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Policymakers' Understanding of Ultra-Processed Foods in Ireland: Definitions, Perceptions, and Policy Implications

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1 - Context

With UPFs, we are at a juncture where the evidence of their poor diet-related health outcomes is robust and mounting, yet the policy response in Ireland and other nations is still embryonic. This research is premised on the idea that bridging this gap begins with understanding the perceptions and knowledge of policymakers themselves. Drawing on the commercial determinants of health framework, this study investigates how Irish policymakers define UPFs, how they perceive the evidence (or lack thereof), and what influences their stance, intending to uncover the barriers and opportunities for incorporating UPF guidance into Irish food policy. Ultimately, the goal is that Ireland, like Brazil or Chile, can move toward policies that explicitly address UPFs.
Four core motivations shape the focus of this research, namely: (1) Evidence of corporate interference in the contested definitions of UPFs; (2) Widespread misunderstandings of what constitutes a UPF among policymakers and the public; (3) The notable absence of UPFs in Irish policy discourse compared to countries that have embraced the concept, and (4) The public health risks of ignoring UPFs given their strong links to non-communicable diseases (NCDs).

1.1 Food Industry Influence on UPF Research

At the heart of the UPF debate lies a fundamental question: what exactly counts as "ultra-processed"? The term originates from the NOVA classification, which categorizes foods by their degree of industrial processing rather than nutrient content [1]. While NOVA's framework has been widely adopted in nutritional epidemiology and even by some national guidelines, this has not been achieved without retaliation, particularly by those with vested interests in the food industry. A 2018 study mapped the network of experts writing articles critical of the NOVA classification. They identified 38 such authors and found that 33 of them – an overwhelming majority – had relationships with ultra-processed product (UPP) industries, often undisclosed [2]. Some were directly employed or consulted for food multinationals, and others were affiliated with industry-funded organizations. For instance, the International Life Sciences Institute (ILSI), an organization funded by giants like Coca-Cola and Nestlé, appears frequently in this network and was central in the network of critics challenging NOVA's credibility. Indeed, one taxonomy of industry tactics describes how companies "shape evidence to manufacture doubt" by funding research to produce favourable information on issues that might motivate regulation [3].
A frequently cited critique of the NOVA system argued that NOVA's categories are too vague for practical dietary advice and "fail to demonstrate the criteria required for dietary guidance" such as understandability and practicality [4]. While this perspective raises some ostensibly valid concerns about NOVA, the concept and background work for much of the paper was done by an ad hoc industry-linked task force representing the Academy of Nutrition and Dietetics and the American Society for Nutrition, which both have links ('sponsors' and 'sustaining partners' respectively) to companies that make UPFs. The author herself also disclosed multiple industry affiliations in the research paper.
Recognizing this dynamic of conflicting definitions entangled with corporate interference was the first motivation for my research, as it signals a need to examine what information and definitions policymakers in Ireland are encountering.

1.2 Confusion Among Experts

Although the critiques of NOVA are often tied to food industry actors, it doesn't imply that the classification is completely perfect. A recent qualitative study with food and nutrition professionals revealed disagreements on the scope and degree of processing and difficulty in coming to a consensus on an agreed definition and communication with the public of UPFs [5]. Other studies show similar results of confusion or disagreements among experts [6, 7].

As such, one fundamental step in guiding effective policy is ensuring that policymakers have a clear, unified understanding of what UPFs are (and are not). Documenting how Irish policymakers currently define or recognize UPFs and the NOVA classification is a critical step to this goal.

1.3 Limited Discourse on UPFs in Irish Policy

Simply put, UPFs barely feature in Irish policy discourse. Countries like Brazil, Chile, and others have made UPFs a central concern in their dietary guidelines and regulations. Subtle mentions of UPFs appear in a 'Briefing Paper' from the Commission on Taxation and Welfare [8] and policy recommendations by the UCC School of Public Health for tackling obesity (Harrington, 2020). But, to the best of my knowledge, this acknowledgement has not yet translated into clear guidelines or public awareness campaigns naming "ultra-processed foods" as a distinct category to watch. Is this due to less public awareness or pressure? Disagreements on the scope/definition of UPFs? A lack of confidence in the evidence of the negative health effects of UPFs? Part of the motivation for this study is to explore not only the factual gap (i.e. that Irish guidelines don't mention UPFs) but also the perceptual and cognitive gap it may reflect among policymakers, and thus illuminate the reasons behind Ireland's policy silence. As the *Healthy Ireland Strategic Action Plan 2021–2025* reaches its conclusion this year, there is a timely opportunity to ensure that UPFs are meaningfully incorporated into its successor.

1.4 Negative Health Effects of UPFs

The final and perhaps most compelling motivation for this thesis is the negative public health implications associated with UPFs. In just the past few years, findings linking UPFs to health problems have accelerated. By 2023, the evidence had accumulated to the point that the BMJ published an umbrella review summarizing the health outcomes associated with UPFs. The results were both striking and alarming: higher exposure to UPFs was consistently associated with increased risk of 32 different adverse health outcomes, such as cardiometabolic diseases, cancers, gastrointestinal disorders, mental health conditions and more [9]. For example, the review found "convincing evidence" that diets high in UPFs lead to a roughly 50% greater risk of cardiovascular disease-related mortality, a nearly 50% higher risk of being diagnosed with depression or anxiety, and a modest but significant increase in risk for type 2 diabetes.
According to the Journal of Public Health Nutrition, Irish shopping baskets contain 45.9 per cent UPFs, making us the third highest consumer after Britain (50.7%) and Germany (46.2%) [10]. Across high-income countries, the share of dietary energy [11] derived from UPFs can be as high as 58% as seen in the US [9], while adolescents in the UK get nearly two-thirds of their daily calories from UPFs [12]. Thus, ignoring this category in dietary guidelines or food policies is increasingly seen as a dangerous omission.

These four motivations underscore the importance of addressing UPFs in Irish policy, given their significant health risks, while also shedding light on key barriers, including industry influence and widespread misunderstanding of the term, that may be hindering progress.

2 - Evidence Base

The evidence base for this research consists of policymakers and food experts involved in public health and food policy. There was a required level of reflection on how best to define and access this group. Policymaking is not confined to elected officials or those who directly draft legislation. It involves a broader ecosystem of actors including advisors, civil servants, analysts, public health professionals, and researchers who all contribute to shaping and implementing food and nutrition policy. Given this, I deliberately adopted a broad definition of "policymakers" for this research: individuals who influence, develop, or implement food and public health policies at various levels of governance. This includes roles (specifically related to food and health) such as legislative, advisory,

regulatory, academic, health professional, and public communication positions. If the survey was limited to individuals involved in direct legislative or regulatory decision-making, it may have yielded more targeted insights into UPF perceptions within government. However, this narrower focus was not feasible given the time and access constraints of this research project. More importantly, incorporating a diverse range of voices from dietitians, health experts, and academics provided a richer and more nuanced perspective on how UPFs are understood across the broader policy landscape.

Similar approaches to using a wide evidence base in examining experts' opinions on UPFs are seen within the literature: online discussion groups with a range of professionals from the fields of nutrition, food technology, policy-making, industry, and civil society in the UK [13], examining the proceedings from a roundtable event, also in the UK, which involved individuals from academia, policy, behavioural science, communications, health, food science, retail and consumer interests [7] and convening interdisciplinary experts from government, academia, and industry to discuss processed food intake and risk for obesity and CMDs in the United States [6]. By comparing expert views on NOVA, UPFs, and communication strategies, this study echoes the methods and themes of international public health research, while bringing a fresh policy focus to the Irish landscape.

Collecting data directly from those who inform, develop, or implement policy is essential to understanding how UPFs are perceived in an Irish policy-making context. In a world where the discussion of UPFs is becoming much more prominent in both mainstream media and academic literature, it is imperative to understand the positions and perceptions of policymakers on this topic, particularly given the fact the Irish government has been quiet on this issue.

3 - Methodology

A quantitative primary research design was employed using an online survey to explore policymaker's perceptions, awareness, and policy positions on UPFs in Ireland. In designing the survey, several existing studies were reviewed that examined expert and professional opinions on UPFs and food policy, and opinions on other related topics such as obesity [14]. Some questions were adapted or inspired from these sources, for example, Q's 10, 11 and 28 [15] [16]. Other questions were designed to create comparable findings with qualitative "focus group" style methodologies used in international research, allowing for comparison of Irish findings with those from other regions [5-7]. The survey was carefully tailored to the defined target audience, using language and concepts appropriate for professionals in the health and policy sectors. By grounding the questionnaire design in existing academic literature and using tested question types, I sought to ensure internal consistency and the accurate measurement of key themes. The questionnaire consisted of both closed-ended and open-ended questions. See Appendix 1 for the full survey.

Before launching the survey, a research ethics form was completed and approved. A 'Participant Information Leaflet' was developed and included at the beginning of the survey and accompanying survey invites, outlining the purpose of the research, participation requirements, the right to withdraw at any stage, and the benefits of contributing to this study. Participants were assured that all responses would be treated with strict confidentiality and remain completely anonymous. Survey distribution was conducted between March 3rd and March 24th, 2025. Over 160 personalised email invitations were created and distributed via SurveyMonkey's email invitation tool. Targeted individuals included: current TDs and government ministers, such as those on the Committee on Health in the 33rd Dáil, Ministers and Junior Ministers of Health and Agriculture, Food & The Marine and TDs on the Food Reformulation Task Force, public health and nutrition academics from UCD, UCC, and Trinity College Dublin and Healthy Ireland 'Local Healthy Coordinators' and 'Local Development Officers'. Invitations were sent to public health organisations and other related

institutions such as FSAI, Safefood, Irish Heart Foundation, INDI, IrSPEN, ESRI and Consumer's Association Ireland. In addition, support from my thesis supervisor facilitated further distribution to a wide network of key dietitian professionals in the HSE. Reminder emails were sent after one week to boost response rates. A total of 76 responses were received before the survey closed. To ensure validity, responses were filtered to exclude any 'incomplete response' that left more than half of the survey unanswered, resulting in a final dataset of 60 valid responses.

In terms of reliability, the use of structured, close-ended questions helped standardise responses and reduce ambiguity. The inclusion of open-ended questions also allowed respondents to elaborate on complex or nuanced views, providing richer context to support interpretation. Quantitative data was analysed using basic descriptive statistics to identify trends in familiarity, knowledge, and opinion. Open-ended responses were reviewed thematically to extract key qualitative insights, particularly regarding areas on the communication of UPFs, policy recommendations, and arguments for or against action on UPFs. The findings are outlined and discussed below, categorised by primary themes.

4 - Findings

4.1 Survey Demographics

86% of the survey was completed by females (Q#2). The most common areas of employment of respondents were health professionals/dieticians (45%) and academics/researchers in food, nutrition or public health policy (32%). The remaining respondents consisted of politicians (5%), civil servants (7%) and other (10%) consisting mostly of local government employees (Q#3). 42% of all respondents have more than 20 years of experience in their field and 25% have between 10 and 20 years of experience (Q#5).

4.2 Expert's Understanding of UPFs

85% of respondents were either extremely familiar or familiar with the term UPFs, while no respondents were not familiar with the term (Q#7). These figures are backed up by respondents' definitions of UPFs in their own words. Many participants correctly recognise UPFs as foods that have undergone extensive processing, contain long lists of ingredients, particularly additives, emulsifiers and preservatives, and cannot typically be made in your kitchen (Q#8).

When asked how well they think the general public understands UPFs, 12% said not at all, 55% said a little bit and 33% said a moderate amount. No participants think that the general public understands UPFs "a lot" or "a great deal" (Q#9). This finding is synonymous with the extensive literature carried out on consumer perceptions of UPFs. A pan-European study carried out by the EIT Food Consumer Observatory found that 61% of consumers successfully identified energy drinks as ultra-processed. 59% successfully identified raw eggs as unprocessed, however, 41% classify eggs as having gone through some form of processing. Consumers generally underestimate how much UPF they eat and this is likely linked to their ability to identify UPFs [11]. A Greek study found that 40% of participants had little or no awareness of the term UPFs [17]. More importantly, they showed a strong negative relationship between knowledge and consumption of UPFs, which highlights the importance of increasing consumer knowledge to curb the consumption of UPFs.

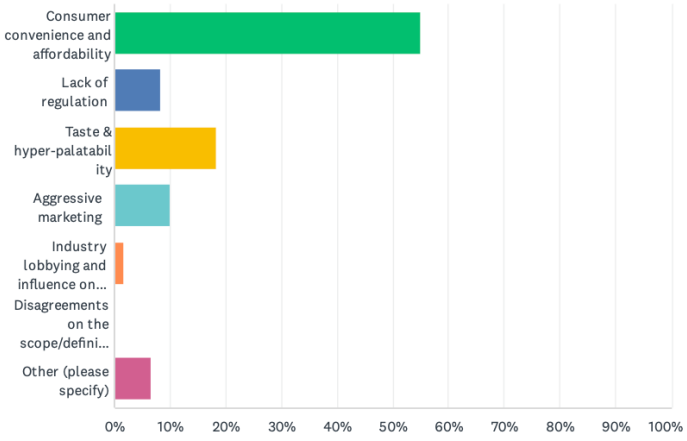
While it is common for studies of this kind to compare expert and consumer knowledge, this goes beyond the scope of this research. There hasn't been a particular review of Irish consumers' perspectives on UPFs, presenting a gap for future research. However, given the findings from Europe and neighbouring countries, we can assume that the Irish consumer's understanding of UPFs is not perfect and is one of the contributing factors to their increased consumption. It is useful to know how the Irish public perceives, understands and identifies UPFs to inform public policy on the subject

[14]. Q#9 responses highlight that policymakers themselves are aware of the gap in public understanding of UPFs - a positive insight from this study.

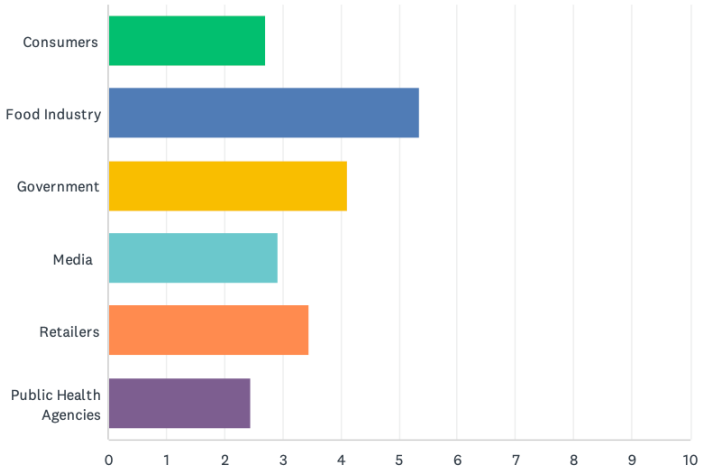
Respondents were also tested on their understanding of the NOVA classification (Q#10). Before the survey, 32% of respondents were 'very or extremely familiar with NOVA', 28% 'somewhat familiar', 15% 'not so familiar' and 25% 'not at all familiar'. For a group of policymakers and food experts, this indicates a surprising lack of deep familiarity with the NOVA classification system. Participants were then asked to categorise 5 different foods using the NOVA classification (Q#11). Ice cream was the most successfully categorized food item, recognised as NOVA 4 by 77% of respondents, followed by porridge oats recognised as NOVA 1 by 67% of respondents. Scores fell down for whole grain sliced bread and unsmoked bacon rashers, successfully recognised as NOVA 4 by only 33% and as NOVA 3 by 45% respectively. These scores are significantly lower than the 85% of respondents who said they were either extremely familiar or familiar with the term UPFs (Q#1), but fairly on par with the 32% of respondents who were familiar with the NOVA classification. As such, general familiarity with UPFs does not translate into technical proficiency with NOVA. While clear examples of ultra-processed and minimally processed foods are recognised, there is notable confusion around foods that fall in between, especially those with a perceived health halo. Even among policymakers and experts, there is a need for deeper education on how the NOVA system works and how to apply it to real-world food products. This finding is also observed in the literature [5-7]. With that being said, 70% of respondents agreed or strongly agreed that the NOVA classification system is a useful tool for guiding public health and policy decisions (Q#28). Considering the small amount of participants familiar with NOVA, this is quite a large response in favour of using NOVA in policy. This could be due to respondents learning about NOVA or realizing other countries use NOVA while participating in the survey. Indeed one participant noted that "*This survey has given me a greater understanding regarding UPFs"* – a brief insight into the potential effectiveness of educational programmes on this topic.

4.3 The Causes and Effects of UPFs

Participants were asked to choose from one out of six options as to what they think is the primary cause of increased UPF consumption (Q#14). Consumer convenience and affordability overwhelmingly topped the list, accounting for 55% of responses, with taste and hyper-palatability coming in second at 18% (Graph 1). These findings strongly mirror those of European and UK consumers, whose primary motivations for eating UPF are their convenience, price and taste [11, 18], indicating that policymakers have a good understanding of why consumers are mass consuming these products. However, an issue arises when we examine *how* consumers get access to these cheap, tasty and convenient goods. A striking inconsistency emerged in the survey data: respondents were asked to rank 'who holds the most responsibility for the high consumption levels of UPFs' (Q#15). The food industry was ranked as the actor most responsible, with a weighted score of 5.35 and ranked as the *most responsible* by 53% of respondents (Graph 2).



Graph 1: Primary cause of UPF overconsumption



Graph 2: Level of responsibility for the high consumption of UPFs

In terms of causes, only one respondent thought that 'industry lobbying and influence on policy' was the primary cause of increased UPF consumption[1]. This suggests a potential disconnect between perceived responsibility for the outcome and the identification of lobbying as the mechanism by which the outcome is enabled. Although taste, convenience, and price are widely acknowledged by consumers and experts as a key driver of consumption, these factors may be shaped by more upstream factors, such as the industry's lobbying power and its influence on regulation. A 2024 analysis found 268 industry-affiliated interest groups such as trade associations and front groups acting on behalf of major UPF manufacturers like Nestlé, Coca-Cola and PepsiCo, often headquartered in Washington D.C. and Brussels to access powerful policymakers [19]. These groups actively lobby key decision-makers to influence policy in favour of corporate interests, using tactics such as public-private partnerships and promoting voluntary self-regulation. Research warns that this web of influence obstructs or weakens policies on UPFs by delaying, diluting, or derailing regulations aimed at improving diets [19]. Here in Ireland, we are certainly no strangers to lobbying. A 9-year battle was fought with the alcohol industry to implement the Public Health (Alcohol) Act 2018. While the end result was successful, the industry had some success in influencing and delaying the policy [20].
Policymakers and experts should have a well-rounded view of the industry and better recognise the level of lobbying by the food industry. The extremely low percentage of respondents (1.67%) who saw lobbying as the primary cause of increased UPF consumption could reflect a blind spot in expert and policymaker thinking - one that may limit the effectiveness of future policy responses.

In terms of health effects, the survey data shows an overwhelming response of 87% of policymakers who perceive the impact of UPFs as 'very negative' or 'negative' on public health (Q#12). 58% of respondents believe UPFs significantly contribute to rising rates of obesity and NCDs in Ireland (Q#13). This supports the concerns raised in the context section, where existing literature links high UPF consumption with a broad range of negative health outcomes. The alignment between policymakers' perceptions and the scientific evidence strengthens the rationale for further policy attention and potential regulatory action on UPFs in Ireland.

[1] This question (Q#14) only enabled respondents to give one answer - what they thought was the number one primary cause of increased consumption of UPFs. 4 respondents chose 'Other' as the primary cause and all 4 noted that "all of the above" were contributing factors. While it is likely that many respondents would have chosen 'all of the above' if given the option, and 'all of the above' is true, this argument aims to highlight the insignificant number of respondents who chose industry lobbying and influence as the primary cause.

4.4 Communication of UPFs to the Public

Thus far, Irish policymakers are aware of the lack of consumer understanding and the negative health effects of consuming UPFs. The next question raised is 'Should this be communicated with the public, and if so, how?' The British Nutrition Foundation (BNF) convened a virtual roundtable on the 6th of July 2022 to gather views on the use of the term UPF for public health messaging with a small group of invited expert stakeholders. Proceedings of this roundtable are analysed in the literature. (Lockyer et al., 2023). The paper notes "*The concept of UPF should not feature in dietary advice. There is a lack of a consistent and accepted definition and understanding on causal links".*

The findings from this research are at odds with this statement. Firstly, and most directly, 62% of respondents think that future health policies and dietary guidelines in Ireland should explicitly address UPFs (Q#27). This will be discussed further in a later section.

Secondly, no respondents felt that 'disagreements on the scope/definition of UPFs among policymakers' were the primary cause of increased UPF consumption (Q#14 and Graph 1). In fact, only 7% of respondents think 'definitional challenges' are the biggest barrier to regulation, while 58% believe that 'industry influence' is the biggest barrier (Q#32). As discussed in the context section, definitional issues are a popular argument put forward by authors with vested interests in the food industry. Indeed, the BNF who worked on the publication of this paper and the planning of the roundtable event received funding through donations from several major food industry companies, including Coca-Cola, Kellogg's, PepsiCo, Mars, and others (Lockyer et al., 2023). Thus, while definitions and classifications among Irish policymakers are not perfect, they should not be a barrier to UPF policy. Rather they should be recognised and rectified to enable the creation of policies. Further, policymakers should be wary of definitional arguments in academic literature (the joint most used source of info by policymakers as per Q#17) and other information sources as they may reflect industry-funded efforts to resist regulation.

4.5 Positions on Current Policy

The purpose of this section of the survey was to gain insight into policymakers' familiarity with current food and nutrition policies provided by The Department of Health (DOH) and/or the HSE and whether or not they thought that these policies specifically addressed UPFs (Q#25). To the best of my knowledge, there are no food or nutrition policy documents published by the DOH or the HSE which explicitly reference UPFs in any way, for example, discouraging consumption, limiting production or advertising, or through food processing classifications like the NOVA system. A broad theme observed across these documents is to limit the consumption of HFSS (high in fat, sugar and salt) foods. Foods such as cakes, biscuits, takeaways and ready meals are considered 'processed foods' in the current dietary guidelines, yet they are considered UPFs under the NOVA classification. Many UPFs are inherently high in fat, sugar and salt, and so the current recommendations should sufficiently convey the message that consumption of these foods should be limited. However, there are some exceptions. Packaged wholegrain bread and fortified cereals are considered UPF under the NOVA classification but aren't necessarily HFSS foods. Irish policy documents don't provide guidance on recognising such foods as UPFs. A staggering 87% of policymakers agree that 'journalists and social media creators dominate the public conversation on UPFs more than the Irish government and experts' (Q#18). Differing classifications between government policy documents and information from the media may result in mixed messages and reduced trust in official guidance. The 'Roadmap for Food Product Reformulation' document concludes that "*reformulation of processed foods provides a realistic opportunity to improve the health of a population through improving the nutritional characteristics of commonly consumed processed foods*." While this argument holds, it fails to address the level of processing involved in creating these foods. This ties back to the debate within the literature between the nutritional composition of food and the level of processing in foods [21, 22]. The result is a landscape with lots of detailed policies and advice for both consumers and experts, yet it fails to meaningfully confront the widespread presence of UPFs in our daily diets.

60% and 58% of policymakers reported being '*extremely familiar'* with 'The Food Pyramid Information Leaflet' and both the 'Professional and Consumer versions of The Food Pyramid' respectively (Q#25). However, when asked if the policy document explicitly referenced UPFs, 33% of respondents were unsure and 19% of respondents incorrectly answered 'yes' for the 'The Food Pyramid Information Leaflet' (Q#26). Similar results were observed for both of the Food Pyramid versions. Although policymakers reported high levels of familiarity with the Food Pyramid and the associated information leaflet, there was notable confusion regarding whether these documents explicitly reference UPFs.

While the data suggests that policymakers have a solid understanding of UPFs - demonstrated through their familiarity with the term, accurate definitions, and mostly correct NOVA food classifications - the issue lies not with their comprehension, but with their assumptions about existing policy content. The finding points to a disconnect between what policymakers believe is included in national dietary guidelines and what is actually present. This may stem from an assumption of progress - 'since the topic is being widely discussed, surely policy has caught up'. Alternatively, policymakers could be conflating HFSS foods and UPFs, leading them to mistakenly believe UPFs are already covered under the HFSS umbrella. If The Government were the 'loudest' source pushing the UPF narrative rather than mainstream media, I think policymakers would have recognised the presence (or lack of) UPFs in national dietary guidelines substantially better. This disconnect could result in policy delay or inaction, if policymakers assume UPFs are already addressed in policy and dietary guidelines.

4.6 Enacting Future Policy

Given the discussion and findings of this paper, I believe that UPFs should be considered in Irish policy guidelines. This is also backed up by survey responses, as 62% of respondents agree that 'future health policies and dietary guidelines should explicitly address UPFs by incorporating the NOVA classification or a similar system that accounts for the level of food processing' (Q#27, also see Q#24 & Q#29). However, policies need to be approached with caution, as *"blanket advice to reduce UPF could have potential adverse consequences on nutritional intake and/or weekly food bills" [7].* This is certainly synonymous with the findings from my survey.

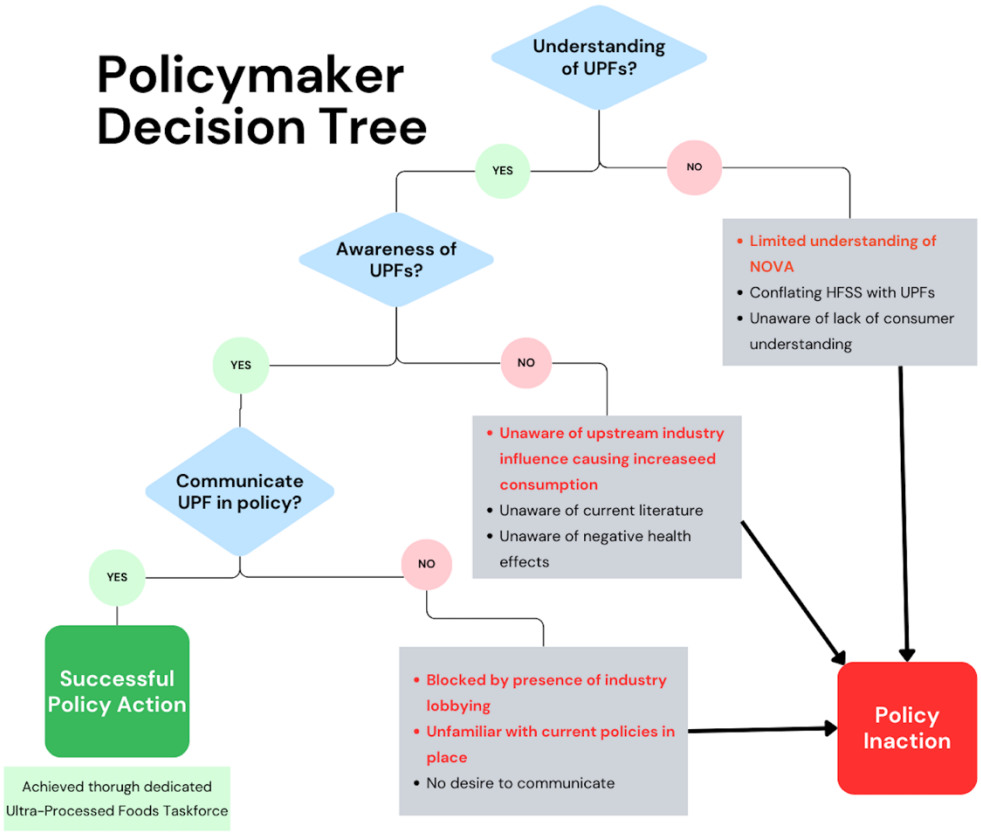
Policymakers were questioned on their awareness of some existing arguments in favour of consuming UPF (or arguments that try to defend UPF from scrutiny). Overall, the results show that policymakers are aware of existing arguments put forward in the literature that can have genuine negative connotations for the public, such as affordable access to nutrients, if the dietary advice is communicated poorly (Q #20 & #21). An open-ended question asked for any other arguments they had encountered supporting the idea that policymakers should approach UPFs with caution rather than hastily dismissing or discouraging them (Q #22). Results from this question were extremely insightful, particularly those from health care professionals and dieticians who commented on medical/dietary needs. For example:

> "*I work in paediatrics. For neurodiverse children/children with ARFID much of their diets may be comprised of UPFs. They need the level of predictability that UPFs provide. The binary nature of the discourse around UPFs is adding to the burden of anxiety and guilt for families struggling to provide food for children with very specific needs."*
>
> *"with frailty and vulnerable people, UPFs can be a useful tool"*
>
> *"People may be recommended UPFs for certain conditions"*

I had previously not encountered these arguments and they are certainly not as common as arguments such as practical benefits, nutritional value, criticisms of NOVA or communication of UPF,

which were largely discussed by other respondents. While it's encouraging to see these arguments acknowledged, it's equally important to consider less obvious areas affected by UPFs, such as individuals with ARFID. It suggests that the effects of UPFs are much further reaching than what we typically expect or hear about in the day-to-day news/social media. Clear and supportive government advice could help lessen the burden on these families and those who rely on UPFs for medical reasons. It is encouraging that policymakers are aware of these arguments, as it equips them to make more informed and balanced policy decisions. While such factors deserve careful consideration in the policymaking process, there remains strong support for implementing targeted policies to address the impact of UPFs.

All of the above results are summarised here using this 'Policymaker Decision Tree'. The texts highlighted in red represent the key factors leading to policy inaction on UPFs in Ireland.



5 - Conclusion: Recommended Policy Action

This case study set out to explore how Irish policymakers perceive and understand UPFs and how their insights align or diverge from existing research and international policy trends. What emerged from this research was not just a reaffirmation of the growing recognition of UPFs as a public health challenge, but a compelling case for targeted, transparent, and adaptive policy action that meets the complexity of the issue without succumbing to oversimplification. As such, we arrive at the central question of where this discussion is heading: "What is the best policy action to take to address the over-consumption of UPF?". This is a vast discussion and its full entirety goes beyond the scope of

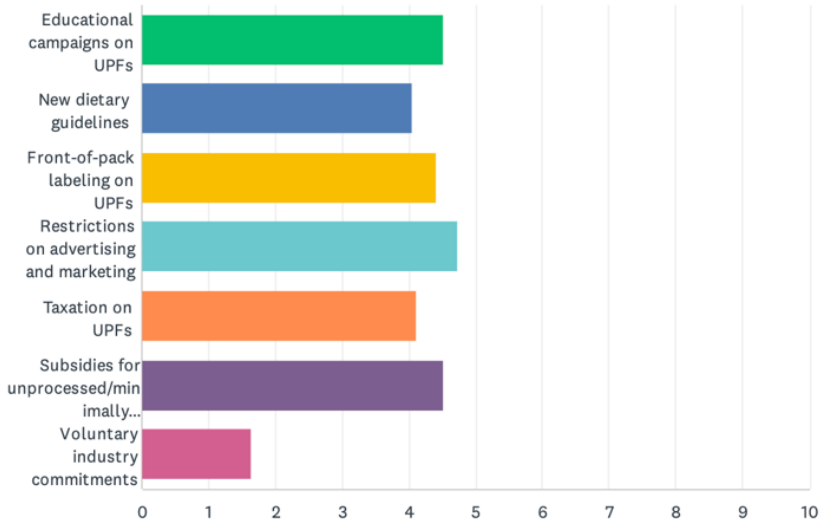
this case study. In fact, UPFs as a whole concept represent a complex and multifaceted area, with many factors to take into account. Therefore, a key recommendation I suggest is to establish a dedicated Ultra-Processed Foods Taskforce. It should be comprised of experts in public health nutrition, economics, behavioural science, food systems, communications, and policymaking, with the end goal of developing a strategic, evidence-based and contextual approach to UPF policy in Ireland. The following actions will help the Taskforce achieve this goal.

Conduct Cross-National Policy Evaluation

The Taskforce should assess the effectiveness of UPF policies in other countries. It should analyse the design, implementation, and outcomes of key interventions such as front-of-package labels in Chile [23], dietary guideline reform in Brazil and Canada [24], and sugar & UPF taxes in Mexico [25]. Importantly, the Taskforce must account for the interdependence of policy tools by recognising that the most successful outcomes arise from multi-component strategies, rather than relying on one policy alone [26].

Incorporate Stakeholder Perceptions into Policy Design

This research contributes valuable insight into what Irish food and health professionals believe are the most effective policies. There was notable support for a range of policies (Graph 3 and Q#31). 26% of respondents chose 'educational campaigns' and 'taxation' as their first-choice policy. An open-ended question provided policymakers with the opportunity to elaborate on the policies they would like to see (Q#30). Similar themes to Q#31 like front-of-package labelling, education and transparency and awareness were present. This aligns with findings that many countries exhibit a "behavioural bias" in UPF policy: an overreliance on consumer-focused interventions (e.g. nudges, labels, and education) at the expense of structural, food systems-level change [27]. While these policies can be successful in achieving lower consumption of UPFs, it is important to consider policies aimed at upstream interventions that focus on UPF producers rather than consumers. 'Voluntary industry commitments' is a visual outlier on the graph, with 72% of respondents ranking it as the *least effective* policy intervention. Policymakers are rightly sceptical that the industry would voluntarily prioritise public health over profits, implicitly reinforcing the case for mandatory or government-led interventions.



Graph 3: Most effective policies to reduce consumption of UPFs
Note: X-axis represents weighted score of the rankings i.e. a higher score indicates a more effective policy

Embed UPFs into Dietary Guidelines

The Taskforce should explicitly integrate the concept of UPFs into Ireland's dietary guidelines, using a 'targeted transparency' framework. The goal is not to apply a blanket guideline discouraging all UPFs, but rather to clearly communicate distinctions within the UPF category, guiding the public away from discretionary or harmful products (e.g. confectionery, and sugary snacks) while allowing a certain level of space for practical, nutrient-dense options.

Addressing the over-consumption of UPFs requires a systemic, coordinated response grounded in scientific evidence, transparency, and public interest. By establishing a dedicated UPF Taskforce and committing to a whole-of-society approach, Ireland has the opportunity to lead by example in shaping a healthier, more sustainable food environment. The insights shared by policymakers in this case study offer a valuable starting point for creating meaningful, long-term action.

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Appendix 1 - Survey

For the purpose of anonymity, the following items/questions have been removed or redacted:

Q4 “What is your specific job title, role or position” has been removed.

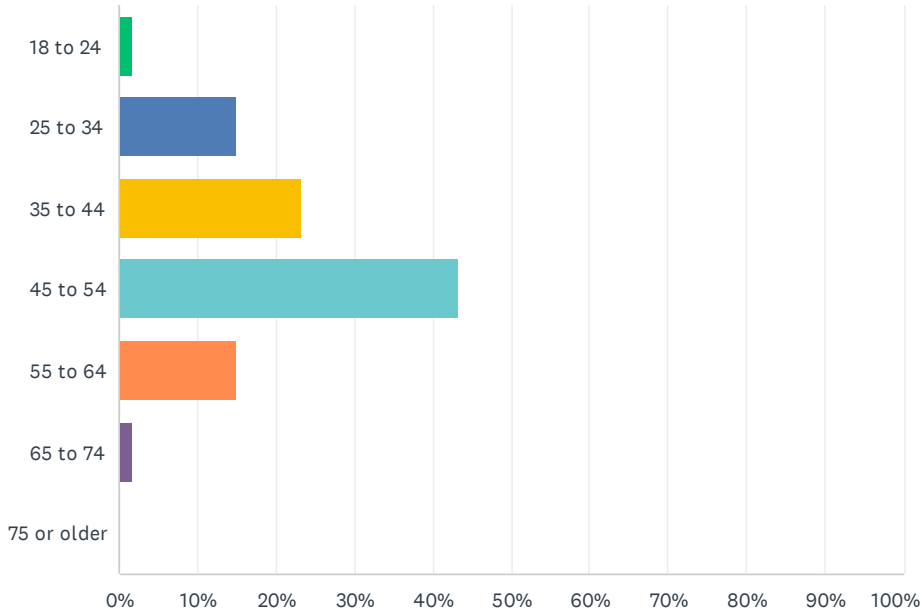
Q34 “Would you like to receive a copy of the completed research project when it is completed?” has been removed

Time and date stamps have been redacted

‘Other’ options from Q’s 3 and 6 have been reddacted

Q1 What is your age?

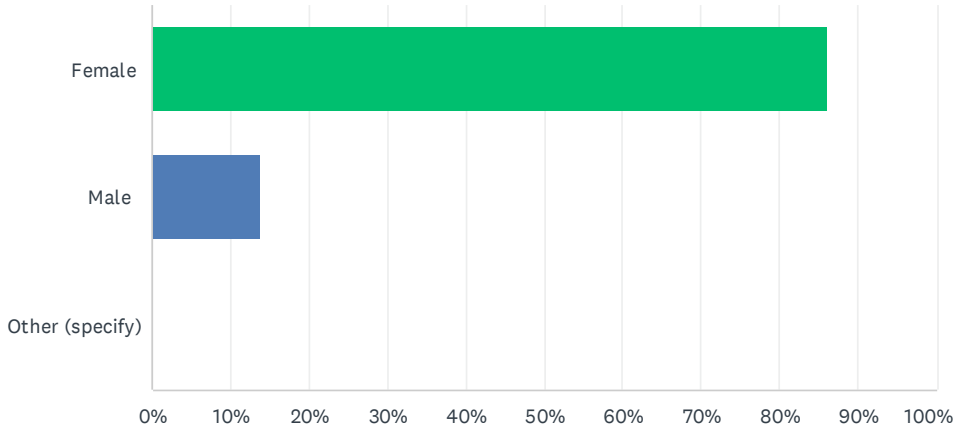
Answered: 60 Skipped: 0



ANSWER CHOICES	RESPONSES	
18 to 24	1.67%	1
25 to 34	15.00%	9
35 to 44	23.33%	14
45 to 54	43.33%	26
55 to 64	15.00%	9
65 to 74	1.67%	1
75 or older	0.00%	0
TOTAL		60

Q2 What is your gender?

Answered: 58 Skipped: 2

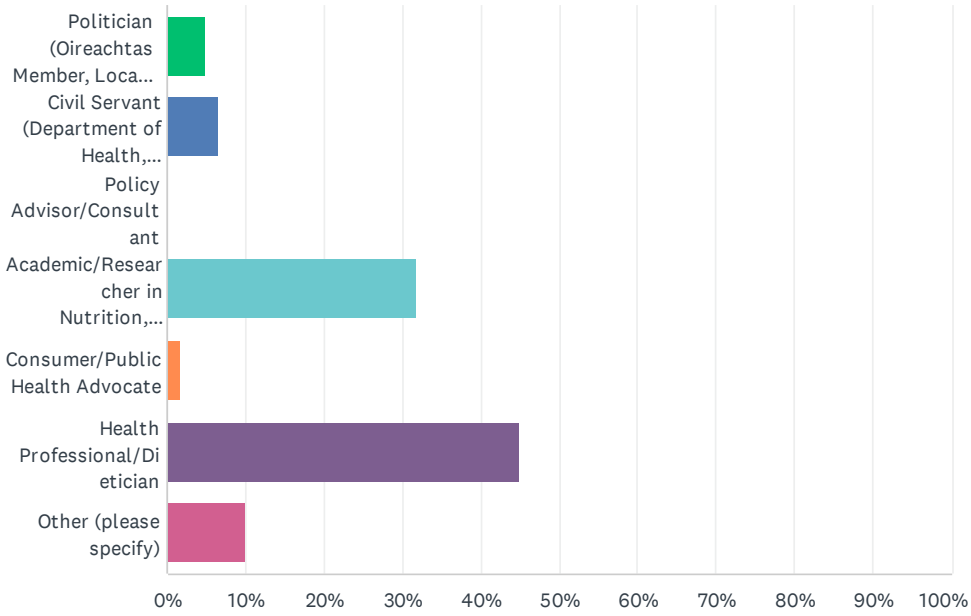


ANSWER CHOICES	RESPONSES	
Female	86.21%	50
Male	13.79%	8
Other (specify)	0.00%	0
TOTAL		58

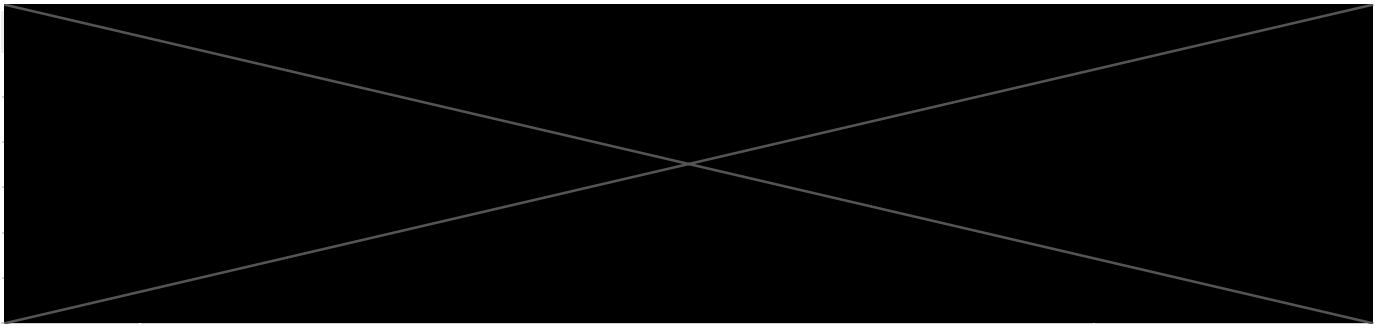
#	OTHER (SPECIFY)	DATE
	There are no responses.	

Q3 What is your area of employment

Answered: 60 Skipped: 0

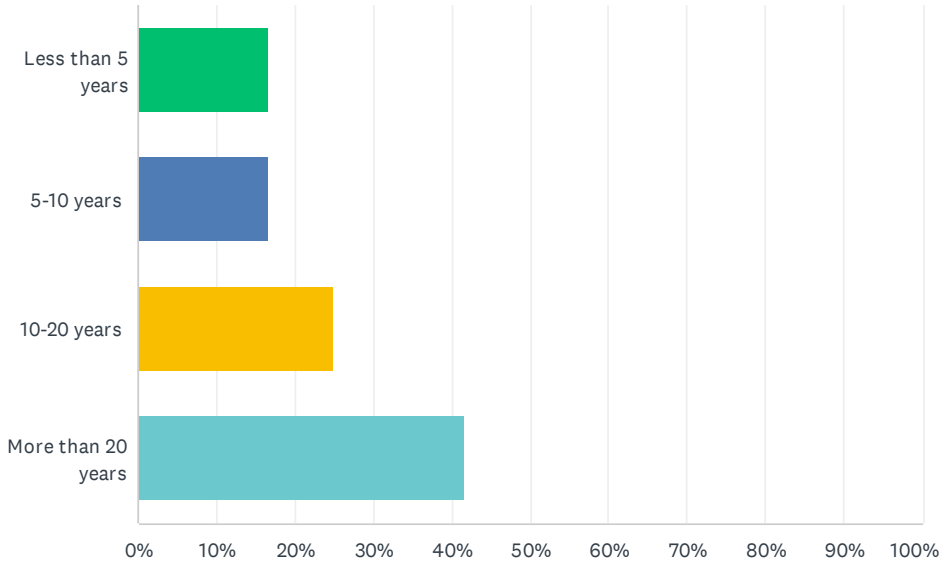


ANSWER CHOICES	RESPONSES	
Politician (Oireachtas Member, Local Government Official)	5.00%	3
Civil Servant (Department of Health, Agriculture, Trade, etc.)	6.67%	4
Policy Advisor/Consultant	0.00%	0
Academic/Researcher in Nutrition, Public Health, or Food Policy	31.67%	19
Consumer/Public Health Advocate	1.67%	1
Health Professional/Dietician	45.00%	27
Other (please specify)	10.00%	6
TOTAL		60



Q5 How many years of experience do you have in your field?

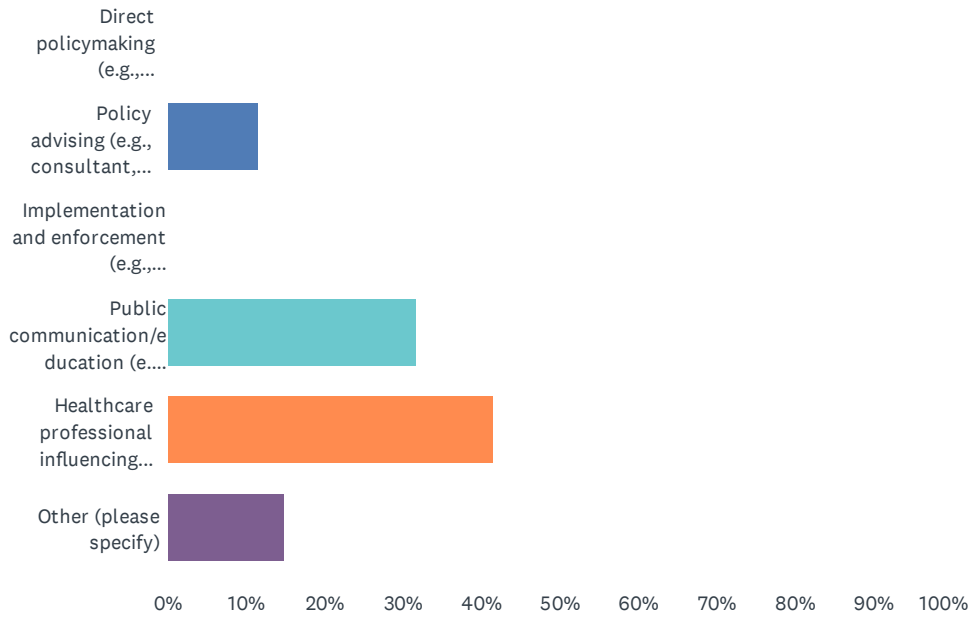
Answered: 60 Skipped: 0



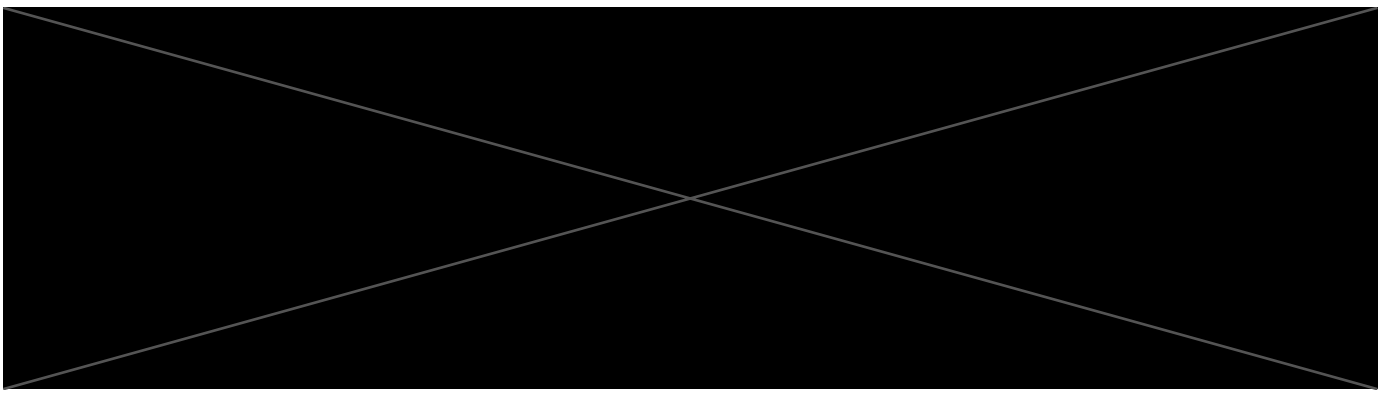
ANSWER CHOICES	RESPONSES	
Less than 5 years	16.67%	10
5-10 years	16.67%	10
10-20 years	25.00%	15
More than 20 years	41.67%	25
TOTAL		60

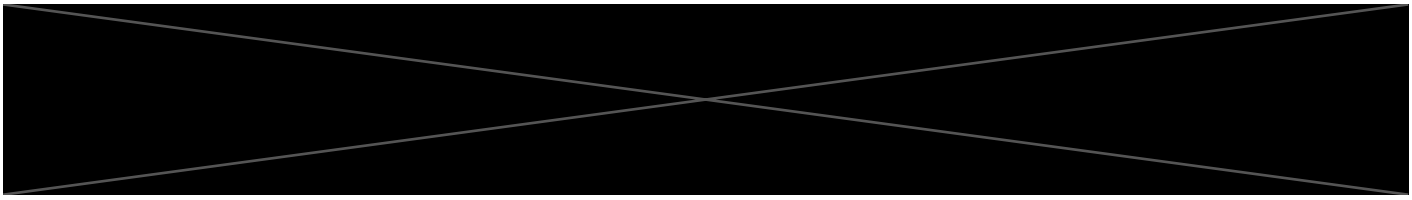
Q6 In what capacity do you contribute to food and public health policy?

Answered: 60 Skipped: 0



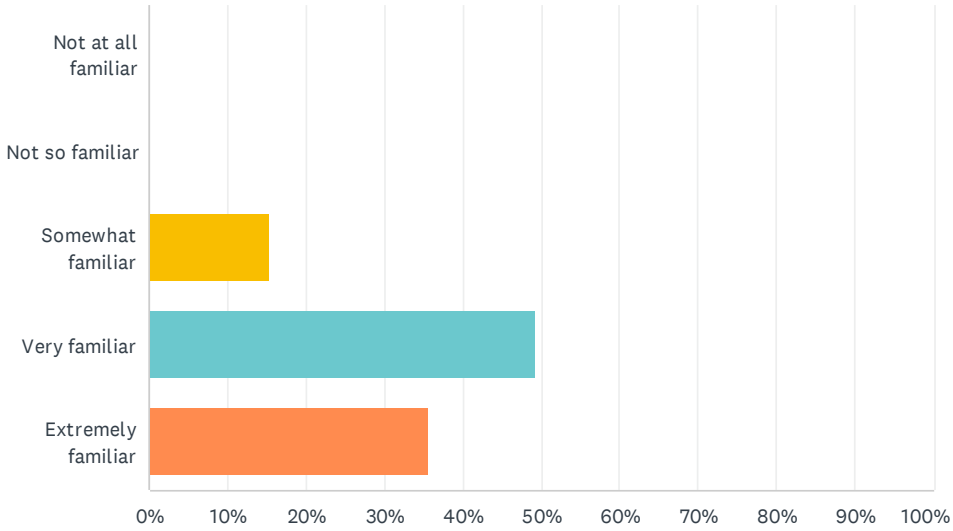
ANSWER CHOICES	RESPONSES	
Direct policymaking (e.g., government, regulatory bodies)	0.00%	0
Policy advising (e.g., consultant, expert panel, advocacy group)	11.67%	7
Implementation and enforcement (e.g., regulatory agency, health inspector)	0.00%	0
Public communication/education (e.g., media, advocacy, academic research)	31.67%	19
Healthcare professional influencing policy (e.g., dietitian, nutritionist, public health physician)	41.67%	25
Other (please specify)	15.00%	9
TOTAL		60





Q7 I am familiar with the term 'ultra-processed foods' (UPFs)

Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
Not at all familiar	0.00%	0
Not so familiar	0.00%	0
Somewhat familiar	15.25%	9
Very familiar	49.15%	29
Extremely familiar	35.59%	21
TOTAL		59

Q8 How would you describe UPFs in your own words?

Answered: 60 Skipped: 0

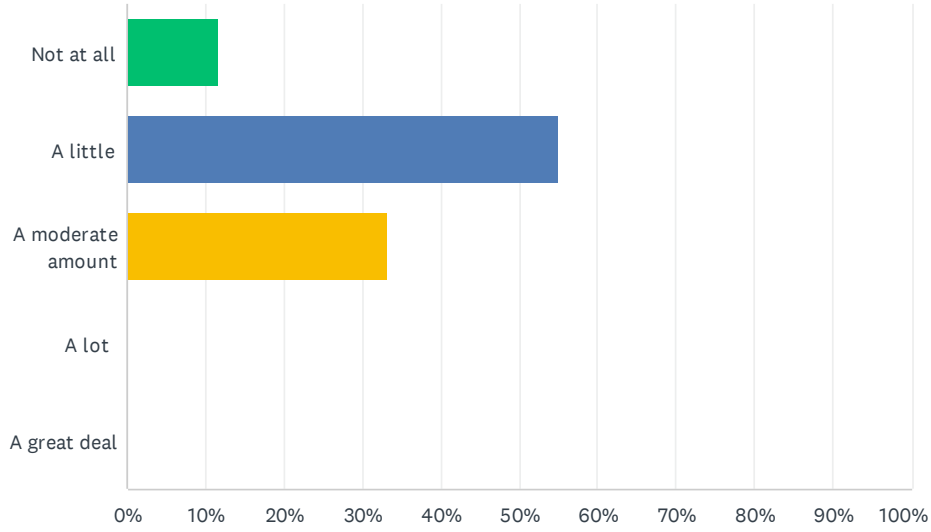
#	RESPONSES
1	Ultra processed foods are associated with obesity and over 50% of chronic diseases in Ireland. They are foods that have gone through multiple food processing and contain ingredients, additives that are not whole foods
2	manufactured foods which undergo several steps in production and may include additives such as preservatives, emulsifiers, stabilisers colours etc
3	Foods/drinks that have gone through extensive processing that changes them from their core food ingredient. EG Potatoes into crisps or milk in to chocolate. Usually have a long list of ingredients including flavourings and additives
4	Ultra processed foods typically have more than one ingredient that you never or rarely find in a kitchen. Tend to include many additives and ingredients not typically used in home cooking.
5	Foods whose ingredients you would not find in a regular kitchen cupboard. Significant additives, fats, salt and sugar. Enhanced shelf life.
6	Foods that have undergone processing and are now no longer in their original form
7	Food like products that contain one or more ingredients or follow processing that could not be found or conducted in a typical home kitchen.
8	Generally foods that may be high in added sugar, salt or fat and are processed using a combination of ingredients including additives that would not be found in a household kitchen
9	These are foods which have had a lot of processing in order to increase their shelf-life or physical properties e.g. adding stabilisers, salt, colour
10	junk Food very unhealthy food convenient food sometimes cheep food bland food same colour food - not eating the rainbow!
11	Foodstuffs with significant modification and or additives
12	Foods that have been processed in some way e.g. addition of additives, emulsifiers, etc
13	food that have gone through processing to lengthen their shelf life. Foods with complex ingredients
14	Long lists of ingredients in food, long shelf life.
15	Food or drinks items with many ingredients that you would not find in your kitchen, and products with lower nutritional value. aware of nova classification
16	Foods very highly processed in manufacturing process Lots of additives made (not just a few) Ingredients you would not have in your average kitchen
17	Foods that have been significantly modified with additives, preservatives, colorings etc (most of which are synthetic) to make them look more appealing to the consumer and to extend their shelf life, but altering their nutritional value in the process.
18	Foods that have been processed and contain additives, preservatives and often extra fat and sugar to make them more palatable
19	what it says on the tin, ultra processed
20	It'd a food you wouldn't be able to reproduce in your own kitchen. A food that has undergone extensive processing with several added ingredients to increase the palatability, shelf life and to make them convenient and cheaper
21	They are extremely modified foods which are convenient, palatable usually due to high sugar/ salt content with multiple additives like flavorings, preservatives and colorings.

22	Foods that are commercially manufactured or refined and often involve the addition of multiple ingredients to extend the shelf life, change colour or enhance the flavor of the food.	[redacted]
23	Foods that have been treated, processed, and added to using industrial methods to a degree that they no longer are recognizable from their original ingredients	
24	foods that have undergone a lot of processing and contain man made substances to extend shelf life and enhance flavour. They are very low in nutrition	
25	highly processed foods with minimal nutritional value with some exceptions i.e NOVA classification Group 4	
26	Foods that contain ingredients that a home cook would not have access to or the equipment to make	
27	Foods which undergone significant processing to enhance convenience, shelf life or palatability. How I describe it varies depending on the context and I may refer to agreed definitions.	
28	foods that are industrially manufactered, designed to have a long shelf life, typically laden with artificial enhancers, sweetners, colours etc.	
29	Food that I wouldn't find in my kitchen cupboard	
30	Foods which have been subjected to processing and reformulation which enhances their eating quality, functionality and shelf life.	
31	Less healthy, eat in moderation,	
32	Foods classified as such under the Nova system	
33	Over processed food with little nutritional value. Can contribute to poor health.	
34	I am familiar with the NOVA classification which defines four categories of food processing. The 'UPF" category is the most highly processed, and foods in this category contain ingredients not normally found in a kitchen. I don't necessarily agree this categorisation!	
35	Industrially manufactured foods with ingredients that extend shelf life and/or enhance flavour. Can potentially be foods like certain breads, which have nutritional value, but more commonly understood to be nutrient-poor foods that are highly processed, high in salt, sugar, and sweetener.	
36	Usually energy dense nutrient poor foods (or formulations) which have been subjected to processing and chemical modifications, and contain additives, colours, emulsifiers etc. to make them hyperpalatable.	
37	Foods that include mass-produced baked goods etc that are bad for our health due to the structural changes that occur during their processing	
38	Foods not made from natural products. contains ingredients that are highly processed and not recognisable from their natural forms	
39	UPFs are industrially manufactured food and beverage products that contain ingredients not typically found in a home kitchen, like artificial additives and preservatives, and are classified in the NOVA system as Group 4, i.e. mainly foods that have been significantly altered from their original form.	
40	Foods with a very high level of processing	
41	Food that has been industrially created derived or extracted from natural food	
42	A UFP is a food that has been through some kind of processing. Most of the obvious examples are soda, sweets, processed meats (cold cuts), cakes, energy and protein bars. But UFP can also include breads, even whole grains breads. Generally, if it involves ingredients or processes not in a home kitchen, it might be UFP. This is surprising at first because "ultra" suggest food that is very fake or chemical.	
43	Foods that have gone through an extensive process to extend their shelf life or storage and involve inclusion of a number of additives/preservatives	
44	Foods that are highly processed for purposes of flavour, preservation or other commercially	

	useful characteristics which typically contain many added ingredients.
45	Foods that have been processed many times over or have multiple processed compound ingredients in them. They typically have extended shelf life
46	Foods that go through a number of food processing mechanisms before reaching our shelves
47	Food that contains unnecessary ingredients and preservatives to increase shelf life
48	Foods that contain additives etc that don't resemble the food that it is derived form
49	Processed food can be taken in moderation but need to be acknowledged impact on our diets
50	When i describe them to others i always say its a difficult group of foods to define and study, but most people perceive them to to boxed and packaged foods "with lots of ingredients"
51	UPF contains ingredients, mostly of exclusive industrial use, typically created by a series of industrial techniques and processes or food that contains lots of additives
52	A classification system to categorise foods according to their level of processing.
53	UPFs are highly processed, mass produced food and drink products which contain ingredients not commonly found in a home kitchen.
54	Foods that have gone through many stages of processing from their original form
55	A classification system developed under the name NOVA. These are foods which are considered processed and cannot be made within ingredients at home. Many but important to note that not all, are high in fat, salt and sugar.
56	UPFs are industrially produced foods containing little or no natural ingredients, designed to be hyper-palatable, cheap, convenient and very profitable.
57	Industrial high processing of foods that are designed for mass convenience/consumption with high degree of profit - yet tend to be of poor or little nutritional value and can contribute to unhealthy outcomes in general population
58	Natural Foods that have been through manufacturing processes, combined with industrial/non standard ingredients to produce a product that has altered the appearance and nutritional value of the natural ingredients.
59	Foods that have been transformed using different technologies until the final ready-to-eat form
60	Ultra-processed foods, extensively processed foods

Q9 How well do you think the general public understand and recognise UPFs?

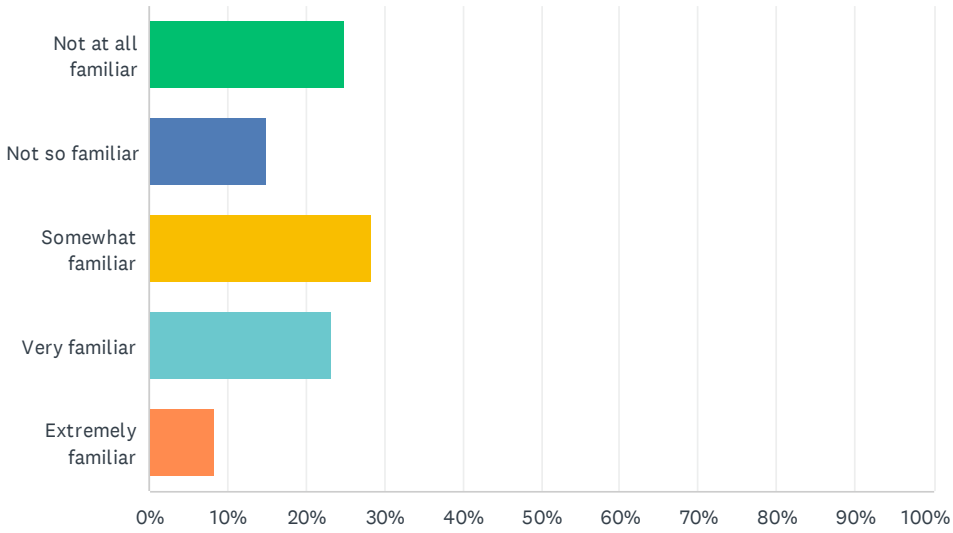
Answered: 60 Skipped: 0



ANSWER CHOICES	RESPONSES	
Not at all	11.67%	7
A little	55.00%	33
A moderate amount	33.33%	20
A lot	0.00%	0
A great deal	0.00%	0
TOTAL		60

Q10 The NOVA classification system is a framework used to categorise foods based on the extent and purpose of their processing. It was developed by Carlos Monteiro and colleagues in 2009 at the University of São Paulo, Brazil to help understand the role of food processing in diet-related health outcomes.The system classifies foods into four groups:1. Unprocessed or Minimally Processed Foods – These include whole, natural foods with little or no processing. 2. Processed Culinary Ingredients – These are extracted from natural foods and used for cooking. 3. Processed Foods – These foods are made by adding salt, sugar, or fats to Group 1 foods to enhance taste or preservation. 4. Ultra-Processed Foods (UPFs) – These are industrially formulated products that contain multiple ingredients, additives, and little to no whole foods. They often include artificial flavors, preservatives, emulsifiers, and refined substances. NOVA is the most widely used classification system for UPFs and has been adopted in some countries' dietary guidelines. For the remainder of this survey, UPFs are defined as per the NOVA definition.Prior to this survey, were you familiar with the NOVA classification?

Answered: 60 Skipped: 0

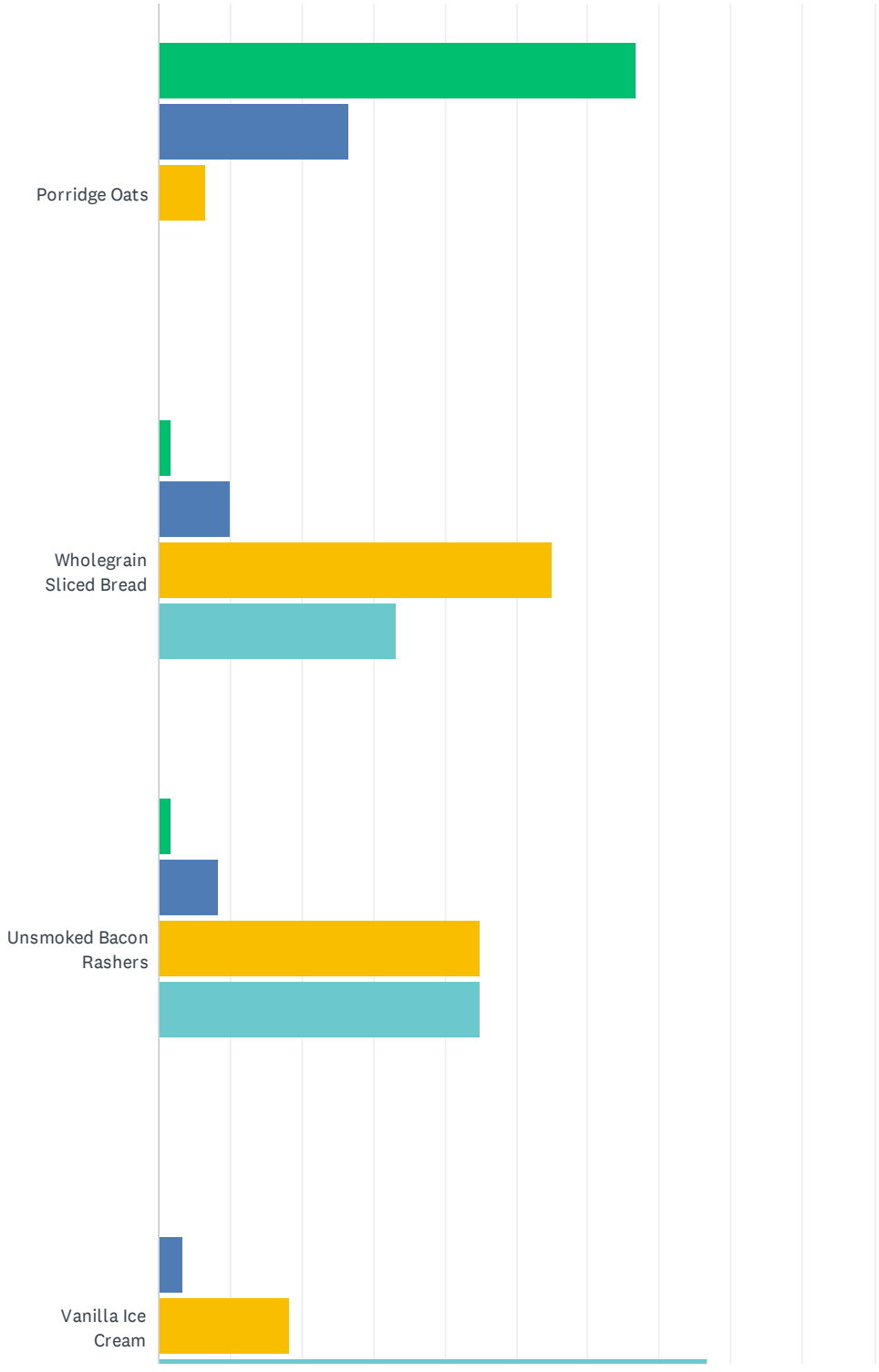


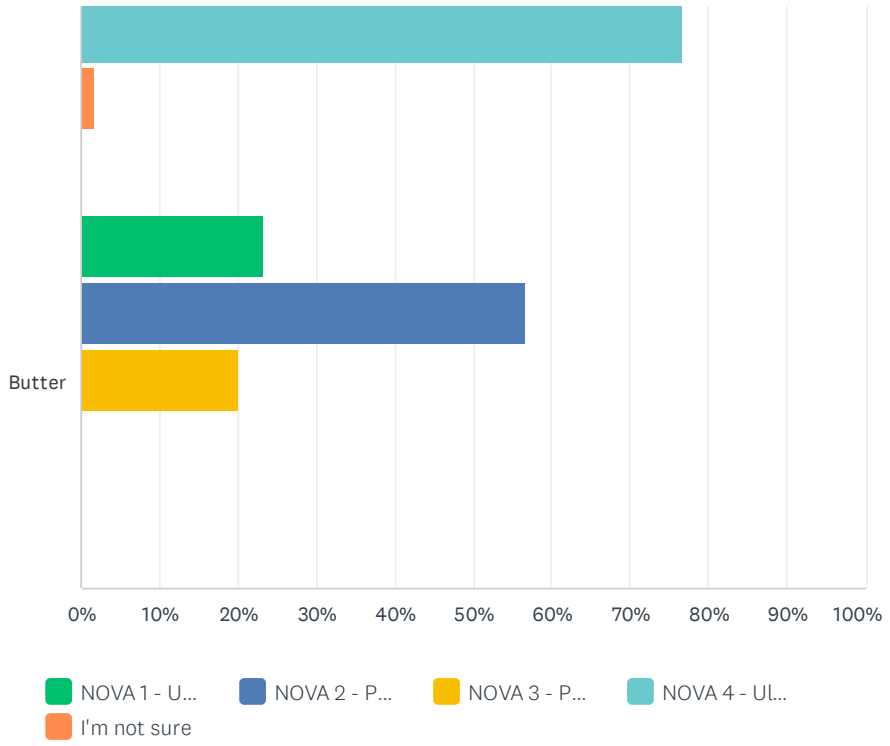
Policymakers' Understanding of Ultra-Processed Foods in Ireland: Definitions, Perceptions, and Policy Implications

ANSWER CHOICES	RESPONSES	
Not at all familiar	25.00%	15
Not so familiar	15.00%	9
Somewhat familiar	28.33%	17
Very familiar	23.33%	14
Extremely familiar	8.33%	5
TOTAL		60

Q11 Categorise the following food items according to the NOVA classification

Answered: 60 Skipped: 0

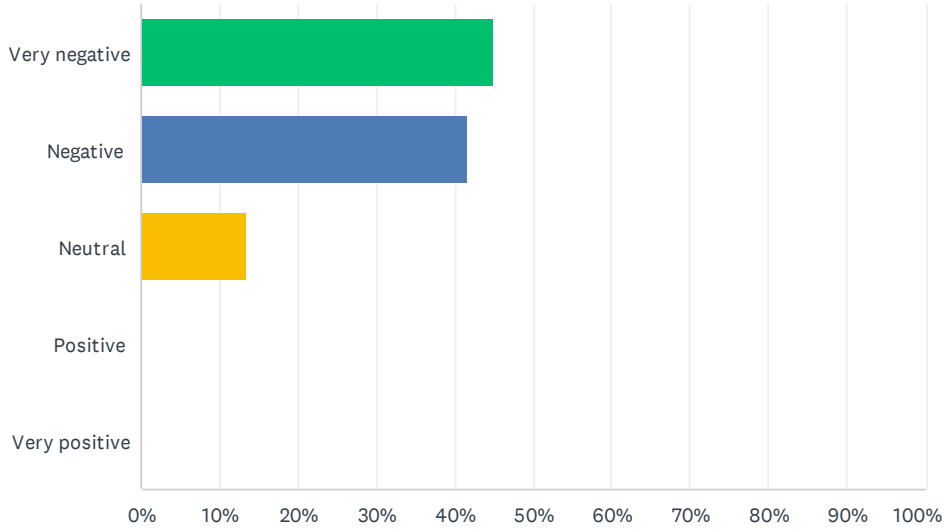




	NOVA 1 - UNPROCESSED OR MINIMALLY PROCESSED	NOVA 2 - PROCESSED CULINARY INGREDIENTS	NOVA 3 - PROCESSED FOODS	NOVA 4 - ULTRA PROCESSED FOODS	I'M NOT SURE	TOTAL
 Porridge Oats	66.67% 40	26.67% 16	6.67% 4	0.00% 0	0.00% 0	60
 Wholegrain Sliced Bread	1.67% 1	10.00% 6	55.00% 33	33.33% 20	0.00% 0	60
 Unsmoked Bacon Rashers	1.67% 1	8.33% 5	45.00% 27	45.00% 27	0.00% 0	60
 Vanilla Ice Cream	0.00% 0	3.33% 2	18.33% 11	76.67% 46	1.67% 1	60
 Butter	23.33% 14	56.67% 34	20.00% 12	0.00% 0	0.00% 0	60

Q12 How do you perceive the impact of ultra-processed foods on public health?

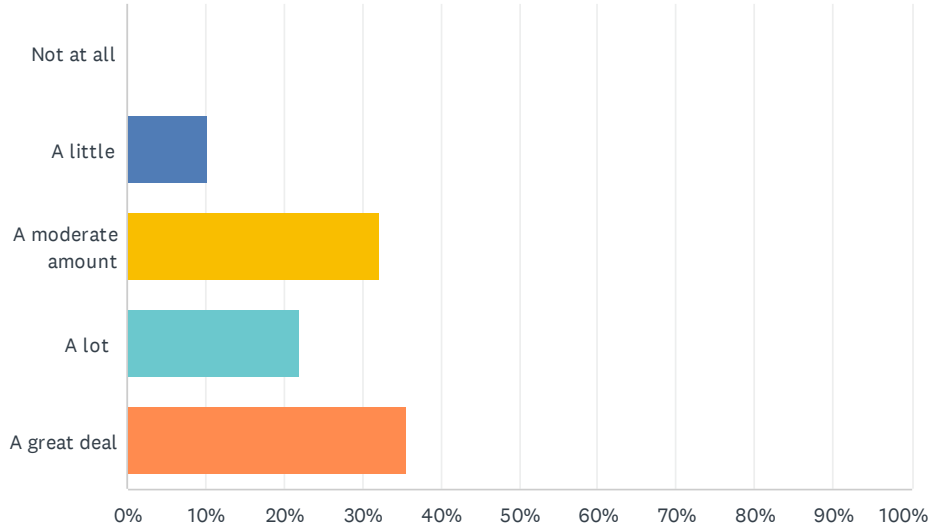
Answered: 60 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very negative	45.00%	27
Negative	41.67%	25
Neutral	13.33%	8
Positive	0.00%	0
Very positive	0.00%	0
TOTAL		60

Q13 Do you believe UPFs contribute significantly to rising rates of obesity and non-communicable diseases in Ireland?

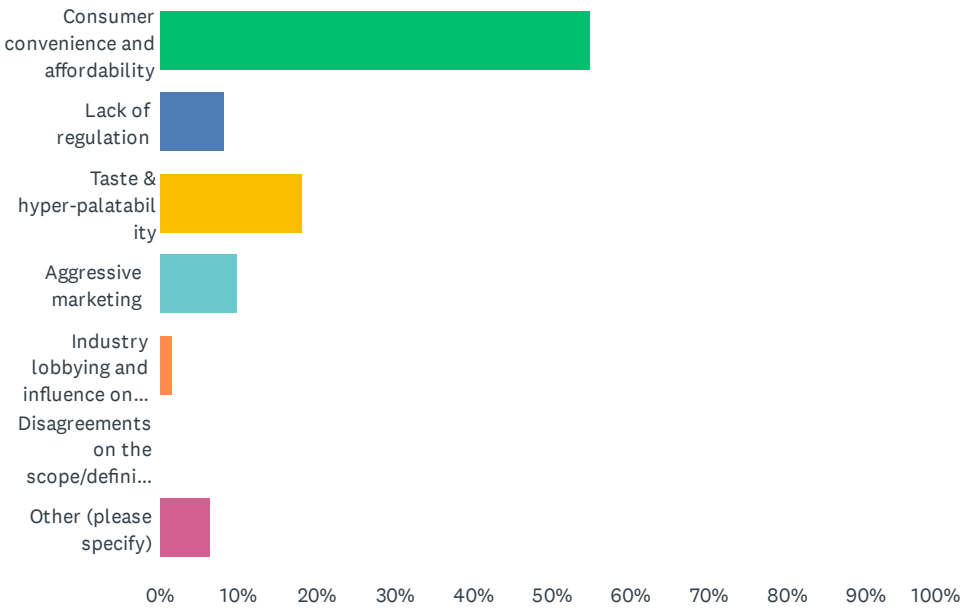
Answered: 59 Skipped: 1



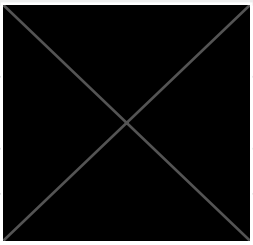
ANSWER CHOICES	RESPONSES	
Not at all	0.00%	0
A little	10.17%	6
A moderate amount	32.20%	19
A lot	22.03%	13
A great deal	35.59%	21
TOTAL		59

Q14 In your opinion, what is the primary cause of rising UPF consumption?

Answered: 60 Skipped: 0



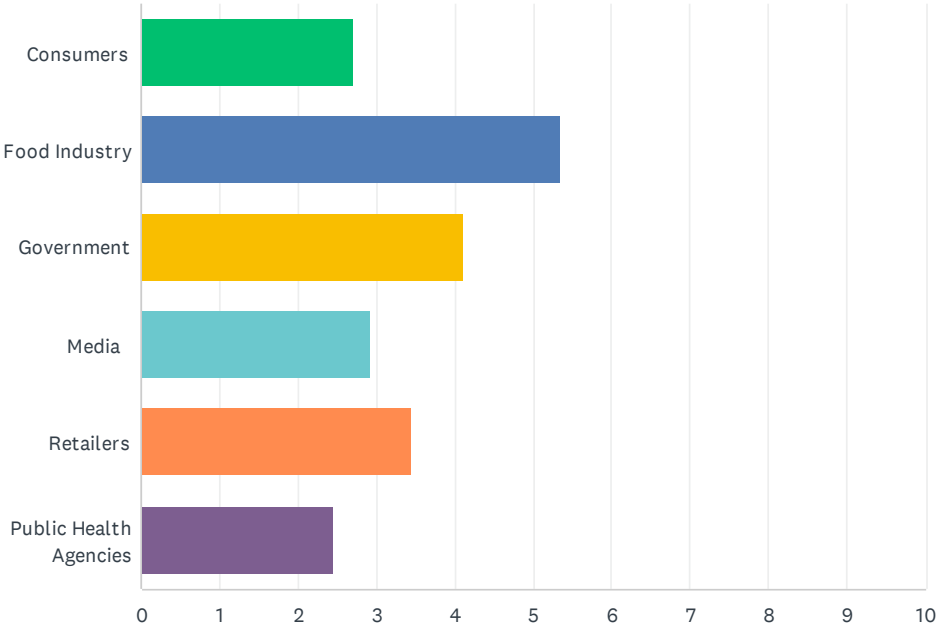
ANSWER CHOICES	RESPONSES	
Consumer convenience and affordability	55.00%	33
Lack of regulation	8.33%	5
Taste & hyper-palatability	18.33%	11
Aggressive marketing	10.00%	6
Industry lobbying and influence on policy	1.67%	1
Disagreements on the scope/definition of UPFs among policymakers	0.00%	0
Other (please specify)	6.67%	4
TOTAL		60

#	OTHER (PLEASE SPECIFY)	DATE
1	I think a munber of the above items contribute to the rise of UPFs. I'm not sure there is one primary cause	
2	All of the above but if had to choose one then lack of regulation. Low cost is also a major driver. If a can of coke was €8 fewer people would buy it.	
3	Profit optimisation (mostly mediated by points 4 and 5 of the options offered)	
4	a combination of all the above and in addition not enough practical cooking/growing skills imparted to children in schools, adult basic nutrition and cookery programmes have over	

	emphasis on imparting knowledge rather than practical cookery skills which can often be completely absent		

Q15 Who do you think holds the most responsibility for the high consumption of UPFs? Rank in order of the most responsibility to the least responsibility:

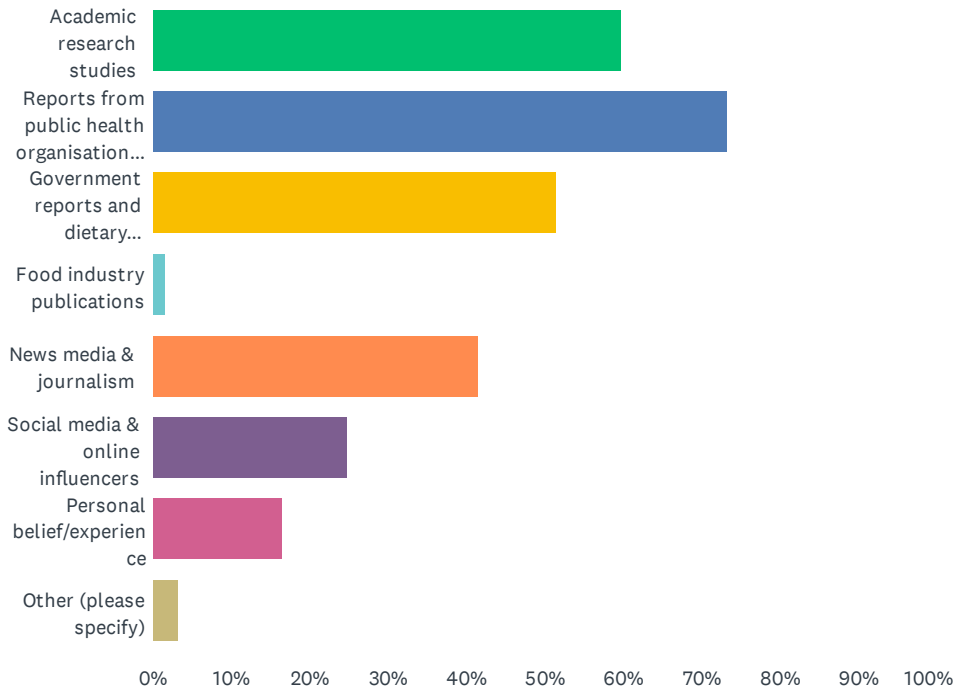
Answered: 60 Skipped: 0



	1	2	3	4	5	6	TOTAL	SCORE
Consumers	13.33% 8	3.33% 2	16.67% 10	8.33% 5	23.33% 14	35.00% 21	60	2.70
Food Industry	53.33% 32	35.00% 21	5.00% 3	6.67% 4	0.00% 0	0.00% 0	60	5.35
Government	21.67% 13	26.67% 16	16.67% 10	15.00% 9	16.67% 10	3.33% 2	60	4.12
Media	3.33% 2	10.00% 6	15.00% 9	33.33% 20	25.00% 15	13.33% 8	60	2.93
Retailers	6.67% 4	15.00% 9	28.33% 17	25.00% 15	16.67% 10	8.33% 5	60	3.45
Public Health Agencies	1.67% 1	10.00% 6	18.33% 11	11.67% 7	18.33% 11	40.00% 24	60	2.45

Q16 Where do you primarily get your information about UPFs? (Select up to 3 sources)

Answered: 60 Skipped: 0

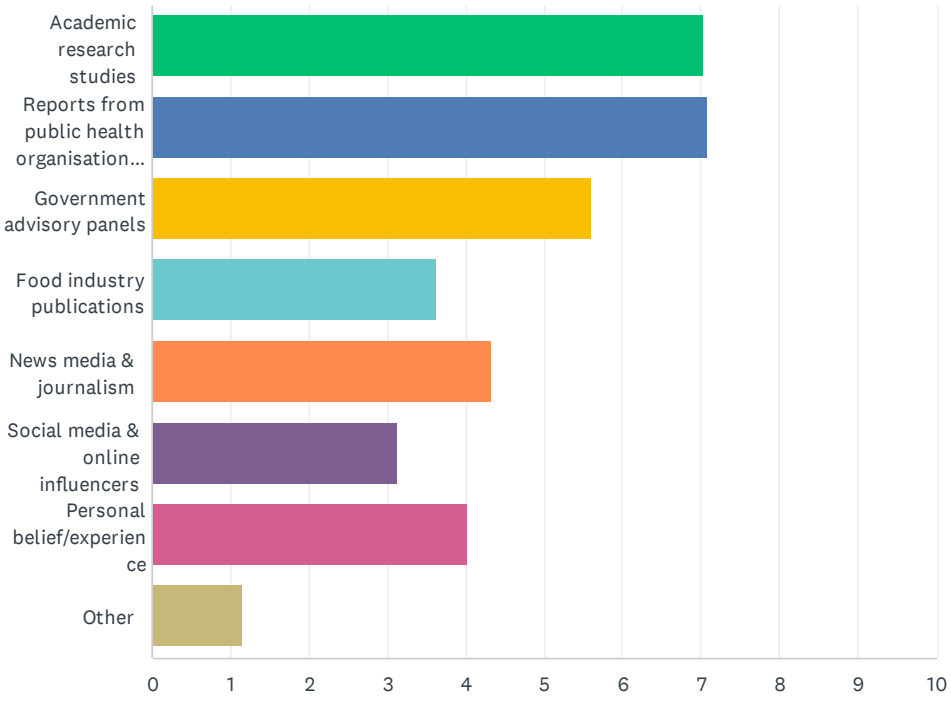


ANSWER CHOICES	RESPONSES	
Academic research studies	60.00%	36
Reports from public health organisations (e.g., WHO, Safefood Ireland)	73.33%	44
Government reports and dietary guidelines	51.67%	31
Food industry publications	1.67%	1
News media & journalism	41.67%	25
Social media & online influencers	25.00%	15
Personal belief/experience	16.67%	10
Other (please specify)	3.33%	2
Total Respondents: 60		

#	OTHER (PLEASE SPECIFY)	DATE
1	SPECIFIC scientific social media accounts, that share/discuss reliable information, and connect reliable scientific articles	[redacted]
2	book - ultra processed people	

Q17 Rank these sources of information in order of the greatest influence on your perceptions of UPFs to the least influence on your perceptions of UPFs

Answered: 57 Skipped: 3

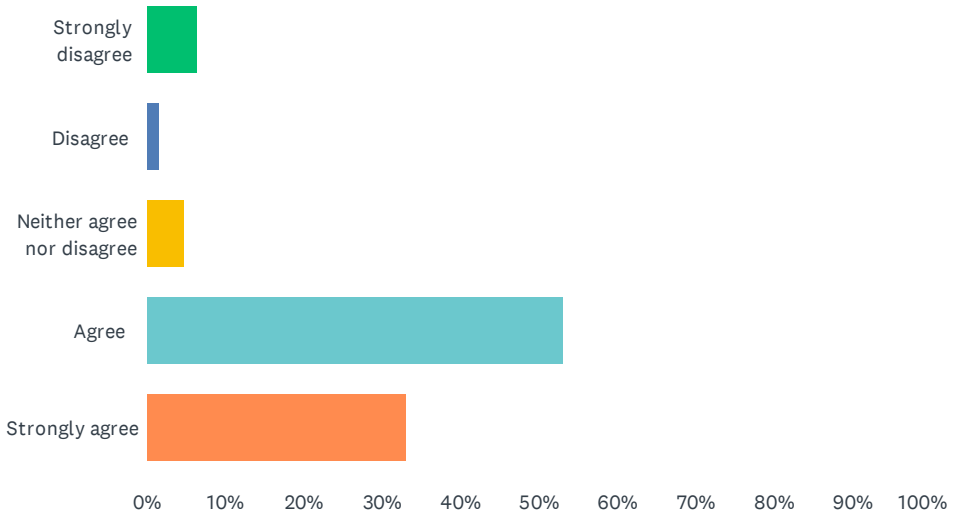


Policymakers' Understanding of Ultra-Processed Foods in Ireland: Definitions, Perceptions, and Policy Implications

	1	2	3	4	5	6	7	8	TOTAL	SCORE
Academic research studies	49.12% 28	28.07% 16	14.04% 8	1.75% 1	0.00% 0	7.02% 4	0.00% 0	0.00% 0	57	7.04
Reports from public health organisations (e.g., WHO, Safefood Ireland)	38.60% 22	40.35% 23	12.28% 7	7.02% 4	1.75% 1	0.00% 0	0.00% 0	0.00% 0	57	7.07
Government advisory panels	3.51% 2	14.04% 8	52.63% 30	14.04% 8	7.02% 4	3.51% 2	5.26% 3	0.00% 0	57	5.61
Food industry publications	0.00% 0	0.00% 0	1.75% 1	33.33% 19	22.81% 13	14.04% 8	24.56% 14	3.51% 2	57	3.63
News media & journalism	0.00% 0	8.77% 5	8.77% 5	15.79% 9	43.86% 25	19.30% 11	3.51% 2	0.00% 0	57	4.33
Social media & online influencers	3.51% 2	5.26% 3	3.51% 2	1.75% 1	3.51% 2	45.61% 26	31.58% 18	5.26% 3	57	3.14
Personal belief/experience	5.26% 3	3.51% 2	7.02% 4	26.32% 15	19.30% 11	8.77% 5	28.07% 16	1.75% 1	57	4.02
Other	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1.75% 1	1.75% 1	7.02% 4	89.47% 51	57	1.16

Q18 Agree or disagree:I feel that journalists and social media creators dominate the public conversation on UPFs more than the Irish government and experts.

Answered: 60 Skipped: 0



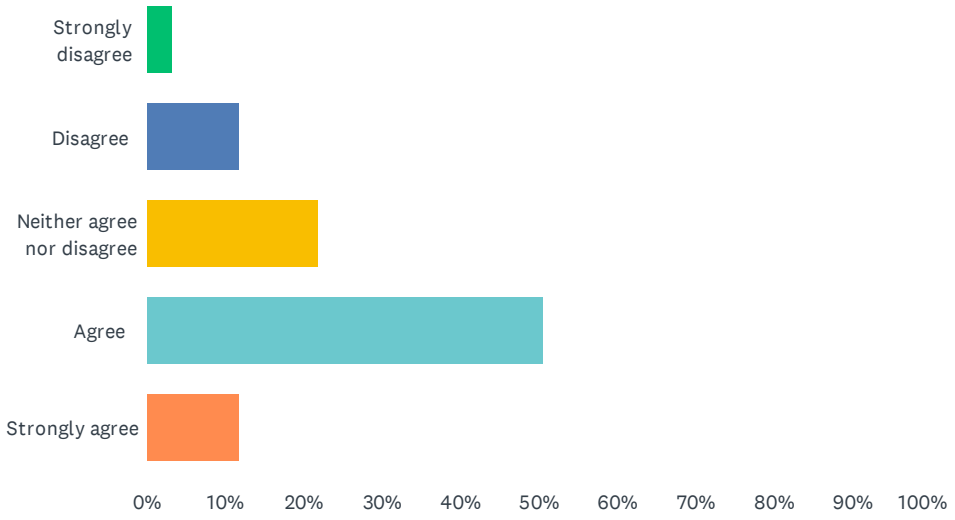
ANSWER CHOICES	RESPONSES	
Strongly disagree	6.67%	4
Disagree	1.67%	1
Neither agree nor disagree	5.00%	3
Agree	53.33%	32
Strongly agree	33.33%	20
TOTAL		60

#	WHY/WHY NOT	DATE
1	The vast majority of people now take Social Media creators as a trusted source of information. source of information	
2	They are more opinionated	
3	Because that is what is seen on SM	
4	i suspect most younger people get their info from social media	
5	very little on instagram from the government on UPFs	
6	The prevalence of tiktoks/other social media accounts talking about diet culture that includes processed foods is much higher and reaches a much wider audience than government/experts and in a more engaging way	
7	government is very quiet on the topic	

8	Because of podcasts and occasional article in paper but no position from government. Why won't government protect children?	[redacted]
9	Many media outlets appear to exhibit a bias against 'UPF's" which they use to pander to public outrage with the aim of ultimately generating income for themselves. Most articles have very little supporting evidence and are soon negatively against 'UPF's"	
10	There is a lot of sensationalist language around these foods and some social media creators write complete nonsense, not grounded in science, but they get a lot of traction due to their methods.	
11	It's a topic that lends itself to being sensationalised, so it's attractive to media. There is also a widespread misunderstanding around the degree of accountability for food behaviours, with blame generally laid at the feet of consumers without considering the broader environmental contributors to the issue. 'Personalised' journalism, where people can blame and shame each other, seems to gain more traction and attention. I do think this is an area that the FSAI and safefood are aware of, but they will be working along the lines of legislation and food policy, which doesn't necessarily make for exciting reporting.	
12	For example Dr Chris Van Tullekan articles, documentarys, books etc. Governments are not sufficiently tackling big food.	
13	Very simply the money that is pumped into promoting these products by Ireland's food and drink industry and the total failure of the Irish government to protect the public from the vast influential power of these usually transnational corporations	
14	this is what i see	
15	greater visibility	
16	Journalists and social media creators are mediators of a conversation dominated by industry.	
17	There is a huge presence of so called 'experts' on tiktok and instagram with massive follwoing that may not be giving evidence based information out to consumers	
18	Unfortunately this is where most people get their nutrition information from	
19	I have not seen a huge amount from either except for reports of research and “trad wife” influencers	
20	There is a need to focus on an evidence based approach to the discussion on UPF, not follow media/influencers	
21	Government messaging is dictatorial and tells us what we must do	

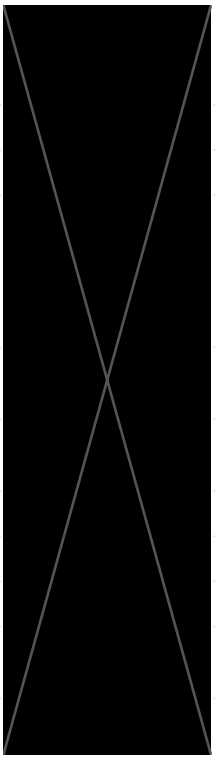
Q19 Agree or disagree: I feel a sense of pressure, as a policymaker/expert, to engage in the UPF debate and ensure the public hears from official sources rather than journalists or influencers.

Answered: 59 Skipped: 1



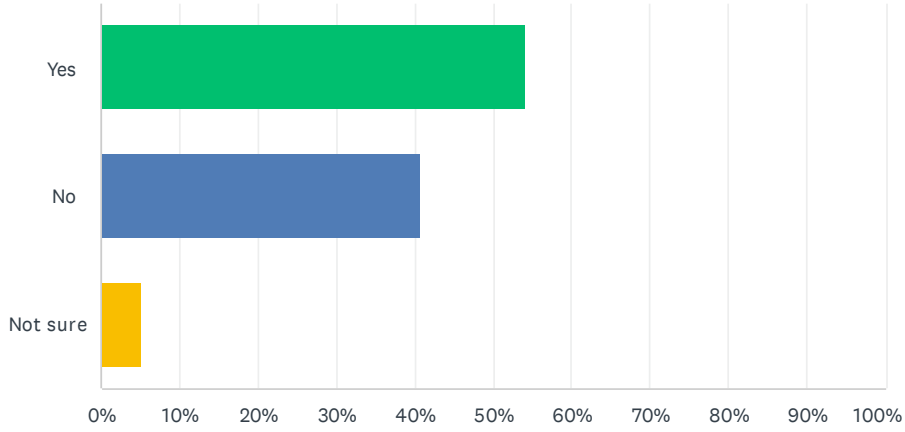
ANSWER CHOICES	RESPONSES	
Strongly disagree	3.39%	2
Disagree	11.86%	7
Neither agree nor disagree	22.03%	13
Agree	50.85%	30
Strongly agree	11.86%	7
TOTAL		59

#	WHY/WHY NOT	DATE
1	Countering sources that are not trustworthy and challenging this is critical to the role of Health Promotion	[redacted]
2	To prevent the spread of misinformation	
3	Reliable sources are key, with facts backed by science!	
4	BUT it is difficult to 'battle' as an individual against marketing and influencers	
5	This is not an area I have huge knowledge of. (I do communicate publicly in my own area of clinical expertise, for living well, but UPF is not a key focus of mine)(my focus includes malnutrition/frailty and many of my clients have no choice but UPF ready meals/pre prepared foods - it's the lesser of potential evils)	
6	I feel in my discussions with patients it's important but I'm not going to start a social media account dedicated to it	

7	its not my immediate train of academic outputs so i do not believe i have the credentials to speak on it authenicially (this is a problem with academia in general that we 'stay in our lane'), social media infleuencers etc do not have the same professional standards or humility	
8	UPFs is a massive opportunity, not a pressure	
9	See question above public media dominate the debate in a misinformed manner.	
10	I agree, it cannot be denied that there are strong associations between so-called UPF consumption and markers of poor health. However, there are many factors at play here rather than food processing per se. Eg energy desnity and texture, strong availability of these foods everywhere at clear eye level and the fact that they are very cheap sources of energy due to their high energy density. Not an exhaustive list!	
11	That is what academic research is for - to generate trustworthy evidence to inform public / public health policy, decisions etc	
12	Because I have the qualifications and knowledge to back up my arguments and this space is drowning in highly sophisticated lobbying by food and drink industry Ireland, IBEC, etc.	
13	this is part of my role and benefits the public	
14	Not my main area of concern and felt responsibility.	
15	so that the content shared is evidence based and balanced.	
16	I think there is a lot of misinformation out there and it is our job as nutrition scientists to help dispel this.	
17	I would only comment if my expertise was required. Journalists often interview researchers and policymakers so the distinction is probably journalists sharing an opinion compared to journalists sharing official communications and research findings, which is what most of the UPF content I have seen is doing	

Q20 Have you encountered arguments that UPFs are being unfairly demonised despite their potential benefits such as affordability, convenience and food safety?

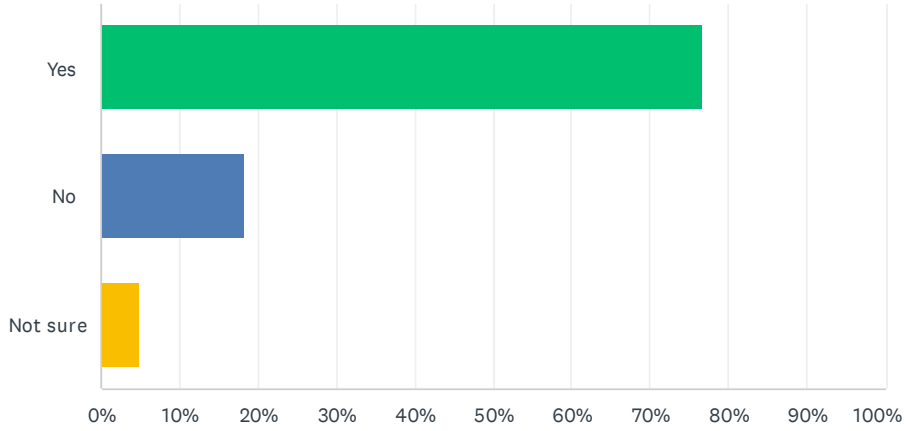
Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	54.24%	32
No	40.68%	24
Not sure	5.08%	3
TOTAL		59

Q21 Have you encountered arguments prioritising the nutritional content of food v.s. the level of processing in foods?

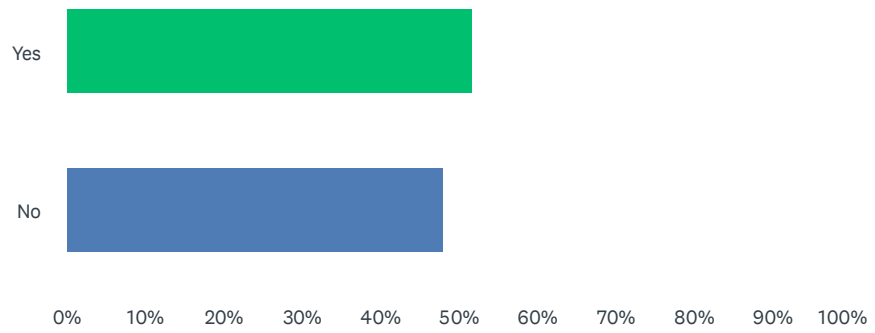
Answered: 60 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	76.67%	46
No	18.33%	11
Not sure	5.00%	3
TOTAL		60

Q22 Are there any other arguments you have encountered supporting the idea that policymakers should approach UPFs with caution rather than hastily dismissing or discouraging them?

Answered: 58 Skipped: 2



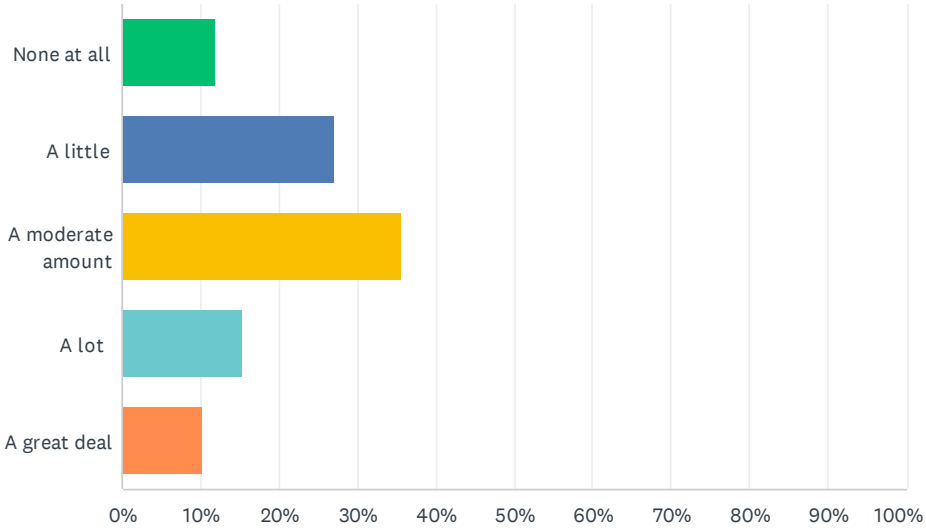
ANSWER CHOICES	RESPONSES	
Yes	51.72%	30
No	48.28%	28
TOTAL		58

#	PLEASE EXPLAIN	DATE
1	In a very subtle way where foos marketing "claims" health related benefits to their products eg rich in vitamins etc	[redacted]
2	Useful for those with limited access to fresh foods	
3	Not that I have encountered but more of an observation to be careful to properly engage stakeholders (professionals, public) to ensure clear communication of messages. I frequently have people report being confused by complex messages and tune out of the recommendation as a result	
4	Around hot school lunches- nutrition should be prioritised over convenience and cost	
5	only from dietitians where we work with frailty and vulnerable people..UPFs can be a useful tool	
6	1. Foods not so black/white as nova classification 2. See my answer to no. 19 - whilst UPF have some disadvantages they are practical and affordable foods and often little alternatives	
7	I work in paediatrics. For neurodiverse children/children with ARFID much of their diets may be comprised of UPFs. They need the level of predictability that UPFs provide. The binary nature of the discourse around UPFs is adding to the burden of anxiety and guilt for families struggling to provide food for children with very specific needs.	
8	lower income families have less money for food, less fridge and freezer space, often less ability to cook from scratch. UPFs can fill a gap	
9	As UPFs can have some affordability and convenience benefits it might be a better approach to reformulate them to make them healthier rather than demonizing them.	
10	Some arguments present the affordability of UPFs in a global food shortage, citing the gap	

	UPFs mitigate.	
11	dietitians on social media are saying this	
12	I watched a webinar put on by dietitians/nutrition researchers that the NOVA classifications are still too vague and there is disagreement where foods go, as well as there are ultra-processed foods that are considered "healthy". Meaning that there can't be strict guidelines for/against any of them. As well as taking into consideration cost, palatability, and access.	
13	Nova classification is too simple and doesn't consider the complexity of food nutrition and the whole diet, or the importance of processing of some foods to enhance nutritional content / food preservation or convenience.	
14	jobs will be lost	
15	People say: First tobacco, now food, what next? It's only a treat But sure it does them no harm Sure they could be smoking or gambling (children) But i love those foods myself	
16	The evidence for the detrimental health effects of UPF's is very small and what there is vastly exaggerated.	
17	Yes many UPF (such as your wholegrain bread example) provide important sources of fibre and fortified nutrient sources. They cannot be discouraged completely. Baked beans is another often touted example.	
18	Unless they are outlawed, they are part of the food environment and policymakers have to respond to that and take action that helps retailers and consumers make more healthful decisions around the sale and consumption of these foods.	
19	Some foods in NOVA 4 feature in dietary guidelines as foods to be encouraged (e.g. wholemeal bread, lower sugar fruit yogurts, reduced sugar and salt baked beans, lower sugar wholegrain breakfast cereals, unsaturated fat spreads). Such items can contribute significantly to essential nutrient intakes.	
20	They can potentially improve the sustainability/carbon footprint of foods	
21	Jobs will be lost if UPFs are clamped down on. We shouldn't live in a nanny state - people are entitled to choice. The baked beans example is often used - they are an UPF but most people would consider them relatively healthy.	
22	Its never a good idea to group foods too much. The public can understand nuance. But if ideas are presented without nuance, then the public health advocates are open to criticism and disregard. "Now, they're telling us wheaty-cereal and whole grain are bad. What will it be next week?"	
23	A view of technological progress being needed to feed the growing human population.	
24	I'm not a supporter of the 'good food/bad food' debate. There's a place for all foods - but moderation is key and a very uninteresting story to sell...	
25	A balanced approach needs to be taken with UPF as some will contain High levels of fat, sugar and salt whereas others can be included in a healthy balanced diet.	
26	people may be recommended UPF's for certain conditions	
27	The ones above are the main ones. I think people hear UPF and assume they are bad but this is not always the case so more education is required to highlight what makes an UFP healthy or unhealthy	
28	Potential over categorisation of UPF	
29	The classification being used, does not differentiate between some foods that are UPF are actually beneficial to health - some breads, cereals for example - and contribute significantly to intakes of importance. Recent evidence is now looking at food types within UPF groups, and is clearly demonstrating differences. Furthermore there is limited (if any) mechanistic evidence available, which would really be needed if one was to inform / change policy.	
30	Big Food Businesses, Social Media and MSM give equal voice to it	
31	One should look at the total quality of a food, processing is only one factor. Bread can be considered a UPF but is not automatically unhealthy. That holds for many foods	

Q23 How much scientific uncertainty do you believe exists regarding the negative health effects of UPFs?

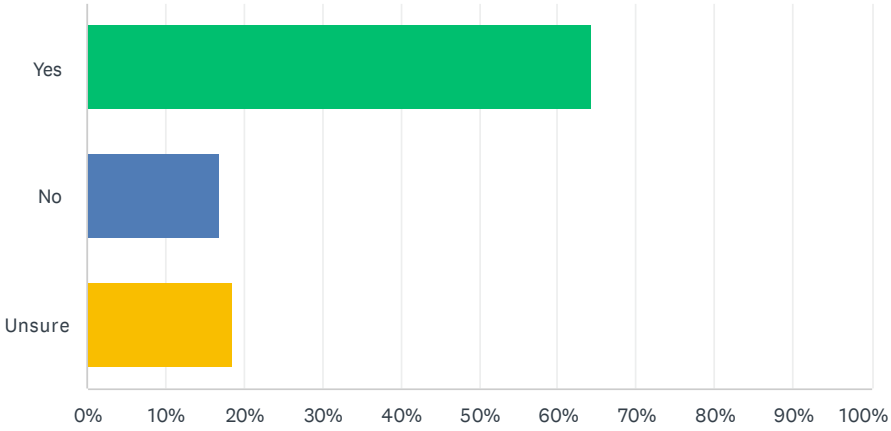
Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
None at all	11.86%	7
A little	27.12%	16
A moderate amount	35.59%	21
A lot	15.25%	9
A great deal	10.17%	6
TOTAL		59

Q24 Do you believe there is currently sufficient scientific evidence to justify policies that aim to reduce and discourage the consumption of UPFs?

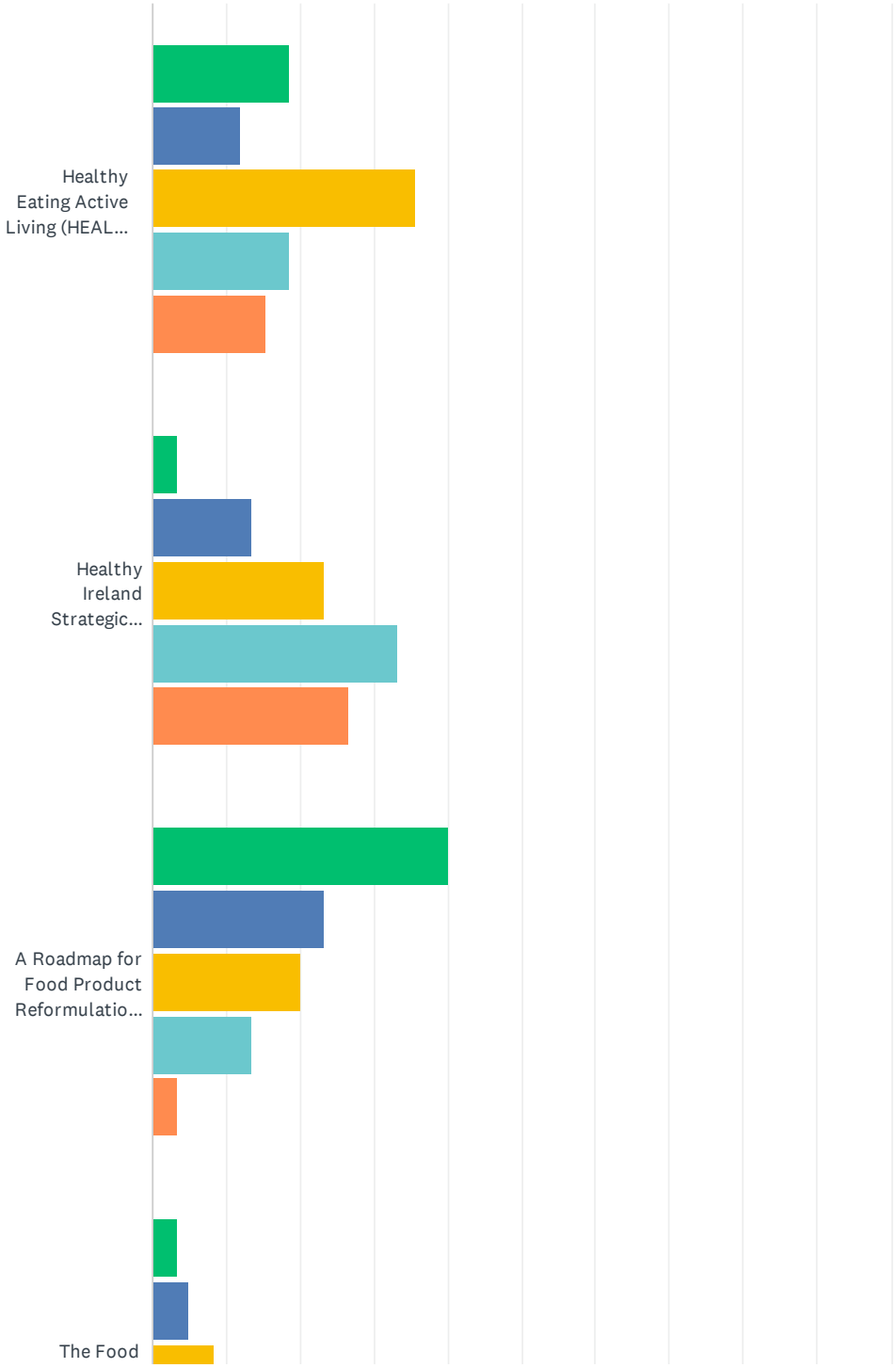
Answered: 59 Skipped: 1

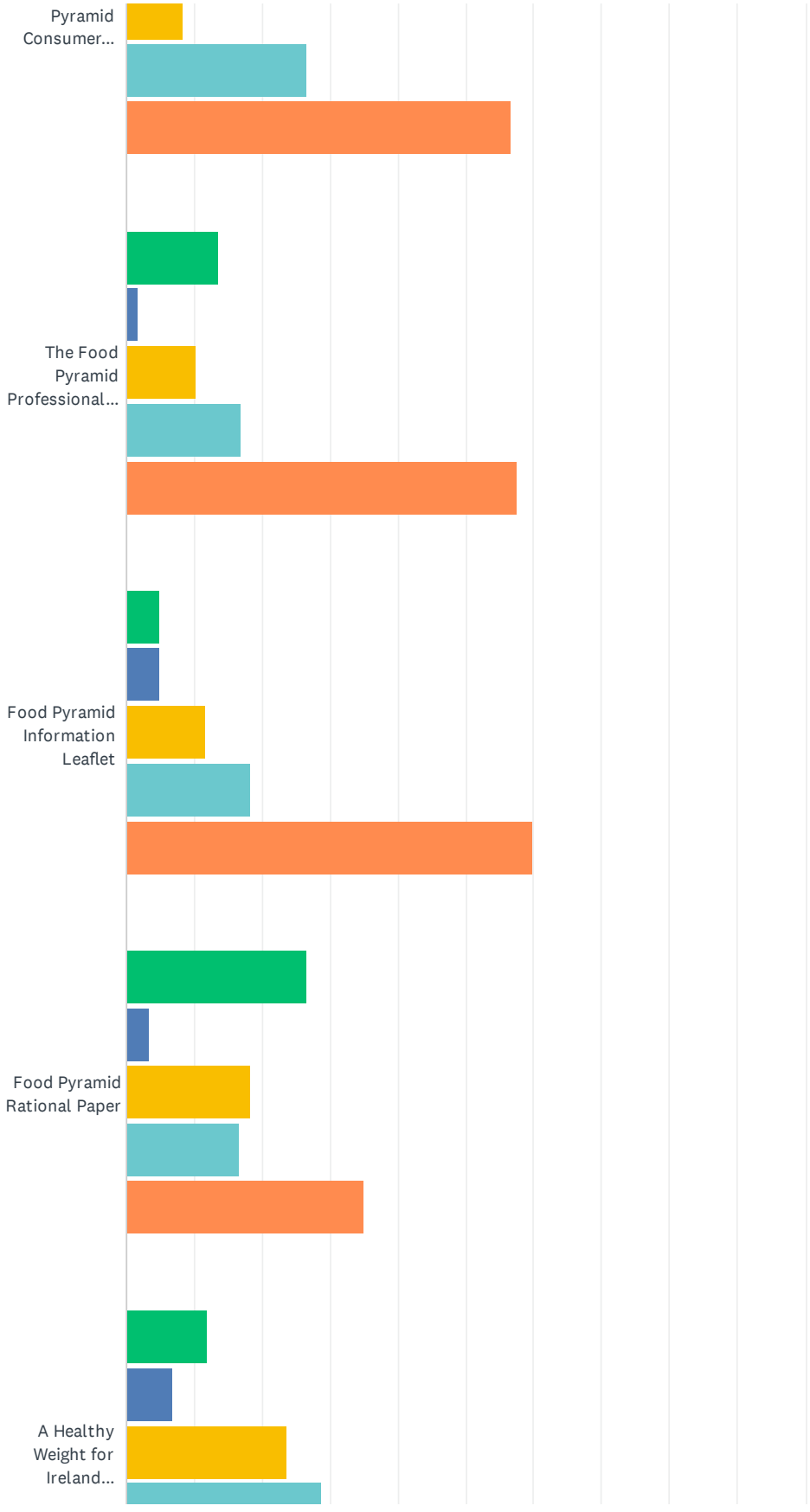


ANSWER CHOICES	RESPONSES	
Yes	64.41%	38
No	16.95%	10
Unsure	18.64%	11
TOTAL		59

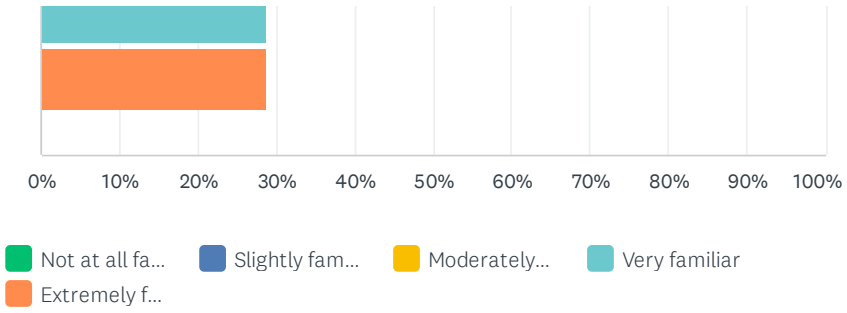
Q25 The following documents have been published by either the Department of Health or the HSE. How familiar are you with these policy documents?

Answered: 60 Skipped: 0




Pyramid Consumer...
The Food Pyramid Professional...
Food Pyramid Information Leaflet
Food Pyramid Rational Paper
A Healthy Weight for Ireland...

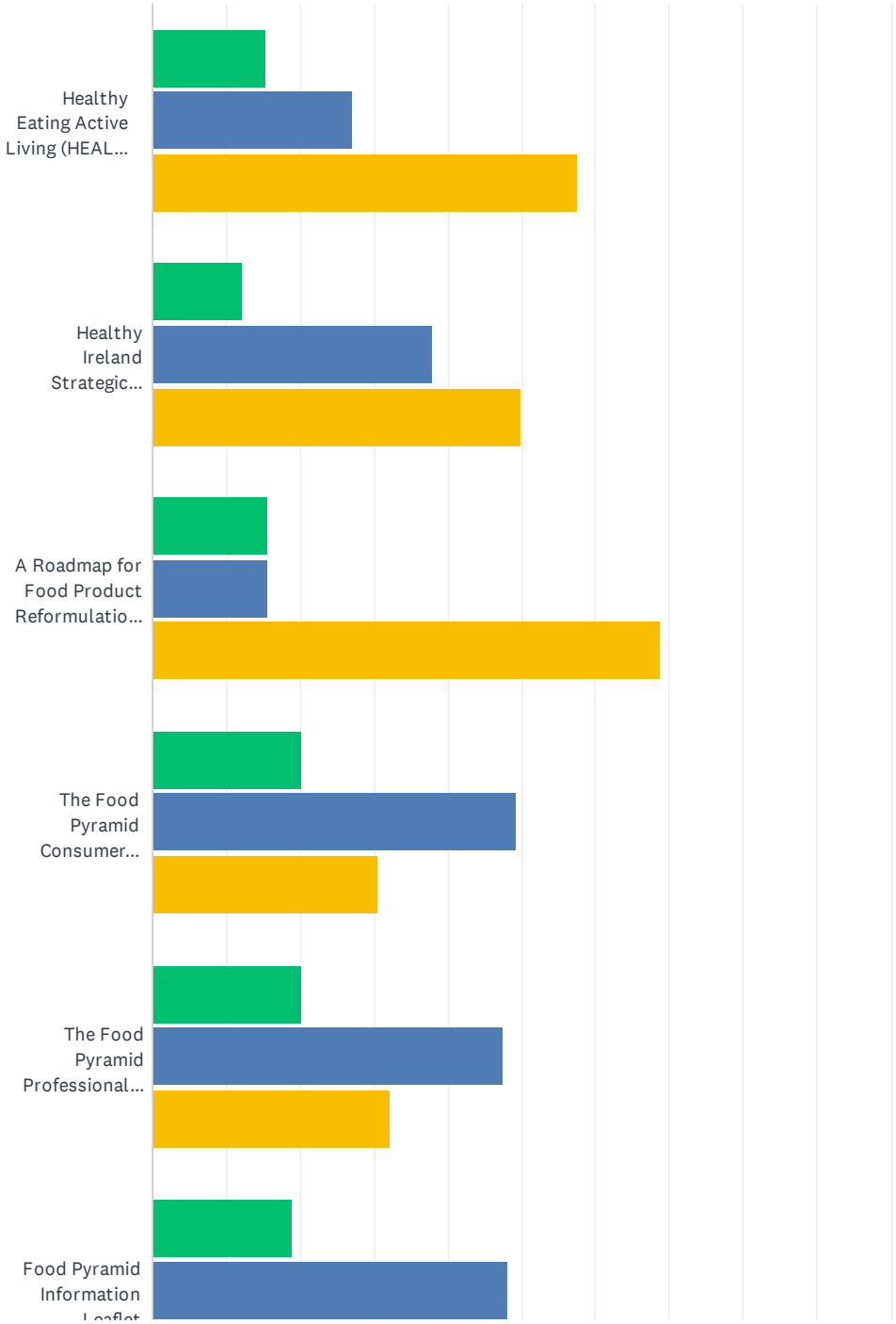
Policymakers' Understanding of Ultra-Processed Foods in Ireland: Definitions, Perceptions, and Policy Implications

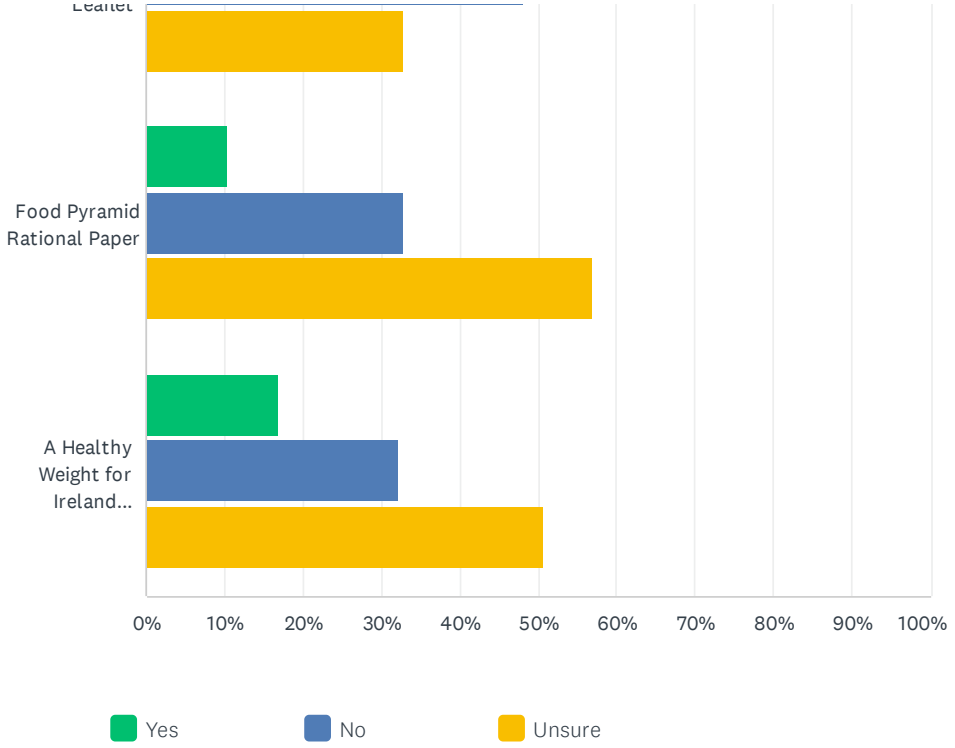


	NOT AT ALL FAMILIAR	SLIGHTLY FAMILIAR	MODERATELY FAMILIAR	VERY FAMILIAR	EXTREMELY FAMILIAR	TOTAL	WEIGHTED AVERAGE
Healthy Eating Active Living (HEAL) Implementation Plan 2023-2027	18.64% 11	11.86% 7	35.59% 21	18.64% 11	15.25% 9	59	3.00
Healthy Ireland Strategic Action Plan 2021-2025	3.33% 2	13.33% 8	23.33% 14	33.33% 20	26.67% 16	60	3.67
A Roadmap for Food Product Reformulation in Ireland	40.00% 24	23.33% 14	20.00% 12	13.33% 8	3.33% 2	60	2.17
The Food Pyramid Consumer Version	3.33% 2	5.00% 3	8.33% 5	26.67% 16	56.67% 34	60	4.28
The Food Pyramid Professional Version	13.56% 8	1.69% 1	10.17% 6	16.95% 10	57.63% 34	59	4.03
Food Pyramid Information Leaflet	5.00% 3	5.00% 3	11.67% 7	18.33% 11	60.00% 36	60	4.23
Food Pyramid Rational Paper	26.67% 16	3.33% 2	18.33% 11	16.67% 10	35.00% 21	60	3.30
A Healthy Weight for Ireland 2016–2025 Obesity Policy and Action Plan (OPAP)	11.86% 7	6.78% 4	23.73% 14	28.81% 17	28.81% 17	59	3.56

Q26 Based on your understanding, do the following documents explicitly reference UPFs in any way, for example, discouraging consumption, limiting production or advertising, or through food processing classifications like the NOVA system?

Answered: 59 Skipped: 1

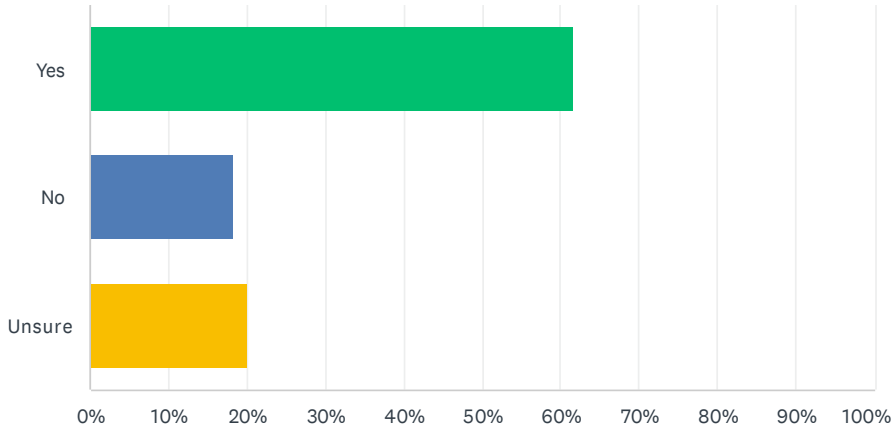




	YES	NO	UNSURE	TOTAL	WEIGHTED AVERAGE
Healthy Eating Active Living (HEAL) Implementation Plan 2023-2027	15.25% 9	27.12% 16	57.63% 34	59	2.42
Healthy Ireland Strategic Action Plan 2021-2025	12.07% 7	37.93% 22	50.00% 29	58	2.38
A Roadmap for Food Product Reformulation in Ireland	15.52% 9	15.52% 9	68.97% 40	58	2.53
The Food Pyramid Consumer Version	20.34% 12	49.15% 29	30.51% 18	59	2.10
The Food Pyramid Professional Version	20.34% 12	47.46% 28	32.20% 19	59	2.12
Food Pyramid Information Leaflet	18.97% 11	48.28% 28	32.76% 19	58	2.14
Food Pyramid Rational Paper	10.34% 6	32.76% 19	56.90% 33	58	2.47
A Healthy Weight for Ireland 2016–2025 Obesity Policy and Action Plan (OPAP)	16.95% 10	32.20% 19	50.85% 30	59	2.34

Q27 A broad theme observed across these documents is to limit the consumption of HFSS (high in fat, sugar and salt) foods. Foods such as cakes, biscuits, takeaways and ready meals are considered 'processed foods' in the dietary guidelines, yet they are considered UPFs under the NOVA classification. The Roadmap for Food Product Reformulation notes the following: “The overall findings from this review suggest that reformulation of processed foods provides a realistic opportunity to improve the health of a population through improving the nutritional characteristics of commonly consumed processed foods.”Should future health policies and dietary guidelines explicitly address UPFs by incorporating the NOVA classification or a similar system that accounts for the level of food processing?

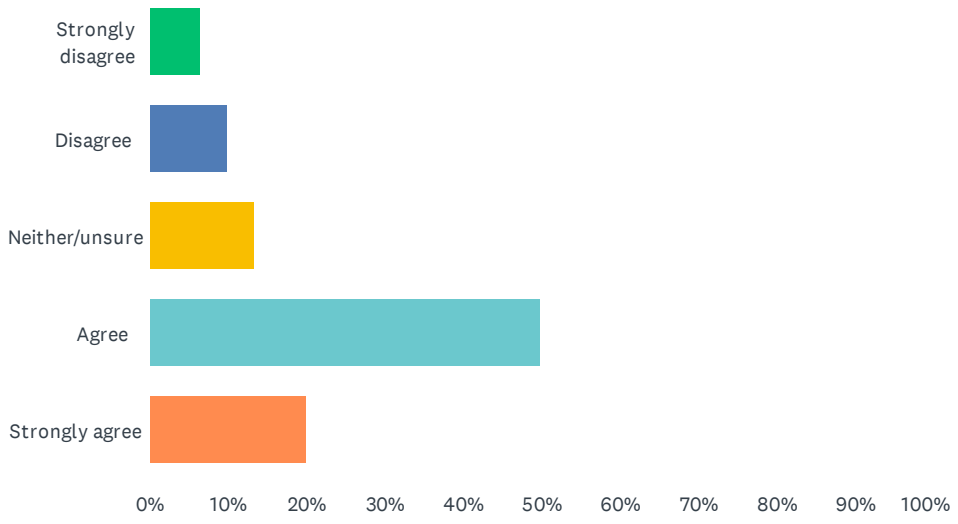
Answered: 60 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	61.67%	37
No	18.33%	11
Unsure	20.00%	12
TOTAL		60

Q28 Agree or disagree:The NOVA classification system is a useful tool for guiding public health and policy decisions?

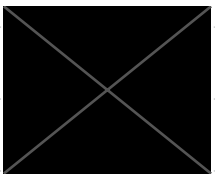
Answered: 60 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree	6.67%	4
Disagree	10.00%	6
Neither/unsure	13.33%	8
Agree	50.00%	30
Strongly agree	20.00%	12
TOTAL		60

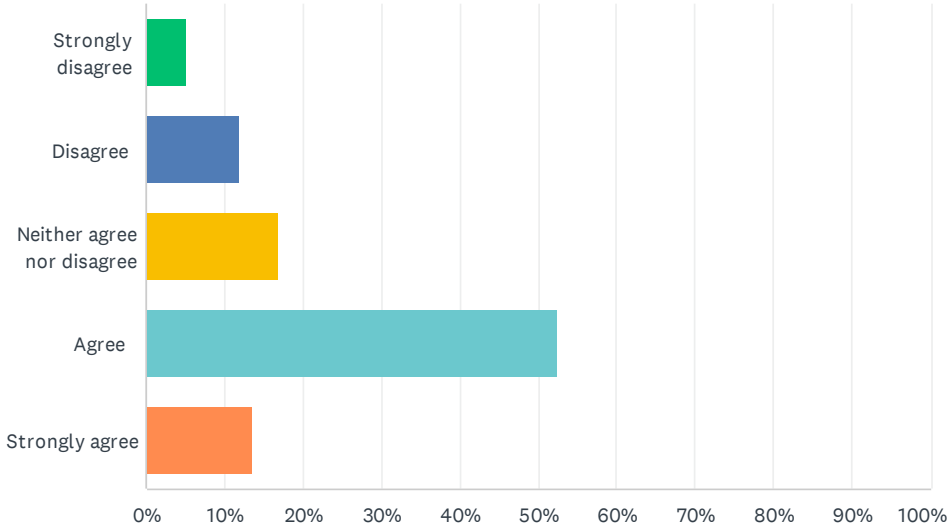
#	WHY DO YOU AGREE/DISAGREE?	DATE
1	Sets out clearly difference between the categories and is easy to understand	
2	it uses the level of processing	
3	It's always helpful to have a classification that is understood by all stakeholders involved in the debate	
4	It is a good grading system but needs more simplification and examples	
5	it may be useful to distinguish levels of processing	
6	It’s too black/white, not real foods, real meals	
7	Clear and easy to understand	
8	I agree in that its the most prominent classification tool for UPFs at present. However some of the decisions for determining the level of processing of a food seem fairly arbitrary so I could envisage a more robust system being developed.	

9	its the main classification that everyone (consumers/ HCPS etc) are familiar with . Trying to use another classification system will just add confusion	[redacted]
10	A guide but some foods classed as UPF's are beneficial ie baked beans	
11	While there are still some gray areas to the classification of different foods and some minimally processed foods can still be unhealthy, I believe it can be used as a guiding tool to help shape policy	
12	It’s too simple and fails to identify some HFSS foods as unsuitable and vice versa.	
13	its a relatively simple way to classify types of food	
14	Because it relates to people's kitchen cupboard. People get that. Emulsifier, xantham all that is harder.	
15	I think their is a big job by policy makers do inform people better via media and tools that young people use nowadays.	
16	It is very imperfect	
17	It is much too simple/ crude and too ambiguous for most people to know the different categories.	
18	Displace other healthier NOVA categories, can lead to UPFD addiction (12014% children and adults), and of course the range of adverse health effects	
19	It's essentially the only way to classify UPFs. Also, there is a growing database of foods being mapped using NOVA classification which is helpful.	
20	It aligns better with food production than health. Health and unhealthy foods are part of each level. A simple example is NOVA 2 which contains both butter and healthy oils.	
21	some guidance but need to understand what preservatitives and additives and the impact of these	
22	It is easy to understand. The mechanism for potential causal association to health issues is uncertain.	
23	If there's no definition, it's very difficult to conclude with any sort of message. Even if it's not perfect, a NOVA classification is better than nothing	
24	I think we need a better classification so that foods falling under the nova classification ultra processed are not all deemed unhealthy/ bad	
25	I agree that it is but if there is not education of the general public this might just be seen as jargon. There isn't really explicit mention of UPF in public health policy documents but they do identify UPF as 'unhealthy' in other guises. I think in a public setting this is ok. I don't necessarily think that all UPF fall into that unhealthy category so it might cause confusion to blanket label as UPF rather than grouping into healthy vs unhealthy	
26	Current public policies relating to public health nutrition are based on decades of research showing a clear, causitive relationship between patterns of eating that include an excess of fat, sugar, salt and calories and diseases such as obesity, type 2 diabetes, heart disease and cancer. The NOVA system is a fairly blunt instrument that categorises foods based on their level of processing. Some processing is beneficial to help provide access to a wide variety of foods for the public, and serves multiple purposes. Other types of processing can exacerbate public health nutrition issues, such as obesity, diabetes, cancer and heart disease by, for example, increasing palitability. When studies attempt to examine a mechanism for the current observational evidence that UPFs affect health, the strongest mechanism is the fact that these foods are also high in sugar, fat, salt or calories. This brings us back to our current policies as the most evidence based approach we can take at the moment. Many working in public health nutrition are also concerned about issues such as the access to and cost of food for those on lower incomes if a UPF classification was adopted to designate healthiness, and exacerbation of inequalities. Many of the questions in this survey come from a position of certainty in the relationship between UPFs and health, whetheas the current science indicates that this is a developing area of research, with evidnece of an association between UPFs and health, lots of exploratory research around mechanisms, but not causative evidence as yet. I think its important to acknowledge where we are in the development of this area of research,	

	the associated uncertainty that this brings, and the reasons it is premature to consider policy change.	
27	As per above response. It does not differentiate between foods witihn this category which have distinctly different nutrient compositions and link to health.	
28	But it is not simple and transparent enough for the public especially given the poor standards of health literacy in the Irish Population.	

Q29 Agree or disagreeIncluding dietary guidelines on UPF consumption and explanations of UPF classification in government policy documents will help consumers make more informed dietary choices

Answered: 59 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly disagree	5.08%	3
Disagree	11.86%	7
Neither agree nor disagree	16.95%	10
Agree	52.54%	31
Strongly agree	13.56%	8
TOTAL		59

Q30 What kind of policy interventions would you like to see regarding UPFs?

Answered: 54 Skipped: 6

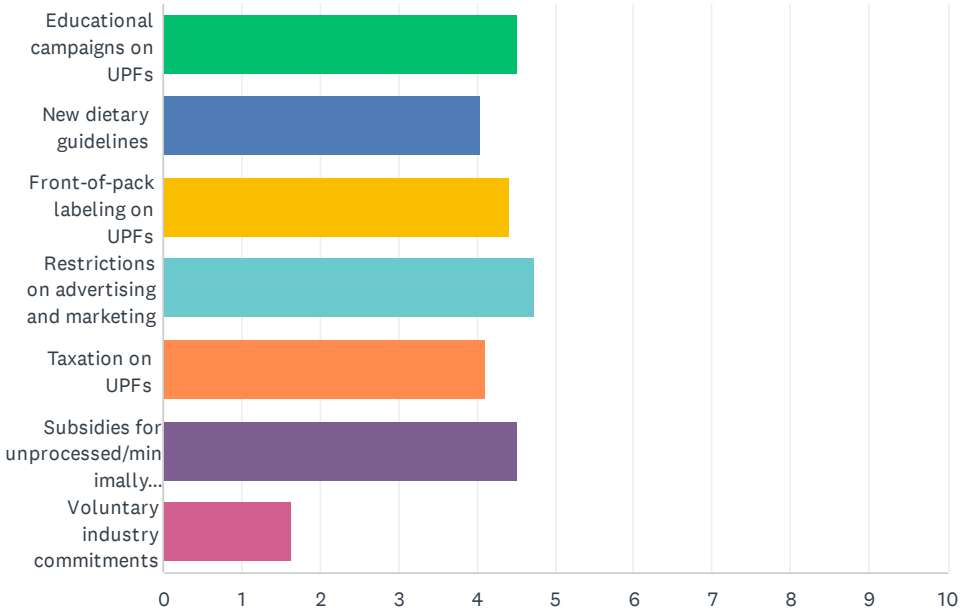
#	RESPONSES	DATE
1	I've yet to see any examples of policy intervention which hasn't lead to unintended consequences and likely significant cost to the consumer	[redacted]
2	Regulations on manufactures not price punishments on consumers	
3	More public health education	
4	Can we have a simple traffic light system for these foods categories and include on packaging	
5	unsure	
6	They need to be defined and their marketing digitally and broadcasting, ubiquity in retail needs to be curtailed	
7	I think including guidelines can be very helpful but often those likely to benefit most are not included or consulted. I would support any intervention that targets vulnerable cohorts in a meaningful and genuienely engaged manner.	
8	improved labelling to let consumers know that the food is a UPF. More regulation in food production to reduce the amount of UPF's.	
9	UPF ratings on foods to make it explicit what type of food it is based on the classification and more likely to make you read the ingredients on the packet.	
10	a system like the "traffic light system"	
11	.	
12	Stricter rules for food industry. tarriffs imposed if too many unnecessary ingredients used in products	
13	Restrictions on UFPs being targeted at children e.g. Paw Patrol yogurts. Restrictions on advertising UFP meat products.	
14	they seem to be more prevalent/marketed in supermarkets in disadvantage areas.	
15	Unsure Certainly encourage more fresh foods, less additives, but these need to be more affordable certainly recent price increase. Ideally back to basics, family cooking, time at table together but society has moved away from this	
16	Unsure	
17	Simple guidance like - base meals around whole foods. Look at ingredient lists e.g. frozen potato products (some are just potato & sunflower oil, others have many ingredients not found in the average kitchen). Clearer messaging needs to be given around cows milk formula (a UPF but the default infant feeding choice in Ireland). Much stricter controls in maternity hospitals like in other EU countries. Also packaged baby foods and toddler snacks - UPFs which do not resemble real food/teach any feeding skills.	
18	More of a focus on HFSS UPF foods and reformulating these foods to improve their nutritional profile	
19	none really	
20	Explicit mention of UPFs using the NOVA system including its associated links to obesity and cardiovascular diseases.	
21	Increasing the tax burden on UPFs with no discernable health benefits (High sugar high fat high salt foods) and ringfencing this tax to reduce the cost of health promoting foods (fresh	

	veg, meat etc). Make eating healthily the financially sensible choice.
22	food labelling
23	information on the additives that make the food UPF's . This information needs to include what they do and if there is any research (including observational research) to show if there is any harm where to get your information from
24	Proper explanation and guidelines to make better choices about these foods and the long-term health consequences of high consumption
25	Increased nutrition facts label, similar to that of the US that included added sugars and percent daily value
26	A control on the use of all ingredients which focus on taste and palatability to promote increased consumption. In my personal opinion, the biggest challenge we have is that from a young age we are now programmed to believe that food should taste good, and we shouldn't eat foods we don't like. Food should be about nutrition as a priority and enjoyment as a secondary.
27	higher taxes making them less affordable
28	Get rid of UPFs. Ban them. Like trans fats.
29	None
30	N/A
31	Unsure at present
32	Banning certain foods
33	The focus should be more on the energy density than the processing level. Many processed foods have excellent nutritional profiles (wholegrain bread, wholegrain cereals). The messages are too confusing otherwise.
34	Not just SSB tax - less availability, less marketing, promotion of healthier alternatives, buy in from food industry, reformulation, make food environment (at home, work, school, where we live etc) healthier and less obesogenic so that the default choice is health promoting (like in Japan, blue zones etc supermarkets are not dominated by UPFDs. School hot food programmes and catering in hospitals / care homes / prisons etc to avoid institutionalisation of UPFDs. ...the list goes on and on!
35	A combined use of the NOVA classification with posting if the food is high is fats, sugar or salt
36	Legislation regarding their use, and declarations re labelling. FOPL e.g. NOVA, nutriscore
37	Clearer Labeling: Implement mandatory front-of-pack nutrition labels and ingredient transparency to help consumers make informed choices. Specifically the "warning" label used in countries like Chile. Marketing Restrictions: Ban marketing of UPFs to children and limit ads in public spaces, particularly near schools. Taxes and Subsidies: Extend sugar tax on sugary drinks to UPFs that are high in fat, sugar, saturated fat, and provide subsidies for healthier, minimally processed foods. Public Education: Launch campaigns to raise awareness about the health risks of UPFs and integrate nutrition education in schools. Healthier Food Environments: Limit UPFs in schools, workplaces, and public institutions, and promote fresh food access in underserved areas. Product Reformulation: Encourage food manufacturers to reduce unhealthy ingredients like sugar, salt, and unhealthy fats. Regulation of UPFs: Define UPFs and set standards for their production, sale, and advertising. Industry Collaboration: Partner with the food industry to promote healthier product formulations and limit the use of additives. Research and Monitoring: Invest in research on UPFs' health effects and track consumption patterns to adapt policies.
38	Taxation on UPFs
39	Not sure if UFP can be much better than HFSS. We probably need different categories to simply UFP (yes/no). Then make policy such as taxes (only on empty calories), traffic light, nutrition on the front package, based on a better category.
40	Reducing and Limiting UPFs in school lunch provision. Providing a colour coding classification for Nova for each product category similar to current nutritional one

41	Policy support to integrate these as exposures in research on food and health.
42	A balanced view that doesn't demonise any foods. Taking time to consider our consumption is important, but we must consider convenience and price as these are key for consumers making purchasing decisions
43	I think policy interventions need to wider than just UPF's.
44	awareness of ingredients eg. palm oil and gum
45	I think education of the public around what UPF are and how to identify healthy vs unhealthy UPF
46	Policy around UPFs regarding younger children
47	more information, education and awareness raising like an awareness campaign which links with practical delivery of programmes at grass roots level
48	The inclusion of more restrictions of the use of UPFs in public spaces such as hospitals, schools and government departments. Increased taxes on UPFs, similar to the sugar sweetened drinks tax with reduced taxes on minimally processed, healthy foods.
49	Tax, subsidies for unprocessed food, reduced marketing, labelling
50	I dont want to see this in Irish policy. I think continuing to focus on HFSS and use of term processed foods these is appropriate.
51	Regulation of marketing of UPF foods specifically to children Taxation on UPF products
52	1) integrate policy with food security/local shortened food supply chains /physical activity/ health inequalities in overall collective that takes into account cultural insights 2) integrate European learning/experience and in particular EuroHealthNet context to address UPFs as part of overall improved foodscape and physical activity environment
53	Policy is fine - getting people in communities to buy in needs more that practitioners, media and social media dictating what is good and bad to eat when some don't have much choice given where the live and the resources they have. They also may have more immediate and higher priorities.
54	Should be far more nuanced than based on processing level only

Q31 Rank these policy interventions from the most effective to the least effective in reducing the consumption of UPFs and improving public health

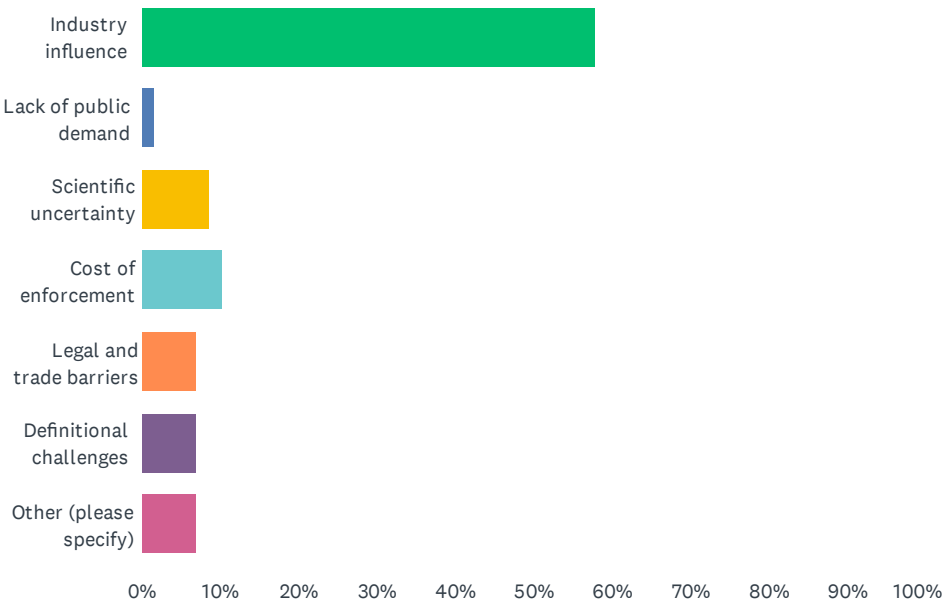
Answered: 57 Skipped: 3



	1	2	3	4	5	6	7	TOTAL	SCORE
Educational campaigns on UPFs	26.32% 15	15.79% 9	5.26% 3	17.54% 10	15.79% 9	10.53% 6	8.77% 5	57	4.53
New dietary guidelines	8.77% 5	19.30% 11	10.53% 6	12.28% 7	28.07% 16	21.05% 12	0.00% 0	57	4.05
Front-of-pack labeling on UPFs	8.77% 5	12.28% 7	28.07% 16	26.32% 15	15.79% 9	5.26% 3	3.51% 2	57	4.42
Restrictions on advertising and marketing	15.79% 9	21.05% 12	21.05% 12	19.30% 11	8.77% 5	14.04% 8	0.00% 0	57	4.74
Taxation on UPFs	26.32% 15	14.04% 8	3.51% 2	1.75% 1	21.05% 12	21.05% 12	12.28% 7	57	4.11
Subsidies for unprocessed/minimally processed foods	14.04% 8	15.79% 9	29.82% 17	12.28% 7	7.02% 4	17.54% 10	3.51% 2	57	4.51
Voluntary industry commitments	0.00% 0	1.75% 1	1.75% 1	10.53% 6	3.51% 2	10.53% 6	71.93% 41	57	1.65

Q32 What is the biggest barrier to regulating UPFs?

Answered: 57 Skipped: 3



ANSWER CHOICES	RESPONSES	
Industry influence	57.89%	33
Lack of public demand	1.75%	1
Scientific uncertainty	8.77%	5
Cost of enforcement	10.53%	6
Legal and trade barriers	7.02%	4
Definitional challenges	7.02%	4
Other (please specify)	7.02%	4
TOTAL		57

#	OTHER (PLEASE SPECIFY)	DATE
1	Lack of evidence and use of term UPF	
2	willingness to take on industry	
3	Viable healthy alternatives and healthy literacy in communities	
4	There is no sound scientific base for doing so	

Q33 Is there anything else you would like to share regarding UPFs, public health, or food policy?

Answered: 38 Skipped: 22

#	RESPONSES	DATE
1	Explain healthy foods on an evidential basis and don't tax, punish or demonise foods with good evidence and thought to unintended consequences	[redacted]
2	no	
3	Written labels on packaging are ineffective because the text is so small and often difficult to read and understand. Traffic lights work - simple visual!	
4	no	
5	Focusing on HFSS for now would go a long way and improving the food environment. There needs to be societal changes in the value of time to care for and manage a household for people to have the time and resources to be able to cook real, whole, food	
6	My concern as mentioned previously is around properly engaging those most vulnerable to drive a meaningful change that is achievable. Cost and knowledge are important; many parents are trying their best but need additional support	
7	need to act on lobbying by food industry	
8	No	
9	No	
10	.	
11	Government must enforce restrictions on the food industry. unpopular but better to spent money on prevention than treating disease caused by UPF's. No public health campaign, media, can have more influence or power than the goverment taking control of the food industry.	
12	Follow the same strategies as smoking and alcohol.	
13	i think UPF may be the latest 'food trend'. In my experience the public and media tend to focus on single foods rather than dietary patterns over long periods of time	
14	no	
15	taxing UPFs would be most effective but this would demonize lower income earners	
16	N/A	
17	most of the data is observational so it can be argued that we don't have 100 % proof - this just causes confusion.	
18	no	
19	In the long term, people are going to eat what tastes good regardless. But, including more education about UPFs and how they can impact health will, in my opinion, make consumers more aware of their food intake	
20	no	
21	I am so frustrated by the governments prioritisation of profit over health. UPFs, alcohol, gambling, vaping. Why is the health of young people and poor people for sale?	
22	No	
23	No	

24	Just that there is work underway to improve how they are classified, looking also as the food matrix	[redacted]
25	No	
26	No, just that this is an excellent topic, and a very important project so I wish you the very best with it!	
27	no	
28	Policies should support the healthier choice rather than penalise the unhealthy one considering communities of disadvantage and where government is supporting or subsidising food there should be strict requirements. Simplicity in messaging and ability to easily identify healthier choices is key	
29	No	
30	the food system is complex and many factors affect food choice. We have to take UPF into the wider obesogenic environment space	
31	shops selling UPF's should only be allowed to make a certain amount of profit and anything additional should go into sport/communities/ positive health behaviours	
32	No nothing that I havint said above	
33	This survey has given me a greater understanding regarding UPFs	
34	Consumers are already confused about the details of the dietary guidlines. Most are aware of the 'big' message - eat more fruit and veg, eat a variey of food. But knowlege re the detail relating to food groups is low and much confusion exists thanks to continuous exposure to misinformation online. Campaigns are only likely to increase confusion since the message around UPF are quite complex.	
35	no	
36	nil	
37	more energy should focus on NOVA group 1 and importance and providing incentives across all public funded healthy eating programmes e.g school meals and align with local food supply chains to encourage local buy-in. Whole of government policy response needed for this with DES,DSP,DAFM and DoH	
38	Need to consider bottom up approach rather than top down dictats and regulations. Enable and empower people to understand and access healthy foods.	