Submission 5

11 December 2015

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Dear Ms Honeyman

It is a pleasure to contribute on behalf of Diabetes Queensland to the inquiry into the *Health Legislation Amendment Bill 2015*, specifically the parts relating to the *Food Act 2006*.

Diabetes Queensland applauds these changes, which will see increased responsibility to show kilojoule content on menus.

The evidence from similar implementation in New South Wales is encouraging in successfully reducing kilojoule consumption by 15 per cent.

Lifestyle factors, not least of which is the increasing consumption of unhealthy food, are fuelling the epidemic of type 2 diabetes. Type 2 diabetes is the fastest growing burden on our health system. The prevalence of diabetes is forecast to grow by 207 per cent between the years 2003 and 2033[1]. Additionally, the impost on the health system is forecast to increase significantly, with the cost of treatment of type 2 diabetes set to rise in the same period by 436 per cent.[2]

In Queensland, diabetes already costs Queensland's health system $610 million per year, with much wider impacts on individuals, productivity, and other health burdens.

Need for consumer awareness

Diabetes Queensland welcomes the focus on consistency across both mandatory and voluntary participants in the scheme. However, there is also a need for increased consumer knowledge to ensure the efficacy of the scheme.

Fundamental to the success of the scheme is its ease of use, both by the business adopting the scheme, and the consumer trying to apply it to their choices.

The cornerstone of behavioural change is consumer awareness and knowledge that is both relevant and accessible. As Worsley states, "'education' encourages a different set of beliefs and values (or interests) among its participants".

[1] Goss J 2008. Projection of Australian health care expenditure by disease, 2003 to 2033. Cat. no. HWE 43.Canberra: AIHW.
[2] Goss J 2008. Projection of Australian health care expenditure by disease, 2003 to 2033. Cat. no. HWE 43.Canberra: AIHW.

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An important point to note is that nutrition knowledge is higher among nutrition seekers, and that nutrition labelling will be more successfully taken up by the non-target group.

For labelling to be successful, there has to be consumer awareness. A consumer may think they are eating healthily if their kilojoules tally up to any amount less than the recommended 8,700. In making an assumption, they may be disregarding the portion sizes they are ordering, or not factoring in their other meals for the say.

For this reason, Diabetes Queensland would support an education campaign. This should target the widest possible audience, in order to influence the behaviour of those least likely to change but most in need of the change.

The possibility of a pictorial or symbological representation should also be considered to reach the widest possible audience. This could be in the form of the star rating system, traffic lights, or even colour-coding the kilojoule number.

Application of the legislation

Diabetes Queensland would also support the gradual rollout of the scheme to other outlets. Initially though, Diabetes Queensland holds that convenience stores, sports venues, cinemas and service stations. It is important that these venues, which cater largely to impulse or quick consumption, participate. The food choices are these venues are also not geared towards the healthy options.

In order to create real change, the legislation needs to apply to the venues that are most likely to encourage unhealthy choices.

Diabetes Queensland would also argue for greater coverage in application, even if not in punitive measures. The consistency of seeing labelling at venues wherever practicable would embed the message for consumers.

While limiting applicable organisations by size may be the best course of action in punitive terms, Diabetes Queensland would like to see the scheme encouraged beyond these terms. Universal use of the scheme is the best way to ensure choices are made in context, regardless of the venue.

The difficulties faced

An American study summarised the difficulties in labelling as "nutritional concerns, per se, are of less relevance to most people than taste and cost."[3]

It continues, "respondents reported that taste is the most important influence on their food choices, followed by cost. Demographic and health lifestyle differences were evident across all 5 importance measures. The importance of nutrition and the importance of weight control were predicted best by subject's membership in a particular health lifestyle cluster".[4]

Fast food is widely prevalent in our society. However, nearly all foods are more available in general. Fruit and vegetables, for example, as less seasonal than previously. Yet, the consumption of fast food continues to grow.

There are factors at play beyond availability, including the affordability of food, habitual consumption of fast food, convenience, and time constraints. Socio-economic factors cannot be discounted.

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[3] Glanz, K et al (1998) Why Americans Eat What They Do, Journal of American Dietetic Association *1998;98:1118-1126.*

The information therefore needs to target the widest possible reach of people, including people who have difficulty or reluctance in engaging.

Knowledge of concepts such as kilojoule intake and portion size are more familiar to people who want to make healthy choices than to the frequent consumers of fast food.

There needs to be consumer confidence in the system that a scheme does not just highlight the least unhealthy item on a particular establishment's menu, but rather encourages outlets to create actually healthy options to secure better ratings.

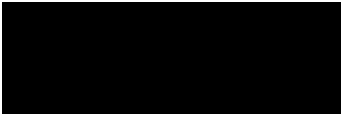
Again, the emphasis should be on reaching as many people as possible who are not particularly seeking change. The system needs to have relevance to people, and be able to fit into their immediate, often impulsive decision making.

There are a number of outcomes which would be beneficial from this scheme. One measure could be an increasing availability of healthier options through fast food outlets.

A decrease in kilojoule consumption could be obtained through changes of menus as well as changes of consumer behaviour.

The level of public education, awareness and engagement with the system is the ultimate goal.

Yours sincerely



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