2021

Cereal Fact Sheet

Children's Food & Beverage Advertising Initiative

Ready-to-eat (RTE) cereals on CFBAI's Product List are a nutrient-dense breakfast option that provide nutrients of public health concern like Vitamin D and other key vitamins, minerals, and food groups. As children usually eat cereal with milk, cereal consumption also boosts dairy intake and thus calcium, Vitamin D, and protein consumption.

This Fact Sheet summarizes the nutritional content of the 40 RTE cereals on CFBAI's August 2021 Product List. Cereal products are the largest single category on CFBAI's Product List and are often advertised to children. These cereals meet the nutrition requirements set in CFBAI's Uniform Nutrition Criteria,[1] provide key nutrients in the diets of children, and contribute to children's dairy intake.

Whole grains. Eating grains, especially whole grains, provides health benefits.[2] According to the Dietary Guidelines for Americans, breakfast cereals and bars, including ready-to-eat and cooked varieties, are the top contributor to whole grains intake for children ages 2-18.[3] Seventy-three percent of the cereals on the August 2021 Product List indicate whole grains as the first ingredient on the label and provide at least a half-serving of whole grains; half provide a full serving. The whole grains content of cereals on CFBAI's Product List has increased steadily and significantly since CFBAI's launch.[4]

Positive nutrients. Calcium, potassium, dietary fiber, and Vitamin D are considered nutrients of public health concern in the U.S. because Americans do not consume sufficient amounts of them. Ninety-five percent of the cereals on CFBAI's Product List are a good source of one or more of these nutrients, with 78% providing a good source of Vitamin D.

Calories. On average, cereals on the Product List with a 40-gram RACC (Reference Amount Customarily Consumed) have 148 calories per serving. Those with a 60-gram RACC have average 202 calories per serving.[5]

Saturated fat. All cereals contain no more than one gram of saturated fat and on average contain 0.2 grams per serving.

Sodium. While all of the cereals meet the 290 mg criteria, the majority are 200 mg or less.

Added sugars. Cereals on the list contain no more than 12 grams of added sugars. The average amount of added sugars is 11 grams per serving.[6]

Cereals on CFBAI's Product List contribute to a healthy diet.

RTE cereals help improve children's overall diet quality, especially their consumption of milk. The cereals on CFBAI's Product List are nutrient-dense breakfast choices,[7] while containing modest amounts of calories, saturated fat, sodium, and sugar. Consuming cereals with milk, as children almost always do, adds significantly to their dairy consumption and its associated positive nutritional contributions. For example, children who consumed RTE cereals had significantly higher total daily dairy intake than those that did not eat RTE cereals (29% higher).[8]

Research shows children who eat RTE cereals have a lower risk of being overweight. RTE cereal consumption has been associated with healthier body weights in children (lower rates of obesity) in global and U.S. studies, compared to children who skip breakfast or eat a different breakfast.[9]

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1 CFBAI Category-Specific Uniform Nutrition Criteria, 2nd ed. Due to changes to FDA's labeling regulations implemented in 2020, the weight and volume of the labeled serving size (LSS) for cereals generally increased, resulting in proportionate increases in labeled nutrients, including calories, saturated fat, sodium and added sugars. As a result, the nutrients to limit were adjusted under CFBAI's revised Nutrition Criteria in the cereal category. Other Uniform Nutrition Criteria changes relevant to the category were the requirement that cereals provide at least a ½ serving of whole grain or 10% of an under-consumed nutrient and defining a half-serving of whole grains as providing at least 8 grams of whole grains and at least one of the following: 1) First ingredient a whole grain, or 2) ≥ 50% whole grains by weight of product, or 3) 50% whole grains by weight of grains. Under the 2011 Nutrition Criteria, a half-serving of whole grains was simply 8 grams.

2 See https://www.myplate.gov/eat-healthy/grains.

3 U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition, December 2020 at 76. Available at DietaryGuidelines.gov.

4 For example, CFBAI's first Cereal Fact Sheet (2012) indicated that one-third of cereals listed whole grains as the first ingredient.

5 The calorie limit is 200 calories per LSS for 40-gram RACC cereals, and 220 calories per LSS for 60-gram RACC cereals.

6 Breakfast cereals and bars were not among the sources cited in the 2020 DGA as major contributors of added sugars to U.S. diets. 2020 DGA at 42. The DGA indicated that cereals and cereal bars contributed 7% of added sugars intake. 2020 DGA at 43.

7 Fortified cereals such as those on CFBAI's Product List contribute essential nutrients such as Vitamin A, several B vitamins (e.g., thiamin, niacin, and folate), and minerals such as calcium, phosphorous, magnesium, and potassium. Most cereals also provide Vitamin D. Calcium, fiber, potassium, iron, magnesium, choline, Vitamins A, C, D, E, and K are under-consumed among all Americans. 2020 Dietary Guidelines Advisory Committee Report at 68, available at https://www.dietaryguidelines.gov/2020- advisory-committee-report. *See also* Smith J et al., Association between Ready-to-Eat Cereal Consumption and Nutrient Intake, Nutritional Adequacy, and Diet Quality among Infants, Toddlers, and Children in the National Health and Nutrition Examination Survey 2015–2016, available at https://pubmed.ncbi.nlm.nih.gov/31443588/ (children who were RTE cereal eaters had higher intakes of total carbohydrates, total sugar, fiber, calcium, iron, magnesium, potassium, zinc, Vitamin A, thiamin, riboflavin, niacin, Vitamin B6, folate, Vitamin B12, and Vitamin D).

8 *Id* at 11.

9 AM Albertson et al., The association between ready-to-eat cereal consumption, nutrient intakes of the Canadian population 12 years and older and body weight measures: results from nationally representative Canadian population. J Food Research (2013); 2(3):11-21; De la Hunty A., et al., Does regular breakfast cereal consumption help children and adolescents stay slimmer? A systematic review and meta-analysis, Obesity Facts (2013); 6:70-85. Williams PG, The benefits of breakfast cereal consumption: a systematic review of the evidence base. Advances in Nutrition (2014); 5: 636S-673S; Michels N et al., European adolescent ready-to-eat cereal (RTEC) consumers have a healthier dietary intake and body composition compared with non-RTEC consumers. Eur J Nutr (2015); 54: 653-664; Priebe MG, McMonagle JR. Effects of ready-to-eat cereals on key nutritional and health outcomes: a systematic review. PLOS One (2016); 11(10): e164931. *See also* Y Zhu et al., Association between Ready-to-Eat Cereal Consumption and Nutrient Intake, Nutritional Adequacy, and Diet Quality in Adults in the National Health and Nutrition Examination Survey 2015-2016. Nutrients (2019);11(12):2952 (significantly higher intake of important nutrients among adult RTE cereal eaters).

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