



Dietitians NZ



Ngā Tohunga Mātai Kai

2nd August 2017

Re: Five-year review of the Health Star Rating (HSR) System

Please note this submission was submitted via an online survey:

<https://consultations.health.gov.au/population-health-and-sport-division/five-year-review-of-the-health-star-rating-system/consultation/>

Dietitians NZ responded as follows to the questions drawn up by the HSR Advisory Committee:

HSRS Stakeholder Consultation Questions

1. Are there any significant barriers or limitations to including the HSR system on packaged foods? If yes, please describe and provide examples.

A significant barrier to including the HSR system on packaged foods is that it is a voluntary scheme. It is currently not present on all food products and research shows that this can discourage use and hamper consumer understanding of FOP labelling systems (1,2). Dietitians NZ recommends making the HSR system compulsory, so it is consistent across all foods.

One limitation is the lack of research on HSR that verifies HSR labelling results in consumers purchasing healthier food products. There have only been a few NZ studies or surveys carried out. One of them found the presence of the HRS label reduces customer preference no matter what the nutrient content is (1). This would be a significant deterrent for food companies to include the label on their food products in a voluntary system, and is a functional failure if the outcome is to encourage healthier food choices when making comparisons between products. We recommend more research in this area to inform its effectiveness.

Another limitation to the HSR system is the reliance on an educational campaign to inform the public how to use it. The educational campaign has had limited effectiveness to-date as research has found that many people do not understand the HSR system (3). The research found that 51% of the general population, 49% of people on a low income, 56% of Māori, and 31% of Pacific showed an accurate understanding.

References

1. Nutrition information and front-of-pack labelling: issues in effectiveness. 2016. Accessed from: <https://www.cambridge.org/core/journals/public-health-nutrition/article/nutrition-information-and-frontofpack-labelling-issues-in-effectiveness/274F716EC7D456CF4DFEAB2890C33712>
2. The Food Industry and Self-Regulation: Standards to Promote Success and to Avoid Public Health Failures. 2010. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804645/pdf/240.pdf>

3. Health Star Rating Monitoring and Evaluation. 2016. Accessed from: <http://www.hpa.org.nz/sites/default/files/Health%20Star%20Rating%20Monitoring%20and%20Evaluation.pdf>

2. Thinking about making comparisons between products in the supermarket, how appropriately are consumers using the HSR system? Please provide comments.

There is limited evidence around consumer understanding of the HSR system. A NZ research study found that consumers are not using the HSR system appropriately (1), the participants were not using the HSR system to make comparisons between similar food products at all, and rather they were treating it as a brand and making binary decisions (1). This finding is supported by other research on the Heart Foundation's Tick programme in Australia, which found that many shoppers believed the tick meant you could eat that food without restriction (2).

A monitoring report found that 51% of the general population, 49% of people on a low income, 56% of Māori, and 31% of Pacific showed an accurate understanding of the system (3). The report also noted that while the proportion of shoppers who correctly identify they cannot use the HSR to compare different types of products has improved since 2015, the majority still believe it can be used in this way. The system is currently not being used as intended in NZ and changes need to be made to ensure its success.

The 'as prepared' rule also adds difficulty for consumers wanting to make direct comparisons between products. For example, the HSR of hot chocolate mixes (more specifically Nestlé's Milo), which has a 4.5 star rating when prepared to the instructions of three heaped teaspoons and 200ml of trim milk. Another hot chocolate powder may have the same nutritional profile but is made with full fat milk and therefore has less stars. The standalone Milo product is only worthy of a 1.5 star rating, due to a combination of the high sugar and energy content (46g/100g & 1680kJ/100g respectively). It is also naïve of the industry to assume that consumers would make their product with trim milk, when 43.3% of NZ adults, and 74% of children consume full-fat milk, and only approximately 27% of adults, and 20% children use skim or trim milk (4,5).

As mentioned above because the HSR system is currently a voluntary system and customers are unable to make fully informed comparisons between products at the supermarket (6). Dietitians NZ recommends making the HSR system compulsory for all products, and expands to include non-packaged produce such as, meat, dairy products, fruit, and vegetables. Collateral, such as posters and labels could be developed for retail outlets to use at point-of-purchase for non-packaged produce. We also recommend removing the 'as prepared' rule.

References

1. Does the Australasian "Health Star Rating" Front of Pack Nutritional Label System Work? 2016. Accessed from: <http://www.mdpi.com/2072-6643/8/6/327/htm>
2. Noakes M, Crawford DA. The National Heart Foundation's 'Pick the Tick' program. *Food Australia*. 1991; 43(6):262–6.
3. Health Star Rating Monitoring and Evaluation. 2016. Accessed from: <http://www.hpa.org.nz/sites/default/files/Health%20Star%20Rating%20Monitoring%20and%20Evaluation.pdf>
4. University of Otago & Ministry of Health. 2011. A Focus on Nutrition: Key findings of the 2008-09 New Zealand Adult Nutrition Survey. Wellington: Ministry of Health.
5. Ministry of Health. 2003. NZ Food NZ Children: Key results of the 2002 National Children's Nutrition Survey. Wellington: Ministry of Health.

6. The Food Industry and Self-Regulation: Standards to Promote Success and to Avoid Public Health Failures. 2010. Accessed from:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804645/pdf/240.pdf>

3. Has stakeholder engagement to date been effective in providing information about the system and addressing stakeholder implementation issues? Please describe how, including examples where appropriate.

NA

4. How effective has the implementation of the HSR system to date been in meeting the overarching objective of the HSR system? Please rate below.

2 = unsatisfactory

To date evidence shows that the HSR system has not been effective. As mentioned earlier some research has found that the HSR system has reduced consumer preference for a product, consumers are unable or unwilling to compare food products, and consumers are using the HSR system as a brand (1). A monitoring and evaluative report found that 51% of the general population, 49% of people on a low income, 56% of Māori, and 31% of Pacific showed an accurate understanding of the system (2). Vulnerable population groups are more likely to purchase products based on price and the knowledge their family will use it (3). Furthermore, the algorithm currently allows products to get ratings, which are inconsistent with national eating guidelines (4).

A mandatory system is required to enable consumers to effectively compare products.

References

1. Does the Australasian “Health Star Rating” Front of Pack Nutritional Label System Work? 2016. Accessed from: <http://www.mdpi.com/2072-6643/8/6/327/htm>
2. Health Star Rating Monitoring and Evaluation. 2016. Accessed from: <http://www.hpa.org.nz/sites/default/files/Health%20Star%20Rating%20Monitoring%20and%20Evaluation.pdf>
3. Lanumata T, Robinson J, Tavila A, Signal L, Wilton J. *Evaluation of the Effectiveness of “Pick the Tick” as a Guide to Healthy Food Choices for Maori, Pacific and Low-income Peoples*. Wellington (NZ): University of Otago; 2006.
4. Incorporating Added Sugar Improves the Performance of the Health Star Rating Front-of-Pack Labelling System in Australia. 2017. Accessed from: <http://www.mdpi.com/2072-6643/9/7/701/htm>

5. Do you think the HSR currently scores foods appropriately? Please provide evidence to support your response.

In some cases the HSR system conflicts with the messages in the Eating and Activity Guidelines for NZ Adults (1). Please refer to example in question 2 highlighting the problems with the ‘as prepared’ rule. Other examples of anomalies include:

Some breakfast cereals, for example, the Milo breakfast cereal and the Kellogg’s Special K Original both receive 4-star ratings, however, contains significantly more sugar and saturated fat (26.9g sugar in Milo vs. 14.5g in Special K; 1.3g saturated fat in Milo vs. 0.14g in Special K). This is in conflict with recommended intakes, especially as the NZ population already exceeds recommendations for sugar intake (30g/day: adults, 24g: 7-10 year olds, and 19g: 4-6 year olds)(2). Another example is Nutri-Grain that has a high-sugar level of 27.6g, yet receives a 4.

Nut products. The Eating and Activity Guidelines for NZ Adults recommend reducing and limiting our salt intake. However, roasted, salted nuts only receive 0.5 stars less than raw and unsalted.

Some products that the Eating and Activity Guidelines for NZ Adults recommend to limit receive high star ratings. For example, 100% fruit juice receives 5-stars and Hells Pizza 'The Saviour Pizza' receives 4-stars. Whereas, frozen fruit receives a 4. This is problematic considering a large proportion of the population do not understand how to use the HSR system appropriately at the moment (please refer to question two).

References

1. Ministry of Health. 2015. Eating and Activity Guidelines for New Zealand Adults. Wellington: Ministry of Health. Accessed from: <http://www.health.govt.nz/publication/eating-and-activity-guidelines-new-zealand-adults>
2. University of Otago and Ministry of Health. 2011. A Focus on Nutrition: Key findings of the 2008/09 New Zealand Adult Nutrition Survey. Wellington: Ministry of Health.

6. Can you suggest how the algorithm and/or the generation of a star rating might be improved? Please provide worked examples illustrating the effect of any modifications you propose.

Dietitians NZ would like to recommend including added sugar in an updated HSR algorithm as research has found that this leads to better consumer discrimination between core and discretionary foods, which aligns with national eating guidelines (1).

Dietitians NZ would like to recommend increasing the weighting of, or adding thresholds for negative nutrients, in particular sugar, sodium, and saturated fat, due to the anomalies in the HSR system mentioned in question 5. Another option could be to reduce the weighting of protein as the majority of New Zealanders have adequate protein intakes (2). For example, when protein is added to a chocolate-coated breakfast cereal the algorithm should only marginally improve the star rating.

References

1. Incorporating Added Sugar Improves the Performance of the Health Star Rating Front-of-Pack Labelling System in Australia. 2017. Accessed from: <http://www.mdpi.com/2072-6643/9/7/701/htm>
2. University of Otago and Ministry of Health. 2011. A Focus on Nutrition: Key findings of the 2008/09 New Zealand Adult Nutrition Survey. Wellington: Ministry of Health.

7. Is the HSR Calculator easy for industry to use? If not, why not.

NA

8. Are the process and guidance documents for the HSR system (HSR system Style Guide, Guide for Industry to the HSR Calculator, artwork file, anomaly process and dispute process) adequate and do they provide clear guidance? Please provide detail and examples to support your answer, and rate any of the materials you are familiar with.

NA

9. Do you think the informative elements provide additional useful information to consumers? If not, why not? Please provide evidence to support your response.

Evidence for successful front-of-pack labelling systems is stronger for interpretive-systems, particularly traffic-light systems (1,2,3,4). Therefore, the additional informative elements could be

useful for consumers, as they help with consumer interpretation. However, there is no research on consumer understanding and use of the HSR informative elements.

If informative elements are to be used they need to be included in the HSR graphic on all products. For example, industry is only allowed to use Option 1 (HSR + energy icon + 3 prescribed nutrient icons + optional nutrient) or Option 2 (HSR + energy icon + 3 prescribed nutrient icons). To help with consumer understanding the 3 prescribed nutrients could be colour coded as green, red and orange, as research shows that consumers have difficulty with interpreting nutrient levels when making purchase decisions (5).

Of note, Dietitians NZ recommends removing the energy icon from the HSR system, as it is not well understood by consumers (6,7). Furthermore, focusing on the energy content of food is not consistent with NZ Ministry of Health's recommended approach to weight management (8).

Dietitians NZ would like to re-iterate the importance of making the system mandatory, and phasing out other alternative-labelling systems. Research shows that multiple and different labelling systems add to customer confusion and can undermine the goals of the system (9).

Dietitians NZ would like to commend the HSR system for using per 100g/100ml.

References

1. Obesity prevention and personal responsibility: the case of front-of-pack food labelling in Australia. 2010. Accessed from: <https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/1471-2458-10-662?site=bmcpublichealth.biomedcentral.com>
2. 'Traffic-light' nutrition labelling and 'junk-food' tax: a modelled comparison of cost-effectiveness for obesity prevention. 2010. Accessed from: <http://dro.deakin.edu.au/eserv/DU:30032370/sacks-trafficlight-2010.pdf>
3. Evidence Snapshot. 2012. Accessed from: <http://ana.org.nz/wp-content/uploads/2016/08/ANA-Food-Labelling-Snap-Shot-Final.pdf>
4. Bridget Kelly, Clare Hughes, Kathy Chapman, Jimmy Chun-Yu Louie, Helen Dixon, Jennifer Crawford, Lesley King, Mike Daube, Terry Slevin; Consumer testing of the acceptability and effectiveness of front-of-pack food labelling systems for the Australian grocery market. *Health Promot Int* 2009; 24 (2): 120-129.
5. Nutrition labels and claims in New Zealand and Australia: a review of use and understanding. 2007. Accessed from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2007.00026.x/full>
6. Consumer understanding and use of nutrition labelling: a systematic review. 2004. Accessed from: https://www.researchgate.net/profile/Gill_Cowburn/publication/8028200_Consumer_understanding_and_use_of_nutrition_labelling_A_systematic_review/links/0c9605278c3630eab3000000.pdf
7. TNS Social Research. 2007. *Technical Report: Consumer Research on Percentage Daily Intake Qualitative Research into the Interpretation of %DI and %RDI Labelling*. Canberra: Food Standards Australia New Zealand. This report can be found at: <https://www.foodstandards.gov.au/consumer/labelling/nutrition/documents/P293%20PFAR%20Att%20%20-%20Technical%20Report%20Consumer%20Research.pdf>
8. Ministry of Health, Clinical Trials Research Unit. 2009. *Clinical Guidelines for Weight Management in New Zealand Adults*. Wellington: Ministry of Health. Accessed from:

<http://www.health.govt.nz/system/files/documents/publications/weight-management-adults-guidelines.pdf>

9. Evidence Snapshot. 2012. Accessed from: <http://ana.org.nz/wp-content/uploads/2016/08/ANA-Food-Labeling-Snap-Shot-Final.pdf>

10. Is the HSR graphic easy to understand for all consumers, including people from a non-English speaking background and those with low levels of literacy? If not, why not?

No, the HSR graphic is not easy to understand for all consumers as it stands currently. As mentioned in previous questions, research shows that a large proportion of people in the general population do not understand the system (1).

Of note, NZ research on the tick programme found Māori, Pacific and low-income New Zealanders rarely use nutrition labels to assist them with their food purchases (2). Lack of time to read labels, lack of understanding, shopping habits, and the perceived high cost of healthy foods made looking at food labels largely irrelevant for these groups. Therefore, nutrition labels appear to be failing to meet the needs of those who need them most and are likely to be contributing to increasing health inequalities.

Colour-coded schemes are easy to understand by most consumers and have more supportive evidence behind them (3,4). Therefore, incorporating some colour-coding into the HSR system could help to improve understanding by all consumers. For example, colour coding the stars as red, orange and green to indicate quality of overall product, or if informative elements and 3 prescribed nutrients are made compulsory colour coding the nutrients depending on their level.

References

1. Health Star Rating Monitoring and Evaluation. 2016. Accessed from: <http://www.hpa.org.nz/sites/default/files/Health%20Star%20Rating%20Monitoring%20and%20Evaluation.pdf>
2. Lanumata T, Robinson J, Tavila A, Signal L, Wilton J. *Evaluation of the Effectiveness of "Pick the Tick" as a Guide to Healthy Food Choices for Maori, Pacific and Low-income Peoples*. Wellington (NZ): University of Otago; 2006.
3. Policy Brief: producing and promoting more food products consistent with a healthy diet. 2014. Access from: <http://www.who.int/nmh/ncd-coordination-mechanism/Policybrief32.pdf>
4. Evidence Snapshot. 2012. Accessed from: <http://ana.org.nz/wp-content/uploads/2016/08/ANA-Food-Labeling-Snap-Shot-Final.pdf>

11. Is the HSR graphic easy for food manufacturers to implement on packaging? If not, why not?

NA

12. How effectively are the key messages of the HSR system communicated to different stakeholders (consumers, industry, government and public health groups)? Please clearly outline whether your response relates to the Australian or New Zealand campaign.

As mentioned in questions two and three consumer understanding is limited, and more research is needed to fully assess consumer understand and use. A report commissioned by the Health Promotion Agency found that 67% of people know that the product with more stars was healthier and that when compared to 2015, more shoppers now understand the HSR should not be used to compare products in different categories. However, two in three still believe this is the case (1).

References

1. Health Star Rating Monitoring and Evaluation. 2016. Accessed from: <http://www.hpa.org.nz/sites/default/files/Health%20Star%20Rating%20Monitoring%20and%20Evaluation.pdf>

13. Are the government communication resources and materials for the HSR system useful and meaningful i.e. campaign material, stakeholder kit, website, fact sheets etc.? Please note whether these resources are part of the marketing campaign in Australia, New Zealand, or both.

The HSR communication resources do not include information about the Eating and Activity Guidelines. Including material would help to make the HSR more meaningful and easier to interpret for consumers.

As mentioned in question two collateral with information to complement the HSR system could be made for use at point-of-purchase in retail outlets. For example, posters and labels.

14. Do you think there are additional opportunities to monitor the HSR system? If so, please provide examples of what the opportunities are, and how additional monitoring may be conducted

Dietitians NZ would like to draw the HSR Advisory Committee's attention to a research paper highlighting eight standards that should be met if self-regulation is to be effective. In particular, to the best practice accountability and objective evaluation measures which include (1):

- Mandatory public reporting of adherence.
- Built-in and transparent procedures for outside parties to register objections to self-regulatory standards or their enforcement.
- Objective evaluation of self-regulatory benchmarks by credible outside groups not funded by the industry to assess health, social and economic outcomes.
- Periodic assessments/audits to determine compliance and outcomes.

The paper recommends that transparent self-regulatory standards are created by a combination of scientists (not paid by industry) and representative of leading NGOs, parties involved in global governance (e.g. World Health Organization, United Nations Food and Agriculture Organization), and industry (1). Dietitians NZ would also like to advocate for dietetic representation on the HSR Technical Advisory Group. If the HSR system were to be made mandatory a comprehensive plan would need to be in place.

A potential avenue for outcome measures is including questions on HSR understanding and use in the NZ Health Survey or other large scale health monitoring surveys conducted by the Ministry of Health.

References

1. The Food-Industry and Self-Regulation: Standards to Promote Success and Avoid Public Health Failures. 2010. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804645/>

15. Do you consider the operational structure of the HSR system, including the effectiveness of HSRAC and the New Zealand HSR Advisory Group and their associated working / sub groups, appropriate?

NA

16. What options may be appropriate for the future governance and administrative arrangements for the HSR system?

An addition that may be useful would be the involvement or oversight by an appropriate global regulatory or health body, such as the World Health Organization and the United Nations Food and Agriculture Organization.

References

1. The Food-Industry and Self-Regulation: Standards to Promote Success and Avoid Public Health Failures. 2010. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804645/>

17. To what extent do you agree that the HSR is, or has the potential to be, a successful public health intervention? If not, why not?

The HSR system has the potential to form part of a successful public health intervention, however, overall the system in isolation would have limited success as a public health intervention at a population level (1,2). Front-of-pack labelling systems can help to inform consumers and improve the nutritional quality of commercial recipes but research and international best-practice recommendations tell us that education does not equate to a change in behaviour and additional measures are essential to make changes to population health (1,3). It is important to be aware that industry will often argue that informing consumers is all that is required for behaviour change to occur (1,4). Furthermore, the global burden of disease is attributable to lack of consumption of fresh foods, such as fruit and vegetables (5,6,7). Packaged foods only form part of the picture and the HSR intervention should be accompanied by interventions which aim to improve the affordability and accessibility of healthy foods, particularly fruit, vegetables, and other fresh products (7), and communicate the national Eating and Activity Guidelines.

Dietitians NZ recommends making some changes to the HSR system to ensure that it is a high-quality component of a larger national public health intervention to address obesity and nutrition. For Front-of-Pack labelling systems to be successful they need to be mandatory, otherwise the system can actually reduce consumers understanding of food labels and discourages use (8). Some research shows that consumers are using the tool as a “brand”, and as the HSR system is only on certain foods at present it is simply functioning as an advertising tool rather than a public health intervention (9). This is supported by a recent monitoring report which found that nearly half of shoppers think the HSR is just something companies use to sell more products (10).

A mandatory system would also add to its success as a public health intervention if it was combined with something like a fiscal tax system for drinks high in sugar (11).

Research shows that for food reformulation and interpretive labelling to be successful it also needs include food and drinks eaten in fast food and franchise restaurants as well as packaged foods (1). Dietitians NZ recommends extending the programme to be mandatory for fast food and franchise units and include this in the public marketing campaign.

References

1. Obesity prevention and personal responsibility: the case of front-of-pack food labelling in Australia. 2010. Access from: <https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/1471-2458-10-662?site=bmcpublichealth.biomedcentral.com>
2. The global obesity pandemic: shaped by global drivers and local environments. 2011. Accessed from:

http://s3.amazonaws.com/academia.edu.documents/40552232/The_global_obesity_pandemic_Shaped_by_gl20151201-9718-1f405v.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1500251278&Signature=FXQ1dq5tVcRkjZyMLmg4vJDwsqw%3D&response-content-disposition=inline%3B%20filename%3DThe_global_obesity_pandemic_shaped_by_gl.pdf

3. Impact of different food label formats on healthiness evaluation and food choice of consumers: a randomized-controlled study. 2009. Accessed from: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-184>
4. The Food Industry and Self-Regulation: Standards to Promote Success and to Avoid Public Health Failures. 2010. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804645/pdf/240.pdf>
5. The global burden of disease attributable to low consumption of fruit and vegetables: implications for the global strategy on diet. Bulletin of the World Health Organization | February 2005, 83 (2). Accessed from: <http://www.who.int/bulletin/volumes/83/2/100.pdf>
6. World Health Organization, Food and Agriculture Organization of the United Nations. Diet, Nutrition and the Prevention of Chronic Diseases 2003. Accessed from: http://apps.who.int/iris/bitstream/10665/42665/1/WHO_TRS_916.pdf
7. Policy Brief: producing and promoting more food products consistent with a healthy diet. 2014. Access from: <http://www.who.int/nmh/ncd-coordination-mechanism/Policybrief32.pdf>
8. Nutrition information and front-of-pack labelling: issues in effectiveness. 2016. Accessed from: <https://www.cambridge.org/core/journals/public-health-nutrition/article/nutrition-information-and-frontofpack-labelling-issues-in-effectiveness/274F716EC7D456CF4DFEAB2890C33712>
9. Does the Australasian “Health Star Rating” Front of Pack Nutritional Label System Work? 2016. Accessed from: <http://www.mdpi.com/2072-6643/8/6/327/htm>
10. Health Star Rating Monitoring and Evaluation. 2016. Accessed from: <http://www.hpa.org.nz/sites/default/files/Health%20Star%20Rating%20Monitoring%20and%20Evaluation.pdf>
11. NZ Beverage Guidance Panel. (2014) Policy Brief: options to reduce sugar sweetened beverage consumption in New Zealand. Pac Health Dialog.

18. Does the HSR graphic help consumers choose healthier foods? If not, why not?

Please refer to question two. Furthermore, as mentioned in question 17 front-of-pack labelling systems have limited success as a stand-alone intervention to encourage healthier food purchases. Further research is needed to determine the answer to this question.

19. Do you think the HSR will encourage positive reformulation of foods by industry? Please provide evidence supporting your response.

Evidence from the voluntary Heart Foundation Tick programme found that some positive food reformulation took place for some cereals, breads, and margarines. There is evidence that the HSR system has created some positive food reformulation for dairy products, sauces and spreads, and cereals (1). However, Dietitians NZ would like to caution the HSR Advisory Committee that food reformulation is insufficient as a stand-alone intervention to create healthy diets. The World Health Organization recommends implementing additional measures that address affordability and accessibility of healthy foods, particularly fresh produce such as fruit and vegetables (2).

References

1. Health Star Rating – Monitoring Report. 2017. Accessed from: <https://www.mpi.govt.nz/document-vault/17635>
2. Policy Brief: producing and promoting more food products consistent with a healthy diet. 2014. Access from: <http://www.who.int/nmh/ncd-coordination-mechanism/Policybrief32.pdf>

20. Please provide any other material relevant to the review.

NA

Survey completed by:

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