



Public Health Association
AUSTRALIA

Public Health Association of Australia
*Submission to Consultation Paper – Labelling
Review Recommendation 17: Per serving
declarations in the nutrition information panel*

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. The PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment while improving and promoting health for all.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include the development of policy, capacity building and advocacy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA supports a preventive approach for better population health outcomes by championing appropriate policies and providing strong support for Australian governments and bodies such as the National Health and Medical Research Council in their efforts to develop and strengthen research and actions in public health. The PHAA is an active participant in a range of population health alliances including the *Australian Health Care Reform Alliance*, the *Social Determinants of Health Alliance*, the *National Complex Needs Alliance* and the *National Alliance for Action on Alcohol*.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as providing a close involvement in the development of policies. In addition to these groups the PHAA's Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of governments and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Preamble

PHAA welcomes the opportunity to provide input to the FSANZ Consultation Paper – Labelling Review Recommendation 17: Per serving declarations in the nutrition information panel which seeks comment on a range of issues relating to Labelling Review Recommendation 17: *That the declaration in the nutrition information panel of amount of nutrients per serve be no longer mandatory unless a daily intake claim is made.*

Following is an extract from the labelling review (1) that is the basis for Recommendation 17 (our highlighting):

4.41 The presentation of the NIP has also received considerable attention, as consumers have found it confusing, if not misleading. This is particularly the case in relation to the declaration of amounts of nutrients per serve and the practice of nutrient declaration as a percentage of daily value. In Australia and New Zealand, serving sizes are determined by the manufacturer. Research has indicated that nominated serving size is often not consistent with how individuals would consume that food.¹⁰² An alternative is for the government to mandate serving size as occurs in the USA. In Australia, government is working with the Food and Health Dialogue to at least establish appropriate portion sizes to inform consumer awareness activities.¹⁰³ However, there is little indication that declaration of amounts of nutrients per standard serving size is helpful in guiding consumers' food intakes.¹⁰⁴

This appears to indicate that the main cause of consumer confusion was variability and inconsistency of serve sizes. It also suggests that the practice of nutrient declaration as a percentage of daily value was of concern. It is illogical to then recommend continuing with non-standardised serve sizes and only require them when a daily intake claim is made – both things that consumers find confusing. PHAA would suggest that dealing with the underlying problem of inconsistency of serve sizes would be a more appropriate response than changing the current mandatory declaration of nutrients per serve within the NIP.

For these reasons, PHAA does not support the Labelling Review Recommendation 17. We believe that per serve declarations on NIPs should be retained, as well as per 100g declarations. In addition, we recommend that FSANZ develop a system to standardise serve sizes so that consumers can make meaningful comparisons between similar foods of the same serve size.

Response to questions to submitters

Q1 How do you or your organisation use per serving information in the nutrition information panel on food labels?

PHAA members work in a variety of fields within the public health nutrition workforce and may use the per serving information on NIPs in all the ways identified within Section 3 of the consultation paper. Members also find the lack of serve size consistency to be problematic and find that they need to highlight this when providing nutrition education.

Q2 Are there any particular food categories or types of food packages (e.g. single serve packages) for which per serving information is particularly useful? If so, what are they? Explain why the information is useful.

Per serving information is useful across all food categories and all pack sizes, but it is most useful when serve sizes within food categories are standardised to allow easy comparison. It could be argued that the per 100g/ml information allows for this comparison between foods however, those with limited numeracy skills often find this process of converting per 100g information to the appropriate serve size to be very difficult (2). FSANZ's own research indicates that consumers use the per serve information (3,4).

A recent study by Mandle et al (5) reported that per portion or per serving size is preferable to servings listed per 100 g for the label reference unit across a number of studies they reviewed. They also found that, while useful for product comparison, serving sizes per 100 g were more challenging for consumers to extract nutrition information from.

Q3 The Labelling Review recommendation suggests that per serving information be voluntary unless a daily intake claim is made. Do you support this approach? That is, do you think declaration of per serving information in the nutrition information panel should be mandatory if a daily intake claim is made (e.g. %DI or %RDI)? Give reasons for your answer.

PHAA does not support the recommendation to make per serving information voluntary unless a daily intake claim is made.

In our preamble we highlighted that the issue was not necessarily use of per serve information per se but one relating to serve size standardisation. A number of Australian and international studies have confirmed that there is considerable variation in serve size (2,6-9). As noted in the Labelling Review this is a cause of confusion for consumers and removing per serve information from NIPs unless a daily intake claim is made is not going to solve this problem. The only approach to dealing with the inconsistency in serve sizes is to mandate serve sizes within food categories, so that consumers can compare like with like.

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In addition, the Australian Food and Grocery Council (AFGC) reports that the Daily Intake Guide now appears on 7,200 food products (10). Without knowing what proportion of total packaged foods this represents, it would seem that under the recommendation, a considerable number of foods would still need to include per serve information within the NIP. If serve sizes remain inconsistent amongst the categories of food within these 7,200 products, then the problem of consumer confusion will remain.

Q4 As noted in Section 4, there is currently variation in the format of NIPs on food labels because of voluntary permissions for the use of %DI labelling and the option to include a third column for foods intended to be prepared or consumed with at least one other food. If per serving information in the NIP was voluntary this would result in more variability in the format of NIPs across the food supply. Do you think this would be a problem? Why/why not?

Since its inception, the NIP format has been prescribed to provide for consistency across different foods. This principle should be upheld. Allowing another voluntary inclusion within the NIP is not in keeping with the original aims of the NIP and would likely add to consumer confusion.

Q5 If per serving information in the nutrition information panel was voluntary, do you think the inclusion of per serving information in the nutrition information panel should be mandatory when a nutrition content claim about vitamins, minerals, protein, omega-3-fatty acids or dietary fibre is made? Give reasons for your answer.

PHAA does not support the voluntary use of per serve information within the NIP, but if it were to be made voluntary, it should be mandatory where any nutrition, health or related claim is made. However, unless serve sizes are standardised across food categories, the information would not be as useful to consumers.

Q6 If per serving information in the nutrition information panel was voluntary, do you think the inclusion of per serving information in the NIP should be mandatory in any other specific regulatory situations? Explain your answer.

Per serve information should also be mandated for formulated caffeinated beverages and for foods included in Part 2.9 Special Purpose Foods as most of these foods are supplied/consumed on a per serve basis and it is important that nutrient information per serve is readily available.

Q7 What additional studies examine consumer use and understanding of per serving information in the nutrition information panel on food labels? Please provide a copy of studies where possible.

Please refer to reference list provided.

Q8 From your perspective, what are the advantages and disadvantages of per serving information in the nutrition information panel being voluntary? Please provide evidence where possible.

PHAA does not see any advantages in per serving information being made voluntary. In terms of disadvantages, PHAA believes there is potential for further consumer confusion since NIPs will not be consistent. In addition, mistakes in regulatory compliance are likely, since there will be different regulations for different situations. The issue of mandatory versus voluntary regulation needs to be also seen in light of any potential standardisation of serve sizes across food categories. Failure to address this issue will mean that consumers are likely to remain confused regardless of whether the information is mandatory or voluntary.

**Q9 Do you think the declaration of the amount of energy and nutrients per serving in the NIP should be voluntary? YES/NO/UNCERTAIN
Please give reasons and evidence to support your view.
If you are UNCERTAIN, please indicate what information you would need in order to form a view.**

PHAA does not support the voluntary declaration of energy and nutrients per serving in the NIP, for the various reasons already provided.

We acknowledge the dearth of evidence in this area and so also recommend additional independent research be commissioned to investigate:

- Consumers' understanding and use of per serve information, with and without serve size standardisation; and
- Consumers' understanding and use of per serve information, with and without an interpretive front of pack labelling scheme in place.

Recommendations

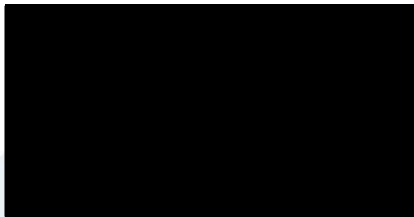
PHAA does not support the Labelling Review recommendation 17. We recommend that:

- FSANZ develop a system to **standardise serve sizes** so that consumers can make meaningful comparisons between similar foods of the same serve size; and
- additional independent research be commissioned to investigate:
 - Consumers' understanding and use of per serve information, with and without serve size standardisation; and
 - Consumers' understanding and use of per serve information, with and without an interpretive front of pack labelling scheme in place.

Conclusion

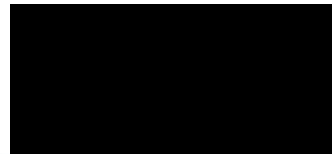
The PHAA appreciates the opportunity to make this submission and looks forward to further consultation on this issue.

Please do not hesitate to contact the PHAA should you require additional information or have any queries in relation to this submission.



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13 February 2015



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References

1. Blewett N, Goddard N, Pettigrew S, Reynolds C, Yeatman H (2011) Labelling logic: Review of food labelling law and policy (2011). Department of Health and Ageing, Canberra, Australia. <http://www.foodlabellingreview.gov.au/internet/foodlabelling/publishing.nsf/Content/labeling-logic>. Accessed 9 February 2015.
2. Cowburn, G, & Stockley, L 2005. Consumer understanding and use of nutrition labelling: a systematic review. Public Health Nutrition, vol. 8, no. 1, pp. 21-28. Accessed 3 February 2015.
3. Baines, J, & Lata, S 2004. Consumer understanding and use of Nutrition Information Panels, Asia Pacific Journal of Clinical Nutrition, vol. 13, p. S160. (Poster presentation summary). Accessed 5 February 2015.
4. TNS Social Research (2008) Consumer Attitudes Survey 2007. Canberra <http://www.foodstandards.gov.au/publications/pages/consumerattitudes/Default.aspx> Accessed 9 February 2015.
5. Mandle, J, Tugendhaft, A, Michalow, J, & Hofman, K 2015, 'Nutrition labelling: a review of research on consumer and industry response in the global South', Global Health Action, vol. 8, p. 25912. Available from: 10.3402/gha.v8.25912. [3 February 2015].
6. Roberto, CA, & Khandpur, N 2014, 'Improving the design of nutrition labels to promote healthier food choices and reasonable portion sizes', International Journal of Obesity, vol. 38, pp. S25-S33. Available from: 10.1038/ijo.2014.86. Accessed 3 February 2015.
7. Cleanthous, X, Mackintosh, A, & Anderson, S 2011, Comparison of reported nutrients and serve size between private label products and branded products in Australian supermarkets, Nutrition & Dietetics, vol. 68, no. 2, pp. 120-126. Accessed 9 February 2015.
8. The George Institute. Examination of serving sizes of selected food products in Australia. Report for Choice. November 2011. <http://www.choice.com.au/consumer-action/food-labelling/nutrition-labelling/percentage-daily-intake-guides-discredited.aspx> Accessed 9 February 2015.
9. Vanderlee, L, Goodman, S, Sae Yang, W, & Hammond, D 2012, 'Consumer understanding of calorie amounts and serving size: implications for nutritional labelling', Canadian Journal of Public Health, 103, 5, pp. e327-e331
10. The Australian Food and Grocery Council. Daily Intake Labelling. <http://www.afgc.org.au/key-projects/daily-intake-labelling/> Accessed 10 Feb 2015.