

Nutrition Labeling Regulations

This paper is part of a series of nutrition policy profiles prepared by Prevention Institute for the Center for Health Improvement (CHI).

Background

Nutrition ranks second after taste as the factor most frequently influencing food purchases.¹ To assist people in identifying and comparing foods' nutritional value, nutrition labels provide information about the ingredients and nutrient content of packaged and processed foods. Thousands of new processed food products reach supermarket shelves each year. Unlike whole foods such as fruits and vegetables, it is virtually impossible to know what is in each product without label information.

Before the Nutrition Labeling and Education Act of 1990, food manufacturers were not required to provide nutrition information unless their product was nutritionally fortified or carried a nutrition claim, and nutrition claims were not carefully regulated. The visibility of health claims on food labels increased through the 1980s and 1990s as manufacturers recognized their potential to increase sales among health-conscious consumers. Unfortunately, this practice led to misleading or exaggerated claims on labels.² For example, the terms “lite/light” were used by manufacturers to describe foods that were lighter in color, as opposed to lower in fat or cholesterol.³

With the discovery that diet plays a significant role in the development of cardiovascular disease, diabetes, stroke, and cancer, proper nutrition has become an important element in the prevention of illness and premature death.⁴ To reduce the risk of developing these chronic diseases, the U.S. Dietary Guidelines recommend that individuals select diets consisting of no more than 30 percent of calories from fat, 10 percent of calories from saturated fat, 300 mg of cholesterol, and 2,400 mg of sodium per day. The Guidelines further recommend keeping calories at a level to maintain normal weight and eating generous amounts of high-fiber plant foods including fruits, vegetables, whole grains, and legumes.⁵ Accurate, easy to use label information assists people in their efforts to eat according to U.S. dietary recommendations.

Policy

Strengthen regulations for nutrition and ingredient labeling for all packaged food.

In 1990, the U.S. Congress passed the Nutrition Labeling and Education Act (NLEA). The NLEA had three primary purposes: 1) to help consumers make healthier food choices through improved access to nutrition information, 2) to protect consumers from inaccurate or misleading health-related claims on packages, and 3) to encourage manufacturers to improve the nutritional quality of their products by making nutrition content visible. Food manufacturers were required to comply by May 1994.

Under the NLEA, strict guidelines regarding the use of nutritional claims were developed to ensure accuracy and consistency for consumers. Terms such as “lite,” “high-fiber,” and “reduced fat” could be used only if foods had met certain criteria; for example, a “low-fat” food could not contain more than three grams of fat per serving.⁶ Such health claims were evaluated and approved by the Food and Drug Administration (FDA).⁷

The NLEA also required virtually all packaged foods to carry Nutrition Facts labels. These labels contain specific information about key vitamins and minerals, as well as nutrients that contribute to increased chronic disease risk (fat, saturated fat, sodium, and cholesterol). The labels also contain standard portion sizes for similar products. This was an important breakthrough: product comparison became easy by no longer requiring complicated calculations. In addition, the “% Daily Value” category on the labels show what percentage of a nutrient (or in the case of chronic disease related nutrients, the maximum) is provided by a serving of the product when compared to the average recommended daily intake for a 2,000 calorie diet. This allowed people to readily see that one item, such as a packaged muffin, could contain nearly half of the total recommended fat for the day. The NLEA did not require labels to contain specific information about the volume of added sugars in food (an important source of excess calories), nor did it require labeling of restaurant foods or fresh foods such as meat and poultry in grocery stores.

Effectiveness

The Nutrition Labeling and Education Act has been an important step in increasing public access to nutrition information. An estimated 96 percent of processed foods carried nutrition labels as of 1995.⁸ In addition, consumers are using the information: nearly three-quarters of the U.S. population age 18 and over report reading food labels.⁹ The percentage of those who use the label “often” increased from 43 percent in 1994 prior to enactment to 56 percent in 1995 after enactment.¹⁰ Thirty percent of respondents of a 1991 survey reported changing their minds about buying food products after reading the nutrition label;¹¹ in a survey conducted in 1997, 61 percent of respondents reported doing so.¹²

The use of labels has been shown to positively impact consumers’ diets. One survey examining fat consumption among Washington residents found that people who read nutrition labels were much more likely to have a diet lower in fat.¹³ Label use has also been associated with lower cholesterol intake and higher vitamin C intake.¹⁴ In general, people with higher educational backgrounds, women, and people who place high importance on nutrition and product safety are more likely to use nutrition labels.¹⁵

There is less data available on the impact of the NLEA on food industry practices. In one study of packaged crackers in supermarkets, researchers found that there was a decline in the fat content of crackers following the passage of the NLEA.¹⁶ Further, the study found that the prevalence of potentially misleading claims declined from 77 percent in 1991 to 49 percent in 1995, although the absolute number of misleading claims still remains high.

The Center for Science in the Public Interest recommends several key steps for improving labeling, including disclosure of trans fat content and added sugars on food labels, tighter

regulation of health claims, and expansion of labeling requirements to restaurants and fresh foods in supermarkets. Specifically, the FDA should require that food labels provide quantitative labeling for trans fat and limit the trans fat content in foods whose labels make saturated fat, cholesterol, heart disease, and other claims.¹⁷ The FDA should set a Daily Value for and require quantitative labeling of added sugar.¹⁸ The U.S. Department of Agriculture should require nutrition labels on all fresh meat and poultry.¹⁹ (Processed meats are currently required to have labels, but most other meats in supermarkets are not.) Finally, fast food and other national chain restaurants should provide calorie information on menus or menu boards.²⁰ These changes would make the label a more powerful tool for consumers.

Contact

Center for Science in the Public Interest
Web site: www.cspinet.org

Acknowledgments

Advisory Committee

Kate Clancy, Ph.D., Director of the Henry A. Wallace Center for Agriculture and Environmental Policy at WINROCK International, Rosslyn, VA

Andy Fisher, Executive Director, National Community Food Security Coalition, Venice, CA

Arnell Hinkle, RD, MPH, CHES, Executive Director, California Adolescent Nutrition and Fitness Program (CANFit), Berkeley, CA

Sheldon Margen, MD, Professor Emeritus, Public Health Nutrition, University of California at Berkeley, Berkeley, CA

Marion Nestle, MPH, Ph.D., Chair, Department of Nutrition and Food Studies, New York University, New York, NY

Margo Wootan, D.Sc., Director of Nutrition Policy, Center for Science in the Public Interest, Washington, DC

Prevention Institute's nutrition policy profile series is funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention programs.

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