



Nutrient Profiling – Food Standards Agency Consultation

Please find below The British Dietetic Association's (BDA) response to the Consultation launched on the 25th November 2004 by the Food Standards Agency (FSA) on Nutrient Profiling

This response is following the format of questions posed by the FSA when seeking views from Stakeholders.

Overall The BDA welcomes this document and the work undertaken to date on this subject as it acknowledges that some form of guidance for the public to make informed choices is imperative if the public health agenda of disease prevention is to be addressed.

Q. What is your assessment of the scientific basis of the preferred model, and the way in which it has been developed?

We acknowledge that some form of signposting is required. There will not be a significant evidence base to form the foundation to this work due to the nature of the subject.

Testing the model against a range of indicator foods has produced anomalies, causing some doubt about the accuracy of the preferred model. These anomalies are likely to be more apparent if used to test whole meals, ready meals and other foods more likely to be eaten by children.

Have the appropriate nutrients been included?

After consultation we would agree this to be the case. However, the profiling looks at nutrients **and** fruits and vegetables. The latter are 'foods' and we assume, by implication that this means the nutrients in those foods e.g. vitamin C. Our other major concern is that 'food' is not always an indicator of 'nutrient consumption'. One can eat a lot of 'healthy food' and still have a diet which contains inadequate amounts of some essential nutrients.

Is the choice base (i.e. per 100gm) appropriate?

We would question whether 100gm is the most appropriate choice base. While this may be satisfactory for fruit and vegetables where a portion size is around 100gm, this is rarely the case for other foods. Some foods are taken in much smaller amounts, and some in much larger amounts. The public cannot understand food labels at present, so we must question the public's comprehension of such a complicated system.

We do not eat 'food' in isolation, for example we eat cereal with milk. Which of these foods would be signposted? Would they be signposted individually or together? If

the latter, then a serving is likely to be around 200g – 50g cereal and 150g milk. We would suggest that it is what is actually eaten that needs signposting.

Some foods, under the system may well get a green or amber light per 100g, but may easily fall into the red signpost if consideration were taken of the quantity eaten. This increases the nutrient intake of the food item significantly – ready meals, soups and pizzas fall into this category.

In some situations the system would classify foods as red which we would encourage as healthier alternatives e.g. low fat salad dressings and spreads. Use of the system may conflict with healthy eating advice given for particular foods.

In order to address some of these concerns it could be that the nutrient content of the food is expressed on the packet as a % of the GDA.

Whatever the outcome of this debate, there must be consistency of approach from all parties involved from the food manufacturing through to the retail food industry.

Is the balance between the scoring thresholds for the respective nutrients appropriate?

No, the banding is too rigid and too wide. The interim band is too wide with cut off points being based on 'a little' or 'a lot'. The potential for consumer confusion is very high. The system is ambiguous and the rigidity of the banding must be re-assessed.

What is your view of the effectiveness of the preferred model?

It has limited ability to achieve its aims. There has to be a consistency of approach to stop the public from being so confused about healthier food choices. The food industry (which has been involved with this work) must not go away and develop alternative models, moving ahead with their own initiatives and de-valuing any comprehensive FSA model.

Does the model succeed in appropriately classifying foods?

No, not always. It is acceptable for some individual foods items, but not for composite meals. People do not live on 'single food' items and the profiling must be tested on made up meals. For example, we do not eat burgers in isolation, but with a bread bun, fries or jacket potato and salad, therefore the profiling has to take place on the composite dish to be of value to the public and inform their choice.

Does the classification of any categories or groups of foods cause particular concern?

If there is no consistency then the profiling will not enhance healthy food choice. It would be difficult to use this model in other fields, for example school meals or fast food outlets.

It is also imperative that any work links to the Balance of Good Health and the eight Guidelines for Healthy Eating, again to support consistent messages.

What further developments or testing of the model do you consider necessary?

The model must be tested against a whole day's food intake as well as composite meals for accuracy and reliability, not just single foods.

Are there areas of improvement to the model that you consider necessary?

There needs to be coordination of approach with other projects on pack and consumer data, especially GDAs which are already present on many packs. Further work will also have to be done to refine the model if it is tested against a whole day's food intake.

In what ways might the model be tested to further assess its effectiveness?

A day's diet should be tested to ensure nutritional adequacy as per The Balance of Good Health. As already mentioned, the range of composite foods and meals tested needs to be expanded.

It may be helpful to expand the range of each band or even the number of bands to improve the sensitivity of the model.

This concludes the BDA's response to this document.

We support guidance for the public to enhance their ability to make informed choices. It is vital that the food industry is committed to working as requested with the FSA rather than antagonising dialogue.

The final outcome of any work must be simple, clear to understand and sit alongside other information on the food packaging. In this way the public is more likely to engage with the messages of healthy eating, rather than becoming sceptical and providing token gestures towards compliance.

Luci L. Daniels RD FBDA and Jane Eaton RD FBDA
On behalf of the British Dietetic Association

The Paediatric Specialist Group of the BDA are submitting a separate but supporting response to this document.