



A rapid review of evidence

Discretionary food and drinks

November 2018

Document 1 FOI 2125

A rapid review of evidence: Discretionary food and drinks

A rapid review of evidence prepared for the National Health and Medical Research Council

Contributing authors

Professor Amanda Lee^{1,2}, Associate Professor Anna Rangan³, Professor Margaret Allman-Farinelli³, Ms Juliana Chen³, Ms Amanda Grech³, Ms Sally McDonald⁴, Professor Andrew Wilson^{1,5}.

- 1. The Australian Prevention Partnership Centre, The Sax Institute
- 2. School of Public Health, The University of Queensland
- 3. School of Life and Environmental Sciences, The University of Sydney
- 4. School of Pharmacy, The University of Sydney
- 5. Menzies Centre for Health Policy and School of Public Health, The University of Sydney

Editing and design: Ainsley Burgess, Helen Signy

Suggested citation: Lee A, Rangan A, Allman-Farinelli M, Chen J, Grech A, McDonald S, Wilson A. A rapid review of evidence: discretionary food and drinks. The Australian Prevention Partnership Centre. November 2018.

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Enquiries regarding this report may be directed to:

The Australian Prevention Partnership Centre

www.preventioncentre.org.au

Email: preventioncentre@saxinstitute.org.au

Phone: +61 2 9188 9520

Published November 2018

Disclaimer: This rapid review is not necessarily a comprehensive review of all literature relating to the topic area. It was current at the time of production (but not necessarily at the time of publication) and is based on sources believed to be reliable.

Funding Partners

The Australian Prevention Partnership Centre is funded by NHMRC, Australian Government Department of Health, ACT Health, Cancer Council Australia, NSW Ministry of Health, South Australian Department for Health and Wellbeing, Tasmanian Department of Health, and VicHealth.

The Prevention Centre is hosted by the Sax Institute.



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A rapid review of evidence: Discretionary food and drinks

Executive summary

The aim of this rapid review is to determine understanding of the term 'discretionary food and drinks' by (1) consumers, (2) health professionals, (3) educators, and (4) industry, including identification of existing guidance or classification criteria for discretionary food and drinks.

Peer reviewed literature, grey literature and websites were searched systematically to document how the term 'discretionary food and drinks', and/or related terms, concepts or criteria to differentiate 'healthy' and 'unhealthy' foods and drinks, are defined and applied by different sectors and groups in the context of Australian nutrition policies and strategies. Results were synthesised and analysed to describe how this relates to the definitions and intent outlined in the Australian Dietary Guidelines (2013), and how this aligns with equivalent/similar purpose terminology. Three specific research questions, and their sub-components, were developed. The methods used to answer these are summarised in Table 1, page 4.

Table 1: Methods used to address research questions

Table 1. Methods used to address research questions	
Research question	Method
Question 1. What is the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013 suite of documents and resources? (Incorporating how are 'healthy' and 'unhealthy' food and drinks differentiated in the Australian Dietary Guidelines products and recommendations and why.)	1(i) Searched Eat for Health and NHMRC websites (and the process manual for the systematic literature review used to inform the review of the ADGs in a systematic manner) for 'discretionary' foods and similar terms and synonyms, definition, rationale and application. Extracted data from all documents. Synthesised results.
Question 2. How is the term 'discretionary food and drinks' being defined and used in Australia:(a) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors?	2(i) Conducted a systematic literature review of single studies of Australian peer reviewed literature from 2013 for 'discretionary food and drinks' and synonyms, and their definition, rationale and application. Extracted data from all included studies. Synthesised results by 2(a) sector and 2(b) application.
 (b) For application in different nutrition policy actions/strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/health claims on food packaging, and fortification initiatives)? (c) How does this differ from the definition and intent of the term 'discretionary food and drinks' and 	2(ii) Searched key Australian websites and proffered documents in a systematic manner for 'discretionary food and drinks' and synonyms, and their definition, rationale and application. Extracted data from all relevant returns in the first page of each search. Synthesised results by 2(a) sector and 2(b) application.
synonyms as outlined in the Australian Dietary Guidelines 2013?	2(iii) Analysed results by comparing and contrasting combined results of 2(i) and 2(ii) results of Q2(a) and Q2(b) with results from Q1.
Question 3. How are 'healthy' and 'unhealthy' food and drinks being differentiated in Australia?	3(i) Conducted a systematic literature review of reviews of Australian peer reviewed literature from 2013 for 'healthy' and 'unhealthy' foods and synonyms, definition, rationale and application. Extracted data

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- (a) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors
- (b) For application in different nutrition policy actions/strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/health claims on food packaging, and fortification initiatives)
- (c) How does this differ from the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013?

from all included reviews. Synthesised results by **3(a)** sector and **3(b)** application.

- **3(ii)** Searched websites of Australia's top 10 food and nutrition bloggers in a systematic manner for 'healthy' and 'unhealthy' foods and synonyms, definition, rationale and application. Synthesised results by **3(c)** influencer.
- 3(iii) Analysed results by comparing and contrasting combined results of 3(i) and 3(ii) results of Q3(a), Q3(b) and Q3(c) with results from Q1.

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Question 1

What is the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013 suite of documents and resources? (Incorporating how are 'healthy' and 'unhealthy' food and drinks differentiated in the Australian Dietary Guideline products and recommendations, and why).

The response to Question 1 was informed by review of the complete suite of documents and resources associated with the 2013 revision of the Australian Dietary Guidelines (See Section 5.1.1 to Section 5.1.6).

This review found that the most common, succinct definition of the term 'discretionary foods and drinks' in the Australian Dietary Guidelines suite of guidelines, supporting documents, resources and tools is:

Discretionary foods and drinks are not a necessary part of a healthy diet and are high in saturated fat, added sugars, salt and/or alcohol.

The term 'discretionary food and drinks' is defined numerous times in the glossaries and within the text of the Australian Dietary Guidelines suite of publications, which include guidelines, summaries, supporting documents, resources (brochures and posters), educators' guide, tools and an interactive website. Explanation of the term appears tailored to suit different target audiences. Within the suite, 'discretionary food and drinks' are identified:

- With specific food names¹ and quantified amounts
- · By more than the detrimental nutrients by which they are characterised
- In relation to Australian Dietary Guideline 3 ('Limit intake of foods containing saturated fat, added salt, added sugars and alcohol')
- In relation to the Australian Guide to Healthy Eating (AGTHE) (foods in the bottom right-hand corner of the graphic, labelled 'use occasionally and only in small amounts')
- As tending² to be energy dense and low in nutrients (or nutrient density)
- As those that do not belong in the Five Food Groups, healthy fat allowance or water classifications of the Australian Dietary Guidelines.

Most definitions in the Australian Dietary Guideline publications go on to note that:

- Discretionary food and drinks should be used only sometimes and in small amounts
- Most Australians consume too many discretionary choices instead of foods from the Five Food Groups
- For those who are short, small, above healthy weight range or not very physically active, there is little or no room in healthy dietary patterns for any discretionary choices at all.

Importantly, the definition of discretionary food and drinks is underscored by robust evidence of food, diet and health relationships from five key sources that focus on:

• The relationships between consumption of specific foods and drinks, dietary patterns and health outcomes and/or

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¹ Including most sweet biscuits, cakes, desserts and pastries; processed meats and sausages; ice-cream and other ice confections; confectionary and chocolate; savoury pastries and pies; commercial burgers; commercially fried foods; potato chips, crisps and other fatty and/or salty snack foods; cream, butter and spreads which are high in saturated fats; sugar-sweetened soft drinks and cordials, sports and energy drinks and alcoholic drinks.

² For example, not all discretionary foods that are high in salt are energy dense.

 How optimal quantities of foods and drinks are best combined within energy constraints to constitute healthy dietary patterns (from modelling).

To accurately reflect this evidence base, many definitions listing specific foods in the discretionary food and drinks classification include the qualifier 'most'. The succinct definition of 'discretionary food and drinks' also includes the qualifier 'high in'3, before listing the detrimental nutrients by which they are characterised. The Australian Dietary Guidelines provide practical information about how to read food labels to identify choices 'high in' specific nutrients, and how to construct healthy dietary patterns of specific types and amount of foods for specific groups. However, both the qualifiers 'most' and 'high in' are likely to mean different things to different people.

Across the suite of Australian Dietary Guideline documents, there are variations in the exact wording used to describe 'discretionary food and drinks', including in some glossary definitions. There is some inconsistency around words including 'added sugar', 'sugar', 'added salt', 'high in salt', 'saturated fat', 'dietary fibre', 'energy-dense', and 'nutrient-poor.' This may be confusing for some readers.

Question 2

How is the term 'discretionary food and drinks' being defined and used in Australia (a) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors? (b) For application in different nutrition policy actions/ strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/ health claims on food packaging, and fortification initiatives)? (c) How does this differ from the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013?

The response to Question 2 was informed by systematic review of peer reviewed literature (see Section 5.2.1), review of Australian websites (see Section 5.2.2) and review of proffered documents (see Section 5.2.3).

Of the 93 included peer reviewed studies from 186 first or last authors from different sectors/professions that used the term 'discretionary food and drinks', the majority (80%) were from the academic health sector, followed by the technical science sector (11%), and the education, food industry and other sectors (3% each). Of those from the health sector, most (n=92) were dietitians/nutritionists. The majority of these authors from the health sector identified the Australian Dietary Guidelines as the source of the term; this proportion was highest for dietitians/nutritionists (87%).

Of the 93 included webpages from 41 organisations, 72% identified the Australian Dietary Guidelines as the source of definition of the term 'discretionary food and drinks' or synonyms. Of the 49 included submissions of the 146 submissions to the Senate Select Enquiry into the Obesity Epidemic in Australia, and the 16 included proffered documents, 47% and 50% respectively identified the Australian Dietary Guidelines as the source of definition of the term 'discretionary food and drinks' or synonyms.

However, few sectors/professions defined the term 'discretionary food and drinks' in alignment with the Australian Dietary Guidelines. Overall, less than 40% of the authors of all the peer reviewed papers, webpages, submissions or proffered documents included in the review defined the term in alignment with the Australian Dietary Guidelines.

Of those that identified the source of the term correctly, about 50% defined the term in alignment with the Australian Dietary Guidelines; in the proffered documents this figure was closer to 30%. The highest levels of alignment were seen in those peer reviewed papers authored by the members of the food industry (60%), dietitians/nutritionists (49%) and other clinical health practitioners (45%).⁴ Lower rates of alignment were seen

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³ This is because in the scientific literature, different cut-off points are applied for different nutrients in different types of studies, in different food and drink groupings, in different countries, to identify different ranges of relative risk for different health outcomes. Therefore, consistent nutrient content 'cut-off' points could not be identified to satisfy systematic epidemiological enquiry in the 2013 review of the Australian Dietary Guidelines.

⁴ Especially when co-authoring with dietitians/nutritionists.

among non-health professionals (such as economists or lawyers), with the lowest levels among educators, other public health practitioners (such as epidemiologists and physical activity experts) and other scientists (such as behavioural scientists and molecular biologists).

Results suggested that scrutiny within the peer-review process may be important, as few submissions by the food industry to the obesity enquiry (7%) and few food industry webpages (16%) defined the term 'discretionary food and drinks' in alignment with the Australian Dietary Guidelines. Consistency with the Australian Dietary Guidelines definition was highest on the webpages of non-government organisations, followed by government departments, professional associations, and then government agencies.

The education and consumer sectors were not using the term 'discretionary food and drinks' in publications frequently. With the exception of peer reviewed papers, little evidence of uptake or accurate use of the term was found among the food industry sector; nutrient profiling schemes appeared to have more appeal to this sector.

The authors of the peer reviewed papers assessed as having a real or potential conflict of interest (COI) were less likely to accurately define and apply the term 'discretionary food and drinks'. This suggests that, rather than not being aware of the term 'discretionary food and drinks', some groups may be choosing not to use the term at all or, if they do, may be electing not to do so as outlined in the Australian Dietary Guidelines.

The Australian Bureau of Statistics (ABS) categorised foods reported within the National Nutrition and Physical Activity Survey (NNPAS) of the Australian Health Survey (AHS) 2011-13 as discretionary or non-discretionary to aid policy relevant analysis of the survey data (ABS 2014). Based on the definitions and the supporting documents underpinning the Australian Dietary Guidelines, the ABS sought the advice of individuals and organisations to help develop the principles for categorisation, including the application of arbitrary nutrient content 'cut-off' criteria. The results were not necessarily consistent with the intent of the Australian Dietary Guidelines, and some examples of different classifications of foods and drinks in the two systems were identified.

The review of the peer reviewed literature suggested that misalignment of the term 'discretionary food and drinks' with the definition in the Australian Dietary Guidelines occurred most commonly in three cases:

- Misuse of the term and concept 'discretionary food and drinks', particularly related to inclusion of total fat instead of saturated fat, and inclusion of dietary fibre
- Reliance on the food classification list developed by the ABS as being consistent and interchangeable with the Australian Dietary Guidelines
- Personal opinion/belief that disagreed with classification of specific 'discretionary food and drinks' or other foods and drinks in the Australian Dietary Guidelines.

The foods and drinks most frequently misclassified in the literature and websites reviewed included: fruit juice; dried fruit; full fat and reduced fat milk, cheese and yoghurt; reduced fat cheese; hummus; muesli bars; breakfast cereals; healthy spreads and oils; and alcohol, especially red wine. Analysis showed that the term 'discretionary food and drinks' is being used currently in Australia in the two ways intended by the Australian Dietary Guidelines. Depending on context, these are to differentiate:

- · 'Unhealthy' food and drinks from 'healthy' food and drinks
- 'Unhealthy' diets and dietary patterns from 'healthy' diets and dietary patterns (for example, on the basis of the proportion of discretionary food and drinks contributing to overall energy content of the diet).

The sectors/professions that were more likely to apply the term to differentiate 'unhealthy' diets from 'healthy' diets, rather than to classify foods and drinks, included dietitians/nutritionists (67%) and clinical health professionals (50%). The majority of submissions to the Senate Select Enquiry on the Obesity Epidemic in Australia 2018 that mentioned the term 'discretionary food and drinks' also used it differentiate 'unhealthy' diets from 'healthy' diets. Submissions from individuals and the food industry, and proffered documents from the food regulatory sector, were less likely than other groups to use the term to classify diets, rather than foods.

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Results of analysis of included websites showed that most government health and education departments are using the Australian Dietary Guidelines to inform a 'traffic light' approach to classification systems to guide food supply strategies in tuckshops/canteens in schools. The specifics of the approach varied across jurisdictions, including in the nutrient content 'cut-off' points applied to differentiate 'red' and 'amber' categories. NSW schools have adopted a hybrid approach that incorporates the Health Star Rating (HSR) system to classify discretionary foods and drinks.

The webpages of Food Standards Australia New Zealand (FSANZ), which has a food regulatory function in both Australia and New Zealand, focused on nutrient profiling approaches to define 'healthy' foods for Front of Pack Labelling (FoPL), health claim and fortification initiatives. The food regulatory system demands precision of all definitions in the Food Standards Code. Both Australia and New Zealand have different dietary guideline formats, hence the relationship between FSANZ and the Australian Dietary Guidelines would be expected to be more complex than for government agencies that have a non-regulatory and/or Australian-only focus.

Question 3

How are 'healthy' and 'unhealthy' food and drinks being differentiated in Australia? (a) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors (b) For application in different nutrition policy actions/ strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/ health claims on food packaging, and fortification initiatives) (c) How does this differ from the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013?

The response to Q3 was informed by literature review of published reviews defining 'healthy' and 'unhealthy' foods in Australia (see Section 5.3.1) and review of the blogs of social media influencers (see Section 5.3.2).

Of the 20 included review papers differentiating between 'healthy' and 'unhealthy' foods and drinks, six mentioned the term 'discretionary food and drinks' or synonyms, six included 'unhealthy' foods, eight mentioned 'energy-dense, nutrient-poor' foods, three applied traffic light labelling systems, and another two focused on school nutrition policies that used either traffic light systems and/or 'occasional' labels on 'unhealthy' foods. Other alternative terms included in the reviews were 'non-core foods' (n=2), 'junk food' (n=2), 'ultra/processed foods' (n=2), and those associated with various nutrient profiling schemes (n=5), including application of the Health Star Rating (HSR) system nutrient content 'cut-off' points in FoPL initiatives (n=3). All documents reviewed specifically in the regulatory area focused on nutrient profiling systems⁵, particularly on their application in food labelling, especially the Health Star Rating system. Nutrient profiling systems were also applied in nutrition/health claims and fortification initiatives. Some proffered documents associated with governance of the HSR system were critical of the definition and/or concept of the term 'discretionary food and drinks' or synonyms, implying that a clear definition of the term does not exist.

Insufficient information was provided in the included reviews to support objective, robust assessment of the alignment of nutrient profiling systems, or the HSR nutrient profiling system specifically, with the definition and intent of the term 'discretionary food and drinks' as outlined in the Australian Dietary Guidelines. Reported alignment in the included peer reviewed studies and proffered documents could be improved by greater:

- justification of 'cut-off' points tested⁶
- assessment of the validity of using the ABS 'discretionary food and drink list' as a proxy for the Australian Dietary Guidelines

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⁵ Nutrient profiling is the science of classifying or ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health.

⁶ Including evidence of relationships with health outcomes and related 'targets' adopted in the design of the system.

- consideration of the methodological implications around choice of any third food classification system comparator
- public access to all databases
- transparency and replicability.

In the documents reviewed, general misalignment was noted between nutrient profiling systems and the Australian Dietary Guidelines in several areas including: selection of nutrients; the number of nutrients considered; the use of the term and concepts of 'energy-density' alone as a negative construct; and failure to recognise that discretionary choices are not required for health, including many of those with modified nutrient profiles.

The 10 included food blogs consisted mostly of recipes and cooking tips. Of the 10 food blogs, only three stated the aim of the blog included sharing information on healthy recipes. The eight included nutrition blogs were comprised mostly of editorials, with or without accompanying recipes. The authors of the nutrition blogs included four dietitians/nutritionists, three 'nutritionists' with unclear credentials, and one team of self-proclaimed 'renegade' health professionals (personal trainers and naturopaths).

On the 65 included webpages from the 18 blogs, only half aligned broadly with the concepts of the Australian Dietary Guidelines; alignment tended to be greater in those written by dietitians/nutritionists. A range of terms used to describe 'healthy' food and diets (such as 'gluten-free', 'dairy-free' and 'Paleo') in the blogs did not align with the terms, concepts or evidence base outlined in the Australian Dietary Guidelines. The popularity of these blogs could be seen to be undermining the Australian Dietary Guidelines and increasing the risk of poor diet within the community.

Insufficient information was provided in the included reviews or food and nutrition blogs to support objective, robust assessment of the alignment of terms to identify 'unhealthy' foods, such as 'junk foods', 'processed foods' and 'ultra-processed foods' with the definition and intent of the term 'discretionary food and drinks' as outlined in the Australian Dietary Guidelines.

Limitations

As a rapid review, there were several inherent limitations in this study due to time constraints and resources available, and these are identified within the report.

Conclusions

The review found evidence of low rates of understanding of the definition, intent and application of the term 'discretionary food and drinks' as outlined in the Australian Dietary Guidelines. This suggests that much more needs to be done to promote and disseminate the evidence-based recommendations of the Australian Dietary Guidelines and help translate them into policy and practice in Australia.

The term, concept and underlying evidence base appear relatively well understood and applied by dietitians/nutritionists, non-government organisations, and government preventive health sectors, but less so by other public health professionals, those from a science/social science background, non-health professionals, the food regulatory sector, and/or those with conflicting interests. The education and consumer sectors are not using the term frequently. With the exception of the relatively few peer reviewed papers authored by some sections of the food industry, little evidence of uptake or accurate use of the term was found among the food industry sector.

Greater clarity and consistency around the term 'discretionary food and drinks' could help reduce the high degree of misunderstanding, misinterpretation and misuse of the term, synonyms and relevant concepts revealed by this review. Specific suggestions to achieve this are provided.

All those working in public health nutrition policy and practice in Australia have a responsibility to familiarise themselves with the content of the full suite of documents comprising the Australian Dietary Guidelines, particularly those without formal training in methods to deal with the complexities inherent in our current food, nutrition and health systems. To assist, future iterations of the Australian Dietary Guidelines will require active

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dissemination⁷ and active promotion to all health professionals, public health sector, educators, the not-for-profit and industry sectors, interested consumers, and the general public.⁸

Contemporary nutrition science includes a focus on lifelong dietary patterns as the exposure variable affecting diet-related health outcomes. The evidence base also supports a focus on whole foods, rather than specific nutrients, for prevention of diet-related chronic disease outcomes. Conversely, a focus on nutrients may be more relevant to undernutrition than to obesity and diet-related chronic disease outcomes, which are now a major health burden in Australia.

However, nutrient profiling systems, which do not necessarily reflect food, diet and health relationships, are being used for regulatory purposes in Australia, specifically for FoPL labelling (HSR), nutrition/health claims, and fortification initiatives, and to a lesser extent in various school food supply and other public sector food supply initiatives. Conversely, while the food classification system of the Australian Dietary Guidelines is being used broadly as intended, most notably by the ABS in analysis of the National Nutrition and Physical Activity Survey (NNPAS) component of the Australian Health Survey (AHS) 2011-13 to produce highly policy relevant data, the application of the term 'discretionary food and drinks' appears under-utilised in current nutrition policy and practice initiatives in Australia.

Nutrition science is constantly evolving. The systematic review of the international scientific literature that provided one important pillar of the evidence base of the Australian Dietary Guidelines 2013 examined peer reviewed papers published between 2002 and 2009. As it is now nearly a decade since those papers were published, there is an urgent need to review the Australian Dietary Guidelines to ensure recommendations capture the most recent studies of food, diet and health relationships.

While the concept, definition and intent of 'discretionary food and drinks' in the Australian Dietary Guidelines accurately reflect contemporary nutrition science approaches, (re)testing alternative terms used in the literature (such as 'ultra-processed food', 'energy-dense nutrient poor', 'unhealthy food and drinks', 'junk food', and 'noncore' foods), and greater consistency and specificity in terminology, could increase uptake and utility in efforts to improve the diet-related health of the Australian population.

This research has confirmed that it is possible to develop and apply a working 'fit for purpose' definition of 'discretionary food and drinks' in nutrition policy and practice initiatives to improve diet-related health in Australia.

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⁷ Including sufficient hard copies.

⁸ Including through contemporary social marketing initiatives.

1 Introduction

The NHMRC appointed a collaborative team developed by The Australian Prevention Partnership Centre to conduct a rapid review of recent evidence and reports on discretionary food and drinks. This work request was initiated by a joint Food Regulation Standing Committee/Australian Health Ministers' Advisory Council working group and is funded by the Australian Government Department of Health. This work "seeks to investigate the evidence on the way in which unhealthy (discretionary) food and drinks are classified and articulated in key government documents, non-government nutrition resources and the scientific literature, with the aim of improving consumer, clinician, educators and industry understanding of the terms. The final product/s may be considered as part of any review of the 2013 Australian Dietary Guidelines."

2 Background: The problem of interest

The background documentation of the work request identified that "dietary patterns characterised by excess dietary saturated fat, sodium, added sugars and alcohol are associated with increased health risk". The request raised two key points:

- 1. Definition: The Australian Dietary Guidelines have been criticised for not clearly defining what discretionary food and drinks are in relation to Guideline 3 ('Limit intake of foods containing saturated fat, added salt, added sugars and alcohol'). In contrast, the Five Food Groups (previously defined as core foods before 2013 Australian Dietary Guidelines) identify nutritious foods with actual food names and quantified amounts rather than identifying detrimental nutrients. This has reportedly resulted in an area of confusion for policy makers, health professionals, food industry and consumers, contributing to reported lack of compliance with the Australian Dietary Guidelines.
- 2. Lack of alignment from recommendations to policy/programs: Nutrition interventions should aim to operate synergistically with dietary guidelines which provide an evidence-based framework. Health professionals, food industry, policy makers and consumers have observed a lack of alignment with core principles of the Australian Dietary Guidelines in the design, implementation and evaluation of current nutrition policies, campaigns and interventions (for example Health Star Rating, Healthy School Canteen Policies, nutrition/health claims, and fortification initiatives). This lack of alignment threatens the credibility and sustainability of dietary guidelines.

3 Aim

The aim of this project is to determine (1) broader consumer, (2) health professional, (3) educator, and (4) industry understanding of the term discretionary food and drinks', including identification of existing guidance or classification criteria for discretionary food and drinks.

4 Methods and research protocol

4.1. Broad approach

Peer reviewed literature, grey literature and websites were searched systematically to document, synthesise, analyse and interpret how the term 'discretionary food and drinks' (and/or related terms, concepts or criteria to differentiate 'healthy' and 'unhealthy' foods and drinks) is being used and defined by different sectors and subsectors in the context of Australian policies and strategies, how this relates to the definitions and intent outlined in the Australian Dietary Guidelines (2013), and how this matches with equivalent/similar purpose terminology, for example 'highly processed foods'.

To answer the research questions required identification of the definition and application of specific terms and concepts by different sectors; in effect, the search needed to identify evidence of opinion and approach to

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translation of the scientific evidence on food, diet and health relationships into policy and practice by different sectors. As this is a novel requirement of systematic review processes, a pilot study was undertaken to test the search strategy proposed initially for feasibility and practicality in the timeframe provided for this rapid review. As the search was looking for evidence of opinion, it was deemed unnecessary (and undesirable) to assess the quality of the studies and reviews included.

The final detailed search strategy was informed by the results of the pilot and consultation with the NHMRC project team. It is presented, together with the pilot results, in Appendix 1.

The three specific research questions, and their sub-components, and the methods used to answer these are summarised in Table 1.

Data extraction templates were developed iteratively in consultation with the NHMRC project team.

Table 1. Research questions and summary methods

Table 1. Research questions and summary methods	
Research questions	Methods
Question 1. What is the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013 suite of documents and resources? (incorporating how are 'healthy' and 'unhealthy' food and drinks differentiated in the Australian Dietary Guidelines products and recommendations and why)	1. Searched Eat for Health and NHMRC websites (and the process manual for the systematic literature review used to inform the review of the Australian Dietary Guidelines in a systematic manner) for 'discretionary' foods and similar terms and synonyms, definition, rationale and application. Extracted data from all documents. Synthesised results.
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strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/health claims on food packaging, and fortification initiatives)? (f) How does this differ from the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary	2(ii) Searched key Australian websites and proffered documents in a systematic manner for 'discretionary food and drinks' and synonyms, and their definition, rationale and application. Extracted data from all relevant returns in the first page of each search. Synthesised results by 2(a) sector and 2(b) application.
Guidelines 2013?	2(iii) Analysed results by comparing and contrasting combined results of 2(i) and 2(ii) results of Q2(a) and Q2(b) with results from Q1.
Question 3. How are 'healthy' and 'unhealthy' food and drinks being differentiated in Australia? (d) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors (e) For application in different nutrition policy actions/	3(i) Conducted a systematic literature review of reviews of Australian peer reviewed literature from 2013 for 'healthy' and 'unhealthy' foods and synonyms, definition, rationale and application. Extracted data from all included reviews. Synthesised results by 3(a) sector and 3(b) application.
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(f) How does this differ from the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013? 3(iii) Analysed results by comparing and contrasting combined results of 3(i) and 3(ii) results of Q3(a), Q3(b) and Q3(c) with results from Q1.

5 Results

5.1. Response to Question 1

Question 1 is: What is the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013 suite of documents and resources? (Incorporating how are 'healthy' and 'unhealthy' food and drinks differentiated in the Australian Dietary Guidelines products and recommendations and why).

The response to Question 1 was informed by review of the complete suite of documents and resources associated with the 2013 revision of the Australian Dietary Guidelines (Section 5.1.1 to Section 5.1.6).

5.1.1. Introduction

The Australian Dietary Guidelines provide guidance on consumption of foods and drinks to promote health and wellbeing and prevent diet-related disease (1). The Australian Dietary Guidelines are informed by five key sources of evidence (1) including:

- The previous series of dietary guidelines and their supporting documentation (2-4)
- The Evidence Report (5), which presents systematic reviews of food, diet and disease/health relationships, from the period 2002–2009
- Nutrient Reference Values 2006 (6)
- The Food Modelling System (7), which models the amounts of the five food group foods, healthy fats (spread and oil) allowance, and discretionary choices (if any), that comprise healthy dietary patterns within energy requirements of different age and gender groups of different energy expenditure (physical activity levels) in Australia
- Key authoritative government reports and additional literature (including a commissioned review on diet in pregnant and breastfeeding women) (8).

The evidence underscoring the Australian Dietary Guidelines (Box 1) and the related graphic the Australian Guide to Healthy Eating (AGTHE) (Figure 1) focuses both on:

- The relationships between consumption of specific foods and drinks, dietary patterns and health outcomes (from graded evidence statements from systematic literature reviews) (1, 9)
- How optimal quantities of foods and drinks positively associated with health outcomes are best combined within energy constraints to constitute healthy dietary patterns (from modelling) (1, 7).

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Box 1. The Australian Dietary Guidelines

Guideline 1

To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.

- Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.
- Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.

Guideline 2

Enjoy a wide variety of nutritious foods from these five groups every day:

- Plenty of vegetables, including different types and colours, and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- · Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of 2 years).

And drink plenty of water.

Guideline 3

Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.

- (a) Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.
 - Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.
 - Low fat diets are not suitable for children under the age of 2 years.
- (b) Limit intake of foods and drinks containing added salt.
 - Read labels to choose lower sodium options among similar foods.
 - Do not add salt to foods in cooking or at the table.
- (c) Limit intake of foods and drinks containing added sugars such as confectionary, sugarsweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.
- (d) If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.

Guideline 4

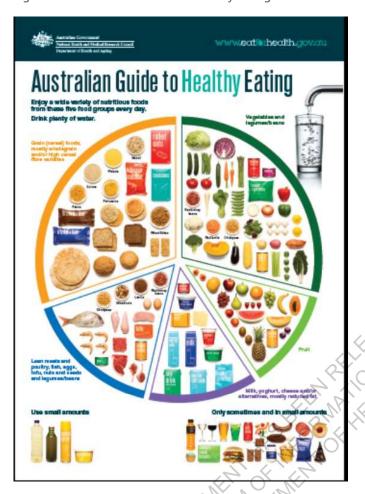
Encourage, support and promote breastfeeding.

Guideline 5

Care for your food; prepare and store it safely.

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Figure 1. The Australian Guide to Healthy Eating



In addition to water, and healthy spreads/oils (containing predominantly monounsaturated and polyunsaturated fatty acids and/or the nuts and seeds from which these are derived), the foods and drinks associated with positive health outcomes are classified into five groups⁹:

- 1. Fruit
- 2. Vegetables, including different types and colours, and legumes/beans
- 3. Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- 4. Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- 5. Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat ¹⁰ (reduced fat milks are not suitable for children under the age of two years).

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⁹ 'Core' foods is a term is no longer used in the 2013 review of the Australian Dietary Guidelines and Australian Guide to Healthy Eating. ¹⁰ Although the systematic literature reviews informing the Australian Dietary Guidelines evidence base identified that full cream milk, yoghurt and cheese are associated with positive health outcomes, reduced fat varieties are recommended to comprise greater than 50% intake of this food group, due to the evidence from the modelling, which privileged reduced fat varieties to ensure sufficient scope within energy requirements for the inclusion of adequate quantities of other healthy foods to be incorporated into the models (NHMRC 2011).

Foods and drinks that do not fit into these five groups, do not fit into the healthy spreads and oils allowance and are not water are called 'discretionary¹¹ food and drinks' because, according to the Australian Dietary Guidelines evidence base, they are not a necessary part of healthy dietary patterns (1). Further, the consumption of discretionary food and drinks that do not fit within the seven food classification groups above is associated with increased risk of negative health outcomes (1, 5, 7).

A transcript of the Australian Dietary Guidelines evidence base on the relationships between consumption of discretionary food and drinks and negative health outcomes and the graded evidence statements that inform this evidence base is included in Appendix 2a. The suite of Australian Dietary Guidelines documents emphasise that, according to the modelling, there is limited capacity to include any discretionary foods in nutritious dietary patterns within the energy requirements of many Australians (1, 7, 9, 10). Practical considerations for meeting the related guideline recommendation (Guideline 3) focus on preferential choice of a variety of nutritious foods from the Five Food Groups (Guideline 2) and avoiding or limiting all discretionary food and drinks (1).

This evidence was translated to formulate the dietary guideline recommendations, informed by focus testing of messages and two rounds of public consultation (1). In addition to the main Australian Dietary Guidelines document, an interactive website, guideline summaries, educator guide, posters and brochures relating to the general population, infants, children, pregnant women and Aboriginal and Torres Strait Islander groups were developed.

5.1.2 Discretionary food and drinks in the Australian Dietary Guidelines documents

Detailed scrutiny of the Australian Dietary Guidelines documents found that the term 'discretionary food and drinks' or synonyms appears in the Australian Dietary Guidelines suite of documents available at www.eatforhealth.gov.au more than 150 times (Appendix 2b), Key documents in which the terms appear include:

Guidelines:

- Australian Dietary Guidelines Eat for Health- providing the scientific evidence for healthier Australian Diets, 2013 (1)
- The Australian Dietary Guidelines Eat for Health, Summary, 2013 (10)
- Educator resource:
 - Australian Dietary Guidelines, Eat for Health, Educator Guide, 2013 (9)
- Modelling document
 - A Modelling system to inform the revision of the Australian Guide to Healthy Eating, 2011 (7)
- Evidence reviews:
 - A review of the evidence to address targeted questions to inform the revision of the Australian Dietary Guidelines (5)
 - Review: Nutritional requirements and dietary advice targeted for pregnant and breastfeeding women (8)
- Consumer materials:
 - Healthy eating for adults: eat for health and wellbeing (11)
 - Healthy eating during your pregnancy (12)
 - Healthy eating for children (13).

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¹¹ The term 'discretionary' was coined following extensive focus testing throughout Australia (is (Quantum 2010a,b). It replaces the term 'extra' foods and drinks, used in the previous iteration of the Australian Dietary Guidelines (NHMRC 2003).

A rapid review of evidence: Discretionary food and drinks

The term 'discretionary food and drinks' or synonyms, such as 'discretionary choices', are defined specifically in the glossaries of the first four documents listed above (1, 7, 9, 10), as well as within the text of all the documents listed (Appendix 2b).

In the first page of returns searching for the term 'discretionary*', the website www.eatforhealth.gov.au (14) also includes 10 webpages that specifically define and provide advice on the consumption of discretionary food and drinks (Appendix 2c).

5.1.3 Definition of discretionary food and drinks in the Australian Dietary Guidelines

Analysis of the text extracted from the Australian Dietary Guideline documents (Appendix 2a, 2b and 2c) shows that the most common succinct definition of discretionary food and drinks they provide is: *Discretionary food and drinks are not a necessary part of a healthy diet and are high in saturated fat, added sugars, salt and/or alcohol.*

Several definitions provided in the glossaries and/or text of various documents also note that discretionary choices tend to be *energy dense and low in nutrients* (or nutrient density). Most definitions in the Australian Dietary Guidelines documents also state that: Discretionary choices should be used only sometimes and in small amounts.

Some also link to the Australian Guide to Healthy Eating (AGTHE) (9, 10) by noting that: These foods and drinks appear in the bottom right-hand corner of the Australian Guide to Healthy Eating. Others also link specifically to Guideline 3 of the Australian Dietary Guidelines (1) by noting that: Discretionary choices are those referred to in Guideline 3 of the ADGs (Limit intake of foods containing saturated fat, added salt, added sugars and alcohol) (Box 1).

The definitions of discretionary food and drinks in Australian Dietary Guideline documents often note that: Most Australians consume too many discretionary choices instead of choosing foods from the Five Food Groups. Several definitions note that, when consumed in occasional small amounts, these foods and drinks can add variety and enjoyment to the diet. However, the Educator's Guide (9) and website (14) also emphasise that: for those who are short, small, above healthy weight range or not very physically active, there is little or no room in healthy dietary patterns for any discretionary choices at all.

Many definitions in Australian Dietary Guideline documents, such as in the Summary (10), also provide examples of discretionary choices, which include "most sweet biscuits, cakes, desserts and pastries; processed meats and sausages; ice-cream and other ice confections; confectionary and chocolate; savoury pastries and pies; commercial burgers; commercially fried foods; potato chips, crisps and other fatty and/or salty snack foods; cream, butter and spreads which are high in saturated fats; sugar-sweetened soft drinks and cordials, sports and energy drinks and alcoholic drinks."

While the examples provided clarify that it is "most commercially prepared burgers and fried foods which are most likely to be discretionary choices", such qualification is not provided for other foods listed, such as biscuits, cakes, desserts and pastries in the summary. The Educator's Guide (9) and website (14) also do not prefix lists of example discretionary choices with the word 'most', and these documents also provide tables that present examples of discretionary choices that are high in added sugars, high in saturated fat, high in both saturated fat and added sugars, and/or high in alcohol (Table 2a). Discretionary foods high in salt are listed as marinades and sauces (soy or fish sauces are particularly high in salt), salty snack foods like potato crisps, crackers, salt spreads like VegemiteTM, MarmiteTM, savoury biscuits, prepared soups and salted foods such as liquid stock or stock cubes (9). The Australian Dietary Guidelines also note that some five food group foods can be high in salt and provide tables that present examples of higher and lower salt five food group choices (Table 2b). All key documents also provide details of quantities of example foods and drinks that provide one serve ¹² of discretionary choices, that provides about 600kJ (Table 3).

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¹² All serve sizes in the Australian Dietary Guidelines reflect the 'multipliers' used in the modelling system.

The Educator's Guide explains clearly how healthy dietary patterns of specific types and amounts of foods and drinks can be developed, including worked examples containing some discretionary choices, for specific age and gender groups in Australia (9).

Table 2a. Examples of food and drinks in the discretionary category (excluding those high in salt)

Higher added sugars	Higher saturated fat	Higher saturated fat and added sugars	High alcohol
Energy drinks Fruit drinks Honey Jams, marmalade Some sauces Sports drinks Sugar Sugar confectionary Sweetened soft drinks and cordials Sweetened waters and iced teas Syrups	Bacon, ham Butter, cream ghee Certain tacos, nachos, enchilada Commercially fried foods Commercial burgers Crisps and extruded snacks Dairy blends Frankfurts Fried hot chips Meat pie or pastie Pastry Pizza Processed meats Quiche Salami/mettwurst Sausages (regular) Some crackers Some sauces Spring roll	Biscuits Cakes Chocolate/bars Dessert style custards Doughnuts Iced buns Ice cream Muesli bars Puddings Slices Some confectionary Some sauces Sweet muffins Sweet pastries Sweet pies and crumbles	Beer Liqueurs Mixed alcoholic drinks Port Sherry Spirits Wines

Table 2b. Examples of higher and lower salt, five food group choices

Food group	Higher salt choices	Lower salt choices
Grain (cereal) foods, mostly wholegrain and/or high cereal fibre	Most breads, higher salt breakfast cereals, higher salt crispbreads	Home cooked rice, pasta and noodles, polenta, couscous, quinoa, lower salt breads, rolled oats, muesli and some breakfast cereals, some crispbreads
Milk, yoghurt, cheese and/or alternatives	Most cheese	Milk and yoghurt, ricotta and reduced salt cheeses
Vegetables and legumes/beans	Canned vegetables and beans, antipasto vegetables	Fresh vegetables, canned varieties without added salt
Lean meats & poultry, fish, eggs, tofu, nuts and seeds, legumes/beans	Fish or legumes/beans canned in salt (brine) or oil	Fresh cooked meats/fish, fish canned in water without added salt legume/beans (dried or canned without added salt), eggs, tofu, unsalted nuts and seeds

Table 3: Examples of amounts of food and drinks comprising one serve of discretionary choices

A serve of discretionary choices provides about 600 kJ.

Examples are:

- · 2 scoops (75g) ice-cream
- 2 slices (50–60g) processed meats, salami or mettwurst
- 1½ thick or 2 thin (50–70g) regular sausages
- ½ snack size packet (30g) salty crackers or crisps
- 2–3 (35g) sweet biscuits
- 1 (40g) doughnut
- · 1 slice (40g) plain cake or small cake-type muffin
- 5–6 (40g) sugar confectionary/small lollies
- 1 tablespoons (60g) jam/honey
- ½ small bar (25g) chocolate

- · 2 tablespoons (40g) cream
- 1 tablespoon (20g) butter
- 200ml wine (2 standard drinks; but note this is 1 glass for most Australian wines)
- . 60ml spirits (2 standard drinks)
- 600ml light beer (1½ standard drinks)
- 400ml regular beer (1½ standard drinks)
- 1 can (375ml) soft drink
- · ¼ (60g) commercial meat pie or pastie
- 12 (60g) fried hot chips

5.1.4 Variations in the definition of discretionary food and drinks in the Australian Dietary Guidelines

Across the suite of Australian Dietary Guidelines documents, there are differences in the exact wording used to describe discretionary food and drinks. This includes variations in the wording of the definition for discretionary food and drinks presented in the glossaries of different documents in the suite of Australian Dietary Guideline documents searched (Appendix 2b). For example, the definition of discretionary food and drinks provided in the glossary of the key Australian Dietary Guideline document Australian Dietary Guidelines -Eat for Health - providing the scientific evidence for healthier Australian Dietary, 2013 (1) and the Eat for Health Educator Guide (9) is inconsistent with the evidence presented in Australian Dietary Guideline 3 (1), in that the definition includes 'sugar' rather than 'added sugar'.

As another example, the tables listing examples of discretionary food and drinks (similar to Table 2a) in the *Eat for Health Educator Guide* (9) and on the Australian Dietary Guidelines webpages of the *Eat for Health* website (14) do not include examples of discretionary food and drinks high in salt. There is also some variation in the use of the terms 'added salt' or 'high in salt'. Further, although - as indicated by the types of foods listed ¹³ - it is implied that the examples provided are those foods that are higher in saturated fat, the version of Table 2a on the *Eat for Health* website (14) includes the heading 'higher fat' rather than 'higher saturated fat'. The *Eat for Health Educator Guide* (9) also mentions that discretionary choices should be limited as they tend to be low in dietary fibre. However, this is not included in any detail in other documents.

In the text of some summary documents, discretionary food and drinks are also described as 'containing' saturated fat, added sugar, salt and/ or alcohol, rather than being high in these nutrients. There is also some variation in the use of the terms 'energy-dense', 'nutrient-poor' and 'high energy' as applied to discretionary choices. Such technical variations could be confusing for some readers.

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¹³ The foods listed are all high in saturated fat, rather than high in unsaturated (mono-unsaturated or polyunsaturated) fats.

5.1.5 Intent of the concept of discretionary food and drinks in the Australian Dietary Guidelines

The evidence base of the Australian Dietary Guidelines (1), particularly the systematic literature reviews presented in the Evidence Report (5), reinforces the notion that, to increase optimal health outcomes and decrease the risk of diet-related disease, Australians should:

- Consume adequate variety and quantities of the foods and drinks from the Five Food Groups and healthy fats (spread and oils) allowance
- Limit consumption of discretionary food and drinks.

Healthy and unhealthy (discretionary) foods and drinks are discriminated at the level of individual foods and drinks by the results of the systematic literature reviews of food and health relationships (5).

However, healthy and unhealthy diets, which are the main exposure variable affecting diet-related health outcomes, are discriminated at the level of dietary patterns by both the results of the systematic literature reviews of food and health relationships (5) and the results of modelling (7).

On the basis of the evidence of food, diet and health relationships, discretionary food and drinks were not included in Foundation Diet models (7), and modelling showed there was little room for any discretionary choices to be included within the energy requirements of the healthy diets of most Australians (7, 9).

Analysis of text extracted from the Australian Dietary Guidelines documents (Appendix 2b) demonstrates that, depending on context, the term 'discretionary food and drinks' is intended to differentiate both:

- 'Unhealthy' food and drinks from 'healthy' food and drinks (that is, those included in the Five Food Groups, healthy fat (oil and spread) allowance and water); and
- 'Unhealthy' diets and dietary patterns from healthier diets and dietary patterns (for example, on the basis of the proportion of discretionary food and drinks contributing to overall energy content of the diet).

Modelling showed that there was little room in healthy dietary patterns comprising adequate intake of healthy, protective food and drinks (that is, for more than around 5% energy) to be derived from discretionary food and drinks for most Australians (7).

The evidence base of the Australian Dietary Guidelines (1) supports the notion that Australians should consume less discretionary choices to decrease risk of diet-related disease. Discretionary choices also displace healthy five food group foods from the diet.

5.1.6 Use of specific nutrient content 'cut-off' points in discretionary food and drinks in the Australian Dietary Guidelines, including application of nutrient 'cut-off' points by the Australian Bureau of Statistics

The systematic review of the literature (1, 5) informing the evidence of food, diet, and health relationships underscoring Australian Dietary Guideline 3 (Box 1), shows that a wide range of quantitative nutrient 'cut-off' points are reported in international studies of these foods and drinks as exposure variables, and that, as expected, these differ across the range of negative health outcomes reported (Appendix 2b). Different cut-off points are applied for different nutrients (that is, saturated fat, added sugar, sodium and/or alcohol) in different types of studies, in different food and drink groupings, in different countries, to identify different ranges of relative risk for different health outcomes (5).

Therefore, as there is little consistency in the international literature around the 'cut-off' points of the different nutrient contents of different discretionary food and drinks, it is understandable that the qualitative term 'high in' added sugar, saturated fat, salt and/or alcohol would be used to identify 'discretionary' choices for the purposes of evidence-informed population level dietary guidance (1). The Australian Dietary Guidelines provide information

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about how to read food labels to identify choices 'high in' specific nutrients. However, the term 'high in' is likely to mean different things to different people.

As discretionary food and drinks are not included in the (healthy) Five Food Groups or the healthy spreads and oil allowance, they were not included in the development of composite foods used to model the Foundation Diets to inform the review of the Australian Guide to Healthy Eating (AGTHE) (7). Comprehensive lists of the (healthy) foods and drinks included in the composite foods modelled are provided in the appendices of the modelling document (7); by omission those not included are discretionary choices. In some instances, Australian conventions were used to identify 'cut-off' points to discriminate healthy food and drinks for inclusion in the models (7); however, these do not necessarily relate to health outcomes. ¹⁴

Based on the definitions and the supporting documents underpinning the Australian Dietary Guidelines, the Australian Bureau of Statistics (ABS) categorised foods reported within the National Nutrition and Physical Activity Survey of the Australian Health Survey 2011–13 (15) as discretionary or non-discretionary (16). The ABS did this in order to report the proportion of energy, and potentially selected nutrients, derived from discretionary food and drinks in Australian diets, as an indicator of risk of diet-related disease such as obesity, cardiovascular disease, type 2 diabetes and certain cancers (1, 17). To identify discretionary food and drinks at the unique (8 digit) code level, the ABS sought the advice of individuals and organisations ¹⁵ to help develop the principles for categorisation and listing of discretionary food and drinks (16). This included the application of arbitrary nutrient cut-off criteria. This advisory group did not include formal representation from the NHMRC, and the results are not necessarily consistent with those in the literature reviewed in the Evidence Report (5), the results of the modelling (7) or the intent of the Australian Dietary Guidelines (Appendix 2a–2c). The principles adopted by the ABS to identify discretionary food and drinks are included in Box 2.

Some examples of different classifications of 'discretionary food and drinks' in the ABS system (16) compared to the Australian Dietary Guidelines definition and classification include:

Foods identified as discretionary in the Australian Dietary Guidelines but not in the ABS system:

- Some commercially fried foods
 - Coated and fried chicken drumsticks/nuggets
- · Some foods and dishes with processed and/or fatty meat
 - Pork belly, pork crackling
 - Potatoes filled with bacon, cheese &/or sour cream
 - Hot dog with frankfurt filling
 - The separable fat from meat
- · Some commercial pizzas and burgers
 - Chicken burger, white roll, chicken breast, with bacon, cheese, egg & sauce, fast food chain-style

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¹⁴ For example, Australian studies included in the Evidence Report (NHMRC 2013d) applied 'cut-off' points of 30% added sugar as used historically in analysis of Australian food and nutrition surveys (NHS 1983, 1985, 1995). Therefore, although not ideal, in the absence of any other data available at the time, this figure has been used to differentiate 'healthy' and 'unhealthy (that is, discretionary) breakfast cereal in Australia (ABS 2014). Further studies are required to justify assessment of this 'cut-off' point on the basis of health outcome specifically.

¹⁵ Those involved included: Food Standards Australia New Zealand; Dietitians Association of Australia; Dairy Australia; School of Exercise and Nutrition Sciences, Deakin University; Commonwealth Department of Health; Dr Rosemary Stanton, OAM; School of Exercise and Nutrition Sciences, Queensland University of Technology; School of Public Health and Social Work, Queensland University of Technology; School of Molecular Bioscience, the University of Sydney; School of Health and Society, University of Wollongong; Tasmanian Department of Health and Human Services; Grains & Legumes Nutrition Council; Government of Western Australia, Department of Health; Meat & Livestock Australia; Nuts for Life; Queensland Department of Health; Government of South Australia SA Health; Department for Health and Ageing, Government of South Australia; Australian Avocados; Victorian Department of Health; Public Health Association of Australia and ACT Health.

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- Chicken burger, white roll, crumbed chicken breast, with cheese, lettuce, hash brown, mayonnaise & sauce, fast food
- Fish burger, with cheese, fast food chain
- Hamburger, white roll, beef patty, with bacon, beetroot, cheese, egg, lettuce, onion & tomato & tomato sauce, fast food chain
- Hamburger, white roll, 2 beef patties, with lettuce, onion, pickles, tomato, mayonnaise & sauce, fast food chain
- Muffin, English style, with bacon, cheese & egg, fast food chain
- Muffin, English style, with bacon & beef sausage patty, fast food chain
- Muffin, English style, with beef sausage patty, cheese & egg, fast food chain
- Hamburger, bread roll, processed meat, with onion, takeaway & homemade
- Bacon burger, bread roll, bacon rasher, with cheese & salad, takeaway & homemade)
- Some dairy based desserts
 - Thick shakes from fast food restaurants
 - Crème caramel, crème brûleè
- Other foods high in saturated fats
 - Coconut cream and coconut milk.

Food and drinks identified as part of the Five Food Groups in the Australian Dietary Guidelines but not in the ABS system:

- Some homemade pizzas made with toppings from the Five Food Groups
 - Pizza, cheese & tomato, flat bread base, homemade
 - Pizza, chicken & vegetable, flat bread base, homemade)
- Some sandwiches and rolls filled with foods from the Five Food Groups
 - Sandwich or roll, filled with cheese
 - Bread or bread roll, topped/mixed with cheese & vegetables
 - Bread or bread roll, topped/mixed with olives
 - Bread or bread roll, topped/mixed with spinach & fetta
 - Bread, garlic or herb, homemade, cooked
- Dressings and sauces made with unsaturated fats
 - Mayonnaise, homemade
 - Dressing, lemon vinaigrette, homemade
 - Dressing, mustard, homemade
 - Dressing, oil & vinegar, commercial, regular fat
 - Dressing, oil, vinegar & vegetables/herbs, commercial, regular fat
- Homemade dips made with food from the Five Food Groups
 - Cucumber & yoghurt
 - Avocado or guacamole
 - Beetroot
 - Carrot, hummus.

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One of the reasons for some of these discrepancies may be due to the use of nutrient 'cut-off' points in the ABS classification system (16). For example, under the ABS classification system a cheese sandwich was classified as discretionary as it has >5g/100 g of saturated fat, whereas a bacon burger with bread roll, bacon and cheese was classified as core because it has <5g/100g of saturated fat (checked using AUSNUT2013 database). While some cut-off points were based on information included in the list of foods included in the modelling to inform the development of the revision of the Australian Guide to Healthy Eating (7), others are not (16).



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"The main principle used to classify foods as discretionary is that they were specified or inferred in the 2013 Australian Dietary Guidelines and supporting documents as discretionary. For the most part foods were classified at the minor group level (i.e. the lowest group). For example at the minor group (5-digit code) level:

- fruit juices are classified as non-discretionary; other juice drinks are classified as discretionary
- all soft drinks are classified as discretionary, including intense sweetened drinks
- all confectionery is classified as discretionary.

A second principle was that fortification of the food did not alter whether food was classified as nondiscretionary or discretionary. For example, soft drink with added vitamins remained a discretionary food.

In some cases it is not possible to classify foods as discretionary at the 5-digit code level. In particular it is often unclear as to how to apply the main principle to a sub-group that consists of mixed foods. Consequently some additional analysis was applied at the unique food code (8-digit) level.

The following additional criteria based on nutrient profiles were used to help identify foods as nondiscretionary or discretionary at the food code level. These criteria are based on cut-offs used in the modelling that supported the Guidelines development²:

- for breakfast cereals, discretionary foods are defined to be those breakfast cereals with >30 g sugar per 100g or for breakfast cereals with added fruit >35 g sugar/100g
- for mixed dishes with cereal content (e.g. sandwiches, burgers, wraps, sushi, pizzas) discretionary foods are defined to be those with >5 g sat fat per 100 g³. Use of the 5 g saturated fat/100 g cut-off is consistent with the Dietary Guidelines recommendation. For some of these mixed food types the cut-off is already present in the existing food classification system at the 5 digit code level. Sorting the remaining mixed food groups into non-discretionary or discretionary foods at the 8 digit level recognises the fact that there is a wide variety of nutrient profiles within these sub food groups⁴
- all milk based drinks are defined to be non-discretionary, including flavoured milks and those made up from dry powders such as hot chocolate powder
- tea and coffee beverage products sold with added sugar are flagged as discretionary
- all soup dry mixes are flagged as discretionary due to their high sodium content/100g, noting
 the dry mix can be used in other dishes. Dry soup mix made up with water is nondiscretionary as it has similar sodium content to other ready to eat soups.

Note that the system for classifying foods as discretionary or non-discretionary for 2011-12 NNPAS could not take into account the amount consumed, because the same food could have amounts spread across different eating occasions and applying particular threshold amounts would require more complex logic."

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¹⁶ Cut and pasted from www.abs.gov.au/ausstats/abs@.nsf/Lookup/4363.0.55.001Chapter65062011-13

5.2 Response to Question 2

Question 2 is: How is the term 'discretionary food and drinks' being defined and used in Australia:

- (a) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors?
- (b) For application in different nutrition policy actions/strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/health claims on food packaging, and fortification initiatives)?
- (c) How does this differ from the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013?

The response to Question 2 was informed by systematic review of peer reviewed literature (Section 5.2.1), review of Australian websites (Section 5.2.2) and review of proffered documents (Section 5.2.3).

5.2.1 Results of the review of peer reviewed literature

The search strategy resulted in 93 studies being included in synthesis. The PRISMA diagram is included as Figure 2. The detailed data extraction table is included at Appendix 3a. Of the 93 studies included, nine specifically dealt with the definition of discretionary food and drinks (or synonyms such as 'discretionary foods' and/or 'discretionary choices') (18-26); these studies are highlighted as key papers in Appendix 3a.

The professional qualifications and stated places of employment of the first and last authors of these 93 included papers were captured as an indication of the profession and sector of each major contributor; 186 individual records were assessed, with two papers having only one author and two papers having authors who identified attribution to two sectors (Appendix 3a; Table 4).

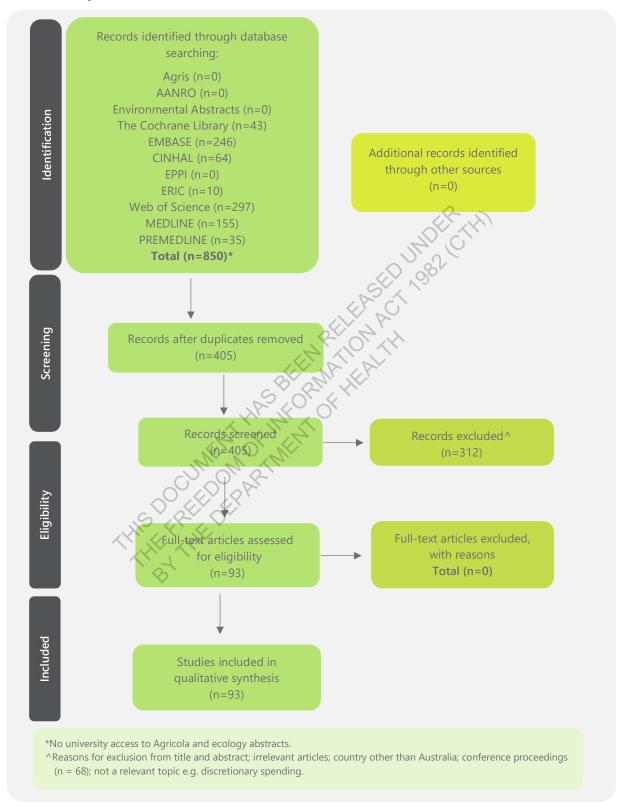
The synthesis of stated definition of discretionary food and drinks (or synonyms such as 'discretionary foods' or 'discretionary choices'), the stated source of definition, and, if the Australian Dietary Guidelines, agreement with the Australian Dietary Guidelines definitions (included at 5.1.3) by sector/profession is presented in Table 4.¹⁷

The synthesis of stated intent and application of the term 'discretionary food and drinks' (or synonyms such as 'discretionary foods' and/or 'discretionary choices') by author sector/profession is presented in Table 5. Some papers identified more than one intent/application of the term 'discretionary food and drinks' (or synonyms such as 'discretionary foods' and/or 'discretionary choices'), and in the 93 included studies, the 186 individual first or last authors from different sectors identified a total of 196 intent/applications (Table 5).

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¹⁷ Given the variation in the exact wording to define discretionary food and drinks across the glossaries and text in the suite of Australian Dietary Guidelines documents and resources, exact alignment with any of the definitions provided in the Australian Dietary Guidelines documents was taken to be consistent with the Australian Dietary Guidelines. For example, two papers used the wording 'high in sugars' instead of 'high in added sugars' as part of the definition of discretionary choices, reflecting the glossary definition provided in two Australian Dietary Guidelines documents specifically, so were considered to align with the Australian Dietary Guidelines. However, defining discretionary choices as being 'high in fat' rather than 'high in saturated fat' or being 'low in fibre' was not considered consistent with the wording or the intent of the definition of discretionary choices provided throughout the Australian Dietary Guidelines documents.

Figure 2: PRISMA diagram for systematic literature review of single studies of Australian peer reviewed literature for stated definition of 'discretionary food and drinks' (or synonyms such as 'discretionary foods' and/ or 'discretionary choices') and related information



A rapid review of evidence: Discretionary food and drinks

Table 4: Stated definition of 'discretionary food and drinks' or synonyms, source of definition, and agreement with the Australian Dietary Guidelines definition, by sector/profession in peer reviewed literature ¹⁸

Sector/ profession n=186 first and last authors of 93 papers (comprising,	State	es source c	States source of definition is ADG	90	Doesn't identify source of definition of discretionary food	urce of nary food	Other food classification system	
184 discrete authors classified as predominantly single sector and 2 authors classified with equal	Aligned to ADG	o ADG	Not aligned to ADG	to ADG	and drinks as ADG (incl. 'not stated' sources n=22)	ncl. 'not =22)		
attribution to 2 sectors)	C N N	%	z	%	z	%	z	%
Dietitian/ nutritionist/ public health nutritionist (n=92)	45 (22 COI)	640	35 (21 COI)	38	9 (4 not stated; 4 ABS; 1 WHO) (6 COI)	10	3 (1 HSR no specified cut-off points; 1 Healthy Choices Framework Vic; 1 own opinion) (1 COI)	ĸ
Food industry (manufacturing/retail) (n=5)	3 (3 COI)		1 (1 COI)	20	1 (1 not stated) (1 COI)	20	0	0
Other, Clinical health professional e.g. medical doctor, psychologist, nurse, optometrist, dentist (n=22)	10 (7 COI)	45	(3.69)	4	7 (4 not stated; 1 ABS; 2 own opinion) (6 COI)	32	2 (1 HSR no specified cut-off points; 1 HSR<3.5 believes preferable to Australian Dietary Guidelines)(1 COI)	0
Other, educator (n=6)	—	17	COL	200	2 (2 not stated) (2 COI)	33	0	0
Other, non-health professional e.g. environmental scientist, lawyer, economist, consumer researcher, IT, engineer (n=5)	2	40	(1 AGTHE 1998) (2 COI)	SA C	0	0	0	0
Other, public health practitioner e.g. epidemiologist, physical activity expert, biostatistician (n=21)	3 (3 COI)	41	8 (1 AGTHE 1998) (7 COI)		9 (8 not stated; 1 WHO) (5 COI)	43	1 (1 own opinion)	2
Other, scientist/ nutrition scientist e.g. neuroscientist, molecular biologist, medical scientist, biochemist, applied scientist, behavioural scientist (n=20)	6 (2 COI)	30	9 (5 COI)	45	(3 not stated, 1ABS) (3.COI)	20	1 (1 Healthy Choices Framework Vic)	2
Other, student (n=14)	6 (1 COI)	43	6 (5 COI)	43		0	2 (1 HSR<3.5; 1 Healthy Choices Framework Vic) (1 COI)	4
Unknown (n=1)	0	0	0	0	0	0	1 (1 Healthy Choices Framework Vic) (1 COI)	100
Total (n=186)	76 (38 COI)	41	68 (45 COI)	37	32 (23 COI)	17	10 (4 COI)	5

18 Abbreviations: COI = stated or perceived potential conflict of interest; WHO = World Health Organization; ABS = Australian Bureau of Statistics; HSR = Health Star Rating system.

Table 5: Stated intent and/or application of definition of discretionary food and drinks or synonyms by sector/profession in peer reviewed literature

	(with ons ded)	%	-	0	4	0	20	0
	Other (with reasons provided)	z	-	0	m	0	-	0
	rmine luals' ions of onary/ e terms	%	-	0	72	29	20	7
	To determine individuals' perceptions of discretionary/ alternate terms	z	←	0	-	4		
	onsistency e different n systems ivileging	%	-	0	2	0	0	0
19	To assess consistency between the different classification systems (i.e. not privileging ADGs)	z	-	0		0	0	CP (N)
Intent/application 19	To assess portion size/ energy content of discretionary food and drinks consumed	%	4	0	0	0	SEDIO	820
Intent	To asses size/ size/ cont discretio and cons	z	4	0	° P		ON THI	0
	To assess ristency of classification ems with the s as the gold standard	%	5	00	3EE JAN	0	EALO	7
	To assess consistency of other classification systems with the ADGs as the gold standard	z	2	0	AF O	0	0	
	To classify/ assess foods as healthy or unhealthy	%	(25) (25)	3005	53	17	40	29
	To classify/ assess foods healthy or unhealthy	XZX	12	m	72	_	7	9
	To classify/ assess diets as healthy or unhealthy	%	29	50	90	17	20	29
	To ck assess heal unhe	z	62	m	-	_		7
Cortor/profession	(n=186 first and last authors of 93 papers comprising 184 discrete authors classified as predominantly single sector and 2 authors classified with equal		Dietitian/ nutritionist/ public health nutritionist (n=92) stating 99 intent/applications	Food industry (manufacturing/retail) (n=5) stating 6 intent/applications	Other, clinical health professional e.g. medical doctor, psychologist, nurse, optometrist, dentist (n=21) stating 22 intent/applications	Other, educator (n=6)	Other, non-health professional e.g. environmental scientist, lawyer, economist, consumer researcher, IT, engineer (n=5) stating 5 intent/applications	Other, public health practitioner e.g. epidemiologist, physical activity expert, biostatistician (n=21) stating 22 intent/applications

19 Note: intent/application of definitions do not add up to 186, as some papers stated more than one intent/application.

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-	0	0	9	
ΓO	7	0	ru	
-	-	0	10	
0	7	50	8	
0	-		4	BEEN RELEASED UNDER CHINA BEEN ACT 1982 CTHIN 1982 CTHI
0	0	0	8	SED 1982 C
0	0	0	4	RELEARCH
ις	0	0	4	BEETMANEAL.
-	0	OFF	2/ 8/ 2/ /// /	
35	505		S.M.	
- 1		HK C	57.3	
20	99	0	57	
0	6	0	111	
Other, scientist/ nutrition scientist e.g. neuroscientist, molecular biologist, medical scientist, biochemist, applied scientist, behavioural scientist (n=20) stating 20 intent/applications	Other, student (n=14) stating 14 intent/applications	Unknown (n=1) stating 2 intent/applications	Total (n=186 authors/sectors) stating 196 intent/applications	

5.2.1.1 Stated definition of discretionary food and drinks or synonyms, source of definition, agreement with the Australian Dietary Guidelines definition and stated intent and/or application of the term by sector/profession from peer reviewed literature

Of the 186 first and last authors from different sectors contributing to academic, peer reviewed publications on discretionary foods, most (80%) appeared to be from the health industry, with another 11% from technical science sectors and small proportions from the education (3%), other non-health (3%) and food industry (3%) sectors (Appendix 3a; Table 4; Table 5). More dietitians/nutritionists had contributed to academic manuscripts on 'discretionary foods' than any other profession/sector, with 92 (49%) of all first or last authors of papers from different sectors being dietitians or qualified, credentialed nutritionists. All authors from different sectors were treated independently for the purpose of analyses.

5.2.1.1.1 Dietitian/nutrition sector/profession

Of these 92 dietitians and/or nutritionists, 80 (87%) identified the Australian Dietary Guidelines as the source of definition of the term 'discretionary food and drinks' or synonym (Table 4). However only 45 (56%) defined the term in alignment with the Australian Dietary Guidelines, with 31 (44%) using a definition that was inconsistent with that provided in the Australian Dietary Guidelines. Inconsistencies occurred for a range of reasons. For example, the authors of one paper excluded red wine from the discretionary drinks category, presumably because they believed red wine to be 'healthy'; this group also classified only olive-oil based spread as non-discretionary (27). Authors of another paper included peanut butter and other healthy foods in the discretionary category (28). Several authors omitted salt and/or alcohol or saturated fat from their stated definition (29-32). Several other authors applied cut-off points as applied by the ABS to separate 'healthier' discretionary choices²⁰ (30, 33-49). Nine (10%) of the first or last authors who were dietitians/nutritionists did not identify the Australian Dietary Guidelines as the source of the term 'discretionary food'; four (5%) cited the ABS (16), one cited the WHO energy-density definition²¹ (50) and four did not state the source or provide citation. Of those dietitians/nutritionists using other food classification systems, one referred to the Health Star Rating (HSR) system (without stating cut-off points), one applied the Healthy Choices Framework used in Victorian schools (which was relevant to the aims of that study), and one applied their own opinion (Table 4).

In the included studies, intent/application of the term 'discretionary food and drinks' or synonyms was mentioned 196 times (Table 5). Of these instances, 99 were stated by dietitians/nutritionists. 87 of these 99 (88%) intent/applications were to use the term to help classify healthy and unhealthy diets or foods; dietitians/nutritionists used the term to differentiate healthy from unhealthy diets in 62 of these 99 (67%) applications and to classify healthy and unhealthy foods in 25 of the 99 (27%) applications (Table 5). Of those six dietitians/nutritionists who used the term to help assess consistency with other food classifications systems, five used the Australian Dietary Guidelines as the standard to indicate relationship with health outcomes (Table 5). Amongst other minor applications, four dietitians/nutritionists also used the term to assess portion size/energy content of discretionary food and drinks consumed compared with the amounts provided in the Australian Dietary Guidelines (Table 5).

5.2.1.1.2 Clinical health sector/profession

Of the other first or last authors of the included papers from different sectors, 22 (12%) were clinical health professionals such as medical doctors, nurses or dentists (who did not have formal training in nutrition/dietetics) (Table 4). Thirteen of the 22 (59%) who identified the source of the term 'discretionary food' as the Australian Dietary Guidelines, with 10 (77%) of these stating a definition aligned to the Australian Dietary Guidelines (Table 4). However, this high proportion may have been due to those co-authoring with at least one dietitian/nutritionist. If a dietitian/nutritionist was not involved, only two of the 22 (9%) applied an accurate definition (Appendix 3a). Of

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²⁰ As presented in section 5.1.6, these are not necessarily consistent or interchangeable with the Australian Dietary Guidelines or related to health outcomes.

²¹ WHO definition is "energy-dense foods that are high in fat and sugars but low in vitamins, minerals and other healthy micronutrients"; it does not reference saturated fat.

those not citing the Australian Dietary Guidelines as the source of definition of discretionary food and drinks, or synonyms, four did not identify a source and one used the ABS. The HSR system was used by two clinical authors to differentiate healthy and unhealthy foods (Table 4). Of these, one stated that a HSR of less than 3.5 stars indicated an unhealthy food, however no supporting evidence for the application of this cut-off point was cited. Several authors provided their own definitions of 'discretionary foods' and 'core foods'. For example, one group (22) appeared to suggest that full cream milk, full cream yoghurt and cheese were not healthy, yet these foods are part of the Five Food Group foods as their consumption is associated with positive health outcomes as outlined in the Australian Dietary Guidelines (Appendix 3a; Section 5.1). Several clinical health professionals tended to misclassify several Five Food Group foods, which they commonly called 'core' foods (a term used in the Australian Dietary Guidelines 2003, but not used in the Australian Dietary Guidelines 2013), suggesting they may not have read the more recent revision of the Australian Dietary Guidelines (Appendix 3a).

In the included studies, the 21 clinical health professions used the term 'discretionary food and drinks' or synonyms for 22 stated purposes. In 16 of these 22 occasions, clinical health professionals used the term to help classify healthy and unhealthy diets or foods; of these the term was used to differentiate diets 11 times, and on only five occasions was the term used to classify foods by clinical health professionals (Table 5). Those clinical health professionals using the term to classify diets, rather than foods, tended to be those publishing with dietitians/nutritionists (Appendix 3a). Two clinical health professionals used the term 'discretionary foods' or synonyms to help assess consistency with other food classification systems, of which one used the Australian Dietary Guidelines as a standard to indicate relationship between the consumption of specific foods or drinks and health outcomes, and the other privileged nutrient profiling as a standard to differentiate 'healthiness' of the food or drinks (Table 5).

5.2.1.1.3 Public Health sector/profession

Twenty one (11%) of the other first or last authors of the included papers were general public health professionals, such as epidemiologists. Of these, 11 (52%) identified the source of the term 'discretionary food' as the Australian Dietary Guidelines. However only three (27%) of these stated a definition that aligned to the Australian Dietary Guidelines. The other eight (73%) applied an incorrect current definition, with one author (51) sourcing this from the previous version of the Australian Guide to Healthy Eating (AGTHE) released in 1998 (52). As other examples, the authors of one paper excluded alcohol from the discretionary choices category, but included healthy oils and spreads, flavoured milk and 'ready meals' in this category, and also created a large 'other' category for foods they decided did not fit within either the healthy Five Food Groups or discretionary foods (53). Authors of another paper considered full cream milk was a discretionary food, and also included additional serves of Five Food Group foods beyond the recommendations in the Foundation Diets (7) as discretionary (54). Some authors combined the concept of discretionary foods with ultra-processed foods (55). Of the relatively high proportion not citing the Australian Dietary Guidelines, eight (73%) did not provide a source for the definition they used, and one cited the WHO (50). One public health professional expressed their own opinion to define healthy foods (Table 4). The majority (91%) of public health professionals used the term 'discretionary food' to differentiate healthy and unhealthy diets or foods (Table 5). Of the 22 stated applications of the term 'discretionary food and drinks' or synonyms by this sector, most (64%) related to the application of the term to differentiate healthy and unhealthy diets, with only six (27%) applications of the term to classify foods by this sector (Table 5).

5.2.1.1.4 Health science sector/profession

Of the other first or last authors of the included papers, 20 (11%) were technical nutrition/other scientists such as molecular biologists, neuroscientists, biochemists and behavioural scientists. Of these 15 (75%) identified the source of the term 'discretionary food' as the Australian Dietary Guidelines; however only six (40%) of these stated a definition aligned to the Australian Dietary Guidelines. Three (15%) did not cite a source at all, and one cited the ABS (16). Two of these authors classified butter and/or all fats as non-discretionary choices (20, 56) while another included all oils in the discretionary category (57). Others tended to define discretionary choices by degree of processing (21) or failed to mention defining nutrients (58). The only scientist using an alternative food classification system applied the Healthy Choices Framework used in Victorian schools (Table 4). The majority (90%) of scientists also used the term 'discretionary food' to differentiate healthy and unhealthy diets or foods (Table 5),

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with a relatively high proportion (67%) using the term for the latter purpose, similarly to dietitians/nutritionists (Table 5).

5.2.1.1.5 Education sector/profession

Six (3%) of the first and last authors publishing peer reviewed papers on discretionary foods were educators, of which 4 (67%) identified the Australian Dietary Guidelines as the source of the term 'discretionary foods' but only one (25%) applied the term consistently with the Australian Dietary Guidelines (Table 4). Sources of disagreement were the lack of specificity around saturated fat, rather than total fats (59) and arbitrary inclusion of specific foods in the discretionary category (60). This group differed from others, in that their most common application of the term 'discretionary food and drinks' or synonyms was to determine individuals' understanding of the term (Table 5); four (67%) of educators used the term for this purpose (Table 5) with only two (34%) using the term to help differentiate healthy or unhealthy diets or foods (Table 5).

5.2.1.1.6 Food industry sector/profession

Of the other professions/sectors publishing peer reviewed papers on discretionary food and drinks, only five (3%) were from the food industry sector, of which four identified the Australian Dietary Guidelines as the source of the term 'discretionary foods'. Of these, three applied the term consistently with the Australian Dietary Guidelines; the remaining author from the food industry sector did not cite a source for the definition used (Table 4). Those from this sector all used the term 'discretionary food' or synonyms to help differentiate healthy or unhealthy diets or foods, split evenly (50%) for each purpose (Table 5).

5.2.1.1.7 Other non-health sector professionals/sector

Five (3%) of the 186 first and last authors publishing in the field were other non-health professionals such as environmental scientists, lawyers and economists. Although all of these non-health professionals identified the Australian Dietary Guidelines as the source of the definition of the term 'discretionary food and drinks' or synonyms, only two applied the term correctly, with one again using the previous Australian Guide to Healthy Eating 1998 as the source of the definition (51). Other authors applied nutrient 'cut-off' points such as applied by the ABS (16) to identify 'healthier' discretionary choices that were not necessarily related to health outcomes (22). Although the numbers were small, three non-health professionals applied the term 'discretionary foods' to differentiate healthy or unhealthy diets or foods, but they differed from other sectors/professions by mostly focusing on classification of healthy and unhealthy foods rather than healthy and unhealthy diets (Table 5). The only other purpose to which the term 'discretionary food' or synonym was applied by one nutrition scientist was to determine individuals' understanding of the term (Table 5).

5.2.1.1.8 Students

Of the 14 (8%) first and last authors contributing to academic, peer reviewed publications on 'discretionary food and drinks' or synonyms who were students of unidentified discipline, 12 (86%) identified the Australian Dietary Guidelines as the source of the definition, but only six of these correctly applied the definition (Table 4). Again, most of these (85%) used the term 'discretionary food' to differentiate healthy and unhealthy diets or foods (Table 5) and most of these (64%) applied the term to differentiate healthy and unhealthy diets (Table 5).

5.2.1.2 Conflict of interest

All papers were assessed for stated conflict of interest (COI), for example, if the study was funded by a food industry company and this was recorded. All papers were also scrutinised for potential undeclared conflict of interest, and this was also recorded where identified. For example, a potential COI was recorded in the data extraction sheet (Appendix 3a) for one study that noted provision of funding by a food commodity group and that an employee of that food commodity group had commented on a final draft of the paper, yet had identified no

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potential conflict of interest in the publication. Other studies, where the authors had both implemented and evaluated the same intervention were a potential source of bias, and for the purposes of this review were deemed to constitute COI, as were studies where data had been analysed using a private nutrient composition data set and so the results could not be checked and the study could not be replicated by others (Appendix 3a; Table 4).

Using this definition of COI, overall 110 (59%) of the 186 authors were deemed to have a real or a potential COI. Thirty-eight of the 76 (50%) academic authors using a definition of 'discretionary food and drinks' or synonyms consistent with the Australian Dietary Guidelines, were deemed to have a real or potential COI. However, 45 of the 68 (66%) authors who identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks' or synonyms, but applied a definition inconsistent with that of the Australian Dietary Guidelines, were deemed to have a real or potential COI (Table 4). Further, 23 of the 32 (72%) authors that did not identify the Australian Dietary Guidelines as the source of the term 'discretionary food' were deemed to have a real or potential COI, and although the numbers were small, 4 of the 10 (40%) of authors using a classification system other than the Australian Dietary Guidelines were deemed to have a real or potential conflict of interest. Overall, this suggests that the majority (n=61, 80%) of the 76 academic authors who did not have a real or potential COI identified the Australian Dietary Guidelines as the source of definition of the term 'discretionary food and drinks', and most of these (n=38, 62%) applied a definition of the term consistent with the Australian Dietary Guidelines in their studies (Appendix 3a; Table 4).

5.2.1.3 Key area and challenges re alignment with the Australian Dietary Guidelines

The review of the peer reviewed literature suggested that there was most confusion around the definition of 'discretionary food and drinks' in the Australian Dietary Guidelines regarding inclusion of: total sugars or added sugars content; all fat or saturated fat content; and whether dietary fibre was considered. Of these three areas, as noted above, consistency with the Australian Dietary Guidelines was considered acceptable in the case of sugar alignment only, given the related variation in two glossary definitions provided in the Australian Dietary Guidelines (Section 5.1.3).

The foods and drinks most frequently misclassified by the authors of peer reviewed literature compared to the Australian Dietary Guidelines were:

- Fruit juice
- Dried fruit
- Full fat and reduced fat milk, cheese and yoghurt
- Reduced fat cheese
- Hummus
- Muesli bars
- Breakfast cereals
- Healthy spreads and oils
- Alcohol (red wine).

Table 6 includes more information on the nature of the misclassification of these foods.

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Table 6: Foods and drinks most frequently misclassified by the authors of peer reviewed literature compared to the relevant definition in the Australian Dietary Guidelines²²

Food or drink misclassified: FRUIT JUICE		
Classification in peer reviewed literature: Discretionary	e: Discretionary	
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
Five Food Group food. "Fruit juices belong to this group, but most have lost the dietary fibre found in fresh fruit. Fruit juices are also acidic and frequent consumption may increase the risk of dental erosion" (9) One serve (350kJ) is "1/2 cup (125ml) 100% fruit juice (no added sugar) (only to be used occasionally as a substitute for other foods in the group)"	There was insufficient consistent evidence available in the review of the Australian Dietary Guidelines (2008–2013) to form an evidence statement specifically about fruit biaces and health outcomes. "Thestudies (on fruit reviewed) relate primarily to whole fruit, although some included dried fruit and/or fruit/Juice in their definitions of fruit intake." "There is insufficient consistent evidence available to form an evidence statement about fruit juices and weight gain. Some studies found no association in children, 193-2172-18,585 while two studies in children/186,765 and one in adults 766 did find an association. Children drinking Jess fruit juice 206 and those consuming more fruit 194 had lower BMI Z-scores, and children/186,765 and one in adults 766 did find an association. Children drinking Jess fruit juice, 186 "(1) "Babies who fall asleep while continuing to feed from a bottle containing infant formula, fruit juice or other sugar-containing liquid can develop a severe form of tooth decay.78 For further information, see the Infant-Feeding Guidelines.351" (1) "Fruit juice, including pulp, is a good source of vitamins such as witamin C and folate and also provides fibre and carbohydrates, particularly natural sugars. Whole fruit is preferable to fruit juice however the occasional use of fruit juice may assist with nutritious foods from the diet and may lead to problems such as obesity." (9)	The ABS also classifies fruit juice (and dried fruit) as a Five Food Group food currently. However, recent quality studies investigating the effects of fruit juice specifically on health outcomes are now available; the recommendation may change in the next review of the Australian Dietary Guidelines

 $^{^{22}}$ Superscript citations refer to the relevant references in the source documents quoted.

Food or drink misclassified: DRIED FRUIT	E	
Classification in peer reviewed literature: Discretionary	e: Discretionary	
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
Five food group food	There was insufficient quality evidence available in the most recent review of the	Recent, quality studies investigating the effects of dried
"Dried fruithas a lower water content, (so) it is more energy dense than fresh fruit. Dried fruit can also stick to the teeth and increase the risk of dental decay." One serve (350kJ) is "30g dried fruit (for example 4 dried apricot halves or 1½ tablespoons of sultanas) (only to be used occasionally as a substitute for other foods in the group)"	dried fruit and health outcomes. "The studies (on fruit reviewed) relate primarily to whole fruit, although some included dried fruit and/or fruit juice in their definitions of fruit intake."	Australian Dietary Guidelines.
"Fruit should mostly be eaten fresh and raw because of the low fibre content of fruit juice and the high energy density and 'stickiness' (which may have implications for dental caries) of dried fruit.9" (1)	RELEASE OF HEAL	

Food or drink misclassified: FULL FAT MILK, CHEESE AND YOGHURT	K, CHEESE AND YOGHURT	
Classification in peer reviewed literature: Discretionary	Discretionary	
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
Five Food Group food	Coronary heart disease	There appears to be little understanding that the
"Milly waster and or their alternatives	It is probable that the consumption of at least two serves per day of dairy foods	recommendation for "mostly reduced fat" milk, cheese
mostly voluced for (voluced for milks are not	(milk, cheese and yoghurt) is associated with reduced risk of ischaemic heart	and yoghurt is informed by the modelling, not the

yoghurt and cheese products for children over 2 years of systematic evidence reviews; to 'fit' sufficient quantities imits requires change from higher fat to lower fat milk, of all healthy foods into dietary patterns within energy age and adults.

Stroke: It is probable that the consumption of two or more serves of dairy foods cheese and yoghurt) is associated with reduced risk of hypertension (Grade B; Grade B; Evidence Report, Section 5.4)576,577 particularly reduced fat varieties. disease and myocardial infarction (Grade B; Evidence Report, Section 5.3). 576 per day (milk, cheese and yoghurt) is associated with reduced risk of stroke It is probable that consumption of three serves of low fat dairy foods (milk, Hypertension suitable for children under the age of 2 years)" mostly reduced fat (reduced fat milks are not Mostly reduced fat milk, yoghurt and cheese products are recommended for adults and children over the age of 2 years.

cow's, goat's or sheep's milk, should not be given Unmodified milk from animal sources such as as a main drink before 12 months of age.

serves a day for children up to 8 years old, 2½–3½ oghurt, cheese or alternatives ranges from 11/2–2 2½ serves a day in younger adults, pregnant and serves a day for older children and adolescents; breastfeeding women; and from 31/2-4 serves a 'The minimum recommended amount of milk, day in older adults, particularly women.

needs of more active people and/or those who are included in the overall diet instead of discretionary Some additional serves from this group can be choices, to account for the additional energy

A serve of milk, yoghurt, cheese and alternatives (500-600kJ) is:

econstituted powdered milk or buttermilk • 1 cup (250ml) fresh, UHT long-life or

syndrome (Grade C; Evidence Report, Section 5.7)^{576,582} and that consumption of at least one and a half serves of milk, cheese and yogburt per day is associated three serves of any milk, cheese or yoghurt products per day is associated with Evidence Report, Section 5.5). The evidence also suggests that consumption of The evidence suggests that consumption of two to four serves of dairy foods educed risk of hypertension (Grade C, Evidence Report, Section 5.5). 213,578-581 (milk, cheese, yoghurt) per day is associated with reduced risk of metabolic at least one ariu a rian serve. Type 2 diabetes

Excess weight

5.6), 213,576,583

5.8) ^{209–214} and consumption of milk is not associated with BMI or change in BMI The evidence suggests that consumption of dairy foods is not associated with weight change or risk of obesity in adults (Grade C; Evidence Report, Section 082 in childhood (Grade C; Evidence Report, Section 5.9). 215,217-219,584,585

Rectal and colorectal cancer

colorectal cancer (Grade B; Evidence Report, Section 5.11)^{492,886,587} The evidence serve of dairy foods per day (especially milk) is associated with reduced risk of Recent evidence suggests it is probable that consumption of more than one

miļ
porated
eval
(120m)
/2 cup

² slices, or 4x3x2cm piece (40g) hard cheese

*Choose mostly reduced fat varieties

suggests that consumption of more than one serve of milk per day is associated with reduced risk of rectal cancer (Grade C, Evidence Report, Section 5.12). 586-588

The WCRF report found probable evidence that consuming milk is associated with reduced the risk of colorectal cancer (see Appendix F). 43

Renal cell breast and endometrial cancer

It is probable that consumption of three or more serves of milk per day is not associated with risk of renal cell cancer (Grade B; Evidence Report, Section 5.13),³⁸⁹ There is evidence to suggest that mean consumption of one serve of dairy food (milk cheese, yoghurt) per day is not associated with the risk of breast cancer (Grade C; Evidence Report, Section 5.15)590,591 and that consumption of dairy food (milk, cheese, yoghurt) is not associated with risk of endometrial cancer (Grade C; Evidence Report, Section 5.16).⁵⁹²

Prostate cancer

Recent evidence suggesting an association between milk consumption and prostate cancer is inconclusive (Evidence Report, Section 5.14). The WCRF also found limited evidence that consumption of milk and dairy products is associated with risk of prostate cancer (see Appendix F).⁴³

Bone mineral density

Recent evidence suggests that consumption of dairy foods (particularly milk) is associated with improved bone mineral density (Grade C, Evidence Report, Section 5.1)^{590,593-598} but this is contradicted by evidence suggesting that less than one serve of milk per day during adult life is not associated with risk of osteoporotic or hip fracture (Grade C; Evidence Report, Section 5,2)^{599,600}

Modelling shows that to achieve the dietary patterns in the Australian Guide to Healthy Eating and companion resources within energy limits requires change from higher fat to lower fat milk, yoghurt and cheese products for children over 2 years of age and adults.

^{1/2} cup (120g) ricotta cheese

^{3/4} cup (200g tub) yoghurt

^{• 1} cup (250ml) soy beverage or beverages made from rice or other cereals which contain at least 100mg of added calcium per 100ml

Food or drink misclassified: CHEESE		
Classification in peer reviewed literature: Discretionary	iscretionary	
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
Five Food Group food.	See above.	Some authors stated that cheese should be avoided due
Full fat cheese should be limited to two to three serves a week, or replaced with cheeses that have reduced levels of fat. Some cheeses such as cottage cheese or fetta have less calcium than most other cheeses per unit weight. Fetta can also be particularly high in salt.	3 OCUMENTS OF STREET	to its salt and/or saturated fat content. However, the Australian Dietary Guidelines modelling allows for, and accommodates, these considerations with the recommendation that full fat cheese be limited to two to three serves a week or replaced with cheeses that have reduced levels of fat.
Use wholegrain breakfast cereals more often than more refined varieties.	HASIN	
Food or drink misclassified: HUMMUS		
Classification in peer reviewed literature: Discretionary	iscretionary	
Classification in the ADGs (specific advice/qualification)	Rationale Rationale	Comment
Five Food Group food (limit salty varieties)	Mixed food comprised of Five Food Group foods and healthy oils?	The opinion of some authors/sectors is that hummus should be avoided due to its salt and/or saturated fat content, which is inconsistent with the Australian Dietary Guidelines (but is consistent with the ABS classification).

Food or drink misclassified: MUESLI BARS		
Classification in peer reviewed literature: Five food grou	e food group food	
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
Discretionary	Muesli bars are mentioned specifically as examples of higher saturated fat and added sugar discretionary foods (Table 2a).	
Food or drink misclassified: BREAKFAST CEREALS ≤ 30% sugars	EALS ≤ 30% sugars	
Classification in peer reviewed literature: Discretionary	scretionary	
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
Five Food Group food Breakfast cereals can be high in salt (choose those with less than 120mg sodium/100g) Choose foods containing added sugars less often. This includes foods like sweetened breakfast cereals. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.	 Cardiovascular disease: There is evidence of a probable association between the consumption of grain (cereal) foods (especially wholegrains and those with fibre from oats or barley) and a reduced risk of cardiovascular disease in adults (Grade B; Evidence Report, Section 6.3); 2-26,443-458 Almost all the high level trials were conducted with oats, with the evidence of beneficial Jowering of levels of LDL and total cholesterol levels. The protective effect was noted with between one to three serves per day of wholegrain foods (predominantly oats). Type 2 diabetes: There is evidence of a probable association between the consumption of grain (cereal) foods (especially wholegrains) and reduced risk of type 2 diabetes (Grade B; Evidence Report, Section 6.7); 445,457,459-466 The evidence supports three serves per day of wholegrain foods conferring between 21% and 42% reduction in risk of type 2 diabetes. Excess weight: There is evidence of a probable association between 	
	consumption of three to five serves per day of grain (cereal) foods (mainly	

wholegrain) and reduced risk of weight gain (Grade B; Evidence Report, Section 6.6).^{215,220-229}

- Colorectal cancer: There is recent evidence suggesting that consumption of one to three serves of cereals high in dietary fibre per day is associated with reduced risk of colorectal cancer in adults (Grade C, Evidence Report, Section 6.2).^{397,867,477} Although previously the WCRF report noted a probable relationship, it recently reviewed the evidence and found it convincing that fibre-rich foods offer protection against colorectal cancer (see Appendix B).^{43,472} This is also supported by a recent systematic review and dose response meta-analysis of prospective studies showing that three serves of wholegrain and high fibre cereals per day reduced the risk of colorectal cancer.⁴⁷³
- Other cancers: Recent evidence is inconclusive for an association regarding the consumption of grain (cereal) foods and risk of other cancers in adults (Evidence Report, Section 6:1).

As the Australian Dietary Guidelines are evidence-based, they used the data available in the systematic review of literature at the time of last review. Australian studies included in the Evidence Report (5) applied 'cut-off' points of 30% added sugar as used historically in analysis of Australian food and nutrition surveys (NHS 1983, 1985, 1995).

Therefore, although not ideal, in the absence of any other data available at the time, this figure has been used to differentiate 'healthy' and 'unbealthy (i.e. discretionary) breakfast cereal in Australia (15).

		Comment	
ADS AND OILS	scretionary	Rationale	The dreitary modelling used to inform the Eat for Health Program included an also allowance for unsaturated spreads and oils to be included in the diet. "Replace will high fat foods which contain predominantly polyursated palm oil with foods which contain predominantly polyursatigated and monounsaturated fats such as oils, spreads, the nut butters/pastes and avocadg." Nut, spreads are also included in the Five Food Groups (in lean meats and alternatives). 18 of 61 14-18 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
Food or drink misclassified: HEALTHY SPREADS AND OILS	Classification in peer reviewed literature: Discretionary	Classification in the ADGs (specific advice/qualification)	Healthy - allowance "The foods that provide unsaturated fat are also high in kilojoules, so the amount consumed will usually need to be small to be in balance with total energy needs, see Chapter 5. The modelling12 used to inform the Eat for Health Program included an allowance of unsaturated spreads and oils or extra quantities of the nuts and seeds from which they are made as follows: 4 serves [28–40g] per day for men less than 70 years of age 2 serves [14–20g] per day for women over 18 years of age 1½ serves [11–15g] per day for dolescents 14–18 years of age 1½ serves [11–15g] per day for children 12–13 years of age 1½ serves [4–5g] per day for children 3–12 years of age 1½ serve [4–5g] per day for children 2–3 years of age 1½ serve [7–10g] per day for children 2–3 years of age 1½ serve [10–10g] per day for children 2–3 years of age 1½ serve [10–10g] per day for children 2–3 years of age 1½ serve [10–10g] per day for children 2–3 years of age. 1½ serve [10–10g] per day for children 2–3 years of age. 2 zerves of unsaturated spreads and oils (250kJ) is: 10 g polyunsaturated spread 10 g monounsaturated spread 10 g monounsaturated oil, for example olive or canola oil 10 g tree nuts or peanuts or nut pastes/butters

Food or drink misclassified: Alcohol (red wine)	ne)	
Classification in peer reviewed literature: Five food group food	ve food group food	
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
Discretionary Includes: beer, liqueurs, mixed alcoholic drinks, port, sherry, spirits, wines If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option. Alcohol also contributes to dietary energy. It is recommended that alcohol intake contribute less than 5% of dietary energy because of the negative association between intake of alcohol and health outcomes.	 Cardjovascular diseasg: There is evidence of a probable association between consumption of one standard drink per day for women and one and a half to two per day for men with a reduced risk of cardiovascular disease morbidity and mortality (Grade B, Evidence Report, Section 16.1). ⁷⁹⁶⁻⁷⁹⁸ A meta-analysis evaluating the relationship between alcohol intake and cardiovascular mortality in patients with a history of cardiovascular disease showed a J-shaped dose effect clave, with an alcohol intake of approximately 26 g/day having maximal protection. The authors concluded that light to moderate alcohol consumption, defined as 5-25 g/day, is significantly associated with a lower incidence of cardiovascular and total mortality. ⁷⁹⁹ However the evidence is not yet conclusive, particulatly for Asian populations. ^{787,788,800,801} There is evidence of a probable association between consumption of one standard drink per day for women and one and a half to two standard drinks per day for men with an increase in HDL cholesterol (Grade B; Evidence Report, Section 16.1). ⁸⁰²⁻⁸⁰⁹ Recent reviews of population-based studies ^{799,810,811} support these findings. Although an insufficient number of studies were identified to formulate an evidence statement, excess alcohol consumption has been found to increase the risk of hypertension. ^{812,813} A more recent review supports these findings, suggesting a synergistic effect between alcohol, hypertension and cerebrovascular events. ⁸¹⁴ Canadian and Australian guidelines on the management of hypertension include moderation of alcohol intake as an important intervention. ⁸¹⁵ Hypertension is a major risk factor for both ischaemic and haemorrhagic stroke. ⁸¹⁶ 	

- Type 2 diabetes: Evidence regarding an association between alcohol intake and risk of type 2 diabetes is inconclusive (Evidence Report, Section 16.2).
- There is increasing evidence of an association between alcohol consumption and heightened risk of specific cancers. In general, the evidence suggests that different types of alcoholic drink have similar effects.⁴³ The WCRF report concludes that the number of cancers for which alcohol is a known risk factor is increasing (see Appendix F).⁴³ It appears unlikely that there is a threshold of alcoholintake below which there is no effect on cancer risk.
- Breast cancer. There is evidence of a probable association between consumption of alcohol, even at low levels (10 g/day), and an increased risk of breast cancer (Grade B; Evidence Report, Section 16.4), ⁸¹⁷⁻⁸²³ The WCRF report found a convincing association between consumption of alcohol and risk of breast cancer (see Appendix F).⁴³
- Oesophageal cancer: There is evidence of a probable association between
 consumption of alcohol and an increased risk of cancer of the oesophagus
 (Grade B; Evidence Report, Section 16.6).^{43,817} The WCRF report found a
 convincing association between consumption of alcohol and risk of cancer of
 the oesophagus (see Appendix F).⁴³
 - the oesophagus (see Appendix F).43

 Colon and rectal cancer: The evidence suggests that consumption of alcohol, even at low levels (10 g/day), is associated with an increased risk of colon cancer and rectal cancer (Grade C; Evidence Report, Section 16.5).43,817,824,825
- Liver cancer: The evidence suggests that consumption of alcohol, even at low levels (10 g/day), is associated with increased risk of liver cancern some populations (Grade C; Evidence Report, Section 16.9).⁴³⁸¹⁷ The WCRB report found a probable association between the consumption of alcohol and risk of liver cancer (see Appendix F)⁴³.
- Oral cavity, pharynx and larynx: The evidence suggests that consumption of alcohol is associated with an increased risk of cancer of the oral cavity, pharynx and larynx (Grade C; Evidence Report, Section 16.7).⁴³⁸¹⁷⁸²⁶
- Non-Hodgkin lymphoma: Evidence that the consumption of alcohol is associated with non-Hodgkin lymphoma is inconclusive (Evidence Report, Section 16.11).

- Other cancers: The evidence that consumption of alcohol is associated with renal, pancreatic and ovarian cancer is inconclusive (Evidence Report, Sections 16.8, 16.10 and 16.12).
- Alcohol-related liver disease: As discussed in the 2003 edition of the Dietary Guidelines, there is continuing evidence that excess alcohol consumption is associated with an increased risk of alcohol-related liver disease (fatty liver, cirrhosis of the liver, alcoholic hepatitis).827 The same level of average consumption is related to a higher risk of liver cirrhosis in women than in men.828
- Dementia: The evidence suggests an association between the consumption of one standard drink per day for women and one and a half to two standard drinks per day for men, with a maximum intake of four standard drinks per day, and a reduced risk of dementia in older adults (Grade C; Evidence Report, Section 16.3). 829-839
- Mental health: Alcohol use is associated with an increased risk of a number of mental health and social problems in young adults.⁸³⁶ The existence of psychiatric comorbidities in young people who drink heavily is common, especially for conditions such as depression, anxiety, bipolar disorder, conduct disorder and attention-deficit/hyperactivity/disorder.^{836,840}
- Nutrition-related conditions: Alcohol consumption)s inked to malnutrition,
 Wernicke-Korsakoff syndrome, folate deficiency, Vitamin A depletion and
 pellagra.⁸⁴¹ Excessive consumption of alcohol (severe alcoholism) leads to
 malnutrition if normal diet is neglected. The financial resources of the patient
 can be diverted away from purchase of food to acquiring and consuming
 alcohol. In Australia the fortification of bread with thiamine has contributed to
 a 40% reduction in the incidence of Wernicke-Korsakoff syndrome.^{942,843}

Other conditions associated with harmful levels of alcohol consumption include:⁷⁹⁴

- Dependence and addiction
- Endocrine conditions (e.g. hypercortisonism and sexual dysfunction)
- Alcohol-related brain damage including alcoholic dementia

Gastritis and gastric ulcers

5.2.2 Results of review of websites

The search strategy resulted in 93 webpages from 41 different organisations' websites being included in synthesis. The detailed data extraction table is included at Appendix 3b and Supplementary Appendices I, II and III. All webpages were treated independently for the purpose of analyses.

The synthesis of stated definition of discretionary food and drinks (or synonyms such as 'discretionary foods' and/or 'discretionary choices'), the stated source of definition, and, if the Australian Dietary Guidelines, agreement with the Australian Dietary Guidelines definitions (included at 5.1.3) by sector/profession is presented in Table 7.²³

The synthesis of stated intent and application of the term 'discretionary food and drinks' (or synonyms such as 'discretionary foods' and/or 'discretionary choices') by sector/profession is presented in Table 8.

5.2.2.1 Stated definition of discretionary food and drinks, or synonyms, source of definition, agreement with the Australian Dietary Guidelines definition and stated intent and/or application of the term by sector/profession from webpages.

Of the 93 webpages returned, the majority were those of government departments and agencies (n=49, 53%). Of these, most (n=31, 63%) were of government departments, of which four (8%) were from the Australian Government Department of Health, 20 (41%) were from state or territory jurisdictional health departments, and seven (14%) were from state or territory jurisdictional education departments. Of the 18 government agencies, nine webpages were from the ABS, four were from the Australian Institute of Health and Welfare (AIHW) and five were from Food Standards Australia New Zealand (which has a regulatory function) (Appendix 3b). Nineteen (20%) of the webpages returned were from food industries, of which most (84%) were from manufacturing/retail and only three (16%) were from primary industry groups. Eleven (12%) of the webpages were from non-government organisations (non-government organisations), including the Australian Chronic Disease Prevention Alliance, the Obesity Policy Coalition, Nutrition Australia, Cancer Council and the Australian Breastfeeding Association. Ten (11%) were from professional associations, including the Australian Medical Association, the Dietitians' Association of Australia and the Public Health Association of Australia. Of those remaining, three (3%) were from consumer groups and two (2%) were from research organisations/universities (Appendix 3b, Table 7, Table 8).

Of the 93 included webpages, 67 (72%) stated the Australian Dietary Guidelines as the source of definition of the term 'discretionary food and drinks' or synonyms, with 33 (49%) of these being aligned with the correct relevant definition (Table 7). Twenty (22%) of the webpages did not source the definition, while six used a different food classification source.

By sector, of the 31 government department webpages, 25 (81%) identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks' or synonyms, a high proportion (15 of these 25 or 60%) defined the term consistently with the Australian Dietary Guidelines. Five (16%) government departments did not provide a source of the definition of the term, and one (3%) used the National Healthy School Canteens food classification system (61).

Of the 18 webpages of government agencies, proportionally fewer (12 of the 18, 67%) identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks' or synonyms and defined the term consistently with the Australian Dietary Guidelines (two of the 12, 17%) compared to the webpages of government departments (81% and 60%, respectively). However, one of the FSANZ webpages contained submissions from industry groups regarding vitamin D fortification of breakfast cereals (Appendix 3b), and such submissions were not representative of the perspectives of the government agency itself. Of the food industry groups, 10 of 19 (53%) identified the source as the Australian Dietary Guidelines, but only three of the 10 (30%) defined the term

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²³ Given the variation in the exact wording to define discretionary food and drinks across the glossaries and text in the suit of Australian Dietary Guidelines documents and resources, exact alignment with any of the definitions provided in the Australian Dietary Guidelines documents was taken to be consistent with the Australian Dietary Guidelines. However, defining discretionary choices as 'containing fat' or being 'high in fat' rather than 'high in saturated fat' or being 'low in fibre' was not considered consistent with the wording or the intent of the definition of discretionary choices provided throughout the Australian Dietary Guidelines documents.

consistently with the Australian Dietary Guidelines (Table 6). Five (26%) of food manufacturing/retail organisations did not provide a clear source of definition of the term 'discretionary food and drinks' and four (21%) used another food classification system. These included published or unpublished reports.

All non-government organisations identified that the term 'discretionary food and drinks' was from the Australian Dietary Guidelines, and 81% defined the term in alignment with the Australian Dietary Guidelines' definition. Of the 10 professional associations, five identified the source of the term 'discretionary food and drinks' as the Australian Dietary Guidelines but only two defined the term correctly; four (40%) professional associations did not provide a clear source for the term, and one used the ABS classification system (62) (Table 7).

Some examples of definitions of 'discretionary food and drinks' inconsistent with the Australian Dietary Guidelines include:

- "According to the current Australian Dietary Guidelines, all breakfast cereal products are classified as core if they contain <30g sugar per 100g, otherwise they are classified as discretionary" (63)
- "According to the current Australian Dietary Guidelines, RTE meals, and pizza products are classified as core, unless they have >5g/100g of saturated fat." (63)
- Description of the ABS discretionary food classification system based on nutrient content 'cut-off' points for several food categories, that is not necessarily consistent or interchangeable with the Australian Dietary Guidelines, and differs in some key principles (1,15)
- Describing and categorising the disaggregation of discretionary 'mixed' foods and drinks into individual food components, for example, sugar-sweetened-beverages into water and solid components 'Hamburger, white roll, 2 beef patties, with bacon, cheese, lettuce, onion, pickles, tomato, mayonnaise & sauce, fast food chain' into 'white roll', 'tomato, lettuce, onion and pickles', 'cheese', 'beef patties' and 'bacon' and 'mayonnaise' (64)
- Describing discretionary foods as 'treat foods' (65, 66)
- "It is recommended that intake of these (discretionary) foods be limited to one serve per day (approximately 600kJ)" (67, 68)
- "... a discretionary food serve should make up no more than 7% (600kj) of the daily energy intake of an average healthy adult" (69)
- · Many webpage definitions did not state 'high in saturated fat', only 'high in fat'
- Many webpage definitions included categories of foods that were ambiguous, such as takeaway foods, fast foods, snack foods, packaged foods
- The NSW school canteen policy classifies discretionary choices, including pies, sausage rolls, cakes, muffins, biscuits, ice cream, muesli bars, potato wedges, chicken nuggets, salami, chocolate and confectionery, salty snacks, chips and pretzels with a HSR >3.5 stars as 'healthier discretionary choices' (70).

On the 93 webpages, 94 stated intent or applications were identified, with the majority using 'discretionary food and drinks' to differentiate unhealthy foods and drinks from healthy choices (48/94, 51%) or to differentiate unhealthy diets from healthy diets (41 of 94, 44%) (Table 8).

Discretionary foods were not commonly used to assess portion sizes or energy content (only four of 94), or to assess consistency of other classification systems with the Australian Dietary Guidelines as the gold standard (only one of 94).

Of the different sectors, government agencies (67%), professional organisations (80%), non-government organisations (55%) and consumer organisations (67%) were more likely to apply the term 'discretionary food and drinks' to differentiate unhealthy foods and drinks from healthy choices. This was particularly the case for all of the five webpages of government agencies that focused on regulatory activities (100%). However, government departments (55%) and food industry groups (58%) were more likely to apply the term to differentiate unhealthy diets from healthy diets (Table 8).

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Government agencies focusing on information (two of 13) and the food industry manufacturing and retail sector (two of 19) were more likely to apply the term to assess portion size or energy content of discretionary foods consumed, than other sectors. One non-government organisation also applied the term to assess consistency between different food classification systems, but did not privilege the Australian Dietary Guidelines system in this process (Table 8).

Table 7: Stated definition of discretionary foods and synonyms, source of definition, and agreement with the Australian Dietary Guidelines definition, by sector/profession- from websites (n = 93 webpages)

	State		e of det ADG	finition		es not clear source	Other food		
Sector/profession		ed to		aligned ADG	of definition of discretionary foods		classification system		
Sector/profession	N	%	N	%	N	%	N	%	
Government department TOTAL (n=31)	15	48	10	32	5	16	1	3	
Australian Government Department of Health (n=4)	2	50	1	25	1	25	3	0	
State/territory department of health (n=20)	12	60	4	20	4	30	0	0	
State/territory department of education (n=7)	1	14	5	72	KAS'	0 50	1 (National Healthy School Canteens)	14	
Government agency TOTAL (n=18)	2	11	10	55		33	0	0	
Government agency (information) (n=13)	2	15	3	54	4	31	0	0	
Government agency (protection/regulatory function specifically) (n=5)	0		1, 4	60	2	40	0	0	
Food industry TOTAL (n=19)	Jan.	016	27	37	5	26	4	21	
(protection/regulatory function specifically) (n=5) Food industry TOTAL (n=19) Food industry (manufacturing/	2 2 2	12	6	38	4	25	4 (2 Unpublished reports, 1 peer reviewed literature, 1 refers to 'dietitians')	25	
retail) (n=16) Food industry (primary) (n=3)	1	33	1	33	1	33	0	0	
Consumer organisation (n=3)	1	33	2	67	0	0	0	0	
Non-government organisation (n=11)	9	81	2	18	0	0	0	0	
Professional association (n=10)	2	20	3	30	4	40	1 (ABS)	0	
Research organization - including university (n=1)	1	50	0	0	0	0	0	0	
Total (n=93)	33	35	34	37	20	22	6	6	

Table 8: Stated intent and/or application of definition of discretionary food by sector/profession - from websites (n = 93 webpages)²⁴

				Inte	ent/applica	tion		
Sector/ profession	To classify/ assess diets as healthy or unhealthy		To classify/ assess foods as healthy or unhealthy		To assess portion size/ energy content of discretionary foods consumed		To assess consistency of other classificatio systems with the ADGs as the gold standard	
	N	%	N	%	N	%	N	%
Government department TOTAL (n=31)	17	55	14	45	0	0	0	0
Australian Government Department of Health (n=4)	2	50	2	50	0	0	200	0
• State/territory department of health (n=20)	14	45	6	55	0	MO	C ₀	0
• State/territory department of education (n=7)	1	14	6	86	05	7 700	0	0
Government agency TOTAL (n=18)	5	28	12	67	27	ر ک ¹¹	0	0
• Government agency (information) (n=13)	5	34	7	54	11/2/21	15	0	0
 Government agency (protection/regulatory function specifically) (n=5) 	0	0	S	OF 5	0 0 0 0 2	0	0	0
Food industry TOTAL (n=19)	12/1/2	58 ^C	6/1/	32	2	10	0	0
• Food industry (manufacturing/ retail) (n=16)	10	63	4	25	2	12	0	0
• Food industry (primary) (n=3)		33	2	67	0	0	0	0
Consumer organisation (n=3)	1	33	2	67	0	0	0	0
Non-government organisation (n=11)	4	36	6	55	0	0	1	9
Professional association (n=10)	2	20	8	80	0	0	0	0
Research organisation – including university (n=1)	1	100	0	0	0	0	0	0
Total (n=94)	41	44	48	51	4	4	1	1

²⁴ Note: intent/application of definitions do not add up to 93, as some pages stated more than one intent/application.

5.2.3 Results of review of proffered documents, including submissions to the Senate Select Enquiry into the Obesity Epidemic in Australia 2018

The proffered documents were searched for the term 'discretionary food and drinks' or synonyms. The term was found in 49 of the 146 (34%) submissions to the Senate Select Enquiry into the Obesity Epidemic in Australia (July 2018). Of the other 97 documents, 72 mentioned other terms to describe 'healthy' and 'unhealthy' foods (for example, unhealthy, energy-dense/nutrient-poor, calorie-dense, processed, junk, and treat food), but did not use discretionary foods (Table 9).

There were 44 other proffered documents (for example, HSR committees, testing of AGHE materials 2012, COAG Policy Think Tank, 2018), of which 16 contained the term 'discretionary food and drinks' or synonyms (Table 10). The detailed data extraction table is included at Appendix 3c for senate submissions, Appendix 3d for other proffered documents and Supplementary Appendices IV and V, respectively.

5.2.3.1 Stated definition of discretionary foods and synonyms, source of definition, agreement with the Australian Dietary Guidelines definition and stated intent and/or application of the term by sector/profession from documents.

The synthesis of stated definition of discretionary foods (or synonyms such as discretionary food and drinks and/or discretionary choices), the stated source of definition, and, if the Australian Dietary Guidelines, agreement with the Australian Dietary Guidelines definitions (included at 5.1.3) by sector/profession is presented in Table 9 for the senate submission documents and Table 10 for the other documents.

Of the 49 of the 145 submissions to the Senate Select Enquiry into the Obesity Epidemic in Australia that mentioned the term 'discretionary food or drinks' or synonyms, 23 stated that the source of the definition was from the Australian Dietary Guidelines (47%) (Table 9), with 10 showing alignment between their definition and that of the Australian Dietary Guidelines (43%). Misalignment with the Australian Dietary Guidelines was found in 5 of 14 'industry and networks' submissions, with discretionary foods being described as 'treat foods'. There were 15 senate submissions that included the term but failed to provide a definition of 'discretionary food and drinks', or did not state a source for the definition. This occurred in four of nine submissions by research institutes (45%), three of eight submissions by government/health services (38%) and five of 14 submissions by industry (36%) sectors. Other stated sources for the definition of discretionary food and drinks included the ABS, government documents (NSW Ministry of Health and Australian Institute of Health and Welfare), and other peer reviewed literature.

Some examples of specific 'discretionary food' definitions inconsistent with Australian Dietary Guidelines include:

- Using 'treat food' as a synonym for discretionary food (65, 71-78)
- "Discretionary foods are those which tend to be higher in energy, fat, sodium and sugar. There is no established definition and no agreement on nutrient criteria by which to identify them." (79)
- "The Australian Dietary Guidelines recommend eating a balanced diet based on the Five Food Groups, and that consumption of foods high in saturated fat, added salt, added sugar and alcohol be limited. They apply to all Australians from 6 months to 70 years of age, as well as those with common health conditions, such as being overweight" (80)
- Energy-dense/nutrient-poor highly processed foods (81).

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Table 9: Stated definition of discretionary food and drinks, or synonyms, source of definition, and agreement with the Australian Dietary Guidelines definition by sector/profession from submissions to the Senate Select Enquiry into the Obesity Epidemic in Australia, where the term was included (n = 49 submissions of 146

	State	es soui	rce of definitio ADG	n is	No definition			
	Align AE		Not aligned ADG	to	or no soui stated		Other sources for the discretionary foo	
Sector/profession	N	%	N	%	N	%	N	%
Individuals, dietitian (n=2)	1	50	0	0	0	0	1 ABS	50
Individuals, other (n=2)								
(e.g. citizens, citizen with a foundation)	1	50	1	50	0	0	0	0
Government/ health services (n=8)	1	12	1	12	3	38	3 (2 ABS, 1 NSW Ministry of Health document)	38
Industry and networks and entrepreneurs (n=14)	1	7	5	36	NO DE	36	3 (2 ABS, 1 other peer reviewed reference)	21
Health professional association (n=4)	1	25	1	25	100	25	1 ABS	25
Non-government organisations and advocacy groups (n=10)	3	30	2 4	20	2	20	3 (2 ABS; 1 AIHW)	30
Research institute (n=9)	2	22	3	33	4	45	0	0
Total (n=49)	10	20	13	27	15	31	11	22

submissions to the senate)²⁵

Based on the other 16 proffered documents that mentioned 'discretionary food and drinks' or synonyms, nine did not mention a definition, or did not state a source for the definition (52%). When the stated source was the Australian Dietary Guidelines, alignment was most apparent across dietitians/nutritionist/public health nutritionist, and state/territory government health departments. However, misalignment was apparent across the government agencies who referenced the 1998 Australian Guide to Healthy Eating (AGTHE). One consultancy report provides a glossary definition of discretionary foods which is consistent with one glossary definition in the Australian Dietary Guidelines, but applies the ABS classification system to identify discretionary food and drinks throughout.

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²⁵ Abbreviations: ABS = Australian Bureau of Statistics; AIHW: Australian Institute of Health and Welfare.

Table 10: Stated definition of discretionary food and drinks, or synonyms, source of definition, and agreement with the Australian Dietary Guidelines definition, by sector/profession- from proffered documents (n = 16 documents)²⁶

Sector/profession			of definition		Does no mention d	od (or no
	Aligned			ned to ADG	source stated (r	
	N	%	N	%	N	%
Dietitian/nutritionist/public health nutritionist (n=2)	1	50	0	0	1	50
Government department TOTAL (n=5)	2	40	0	0	3 (3 not stated)	60
Australian Government Department of Health (n=1)	0	0	0	0	1 (not stated)	100
State/territory department of health (n=4)	2	50	0	0	2 (not stated)	50
Government agency TOTAL (n=3)	0	0	2	66)	1	33
Government agency (information) (n=1)	0	0	1 (uses 1998 AGTHE)	D 1000	0	0
Government agency (protection/regulatory) (n=2)	0	0	1 (uses 1998 AGTHE)	50	1	50
Other (n=6) incl. consultancy, mix of several sectors	2	33	PIPA	0	4 (not stated)	66
Total (n=16)	5 ²⁷	31	2	17	9	52

The synthesis of stated intent and application of the term discretionary foods (or synonyms such as discretionary food and drinks and/or discretionary choices) by sector/profession is presented in Table 11 for the senate submission documents and Table 12 for the other documents.

Seventy-three percent (n=36) of submissions used the term 'discretionary food' or synonyms to differentiate or assess unhealthy diets from healthy diets. Of the different sectors, dietitians (individuals) (100%), non-government organisations and advocacy groups (100%), government/ health services (88%), health professional associations (75%) and research institutes (67%) were most likely to apply the term 'discretionary food' in this manner. Industry and other individuals (for example, citizens, other health professionals), were equally likely to apply the term 'discretionary food and drinks' to differentiate unhealthy foods and drinks from healthy choices as they were to classify diets as healthy or unhealthy.

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²⁶ Abbreviations: AGTHE: Australian Guide To Healthy Eating.

²⁷ Although one of the documents provides a glossary definition which is consistent with the Australian Dietary Guidelines, it actually applies the ABS classification system to identify discretionary food and drinks throughout.

Table 11: Stated intent and/or application of definition of discretionary food by sector/profession - from documents (n = 49 senate submissions)

		Intent/ap	plication	cation		
Sector/profession (number of documents with a		/ assess diets as or unhealthy	•	assess foods or unhealthy		
definition of discretionary food)	N	%	N	%		
Individuals, dietitian (n=2)	2	100	0	0		
Individuals, other (n=2)						
(e.g. citizens, citizen with a foundation)	1	50	1	50		
Government/ health services (n=8)	7	88	1	12		
Industry and networks and entrepreneurs (n=14)	7	50	7	50		
Health professional association (n=4)	3	75	1	25		
Non-government organisations and advocacy groups (n=10)	10	100	0	0		
Research institute (n=9)	6	67	3	33		
Total (n=49)	36	(43 (C)	13	27		

For the 16 other documents, approximately half (nine of 16, 53%) were used with the intent to classify foods as healthy or unhealthy. All those prepared by government departments (five of five, 100%) applied the term 'discretionary food and drinks' as a way to assess and classify diets as healthy and unhealthy. Government agencies either applied the term to differentiate between healthy and unhealthy foods or were unclear about the intent and application of the term 'discretionary food'. All documents prepared by the 'other' sector (six of six, 100%) used the term to classify foods as healthy or unhealthy. This included documents from consultancy groups on consumer testing of the Australian Dietary Guidelines resources, and the development and review of the HSR. The term 'discretionary food and drinks' was used by dietitian/ nutritionist/ public health nutritionists as either to assess CONSISTE, CONSIS foods as 'healthy' or 'unhealthy' or to assess the consistency of other classification systems with the Australian

Dietary Guidelines as a 'gold standard'.

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Table 12: Stated intent and/or application of definition of discretionary food by sector/profession from documents (n=16 documents)

Sector/profession		Intent/application							
	To classify/ assess diets as healthy or unhealthy		To classify/ assess foods as healthy or unhealthy		To assess consistency of other classification systems with the ADGs as the gold standard		Unclear		
	N	%	N	%	N	%	N	%	
Dietitian/ nutritionist/ public health nutritionist (n=2)	0	0	1	50	1	50	0	0	
Government department TOTAL (n=5)	5	100	0	0	0	0	0	0	
Australian Government Department of Health (n=1)	1	100	0	0	0	2 3	0	0	
State/ territory department of health (n=4)	4	100	0	0	1010	(0)	0	0	
Government agency TOTAL (n=3)	0	0	2	67	2,68	0	1	33	
Government agency (information) (n=1)	0	0	1	100	0	0	0	0	
Government agency (protection/regulatory) (n=2)	0	0	177	50	0	0	1	50	
Other (n=6) incl. consultancy, mix of several sectors	0	0,5	SEM	100	0	0	0	0	
Total (n=16)	5	31	3	56	1	6	1	6	
Other (n=6) incl. consultancy, mix of several sectors Total (n=16)	CHIL	NOT OF SERVICE OF SERV							

5.3 Answer to Question 3

Question 3 is: How are 'healthy' and 'unhealthy' food and drinks being differentiated in Australia?

- (a) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors
- (b) For application in different nutrition policy actions/strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/health claims on food packaging, and fortification initiatives)
- (c) By key social media influencers
- (d) How does this differ from the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013?

The response to Q3 was informed by literature review of published reviews defining 'healthy' and 'unhealthy' foods in Australia (Section 5.3.1) and review of the blogs of social media influencers (Section 5.3.2).

5.3.1 Results of review of reviews of 'healthy and 'unhealthy' foods and drinks

The search strategy resulted in 20 reviews being included in synthesis. The PRISMA diagram is included at Figure 3. The detailed data extraction table is included at Appendix 4a.

Thirty-eight first and last authors were identified according to sector/profession. Nineteen were health professionals, including 13 dietitians/nutritionists and six other clinical health professionals such as medical doctors, nurses or psychologists. Thirteen were public health practitioners such as epidemiologists, two were students from undetermined sectors, three authors were from more than one sector and one author's sector could not be determined. No included review articles were written by first or last authors from the education or industry sector, and none focused on consumer opinions (Appendix 4a).

The review articles included multiple terms and definitions of 'healthy' and 'unhealthy' foods and drinks, and these were not necessarily the view of the authors. To retain context, the data (Appendix 4a) are described below, rather than extracted into a summary table.

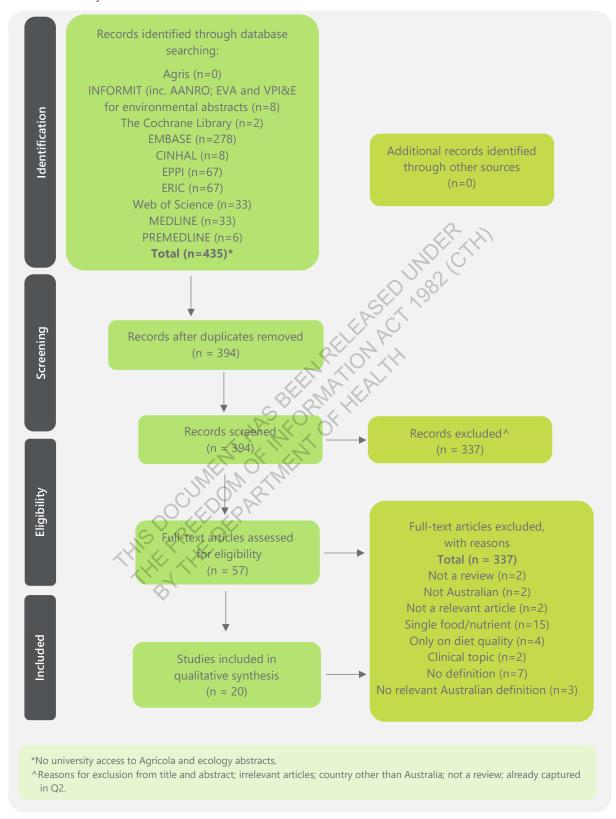
5.3.1.1 Stated definition of 'healthy' and 'unhealthy' food and drinks, source of definition, agreement with the Australian Dietary Guidelines definition and stated intent and/or application of the term, including by sector/profession, in the peer reviewed reviews

Review articles written by clinical health professionals and public health practitioners most commonly used the terms 'unhealthy foods' (15 of 32, 47%), 'discretionary food and drinks' or synonyms (10 of 32, 31%), 'energy-dense, nutrient-poor foods' (12 of 32, 38%), or applied traffic light labelling to classify foods (eight of 30, 27%). Of these, review articles authored by dietitians/nutritionists were most likely to include the term 'discretionary food and drinks' or synonyms (eight of 13, 62%) or 'unhealthy foods' (seven of 13, 54%) (Appendix 4a).

The majority of the review authors applied the terms to classify/assess foods and drinks as 'healthy' or 'unhealthy' (27 of 38, 71%), rather than classifying 'diets' (11 of 38, 29%) (Appendix 4a).

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Figure 3: PRISMA diagram for review of reviews of 'healthy' and 'unhealthy' foods and drinks in Australia, conducted in a systematic manner



A rapid review of evidence: Discretionary food and drinks

Of the 20 included review papers differentiating between 'healthy' and 'unhealthy' foods and drinks, six mentioned the term 'discretionary food and drinks' or synonyms, six included 'unhealthy' foods, eight mentioned 'energy-dense, nutrient-poor' foods, three applied traffic light labelling systems and another two focused on school nutrition policies that used either traffic light systems and/or 'occasional' labels on 'unhealthy' foods. Other alternative terms included in the reviews were 'non-core foods' (n=2), 'junk food' (n=2), 'ultra/processed foods' (n=2), and those associated with nutrient profiling systems (n=5), including application of HSR system nutrient content 'cut-off' points (n=3) (Appendix 4a).

Three included reviews cited Australian school nutrition policies including: a review paper from the UK examining school-based obesity policies (82); a review on Australian school nutrition policies (83); and a review assessing school food environments (84). Three different methods were noted as being used to distinguish healthy and unhealthy foods and drinks in Australian schools. These were application of traffic light classification systems (ACT, NT, SA, Qld, Tas, Vic); recommended focus on 'everyday' rather than 'occasional' foods and drinks using the HSR to distinguish healthier 'occasional' foods (NSW); and combined 'core' versus 'non-core' foods combined with traffic light classification (WA) (84) (Appendix 4a).

The term 'discretionary food and drinks', or synonyms, were used in six of the 20 review articles (84–89) (Appendix 4a).

One review paper that included five Australian studies monitoring the healthiness of food advertisements stated that the majority of studies used the Australian Dietary Guidelines to classify foods as 'healthy' and 'unhealthy' (90). Another paper that assessed the tools developed to cost 'healthy' foods in Australia found that, with the exception of two tools, most did not align with the Australian Dietary Guidelines: "....tools...described 'healthy' baskets that included several 'unhealthy' non-core or discretionary foods (energy dense, nutrient-poor foods not required for health that are high in added sugar, saturated fats, salt and/or alcohol), such as sugar and oil, to adjust the energy content of the basket, and also included commonly consumed discretionary foods, such as sausages, cake or chocolate. Thus most 'healthy' baskets do not constitute a diet consistent with current Australian Dietary Guidelines recommendations. This was acknowledged by authors of one of the Australian food pricing tools...but not others." (86).

Some of the specific definitions provided in the reviews, particularly those authored by dietitians/nutritionists, were limited (for example "Discretionary foods, which are not essential for a healthy diet" (84) and "Discretionary foods...alcohol, take-away, convenience foods and sugar-sweetened beverages" (88); however the information provided in the body of these reviews aligned closely with the intent of the Australian Dietary Guidelines, suggesting these authors had good understanding of the term 'discretionary food and drinks' (Appendix 4a).

The term 'energy-dense, nutrient-poor' (including energy-dense or high-density, low-nutrient) was commonly provided as a definition to identify 'unhealthy' foods and drinks. It was used by authors from a variety of sectors/professions, with first and last authors including public health professionals (n=4), other scientists (n=1), other clinical health professionals (n=1), students (n=1) and dietitians/nutritionists (n=5). Several reviews provided examples of foods in this category; these included pizza, hamburgers, meat pastries, candy, crisps, biscuits, icecream and soft drinks, fast foods, sweetened breakfast cereals, confectioneries and savoury snacks (91-93).

Definitions of 'unhealthy' and 'healthy' foods and drinks that centred on the concept of 'energy-density' alone in the reviews were misaligned with the Australian Dietary Guidelines because they did not consider: the characterising nutrient contents of discretionary food and drinks; that the type of fat contributing to energy density is important; or that these foods are not necessary for health. Some energy-dense foods such as nuts, cheese and seeds categorised as healthy Five Food Group foods in the Australian Dietary Guidelines were classified as 'unhealthy' in some reviews due to their relatively high energy density.

Insufficient information was provided in the reviews to determine how application of several terms to identify 'unhealthy' foods, such as 'junk foods', 'processed foods' and 'ultra-processed foods' would align with the Australian Dietary Guidelines.

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Several nutrient profiling systems were included in the reviews, including the INFORMAS nutrient profiling system (94, 95), the FSANZ nutrient profiling system (84, 96), the HSR nutrient profiling system (84, 87, 96) and one nutrient criteria system developed by industry (90).

The INFORMAS nutrient profiling system was developed to monitor harmful nutrients in the food supply. "The primary ('minimal') measurement indicators proposed are saturated fat, trans fat, sodium, energy density and serving size. Secondary ('expanded') measurement indicators are total fat, monounsaturated fat, polyunsaturated fat, protein, total sugars, carbohydrate and dietary fibre" (95). A second related review critiqued nutrient profiling systems stating: "A food-based system for classifying products is recommended, whereby foods and beverages are classified as either healthy or unhealthy. Where available, nutrition data can be used to establish nutrient cut-off points or to allocate products to major food groups. This nutrient information could be determined through data collection as part of the INFORMAS module for monitoring the composition of foods and beverages. Region-specific foods should be considered. Ideally, criteria should be based on dietary guidelines and other relevant local policy documents, such as requirements for foods sold within schools." (94).

The FSANZ nutrient profiling system was developed to assist the food industry to distinguish between 'healthy' and 'unhealthy' foods in order to make health claims on packaged foods in the former category and is incorporated into the Food Standards Code (97, 98). One review paper stated that this system was also used in three research studies to classify packaged foods as 'healthy' or 'unhealthy' to determine the healthiness of food environments (84). Insufficient information was provided in the included reviews to assess alignment of the FSANZ nutrient profiling system specifically with the Australian Dietary Guidelines (Appendix 4a).

One review provided examples of the food industry's use of nutrient profiling systems, including citation of an industry report that defined healthier foods and drinks by their energy density, sodium and saturated fat content (99). A review on obesity policy in Australia reported anecdotal evidence that the HSR criteria have been used by the food industry to reformulate products to reduce sugar, fat and sodium content and hence score higher stars under the HSR system (87).

Some examples of misalignment of nutrient profiling methods to classify unhealthy foods included:

- The Australian Dietary Guidelines specify 'added sugars' not 'total sugars', and 'saturated fat', not 'fat' as nutrients of concern in discretionary foods; several nutrient profiling systems use 'total sugars' and total 'fat' instead of evidence-based defining nutrients
- The use of the term 'energy density' alone as a criterion to classify 'unhealthy' food and drinks
- The use of nutrients other than saturated fat, added sugar, salt and alcohol in foods and drinks to determine the healthiness of products, including protein, carbohydrate and dietary fibre.

Insufficient information was provided in the included reviews to assess alignment of the HSR nutrient profiling system specifically with the Australian Dietary Guidelines (Appendix 4a).

Food industry authors of a report that monitored the healthiness of food advertising chose to use their own nutrient criteria, which contrasted to other research: "Categorisation of food advertisements as 'core' or 'non-core' was predominantly based on the Australian Guide to Healthy Eating (AGHE) (Sic n=5). The classification used in one industry report differed by signatory status such that AGHE or the NSW Healthy School Canteens strategy was applied to advertising by non-signatories, whereas for signatories, the company's own nutrition criteria were used (Australian Food and Grocery Council" (90). Further information on the classification system used was not provided in the review (Appendix 4a).

5.3.2 Results of review of social media influencers' blogs

The search strategy identified the 10 top Australian food blogs and the eight top Australian nutrition blogs listed on the websites https://blog.feedspot.com/australian food blogs/ and

https://blog.feedspot.com/australian nutrition blogs/ The latter website listed only the top nine nutrition blogs in Australia; of these one was excluded as it did not define 'healthy' foods at all. The detailed data extraction table is included at Appendix 4b.

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The search strategy involved entering specific search terms into each blog's own search engine if available, or into the Google search engine with the website's name, if the blog did not provide a search function. Terms were entered in a systematic manner in the following order: (1) 'Discretionary food/choices' (2) 'Unhealthy foods/choices' (3) 'Healthy foods/choices'. The first five results from each blog site were extracted due to the large number of returns from some blogs (see 'additional notes' in Appendix 4b for details). The detailed data extraction table is included at Appendix 4b with a total of 65 blog entries consisting of 40 food and 20 nutrition entries.

The 10 included food blogs consisted mostly of recipes and cooking tips. The authors of the food blogs included five freelance food writers, one chef, two mums, one blogger with a background in economics and one dietitian. Of the 10 food blogs, only three stated the aim of the blog included sharing information on healthy recipes; the dietitian's food blog aimed to teach people how to cook "ridiculously unhealthy desserts!".

The eight included nutrition blogs were mostly comprised of editorial pieces, with or without recipes. The authors of the nutrition blogs included four dietitians/nutritionists, three 'nutritionists' with unclear credentials and one team of self-proclaimed 'renegade' health professionals (personal trainers and naturopaths).

Data were extracted from a total of 65 webpages from the 18 blogs (Appendix 4b).

5.3.2.1 Stated definition of 'healthy' and 'unhealthy' food and drinks, source of definition, agreement with the Australian Dietary Guidelines definition and stated intent and/or application of the term in the most popular food and nutrition blogs by social media influencers

Of the 65 webpages from the blogs included, about half described the terms 'healthy' or 'unhealthy' to be broadly consistent with the Australian Dietary Guidelines (15 out of 25 nutrition blog entries and 20 out of 40 food blog entries).

The Australian Dietary Guidelines were cited as the stated source of the definition of 'healthy' or 'unhealthy' foods and drinks in seven of the nutrition blogs, but in none of the food blogs. Five of these seven nutrition blogs provided definitions that aligned with the Australian Dietary Guidelines. Of the two that did not:

- One defined 'extra' foods as >2 standard drinks of alcohol per day, implying that less than this was not
 considered an 'extra' (that is, discretionary) food, and that 'refined grains' including foods from the 'grains
 (cereals) cereals group' were included within the 'extra food group,' and was more prescriptive than the
 Australian Dietary Guidelines on the number of serves of different foods that should be consumed
- One defined discretionary foods solely as 'highly processed foods' and 'discretionary calories', which are not
 concepts used in the Australian Dietary Guidelines (although it did also provide a direct link to the 'Eat for
 Health' website www.eatforhealth.gov.au).

The food blogs predominantly provided recipes labelled as 'healthy' with no rationale provided about why they were classified this way. Only a few food blog entries directly referred to foods as 'unhealthy' (four of 40), 'wrong kind of foods' (one of 40), or 'sometimes' foods (one of 40). The term 'discretionary food and drinks' or synonyms was not used in any of the food blogs.

The term 'discretionary food and drinks' or synonyms appeared in 11 of the 25 (44%) included nutrition blog entries, including in four of the eight blogs by two dietitians, a student dietitian and a nutritionist. The definition provided for 'discretionary food and drinks' was aligned with the Australian Dietary Guidelines in 10 of the 11 (91%) blog entries. Alternative terms for discretionary foods among nutrition bloggers included: 'unhealthy' foods, 'sometimes' foods, 'extra' foods, 'junk' foods, 'naughty' foods, 'bad' foods, 'processed' foods, 'highly processed' foods, and 'energy-dense nutrient-poor' foods.

Some examples of 'healthy' foods on the popular food and nutrition blog websites include:

- 'Refined sugar free' foods and drinks (very common) that included dishes containing alternative forms of sugar than sucrose, such as maple syrup, rice malt syrup and honey
- Paleo recipes, which included recipes for cakes made without flour or dairy foods, but with added sugars and ingredients high in saturated fats. These recipes tended to rely heavily on dried fruit and nut pastes

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- High protein recipes, achieved by adding protein powder to meals and snacks
- Wholefoods, raw foods, natural, unprocessed foods
- Gluten-free and wheat-free foods
- Dairy-free foods and dairy alternatives, such as almond milk
- 'Super foods' or 'functional foods', such as maca powder, protein powder, acai berry powder, probiotic powder, green tea powder (matcha)
- Foods that promote a healthy gut microbiota to regulate food cravings for unhealthy foods (chocolate, cheese and white bread) including probiotics 'proghurt'
- Foods free from preservatives, colouring and flavourings.

Some examples of descriptions for 'unhealthy' foods on the popular food and nutrition blog websites included:

- Grain foods (because of the gluten content, presence of mould, heavy metals and/or a high omega-6: omega-3
 ratio)
- Processed, ultra-processed foods
- 'High carb, high fat foods'
- High calorie; foods that should be avoided due to their high energy content (for example, potatoes, cheese and bacon).

Some other examples of inconsistencies with the Australian Dietary Guidelines included:

- Foods classified as discretionary by the Australian Dietary Guidelines but not by food/nutrition bloggers:
 - Cakes, slices and biscuits made with ingredients that were regarded as healthier than conventional cake recipes
 - Foods incorporating added sugars such as maple syrup, honey and rice malt syrup
 - Foods high in saturated fat such as coconut oil, chocolate (cocoa paleo/raw chocolate bars), butter (ghee)
 - Wine <2 standard drinks
 - Wagyu beef fat.
- Foods and drinks identified as 'healthy' five food group foods in the Australian Dietary Guidelines, but not by food/nutrition bloggers:
 - Dairy foods including milk and cheese
 - Foods from the cereal and grains food group including pasta, white bread and breakfast cereals
 - Potatoes, eggs and avocados (identified as less healthy on one blog).

The concept of 'functional foods' appears frequently on the blogs. These foods can be expensive and are not identified in the Australian Dietary Guidelines as being necessary for health of the general population. They include: maca powder, protein powder, acai berry powder, probiotic powder, and green tea powder (matcha). Two webpages on food and nutrition blogs recommended using coconut water instead of plain water or milk (rows 18 and 38); the latter are recommended in the Australian Dietary Guidelines (Appendix 4b).

Apart from 'discretionary food and drinks', the most common definition of 'unhealthy' food and drinks on nutrition blogs was 'ultra-processed' or 'highly processed 'foods. Definitions for this term varied between websites, and were generally brief; for example, definitions included 'sugary, processed foods' and '...highly-processed food which we know has lost most of its nutritional integrity – in a nutshell we'd be following what is sensibly suggested in The Australian Dietary Guidelines' (100).

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On one nutrition blog, the author cited the NOVA classification system with: "...Then you go up to highly processed, up to ultra-processed, and when you're getting into those degrees, what you've got is industry coming in, they're taking what was once originally a whole real food and they have mashed it, they've homogenized it, they've extracted out what nutritional scientists have said are the good bits and they've repackaged them into something that's highly palatable, cheap, and convenient to eat" (101).

Another definition provided on a blog was that ultra-processed foods are "formulations made mostly or entirely from substances derived from foods and additives" (102).

Several food and nutrition bloggers suggested adding protein powder to foods, and recommended including snack foods such as protein balls, smoothies (including for children's breakfast food) and chocolate truffles (103-109). One food blogger commented that many of the protein supplements also contain added sugars and saturated fat and provided guidance on choosing a healthier protein supplement (Appendix 4b) (101, 110-113).

One blogger defined 'healthy' foods in terms of being 'low' or 'lower in energy', and suggested avoiding foods that were perceived to be too high in energy, including potatoes, cheese and bacon when cooking frittata (114) (Appendix 4b).

Another blog, written by a freelance writer who had achieved weight loss among other benefits from dieting, attributed success to avoidance of eggs, dairy products and avocado due to their fat content (115).

Many bloggers recommended avoiding foods from the Five Food Groups. Most commonly this included avoiding grain foods or high gluten foods. The rationale provided for this is not consistent with the scientific evidence base of the Australian Dietary Guidelines (Appendix 4b) (103, 104, 113, 116–120).

6 Discussion

6.1 Introduction

Unhealthy diets are a major preventable risk factor contributing to the burden of disease globally and in Australia, (17) and are driven by 'obesogenic' food environments affecting food availability, affordability, advertising/promotion and accessibility (96). Data from the Australian Health Survey 2011–12 (121) show that less than 7% of Australians consume diets consistent with the recommendations of the Australian Dietary Guidelines (1); at least 35% of the energy intake of adults and at least 39% of the energy intake of children is now derived from 'unhealthy' foods and drinks (16).

Of particular concern is the contribution of 'unhealthy' diets and 'unhealthy' food and drinks to high and/or rising rates of overweight and obesity among different groups in the Australian population (1); at least 25% of Australian children and 63% of Australian adults are now overweight or obese (122). Recent data show 58% of household food budgets are now being spent on 'unhealthy' food and drinks (123, 124). There is an urgent need for nutrition policy actions that can help shift the current intake of the whole population to a healthier diet consistent with dietary recommendations in Australia.

The term 'discretionary food and drinks' was first used to describe 'unhealthy' food and drinks in Australia in the 2013 review of the Australian Dietary Guidelines by the NHMRC and the Australian Department of Health (1). The Australian Dietary Guidelines provide the evidence base for dietary recommendations, answering the question "what should Australians eat?" to deliver optimum health and wellbeing, equity and sustainability outcomes. The Australian Dietary Guidelines are informed by five key sources of evidence (1) including:

- The previous series of dietary guidelines and their supporting documentation (2-4)
- The Evidence Report (5) which presents systematic reviews of food, diet and disease/health relationships, from 2002–2009
- Nutrient Reference Values 2006 (6)

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- The Food Modelling System (7) which models the amounts of the Five Food Group foods, healthy fats (spread and oil) allowance, and discretionary choices (if any), that comprise healthy dietary patterns within energy requirements of different age and gender groups of different energy expenditure (physical activity levels) in Australia
- Key authoritative government reports and additional literature (including a commissioned review on diet in pregnant and breastfeeding women (8) and evidence proffered during two rounds of public consultation (www.eatforhealth.gov.au).

However, the request for this review noted that the Australian Dietary Guidelines have been criticised for not clearly defining 'discretionary food and drinks' in relation to Australian Dietary Guideline 3 ('Limit intake of foods containing saturated fat, added salt, added sugars and alcohol') and noted that health professionals, food industry, policy makers and consumers have observed a lack of alignment with core principles of the Australian Dietary Guidelines in the design, implementation and evaluation of current nutrition policies, campaigns and interventions in Australia (such as the Health Star Rating system, Healthy School Canteen policies, nutrition/health claims, and fortification initiatives).

A rapid review of recent evidence and reports on the term 'discretionary food and drinks' (or synonyms) was conducted to investigate the evidence on the way in which discretionary food and drinks are classified and articulated in key government documents, non-government nutrition resources and the scientific literature, with the aim of determining (1) broader consumer, (2) health professional, (3) educator, and (4) industry understanding of the term 'discretionary food and drinks', including identification of existing guidance or classification criteria for discretionary food and drinks.

This review involved the search, systematically, of peer reviewed literature, grey literature and websites to document, synthesise, analyse and interpret how the term 'discretionary food and drinks' and synonyms are being used and defined by different sectors and groups in the context of Australian policies and strategies, how this relates to the definitions and intent outlined in the Australian Dietary Guidelines (2013), and how this matches with similar purpose terminology to define 'healthy' and 'unhealthy' foods being used in Australia.

In effect, the review required the identification of evidence of opinion and approach to translation of the scientific evidence on food, diet and health relationships into policy and practice by different sectors - a very novel requirement of systematic review processes. The research question was broken down into three major components, comprising several sub-components, and these are answered in Sections 6.2, 6.3, and 6.4 of this document. The three main research questions were:

- 1. What is the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013 suite of documents and resources?
- 2. How is the term 'discretionary food and drinks' being defined and used in Australia:
 - (a) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors?
 - (b) For application in different nutrition policy actions/strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/health claims on food packaging, and fortification initiatives)
 - (c) How does this differ from the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013?
- 3. How are 'healthy' and 'unhealthy' food and drinks being differentiated in Australia?
 - (a) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors
 - (b) For application in different nutrition policy actions/strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/health claims on food packaging, and fortification initiatives)

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(c) How does this differ from the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013?

6.2 The definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines 2013 suite of documents and resources

The results of the systematic search (Section 4; Appendix 1) of all documents, resources and tools on the Eat for Health (www.eatforhealth.gov.au) and NHMRC (https://nhmrc.gov.au/about-us/publications/australian-dietary-guidelines) websites for the term 'discretionary food and drinks' or synonyms, and the stated definition, rationale and application of the term, are presented in Section 5.1 of this report. Enquiry incorporated how 'healthy' and 'unhealthy' food and drinks are differentiated in the Australian Dietary Guidelines products and recommendations, and the rationale for this.

The term is mentioned over 150 times in the relevant text extracted from the suite of publications on these websites (Appendix 2a - 2c), including in the full and summary guidelines (1, 10), in the Educator Guide (9), the modelling document (7), the evidence reviews (5, 8) and in three resources for consumers (11–13). Definitions of the term appear in the glossaries of all key publications (the first four documents listed).

6.2.1 Definition of discretionary food and drinks in the Australian Dietary Guidelines

The most common succinct definition of 'discretionary food and drinks' and synonyms in the Australian Dietary Guidelines is: "discretionary food and drinks are not a necessary part of a healthy diet and are high in saturated fat, added sugar, salt and/or alcohol."

By definition 'discretionary food and drinks' are those which are not included in the 'Five Food Groups', 'healthy oils/spreads' or 'water'; discretionary food and drinks can be identified by such exclusion.

There is variation in the wording of the definition of 'discretionary food and drinks' across the glossaries of the four key documents; for example, two glossary entries mention 'sugar' rather than 'added sugar' (1, 9). This may reflect an attempt to target messages for different audiences; but is not ideal. Several detailed definitions provided in the text and/or glossaries of various Australian Dietary Guidelines documents note that discretionary choices tend to be energy dense and low in nutrients (or nutrient density).

The Educator Guide (9) and Australian Dietary Guidelines Summary (10) both link the definition of discretionary food and drinks to the group of illustrated foods labelled 'eat only occasionally, and in small amounts' in the Australian Guide to Healthy Eating (Figure 1) (1) by noting that: "These foods and drinks appear in the bottom right-hand corner of the Australian Guide to Healthy Eating." Other, more detailed definitions also link specifically to Guideline 3 of the Australian Dietary Guidelines (1) by noting that: "Discretionary choices are those referred to in Guideline 3 of the Australian Dietary Guidelines (Limit intake of foods containing saturated fat, added salt, added sugars and alcohol)".

Within the definitions of discretionary food and drinks provided in Australian Dietary Guidelines documents, it is often noted that: "Most Australians consume too many discretionary choices instead of choosing foods from the Five Food Groups". Several definitions note that: "when consumed in occasional small amounts, these foods and drinks can add variety and enjoyment to the diet". However, the Educator's Guide (9) and website (14) also emphasise that: "For those who are short, small, above healthy weight range, or not very physically active, there is little or no room in healthy dietary patterns for any discretionary choices at all".

In defining discretionary food and drinks, the Australian Dietary Guidelines do not just identify foods and drinks in this category according to their content of detrimental nutrients outlined in Australian Dietary Guideline 3. As presented in detail in the results (Section 5.1.3), many definitions of 'discretionary food and drinks' in Australian Dietary Guidelines documents, such as the Australian Dietary Guidelines Summary (10) also provide examples of

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specific foods and drinks that are categorised as discretionary choices; sometimes, but not always, such lists are qualified by the term 'most' for some groups of foods.

The Educator's Guide (9) and the Eat for Health website (14) also provide tables of examples of foods and drinks by characterising nutrient content that are classified as discretionary choices. All key Australian Dietary Guidelines documents also provide details of quantities of example foods and drinks that provide one serve of discretionary choices (that provides about 600Kj). The Educator's Guide also explains clearly how healthy dietary patterns of specific types and amounts of foods and drinks can be developed, including worked examples containing some discretionary choices for specific age and gender groups in Australia (9).

Therefore, as can be seen from the extracted text and results detailed in Appendix 2a–2c, and Section 5.1, several Australian Dietary Guidelines publications define the term and concept of 'discretionary food and drinks', including provision of actual food names and quantified amounts of discretionary food and drinks, particularly including the Educator's Guide (9).

6.2.2 Rationale for definition of discretionary food and drinks

In the Australian Dietary Guidelines, the evidence underscoring recommendations to limit 'discretionary food and drinks' is centred on two key foundations:

- The first is epidemiological evidence of the relationships between consumption of specific foods and drinks, dietary patterns and health outcomes. This is informed by the graded evidence statements from systematic literature reviews (5) and three other sources of scientific evidence of food, diet and health relationships: evidence from the previous reviews of the Australian Dietary Guidelines (for example, around added sugar and dental health); evidence from authoritative international reports/agencies (for example, from the WHO on targets around added sugar and WCRF on links between dietary intake and with cancer); and on quality evidence proffered during public consultation, available publically at www.eatforhealth.gov.au (1, 9)
- The second is modelling evidence that brings together all the above evidence to demonstrate how optimal quantities (informed by the 'dose' relationships identified above) of healthy foods and drinks (defined as those positively associated with health outcomes) are best combined within energy constraints of relevant diets for each age/gender group to constitute healthy dietary patterns (omnivorous, rice-based 'Asian', pasta-based 'Mediterranean' or lacto-ovo vegetarian) (1, 7).

The term 'discretionary food and drinks' was coined as a result of focus testing of a range of alternative terms consistent with the concept of the need to limit intake of 'unhealthy' food and drinks to improve diet quality in Australia.²⁸

6.2.3 Intent of concept and application of the term discretionary food and drinks

The results indicated that the term 'discretionary food and drinks', depending on context, is intended to differentiate both:

- 'Unhealthy' food and drinks from the 'healthy' food and drinks included in the Five Food Groups, the healthy fat (oil and spread) allowance and water; and
- 'Unhealthy' dietary patterns from 'healthy' dietary patterns, on the basis of the relative proportion of discretionary food and drinks contributing to the diet, for example in terms of energy content of the diet.

Consistent with the stated purpose of the Australian Dietary Guidelines (1), the intent of application of the term is to assist in the provision of dietary guidance based on the evidence underpinning the Australian Dietary

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²⁸ A copy of the 2010 report of the focus testing of terms, including 'extra foods', 'sometimes foods', 'discretionary foods' and 'occasional foods' could not be located by 10 November 2018.

Guidelines. The results indicate that the term is intended to be used as a device to help translate complex dietary evidence into policy and practice advice for the Australian population.

6.2.4 Clarity of the definition of the term 'discretionary food and drinks' in the Australian Dietary Guidelines

Clarity around the term 'discretionary food and drinks' could be enhanced by provision of greater consistency in specific wording of definitions in the glossaries and within the text and table headings of all documents and webpages in the suite of Australian Dietary Guidelines publications, especially around:

- 'Added sugar' content rather than 'sugar' content
- Focus on 'saturated fat' as the relevant macronutrient of concern
- 'Added salt' or 'high in salt'
- 'Dietary fibre' in the context of discretionary food and drinks.

The Australian Dietary Guidelines suite of documents, resources and tools provides an excellent range of materials to target and promote the Australian Dietary Guidelines to diverse stakeholder groups. However, consumers and other groups may find it difficult to navigate the breadth and depth of the information provided, and key messages and important points may be getting lost. Understanding of the term discretionary food and drinks' could be enhanced by greater prominence of some key points around concepts, rationale and the underlying epidemiological and modelling evidence-base. These include:

- More focus on the point that 'discretionary food and drinks' are those that, by omission, are not included in the
 comprehensive list of foods comprising the composite foods used to model Foundation diets in the food
 modelling system (7).
- Greater prominence of recommendations regarding quantitative restriction of Five Food Group foods, such as fruit juice, dried fruit cheese and lean red meat
- Clearer explanation of the significance of food quantity ('dose'), especially within the energy limits of total diet
 modelling, and apparent effect on foods rich in high energy contributing macro-nutrients (for example, that the
 recommendation for 'mostly reduced fat milk' is derived from modelling evidence, not epidemiological
 evidence, and that consumption of full cream milk, yoghurt and cheese are associated with positive health
 outcomes)
- Greater emphasis on explanation of the role of modelling in informing the evidence base around discretionary choices; that is, that the modelling shows that, for most Australians (those who are short, small, above healthy weight range or not very physically active) there is little or no room in healthy dietary patterns for any discretionary choices at all
- Clearer explanation of the increasing evidence around the role of the food matrix and dietary patterns in health and disease, beyond a conventional, reductionist nutrient-based approach to nutrition.

Clarity around the definition of the term 'discretionary food and drinks' could be improved by interpretation of the qualifier 'high in' when listing nutrients of concern in discretionary food and drinks, and the qualifier 'most' used sometimes to provide examples of foods and drinks included in the discretionary food and drinks category; these two terms are likely to mean different things to different sectors/groups.

This review found that the systematic review of the evidence around food, diet and health relationships conducted to inform the development of the Australian Dietary Guidelines (5) identified different terms and different 'cut-off' points are applied for different nutrients (relevant to saturated fat, added sugar, sodium and/or alcohol) in different types of studies, in different food and drink groupings, for different reasons, in different countries. Unlike the evidence for specific foods and dietary patterns, there was little consistency in the international literature reviewed from 2002–2009 in the 'cut-off' points of the different nutrient contents of foods and drinks associated

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with positive or negative health outcomes (5). As can be seen in previous (Section 5.2–5.3) and subsequent (Section 6.2 and 6.3) sections of this report, scant evidence of the relationships between foods and drinks defined by specific nutrient content 'cut-off' points and health outcomes has been provided by those using such an approach in food and nutrition policy initiatives. However, systematic review of the literature on the relationship between nutrient content 'cut-off' points in food and drinks and health outcomes could be conducted following the formulation of relevant, specific questions, in PICO format, and could inform the interpretation of the two qualifying terms ('high in' and 'most') mentioned above, to more specifically define discretionary food and drinks in the next iteration of the Australian Dietary Guidelines.

In summary, this review found that the Australian Dietary Guidelines define the term, concept and intended application of 'discretionary food and drinks' frequently and generally well more than 150 times in nine key documents, resources or tools that comprise the suite of Australian Dietary Guidelines reports and resources. However, there are some inconsistencies in wording that could be confusing to readers who only access the glossaries, have not read the key documents, and/or who do not have a good understanding of the evidence behind the rationale, intent or application of the term.

As a result, the term 'discretionary food and drinks' may not be well understood by all sectors in Australia.

6.3 Definition and use of the term 'discretionary food and drinks' in Australia by different sectors, in different applications, and comparison with the definition and intent of the term as outlined in the Australian Dietary Guidelines

Results of investigation of the definition and use of the term discretionary food and drinks' or synonyms among different sectors/professions in Australia, and in different applications, as identified by systematic literature review of peer reviewed studies and search of grey literature (key Australian websites, submissions to the Senate Select Enquiry into the Obesity Epidemic in Australia 2018 and proffered documents) in a systematic manner, are presented in Section 5.2 and Appendix 3, Appendix 4, Appendix 5 in this report. It was necessary to conduct such a broad search to cover the publication channels of key sectors of interest, including health professional, educator, food industry, broad consumer and public sectors in Australia, and to cover all key nutrition policy actions of interest, including school food supply strategies, front of pack labelling schemes, nutrition/health claims on food packaging, and fortification initiatives:

Of the 93 peer reviewed studies of 186 first or last authors from different sectors/professions that used the term 'discretionary food and drinks' or synonyms and were included in analysis, the majority (80%) were from the academic health sector, followed by the technical science sector (11%), and the education, food industry and other sectors (3% each). Of those from the health sector, most (n=92) were dietitians/nutritionists, of which 87% identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks'; 22 were clinical health professionals such as medical doctors, nurses or dentists, of which 59% identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks'; 21 were general public health professionals such as epidemiologists, of which 52% identified the source of the term as the Australian Dietary Guidelines; and 20 were technical scientists such as molecular biologists, neuroscientists, biochemists and behavioural scientists, of which 75% identified the source of the term as the Australian Dietary Guidelines. Of other authors from other sectors, only six were educators, of which four identified the Australian Dietary Guidelines as the source of the term; five were other non-health professionals such as environmental scientists, lawyers and economists, of which all correctly identified the source of the term 'discretionary food and drinks'; and only five were from the food industry sector, of which four identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks' (Section 5.2.1).

Of the 93 included webpages that used the term 'discretionary food and drinks' or synonyms from 41 different organisations, most were from government departments or agencies (53%), with 31 from government departments (20 from state/territory health departments, seven from state/territory education departments, and four from the Australian Government Department of Health), and 18 from government agencies (ABS, Australian Institute of Health and Welfare (AIHW) and Food Standards Australia New Zealand (FSANZ)). Nineteen of the included

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webpages were from the food industry sector, of which most (84%) were from manufacturing and retail, and only three were from primary industry groups. Eleven of the websites were from non-government organisations, 10 were from professional associations, only three were from consumer organisations and one was from a research organisation or university. Seventy two percent of the included webpages identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks', with the highest rates of correct attribution among non-government organisations and consumer organisations (100%) and government departments (80%), followed by government agencies (67%), food industry groups (53%) and professional organisations (50%) (Section 5.2.2).

Forty nine of the 146 (34%) submissions to the Senate Select Enquiry into the Obesity Epidemic in Australia (July 2018) included the term 'discretionary food and drinks'; of these around half stated the source of the definition as the Australian Dietary Guidelines, with the lowest rate of attribution among food industry groups/entrepreneurs (43%). Sixteen proffered papers included the term 'discretionary food and drinks'; these were mainly governmental and consultancy reports, of which half identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks' (Section 5.2.3).

Scrutiny of all search returns suggested that it is predominantly health academics and practitioners and, to a lesser extent, health units within the public sector who are using the term 'discretionary food and drinks' or synonyms in Australia, with relatively low activity among food industry, education and consumer sectors.

6.3.1 Alignment of definition of the term 'discretionary food and drinks' with the Australian Dietary Guidelines

Of the 241 peer reviewed studies and grey literature documents included in this review that identified the Australian Dietary Guidelines as the source of definition of the term 'discretionary food and drinks', only a half (124) included a definition of the term that was consistent with that provided in the Australian Dietary Guidelines.

Health academics and professionals tended to publish in the peer review literature but also authored submissions from non-government organisations and other organisations included in the review. Authors from the food industry sector also published in both the peer reviewed and grey literature (including in submissions and webpages) but few authors from other sectors tended to publish in both formats. For example, most public sector, non-government organisation and professional associations tended to publish exclusively in the grey literature. Among those health academics and practitioners overall publishing in the peer reviewed and grey literature included in this review, the proportion of those including a definition of the term 'discretionary food and drinks' consistent with that in the Australian Dietary Guidelines in peer reviewed and grey literature documents was 45% and 35% respectively; for dietitians/nutritionists specifically, these proportions were 49% and 40% respectively. Although numbers of publications using the term 'discretionary food and drinks' were relatively low among authors from the food industry sector, the proportion of those including a definition of the term 'discretionary food and drinks' consistent with that in the Australian Dietary Guidelines in peer reviewed and grey literature documents was 60% and 23% respectively. The level of alignment with the definition provided in the Australian Dietary Guidelines was higher in the peer reviewed literature than in submissions or on webpages, particularly for food industry groups. This suggests that peer review tended to increase the factual accuracy of publication. An additional explanation could be that submissions and webpages may reflect advocacy positions or marketing strategies. The numbers of authors from other sectors or sub-sectors who published in both the peer reviewed and grey literature were too small to warrant analyses.

Overall, only 40% of the authors from different sectors of all peer reviewed papers included in the review stated a definition of the term 'discretionary food and drinks' that aligned with that in the Australian Dietary Guidelines (Section 5.2). The highest levels of alignment between the definition provided for 'discretionary food and drinks' and that in the Australian Dietary Guidelines was seen in those peer reviewed papers authored by the food industry (60%), dietitians/nutritionists (49%) and clinical health practitioners (45%). However, among those clinical health practitioners not co-authoring with a dietitian/ nutritionist, the rate of alignment reduced to 9%. Those authors who were less likely to include a definition of the term consistent with the Australian Dietary Guidelines were other public health practitioners (14%) and educators (6%), although the number of publications was small in some groups.

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A small number of authors of included peer reviewed papers (n=10, 5%) used a food classification system other than discretionary food and drinks; of these two used the Victoria Healthy Choices Framework for studies focused on schools, and six used the HSR system, with one paper using nutrient content 'cut-off' points of <3.5 stars to indicate 'unhealthy' choices (Table 4).

A high number of authors of peer reviewed papers (n=110, 59%) were deemed to have a real or perceived conflict of interest (Section 5.2.1.2). Overall, the majority (n=61, 80%) of the 76 academic authors who were deemed not to have any conflict of interest identified the Australian Dietary Guidelines as the source of definition of the term 'discretionary food and drinks' and most of these (n=38, 62%) applied a definition of the term consistent with the Australian Dietary Guidelines in their studies (Table 4). The alignment of definition was much higher in this group than for all authors (n=76 of 186, 40%) or for those deemed to have a conflict of interest (n=38 of 110, 35%). This confirms that conflict of interest should be considered when interpreting the results of peer reviewed food and nutrition publications. Issues associated with conflict of interest included funding of studies by industry groups with vested interests, lack of transparency of methods, including use of private data bases to analyse data which could not be replicated, and self-evaluation of programs (Section 5.2.1.2).

The review of the peer reviewed literature suggested that misalignment of the term 'discretionary food and drinks' with the definition in the Australian Dietary Guidelines occurred most commonly in three main cases:

- Personal opinion/belief that disagreed with classification of specific 'discretionary food and drinks' or 'Five Food Group foods' in the Australian Dietary Guidelines 2013
- Reliance on the food classification list developed by the ABS being consistent and interchangeable with the Australian Dietary Guidelines
- Misuse of the term and concept 'discretionary food and drinks', particularly related to inclusion of total fat instead of saturated fat, and inclusion of dietary fibre.

Several authors provided definitions of discretionary food and drinks that included total sugar instead of added sugar; however, this was considered acceptable in this review due to lack of clarity across the glossary definitions in the Australian Dietary Guidelines.

The foods and drinks most frequently misclassified by the authors of peer reviewed literature compared to the Australian Dietary Guideline were: fruit juice; dried fruit; full fat and reduced fat milk, cheese and yoghurt; cheese; hummus; muesli bars; breakfast cereals; healthy spreads and oils; and alcohol (especially red wine) (Table 6).

Of the 93 webpages included, only 35% used a definition of discretionary food and drinks that was aligned with that in the Australian Dietary Guidelines including 49% of the 67 that identified the Australian Dietary Guidelines as the source of the term (Section 5.2.2); 20 webpages (22%) did not cite a definition, while six (6%) used a different food classification source.

By sector, the websites of non-government organisations presented definitions of 'discretionary food and drinks' that were most aligned with the definition in the Australian Dietary Guidelines (80%). Of those government departments that identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks', a high proportion (60%) also defined the term in alignment with the Australian Dietary Guidelines, but overall only 48% of government department webpages used the term consistently with the Australian Dietary Guidelines. Highest rates of alignment were seen in the webpages of state/territory health departments. Compared with government departments, a much lower proportion of the webpages of government agencies that identified the Australian Dietary Guidelines as the source of the term 'discretionary food and drinks' defined the term in alignment with the Australian Dietary Guidelines (17%), and overall only 11% of government agencies' websites used the term consistently with that Australian Dietary Guidelines.

Particularly low alignment was seen in the webpages of FSANZ, however these appeared to be 'contaminated' to some extent by the inclusion of food industry submissions. The ABS used the list of discretionary food and drinks they had developed (Section 5.1.6) which are not necessarily consistent or exchangeable with the Australian Dietary Guidelines. Of the relatively small number of webpages of food industry groups, only 16% used a definition of

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'discretionary food and drinks' that aligned with the Australian Dietary Guidelines. Of the 10 professional association webpages, only two defined the term 'discretionary food and drinks' correctly.

Low rates of alignment of definition of the term 'discretionary food and drinks' were also seen in the submissions to the Senate Select Enquiry into the Obesity Epidemic in Australia 2018. One third of submissions used the term 'discretionary food and drinks'; half of these stated the correct source as the Australian Dietary Guidelines and of these, half were well aligned to this source. Other alternate terms used included 'unhealthy' foods, 'energy-dense/nutrient-poor' foods, 'calorie-dense' foods, 'processed' foods, 'junk' foods, and 'treat food'. Misalignment with the Australian Dietary Guidelines was present in many food industry-related submissions, with these describing discretionary foods as 'treat foods' frequently.

Half of the 16 proffered documents that mentioned 'discretionary food and drinks' did not state a clear definition or source for the term, including documents produced by the HSR committees (several of these stated that a clear definition of the term did not exist), the outcome report of the COAG Policy Think Tank 2018, and the report of focus testing of the AGHE materials in 2012). Only 31% of the proffered documents used a definition of the term 'discretionary food and drinks' that was consistent with the Australian Dietary Guidelines; alignment was highest among state/territory health departments and in two consultancy reports. Misalignment with the 2013 Australian Dietary Guidelines was most apparent in the documents of government agencies with both protection/ regulatory and information functions, who referenced the previous version of the Australian Guide to Healthy Eating from 1998 (Section 5.2.3).

6.3.2 Use of the term 'discretionary food and drinks' by different sectors and/or for different applications

Results of analyses of the peer reviewed literature showed that the sectors and sub-sectors that were more likely to apply the term 'discretionary food and drinks' to differentiate unhealthy diets from healthy diets included: dietitians/nutritionists (67%) and clinical health professionals (50%); whereas non-health professionals (40%) were more likely to apply the term to differentiate 'unhealthy' foods and 'healthy foods'. Food industry groups applied the term for these purposes equally. Dietitians/nutritionists also used the concept of discretionary food and drinks to assess portion size and energy content of 'unhealthy' foods consumed and to assess the performance of other food classification systems to define 'unhealthy' diets and foods. Although numbers were small, other clinical health professionals used other food classification systems for the latter purpose. Authors from the education sector mostly used 'discretionary food and drinks' to determine individual's perceptions of this and alternate terms (Section 5.2.1).

Results of analysis of the websites showed that most government health and education departments are using the Australian Dietary Guidelines to inform a 'traffic light'²⁹ approach to classification systems to guide food supply policies in tuckshops/canteens in schools. The specifics of the approach vary across jurisdictions, including in the nutrient content 'cut-off' points applied to differentiate 'red' and 'amber' categories (Supplementary Appendix III).

In some instances, food supply strategies were applied across multiple food environments in schools (such as vending machines, classroom activities, fundraising, and sponsorship) and in health care settings (vending machines, staff canteens and leased premises). Evaluations of these approaches are available, and show positive results, where they are implemented well and over sufficient time (125). Only NSW Health and Education Departments have elected to apply a modified HSR system to differentiate 'healthy' and 'unhealthy' foods in schools, whereby all Five Food Group foods are encouraged, but less healthy options are discriminated by HSR of less than 3.5 stars. More discussion on food supply strategies in schools is included at Section 4.4.2.

All four proffered documents reviewed in the area of food labelling (two from HSR governance groups and one each from FSANZ and MPConsulting)³⁰ focused on nutrient profiling systems and nutrient content 'cut-off' points,

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²⁹ In this system, five food group foods are colour-coded green 'everyday' foods, mixed foods or those five food group foods deemed 'less healthy' are colour-coded amber 'choose carefully', and energy-dense, nutrient-poor discretionary food and drinks are colour-coded red 'limit'.

 $^{^{}m 30}$ Four reviews in the area of food labelling also focused on nutrient profiling systems, see Section 6.4.1.

²

particularly the HSR system. The content of some of these documents was critical of the definition and/ or concept of the term 'discretionary food and drinks, inferring that a clear definition for the term does not exist (126).

Notably on its webpages, the government agency with a food regulatory function, FSANZ, also focused more on nutrient content 'cut-off' points of specific foods and drinks than on food and dietary patterns and the underlying evidence-base of the relationship of these to health outcomes presented in the Australian Dietary Guidelines. FSANZ is responsible for food regulation in both Australia and New Zealand. The food regulatory system demands precision of all definitions in the Food Standards Code. Both Australia and New Zealand also have different dietary guideline formats. Hence the relationship between FSANZ and the Australian Dietary Guidelines would be expected to be more complex than for government agencies that have a non-regulatory and/or Australian-only focus.

FSANZ does not overtly adopt the definition, concept or intent of the term 'discretionary food and drinks' consistent with the Australian Dietary Guidelines on relevant webpages. The Food Standards Code applies nutrient content 'cut-off' points developed by FSANZ (Nutrient Profiling Scoring Calculator) (www.foodstandards.gov.au/industry/labelling/pages/nutrientprofilingcalculator/default.aspx) to identify 'healthy' foods that can carry health claims (97). These same nutrient 'cut-off' points were used to inform the algorithm adapted for use in the HSR system (127). It is unclear how these nutrient-profiling food classification systems relate to health outcomes. Although one paper (22) stated that nutrient 'cut-off' criteria were validated during the development of the United Kingdom (UK) multiple traffic-light nutrient profile model, none of the three references cited³¹ present robust, comprehensive evidence of relationships between foods classified by nutrient profiling with food and health outcomes.

Results of analysis of the included webpages showed that the government agency ABS has adopted the definition, concept and intent of the term 'discretionary food and drinks', invested heavily in interpretation of the Australian Dietary Guidelines, and successfully applied the concept of 'discretionary food and drinks' in the assessment of the quality of Australian diets as reported for different age, gender and population groups in the Australian Health Survey 2011–13 (16, 121) and the Australian Dietary Guidelines Consumer Price Indices (128) to produce policy-relevant data. However, more work would appear to be required, preferably in partnership with the NHMRC, to assess and, if necessary, improve alignment between the Australian Dietary Guidelines definition of 'discretionary food and drinks' (Section 5.1.6).

The majority of submissions to the Senate Select Enquiry on the Obesity Epidemic in Australia 2018 that mentioned the term 'discretionary food and drinks', used it to differentiate 'unhealthy' diets from 'healthy' diets, rather than to differentiate foods. This was the case for most sectors, although the food industry and other individuals (for example, citizens and other health professionals) also used the term to classify foods just as frequently (Section 5.2.2)

Approximately half of the proffered documents included the term 'discretionary food and drinks' with the intent to classify foods as 'healthy' or 'unhealthy'. All documents prepared by the 'other' sector comprised of consultants or a mix of professions (100%) used the term to classify foods as 'healthy' or 'unhealthy' rather than diets. This group included documents from consultancy groups on consumer testing of the Australian Dietary Guidelines resources, but mainly focused on the development and review of the Health Star Rating (Section 5.2.3).

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³¹ United Kingdom Department of Health. Guide to Creating a Front of Pack (Fop) Nutrition Label for Pre-Packed Products Sold Through Retail Outlets; Department of Health, Ed.; United Kingdom Department of Health: London, UK, 2016; Emrich, T.E.; Qi, Y.; Lou, W.Y.; L'Abbe, M.R. Traffic-light labels could reduce population intakes of calories, total fat, saturated fat, and sodium. PLoS ONE 2017, 12, e0171188; Julia, C.; Ducrot, P.; Lassale, C.; Fézeu, L.; Méjean, C.; Péneau, S.; Touvier, M.; Hercberg, S.; Kesse-Guyot, E. Prospective associations between a dietary index based on the British food standard agency nutrient profiling system and 13-year weight gain in the su. Vi. Max cohort. Prev. Med. 2015, 81, 189–194.

6.3.3 Possible reasons for the high degree of many sector's misalignment of the term, intent and application of 'discretionary food and drinks' with the Australian Dietary Guidelines

The very high degree of misalignment of the term, intent and application of 'discretionary food and drinks' with that of the Australian Dietary Guidelines could occur in different sectors for several reasons, such as:

- Lack of awareness of the Australian Dietary Guidelines
- Lack of access to the Australian Dietary Guidelines documents
- Failure to read the (full suite of) Australian Dietary Guidelines documents
- Lack of understanding of the scope and purpose of the Australian Dietary Guidelines (including key concepts, approach, evidence base (particularly the systematic reviews and modelling), recommendations and/or intended application)
- Rejection of the Australian Dietary Guidelines due to vested interest, personal beliefs, peer-group pressure, etc.

Although it may be postulated why misalignment with the Australian Dietary Guidelines occurs, it is not possible to infer this with certainty from analysis of the included peer reviewed papers, websites, submissions or proffered documents. Although the rates of alignment with the Australian Dietary Guidelines was still low, more dietitians/nutritionists used a definition of the term 'discretionary food and drinks' that was consistent with the Australian Dietary Guidelines than other health professionals or sectors, suggesting that they are more familiar with the scope, purpose and evidence base around food, diet and health relationships in the Australian Dietary Guidelines than other sectors.

One challenge with the science of nutrition is that, as everyone eats, everyone has personal opinions about foods, drinks and diets. This is most apparent in analyses of the nutrition blogs (5.3.2). This may help explain some assumptions apparent in the documents reviewed; if authors felt confident about their personal nutrition knowledge, they may have chosen not to read the full suite of Australian Dietary Guidelines documents before publishing, or if they read the documents, they may not change their views to be consistent with the evidence base presented. Several authors appear not to understand that the Australian Dietary Guidelines focus on foods and dietary patterns, not nutrients. Authors also do not appear to understand all five components of the evidence base underlying the Australian Dietary Guidelines, especially the modelling (1, 7).

Rejection of the Australian Dietary Guidelines could occur because of mistrust of the underlying evidence base (129); for example, belief that the supporting evidence, or the guidelines themselves, are influenced by those sectors with vested interests (130). However, this review found that those with conflicts of interest tended to use terminology around 'discretionary food and drinks' which is least consistent with the Australian Dietary Guidelines (Section 5.2.1.2). Interestingly, in the case of the food industry sector, this is apparent on websites, but not in the more highly scrutinised peer reviewed literature (Section 5.2).

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6.4 Definition and use of terms and approaches to differentiate 'healthy' and 'unhealthy' foods and drinks in Australia and comparison with the definition and intent of the term 'discretionary food and drinks' outlined in the Australian Dietary Guidelines

6.4.1 Differentiation of 'healthy' and 'unhealthy' food and drinks by different sectors in Australia

6.4.1.1 Review of reviews

The results of the review of included reviews defining 'healthy' and 'unhealthy' foods in Australia are presented in Section 5.3.1. The 20 included reviews were published in the peer-review literature by first or last authors of which 50% (n=19) were health professionals, and 68% of these were dietitians/nutritionists (n=13). The remaining authors were from the public health sector (n=13), more than one sector (INFORMAS n=3), or from undetermined sectors (n=3) of which two were students. No reviews from consumer groups, educators or industry groups were identified.

The review articles included multiple terms and definitions of 'healthy' and 'unhealthy' foods and drinks however these were not necessarily the view of the authors (Appendix 4a). Review articles written by clinical health professionals and public health practitioners most commonly used the term 'unhealthy foods', followed by 'energy-dense, nutrient-poor foods', 'discretionary food and drinks' or synonyms or, in school or health care settings specifically, applied a traffic light labelling system to classify foods. Dietitians/nutritionists were more likely to use the term 'discretionary food and drinks' or synonyms than other health professionals. As has been discussed previously (Section 6.3.3), given their education and training, this could be because those qualified in dietetics/nutrition have a better understanding of nutritional epidemiology and the evidence base around food, diet and health relationships, than other health sub-sectors or other sectors.

The term 'energy-dense nutrient poor' was often attributed to the World Health Organization (WHO) (50) and/or the World Cancer Research Fund³² (WCRF) (131). The term 'energy dense' was sometimes used alone too. However, 'energy dense' foods can also be nutritious and rich in micronutrients (132) and several, such as nuts, seeds, unsaturated oils and spreads, are included in the Five Food Groups and/or healthy fat allowance in the Australian Dietary Guidelines (1).

Several reviews using the terms 'healthy' and 'unhealthy' foods applied these in alignment with the relevant Australian Dietary Guidelines definitions, especially those authors of reviews concerned with both quantitative and qualitative relationships between foods, diets and health outcomes.

Review authors that included nutrient profiling criteria to differentiate 'healthy' and 'unhealthy' foods were more likely to be other clinical health professionals or public health practitioners, than dietitians/nutritionists specifically (Appendix 4a).

Other terms used less frequently in the reviews to define 'healthy' and 'unhealthy' foods in Australia included, 'junk' food, 'ultra-processed' food, and 'non-core' foods. One review by a public health professional sought to review 'healthy' and 'unhealthy' diets of adolescents according to food literacy levels and created their own definition that included food prepared outside the home and snack foods (133).

6.4.1.2 Social media influencers/blogs

The 18 social media influencers included in this review fall into three types: those who are food writers; those who have tertiary qualifications in human nutrition; and those who follow alternate nutrition paradigms to those recognised by conventional health professionals. It was difficult to check the credentials of all social media

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³² In their most recent guidelines, the WCRF uses 'energy density' to refer to 'fast foods', which they note are readily available convenience foods; their relevant recommendation is: "limit consumption of 'fast foods' and other processed foods high in fat, starches or sugars".

influencers who claimed to be nutritionists, as the profession is not registered formally in Australia. The aim of most food blogs was to provide recipes; only three of the 10 food blogs stated an aim to share healthy recipes (Wholefood simply; Cook Republic; Recipe Tin Eats).

Some of the food blogs classified foods as being 'healthy' or 'unhealthy'; however, no rationale for classification was supplied. One popular food blogger identified as a dietitian (134), but others did not appear to have tertiary nutrition education credentials (Section 5.3.2).

The top eight nutrition bloggers were equally divided between those with (Saxelby, Storehouse scope nutrition, Cohen and Ideal Nutrition) and without (180Nutrition, JSHealth, Changing Habits, Rachel Arthur) recognised nutrition credentials. The term 'discretionary food and drinks' was included and the Australian Dietary Guidelines were cited the source of the definition of the term for all but one of the nutrition blogs (Cohen). However, two of these blogs provided a definition discordant with that of the Australian Dietary Guidelines; one from a dietitian who included more than two serves of alcohol daily in the 'extras' group (the older term for discretionary food and drinks) (Ideal Nutrition) and the other, from an alternate nutrition paradigm (180Nutrition) that defined discretionary food as 'highly processed'.

Alternate definitions of 'healthy' foods mostly seemed to be at the discretion of individual food bloggers, reflecting personal opinions/beliefs. Use of the term 'healthy' was more frequent than 'unhealthy', likely because 'health' is a positive term used for food marketing. Healthy foods were defined often as those 'free from refined sugars'; however, the alternates recommended substitution with other forms of sugars, such as honey, rice malt syrup, and maple syrup. Foods free of gluten, preservatives and colourings, as well as recipes that called for the removal of one or more of the Five Food Groups, such as 'paleo' or 'dairy-free', also appeared on the food and nutrition blogs. Suggested addition of 'super' foods and ingredients, such as protein powders and probiotic powders, was also common. These definitions of 'healthy' foods do not align with the Australian Dietary Guidelines; however, these blogs are clearly popular with the community in Australia.

Such nutrition misinformation may be undermining the evidence-based recommendations of the Australian Dietary Guidelines. Consideration of the need for formal registration of the professions 'dietitian' and 'nutritionist' may be warranted to help reduce the high levels of nutrition misinformation observed on social media.

6.4.2 Definitions of 'healthy' and 'unhealthy' foods applied in different nutrition policy actions/strategies in Australia

6.4.2.1 Healthy food supply strategies in schools and other public settings

The result of reviews (Section 5.3.1) confirmed the results of the review of included websites (Section 5.2.2) and the systematic review of peer reviewed studies (Section 5.2, Table 4), that school canteen policies in Australia vary across states and territories. Three different approaches were used to distinguish 'healthy' and 'unhealthy' foods and drinks in Australian schools, including:

- Application of traffic light classification systems (ACT, NT, SA, QLD, TAS, VIC)
- Focus on 'everyday' rather than 'occasional' foods and drinks using the HSR system to distinguish healthier 'occasional' foods (NSW)
- Combined 'core' versus 'non-core' foods combined with traffic light classification (WA).

School canteen policies mostly follow the principles outlined in the 'National Healthy School Canteens' (135) approach which includes the application of 'traffic light' food classification criteria (83). Although these criteria are based on the current 2013 Australian Dietary Guidelines which provide advice on the quality and quantity of foods and drinks recommended for children, the approach also applies nutrient content 'cut-off' points to classify foods and drinks within the 'amber' and 'red' categories.³³ The approach is not necessarily consistent with Australian

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³³ In this system five food group foods are colour-coded green 'everyday' foods, mixed foods or those five food group foods deemed 'less healthy' are colour-coded amber 'choose carefully', and energy-dense, nutrient-poor discretionary food and drinks are colour-coded red 'limit'.

Dietary Guidelines recommendations, as 'amber' foods may be a mix of foods that are classified under both Five Food Group and discretionary classifications according to the Australian Dietary Guidelines principles.

Further, the review identified that a wide range of nutrient content 'cut-off' points are being applied in schools in different jurisdictions throughout Australia (Supplementary Appendix III). Some state jurisdictions developed healthy school food supply strategies prior to 2013; some still use a system based on the 2003 Australian Dietary Guidelines, while others are updating strategies to reflect the latest nutrition evidence base. Changes would be small in practical terms. For example, an updated approach would support greater availability and promotion of plain full-cream milk, yoghurt and cheese, fruit, vegetables, legumes, nuts and seeds, wholegrain foods, and unsaturated oils/spreads, and less availability and promotion of any discretionary food and drinks (1,135).

Although the traffic light system was first introduced by NSW as *Fresh Tastes*TM, that state has recently moved to a system that attempts to combine both an approach based on the Australian Dietary Guidelines and a modified nutrient profiling system by classifying foods and drinks as 'everyday' (those from the Five Food Group or waters) or 'occasional' (those mostly high in saturated fat, sugars and/or salt and often with little nutritional value). 'Occasional' foods sold in NSW school canteens are required to meet a minimum Health Star Rating of 3.5 stars, based on nutrient content 'cut-off' points assessed through application of the HSR algorithm (83). As a result, the NSW school canteen policy classifies discretionary choices (according to the Australian Dietary Guidelines), including pies, sausage rolls, cakes, muffins, biscuits, ice cream, muesli bars, potato wedges, chicken nuggets, salami, chocolate and confectionery, salty snacks, chips and pretzels with a HSR > 3.5 stars as 'healthier discretionary choices' (70). Additionally, portion size limits have been introduced on selected foods (mostly occasional foods), for example, on crumbed or coated hot food, cakes and muesli/snack bars, and on some other foods aligning with recommended limits within the Australian Dietary Guidelines, for example for foods such as flavoured milk and fruit juice (136). It is unclear how useful this modified HSR system approach may be, given that HSR is not mandatory and the underlying algorithm has been criticised as part of the five-year review (137); an evaluation of this approach is not yet available.

The included review papers did not evaluate how school children perceive the healthiness of foods classified as 'green', 'amber' or 'red' (or 'everyday', 'use carefully', 'occasional' or 'limit' foods) which would be a valuable contribution to this topic. A small qualitative study of Tasmanian primary schoolchildren found that perceptions about what foods were healthy were limited (138). Most children were able to identify only a small range of 'healthy' foods (fruit, water, salad, spaghetti bolognaise and milk) but mixed perceptions prevailed for many other foods (138).

Results of analysis of the included websites (Section 5.2.2) showed that in some jurisdictions, most notably Queensland, education and health departments use a 'traffic light' classification system to help implement food supply policies beyond the tuckshop/canteen into multiple food environments in both primary and secondary schools, including vending machines, classroom activities and rewards, sponsorship, sporting activities, etc. In Queensland this approach is also implemented in health care settings. The available evaluations show positive results (125).

The purpose and context of the included reviews defining 'healthy and 'unhealthy' foods helped explain why some terms were employed by some sectors for some purposes. For example, the 'traffic light' classification system was used by dietitians/nutritionists reviewing Australian and international school-based nutrition interventions, as this approach was designated policy within the relevant jurisdictions at the time (82, 83). Different approaches to 'traffic light' systems have also been used in front of pack food labelling (FOPL) systems globally (84). One group of authors who reviewed definitions of the 'traffic light' classification system, did so in the context of nutrient profiling and nutrient labelling of 'processed foods' (96). Another suggested that the 'traffic light' classification system be the preferred food labelling system for regulatory purposes in Australia (Crammond et al).

6.4.2.2 Food labelling, nutrition/ health claims and fortification initiatives

The results of the review of reviews (Section 5.3.1) confirmed the results of the review of included papers (Section 5.2.1), websites (Section 5.2.2) and proffered documents (Section 5.2.3) that nutrient profiling systems and nutrient

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content 'cut-off' points are being used for FoPL labelling (Health Star Rating), nutrition/health claims, and fortification initiatives in Australia, as discussed in Section 6.3.2. This could be expected, as the certainty around specific nutrient 'cut-off' points is likely to be perceived as most suitable for regulatory and legal purposes.

In addition to the FSANZ Nutrient Profiling Scoring Calculator system

(http://www.foodstandards.gov.au/industry/labelling/pages/nutrientprofilingcalculator/default.aspx) which identifies 'healthy' foods that can carry health claims (97) and the related Health Star Rating system for FoPL, independent criteria developed by the food industry use various nutrient content 'cut-off points to determine the level of healthiness of foods and beverages (84). In addition to food labelling applications, these systems are increasingly being used to determine the healthiness of food environments (84).

6.4.3 Difference between the definitions and applications of 'healthy' and 'unhealthy' foods and diets in Australia and how these differ from the definition and intent of the term 'discretionary food and drinks' outlined in the Australian Dietary Guidelines, including nutrient profiling systems and the HSR system specifically.

6.4.3.1 Assessment of 'healthy' and 'unhealthy' foods

Insufficient information was provided in the included reviews to support assessment of the alignment of the Health Star Rating nutrient profiling system, or of the Health Star Rating nutrient profiling system specifically, with the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines (Section 5.3; Appendix 4a). In particular, the review did not uncover complete, detailed description of the nutrient profiling systems in use in Australia (Section 5.3.1).

The reviews provided little evidence that nutrient criteria applied in nutrient profiling systems generally are associated with a reduction in chronic disease risk factors or health outcomes. A modelling study by Australian researchers identified traffic light labelling as a cost-effective method for preventing obesity (139) but this has not been verified using health outcome data. It is unclear how these food classification systems relate to health outcomes; although one paper (22) stated that nutrient 'cut-off' criteria were validated during the development of the UK multiple traffic light nutrient profile model, none of the three references cited presented comprehensive evidence of relationships between foods classified by nutrient profiling with food and health outcomes.

More information was provided on the Health Star Rating system than other applications. One included peer reviewed paper dealt specifically with the topic of alignment between the Health Star Rating and the Australian Dietary Guidelines (22). However, this paper has been criticised for its arbitrary choice of nutrient content 'cut-off' points (discretionary foods were assessed as 'outliers' if they displayed a liberal Health Star Rating of ≥ 3.5 on a 5 point scale) that were not assessed for healthiness or otherwise by any formal evidence synthesis and translation procedure (23). Conversely, a proffered paper from the Health Star Rating TAG (126), used an arbitrary nutrient content 'cut-off' point of 3 for the same purpose and, using a privately-available database, reported only 61% of discretionary foods scored Health Star Rating ≤ 3.0 . Only 84% of Five Food Group foods scored Health Star Rating ≥ 3.0 . It identified 660 Five Food Group outliers (mainly cheese and yoghurts) and 835 discretionary food and drink outliers, with the majority coming from savoury sauces and gravies (31%), soups and stocks (12%), ice creams and ice confections (11%) and muesli bars (8%). Another proffered paper, the consultation paper for the five year review of the Health Star Rating system (137), cited the two papers above (22, 126) and four other papers (18, 23, 140, 141), to infer alignment with the Australian Dietary Guidelines is acceptable (137). All studies used the ABS list to identify discretionary food and drinks (15).

It has been suggested that a mid-scale 'cut-off' point of 2.5 would be a more meaningful differentiation of 'unhealthy' and 'healthy' foods (23). However, the proffered documents did not provide any information about target 'cut-off' points to differentiate 'healthy' or 'unhealthy' foods or drinks inherent in the design of the Health Star Rating system that could be used for comparison. Transparent, replicable research to assess alignment of the Health Star Rating nutrient profiling system with the definition and intent of the term 'discretionary food and drinks' and synonyms as outlined in the Australian Dietary Guidelines is required urgently.

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As included previously (Section 6.4.2), all Australian jurisdictions use a combination of Australian Dietary Guidelines and nutrient profiling approaches to differentiate 'healthy' and 'unhealthy' foods in school food supply strategies, although relevant 'cut-off' points varied, and NSW specifically adopted the Health Star Rating system for the nutrient profiling component. While the 'amber' classification in particular does not articulate clearly with the Australian Dietary Guidelines, insufficient information was provided in the included publications to support more formal assessment of the alignment of the mixed approaches to differentiate 'healthy' and 'unhealthy' foods in school food supply strategies with the Australian Dietary Guidelines.

In the documents reviewed, general misalignment was noted between nutrient profiling systems and the Australian Dietary Guidelines in several areas including:

- Selection of nutrients, with Australian Dietary Guidelines specifying 'added sugars' and 'saturated fat', not 'total sugars', and 'fat' as used in most nutrient profiling systems
- The number of nutrients, with Australian Dietary Guidelines specifying saturated fat, added sugars, salt and alcohol as nutrients of concern compared with the many other nutrients used in nutrient profiling systems (for example, protein, carbohydrate, dietary fibre, monounsaturated fat, polyunsaturated fat)
- The use of the term and concepts of 'energy-density' in the absence of that of 'nutrient-poor' as a criterion to classify unhealthy food and drinks
- Failure to recognise that discretionary choices are not required for health, including many of those with modified nutrient profiles.

While application of the nutrient profiling approach on food labelling is highly regulated, the arbitrary, iterative nature with which nutrient content 'cut-off' points are determined could be a weakness in application of nutrient profiling systems for less regulated purposes. For example, the development of independent nutrient criteria by sections of the food industry to monitor children's exposure to food advertisements (42) is potentially problematic, given the effect of perceived COI observed in the systematic review (Section 5.2.1.2).

Insufficient information was provided in the included reviews or food and nutrition blogs to support assessment of how application of several terms to identify 'unhealthy' foods, such as 'junk foods', 'processed foods' and 'ultra-processed foods' would align with the term 'discretionary food and drinks' and synonyms in the Australian Dietary Guidelines (Section 5.3; Appendix 4a).

6.4.3.2 Assessment of 'healthy' and 'unhealthy' diets

Few reviews or blogs included in the searches for this report focused on classifying 'healthy' and 'unhealthy' diets rather than foods (83, 88, 89, 93, 133, 142). However, the international scientific literature includes systematic reviews of Diet Quality Indices by Australian authors (143–145). These are based on compliance to dietary guidelines and identify Five Food Groups, healthy spreads and oil allowance group, water and discretionary choices, and award scores to those consuming the suggested number of serves from each group, and those avoiding discretionary food and drinks containing deleterious nutrients. The scores aim to encourage consumption of healthy dietary patterns that are lower in added sugar, saturated fat, sodium and alcohol than unhealthy diets. However, no Australian paper, review, website, blog or proffered paper included in this review applied the Australian Dietary Guidelines in this innovative way to classify the quality of an individuals and population diets.

6.5 Limitations

As a rapid review, there were several inherent limitations in this study due to time constraints and resources available. Although all articles were screened and extracted using only one researcher, the more subjective interpretations (potential COI, and alignment of the terms with the Australian Dietary Guidelines) were checked by at least one other investigator. Additionally, the quality of the studies was not assessed as this was deemed unnecessary when examining 'evidence of opinion'. The final literature searches of peer reviewed papers and reviews were limited to studies published after 2013. The review papers identified and extracted often contained minimal definitions of healthy and unhealthy foods and/or referred to other papers for further details of the definitions (some of which were published prior to 2013). These cited papers were not searched, thus the

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alignment between the definitions and their sources was based exclusively on the definition provided by the authors of the reviews. When a paper or review alluded to multiple definitions of 'discretionary food and drinks' or synonyms and cited more than one specific source, those citing the Australian Dietary Guidelines references were considered to be in alignment (for example, National Healthy School Canteens 2013). It is also possible that some peer reviewed papers have been missed in our database searching because their Australian authors avoided the use of the term 'discretionary food and drinks' fearing an international audience would not comprehend the meaning.

The first and last authors' details only were used to determine the sector and sub-sector. This decision was made on the basis that first author is either most influential, or could be relatively junior (such as a higher degree student), and hence the last presumably, most senior author was also considered. The remaining authors were not included. Obviously, this may have missed potential input or contributions from other co-authors (including dietitians/nutritionists, whose co-authorship was found to increase alignment with the Australian Dietary Guidelines). In some cases, the sub-sector of authors of the peer reviewed papers and reviews could not be determined with confidence, as identifying details on papers do not necessarily include degrees and credentials. The sub-sector of both first and last author were treated independently in the analyses. Sub-sector could not be determined for one author of peer reviewed papers in Section 5.2.1 and several sub-sectors could potentially apply to one author (for example, student, nutritionist, public health professional). The most applicable sub-sector at the time of the study was selected, but some misrepresentation may have occurred.

Although papers were assessed for potential COI, based on declared and undeclared COI, this could not be objectively verified.

Lastly, all websites and blogsites were treated independently, even if they originated from the same organisation or blog author.

7 Conclusion

This rapid review found that the term 'discretionary food and drinks' was defined frequently in the glossaries and within the text of the suite of Australian Dietary Guidelines publications, including with specific food names and quantified amounts, and in relation to Guideline 3 and the Australian Guide to Healthy Eating (AGTHE).

Evidence of low rates of understanding of the definition, intent and application of the term 'discretionary food and drinks' as outlined in the Australian Dietary Guidelines was identified. This suggests that much more needs to be done to promote and disseminate the evidence-based recommendations of the Australian Dietary Guidelines and help translate them into policy and practice in Australia.

The term, concept and underlying evidence base appear relatively well understood and applied by dietitians/nutritionists, non-government organisations, and government preventive health sectors, but less so by other public health professionals, those from a science/social science background, non-health professionals, the food regulatory sector, and/or those with conflicting interests. The education and consumer sectors are not using the term frequently. With the exception of the relatively few peer reviewed papers authored by some sections of the food industry, little evidence of uptake or accurate use of the term was found among the food industry sector.

Greater clarity and consistency around the term 'discretionary food and drinks' could help reduce the high degree of misunderstanding, misinterpretation and misuse of the term, synonyms and relevant concepts revealed by this review. It could help achieve this if:

- All glossary definitions in the Australian Dietary Guidelines publications were identical
- Nutrients characterising discretionary food and drinks are consistently listed as:

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- 'added sugar'³⁴ (not just sugar) throughout all publications
- 'saturated fat' (not just fat) in all table headings
- The terms 'high in added salt' and 'high in salt' were defined and used accordingly
- Any relationship between discretionary food and drinks and dietary fibre was clarified
- The relationship between discretionary food and drinks and 'energy-dense', 'nutrient-poor' and 'high energy'
 was clarified
- The terms 'containing' and 'high in' are not used interchangeably
- The standard Australian Dietary Guidelines serve sizes for all food and drinks were reviewed, in particular those with limits in the food modelling system
- · Additional explanation/rationale for the use of the qualifiers 'most' and 'high' was provided
- The evidence base around the relationship of consumption of 'discretionary food and drinks' with multiple health outcomes was more prominent in the Australian Dietary Guidelines suite of publications
- Additional explanation of the relationship between standard Australian Dietary Guidelines' serve sizes
 'multipliers' and recommended number of serves was provided, and, if deemed necessary, Australian Dietary
 Guidelines standard serves sizes were reviewed to reflect common portions consumed by Australian adults
- Given the recent advances in nutrition science, the feasibility of providing meaningful nutrition content 'cut-off' points was re-investigated by systematic review of the international literature during the next review of the Australian Dietary Guidelines
- A proactive list of discretionary foods consistent with the Australian Dietary Guidelines was developed for subsequent national nutrition surveys
- The current transparency around Australian Dietary Guidelines processes and products is maintained.

Of all situations where the term 'discretionary food and drink' and other definitions of 'unhealthy' foods and drinks were misaligned with those in the Australian Dietary Guidelines, the most challenging area to tackle would likely be that of personal opinion/belief, whereby authors openly state 'disagreement' with classification of specific foods and drinks in the Australian Dietary Guidelines, without providing any scientific rationale to support their position. Hence, the foods and drinks most frequently misclassified in the documents reviewed (fruit juice; dried fruit; full fat and reduced fat milk, cheese and yoghurt; reduced fat cheese; hummus; muesli bars; breakfast cereals; healthy spreads and oils; and alcohol, especially red wine) may warrant greater attention in the next review of the Australian Dietary Guidelines.

There is a responsibility for all those working in public health nutrition policy and practice in Australia, particularly those without formal training in methods, to deal with the complexities inherent in our current food, nutrition and health systems, 35 and to familiarise themselves with the content of the full suite of documents comprising the Australian Dietary Guidelines. To assist, future iterations of the Australian Dietary Guidelines will require active dissemination 36 and active promotion to all health professionals, public health sector, educators, the not-for-profit and industry sectors, interested consumers, and the general public. 37

In particular, there appears to be need for greater appreciation that the evidence from contemporary nutrition science confirms lifelong dietary patterns as the exposure variable influencing diet-related health outcomes (26, 145, 146). This evidence base also supports a focus on whole foods, rather than specific nutrients, for prevention of

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³⁴ It is noted that the term "free sugars" is being used increasingly in the international literature. Any systematic review of the international literature to inform the next revision of the Australian Dietary Guidelines is likely to capture this term in addition to "added sugars".

³⁵ Including synergies between health, equity and environmental sustainability.

³⁶ Including sufficient hard copies.

³⁷ Including through contemporary social marketing initiatives.

diet-related chronic disease outcomes, which has additional benefit of being more meaningful to consumers (1, 147). Conversely, a focus on nutrients may be more relevant to undernutrition than to obesity and diet-related chronic disease outcomes, which are now a major health burden in Australia.

However, nutrient profiling systems, which do not necessarily reflect food, diet and health relationships, are being used for regulatory purposes in Australia, specifically for FoPL labelling (Health Star Rating), nutrition/health claims, and fortification initiatives, and to a lesser extent, in some food supply and other public sector food supply initiatives. Conversely, while the food classification system of the Australian Dietary Guidelines is being used broadly as intended, most notably by the ABS in analysis of the National Nutrition and Physical Activity Survey (NNPAS) component of the Australian Health Survey (AHS) 2011-13 to produce highly policy relevant data, the use of the term 'discretionary food and drinks' appears under-utilised in current nutrition policy and practice initiatives in Australia.

Nutrition science is constantly evolving. The systematic review of the international scientific literature that provided one important pillar of the evidence base of the Australian Dietary Guidelines 2013 examined peer reviewed papers published between 2002 and 2009. As it is now nearly a decade since those papers were published, there is an urgent need to review the Australian Dietary Guidelines to ensure recommendations capture the most recent studies of food, diet and health relationships. As all foods and food groups are related intrinsically in their contribution to dietary patterns, it is imperative that the dose relationships of all foods, drinks and food groups with health outcomes are interrogated simultaneously to inform any review of the Australian Dietary Guidelines.

While the concept, definition and intent of 'discretionary food and drinks' in the Australian Dietary Guidelines accurately reflect contemporary nutrition science approaches, (re)testing alternative terms used in the literature (such as 'ultra-processed food', 'energy-dense nutrient poor', 'unhealthy food and drinks, 'junk food', and 'noncore' foods), and greater consistency and specificity in terminology, could increase uptake and utility in efforts to improve the diet-related health of the Australian population.

This research has confirmed that it is possible to develop and apply a working 'fit for purpose' definition of 'discretionary food and drinks' in nutrition policy and practice initiatives to improve diet-related health in Australia.

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Appendix 1 Detailed methods

A1.1 Pilot testing: Development of final search protocols

A1.1.1 The initial research questions explored

- a. What is the intent and definition of the term 'discretionary food and drinks' as outlined in the Australian Dietary Guidelines suite of documents and resources (incorporating how are 'healthy' and 'unhealthy' food and drinks differentiated in the Australian Dietary Guidelines products and recommendations and why)
- b. How is the term 'discretionary food and drinks' being used and defined, and how are 'healthy' and 'unhealthy' food and drinks being differentiated:
 - (a) By different sectors (broader consumer, health professional, educator and industry) and sub-sectors in Australia
 - (b) In comparable Organisation for Economic Co-operation and Development (OECD) and other key countries
 - (c) For application in different nutrition policy actions/strategies (including, but not limited to, food front of pack labelling schemes, school food supply strategies, nutrition/health claims on food packaging, and fortification initiatives).

To answer these research questions required identification of the definition and application of specific terms and concepts by different sectors; in effect, the search needed to identify evidence of opinion and approach to translation of the scientific evidence on food, diet and health relationships into policy and practice by different sectors. As this is a novel requirement of systematic review processes, a pilot study was undertaken to test the search strategy proposed initially for feasibility and practicality in the time frame provided for this rapid review.

A1.1.2 The initial search protocol pilot tested

Initial inclusion criteria

- Any article with a primary aim that is to provide a definition, tool, strategy, criteria or guidance to distinguish 'discretionary food and drinks' and/or 'core food and drinks' or other approaches to categorise 'healthy' and 'unhealthy' foods and drinks
- Any article that explores the attitudes and perceptions of the population of interest's definition, understanding
 and application of the term 'discretionary food and drinks' or other approaches to categorise 'healthy' and
 'unhealthy' foods and drinks.

Initial exclusion criteria

- Any article with a primary aim that is to investigate the relationship between foods, food groups and/or dietary patterns and health, wellness, obesity and/or equity and/or environmental sustainability outcomes, that does not include a definition of the term 'discretionary food and drinks'
- Any article with a primary aim that is to describe trends in consumption patterns of foods and food groups, that does not include a definition of the term 'discretionary food and drinks'
- Any article that deals primarily with the assessment of the 'healthiness' of diets and dietary patterns, rather than the composite foods and/or drinks, such as dietary indexes
- Studies published before 2009.

Databases searched for peer reviewed manuscripts and reviews during the pilot included:

- MEDLINE
- PREMEDLINE
- ERIC
- EMBASE
- · Web of Science.

Pilot process for searching the grey literature (websites) during the pilot included:

Search process for websites: (as per process used in national Nutrition Policy scoping study)

- (a) Search terms were systematically entered into each site-specific search engine; the first five page of returns were scrutinised for inclusions; if there were no results
- (b) The name of each organisation plus each search term was entered systematically into the google search engine; the first five page of returns were scrutinised for inclusions.

Search terms for search of the websites were:

- Discretionary food
- Discretionary choices.

A1.1.3 Results of the pilot searches

Peer reviewed literature

- Data extraction around the use of 'discretionary' food and drinks terms in the Australian Dietary Guidelines suite of resources was text heavy but deemed feasible within the available time frame
- There were 850 returns using 'discretionary' food and drinks terms and synonyms in the Australian literature; after duplicates were removed there were 405 discrete returns; title and abstract searching resulted in 93 inclusions; although text heavy, data extraction was deemed feasible within the available time frame
- For reviews only (searching just the data bases: MEDLINE, PREMEDLINE, ERIC, EMBASE, and web of science) there were 5027 returns using synonyms for 'healthy' and 'unhealthy' foods in the international literature, after duplicates were removed there were 3465 discrete reviews returned for title and abstract searching. This was not deemed feasible within the available time frame.
- For individual papers (searching only MEDLINE) there were 523,195 returns using synonyms for 'healthy' and 'unhealthy' foods in the international literature. Given the extremely large number of returns, no further work was done on this search for the pilot, as this was not deemed feasible within the available time frame.
- For individual papers (searching all datasets) there were 1940 returns using 'applications' combined with 'discretionary' synonyms in the international literature. After duplicates were removed there were 1204 discrete papers returned for title and abstract searching. This was not deemed possible within the available time frame. It was also assumed that most of these papers were subsumed under the previous search, as 'healthy' and 'unhealthy' foods are usually defined in papers that go on to describe the application of these terms.
- For individual papers (searching only web of science) there were 1999 returns using 'applications'. Given the large number of returns and that most of these papers were subsumed under the previous search (as 'healthy' and 'unhealthy' foods are defined in papers that go on to describe the application of these terms) no further work was done on this search.
- Extraction of data from included studies took at least one hour, on average.

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Grey literature (websites)

The initial search identified 190 relevant webpages on the websites of 48 Australian organisations (3 national government departments, 3 national institutes, 3 professional associations, 3 consumer groups, 6 non-government organisations, 16 food industry businesses and 14 state and territory government departments. The spreadsheet of returns is included (Supplementary Appendix I). Scrutiny of the 190 webpages was not deemed feasible within the available time frame. The search strategy was modified to include the first page of returns only. From the first page of returns there were 102 webpages, and of these 9 webpages were excluded as the term discretionary food and drinks were not mentioned (Supplementary Appendix II),

Grey literature (proffered documents)

There were 146 submissions to the Senate Select Enquiry into the Obesity Epidemic in Australia, of these 97 submissions had no mention of the term 'discretionary food and drinks' and were excluded. Sectors/professions including individuals, other (for example, citizens and other health professionals) (n=24/26; 92%); non-government organisations and advocacy groups (n=25/35; 71%); government/health services (n=12/20; 60%); research institutes (n=12/21; 57%); industry and networks and entrepreneurs (n=13/27; 48%); health professional associations (n=8/12; 67%); political group/association (n=2/2; 100%); and individuals, dietitians (n=1/3; 33%) (Supplementary Appendix IV).

From the other proffered documents, 29 were excluded as they did not mention 'discretionary food and drinks' or were a duplicate or other associated document already captured by another proffered document (Supplementary Appendix V)

Grey literature (blogs)

The website https://blog.feedspot.com/australian food blogs/ and

https://blog.feedspot.com/australian nutrition blogs/ that used social media metrics to find the top food blogs in Australia was used to identify the top 20 food blogs and nutrition blogs in Australia. The top 20 food blogs listed were almost exclusively recipe websites; of these one was excluded as the link was not working, one was excluded as it was a site from the USA and one was excluded as it provided food industry news and so was not a food blog. The website listed only the top nine nutrition blogs in Australia; one was excluded as it did not define 'healthy' foods. It was decided to extract data from only the top 10 food blogs for balance. Extraction of data from the 18 blogs remaining was deemed feasible in the time available.

Data extraction tables

Draft examples of the data extraction templates in Excel spreadsheet format were provided for feedback on the fields identified.

A1.1.4 Feedback from NHMRC on the results of the pilot

It was confirmed that to help manage the large number of returns observed in the pilot searches, the publication dates should be narrowed (with primary focus on 2013 or later) and the second question should focus primarily on Australian data. To broaden the scope related to contemporary terminology in the public domain, it was agreed that some blogging content should be included (top 20 health bloggers use of the term/s).

This feedback was incorporated into the final search protocol.

Positive feedback was received on the draft data extraction tables. Confirmation was provided on the preferred approach to maintain objectivity and capture optimum granularity in the 'comment' columns (for example, around the nature of any COI identified, specific nature of any misalignment with the Australian Dietary Guidelines identified). It was requested that any quantitative values of any nutrient criteria cut-offs be captured under the nutrient criteria column.

This feedback was incorporated into the data extraction process.

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A1.2 Final detailed search strategy

A1.2.1 Databases, websites and proffered documents searched

Databases searched for peer reviewed manuscripts and reviews included:

- Cochrane Public Health Group Specialised Register
- The Cochrane Library
- MEDLINE, MEDLINE In-Process
- EMBASE
- CINAHL
- EPPI Centre
 - DoPHER
 - TRoPHI
- ERIC
- Web of Science:
- ERIC

 Web of Science:

 Science Citation Index, Social Sciences Citation Index and Conference Proceedings Citation Index
- Agricola
- Agris
- AANRO (Australian agriculture and natural resources online)
 Euromonitor
 Key environmental data bases including:

 Ecology abstracts
 Environment abstracts.

 Websites searched included:

Websites searched included:

For Q1:

- National Health and Medical Research Council
- Eat for Health.

For Q2:

- Australian Commonwealth, state and territory government websites, including:
 - Australian Academy of Science
 - Australian Bureau of Statistics
 - Australian Institute of Health and Welfare
 - Departments of Health, Education, Agriculture, Communities
 - Food Standards Australia New Zealand.
- Non-government organisations and professional associations including:
 - Australian Breastfeeding Association
 - Australian Chronic Disease Prevention Alliance

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- Australian Dental Association
- Australian Medical Association
- Cancer Council
- Choice
- Consumers Federation of Australia
- Diabetes Australia
- Dietitians Association of Australia
- Heart Foundation (Australia)
- Home Economics Institute of Australia
- Kidney Health Australia
- Nutrition Australia
- Nutrition Society of Australia
- Obesity Policy Coalition
- Public Health Association Australia
- Stroke Foundation.
- Industry organisations including:
 - Australian Beverage Council
 - Australian Food and Grocery Council
 - Australian Pork Limited
 - Campbell Arnott's

 - Coca-Cola South Pacific Pty Ltd

 - Danisco Australia Pty Ltd
 - Danone Murray Goulburn Pty
 - Freedom Foods Group
 - Goodman Fielder Limited
 - Grains & Legumes Nutrition Council
 - Horticulture Australia
 - Hungry Jack's Australia
 - Kellogg (Aust) Pty Ltd
 - Mars Chocolate
 - McDonald's Australia Ltd
 - Meat and Livestock Australia
 - Nestle Australia Ltd
 - Quick Service Restaurants

- Sanitarium Health and Wellbeing Company
- Sugar Australia Pty Ltd
- The Smith's Snackfood Company
- The Vege Chip Company
- Unilever Australasia.

Key documents provided included:

- Those provided and also found on websites (above):
 - Australian Dietary Guidelines (2013), background and supporting documents, including the Evidence Report, the Modelling Document, the Educator's Guide and consumer resources <u>www.eatforhealth.gov.au</u>
 - Australian Health Survey, National Nutrition and Physical Activity Survey, Australian Bureau of Statistics, 2011-2013
 - Australia's Food and Nutrition AIHW, 2012
 - Closing the Gap on Indigenous Disadvantage Strategies and reports
 - Australian National Breastfeeding Strategy, 2010-2015
 - The National Strategic Framework for Chronic Conditions, www.health.gov.au/internet/main/publishing.nsf/content/nsfcc
 - Reports of the Chief Health Officer in state/territory jurisdictions
 - Victorian Health Monitor Food and Nutrition Report, <u>www2.health.vic.gov.au/public-health/preventive-health/nutrition/data-and-reports-food-and-nutrition</u>
- Those provided but not found on websites (above):
 - Australia and Food Security in a Changing World, PMSEIC, <u>www.chiefscientist.gov.au/wp-content/uploads/FoodSecurity_web.pdf</u>
 - Scoping Study to Inform the Development of the new National Nutrition Policy, 2013, QUT, Australian Department of Health and Ageing (RFT 028/1213). Released under FOI, March 2016 (Lee et al 2013), https://www.health.gov.au/internet/main/publishing.nsf/Content/D309AF86C0D09DBDCA257F7F0077E0CE/\$File/1%20-%20Final%20Report%20-
 - %20National%20Nutrition%20Policy%20Scoping%20Study%20%28Report%20and%20Appendices%29.PDF
 - Submissions to the recent Senate Select Enquiry into the Obesity Epidemic in Australia,
 www.aph.gov.au/Parliamentary Business/Committees/Senate/Obesity epidemic in Australia/Obesity/Submissions
- Documents requested on the development of the Australian Dietary Guidelines and made available from the NHMRC.
 - DAA process manual for the systematic literature review used to inform the review of the Australian Dietary Guidelines in a systematic manner https://daa.asn.au/marketplace/publications
 - Focus Group Reports testing terminology during the development of the Australian Dietary Guidelines 2013 (Quantum), 2010 (2 docs), 2011 (1 doc), 2012 (1 doc) (Provided in PDF copy)
 - Targeted feedback from DAA on the draft Educator Guide, 2012 (provided in PDF format).
- Documents requested on the development of the health star rating (HSR) system and made available from the Department of Health:

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- Report from the Front of Pack Labelling (FoPL) Project Committee to the FoPL Steering Committee, May 2013 (provided in PDF format)
- Supplementary report from the FoPL Steering Committee to the Forum, December 2013 (provided in PDF format)
- Report on submissions to the Five Year Review of the Health Star Rating System, Report prepared for the Department of Health, MpConsulting, October 2017
 www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwio ZfVmcvcAhWBXbwKHc f5Ak8QFjABegQlAxAC&url=http%3A%2F%2Fhealthstarrating.gov.au%2Finternet%2Fhealthstarrating%2Fpubli shing.nsf%2Fcontent%2FD1562AA78A574853CA2581BD00828751%2F%24File%2FReport%2520on%2520Sub missions%2520to%2520the%2520Five%2520Year%2520Review%2520of%2520the%2520Health%2520Star%2 520Rating.docx&usg=AOvVaw2zZtBx7kJNb6JpLVWRW3oz
- Five-year review of the health star rating (HSR) system, HSR technical advisory group (TAG), History and development of the HSR algorithm, 2018 (provided in Draft PDF format)
- Five-year review of the health star rating (HSR) system, HSR technical advisory group (TAG), Alignment of the HSR system with the Australian and New Zealand Dietary Guidelines: Analysis of alignment and identification of outliers, 2018 (provided in Draft PDF format).
- Documents requested but not made available:
 - Individual submissions to the Five Year Review of the Health Star Rating System
 - Other documentation of the development of the Health Star Rating System in Australia (circa 2013–2015).

A1.2.2 Search terms

Search terms for search of the peer reviewed literature included:

Terms related to differentiation of foods:

- Discretionary food
- Discretionary food and drink
- Discretionary choices
- 'Occasional' foods and drinks
- 'Sometimes' food and drink
- 'Sometimes' choices
- Ultra-processed food and drinks
- Highly processed food and drinks
- 'Unhealthy' food and drinks
- 'Extra' food and drinks
- 'Junk' food and drink
- 'Energy-dense, nutrient-poor; food and drink
- 'Empty calorie' foods and drinks
- Non-core foods
- Sugar-sweetened beverages
- Beverage guidance systems
- Core foods

- 5/Five-food group foods
- 'Healthy' foods and drinks
- Healthy oil and spread allowance
- Classification of foods and drinks
- Nutri* criteria
- Nutri* profil*.

Terms related to application:

- Front of pack labelling
- Health Star Rating
- Healthy food supply strategies
- Health claims
- Nutrient claims
- Fortification.

Search process for grey literature websites (based on the process used in the national Nutrition Policy scoping study):

- (a) Search terms were systematically entered into each site-specific search engine; the first page of returns was scrutinised for inclusions (then, if no returns);
- (b) The name of each organisation plus each search term was entered systematically into the Google search engine; the first page of returns was scrutinised for inclusions.

Search process for grey literature - proffered documents: (based on the process used in the national Nutrition Policy scoping study)

(c) The document was loaded in PDF format and the search terms were systematically entered into the search "find" engine.

Search terms for search of the grey literature (both websites and proffered documents) were:

- · Discretionary food
- · Discretionary choices

Search terms for search of the peer reviewed reviews in the literature included:

- Discretionary food
- · Discretionary choices.

A1.2.3 Inclusion/exclusion criteria

Inclusion criteria for Q2

- Any article with a primary aim that is to provide a definition, tool, strategy, criteria or guidance to distinguish 'discretionary food and drinks' or synonyms
- Any article that provides a definition of 'discretionary food and drinks' or synonyms for subsequent application in a policy action/strategy to assess or promote healthy eating
- Any article that explores the attitudes and perceptions of the population of interest's definition, understanding and application of the term 'discretionary food and drinks', or synonyms

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- Population level studies
- Studies focused on the Australian context
- Studies published from 2013 (inclusive).

Exclusion criteria for Q2

- Any article with a primary aim that is to investigate the relationship between foods, food groups and/or dietary patterns and health, wellness, obesity and/or equity and/or environmental sustainability outcomes, that does not include a definition of the term 'discretionary food and drinks' or synonyms
- Any article with a primary aim that is to describe trends in consumption patterns of foods and food groups, that does not include a definition of the term 'discretionary food and drinks' or synonyms
- Any article that deals primarily with the assessment of the 'healthiness' of diets and dietary patterns, such as dietary indexes, rather than the composite foods and/or drinks, such as % energy 'discretionary' choices
- Clinical studies
- Studies focused on the international context
- Studies published before 2013.

Inclusion criteria for Q3

- Any reviews with a primary aim that is to provide a definition, tool, strategy, criteria or guidance to distinguish 'healthy' and 'unhealthy' food and drinks (and/or synonyms)
- Any reviews that provides a definition of 'healthy' and 'unhealthy' food and drinks ' (and/or synonyms) for subsequent application in a policy action/strategy to assess or promote healthy eating
- Any reviews that explore the attitudes and perceptions of the population of interest's definition, understanding and application of the term 'healthy' and 'unhealthy' food and drinks ' (and/or synonyms) or other approaches to categorise 'healthy' and 'unhealthy' foods and drinks
- Population level studies
- · Reviews focused on the Australian context
- Reviews published from 2013 (inclusive)

Exclusion criteria for Q3

- Any reviews with a primary aim that is to investigate the relationship between foods, food groups and/or dietary patterns and health, wellness, obesity and/or equity and/or environmental sustainability outcomes, that does not include a definition of the term 'healthy' and 'unhealthy' food and drinks (and/or synonyms)
- Any reviews with a primary aim that is to describe trends in consumption patterns of foods and food groups, that does not include a definition of the term 'healthy' and 'unhealthy' food and drinks (and/or synonyms)
- Any review that deals primarily with the assessment of the 'healthiness' of diets and dietary patterns, such as dietary indexes, rather than the composite foods and/or drinks, such as % energy 'discretionary' choices
- Clinical studies
- Studies focused on the international context
- Studies published before 2013.

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A1.2.4 Quality assessment

• As the search was looking for evidence of opinion, it was deemed unnecessary (and undesirable) to assess the quality of the studies and reviews included.

A1.2.5 Retrieval

• Relevant returns were downloaded as full text documents into e-folder.

A1.2.6 Data extraction

Tabulation of extracted data:

- Data extraction forms were developed through an iterative process, informed by the pilot outcomes
- Key fields for data extraction for the Australian Dietary Guidelines suite of documents included: Document;
 Weblink; Section; Page; Heading; Text quote or description of graphic; Term used; Definition; Intent of application; Comment
- Key fields for data extraction from included papers, documents and reviews included: Authors; First and last author; Organisation/affiliation; Title; Date; Country; First author sector/profession; Last author sector/profession; Type of publication; Peer review; Declared funding; Declared conflict of interest; Comments from reviewers on potential conflict of interest; Aim of the paper; Terms; Primary definition; Stated source of primary definition; Comments about alignment between definition and stated source; Food list; Rationale behind the choice of term/definition; Intent of use/application; Alternative terms; Other definition(s) of discretionary foods as reported by author; Rationale for alternate definition(s); Author commentary/opinions about food classification inconsistent with guidelines; Nutrient Criteria; Other relevant points of interest/Additional notes
- Key fields for data extraction from webpages included: Name of organisation; Website url; Date of last website update; Date searched; Country; Sector; Webpage purpose/type; Title of page/url; URL of page; Date of last update; Terms; Primary definition; Stated source of primary definition; Comments about alignment between definition and stated source; Food list; Rationale behind the choice of term/definition; Intent of use/ application; Other definition(s) of discretionary foods; Rationale for alternate definition(s); Author commentary/opinions about food classification inconsistent with guidelines; Nutrient Criteria; Other relevant points of interest/Additional notes; Authors (if identified)
- Key fields for data extraction from social media influencers included: Name of organisation; Website url; Date of
 last website update; Date searched Country; Sector of author; Webpage purpose/type; Title of page/url; URL of
 page; Date of last update; Terms; Primary definition; Stated source of primary definition; Comments about
 alignment between definition and Australian Dietary Guidelines; Food list; Rationale behind stated definition;
 Intent of use/application; Other definition(s) of discretionary foods; Rationale for alternate definition(s); Author
 commentary/opinions about food classification inconsistent with guidelines; Nutrient Criteria; Other relevant
 points of interest/Additional notes
- Data were extracted and entered into the relevant spreadsheets
- At least two team members checked data entry and concurred before the data extraction sheets were finalised.

A1.2.7 Synthesis and analysis

 Where possible, corresponding key data fields were collapsed and coded into: broader sector; intention/application; alignment with Australian Dietary Guidelines; and imported into SPSS for automatic tallying

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• Results were analysed to describe qualitatively, and where possible quantitatively, how and why the term 'discretionary food and drinks', synonyms and other relevant terms are being defined and used by sector (subsector) and application.

AI.2.8 Interpretation of results

- Results for different sectors (sub-sector) and applications were compared and contrasted with the definition and intent of the term 'discretionary food and drinks' and synonyms outlined in the Australian Dietary Guidelines and with other classification systems to differentiate healthy and unhealthy foods and/or diets in Australia
- The evidence findings on the strengths and limitations of the term, concept and application of 'discretionary food and drinks' were summarised.



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Appendix 2 Discretionary food and drinks in the **Australian Dietary Guidelines documents**

Appendix 2a Summary of the Australian Dietary Guidelines evidence base on the relationships between consumption of discretionary food and drinks and negative health outcomes and the graded evidence statements that inform this evidence base

Chapter 3 of the Australian Dietary Guidelines (NHMRC 2013) which relates to Guideline 3 emphasises the importance of limiting intake of discretionary food and drinks, that is, those characterised by being high in saturated fat, added salt, added sugars and alcohol, based on evidence that these foods are associated with increased risk of obesity and/or chronic diseases, including cardiovascular disease, type 2 diabetes and/or some cancers. The graded evidence base for these associations summarised from Chapter 3 of the Australian Dietary Guidelines is included below.

Evidence for limit foods high in saturated fat Cardiovascular disease, type 2 diabetes and over the same of the s

Cardiovascular disease: Of the systematic reviews addressing the risk of cardiovascular disease and consumption of fats and oils, 664,673-681 only one review 664 focused on the proportions of dietary fatty acids in the overall diet rather than the effects of omega-3 fatty acids on markers of cardiovascular health. This review confirmed that replacing SFAs with unsaturated fatty acids may reduce the risk of coronary heart disease, and that replacing trans fats with unsaturated fats improves blood cholesterol levels. From a whole-of-diet perspective, this review found that reducing the risk of cardiovascular disease by replacing SFAs with carbohydrate (as is the case in some low-fat diets) depends on the effects on body weight.⁶⁶⁴

The Joint FAO/WHO Expert consultation on fats and fatty acids in human nutrition 2010⁶⁸² reported convincing evidence that replacing SFAs with PUFAs decreases the risk of coronary heart disease. The Dietary Guidelines for Americans, 2010 drew similar conclusions, finding: 198

- Strong evidence that dietary SFAs are positively associated with increased serum cholesterol and LDL cholesterol, with increased risk of cardiovascular disease
- An association between replacing dietary SFAs or trans fats with PUFAs with improved blood lipid profiles and reductions in levels of numerous markers of inflammation
- Strong evidence that replacing dietary SFAs with MUFAs and/or PUFAs is associated with improved blood lipids related to cardiovascular disease
- Moderate evidence that 250 mg of omega-3 LCPUFAs delivered from two servings of seafood per week is associated with reduced cardiac mortality from coronary heart disease and reduced risk of sudden death from cardiovascular disease.

Hypertension: The evidence suggests that consumption of fat, irrespective of amount or type, is not associated with hypertension in the short term (Grade C; Evidence Report, Section 12.4). 683-691

Type 2 diabetes: While overweight and obesity increase the risk of type 2 diabetes,88 recent studies of short-term interventions are inconclusive and may not adequately reflect the nature of the effect of dietary fat on type 2 diabetes. The evidence suggests that consuming omega-3 LCPUFAs (0.4 – 6 q/day) and diets of varying fat content are not associated with fasting plasma glucose or insulin concentrations (Grade C; Evidence Report, Section 12.3) 674,681,691-701

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In the longer term, the review conducted for the *Dietary Guidelines for Americans 2010* found strong evidence that dietary SFAs were positively associated with increased markers of insulin resistance and increased risk of type 2 diabetes. In addition, it found that decreasing dietary SFAs and replacing them with PUFAs or MUFAs decreases the risk of type 2 diabetes in healthy adults and improves insulin responsiveness in insulin resistant and type 2 diabetes subjects. PUFA intake was associated with a significant decrease in the risk of type 2 diabetes. ¹⁹⁸

Excess weight: Dietary fat provides a substantial amount of energy (kilojoules) per gram but total dietary energy is the variable that affects weight. Reducing the amount of dietary fat will not necessarily reduce dietary energy, but it is prudent to choose low fat and low energy-density foods in a total dietary pattern that seeks to control overall energy intake. Because of this total energy effect, there are difficulties in appraising research into the effect of dietary fat alone on weight gain672 (see Chapter 1).

Cancer

All-cause: The evidence suggests there is no association between consumption of omega-3 LCPUFAs with total all-cause cancer incidence or mortality (Grade C; Evidence Report, Section 12.5).^{677,702}

Other cancers: Evidence of an association between total fat consumption across a range of intakes and breast or endometrial cancer is inconclusive (Evidence Report, Sections 12.6 and 12.7). However, the WCRF report states there is suggestive evidence that total fat consumption increases the risk of post-menopausal breast cancer (see Appendix F).⁴³

Other conditions

Dementia: The evidence suggests that higher consumption of omega-3 LCPUFAs is associated with a reduced risk of dementia (Grade C; Evidence Report, Section 12.8). 517,529,763-706

Evidence for limit foods high in salt.

Cardiovascular disease

Blood pressure: Reducing sodium intake reduces both systolic and diastolic blood pressure, and the effect is greater in those with hypertension than in those with normal blood pressure:^{724–727}

- In adults with normal blood pressure, a reduction of 1,800 mg per day reduces systolic blood pressure by about 2 mmHg and diastolic blood pressure by about 1 mmHg (Grade A; Evidence Report, Section 13.1)
- In adults with hypertension, a reduction of 1,800 mg per day reduces systolic blood pressure by about 5 mmHg and diastolic blood pressure by about 3 mmHg (Grade A; Evidence Report, Section 13.1)^{724–739}
- There is evidence of a probable association between a diet low in sodium and a reduction in blood pressure in children up to 18 years of age (Grade B; Evidence Report, Section 13.2).^{726,739,740}

The *Dietary Guidelines for Americans, 2010* drew similar conclusions regarding the relationship between sodium and blood pressure. They state 'a strong body of evidence has documented that in adults, as sodium intake decreases, so does blood pressure. A moderate body of evidence has documented that as sodium intake decreases, so does blood pressure in children, from birth to 18 years of age'. They also note that people with hypertension, diabetes and chronic kidney disease are more sensitive to sodium than healthier younger people, and that sensitivity to sodium increases with age.

Cardiovascular disease: Despite extensive research on the relationship between sodium and blood pressure, few long-term studies have examined changes in sodium intake related to changes in cardiovascular morbidity and mortality. Past studies have mainly included subjects with hypertension. The evidence suggests that reducing sodium intake by about 1,000 mg/day is associated with reduced risk of cardiovascular events (Grade C; Evidence Report, Section 13.4). 725,741–746 The results are consistent with drug trials showing that reductions in hypertension also lead to decreases in adverse cardiovascular outcomes. 747,748

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Cancer

Evidence of a probable association between consumption of salt and salt-preserved foods with gastric cancer was found in the systematic review prepared as the background paper for the Joint WHO/FAO Expert Consultation on diet, nutrition and prevention of chronic diseases.⁷⁴⁹ This association was described as convincing by the WCRF report (see Appendix F).⁴³ The WCRF report also reported convincing evidence of an association between processed meats (meat preserved by smoking, curing, salting or addition of chemical preservatives such as nitrites) and increased risk of colorectal cancer (see Appendix F).⁴³ but it is unclear whether the factor responsible is the salt, other components such as nitrites, or a combination of these factors.

Bone health

Evidence suggesting an association between a low sodium diet and markers of bone health in postmenopausal women is inconclusive (Evidence Report, Section 13.3).

Evidence for limiting intake of foods high in added sugar

Cardiovascular disease, type 2 diabetes and excess weight

Cardiovascular disease: There is no new evidence that sugars play a causal role in the development or moderation of cardiovascular risk factors. Early studies suggested that reducing dietary sucrose could lower elevated triglyceride levels, but it is likely that the effects were the result of a reduction in energy intake and body weight.⁷⁵⁹

Type 2 diabetes: Insufficient studies were identified to develop an evidence statement for intake of sugars and type 2 diabetes. However, more recent studies indicate that sugar-sweetened drinks may increase the risk of developing type 2 diabetes. The Arcent meta-analysis also supports an increased risk of type 2 diabetes and the metabolic syndrome from consumption of sugar-sweetened drinks. The Arcent metabolic syndrome from consumption of sugar-sweetened drinks.

Excess weight: Recent studies show evidence of a probable association between sugar-sweetened drinks and weight gain in adults and children (Grade B; Evidence Report, Section 15.1). ^{185–196} A more recent longitudinal study also strengthens the evidence associating sugar-sweetened drinks with weight gain. ⁷⁶⁴

There is insufficient consistent evidence available to form an evidence statement about fruit juices and weight gain. Some studies found no association in children, ^{193,217,218,585} while two studies in children ^{186,765} and one in adults ⁷⁶⁶ did find an association. Children drinking less fruit juice206 and those consuming more fruit ¹⁹⁴ had lower BMI Z-scores, and children at risk of becoming overweight had a higher risk of gaining fat if they consumed fruit juice. ¹⁸⁶

No large studies have measured the long-term development of overweight and obesity specifically related to consumption of sugars, although one retrospective cohort study reported that adults who consumed fewer sugar-sweetened foods had less increase in skinfold fat and waist circumference over a 5-year period (Evidence Report, Section 14.3).

Cancer

There is evidence suggesting that consumption of sucrose is not associated with risk of cancer (Grade C; Evidence Report, Section 14.1).^{767–771} The WCRF report found no convincing or probable evidence of increased risk of all cancers with the intake of sugars, but some limited evidence of an association between a high intake of sugars and increased risk of colorectal cancer (see Appendix F).43 The most recent WCRF statements urge caution with energy-dense foods and sugar-sweetened drinks because of their association with obesity and its link with some cancers (see Appendix F).⁴³

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Other conditions

Dental caries: The relationship between sucrose and dental caries was first documented more than a century ago⁷⁷² and has been confirmed in numerous studies since then.⁷⁷³ Historically, the prevalence of dental caries has increased when dietary patterns have changed to include more added sugars and foods containing refined starches. New evidence supports past findings and suggests that high or frequent consumption of added sugars, particularly for infants and young children, is associated with increased risk of dental caries (Grade C; Evidence Report, Section 14.2). 774-778 The evidence also suggests that dental caries are related to sugar-sweetened drinks (Grade C; Evidence Report, Section 15.4). 774,776

Caries are associated with national per capita yearly sucrose consumption, with very few caries in children consuming 10 kg/year (about 30 g/day) or less. A steep increase may occur from 15 kg/year upwards.88

The sugars contained in the cellular structure of foods, such as the intrinsic sugars of fresh fruit and vegetables, have been found to have little cariogenic potential, whereas foods high in added sugars are most damaging to teeth.779

Bone strength: Evidence suggests an association between consumption of soft drinks and increased risk of reduced bone strength (Grade C; Evidence Report, Section 15.3). 650-653 Cola drinks (sugar-sweetened and diet varieties), but not other carbonated drinks, are associated with significantly lower bone mineral density in women, but not in men.⁶⁵³ In young men, significant adverse changes in indices of bone remodelling and bone resorption markers occurred when cola drinks were added to a low-calcium diet, compared with adding milk.650 A systematic review reported an inverse relationship between soft drink consumption and milk intake. 195

It appears that soft drink consumption is associated with some problems related to bone health, but, with the exception of some limited evidence related to cola drinks, it remains unclear whether soft drinks exert a direct effect or reflect an inverse relationship with milk consumption.

Attention deficit hyperactivity disorder (ADHD): There is no evidence that added sugars are involved in the aetiology of ADHD.⁷⁸⁰

Evidence for limiting intake of food and drinks high in alcohol

Cardiovascular disease and type 2 diabetes

Cardiovascular disease: There is evidence of a probable association between consumption of one standard drink per day for women and one and a half to two per day for men with a reduced risk of cardiovascular disease morbidity and mortality (Grade B; Evidence Report, Section 16.1).⁷⁹⁶⁻⁷⁹⁸ A meta-analysis evaluating the relationship between alcohol intake and cardiovascular mortality in patients with a history of cardiovascular disease showed a Jshaped dose effect curve, with an alcohol intake of approximately 26 g/day having maximal protection. The authors concluded that light to moderate alcohol consumption, defined as 5–25 g/day, is significantly associated with a lower incidence of cardiovascular and total mortality.⁷⁹⁹ However the evidence is not yet conclusive, particularly for Asian populations. 787,788,800,801

There is evidence of a probable association between consumption of one standard drink per day for women and one and a half to two standard drinks per day for men with an increase in HDL cholesterol (Grade B; Evidence Report, Section 16.1).802-809 Recent reviews of population-based studies799,810,811 support these findings.

Although an insufficient number of studies were identified to formulate an evidence statement, excess alcohol consumption has been found to increase the risk of hypertension.^{812,813} A more recent review supports these findings, suggesting a synergistic effect between alcohol, hypertension and cerebrovascular events.814

Canadian and Australian guidelines on the management of hypertension include moderation of alcohol intake as an important intervention.815 Hypertension is a major risk factor for both ischaemic and haemorrhagic stroke.816

Type 2 diabetes: Evidence regarding an association between alcohol intake and risk of type 2 diabetes is inconclusive (Evidence Report, Section 16.2).

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Cancer

There is increasing evidence of an association between alcohol consumption and heightened risk of specific cancers. In general, the evidence suggests that different types of alcoholic drink have similar effects. 43 The WCRF report concludes that the number of cancers for which alcohol is a known risk factor is increasing (see Appendix F).⁴³ It appears unlikely that there is a threshold of alcohol intake below which there is no effect on cancer risk.

Breast cancer: There is evidence of a probable association between consumption of alcohol, even at low levels (10 q/day), and an increased risk of breast cancer (Grade B; Evidence Report, Section 16.4).817-823 The WCRF report found a convincing association between consumption of alcohol and risk of breast cancer (see Appendix F).⁴³

Oesophageal cancer: There is evidence of a probable association between consumption of alcohol and an increased risk of cancer of the oesophagus (Grade B; Evidence Report, Section 16.6). 43,817 The WCRF report found a convincing association between consumption of alcohol and risk of cancer of the oesophagus (see Appendix F).⁴³

Colon and rectal cancer: The evidence suggests that consumption of alcohol, even at low levels (10 g/day), is associated with an increased risk of colon cancer and rectal cancer (Grade C; Evidence Report, Section 16.5).43,817,824,825

Liver cancer: The evidence suggests that consumption of alcohol, even at low levels (10 g/day), is associated with increased risk of liver cancer in some populations (Grade C; Evidence Report, Section 16.9), 43,817 The WCRF report found a probable association between the consumption of alcohol and risk of liver cancer (see Appendix F).⁴³

Oral cavity, pharynx and larynx: The evidence suggests that consumption of alcohol is associated with an increased risk of cancer of the oral cavity, pharynx and larynx (Grade C, Evidence Report, Section 16.7). 43,817,826

Non-Hodgkin lymphoma: Evidence that the consumption of alcohol is associated with non-Hodgkin lymphoma is inconclusive (Evidence Report, Section 16.11).

Other cancers: The evidence that consumption of alcohol is associated with renal, pancreatic and ovarian cancer is inconclusive (Evidence Report, Sections 16.8, 16.10 and 16.12).

Other conditions

Alcohol-related liver disease: As discussed in the 2003 edition of the dietary guidelines, there is continuing evidence that excess alcohol consumption is associated with an increased risk of alcohol-related liver disease (fatty liver, cirrhosis of the liver, alcoholic hepatitis). 827 The same level of average consumption is related to a higher risk of liver cirrhosis in women than in men.828

Dementia: The evidence suggests an association between the consumption of one standard drink per day for women and one and a half to two standard drinks per day for men, with a maximum intake of four standard drinks per day, and a reduced risk of dementia in older adults (Grade C; Evidence Report, Section 16.3). 829-835

Mental health: Alcohol use is associated with an increased risk of a number of mental health and social problems in young adults.⁸³⁶ The existence of psychiatric comorbidities in young people who drink heavily is common, especially for conditions such as depression, anxiety, bipolar disorder, conduct disorder and attentiondeficit/hyperactivity disorder.836-840

Nutrition-related conditions: Alcohol consumption is linked to malnutrition, Wernicke-Korsakoff syndrome, folate deficiency, Vitamin A depletion and pellagra.⁸⁴¹ Excessive consumption of alcohol (severe alcoholism) leads to malnutrition if normal diet is neglected. The financial resources of the patient can be diverted away from purchase of food to acquiring and consuming alcohol. In Australia the fortification of bread with thiamine has contributed to a 40% reduction in the incidence of Wernicke-Korsakoff syndrome.^{842,843}

Other conditions associated with harmful levels of alcohol consumption include:⁷⁹⁴

- Dependence and addiction
- Endocrine conditions (for example, hypercortisonism and sexual dysfunction)
- Alcohol-related brain damage including alcoholic dementia

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A rapid review of evidence: Discretionary food and drinks

- Gastritis and gastric ulcers
- Aspiration pneumonia
- Cardiomyopathy
- Interactions with pharmaceuticals and illegal recreational drugs.

This evidence was summarised in Chapter 3 of the Australian Dietary Guidelines (NHMRC 2013):

- "The link between dietary saturated fat, serum cholesterol and cardiovascular disease is well established.

 Replacing dietary saturated fat with monounsaturated and polyunsaturated fats is associated with improved blood lipid profiles and reduced risk of cardiovascular disease. Fat-rich foods are energy-dense, which is prudent to consider in a total dietary pattern that seeks to control overall energy intake. Low fat diets are not suitable for children under the age of 2 years. Reduced fat milk may be used from the age of 2 years
- Reducing sodium intake decreases blood pressure in both normotensive and hypertensive adults, and the evidence has strengthened that reducing sodium intake may decrease risk of mortality, stroke and heart disease in people with hypertension. Salt in processed foods is the major source of sodium in Western diets
- Frequent consumption of foods and drinks high in added sugars is a major risk factor in dental caries. There is strengthened evidence of an association between intake of sugar-sweetened drinks and risk of excess weight gain
- The health, social and economic costs associated with excessive alcohol consumption are well-documented. Limiting alcohol intake is also an important strategy for achieving appropriate energy intake
- Discretionary choices should only be consumed sometimes and in small amounts. While discretionary choices can contribute to the overall enjoyment of eating, often as part of social activities and family or cultural celebrations, if their intake is not reduced, most Australians need to greatly increase physical activity to 'burn up' the additional energy (kilojoules) from discretionary foods to help achieve and maintain a healthy weight (see Guideline 1).

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Appendix 2b

Extracted data on discretionary food and drinks (and synonyms such as discretionary foods or discretionary choices) from the Australian Dietary Guidelines suite of documents published on the websites www.eatforhealth.gov.au and https://nhmrc.gov.au/about-us/publications/australian-dietary-guidelines This includes both text within the glossaries and within the text of all the documents listed (NHMRC 2011, 2013a-c).



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Appendix 2b. "Discretionary food and drinks" from NHMRC ADG materials

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Key definitions and source of specific information on discretionary foods and drinks. Eaf for (2) th, Australian Dietary Guddelines: Providing the scientific evidence for healthier Australian det (2013)	https://www.eafforhealth.gov.au/sites/default/illes/content/n55			Steary Steary	bods and dinis not necessary to provide the nutrients the body needs, but that may add variety.	Providesspedific	Provides specific definition of discretionary foods, including the types of foods and	orides clear qualitative definition. Inhis to literature which provides a range of
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mentanzy. Does risportizely ink the food listed in G3 and definition of disortionary loads or drives. This could be deser, his not in one hause that there is liftle room for any dase brown you do in nutritions dietary patterns brimary Australians	Emphasises that discretionary foods and drinks should be avoided or limited	recovered that if the room into edge we coveregge rates from book light in this, the base chooks are those offered in unstanted falls, short research that there is time comif or any discretionary book or datas with nevery requirement but people who are shorter, malke or soldnish.	Quantity table footnot	To righlight this is sit that is added to food by the choice of the consumer	Highlight the need for highly nutritions diese during pregnancy and lactation-and that discretionary choices are not recommended during pregnancy and breast leading.	To highligh that some older, fraler people have specific (more clinical) nutrition requirements and including discretionary foods in the diet could assist them to achieve and maintain enegy intake.	Limiting consumption of discretionary foods is good for the health of the planes, as well as for people	foll provides agreed selection of consecuent years, because the selection of consecuent and consecuent years are designed to repeat of codes and from a first included and list carriers for a first consecuent years. The design of consecuent years are designed as a first consecuent of the consecuent and the consecuent are designed of codes for years and the consecuent to the consecuent into the consecuent years and consecuent years are designed to the consecuent years and consecuent years are designed to the consecuent years and consecuent years are designed to the present the body need to the consecuent years and consecuent years are designed to the present the body need to the consecuent years are designed as consecuent years and consecuent years are designed as the present the body need to the consecuent years are designed as every processing th		Discret	l Recommend limit fred safty choices. Clearly Identifies chips and class are discretionary dioloses.	Recommends limit cereal food signal and provider most cakes, mulfins, pies, pas		Ounly lek refler discretioner, dosce in this group include salant, methwarst, baccor and haim	Software that miss constrained and the software that the software that miss constrained and the software that the software that the software that the software the software the software that the software	To consider particle derivation of types of foods, list examples and regulan context includes the to of Thill
g 2	Glossary (by default)	(default) default)	Glossary (by default)	such as salt added at the table or during cooking	Glossary (by default)	Glossary (by default)	fligh in saturated fat, added sugars and added salt	Provides specific Provides specific Provides specific Proper of Took and lists and lists (see Examples (see Equote)	Links to term above in the Glossary	that are high in saturated lat, addled sugars and salt and alcohol	Refers to pages 27 and 34 for definition and more detailed information	Refers to pages 27 and 34 for definition and more detailed information		Those processed meats that are high in saturated fat and/or salt (given specific examples)	Glossery(by default)	Provides specific deferration of types of loods, types of loods, and explain context and link to AGHE (see quote)
form drinks high in saturat fat, added saft, added sugars ar alcohol energy-dense discretionary foods	discretionary foods and drinks	discretionary foods and drinks	discretionary choices	disc retionary s alt	Energy dense discretionary Enoice s	discretionary foods	discretionary foods	Discretionary foods	Discretionary choices	discretionary choloes	discretionary choices	discretionary choices	Scretionary choloes	Society Phices	decretions/goologe	Secretoral doles
	The dupter profise information on why countington these fortypes should be infact, includes parties on relevance for interesting the against externed story to example, by choosing a wirely of miffious look (Guideline 2), using only small amount or unshausted skt, spreads and olk, and avoiding or limiting discretionary/foods and drinks.	designation are related and particular designation and control and particular designation designation and particular designation	Additional amounts of the five Food Groups or unsaturated spreads and oils or discretionary choiceater needed only by people who are tallier or more active to meet additional energy requirements	(varios metions of tem 'discretionary sik')	Additional energy requiements should be nest through ears loads from the five load groups atther than energy-dense discretonary floads.	Older poogle with complex health issues or frail elderly people othen have detary requirements that are different to those of healthr, free-living older people where maintaining energy intake is a priority and discretionary foods may assist in preventing maintaintion.	Occess boal for what the distribution therefore the mean that the recommendation in these dude lines - seting nutrient- dense foods and similar occumpated out distributions to both light in statused fat, added sugars and added suit—provide health benefits and exact the environmental impact accessibled with boods.153,1045,1046	where the properties of the control	Age of the changing of producing bit is part as the case or we want were greates the setting provided in a foundation and the changing are setting to the contract procedure were determined to secure that date remaind within the contract procedure and the contract procedure and the case of th	The focts that are more indicate yealishe in our (community, two treft gribe, by decentromy choices. That are high is saturated the dedect signs and sit and decined.	Axio minrestrer life streptible such in gody and requesting filty and crops, with basin to knowled and sail. One and crops are included in discretionary choice (see large 3% and 34).	Cenic (creat) bods with the high monets of added standing the clears large gall galls stront herioning again, milling per, parties and biodats are not inducted in the group that are challengated discretingly follogy been page? (2 and 3).	These amounts may respective, but he serve sizes are deter muli compared to the distall amount exten. for example, 2 serior of best at seath also 2 serves. The recommended quantities of these foods, like those in such of the other four food prougs, should be consumed in preference to discretionary choices.	The forms of cross decision desired or was, post to in the se datable, door wereless that you even as and subject play the proceed mosts such staken instructure. Both other datable and the first play in the set datable as datable as the control proceed mosts such in the restricted it such or all. Commany proceed most to the high in started it study or all. Commany proceed most my twy is accorded with an increased as for one was	Some other milk poodule, such in der open, can be traditionly high in asturated fit and added regars, so an eclassified under discretionary discuss, loggether with can an addustric.	where the control counts or performance and the counts are control counts or the counts of the counts of the counts of the counts of the counts are counts or the counts of the counts o
Areu.					Practice Guideline. gnam and astfeeding women	age people	Country &			What influences our food choices	getables and fruit	Grain (cereal) foods		an meat etc.	ik, chee se, yoghun	zetlonary choices
67 Sun	5	r.	22	z Z	2 2 2	5	ist,	8	148	2 (wi	14 Veg	81	18	8	33 23	23. Diss
GGJ. Limit intake of foods containing saturated fat, added salt, added sugars and alcohol							Appendx, G. food, rutrition and sustainability	Glossery (as above under hery definations)	Giosary (as above under ley definitions)	Introduction C1C112:137	Vegetables and fruit	Grain (cereal) foods		Lean meat etc.	Mills, cheese, yeghart	Discretizony choices (4s) above under key defentions)
Medina.										Pattos / Jawaw and to health ago, au / district fed au / files/ (control Y Trads 20 Goldelines / 1055a autoritain dietery au idelines summary 13 100 d. 1 auf	Ditto: Javan extlerhealth goz aufsted/defati files (content Treel 200s/delime fir5s australan dieter auddines summer 13,00 4 1,00f					
										ilines Surmary (2013)	dires Sumoury (2013)					
Doc	ume	nt 1								Eat for Health, Australian Dietary Guit	Eat for Health, Australian Dietary Guid					FOI 212

Document	Weblink	Section	Page H	Supes	Term (to description of graphic)	Defi	tion Inten	
Docu		under key definitions)	,		many of these looks and dinks intead of choosing books from the five food Googs. By ordinary choices should be used only constitutes and in smill amounts.	antes adde adde adde and/	saturated fat, addec added sugar, these added salt Austra and/or alcohol discre	and is not explained or used consistently throughout of
ment 1		GLL Limit — An above urder lang definition)	3	Mote is a series of decretionary choices	What were of describement of the properties of t	\$ \$800QJ JANOOJ	page 27 discussed fronts	Novoleio de en ampiera de basti constituing one sinne of bastiliand bastil
		Author threes together	9	at find formati	as stated of the place parties of section and production that the place of the plac	Soury choices again	Perkoussection Provide page 27 Tables Provide and In Tables Provide Pr	The produce explanation of types of the contraction
Est for Health, Australian Deelary Gold effines Educator Golde information for matrition restuators (201.3)	https://www.eaforhealth.gov.au/sites/default/lifes/content/The%. Zoozkodelme, firSSo_cebarior_gade_14022_1_pdf https://hintro_gavau/zb.od-u/publicatorn/australlan-de-tary- guidelines		4	Modelling	The This property of the Comment of	tionary choices Gloss docu	_	
		(As above under key definitions)		What are discretionary if discretionary if discretionary is discretionary in the discretionary in the discret	Disci	rtionary.cho.k.es Gloss Docu	Glossary in Provic Document (by includ default)	The several comments also at the destructions of the types of lood, lote several common strenders the manual concepts for discretizary foods, and its recibilities the studie healing detay pattern. Vand only consenses and in resulty detay pattern.
		The 5 food groups			ő			As per Vings ballens, chings and crings in the Surmany booking
			34	Grain (cereal) foods G	biscuits are not dis	cretionary choices Gloss Doc.		As per grahs (kered) recommendations and examples in the Summary booker
			15		To some people these quantities may seem generally lowerers, some of the serving these are modest and the recommended quantities. Miscret of these foods, like those in each of the other loodignoby, should be to relating in preference to depetitiously choices.	ionary choices Sloss Doc.		ė v
			16	e a	8	scretion ary choices Reference Charge Samme	Refers to As per Chapter 4 in addition	
			81	Milk, chee se, yoghurt	The reministed posts such as or own and fromge feat and deelert type counts confidents connections for the buttony factors or established in and added sugar. The episodes are further classified under as superioran decide.	ionary choloes Gloss Doo. defa	8 8 8	
			81		8	retionary choices Gloss Doc.	₹ 5	per recommendation to consume recommended insite of mills, cheese, yeghart. As for Sammany document, but more detail provided. Consider including table 7 in our preference to discretionary choices in the Sammany booker.
		Chapter 4. What about other food and drinks (as above under key definitions)	2	scretionary choices	Socretoins doose are not an exemble or receivany part of our debuy pattern. The a bods and divide appear in the pattern righe - fasting in and come of the Aucesian Guide to Needly, Lidning (see page 6).	onary choices Links	_	
			a	*C to:	<u>Operations</u> of colors earthy in anneal of invaries a chapital of safety ages and a color and other and facet control terminy liquides and displace other recording to do from the cell. Maryhank for week of secental natives, committed only application to the safety and the cell of the cell of the cell of the cell of the company that the cell of the color part of the cell o	onary applices board detail		Provides data on contribut population level
			n		The parameter of dates from the New Conditions contended by reports of weighting depleaded and the support of continued couples of the parameter of the paramet	93.0 84.0 84.0	Octobration Operation (by 186 s. g. default) 10.3 s.d.	Section the around (number of everal to of twell) recommended for each As for summer aboursed, but more shall previded in our export). In several for military more after poolse.
=Q12			23		20 200 dide consumed when teeth can be die ared doors after consumption. 1.88 7 and 200 dide consumed when teeth can be die ared doors after consumption. Doors white is serve of discretionary foods provides earnige serve of chocks acount 0.000 i.	tionary choices Dead	00	Heals bod in each (national sub-casgory Consider including table in regort Neals, as per Sammery document page 34 (above) become for configurable the per sammery document uses 500 6000, examples, (included table in person
212						nen p	types and quantities of foods	Displaying

Comment		Demonstrates ADG is not just a "binary" dassification system as some claim. Consider including table in report	Practical tool for exbusiness	Consider including table in the report	for detitions/ nutritionists/ educators	for dettlans/ nutritionists/ educators	for detitians/ nutritionists/ educators; also teaching aid	No room in the habitual det of those adults who are already oneweight or obesig to consume any discretionary choices.	No room in the habitual det of those children who are already overweight or obese, to consume any discretionary choices.	Sears to highlight contentual, societal challenges that make it difficult for the population to limit intake of discretionary choices.	Discretowy choices are frace with included in the find food groups	Provide particul advon. Chrosider industries, et each food group to resport	the could be added. Does not mention in it is act again to food and droke, and the could be added.	The second secon	Powder parcite advice Treats all dioretionary foods as equal-i.e At I dioretionary choices doud to limited.	opean provide as comprehense as definition of discreterousy choices as in the assumment period document, which also includes specific examples. Also uses high in pages intered of high in added sugar, who is potential confusing. Note detail and specific examples would be useful to include in this Educator's Guide.	Consister with Melitation of discretization by Sool in the context of that that periodic in the Closury's other discretization by Additional Context and resorted.
Intent of application		Provides examples of how to separate menus into the? food categories used in the ADGs.	Provides worked examples of tow to develop total des options from foundation dets. for those with different physical activity levels.	Provides average kij per each serve of each of the foods and drinks in the 7 calegories. Refers to chapter 4 for more information about discretionary foods	Explains choice of 5 food group, healthy fat allowance, or discretionary choices de pending on extra energy required above foundation dets for total dets in children.			Gearly identifies that those addits who are overweight should be to focus on overall dearly patterns; eating basis healthy bods in the appropriate quantities and proportions, and avoiding discretion ay dhoises.	Gearly identifies that those addits who are overweight should be to focus on overall dearry patients; sating basis healthy looks in the appropriate quantities and proportions, and avoiding discretion any choices.		Core by questions to be retorned to the core of the co	which were designed to the control of the control o	when you design the control of the c	We will write the consistency of the course	Explaintown and said load blastly to olderly town my serve of all discretionary books are in each package, with the interest of initiaties one all matter of discretionary discrete books or freamment discretionary force because for the comment discretionary force in each to be assessed and compared in some manner or books eleves the financial regions. The each said storage and serve is all should be limited.	ic Provides summary definition-similar to the ADG full document Glossary definition	Provide the same definition of total the included in the glossary in the name Abdo decument
Definition	debut) debut)	etionary choices Blossary in Document (by default)	otal dets and discretionary foods Glossary in Document (by detailt)	jin example serves in each of the Glossary in food groups Document (by default)	retionary choices Sloss ary in Document (by default)	r choices Slossary in Document (by default)		retonary choices Sloss ary in Document (by default)	ationary foods and drinks Grossary in Document (by default)	etionary choices Slossary in bo cument (by default)	dovay dovos posos o poso o posos o posos o posos o posos o pos o poso o poso o poso o	y dioles provide specific (example) a la l	reticony dolores provides update (Frontier provides specific County from 8 a Mortis County C	y food Gbssary (by default)	tionary choices Provides specification of definition of discretionary foods.	y choices Provide especific despecific descention of descention of descention of content of the content of total Delts.
Quote (or description of graphic) Term	According the for the designation of signature in the contract for processing the contract for the processing of the contract for the contract	ž d	(bela), sent the selation is that it can the set shall be set of the the season in the set of the s	Table 9 Average Nikjoule content for one serve of the Five Food Groups, allowances and discretionary choices	Table 10. Sample daily foot patterns for children and addisocents plus Additional energy required in addition to the foundations det is amount to how table 10) and for girls (Table 11).	Table 13: women (ta	Example completed dat planner and template and AGTHE for completion as exercise in adapting ADG information, Includes discentionary choices as one of Young groups for consideration	Weigh losts and itsely, the minimed wheelers and priviles their highest to provide itsely and as health, acceptable and signature. The overall designable is the control of signature in the control of signature in the foundation pattern are important. Frook a chold be incorporated to focus on appropriate portion size of the label, health of control of size of the label, health of control of size of the label.	where gip to roution Design and bedieves the sound to the control of the control	osp p	Secretarial process I supplies a power containing the way it stands it is not as a simple and		10801	To continue of the continue of	Foreign Oxed from mark I per sener to decide from much is some of a 'discretionary' food, which has GDD) per sener.	0)8258	Total Deriversor has houseless by 1 data desired over the seate through as present that the company of the comp
Heading	Alcohol	Mixed foods	total diets	How many ki			Developing a personalised eating plan	Those who are overweight		Influences on food choices	How to actives a deat	How to choose bw salt foods and uses alt sparringly	Reducing added su	How to maximise fibre in take	How to understand food labels	Gloss avy	Glos sary
ection Page	**	78	Chapter S. Energy and 25 nutrient requirements	20	30-02	33-35	Chapter 6. 37,39	u	4	Chapter & Achieving 45 healthy detary patterns (as above under key definitions)	65 Administration of the Rep (65 Adm	(As above under key de Entitoro)	(As above under key de firetions)	(As above under key definitions)	49	Glossary (as above under S4 key definitions)	56
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Document A modeling system to inform the revision of the Australian Guide to Healthy Ealing O	vergone https://www.eaforheath.gov.au/sires/defaus/likes/likes/bickiv.c onsultation/n55a detary guidelines food modeling 11216 pdf	Section	Fore	word Th	est en estimate per publication of the per per per per per per per per per pe	onary choices	Glossary (by default)	integrit to page from previous modelling system that recommended at it sat one serve of "texts" foods per day for some age/gender groups. (especially chiden)	Сомпек
cume		100	8 E	scutive Summary As 10 in and and duff	we is the final box of groups in allowance for uncaturated oils and spreads was used in the development of their foundation Design their property codes; it is considerable with the full application between seal anches must have also considered moneyling fruit policy. Vicercompany choice from the found and deline acts has used, boxed, conferency, sugary of details, but moneyling fruit policy. Vicercompany choice fruit and the code and deline acts in some types, or conferency, sugary of details, but the foundation of the personal policy and and an or considerable and the code and and considerable and for adults also their full foundation.	discretionary choices	Provides specific definition	"Taily" general definition of discretionary food and drinks (2011)	inconsistent with future definitions in that it does not specifically is Libook high in hutterins of "salarated bit" and "added sugars". Could be potentially confusing.
nt 1		7	13 Exe	cutive Summary er	In personal cache benefit personal or application of personal control personal pe	discretionary choices	Glossary (by default)	Emphasios discretionary foods are not a neess say put of the det	
		r	13 Exe	cutive Summary Au	diditional serves of meet (mainty lean varieties), could be included in the Total Diet mode in stead of Discretionary Onces if desired.	discretionary choices	Glossary (by default)	Suggests foods from the five food groups could be used to add to Foundation diets to develop Total diets, rather than discretionary foods, if preferred	
			14 Exec	Executive Summary All Inco	Allowander for deficient unstatuted of its ad spreads and for "Discretionary Choose," were modelled in relation to energy intake, with houseing amounts added as energy needs increased in the control of	discretionary choices discretionary choices	Glossary (by default) Glossary (by		
		8	E E E	ecutive Summary For	and a state of the	discretionary choices		"Early" general de limition of discretionary food and drinks (201.1) related to focus on energy content in the modelling	inconsistent with future definitions in that it does not specifically list foods high in nutrients of "added sugars" and omits" salt" Could be potentially conflusing.
		<	TI.	scutive Summary A 1	leable system of Total Diets to cover increasing energy requirements for larger and more active poople within each age and gender by. This was covered by adding further severe of the foods used in the foundation Dets and by providing an option to include a realization of object, table in mener and energial, with twen restrict develop.	discretionary choices	Glossary (by default)	Early general definition of discretionary food and drinks (2011) related to focus on enegy content in the modelling	
		×	22 25 25 25 25 25 25 25 25 25 25 25 25 2	O Xaoobodt	in y "Discretionary Choices" were weighted for current levels of consumption of each age/gender group according to current sumption categories in the NNSS sand MCNPAGOT with the exception of a footbloom for children.	discretionary choices	Glossary (by default)	Explains attempt to ensure resultant dietary models are realistic	the section (section & factors and definitions in many is added on the section of the section in the factor in
		2	ń		An additional Topicationary Process Energy recognised those to some in clause in way of the book groups descined above. The boos is the clause and the claus	discretionary choices	Giossary (by default)		inconsistent with a tare dentations in that it does not specifically list book right in nurrients of only fats that are "saturated fat" and omits "salf" Could be potentially conflusing.
			26 We	thodology T	is staggory termed 'Oscretionary Oriology' is similar to the "outrast category of the AGTHESS.	z.	Discretionary and extra foods similar		
		2	E)	A Yaddagy A ung	A "Developed Occos" compose was make up of bods and dreis of personal-yours natival-releasing-building. It is undorrefined was an order by imposed to control upp parties in manager housed searand tils soch in building order man for not anabarred by ing the group was included only in the bods good server in indirection position the equivalent were bedon or may (ODM, This group was included only in the Total Det modelling.	dscretb nary choloes		"Early" general defention of discretionary food and drinks (IOI) II related to focus on emergy content in the mobiling.	horoeisen with future definitions in that it does not specifically list book high in numbers of only fast that are "saturated fat" and omite "sail" Could be potentially confusing.
		3	27 Me	,<	ode lifty, with composite load groups for foundation Diets did not include the "Discretionary Choices" category.	discretionary choices	Glossary (by default)	Emphasises discretionary foods are not included in the five food groups	
			33 We	Methodology No.	Note as stown in Table 26, his resulting Foundation Dees for adults included at least 40% more fish and sealood than reported for NNSSs, addetion almounts can also be consumed instead of Discretionary diolose in Total Dee if required)	discretionary choices		Suggests foods from the five food groups could be used to add to Foundation diets to develop Total diets, rather than discretionary foods, if preferred	
			37 Me	Methodology So mc	Some additional ferres for the dairy, and meta and pouter/file/hee/bod/legs/regumes groups were added to the foundation Det from their service confidence of the properties of	discretionary choloes	Glossary (by default)	Suggests foods from the five food groups could be used to add to Foundation diets to develop Total diets, rather than discretionary foods, if preferred	
		6	37 Me	٨.	indestigning Choice Sindutes took and drinks which are generally less nutrient dense and higher in list, added sugars, salt or alcohol.	discretionary choices		"Early" general definition of discretionary food and drinks (201.1) related to focus on energy content in the modelling	inconsistent with future definitions in that it does not specifically list tooks high in nutritients, crossy first that are "saturated fath" and omits, "sail? Could be potentially confusions."
		38	88 Met	lethodology Add	udations service of them like /poghurs/Dopelo group the led most spoul and poultry/flah/seshooklegs/legumes groups over those in the relevant Foundation Does can be included increased of some of the "Discentionary choices" allowances.	discretionary choices	Glossary (by default)	Suggests foods from the five food groups could be used to add to Foundston dets to develop To bil dets, rather than discretionary foods, if preferred	
		38	18 Met	hodology "D.	soretionary Choice s' (within figure). Thousd also be noted that the modelling did not take into a goount any discreptionary use of sait.	discretionary choices discretionary choices		out of scope	
		38 38	50 Results 50 Results	ults Dis	creforany Choices" (within figure) cretorany choices are approximately 6006/ were (see Table A7.1 for further details).	discretionary choices discretionary choices	Glossary (by	Explains the kJ content of a serve of discretionary food is	
			SS SS	nits in exa	ronsideration of the overall energy and maging understoomlook of the client office, before as not day, bod obspace generally ever not increased over froat alone the quartified gover than as priftiglite. Worseloomly Colors Services in everage tracken the naviete before core from the best, by explained, creatly, not had seed consigned, and white inhighting from the unautated dis and that the best of core of the best of the second of the consistency of the properties of the p	discretionary choloes		Suggests foods from the five food groups, putficultry/morment and deiry-group) can be used to add to foundation diets to develop Total dets, ather than discretionary/toods, if preferred	
		0 00	11 Results		cretonary Chocces (within lighter) Constituent of the approximately 600kU/serve (see 18b)e (L.) for further details)	discretionary choices discretionary choices	Glossary (by default)	Explains the kJ content of a serve of discretionary food is	
		30	Results		or some roles upon some monoratery took seem thousand and for the work of property took of the seem to the property of the seem to the see	discretionary choices discretionary choices			
		35 55	14 Resu		creforiary Oxides (within figure)	discretionary choices discretionary choices			
		58	5 Results 5 Results 59 Results		cretonary Doxices (within figure) cretonary Doxices (within figure) restonary Doxices (within figure)	discretionary choices discretionary choices discretionary choices			
		39	SO Res.		both addits and other take, in order to require everge requirements were not executed, trosses in the raise of the basis, riverd erees does would have to come at the execute of tooks which constitute the "Government" observing a stake, guide, looking, both a knowled dorks, pastires, burgers, confectionary, jams, sould foods, defi meats etd which were not included in Omriveg foundfillen modelling.	discretionary choices	Glossary (by default)	Emphasiers discretionary to ods are not a necessary part of healthy diets	
			8	Cussion A1 grc veg 'Veg	belieb popend. Total Destito over locossing evergy requirement for large road more strine popularities acts has and givided op and also developed by preferentially adding further event of some of the degree journal intensition to the fight and present and any appropriate any open on indicate Porticional Pooce fights in recent and present any inservational choice). Cardinary Description of the foundation of the degree of some of the food proping used in the foundation Description and the foundation Description and only the foundation of the foundation Description and only the foundation of the foundation Description and only the foundation of the foun	decretionalythologis	Glossary (by default)	Emphasises discretionary loods are not a neces sary part of healthy diets	
		9 2	69 Disc 00 Disc	Discussion Mo Discussion As	spiceds, i.e. to set the sea mill to act we and in other isolationing page, will be refere require additional energy in their Total spiceds, is shorted on several search to their contraction to the search of the search of the search of their services of the search of	discretionary choices discretionary choices	Glossary (by default) Glossary (by	Emphasises discretionary foods are not a necessary part of healthy diets Emphasises discretionary foods are not included in the five food incues	
			02 Se	ussion Mc	deled intakes for Omnivore Foundation Diets were higher than currently consumed for most wegetables categores, *Egirmes, rista and self, finits and wakingspring enesks, polity Pilotabodologisty depressed and enested the foots but forwer for starforly veggetables, and oreals, infering faith of foots can make in most and foots in the "Sizventomy choice" casesor.	Scretionary choices	default) Glossary (by default)	Emphasises Australian dets are higher in discretionary loods than modelled for he ath.	
			88 Po	cessReport not	creticous pall was not used in the modelling. Is this realise? It, The models describe optimum desay patterns, and three bore are recessarily constained by current consumption. As use of describionry salt is not recommended, this was not included in the			out of scope	discretionary salt used in different content-means salt added at the table
			84 Prox	Process Report As	DES. With the AGTHES8, unsaluated alls and spreads were considered alongside the discretionary or 'entra loads' category.	discretionary category	Glossary (by default)	Emphasises discretionary foods are not included in the five food groups	
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Appendix 2c

Extracted data on discretionary food and drinks (and synonyms such as discretionary foods or discretionary choices) from the website www.eatforhealth.gov.au including the 10 webpages that specifically define and provide advice on the consumption of discretionary food and drinks within the first page of search returns. Data extracted (copied and pasted) from the first page of returns from the website search for "discretionary" 31/8/2018.

Discretionary food and drink choices



What are discretionary food choices?

Some foods and drinks do not fit into the Five Food Groups because they are not necessary for a healthy diet and are too high in saturated fat and/or added sugars, added salt or alcohol and low in fibre. These foods and drinks can also be too high in kilojoules (energy). Many tend to have low levels of essential nutrients so are often referred to as 'energy-dense' but 'nutrient-poor' foods. The problem is that they can take the place of other more nutritious foods. Also, the higher levels of kilojoules, saturated fat, added sugars, added salt and/or alcohol that they contain are associated with increased risk of obesity and chronic disease such as heart disease, stroke, type 2 diabetes, and some forms of cancer.

It is easy to have too much and too many of these foods and drinks, and many people do. If you are trying to lose weight, you are unlikely to be able to fit these foods into your lower kilojoule target. However, for people in their normal weight range, these foods and drinks in occasional, small amounts, can add variety and enjoyment to eating. These 'optional' foods and drinks are referred to as 'discretionary choices'.

'Discretionary' foods and drinks include sweet biscuits, cakes, desserts and pastries; processed meats and fattier/salty sausages; sweetened condensed milk; ice cream and other ice confections; confectionary and chocolate; savoury pastries and pies; commercial burgers with a high fat and/or salt content; commercially fried foods; potato chips, crisps and other fatty and/or salty snack foods including some savoury biscuits; cream, butter and spreads which are high in saturated fats; sugar-sweetened soft drinks and cordials, sports and energy drinks and alcoholic drinks.

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What types of food are included in this category?

Higher added sugars	Higher fat	Higher fat and added sugars	High alcohol
Energy drinks	Bacon, ham	Biscuits	Beer
Fruit drinks	Butter, cream, ghee	Cake	Liqueurs
Honey	Certain tacos, nachos,	Chocolate/Bars	Mixed alcoholic
Jams, marmalade	enchilada	Dessert custards	drinks
Some sauces	Crisps	Doughnuts	Port
Sugar	Dairy blends	Ice cream	Sherry
Sugar confectionary	Frankfurts etc	Iced Buns	Spirits
Sweetened soft drinks and	Meat pies	Muesli bars	Wines
cordials	Pastry	Puddings	
Sweetened waters	Pizza	Slices	
Syrups	Potato chips	Some confectionary	
	Quiche	Some sauces/ dressings	\
	Salami/mettwurst	Sweet muffins	
	Some processed meats	Sweet pastries	
	Some sauces/dressings	Sweet pies and crumbles	
	Spring rolls	KP C	

What is a serve of discretionary foods?

One 'serve' of a discretionary food, is the amount that contains 600kJ. To find out how much of a particular discretionary food would be equal to one 'serve', you can use the nutrition information panel (to work out what amount of the product would contain 600kJ.

For example, a serve of these discretionary foods that provides about 600 kJ is:

- 2 scoops (75g) regular ice cream
- ¼ cup condensed milk
- 50-60g (about two slices) processed meats, salami, mettwurst
- 1 ½ thick or 2 thinner higher fat/salt sausages
- 30g salty crackers (a small individual serve packet)
- 2–3 sweet biscuits
- 1 (40 g) doughnut
- 1 slice (40 g) plain cake or small cake-type muffin
- 40g sugar confectionary (about 5-6 small lollies)
- 60g jam/honey (about 1 tablespoon)

- 1/2 small bar (25 g) chocolate
- 2 tablespoons (40 g) cream
- 1 tablespoon (20 g) butter or hard margarine
- 200 mL wine (2 standard drinks (note this is often 1 glass for many Australian wines)
- 60 mL spirits (2 standard drinks)
- 600 mL light beer (1½ standard drinks)
- 400 mL regular beer (1½ standard drinks)
- 1 can (375 mL) soft drink
- 1/3 (60 g) commercial meat pie or pastie
- 12 (60 g) fried hot chips.

How do discretionary foods fit into a healthy diet?

Some people require extra serves for example, those who are taller and more active and these can sometimes include extra serves of discretionary foods. It is best if these extra serves come from the Five Food Groups, particularly wholegrain cereals, vegetables including legumes/beans and fruit. However, they can also sometimes include serves of discretionary foods.

If you are aiming to lose weight, you are more likely to be successful if you minimise discretionary foods, because they are high in kilojoules but low in essential nutrients.

There are lots of ways to cut down on discretionary foods that include:

- Swapping them for foods from the Five Food Groups
- Planning for eating out and eating more 'mindfully'
- · Limiting portion size.

Choosing nutritious foods

Every day, we have lots of choices about what to eat and drink. **Discretionary foods** are higher in saturated fat, added salt, added sugar and kilojoules. The *Australian Dietary Guidelines*, recommend that we choose widely from the Five Food Groups and limit discretionary foods that are **higher in saturated fat**, added salt and added sugars.

Discretionary foods have become easier, cheaper and more attractive choices than ever before. Recent surveys of Australian eating patterns tell us that we are choosing discretionary food and drinks too often and this means we are also getting too many kilojoules and missing out on getting enough nutritious foods from the Five Food Groups.



Where are you now?

The first step to ensuring a balanced healthy diet and to control your weight, is to take a look at how you're going now. Use the tables above to find out how many serves you need from the Five Food Groups for your age and sex.

The 'Are you eating for health?' quiz in the **Dietary Guidelines Summary book** will also give you useful clues about where to direct your efforts for best effect.

Too many discretionary food and drinks

- Swap discretionary snacks for snacks from the Five Food Groups.
- Choose desserts based on fruit and low-fat milk or yogurts.
- Instead of takeaway or instant meals for lunch take leftovers from dinner either the night before or out of the freezer.

How to limit foods and drinks high in saturated fat, added salt, added sugars and alcohol
The Australian Dietary Guidelines recommend that we limit how much saturated fat, added salt, added sugars and
alcohol we eat and drink.

Swapping discretionary foods for foods from the Five Food Groups will reduce how much saturated fat, added salt and added sugars you eat and give you more fibre. It will also help you limit your kilojoules and lose weight.

Reading labels to compare products is also a great way to limit saturated fat, added sugars, added salt and kilojoules.

It can also be useful to plan ahead for **eating out**. Another strategy to limit discretionary food and drinks and avoid extra kilojoules when you're trying to lose weight is to be selective, focus on smaller portion sizes and eat more 'mindfully'.

Most people have their favourites amongst discretionary food and drinks. Some people have a sweet tooth and might love chocolate, others prefer savoury. Some people enjoy a glass of good wine more than anything else. This first step to reducing discretionary foods is to be selective, only have the discretionary choices you enjoy most and buy the best quality you can afford.

Secondly, think about how small a portion we could have and still enjoy it. It's the first few mouthfuls that are the best and our enjoyment starts to decline after that. So often we don't need a large portion. We still enjoy a smaller portion. Sometimes just a taste is all we need. Being able to have small tastes of more discretionary foods, more often can be better than a large serve only very occasionally.

But the key to enjoying **smaller portions** is to eat 'mindfully'. This means removing other distractions or waiting until they go away, focusing on just eating and using all your senses to enjoy the food. Eat slowly, thinking about how a food looks, smells, tastes and feels in our mouth.

Food essentials

The key to eating well is to enjoy a variety of nutritious foods from each of the Five Food Groups. Foods in the Five Food Groups are grouped by their type and their contribution of nutrients to Australian diets. Within each group, healthy choices are those that are lowest in saturated fats, added sugars and added salt.

Choosing a variety of nutritious foods, both from the five different groups and within each group, over the week and seasonally increases the likelihood of obtaining sufficient intake of all nutrients. Eating a variety of nutritious foods can protect our bodies from chronic disease and may also increase quality of life and longevity.

The Five Food Groups

Guideline 2 recommends we enjoy a wide variety of nutritious foods from the five groups every day.

How much do we need each day?

The Australian Dietary Guidelines inform people of different ages, life stages and gender, the minimum number of serves from each food group they need to eat each day, to make sure they get the full amount of nutrients their body needs.

Fat, Salt, Sugar, Alcohol

Guideline 3 recommends we limit intake of foods containing saturated fat, added salt, added sugars and alcohol.

Discretionary Food and Drink Choices

Some foods and drinks do not fit into the Five Food Groups because they are not necessary for a healthy diet and are too high in saturated fat and/or added sugars, added salt or alcohol and low in fibre. These 'optional' foods and drinks are referred to as 'discretionary choices'.

Frequently Asked Questions

An explanation of important terms used throughout this website. Includes Kilojoule, Energy (Kilojoule) Balance, Processed Foods and Fibre.

Recommended number of serves for adults

The dietary patterns in the table below provide the nutrients and energy needed by all men and women of average height with sedentary to moderate activity levels. Additional serves of the Five Food Groups or unsaturated spreads and oils or discretionary choices are needed only by adults who are taller, more active or in the higher end of a particular age band, to meet additional energy requirements.

	Reco		verage daily nui of the Five Food	mber of serves from Groups*		Additional serves for taller/more active men and women
	Vegetables & legumes/beans	Fruit	Grain (cereal) foods, mostly wholegrain	Lean meat and poultry, fish, eggs, nuts and seeds, and legumes/beans	Milk, yoghurt, cheese and/or alternatives (mostly reduced fat)	Approx. no. of additional serves from the Five Food Groups or discretionary choices
Men				ERCI		
19–50	6	2	6	E 0 3 4 1	2 ½	0–3
51–70	5 ½	2	6	2 1/2	2 ½	0–2 ½
70+	5	2	54%	2 ½	3 ½	0-2 ½
Women		12	C. K. K.	,		
19–50	5	11/2/11	O No	2 ½ 2 ½ 2 ½	2 ½	0-2 ½
51–70	5	(2) (2)	4	2	4	0-2 ½
70+	5,6	2	3	2	4	0–2
Pregnant	5	2	8 ½	3 ½	2 ½	0-2 ½
Lactating	7 ½	2	9	2 ½	2 ½	0-2 ½

^{*} Includes an allowance for unsaturated spreads or oils, nuts or seeds (4 serves [28–40g] per day for men less than 70 years of age; 2 serves [14–20g] per day for women and older men.)

How to understand food labels

Food labels can be very confusing and tricky to understand. Often, we don't have the time to spend trying to work out what they mean and how to use them.

However, a few quick tips can make shopping for healthy food a whole lot easier and quicker and can help you lose weight. Knowing what nutrition information to look for, can help you make the best choice for your health and avoid unnecessary saturated fat, added salt, added sugars and kilojoules.

Labels on most packaged food must meet strict requirements that include information for people with food allergies, food additive listings and food storage instructions. More information about food labelling requirements can be found at <u>Food Labels - What do they mean? Food Standards Australia and New Zealand [PDF, 1MB].</u>

While food labels can carry many different types of information, the main things to look at when choosing healthy food are the **Nutrition Information Panel**.

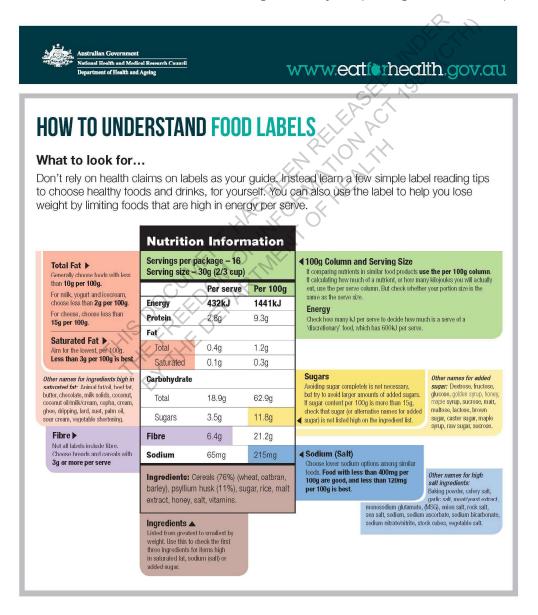
Nutrition Information Panel

Click here or on the image for a larger version.

The Nutrition Information Panel on a food label offers the simplest and easiest way to choose foods with less saturated fat, salt (sodium), added sugars and kilojoules, and more fibre. It can also be used to decide how large **one serve** of a food group choice or **discretionary food** would be and whether it's worth the kilojoules. This is particularly important if you are trying to lose weight.

First use the **Australian Guide to Healthy Eating** to decide whether a food belongs in the Five Food Groups and is an 'everyday' food for eating regularly, or a **discretionary food** best eaten only sometimes or in small amounts.

Then use the Nutrition Information Panel to compare similar packaged foods and to decide which product provides less saturated fat, salt (sodium), added sugars and kilojoules per 100gm and more fibre per serve.



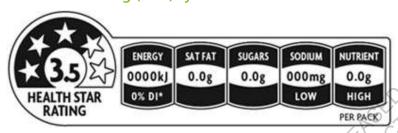
Using Nutrition Information Panels to help you lose weight

If we want to lose weight, it's best to avoid discretionary foods as they provide few nutrients but plenty of kilojoules. However, it is still possible to include small serves of <u>discretionary foods</u>, eaten occasionally and savoured by eating slowly and enjoying the food with all our senses.

The trick is to choose only the foods or drinks that we really enjoy. Some people have a sweet tooth or love chocolate, others prefer savoury and love a great cheese. Other people really enjoy a wine sipped slowly. All food is not equally special for us. We all have our favourites.

The Nutrition Information Panel can help us decide if a food is really 'kilojoule worthy'. Beware of foods that look like a single serve, but actually contain several servings in one packet. Once we know the kilojoules in a serve, we can weigh up whether our enjoyment warrants the extra kilojoules.

Health Star Rating (HSR) system



The Health Star Rating (HSR) system is a front-of-pack labelling scheme developed for use in Australia and New Zealand to 'provide convenient, relevant and readily understood nutrition information and/or guidance on food packs to assist consumers to make informed food purchases and healthier eating choices'. Health Star Ratings will make it much easier for shoppers to make informed choices about healthier food options.

The HSR on the front of food packages provides an at-a-glance overall rating of the healthiness of the food product (reflected as a star rating), as well as specific nutrient and energy information. The more stars, the healthier the choice.

Generally, the HSR will provide the most useful source of comparison between similar food products (for example, comparing packaged breakfast cereals). Where the nutrient icons are also displayed, they will provide information about the energy content of a product, as well as the levels of saturated fat, sodium (salt) and sugars, to help you make the best choice to suit your personal circumstances. In some cases, a positive nutrient icon (for example, fibre) may also be displayed to provide you with additional information to help you choose the right product for you.

The HSR system was developed by Australian, state and territory governments, industry, public health and consumer groups.

Ingredients list

All ingredients in a food product must be listed on the label in order ("Food labels - What do they mean? Food Standards Australia and New Zealand [PDF, 1MB]", from largest to smallest by weight.

You can use this to spot foods that might be high in saturated fat, added salt or added sugars because these ingredients are listed in the top three. Also look out for other words on the ingredients list that flag ingredients high in saturated fat, added salt or added sugars.

Using the Ingredients list to help you lose weight

To lose weight we need to eat and drink fewer kilojoules than our bodies use. The kilojoules can come from one source or a combination of fat, sugars, protein, carbohydrate or alcohol. It's the overall kilojoule total that matters for weight loss, rather than the source of the kilojoules. However, if fat or sugars are high on the list of ingredients, it is a good reason to check how high the kilojoules are in the amount you would eat.

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Nutrition content claims

Sometimes labels will include nutrition content claims like 'low fat', 'reduced salt' or 'high fibre'. These claims can only be used if the food meets certain criteria. For example, with a 'good source of calcium' claim, the food must contain more than a set amount of calcium. While nutrition content claims can generally guide you to healthier choices, it is important to check the claim by looking at the <u>Nutrition Information Panel</u>. For example, products carrying 'low fat' claims may not be low in total energy (kilojoules) when compared with similar products.

Health claims

Different to nutrition content claims, health claims link a food, or a nutrient or substance in a food, to a health effect. There are two types of health claims:

- General level health claims refer to a nutrient or substance in a food and its effect on a health function. For example: calcium is good for bones and teeth.
- High level health claims refer to a nutrient or substance in a food and its relationship to a serious disease or to a biomarker of a serious disease. For example: Diets high in calcium may reduce the risk of osteoporosis in people 65 years and over. An example of a biomarker health claim is: Phytosterols may reduce blood cholesterol.

A new standard to regulate nutrition content and health claims was gazetted in January 2013 (Standard 1.2.7 – Nutrition, Health and Related Claims). There is a three-year transition period which means that by 18 January 2016, foods carrying nutrition content claims, health claims and endorsements will need to comply with the new Standard. Click here for an overview of Standard 1.2.7 from the Food Standards Australia and New Zealand website.

Standard 1.2.7 ensures consumers and health professionals can have confidence that health claims are well supported by scientific evidence, and it helps consumers make informed food choices. Health claims are only permitted on foods that meet certain nutrition criterion, thereby preventing health claims on food higher in saturated fat, sugar or salt.

Percentage Daily Intake

Some labels also list nutrients in a serve of the product as a percentage of daily nutrient intake. This can be used to compare the nutrients in one serve of the food with what an 'average adult' needs. Like nutrition claims, this information can give you a rough guide, but your individual needs, particularly **kilojoules**, could be quite different.

The tables below offer a simpler way to work out how a food fits with your nutrient and energy requirements for a day. It can also be used to **plan meals and snacks to lose weight** if extra serves and discretionary foods are avoided.

Frequently Asked Questions

What is a KILOJOULE (kJ)?

In Australia, we use kilojoules as a measure of energy. Energy used to be measured in calories and sometimes still is. One calorie is equal to 4.2 kilojoules.

We can measure or estimate the amount of energy (or fuel) our bodies use and how much energy is in food and drink. If we eat and drink fewer kilojoules than our body burns, we will lose weight. For example, to lose half a kilogram of fat, or 'weight' we need to consume about 2,000 kJ a day less than we use. If we consume more kilojoules than we use, we will store the extra energy as fat and gain fat or 'weight'. If these values match we will maintain our weight. It's all about the balance between energy (or kilojoules) in and energy (or kilojoules) out.

Sometimes 8,700 kJ per day is used as an approximate figure for the 'average' Australian to maintain their weight. This can be a rough guide and can be useful for knowing how much room the kilojoules in a portion of food,

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found by using the <u>nutrition information panel</u> on food packages, would take up in your meal and snack plan. However, people's bodies use varying amounts of kilojoules, depending on their age or life stage, height, weight, sex and physical activity. The best guide to your own kilojoule needs is what your weight is doing.

Energy (Kilojoule) Balance

Our bodies burn kilojoules on normal everyday processes like breathing and pumping blood, but also on physical activity. To lose weight we can either use more kilojoules, or eat fewer kilojoules. The way to use more kilojoules, is to be more physically active. To lose weight successfully, most people find that they need 60-90 minutes of moderate intensity activity, like brisk walking, on most days. However, increasing everyday activity like taking the stairs instead of the lift, parking further away, or trying to sit for less time is very helpful too.

The Australian Dietary Guidelines will help you <u>reduce the kilojoules</u> that you eat and drink. Kilojoules can be reduced by swapping <u>discretionary foods</u> for foods from the Five Food Groups, reducing <u>portion size</u> and avoiding extra serves. Eating and drinking less fat, added sugars and alcohol and more fibre and water helps too. Fat, sugar and alcohol have more concentrated kilojoules while water has no kilojoules and fibre in food makes it less energy dense. Even small changes are worthwhile. Just reducing the kilojoules we eat and drink by 100kJ a day will lead to one kilogram of weight loss over a year.

The NSW Food Authority has lots of excellent information about kilojoules.

How much exercise do I need?

The National Physical Activity Guidelines (2010) recommend at least 30 minutes of moderate-intensity physical activity on most, preferably all, days. A good example of moderate-intensity activity is brisk walking, that is at a pace where you are able to comfortably talk but not sing. Other examples include mowing the lawn, digging in the garden, or medium paced swimming or cycling.

The National Physical Activity Guidelines (2010) note that the recommended 30 minutes (or more) of moderate intensity physical activity throughout the day, may be accumulated by combining short bouts of around 10 to 15 minutes each. These accumulated short bouts of physical activity are as effective as continuous activity at improving indicators of health such as hypertension and blood cholesterol. However, this level of activity appears to be insufficient for preventing weight gain or weight loss or weight regain in most people.

The evidence reviewed for the *Australian Dietary Guidelines* suggests that a minimum of 45–60 minutes per day is **required for both** cardiovascular health and weight maintenance.

The Commonwealth Department of Health and Ageing are currently reviewing the *National Physical Activity Guidelines* (2010) and these are expected to be released in 2013.

What are processed foods?

When people talk about processed foods they are often thinking of 'discretionary foods' which are usually made up of a number of ingredients, often have added fats, added sugars and/or added salt and may have fibre removed. The higher saturated fat, sugar and salt content and lower fibre of discretionary foods is linked with excess weight and some chronic disease. This means **discretionary foods** should be chosen with care and limited to occasional and small amounts particularly if you are aiming to lose weight.

However, strictly speaking 'processed' foods are any foods that have undergone a process, even cooking. Often foods need some sort of processing to be edible or palatable. For example, grains need to be ground, cooked or rolled, such as for making bread and pasta.

Some types of processing means we can have a greater variety of nutritious foods in our meals and snacks. For example, vegetables canned without salt, or frozen can give us more long shelf life options for quick and easy meals that include vegetables. Milk processed into yoghurt and packaged into snack size packages is a healthy, portable easy snack for lunchboxes or when travelling.

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Processing can also make some foods better for us, like low fat and skim milk, where saturated fat has been removed.

So, we don't need to avoid all processed foods, but rather to focus on those that still contain all the fibre, like whole grains, whole fruits and vegetables, and avoid those where the fibre has been removed such as white bread and fruit and vegetable juices. We also need to be aware of processed foods when saturated fat, sugars or salt has been added and use **food label reading skills** to make better choices.

Fibre - why do we need it?

The Australian Dietary Guidelines encourage us to eat more foods high in dietary fibre like vegetables, especially legumes, fruit and wholegrain foods. We know that fibre is great for health, helps prevent many chronic diseases and helps us control our weight.

Fibre is only found in foods from plants. It is the part of what we eat that doesn't get digested in the small intestine and so continues into the large intestine where it is helpful for good health in many ways.

Most of us don't eat enough fibre. Part of the reason is that we eat too many <u>discretionary foods</u> that tend to be low in fibre and they take the place of some of the serves from the high fibre food groups. By swapping discretionary foods for high fibre foods, making sure we eat vegetables or salad with two meals a day, using fruit for snacks and desserts and adding legumes to our <u>recipes</u> we can make a real difference to our fibre intake.

There are three main types of fibre that help us stay healthy in different ways and avoid problems, and we need plenty of all three.

Insoluble fibre

Insoluble fibre is particularly good for our digestive systems. It is bulky and absorbs water so it fills us up for few kilojoules, keeps stools soft and bulky and our bowels regular. It also helps prevent some problems with our bowel like diverticular disease, haemorrhoids, constipation and bowel cancer.

Foods high in insoluble fibre are wholegrain breads and cereals, fruit and vegetables (especially the skins), and nuts and seeds. However, while vegetables and fruits are lower in kilojoules than many other foods, nuts and seeds are high and people aiming to lose weight still need to keep serve sizes small.

Soluble fibre

Soluble fibre works differently. It still makes us feel fuller but also helps people manage their blood cholesterol and blood glucose. High soluble fibre foods include fruits, vegetables, legumes, barley and oats.

Resistant starch

When resistant starch travels undigested to the large intestine it is helpfully processed by 'good' bacteria and the by-products help keep the bowel lining healthy. Foods rich in resistant starch include under ripe bananas, cooked potato that has been cooled and firm cooked pasta.

Source: Dietitians Association of Australia.

Tips for eating well

The recommendations in the <u>Australian Dietary Guidelines</u> and <u>Australian Guide to Healthy Eating</u> help us choose foods for good health and to reduce our risk of chronic health problems.

If we are carrying extra weight, the Australian Dietary Guidelines can also help us lose weight. They steer us towards foods that are high in nutrients but lower in **kilojoules**. These choices are nutrient dense but less energy dense and helpful for both achieving and maintaining a healthy weight.

People wanting to <u>lose weight</u> will also find this information useful for planning meals and snacks. Following the recommended number of serves from the Five Food Groups and avoiding the <u>discretionary foods</u> will result in a gradual but healthy weight loss for most people. However, some people, particularly younger men and people who are taller than average or more active, may need additional <u>serves</u> of the Five Food Groups.

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You can also check by taking the 'Are you eating for health?' quiz in the **Dietary Guidelines Summary Booklet.**

Eating regularly

It's essential for weight control and especially weight loss, to recognise and act on the feedback your body gives you about when and **how much you need to eat.** However, it's also important to aim for a regular eating pattern of meals, or meals and mid meals.

A planned pattern of eating is more likely to include the recommended number of serves from the Five Food Groups. A spontaneous,



unstructured eating pattern is more likely to include too many **discretionary foods** which means too much saturated fat, added sugars, added salt and kilojoules at the expense of fibre and important nutrients.

Don't skip breakfast?

Breakfast skippers are more likely to be tempted by unplanned discretionary choices during the morning and large serves at the next meal or snack. Just think of how yummy those large baked muffins look at morning tea if you've missed breakfast!

People who regularly eat a **breakfast** based on wholegrain cereal or bread, low fat milk or yogurt and maybe some fruit or vegetables are much more likely to be eating well and lose weight than those who skip breakfast.

Eat with other people not TV

We also know that people who eat with others and eat at the dining table, are more likely to eat regularly and eat well than those who eat alone or in front of the TV. Meals with others tend to include more foods from the Five Food Groups. For example, people often report that they can't be bothered cooking vegetables just for themselves.

Television watching is associated with eating more discretionary choices like take-away or convenience foods and fewer foods from the five foods. It also makes it much more difficult to recognise and respond to our body's signals about **hunger and satiety.**

Good meal planning and making healthy choices can sometimes be tricky but a few useful tips can make it easier.

Tips for losing weight healthily

The **Australian Dietary Guidelines** recommends that we all achieve and maintain a healthy weight. More than half of all Australian adults are above their healthiest weight.

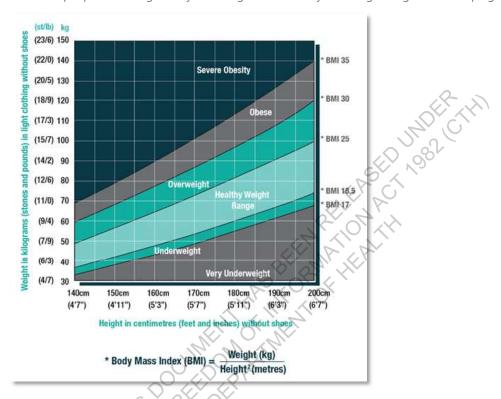


A rapid review of evidence: Discretionary food and drinks

How do you know if you are carrying extra weight?

Most adults can use the following graph as a guide to the healthiest weight for their height. Draw a line across from your height without shoes in centimetres and a line straight up from your weight in kg with light clothes but no shoes. The point where these two lines cross will land in a BMI range. Your weight will be classified as 'underweight' (less than your healthiest weight), 'normal' (healthiest weight), 'overweight' (above your healthiest weight and at greater risk of some health problems) or 'obese' (significantly above your healthiest weight and at greatest risk of health problems).

You can also use the graph to work out what is the healthiest weight for your height. The graph cannot be used for children or people under eighteen years of age because they are still growing and developing.



If you are carrying extra weight losing even 5kg can make you feel better and lower your risk factors for health problems.

Everyday there are new ideas, diets, programs and books telling us how to lose weight. It can be very confusing and hard to know what to try.

It's easier than ever before to gain weight and harder to take it off. **Discretionary foods** are cheaper and tastier, portion sizes are larger and we are less active at work and in our spare time.

So, to lose weight that stays off we need to make small changes that turn back the clock. We need to limit **discretionary foods**, down size our portions, and find ways to be more active in our everyday lives.

To lose weight, we need to eat and drink fewer kilojoules that we use. Choosing foods from the **Australian Dietary Guidelines** will help us choose foods that provide the most nutrients, without the extra **kilojoules**. For example eating more coloured **vegetables** and salad will keep us feeling fuller for fewer kilojoules. In fact, making half our meals coloured vegetables or salad and having smaller portions of the other foods, we can reduce the kilojoules by up to half.

There recommended number of serves can be used to plan meals and snacks for weight loss. Following the serves from the Five Food Groups and avoiding discretionary foods will help most people lose weight while staying

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healthy. Younger men, people who are taller than average or more active may find they need to include the 'additional serves'.

Planning is the secret to successful weight loss. By thinking ahead about meals and snacks we can spread the number of serves from the **five foods groups** over interesting meals and snacks and avoid unplanned eating of extra serves or discretionary foods.

Making a plan for meals and snacks will also make food shopping easier and quicker and cheaper and avoid unplanned extra kilojoules, because then we can buy exactly what we need. Also, knowing a few tips for getting the most out of **food labels** when shopping can help avoid extra kilojoules.

Eating away from home can be a challenge when wanting to lose weight, but again, thinking ahead and knowing some useful strategies can make it work.

If we eat more 'mindfully', turning off the TV, slowing down and savouring food, we can enjoy food more, be more in touch with how **hungry or satisfied** we are and eat less.

You will find plenty of great information and tips to help you with goal setting, increasing physical activity and making other lifestyle changes to help with weight loss at **The Healthy Weight Guide website**.



Photography: Great Ideas in Nutrition

Healthy eating when you're pregnant or breastfeeding

Eating well during pregnancy and while breastfeeding has health benefits for you and your baby.

Dietary Guideline 1: To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs

It is normal to gain weight during pregnancy as your baby grows and your body changes to support your baby's development and prepare for breastfeeding. However, gaining too much weight can put you at risk of gestational diabetes and put your baby at greater risk of becoming overweight or developing metabolic syndrome later in life.

The right amount of weight gain during pregnancy will depend on whether you were at you most healthy weight before pregnancy. Mothers who were already carrying extra weight should aim to gain less weight than those who started in their healthy weight range.



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Institute of Medicine (2010) recommendations for total and rate of weight gain during pregnancy, by pre-pregnancy BMI

Pre-pregnancy BMI	Total weight gain in kg	Rates of weight gain* 2nd and 3rd trimester in kg/week
Underweight (< 18.5 kg/m2)	12:5 - 18:0	0.51 (0.44 – 0.58)
Normal weight (18.5 – 24.9 kg/m2)	11.5 – 16.0	0.42 (0.35 – 0.50)
Overweight (25.0 – 29.9 kg/m2)	7.0 – 11.5	0.28 (0.23 – 0.33)
Obese (≥ 30.0 kg/m2)	5.0 – 9.0	0.22 (0.17 – 0.27)

Weight gain during pregnancy: recommendations for Asian women, by pre-pregnancy BMI

Pre-pregnancy BMI	Total weight gain in kg (during pregnancy)	Weight gain per week in kg (after 12 weeks)
<18.5	12.5 –18.0	0.5
18.5 –22.9	11.5 –16.0	0.4
23 –27.5	7.0 –11.5	0.3
>27.5	≤ 7.0	

However, while it's important for your own health and the health of your baby to only gain the amount of weight recommended by your health professional, during pregnancy it is also important not to try to lose weight during pregnancy. This is because, dieting and food restriction may mean that your baby doesn't get the nutrients they need for their development.

If you find you are gaining weight too fast, make sure you are not having too many **discretionary foods** and use the **Australian Guide to Healthy Eating** to work out what kind of foods and how much to have.

Dietary Guideline 2: Enjoy a wide variety of nutritious foods from these five groups every day

When you're pregnant or breastfeeding, you and your baby need extra nutrients, but not a lot of extra kilojoules. This means it's very important to choose foods that are nutrient dense but not energy dense. Go for quality, not quantity. Let the **Australian Dietary Guidelines** and **Australian Guide to Healthy Eating** tell you what types of foods to eat and how much. Limit **discretionary foods.**

While it continues to be important to eat a wide range of foods from all the Five Food Groups there are special reasons to avoid foods that pose a risk of illness from listeria (**Listeria and food**, *Food Standards Australia New Zealand (FSANZ)* (PDF, 85KB) or too much mercury (**Mercury in Fish**, *Food Standards Australia New Zealand (FSANZ)* (PDF, 72KB).

Because an adequate amount of iodine and folate is so important for your baby's development you are also likely to need **folate** and **iodine supplements**. Check with your health professional if you need supplementation.

Dietary Guideline 3: Limit intake of foods and drinks containing saturated fat, added salt, added sugars and alcohol

If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.

As throughout life, it is always best to limit discretionary foods high in **saturated fats, added salt and added** <u>sugars</u> for good health and to prevent health problems. By limiting discretionary foods, you will also be more likely to achieve the number of serves from the **Five Food Groups** that you and your developing baby needs. Foods high in fats and sugars are also higher in kilojoules, making it harder to gain only the recommended weight for pregnancy.

There is no safe level of alcohol for developing and breastfeeding babies, so pregnant and breastfeeding women are advised not to drink alcohol.

Dietary Guideline 4: Encourage and support breastfeeding

Finding out about breastfeeding, even before your baby is born makes a big difference, when it comes to starting and continuing on with breastfeeding. Pregnant women, new mums and family and friends who support and encourage them will all find the following links helpful.

- Health Insite breastfeeding
- Health Direct pregnancy, birth and baby website
- Raising Children Network newborn nutrition: in a nutshell
- Better Health Channel breastfeeding
- ACT Government Division of Women, Youth and Children at Canberra Hospital
- Women's and Children's Health Network parenting and child health
- NSW Health breastfeeding your baby (PDF, 536KB)
- Queensland Government breastfeeding
- Australian Breastfeeding Association.

Please also see the Eat for Health Program's pregnancy and breastfeeding resources here.

Healthy eating for infants, children and teenagers

Infants, children and teenagers have special food needs because they are growing and developing. They also need extra energy for playing and being more active.

Dietary Guideline 1: To achieve and maintain a healthy weight be physically active and choose amounts of nutritious food and drinks to meet your energy needs



Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.

Children and teenagers, like adults are more likely than ever before to be overweight. To know whether your child is carrying extra weight visit the **US Centres for Disease Control website.**

However, it is usually not recommended that children lose weight even if they are overweight because they are still growing and developing. Instead, it is better that they slow their weight gain and let their height catch up. Any weight loss in children should always be supervised by a dietitian.

A whole family approach to healthy eating and physical activity is the best way to help children and teenagers manage their weight. Keep **discretionary foods** for special occasions only and keep portion sizes low. Put only foods from the Five Food Groups in your **supermarket trolley**. Plan the week's **meals and snacks** and use a list. Cook extra serves of healthy meals and freeze some for busy times. Plan ahead for meals and snacks [Hyperlink word to 7. Main Page] eaten away from home. Only have water and low-fat milk available for drinks at home. Don't buy juice or sweetened drinks as they are high in kilojoules. Look for fun, active things you can do together.

Dietary Guideline 2: Enjoy a wide variety of nutritious foods from the five groups every day

Getting started in life - Infancy

Breastmilk or an alternate infant formula is all that babies need until around six months. However, the second half of a baby's first year of life is the time when he or she learns much about food and family eating. It's a window of opportunity when babies are keen to find out about the world around them. At their first birthday, a baby is aiming to be eating the same foods as the rest of the family. This means the older baby must move gradually from a single food that is liquid to a whole range of foods with varying textures, tastes and smells. Some are keener than others to try new foods, so don't be discouraged if a baby needs to be offered a food as many as ten times or more before it becomes familiar and 'safe' enough to try. The effort is worth it as, the wider the range of food experiences, the more likely a child is to continue to eat a variety of foods from the Five Food Groups and gain the essential nutrients and other food components for good health.



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The transition to solid foods

There is no particular order to introduce new foods, however to avoid iron deficiency, iron-containing foods such as iron-fortified cereals, pureed meat and poultry dishes, or cooked plain tofu and legumes/soy beans/lentils are recommended to be included in the first foods. Finely grate or soften hard fruits and vegetables by short cooking to prevent the risk of choking but keep whole nuts for children aged 3 years or older.

Move from smooth, liquidy purees to chunkier, more solid textures as your baby develops. Keep challenging your baby with increasing thicknesses and larger lumps, but start with foods that can be modified to the texture your baby needs. Keep it simple by using the foods being prepared for the family meal, but be sure not to add extra fats, added sugars or added salt. The amount is not important; be guided by your babies appetite. It's more about trying new foods.

Family Foods

Introducing your family's foods to a new baby is also a time to think about what you would like them to grow up eating. Is it the type of foods your family eats now, or is it time to think about making some changes towards healthier eating? Your example will have a powerful influence on what your baby ends up eating. You are their role model. How does your diet rate? You can also check by taking the 'Are you eating for health?' quiz in the **Dietary Guidelines Summary.** But don't limit what you offer your baby, by what you like. Think broadly and creatively.

Where you eat is important too. Babies benefit in many ways from family meals at the dining table. They watch what the other people in their family eat and how and also learn much about talking and communication.

Always be careful to follow food safety guidelines when preparing food for babies as smaller bodies are more vulnerable to illness from food contamination.

Breastmilk or an alternate infant formula will still be the main drink during a baby's first year. However, it's good to introduce them to cooled boiled water as this will remain the best drink for health throughout life. Fruit juices, like sweetened drinks, are not needed for good health. They are linked with excess weight and tooth decay.

Keeping going - toddlers, childhood and adolescence

Toddlers sometimes become more fussy about what they eat and drink, it's important to keep offering a variety of foods from the Five Food Groups and not to be pressured to stick to a limited range that you know will get eaten, or to offer preferred foods after a meal is refused. Remember that it's a parent's role to decide what choices are on offer and when and a child's role to decide if they want a food and how much.

Childcare and school lunchboxes, like **meals and snacks at home**, should continue to reflect the Five Food Groups and not include discretionary food and drinks.

The **Australian Guide to Healthy Eating** will tell you how much of what type of foods children and teenagers need at different ages to get all the nutrients they need. Be careful not to avoid foods from the Five Food Groups and seek a medical diagnosis for any suspected food intolerance or allergy.

Dietary Guideline 3: Limit intake of foods and drinks containing saturated fat, added salt, added sugars and alcohol

Childcare and school lunchboxes, like meals and snacks at home, should continue to reflect the dietary guidelines and the **Australian Guide to Healthy Eating** and not include **discretionary food and drinks**. Discretionary foods are higher in saturated fats, added salt, and added sugars and lower in fibre and should be kept for special occasions. The Guide includes a picture that can be useful for explaining to children that some foods are 'everyday' foods and other foods are 'party foods' or for special occasions. Understanding how all foods fit into healthy eating can be more useful than labelling foods as 'good' or 'bad'.

While it is important not to add fats, sugars and/or salt to food for babies and young children, low fat diets are not appropriate for young children, particularly those under two years, because they are growing so fast. Full fat milks, yoghurts and cheeses should be used for children until they are two years old.

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Appendix 3 'Discretionary food and drinks' in the peer reviewed and grey literature

Appendix 3a. Extracted data on discretionary food and drinks (and synonyms such as discretionary foods or discretionary choices) from the included studies of the systematic review of single studies.

Appendix 3b. Extracted data on discretionary food and drinks (and synonyms such as discretionary foods or discretionary choices) from the included webpages of the search of websites.

Appendix 3c. Extracted data on discretionary food and drinks (and synonyms such as discretionary foods or discretionary choices) from the submission documents to the Senate Select Enquiry into the Obesity Epidemic in Australia.

Appendix 3d. Extracted data on discretionary food and drinks (and synonyms such as discretionary foods or discretionary choices) from the other proffered documents supplied.

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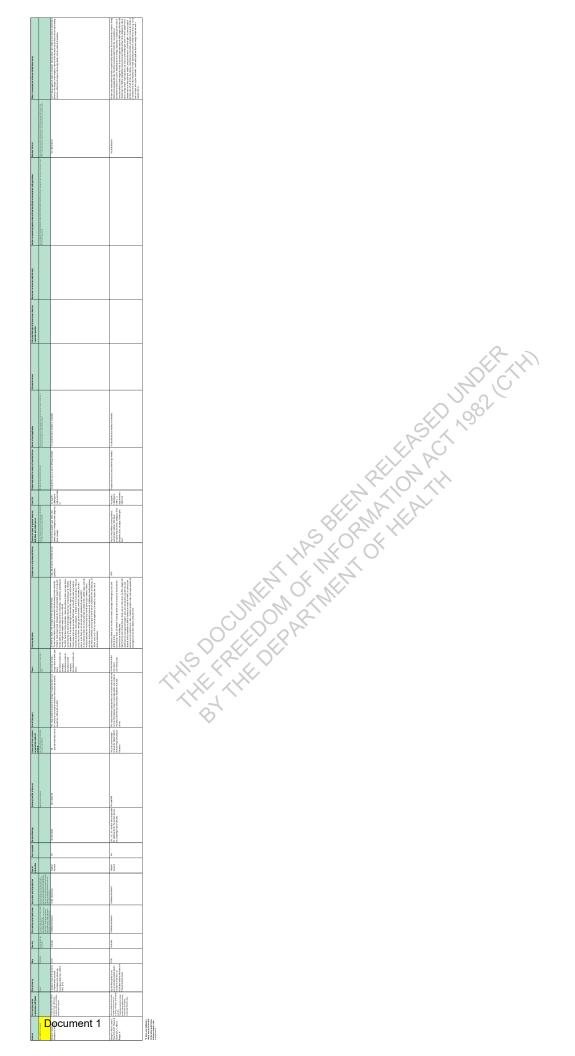
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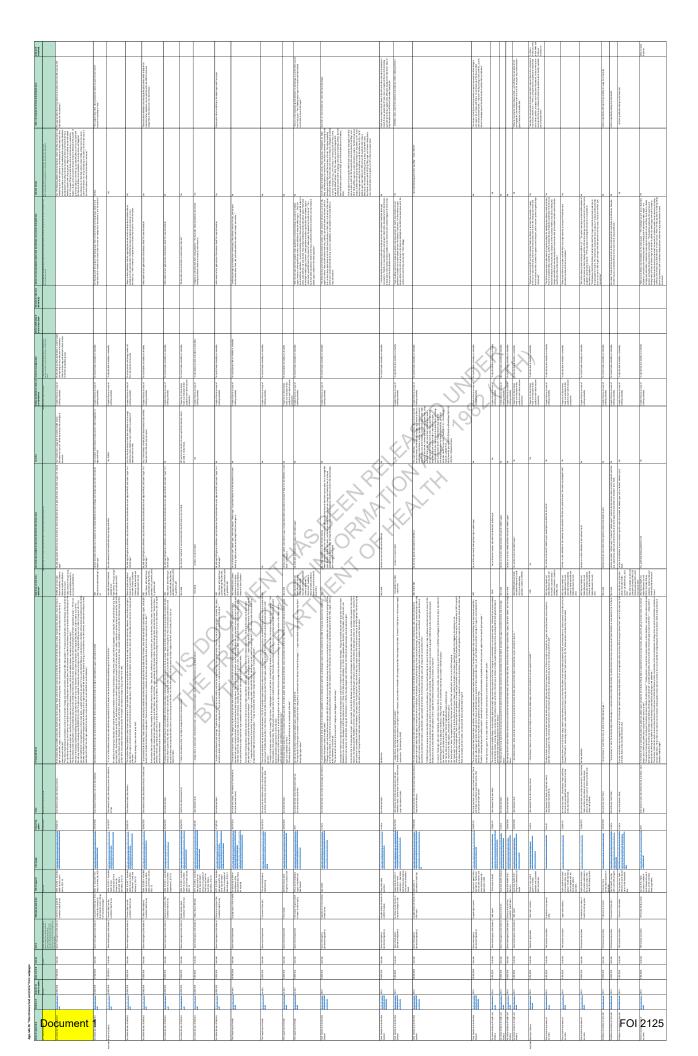
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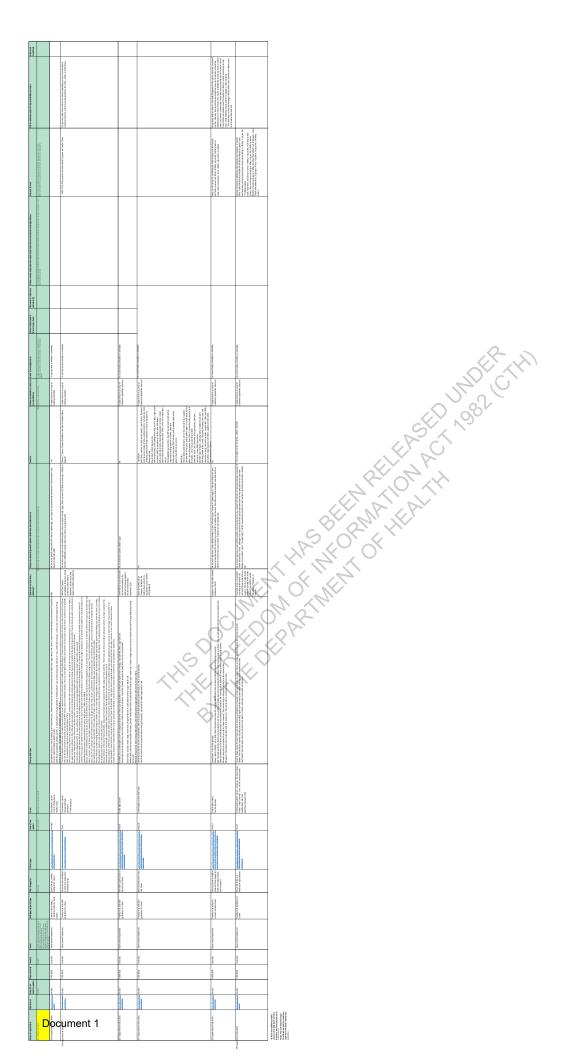
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Appendix 4 'Healthy' and 'unhealthy' foods and drinks in the peer reviewed and grey literature

Appendix 4a. Extracted data on healthy and unhealthy foods and drinks (and synonyms, including discretionary foods or discretionary choices) from the included studies of the review of reviews.

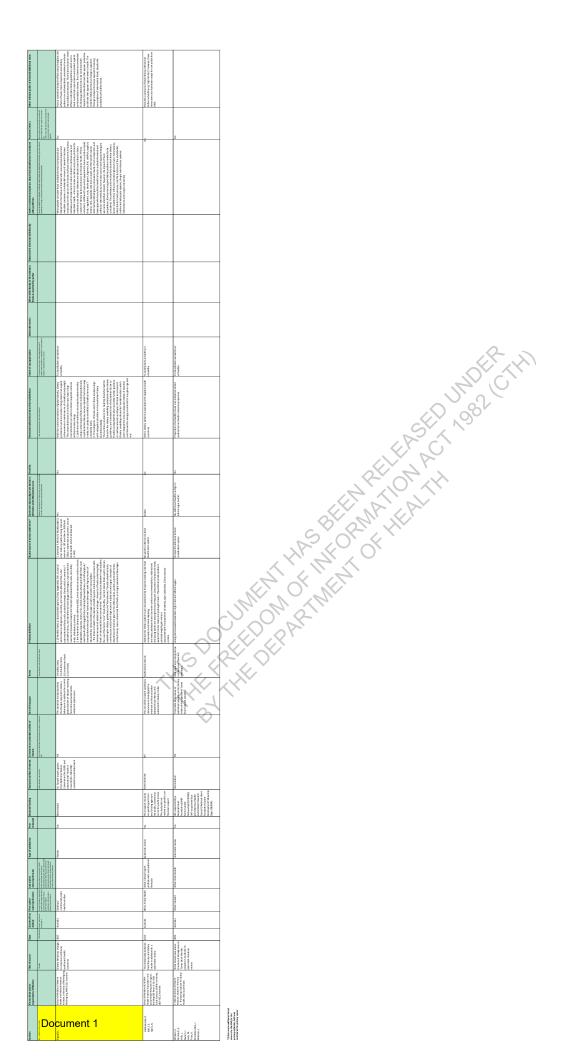
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Supplementary appendixes

Supplementary Appendix I.

Search details for webpages containing 'Discretionary food and drinks' or 'Discretionary choices'

Supplementary Appendix II.

Extracted data from webpages that were excluded from further analysis as they did not the terms 'Discretionary food and drinks' or 'Discretionary choices'

Supplementary Appendix III.

Nutritional criteria for foods sold in school canteens in Australia, by State/Territory

Supplementary Appendix IV.

Extracted data from submission documents to the Senate Select Enquiry into the Obesity Epidemic in Australia excluded from further analysis as they did not the terms 'Discretionary food and drinks' or 'Discretionary choices'

Supplementary Appendix V.

Other proffered documents excluded from further analysis as they did not the terms 'Discretionary food and drinks' or 'Discretionary choices'

Supplementary Appendix I: Search details for webpages containing "Discretionary food and drinks" or "Discretionary choices" website

Website D	Search date	Website URL	Webpage URL	Search term #	# results	Search term	# results	Website or google (W Notes	Notes
NS 16 Department of Health	07/09/2018	https://www.health.nsw.gov.au/Pages/ default.aspx.	https://www.health.nsw.gov.au/heal/Publicatio ns/health-star-rating-system.pdf	"discretionary foods" 4	4 (3 relevant)	'discretionary choices"	0	o ∧	
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NSW Department of Health	07/09/2018	https://www.health.nsw.gov.au/Pages/	https://www.health.nsw.gov.au/heal/Publicatio ns/spans-2015-summary-report.PDF	"discretionary foods"	-	discretionary choices"		M	
QLD Department of Health	07/09/2018	https://www.health.qld.gov.au/	https://www.health.gld.gov.au/news- alerts/news/five-principles-to-live-by-for-a- healthier-2017	"discretionary foods"	,	discretionary choices"	0	^	
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NT Department of Health	07/09/2018	,go	-	"discretionary foods"	. 0	"discretionary choices"	0		no results from Google search
WA Department of Education	07/09/2018	https://www.education.wa.edu.au/	https://www.education.wa.edu.au/documents/	"discretionary foods"	2007	discretionary choices"	80	>	
WA Department of Education	07/09/2018	https://www.education.wa.edu.au/	http://det.wa.edu.au/healthyfoodanddrink/det_c cms/education/healthy-food-and-drink/fags/12- why-are-red-food-and-drinks.en?cat- id=11227874	discretionary foods		discretionary choices"		W	
WA Department of Education	07/09/2018	https://www.education.wa.edu.au/	http://det.wa.edu.au/heaithyfoodanddrink/det. "G cms/education/heaithy-food-and-drink/faas/02- what-are-the-basics-of-the-policy.en2/at- id=11227874	"discretionary foods"	-	'discretionary choices''		×	
NSW Department of Education	07/09/2018			'discretionary foods"	0	'discretionary choices"	0	×	no results from website or Google
QLD Department of Education	07/09/2018			"discretionary foods"		"discretionary choices"		W	
VIC Department of Education	07/09/2018		= =	'discretionary foods''		'discretionary choices''		*	
ACT Department of Education	07/09/2018		=	discretionary foods"		discretionary choices		* *	
SA Bepartment of Education	07/09/2018			"discretionary foods"		"discretionary choices"		W	
NT <mark>De</mark> partment of Education Nat <mark>p</mark> al	07/09/2018			"discretionary foods"	-	"discretionary choices"		W	

Website O	Search date			Search term # results		Search term	# results V	Website or google (W Notes or G)	Notes
Department of Health memore of Health me		http://www.health.gov.au/_	http://www.health.gov.au/internet/main/publis hing.nst/Comput/0.390486G00090B0CA35TF TOOTECCE/STIG-1%20%20Final%20Re-port%20 %20National%20Nutrition%20Poinc%20Scoping %20Study%20%28Report%20and%20Appendice 5%29.PDF						
		http://www.health.gov.au/	http://www.health.gov.au/internet/publication in s/publishing.nsf/Content/nhsc-guidelines~aus- guide-healthy-eating	'discretionary foods" 20	5	discretionary choices"	17	w	
		http://www.health.gov.au/	au/internet/ministers/ <u>p</u> ealth-mediarel-vr2014-	"discretionary foods" 20	p	discretionary choices"	17 v	w	
		http://www.health.gov.au/	v.au/internet/ministers/p / /A1FDFBAF56C23133CA25 FN015.pdf	'discretionary foods" 20	<u>p</u>	discretionary choices"	17 V	×	
		http://www.health.gov.au/		"discretionary foods" 20	p	discretionary choices"	17 V	×	
	04/09/2018	http://www.heaith.gov.au/	http://www.health.govaw/internet/main/publis* fings.nsf/Content/E50986459.0873894CA2578EC 00279EG/Stilg/Hepvax20-%2085%20Book%20- %20Family%20Book.UR.pdf	'discretionary foods'' 20	<u>P</u>	discretionary choices"	17	*	
	04/09/2018	http://www.health.gov.au/	va V/internet/main/publis 19E495683411CCA257BF0 %20- 20- 5%20-%20LR.pdf	'discretionary foods'' 20	P	'discretionary choices''	17 V	w	
	04/09/2018	http://www.health.gov.au/	Nttp.//www.health.gov.a.u/menret/maforpublis // hinta.sst/conserver.2530/68490/cs8a.t./ssf/gs. 00015970A/Stille/HEPA%.20. %2005920Book%20.	'discretionary foods'' 20	<u> </u>	discretionary choices"	17 V	w	
	04/09/2018	http://www.health.gov.au/	http://www.health.gov.au/internet/main/pi/biis/ hinn.ast/conert/2000.1238;Bazazcc.aszhed/ 0015:2036/Stilchfet/Ago. %200.%208-cohure%20. %200.%208-cohure%20. Water%20-%2018.bdf.	'discretionary foods''' 20	p.	discretionary choices"	17 V	W	
	04/09/2018	http://www.health.gov.au/	http://www.health.gova.u/internet/main/publis // intensas/Correst/2.089.a000fe57.Ade.Co.251840 001916/C5fle/HEPA820%2085%208eock.20 %208taff%20and%20%aer%208ook. IR.pdf	"discretionary foods"	S	'discretionary choices''	17 V	»	
Department of Education and training	04/09/2018	www.education.gov.au/		П		"discretionary choices"	0	W	
	04/09/2018		httss://www.heelth.gov.al/internet/main/publi " shng.ms/content/sfthsa30ecee331.ra_s5Th00_ grabs.T/&inc/canteem%20eudelines.pdf	"department of education" 2790 (n AND "discretionary foods" relevan pages)	one t in first 5	"department of education" AND "discretionary choices"	O		also searched as "department of education and training"; "department of education Australia"; "department of education and training Australia"
Department of Agriculture and water resources	04/09/2018	http://www.agriculture.gov.au/	-	"discretionary foods" 0	p.,	'discretionary choices"	0	W	
	04/09/2018	http://www.agriculture.gov.au/	2 10 2	"department of agriculture 126 (non and water resources" AND relevant) "discretionary foods"	a	"department of agriculture and water resources" AND "discretionary choices"	3 (0 relevant) G		also searched as "department of agriculture"; "department of agriculture Australia"
Department of social services	04/09/2018	https://www.dss.gov.au/		"discretionary foods" 0	p	"discretionary choices"	Λ 0	W	
Department of human services	04/09/2018	https://www.humanservices.gov.au/		"discretionary foods" 0	P			w	
Food Standards Australia New Zealand J	04/09/2018	http://www.foodstandards.gov.au/Page s./default.aspx	http://www.foodstandards.gov.au/science/mon " teoringnutrients/australlanhealthsurvevandaustr aliandieranguidelines/apolicationofdiscretionar y/Pages/default.aspx	"discretionary foods"	P	'discretionary choices''	0	×	
2125	04/09/2018	http://www.foodstandards.gov.au/Page s/default.aspx	http://www.foodstandards.gov.au/science/mon " itoringnutrients/australianhealthsurvevandaustr aliandietarnguidelines/appendices/Pages/defaul t.aspx	"discretionary foods"	ָם <u>.</u>	'discretionary choices''	0	w	

186.	Canada data	1011-011-01	3	County to the	A months	County downs	4	lynth classes as a state that	
D	Search date	website ORL	webpage OKL					or G)	Notes
ocun	04/09/2018	http://www.foodstandards.gov.au/Page hs/default.aspx	http://www.foodstandards.gov.au/Page http://www.foodstandards.gov.au/science/mon " itoringnutrients/ausnut/Pages/Bo.aspx	"discretionary foods"	6	'discretionary choices"	<u>^</u> 0	w	
nent 1	04/09/2018	http://www.foodstandards.gov.au/Page hs/default.aspx	http://www.foodstandards.gov.au/code/applica tions/Documents/A1090-AppR-5D2.pdf	"discretionary foods"	6	discretionary choices"	0	*	
	04/09/2018		lards.gov.au/code/applica 90%20VIt%20D%20in%20 0SD3%20Summary%20of	"discretionary foods"	6	discretionary choices"	0	3	
	04/09/2018	http://www.foodstandards.gov.au/Page In S/default.aspx	http://www.foodstandards.gov.au/science/mon Inter/suvulands/sustrain-austra	"discretionary foods"	6	'discretionary choices''	0	w	
	04/09/2018	http://www.foodstandards.gov.au/Page la s/default.aspx	Intia //www.foodstandards.gov.au/science/mon Inticingnutrients/australlanhealthsurvevandaustr allandieraryaustrallanhealthsurvevandaustr allandieraryaudelines/assigningnupas/Pages/de dealt.aspx	"food standards Australia new Zealand" AND discretionary foods"	7300 (1 relevant "in first 5 pages) n	"food standards Australia new Zealand" AND discretionary choices"	6000 (none new/ relevant in first 5 pages)	9	
Australian Bureau of Statistics	27/08/2018	http://www.abs.gov.au/	http://www.abs.gov.au/ausstats/abs@nsf/Look up/BA1526F0D19FA21DCA257CD2001CA166Pop endocument						30/08/2018
	27/08/2018	http://www.abs.gov.au/	http://www.abs.gov.au/ausstats/abs@nsf/Look up/6401.0Feature-Article1Dect-2015						
	27/08/2018	http://www.abs.gov.au/	http://www.abs.gov.au/ausstas/abs@nss/look up/bys.zbsbhetc/ase.fd.55.012-2011. 12-Main%20Features_Discretionar%20foods*1 0010	O					
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/ausstats/abs@nssflook up/b%205ubiect/a54.055.007-2011. 12*Wain%20Features*Discretionary%20foods?7 00	"discretionary foods"	11	'discretionary choices''	6 (all in other search) V	×	
	05/09/2018				11	discretionary choices"	6 (all in other search) V	w	
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/ausstats/abs@.nsf/Look lup/4364.0.55.009main+features100002011-1 <u>2</u>	. 1	TI.	'discretionary choices''	6 (all in other search) V	W	
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/AUSSTATS/abs@.nsf/La "restproducts/4364.0.55.010Glossary12011-12	P	= -	'discretionary choices"	6 (all in other search)	M	
	05/09/2018	http://www.abs.gov.au/		"discretionary foods"	11/08	discretionary choices"	6 (all in other search) V	w	
	05/09/2018	http://www.abs.gov.au/		"discretionary foods"	11	'discretionary choices"	6 (all in other search) V	w	
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gro.au/AUSSTATS/blogo.nef/1a nestmoducts/TATS/blogo.sam/2012.1 1370penfocument&abname+Notes@prodno=4727.0.55.0098/issue=2012-138num=&view=	"discretionary foods"	11	discretionary choices"	6 (all in other search) V	»	
	05/09/2018	http://www.abs.gov.au/	i. 8 :		2230 (0 new relevant in first 5 s pages) c	2230 (O new "Australian bureau of 439 (O new relevant in rist 5 statistics" AND "discretionary first 5 pages) choices"	439 (0 new relevant in Girst 5 pages)	(0	
Australian Institute of Health and Welfare	04/09/2018	https://www.aihw.gov.au/	https://www.aihw.gov.au/reports/biomedical- ", risk-factors/risk-factors-to- heal thy contents/overweight-and-obesity/causes of-overweight-and-obesity	'discretionary foods''	-	'discretionary choices''	5 (1 new; not relevant) V	W	
DI 212	04/09/2018	https://www.aihw.gov.au/	https://www.aihw.gov.au/reports/australias- health/australias-health-2016/contents/glossary	"discretionary foods"	9	'discretionary choices"	5 (1 new; not relevant) W		2016
5									

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	#results \	Website or google (W Notes or G)	otes
ocume	04/09/2018	https://www.aihw.gov.au/	https://www.aihw.gov.au/reports/australias- hea itt/australias-hea ith-2016/contents/chapter- 4-determinants-of-hea ith	"discretionary foods"	9	'discretionary choices''	5 (1 new; not relevant) W		2016
nt 1	04/09/2018	https://www.aihw.gov.au/	https://www.aihw.gov.au/reports- statistics/health-welfare-overview/australias- health/glossary	"discretionary foods"	9	discretionary choices"	5 (1 new; not relevant) N	W	2018
	04/09/2018	https://www.aihw.gov.au/	w.gov.au/getmedia/7c42913d- 4e44eff4a04a/aihw-aus- ine=true	"discretionary foods"	9	'discretionary choices"	5 (1 new; not relevant)	W	2018 report
	04/09/2018	nttps://www.aihw.gov.au/	https://www.aihw.gov.au/getmedia/9844cefb- 7745-4dd8-9ee2-14d1c3d6a727/19787- AH16.pdf.aspx?inline=true	"discretionary foods"	9	'discretionary choices''	5 (1 new; not relevant) \	W	2016 report
	04/09/2018	https://www.aihw.gov.au/	v.au/getmedia/0ea3cb23- 0cde5586/ah16-factsheet- px	"Australian Institute of Health and Welfare" AND Health and Welfare" Hiscretionary foods"	736 (2 new, relevant in first 5 a pages)	"Australian Institute of Health and Welfare" AND "discretionary choices"	322 (0 new, relevant in first 5 pages)	g	
Australian Academy of Science	30/08/2018	https://www.science.org.ad/	https://www.salence.org.au/files/userfiles/even ts/documents/tt17-the-food-environment.pdf						
	04/09/2018	https://www.science.org.au/	Rau/news-and- iks/rethinking-food-and- -2	"discretionary foods"	-	'discretionary choices"	1 (same as previous)	*	
	04/09/2018	https://www.science.org.au/	org.au/files/userfiles/even it/cal-evaluation-food-	"Australian Academy of Science" AND "discretionary foods"	65 (2 relevant in first 5 pages)		2 (0 new)	9	
	04/09/2018	https://www.science.org.au/	nttps://www.science.org.au/files/userfiles/even. ts/documents/tt17-the-food-environment.pdf g	"Australian Academy of Science" AND "discretionary foods"	65 (2 relevant in first 5 pages)		2 (0 new) C	9	
NGO Public Health Association of Australia	04/09/2018	https://www.phaa.net.au/	https://www.phaa.net.au/docume.pts/item/26g/ ¹¹	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142 (G (no results from website)	
	04/09/2018	https://www.phaa.net.au/	3 c nttps://www.phaa.net.au/documents/item/288° i		230	"Public Health Association of Australia" AND "discretionary choices"	142 0	G (no results from website)	
	04/09/2018	https://www.phaa.net.au/	au/documents/item/229	7	230	"Public Health Association of Australia" AND "discretionary choices"	142 0	G (no results from website)	
	04/09/2018	https://www.phaa.net.au/	https://www.phaa.net.au/documents/item/236 5	"Public Health Association of Australia" AND discretionary foods"	230		142 (G (no results from website)	
	04/09/2018	https://www.phaa.net.au/	nttos://www.phaa.net.au/documents/item/345 C	"Public Health Association of Australia" AND "discretionary foods"	089	"Public Health Association of Australia" AND "discretionary choices"	142	G (no results from website)	
	04/09/2018	https://www.phaa.net.au/	https://www.phaa.net.au/documents/item/428	"Public Health Association of Australia" AND discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142 0	G (no results from website)	
Dietitians Association of Australia	04/09/2018	https://daa.asn.au/	https://daa.asn.au/voice-of-daa/public- statements/	"discretionary foods"	7	discretionary choices"	4	×	
FC	04/09/2018	https://daa.asn.au/	https://daa.asn.au/smart-eating-for-you/smart- eating-fast-facts/medical/dental-health-looking- after-your-teeth-and-gums/	"discretionary foods"		discretionary choices"	4	w	
DI 2125	04/09/2018	https://dea.asn.au/	https://daa.asn.au/smart-eating-for-vou/smart in eating-fast-facts/healthy-eating/the-low-down- on-paleo-welcome-to-our-three-part-series-on- the-palaeoilthic-diet/	"discretionary foods"		'discretionary choices"	4	×	

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Website	Search date	Website URL	Webpage URL S	Search term	# results	Search term	# results	Website or google (W Notes or G)	sa
Oocume	04/09/2018	https://daa.asn.au/	https://daa.asn.au/wp- content/unloads/2016/05/Aussie-spending-the- majority-of-food-budget-on-junk-food- FINAL.pdf	"discretionary foods"	7	'discretionary choices"	4) N	
nt 1	04/09/2018	https://daa.asn.au/	بيالا	discretionary foods"	7	'discretionary choices"	4	×	
	04/09/2018	https://daa.asn.au/	https://daa.asn.au/wp. content/uploads/2018/05/Dietitians-bowled- over-by-cafe-cake-and-muffin-sizes-FINAL.pdf	'discretionary foods"	_	'discretionary choices"	4	w	
	04/09/2018	https://daa.asn.au/	/Closing-the-gap- -food-insecurity-	'discretionary foods"	7	'discretionary choices"	4	м	
	04/09/2018	// Jue use sep//:sdthi	tians-	'discretionary foods"	7	'discretionary choices"	4	w	
	04/09/2018	https://daa.asn.au/	of-daa/hot-topics/	'discretionary foods''	7	'discretionary choices''	4	w	
Nutrition Society of Australia	04/09/2018	http://nsa.asn.au/		nutrition society of Australia AND "discretionary foods"	179	nutrition society of Australia AND "discretionary choices"	104	G (no results on website search)	
Home Economics Institute of Australia	04/09/2018		J/resources/documents Orscretionary%20choice	"Home Economics Institute of Australia" AND "discretionary foods"	38	"Home Economics Institute of Australia" AND "discretionary choices"	33	G (no search option on website)	
	04/09/2018	http://www.heia.com.au/	http://www.hela.com.au/resources/documents " //oumals/JHEIA20_Not.pdf	"Home Economics Institute of Australia" AND "discretionary foods"	388	"Home Economics Institute of Australia" AND "discretionary choices"	m	G (no search option on website)	
Australian Breastfeeding Association	04/09/2018		https://www.breastfeeding.asn.au/bir. info/common-concerns%E2%80%93mum/diet	"discretionary foods"	1	'discretionary choices"	1 (same result)	w	
	04/09/2018	https://www.breastfeeding.asn.a.u/,		ling		"Australian Breastfeeding Association" AND "discretionary foods"	ional)	5	
Australian Medical Association	04/09/2018	.au/	https://ama.com.au/position- statement/nutrition-2018	'discretionary foods''	3 (2 relevant)	'discretionary choices''		w	
	04/09/2018	https://ama.com.au/	-	discretionary foods"	3 (2 relevant)	'discretionary choices"	1 (not relevant)	w	
	04/09/2018		https://ama.com.au/sites/default/files/docume " nts/Health%202tar%20Rating%20Five%20rear% <u>p</u> 20Evaluation.pdf	"Australian Medical Association" AND "discretionary choices"	59 (0 relevant)	"Australian Medical Association" AND "discretionary foods"	137 (1 relevant)	9	
Australian Dental Association	04/09/2018	https://www.ada.org.au/	https://www.ada.org.au/News-Media/News- and-Release/Media-Releases/Nuts-Over- National-Nutrition-Week	"discretionary foods"	1 (2 relevant)	"discretionary choices"	0	w	
	04/09/2018	https://www.ada.org.au/	: ' d : '	"Australian Dental Association" AND "discretionary foods"	124 (0 relevant)	"Australian Dental Association" AND "discretionary choices"	46 (0 relevant)	9	
Heart Foundation (Australia)	04/09/2018	https://www.heartfoundation.org.au/	_		854	discretionary choices	002	w	
	04/09/2018		description of the section of the se	discretionary foods	854	discretionary choices	700	w	
	04/09/2018	https://www.heartfoundation.org.au/ https://www.heartfoundation.org.au/ https://www.heartfoundation.org.au/ https://www.heartfoundation.org.au/	undation.org.au/news/sort	discretionary foods	854	discretionary choices	002	w	
	04/09/2018				-	discretionary choices		W	
FOI 21	04/09/2018		https://www.heartfoundation.org.au/images/u_d ploads/main/For professionals/Dietary Fats_P_ osition_Statement_2017.pdf			discretionary choices		A	
25	04/09/2018	https://www.heartfoundation.org.au/	https://www.hearfoundation.org.au/images/u discretionary foods ploads/main/Position Statement SaltHealthvEa ting.pdf		854	discretionary choices	700	W	

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ocumen	04/09/2018	https://www.heartfoundation.org.au/	https://www.hearfoundation.org.au/healthy: eating/food-and-nutrition/fats-and- cholestero/monoursaturated-and- polyunsaturated-omega 3-and-omega-6-fats	discretionary foods	854 0	discretionary choices	700	×	
t 1	04/09/2018	https://www.heartfoundation.org.au/	https://www.heartfoundation.org.au/healthy- eating/food-and-nutrition/carbohydrates-and- sugars	discretionary foods	854 c	discretionary choices	700	*	
	04/09/2018	https://www.heartfoundation.org.au/	https://www.heartfoundation.org.au/images/u oploads/main/Get involved/improve healthy eating - HF QLD Election Proposal.pdf	discretionary foods	854	discretionary choices	700	×	
	04/09/2018	https://www.heartfoundation.org.au/	https://www.heartfoundation.org.au/images/u ploads/publications/OVERALL Food EPI Report v3.ndf	discretionary foods	854 0	discretionary choices	700	>	
	04/09/2018	https://www.heartfoundation.org.au/	https://www.heartfoundation.org.au/news/add o	discretionary foods	854 0	discretionary choices	700	3	
	04/09/2018	/. `	https://www.heartfoundation.org.au/news/jun_ckfood-portions-are-a-gigantic-problem	discretionary foods	854	discretionary choices	700	>	
	04/09/2018	https://www.heartfoundation.org.au/	file/)///C/lbsers/mcd/282/Downbads/Hearts/2 of poruntagin/soziodimisos/sozios/sozios/sozios/ poruntagin/soziomintes/sozion/sozion/sozio- shy-soziopidemic/sozion/sosios/sozio- %-20dily/sozion	discretionary foods	854 0	discretionary choices	700	×	
Diabetes Australia	04/09/2018	https://www.diabetesaustralia.com.au/		"discretionary foods"	1 (not relevant)	"discretionary choices"	0	*	
	04/09/2018	https://www.diabetesaustralia.com.au/	https://satic.diabetesaustralia.com.au/s/filieass	"diabetes Australia" AND "discretionary foods"	217	'diabetes Australia" AND 'discretionary choices"	63	<u></u> 5	
Kidnev Health Australia	04/09/2018	https://kidney.org.au/	Š	"discretionary foods"	-	discretionary choices"		×	also searched without quotes
	04/09/2018	https://kidney.org.au/		llia" oods"	120 (0 relevant) "	"kidney health Australia" AND "discretionary choices"	8 (0 relevant)	5	
Cancer Council	30/08/2018	https://www.cancercoundl.com.au/	uncil.com.au/21639/eanc rcise/nutrition-diet/fruite ancer/			'cancer council" AND discretionary choices"	155	9	no results via website
	30/08/2018	https://www.cancercouncil.com.au/	ndl.com.au/wp. .1/Food-Standards- rroposal-P1030-Sports- rinks.pdf	"cancer council" AND "discretionary foods"	675	'cancer council" AND 'discretionary choices"	155	פ	
	30/08/2018	https://www.cancercouncil.com.au/	https://www.cancercouncil.com.au/wp- content/uploads/2014/06/Childrens-Health-or- Corporate-Wealth-May-2014.pdf		\$5.09 \$5.09	"cancer council" AND "discretionary choices"	155	U	
	30/08/2018	https://www.cancercouncil.com.au/	nttps://www.cancercoundi.com.au/media- release/coffee-lovers-getting-more-thana- caffeine-hit-on-their-coffee-run/		675	'cancer council" AND 'discretionary choices"	155	9	
	30/08/2018	https://www.cancercoundi.com.au/	https://www.cance.org.au/content/pdf/Cancer in ControlPolicity/Submissions/Select%20Committe in %20Australia%20.	"cancer council" AND 6		'cancer council" AND	155	v	
FOI 2	30/08/2018	https://www.cancercoundl.com.au/	https://www.cancer.org.au/content/pdf/Cancer in Control Delic/Schinissions/2015.02. In 16%20/cancer%20/cancil%20/ustralia%20subm sison%20/cascil%20/cancil atoms/20chs/ 20Per%20/cascil/arx/200/cascil atoms/20chs/ 8011224615291135592865.	'cancer council" AND 'discretionary foods"		'cancer council" AND 'discretionary choices"	155	₀	
	03/09/2018	https://strokefoundation.org.au/	https://strokefoundation.org.au/About. Stroke/Prevent-Stroke/Overweight-and-obesity	"discretionary foods"	33	'discretionary choices"	34	W	

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D	769101				51050	_	came a	or G)	
ocume	03/09/2018	https://strokefoundation.org.au/	https://strokefoundation.org.au/News/2017/09 1/ 1/8/22/44/Tipping-the-Scales-We-must-halt- obesity-to-save-Australian-lives	"discretionary foods"		'discretionary choices"	34	}	
Australian Chronic Disease Prevention Alliance	04/09/2018	https://www.acdpa.org.au/	file.///C:/Users/smcdd282/Downloads/ACDPA%% 20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	"Australian Chronic Disease 36 (3 relevant) Prevention Alliance" AND "discretionary foods"			6 (1 relevant)	9	No search option on website
	04/09/2018	https://www.acdpa.org.au/	https://kidney.org.au/cms uploads/docs/june- 2015-actpa-submission-to-rethink-tax- review.pdf	"Australian Chronic Disease Prevention Alliance" AND "discretionary foods"	36 (3 relevant)	"Australian Chronic Disease Prevention Alliance" AND "discretionary choices"	6 (1 relevant)	9	
	04/09/2018	https://www.acdpa.org.au/	https://sailc.diabetesaustralia.com.au/s/fileass e/s/diabetes-australia/b5d99629-5467-4418- b/G35-b/bated4cb248.pdf	"Australian Chronic Disease Prevention Alliance" AND "discretionary foods"	36 (3 relevant)	"Australian Chronic Disease Prevention Alliance" AND "discretionary choices"	6 (1 relevant)	5	
	04/09/2018	https://www.acdpa.ofradu/	https://www.ardina.organ/nutrition	"Australian Chronic Disease Prevention Alliance" AND "discretionary foods"	36 (3 relevant)	"Australian Chronic Disease Prevention Alliance" AND "discretionary choices"	6 (1 relevant)	9	
Nutrition Australia	04/09/2018	http://www.nutritionaustralia.org/	http://www.nutritionaustralia.org/national/res ource/australian-dietary-guidelines-standard- serves	"discretionary foods"	1 (not relevant)	"discretionary choices"	3 (2 relevant)	×	
	04/09/2018	http://www.nutritionaustralia.org/	http://www.nutritionaustralia.org/national/res 'ource/australian-dietary-guidelines-2013	"discretionary foods"	1 (not relevant)	"discretionary choices"	3 (2 relevant)	W	
	04/09/2018	http://www.nutritionaustralia.org/	http://www.nutritiona.bstralla.ong/shes/default/ /files/Australlan-Diefary-Guide lines-2013.ndf	"nutrition Australia" AND "discretionary foods"	, 055	'nutrition Australia" AND 'discretionary choices"	348	9	
	04/09/2018	http://www.nutritionaustralia.org/	http://www.nutritiona.ustralia.org/sites/default /filles/DairvFoodsHowMuchisenough.pdf	"nutrition Australia" AND "discretionary foods"	, 055	'nutrition Australia" AND 'discretionary choices"	348	9	
Choice	04/09/2018	HIRS.//www.choice.com.au/?&edid=C w.kcAwa?dieBbalahakeka?wochwiM aluwrinNom?mhis7rdisediphreBrsD Type.2528. MithocLando.vb Bwk &profile 21980877 9080&adv-c&mkwid = S3edQ1118@mme &&elsc=aw.ds&nkwid=S3edQ1118@mme	https://www.choice.com.au/babies-and- kids/feedine_childen/foods-toc- avoid/articles/kids-lun/boc-snacks	'discretionary foods''	1	discretionary choices"	0	w	
	04/09/2018	HIRS, Wawar choice com au/78 coldisci wickbard ciebble in what ket alzon chuld all wich Nom'en with a coldiscip coldiscip Type-258- Mathoc-LaMOAD. Bark Sprinted 13 950 ST 9580 850 of see mindical coldiscip coldiscip 8 Sprincia wide Sprinted Coldiscip coldi		"choice Australia" AND "discretionary foods"	8 (0 relevant)	"choice Australia" AND "discretionary choices"	0	_ن	
Consumers Federation of Australia	04/09/2018	http://consumersfederation.org.au/	http://consumersfederation.org.au/choice-calls-for-improved-labelling-on-alcoholic-drinks/	"discretionary foods"	2	discretionary choices"	0	w	Google search yielded same results
	04/09/2018	http://consumersfederation.org.au/	http://consumersfederation.org.au/guilt-relief- how-families-can-fight-childhood-obesity/						
Obesity Policy Coalition	04/09/2018	http://www.opc.org.au/		"discretionary foods"	1 (not relevant)	"discretionary choices"	0	M	
	04/09/2018	http://www.opc.org.au/.	ydownloads/policy- ffectiveness-of-the- m.pdf	"Obesity Policy Coalition" AND "discretionary foods"	168	'Obesity Policy Coalition" AND "discretionary choices"	6	9	
	04/09/2018	http://www.opc.org.au/	http://www.opc.org.au/downloads/submissions /review-of-form-of-food-rules-hsrs.pdf	"Obesity Policy Coalition" AND "discretionary foods"	168	'Obesity Policy Coalition" AND "discretionary choices"	6	9	
FOI 2125	04/09/2018	http://www.opc.org.au/	http://www.opcorg.au/downloads/submissions /5-year-review-health-star-rating-system.pdf	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	6	<u>o</u>	
5									

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Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results	Website or google (W Notes or G)	
ocume	04/09/2018	http://www.opc.org.au/	https://cdn.tspace.gov.au/uploads/sites/60/201 m 6/07/Obesity Policy Coalition.pdf	"Obesity Policy Coalition"	168	"Obesity Policy Coalition" AND "discretionary choices"	6	9	
ent 1	04/09/2018	http://www.opc.org.au/	file ///C/Users/smcd4282/Downloads/Obesity n %20Poilc/%20Coaliton%20submisson%20c0%2 Othe%20Select%20Committee%20nto%20the% 20obesitv%20epidemic%20(3).pdf	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	6	9	
Industry Australian beverages council	03/09/2018	http://www.australianbeverages.org/	/australianbeverages.org/wp. nt/uploads/2016/09/ABCL_BEVERAGES- NT_Updated_FINAL_29092016.compresse	"Australian beverages council" AND "discretionary	137 (3 relevant)	"Australian beverages council" AND "discretionary	25 (1 new/relevant)	G (no results from website search)	
	03/09/2018	http://www.australianbeverakes.org/	undin Infus://www.parliament.nsw.gov.au/icdocs/sub " mis@ns/56.43/0011%20Australian%20Beverag c	ilian beverages " AND "discretionary	137 (3 relevant)	"Australian beverages council" AND "discretionary	25 (1 new/relevant)	G (no results from website search)	
	03/09/2018	http://www.australianbeverages.org/		"Australian beverages council" AND "discretionary foods"	137 (3 relevant)	cnoices "Australian beverages council" AND "discretionary	25 (1 new/relevant)	G (no results from website search)	
	03/09/2018	http://www.australianbeverages.org/	http://www.australianbeverages.org/australian-mdata-shows-consumption-sofiedrinks-decline/	alian beverages I" AND "discretionary	137 (3 relevant)	"Australian beverages council" AND "discretionary choices"	25 (1 new/relevant)	G (no results from website search)	
Hort Innovation (Horticulture Australia limited)	03/09/2018	https://horticulture.com.au/		tionary foods"	1 (not relevant)	"discretionary choices"	0	*	
	03/09/2018	https://horticulture.com.a <u>u/</u>	https://horticulture.com.au/wp- content/uploads/2017/05/20161202-HORT. Report v10.ndf	"hort innovation" AND "discretionary foods"	49 (1 relevant)	"hort innovation" AND "discretionary choices"	0	9	
Dairy Australia	03/09/2018	https://www.dairyaustralia.com.au/	NIN	"discretionary foods"	17 (none relevant)	'discretionary choices''	3 (none relevant)	M	
	03/09/2018	http://www.legendairy.com.au/		"discretionary foods"	0	"discretionary choices"	0	M	
	03/09/2018	https://www.dairvaustralia.com.au/	http://www.foodsthatdogood.com.au/good- foods/the-five-food-groups/discretionary-foods in		262 (3 relevant in first 5 pages)	'dairy Australia" AND 'discretionary choices"	61	9	
	03/09/2018	http://www.legendairy.com.au/.	http://www.legendairy.com.au/~/media/Legen_feairy/Documents/Health/DNN/DNN- hypertension-Sep-2013.ashx	"dairy Australia" AND "discretionary foods"	262 (3 relevant in first 5 pages)	'dairy Australia" AND 'discretionary choices"	61	9	
	03/09/2018	https://www.dairyaustralia.com.au/	file:///C./Users/smcd4282/Downbads/Dair/%2_1 OAustralia%20response%20to%20the%20Senate = %20Select%20Committee%20Inquir/%20into%2 Othepdf	"dairy Australia" AND "discretionary foods"	262 (3 relevant in first 5 pages)	'dairy Australia" AND 'discretionary choices"	61	9	
	03/09/2018	http://www.legendairy.com.au/	vlegendairy.com.au/*/media/legend nutrition%20calculator%20pdf%20o ds%20that%20do%20eood%20factsh 9%84%C3%A7%C3%84%2019- %20old%20men.pdf	"dairy Australia" AND "discretionary foods"	262 (3 relevant in first 5 pages)	'd'airy Australia" AND 'discretionary choices"	61	₀	
	03/09/2018	http://www.legendairy.com.au/	http://www.legendairv.com.au//medialegend in air/DasSonattions/Solosians/Sol	"dairy Australia" AND "discretionary foods"	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61	5	
	03/09/2018	http://www.legendairy.com.au/	http://www.legendairy.com.au//media/legend in 14/04/82/Duttinicw/2.coetalors/2.00d/82/20 i 14/104/82/20https://2006/82/20fetsh eer%2.0%C3%84%C3%A7%C3%B4%2019- 50%20year%20old%20women.pdf	"dairy Australia" AND "discretionary foods"	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61	o o	
	03/09/2018	https://www.dairyaustralia.com.au/	https://docplayer.net/24468807-The-dairy- australian-iune-2013.html	"dairy Australia" AND	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61	9	
Meapand Livestock Australia	03/09/2018	https://www.mla.com.au/		"discretionary foods"	51 (none relevant in first 5 pages)	'discretionary choices"	39 (none relevant)	M	
125	03/09/2018	https://www.mla.com.au/	file:///C:/Users/smcd4282/Downloads/A.RMH.0 ^{In} 021_Final_Report.pdf	"Meat and Livestock Australia" AND "discretionary foods"	190 (1 relevant)	"Meat and Livestock Australia" AND "discretionary choices"	34 (0 relevant)	9	

100	Security date.				-11		4	100	1
D	Scale i date				i courts			or G)	NOTES:
Graffy and Legumes Nutrition Council	03/09/2018	https://www.glnc.org.au/	nttps://www.glnc.org.au/grains/hot-topics-the- whole-30-diet/	"discretionary foods"	4 (2 relevant)	"discretionary choices"	0	W	
ıment	03/09/2018	https://www.ginc.org.au/	https://www.glnc.org.au/grains/hot-topics- should-we-worny-about-s-ugar-in-grain-foods/	"discretionary foods"	4 (2 relevant)	'discretionary choices"	0	w	
11	03/09/2018	https://www.glnc.org.au/		"Grain and Legumes 0 Nutrition Council" AND "discretionary foods"		"Grain and Legumes Nutrition Council" AND "discretionary choices"	0	9	
Australian Pork Limited	03/09/2018	http://australianpork.com.au/			0		0	W	
	03/09/2018	http://australianpork.com.au/		"Australian Pork Limited" 3 AND "discretionary foods"	3 (none relevant)	"Australian Pork Limited" AND "discretionary choices"	0	9	
	03/09/2018	https://www.pork.com.au/		"discretionary foods"	0	"discretionary choices"	0	M	
Australian food and grocery council	03/09/2018	https://www.afgc.org.au/	https://www.afgc.org.au/our-expertise/health- nutrifign-and-scientific-affairs/nutrition-health/					W	
	03/09/2018	https://www.afgc.org.au/_	https://www.parliament.nsw.gov.au/icdocs/sub misgons/96144/0012%20Australian%20Food%2 Dand%20Grocen/%20Council.pdf	"Australian food and grocery council" AND "discretionary foods"	244 (2 relevant)	"Australian food and grocery council" AND "discretionary choices"	81 (0 new, relevant)	9	
	03/09/2018	https://www.afgc.org.au/	file:///C/Ubers/smcd4282/Downloads/Sub89 % 20Australian%20Food%20and%20Grocerys.pdf	"Australian food and grocery council" AND "discretionary foods"	244 (2 relevant)	"Australian food and grocery council" AND "discretionary choices"	81 (0 new, relevant)	9	
	03/09/2018	https://www.afgc.org.au/	ilie./ <i>I/Ic: Nisers/smcd282/Downloads/afgc%20</i> dietan%20guidelines%20submission%20. %20final%20feb%202012%20[5].pdf						Identified in Coca-Cola searches (Google)
Quick Service Restaurants	03/09/2018	https://www.insideourfoodcomp anies.com.au/quick-service- restaurants		S					
Campbell Arnott's	03/09/2018	https://www.arnotts.com.au/about- arnotts/		"campbell amott's" AND "discretionary foods" r	67 (none relevant)	"campbell arnott's" AND "discretionary choices"	0	9	no search option on website; manual search of nutrition and wellness section of website also provided no results
	03/09/2018	https://www.campbells.com/anz/)`	"discretionary foods"	0	'discretionary choices"	0	w	Also searched "campbells" and "amott's" individually (no relevant results)
Coca-Cola Amatil Ltd	03/09/2018	https://www.ccamatil.com/en		discretionary foods	, A	discretionary choices	0	W	Does not allow the use of quotations in search box
	03/09/2018	https://www.ccamatil.com/en		"Coca-Cola amatil" AND 1	129 (none relevant)	"Coca-Cola amatil" AND "discretionary choices"	5 (none relevant)	9	Also tried searching "coca-cola Australia" - no results
Coca-Cola South Pacific Pty Ltd	03/09/2018	https://www.coca-colajourney.com.au/_			70.		0	w	both "discretionary foods" and "discretionary choices" had no results
	03/09/2018	https://www.coca-colaiourney.com.au/	file:///C:/Users/smcd4282/Downloads/Coca- Cola%20Australia%20Submission%20for%20sen ate%20inquiry%20into%200besity_July%20201 8.pdf	"Coca-Cola South Pacific" 2 AND "discretionary foods"	21 (1 relevant)	"Coca-Cola South Pacific" AND "discretionary choices"	0	₀	
Danisco Australia Pty Ltd	31/08/2018	http://www.danisco.com/food- beverages/		"discretionary foods" 0		'discretionary choices''	0	W	
	31/08/2018	http://www.danisco.com/food- beverages/					0	9	
Danone Murray Goulburn Pty Ltd	31/08/2018	http://www.mgc.com.a <i>u</i> /our- products/joint-ventures <u>/</u>		danone murray goulburn 1 AND "discretionary foods"	1 (not relevant)	danone murray goulburn AND "discretionary choices"	0	G (no results from searching website)	No results from searching website, no obvious results from manual search of site.
Freedom Foods Group	31/08/2018	http://ffgl.com.au/			0			M	
	31/08/2018	http://freedomfoods.com.au/	http://freedomloods.com.au/4-wavs-to- improve-your-good-food-karma <u>/</u>		1			W (consumer site)	no additional results from google search
Goodman Fielder Limited J	31/08/2018	https://goodmanfielder.com/		"goodman fielder limited" 5 AND "discretionary foods"	5 (none relevant)	"goodman fielder limited" AND "discretionary choices"	0 results	G (no results from website)	Searched both terms in website (no results); searched without "limited" in Google

website	Search date	Website URL	Webpage URL S	Search term	# results S	Search term	# results	Website or google (W Notes or G)	Votes
Hungo Hungo Hungo Tack's Australia Tack's Australia	31/08/2018	https://www.hungryjacks.com.au/home_	i i	"hungv jack's" AND "discretionary foods"	26 (none "relevant)	"hungry jacks" AND 'discretionary choices"	4 (0 relevant)	e)	Also searched as "hungry jack's Australia" but more results without (hungry jacks is also the Australian name for the company); Hand searched website, no relevant pages.
Kellogg (Aust) Pty Ltd	31/08/2018		https://www.kelloggs.com.au/en_AU/hcp/healt_nhprofessional/our-blog/blog10.html	"kellogg australia" AND discretionary foods"		'kellogg australia" AND 'discretionary choices"	2 (both not relevant)	G (no results from website searches)	
	31/08/2018	https://www.kelloggs.com.au/en_AU/h	https://www.kelloggs.com.au/en AU/hcp/healt "I hprofessional/our-blog/blog8.html "	"kellogg australia" AND discretionary foods"		'kellogg australia" AND 'discretionary choices"	2 (both not relevant)	G (no results from website searches)	
Funded by Kellogg's	31/08/2018	https://www.kelloggs.com.au/en_AU/h	https://wwwZdeloitte.com/content/dam/Deloi ^{In} tte/au/Documents/Economics/deloitte-au- ecforomics-expenditure-savines-increased- intake grain-fibre-australia-291117.pdf	"kellogg australia" AND discretionary foods"	05	'kellogg australia" AND 'discretionary choices"	2 (both not relevant)	G (no results from website searches)	
Mars Chocolate	31/08/2018	http://www.marschoo@late.com.au/	http://www.marsehosolate.com.au/nutrition	mars chocolate AND 'discretionary foods' '		"mars chocolate" AND discretionary choices" i	1 (google search, not relevant)	W (manual search, no search function)	No search function on website. Conducted Google search including additional Ferrais (e.g., no brackets or "food" instead of "foods" and found no relevant results). Manually searched website; press releases from international Mars site included in website
	31/08/2018	http://www.marschocolate.com.au/	Solate Company Access (Solator)		22 (Google " search, not " relevant)	"mars chocolate". AND "discretionary choices".	1 (Google search, not virelevant)	W (manual search, no lesearch function) cearch function)	W (manual search, no No search function on website. Search function) Additional terms (e.g. to brackets or "food" instead of "foods" and found no relevant results). Manually searched website; press releases from international Mars site included in website
McDonald's Australia Ltd	30/08/2018	https://mcdonalds.com.au/	https://mcdonalds.com.au/sites/mcdonalds.co. III. m.au/files/DSR%20Initiative%20for%20Responsi ble%20Advertising%20and%20Marketing%20to %20Children.adf	Discretionary foods"	285 (most "repeated or not relevant)	discretionary choices:	35 (in other search)	w	
			https://mcdonalds.com.au/sites/mcdonalds.co "n m.au/files/McDonald's%20Action%20Plan_2013 pdf	'Discretionary foods"	285 (most " repeated or not relevant)	discretionary choices:	35 (in other search)	W	
	30/08/2018	https://mcdonalds.com.au/	https://mcdonalds.com.au/sites/mcdonalds.co "n m.au/files/MCD_CRS_Complete.pdf	"Discretionary foods"	285 (most " repeated or not relevant)	discretionary choices:	35 (in other search)	w	
McDonald's Australia Ltd	10/09/2018	https://mcdonalds.com.au/	https://mcdonalds.com.au/nutrition-for- families			8,0			
Nestle Australia Ltd	30/08/2018	https://www.nestle.com.a <u>u/</u>	http://www.nestle.com.au/asset- library/documents/nco134confectionery%20por tion%20guidance%2012pp%20080514-3.pdf	Discretionary foods	13 (5 repeated, 1 D not relevant)	13 (5 repeated, 1 Discretionary choices 8 not relevant)	8 (all in other search)	W	
	30/08/2018	https://www.nestle.com.au/	http://www.nestle.com.au/nhw/portion- guidance/documents/portion%.20booklet.pdf	Discretionary foods	13 (5 repeated, 1 D not relevant)	13 (5 repeated, 1 Discretionary choices 8 not relevant)	8 (all in other search)	×	
		https://www.nestle.com.au/	om.au/asset- inc058%20hcp%20snacking	Discretionary foods	13 (5 repeated, 1 D not relevant)	13 (5 repeated, 1 Discretionary choices not relevant)	8 (all in other search)	w	
	30/08/2018	https://www.nestle.com.a <u>u/</u> <u> </u> 	https://www.nestle.com.au/asset- libran/documents/flavoured%20mil6%20study. %20booklet final 2%205%2018.pdf	Discretionary foods	13 (5 repeated, 1 D not relevant)	Discretionary choices	8 (all in other search)	w	
DI 2125	30/08/2018	https://www.nestle.com.au/	http://www.nestle.com.au/creatingshared. value/alocume.nts/nco174%20nestle%20n%20s ociety%20cey%20report%20web%20as%20at%2 Daugust%204%20(2).pdf	Discretionary foods	13 (5 repeated, 1 D not relevant)	13 (5 repeated, 1 Discretionary choices to relevant)	8 (all in other search)	*	

Website	Search date	Website URL	Webpage URL	Search term	#results	Search term	#results	Website or google (W Notes or G)	Notes
Sangarium Health and Wellbeing Company C D O O	30/08/2018	https://www.sanitarium.com.au/.	https://www.sanitarium.com.au/health- nutrition/vegetarian-eating/tips-to-get-vour- fussy-eaters-eating-more-veggies	Discretionary foods		Discretionary choices	1 (included in previous W	N	
nt 1	30/08/2018	https://www.sanitarium.com.au/	https://www.sanitarium.com.au/health- nutrition/nutrition/sugarfriend-or-foe	Discretionary foods		Discretionary choices	1 (included in previous W	N	
Sugar Australia Pty Ltd	30/08/2018	http://www.sugaraustralia.com.au/suga r-australia/		"sugar Australia" AND discretionary foods"	36 (none relevant)			G (no results on website)	ou
	30/08/2018	http://www.sugaraustralia.com.au/suga r-australia/	http://www.sugaraustralia.com.au/suga https://consultations.nhmrc.gov.au/public.cons r-australia/ ultations/submissions/ADGLZ057		0, 1	sugar Australia AND "discretionary choices"	1	G (no results on website)	In both searches
The Smith's Snackfood Company	30/08/2018	https://www.smiths.com.au/	IS DERELDE	"The Smith's Snackfood Company" AND "discretionary foods"	(none relevant) '	7 (none relevant) "The Smith's Snackfood Company" AND "discretionary choices"	117 (none relevant)	G (no search function on website)	G (no search function FAQ on website: "Nutritionists recommend that a sensible serve size for snacks provides less than 600 kilojoules (1.43 Calorres); Everyone has different energy requirements depending on their age and physical activity levels, as well as their general health. Most individuals eating a healthy diet shouldn't need more than 2 snacks per day."
the Vege Chip Company	30/08/2018	http://www.vegechips.com/.	10 K	"Vege Chip Company" AND 3 (none relevant) "Vege Chip Company" AND "discretionary foods" "discretionary choices"	(none relevant)		O with quotes; 386 G (no search without quotes (none on website) relevant)	G (no search function no on website)	ou
Unilever Australasia	30/08/2018	https://www.unilever.com.au/	N. KAN	"Unilever Australasia" AND S (none relevant) Unilever Australasia AND "Discretionary foods"	(none relevant)	Unilever Australasia AND 'Discretionary choices"	109 (none relevant)	G (no results on website)	Ou

Ober of earlipoints of interest/Modifices inches	To trep of et took reak and osterand bit is importantly you've to de alvestablish. "Talkeptocessith with all his parterable	and the restriction. Understanding the second and t		an action that he become publisher must have been because the formed introde publisher and notice of authors, where the section of the publisher of the publisher of the publisher of the publisher of the publisher of the publisher of the publisher of the publisher of the the publisher of the publisher of the publisher of the the publisher of the the publisher of the the the the the the the the	A DO SERVE E BETT TO THE TOTAL THE TOTAL TO THE TOTAL TOT	Sincess on ager	We are experted to the first the third of the third of the control	ives treme as Treat's bould be conserved in adea book, "The or both of India."	Lite a health to read and a second of a minimum of a lite a person of the and a lite a person of the annual of the		
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Survey 2012–2013 sever al international organisations stated, including WHO, WCRF, McKins ey Global Institute Stated source of pri definition The policy (Healthy Choices Made Eary) ansures healthy food and drink options: Health are available to stiff, volumers and without to Nf Health facilities and is based policy on a taffic-light system of food categorisation, where GREEN foods and drinks are the BD ones are energy-dense nutriencypoor foods or drinks. Detary factors, such as the consumption of fruit, vegetables, salt, saturated fats, sugar and other foods are linked to health and disease, either as protective influences or risk factors. in case study. The introduction of grahy breads, learner cuts of meat, free derining water and minimising sugary foods/confectionery plus menu boards a bentifying the healthy choics, occasional and sometimes boats are confinuing bedace and encourage the community in make a health-chinical. In electron, trained or interest dense nutrient poor food and increasing on of the state of wholesers, electron market poor food and derive control poor food and fo processed foods high calorie food and drink packaged food foods Traffic light system Energy-derse nutrien No mention of discret foods; Healthy food Sugary drinks Aboriginal Kids - a healthy no start to like: Report of the fo Onlef Health Officer 2018 Presentation: Rapid preview: Food regulatory by approaches to address prohibitory objects to address prohibitory objects by the preview of th https://www.health.rsv.gov. The Health of Olidren
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Supplementary Appendix IV: Other proffered documents excluded from further analysis as they did not the terms "Discretionary food and drinks" or "Discretionary choices"

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Supplementary Appendix I: Search details for webpages containing "Discretionary food and drinks" or "Discretionary choices"

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W ⊕ site əu	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
NSM Department of Health	07/09/2018	https://www.health.nsw.gov.au/Pages/ default.aspx	https://www.health.nsw.gov.au/heal/Publicatio ns/health-star-rating-system.pdf	"discretionary foods"	4 (3 relevant)	"discretionary choices"	0
NSW Department of Health	07/09/2018	https://www.health.nsw.gov.au/Pages/ default.aspx	https://www.health.nsw.gov.au/hsnsw/Publicati ons/chief-health-officers-report-2017.pdf	"discretionary foods"		"discretionary choices"	
NSW Department of Health	07/09/2018	https://www.health.nsw.gov.au/Pages/ default.aspx	https://www.health.nsw.gov.au/heal/Publications/spans-2015-summary-report.PDF	"discretionary foods"		"discretionary choices"	
QLD Department of Health	07/09/2018	https://www.health.qld.gov.au/	https://www.health.gld.gov.au/news- alerts/news/five-principles-to-live-by-for-a- healthier-2017	"discretionary foods"	14	"discretionary choices"	0
	07/09/2018	https://www.health.qld.gov.au/	https://www.health.qld.gov.au/news- alerts/news/daily-kilojoule-intake	"discretionary foods"		"discretionary choices"	
	07/09/2018	https://www.health.old.gov.au/	https://www.health.ald.gov.au/news- alerts/news/ask-an-expert-reward-punish- children-with-food	"discretionary foods"		"discretionary choices"	
	07/09/2018	https://www.health.qld.gov.au/	https://www.health.gld.gov.au/news- alerts/news/starting-baby-on-solids-food	"discretionary foods"		"discretionary choices"	
	07/09/2018	https://www.health.gld.gov.au/	https://www.health.aid.gov.au/news-alents/doh."discretionary foods' media-releases/releases/141119-cho-report- nutrition	"discretionary foods"		"discretionary choices"	
	07/09/2018	https://www.health.qld.gov.au/	https://www.health.gld.gov.au/ data/assets/p df.file/0024/443355/srhs-qld-2014.pdf	"discretionary foods"		"discretionary choices"	
	07/09/2018	https://www.health.gld.gov.au/	https://www.chidrens.health.gld.gov.au/blog- whats-wrong-with-rewarding-or-gonishing- children-with-food/	"discretionary foods"		"discretionary choices"	
	07/09/2018	77	https://www.health.gld.gov.au/ data/assets/p df file/0017/537101/cho-report-complete.pdf	"discretionary foods"		"discretionary choices"	
WA Department of Health	07/09/2018	http://ww2.health.wa.gov.au/	http://ww2.health.wa.gov.au/r/media/Files/Cor porate/general%20documens/HealthyOptions/ commonly-supplied-food-and-drink-guide.pdf	discretionary foods	45 (none relevant)	discretionary choices	30
VIC Department of Health	07/09/2018	https://www2.health.vic.gov.au/	2		0	"discretionary choices"	0
VIC Department of Health	07/09/2018	https://www2.health.vic.gov.au/		"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	6
VIC Department of Health	07/09/2018	https://www2.health.vic.gov.au/	file:///C:/Users/smcd4282/Downloads/cho_rep ort_2014_WEB%20(1).pdf	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	9
VIC Department of Health	07/09/2018	https://www2.health.vic.gov.au/	file:///C:/Users/smcd4282/Downloads/1604006 %20HC%20Food%20and%20drink%20classificati on%20guide%20A4%20Report.pdf	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	9
VIC Department of Health	07/09/2018	https://www2.health.vic.gov.au/		ary	16	"Victoria department of health" AND "discretionary choices"	6
VICTOEpartment of Health	07/09/2018	https://www2.health.vic.gov.au/	file:///C./Users/smcd4282/Downloads/HELFSS+ TeachertResource+- +accessible+PDF+2016%20(1).pdf	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	9

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
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VI(Department of Health Butter	07/09/2018	https://www2.health.vic.gov.au/	file:///C:/Users/smcdd282/Downloads/Healthy ' %20Choices%20policy%20guidelines%20for%20 hospitals%20and%20health%20services.pdf	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	9
VIC Department of Health		https://www2.health.vic.gov.au/	httos://bortals.iucn.orp/ilbrary/sites/library/files h //esrecrepattach/Healthy%20choices%20policy %20guidelines%20for%20parks.pdf	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	9
TAS Department of Health	07/09/2018	https://www.dhhs.tas.gov.au/	htt <u>os//www.dhns.tas.gov.au/ data/assets/pdf</u> * file/0010/173386/FiNAL Background paper - Safe Healthy Food.pdf	"discretionary foods"	4 (1 relevant)	"discretionary choices"	0
ACT Department of Health		http://health.act.gov.au/	https://stats.health.act.gov.au/focus-health- topics/focus-child-health	"discretionary foods"	12	"discretionary choices"	9
ACT Department of Health	07/09/2018	http://health.act.gov.au/	https://stats.health.act.gov.au/sites/default/file 's/Focus%200n discretionary food 2017.pdf	"discretionary foods"	12	"discretionary choices"	9
ACT Department of Health	07/09/2018	http://health.act.gov.au/	http://www.health.act.gov.au/research- publications/epidemiology-publications/focus- child-health	discretionary foods"	12	"discretionary choices"	9
ACT Department of Health	07/09/2018	http://health.act.gov.au/	_	"discretionary foods"	12	"discretionary choices"	9
ACT Department of Health		http://health.act.gov.au/	http://www.health.act.gov.au/sites/default/files ' /Focus%20or%20child%20health%20fact%20sh eets%20HR.pdf		12	"discretionary choices"	9
ACT Department of Health		http://health.act.gov.au/	http://www.health.act.gov.au/sites/default/files "discretionary foods" /EHO%20Report%202016.pdf		12	"discretionary choices"	9
ACT Department of Health	07/09/2018	http://health.act.gov.au/	http://www.heelth.act.gov.au/sites/default/files ¹ /Act%20Pooluleiten%2046afth%20Bulletin%20- %20Valume%2049A0issue%203%20- %20August%202015.pdf	"discretionary foods"	12	"discretionary choices"	9
ACT Department of Health	07/09/2018	http://health.act.gov.au/	http://www.health.act.gov.au/sites/default/files AACT%20Population%20Health%20Builetth%20_ %20Volume%20T%20Issule%201%30_ %20Healthy%20Weight.adf	"discretionary foods"	12	"discretionary choices"	9
SA Department of Health	07/09/2018	https://www.sahealth.sa.gov.au/wps/w cm/connect/Public+Content/SA+Health +Internet/	https://www.sahealth.sa.gov.äu/wps/wcm/conn ect/public%20cntent/sa%20leatin/s20intenerererererererererererererererererer	'discretionary foods"	13	"discretionary choices"	0
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Website od	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
SARepartment of Health and Health The state of Health The state of Health	07/09/2018	https://www.sahealth.sa.gov.au/wps/w cm/connect/Public+Content/SA+Health +internet/	https://www.sahealth.sa.gov.au/wps/wcm/comm ect/public%20content/sa%20health%20internet /health%20living/health/%20weight/health/% 20weight%20loss%20tips	"discretionary foods"	13	"discretionary choices"	0
NT Department of Health	07/09/2018	https://health.nt.gov.au/		"discretionary foods"	0	"discretionary choices"	0
WA Department of Education	07/09/2018	va.edu.au/	https://www.education.wa.edu.au/documents/ " 43634944/0/HEALTHY+FOOD+GUIDE FACTSHEE TS WEB%582%5D+%281%29.pdf/0011406b- 9d94-4114-bd29-7S8b766c.412			"discretionary choices"	80
WA Department of Education	07/09/2018	https://www.education.wa.edu.au/	http://det.wa.edu.au/healthyfoodanddrink/detc discretionary foods ms/education/healthy-food-and-drink/fags/12- why-are-red-food-and-drinks.en?cat- id=112.77874	iscretionary foods		"discretionary choices"	
WA Department of Education	07/09/2018	https://www.education.wa.edu.au/	http://det.wa.edu.au/healthyfoodanddrink/detc ms/education/healthy-food-and-drink/fags/02- what-are-the-basics-of-the-policy.en?cat- id=11227874	"discretionary foods"		"discretionary choices"	
NSW Department of Education	07/09/2018		-	"discretionary foods"	0	"discretionary choices"	0
QLD Department of Education	07/09/2018	N. S.		"discretionary foods"		"discretionary choices"	
VIC Department of Education	07/09/2018		7/	"discretionary foods"		"discretionary choices"	
TAS Department of Education	07/09/2018			"discretionary foods"		"discretionary choices"	
ACT Department of Education	07/09/2018	15,		"discretionary foods"		"discretionary choices"	
SA Department of Education	07/09/2018			"discretionary foods"		"discretionary choices"	
NT Department of Education	07/09/2018			"discretionary foods"		"discretionary choices"	
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		http://www.health.gov.au/	_	"discretionary foods"	20	"discretionary choices"	17
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FOI	04/09/2018	http://www.health.gov.au/	http://www.health.gov.au/internet/main/publis hing.nsf/Content/F5698F4E9CB73B94CA257BF0 00217BF6/SFile/HEPA%20-%20B5%20Book%20- %20Family%20Book 1.R.pdf	"discretionary foods"	20	"discretionary choices"	17

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	04/09/2018	http://www.health.gov.au/	http://www.health.gov.au/internet/main/publis "discretionary foods" hing.nsf/Content/20DD112530842 E2 CCA2 578 F0 CO153049/SFile/HEPA%20-8%20Tb4%20-8%20Tb4%20-8%20Tb4%20-9%20Tb4%20-9%20Tb4%20T		20	"discretionary choices"	17
	04/09/2018	http://www.health.gov.au/	v.au/internet/main/publis 333A000FE57A4ECA257BF0 %20-%20B5%20Book%20- arer%20Book LR.pdf	"discretionary foods"	20	"discretionary choices"	17
Department of Education and training	04/09/2018	https://www.education.gov.au/	202	"discretionary foods"	0	"discretionary choices"	0
	04/09/2018	https://www.education.gov.alu_	https://www.health.gov.au/internet/main/publi shing.ns/content/Sifibea3decee93.11ca25/bif00_ O1 dab17/Sifie/canteen%20guidelines.pdf	"department of education"	2790 (none relevant in first 5 / pages)	2790 (none "department of education" relevant in first 5 AND "discretionary choices" pages)	
Department of Agriculture and water resources	04/09/2018	http://www.agriculture.gov.au/	- - - - - - - - -	"discretionary foods"	0	"discretionary choices"	0
	04/09/2018	http://www.agriculture.gov.au/	LEAR RELIEF	"department of agriculture and water resources" AND adiscretionary foods"	126 (none relevant)	"department of agriculture and water resources" AND "discretionary choices"	3 (0 relevant)
Department of social services	04/09/2018	https://www.dss.gov.au/		"discretionary foods"	0	"discretionary choices"	0
Department of human services	04/09/2018	https://www.humanservices.gov.au/		"discretionary foods"	0	"discretionary choices"	0
Food Standards Australia New Zealand	04/09/2018	http://www.foodstandards.gov.au/Page	http://www.foodstandards.gov.au/science/morh ttoringnutrients/australianhealthsurveyandaustr allandietaryguidelines/applicationofdiscretion <u>ar</u> V/Pages/default.aspx	discretionary foods"	6	"discretionary choices"	0
	04/09/2018	/Page	http://www.foodstandards.gov.au/science/mon ttoringnutrients/australianhealthsurvevandaustr aliandietaryguidelines/appendices/Pages/defaul t.aspx	"discretionary foods"	6	"discretionary choices"	0
	04/09/2018	http://www.foodstandards.gov.au/Page	nttp://www.foodstandards.gov.au/science/monitoringnutrients/ausnut/Pages/faq.aspx	"discretionary foods"	6	"discretionary choices"	0
	04/09/2018	http://www.foodstandards.gov.au/Page s/default.aspx	http://www.foodstandards.gov.au/code/applica tions/Documents/A1090-AppR-SD2.pdf	"discretionary foods"	6	'discretionary choices''	0
FOI 2125	04/09/2018	http://www.foodstandards.gov.au/Page s/default.aspx	http://www.foodstandards.gov.au/code/applica 1 tions/Documents/A1090%20vit%20D%20in%20 breakfast%20cereal%20SD3%20Summan%20of %20subs.pdf	"discretionary foods"	6	"discretionary choices"	0

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Dacument 1	04/09/2018	http://www.foodstandards.gov.au/Page s/default.aspx	http://www.foodstandards.gov.au/science/mon iltoringnutrients/australianhealthsurvevandaustr illandietaryguidelines/appendies/Documents/ Appendix 1 – AHS ADG classification structure, serve sizes and inclusions.xis.x	"discretionary foods"	6	"discretionary choices"	0
	04/09/2018	http://www.foodstandards.gov.au/Page	http://www.foodstandards.gov.au/science/mon itoringnutrients/australianhealthsurvevandaustr aliandietaryguidelines/assigningnnpas/Pages/def ault.aspx	"food standards Australia in new Zealand" AND ii discretionary foods"	7300 (1 relevant in first 5 pages)	"food standards Australia new Zealand" AND ridiscretionary choices"	6000 (none new/ relevant in first 5 pages)
Australian Bureau of Statistics	27/08/2018	http://www.abs.gov.au/	http://www.abs.gov.au/ausstats/abs@.nsf/Look up/BA1526F0D19FA21DCA257CD2001CA1667op endocument http://www.abs.gov.au/ausstats/abs@.nsf/Look				
			up/6401.0Feature+Article1Dec+2015 http://www.abs.gov.au/ausstas/abs@nsf/Look up/by%20subject/4364.0.55.012~2011- Up/Main%20Features~Discretionary&20foods~1 0010				
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/ausstats/abs@nsf/Look up/bs/%20subject/a364.0.55.007~2011- 12^Main%20Features~Discretionar/%20foods~7 00	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/ausstats/abs@.ns/i/Look		11	"discretionary choices"	6 (all in other search)
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/ausstats/abs@.nsf/Look up/4364.0.55.009main+features100002011-12	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/AUSSTATS/abs@.risf.hat. "discretionary foods" estproducts/4364.0.55.010Glossary12041-12		11	"discretionary choices"	6 (all in other search)
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/Ausstāts/abs@.nsf/dd0c a10eed681f12.ca2570ce0082655d/10d543bfa3d 712fdca257e5f001607falOpenDocument	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/Ausstats/abs@nsf/dd0c a10eed681f12ca2570ce0082655g/4f61e120b32 3a97eca25805e0019cc8510penDocument	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	http://www.abs.gov.au/	http://www.abs.gov.au/AUSSTATS/abs@nsf/ <u>Lat</u> estproducts/4727.0.55.009Glossarv12012- 13?opendocument&tabname=Notes&prodno 727.0.55.009&issue=2012-13#=&view=	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
FO	05/09/2018	http://www.abs.gov.au/		"Australian bureau of statistics" AND l'iscretionary foods"	2230 (0 new relevant in first 5 pages)	2230 (0 new "Australian bureau of 439 (0 new re relevant in first 5 pages) choices"	439 (0 new relevant in first 5 pages)

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Augralian Institute of Health and Welfare 1 The state of Health and Welfare	04/09/2018	https://www.aihw.gov.au/	https://www.aihw.gov.au/reports/biomedical- risk-factors/risk-factors-to- health/contents/overweight-and-obesity/causes- of-overweight-and-obesity	"discretionary foods"	9	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	https://www.aihw.gov.au/	https://www.aihw.gov.au/reports/australias- health/australias-health-2016/contents/glossary	'discretionary foods"	9	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	https://www.aihw.gov.au/	https://www.aihw.gov.au/reports/australias- health/australias-health-2016/contents/chapter- 4-determinants-of-health	"discretionary foods"	9	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	https://www.aihw.gov.au/	https://www.aihw.gov.au/reports- statistics/health-welfare-overview/australias- health/glossarv	"discretionary foods"	9	'discretionary choices''	5 (1 new; not relevant)
	04/09/2018	https://www.ahw.gov.au/	hw.gov.au/getmedia/7c42913d- -4e44eff4a04a/aihw-aus- line=true	"discretionary foods"	9	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	https://www.aihw.gov.ad/	https://www.aihw.gov.au/getmedia/9844cefb- 77745-4dd8-9ee2-f4d1c3d6a727/19787- AHS. pdf.aspx?inline=true	"discretionary foods"	9	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	https://www.aihw.gov.au//	https://www.aihw.gov.au/getmedia/0ea3cb23- 34c3.4e3 b8a20.8c1.c0:cde6586/ah16-factsheet:- ilfestylecholces.pdf.aspx	"Australian Institute of Health and Welfare" AND "discretionary foods"	736 (2 new, relevant in first 5 H	"Australian Institute of i Health and Welfare" AND i "discretionary choices"	322 (0 new, relevant in first 5 pages)
Australian Academy of Science	30/08/2018	https://www.science.org.au/	https://www.schence.org.au/files/userfiles/even ts/documents/tt17-the-food-environment.pdf				
	04/09/2018	https://www.science.org.au/	https://www.science.org.au/news-and- events/events/think-tanks/rethinking-food-and- nutrition-science/group-2	"discretionary foods"	1	"discretionary choices"	1 (same as previous)
	04/09/2018	https://www.science.org.au/	au/files/userfiles/even -evaluation-food-		65 (2 relevant in first 5 pages)		2 (0 new)
	04/09/2018	https://www.science.org.au/	https://www.science.org.au/files/userfiles/even ts/documents/tt17-the-food-environment.pdf	"Australian Academy of Science" AND "discretionary foods"	65 (2 relevant in first 5 pages)	2	2 (0 new)
NGO							
Public Health Association of Australia	04/09/2018	https://www.phaa.net.au/	https://www.phaa.net.au/documents/item/268 8	"Public Health Association of Australia" AND "discretionary foods"	. 230	"Public Health Association of 1 Australia" AND "discretionary choices"	142
	04/09/2018	https://www.phaa.net.au/	https://www.phaa.net.au/documents/item/285	"Public Health Association of Australia" AND "discretionary foods"	230	"Public Health Association of 1 Australia" AND "discretionary choices"	142
FOI 21	04/09/2018	https://www.phaa.net.au/	https://www.phaa.net.au/documents/item/229	"Public Health Association of Australia" AND "discretionary foods"	230	"Public Health Association of 1 Australia" AND "discretionary choices"	142

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Do							
cument 1	04/09/2018	https://www.phaa.net.au/	https://www.phaa.net.au/documents/item/236	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of : Australia" AND "discretionary choices"	142
	04/09/2018	https://www.phaa.net.au/	https://www.phaa.net.au/documents/item/345	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of a Australia" AND "discretionary choices"	142
	04/09/2018	https://www.phaa.net.au/	https://www.phaa.net.au/documents/item/428	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142
Dietitians Association of Australia	04/09/2018	https://daa.asn.au/	https://daa.asn.au/voice-of-daa/public-	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	https://daa.asn.au/	asn.au/smart-eating-for-vou/smart- acts/medical/dental-health-looking- eeth-and-gums/	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	https://daa.asn.au/l.	https://daa.asn.au/smart-eating-for-vou/smart- eating-fast-facts/healthy-eating/the-low-down- on-palgo-welcome-to-our-three-part-series-on- the-paleolithic-diet/	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	https://daa.asn.au/	https://dea.asn.au/wp. genterit/uploads/2016/05/Aussie-spending-the- naiority-of-food-budget-on-iunk-food-FINAL.adf	"discretionary foods"	4	"discretionary choices"	4
	04/09/2018	https://daa.asn.au/	https://daa.asn.ad/win- content/ubloads/2015/05/Arethe-Dietary- Guidelines-ournew-food-pom-FINAL.pdf	"discretionary foods"	4	"discretionary choices"	4
	04/09/2018	https://daa.asn.au/	https://daa.asn.av/wp.content/ubloads/2018/05/Dietrans-bowled_over-by-cafe-cake-and-mulfins/sies-fNNts.pdf	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	https://daa.asn.au/	https://daa.asn.au/wp. content/uploads/2016/05/Closing-the-gap. Urgent-action-needed-on-food-insecurity. FINAL,odf	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	https://daa.asn.au/	https://daa.asn.au/wp- content/ubloads/2016/05/Media-alert-Sugary- foods-drinks-Decades-of-advice-from-dietitians- FINAL,odf	"discretionary foods"	4	"discretionary choices"	4
	04/09/2018	https://daa.asn.au/	https://daa.asn.au/voice-of-daa/hot-topics/	"discretionary foods"		"discretionary choices"	4
Nutrition Society of Australia	04/09/2018	http://nsa.asn.au/	/	nutrition society of Australia AND "discretionary foods"	179	nutrition society of Australia SAND "discretionary choices"	104
Home Economics Institute of Australia 그	04/09/2018	http://www.heia.com.au/	http://www.heia.com.au/resources/documents/ "Home Economics Institute FlavourForecast/2018/Discretionary%20choices. of Australia" AND @discretionary foods"		38	"Home Economics Institute of Australia" AND discretionary choices"	8
2125							

Website O	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
cument 1	04/09/2018	http://www.heia.com.au/	http://www.heia.com.au/resources/documents/ lournals/HEIA20 No1.pdf	"Home Economics Institute of Australia" AND discretionary foods"	38	"Home Economics Institute of Australia" AND "discretionary choices"	м
Australian Breastfeeding Association	04/09/2018	https://www.breastfeeding.asn.au/	https://www.breastfeeding.asn.au/bf- info/common-concerns%E2%80%93mum/diet	'discretionary foods"	1	'discretionary choices"	1 (same result)
	04/09/2018	https://www.breastfeeding.asn.au/		"Australian Breastfeeding Association" AND "discretionary foods"	100 (none relevant)	"Australian Breastfeeding Association" AND "discretionary foods"	102 (none additional)
Australian Medical Association	04/09/2018	https://ama.com.au/ https://ama.com.au/	https://ama.com.au/position- statement/nutrition-2018 https://ama.com.au/media/eat-vour-way_	"discretionary foods"	3 (2 relevant)	"discretionary choices"	1 (not relevant) 1 (not relevant)
	04/09/2018	https://ama.com.au/	healthier-happyier-new-year https://ama.com.au/sites/default/files/docume nts/Health%20Star%20Rating%20Five%20Year% 20Evaluation.pdf	"Australian Medical Association" AND "discretionary choices"		"Australian Medical Association" AND "discretionary foods"	137 (1 relevant)
Australian Dental Association	04/09/2018	https://www.ada.ofp.au/	https://www.ada.org.au/News-Media/News- and-Release/Media-Releases/Nuts-Over- National-Nutrition-Week		1 (2 relevant)	=0	0
	04/09/2018	https://www.ada.org.au/	S C S C S C S C S C S C S C S C S C S C	"Australian Dental Association" AND "discretionary foods"	124 (0 relevant)	"Australian Dental Association" AND "discretionary choices"	46 (0 relevant)
Heart Foundation (Australia)	04/09/2018	https://www.heartfoundation.org.au/	https://www.hearfoundation.org.au/news/diet ary-patterns-whaf-does-it-mean-to-eat-healthily		854		700
	04/09/2018	g.au/	https://www.heartfoundation.org.au/news/tran sfats-whats-the-scoop	discretionary foods	854	discretionary choices	700
	04/09/2018	https://www.heartfoundation.org.au/	https://www.heartfoundation.org.au/news/sorti	discretionary foods	854	discretionary choices	700
	04/09/2018	https://www.heartfoundation.org.au/	foundation org.au/Images/up for Heart Health f nt.pdf	discretionary foods	854	discretionary choices	700
	04/09/2018	https://www.heartfoundation.org.au/		discretionary foods	854	discretionary choices	700
	04/09/2018	https://www.heartfoundation.org.au/	nttps://www.heartfoundation.org.au/images/up oads/main/Position Statement SaltHealthyEati ne.odf	discretionary foods	854	discretionary choices	700
	04/09/2018	https://www.heartfoundation.org.au/	https://www.heartfoundation.org.au/healthy- eating/food-and-nutrition/fats-and- cholestero//monounsaturated-and- polyunsaturated-omega-3-and-omega-6-fats	discretionary foods	854	discretionary choices	700
	04/09/2018	https://www.heartfoundation.org.au/	https://www.heartfoundation.org.au/healthy-eating/food-and-nutrition/carbohydrates-and- sugars	discretionary foods	854	discretionary choices	700
FOI 2	04/09/2018	https://www.heartfoundation.org.au/	https://www.hearfoundation.org.au/images/up loads/main/Get Involved/improve healthy eati ng - HF QLD Election Proposal.pdf		854	discretionary choices	700
125	04/09/2018	https://www.heartfoundation.org.au/	https://www.heartfoundation.org.au/images/up discretionary foods loads/publications/OVERALL Food EPI Report.		854	discretionary choices	700

	Search date	website OKL	Webpage Ont	search term	# results	Search term	# results
cumer	04/09/2018		https://www.heartfoundation.org.au/news/add ed-sugar-consumption-stats-not-sweet-mate	discretionary foods	854	discretionary choices	700
	04/09/2018	https://www.heartfoundation.org.au/	https://www.heartfoundation.org.au/news/junk discretionary foods food-portions-are-a-gigantic-problem	discretionary foods	854	discretionary choices	700
	04/09/2018	https://www.heartfoundation.org.au/	file:////c:/Users/smcd4282/Downloads/Heart%2 discretionary foods of coundation%20submission%20to%20senate%2 discretionary foods of solicet%20Committee%20into%20hesisty%20cpidemic%20inx20australia%20-%20uly%202018.pdf	discretionary foods	854	discretionary choices	700
Diabetes Australia	04/09/2018	https://www.diabetesaustralia.com.au/	,	'discretionary foods"	1 (not relevant)	"discretionary choices"	0
	04/09/2018	australia.com.au/	https://static.diabetesaustralia.com.au/s/fileass 'ets/diabetes-australia/b5d99629-5467-44f8- b635-bb84ed4cb248.pdf	"diabetes Australia" AND "discretionary foods"	217	"diabetes Australia" AND "discretionary choices"	63
Kidney Health Australia	04/09/2018	https://kidney.org.au/	/	"discretionary foods"	0	"discretionary choices"	0
	04/09/2018	https://kidnev.org.au/		"kidney health Australia" AND "discretionary foods"	120 (0 relevant)	"kidney health Australia" AND "discretionary choices"	8 (0 relevant)
Cancer Council	30/08/2018	https://www.cancercoundl.com.au/	39/canc et/fruit-	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	155
	30/08/2018	https://www.cancercouncil.com.au/	https://www.cancercouncil.com.au/wp. content/uplodsis/2010/11/Food-Sandards- Australia-New-Zealand-Proposal-P1030-Sports- Foods-and-ElectroNite-Drinks.pdf	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	15.5
	30/08/2018	https://www.cancercouncil.com.au/	https://www.cance.council.com.au/wnp. content/uploads/2014/06/Childrens-Health-or- Corporate-Wealth-May-2014.pdf	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	155
	30/08/2018		https://www.cancercouncil.com.au/media- release/coffee-lovers.getting-more-than-a- caffeine-hit-on-their-coffee-run/	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	15.5
	30/08/2018	https://www.cancercouncil.com.au/	https://www.cancer.org.au/content/pdf/Cancer ControlPolicy/Submissions/Select%20commite e%20turo/20the%200besity%20Epidemic%20in %20Oustralia%20 %20Cancer%20council%20submission.%20uln/% 202018.pdf# ga=2.217555798.1524545239.153 5592863-1213121785.1535592863	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	15.5
	30/08/2018	https://www.cancercoundi.com.au/	https://www.cancer.org.au/content/pdf/Cancer ControlPollic/Submissions/2015-02- 16%20Cancer%20Council%20Auxtralia%20Subm ission%20Ces/VicSAux%20Consultation%20om 20Per%20Serving%20Column.pdf# ga=2.537814 80.1524545239.1535592863	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	155
Stroke Foundation	03/09/2018	https://strokefoundation.org.au/	https://strokefoundation.org.au/About. Stroke/Prevent-Stroke/Overweight-and-obesity	"discretionary foods"	33	"discretionary choices"	34

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Mensire Do	Search date	Website OKL		search term	# resuits	Search term	# results
cument :	03/09/2018	https://strokefoundation.org.au/		"discretionary foods"	33	"discretionary choices"	34
Australian Chronic Disease Prevention Alliance	04/09/2018	https://www.acdpa.org.au/	file:///Cr/Users/smcd4282/Downloads/ACDPA% 20- %20response%20to%20Senate%20Inquiry%20in tcx20obesity%20epidemic%20- %20Us/%20218%20(2),pdf	"Australian Chronic Disease Prevention Alliance" AND "discretionary foods"	36 (3 relevant)	"Australian Chronic Disease Prevention Alliance" AND "discretionary choices"	6 (1 relevant)
	04/09/2018	https://www.acdpa.org.au/	https://kidnev.org.au/cms_uploads/docs/lune_ 2015-acdpa-submission-to-rethink-tax- review.pdf	"Australian Chronic Disease Prevention Alliance" AND "discretionary foods"	36 (3 relevant)	"Australian Chronic Disease Prevention Alliance" AND "discretionary choices"	6 (1 relevant)
	04/09/2018	https://www.acdba.ora.au/	https://static.diabet.es.australia.com.au/s/fileass ets/diabetes-australia/b5d99629-5467-44f8- b635-bb84ed4cb248.pdf	"Australian Chronic Disease Prevention Alliance" AND "discretionary foods"	36 (3 relevant)	"Australian Chronic Disease Prevention Alliance" AND "discretionary choices"	6 (1 relevant)
	04/09/2018	K) C	https://www.acdpa.org.au/nutrition	"Australian Chronic Disease Prevention Alliance" AND "discretionary foods"	36 (3 relevant)	"Australian Chronic Disease Prevention Alliance" AND "discretionary choices"	6 (1 relevant)
Nutrition Australia	04/09/2018	http://www.nutritionaustrālia.org/	http://www.nutritionaustralia.org/national/reso urce/australian-dietarv-guidelines-standard- serves	"discretionary foods"	1 (not relevant)	"discretionary choices"	3 (2 relevant)
	04/09/2018	http://www.nutritionaustralia.org/	ia.org/national/reso elines-2013	"discretionary foods"	1 (not relevant)	"discretionary choices"	3 (2 relevant)
	04/09/2018	http://www.nutritionaustralia.org/	http://www.nufritionaustralia.org/sites/default/ files/Australiah-Diefary-Guidelines-2013.pdf	"nutrition Australia" AND "discretionary foods"	550	"nutrition Australia" AND "discretionary choices"	348
	04/09/2018	http://www.nutritionaustralia.org/	http://www.nut/itionaystralis.org/site3/derfault/ files/DairyFoodsHowMuchisenough.pdf	"nutrition Australia" AND "discretionary foods"	550	"nutrition Australia" AND "discretionary choices"	348
Choice	04/09/2018	https://www.choice.com.au/?&gciid-ci.] ww.CAjwu.ZicBRBu.EiwAhekel.Zhoc.LwJM gJLw.Au/Com/MnhSi7ld1SedD/XhkRNSOT glg23s-B. M1hoCL2MGAvD BwE&pcrid=21980877 9080&pdv=c&mkwid=s53elQJ1h&pmt= e&gcisrc=aw.ds.&pkw=choice	https://www.choice.com.au/babies-and- kids/feeding-children/floods-to- avoid/articles/kids-lunchbox-snacks	discretionary foods"	1	"discretionary choices"	0
	04/09/2018	https://www.choice.com.au/78g.ciid=Ci wkCAjw.2ricBRB.LiiwAheKel.2ixoc1wlM allwaNomFMnhSi7id1SedDiXhk8NSOT Blg.e23B- M1hoCL2MOAvD. BwE&pcrid=21980877 9080&pdv=c&mkwid=s53elQ11h&pmt= e&gcisrc=aw.ds.gpkw=choice		"choice Australia" AND "discretionary foods"	8 (0 relevant)	"choice Australia" AND "discretionary choices"	0
Consumers Federation of Australia TO	04/09/2018	http://consumersfederation.org.au/	http://consumersfederation.org.au/choice-calls-for-improved-labelling-on-alcoholic-drinks/	"discretionary foods"	2	"discretionary choices"	0
I 2125	04/09/2018	http://consumersfederation.org.au/	http://consumersfederation.org.au/guilt-relief- how-families-can-fight-childhood-obesity/				

Website	Search date	Website URL	Webpage UBL	Search term	# results	Search term	# results
Do							
Ob <u>B</u> sity Policy Coalition	04/09/2018	http://www.opc.org.au/	,	'discretionary foods"	1 (not relevant)	"discretionary choices"	0
nt 1	04/09/2018	http://www.opc.org.au/	http://www.opc.org.au/downloads/policy: briefs/improving-the-effectiveness-of-the-health. star-rating-system.pdf	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	6
	04/09/2018	http://www.opc.org.au/	http://www.opc.org.au/downloads/submissions*/ /review-of-form-of-food-rules-hsrs.pdf	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	6
	04/09/2018	http://www.opc.org.au/	http://www.op.corg.au/downloads/submissions /5-year-review-health-star-rating-system.pdf	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	6
	04/09/2018	http://www.opc.org.au/	https://cdn.tspace.gov.au/uploads/sites/60/201 6/07/Obesity Policy Coalition.pdf	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	6
	04/09/2018	http://www.opc.org.au/.	file.///C/Users/smcd4282/Downloads/Obesity% 2DPOIG/%20Coalition%20submission%20to%20t fire%20Select%20Committee%20Into%20the%20 obesity%20epidemic%20(3).pdf	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	6
Industry			~				
Australian beverages council	03/09/2018	http://www.australianbeverapes.org/	http://australianbeverages.org/wp- confent/ubloads/2016/09/ABCL_BEVERAGES. REFORT Updated FINAL_29092016.compresse dubdi	"Australian beverages council" AND "discretionary foods"	137 (3 relevant)	"Australian beverages council" AND "discretionary choices"	25 (1 new/relevant)
	03/09/2018	http://www.australianbeverages.org/	https://www.oprljamehtrisw.gov.au/icdocs/sub missions/56143/0014%20Australian%20Beverag es%20Counchodi	"Australian beverages council" AND "discretionary foods"	137 (3 relevant)	"Australian beverages council" AND "discretionary choices"	25 (1 new/relevant)
	03/09/2018	http://www.australianbeverages.org/	file:///C./Users/smcda282/Downloads/Sub22_A ustralian%20Beverages%20Countil.pdf	"Australian beverages council" AND "discretionary foods"	137 (3 relevant)	"Australian beverages council" AND "discretionary choices"	25 (1 new/relevant)
	03/09/2018	http://www.australianbeverages.org/	http://www.australianbewerages.org/australian data-shows-consumption-soft-drinks-decline/	"Australian beverages council" AND "discretionary foods"	137 (3 relevant)	"Australian beverages council" AND "discretionary choices"	25 (1 new/relevant)
Hort Innovation (Horticulture Australia limited)	03/09/2018	https://horticulture.com.au/	0 /	discretionary foods"	1 (not relevant)	"discretionary choices"	0
	03/09/2018	https://horticulture.com.au/	https://horticulture.com.au/wp- content/uploads/2017/05/20161202-HORT- Report v10.adf	"hort innovation" AND "discretionary foods"	49 (1 relevant)	"hort innovation" AND "discretionary choices"	0
Dairy Australia	03/09/2018	https://www.dairyaustralia.com.au/		'discretionary foods"	17 (none relevant)	"discretionary choices"	3 (none relevant)
	03/09/2018	http://www.legendairy.com.au/	/	"discretionary foods"	0	"discretionary choices"	0
	03/09/2018	https://www.dairyaustralia.com.au/	http://www.foodsthatdogood.com.au/good- foods/the-five-food-groups/discretionary-foods	"dairy Australia" AND "discretionary foods"	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61
FOI	03/09/2018	http://www.legendairv.com.au/	http://www.legendairy.com.au/:/media/Legend dairy Australia" AND airy/Documents/Health/DNN/DNN-hypertension discretionary foods" Sep-2013.ashx		262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61
2							

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
ccument	03/09/2018	https://www.dairyaustralia.com.au/	file.///C/Users/smcd4282/Downloads/Dain/%2. *2.05elect%20Committee%20Inte%20Senate *2.05elect%20Committee%20Into%2 Othepdf	"dairy Australia" AND "discretionary foods"	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61
	03/09/2018	http://www.legendairy.com.au/	w.legendairy.com.au/~/media/legend Onutrition%.20calculator%.20pdf%.20ou Is%.20that%.20do%.20good%.20factshe :%84%.23%.7%.23%.84%.2019- r%.20old%.20men.pdf	"dairy Australia" AND discretionary foods" i	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61
	03/09/2018	http://www.legendairy.com.au/	http://www.legendairy.com.au/~/media/legend isiry.04%20nutrition%20calculator%20pdf%20ou j.tputs/foods%20that%20do%20good%20factsheet%20%C3%84%C3%A7%C3%84%2051.	"dairy Australia" AND discretionary foods" i	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61
	03/09/2018	http://www.legendainy.com.au/	http://www.legendairv.com.au/~/media/legend "dairy Australia" AND airv/0.4%:20nutrition%.20calculator%.20bdf%.20ou discretionary foods" touts/foods%.20hat%.20dox.20geod%.20factsheetw.20%.C3%.84%.C3%.47%.C3%.84%.2019-		262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61
	03/09/2018	https://www.dairyaustralia.com.au/	https://docplaver.net/2468807-The-dairy_ australian-june-2013.html	"dairy Australia" AND i'discretionary foods"	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61
Meat and Livestock Australia	03/09/2018	https://www.mla.com.au/	SEE OF SE	_	51 (none relevant in first 5 pages)	"discretionary choices"	39 (none relevant)
	03/09/2018	https://www.mla.com.au/	file:////cr/users/smcd4282/Downloads/A.RNM0 "Meat and Livestock 021_Final_Report.pdf Australia" AND "discretionary foods"	_	190 (1 relevant)	"Meat and Livestock Australia" AND "discretionary choices"	34 (0 relevant)
Grain and Legumes Nutrition Council	03/09/2018	https://www.glnc.org.au/ https://www.glnc.org.au/	ėl 6	"discretionary foods"	4 (2 relevant) 4 (2 relevant)	"discretionary choices" "discretionary choices"	0
	03/09/2018		24			"Grain and Legumes	0
A content from Doub I tentional	0,007,007,00	http://aictraliannork.com.aii/	-	Nutrition Council" AND "discretionary foods"		Nutrition Council" AND "discretionary choices"	
		http://australianpork.com.au/		ed"	3 (none relevant)	3 (none relevant) "Australian Pork Limited" AND "discretionary choices"	0
Australian food and grocery council	03/09/2018 03/09/2018	https://www.afgc.org.au/ https://www.afgc.org.au/	https://www.afg.corgau/our-expertise/health- nutrition-and-scientific-affairs/nutrition-health/	"discretionary foods" discretionary foods"	3	"discretionary choices" "discretionary choices"	0
	03/09/2018	https://www.afgc.org.au/	https://www.parliament.nsw.gov.au/Icdocs/sub i missions/56144/0012%20Australian%20Food%2 Gand%20Grocery%20Council.pdf	"Australian food and grocery council" AND "discretionary foods"	244 (2 relevant)	"Australian food and grocery council" AND "discretionary choices"	81 (0 new, relevant)
FOI 212	03/09/2018	https://www.afgc.org.au/	file:////Cusers/smcd4282/Downloads/Sub89 % 1 20Australian%20Food%20and%20Grocerys.pdf 6	"Australian food and grocery council" AND "discretionary foods"	244 (2 relevant)	"Australian food and grocery council" AND "discretionary choices"	81 (0 new, relevant)

	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
cument	03/09/2018	https://www.afgc.org.au/	file:////C/Users/smcd4282/Downloads/afgc%20 dietan/%20guidelines%20submission%20- %20final%20feb%202012%20[5].pdf				
Quick Service Restaurants	03/09/2018	https://www.insideourfoodcom panies.com.au/quick-service- restaurants					
Campbell Arnott's	03/09/2018	https://www.arnotts.com.au/about- arnotts/		"campbell arnott's" AND "discretionary foods"	67 (none relevant)	"campbell arnott's" AND "discretionary choices"	0
	03/09/2018	nttps://www.cambbells.com/anz/	-	'discretionary foods''	0	"discretionary choices"	0
Coca-Cola Amatil Ltd		https://www.ccamatil.com/en		discretionary foods	0	discretionary choices	0
		https://www.ccamatil.com/en		"Coca-Cola amatil" AND "discretionary foods"	129 (none relevant)	"Coca-Cola amatil" AND "discretionary choices"	5 (none relevant)
Coca-Cola South Pacific Pty Ltd	03/09/2018	https://www.coca-colaioumey.com.au/	https://www.coca- colaiounev.com.au/stories/research-into- beverate/nebits	discretionary foods	1	"discretionary choices"	0
	03/09/2018	https://www.coca-colaioumev.com/au/	file;///Ci/Users/smcd4282/Downloads/Coca- Cola%2QAustraft&2QSubmission%20for%20for afe%20inquir%20into%20bestry_July%20201 8-pdf	"Coca-Cola South Pacific" AND "discretionary foods"	21 (1 relevant)	"Coca-Cola South Pacific" AND "discretionary choices"	0
Danisco Australia Pty Ltd		http://www.danisco.com/food- beverages/	2K	'discretionary foods''	0	"discretionary choices"	0
		http://www.danisco.com/food- beverages/		"danisco Australia" AND "discretionary foods"	3 (none relevant_	"disco Australia" AND "discretionary choices"	0
Danone Murray Goulburn Pty Ltd	31/08/2018	http://www.mgc.com.au/our- products/joint-ventures/	S A T	danone murray goulburn AND "discretionary foods"	1 (not relevant)	rn ices"	0
Freedom Foods Group		http://ffgl.com.au/	7	"discretionary foods"	0		0
	31/08/2018	http://freedomfoods.com.au/	http://freedomfoods.com.au/4-ways-to- improve-your-good-food-karma/	"discretionary foods"	1	"discretionary choices"	0
Goodman Fielder Limited	31/08/2018	https://goodmanfielder.com/		"goodman fielder limited" AND "discretionary foods"	5 (none relevant)	"goodman fielder limited" AND "discretionary choices"	0 results
Hungry Jack's Australia	31/08/2018	https://www.hungrylacks.com.au/home		"hungry jack's" AND "discretionary foods"	26 (none relevant)	"hungry jack's" AND "discretionary choices"	4 (0 relevant)
Kellogg (Aust) Pty Ltd	31/08/2018	AU/h	https://www.kelloggs.com.au/en AU/hcp/healt ' hprofessional/our-blog/blog10.html	"kellogg australia" AND "discretionary foods"	50	"kellogg australia" AND "discretionary choices"	2 (both not relevant)
I 2125	31/08/2018	https://www.kelloggs.com.au/en AU/h ome.html	https://www.kelloggs.com.au/en AU/hcp/healt hprofessional/our-blog/blog8.html	"kellogg australia" AND "discretionary foods"	50	"kellogg australia" AND "discretionary choices"	2 (both not relevant)

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Further by Kellogg's and the state of the st	31/08/2018	https://www.kelloggs.com.au/en AU/h ome.html	loitte.com/content/dam/Deloit /Economics/deloitte-au- diture-savings-increased-intake lia-29117.pdf	"kellogg australia" AND "discretionary foods"	20	"kellogg australia" AND "discretionary choices"	2 (both not relevant)
J Mars Chocolate	31/08/2018	http://www.marschocolate.com.au/	.au/nutrition-	mars chocolate AND "discretionary foods"	22 (google search, not relevant)	"mars chocolate" AND "discretionary choices"	1 (google search, not relevant)
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	31/08/2018	http://www.marschocolate.com.au/ http://www	.marschocolate.com.au/media/1490	mars chocolate AND "discretionary foods"	22 (Google search, not relevant)	"mars chocolate" AND "discretionary choices"	1 (Google search, not relevant)
McDonald's Australia Ltd	30/08/2018	https://mcdonalds.com.au/	https://mcdohalds.com.au/sites/mcdohalds.co m.au/files/CsRks20initative%20for%20Responsi ble%20chvertising%20and%20Marketing%20to %20Children.pdf	"Discretionary foods"	285 (most repeated or not relevant)	"discretionary choices:	35 (in other search)
	30/08/2018	https://mcdonalds.com.au/	https://mcdonalds.com.au/sites/mcdonalds.co m.au/files/McDonald's%20Action%20Plan_2013 .pdf	"Discretionary foods"	285 (most repeated or not relevant)	"discretionary choices:	35 (in other search)
	30/08/2018	https://mcdonalds.com.au/	https://mcdonalds.com.au/sites/mcdonalds.co m.au/files/MCD_CRS_Complete.pdf	"Discretionary foods"	285 (most repeated or not relevant)	"discretionary choices:	35 (in other search)
McDonald's Australia Ltd	10/09/2018	https://mcdonalds.com.au/	https://mcdonalds.com.au/nutrition-for-families				
Nestle Australia Ltd	30/08/2018	https://www.nestle.com.au/	http://www.nestle.com.au/asset: library/documents/nco134confectioner/%20por tion%20guidance%2012pp%20080514-3.pdf	Discretionary foods	13 (5 repeated, 1 not relevant)	13 (5 repeated, 1 Discretionary choices not relevant)	8 (all in other search)
	30/08/2018	https://www.nestle.com.au/	http://www.nestle.com.au/nhw/portion_ guidance/documents/portion%20booklet.pdf	Discretionary foods	13 (5 repeated, 1 not relevant)	13 (5 repeated, 1 Discretionary choices not relevant)	8 (all in other search)
	30/08/2018	https://www.nestle.com.au/	http://www.nestle.com.au/asset- Ibrary/documents/unc058%20hcp%20snacking %2012pp%20(3).pdf	Discretionary foods	13 (5 repeated, 1 not relevant)	13 (5 repeated, 1 Discretionary choices not relevant)	8 (all in other search)
FOI 2	30/08/2018	https://www.nestle.com.au/	https://www.nestle.com.au/asset. library/documents/flavoured%20milk%20study %20booklet final 2%205%2018.pdf	Discretionary foods	13 (5 repeated, 1 not relevant)	13 (5 repeated, 1 Discretionary choices not relevant)	8 (all in other search)

iite	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
cument 1	30/08/2018	https://www.nestle.com.au/	http://www.nestle.com.au/creating-shared- value/documents/nco.174%20nestle%20in%20so ciet/%20cs/%20report%20web%20as%20at%20 august%204%20(2).pdf	Discretionary foods	13 (5 repeated, 1 not relevant)	13 (5 repeated, 1 Discretionary choices not relevant)	8 (all in other search)
Sanitarium Health and Wellbeing Company	30/08/2018	https://www.sanitarium.com.au/	https://www.sanitarium.com.au/health- nutrition/vegetarian-eating/tips-to-get-your- fussy-eaters-eating-more-veggies	Discretionary foods	2	Discretionary choices	1 (included in previous 2)
	30/08/2018	https://www.sanitarium.com.au/	https://www.sanitarium.com.au/health- nutrition/nutrition/sugarfriend-or-foe	Discretionary foods	2	Discretionary choices	1 (included in previous 2)
Sugar Australia Pty Ltd	30/08/2018	http://www.sugaraustralia.com.au/suga r-australia/		"sugar Australia" AND a "discretionary foods"	36 (none relevant)		
	30/08/2018	http://www.sugaraustralia.com.au/suga r-australia/	https://consultations.nhmrc.gov.au/public_consultations/submissions/ADGL/2057				1
The Smith's Snackfood Company	30/08/2018	https://www.smiths.tom.au/	THE BEEN PERME	"The Smith's Snackfood Company" AND "discretionary foods"	7 (none relevant)	7 (none relevant) "The Smith's Snackfood Company" AND "discretionary choices"	117 (none relevant)
the Vege Chip Company	30/08/2018	http://www.vegechips.com/	EN ONE	"Vege Chip Company" AND 3 (none relevant) "Vege Chip Company" AND "discretionary foods" "discretionary choices"	3 (none relevant)		0 with quotes; 386 without quotes (none relevant)
Unilever Australasia	30/08/2018	https://www.unilever.com.au/	(V) (V)	"Unilever Australasia" AND ! "Discretionary foods"	5 (none relevant)	5 (none relevant) Unilever Australasia AND "Discretionary choices"	109 (none relevant)

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the definition of the search of search of search of section of results w Also sear "amott's" w No search search of section of search of sea	Identified in Coca-Cola searches (Google) no search option on website; manual search of nutrition and wellness section of website also provided no results Also searched "campbells" and "amott's" individually (no relevant results) Does not allow the use of quotations in search box Also tried searching "coca-cola Australia" - no results both "discretionary foods" and "discretionary foods" and "discretionary choices" had no results
	earch option on website; manual ch of nutrition and wellness on of website also provided no tes searched "campbells" and ott's" individually (no relevant tts) and allow the use of quotations arch box tried searching "coca-cola ralia"- no results "discretionary foods" and cretionary choices" had no results rretionary choices" had no results
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	searched "campbells" and ott's" individually (no relevant lts) s not allow the use of quotations arch box tried searching "coca-cola tried searching "coca-cola ralia"- no results "discretionary foods" and retionary choices "had no results retionary choices "had no results
	arch box tried searching "coca-cola ralia"- no results "discretionary choices" and retionary choices" had no results
in se	tried searching "coca-cola ralia"- no results "discretionary foods" and retionary choices" had no results
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W (consumer site) no addi	no additional results from google search
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G (no search option Also on site) Austr (hung name	Also searched as "hungry jack's Australia" but more results without (hungry jacks is also the Australian name for the company); Hand searched website, no relevant pages.
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Supplementary Appendix II: Webpages excluded from further analysis as they did not the terms "Discretionary food and drinks" or "Discretionary choices"

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Na∰e of organisation ent t 1	Website url	ast update	0	Country	Sector	Webpage purpose/type	Title of page/url
Heart Foundation (Australia)	artfoundation.or g.au/	no date	-0	Australia	Non-government organisation	consumer information	Meals and food
Stroke Foundation	https://strokefo	2018				consumer information	Eat well
McDonald's Australia Ltd	ds.com.au/	2018	>	Australia		Statement of intent	AFGC QSR Initiative for Responsible Advertising and Marketing to Children
Nestle Australia Ltd	tle.com.au/		30/08/2018	Australia	(etgil)	Consumer information	Choose practical portions

age/url	Sugar, friend or foe?	Inside our Quick Service Restaurants Australia 2018	Commit to healthy eating in 2016	Healthy Food Guide	Right Bite and healthy eating policies
Title of page/url	Sugar, frie	Inside our Quic Australia 2018	Commit t	Healthy F	Right Bite
Webpage purpose/type	Consumer information	Report on company policies, commitments	news/ consumer information	Healthy food and drink guidelines for school	Healthy food policy for school and preschools
Sector	Food industry (manufacturing/ retail)	University/ public interest organisation	Government Department	Government Department	Government Department
Country	Australia	Australia Australia	Australia	Australia	Australia
Date searched	30/08/2018	03/09/2018	07/09/2018	07/09/2018	07/09/2018
Date of last website update	2018	2018	no date		
Website url	itarium.com.au/ itarium.com.au/	https://www.insi deourfoodcomp anies.com.au/qui ck-service- restaurants	http://ww2.healt no date h.wa.gov.au/	https://www.ed ucation.wa.edu.a u/	https://www.ed ucation.sa.gov.a u/
Name of organisation OO mmoool ee	Samarium Health and Wellbeing Company ந	Inside our food companies Quick Service Restaurants	WA Department of Health	WA Department of Education	SA Department of Education

Date of last update	Terms	Primary definition d	Stated source of primary definition
https://www.heartfoundatio no date n.org.au/after-my-heart- attack/heart-attack- recovery/meals-and-food	unhealthy fats; salty foods;	"Limit fried or baked foods, especially chips, biscuits, cakes and other baked cereal products. Avoid adding salt to food. Choose 'no added salt', 'low-salt' or 'salt reduced' foods where possible. Avoid sugar-sweetened drinks."	Not stated
https://strokefoundation.org. no date au/About-Stroke/Prevent- Stroke/Overweight-and- obesity	попе	than 4 grams each day (equivalent to ibout a teaspoonSteer clear of sugary	Not stated
https://mcdonalds.com.au/sit no date es/mcdonalds.com.au/files/Q SR%20Initiative%20for%20Re sponsible%20Advertising%20 and%20Marketing%20to%20 Children.pdf			Undear
http://www.nestle.com.au/n hw/portion- guidance/documents/portion %20booklet.pdf	Treats	portion sizes for "treat" foods, such as lollies or chocolate	Unclear

URL of page	Date of last	Terms	Primary definition S	Stated source of primary
	update			definition
httas://www.sanitarium.com. no date au/ĥealth- nutrition/nutrition/sugar friend-or-foe		high sugar foods and fluids	"Keep high sugar foods and fluids for special occasions and keep to small amounts. These include Iollies, chocolates, cakes, biscuits, ice- creams, fruit juices, cordials, soft drinks, energy drinks and alcohol." Other examples of high sugar foods given in Table including chocolate H milk and flavoured yoghurt [for the standard of	Australian Department of Health. Discretionary food and drink choices. [Internet] 2015 [cited 2016 July 4]; available from: Nutrition https://www.eatforhealth.gov.au/food-essentials/discretionary-food-and-drink-choices
https://docs.wixstatic.com/u	2018	unhealthy diets, fast food; 'less healthy'	unhealthy diets; fast food; "Limiting the levels of salt, free sugars, saturated fat and trans fat in products" (A)	The World Health Organization (WHO)
http://www.ahs.health.wa <u>.go</u> 12/01/2016 v.au/About-us/News/Commit- to-healthy-eating-in-201 <u>6</u>	12/01/2016	Treats	"Limit high saturated fat foods and high glycemic index (GI) foods, including take-aways, fruit juices, confectionary, white breads, cereals and IN highly marbled cuts of meat. "	Not stated
https://www.education.wa.e du.au/documents/43634944/	No date	1. Healthy food 2. Traffic light system (green, amber, red)	 Healthy food fuels your children's bodies and gives them the energy and nutrients to get through the day Green = fill lunchbox Amber = select carefully Red = off the menu 	Not stated
https://www.education.sa.go Aug 2017 v.au/teaching/projects-and- programs/eat-well- sa/developing-healthy-food- policies-schools-and- preschools	Aug 2017	(Traffic light system): Green foods, amber foods, red foods, banned foods Highly processed; Energy dense and nutrient poor	Green foods: Green category foods and drinks are the healthiest choices. Schools and preschools are encouraged to provide as many choices as possible from this category. Amber foods: Amber category foods and drinks are more processed with some added salt, sugar or fat. Schools and preschools are encouraged to select carefully from this category. Red foods: foods and drinks are highly processed, energy dense and nutrient poor. These are banned from sale in government school canteens and vending machines at all times.	lot stated

Coessiments about alignment between definition and stated source වූ	<u>P</u>	Food list	Rationale behind the Intent of choice of term/definition use/application	Intent of use/application
Unclear as no source stated	2		Accepted its use as a way of determining healthier or products	To classify foods as healthy or unhealthy
	THISTOR			
Undlear as no source stated	STATE OF STA		Proportion of discretionary foods is an It indication of diet quality from an health outcome perspective	To classify foods as healthy or unhealthy
Undear as no source stated and no definition for discretionry foods provided	RELIGION OF THE RELIGION OF TH	SEE MAILEAN		Unclear
Undlear as no source stated	N. P.	no, but portion sizes provided for Nestle descretionary products.	JOEP THIN	To determine acceptable portions sizes of unhealthy foods

Intent of use/application	To classify foods as unhealthy	To classify foods as healthy or unhealthy	To classify foods as healthy or unhealthy	To classify foods as healthy or unhealthy	To classify foods as healthy or unhealthy
Rationale behind the Intent of choice of term/definition use/application	You don't need to 'quit To sugar' or go 'sugar free' un to be healthy. Avoiding wholefoods is not the answer. It's foods and beverages with large amounts of added sugars that we need to limit.	Accepted its use as a way To of determining healthier he products	Proportion of discretionary foods is an he indication of diet quality from an health outcome perspective	nhealthy	Accepted its use as a way To of determining healthier he products
Food list	Yes	o _E	ARTION AND THE REPORT OF THE PERSON OF THE P	Nes Y	Nil
Comments about alignment between definition and stated source O	Non-mortudes only foods high in sugar, and includes fruit juice. Does not acknowledge added or high fat.	No, uses 'free' sugars instead of 'added' sugars, includes trans fats, does not mention alcohol	Undlear as no source stated	Undlear, as source not stated; But some ambiguous foods e.g. frozen yoghurt = green food	Undlear, as source not stated; does not specify saturated fat and only fat

	Nutrient Criteria	"Aim for foods with less than 400 mg of sodium per 100 g. Foods with less than 120 mg of sodium per 100g are considered low in salt."	limit salt to less than 4 grams each day (equivalent to 1600 mg of sodium). The maximum daily upper limit is 6 grams of salt (2300 mg of sodium), which is about a teaspoon	Energy "The meal must satisfy an energy criteria based on the Nutrient Reference Values for children of different age groups. The maximum energy limits for each target age group are as follows: i. 4.8 years - 2080. kJ per meal ii. 9.13 years - 2770 kJ per meal ii. 9.13 years - 2770 kJ per meal ii. 9.13 years - 1.8 per 100kJ; ii. Saturated fat - 0.4g per 100kJ; ii. Saturated fat - 0.4g per 100kJ; iii. Sugar - 1.8g per 100kJ; and iii. Sodium - 650mg per serve. Overall, the average level of saturated fat, sugar and sodium in the meal will be less than what children are currently eating (based on the Children's Survey"	
	Author commentary/opinions about food classification inconsistent with guidelines	E LIHERY	e e	ou	"Fill up on core foods like fruit, vegetables, wholegrains, lean meats and dairy before enjoying the occasional small treat. That way you're more likely to have a nutritionally balanced diet and be less tempted to overindulge; "Sweet treats such as cakes, chocolate and lollies are delicious but we all appreciate the need to strike a healthy balance."
	Rationale for alternate definition(s)	Accepted its use as a way of determining healthier products			
Doo	Oti聲r definition(s) of discretionary foods an th し	"limit processed meats, including sausages, and deli meats, such as salami. Limit take-away foods (e.g. pastries, pies, pizza, hot chips, fried fish, hamburgers). Limit salty, fatty and sugary snack foods (e.g. crisps, cakes, biscuits, lollies and chocolate)avoid sugar sweetened drinks ;Avoid high-salt packaged foods, salty snacks and salty take-away foods."			

Other definition(s) of discretionary foods OO	Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
"If the sugar can be problematic for a few key reasons: "If the sugar can be problematic for a few key reasons: Energy dense: In one bite, high sugar foods can deliver large amounts of kilojoules or calories to your body. Nutrient poor: Refined, high sugar foods like soft drinks, cakes and biscuits offer your body few nutrients and no fibre, leaving you with nutrient-less energy"	Accepted as a way of defining unhealthy	"You don't need to 'quit sugar' or go 'sugar free' to be healthy."	intake of 'free' sugars should be limited to less than 10% daily energy intake
"high in salt, free sugars, and unhealthy fats"; " nutrients of concern (i.e., sodium, free sugars, saturated fat, trans fat) and energy content/portion size of menu items"; "Targets and reported actions related to reduction of sodium, free sugars, saturated fat, trans fat, and energy content/portion size of menu items"	Accepted its use as a way of defining unhealthy	EREIT DEPART	o with the state of the state o
		00	OU STATE OU
			SECT NOOZ
			Yes; link to additional document with nutrient criteria: https://www.education.sa.gov.au/sites/g/files/net691/f/easy_guide_to_healthy_fo od_and_drink_supply_in_sa_schools_and_preschools.pdf (previous row)

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"Eating a diet low in salt and saturated fat is important if you've had a heart attack." "Eating too much unhealthy saturated and

rans fats can increase high cholesterol."

"Too much alcohol increases your risk of more heart problems. Drinking less alcohol can substantially lower your blood pressure."

The nutrition criteria for assessing children's meals have been

developed by a team of Accredited Practicing Dietitians in consultation with national guidelines and authorities on children's nutrition. These criteria will be piloted over the next 12 months and updated as required to reflect changes in nutrition science and NHMRC recommendations."

ortion sizes, e.g. 40g brownie, 25g chocolate

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nitiatives (e.g., Healthy Food Partnership) to improve the overall sodium, free sugars, saturated fat, artificially produced trans fat

...'healthier' frying oils (i.e., non-hydrogenated / Iower in

" ylddus boo

saturated fat and/or trans fat)."

the average fast food meal contains almost half of an adult's Key recommendations for quick service restaurants: Product formulation: Set measurable targets and timelines to reduce and meal portion sizes, in conjunction with government-led

recommended daily energy intake"

other relevant points of interest/Additional notes

Docuses on sugar

Foods deemed as "treats" should be consumed in moderation.

"Monitor alcohol intake..."

Eat plenty of fruit and vegetables.Have two to three serves of dairy (reduced fat milk,

1. Eat a healthy breakfast.

cheese and yoghurt) to meet daily calcium needs.
4. Drink lots of water, the best thirst quencher.
5. Eat readily available healthy snacks as needed.

Supplementary Appendix III: Nutritional criteria for fo

National/state	Document
National	National Healthy School Canteens Guidelines, 2014
	http://www.health.gov.au/internet/main/publishing.nsf
	/Content/5FFB6A30ECEE9321CA257BF0001DAB17/\$File
	/Canteen%20guidelines.pdf
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	National Healthy School Canteens Guidelines, 2010 http://www.health.gov.au/internet/main/publishing.nsf
ACT	National Healthy School Canteens Guidelines, 2010
	http://www.health.gov.au/internet/main/publishing.nsf
	/Content/phd-nutrition-canteens

SA	Right bite. The easy guide to healthy food and drink supply for South Australian schools and preschools https://www.education.sa.gov.au/sites/g/files/net691/f/easy_guide_to_healthy_food_and_drink_supply_in_sa_schools_and_preschools.pdf?v=1455502278
NT	Northern Territory Guidelines School nutrition and Healthy Eating, 2017 https://education.nt.gov.au/data/assets/pdf_file/000-8/257804/school-nutrition-healthy-eating-guidelines.pdf
	THE THE OE

Tasmania	School Canteen Handbook A Whole School Approach to Healthy Eating, 2014
	use the National Healthy School Canteens Guidelines, 2014
	https://documentcentre.education.tas.gov.au/Documen
	ts/Tasmanian-School-Canteen-Handbook.pdf
QLD	Smart choices, healthy eating at our school
	https://education.qld.gov.au/initiativesstrategies/Documents/smart-choices-quick-guide-
	2016.pdf#search=canteen
	weblink to nutrient criteria is not working
	www.education.qld.gov.au/schools/healthy/food-drink- strategy.html
WA	Government of WA Healthy Food and Drink Choices in Schools
	use FOCiS nutrient criteria that are based on the
	National Healthy School Canteen
	Guidelines (2010) with some minor adaptations*
	https://www.focis.com.au/wp-
	content/uploads/2018/09/FOCiS-Buyers-Guide-August-
NSW	2018.pdf
INSVV	NSW Healthy School Canteens: The Food and Drink Criteria
	https://healthyschoolcanteens.nsw.gov.au/canteen-
	managers/the-food-and-drink-criteria
	THE THE CHILD

ods sold in school canteens in Australia, by State/Territo

Food
Hot food items and processed meats
Savoury pastries, filled breads, pasta dishes, pizzas, oven-baked potato products,
dim sims, spring rolls, rice and noodle dishes
Meat products and alternatives crumbed and not-crumbed (burgers, patties,
strips, balls or nuggets), sausages, frankfurts and saveloys, stews, casseroles and
curries
Processed luncheon meats (fritz, devon, chicken loaf, free flow chicken products)
and cured meats (for example: ham, bacon)
Snack food items
Sweet snack food, bars and biscuits
Savoury snack food, biscuits, crispbreads and crisps
S PIN HIV
Ice creams, milk-based ices and dairy desserts
Un-iced cakes, muffins and sweet pastries
Healthier choices
Breakfast cereals not containing dried fruit
Breakfast cereals containing dried fruit
Pasta sauces and simmer sauces
Soups as prepared ready-to-eat (condensed, instant)
Dips (legume, dairy, vegetable or salsa)
Mayonnaise and salad dressings
Hot food items and processed meats
Savoury pastries, filled breads, pasta dishes, pizzas, oven-baked potato products,
dim sims, spring rolls, rice and noodle dishes
Meat products and alternatives crumbed and not-crumbed (burgers, patties,
strips, balls or nuggets), sausages, frankfurts and saveloys, stews, casseroles and
curries
Processed luncheon meats (fritz, devon, chicken loaf, free flow chicken products)
and cured meats (for example: ham, bacon)
Snack food items
Sweet snack food, bars and biscuits
Savoury snack food, biscuits, crispbreads and crisps
Ice creams, milk-based ices and dairy desserts

Un-iced cakes, muffins and sweet pastries

Hot foods assessed per 100g: >1000kJ; >5g sat fat; >400mg sodium

Snack foods assessed per serve: >600kJ; >3g sat fat; <1.0g fibre

Hot food items and processed meats

Savoury pastries, pasta, pizzas, oven-baked potato products, dim sims, spring rolls, fried rice and noodles

Crumbed and coated foods (e.g. patties, ribs, chicken products), frankfurters and sausages

Snack food items

Snack foods, bars and sweet biscuits

Savoury snack foods and biscuits

Ice creams, milk-based ice confections and dairy desserts

Cakes, muffins and sweet pastries

Hot food items and processed meats

Savoury pastries, filled breads, pizzas, ovenbaked potato products, dim sims, spring rolls

Meat products and alternatives crumbed and not-crumbed (burgers, patties, strips, balls or nuggets), sausages, frankfurts and saveloys

Processed luncheon meats (fritz, devon, chicken loaf, free flow chicken products) and cured meats (for example: ham, bacon)

Pre-prepared meals based on core foods including rice and noodle dishes, sushi, pasta dishes, stews, casseroles and curries

Snack food items

Sweet snack food, bars and biscuits

Savoury snack food, biscuits, crispbreads and crisps

Snack packs, dip and biscuit packs, cheese and biscuit packs

Dairy based ice creams, frozen yoghurt, dairy desserts

Prepacked smoothies, liquid breakfast and yoghurt drinks

Un-iced cakes, muffins and sweet pastries

Healthier choices

Breakfast cereals not containing dried fruit

Breakfast cereals containing dried fruit

Pasta sauces and simmer sauces

Soups as prepared ready-to-eat (condensed, instant)

Dips (legume, dairy, vegetable or salsa)

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Everyday foods (FFG foods) any HSR Occasional foods require a HSR of 3.5 or above	
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Everyday foods (FFG foods) any HSR Occasional foods require a HSR of 3.5 or above	
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Energy	Saturated fat	Sodium
For amber foods		
1000kJ or less/100g	5g or less/100g	400mg or less/100g
1000kJ or less/100g	5g or less/100g	450mg or less/100g
	-0,0	1000
		CX No
1000kJ or less/100g	3g or less/100g	750mg or less/100g
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	. ?	
600kJ or less/serve	3g or less/serve	
600kJ or less/serve	2g or less/serve	200mg or less/serve
(1800kJ or less per 100g)	SP	
600kJ or less/serve	3g or less/serve	b
900kJ or less/serve	3g or less/serve	
For green foods		
	2g or less/100g	
	2g or less/100g	
	2g or less/100g	300mg or less/100g
5	2g or less/100g	300mg or less/100g
	2g or less/100g	750mg or less/100g
	3g or less/100g	750mg or less/100g
For amber foods		
1000kJ or less/100g	5g or less/100g	400mg or less/100g
1000kJ or less/100g	5g or less/100g	450mg or less/100g
1000kJ or less/100g	3g or less/100g	750mg or less/100g
600kJ or less/serve	3g or less/serve	
600kJ or less/serve	2g or less/serve	200mg or less/serve
(1800kJ or less per 100g)	3,	0 : :::,::::
600kJ or less/serve	3g or less/serve	
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900kJ or less/serve	3g or less/serve	
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For red foods		
>1000kJ/100g	>5g/100g	>400mg/100g
>1000kJ/100g	>5g/100g	>700mg/100g
>600kJ/serve	>3g/serve	
>600kJ/serve	>3g/serve	>200mg/100g
>600kJ/serve	>3g/serve	18-17
>900kJ/serve	>3g/serve	
For amber foods		14,0
1000kJ or less/100g	5g or less/100g	400mg or less/100g
1000kJ or less/100g	5g or less/100g	450mg or less/100g
1000kJ or less/100g	3g or less/100g	750mg or less/100g
1000kJ or less/100g	5g or less/100g	400mg or less/100g
for green	(4),21	
750kJ or less/100g	3.5g or less/100g	300mg or less/100g
	W. O. W.	
600kJ or less/serve	3g or less/serve	
600kJ or less/serve	2g or less/serve	200mg or less/serve
(1800kJ or less per 100g)		
500kJ or less/serve	5g or less/100g	300mg or less/serve
600kJ or less/serve	3g or less/serve	
900kJ or less/serve	3g or less/serve	
900kJ or less/serve	3g or less/serve	
For green foods		
	2g or less/100g	600mg or less/100g
	2g or less/100g	600mg or less/100g
	2g or less/100g	300mg or less/100g
	2g or less/100g	300mg or less/100g
	2g or less/100g	750mg or less/100g

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Fibre	Sugar	Note
		GREEN foods: Always on the canteen menu
		AMBER foods: Select carefully
		RED foods: Not recommended on the canteen
		menu
		A RED food or drink is any product assessed
		according to the AMBER Nutrient Criteria that
		does not meet the criteria for energy (kJ),
		saturated fat, sodium or fibre.
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1 g or more/serve		
		CBLENNIEN
	14.	Milk must be listed as first ingredient
1.5 g or more/serve		117.11
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5 g or more/100g	20g or less/100g	(b)
5 g or more/100g	25g or less/100g	
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1 g or more/serve		
		Milk must be listed as first ingredient

1.5 g or more/serve		
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1 g or more/serve	Sh. Ob. C	
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1.5 g or more/serve	8	-
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5 g or more/100g	20g or less/100g	
5 g or more/100g	25g or less/100g	

	GREEN: Have plenty – encourage and promote these food and drinks. These foods and drinks do not need to be assessed. AMBER: Select carefully – don't let these foods and drinks dominate the choices and avoid large serving sizes. RED: Occasionally – these foods and drinks are to be supplied on no more than two occasions per term across the whole school environment.
	consists of a minimum of 60% 'green' food and drinks; consists of a maximum of 40% 'amber' food and drinks; only offers savoury commercial products that are 'amber' foods a maximum of twice per week; and contains no 'red' food and drinks.
THIS DEPERTURE THE DEPART	Everyday foods (FFG foods) should be at least 3/4 of the menu Occasional foods should not exceed 1/4 of the menu Portion size limits are observed for occasional foods and selected everyday foods (FJ and flavoured milk)

Supplementary Appendix IV: Submission documents to the Senate Select Enquiry into the Obesity Epidemic in Australia excluded from further an e

Australia Association of Convenience Stores (100 E 2012) Selectific author (100 E 2012) Selecti						
Australia Australia Australia Australia Australia						Sector
Professor Peter SW Davies C-lun-18 Australia	Lance Payne (PDF 45 KB)	1	Lance Payne	1		Individuals, other
Thompson (PDF 1011 KB)	Early Life Nutrition Coalition (PDF 99 KB)					NGO/advocacy group
4 Jennifer Thompson Jun-18 S Robert Lowndes 22-Jun-18 Australia Australia Australia 7 Professor Ross Ballie 25-Jun-18 Australia	of Presidents of Medical Colleges (PDF	3	Mr Philip Truskett	1		Health professional association
4 Jennifer Thompson Jun-18 Australia A			CHISTER CY			
S Robert Lowndes 22-Jun-18 Australia	1	4	Jennifer Thompson	MEN		Individuals, other
6 Jeff Rogut 21-Jun-18 Australia 9 Australia 7 Professor Ross Bailie 25-Jun-18 Australia	Mr Robert Lowndes (PDF 282 KB)			HAS BEEFMATICALLY	SED	Industry & networks & entrepreneurs
. 7 Professor Ross Bailie 25-Jun-18 Australia		9			MDER THI	Industry & networks & entrepreneurs
						Research institute/ university

Author/organisation ODO ODO	Submission No.	Specific author	Date of publication	City/country	Sector
	8	Professor Simone Pettigrew 29	29-Jun-18	Australia	Research institute/ university
David Roberts (PDF 623 KB) Attachment 1 (PDF 162 KB)	5	David Roberts	Matralia Australia Austral	eliertelia SELLA VOSE CHILI	Individuals, other

Sector	Research institute/ university	Individuals, other	Individuals, other	Research institute/ university
Gity/country	Australia	Australia	Australia	Australia
Date of publication	OCH DER P	athan James Pincus Australia Individu		3-Jul-18
Specific author	Professor Louise Baur	Jonathan James Pincus	David Hale	Professor Steve Allender
Submission No.	10	11	12	13
Author/organisation OO mm		18 KB.)	David Hale (PDF 27 KB).	Global Obesity Centre (PDF 227 KB) LOS TO THE POPE 227 KB)

City/country Sector	Australia Individuals, other	Australia NGO/advocacy group	Australia Research institute/ university	Australia Government/ health services	Australia Industry & networks & individuals
Date of publication		EN P	2-Jul-18	24-Jun-18	4-Jul-18
Specific author	Amanda Atkins	Melinda Crole	Professors Helena Teede and Helen Skouteris	Professor SM Sawyer	Fiona Jolly
Submission No.	14	15	16	17	19
Author/organisation	ida Atkins (PDF 57 KB)	YMCA Victoria (PDF 508 KB)	Monash Centre for Health Research and Implementation (PDF 189 KB) Attachment 1 (PDF 926 KB) 16.1 Supplementary to submission 16 (PDF 368 KB) 16.2 Supplementary to submission 16 (PDF 61 KB) 16.3 Supplementary to submission 16 (PDF 61 KB) 16.3 Supplementary to submission 16 (PDF 18.3 Supplementary to submission 16 (PDF 18.7 KB) 16.5 Supplementary to submission 16 (PDF 187 KB) 16.5 Supplementary to submission 16 (PDF 187 KB)	The Royal Children's Hospital Melbourne (PDF 418 KB) Attachment 1 (PDF 267 KB)	Ad Standards (PDF 271 KB)

Author/organisation OO mm beam	Submission No.	Specific author	Date of publication	City/country	Sector
Au基ralian College of Nursing (PDF 399 KB)	20	Adjunct Professor Kylie Ward	4-Jul-18	Australia	Health professional association
Victorian Centre of Excellence in Eating. Disorders (PDF 532 KB)	21			Australia	Government/ health services
Brenda Janschek (PDF 58 KB)	23	Brenda Janschek	CUNIENT OCIEDER	Australia	Individuals, other
Eating Disorders Victoria (PDF 157 KB)	24	Jennifer Beveridge	3-Jul-18	Australia	Government/ health services
Lactation Consultants of Australia and New Zealand (DDE 52 KR)		Heather Gale		Australia	Health professional association
International Health Economics Association, Economics of Obesity Special Interest Group (PDF 173 KB). Primary Care Partnership (PDF 231 KB) Royal Australian and New Zealand College of Psychiatrists (PDF 146 KB)	28 30	Dr Nicole Black, Dr Vicki Brown, Dr Ceu Mateus, Dr Alfredo Paloyo, Jay Stiles Janette Lowe	Jul-18 Au Au Au	Australia Australia	NGO/advocacy group NGO/advocacy group Health professional association
Surger Free Smiles (PDF 92 KB)	31	A/Prof Matt Hopcraft		Australia	NGO/advocacy group

Sector	Individuals, other	Individuals, other	Research institute/ university	Individuals, other	Individuals, other
City/country	Australia	Australia	Australia	Avertalia Avertalia	Australia
Date of publication		SINTERIFFER SPECIFICATION OF THE PARTY OF TH		Individuals, c	5th July 2018
Specific author	Leanne Chambour				Ingrid Ozols
Submission No.	32	33	34	3.2	37
Author/organisation O D m		Name Withheld (PDF 41 KB)	Baker Heart and Diabetes Institute (PDF 143 KB)		100 HOP 130 KB) 2125

Author/organisation ODocome	Submission No.	Specific author	Date of publication	City/ country	Sector
bolic Health Solutions (PDF 259 KB) Supplementary to submission 40 (PDF (B)	40	John Wright	OC JED	Australia	Industry & networks & individuals
David Gillespie (PDF 862 KB)	41	David Gillespie	THE COURT	Australia	Individuals, other
Dr Narelle Story (PDF 111 KB)	42	Narelle Story	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Australia	Individuals, other
Parents' Voice (PDF 135 KB)	43	Alice Pryor	BEE MAN	Australia	NGO/advocacy group
Children's Hospital at Westmead Sydney (PDE 41338 KB)	44	Professor Louise Baur; Associate Professor Sarah Garnett; Dr Shirley Alexander; Dr Jennifer Cohen; Dr Megan Gow	X HEAL	Australia	Government/ health services
Marcea Klein (PDF 50 KB)	47	Marcea Klein		Australia	Individuals, other

	NGO/advocacy group	Industry & networks & entrepreneurs	Industry & networks & entrepreneurs
Sector	IGO/adv	Industry & netrentenceurs	Industry & netventrepreneurs
City/country S	Australia	Australia Ir	Australia e e
Date of publication	OCIMENT OCIMENT	A PHORNE NAME OF THE PROPERTY	
Specific author	Dr Peter Brukner		
Submission No.	48	49	53
Author/organisation OO oom		Australian Association of National Advertisers (PDF 5859 KB)	Kentucky Fried Chicken Pty. Limited (PDF 656)

Specific author Date of public	Professor Sandra Capra – Professor of Nutrition, School of Human Movement and Nutrition Sciences, The University of Queensland, Brisbane, Queensland e A/Professor Robyn Littlewood — Director Health Services Research, Children's Centre for Health Research, Children's Health Queensland Hospital and Health Service, Brisbane, Queensland and Co- Chair, Queensland child and Youth Clinical Network, Department of Health, Queensland e Dr Jacqueline Walker – Research Fellow in Nutrition and Exercise, School of Human Movement and Nutrition Sciences, The University of Queensland, Brisbane, Queensland e Ayala Rogany — Dietitian — Clinical Leader Obesity, Children's Health Queensland	Jul-18	Mrs Joy Coulson; Fiona McKenzie	
Date of publication	oor Sandra Capra – oor of Nutrition, School an Movement and on Sciences, The sity of Queensland, fessor Robyn ood – Director Health s Research, Children's for Health Research, n's Health Queensland al and Health Sevice, te, Queensland child and Clinical Network, aland Health, sland Couline Walker – ch Fellow in Nutrition arcise, School of Movement and on Sciences, The sity of Queensland, te, Queensland Rogany – Dietitian – Leader Obesity,	Jul-18	Coulson; Fiona e	-
Date of publication City/country	a Capra – trition, School ement and sees The leensland, is and obyn rector Health ch, Children's th Research, th Queensland etwork, Health, walker – vin Nutrition thool of ent and sees The leensland, sees T	Jul-18 Australia	7; Fiona Australia	
	S	701	982 1062	
Sector	Government/ health services	Health professional association	NGO/advocacy group	

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Priärity Research Centre for Physical Activity and Nutrition, Nutrition and Dietetics (PDF 171 KB) Attachment 1 (PDF 458 KB) Attachment 2 (PDF 376 KB) Attachment 3 (PDF 149 KB) Attachment 4 (PDF 655 KB) Attachment 6 (PDF 1469 KB) Attachment 6 (PDF 1469 KB) Attachment 7 (PDF 280 KB)	22	Professor Clare Collins; Tracey Burrows; Melinda Hutccheson	OCUME!	Australia	Research institute/ university
Australian Health Policy Collaboration (PDF 1170 KB)	65	Chair Professor Stephen Colagiuri, Boden Institute, University of Sydney Co-chair Professor Anna Peeters, Institute for Healthcare Transformation, Deakin University A/Prof Sharlen O'Reilly, School of Agriculture & Food Science, University College Dublin Professor Boyd Swinburn, Alfred Deakin Professor, Deakin University and School of Population Health, University of Auckland Professor David rawford, Centre for Physical Activity and Nutrition Research, Deakin University Monash Partners Academic Health Sciences Centre, Monash University MS Jane Martin, Executive Manager, Obesity Policy Coalition, Cancer Council	Australia Austra	Australia William Children Chi	NGO/advocacy group
FOI 2125					

Author/organisation Suk	mission No.	Specific author	Date of publication (City/ country	Sector
Fil평 Your Future (PDF 445 KB) Attachment 1 ((PDP 1135 KB)		Yvonne Farquharson	6-Jul-18 /	Australia	NGO/advocacy group
Federation of Parents and Citizens. Associations of NSW (PDF 279 KB)	63	HIS FRE	Jul-18	Australia	NGO/advocacy group
	64	Dr Edward Cliff		Australia	Individuals, other
Health Star Rating Advisory Committee (PDF. 674 KB)	65		S BEE AND HER	Australia	Government/ health services
	99	Dr Shannon Sahlqvist and Alfred Deakin Professor Anna Timperio		Australia	Individuals, other
Catholic Women's League Australia Inc (PDF 6 250 KB)	88	Valma Ivory		Australia Volumente de la Companya del Companya de la Companya del Companya de la	NGO/advocacy group

Author/organisation S OO DO DO DO DO DO DO DO DO DO DO DO DO	ubmission No.	Specific author	f publication	City/country	Sector
Fo द्ये and Movement Research Team at Early Start, University of Wollongong (PDF 1404 KB)	69	Bridget Kelly; Jennifer Norman	Jul-18	Australia	Research institute/ university
Grains and Legumes Nutrition Council (PDF_155 KB)	72	Ms Felicity Curtain; Dr Sara Grafenauer	O LED LE	Australia	Industry & networks & entrepreneurs
Menzies School of Health Research (PDF 561 KB)	77		6-jul-18	Australia	Research institute/ university
Exercise and Sports Science Australia (PDF 267 KB)	79	Craig Knox	A CONTRACTOR OF THE PARTY OF TH	Australia	Health professional association
World Breastfeeding Trends Initiative (PDF 8529 KB) Attachment 1 (PDF 169 KB) Attachment 2 (PDF 1861 KB)	81	Naomi Hull	N. TO.	Australia	NGO/advocacy group
NCDFREE (PDF 347 KB)	. 85	Timothy Kariotis		Australia	NGO/advocacy group
Terry Barnes (PDF 202 KB)	83	Terry Barnes	6-Jul-18	Australia	Individuals, other
Dr Nicholas Bravshaw (PDF 328 KB)	85			Australia	Individuals, other
Reconnect Nutrition (PDF 104 KB)		Tom Scully (and other dietitians)	5-Jul-18	Australia	Individuals, dietitian
Associate Professor Caroline Miller and Ms Airge Brownbill (PDF 237 KB)	93	Caroline Miller; Aimee Brownbill		Australia	Research institute/ university

Author/organisation Docome e	Submission No.		Date of publication	City/ country	Sector
Au z ralian and New Zealand Metabolic and <u>Obës</u> ity Surgery Society (PDF 404 KB)	94	Mr. Ahmad Aly.		Australia	Health professional association
Dr Rahul Barmanray (PDF 45 KB)	96	Dr Rahul Barmanray	Jul-18	Australia	Individuals, other
City of Greater Bendigo (PDF 87 KB)	97	Vicky Mason	6-Jul-18	Australia	Government/ health services
South Australian Nutrition Network (PDF 577 KB)	86	Louisa Matwiejczyk (on behalf 6-Jul-18 of a group)	6Jul-18	Australia	NGO/advocacy group
Butterfly Foundation (PDF 603 KB)	66	Christine Morgan		Australia	NGO/advocacy group
Menzies Institute for Medical Research (PDF. 200 KB)	100	Professor Alison Venn	6401-1810 The A. H.	Australia	Research institute/ university
Breastfeeding Coalition Tasmania (PDF 318 <u>.</u> <u>KB</u>]	102	Ros Escott	Jul-18	Australia	NGO/advocacy group
Partners in Prevention Geelong (PDF 335 KB)	105	Dr Michael Axtens and Dr Nic Brayshaw	NOTE: THIS IS EXACTLY THE SAME AS SUBMISSION 85	Australia	NGO/advocacy group
Professor Wendy Brown (PDF 119 KB)	109	Brown	6-Jul-18	Australia Australia	Individuals, other
Australian Council of Social Services (PDF 435 113 KB) Attachment 1 (PDF 1570 KB)	113	Edwina MacDonald		Australia	NGO/advocacy group
That Sugar Movement (PDF 454 KB)	115	Damon Gameau and Vera Skocic	9-Jul-18	Australia	Individuals, other
Jim Donovan (PDF 30 KB)	118	novan	Jul-18	Australia	Individuals, other
Menzies Research Centre (PDF 111 KB) Attachment 1 (PDF 3717 KB)	119	Fred Pawle	Jul-18	Australia	Political group/ association
Australian Local Government Association (PDF 121 5419 KB)	121	Adrian Beresford-Wylie	11-Jul-18	Australia	Government/ health services
MəBhblox (PDF 238 KB) Attachment 1 (PDF 13八8) Attachment 2 (PDF 9535 KB)	122	Alix O'Hara	13-Jul-18	Australia	Industry & networks & entrepreneurs
12					

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
ocume					
Australian Taxpayers' Alliance (PDF 740 KB) Attachment 1 (PDF 4565 KB) 123.1 Supplementary to submission 123 (PDF 1387 KB)	123	Australian Taxpayer Alliance	13-Jul-18	Australia	Political group/ association
Northern Territory Government (PDF 515 KB)	124			Australia	Government/ health services
City of Cockburn (PDF 105 KB)	125	~		Australia	Government/ health services
Australian Medical Association (PDF 2936 KB)	126	Josie Hill	13-Jul-18	Australia	Health professional association
Sunshine Sugar (PDF 283 KB)	127	Chris Connors		Australia	Industry & networks & entrepreneurs
rory robertson (PDF 76 KB)	128	Rory Robertson	5	Australia	Individuals, other
Consumers Health Forum of Australia (PDF. 212 KB)	129		10 July 10 Jul	Australia	NGO/advocacy group
The Boden Institute University of Sydney (PDF 720 KB)	130	lan Caterson	17-40-18	Australia	Research institute/ university
Johnson and Johnson Medical (PDF 807 KB)	131		Jul-18 81-Inf	Australia	Industry & networks & entrepreneurs
Outdoor Media Association (PDF 117 KB)	132			Australia	Industry & networks & entrepreneurs
Services for Australian Rural and Remote Allied Health (PDF 571 KB)	133		The state of the s	Australia	NGO/advocacy group
Medtronic (PDF 455 KB)	134	Andrew Wiltshire	Jul-18	Australia	Industry & networks & entrepreneurs
National Aboriginal Community Controlled Health Organisation (PDF 346 KB)	136			Australia	NGO/advocacy group
Gold Coast Health and Wellbeing Working Group (PDF 393 KB <u>)</u>	137	Helen Clifford		Australia	Government/ health services
National Rural Health Alliance (PDF 1443 KB)	138	Mark Diamond		Australia	NGO/advocacy group
Novo Nordisk Pharmaceuticals Pty. Ltd. (PDF 2957 KB)	141	Michala Fischer-Hansen	20-Jul-18	Australia	Industry & networks & entrepreneurs
Joep Lange Institute (PDF 860 KB)	143	Nick Manuelpillai	30-Jul-18	Netherlands	NGO/advocacy group
Cockburn Integrated Health (PDF 2958 KB)	146	Clory Carrello		Australia	Government/ health services

Author/organisation U	Submission No.	Specific author	Date of publication	City/country	Sector
ocume					
Ro&Rees (PDF 93 KB) Attachment 1 (PDF 1128 KB) Attachment 2 (PDF 564 KB) Attachment 3 (PDF 1277 KB) Attachment 4 (PDF 309 KB) Attachment 5 (PDF 1272 KB) Attachment 6 (PDF 3281 KB) Attachment 7 (PDF 706 KB) Attachment 8 (PDF 72 KB) Attachment 9 (PDF 78 KB)	147	Rob Rees	7-Aug-18	Australia	Individuals, other
Arthritis Australia (PDF 437 KB)	148			Australia	NGO/advocacy group
Link to all submissions: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Obesity/epidemic_in_Australia/Obesity/Submissions	u/Parliamentary_Bu	usiness/Committees/Senate/Ob	nittees/Senate/Obesity_epidemic_in_Australia/Obesity/Submissions	ASED 1882 CTH	

الا المارية as they did not the terms "Discretionary food and drinks" or "Discretionary choices" المارية الما

Dispretionary term U	Definition of discretionary	Stated source of primary definition		Food list	d the	Intent of use/ application	Other definition(s) of discretionary foods
ıt 1			definition and stated source		term/definition		
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							
No mention of discretionary foods/choices		THE TY	1,5 P. P.				
No mention of discretionary foods/choices							Role of food industry, NRVs nutrition labelling
No mention of discretionary foods/choices			OFMEN	HE BELLINGHER	ARELEARCY.		Sugar sweetened beverages
No mention of discretionary foods/choices					00	MERCH	Added sugar healthier food and beverage options Low sugar and no sugar beverage options are now typical items in any given brand's range Sugar tax, fat tax and soft drink taxes sugar-based soft drinks
No mention of discretionary foods/choices							

Discretionary term	Definition of	Stated source of	Comments about	Food list	Rationale behind the Intent of use/		Other definition(s) of discretionary foods
	discretionary	n	en ted		choice of term/definition		
சூention of discretionary foods/choices			IS DEPER				Soft drink; junk food; unhealthy foods
to mention of discretionary foods/choices			ALL ON ARTHIER OF THE PROPERTY	HASTEOROFHEAT	ARELEARCY NOOF	UNDERTHI	

	Definition of	Stated source of	Comments about	Food list	Rationale behind the	Intent of use/	Other definition(s) of discretionary foods
ocume			definition and stated source		inition		
Nক্ট্রnention of discretionary foods/choices		CHARLE CHAR					ADG (infant feeding guidelines), SSB
No mention of discretionary foods/choices			KNEW 2	E BELLINA HEAT	A SECTION OF HEAD OF THE PRICE		Sugar-sweetened beverage high calorific food and drink Sugar tax
No mention of discretionary foods/choices						CEP (H)	Trans fat Junk food Healthy food
No mention of discretionary foods/choices LO 5155							less healthy' food Processed HSR Junk food SSB Unhealthy food and drink/beverage

Other definition(s) of discretionary foods		unhealthy options healthy and food and beverage sugar-sweetened beverages, including sports drinks HSR	In supplementary attachment 16.3 (referring to Cox et al paper): energy-dense foods such as fat or sugar In supplementary attachment 16.5 (referring to Cox et al 2017 paper); junk food; For example, staff eliminated or reduced the availability of 'unhealthy' snacks (e.g. lollies, chocolates, chips), encouraged smaller serving sizes, restricted the availability of highly processed, convenience foods (e.g. frozen meals and snacks), offered less sugary drinks (e.g. soft drinks or juices) and used leaner cuts of meats in the main meals	Unhealthy food and drink HSR Sugary drink	unhealthy food and beverage unhealthy eating or drinking habits quick service restaurant companies healthier dietary choices
Intent of use/ application					8
Rationale behind the choice of term/definition			RELEASED, OS)	
Food list			S BELLINA HEAT		
Comments about alignment between definition and stated source		ENO PER P	K NEW		
Stated source of primary definition					
Definition of discretionary					
	No z hention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices

Discretionary term	Definition of discretionary	Stated source of primary definition	Comments about alignment between definition and stated source	Food list	Rationale behind the Intent of use/ choice of application term/definition		Other definition(s) of discretionary foods
Nomention of discretionary foods/choices		\ \ \					healthier foods nutritious foods SSBs
No mention of discretionary foods/choices							unhealthy and palatable takeaway options convenience foods healthy foods
No mention of discretionary foods/choices			CUMENO CUMENO				energy dense, nutrient deplete, sugar laden franken-foods junk food healthy food
No mention of discretionary foods/choices			10. V	Š			
No mention of discretionary foods/choices			No.	Skil			
No mention of discretionary foods/choices				EC OF HERE	SEE AND THE PARTY OF THE PROPERTY OF THE PARTY OF THE PAR	JADER	foods high in fat, salt and sugar HSR
No mention of discretionary foods/choices							Sugary drinks HSR
No mention of discretionary foods/choices							
Nodention of discretionary foods/choices							Added sugar HSR unhealthy food SSBs

	Definition of discretionary	Stated source of primary definition	Comments about alignment between definition and stated source	Food list	Rationale behind the choice of term/definition	Intent of use/ application	Other definition(s) of discretionary foods
Nक्ट्रोnention of discretionary foods/choices		THE T	15 DER				highly processed, sugary, artificially created food junk food and sugary drinks
No mention of discretionary foods/choices			INTERNATION OF THE STATE OF THE	HASTOR			Healthy fats Processed foods/sugar nutrition labelling
No mention of discretionary foods/choices				NA.			
No mention of discretionary foods/choices				XEA	ERED 1987 C	JNDER THIN	excess salt, sugar, fat and alcohol in the typical Australian diet unhealthy products healthy products reduce the reduce that suspects; ples bad fat torne usual suspects; ples bad fat Yoghurt, Pure Fruit Juice, Muesii Bars & other Health Food Bars, Certain Frozen meals, White Rice, Pasta & Bread, Dried Fruit All contain Frozen meals, White Rice, Pesta & Bread, Dried Fruit All contain Sersive a mounts of sugar, even though the packaging / advertising suggests these products are good for you. Conversely, Water, Certain Cereals, Fruit & vegetables, Brown Rice, Pasta & Bread, Nuts & Seeds, Lean Red Meat, Hummus, Avocado, Peanut Butter Are good for you
Nodention of discretionary foods/choices							Labelling foods as 'good', 'bad', 'junk', and food choices as 'right' or 'wrong'.

Discretionary term	Definition of discretionary	Stated source of primary definition	Comments about alignment between definition and stated source	Food list	Rationale behind the choice of term/definition	Intent of use/ application	Other definition(s) of discretionary foods
No 라 nention of discretionary foods/choices			IS DEFEL OF				From reference to Amanda Lee's twitter: junk foods and drinks High in added sugar
No mention of discretionary foods/choices			12/1/10/1				Sugar (especially fructose)
No mention of discretionary foods/choices			(X) (X)	70			
No mention of discretionary foods/choices				SE S	N. P.		junk food and drink added sugar, saturated fat and sodium in processed foods HSR sugary drinks
No mention of discretionary foods/choices							
No mention of discretionary foods/choices					, Noor	UNDER TH	processed foods, sugar, sugary drinks and artificial colours, flavours junk foods, sugary foods and drinks no refined sugar processed foods, additives and preservatives and replace with wholefoods rich in fibre, minerals and enzymes

	Definition of	Stated source of	Comments about	Food list	Rationale behind the	Intent of use/	Other definition(s) of discretionary foods
	discretionary	_	alignment between definition and stated source		choice of term/definition		
சூention of discretionary foods/choices		THE THE OF	IIS DEFENDED				processed foods and drinks high in added sugar unhealthy food HSR Sugary drinks
No mention of discretionary foods/choices			OFFIRE	APS HOPOK			"Unhealthy foods"
No mention of discretionary foods/choices				KER	ERELL 1984	UNDERCI	Ready-to-eat food and drink from major fast food and snack chains Reducing sodium, reducing saturated fat, offering drink options lower in sugar and energy than regular options Healthier food options

	Definition of	Stated source of	Comments about	Food list	Rationale behind the	Intent of use/	Other definition(s) of discretionary foods
ne		_	alignment between definition and stated source			application	
No th ention of discretionary foods/choices		THE THE	OCUMENTOF WEIGHT	HASTERNATION	ENRELLE AND THE PROPERTY OF TH		unhealthy foods, such as sugar-sweetened beverages and energydense, nutrient-poor foods
No mention of discretionary foods/choices					Q, \(\(\) \(\) \(\)		
No mention of discretionary foods/choices					081	MOE	unhealthy food and drink HSR sugary drinks

	Definition of discretionary	Stated source of primary definition	Comments about alignment between definition and stated source	Food list	Rationale behind the choice of term/definition	Intent of use/ application	Other definition(s) of discretionary foods
No弄nention of discretionary foods/choices		THE THE					From supplementary R1: SSB; energy-dense, nutrient-poor foods; EDNP foods included foods or groups of foods that were reported as high in fat, energy and/or sugar, and low in nutritional value, and included fried and fatty foods, savoury snacks, high sugar foods such as confectionery and sweet snack foods (but not beverages). R3: takeaway foods (e.g., Chinese food, fish and chips, hamburger and chips or fries, pizza), sweetened beverages R5: energy-dense, nutrient-poor foods alcohol; non-core foods; alcohol; non-core foods; energy-dense, nutrient-poor foods; alcohol; non-core foods; energy-dense, nutrient-poor foods
No mention of discretionary foods/choices			RARTHIENT O	A OF WELL OF HELD	Fast for process of the process of t	UNDERTHI	fast food chains processed foods unhealthy food and drink energy-dense nutrient poor foods sugary drinks

	Definition of discretionary	Stated source of primary definition	Comments about alignment between	Food list	Rationale behind the choice of	Intent of use/ application	Other definition(s) of discretionary foods
ume			gennición and stated source		term, deminion		
Noānention of discretionary foods/choices		Α΄					unhealthy food and drink HSR sugary drinks Junk food In Supplementary file: Soft drink, sports drink, slushy, energy drink; Avoid foods with too much sugar salt and fat
No mention of discretionary foods/choices							Unhealthy foods (characterised by being highly refined and calorie dense) Snack foods Convenience foods (such as pre-prepared ready meals) Processed and takeaway foods
No mention of discretionary foods/choices			W TO RE				Sugary drinks Junk food HSR
No mention of discretionary foods/choices			STATE OF THE PARTY	E SEL SURVER	A RELIEP		HSR: It is a voluntary FoPL scheme that rates the nutritional profile of packaged food and assigns a rating from ½ a star (least healthy) to 5 stars (most healthy) within six broad categories of food: dairy beverages, non-dairy beverages, core dairy (soft cheeses and yoghurts), core dairy (hard cheeses), fats and oils, and general foods. energy-dense, nutrient-poor packaged foods
No mention of discretionary foods/choices					1,70°C		
No mention of discretionary foods/choices					000	MDERTHI	unhealthy foods foods that are high in fat and sugar nutritious, healthy and organic food cost a lot more to buy than unhealthy, quick to prepare and buy fast food frozen food, takeaway food or pre-cooked food Options for nutritious alternatives, while they are beginning to make an appearance with franchises such as Boost (which seels fresh juices) are still few and far between junk food

t Food list Rationale behind the Intent of use/ Other definition(s) of discretionary foods en choice of application ated term/definition	Unhealthy food high fat, sugar, salt (HFSS) food and beverages high fat, sugar, salt (HFSS) food and beverages Ultra-processedenergy-dense nutrient-poor food energy-dense micronutrient-poor food energy-dense micronutrient-poor food how food Junk food HSR Traffic light "red yellow green system" Snacks	HSR refined and whole grain products	NA OK	unhealthy foods HSR sugary drinks	excess calories/protein found in infant formula	unhealthy foods HSR sugary drinks	Big Food' sugary drinks HSR "Junk" or pleasurable food and beverages dietary sugar added sugar other concentrated sources of energy such as alcohol, starchy takeaway and savoury snacks	discretionary goods including sugar-sweetened drinks, processed foods, and tobacco Calorie dense foods	discretionary goods including sugar-sweetened drinks, processed foods, and tobacco Calorie dense foods	discretionary goods including sugar-sweetened drinks, processed foods, and tobacco Calorie dense foods
Stated source of Comments about primary definition alignment between definition and stated	sonice	O CHILLORY								
Definition of discretionary										
	No za nention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices	No mention of discretionary foods/choices

Discretionary term	Definition of discretionary	Stated source of primary definition	Comments about alignment between definition and stated source	Food list	Rationale behind the Intent of use/ choice of application term/definition		Other definition(s) of discretionary foods
No d nention of discretionary foods/choices							discretionary goods including sugar-sweetened drinks, processed foods, and tobacco Calorie dense foods
No mention of discretionary foods/choices							discretionary goods including sugar-sweetened drinks, processed foods, and tobacco
No mention of discretionary foods/choices			16				discretionary goods including sugar-sweetened drinks, processed foods, and tobacco
No mention of discretionary foods/choices		W.K.					discretionary goods including sugar-sweetened drinks, processed foods, and tobacco Calorie dense foods
No mention of discretionary foods/choices							discretionary goods including sugar-sweetened drinks, processed foods, and tobacco Calorie dense foods
No mention of discretionary foods/choices			N OK	, IP			discretionary goods including sugar-sweetened drinks, processed foods, and tobacco
No mention of discretionary foods/choices				OK.C			discretionary goods including sugar-sweetened drinks, processed foods, and tobacco
No mention of discretionary foods/choices				SINE			discretionary goods including sugar-sweetened drinks, processed foods, and tobacco
No mention of discretionary foods/choices				K.A.	ERSECT NOOF	UNDER	regular food supply that is readily available, calorie dense high in refined sugar and fat treat only: The main issue would be the marketing of high sugar content foods to children. This includes not only confectionary but also pre-prepared cereals, fruit replacements and fruit juices. These foods are tasty and children like them. These foods should be a treat only — not an every-day part of the diet
No mention of discretionary foods/choices							SSB Supplementary file: added sugar
No mention of discretionary foods/choices							unhealthy foods
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							
Noghention of discretionary foods/choices							high calorie, low nutrient food inexpensive palatable foods high in sugar, salt and fat

				:			
Docume	Definition or discretionary	Stated source of primary definition	Comments about alignment between definition and stated source	Food list	Kationale benind the choice of term/definition	Intent of use/ application	Other definition(s) of discretionary Toods
No പ് പnention of discretionary foods/choices പ							unhealthy food processed food and sugary food
No mention of discretionary foods/choices							unhealthy food
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							energy dense, nutrient poor foods junk food unhealthy food
No mention of discretionary foods/choices			(C) (A)				
No mention of discretionary foods/choices							
No mention of discretionary foods/choices			EN OCE	, 1			junk food fatty, sugary and salty foods unhealthy foods
No mention of discretionary foods/choices			OF BELL	ARS FO			unhealthy food cheap processed foods that are high in energy but low in nutritional value energy-dense, nutrient-poor foods
No mention of discretionary foods/choices				300			
No mention of discretionary foods/choices							foods high in energy, fat, sugar and salt
No mention of discretionary foods/choices					P P		low-nutrient, energy-dense foods, and drinks
No mention of discretionary foods/choices						J	
No mention of discretionary foods/choices					50	DER	unhealthy food cheap, energy-dense food
No mention of discretionary foods/choices							energy-dense, nutrient-poor foods and drinks.
No mention of discretionary foods/choices							Unhealthy, energy dense foods
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							unhealthy food calorie-dense foods
No mention of discretionary foods/choices T							extra foods
ol 2125							

Discretionary term	Definition of discretionary	Stated source of primary definition	Comments about alignment between definition and stated source	Food list	Rationale behind the Intent of use/ choice of application term/definition		Other definition(s) of discretionary foods
No라nention of discretionary foods/choices							healthier foods
No mention of discretionary foods/choices							
		HE THE	SOUNE OF THE OF	HASTORMAHEA	LARTION TH	JKDER THI	

Nutrient Criteria		SED.	MORE CHI	
Author commentary/opinions about food classification inconsistent with guidelines	THIS DEPERDE	"Sugar consumption is falling and obesity is increasing. The rise in obesity will not be reversed by prioritising any action on sugar. Yet governments and distinguished bodies such as the AMA are advocating a tax on sugar sweetened beverages (SSB's). This is a call in desperation in an attempt to be seen to be "doing something" and does not stand up to rigorous analysis."		
Rationale for alternate definition(s)	Accepted its use as a way of defining unhealthy	Accepted its use as a way of defining unhealthy		

Nutrient Criteria		GED 1982 CTHI
Author commentary/opinions about food classification inconsistent with guidelines	"Your large-scale, population-wide studies have provided peer-reviewed evidence that: 1. The Health Star Rating system improves food choices by helping consumers to quickly and correctly identify healthier choices. 2. The Health Star Rating system can overcome any negative effects of misleading health claims on packaged foods. 3. The Health Star Rating system is more effective in influencing food choices than the Daily Intake Guide and Traffic Light food labelling systems. 4. Australian consumers prefer the Health Star Rating system to other labelling systems. These results reinforce the importance of making the Health Star Rating available on as many foods as possible to facilitate healthier food choices at a population level. This will be best achieved if the system is made mandatory."	Substantial commentary criticising American Dietary Guidelines, advocating for low carb diets, instead of low fat diets Author draws from The Nutrition Coalition article to say: ### To develop a trustworthy Dietary Guidelines of America (DGA), the process needs to be redesigned." ### To develop a trustworthy Dietary Guidelines of America (DGA), the process needs to be redesigned." ### To develop a trustworthy Dietary Guidelines of America (DGA), the process needs to be conducting systematic reviews." ### To develop a trustworthy Dietary Guidelines of America (DGA), the process needs to be conducting systematic reviews." #### The adoption and widespread translation of the DGA requires that they be universally wiewed as valid, evidence-based, and free of bias and conflicts of interest to the extent possible. This has not routinely been the case." #### The methodological approaches to evaluating the scientific evidence require increased rigor to better meet current standards of practice." #### The methodological approaches to evaluating the scientific evidence require increased rigor to better meet current standards of practice." ##### Translader of practice." #### Translader of practice." #### Translader of practice." #### Translader of practice." #### Translader of practice #### Translader of practice
Rationale for alternate definition(s) OO min	Accepted its use as a way of defining unhealthy	

Rationals for alternate definition(s)	Author commentary/oninions about food classification inconsistent with auidelines	Nutriont Criteria
Docume		
Acepted its use as a way of defining unhealthy	The Australian Dietary Guidelines recommend that children receive breast milk, and where that is not possible, suitable formula, until 12 months of age[53]. Children do not require formula beyond 12 months of age. There is evidence that 'follow-on' or 'toddler' formula advertising is a proxy to advertise infant formula in Australia, despite the voluntary and industry-led Manufacturers' and Importers' Agreement on Formula (MAIF) [54].	
	THIS DEEP PERPE	
Accepted its use as a way of defining unhealthy	I think that it is close to immoral for a health scientist to advocate a policy solely on the basis of its beneficial effects on health, and especially to cloak that advocacy with the garments of science. And there is more than a whiff of selfinterest when the advocates of the tax recommend that the receipts be spent on health, which means on the very institutions that fund what they do. Many, maybe most researchers in public health were attracted to the field by the desire to do good, through opportunities to engage in authoritative or expert advocacy of policy proposals; similarly, for many economists. In the literature on 'sin taxes', however, a significant difference seems to arise. It does seem acceptable for public health researchers to base their policy recommendations solely or almost entirely on claims about the effects on health. In contrast, it is not respectable for an economist to base policy advocacy solely on claims about the effects on 'the market economy', rather than on some more comprehensive conception of wellbeing, let alone welfare.	
Accepted its use as a way of defining unhealthy		OFF CIN
Accepted its use as a way of defining unhealthy Ol Signature Ol Signat		
225		

rationale for alternate definition(s) Output Documents	Author commentary/opinions about 100d classification inconsistent with guidelines	Nutrient Criteria
nt 1	(5) https://www.bmj.com/content/360/bmj k82.2/rapid-responses (Amanda Atkins on epidemiology) - rapid response, not journal article Re: Dietary guidelines and health—is nutrition science up to the task? NO IT ISN'T	
	For many years I followed a "Whole Foods Plant Based "diet - i.e. with an emphasis on fresh vegetables, fruit, lean meat & fish and "healthy whole grains". I thus followed a low fat, (and therefore High Carbohydrate diet). In August 2016 I was diagnosed with T2 diabetes with an Habal C of 10.3%. I was fortunate that on that same day I also found a randomised control trial (1) which told me: a) I could control my severe diabetes with severe carbohydrate restriction	
	b) that saturated iats were not the enemy and c) that losing weight per se was not necessary to recover metabolic health Low carb high fat diet	
Accepted its use as a way of defining unhealthy	HI O RE	
	S BEET RELIGION OF THE RELIGIO	
		1 ()
Accepted its use as a way of defining unhealthy		8)

		Nitrain Critoria
various)	Author commentary/opinions about 1000 classification inconsistent with guidelines	מתנופון כוופנום
Acæpted its use as a way of defining unhealthy		
Accepted its use as a way of defining unhealthy		
Accepted its use as a way of defining unhealthy	"And how is it that a body like the Dieticians Association of Australia, who informs many bodies, can be sponsored by the likes of Nestle and Campbells?"	
Accepted its use as a way of defining unhealthy	SEEN RELIGION THE SEEN OF HER ALTH	GED 1982 CT
Accepted its use as a way of defining unhealthy		
Acelpted its use as a way of defining unhealthy Compared to the second of the second o		

	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
Accepted its use as a way of defining unhealthy	THIS DEP	
Accepted its use as a way of defining unhealthy	old guard of nutritional information will soon take into account the growing evidence for LCHF	
	CANA CANA CANA CANA CANA CANA CANA CANA	
Λι	"I consider there is insufficient promotion of healthy foods and excessive & deceptive promotion of unhealthy foods." Of unhealthy foods." "The CSIRO Wellbeing Diet may be a publication Committee members are already familiar. This diet is a very good guideline for the community at large to observe. I would suggest 50% observance would be a useful improvement to many Australian's diet."	SED 1982 CTH
The detracts from the development of a healthy and Jelaxed relationship with food, increases feethers of guilt and shame and the risk of disOrdered eating.		

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
	We recognise that dietary guidelines were developed to prevent disease, and not as a clinical tool to manage disease 8. We believe, and various research programmes including our own supports, that the dietary guideline advice may be valid for a subsection of the population but certainly not for the 61% of the population who are metabolically ill (per Swiss Re). Many groups have concluded that an individualised approach to obesity is required with 'no one size fits all' capable of turning around the global obesity programme. However without the tools to achieve this, most Health Professionals are forced to use the guidelines in a manner for which they were not intended. The global failure of all governments (via guidelines or other means) to curb the rise in obesity means that simply rearranging the deckchairs will not work for the majority. If guidelines are wrong, will it make sense to replace them with slightly improved guidelines or even radically different ones that will remain wrong for a large proportion of the population as solution? Clearly new thinking must be applied to this problem.	
Accepted its use as a way of defining unhealthy	Self-evidently, all existing policies and programs have failed to arrest the crisis. This is because none of them focus on controlling (or eliminating) sugar consumption:	
Accepted its use as a way of defining unhealthy	BEERING OF THE PROPERTY OF THE	
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Accepted its use as a way of defining unhealthy		JADES CHA

Nutrient Criteria			SED 1982 CT
Author commentary/opinions about food classification inconsistent with guidelines	The original U.S. Dietary Guidelines on which the guidelines of most Western countries are based have been subsequently shown to be based on little or no scientific evidence4. The decision to demonise dietary cholesterol and saturated fat led to the recommendation of the low fat diet. The food industry subsequently replaced fat with sugar. The rise in obesity corresponds almost exactly to the introduction of these dietary guidelines. The basis of Australia's dietary policy has been the Dietary Guidelines which have been shown to be lacking in rigorous scientific evidence (see above) and urgently need review. We should ensure clear guidelines for added sugar intake are included in the Australian Dietary Guidelines. The World Health Organisation (WHO) recommends that we obtain no more than 10 per cent, and ideally 5 per cent, of our daily calories from added sugar. That means the ideal daily intake of added sugar is no more than 25 grams (6 teaspoons).	HAS BEEN AREN OF OF ARTHUR AREN OF THE ARE	ERRC'S ON TH
Rationale for alternate definition(s) OD DO	Acepted its use as a way of defining unhealthy	The AANA's concern with regard to the categorising food as "unhealthy" is that it makes no acknoledgement that it is the over-consumption of food, combined with a lack of physical activity, which creates unhealthiness. It also overlooks the fact that the occasional 'treat' is not a bad or unhealthy thing	KFC believes that all food has a role to play in a balanaced diet, combined with appropriate levels of physical activitySimplistic solutions that target single nutrients, sectors or good groups is counterproductive and does not lead to education of consumers to to empower them to make healthier food choices for themselves or their children, in accordance with the Australian Dietary Guidelines.

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Author commentary/opinions about food classification inconsistent with guidelines Nutrient Criteria	THIS PREED OF THE DESCRIPTION OF	WARTHER AND THE AND TH	
Rationale for alternate definition(s)	ent 1	Accepted its use as a way of defining unhealthy	FOI 212

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Rationale for alternate definition(s) OO CO	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Griteria
Ace라pted its use as a way of defining unhealthy		
	Whole Grain is not clearly articulated in the Australian Dietary Guidelines with 'mostly wholegrain' being used as the description of how much to consume – this needs to be quantified in future iterations of the guidelines	
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Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
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Nutrient Criteria										OF STATE OF			
Author commentary/opinions about food classification inconsistent with guidelines			a de la companya de			WHO CHO	HA NE CONTRACTOR OF THE PERSON	A NO	The AIHW notes that consuming low-nutrient, energy-dense foods, and drinks, not doing enough physical activity, a sedentary lifestyle, and insufficient sleep can result in weight gain, leading to loverweight and obesity.				Terminology used in lesson plans targeting children in the Cockburn arealimit extra foods, to avoid decay, disease and obesity.
Rationale for alternate definition(s)	Docume	nt 1											FO

Nutrient Criteria		SED 1882 CTH
Author commentary/opinions about food classification inconsistent with guidelines		SOCIAL DEPARTMENT OF THE PROPERTY OF THE PROPE
dationale for alternate definition(s) OO DO	nt 1	

star Rating system 6 is a program to address front-of-packet labelling by rating the nutritional value of packaged food and as it is voluntary, it provides ntroduced in 2015 to make healthy food more accessible and to encourage manufacturers to make positive changes to their products5. The Health More recently several programs have been introduced to tackle the growing problem of obesity in Australians. The Healthy Food Partnership was companies with an opportunity to re-formulate their product to achieve a higher star rating

In UK: A 'sugar tax' has also been introduced in that jurisdiction, emulating a model of regulation that have been invoked to address the harms of smoking and tobacco. 28 countries have reportedly introduced a sugar tax on SSB's. Proponents argue this is a reason we should do the same. The objective is to reduce SSB consumption and that is the only measure proponents have used to argue the success of a tax. No country has yet been able to show a reduction in obesity as a result of the tax. Consumption has fallen significantly in Australia and yet obesity continues to rise. The sugar tax argument is an unnecessary diversion from tackling obesity. So why do I care? The attack on sugar and emotional call for a sugar tax is diverting focus from improving overall diets, reducing calories and adopting ives people the impression that all they have to do to control their weight is give up sugar. I am also personally offended by any comparison of sugar healthier lifestyle. We regularly hear commentators saying words like "now we know the problem is sugar and not fats". This is simply not true and consumption with smoking and

addiction.

..It does not matter how we consume sugar - in soft drinks, cakes, processed tinned food, apples, oranges, grapes, raw or refined. The human gut does not distinguish where the sugar comes from. It is the same chemical – sucrose. That is why it is total calories or total sugars in food which is important or weight control – to separately label added sugar is not helpful."

We therefore in this submission focus on the various economic and employment implications of such proposed taxes and reinforce the lack of an

vidential basis that such taxes would have any impact on obesity levels.

AACS research in this area shows most Australians are opposed to a sugar tax on the basis it would pressure their budgets and threaten jobs. But while

t obviously makes no political sense to pursue a sugar tax policy, the available evidence suggests it makes no health sense either.

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Other relevant points of interest/Additional notes Of more and mor	Ovairal WACPRU endorses the Obesity Policy Coalition's 8 evidence-based "Tipping the Scales" recommendations (http://www.opc.org.au/what.we-no/phiping-the-scales): 1. Toughen restrictions on junk food advertising 2. Set food reformulation targets 3. Make Health Star Ratings mandatory 4. Develop an active transport strategy 5. Fund public health education campaigns 6. Add a 20% betain lety to sugary drinks 7. Establish a national obesity taskforce 8. Monitor diet, physical activity, and weight guidelines References cited are all of case study/quotes of medical doctors who advocate for low carb.	

ther relevant points of interest/Additional notes

ederal Court decision rought against Heinz by the ACCC found they made false claims about their products having nutritional value for children aged 1-Australia, concentrated fruit juices are commonly used by industry (to sweeten products, such as yoghurt or ready to eat foods for young children) years [48]. Crucially, the judge took into consideration the World Health Organization recommendations of 5-10% of totalenergy from 'free sugars'. Australia needs to improve its reporting of sugars in Nutrition Information Panels and why the use of the term 'free sugars' is so important. A recent his distinction between 'free' and 'added' sugars is critical, as 'free sugars' includes "all added sugars plus those present in honey, syrups and fruit alongside claims of 'no added sugar', because of the way 'added sugar' is defined under Schedule 4 of the Australian food standards. This is why Jices" [49] Docum

igh amounts by young children [50]. While all fats contribute the same amount of energy to a diet, industry added trans-fats offer no nutritional value at all and are harmful to health [51], much like the sugar content of soft drinks. The reason trans-fats are used by the food industry is because they are In the Australian diet, added trans-fats are found mostly in baked goods. Within this product category are sweet and savoury biscuits, consumed in heap and convenient, alternative fats could be used to improve the health profile of these foods but this is unlikely to happen without regulatory 1put [52]. Reduce children's exposure to sugar sweetened beverages in particular using bold measures such as a tax on sugar-sweetened beverages [65]. Placing a health levy on sugary drinks to increase the price by 20% would reduce consumption. S BEET RELIER OF HEALTH

Pro tax on junk food:

Banning trans fat in food (something they did in New York City). Getting companies to significantly reduce their sugar and fat content in existing and new products and sooner rather than later {aka, not the 20% reduction by 2025 some beverage groups have pledged}. Banning the sale of junk food at council pools and all schools and banning junk food ads at certain times of the day.

ax on junk food with any revenue raised used to lower the cost of healthy food.

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eplace the 'as prepared' rule with an 'as sold' rule (with the exception of products that are required to be drained or reconstituted with water prior to eedback and include i) modification to correct the inappropriate high rating of some foods relatively high in added sugar, sodium or saturated fat; ii) Make adjustments to improve the Health Star Rating System, and make mandatory by July 2019. Improvements should be based on technical onsumption; iii) allocate appropriate funds to promote the system firmly in the context of a healthy diet.

Implement a health levy on sugary drinks to increase the price by at least 20%

Reculation to restrict price promotions on unhealthy foods and beverages and removal of unhealthy foods from ends of aisles and checkouts.
The state of the control of the

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BeRes that "I am particularly concerned that with the continued vilification of saturated fat, and the increasing emphasis on removing sugar, taste needs to be created from something. At present it is all too likely that unless the effect of these seed oils are understood and if the above is confirmed and taken from the food supply, then the present course of action with even more of these seed oils included in foods to replace sugar will be calamitous to human health."	
Children today, via " approved heart healthy products" are basically being fed the equivalent of the rat chow specifically used by scientists to create obesity. Low in saturated fat, low or no protein, high in carbohydrate and cooked in inflammatory seed oils. (12) Governments, including the Australian government have made this problem worse. The promotion of Breakfast clubs sponsored by Kelloggs, ensures that children are fed an early breakfast low in protein, high in carbohydrates which will likely set them up for a day of roller coaster blood sugars / insulin and increasing hunger, all assuaged by yet more carbohydrates and insufficient protein (13)	
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Cites Deloitte Access Economics found that:

On balance, self-regulation of complaints handling is more likely to be effective than direct government regulation across the dimensions of cost, efficiency and responsiveness, and equal with government in terms of effectiveness and compliance.
Therefore in our view in this case self-regulation appears to be a better choice than direct regulation by government.
The current self-regulatory complaints handling system for community standards in advertising appears to be working effectively and in the best interests of Australian consumers.

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other relevant points of interest/Additional notes

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grees with govt recommendations:

- Legislation to implement time-based restrictions on exposure of children (under 16 years of age) to unhealthy food and drink marketing on free-to-air elevision.
- Supporting, updating and monitoring comprehensive and consistent diet, physical activity and weight management national guidelines
- Based on the available evidence, a tax on sugar sweetened beverages to deliver similar population weight benefits across socio-economic strata or reater benefits for lower socio-economic population groupsvi.

rom school fundraisers, to the weekly free can of soft drink and chips offered to them from the sports club, to kids menus at restaurants being based on cheap junk food, junk food at school canteens full of sugar, preservatives, colours etc (The NSW Healthy Canteens Policy itself needs an overhaul), he medical

marketed/advertised to kids, bliss points to ensure kids become addicted to that food, junk foods at checkouts, misleading labelling laws, fundraising profession not being educated on nutrition and often stating that diet doesn't matter, teachers using sweets as rewards, junk food being directly at school focusing on chocolates, fairy floss, slushies and I could go on

sales from 6% to 28%. Changes in consumption are not only due to the tax but also to changes introduced by the manufacturers in the total content of ilghest group from 63% in 2016 to 38% in 2017. In the group of 50gr-80gr of sugar per litre, an inversed trend was observed: there was an increase in between 25-30% in the final price. No results are yet available for its impact on obesity trends but there was a reduction in the sales of drinks in the o With 30% of its children overweight and 12% obese, Portugal introduced a "soda tax" in February 2017 for drinks with 50gr-80gr of sugar per litre and more than 80gr of sugar per litre. Consumption of soft drinks was around 40% in Portuguese adolescents. The tax represented an increase of ugar added to soft drinks.

esults are yet to be seen. Evidence from Latin America favours the use of evidence in the development and support of policies to address obesity and o In Mexico, obesity is a highly prevalent health problem in all regions, groups and genders. In 2005 some programmes were put in place, such as the Mexican national beverage guidelines, the school guidelines for healthy foods, the regulation of food and beverage marketing to children, and so on, and children were seen as an important group to be targeted. A tax on sugar sweetened beverages was introduced in 2014. Nevertheless, tangible change population behaviours. However, it is worth noting that the impact of policies is driven by the context where they are implemented and ountry specific evaluations of measures adopted so far are of paramount importance to inform future decisions.

nterventions, restricting television advertising of foods high in fat, salt and sugar to children was found to be highly cost-effective

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ndustry, when making significant changes to their diet and lifestyle. It is important that all dietary recommendations are based on medical evidence. he RANZCP would like to emphasise that Australians should be encouraged to seek information from medical professionals, rather than the food As part of this, consumers should be able to easily access medical professionals, including general practitioners, for consultation around dietary

Mentions role of EPs and exercise programs, but no mention of the role of dietitians

changes as a method of weight and lifestyle management.

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- or an arrange of the second solution solution of the second solution solution of the second solution of the second solution soluti
- All retailers to remove junk food and sugary drinks from checkout counters, and aisle that are within reach of children
- Make strict adjustments to improve the Health Star Rating System, so it is clear for consumers to understand and mandatory for food and beverage nanufacturers to implement
- . Developing a national travel strategy plan to promote walking, cycling etc and role this out as part of a public health campaigns in schools,
- Fund a high-impact, public education campaigns to improve attitudes and behaviours around diet, physical activity and inactive behaviour. ousinesses and through the media
- Place a health levy on sugary drinks to increase the price by 20%.
- Implement a strict food guide at school canteens, daycares, hospitals, children play and active centres. (i.e no added sugar, preservatives, additives) Remove children cartoon characters off all junk food, sugary drink and health supplements

numerous 3cm diameter ovarian cysts & innumerable brest cysts of the past....Surely lifestyle & psychological counselling should be the cornerstone of I researched & tried Very Low Carb, Healthy fats, No Processed foods/sugars, reduce stress, informed psychological/ nutritional counselling & noderate exercise was able to shed 30kg & get off Metformin for pre diabtetic condition plus cysts reduced to "normal" levels instead of the iny weight management program."

In 2016 my husband was in Prince of Wales Cardiac Unit for surgery correcting a congenital heart defect & the meals were atrocious - white bread, ootato, rice, peas, white fish in white sauce, pudding cup, apple juice - is one example. Not a balanced option by any reckoning.

Labelling Laws should also have stricter controls as the number of products misrepresenting their content is astounding."

parliament took the opportunity to explain the general wisdom and benefits of these sensible steps to the public at large. A bipartisan message to the community is critical to the success of changing the entrenched bad lifestyle behaviours. An issue all sectors of the political landscape â£oeagreed on As an important first step and an example of leadership, as well as a bipartisan action , your Committee should publish some form of endorsement to exercise. Yes these messages have been delivered before (on many occasions) but the message would more effectively resonate if all members of he community to increase the level of good foods in their diet, reduce or eliminate the bad foods, cut down on the alcohol and do some regular i€oe would surely capture community attention

ncrease demand for healthy products or decrease demand for unhealthy products, such measures may include;

- . Taxation increase based on fat, salt, sugar , alcohol or other unhealthy content
- Taxation decrease based on low / negligible fat, salt, sugar , alcohol or other unhealthy content

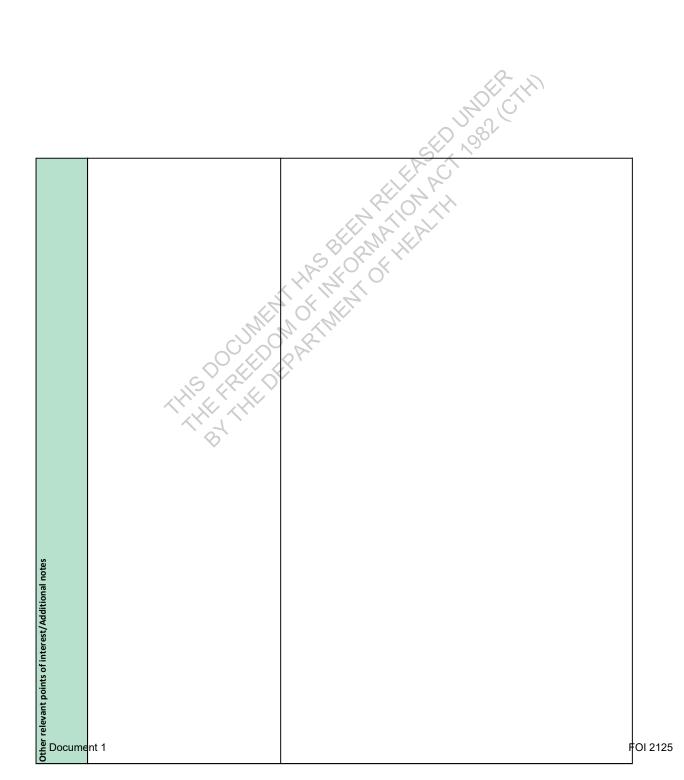
Mandate a maximum level of bad ingredients in products, I don't have specialist knowledge in this matter. A simple example for consideration , a 200 gram block of chocolate can comprise a 50% plus sugar content. Surely this product would still remain attractive if that sugar level was reduced to 40% Strengthen the legislation in relation to cooking oils and other related products. Eliminate/significantly reduce the use & application of bad fats or less. Once again strict penalties for those who dare to breach legislated requirements

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	SED	7,997
Other relevant points of interest/Additional notes Odono	Enderses gout: TIPPING THE SCALES REPORT The AAMA believes there is a misconception that obesity is attibutable to particular foods, rather than poor diets. Regulating particular foods, or the responsible advertising of foods, genores the reality that there is a need to focus on educating people about diet and conumption choices in line with the Australian Dietary guidelines, while encouraging people to be more active, if there is to be a significant impact on the problem.	

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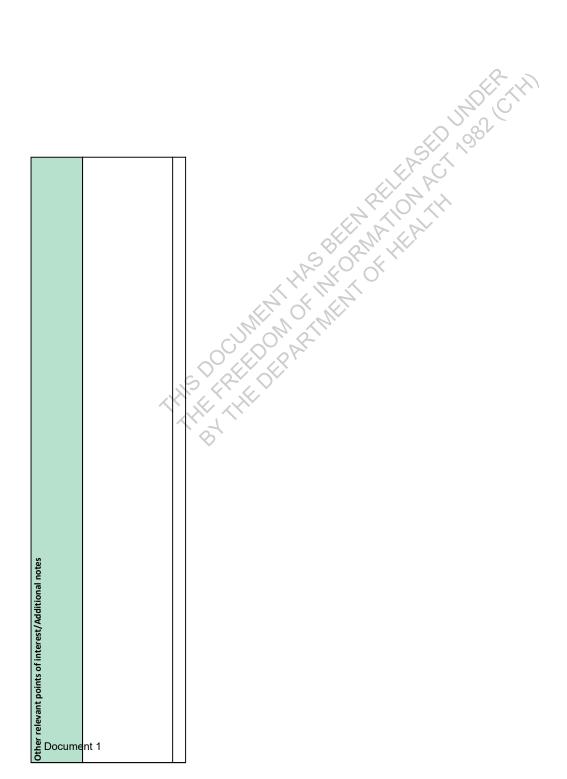


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Other relevant points of interest/Additional notes OD mp	nt 1	IIS DOCUMENTAL STATES OF THE S	We need interventions within our health system – greater investment in nutrition and diefetics, improved nutrition in hospitals, outpatient weight loss services, better nutrition education for doctors and other clinicians, and an emphasis on the importance of nutrition, exercise and weight management as secondary prevention for those who already suffer from disease as a result of their overweight or obesity.	The HSR system is not intended as a replacement for existing guidance or as a stand-alone strategy. The HSR system is intended to be used by consumers to support existing guidance, such as information on the Nutrient Information Panel (NIP), and the comprehensive dietary advice in the Australian Dietary Guidelines (ADGs).	

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Other relevant points of interest/Additional notes output the points of interest/Additional notes the points of interest of inte	Whole Grain is not currently included in the algorithm for Health Star Rating (HSR) although this is being considered in the 5 year review being conducted by MP Consulting. Fibre is not an accurate proxy measure for whole grain in foods, with some foods being high in fibre, but without whole grains. The current algorithm shows little difference between refined and whole grain products—in fact GLMC's recent grains audit found a difference of only 0.2 stars between white and brown rice and a similar difference between white and whole grain products—in fact GLMC's recent grains audit found a difference of only 0.2 stars between white and a similar difference between white and whole grain in the HSR would lead to greater HSR differences between white and whole grain bread, pasta, and rice, creating a greater incentive for Australians to choose more nutritious whole grain products	Endorses the govt: TIPPING THE SCALES REPORT Endorses the govt: TIPPING THE SCALES REPORT Some criticism/commentary on govt: TIPPING THE SCALES REPORT	If there is truly an effective role for government in addressing the obesity problem on the dietary side, it is in ensuring that Australians have adequate access to reliable diet, energy consumption and exercise information. That includes mandating and regulating the ingredient, energy sources and calorie content information on food and beverage packaging or at points of sale – including ensuring the print's able to be read without the aid of a microscope.	Endorses govt: TipPING THE SCALES report O 1 5 10 5 10 5 10 5 10 5 10 5 10 5 10 5

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Supplementary Appendix V: Other proffered documents excluded from further analysis as they did not the terms "Discretion g

Authoryorganisation publication publication publication publication publication publication publication of the 2018 Australia Government agency https://dosingthegap.g Prime Minister and Cabinet report-2018.pdf	Title of document
Australia Government agency	
	It/files/ctg_ Minister's Report 2018 Minister's Report 2018
Australia Government agency	http://www.health.gov.au/int Australian National No mention of discretionary ernet/main/publishing.nsf/co Breastfeeding Strategy, foods foods ntent/6FD59347DD67ED8FCA 2010-2015 No mention of alcohol or 5 alcohol or 5 food group food recommendations for mother tfeeding strat1015.pdf recommendations for mother Fruit juice
e, Oct-10 Australia Other: mix of several sectors	https://www.chiefscientist.go Australia and Food No mention of discretionary \(\text{v.au/wp.} \) Security in a Changing foods \(\text{content/uploads/FoodSecurit} \) World \(\text{v.web.pdf} \)
NSW Department of Health Jun-18 Australia Government agency https://www.health.ns Au/hsnsw/Publications/ D D D D D D D D D D D D D D D D D D	https://www.health.nsw.govAboriginal Kids - a healthy no mention of discretionary au/hsnsw/Publications/chiefstart to life: Report of the foods health-officers-report

Author/organisation O D n	Date of publication	City/country	Sector	URL	Title of document	Terms
NSW Department of Health 1	2016	Australia	Government agency	au/hsnsw/Publications/chie- health-officers-report- health-officer 2016 2016.pdf Health Officer 2016 Health Officer 2016	of of	Alscretionary foods)
NSW Department of Health	2014	Australia	Government agency	https://www.health.nsw.gov. The Health of Children and au/epidemiology/Pages/Repo Young People in NSW: 11-of-the-Chief-Health-Officer-Report of the Chief Health Officer 2014 Officer 2014	The Health of Children and Voung People in NSW: Report of the Chief Health of Officer 2014	The Health of Children and energy-dense nutrient poor Young People in NSW: foods (no mention of Report of the Chief Health discretionary foods) Officer 2014
ACT Department of Health	2014	Australia	Government agency	http://health.act.gov.au/sites/default/files/ACT%20Chief%20Health%20Officers%20Report%20202014.pdf	Australian Capital Territory Chief Health 1 Officer's Report 2014	No mention of discretionary foods

Terms	Discretionary foods Discretionary choices	no mention of discretionary foods	Discretionary foods	no mention of discretionary foods	no mention of discretionary foods
Title of document	Presentation: Policy Think Discretionary foods Tank to explore Discretionary choice opportunities for the food regulation system to support obesity prevention objectives: The Imperative	the evidence targeted o inform the the Australian delines 2009:	Notes on Qantum: Qualitative Research Findings: The Draft Dietary Guidelines and The Australian Guide to Healthy Eating	Presentation: The Australia & New Zealand f regulation system (the system) - complexities and constraints	Presentation slide: Food r Regulation Policy f Framework
URL		https://daa.asn.au/wp- content/uploads/2015/04/Pr ocess-manual-Sept-2011.pdf	REMIT HAS THE WITCH OF SERVICE		
Sector	Dietitian/nutritionist	Dietitian/nutritionist	Other: focus group	Cv.	د
City/country	Australia	Australia	Australia	Australia	Australia
Date of publication	22 March 2018 presentation	2011	Oct-10	٥.	<i>د</i> .
sation	Cument 1	Dietitians Association of Australia	Qantum?	no name on ppt, but saved as Jenkins	no name on ppt O

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Author/ organisation OO DO	_	City/country :	sector	סאר	litie of document	lerms
rs from te and ind ouncil; aase ocery ociation; tail y, and on of		Australia		COCHERT HARINE	Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee	foods
FoPL Project Committee	20-May-13	Australia	Other: mix of several sectors	O.	Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee: Appendix A. Objectives and Principles	no mention of discretionary foods
FoPL Project Committee	20-May-13	Australia	Other: mix of several sectors	- · - · - ·	Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee: Appendix B. Terms of Reference for Front-of-pack labelling Working Groups	foods foods

Author/organisation	Date of publication	City/country	Sector	טאנ	Title of document	Terms
Hargand Partners consultancy to	1/03/2013	Australia	Other: consultancy	COCHNENT HAS INFORMED	ieport of the Front-of- ack Project Committee to he Front-of-Pack Steering committee: Appendix C. Qualitative market esearch report	foods
Hall and Partners consultancy to FoPL Committee	17/04/2013	Australia	Other: consultancy		Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee: Appendix C. Quantitative market research report	foods
Technical Design Working Group (TDWG)		Australia	other: mix of several sectors		Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee: Appendix E: Consideration of existing	no mention of discretionary foods

Terms	no mention of discretionary foods	no mention of discretionary foods	no mention of discretionary foods	foods	no mention of discretionary foods
Title of document	Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee: Appendix F. NPSC and work commissioned by TDWG	Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee: Appendix H. Principles for optimising the NPSC for FoPL	Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee: Appendix I. AFGC's Code of Practice for Food Labelling and Promotion	Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee: Appendix 1. Current DIG appendix to the AFGC Code	Report of the Front-of- Pack Project Committee to foods the Front-of-Pack Steering Committee: Appendix K. FoPL Social Marketing Advisory Group (SMAG) Terms of Reference
URL		C DO SEED	THE RESTOR		
Sector	other: mix of several sectors		Food Industry	Food Industry	equal number of government, industry and consumer/public health members.
City/country	Australia	Australia	Australia	Australia	Australia
Date of publication			1/01/2011	ئ	د
Author/organisation O D D	े गुर्वेchnical Design Working Graup (TDWG)	C	Australian Food and Grocery Council (AFGC)	Australian Food and Grocery Council (AFGC)	FoPL Social Marketing Advisory Group (SMAG)

ms	no mention of discretionary foods	JNDER THY
Title of document Terms	Supplementary Report no mer from the Front-of-Pack foods Labelling (FoPL) Steering Committee to the Legislative and Governance Forum on Food Regulation	THIS DEFELL OF ARTHUR OF THE BY THE B
URL		GO QEE DEPARTMENT OF
Sector	Other: mix of several sectors	THIS FILE V
City/country	Australia	
Date of publication	20/05/2013	
Author/organisation	Therefor Project Committee, Thereford Design Working Group (TDWG) and Implementation Working Group (IWG)	

Pr∰ary definition tua properties of the properties of the propert	Stated source of primary definition	Comments about alignment between Food list definition and stated source		Rationale behind the choice of term/definition	Intent of use/application
No definition of discretionary foods	Not stated	Unclear; alcohol considered a drug/substance rather than food/drink	o N		Unclear
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For children: Predominant or 'full' breastfeeding has a slightly less stringent definition as in addition to breast milk and medicines the infant may receive water, or water-based drinks, tea or fruit juice (which are not recommended for babies) but no non-human milk or formula.			2007	DERTH	Unclear
	No mention		0 Z		Undear
FC	No mention		o N		Unclear

	Stated source of primary definition	Comments about alignment between Food list definition and stated source		Rationale behind the choice of term/definition	Intent of use/application
The decontribution of alcohol to overall energy intake is often overlooked. Four standard drinks of beer, consumed by a man with average energy intake, would account for about 15% of his overall energy intake. (17: ADG) In view of the increasing prevalence of overweight and obesity, limiting alcohol intake may be an important factor in maintaining healthy weight. The National Health and Medical Research Council guidelines state that drinking no more than 2 standard drinks on any day reduces the long risk of harm from alcohol-related disease or injury. NHMRC 2009 guidelines: 1. For healthy men and women, drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury. 2. For healthy men and women, drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion. 3. a. Parents and carers are advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important. b. For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible. 4. a. For women who are pregnant or planning a pregnancy, not drinking is the safest option. b. For women who are breastfeeding, not drinking is the safest option.	National Health and Medical Research Council, Australian guidelines to reduce health risks from drinking alcohol. Canberra: Commonwealth of Australia 2009	Sey, William St. W	O _Z	Proportion of alcohol is a risk factor from an health outcome perspective	To classify diets as healthy or unhealthy
reducing intake of energy-dense nutrient poor food and increasing consumption of fruit and vegetables The consumption of energy-dense nutrient-poor food and drink contributes to overweight and obesity in children and young people, and limited intake is recommended.31 EDNP foods = fast food and high energy drinks Fast food includes meals or snacks such as burgers, pizza, chicken or chips. High energy drinks include soft drink, cordials or sports drinks	SW Healthy Eating and Living Strategy 2018 .health.nsw.gov.au/obe ages/nsw-healthystrategy.aspx) oppulation Health 7 2012—2013	Yes	5 7082	Proportion of energy-dense nutrient poor foods is an indication of diet quality from an health outcome perspective	To classify diets as healthy or unhealthy
	No mention		0	\	Unclear

Primary definition Stated sour	Stated source of primary definition	Comments about alignment between Food list definition and stated source		Rationale behind the choice of term/definition	Intent of use/application
In the face study: The introduction of grainy breads, leaner cuts of meat, free drinking water and minimising sugary foods/confectionery plus menu boards identifying the healthy choice, occasional and sometimes foods are continuing to educate and encourage the community to make a healthy choice.	Not stated	Unclear, as source not stated	O _Z		Undear
The policy [Healthy Choices Made Easy] ensures healthy food and drink options are available to staff, volunteers and visitors to NT Health facilities and is based on policy a traffic-light system of food categorisation, where GREEN foods and drinks are the healthiest and RED ones are energy-dense nutrient-poor foods or drinks.	y Choices Made Easy	Yes	0		Undear
Dietary factors, such as the consumption of fruit, vegetables, salt, saturated fats, sugar and other foods are linked to health and disease, either as protective influences or risk factors.	Not stated	Unclear, as source not stated	ON	Proportion of discretionary foods is an To classify indication of diet quality from an health unhealthy outcome perspective	To classify diets as healthy or unhealthy
Not stated	several international organisations stated, including WHO, WCRF, MCKinsey Global Institute	Unclear, to definition stated	0 Z	Accepted its use as a way of defining unhealthy	To classify foods as healthy or unhealthy
Not stated	COAG Health Council, COAG Health Council, incorporating the Australian Health Workforce Ministerial Council Communique. 2016: http://www.health.gov.au/in ternet/main/publishing.nsf/c ontent/4EF9C42740F7FC4EC A258045001C0397/\$File/dep t006.pdf. Several countries are listed Several countries of into use various definitions of unhealthy foods	Unclear, no definition stated. Several countries are listed that use various definitions of unhealthy foods, eg Chile uses 'foods high in calories, saturated fat, sugar and sodium', and 'foods high in nutrients of concern to children' but no universal definition identified	2,40,982	unhealthy	To classify foods as healthy or unhealthy

Primary definition OO DO	Stated source of primary definition	Comments about alignment between Food list definition and stated source		Rationale behind the choice of term/definition	Intent of use/application
	ABS	Unclear, no definition stated	0 Z	Proportion of discretionary foods is an To measure consisindication of diet quality from an health dietary guidelines outcome perspective	To measure consistency with dietary guidelines
	No mention		O _N		Undear
Not stated	DER PETERS	Unclear, no definition stated No	1/2 10	unhealthy	unhealthy
	No mention		O _N		Undear
FO 2	No mention		ON		Unclear
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	Stated source of primary	Comments about alignment between Food list Rationale behind the choice of	Food list		Intent of use/application
	definition	definition and stated source		term/definition	
ment 1	No mention of the partial of the par	SPE	o Z		Unclear
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	No mention	< ·	087	DERTHI	Undear

rimary definition	Stated source of primary definition	Comments about alignment between Food list Rationale behind the choice of definition and stated source	Food list	Rationale behind the choice of term/definition	Intent of use/application
	No mention	No mention THIS PRINTING THE P	O _Z		Unclear
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	No mention		O N		Unclear

	Stated source of primary definition	Comments about alignment between Food list definition and stated source		Rationale behind the choice of term/definition	Intent of use/application
cument 1	No mention		N ON		Unclear
	No merition		ON		Unclear
	No mention	N PRINTER OF OF	O _N		Unclear
	No mention	ERROT	2 50 1987		Undear
	No mention		ON	3	Undear

No N	Primary definition Sta	Stated source of primary definition	Comments about alignment between Food list Rationale behind the choice of definition and stated source	ood list	Intent of use/application
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		THIS DEFELL OF PRETINE	HAS BEEN PELLER STORY		

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Nutrient Other relevant points of interest/Additional notes Criteria	CUNIENT HAS BEEN ARTHER	SED 1982 C	Only briefly mentions need for healthy food options Only comment otherwise about food is in relation to food safety
Nutrient Criteria	CIN, ON PELLO		
Author commentary/opinions about food classification inconsistent with guidelines	CHIS FREE OF ART I		
Rationale for alternate definition(s)			
Other definition(s) of disetionary foods E	ment 1		

					C. P. HI
Nutrient Other relevant points of interest/Additional notes Criteria	Only about food safety		KHA KK	EN RELIGION OF THE RESIDENCE OF THE RESI	ASED NOSZ CHI
Nutrient Criteria		-OCUMIC	ORPH		
Author commentary/opinions about food classification inconsistent with guidelines	THIS THIS				
Rationale for alternate definition(s)					
	Ocक्षेsional and sometimes fo व्धे s Unitealthy choices				

Other relevant points of interest/Additional notes			REAL OF WELL OF HEAT OF HEAT OF WELL O	
Nutrient Criteria	ABS list		O PETE	
Author commentary/opinions about food classification inconsistent with guidelines	Promotion of discretionary choices that are fortified, carry health claims, 'component free' or 'low component' claims; are marketed with 'health haloes'	THIS LIE THE	Participants indicated that the oils/unsaturated foods and the discretionary foods should be smaller graphically as it could be mis-understood as the same proportion as some of the plate divisions. Some participants asked if discretionary foods even needed to be included as it was supposed to be a "healthy guide". The Working Committee indicated that the wording for discretionary foods should be "limit" or "minimise" to be inline with the preference in the guideline wording. Hamburgers should not be included in the discretionary foods as a healthy hamburger can be made from the components of the plate. Final comments Working committee requested that Quantum include the information from the preliminary questions about what participants considered to be healthy/unhealthy/oods and diets.	
Rationale for alternate definition(s)	Not stated			
Other definition(s) of disgretionary foods	Digretionary foods caragorised into takeaway foods, alcoholic drinks, soft drinks, other discretionary choices			FO

Nutrient Other relevant points of interest/Additional notes Criteria	uses 'healthy choices' and 'healthy diets'	uses 'healthy choices' and 'healthy diets'	
Nutrient Criteria	CHO BAZIN		
Author commentary/opinions about food classification inconsistent with guidelines	THIS PREEDED ARTHUR		
Rationale for alternate definition(s)			
	ment 1		

Other relevant points of interest/Additional notes	ALEN OF MENT OF HER	ED NOSZ C
Nutrient Criteria	COLLOW KET	
Author commentary/opinions about food classification inconsistent with guidelines	At the "unhealthy" end of the spectrum we find foods that are categorised by the extent to which they appear processed – in relative terms they are more highly manufactured, have complex ingredients; numbers instead of ingredients; numbers have fewer difficulties in populating either end of the spectrum – the very healthy (fruit, vegetables) and the very unhealthy (lollies, chips) – the midrange of the spectrum can present more difficulties for all but the well informed (although it can be that more knowledge makes for more difficult choices). Consumers say that nutrition is not always entirely straightforward – i.e. it is not divided into purely "healthy" products, and often involves a play off where they need to weigh up the pros and cons of what the food might offer. The reasons for difficulty in judging the health of packaged foods are clear –	
Rationale for alternate definition(s)	Accepted its use as a way of defining unhealthy	
Other definition(s) of disgretionary foods	Ungealthy packaged food: maaufactured; complex ingredient lists Additives eg colourings, preservatives, e-numbers MSG GMO High in sugar, salt, fat	

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Nutrient Other relevant points of interest/Additional notes Criteria			CHASE BEENAN	THE SELL OF THE SE	Ó
Nutrient Criteria		CURTO	O RETTO		
Author commentary/opinions about food classification inconsistent with guidelines		HE CHIE			
Rationale for alternate definition(s)					
Other definition(s) of disgretionary foods	ment 1				

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Other relevant points o		NEW OF NEW OF HEAD
Nutrient Criteria		OCIPO PARTIN
Author commentary/opinions about food classification inconsistent with guidelines		THIS DEPERDEN
Rationale for alternate definition(s)		
	ment 1	