

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE



SUBMISSION TO THE FOOD REGULATION STANDING COMMITTEE FOR A FRONT OF PACK LABELLING POLICY GUIDELINE

from the

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of five non-government health organisations who are working together in the primary prevention of chronic disease, with particular emphasis on the shared risk factors of poor nutrition, physical inactivity and overweight and obesity.

The members of the ACDPA are:

- *Cancer Council Australia (CCA)*
 - *Diabetes Australia (DA)*
 - *Kidney Health Australia (KHA)*
 - *National Heart Foundation of Australia (NHFA)*
 - *The National Stroke Foundation (NSF)*
-

24 March 2009

Contents

1.0 INTRODUCTION	3
2.0 THE NEED FOR FOP LABELLING REGULATION	4
3.0 SUMMARY OF RECOMMENDATIONS	6
4.0 CONSIDERATIONS FOR THE MINISTERIAL POLICY GUIDELINE	9
4.1 KEY CONSIDERATIONS FOR DEVELOPING A FOP LABELLING POLICY GUIDELINE	9
4.2 GUIDING CONSUMER CHOICE	11
4.3 AIMS OF FOP LABELLING	14
4.2 ISSUES TO CONSIDER IN THE DEVELOPMENT OF A FOP LABELLING SCHEME	15
4.5 POLICY OPTIONS	16
5.0 REFERENCES	19

1.0 Introduction

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of five non-government health organisations who are working together in the primary prevention of chronic disease, with particular emphasis on the shared risk factors of poor nutrition, physical inactivity and overweight and obesity.

ACDPA strongly supports the development and implementation of a national obesity strategy for Australia to address the growing burden of chronic disease caused by overweight and obesity and the related factors of poor nutrition and physical inactivity. ACDPA considers that the development of a front of pack food labelling system which will assist consumers to make healthier food choices and encourage the production of healthier food products will be an important element of a comprehensive obesity strategy.

Consequently, ACDPA welcomes this opportunity to make a submission to the Food Regulation Standing Committee (FRSC) to assist in the development of front-of-pack (FoP) policy guideline to the Australia and New Zealand Food Regulation Ministerial Council.

In order to assist this process, the ACDPA hosted a forum in February 2009 to bring together health experts and representatives of major health organisations to discuss and reach agreement on a set of key principles that should be met by any FoP food labelling system proposed for implementation in Australia. This submission reflects the principles agreed at this forum. A copy of the forum Consensus Statement is provided in Attachment A. In addition, a summary of research on FoP labelling both overseas is provided at Attachment B.

2.0 The need for FoP labelling regulation

Obesity and overweight are major risk factors for a range of chronic diseases including cardiovascular disease, diabetes, cancer and kidney disease. 54.7% of the diabetes disease burden, 19.5% of the cardiovascular disease burden and 3.9% of the cancer disease burden can be attributed to overweight and obesity. (1)

Australia's adult obesity rate is the fifth highest amongst OECD countries.(2) More than half of all Australian women (52%) and two-thirds of men (67%) are overweight or obese (3) with the prevalence of overweight and obesity increasing in more recent years (4). Importantly, those in the most socially disadvantaged groups and Indigenous Australians are more likely to be obese than those in the most advantaged groups (5). The 2007 Children's Nutrition and Physical Activity Survey, indicated that 23% of Australian children aged 2 to 16 years are overweight or obese (6). These levels compare to an estimated prevalence of 5% in the 1960s. (7)

Estimates for 2008 are that obesity cost \$58.2 billion, that 3.7 million Australians are obese and that obesity alone (excluding overweight) accounts for:

- 242,033 Australians with Type 2 diabetes (23.8% of all people with Type 2 diabetes);
- 644,843 Australians with cardiovascular disease (21.3% of all people with cardiovascular disease) and
- 30,127 Australians with cancer (20.5% of colorectal, breast, uterine and kidney cancers). (8)

Based on past trends and without effective interventions in place, it has been estimated that 4.6 million Australians are likely to be obese by 2025.³ Projections for both overweight and obesity indicate that over 10 million Australians were overweight or obese in 2005 and that this number is likely to increase to a staggering 16.9 million by 2025. (8)

As a result, unless effective interventions are put in place, major increases are expected in the number of Australians who develop cancer, cardiovascular disease, diabetes and kidney disease, placing major pressure on the health system and on health system expenditure in addition to reducing the wellbeing and life expectancy of increasing numbers of Australians. Health care expenditure for cancer, cardiovascular disease and

diabetes is projected to nearly triple from \$14.4 billion in 2002/03 to \$41.3 billion in 2032/33. (9)

Poor nutrition is a major contributor to the rising prevalence of overweight and obesity and associated increases in chronic disease levels in Australia. (10). As highlighted in the FRSC consultation paper the nutritional status of Australians is typified by an increasing intake of unhealthy, non-core food and beverages, and this unhealthy dietary pattern is seen more prominently in the most socially disadvantaged groups.

Most Australians consume too few serves of fruit and vegetables. Almost all (80–90%) Australian adults consume less than the recommended five serves of vegetables per day, and around half of adults do not eat enough fruit (11–13).

Recently released data from the 2007 Australian National Children's Nutrition and Physical Activity Survey (6) indicate unacceptable levels of poor dietary habits amongst Australian 2–16 year olds:

- Vegetable consumption is inadequate across all age groups. Vegetable consumption is highest amongst 4–8 year olds, but even in this category only 22% of children meet recommended consumption levels. Alarming, only 5% of 14–16 year olds meet the recommended level of 2–4 serves of vegetables per day.
- Fruit consumption drops dramatically in older children. While around 90% of children in younger age groups meet recommended fruit consumption levels, only 24% of 14–16 year olds meet recommended levels of 1–3 serves of fruit per day.
- Only 16–22% of children meet the recommendation to limit saturated fat to less than 10% of total energy intake.
- Only 21–39% of children meet the recommendation to limit intake from sugars to less than 20% of total energy intake
- Consumption of sodium exceeds the recommended upper levels in all age groups. (6)

Enhancing food labelling to support healthier choices has been identified as an important strategy to help address increasing levels of obesity and poor nutrition in Australia with the potential to improve health outcomes (14) and there is mounting evidence that food labels that present nutrition information in a format that is easy to interpret at a glance can assist consumers to make healthier food choices. (see Attachment B) (15)

Current Nutrition Information Panels (NIPs) provide useful information to consumers on the nutritional composition of the foods they buy. However research investigating consumers' comprehension of NIPs indicates that some consumers, particularly older consumers or people with lower levels of education or income, can find these confusing (16–18) and difficult to interpret (19).

Consequently, an adjunct to the NIP, that is easier to understand, and makes it easier for consumers to make healthier choices is being sought, with moves both overseas and in Australia and New Zealand to develop systems for conveying nutrition information in a more meaningful way on the front of food packages. FoP labelling has the dual potential to both educate consumers to identify healthier food products, and to encourage food product reformulation and innovation. The NIP would still be required to provide more details nutrition information for individuals with special dietary needs or disease states.

3.0 Summary of recommendations

The ACDPA strongly supports the introduction of FoP labelling which includes an interpretive element to assist consumers to make healthier choices. The key principles underpinning FoP labelling are that it should:

- **Support consumers in selecting healthier food products.** FoP labelling should educate consumers and assist them to identify healthier food products.
- **Encourage healthier food product formulation.** FoP labelling should aim to spur healthier product development by the food industry.
- **Provide an interpretation of nutrition information for consumers that is quick and easy to understand.** FoP labelling must include both nutrient information and provide an interpretative aid which allows at-a-glance interpretation of nutrient information. This interpretive aid should be based on a ranking of individual nutrients with the possibility of having additional information on the overall product rating. Further research and consumer testing need to be undertaken to determine the most appropriate form of interpretive aid that should be adopted.

- **Complement rather than replace Nutrition Information Panels (NIPs).** FoP labelling must complement, not replace, existing nutrition information currently on the back or sides of food packages.
- **Be based on individual nutrient criteria, with different criteria applied to different food groups.** These food groups should reflect the core food groups denoted in the Dietary Guidelines, with an additional category for extra foods, and category specific nutrient criteria that consider the properties unique to that food group, and set benchmarks or standards that are appropriate to the nutritional composition. Dietary modelling should be used to determine nutrient criteria underpinning FoP labelling, based on Nutrient Reference Values and Dietary Guidelines.
- **Should, as a minimum, include labelling for: Saturated/Trans Fat; Salt/Sodium; and a measure of energy**
Consideration should also be given to including other nutrients relevant to particular food groups such as fibre for the bread and cereals, sugar for beverages or calcium for dairy products.
- **Be based on 100 g/mL of foods.** Factual information about the levels of key nutrients should be based on 100g or 100mL of the food or beverage product to avoid any manipulation of serving size information by food manufacturers.
- **Specify the absolute nutrient content of foods.** The absolute quantity (g/mL/mg/kJ) of each nutrient should be included on the FoP label. This will allow consumers to differentiate between products at a more discrete level.
- **Comprise one consistent system.** To avoid consumer confusion one consistent FoP labelling system should be introduced rather than a range of systems permitted.
- **Be based on independent consumer research, comparing a range of different FoP systems.**
- **Be introduced across all retail grocery food products eligible to carry a Nutrition Information Panel and to Quick Service Restaurants.** FoP labelling should be introduced across all packaged retail grocery food products that are eligible for NIPs, and restaurant chains with standard menu items.
- **Be accompanied by public education.** An extensive public education campaign must accompany the implementation of FoP labelling to

inform consumers how to interpret the labelling system in the context of other government healthy eating guidelines.

- **Be statutory in nature and fully enforced.** Only mandatory, legally enforced FoP labelling regulations will ensure that the system is equitably applied across all food products, giving maximum benefit for consumers. Compliance with the regulations will need to be independently monitored and fully enforced.
- **Be monitored and evaluated.** The FoP labelling scheme needs to be monitored and evaluated to ensure that it meets its stated objectives.

4.0 Considerations for the Ministerial Policy Guideline

4.1 *Key considerations for developing a FoP labelling policy guideline*

Questions:

Do you agree with the key considerations identified above?

Are there other key considerations that should be taken into account when developing this policy guideline? If so, please provide details of what should be considered and why.

ACDPA agrees with the key considerations for a draft Ministerial Policy Guideline for FoP Labelling as outlined in the FRSC Consultation Paper. We agree that the development of this Policy Guideline should be based on research conducted both internationally and in Australia and New Zealand. However, due consideration must be given to the quality of this research.

Also, as noted in the Consultation Paper, the development of a FoP Policy Guideline must be consistent with broader public health objectives and existing health policies and form part of a broader framework for addressing obesity and chronic disease involving consumer education and other related initiatives.

In terms of the objectives of FoP labelling, ACDPA considers that in addition to guiding consumer choice to healthier food options, FoP labelling should also encourage the food industry to produce healthier food products.

The introduction of FoP labelling must not preclude legislative requirements for NIPs to be included on all eligible food packages, as per the Food Standards Australia New Zealand (FSANZ) Food Standards Code. While (interpretive) FoP labelling allows consumers to broadly identify healthier food products, more detailed nutrition information included in NIPs is still required for individuals with special dietary needs or disease states.

In addition, the Policy Guideline should also canvass:

- i. A clear strategy for monitoring and evaluating the success of the scheme.*

Too often legislation is introduced with no clear points of review and limited funding for evaluation. Given the importance of FoP labelling, we believe that

a monitoring and evaluation strategy must be developed in parallel with the development of the FoP scheme, to measure the impact and outcomes of this scheme against the goals and objectives. This should involve:

- the collection of base-line data prior to implementation of the FoP labelling scheme (noting that this should not, however, delay the introduction of FoP labelling);
- assessment of short term product impacts e.g. changes in consumer awareness and understanding, changes to individual product composition or availability;
- assessment of short term behavioural impacts e.g. changes in shopping behaviour or industry practices;
- assessment of long term health outcomes as determined from population health surveys e.g. changes in population dietary intakes of nutrients included in FoP labelling (determined from population health surveys), changes in nutrient profiles of particular food products and/or categories, or sales of healthier vs less healthy food options.

Evaluation should occur at pre-determined legislated times, such as at certain intervals (2, 5 and 8 years). Close consideration would need to be given to the indicators and impacts that should be measured and reviewed at each point. A period of two years may be an adequate time in which to consider short term product and behavioural impacts, while longer term outcomes may be assessed following a longer time interval. If necessary, the scheme should be appropriately adjusted over time in order to best meet the scheme's objectives of assisting consumers to make healthier food choices and encouraging the production of healthier food products.

The results of this evaluation must be transparent and reported by an independent body. This will assist in gaining industry support for, and compliance with the initiative, and the uniform application of the scheme to reduce consumer confusion.

ii. Outline for supporting consumer education.

FoP labelling can not be implemented in isolation. Consumer education is required to support the introduction of a FoP labelling scheme, to inform consumers how to interpret the labelling system in the context of other government healthy eating guidelines. Social marketing strategies could also be considered to achieve broad reach.

iii. The recommended process for development and implementation of the FoP scheme.

FSANZ should be tasked with developing the FoP labelling scheme. We suggest FSANZ's development of the scheme is followed by a staged implementation timeframe.

The scheme should be developed in close consultation with relevant stakeholders including, Commonwealth and state government food and health authorities, public health organisations, consumer organisations and the food industry. Industry consultation should focus on practical means by which to best implement agreed FoP labelling principles.

In addition, any FoP labelling scheme that is developed should be market tested prior to implementation to ensure that the preferred approach is the most effective means for communicating the information to consumers.

iv. The legislative framework that this labelling may be issued under.

ACDPA strongly believes that FoP labelling must be embedded in legislative policy. The scheme could be enacted through FSANZ legislation, state based legislation or new stand-alone legislation. In any case, the legislative framework must be clear and enforceable, include meaningful sanctions, be actively monitored for compliance and independently overseen. Short term (within two years) and long term impacts (within five to ten years) should be tracked and monitored for evaluation.

v. Possibility for the use of the FoP labelling system for other initiatives.

FoP labelling may also be able to complement other schemes or new initiatives. For example, if an overall rating for food products was adopted as part of FoP labelling, it could potentially be used to determine whether a food could be advertised to children through television or other media. This would require further exploration.

4.2 Guiding consumer choice

Questions:

Do you consider that consumers should be supported to enable them to be able to compare foods consistently across the whole food supply or within a food category?

Do you consider that the information provided should relate to individual nutrients, whole foods, other?

ACDPA agrees that FoP labelling must educate and guide consumers to select healthier food products. Further, FoP labelling must be equitably applied, so that all consumers across all demographic groups can access and understand this nutrition information. As noted in the FRSC Consultation Paper, FoP labelling provides a potential policy instrument that has the capacity to increase population-wide awareness and understanding of nutrition information.

In order for FoP labelling to best guide consumer choice this scheme should:

- i. Be based on individual nutrient criteria, with different criteria applied to different food groups.*

We recommend that FoP labelling be based on individual nutrient criteria, with different criteria applied to different food groups. The criteria should take into account properties unique to that food group, and set benchmarks or standards that are appropriate to the nutritional composition (e.g. fibre criteria for breads, cereals, rice, pasta and noodles). These food groups could reflect the core food groups denoted in the Dietary Guidelines, including:

- breads, cereals, rice, pasta and noodles;
- vegetables and legumes, fruit;
- milk, yoghurt and cheese;
- lean meat, fish, poultry, eggs and nuts;
- fats and oils.
- an additional group for all other foods and beverages

FoP labelling should promote healthy foods as well as highlighting those foods that are less healthy and which should be consumed only occasionally.

Nutrient criteria for food groups should be established through modelling based on the Nutrient Reference Values and Australian and New Zealand Dietary Guidelines.

- ii. As a minimum, include labelling for saturated/trans fat, sodium, and a measure of energy*

FoP labelling must address saturated/trans fats (combined); sodium; and a measure of energy. However, while energy is central to body weight, consumers generally have a very poor understanding of kilojoules (KJ) as a measure of energy. Alternatively, sugar and total fat could be included on

FoP labels as a proxy for energy; however this fails to recognise the contribution of total carbohydrates and protein to energy.

We recommend that further consumer testing be undertaken to determine how best to display information about energy on FoP labels and whether consumer education in this area may be required. Findings from recent research conducted by the UK Food Standards Agency, due to be released later this year, may help to inform this issue.

Consideration should also be given to including other nutrients relevant to particular food groups such as fibre for the bread and cereals food group, sugar for beverages and calcium for dairy products. These could be readily identified by FSANZ in consultation with public health professionals and drawing on international experience.

Importantly, the number of nutrients displayed on FoP labels should include only those with the largest public health significance. The addition of other nutrients, such as vitamins and minerals for which there are no apparent population deficiencies may only serve to distract consumers (13).

The critical points are that the front of pack nutrient labelling must be relevant to the food group, be focussed on key nutrients of greatest public health significance and be clear, simple and meaningful to consumers.

iii. Apply to all foods eligible to carry a NIP and Quick Service Restaurants.

FoP labelling should be applied to all food products eligible to carry a NIP as per the FSANZ Food Standards Code, Standard 1.2.8. That is, FoP labelling should apply to all packaged foods, with the exception of very small packages and foods that are packaged for immediate consumption. Note that food products should carry both the FoP label and the existing NIP.

The provision of nutrition information should also be provided at the point-of-sale at Quick Service Restaurants on the trans-light menu display where the product is shown. A modified version of the FoP label may be required in this setting, such as providing an overall rating for a food or meal rather than rating individual nutrients within a product. Quick Service Restaurants are defined here as high volume chain restaurants that have a standardised menu and meal offerings and quality assurance systems in place.

iv. Use a consistent labelling format across all food products.

The format of FoP labelling should be applied consistently across all products and uniformly applied throughout Australia. Consumer research indicates that multiple and inconsistent FoP labelling systems are perceived as more difficult to understand than a consistent labelling approach (14).

v. Include both factual nutrient information and an interpretive element.

ACDPA believes that FoP labelling should include information on both the absolute nutrient content of food products as well as an interpretive element based on individual nutrient ranking together with the option for an overall product rating. Interpretational aids are critical in assisting consumers to assess the nutrient contribution of specific foods to the overall diet, while the provision of the absolute number of grams of key nutrients will allow consumers to differentiate between products at a more discrete level.

vi. Be based on 100g or 100 mL

In the absence of standard serving sizes in Australia and New Zealand, criteria for the levels of key nutrients should be based on 100g or 100mL of the food or beverage product to avoid serving size manipulation.

4.3 Aims of FoP labelling

Questions:

Are there other aims that should be considered?

To what degree are these aims or any other aims you believe should be considered consistent with or different to current FOPL schemes?

Should there be a priority list for the aims provided in the policy guideline?

Should such scheme be mandatory or voluntary to achieve the aims of FOPL?

ACDPA is in agreement with the aims proposed in the FRSC Consultation Paper for FoP labelling. The overarching goals of FoP labelling are to:

- Increase the number of people eating in accordance with dietary guidelines
- Complement and support other strategies designed to address the increasing prevalence of obesity, poor nutrition and chronic disease.

A FoP labelling scheme can contribute to these overall goals by:

- Empowering consumers to make healthier food and drink choices; and

- Encouraging industry to improve the quality of the food supply by addressing nutrient composition, product marketing and portion size.

The food industry in Australia is already engaged in improving the nutritional profile of the food they manufacture and sell. Further encouragement to industry to reformulate their products and introduce innovations will increase the public health impact of FoP labelling.

ACDPA strongly supports the introduction of a mandatory FoP labelling scheme, which is strictly enforced to:

- prevent industry non-compliance;
- ensure better consistency between labelling formats, thereby minimising consumer confusion;
- maximise the public health impact of the scheme; and
- ensure that compliant companies and food service outlets are not disadvantaged relative to non-compliant companies.

In order to encourage compliance, legislation should be underpinned by appropriate sanctions which are actively enforced.

4.2 Issues to consider in the development of a FoP labelling scheme

Question:

What other issues should be taken into account if a FoP labelling scheme is developed?

ACDPA agrees with the considerations listed in the FRSC Consultation Paper for the development of a FoP labelling system. The introduction of any FoP labelling scheme must first and foremost consider the system that is most beneficial for guiding consumer choice towards healthier food products. Other considerations, such as cost to industry, must be considered as secondary to this primary aim.

4.5 Policy options

Questions:

Do you consider that there should be Ministerial policy guidance on FOPL?

Which policy option do you prefer and why?

Are there other options that should be considered?

What are the impacts &/or cost &/or benefits of pursuing each of the options?

ACDPA supports the development of a Ministerial Policy Guideline for FoP labelling. ACDPA strongly supports FoP labelling which includes both nutrient information and an interpretive aid which allows at-a-glance interpretation of nutrient information to assist consumers to make healthier choices. This interpretive element should be based on a ranking of individual nutrients with the possibility of having additional information on the overall product rating. Further research and consumer testing need to be undertaken to determine the most appropriate form of interpretive aid that should be adopted, whether this be colour coding or an alternative mechanism.

This option would succeed in addressing all of the specific policy principles including guiding consumer choice towards healthier food products, providing an equitable strategy that can be accessed and understood by all consumer groups and providing an incentive for food product reformulation and innovation.

Comments on proposed options

Option 1: Status quo

For the reasons highlighted above, including i) the escalating prevalence of overweight and obesity; ii) poor population nutrition; iii) the health gap between socio-economic and ethnic groups; and iv) the inadequate understanding of current food labelling, maintaining the status quo is not a viable policy option. In the absence of government legislation on FoP labelling, food manufacturers and other stakeholder groups have introduced an array of varying nutrition labels. Retaining the status quo will not address potential consumer confusion arising from these varying schemes. The food industry cannot be expected to voluntarily introduce FoP labelling which guides consumers away from unhealthy products.

Option 2: Provide guidance only on scope, aim and matters to be taken into account if any FoP labelling scheme is developed

Consumer research on FoP labelling clearly indicated that consumers support the introduction of a single consistent FoP labelling scheme across all food products (14). The lack of clear guidance on the need for interpretative FoP labelling may result in the development of regulation for a non-interpretative scheme, or worse, the introduction of diverse labelling systems across the grocery market.

Option 3: Australia/NZ FoP labelling should be a non-interpretive scheme

As noted in the Consultation Paper, non-interpretive nutrition information can be confusing for consumers, while interpretive systems assist consumers to identify healthier food products and put these products into the context of their overall diet. Policy guidance for a non-interpretative FoP labelling will fail to address the policy principle for FoP labelling to be understandable and meaningful to all socio-economic groups.

Option 4: Australia/NZ FoP labelling should be colour coded interpretive'

ACDPA supports the need for FoP labelling that includes an interpretive aid to assist consumers to interpret nutrient information at a glance. However, further research and consumer testing need to be undertaken to determine the most appropriate form of interpretive aid that should be adopted, whether this be colour coding or an alternative mechanism.

Additional policy options

An additional policy option that should be considered is a system incorporating interpretative labelling for individual nutrients combined with an overall interpretive ranking for the food product. We recommend that further research be conducted to ascertain if an overall product ranking would be useful for consumers and the most appropriate way to present this information.

ACDPA strongly supports the introduction of a mandatory FoP labelling scheme, which is strictly enforced to ensure industry compliance; ensure better consistency between labelling formats, thereby minimising consumer confusion; maximise the public health impact of the scheme; and ensure that compliant companies and food service outlets are not disadvantaged relative to non-compliant companies. In order to encourage compliance, legislation should be underpinned by appropriate sanctions which are actively enforced, in line with the Consensus Statement at Attachment A.

ACDPA believes it is essential for government, health professionals, public health representatives and the food industry work together to identify/create the best system for Australia which meets these goals.

5.0 References

- (1) Begg S, Voss T, Barket B, Stevenson C, Stanley L, Lopez AD, 2007. *The burden of disease and injury in Australia 2003*. PHE 82. Canberra:AIHW
- (2) OECD 2007. Health at a Glance 2007 – OECD Indicators. <http://www.oecd.org/health/healthataglance>
- (3) Cameron AJ, Welborn TA, Zimmet PZ, Dunstan DW, Owen N, Salmon J et al. Overweight and obesity in Australia: the 1999–2000 Australian Diabetes, Obesity and Lifestyle Study (AusDiab). *Med J Aust* 2003; 178(9):427–432.
- (4) Barr ELM, Magliano JD, Zimmet PZ, Polkinghorne KR, Atkins RC, Dunstan DW et al. AusDiab 2005 – The Australian Diabetes, Obesity and Lifestyle Study. 2006. Melbourne, Australia, International Diabetes Institute.
Ref Type: Report
- (5) Australian Institute of Health and Welfare. Are all Australians gaining weight? Differentials in overweight and obesity among adults, 1989–90 to 2001. *Bulletin* 11. 2003. 25–2–2009.
Ref Type: Electronic Citation
<http://www.food.gov.uk/foodlabelling/signposting/signpostlabelresearch/>
- (6) Australian Government Department of Health and Ageing. 2007 Australian National Children's Nutrition and Physical Activity Survey – Main Findings. Australian Government Department of Health and Ageing . 2008. 16–10–2008.
Ref Type: Electronic Citation
- (7) National Preventative Health Taskforce. Technical Report No 1: Obesity in Australia: a need for urgent action. Commonwealth of Australia 2008.
- (8) Access Economics 2008. The growing cost of obesity in 2008: three years on. Report by Access Economics Pty Ltd to Diabetes Australia. August 2008.

- (9) Goss J 2008. Projection of Australian health care expenditure by disease, 2003 to 2033. Cat. no. HWE 43. Canberra: AIHW.
- (10) Swinburn BA, Caterson I, Seidell JC, James WP. Diet, nutrition and the prevention of excess weight gain and obesity. *Public Health Nutr* 2004; 7(1A):123–146.
- (11) NSW Centre for Public Health Nutrition. Report on the consumption of vegetables and fruit in NSW: 2003. 2003. North Sydney, NSW Department of Health.
Ref Type: Report
- (12) NSW Department of Health. Report on adult health from the 2007 New South Wales Population Health Survey. NSW Department of Health . 2007. 3–3–2009.
- (13) Australian Bureau of Statistics 2006. *National Health survey. Summary of results 2004–05*
- (14) National Preventative Health Taskforce . *Australia the Healthiest Country by 2020. A discussion paper*. Commonwealth of Australia 2008.
- (15) Food Standards Agency. Signpost labelling research. Food Standards Agency . 2008. 25–9–2008.
- (16) Byrd–Bredbenner C, Wong C, Cottee P. Consumer understanding of US and EU nutrition labels. *British Food Journal* 2000; 102(8):615–629.
- (17) Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. *Public Health Nutr* 2005; 8(1):21–28.
- (18) Feunekes GI, Gortemaker IA, Willems AA, Lion R, van den KM. Front–of–pack nutrition labelling: testing effectiveness of different nutrition labelling formats front–of–pack in four European countries. *Appetite* 2008; 50(1):57–70.
- (19) Jones G, Richardson M. An objective examination of consumer perception of nutrition information based on healthiness ratings and eye movements. *Public Health Nutr* 2007; 10(3):238–244.

**FRONT OF PACK LABELLING:
AN AGREED PUBLIC HEALTH POSITION**

***As agreed at a consensus forum hosted by the
Australian Chronic Disease Prevention Alliance
in Sydney on 23 February 2009.***

Front of Pack Labelling: An Agreed Public Health Position

March 2009

A. Purpose of this document

Public health organisations from around Australia agreed that it would be valuable to develop general principles for a front of pack food labelling (FOPL) system for Australia.

This document summarises the consensus position, developed collaboratively by the following organisations and individuals at a workshop hosted by the Australian Chronic Disease Prevention Alliance held on 23 February 2009:

- Australian Chronic Disease Prevention Alliance which comprises:
 - Cancer Council Australia
 - Diabetes Australia
 - Kidney Health Australia
 - National Heart Foundation of Australia
 - National Stroke Foundation
- Obesity Policy Coalition
- Public Health Association of Australia
- Dietitians Association of Australia
- Choice (Australian Consumers' Association)
- Institute of Obesity, Nutrition and Exercise, University of Sydney
- Associate Professor Peter Williams, Smart Food Centre, University of Wollongong

This group of organisations is collectively referred to in this document as Public Health Organisations.

Individual organisations could then draw on the consensus document to make submissions to the Food Regulation Standing Committee (FRSC) Working Party in response to their Consultation Paper on FOPL.

B. Context

What is Front of Pack Labelling?

The Australia New Zealand Food Standards Code ('the Code') currently mandates the inclusion of a nutrition information panel (NIP) on all packaged foods, with some exceptions such as very small packages and foods that are packaged for immediate consumption.

This NIP is typically placed on the sides or the back of food packages, and is not immediately visible to consumers.. Further, research investigating comprehension of NIPs indicates that some consumers can find them confusing and difficult to interpret. NIPs were made mandatory on food labels to improve the level of information available to consumers and assist them to make informed choices about the foods they buy. However, food labels also have the potential to actively encourage consumers to make healthy choices by presenting nutrition information in a format that is easy to interpret at a glance. An easier to understand method of labelling foods, for use in conjunction with the NIP, is therefore sought, with moves overseas to develop systems for conveying nutrition information in a more meaningful way on the front of food packages.

In the UK, and elsewhere in Europe and the US, the voluntary introduction of front-of-pack labelling (FOPL) has led to the development of many varying labelling systems by food manufacturers and retailers. The labelling systems that have been introduced in the UK and elsewhere comprise variations of three main labelling schemes, including:

- Colour-coded (traffic light) systems; where the amounts of total fat, saturated fat, sugar and salt/sodium are ranked as either high, medium or low (according to nutrient cut-off points) and assigned a colour-code of red, amber or green accordingly
- Percentage Guideline Daily Amount (%GDA) systems; which display the percentages of the major nutrients that a food provides, based on recommended daily requirements for these nutrients
- 'Better for you schemes' such as Swedish keyhole (government), Heart Foundation Tick (non-government organisation), Eat Smart (industry) and Smart Choices (non-government organisation, government and industry coalition).

In 2006, Percentage Daily Intake (%DI) FOPL was introduced by the Australian Food and Grocery Council (AFGC) into the Australian market as a voluntary labelling scheme, based on a variation of %GDA labelling. This system is based on the recommended dietary intakes of a reference adult (70 kg male) with an energy requirement of 8,700 kJ per day, as per the Code. The %DI system has been adopted by more than 15 major Australian food manufacturers (as at December 2007) and has the support of the major grocery retailers.

Why is Front of Pack Labelling important?

In Australia, chronic disease is estimated to be responsible for 80% of the total burden of disease and injury¹. Significant contributing factors to chronic disease are poor nutrition and obesity which is steadily increasing in the Australian population.²

The provision of nutrition information at the point of sale potentially provides a direct vehicle for assisting consumers to identify healthier food choices³ and in so doing may improve health outcomes. It is, however, important to recognise that FOPL alone will not address obesity and chronic disease. It is one strategy among many (such as education, changes to food marketing/promotion, increased availability of healthier foods, food reformulation and strategies to increase physical activity) that can assist Australians to reduce their risk of chronic diseases such as heart disease, stroke, type 2 diabetes and some types of cancer.

While FOPL is generally agreed to be of value, different stakeholders vary in their views about the best labelling scheme to assist consumers.

This document details those elements of a FOPL scheme which Public Health Organisations agree are critical for success. These elements or principles are relevant regardless of the type of FOPL adopted or the way that the FOPL scheme might finally be presented.

C. Goals and objectives of any FOPL scheme

Public Health Organisations agree that the overarching goals of any FOPL scheme are to

- promote an increase in the number of people eating in accordance with dietary guidelines.
- complement and support other strategies designed to address the increasing prevalence of obesity, poor nutrition and chronic disease

A FOPL scheme can contribute to these overall goals by:

- empowering consumers to make healthier food and drink choices; and
- encouraging industry to improve the quality of the food supply by addressing nutrient composition, product marketing and portion size.

These are the desired objectives of FOPL.

¹ National Health Priority Action Council (NHPAC) 2006. National Chronic Disease Strategy, Australian Government Department of Health and Ageing, Canberra.

² Australian Bureau of Statistics. National Health Survey 2004-05: Summary of Results. February 2006.

³ Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. Public Health Nutr 2005;8:21-8

D. Regulatory Principles underpinning any FOPL scheme

In order to achieve these objectives, Public Health Organisations believe that any FOPL scheme must:

- provide clear, simple, easy to interpret information;
- provide labelling information that is consistent across products and uniformly applied throughout Australia;
- be consistent with broader public health objectives and existing health policies;
- be able to be understood by most demographic groups, especially lower SES;
- promote healthier food choices as well as highlight those foods that are a poorer choice or should be consumed as an occasional food only;
- encourage the food industry to produce healthier food products;
- be strictly enforced to prevent industry non-compliance, to minimise consumer confusion and to ensure that compliant companies and food service organisations are not disadvantaged relative to non-compliant companies. Public Health Organisations strongly believe that any FOPL scheme must:
 - be mandatory, not voluntary. This eliminates loopholes, maximises impact, reduces inequities within industry and better ensures consistency;
 - be underpinned by appropriate sanctions to encourage compliance; and
 - be actively enforced.
- be closely monitored and evaluated against its specified goals and objectives. Public Health Organisations recognise that many public health initiatives, including FOPL, are based on inexact science. It is therefore imperative that the FOPL scheme be closely monitored and evaluated and if necessary, adjusted over time in order to best meet the objective of empowering consumers to make healthier food choices and encouraging industry to improve the quality of the food supply; and
- be part of a broader framework for addressing obesity and chronic disease involving consumer education and policy and legislative initiatives.

E. Key elements of any FOPL scheme

Public Health Organisations believe that any FOPL scheme:

- **Should apply to all foods eligible to carry a Nutrition Information Panel (NIP) and to Quick Service Restaurants.**

All food products eligible to carry a NIP should carry new information on the front of the label as described below, in addition to the mandatory NIP.

Quick Service Restaurants for the purpose of this paper are defined as high volume chain restaurants that have a standardised menu and meal offerings and quality assurance systems in place. In this case the food's overall nutrition rating under the FOPL scheme should be displayed on the menu board at the point of sale.

- **Must include both nutrient information and an interpretive element.**

One of the key differences between FOPL schemes is whether or not they provide an interpretation of the dietary value of a food. Some non-interpretive schemes provide advice on the proportion of selected nutrients contained in a recommended serve of the food, assessed against reference daily amounts (such as Daily Intake Guides). These schemes require consumers to interpret the information and decide if the proportion of the nutrient in the food is appropriate for their individual needs. By contrast, an interpretive scheme aims to interpret nutrient information for consumers and provides an indication of the healthiness of the food within the diet or food category.

Public Health Organisations believe that the FOPL scheme should include nutrient information as well as an interpretive element. Interpretational aids are critical in assisting consumers to assess the nutrient contribution of specific foods to the overall diet. This interpretive element should be based on a ranking of individual nutrients with the possibility of having additional information on the overall product rating.

- **Should be based on a set number of criteria specific to the core food groups**

The criteria should take into account properties unique to that food group, and set benchmarks or standards that are appropriate to the nutritional composition of that food group.

Different nutrient criteria could be developed specifically for core food groups including:

- breads/cereals;
- dairy;
- fats/oils;
- fruit/vegetables; and
- meat/poultry/seafood.

FOPL would be required only for products in these food groups that are required to carry a NIP.

Foods that don't fall into one of the above categories would be placed in an "extras" or "other" group.

- **Should, as a minimum, address: Saturated/Trans Fat; Salt/Sodium; and a measure of energy**

There is consensus amongst Public Health Organisations that labelling must address saturated/trans fats (combined measure); salt/sodium; and a measure of energy. What is less clear is how energy is best presented on product labelling. While energy is critical to weight maintenance, consumers generally have a very poor understanding of kilojoules (KJ) as a measure of energy. Sugar and total fat are alternative proxy measures for energy, but they do not take into account the energy contribution of total carbohydrates. Further research and/or consumer education may be required this area.

Soon to be released UK studies on FOPL may also shed some further light on this issue.

Consideration should also be given to including other nutrients relevant to particular food groups such as fibre for the bread and cereals food group, sugar for beverages and calcium for dairy and alternatives.. These could readily be identified by FSANZ in consultation with public health professionals and drawing on international experience. However, the overall number of nutrients to be displayed on FOPL should be kept to a minimum, with a focus on key nutrients of greatest public health significance.

The critical points are that the front of pack nutrient labelling must be relevant to the food group, be focussed on key nutrients of greatest public health significance and be clear, simple and meaningful to consumers.

- **Should be based on 100g or 100mL**

Given inconsistencies regarding serving size, it is important that the nutrient criteria for any FOPL scheme be based on 100g or 100mL of the product.

- **Should use dietary modelling to determine nutrient criteria underpinning FOPL, based on Nutrient Reference Values and Dietary Guidelines**

This ensures that the dietary value of the food as a whole as well as its individual nutrients are considered.

- **Development and implementation of any FOPL scheme should be accompanied by a consumer education campaign on how to use the FOPL**

Regardless of the FOPL adopted, further education campaigns would need to be implemented to ensure that consumers understand the FOPL and what it is telling them about the food in the context of their overall diet.

F. Development and implementation of any FOPL scheme

Public Health Organisations believe that:

- FSANZ should be tasked with developing the FOPL scheme within a reasonable time frame, with implementation to be phased in over a further two year period.
- the scheme should be developed in close consultation with relevant stakeholders including Commonwealth and state government food and health authorities, public health organisations, consumer organisations and the food industry. Industry consultation should focus on practical means by which to best implement these agreed FOPL Principles;
- any FOPL options should be subject to thorough consumer testing. It is recognised that existing consumer research has provided mixed results regarding the most effective way for communicating product and dietary information to consumers. Any FOPL scheme that is developed should be market tested to ensure that the preferred approach is the most effective means for communicating the information to consumers;
- the legislative framework to mandate FOPL must:
 - be clear and enforceable;
 - include meaningful sanctions (a robust penalty system);
 - be actively monitored and independently overseen. The results of monitoring activity must be transparent and reported by an independent body or bodies. This will assist in gaining industry support for (and compliance with) the initiative which in turn increases the uniform application of the scheme and reduces consumer confusion;
- in parallel with the development of a FOPL scheme there must be a supporting consumer education initiative. FOPL cannot be implemented in isolation. Other initiatives must also be considered including social marketing campaigns and improving standardisation of serving sizes.
- the FOPL scheme may also be able to complement other schemes or strategies such as children's food advertising. For example, if there were to be an Overall Product Rating as part of the FOPL scheme, this could potentially be used to determine whether the food is able to be advertised both on television during the times when children make up a significant number of the audience or through other media.

G. Monitoring and Evaluation of any FOPL scheme

Public Health Organisations consider that any FOPL scheme must be accompanied by a clear strategy for monitoring and evaluating the success of the scheme.

Too often legislation is introduced with no clear points of review and limited funding for evaluation. This poses challenges in terms of identifying:

- whether the initiative has been effective or not; and
- whether any changes are needed to the scheme to improve its overall effectiveness or reduce any unintended adverse impacts.

Given the importance of FOPL, we believe that:

- a monitoring and evaluation strategy must be developed in parallel with the development of the FOPL scheme;
- base-line data must be collected prior to implementation of the FOPL scheme (noting that this should not, however, delay the introduction of FOPL);
- a range of short and long term impacts should be considered including:
 - short term product impacts. For example, have there been changes to individual product composition or availability?
 - short term behavioural impacts. For example, do consumers understand FOPL? Has FOPL changed consumer shopping behaviour?
 - long term population health surveys. For example, has FOPL in combination with other related initiatives led consumers to make healthier food choices and in so doing reduced the risk of chronic disease? Are more people within the healthy weight range? Has chronic disease incidence decreased?
- monitoring and review should occur at pre-determined legislated times. For example, the FOPL legislation could require a review at certain intervals (2, 5 and 8 years). Close consideration would need to be given to the indicators and impacts that should be measured and reviewed at each point. For example, there is little value in assessing impact on chronic disease after only one year of implementation. However, two years may be an adequate time in which to consider short term product impacts and behavioural impacts.

H. Next steps

This document outlines the agreed public position of signatory health and consumer organisations on the principles upon which an Australian FOPL scheme should be based.

It is intended that this consensus position be used to inform further discussion on FOPL and in addition form the basis of a response to the FRSC Consultation Options Paper on FOPL released on 24 February 2009..

It is hoped that Public Health Organisations throughout Australia will continue to work closely together (and with their New Zealand counterparts) in the development of a FOPL scheme.

For further information contact:

Franca Marine
Executive Officer
Australian Chronic Disease Prevention Alliance
GPO Box 4708
Sydney NSW 2001
Tel: 02 8063 4112
Fax: 02 8063 4101
Email: franca.marine@cancer.org.au

FRONT-OF-PACK FOOD LABELLING FORUM

23 February 2009

Background Paper

1.0 Nutrition labelling in Australia

The provision of nutrition information at the point of sale potentially provides a direct vehicle for assisting consumers to identify healthier food choices [1].

The Australia New Zealand Food Standards Code currently mandates the inclusion of a nutrition information panel (NIP) on all packaged foods, with the exception of very small packages and foods that are packaged for immediate consumption. This NIP is typically placed on the sides or the back of food packages, and is not readily visible to consumers at the point of sale. Further, research investigating consumers' comprehension of NIPs indicates that these can be confusing¹⁻³ and difficult to interpret.⁴ An alternative, easier to understand method of labelling foods is therefore sought, with moves overseas to develop systems for conveying nutrition information in a more meaningful way on the front of food packages.

In the UK, and elsewhere in Europe and the US, the voluntary introduction of front-of-pack (FoP) food labelling has led to the development of many varying labelling systems by food manufacturers and retailers. The labelling systems that have been introduced in the UK comprise variations of two main labelling schemes, including:

- i. Traffic Light systems; where the amounts of total fat, saturated fat, sugar and sodium are ranked as either high, medium and low (according to nutrient cut-points) and assigned a colour-code of red, amber or green accordingly; and
- ii. Percentage Guideline Daily Amount (%GDA) systems; which display the percentages of the major nutrients that a food provides, based on recommended daily requirements for these nutrients.

In 2006, Percentage Daily Intake (%DI) FoP labelling was introduced by the Australian Food and Grocery Council (AFGC) into the Australian market as a voluntary labelling scheme, based on a variation of %GDA labelling. This system is based on the recommended dietary intakes of a reference adult (70 kg male) with an energy requirement of 8,700 kJ per day, as per the Food Standards Code. The %DI system has been adopted by more than 15 major Australian food manufacturers (as at December 2007) and has the support of major grocery retailers.

Within the current FSANZ Food Standards Code (standard 1.2.8 clause 7) information relating to percentage daily intake is considered voluntary, and conditions are set out as to how it may be included in the NIP. There are also other FoP schemes currently on pack in Australia developed by NGOs and the food industry such as Go Grains (4+ serves a day), Heart Foundation (Tick), and the GI symbol.

2.0 Previous research on FoP labelling

i. International research

United Kingdom

The UK Food Standards Agency have conducted extensive consumer research on FoP food labelling since 2004; identifying consumers' preferences for different FoP labelling formats and performance testing to determine consumers' ability to use different FoP labelling systems.

Based on qualitative focus group research, consumers indicated strong support for the introduction of a single consistent FoP food labelling system on packaged food, to be developed by an independent organisation [2,3]. From quantitative consumer performance testing (n = 2,600) the majority of consumers preferred FoP labelling formats with colour coding together with high, medium, and low indicators or information on nutrient levels to assist in the interpretation of colours [4]. Colour-coding was perceived to assist consumers in making food purchasing decisions at-a-glance. Some consumers were unable to use the numerical information provided on %GDA labelling correctly and were confused by the use of percentages. Consumers supported the inclusion of fat, saturated fat, sugars and salt on FoP labels and perceived the strongest need for FoP labelling on processed foods. New research is also due to be released in April 2009, which will explore how FoP labelling is used in the retail grocery environment.

The UK consumer group Which? have also conducted consumer testing (n = 636) to determine consumers' ability to correctly use and interpret different FoP labelling systems [5]. Labelling attributes including their ease and speed of use, and the level of information provided were assessed, together with consumers' ability to correctly identify healthy food products. The Traffic Light system was rated better than the other systems for the majority of these performance indicators. Based on this research, the introduction of FoP labelling using colour coding with high, medium and low indicators and an initial focus on fat, saturated fat, sugar and salt was indicated.

Europe

A literature review was conducted to determine how consumers perceive, understand and use nutrition information on food products [6]. Included studies were those published in the European Union from 2003 to 2006 (n = 58 studies). Consumers supported the concept of FoP food labelling, however differed in their preference for different labelling formats. These differences related to conflicting consumers' preferences for ease of use, being fully informed and not being too dogmatic. While

the majority of consumers understand the most common FoP labelling formats, and can relay nutrition information presented in experimental conditions, available research does not indicate how labelling systems would be used in real-world settings or how these would impact on consumers' dietary patterns [6].

This paper updates information from a previous literature review of European studies conducted prior to 2003, which concluded that nutrition labelling could make an important contribution towards healthier choices at the point of sale [1].

United States

The US Food and Drug Administration (FDA) conducted focus groups with adult grocery buyers (n = 8 groups, 7-10 participants) to determine how consumers use nutrition information on food packages [7]. From this qualitative research, consumers reported difficulty interpreting Percent Daily Value (comparable to %DI), when integrated into NIPs, as they did not necessarily consume a 2000 calorie diet, on which this indicator is based.

In addition, the FDA held a public hearing in 2007 concerning the use of symbols to communicate nutrition information on food labels. The purpose of the hearing was for FDA to solicit information and comments from interested persons about programs currently in use regarding the use of symbols to communicate nutrition information on food labels.

New Zealand

Researchers from the University of Auckland have conducted consumer testing with grocery buyers (n = 1525) to determine use, understanding and preferences related to different nutrition labels, including the Traffic Light system, %DI and NIPs [8]. The Traffic Light system was both consumers' preferred system and also performed the best in assisting consumers to identify healthier food choices. Consumer's ability to interpret %DI was associated with ethnicity, with a poor understanding of this system amongst Asian and Maori people [8].

Also, researchers from Massey University tested consumer's evaluation of the nutritional quality of breakfast cereals, using either Traffic Light labelling, %DI labelling or NIPs (control) [9]. While both Traffic Light labelling and %DI labelling enhanced consumers' ability to evaluate the products more accurately compared to the control, Traffic Light labelling performed significantly better.

ii. Local research

Australia

A collaboration of public health and consumer organisations including Cancer Council, Choice, Institute of Obesity, Nutrition and Exercise, University of Sydney, Obesity Policy Coalition and the Public Health Advocacy Institute of Western Australia conducted consumer intercept surveys (n = 790) in shopping centres to assess consumers' preferences for, and ability to use different FoP systems, including two

variations of the %DI system and two variations of the Traffic Light system [10]. Consumers were presented with different mock food products from the same food category and asked to nominate which was the healthier product using the FoP labelling.

Consumers indicated strong support for a single, consistent FoP labelling system on all food products, and the inclusion of information on total fat, saturated fat, sugar and sodium. While the majority of consumers preferred either variant of the %DI system, consumers' ability to interpret the information on both variations of %DI labelling was significantly lower than for Traffic Light labelling. Further, use of the %DI system was associated with socio-economic status, with those in the most disadvantaged groups less likely to be able to use this system.

The National Heart Foundation have conducted an online survey to determine consumers (n = 600) attitudes towards, and use of different FoP labelling schemes, including %DI, Traffic Light labelling and the Heart Foundation Tick [11]. Respondents were asked to select the healthier of two products in each of 10 different food categories, as based on existing food products, using different FoP labels. All FoP systems were equally effective in assisting consumers to identify healthier food products. No one scheme worked equally well for all types of foods. As well, the different labelling systems were equally effectively across all socio-economic groups.

Qualitative research by Food Standards Australia New Zealand (FSANZ) used in-depth interviews with consumers (n = 51) to investigate their perceptions and potential use of %DI labelling in making food purchase decisions and in making judgements about nutrition content claims on food packages [12]. Consumers had difficulty comprehending %DI labelling upon initial exposure, and required assistance and practice to use the information. The inclusion of %DI information for energy further hindered consumer's ability to interpret the information. While consumers had difficulty understanding %DI labelling, this research demonstrated the positive effects that education may have on understanding.

The AFGC have also conducted research to determine consumer awareness of, and perceptions about %DI labelling [13]. Two online consumer surveys have been conducted: in 2007 (n = 1222) and 2008 (n = 1208). The majority of consumers were aware of %DI labelling and believed that it was easy to understand. Importantly, this industry research has not objectively assessed consumers' ability to use this labelling, or compared it to other FoP systems.

More work is currently being done in Australia, with researchers at Deakin University undertaking an analysis of supermarket sales data in the UK to determine the change in food purchasing behaviour following the introduction of Traffic Light labelling (unpublished). The Australian Government Department of Health and Ageing has also conducted a literature review of all available nutrient criteria schemes, as part of the National Healthy School Canteens Project (unpublished).

3.0 Policy context

In October 2006, the Australia New Zealand Food Regulation Ministerial Council (Ministerial Council) asked the Food Regulation Standing Committee (FRSC) to explore and report back on whether a uniform FoP food labelling system would be an effective health strategy, and to advise on the efficacy of a range of options for such a labelling system. As a result the FRSC Front of Pack Labelling Working Group was established.

Since this time the Working Group has been involved in consultation with stakeholders and the assimilation of evidence on FoP schemes and consumer response behaviours. A Ministerial Council meeting was held in October 2008, during which the results of this review were presented. The meeting agreed that FRSC provide a draft ministerial policy guideline to Ministers at their next meeting in May 2009.

The FRSC working party is currently preparing an options paper for public comment as part of the process of developing the draft ministerial policy guideline for the Ministerial Council. This options paper is due to be released for public comment shortly.

This FoP labelling review will form part of a more comprehensive review of food labelling law and policy, by an expert panel to be appointed by the Ministerial Council.

4.0 Further suggested reading

Kelly B, Hughes C, Chapman K, Louie J, Dixon H, King L, et al. Front-of-pack food labelling: Traffic light labelling gets the green light. Cancer Council NSW 2008; http://www.cancercouncil.com.au/html/prevention/healthyeating/downloads/foodlabelling_frontofpack_surveyreport.pdf

Heart Foundation. Australians and front of pack labelling. Heart Foundation 2008; http://www.heartfoundation.org.au/Professional_Information/Food_Labelling/Pages/default.aspx

Food Standards Agency. Signpost labelling research 2007; <http://www.food.gov.uk/foodlabelling/signposting/signpostlabelresearch/>

5.0 References

1. Cowburn G, Stockley L. **Consumer understanding and use of nutrition labelling: a systematic review.** *Public Health Nutr* 2005;**8**:21–8
2. Food Standards Agency. **Concept testing of alternative healthy/less healthy research report.** 2004.
3. Synovate. **Qualitative signpost labelling refinement research report of findings.** Food Standards Agency; 2005.
4. Synovate. **Quantitative evaluation of alternative food signposting concepts report of findings.** Food Standards Agency; 2005.
5. Conquest Research. **Food labelling study prepared for Which?** United Kingdom; 2006.
6. Grunert K, Wills J. **A review of European research on consumer response to nutrition information on food labels.** *Journal of Public Health.* 2007; **15**: 385–399.
7. US Food and Drug Administration. Counting calories. Report of the working group on obesity. Food and Drug Administration 2004 [cited 9.2.09]; <http://www.cfsan.fda.gov/~dms/owg-rpt.html#ij>
8. Gorton D, Ni Mhurchu C, Chen M, et al. **Nutrition labels: a survey of use, understanding and preferences among ethnically diverse shoppers in New Zealand.** *Public Health Nutrition* 2009;doi: **10.1017/S1368980008004059**
9. Maubach N, Hoek J. The effect of alternative nutrition information formats on consumers' evaluations of a children's breakfast cereal . Partnerships, Proof and Practice –International Nonprofit and Social Marketing Conference 2008 – Proceedings 2008 [cited 9.2.09]; <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=1000&context=insm08>
10. Kelly B, Hughes C, Chapman K, Louie J, Dixon H, King L, et al. Front-of-pack food labelling: Traffic light labelling gets the green light. Cancer Council NSW 2008 [cited 27.11.08]; http://www.cancercouncil.com.au/html/prevention/healthyeating/downloads/foodlabelling_frontofpack_surveyreport.pdf
11. Heart Foundation. Australians and front of pack labelling. Heart Foundation 2008 [cited 10.2.09]; http://www.heartfoundation.org.au/Professional_Information/Food_Labelling/Pages/default.aspx

12. Food Standards Australia New Zealand. Final assessment report for proposal P293 – Nutrition, health and related claims. Food Standards Australia New Zealand 2008 [cited 10.2.09];
http://www.foodstandards.gov.au/_srcfiles/P293%20Health%20Claims%20FAR%20Attach%2010%20FINAL.doc
13. Australian Food and Grocery Council. Nutritional labelling: The daily intake guide. Australian Food and Grocery Council 2008 [cited 10.2.09];
<http://www.afgc.org.au/cmsDocuments/Fact%20Sheet%20Survey.pdf>