International Food Information Council Public Comments to the Food and Drug Administration on the Proposed Rule for Food Labeling: Front-of-Package Nutrition Information

TO: Dockets Management Staff (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

RE: IFIC Public Comments on the proposed rule for **Food Labeling: Front-of-Package Nutrition Information** (Docket No. FDA-2024-N-2910)

The International Food Information Council (IFIC) appreciates the opportunity to submit written public comments to the Food and Drug Administration (FDA) on the proposed rule for **Food Labeling: Front-of-Package Nutrition Information** (Docket No. FDA-2024-N-2910).

IFIC is a nonprofit 501(c)(3) consumer research and education organization with a mission to effectively communicate science-based information about food safety, nutrition, and sustainable food systems, serving the public good.

IFIC has been exploring Americans' attitudes toward nutrition and health for more than three decades and views consumer research as a critical first step in understanding how knowledge, perceptions, and attitudes impact food behavior. Our signature consumer research project, the annual *IFIC Food & Health Survey*,[1] an online survey of 3,000 Americans ages 18 to 80 years, has been conducted for 20 consecutive years.

In addition to the *IFIC Food & Health Survey*, IFIC has a robust consumer research program that offers frequent insights on a wide range of food safety, nutrition, and health topics. In October 2023, IFIC commissioned an online consumer study, *Front-of-Package Nutrition Labeling: Front & Center Food Information To Encourage Healthy Choices*,[2] to better understand how consumers perceive, prioritize, use, and interpret nutrition information on food packaging.

In our comments, we present key findings from the IFIC Front-of-Package (FOP) consumer research and the annual *IFIC Food & Health Survey*. As off-label nutrition communications continue to rapidly evolve, so too, must on-label strategies to keep pace with today's consumer. The consumer perspective is often missing from food policy conversations, which is why both IFIC's and the FDA's ongoing efforts to explore how consumers interpret FOP labeling are so essential.

Specifically, our comments include the following:

- **IFIC CONSUMER RESEARCH OVERVIEW & KEY FINDINGS**
- **ADDITIONAL RESEARCH NEEDS**
- **IMPORTANCE OF CONSISTENT LABEL INFORMATION & IMPROVING NUTRITION EDUCATION FOR AMERICANS**
- **ADDITIONAL RECOMMENDATIONS**
- **CONCLUSION**

IFIC CONSUMER RESEARCH OVERVIEW & KEY FINDINGS

Overview

IFIC commissioned the online consumer study, *Front-of-Package Nutrition Labeling: Front & Center Food Information To Encourage Healthy Choices*, in October 2023. More details on the methodology for IFIC's FOP consumer research are available in our report and questionnaire here. Some of IFIC's research methods and questions were replicated directly from the publicly available materials used in the FDA's *Quantitative Research on Front of Package Labeling on Packaged Foods*.[3] Two important distinctions between the FDA and IFIC FOP consumer research are as follows:

1) IFIC's research included calories and/or dietary fiber information in some FOP scheme variations.
2) In addition to using variations of five of the FDA's six prototype FOP schemes (the prototype Nutrition Info w/Magnifying Glass FOP scheme was omitted), IFIC's research included Facts Up Front®, a voluntary FOP scheme that is currently widely used in the U.S. marketplace, which the FDA did not include in their consumer research.

Key Findings

The impact of FOP labeling schemes may vary depending on a variety of factors revealed through IFIC consumer research. We present the following key findings from IFIC research.

No Single FOP Scheme Tested Was Superior In Helping Consumers Identify The "Healthiest" And "Least Healthy" Choice

While some statistical significance was observed between and among variations of the four FOP schemes that IFIC tested in this exercise (Facts Up Front® and prototypes for the FDA Guideline Daily Amount (GDA), Nutrition Info, and Nutrition Info w/DV), the collective results indicate that no single FOP scheme was superior in helping consumers identify the "healthiest" and "least healthy" choice. As such, the impact of FOP labeling schemes may vary depending on the type and amount of information it includes, how the information is presented, and the product on which the FOP label appears.

More Consumers Correctly Selected The "Healthiest" FOP Label Than The "Least Healthy"

In the proposed rule, FDA indicates that "an interpretive FOP nutrition label is needed to help consumers readily observe and comprehend information about certain nutritional attributes of a food at the point of decision-making that will assist them in maintaining healthy dietary practices." Whether the goal of the FOP label is to drive consumers toward the "healthiest" choice when comparing products or lead them away from the "least healthy" choice is unclear. How consumers interpret FOP labels in this regard was explored in IFIC's FOP consumer research.

Results from IFIC's FOP consumer research suggest that, regardless of FOP scheme exposure, when comparing three options, it may be easier for consumers to correctly select the "healthiest" FOP label than the "least healthy" one. Eighty-nine percent (89%) of all study participants correctly selected the "healthiest" FOP label, which was significantly more than the 81% who correctly selected the "least healthy" FOP label. When comparing the correct selection of the "healthiest" FOP label by nutrition literacy, significantly more study participants with high nutrition literacy

(93%) correctly selected the "healthiest" FOP label than those with low nutrition literacy (85%). Similarly, IFIC's FOP consumer research shows that significantly more study participants with high nutrition literacy (85%) correctly selected the "least healthy" FOP label compared to those with low nutrition literacy (78%).

Interpretive Language May Improve Correct Selection Of The "Least Healthy" FOP Label

Use of interpretive language on FOP labels may improve the correct selection of the "least healthy" FOP label when less information is provided on FOP labels. This effect of interpretive language was not found when FOP labels provided the most information (added sugars, saturated fat, and sodium, along with calories and dietary fiber).

The FDA-proposed Nutrition Info box includes percent Daily Value (%DV) and is accompanied by interpretive language that further defines the %DV for a nutrient as high, medium, or low. Findings from IFIC's FOP consumer research suggest that interpretive language in FOP schemes may help consumers more accurately identify the "least healthy" product when selecting between three options. Of the four FOP schemes that IFIC tested in this exercise, two included interpretive language (prototype FDA Nutrition Info and Nutrition Info w/DV) and two did not (Facts Up Front® and prototype FDA GDA). Among study participants who were simultaneously exposed to three variations (Healthiest, Middle, and Least Healthy—as determined by FDA) of the same FOP scheme that included only added sugars, saturated fat, and sodium, significantly more study participants in the group exposed to Nutrition Info FOP schemes (which included interpretive language) correctly selected the "least healthy" FOP scheme compared to group exposed to Facts Up Front® FOP schemes that included the same nutrition information but did not include interpretive language (84% vs. 75%).

Similar results were found between groups exposed to nutrition information beyond the three nutrients in the FDA FOP proposal. Among the groups who were simultaneously exposed to three variations of FOP schemes that included calories in addition to added sugars, saturated fat, and sodium, significantly more participants exposed to prototype FDA Nutrition Info w/DV FOP schemes (which included interpretive language) correctly selected the "least healthy" FOP scheme compared to those exposed to the prototype FDA GDA FOP schemes (86% vs. 77%) that included the same nutrition information but did not include interpretive language. Among the groups who were simultaneously exposed to three variations of FOP schemes that included dietary fiber in addition to added sugars, saturated fat, and sodium, significantly more participants exposed to prototype FDA Nutrition Info FOP schemes (which included interpretive language) correctly selected the "least healthy" FOP scheme compared to those exposed to Facts Up Front® and prototype FDA GDA and Nutrition Info w/DV FOP schemes (90% vs. 81%, 81%, and 80% respectively). This effect of interpretive language, however, was not found between groups exposed to the most information on FOP schemes (i.e., added sugars, saturated fat, and sodium along with calories *and* dietary fiber).

Dietary Fiber and Calories May Improve Correct Selection Of The "Healthiest" FOP Label

As noted in the proposed rule, the 2020-2025 *Dietary Guidelines for Americans* (DGA) indicate that healthy dietary patterns are, in part, based on "consuming foods and beverages in their nutrient-dense forms—forms with the least amounts of added sugars, saturated fat, and sodium."[4] FDA uses this guideline as the rationale for the three nutrients in the proposed Nutrition Info box FOP

scheme. The DGA definition of nutrient density also includes "vitamins, minerals, and other health-promoting components" and indicates that the nutrient requirements are met within calorie limits.

In an experiment within IFIC's FOP consumer research, four groups of research participants were simultaneously exposed to three variations of the same prototype FDA GDA FOP scheme that included added sugars, saturated fat, and sodium information. However, in addition to these three FDA-proposed nutrients, one group's prototype FDA GDA FOP scheme included calories, one group's prototype included dietary fiber, and one group's prototype included calories and dietary fiber. Comparing results between the four groups, significantly more participants in the group exposed to dietary fiber information along with added sugars, saturated fat, and sodium correctly selected the "healthiest" FOP label (92%) compared to the group exposed to only added sugars, saturated fat, and sodium information (84%).

When comparing results between groups who were simultaneously exposed to three variations of Facts Up Front® FOP schemes, significantly more participants in the group exposed to calories and dietary fiber along with added sugars, saturated fat, and sodium correctly selected the "healthiest" FOP label (95%) compared to the group exposed to Facts Up Front® FOP schemes that just included calories (86%) and just included dietary fiber (86%) along with added sugars, saturated fat, and sodium.

Percent Daily Value In FOP Schemes Helped Put Interpretative Language In Context

In a separate exercise within the IFIC FOP consumer research, research participants were given three repeated exposures to the same FOP scheme (prototype FDA Nutrition Info or FDA Nutrition Info w/DV) with each exposure displaying a medium (i.e. "Med") level of one single nutrient (added sugars, saturated fat, or sodium). Results indicate that including %DV (15% was used for each FOP scheme) in FOP schemes helped consumers put "Med" interpretive language in context. Research participants exposed to the prototype FDA Nutrition Info w/DV FOP schemes reported less concern about consuming a food or beverage with a medium (15% DV) level of added sugars, saturated fat, and sodium compared with groups exposed to variations of prototype FDA Nutrition Info FOP schemes that included "Med" interpretive language without a %DV.

FOP Label Information May Be More Useful If It Includes Calories

Calories are one of the most important pieces of nutrition information on the Nutrition Facts label. A May 2025 report from the United States Department of Agriculture (USDA) Economic Research Service (ERS)[5] found that 74% of American consumers reported using calorie information on food labels, which was only surpassed by the expiration date (92%). In IFIC's FOP consumer research, 20% of survey takers ranked calories as the most important piece of information on the Nutrition Facts label, followed closely by sodium (19%). Seventy-five percent of survey takers said they look at calories on the Nutrition Facts label (surpassed only by sodium, 83%). Additionally, more participants (48%) said they use calories to help them decide if a food is healthy than said they use added sugars (46%) or saturated fat (36%). Calories were also the top response for the one piece of nutrition information that study participants said they want to see displayed on the front of small, individually wrapped snack-size packages—22% said calories compared to 12% who said sodium, 9% who said added sugars, and 4% who said saturated fat.

Collectively, these data suggest that consumers value and look for calorie information, and that including dietary fiber—an underconsumed nutrient of public health concern—in the Nutrition Info

box may help consumers more accurately identify healthier foods and beverages. A standardized, science-based FOP scheme void of such information may not provide the critical context to determine a food's nutrient density.

Flexibility Of Information In The Nutrition Info Box May Align Better With Consumer Expectations For Different Food Categories

In the proposed rule, FDA provides data from the 2019 FDA *Food Safety and Nutrition Survey* indicating that 87% of consumers report ever looking at the Nutrition Facts label and 80% use it "sometimes" or "often."[6]

In IFIC's FOP consumer research, study participants were given a list of 16 items that are required on the Nutrition Facts label and asked to select the most important pieces of information to judge the healthfulness of breakfast cereal (n=1,496) or canned soup (n=1,504). Among the breakfast cereal group, 52% of study participants selected added sugars, and 37% selected dietary fiber as one of the most important pieces of information for them to judge how healthy breakfast cereal is. These percentages are significantly higher than the 40% who selected added sugars and 16% who selected dietary fiber as one of the most important criteria for them to judge how healthy canned soup is. Seventy-one percent of study participants in the canned soup group selected sodium as one of the most important pieces of information, and 35% selected saturated fat. These percentages are significantly higher than the 39% who selected sodium and 27% who selected saturated fat as important criteria to judge how healthy breakfast cereal is. Calories were selected equally by each group (45% among the breakfast cereal group and 43% among the canned soup group).

We bring this data to the agency's attention as the results point to differences in the nutrition information that people value, expect, and look for from different foods, both for alignment with their individual dietary patterns and for judgment about the healthfulness of a product. FOP labeling schemes that provide a more limited set of information, such as in the proposed Nutrition Info box, may not readily provide the information consumers value in certain products (e.g., fiber in cereal) or may position less relevant nutrition attributes in others (e.g., sodium in breakfast cereal). Thus, flexibility in what is permitted in the proposed Nutrition Info box may align better with consumer expectations for different food categories.

FOP Schemes May Reduce The Use Of Nutrition Facts Labels

Facilitating quick decisions is a stated goal in FDA's proposed rule. While FOP labeling may enable consumers to make quicker decisions, increasing decision speed may not be an appropriate aim for helping people build healthy eating patterns, especially if choices are based on a limited set of information. In both IFIC and FDA FOP consumer research, the time taken to select the "healthiest" and "least healthy" FOP label was measured.

IFIC's results show that research participants simultaneously exposed to three variations of Facts Up Front® and prototype FDA GDA, Nutrition Info, and Nutrition Info w/DV FOP schemes took an average of 27.9 seconds to select the FOP label that they thought was the "healthiest." There was no significant difference in time taken between those who correctly (27.8 seconds) and incorrectly (28.1 seconds) selected the "healthiest" FOP label. Regardless of correct or incorrect selection of the "healthiest" FOP label, there was also no significant difference in time taken between study participants with high nutrition literacy (27.3 seconds) and those with low nutrition literacy (28.6

seconds). In FDA FOP consumer research, participants took a similar amount of time to respond to the agency's nutrient profile comparison questions (28 seconds for the prototype FDA Nutrition Info FOP scheme and 31 seconds for the prototype FDA GDA FOP scheme).

When choosing the "healthiest" and "least healthy" FOP labels, participants in IFIC and FDA FOP consumer research were provided similar access to view more nutrition information on corresponding Nutrition Facts labels via clickable links. IFIC's FOP consumer research found that only 2% (n=36) of participants (n=2,372) clicked to view Nutrition Facts labels before selecting the FOP label they thought was "healthiest." Similarly, only 1% (n=18) of study participants (n=2,372) clicked to view Nutrition Facts labels before selecting the FOP label they thought was "least healthy." According to the results of FDA FOP consumer research published in the proposed rule, "very few participants overall clicked to see the Nutrition Facts label when responding to the study questions." FDA results show that when exposed to prototype FDA Nutrition Info FOP schemes, 8% of participants clicked to see the corresponding Nutrition Facts labels before determining the "healthiest" option, and 6% clicked through before determining the "least healthy" option. Similarly, when exposed to prototype FDA Nutrition Info w/DV FOP schemes, 7% of participants clicked to see the corresponding Nutrition Facts labels before determining the "healthiest" option, and 3% clicked through before determining the "least healthy" option.

Although checking the Nutrition Facts label before or after viewing an FOP scheme may add additional time to the decision-making process, that does not change the value of the information listed on the Nutrition Facts label. As described in the agency's final rule to revise the Nutrition and Supplemental Facts Labels,[7] the information on the Nutrition Facts label is required by law for myriad reasons, including the significance for public health based on robust scientific evidence supporting the role of these macro- and micronutrients in building healthy eating patterns that reduce chronic disease risk. The proposed FDA Nutrition Info box signals the importance of limiting three overconsumed nutrients in a healthy eating pattern. Underconsumed nutrients such as dietary fiber, vitamin D, potassium, calcium, and iron are also critical to healthy eating patterns. In fact, chronically low intake of these nutrients and their established relationship with reducing diet-related chronic disease are the reasons why they are required to be listed on the Nutrition Facts label.

ADDITIONAL RESEARCH NEEDS

As an organization dedicated to best-in-class research and consumer insights to inform food, nutrition, and health stakeholders as well as consumers, IFIC has identified additional research needs that may help refine the proposed Nutrition Info box to one that effectively supports the FDA's goal of helping consumers with "point of decision-making that will assist them in maintaining healthy dietary practices."

We understand that the Consumer Brands Association and the Food Industry Association have recently conducted consumer research on familiarity with Facts Up Front®. In addition to our encouragement of the FDA to review that new consumer research, we also recommend the following:

- ***Assess how different combinations of interpretive language (low, medium, and high) for the three proposed nutrients (added sugars, saturated fat, and sodium) for the Nutrition Info box impact consumer understanding of overall healthfulness and comparison***

between products and ultimately influence choice. It is assumed that the Nutrition Info box will often be used as a comparative resource, making this type of research essential. While IFIC FOP consumer research found that the healthfulness of a product may be judged on which nutrient is in the "High," "Med," and "Low" position, data is not currently available to demonstrate how a consumer may perceive a product that is low in two and high in one (or high in two and low in one) of the proposed nutrients as compared to a product with medium levels of each nutrient. Nutrition is just one factor in food and beverage choice at the point-of-purchase, along with many others, including taste, price, convenience, preference, familiarity, brand, and quality.[1]

- ***Gain a deeper understanding of how American consumers interpret and apply "Medium" levels of nutrients in FOP schemes and how, if at all, it may differ between nutrients.*** FDA research states, "Some consumer education about the middle nutrient profile might be helpful if a front-of-package nutrition labeling scheme is adopted." FDA's middle nutrient profile for its proposed FOP labeling schemes was "Low" in saturated fat, "Med" in sodium, and "Med" in added sugars. Of note, participants in IFIC's FOP consumer research expressed more concern for consuming a product with a prototype FDA Nutrition Info w/DV FOP scheme showing "Med" amounts (15% DV) of added sugars than they did for saturated fat or sodium.

- ***Research consumer understanding and impact of the Nutrition Info box and nutrient content and/or health claims (including a proposed "healthy" symbol) included on the front of the same package.*** IFIC's FOP consumer research found that the presence of the prototype FDA GDA FOP scheme on an unbranded 100% orange juice product image (the same one use by FDA in Focus Group 2 Appendix A[8]) impacted perceptions of healthfulness more than a "healthy" symbol (FDA prototype 14b[9]), even among the 54% of study participants who agreed that they "would be more likely to purchase a food that has a symbol or image on the package indicating that it is healthy." While the IFIC study was one of the first to explore the presence of a prototype FDA FOP scheme in combination with a proposed FDA "healthy" symbol, additional studies are needed to understand consumer decision-making when the Nutrition Info box and claims are both present on the front of food and beverage packaging.

- ***Assess the impact of FOP labeling on health outcomes.*** As cited in the proposed rule, currently published research suggests FOP schemes may help consumers identify the "healthiest" or "least healthy" food and beverage products. However, rigorous assessments of the direct impact on health outcomes are needed to understand what type of FOP nutrition labeling schemes, if any, independently lower the risk of diet-related chronic diseases and conditions such as hypertension, CVD, type 2 diabetes, and certain cancers, or to what degree FOP nutrition labeling contributes to improved health.

- ***Deploy ongoing surveillance of Nutrition Facts label usage and understanding.*** Given the aligned results from IFIC and FDA FOP consumer research demonstrating low usage of the Nutrition Facts label in the presence of FOP labels, IFIC recommends FDA put in place plans to assess current usage and understanding of the Nutrition Facts label prior to implementation of the proposed Nutrition Info box as well as continue to monitor and evaluate how usage of the Nutrition Facts label changes, if at all, in the presence of any mandatory FOP schemes. Without such plans, the Nutrition Facts label may be at risk of becoming obsolete, with food decisions potentially being made solely based on the information displayed in the FDA's proposed

Nutrition Info box, which does not include additional nutrition information supporting the development of healthy eating patterns (i.e., calories or underconsumed nutrients such as dietary fiber).

IMPORTANCE OF CONSISTENT LABEL INFORMATION & IMPROVING NUTRITION EDUCATION FOR AMERICANS

The proposed rule on FOP labeling cites FDA data collected in 2019 showing that "at least 76 percent use the Nutrition Facts label when buying a food for the first time."[6] In IFIC FOP consumer research, 54% reported using the Nutrition Facts label always (20%) or most of the time (34%) when purchasing a product for the first time. Among the self-reported Nutrition Facts label users in the IFIC FOP consumer research, those with low nutrition literacy (50% compared with 58% for those with high nutrition literacy) and those with lower incomes (49% who make <$35K compared with 53% who make $35-74K and 59% who make $75K+) consult Nutrition Facts labels significantly less frequently during a first-time purchase. Compared with high nutrition literacy research participants, research participants with low nutrition literacy were also significantly more likely to report rarely (15% vs. 12%) or never (6% vs. 4%) using the Nutrition Facts label to compare between products.

One factor that might influence why people do not use the Nutrition Facts label is their confidence in understanding it. Just half (48%) of IFIC FOP consumer research participants said that they were extremely (14%) or very (33%) confident in their understanding of the Nutrition Facts label, with low nutrition literacy (43% vs. 52% of those with high nutrition literacy) and lower income (41% making <$35K and 44% making $35-74K vs. 55% making $75K+) participants reporting significantly less confidence.

A potential complication of the proposed FDA Nutrition Info box is that items that meet the FDA's definition of "meal" and "main dish" are more likely to have "high" levels of added sugars, saturated fat, and sodium identified in the Nutrition Info box than individual food items. This may mislead consumers about the absolute contribution of these nutrients from meals and main dishes to their total daily intake. FDA's approach to claims criteria requires "meal" and "main dish" items to meet claims criteria based on 100 grams of product. This differs from information presented in the Nutrition Info box in the proposed rule, including the "Low," "Medium," and "High" interpretive language, which is based on labeled serving size. The inconsistent use of labeled serving size versus labeling per 100 grams may unnecessarily confuse consumers, thereby potentially reducing their confidence in label information and the agencies that regulate it, as well as dissuading them from using it to inform their food and beverage decisions.

Adding an FOP scheme to the front of food and beverage packages has the potential to more quickly inform and guide consumers based on the information presented. Successful introduction and use of any potential new food labeling schemes will require significant consumer education, including the distinctions in interpretive language on individual foods versus meals and main dishes and how the potential new pieces of information relate to other information currently (or soon to be permitted) on food packaging such as health claims, a proposed "healthy" symbol, the Nutrition Facts label, and ingredient lists. In addition, the FDA FOP consumer research states that "Some consumer education about the middle nutrient profile might be helpful if a front-of-package nutrition labeling scheme is adopted."

ADDITIONAL RECOMMENDATIONS

To improve the public understanding, use, and trust of food label information, we present the following results from the *2024 IFIC Food & Health Survey*[1] for consideration in developing a nutrition education campaign that addresses FOP labeling and reinforces the importance of the Nutrition Facts label.

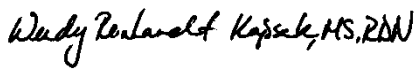
- ***Engage consumers through social media.*** IFIC consumer research indicates 54% of consumers have seen food or nutrition content on social media, with about two-thirds (68%) of these consumers expressing trust in the information.
- ***Partner with trusted, credentialed food professionals.*** Conversations with personal healthcare professionals and registered dietitians are the most trusted sources of information about what foods to eat and avoid.
- ***Build trust in the FDA.*** Trust in information from government agencies about what foods to eat and avoid decreased significantly between 2022 and 2024, with double-digit drops observed among Millennials, households with incomes of ≥$75K, men, and married survey takers.
- ***Embrace new technologies.*** Fifty-one percent of consumers indicate they are interested in using artificial intelligence to make safe and nutritious food choices. Furthermore, nearly 2 in 3 (65%) Americans believe that online tools and mobile apps can help them improve their diet and physical activity, an 8-point jump from 57% who said the same in 2012.

CONCLUSION

IFIC has been exploring Americans' attitudes toward nutrition and health for three decades. We believe consumer research is a critical first step in determining Americans' understanding of nutrition information and examining how consumer knowledge, perceptions, and attitudes can impact behavior. Specifically, IFIC has a long history of understanding consumer perceptions of food and food labeling. Results from IFIC consumer research repeatedly highlight the multitude of factors (e.g., taste, price, convenience, social media, mental and emotional well-being) that influence American food and beverage choices, with on-label nutrition communications being just one of many.

We appreciate the opportunity to share IFIC consumer insights in our public comments. We are hopeful they will assist FDA in determining how a standardized FOP label may enable consumers to make healthy dietary decisions and build healthy eating patterns that improve public health.

Sincerely,



Wendy Reinhardt Kapsak, MS, RDN
President & CEO, IFIC

Kris Sollid, RDN
Senior Director, Research & Consumer Insights, IFIC

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