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April 14, 2008

By E-mail: healthclaims-allegationssante@hc-sc.gc.ca

Re: Simplifying Nutrition Labels and Preventing Deceptive Claims (Response to Health Canada's "Managing Health Claims for Foods in Canada: Towards a Modernized Framework")

I am writing on behalf of the Centre for Science in the Public Interest,^{*} to provide input to Health Canada on its options paper for preventing deceptive marketing practices and facilitating nutritionally informed food choices by consumers. Our chief recommendations are that Health Canada:

1. establish nutrition criteria and a common symbol or rating scheme for front-of-pack nutrition labelling with the assistance of the National Academy of Sciences Institute of Medicine, the body that furnished the expert advice upon which the department largely based *Canada's Food Guide* (2007) and current nutrition labelling rules,
2. mandate the use of such labelling for all prepackaged foods, and all standard menu items sold in chain restaurants with outlets in two or more provinces;
3. restrict the approval of health claims to encompass only generic claims that are supported by scientific consensus based on the totality of evidence and determined by Health Canada will likely make substantial, net improvements to the public's health.[†]

These recommendations are consistent with the recommendations of the House of Commons Standing Committee on Health,¹ the Minister of Health's Advisor on Children and Youth,² the British Columbia Select Standing Committee on Health,³ and recent recommendations for a mandatory traffic light food labelling system in the United Kingdom.⁴

The seriousness of diet-related disease

* The Centre for Science in the Public Interest (CSPI) is an independent health advocacy organization with offices in Washington and Ottawa. CSPI's advocacy efforts are supported by more than 135,000 subscribers to the Canadian edition of its *Nutrition Action Healthletter*. CSPI does not accept industry or government funding and *Nutrition Action* does not carry advertisements.

† We are encouraged that there was little interest in "product-specific health claims" and, accordingly, Health Canada has decided to accord lower priority to them. We believe that the nature of such claims makes them unlikely to be adequately supported by sufficient evidence and, in any event, authorizing many such claims is likely to increase confusion and distract attention from key nutrition advice aimed at reducing consumption of sodium, saturated fat, added sugars, and refined flours, and increasing consumption of fruits, vegetables, whole grains and legumes.

Diet-related disease is a huge public health problem in Canada. The typical Canadian diet contains too many foods rich in calories, saturated fat, trans fat, salt, and added sugars and too few fruits, vegetables, legumes, whole grains, and low-fat calcium-rich foods. Every year, diet-related cases of cardiovascular disease, diabetes and certain forms of cancer prematurely end the lives of tens of thousands of Canadians,⁵ and rob the Canadian economy of at least \$6.6 billion due to health care costs and lost productivity.⁶

Reducing sodium levels in processed and restaurant foods by half could save 15,000 Canadian lives per year.⁷ Thousands of fatal and non-fatal heart attacks could be prevented each year in Canada if partially hydrogenated vegetable oil were replaced by other fatty acids.⁸ Thousands more lives could also be saved if people ate fewer foods rich in saturated fat and more fruits and vegetables.⁹ Rising rates of overweight and obesity also suggest the need for clearer calorie information on foods, as well as greater encouragement to eat more foods high in dietary fibre and micronutrients. According to a study by the Centers for Disease Control (“CDC”), obesity caused about 100,000 deaths in 2000 in the United States;¹⁰ similar obesity rates in Canada suggest more than 10,000 premature deaths may be attributed to obesity in Canada.

The value of nutrition labelling for informing consumer choice

Current mandatory nutrition labelling regulations for pre-packaged foods are predicted to reduce the burden of diet-related disease by approximately 4%¹¹ by producing \$5 billion in cumulative economic benefits in the coming two decades,¹² at a non-recurring cost of about 1/5th of 1%¹³ of food sales for a single year during the phase-in period—a minimum 2,000% return on investment.¹⁴ The impact of the new mandatory nutrition labelling rules in Canada has not yet been assessed. While cause-and-effect relationships are difficult to establish, American consumer research has shown that many consumers use the US Nutrition Facts Panel and use of nutrition labelling is associated with healthier diets.¹⁵

The effectiveness of Nutrition Facts labels could be amplified by supplementing them with a front-of-package traffic light system or other symbolic or scoring scheme for denoting overall healthfulness that requires fewer mathematical calculations^{16,17} and less time to interpret.^{18,19} Such a system would also provide stronger incentives to food companies to reformulate their products to benefit from a healthier designation. And, the use of a symbol could accommodate the menu space limitations that were purported, for instance, to underlie the restaurant industry’s opposition to menu labelling provisions in *Bill C-283* in November 2006. The appeal of front-of-package nutrition symbols is that they translate key nutrition information now displayed in small print, into easily recognizable universal symbols. This is even more important for chain-restaurant foods where the “fine print” is often available only on corporate web-sites, if at all.

Front-label symbols that alert consumers to the healthfulness of foods could help make “the healthy choice the easy choice,” a slogan popularized by the World Health Organization and used by Minister of Health Tony Clement.²⁰ By simply glancing at the front label of a food package or at a restaurant menu board, consumers could immediately know roughly how healthful a food is.

Marketplace confusion caused by the lack of credible nutrition standards for FOP labelling

In the absence of a national Health Canada Principle Display Panel (PDP) labelling system, food companies and others have developed their own front-of-pack symbols to indicate that a particular product is healthful or at least better than some other foods. Indeed, some companies see consumers’ confusion about how to structure a healthy diet as a marketing opportunity and use symbols to designate more-healthful items to encourage shoppers to buy those products. Existing systems include PepsiCo’s “Smart Spot,” Kraft’s

“Sensible Solutions,” President’s Choice’s “Blue Menu,” General Mills’ “Goodness Corner.” These private systems allow manufacturers to effectively promote their healthier products to consumers, but on the basis of self-chosen nutritional criteria.

While those programs *may* be useful, they may also be deceptive, and, because they have differing and sometimes weak criteria, taken together, they may end up being more confusing than helpful to consumers. And, they *may* actually make a net negative impact on public health. For instance, according to Globe and Mail nutrition columnist, Leslie Beck:

Packages of Kraft Dinner, President's Choice Rice Chips, Gatorade and Diet Pepsi are stamped with "good for you" decals, but health foods they're not...[and] roughly 50 per cent of PepsiCo's Smart Spot products, for example, would not meet Health Check criteria.²¹

And, the US Institute of Medicine (IOM), in its report *Food Marketing to Children and Youth: Threat or Opportunity*, stated:

While representing an important step to draw attention to more nutritious products, the array of categories, icons, and other graphics, as well as the different standards employed by these companies may introduce some confusion, particularly for young consumers, thereby raising the need for developing and regulating standard and consistent approaches. . . The FDA has not yet fully explored its potential role for providing leadership and experience to food companies in order to develop and enforce an industry-wide rating system and graphic representation on food labels that is appealing to children and youth to convey the nutritional quality of foods and beverages.²²

Action by Health Canada would bring consistent and reliable information to the marketplace and help consumers choose more healthful diets. A significant amount of US research has already pointed to the potential value of a front-of-pack nutrition symbol system.^{23, 24, 25, 26, 27} And, in November 2006, the British Columbia legislature’s Select Standing Committee on Health recommended that its own government develop a system of “warning labels alerting consumers to high fat, sugar and salt foods, such as a red-green-amber system and/or a calorie-load-per-serving system.”²⁸

Healthy-for-you symbols on the front of food packaging have the potential to help grocery shoppers choose healthy foods and interpret products’ Nutrition Facts. However, programs that use weak nutrition criteria and permit stamps of approval to appear on packages sold beside more nutritious products (that do not carry the program’s symbol) may have negative net effects on public health.

The Heart and Stroke Foundation of Canada’s “Health Check” nutrition criteria are certainly stricter than some major companies’ healthy-logo standards and on-going efforts to strengthen those standards (especially setting stricter limits for added sugars and sodium and better incorporating ingredient composition into product evaluation) are welcome. For instance, approaches developed by researchers at Yale²⁹ and Oxford³⁰ universities and the 150-outlet US-based Hannaford Brothers grocery store chain suggest that there is room for improvement. Hannaford Brothers has established a “star” system for processed foods in which some products receive no, one, two, or three stars on a shelf marker next to the item price or on a sign. One star indicates a good choice, two stars indicates a better choice, and three stars indicates the healthiest choice. One advantage of this approach is that it is not binary, but allows Hannaford to depict a gradation from less to more healthy. Such products as General Mills’ Count Chocula, Cookie Crisp, and Trix cereals do not qualify for any Hannaford “stars” because of their high (43 percent) sugar content. The ONQI system (Overall Nutrition Quality Index) created by the Yale Griffin Prevention Research Centre rates foods on a 100-point scale according to nutrition criteria established by independent experts. A 100 point rating could

help consumers to easily compare products in dissimilar product categories, such as fruit leather versus actual fruit, or in similar products categories such as yogurts with varying amounts of saturated fat and added sugars, or turkey tourtière versus beef stew.

However, the Health Check program is voluntary and, as such, its reach and its institutional capacity to ensure standards are enforced are limited. In nine years, the Health Check program has enrolled 1,500 products, which is an impressive feat for a nongovernmental organization. However, the Health Check program covers less than 3% of available groceries, which is too small a percentage to ensure a significant or even a net positive effect on public health. Using stricter criteria, the Hannaford Brothers chain credits 28% of its entire inventory of 25,500 products with at least 1 of 3 “Guiding Stars.” (The other 72% of products do not get any stars.³¹)

It is clear that many Canadian shoppers believe the “Health Check” logo (and perhaps company-sponsored logos) flags foods that, in an absolute way, promote health. However, the Heart and Stroke Foundation concedes that some products that carry the logo are only relatively nutritious compared with non-nutritious products in the same product category.³² But in some categories, even that may not be so. For instance, of the 257 fruit and vegetable products enrolled in the program, 194 are juices, fruit leather or french fries—hardly nutritional superstars—and only 14 are fresh fruits and vegetables.³³ And, to our knowledge, none of the healthy-for-you labelling schemes operating in Canada clearly green-light foods that are truly very nutritious, or red-flag the worst ones; revealing both the good news and the bad news is something that a voluntary system simply will not do.

Consumers are unable to distinguish the various types of health claims that are now subject to varying degrees of regulatory scrutiny, including generic disease risk reduction claims, bodily structure of function claims (of three types), and general non-specific health claims.³⁴ This makes interpreting health claims or even classifying such claims a mug’s game; the 130 participants in the Toronto regional consultation on this topic demonstrated that even food labelling experts from health and food industry sectors were largely unable to make-out these distinctions or to ably situate the relative importance of any specific health claim in the context of the overall healthfulness of the food to which the claim is affixed.

Conclusion and Recommendation

Health Canada should conduct a study of front-of-package nutrition labelling systems by soliciting comments from scientists, health and communication experts, industry, and consumers on how best to rate and communicate to consumers through the use of symbols on food packages the nutritional quality of foods. It should also engage in consumer research to identify the program that would best help consumers choose a healthier diet then mandate it. Health Canada could help inform its decision by commissioning a study, perhaps jointly with the US government, by the Institute of Medicine. Health Canada should then determine whether company and non-profit labelling programs that are inconsistent with its official labelling program are misleading and should be ended. It should mandate the best systems for use on prepackaged food labels and large chain-restaurant menus.

Respectfully submitted,



Bill Jeffery, LLB
National Coordinator



INVITING YOUR FEEDBACK

Theme 1.1 Business improvement actions for increased efficiency

1. Several business improvements are proposed to address key operational issues:

- Dedicating additional resources to the review of health claims for foods
- Implementing standard operating procedures (SOPs) for the Health Canada (HC) review of submitted claims. Finalized SOPs will be shared with stakeholders.
- Developing the parameters for an abbreviated process for claim review where internationally recognized scientific bodies or competent national authorities have recently completed a review and deemed the claim as valid. Acceptable ways to deal with different decision outcomes would also need to be considered
- Examining ways to improve efficiency administering the current regulation, where claim specific regulatory amendments are required. Several options are being considered:
 - dedicating more resources in regulatory drafting and legal services
 - exploring when it may be possible to expedite the time taken to proceed to the final amendment of the Regulations in *Canada Gazette Part II*
- Exploring appropriate triggers and processes for deciding when a second review of an approved claim may be needed. However, this is not considered a priority activity at this time.

Overall, how effective do you feel these actions would be, using a 1B6 rating, with 6 being highly effective and 1 being not effective at all.

1 Q 2 Q 3 Q 4 Q 5 Q 6 Q Please explain your rating:

2. What additional business improvements could you suggest?

Effectiveness assessment:

Under an application-driven system: 1

Under a Health-Canada-guided universal nutrition labelling system: 6

Health Canada should not emphasize an application-driven approval system for voluntary company-initiated marketing claims. Such a system will be wasteful of precious government scientific and legal resources, will lead to selective disclosure of information on labels and menus (repeating shortcomings of the former voluntary nutrition labelling system), and will be unlikely to lead to significant or even net public health benefits (ref. Bill Jeffery in CMAJ at <http://www.cmaj.ca/cgi/eletters/178/4/386>). Indeed, the consultation document notes:

“Health Canada does not have the resources to compile all of the evidence around the vast array of health claims that industry may want in a timely manner, *nor would industry requests necessarily be consistent with Health Canada’s public health mandate or priorities.*” [emphasis added]

While generic claims (disease risk reduction, body function, and general health claims) supported by scientific consensus could be considered for broad categories of foods, such claims should be permitted only when it can be demonstrated that they would enhance the public’s health, and only then as an adjunct to mandatory front-of-pack nutrition sign-posting. Limiting the number of such claims to a few important, well-established statements would help minimize the “noise” in the nutrition environment (that might otherwise distract consumers from important key nutrition advice) and reduce the need for updates and corrections triggered by evolving science.

While relying on evidence recognized by international or national authorities may be useful, such authorities should be selected judiciously (i.e., using higher standards than those used by the Natural Health Products Directorate, which has not adequately vetted authorities for scientific rigour or commercial conflicts of interest) and used only as part of a pre-market approval process, *not* as a pretext for substituting post-market notification for pre-market review.

The Discussion Paper noted:

“Some stakeholders feel that current standards are too uniformly rigorous...This view is supported by industry pressure worldwide and, in Canada, by current application of the newly introduced *Natural Health Products Regulations*. According to this view, consumers would benefit [by seeing] health claims, even when...health benefits cannot be demonstrated with a high level of certainty.”

Health Canada must assert itself as a public health authority

	<p>by constructing a mandatory front-of-pack labelling system that will best facilitate informed choice based on both good and bad news about products' nutritional features. Health Canada should not resign itself to being a passive gatekeeper for health claims initiated by food companies based on marketing objectives.</p> <p>Health Canada likely needs more resources to develop such nutrition criteria (though part of the task could be contracted to the expert National Academies' Institute of Medicine) however, considering a single 150-store US Supermarket chain managed to so-evaluate nearly all of its 25,500 products for its universal shelf-liner program, Health Canada could certainly marshal the resources to set criteria for what are estimated to be 60,000 food products available for sale in all stores in Canada (The Hannaford Brothers chain has 150 outlets; c.f. Canada's Loblaws chain owns 1,548 stores under various banners); see: http://www.loblaw.ca/en/lcl_ar06e/downloads/lcl_ar06_progress.pdf. The ONQI system was recently licensed for use by the 13,000-outlet Topco supermarket chain in the US (see: http://www.griffinhealth.org/Research/ONQIpages/FAQs.aspx), and Mike Hughlett, "Food retailers hope to inspire loyalty, increase sales with their own nutritional labels, Chicago Tribune, March 16, 2008.)</p>
<p>Theme 1.2 Increased openness and transparency</p> <p>1. Health Canada is exploring the possibility of publishing decision documents related to health claim applications. All proprietary information would be excluded. Please tick the box beside the information that you think should be included in published decision documents from</p> <ul style="list-style-type: none"> • the health claim submission: <ul style="list-style-type: none"> <input type="checkbox"/> proposed health claim <input type="checkbox"/> summary of evidence submitted <input type="checkbox"/> full tabulation of evidence submitted <input type="checkbox"/> other (please specify) • Health Canada's assessment: <ul style="list-style-type: none"> <input type="checkbox"/> summary of HC scientific evaluation of the submission <input type="checkbox"/> detailed HC evaluation of the submission <input type="checkbox"/> results of consultations, if applicable <input type="checkbox"/> decision and rationale (including conditions of use for an accepted claim and product) <input type="checkbox"/> other (please specify) <p>Please explain your selections: Please provide a copy of what you consider to be an appropriate format for a decision document in the Canadian context.</p>	<p>We believe the emphasis should be on ensuring front-of-pack nutrition labelling is mandated for all foods. Reviewing applications for new health claims should be a distant secondary consideration.</p> <p>Furthermore, transparency in decision-making is no substitute for ensuring that Health Canada's decisions are made in the best interest of the public.</p> <p>That said, the public has an interest in seeing decisions and all information in applications that is relevant to making those decisions (prior to pre-market approval). In addition, the public is entitled to see a description of the search terms and search strategy used by the applicants to do the literature reviews. (This requirement was eliminated, without explanation, from Health Canada's license application for natural health products.) It is also important to disclose the basis for claim applicants' predictions of the public health impact of the claim. Transparency contributes to the scientific peer-review process as well and government and corporate accountability to citizens/consumers.</p> <p>However, we believe that health claims should be limited to generic claims that are substantiated by scientific consensus based on the totality of evidence and likely to produce a significant positive net public health benefit. If consumers are bombarded with too many health claims concerning narrow or otherwise insignificant aspects of diet and health this could lead to confusion. As such, any claim application procedure should make it clear that a high standard of evidence is required for a reasonable prospect of approval. This should produce few applications and, by extension, few disclosures.</p>
<p>Theme 2.1 Scientific substantiation of claims</p>	<p>All claims should be based on a high level of scientific</p>

<p>1. A high level of certainty in scientific substantiation of claims is based on the following:</p> <ul style="list-style-type: none"> • structured, comprehensive literature review of all the relevant evidence, • human studies of acceptable quality, and • consistent cause-and-effect relationship between the consumption of foods or food constituents and the claimed health benefit. <p>Should all claims be based on a high level of certainty? Please provide the rationale for your response.</p> <p>1a. If there is a role for claims based on a lower level of certainty,</p> <ul style="list-style-type: none"> • what principles should determine which claims could be based on a lowest level of certainty? • should consumers be informed of the level of certainty that supports a claim? • what type of information about the level of certainty should be conveyed? <p>1b. How should this be communicated? Please provide evidence (if available) to show that what you suggest would not be misleading to consumers.</p>	<p>substantiation based on the totality of available evidence; this means a scientific consensus that is likely to stand the test of time. The view that some claims can be, <i>a priori</i>, recognized as being lower risk or otherwise requiring less scientific substantiation is in ill-accord with the guiding principle that claims be based on empirical evidence. Biological role claims for well-studied vitamins and minerals (for instance by DRI reports) are examples of well-substantiated claims, not claims requiring little substantiation. However, their use should be subject to disqualifying nutrient levels for important nutrients.</p> <p>Seemingly innocuous claims may give rise to treatment opportunity costs; for instance, food claims for treating the common cold or flu should be subject to rigorous justification because, in part, demonstrably effective preventative measures are available (e.g., flu vaccines, hand washing) and ineffective treatment of such common infections could exacerbate the approximately 5,000 annual deaths due to complications from influenza. Even well-substantiated claims for minor or vague ailments (e.g., improves GI health, prevents “giddiness”) may increase the “noise” and detract from more important overall nutrition advice to, generally, consume plenty of fruits and vegetables, more whole grains, legumes and limited amounts of saturated fat, trans fat, refined grains, salt, added sugar, and calories.</p> <p>In any event, the evidence is increasingly clear (as noted on pages 7, 15 of the discussion paper) that consumers are not able to distinguish among claims that are held to different standards of evidence (risk-reduction claims, function claims—of types 1, 2 and 3--and general health claims) or, for that matter, to intelligibly assign appropriate weight to claims that are held to different standard even when such information about the degree of support is provided on the label. This is further acknowledged by the US Congress’ recent directive to the US Food and Drug Administration to institute a moratorium on processing qualified health claim applications.</p>
<p>Theme 2.2 Supporting good-quality submissions</p> <p>1. Health Canada is proposing several ways in which it could support industry in drafting good quality submissions:</p> <ul style="list-style-type: none"> • encouraging pre-submission consultations; • updating the 2002 <i>Interim Guidance Document</i> to include specific guidance on the preparation of a structured, systematic review with the knowledge gained from the work done by the PFSNRA and Health Canada; • supporting in principle the efforts of third parties to coordinate and assist small and medium-sized industry members that are willing to collaborate in making joint submissions on ingredients or food constituents of common interest; • exploring ways to address gaps in the scientific evidence associated with the health-related benefits of food ingredients at a pre-submission stage with interested parties (e.g., Agriculture and Agri-Food Canada); and • participating in third-party forums organized to sustain 	<p>Effectiveness in a voluntary application-driven system: 1 Effectiveness in a mandatory, universal FOP nutrition label system: not applicable.</p> <p>As indicated above, creating a company-initiated claim system is an inefficient use of resources if the goal is to achieve significant, net public health benefits. At best, Health Canada should defer consideration of further disease-risk reduction or other health claims until it has established a mandatory, universal system of front-of package nutrition labelling. Even then, it should approve only a limited number of generic health claims (whether risk reduction, function, or general health claims) that are supported by scientific consensus, based on the totality of evidence and only if such claims could be expected to make substantial net improvements to public health.</p> <p>Health Canada’s nutrition research agenda should be designed with a view to secure the most significant improvements to public health, not necessarily to assist</p>

<p>domestic infrastructure for basic and applied research in food and nutritional science needed to support the development of safe, innovative food products with substantiated health benefits.</p> <p>Overall, how effective would these proposals be, using a 1B6 rating, with 6 being highly effective and 1 being not effective at all.</p> <p>1 Q 2 Q 3 Q 4 Q 5 Q 6 Q Please explain your rating:</p> <p>2. What should be industry’s role in preparing good quality submissions?</p> <p>2a. Which organizations could support applicants in preparing good quality submissions? How?</p> <p>3. In managing health claims for foods, there is a need for long-term research to substantiate potential health benefits and to identify health risks. Which organizations can help strengthen or support research in these areas? How?</p>	<p>businesses in advancing their marketing objectives, regardless of the size of those companies. Using research or administrative resources to create equity between large and small food companies is a use of public resources that probably cannot be justified on public health grounds.</p> <p>Furthermore, there is too little pay-off for expending those resources in a voluntary system, because the public health benefit is unlikely to be significant or even net beneficial.</p> <p>The University of Toronto’s Program in Food Safety, Nutrition and Regulatory Affairs (PFSNRA) is funded by more than 13 food companies and industry associations (including: Canadian Sugar Institute, Dairy Farmers of Canada, Kraft Canada Inc., Nestlé Canada Inc., Pepsi Quaker Tropicana Gatorade Canada, and Unilever Canada), many of which either already use company healthy-for-you logos or health claims and have a vested interest in the nutrition criteria for such systems. Health Canada’s collaboration with that group should be viewed with that conflict of interest in mind (see: http://www.utoronto.ca/nutrisci/foodsafe.html). Research that is commissioned by Health Canada should be conducted by accomplished experts who are mostly or exclusively free of conflicts of interest. The US Institute of Medicine is a more suitable partner for addressing the research needs here.</p>
<p>Theme 3.1 Functional foods and the food/NHP interface</p> <p>1. What are the expected areas of development of functional foods or bioactive ingredients in the next 1B3, and 3B10 years? Why?</p> <p>2. Considering the addition of bioactives to foods in general,</p> <ul style="list-style-type: none"> • are there some types of bioactive substances that should not be added to foods at any level? Please identify and explain. • should the addition of bioactive ingredients be allowed in foods at levels that, while safe, are too low to claim any health benefit? Please explain. <p>3. Is there a case for adding bioactive substances to foods at levels that would benefit some, but be risky to that same group if improperly consumed, or risky to other segments of the population?</p> <p>3a. If these types of bioactive substances were to be considered, what type of risk management options would be appropriate</p> <ul style="list-style-type: none"> • to ensure that the untargeted population is not put at risk, and • to ensure the safe use of the product by the target population. <p>Examples used for managing this type of risk in Natural Health Products (NHPs) and drugs include the following:</p> <ul style="list-style-type: none"> • claim wording • packaging to target specific user groups • restricting distribution channels • directions for use • cautionary statements 	<p>We support Health Canada’s decision to exclude food-like NHPs from availing themselves of the Natural Health Product Directorate’s low standards of evidence for assessing the safety and health claims for NHPs.</p> <p>It is unusual, in a general consultation on the framework for managing health claims, to single-out and poll opinions concerning the adequacy of scientific evidence to substantiate a particular class of health claim (i.e., concerning bioactive substances).</p> <p>As for any product, ingredients should not be added to foods in amounts that pose significant risks to human health; products that pose significant risks to some consumers should be permitted as ingredients only under circumstances where the off-setting benefits to other consumers are substantially more impressive and where the marketing of such products makes it easy for the vulnerable consumers to identify and avoid such products.</p> <p>In Canada, consumers assume that <i>foods</i> are safe and, except in unusual circumstances (e.g., food allergies) assume that examining labels for safety warnings is unnecessary. Health Canada has long maintained that unsafe foods should not be sold at all and that reliance on warning labels should be limited. On average, consumers are probably much more likely to be circumspect about safety and label warnings on drug labels, and somewhat more circumspect about natural health product labels. Accordingly, the practices described here for NHPs are probably insufficient for foods.</p>

<ul style="list-style-type: none"> warnings <p>3b. If possible, explain how the risk management measures you suggest would be effective when applied to products sold as foods.</p>	
<p>Theme 3.2 Managing a broader range of function claims</p> <p>1. Some measures are proposed in the document to help ensure credibility of a broader range of function claims:</p> <ul style="list-style-type: none"> clarifying the nature of acceptable function claims that would not be considered drug claims, encouraging industry to submit, voluntarily, new function claims for review by the Food Directorate, and maintaining an up-to-date list of function claims that are deemed <i>Not misleading</i> in the <i>CFIA Guide to Food Labelling and Advertising</i>. <p>Overall, do you feel these non-regulatory measures would be sufficient to manage an expanding range of function claims, using a 1B6 rating, with 6 being completely sufficient and 1 being not sufficient at all.</p> <p>1 G 2 G 3 G 4 G 5 G 6 G Please explain your rating:</p> <p>2. What other types of non-regulatory measures would you suggest?</p> <p>3. Health Canada could also rely on regulatory measures for more rigorous control of claims. Please indicate whether Health Canada should explore the following measures:</p> <p>3a. requirement for the submission of supporting evidence when there are concerns about the credibility of a health claim being used on foods already in the marketplace. Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:</p> <p>3b. mandatory pre-market review of function claims Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:</p> <p>4. Are there other regulatory measures that Health Canada should consider? If so, please identify the measure(s) and explain your rationale.</p>	<p>We emphasize the need to set a single high standard of evidence for substantiating claims, regardless of the regulatory category into which such claims fall; regulatory distinctions are lost on most consumers and even experts and are not generally regarded with any less or more skepticism by consumers if they are held to lower evidentiary standards.</p> <p>Again, we emphasize the importance of Health Canada pursuing public health goals instead of acting as a passive filter for food companies' marketing-driven applications for claim approval.</p> <p>To best prevent deception, reduce confusion, improve nutrition status, and enhance the public's health, a strict regulatory approach must be taken to mandate front-of-package nutrition labelling regardless of whether claims are made.</p> <p>And, all other claims should be subject to pre-market approval, supported by scientific consensus based on the totality of available evidence, and likely to produce substantial net public health benefits. Claim applications should include a description of the search terms and search strategy used to do the literature review upon which the application is based.</p>
<p>Theme 3.3 Managing diverse front of package claims</p> <p>1. Several measures are proposed to ease confusion by consumers over the proliferation of health-related claims on the front of food (FOP) packages:</p> <ul style="list-style-type: none"> educating consumers on the Nutrition Facts table and ingredient listings in conjunction with FOP symbols and claims, providing guidance to industry on conditions and wording that would help ensure that claims are not misleading, improving nutrition labeling regulations as needed, and monitoring the marketplace to ensure that activities related to consumer education, industry guidance, and regulatory changes are evidence-based. <p>Would these measures be sufficient to reduce the confusion arising from proliferation of health-related claims on the front of food packages?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:</p>	<p>Q 1: No. Educating consumers on techniques for reading between the lines of nutrition labels (i.e., making rough inferences about nutritional value from ingredient lists, balancing the relative amounts of key nutrients and ingredients, etc.) is an ineffective, labour-intensive endeavor that necessitates an ongoing expense. Furthermore, it is no substitute for ensuring that label information is useful and objective in the first place, especially when failing to do so means permitting misleading labelling contrary to the <i>Food and Drugs Act</i>.</p> <p>It behooves Health Canada and the Canadian Food Inspection Agency to ensure that labelling and advertising practices are consistent with the <i>Food and Drugs Act</i> and other statutory requirements that the foods be safe and labels be non-misleading, and to promulgate specific regulations to ensure that they can enforce the law in circumstances where either authority believes the statutory standard is too non-specific to support enforcement action.</p> <p>Q2: Even implied claims must be prohibited if they are not supported by scientific consensus. This is important because</p>

<p>2. Prohibiting implied claims of a health benefit, unless the health effect is clearly stated, could also reduce consumer confusion. How worthwhile would it be to explore this measure, using a 1B6 rating, with 6 being highly worthwhile and 1 being not worthwhile at all.</p> <p>1 G 2 G 3 G 4 G 5 G 6 G Please explain your rating:</p>	<p>consumers (and often experts) are often completely incapable of discerning nuanced differences in claim language based on regulatory descriptors assigned to such categories, and some food companies make convincing me-too-type implied claims when they are ineligible to make explicit claims (e.g., bone health claims).</p>
<p>Theme 3.4 Eligibility criteria for foods to carry claims</p> <p>1. Health Canada could also create a set of core nutritional criteria that all implied or explicit health claims should meet, and could apply that system through either a voluntary or a mandatory approach. If such measures were pursued, further consultations would be held on the development of the core nutritional criteria.</p> <p>1B6 rating, with 6 indicating that you consider it highly worthwhile to evaluate the following possible measures, and 1 indicating that you do not consider it worthwhile at all:</p> <p>1a. Voluntary: foods carrying a health-related claim would have the option of being evaluated against core nutritional criteria, and if they fulfill those criteria, their packaging would be allowed to carry an agreed upon symbol</p> <p>1 G 2 G 3 G 4 G 5 G 6 G Please explain your rating:</p> <p>To which types of claim should this measure apply? All types of claims G Disease risk reduction claims G Function claims G Other health-related claims or symbols G</p> <p>Please explain your selection:</p> <p>1b. Mandatory, option 1: foods carrying a health-related claim that do <u>not</u> meet standardized nutritional criteria would be required to highlight or disclose on their packaging where they fail to do so.</p> <p>1 G 2 G 3 G 4 G 5 G 6 G Please explain your rating:</p> <p>To which types of claim should this measure apply? All types of claims G Disease risk reduction claims G Function claims G Other health-related claims or symbols G</p> <p>Please explain your selection:</p> <p>1c. Mandatory, option 2: foods carrying a health-related claim or symbol <u>must</u> meet standardized nutritional criteria.</p> <p>1 G 2 G 3 G 4 G 5 G 6 G Please explain your rating:</p> <p>To which types of claim should this measure apply? All types of claims G Disease risk reduction claims G Function claims G Other health-related claims or symbols G Please explain your selection:</p> <p>2. If any of the approaches identified above was to be pursued, how could it be implemented effectively?</p> <p>2a. Which organizations could play a role in implementation?</p>	<p>The key next step, as advocated by the Standing Committee on Health and the Minister’s Advisor on Children and Youth is to set nutrition criteria for mandatory, universal front-of-pack nutrition labelling, possibly beginning with commissioning research by the US Institute of Medicine.</p> <p>Health Canada should create standard nutrition criteria for a food rating scheme that are applied to all foods, regardless of whether they make nutrition claims.</p> <p>1a. VOLUNTARY: The system should NOT be voluntary. (The question as to which types of claims it applies is, therefore, moot.)</p> <p>1b. MANDATORY (Option 1): The system should NOT permit “qualified health claims” for nutritionally inferior products even when such shortcoming are disclosed . (The question as to which types of claims it applies is, therefore, moot.)</p> <p>1c. MANDATORY (Option 2): Front-of-pack labelling criteria should be mandatory regardless of whether claims are made. (The question as to which types of claims it applies is, therefore, moot.)</p> <p>2. Implementing a completely voluntary, voluntary with qualifying statement, or a mandatory (but claim-triggered) approach to meeting nutrition criteria would be poor substitutes for front-of-pack nutrition labelling on all foods. Canada’s experience with voluntary nutrition labelling demonstrates that such schemes are inadequate for informing consumer choice and can actually lead to active consumer deception. There is little Health Canada can do to ameliorate the negative effects of these policy shortcomings, except mandating FOP labelling on all products regardless of whether claims are made.</p> <p>2a. Nutrition labelling is a responsibility of the Federal Government. While many NGOs can make useful contributions to nutrition education (indeed, CSPI does through its <i>Nutrition Action Healthletter</i>), only the federal government has the lawful authority and institutional capacity to ensure that food labels will lead to net public health benefits.</p> <p>3. The European Union, Australia, New Zealand, Thailand, South Africa, and (soon) India require food labels to report the percentage-by-weight of key ingredients. Similar rules in Canada could help ensure that consumers know the amounts of fruits, vegetables, whole grains, legumes and added sugars—all ingredients widely acknowledged to have important health implications—in processed foods. While</p>

<p>3. Are there other approaches that you would suggest to link core nutritional criteria with health claims?</p>	<p>this is no substitute for front-of-pack nutrition labelling based on the overall healthfulness of foods (based on nutrient and ingredient composition), it would certainly help.</p>
<p>Theme 4.1 Improving consumer understanding of health claims</p> <p>1. What could be done to help consumers better understand and appraise health claims?</p> <p>2. What role could different organizations or networks play in developing partnerships to build health literacy?</p> <p>3. Do you have any suggestions for how we could ensure that the information we provide to consumers is readily understood?</p> <p>4. Food Directorate welcomes research on consumer understanding of health claims and the impact of these claims on consumer decision-making. Please let us know if you are aware of any such research, and if possible attach reports.</p>	<p>1. The best way to ensure that consumers better interpret food labels and better understand the relationship between food and health is to ensure that objective FOP nutrition labelling is provided on all food labels to explicitly help consumers quickly identify which food have low, medium, or high overall healthfulness.</p> <p>2. We publish <i>Nutrition Action Healthletter</i> 10 times annually for our 135,000 subscribers. One of the key objectives of <i>NAH</i> is to increase nutrition literacy, but even it is a poor substitute for useful, informative food labels.</p> <p>3. Providing education outside the food label may be helpful but it is resource intensive, likely to have limited reach, could be offset by more pervasive advertising messages,</p>
<p>Theme 4.2 Monitoring impact of health claims on food supply and consumer choice</p> <p>1. What organizations and networks could play a supporting role in the monitoring of the impact of health claims on the food supply and consumer choice?</p> <p>2. Do you see a role for you or your organization?</p>	<p>This is a function of the Canadian Food Inspection Agency through monitoring and responding to complaints. Canadians must have an opportunity to complain to an enforcement body that has teeth and is free of conflicts of interest.</p> <p>We publish a newsletter that often identifies problematic health claims. We are not aware of any enforcement action ever being taken on the basis of those articles.</p>
<p>General Questions</p> <p>Finally, considering the themes discussed in the document,</p> <p>1. Have these themes adequately captured the critical issues?</p> <p>2. Are there other themes or issues that should have been included?</p> <p>3. Any other comments?</p>	<p>It should be emphasized that mandatory front-of-pack nutrition labelling would help solve the problems caused by misleading explicit or implicit marketing claims, and challenges in interpreting the Nutrition Facts panel (e.g., the Nutrition Facts panel does not disclose information about the amounts of fruits, vegetables or whole grains, and is of little help in helping inexpert or hurried shoppers gauge the relative importance of high vitamin C or whole grain content against low saturated fat or high sodium content.)</p> <p>We support and echo the recommendations of the House of Commons Standing Committee on Health, the Minister's Advisor on Healthy Children and Youth that such labelling should be mandatory for all (or nearly all) packaged foods and standard menu items on large national or regional chain restaurants (for instance, outlets of chains operating in more than one province).</p> <p>The Minister of Health could contract with the US Institute of Medicine, perhaps in cooperation with the US Government, to prepare a report on the best criteria for such labelling and the best symbol or scoring scheme for distinguishing foods on the basis of healthfulness.</p>

ENDNOTES

¹ Recommendation #3 of the Standing Committee recommends that that federal government:

- *Implement a mandatory, standardized, simple, front-of-package labelling requirement on pre-packaged foods for easy identification of nutritional value;*
- *Apply a phased-in approach starting with foods advertised primarily to children; and*
- Promote the new labelling requirement to parents through an aggressive media campaign.

² Dr. K. Kelly Leitch, *Reach for the Top: A Report of the Advisor on Health Children and Youth* (February 2008) states (at p. 112):

“It is recommended that the labelling be visually clear, easily interpreted and be front-of package. The revised labelling should commence with foods that are primarily for children. A phasing-in process of two years for industry to comply is recommended. In addition, building on the recommendation of Ontario’s former Chief Medical Officer of Health, it is recommended that large chain and fast food information should, in a way that is easily accessible to the public, disclose basic nutrition facts about the food they serve on both the food packaging and on the public display board (e.g. a column of calories).”

³ In November 2006, the British Columbia legislature’s Select Standing Committee on Health recommended that its own government develop a system of “warning labels alerting consumers to high fat, sugar and salt foods, such as a red-green-amber system and/or a calorie-load-per-serving system.” See: Recommendation #18 at 73 in Select standing Committee on Health, *A Strategy for Combating Childhood Obesity and Physical Activity in British Columbia* (November 2006) at 73. Available at: <http://www.leg.bc.ca/cmt/38thparl/session-2/health/reports/Rpt-Health-38-2-29Nov2006.pdf>

⁴ See, for instance, Jane Merrick, “Restaurants may be forced to use ‘traffic light’ labels on menus: Ministers consider introducing New York scheme to highlight unhealthy food in fight against obesity,” *The Independent (London, UK)*, Sunday, 6 April 2008, stated:

“Restaurants could be forced to introduce a ‘traffic light’ labelling system on menus to help curb rising levels of obesity, it was revealed to The Independent on Sunday last night.”

Likewise, Tony Helm and Bruno Waterfield, “‘Traffic light’ food warnings for supermarkets,” *The Telegraph*, Thursday March 27, 2008 stated:

“Dawn Primarolo, the public health minister, said the traffic light system was the Government’s ‘preferred option.’ She added that if a consultation being carried out by the FSA into consumer opinion showed strong support, the Government would move from a voluntary to compulsory system. Officials at the Department of Health said ministers were ‘minded’ to push for a compulsory system, with EU authorisation.”

⁵ The Centre for Science in the Public Interest estimated the death toll by extrapolating from estimates for annual deaths due to inactivity-related disease. Katzmarzyk, et al. “conservatively” estimated both the number of annual deaths and the health care costs attributable to physical inactivity: 21,340 deaths and \$2.1 billion annually. See: Katzmarzyk PT, et al. The Economic Burden of Physical Inactivity in Canada. *Canadian Medical Association Journal* 2000;163(11): 1435-40 at 1438. We are not aware of any published estimates of the annual number of deaths attributable to diet-related disease in Canada, however, based on Health Canada estimates of the economic burden of diet-related disease, we estimate it to be roughly 25,400 deaths per year. According to estimates published in the *Journal of the American Medical Association* in 2004 and 2005, diet- and inactivity-related diseases caused 365,000 deaths in the US in 2000. AH Mokdad, JS Marks, DF Stroup, JL Gerberding, Actual Causes of Death in the United States, *JAMA* 291;10:1238-45 and 293; and Correction: Actual Causes of Death in the United States, *JAMA* 3:293-4 and 198.

⁶ See: Diane Gorman, Assistant Deputy Minister of Health, Speech at the stakeholder meeting on the review of Canada’s Food Guide to Healthy Eating in Ottawa, (January 20, 2004), 3 at http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/food-guide-aliment/pres_speech_adm-pres_contexte_sma_e.pdf estimating the annual cost of diet-related disease (health care costs plus productivity losses) to be approximately \$6.6 billion.

⁷ Based on 2004 estimates of the director of the US National Heart, Lung, and Blood Institute and two colleagues in Havas S, Roccella EJ, Lenfant C. Reducing the Public Health Burden From Elevated Blood Pressure Levels in the United States by Lowering Intake of Dietary Sodium. *Am J Pub Health*. 2004; 94:19-22.

⁸ This is what the Federal Trans Fat Task Force recommended to the Minister of Health in June 2006. D. Mozaffarian, M.B. Katan, A. Ascherio, et al., Trans Fatty Acids and Cardiovascular Disease, *N Engl J Med* (2006) 345:1601. According to Health Canada (Dec. 20, 2007), Canadian consume, on average, 4.9 grams of trans fat per day (see: http://www.hc-sc.gc.ca/fn-an/nutrition/gras-trans-fats/tfa-age_question_e.html). According to calculations of the US Food and Drug Administration, replacing the average US trans fat intake of 4.6 grams of trans fat (in the year 2003) with a blend of saturated, mono- and poly-unsaturated fats would lead to a reduction of 23,704 premature heart attacks deaths annually (repeatedly emphasized to be "conservative estimates"; see page 11 of http://cspinet.org/new/pdf/trans_fat_petition_may_18.pdf). Since the US had 9.2 times the population of Canada and slightly higher trans fat intake in 2007 than Americans in 2003 (4.9 g versus 4.6 grams), this is equivalent to an estimated 2,672 premature deaths in Canada annually.

⁹ H.C. Hung, K.J. Joshipura, R. Jiang, et al., "Fruit and vegetable intake and risk of major chronic disease," *J Natl Cancer Inst* (2004) 96:1577-84; S. Liu, I.M. Lee, U. Ajani, et al., "Intake of vegetables rich in carotenoids and risk of coronary heart disease in men: the Physicians' Health Study," *Int J Epidemiol* (2001) 30:130-35; and L.A. Bazzano, J. He, L.G. Ogden, et al., "Fruit and vegetable intake and risk of cardiovascular disease in US adults: the first National Health and Nutrition Examination Survey Epidemiologic Follow-up Study," *Am J Clin Nutr* (2002) 76:93-99.

¹⁰ Flegal K, Graubard B, Williamson D, Gail M. Excess Deaths Associated with Underweight, Overweight, and Obesity. *JAMA* 2005; 293:1861-1867.

¹¹ As indicated above, according to Health Canada, mandatory nutrition labelling for prepackaged foods is estimated to save the economy \$5 billion over twenty years, and the total economic burden of diet-related disease is approximately \$6.3 billion per year. Therefore, the reduction of diet-related disease due to mandatory nutrition labelling is: \$5.3 billion / (20 * \$6.3 billion), or 4.2%. See: *The Canada Gazette, Part II*, Vol. 137, No. 1 (January 1, 2003) at 386.

¹² Mandatory nutrition label rules finalized in January 2003 for many pre-packaged foods are predicted to save the Canadian economy \$5 billion during the next two decades by helping consumers choose nutritious foods thereby, reducing their risk of premature death and disability due to cardiovascular disease, cancer, and diabetes. This constitutes a 20-fold return to the economy compared to the \$263 million costs of label changes. See: *The Canada Gazette, Part II*, Vol. 137, No. 1 (January 1, 2003) at 386.

¹³ That is, \$263 million costs over three years divided by approximately \$120 billion sales revenues for foods purchased in retail stores over three years.)

¹⁴ Agriculture and Agri-food Canada, *Costs and Benefits of Nutrition Information* (2000) at 4. The prevention dividend = \$5.3 billion benefit / \$263 million costs of modifying labels, or 2,015%.

¹⁵ See Nayga RM, *Do Nutrition Labels Affect Calorie Intakes and Diet Quality?* Prepared for the FDA Workshop: Exploring the Link Between Food Labeling and Weight Management, 2003 (finding that nutrition label users consume fewer calories from fat, less cholesterol and sodium, and more fibre, than non-label users); Kristal AR, Henderson MM, Patterson RE, Neuhauser ML. Predictors of Self-Initiated, Healthful Dietary Change. *J Am Diet Assoc*. 2001:762-765 (finding that the use of food labels is strongly associated with fat reduction); Mathios, Alan D. The Impact of Mandatory Disclosure Laws of Product Choices: An Analysis of the Salad Dressing Market. Abstract. *J Law Econ*. 2000:651-677 (finding that the addition of the NFP to food packages reduced the sale of high fat foods); The American Dietetic Association. *Nutrition Trends Survey 1997*. September 1997 (finding that approximately two-thirds of those reading the NFP reported that they stopped or started buying a food product because of something they read on the label, and 56 percent of consumers said the information on the nutrition label had caused them to switch brands). Some of those studies found associations between reading labels and healthier diets, but could not establish cause and effect.

¹⁶ Levy AS and Fein SB. Consumers' Ability to Perform Tasks Using Nutrition Labels. *J of Nutr Ed*. 1998; 30:210-217. In its review of 129 studies on consumer understanding of nutrition Labeling, the European Heart Network, an alliance of heart foundations and non-governmental organizations throughout Europe, ranked this study as the highest quality experimental study on numerical-format nutrition Labeling. *A systematic review of the research on consumer understanding of nutrition labelling*, European Heart Network, June 2003.

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- ¹⁷ Seiders K and Petty RD. Obesity and the Role of Food Marketing: A Policy Analysis of Issues and Remedies. *Journal of Public Policy and Marketing*. 2004:153-169, 157.
- ¹⁸ *FDA Obesity Report*, p. 16
- ¹⁹ Miller CK, Probart CK, Achterberg CL. Knowledge and Misconceptions About the Food Label Among Women With Non-Insulin-Dependent Diabetes Mellitus. *Diabetes Educ*. 1997 July-Aug; 23:425-432, 428.
- ²⁰ See, e.g., *Launch of the WHO/FAO joint consultation report on diet, nutrition and the prevention of chronic diseases*, April 22, 2003, <http://www.who.int/dg/speeches/2003/rome/en/> (accessed November 21, 2006).
- ²¹ Beck L, "Logos signal healthy foods, but are they?" September 27, 2006 *Globe and Mail* at A15.
- ²² *Food Marketing to Children and Youth, Threat or Opportunity*, Institute of Medicine, U.S. National Academies of Science, 2006. p. 325.
- ²³ *FDA Obesity Report*, p. 16.
- ²⁴ *FDA Obesity Report*, Appendix G: Report from the Division of Market Studies Office of Scientific Analysis and Support.
- ²⁵ Van Horn L, Obarzanek E, Friedman LA, Gernhofer N, Barton B, Children's Adaptations to a Fat-Reduced Diet: The Dietary Intervention Study in Children (DISC). *Pediatrics*. 2005:1723-1733. Similarly, the University of Texas's Coordinated Approach to Child Health ("CATCH") program educates children about healthful eating by categorizing foods into "Go," "Slow," and "Whoa" categories. CATCH Texas, Go-Slow-Whoa CATCH Food Categories, http://www.sph.uth.tmc.edu/catch/PDF_Files/go_slow_whoa_description.pdf (accessed November 21, 2006).
- ²⁶ Burton, Scot, Abhijit Biswas, and Richard Netmeyer (1994), Effects of Alternative Nutrition Label Formats and Nutrition Reference Information on Consumer Perceptions, Comprehension, and Product Evaluations, *Journal of Public Policy and Marketing*, 13 (Spring), 36-47; Moorman, Christine, (1996), A Quasi Experiment to Assess the Consumer and Information Determinants of Nutrition Information Processing Activities: The Case of the Nutrition Labeling and Education Act, *Journal of Public Policy and Marketing*, 15 (Spring,) 28-44; Viswanathan, Madhubalan and Manojt Hastak (2002), The Role of Summary Information in Facilities Consumers' Comprehensive of Nutrition Information, *Journal of Public Policy and Marketing*, 21 (Fall), 305-318.
- ²⁷ Balasubramanian, Siva K. and Catherine Cole, (2002), "Consumers' Search and Use of Nutrition Information: The Challenge and Promise of the Nutrition Labeling and Education Act," *Journal of Marketing*, 66 (July) 112-27.
- ²⁸ Recommendation #18 at 73 in Select Standing Committee on Health, *A Strategy for Combating Childhood Obesity and Physical Activity in British Columbia* (November 2006) at 73. Available at: <http://www.leg.bc.ca/cmt/38thparl/session-2/health/reports/Rpt-Health-38-2-29Nov2006.pdf>
- ²⁹ Yale Griffin Prevention Clearance Centre: <http://www.griffinhealth.org/Research/ONQIpages/FAQs.aspx>
- ³⁰ Department of Public Health, University of Oxford: Arambepola C, Scarborough P, Rayner M. Validating a nutrient profile model. *Public Health Nutr*. 2008 Apr;11(4):371-8. Epub 2007 Jul 3. Available at: http://www.ncbi.nlm.nih.gov/pubmed/17605841?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum
- ³¹ Meeting with Lisa Sullivan, et al., Hannaford Foods, and Center for Science in the Public Interest, August 18, 2006, Washington D.C. See Zelman, K and Kennedy, E, Naturally Nutrient Rich . . . Putting More Power on Americans' Plates. *Nutrition Today*. 2005 Volume 40 Number 2 March/April:60-68.
- ³² See points 7 and 13 of <http://www.healthcheck.org/en/about-health-check/frequently-asked-questions.html>
- ³³ See the list of approved products in the fruit and vegetable category at <http://www.healthcheck.org/en/about-health-check/vegetables-fruit.html> accessed February 20, 2008.

³⁴ A study conducted by the industry-funded International Food Information Council found that consumers were unable to consistently distinguish among claims based on four different levels of scientific substantiation (ranging from “little” supporting evidence to “significant scientific agreement” (even when alternative wording was used to describe each claim type). And, efforts to inform consumers of the level of scientific substantiation were frequently misinterpreted by consumers. Many even mistakenly construed the evidence ratings as indicative of the overall product quality. See: IFIC, “Qualified Health Claims Consumer Research Project” (2005) available at: <http://ific.org/research/qualhealthclaimsres.cfm> See also: Hooker, Neal H. and Ratapal P. Teratanavat. 2008. Dissecting Qualified Health Claims: Evidence from Experimental Studies. *Critical Reviews in Food Science and Nutrition*. 48: 1-18; and Brenda M. Derby and Alan S. Levy, Working Paper: Effects of the Strength of Science Disclaimers on the Communication Impacts of Health Claims, USDA, Sept. 2005.