

challenges. The tendency in health promotion to promote only the positive 'eat more' messages is based on the false notion of diet as a fixed pipe whereby pushing more vegetables in one end results in more confectionary and unhealthy snacks falling out the other end. Public health should ideally have as detailed and nuanced appreciation of consumer choice as commercial marketing currently has but the most pressing task is to persuade politicians that to achieve healthy population diets requires multiple strategies, some of which are readily branded by the food industry as 'nanny state'. Influencing consumers to choose healthy foods will first require influencing policy-makers to choose effective food policies and actions.

The practical questions thus shift from being problem-oriented (understanding what factors currently influence consumer choices) to solution-oriented (understanding what interventions are achievable and what impacts they are likely to have on creating healthier diets). Thus, from the myriad of influences arise a handful of potential interventions to focus on and the usual proposals include: restricting unhealthy food marketing to children; taxes and subsidies; provision of information and interpretive signals (like Health Star Rating system); food polices on provision, service and procurement, and; placement strategies like confectionary-free checkouts or 'green food zones' around schools.

While the likely effectiveness of these strategies is highly varied and segmented, it is the factors beyond the size of the impact on diet which will determine whether these strategies are implemented or not. These broader factors include: protecting children from being targeted by predatory marketing of products which damage their health; consumers' right to know the healthiness of the food products being purchased; reducing pester power and supporting parents; policy coherence aligning non-health policies with health outcomes; public demand for action to improve the healthiness of food environments, and; alignment of strategies with political ideologies.

Research, evaluation and monitoring of these strategies and the broader factors which influence their implementation is a priority and will provide us with the solution-oriented evidence needed to support healthy food choices by consumers.

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## THE EFFECTS OF FOOD LABELLING ON CONSUMER CHOICE AND INDUSTRY PRACTICES

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The rapid escalation of obesity worldwide has been attributed to macro-environmental factors that have increased the availability and visibility of high-energy foods while reducing opportunities for physical activity. Although most responses to the obesity epidemic have focused on encouraging individuals to change their food choices, it is recognised that 'upstream' responses that change the food environment will be critical in addressing this complex and intractable problem. Effective food labelling is one such upstream strategy (1).

Consumers have a right to information about their food. The mandatory Nutrition Information Panel (NIP) and ingredients lists located on the back of most packaged food products in Australia achieve this to some extent. However, these forms of nutrition information cannot meet the needs of all consumers due to their reliance on high levels of motivation and literacy for access and interpretation (2). Interpretive food labelling located on the front of packs can overcome these limitations by providing 'at a glance' information about products' healthiness, both in isolation and relative to other foods. The use of symbols that give an overall indication of the nutritional status of the food provides an interpretive function that assists consumers by synthesising the more complex information provided elsewhere on the pack. In an interpretive labelling system, the symbol(s) may be accompanied by text that provides more detailed information. Various interpretive front-of-pack labelling systems have been proposed and tested, including those that feature symbols such as traffic lights, ticks, and stars (3).

The recent introduction of the Health Star Rating (HSR) system for front-of-pack food labelling in Australia reflects a growing body of evidence relating to the potential of interpretive food labelling to improve

people's diets. This new system includes both interpretive elements (the number of stars, ranging between one-half to five stars, and the level of specific nutrients, reported as low, medium, or high) and informational elements (e.g. grams per 100 g of specific nutrients). A cost-benefit analysis of the system concluded that "the aggregate benefits of the HSR system in the context of multiple public health initiatives, will likely pay back (i.e. meet or exceed) aggregate costs over an indicative five year implementation period" (4). The system is voluntary for the first five years, during which time it will be reviewed to assess take-up levels among food producers.

Dietary improvements resulting from interpretive front-of-pack labelling can be expected to occur via several mechanisms. In the first instance, consumers motivated to utilise food labelling (e.g. those watching their weight or with specific health problems such as diabetes or hypertension) will have additional information at their disposal. This will enhance the cognitive processing aspect of food purchase decisions. Second, consumers who lack the motivation or ability to use existing forms of food labelling will be exposed to an alternative form of information that is assimilated either subconsciously or with much less cognitive effort. This will enhance decision-making that is undertaken with the use of heuristics. Third, much food purchasing is undertaken out of habit. Exposure to highly visible, easily understood nutrition information has the potential to act as a disruptor to normal purchase habits and trigger re-evaluation of the available alternatives at the point of purchase. This increases the likelihood that new, healthier options will be selected.

Finally, and perhaps most importantly, clear, accessible nutrition information will constitute a powerful motivator for product reformulation. Within product categories there are wide disparities in star ratings, e.g. cheese and peanut butter (5). Those products with a higher rating will possess a distinct competitive advantage relative to low-scoring products. This will provide a strong incentive for food producers to 'even the playing field' by improving the nutritional profile of their offerings.

Perhaps the clearest indication of the potential for the new Health Star Rating system to produce these positive effects is the extent to which certain members of the food industry have resisted and attempted to thwart the new system. We now wait in eager anticipation for the widespread adoption of the Health Star Rating system and the resulting improvements in consumers' awareness of the nutritional value of foods and changes in their subsequent purchase decisions.

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## Lecture in honour of dr trevor beard

**Dr Trevor Beard (1920–2010) – INDEFATIGABLE ANTI-SODIUM CRUSADER**

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Trevor Beard completed a medical degree at Cambridge University. In 1951, he migrated with his family to Tasmania, where he spent 21 years as a hard-working rural general practitioner.