


an increasing number of countries throughout the world, the French example needs to move beyond our national borders.

In particular, the French example shows the intense endeavor that any public policy in the field of nutrition may face to succeed, in a time when urgent action is needed to curb the burden of nutrition-related diseases in the world. **AJPH**

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Public Health Implications of Front-of-Package Labels

 See also Julia and Hercberg, p. 318.

Julia and Hercberg (p. 318) describe how the food industry follows the tobacco industry's "playbook" in fighting the French government's new front-of-package (FOP) labeling scheme, Nutri-Score. Because FOP labels are supposed to help consumers select healthier alternatives among processed food products, they raise industry and public health concerns. The food industry strongly opposes FOP schemes that might discourage sales of any of its products. But from a public health perspective, heavily processed (ultraprocessed) products are to be avoided, not only because they contain undesirable fats, sugars, and salt, but also because they are deliberately formulated to be habit forming, are relentlessly advertised (often to children), and induce troubling effects on global nutrition.¹ FOP schemes risk giving a health aura to only slightly "better-for-you" ultraprocessed foods.²

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Both authors contributed equally to this editorial.

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Nutri-Score assigns a letter and color on the basis of a summary of a food's healthful as well as unhealthful qualities. The system is voluntary: companies making low-scoring products can decide not to use it. Nevertheless, the French food industry used every means possible to block Nutri-Score and replace it with a version of industry-developed Guideline Daily Amounts (GDAs). The GDAs are a series of messy and difficult-to-understand boxes stating the amounts of fat, saturated fat, salt, and sugar per serving, along with percentages of an adult's daily reference intake. Food companies lobby hard for GDAs, although some seem willing to compromise on "traffic light" labels that resemble GDAs but assign red, yellow, or green colors on the basis of the levels of the nutrients to avoid. Nutri-Score is an improvement over both, but the warning labels used in Latin America are demonstrably more effective.³ Those in Chile warn consumers not to buy

products high in the nutrients of concern (Figure 1).

Nevertheless, the four-year battle over Nutri-Score's implementation should come as no surprise. In the United States, opposition to FOP labels started earlier. In 2008 or so, the Food and Drug Administration commissioned the Institute of Medicine to conduct two studies of FOP labels, the first in 2010 reviewing the strengths and weaknesses of the many systems then in use,⁴ and the second a year later recommending a system of stars or checks to indicate the undesirable nutrients.⁵ While those reports were in progress, the Grocery Manufacturers Association preempted the Food and Drug Administration's efforts by introducing its own version of the GDAs: Facts Up Front. The Food and Drug Administration conceded and shelved its FOP

initiative, saying nothing further about it since 2011.

Food industry opposition is evident everywhere FOP systems are proposed or in place, especially in Latin America.⁶ Peru, for example, is working on a warning label system similar to the one in Chile.⁷ By all reports, industry pressures to defeat or undermine these schemes have been ferocious, so much so that the director general of the World Health Organization, Tedros Ghebreyesus, wrote the president of Peru in December 2017 to support that country's labeling law and express concern about industry pressures to weaken its FOP provisions.

Will Nutri-Score help the public make healthier food choices? It might, although warning labels seem to be the most effective means of discouraging consumption of ultraprocessed food products. To date, the best evidence for how well FOP labels affect food choices is the intensity of food industry opposition. The fights over FOP labels—Nutri-Score

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This editorial was accepted December 15, 2017.
doi: 10.2105/AJPH.2017.304285



Source. Chile Ministry of Health.

FIGURE 1—Chile's Front-of-Package Labels Warn Consumers About Food Products High in Sodium, Calories, Sugar, and Saturated Fat

or warning labels versus GDAs—must be understood as a proxy for the conflict between food industry marketing imperatives

Why Words Matter

On December 15, 2017, the *Washington Post* reported that a set of seven words was allegedly banned in official Centers for Disease Control and Prevention (CDC) budget documents for the upcoming fiscal year. CDC Director Brenda Fitzgerald subsequently denied that any words were forbidden within the agency. However, this did little to quell the outcry in response, especially on social media.

Regardless of the validity of the report, the ensuing reaction by the public demonstrates the importance of language. This is even more crucial within a government agency whose mission is to protect a diverse nation from health, safety, and security threats. The terms in question

relate to populations each representing thousands of people. It is impossible to address the needs of a population that cannot be named.

The authors are all members of the *AJPH* Student Think Tank, a group of graduate students from diverse backgrounds across the United States who work on building public health student involvement in the *Journal*. As such, we are still relatively new to the field of public health, and this is our honest response to this controversy as we prepare to serve this field in our careers. In this editorial, we briefly highlight the aforementioned seven words, and describe how, in our eyes, their elimination from federal agency dialogue would

and public health. If nothing else, FOP initiatives—like efforts to pass soda taxes—make it clear that food companies will stop at nothing to defeat public health initiatives likely to reduce sales of unhealthful, but profitable, products. *AJPH*

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impede the progression of public health.

VULNERABLE

The US National Library of Medicine defines vulnerable populations as those whose range of options is limited, or are subjected to coercion in their decision-making.¹ This includes persons with physical

disabilities, chronic health conditions, mental health problems, and immigrants—all can be negatively impacted by the organizational infrastructures that limit autonomy of choice.

Excluding these groups by eliminating one of the main words science uses to describe them would only narrow the scope and effectiveness of public health interventions. Extensive research demonstrates the importance of including such groups in considerations of public health.² In a field where the focus

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This editorial was accepted December 20, 2017.

doi: 10.2105/AJPH.2018.304305