



**Association of State Public Health Nutritionists**  
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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

**Comment on FDA’s 30-day Notice Regarding Quantitative Research on Front of Package Labeling  
(FDA-2023-N-0155)**

The Association of State Public Health Nutritionists (ASPHN)<sup>1</sup> appreciates the opportunity to comment on the Food and Drug Administration’s (FDA) 30-day Notice Regarding Quantitative Research on Front of Package Labeling (FDA-2023-N-0155). ASPHN applauds the FDA’s robust resolve to upgrade the front-of-package labeling (FOPL) so that it would be reflective of and conversant with the latest nutrition science and Federal dietary guidance.

ASPHN supports FDA’s pursuit of research to help select an FOPL labeling scheme that will make it easier for consumers to identify more nutritious foods and establish healthier eating patterns. Every year the United States (U.S.) government spends billions of dollars on tackling diet-related chronic diseases (DRCDD).<sup>2</sup> More than 80% of U.S. health care expenditures was spent on DRCDDs, in 2017, with 96 cents per dollar for Medicare and 83 cents per dollar for Medicaid, over and above \$750 billion.<sup>3</sup> At that time, Fried, et al., projected treatment for DRCDDs and lost economic output would cost over \$4.2 trillion by 2023.<sup>4</sup>

As per the FDA Proposed Research Study:

- ASPHN supports FDA’s decision to increase the proposed research sample of 3,000 participants to 9,000 participants as it will ensure greater diversity and inclusion while also allowing for more reliable observations on how different FOP schemes impact dissimilar participants and their ability to select the healthiest/least healthy product in a set (*i.e.*, FDA’s main outcome of interest).
- ASPHN enthusiastically supports the FDA’s qualitative research methods, including initial cognitive interviews to test whether participants understand the study questions. The survey instrument collects important demographic data such as nutrition knowledge, shopping habits, self-rated health, caregiver status, and nutrition literacy.
- We endorse FDA’s inclusion of a variety of label formats that highlight specific nutrients to limit, such as sodium, saturated fat, and added sugars, which is consistent with current nutrition science and Federal dietary guidance, linked to health harms, and overconsumed by many people in the United States.<sup>5</sup>
- ASPHN urges FDA definitions of “high,” “medium,” and “low” levels of nutrients, based on FDA’s established criteria to be consistent with the upcoming revised definition of the term “Healthy”, as well as the percent Daily Value (DV) of a nutrient (*i.e.*, less than 5% DV is low, more than 20% DV is high, everything in between is medium).<sup>6</sup>



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ASPHN champions FDA's decision to be nutrient specific and only include those nutrients that have consistently been an issue for the last few decades of DGAs - added sugars, sodium, and saturated fats. Indeed, such nutrient-specific systems need to include interpretive labels and provide nutrition information as guidance rather than just specific facts. Most importantly, nutrient-specific systems must convey an evidence-based judgment or recommendation.<sup>7 8</sup>

To that end ASPHN urges FDA to consider using correct interpretation of which FOP label in a set is the healthiest/least healthy as the study's primary outcome. The speed at which participants make their decisions and whether participants search for more information should be considered as secondary outcomes. Also, instead of using one set of nutrient profiles for the Guideline Daily Amount and Nutrition Info schemes, and another set for the High In schemes, ASPHN recommends FDA Use the same nutrient profiles for the healthiest, middle, and least healthy products across FOP schemes.

ASPHN would like to express our gratitude to the FDA for the opportunity to provide these comments. We look forward to supporting FDA's on-going efforts to address and improve the overall health and wellbeing of all Americans and their families.

Sincerely,

Jamie Stang, PhD, MPH, RDN  
President, ASPHN Board of Directors

## References

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<sup>1</sup> Founded in 1952, ASPHN is a non-profit membership organization that provides state and national leadership on food and nutrition policy, programs and services aimed at improving the health of our population. ASPHN's membership is composed of 782 public health nutritionists located throughout all 50 states, the District of Columbia and five U.S. territories. ASPHN's vision is "healthy eating and active living for everyone." ASPHN is an affiliate of the Association of State and Territorial Health Officials. ASPHN is comprised of registered dietitians, nutritionists, and other health professionals who are closely involved in the implementation of federal nutrition programs. More information about ASPHN members and resources is available on the web at [www.asphn.org](http://www.asphn.org) and on Facebook at [www.facebook.com/asphn](https://www.facebook.com/asphn).

<sup>2</sup> Benjamin, E. J., Virani, S. S., Callaway, C. W., Chamberlain, A. M., Chang, A. R., Cheng, S., ... & Muntner, P. (2018). Heart disease and stroke statistics—2018 update: a report from the American Heart Association. *Circulation*, 137(12), e67-e492.

<sup>3</sup> Fried, L. (2017). America's health and health care depend on preventing chronic disease. Huffington Post. Published March, 8. Recovered from: [https://www.huffpost.com/entry/americas-health-and-healthcare-depends-on-preventing\\_b\\_58c0649de4b070e55af9eade](https://www.huffpost.com/entry/americas-health-and-healthcare-depends-on-preventing_b_58c0649de4b070e55af9eade)

<sup>4</sup> Fried, L. (2017). America's health and health care depend on preventing chronic disease. Huffington Post. Published March, 8. Recovered from: [https://www.huffpost.com/entry/americas-health-and-healthcare-depends-on-preventing\\_b\\_58c0649de4b070e55af9eade](https://www.huffpost.com/entry/americas-health-and-healthcare-depends-on-preventing_b_58c0649de4b070e55af9eade)

<sup>5</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans 2020-2025. Available at: [https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary\\_Guidelines\\_for\\_Americans-2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf).



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<sup>6</sup> U.S. Food and Drug Administration. The Lows and Highs of Percent Daily Value on the New Nutrition Facts Label. February 25, 2022. Available at: <https://www.fda.gov/food/new-nutrition-facts-label/low-and-high-percent-daily-value-new-nutrition-facts-label>

<sup>7</sup> Kanter, R., Vanderlee, L., & Vandevijvere, S. (2018). Front-of-package nutrition labelling policy: global progress and future directions. *Public health nutrition*, 21(8), 1399-1408. Recovered from: [Front-of-package nutrition labelling policy: global progress and future directions | Public Health Nutrition | Cambridge Core](#)

<sup>8</sup> World Health Organization. (2020). Front-of-package labeling as a policy tool for the prevention of noncommunicable diseases in the Americas. *Washington, DC: Pan American Health Organization*