Public Health Association of Australia
submission on review of labelling of fats and oils

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PHAA submission on review of labelling of fats and oils

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Preamble

1. The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

2. Vision for a healthy population

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

3. 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.

Introduction

PHAA welcomes the opportunity to provide input to the review of the labelling of fats and oils. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should provide a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.
PHAA Response to the consultation questions

4. **Do the current labelling requirements provide adequate information for consumers to be able to make informed choices in support of dietary guidelines? Please provide information to support your response.**

PHAA supports the declaration of individual fat/oil sources on food labels, as this will assist consumers in making informed food choices in keeping with the Dietary Guidelines. The Guidelines are food-based and as such refer to ‘foods’ high in saturated fats and specific mention is made of palm and coconut oils. The term ‘vegetable oil’ does not allow consumers to determine the source of the oil and therefore does not provide for informed choice. In addition, grouping all oils from vegetable sources together under one generic term, gives the impression that all vegetable sourced oils are similar in nature and in metabolic response – which may further confuse consumers.

5. **What views do consumers have on the health impacts of different fats and oils, and to what extent do these views align with the advice in the dietary guidelines? Please provide any evidence you have in support of your response.**

Consumers have a right to know all the ingredients in their food. Consumers make food choices for a range of reasons – based on nutrition, cultural/religious, price, brand, social, ethical etc considerations. In relation to fats and oils, a number of surveys indicate that consumers want labelling of palm oil, in particular. This is likely based on consumer understanding of the health related impacts of this oil in terms of nutrition, environment and social cohesion (health here being more than the absence of disease). Despite environment and social equity not being explicitly referred to in the set of Dietary Guidelines, there are nevertheless, sections relating to these aspects of health in the Dietary Guidelines documentation and so the views of consumers who are motivated by environmental concerns around oil choice are well aligned to the Guidelines in total.

A survey by Zoos Victoria reported that 84% of Australians and 92% of New Zealanders supported full labelling of palm oil (1).

A survey by Choice showed that of the consumers who wanted to know whether a food contained palm oil, 59% cited their response related to environment reasons, 58% health reasons, 45% animal welfare reasons and 37% ethical reasons (2).

6. **Do you think consumers understand the nutritional profile of various fats and oils and are food labels able to assist in that understanding? If so, please explain and provide any evidence you have in support of your response**

As in many areas of nutrition, there is confusion regarding the nutritional profile of fats and oils. This confusion stems from the cacophony of ‘nutrition’ advice that exists across society, much of which is not evidence based. The Dietary Guidelines are evidence based and make mention of coconut and palm oil specifically when referring to foods high in saturated fats. Including the sources of oils/fats in ingredient lists will help consumers become more informed about nutrition and choose foods in line with the Guidelines and may help to counter some of the more simplistic thinking which labels ‘vegetable oils’ as good and ‘animal fats’ as bad.
7. Do consumers consider information on fats (such as the nutritional profile or source) when making purchasing decisions? Please justify your response and provide any evidence you have in support of your response.

FSANZ has reported that approximately 72% of Australians and 66% of New Zealanders may use the ingredient list when purchasing a product for the first time and that ‘Types of sugars’ and ‘types of fats/oils’ were specific ingredients that would be looked at by an estimated 43% and 36% of Australians and 41% and 32% of New Zealanders respectively (3).

An RMIT University study reported that 70% of their 298 participants rated nutritional information on food packaging as important and 66% considered the list of ingredients important. With a first time purchase, 61% checked the ingredient list and a similar percentage checked the fat content (4).

8. Are there any references, either nutrition, technical or consumer related, that we should consider when examining the evidence to inform whether there is a policy issue with fats and oils labelling and if so, what are those?

See below.

9. Do you have any other comments you wish to make on the labelling of fats and oils that have not already been covered in your comments to the questions above?

The PHAA would like to see not only the name of the vegetable oil in the ingredient list but also the percentage of that oil as an ingredient in food. This type of labelling is similar to characterising ingredient and compound ingredient labelling and would not be introducing a new form of ingredient identification that consumers were not already used to seeing.

Industry arguments about the oil changing depending on markets and supply indicate that they may have been misleading consumers in terms of the Nutrition Information Panel for many years. Presumably, if the oil type changes, there would be likely a change in total fat and/or saturated fat and yet NIP information is not changed regularly to reflect any changes. It would be important to investigate the actual practices of food companies in relation to changes in oils to determine the validity of the arguments about needing to change labels to accommodate a different oil name and to determine the frequency of inaccurate NIPs if oil changes do indeed occur.
Conclusion

PHAA strongly recommends the declaration of individual fat/oil sources on food labels. This will assist consumers in understanding more about the origins of their food choices and in applying the Dietary Guidelines when making food choices.

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

Chief Executive Officer
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13 April 2018

References