we

18 have a high level of small companies. And so you
19 might think well, you know, how can a small company
20 bear that cost, but it's because they, if you ask
21 them and you look at their, look at their statements
22 and part of their reasons for doing it is in some

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1 cases it's because they felt it was the right thing
2 to do and it felt, and it fitted well with their,
3 their brand image and their corporate values.

4 In other cases it was because they saw a
5 big commercial advantage for that and it was a good
6 way of distinguishing their product from another
7 product on the market. They say we're producing a
8 healthy food. This gives us an opportunity to shout
9 about it and it gives us the leverage of being part
10 of a nice big Government system and saying get,
11 giving it some sort of credibility.

12 So those were some of the reasons. It's
13 different for every company, but that's some of the
14 reasons.

15 MICHAEL LANDA: Next question from Rob
16 Post.

17 ROBERT POST: Thanks.

18 This question actually is for any of the
19 panelists and it relates to some comments from some
20 of you about third-party programs and I'll probably
21 reflect my USDA connection here because I keep
22 talking about organic or programs like that where

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1 accreditation by a Government agency is involved.

2 And I'm not sure in your experience
3 you've got somewhat advanced thoughts on the use of
4 sign posting and programs underway and research
5 underway, have you considered approaches using
6 third, third parties but using a sort of Government
7 endorsed set of criteria then that would lead to
8 some kind of accreditation by the Government entity
9 without actually having had to regulate the activity
10 as a daily activity?

11 CLAIRE BOVILLE: Yes, we gave that issue
12 some consideration and dismissed it. We decided
13 that, that if it was our criteria and our
14 recommendations, that we would much rather -- we've
15 also produced, I should highlight, very technical
16 guidelines for those, any -- they are on the Website
17 for anyone to look at which explain how to apply the
18 sign posting approach in the way that the agency
19 envisaged it and that there -- and we can direct
20 anybody who's considering using it or has inquiries
21 about it to go and look at those guidelines.

22 And we have a commitment to update them

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1 and review them in the light of experience and
2 practice and any other developments.

3 And we feel that a large part of our
4 responsibility is to be there for the businesses
5 that want to do that and to help, to support them
6 through that process and answer their questions and
7 maybe part of that I'd like to think has been
8 something to, towards some of the success that I
9 feel could be had in that they could pick up the
10 phone and they can talk through it.

11 Some, in some cases some businesses have

12 sent to us their product portfolio with their
13 nutrition information which they have color-coded
14 and said can you just check this to make sure we're
15 getting it right. So, we've got that nice kind of
16 dialogue and we're seeing this kind of what I like
17 to think, perceive as kind of friendly and helpful
18 and working with and maybe that's helped spread the
19 word they're not on their own.

20 So we see this as a partnership that
21 we're all trying to do something which is for the
22 good of the, the good of the consumer, but I have to

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1 say it's largely due to two of my team that spend
2 quite a lot of their time dealing with that.

3 You know, they have other parts of their
4 job, but they are the face of the people that
5 provide that technical support. I hope that answers
6 your question.

7 ROBERT POST: Yes.

8 MARY L'ABBE: And I'd just like to add
9 that our experience, because we have a fairly large
10 third-party program that's run through the Heart and
11 Stroke Foundation of Canada and that is, I mean,
12 strictly a program distinct from Government, but in
13 the establishment when they were developing their
14 program, there was a lot of advice and interaction
15 back and forth with staff in our bureau to both help
16 interpret what the regulations were, where the
17 numbers were, but ultimately it was their program
18 and so that they are, you know, it's, it's a program
19 detached from Government, but it was in everyone's
20 interest while they were developing them where they
21 post questions to help clarify and to aid them to
22 ensure that the program obviously was as consistent

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1 as possible with many of the, our Government
2 policies or the food guide, so it was very much an
3 assistive role.

4 ROBERT POST: Thank you.

5 MICHAEL LANDA: We have a question from
6 Louisa Nickerson.

7 LOUISA NICKERSON: If I understood the
8 presentations yesterday correctly, all of your
9 systems for front of pack nutrition sign posting are
10 voluntary and I was just wondering, have you given
11 any thought to making some sort of nutrition
12 labeling on front of pack, whether it be symbols or
13 something else, have you given any thought to making
14 that mandatory and if not, is that due to lack of
15 legal authority or is it for other reasons?

16 MARY L'ABBE: I'll make one comment and
17 I guess it's probably a comment with regards to one
18 of the reasons why we are actually looking at the
19 front of package labeling and symbols in a Canadian
20 context is we have actually been directed by the
21 standing committee of health that called upon the
22 Government to actually look at, one of the words, if

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1 I pull my presentation, one of the words were to
2 call on Government to implement a mandatory
3 standardized, so they used the word mandatory, so
4 our responsibility in response to that is to
5 incorporate and to evaluate such a system in the

6 context of the Canadian, well in the context of the
7 Canadian situation.

8 CLAIRE BOVILLE: In the EU, nutrition
9 labeling matters are controlled and front of pack
10 sign post labeling is a fairly new initiative. The
11 nutrition --

12 MICHAEL LANDA: Could you speak up a
13 bit.

14 CLAIRE BOVILLE: The nutrition labeling
15 directive is 19, it's over 10 years, yeah, more than
16 10 years old so this idea of logos and things wasn't
17 about at that time in terms of nutrition labeling
18 information; however, the European commission is
19 currently reviewing the need for and the nature of
20 nutritional labeling legislation. And it is very
21 aware of what is going on in terms of front of pack
22 labeling, both on the sort of health logo format and

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1 of the nutritional labeling format and it's giving
2 consideration to that matter as part of its
3 deliberations.

4 We're waiting to hear what it is going
5 to propose.

6 MR. van den BRINK: May I add to that,
7 it would be maybe lack of legal authority due to
8 lack of consensus within the European community at
9 this point.

10 MICHAEL LANDA: We have a question from
11 Felicia Billingslea.

12 FELICIA BILLINGSLEA: Yeah, my question
13 is directed to Mr. Van den Brink. I think in your
14 presentation you mentioned that you all do permit
15 competing logos to the Choices sign post and I was
16 wondering if those competing logos are based on the
17 same principles or nutrients, is that a requirement
18 for a competing logo or does the manufacturer have
19 flexibility in deciding what nutrients they would
20 want to highlight?

21 MR. van den BRINK: Thank you, good
22 question.

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1 The competing logo, well there is only
2 one other competing logo and that's by the largest
3 supermarket chain, Albert Heijn. They use the
4 clover, which is quite similar to the system, the
5 Swedish keyhole in Sweden, which unfortunately we
6 didn't have a chance to see yesterday.

7 And so there are only two logos, but we,
8 we do not have the legal possibilities to prohibit
9 that such a logo to appear unless of course it would
10 be misleading, but that's not the case.

11 So, the system is pretty much the same,
12 it's about the same -- it's the same nutrients and
13 there are -- that are behind this logo system and I
14 think there are few changes in the products groups
15 and maybe some thresholds are maybe different, but
16 in essence it's a, it's the same type of system.

17 I hope this answers your question.

18 MICHAEL LANDA: We have a question from
19 Kathy Ellwood.

20 KATHLEEN ELLWOOD: Thanks. There we go.
21 I want to go back to this question on
22 the need to update the criteria that's been set

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1 because I'm not quite sure I understand from the
2 Netherlands, it sounded like you wanted to raise the
3 bar and when you want to raise the bar, someone's
4 decided let's do this, industry hits a certain mark,
5 well let's raise it, and industry hits it again.

6 Is there anything dealing with health
7 outcomes because, see, in this country we're
8 beginning our regulatory process to update what we
9 have in the nutrition facts panel, but what has
10 triggered that in the more than 10 years we've -- is
11 there's been a lot of scientific evolution and a lot
12 of changes based on in what we call our dietary
13 reference intakes, in addition to what's been done
14 in the most recent dietary guidelines.

15 So, that's what's spurring us, but this
16 has been over many years, not just two or even five
17 years, so I, I'd kind of like a little more input
18 there and maybe others on the panel, too, for when
19 you see -- what's going to trigger your need to
20 update, is it going to be based on a health outcome
21 when major reports come out, so, or that, and I also
22 have another question, but I'll end with that first

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1 one.

2 I know you have to do more than one,
3 otherwise --

4 MR. van den BRINK: Thank you. So,
5 indeed, the idea is that whenever industry hits that
6 target, then it should be up, the thresholds should
7 be up, but that would be done by a scientific
8 commission.

9 And as the Choices International
10 Foundation that has been set up internationally, now
11 has its Dutch part, the Dutch nutritionists in the
12 scientific commission will absolutely look at what
13 the Netherlands Nutrition Center and the Health
14 Council for the Netherlands are devising on the
15 dietary intake and what are the -- forgive me, I'm
16 not a nutritionist, so some terms are, especially in
17 English, are not always easy, but what they advise
18 on what your intake should be and so when the
19 criteria are evaluated and it shouldn't -- it
20 probably would n't be something completely different
21 because he have one -- nutrition profiling is being
22 done for years and it's, you know, the figure stays

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1 a bit, but they will look at what is relevant for
2 the -- for the Netherlands in this case.

3 CLAIRE BOVILLE: In the UK we committed,
4 again, at the time when the Board made its
5 recommendations on what should be the principles of
6 sign posting and it committed to the education
7 program and it also committed to undertake the
8 independent evaluation work, same time it committed
9 to review the criteria in the light of time and
10 experience.

11 And we made a commitment that we would
12 tend to take that first review in 2008 and that date
13 was chosen because it fitted in with the date that
14 had already been given for a review of the salt
15 re-formulation program.

16 We have a target that we're trying to

17 meet and we have a program of initiatives to get
18 foods re-formulated to take the salt out and we
19 said, right, we need to check a set point for are we
20 on track to make that target. So we're linking
21 those two things in so that that will be a good
22 opportunity not just to look at the salts criteria,

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1 but to look at, look at the whole thing again and if
2 there are any tweaks or adjustments that need to be
3 made in the light of the experience of those that
4 have used it, that would be the time at which we
5 would do it for the first time.

6 Obviously all of the criteria is based
7 on scientific evidence. If there were any
8 developments in terms of scientific knowledge or
9 opinion from the Nutritional Advisory Committee for
10 the Government in that time or later on, we would
11 need to figure that, factor that into and update on
12 the basis of that.

13 TIPVON PARI NYASIRI: In Thailand, since
14 we have a regulation on nutritional labeling for
15 nine years and we just finished the national survey
16 last, last two year, so now we up, we have to
17 updating our nutritional labeling regulation and we
18 also have the scientific committee to review all the
19 criteria; however, since they have a third-party
20 Heart Foundation in Thailand, they propose the
21 criteria for the multiple nutrient. We have to
22 review and make a consistency between the logo,

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1 traffic light or -- and also have to, since we
2 focus, very focus on snack at the beginning of the
3 first phase but we have to think about the next step
4 will be the meal, so we have to be ready, I mean
5 look at the scope and the exact criteria which we
6 can apply to all food in the future; therefore, we
7 have to take different approach on the, to propose
8 to the food -- to the scientific committee to make
9 sure that our criteria and message will be, for Thai
10 consumer can understand correctly.

11 MR. van den BRINK: If I may clarify,
12 that word I was looking for of course was of
13 food-based dietary guidelines, and our health
14 council has just recently come up with new
15 food-based dietary guidelines and as an -- in fact,
16 as I was mentioning in the presentation as well, the
17 scientific commission reviewed the level of salt or
18 sodium and adjusted that and that meant that in last
19 Summer one product got a -- got a logo, it had to
20 remove the logo because criteria were stronger, so.

21 MICHAEL LANDA: We have a question from
22 Steve Bradbard.

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1 STEVE BRADBARD: Yes, I would -- earlier
2 you mentioned that alternate types of front panel
3 symbols are permitted if they're not misleading and
4 I want to just ask the entire group have you had an
5 occasion yet where you've had to identify a symbol
6 as being misleading and if so, what criteria have
7 you had to use in terms of doing so? Have you been
8 able to just simply assert this is misleading or
9 have you been required to empirically demonstrate
10 that the symbol is misleading and any other comments

11 whether you think it would be likely to occur that
12 you'd ever be put in that position.

13 CLAI RE BOVIL LE: That would be a role
14 for enforcement bodies and enforcement.

15 MICHAEL LANDA: Could you speak up a
16 bit.

17 CLAI RE BOVIL LE: That's the role for
18 enforcement bodies. If something was considered
19 misleading, that would be their role to investigate
20 it and take whatever action that they considered to
21 be appropriate and enforcement in the UK is carried
22 out at a local level. It's not a role that the Food

0259 Standards Agency has.

1 Obviously if the, if we saw something or
2 became aware of something that we felt that somebody
3 questioned, we would -- we could, we could
4 investigate it and take the matter up on a, on a
5 less formal basis if you, not an enforcement basis
6 with the parties concerned.

7 STEVE BRADBARD: So as I understand it,
8 then, this would be a local matter and they would
9 not necessarily turn to you and say we need some
10 consumer studies evidence from you to back up our
11 contention that this is misleading? They could
12 simply just say this is misleading?

13 CLAI RE BOVIL LE: Yeah. Yeah.

14 MICHAEL LANDA: Anyone else care to
15 respond to Steve Bradbard's question?

16 MARY L'ABBE: I will do, attempt to a
17 bit. That is a challenging issue for us, examples
18 do arise on occasion. The responsibility for
19 enforcement in Canada relies with the Canadian Food
20 Inspection Agency.

21 Obviously the two agencies do talk to

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1 each other to, to ensure clarity of understanding of
2 the labeling. Many cases areas of where labels are
3 considered misleading, they're often dealt with
4 quite early in the process rather than in a, you
5 know, what would be a regulatory enforcement action,
6 but those types of issues are difficult and
7 challenging, sometimes.

8 TIPVON PARI NYASIRI: In Thailand, since
9 we have the post marketing control by FDA, we
10 have -- if the label is misleading, we take legal
11 action toward the industry.

12 STEVE BRADBARD: So as an example in
13 Thailand, what might be an example of a label that
14 is misleading? Can you recall an instance where you
15 had to take action? Not false, but misleading.

16 TIPVON PARI NYASIRI: Yeah, we, the first
17 we take legal action and we discuss with the company
18 to remove, voluntary remove, because our
19 regulation -- we have no enforcement to recall;
20 however, we ask, we put announcement in the company,
21 we request them to voluntarily recall all the
22 product.

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1 MICHAEL LANDA: We have a question from
2 Barbara Schneeman.

3 BARBARA SCHNEEMAN: Hopefully this will
4 be a short question. It was my understanding from

5 the presentations yesterday that Canada and Thailand
6 both have a nutrition facts labeling system where
7 you not only prescribe what the nutrients that go
8 into the nutrition facts, but you prescribe the
9 format as well, the font size, how it's presented in
10 the table, the table format.

11 And I had the impression from the
12 various presentations, not just the presentations on
13 this panel, that while there is some consistency in
14 terms of the nutrients that are declared, there is
15 variation amongst manufacturers in the European
16 countries in terms of how they would present that
17 information in the table and I think we also saw
18 some examples where manufacturers were adding some
19 additional information to the table and may be using
20 coloring and so it seemed like while you were
21 prescribing the content, the format was not
22 necessarily prescribed.

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1 And I just also wanted to clarify, it
2 was my understanding, you said that the manufacturer
3 is able to set the portion size or the serving size
4 that's used for labeling purposes and I don't, I
5 think Thailand and Canada, you use prescribed
6 serving sizes and for the record it would be good if
7 you comment, I'm seeing heads nod and shake, but if
8 you could just comment.

9 MARY L'ABBE: I'll comment first then,
10 we actually do have in regulations defined both
11 format, content, a nutritional facts panel must have
12 the 13 core nutrients and then we have alternate
13 formats for if you want to include a fuller list,
14 the order, the font size, the appearance of the
15 nutrition facts panel is all prescribed in
16 regulations.

17 And you don't touch the actual nutrition
18 facts panel and we do list reference values in the
19 regulations that promulgated the nutrition labeling
20 regulations that also listed reference values in
21 those regulations for a number of foods and those
22 are used for labeling purposes, those reference

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1 serving sizes.

2 TIPVON PARI NYASIRI: Similar like to
3 Thailand, we have a similar system.

4 MR. van den BRINK: I think you
5 described the situation in Europe correctly and just
6 to also to say that the, that it is currently under
7 review by the European commission because we are
8 expecting a new proposal on nutrition labeling this
9 Fall, actually.

10 MICHAEL LANDA: Question from Kathy
11 Ellwood.

12 KATHLEEN ELLWOOD: I wanted to go back
13 and re-visit calories, and the reason I'm asking is
14 that it seems like some of these sign posts, it's
15 really accenting some of the nutrients you want to
16 limit and we've talked about some of the -- what we
17 had when we were signalling low fat, but it was not
18 a low calorie product. And there's some other
19 instances where we have that you have to say not a
20 low calorie product on your label and also in our
21 obesity task force report what came out and that's

22 why we called it calories count and we even did an
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1 advanced notice of proposed rule-making as trying to
2 get some information as to how could we accent
3 calories on the food label as it currently appears
4 and we had several comments on that.

5 So, I, I was just curious as to how
6 you're showing calories or is it too early, maybe?
7 I'm thinking mostly in the European countries, that
8 you're trying to see how it's working with some of
9 these other nutrients that you're trying to accent
10 in your sign posting, because I'm -- it just seemed
11 like calories aren't that clear. Maybe they are and
12 I'm just not seeing it based on your presentations,
13 and correct me, please.

14 CLAIRE BOVILLE: Calories is the first
15 thing that appears on the back of pack nutritional
16 label, on the back of the pack, so where it's
17 provided, it's always there.

18 You may remember yesterday I described
19 why calories wasn't one of the nutrients that the
20 agency was recommending as being their -- as a sort
21 of, as a minimum, we don't mind if it's there as an
22 extra, but we didn't say that it had to be there as

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1 one of the minimum requirements.

2 The reason was that from the consumer
3 research, that was the one nutrient that the
4 consumer, A, understood and knew where to find and
5 the consumer took the view that they didn't need to
6 have information on the front of the pack which they
7 already could easily find and were using and
8 comfortable with on the back of the pack. It was
9 the other elements that they felt were kind of, they
10 were there, but they needed to be highlighted for
11 them on the front. They found that beneficial.

12 MICHAEL LANDA: Barbara Schneeman has a
13 question.

14 BARBARA SCHNEEMAN: I wanted to follow
15 up on that and just to make sure I understand, so
16 for the front of the pack traffic light, is that
17 based on the same serving size as the back of the
18 pack is based on?

19 CLAIRE BOVILLE: Right, the traffic
20 light sign post provides the color-coding
21 information per 100 grams and the back of the pack
22 information is required in EU law to be given per

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1 100 grams, that's why we kind of took that approach,
2 but you can also by EU law, you're allowed if you
3 wish to provide information per serving size as an
4 additional piece of information on the back of the
5 pack.

6 The difference is that the per serving
7 information is determined by the manufacturer, so
8 that's a big difference in Europe to the U.S.

9 So to go to the front of the pack, we
10 have the color-coding per 100 grams, but in addition
11 we ask people to provide the numerical amount in the
12 serving size so that the information that's on the
13 back of the pack is also there on the front.

14 MICHAEL LANDA: Two more questions,
15 first one, sorry, from Camille -- oh, I'm sorry.

16 MR. van den BRINK: Just wanted to
17 answer the question on the energy, if I may, it
18 probably wasn't clear from the presentation because
19 I didn't go into too much detail in the criteria,
20 but for several products groups in the Healthy
21 Choice Logo, Healthy Choices system, there is a
22 criteria for energy, also, so, for soups, for

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1 sauces, for drinks and for ready meals, the
2 criterion for energy has also been set by the
3 commissioner.

4 MICHAEL LANDA: Question from Camille
5 Brewer.

6 CAMILLE BREWER: Just a follow-on
7 question about calories, are you finding that your
8 research shows that consumers look at the front and
9 the back; to any extent does the front label
10 information truncate the need to go to the back?
11 Does that, does the information search stop at the
12 front label?

13 CLAIRE BOVILLE: It depends. It depends
14 on the consumer, it depends on the food, it depends
15 on the package.

16 To go back to the times before there was
17 any sign posting on the front and that piece of
18 research which was done, which we did where we
19 looked at how each different sign posting performed,
20 what we did was we had boards made up which were
21 visuals of real products that existed in the
22 marketplace, the front of the pack and the back of

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1 the pack and the side of the pack.

2 So it had, there were a range of
3 products, they were cakes, there was breakfast
4 cereals, they were ready meals, there were snacks
5 and in some of those cases, so it appeared literally
6 as it was in the shop.

7 So in some cases it had, I can remember
8 one of the breakfast cereals had, had information
9 which was in a nice heart-shaped image and it might
10 have all sorts of other things like good for your
11 heart with extra vitamins and minerals, good source
12 of this, that and the other, as well.

13 So what happened was that we got an
14 insight as to what the -- what the consumer did with
15 that information. Some looked at that information
16 and they looked at the picture and some turned over
17 the board and looked at the back of the package, the
18 nutritional information and looked at the front
19 again, some looked at the sign post and some didn't,
20 but it's a whole mix of those things which inform
21 what it is that the consumer uses to make a
22 decision.

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1 But what was clear was, and this was
2 really I found very interesting, that when you had a
3 product where the consumer had a perceived image of
4 the healthiness or not of that food stuff and then
5 they had the sign post information on it and if it
6 contradicted or conflicted with what they had been
7 led to believe about the product, there was outrage.
8 There was outrage.

9 Because they felt they had been misled

10 and they felt that how could this be allowed and
11 they said we need this kind of information. This is
12 what we should have been having all along, we wanted
13 the clear facts and we can make the judgment.

14 If I had been buying this product to
15 give to my kids because I thought this was the
16 healthy option, I thought I was making a good choice
17 for them, I'm furious. You know, I'm not
18 exaggerating, because I was sitting there next to
19 these people and these -- the emotion that came from
20 them and how they felt betrayed, really, it was,
21 yeah, yeah, they were really shocked and they said
22 we -- this is what we need. We need, we've been

0270 1 needing this for years, you know. You must make
2 this happen.

3 Now what's interesting is, you know,
4 when you try to explain to them well actually we
5 have to, we have to work with Europe, too, on this
6 and they're saying well just do it, just do it, this
7 is what we need.

8 So, we're doing the best we can within
9 the legal constraints in terms of meeting the
10 consumers' needs, something which empowers them and
11 helps them to make healthier choices in an honest
12 and transparent way and the reaction is that the
13 consumer likes it and is using it.

14 MICHAEL LANDA: Steve Bradbard has a
15 question.

16 STEVE BRADBARD: Yes, Claire, this
17 actually touches on your last response but it goes
18 back further to our discussion this morning, I asked
19 you a question, I thought your answer was
20 provocative, so I figured I'd ask it again because I
21 thought the attendees here might like hearing your
22 answer as well.

0271 1 I asked you this morning why you thought
2 that perhaps consumers in the UK might not like the
3 schemes that have been proposed by companies like
4 Hannaford or the ONQI scheme or even this afternoon
5 the scheme you heard about on nutrient density as
6 opposed to a scheme that has multiple traffic lights
7 for different nutrients and you did offer a response
8 as to why you think it would be preferable for
9 people in the UK to have the multiple traffic
10 lights.

11 And I think it was interesting what you
12 had to say, especially in light of the fact that you
13 just indicated that consumers in the UK really are
14 wrinkled when they learn that perhaps there was
15 something about a product that they didn't pick up
16 that made it less healthful than it really was.

17 CLAIRE BOVILLE: Well it goes back to,
18 my answer to your question goes back to the four
19 principles with which we recommended a sign posting
20 approach should be based and that's based on the
21 consumer research.

22 One of the symbols that was tested

0272 1 was --

2 MICHAEL LANDA: Could you speak up a
3 little, please.

4 CLAI RE BOVIL LE: One of the symbols that
5 was tested was a simple logo which gave an overall
6 assessment about the healthiness or otherwise of a
7 food stuff and the consumers didn't react as
8 positively as you might have expected to that
9 because they felt it was directive and they felt
10 that it wouldn't enable -- it wouldn't be applied to
11 all foods, so it would only, because it would only
12 be applied to certain foods, it would also only be
13 relevant to a subsection of the population. Those
14 people who were always interested in looking for a
15 healthier food stuff, so always interested in the
16 better in class version rather than providing
17 information which enabled them to make an informed
18 choice themselves.

19 So, it, and it performed poorly in the
20 consumer research.

21 Where there were schemes that provided
22 individual information about particular nutrients,

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1 the consumer liked that and they found that they
2 could use it, but they wanted to have an
3 interpretive element on top to give them a fast
4 at-a-glance guide, but they wanted both elements.

5 So a scheme which gives some level of,
6 of discrimination without giving information which
7 is there for the consumer to use and interpret and
8 see for themselves was not liked and did not perform
9 well. It was one of the elements they wanted, they
10 want the information with an interpretive element so
11 that they are empowered to make the decision.

12 They have the information themselves,
13 they can decide how they, how they use it. After
14 all, each customer consumer is different and has
15 different information needs and requirements and by
16 providing that information, you're enabling them to
17 do it rather than somebody making a decision as to
18 this is all you need to know.

19 MR. van den BRINK: If I may respond to
20 that, yesterday I left out some information about
21 what consumers in the Netherlands seem to want and
22 no surprise, 51 percent wants a Healthy Choice Logo,

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1 though I've seen many figures these two days about
2 what consumers want to see and we expect them to
3 see.

4 I didn't put it in the slides because I
5 thought, well, it's not perceived expectation or
6 what we accept and what is, what I want to know
7 could vary by the questions you ask them, of course,
8 and we just want to see how it, what really works,
9 so we want to have actual data, actual real life
10 data on consumption of these products and the
11 affects of it on the diet in the Netherlands.

12 Thank you.

13 MICHAEL LANDA: Well, let me thank you
14 very much for agreeing to undergo a second round of
15 questioning. We expect you back tomorrow morning
16 for round three.

17 (Laughter).

18 Thanks again, very, very much.

19 (Applause)

20 MICHAEL LANDA: We actually have Marty

21 Ordman from Dole who was scheduled for the seventh
22 panel which was the registered comments, commentators

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1 has arrived and will speak to us next.

2 MARTY ORDMAN: Thank you very much. I'm
3 sorry I was a little late, I got a little scheduling
4 conflict there, but I have about 12 slides to take
5 you through, very brief, I should only be five or
6 ten minutes or so.

7 Does this work the -- slides on the
8 nutrition symbols, these are by the Dole Food
9 Company and as I said, I'm Marty Ordman, vice
10 president of marketing and communication. I set up
11 the presentations based on the issues and questions
12 that was put in the brief, so issue number one was
13 information on foods that use symbols and the
14 nutrient requirements for those symbols.

15 At Dole the use of nutrition symbols is
16 mainly restricted to the use of our SuperFood
17 symbols. As you can see up on the slide, there are
18 nine of these and they all consist of a shield
19 displaying the health category each refers to and
20 the URL directing the consumer to the Website
21 containing all the relevant information.

22 Question one was in what product

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1 categories are nutrition symbols used? At Dole
2 we've used it, the SuperFoods symbols on various
3 products including but not restricted to bananas,
4 pineapples, frozen berries, packaged dates, raisins,
5 prunes and broccoli and cauliflower.

6 Originally the Dole SuperFoods was
7 designed to be applicable to only whole foods,
8 however, in order to be consistent, SuperFood
9 qualifications were extended to include products
10 that were blends of whole food ingredients as long
11 as the criteria were met, for example, packaged
12 salads and frozen fruit blends.

13 Question two was what symbols are
14 nutrient specific and which are summary symbols
15 based on multiple nutrients? All Dole SuperFood,
16 symbols can be considered as summary symbols. For
17 example, the SuperFood for the heart category
18 consideration fiber, potassium, folate, Vitamin B 6,
19 Magnesium, Vitamin C and anti-oxidant vital
20 chemicals such as carotenoids and a ni thiazine.

21 The individual criteria for each
22 SuperFood category is different and we explain those

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1 on our Website www.dole.SuperFood.com, but all of
2 them with two exceptions require certain levels of
3 multiple nutrients. The two sessions are SuperFood
4 for your eyes, which is a level of Vitamin A and
5 then SuperFood for the joints has the appropriate
6 level of bromelin that's in pineapple.

7 Question three, what are the nutritional
8 criteria, including calories included in a symbol
9 system and how were those chosen for inclusion? The
10 criteria for all the SuperFood symbols are health
11 function specific. Generally food qualification
12 depends on whether a serving of that food provides a
13 minimum level of RDA for multiple vitamins and
14 minerals linked to that specific health function or

15 has a minimum anti-oxidant content as measured
16 loric, loric contains the specific vital chemical
17 melin, for example, bromelin.

18 None of the criteria for Dole SuperFood
19 symbols involves calories, fats or salt, with few
20 exception. Fresh fruits and vegetables are
21 naturally low in all of these, so we saw no need for
22 their inclusion in our criteria. I have an example

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1 here, SuperFood for the heart. To be a SuperFood
2 for the heart, a serving of the food must contain a
3 minimum of the three of the following heart healthy
4 nutrients and a 10 percent or higher of the adult
5 labeling RDA or contain two nutrients at this level
6 and also contain anti-oxidant vital chemicals. The
7 heart healthy nutrients are fiber, Potassium,
8 folate, Vitamin B 6, Magnesium, Vitamin C and
9 anti-oxidant vital chemicals.

10 Why these particular nutrients are the
11 science behind the SuperFood symbols, these
12 individual nutrients are considered heart healthy
13 due to the publication of high-quality scientific
14 research indicating associations between nutrient
15 intake and aspects of heart health and I have an
16 example here of three types of research that we
17 would put on our Website.

18 Question four, what nutrient thresholds
19 and/or algorithms are used to determine if a food
20 product may display nutrient specific or summary
21 symbol.

22 As I mentioned earlier, the criteria of
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1 all SuperFoods symbols are health function specific,
2 however, the criteria are clear and exact and the
3 food qualifies or it does not. And here's an
4 example of bananas and SuperFoods for the heart, for
5 bananas to qualify to have a SuperFood for the heart
6 symbol, one serving, one large banana contains 12
7 percent fiber, 13 percent Potassium, 20 percent of
8 Vitamin C and 25 percent of Vitamin B 6.

9 Question five, are nutrient symbols
10 presented together with the front label nutritioning
11 claim such as low fat or a good source of calcium
12 and if so, to what extent and for what types of
13 claims?

14 On SuperFoods, symbols are used. There
15 are no accompanying claims. Obviously not all
16 products qualify as SuperFoods, but the Dole
17 Nutrition Institute encourages each product in our
18 portfolio to have at least one nutrition message
19 front and center, whether that be a SuperFood symbol
20 or simply a nutrient content or other qualified
21 health claim.

22 For instance, our loose products,

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1 commodity products, like bananas, pineapples,
2 broccoli, et cetera, there's no packaging area to
3 put the further claims on it, so therefore, not easy
4 to display the nutritional information. The
5 SuperFood symbols, the sticker on a banana or a hang
6 tag on a pineapple are very useful in this case.

7 For our packaged products like our
8 frozen berries or our packaged salads, the SuperFood

9 symbols are usually placed on the front of the
10 packaging in direct view for the consumer, they are
11 not usually accompanied by relevant nutrition
12 content claims, however we do encourage inclusion of
13 the relevant nutrients on the nutrition facts panel.

14 Question six, are there programs to
15 educate consumers to understand the nutrition
16 symbols or is all information contained in the
17 symbols? When education programs are available, how
18 are they presented? Primarily for our SuperFoods
19 program, it's the information is on our Website,
20 DoleSuperFoods.com.

21 And then each SuperFood category of our
22 nine categories, then there's a full explanation of

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1 the criteria, examples, the studies, et cetera, as
2 well as the Website, we do have some collateral
3 materials. We make available to retailers
4 SuperFoods posters. We've published a SuperFoods
5 recipe cookbook. We have a health body wheel that
6 we make available and we also produced a SuperFoods
7 recipe cooking DVD.

8 Issue two, information on consumer
9 research, what supported the development of such
10 programs and how the programs are understood by the
11 consumer. We've done limited research, but we did
12 talk to some consumers via focus groups and the main
13 findings that there is an awareness to the term
14 SuperFood was a little bit low, but the interest was
15 high when explained to them and that new products
16 that met these criteria were compelling for possible
17 purchase.

18 And then lastly, information of the
19 economic impact of the utilization of such programs,
20 you know, we, basically the printing of the stickers
21 and applying them to the bananas is minimal in cost,
22 versus changing printing plates for packaged items

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1 can get a little bit more expensive but is fairly
2 minimal, so the economic impact is expected to be
3 relatively low.

4 Thank you very much, I appreciate the
5 time.

6 (Applause)

7 MICHAEL LANDA: Any of the FDA panel
8 members have any questions for Marty?

9 David Zorn.

10 DAVID ZORN: Just one quick question
11 about your last point, in another context we've
12 heard a number of times applying stickers is, is an
13 expensive activity. I wonder is there maybe
14 something different maybe because people are already
15 having to put stickers on the bananas, it's just one
16 more sticker or is it different if you're a
17 packaged, for your putting a sticker on your
18 packaged product or?

19 MARTY ORDMAN: You hit it exactly, we
20 are putting the stickers, the Dole logo stickers
21 with the PLU number on there already, so to put
22 another sticker is relatively inexpensive versus a

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1 packaged product, usually that has to be done here
2 in the United States and it gets very timely and

3 cost, you know, costs a lot.

4 DAVID ZORN: Thanks for that
5 clarifi cation.

6 MICHAEL LANDA: Any other questions?
7 Thank you.

8 MARTY ORDMAN: Thank you very much.
9 (Appl ause)

10 MICHAEL LANDA: Let me just say a couple
11 of things as we wrap up.

12 The first is a reminder that this
13 hearing really initiated our public inquiry. There
14 is a docket, it remains open until November 12. We
15 strongly encourage you to submit any comments, data,
16 information you have.

17 I assure you we will look at it, review
18 it, all of it. In terms of next steps, as I
19 mentioned when we started yesterday, the information
20 we've received in these two days and expect to
21 receive in submissions to the docket is information
22 that will inform our decision on the citizen

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1 petition that Mike Jacobson discussed a little bit
2 this morning. It will also, I think, help inform
3 the research we choose to do or perhaps in some
4 cases choose to enlist others to do, there's
5 certainly plenty of opportunity for research in this
6 area.

7 Lastly, let me just once again thank all
8 the presenters, the FDA panelists and finally
9 Juanita Yates who was here who I don't see at the
10 moment and her staff who really, who took care of
11 all of the logistical arrangements for us who made
12 the hearing run as smooth as it did. And finally,
13 let me thank all of you for attending and for
14 participating and we look forward to seeing you
15 again and I hope to seeing your comments on the
16 docket in this matter.

17 Again, they're due November 12th. Thank
18 you.

19 (Appl ause)

20 (Hearing concluded 3:41 p.m.)

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2 I, Monica Voorhees, do hereby certify that
3 this transcript was prepared from tape to the best
4 of my ability.

5 I am neither counsel nor party to this
6 action nor am I interested in the outcome of this
7 action.

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10 Monica Voorhees
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