

Comments from the Victorian Departments of Health and Human Services, and Economic Development, Jobs, Transport and Resources

Due date of submission: 5 August 2016

The Victorian Departments of Health and Human Services and Economic Development, Jobs, Transport and Resources (the departments) welcome the opportunity to provide comments on Application A1090 – Voluntary addition of vitamin D to breakfast cereal.

The departments support the revised option to permit the addition of vitamin D to breakfast cereal where the product meets the nutrient profiling scoring criteria (NPSC). This is on the basis that this approach is consistent with the *Ministerial Policy Guideline on the Fortification of Food with Vitamins and Minerals*.

Responses to specific questions posed by Food Standards Australia and New Zealand (FSANZ) are provided below.

Impact on vitamin D status of applying NPSC

- 1) *The basis of voluntary vitamin D addition to breakfast cereal was public health need. In your view, is public health and safety protected by applying the NPSC to permission to fortify ready-to-eat breakfast cereal with vitamin D? Please provide evidence for your view.*

The departments believe that public health and safety will be supported by applying the NPSC to fortify breakfast cereal with vitamin D, as the permission to fortify with vitamin D provides the opportunity for those with vitamin D deficiency to select a fortified cereal. The NPSC subsequently ensures that the products fortified with vitamin D will not be cereals that are high in sugar, salt or fat.

The departments note that the basis of voluntary vitamin D addition to breakfast cereal was made with regard to the specific order policy principles for voluntary fortification ‘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 level of intake’. The Australian Health Survey 2011-12 revealed one in four (23%) adults had a Vitamin D deficiency¹, of which 17% demonstrated a mild deficiency, 6% a moderate deficiency and less than 1% had a severe deficiency. This analysis is based on recommended levels reported in a recent Australian position statement². Vitamin D deficiency has also been identified in some groups of Australian children³.

The voluntary fortification of breakfast cereal will provide an opportunity for consumers who eat breakfast cereal, and who have a sub-optimal vitamin D status, to select a

¹ <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.006Chapter2002011-12#Anchor1> accessed 28 July 2016.

² Nowson CA, McGrath JJ, Ebeling PR, Haikerwal A, Daly RM, Sanders KM, Seibel MJ and Mason, RS, (2012) *Vitamin D and health in adults in Australia and New Zealand a position statement*, Medical Journal of Australia 196(11): 686-687

³ Craig F Munns, Peter J Simm, Christine P Rodda, Sarah P Garnett, Margaret R Zacharin, Leanne M Ward, Janet Geddes, Sarah Cherian, Yvonne Zurynski and Christopher T Cowell, on behalf of the APSU Vitamin D Study Group. (2012) *Incidence of vitamin D deficiency rickets among Australian children: an Australian Paediatric Surveillance Unit study*. Med J Aust; 196 (7): 466-468.

cereal that is fortified with vitamin D. Approval of this Application therefore may have a positive impact on the health of certain individuals in the population. As a voluntary fortification measure of a single food vehicle, however, addressing vitamin D deficiency on a population level is beyond the scope of this application.

Standard 1.2.7 (and Schedule 4_3) permits nutrient content claims to be made without the application of the NPSC. As noted below, there is evidence to suggest that nutrient content claims may be inferred health claims by consumers. In a scenario where breakfast cereals are able to fortify with vitamin D without meeting the NPSC, there is the potential for foods higher in saturated fat, sugar and salt to make nutrient content claims for vitamin D and therefore encourage the consumption of these cereals. Application of the NPSC helps ensure that a content claim about vitamin D does not provide a misleading impression of the overall nutritional quality of cereals.

Standard 1.2.7 requires any foods containing health claims to meet the NPSC. This is intended to prevent health claims being made on foods that are inconsistent with national nutrition policies, such as the Australian Dietary Guidelines⁴. These Guidelines recommend that Australians should consume a wide variety of nutritious foods from the five food groups and limit the intake of foods containing saturated fat, added salt and added sugars.

Application of the NPSC to breakfast cereals when fortifying with vitamin D facilitates healthier composition of these everyday foods, consistent with the recommendations of the Australian Dietary Guidelines and the Ministerial Policy Guideline for the Fortification of Food with Vitamins and Minerals, with specific regard to the following:

- *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 and*
- *Permission to fortify should not promote consumption patterns inconsistent with the nutrition policies and guidelines of Australia and New Zealand⁴.*

The NPSC provides a useful tool in determining whether a product is suitable for fortification and provides greater consistency in the Code than an alternative tool.

Impact of NPSC on vitamin D fortification on breakfast cereal manufacturers

- 2) *What are the positive and negative impacts on the breakfast cereal industry of permitting vitamin D in all breakfast cereal?*
- 3) *How (if at all) would these impacts differ if the permission were to be restricted to breakfast cereal that meets the NPSC? Please provide data or evidence to support your response.*

n/a

Consumers' understanding or response to vitamin and mineral fortification

- 4) *What evidence do you have on the effects of added vitamins and minerals on consumers' perceptions of or choice of breakfast cereal product?*

⁴ NHMRC (2013) Eat for Health: Australian Dietary Guidelines.

- 5) *What, if any, is the difference in consumer's response to the presence or absence of vitamin D in food compared to their response to the presence or absence of other vitamins? Please provide the evidence used to inform your response.*

While FSANZ's research suggests that nutrition content claims do not alter consumers' perceptions of the healthiness of food products, the departments note the findings of Harris *et al.* (2011)⁵ that specifically relate to breakfast cereals marketed to children. Parents surveyed inferred that cereals with content claims were more nutritious overall and might provide specific health-related benefits for their children; and these beliefs predicted greater willingness to buy the cereals. Specifically for calcium and vitamin D content claims, 80% of respondents reported that a breakfast cereal with content claims about these nutrients may help their children to build strong bones. Consumers were more likely to infer a health claim from nutrient content claims related to calcium and vitamin D (presented together) than claims relating to wholegrains and fibre. FSANZ is referred to this paper for further information on consumers understanding of vitamin fortification.

In conclusion, the departments support the requirement for breakfast cereals seeking to fortify with vitamin D to meet the NPSC.

⁵ Harris JL, Thompson JM, Schwartz MB, Brownell KD (2011) Nutrition-related claims on children's cereals: what do they mean to parents and do they influence willingness to buy? *Public Health Nutr.* 14(12):2207-12