



ACDPA response to Healthy Food Partnership Voluntary Food Reformulation Targets

November 2018

The Australian Chronic Disease Prevention Alliance welcomes the opportunity to provide a submission to the consultation on the Healthy Food Partnership's reformulation targets.

About the Australian Chronic Disease Prevention Alliance

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and the Stroke Foundation. These leading Australian non-government health organisations share a commitment to reducing the growing incidence of chronic disease in Australia attributable to modifiable risk factors.

ACDPA members work together in the prevention of chronic disease, with emphasis on changes to food and physical environments to reduce risk, and changes to the health system to promote early assessment and management of chronic disease risk.

Recommendations

ACDPA strongly supports food reformulation as a public health measure and makes four recommendations to strengthen this work:

1. ACDPA recommends setting stronger targets to achieve public health benefits through greater reductions in saturated fat, salt and sugar in foods.
2. ACDPA recommends extending the reformulation program to include categories that, together, contribute a substantial proportion of sugar, salt and saturated fat to dietary intake.
3. ACDPA recommends clear and transparent monitoring on an annual basis, with manufacturers held accountable for progress.
4. ACDPA recommends introducing a timeframe for mandatory reformulation if targets are not being met.

Overview

Chronic disease is described as Australia's greatest health challenge, due to its personal, social and economic impacts.¹ One in two Australians have a chronic disease and one in four have at least two chronic diseases.²

Meanwhile, two-thirds of Australians are overweight or obese, which is a key risk factor for a number of chronic diseases, including heart disease, cancer, diabetes, stroke and chronic kidney disease. Poor nutrition contributes to overweight and obesity, and independently increases risk of a number of chronic diseases.

¹ AIHW 2014. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.

² AIHW 2016. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW.

Improving the Australian food supply needs to be a high priority in addressing diet-related disease, and improving the health of all Australians. Discretionary foods containing saturated fat, added salt and added sugars account for around one-third of adults' daily energy intake and almost 40% of children's intake,³ despite the Australian Dietary Guidelines' recommendations to limit discretionary choices. In contrast, more than 90% of Australians do not consume the recommended serves of vegetables each day.

Do you support nutrient reformulation as a public health measure?

ACDPA strongly supports nutrient reformulation to reduce risk nutrients in products. Nutrient reformulation is one evidence-based tool, among many, which can collectively contribute to improving diet quality for all Australians.

Currently Australian adults are consuming:

- 12% of energy from saturated fat,⁴ which is greater than the 7-10% of energy recommended
- almost 9 grams of salt per day, which is almost double the recommended maximum of 5 grams per day⁵
- 60 grams of added sugar per day with 81% coming from discretionary foods and drinks.

Reformulating commonly consumed food and drinks to reduce the amounts of saturated fat, salt and sugar also has the potential to improve dietary intakes in priority populations, such as lower socio-economic and regional populations, without exacerbating inequities.^{6,7}

Food reformulation was identified as a priority action in the *Tipping the Scales* consensus report, with established time periods and regulation if targets are not met. The consensus report provides a set of evidence-based policies to address obesity in Australia and has been endorsed by 35 community, public health, medical and academic groups, including ACDPA.

Government-led reformulation can improve the nutritional content of food, with reductions in diet-related disease and associated mortality, even in the absence of changes to consumers' dietary patterns.⁸ The Heart Foundation's *Rapid review of the evidence - Effectiveness of food reformulation as a strategy to improve population health* concluded that reformulation provides an opportunity to improve population health through improving the nutritional profile of common processed foods.⁹

Food reformulation is recognised as a feasible and cost-effective intervention to improve nutrition at the population-level, both in Australia and globally.

In the Australian context, the 2017 report *Policies for tackling obesity and creating healthier food environments* assessed government policies to address unhealthy diets and obesity.¹⁰ The report flagged reformulation as a policy priority for the Federal Government, with high importance and feasibility, and

³ AIHW <https://www.aihw.gov.au/reports/food-nutrition/nutrition-across-the-life-stages/contents/table-of-contents>.

⁴ AIHW <https://www.aihw.gov.au/reports/biomedical-risk-factors/risk-factors-to-health/contents/nutrition>.

⁵ Santos JA, Webster J et al. Dietary salt intake in the Australian population. *Public Health Nutrition*. 2017 May;1-8.

⁶ National Heart Foundation of Australia 2012. *Rapid review of the evidence. Effectiveness of food reformulation as a strategy to improve population health*. Melbourne.

⁷ Friel S, Hattersley L, et al. Addressing inequities in healthy eating. *Health Promotion International*. 2015. Vol 30; Supp 2, pp77-88.

⁸ Leroy P, Requillart V, et al. An assessment of the potential health impacts of food reformulation. *European Journal of Clinical Nutrition*. 2016. 70, 694-699.

⁹ National Heart Foundation of Australia 2012. *Rapid review of the evidence. Effectiveness of food reformulation as a strategy to improve population health*. Melbourne.

¹⁰ Sacks G for the Food-EPI Australia project team 2017. *Policies for tackling obesity and creating healthier food environments: scorecard and priority recommendations for Australian governments*. Melbourne: Deakin University.

recommended “clear national targets for reductions in salt, saturated fat, trans fat and added sugar in key food categories related to packaged foods and out-of-home meals.”

Limiting salt in processed foods has been modelled to be one of the most cost-effective and even cost-saving preventive health measures in Australia.¹¹ Both mandatory and voluntary salt limits have small annual costs, with the greatest health impact for mandatory salt limits (>100,000 Disability-Adjusted Life Years) compared to voluntary salt limits (0-10,000 Disability-Adjusted Life Years).

At the global level, the World Health Organization (WHO) recommends reformulation to reduce salt in foods and meals as one of 16 ‘best buys’, i.e. the most feasible and cost-effective interventions for governments to implement to reduce risk factors for chronic disease and create health promoting environments.¹² International experience also supports reformulation to reduce the consumption of risk nutrients.¹³

Are you aware of any health risks associated with reformulation?

No. On the other hand, ACDPA is aware of significant health risks associated with consumption of high levels of sugar, salt and saturated fat in products.

Poor nutrition contributes to overweight and obesity, and independently increases risk of cardiovascular disease, type 2 diabetes, chronic kidney disease and certain cancers. Together, dietary risk factors account for 7% of the Australian burden of disease.¹⁴

As noted in the consultation paper, the Australian Dietary Guidelines recommend limiting intake of foods containing saturated fat, added salt and added sugars. However, on average, Australians consume more than the recommended limits for sodium, added sugars and saturated and trans fats, with much of this coming from processed foods.

Dietary choices are influenced by a range of factors and individual behavioural change can be complex and time consuming.¹⁵ Remoteness and socioeconomic disadvantage are generally associated with poorer diet quality, and this is also reflected in the higher prevalence of physical inactivity and unhealthy weight in these areas.¹⁶ Reformulation can have a powerful impact at the population level by reducing risk nutrients in commonly consumed products, without exacerbating inequities.

Do you have concerns or challenges associated with the reformulation targets?

ACDPA supports the introduction of clear, specific nutrient reformulation targets, building on the targets set by the former Food and Health Dialogue.

A 2016 Heart Foundation evaluation found that the reformulation targets set by the Food and Health Dialogue were partially achieved in a number of food categories.¹⁷ For example, 86% of bread products met the salt reformulation target of 400mg/100g by August 2015. However, there was wide variation and some food categories had a much smaller proportion of products meeting the targets.

¹¹ Vos T, Carter R, et al. ACE–Prevention Team 2010. Assessing cost-effectiveness in prevention (ACE– Prevention): Final report. Brisbane, Melbourne: University of Queensland, Deakin University; 2010 Sep

¹² WHO 2018. Saving lives, spending less. A strategic response to noncommunicable diseases. Geneva: WHO.

¹³ Public Health England, National Diet and Nutrition Survey: assessment of dietary sodium Adults (19 to 64 years) in England, 2014, March 2016.

¹⁴ AIHW <https://www.aihw.gov.au/reports/biomedical-risk-factors/risk-factors-to-health/contents/risk-factors-and-disease-burden>.

¹⁵ Cecchini, M. and L. Warin, Impact of food labelling systems on food choices and eating behaviours: a systematic review and meta-analysis of randomized studies. *Obes Rev*, 2016. 17(3): p. 201-10.

¹⁶ AIHW 2018. <https://www.aihw.gov.au/getmedia/fc5ad42e-08f5-4f9a-9ca4-723caca510d/aihw-phe-227.pdf.aspx?inline=true>.

¹⁷ Cleanhouse X. National Heart Foundation of Australia 2016. Melbourne. Submission to Department of Health.

Based on the evaluation and recent calculations by the George Institute, ACDPA recommends that many targets could be more ambitious. The George Institute analysis demonstrates that, in a number of categories, a substantial proportion of products are already meeting the proposed target. For example, 78% of cheddar cheeses are already meeting the sodium target of 710mg/100g and the product mean of 680mg/100g is well below the proposed target. We support setting targets that are feasible while also providing an incentive for manufacturers to strive for greater reduction of risk nutrients in products.

Recommendation - ACDPA recommends setting stronger targets to achieve public health benefits through greater reductions in saturated fat, salt and sugar in foods.

ACDPA is concerned that the proposed reformulation targets only apply to foods contributing more than 1% of risk nutrients to the diet. This limits the potential of the Healthy Food Partnership reformulation program by omitting product categories that, together, contribute a substantial proportion of salt, sugar or saturated fat to the diet. For example, 15-20% of salt in the diet comes from product categories that individually contribute less than 1% (e.g. dips, crackers, sauces). However, together they comprise up to one-fifth of an individual's salt intake.

Similarly, many discretionary food categories that are high in sugar are not included for reformulation targets, but are instead identified for portion size and education. ACDPA notes that portion size and education could be useful tools to reduce consumption; however these can complement reformulation efforts. We disagree with the statement in the consultation paper, that:

'...the group determined there was already significant product variation to enable consumer choice; both in product type, size and sugar content, and that reducing sugar intake would be best addressed by portion size reduction, and communication about the place of these (mainly discretionary) foods in total diet, rather than through reformulation targets.'

Considering that discretionary foods comprise more than one-third of daily energy intake and many Australians consume more than the recommended daily limit for added sugars, it would make sense to develop reformulation targets for these categories, especially for products with very high sugar content.

Recommendation – ACDPA recommends extending the reformulation targets to include categories that, together, contribute a substantial proportion of sugar, salt and saturated fat to dietary intake.

Is the timeframe suggested (4 years) reasonable to meet this target?

ACDPA recommends clear and transparent monitoring on an annual basis to identify progress towards achieving targets and any potential challenges. This provides an opportunity to track progress and applaud manufacturers meeting targets, while identifying where targets are not being met. Monitoring data would need to include baseline data, then annual data to demonstrate progress.

Recommendation - ACDPA recommends clear and transparent monitoring on an annual basis, with manufacturers held accountable for progress.

If monitoring reports show that voluntary targets are not being met or providing an adequate incentive for industry, ACDPA strongly recommends the regulation of targets. Introducing a timeframe for manufacturers to comply with nutrient reformulation targets would create a level playing field for industry and benefit consumers through consistent reduction of risk nutrients across product categories.

For example, the voluntary Health Star Rating system is found on an increasing number of products in supermarkets. Yet, uptake is variable across product ranges and manufacturers. By 2017, 28% of eligible foods were displaying the ratings.¹⁸ This demonstrates the weaknesses behind a voluntary system, if

¹⁸ Jones A, Shahid M & Neal B. Uptake of Australia's Health Star Rating System. *Nutrients* 2018, 10, 997.

some manufacturers are not willing to engage. A mandatory approach would remove these inconsistencies by requiring reduction of risk nutrients to meet targets.

In a paper considering salt reformulation programs, Magnusson & Reeve outline the potential for a progressive increase in government scrutiny, control and enforcement if industry is not meeting voluntary targets and commitments.¹⁹

Recommendation - ACDPA recommends introducing a timeframe for mandatory reformulation if targets are not being met.

Complementary actions to improve nutrition

Reformulation, portion size and labelling should be considered as components of a multifaceted approach to improving dietary intake, in conjunction with fiscal policies, health promotion and restrictions on marketing of unhealthy foods. Together these policies have the potential for greater improvements to diet at the population level, compared to implementing them individually. ACDPA supports a funded national nutrition policy to articulate complementary actions to improve nutrition.

¹⁹ Magnusson R, Reeve B. Food Reformulation, Responsive Regulation, and “Regulatory Scaffolding”: Strengthening Performance of Salt Reduction Programs in Australia and the United Kingdom. *Nutrients*. 2015; 7: 5281-5308