

## Flawed food labeling contributes to over-sweetened and over-fortified food

### Comments from Environmental Working Group on the Food and Drug Administration proposed revisions to the Nutrition Facts label

June 30, 2014

Comments submitted for the dockets FDA–2012–N–1210 and FDA–2004–N–0258

Attached: Environmental Working Group 2014 reports “*Children’s Cereals: Sugar by the Pound*” and “*How Much is Too Much? Excess Vitamins and Minerals in Food Can Harm Kids’ Health*”

We are submitting comments on behalf of the Environmental Working Group, a non-profit research and advocacy organization based in Washington, DC that works to protect human health and the environment. In March 2014, the Food and Drug Administration proposed to update food labeling regulations by revising the Nutrition Facts label and by increasing listed serving sizes for some products to reflect more closely the amounts Americans actually eat and drink (FDA 2014a; FDA 2014b). The proposed revisions are necessary in order to bring the Nutrition Facts label in line with the 2010 Dietary Guidelines for Americans published by the U.S. Department of Agriculture and Department of Health and Human Services and with the Institute of Medicine’s Recommended Dietary Allowances for vitamins and minerals.

The FDA’s initiative for updating the food labels includes much needed changes that are long overdue. Updated nutrition labeling and better regulation of nutritional claims on products would provide consumers with the information they need for planning better diets and minimizing consumption of nutrients linked to adverse health effects.

**EWG strongly supports the FDA’s proposal to include “added sugars” on the Nutrition Facts panel and to set the Nutrition Facts Daily Values for vitamins and minerals on the basis of the Institute of Medicine’s recommendations. Yet, in their current form, the FDA’s proposed revisions are insufficient and need to go further.** EWG advises the FDA to take a series of steps outlined in this letter in order to amend and clarify dietary information offered by the Nutrition Facts label.

#### Summary of EWG recommendations to the FDA:

- Use the Institute of Medicine’s recommendations as the basis for setting age-specific Daily Values for vitamins and minerals;
- Require nutrition labels on products marketed for children to display age-specific Daily Values, such as for 1-to-3-year-olds and 4-to-8-year-olds;
- Correct the reference amount for cereal serving sizes cited on Nutrition Facts labels to reflect the larger amounts that Americans actually eat on a single occasion;
- Include “added sugars” in the Nutrition Facts panel;

- Commission a new study by the Institute of Medicine of the harmful health effects of consuming high amounts of added sugar and seek further guidance on whether setting a Daily Value for sugar would be justified;
- Revise the rules for promotional nutrient content and health claims and allow such claims *only* on products that are low in added sugars.

Details and the rationale for these recommendations are provided below.

### **1. The FDA should use the Institute of Medicine’s recommendations as the basis for setting age-specific Daily Values for vitamins and minerals.**

The current dietary Daily Values on Nutrition Facts labels are based on adult dietary needs and are woefully outdated. They were set in 1968 – more than 40 years ago – when the primary concern was nutritional deficiencies (NRC 1968). The Daily Values used for nutrition labeling on a vast majority of products are defined by the FDA as “reference values, based on a 2,000 calorie intake, for adults and children 4 and more years of age.” The FDA also publishes a table with Daily Values for infants, children younger than four and pregnant and lactating women, but these are rarely on product labels (FDA 2007).

The FDA proposed revisions to the Daily Values used for Nutrition Facts labeling would remedy some, but not all, problems produced by the use of outdated Daily Values. The FDA’s proposed Daily Values are based on the newer research; they correctly describe *adult* dietary needs and represent a much-needed and long-overdue improvement of Nutrition Facts labels. These modifications have been recommended to the FDA by the Institute of Medicine since 1990s.

*EWG supports the FDA’s proposal to update the Daily Values for nutrition labeling based on the Institute of Medicine’s Recommended Dietary Allowances. Yet, the proposed Daily Values fail to protect children’s health from excessive exposures to over-fortified nutrients. This is clearly problematic and must be remedied by the Agency in the finalized revisions to nutrition label.*

The FDA proposed Daily Value for nutrition labeling for 1-to-3-year-old children are based on the Institute of Medicine’s Recommended Dietary Allowances for this age group. This proposal makes scientific sense and should be adopted in the finalized regulations. However, the FDA’s proposed Daily Values for adults and children 4 or older correspond to the nutrient needs of 97-to-98 percent of *adults*, not children. The source of the problem is the FDA decision to group 4-to-8-year-old children with adults for the purpose of nutrition labeling, the same shortcoming that exists under the current rules.

Detailed analysis of how the FDA’s proposed Daily Values exceed the young children’s dietary needs is presented in Table 1. For 17 vitamins and minerals, the FDA’s proposed Daily Values are at least twice greater than the Recommended Dietary Allowances for 4-to-8-year-old children. For two nutrients, vitamin A and niacin, the updated Daily Value is same as or higher than the Tolerable Upper Intake Level (UL) for 4-to-8-year-olds (IOM 1998a; IOM 2001). For sodium, the FDA has proposed to set the new Daily Value at the level of the Tolerable Upper Intake Level for adults. The Tolerable Upper Intake Levels have been set by the Institute of Medicine as “the highest level of daily nutrient intake that is likely to pose no risk of adverse health effects to almost all individuals in the general population” (IOM 1998b).

**Table 1:** EWG’s comparison of current and proposed Daily Values for adults and children 4 or more years of age with Recommended Dietary Allowances (RDAs) or Adequate Intake values (AI) for 4-to-8-year-old children. All intakes are per day. UL corresponds to the Tolerable Upper Intake Level for vitamin and minerals, set by the Institute of Medicine (IOM 1998a; IOM 2001).

Vitamins and Minerals	Current Daily Values	Proposed Daily Values	RDA or AI for 4-to-8-year-old children**	Proposed DV at least twice bigger than RDA/AI for 4-to-8-year-old children?
Vitamin A*	5,000 IU (1,500 µg)	900 µg (same as the UL for 4-to-8-year-olds)	400 µg	Yes
Vitamin C	60 mg	90 mg	25 mg	Yes
Calcium	1,000 mg	1,300 mg	1000 mg	No
Iron	18 mg	18 mg (no change)	10 mg	No
Vitamin D	400 IU (10 µg)	20 µg	15 µg	No
Vitamin E	30 IU (20 mg)	15 mg	7 mg	Yes
Vitamin K	80 µg	120 µg	55 µg (AI)	Yes
Thiamin	1.5 mg	1.2 mg	0.6 mg	Yes
Riboflavin	1.7 mg	1.3 mg	0.6 mg	Yes
Niacin	20 mg	16 mg (more than the UL for 4-to-8-year-old)	8 mg	Yes
Vitamin B6	2 mg	1.7 mg	0.6 mg	Yes
Folate	400 µg	400 µg	200 µg	Yes
Vitamin B12	6 mg	2.4 mg	1.2 mg	Yes
Biotin	300 µg	30 µg	12 µg (AI)	Yes
Pantothenic acid	10 mg	5 mg	3 mg (AI)	No
Phosphorus	1,000 mg	1,250 mg	500 mg	Yes
Iodine	150 µg	150 µg (no change)	90 µg	No
Magnesium	400 mg	420 mg	130 mg	Yes
Zinc	15 mg	11 mg	5 mg	Yes
Selenium	70 µg	55 µg	30 µg	No
Copper	2 mg	0.9 mg	0.44 mg	Yes
Manganese	2 mg	2.3 mg	1.5 mg (AI)	No
Chromium	120 µg	35 µg	15 µg	Yes
Molybdenum	75 µg	45 µg	22 µg	Yes
Sodium	2,400 mg	2,300 mg	1,200 mg (AI)	No

Source: FDA. Food Labeling: Revision of the Nutrition and Supplement Facts Labels. Fed. Reg. Vol 79, No. 41, 11879 -11987, March 3, 2014.

\* The current FDA daily value for vitamin A is expressed in the outdated form of international units (IU). 5,000 IU correspond to 1,500 mg (micrograms) of retinol activity equivalents (RAE), a measure for expressing vitamin A activity.

\*\* For some vitamins there are no RDAs and only Adequate Intake values (AI) are available. These cases are indicated with AI in parenthesis.

As Table 1 demonstrates, the FDA proposed new Daily Values are not appropriate for 4-to-8-year-old children. Children eat a different diet from what adults eat; their bodies are smaller; their vitamin and

mineral needs are distinct from adults; and their tolerance for excessive intake of vitamins and minerals is much lower. Combining 4-to-8-year-olds with adults for the purpose of nutrition labeling makes no scientific sense and leads to potentially harmful over-exposures to fortified vitamins and minerals.

EWG believes that setting a single Daily Value that groups 4-to-8-year-old children with adults could lead to excessive intakes of some fortified vitamins and minerals and potentially increase risk of the adverse health effects from ingesting too much. This is not just a hypothetical concern. According to the data from the National Health and Nutrition Examination Survey 2003-2006, from food alone 8 percent of 2-to-8-year-old children consume too much niacin, 13 percent consume too much vitamin A and 45 percent consume too much zinc (Berner 2014).

*EWG advises the FDA to set the Daily Values specific for 4-to-8-year-old children, similar to what the FDA has done for Daily Values for 1-to-3-year-old children. This update would be scientifically based and would reflect the unique dietary needs and greater sensitivity to excess nutrients that young children have.*

EWG also found that the FDA has not followed the Institute of Medicine recommendation for sodium Daily Value. The FDA has proposed to set the Daily Value for sodium at 2,300 mg, which is the Tolerable Upper Intake Level set by the Institute of Medicine for sodium for adults. For 4-to-8-year-old children, the Tolerable Upper Intake Level for sodium is 1,900 mg.

The FDA's proposed Daily Value for sodium also contradicts the Dietary Guidelines for Americans. High Daily Value for sodium is a problem because excessive sodium intake has been linked with hypertension, heart disease and stroke (IOM 2013). The National Health and Nutrition Examination Survey data demonstrate that Americans age 4 and older consume more than twice the amount good for health, or 3,650 milligrams of sodium on average (FDA 2014a).

The Institute of Medicine has advised the FDA to take steps to help consumers about reducing their sodium intakes (IOM 2010a; IOM 2013). Setting the Daily Value for sodium at a much higher level than the adequate intake value does not serve the public health goal of reducing sodium intakes to prevent hypertension and reduce the risk of heart disease and stroke. It also would lead to potentially harmful overconsumption of sodium by children, older adults, and anyone suffering from hypertension.

*EWG believes the FDA should follow the Institute of Medicine recommendation and set the new Daily Value for sodium at the Adequate Intake level, which is 1500 mg for adults and 1200 mg for 4-to-8-year-old children.*

EWG finds that the sodium Daily Value of 1,500 mg would be consistent with the recommendations of the Institute of Medicine and the Dietary Guidelines for Americans. It would be also consistent with what the FDA has proposed for other nutrients (vitamin K, biotin, pantothenic acid, manganese) for which only an Adequate Intake level and no recommended dietary allowance (RDA) has been set by the Institute of Medicine. For these four nutrients, the FDA has proposed to set the Daily Values at the Adequate Intake level. The FDA should do the same for sodium.

**2. The FDA should require the nutrition labels on products marketed for children to display age-specific percent Daily Values, such as for 1-to-3-year-olds and 4-to-8-year-olds.**

As described in the attached report “How Much is Too Much? Excess Vitamins and Minerals in Food Can Harm Kids’ Health”, excessive fortification and marketing tactics based on fortified vitamin and minerals content leads to over-exposure of children to certain nutrients, particularly vitamin A, zinc, and niacin.

EWG analyzed the data on Nutrition Facts labels for breakfast cereals and snack bars, two food categories that are frequently fortified and heavily marketed for children. EWG reviewed 1,556 breakfast cereals and 1,025 snack bars, identifying 114 cereals fortified with 30 percent or more of the adult Daily Value for vitamin A, zinc and/or niacin and 27 snack bars fortified with 50 percent or more of the adult Daily Value for at least one of these nutrients. These products are among the likely sources of excessive intake for vitamin A, zinc and niacin in children’s diets.

EWG findings agree with data previously reported by the Institute of Medicine. In 2003 and again in 2005, the Institute of Medicine pointed to the FDA that young children are at risk of getting too much zinc and vitamin A in their diets (IOM 2003; IOM 2005). The FDA’s own analysis published in support of the FDA’s proposed rules found that 33 percent of 4-to-8-year-old children ingest zinc in excess of the IOM’s Tolerable Upper Intake Level and 26 percent are over-exposed to vitamin A (FDA 2014c).

A number of factors make children’s excessive intake of vitamin A, zinc and niacin a health concern:

- These micronutrients are present naturally in food and are also added to many foods children and toddlers eat, including milk, meat, enriched bread and snacks.
- Many cereals and snack bars are fortified at levels that the FDA itself considers high (more than 20 percent of Daily Value per serving), exceeding the amounts children need and in some cases exceeding the safe upper limits for young children in a single serving.
- Intentional or accidental fortification “overages” by manufacturers can make actual exposures greater than the amounts indicated on the nutrition label.
- Many children eat more than a single serving at a sitting because the serving sizes listed on many packaged foods do not reflect the larger amounts people actually eat.
- 42 percent of 2-to-8-year-old children take dietary supplements (Baily 2012) and additional consumption of fortified foods can result in intakes over the tolerable upper level.

It is difficult or impossible to link these overexposures to specific cases of harm to children’s health, but *cumulative* exposures from all food and supplement sources could put children at risk for potential adverse effects from consuming too much (IOM 2003; IOM 2005). Multiple expert reviews conducted in the United States and in Europe have highlighted the health risks of high vitamin and mineral fortification of foods (BfR 2005; BfR 2006; EFSA 2006; IOM 2003; UK EVM 2003).

For all Americans, it is essential to get enough vitamins and minerals in their diets. Fresh produce and whole foods are the best sources of vitamins and minerals. In contrast, fortified foods or supplements could give people too much of certain nutrients. EWG advises the FDA to take steps to avoid potential overexposures from fortified products, particularly for young children.

*In order to protect children from excessive intake of fortified vitamins and minerals, the FDA should require the nutrition labels on products marketed for children to display the percent Daily Values specific for each age group, such as 1-to-3-year-olds and 4-to-8-year-olds.*

EWG reviewed the FDA’s proposed design for Nutrition Facts label, which includes a footnote at the bottom of the label with a text such as “Percent Daily Values are based on a 2,000 calorie diet”. The

FDA has not yet defined precise language for footnote, indicating in the proposed rule that more research would be conducted on the appropriate footnote language.

EWG believes the Nutrition Facts label footnote, as finally chosen, must make clear that the Daily Values for vitamins and minerals are based on adult dietary needs. EWG advises to the FDA to conduct consumer research on this question so as to define what footnote text would be most appropriate to advise consumers about this issue. Potential footnote text could be "Percent Daily Values are based on a 2,000 calorie diet and correspond to adult dietary needs." Including this statement is necessary to warn the parents about the fact that the level of fortified vitamins and minerals in a given product might not be appropriate for children.

*EWG urges the FDA to communicate clearly to the public the fact that for some fortified vitamins and minerals, the safety margin between "Getting Enough" and "Avoiding Too Much" can be small, depending on the specific nutrient and the age or special vulnerability of a particular age group.*

### **3. FDA must correct the cereal serving sizes cited on Nutrition Facts labels to reflect the larger amounts that Americans actually eat.**

The FDA proposed to change some of the portion sizes listed on nutrition labels for some foods and beverages to more accurately reflect the amounts Americans actually eat (FDA 2014b). The FDA's self-established rule for whether to update serving sizes is to compare the Americans' current dietary patterns, as reported in the 2003-2008 data from the National Health and Nutrition Examination Survey (NHANES) and the standardized serving sizes, the Reference Amounts Customarily Consumed (RACC) that were set in 1993. With this approach, if the amount of food consumed on a single occasion exceeded the RACC by 25 percent or more, the serving size for this food or beverage should be updated to the amount actually consumed (FDA 2014b).

The FDA did not propose any changes for serving sizes for cereals (FDA 2014b). ***EWG analysis of the FDA's data discovered that the FDA has failed to follow its own guidelines for when a serving size needs to be updated.*** As EWG found, the latest dietary intake data show that the average American eats 30 percent more than the amount used to set the labeled serving sizes for the most popular category of cold cereals, medium-density cereals that weigh between 20 and 43 grams per cup. For this category of cereals, the FDA's reference serving size amount is 30 grams. Food consumption data from the 2003-2008 National Health and Nutrition Examination Survey shows that the median amount eaten is 39 grams, which corresponds to about 1⅓ cups (FDA 2014d). The 30 percent difference between the actual amount eaten and reference serving sizes exceeds FDA's 25 percent bar for updating serving sizes (FDA 2014b).

As summarized in this letter and described in detail in our attached reports, many cereals already contain too much sugar and fortified nutrients per serving, even with the unrealistically small serving sizes. Eating at least 30 percent more cereal on average on a single occasion further increases the intake of sugar and fortified nutrients. This could present a particular health problem for children 8 and younger who could be getting more sugar and fortified nutrients than the label may suggest.

Moreover, a comparison between the NHANES data for foods consumed in the United States at the 90th percentile and the FDA's Reference Amounts Customarily Consumed for cereals shows that 10 percent

of all Americans eat 2.6-times greater amount of cereal in the medium density category, 78 grams instead of the nutrition label serving size of 30 grams (FDA 2014d).

Sugary cereal consumption in amounts much greater than the listed serving size has been also reported in the peer-reviewed scientific literature. A study by the General Mills scientists of 6-to-18-year-old children and adolescents found the average amount eaten in a meal was 42-to-62 grams (Albertson 2011). A Yale University study of 5-to-12-year olds found that children who eat high-sugar cereals consume almost twice as much cereal as those who eat low-sugar cereals (35 grams for low-sugar cereals versus 61 grams for high-sugar cereals) (Harris 2011b).

*Since the actual consumption of medium-density cereals exceeds the RACCs by more than 25 percent, the FDA is obligated, under its own guidelines, to update the serving size for these cereals. EWG urges the FDA to set the serving size for medium density cereals to 39 grams, corresponding to about 1 1/3 cups, the median amount eaten, as demonstrated by the NHANES 2003-2008 data.*

Revising the standard “serving size” on the Nutrition Facts panel for the medium-density cereals, the most common type of cold cereals, would help Americans reduce the amount of sugar they consume, an important step for fighting obesity.

#### **4. The FDA should require the declaration of “added sugars” on the Nutrition Facts label.**

Extensive body of scientific data points to the risks of excessive intake of sugar. Most scientists and health agencies agree that children and adults should limit their sugar intake because excessive sugar consumption causes dental decay and has been linked to cardiovascular disease (ADA 2013; de Koning 2012; Malik 2010; Welsh 2011; Yang 2014). Today, many Americans consume much more than recommended (NCI 2010). Annually, Americans gulp down an average of 152 pounds of sugar, contributing to the ongoing obesity epidemic (USDA 2003; Wang 2013). The average 6-to-11-year-old American boy consumes 22 teaspoons of added sugar every day, and the average girl of that age consumes 18 teaspoons (Ervin 2012).

The FDA proposed listing added sugar content on the Nutrition Facts panel, which would bring the required labeling in line with the 2010 US Dietary Guidelines for Americans that advised consumers to “cut back on foods and drinks with added sugars... use the Nutrition Facts label to choose breakfast cereals and other packaged foods with less total sugars, and use the ingredients list to choose foods with little or no added sugars” (USDA and DHHS 2010). Listing added sugars in the Nutrition Facts would give consumers the tools they need to follow this advice.

*EWG strongly supports the FDA proposal to list “added sugar” in the Nutrition Facts panel. Our comprehensive market analysis of 1,556 cereals, including 181 marketed for children, showed that most cereals pack in so much sugar that someone eating an average bowl of a typical children’s cereal would consume more than 10 pounds of sugar a year from that source alone. EWG found that the supermarket cereal aisle offers few low-sugar cereals overall and children’s cereals with cartoon characters on the box are among the most highly sweetened of all.*

EWG report “Children’s Cereals: Sugar by the Pound” is attached as supporting material with these comments. EWG’s study found that:

- On average, children’s cereals have more than 40 percent more sugar than adult cereals.
- A child eating one serving per day of a children’s cereal containing the average amount of sugar would consume nearly 1,000 teaspoons of sugar in a year.
- 92 percent of cold cereals in the US come pre-loaded with added sugars. Every single cereal marketed to children contains added sugar.

The market research conducted by EWG and the growing body of scientific data on the adverse health effects of high sugar intake point to the need for better consumer information on sugar intake and ways to avoid excessive sugar.

Different recommendations and guidance values for sugar intake already exist, indicating that there are sufficient scientific data for setting a safe daily intake limit for total or added sugars. Research using nationally representative National Health and Nutrition Examination Survey (NHANES) data has shown that as sugar consumption increases above 5-10 percent of calories, an individual’s intake of other valuable nutrients drops (Marriott 2010). Americans who eat the most added sugar consume 40 percent less calcium, fiber, potassium, vitamin C, E and other important nutrients than those who consume the least (Marriott 2010).

The American Heart Association’s consensus of a healthy sugar intake for children is for just four teaspoons of added sugar a day, corresponding to a limit of 5 percent of total calories. For adults, the American Heart Association recommends no more than 100-150 calories a day from added sugars, corresponding to 5-to-7.5 percent of total calories for a 2,000 calorie daily diet (Johnson 2009). The 2010 Dietary Guidelines for Americans recommend recommended 5-to-15 percent range for the amount of daily calories from *both* added sugars and solid fats (USDA and DHHS 2010).

Since 2003, the World Health Organization has recommended to limit sugar intake to no more than 10 percent of the daily calories (WHO 2003). In 2014, the WHO proposed lowering the recommended limit to 5 percent of the daily calories (WHO 2014). EWG research found that for 40 cereals from the 1,556 cereals analyzed in our 2014 study, a single serving provides more than half of the World Health Organization currently recommended limit of 10 percent of total daily calories from sugar (EWG 2014).

*EWG urges the FDA to commission a new study by the Institute of Medicine of the harmful health effects of consuming high amounts of added sugar and seek further guidance on whether setting a Daily Value for sugar would be justified.*

##### **5. The FDA should review its rules for promotional nutrition and health claims and allow such claims *only* on products that are low in added sugars.**

Although much has changed in nutrition science in the last 16 years, it has been that long since the FDA updated its regulations for products that make nutritional claims on the packaging (FDA 1998). The agency’s rules are outdated and must be improved to ensure that consumers get crucial information needed to plan better diets, as the Institute of Medicine pointed out to the FDA in 2010 (IOM 2010b).

A significant gap in the FDA rules is the absence of limitations on added sugar content in products that make nutrition claims, touting their whole-grain, fiber, vitamin or mineral content or using the word “healthy” in the promotional claims on the package display labels. Although the 2010 Dietary Guidelines for Americans recommends people “reduce the intake of calories from [both] solid fats and



added sugars,” the FDA has set no sugar limit for products that use nutrient content claims or are labeled “healthy” – as it does for saturated fat, sodium, cholesterol and total fat.

The FDA’s rules provide that “if a nutrient content claim is made, the label must provide the consumer with the facts that bear on the advantages asserted by the claim and with sufficient information to understand how the product fits into a total dietary regime” (FDA 1993). The lack of regulations on the level of added sugars in products that make nutrition or health claims creates a distorted marketing situation. The FDA should remedy this situation by setting a limit on added sugars in all products that make health or nutrition claims.

EWG investigation “Children’s Cereals: Sugar by the Pound” found that promotional labeling on cereal boxes frequently makes claims that the products provide important nutrients – such as “Excellent Source of Vitamin D” or “Good Source of Fiber” – making it less likely that consumers will focus on the unhealthy sugar content. Such promotional claims on the product packaging are not innocuous; they significantly influence how consumers perceive the overall healthfulness of foods (Drewnowski 2010) and can “misleadingly convey healthfulness in an otherwise unhealthy product” (Pomeranz 2013).

Eleven of the 13 most sugary children’s cereals identified by EWG currently feature a claim promoting nutrient content (Table 2). Similar results were found in the 2009 study from the Yale University Rudd Center for Food Policy and Obesity, which reported that 95 percent of children’s cereals make a nutrition claim (Harris 2009).

**Table 2:** Nutrient content claims in the most sugary children’s cereals.

<b>Cereals, ranked by percent sugar by weight within national and store brand categories</b>	<b>Percent sugar by weight</b>	<b>Nutrient Content Claim</b>
<b>National Brands</b>		
Kellogg’s Honey Smacks	56%	Good Source of Vitamin D
Malt-O-Meal Golden Puffs	56%	11 Vitamins & Minerals
Post Golden Crisp	52%	Excellent Source of Six B Vitamins
Kellogg's Apple Jacks with Marshmallows	50%	<i>no nutrient content claims</i>
Kellogg’s Froot Loops with Marshmallows	48%	Good Source of Vitamin D
<b>Store Brands</b>		
Food Lion Sugar Frosted Wheat Puffs	56%	11 Essential Vitamins & Minerals
Krasdale Fruity Circles	53%	Excellent Source of 9 Vitamins & Minerals
Safeway Kitchens Silly Circles	53%	Excellent Source of 9 Vitamins and Minerals
Food Club Honey Puffed Wheat	50%	<i>information not available</i>
Key Food Apple Wheels Cereal	48%	Excellent Source of 9 Vitamins & Minerals
Shur Saving Apple Whirls	48%	Good Source 12 Vitamins & Minerals; Excellent Source Iron; Excellent Source Vitamin C

Safeway Kitchens Apple Orbits	48%	Excellent Source of 9 Vitamins and Minerals
Essential Everyday Golden Corn Nuggets	48%	Excellent Source of 7 Vitamins

Source: EWG’s 2014 report “Children’s Cereals: Sugar by the Pound”. Available: <http://www.ewg.org/research/childrens-cereals>

As EWG analysis in Table 2 demonstrates, children’s cereals that contain nearly half or more than half sugar by weight make a variety of nutrition claims that distract the parents who shop for food from the unhealthy high sugar content in these products. For example, a 2011 Yale Rudd Center study of parents of school-age children found that half were more willing to buy a cereal that carried a nutrition claim, even though the cereals were of below average nutritional quality. The authors wrote that these nutrition-related claims “have the potential to mislead a significant portion of consumers” (Harris 2011a).

EWG research found that adult cereals overall have lower sugar content, 1.8 teaspoon per serving, compared to children’s cereals that pack an average of 2.6 teaspoon sugar per serving. Yet, many adult cereals are still sweetened to unhealthy levels; an average adult cereal is 18% sugar by weight (EWG 2014). EWG found that nutritional claims are commonly featured on adult cereals that have high sugar content. Frequently, nutrition claims bring attention to the presence of fortified vitamins and minerals. Table 3 lists examples of 4 products that are 25-to-32 percent sugar by weight, a fact that does not stop the manufacturers from promoting the presence of 100 percent Daily Value of different vitamins and minerals in a single serving.

**Table 3:** Examples of nutritional claims featured on the front package panel for four adult cereals with 25 percent or greater sugar content by weight. Checkmark indicates when 100 percent of adult Daily Value for a particular fortified nutrient is found in one serving.

<b>Breakfast cereals listed in alphabetical order. Nutrition content claim from the front panel in square brackets.</b>	Vitamin C	Calcium	Iron	Vitamin E	Thiamin	Riboflavin	Niacin	Vitamin B6	Folate	Vitamin B12	Pantothenate	Zinc
General Mills Total +Omega-3 Honey Almond Flax [“100% Daily Value of 12 vitamins & minerals”] 13 grams sugar/serving; 25% sugar by weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
General Mills Total Raisin Bran [“100% Daily Value of 11 vitamins & minerals”] 17 grams sugar/serving; 32 % sugar by weight	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
General Mills Wheaties Fuel [“100% DV 5 B-Vitamins”] 14 grams sugar/serving; 25% sugar by weight	-	-	-	-	✓	✓	✓	✓	-	✓	-	-
Kellogg's Smart Start, Original Antioxidants [“Antioxidant Vitamins A, C & E, Including Beta Carotene”] 14 grams sugar/serving; 28% sugar by weight	-	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Source: EWG’s 2014 report “How Much is Too Much? Excess Vitamins and Minerals in Food Can Harm Kids’ Health”. Available: <http://www.ewg.org/research/how-much-is-too-much>

Promoting nutritional content and fortified vitamins and minerals in a highly sweetened cereal a marketing technique that could misinform consumers for two reasons:

- So long as there are no limits on the added sugar content in products that make health or nutrition claims, products that are a quarter or sometimes more than half sugar by weight can still entice consumers by promoting their fortified vitamin and mineral content.
- Since the cereal serving sizes currently used for nutrition labeling are smaller than the amounts Americans actually eat, people consume much more sugar and fortified vitamins and minerals than the label indicates.

As far back as 1990, the Institute of Medicine Committee on the Nutrition Components of Food Labeling wrote that “the use of [Daily Value] percentages creates undesirable incentives for manufacturers to over-fortify foods in order to achieve ‘100 percent of your [or the government’s] requirements’” (IOM 1990). The market research conducted by EWG and presented in our reports supports this concern expressed by the Institute of Medicine 24 years ago.

*EWG believes that marketing based on the nutrient content should be only allowed in products where these nutrients are naturally present at high levels. Products that add unhealthy levels of sugar to people’s diets should not be allowed to promote their fortified nutrient content.*

According to the FDA’s own rules, in order to “prevent the claim from being misleading,” the nutrient content claims must be accompanied by a disclosure statement “to call the consumer’s attention to one or more nutrients in the food that may increase the risk of a disease or health-related condition” if certain constituents of the food, such as saturated fat, exceed a specified level (FDA 2013a). EWG believes that similar rules should apply to added sugar content.

EWG also advises the FDA to conduct a general review of the rules for promotional nutrition and health claims as well as the FDA’s outdated and unenforceable food fortification policy that stems from 1980. As reported by EWG and others, including the FDA itself, food producers often fortify foods with large amounts of vitamins and minerals to make their products appear more nutritious so they will sell better (FDA 2013b; Nestle 2013).

In sum, as described in detail in the attached reports, EWG recommends that the FDA to limit the amount of added sugars permissible in any product that makes claims about health, reducing disease risk or providing essential nutrients and to restrain the use of fortification and nutrient claims as marketing tools. EWG also urges the FDA to modernize its 1980s guidelines on voluntary food supplementation, particularly for products that children eight years old and younger may eat and to develop a food fortification policy based on specific risk assessments for each nutrient and for specific population groups.

## **Conclusions**

The FDA is taking an important step forward in proposing the long-needed revisions to the Nutrition Facts label. EWG whole-heartedly supports the FDA’s proposal to include “added sugars” on the Nutrition Facts label and to set the Daily Values for vitamins and minerals on the basis of the Institute of Medicine’s recommendations. EWG advises the FDA to make additional modifications:

- Setting the Daily Values for vitamins and minerals that would be appropriate for different age groups, particularly the 1-to-3-year-old and 4-to-8-year-old children;

- Requiring products commonly eaten by children to display the child-specific Daily Values for vitamins and minerals;
- Setting the Daily Value for sodium at the Adequate Intake level, as recommended by the Institute of Medicine;
- Updating the cereal serving sizes;
- Limiting the use of health and nutrition claims in products with high added sugar content.

The revisions recommended by EWG are necessary in light of the latest scientific research and the FDA's own rules and guidelines. These modifications would help to bring the Nutrition Facts panel in line with the 2010 Dietary Guidelines for Americans and provide consumers with the much-needed information they need to improve their diets.

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