



Review of ‘front of pack’ nutrition schemes

European Heart Network

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This report was prepared for the European Heart Network (EHN) by Lynn Stockley. The recommendations, set out in the beginning of the report, are based on a consultation amongst the members of the EHN. They relate to both the information presented in this report and to the findings of the systematic review of the research on consumer understanding of nutrition labelling which EHN published in 2003.

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and other concerned non-governmental organisations throughout Europe. EHN has 31 member organisations in 26 countries.

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Recommendations

The European Heart Network (EHN) recommends that a mandatory front of pack nutrition scheme should be developed as part of the EC's amended nutrition labelling proposals. This should be in addition to mandatory full nutrition labelling (8 nutrients) on the back of pack. The scheme should:

- apply to the vast majority of packaged foods including packaged foods in catering outlets
- provide information about those nutrients about which there is public health concern: for example energy, fat, saturated fat, added sugars, and sodium
- provide information in a format which has been demonstrated to be helpful to consumers in assessing the nutritional contribution of a product to their overall diet.

In order for there to be a mandatory front of pack nutrition scheme there will need to be agreement about:

- the foods covered by the scheme
- the criteria for the way nutrient information is provided
- the format for the way the nutrient information is provided.

SUMMARY

Background

The purpose of this review was to gain insights into the extent to which ‘front of pack’ schemes are used, the way in which such schemes might operate; presentational issues (i.e. the format e.g. traffic lights, descriptive words, symbols); the nutritional criteria used; and whether there has been any developmental research or evaluation.

Only one systematic review of consumer perception of food labelling has been carried out (Cowburn & Stockley, 2005). This suggests that consumers do look at ‘back of pack’ nutrition information on labels, and can understand some of the terms used but are confused by others. Most appear to be able to retrieve simple information and make simple calculations and comparisons between products using numerical information, but their ability to accurately interpret the nutrition label is reduced as the complexity of the tasks increases. Consumers seemed to find it particularly difficult to use nutrition label information to place an individual product into the context of their overall diet. Using some kind of benchmark helped consumers make this kind of judgement.

Over the last 15 years there has been a slow move towards interpretative ‘front of pack schemes’. Some manufacturers have begun to use interpretative numerical information on the front of packs, for example comparison of the nutrient content of the food with guideline daily amounts. However, this review focuses on the two main approaches which have been developed, and which use simple verbal or visual formats (e.g. words like HIGH –MEDIUM-LOW, or symbols, or traffic lights) Research comparing these with numerical schemes has been included where relevant. The terminology used in relation to this aspect of labelling is not well established, and the terms which are used to describe the two main approaches in this report are as follows:

1. **‘Banding’** (also called **‘nutrient signposting’**) schemes are often applied to specific nutrients e.g. an indication of fat level, and an indication of salt level, and an indication of sugar level. Some schemes have also been developed and tested, which integrate information about different nutrients to give an overall score that can be used to ‘band’ the food. A characteristic of all banding schemes is that they are designed to be comprehensive i.e. to indicate levels in as many foods as possible.
2. In contrast, **‘Point of purchase’** (also called **‘integrative’**) schemes only indicate those foods that are the ‘healthy’ or ‘healthier’ choices, and provide integrated information about a range of nutrients, usually by the use of a logo. i.e. these schemes are often only used in a positive way, and are not comprehensive.

Key findings

Research findings: BEUC, the European Consumers' Organisation, carried out a survey in 5 European countries in 2005. 77% of those who believed that nutrition

labelling should be improved wanted to see an indicator on food packaging to highlight its nutritional quality, for example a simplified labelling system indicating whether fat, sugar, or salt levels are high, medium or low. Even those people who said they were not interested in nutrition expressed a preference for this type of simplified labelling system (BEUC 2005). Similarly, research by the European Food Information Centre (European Food Information Council, 2004) indicated the need for simple, easy to use information, and warned against providing more numbers. Several Member States have undertaken research with consumers on their needs in relation to nutrition labelling, and as a result some are working to develop simpler systems to be used on the front of pack (Council of the European Union, 2005). The United Kingdom in particular has undertaken extensive research, including testing different formats such as comparing the numerical guideline daily amounts with ‘multiple’ traffic lights (i.e. a traffic light for each of the selected nutrients). The traffic light system performed best in helping consumers make healthier choices (Food Standards Agency, 2006).

The systematic review mentioned earlier (Cowburn & Stockley, 2005) and other sources identified in this Report, indicate that consumers prefer fee-free schemes run by credible and authoritative sources, which include clear guidance about how the schemes are intended to be used

Details of individual schemes: Appendix 1 of this Report summarises the non-commercial schemes that were identified. Commercial schemes have not been described in detail in this review because: they are numerous; can be ephemeral; their underpinning criteria are not always publicly available; and the criteria can change from year to year. However, some examples are provided in Appendix 2.

Banding vs point of purchase schemes: This review found more point of purchase than banding approaches. Feedback from European Heart Network members indicates that this may be largely because it is easier to work with industry on schemes that focus on positive promotion of certain foods, rather than schemes that comprehensively cover all foods.

Parameters for schemes: The banding and point of purchase schemes identified in this review have used a mixture of ‘food category specific’ (i.e. criteria which apply to foods within specific food categories) and ‘across the board’ nutrition criteria (i.e. criteria which apply across all foods and categories). All of the schemes which were identified used models which set threshold points for levels of nutrients which define whether products are or are not eligible for the scheme. The most commonly used nutrients for which criteria were set, were total fat, saturated fat, fibre, total or added sugars, and sodium.

National government schemes: The most established government backed scheme is the Green Keyhole in Sweden, which is a point of purchase approach that has been running since 1989. Recently the Food Standards Agency in the UK has invested in a research programme to test consumer acceptability and the effectiveness of different front of pack approaches. It has recommended the use of a three level banding scheme, indicated by four ‘traffic lights’, one for each of four nutrients (fat, saturated fat, total sugar, and salt). The levels for the different bands are, where relevant, based on the current EU proposal on Nutrition and Health claims, so that the scheme is

compatible with proposed legislation. Governments of several other Member States are actively developing or evaluating schemes.

Non-governmental organisations: NGOs, particularly those concerned with heart health, have been in the lead in developing ‘front of pack schemes’. Points of purchase schemes of this type exist in Australia and New Zealand, Canada, Finland, Slovenia, and the USA. Several of these have to charge a fee to participating companies to cover their costs, but this results in self selected participation by companies and cynicism on the part of some consumers has been reported.

One heart health charity in the UK, the Coronary Prevention Group, systematically developed a banding scheme based on dietary recommendations, and using verbal indicators (Low, Medium Low, Medium High, and High). This has been adapted by at least one retailer, for its own banding scheme.

Food industry: Point of purchase schemes are widely used by retailers and some manufacturers in many European countries, and are often called ‘healthy living’ brands. There is little consistency between the schemes, so a consumer can purchase a product which is indicated as ‘healthy’ in one outlet, but the same product would not qualify in another outlet. Retailers and manufacturers use banding approaches less widely. There has been a move in the commercial sector to providing ‘front of pack’ numerical information showing the nutritional contribution of products to guideline daily amounts.

1 Background

1.1 Introduction

In 2002 the European Heart Network (EHN) commissioned a systematic review of nutrition labelling in order to inform its policy position. The review focused on published and unpublished research into consumer understanding of nutrition labelling, applicable to a European setting. The results were published as both an EHN report (Cowburn & Stockley, 2003), and as a scientific paper in a peer reviewed journal (Cowburn & Stockley, 2005)

103 papers were identified that reported on consumer understanding or use of nutrition labelling, most originating from North America or northern Europe. Only a few studies (9%) were judged to be of high or medium high quality. Reported use of nutrition labels by consumers was high but more objective measures suggested that actual use of nutrition labelling during food purchase may be much lower. Whether or not consumers can understand and use nutrition labelling depends on the purpose of the task. Available evidence suggests that consumers who do look at nutrition labels can understand some of the terms used but are confused by other types of information. Most appear to be able to retrieve simple information and make simple calculations and comparisons between products using numerical information, but their ability to accurately interpret the nutrition label reduced as the complexity of the tasks increase. The addition of interpretational aids like verbal descriptors and recommended reference values helps in product comparison and in putting products into a total diet context. Overall it was concluded that improvements in nutrition labelling could make a small but important contribution towards making the existing point-of-purchase environment more conducive to the selection of healthy choices. In particular, interpretational aids can help consumers assess the nutrient contribution of specific foods to the overall diet.

In January 2003, the Commission launched a consultation among Member States and stakeholders with a view to preparing a proposal amending Council Directive N° 90/496/EEC on nutrition labelling. The overall objective for this revision is stated to be ‘to improve the existing nutrition labelling rules in order to facilitate consumer understanding and informed choice’. It is expected that the Commission will present a proposal for an amended nutrition labelling Directive, probably not before 2007.

1.2 Types of ‘front of pack’ schemes included

The earlier EHN review indicated the potential usefulness for consumers of labelling schemes which ‘interpreted’ nutritional information. One such approach which is being discussed, and actively investigated in some countries, is the use of **banding** (also called ‘**nutrient signposting**’) on labels to indicate different levels of nutrients. Some schemes have also been developed and tested, which integrate information about different nutrients to give an overall score that can be used to ‘band’ the food. These levels can be represented using various formats e.g. by words e.g. HIGH or MEDIUM or LOW, or by visual representations e.g. RED or AMBER or GREEN. A

characteristic of 'banding' and similar schemes is that they are designed to be comprehensive i.e. to indicate levels in as many foods as possible, spanning the range of possible nutrient content. The schemes thus differ from nutrient content claims that indicate only one level e.g. low in fat, high in fibre. However, the levels for nutrient content claims may be used as one or more of the banding criteria.

Another type of scheme is often called a '**point of purchase**' initiative (sometimes called an '**integrative**' approach). The key difference between this type of scheme and the 'banding' approach is that point of purchase schemes usually only indicate those foods which are the 'healthy' or 'healthier' choice, and that they provide integrated information about a range of nutrients. Each nutrient can, of course, be defined by very similar nutrient criteria to one of the bands in a banding scheme. Point of purchase schemes generally use a logo to indicate 'healthy' or 'healthier' foods, for example a heart or a tick.

The purpose of this review was to gain insights into the extent to which interpretative 'front of pack' approaches have already been used, current proposals, the way in which such schemes might operate, presentation (i.e. the format e.g. traffic lights, descriptive words, symbols), the criteria used, and whether there has been any developmental research or evaluation.

There has recently been a move by some manufacturers and retailers to place interpretative numerical information on the front of packs whereas previously it had appeared on the back e.g. a comparison of the product with guideline daily amounts. Research on this approach has been described in the relevant sections, where appropriate.

1.3 Key components of 'front of pack' schemes

Recently there has been a great deal of interest in 'nutrient profiling', which it is suggested can be defined as 'the science of categorising foods according to their nutritional composition' (Scarborough *et al.*, in press). Banding and point of purchase schemes use nutrient profiling as their basis, and it is appropriate to consider their components against those proposed by Scarborough et al. These are:

- the purpose of the scheme
- the group or population the purpose is relevant to
- whether food category specific or across-the-board criteria are used
- which nutrients and other food components are included
- which base or combination of bases (e.g. per 100g, per serving or per 100kJ) should be used
- the type of model used (e.g. one using a 'threshold' for nutrient/food criteria, or one which allocates 'scores' to different levels of nutrient/food criteria and integrates these scores into a final number. This number is then compared with cut off points for acceptability)
- the basis of the numbers used for the criteria, and the numerical criteria themselves.

In the case of banding and point of purchase schemes, the first component – the purpose – is to interpret nutrition labelling so that consumers find it easier to use in interpreting the nutritional contribution of a food to their overall diet. The second component – the group or population – is almost invariably the general population. The remaining 5 components differ with different schemes, and will be used as a basis for analysing the schemes identified in this review, together with the format (presentation) of the scheme.

1.4 Aims and Objectives

1.4.1 Aims

The aim is to carry out a review of unpublished and published literature and web based information, covering nutrition banding and point of purchase schemes on labels which present information on levels of nutrients within foods. The review is not systematic, but aims to collect and look in-depth at all available information relevant to the European situation.

1.4.2 Objectives

- to assess the extent to which the banding and point of purchase approaches have already been used, either on the front of food labels or with the potential for use on front of pack, and provide examples if possible
- to collect information about relevant work in progress
- to present information on how schemes might operate, for example on which nutrient or combinations of nutrients, whether the same numerical basis would apply across all food categories, or differ with specific food categories
- to collect information on possible presentations of schemes
- to present any relevant developmental or evaluation data which is identified in the course of the review.

2. Methodology

2.1 Scope of the review

The review included information from the USA, Canada, Australia, and New Zealand, as well as European countries. Only information available in English was included.

2.2 Web based searches

The websites for relevant government agencies from the regions listed above were searched, along with those for relevant international organisations.

A 'Google' search was carried out using the following terms:

(nutrition OR food) AND (label OR labelling OR labeling) AND (banding OR signposting OR "point of purchase" OR "front of pack" OR "traffic lights").

Additional searches were subsequently carried out for:

"food information" AND (program OR programmes)

"food approval" AND (program OR programmes)

2.3 Literature searches

These were carried out on a personally held database, in PubMed, and using CABI. Searches were made for information published since 2000, although some key documents predating this were also included.

2.4 Contacts in Europe

EHN member organisations and contacts were asked whether they were aware of relevant initiatives in their country or neighbouring countries, and to provide any information or leads where possible.

3 Results

The results are presented by region: Europe, North America, and Australia/New Zealand. Within each of these, relevant work on banding and point of purchase schemes is described. As well as being described in the text, the key components of specific schemes are summarised in Appendix 1.

The first section summarises the findings of relevant systematic and literature reviews.

3.1 Reviews of front of pack schemes

There has only been one systematic review which covers this area, and this explored published and unpublished research into consumer understanding and use of nutrition labelling which is culturally applicable in Europe (Cowburn & Stockley, 2005). A general summary of the review is given in Section 2.1.

The review compared the use of numerical and non-numerical approaches. Fifty five studies were identified which assessed whether consumers could use nutrition information which was presented either numerically (used as the standard format in many countries) or non-numerically (which interprets numerical information either verbally or graphically, in a form which could potentially be used on the front of food packs).

Consumers were generally better able to judge the overall healthiness of a product when some form of benchmark was present. Although some studies assessed numerical presentations such as daily reference values alongside verbal and graphical presentations, no clear consensus emerged about the most useful format for the presentation of reference information. There was some evidence that consumers with higher levels of nutrition label knowledge may find reference information more useful in assessing the healthiness of a product than those consumers with less knowledge.

Consumers were found to be able to use 'back of pack' numerical data accurately to make simple comparisons between products. The addition of numerical or non-numerical interpretational aids appeared to increase accuracy of product comparison. Several studies concluded that the use of benchmarks was helpful. Some studies suggested that verbal banding information should be presented alongside numerical information, as consumers (in particular those interested in nutrition and health) used verbal banding to detect large differences between products and referred to numerical information for precision. Other types of non-numerical information such as bar-charts, star ratings and pie charts seemed more confusing to consumers than verbal banding, although some consumers were able to interpret bar-charts more accurately than numerical information.

Consumers seemed to find it particularly difficult to use 'back of pack' nutrition label information to place an individual product into the context of their overall diet. Adding some kind of 'back of pack' or 'front of pack' benchmark, either in a numerical (such as the percentage of dietary reference values which is used in the USA, or guideline daily amounts used on a voluntary basis in the UK) or non-

numerical format seemed to help consumers make this kind of judgement. Of the non-numerical labelling systems which have been tested, consumers prefer bar charts but were more accurate when using verbal descriptors in more objective tests of label use.

The review also included findings from ‘healthy logo’ (**point of purchase**) schemes. 10 relevant studies were identified. The authors’ main conclusions were that consumers generally appeared to recognise the logos, but there was sometimes confusion about their purpose, and there was general concern from consumers about how such schemes were organised. There was a preference for schemes run by a credible and authoritative source, which included clear guidance about how the schemes are intended to be used (Cowburn & Stockley, 2003).

A peer reviewed experimental paper, published subsequently to the systematic review described above, tested different ways of displaying nutrition labelling to help with consumer decision-making (Marino & Mahan, 2005). The overall conclusion was that the nutrition display needed to be tailored to reflect the ways in which consumers wanted to use it, and if this was done ease of use could be improved.

3.2 Europe

3.2.1 Europe wide research

Some research was identified which was applicable across all the countries of Europe.

1. A qualitative evaluation of food labelling legislation was commissioned by the European Commission (The European Evaluation Consortium (TEEC), 2003). A range of issues relating to nutrition labelling were investigated, including consumer satisfaction with the presentation of information. It was noted that there was a high level of consumer interest in nutrition labelling, and it was also noted that “high, medium, low fat and sugar indicators are not appropriate for all products”. Unfortunately, there is insufficient detail given in the report to assess whether this means that such indicators would be appropriate for some products, and if so which.

2. In 2003, the European Food Information Council (European Food Information Council, 2004) carried out desk research on consumer understanding of nutrition labelling and concluded that there is scant multi country data and it is especially lacking from Southern Europe. There is also little research on:

- consumer motivation to read labels
- possible interventions to increase motivation and usage especially from “non users”
- relationship between label reading and food intake
- total nutrition/healthy lifestyle communication programmes.

In the light of this, additional qualitative research was carried out with consumers from France, Germany, Italy and the UK. This found that:

- more work needs to be done to make the nutrition label a useful tool for consumers and to motivate them to read the information. More figures, longer lists, denser information will not have the desired effect.

- consumers need a manageable reference, endorsed by a suitably trustworthy authority. They need information that is simple, easy to use and relates to their daily nutritional needs.
- consumers want nutrition to be a part of their daily lives. Most importantly they need greater knowledge in order to make use of the nutrition label and to integrate this information into their daily dietary management.

3. The European Consumers Organisation, BEUC, commissioned a survey which was conducted in five European countries: Germany, Denmark, Spain, Hungary and Poland. 600 people were interviewed in each country (BEUC, 2005a). 77% of those who believed that nutrition labelling should be improved wanted to see an indicator on food packaging to highlight its nutritional quality, for example a simplified labelling system indicating whether fat, sugar, or salt levels are high, medium or low. Even those people who said they were not interested in nutrition, expressed a preference for this type of simplified labelling system. As a consequence BEUC has recommended that a simplified labelling scheme should be developed as part of the EC review of the nutrition labelling directive (BEUC, 2005b). This would include putting nutrition information into context by indicating whether or not a product is high, medium or low in key nutrients.

4. In November 2005 the UK presidency of the EU convened a meeting between Member States to exchange views on nutrition labelling (Council of the European Union, 2005). Twelve Member States described consumer research, including support for consumers in several Member States for simplified labelling formats. Five Member States are considering, or working to develop, front of pack labelling or logo schemes.

3.2.2 Banding schemes

Currently BEUC is working to develop a simplified labelling scheme which could be used consistently in all countries of the **European Union**. The parameters for the model are:

- It should be based on available consumer research and agreed scientific criteria as to what is the most useful and easy to understand for consumers;
- The relevant simplified information should be on the front of pack or label, in addition to a nutrition information panel elsewhere on the pack;
- It should enable consumers easily to make comparisons between different products within a food category, as well as across food categories;
- It should be used consistently across all products in order to avoid confusion;
- It should be applicable EU-wide;
- It should provide a basis for developing consumer education, and improving nutritional choices as part of the wider series of actions to promote better health choices and to combat diet related diseases;
- While intended in the first place for pre-packaged foods, it should ideally be adaptable for use in catering.

Further information can be found at <http://www.beuc.org/>.

However, most initiatives have been, or are being, developed within Member States.

Retailers in some European countries appear to be using banding approaches. For example, in Sweden one of the large supermarkets has a particular range where products carry circles in different colours, marking how much salt, sugar, and fat each product contains. (EHN member communication)

In **Switzerland**, the Swiss Federal Office of Public Health is exploring various options for food labelling, including improving the understandability of nutrition labelling, and possibly using symbols or colours (EHN member communication).

In **France** the French authorities are evaluating two schemes, and the system that will finally be chosen will be additional to current labelling requirements. The results of this study are expected to be published in Summer 2006 (BEUC, 2006).

In the **Netherlands**, the Netherlands Nutrition Centre, which is funded by the Ministries of Agriculture and Public Health, has developed a scheme to help consumers compare the nutritional quality of food and make 'healthy choices' within food categories (Netherlands Nutrition Centre, 2005). The scheme is intended to be used in nutrition education, product development, and supporting legislation. The 'levels' of foods within categories are referred to as 'preferable' (products which are helpful in achieving a healthy diet); 'middle course' (products which are neutral in achieving a healthy diet); and 'acceptable' (products which are unhelpful in achieving a healthy diet). The criteria are shown in Appendix 3.

The **UK** has a long history of developing banding schemes. The Coronary Prevention Group proposed the first of these in the 1980s. This scheme has been revised several times since then, and is currently used by one of the major retailers in the UK. A full history of this scheme is provided in Appendix 2 (Rayner *et al.*, 2004a). The original concept for the scheme, and its use up until now, has been for 'back of pack' labelling. It is included in this review because of the potential for the approach to be adapted for 'front of pack' use, for example in developing 'traffic lights' for single nutrients. The original quantitative nutrition criteria for the bands were based upon World Health Organization dietary recommendations, and the most recent revision takes account of the most up-to-date recommendations from the UK. Details of the original version and the overall approach are given in Appendix 1. Appendix 4 provides details of the most recent revision, currently in use in the UK.

In 1996 the UK's Food Standards Agency published a leaflet called Use Your Label (Williams *et al.*, 1996). This introduced two new concepts. The first was that of Guideline Daily Amounts (GDA), which expressed dietary recommendations in terms which are more easily understandable for consumers. For example the Guideline Daily Amount of fat for a man is 95g and that for a woman 70g. Guideline Daily Amounts provide a benchmark against which consumers can assess the nutrient contribution of foods against their daily dietary needs. This concept has continued to be developed, for example by the Institute of Grocery Distribution (Institute of Grocery Distribution, 1998), and various retailers who have developed GDAs for additional nutrients. GDAs are now being used on front of pack by some manufacturers.

The second concept was the development of rules of thumb for what counts as ‘a lot’ or ‘a little’ of fat, saturated fat, sodium, fibre and sugar. The amounts which constituted ‘a lot’ or ‘a little’ were themselves derived from the GDAs. More information about the development of these concepts is provided in (Rayner *et al.*, 2004b). A summary of the nutritional criteria for what constitutes ‘a lot’ and ‘a little’ is given in Appendix 1.

Concern about levels of obesity in the UK has continued to grow, as it has in many European countries. In 2004, a House of Commons Health Select Committee report on obesity recommended that “The Government introduces legislation to effect a ‘traffic light’ system for labelling foods, either ‘red – high’, ‘amber – medium’ or ‘green – low’ (House of Commons Health Committee, 2004). A Government White Paper on Public Health also contained a commitment that by early 2006, there should be a clear, straightforward food coding system in common use, which helps busy people understand at a glance which foods can make a positive contribution to a healthy diet, and which are recommended to be eaten only in moderation or sparingly (Government, 2004).

In the light of this, the Food Standards Agency in the UK commissioned in November 2004 a programme of research to inform the development of such a food coding system, which it refers to as ‘food signposting’. Detailed information is available on <http://www.food.gov.uk/>

To summarise the programme, in November 2004 the first phase of research was published. This demonstrated strong approval and support for the idea of front-of-pack signpost labelling, which people felt would make it easier to assess the nutritional content of foods and make healthier choices. This research identified two concepts as particularly promising. One was a ‘simple traffic light system’, which combined the main nutrients into a single measure and could be depicted as red (for less healthy choice), amber (for OK choice) or green (healthier choice). The other was a ‘multiple traffic lights’ concept, which showed separate information for the total fat, saturated fat, sugar and salt content.

The Agency then commissioned research to test these concepts in more detail, together with two concepts based on Guideline Daily Amount (GDA) information. To ensure that the two GDA-based formats included in the research would be as clear as possible, the Agency commissioned qualitative consumer research to examine those elements from a range of five GDA-based options that consumers found most useful. The research, which was published in March 2005, tested formats with and without colour coding, and with simple bar charts, to establish which of them consumers found most useful.

Subsequent research, published in November 2005, was based on interviews with more than 2,600 consumers from across the UK. The research looked at which type of signposting was most effective in helping people assess the nutrient content of food quickly and easily, both when looking at a product on its own, and when comparing products. The research also examined attitudes to signposting, including which format of signposting people prefer and why. Further focus group research looked at possible improvements to the two formats that had performed best in previous research – ‘multiple traffic lights’ (MTL) and ‘colour-coded Guideline Daily Amounts’

(CCGDA). On the basis of these research findings, the MTL format was considered to be the one most likely to help consumers make healthier food choices quickly, easily and accurately.

The scheme was finally approved by the FSA Board in March 2006. It will be a voluntary system of front of pack food labelling, indicating whether products are high, medium or low in fat, saturated fat, sugar and salt. This will use the format which the research indicated that consumers prefer and can use best, the 'multiple traffic light' format. The numerical criteria for 'high', 'medium' and 'low' colour coding for fat, saturated fats, total sugars and salt, are shown in Appendix 5.

Whilst the FSA was in the process of developing the banding scheme, Tesco – a major retailer in the UK – launched its own scheme, using the multiple traffic light format. However, this was short-lived and Tesco withdrew the scheme, because they said that consumers had difficulty in knowing how to deal with 'amber' lights, and that some products with red lights contained essential nutrients e.g. some dairy products. However, other retailers have developed and are continuing to use colour coded approaches, which reflect the FSA's guidance.

3.2.3 Point of purchase schemes

There are several of these schemes in different European countries, of which the best established is the 'Green Keyhole' scheme in **Sweden**. This has been in use since 1989, and is intended to make it easier for consumers to select low-fat and high-fibre alternatives. Awareness of the symbol appears to be high. In a survey carried out in 1995/96 53% and 76% of the men and women respectively, understood the meaning of the symbol. Intakes of Green Keyhole labelled low-fat foods were significantly higher in men and women with knowledge of the symbol than without. However, in certain sub-groups, particularly the less educated, the message of the symbol appeared to have no association with dietary practices (Larsson *et al.*, 1999).

The Green Keyhole Scheme is a food category specific scheme, which initially focused on fat and fibre in processed foods. It has recently been revised to include more products (including fresh foods), and the nutrients included have been extended to cover sodium and salt (Swedish National Food Administration, 2005). The criteria are very detailed, and can be found in various languages on <http://www.slv.se/>.

Norway is currently actively engaged in discussions about a signposting scheme for food labels, and two of the major Norwegian retailers have started to use a green colour (similar to the Keyhole scheme) to indicate healthy options (EHN member communication).

Since 2000, in **Finland**, the Finnish Heart Association and Finnish Diabetes Association have jointly administered a POP scheme, which gives a Heart Symbol to qualifying products. Like the Green Keyhole scheme it is food category specific. The key nutrients are fat and sodium, although fibre, sugars and cholesterol are considered for some food groups. The Finnish Heart Association monitors levels of awareness of the symbol. In December 2005, 82 % of the adult population recognised it, and 42% of respondents said that the symbol has influenced their purchases. The detailed criteria are provided in Appendix 6.

In **Denmark**, the Danish Nutrition Council ran an S-label scheme from 1995 to April 2005, to indicate foods that were relatively low in fat. This scheme is currently part of a government review of labelling. This includes work to develop a front of pack logo to be used on all foods, indicating whether it should be consumed ‘most’, ‘less’ or ‘least’ (Council of the European Union, 2005).

In 1998, the **Netherlands** Heart Foundation explored the potential for a healthy eating logo on foods. The research indicated that such a logo might not communicate what the initiators intended and did not add to the information already on labels, and therefore was not developed further (Werkman, 2000). However, the Netherlands is currently consulting with industry stakeholders to develop a uniform voluntary system for signpost labelling (Council of the European Union, 2005).

Belgium is considering a simplified system based on Reference Intake values.

Ireland has consulted with stakeholders, and this elicited suggestions for a simplified systems, for example ‘star ratings’ (Council of the European Union, 2005).

In **Slovenia**, the Slovenian Heart Foundation developed a scheme in 1995, which awards a ‘Protects Health’ symbol to pre-packaged manufactured foods, which meet specified criteria. The logo and the symbol are shown in Appendix 6. The criteria broadly follow the requirements for nutrient content claims, and there are additional requirements for information to be provided on the label. In 2005 the scheme was extended to catering outlets, and the nutrition criteria for this are also shown in Appendix 7.

Many retailers and manufacturers run schemes that indicate ‘healthy choice’ or ‘healthier’ choice, using a range of criteria. Some examples of recent schemes are given in Appendix 2. In 2004, the Consumers Association in the UK carried out some research on these schemes, purchasing a range of products from healthy eating ranges. Their overall conclusion was that it is often not clear what nutrition criteria are being applied, and that there is little consistency between the retailers and manufacturers who use these schemes (Consumers Association, 2004).

3.3 North America

3.3.1 Banding schemes

No banding schemes were identified in North America in this review. However, both Canada and the USA have carried out research on food labels and consumer needs to inform future development of food labelling. There is some research and current developments, which are relevant to consumer perception and use of nutrition labels in these two countries, and these are described very briefly in the next two paragraphs. In **Canada**, in 2000 during the most recent review of food labelling focus-group testing was carried out with ‘intermediaries’ i.e. dietitians, public health nurses, diabetes educators, pharmacists, and nutrition educators. They favoured a visual component on food labels to clarify the nutrition label, and were concerned that expressing nutrients as a percentage of Daily Value would be confusing. The approach which was suggested, and which has been taken forward, is to link nutrition

information on labels to the national food guide, which in Canada is a Rainbow (www.hc-sc.gc.ca).

In the USA, the Food and Drugs Administration has adopted a similar approach, and specifically produces web based information linking the nutrition label and the USA Food Guide, the pyramid. This linkage is made through the use of percentage Daily Value on the food label based on an 'average' 2000 calorie diet (<http://www.fda.gov/fdac/special/foodlabel/pyramid.html>). In April 2005, the FDA issued proposals to improve the appearance and content of the nutrition label. The first change which is being considered is displaying the calorie count more prominently, and the second would require that pre-packaged foods which could be reasonably consumed on one eating occasion, should state the nutrition information of the entire package.

3.3.2 Point of Purchase schemes

Canada's most prominent point of purchase scheme is the Health Check symbol of the Heart and Stroke Foundation (<http://www.healthcheck.org/>). This uses food category specific nutrient criteria to promote foods that contribute to healthy eating for everyone in the population. The criteria are derived from Health Canada's Nutrient Content Claims, and are shown in Appendix 8.

In the USA there is an extremely lengthy definition of the term 'healthy' or any derivative of the term e.g. 'healthful', 'healthier', 'healthily', and 'healthiness'. This is contained in Federal Regulation 58, 1993, with the most recent amendment being FR 63, 1998. The definition in the USDA's guidance to food labelling, is shown here:

"A "healthy" food must be low in fat and saturated fat and contain limited amounts of cholesterol and sodium. In addition, if it's a single-item food, it must provide at least 10 percent (of the Daily Reference Value) of one or more of vitamins A or C, iron, calcium, protein, or fiber. Exempt from this "10-percent" rule are certain raw, canned and frozen fruits and vegetables and certain cereal-grain products. These foods can be labeled "healthy," if they do not contain ingredients that change the nutritional profile, and, in the case of enriched grain products, conform to standards of identity, which call for certain required ingredients. If it's a meal-type product, such as frozen entrees and multi-course frozen dinners, it must provide 10 percent of two or three of these vitamins or minerals or of protein or fiber, in addition to meeting the other criteria. The sodium content cannot exceed 360 mg per serving for individual foods and 480 mg per serving for meal-type products."

This definition is currently under review, and it is proposed that the sodium restriction is relaxed somewhat, and the scope and clarity of the regulation are clarified (<http://www.cfsan.fda.gov/>. Consultation 29th Sept 2005).

In fact, the definition does not seem to be extensively used in practice. The Food Labelling and Package Survey indicated that just over 3% of foods are labelled as 'healthy' in the USA (Legault *et al.*, 2004).

The only significant point of purchase scheme for healthy foods in the USA is the American Heart Association's Health Check Mark, which uses across the board criteria (details in Appendix 9). This does not appear to include a great many products, and organisations like the Center for Science in the Public Interest (CSPI) would prefer a government backed, and fee-free scheme. In its representations to the FDA in October 2003, CSPI urged that priority should be given to developing a 'Good Food' symbol, so that consumers could easily identify the most healthful foods.

3.4 Australia and New Zealand

3.4.1 Banding schemes

No clear banding schemes were identified in Australasia in this review. However, a recent scheme which has been developed and is currently being used in Australia is the GI symbol (<http://www.gisymbol.com.au>). This is a food labelling programme run by Glycemic Index Limited, a non-profit company, whose members are the University of Sydney, Diabetes Australia and the Juvenile Diabetes Research Foundation.

GI is a measure of the rise in blood sugar levels caused by particular foods. When foods are submitted to the scheme, the University of Sydney carries out testing to determine their GI index, which it then ranks as 'low' or 'medium' or 'high'. In addition to having the GI index of foods assessed, foods have to meet the GI Symbol Programme's category specific nutritional criteria that are different for different food types. These are shown in Appendix 10. Thus, this is not a conventional banding scheme, but in terms of consumer perception it does indicate which foods are low or medium or high, using a biological indicator of nutrient content and form (GI).

3.4.2 Point of purchase schemes

The best known point of purchase scheme in Australia and New Zealand is called 'Pick the Tick'. This originated with the Australian Heart Foundation in 1989, followed soon after by the New Zealand Heart Foundation in 1992. In 1996 the two schemes merged to become Australasian.

In order for products to carry the 'Tick' logo, they must meet criteria which have been set for around 60 food categories. However, these are currently being revised, and not publicly available, so details cannot be provided in Appendix 1. As with the Heart Check schemes in North America, a licensing fee is charged to participating companies.

The programme seems to have been very successful in reaching consumers and supporting their ability to make healthy choices. Independent consumer research showed a very high (89%) 'unprompted recognition' of the *Pick the Tick* logo. When shown the logo, awareness rose to 96%. 93% of consumers were in agreement with

the programme concept and 59% of consumers reported buying products with the logo (Gander & Harding, 1999).

One of the expressed aims of the programme is to encourage reformulation of products, and a study was carried out to assess the effect of Pick the Tick on the amount of salt 'not added' to food products (Young & Swinburn, 2002). Changes to sodium level as a result of reformulation were multiplied by the volume of sales and then converted to salt in tonnes to provide a measure of the impact of the programme. In a 1-year period, July 1998 to June 1999, the authors estimated that Pick the Tick influenced food companies to exclude about 33 tonnes of salt through the reformulation and formulation of 23 breads, breakfast cereals and margarine. However, the authors also noted that Pick the Tick is only applied for by a limited number of products, and 'budget' and 'low cost' brands are much less likely to be involved in the scheme.

Appendix 1: Details of Banding and Point Of Purchase schemes

Alphabetical order by country

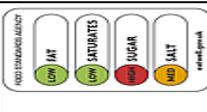
| Name of Scheme | Date | Organisation | Banding/POP | Format | Country | Category specific or across-the-board | Base | Type of model | Basis of numbers | Nutrients and foods included | Numerical criteria |
|----------------|-----------------|--|-------------|---|-----------|---------------------------------------|-----------------------------------|---------------|------------------|---|--|
| Pick the Tick | 1989-now | Heart Foundations of Australia and New Zealand | POP |  | Australia | 60 categories | Previous criteria used per 100g | Threshold | Not transparent | Nutrients include total fat, saturated fat, salt, energy and fibre, trans fats (for margarines), added sugar. | Criteria currently being revised, and not publicly available All fresh fruit and vegetables and fresh foods like fresh meat and chicken, unprocessed grains, legumes, nuts and seeds, automatically qualify |
| GI symbol | from about 2003 | Glycemic Index Limited, a non-profit company, whose members are the University of Sydney, Diabetes Australia and the Juvenile Diabetes Research Foundation | Banding |  | Australia | Category specific | 100g with some per serving values | Threshold | Not transparent | carbohydrate fat, saturated fat, sodium fibre | See Appendix 10 |

| Name of Scheme | Date | Organisation | Banding/POP | Format | Country | Category specific or across-the-board | Base | Type of model | Basis of numbers | Nutrients and foods included | Numerical criteria |
|---------------------------------|-----------------|--|-------------|--|-------------|---------------------------------------|---|---------------|---|---|--------------------|
| Health Check | ?2000-now | Heart and Stroke Foundation | POP |  | Canada | Category Specific | Per reference amount and per serving of standard size | Threshold | Nutrient contents claims definitions | Fat Saturated fat Fibre Starch(sometimes) Selected vitamins and minerals | See Appendix 8 |
| S-label | 1995-April 2005 | Danish Nutrition Council | POP | 'S' | Denmark | ? | ? | ? | ? | Fat | ? |
| Heart Symbol | 2000 – now | Finnish Heart Association + Finnish Diabetes Association | POP | Heart Symbol  | Finland | Category Specific | 100g | Threshold | Not transparent | Fat (and proportion of hard fat) Sodium and sometimes: Sugars Cholesterol Fibre | See Appendix 7 |
| Tripartite classification model | 2005 | Netherlands Nutrition Council | Banding | Flexible | Netherlands | Category specific | 100g | Threshold | Desired change in dietary intake e.g if intake is 25% less than recommendation, the level of that nutrient in foods | Energy, saturated fat, sugars, fibre, vitamin C, folate, n 3 fats | See Appendix 3 |

| Name of Scheme | Date | Organisation | Banding/POP | Format | Country | Category specific or across-the-board | Base | Type of model | Basis of numbers | Nutrients and foods included | Numerical criteria |
|--|--------------|------------------------------|-------------|--|----------|---------------------------------------|-------------------|---------------|---|--|---|
| | | | | | | | | | should be increased by 25% (calculated by food category). | | |
| Protect Health | 1995 – now | Slovenian Heart Foundation | POP |  | Slovenia | Across the Board | 100g | Threshold | Nutrient claims | Fat, saturated fat, cholesterol, sugars, sodium, fibre, energy | See Appendix 6 |
| Green Keyhole | 1989-present | National Food Administration | POP | Logo Green Keyhole  | Sweden | Category specific | mixed 100g and kJ | Threshold | Not transparent | Fat, sugars, sodium and fibre. | Varies with food category. See http://www.slv.se/ for details. |
| Coronary Prevention Group Banding Scheme | 1986 – now | Coronary Prevention Group | Banding | Verbal High/medium/low | UK | Across the board | kJ | Threshold | Dietary recommendations | Originally fat, saturated fat, total sugars, sodium. | Original scheme based on WHO recommendations (see Appendix 4 for revised scheme for use in UK). Fat: Low <15% energy Medium-Low 15.0-29.9% energy Medium- High 30-45% energy High>45%energy Sat fat: Low <5% energy Medium-Low 5.0-9.9% energy Medium- High 10-15% energy High >15% energy Sodium: |

| Name of Scheme | Date | Organisation | Banding/POP | Format | Country | Category specific or across-the-board | Base | Type of model | Basis of numbers | Nutrients and foods included | Numerical criteria |
|------------------------|------------|-----------------------|-------------|---------------------------------|---------|---------------------------------------|------|---------------|---|---|---|
| 'A lot' and 'A little' | 1996 – now | Food Standards Agency | Banding | Verbal 'A lot' 'A little' | UK | Across the board | 100g | Threshold | Dietary recommendations | Sugars, fat, saturated fat, fibre | Low <1g/10MJ Medium –Low 1.0-1.9g/10MJ Medium- High 2.0-3.0g/10MJ High >3.0/10MJ Total sugars: Low <6% energy Medium-Low 6.0-11.9% energy Medium- High 12-18% energy High >18% energy A LOT: =< 10g of sugars 20 g sugar ¹ 20g of fat 5g of saturates 3g of fibre 0.5g of sodium A LITTLE => 2g of sugars 3g sugars ¹ 3g of fat 1g of saturates 0.5g of fibre See Appendix 5 |
| FSA signposting scheme | 2006 | Food Standards Agency | Banding | Multiple traffic light e.g. | UK | Across the Board | 100g | Threshold | Low band based on nutrient content claims High band derived from dietary | Fat Saturated fat Sugar (total) Salt | |

¹ Proposed new levels based on population dietary goals for total sugars in Rayner M., Scarborough P. & Williams C. (2004b): The origin of Guideline Daily Amounts and the Food Standard Agency's guidance on what counts as 'a lot' and what counts as 'a little'. *Public Health Nutr* 7, 549-556

| Name of Scheme | Date | Organisation | Banding/POP | Format | Country | Category specific or across-the-board | Base | Type of model | Basis of numbers | Nutrients and foods included | Numerical criteria |
|------------------|---------|----------------------------|-------------|---|---------|---------------------------------------|-------------|---------------|---|---|--------------------|
| | | | |  | | | | | recommendations | | |
| Heart Check mark | current | American Heart Association | POP |  | USA | Across the Board | Per Serving | Threshold | Original criteria for the Program based on the 1993 Federal "Dietary Saturated Fat and Cholesterol and Coronary Heart Disease" health claim | Fat Saturated Fat Cholesterol Sodium Vitamins A, C Iron, Calcium Protein, Fibre Wholegrain | See Appendix 9 |

Appendix 2: Examples of commercial schemes

Alphabetical order by company

| Name of Scheme | Company | Sector | Banding / POP | Format | Category specific or across-the-board | Base | Type of model | Nutrients and foods included |
|---------------------|-------------------|---------------|---------------|---|---------------------------------------|----------|---------------|---|
| Balance d Choices | Compass (Selecta) | Caterer | POP |  | Across the board | ?Serving | Thresho ld | <200kcal <6g fat <250mg sodium < 5 g added sugars (for cold drinks) |
| Sensible Solution | Kraft, 2005 | Manufact urer | POP |  | Categories | Serving | Thresho ld | Category specific see:- www.kraftfoods.com |
| Smart Spot | Pepsi Co USA | Manufact urer | POP |  | Categories | Serving | Thresho ld | Fat SFA TFA Na Added sugars Nutritional Density (either Vitamin C, or vitamin A, protein, fiber, Ca, Fe) Reflects FSA UK guidance |
| Be good to yourself | Sainsbury UK | Retailer | Banding |  | Across the board | 100g | Thresho ld | |
| | Weetabix | Manufact urer | N/A |  | N/A | 100g | N/A | Carbohydrate, fibre, protein, fat, moisture, minerals. |

Appendix 3: Netherlands Tripartite classification

Criteria for tripartite classification model for foods (per 100g)

1. Basic food groups

| Product group | A: 'preferable' | B: 'middle course' | C: 'exceptional' |
|---|--|--|--|
| Potatoes, rice, pasta, pulses | <u>Fibre</u> : min 3 g/100g <u>Saturated fat</u> : max 1 g/100g | <u>Fibre</u> : 2-3 g/100g <u>Saturated fat</u> : max 1 g/100g | <u>Fibre</u> : less than 2g/100g |
| Bread, bread substitutes, breakfast cereals | <u>Fibre</u> : min 6 g/100g <u>Saturated fat</u> : max 1 g/100g | <u>Fibre</u> : 5-6 g/100g or <u>Fibre</u> : min 6 g/100g <u>Saturated fat</u> : min 1 g/100g | <u>Fibre</u> : less than 5 g/100g |
| Vegetables, fruit and fruit juices | <u>Vitamin C</u> : min 1 mg/100g <u>Folate</u> : min 1 mg/100g <u>Fibre</u> : min 1 g/100g <u>Saturated fat</u> : max 1 g/100g <u>Sugars</u> : not added | <u>Vitamine C</u> : min 1 mg/100g <u>Folate</u> : min 1 mg/100g | <u>Vitamin C</u> : not present |
| Milk and milk products | <u>Saturated fat</u> : max 0,5 g/100g <u>Sugars</u> : max 6 g/100g | <u>Saturated fat</u> : 0,6-1 g/100g or <u>Saturated fat</u> : max 0,5 g/100g <u>Sugars</u> : more than 6 g/100g | <u>Saturated fat</u> : more than 1 g/100g or <u>Saturated fat</u> : 0,6-1 g/100g <u>Sugars</u> : more than 6 g/100g |
| Cheese | <u>Saturated fat</u> : max 12 g/100g <u>Energy</u> : max 300 kcal/100g | <u>Saturated fat</u> : 13-18 g/100g or <u>Saturated fat</u> : max 12 g/100g <u>Energy</u> : more than 300 kcal/100g | <u>Saturated fat</u> : more than 18 g/100g |
| Meat, prepared meat products, chicken, eggs | <u>Saturated fat</u> : max 4g/100g <u>Energy</u> : max 200 kcal/100g | <u>Saturated fat</u> : 4-5 g/100g or <u>Saturated fat</u> : max 4 g/100g <u>Energy</u> : more than 200 kcal/100g | <u>Saturated fat</u> : more than 5g/100g |
| Fish | <u>Saturated fat</u> : max 4 g/100g <u>n-3 fatty acids</u> : max 2 portions for recommendation <u>energy</u> : max 200 kcal | <u>Saturated fat</u> : 4-5 g/100g <u>n-3 fatty acids</u> : 2-4 portions for recommendation | <u>Saturated fat</u> : more than 5 g/100g <u>n-3 fatty acids</u> : more than 4 portions for recommendation |
| Spread and cooking fats | <u>Saturated fat</u> : max 16 g/100g | <u>Saturated fat</u> : 17-24 g/100g | <u>Saturated fat</u> : more than 24 g/100g |

2. Other food groups

| Product groups | 'low' in SFA | 'high' in SFA | 'high' in fibre |
|------------------------------------|---------------|---------------|-----------------|
| Snacks, spicy filling | max 4 g/100g | > 5 g/100g | n.a. |
| Sauces | Max 2 g/100g | >4 g/100g | n.a. |
| Cake, pastry, nuts, savoury snacks | Max 6 g/100g | > 6 g/100g | ≥ 2 g/100g |
| Sweets, sweet filling | Max 3 g/100g | > 4 g/100g | ≥ 1 g/100g |
| Cream | Max 12 g/100g | > 18 g/100g | n.a. |
| Evaporated milk | Max 1 g/100g | > 3 g/100 g | n.a. |

Appendix 4: Coronary Prevention Group Nutrition Banding Scheme.

Revised version of 12.2.92 (reproduced from (Rayner *et al.*, 2004a))

| Nutrient | Population dietary goal | Low | Medium Low | Medium High | High |
|---------------------------|-------------------------|-------|------------|-------------|-------|
| | % energy (kJ/100kJ) | | | | |
| Protein | 15 (2) | <7.5 | 7.5-15 | 15-22.5 | >22.5 |
| Carbohydrate | 44 (1) | <23.5 | 23.5-47 | 47-70.5 | >70.5 |
| Total sugar | 17 (3) | <8.5 | 8.5-17 | 17-25.5 | >25.5 |
| Non-milk extrinsic sugar | 10 (1) | <5 | 5-10 | 10-15 | >15 |
| Total fat | 33 (1) | <16.5 | 16.5-33 | 33-49.5 | >49.5 |
| Saturated fat | 10 (1) | <5 | 5-10 | 10-15 | >15 |
| Polyunsaturated fat | 6 (1) | <3 | 3-6 | 6-9 | >9 |
| Monounsaturated fat | 12 (1) | <6 | 6-12 | 12-18 | >18 |
| | g/10MJ (4) | | | | |
| Cholesterol | 0.3 (1) | <0.15 | 0.15-0.3 | 0.3-0.45 | >0.45 |
| Total salt | 6 (2) | <3 | 3-6 | 6-9 | >9 |
| Total sodium | 2.4 (2) | <1.2 | 1.2-2.4 | 2.4-3.5 | >3.5 |
| Total fibre | 30 (3) | <15 | 15-30 | 30-45 | >45 |
| Non-starch polysaccharide | 18 (1) | <9 | 9-18 | 18-27 | >27 |

Notes on the basis to this model:

(1) Goals from the COMA report on dietary reference values (Department of Health, 1991).

(2) Goals from the World Health Organisation's report on diet, nutrition and the prevention of chronic disease (WHO, 1990).

(3) The population dietary goal was derived as described as suggested could be done in a previous paper ((Rayner *et al.*, 2004b)

(4) Note that even where nutrients have little or no energy content: i.e. cholesterol, fibre and sodium, the nutrient content levels are set on a per energy basis. The bandings for these nutrients are given per 10 MJ – being an estimate of average daily dietary energy intake. They could of course be given in g/100kJ by dividing by 100.

Appendix 5: UK Food Standard Agency's criteria for colour coded high, medium and low bands for use in a voluntary signposting scheme

Criteria per 100g

| | Low (green) | Medium (amber) | High (red) |
|--------------|--------------------|-----------------------|-------------------|
| Fat | ≤ 3 g/100g | > 3 - <20 g/100g | ≥ 20 g/100g |
| | ≤ 1.5 g/100 ml | > 1.5 - <10 g/100ml | ≥ 10g/100ml |
| Saturates | ≤ 1.5 g/100g | > 1.5 - <5 g/100g | ≥ 5 g/100g |
| | ≤ 0.75 g/100 ml | > 0.75 - <2.5 g/100ml | ≥ 2.5g/100ml |
| Total Sugars | ≤ 5 g/100g | > 5 - <15 g/100g | ≥ 15 g/100g |
| | ≤ 2.5 g/100 ml | > 2.5 - <7.5 g/100ml | ≥ 7.5g/100ml |
| Salt | ≤ 0.3 g/100g | > 0.3 - <1.5g/100g | ≥ 1.5 g/100g |
| | ≤ 0.3 g/100ml | > 0.3 - <1.5g/100ml | ≥ 1.5 g/100ml |

Criteria per portion stated on pack – only applies to foods sold in portions greater than 250g

| | High (red) |
|--------------|-------------------|
| Fat | ≥ 21g / portion |
| Saturates | ≥ 6g / portion |
| Total Sugars | ≥ 18 g / portion |
| Salt | ≥ 2.4g/portion |

Note: These criteria apply, where appropriate, in addition to the criteria in the per 100g table above.

Appendix 6: The Heart Symbol of the Finnish Heart Association and the Finnish Diabetic Association



Nutrient criteria for granting the Heart Symbol, by food category

| Milk, milk products and other similar products | |
|--|---|
| Milk, sour milk and other similar products | Fat \leq 0,5 g/100 g, or if fat content 0,51 – 1,0 g/100 g hard fat \leq 33 % of the total fat No added sugars |
| Yoghurt and quark and other similar non-drinkable products | Fat \leq 0,5 g/100 g, or if fat content 0,51 – 2,0 g/100 g hard fat \leq 0,4 g/100 g Sugars \leq 12 g/100 g |
| Cultured milk | Fat \leq 1,0 g/100 g Sugars \leq 12 g/100 g |
| Cream, crèmes and other similar products used in cooking | Fat \leq 10 g/100 g, or if fat content 10,1 – 15 g/100 g, hard fat \leq 33 % of the total fat Sodium \leq 300 mg/100 g |
| Non-ripened cheese and similar products | Fat \leq 15 g/100 g, or if fat content 15,1 – 30 g/100 g, hard fat \leq 33 % of the total fat Sodium \leq 480 mg/100 g |
| Cheese spreads and similar products | Fat \leq 10 g/100 g, or if fat content 10,1 – 15 g/100 g, hard fat \leq 33 % of the total fat Sodium \leq 700 mg/100 g |
| Cottage cheese | Fat \leq 2,0 g/100 g Sodium \leq 300 mg/100 g |
| Ripened cheese and similar products | Fat \leq 17 g/100 g, or if fat content 17,1 – 30 g/100 g, hard fat \leq 33 % of the total fat Sodium \leq 480 mg/100 g |
| Ice creams, | Hard fat \leq 4 g/100 g |

| sherbets | |
|--|---|
| Edible fats | |
| Fat spreads | Hard fat \leq 33 % of the total fat Sodium \leq 400 mg/100 g |
| Vegetable oils | Hard fat \leq 20 % of the total fat |
| Liquid oils | Hard fat \leq 20 % of the total fat Sodium \leq 400 mg/100 g |
| Salad dressings | Hard fat \leq 20 % of the total fat Sodium \leq 400 mg/100 g |
| Mayonnaise, hamburger and sandwich dressings | Fat \leq 40 g/100 g Hard fat \leq 20 % of the total fat Sodium \leq 400 mg/100 g Cholesterol \leq 20 mg/100 g |
| Processed meat | |
| Whole meat products | Fat \leq 4 g/100 g Sodium \leq 800 mg/100 g |
| Cold cut sausages and sausages to be cooked | Fat \leq 12 g/100 g Hard fat \leq 40 % of the total fat Sodium \leq 600 mg/100 g Cholesterol \leq 100 mg/100 g |

| Spices and seasoning sauces | |
|---|---|
| Mustards and ketchups | Sodium \leq 400 mg/100 g |
| Spices and seasonings | No sodium added |
| Seasoning and barbecue sauces and marinades | Sodium \leq 300 mg/100 g |
| Bouillon in cubes and powdered and concentrated broth | Sodium \leq 200 mg/100 g when stock is prepared according to instructions |

| Bread and cereals | |
|--|--|
| Bread | Fat ≤ 5 g/100 g Sodium ≤ 280 mg/100g |
| Crisp bread, Finn crisp | Fat ≤ 5 g/100 g Sodium ≤ 480 mg/100 g |
| Pastry (sweet and salty), biscuits, rusks | Fat ≤ 25 % of the energy Hard fat ≤ 33 % of the total fat Sodium ≤ 280 mg/100 g Sugars ≤ 20 g/100 g |
| Breakfast cereals (cereals, muesli and alike), hot cereals, flakes and meal (porridge) | Fat ≤ 5 g/100 g, or if fat content 5,1 – 10 g/100 g, hard fat ≤ 33 % of the total fat Sodium ≤ 400 mg/100 g Sugars ≤ 16 g/100 g |
| Pasta, rice and similar products | Fibre ≥ 6 g/100 g (dry weight) |

In the "Bread and cereals" group the amount of fibre is taken into account as a completing factor:

- Bread
- Crisp bread and Finn crisp
- Pastry, biscuits and rusks
- Breakfast cereals and comparable hot cereals flakes and meal (porridge)

In products rich in fibre, i.e. fibre ≥ 6 g/100 g, a symbol Heart Symbol + Fibre can be used.

In the group "Pasta, rice etc" group, the content of fibre is an obligatory criteria for granting the symbol. In these products only Heart Symbol + Fibre -symbol can be used.

The limit for sugars includes all mono-and disaccharides in the product

| Convenience food, semi-processed food, meal components | |
|---|---|
| Ready-to-eat food (including meat/fish/vegetables +potato/pasta/rice etc.), meal salads and semi-processed foods prepared according to instructions | Fat ≤ 25 % of total energy or if fat content 25,1 - 35 % hard fat ≤ 33 % of the total fat Sodium ≤ 300 mg/100 g Cholesterol ≤ 60 mg/100 g |
| Meat, fish and vegetable sauces and semi-processed foods prepared according to instructions | Fat ≤ 4 g/100 g, or if fat content 4,1 – 8,0/100 g, hard fat ≤ 33 % of the total fat Sodium ≤ 300 mg/100 g Cholesterol ≤ 60 mg/100 g |
| Sauces (meal and food sauces) and semi-processed food prepared according to instructions | Fat ≤ 4 g/100 g, or if fat content 4,1 – 8 g/100 g, hard fat ≤ 33 % of the total fat Sodium ≤ 300 mg/100 g Cholesterol ≤ 40 mg/100 g |
| Processed foods of fish, meat and vegetables (e.g. meat balls and vegetable patties) | Fat ≤ 10 g/100 g, or if fat content 10,1 – 15 g/100 g, hard fat ≤ 33 % of the total fat Sodium ≤ 400 mg/100 g Cholesterol ≤ 100 mg/100 g |
| Side salads (mayonnaise and fresh) | Fat ≤ 6 g/100 g Hard fat ≤ 20 % of total fat Natriumi ≤ 300 mg/100 g Cholesterol ≤ 40 mg/100 g |

Supplementary points on criteria for granting the Heart Symbol

To get the Heart Symbol the product must meet all the criteria applying to the product group. The criteria apply to food sold on the retail market to consumers. Only ready packed foods are included in the system.

Appendix 7: Slovenian Heart Foundation's 'Protects Health' scheme



Nutritional criteria

| COMPONENT | CLAIM | CONDITIONS |
|---------------|-------|--|
| Fat | Low | < 3 g / 100 g < 1,5 g / 100 g |
| | Free | < 0,5 g / 100 g / ml |
| Saturated fat | Low | < 1,5 g / 100 g < 0,75 g / 100 ml |
| | Free | < 0,1 g / 100 g / ml |
| Cholesterol | Low | < 20 mg / 100 g < 10 mg / 100 ml |
| | Free | < 0,005 g / 100 g / ml |
| Sugars | Free | < 0,5 g / 100 g / 100 ml |
| Sodium | Low | < 120 mg / 100 g < 40 mg / 100 g |
| | Free | < 5 mg / 100 g |
| Dietary fibre | High | > 4 g / 1 MJ |
| Energy | Low | < 40 kcal (170 kJ) / 100 g < 20 kcal (80 kJ) / 100 ml |
| | Free | < 4 kcal (17 kJ) / 100 ml |

Additional criteria

All information on the packaging of a food product has to be written in the Slovenian language. The price should always be visible on the food product itself or somewhere near the product.

The following information should be printed on any packaging of a food product:

- name of the product and its brand name, if relevant),
- expiry date,
- net quantity (all in the same visual field),
- list of ingredients, quantity of ingredients,
- alcohol (if the level exceeds 1.2%),
- food additives marked with letter E and a number – which means the use of this additive is permitted (preservatives, solidifying agents, condensing agents, etc),
- name and address of the manufacturer (for imported food products also name and address of the importer),
- the place of origin of the food product.

If a food product is labelled with information on its special property - like with the symbol PROTECTS HEALTH, the declaration has to contain the food's nutritional value. Below the symbol PROTECTS HEALTH the properties should be enumerated on the basis of which the food product has acquired this symbol (e.g. due to its low fat content). This symbol is granted by the Slovenian Heart Foundation according to strict standards implemented by the World Health Organisation.

Nutritional criteria for use of symbol in catering outlets

Menus must have a low fat content (less than 30% according energy value), low content of saturated fatty acids (less than 10% according energy value), low content of cholesterol (less than 100 mg per 1000 kilocalories) and sodium (less than 800 mg per 1000 kilocalories).

Appendix 8: Canada's Heart and Stroke Foundation Health Check Nutrition Criteria



* **Sodium Values are evaluated for all categories.** The criteria used for evaluation is based on the values from the Heart Health Claim (480 mg for single foods and 960 mg for entrees). Low Fat claims are evaluated on 50g for any serving that has a reference amount of 30g or less.

Grain Products

| Food Category | Serving Size | Entry-Level Nutrient Criteria* |
|---|--------------|---|
| Bread | 50 g | - Low fat or Low saturated fat AND - source of fibre |
| Bread Products (e.g. bagels, pitas, english muffins) | 55 g | - Low fat or Low saturated fat AND - source of fibre |
| Breakfast Cereals (20g to 42g per 250mL) | 30 g | - Low fat AND/OR no added fat AND - source of fibre |
| Breakfast Cereals (43g or more per 250mL) | 55 g | - Low fat AND/OR no added fat AND - High source of fibre |
| Very High Fibre Breakfast Cereals (28g or more per 100g) | 30 g | - Low fat AND/OR no added fat AND - Very high source of fibre |
| Flour | 30 g | - Source of Fibre |
| Rusks | 30 g | - Low saturated fat - 3g or less total fat per 30g |
| Crackers | 20 g | - Low saturated fat - 3g or less total fat per 20g |
| Croutons | 20 g | - Low fat - Source of fibre or vitamin A or Vitamin C or calcium or iron |

| | | |
|---|--|--|
| Rice Cakes | 15 g | - Low fat |
| Waffles / Pancakes | 75 g prepared | - Low fat |
| Grain - based Bars | 30 g or 40 g (if filled or coated) | - Low fat AND - Starch value is evaluated - OR Low saturated fat AND - Source of fibre |
| Muffins / Snack Breads | 55 g | - Low fat - starch value is evaluated OR - Low saturated fat - Source of fibre |
| Rice (except Instant Rice) / Grains (plain) | 45 g | - All fit |
| Instant Rice (plain) | 45 g | - Enriched |
| Pasta | 85 g | - Enriched OR High source of fibre |
| Side Dishes - Rice, grains or potatoes (seasoned, sauced) | 140 g (prepared) | - Low fat |
| Side Dishes - Pasta or noodles (seasoned, sauced) | 125 g (prepared) | - Low fat (for 250ml on an 'as sold' basis) - Enriched OR High source of fibre |

Vegetables & Fruit

| Food Category | Serving Size | Entry-Level Nutrient Criteria* |
|--|----------------------------|---|
| Fruit Juices | 250 ml | - All REAL juices fit |
| Fresh Fruit | 140 g | - All fit |
| Frozen Fruit | 140 g | - 100% fruit |
| Canned Fruit | 150 g | - In light syrup or fruit juice |
| Apple and other fruit sauces | 140 g | - 100% fruit |
| Dried Fruit and Dried Fruit Snacks | 40 g | - Fruit as first ingredient - fat free |
| Fresh and Frozen Vegetables (plain) | 100 g (65 g - lettuces) | - All fit |
| Canned Vegetables (plain) | 100 g | - Sodium value is evaluated |

| | | |
|--|--------|---|
| Frozen and Canned Vegetables (seasoned, sauced, fried) | 100 g | - Low fat |
| Tomato and Vegetables Juices and Blends | 250 ml | - Good source of vitamin A AND/OR Good source of folacin - Sodium value is evaluated |

Milk Products

| Food Category | Serving Size | Entry-Level Nutrient Criteria* |
|---|------------------------|--|
| Milk/Milk Based Drinks | 250 ml | - Lower fat (2% M.F. or less) AND - Excellent source of calcium |
| Yogurts | 175 g | - Lower fat (2% M.F. or less) AND - Good source of calcium |
| Yogurt Based Drinks | 250 ml | - Lower fat (2% M.F. or less) AND - Good source of calcium |
| Flavoured Fresh Cheese | 100 g | - Lower fat (2% M.F. or less) AND - Good source of calcium |
| Puddings / Flans / Frozen Dairy Deserts | 125 ml | - Low fat AND - Source of calcium |
| Cheese | 30 g | - Lower fat (20% M.F. or less) AND - Good source of calcium |
| Simili Cheese | 30 g | - Lower fat (20% M.F. or less) AND - Good source of calcium - 5g or more protein |
| Fresh Cheese (plain) - ricotta - quark - cottage | 55 g 100 g 125 g | - Low fat OR - Reduced fat AND - Good source of calcium |
| Plant-based Beverages (e.g. soy beverages) | 250 g | - Fortified / Enriched AND - Low fat OR Low saturated fats |

Meat & Alternatives

| Food Category | Serving Size | Entry-Level Nutrient Criteria* |
|--|---------------------------------|---|
| Meats / Poultry (plain, seasoned, coated) | 125 g (raw) 100 g (cooked) | - Lean (10% or less fat) |
| Meats / Poultry (with sauce) | 140 g | - Lean (10% or less fat) |
| Ground Meats | 100 g (raw) | - Lean (17% or less fat) |
| Burgers and Meatballs | 100 g (raw) or 60 g (cooked) | - Lean (17% or less fat) |
| Sausages | 75 g | - Lean (10% or less fat) |
| Deli Meats / Ham | 55 g | - Lean (10% or less fat) |
| Fish and Seafood (plain) | 125 g (raw) 100 g (cooked) | - Sodium value is evaluated |
| Fish and Seafood (seasoned, coated, sauced) | 125 g (raw) 100 g (cooked) | - Extra lean (7.5 % or less fat) |
| Canned Fish and Seafood (packed in broth or water) | 55 g | - Sodium value is evaluated |
| Canned Fish and Seafood (seasoned, sauced) | 55 g | - Lean (10% or less fat) OR - No added fat |
| Processed Fish (e.g. crab imitation) | 55 g | - Low fat |
| Dried Legumes | 100 g | - All fit |
| Frozen and Canned Legumes | 200 g | - Sodium value is evaluated |
| Canned Legumes (prepared) | 125 g | - 3g or less total fat per 125g |
| Tofu | 85 g | - Low saturated fat - 10g or less total fat |
| Vegetarian Burgers and Meatballs | 60 g | - Lean (10% or less fat) - protein value is evaluated |
| Vegetarian Meat Alternatives (seitan, Veggie Ground Meat, So soya, simulated cutlet, simulated meat strips, etc.) | 100 g | - Lean (10% or less fat) - 10g or more protein |

| | | |
|--|---|--|
| Vegetarian Deli Meats (sausages, simulated ham, pepperoni, etc) | 55 g | - Lean (10% or less fat) - 5g or more protein |
| Eggs | 1 egg | - All fit |
| Egg Substitute | 50 g | - Low fat |
| Nuts, Seeds or Ready to Eat Dried Legumes(e.g. soybeans) *plain, uncoated / /coconut not eligible | 50 g (30 g shelled if not use as snacks) | - No added salt |
| Nuts and Seeds Butters | 15 ml (peanut butter) 30 mL (others) | - Nuts or seeds as the 1st ingredient - Sodium value is evaluated |

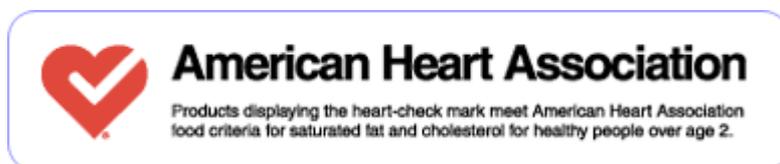
Other Foods

| Food Category | Serving Size | Entry-Level Nutrient Criteria* |
|--|--|---|
| Cookies | 30 g | - Low fat AND - Starch value is evaluated |
| Snack Foods (e.g. popcorn, pretzels, chips) | 50 g | - Low fat |
| Sherberts | 125 g | - Low fat AND - Source of vitamin C AND/OR - Source of vitamin A AND/OR - Source of folacin - Source of fibre |
| Oils | 10 ml | - Low saturated fat |
| Margarines | 10 g | - Low saturated fat and non hydrogenated |
| Light Margarines | 10 g | - Reduced fat (50% less fat than regular margarine) |
| Dips, Spreads, Salsa, Pesto & Salad Dressings | 15 mL (mayonnaise) 55 g (spreads) 60 mL (pesto) 30 mL (others) | - Low saturated fat |
| Olives | 15 g | - Low saturated fat |

Combination Foods

| Food Category | Serving Size | Entry-Level Nutrient Criteria* |
|--|--------------|---|
| Soups | 250 ml | - Low fat AND - Reduced Sodium (maximum 650mg) AND - Source of vitamin A or C or iron or calcium or fibre |
| Dinners & Entrees / Mixed Dishes | 250 g | OPTION #1 Per 250 g and per serving declared on the label: Total fat: 10 g or less Protein: 10 g or more Sodium: 960 mg or less OPTION #2 - Low in saturated fat (per 100g) AND Per 250 g and per serving declared on the label : Total fat: 15 g or less Protein: 10 g or more Sodium: 960 mg or less |
| Pasta Sauce (with or without meat)* | 125 ml | - Lower fat OR - Low saturated fat |
| Pizza | 250 ml | Per 250 g and per serving declared on the label: - Total fat: 17 g or less (33% less fat than regular pizza) - Protein: 10 g or more - Sodium: 960 mg or less |
| Potato and Pasta Salads | 140 g | - Low saturated fat - 7.5 g or less total fat |
| Other Salads | 100 g | - Low saturated fat 7.5 g or less total fat |
| Dried Fruit and Nut Mixture | 50 g | - No added salt |
| Nut and/or Seed Bars (with or without dried fruit) | 35 g | - No added salt |

Appendix 9: American Heart Association’s Health Check Mark – nutrition criteria



To be certified, a product must meet all of the following nutritional levels. These levels are based on a single serving size as specified by the FDA for an individual food.

| |  American Heart Association <small>Products displaying the heart-check mark meet American Heart Association food criteria for saturated fat and cholesterol for healthy people over age 2. heartcheckmark.org</small> |  American Heart Association <small>Products displaying the heart-check mark meet American Heart Association food criteria for saturated fat, cholesterol and whole grains for healthy people over age 2. heartcheckmark.org</small> |
|---|---|--|
| Total Fat | 3gms or less | Less than 6.5 gms |
| Saturated Fat | 1 gm or less | 1gm or less |
| Cholesterol | 20 mg or less | 20 mg or less |
| Sodium | 480 mg or less | 480 mg or less |
| Contain 10% or more of the daily value of 1 of 6 nutrients; vitamin A, vitamin C, iron, calcium, protein or dietary fiber | Yes | Yes |
| <i>Trans</i> fat* | | .5 gm or less |
| Whole grain | | 51% by weight/Reference Amount Customarily Consumed (RACC) |
| Minimum Dietary Fiber | | 1.7 g/RACC of 30 gms 2.5 g/RACC of 45 gms 2.8 g/RACC of 50 gms 3.0 g/RACC of 55 gms |

Seafood, game meat, meat and poultry must meet the standards for "extra lean".

Appendix 10: Australia. The GI symbol

<http://www.gisymbol.com.au/pages/index.asp>



Product Eligibility and Nutrient Criteria

The nutrient criteria aim to include foods which:

- contain carbohydrate
- are not high sources of fat, particularly saturated fat,
- are moderate in sodium content and
- are a source of fibre (where appropriate).

It is important that the GI value is not regarded as the sole determinant of food choice – just as kilojoule value or fat content should not be - but only one factor.

- The GI symbol program criteria do not include criteria related to sugar content as the GI is a more important indicator of how foods affect blood glucose levels. In addition, there are calcium content criteria for some dairy products and some energy density criteria.
- Provided the GI values have been derived using the approved methodology, the actual GI value does not affect eligibility for the program. High GI foods play an important role in some sports and diabetes-related situations and provide dietary variety.
- Nutritional information (eg nutrition information panel data) and GI testing data need to be provided to Glycemic Index Limited to assess eligibility against the criteria.

Guidelines for Product Acceptability

To be eligible, foods must:

- Contain at least 10g carbohydrate per serve.
- Have had their GI determined by SUGiRS (Sydney University Glycemic Index Research Service) or by another approved laboratory using the approved in vivo methodology.
- Have a nutritional composition that meets the required nutrient criteria for the appropriate food category (see below).

Notes:

1. 'per serve' in this document refers to the manufacturer's stated serving size on product label, or for unpackaged products, to generally accepted serving sizes.
2. Allowance will be made for normal biological variations.

General Exclusion

High and intermediate GI soft drinks, cordials, confectionery, sugars and syrups (other than jam, honey and other carbohydrate containing spreads which are eligible if they meet the guidelines above).

1. CEREAL GRAINS AND PRODUCTS

Breads and Crispbreads

| | |
|---------------|--|
| Fat | 5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 20% of the total fat content |
| Sodium | 450 mg/100 g or less |
| Dietary fibre | 3 g/100 g or more |

Breakfast Cereals

| | |
|---------------|---|
| Fat | 5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 20% of the total fat content (or up to 15g/100g if the source of saturated fat is grains, seeds or nuts but not coconut). |
| Sodium | 400 mg/100 g or less |
| Dietary fibre | 3 g/100g or more |

Bran

| | |
|---------------|--|
| Fat | 5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 20% of the total fat content |
| Sodium | 400 mg/100 g or less |
| Dietary fibre | 3 g/100g or more |

Bakery Products

Includes cakes, muffins, slices, fruit pies, pikelets, pancakes, crumpets, waffles, hotcakes, breakfast cereal bars and fruit-filled bars, muesli bars, and sweet biscuits (fresh, frozen or made from packet mix).

| | |
|---------------|--|
| Fat | 5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 20% of the total fat content |
| Sodium | 400 mg/100 g or less |
| Dietary fibre | 3 g/100 g or more |
| Carbohydrate | 35 g per serve (2 exchanges) or less |
| Energy | ≤ 1500 kJ per 100 g or ≤ 500 kJ per serve |

Plain Grains, Flours and Pasta

All acceptable (eg. oats, pasta, noodles, rice, couscous, polenta, wheat, barley, burghul, tapioca, sago).

Filled Pasta, Instant/Savoury Noodles, Combined Pasta and Sauce Mixes

These nutrient limits apply to the cooked products, ready for consumption.

| | |
|--------|--|
| Fat | 5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 20% of the total fat content |
| Sodium | ≤ 350 mg/100 g or less |

2. LEGUMES AND PRODUCTS

Dried

All acceptable.

Canned, Vacuum-packed

| | |
|--------|--|
| Fat | 5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 20% of the total fat content |
| Sodium | 300 mg/100 g or less |

Tofu, Tempeh, and TVP-based Products

| | |
|--------|--|
| Fat | 5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 20% of the total fat content |
| Sodium | 450 mg/100 g or less |

3. FRESH FRUIT AND FRUIT PRODUCTS

Fresh, Frozen, Dried or Canned Fruit

All fresh fruits acceptable.

| | |
|-----|---|
| Fat | No added fat, unless used as a processing aid (< 5 g/100 g) |
|-----|---|

Dried Fruit Bars

For example, dried fruit bars and fruit straps.

| | |
|---------------|---|
| Fat | 5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 20% of the total fat content. |
| Sodium | no added sodium |
| Dietary fibre | 3g/100g or more |
| Energy | ≤ 1100 kJ/100g or ≤ 500 kJ/serve |

4. FRESH VEGETABLES AND VEGETABLE PRODUCTS

Fresh, Frozen, or Dried Vegetables

All fresh vegetables acceptable.

| | |
|---------------|--|
| <i>Fat</i> | No added fat, unless used as a processing aid (< 5 g /100 g, or up to 10g/100g if saturated fat accounts for ≤ 20% of total fat content) |
| <i>Sodium</i> | No added sodium |

Canned Vegetables With or Without Sauce

| | |
|---------------|---|
| <i>Fat</i> | 5 g/100 g or less, provided that saturated fat is ≤ 20 % of the total fat content |
| <i>Sodium</i> | 300mg /100 g or less |

5. MILK, DAIRY PRODUCTS AND ALTERNATIVES

Milk Fluid and Dried (as reconstituted) and Dairy Drinks

| | |
|----------------|---|
| <i>Fat</i> | 2 g/100 g or less, or 2-4 g /100 g, provided that saturated fat is ≤ 20% of total fat |
| <i>Calcium</i> | 100 mg/100 g or more |

Soy and Alternative Beverages

| | |
|----------------|---|
| <i>Fat</i> | 3.5 g/100 g or less, or 2-4 g /100 g, provided that saturated fat is ≤ 20% of total fat |
| <i>Calcium</i> | 100 mg/100 g or more |

Evaporated Milk

| | |
|------------|-------------------|
| <i>Fat</i> | 4 g/100 g or less |
|------------|-------------------|

Frozen Dessert, Ice Cream, Frozen Yoghurt, Gelato, Sorbet, Jelly, Mousse, Custard

| | |
|---------------|---|
| <i>Fat</i> | 5 g/100 mL (or 50 g) or less, or 5 – 10 g/100 mL if saturated fat ≤ 20 % of total fat content |
| <i>Energy</i> | ≤ 350 kJ /100 mL (or 50 g) |

Yoghurt, Soy Yoghurt, or Fromage Frais

| | |
|----------------|---|
| <i>Fat</i> | 2 g/100 g or less, or 2-4 g /100 g, provided that saturated fat is ≤ 20% of total fat |
| <i>Energy</i> | ≤ 350 kJ /100 g |
| <i>Calcium</i> | 100 mg/100 g or more |

6. SNACK FOODS

Savoury Snacks, Biscuits or Crackers

Includes popcorn, potato crisps, extruded snacks, soy chips, biscuits, crackers.

| | |
|--------|---|
| Fat | ≤ 5 g/100 g, or 5–10 g/100g, if saturated fat is ≤ 20% of total fat content |
| Sodium | 500 mg/100 g or less |

7. SPORTS DRINKS AND SPORTS BARS

Sports Drinks

(should be isotonic or hypotonic, i.e. sodium and sugar content equal to or less than that of blood)

| | |
|--------------|-------------------|
| Carbohydrate | 4–8 g/100 mL |
| Sodium | ≤ 25 mmol / litre |

Sports Bars and Miscellaneous Sports Products

| | |
|-----|--|
| Fat | 5 g/100 g or less, or 5–10 g/100g, provided that saturated fat is ≤ 20% of the total fat content |
|-----|--|

8. MEDICAL NUTRITIONAL PRODUCTS

eg. Sustagen, Glucerna.

For appropriate medical and/or nutritional purposes.

All acceptable.

9. CONVENIENCE FOODS

Soups (reconstituted, ready to eat)

| | |
|--------|--|
| Fat | 2 g/100 g or less, or 2–5 g/100g, if saturated fat is ≤ 20% of total fat content |
| Sodium | 350mg/100 g or less |

Prepared Salads (potato, bean or pasta-based)

| | |
|--------|--|
| Fat | 5 g/100 g or less, or 5–10 g/100g, provided that saturated fat is ≤ 20% of the total fat content |
| Sodium | 350 mg/100 g or less |

Pre-prepared Meals (frozen, canned or fresh)

eg. Pasta dishes, casseroles with rice/potato, curry and rice, stir-fry meals and rice, TV dinners.

| | |
|---------------|---|
| <i>Fat</i> | ≤ 10 g fat/100g, saturated fat must be ≤ 20% of total fat content |
| <i>Sodium</i> | 350 mg/100 g or less |

Meat Pies, Pasties, Sausage Rolls, Pizza, etc...

| | |
|---------------|---|
| <i>Fat</i> | ≤ 10 g fat/100g, saturated fat must be ≤ 20% of total fat content |
| <i>Sodium</i> | 350 mg/100 g or less |

10. MISCELLANEOUS**Sauces and Savoury Condiments**

Eg. pasta, cook-in sauces, HP sauce, tomato sauce, chutney, relish, pickle, etc.

| | |
|---------------|--|
| <i>Fat</i> | 5 g/100 g or less, or 5 – 10 g/100g if saturated fat is ≤ 20% of total fat content |
| <i>Sodium</i> | 450 mg/100 g or less |

Flavoured Milk Powders (as reconstituted)

Eg. Milo, Nesquik.

| | |
|---------------|--|
| <i>Fat</i> | 2 g / 100 g or less, or 2 - 4 g / 100 g if saturated fat is ≤ 20% of total fat |
| <i>Sodium</i> | 400 mg / 100 g or less |

Sandwich Spreads

Eg. peanut butter, honey, jam, marmalade.

| | |
|---------------|---|
| <i>Fat</i> | saturated fat is ≤ 20% of total fat content |
| <i>Sodium</i> | 350 mg /100 g or less |

Dips

| | |
|---------------|-----------------------|
| <i>Fat</i> | 10 g/100 g or less |
| <i>Sodium</i> | 450 mg /100 g or less |

GENERAL (for all other foods not specifically excluded)

| | |
|---------------|--|
| <i>Fat</i> | 5 g/100 g or less, or 5 – 10 g/100g, provided that saturated fat is ≤ 20% of the total fat content |
| <i>Sodium</i> | 450 mg/100 g or less |

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