Public Health Association
AUSTRALIA

# Nutrition Content and Health Claims on Food

## Background Paper

This paper provides background information to the Nutrition Content and Health Claims on Food Policy Position Statement, providing evidence and justification for the public health policy position adopted by Public Health Association of Australia and for use by other organisations, including governments and the general public.

## Summary


1. Consumers want simple and reliable information on food labels to assist them to make healthy food choices.
2. PHAA supports food labelling to promote public health including ingredient labelling and nutrition information panels (including added sugar) and interpretive front-of-pack-labelling as they can assist healthy food choice.
3. PHAA recommends that Food Standard 1.2.7 – Nutrition, Health and Related Claims (*Standard 1.2.7*) be strengthened to ensure it is consistent with the advice of the Australian Dietary Guidelines (ADG), does not promote 'discretionary foods,' and that the standard is monitored and evaluated.



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## Public health issue

1. Regulatory provisions allowing health claims on food are at odds with the public health nutrition principles including:
   - Dietary disease risk reduction requires a total diet and dietary pattern approach, not one based on an individual food.
   - All major chronic diseases where diet plays a causative or protective role, and for which labelling and advertising claims could be anticipated, are multi-factorial in nature.
   - Ultra-processed (discretionary) food industries and global food manufacturers drive the nutrition, health and related claims (NHC) regulatory framework. There are public health nutrition risks resulting from biological (dietary imbalances), social (more expensive foods displaying claims) and environmental (use of resources in processing) dimensions [1, 2].
2. Unless managed with strong regulation, monitoring and enforcement, NHC may be counterproductive to public health in Australia. Minimum requirements to mitigate risk include:
   - Ensure products carrying NHC are beneficial for health by ensuring consistency with the ADG and requiring compliance with an appropriate Nutrient Profiling Scoring Criteria (NPSC).
   - Review the NPSC to ensure discretionary foods and drinks are not able to carry NHC
   - Strengthening of the systematic review and pre-approval processes for products carrying general level health claims
   - Rigorous and timely monitoring of the regulation implementation and evaluation of impacts and outcomes on population health in Australia and New Zealand.

## Background and priority

3. Until July 2001 Australia and New Zealand prohibited health claims on food but requested a policy on NHC in response to unsubstantiated disease prevention and/or health promoting properties declared on numerous food product and ingredient labels. A risk-based classification scheme for claims on foods and a standard to regulate NHC was developed [3].

4. The 2011 Blewitt food labelling review [4] recommended establishment of a standard for NHC on food labels including:
   - a hierarchy of substantiation at various levels (encompassing using defined nutrition words and terms, pre-approved relationships, authoritative sources, systematic review and pre-market assessment and approval);
   - all foods carrying a NHC comply with an agreed nutrient profiling system;
   - NHC trigger relevant information disclosures in the Nutrition Information Panel or ingredients list;
   - general or high level health claim trigger display of standardised front-of-pack label information.

# Current situation

## Food Standard 1.2.7 – Nutrition, Health and Related Claims

5. Food Standard 1.2.7 – Nutrition, Health and Related Claims (*Standard 1.2.7*) was introduced 1 March 2016 [5]. The standard describes conditions under which claims may be made or endorsements provided on labels or in advertising about the nutrition content of a food ('nutrition content claims') and about the relationship between a food or a property of a food and a health effect ('health claim'). Certain foods cannot carry NHC (e.g. kava, infant formula, ingredients, or special purpose foods), some can only carry them under specified conditions (e.g. foods containing alcohol). Note: Standard 1.2.7 does not apply to the Health Star Rating symbol.

6. Under *Standard 1.2.7,* nutrition content claims are claims about the content of certain nutrients or substances in a food and are required to meet certain criteria set out in the Standard.

7. Under *the Standard,* a health claim states, suggests or implies that a food or a property of food has, or may have, a health effect. Pre-approved *high level health claims* (HL-HC) refer to a serious disease or a biomarker of a serious disease, and self-substantiated *general level health claims (GL-HC)* refer to a health claim that is not a HL-HC. Only foods that meet a set nutrient profiling score can carry health claims.

8. HL-HC are preapproved based on systematic literature review whereas for GL-HC food producers can either choose from predetermined claims or self-substantiate their claims using FSANZ guidelines. Self-substantiation evidence of the food-health relationship must be established by systematic literature review and food producers are required to document, but not submit, evidence to FSANZ or the local enforcement agency. Manufacturers may never be asked to provide documentation, FSANZ is not responsible for the notified list website content and cannot remove notifications without a statutory declaration from the person filing the original notification [6].

## Nutrition content and health claims in Australia

9. Studies of nutrition content and health claims on foods have recommended strengthening and enforcing current regulations [7, 8].

10. A recent study found that ultra-processed foods in Australia continue to display health and nutrition content claims and suggests issues with compliance [9].

11. Further gaps remain with the Standard not requiring products displaying nutrition claims to meet a nutrient profiling score as is required for those displaying health claims. As a result, a large number of products that would not meet the nutrient profiling score continue to display nutrition claims [10].

## Consumer understanding and the effects of nutrition content and health claims

12. Understanding consumer, health professional and industry interpretation of NHC is important [11-13]. For example, the nutrient-disease relationship was difficult to describe for the folate neural tube defects NHC used in Australia [14] and eight years after the initial successful uptake, only two products still used this NHC [15]. An impact evaluation found that the written education material, rather than food labelling, was the preferred method for conveying information to consumers [16].

13. Consumers want simple and reliable information on food labels [17-20]. Ingredient labelling, nutrition information panels and interpretive front of pack labelling have been shown to be effective in assisting healthy food choices [21-26].

14. There is inconclusive evidence whether interpretive front-of-pack labelling can reduce the positivity bias conferred by health claims [27]. One study found health claims increased rankings of less nutritious options, though this effect was less pronounced when the products featured a multiple traffic light [21].

15. In artificial settings NHC have a substantial effect on dietary choices but findings from natural experiments have yielded smaller effects [28].

16. Consumers' familiarity with foods carrying claims and belief in the claims have been found to influence perceptions [29]. Australian consumers reported NHC were more likely to be considered during product evaluations if they were perceived to be trustworthy, relevant and informative [30].

17. Evidence that NHC promote public health or inform consumers assisting them to improve food choice (beyond specific product promotion) is limited and inconclusive at best [21, 31-33]. There are persistent and increasing socio-economic disparities in dietary intake and related chronic disease. People with little nutrition knowledge [31] or who are less health conscious are less likely to use NHC [34].

18. Evidence of positive public health impacts of NHC on the food supply, the food industry, nutrition education, or the work of health professionals and consumers is limited [12, 13, 35].

19. NHC may mislead consumers to believe that individual foods or their components have a "magic bullet" effect, which is unrealistic and misleading for most diet-related diseases or claims may undermine trust in the system [36].

20. This "medicalisation" of food via NHC undermines important public health nutrition messages (dietary balance, variety, limiting excess), and the foods whose increased consumption would reap the greatest health benefit (e.g. fresh fruit and vegetables) do not have labels and are therefore ineligible.

## Policy options

21. A nutrient profiling system to underpin the standard provides interpretation of the nutritional quality of the food [37] and can minimise confusion for regulators, manufacturers and consumers [38].

22. *Standard 1.2.7* should be monitored and updated in response to the changing food system. For example, fruit and vegetable content claims are becoming commonplace on food labels but do not come under the standard [39].

23. The standard requires appropriate support and training for those involved in enforcement. Communication between State and local government authorities is required to clarify enforcement roles and there should be provision of sufficient resources and timely training in responsibilities for state government staff and environmental health officers [40].

## Recommended action

24. Unless managed with strong regulation, monitoring and enforcement, Nutrition content and health claims may be counterproductive to public health in Australia. Minimum requirements to mitigate risk include:
    - Ensure products carrying nutrition content claims are beneficial for health by ensuring consistency with the ADG and requiring compliance with an appropriate NPSC.
    - Review the NPSC to ensure discretionary foods and drinks are not able to carry nutrition content and health claims and the criteria is consistent with the evidence-based ADGs
    - Strengthening of the systematic review and pre-approval processes for products carrying general level health claims
    - Rigorous and timely monitoring of the regulation implementation and evaluation of impacts and outcomes on population health in Australia and New Zealand.

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