

Unhealthy changes in the foods we eat

- ▶ Pre-packaged, ultra-processed foods and drinks have become readily available in virtually every community around globe, across all income levels and population densities.¹⁻⁵ This increased availability — combined with aggressive, pervasive marketing — has dramatically affected the way people eat in many countries and resulted in much less healthy diets.⁶⁻⁹
- ▶ Many of these packaged foods are processed with high levels of added sugars, sodium, saturated fats, and refined carbohydrates.⁹⁻¹³ Research has connected these nutrients to increased risk and prevalence of obesity and other chronic, nutrition-related diseases.^{6,14-18}
 - Substantial evidence shows that consuming too much sugar increases risks for type 2 diabetes, heart disease, liver and kidney damage, and some cancers.^{14,15,19-24}
 - Global health experts recommend limiting sugar intake to less than 10% of total daily calories.^{14-16,25-28}
 - Consuming too much sodium is associated with high blood pressure and increased risks for heart disease, stroke, and death.²⁹⁻³²
 - Replacing saturated fats with healthy polyunsaturated fats in the diet has been shown to improve blood sugar regulation and reduce heart disease risk in randomized controlled trials.³³⁻³⁵ The World Health Organization and United States Department of Agriculture both recommend limiting intake of saturated fats in addition to reducing sugar and sodium intake.¹⁶
- ▶ High concentration of these harmful nutrients in products that offer few, if any, healthy vitamins or minerals is uniquely problematic. Consumers are increasingly replacing healthier foods with “empty-calorie” products that are high in sugar, saturated fat, and sodium.
- ▶ Increased consumption of ultra-processed foods and drinks^{9,36} has been a major driver of the global obesity epidemic and increases in other nutrition-related diseases worldwide.^{7,17,18,36-39}
- ▶ An estimated 650 million adults worldwide live with obesity and 1.9 billion with overweight — roughly 40% of the adult population.⁴⁰ Children and adolescents face a global obesity and overweight prevalence exceeding 340 million for ages 5-19 years and 38 million for children under 5 years of age.⁴⁰
- ▶ Leading health organizations worldwide recommend reducing consumption of these energy-dense, micronutrient-poor foods and beverages as a critical measure to tackle the epidemic of obesity.^{18,41-43}

Consumers need help making healthier choices

- ▶ Not only have food and beverage products become less healthy over time, the sheer number of choices in stores make it difficult and confusing for consumers to select healthier foods.⁴⁴
- ▶ Simpler, more impactful labels are needed: Most shoppers spend less than 10 seconds selecting each item — not enough time to review current back-of-the-pack nutrition labels, which are complicated and ineffective for most consumers.⁴⁵⁻⁴⁷
- ▶ Adding to the confusion, unhealthy products also frequently feature misleading health and nutrition claims on their packages. Claims related to particular nutrients (e.g., “high in calcium”) and claims about a food’s potential health benefits (e.g., “heart healthy”) can give an otherwise unhealthy product a “health halo,” leading consumers to misunderstand its nutritional quality and consume even more than they would otherwise.⁴⁸⁻⁵¹

Front-of-package (FOP) labels can help consumers make informed, healthier choices

- ▶ Consumers need a clear and easy way to make healthier choices among the vast array of products available to them.
- ▶ Shoppers prefer simple FOP labels that are immediately visible and require less time to assess.^{52,53} Labels that minimize effort allow customers to quickly identify which products are less healthy, increase their intention to purchase a healthier product, and decrease their intention to purchase an unhealthy product.^{47,54-57}
- ▶ While a variety of FOP labelling approaches and designs are now in use worldwide, simple, negative warning labels that clearly identify unhealthy products thus far appear most effective for discouraging junk food and ultra-processed food choices.⁵⁸
- ▶ FOP warning labels such as those used in Chile (*right*), Peru, Uruguay, Israel, and soon in Mexico require packaged foods and drinks that do not meet specific nutrition criteria to carry warning labels on the front of the package. These clearly identify the product as high in sugar, saturated or *trans* fats, sodium, and/or calories — whichever apply. These labels help consumers quickly identify foods that are less healthy.
- ▶ FOP warning labels may also encourage manufacturers to improve the nutritional qualities of their products in order to meet nutrition criteria to avoid carrying negative FOP labels.⁵⁹⁻⁶¹
- ▶ Unlike FOP labels that score foods or ingredients on a negative (unhealthy) to positive (healthy) scale, warning labels only appear on products that pose the greatest nutritional health risk. This approach may be easier for consumers to notice (ie, warning labels are either present on a package or absent) and interpret (ie, less complex computations or comparisons between products).⁶² Warning labels also do not carry the risk of creating a “health halo” around products with positive labels, which could lead to overconsumption of foods and drinks bearing higher-scoring labels.



Warning labels are the most effective FOP labelling system to date

Warning labels work by helping consumers identify unhealthy products and discouraging them from consuming these products. Evidence suggests that nutrient warning labels offer the strongest FOP labelling approach in use today.

Evidence from experiments and surveys:

- ▶ A 2020 meta-analysis of 14 experimental studies examining the main FOP label systems currently in use found that only “high in” warning labels significantly reduced the calorie and sugar content of purchased products compared to no label (-0.67 g sugar and 4.43 calories per 100 g).⁶³ Warning labels also significantly reduced the sodium content of purchases (-34 mg/100 g), as did “traffic light” labels (-35 mg/100 g), but no effects on purchasing were found for Health Star Rating, NutriScore, or “Facts up Front”/Guideline Daily Amount labels.
- ▶ Studies using eye-tracking technology to evaluate warning labels compared to industry’s Guideline Daily Amount (GDA) labels or to a no-label control have found that warning labels most effectively attract consumers’ attention and help them more quickly and easily process and identify whether a product is unhealthy.^{51,64-66}
- ▶ FOP warning labels on sugary drinks have been linked to decreased purchases of sugary beverages, decreased perceptions of their healthfulness, and decreased purchasing intent in studies from the United States and New Zealand.^{67,68}

- ▶ A study comparing FOP warning labels to “traffic light” labels and industry GDA-style labels found that in Uruguay, warning labels were better able to help consumers correctly identify products with high content of unhealthy nutrients.⁶⁹ Consumers perceived products bearing warning labels as less healthy than the same products featuring GDA or traffic light labels.
- ▶ Also in Uruguay, warning labels on snack foods were shown to have a greater relative impact on children’s choices than traffic light labels⁷⁰ and to better capture adult shoppers’ attention and discourage choosing products with warnings compared to a GDA-style label⁵¹ or alone.⁶⁶
- ▶ Counter to industry’s claims that consumers perceive “high in” FOP labels as too harsh or restricting of their control, a large survey of young adults in Canada viewing warning labels on beverages found that the vast majority (93%) felt either more or no change in their own level of control, and most thought that the symbols were either “about right” or “not harsh enough.”⁷¹
- ▶ A shopping experiment in Canada found that participants who saw “high in” nutrient warning labels purchased less calories, sugar, and saturated fat from beverages and less calories and sodium from foods, compared to participants who saw no FOP label.⁷² These reductions were further enhanced in conditions with taxes on sugary drinks or snacks. Warning labels outperformed traffic light, Health Star, and nutrition grade (ie, Nutri-Score) labels.
- ▶ In Brazil, studies have found that warning labels significantly outperform traffic light labels and GDAs in capturing consumers’ attention; improving their ability to identify healthier products and products high in nutrients of concern; and increasing their intention to buy a relatively healthier option.^{73,74} Compared to only an ingredient list and a nutrition facts panel, the presence of warning labels improved understanding and perceptions of a product’s nutrient profile, and was particularly helpful for identify nutrients in excess.⁷⁵
- ▶ A large survey of parents from four Latin American countries found that the most vulnerable parents (i.e., those with low education and overweight) preferred a warning label FOP system over GDAs or traffic light labels.⁷⁶
- ▶ A survey of adults from Mexico and the United States (White and Latino) compared consumers’ understanding of four FOP label types — warning labels, GDAs, multiple traffic lights, and Health Star Ratings — and a nutrition facts table. Warning labels were the easiest for subjects to understand: Subjects were 4.8 times more likely to report understanding the warning label compared to the nutrition facts table.⁷⁷
- ▶ A survey of low- and middle-income Mexican consumers similarly found that warning labels outperformed both traffic light and GDA labels for consumer understanding: The odds of subjects correctly identifying a product with the lowest nutritional quality was 4.5 times greater for warning labels compared to GDAs.⁷⁷
- ▶ A report from the Health Evidence Network based on evidence from 15 countries in the WHO European Region concluded that a FOP label system that is 1) mandatory; 2) provides negative, evaluative judgments; and 3) is consistent, government-led, and applied widely across all products is a more effective way to support consumers in making healthier choices.⁷⁸

Momentum is building behind FOP warning label policies in countries around the world:

- ▶ Peru, Uruguay, and Mexico have recently enacted policies requiring FOP warning labels similar to Chile’s (black-and-white stop sign warnings);⁷⁹⁻⁸²
- ▶ Canada, South Africa, and Colombia are currently developing FOP warning label policies;^{83,84} and
- ▶ In 2020, Israel implemented a policy requiring negative warning labels for products high in sugar, sodium, or fat as well as a voluntary, positive label for products that meet very high nutrition standards (*right*).^{85,86} It remains to be seen how this unique approach will compare in effectiveness to the stop sign warning label systems implemented in Latin American countries.



Evidence from the world's first mandatory FOP warning label policy in Chile:

Since Chile's FOP warning labels began appearing on packages in 2016 (*right*), they have contributed to shifts in social norms and behaviors around purchasing healthier foods and drinks as well as healthier product reformulation. Chilean consumers are aware of and understand the labels, and they are using them to make food purchase decisions.

- ▶ Focus groups with low- and middle-income mothers suggest profound changes in attitudes toward food purchases, driven both by knowledge mothers gained from seeing these labels and by children telling their mothers not to purchase unhealthy products with warning labels.^{87,88}
- ▶ Consumers in Chile understand that increasing numbers of warning labels on a package means that the product is less healthy and poorer choice than options with fewer or no warning labels.⁸⁹
- ▶ In conjunction with other Chilean health regulations including a sugary drink tax and restrictions on junk food marketing to children, Chile's FOP warning label policy has been associated with a roughly 24% drop in sugary drink purchases in the year following implementation.⁹⁰
- ▶ An evaluation comparing the nutritional profiles of products before and after the first year under Chile's FOP and other regulations found significant reductions in the proportion of products that would be required to carry "high in" sugar and sodium warning labels due to excessive content of those nutrients, suggesting that companies reformulated products to improve their health profile and avoid the FOP warning label requirement.⁶¹



Ministry of Health, Santiago, Chile

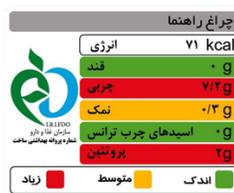
Warning labels outperform other FOP label types

Traffic Light Labels (TLLs)

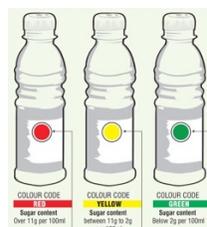
TLLs use green, amber, and red colors to indicate whether a product has low, moderate, or high levels of nutrients of concern. TLLs can vary in complexity and appearance, as shown below in the mandatory labels from Ecuador, Iran, and Sri Lanka and the voluntary TLL-GDA hybrid used in the United Kingdom.



ECUADOR



IRAN



SRI LANKA

Each 1/2 pack serving contains

MED	LOW	MED	HIGH	MED
Calories	Sugar	Fat	Sat Fat	Salt
353	0.9g	20.3g	10.8g	1.1g
18%	1%	29%	54%	18%

of your guideline daily amount
UNITED KINGDOM
(voluntary)

Experiments comparing different label types have found that while TLLs test moderately well for outcomes such as consumer liking/acceptability, understanding, and improving behavioral intentions,⁶² they are still generally outperformed by warning labels in these experimental outcomes and, importantly, in changing actual purchase behaviors.^{63,90,91} TLLs can also confuse consumers by sending unclear messages about whether a product contains excessive amounts of added sugar, sodium, or saturated fats.^{73,77,92}

- ▶ A 2017 study comparing different label types found that TLLs and GDAs were both worse than warning labels at helping consumers identify products with high content of unhealthy nutrients and that consumers perceived products with warning labels as less healthy than the same products featuring TLLs or GDAs.⁶⁹
- ▶ Another 2017 study comparing Uruguyan children’s perceptions of foods with TLLs vs warning labels found that warning labels had greater relative impact on children’s food choices.⁷⁰
- ▶ Qualitative research in Mexico found that TLLs confused consumers, who found the multiple colors difficult to compare across products and the intermediate/ amber color particularly hard to interpret.⁹²
- ▶ In 2014, Ecuador implemented a mandatory TLL for packaged, processed food products.⁷⁹ Evidence thus far indicates that despite most consumers’ awareness and understanding of the label, it has not led to the changes in purchase behaviors observed under Chile’s warning label policy:
 - Data from Ecuador’s 2018 National Health and Nutrition Survey indicate that while 79% of the nearly 41,000 participants reported to be aware of the country’s TLL — of whom 88% said they understood the label —only 21% reported actually using the TLL to inform their food purchases.⁹³
 - Two studies examined consumer purchases in the first year of regulation and found no evidence that TLLs significantly affected households’ carbonated soft drink-buying habits.^{91,94}
 - One study found evidence of modest product reformulation in the first year of Ecuador’s TLL policy, with an observed average reduction of 0.93 grams sugar per 100 mL of beverage.⁹⁴

Nutri-Score

Introduced as a voluntary label in France in 2017 and since taken up in a handful of other European countries, the Nutri-Score label (*right*) uses a color spectrum similar to TLLs along with letter grades to provide a summary indicator of product healthiness. The summary score is based on a nutrient profiling model that takes into account product ingredients’ health risks as well as benefits (ie, a product’s fiber, protein, or fruit, vegetable, legume, nut, or healthy oil content).⁹⁵



Like TLLs, Nutri-Score labels have tested relatively well in surveys and laboratory experiments in terms of consumer acceptability and ability to correctly rank the healthiness of a given product set,^{62,96-100} but a large field experiment prior to the label’s adoption in France indicated that these measures of success in experimental settings may not necessarily translate into meaningful changes in consumer behaviors, particularly with regard to reducing consumption of unhealthy, ultra-processed foods and beverages:

- A 2016 field experiment examined changes in the nutrient profile of food purchases after placing Nutri-Score labels (and three other FOP label types competing for adoption in France) on real foods in four product categories across 60 French supermarkets.¹⁰¹

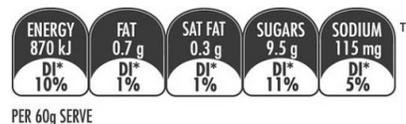
While the Nutri-Score label was associated with a 14% increase in the nutritional profile of purchases from the healthiest product categories (namely fresh, prepared foods), it had no impact on the nutritional profile of purchases from less-healthy categories. The label’s net effect was a modest improvement of 2.5% in the average nutritional score of purchases.

Notably, effect sizes observed in the study were 17 times smaller on average than those found in comparable laboratory studies, highlighting the importance of studying real-world effects of FOP labeling policies.¹⁰¹

Studies have not yet examined the real-world impact of Nutri-Score labels on purchase patterns, consumption, or product reformulation in the countries where they are now in use. It is also not yet known how widely food companies are choosing to apply the voluntary label and whether coverage differs by product category (eg, used more for healthy products vs. unhealthy products).

Industry-endorsed, voluntary FOP labels are not effective

The most common FOP system in use globally is industry's voluntary Guideline Daily Amounts (GDAs, also called "Facts Up Front," Reference Intakes, or Daily Intake Guides, depending on region).¹⁰²⁻¹⁰⁵ GDA-style labels were developed by grocery manufacturing and distribution associations in the UK and US and later adopted with slight variations by industry associations in many other countries, despite little to no evidence of positive impact for consumers.¹⁰⁶ In the US, the 2011 introduction of "Facts Up Front" labelling by the Grocery Manufacturers Association was viewed by health experts as a strategic — and successful — maneuver to pre-empt ongoing government development of a mandatory FOP labelling policy.^{107,108}



GDA-style labels typically display nutrient content per serving (not necessarily per package) for nutrients such as calories, saturated fat, sugars, and sodium, as well as the percentage of an average adult's recommended daily intake for each nutrient. Despite their ubiquity, these labels are generally regarded as unhelpful or confusing for customers.

Limitations of the GDA/DIG/"Facts Up Front" label approach include:¹⁰⁹

- Benchmark values are not based on international nutrition recommendations and are calculated using an average adult's intake, even on products specifically targeted to children or that are consumed by children;
- GDA labels are displayed in arbitrary serving sizes — making it difficult for consumers to compare different products in the same category — and are smaller than what people realistically consume;
- Serving sizes are also graphically displayed in very small type, which could lead shoppers to think that label values refer to the full package contents;
- The nutrients included in a GDA label are inconsistent across products. For example, a product with very high sugar content may only feature a GDA label for calories.
- When fiber and micronutrients are included in the label, companies present percentages of *minimum* recommended intakes, whereas for sugars, fats, saturated fats, and sodium, they present percentages of *upper* consumption limits;
- Properly interpreting a GDA label takes more time most shoppers spend reading a nutritional label, and requires a high level of nutrition knowledge and mathematical skills.

GDAs perform poorly compared to other FOP labelling systems:

- ▶ Independent studies comparing GDA-style labels with other systems (e.g., multiple traffic lights, the Nutri-Score system, Choices International, HealthStar Rating, and warning labels) consistently find that GDAs are the most confusing, take the most time for shoppers to evaluate, and are ultimately the least effective for encouraging consumers to make healthier choices.^{74,77,110-117}
- ▶ Studies in Mexico, Uruguay, Mexico, Ecuador, Chile, and Brazil have all found GDAs to be the weakest of any labelling system currently used in Latin America.^{51,65,70,92,109,115,118-120}
- ▶ In Mexico, studies show that consumers across age, education, and income groups have a hard time understanding GDA labels and do not use GDAs to make food choices.^{77,92,109,121,122}
- ▶ Eye-tracking studies from the United States, Uruguay, and Chile found that compared to warning labels, GDAs are less effective at getting consumers' attention, harder to process, and worse at helping to identify unhealthy products.^{64,65,123}
- ▶ Studies in Australia and New Zealand found that GDAs (referred to there as Daily Intake Guides) were least preferred by consumers and least helpful for discriminating between healthy and unhealthy products, compared to traffic light and Health Star Rating labels.^{124,125}
- ▶ In the United Kingdom, introduction of GDA labels did not affect shoppers' product choices among yogurts and ready-meals.¹²⁶
- ▶ Companies often place GDAs on packages alongside other, more prominent labelling and marketing such as nutrient or health claims, which further confuses consumers.^{48-50,127}

Key elements for developing an effective FOP labelling system

- ▶ Developing or selecting a **strong nutrient profiling model** is a key first step toward creating the FOP label policy.¹²⁸⁻¹³⁰ The model should set clear and meaningful nutritional criteria to determine which products must carry labels.
- ▶ FOP labels should be **immediately and easily visible on the package**. Sizing and placement specifications should be made clear in the regulation. For example, the Chilean FOP policy sets specific size requirements for a wide range of packaging formats — from bubble gum to breakfast cereal — and offers a good starting point for other countries to consider.
- ▶ Label **designs should be simple and clear**:
 - Simple FOP labels enhance understanding and use of nutrition information, especially for consumers with less education and nutrition knowledge.^{55,131,132}
 - Interpretive FOP labels work by using simple colors, icons, and language to draw attention to key nutrition information, facilitate rapid comprehension, encode information into working memory, and make it easier to discriminate between healthy and less healthy options.^{55,132-135}
- ▶ A strong FOP label system must be **mandatory for all companies and apply to all product types**. Evidence indicates that applying a label to only some products can lead to misleading perceptions of the healthfulness.¹³⁶ Voluntary labelling systems can lead to multiple types of logos and labels, which increases confusion and decreases the usefulness of the logos.
- ▶ Ideally, where FOP warning labels are required, **health and nutrition claims should be prohibited**. Product packages that feature both warning labels and positive claims confuse consumers.
- ▶ **Endorsement of a FOP label by government or scientific organizations** increases credibility.⁵⁵
- ▶ **Criteria for the labels should be made public** in advance to educate consumers and manufacturers and to encourage product reformulation.⁵⁹ Industry should be allowed to comment publicly on the criteria but should not be permitted to intervene in its development.



1. Reardon T, Timmer CP, Barrett CB, Berdegue JA. The rise of supermarkets in Africa, Asia, and Latin America. *American Journal of Agricultural Economics*. 2003;85:1140-1146.
2. Reardon T, Timmer CP, Minten B. Supermarket revolution in Asia and emerging development strategies to include small farmers. *Proceedings of the National Academy of Sciences*. 2012;109(31):12332-12337.
3. Popkin BM. Nutrition, agriculture and the global food system in low and middle income countries. *Food Policy*. 2014;47:91-96.
4. Zhou Y, Du S, Su C, Zhang B, Wang H, Popkin BM. The food retail revolution in China and its association with diet and health. *Food Policy*. 2015;55:92-100.
5. Popkin BM, Reardon T. Obesity and the food system transformation in Latin America. *Obesity Reviews*. 2018;19(8):1028-1064.
6. Anand SS, Hawkes C, de Souza RJ, et al. Food Consumption and its Impact on Cardiovascular Disease: Importance of Solutions Focused on the Globalized Food System: A Report From the Workshop Convened by the World Heart Federation. *Journal of the American College of Cardiology*. 2015;66(14):1590-1614.
7. Imamura F, Micha R, Khatibzadeh S, et al. Dietary quality among men and women in 187 countries in 1990 and 2010: a systematic assessment. *The Lancet Global Health*. 2015;3(3):e132-e142.
8. Popkin BM, Adair LS, Ng SW. Global nutrition transition and the pandemic of obesity in developing countries. *Nutrition Reviews*. 2012;70(1):3-21.
9. Monteiro CA, Moubarac JC, Cannon G, Ng SW, Popkin B. Ultra-processed products are becoming dominant in the global food system. *Obesity Reviews*. 2013;14:21-28.
10. Pries AM, Huffman SL, Adhikary I, et al. High consumption of commercial food products among children less than 24 months of age and product promotion in Kathmandu Valley, Nepal. *Maternal & Child Nutrition*. 2016;12:22-37.
11. Pries AM, Huffman SL, Mengkheang K, et al. High use of commercial food products among infants and young children and promotions for these products in Cambodia. *Maternal & Child Nutrition*. 2016;12:52-63.
12. Feeley AB, Ndeye Coly A, Sy Gueye NY, et al. Promotion and consumption of commercially produced foods among children: situation analysis in an urban setting in Senegal. *Maternal & Child Nutrition*. 2016;12:64-76.
13. Marriott BM, Campbell L, Hirsch E, Wilson D. Preliminary data from demographic and health surveys on infant feeding in 20 developing countries. *The Journal of nutrition*. 2007;137(2):518S-523S.
14. World Health Organization. Guideline: Sugars Intake for Adults and Children. In: Geneva 2015.
15. World Cancer Research Fund International. Curbing global sugar consumption: Effective food policy actions to help promote healthy diets and tackle obesity. 2015. <http://www.wcrf.org/int/policy/our-policy-work/curbing-global-sugar-consumption>.
16. U.S. Department of Health and Human Services and the U.S. Department of Agriculture. Scientific Report of the 2015 Dietary Guidelines Advisory Committee. 2015.
17. Report of a WHO Forum and Technical Meeting. Reducing Salt Intake in Populations. 2006.
18. WHO/FAO. Diet, nutrition and the prevention of chronic diseases: Report of a joint WHO/FAO expert consultation. Technical Report Series 916. 2003.
19. Malik VS, Popkin BM, Bray GA, Despres JP, Willett WC, Hu FB. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. *Diabetes Care*. 2010;33(11):2477-2483.
20. Malik VS, Popkin BM, Bray GA, Despres JP, Hu FB. Sugar-sweetened beverages, obesity, type 2 diabetes mellitus, and cardiovascular disease risk. *Circulation*. 2010;121(11):1356-1364.
21. Malik M, Razig SA. The Prevalence of the Metabolic Syndrome among the Multiethnic Population of the United Arab Emirates: A Report of a National Survey. *Metab Syndr Relat Disord*. 2008.
22. Ebbeling CB, Feldman HA, Chomitz VR, et al. A Randomized Trial of Sugar-Sweetened Beverages and Adolescent Body Weight. *New England Journal of Medicine*. 2012;0(0):null.
23. Morenga, Lisa Te, Mallard, Simonette, Mann Jim. Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ*. 2013;346.
24. Morenga LAT, Howatson AJ, Jones RM, Mann J. Dietary sugars and cardiometabolic risk: systematic review and meta-analyses of randomized controlled trials of the effects on blood pressure and lipids. *The American Journal of Clinical Nutrition*. 2014;100(1):65-79.
25. Institute of Medicine Committee on Accelerating Progress in Obesity Prevention. *Measuring Progress in Obesity Prevention: Workshop Report*. The National Academies Press; 2012.
26. Institute of Medicine. *Food Marketing to Children and Youth: Threat or Opportunity?* : The National Academies Press; 2006.
27. Johnson RK, Appel LJ, Brands M, et al. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation*. 2009;120(11):1011-1020.
28. Pan American Health Organization. *Plan of Action for the Prevention of Obesity in Children and Adolescents*. 2014.
29. Graudal NA, Hubeck-Graudal T, Jürgens G. Effects of low-sodium diet vs. high-sodium diet on blood pressure, renin, aldosterone, catecholamines, cholesterol, and triglyceride (Cochrane Review). *American journal of hypertension*. 2012;25(1):1-15.
30. Barquera S, Campos-Nonato I, Hernández-Barrera L, Pedroza A, J R-D. Obesity in Mexican adults: results of Mexican National Health and Nutrition Survey 2012. *Salud Publica Mex*. 2013;55:(in press).
31. Mozaffarian D, Fahimi S, Singh GM, et al. Global sodium consumption and death from cardiovascular causes. *New England Journal of Medicine*. 2014;371(7):624-634.
32. Graudal N, Jürgens G, Baslund B, Alderman MH. Compared with usual sodium intake, low-and excessive-sodium diets are associated with increased mortality: a meta-analysis. *American journal of hypertension*. 2014;27(9):1129-1137.
33. Imamura F, Micha R, Wu JH, et al. Effects of saturated fat, polyunsaturated fat, monounsaturated fat, and carbohydrate on glucose-insulin homeostasis: a systematic review and meta-analysis of randomised controlled feeding trials. *PLoS Med*. 2016;13(7):e1002087.
34. Mozaffarian D, Micha R, Wallace S. Effects on coronary heart disease of increasing polyunsaturated fat in place of saturated fat: a systematic review and meta-analysis of randomized controlled trials. *PLoS Med*. 2010;7(3):e1000252.
35. Skeaff CM, Miller J. Dietary fat and coronary heart disease: summary of evidence from prospective cohort and randomised controlled trials. *Annals of nutrition & metabolism*. 2009;55(1-3):173-201.
36. Popkin BM, Hawkes C. Sweetening of the global diet, particularly beverages: patterns, trends, and policy responses. *Lancet Diabetes Endocrinol*. 2016;4(2):174-186.
37. Ng M, Fleming T, Robinson M, et al. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*. 2014;384(9945):766-781.
38. Singh GM, Micha R, Khatibzadeh S, et al. Global, Regional, and National Consumption of Sugar-Sweetened Beverages, Fruit Juices, and Milk: A Systematic Assessment of Beverage Intake in 187 Countries. *PLoS ONE*. 2015;10(8):e0124845.
39. Aboderin I, Kalache A, Ben-Shlomo, Y., Lynch, J.W., Yajnik, C.S., Kuh, D., Yach, D *Life Course Perspectives on Coronary Heart Disease, Stroke and Diabetes: Key Issues and Implications for Policy and Research*. WHO/NMH/NPH/02.1. Geneva: World Health Organization; 2002.
40. World Health Organization. Obesity and overweight. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>. Published 2020. Accessed May 2, 2020.
41. WHO Commission on Ending Childhood Obesity. Report of the WHO Commission on Ending Childhood Obesity. 2016.
42. World Health Organization. Global strategy on diet, physical activity and health. 2004.
43. World Cancer Research Fund, American Institute for Cancer Research. Food, nutrition, physical activity and the prevention of cancer: a global perspective. 2007.
44. Poti JM, Mendez MA, Ng SW, Popkin BM. Is the degree of food processing and convenience linked with the nutritional quality of foods purchased by US households? *The American Journal of Clinical Nutrition*. 2015;99(1):162-171.
45. Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. *Public health nutrition*. 2005;8(1):21-28.
46. Rothman RL, Housam R, Weiss H, et al. Patient understanding of food labels: the role of literacy and numeracy. *American journal of preventive medicine*. 2006;31(5):391-398.
47. Wartella EA, Lichtenstein AH, Boon CS, Editors, eds. *Examination of Front-of-Package Nutrition Rating Systems and Symbols: Phase 1 Report*. Washington DC: National Academy Press; 2010. Committee on Examination of Front-of-Package Nutrition Ratings Systems and Symbols; Institute of Medicine
48. Abrams KM, Evans C, Duff BR. Ignorance is bliss. How parents of preschool children make sense of front-of-package visuals and claims on food. *Appetite*. 2015;87:20-29.
49. Andrews JC, Burton S, Netemeyer RG. Are some comparative nutrition claims misleading? The role of nutrition knowledge, ad claim type and disclosure conditions. *Journal of Advertising*. 2000;29(3):29-42.
50. Sundar A, Kardes FR. The role of perceived variability and the health halo effect in nutritional inference and consumption. *Psychology & Marketing*. 2015;32(5):512-521.
51. Tórtora G, Machin L, Ares G. Influence of nutritional warnings and other label features on consumers' choice: Results from an eye-tracking study. *Food Research International*. 2019;119:605-611.
52. Mandle J, Tugendhaft A, Michalow J, Hofman K. Nutrition labelling: a review of research on consumer and industry response in the global South. *Global Health Action*. 2015;8:10.3402/gha.v3408.25912.

53. Vyth EL, Steenhuis IH, Vlot JA, et al. Actual use of a front-of-pack nutrition logo in the supermarket: consumers' motives in food choice. *Public health nutrition*. 2010;13(11):1882-1889.
54. Roodenburg A, Popkin B, Seidell J. Development of international criteria for a front of package nutrient profiling system: international Choices Programme. *European Journal of Clinical Nutrition* 2011. Published doi:10.1038/ejcn.2011.101.
55. Feunekes GJJ, Gortemaker IA, Willems AA, Lion R, van den Kommer M. Front-of-pack nutrition labelling: Testing effectiveness of different nutrition labelling formats front-of-pack in four European countries. *Appetite*. 2008;50(1):57-70.
56. Hamlin RP, McNeill LS, Moore V. The impact of front-of-pack nutrition labels on consumer product evaluation and choice: an experimental study. *Public health nutrition*. 2014:1-9.
57. Ares G, Varela F, Machin L, et al. Comparative performance of three interpretative front-of-pack nutrition labelling schemes: Insights for policy making. *Food Quality and Preference*. 2018.
58. Corvalán C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: the Chilean Law of Food Labeling and Advertising. *Obesity Reviews*. 2013;14:79-87.
59. Vyth EL, Steenhuis I, Roodenburg A, Brug J, Seidell JC. Front-of-pack nutrition label stimulates healthier product development: a quantitative analysis. *Int J Behav Nutr Phys Act*. 2010;7:65.
60. Shangquan S, Afshin A, Shulkin M, et al. A Meta-Analysis of Food Labeling Effects on Consumer Diet Behaviors and Industry Practices. *American journal of preventive medicine*. 2019;56(2):300-314.
61. Reyes M, Smith Taillie L, Popkin B, Kanter R, Vandevijvere S, Corvalán C. Changes in the amount of nutrient of packaged foods and beverages after the initial implementation of the Chilean Law of Food Labelling and Advertising: A nonexperimental prospective study. *PLoS Medicine*. 2020;17(7):e1003220.
62. Taillie LS, Hall MG, Popkin BM, Ng SW, Murukutla N. Experimental Studies of Front-of-Package Nutrient Warning Labels on Sugar-Sweetened Beverages and Ultra-Processed Foods: A Scoping Review. *Nutrients*. 2020;12(2):569.
63. Croker H, Packer J, Russell SJ, Stansfield C, Viner RM. Front of pack nutritional labelling schemes: a systematic review and meta-analysis of recent evidence relating to objectively measured consumption and purchasing. *Journal of Human Nutrition and Dietetics*. 2020;n/a(n/a).
64. Centurión M, Machin L, Ares G. Relative Impact of Nutritional Warnings and Other Label Features on Cereal Bar Healthfulness Evaluations. *Journal of Nutrition Education and Behavior*. 2019.
65. Alonso-Dos-Santos M, Quilodrán Ulloa R, Salgado Quintana Á, Viguera Quijada D, Fariás Nazel P. Nutrition labelling schemes and the time and effort of consumer processing. *Sustainability*. 2019;11(4):1079.
66. Machin L, Curutchet MR, Giménez A, Aschemann-Witzel J, Ares G. Do nutritional warnings do their work? Results from a choice experiment involving snack products. *Food Quality and Preference*. 2019;77:159-165.
67. Roberto CA, Wong D, Musicus A, Hammond D. The Influence of Sugar-Sweetened Beverage Health Warning Labels on Parents' Choices. *Pediatrics*. 2016.
68. Bollard T, Maubach N, Walker N, Ni Mhurchu C. Effects of plain packaging, warning labels, and taxes on young people's predicted sugar-sweetened beverage preferences: an experimental study. *International Journal of Behavioral Nutrition and Physical Activity*. 2016;13(1):95.
69. Arrúa A, Machin L, Curutchet MR, et al. Warnings as a directive front-of-pack nutrition labelling scheme: comparison with the Guideline Daily Amount and traffic-light systems. *Public health nutrition*. 2017;20(13):2308-2317.
70. Arrúa A, Curutchet MR, Rey N, et al. Impact of front-of-pack nutrition information and label design on children's choice of two snack foods: Comparison of warnings and the traffic-light system. *Appetite*. 2017;116:139-146.
71. Acton RB, Hammond D. Do Consumers Think Front-of-Package "High in" Warnings are Harsh or Reduce their Control? A Test of Food Industry Concerns. *Obesity*. 2018;26(11):1687-1691.
72. Acton RB, Jones AC, Kirkpatrick SI, Roberto CA, Hammond D. Taxes and front-of-package labels improve the healthiness of beverage and snack purchases: a randomized experimental marketplace. *International Journal of Behavioral Nutrition and Physical Activity*. 2019;16(1):46.
73. Khandpur N, Sato PdM, Mais LA, et al. Are front-of-package warning labels more effective at communicating nutrition information than traffic-light labels? A randomized controlled experiment in a Brazilian sample. *Nutrients*. 2018;10(6):688.
74. Deliza R, de Alcántara M, Pereira R, Ares G. How do different warning signs compare with the guideline daily amount and traffic-light system? *Food Quality and Preference*. 2020;80:103821.
75. Khandpur N, Mais LA, de Moraes Sato P, et al. Choosing a front-of-package warning label for Brazil: A randomized, controlled comparison of three different label designs. *Food Research International*. 2019;121:854-861.
76. Patino SRG, Carriedo Á, Tolentino-Mayo L, et al. Front-of-pack warning labels are preferred by parents with low education level in four Latin American countries. *World Nutrition*. 2019;10(4):11-26.
77. Vargas-Meza J, Jáuregui A, Contreras-Manzano A, Nieto C, Barquera S. Acceptability and understanding of front-of-pack nutritional labels: an experimental study in Mexican consumers. *BMC Public Health*. 2019;19(1):1751.
78. Kelly B, Jewell J. What is the evidence on the policy specifications, development processes and effectiveness of existing front-of-pack food labelling policies in the WHO European Region? World Health Organization, Health Evidence Network, Health Evidence Network synthesis report 61 Web site. <http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/2018/what-is-the-evidence-on-the-policy-specifications-development-processes-and-effectiveness-of-existing-front-of-pack-food-labelling-policies-in-the-who-european-region-2018>. Published 2018. Accessed March 4, 2019.
79. World Cancer Research Fund International. NOURISHING database: Nutrition label standards and regulations on the use of claims and implied claims on food. https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=0#step3=309. Published 2020. Accessed August 7, 2020.
80. Michail N. Warning labels set to enter into force in Uruguay: Is your product compliant? <https://www.foodnavigator-latam.com/Article/2020/02/24/Warning-labels-set-to-enter-into-force-in-Uruguay>. Published 2020. Accessed August 7, 2020.
81. Ministerio de Salud Pública. Executive Decree No. 272/018. https://medios.presidencia.gub.uy/legal/2018/decretos/08/cons_min_705.pdf. Published 2018. Accessed August 7, 2020.
82. Secretaría de Economía. MODIFICACIÓN a la Norma Oficial Mexicana NOM-051-SCFI/SSA1-2010, Especificaciones generales de etiquetado para alimentos y bebidas no alcohólicas preenvasados (Amendment to Official Mexican Standard NOM-051-SCFI/SSA1-2010, General labelling specifications for prepackaged food and non-alcoholic beverages). In: Economía Sd, ed. Ciudad de México: Diario Oficial de la Federación; 2020.
83. Tswana Y. Warning labels planned for junk food. Independent Online. <https://www.iol.co.za/capetimes/news/warning-labels-planned-for-junk-food-19547471>. Published 2019. Accessed August 7, 2020.
84. Michail N. Colombian government and food industry reveal mandatory warning label design. <https://www.foodnavigator-latam.com/Article/2020/03/02/Colombian-government-and-food-industry-reveal-mandatory-warning-label-design#>. Published 2020. Accessed August 7, 2020.
85. Endevelt R, Itamar Grotto, Rivka Sheffer, Rebecca Goldsmith, Maya Golan, Joseph Mendlovic, Moshe Bar-Siman-Tov. Policy and practice - Regulatory measures to improve the built nutrition environment for prevention of obesity and related morbidity in Israel. *Public Health Panorama*. 2017;3(4):567-575.
86. Southey F. Israel: 'New opportunities' for reformulation as gov't imposes HFSS warnings front-of-pack. Food Navigator. https://www.foodnavigator.com/Article/2020/01/27/Israel-introduces-mandatory-HFSS-warnings-front-of-pack?utm_source=copyright&utm_medium=OnSite&utm_campaign=copyright. Published 2020. Accessed August 7, 2020.
87. Corvalán C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: Update on the Chilean law of food labelling and advertising. *Obesity Reviews*. 2019;20(3):367-374.
88. Correa T, Fierro C, Reyes M, Dillman Carpentier FR, Taillie LS, Corvalán C. Responses to the Chilean law of food labeling and advertising: exploring knowledge, perceptions and behaviors of mothers of young children. *International Journal of Behavioral Nutrition and Physical Activity*. 2019;16(1):21.
89. Uribe R, Manzur E, Cornejo C. Varying the Number of FOP Warnings on Hedonic and Utilitarian Food Products: Evidence from Chile. *Journal of Food Products Marketing*. 2020;26(2):123-143.
90. Taillie LS, Reyes M, Colchero MA, Popkin B, Corvalán C. An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before-and-after study. *PLoS Medicine*. 2020;17(2):e1003015.
91. Sandoval LA, Carpio CE, Sanchez-Plata M. The effect of 'Traffic-Light' nutritional labelling in carbonated soft drink purchases in Ecuador. *PLoS one*. 2019;14(10).
92. De la Cruz-Góngora V, Torres P, Contreras-Manzano A, et al. Understanding and acceptability by Hispanic consumers of four front-of-pack food labels. *International Journal of Behavioral Nutrition and Physical Activity*. 2017;14(1):28.
93. Radosevich A, Mendes FdC, Villegas R, Mora-García G, García-Larsen V. Awareness, Understanding and Use of the 'Traffic Light' FOP Labelling Policy and Educational Level in Ecuador – Findings from the National Nutrition Survey 2018. *Current Developments in Nutrition*. 2020;4(Supplement_2):1731-1731.
94. Peñaherrera V, Carpio C, Sandoval L, et al. Effect of traffic-light labeling on nutritional content and on consumption of carbonated beverages in Ecuador Efecto da rotulagem nutricional com modelo de semáforo no consumo de refrigerantes

- no Ecuador. *Revista Panamericana de Salud Publica= Pan American Journal of Public Health*. 2018;42:e177-e177.
95. Sante Publique France. Nutri-Score Frequently Asked Questions. https://www.santepubliquefrance.fr/content/download/150263/file/QR_scientifique_technique_EN_12052020.pdf. Published 2020. Accessed August 25, 2020.
 96. Dréano-Trécant L, Egnell M, Hercberg S, et al. Performance of the Front-of-Pack Nutrition Label Nutri-Score to Discriminate the Nutritional Quality of Foods Products: A Comparative Study across 8 European Countries. *Nutrients*. 2020;12(5):1303.
 97. Fialon M, Egnell M, Talati Z, et al. Effectiveness of Different Front-of-Pack Nutrition Labels among Italian Consumers: Results from an Online Randomized Controlled Trial. *Nutrients*. 2020;12(8):2307.
 98. Egnell M, Galan P, Farpour-Lambert NJ, et al. Compared to other front-of-pack nutrition labels, the Nutri-Score emerged as the most efficient to inform Swiss consumers on the nutritional quality of food products. *PLOS ONE*. 2020;15(2):e0228179.
 99. Vandevijvere S, Vermote M, Egnell M, et al. Consumers' food choices, understanding and perceptions in response to different front-of-pack nutrition labelling systems in Belgium: results from an online experimental study. *Archives of Public Health*. 2020;78:1-9.
 100. Andreeva VA, Egnell M, Handjieva-Darlenska T, et al. Bulgarian consumers' objective understanding of front-of-package nutrition labels: a comparative, randomized study. *Archives of Public Health*. 2020;78(1):35.
 101. Dubois P, Albuquerque P, Allais O, et al. Effects of front-of-pack labels on the nutritional quality of supermarket food purchases: evidence from a large-scale randomized controlled trial. *Journal of the Academy of Marketing Science*. 2020:1-20.
 102. Food and Drink Federation. Guideline Daily Amounts. http://www.foodlabel.org.uk/label/gda_values.aspx. Accessed Aug 28th, 2019.
 103. FactsUpFront.org. Facts Up Front. <http://www.factsupfront.org/>. Accessed May 14, 2020.
 104. Grocery Manufacturers Association. Facts Up Front. <http://www.factsupfront.org/AboutUs.html>. Accessed Aug 28th, 2019.
 105. Australian Food and Grocery Council. Daily Intake Guide. <https://www.afgc.org.au/wp-content/uploads/2019/06/AFGC-Best-Practice-Guide-DIG-Style-Guide-June-2016.pdf>. Published 2016. Accessed Aug 28th, 2019.
 106. International Food and Beverage Alliance. Our Commitments: Nutrition Information – Front of pack labelling systems. https://ifballiance.org/uploads/commitment/commitmentPdfActions/59ea19f740bd7_Front%20of%20pack%20labelling%20systems.pdf. Published 2017. Accessed June 28, 2020.
 107. Nestle M. Public Health Implications of Front-of-Package Labels. *American journal of public health*. 2018;108(3):320-321.
 108. Center for Science in the Public Interest. "Facts Up Front" is Marketing, Not Nutrition Labeling: Statement of CSPI Executive Director Michael Jacobson. <https://cspinet.org/new/201403031.html>. Published 2014. Accessed June 28, 2020.
 109. Stern D TL, Barquera S. . *Revisión del etiquetado frontal: análisis de las Guías Diarias de Alimentación (GDA) y su comprensión por estudiantes de nutrición de México*. Cuernavaca, México 2011.
 110. Ducrot P, Julia C, Mejean C, et al. Impact of Different Front-of-Pack Nutrition Labels on Consumer Purchasing Intentions: A Randomized Controlled Trial. *Am J Prev Med*. 2016;50(5):627-636.
 111. Siegrist M, Leins-Hess R, Keller C. Which front-of-pack nutrition label is the most efficient one? The results of an eye-tracker study. *Food Quality and Preference*. 2015;39:183-190.
 112. Julia C, Péneau S, Buscaïl C, et al. Perception of different formats of front-of-pack nutrition labels according to sociodemographic, lifestyle and dietary factors in a French population: cross-sectional study among the NutriNet-Santé cohort participants. *BMJ Open*. 2017;7(6):e016108.
 113. Ducrot P, Méjean C, Julia C, et al. Effectiveness of Front-Of-Pack Nutrition Labels in French Adults: Results from the NutriNet-Santé Cohort Study. *PLoS ONE*. 2015;10(10):e0140898.
 114. Neal B, Crino M, Dunford E, et al. Effects of different types of front-of-pack labelling information on the healthiness of food purchases—a randomised controlled trial. *Nutrients*. 2017;9(12):1284.
 115. Jáuregui A, Vargas-Meza J, Nieto C, et al. Impact of front-of-pack nutrition labels on consumer purchasing intentions: a randomized experiment in low- and middle-income Mexican adults. *BMC Public Health*. 2020;20(1):463.
 116. Temple NJ. Front-of-package food labels: A narrative review. *Appetite*. 2020;144:104485.
 117. Talati Z, Norman R, Pettigrew S, et al. The impact of interpretive and reductive front-of-pack labels on food choice and willingness to pay. *international journal of behavioral nutrition and physical activity*. 2017;14(1):171.
 118. Ares G, Aschemann-Witzel J, Curutchet MR, et al. Nutritional warnings and product substitution or abandonment: Policy implications derived from a repeated purchase simulation. *Food Quality and Preference*. 2018;65:40-48.
 119. Machin L, Aschemann-Witzel J, Curutchet MR, Gimenez A, Ares G. Does front-of-pack nutrition information improve consumer ability to make healthful choices? Performance of warnings and the traffic light system in a simulated shopping experiment. *Appetite*. 2018;121:55-62.
 120. Lima M, Ares G, Deliza R. How do front of pack nutrition labels affect healthfulness perception of foods targeted at children? Insights from Brazilian children and parents. *Food Quality and Preference*. 2018;64:111-119.
 121. Nieto C, Alcalde-Rabanal J, Mena C, Carriedo A, Barquera S. Perception of the use and understanding of nutrition labels among different socioeconomic groups in Mexico: a qualitative study. *salud pública de méxico*. 2020;62(3, may-jun):274-283.
 122. Nieto C, Jáuregui A, Contreras-Manzano A, et al. Understanding and use of food labeling systems among Whites and Latinos in the United States and among Mexicans: Results from the International Food Policy Study, 2017. *International Journal of Behavioral Nutrition and Physical Activity*. 2019;16(1):87.
 123. Popova L, Nonnemaker J, Taylor N, Bradfield B, Kim A. Warning Labels on Sugar-sweetened Beverages: An Eye Tracking Approach. *American Journal of Health Behavior*. 2019;43(2).
 124. Pettigrew S, Talati Z, Miller C, Dixon H, Kelly B, Ball K. The types and aspects of front-of-pack food labelling schemes preferred by adults and children. *Appetite*. 2017;109:115-123.
 125. Talati Z, Pettigrew S, Ball K, et al. The relative ability of different front-of-pack labels to assist consumers discriminate between healthy, moderately healthy, and unhealthy foods. *Food Quality and Preference*. 2017;59:109-113.
 126. Boztuğ Y, Juhl HJ, Elshiewy O, Jensen MB. Consumer response to monochrome Guideline Daily Amount nutrition labels. *Food Policy*. 2015;53:1-8.
 127. Talati Z, Pettigrew S, Hughes C, et al. The combined effect of front-of-pack nutrition labels and health claims on consumers' evaluation of food products. *Food Quality and Preference*. 2016;53:57-65.
 128. Pan American Health Organization. Pan American Health Organization Nutrient Profile Model. In. Washington DC: PAHO; 2016:32.
 129. WHO Regional Office for Europe. Nutrient Profile Model. In:2015:6.
 130. Poon T, Labonté M-É, Mulligan C, Ahmed M, Dickinson KM, L'Abbé MR. Comparison of nutrient profiling models for assessing the nutritional quality of foods: A validation study. *British Journal of Nutrition*. 2018;120(5):567-582.
 131. Grunert KG, Fernández-Celemin L, Wills JM, genannt Bonsmann SS, Nureeva L. Use and understanding of nutrition information on food labels in six European countries. *Journal of Public Health*. 2010;18(3):261-277.
 132. Kelly B, Hughes C, Chapman K, et al. Consumer testing of the acceptability and effectiveness of front-of-pack food labelling systems for the Australian grocery market. *Health Promotion International*. 2009;24(2):120-129.
 133. Becker MW, Bello NM, Sundar RP, Peltier C, Bix L. Front of pack labels enhance attention to nutrition information in novel and commercial brands. *Food Policy*. 2015;56:76-86.
 134. Bialkova S, van Trijp H. What determines consumer attention to nutrition labels? *Food Quality and Preference*. 2010;21(8):1042-1051.
 135. Antúnez L, Giménez A, Maiche A, Ares G. Influence of Interpretation Aids on Attentional Capture, Visual Processing, and Understanding of Front-of-Package Nutrition Labels. *Journal of Nutrition Education and Behavior*. 2015;47(4):292-299.e291.
 136. Andrews JC, Burton S, Kees J. Is simpler always better? Consumer evaluations of front-of-package nutrition symbols. *Journal of Public Policy & Marketing*. 2011;30(2):175-190.