

# Comparison of front-of-pack labels to help German consumers understand the nutritional quality of food products

## Color-coded labels outperform all other systems

Manon Egnell, Zenobia Talati, Simone Pettigrew, Pilar Galan, Serge Hercberg, Chantal Julia

### Abstract

Front-of-Package labels (FoPLs) provide simplified nutritional information to consumers to help them make healthier food choices. Investigating consumers' understanding of this information is of major importance. This study compared consumers' objective understanding of five FoPLs (Health Star Rating System [HSR], Multiple Traffic Lights [MTL], Nutri-Score, Reference Intakes [RIs], warning symbol). In 2018, 1,000 German participants were enrolled in an online survey and asked to rank three sets of products according to their nutritional quality, first in the absence of any labelling, and then with an FoPL displayed on-pack (randomized). Change in ability to correctly rank products was assessed using ordinal logistic regression. For all food categories, the Nutri-Score performed best, followed by the MTL, warning Symbol, HSR and RIs. The Nutri-Score emerged as the most effective FoPL in conveying information on the nutritional quality of foods for German consumers.

**Keywords:** : front-of-pack nutrition label, understanding, German consumers, nutritional policy, food policy, nutrition labelling

### Introduction

Non-communicable diseases (NCDs) represent the most important causes of death worldwide, outweighing infectious diseases [1]. In Germany cardiovascular disease and cancers are the two leading causes of death, accounting for 42% and 23% of all deaths respectively among women, and 35% and 29% of all deaths among men [2]. The prevalence of obesity has increased during the last decades [3]: In 2013, 14.3% of women and 17.1% of men were obese [4], an increase of 3.3 percentage points among women and 5.0 percentage points among men compared to data collected in 1999 [5]. The prevalence of adult obesity is currently estimated to range between 16.5% and 23.9% in women and between 17.3% and 23.3% in men [6].

Multifactorial in their origin, nutrition is a common determinant of these NCDs [7]. Yet, dietary behavior is considered as a modifiable factor, yielding an important potential for the prevention of NCDs in the long term [8, 9]. Among the multiple strategies aiming at improving the dietary behavior of populations, some have been identified by the World Health Organization (WHO) as 'best buys', yielding high benefits for a reduced cost: taxation of less healthy products, regulation of marketing to children and front-of-pack labelling [8]. Front-of-Pack Labels (FoPLs) aim to enable consumers to make healthier choices at the point of purchase, by simplifying and helping them interpret the detailed nutritional information that is accessible at the back of the pack [8].

### Front-of-pack Labels

In 2017, 23 different types of FoP labels were listed in the Codex Alimentarius (which provides an overview of the various approaches to simplifying nutritional information to con-

### Citation

Egnell M, Talati Z, Pettigrew S, Galan P, Hercberg S, Julia C (2019) Comparison of front-of-pack labels to help German consumers understand the nutritional quality of food products. Color-coded labels outperform all other systems. *Ernahrungs Umschau* 66(5): 76–84

This article is available online:

DOI: 10.4455/eu.2019.020

### Peer-reviewed

Manuscript (original contribution) received: January 29, 2019

Revision accepted: April 01, 2019

sumers) [10]. Globally, two main approaches can be described: nutrient-specific schemes vs. summary indicators [11].

While nutrient-specific schemes provide information on each of a series of nutrients, summary indicators rely on a nutrient profiling system to assess the overall nutritional quality of a food product, combining multiple elements in a single indicator.

Examples of the nutrient-specific approach include:

- Reference Intakes (promoted by agro-food-industry) which provide numerical information on the contribution of specific nutrients to the reference intakes for an adult;
- the Multiple Traffic Lights (developed in the United Kingdom [UK]) which additionally provide an interpretation of the level of each nutrient in the food with a color-code for each nutrient;
- and warning labels which are affixed on foods for which the level of a given nutrient is above a pre-defined threshold.

Examples of summary indicator schemes include endorsement schemes (such as the Choices or the Green Keyhole systems) which are affixed on foods complying with a series of nutritional criteria defining healthier foods; and graded schemes (such as the French Nutri-Score, now adopted in Spain and Belgium, or the Health Star Rating System, adopted in Australia and New Zealand) which provide an overall indication of the nutritional quality of a food on a scale from healthier to less healthy.

Schemes vary also in the degree to which they provide an interpretation of the nutritional composition of a food. Nutrient-specific schemes present only numeric data on the food composition and are considered purely informative, while those providing graphical or color-coded elements for the overall nutritional quality of the food or for the content on various nutrients are more interpretative [11].

Multiple studies have demonstrated the helpfulness of FoPLs in raising awareness or the consumer's understanding of the nutritional quality of pre-packaged foods [12, 13]. Among the various dimensions which should be investigated to test the effectiveness of FoPLs for consumers, the assessment of the consumers' objective understanding of schemes is among the most informative.

Objective understanding is defined as the ability for consumers to correctly interpret the information that is provided by the FoPL [14]. It can be tested by requiring consumers to rank or select food products according to their nutritional quality, using visuals of food products with and without an FoPL.

Research suggests that all schemes improve the consumers' ability to correctly interpret the nutritional quality of a food compared to a control situation with no labelling [15, 16]. Moreover, consumers' responses to FoPLs may differ depending on their specific cultural context. Therefore, comparative studies including multiple schemes are necessary in order to identify the most helpful FoPL in a given cultural context.

In this context, an international comparative experimental study assessing consumers' objective understanding in 12 countries of five FoPLs currently in use in the world was developed using a randomized experimental design. The FoPLs included were:

- Health Star Rating system (HSR)
- Multiple Traffic Lights (MTL)
- Nutri-Score

- Reference Intakes (RIs)
- Chilean Warning symbol.

The results of the study for all 12 countries have been published elsewhere [17].

Currently in Germany, there are ongoing discussions regarding the implementation of a front-of-pack nutrition label on pre-packed foods, and some consumer associations and manufacturers have declared their support for the introduction of a summary FoPL, namely the Nutri-Score.

However, very few studies have investigated the consumers' understanding of FoPLs in Germany specifically [18–21], and none has investigated comparatively the main formats already implemented around the world including the Nutri-Score.

The international comparative experimental FOP-ICE study was set to investigate consumer response to several FOP labels currently implemented in the world. Given this context, it appeared of major importance to assess comparatively the consumers' understanding of these five FoPLs on German consumers specifically, using data from the FOP-ICE study.

## Methods

### Participants

The recruitment was performed by the ISO-accredited international web panel provider (Pure-Profile) using quota sampling based on gender (50% men, 50% women), age (one-third of recruited participants in each of the following categories: 18–30 years, 31–50 years, over 51 years), and level of income (one-third of recruited participants in each of the following household income levels: low, medium, and high), to ensure equal coverage of the major population groups.

Individuals who reported never or rarely purchasing at least two of the three food product categories tested in the study (pizzas, cakes, and breakfast cereals) were considered ineligible to participate.

The protocol of the present study was approved by the Institutional Review Board of the French Institute for Health and Medical Research (IRB Inserm n°17-404) and the Australian Curtin University Human Research Ethics Committee (approval reference: HRE2017-0760).





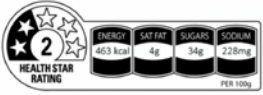










Labelling condition	Example of one food category: cakes																																															
no label																																																
Health Star Rating system																																																
Multiple Traffic Lights	<p>Each 50g serve contains</p> <table border="1"> <tr> <th>ENERGY</th> <th>MED</th> <th>MED</th> <th>MED</th> <th>LOW</th> </tr> <tr> <td>108 kcal</td> <td>Sugars 9g</td> <td>Fats 3.4g</td> <td>Saturates 1.3g</td> <td>Salt 0.1g</td> </tr> <tr> <td>5%</td> <td>10%</td> <td>5%</td> <td>7%</td> <td>2%</td> </tr> </table> <p>of an adult's reference intake Typical values per 100g: Energy 217kcal</p>	ENERGY	MED	MED	MED	LOW	108 kcal	Sugars 9g	Fats 3.4g	Saturates 1.3g	Salt 0.1g	5%	10%	5%	7%	2%	<p>Each 50g serve contains</p> <table border="1"> <tr> <th>ENERGY</th> <th>HIGH</th> <th>HIGH</th> <th>MED</th> <th>MED</th> </tr> <tr> <td>231 kcal</td> <td>Sugars 17g</td> <td>Fats 13.5g</td> <td>Saturates 2g</td> <td>Salt 0.3g</td> </tr> <tr> <td>12%</td> <td>19%</td> <td>19%</td> <td>10%</td> <td>5%</td> </tr> </table> <p>of an adult's reference intake Typical values per 100g: Energy 463kcal</p>	ENERGY	HIGH	HIGH	MED	MED	231 kcal	Sugars 17g	Fats 13.5g	Saturates 2g	Salt 0.3g	12%	19%	19%	10%	5%	<p>Each 50g serve contains</p> <table border="1"> <tr> <th>ENERGY</th> <th>HIGH</th> <th>HIGH</th> <th>HIGH</th> <th>MED</th> </tr> <tr> <td>211 kcal</td> <td>Sugars 13.4g</td> <td>Fats 12.1g</td> <td>Saturates 7.8g</td> <td>Salt 0.3g</td> </tr> <tr> <td>11%</td> <td>15%</td> <td>17%</td> <td>39%</td> <td>6%</td> </tr> </table> <p>of an adult's reference intake Typical values per 100g: Energy 422kcal</p>	ENERGY	HIGH	HIGH	HIGH	MED	211 kcal	Sugars 13.4g	Fats 12.1g	Saturates 7.8g	Salt 0.3g	11%	15%	17%	39%	6%
ENERGY	MED	MED	MED	LOW																																												
108 kcal	Sugars 9g	Fats 3.4g	Saturates 1.3g	Salt 0.1g																																												
5%	10%	5%	7%	2%																																												
ENERGY	HIGH	HIGH	MED	MED																																												
231 kcal	Sugars 17g	Fats 13.5g	Saturates 2g	Salt 0.3g																																												
12%	19%	19%	10%	5%																																												
ENERGY	HIGH	HIGH	HIGH	MED																																												
211 kcal	Sugars 13.4g	Fats 12.1g	Saturates 7.8g	Salt 0.3g																																												
11%	15%	17%	39%	6%																																												
Nutri-Score																																																
Reference Intakes label	<p>Each 50g serve contains</p> <table border="1"> <tr> <th>Energy</th> <th>Sugars</th> <th>Fat</th> <th>Saturates</th> <th>Salt</th> </tr> <tr> <td>108 kcal</td> <td>9g</td> <td>3.4g</td> <td>1.3g</td> <td>0.1g</td> </tr> <tr> <td>5%</td> <td>10%</td> <td>5%</td> <td>7%</td> <td>2%</td> </tr> </table> <p>of an adult's Reference Intake</p>	Energy	Sugars	Fat	Saturates	Salt	108 kcal	9g	3.4g	1.3g	0.1g	5%	10%	5%	7%	2%	<p>Each 50g serve contains</p> <table border="1"> <tr> <th>Energy</th> <th>Sugars</th> <th>Fat</th> <th>Saturates</th> <th>Salt</th> </tr> <tr> <td>231 kcal</td> <td>17g</td> <td>13.5g</td> <td>2g</td> <td>0.3g</td> </tr> <tr> <td>12%</td> <td>19%</td> <td>19%</td> <td>10%</td> <td>5%</td> </tr> </table> <p>of an adult's Reference Intake</p>	Energy	Sugars	Fat	Saturates	Salt	231 kcal	17g	13.5g	2g	0.3g	12%	19%	19%	10%	5%	<p>Each 50g serve contains</p> <table border="1"> <tr> <th>Energy</th> <th>Sugars</th> <th>Fat</th> <th>Saturates</th> <th>Salt</th> </tr> <tr> <td>211 kcal</td> <td>13.4g</td> <td>12.1g</td> <td>7.8g</td> <td>0.3g</td> </tr> <tr> <td>11%</td> <td>15%</td> <td>17%</td> <td>39%</td> <td>6%</td> </tr> </table> <p>of an adult's Reference Intake</p>	Energy	Sugars	Fat	Saturates	Salt	211 kcal	13.4g	12.1g	7.8g	0.3g	11%	15%	17%	39%	6%
Energy	Sugars	Fat	Saturates	Salt																																												
108 kcal	9g	3.4g	1.3g	0.1g																																												
5%	10%	5%	7%	2%																																												
Energy	Sugars	Fat	Saturates	Salt																																												
231 kcal	17g	13.5g	2g	0.3g																																												
12%	19%	19%	10%	5%																																												
Energy	Sugars	Fat	Saturates	Salt																																												
211 kcal	13.4g	12.1g	7.8g	0.3g																																												
11%	15%	17%	39%	6%																																												
Warning symbol		 	  																																													

Fig. 1: Example of a set of three products tested in the present study with the associated FoPLs  
FoPLs = Front-of-Pack Labels

### Procedure

Participants were exposed to three categories of food commonly consumed in Germany: pizzas, cakes and breakfast cereals. For each category, they were first invited to rank a set of three label-free products, with distinct nutritional profiles, by selecting one of three options for each product:

1. highest nutritional quality
2. medium nutritional quality
3. lowest nutritional quality

An "I don't know" option was also included.

Then, participants were randomized to one of

the five FoPLs groups (HSR, MTL, Nutri-Score, RIs, or Warning symbol, resulting in 200 participants per group, and were asked to rank the same sets of three products with one of the FoPLs affixed on mock packages, depending on the randomization arm. An example of a product set used in the study with the five corresponding FoPLs tested is shown in ♦ Figure 1.

### Statistical analysis

For each participant, the number of correct responses was calculated for the no label and the FoPL tasks (yielding a total number of 0 to 3 correct answers for each labelling situation, combining results of the three food categories). Ranking was considered correct if all the three products were ranked in the expected order and

	N (%)
<b>sex</b>	
men	500 (50.0)
women	500 (50.0)
<b>age, years</b>	
18–30	340 (34.0)
31–50	330 (33.0)
> 50	330 (33.0)
<b>educational level</b>	
primary education	97 (9.7)
secondary education	382 (38.2)
trade certificate	241 (24.1)
university, undergraduate degree	129 (12.9)
university postgraduate degree	151 (15.1)
<b>level of monthly income</b>	
high	327 (32.7)
medium	333 (33.3)
low	340 (34.0)
<b>responsible for grocery shopping</b>	
yes	769 (76.9)
no	31 (3.1)
share job equally	200 (20.0)
<b>self-estimated diet quality</b>	
I eat a very unhealthy diet	34 (3.4)
I eat a mostly unhealthy diet	202 (20.2)
I eat a mostly healthy diet	677 (67.7)
I eat a very healthy diet	87 (8.7)
<b>nutrition knowledge</b>	
I do not know anything about nutrition	15 (1.5)
I am not very knowledgeable about nutrition	193 (19.3)
I am somewhat knowledgeable about nutrition	617 (61.7)
I am very knowledgeable about nutrition	175 (17.5)
<b>Did you see the FOP label during the survey?</b>	
no	306 (30.6)
unsure	140 (14.0)
yes	554 (55.4)
<b>participants who recalled seeing the FoPL they were exposed to</b>	
HSR	90 (45.0)
MTL	128 (64.0)
Nutri-Score	136 (68.0)
RIs label	128 (64.0)
Warning symbol	72 (36.0)

Tab. 1: Description of the population sample from Germany (N = 1,000)

incorrect if any of the products were ranked out of order.

The main outcome variable was the change in the number of correct responses between the FoPL and no label conditions. Multivariable ordinal logistic regression was used to evaluate the association of FoPLs with change in the ability to correctly rank products from the no label to the FoPL condition, using the RIs as a reference condition.

Individual characteristics taken into account as covariates included sex, age, educational level, household income, involvement in grocery shopping, and self-estimated nutritional knowledge and diet quality. Additional information on the study methodology is available elsewhere [17].

Statistical analyses were carried out for all food categories combined and by food category, using SAS Software (version 9.3, SAS Institute Inc, Cary, NC, USA). A p-value ≤ 0.05 was considered statistically significant. As 30.6% of participants declared at the end of questionnaire not having seen the FoPL they were presented with during the survey, sensitivity analyses were performed excluding these participants (n = 446).

## Results

Individual characteristics of the population sample from Germany are presented in ♦ Table 1. The sample included varied profiles, including 15% participants with a university postgraduate degree, 68% declaring having a mostly healthy diet, and 62% being somewhat knowledgeable about nutrition.

The Nutri-Score produced the greatest increase in the number of correct answers compared to the control situation with no label, for pizzas and breakfast cereals: from 70 in no labelling to 109 correct answers in the FoPL condition for pizzas, corresponding to an increase of 56%, and from 58 in no labelling to 99 correct answers in the FoPL condition for cereals, corresponding to an increase of 71%. For cakes, the MTL performed best (increase: 139%), followed by the Nutri-Score (increase: 114%). The MTL performed second best after Nutri-Score for pizzas and cereals, while results of the other FoPLs varied depending on the food category.

The results of percentages of correct answers in the two labelling situations for each FoPL are presented in ♦ Figure 2. Consistently, all

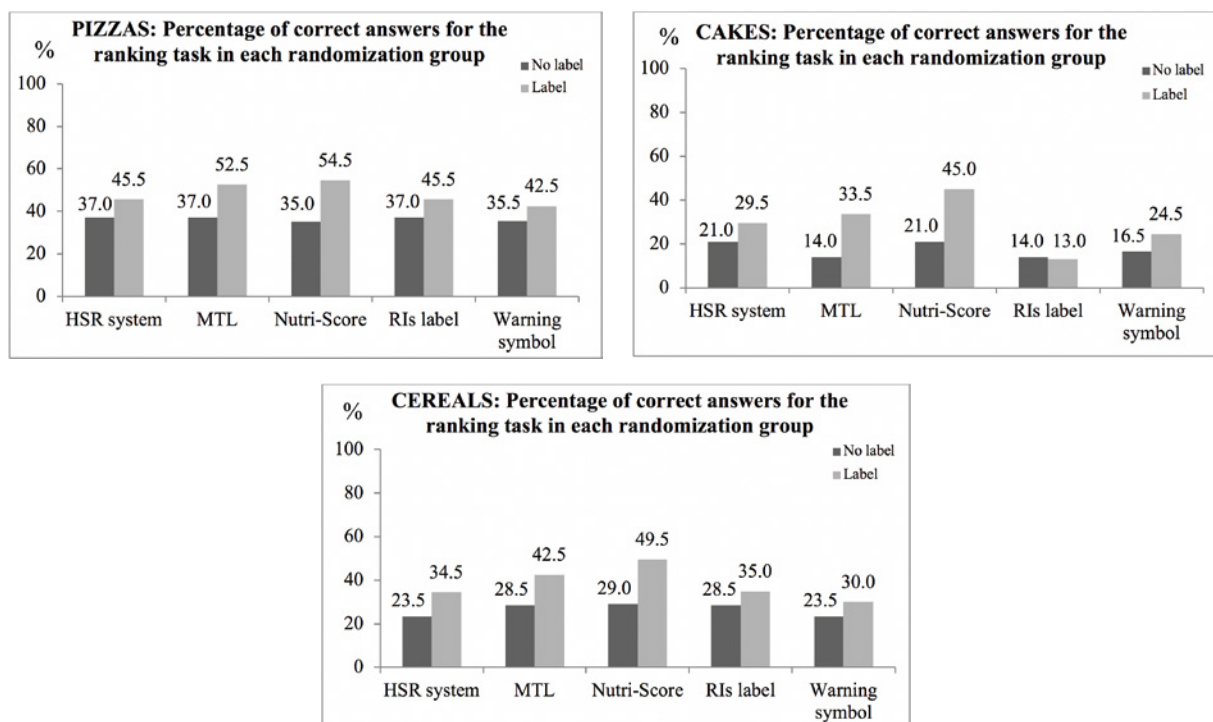


Fig. 2: Percentage of correct answers for the sample from Germany with the change compared to no label, by FoPL and food category

FoPL = Front-of-Pack Label; HSR system = Health Star Rating system; MTL = Multiple Traffic Lights; RIs = Reference Intakes

FoPLs improved the percentage of correct answers, but the Nutri-Score showed the largest increase in the percentage of correct responses compared to the no label situation while results of the other FoPLs were inconsistent depending on the food category.

Analyses conducted among participants recalling having seen the FoPL during the survey only, showed similar results (♦ Figure 3).

Results of associations between FoPLs and participants' ability to correctly rank products are displayed in ♦ Table 2. Compared to the RIs, the Nutri-Score was the FoPL associated with the highest improvement in participants' ability to correctly rank products, overall (Odds Ratio [OR]: 2.72, 95% confidence interval [1.83–4.05]) and for each of the three food categories. The MTL performed second best, overall (OR: 2.15 [1.44–3.21]), largely driven by a high performance in the cakes category (OR: 4.12 [2.38–7.15]); results were not statistically significantly different to the RIs among pizzas and cereals. The Warning symbol, followed by the HSR, significantly improved participants' ability to correctly rank products among cakes only, but with lower magnitude of effects.

Results of the associations between FoPLs and change in ability to correctly rank products among participants recalling having seen the FoPL are shown in ♦ Table 3. The Nutri-Score produced the greatest increase in participants' ability to correctly rank products (OR: 2.86 [1.77–4.60]), followed by the Warning symbol (OR: 2.72 [1.55–4.77]) and then the MTL (OR: 2.24 [1.38–3.63]). Depending on the food category, the magnitude of effects varied, with higher performance in the cakes category, for which the Warning symbol was the FoPL with the highest performance.

## Discussion

In the present study, the Nutri-Score displayed the highest performance in helping consumers understand the nutritional quality of food products, with consistent results in all food categories. For other labels, though some displayed similar performance to the Nutri-Score overall (MTL in particular), this performance appeared variable depending on the tested food category.

Indeed, while the Nutri-Score displayed similar ORs across all food categories, the high overall OR observed for the MTL appeared largely driven by higher performance in the cakes category specifically, with non-significant improvements compared to the RIs for pizzas or breakfast cereals.

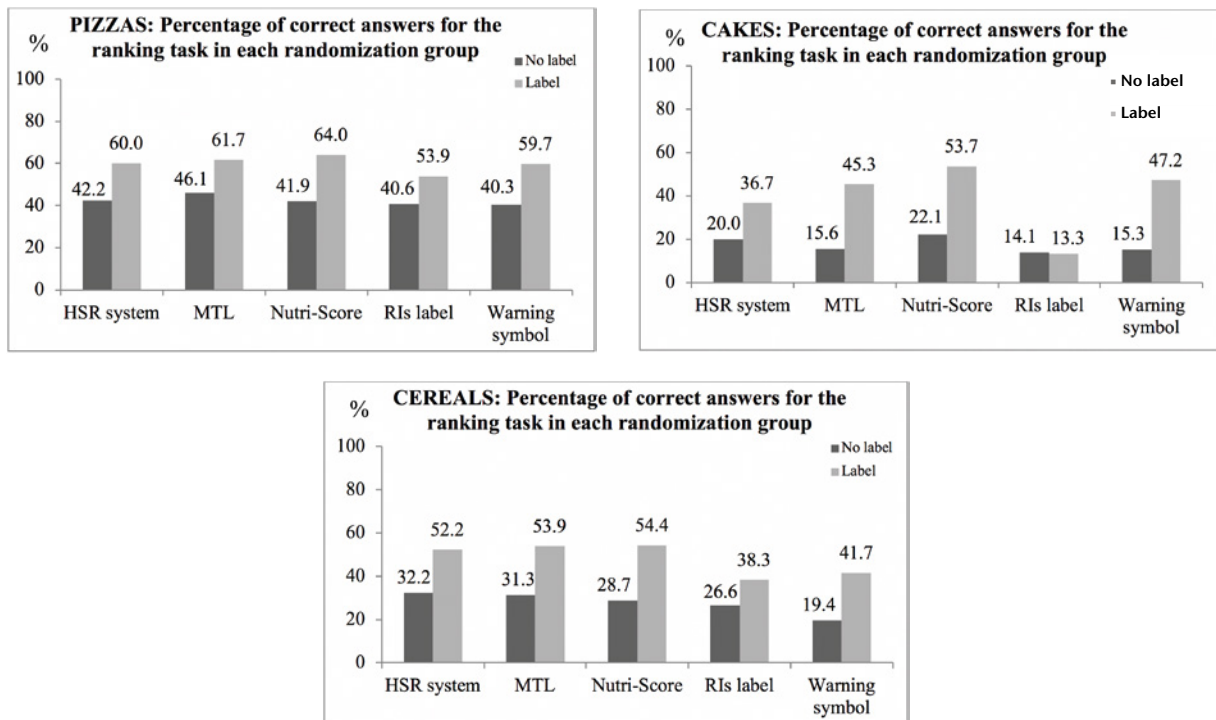


Fig. 3: Percentage of correct answers for the sample from Germany with the change compared to no label, by FoPL and food category, among participants recalling having seen the FoPL  
 FoPL = Front-of-Pack Label; HSR system = Health Star Rating system; MTL = Multiple Traffic Lights; RIs = Reference Intakes

The Warning symbol and HSR displayed an overall lower performance, with significant improvements in consumers' objective understanding compared to RIs only in one food category.

Among participants recalling having seen the label during the survey, the Nutri-Score remained the FoPL with the highest performance, but followed by the Warning symbol and then the MTL.

Some caution is required regarding extrapolation of the results given that the recruitment was performed using set quotas rather than attempting to generate a population representative sample. However, this method allowed for the inclusion of a diverse sample in terms of socio-demographic profiles.

The superior performance of the Nutri-Score in helping consumers rank foods according to their nutritional quality is consistent with previous studies in France [22] and with the overall results of the FOP-ICE study in the remaining 11 countries tested [17]. In the light of these results, some graphical characteristics of the FoPLs tested may have impacted their performance, and

more specifically the use of color-coding using the green-red scale (with Nutri-Score and MTL, which performed the best). The green-red scale may be important to identify the label, as these colors are more quickly recognized by the human eye [23], and as they provide intuitive stop and go signals [24].

Conversely, monochrome labels such as the RIs, Warning labels and HSR may be less noticeable on food packages. A previous study in Germany highlighted that German consumers preferred color-coded MTL to GDAs [25]. Thus, results among participants recalling having seen the label during the survey would suggest that a warning format might be better understood in more salient colors [26].

Beyond color-coding, a key aspect of the higher performance of the Nutri-Score may be related to its use of a single summary indicator of the food's nutritional quality, rather than multiple nutrient-related assessments. This finding is consistent with prior studies finding that summary indicators are more easily understood by consumers [13, 15], in particular in vulnerable populations, which are an important target for public health nutrition policies. Given the very short period when decisions are made in purchasing situations [18], the use of a single indicator, such as the Nutri-Score, may also provide an advantage through the limited cognitive workload needed for interpretation [27]. Hence, the stronger performance of the Nutri-Score on consumers' objective understanding may be related to its use of the combination of both semantic colors and a simple and intuitive summary graded design which appears understandable for all.

Category	N	HSR		MTL		Nutri-Score		Warning symbol	
		OR (95% CI)	p	OR (95% CI)	p	OR (95% CI)	p	OR (95% CI)	p
all categories	1,000	1.20 [0.80–1.80]	0.4	2.15 [1.44–3.21]	<b>0.0002</b>	2.72 [1.83–4.05]	< <b>0.0001</b>	1.10 [0.73–1.65]	0.7
pizzas	979	0.96 [0.57–1.59]	0.9	1.45 [0.88–2.37]	0.1	1.84 [1.13–3.01]	<b>0.01</b>	0.94 [0.56–1.57]	0.8
cakes	976	2.01 [1.14–3.53]	<b>0.02</b>	4.12 [2.38–7.15]	< <b>0.0001</b>	5.37 [3.11–9.28]	< <b>0.0001</b>	2.18 [1.23–3.87]	<b>0.008</b>
breakfast cereals	879	1.45 [0.83–2.52]	0.2	1.68 [0.98–2.90]	0.06	2.55 [1.49–4.34]	<b>0.0006</b>	0.95 [0.54–1.68]	0.9

Tab. 2: Associations<sup>a</sup> between FoPLs and change in ability to correctly rank products between no label and labelling conditions

<sup>a</sup> The reference of the multivariate ordinal logistic regression for the categorical variable 'label' was the RIs.

The multivariate model was adjusted on sex, age, educational level, level of income, responsibility for grocery shopping, self-estimated diet quality, and self-estimated nutrition knowledge level.

**Bold** values correspond to significant results corrected for multiple testing ( $p \leq 0.05$ ).

CI = confidence interval; FoPL = Front-of-Pack Label; HSR system = Health Star Rating system;

MTL = Multiple Traffic Lights; OR = Odds Ratio; RIs = Reference Intakes

Category	N	HSR		MTL		Nutri-Score		Warning symbol	
		OR (95% CI)	p	OR (95% CI)	p	OR (95% CI)	p	OR (95% CI)	p
all categories	554	1.57 [0.92–2.67]	0.1	2.24 [1.38–3.63]	<b>0.001</b>	2.86 [1.77–4.60]	< <b>0.0001</b>	2.72 [1.55–4.77]	0.0005
pizzas	541	1.16 [0.61–2.19]	0.6	1.04 [0.58–1.86]	0.9	1.54 [0.87–2.70]	<b>0.1</b>	1.43 [0.73–2.80]	0.3
cakes	537	3.42 [1.55–7.54]	<b>0.002</b>	6.78 [3.28–14.05]	< <b>0.0001</b>	8.43 [4.09–17.38]	< <b>0.0001</b>	9.66 [4.3–21.74]	< <b>0.0001</b>
breakfast cereals	497	1.70 [0.87–3.34]	0.1	1.77 [0.96–3.27]	0.07	2.38 [1.29–4.38]	<b>0.005</b>	1.83 [0.89–3.77]	0.1

Tab. 3: Associations<sup>a</sup> between FoPLs and change in ability to correctly rank products between no label and labelling conditions, among participants recalling having seen the label during the survey

<sup>a</sup> The reference of the multivariate ordinal logistic regression was the RIs.

The multivariate model was adjusted on sex, age, educational level, level of income, responsibility for grocery shopping, self-estimated diet quality, and self-estimated nutrition knowledge level.

HSR: Health Star Rating system; MTL: Multiple Traffic Lights; OR: Odds Ratio; CI: Confidence Interval.

**Bold** values correspond to significant results corrected for multiple testing ( $p \leq 0.05$ ).

CI = confidence interval; FoPL = Front-of-Pack Label; HSR system = Health Star Rating system; MTL = Multiple Traffic Lights;

OR = Odds Ratio; RIs = Reference Intakes

Moreover, recent studies suggest that beyond food purchases, the Nutri-Score, and to a lesser extent the MTL, may have an impact on food consumption, by reducing the portions size selected for foods considered of lower nutritional quality (cheese, biscuits and spreads) [28]. Therefore, overall, research suggests that FoPLs, and the Nutri-Score in particular, are helpful to increase consumers' awareness in nutrition, improve their understanding of the nutritional quality of food products, stimulate healthier food purchases and may impact the nutritional quality of the diets [29].

## Conclusion

The results of this study are of particular interest in the European Union, where the debate over the implementation of FoPLs has recently gathered attention from policy makers and industry. While the MTL have been implemented since 2005 in UK, the Nutri-Score, initially applied in France in 2017, has recently been adopted by Belgium, with a voluntary commitment of several manufacturers and retailers.

The results of this study suggest that among the available options, the Nutri-Score appears as the most efficient scheme to inform consumers on the nutritional quality of foods, in particular in Germany, where it would be a helpful tool for consumers in purchasing situations.

MSc Manon Egnell<sup>1</sup>  
PhD Zenobia Talati<sup>2</sup>  
PhD Simone Pettigrew<sup>2</sup>  
MD, PhD Pilar Galan<sup>1</sup>  
MD, PhD Serge Hercberg<sup>1,3</sup>  
MD, PhD Chantal Julia<sup>1,3</sup>

<sup>1</sup> Sorbonne Paris Cité  
Epidemiology and Statistics Research Center (CRESS)  
U1153 Inserm, U1125, Inra, Cnam  
Paris 13 University  
Nutritional Epidemiology Research Team (EREN)  
Bobigny, 93000, France  
m.egnell@eren.smbh.univ-paris13.fr  
p.galan@eren.smbh.univ-paris13.fr  
s.hercberg@eren.smbh.univ-paris13.fr  
c.julia@eren.smbh.univ-paris13.fr

<sup>2</sup> School of Psychology  
Curtin University  
Kent St, Bentley, WA 6102, Australia  
zenobia.talati@curtin.edu.au  
simone.pettigrew@curtin.edu.au  
<sup>3</sup> Public Health Department  
Avicenne Hospital, AP-HP  
Bobigny, 93000, France

#### Acknowledgment

The authors would like to thank Mr. Mark Orange for creating the mock packages, and all researchers and doctoral students who tested the online survey.

#### Funding Statement

The present study received funding from Santé Publique France (French Agency for Public Health) and Curtin University.

#### Conflict of Interest

The authors declare no conflict of interest.

#### References

1. Yach D, Hawkes C, Gould CL, Hofman KJ (2004) The global burden of chronic diseases: overcoming impediments to prevention and control. *JAMA* 291: 2616–2622
2. OCDE/Observatoire européen des systèmes et des politiques de santé (2017) Germany: country health profile 2017, state of health in the EU. Éditions OCDE, Paris/Observatoire européen des systèmes et des politiques de santé. Brussels. URL: <https://doi.org/10.1787/9789264283398-en> Zugriff 10.01.19
3. Schienkiewitz A, Mensink G, Kuhnert R, Lange C (2017) Overweight and obesity among adults in Germany. *Journal of Health Monitoring* 2: 20–26
4. Statistisches Bundesamt: Mikrozensus 2017. Fragen zur Gesundheit – Körpermaße der Bevölkerung. Statistisches Bundesamt (2018), Report No.: 5239003179004. URL: [https://www.destatis.de/DE/Publikationen/Thematisch/Gesundheit/Gesundheitszustand/Koerpermasse5239003179004.pdf?\\_\\_blob=publicationFile](https://www.destatis.de/DE/Publikationen/Thematisch/Gesundheit/Gesundheitszustand/Koerpermasse5239003179004.pdf?__blob=publicationFile) Zugriff 10.01.19
5. Statistisches Bundesamt. Fragen zur Gesundheit. Ergebnisse des Mikrozensus 1999. Statistisches Bundesamt, Wirtschaft und Statistik (2001), S. 771–780
6. Mensink GBM, Schienkiewitz A, Haftenberger M et al. (2013) [Overweight and obesity in Germany: results of the German Health Interview and Examination Survey for Adults (DEGS1)]. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz* 56(5–6): 786–794
7. GBD 2016 Causes of Death Collaborators (2017) Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Lond Engl* 390: 1151–1210
8. World Health Organization. Global strategy on diet, physical activity and health. WHO, Geneva (2004)
9. World Health Organization. Global health risks - mortality and burden of disease attributable to selected major risks. (2009). URL: [http://obesity.publikealthwell.ie/node/9612?&content=resource&member=415&catalogue=none&collection=none&tokens\\_complete=true](http://obesity.publikealthwell.ie/node/9612?&content=resource&member=415&catalogue=none&collection=none&tokens_complete=true) Zugriff 21.03.18
10. Codex Alimentarius Commission. Joint FAO/WHO Food Standards Programme Codex Committee on Food Labelling. Discussion paper on consideration of ISS uses regarding front-of-pack nutrition labelling. Report no.: CX/FL 17/44/7. Agenda Item 7. (2017). URL: [www.fao.org/fao-who-codexalimentarius](http://www.fao.org/fao-who-codexalimentarius) Zugriff 18.12.19
11. Kanter R, Vanderlee L, Vandevijvere S (2018) Front-of-package nutrition labelling policy: global progress and future directions. *Public Health Nutr* 21: 1399–1408
12. Hawley KL, Roberto CA, Bragg MA et al. (2013) The science on front-of-package food labels. *Public Health Nutr* 16: 430–439
13. Hersey JC, Wohlgenant KC, Arsenault JE et al. (2013) Effects of front-of-package and shelf nutrition labeling systems on consumers. *Nutr Rev* 71: 1–14
14. Grunert Klaus G, Wills Josephine M (2007) A review of European research on consumer response to nutrition information on food labels. *J Public Health* 15: 385–399
15. Ducrot P, Mejean C, Julia C et al. (2015) Objective understanding of front-of-package nutrition labels among nutritionally at-risk individuals. *Nutrients* 7: 7106–7025
16. Egnell M, Ducrot P, Touvier M et al. (2018) Objective understanding of Nutri-Score Front-Of-Package nutrition label according to individual characteristics of subjects: comparisons with other format labels. *PloS One* 13: e0202095
17. Egnell M, Talati Z, Hercberg S et al. (2018) Objective understanding of front-of-package nutrition labels: an international comparative experimental study across 12 countries. *Nutrients* 10(10)
18. Feunekes GI, Gortemaker IA, Willems AA et al. (2008) Front-of-pack nutrition labelling: testing effectiveness of different nutrition labelling formats front-of-pack in four European countries. *Appetite* 50: 57–70
19. Möser A, Hoefkens C, van Camp J et al. (2010) Simplified nutrient labelling: consumers' perceptions in Germany and Belgium. *J Für Verbraucherschutz Leb* 5: 169–180
20. Aschemann-Witzel J, Grunert KG, van Trijp HC et al. (2013) Effects of nutrition label format and product assortment on the healthfulness of food choice. *Appetite* 71: 63–74
21. Borgmeier I, Westenhofer J (2009) Impact of different food label formats on healthiness evaluation and food choice of consumers: a randomized-controlled study. *BMC Public Health* 9: 184
22. Julia C, Hercberg S (2017) Nutri-Score: evidence of the effectiveness of the French front-of-pack nutrition label. *Ernahrungs Umschau* 64(12): 181–187
23. Nagle MG, Osorio D (1993) The tuning of human photopigments may minimize red-green chromatic signals in natural conditions. *Proc Biol Sci* 252: 209–213
24. Vasiljevic M, Pechey R, Marteau TM (2015) Making food labels social: the impact of



- colour of nutritional labels and injunctive norms on perceptions and choice of snack foods. Appetite 91: 56–63*
25. Moeser A, Hoefkens C, van Camp J et al. Nutrient profile labeling: consumers' perceptions in Germany and Belgium. In: 113th EAAE Seminar. Chania, Crete/Greece (2009)
26. Cabrera M, Machín L, Arrúa A et al. (2017) Nutrition warnings as front-of-pack labels: influence of design features on healthfulness perception and attentional capture. *Public Health Nutr* 20: 3360–3371
27. Julia C, Péneau S, Buscail C et al. (2017) 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* 7: e016108
28. Egnell M, Kesse-Guyot E, Galan P et al. (2018) Impact of front-of-pack nutrition labels on portion size selection: an experimental study in a French cohort. *Nutrients* 10(9)
29. Julia C, Hercberg S (2017) Development of a new front-of-pack nutrition label in France: the five-colour Nutri-Score. *Public Health Panor* 3: 537–820

**DOI: 10.4455/eu.2019.020**