Can Reading Labels Help Children Make Healthier Food Choices?

By Jennifer Bendelius, MS, RD, CDN

In a position paper of the American Dietetic Association, dietary guidance is given for healthy children aged 2 to 11 years. The paper states: “It is the position of the American Dietetic Association that children ages 2 to 11 years should achieve optimal physical and cognitive development, attain a healthy weight, enjoy food and reduce risk of chronic disease through appropriate eating habits and participation in regular physical activity” (Journal of the American Diabetic Association, 2004). This paper goes on to state that 15.3% of children 6 to 11 years old are overweight, and critical nutrition concerns “include excessive intake of dietary fat, and inadequate intakes of food rich in fiber” (Journal of the American Diabetic Association, 2004). It is with this information in mind that I approach the topic of teaching kids how to read nutrition fact food labels so they can make more healthful food choices.

The fore part of this article will take a look at whether or not current research supports the idea that reading a nutrition fact label makes a difference in food choices. This will be followed by some tips to help educators develop a label-reading program and examine dubious claims on food labels.

In 1990, the Nutrition Labeling and Education Act (NLEA) required the standardization of all nutrition labels on most foods manufactured after May 1994. Ten years later we are now able to look at these food labels and determine the calories, fat, saturated fat, cholesterol, sodium, carbohydrate and protein content of a “regular” serving size of almost all of the foods we consume (www.diabetes.org). The implementation of this act has been a dietician’s dream come true. However, do others outside the nutrition field read these labels? And, more importantly, does this information lead to different food choices? The two research studies completed on the relationship between label reading and behavior change utilized college students and adults as subjects. It must be noted that it is a “stretch” to use this research to support the premise that this methodology can also be applied to children. However, to date there have been no studies published utilizing children, so it can be useful to look at these studies and evaluate whether or not the stretch is possible.

The first study looked at the relationship between label use and diet. One thousand four hundred adults in the state of Washington were evaluated by a phone survey that assessed nutrition label use, fat-related diet habits, fruit and vegetable consumption, diet-related psychosocial factors, health behavior, and demographic characteristics (Neuhouser, et al., 1999). The results indicate that nutrition label use was significantly greater among women, participants who were younger than 35 years, and those with more than a high school education. The conclusion states “that those limiting fat intake use nutrition labels, suggesting that nutrition labels are helpful” (Neuhouser, et al., 1999).

The second study surveyed 200 undergraduate students at Midwestern University (Marrietta, et al., 1999). A descriptive, nonexperimental research design was used. The data were gathered using a survey designed to examine knowledge, attitudes, and behavior of students regarding labels, and relationships among these factors. The information was utilized further to determine if there was a relationship between educational experience with reading food nutrition labels and food intake behavior. The conclusions of this study indicate that “the Nutrition Labeling and Education Act food label has influenced college students. Labeling education efforts are associated with greater knowledge about labels, more favorable attitudes towards them, and increased label use in making food choices” (Marrietta, et al., 1999).

Based on the above two studies, reading nutrition labels makes a difference in food choices. It is incorrect to conclude that the results with these research populations can be applied to children and thus will yield healthier food choice. However, I do not think it is too much of a stretch to suggest that, based on the above information, it is worth trying. The premise of this article is that by teaching children and teens to read labels, it may influence their food choices, resulting in a healthier diet.

Teaching kids how to read labels should be exciting and innovative if one hopes to achieve success. As in any other education program development, it is important to assess the current knowledge and needs of the age-appropriate population — what is good for a grade school student will not very likely work for a teenager. In developing a program that will yield behavior change, it is important to find out what motivates the specific population and use
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that motivation as a key component of the program. For example, telling teens that they are going to learn to read nutrition labels because it will help them to make better food choices and may result in a decreased risk of cancer later in life is not likely to motivate them toward change. However, if they are told they are going to learn to read labels so they can make more healthful food choices that will make them feel better, have more energy, and help them maintain their weight, you may get their attention.

In order to gain more insight on developing a label reading program that will yield behavioral change see Behavior Change - Is It Possible? (School Nurse News, Vol. 21, November, 2004). Some free label reading resources that can be helpful may be obtained from the American Diabetes Association web site, www.diabetes.org. In addition, the American Dietetic Association publishes an inexpensive brochure on label reading that can be obtained through www.eatright.org. As stated above, the information on the nutrition fact label on foods is scientifically determined. The resulting information is not subjective, it is factual—what about the health claims and other information given on food packages? Are they as factual as the laboratory-derived nutrition fact information?

For instance, one popular prune juice label states “New! With Lutein for Healthy Eyes.” Is lutein intake from prune juice proven to help eyes? What about “low-carb” product labels? Are they truthful? Is there evidence to support the manufacturers’ claims? The 1990 Nutrition Labeling and Education Act provides factual content-related information about a food product. In 1994, the Supplement Health and Education act was passed. This law gives supplement-makers free reign to make structural/functional claims as long as the companies notify the FDA after using a new claim and print the disclaimer “These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease” (Nutrition Action Healthletter, June 2003). The “bottom line” is that many food manufacturers are making claims that have not been scientifically proven. How is one to determine what is proven and what is just puffed-up words trying to get one to buy their product? The Nutrition Action Healthletter gives the bottom line on the topic. In their June 2003 publication they illustrate three different types of claims and how to distinguish one claim from another. They are as follows (Nutrition Action Healthletter, June 2003):

■ Solid Health Claims. These are claims that are approved by the Food and Drug Administration (FDA) and are reliable and based on solid evidence. They usually name a specific disease that can be diagnosed, for example, cancer, stroke, and heart disease. These types of claims often refer to a certain “diet” that is low or high in some nutrient. For example, on a Pepperidge Farm Natural Whole Wheat Bread the following reliable, truthful statement is made: “Diets rich in whole grain foods and other plant foods and low in saturated fat and cholesterol, may help reduce the risk of heart disease and certain cancers.” Another example can be found on the spread Benecol: “Two or three servings per day with meals, providing 3.4 grams of plant stanols esters daily, added to a diet low in saturated fat and cholesterol may reduce the risk of heart disease.” This claim cannot appear on unhealthy or empty-calorie foods.

■ Preliminary Health Claims. These are unreliable claims that usually contain a statement such as the following: “the FDA has determined that this evidence is limited and not conclusive,” or “the FDA concludes that there is little scientific evidence supporting this claim.” Even these claims cannot appear on unhealthy or empty-calorie foods.

■ Structure/Function Claims. These are unreliable claims that require no approval from the FDA. This type of claim does not usually use a specific disease but uses words such as “maintains,” “supports,” “enhances” and “optimizes.” These types of claims can appear on any food item.

The low-carbohydrate craze has created another food label extravaganza. There have been 930 new low-carb food products introduced into the market in the last 5 years. The June 2004 issue of Consumer Reports says “that low carb labels are meaningless.” This current craze has turned high-carbohydrate foods and snacks into low-carbohydrate options often at a pretty high price tag. There will be a future Nutrition Corner in School Nurse News on the topic of low-carb diets; however, at this point it is important to know that the low-carb label and the term net carb are not based on firm scientific evidence. Buy them if you like, but realize they may not be producing what they claim to produce.

The jury has not even convened in order to determine if teaching a child or a teen to read a food label will change current and/or future food choices. However, if education and knowledge about healthful food choices can possibly make a difference, isn’t it worth a try? The research indicates that education has made a difference in food choices in some specific populations. By teaching our children about good, responsible food choices we are forewarning them about the health problems of overconsumption, which has become the norm in this country. The old phrase “forewarned is forearmed” can hold true.

REFERENCES


Neuhouser, M. PhD RD, Kristal, A. DrPH, and Patterson, R, PhD RD, “Use of Food Nutrition Labels is Associated with Lower Fat Intake.” Journal of the American Dietetic Association. 1999; 99:1


Reading Food Labels: www.diabetes.org/nutrition-and-recipes/nutrition/foodlabel.jsp


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