November 6, 2017

To the Government and Congress of the Republic of Peru:

IN SUPPORT OF THE HEALTHY LAW AND THE FRONT OF PACKAGE WARNING LABELS IN PERU

We, the undersigned, scientists, researchers and professionals in the areas of nutrition, obesity and public health, are aware that a Parliamentary Commission of the Congress of the Republic of Peru intends to amend the Law of Promotion of Healthy Eating No. 30021 (the Law) and discard the Front-of-Pack (FOP) Warning Labels of "High in Sugar, Sodium, Saturated Fats and Trans Fats" to replace them with the GDA model (Guideline Daily Amount),

The Law approved in 2012, is a good starting point to stop the obesity epidemic and avoid human pain and the high health and family costs that it entails. It is based on the proper understanding that ultra-processed foods and beverages ("junk food") are displacing traditional foods, creating other serious health problems such as diabetes, cancers and cardiovascular diseases. The Law also includes important agreements adopted in obesity prevention forums by PAHO/WHO.

As leading scholars on obesity and related diseases such as diabetes, we are writing to state that the science is clear on the role of **"junk" foods and beverages high in energy, added sugar, sodium, and saturated fat**: excess consumption of these unhealthy foods and beverages is one of the key causes of obesity and its related diseases. We therefore strongly support the use of front-of-package (FOP) warning labels as a critical measure to inform consumers, thereby curbing consumption of these unhealthy foods, and to encourage reformulation thereby making food composition healthier. Specifically:

Excess consumption of sugar, sodium, and saturated fat adversely affects health:

- Substantial evidence demonstrates the adverse health effects of excess sugar intake from both beverages and foods, including increased risk of diabetes, liver and kidney damage, heart disease, and some cancers.[1-8] Limiting sugar consumption to less than 10% of total calorie intake has become a global goal.[1,2,9-13]
- Excess sodium intake is associated with increased blood pressure,[14,15] as well as increased risk of CVD, stroke, and all-cause mortality.[16,17]
- While recent evidence on saturated fat has been mixed, randomized controlled trials have found that replacing saturated fat with polyunsaturated fat improves blood sugar regulation[18] and reduces CVD risk.[19,20] The WHO and USDA both recommend limiting intake of saturated fats[21,22] in addition to reducing sugar and sodium intake.
- Moreover, the combination of these nutrients into energy-dense foods and beverages is uniquely problematic. Foods and drinks high in sugar, sodium, and saturated fats tend to be highly processed and typically offer few or no healthy vitamins and minerals.[23]
- In Brazil, ultra-processed foods contain more added sugar, sodium, and saturated fat along with less fiber, and they have much higher energy densities.[24]
- Foods with high energy density can lead to consuming excess calories, increasing risk of obesity.[25-28]

Consumers Need Help Making Healthy 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 healthy foods. [29]
- Most shoppers spend fewer than ten seconds selecting each item — not enough time to review current nutrition labels, which are complicated and ineffective.[30-32]
- Adding to the confusion, unhealthy products may also feature misleading health and nutrition claims on their packages. Claims related to a particular nutrient (e.g., "high in calcium" or "low-fat") and direct or indirect claims about a food's potential health benefits can give an otherwise unhealthy product a "health halo effect," leading consumers to misunderstand its nutritional quality.[33-35]

Part of the Policy Solution: Front-of-Package (FOP) Labels

- FOP labels are linked to increases in awareness, understanding, use, and purchase of labeled products, particularly among those who are concerned about health.[36,37]
- FOP labels are easier to understand than current labels.[38] They provide consumers with clear guidance to make quick and impactful decisions in selecting healthier foods.[32,39]
- Simple FOP labels enhance understanding and use of nutrition information, especially by those with less education and nutrition knowledge.[36,40,41]
- Consumers are more likely to use FOP labels than current nutrition labels.[42] Shoppers prefer simple FOP labels that are immediately visible and require less time to evaluate.[43] Labels that minimize effort allow customers to quickly see which products are healthier and actually increase the intention to purchase a product.[40,44]
- FOP labels work by drawing attention to nutrition information through use of simple formats, colors, and icons,[45-47] facilitating rapid comprehension, encoding into working memory[40,41,45-47] and easier discrimination between healthy and less healthy products.[40,41]
    - FOP labeling can lead to reformulation of products, improving the nutrient profile of the food supply.[48-51]
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Recommendations for an effective FOP label:

- **A strong FOP label system must be mandatory and apply to all products.**
    - Most labeling programs to date have been voluntary for food producers and manufacturers and thus have been applied only to certain products[52] and have appeared in varying formats.
    - Evidence suggests that applying a label only to certain brands can mislead consumers' about the healthfulness of a product,[53] and use of multiple different types of logos and labels, can increase confusion and decrease the labels' usefulness.[53,54]
    - Industry-led voluntary approaches are confusing and have not worked. For example, the Guideline Daily Amounts (GDA) model used by large food companies in many countries displays amounts of calories, sugar, saturated fat, and salt per portion, along with their percentage contributions to daily recommended intakes.[55,56] The GDA has already been harshly criticized for relying on unrealistic portion sizes and using adult nutrient cut-points for children's foods. The limits adopted by the GDA model also promote greater consumption of total fats, saturated fats, sugar, and salt, and lower quantities of fiber relative to recommendations advocated by WHO and the World Center Research Fund.[57]

- **Warning labels are a strong option**
  - Experiments with warning labels on sugary beverages found that warning labels are linked to decreased choice of sugary beverages, decreased perceptions of their healthfulness,[58,] and decreased purchasing intent.[58,59]
  - A 2017 study comparing FOP warning labels to the GDA and traffic light label systems found that warnings were better able to help consumers correctly identify products with high content of unhealthy nutrients and that products bearing warning labels were perceived as less healthy by consumers than the same products featuring GDA or traffic light labels.[60]
  - Another 2017 study comparing children's perceptions of food products with warning labels vs. traffic light label found that warning labels had greater relative impact on children's food choices compared to the traffic light system.[61]
  - **The Chilean warning label approach is the strongest to date.** Preliminary evidence from a project conducted jointly by the Instituto de Nutricion y Tecnologia de los Alimentos and University of North Carolina, Chapel Hill has found that consumers in Chile are aware of and understand the FOP labels, that they are using them to make decisions about food purchases, and that the labels are contributing to a shift in social norms and behaviors around purchasing more healthful food.
    - Specifically, a study of adolescents and mothers of preschoolers found
      - 43% of adolescents and 56% of mothers of preschoolers use the warning labels to decide if food (breakfast cereals) is healthy
      - After the warning labels were implemented, more mothers look at nutritional information when deciding to buy a new product
    - In addition, focus group results from mothers of children age 2-14y reveal changes in knowledge and norms:
      - *"These logos, they help you a lot. Because sometimes, there are things that you wouldn't even imagine that they had that much sugar. One thing is knowing that it is sweet, and another one is knowing how much sugar it has."*
      - *"I think it is a good measure because they kind of reveal the reality of the product that you are buying."*
      - *"When we go grocery shopping I see a product and I'm like… 'No, she won't accept that if I buy it for her', so I have to search for a product that at most contains 2 logos. But 3, there is no way".*
      - *"My son eats at school. He, by his own, started to decide what he can eat and what not, this is because of these black logos that are in the package."*
      - "*Because of this new law, my daughter has been taught a lot about these black logos. 'No mom, you can't buy me that, my teacher won't accept it because it has those labels'. And she requests me salads, she doesn't accept snacks that have black labels.*

We strongly recommend a front-of-package warning label system based on a strong nutrient profiling model as a critical step towards ensuring consumers have adequate knowledge to make healthier decisions about food and beverages. Preventing further increases in obesity and related diseases will require a set of policy actions, and FOP labels are a step towards making progress on a healthier diet and healthier population.

1. 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.
2. World Health Organization. Guideline: Sugar intake for adults and children. In: WHO Department of Nutrition for Health and Development (NHD), Geneva: WHO; 2015:50.
3. 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.
4. 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.
5. 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.
6. Ebbeling CB, Feldman HA, Chomitz VR, et al. A randomized trial of sugar-sweetened beverages and adolescent body weight. *N Engl J Med.* 2012;367:1407-1416.
7. 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. *Am J Clin Nutr.* 2014;100(1):65-79.
8. Morenga LT, Mallard S, Mann J. Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ.* 2013;346.
9. U.S. Department of Health and Human Services and the US Department of Agriculture. Scientific Report of the 2015 Dietary Guidelines Advisory Committee. In: Promotion OoDPaH, ed. Washington DC: Office of Disease Preventio and Health Promotion USDHHS; 2015: http://www.health.gov/dietaryguidelines/2015-scientific-report/.
10. Institute of Medicine Committee on Accelerating Progress in Obesity Prevention. *Measuring Progress in Obesity Prevention: Workshop Report.* The National Academies Press; 2012.
11. Institute of Medicine. *Food Marketing to Children and Youth: Threat or Opportunity?* : The National Academies Press; 2006.
12. 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.
13. Pan American Health Organization. *Plan of Action for the Prevention of Obesity in Children and Adolescents.* 2014.
14. 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). *Am J Hyperten.* 2012;25(1):1-15.
15. 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).
16. Mozaffarian D, Fahimi S, Singh GM, et al. Global sodium consumption and death from cardiovascular causes. *N Engl J Med.* 2014;371(7):624-634.
17. 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. *Am J Hyperten.* 2014;27(9):1129-1137.

18. 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.
19. 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.
20. Skeaff CM, Miller J. Dietary fat and coronary heart disease: summary of evidence from prospective cohort and randomised controlled trials. *Ann Nutr Metabol.* 2009;55(1-3):173-201.
21. 2015 Dietary Guidelines Advisory Committee. *Scientific Report of the 2015 Dietary Guidelines Advisory Committee,*. Washington, DC: U.S. Department of Agriculture and U.S. Department of Health & Human Services: ;2015.
22. World Health Organization. Healthy diet. 2015; http://www.who.int/mediacentre/factsheets/fs394/en/. Accessed March 10, 2017.
23. Martinez Steele E, Popkin BM, Swinburn B, Monteiro CA. The share of ultra-processed foods and the overall nutritional quality of diets in the US: evidence from a nationally representative cross-sectional study. *Popul Health Metr.* 2017;15(1):6.
24. Monteiro CA, Levy RB, Claro RM, de Castro IRR, Cannon G. Increasing consumption of ultra-processed foods and likely impact on human health: evidence from Brazil. *Public Health Nutr.* 2011;14(01):5-13.
25. Prentice AM, Poppitt SD. Importance of energy density and macronutrients in the regulation of energy intake. *Int J Obes Relat Metab Disord.* 1996;20 Suppl 2:S18-23.
26. Bes-Rastrollo M, van Dam RM, Martinez-Gonzalez MA, Li TY, Sampson LL, Hu FB. Prospective study of dietary energy density and weight gain in women. *Am J Clin Nutr.* 2008;88(3):769-777.
27. Ledikwe JH, Rolls BJ, Smiciklas-Wright H, et al. Reductions in dietary energy density are associated with weight loss in overweight and obese participants in the PREMIER trial. *Am J Clin Nutr.* 2007;85(5):1212-1221.
28. 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.
29. 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? *Am J Clin Nutr.* 2015;99(1):162-171.
30. Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. *Public Health Nutr.* 2005;8(1):21-28.
31. Rothman RL, Housam R, Weiss H, et al. Patient understanding of food labels: the role of literacy and numeracy. *Am J Prev Med.* 2006;31(5):391-398.
32. 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
33. 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.
34. Andrews JC, Burton S, Netemeyer RG. Are some comparative nutrition claims misleading? The role of nutrition knowledge, ad claim type and disclosure conditions. *J Advertising.* 2000;29(3):29-42.
35. 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.

36. Grunert KG, Fernández-Celemín L, Wills JM, genannt Bonsmann SS, Nureeva L. Use and understanding of nutrition information on food labels in six European countries. *J Public Health.* 2010;18(3):261-277.
37. Vyth EL, Steenhuis IH, Mallant SF, et al. A front-of-pack nutrition logo: a quantitative and qualitative process evaluation in the Netherlands. *J Health Communication.* 2009;14(7):631-645.
38. Hawley KL, Roberto CA, Bragg MA, Liu PJ, Schwartz MB, Brownell KD. The science on front-of-package food labels. *Public Health Nutr.* 2013;16(03):430-439.
39. Roodenburg A, Popkin B, Seidell J. Development of international criteria for a front of package nutrient profiling system: international Choices Programme. *Eur J Clin Nutr.* 2011;66:1190-1200.
40. Feunekes GI, 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.
41. 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 Promot Int.* 2009;24(2):120-129.
42. Bix L, Sundar RP, Bello NM, Peltier C, Weatherspoon LJ, Becker MW. To see or not to see: do front of pack nutrition labels affect attention to overall nutrition information? *PLoS ONE.* 2015;10(10):e0139732.
43. 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.
44. 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 Nutr.* 2014:1-9.
45. 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.
46. Bialkova S, van Trijp H. What determines consumer attention to nutrition labels? *Food Qual Pref.* 2010;21(8):1042-1051.
47. 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. *J Nutr Edu Behav.* 2015.
48. 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 Med.* 2010;7(1):65.
49. Dummer J. Sodium reduction in Canadian food products: with the health check program. *Can J Diet Prac Res* 2012;73(1):28-28.
50. Young L, Swinburn B. Impact of the Pick the Tick food information programme on the salt content of food in New Zealand. *Health Promot Int.* 2002;17(1):13-19.
51. Williams P, McMahon A, Boustead R. A case study of sodium reduction in breakfast cereals and the impact of the Pick the Tick food information program in Australia. *Health Promot Int.* 2003;18(1):51-56.
52. Kleef EV, Dagevos H. The growing role of front-of-pack nutrition profile labeling: A consumer perspective on key issues and controversies. *Crit Rev Food Sci Nutr.* 2015;55(3):291-303.
53. Andrews JC, Burton S, Kees J. Is simpler always better? Consumer evaluations of front-of-package nutrition symbols. *J Public Policy Marketing.* 2011;30(2):175-190.
54. Draper AK, Adamson AJ, Clegg S, Malam S, Rigg M, Duncan S. Front-of-pack nutrition labelling: are multiple formats a problem for consumers? *Eur J Public Health.* 2013;23(3):517-521.
55. Guideline Daily Amounts. GDAs: Guideline Daily Amounts. 2006; http://www.fooddrinkeurope.eu/uploads/publications_documents/GDAs_-_Guideline_Daily_Amounts.pdf. Accessed November 3, 2017.
56. The Food and Drink Federation. The facts: science behind Guideline Daily Amounts. 2009; http://www.fdf.org.uk/publicgeneral/gdas_science_Jul09.pdf. Accessed November 3, 2017.

57. Lobstein T, Landon J, Lincoln P. Misconceptions and misinformation: the problems with Guideline Daily Amounts (GDAs). Paper presented at: A Review of GDAs and Their Use for Signalling Nutritional Information on Food and Drink Labels. London: National Heart Forum2007.
58. Roberto CA, Wong D, Musicus A, Hammond D. The influence of sugar-sweetened beverage health warning labels on parents' choices. *Pediatrics.* 2016.
59. Bollard T, Maubach N, Walker N, Mhurchu CN. Effects of plain packaging, warning labels, and taxes on young people's predicted sugar-sweetened beverage preferences: an experimental study. *Int J Behav Med.* 2016;13(1):95.
60. Arrúa A, Machín 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 Nutr.* 2017;20(13):2308-2317.
61. 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.

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