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Submission from the Victorian Health Promotion Foundation (VicHealth) to Food Standards Australia New Zealand's (FSANZ) consultation on labelling review recommendation 17

Thank you for the opportunity to respond to the consultation on recommendation 17 from the independent review of labelling.

Since our establishment as a statutory health promotion body by the Victorian Government in 1987, we have had a strong focus on [promoting healthy eating](#). Under the [VicHealth Action Agenda for Health Promotion](#) we have a 10-year goal of more Victorians adopting a healthier diet, with a three-year priority of ensuring that more people are choosing water and healthy food options.

We have developed a short submission to the consultation, which outlines our response to the consultation questions and further recommendations regarding nutrition and food labelling, particularly around standardised serving sizes and the Health Star Rating System.

VicHealth recommends that at a minimum the provision of per serving nutrition information continues to be mandatory on the nutrition information panel (NIP) of food products. However VicHealth considers the current NIP system to be an inadequate mechanism for making informed nutrition choices, and our submission outlines our position on how the NIP could be improved. Importantly, this consultation clearly highlights the need for full implementation of a front-of-pack interpretive food labelling system.

VicHealth would welcome the opportunity to further discuss food labelling and its health impacts with FSANZ. If you would like to follow up on any of the information in our submission, please contact Cassie Nicholls, Senior Policy Development Officer on policy@vichealth.vic.gov.au or 03 9667 1317.

Yours sincerely

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Introduction

VicHealth is committed to halting the rise in obesity, type 2 diabetes and other diet-related illnesses through multi-level, multi-strategy approaches that enable healthy food choices, including the development and promotion of a culture that embraces healthy eating. Key to this is encouraging consumption of healthy foods by enabling Victorians to make informed food choices.

We recommend that FSANZ considers the key issues provided below when responding to recommendation 17 of the labelling review, particularly the need for standardised serving sizes that correlate with current consumption patterns. These issues require action, coordination and leadership from FSANZ to ensure that consumers are able to make informed and healthy choices.

VicHealth believes that such changes to the nutritional information panel would improve the current legislated system. However there is broader context that cannot be ignored, regarding the importance of creating an environment that enables informed choice. Therefore our response to the consultation also highlights the urgent need for full implementation of interpretive front-of-pack food labelling through the Health Star Rating System (HSRS).

Response to recommendation 17

We recommend that the provision of per serving nutrition information continues to be mandatory on the nutrition information panel (NIP) of food products. While the consultation paper notes that a change to a voluntary system would reduce industry burden, it substantially increases consumer burden. This is inconsistent with enabling consumers to make informed choices, an objective of FSANZ as outlined in Section 10(1) of the *FSANZ Act 2001*.

1. How do you or your organisation use per serving information in the nutrition information panel on food labels?

The per serving information is important for people that need accurate information on their nutrient intakes because of specific health problems, or for their own dietary management. In contrast, the per 100g/mL information is best used for comparisons between products.

In terms of VicHealth's use of per serving information, our strategies to support improved population health include the delivery of public awareness campaigns, such as the [H30Challenge](#). In this campaign, we are encouraging Victorians to choose water instead of sugar-sweetened beverages. Our campaign provides information taken from the NIP regarding both sugar content per 100mL (for comparison of products) and per serving.

2. Are there any particular food categories or types of food packages (e.g. single serve packages) for which per serving information is particularly useful?

VicHealth strongly recommends mandatory inclusion of per serving information for all food categories and types of food packages to allow consumers to make informed food choices. There are some food categories that this information is particularly useful for, such as beverages and confectionary as they have an established serving size.

For example, nutrition information by serving for beverages, particularly sugar-sweetened beverages,

ensures consumers can understand the quantity of sugar being consumed in a single drink. If the labelling was provided only by 100mL it would require consumers to make an extra calculation to determine how much is in the actual quantity consumed.

3. The Labelling Review recommendation suggests that per serving information be voluntary unless a daily intake claim is made. Do you support this approach?

VicHealth does not support this approach. As stated previously, we strongly recommend mandatory inclusion of per serving information to allow consumers to make informed food choices, without the burden of calculating the nutrition information from per 100mL/g figures.

4. From your perspective, what are the advantages and disadvantages of per serving in the nutrition information panel being voluntary?

From VicHealth's perspective, the only advantage of the change would be to reduce the regulatory burden on industry. However there are significant disadvantages, including the following:

- It would increase the burden on consumers when interpreting information displayed on the NIP.
 - The inconsistency across products with some carrying only information per 100mL/g and others including per serving information may increase confusion for consumers.
 - It removes the functionality of the per serve column for people with specific health problems. As noted in the consultation paper, the use of this column is presently unknown, so further research into how consumers interpret this information is essential before making a final decision. Implications could be that sufferers of conditions such as diabetes or hypertension may not be able to accurately monitor their intake of key nutrients, potentially impacting their health.
 - Products not displaying NIP information by serving will result in consumers needing to calculate their consumption information from per 100mL/g information. This level of mathematic and interpretation skills cannot be assumed and could particularly disadvantage those with low numeracy skills.
- Changing per serve requirements to voluntary could potentially impact future regulatory changes, such as any future regulation of the HSRS, which could actually increase industry burden and/or create inconsistencies between labelling systems.

Further recommendations on this topic

Per serve sizes must be standardised to correlate with actual consumption sizes

The consultation paper has highlighted consumer confusion around the information displayed on the NIP. This, along with FSANZ's overarching objective of providing 'adequate information relating to food to enable consumers to make informed choices', provides the impetus to reform labelling requirements with regard to serving sizes. VicHealth strongly recommends that minimising consumer confusion should be a priority in this consultation, in particular through considering standardisation of serving sizes.

Currently, serving sizes are inconsistent and unclear, which impacts on people's ability to make meaningful and informed choices. As stated on page 8 of the consultation paper, '[s]erving sizes specified by the food

business should reflect a realistic portion of the food that a person might normally consume on one eating occasion’.

However, there is significant variability of serving sizes set by manufacturers, which affects consumers’ ability to compare products within food categories. These often do not reflect Australians’ actual serving sizes, limiting consumers’ ability to make an informed choice about their nutrient intake, often resulting in an underestimation of intake levels.

For example, the recent Australian Health Survey found that the median serving size of ready-to-eat breakfast cereal for adults aged over 19 years is 47.8g. Similarly, children and young people have median serving sizes at 34g for 4–8 year olds, 39g for 9–13 year olds, and 53g for 14–18 year olds.¹

However manufacturers regularly set their serving sizes well below these levels. For example, the serving size provided on the NIP for Coco Pops, Weet-Bix and Crunchy Nut Corn Flakes is just 30g, with Cornflakes at 35g, Nutri-Grain at 40g and Just Right and All Bran at 45g – all lower than the median serving size for Australian adults.

For per serve nutrient information to effectively guide consumption choices, serving sizes must be standardised across the food category (e.g. ready-to-eat breakfast cereals) and correlate with actual average consumption levels as informed by population nutrition surveys. The approach used with beverages and confectionary utilises this type of standardised and meaningful serving size.

In addition, Australia’s current practice is not consistent with international practice. As indicated in Attachment A of the consultation paper, both Canada and the United States have established reference tools that inform serving size, and in the case of the Canadian model, the regulation specifies that manufacturers can only deviate from the standardised serving size where it is reasonable and not misleading.

Irrespective of FSANZ’s decision regarding recommendation 17, VicHealth recommends that FSANZ works with industry and public health and consumer groups to develop standard serving sizes for those food categories that carry nutrition information by serving size, which align with current consumption patterns.

The Commonwealth Government and federal regulatory bodies should prioritise increasing consumer understanding, including implementation of a universal interpretive front-of-pack labelling to enable informed food and beverage choices

While the NIP provides some guidance for consumers, evidence referenced in the consultation paper strongly indicates that the current system as a whole does not provide clear and consistent information for consumers.

People from low socioeconomic backgrounds, from culturally and linguistically diverse groups and with low literacy levels often experience the greatest difficulty understanding the NIP and the voluntary Daily Intake Guide (DIG) scheme.² Considering there is a strong social gradient associated with nutrition-related chronic illness, simplification of nutrition-related food labelling has the potential to benefit those experiencing disadvantage, as well as the general population.³

VicHealth recommends a public education campaign be implemented to address consumer confusion on how to interpret the NIP. This should be informed by the outcomes of the focus group outlined on page 12 of the consultation paper.

This consultation also highlights the importance of an interpretive front-of-pack food labelling system, such as the HSRS, to complement the NIP. The HSRS will benefit consumers across demographic groups, and VicHealth strongly supports its consistent and universal implementation. Consumers are also clearly supportive of changes to food labelling, and research has shown that the HSRS has a greater potential than the NIP and DIG to influence purchase decisions.⁴

VicHealth acknowledges that FSANZ's role in the HSRS implementation is limited unless there is a mandatory roll-out of the system, but we stress the importance of this system being considered alongside changes to the NIP. Ongoing government leadership and commitment from industry and public health and consumer groups is required for successful implementation, along with a high profile public education campaign to inform consumers of the changes and how to use the HSRS and the NIP to make healthier food choices.

VicHealth also supports the submission made by the Dietitians Association of Australia, the peak body for nutrition and dietetics in Australia, which includes further technical information in response to the consultation.

References

¹ Australian Bureau of Statistics 2014, *Australian Health Survey: Nutrition First Results – Foods and Nutrients, 2011–12*, cat. no. 4364.0.55.007, ABS, Canberra.

² Review Panel 2011, *Labelling logic: review of food labelling law and policy*, Commonwealth of Australia, Canberra; Viswathan, M, Hastak, M & Gau, R 2009, 'Understanding and facilitating the usage of nutritional labels by low-literate consumers', *Journal of Public Policy and Marketing*, vol. 28, no. 2, pp. 135–45.

³ Review Panel 2011, *Labelling logic: review of food labelling law and policy*, Commonwealth of Australia, Canberra; ABS 2013, *Profiles of Health, Australia, 2011–13*, cat. no. 4338.0, Australian Bureau of Statistics, Canberra.

⁴ Obesity Policy Coalition 2014, *Policy brief: Health Star Rating food labelling system*, Obesity Policy Coalition, Melbourne.