## (Inq into Obesity) がく イールの SUBMISSION TO THE HOUSE OF REPRESENTATIVES INQUIRY INTO OBESITY IN AUSTRALIA

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Submission No. 110

# Traffic Light Labels

#### Summary:

This submission supports the introduction of Traffic Light Labelling of packaged and fast foods in Australia, as part of the fight against increasing obesity in the population.

An illustration of a simple Traffic Light Label is given.

Traffic Light Labels are simple and easy to understand by the consumer and would provide an excellent, uniform front-of-pack food labelling system designed to guide consumer choice to healthier food options.

Traffic Light Labelling can have a significant beneficial effect on the behaviour of consumers, especially when combined with advice to moderate the intake of foods high in fat and sugar.

The advice to moderate one's intake of high fat/high sugar foods can come either from one's own doctor or nutritionist or from a more general educational campaign.

Traffic Light Labels will help everyone in the community to choose healthier food and will be particularly helpful to various sub-groups in our community: the time-poor, people from a non-English background, poor readers, children, and the less motivated.

Fast foods should be labelled at the point of customer choice -i.e. on the display or on the printed menu, so that the Traffic Light Labels may be influential in the choice of the product purchased.

### Introduction

In August 2006 the Medical Journal of Australia published an editorial titled: *The unstoppable Australian obesity and diabetes juggernaut. What should politicians do?* (This article is tendered as attachment #1). The editorial, with its six recommendations, would be well worth consideration by the Standing Committee on Health and Ageing, as part of its enquiry into the increasing prevalence of obesity in Australia.



One of the recommendations in the editorial was that regulatory measures should *require "traffic light" food labelling (based on nutritional profiling) on all foods, drinks and meals, wherever sold.* 

This submission supports the introduction of "Traffic Light" labels (TLL) as one of the measures that will be helpful in tackling the increasing prevalence of obesity in the Australian population.

A description of the TLL system by Dr Trevor Beard is given in attachment #2 and a more detailed account is given in attachment #3.

Attachment #4 is a letter published in the Medical Journal of Australia on the rationale of the Traffic Light Labelling system while attachment #5 gives support for that position in considerable detail, including answers to critics of the TLL system.

### Why we need a simple indicator such as Traffic Light Labels

The Nutrition Information Panel, while an excellent resource for health professionals and for well-educated and highly motivated consumers, does not meet the needs of a large proportion of those who wish and/or have been advised by their doctor or dietitian to control their weight and to eat healthier food.

The NIP is too time consuming for most adults to use for this purpose, and is also too difficult for adults with limited numeracy or literacy, including those from a non-English speaking background. It is too difficult for most children to use.

The proposal put forward by the food industry, of Percentage Daily Intake Labelling, is as difficult to understand as the NIP.

Those not capable of using the NIP information effectively are also not capable of using the Percentage Daily Intake Labelling information, according to published research. (Attachment #6 and reference #6 both show that percent daily values are poorly understood.)

The Traffic Light Labelling system, on the other hand, is an intuitive, easily understood way of conveying information on healthy food choices.

Because almost all people (including young children) understand the significance of red, amber, and green traffic lights, there is a quick and effortless transfer to the selection of food provided with Traffic Light Labels.

As we already have detailed information for packaged foods in the form of the Nutrition Information Panel (NIP), Traffic Light Labels for Australian use can be quite simple in design, and will fulfil their purpose of quickly and easily giving information to the consumer on the health profile of foods.

### How Traffic Light Labels can help prevent obesity

Traffic Light Labels provide easily understood guidance on which foods are high or low in fat and sugar.

Traffic Light Labelling can have a significant effect on the behaviour of consumers, especially when combined with advice to moderate the intake of foods high in fat and sugar.

The advice to moderate one's intake of high fat/high sugar foods can come either from a person's doctor or nutritionist or from a more general educational campaign.

A general educational campaign could well be directed at the whole population, and might aim to convince people of the benefits of healthy eating and the avoidance of obesity.

To be effective, the educational campaign needs to provide a simple and relatively painless way for the consumer to put the teachings into everyday use – the traffic light labelling of foods provides a user-friendly tool to enable the good intentions to be put into practice.

### Who will benefit?

Well, everyone, really, but Traffic Light Labels will benefit the following groups in particular:

The time-poor: This covers those who are in full-time employment, mothers with children, and many other busy people. A simple system that can be taken in at a glance will make an enormous difference to whether it is practical for busy people to make good selections of food for better health.

**Parents and children:** Parents with demanding children will have a much easier time if they can say to their children: "you can't have items (for everyday food) with a red light on them". Children may internalise these choices for themselves, after a period of parental guidance.

**People from a non-English speaking background**: Many have a much poorer grasp of written English than spoken English, so the NIP and the Percentage Daily Intake systems are too difficult for many in this group. The traffic light labelling system requires very little in terms of English reading ability as the main message is carried by the colour of the "traffic lights".

**Poor readers in general:** They can't cope with the NIP, or the Percentage Daily Intake method of labelling.

The less-motivated: Lots of people find nutrition issues boring. They need a very simple system as they are only prepared to spend a very small amount of time and effort on the issue.

Health professionals such as doctors, nutritionists, & psychologists (and their patients): Traffic Light Labels will be a great benefit to health professionals as they will then be able to give their patients simple instructions and advice on what foods to avoid in order for them to attain better health and to prevent obesity.

#### **Fast Foods**

Fast foods (McDonalds, KFC, Pizza Hut etc) are, presumably, a significant part of the obesity problem. However, not all choices are unhealthy and the use of Traffic Light Labels would make the choosing of healthy options by the consumer a lot easier.

It is important to note that, for maximum effectiveness, the information on healthy choices - i.e. the Traffic Light Label - needs to be available BEFORE the customer places the order.

So the traffic light label needs to be displayed alongside each menu item that is on display or on a printed menu. Fortunately there are a variety of alternative designs and formats available for traffic light labels, including ones that would be suitable in a menu listing. For examples of different designs, see attachment #7.

#### Attachments

Attachment #1: The unstoppable Australian obesity and diabetes juggernaut. What should politicians do? (Editorial in the Medical Journal of Australia, August 2006)

Attachment #2: Salt Skip News Number 142 (see pages 2, 3 & 4). (Dr Trevor Beard)

Attachment #3: Salt Skip News Number 143 (see pages 1, 2, & 3). (Dr Trevor Beard)

Attachment #4: Letter published in the Medical Journal of Australia on Traffic Light Labelling (Volume 186, Number 1, 1 January 2007)

Attachment #5: Traffic Light Food Labels – detailed support for the above letter and answers to criticisms (Dr Trevor Beard)

Attachment #6: Consumer understanding of percentage daily intake (%DI) information (FSANZ)

Attachment #7: Front of Pack Traffic Light Labelling - Technical Guidance (Issue Number 2) (UK FSA)

#### References & Links

1. The unstoppable Australian obesity and diabetes juggernaut. What should politicians do? Zimmet PZ, James WPT, MJA, Volume 185 Number 4, 21 August 2006

2. A general, easy to read, outline of traffic light labelling in the UK is available on the following webpage: <u>http://www.eatwell.gov.uk/foodlabels/trafficlights/</u>

3. This UK link looks at the issues in depth, and has links to detailed explanations, criteria, and qualitative and quantitative consumer research. It is also the source of attachment #7: <u>http://www.food.gov.uk/foodlabelling/signposting/</u>

4. Dr Trevor Beard's Australian website has a section on TLL and is also the source of attachments #2, #3 & #5: <u>http://www.saltmatters.org/</u>

5. The source of attachment #6 is a page of the FSANZ website:

http://www.foodstandards.gov.au/ srcfiles/Consumer Understanding.pdf

6. Patient Understanding of Food Labels: The Role of Literacy and Numeracy Russell L. Rothman, Ryan Housam, Hilary Weiss, Dianne Davis, Rebecca Gregory, Tebeb Gebretsadik, Ayumi Shintani, Tom A. Elasy. American Journal of Preventive Medicine, November 2006, Vol. 31, No. 5, Pages 391-398