Welcome to conversations about care, a podcast for pediatric clinical providers.

Hi Everybody, this is Sandy Hassink and today I’m talking to my colleague, Dr. Tamara Hannon about the new nutrition label. I hope you find our talk interesting and I hope it gives you another tool to help patients and families understand how to eat more healthily. Dr. Hannon gets into some fine detail about the nutrition label, but all in all, hopefully we’ll all come away with a better understanding of how this can help our kids and their families. Today I’m very happy to welcome Dr. Tamara Hannon to be with us, to walk us through, and explain this new label and how we can use it in clinical practice. Dr. Hannon is a Professor of Pediatrics and Pediatric Endocrinology at the Indiana School of Medicine, Riley Children’s Hospital and she focuses her clinical work on children with obesity. So, welcome Dr. Hannon.

Dr. Hannon: Thank you!

Sandy: So, Dr. Hannon, I’m always so interested in how we get to the places we are as pediatricians and I wonder if you could share with our audience a little bit of how you got to your current work and how you got interested and involved with the nutrition label.

Dr. Hannon: Yes! First, thank you so much for having me. I have had a long-standing interest in nutrition. My undergraduate degree from Purdue University was in Nutrition Science and I decided to go to medical school straight away after graduating from Purdue and have always had an interest in how food and how nutrition affects our health. As a pediatric endocrinologist, I take care of patients who are struggling with their weight, or they already have complications related to their weight, or they have diabetes. All of these conditions are very much affected by how we eat. So, I actually got involved with the education of pediatricians on the nutrition facts label as a member of the American Academy of Pediatrics committee on nutrition. I serve as one of the members of this committee and am the pediatric endocrinologist on the committee with the particular interest in nutrition and obesity in childhood. So, I worked together with the FDA on ways to better education pediatricians to explain the nutrition facts label to their patients and families.

Sandy: So, Dr. Hannon, can you tell us a little bit about how this new label came about, and maybe a word or two about what it was like to be on a committee trying to work through a new label. Don’t divulge any state secrets, but if you could give us a little insight into what that was like.

Dr. Hannon: Yes, sure. I actually didn’t serve on the committee to design the new label, but became involved after it was already designed and how this would be promoted to pediatricians, but I can say that the nutrition label came to be only really in the 1990’s. So, it was brought forth as a mandate in 1990 and then in 1994 became available for use in the public, and required. This change that happened in 2016 with the rules that it had to be in practice by last year or this year, depending on the size of your company, was just in 2016 that this happened. So, the food, the nutrition facts label had not been changed from 1990 until almost 20 years later. It is regulated by the US FDA and it is meant to inform consumers about how they can choose wisely to increase the nutrients that we need to get more of and decrease the nutrients that we need to get less of.

Sandy: So, before I ask you to help us walk us through the nutrition label, I’m guessing this label aims to reflect the current evidence on what we know about nutrition as well as the current need for improving healthy nutrition. Is that the …

Dr. Hannon: That’s right! So, some key changes to the label include making calories and serving size more prominent because we know from research that consumers spend very little time looking at the nutrition label and their eyes focus at the top and in the center, and so the rest of the stuff kind of falls away. So, it was really meant to make calories and serving size very prominent on the label. There was research that went into that. Actually, very interesting research where you will show a research volunteer something on a computer screen and actually they can trac your eye movements to see how long you focus on a particular part of the nutrition label. All of the research shows that sort of making things bolder, putting it in the middle, making it a symbol rather than a lot of words is helpful at focusing consumer attention in that ways. So, there is research going into that, of course, and then there was an evidence base that helped to decide what facts should be included, because you simply cannot include everything on a label. So, they actually removed some of the things that there was good evidence that we’re already getting enough of in our diet and replaced them with things where there was also good evidence that we’re not meeting the requirements for those things. So, those were the kind of research, or information based facts, that were utilized going in to making the changes.

Sandy: So, with that said Dr. Hannon, could you just walk us as pedestrian’s, just take us on a little walk of the nutrition label for ourselves so we better understand it before we try explaining it to our patients.

Dr. Hannon: Yes, so you will see a box that says nutrition facts at the top and the first thing you will see is servings per container and then serving size. So, most packaged foods contain more than one serving per package. So, they thought it’s regulated that companies have to list how many servings are included in that package. Now, you will also notice that some packages will include a column for servings per contain and serving size and then they will include a column that has the information listed for the whole container. This would be important for things that people generally eat the whole thing of, like a bag of something or a bottle of something that they would drink. Most of the facts will have the servings per container and the serving size. Importantly, the changes to the label have included changing the serving size to actually reflect what is considered an average portion for people to eat. It used to be that the serving size would be very small like a half a cup or a third of a cup, and people just … that wasn’t what people usually did. So, the new labels contain the serving size as generally reflective of what you would eat. So, you have to kind of divide the servings per contain, or you have to diving what is in the whole container by the number of servings in that package to get the right amount for that nutrition that’s listed. For instance, if the serving size says it’s two-thirds of a cup and there’s eight servings per container, you could divide that container into two-thirds cup serving sizes eight times. The nutrition facts that are included there … so the calories are listed next. The calories will always be the calories in the serving size unless it specifically says that these are the calories for the entire container. So, if you eat more than one serving or you eat the entire container, you have to multiply the calories by the number of servings that you ate. So, those are the two things that consumers use the most on nutrition facts labels; the serving size and the calories. From there you will see the percent daily values of different nutrition’s that we have in our diets. So, the nutrients that are listed there are either nutrients where we would be healthier if we ate less of them, or we’re not generally getting enough of them and we need to eat more of those things. Okay? Their percent daily value just reflects the amount of that particular food contributes to what is expected to get over the general course of the day. So, for instance, if the percent daily value for a particular nutrient says 10 percent, that means if you eat a serving of that food you’re going to get 10 percent of what you should get of that particular nutrient for the whole day, is what that means. So, the first thing that you’re going to see when you look at the nutrients is total fat, and the only part of total fat that will be shown is saturated fat and trans-fat, which is a form of saturated fat. There are other forms of fat that are considered more healthy than saturated fat. Polyunsaturated fat and monounsaturated fats are considered more healthy. They are not shown on the label any longer, it’s only saturated fat and that’s to be less confusing and to just show that this is the kind of fat that eating less of would be better for us. So, if you look, saturated fat will give the grams and it will also give you the percent daily value for that nutrient. In general, when you look at percent daily values, five percent or less is considered low, and 20 percent or higher is considered high. So, for nutrients that we want people to get less of, we’re going to be teaching them to look at the label and see if that’s five percent or less or closer to five percent than 20 percent to be considered a healthier choice. Cholesterol is listed next, sodium is after cholesterol and then total carbohydrate, which has the added sugars, and the there is also protein. So, the top part of the nutrients that are listed are what’s called our macronutrients. So, fat, carbohydrates, protein are our macro nutrients. Those are the things that when we eat the food it digests in our system and it gets absorbed in our bloodstream as those three things: fat, carbohydrate, and protein, okay? The main thing that’s focused on this label that’s new is in the carbohydrate part, the total sugars are there and it used to be that they just showed the total sugars, but now they also show the added sugars. The reason for this is because added sugars really contribute a lot of excess calories to our diet and they don’t provide any nutrients that our bodies really need like extra vitamins or minerals. Too much added sugar contributes to disease like developing heart disease, or developing diabetes and having actually an excess amount of calories in a diet. So, one new part about the label that we want to draw patients attention to is this part about total sugars and the added sugars part. The added sugars part is another part where you can say, “I want you to look at the percent daily value of added sugars and find out if that is closer to five percent? It could be low, which would be good, or is that closer to 20 percent or higher than 20 percent, which would be considered high, and would be considered a lot of sugar in that food item or beverage.” The very bottom of the label includes vitamins and minerals that most Americans don’t get enough of. These used to be vitamin A, vitamin C, calcium, and iron, and now when you look at the label you will see vitamin D, potassium, calcium, and iron. Vitamin D and potassium replaced vitamin A and vitamin C because vitamin A and vitamin C, everyone gets enough of those things, but vitamin D and potassium are things that most Americans don’t get enough of. So, when you look at that percent daily value for things that we generally don’t get enough of, you want to look for products that have higher levels closer to that 20 percent or up of those things when you’re comparing different products. So, for instance, for vitamin D, you find vitamin D in dairy products, you find it in fortified cereal products. You would want to look if you’re comparing different things to get, is that vitamin D level closer to 20 percent or up or is it very low if you’re choosing based on kind of getting enough of that nutrient. Your pediatrician may say you need to look for things that have more vitamin D because you’re at risk for being deficient. That’s how you would use that label for that particular purpose. Now, I’ve said a lot of things. Reminder that most people look at this for five seconds. So, just take a little longer to go through all of these things.

Sandy: So, Dr. Hannon, I noticed at the very bottom … first of all, thank you very much because I’ve been looking at nutrition labels, like all of us, all my life and in the stores I glance at them. I was particularly struck by the fact that the upper part is what we need to have less of and the lower part more of. I’ll ask you in a minute how we teach patients and that the boundaries of wanting less of under five percent, and 20 percent being high, I think are very helpful, as is the lower part of the vitamins we need more of over 20 percent. So, I really appreciated that. I did notice at the very bottom in the tiny print that it says that the daily values tell you about a 2,000 calorie a day diet. Can you talk to us because we’re often in the position of we’re not seeing grown teenagers all the time, we’re seeing little kids.

Dr. Hannon: Yes, so littler kids generally need fewer calories. So, how do people understand calories? Calories is just a unit measure of energy and you know, when you talk to patients about that, what does it really mean a unit measure of energy? So, the way that I try to express it is that it’s a measure of the amount of energy in that food that could potentially stored in your body, and when you don’t use energy, it’s generally stored as fat on your body. So, if you eat more energy in the form of calories than you use, it will by large be stored as fat. That’s how I describe calories. Now, for little kids between the ages of 4 and 8, they generally don’t need 2,000 calories a day, and for 3 year old’s and less, they need about half of that or about 1,000 calories per day. So, 2,000 calories per day is a very, sort of, middle of the road number depending on how old you are and how active you are, you might need a lot fewer calories or you may need double that number of calories if you’re growing and you’re participating in a lot of physical activity. So, that’s something really to discuss with your pediatrician. Also, there is some good information if you go to the My Plate website. There’s a way to kind of calculate about how many calories you might need on average, but 2,000 calories per day is a very kind of average estimate of what the general population needs. If kids are not doing any physical activity, if they’re habitually sedentary, they likely won’t need that many calories regardless of sort of their age. They may not need 2,000 calories if they’re very sedentary.

Sandy: So, in this era of COVID when we’re all worried about keeping nutrition healthy and keeping physical activity as much as we can, it seems like keying our patients into the nutrition label may be more important than ever, as they shop, especially because people are shopping for a lot of shelf stable foods that are likely to be labeled in this time. So, as you’re sitting with a patient, and I’m thinking of a mother with a couple toddlers in that one walking, one holding onto the cart, one in the cart, the mom or dad is shopping. Like you said, they have five seconds to glance at this label. How do you start a patient on their journey with this label? How do you start getting them used to it? Is it a stage process? Do you try to explain it all at once? How would you go about it?

Dr. Hannon: Yes, it’s variable depending on how well the person you’re talking to understands the concepts and math, some health literacy, and just numeracy really makes a difference. These are concepts that generally need to be explained multiple times. So, having someone in your office review these things with families multiple times over time as the child is growing up is a very good idea. Also, having resources in your office to explain them. That can be found on the My Plate website, and the AAP has some resources also is a good idea. So, it’s a conversation to definitely have over time, a conversation that I have with patients over time, all the time is that calorie number that ultimately determines how much energy you’re putting into your body. A general rule of thumb that is promoted is that the amount of calories per serving, if it’s around 100, that’s considered kind of a medium calorie per serving number, or moderate calorie per serving number, whereas 400 calories per serving would be considered high. So, to help people kind of conceptualize if you’re eating high calorie foods throughout the whole day, you can very quickly get at that 2,000 number. If you don’t need 2,000 calories, let’s say you need 1,200 calories, it only takes a couple of servings of those high calorie foods to meet your total day requirement. So, that concept generally needs to be repeated over time and needs to be explained in multiple different ways a lot of times as to how things add up. Then you can use that concept at the same time that you’re giving them suggestions like if you’re buying snack foods with multiple servings, can you divide up the servings right away so that you’re not eating too many calories all at the same time. I find it really difficult to go through the whole nutrition label in the context of a short visit with a patient, but I do … I’m lucky and I am able to have a dietician right there with me, but our partners in metrician, dieticians, and other health educators can really help with that too. The other concept really that I try to hit home because I think that there is an overwhelming amount of evidence to support it is reducing added sugars. I really think the evidence that we have for that is not controversial at all and reducing added sugars is something that we can play a huge role in. I know in evidence in my practice is that getting families to reduce added sugars by eliminating sugary beverages and other high sugar … reducing high sugar foods has resulted in very dramatic health improvements and very greatly impacts weight management. It does not impact growth in that reducing added sugars has really no negative effects in our diet.

Sandy: So, I really appreciate you honing us in on key elements of the label that we can move through with patients. One thing that I always found worth talking about was serving size because it seemed that serving size was something that could get out of and hand quickly and the idea that there are many more servings in that little bag that you just bought than one or two. It seems to be something that obviously is at the top of the nutrition facts label that is something really worth keying in on the 100 calorie benchmark and the added sugars might be things that you can cover fairly quickly in a visit just to help orient patients. Would you like to talk about any ways you’ve seen patients try to use this label in their own lives? Can you think of times when patients have thought it was particularly helpful to them?

Dr. Hannon: Yes, so, definitely the serving size I think is key and I think when parents are really trying to support their keys in getting better nutrition they have taken an active role in looking at that serving size and making sure that they break down the package into serving sizes that are more conducive to health instead of giving the whole package. Even though the serving size now is more reflective of what people generally eat, it’s still not perfect because research really shows that the size of the package predicts how much we eat. So, if we have a big package of microwave popcorn, let’s take that one, microwave popcorn has a lot of sodium, it has a lot of fat, and the calories per popped bag can be very, very high, right? So, parents will point that out and saying, “You know, you really need to portion out the popped bag,” with things like that can really clue them into things that they really didn’t realize, and why would they? Why would they realize that? Because most kids and humans, not just kids, but humans, will eat the entire popped bag, which then winds up being more calories, more sodium, and more fat than they really expected. So, I think parents have really utilized it that way as an awareness tool and also to proportion bags of snack foods for their kids so that they can have their kids still be able to enjoy that, but not to have too many calories from that particular thing. I think those things work particularly well.

Sandy: So, are there any other resources that you’d recommend for pediatricians who may want to learn more about the nutrition facts label, or see a label in action?

Dr. Hannon: Yes. So, there is a course that actually was designed in collaboration with the US FDA that is free for members of the American Academy of Pediatrics and it is called Talking to Parents and Patients About Using the Nutrition Facts Label. If they go to the AAP website and just put that in the search they will get to that course and it’s free. There are resources there in that course that I would draw people’s attention to. I would also draw people’s attention to the Choose My Plate USDA website for very good visuals and handouts and places to refer families for up-to-date information about these things. I particularly like the plate and how it’s colorfully represented with half of the plate is fruits and vegetables. So, I think that’s also a very good resource to direct pedestrians and have them look at that with families.

Sandy: Dr. Hannon, I would like to thank you so much for taking us on this tour of the nutrition facts label and giving us some insights into how we can use this as a help to our patients and families who are busy and are looking for ways to improve their nutrition. I especially appreciate your telling us about resources we can use and bring into our offices. Thank you very much! Is there any last thing that you might want to say to us about the nutrition facts label or about nutrition, especially in this time of COVID-19?

Dr. Hannon: Well, first of all you are absolutely welcome. This was my pleasure! Second of all, nutrition is just as important for everything, particularly in growing children. It’s more important than ever for pediatricians to promote health through nutrition and good guidelines. So, rather than kind of saying, “Oh it’s COVID, it’s terrible. Let’s just kind of do whatever we want.” We know that families and kids who are not eating well and who are suffering from obesity and some other nutritionally associated disorders are disproportionately affected by epidemics and pandemics like COVID. It’s important for us to have frank discussions … frank, and helpful, and meaningful discussions with families about how important nutrition and what we’re feeding our kids during this time.

Sandy: So, thanks again Dr. Hannon and thanks for brining to light this tool that we can all use in your offices and I really appreciate having you here today. Thank you very much.

Thank you for listening to my conversation with Dr. Tammy Hannon. As Dr. Hannon mentioned, so many families tend to scan food labels, they can still be an incredibly important source of nutritional information. As pediatricians, it’s important that we understand the new labels, help families interpret the information to make informed nutritional choices. Please remember to check out some of the resources mentioned that includes the Nutrition Facts course offered free for Academy members, and MyPlate.gov. In addition, the Institute for Health Childhood Weight website also has resources such as our mini module on healthy snacks and healthy beverages to get tips on how to talk with patients about making small changes in their child’s diet. These are just a few of my favorites but be sure to check out The Institute and Bright Futures website for more.

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