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Division of Dockets Management  
Food and Drug Administration  
Department of Health and Human Services  
5630 Fishers Lane, Room 1061  
Rockville, MD 20852  
Submitted electronically via [regulations.gov](https://www.regulations.gov)

**Comment on Citizen Petition for the U.S. Food and Drug Administration to adopt a mandatory, nutrient-specific, interpretive front-of-package nutrition labeling system for all packaged foods sold in the United States (FDA-2022-P-1832)**

Trust for America's Health (TFAH) is a non-profit, non-partisan organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. TFAH advances evidence-based policy recommendations to strengthen the nation's public health system and envisions a nation that values the health and well-being of all and where prevention and health equity are foundational to policymaking at all levels. One of TFAH's longstanding policy priorities is chronic disease and obesity prevention, including through improving equitable access to healthy nutrition.

TFAH supports the petition urging the U.S. Food and Drug Administration (FDA) to issue regulations establishing a mandatory front-of-package nutrition labeling (FOPNL) system for foods sold in the United States. We concur that this system must be mandatory and nutrient-specific, include calories, and call attention to high levels of added sugars, sodium, and saturated fat. These nutrients are over-consumed by Americans and contribute to chronic disease, including obesity. Structural and social determinants, including institutionalized racism, discrimination, poverty, and low levels of education, significantly influence a person's ability to eat nutritious and healthy food. Improving nutrition education for the public, including by implementing FOPNL system, will be a strategic step in advancing health equity and addressing the systemic barriers to a balanced diet.

The United States would greatly benefit from new nutrition public health interventions, but to date has not yet implemented sufficient policies that could prevent the increasing rates of chronic disease. The average American adult consumes 50 percent more sodium,<sup>1</sup> 40 percent more added sugars,<sup>2</sup> and 40 percent more saturated fat<sup>3</sup> than recommended daily. Simultaneously,

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<sup>1</sup> National Health and Nutrition Examination Survey. *WWEIA/NHANES 2017-2018 Data Tables*.

[https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/1718/tables\\_1-56\\_2017-2018.pdf](https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/1718/tables_1-56_2017-2018.pdf).

<sup>2</sup> National Health and Nutrition Examination Survey. *Food Patterns Equivalent Intakes from Food: Consumed per Individual*.

[https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/FPED/tables\\_1-4\\_FPED\\_1718.pdf](https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/FPED/tables_1-4_FPED_1718.pdf).

<sup>3</sup> National Health and Nutrition Examination Survey. *WWEIA/NHANES 2017-2018 Data Tables*. *Supra* note 7.



approximately 116 million U.S. adults<sup>4</sup> (47 percent of the adult population) have hypertension, 37 million Americans<sup>5</sup> (11 percent of the population) have diabetes (approximately 90-95 percent of these cases are Type 2 diabetes), and 20 million U.S. adults<sup>6</sup> (7 percent of adults) have coronary artery disease. Each of these chronic health conditions is strongly linked to excess intake of added sugar, salt, or saturated fat.<sup>7,8</sup> Front of package labeling is an important public health tool that can improve public awareness of the nutritional value of foods and support consumers in making more informed decisions about the food they buy and eat, interventions that can help address the increasing rates of chronic disease.

Indeed, in TFAH's most recent edition of the *State of Obesity* report released in September 2022, new data shows more than 40 percent of American adults and nearly 20 percent of children are living with obesity.<sup>9</sup> The 2022 *State of Obesity* report is TFAH's 19<sup>th</sup> annual release of the report, and we have consistently seen obesity rates increase every year in nearly every state. For example, in 2011 no state had an obesity rate above 35 percent, but according to the newest data 19 states now have adult obesity rates of 35 percent or more.<sup>10</sup> Structural racism, discrimination, poverty, and other social and economic determinants fuel major disparities in obesity, with Black Americans experiencing the highest adult obesity rate of 49.9 percent. Addressing obesity is critical because it is linked with numerous serious diseases and health conditions, including type 2 diabetes, heart disease, stroke, arthritis, sleep apnea, and some cancers.<sup>11</sup> Further, obesity in the United States is estimated to increase healthcare spending by \$170 billion every year.<sup>12</sup> The sustained rise of obesity rates demonstrates an ongoing and systemic issue that requires immediate and transformative action. By addressing structural drivers of health and investing in nutrition education and preventive services, the United States government can begin to bend the curve on paying more for worse health outcomes.

An expansive body of scientific evidence<sup>13</sup> supports the adoption of a FOPNL system in order to improve the nutritional quality of consumers' food choices, promote understanding of the nutritional contents of foods, and prompt food manufacturers to make healthy reformulations<sup>14</sup> of packaged foods. Importantly, we support the FOPNL system as a promising tool to advance

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<sup>4</sup> Million Hearts. *Estimated Hypertension Prevalence, Treatment, and Control Among U.S. Adults*. Department of Health and Human Services. <https://millionhearts.hhs.gov/images/estimated-hypertension-prevalence.jpg>.

<sup>5</sup> Centers for Disease Control and Prevention. *Type 2 Diabetes*. Retrieved September 28, 2022, from <https://www.cdc.gov/diabetes/basics/type2.html>.

<sup>6</sup> Centers for Disease Control and Prevention. *Heart Disease Facts*. Retrieved September 28, 2022, from <https://www.cdc.gov/heartdisease/facts.htm>.

<sup>7</sup> Gupta, L. Khandelwal, D. Dutta, D. Kalra, S. Lal, P. Gupta, Y. (2018). The Twin White Herrings: Salt and Sugar. *Indian Journal of Endocrinology and Metabolism*. 22(4): 542–551. doi: 10.4103/ijem.IJEM\_117\_18.

<sup>8</sup> Kuller, L. (1997). Dietary fat and chronic diseases: epidemiologic overview. *Journal of the American Dietetic Association*. 97(7 Suppl):S9-15. doi: 10.1016/s0002-8223(97)00724-4.

<sup>9</sup> Trust for America's Health. "The State of Obesity: Better Policies for a Healthier America." September 2022. <https://www.tfah.org/report-details/state-of-obesity-2022/>. Accessed October 4, 2022.

<sup>10</sup> *Ibid.*

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*

<sup>13</sup> Song, J., Brown, M. K., Tan, M., MacGregor, G. A., Webster, J., Campbell, N. R. C., Trieu, K., Mhurchu, C. N., Cobb, L. K. & He, F. J. (2021). Impact of color-coded and warning nutrition labelling schemes: A systematic review and network meta-analysis. *PLoS Medicine*, 18(10). <https://doi.org/10.1371/journal.pmed.1003765>.

<sup>14</sup> Roberto, C. A., Ng, S. W., Ganderats-Fuentes, M., Hammond, D., Barquera, S., Jauregui, A. & Smith Taillie, L. (2021). The influence of front-of-package nutrition labeling on consumer behavior and product reformulation.

health equity.<sup>15</sup> Evidence suggests that people with higher educational attainment and health literacy have an easier time understanding the current Nutrition Facts label.<sup>16, 17</sup> Education level and income status are also associated with more frequent use of the current label.<sup>18</sup>

In contrast, simpler nutrition label formats can effectively reach groups with lower socioeconomic status and limited nutritional knowledge, who are also at a higher risk for diet-related diseases.<sup>19</sup> Simpler nutrition labeling may also be preferred by these groups who are at higher risk and may effectively impact their purchasing behavior.<sup>20</sup> As a result, advocates have called for FOPNL labeling to increase equitable access to nutritional information.<sup>21</sup> Similarly, the World Health Organization and Pan American Health Organization have cited FOPL as a key policy tool to inform the public about products that can harm health and help guide purchasing decisions.<sup>22</sup>

President Biden has also called for the FDA to research and propose a standardized FOPNL system. In conjunction with the historic White House Conference on Hunger, Nutrition, and Health, the Biden-Harris Administration released the *National Strategy on Hunger, Nutrition, and Health*, which serves as a playbook to end hunger in America and increase healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases.<sup>23</sup> The National Strategy proposes that a standardized FOPNL can help consumers, particularly people with low nutritional literacy, “easily identify foods that are part of a healthy eating pattern.”<sup>24</sup> TFAH strongly supports President Biden’s stated commitment to develop a front-of-package labeling system and urges the FDA to quickly begin research and development in order to align with the National Strategy’s goals.

Trust for America’s Health urges the FDA to take bold action to improve our nation’s diet and health. It is vital that the agency prioritize this evidence-based policy and develop a mandatory FOPNL system for the United States. Thank you for the opportunity to comment and express our support for the FDA’s work to develop more robust front-of-package nutrition labels. We look

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<sup>15</sup> Pettigrew, S., Jongenelis, M. I., Hercberg, S. & Julia, C. (2022). Front-of-pack nutrition labels: an equitable public health intervention. *European Journal of Clinical Nutrition*. <https://doi.org/10.1038/s41430-022-01205-3>.

<sup>16</sup> Blitstein, J. L. & Evans, W. D. (2006). Use of nutrition facts panels among adults who make household food purchasing decisions. *Journal of Nutrition and Education Behavior*, 38(6), 360-364. <https://doi.org/10.1016/j.jneb.2006.02.009>.

<sup>17</sup> Sharif, M. Z., Rizzo, S., Prelip, M. L., Glik, D. C., Belin, T. R., Langellier, B. A., Kuo, A. A., Garza, J. R. & Ortega, A. N. (2014). The association between nutrition facts label utilization and comprehension among Latinos in two east Los Angeles neighborhoods. *Journal of the Academy of Nutrition and Dietetics*, 114(12), 1915-1922. <https://doi.org/10.1016/j.jand.2014.05.004>.

<sup>18</sup> Christoph, M. J., Larson, N., Laska, M. N. & Neumark-Sztainer, D. (2018). *Journal of the Academy of Nutrition and Dietetics*, 118(2), 217-228. <https://doi.org/10.1016%2Fj.jand.2017.10.014>.

<sup>19</sup> Lobstein, T., Neveux, M. & Landon, J. (2020). Costs, equity, and acceptability of three policies to prevent obesity: A narrative review to support policy development. *Obesity Science & Practice*, 6(5), 562-583. <https://doi.org/10.1002/osp4.423>.

<sup>20</sup> *Ibid.*

<sup>21</sup> Greenthal, E. & Sorscher, S. (2021). *Can food labeling policy advance health equity?* Food and Drug Law Institute. <https://www.fdli.org/2021/09/can-food-labeling-policy-advance-health-equity/>.

<sup>22</sup> Pan American Health Organization, Front-of-Package Labeling. <https://www.paho.org/en/topics/front-package-labeling#:~:text=One%20of%20the%20key%20policy,%2C%20trans%20fats%2C%20and%20sodium>. Accessed October 7, 2022.

<sup>23</sup> The White House “Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health.” September 2020. <https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf>. Accessed October 4, 2022.

<sup>24</sup> *Ibid.*

forward to further discussions about how to best support this important work. Please contact Madison West, Associate Government Relations Manager, at [mwest@tfah.org](mailto:mwest@tfah.org) with any questions or for additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Nadine Gracia". The signature is fluid and cursive, with a large initial "J" and "G".

J. Nadine Gracia, MD, MSCE  
President and CEO  
Trust for America's Health