

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: XX

Introduced by: American College of Preventive Medicine

Subject: Support for Uniform, Evidence-based Nutritional Rating System

Referred to: Reference Committee

Whereas, in 2007-2008 the National Health and Nutrition Examination Survey (NHANES), a nationally representative sample of the United States population, found that the prevalence of obesity was 32.2% among adult men and 35.5% among adult women¹;

Whereas, in 2007-2008 NHANES found that 9.5% of infant and toddlers were at or above the 95th percentile of the weight-for-recumbent-length growth charts²;

Whereas, in 2007-2008 NHANES found that 11.9% of children aged 2 through 19 years were at or above the 97th percentile of the BMI-for-age growth charts, 16.9% of children aged 2 through 19 years were at or above the 95th percentile, and 31.7% of children aged 2 through 19 years were at or above the 85th percentile of BMI for age²;

Whereas, having a BMI lower than 30 and adhering to healthy dietary principles (high intake of fruits, vegetables, and whole-grain bread and low meat consumption) has shown to reduce an individual's risk of developing obesity and chronic diseases such as diabetes, myocardial infarction, stroke and cancer³;

Whereas, the US Preventive Services Task Force, National Heart, Lung and Blood Institute at the National Institutes of Health, the 2005 *Dietary Guidelines for Americans* and the US Department of Agriculture food pyramid all recommend a diet restricted in fat, particularly saturated and trans fat, cholesterol and salt along with a diet abundant in fruits, vegetables, whole grains and low-fat or nonfat dairy⁴;

Whereas, food nutrition labels are complex and patients are unable to understand and integrate quantitative information on the amount of calories, salt, fat, cholesterol, carbohydrates, protein and fiber to make healthy food choices⁵;

Whereas, a scientific, evidence-based nutrition rating system that takes all food components (amount of calories, salt, fat, cholesterol, carbohydrates, protein and fiber) into consideration would aid patients in making healthier food choices;

Whereas, the US Food and Drug Administration (FDA) is seeking public comments and direction on use of front-of-package nutrition labeling and on shelf tags in retail stores to enhance the usefulness of point-of-purchase nutrition information⁶;

Whereas, in response to a congressional directive, the Center for Disease Control and Prevention and the FDA have asked the Institutes of Medicine to undertake a review of “front-of-package” nutrition rating systems and symbols to create a uniform system⁷;

Whereas, our current American Medical Association policy (H-150.942) supports the concept of a simplified, uniform nutrition rating system to be used in addition to the current food label;

RESOLVED, That our American Medical Association support the adoption and implementation of a uniform, nutritional food rating system in the U.S. that meets, at a minimum, the following criteria: is evidence-based; has been developed without conflict of interest or food industry influence and with the primary goal being the advancement of public health; is capable of being comprehensive in scope, and potentially applicable to nearly all foods; allows for relative comparisons of many different foods; demonstrates the potential to positively influence consumers’ purchasing habits; provides a rating scale that is simple, highly visible, and easy-to-understand and used by consumers at point of purchase; and is adaptable to aid in overall nutritional decision making; and be it further

RESOLVED, That our American Medical Association advocate to the federal government—including responding to the FDA call for comments on use of front-of-package nutrition labeling and on shelf tags in retail stores—and in other national forums for the adoption of a uniform, evidence-based nutrition rating system that meets the above-referenced criteria.

Fiscal Note:

Received:

¹ Flegal, Katherine M, Carroll, Margaret D, et al. Prevalence and Trends in Obesity Among US Adults, 1999-2008. JAMA, January 20, 2010; 303: 235 – 241.

² Ogden, Cynthia L, Carroll, Margaret D, et al. Prevalence of High Body Mass Index in US Children and Adolescents, 2007-2008. JAMA, January 20, 2010; 303: 242 – 249.

³ Ford, Earl S, Bergmann, Manuela M, et al. Healthy Living Is the Best Revenge: Findings from the European Prospective Investigation into Cancer and Nutrition–Potsdam Study. Arch Intern Med, Aug 10/24, 2009; 169: 1355 - 1362.

⁴ Katz, David L. *Nutrition in Clinical Practice Series: A Comprehensive, Evidence-Based Manual for the Practitioner*. New York: Lippincott Williams and Wilkins, 2008. www.davidkatzmd.com. 4 May 2010.

⁵ Rothman, RL, Housman, R, Weiss, et al. Patient Understanding of Food Labels: The Role of Literacy and Numeracy, 2006. American Journal of Preventive Medicine, 31 (5): 391-398.

⁶ <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm209953.htm>

⁷ <http://www.iom.edu/Global/News%20Announcements/IOM-Considers-Front-of-Package-Food-Labeling.aspx>