

IFIC FOUNDATION PUBLIC COMMENTS TO THE SCIENTIFIC REPORT OF THE 2015 DIETARY GUIDELINES ADVISORY COMMITTEE

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RE: IFIC Foundation Public Comments to the Scientific Report of the 2015 Dietary Guidelines Advisory Committee

The [International Food Information Council \(IFIC\)](#) and [IFIC Foundation](#) appreciate the opportunity to submit public comments to the Federal Agencies regarding the Scientific Report of the 2015 Dietary Guidelines Advisory Committee. We believe our years of consumer research and related peer-reviewed articles will be of great value to the Federal agencies as they jointly develop and publish the *Dietary Guidelines for Americans, 2015*.

IFIC and IFIC Foundation are nonprofit organizations based in Washington, DC. The mission of IFIC is to effectively communicate science-based information about food safety and nutrition to health professionals, government officials, educators, journalists, and consumers. The mission of the IFIC Foundation is to effectively communicate science-based information about health, nutrition and food safety for the public good. Both IFIC and the IFIC Foundation receive primary funding from food, beverage and agricultural companies that support our missions. We also receive government grants and contributions from other individuals, foundations and associations.

IFIC and IFIC Foundation consumer research has been exploring Americans' attitudes toward nutrition and health for more than two decades with our signature research project being the annual IFIC Foundation *Food & Health Survey*. We are dedicated to providing consumers with clear, accurate advice and actionable tips on how science-based information related to nutrition, health, and food safety can be applied to their daily lives.

In developing the 2015 Dietary Guidelines for Americans (DGA), it's imperative that the Scientific Report of the Dietary Guidelines Advisory Committee (DGAC) be integrated in a way that allows the most credible science to be translated to consumers. The recommendations as they currently exist have the potential to only resonate with those who have already adopted healthful behaviors. Consumers who reported good and fair health status, higher BMIs and lower incomes are more likely not to be making healthful choices. In order to transform information into motivation, it will be important that the science behind the DGA be communicated in practical, action-oriented messages that make adopting healthful behaviors

accessible, affordable and doable for all segments of the population regardless of culture, income, age or gender.

The importance of science communications cannot be overstated. In the following comments, IFIC Foundation has identified potential communication challenges and opportunities within the Scientific Report of the DGAC that require careful consideration by the Federal agencies before publishing the 2015 DGA.

Sincerely,



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CARBOHYDRATES

AN INCREASINGLY NEGATIVE TERM AMONG CONSUMERS

Addressing obesity trends is a critical step toward improving the health of the American public. IFIC Foundation's focus is helping Americans make informed choices that lead to a healthful and balanced lifestyle. When too much emphasis is placed on one food, nutrient, or ingredient, the importance of eating an overall balanced diet with the appropriate number of calories often gets overlooked. Nutrition experts agree that focusing on reducing caloric intake (rather than singling out specific food components to avoid) and increasing physical activity will have the most meaningful effect on obesity.

Because carbohydrates and sugars are ingredients in many popular foods, it may be logical to suspect that they have a unique role in obesity. The [FDA has stated](#) that "U.S. consensus reports have determined that inadequate evidence exists to support the direct contribution of added sugars to obesity or heart disease." The 2010 DGAC Report stated "There is strong and consistent evidence that when calorie intake is controlled, macronutrient proportion of the diet is not related to losing weight." Further, the 2010 DGAC Report emphasized an appropriate range of carbohydrate intake based on activity level. This type of advice helps consumers better understand that food and physical activity are connected and that good health can be achieved through a varied and flexible eating pattern.

Consumers are inundated with nutrition information from a variety of sources and the opportunity for misinformation to spread is more prevalent than ever. This phenomenon is currently most acutely observed with the topics of carbohydrates and sugars. Evidence for this is found in IFIC Foundation's 2015 *Food & Health Survey* where an increasing percentage of consumers believe calories from carbohydrates and sugars are the most likely calorie source to cause weight gain (47% in 2015 compared to [40% in 2014 and 20% in 2011](#)). By comparison, in 2015 only 27% believe that "Calories from all sources have the same impact on weight gain."

But it is not just about weight gain for consumers when it comes to carbohydrates. Data from the 2015 *Food & Health Survey* shows that nearly one-third (32%) have changed their opinion about the healthfulness of eating carbohydrates in the past year, with 65% of those 32% indicating that they now believe eating carbohydrates is less healthful than they used to.

Other recent IFIC Foundation consumer research highlights the general lack of knowledge about the relationship between carbohydrates and sugars. ([IFIC Foundation, 2014](#)) Specifically, only one-third (32%) of consumers understand that all sugars are carbohydrates. More than one-quarter (28%) say they don't know how to quantify the relationship between sugars and carbohydrates.

Consumer knowledge and shifts in public perception may not necessarily reflect the body of documented peer-reviewed literature, (Kahn & Sievenpiper, 2014) therefore it is imperative that consumer messaging not conflate correlated and causal relationships. Direct health outcomes (both positive and negative) of carbohydrate and sugars consumption must be carefully communicated to the public in a way that is not

misleading, increases nutrition knowledge and awareness, aids and motivates healthful choices, all while minimizing confusion.

Without a better understanding of basic nutrition principles, consumers will continue to be at-risk for basing important dietary decisions on unfounded information. It's of critical importance that accurate, science-based information be the backbone of all communication efforts and messages related to carbohydrates in the 2015 DGA. There is a role for all sources of calories in a healthful diet, carbohydrates (simple and complex), grains (refined and whole) and sugars (natural and added), included.

KEY POINTS

1. Increasingly, consumers believe calories from carbohydrates and sugars are the most likely calorie source to cause weight gain.
2. Consumer knowledge and shifts in public perception may not necessarily reflect the body of documented peer-reviewed literature, therefore it is imperative that consumer messaging not conflate correlated and causal relationships.
3. There is a role for all sources of calories in a healthful diet, carbohydrates (simple and complex), grains (refined and whole) and sugars (natural and added), included.

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ADDED SUGARS

NUTRITION FACTS PANEL LABELING

FDA's proposed Nutrition Facts Panel (NFP) has an extra line dedicated to added sugars information. [The 2015 DGAC supported this proposal](#) in their scientific report by stating, "The Nutrition Facts label should include added sugars (in grams and teaspoons) and include percent daily value, to assist consumers in identifying the amount of added sugars in foods and beverages and making informed dietary decisions." In examining the [five \(5\) references](#) that the DGAC Added Sugars Working Group reviewed, none of them assessed the potential consumer impact of added sugars labeling.

The IFIC Foundation has recently conducted a consumer research project on the topic of added sugars labeling and we submitted our findings via comments to the DGAC Added Sugars Working group on December 5, 2014. (IFIC Foundation, 2014) Our submitted comments can be viewed as [#861](#) and our key findings are summarized below:

- The varied and conflicting interpretation of NFP information that we've encountered is a great reminder of the critical role that consumer research and testing must play prior to the implementation of proposed label changes.
- NFP comprehension of total sugars content varies significantly between NFP versions with and without added sugars information.
 - The ability for consumers to accurately identify the total amount of sugars in a product is significantly higher when an "Added Sugars" line is *not* presented on the NFP.
 - Consumer understanding that the sugars in an "Added Sugars" line would be included in a "Sugars" line or "Total Sugars" line was significantly higher on NFPs with a "Total Sugars" line.
- Most consumers perceive that products with an "Added Sugars" declaration have a higher sugars content than is actually present. This misperception affects purchasing behavior.
- There is confusion among consumers regarding what added sugars are.
- The relationship between added sugars and calories is not clearly understood by consumers.
- Large-scale, consistent, and coordinated communication efforts will be needed to educate consumers about the NFP and added sugars.

Consumer understanding of "Added Sugars" in Nutrition Facts is limited. Our findings above demonstrate the need for FDA (and other authoritative bodies) to more broadly consider the implications of consumer research, specifically on the proposed inclusion of "Added Sugars" to the NFP. Additional consumer research is essential to determine a NFP format that provides the most impactful nutrition information while ensuring that the NFP is appropriately applied by consumers resulting in meaningful contributions to public health.

IFIC Foundation has submitted the results of our two-phase research to the Journal of the Academy of Nutrition and Dietetics and the manuscript has been accepted for publication. (Laquatra, et al., 2015) We

hope that these findings and coming publication are useful to the Federal agencies in considering the potential consumer interpretation of the FDA NFP proposal when publishing the 2015 DGA.

KEY POINTS

1. NFP comprehension of total sugars content varies significantly between NFP versions with and without added sugars information.
 - a. The ability for consumers to accurately identify the total amount of sugars in a product is significantly higher when an “Added Sugars” line is *not* presented on the NFP.
2. Most consumers perceive that products with an “Added Sugars” declaration have a higher sugars content than is actually present. This misperception affects purchasing behavior.
3. Consumer research is essential to determine a NFP format that provides the most impactful nutrition information while ensuring that the NFP is appropriately applied by consumers resulting in meaningful contributions to public health.

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PROCESSED FOOD

“Processed foods” are often spoken about with a negative connotation. It’s often stated that they should be limited, avoided or eliminated from the diet completely. Our consumer research has shown a relatively small proportion of consumers indicate any recent exposure to media about processed foods, which suggests that negative perceptions and concerns were deeply rooted. This may be due in part to consumers misinterpreting health professionals’ advice to “eat healthy foods to improve health and weight” as “do not eat processed foods.” However, the 40% of respondents who reported “neutral” views toward the term “processed foods” indicates opportunities to provide balanced communication from authoritative reports such as the DGA.

Understanding the broad spectrum of food processing and technology used in the development of healthful foods that align with dietary guidance is critical information for consumers. Food processing can add nutrients to the diet to help meet the Dietary Reference Intakes. All levels of processing, as defined using IFIC Foundation’s [Understanding Our Food Communications Tool Kit](#) (2010), contribute to nutrient intakes, and no level contributes solely to nutrients to be encouraged or solely to food components to be reduced. (Eicher-Miller, Fulgoni and Keast, 2012)

KEY POINTS

- Results from NHANES 2003-2006 data indicate that fresh fruits and vegetables contribute significant amounts of vitamin A, fiber, and folate to the American diet, whereas processed fruits and vegetables contribute significant amounts of vitamins E and C and potassium.
- Processed fruits and vegetables provide significant amounts of shortfall nutrients (fiber, folate, and potassium) and significant amounts of vitamins A and C in Americans’ diets. Consumption of processed fruits and vegetables supports eating plans described in the Dietary Guidelines for Americans.
- Results from IFIC’s consumer research on processed foods (IFIC, 2010) found that consumer perceptions of “processed” foods were mostly negative.
- Ninety-five percent of respondents reported that taste was extremely important or very important, indicating that they are not interested in consuming healthful foods if they do not also taste good.
- Many consumers perceive processed foods as providing good value and associate them with numerous positive attributes, including convenience, availability year-round, and consistency/quality.
- Nutrient inadequacy and deficiency is prevented for many Americans because of the contributions of processed foods. However, energy-rich and nutrient-poor foods may result when dietary components that have been deemed “food components to reduce” are added to processed foods without adding nutrients or other favorable components.

- Foods of various degrees of processing make significant contributions to the nutrient and energy intake of the U.S. population.
- Processing level was a minor determinant of individual foods' nutrient contribution to the diet and, therefore, should not be a primary factor when selecting a balanced diet.
 - Proportional contributions of “minimally processed” foods to daily nutrient intake were considerable ($\geq 20\%$) for several micronutrients, despite a proportionally small contribution to daily energy (14%) intake.
 - “Foods processed for preservation” made contributions to daily vitamin C (29%); and despite relatively higher energy contributions, “ready-to-eat processed foods” contributed to daily vitamin C (25%), vitamin D (23%), calcium (23%), and potassium (24%) intake.
 - Many “minimally processed foods” (e.g., milk, fresh fruits, vegetables, and meats) are nutrient-dense and accounted for about 27% of total foods consumed. However, foods in this category, including eggs and meat, also contributed proportionally large amounts to total cholesterol.
 - Each IFIC Foundation processing category contributed proportionally similar amounts of saturated fat and sodium as energy. Foods containing these food components to reduce are found among all categories and cannot be identified by the level of processing.
- Although conclusions for individual dietary components can be made for each category in the aggregate, a clearly “healthy” or “unhealthy” category, as identified by processing level, does not emerge from this analysis.
 - Both ends of the processed-food spectrum make prominent contributions to nutrients to encourage and food components to reduce.
- Given the diversity within each category, it is difficult to objectively rank them on the basis of overall nutritional value. Generalized public health messages or recommendations based on such a ranking would likely be simplistic and/or misleading.
- Level of processing does not have a clear association with the healthfulness of a food as determined by the presence of either “nutrients to encourage” or “food components to reduce,” as specified in the Dietary Guidelines for Americans 2010. A food's nutrient composition and the frequency and amount eaten, should be stressed as the most important considerations for the selection of a healthful diet, rather than level of processing.

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LOW-CALORIE SWEETENERS

SAFETY AND WEIGHT MANAGEMENT

Safety

In the Food Safety & Sustainability section (Part D, Chapter 5, p. 36, lines 1320-1322), the DGAC Report concludes that the low-calorie sweetener aspartame “in amounts commonly consumed is safe and poses minimal health risk for healthy individuals without phenylketonuria (PKU),” consistent with the recent scientific opinion of the European Food Safety Authority. (EFSA, 2013) This conclusion is supported by numerous scientific studies in the published, peer-reviewed literature. In addition, the U.S. Food & Drug Administration (FDA) is charged with ensuring food ingredient and additive safety, and as it states in the Report, “FDA has concluded that aspartame is safe as a general purpose sweetener in food.”

Weight Management

However, in the Executive Summary (Part A, p. 9, lines 348-350), the Report states that “added sugars should be reduced in the diet and not replaced with low-calorie sweeteners, but rather with healthy options, such as water in place of sugar-sweetened beverages.” This recommendation represents a direct contradiction between the Committee’s conclusions and their recommendations which, if it were to become the Guideline, would pose a challenge with respect to communicating the recommendations to the public.

The recommendation to not substitute low-calorie sweetened beverages in place of sugar-sweetened beverages does not align with the conclusion that low-calorie sweeteners are safe and may signify a safety concern where one has not been demonstrated through scientific research. The communication of this call to action for consumers is critical and must be conveyed with extreme care. It has the potential to mislead consumers that low-calorie sweeteners are somehow unsafe and therefore should be avoided. If the goal is to reduce obesity by decreasing the number of liquid calories that Americans consume, then low- and no-calorie beverages (not just water) should be encouraged.

Furthermore, scientific research demonstrates the effective use of low-calorie sweeteners as a tool for weight management (Miller and Perez, 2014), contrary to the Report’s statement that there is “insufficient evidence to recommend the use of low-calorie sweeteners as a strategy for long-term weight loss and weight maintenance.” (Part D, Chapter 6, Cross-Cutting Topics of Public Health Importance; p. 27, lines 972-977)

In fact, a recent randomized-controlled trial (RCT) found that those who drank low-calorie sweetened beverages lost more weight than those who consumed only water. On average, the low-calorie sweetener group lost 13 pounds over the 12-week study period, compared to nine pounds for those who consumed only water. Additionally, the low-calorie sweetener group reported being less hungry and reduced their total and LDL cholesterol more than the participants who did not consume low-calorie sweetened drinks.

(Peters, et al., 2014) This suggests that, in addition to consuming water in an effort to reduce calories from added sugars in the diet, low-calorie sweetened beverages may be beneficial as well.

IFIC Foundation *Food & Health Survey* insights on consumer use of low-calorie sweeteners for weight management

The IFIC Foundation 2015 *Food & Health Survey* found that once again this year, more than half of consumers (52 percent) are trying to lose weight. Consumers say they have had success with weight management/loss by changing the types of foods eaten (51 percent) and through controlling higher calorie foods and beverages (30 percent). In addition, 59 percent of consumers said they would be likely to substitute or continue substituting low-calorie foods for full-calorie alternatives. More than three-quarters (76 percent) of Americans report that for one year or more, they have been cutting calories by drinking water, and low- and no-calorie beverages. This suggests that consumers view low-calorie sweeteners as a tool for reducing their calorie intake, an essential step toward weight reduction.

Sixty-nine percent also report cutting back on foods high in added sugars. This is an indication that Americans know they should reduce their consumption of sugar, and understand they can succeed in reducing their calorie intake and thereby managing their weight through a combination of drinking water and low-calorie sweetened beverages.

For ten consecutive years, consumers have ranked taste as the most important factor in selecting and consuming foods and beverages, higher than price, healthfulness, convenience, and sustainability. To suggest to consumers that they should reduce their consumption of foods and beverages high in added sugars, yet recommend no practical tools – such as low-calorie sweetened foods and beverages – other than consuming more water in order to do so, is an unrealistic goal unlikely to be adopted by consumers.

KEY POINTS

- While not a magic bullet, low-calorie sweeteners are one tool consumers can use to help manage their weight, along with a balanced diet and regular physical activity.
- Low-calorie sweeteners have been the subject of hundreds of studies over more than three decades. FDA, the regulatory body responsible for evaluating food ingredient safety, has deemed currently approved and GRAS low-calorie sweeteners to be safe and has found no reason to change the current ADI for these sweeteners based on the currently available research. The European Food Safety Authority (EFSA) recently reviewed all of the available research on aspartame and concluded it is safe for consumption in foods and beverages at currently consumed levels.
- FDA and numerous health, science, and regulatory bodies have repeatedly concluded they are safe.
- Studies show low-calorie sweeteners can be effective for losing and maintaining weight, and the IFIC Foundation *Food & Health Survey* shows consumers recognize them as tools in this capacity.

- To refrain from recommending a recognized weight management tool sends a conflicting message to the overweight and obese American public, which needs practical, simple steps to motivate change.

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CAFFEINE

SAFETY AND CONSUMPTION

Many health, science, and regulatory authorities have concluded that 400 milligrams (mg) per day of caffeine is not associated with adverse health effects in most healthy adults. (Health Canada, 2012; EFSA, 2015) Recent intake and consumption trend studies, including a study conducted for the FDA, have found that the average daily caffeine intake has not exceeded this amount and that average intake is within moderate ranges of consumption for all age groups. Despite the introduction of energy drinks and other foods and beverages containing added caffeine in recent years, average consumption has not changed significantly. (Fulgoni, et al., 2015; Mitchell, et al., 2014; Somogyi, 2010)

When looking at the sources of caffeine in the American diet, recent intake studies have shown that the primary sources of caffeine in the adult diet are coffee, carbonated soft drinks, and tea, while in children and teens, caffeine predominantly comes from carbonated soft drinks and tea. These studies also found that the average caffeine intake among children and teens is low. (Branum, et al., 2014; Mitchell, et al., 2014) Energy drinks account for less than two percent of American caffeine consumption. (Mitchell, et al., 2014)

In the Food Sustainability & Safety section (Part D, Chapter 5; p. 23, lines 840-844 and p. 29, lines 1059-1060), the Report concludes that moderate evidence exists to suggest potential health benefits from moderate coffee consumption. As coffee is the primary caffeine source for adults, this suggests that healthy adults may in fact receive health benefits from their current caffeine intake.

Safety

The FDA regulates and oversees the use of caffeine as an ingredient in foods and beverages and has evaluated it for safety. (FDA, 2013) FDA and other regulatory, health, and scientific bodies have concluded from reviewing the scientific evidence that consumption of 400 mg/day for healthy adults does not pose a health risk.

In the Food Sustainability & Safety section (Part D, Chapter 5, p. 32), the Report attempts to address the question, “What is the relationship between high dose coffee/caffeine consumption and health?” (lines 1164-1165) However, the data from multiple intake studies show that average daily caffeine consumption is well within moderate ranges for all age groups. Individual sensitivity to caffeine varies, but caffeine consumption is self-limiting, and most individuals do not seek to consume more caffeine than their bodies will accept. As the Dietary Guidelines for Americans focus on the average American diet, discussions addressing high-dose caffeine consumption could potentially confuse the majority of Americans, who do not reflect the consumption pattern of high amounts of caffeine.

Therefore, instead of focusing on consumption levels of a very small percentage of high consumers, the public would be better served by education on the amounts of caffeine in common food and beverage sources and how to track their caffeine consumption throughout the day to ensure they are consuming

caffeine in moderate amounts. This would also be consistent with the 2015 IFIC Foundation *Food & Health Survey* finding that the majority of consumers (78 percent) would rather hear about what they should eat, rather than what they should not eat (More findings from the *Food & Health Survey* are below).

IFIC Foundation *Food & Health Survey* insights on caffeine awareness and consumption

The IFIC Foundation *Food & Health Survey* has tracked trends in consumer awareness, perceptions, behavior, and consumption of caffeine for ten years. The Survey has consistently shown that consumers are aware of caffeine as a food ingredient, they know how much caffeine they are consuming, and they are aware of subpopulations that may need to limit their caffeine intake. (IFIC Foundation, 2011 and 2015)

In the 2015 Survey, 64 percent of caffeine consumers stated they know the amount of caffeine that is in the foods and beverages they consume. In addition, the majority of consumers understand the moderation message regarding caffeine and they report consuming caffeinated food and beverage products responsibly. In the 2011 Survey, seven in ten consumers (69 percent) said they consume caffeine in moderation.

The 2011 Survey also showed that consumers are already aware of concerns regarding children and teenagers consuming high levels of caffeine. Sixty-four percent of consumers said children up to 12 years old should limit their caffeine intake, and 49 percent said teenagers (ages 13-18 years) should limit their caffeine intake.

Finally, while Americans are generally aware of the presence of caffeine in foods and beverages, the 2015 Survey found that nearly half (47 percent) of Americans are unsure whether naturally occurring caffeine has the same effect as caffeine that is added to foods and beverages. An additional 25 percent of Americans do not believe that naturally occurring caffeine has the same effect as added caffeine, indicating an opportunity to educate around the effects of caffeine in common foods and beverages, regardless of whether the caffeine is naturally-occurring or added.

KEY POINTS

- Many scientific studies have shown that, for most healthy adults and at the moderate levels currently consumed, caffeine does not pose a risk to health. FDA has reviewed caffeine's safety and enforces regulations for caffeine use in foods and beverages. For all age groups, caffeine consumption is within moderate consumption levels and has not changed significantly, despite the introduction of energy drinks and other caffeine containing foods and beverages. Less than two percent of the population consumes energy drinks, with the majority of caffeine still coming from coffee, carbonated soft drinks, and tea.
- A focus on those few consumers of excessively high amounts of caffeine would not reflect actual consumption patterns by the majority of the population and may unnecessarily confuse or alarm the public about an established, safe ingredient. According to IFIC Foundation's *Food & Health Survey*, consumers prefer positive and constructive communications about food—such as how to consume moderate amounts of caffeine—over negative communications about what they should not eat.

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PROTEIN

SOURCES AND INTAKE

Protein is a critical part of a healthful diet, and according to the 2015 IFIC Foundation *Food & Health Survey*, most Americans (89%) agree this it is important to get enough protein in the diet. The 2015 Survey also reveals that over half of Americans (54%) are specifically looking to consume more protein in their diet. Any guidance on the specific source of protein in the diet must be weighed against the important role protein plays in weight management/loss, immunity, and bone and muscle health. The 2015 DGAC Report encourages “reducing consumption of red and processed meat” but lean protein can be found in each of these sources. For example, canned tuna would be considered a processed meat by DGAC definitions, but seafood is also promoted throughout the report as part of a “healthy dietary pattern.” The recommendation to limit red meat also ignores the strong evidence that supports red meat as rich source of important nutrients such as heme iron. According to the DGAC report, “excellent sources of heme iron include red meats” and therefore, any recommendations to limit this food group should also consider unintended consequences on nutrient intake and adequacy. Inconsistent and contradictory recommendations on specific sources of protein may result in consumer confusion and potential devaluing of protein as a critical nutrient in the diet, no matter what the source.

Regarding protein intake for sub-populations, the DGAC report acknowledges that “some groups in the U.S. population do not consume recommended amounts from the protein foods group”. The IFIC Foundation research reaffirms the need for further communication on the benefits of protein for specific demographics. When asked which groups would benefit from higher protein intake, most Americans agree that athletes and active individuals (teenagers and adults) would benefit from higher protein intake. However, only 40% of Americans think sedentary adults over the age of 65 need additional protein, which represents a stark difference between perception and science. Research has consistently proven that older adults, especially those who are sedentary, require additional protein to prevent muscle and bone loss and related diseases such as sarcopenia. Sarcopenia may affect as many as 13% of the population between 60 and 70 years of age and up to 50% of those 80 years of age or older. (Von Haehling, Morley & Anker, 2010).

When communicating about protein sources and intake for sub populations, it is critical to also address the importance of equally distributing protein intake throughout the day in order to meet protein needs. According to the 2015 IFIC Foundation *Food & Health Survey*, 72% of Americans agree that “distributing your [protein] throughout the day in meals and snacks is the best way to consume protein.” In addition to recommendations on sources of nutrients in the diet, it is important that the guidelines communicate science-based evidence that relates to eating patterns for those nutrients.

KEY POINTS

1. Protein plays an important role in a healthful diet and Americans should be encouraged to consume adequate amounts of protein.
2. Protein needs are best met by distributing intake appropriately across the day.
3. Rather than focus on specific sources and forms of protein that may lead to consumer confusion, the health benefits of all forms of protein for the general public, as well as specific sub-populations, should be promoted.

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SUSTAINABILITY

WHAT THE TERM MEANS TO CONSUMERS

As a food and nutrition communications organization, the IFIC Foundation recognizes the importance of addressing all aspects of the food system, from farm to table, to ensure that we are able to feed the growing population. The Foundation is in agreement that “The identification of dietary patterns that are sustainable is a first step toward driving consumer behavior change and demand and supply-chain changes.” However, the first step toward driving consumer change must begin with consumer insights and a true understanding of consumer perception and beliefs on the topic of sustainability. According to the 2015 IFIC Foundation *Food & Health Survey*, only 35% of Americans are considering sustainability when making food and beverage purchasing decisions. Among five factors (price, taste, convenience, healthfulness, and sustainability) sustainability is consistently ranked the lowest in terms of impact on purchasing decisions [since 2011](#). (IFIC Foundation, 2014) Communication on sustainable diet patterns should consider the other factors that are involved in making food and beverage decisions, such as price and convenience, and how those may not always align.

While government agencies may define a sustainable diet as “a pattern of eating that promotes health and well-being and provides food security for the current population while sustaining human and natural resources for future generations”, the public may view a sustainable diet differently. According to the 2015 IFIC Foundation *Food & Health Survey*, four in ten Americans believe that a sustainable diet means that the food they eat represents a balanced and nutritious meal. A quarter of Americans also believe that a sustainable diet means that their food is affordable and readily available. The impact of the environment is not as top of mind for consumers when thinking about a sustainable diet.

KEY POINTS

- Sustainability is not a priority in the majority of Americans’ food and beverage purchasing decisions, and is consistently ranked lowest (35% in 2015) out of other factors such as taste (83% in 2015) and price (68% in 2015).
- The term “sustainable diet” is defined by Americans as representing a balanced and nutritious meal. Environmental impact is not top of mind.
- Communications and guidance on a sustainable diet must take into account consumer perceptions of the terminology as well as other influential factors that impact food and beverage decisions.

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