

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Waitemata
District Health Board
Best Care for Everyone



Working with the people of Auckland, Waitemata and Counties Manukau

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Submission on Labelling Review Recommendation 17: Per serving declarations in the nutrition information panel

Thank you for the opportunity for the Auckland Regional Public Health Service (ARPHS) to provide a submission on the Labelling Review Recommendation 17: Per serving declarations in the nutrition information panel.

The following submission represents the views of the ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS.

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Summary

1. Auckland Regional Public Health Service (ARPHS) recommends that per serving information in the nutrition information panel remains a mandatory requirement in the *Australia New Zealand Food Standards Code*.
2. When per serving information is presented in the context of what would actually be consumed in one serve (as opposed to 100g), it requires less numeracy skills and effort by consumers to interpret accurately. It is an important complement to per 100g information, and provides another source of information to help consumers make informed choices. ARPHS acknowledges limitations in the effectiveness of per serving information due to manufacturers' interpretations of the code not accurately reflecting what a consumer would reasonably consume as a serving of a food/beverage.
3. ARPHS advocates that serving size information could be further defined in the Australia New Zealand Food Standards Code rather than made voluntary. This would ensure per serving information better reflects what is consumed in one serving and could enhance the ability of consumers to compare the nutritional value of food products.
 - While ARPHS recognises that mandating serving size has been stated as out of scope in this consultation, ARPHS emphasises that mandating serving size is an integral component of an alternative option and worthy of discussion. Current limitations around the use of per serving information would be minimised by mandating serving sizes as occurs in the United States.
4. ARPHS is concerned that deregulation of the nutrition information panel would lead to less opportunities for public health groups to work with and influence industry on product formulation and other health-related concerns.
5. ARPHS also acknowledges the limitations of the current research available on consumer use of per serving information. We recommend further research to help guide future discussions in this area.

Introduction

6. ARPHS is Auckland's regulatory public health agency serving Auckland's diverse populations through health protection, prevention and promotion.
7. Central to ARPHS' role in advocating for better public health outcomes is promoting better health and wellbeing and reducing the burden of disease through better nutrition environments.
8. Effective nutrition labelling is an important factor in healthy food environments. The declaration of the amount of nutrients per serve in the nutrition information panel provides information about the nutritional value of food that can help consumers make more informed choices by providing a comparative tool by which to assess different food products against each other while taking into account serving size.

9. New Zealand has the fourth highest rate of obesity in the OECD. The burden of obesity is not equally shared, with Maori, Pacific and those living in low socio-economic neighbourhoods more likely to be obese.¹ The rising rate of obesity among children is a particular concern. While multiple factors contribute to rising obesity, food environments play a significant role². Therefore, environmental approaches such as improving nutrition labelling have a large potential to address the obesity problem, and are less likely to exacerbate health inequalities for Maori, Pacific and vulnerable groups.³
10. Poor food environments that lead to unhealthy eating can result in significant costs from diet-related illnesses. In New Zealand, coronary heart disease was the leading cause of health loss in 2006 (9.3%). Other diet-related illnesses of note included stroke (3.9%) and diabetes (3.0%)⁴. Direct costs (i.e. excluding costs from lost productivity) were estimated at \$600 million for type 2 diabetes alone in 2008⁵.

Case study: Sodium intake and per serving information in the Nutrition Information Panel.

Why is sodium important?

Sodium is an essential nutrient that regulates water balance, maintains blood volume, controls muscles and nerve function and helps to maintain our body temperature. Because it is an essential nutrient, a small amount of sodium needs to be eaten regularly. Sodium is also added to foods to enhance flavour, preserve, and improve processing. The main source of dietary sodium (approximately 90 percent) is sodium chloride (table salt).

Why do people need to think about their sodium intake?

A person that eats a diet high in sodium increases their risk of high blood pressure and their risk of developing heart, blood vessel and renal diseases. In some people it is also associated with an increased risk of stomach cancer, and poor bone health. By reducing the amount of sodium you consume, you can reduce your risk of developing some of these conditions. High blood pressure is a very common condition in New Zealand, with around 1 in 6 adults self-reporting as having high blood pressure (medicated) in 2011/12.⁶

¹ Ministry of Health (2014) Annual Update of Key Results 2013/14: New Zealand Health Survey. Wellington: Ministry of Health.

² Food environments are defined as the collective physical, economic, policy and socio-cultural surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status. *From:* Swinburn, B., Dominick, C. H., & Vandevijvere, S. (2014). Benchmarking food environments: Experts' Assessments of Policy Gaps and Priorities for the New Zealand Government. Auckland: University of Auckland.

³ Health Select Committee. (2007). Inquiry into Obesity and Type II Diabetes in New Zealand. Wellington: Forty-eighth Parliament.

⁴ Ministry of Health. (2013). Health loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016. Wellington: Ministry of Health.

⁵ Ministry of Health (2009), Report on New Zealand Cost-of-Illness Studies on Long-Term Conditions. Wellington: Ministry of Health.

⁶ Ministry of Health. (2012). The Health of New Zealand Adults 2011/12: Key findings of the New Zealand Health Survey. Wellington: Ministry of Health.

How does per serving information in the Nutrition Information Panel help?

To reduce the amount of sodium you eat the New Zealand Ministry of Health recommends checking food labels as a good way to keep an eye on how much sodium is in the foods you consume. While being able to compare levels of sodium per 100 grams of food can help you identify the food with the lowest sodium level, the per serving information can assist in indicating how much sodium you will actually consume so you can make an informed decision on your dietary intake.

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

11. ARPHS supports a variety of settings (including workplaces, public facilities and early childhood centres) in implementing nutrition policies to promote healthier food environments. Per serving information is essential to the development, implementation and monitoring of supporting guidelines. These are often based on nutrient content per serving as sold or served to more closely reflect actual consumption.
 - For example, ARPHS has supported the Counties Manukau, Auckland and Waitemata District Health Boards in developing a nutrition environment policy covering food and beverage that are sold and served on their premises. Several of the guidelines state nutrient limits per serving/packet as sold – for example, commercially prepared packaged snack foods containing >800kJ per packet are not to be sold in vending machines.
12. ARPHS also provides nutrition education sessions and training as requested. Per serving information is used to educate session participants on making more informed healthy food and beverage choices in their daily lives.
13. Per serving information is also integral to the work of many other New Zealand public health organisations that ARPHS works with, including:
 - Diabetes New Zealand's work in promoting carbohydrate counting as a method for controlling blood sugar levels.
 - The Heart Foundation of New Zealand's work with the food industry to reformulate recipes and reduce sodium from bread, processed meals and breakfast cereals.
 - *Fuelled4life* - a New Zealand based programme similar to Australia's Healthy Kids Association that aims to make provision of healthier food easier at schools or early childhood education centres by providing support and resources to make the right choices.

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.

14. ARPHS considers per serving information to be useful for all categories and types of food packages.

15. There are a multitude of medical and dietary conditions for which per serving information is important to maintaining optimal dietary intake (e.g. diabetes, chronic kidney disease). It is possible to single out food categories or types of food packages that are relevant to conditions that affect a large number of people (e.g. carbohydrates and diabetes, or sodium and chronic kidney disease). However, this approach may overlook food categories and food packages that are important for managing medical conditions that *individually* only affect a small number of people, but *combined* affects a significant part of the population.
- For example, in New Zealand, inborn errors of metabolism (genetic diseases that lead to problems with metabolising nutrients) occur individually at very low rates, but cumulatively as a group, occurs at far higher rates (approximately 1 in 4400).⁷
 - E.g. Ornithine transcarbamylase deficiency (managed with a restricted protein diet) is diagnosed in 2 out of 185,000 births between 2006 and 2009.
 - E.g. Very-long-chain acyl-CoA dehydrogenase deficiency (managed with a restricted fat diet) is diagnosed in 1 out of 185,000 births between 2006 and 2009.

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.

16. ARPHS does not support the recommendation that per serving information be made voluntary.
- Please refer to our summary comments.

Q4 As noted above, 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?

17. ARPHS does not support the recommendation that per serving information be made voluntary.
- Please refer to our summary comments.

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.

18. ARPHS does not support the recommendation that per serving information be made voluntary. Per serving information should be mandatory regardless of whether a nutrition content claim about vitamins, minerals, protein, omega-3-fatty acids or dietary fibre is made.
- Please refer to our summary comments.

⁷ Wilson, C., Kerruish, N. J., Wilcken, B., Wiltshire, E., Bendikson, K., & Webster, D. (2012). Diagnosis of disorders of intermediary metabolism in New Zealand before and after expanded newborn screening: 2004–2009. *NZ Med J*, 125, 42-50.

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.

19. ARPHS does not support the recommendation that per serving information be made voluntary. Per serving information should be mandatory in all regulatory situations.
- Please refer to our summary comments.

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.

20. ARPHS recommends that further research is required to indicate how per serving information is used and interpreted by consumers. We agree that there is a lack of information in this area. We highlight some studies on the broader use and understanding of nutrition labelling that may be of use:
- Mhurchu, C. N., & Gorton, D. (2007). Nutrition labels and claims in New Zealand and Australia: a review of use and understanding. *Australian and New Zealand journal of public health*, 31(2), 105-112.
 - Gorton, D., Ni Mhurchu, C., Chen, M. H., & Dixon, R. (2009). Nutrition labels: a survey of use, understanding and preferences among ethnically diverse shoppers in New Zealand. *Public health nutrition*, 12(9), 1359.
 - Grunert, K. G., Wills, J. M., & Fernández-Celemín, L. (2010). Nutrition knowledge, and use and understanding of nutrition information on food labels among consumers in the UK. *Appetite*, 55(2), 177-189.
21. The Food and Drug Administration in the US has mandated serving sizes and may provide access to supporting research in the US context.

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.

Advantages	Disadvantages
	Consumers will have less information to make informed choices (particularly those with specific dietary requirements).
	Consumers with poorer numeracy skills and motivation may be more disadvantaged in accurately interpreting the nutrition information panel.
	Fewer opportunities for public health groups to work with and influence industry on product formulation and other health-related concerns.

Q9 Do you think the declaration of the amount of energy and nutrients per serving in the NIP should be voluntary?

22. No

Please give reasons and evidence to support your view.

23. ARPHS does not support the recommendation that per serving information be made voluntary.

- Please refer to our summary comments.

Appendix 1 - Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board.

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, outstanding infrastructure needs, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.