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Submission to the Inquiry into Obesity in Australia

The subject of my submission under the terms of reference is food labelling systems, and how the government and industry can use them to impact on obesity.

In reviewing food labelling systems, I would invite the reviewers to consider how a food labelling system can affect shopper's behaviour.

Without fundamental changes to the types of foods which are purchased, we cannot expect any significant changes to obesity.

Food labelling should not be seen as a solution on its own. But it can be used to reinforce and provide incentive to change behaviour. It is one thing for health professionals to educate people on how to read food labels, but quite another to get everyday comprehension and adoption.

Dietitians can instruct clients on how to read food labels, based on the Dietary Guidelines for Australians, but the food labelling system can also be used to reinforce that education. The education would be more likely to lead to behaviour change, if reinforcement is provided.

At-a-glance labelling systems such as the Traffic Light System can provide this reinforcement, and can potentially result in better and more confident choices by consumers.

Many people find numeric and percentage based food labelling systems difficult to interpret¹. People who can find the food labels difficult to interpret include people shopping in a hurry, people shopping with children, people who lack numeracy and education skills, and many elderly people with vision impairment.

An article published in the "American Journal of Preventive Medicine"¹ found that percent daily intake information on food labels was a source of confusion and poorly understood. In the article, the authors called for "extraneous information that few people appear to understand and is a constant source of confusion or misinterpretation (e.g. percent daily value and the footnote of daily values) to be removed." I would encourage the inquiry to examine this article, in considering if the percent daily intake system is appropriate for use as a front of pack labelling system.

While some organisations have quoted in-house surveys to suggest the percent daily intake is well understood, the corroborating survey results and actual survey questions have not been released to the public.

When reviewing food label systems, it is also essential to consider how to put an effective message across regarding salt, and its constituent, sodium. Sodium intake has been linked recently with soft drink consumption in children². Further, the authors suggested sodium/salt is a potential contributor to obesity: "According to our present analysis, it (sodium reduction) would also reduce sugar-sweetened soft drink consumption and, therefore, play an important role in helping to reduce childhood obesity and diabetes. This would have a beneficial effect on preventing cardiovascular disease independent of, and additive to, the effect of salt reduction on blood pressure." Sodium can be difficult to interpret on existing food labels. The percent daily intake is essentially problematic because of variable serving sizes. Furthermore the upper maximum limit is the basis of the percentage daily intake system. Food manufacturers have chosen this higher and more liberal value, instead of the lower value associated with reducing chronic disease risk. This value is clearly explicated in the NHMRC Nutrient Reference Values³. The amount suggested by the percent daily intake label system is also higher than the maximum upper limit for children and adolescents. Yet the percent daily intake labelling system has been used in food products obviously marketed towards children. This inappropriate use is not consistent with the Nutrient Reference Values.

Low sodium foods are defined in the Food Standards Code⁴, and the Dietary Guidelines for Australians⁵, as up to 120mg of sodium per 100g. Yet, in practice as a dietitian I find knowledge of this in the general community is poor. The public needs education which teaches people how to select low sodium foods ie with a sodium content of 120mg per 100g, or less. The Traffic Light food labelling system upholds and reinforces this recommendation. With ongoing positive reinforcement shoppers are likely to change behaviour towards increased selection of healthy, optimal choices, both in the short and long term.

Low salt foods, as indicated by a green light in the traffic light system, keeps a focus on sodium and salt. This issue was raised in parliament on 17 September 2007⁶.

A major benefit of the traffic light system is that it provides incentive for food manufacturers to lower the sodium content of foods to the next level down (ie from red to amber and from amber to green lights). At the moment, food manufacturers do not gain a clearly visible marketing advantage from producing foods which are low in fat, saturated fat, sugars and salt (with the exception of programs such as the Heart Foundation tick, but this also carries a licence fee). SPC Bean Cuisine is an example of a product which would have received 4 green lights on a traffic light food label, but this product has been discontinued. Would it have sold better if it had a government endorsed and promoted 4 green light traffic light logo was on the front? Would this have given it a marketing advantage against other products which are higher in saturated fat, sugar and salt?

Time-poor shoppers need a clear symbol upon which to base their food selections. The calculations and re-calculations of percentage based systems are one more step for already overwhelmed shoppers.

Some quarters have raised questions on whether the traffic lights can misrepresent the inherent health quality of foods. Nuts are an illustrative example. A solution could be to exempt single ingredient foods which have not been processed in a way to change the nutritional content. To use nuts as an example, unsalted nuts would be exempt, but salted and roasted (in a form of cooking fat) would display a traffic light logo.

In reviewing food labelling systems, I would invite the Inquiry to place the consideration of Australians' health at the forefront, and ask what the overall public health benefit of any food labelling system is likely to be.

Questions when considering food labelling systems can include:

1. How much potential does the system have to change shopper's behaviour towards selecting healthier food products (i.e. lower in salt, saturated fat etc.)?
2. How much incentive does the system provide to encourage manufacturers towards reducing the sodium, sugar and fat content of their food products?
3. Can the system provide a guide to selecting healthier products for the greatest number of people, including those shopping in a hurry, and people with vision impairment?

Unless a food labelling system can modify behaviour, or provide incentive to reformulate the products available, then it will have minimal effect on obesity. I ask the Inquiry to look at which labelling system is more likely to change consumer choices and change the quality of food on offer in Australian supermarkets, now and in the future.

Thank you for your consideration of my submission.

References:

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