



Public Health Association
AUSTRALIA

**Public Health Association of Australia
submission on A1090 – Voluntary
Addition of Vitamin D to Breakfast Cereal**

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Priorities for 2016 and beyond

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The aims of the PHAA include a commitment to:

- Advancing a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation;
- Promote and strengthen public health research, knowledge, training and practice;
- Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population;
- Promote universally accessible people centered and health promoting primary health care and hospital services that are complemented by health and community workforce training and development;
- Promote universal health literacy as part of comprehensive health care;
- Support health promoting settings, including the home, as the norm;
- Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so;
- Promote the PHAA as a vibrant living model of its vision and aims.

PHAA Response to Application A1090 – Voluntary Addition of Vitamin D to Breakfast Cereal

The PHAA welcomes the opportunity to comment on this review document. We acknowledge that Forum members sought this review on the grounds that FSANZ had given insufficient regard to the Ministerial Policy Guideline on the Fortification of Food with Vitamins and Minerals, particularly in relation to the following guidelines:

- Permission to fortify should not promote consumption patterns inconsistent with the nutrition policies and guidelines of Australia and New Zealand.
- Permission to fortify should not promote increased consumption of foods high in salt, sugar or fat, or foods with little or no nutritional value that have no other demonstrated health benefit.

We understand that the scope of the review is limited to consideration of the notified grounds for review and that FSANZ has now proposed a new option to apply a nutrient profile tool, in this case the nutrient profiling scoring criterion (NPSC), to the addition of vitamin D to breakfast cereal. This option would exclude breakfast cereals that do not meet the NPSC from the voluntary permission to add vitamin D.

Whilst the PHAA feel this is a better outcome than merely allowing vitamin D to be added to all breakfast cereals, we **do not support** the voluntary addition of vitamin D to breakfast cereals. We contend that this measure is not in keeping with the Policy Guideline on Fortification of Food with Vitamins and Minerals, which states that the voluntary addition of vitamins and minerals to food should be permitted only:

- Where there is a need for increasing the intake of a vitamin or mineral in one or more population groups demonstrated by actual clinical or subclinical evidence of deficiency or by data indicating low levels of intake: or
- Where data indicates that deficiencies in the intake of a vitamin or mineral in one or more population groups are likely to develop because of changes taking place in food habits; or
- Where there is generally accepted scientific evidence that an increase in the intake of a vitamin and/or mineral can deliver a health benefit; **and**
- **The permitted fortification has the potential to address the deficit or deliver the benefit to a population group that consumes the fortified food according to its reasonable intended use.**

In the approval report, FSANZ states that:

“Further analysis on the 2011-13 AHS undertaken by the Australian Bureau of Statistics (unpublished data, 2015) indicated that those persons aged 12 years and over identified in the biomedical component of the AHS as having vitamin D levels of <50 nmol/L and who also took part in the 2011-12 NNPAS, were less likely to consume ready to eat (RTE) breakfast cereals (29%) than persons with vitamin D levels >50 nmol/L (39%).” (p.7)

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In addition:

“For the general population aged 12 years and over, 24% had vitamin D levels <50 nmol/L. Persons born overseas in some regions had the highest rates of vitamin D levels <50 nmol/L e.g., persons born in North Africa and the Middle East (51% <50 nmol/L) and persons born in Asia (67% <50 nmol/L). Those population groups were also less likely to consume RTE breakfast cereals (9% and 16%, respectively) compared to 37% for the entire population.” (p.7)

So whilst there are some groups with demonstrated biochemical evidence of deficiency, the case for the potential of the permitted fortification to address the benefit has not been sufficiently well made.

The PHAA would also contend that the application (from a vitamin/mineral manufacturer with vested interests in selling more product) is not related to public health but is purely related to business interests. It is very clear from the review paper (Section 5.2) that industry is concerned mainly with being able to use a premix which includes vitamin D to enhance efficiency. However, manufacturers can choose not to fortify with any vitamins and minerals and this too would improve efficiency and cost.

From a public health perspective, the vitamin D prevalence in some population groups is not best dealt with by voluntary fortification with vitamin D of a food that is not the most appropriate vehicle and is unlikely to be consumed by those who most need it. Other public health approaches, such as supplementation and encouraging sunlight exposure when it is safe leave our food supply more intact and do not require industry or consumers to meet costs of fortified foods.

In summary

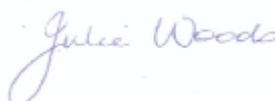
- PHAA does not support the voluntary addition of vitamin D to any breakfast cereals as this is not in keeping with the Policy Guideline.
- If the voluntary addition of vitamin D to breakfast cereals is permitted it should only be permitted to those cereals that meet the NPSC.

The PHAA appreciates the opportunity to make this submission.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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