



The Australian Prevention  
Partnership Centre  
Systems and solutions for better health

# A rapid review of evidence

## Discretionary food and drinks

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

November 2018

# 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<sup>1,2</sup>, Associate Professor Anna Rangan<sup>3</sup>, Professor Margaret Allman-Farinelli<sup>3</sup>, Ms Juliana Chen<sup>3</sup>, Ms Amanda Grech<sup>3</sup>, Ms Sally McDonald<sup>4</sup>, Professor Andrew Wilson<sup>1,5</sup>.

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.

© Sax Institute 2018

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusions of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the copyright owners.

Enquiries regarding this report may be directed to:

The Australian Prevention Partnership Centre  
[www.preventioncentre.org.au](http://www.preventioncentre.org.au)  
Email: [preventioncentre@saxinstitute.org.au](mailto: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.



# Contents

<b>Executive summary</b>	<b>4</b>
<b>1 Introduction</b>	<b>12</b>
<b>2 Background: The problem of interest</b>	<b>12</b>
<b>3 Aim</b>	<b>12</b>
<b>4 Methods and research protocol</b>	<b>12</b>
<b>5 Results</b>	<b>14</b>
<b>6 Discussion</b>	<b>63</b>
<b>7 Conclusion</b>	<b>79</b>
<b>References</b>	<b>82</b>
<b>Appendix 1 Detailed methods</b>	<b>91</b>
<b>Appendix 2 Discretionary food and drinks in the Australian Dietary Guidelines documents</b>	<b>102</b>
<b>Appendix 3 'Discretionary food and drinks' in the peer reviewed and grey literature</b>	<b>132</b>
<b>Appendix 4 'Healthy' and 'unhealthy' foods and drinks in the peer reviewed and grey literature</b>	<b>150</b>
<b>Supplementary appendixes</b>	<b>156</b>

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

# 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**

Research question	Method
<b>Question 1.</b> 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.)	<b>1(i)</b> 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.
<b>Question 2.</b> How is the term 'discretionary food and drinks' being defined and used in Australia: <b>(a)</b> By different sectors (broad consumer, health professional, educator and industry) and sub-sectors? <b>(b)</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)? <b>(c)</b> 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?	<b>2(i)</b> 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 <b>2(a)</b> sector and <b>2(b)</b> application. <b>2(ii)</b> 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 <b>2(a)</b> sector and <b>2(b)</b> application. <b>2(iii)</b> Analysed results by comparing and contrasting combined results of <b>2(i)</b> and <b>2(ii)</b> results of <b>Q2(a)</b> and <b>Q2(b)</b> with results from <b>Q1</b> .
<b>Question 3.</b> How are 'healthy' and 'unhealthy' food and drinks being differentiated in Australia?	<b>3(i)</b> 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



(a) By different sectors (broad consumer, health professional, educator and industry) and sub-sectors	from all included reviews. Synthesised results by 3(a) sector and 3(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)	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.
(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(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.

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

## 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 names<sup>1</sup> 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 (AGHE) (foods in the bottom right-hand corner of the graphic, labelled 'use occasionally and only in small amounts')
- As tending<sup>2</sup> 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

---

<sup>1</sup> 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.

<sup>2</sup> 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'<sup>3</sup>, 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%).<sup>4</sup> Lower rates of alignment were seen

<sup>3</sup> 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.

<sup>4</sup> 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 to 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.

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 systems<sup>5</sup>, 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 tested<sup>6</sup>
- assessment of the validity of using the ABS 'discretionary food and drink list' as a proxy for the Australian Dietary Guidelines

---

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

<sup>6</sup> 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

dissemination<sup>7</sup> and active promotion to all health professionals, public health sector, educators, the not-for-profit and industry sectors, interested consumers, and the general public.<sup>8</sup>

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 'non-core' 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.

---

<sup>7</sup> Including sufficient hard copies.

<sup>8</sup> 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 sub-sectors 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



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**

Research questions	Methods
<b>Question 1.</b> 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.
<b>Question 2.</b> How is the term 'discretionary food and drinks' being defined and used in Australia:  <b>(d)</b> By different sectors (broad consumer, health professional, educator and industry) and sub-sectors?  <b>(e)</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)?  <b>(f)</b> 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?	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 <b>2(a) sector</b> and <b>2(b) application</b> .  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 <b>2(a) sector</b> and <b>2(b) application</b> .  2(iii) Analysed results by comparing and contrasting combined results of 2(i) and 2(ii) results of <b>Q2(a)</b> and <b>Q2(b)</b> with results from <b>Q1</b> .
<b>Question 3.</b> How are 'healthy' and 'unhealthy' food and drinks being differentiated in Australia?  <b>(d)</b> By different sectors (broad consumer, health professional, educator and industry) and sub-sectors  <b>(e)</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)	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 <b>3(a) sector</b> and <b>3(b) application</b> .  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 <b>3(c) influencer</b> .

(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).

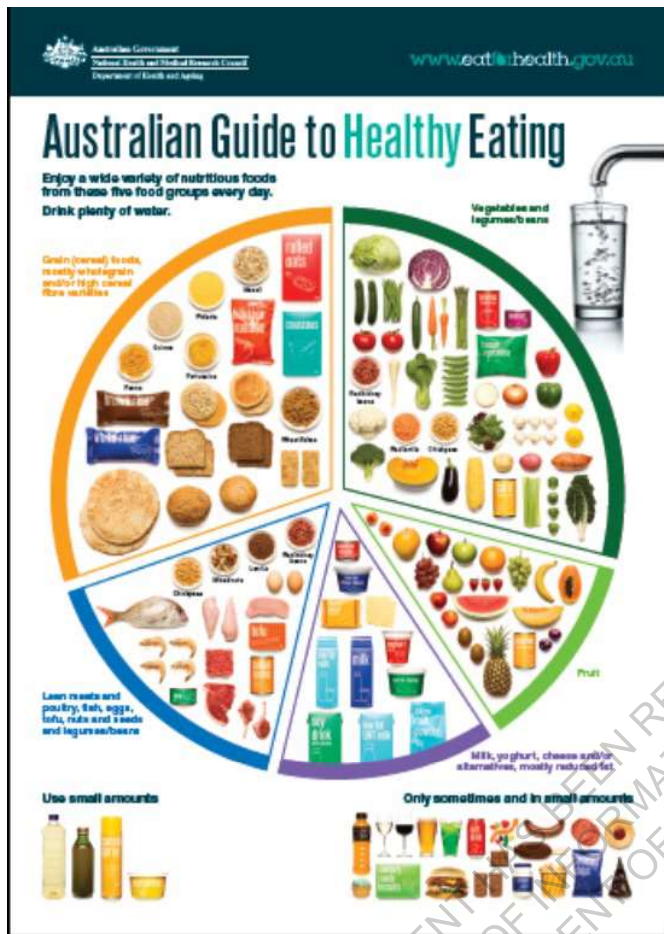
The evidence underscoring the Australian Dietary Guidelines (Box 1) and the related graphic the Australian Guide to Healthy Eating (AGTHE) (Figure 1) focuses both on:

- 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).

## Box 1. The Australian Dietary Guidelines

<b>Guideline 1</b>	<p>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</p> <ul style="list-style-type: none"><li>• 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.</li><li>• Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.</li></ul>
<b>Guideline 2</b>	<p>Enjoy a wide variety of nutritious foods from these five groups every day:</p> <ul style="list-style-type: none"><li>• Plenty of vegetables, including different types and colours, and legumes/beans</li><li>• Fruit</li><li>• Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</li><li>• Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans</li><li>• Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of 2 years).</li></ul> <p>And drink plenty of water.</p>
<b>Guideline 3</b>	<p>Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.</p> <p>(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.</p> <ul style="list-style-type: none"><li>• 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.</li><li>• Low fat diets are not suitable for children under the age of 2 years.</li></ul> <p>(b) Limit intake of foods and drinks containing added salt.</p> <ul style="list-style-type: none"><li>• Read labels to choose lower sodium options among similar foods.</li><li>• Do not add salt to foods in cooking or at the table.</li></ul> <p>(c) 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.</p> <p>(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.</p>
<b>Guideline 4</b>	<p>Encourage, support and promote breastfeeding.</p>
<b>Guideline 5</b>	<p>Care for your food; prepare and store it safely.</p>

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 groups<sup>9</sup>:

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<sup>10</sup> (reduced fat milks are not suitable for children under the age of two years).

<sup>9</sup> 'Core' foods is a term no longer used in the 2013 review of the Australian Dietary Guidelines and Australian Guide to Healthy Eating.

<sup>10</sup> 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 'discretionary'<sup>11</sup> 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](http://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).

---

<sup>11</sup> 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).

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](http://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; confectionery 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 Vegemite™, Marmite™, 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<sup>12</sup> of discretionary choices, that provides about 600kJ (Table 3).

---

<sup>12</sup> 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	Bacon, ham	Biscuits	Beer
Fruit drinks	Butter, cream ghee	Cakes	Liqueurs
Honey	Certain tacos, nachos, enchilada	Chocolate/bars	Mixed alcoholic drinks
Jams, marmalade	Commercially fried foods	Dessert style custards	Port
Some sauces	Commercial burgers	Doughnuts	Sherry
Sports drinks	Crisps and extruded snacks	Iced buns	Spirits
Sugar	Frankfurts	Ice cream	Wines
Sugar confectionary	Fried hot chips	Muesli bars	
Sweetened soft drinks and cordials	Meat pie or pastie	Puddings	
Sweetened waters and iced teas	Pastry	Slices	
Syrups	Pizza	Some confectionary	
	Processed meats	Some sauces	
	Quiche	Sweet muffins	
	Salami/mettwurst	Sweet pastries	
	Sausages (regular)	Sweet pies and crumbles	
	Some crackers		
	Some sauces		
	Spring roll		



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

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT (FOIA)  
BY THE DEPARTMENT OF HEALTH



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

A serve of <i>discretionary choices</i> provides about 600 kJ.	
Examples are:	
• 2 scoops (75g) ice-cream	• 2 tablespoons (40g) cream
• 2 slices (50–60g) processed meats, salami or mettwurst	• 1 tablespoon (20g) butter
• 1½ thick or 2 thin (50–70g) regular sausages	• 200ml wine (2 standard drinks; but note this is 1 glass for most Australian wines)
• ½ snack size packet (30g) salty crackers or crisps	• 60ml spirits (2 standard drinks)
• 2–3 (35g) sweet biscuits	• 600ml light beer (1½ standard drinks)
• 1 (40g) doughnut	• 400ml regular beer (1½ standard drinks)
• 1 slice (40g) plain cake or small cake-type muffin	• 1 can (375ml) soft drink
• 5–6 (40g) sugar confectionary/small lollies	• ¼ (60g) commercial meat pie or pastie
• 1 tablespoons (60g) jam/honey	• 12 (60g) fried hot chips
• ½ small bar (25g) chocolate	

#### 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 Diets, 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<sup>13</sup> - 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.

<sup>13</sup> 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

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.<sup>14</sup>

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<sup>15</sup> 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

---

<sup>14</sup> 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.

<sup>15</sup> 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.

- 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 brûlée
- 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.

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).

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH



"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 non-discretionary 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 non-discretionary or discretionary at the food code level. These criteria are based on cut-offs used in the modelling that supported the Guidelines development<sup>2</sup>:

- 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 g<sup>3</sup>. 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 groups<sup>4</sup>
- 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<sup>5</sup>
- 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 non-discretionary 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."

<sup>16</sup> Cut and pasted from [www.abs.gov.au/ausstats/abs@.nsf/Lookup/4363.0.55.001Chapter65062011-13](http://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.<sup>17</sup>

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).

---

<sup>17</sup> 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

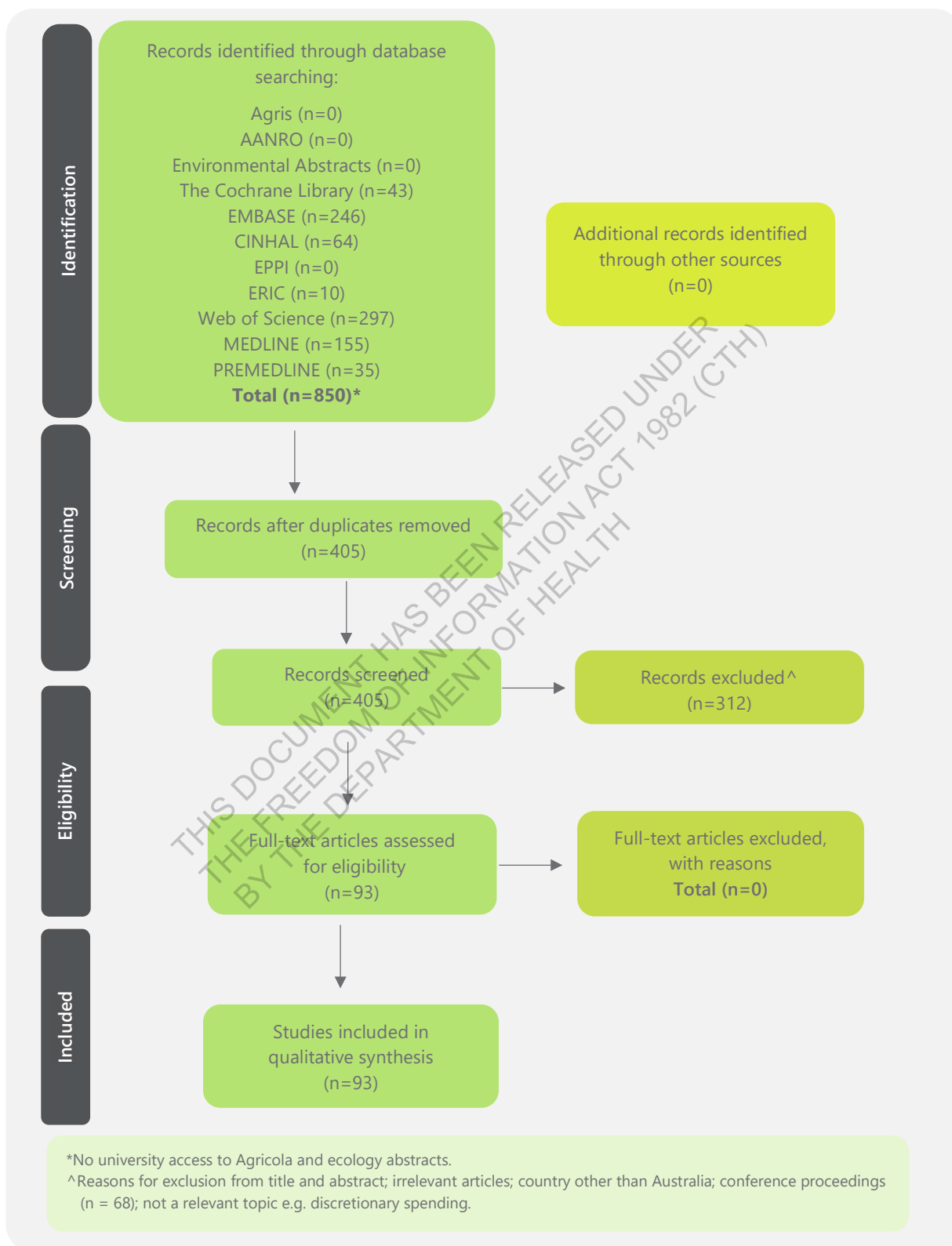




Table 4: Stated definition of 'discretionary food and drinks' or synonyms, source of definition, and agreement with the Australian Dietary Guidelines definition, by sector/profession in peer reviewed literature<sup>18</sup>

Sector/ profession	States source of definition is ADG				Doesn't identify source of definition of discretionary food and drinks as ADG (incl. 'not stated' sources n=22)		Other food classification system	
	Aligned to ADG		Not aligned to ADG		N	%	N	%
	N	%	N	%				
	45 (22 COI)	49 (38 COI)	35 (21 COI)	38 (20 COI)	9 (4 not stated; 4 ABS; 1 WHO) (6 COI)	10 (10 COI)	3 (1 HSR no specified cut-off points; 1 Healthy Choices Framework Vic; 1 own opinion) (1 COI)	3 (3 COI)
Dietitian/ nutritionist/ public health nutritionist (n=92)	3 (3 COI)	60 (55 COI)	1 (1 COI)	20 (18 COI)	1 (1 not stated) (1 COI)	20 (20 COI)	0	0
Food industry (manufacturing/retail) (n=5)	10 (7 COI)	45 (35 COI)	3 (3 COI)	14 (11 COI)	7 (4 not stated; 1 ABS; 2 own opinion) (6 COI)	32 (32 COI)	2 (1 HSR no specified cut-off points; 1 HSR<3.5 believes preferable to Australian Dietary Guidelines)(1 COI)	9 (9 COI)
Other, Clinical health professional e.g. medical doctor, psychologist, nurse, optometrist, dentist (n=22)	1	17	3	50	2 (2 not stated) (2 COI)	33 (33 COI)	0	0
Other, educator (n=6)	2	40	3	60	0	0	0	0
Other, non-health professional e.g. environmental scientist, lawyer, economist, consumer researcher, IT, engineer (n=5)	3 (3 COI)	14 (11 COI)	8 (8 COI)	38 (30 COI)	9 (8 not stated; 1 WHO) (5 COI)	43 (43 COI)	1 (1 own opinion)	5 (5 COI)
Other, public health practitioner e.g. epidemiologist, physical activity expert, biostatistician (n=21)	6 (2 COI)	30 (24 COI)	9 (5 COI)	45 (35 COI)	4 (3 not stated; 1 ABS) (3 COI)	20 (20 COI)	1 (1 Healthy Choices Framework Vic)	5 (5 COI)
Other, scientist/ nutrition scientist e.g. neuroscientist, molecular biologist, medical scientist, biochemist, applied scientist, behavioural scientist (n=20)	6 (1 COI)	43 (34 COI)	6 (5 COI)	43 (34 COI)	0	0	2 (1 HSR<3.5; 1 Healthy Choices Framework Vic) (1 COI)	14 (14 COI)
Other, student (n=14)	0	0	0	0	0	0	1 (1 Healthy Choices Framework Vic) (1 COI)	100 (100 COI)
Unknown (n=1)								
<b>Total (n=186)</b>	<b>76 (38 COI)</b>	<b>41 (32 COI)</b>	<b>68 (45 COI)</b>	<b>37 (23 COI)</b>	<b>32 (23 COI)</b>	<b>17 (17 COI)</b>	<b>10 (4 COI)</b>	<b>5 (5 COI)</b>

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



Other, scientist/ nutrition scientist e.g. neuroscientist, molecular biologist, medical scientist, biochemist, applied scientist, behavioural scientist (n=20) stating 20 intent/applications	10	50	7	35	1	5	0	0	0	0	0	0	1	5	1	5
Other, student (n=14) stating 14 intent/applications	9	64	3	21	0	0	0	0	1	7	1	7	1	0	0	0
Unknown (n=1) stating 2 intent/applications	0	0	1	50	0	0	0	1	1	50	0	0	0	0	0	0
<b>Total (n= 186 authors/sectors) stating 196 intent/applications</b>	<b>111</b>	<b>57</b>	<b>53</b>	<b>27</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>10</b>	<b>5</b>	<b>6</b>	<b>3</b>		

#### 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 choices<sup>20</sup> (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 definition<sup>21</sup> (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

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

<sup>21</sup> 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 as 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),

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

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.



Table 6: Foods and drinks most frequently misclassified by the authors of peer reviewed literature compared to the relevant definition in the Australian Dietary Guidelines<sup>22</sup>

Food or drink misclassified: FRUIT JUICE		
Classification in peer reviewed literature: Discretionary		
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
<p>Five Food Group food.</p> <p>"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)</p> <p>One serve (350kJ) is "½ cup (125ml) 100% fruit juice (no added sugar) (only to be used occasionally as a substitute for other foods in the group)"</p>	<p>There was insufficient consistent evidence available in the review of the Australian Dietary Guidelines (2008-2013) to form an evidence statement specifically about fruit juices and health outcomes.</p> <p>"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."</p> <p>"There is insufficient consistent evidence available to form an evidence statement about fruit juices and weight gain. Some studies found no association in children,<sup>193,217,218,585</sup> while two studies in children<sup>186,765</sup> and one in adults<sup>766</sup> did find an association. Children drinking less fruit juice<sup>206</sup> and those consuming more fruit<sup>194</sup> had lower BMI Z-scores, and children at risk of becoming overweight had a higher risk of gaining fat if they consumed fruit juice."<sup>186</sup> (1)</p> <p>"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."<sup>78</sup> For further information, see the Infant Feeding Guidelines.<sup>351</sup> (1)</p> <p>"Fruit juice, including pulp, is a good source of vitamins such as vitamin 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 nutrient intake when fresh, frozen or tinned fruit supply is sub-optimal. Fruit juice is energy-dense and if consumed in excess, it can displace other nutritious foods from the diet and may lead to problems such as obesity." (9)</p>	<p>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</p>

<sup>22</sup> Superscript citations refer to the relevant references in the source documents quoted.



Food or drink misclassified: DRIED FRUIT		
Classification in peer reviewed literature: Discretionary		
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
<p>Five food group food</p> <p>"Dried fruit ...has 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)"</p> <p>"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." (1)</p>	<p>There was insufficient quality evidence available in the most recent review of the Australian Dietary Guidelines (1) to form an evidence statement specifically about dried fruit and health outcomes.</p> <p>"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."</p>	<p>Recent, quality studies investigating the effects of dried fruit on health outcomes may now be available; the recommendation may change in the next review of the Australian Dietary Guidelines.</p>

Food or drink misclassified: FULL FAT MILK, CHEESE AND YOGHURT		
Classification in peer reviewed literature: Discretionary		
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
<p>Five Food Group food</p> <p>"Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of 2 years)"</p> <p>Mostly reduced fat milk, yoghurt and cheese products are recommended for adults and children over the age of 2 years.</p> <p>Unmodified milk from animal sources such as cow's, goat's or sheep's milk, should not be given as a main drink before 12 months of age.</p> <p>"The minimum recommended amount of milk, yoghurt, cheese or alternatives ranges from 1½–2 serves a day for children up to 8 years old, 2½–3½ serves a day for older children and adolescents; 2½ serves a day in younger adults, pregnant and breastfeeding women; and from 3½–4 serves a day in older adults, particularly women.</p> <p>Some additional serves from this group can be included in the overall diet instead of discretionary choices, to account for the additional energy needs of more active people and/or those who are taller."</p> <p>"A serve of milk, yoghurt, cheese and alternatives (500–600kJ) is:</p> <ul style="list-style-type: none"> <li>• 1 cup (250ml) fresh, UHT long-life or reconstituted powdered milk or buttermilk</li> </ul>	<p><b>Coronary heart disease</b> It is probable that the consumption of at least two serves per day of dairy foods (milk, cheese and yoghurt) is associated with reduced risk of ischaemic heart disease and myocardial infarction (Grade B; Evidence Report, Section 5.3).<sup>576</sup></p> <p>Stroke: It is probable that the consumption of two or more serves of dairy foods per day (milk, cheese and yoghurt) is associated with reduced risk of stroke (Grade B; Evidence Report, Section 5.4).<sup>576,577</sup> particularly reduced fat varieties.</p> <p><b>Hypertension</b> It is probable that consumption of three serves of low fat dairy foods (milk, cheese and yoghurt) is associated with reduced risk of hypertension (Grade B; Evidence Report, Section 5.5). The evidence also suggests that consumption of three serves of any milk, cheese or yoghurt products per day is associated with reduced risk of hypertension (Grade C; Evidence Report, Section 5.5).<sup>213,578–581</sup></p> <p><b>Type 2 diabetes</b> The evidence suggests that consumption of two to four serves of dairy foods (milk, cheese, yoghurt) per day is associated with reduced risk of metabolic syndrome (Grade C; Evidence Report, Section 5.7).<sup>576,582</sup> and that consumption of at least one and a half serves of milk, cheese and yoghurt per day is associated with reduced risk of type 2 diabetes (Grade C; Evidence Report, Section 5.6).<sup>213,576,583</sup></p> <p><b>Excess weight</b> 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 5.8).<sup>209–214</sup> and consumption of milk is not associated with BMI or change in BMI in childhood (Grade C; Evidence Report, Section 5.9).<sup>215,217–219,584,585</sup></p> <p><b>Rectal and colorectal cancer</b> Recent evidence suggests it is probable that consumption of more than one serve of dairy foods per day (especially milk) is associated with reduced risk of colorectal cancer (Grade B; Evidence Report, Section 5.11).<sup>492,586,587</sup> The evidence</p>	<p>There appears to be little understanding that the recommendation for "mostly reduced fat" milk, cheese and yoghurt is informed by the modelling, not the systematic evidence reviews; to 'fit' sufficient quantities of all healthy foods into dietary patterns 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.</p>

<ul style="list-style-type: none"><li>• ½ cup (120ml) evaporated milk</li><li>• 2 slices, or 4x3x2cm piece (40g) hard cheese</li><li>• ½ cup (120g) ricotta cheese</li><li>• ¾ cup (200g tub) yoghurt</li><li>• 1 cup (250ml) soy beverage or beverages made from rice or other cereals which contain at least 100mg of added calcium per 100ml</li></ul> <p>*Choose mostly reduced fat varieties.</p>	<p>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).<sup>586-588</sup></p> <p>The WCRF report found probable evidence that consuming milk is associated with reduced the risk of colorectal cancer (see Appendix F).<sup>43</sup></p> <p><b>Renal cell, breast and endometrial cancer</b></p> <p>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).<sup>589</sup> 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).<sup>592</sup></p> <p><b>Prostate cancer</b></p> <p>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).<sup>43</sup></p> <p><b>Bone mineral density</b></p> <p>Recent evidence suggests that consumption of dairy foods (particularly milk) is associated with improved bone mineral density (Grade C; Evidence Report, Section 5.1)<sup>590,593-598</sup> 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).<sup>599,600</sup></p> <p>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.</p>
--	--

Food or drink misclassified: CHEESE		
Classification in peer reviewed literature: Discretionary		
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
<p>Five Food Group food.</p> <p>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.</p> <p>Use wholegrain... breakfast cereals... more often than... more refined varieties.</p>	See above.	Some authors stated that cheese should be avoided due 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.

Food or drink misclassified: HUMMUS		
Classification in peer reviewed literature: Discretionary		
Classification in the ADGs (specific advice/qualification)	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 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		
Classification in peer reviewed literature: Discretionary		
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
<p>Five Food Group food</p> <p>Breakfast cereals can be high in salt (choose those with less than 120mg sodium/100g)</p> <p>Choose foods containing added sugars less often. This includes foods like sweetened breakfast cereals.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>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).<sup>426,443-458</sup> Almost all the high level trials were conducted with oats, with the evidence of beneficial lowering 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).</li> <li>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).<sup>445,457,459-466</sup> The evidence supports three serves per day of wholegrain foods conferring between 21% and 42% reduction in risk of type 2 diabetes.</li> <li>Excess weight: There is evidence of a probable association between consumption of three to five serves per day of grain (cereal) foods (mainly</li> </ul>	

	<p>wholegrain) and reduced risk of weight gain (Grade B; Evidence Report, Section 6.6).<sup>215,220-229</sup></p> <ul style="list-style-type: none"> <li>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).<sup>397,467-471</sup> 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 F).<sup>43,472</sup> 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.<sup>473</sup></li> <li>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).</li> </ul> <p>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).</p> <p>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' (i.e. discretionary) breakfast cereal in Australia (15).</p>	
--	--	--

Food or drink misclassified: HEALTHY SPREADS AND OILS		
Classification in peer reviewed literature: Discretionary		
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
<p>Healthy - allowance</p> <p>"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 modelling<sup>12</sup> 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:</p> <ul style="list-style-type: none"> <li>• 4 serves [28–40g] per day for men less than 70 years of age</li> <li>• 2 serves [14–20g] per day for women over 18 years of age and men older than 70 years of age</li> <li>• 2 serves [14–20g] per day for adolescents 14–18 years of age</li> <li>• 1½ serves [11–15g] per day for children 12–13 years</li> <li>• 1 serve [7–10g] per day for children 3–12 years of age</li> <li>• ½ serve [4–5g] per day for children 2–3 years of age.</li> </ul> <p>A serve of unsaturated spreads and oils (250kJ) is:</p> <ul style="list-style-type: none"> <li>• 10g polyunsaturated spread</li> <li>• 10g monounsaturated spread</li> <li>• 7g polyunsaturated oil, for example olive or canola oil</li> <li>• 10g tree nuts or peanuts or nut pastes/butters</li> </ul>	<p>The dietary modelling used to inform the Eat for Health Program included an allowance for unsaturated spreads and oils to be included in the diet. "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." Nut spreads are also included in the Five Food Groups (in lean meats and alternatives).</p>	



Food or drink misclassified: Alcohol (red wine)		
Classification in peer reviewed literature: Five food group food		
Classification in the ADGs (specific advice/qualification)	Rationale	Comment
<p>Discretionary</p> <p>Includes: beer, liqueurs, mixed alcoholic drinks, port, sherry, spirits, wines</p> <p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>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).<sup>796-798</sup></li> <li>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 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.<sup>799</sup> However the evidence is not yet conclusive, particularly for Asian populations.<sup>787,788,800,801</sup></li> <li>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).<sup>802-809</sup> Recent reviews of population-based studies<sup>799,810,811</sup> support these findings.</li> <li>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.<sup>812,813</sup> A more recent review supports these findings, suggesting a synergistic effect between alcohol, hypertension and cerebrovascular events.<sup>814</sup></li> <li>Canadian and Australian guidelines on the management of hypertension include moderation of alcohol intake as an important intervention.<sup>815</sup> Hypertension is a major risk factor for both ischaemic and haemorrhagic stroke.<sup>816</sup></li> </ul>	

- 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.<sup>43</sup> The WCRF report concludes that the number of cancers for which alcohol is a known risk factor is increasing (see Appendix F).<sup>43</sup> 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 g/day), and an increased risk of breast cancer (Grade B; Evidence Report, Section 16.4).<sup>817-823</sup> The WCRF report found a convincing association between consumption of alcohol and risk of breast cancer (see Appendix F).<sup>43</sup>
- 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).<sup>43,817</sup> The WCRF report found a convincing association between consumption of alcohol and risk of cancer of the oesophagus (see Appendix F).<sup>43</sup>
- 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).<sup>43,817,824,825</sup>
- 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).<sup>43,817</sup> The WCRF report found a probable association between the consumption of alcohol and risk of liver cancer (see Appendix F).<sup>43</sup>
- 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).<sup>43,817,826</sup>
- Non-Hodgkin lymphoma: Evidence that the consumption of alcohol is associated with non-Hodgkin lymphoma is inconclusive (Evidence Report, Section 16.11).

	<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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).<sup>827</sup> The same level of average consumption is related to a higher risk of liver cirrhosis in women than in men.<sup>828</sup></li> <li>• 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).<sup>829-835</sup></li> <li>• Mental health: Alcohol use is associated with an increased risk of a number of mental health and social problems in young adults.<sup>836</sup> 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.<sup>836-840</sup></li> <li>• Nutrition-related conditions: Alcohol consumption is linked to malnutrition, Wernicke-Korsakoff syndrome, folate deficiency, Vitamin A depletion and pellagra.<sup>841</sup> 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.<sup>842,843</sup></li> </ul>
	<p>Other conditions associated with harmful levels of alcohol consumption include:<sup>794</sup></p> <ul style="list-style-type: none"> <li>• Dependence and addiction</li> <li>• Endocrine conditions (e.g. hypercortisolemia and sexual dysfunction)</li> <li>• Alcohol-related brain damage including alcoholic dementia</li> </ul>

	<ul style="list-style-type: none"><li>• Gastritis and gastric ulcers</li><li>• Aspiration pneumonia</li><li>• Cardiomyopathy</li><li>• Interactions with pharmaceuticals and illegal recreational drugs.</li></ul>	
--	--	--

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

## 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.<sup>23</sup>

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

---

<sup>23</sup> 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. 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).

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)**

Sector/profession	States source of definition is ADG				Does not state/unclear source of definition of discretionary foods		Other food classification system	
	Aligned to ADG		Not aligned to ADG					
	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	0	0
State/territory department of health (n=20)	12	60	4	20	4	20	0	0
State/territory department of education (n=7)	1	14	5	72	0	0	1 (National Healthy School Canteens)	14
Government agency TOTAL (n=18)	2	11	10	55	6	33	0	0
Government agency (information) (n=13)	2	15	7	54	4	31	0	0
Government agency (protection/regulatory function specifically) (n=5)	0	0	3	60	2	40	0	0
Food industry TOTAL (n=19)	3	16	7	37	5	26	4	21
Food industry (manufacturing/retail) (n=16)	2	12	6	38	4	25	4 (2 Unpublished reports, 1 peer reviewed literature, 1 refers to 'dietitians')	25
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
<b>Total (n=93)</b>	<b>33</b>	<b>35</b>	<b>34</b>	<b>37</b>	<b>20</b>	<b>22</b>	<b>6</b>	<b>6</b>



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

Sector/ profession	Intent/application							
	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 classification 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	0	0
• State/territory department of health (n=20)	14	45	6	55	0	0	0	0
• State/territory department of education (n=7)	1	14	6	86	0	0	0	0
Government agency TOTAL (n=18)	5	28	12	67	2	11	0	0
• Government agency (information) (n=13)	5	34	7	54	2	15	0	0
• Government agency (protection/regulatory function specifically) (n=5)	0	0	5	100	0	0	0	0
Food industry TOTAL (n=19)	11	58	6	32	2	10	0	0
• Food industry (manufacturing/ retail) (n=16)	10	63	4	25	2	12	0	0
• Food industry (primary) (n=3)	1	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
<b>Total (n=94)</b>	<b>41</b>	<b>44</b>	<b>48</b>	<b>51</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>

<sup>24</sup> 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).

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

Sector/profession	States source of definition is ADG				No definition of discretionary food or no source stated		Other sources for the term discretionary foods	
	Aligned to ADG		Not aligned to ADG					
	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	5	36	3 (2 ABS, 1 other peer reviewed reference)	21
Health professional association (n=4)	1	25	1	25	1	25	1 ABS	25
Non-government organisations and advocacy groups (n=10)	3	30	2	20	2	20	3 (2 ABS; 1 AIHW)	30
Research institute (n=9)	2	22	3	33	4	45	0	0
<b>Total (n=49)</b>	<b>10</b>	<b>20</b>	<b>13</b>	<b>27</b>	<b>15</b>	<b>31</b>	<b>11</b>	<b>22</b>

submissions to the senate)<sup>25</sup>

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.

<sup>25</sup> 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)<sup>26</sup>

Sector/profession	States source of definition is ADG				Does no mention definition of discretionary food (or no source stated (n=6))	
	Aligned to ADG		Not aligned to ADG			
	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)	100	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	0	0	4 (not stated)	66
Total (n=16)	5 <sup>27</sup>	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.

<sup>26</sup> Abbreviations: AGTHE: Australian Guide To Healthy Eating.

<sup>27</sup> 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)

Sector/profession (number of documents with a definition of discretionary food)	Intent/application			
	To classify/ assess diets as healthy or unhealthy		To classify/ assess foods as healthy or unhealthy	
	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
<b>Total (n=49)</b>	<b>36</b>	<b>73</b>	<b>13</b>	<b>27</b>

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 foods as 'healthy' or 'unhealthy' or to assess the consistency of other classification systems with the Australian Dietary Guidelines as a 'gold standard'.

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	0	0	0
State/ territory department of health (n=4)	4	100	0	0	0	0	0	0
Government agency TOTAL (n=3)	0	0	2	67	0	0	1	33
Government agency (information) (n=1)	0	0	1	100	0	0	0	0
Government agency (protection/regulatory) (n=2)	0	0	1	50	0	0	1	50
Other (n=6) incl. consultancy, mix of several sectors	0	0	6	100	0	0	0	0
<b>Total (n=16)</b>	<b>5</b>	<b>31</b>	<b>9</b>	<b>56</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>6</b>

## 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.

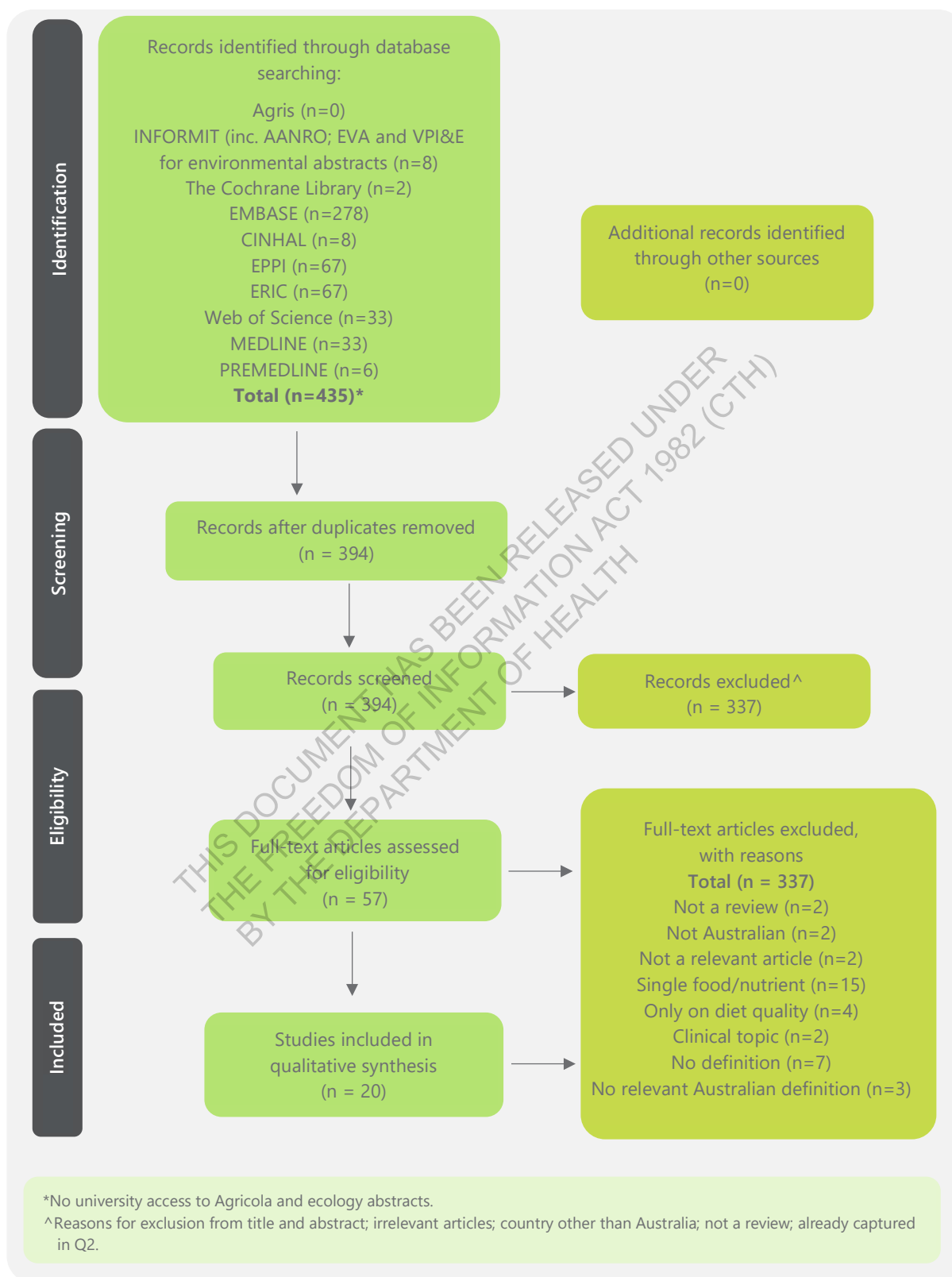
#### 5.3.1.1 Stated definition of 'healthy' and 'unhealthy' food and drinks, source of definition, agreement with the Australian Dietary Guidelines definition and stated intent and/or application of the term, including by sector/profession, in the peer reviewed reviews

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).



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



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, ice-cream 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.

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/](https://blog.feedspot.com/australian_food_blogs/) and [https://blog.feedspot.com/australian\\_nutrition\\_blogs/](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.

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](http://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, 'ultra-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

- 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).

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)

- 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](http://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)



- (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](http://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

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 publicly at [www.eatforhealth.gov.au](http://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.<sup>28</sup>

### 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

---

<sup>28</sup> 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

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

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.

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



'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'<sup>29</sup> 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)<sup>30</sup> focused on nutrient profiling systems and nutrient content 'cut-off' points,

<sup>29</sup> 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'.

<sup>30</sup> Four reviews in the area of food labelling also focused on nutrient profiling systems, see Section 6.4.1.

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](http://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 cited<sup>31</sup> 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' and the ABS list 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).

---

<sup>31</sup> 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).

## 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 Fund<sup>32</sup> (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

---

<sup>32</sup> 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 review 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.<sup>33</sup> The approach is not necessarily consistent with Australian

---

<sup>33</sup> 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*<sup>TM</sup>, 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 bolognese 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

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  $\geq 3.5$  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  $\geq 3.0$ . 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.

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



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:



- ‘added sugar’<sup>34</sup> (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,<sup>35</sup> 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<sup>36</sup> and active promotion to all health professionals, public health sector, educators, the not-for-profit and industry sectors, interested consumers, and the general public.<sup>37</sup>

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

<sup>34</sup> 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”.

<sup>35</sup> Including synergies between health, equity and environmental sustainability.

<sup>36</sup> Including sufficient hard copies.

<sup>37</sup> 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 'non-core' 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.

# References

1. National Health and Medical Research Council. Eat for Health, Australian Dietary Guidelines: Providing the scientific evidence for healthier Australian diet. Canberra. 2013. Available from: [www.eatforhealth.gov.au/sites/default/files/content/n55\\_australian\\_dietary\\_guidelines.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf)
2. National Health and Medical Research Council. Dietary Guidelines for Older Australians. Canberra. 1999. Available from: [www.nhmrc.gov.au/publications/synopses/n23syn.htm](http://www.nhmrc.gov.au/publications/synopses/n23syn.htm)
3. National Health and Medical Research Council. Dietary Guidelines for Children and Adolescents in Australia. Canberra. 2003. Available from: [www.nhmrc.gov.au/publications/synopses/dietsyn.htm](http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm)
4. National Health and Medical Research Council. Dietary Guidelines for Australian Adults. Canberra. 2003. Available.
5. National Health and Medical Research Council. A review of the evidence to address targeted questions to inform the revision of the Australian Dietary Guidelines. Canberra. 2011. Available from: [www.eatforhealth.gov.au/Sites/Default/Files/Files/The\\_Guidelines/N55d\\_Dietary\\_Guidelines\\_Evidence\\_Report.Pdf](http://www.eatforhealth.gov.au/Sites/Default/Files/Files/The_Guidelines/N55d_Dietary_Guidelines_Evidence_Report.Pdf)
6. National Health and Medical Research Council, Australian Government Department of Health and Ageing, New Zealand Ministry of Health. Nutrient reference values for Australia and New Zealand including recommended dietary intakes. Canberra. 2006. Available.
7. National Health and Medical Research Council. A modelling system to inform the revision of the Australian Guide to Healthy Eating. Canberra. 2011. Available from: [https://www.eatforhealth.gov.au/sites/default/files/files/public\\_consultation/n55a\\_dietary\\_guidelines\\_food\\_modelling\\_111216.pdf](https://www.eatforhealth.gov.au/sites/default/files/files/public_consultation/n55a_dietary_guidelines_food_modelling_111216.pdf)
8. National Health and Medical Research Council. Review: Nutritional requirements and dietary advice targeted for pregnant and breastfeeding women. Canberra. 2011. Available from: [www.eatforhealth.gov.au/sites/default/files/files/the\\_guidelines/n55n\\_pregnancy\\_breastfeeding\\_review.pdf](http://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55n_pregnancy_breastfeeding_review.pdf)
9. National Health and Medical Research Council. Eat for Health, Australian Dietary Guidelines Educator Guide: Information for nutrition educators. Canberra. 2013. Available from: [www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55b\\_educator\\_guide\\_140321\\_1.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55b_educator_guide_140321_1.pdf)
10. National Health and Medical Research Council. Eat for Health, Australian Dietary Guidelines Summary. Canberra. 2013. Available from: [www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55a\\_australian\\_dietary\\_guidelines\\_summary\\_131014\\_1.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55a_australian_dietary_guidelines_summary_131014_1.pdf)
11. National Health and Medical Research Council. Healthy eating for adults: eat for health and wellbeing. Canberra. 2013. Available from: [www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55g\\_adult\\_brochure.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55g_adult_brochure.pdf)
12. National Health and Medical Research Council. Healthy eating during your pregnancy: Advice on eating for you and your baby. Canberra. 2013. Available from: [www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55h\\_healthy\\_eating\\_during\\_pregnancy.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55h_healthy_eating_during_pregnancy.pdf)
13. National Health and Medical Research Council. Healthy eating for children: Teach your child healthy habits for a healthy life. Canberra. 2013. Available from: [www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55f\\_children\\_brochure.pdf](http://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55f_children_brochure.pdf)
14. National Health and Medical Research Council, Australian Government Department of Health. Eat for Health. Last update: 27/07/2015; Accessed: 4/09/2018. Available from: [www.eatforhealth.gov.au/](http://www.eatforhealth.gov.au/)

15. Australian Bureau of Statistics. 4363.0.55.001 - Australian Health Survey: Users' Guide, 2011-13. Canberra Last update: 9/05/2014; Accessed: 27/08/2018. Available from: [www.abs.gov.au/ausstats/abs@.nsf/Lookup/BA1526F0D19FA21DCA257CD2001CA166?opendocument](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/BA1526F0D19FA21DCA257CD2001CA166?opendocument)
16. Australian Bureau of Statistics. 4364.0.55.007 - Australian Health Survey: Nutrition First Results - Foods and Nutrients, 2011-12. Canberra Last update: 9/05/2014; Accessed: 5/09/2018. Available from: [www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~Discretionary%20foods~700](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~Discretionary%20foods~700)
17. IHME Institute for Health Metrics and Evaluation. Global Burden of Disease Country Profile Australia. Accessed: 12/11/2017. Available from: [www.healthdata.org/sites/default/files/files/country\\_profiles/GBD/ihme\\_gbd\\_country\\_report\\_australia.pdf](http://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_australia.pdf)
18. Carrad AM, Louie JC, Yeatman HR, Dunford EK, Neal BC, Flood VM. A nutrient profiling assessment of packaged foods using two star-based front-of-pack labels. *Public Health Nutrition*. 2016;19(12):2165–74.
19. Grieger JA, Wycherley TP, Johnson BJ, Golley RK. Discrete strategies to reduce intake of discretionary food choices: a scoping review. *International Journal of Behavioral Nutrition and Physical Activity*. 2016;13.
20. Hadjikakou M. Trimming the excess: environmental impacts of discretionary food consumption in Australia. *Ecological Economics*. 2017;131:119–28.
21. Haskelberg H, Neal B, Dunford E, Flood V, Rangan A, Thomas B, et al. High variation in manufacturer-declared serving size of packaged discretionary foods in Australia. *British Journal of Nutrition*. 2016;115(10):1810–8.
22. Jones A, Radholm K, Neal B. Defining 'Unhealthy': A Systematic Analysis of Alignment between the Australian Dietary Guidelines and the Health Star Rating System. *Nutrients*. 2018;10(4).
23. Lawrence MA, Dickie S, Woods JL. Do Nutrient-Based Front-of-Pack Labelling Schemes Support or Undermine Food-Based Dietary Guideline Recommendations? Lessons from the Australian Health Star Rating System. *Nutrients*. 2018;10(1).
24. Pettigrew S, Talati Z, Pratt IS. Health communication implications of the perceived meanings of terms used to denote unhealthy foods. *BMC Obesity*. 2017;4 (1) (no pagination)(3).
25. Spiteri SA, Olstad DL, Woods JL. Nutritional quality of new food products released into the Australian retail food market in 2015-is the food industry part of the solution? *BMC Public Health*. 2018;18.
26. Tapsell LC, Neale EP, Satija A, Hu FB. Foods, Nutrients, and Dietary Patterns: Interconnections and Implications for Dietary Guidelines. *Advances in Nutrition*. 2016;7(3):445–54.
27. Davis C, Hodgson J, Bryan J, Garg M, Woodman R, Murphy K. Older Australians Can Achieve High Adherence to the Mediterranean Diet during a 6 Month Randomised Intervention; Results from the Medley Study. *Nutrients*. 2017;9(6).
28. Chai LK, Macdonald-Wicks L, Hure AJ, Burrows TL, Blumfield ML, Smith R, et al. Disparities exist between the Australian Guide to Healthy Eating and the dietary intakes of young children aged two to three years. *Nutrition & Dietetics*. 2016;73(4):312–20.
29. Leech RM, Timperio A, Livingstone KM, Worsley A, McNaughton SA. Temporal eating patterns: associations with nutrient intakes, diet quality, and measures of adiposity. *American Journal of Clinical Nutrition*. 2017;106(4):1121–30.
30. Miller J, Chan L, Mehta K, Roberts R, Dickinson KM, Yaxley A, et al. Dietary intake of working women with children does not appear to be influenced by hours of employment: A secondary analysis of the Australian Health Survey (2011-2013). *Appetite*. 2016;105:106–13.
31. Sainsbury E, Colagiuri S, Magnusson R. An audit of food and beverage advertising on the Sydney metropolitan train network: regulation and policy implications. *BMC Public Health*. 2017;17.
32. Taylor A, Wilson F, Hendrie GA, Allman-Farinelli M, Noakes M. Feasibility of a Healthy Trolley Index to assess dietary quality of the household food supply. *British Journal of Nutrition*. 2015;114(12):2129–37.

33. Charlton EL, Kahkonen LA, Sacks G, Cameron AJ. Supermarkets and unhealthy food marketing: An international comparison of the content of supermarket catalogues/circulars. *Preventive Medicine*. 2015;81:168–73.
34. Fayet-Moore F, Peters V, McConnell A, Petocz P, Eldridge AL. Weekday snacking prevalence, frequency, and energy contribution have increased while foods consumed during snacking have shifted among Australian children and adolescents: 1995, 2007 and 2011–12 National Nutrition Surveys. *Nutrition Journal*. 2017;16.
35. Fayet-Moore F, Petocz P, McConnell A, Tuck K, Mansour M. The Cross-Sectional Association between Consumption of the Recommended Five Food Group "Grain (Cereal)", Dietary Fibre and Anthropometric Measures among Australian Adults. *Nutrients*. 2017;9(2).
36. Grech A, Rangan A, Allman-Farinelli M. Social Determinants and Poor Diet Quality of Energy-Dense Diets of Australian Young Adults. *Healthcare*. 2017;5(4).
37. Grech A, Sui Z, Siu HY, Zheng M, Allman-Farinelli M, Rangan A. Socio-Demographic Determinants of Diet Quality in Australian Adults Using the Validated Healthy Eating Index for Australian Adults (HEIFA-2013). *Healthcare*. 2017;5(1):04.
38. Grieger JA, Johnson BJ, Wycherley TP, Golley RK. Comparing the Nutritional Impact of Dietary Strategies to Reduce Discretionary Choice Intake in the Australian Adult Population: A Simulation Modelling Study. *Nutrients*. 2017;9(5).
39. Johnson BJ, Bell LK, Zarnowiecki D, Rangan AM, Golley RK. Contribution of Discretionary Foods and Drinks to Australian Children's Intake of Energy, Saturated Fat, Added Sugars and Salt. *Children-Basel*. 2017;4(12).
40. Jones J, Wyse R, Wiggers J, Yoong SL, Finch M, Lecathelinais C, et al. Dietary intake and physical activity levels of children attending Australian childcare services. *Nutrition & Dietetics*. 2017;74(5):446–53.
41. Rouf AS, Sui Z, Rangan A, Grech A, Allman-Farinelli M. Low calcium intakes among Australian adolescents and young adults are associated with higher consumption of discretionary foods and beverages. *Nutrition*. 2018;55–56:146–53.
42. Smithers LG, Haag DG, Agnew B, Lynch J, Sorell M. Food advertising on Australian television: Frequency, duration and monthly pattern of advertising from a commercial network (four channels) for the entire 2016. *Journal of Paediatrics and Child Health*. 2018.
43. Smithers LG, Lynch J, Hedges J, Jamieson LM. Diet and anthropometry at 2 years of age following an oral health promotion programme for Australian Aboriginal children and their carers: a randomised controlled trial. *British Journal of Nutrition*. 2017;118(12):1061–9.
44. Sui Z, Raubenheimer D, Rangan A. Exploratory analysis of meal composition in Australia: meat and accompanying foods. *Public Health Nutrition*. 2017;20(12):2157–65.
45. Sui Z, Wong WK, Louie JC, Rangan A. Discretionary food and beverage consumption and its association with demographic characteristics, weight status, and fruit and vegetable intakes in Australian adults. *Public Health Nutrition*. 2017;20(2):274–81.
46. Wong THT, Mok A, Ahmad R, Rangan A, Louie JCY. Intake of free sugar and micronutrient dilution in Australian children and adolescents. *European Journal of Nutrition*. 2018.
47. Wong THT, Sui Z, Rangan A, Louie JCY. Discrepancy in socioeconomic status does not fully explain the variation in diet quality between consumers of different coffee types. *European Journal of Nutrition*. 2017;1–9.
48. Zheng M, Rangan A, Meertens B, Wu JHY. Changes in Typical Portion Sizes of Commonly Consumed Discretionary Foods among Australian Adults from 1995 to 2011–2012. *Nutrients*. 2017;9(6):06.
49. Zheng M, Wu JH, Louie JC, Flood VM, Gill T, Thomas B, et al. Typical food portion sizes consumed by Australian adults: results from the 2011–12 Australian National Nutrition and Physical Activity Survey. *Sci*. 2016;6:19596.
50. World Health Organization. Global Strategy on Diet, Physical Activity and Health. 2004; Accessed: 9/11/2018. Available from: [www.who.int/dietphysicalactivity/childhood\\_why/en/](http://www.who.int/dietphysicalactivity/childhood_why/en/)

51. Tian J, Gall SL, Smith KJ, Dwyer T, Venn AJ. Worsening Dietary and Physical Activity Behaviors Do Not Readily Explain Why Smokers Gain Weight After Cessation: A Cohort Study in Young Adults. *Nicotine & Tobacco Research*. 2017;19(3):357–66.
52. Commonwealth Department of Health and Family Services. The Australian guide to healthy eating. Canberra. 1998. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-publicat-document-fdbrox-cnt.htm>.
53. Cameron AJ, Sayers SJ, Sacks G, Thornton LE. Do the foods advertised in Australian supermarket catalogues reflect national dietary guidelines? *Health Promotion International*. 2017;32(1):113–21.
54. Daly A, Pollard CM, Kerr DA, Binns CW, Phillips M. Using Short Dietary Questions to Develop Indicators of Dietary Behaviour for Use in Surveys Exploring Attitudinal and/or Behavioural Aspects of Dietary Choices. *Nutrients*. 2015;7(8):6330–45.
55. Friel S, Barosh LJ, Lawrence M. Towards healthy and sustainable food consumption: an Australian case study. *Public Health Nutrition*. 2014;17(5):1156–66.
56. Perry RA, Mallan KM, Koo J, Mauch CE, Daniels LA, Magarey AM. Food neophobia and its association with diet quality and weight in children aged 24 months: a cross sectional study. *International Journal of Behavioral Nutrition and Physical Activity*. 2015;12.
57. Khalesi S, Sharma S, Irwin C, Sun J. Dietary patterns, nutrition knowledge and lifestyle: associations with blood pressure in a sample of Australian adults (the Food BP study). *Journal of Human Hypertension*. 2016;30(10):581–90.
58. Moayyed H, Kelly B, Feng X, Flood V. Is Living near Healthier Food Stores Associated with Better Food Intake in Regional Australia? *Int J Environ Res Public Health*. 2017;14(8):07.
59. Velardo S, Drummond M. Australian children's perceptions of discretionary foods. *Appetite*. 2018;120:43–8.
60. Wallace R, Costello L, Devine A. Over-provision of discretionary foods at childcare dilutes the nutritional quality of diets for children. *Australian and New Zealand Journal of Public Health*. 2017;41(4):447.
61. ACT Department of Education. The Traffic Light System in Schools Fact Sheet. Last update: 1/02/2015; Accessed: 7/09/2018. Available from: [www.education.act.gov.au/teaching\\_and\\_learning/food-and-drink-guidelines/the-traffic-light-system-in-schools-factsheet](http://www.education.act.gov.au/teaching_and_learning/food-and-drink-guidelines/the-traffic-light-system-in-schools-factsheet)
62. Dietitians Association of Australia. The low-down on Paleo – Welcome to our three-part series on the Palaeolithic diet. Accessed: 4/09/2018. Available from: <https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/healthy-eating/the-low-down-on-paleo-welcome-to-our-three-part-series-on-the-palaeolithic-diet/>
63. NSW Department of Health. Alignment of NSW healthy food provision policy with the Health Star Rating System, technical report. Last update: 1/11/2015; Accessed: 7/09/2018. Available from: [www.sanitarium.com.au/health-nutrition/vegetarian-eating/tips-to-get-your-fussy-eaters-eating-more-veggies](http://www.sanitarium.com.au/health-nutrition/vegetarian-eating/tips-to-get-your-fussy-eaters-eating-more-veggies)
64. Food Standards Australia New Zealand. Application of discretionary foods flag. Last update: 27/08/2018; Accessed: 28/08/2018. Available from: [www.foodstandards.gov.au/science/monitoringnutrients/australianhealthsurveyandaustaliandietaryguidelines/applicationofdiscretionary/Pages/default.aspx](http://www.foodstandards.gov.au/science/monitoringnutrients/australianhealthsurveyandaustaliandietaryguidelines/applicationofdiscretionary/Pages/default.aspx)
65. Australian Beverages Council. Submission to the Senate Select Committee into the Obesity Epidemic in Australia. 2018 Last update: 1/07/2018; Accessed: 3/09/2018. Available from: [www.aph.gov.au/DocumentStore.ashx?id=feea3abc-9719-4379-b119-2c429b62dfb1&subId=612713](http://www.aph.gov.au/DocumentStore.ashx?id=feea3abc-9719-4379-b119-2c429b62dfb1&subId=612713)
66. Coca-Cola South Pacific Pty Ltd. Drink to This Latest Research into Australia's Beverage Habits. Accessed: 3/09/2018. Available from: [www.coca-colajourney.com.au/stories/research-into-beverage-habits](http://www.coca-colajourney.com.au/stories/research-into-beverage-habits)
67. Dairy Australia. Discretionary Foods. Accessed: 3/09/2018. Available from: [www.foodsthatdogood.com.au/good-foods/the-five-food-groups/discretionary-foods](http://www.foodsthatdogood.com.au/good-foods/the-five-food-groups/discretionary-foods)



68. Nutrition Australia. Australian Dietary Guidelines: Standard serves. Accessed: 4/09/2018. Available from: [www.nutritionaustralia.org/national/resource/australian-dietary-guidelines-standard-serves](http://www.nutritionaustralia.org/national/resource/australian-dietary-guidelines-standard-serves)
69. Nestlé Australia Ltd. Nestlé in Oceania Creating Shared Value Report 2014. Last update: 2014; Accessed: 30/08/2018. Available from: [www.nestle.com.au/creating-shared-value/documents/nco174%20nestle%20in%20society%20csv%20report%20web%20as%20at%20august%204%20\(2\).pdf](http://www.nestle.com.au/creating-shared-value/documents/nco174%20nestle%20in%20society%20csv%20report%20web%20as%20at%20august%204%20(2).pdf)
70. NSW Department of Education. The NSW Healthy school canteen strategy food and drink benchmark. Last update: 2017; Accessed: 7/09/2018. Available from: [mnclhd.health.nsw.gov.au/wp-content/uploads/The-NSW-Healthy-School-Canteen-Strategy-Food-and-Drink-Benchmark-ACCESSIBLE-COLOUR.pdf](http://mnclhd.health.nsw.gov.au/wp-content/uploads/The-NSW-Healthy-School-Canteen-Strategy-Food-and-Drink-Benchmark-ACCESSIBLE-COLOUR.pdf)
71. Australian Industry Group. Ai Group Submission: Senate Select Committee Obesity Epidemic in Australia. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=9f100b35-feb1-4ef0-a449-63f101554ba4&subId=613000](http://www.apph.gov.au/DocumentStore.ashx?id=9f100b35-feb1-4ef0-a449-63f101554ba4&subId=613000)
72. Australian Sugar Alliance. Senate Select Committee into the Obesity Epidemic in Australia. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=3253a80d-f424-4d4e-a97e-f1ea7727bba2&subId=612856](http://www.apph.gov.au/DocumentStore.ashx?id=3253a80d-f424-4d4e-a97e-f1ea7727bba2&subId=612856)
73. Coca-Cola Australia. Coca-Cola Australia: Submission - Select Committee Inquiry into the Obesity Epidemic in Australia. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=da1da2ad-6f7b-43e0-b176-0fb95ed12d7c&subId=612991](http://www.apph.gov.au/DocumentStore.ashx?id=da1da2ad-6f7b-43e0-b176-0fb95ed12d7c&subId=612991)
74. Dollar Sweets. Dollar Sweets Company Pty Ltd response to the Parliament of Australia Senate Committee inquiry into the obesity epidemic in Australia. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=45f2083c-7e43-4376-8a15-c1d4becfacd7&subId=612987](http://www.apph.gov.au/DocumentStore.ashx?id=45f2083c-7e43-4376-8a15-c1d4becfacd7&subId=612987)
75. Haigh's Chocolate. Response to the Select Committee inquiry into the obesity epidemic in Australia A E Haigh Pty Ltd. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=90915a9e-b786-44c2-925c-f3213feabfeb&subId=612930](http://www.apph.gov.au/DocumentStore.ashx?id=90915a9e-b786-44c2-925c-f3213feabfeb&subId=612930)
76. Mars Australia. Select Committee into the Obesity Epidemic in Australia: A submission by Mars Australia. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=4137d0b6-b70a-46a2-bd57-6e6b7066fc8e&subId=612961](http://www.apph.gov.au/DocumentStore.ashx?id=4137d0b6-b70a-46a2-bd57-6e6b7066fc8e&subId=612961)
77. Nestlé. Select Committee into the Obesity Epidemic in Australia: Submission from Nestlé Australia Ltd. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=9ce83d5e-847e-468e-a837-25b59e9d4d4c&subId=612908](http://www.apph.gov.au/DocumentStore.ashx?id=9ce83d5e-847e-468e-a837-25b59e9d4d4c&subId=612908)
78. Robern Menz. Robern Menz (Mfg) Pty Ltd response to the Select Committee into the obesity epidemic in Australia. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=ff25ecbe-9993-4642-9254-99e79df092ce&subId=612913](http://www.apph.gov.au/DocumentStore.ashx?id=ff25ecbe-9993-4642-9254-99e79df092ce&subId=612913)
79. Australian Food and Grocery Council. AFGC Submission: Senate Select Committee Inquiry into the Obesity Epidemic in Australia. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=b1d3913e-fe60-4faa-bdf9-c1d92a936ffd&subId=612934](http://www.apph.gov.au/DocumentStore.ashx?id=b1d3913e-fe60-4faa-bdf9-c1d92a936ffd&subId=612934)
80. Australian Government Department of Health. Australian Government Department of Health Submission to the Senate Select Committee Inquiry into the Obesity Epidemic in Australia. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=ea0d2ace-37bc-4bb9-9509-a21a5ea4d836&subId=613624](http://www.apph.gov.au/DocumentStore.ashx?id=ea0d2ace-37bc-4bb9-9509-a21a5ea4d836&subId=613624)
81. The Root Cause. Submission into the Obesity Epidemic in Australia. 2018. Available from: [www.apph.gov.au/DocumentStore.ashx?id=e79a8200-d9ce-4271-a941-3d45e315607b&subId=612983](http://www.apph.gov.au/DocumentStore.ashx?id=e79a8200-d9ce-4271-a941-3d45e315607b&subId=612983)
82. Evans CE, Albar SA, Vargas-Garcia EJ, Xu F. School-Based Interventions to Reduce Obesity Risk in Children in High- and Middle-Income Countries. *Adv Food Nutr Res.* 2015;76:29–77.
83. Lucas PJ, Patterson E, Sacks G, Billich N, Evans CEL. Preschool and School Meal Policies: An Overview of What We Know about Regulation, Implementation, and Impact on Diet in the UK, Sweden, and Australia. *Nutrients.* 2017;9(7).



84. Pulker CE, Trapp GSA, Scott JA, Pollard CM. What are the position and power of supermarkets in the Australian food system, and the implications for public health? A systematic scoping review. *Obesity Reviews*. 2018;19(2):198–218.
85. Lee A, Mhurchu CN, Sacks G, Swinburn B, Snowdon W, Vandevijvere S, et al. Monitoring the price and affordability of foods and diets globally. *Obesity Reviews*. 2013;14:82–95.
86. Lewis M, Lee A. Costing 'healthy' food baskets in Australia - a systematic review of food price and affordability monitoring tools, protocols and methods. *Public Health Nutrition*. 2016;19(16):2872–86.
87. Martin J. Australia's Progress in Improving Diets and Preventing Obesity: Clear Opportunities for Action. *Current Obesity Reports*. 2018;7(3):220–6.
88. Munt AE, Partridge SR, Allman-Farinelli M. The barriers and enablers of healthy eating among young adults: a missing piece of the obesity puzzle: A scoping review. *Obesity Reviews*. 2017;18(1):1–17.
89. Tapsell LC. Dietary behaviour changes to improve nutritional quality and health outcomes. *Chronic diseases and translational medicine*. 2017;3(3):154–8.
90. Smithers LG, Lynch JW, Merlin T. Industry self-regulation and TV advertising of foods to Australian children. *J Paediatr Child Health*. 2014;50(5):386–92.
91. Cox R, Skouteris H, Dell'Aquila D, Hardy LL, Rutherford L. Television viewing behaviour among pre-schoolers: Implications for public health recommendations. *Journal of Paediatrics and Child Health*. 2013;49(2):E108–E11.
92. Jensen ME, Wood LG, Williams RB, Collins CE. Associations between sleep, dietary intake and physical activity in children: A systematic review. *JBIM Database of Systematic Reviews and Implementation Reports*. 2013;11(3):227–62.
93. Sawka KJ, McCormack GR, Nettel-Aguirre A, Swanson K. Associations between aspects of friendship networks and dietary behavior in youth: Findings from a systematized review. *Eating Behaviors*. 2015;18:7–15.
94. Kelly B, King L, Baur L, Rayner M, Lobstein T, Monteiro C, et al. Monitoring food and non-alcoholic beverage promotions to children. *Obesity Reviews*. 2013;14:59–69.
95. Neal B, Sacks G, Swinburn B, Vandevijvere S, Dunford E, Snowdon W, et al. Monitoring the levels of important nutrients in the food supply. *Obesity Reviews*. 2013;14:49–58.
96. Swinburn B, Wood A. Progress on obesity prevention over 20 years in Australia and New Zealand. *Obesity Reviews*. 2013;14 Suppl 2:60–8.
97. Food Standards Australia New Zealand. Nutrient Profiling Scoring Calculator for Standard 1.2.7. Canberra; Accessed: 12/11/2018. Available from: [www.foodstandards.gov.au/industry/labelling/pages/nutrientprofilingcalculator/default.aspx](http://www.foodstandards.gov.au/industry/labelling/pages/nutrientprofilingcalculator/default.aspx)
98. Food Standards Australia New Zealand. Standard 1.2.7 Nutrition, health and related claims. Last update: 1/03/16; Accessed: 12/11/2018. Available from: [www.foodstandards.gov.au/code/Documents/1.2.7%20Nutrition%20and%20health%20claims%20v159.pdf](http://www.foodstandards.gov.au/code/Documents/1.2.7%20Nutrition%20and%20health%20claims%20v159.pdf)
99. Crino M, Sacks G, Wu JHY. A Review of Population-Level Actions Targeting Reductions in Food Portion Sizes to Address Obesity and Related Non-communicable Diseases. *Current Nutrition Reports*. 2016;5(4):323–32.
100. Nutrition I. An inconvenient truth hard to swallow. Last update: 6/03/2017; Accessed: 27/09/2018. Available from: <http://idealnutrition.com.au/an-inconvenient-truth-hard-to-swallow/>
101. 180Nutrition. Discover Why We Get Fat: Understanding Your Carbohydrate Tolerance. Last update: 3/12/2018; Accessed: 26/09/2018. Available from: <http://180nutrition.com.au/180-tv/discover-why-we-get-fat-understanding-your-carbohydrate-tolerance/>
102. Changing habits. Why We Should Tax Ultra-Processed Foods. Last update: 20/02/2018; Accessed: 27/09/2018. Available from: <https://changinghabits.com.au/blog/2018/02/20/why-we-should-tax-ultra-processed-foods/>

103. Wholefood Simply. Healthy High Protein Iced Coffee with Thermomix Instructions. Last update: 22/11/2017; Accessed: 25/09/2018. Available from: <https://wholefoodsimply.com/high-protein-iced-coffee/>
104. Wholefood Simply. Wholefood Simply Bulk Giveaway. Last update: 27/05/2018; Accessed: 25/09/2018. Available from: <https://wholefoodsimply.com/wholefood-simply-bulk-giveaway/>
105. How to cook that. Are protein balls good for you? Last update: 2015; Accessed: 25/09/2018. Available from: [www.howtocookthat.net/public\\_html/healthy-protein-balls-recipe/](http://www.howtocookthat.net/public_html/healthy-protein-balls-recipe/)
106. Cook Republic. The Valentine Smoothie and Healthy smoothie 101. Last update: 14/02/2018; Accessed: 25/09/2018. Available from: [www.cookrepublic.com/the-valentine-smoothie-and-healthy-smoothie-101/](http://www.cookrepublic.com/the-valentine-smoothie-and-healthy-smoothie-101/)
107. Manu's menu. Vegan chocolate hazelnut truffles. Last update: 16/04/2018; Accessed: 25/09/2018. Available from: [www.manumenu.com/vegan-chocolate-hazelnut-truffles](http://www.manumenu.com/vegan-chocolate-hazelnut-truffles)
108. Thermo Kitchen. Scorched Peanut Bar Healthy Smoothie Recipe – Thermomix or Blender. Last update: 22/05/2018; Accessed: 27/09/2018. Available from: [www.thermo.kitchen/healthy-smoothie-recipe/](http://www.thermo.kitchen/healthy-smoothie-recipe/)
109. Thermo Kitchen. Carrot Cake Protein Bliss Balls – Thermomix & Food Processor Method. Last update: 6/04/2018; Accessed: 27/09/2018. Available from: [www.thermo.kitchen/carrot-cake-protein-bliss-balls/](http://www.thermo.kitchen/carrot-cake-protein-bliss-balls/)
110. 180Nutrition. What Happens To Your Body When You Don't Exercise? Nine Health Reasons To Move Your Body Every Day. Last update: 4/01/2018; Accessed: 26/09/2018. Available from: <http://180nutrition.com.au/exercise/what-happens-to-your-body-when-you-dont-exercise-nine-health-reasons-to-move-your-body-every-day-2/>
111. 180Nutrition. Learn the secrets to a healthy gut. Last update: 31/01/2013; Accessed: 26/09/2018. Available from: <http://180nutrition.com.au/180-tv/gut-health-with-robert-beson-of-progurt-podcast-episode-1/>
112. 180Nutrition. Seven Healthy Foods To Consume When You're Under Stress. Last update: 16/02/2017; Accessed: 26/09/2018. Available from: <http://180nutrition.com.au/lifestyle/seven-foods-to-consume-when-youre-under-stress-but-trying-to-stay-healthy/>
113. 180Nutrition. Dr Peter Osborne - No Grain, No Pain. Accessed: 26/09/2018. Available from: <http://180nutrition.com.au/180-tv/dr-peter-osborne-interview/>
114. RecipeTin Eats. Healthy egg muffins. Last update: 23/02/2018; Accessed: 25/09/2018. Available from: [www.recipetineats.com/healthy-egg-muffins/](http://www.recipetineats.com/healthy-egg-muffins/)
115. Cook Republic. Roasted Cauliflower Nasi Goreng – Indonesian Fried Rice. Last update: 7/02/2018; Accessed: 25/09/2018. Available from: [www.cookrepublic.com/roasted-cauliflower-nasi-goreng-vegan/](http://www.cookrepublic.com/roasted-cauliflower-nasi-goreng-vegan/)
116. Wholefood Simply. Quick Easy Healthy Lemon Tart. Last update: 18/03/2018; Accessed: 25/09/2018. Available from: <https://wholefoodsimply.com/lemon-tart/>
117. Wholefood Simply. Healthy Christmas Cake. Last update: 10/12/2018; Accessed: 25/09/2018. Available from: <https://wholefoodsimply.com/healthy-christmas-cake/>
118. Wholefood Simply. Healthy peppermint slice. Last update: 23/09/2017; Accessed: 25/09/2018. Available from: <https://wholefoodsimply.com/healthy-peppermint-slice/>
119. Wholefood Simply. Quick and Easy Snickers Smoothie Bowl with Thermomix Instructions. Last update: 28/12/2017; Accessed: 25/09/2018. Available from: <https://wholefoodsimply.com/healthy-snickers-smoothie-bowl/>
120. My Kitchen Stories. Sweet carrot ricotta pancakes - beautiful food. Last update: 11/10/2014; Accessed: 26/09/2018. Available from: [www.mykitchenstories.com.au/2014/10/sweet-carrot-ricotta-pancakes-beautiful-food/](http://www.mykitchenstories.com.au/2014/10/sweet-carrot-ricotta-pancakes-beautiful-food/)
121. Australian Bureau of Statistics. 4364.0.55.012 - Australian Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines, 2011-12. Canberra Last update: 13/12/2017; Accessed: 27/08/2018. Available from: [www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.012~2011-12~Main%20Features~Discretionary%20foods~10010](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.012~2011-12~Main%20Features~Discretionary%20foods~10010)

122. Australian Bureau of Statistics. 4364.0.55.001 - National Health Survey: First Results, 2014–15. Canberra Last update: 8/12/2015; Accessed: 9/11/2018. Available from: [www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Overweight%20and%20obesity~22](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Overweight%20and%20obesity~22)
123. Lee AJ, Kane S, Lewis M, Good E, Pollard CM, Landrigan TJ, et al. Healthy diets ASAP – Australian Standardised Affordability and Pricing methods protocol. *Nutrition Journal*. 2018;17(1):88.
124. Lee AJ, Kane S, Ramsey R, Good E, Dick M. Testing the price and affordability of healthy and current (unhealthy) diets and the potential impacts of policy change in Australia. *BMC Public Health*. 2016;16.
125. Lee A, Baker P, Stanton R, Friel S, O'Dea K, Weightman A. Scoping Study to Inform the Development of the new National Nutrition Policy. 2013. Available from: [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](http://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)
126. HSR Technical Advisory Group (TAG). Draft: Five-year review of the health star rating (HSR) system: Alignment of the HSR system with the Australian and New Zealand Dietary Guidelines: Analysis of alignment and identification of outliers. 2018. Available.
127. HSR Technical Advisory Group (TAG). Draft: Five-year review of the health star rating (HSR) system: History and development of the HSR algorithm. 2018. Available.
128. Australian Bureau of Statistics. 6401.0 - Consumer Price Index, Australia, Dec 2015. Canberra Last update: 27/01/2016; Accessed: 12/11/2018. Available from: [www.abs.gov.au/ausstats/abs@.nsf/Lookup/6401.0Feature+Article1Dec+2015](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/6401.0Feature+Article1Dec+2015)
129. Rosenbaum L. The March of Science — The True Story. *New England Journal of Medicine*. 2017;377(2):188–91.
130. Bero L. Developing reliable dietary guidelines. *BMJ*. 2017;359.
131. World Cancer Research Fund AlFCR. Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective. Washington DC2007 Last update: 2007; Accessed: 9/11/2018. Available from: [www.wcrf.org/dietandcancer](http://www.wcrf.org/dietandcancer)
132. Grech AL, Rangan A, Allman-Parinelli M. Dietary Energy Density in the Australian Adult Population from National Nutrition Surveys 1995 to 2012. *J Acad Nutr Diet*. 2017;117(12):1887-99 e2.
133. Vaitkeviciute R, Ball LE, Harris N. The relationship between food literacy and dietary intake in adolescents: a systematic review. *Public Health Nutrition*. 2015;18(4):649–58.
134. How to cook that. About howtocook.net. Accessed: 25/09/2018. Available from: [www.howtocookthat.net/public\\_html/about-howtocookthat-net/](http://www.howtocookthat.net/public_html/about-howtocookthat-net/)
135. The Department of Health. National Healthy School Canteens Guidelines. Canberra2010 Last update: 5/11/13; Accessed: 12/11/18. Available from: [www.health.gov.au/internet/main/publishing.nsf/content/phd-nutrition-canteens](http://www.health.gov.au/internet/main/publishing.nsf/content/phd-nutrition-canteens)
136. NSW Department of Education. Menu item ready reckoner. Last update: 28/11/17; Accessed: 12/11/2018. Available from: <https://healthyschoolcanteens.nsw.gov.au/canteen-managers/making-great-choices/ready-reckoner>
137. MPConsulting. Five Year Review of the Health Star Rating System - Consultation Paper: Options for System Enhancement. 1/10/18. Available from: [http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/news-20181510/\\$File/HSR%20System%20Consultation%20Paper%20-%20October%202018.pdf](http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/news-20181510/$File/HSR%20System%20Consultation%20Paper%20-%20October%202018.pdf)
138. Waddingham S, Stevens S, Macintyre K, Shaw K. "Most of Them Are Junk Food but We Did Put Fruit on There and We Have Water". *Health Education*. 2015;115(2):126–40.

139. Sacks G, Veerman JL, Moodie M, Swinburn B. 'Traffic-light' nutrition labelling and 'junk-food' tax: a modelled comparison of cost-effectiveness for obesity prevention. *International journal of obesity* (2005). 2011;35(7):1001–9.
140. Dunford E, Cobcroft M, Thomas M, Wu JH. Technical Report: Alignment of NSW Healthy Food Provision Policy with the Health Star Rating System. Sydney, NSW. 2015. Available from: [www.health.nsw.gov.au/heal/Publications/health-star-rating-system.pdf](http://www.health.nsw.gov.au/heal/Publications/health-star-rating-system.pdf)
141. Wellard L, Hughes C, Watson WL. Investigating nutrient profiling and Health Star Ratings on core dairy products in Australia. *Public Health Nutr*. 2016;19(15):2860–5.
142. Whalan S, Farnbach S, Volk L, Gwynn J, Lock M, Trieu K, et al. What do we know about the diets of Aboriginal and Torres Strait Islander peoples in Australia? A systematic literature review. *Aust N Z J Public Health*. 2017;41(6):579–84.
143. Marshall S, Burrows T, Collins CE. Systematic review of diet quality indices and their associations with health-related outcomes in children and adolescents. *Journal of human nutrition and dietetics : the official journal of the British Dietetic Association*. 2014;27(6):577–98.
144. Milte CM, McNaughton SA. Dietary patterns and successful ageing: a systematic review. *Eur J Nutr*. 2016;55(2):423–50.
145. McNaughton SA, Johnson L, Livingstone KM, editors. Special Issue "Dietary Patterns, Diet Quality and Human Health". 2018. In: *Nutrients*. Available from: [www.mdpi.com/journal/nutrients/special\\_issues/Dietary\\_Patterns\\_Diet\\_Quality\\_Human\\_Health](http://www.mdpi.com/journal/nutrients/special_issues/Dietary_Patterns_Diet_Quality_Human_Health)
146. Schulze MB, Martínez-González MA, Fung TT, Lichtenstein AH, Forouhi NG. Food based dietary patterns and chronic disease prevention. *BMJ*. 2018;361.
147. Stanton R. Eat food, not nutrients: why healthy diets need a broad approach. Last update: 14/08/2015; Accessed: 12/11/2018. Available from: <http://theconversation.com/eat-food-not-nutrients-why-healthy-diets-need-a-broad-approach-45823>

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1992 (Cth)  
BY THE DEPARTMENT OF HEALTH

# 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.

### 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/](https://blog.feedspot.com/australian_food_blogs/) and [https://blog.feedspot.com/australian\\_nutrition\\_blogs/](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.



## 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:
  - 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:

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

- 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 Amatil Ltd
  - Coca-Cola South Pacific Pty Ltd
  - Dairy Australia
  - Danisco Australia Pty Ltd
  - Danone Murray Goulburn Pty Ltd
  - 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 [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)
  - 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](http://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, [www2.health.vic.gov.au/public-health/preventive-health/nutrition/data-and-reports-food-and-nutrition](http://www2.health.vic.gov.au/public-health/preventive-health/nutrition/data-and-reports-food-and-nutrition)
- Those provided but not found on websites (above):
  - Australia and Food Security in a Changing World, PMSEIC, [www.chiefscientist.gov.au/wp-content/uploads/FoodSecurity\\_web.pdf](http://www.chiefscientist.gov.au/wp-content/uploads/FoodSecurity_web.pdf)
  - 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), [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](http://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](http://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:

- 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\\_ZfVmcvcAhWBXbwKHcf5Ak8QFjABegQIAxAC&url=http%3A%2F%2Fhealthstarrating.gov.au%2Finternet%2Fhealthstarrating%2Fpublishing.nsf%2Fcontent%2FD1562AA78A574853CA2581BD00828751%2F%24File%2FReport%2520on%2520Submissions%2520to%2520the%2520Five%2520Year%2520Review%2520of%2520the%2520Health%2520Star%2520Rating.docx&usq=AOvVaw2zZtBx7kJNb6JpLVWRW3oz](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKewio_ZfVmcvcAhWBXbwKHcf5Ak8QFjABegQIAxAC&url=http%3A%2F%2Fhealthstarrating.gov.au%2Finternet%2Fhealthstarrating%2Fpublishing.nsf%2Fcontent%2FD1562AA78A574853CA2581BD00828751%2F%24File%2FReport%2520on%2520Submissions%2520to%2520the%2520Five%2520Year%2520Review%2520of%2520the%2520Health%2520Star%2520Rating.docx&usq=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

- 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.

### 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



- 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 (sub-sector) 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.

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

# 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 excess weight

**Cardiovascular disease:** Of the systematic reviews addressing the risk of cardiovascular disease and consumption of fats and oils,<sup>664,673–681</sup> only one review<sup>664</sup> 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.<sup>664</sup>

The Joint FAO/WHO Expert consultation on fats and fatty acids in human nutrition 2010<sup>682</sup> 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:<sup>198</sup>

- 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).<sup>683–691</sup>

**Type 2 diabetes:** While overweight and obesity increase the risk of type 2 diabetes,<sup>88</sup> 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 g/day) and diets of varying fat content are not associated with fasting plasma glucose or insulin concentrations (Grade C; Evidence Report, Section 12.3).<sup>674,681,691–701</sup>

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.<sup>198</sup>

**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 gain<sup>672</sup> (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).<sup>677,702</sup>

**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).<sup>43</sup>

## 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).<sup>517,529,703-706</sup>

## 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.<sup>724-727</sup>

- 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)<sup>724-739</sup>
- 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).<sup>726,739,740</sup>

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'.<sup>198</sup> 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).<sup>725,741-746</sup> The results are consistent with drug trials showing that reductions in hypertension also lead to decreases in adverse cardiovascular outcomes.<sup>747,748</sup>

## 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.<sup>749</sup> This association was described as convincing by the WCRF report (see Appendix F).<sup>43</sup> 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)<sup>43</sup> 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.<sup>759</sup>

**Type 2 diabetes:** Insufficient studies were identified to develop an evidence statement for intake of sugars and type 2 diabetes.<sup>760,761</sup> However, more recent studies indicate that sugar-sweetened drinks may increase the risk of developing type 2 diabetes.<sup>762</sup> A recent meta-analysis also supports an increased risk of type 2 diabetes and the metabolic syndrome from consumption of sugar-sweetened drinks.<sup>763</sup>

**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).<sup>185–196</sup> A more recent longitudinal study also strengthens the evidence associating sugar-sweetened drinks with weight gain.<sup>764</sup>

There is insufficient consistent evidence available to form an evidence statement about fruit juices and weight gain. Some studies found no association in children,<sup>193,217,218,585</sup> while two studies in children<sup>186,765</sup> and one in adults<sup>766</sup> did find an association. Children drinking less fruit juice<sup>206</sup> and those consuming more fruit<sup>194</sup> had lower BMI Z-scores, and children at risk of becoming overweight had a higher risk of gaining fat if they consumed fruit juice.<sup>186</sup>

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).<sup>206</sup>

## Cancer

There is evidence suggesting that consumption of sucrose is not associated with risk of cancer (Grade C; Evidence Report, Section 14.1).<sup>767–771</sup> 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).<sup>43</sup> 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).<sup>43</sup>

## Other conditions

**Dental caries:** The relationship between sucrose and dental caries was first documented more than a century ago<sup>772</sup> and has been confirmed in numerous studies since then.<sup>773</sup> 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).<sup>774–778</sup> The evidence also suggests that dental caries are related to sugar-sweetened drinks (Grade C; Evidence Report, Section 15.4).<sup>774,776</sup>

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.<sup>88</sup>

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.<sup>779</sup>

**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).<sup>650–653</sup> 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.<sup>653</sup> 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.<sup>650</sup> A systematic review reported an inverse relationship between soft drink consumption and milk intake.<sup>195</sup>

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.<sup>780</sup>

## 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).<sup>796–798</sup> 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 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.<sup>799</sup> However the evidence is not yet conclusive, particularly for Asian populations.<sup>787,788,800,801</sup>

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).<sup>802–809</sup> Recent reviews of population-based studies<sup>799,810,811</sup> 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.<sup>812,813</sup> A more recent review supports these findings, suggesting a synergistic effect between alcohol, hypertension and cerebrovascular events.<sup>814</sup>

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

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

## 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.<sup>43</sup> The WCRF report concludes that the number of cancers for which alcohol is a known risk factor is increasing (see Appendix F).<sup>43</sup> 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 g/day), and an increased risk of breast cancer (Grade B; Evidence Report, Section 16.4).<sup>817-823</sup> The WCRF report found a convincing association between consumption of alcohol and risk of breast cancer (see Appendix F).<sup>43</sup>

**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).<sup>43,817</sup> The WCRF report found a convincing association between consumption of alcohol and risk of cancer of the oesophagus (see Appendix F).<sup>43</sup>

**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).<sup>43,817,824,825</sup>

**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).<sup>43,817</sup> The WCRF report found a probable association between the consumption of alcohol and risk of liver cancer (see Appendix F).<sup>43</sup>

**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).<sup>43,817,826</sup>

**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).<sup>827</sup> The same level of average consumption is related to a higher risk of liver cirrhosis in women than in men.<sup>828</sup>

**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).<sup>829-835</sup>

**Mental health:** Alcohol use is associated with an increased risk of a number of mental health and social problems in young adults.<sup>836</sup> 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.<sup>836-840</sup>

**Nutrition-related conditions:** Alcohol consumption is linked to malnutrition, Wernicke-Korsakoff syndrome, folate deficiency, Vitamin A depletion and pellagra.<sup>841</sup> 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.<sup>842,843</sup>

Other conditions associated with harmful levels of alcohol consumption include:<sup>794</sup>

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

- 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).



## 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](http://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).

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

FOI 2125

Document 1

[illegible]

consider including table in report

Document 1





Document	Version	Section	Page	Heading	Details (or description of evidence)	Term	Definition	Notes (if applicable)	Comment
A review of the evidence to address targeted questions to inform the revision of the Australian Dietary Guidelines	<a href="https://www.austlii.edu.au/au/other/dfat/special/australian_dietary_guidelines/2013_australian_dietary_guidelines.pdf">https://www.austlii.edu.au/other/dfat/special/australian_dietary_guidelines/2013_australian_dietary_guidelines.pdf</a>		91	Glossary	Food diet: "Discretionary choices" can be included but it is important to note that they do not need to be included in the diet, and food diets without inclusion of any "Discretionary choices" were also included for all age and gender groups.	Discretionary choices	Glossary (by default)	Emphasises discretionary foods are not a necessary part of the diet	
			98B	Figure: Food Guides of Different Countries	United States: "Discretionary choices"	Discretionary choices	Used in the USA	implies choice, as with discretionary diet.	
			99B		A new concept of "discretionary calories" as calories that can be used flexibly once nutrient needs are fulfilled was also investigated in the 2013 report. Discretionary calories were defined as the difference between total energy requirements and the energy needed for essential dietary needs. To bring the amounts of essential dietary needs to recommended levels, to help account for additional calories needed to meet energy needs, and to provide a more realistic picture of the energy needs of the population, the working group has originally added a category of discretionary calories to the food guide. Discretionary calories are the calories that can be used flexibly once nutrient needs are fulfilled. Discretionary calories are not a necessary part of the diet, and food diets without inclusion of any "Discretionary choices" were also included for all age and gender groups.	Discretionary calories	Used in the USA	USA: Similar to additional choices moving from Foundation to Total diets	
			997		Vegetable fats such as shortening and stick margarine, termed "discretionary" fats, in each food intake pattern.	discretionary fats	Used in the USA	USA: Includes all sources of saturated and unsaturated fatty acids	
			997		To change the overall percentage of calories from fat in the patterns, the amounts of "discretionary" fats in the food patterns were calculated at all calorie levels. Then, the nutrient fat already present within each food group was taken away from the total fat allowance to determine the amount of "discretionary" fat allowed in each food intake pattern at each percentage of calories from fat. The "discretionary" fat was added into each food intake pattern at a level of 10% of total fat to bring it to 10%.	Discretionary fats	Used in the USA	USA: Includes all sources of saturated and unsaturated fatty acids in relation to food	
Review: Nutritional requirements and dietary advice targeted for pregnant and breastfeeding women	<a href="https://www.austlii.edu.au/au/other/dfat/special/australian_dietary_guidelines/2013_australian_dietary_guidelines.pdf">https://www.austlii.edu.au/other/dfat/special/australian_dietary_guidelines/2013_australian_dietary_guidelines.pdf</a>				Please note: Page 98B "In Australia, the fat and sugar group is included in the corner of the guide as an 'extra' food group" indicating the "extra" food group is defined by the Australian Guide to Healthy Eating comprising a large proportion of Australian children's diets (e.g. Mergarine, soft drinks, confectionery, sugar and sweet biscuits are the top five food consumed by the majority of children in the country). The "discretionary" fats in the food patterns were calculated at all calorie levels. Then, the nutrient fat already present within each food group was taken away from the total fat allowance to determine the amount of "discretionary" fat allowed in each food intake pattern at each percentage of calories from fat. The "discretionary" fat was added into each food intake pattern at a level of 10% of total fat to bring it to 10%.	"Extra" food group		"Extra" food group	
					See page 98B: "In Australia, the fat and sugar group is included in the corner of the guide as an 'extra' food group" indicating the "extra" food group is defined by the Australian Guide to Healthy Eating comprising a large proportion of Australian children's diets (e.g. Mergarine, soft drinks, confectionery, sugar and sweet biscuits are the top five food consumed by the majority of children in the country). The "discretionary" fats in the food patterns were calculated at all calorie levels. Then, the nutrient fat already present within each food group was taken away from the total fat allowance to determine the amount of "discretionary" fat allowed in each food intake pattern at each percentage of calories from fat. The "discretionary" fat was added into each food intake pattern at a level of 10% of total fat to bring it to 10%.	"Extra" food group		"Extra" food group	
					See page 98B: "In Australia, the fat and sugar group is included in the corner of the guide as an 'extra' food group" indicating the "extra" food group is defined by the Australian Guide to Healthy Eating comprising a large proportion of Australian children's diets (e.g. Mergarine, soft drinks, confectionery, sugar and sweet biscuits are the top five food consumed by the majority of children in the country). The "discretionary" fats in the food patterns were calculated at all calorie levels. Then, the nutrient fat already present within each food group was taken away from the total fat allowance to determine the amount of "discretionary" fat allowed in each food intake pattern at each percentage of calories from fat. The "discretionary" fat was added into each food intake pattern at a level of 10% of total fat to bring it to 10%.	"Extra" food group		"Extra" food group	
					See page 98B: "In Australia, the fat and sugar group is included in the corner of the guide as an 'extra' food group" indicating the "extra" food group is defined by the Australian Guide to Healthy Eating comprising a large proportion of Australian children's diets (e.g. Mergarine, soft drinks, confectionery, sugar and sweet biscuits are the top five food consumed by the majority of children in the country). The "discretionary" fats in the food patterns were calculated at all calorie levels. Then, the nutrient fat already present within each food group was taken away from the total fat allowance to determine the amount of "discretionary" fat allowed in each food intake pattern at each percentage of calories from fat. The "discretionary" fat was added into each food intake pattern at a level of 10% of total fat to bring it to 10%.	"Extra" food group		"Extra" food group	
					See page 98B: "In Australia, the fat and sugar group is included in the corner of the guide as an 'extra' food group" indicating the "extra" food group is defined by the Australian Guide to Healthy Eating comprising a large proportion of Australian children's diets (e.g. Mergarine, soft drinks, confectionery, sugar and sweet biscuits are the top five food consumed by the majority of children in the country). The "discretionary" fats in the food patterns were calculated at all calorie levels. Then, the nutrient fat already present within each food group was taken away from the total fat allowance to determine the amount of "discretionary" fat allowed in each food intake pattern at each percentage of calories from fat. The "discretionary" fat was added into each food intake pattern at a level of 10% of total fat to bring it to 10%.	"Extra" food group		"Extra" food group	
Healthy eating for adults: eat for health and wellbeing	<a href="https://www.austlii.edu.au/au/other/dfat/special/australian_dietary_guidelines/2013_australian_dietary_guidelines.pdf">https://www.austlii.edu.au/other/dfat/special/australian_dietary_guidelines/2013_australian_dietary_guidelines.pdf</a>				There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	
					There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	
					There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	
					There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	
					There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	
Healthy eating for children: Teach your child healthy habits for a healthy life	<a href="https://www.austlii.edu.au/au/other/dfat/special/australian_dietary_guidelines/2013_australian_dietary_guidelines.pdf">https://www.austlii.edu.au/other/dfat/special/australian_dietary_guidelines/2013_australian_dietary_guidelines.pdf</a>				There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	
					There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	
					There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	
					There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	
					There is no evidence to "discretionary" foods in this document. Food groups have been broken down to include "extra" food group and "sugar".	Discretionary choices	Glossary (by default)	Those who are taller or more physically active (and not overweight or obese) may be able to have additional servings of the five food groups or unstarved spreads and oils or discretionary choices	

## 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](http://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.

## 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, enchilada	Chocolate/Bars	Mixed alcoholic drinks
Jams, marmalade	Crisps	Dessert custards	Port
Some sauces	Dairy blends	Doughnuts	Sherry
Sugar	Frankfurts etc	Ice cream	Spirits
Sugar confectionary	Meat pies	Iced Buns	Wines
Sweetened soft drinks and cordials	Pastry	Muesli bars	
Sweetened waters	Pizza	Puddings	
Syrups	Potato chips	Slices	
	Quiche	Some confectionary	
	Salami/mettwurst	Some sauces/ dressings	
	Some processed meats	Sweet muffins	
	Some sauces/dressings	Sweet pastries	
	Spring rolls	Sweet pies and crumbles	

## 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
- 1/4 cup condensed milk
- 50-60g (about two slices) processed meats, salami, mettwurst
- 1 1/2 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 (1 1/2 standard drinks)
- 400 mL regular beer (1 1/2 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.

Recommended average daily number of serves from each of the Five Food 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
<b>Men</b>						
19–50	6	2	6	3	2 ½	0–3
51–70	5 ½	2	6	2 ½	2 ½	0–2 ½
70+	5	2	4 ½	2 ½	3 ½	0–2 ½
<b>Women</b>						
19–50	5	2	6	2 ½	2 ½	0–2 ½
51–70	5	2	4	2	4	0–2 ½
70+	5	2	3	2	4	0–2
<b>Pregnant</b>	5	2	8 ½	3 ½	2 ½	0–2 ½
<b>Lactating</b>	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 [Food Labels - What do they mean? Food Standards Australia and New Zealand \[PDF, 1MB\]](#).



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.



Australian Government  
National Health and Medical Research Council  
Department of Health and Ageing

[www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

## HOW TO UNDERSTAND FOOD LABELS

### What to look for...

Don't rely on health claims on labels as your guide. Instead learn a few simple label reading tips to choose healthy foods and drinks, for yourself. You can also use the label to help you lose weight by limiting foods that are high in energy per serve.

Nutrition Information		
Servings per package – 16 Serving size – 30g (2/3 cup)		
	Per serve	Per 100g
<b>Energy</b>	432kJ	1441kJ
<b>Protein</b>	2.8g	9.3g
<b>Fat</b>		
Total	0.4g	1.2g
Saturated	0.1g	0.3g
<b>Carbohydrate</b>		
Total	18.9g	62.9g
Sugars	3.5g	11.8g
<b>Fibre</b>	6.4g	21.2g
<b>Sodium</b>	65mg	215mg
<b>Ingredients:</b> Cereals (76%) (wheat, oatbran, barley), psyllium husk (11%), sugar, rice, malt extract, honey, salt, vitamins.		
<b>Ingredients ▲</b> Listed from greatest to smallest by weight. Use this to check the first three ingredients for items high in saturated fat, sodium (salt) or added sugar.		

**Total Fat ▶**  
Generally choose foods with less than **10g per 100g**.  
For milk, yogurt and icecream, choose less than **2g per 100g**.  
For cheese, choose less than **15g per 100g**.

**Saturated Fat ▶**  
Aim for the lowest, per 100g.  
**Less than 3g per 100g is best.**

*Other names for ingredients high in saturated fat:* Animal fat/oil, beef fat, butter, chocolate, milk solids, coconut, coconut oil/milk/cream, copha, cream, ghee, dripping, lard, suet, palm oil, sour cream, vegetable shortening.

**Fibre ▶**  
Not all labels include fibre.  
Choose breads and cereals with **3g or more per serve**

**◀ 100g Column and Serving Size**  
If comparing nutrients in similar food products **use the per 100g column**. If calculating how much of a nutrient, or how many kilojoules you will actually eat, use the per serve column. But check whether your portion size is the same as the serve size.

**Energy**  
Check how many kJ per serve to decide how much is a serve of a 'discretionary' food, which has 600kJ per serve.

**Sugars**  
Avoiding sugar completely is not necessary, but try to avoid larger amounts of added sugars. If sugar content per 100g is more than 15g, check that sugar (or alternative names for added sugar) is not listed high on the ingredient list.

*Other names for added sugar:* Dextrose, fructose, glucose, golden syrup, honey, maple syrup, sucrose, malt, maltose, lactose, brown sugar, caster sugar, maple syrup, raw sugar, sucrose.

**◀ Sodium (Salt)**  
Choose lower sodium options among similar foods. **Food with less than 400mg per 100g are good, and less than 120mg per 100g is best.**

*Other names for high salt ingredients:* Baking powder, celery salt, garlic salt, meat/yeast extract, monosodium glutamate, (MSG), onion salt, rock salt, sea salt, sodium, sodium ascorbate, sodium bicarbonates, sodium nitrate/nitrite, stock cubes, vegetable salt.



## 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 discretionary foods, 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.

## 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 [Nutrition Information Panel](#). 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,

found by using the [nutrition information panel](#) 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 [reduce the kilojoules](#) that you eat and drink. Kilojoules can be reduced by swapping [discretionary foods](#) for foods from the Five Food Groups, reducing [portion size](#) 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.

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 [discretionary foods](#) 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 [recipes](#) 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 [Australian Dietary Guidelines](#) and [Australian Guide to Healthy Eating](#) 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 [lose weight](#) 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 [discretionary foods](#) 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 [serves](#) of the Five Food Groups.

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.

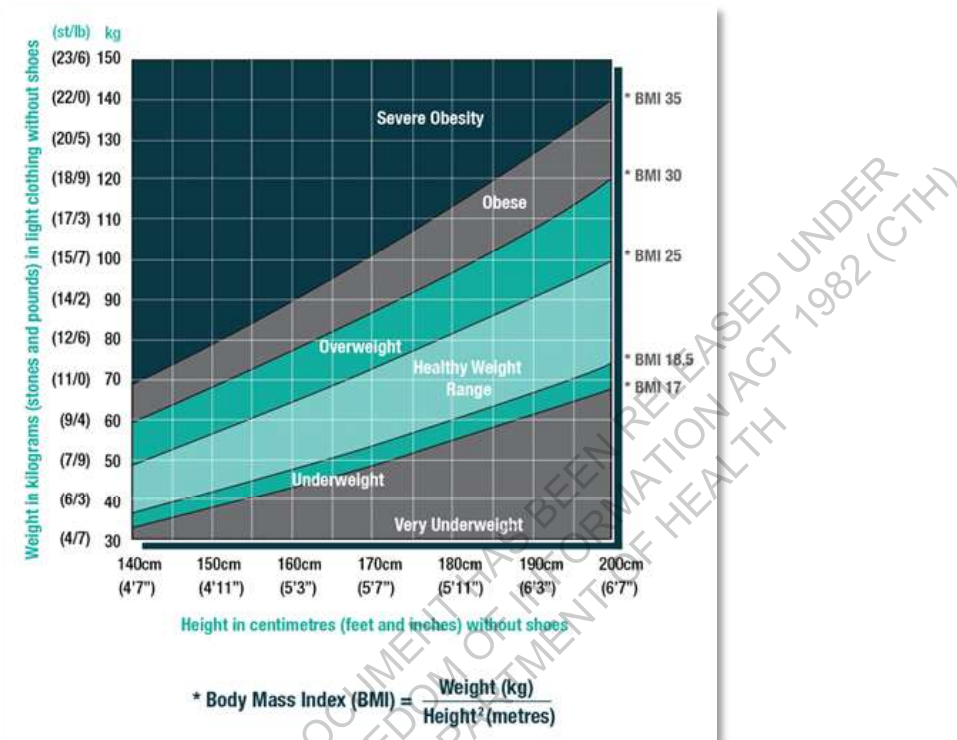




## How do you know if you are carrying extra weight?

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

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 your 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.



#### 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/m <sup>2</sup> )	12.5 – 18.0	0.51 (0.44 – 0.58)
Normal weight (18.5 – 24.9 kg/m <sup>2</sup> )	11.5 – 16.0	0.42 (0.35 – 0.50)
Overweight (25.0 – 29.9 kg/m <sup>2</sup> )	7.0 – 11.5	0.28 (0.23 – 0.33)
Obese (≥ 30.0 kg/m <sup>2</sup> )	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 sugars** 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.



#### 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 baby's 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.

## 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.

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Study ID	Study Title	Study Design	Study Population	Study Location	Study Period	Study Objectives	Study Methods	Study Results	Study Conclusions	Study Limitations	Study Strengths	Study References
1	Study 1: A randomized controlled trial comparing the effectiveness of two different treatments for a specific condition.	Randomized Controlled Trial	Adults with the condition	USA	2010-2015	To compare the effectiveness of two treatments.	Randomized, double-blind, placebo-controlled.	Significant difference in outcomes.	Treatment A is superior.	Small sample size.	High internal validity.	1. Smith et al. 2016
2	Study 2: A cohort study examining the relationship between a risk factor and a disease outcome.	Cohort Study	General population	UK	2005-2010	To examine the relationship between risk factor and disease.	Prospective, observational.	Strong association found.	Risk factor increases disease risk.	Recall bias.	Large sample size.	2. Jones et al. 2011
3	Study 3: A case-control study investigating the factors associated with a rare disease.	Case-Control Study	Patients with rare disease	Canada	2008-2012	To identify factors associated with rare disease.	Retrospective, observational.	Association with exposure.	Exposure increases disease risk.	Selection bias.	Clear case definitions.	3. Brown et al. 2009
4	Study 4: A cross-sectional survey assessing the prevalence of a health condition in a community.	Cross-sectional Survey	Community residents	Australia	2013-2014	To assess prevalence of health condition.	Survey, descriptive.	Prevalence of condition.	Prevalence is X%.	No causal inference.	High response rate.	4. White et al. 2015
5	Study 5: A systematic review of the literature on the effectiveness of a specific intervention.	Systematic Review	Patients with condition	International	2000-2018	To review effectiveness of intervention.	Meta-analysis.	Summary of evidence.	Intervention is effective.	Heterogeneity.	Comprehensive search.	5. Green et al. 2017
6	Study 6: A clinical trial evaluating the safety and efficacy of a new drug.	Clinical Trial	Patients with condition	USA	2016-2019	To evaluate safety and efficacy of new drug.	Randomized, controlled.	Drug is safe and effective.	Drug is safe and effective.	Short duration.	Well-designed.	6. Black et al. 2020
7	Study 7: A longitudinal study tracking the health outcomes of a group of individuals over time.	Longitudinal Study	Individuals in cohort	Sweden	1990-2015	To track health outcomes over time.	Prospective, observational.	Long-term outcomes.	Outcomes over time.	Loss to follow-up.	Large cohort.	7. Grey et al. 2018
8	Study 8: A case series describing the clinical features of a new disease entity.	Case Series	Patients with new disease	Japan	2017-2018	To describe clinical features of new disease.	Descriptive, observational.	Clinical features.	Clinical features.	No comparison.	Detailed descriptions.	8. Blue et al. 2019
9	Study 9: A meta-analysis of multiple studies on the effectiveness of a treatment.	Meta-Analysis	Patients with condition	International	2001-2016	To analyze effectiveness of treatment.	Meta-analysis.	Summary of effectiveness.	Treatment is effective.	Publication bias.	Multiple studies.	9. Yellow et al. 2014
10	Study 10: A pilot study assessing the feasibility of a new research protocol.	Pilot Study	Patients with condition	USA	2019-2020	To assess feasibility of new protocol.	Feasibility study.	Feasibility results.	Protocol is feasible.	Small sample.	Well-planned.	10. Purple et al. 2021
11	Study 11: A descriptive study of the characteristics of a specific population group.	Descriptive Study	Specific population	India	2012-2013	To describe characteristics of population.	Survey, descriptive.	Population characteristics.	Characteristics of population.	No intervention.	Large population.	11. Red et al. 2013
12	Study 12: A clinical trial comparing the effectiveness of two different surgical procedures.	Clinical Trial	Patients requiring surgery	UK	2007-2011	To compare effectiveness of two surgical procedures.	Randomized, controlled.	Significant difference.	Procedure A is better.	Short-term follow-up.	Well-controlled.	12. Orange et al. 2012
13	Study 13: A cohort study examining the impact of a lifestyle intervention on health outcomes.	Cohort Study	Adults in cohort	USA	2003-2014	To examine impact of lifestyle intervention.	Prospective, observational.	Impact of intervention.	Intervention improves outcomes.	Self-reported data.	Long-term follow-up.	13. Green et al. 2015
14	Study 14: A case-control study investigating the risk factors for a specific cancer type.	Case-Control Study	Cancer patients	Canada	2009-2013	To identify risk factors for cancer.	Retrospective, observational.	Risk factors identified.	Risk factors increase cancer risk.	Recall bias.	Clear case definitions.	14. Brown et al. 2010
15	Study 15: A cross-sectional survey assessing the prevalence of mental health conditions.	Cross-sectional Survey	General population	Australia	2014-2015	To assess prevalence of mental health conditions.	Survey, descriptive.	Prevalence of conditions.	Prevalence is X%.	No causal inference.	High response rate.	15. White et al. 2016
16	Study 16: A systematic review of the literature on the effectiveness of a specific intervention.	Systematic Review	Patients with condition	International	2002-2017	To review effectiveness of intervention.	Meta-analysis.	Summary of evidence.	Intervention is effective.	Heterogeneity.	Comprehensive search.	16. Green et al. 2018
17	Study 17: A clinical trial evaluating the safety and efficacy of a new drug.	Clinical Trial	Patients with condition	USA	2017-2020	To evaluate safety and efficacy of new drug.	Randomized, controlled.	Drug is safe and effective.	Drug is safe and effective.	Short duration.	Well-designed.	17. Black et al. 2021
18	Study 18: A longitudinal study tracking the health outcomes of a group of individuals over time.	Longitudinal Study	Individuals in cohort	Sweden	1995-2016	To track health outcomes over time.	Prospective, observational.	Long-term outcomes.	Outcomes over time.	Loss to follow-up.	Large cohort.	18. Grey et al. 2019
19	Study 19: A case series describing the clinical features of a new disease entity.	Case Series	Patients with new disease	Japan	2018-2019	To describe clinical features of new disease.	Descriptive, observational.	Clinical features.	Clinical features.	No comparison.	Detailed descriptions.	19. Blue et al. 2020
20	Study 20: A meta-analysis of multiple studies on the effectiveness of a treatment.	Meta-Analysis	Patients with condition	International	2003-2018	To analyze effectiveness of treatment.	Meta-analysis.	Summary of effectiveness.	Treatment is effective.	Publication bias.	Multiple studies.	20. Yellow et al. 2015
21	Study 21: A pilot study assessing the feasibility of a new research protocol.	Pilot Study	Patients with condition	USA	2020-2021	To assess feasibility of new protocol.	Feasibility study.	Feasibility results.	Protocol is feasible.	Small sample.	Well-planned.	21. Purple et al. 2022
22	Study 22: A descriptive study of the characteristics of a specific population group.	Descriptive Study	Specific population	India	2013-2014	To describe characteristics of population.	Survey, descriptive.	Population characteristics.	Characteristics of population.	No intervention.	Large population.	22. Red et al. 2014
23	Study 23: A clinical trial comparing the effectiveness of two different surgical procedures.	Clinical Trial	Patients requiring surgery	UK	2008-2012	To compare effectiveness of two surgical procedures.	Randomized, controlled.	Significant difference.	Procedure A is better.	Short-term follow-up.	Well-controlled.	23. Orange et al. 2013
24	Study 24: A cohort study examining the impact of a lifestyle intervention on health outcomes.	Cohort Study	Adults in cohort	USA	2004-2015	To examine impact of lifestyle intervention.	Prospective, observational.	Impact of intervention.	Intervention improves outcomes.	Self-reported data.	Long-term follow-up.	24. Green et al. 2016
25	Study 25: A case-control study investigating the risk factors for a specific cancer type.	Case-Control Study	Cancer patients	Canada	2010-2014	To identify risk factors for cancer.	Retrospective, observational.	Risk factors identified.	Risk factors increase cancer risk.	Recall bias.	Clear case definitions.	25. Brown et al. 2011
26	Study 26: A cross-sectional survey assessing the prevalence of mental health conditions.	Cross-sectional Survey	General population	Australia	2015-2016	To assess prevalence of mental health conditions.	Survey, descriptive.	Prevalence of conditions.	Prevalence is X%.	No causal inference.	High response rate.	26. White et al. 2017
27	Study 27: A systematic review of the literature on the effectiveness of a specific intervention.	Systematic Review	Patients with condition	International	2004-2019	To review effectiveness of intervention.	Meta-analysis.	Summary of evidence.	Intervention is effective.	Heterogeneity.	Comprehensive search.	27. Green et al. 2020
28	Study 28: A clinical trial evaluating the safety and efficacy of a new drug.	Clinical Trial	Patients with condition	USA	2018-2021	To evaluate safety and efficacy of new drug.	Randomized, controlled.	Drug is safe and effective.	Drug is safe and effective.	Short duration.	Well-designed.	28. Black et al. 2022
29	Study 29: A longitudinal study tracking the health outcomes of a group of individuals over time.	Longitudinal Study	Individuals in cohort	Sweden	1996-2017	To track health outcomes over time.	Prospective, observational.	Long-term outcomes.	Outcomes over time.	Loss to follow-up.	Large cohort.	29. Grey et al. 2020
30	Study 30: A case series describing the clinical features of a new disease entity.	Case Series	Patients with new disease	Japan	2019-2020	To describe clinical features of new disease.	Descriptive, observational.	Clinical features.	Clinical features.	No comparison.	Detailed descriptions.	30. Blue et al. 2021
31	Study 31: A meta-analysis of multiple studies on the effectiveness of a treatment.	Meta-Analysis	Patients with condition	International	2005-2020	To analyze effectiveness of treatment.	Meta-analysis.	Summary of effectiveness.	Treatment is effective.	Publication bias.	Multiple studies.	31. Yellow et al. 2016
32	Study 32: A pilot study assessing the feasibility of a new research protocol.	Pilot Study	Patients with condition	USA	2021-2022	To assess feasibility of new protocol.	Feasibility study.	Feasibility results.	Protocol is feasible.	Small sample.	Well-planned.	32. Purple et al. 2023
33	Study 33: A descriptive study of the characteristics of a specific population group.	Descriptive Study	Specific population	India	2014-2015	To describe characteristics of population.	Survey, descriptive.	Population characteristics.	Characteristics of population.	No intervention.	Large population.	33. Red et al. 2015
34	Study 34: A clinical trial comparing the effectiveness of two different surgical procedures.	Clinical Trial	Patients requiring surgery	UK	2009-2013	To compare effectiveness of two surgical procedures.	Randomized, controlled.	Significant difference.	Procedure A is better.	Short-term follow-up.	Well-controlled.	34. Orange et al. 2014
35	Study 35: A cohort study examining the impact of a lifestyle intervention on health outcomes.	Cohort Study	Adults in cohort	USA	2005-2016	To examine impact of lifestyle intervention.	Prospective, observational.	Impact of intervention.	Intervention improves outcomes.	Self-reported data.	Long-term follow-up.	35. Green et al. 2017
36	Study 36: A case-control study investigating the risk factors for a specific cancer type.	Case-Control Study	Cancer patients	Canada	2011-2015	To identify risk factors for cancer.	Retrospective, observational.	Risk factors identified.	Risk factors increase cancer risk.	Recall bias.	Clear case definitions.	36. Brown et al. 2012
37	Study 37: A cross-sectional survey assessing the prevalence of mental health conditions.	Cross-sectional Survey	General population	Australia	2016-2017	To assess prevalence of mental health conditions.	Survey, descriptive.	Prevalence of conditions.	Prevalence is X%.	No causal inference.	High response rate.	37. White et al. 2018
38	Study 38: A systematic review of the literature on the effectiveness of a specific intervention.	Systematic Review	Patients with condition	International	2006-2021	To review effectiveness of intervention.	Meta-analysis.	Summary of evidence.	Intervention is effective.	Heterogeneity.	Comprehensive search.	38. Green et al. 2021
39	Study 39: A clinical trial evaluating the safety and efficacy of a new drug.	Clinical Trial	Patients with condition	USA	2019-2022	To evaluate safety and efficacy of new drug.	Randomized, controlled.	Drug is safe and effective.	Drug is safe and effective.	Short duration.	Well-designed.	39. Black et al. 2023
40	Study 40: A longitudinal study tracking the health outcomes of a group of individuals over time.	Longitudinal Study	Individuals in cohort	Sweden	1997-2018	To track health outcomes over time.	Prospective, observational.	Long-term outcomes.	Outcomes over time.	Loss to follow-up.	Large cohort.	40. Grey et al. 2021
41	Study 41: A case series describing the clinical features of a new disease entity.	Case Series	Patients with new disease	Japan	2020-2021	To describe clinical features of new disease.	Descriptive, observational.	Clinical features.	Clinical features.	No comparison.	Detailed descriptions.	41. Blue et al. 2022
42	Study 42: A meta-analysis of multiple studies on the effectiveness of a treatment.	Meta-Analysis	Patients with condition	International	2007-2022	To analyze effectiveness of treatment.	Meta-analysis.	Summary of effectiveness.	Treatment is effective.	Publication bias.	Multiple studies.	42. Yellow et al. 2017
43	Study 43: A pilot study assessing the feasibility of a new research protocol.	Pilot Study	Patients with condition	USA	2022-2023	To assess feasibility of new protocol.	Feasibility study.	Feasibility results.	Protocol is feasible.	Small sample.	Well-planned.	43. Purple et al. 2024
44	Study 44: A descriptive study of the characteristics of a specific population group.	Descriptive Study	Specific population	India	2015-2016	To describe characteristics of population.	Survey, descriptive.	Population characteristics.	Characteristics of population.	No intervention.	Large population.	44. Red et al. 2016
45	Study 45: A clinical trial comparing the effectiveness of two different surgical procedures.	Clinical Trial	Patients requiring surgery	UK	2010-2014	To compare effectiveness of two surgical procedures.	Randomized, controlled.	Significant difference.	Procedure A is better.	Short-term follow-up.	Well-controlled.	45. Orange et al. 2015
46	Study 46: A cohort study examining the impact of a lifestyle intervention on health outcomes.	Cohort Study	Adults in cohort	USA	2006-2017	To examine impact of lifestyle intervention.	Prospective, observational.	Impact of intervention.	Intervention improves outcomes.	Self-reported data.	Long-term follow-up.	46. Green et al. 2018
47	Study 47: A case-control study investigating the risk factors for a specific cancer type.	Case-Control Study	Cancer patients	Canada	2012-2016	To identify risk factors for cancer.	Retrospective, observational.	Risk factors identified.	Risk factors increase cancer risk.	Recall bias.	Clear case definitions.	47. Brown et al. 2013
48	Study 48: A cross-sectional survey assessing the prevalence of mental health conditions.	Cross-sectional Survey	General population	Australia	2017-2018	To assess prevalence of mental health conditions.	Survey, descriptive.	Prevalence of conditions.	Prevalence is X%.	No causal inference.	High response rate.	48. White et al. 2019
49	Study 49: A systematic review of the literature on the effectiveness of a specific intervention.	Systematic Review	Patients with condition	International	2008-2023	To review effectiveness of intervention.	Meta-analysis.	Summary of evidence.	Intervention is effective.	Heterogeneity.	Comprehensive search.	49. Green et al. 2022
50	Study 50: A clinical trial evaluating the safety and efficacy of a new drug.	Clinical Trial	Patients with condition	USA	2020-2023	To evaluate safety and efficacy of new drug.	Randomized, controlled.	Drug is safe and effective.	Drug is safe and effective.	Short duration.	Well-designed.	50. Black et al. 2024

















FOI 2125













FOI 2125



Case No.	Case Name	Case Description	Case Status	Case Type	Case Category	Case Sub-category	Case Details	Case Outcome	Case Comments
1	Case 1	Case 1 Description	Case 1 Status	Case 1 Type	Case 1 Category	Case 1 Sub-category	Case 1 Details	Case 1 Outcome	Case 1 Comments
2	Case 2	Case 2 Description	Case 2 Status	Case 2 Type	Case 2 Category	Case 2 Sub-category	Case 2 Details	Case 2 Outcome	Case 2 Comments
3	Case 3	Case 3 Description	Case 3 Status	Case 3 Type	Case 3 Category	Case 3 Sub-category	Case 3 Details	Case 3 Outcome	Case 3 Comments
4	Case 4	Case 4 Description	Case 4 Status	Case 4 Type	Case 4 Category	Case 4 Sub-category	Case 4 Details	Case 4 Outcome	Case 4 Comments
5	Case 5	Case 5 Description	Case 5 Status	Case 5 Type	Case 5 Category	Case 5 Sub-category	Case 5 Details	Case 5 Outcome	Case 5 Comments
6	Case 6	Case 6 Description	Case 6 Status	Case 6 Type	Case 6 Category	Case 6 Sub-category	Case 6 Details	Case 6 Outcome	Case 6 Comments
7	Case 7	Case 7 Description	Case 7 Status	Case 7 Type	Case 7 Category	Case 7 Sub-category	Case 7 Details	Case 7 Outcome	Case 7 Comments
8	Case 8	Case 8 Description	Case 8 Status	Case 8 Type	Case 8 Category	Case 8 Sub-category	Case 8 Details	Case 8 Outcome	Case 8 Comments
9	Case 9	Case 9 Description	Case 9 Status	Case 9 Type	Case 9 Category	Case 9 Sub-category	Case 9 Details	Case 9 Outcome	Case 9 Comments
10	Case 10	Case 10 Description	Case 10 Status	Case 10 Type	Case 10 Category	Case 10 Sub-category	Case 10 Details	Case 10 Outcome	Case 10 Comments







## 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.

**Appendix 4b.** Extracted data on healthy and unhealthy foods and drinks (and synonyms, including discretionary foods or discretionary choices) from the top nutrition and food blogs.

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH



Document ID	Document Title	Author	Date	Version	Page Count	File Size	Format	Access Status	Comments
Document 1	Document 1	John Doe	2023-10-27	1.0	10	1.2 MB	PDF	Public	
Document 2	Document 2	Jane Smith	2023-11-05	2.0	15	2.5 MB	PDF	Public	
Document 3	Document 3	Michael Johnson	2023-11-12	1.0	8	0.8 MB	PDF	Public	
Document 4	Document 4	Sarah Lee	2023-11-20	1.0	12	1.5 MB	PDF	Public	
Document 5	Document 5	David Kim	2023-12-01	1.0	20	3.0 MB	PDF	Public	
Document 6	Document 6	Emily White	2023-12-15	1.0	5	0.5 MB	PDF	Public	
Document 7	Document 7	Robert Brown	2023-12-22	1.0	18	2.2 MB	PDF	Public	
Document 8	Document 8	Lisa Green	2024-01-05	1.0	7	0.9 MB	PDF	Public	
Document 9	Document 9	James Wilson	2024-01-18	1.0	14	1.8 MB	PDF	Public	
Document 10	Document 10	Alice Taylor	2024-01-25	1.0	9	1.1 MB	PDF	Public	
Document 11	Document 11	Chris Evans	2024-02-02	1.0	11	1.3 MB	PDF	Public	
Document 12	Document 12	Michelle Davis	2024-02-10	1.0	6	0.7 MB	PDF	Public	
Document 13	Document 13	Kevin Miller	2024-02-18	1.0	13	1.6 MB	PDF	Public	
Document 14	Document 14	Nancy Hall	2024-02-25	1.0	4	0.4 MB	PDF	Public	
Document 15	Document 15	Daniel Scott	2024-03-05	1.0	16	2.0 MB	PDF	Public	
Document 16	Document 16	Olivia Adams	2024-03-12	1.0	10	1.4 MB	PDF	Public	
Document 17	Document 17	Benjamin Clark	2024-03-20	1.0	7	0.9 MB	PDF	Public	
Document 18	Document 18	Sophia Lewis	2024-03-28	1.0	12	1.5 MB	PDF	Public	
Document 19	Document 19	Matthew Walker	2024-04-05	1.0	9	1.1 MB	PDF	Public	
Document 20	Document 20	Grace Young	2024-04-12	1.0	6	0.7 MB	PDF	Public	
Document 21	Document 21	Christopher King	2024-04-20	1.0	14	1.8 MB	PDF	Public	
Document 22	Document 22	Ava Hill	2024-04-28	1.0	8	1.0 MB	PDF	Public	
Document 23	Document 23	Joshua Baker	2024-05-06	1.0	11	1.3 MB	PDF	Public	
Document 24	Document 24	Mia Nelson	2024-05-14	1.0	5	0.6 MB	PDF	Public	
Document 25	Document 25	Ethan Carter	2024-05-22	1.0	13	1.6 MB	PDF	Public	
Document 26	Document 26	Isabella Perez	2024-05-30	1.0	7	0.9 MB	PDF	Public	
Document 27	Document 27	Lucas Roberts	2024-06-07	1.0	10	1.2 MB	PDF	Public	
Document 28	Document 28	Charlotte Evans	2024-06-15	1.0	6	0.8 MB	PDF	Public	
Document 29	Document 29	Henry Turner	2024-06-23	1.0	12	1.5 MB	PDF	Public	
Document 30	Document 30	Amelia Phillips	2024-06-30	1.0	9	1.1 MB	PDF	Public	
Document 31	Document 31	Sebastian Campbell	2024-07-08	1.0	7	0.9 MB	PDF	Public	
Document 32	Document 32	Harper Parker	2024-07-16	1.0	11	1.3 MB	PDF	Public	
Document 33	Document 33	Leo Mitchell	2024-07-24	1.0	5	0.6 MB	PDF	Public	
Document 34	Document 34	Evelyn Roberts	2024-07-31	1.0	13	1.6 MB	PDF	Public	
Document 35	Document 35	William King	2024-08-08	1.0	8	1.0 MB	PDF	Public	
Document 36	Document 36	Sofia Green	2024-08-16	1.0	10	1.2 MB	PDF	Public	
Document 37	Document 37	James White	2024-08-24	1.0	6	0.8 MB	PDF	Public	
Document 38	Document 38	Olivia Brown	2024-08-31	1.0	12	1.5 MB	PDF	Public	
Document 39	Document 39	Benjamin Clark	2024-09-08	1.0	9	1.1 MB	PDF	Public	
Document 40	Document 40	Grace Young	2024-09-16	1.0	7	0.9 MB	PDF	Public	
Document 41	Document 41	Christopher King	2024-09-24	1.0	11	1.3 MB	PDF	Public	
Document 42	Document 42	Ava Hill	2024-10-02	1.0	5	0.6 MB	PDF	Public	
Document 43	Document 43	Joshua Baker	2024-10-10	1.0	13	1.6 MB	PDF	Public	
Document 44	Document 44	Mia Nelson	2024-10-18	1.0	8	1.0 MB	PDF	Public	
Document 45	Document 45	Ethan Carter	2024-10-26	1.0	10	1.2 MB	PDF	Public	
Document 46	Document 46	Isabella Perez	2024-11-03	1.0	6	0.8 MB	PDF	Public	
Document 47	Document 47	Lucas Roberts	2024-11-11	1.0	12	1.5 MB	PDF	Public	
Document 48	Document 48	Charlotte Evans	2024-11-19	1.0	9	1.1 MB	PDF	Public	
Document 49	Document 49	Henry Turner	2024-11-27	1.0	7	0.9 MB	PDF	Public	
Document 50	Document 50	Amelia Phillips	2024-12-05	1.0	11	1.3 MB	PDF	Public	

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH





Document 1

[illegible]



[illegible]

If there were addition of  
boxed sources to the  
DGS for the primary  
definition, ADG was  
selected as the primary

## 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'

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CFR)  
BY THE DEPARTMENT OF HEALTH

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

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results	Website or google (W) or G)	Notes
NSW Department of Health	07/09/2018	<a href="https://www.health.nsw.gov.au/Pages/default.aspx">https://www.health.nsw.gov.au/Pages/default.aspx</a>	<a href="https://www.health.nsw.gov.au/health/Publications/health-stat-at-a-glance-system.pdf">https://www.health.nsw.gov.au/health/Publications/health-stat-at-a-glance-system.pdf</a>	"discretionary foods"	4 (3 relevant)	"discretionary choices"	0	W	
NSW Department of Health	07/09/2018	<a href="https://www.health.nsw.gov.au/Pages/default.aspx">https://www.health.nsw.gov.au/Pages/default.aspx</a>	<a href="https://www.health.nsw.gov.au/health/Publications/chief-health-officers-report-2017.pdf">https://www.health.nsw.gov.au/health/Publications/chief-health-officers-report-2017.pdf</a>	"discretionary foods"		"discretionary choices"		W	
NSW Department of Health	07/09/2018	<a href="https://www.health.nsw.gov.au/Pages/default.aspx">https://www.health.nsw.gov.au/Pages/default.aspx</a>	<a href="https://www.health.nsw.gov.au/health/Publications/seans-2015-summary-report-PDF">https://www.health.nsw.gov.au/health/Publications/seans-2015-summary-report-PDF</a>	"discretionary foods"		"discretionary choices"		W	
QLD Department of Health	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/news-five-principles-to-live-by-for-a-healthier-2017">https://www.health.qld.gov.au/news-alerts/news-five-principles-to-live-by-for-a-healthier-2017</a>	"discretionary foods"	14	"discretionary choices"	0	W	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/news/daily-kid-pulse-intake">https://www.health.qld.gov.au/news-alerts/news/daily-kid-pulse-intake</a>	"discretionary foods"		"discretionary choices"		W	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/news/pick-an-expert-research-publish">https://www.health.qld.gov.au/news-alerts/news/pick-an-expert-research-publish</a>	"discretionary foods"		"discretionary choices"		W	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/news/starting-a-pregnancy-safely-food">https://www.health.qld.gov.au/news-alerts/news/starting-a-pregnancy-safely-food</a>	"discretionary foods"		"discretionary choices"		W	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/health-alerts/2016/09/09/2016-09-09-cho-report">https://www.health.qld.gov.au/news-alerts/health-alerts/2016/09/09/2016-09-09-cho-report</a>	"discretionary foods"		"discretionary choices"		W	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/data/assets/government/2016/09/09/2016-09-09-cho-report">https://www.health.qld.gov.au/data/assets/government/2016/09/09/2016-09-09-cho-report</a>	"discretionary foods"		"discretionary choices"		W	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/data/assets/government/2016/09/09/2016-09-09-cho-report">https://www.health.qld.gov.au/data/assets/government/2016/09/09/2016-09-09-cho-report</a>	"discretionary foods"		"discretionary choices"		W	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/data/assets/government/2016/09/09/2016-09-09-cho-report">https://www.health.qld.gov.au/data/assets/government/2016/09/09/2016-09-09-cho-report</a>	"discretionary foods"		"discretionary choices"		W	
WA Department of Health	07/09/2018	<a href="http://www2.health.wa.gov.au/">http://www2.health.wa.gov.au/</a>	<a href="http://www2.health.wa.gov.au/CorporateAssets/2016/09/09/2016-09-09-cho-report">http://www2.health.wa.gov.au/CorporateAssets/2016/09/09/2016-09-09-cho-report</a>	discretionary foods	45 (none relevant)	discretionary choices	30	W	No results with quotes
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"discretionary foods"	0	"discretionary choices"	0	W	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report">https://www2.health.vic.gov.au/Health/2016/09/09/2016-09-09-cho-report</a>	"Victoria department of health" AND "discretionary health" AND "discretionary choices"	16	"Victoria department of health" AND "discretionary choices"	6	G	
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>							

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results	Website or Google (W or G)	Notes
ACT Department of Health Document 1	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://eats.health.act.gov.au/sites/default/files/Focus%20on+discretionary_food_2017.pdf">https://eats.health.act.gov.au/sites/default/files/Focus%20on+discretionary_food_2017.pdf</a>	"discretionary foods"	12	"discretionary choices"	6	W	
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://www.health.act.gov.au/research-publications/populations/publications/focus-child-health">https://www.health.act.gov.au/research-publications/populations/publications/focus-child-health</a>	"discretionary foods"	12	"discretionary choices"	6	W	
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="#">Food%20Menu%20-%20for-school.pdf</a>	"discretionary foods"	12	"discretionary choices"	6	W	
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://www.health.act.gov.au/sites/default/files/Focus%20on%20child%20health%20factsheet%20HR.pdf">https://www.health.act.gov.au/sites/default/files/Focus%20on%20child%20health%20factsheet%20HR.pdf</a>	"discretionary foods"	12	"discretionary choices"	6	W	
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://www.health.act.gov.au/sites/default/files/CHE%20report%202016.pdf">https://www.health.act.gov.au/sites/default/files/CHE%20report%202016.pdf</a>	"discretionary foods"	12	"discretionary choices"	6	W	
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://www.health.act.gov.au/sites/default/files/%20population%20Health%20Bulletin%20-%20Volume%204%20Issue%203%20-%20August%202015.pdf">https://www.health.act.gov.au/sites/default/files/%20population%20Health%20Bulletin%20-%20Volume%204%20Issue%203%20-%20August%202015.pdf</a>	"discretionary foods"	12	"discretionary choices"	6	W	
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://www.health.act.gov.au/sites/default/files/ACT%20population%20Health%20Bulletin%20-%20Volume%207%20Issues%201-3%20-%20February%20toJune%202016.pdf">https://www.health.act.gov.au/sites/default/files/ACT%20population%20Health%20Bulletin%20-%20Volume%207%20Issues%201-3%20-%20February%20toJune%202016.pdf</a>	"discretionary foods"	12	"discretionary choices"	6	W	
SA Department of Health	07/09/2018	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/PublicContent/SAA-Health+Internet/">https://www.sahealth.sa.gov.au/wps/wcm/connect/PublicContent/SAA-Health+Internet/</a>	<a href="https://www.safathsa.org.au/wps/wcm/connect/public%20content/sas%20health%20internet/headline%20urling/health%20headline/healthy%20eating%20tips%20different%20ages-s20and%20teenage%20twelve%20years/healthy%20eatings%20tips%20adults%20over%20twenty%20years%20adulthood.html">https://www.safathsa.org.au/wps/wcm/connect/public%20content/sas%20health%20internet/headline%20urling/health%20headline/healthy%20eating%20tips%20different%20ages-s20and%20teenage%20twelve%20years/healthy%20eatings%20tips%20adults%20over%20twenty%20years%20adulthood.html</a>	"discretionary foods"	13	"discretionary choices"	0	W	
SA Department of Health	07/09/2018	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/PublicContent/SAA-Health+Internet/">https://www.sahealth.sa.gov.au/wps/wcm/connect/PublicContent/SAA-Health+Internet/</a>	<a href="https://www.sahsaith.sa.gov.au/wps/wcm/connect/3aid423f8d4deef95bfcafb9c6417595fc37952BOPAL%20Case%20Studies_Playford_NOTE_BNAL.pdf?MOD=AJPERES&amp;CACHE-ID=NONE&amp;CONTENTCACHENONE">https://www.sahsaith.sa.gov.au/wps/wcm/connect/3aid423f8d4deef95bfcafb9c6417595fc37952BOPAL%20Case%20Studies_Playford_NOTE_BNAL.pdf?MOD=AJPERES&amp;CACHE-ID=NONE&amp;CONTENTCACHENONE</a>	"discretionary foods"	13	"discretionary choices"	0	W	
SA Department of Health	07/09/2018	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/PublicContent/SAA-Health+Internet/">https://www.sahealth.sa.gov.au/wps/wcm/connect/PublicContent/SAA-Health+Internet/</a>	<a href="https://www.sahsaith.sa.gov.au/wps/wcm/connect/503ab570da81d2784adb7ede8bafe16318gpc28BBReport%20%25JANUARY%2520MAY%20DUAL-DIAPYRES&amp;CACHE-NONE&amp;CONTENTCACHENEONE">https://www.sahsaith.sa.gov.au/wps/wcm/connect/503ab570da81d2784adb7ede8bafe16318gpc28BBReport%20%25JANUARY%2520MAY%20DUAL-DIAPYRES&amp;CACHE-NONE&amp;CONTENTCACHENEONE</a>	"discretionary foods"	13	"discretionary choices"	0	W	
SA Department of Health	07/09/2018	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/PublicContent/SAA-Health+Internet/">https://www.sahealth.sa.gov.au/wps/wcm/connect/PublicContent/SAA-Health+Internet/</a>	<a href="https://www.sahsaith.sa.gov.au/wps/wcm/connect/c1eae1be9eb9bbcfcc7954bcb4db5b20intennet/Healthy%20Living/healthy%20living%20what-you-eat-and-drink-factsheet">https://www.sahsaith.sa.gov.au/wps/wcm/connect/c1eae1be9eb9bbcfcc7954bcb4db5b20intennet/Healthy%20Living/healthy%20living%20what-you-eat-and-drink-factsheet</a>	"discretionary foods"	13	"discretionary choices"	0	W	
N.T. Department of Health WA Department of Education	07/09/2018 07/09/2018	<a href="https://health.nt.gov.au/">https://health.nt.gov.au/</a> <a href="https://www.education.wa.edu.au/">https://www.education.wa.edu.au/</a>	/ <a href="https://www.education.wa.edu.au/documents/z4384944/HALTHYFOODGUIDE_FACSHETS_WEBPAGES/D-S2-BUSINESS/pdf/5011406b-z49441414-bd79-758b76dc-d12">https://www.education.wa.edu.au/documents/z4384944/HALTHYFOODGUIDE_FACSHETS_WEBPAGES/D-S2-BUSINESS/pdf/5011406b-z49441414-bd79-758b76dc-d12</a>	"discretionary foods" "discretionary foods"	0 61	"discretionary choices" "discretionary choices"	0 80	W W	no results from Google search
WA Department of Education	07/09/2018	<a href="https://www.education.wa.edu.au/">https://www.education.wa.edu.au/</a>	<a href="https://diet.wa.edu.au/health/foodanddrink/diet/cms/education/healthy-food-and-drink/factsheets/who-eat-red-food-and-drinks-enZeaL-idF-11277874">https://diet.wa.edu.au/health/foodanddrink/diet/cms/education/healthy-food-and-drink/factsheets/who-eat-red-food-and-drinks-enZeaL-idF-11277874</a>	discretionary foods		"discretionary choices"		W	
WA Department of Education	07/09/2018	<a href="https://www.education.wa.edu.au/">https://www.education.wa.edu.au/</a>	<a href="https://diet.wa.edu.au/health/foodanddrink/diet/cms/education/healthy-food-and-drink/factsheets/what-are-the-basics-of-the-palooza-enZeaL-idF-11277874">https://diet.wa.edu.au/health/foodandrink/diet/cms/education/healthy-food-and-drink/factsheets/what-are-the-basics-of-the-palooza-enZeaL-idF-11277874</a>	"discretionary foods"		"discretionary choices"		W	
NSW Department of Education	07/09/2018			"discretionary foods"	0	"discretionary choices"	0	W	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"		W	
TAS Department of Education	07/09/2018			"discretionary foods"		"discretionary choices"		W	
S.A. Department of Education	07/09/2018			"discretionary foods"		"discretionary choices"		W	
NT Department of Education	07/09/2018			"discretionary foods"		"discretionary choices"		W	







Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results	Website or google (W or G)	Notes
Document 1	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/ports/australia-health-australias-health2016/contents/chapter-4-determinants-of-health">https://www.aihw.gov.au/ports/australia-health-australias-health2016/contents/chapter-4-determinants-of-health</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)	W	2016
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/ports-statistics/health-wellness-overview/australias-health/dietary">https://www.aihw.gov.au/ports-statistics/health-wellness-overview/australias-health/dietary</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)	W	2018
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/getmedia/7c429134-295f-4bc9-9c24-4d44ef404a/aihw-ausc-221.pdf.aspx?inline=true">https://www.aihw.gov.au/getmedia/7c429134-295f-4bc9-9c24-4d44ef404a/aihw-ausc-221.pdf.aspx?inline=true</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)	W	2018 report
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/getmedia/9844efb-7245-4d48-8ee3-6d1c3d6a22719782-AH16.pdf.aspx?inline=true">https://www.aihw.gov.au/getmedia/9844efb-7245-4d48-8ee3-6d1c3d6a22719782-AH16.pdf.aspx?inline=true</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)	W	2016 report
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/getmedia/0e3c3b23-4d43-43ab-ba20-ba00c4e586a164a5a1e1/healthchoices.pdf.aspx">https://www.aihw.gov.au/getmedia/0e3c3b23-4d43-43ab-ba20-ba00c4e586a164a5a1e1/healthchoices.pdf.aspx</a>	"Australian Institute of Health and Welfare" AND "discretionary foods"	736 (2 new, relevant in first 5 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	<a href="https://www.science.org.au/">https://www.science.org.au/</a>	<a href="https://www.science.org.au/files/userfiles/tem-15/documents/1117-the-food-environment.pdf">https://www.science.org.au/files/userfiles/tem-15/documents/1117-the-food-environment.pdf</a>						
	04/09/2018	<a href="https://www.science.org.au/">https://www.science.org.au/</a>	<a href="https://www.science.org.au/news-and-events/events/dfrhs-stands-for-pinkme-food-and-nutrition-science/group-2">https://www.science.org.au/news-and-events/events/dfrhs-stands-for-pinkme-food-and-nutrition-science/group-2</a>	"discretionary foods"	1	"discretionary choices"	1 (same as previous)	W	
	04/09/2018	<a href="https://www.science.org.au/">https://www.science.org.au/</a>	<a href="https://www.science.org.au/files/userfiles/tem-15/documents/1117-official-evaluation-fbox-nutrition-science.pdf">https://www.science.org.au/files/userfiles/tem-15/documents/1117-official-evaluation-fbox-nutrition-science.pdf</a>	"Australian Academy of Science" AND "discretionary foods"	65 (2 relevant in first 5 pages)	"discretionary choices"	2 (0 new)	G	
	04/09/2018	<a href="https://www.science.org.au/">https://www.science.org.au/</a>	<a href="https://www.science.org.au/files/userfiles/tem-15/documents/1117-the-food-environment.pdf">https://www.science.org.au/files/userfiles/tem-15/documents/1117-the-food-environment.pdf</a>	"discretionary foods"	65 (2 relevant in first 5 pages)	"discretionary choices"	2 (0 new)	G	
NGO Public Health Association of Australia	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/238">https://www.phaa.net.au/documents/item/238</a>	"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	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/238">https://www.phaa.net.au/documents/item/238</a>	"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	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/229">https://www.phaa.net.au/documents/item/229</a>	"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	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/236">https://www.phaa.net.au/documents/item/236</a>	"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	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/245">https://www.phaa.net.au/documents/item/245</a>	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142	G (no results from website)	
Dietitians Association of Australia	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/245">https://www.phaa.net.au/documents/item/245</a>	"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	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/245">https://www.phaa.net.au/documents/item/245</a>	"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	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/245">https://www.phaa.net.au/documents/item/245</a>	"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	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/245">https://www.phaa.net.au/documents/item/245</a>	"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	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/245">https://www.phaa.net.au/documents/item/245</a>	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142	G (no results from website)	
FOI 2125	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/245">https://www.phaa.net.au/documents/item/245</a>	"discretionary foods"	7	"discretionary choices"	4	W	
	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/245">https://www.phaa.net.au/documents/item/245</a>	"discretionary foods"	7	"discretionary choices"	4	W	
	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/245">https://www.phaa.net.au/documents/item/245</a>	"discretionary foods"	7	"discretionary choices"	4	W	

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results	Website or google (W or G)	Notes
Document 1	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2016/05/Aussie-spend-the-majority-of-food-budget-on-lunk-food-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2016/05/Aussie-spend-the-majority-of-food-budget-on-lunk-food-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4	W	
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2016/05/Are-the-Dietary-Guidelines-our-new-food-nom-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2016/05/Are-the-Dietary-Guidelines-our-new-food-nom-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4	W	
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2018/05/Dietitians-bowled-over-by-cake-and-muffin-sikes-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2018/05/Dietitians-bowled-over-by-cake-and-muffin-sikes-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4	W	
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2016/05/Closing-the-gap-Urgent-action-needed-on-food-insecurity-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2016/05/Closing-the-gap-Urgent-action-needed-on-food-insecurity-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4	W	
Nutrition Society of Australia	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2016/05/Media-alert-Surgeons-foods-debunk-Decades-of-advice-from-dietitians-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2016/05/Media-alert-Surgeons-foods-debunk-Decades-of-advice-from-dietitians-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4	W	
	04/09/2018	<a href="https://nra.asn.au/">https://nra.asn.au/</a>	<a href="https://daa.wa.gov.au/choice-of-daa-hot-topics/">https://daa.wa.gov.au/choice-of-daa-hot-topics/</a>	"discretionary foods"	7	"discretionary choices"	4	W	
	04/09/2018	<a href="https://nra.asn.au/">https://nra.asn.au/</a>	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	<a href="http://www.heia.com.au/">http://www.heia.com.au/</a>	<a href="http://www.heia.com.au/resources/documents/FlavonoidGuest/2018/09/discretionary%20choice%20.pdf">http://www.heia.com.au/resources/documents/FlavonoidGuest/2018/09/discretionary%20choice%20.pdf</a>	"Home Economics Institute of Australia" AND "discretionary foods"	38	"Home Economics Institute of Australia" AND "discretionary choices"	3	G (no search option on website)	
Australian Breastfeeding Association	04/09/2018	<a href="http://www.heia.com.au/">http://www.heia.com.au/</a>	<a href="http://www.heia.com.au/resources/documents/Journals/JHEIA20_NoLact">http://www.heia.com.au/resources/documents/Journals/JHEIA20_NoLact</a>	"Home Economics Institute of Australia" AND "discretionary foods"	38	"Home Economics Institute of Australia" AND "discretionary choices"	3	G (no search option on website)	
	04/09/2018	<a href="https://www.breastfeeding.asn.au/">https://www.breastfeeding.asn.au/</a>	<a href="https://www.breastfeeding.asn.au/info/common-concerns#E29809337mnm/daet/">https://www.breastfeeding.asn.au/info/common-concerns#E29809337mnm/daet/</a>	"discretionary foods"	1	"discretionary choices"	1 (same result)	W	
Australian Medical Association	04/09/2018	<a href="https://www.breastfeeding.asn.au/">https://www.breastfeeding.asn.au/</a>	/	"Australian Breastfeeding Association" AND "discretionary foods"	100 (none relevant)	"Australian Breastfeeding Association" AND "discretionary foods"	102 (none additional)	G	
	04/09/2018	<a href="https://ama.com.au/">https://ama.com.au/</a>	<a href="https://ama.com.au/position-nutrition-2018">https://ama.com.au/position-nutrition-2018</a>	"discretionary foods"	3 (2 relevant)	"discretionary choices"	1 (not relevant)	W	
	04/09/2018	<a href="https://ama.com.au/">https://ama.com.au/</a>	<a href="https://ama.com.au/media/lost-your-way-health-nutrition-new-year">https://ama.com.au/media/lost-your-way-health-nutrition-new-year</a>	"discretionary foods"	3 (2 relevant)	"discretionary choices"	1 (not relevant)	W	
	04/09/2018	<a href="https://ama.com.au/">https://ama.com.au/</a>	<a href="https://ama.com.au/sites/default/files/document/1547461320302020aunings2020e07e0220evaluation.pdf">https://ama.com.au/sites/default/files/document/1547461320302020aunings2020e07e0220evaluation.pdf</a>	"Australian Medical Association" AND "discretionary choices"	59 (0 relevant)	"Australian Medical Association" AND "discretionary foods"	137 (1 relevant)	G	
Australian Dental Association	04/09/2018	<a href="https://www.ada.org.au/">https://www.ada.org.au/</a>	<a href="https://www.ada.org.au/news/Media-News-and-Release/Media-Releases/Nutis-Onc">https://www.ada.org.au/news/Media-News-and-Release/Media-Releases/Nutis-Onc</a>	"discretionary foods"	1 (2 relevant)	"discretionary choices"	0	W	
Heart Foundation (Australia)	04/09/2018	<a href="https://www.ada.org.au/">https://www.ada.org.au/</a>	National Nutrition Week	"Australian Dental Association" AND "discretionary foods"	124 (0 relevant)	"Australian Dental Association" AND "discretionary choices"	46 (0 relevant)	G	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/dietary-patterns-what-does-it-mean-to-eat-healthily">https://www.heartfoundation.org.au/news/dietary-patterns-what-does-it-mean-to-eat-healthily</a>	"discretionary foods"	854	"discretionary choices"	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/rain-falls-what's-the-scoop">https://www.heartfoundation.org.au/news/rain-falls-what's-the-scoop</a>	"discretionary foods"	854	"discretionary choices"	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/sorting-far-from-fiction">https://www.heartfoundation.org.au/news/sorting-far-from-fiction</a>	"discretionary foods"	854	"discretionary choices"	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/main/feeding_for_Heart_Health_-_Position_Statement.pdf">https://www.heartfoundation.org.au/images/uploads/main/feeding_for_Heart_Health_-_Position_Statement.pdf</a>	"discretionary foods"	854	"discretionary choices"	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/main/fear_professionals/Dietary_Fats_Position_Statement_2017.pdf">https://www.heartfoundation.org.au/images/uploads/main/fear_professionals/Dietary_Fats_Position_Statement_2017.pdf</a>	"discretionary foods"	854	"discretionary choices"	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/main/Position_Statement_SaltthealthFa">https://www.heartfoundation.org.au/images/uploads/main/Position_Statement_SaltthealthFa</a>	"discretionary foods"	854	"discretionary choices"	700	W	

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results	Website or google (W or G)	Notes
Document 1	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/health-eating/food-and-nutrition/fats-and-cholesterol/monounsaturated-and-polysaturated-omega-3-and-omega-6-fats">https://www.heartfoundation.org.au/health-eating/food-and-nutrition/fats-and-cholesterol/monounsaturated-and-polysaturated-omega-3-and-omega-6-fats</a>	discretionary foods	854	discretionary foods	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/health-eating/food-and-nutrition/carbohydrates-and-sugars">https://www.heartfoundation.org.au/health-eating/food-and-nutrition/carbohydrates-and-sugars</a>	discretionary foods	854	discretionary foods	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/main/Get_Involved/Improve_healthy_eating_-_HF_QLD_Election_Proposal.pdf">https://www.heartfoundation.org.au/images/uploads/main/Get_Involved/Improve_healthy_eating_-_HF_QLD_Election_Proposal.pdf</a>	discretionary foods	854	discretionary foods	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/publications/OVERALL_Food_EPI_Report_v3.pdf">https://www.heartfoundation.org.au/images/uploads/publications/OVERALL_Food_EPI_Report_v3.pdf</a>	discretionary foods	854	discretionary foods	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male">https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male</a>	discretionary foods	854	discretionary foods	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male">https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male</a>	discretionary foods	854	discretionary foods	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male">https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male</a>	discretionary foods	854	discretionary foods	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male">https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male</a>	discretionary foods	854	discretionary foods	700	W	
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male">https://www.heartfoundation.org.au/news/food-eating-consumption-sugar-not-sweet-male</a>	discretionary foods	854	discretionary foods	700	W	
Diabetes Australia	04/09/2018	<a href="https://www.diabetesaustralia.com.au/">https://www.diabetesaustralia.com.au/</a>	<a href="https://www.diabetesaustralia.com.au/">https://www.diabetesaustralia.com.au/</a>	"discretionary foods"	1 (not relevant)	"discretionary foods"	0	W	
	04/09/2018	<a href="https://www.diabetesaustralia.com.au/">https://www.diabetesaustralia.com.au/</a>	<a href="https://www.diabetesaustralia.com.au/">https://www.diabetesaustralia.com.au/</a>	"diabetes Australia" AND "discretionary foods"	217	"diabetes Australia" AND "discretionary foods"	63	G	
Kidney Health Australia	04/09/2018	<a href="https://kidney.org.au/">https://kidney.org.au/</a>	<a href="https://www.diabetesaustralia.com.au/">https://www.diabetesaustralia.com.au/</a>	"discretionary foods"	0	"discretionary foods"	0	W	also searched without quotes
	04/09/2018	<a href="https://kidney.org.au/">https://kidney.org.au/</a>	<a href="https://www.diabetesaustralia.com.au/">https://www.diabetesaustralia.com.au/</a>	"kidney health Australia" AND "discretionary foods"	120 (0 relevant)	"kidney health Australia" AND "discretionary foods"	8 (0 relevant)	G	
Cancer Council	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/21639/cancer-prevention/diet-exercise/nutrition-diet/healthy-eating/meal-and-cancer/">https://www.cancercouncil.com.au/21639/cancer-prevention/diet-exercise/nutrition-diet/healthy-eating/meal-and-cancer/</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary foods"	155	G	
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/wp-content/uploads/2019/11/Food-Standards-Australia-New-Zealand-Proposal-FP-10-30-Sports-Foods-and-Electrolyte-Drinks.pdf">https://www.cancercouncil.com.au/wp-content/uploads/2019/11/Food-Standards-Australia-New-Zealand-Proposal-FP-10-30-Sports-Foods-and-Electrolyte-Drinks.pdf</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary foods"	155	G	
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/media-content/uploads/2014/05/Childrens-Health-of-Corporate-Wealth-May-2014.pdf">https://www.cancercouncil.com.au/media-content/uploads/2014/05/Childrens-Health-of-Corporate-Wealth-May-2014.pdf</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary foods"	155	G	
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/media-releases/caffeine-lovers-getting-more-than-a-caffeine-hit-on-their-coffee-run/">https://www.cancercouncil.com.au/media-releases/caffeine-lovers-getting-more-than-a-caffeine-hit-on-their-coffee-run/</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary foods"	155	G	
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/content/pdfs/submissions/Select%20Committee%20on%20Obesity%20Submission%20July%202018.pdf">https://www.cancercouncil.com.au/content/pdfs/submissions/Select%20Committee%20on%20Obesity%20Submission%20July%202018.pdf</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary foods"	155	G	
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/content/pdfs/submissions/2015-02-106240-Cancer%20Council%20Australia%20Submission%20to%20ANZ%20Consultation%20on%20Preventive%20Measures%20Column.pdf">https://www.cancercouncil.com.au/content/pdfs/submissions/2015-02-106240-Cancer%20Council%20Australia%20Submission%20to%20ANZ%20Consultation%20on%20Preventive%20Measures%20Column.pdf</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary foods"	155	G	
Stroke Foundation	03/09/2018	<a href="https://strokefoundation.org.au/">https://strokefoundation.org.au/</a>	<a href="https://strokefoundation.org.au/About-Stroke/Prevent-Stroke/Over-weight-and-obesity">https://strokefoundation.org.au/About-Stroke/Prevent-Stroke/Over-weight-and-obesity</a>	"discretionary foods"	33	"discretionary foods"	34	W	







Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results	Website or google (W or G)	Notes
Grain and Legumes Nutrition Council	03/09/2018	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	<a href="https://www.alfic.org.au/gains/hot-to-pics-the-whole-30-diet/">https://www.alfic.org.au/gains/hot-to-pics-the-whole-30-diet/</a>	"discretionary foods"	4 (2 relevant)	"discretionary choices"	0	W	
	03/09/2018	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	<a href="https://www.alfic.org.au/gains/hot-to-pics-the-whole-30-diet/">https://www.alfic.org.au/gains/hot-to-pics-the-whole-30-diet/</a>	"discretionary foods"	4 (2 relevant)	"discretionary choices"	0	W	
	03/09/2018	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>		"Grain and Legumes Nutrition Council" AND "discretionary foods"	0	"Grain and Legumes Nutrition Council" AND "discretionary choices"	0	G	
Australian Pork Limited	03/09/2018	<a href="https://australianpork.com.au/">https://australianpork.com.au/</a>		"discretionary foods"	0	"discretionary choices"	0	W	
	03/09/2018	<a href="https://australianpork.com.au/">https://australianpork.com.au/</a>		"Australian Pork Limited" AND "discretionary foods"	3 (none relevant)	"Australian Pork Limited" AND "discretionary choices"	0	G	
	03/09/2018	<a href="https://www.pork.com.au/">https://www.pork.com.au/</a>	<a href="https://www.alfic.org.au/our-expertise/the-athletic-and-scientific-foundation-for-nutrition-health/">https://www.alfic.org.au/our-expertise/the-athletic-and-scientific-foundation-for-nutrition-health/</a>	"discretionary foods"	0	"discretionary choices"	0	W	
Australian food and grocery council	03/09/2018	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	<a href="https://www.alfic.org.au/our-expertise/the-athletic-and-scientific-foundation-for-nutrition-health/">https://www.alfic.org.au/our-expertise/the-athletic-and-scientific-foundation-for-nutrition-health/</a>	"discretionary foods"	3	"discretionary choices"	0	W	
	03/09/2018	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	<a href="https://www.alfic.org.au/our-expertise/the-athletic-and-scientific-foundation-for-nutrition-health/">https://www.alfic.org.au/our-expertise/the-athletic-and-scientific-foundation-for-nutrition-health/</a>	"Australian food and grocery council" AND "discretionary foods"	244 (2 relevant)	"Australian food and grocery council" AND "discretionary choices"	81 (0 new, relevant)	G	
	03/09/2018	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	<a href="https://www.alfic.org.au/our-expertise/the-athletic-and-scientific-foundation-for-nutrition-health/">https://www.alfic.org.au/our-expertise/the-athletic-and-scientific-foundation-for-nutrition-health/</a>	"Australian food and grocery council" AND "discretionary foods"	244 (2 relevant)	"Australian food and grocery council" AND "discretionary choices"	81 (0 new, relevant)	G	
Quick Service Restaurants	03/09/2018	<a href="https://www.insideourfoodompanies.com.au/quick-service-restaurants">https://www.insideourfoodompanies.com.au/quick-service-restaurants</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"					Identified in Coca-Cola searches (Google)
	03/09/2018	<a href="https://www.insideourfoodompanies.com.au/quick-service-restaurants">https://www.insideourfoodompanies.com.au/quick-service-restaurants</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"					
	03/09/2018	<a href="https://www.insideourfoodompanies.com.au/quick-service-restaurants">https://www.insideourfoodompanies.com.au/quick-service-restaurants</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"					
Campbell Arnott's	03/09/2018	<a href="https://www.campbellarnotts.com.au/">https://www.campbellarnotts.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"campbell arnott's" AND "discretionary foods"	67 (none relevant)	"campbell arnott's" AND "discretionary choices"	0	G	no search option on website; manual search of nutrition and wellness section of website also provided no results
	03/09/2018	<a href="https://www.campbellarnotts.com.au/">https://www.campbellarnotts.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"	0	"discretionary choices"	0	W	Also searched "campbells" and "arnott's" individually (no relevant results)
	03/09/2018	<a href="https://www.campbellarnotts.com.au/">https://www.campbellarnotts.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"	0	"discretionary choices"	0	W	Does not allow the use of quotations in search box
Coca-Cola Amatil Ltd	03/09/2018	<a href="https://www.cocamatil.com.au/">https://www.cocamatil.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"Coca-Cola amatil" AND "discretionary foods"	129 (none relevant)	"Coca-Cola amatil" AND "discretionary choices"	5 (none relevant)	G	Also tried searching "Coca-Cola Australia" - no results
	03/09/2018	<a href="https://www.cocamatil.com.au/">https://www.cocamatil.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"	1	"discretionary choices"	0	W	both "discretionary foods" and "discretionary choices" had no results
	03/09/2018	<a href="https://www.cocamatil.com.au/">https://www.cocamatil.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"	21 (1 relevant)	"Coca-Cola South Pacific" AND "discretionary foods"	0	G	
Coca-Cola South Pacific Pty Ltd	03/09/2018	<a href="https://www.coca-colajourney.com.au/">https://www.coca-colajourney.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"	0	"discretionary choices"	0	W	
	03/09/2018	<a href="https://www.coca-colajourney.com.au/">https://www.coca-colajourney.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"	0	"discretionary choices"	0	W	
	03/09/2018	<a href="https://www.coca-colajourney.com.au/">https://www.coca-colajourney.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"discretionary foods"	0	"discretionary choices"	0	W	
Danisco Australia Pty Ltd	31/08/2018	<a href="https://www.danisco.com/food-beverages/">https://www.danisco.com/food-beverages/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"danisco Australia" AND "discretionary foods"	3 (none relevant)	"danisco Australia" AND "discretionary choices"	0	G	
	31/08/2018	<a href="https://www.danisco.com/food-beverages/">https://www.danisco.com/food-beverages/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"danisco Australia" AND "discretionary foods"	1 (not relevant)	"danisco Australia" AND "discretionary choices"	0	G	No results from searching website, no obvious results from manual search of site.
	31/08/2018	<a href="https://www.danisco.com/food-beverages/">https://www.danisco.com/food-beverages/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"danisco Australia" AND "discretionary foods"	0	"danisco Australia" AND "discretionary choices"	0	W	no additional results from google search
Danone Murray Goulburn Pty Ltd	31/08/2018	<a href="https://www.danone.com.au/our-products/joint-ventures/">https://www.danone.com.au/our-products/joint-ventures/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"danone murray goulburn" AND "discretionary foods"	0	"danone murray goulburn" AND "discretionary choices"	0	G	Search both terms in website (no results); searched without "limited" in Google
	31/08/2018	<a href="https://www.danone.com.au/our-products/joint-ventures/">https://www.danone.com.au/our-products/joint-ventures/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"danone murray goulburn" AND "discretionary foods"	0	"danone murray goulburn" AND "discretionary choices"	0	W	
	31/08/2018	<a href="https://www.danone.com.au/our-products/joint-ventures/">https://www.danone.com.au/our-products/joint-ventures/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"danone murray goulburn" AND "discretionary foods"	0	"danone murray goulburn" AND "discretionary choices"	0	W	
Freedom Foods Group	31/08/2018	<a href="https://freedomfoods.com.au/">https://freedomfoods.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"freedom foods" AND "discretionary foods"	5 (none relevant)	"freedom foods" AND "discretionary choices"	0 results	G	
	31/08/2018	<a href="https://freedomfoods.com.au/">https://freedomfoods.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"freedom foods" AND "discretionary foods"	5 (none relevant)	"freedom foods" AND "discretionary choices"	0 results	G	
	31/08/2018	<a href="https://freedomfoods.com.au/">https://freedomfoods.com.au/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"freedom foods" AND "discretionary foods"	5 (none relevant)	"freedom foods" AND "discretionary choices"	0 results	G	
Goodman Fielder Limited	31/08/2018	<a href="https://goodmanfielder.com/">https://goodmanfielder.com/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"goodman fielder limited" AND "discretionary foods"	5 (none relevant)	"goodman fielder limited" AND "discretionary choices"	0 results	G	
	31/08/2018	<a href="https://goodmanfielder.com/">https://goodmanfielder.com/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"goodman fielder limited" AND "discretionary foods"	5 (none relevant)	"goodman fielder limited" AND "discretionary choices"	0 results	G	
	31/08/2018	<a href="https://goodmanfielder.com/">https://goodmanfielder.com/</a>	<a href="https://www.alfic.org.au/">https://www.alfic.org.au/</a>	"goodman fielder limited" AND "discretionary foods"	5 (none relevant)	"goodman fielder limited" AND "discretionary choices"	0 results	G	

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results	Website or google (W or G)	Notes
Hungry Jack's Australia	31/08/2018	<a href="https://www.hungryjacks.com.au/home">https://www.hungryjacks.com.au/home</a>		"hungry jack's" AND "discretionary foods"	26 (none relevant)	"hungry jack's" AND "discretionary choices"	4 (0 relevant)	G (no search option on site)	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	<a href="https://www.kelloggs.com.au/en_AU/home.html">https://www.kelloggs.com.au/en_AU/home.html</a>	<a href="https://www.kelloggs.com.au/en_AU/hsp/health-professional/our-blog/blog10.html">https://www.kelloggs.com.au/en_AU/hsp/health-professional/our-blog/blog10.html</a>	"kellogg australia" AND "discretionary foods"	50	"kellogg australia" AND "discretionary choices"	2 (both not relevant)	G (no results from website searches)	
	31/08/2018	<a href="https://www.kelloggs.com.au/en_AU/home.html">https://www.kelloggs.com.au/en_AU/home.html</a>	<a href="https://www.kelloggs.com.au/en_AU/hsp/health-professional/our-blog/blog8.html">https://www.kelloggs.com.au/en_AU/hsp/health-professional/our-blog/blog8.html</a>	"kellogg australia" AND "discretionary foods"	50	"kellogg australia" AND "discretionary choices"	2 (both not relevant)	G (no results from website searches)	
Funded by Kellogg's	31/08/2018	<a href="https://www.kelloggs.com.au/en_AU/home.html">https://www.kelloggs.com.au/en_AU/home.html</a>	<a href="https://www2.debate.com/content/dam/Deloitte/AU/Documents/Economics/deloitte-au-economics-sequence-industry-savings-increased-jul16-a-191117.pdf">https://www2.debate.com/content/dam/Deloitte/AU/Documents/Economics/deloitte-au-economics-sequence-industry-savings-increased-jul16-a-191117.pdf</a>	"kellogg australia" AND "discretionary foods"	50	"kellogg australia" AND "discretionary choices"	2 (both not relevant)	G (no results from website searches)	
Mars Chocolate	31/08/2018	<a href="https://www.marschocolate.com.au/">https://www.marschocolate.com.au/</a>	<a href="https://www.marschocolate.com.au/nutrition-alergens/mars-is-your-diet/">https://www.marschocolate.com.au/nutrition-alergens/mars-is-your-diet/</a>	"mars chocolate" AND "discretionary foods"	22 (google search, not relevant)	"mars chocolate" AND "discretionary choices"	1 (google search, not relevant)	W (manual search, no search function)	No search function on website. Conducted Google search including additional terms (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
McDonald's Australia Ltd	31/08/2018	<a href="https://www.mcdonalds.com.au/">https://www.mcdonalds.com.au/</a>	<a href="https://www.mcdonalds.com.au/sites/mcdonalds.co.uk/files/QSR%20Nutrition%20for%20e%20social%20media%20and%20Marketing%20-%202018.pdf">https://www.mcdonalds.com.au/sites/mcdonalds.co.uk/files/QSR%20Nutrition%20for%20e%20social%20media%20and%20Marketing%20-%202018.pdf</a>	"Discretionary foods"	285 (most repeated or not relevant)	"Discretionary foods"	35 (in other search)	W	No search function on website. Conducted Google search including additional terms (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
	30/08/2018	<a href="https://mcdonalds.com.au/">https://mcdonalds.com.au/</a>	<a href="https://mcdonalds.com.au/sites/mcdonalds.co.uk/files/Air%20Donald%20Act%20on%20Open%202013.pdf">https://mcdonalds.com.au/sites/mcdonalds.co.uk/files/Air%20Donald%20Act%20on%20Open%202013.pdf</a>	"Discretionary foods"	285 (most repeated or not relevant)	"Discretionary foods"	35 (in other search)	W	
	30/08/2018	<a href="https://mcdonalds.com.au/">https://mcdonalds.com.au/</a>	<a href="https://mcdonalds.com.au/sites/mcdonalds.co.uk/files/MCD_CRS_Complete.pdf">https://mcdonalds.com.au/sites/mcdonalds.co.uk/files/MCD_CRS_Complete.pdf</a>	"Discretionary foods"	285 (most repeated or not relevant)	"Discretionary foods"	35 (in other search)	W	
McDonald's Australia Ltd	10/09/2018	<a href="https://mcdonalds.com.au/">https://mcdonalds.com.au/</a>	<a href="https://mcdonalds.com.au/nutrition-foc-families">https://mcdonalds.com.au/nutrition-foc-families</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary foods	8 (all in other search)	W	
Nestle Australia Ltd	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="https://www.nestle.com.au/assets-library/documents/nco134connectivity%20portal%20update%2020180514-3.pdf">https://www.nestle.com.au/assets-library/documents/nco134connectivity%20portal%20update%2020180514-3.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary foods	8 (all in other search)	W	
	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="https://www.nestle.com.au/hw/portions-guidance/documents/portions%20booklet.pdf">https://www.nestle.com.au/hw/portions-guidance/documents/portions%20booklet.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary foods	8 (all in other search)	W	
	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="https://www.nestle.com.au/assets-library/documents/nco585%20n%20packaging%2020180514.pdf">https://www.nestle.com.au/assets-library/documents/nco585%20n%20packaging%2020180514.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary foods	8 (all in other search)	W	
	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="https://www.nestle.com.au/assets-library/documents/nco134connectivity%20portal%20update%2020180514-3.pdf">https://www.nestle.com.au/assets-library/documents/nco134connectivity%20portal%20update%2020180514-3.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary foods	8 (all in other search)	W	
	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="https://www.nestle.com.au/creating-shared-value/documents/nco121%20nestle%20s%20society%20report%20web%20en%20at%2020180514-3.pdf">https://www.nestle.com.au/creating-shared-value/documents/nco121%20nestle%20s%20society%20report%20web%20en%20at%2020180514-3.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary foods	8 (all in other search)	W	

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results	Website or google (W or G)	Notes
Sanitarium Health and Wellbeing Company	30/08/2018	<a href="https://www.sanitarium.com.au/">https://www.sanitarium.com.au/</a>	<a href="https://www.sanitarium.com.au/health-nutrition/vegetarian-eating-tips-to-get-your-fussy-eaters-eating-more-veggies">https://www.sanitarium.com.au/health-nutrition/vegetarian-eating-tips-to-get-your-fussy-eaters-eating-more-veggies</a>	Discretionary foods	2	Discretionary choices	1 (included in previous 2)	W	
	30/08/2018	<a href="https://www.sanitarium.com.au/">https://www.sanitarium.com.au/</a>	<a href="https://www.sanitarium.com.au/health-nutrition/nutrition/sugar-friend-or-foe">https://www.sanitarium.com.au/health-nutrition/nutrition/sugar-friend-or-foe</a>	Discretionary foods	2	Discretionary choices	1 (included in previous 2)	W	
	30/08/2018	<a href="http://www.sugaraustralia.com.au/sugaraustralia/">http://www.sugaraustralia.com.au/sugaraustralia/</a>		"Sugar Australia" AND "discretionary foods"	36 (none relevant)			G (no results on website)	no
	30/08/2018	<a href="http://www.sugaraustralia.com.au/sugaraustralia/">http://www.sugaraustralia.com.au/sugaraustralia/</a>	<a href="https://consultations.nhmrc.gov.au/public-consultations/submissions/ADGL2057">https://consultations.nhmrc.gov.au/public-consultations/submissions/ADGL2057</a>	"The Smith's Snackfood Company" AND "discretionary foods"	7 (none relevant)	"The Smith's Snackfood Company" AND "discretionary choices"	1	G (no results on website)	In both searches
The Smith's Snackfood Company	30/08/2018	<a href="https://www.smiths.com.au/">https://www.smiths.com.au/</a>					117 (none relevant)	G (no search function on website)	From FAQ on website: "Nutritionists recommend that a sensible serve size for snacks provides less than 600 kilojoules (143 Calories). 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	<a href="http://www.vegechips.com/">http://www.vegechips.com/</a>		"Vege Chip Company" AND "discretionary foods"	3 (none relevant)	"Vege Chip Company" AND "discretionary choices"	0 with quotes; 386 without quotes (none relevant)	G (no search function on website)	no
Unilever Australasia	30/08/2018	<a href="https://www.unilever.com.au/">https://www.unilever.com.au/</a>		"Unilever Australasia" AND "discretionary foods"	5 (none relevant)	Unilever Australasia AND "Discretionary choices"	109 (none relevant)	G (no results on website)	no



[illegible]

## Document 1

<p>energy. Freedom of choice is the underlying principle. In addition to patient and medicines costs may receive financial support from the Department of Health. The Department of Health is not recommended for (b) by the Department of Health.</p>	<p>Under</p>	<p>No</p>	<p>No</p>	<p>No mention</p>	<p>Under</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>
--	--------------	-----------	-----------	-------------------	--------------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

[illegible]



Author/organisation	Date of publication	City/Journey	Sector	URL	Title of document	Terms	Primary definition	Stated source of primary definition	Comments about alignment between definition and stated source	Food list	Nutrients/beliefs the choice of term/definition	Intent of use/application	Other definitions of discretionary foods	Rationale for alternate definition(s)	Author commentary/questions about food classification inconsistent with	Nutrient Criteria	Other relevant points of interest/additional notes
Hall and Partners consultancy in Food Committee	14/12/2013	Australia	Other: consultancy		Report of the Front of Pack Project Committee to the Front of Pack Steering Committee: Appendix C: Qualitative issues raised in report	no mention of discretionary foods		no mention		No		Unclear	unhealthy packaged food manufactured, complex ingredients, preservatives, e numbers MSG, high in sugar, salt, fat	Accepted to use as a way of defining 'unhealthy'.	the 'unhealthy' end of the spectrum we find foods that are categorised by the extent to which they are processed, where terms like 'more highly manufactured', have complete ingredients, instead of ingredients.		
Hall and Partners consultancy in Food Committee	17/04/2013	Australia	Other: consultancy		Report of the Front of Pack Project Committee to the Front of Pack Steering Committee: Appendix C: Qualitative issues raised in report	no mention of discretionary foods		no mention		No		Unclear			It appears that while consumers have the ability to choose between 'healthy' and 'unhealthy' end of the spectrum - the very healthy (fruit, vegetables) and the very unhealthy (sweets, crisps) are more informed (although it can be that more difficult for all but the well informed) consumers for more difficult choices.		
Technical Design Working Group (TDWG)		Australia	other: mix of several sectors		Report of the Front of Pack Project Committee to the Front of Pack Steering Committee: Appendix E: Consideration of existing schemes	no mention of discretionary foods		no mention		No		Unclear			Consumers say that nutrition is not the only factor in their choice of food. It is not divided into purely 'healthy' and 'less healthy' or 'unhealthy' products. They want to know what they need to watch out for and what the food might offer them. It is difficult to categorise the health of packaged food as 'less healthy'.		
Technical Design Working Group (TDWG)		Australia	other: mix of several sectors		Report of the Front of Pack Project Committee to the Front of Pack Steering Committee: Appendix F: NPSG and TDWG	no mention of discretionary foods		no mention		No		Unclear					
?		Australia	other: mix of several sectors		Report of the Front of Pack Project Committee to the Front of Pack Steering Committee: Appendix G: Principles for optimising the NPSG for FoPL	no mention of discretionary foods		no mention		No		Unclear					
Australian Food and Grocery Council (AFGC)	1/01/2011	Australia	Food industry		Report of the Front of Pack Project Committee to the Front of Pack Steering Committee: Appendix I: AFCC Code of Practice for Food Labelling and Promotion	no mention of discretionary foods		no mention		No		Unclear					
Australian Food and Grocery Council (AFGC)	?	Australia	Food industry		Report of the Front of Pack Project Committee to the Front of Pack Steering Committee: Appendix J: Current LDG Code of Practice for Food Labelling and Promotion	no mention of discretionary foods		no mention		No		Unclear					
AFRC Social Marketing Advisory Group (SAMAG)	?	Australia	equal number of government, industry, consumer/public health members.		Report of the Front of Pack Project Committee to the Front of Pack Steering Committee: Appendix K: Social Marketing Advisory Group (SAMAG) Terms of Reference	no mention of discretionary foods		no mention		No		Unclear					
The 10th Project Committee: Technical Design Working Group (TDWG) and the 11th Project Committee: Working Group (WAG)	20/05/2013	Australia	Other: mix of several sectors		Supplementary Report to the Front of Pack Steering Committee: Legislative and Regulatory Framework for Food Regulation	no mention of discretionary foods		no mention		No		Unclear					

FOI 2125

[illegible]

and the  $\mathcal{H}^1$ -boundedness in both directions. The same holds true if  $\mathcal{H}^1$  is replaced by  $\mathcal{H}^1_{\text{loc}}$  on  $\mathbb{R}^n$  and  $\mathcal{H}^1_{\text{loc}}$  on  $\mathbb{R}^n$  is replaced by  $\mathcal{H}^1_{\text{loc}}$  on  $\mathbb{R}^n$ .



[www.preventioncentre.org.au](http://www.preventioncentre.org.au)

---

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

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

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
NSW Department of Health	07/09/2018	<a href="https://www.health.nsw.gov.au/Pages/default.aspx">https://www.health.nsw.gov.au/Pages/default.aspx</a>	<a href="https://www.health.nsw.gov.au/health/Publications/health-star-rating-system.pdf">https://www.health.nsw.gov.au/health/Publications/health-star-rating-system.pdf</a>	"discretionary foods"	4 (3 relevant)	"discretionary choices"	0
NSW Department of Health	07/09/2018	<a href="https://www.health.nsw.gov.au/Pages/default.aspx">https://www.health.nsw.gov.au/Pages/default.aspx</a>	<a href="https://www.health.nsw.gov.au/hnsw/Publications/chief-health-officers-report-2017.pdf">https://www.health.nsw.gov.au/hnsw/Publications/chief-health-officers-report-2017.pdf</a>	"discretionary foods"		"discretionary choices"	
NSW Department of Health	07/09/2018	<a href="https://www.health.nsw.gov.au/Pages/default.aspx">https://www.health.nsw.gov.au/Pages/default.aspx</a>	<a href="https://www.health.nsw.gov.au/health/Publications/spans-2015-summary-report.PDF">https://www.health.nsw.gov.au/health/Publications/spans-2015-summary-report.PDF</a>	"discretionary foods"		"discretionary choices"	
QLD Department of Health	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/news/live-principles-to-live-by-for-a-healthier-2017">https://www.health.qld.gov.au/news-alerts/news/live-principles-to-live-by-for-a-healthier-2017</a>	"discretionary foods"	14	"discretionary choices"	0
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/news/daily-kilojoule-intake">https://www.health.qld.gov.au/news-alerts/news/daily-kilojoule-intake</a>	"discretionary foods"		"discretionary choices"	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/news/ask-an-expert-reward-punish-children-with-food">https://www.health.qld.gov.au/news-alerts/news/ask-an-expert-reward-punish-children-with-food</a>	"discretionary foods"		"discretionary choices"	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/news/starting-baby-on-solids-food">https://www.health.qld.gov.au/news-alerts/news/starting-baby-on-solids-food</a>	"discretionary foods"		"discretionary choices"	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/news-alerts/doh-media-releases/releases/141119-cho-report-nutrition">https://www.health.qld.gov.au/news-alerts/doh-media-releases/releases/141119-cho-report-nutrition</a>	"discretionary foods"		"discretionary choices"	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0024/443335/nhs-qld-2014.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0024/443335/nhs-qld-2014.pdf</a>	"discretionary foods"		"discretionary choices"	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.childrens.health.qld.gov.au/blog-whats-wrong-with-rewarding-or-punishing-children-with-food/">https://www.childrens.health.qld.gov.au/blog-whats-wrong-with-rewarding-or-punishing-children-with-food/</a>	"discretionary foods"		"discretionary choices"	
	07/09/2018	<a href="https://www.health.qld.gov.au/">https://www.health.qld.gov.au/</a>	<a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0017/537101/cho-report-complete.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0017/537101/cho-report-complete.pdf</a>	"discretionary foods"		"discretionary choices"	
WA Department of Health	07/09/2018	<a href="http://www2.health.wa.gov.au/">http://www2.health.wa.gov.au/</a>	<a href="http://www2.health.wa.gov.au/_media/Files/Corporate/General%20documents/HealthyOptions/commonly-supplied-food-and-drink-guide.pdf">http://www2.health.wa.gov.au/_media/Files/Corporate/General%20documents/HealthyOptions/commonly-supplied-food-and-drink-guide.pdf</a>	discretionary foods	45 (none relevant)	discretionary choices	30
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="file:///C:/Users/smc4282/Downloads/HELF55+Teacher+Resource+-+accessible+PDF+2016.pdf">file:///C:/Users/smc4282/Downloads/HELF55+Teacher+Resource+-+accessible+PDF+2016.pdf</a>	"discretionary foods"	0	"discretionary choices"	0
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="file:///C:/Users/smc4282/Downloads/cho_report_2014_WEB%20(1).pdf">file:///C:/Users/smc4282/Downloads/cho_report_2014_WEB%20(1).pdf</a>	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	6
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="file:///C:/Users/smc4282/Downloads/160406%20HC%20Food%20and%20drink%20classification%20guide%20A4%20Report.pdf">file:///C:/Users/smc4282/Downloads/160406%20HC%20Food%20and%20drink%20classification%20guide%20A4%20Report.pdf</a>	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	6
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="file:///C:/Users/smc4282/Downloads/healthy-choices-policy-guidelines-workplaces.pdf.pdf">file:///C:/Users/smc4282/Downloads/healthy-choices-policy-guidelines-workplaces.pdf.pdf</a>	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	6
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="file:///C:/Users/smc4282/Downloads/HELF55+Teacher+Resource+-+accessible+PDF+2016%20(1).pdf">file:///C:/Users/smc4282/Downloads/HELF55+Teacher+Resource+-+accessible+PDF+2016%20(1).pdf</a>	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	6

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="file:///C:/Users/smc4282/Downloads/Healthy%20Choices%20policy%20guidelines%20for%20hospitals%20and%20health%20services.pdf">file:///C:/Users/smc4282/Downloads/Healthy%20Choices%20policy%20guidelines%20for%20hospitals%20and%20health%20services.pdf</a>	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	6
VIC Department of Health	07/09/2018	<a href="https://www2.health.vic.gov.au/">https://www2.health.vic.gov.au/</a>	<a href="https://portals.iu.edu/libraxy/sites/libraxy/files/rescrepattach/Health%20choices%20policy%20guidelines%20for%20parks.pdf">https://portals.iu.edu/libraxy/sites/libraxy/files/rescrepattach/Health%20choices%20policy%20guidelines%20for%20parks.pdf</a>	"Victoria department of health" AND "discretionary foods"	16	"Victoria department of health" AND "discretionary choices"	6
TAS Department of Health	07/09/2018	<a href="https://www.dhhs.tas.gov.au/">https://www.dhhs.tas.gov.au/</a>	<a href="https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0010/173386/FINAL_Background_paper_-_Safe_Healthy_Food.pdf">https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0010/173386/FINAL_Background_paper_-_Safe_Healthy_Food.pdf</a>	"discretionary foods"	4 (1 relevant)	"discretionary choices"	0
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://stats.health.act.gov.au/focus-health-topics/focus-child-health">https://stats.health.act.gov.au/focus-health-topics/focus-child-health</a>	"discretionary foods"	12	"discretionary choices"	6
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://stats.health.act.gov.au/sites/default/files/Focus%20on%20discretionary_food_2017.pdf">https://stats.health.act.gov.au/sites/default/files/Focus%20on%20discretionary_food_2017.pdf</a>	"discretionary foods"	12	"discretionary choices"	6
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="http://www.health.act.gov.au/research-publications/epidemiology-publications/focus-child-health">http://www.health.act.gov.au/research-publications/epidemiology-publications/focus-child-health</a>	"discretionary foods"	12	"discretionary choices"	6
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="http://www.health.act.gov.au/sites/default/files/Food%26Me%20-%20Preschool.pdf">http://www.health.act.gov.au/sites/default/files/Food%26Me%20-%20Preschool.pdf</a>	"discretionary foods"	12	"discretionary choices"	6
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://www.health.act.gov.au/sites/default/files/Focus%20on%20child%20health%20and%20shelter%20HPI.pdf">https://www.health.act.gov.au/sites/default/files/Focus%20on%20child%20health%20and%20shelter%20HPI.pdf</a>	"discretionary foods"	12	"discretionary choices"	6
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://www.health.act.gov.au/sites/default/files/410620Report%202016.pdf">https://www.health.act.gov.au/sites/default/files/410620Report%202016.pdf</a>	"discretionary foods"	12	"discretionary choices"	6
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://www.health.act.gov.au/sites/default/files/ACT%20Population%20Health%20Bulletin%20-%20Volume%204%20Issue%203%20-%20August%202015.pdf">https://www.health.act.gov.au/sites/default/files/ACT%20Population%20Health%20Bulletin%20-%20Volume%204%20Issue%203%20-%20August%202015.pdf</a>	"discretionary foods"	12	"discretionary choices"	6
ACT Department of Health	07/09/2018	<a href="http://health.act.gov.au/">http://health.act.gov.au/</a>	<a href="https://www.health.act.gov.au/sites/default/files/ACT%20Population%20Health%20Bulletin%20-%20Volume%207%20Issue%201%20-%20Healthy%20Weight.pdf">https://www.health.act.gov.au/sites/default/files/ACT%20Population%20Health%20Bulletin%20-%20Volume%207%20Issue%201%20-%20Healthy%20Weight.pdf</a>	"discretionary foods"	12	"discretionary choices"	6
SA Department of Health	07/09/2018	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/">https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/</a>	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Health%20Living/health%20eating/health%20eating%20at%20different%20ages%20and%20stakes%20of%20your%20life/healthy%20eating%20for%20babies%20and%20young%20children">https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Health%20Living/health%20eating/health%20eating%20at%20different%20ages%20and%20stakes%20of%20your%20life/healthy%20eating%20for%20babies%20and%20young%20children</a>	"discretionary foods"	13	"discretionary choices"	0
SA Department of Health	07/09/2018	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/">https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/</a>	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/3ad4238046e9f58bc73be76d172935c/G337%20BPAL%20Case%20Studies_Planford_INTERNAL.pdf?MOD=AJPERES&amp;CACHE=NONE&amp;CONTENTCACHE=NONE">https://www.sahealth.sa.gov.au/wps/wcm/connect/3ad4238046e9f58bc73be76d172935c/G337%20BPAL%20Case%20Studies_Planford_INTERNAL.pdf?MOD=AJPERES&amp;CACHE=NONE&amp;CONTENTCACHE=NONE</a>	"discretionary foods"	13	"discretionary choices"	0
SA Department of Health	07/09/2018	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/">https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/</a>	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/503a570048142784d4b7e6d8ba16318/CPQ%20Report%28%2528V7_5%2529185.pdf?MOD=AJPERES&amp;CACHE=NONE&amp;CONTENTCACHE=NONE">https://www.sahealth.sa.gov.au/wps/wcm/connect/503a570048142784d4b7e6d8ba16318/CPQ%20Report%28%2528V7_5%2529185.pdf?MOD=AJPERES&amp;CACHE=NONE&amp;CONTENTCACHE=NONE</a>	"discretionary foods"	13	"discretionary choices"	0





Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Document 1	04/09/2018	<a href="http://www.health.gov.au/">http://www.health.gov.au/</a>	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/E1D19E495683411CCA257BF0001EDA84/\$File/HEPA%20-%20D1%20brochure%20-%20Lunchbox%20ideas%20-%20LR.pdf">http://www.health.gov.au/internet/main/publishing.nsf/Content/E1D19E495683411CCA257BF0001EDA84/\$File/HEPA%20-%20D1%20brochure%20-%20Lunchbox%20ideas%20-%20LR.pdf</a>	"discretionary foods"	20	"discretionary choices"	17
	04/09/2018	<a href="http://www.health.gov.au/">http://www.health.gov.au/</a>	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/E19DB841BD0C8BAC457BE0001F97DA/\$File/HEPA%20-%20B5%20Book%20-%20Cooking%20for%20Children%20Book_LR.pdf">http://www.health.gov.au/internet/main/publishing.nsf/Content/E19DB841BD0C8BAC457BE0001F97DA/\$File/HEPA%20-%20B5%20Book%20-%20Cooking%20for%20Children%20Book_LR.pdf</a>	"discretionary foods"	20	"discretionary choices"	17
	04/09/2018	<a href="http://www.health.gov.au/">http://www.health.gov.au/</a>	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/20D0112530842E2CCA257BF0001F3D49/\$File/HEPA%20-%20D1%20brochure%20-%20The%20importance%20of%20Drinking%20Water%20-%20LR.pdf">http://www.health.gov.au/internet/main/publishing.nsf/Content/20D0112530842E2CCA257BF0001F3D49/\$File/HEPA%20-%20D1%20brochure%20-%20The%20importance%20of%20Drinking%20Water%20-%20LR.pdf</a>	"discretionary foods"	20	"discretionary choices"	17
	04/09/2018	<a href="http://www.health.gov.au/">http://www.health.gov.au/</a>	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/2CD83A000FE57A4ECA257BF0001916EC/\$File/HEPA%20-%20B5%20Book%20-%20Saffron%20and%20Carer%20Book_LR.pdf">http://www.health.gov.au/internet/main/publishing.nsf/Content/2CD83A000FE57A4ECA257BF0001916EC/\$File/HEPA%20-%20B5%20Book%20-%20Saffron%20and%20Carer%20Book_LR.pdf</a>	"discretionary foods"	20	"discretionary choices"	17
Department of Education and training	04/09/2018	<a href="https://www.education.gov.au/">https://www.education.gov.au/</a>		"discretionary foods"	0	"discretionary choices"	0
	04/09/2018	<a href="https://www.education.gov.au/">https://www.education.gov.au/</a>	<a href="https://www.education.gov.au/internet/main/publishing.nsf/Content/5fb6a30cece9312a257bf0001d617/\$File/Saiteen%20guidelines.pdf">https://www.education.gov.au/internet/main/publishing.nsf/Content/5fb6a30cece9312a257bf0001d617/\$File/Saiteen%20guidelines.pdf</a>	"department of education" AND "discretionary foods"	2790 (none relevant in first 5 pages)	"department of education" AND "discretionary choices"	
Department of Agriculture and water resources	04/09/2018	<a href="http://www.agriculture.gov.au/">http://www.agriculture.gov.au/</a>		"discretionary foods"	0	"discretionary choices"	0
	04/09/2018	<a href="http://www.agriculture.gov.au/">http://www.agriculture.gov.au/</a>		"department of agriculture and water resources" AND "discretionary foods"	126 (none relevant)	"department of agriculture and water resources" AND "discretionary choices"	3 (0 relevant)
Department of social services	04/09/2018	<a href="https://www.dss.gov.au/">https://www.dss.gov.au/</a>		"discretionary foods"	0	"discretionary choices"	0
	04/09/2018	<a href="https://www.humanresources.gov.au/">https://www.humanresources.gov.au/</a>		"discretionary foods"	0	"discretionary choices"	0
Food Standards Australia New Zealand	04/09/2018	<a href="http://www.foodstandards.gov.au/PageS/default.aspx">http://www.foodstandards.gov.au/PageS/default.aspx</a>	<a href="http://www.foodstandards.gov.au/science/monitoringnutrients/australianhealthysurveyandaustraliandietaryguidelines/applicationofdiscretionary/Pages/default.aspx">http://www.foodstandards.gov.au/science/monitoringnutrients/australianhealthysurveyandaustraliandietaryguidelines/applicationofdiscretionary/Pages/default.aspx</a>	"discretionary foods"	9	"discretionary choices"	0
	04/09/2018	<a href="http://www.foodstandards.gov.au/PageS/default.aspx">http://www.foodstandards.gov.au/PageS/default.aspx</a>	<a href="http://www.foodstandards.gov.au/science/monitoringnutrients/ausnut/Pages/faq.aspx">http://www.foodstandards.gov.au/science/monitoringnutrients/ausnut/Pages/faq.aspx</a>	"discretionary foods"	9	"discretionary choices"	0
FOI 2125	04/09/2018	<a href="http://www.foodstandards.gov.au/PageS/default.aspx">http://www.foodstandards.gov.au/PageS/default.aspx</a>	<a href="http://www.foodstandards.gov.au/code/applicationofdiscretionary/Pages/default.aspx">http://www.foodstandards.gov.au/code/applicationofdiscretionary/Pages/default.aspx</a>	"discretionary foods"	9	"discretionary choices"	0
	04/09/2018	<a href="http://www.foodstandards.gov.au/PageS/default.aspx">http://www.foodstandards.gov.au/PageS/default.aspx</a>	<a href="http://www.foodstandards.gov.au/code/applicationofdiscretionary/Pages/default.aspx">http://www.foodstandards.gov.au/code/applicationofdiscretionary/Pages/default.aspx</a>	"discretionary foods"	9	"discretionary choices"	0
	04/09/2018	<a href="http://www.foodstandards.gov.au/PageS/default.aspx">http://www.foodstandards.gov.au/PageS/default.aspx</a>	<a href="http://www.foodstandards.gov.au/code/applicationofdiscretionary/Pages/default.aspx">http://www.foodstandards.gov.au/code/applicationofdiscretionary/Pages/default.aspx</a>	"discretionary foods"	9	"discretionary choices"	0
	04/09/2018	<a href="http://www.foodstandards.gov.au/PageS/default.aspx">http://www.foodstandards.gov.au/PageS/default.aspx</a>	<a href="http://www.foodstandards.gov.au/code/applicationofdiscretionary/Pages/default.aspx">http://www.foodstandards.gov.au/code/applicationofdiscretionary/Pages/default.aspx</a>	"discretionary foods"	9	"discretionary choices"	0

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Document 1	04/09/2018	<a href="http://www.foodstandards.gov.au/Pages/default.aspx">http://www.foodstandards.gov.au/Pages/default.aspx</a>	<a href="http://www.foodstandards.gov.au/science/monitoringnutrients/australianhealthysurveilanceandauditallianciataryguidelines/appendices/Documents/Appendix_1-AHS_ADG_classification_structure_serve_sizes_and_inclusions.xlsx">http://www.foodstandards.gov.au/science/monitoringnutrients/australianhealthysurveilanceandauditallianciataryguidelines/appendices/Documents/Appendix_1-AHS_ADG_classification_structure_serve_sizes_and_inclusions.xlsx</a>	"discretionary foods"	9	"discretionary choices"	0
Australian Bureau of Statistics	04/09/2018	<a href="http://www.foodstandards.gov.au/Pages/default.aspx">http://www.foodstandards.gov.au/Pages/default.aspx</a>	<a href="http://www.foodstandards.gov.au/science/monitoringnutrients/australianhealthysurveilanceandauditallianciataryguidelines/assigningnmas/Pages/default.aspx">http://www.foodstandards.gov.au/science/monitoringnutrients/australianhealthysurveilanceandauditallianciataryguidelines/assigningnmas/Pages/default.aspx</a>	"food standards Australia new Zealand" AND "discretionary foods"	7300 (1 relevant in first 5 pages)	"food standards Australia new Zealand" AND "discretionary choices"	6000 (none new/ relevant in first 5 pages)
	27/08/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://BA1526F0D19FA21DCA257CD2001CA166709endocument">http://BA1526F0D19FA21DCA257CD2001CA166709endocument</a>				
	27/08/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://www.abs.gov.au/auststats/abs@.nsf/Lookup/6401.0?Feature=Article1Dec+2015">http://www.abs.gov.au/auststats/abs@.nsf/Lookup/6401.0?Feature=Article1Dec+2015</a>				
	27/08/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://www.abs.gov.au/auststats/abs@.nsf/Lookup/bv%20Subject/4364.0.55.012-2011-12?Main%20Features=Discretionary%20foods~10010">http://www.abs.gov.au/auststats/abs@.nsf/Lookup/bv%20Subject/4364.0.55.012-2011-12?Main%20Features=Discretionary%20foods~10010</a>				
	05/09/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://www.abs.gov.au/auststats/abs@.nsf/Lookup/bv%20Subject/4364.0.55.007-2011-12?Main%20Features=Discretionary%20foods~20010">http://www.abs.gov.au/auststats/abs@.nsf/Lookup/bv%20Subject/4364.0.55.007-2011-12?Main%20Features=Discretionary%20foods~20010</a>	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://www.abs.gov.au/auststats/abs@.nsf/Lookup/bv%20Subject/4364.0.55.012-2011-12?Main%20Features=Discretionary%20foods~10010">http://www.abs.gov.au/auststats/abs@.nsf/Lookup/bv%20Subject/4364.0.55.012-2011-12?Main%20Features=Discretionary%20foods~10010</a>	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://www.abs.gov.au/auststats/abs@.nsf/Lookup/4364.0.55.009main+features:100002011-12">http://www.abs.gov.au/auststats/abs@.nsf/Lookup/4364.0.55.009main+features:100002011-12</a>	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4364.0.55.010Glossary12011-12">http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4364.0.55.010Glossary12011-12</a>	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://www.abs.gov.au/Auststats/abs@.nsf/dd0ca10eed681f12ca2570ce0082655d/10d543bf3d712f6ca257e5f001607fa?OpenDocument">http://www.abs.gov.au/Auststats/abs@.nsf/dd0ca10eed681f12ca2570ce0082655d/10d543bf3d712f6ca257e5f001607fa?OpenDocument</a>	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://www.abs.gov.au/Auststats/abs@.nsf/dd0ca10eed681f12ca2570ce0082655d/4f61e120b323a97eca25805e0019cc8510?OpenDocument">http://www.abs.gov.au/Auststats/abs@.nsf/dd0ca10eed681f12ca2570ce0082655d/4f61e120b323a97eca25805e0019cc8510?OpenDocument</a>	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	<a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4727.0.55.009Glossary12012-13?OpenDocument&amp;tabname=Notes&amp;prodname=4727.0.55.009&amp;issue=2012-13&amp;num=&amp;view=">http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4727.0.55.009Glossary12012-13?OpenDocument&amp;tabname=Notes&amp;prodname=4727.0.55.009&amp;issue=2012-13&amp;num=&amp;view=</a>	"discretionary foods"	11	"discretionary choices"	6 (all in other search)
	05/09/2018	<a href="http://www.abs.gov.au/">http://www.abs.gov.au/</a>	/	"Australian bureau of statistics" AND "discretionary foods"	2230 (0 new relevant in first 5 pages)	"Australian bureau of statistics" AND "discretionary choices"	439 (0 new relevant in first 5 pages)

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Australian Institute of Health and Welfare	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/reports/biomedical-risk-factors/risk-factors-to-health/contents/overweight-and-obesity/causes-of-overweight-and-obesity">https://www.aihw.gov.au/reports/biomedical-risk-factors/risk-factors-to-health/contents/overweight-and-obesity/causes-of-overweight-and-obesity</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/glossary">https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/glossary</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/chapter-4-determinants-of-health">https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/chapter-4-determinants-of-health</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/reports-statistics/health-welfare-overview/australias-health/glossary">https://www.aihw.gov.au/reports-statistics/health-welfare-overview/australias-health/glossary</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44ef4a04a/aihw-aus-221.pdf.aspx?inline=true">https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44ef4a04a/aihw-aus-221.pdf.aspx?inline=true</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/getmedia/9844cfeb-7745-4d48-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx?inline=true">https://www.aihw.gov.au/getmedia/9844cfeb-7745-4d48-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx?inline=true</a>	"discretionary foods"	6	"discretionary choices"	5 (1 new; not relevant)
	04/09/2018	<a href="https://www.aihw.gov.au/">https://www.aihw.gov.au/</a>	<a href="https://www.aihw.gov.au/getmedia/nea3cb23-34c3-4e37-8920-8c10cd66586/ah16-factsheet-lifestylechoices.pdf.aspx">https://www.aihw.gov.au/getmedia/nea3cb23-34c3-4e37-8920-8c10cd66586/ah16-factsheet-lifestylechoices.pdf.aspx</a>	"Australian Institute of Health and Welfare" AND "discretionary foods"	736 (2 new, relevant in first 5 pages)	"Australian Institute of Health and Welfare" AND "discretionary choices"	322 (0 new, relevant in first 5 pages)
Australian Academy of Science	30/08/2018	<a href="https://www.science.org.au/">https://www.science.org.au/</a>	<a href="https://www.science.org.au/files/userfiles/even ts/documents/tt17-the-food-environment.pdf">https://www.science.org.au/files/userfiles/even ts/documents/tt17-the-food-environment.pdf</a>				
	04/09/2018	<a href="https://www.science.org.au/">https://www.science.org.au/</a>	<a href="https://www.science.org.au/news-and-events/events/think-tanks/rethinking-food-and-nutrition-science/group-2">https://www.science.org.au/news-and-events/events/think-tanks/rethinking-food-and-nutrition-science/group-2</a>	"discretionary foods"	1	"discretionary choices"	1 (same as previous)
	04/09/2018	<a href="https://www.science.org.au/">https://www.science.org.au/</a>	<a href="https://www.science.org.au/files/userfiles/even ts/documents/tt17-critical-evaluation-food-nutrition-science.pdf">https://www.science.org.au/files/userfiles/even ts/documents/tt17-critical-evaluation-food-nutrition-science.pdf</a>	"Australian Academy of Science" AND "discretionary foods"	65 (2 relevant in first 5 pages)		2 (0 new)
	04/09/2018	<a href="https://www.science.org.au/">https://www.science.org.au/</a>	<a href="https://www.science.org.au/files/userfiles/even ts/documents/tt17-the-food-environment.pdf">https://www.science.org.au/files/userfiles/even ts/documents/tt17-the-food-environment.pdf</a>	"Australian Academy of Science" AND "discretionary foods"	65 (2 relevant in first 5 pages)		2 (0 new)
NGO Public Health Association of Australia	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/2688">https://www.phaa.net.au/documents/item/2688</a>	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142
	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/2852">https://www.phaa.net.au/documents/item/2852</a>	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142
	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/2298">https://www.phaa.net.au/documents/item/2298</a>	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Document 1	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/2365">https://www.phaa.net.au/documents/item/2365</a>	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142
	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/345">https://www.phaa.net.au/documents/item/345</a>	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142
	04/09/2018	<a href="https://www.phaa.net.au/">https://www.phaa.net.au/</a>	<a href="https://www.phaa.net.au/documents/item/428">https://www.phaa.net.au/documents/item/428</a>	"Public Health Association of Australia" AND "discretionary foods"	530	"Public Health Association of Australia" AND "discretionary choices"	142
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/voice-of-daa/public-statements/">https://daa.asn.au/voice-of-daa/public-statements/</a>	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/medical/dental-health-looking-after-your-teeth-and-gums/">https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/medical/dental-health-looking-after-your-teeth-and-gums/</a>	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/health/eating-the-low-down-on-paleo-welcome-to-our-three-part-series-on-the-paleo-diet/">https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/health/eating-the-low-down-on-paleo-welcome-to-our-three-part-series-on-the-paleo-diet/</a>	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2016/05/Aussie-spending-the-majority-of-food-budget-on-junk-food-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2016/05/Aussie-spending-the-majority-of-food-budget-on-junk-food-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2016/05/Are-the-Dietary-Guidelines-our-new-food-pgm-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2016/05/Are-the-Dietary-Guidelines-our-new-food-pgm-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2018/05/Dietitians-bowled-over-by-cake-and-muffin-sizes-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2018/05/Dietitians-bowled-over-by-cake-and-muffin-sizes-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2016/05/Closing-the-gap-Urgent-action-needed-on-food-insecurity-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2016/05/Closing-the-gap-Urgent-action-needed-on-food-insecurity-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4
Nutrition Society of Australia	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/wp-content/uploads/2016/05/Media-alert-Sugar-foods-drinks-Decades-of-advice-from-dietitians-FINAL.pdf">https://daa.asn.au/wp-content/uploads/2016/05/Media-alert-Sugar-foods-drinks-Decades-of-advice-from-dietitians-FINAL.pdf</a>	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	<a href="https://daa.asn.au/">https://daa.asn.au/</a>	<a href="https://daa.asn.au/voice-of-daa/hot-topics/">https://daa.asn.au/voice-of-daa/hot-topics/</a>	"discretionary foods"	7	"discretionary choices"	4
	04/09/2018	<a href="http://nsa.asn.au/">http://nsa.asn.au/</a>	/	nutrition society of Australia AND "discretionary foods"	179	nutrition society of Australia AND "discretionary choices"	104
Home Economics Institute of Australia	04/09/2018	<a href="http://www.heia.com.au/">http://www.heia.com.au/</a>	<a href="https://www.heia.com.au/resources/documents/Flavourforecast/2018/Discretionary%20choices.pdf">https://www.heia.com.au/resources/documents/Flavourforecast/2018/Discretionary%20choices.pdf</a>	"Home Economics Institute of Australia" AND "discretionary foods"	38	"Home Economics Institute of Australia" AND "discretionary choices"	3

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Document 1	04/09/2018	<a href="http://www.hela.com.au/">http://www.hela.com.au/</a>	<a href="https://www.hela.com.au/resources/documents/Journals/JHEIA20_No1.pdf">https://www.hela.com.au/resources/documents/Journals/JHEIA20_No1.pdf</a>	"Home Economics Institute of Australia" AND "discretionary foods"	38	"Home Economics Institute of Australia" AND "discretionary choices"	3
Australian Breastfeeding Association	04/09/2018	<a href="https://www.breastfeeding.asn.au/">https://www.breastfeeding.asn.au/</a>	<a href="https://www.breastfeeding.asn.au/bf-info/common-concerns%2%80%93num/diet/">https://www.breastfeeding.asn.au/bf-info/common-concerns%2%80%93num/diet/</a>	"discretionary foods"	1	"discretionary choices"	1 (same result)
Australian Medical Association	04/09/2018	<a href="https://ama.com.au/">https://ama.com.au/</a>	/	"Australian Breastfeeding Association" AND "discretionary foods"	100 (none relevant)	"Australian Breastfeeding Association" AND "discretionary foods"	102 (none additional)
	04/09/2018	<a href="https://ama.com.au/">https://ama.com.au/</a>	<a href="https://ama.com.au/position-statement/nutrition-2018">https://ama.com.au/position-statement/nutrition-2018</a>	"discretionary foods"	3 (2 relevant)	"discretionary choices"	1 (not relevant)
	04/09/2018	<a href="https://ama.com.au/">https://ama.com.au/</a>	<a href="https://ama.com.au/media/eat-your-way-healthier-happier-new-year">https://ama.com.au/media/eat-your-way-healthier-happier-new-year</a>	"discretionary foods"	3 (2 relevant)	"discretionary choices"	1 (not relevant)
Australian Dental Association	04/09/2018	<a href="https://ama.com.au/">https://ama.com.au/</a>	<a href="https://ama.com.au/sites/default/files/document%20Health%20Star%20Rating%20Five%20Year%20Evaluation.pdf">https://ama.com.au/sites/default/files/document%20Health%20Star%20Rating%20Five%20Year%20Evaluation.pdf</a>	"Australian Medical Association" AND "discretionary choices"	59 (0 relevant)	"Australian Medical Association" AND "discretionary foods"	137 (1 relevant)
	04/09/2018	<a href="https://www.ada.org.au/">https://www.ada.org.au/</a>	<a href="https://www.ada.org.au/News-Media/News-and-Release/Media-Releases/Nuts-Over-National-Nutrition-Week">https://www.ada.org.au/News-Media/News-and-Release/Media-Releases/Nuts-Over-National-Nutrition-Week</a>	"discretionary foods"	1 (2 relevant)	"discretionary choices"	0
Heart Foundation (Australia)	04/09/2018	<a href="https://www.ada.org.au/">https://www.ada.org.au/</a>	/	"Australian Dental Association" AND "discretionary foods"	124 (0 relevant)	"Australian Dental Association" AND "discretionary choices"	46 (0 relevant)
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/dietary-patterns-what-does-it-mean-to-eat-healthily">https://www.heartfoundation.org.au/news/dietary-patterns-what-does-it-mean-to-eat-healthily</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/ran-stats-whats-the-scoop">https://www.heartfoundation.org.au/news/ran-stats-whats-the-scoop</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/sorting-fat-from-fiction">https://www.heartfoundation.org.au/news/sorting-fat-from-fiction</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/main/Eating_for_Heart_Health_Position_Statement.pdf">https://www.heartfoundation.org.au/images/uploads/main/Eating_for_Heart_Health_Position_Statement.pdf</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/main/for_professionals/Dietary_Fats_Position_Statement_2017.pdf">https://www.heartfoundation.org.au/images/uploads/main/for_professionals/Dietary_Fats_Position_Statement_2017.pdf</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/main/Position_Statement_SaltHealthylifeatng.pdf">https://www.heartfoundation.org.au/images/uploads/main/Position_Statement_SaltHealthylifeatng.pdf</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/healthyeating/food-and-nutrition/fats-and-cholesterol/monounsaturated-and-polyunsaturated-omega-3-and-omega-6-fats">https://www.heartfoundation.org.au/healthyeating/food-and-nutrition/fats-and-cholesterol/monounsaturated-and-polyunsaturated-omega-3-and-omega-6-fats</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/healthyeating/food-and-nutrition/carbohydrates-and-sugars">https://www.heartfoundation.org.au/healthyeating/food-and-nutrition/carbohydrates-and-sugars</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/main/Get_Involved/Improve_healthy_eatng_-_HF_QLD_Election_Proposal.pdf">https://www.heartfoundation.org.au/images/uploads/main/Get_Involved/Improve_healthy_eatng_-_HF_QLD_Election_Proposal.pdf</a>	discretionary foods	854	discretionary choices	700
FOI 2125	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/images/uploads/publications/OVERALL_Food_EPI_Report_v3.pdf">https://www.heartfoundation.org.au/images/uploads/publications/OVERALL_Food_EPI_Report_v3.pdf</a>	discretionary foods	854	discretionary choices	700

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Document 1	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/add-ed-sugar-consumption-stats-not-sweet-mate">https://www.heartfoundation.org.au/news/add-ed-sugar-consumption-stats-not-sweet-mate</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="https://www.heartfoundation.org.au/news/unlabeled-food-portion-is-a-gigantic-problem">https://www.heartfoundation.org.au/news/unlabeled-food-portion-is-a-gigantic-problem</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	<a href="file:///C:/Users/smc4282/Downloads/Heart%20Foundation%20Submission%20to%20Senate%20Select%20Committee%20into%20the%20Obesity%20Epidemic%20in%20Australia%20-%20July%202018.pdf">file:///C:/Users/smc4282/Downloads/Heart%20Foundation%20Submission%20to%20Senate%20Select%20Committee%20into%20the%20Obesity%20Epidemic%20in%20Australia%20-%20July%202018.pdf</a>	discretionary foods	854	discretionary choices	700
	04/09/2018	<a href="https://www.diabetesaustralia.com.au/">https://www.diabetesaustralia.com.au/</a>	/	"discretionary foods"	1 (not relevant)	"discretionary choices"	0
Diabetes Australia	04/09/2018	<a href="https://www.diabetesaustralia.com.au/">https://www.diabetesaustralia.com.au/</a>	<a href="https://static.diabetesaustralia.com.au/s/files/assets/diabetes-australia/5d996929-5467-44f8-b635-bb84ed4cb248.pdf">https://static.diabetesaustralia.com.au/s/files/assets/diabetes-australia/5d996929-5467-44f8-b635-bb84ed4cb248.pdf</a>	"diabetes Australia" AND "discretionary foods"	217	"diabetes Australia" AND "discretionary choices"	63
Kidney Health Australia	04/09/2018	<a href="https://kidney.org.au/">https://kidney.org.au/</a>	/	"discretionary foods"	0	"discretionary choices"	0
Cancer Council	04/09/2018	<a href="https://kidney.org.au/">https://kidney.org.au/</a>	/	"kidney health Australia" AND "discretionary foods"	120 (0 relevant)	"kidney health Australia" AND "discretionary choices"	8 (0 relevant)
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/21639/cancer-prevention/diet-exercise/nutrition-diet/fruit-vegetables/meat-and-cancer/">https://www.cancercouncil.com.au/21639/cancer-prevention/diet-exercise/nutrition-diet/fruit-vegetables/meat-and-cancer/</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	155
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/wp-content/uploads/2010/11/Food-Standards-Australia-New-Zealand-Proposal-1030-Sports-Foods-and-Electrolyte-Drinks.pdf">https://www.cancercouncil.com.au/wp-content/uploads/2010/11/Food-Standards-Australia-New-Zealand-Proposal-1030-Sports-Foods-and-Electrolyte-Drinks.pdf</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	155
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/wp-content/uploads/2014/06/Childrens-Health-of-Corporate-Wealth-May-2014.pdf">https://www.cancercouncil.com.au/wp-content/uploads/2014/06/Childrens-Health-of-Corporate-Wealth-May-2014.pdf</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	155
Stroke Foundation	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancercouncil.com.au/media-release/coffee-lovers-getting-more-than-a-caffeine-hit-on-their-coffee-run/">https://www.cancercouncil.com.au/media-release/coffee-lovers-getting-more-than-a-caffeine-hit-on-their-coffee-run/</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	155
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancer.org.au/content/pdf/CancerControlPolicy/Submissions/Select%20Committee%20into%20the%20Obesity%20Epidemic%20in%20Australia%20-%20Cancer%20Council%20Submission%20July%202018.pdf#_ga=2.217555798.1524545239.1535928633-1213121785.1535592863">https://www.cancer.org.au/content/pdf/CancerControlPolicy/Submissions/Select%20Committee%20into%20the%20Obesity%20Epidemic%20in%20Australia%20-%20Cancer%20Council%20Submission%20July%202018.pdf#_ga=2.217555798.1524545239.1535928633-1213121785.1535592863</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	155
	30/08/2018	<a href="https://www.cancercouncil.com.au/">https://www.cancercouncil.com.au/</a>	<a href="https://www.cancer.org.au/content/pdf/CancerControlPolicy/Submissions/2015-02-16%20Cancer%20Council%20Australia%20Submission%20to%20PSANZ%20consultation%20on%20Per%20servicing%20column.pdf#_ga=2.53781480.1524545239.1535592863-1213121785.1535592863">https://www.cancer.org.au/content/pdf/CancerControlPolicy/Submissions/2015-02-16%20Cancer%20Council%20Australia%20Submission%20to%20PSANZ%20consultation%20on%20Per%20servicing%20column.pdf#_ga=2.53781480.1524545239.1535592863-1213121785.1535592863</a>	"cancer council" AND "discretionary foods"	675	"cancer council" AND "discretionary choices"	155
	03/09/2018	<a href="https://strokefoundation.org.au/">https://strokefoundation.org.au/</a>	<a href="https://strokefoundation.org.au/About-Stroke/Prevent-Stroke/Overweight-and-obesity">https://strokefoundation.org.au/About-Stroke/Prevent-Stroke/Overweight-and-obesity</a>	"discretionary foods"	33	"discretionary choices"	34



Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Document 1	03/09/2018	<a href="https://strokefoundation.org.au/">https://strokefoundation.org.au/</a>	<a href="https://strokefoundation.org.au/News/2017/09/18/22/44/Tipping-the-Scales-We-must-halt-obesity-to-save-Australian-lives">https://strokefoundation.org.au/News/2017/09/18/22/44/Tipping-the-Scales-We-must-halt-obesity-to-save-Australian-lives</a>	"discretionary foods"	33	"discretionary choices"	34
Australian Chronic Disease Prevention Alliance	04/09/2018	<a href="https://www.acdpa.org.au/">https://www.acdpa.org.au/</a>	<a href="file:///C:/Users/smc4282/Downloads/ACDPA%20-%20response%20to%20Senate%20Inquiry%20into%20obesity%20epidemic%20-%20July%202018%201.pdf">file:///C:/Users/smc4282/Downloads/ACDPA%20-%20response%20to%20Senate%20Inquiry%20into%20obesity%20epidemic%20-%20July%202018%201.pdf</a>	"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	<a href="https://www.acdpa.org.au/">https://www.acdpa.org.au/</a>	<a href="https://kidney.org.au/cms_uploads/docs/june-2015-acdpa-submission-to-rethink-tax-review.pdf">https://kidney.org.au/cms_uploads/docs/june-2015-acdpa-submission-to-rethink-tax-review.pdf</a>	"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	<a href="https://www.acdpa.org.au/">https://www.acdpa.org.au/</a>	<a href="https://static.diabetesaustralia.com.au/files/sets/diabetesaustralia/b5d99629-5467-44f8-b635-bb84ed4c248.pdf">https://static.diabetesaustralia.com.au/files/sets/diabetesaustralia/b5d99629-5467-44f8-b635-bb84ed4c248.pdf</a>	"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	<a href="https://www.acdpa.org.au/">https://www.acdpa.org.au/</a>	<a href="https://www.acdpa.org.au/nutrition">https://www.acdpa.org.au/nutrition</a>	"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	<a href="http://www.nutritionaustralia.org/">http://www.nutritionaustralia.org/</a>	<a href="http://www.nutritionaustralia.org/national/resources/australian-dietary-guidelines-standard-services">http://www.nutritionaustralia.org/national/resources/australian-dietary-guidelines-standard-services</a>	"discretionary foods"	1 (not relevant)	"discretionary choices"	3 (2 relevant)
	04/09/2018	<a href="http://www.nutritionaustralia.org/">http://www.nutritionaustralia.org/</a>	<a href="http://www.nutritionaustralia.org/sites/default/files/australian-dietary-guidelines-2013.pdf">http://www.nutritionaustralia.org/sites/default/files/australian-dietary-guidelines-2013.pdf</a>	"discretionary foods"	1 (not relevant)	"discretionary choices"	3 (2 relevant)
	04/09/2018	<a href="http://www.nutritionaustralia.org/">http://www.nutritionaustralia.org/</a>	<a href="http://www.nutritionaustralia.org/sites/default/files/Australian-Dietary-Guidelines-2013.pdf">http://www.nutritionaustralia.org/sites/default/files/Australian-Dietary-Guidelines-2013.pdf</a>	"nutrition Australia" AND "discretionary foods"	550	"nutrition Australia" AND "discretionary choices"	348
	04/09/2018	<a href="http://www.nutritionaustralia.org/">http://www.nutritionaustralia.org/</a>	<a href="http://www.nutritionaustralia.org/sites/default/files/DairyFoodsHowMuchIsEnough.pdf">http://www.nutritionaustralia.org/sites/default/files/DairyFoodsHowMuchIsEnough.pdf</a>	"nutrition Australia" AND "discretionary foods"	550	"nutrition Australia" AND "discretionary choices"	348
Choice	04/09/2018	<a href="https://www.choice.com.au/2&amp;cid=CJWKCAW2rCBBuEiWAhelK2lXoC1WIMg1JwRAQMfMnh5i7d1SedJXhK8N50tBJe-s2sB-M1hoclZnMOAVD_BwE&amp;ccid=219808779080&amp;pdv=c&amp;mkwid=s33eIQ11h&amp;pmt=e&amp;gclid=aw.ds&amp;pkw=choice">https://www.choice.com.au/2&amp;cid=CJWKCAW2rCBBuEiWAhelK2lXoC1WIMg1JwRAQMfMnh5i7d1SedJXhK8N50tBJe-s2sB-M1hoclZnMOAVD_BwE&amp;ccid=219808779080&amp;pdv=c&amp;mkwid=s33eIQ11h&amp;pmt=e&amp;gclid=aw.ds&amp;pkw=choice</a>	<a href="https://www.choice.com.au/babies-and-kids/feeding-children/foods-to-avoid/articles/kids-lunchbox-snacks">https://www.choice.com.au/babies-and-kids/feeding-children/foods-to-avoid/articles/kids-lunchbox-snacks</a>	"discretionary foods"	1	"discretionary choices"	0
	04/09/2018	<a href="https://www.choice.com.au/2&amp;cid=CJWKCAW2rCBBuEiWAhelK2lXoC1WIMg1JwRAQMfMnh5i7d1SedJXhK8N50tBJe-s2sB-M1hoclZnMOAVD_BwE&amp;ccid=219808779080&amp;pdv=c&amp;mkwid=s33eIQ11h&amp;pmt=e&amp;gclid=aw.ds&amp;pkw=choice">https://www.choice.com.au/2&amp;cid=CJWKCAW2rCBBuEiWAhelK2lXoC1WIMg1JwRAQMfMnh5i7d1SedJXhK8N50tBJe-s2sB-M1hoclZnMOAVD_BwE&amp;ccid=219808779080&amp;pdv=c&amp;mkwid=s33eIQ11h&amp;pmt=e&amp;gclid=aw.ds&amp;pkw=choice</a>	<a href="https://www.choice.com.au/babies-and-kids/feeding-children/foods-to-avoid/articles/kids-lunchbox-snacks">https://www.choice.com.au/babies-and-kids/feeding-children/foods-to-avoid/articles/kids-lunchbox-snacks</a>	"choice Australia" AND "discretionary foods"	8 (0 relevant)	"choice Australia" AND "discretionary choices"	0
Consumers Federation of Australia	04/09/2018	<a href="http://consumersfederation.org.au/">http://consumersfederation.org.au/</a>	<a href="http://consumersfederation.org.au/choice-calls-for-improved-labelling-on-alcoholic-drinks/">http://consumersfederation.org.au/choice-calls-for-improved-labelling-on-alcoholic-drinks/</a>	"discretionary foods"	2	"discretionary choices"	0
FOI 2125	04/09/2018	<a href="http://consumersfederation.org.au/">http://consumersfederation.org.au/</a>	<a href="http://consumersfederation.org.au/guilt-relief-how-families-can-fight-childhood-obesity/">http://consumersfederation.org.au/guilt-relief-how-families-can-fight-childhood-obesity/</a>				

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Obesity Policy Coalition	04/09/2018	<a href="http://www.opc.org.au/">http://www.opc.org.au/</a>	/	"discretionary foods"	1 (not relevant)	"discretionary choices"	0
	04/09/2018	<a href="http://www.opc.org.au/">http://www.opc.org.au/</a>	<a href="http://www.opc.org.au/downloads/policy-briefs/improving-the-effectiveness-of-the-health-star-rating-system.pdf">http://www.opc.org.au/downloads/policy-briefs/improving-the-effectiveness-of-the-health-star-rating-system.pdf</a>	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	9
	04/09/2018	<a href="http://www.opc.org.au/">http://www.opc.org.au/</a>	<a href="http://www.opc.org.au/downloads/submissions/review-of-form-of-food-rules-hsrs.pdf">http://www.opc.org.au/downloads/submissions/review-of-form-of-food-rules-hsrs.pdf</a>	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	9
	04/09/2018	<a href="http://www.opc.org.au/">http://www.opc.org.au/</a>	<a href="http://www.opc.org.au/downloads/submissions/5-year-review-health-star-rating-system.pdf">http://www.opc.org.au/downloads/submissions/5-year-review-health-star-rating-system.pdf</a>	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	9
	04/09/2018	<a href="http://www.opc.org.au/">http://www.opc.org.au/</a>	<a href="https://cdn.tapestry.gov.au/uploads/sites/60/2019/07/Obesity_Policy_Coalition.pdf">https://cdn.tapestry.gov.au/uploads/sites/60/2019/07/Obesity_Policy_Coalition.pdf</a>	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	9
	04/09/2018	<a href="http://www.opc.org.au/">http://www.opc.org.au/</a>	<a href="file:///C:/Users/smc4282/Downloads/Obesity%20Policy%20Coalition%20Submission%20to%20the%20Select%20Committee%20into%20the%20obesity%20epidemic%20(3).pdf">file:///C:/Users/smc4282/Downloads/Obesity%20Policy%20Coalition%20Submission%20to%20the%20Select%20Committee%20into%20the%20obesity%20epidemic%20(3).pdf</a>	"Obesity Policy Coalition" AND "discretionary foods"	168	"Obesity Policy Coalition" AND "discretionary choices"	9
	03/09/2018	<a href="http://www.australianbeverages.org/">http://www.australianbeverages.org/</a>	<a href="https://australianbeverages.org/wp-content/uploads/2016/09/ABCL_BEVERAGES-REPORT_Updated_FINAL_29092016_compressed.pdf">https://australianbeverages.org/wp-content/uploads/2016/09/ABCL_BEVERAGES-REPORT_Updated_FINAL_29092016_compressed.pdf</a>	"Australian beverages council" AND "discretionary foods"	137 (3 relevant)	"Australian beverages council" AND "discretionary choices"	25 (1 new/relevant)
	03/09/2018	<a href="http://www.australianbeverages.org/">http://www.australianbeverages.org/</a>	<a href="https://www.parliament.nsw.gov.au/ldoc/submissions/56143/0014%20Australian%20Beverages%20Council.pdf">https://www.parliament.nsw.gov.au/ldoc/submissions/56143/0014%20Australian%20Beverages%20Council.pdf</a>	"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	<a href="http://www.australianbeverages.org/">http://www.australianbeverages.org/</a>	<a href="file:///C:/Users/smc4282/Downloads/5hb22_Australian%20Beverages%20Council.pdf">file:///C:/Users/smc4282/Downloads/5hb22_Australian%20Beverages%20Council.pdf</a>	"Australian beverages council" AND "discretionary foods"	137 (3 relevant)	"Australian beverages council" AND "discretionary choices"	25 (1 new/relevant)
	03/09/2018	<a href="http://www.australianbeverages.org/">http://www.australianbeverages.org/</a>	<a href="https://www.australianbeverages.org/australian-data-shows-consumption-soft-drinks-decline/">https://www.australianbeverages.org/australian-data-shows-consumption-soft-drinks-decline/</a>	"Australian beverages council" AND "discretionary foods"	137 (3 relevant)	"Australian beverages council" AND "discretionary choices"	25 (1 new/relevant)
	03/09/2018	<a href="https://horticulture.com.au/">https://horticulture.com.au/</a>	/	"discretionary foods"	1 (not relevant)	"discretionary choices"	0
	03/09/2018	<a href="https://horticulture.com.au/">https://horticulture.com.au/</a>	<a href="https://horticulture.com.au/wp-content/uploads/2017/05/2016-2021-HORT-Report_v10.pdf">https://horticulture.com.au/wp-content/uploads/2017/05/2016-2021-HORT-Report_v10.pdf</a>	"hort innovation" AND "discretionary foods"	49 (1 relevant)	"hort innovation" AND "discretionary choices"	0
Dairy Australia	03/09/2018	<a href="https://www.dairyaustralia.com.au/">https://www.dairyaustralia.com.au/</a>	/	"discretionary foods"	17 (none relevant)	"discretionary choices"	3 (none relevant)
	03/09/2018	<a href="http://www.legendairy.com.au/">http://www.legendairy.com.au/</a>	/	"discretionary foods"	0	"discretionary choices"	0
	03/09/2018	<a href="https://www.dairyaustralia.com.au/">https://www.dairyaustralia.com.au/</a>	<a href="https://www.foodthatdogood.com.au/food-foods/the-five-food-groups/discretionary-foods">https://www.foodthatdogood.com.au/food-foods/the-five-food-groups/discretionary-foods</a>	"dairy Australia" AND "discretionary foods"	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61
	03/09/2018	<a href="http://www.legendairy.com.au/">http://www.legendairy.com.au/</a>	<a href="http://www.legendairy.com.au/?media/Legendairy/Documents/Health/DNN/DNN-hyperextension-Sep-2013.aspx">http://www.legendairy.com.au/?media/Legendairy/Documents/Health/DNN/DNN-hyperextension-Sep-2013.aspx</a>	"dairy Australia" AND "discretionary foods"	262 (3 relevant in first 5 pages)	"dairy Australia" AND "discretionary choices"	61



Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Document 1	03/09/2018	<a href="https://www.afgc.org.au/">https://www.afgc.org.au/</a>	<a href="file:///C:/Users/smc4287/Downloads/afgc%20dietary%20guidelines%20submission%20-%20final%20feb%202012%20(5).pdf">file:///C:/Users/smc4287/Downloads/afgc%20dietary%20guidelines%20submission%20-%20final%20feb%202012%20(5).pdf</a>				
Quick Service Restaurants	03/09/2018	<a href="https://www.insideourfood.companies.com.au/quick-service-restaurants">https://www.insideourfood.companies.com.au/quick-service-restaurants</a>					
Campbell Arnott's	03/09/2018	<a href="https://www.arnotts.com.au/about-arnotts/">https://www.arnotts.com.au/about-arnotts/</a>	/	"campbell arnott's" AND "discretionary foods"	67 (none relevant)	"campbell arnott's" AND "discretionary choices"	0
	03/09/2018	<a href="https://www.campbells.com/anz/">https://www.campbells.com/anz/</a>	/	"discretionary foods"	0	"discretionary choices"	0
Coca-Cola Amatil Ltd	03/09/2018	<a href="https://www.ccanmatil.com/en">https://www.ccanmatil.com/en</a>	/	discretionary foods	0	discretionary choices	0
	03/09/2018	<a href="https://www.ccanmatil.com/en">https://www.ccanmatil.com/en</a>		"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	<a href="https://www.coca-colajourney.com.au/">https://www.coca-colajourney.com.au/</a>	<a href="https://www.coca-colajourney.com.au/stories/research-info-beverage-habits">https://www.coca-colajourney.com.au/stories/research-info-beverage-habits</a>	discretionary foods	1	"discretionary choices"	0
	03/09/2018	<a href="https://www.coca-colajourney.com.au/">https://www.coca-colajourney.com.au/</a>	<a href="file:///C:/Users/smc4287/Downloads/Coca-Cola%20Australia%20Submission%20for%20Senate%20Inquiry%20to%20Obesity_July%202018.pdf">file:///C:/Users/smc4287/Downloads/Coca-Cola%20Australia%20Submission%20for%20Senate%20Inquiry%20to%20Obesity_July%202018.pdf</a>	"Coca-Cola South Pacific" AND "discretionary foods"	21 (1 relevant)	"Coca-Cola South Pacific" AND "discretionary choices"	0
Danisco Australia Pty Ltd	31/08/2018	<a href="http://www.danisco.com/food-beverages/">http://www.danisco.com/food-beverages/</a>	/	"discretionary foods"	0	"discretionary choices"	0
	31/08/2018	<a href="http://www.danisco.com/food-beverages/">http://www.danisco.com/food-beverages/</a>	/	"danisco Australia" AND "discretionary foods"	3 (none relevant)	"disco Australia" AND "discretionary choices"	0
Danone Murray Goulburn Pty Ltd	31/08/2018	<a href="http://www.mgc.com.au/our-products/joint-ventures/">http://www.mgc.com.au/our-products/joint-ventures/</a>	/	danone murray goulburn AND "discretionary foods"	1 (not relevant)	danone murray goulburn AND "discretionary choices"	0
Freedom Foods Group	31/08/2018	<a href="http://ffgi.com.au/">http://ffgi.com.au/</a>	/	"discretionary foods"	0	"discretionary choices"	0
	31/08/2018	<a href="http://freedomfoods.com.au/">http://freedomfoods.com.au/</a>	<a href="http://freedomfoods.com.au/4-ways-to-improve-your-good-food-karma/">http://freedomfoods.com.au/4-ways-to-improve-your-good-food-karma/</a>	"discretionary foods"	1	"discretionary choices"	0
Goodman Fielder Limited	31/08/2018	<a href="https://goodmanfielder.com/">https://goodmanfielder.com/</a>	/	"goodman fielder limited" AND "discretionary foods"	5 (none relevant)	"goodman fielder limited" AND "discretionary choices"	0 results
Hungry Jack's Australia	31/08/2018	<a href="https://www.hungryjacks.com.au/home/">https://www.hungryjacks.com.au/home/</a>	/	"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	<a href="https://www.kelloggs.com.au/en_AU/home.html">https://www.kelloggs.com.au/en_AU/home.html</a>	<a href="https://www.kelloggs.com.au/en_AU/hcp/health-professional/our-blog/blog10.html">https://www.kelloggs.com.au/en_AU/hcp/health-professional/our-blog/blog10.html</a>	"kellogg australia" AND "discretionary foods"	50	"kellogg australia" AND "discretionary choices"	2 (both not relevant)
FOI 2125	31/08/2018	<a href="https://www.kelloggs.com.au/en_AU/home.html">https://www.kelloggs.com.au/en_AU/home.html</a>	<a href="https://www.kelloggs.com.au/en_AU/hcp/health-professional/our-blog/blog8.html">https://www.kelloggs.com.au/en_AU/hcp/health-professional/our-blog/blog8.html</a>	"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
Furnished by Kellogg's Document 1	31/08/2018	<a href="https://www.kelloggs.com.au/en_AU/home.html">https://www.kelloggs.com.au/en_AU/home.html</a>	<a href="https://www2.deloitte.com/content/dam/Deloitte/au/au/Documents/Economics/deloitte-au-economics-expenditure-savings-increased-intake-grain-fibre-australia-291117.pdf">https://www2.deloitte.com/content/dam/Deloitte/au/au/Documents/Economics/deloitte-au-economics-expenditure-savings-increased-intake-grain-fibre-australia-291117.pdf</a>	"kellogg australia" AND "discretionary foods"	50	"kellogg australia" AND "discretionary choices"	2 (both not relevant)
	31/08/2018	<a href="http://www.marschocolate.com.au/">http://www.marschocolate.com.au/</a>	<a href="https://www.marschocolate.com.au/nutrition-allergens/mars-in-your-diet/">https://www.marschocolate.com.au/nutrition-allergens/mars-in-your-diet/</a>	mars chocolate AND "discretionary foods"	22 (google search, not relevant)	"mars chocolate" AND "discretionary choices"	1 (google search, not relevant)
McDonald's Australia Ltd	31/08/2018	<a href="http://www.marschocolate.com.au/">http://www.marschocolate.com.au/</a>	<a href="http://www.marschocolate.com.au/media/14908/mars-chocolate-7-3-.pdf">http://www.marschocolate.com.au/media/14908/mars-chocolate-7-3-.pdf</a>	mars chocolate AND "discretionary foods"	22 (Google search, not relevant)	"mars chocolate" AND "discretionary choices"	1 (Google search, not relevant)
	30/08/2018	<a href="https://mcdonalds.com.au/">https://mcdonalds.com.au/</a>	<a href="https://mcdonalds.com.au/sites/mcdonalds.com.au/files/Q&amp;P%20initiative%20for%20response%20to%20advertising%20and%20marketing%20to%20children.pdf">https://mcdonalds.com.au/sites/mcdonalds.com.au/files/Q&amp;P%20initiative%20for%20response%20to%20advertising%20and%20marketing%20to%20children.pdf</a>	"Discretionary foods"	285 (most repeated or not relevant)	"discretionary choices"	35 (in other search)
	30/08/2018	<a href="https://mcdonalds.com.au/">https://mcdonalds.com.au/</a>	<a href="https://mcdonalds.com.au/sites/mcdonalds.com.au/files/McDonald%20Action%20Plan_2013.pdf">https://mcdonalds.com.au/sites/mcdonalds.com.au/files/McDonald%20Action%20Plan_2013.pdf</a>	"Discretionary foods"	285 (most repeated or not relevant)	"discretionary choices"	35 (in other search)
McDonald's Australia Ltd	30/08/2018	<a href="https://mcdonalds.com.au/">https://mcdonalds.com.au/</a>	<a href="https://mcdonalds.com.au/sites/mcdonalds.com.au/files/MCD_CRS_Complete.pdf">https://mcdonalds.com.au/sites/mcdonalds.com.au/files/MCD_CRS_Complete.pdf</a>	"Discretionary foods"	285 (most repeated or not relevant)	"discretionary choices"	35 (in other search)
	10/09/2018	<a href="https://mcdonalds.com.au/">https://mcdonalds.com.au/</a>	<a href="https://mcdonalds.com.au/nutrition-for-families">https://mcdonalds.com.au/nutrition-for-families</a>				
Nestle Australia Ltd	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="https://www.nestle.com.au/asset-library/documents/ncol34confectionery%20portfolio%20guidance%2012pp%20080514-3.pdf">https://www.nestle.com.au/asset-library/documents/ncol34confectionery%20portfolio%20guidance%2012pp%20080514-3.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary choices	8 (all in other search)
	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="http://www.nestle.com.au/hnw/portion-guidance/documents/portion%20booklet.pdf">http://www.nestle.com.au/hnw/portion-guidance/documents/portion%20booklet.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary choices	8 (all in other search)
	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="https://www.nestle.com.au/asset-library/documents/mcd058%20hp%20snacking%2012pp%2031.pdf">https://www.nestle.com.au/asset-library/documents/mcd058%20hp%20snacking%2012pp%2031.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary choices	8 (all in other search)
	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="https://www.nestle.com.au/asset-library/documents/flavoured%20milk%20study%20booklet_final_2%205%2018.pdf">https://www.nestle.com.au/asset-library/documents/flavoured%20milk%20study%20booklet_final_2%205%2018.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary choices	8 (all in other search)

Website	Search date	Website URL	Webpage URL	Search term	# results	Search term	# results
Document 1	30/08/2018	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	<a href="http://www.nestle.com.au/creating-shared-value/documents/nco174%20nestle%20in%20social%20responsibility%20report%20web%20as%20at%20august%204%202018.pdf">http://www.nestle.com.au/creating-shared-value/documents/nco174%20nestle%20in%20social%20responsibility%20report%20web%20as%20at%20august%204%202018.pdf</a>	Discretionary foods	13 (5 repeated, 1 not relevant)	Discretionary choices	8 (all in other search)
Sanitarium Health and Wellbeing Company	30/08/2018	<a href="https://www.sanitarium.com.au/">https://www.sanitarium.com.au/</a>	<a href="https://www.sanitarium.com.au/health-nutrition/vegetarian-eating/tips-to-get-your-fussy-eaters-eating-more-veggies">https://www.sanitarium.com.au/health-nutrition/vegetarian-eating/tips-to-get-your-fussy-eaters-eating-more-veggies</a>	Discretionary foods	2	Discretionary choices	1 (included in previous 2)
	30/08/2018	<a href="https://www.sanitarium.com.au/">https://www.sanitarium.com.au/</a>	<a href="https://www.sanitarium.com.au/health-nutrition/nutrition/sugar-a-friend-or-fog">https://www.sanitarium.com.au/health-nutrition/nutrition/sugar-a-friend-or-fog</a>	Discretionary foods	2	Discretionary choices	1 (included in previous 2)
Sugar Australia Pty Ltd	30/08/2018	<a href="http://www.sugaraustralia.com.au/sugaraustralia/">http://www.sugaraustralia.com.au/sugaraustralia/</a>		"sugar Australia" AND "discretionary foods"	36 (none relevant)		
	30/08/2018	<a href="http://www.sugaraustralia.com.au/sugaraustralia/">http://www.sugaraustralia.com.au/sugaraustralia/</a>	<a href="https://consultations.nhmrc.gov.au/public-consultations/submissions/ADGL/2057">https://consultations.nhmrc.gov.au/public-consultations/submissions/ADGL/2057</a>			sugar Australia AND "discretionary choices"	1
The Smith's Snackfood Company	30/08/2018	<a href="https://www.smiths.com.au/">https://www.smiths.com.au/</a>		"The Smith's Snackfood Company" AND "discretionary foods"	7 (none relevant)	"The Smith's Snackfood Company" AND "discretionary choices"	117 (none relevant)
the Vege Chip Company	30/08/2018	<a href="http://www.vegechips.com/">http://www.vegechips.com/</a>		"Vege Chip Company" AND "discretionary foods"	3 (none relevant)	"Vege Chip Company" AND "discretionary choices"	0 with quotes; 386 without quotes (none relevant)
Unilever Australasia	30/08/2018	<a href="https://www.unilever.com.au/">https://www.unilever.com.au/</a>		"Unilever Australasia" AND "Discretionary foods"	5 (none relevant)	Unilever Australasia AND "Discretionary choices"	109 (none relevant)

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Document 1



THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) Notes or (G)														
Document 1														
G														
W														
W														
W														
W														
W														
W														
W														
W														
W														
W														
W														
W														

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

[illegible]

[illegible]

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) Notes or (G)													
Document 1			30/08/2018										
G						W	W	W	W	W	W	W	G

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) or B document 1	Notes
W	2016
W	2016
W	2018
W	2018 report
W	2016 report
G	
W	
G	
G	
G (no results from website)	
G (no results from website)	
G (no results from website)	

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) or B	Notes
G (no results from website) patient 1	
G (no results from website)	
G (no results from website)	
W	
W	
W	
W	
W	
W	
W	
W	
W	
W	
G (no results on website search)	
G (no search option on website)	

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W/ or G)	Notes
G (Go search option on website) Document 1	
W	
G	
W	
W	
G	
W	
G	
W	
W	
W	
W	
W	
W	
W	
W	
W	
W	
FOI 2125	
W	



THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) Notes or G	
W	document 1
W	
W	
W	
G	
W	also searched without quotes
G	
G	no results via website
G	
G	
G	
G	
G	
FOI 2125	
W	

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) Notes or (G)	
Document 1	
G	No search option on website
G	
G	
G	
W	
W	
G	
G	
W	
G	
W	Google search yielded same results
W	FOI 2125

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W/Notes or G)	
Document 1	
G	
G	
G	
G	
G	
G (no results from website search)	
G (no results from website search)	
G (no results from website search)	
G (no results from website search)	
W	
G	
W	
W	
G	
G	

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) Notes or G	
G	Document 1
G	
G	
G	
G	
G	
W	
G	
W	
W	
G	
W	
G	
W	
W	
G	
G	FOI 2123

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) or document	Notes
	Identified in Coca-Cola searches (Google)
G	no search option on website; manual search of nutrition and wellness section of website also provided no results
W	Also searched "campbells" and "armott's" individually (no relevant results)
W	Does not allow the use of quotations in search box
G	Also tried searching "coca-cola Australia"- no results
W	both "discretionary foods" and "discretionary choices" had no results
G	
W	
G	
G (no results from searching website)	No results from searching website, no obvious results from manual search of site.
W	
W (consumer site)	no additional results from google search
G (no results from website)	Searched both terms in website (no results); searched without "limited" in Google
G (no search option on site)	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.
G (no results from website searches)	
G (no results from website searches)	

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) or (B)	Notes
G (Go results from website searches)	
W (manual search, no search function)	No search function on website. Conducted Google search including additional terms (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
W (manual search, no search function)	No search function on website. Conducted Google search including additional terms (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
W	
W	
W	
W	
W	
W	
W	
W	

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Website or google (W) or B	Notes
Document 1	
W	
W	
G (no results on website)	no
G (no results on website)	In both searches
G (no search function on website)	From FAQ on website: "Nutritionists recommend that a sensible serve size for snacks provides less than 600 kilojoules (143 Calories); 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."
G (no search function on website)	no
G (no results on website)	no

Supplementary Appendix II: Webpages excluded from further analysis as they did not the terms "Discretionary food and drinks" or "Discretionary choices"

Name of organisation	Website url	Date of last website update	Date searched	Country	Sector	Webpage purpose/type	Title of page/url
Heart Foundation (Australia)	<a href="https://www.heartfoundation.org.au/">https://www.heartfoundation.org.au/</a>	no date	12/09/2018	Australia	Non-government organisation	consumer information	Meals and food
Stroke Foundation	<a href="https://strokefoundation.org.au/">https://strokefoundation.org.au/</a>	2018	03/09/2018	Australia	Non-government organisation	consumer information	Eat well
McDonald's Australia Ltd	<a href="https://mcdonalds.com.au/">https://mcdonalds.com.au/</a>	2018	30/08/2018	Australia	Food industry (manufacturing/ retail)	Statement of intent	AFGC QSR Initiative for Responsible Advertising and Marketing to Children
Nestle Australia Ltd	<a href="https://www.nestle.com.au/">https://www.nestle.com.au/</a>	no date	30/08/2018	Australia	Food industry (manufacturing/ retail)	Consumer information	Choose practical portions



Name of organisation	Website url	Date of last website update	Date searched	Country	Sector	Webpage purpose/type	Title of page/url
Sanitarium Health and Wellbeing Company Document 1	<a href="https://www.sanitarium.com.au/">https://www.sanitarium.com.au/</a>	2018	30/08/2018	Australia	Food industry (manufacturing/ retail)	Consumer information	Sugar, friend or foe?
Inside our food companies Quick Service Restaurants	<a href="https://www.insideourfoodcompanies.com.au/quick-service-restaurants">https://www.insideourfoodcompanies.com.au/quick-service-restaurants</a>	2018	03/09/2018	Australia	University/ public interest organisation	Report on company policies, commitments	Inside our Quick Service Restaurants Australia 2018
WA Department of Health	<a href="http://ww2.health.wa.gov.au/">http://ww2.health.wa.gov.au/</a>	no date	07/09/2018	Australia	Government Department	news/ consumer information	Commit to healthy eating in 2016
WA Department of Education	<a href="https://www.education.wa.edu.au/">https://www.education.wa.edu.au/</a>		07/09/2018	Australia	Government Department	Healthy food and drink guidelines for school	Healthy Food Guide
SA Department of Education	<a href="https://www.education.sa.gov.au/">https://www.education.sa.gov.au/</a>		07/09/2018	Australia	Government Department	Healthy food policy for school and preschools	Right Bite and healthy eating policies

URL of page	Date of last update	Terms	Primary definition	Stated source of primary definition
<a href="https://www.heartfoundation.org.au/after-my-heart-attack/heart-attack-recovery/meals-and-food">https://www.heartfoundation.org.au/after-my-heart-attack/heart-attack-recovery/meals-and-food</a>	no date	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
<a href="https://strokefoundation.org.au/About-Stroke/Prevent-Stroke/Overweight-and-obesity">https://strokefoundation.org.au/About-Stroke/Prevent-Stroke/Overweight-and-obesity</a>	no date	none	"Limit intake of foods high in saturated fats....Limit foods with added salt and sugar....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....Steer clear of sugary drinks"	Not stated
<a href="https://mcdonalds.com.au/sites/mcdonalds.com.au/files/QSR%20Initiative%20for%20Responsible%20Advertising%20and%20Marketing%20to%20Children.pdf">https://mcdonalds.com.au/sites/mcdonalds.com.au/files/QSR%20Initiative%20for%20Responsible%20Advertising%20and%20Marketing%20to%20Children.pdf</a>	no date		does not include a definition, but does include nutrient criteria for 'nutrients of public health concern'	Unclear
<a href="http://www.nestle.com.au/nhw/portion-guidance/documents/portion%20booklet.pdf">http://www.nestle.com.au/nhw/portion-guidance/documents/portion%20booklet.pdf</a>	April 2017	Treats	Does not provide a specific definition for discretionary foods, but does provide portion sizes for "treat" foods, such as lollies or chocolate	Unclear

URL of page Document	Date of last update	Terms	Primary definition	Stated source of primary definition
<a href="https://www.sanitarium.com.au/health-nutrition/nutrition/sugar.-friend-or-foe">https://www.sanitarium.com.au/health-nutrition/nutrition/sugar.-friend-or-foe</a>	no date	high sugar foods and fluids	"Keep high sugar foods and fluids for special occasions and keep to small amounts. These include lollies, 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 milk and flavoured yoghurt	Australian Department of Health. Discretionary food and drink choices. [Internet] 2015 [cited 2016 July 4]; available from: Nutrition <a href="https://www.eatforhealth.gov.au/food-essentials/discretionary-food-and-drink-choices">https://www.eatforhealth.gov.au/food-essentials/discretionary-food-and-drink-choices</a>
<a href="https://docs.wikistatic.com/ugq/2e3337_0f6ae07395914c0f9671bf9d310f80ca.pdf">https://docs.wikistatic.com/ugq/2e3337_0f6ae07395914c0f9671bf9d310f80ca.pdf</a>	2018	unhealthy diets; fast food; 'less healthy'	"Limiting the levels of salt, free sugars, saturated fat and trans fat in products "	The World Health Organization (WHO)
<a href="https://www.ahs.health.wa.gov.au/About-us/News/Commit-to-healthy-eating-in-2016">https://www.ahs.health.wa.gov.au/About-us/News/Commit-to-healthy-eating-in-2016</a>	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 highly marbled cuts of meat."	Not stated
<a href="https://www.education.wa.edu.au/documents/43634944/O/HEALTHY+FOOD+GUIDE+FACTSHEETS+WEB%5B2%5D+%281%29.pdf/0011406b-9d94-4114-bd29-758b766cc412">https://www.education.wa.edu.au/documents/43634944/O/HEALTHY+FOOD+GUIDE+FACTSHEETS+WEB%5B2%5D+%281%29.pdf/0011406b-9d94-4114-bd29-758b766cc412</a>	No date	1. Healthy food 2. Traffic light system (green, amber, red)	1. Healthy food fuels your children's bodies and gives them the energy and nutrients to get through the day 2. Green = fill lunchbox Amber = select carefully Red = off the menu	Not stated
<a href="https://www.education.sa.gov.au/teaching/projects-and-programs/eat-well-sa/developing-healthy-food-policies-schools-and-preschools">https://www.education.sa.gov.au/teaching/projects-and-programs/eat-well-sa/developing-healthy-food-policies-schools-and-preschools</a>	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.	Not stated

Comments about alignment between definition and stated source	Food list	Rationale behind the choice of term/definition	Intent of use/application
Unclear as no source stated	no	Accepted its use as a way of determining healthier products	To classify foods as healthy or unhealthy
Unclear as no source stated	no	Proportion of discretionary foods is an indication of diet quality from an health outcome perspective	To classify foods as healthy or unhealthy
Unclear as no source stated and no definition for discretionary foods provided	no		Unclear
Unclear as no source stated	no, but portion sizes provided for Nestle discretionary products.		To determine acceptable portions sizes of unhealthy foods

Comments about alignment between definition and stated source	Food list	Rationale behind the choice of term/definition	Intent of use/application
<p>Document 1</p> <p>No. Includes only foods high in sugar, and includes fruit juice. Does not acknowledge added or high fat.</p>	Yes	You don't need to 'quit sugar' or go 'sugar free' 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.	To classify foods as unhealthy
<p>No, uses 'free' sugars instead of 'added' sugars, includes trans fats, does not mention alcohol</p>	no	Accepted its use as a way of determining healthier products	To classify foods as healthy or unhealthy
<p>Unclear as no source stated</p>	no	Proportion of discretionary foods is an indication of diet quality from an health outcome perspective	To classify foods as healthy or unhealthy
<p>Unclear, as source not stated; But some ambiguous foods e.g. frozen yoghurt = green food</p>	Yes	Accepted its use as a way of defining unhealthy	To classify foods as healthy or unhealthy
<p>Unclear, as source not stated; does not specify saturated fat and only fat</p>	Nil	Accepted its use as a way of determining healthier products	To classify foods as healthy or unhealthy

Other definition(s) of discretionary foods	Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
"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."	Accepted its use as a way of determining healthier products	no	"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."
		no	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
		no	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 " Nutrients of public health concern "The meal must not exceed maximum limits as follows: i. Saturated fat - 0.4g per 100kJ; ii. 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"
		"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."	

Other definition(s) of discretionary foods Document	Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
<p>"free 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...."</p>	<p>Accepted as a way of defining unhealthy</p>	<p>"You don't need to 'quit sugar' or go 'sugar free' to be healthy."</p>	<p>Intake of 'free' sugars should be limited to less than 10% daily energy intake</p>
<p>"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"</p>	<p>Accepted its use as a way of defining unhealthy</p>	<p>no</p>	<p>no</p>
		<p>no</p>	<p>no</p>
			<p>Yes; link to additional document with nutrient criteria: <a href="https://www.education.sa.gov.au/sites/g/files/net691ff/easy_guide_to_healthy_food_and_drink_supply_in_sa_schools_and_preschools.pdf">https://www.education.sa.gov.au/sites/g/files/net691ff/easy_guide_to_healthy_food_and_drink_supply_in_sa_schools_and_preschools.pdf</a> (previous row)</p>

Other relevant points of interest/Additional notes				
	<p>"Eating a diet low in salt and saturated fat is important if you've had a heart attack. " "Eating too much unhealthy saturated and trans fats can increase high cholesterol."</p> <p>"Too much alcohol increases your risk of more heart problems. Drinking less alcohol can substantially lower your blood pressure."</p>	no	<p>"The nutrition criteria for assessing children's meals have been developed by a team of Accredited Practising 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. "</p>	<p>Portion sizes, e.g. 40g brownie, 25g chocolate</p>

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH



THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Other relevant points of interest/Additional notes	
Document 1	Only focuses on sugar
"the average fast food meal contains almost half of an adult's recommended daily energy intake"	"Key recommendations for quick service restaurants: Product formulation: Set measurable targets and timelines to reduce sodium, free sugars, saturated fat, artificially produced trans fat and meal portion sizes, in conjunction with government-led initiatives (e.g., Healthy Food Partnership) to improve the overall food supply"
"... 'healthier' frying oils (i.e., non-hydrogenated / lower in saturated fat and/or trans fat)."	"Foods deemed as "treats" should be consumed in moderation." ; "Monitor alcohol intake..."
1. Eat a healthy breakfast. 2. Eat plenty of fruit and vegetables. 3. Have two to three serves of dairy (reduced fat milk, 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 <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/5FFB6A30ECEE9321CA257BF0001DAB17/\$File/Canteen%20guidelines.pdf">http://www.health.gov.au/internet/main/publishing.nsf/Content/5FFB6A30ECEE9321CA257BF0001DAB17/\$File/Canteen%20guidelines.pdf</a>
ACT	National Healthy School Canteens Guidelines, 2010 <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-nutrition-canteens">http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-nutrition-canteens</a>

SA	<p>Right bite. The easy guide to healthy food and drink supply for South Australian schools and preschools</p> <p><a href="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">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</a></p>
NT	<p>Northern Territory Guidelines School nutrition and Healthy Eating, 2017</p> <p><a href="https://education.nt.gov.au/__data/assets/pdf_file/0008/257804/school-nutrition-healthy-eating-guidelines.pdf">https://education.nt.gov.au/__data/assets/pdf_file/0008/257804/school-nutrition-healthy-eating-guidelines.pdf</a></p>

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 2082 (CTH)  
BY THE DEPARTMENT OF HEALTH

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

## ods sold in school canteens in Australia, by State/Territo

Food
<b>Hot food items and processed meats</b>
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)
<b>Snack food items</b>
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
<b>Healthier choices</b>
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
<b>Hot food items and processed meats</b>
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)
<b>Snack food items</b>
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
<b>Hot food items and processed meats</b>
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
<b>Snack food items</b>
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
<b>Hot food items and processed meats</b>
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
<b>Snack food items</b>
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
<b>Healthier choices</b>
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)

<p>Everyday foods (FFG foods) any HSR</p> <p>Occasional foods require a HSR of 3.5 or above</p>

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

ory

Energy	Saturated fat	Sodium
<b>For amber foods</b>		
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 (1800kJ or less per 100g)	2g or less/serve	200mg or less/serve
600kJ or less/serve	3g or less/serve	
900kJ or less/serve	3g or less/serve	
<b>For green foods</b>		
	2g or less/100g	
	2g 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
	3g or less/100g	750mg or less/100g
<b>For amber foods</b>		
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 (1800kJ or less per 100g)	2g or less/serve	200mg or less/serve
600kJ or less/serve	3g or less/serve	



900kJ or less/serve	3g or less/serve	
<b>For red foods</b>		
>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	
>900kJ/serve	>3g/serve	
<b>For amber foods</b>		
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
<b>for green</b>		
750kJ or less/100g	3.5g or less/100g	300mg or less/100g
600kJ or less/serve	3g or less/serve	
600kJ or less/serve (1800kJ or less per 100g)	2g or less/serve	200mg or less/serve
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	
<b>For green foods</b>		
	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


THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Fibre	Sugar	Note
		<p>GREEN foods: Always on the canteen menu</p> <p>AMBER foods: Select carefully</p> <p>RED foods: Not recommended on the canteen menu</p> <p>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.</p>
1 g or more/serve		
1.5 g or more/serve		Milk must be listed as first ingredient
5 g or more/100g	20g or less/100g	
5 g or more/100g	25g or less/100g	
		ACT same as National
1 g or more/serve		
		Milk must be listed as first ingredient

1.5 g or more/serve		
<1.0 g/serve		
<1.5 g/serve		
1 g or more/serve		
		Milk must be listed as first ingredient
		Milk must be listed as first ingredient
1.5 g or more/serve		
5 g or more/100g	20g or less/100g	
5 g or more/100g	25g or less/100g	

		<p>GREEN: Have plenty – encourage and promote these food and drinks. These foods and drinks do not need to be assessed.</p> <p>AMBER: Select carefully – don't let these foods and drinks dominate the choices and avoid large serving sizes.</p> <p>RED: Occasionally – these foods and drinks are to be supplied on no more than two occasions per term across the whole school environment.</p>
		<p>consists of a minimum of 60% 'green' food and drinks;</p> <p>consists of a maximum of 40% 'amber' food and drinks;</p> <p>only offers savoury commercial products that are 'amber' foods a maximum of twice per week; and</p> <p>contains no 'red' food and drinks.</p>
		<p>Everyday foods (FFG foods) should be at least 3/4 of the menu</p> <p>Occasional foods should not exceed 1/4 of the menu</p> <p>Portion size limits are observed for occasional foods and selected everyday foods (FJ and flavoured milk)</p>

Supplementary Appendix IV: Submission documents to the Senate Select Enquiry into the Obesity Epidemic in Australia excluded from further analysis

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
<a href="#">Lance Payne (PDF 45 KB)</a>	1	Lance Payne		Australia	Individuals, other
<a href="#">Early Life Nutrition Coalition (PDF 99 KB)</a>	2	Professor Peter SW Davies	6-Jun-18	Australia	NGO/advocacy group
<a href="#">Council of Presidents of Medical Colleges (PDF 289 KB)</a>	3	Mr Philip Truskett		Australia	Health professional association
<a href="#">Jennifer Thompson (PDF 1011 KB)</a>	4	Jennifer Thompson	Jun-18	Australia	Individuals, other
<a href="#">Mr Robert Lowndes (PDF 282 KB)</a>	5	Robert Lowndes	22-Jun-18	Australia	Industry & networks & entrepreneurs
<a href="#">Australian Association of Convenience Stores Limited (PDF 162 KB)</a>	6	Jeff Rogut	21-Jun-18	Australia	Industry & networks & entrepreneurs
<a href="#">Centre for Research Excellence in Integrated Quality Improvement (PDF 558 KB)</a>	7	Professor Ross Baillie	25-Jun-18	Australia	Research institute/ university

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Document 1 <a href="#">WACancer Prevention Research Unit (PDF 115 KB)</a>	8	Professor Simone Pettigrew	29-Jun-18	Australia	Research institute/ university
David Roberts (PDF 623 KB) Attachment 1 (PDF 162 KB)	9	David Roberts		Australia	Individuals, other

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Centre for Research Excellence in the Early Prevention of Obesity in Childhood (PDF 297 KB)	10	Professor Louise Baur		Australia	Research institute/ university
Jonathan Pincus (PDF 98 KB)	11	Jonathan James Pincus		Australia	Individuals, other
David Hale (PDF 27 KB)	12	David Hale		Australia	Individuals, other
Global Obesity Centre (PDF 227 KB)	13	Professor Steve Allender	3-Jul-18	Australia	Research institute/ university



Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Document 1 <a href="#">Amanda Atkins (PDF 57 KB)</a>	14	Amanda Atkins		Australia	Individuals, other
<a href="#">YMCA Victoria (PDF 508 KB)</a>	15	Melinda Crole		Australia	NGO/advocacy group
Monash Centre for Health Research and Implementation (PDF 189 KB) Attachment 1 (PDF 988 KB) Attachment 2 (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 321 KB) 16.4 Supplementary to submission 16 (PDF 187 KB) 16.5 Supplementary to submission 16 (PDF 142 KB)	16	Professors Helena Teede and Helen Skouteris	2-Jul-18	Australia	Research institute/ university
The Royal Children's Hospital Melbourne (PDF 418 KB) Attachment 1 (PDF 267 KB)	17	Professor SM Sawyer	24-Jun-18	Australia	Government/ health services
<a href="#">Ad Standards (PDF 271 KB)</a>	19	Fiona Jolly	4-Jul-18	Australia	Industry & networks & individuals

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Document 1 <a href="#">Australian College of Nursing (PDF 399 KB)</a>	20	Adjunct Professor Kylie Ward	4-Jul-18	Australia	Health professional association
<a href="#">Victorian Centre of Excellence in Eating Disorders (PDF 532 KB)</a>	21			Australia	Government/ health services
<a href="#">Brenda Janschek (PDF 58 KB)</a>	23	Brenda Janschek		Australia	Individuals, other
<a href="#">Eating Disorders Victoria (PDF 157 KB)</a>	24	Jennifer Beveridge	3-Jul-18	Australia	Government/ health services
<a href="#">Lactation Consultants of Australia and New Zealand (PDF 52 KB)</a>	25	Heather Gale		Australia	Health professional association
<a href="#">International Health Economics Association - Economics of Obesity Special Interest Group (PDF 173 KB)</a>	26	Dr Nicole Black, Dr Vicki Brown, Dr Ceu Mateus, Dr Alfredo Paloyo, Jay Stiles	Jul-18	Australia	NGO/advocacy group
<a href="#">Primary Care Partnership (PDF 231 KB)</a>	28	Janette Lowe		Australia	NGO/advocacy group
<a href="#">Royal Australian and New Zealand College of Psychiatrists (PDF 146 KB)</a>	30			Australia	Health professional association
<a href="#">Free Smiles (PDF 92 KB)</a>	31	A/Prof Matt Hopcraft		Australia	NGO/advocacy group

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
<a href="#">Leanne Chambour (PDF 193 KB)</a> Document 1	32	Leanne Chambour		Australia	Individuals, other
<a href="#">Name Withheld (PDF 41 KB)</a>	33			Australia	Individuals, other
<a href="#">Baker Heart and Diabetes Institute (PDF 143 KB)</a> <a href="#">Greg Stewart (PDF 72 KB)</a>	34 35			Australia Australia	Research institute/ university Individuals, other
<a href="#">Ingrid Ozols (PDF 190 KB)</a> Document 2125	37	Ingrid Ozols	5th July 2018	Australia	Individuals, other

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Metabolic Health Solutions (PDF 259 KB) 40.1 Supplementary to submission 40 (PDF 166 KB)	40	John Wright		Australia	Industry & networks & individuals
<a href="#">David Gillespie (PDF 862 KB)</a>	41	David Gillespie		Australia	Individuals, other
<a href="#">Dr Narelle Story (PDF 111 KB)</a>	42	Narelle Story		Australia	Individuals, other
<a href="#">Parents' Voice (PDF 135 KB)</a>	43	Alice Pryor		Australia	NGO/advocacy group
<a href="#">Children's Hospital at Westmead Sydney (PDF 1338 KB)</a>	44	Professor Louise Baur; Associate Professor Sarah Garnett; Dr Shirley Alexander; Dr Jennifer Cohen; Dr Megan Gow		Australia	Government/ health services
<a href="#">Marcea Klein (PDF 50 KB)</a>	47	Marcea Klein		Australia	Individuals, other

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Document 1 <a href="#">Super By Half (PDF 254 KB)</a>	48	Dr Peter Brukner		Australia	NGO/advocacy group
<a href="#">Australian Association of National Advertisers (PDF 5859 KB)</a>	49		Jul-18	Australia	Industry & networks & entrepreneurs
<a href="#">Kentucky Fried Chicken Pty. Limited (PDF 656 KB)</a>	53			Australia	Industry & networks & entrepreneurs

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Queensland Child and Youth Clinical Network (PDF 428 KB)	54	<p>Professor Sandra Capra – Professor of Nutrition, School of Human Movement and Nutrition Sciences, The University of Queensland, Brisbane, Queensland</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Dr Jacqueline Walker – Research Fellow in Nutrition and Exercise, School of Human Movement and Nutrition Sciences, The University of Queensland, Brisbane, Queensland</li> <li>• Ayala Rogany – Dietitian – Clinical Leader Obesity, Children's Health Queensland</li> </ul>		Australia	Government/ health services
<a href="#">Queensland Nurses and Midwives Union (PDF 983 KB)</a>	55		Jul-18	Australia	Health professional association
<a href="#">Queensland Country Women's Association (PDF 88 KB)</a>	56	Mrs Joy Coulson; Fiona McKenzie		Australia	NGO/advocacy group

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Document Priority 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 5 (PDF 568 KB) Attachment 6 (PDF 1469 KB) Attachment 7 (PDF 280 KB)	57	Professor Clare Collins; Tracey Burrows; Melinda Hutcheson		Australia	Research institute/ university
<a href="#">Australian Health Policy Collaboration (PDF 1170 KB)</a>	59	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 Professor Helena Teede, Monash Partners Academic Health Sciences Centre, Monash University Ms Jane Martin, Executive Manager, Obesity Policy Coalition, Cancer Council		Australia	NGO/advocacy group

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
<a href="#">Filip Your Future (PDF 445 KB) Attachment 1 (PDF 1135 KB)</a>	60	Yvonne Farquharson	6-Jul-18	Australia	NGO/advocacy group
<a href="#">Federation of Parents and Citizens Associations of NSW (PDF 279 KB)</a>	63		Jul-18	Australia	NGO/advocacy group
<a href="#">Dr Edward Cliff (PDF 36 KB)</a>	64	Dr Edward Cliff	6-Jul-18	Australia	Individuals, other
<a href="#">Health Star Rating Advisory Committee (PDF 74 KB)</a>	65			Australia	Government/ health services
<a href="#">Dr Shannon Sahqvist and Alfred Deakin Professor Anna Timperio (PDF 139 KB)</a>	66	Dr Shannon Sahqvist and Alfred Deakin Professor Anna Timperio		Australia	Individuals, other
<a href="#">Catholic Women's League Australia Inc (PDF 250 KB)</a>	68	Valma Ivory		Australia	NGO/advocacy group



Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Document 1 <a href="#">Food and Movement Research Team at Early Start, University of Wollongong (PDF 1404 KB)</a>	69	Bridget Kelly, Jennifer Norman	Jul-18	Australia	Research institute/ university
<a href="#">Grains and Legumes Nutrition Council (PDF 155 KB)</a>	72	Ms Felicity Curtain, Dr Sara Grafenauer		Australia	Industry & networks & entrepreneurs
<a href="#">Menzies School of Health Research (PDF 561 KB)</a>	77		6-Jul-18	Australia	Research institute/ university
<a href="#">Exercise and Sports Science Australia (PDF 267 KB)</a>	79	Craig Knox		Australia	Health professional association
<a href="#">World Breastfeeding Trends Initiative (PDF 529 KB) Attachment 1 (PDF 169 KB) Attachment 2 (PDF 1861 KB)</a>	81	Naomi Hull		Australia	NGO/advocacy group
<a href="#">NCDFREE (PDF 347 KB)</a>	82	Timothy Kariotis		Australia	NGO/advocacy group
<a href="#">Terry Barnes (PDF 202 KB)</a>	83	Terry Barnes	6-Jul-18	Australia	Individuals, other
<a href="#">Dr Nicholas Bravshaw (PDF 328 KB)</a>	85			Australia	Individuals, other
<a href="#">Reconnect Nutrition (PDF 104 KB)</a>	92	Tom Scully (and other dietitians)	5-Jul-18	Australia	Individuals, dietitian
<a href="#">Associate Professor Caroline Miller and Ms Aimee Brownbill (PDF 237 KB)</a>	93	Caroline Miller, Aimee Brownbill		Australia	Research institute/ university

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Document 1 <a href="#">Australian and New Zealand Metabolic and Obesity Surgery Society (PDF 404 KB)</a>	94	Mr. Ahmad Aly.		Australia	Health professional association
<a href="#">Dr Rahul Barmanray (PDF 45 KB)</a>	96	Dr Rahul Barmanray	Jul-18	Australia	Individuals, other
<a href="#">City of Greater Bendigo (PDF 87 KB)</a>	97	Vicky Mason	6-Jul-18	Australia	Government/ health services
<a href="#">South Australian Nutrition Network (PDF 577 KB)</a>	98	Louisa Matwiejczyk (on behalf of a group)	6-Jul-18	Australia	NGO/advocacy group
<a href="#">Butterfly Foundation (PDF 603 KB)</a>	99	Christine Morgan		Australia	NGO/advocacy group
<a href="#">Menzies Institute for Medical Research (PDF 200 KB)</a>	100	Professor Alison Venn	6-Jul-18	Australia	Research institute/ university
<a href="#">Breastfeeding Coalition Tasmania (PDF 318 KB)</a>	102	Ros Escott	Jul-18	Australia	NGO/advocacy group
<a href="#">Partners in Prevention Geelong (PDF 335 KB)</a>	105	Dr Michael Axtens and Dr Nic Brayshaw	<b>NOTE: THIS IS EXACTLY THE SAME AS SUBMISSION 85</b>	Australia	NGO/advocacy group
<a href="#">Professor Wendy Brown (PDF 119 KB)</a>	109	Professor Wendy A. Brown	6-Jul-18	Australia	Individuals, other
<a href="#">Australian Council of Social Services (PDF 435 KB) Attachment 1 (PDF 1570 KB)</a>	113	Edwina MacDonald		Australia	NGO/advocacy group
<a href="#">That Sugar Movement (PDF 454 KB)</a>	115	Damon Gameau and Vera Skodic	9-Jul-18	Australia	Individuals, other
<a href="#">Jim Donovan (PDF 30 KB)</a>	118	Jim Donovan	Jul-18	Australia	Individuals, other
<a href="#">Menzies Research Centre (PDF 111 KB) Attachment 1 (PDF 3717 KB)</a>	119	Fred Pawle	Jul-18	Australia	Political group/ association
<a href="#">Australian Local Government Association (PDF 5419 KB)</a>	121	Adrian Beresford-Wylie	11-Jul-18	Australia	Government/ health services
<a href="#">Mashbox (PDF 238 KB) Attachment 1 (PDF 137 KB) Attachment 2 (PDF 9535 KB)</a>	122	Alix O'Hara	13-Jul-18	Australia	Industry & networks & entrepreneurs

Author/organisation Document	Submission No.	Specific author	Date of publication	City/country	Sector
<a href="#">Australian Taxpayers' Alliance (PDF 740 KB)</a> <a href="#">Attachment 1 (PDF 4565 KB)</a> 123.1 Supplementary to submission 123 (PDF 1387 KB)	123	Australian Taxpayer Alliance	13-Jul-18	Australia	Political group/ association
<a href="#">Northern Territory Government (PDF 515 KB)</a>	124			Australia	Government/ health services
<a href="#">City of Cockburn (PDF 105 KB)</a>	125			Australia	Government/ health services
<a href="#">Australian Medical Association (PDF 2936 KB)</a>	126	Josie Hill	13-Jul-18	Australia	Health professional association
<a href="#">Sunshine Sugar (PDF 283 KB)</a>	127	Chris Connors		Australia	Industry & networks & entrepreneurs
<a href="#">Rory Robertson (PDF 76 KB)</a>	128	Rory Robertson		Australia	Individuals, other
<a href="#">Consumers Health Forum of Australia (PDF 212 KB)</a>	129		Jul-18	Australia	NGO/advocacy group
<a href="#">The Boden Institute University of Sydney (PDF 720 KB)</a>	130	Ian Caterson	17-Jul-18	Australia	Research institute/ university
<a href="#">Johnson and Johnson Medical (PDF 807 KB)</a>	131		Jul-18	Australia	Industry & networks & entrepreneurs
<a href="#">Outdoor Media Association (PDF 117 KB)</a>	132			Australia	Industry & networks & entrepreneurs
<a href="#">Services for Australian Rural and Remote Allied Health (PDF 571 KB)</a>	133			Australia	NGO/advocacy group
<a href="#">Medtronic (PDF 455 KB)</a>	134	Andrew Wiltshire	Jul-18	Australia	Industry & networks & entrepreneurs
<a href="#">National Aboriginal Community Controlled Health Organisation (PDF 346 KB)</a>	136			Australia	NGO/advocacy group
<a href="#">Gold Coast Health and Wellbeing Working Group (PDF 393 KB)</a>	137	Helen Clifford		Australia	Government/ health services
<a href="#">National Rural Health Alliance (PDF 1443 KB)</a>	138	Mark Diamond		Australia	NGO/advocacy group
<a href="#">Novo Nordisk Pharmaceuticals Pty. Ltd. (PDF 2957 KB)</a>	141	Michala Fischer-Hansen	20-Jul-18	Australia	Industry & networks & entrepreneurs
<a href="#">Joep Lange Institute (PDF 860 KB)</a>	143	Nick Manuel/pillai	30-Jul-18	Netherlands	NGO/advocacy group
<a href="#">Cockburn Integrated Health (PDF 2958 KB)</a>	146	Clory Carrello		Australia	Government/ health services

Author/organisation	Submission No.	Specific author	Date of publication	City/country	Sector
Document Rob 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 68 KB) <a href="#">Arthritis Australia (PDF 437 KB)</a>	147	Rob Rees	7-Aug-18	Australia	Individuals, other
	148			Australia	NGO/advocacy group

Link to all submissions: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Obesity\\_epidemic\\_in\\_Australia/Obesity/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Obesity_epidemic_in_Australia/Obesity/Submissions)

Analysis as they did not the terms "Discretionary food and drinks" or "Discretionary choices"

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 mention of discretionary foods/choices							
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							Role of food industry, NRVs nutrition labelling
No mention of discretionary foods/choices							Sugar sweetened beverages
No mention of discretionary foods/choices							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 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
Document 1 No mention of discretionary foods/choices							Soft drink; junk food; unhealthy foods
No mention of discretionary foods/choices							

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

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
Document 1 No mention of discretionary foods/choices							ADG (infant feeding guidelines), SSB
No mention of discretionary foods/choices							Sugar-sweetened beverage high caloric food and drink Sugar tax
No mention of discretionary foods/choices							Trans fat Junk food Healthy food
No mention of discretionary foods/choices							less healthy food Processed HSR Junk food SSB Unhealthy food and drink/beverage

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
Document 1 No mention of discretionary foods/choices							
No mention of discretionary foods/choices							unhealthy options healthy and food and beverage sugar-sweetened beverages, including sports drinks HSR
No mention of discretionary foods/choices							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
No mention of discretionary foods/choices							Unhealthy food and drink HSR Sugary drink
No mention of discretionary foods/choices							unhealthy food and beverage unhealthy eating or drinking habits quick service restaurant companies healthier dietary choices



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
Document 1 No mention 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							energy dense, nutrient deplete, sugar laden franken- foods junk food healthy food
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							SSB foods high in fat, salt and sugar HSR
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							Sugary drinks HSR
No mention of discretionary foods/choices							
Document 2 No mention of discretionary foods/choices							Added sugar HSR unhealthy food SSBs

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
Document 1 No mention of discretionary foods/choices							highly processed, sugary, artificially created food junk food and sugary drinks
No mention of discretionary foods/choices							Healthy fats Processed foods/sugar nutrition labelling
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							excess salt, sugar, fat and alcohol in the typical Australian diet unhealthy products healthy products reduce the consumption of cakes, lollies, biscuits, fizzy drinks fast food and all other usual suspects; pies bad fat  Yoghurt, Pure Fruit Juice, Muesli Bars & other Health Food Bars, Certain Frozen meals, White Rice, Pasta & Bread, Dried Fruit All contain excessive amounts 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
Document 2125 No mention 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
Document 1 No mention of discretionary foods/choices							From reference to Amanda Lee's twitter: junk foods and drinks High in added sugar
No mention of discretionary foods/choices							Sugar (especially fructose)
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							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							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

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
Document 1 No mention of discretionary foods/choices							processed foods and drinks high in added sugar unhealthy food HSR Sugary drinks
No mention of discretionary foods/choices							"Unhealthy foods"
No mention of discretionary foods/choices							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

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

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
Document 1 No mention of discretionary foods/choices							unhealthy foods, such as sugar-sweetened beverages and energydense, nutrient-poor foods
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							unhealthy food and drink HSR sugary drinks

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
Document 1 No mention of discretionary foods/choices							<p>From supplementary</p> <p>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).</p> <p>R3: takeaway foods (e.g., Chinese food, fish and chips, hamburger and chips or fries, pizza), sweetened beverages</p> <p>R5: energy-dense, nutrient-poor foods</p> <p>R6: energy-dense, nutrient-poor foods; take-away foods; alcohol; non-core foods</p> <p>R7: non-core foods; energy-dense, nutrient-poor foods</p>
No mention of discretionary foods/choices							<p>fast food chains</p> <p>processed foods</p> <p>unhealthy food and drink</p> <p>energy-dense nutrient poor foods</p> <p>sugary drinks</p>

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

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
Document 1 No mention of discretionary foods/choices							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 HSR
No mention of discretionary foods/choices							Sugary drinks Junk food HSR
No mention of discretionary foods/choices							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 processed foods
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							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 sells fresh juices) are still few and far between junk food

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 mention of discretionary foods/choices							Unhealthy food high fat, sugar, salt (HFSS) food and beverages Ultra-processed...energy-dense nutrient-poor food energy-dense micronutrient-poor foods and beverages soft drink, snack and fast food Junk food HSR Traffic light "red yellow green system" Snacks
No mention of discretionary foods/choices							HSR refined and whole grain products
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							unhealthy foods HSR sugary drinks
No mention of discretionary foods/choices							excess calories/protein found in infant formula
No mention of discretionary foods/choices							unhealthy foods HSR sugary drinks
No mention of discretionary foods/choices							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
No mention of discretionary foods/choices							discretionary goods including sugar-sweetened drinks, processed foods, and tobacco
No mention of discretionary foods/choices							Calorie dense foods discretionary goods including sugar-sweetened drinks, processed foods, and tobacco
No mention of discretionary foods/choices							Calorie dense foods discretionary goods including sugar-sweetened drinks, processed foods, and tobacco
No mention of discretionary foods/choices							discretionary goods including sugar-sweetened drinks, processed foods, and tobacco





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 mention of discretionary foods/choices							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							
No mention of discretionary foods/choices							junk food fatty, sugary and salty foods unhealthy foods
No mention of discretionary foods/choices							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							
No mention of discretionary foods/choices							foods high in energy, fat, sugar and salt
No mention of discretionary foods/choices							low-nutrient, energy-dense foods, and drinks
No mention of discretionary foods/choices							
No mention of discretionary foods/choices							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 extra foods
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 choice of term/definition	Intent of use/application	Other definition(s) of discretionary foods
Document 1 No mention of discretionary foods/choices							healthier foods
No mention of discretionary foods/choices							

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
Accepted its use as a way of defining unhealthy		
Accepted its use as a way of defining unhealthy	<p>"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."</p>	

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
<p>Document 1</p> <p>Accepted its use as a way of defining unhealthy</p>	<p>"Our large-scale, population-wide studies have provided peer-reviewed evidence that:</p> <ol style="list-style-type: none"> <li>1. The Health Star Rating system improves food choices by helping consumers to quickly and correctly identify healthier choices.</li> <li>2. The Health Star Rating system can overcome any negative effects of misleading health claims on packaged foods.</li> <li>3. The Health Star Rating system is more effective in influencing food choices than the Daily Intake Guide and Traffic Light food labelling systems.</li> <li>4. Australian consumers prefer the Health Star Rating system to other labeling systems.</li> </ol> <p>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."</p>	
	<p>Substantial commentary criticising American Dietary Guidelines, advocating for low carb diets, instead of low fat diets</p> <p>Author draws from The Nutrition Coalition article to say:</p> <ul style="list-style-type: none"> <li>❑ "To develop a trustworthy Dietary Guidelines of America (DGA), the process needs to be redesigned."</li> <li>❑ "The current DGA process for reviewing the science falls short of meeting the best practices for conducting systematic reviews."</li> <li>❑ "Methodological approaches and scientific rigor for evaluating the scientific evidence need to be strengthened."</li> <li>❑ "The adoption and widespread translation of the DGA requires that they be universally viewed as valid, evidence-based, and free of bias and conflicts of interest to the extent possible. This has not routinely been the case."</li> <li>❑ "The methodological approaches to evaluating the scientific evidence require increased rigor to better meet current standards of practice."</li> </ul> <p>Strategies suggested as interventions to prevent and reverse childhood obesity:</p> <ul style="list-style-type: none"> <li>- Review dietary guidelines</li> <li>- Discard the Calories in vs Calories Out model of obesity</li> <li>- Reduce sugar consumption and introduce a sugar tax</li> </ul> <p>"UK Obesity researcher Dr Zoe Harcombe reported that Kellogg's funded a health study and promoted it as "government advice", yet the main evidence relied upon for the Australian Kellogg's report is another Kellogg's report". This should include banning doctors, the Dietitians Association of Australia (DAA), Australian Heart Foundation, Diabetes Australia and other similar organisations from receiving financial Obesity Epidemic in Australia Submission support and other benefits from food industry groups and pharmaceutical groups that would result in a Conflict Of Interests. The DAA has received financial support from Nestle, Coca-Cola South Pacific, Campbell Arnotts, Sugar Australia, General Mills, Lion, Unilever and PepsiCo. Dr Maryanne Demasi has reported that cereal giants, Kellogg's and Sanitarium, have infiltrated doctors' clinics nationwide, using GPs to promulgate industry propaganda, disguised as dietary advice."</p>	

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
<p>Document 1</p> <p>Accepted its use as a way of defining unhealthy</p>	<p>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].</p>	
<p>Accepted its use as a way of defining unhealthy</p>	<p>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.</p>	
<p>Accepted its use as a way of defining unhealthy</p>		
<p>Accepted its use as a way of defining unhealthy</p>		

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
Document 1	<p>(5) <a href="https://www.bmj.com/content/360/bmj.k822/rapid-responses">https://www.bmj.com/content/360/bmj.k822/rapid-responses</a> (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</p> <p>For many years I followed a "Whole Foods Plant Based" diet - i.e. with an emphasis on fresh vegetables, fruit, lean meat &amp; 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 anHba1C of 10.3%. I was fortunate that on that same day I also found a randomised control trial (1) which told me:</p> <ul style="list-style-type: none"> <li>a) I could control my severe diabetes with severe carbohydrate restriction</li> <li>b) that saturated fats were not the enemy and</li> <li>c) that losing weight per se was not necessary to recover metabolic health</li> </ul> <p>Low carb high fat diet</p>	
Accepted its use as a way of defining unhealthy		
Accepted its use as a way of defining unhealthy		

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
Document 1 Accepted 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		
Accepted its use as a way of defining unhealthy		
Accepted its use as a way of defining unhealthy FOI 2125		



Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
<p>Document 1</p> <p>Accepted its use as a way of defining unhealthy</p>		
<p>Accepted its use as a way of defining unhealthy</p>	<p>old guard of nutritional information will soon take into account the growing evidence for LCHF</p>	
<p>Accepted its use as a way of defining unhealthy</p>	<p>"I consider there is insufficient promotion of healthy foods and excessive &amp; deceptive promotion of unhealthy foods."</p> <p>"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."</p>	
<p>The detracts from the development of a healthy and relaxed relationship with food, increases feelings of guilt and shame and the risk of disordered eating.</p>		

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
Document 1	<p>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).</p> <p>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.</p> <p>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 a solution? Clearly new thinking must be applied to this problem.</p>	
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		
Accepted its use as a way of defining unhealthy		

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
<p>Document 1</p> <p>Accepted its use as a way of defining unhealthy</p>	<p>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 evidence<sup>4</sup>. 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.</p> <p>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.</p> <p>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).</p>	
<p>The AANA's concern with regard to the categorising food as "unhealthy" is that it makes no acknowledgement 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</p>		
<p>KFC believes that all food has a role to play in a balanced diet, combined with appropriate levels of physical activity...Simplistic solutions that target single nutrients, sectors or good groups is counterproductive and does not lead to education of consumers to empower them to make healthier food choices for themselves or their children, in accordance with the Australian Dietary Guidelines.</p>		

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
<p>Document</p> <p>Adapted based on their referencing of WHO 2016 as their source</p>		
<p>Accepted its use as a way of defining unhealthy</p>		

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Nutrient Criteria		
Author commentary/opinions about food classification inconsistent with guidelines		
Rationale for alternate definition(s)		Accepted its use as a way of defining unhealthy

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
Document 1		
Accepted 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		HSR based on NPSC

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT (FOIA)  
BY THE DEPARTMENT OF HEALTH

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
Document 1 Accepted 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	
Accepted as the way of defining unhealthy		
Accepted as the way of defining unhealthy		
Accepted as the way of defining unhealthy		

Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
Document 1 Accepted as the way of defining unhealthy		
Accepted as the way of defining unhealthy		
Accepted as the way of defining unhealthy		
Accepted as the way of defining unhealthy		
Accepted as the way of defining unhealthy		
Accepted as the way of defining unhealthy		
Accepted as the way of defining unhealthy		
Accepted as the way of defining unhealthy		
FOI 2125		

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH



Rationale for alternate definition(s)	Author commentary/opinions about food classification inconsistent with guidelines	Nutrient Criteria
Document 1		
	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 overweight and obesity.	
	Terminology used in lesson plans targeting children in the Cockburn area...limit extra foods, to avoid decay, disease and obesity.	

Rationale for alternate definition(s)  Document 1		Author commentary/opinions about food classification inconsistent with guidelines		Nutrient Criteria	
---	--	---	--	-------------------	--

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Other relevant points of interest/Additional notes	
	<p>More recently several programs have been introduced to tackle the growing problem of obesity in Australians. The Healthy Food Partnership was introduced in 2015 to make healthy food more accessible and to encourage manufacturers to make positive changes to their products. The Health Star Rating system<sup>6</sup> is a program to address front-of-package labelling by rating the nutritional value of packaged food and as it is voluntary, it provides companies with an opportunity to re-formulate their product to achieve a higher star rating.</p> <p>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.</p>
	<p>"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.</p> <p>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 a 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 gives 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 consumption with smoking and addiction.</p> <p>...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 for weight control - to separately label added sugar is not helpful."</p> <p>We therefore in this submission focus on the various economic and employment implications of such proposed taxes and reinforce the lack of an evidential basis that such taxes would have any impact on obesity levels.</p> <p>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 it obviously makes no political sense to pursue a sugar tax policy, the available evidence suggests it makes no health sense either.</p>

Other relevant points of interest/Additional notes	
<p>Overall, WACPRU endorses the Obesity Policy Coalition's 8 evidence-based "Tipping the Scales" recommendations (<a href="http://www.opc.org.au/what-we-do/tipping-the-scales">http://www.opc.org.au/what-we-do/tipping-the-scales</a>):</p> <ol style="list-style-type: none"> <li>1. Toughen restrictions on junk food advertising</li> <li>2. Set food reformulation targets</li> <li>3. Make Health Star Ratings mandatory</li> <li>4. Develop an active transport strategy</li> <li>5. Fund public health education campaigns</li> <li>6. Add a 20% health levy to sugary drinks</li> <li>7. Establish a national obesity taskforce</li> <li>8. Monitor diet, physical activity, and weight guidelines</li> </ol>	<p>References cited are all of case study/quotes of medical doctors who advocate for low carb</p>

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Other relevant points of interest/Additional notes	
Document	<p>In Australia, concentrated fruit juices are commonly used by industry (to sweeten products, such as yoghurt or ready to eat foods for young children) 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 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 Federal Court decision fought against Heinz by the ACCC found they made false claims about their products having nutritional value for children aged 1-3 years [48]. Crucially, the judge took into consideration the World Health Organization recommendations of 5-10% of total energy from 'free sugars'. This distinction between 'free' and 'added' sugars is critical, as 'free sugars' includes "all added sugars plus those present in honey, syrups and fruit juices" [49].</p> <p>In the Australian diet, added trans-fats are found mostly in baked goods. Within this product category are sweet and savoury biscuits, consumed in high 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 cheap and convenient, alternative fats could be used to improve the health profile of these foods but this is unlikely to happen without regulatory input [52].</p> <p>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.</p> <p>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. Tax on junk food with any revenue raised used to lower the cost of healthy food.</p> <p>Endorses govt: TIPPING THE SCALES REPORT</p> <ul style="list-style-type: none"> <li>- Make adjustments to improve the Health Star Rating System, and make mandatory by July 2019. Improvements should be based on technical feedback and include i) modification to correct the inappropriate high rating of some foods relatively high in added sugar, sodium or saturated fat; ii) replace 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 consumption); iii) allocate appropriate funds to promote the system firmly in the context of a healthy diet.</li> <li>- Implement a health levy on sugary drinks to increase the price by at least 20%.</li> <li>- Regulation to restrict price promotions on unhealthy foods and beverages and removal of unhealthy foods from ends of aisles and checkouts.</li> </ul>

<p>Other relevant points of interest/Additional notes</p> <p>Document</p>	<p>Believes 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."</p> <p>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)</p> <p>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)</p>
<p>Endorses govt: TIPPING THE SCALES REPORT</p>	
<p>Endorses govt: TIPPING THE SCALES REPORT</p>	<p>Cites Deloitte Access Economics found that:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Therefore in our view in this case self-regulation appears to be a better choice than direct regulation by government.</li> <li>• 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.</li> </ul>

Other relevant points of interest/Additional notes	
Document	<p>Agrees with govt recommendations:</p> <ul style="list-style-type: none"> <li>- 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 television.</li> <li>- Supporting, updating and monitoring comprehensive and consistent diet, physical activity and weight management national guidelines.</li> <li>- Based on the available evidence, a tax on sugar sweetened beverages to deliver similar population weight benefits across socio-economic strata or greater benefits for lower socio-economic population groups.</li> </ul>
	<p>From 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), the medical profession not being educated on nutrition and often stating that diet doesn't matter, teachers using sweets as rewards, junk food being directly marketed/advertised to kids, bliss points to ensure kids become addicted to that food, junk foods at checkouts, misleading labelling laws, fundraising at school focusing on chocolates, fairy floss, slushies and I could go on.</p>
	<p>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 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 highest group from 63% in 2016 to 38% in 2017. In the group of 50gr-80gr of sugar per litre, an inverted trend was observed: there was an increase in 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 sugar added to soft drinks.</p> <p>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 results 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 change population behaviours. However, it is worth noting that the impact of policies is driven by the context where they are implemented and country specific evaluations of measures adopted so far are of paramount importance to inform future decisions.</p> <p>interventions, restricting television advertising of foods high in fat, salt and sugar to children was found to be highly cost-effective</p>
	Endorses govt: TIPPING THE SCALES REPORT
	<p>The RANZCP would like to emphasise that Australians should be encouraged to seek information from medical professionals, rather than the food industry, when making significant changes to their diet and lifestyle. It is important that all dietary recommendations are based on medical evidence. As part of this, consumers should be able to easily access medical professionals, including general practitioners, for consultation around dietary changes as a method of weight and lifestyle management.</p>
	<p>Mentions role of EPs and exercise programs, but no mention of the role of dietitians</p> <p>Endorses govt: TIPPING THE SCALES REPORT</p>

Other relevant points of interest/Additional notes	
Document	<p>1. Ban all junk food advertising to children under the age of 16 on free to air and paid TV (follow suit to Netherlands)</p> <p>2. All retailers to remove junk food and sugary drinks from checkout counters, and aisle that are within reach of children</p> <p>3. Make strict adjustments to improve the Health Star Rating System, so it is clear for consumers to understand and mandatory for food and beverage manufacturers to implement.</p> <p>4. Developing a national travel strategy plan to promote walking, cycling etc and role this out as part of a public health campaigns in schools, businesses and through the media.</p> <p>5. Fund a high-impact, public education campaigns to improve attitudes and behaviours around diet, physical activity and inactive behaviour.</p> <p>6. Place a health levy on sugary drinks to increase the price by 20%.</p> <p>7. Remove children cartoon characters off all junk food, sugary drink and health supplements</p> <p>8. Implement a strict food guide at school canteens, daycares, hospitals, children play and active centres. (i.e no added sugar, preservatives, additives)</p> <p>"I researched &amp; tried Very Low Carb, Healthy fats, No Processed foods/sugars, reduce stress, informed psychological/ nutritional counselling &amp; moderate exercise was able to shed 30kg &amp; get off Metformin for pre diabetic condition plus cysts reduced to "normal" levels instead of the numerous 3cm diameter ovarian cysts &amp; innumerable breast cysts of the past...Surely lifestyle &amp; psychological counselling should be the cornerstone of any weight management program."</p> <p>"In 2016 my husband was in Prince of Wales Cardiac Unit for surgery correcting a congenital heart defect &amp; the meals were atrocious - white bread, potato, rice, peas, white fish in white sauce, pudding cup, apple juice - is one example. Not a balanced option by any reckoning."</p> <p>"Labelling Laws should also have stricter controls as the number of products misrepresenting their content is astounding."</p> <p>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 the 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 exercise. Yes these messages have been delivered before (on many occasions) but the message would more effectively resonate if all members of 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 agree on, and we would surely capture community attention.</p> <p>Increase demand for healthy products or decrease demand for unhealthy products, such measures may include:-</p> <ol style="list-style-type: none"> <li>1. Taxation increase based on fat, salt, sugar, alcohol or other unhealthy content</li> <li>2. Taxation decrease based on low / negligible fat, salt, sugar, alcohol or other unhealthy content</li> </ol> <p>Strengthen the legislation in relation to cooking oils and other related products. Eliminate/significantly reduce the use &amp; application of bad fats</p> <p>- 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% or less. Once again strict penalties for those who dare to breach legislated requirements</p>
	FOI 2125



Other relevant points of interest/Additional notes	
Endorses govt: TIPPING THE SCALES REPORT	<p>Reformulation targets to reduce the amount of added sugar, saturated fat and sodium in processed foods would assist population health and complement other measures to improve the diet of Australians such as the Health Star Rating System and the Australian Dietary Guidelines.</p> <p>There should be a review of the current level of rebate associated with accredited practising dietitians, physiotherapists and other allied health professional consultation for children with obesity. There is a need for a higher Medicare rebate and a greater number of sessions to be made available for weight management advice and support for families of children and adolescents with obesity.</p>

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

<p>Other relevant points of interest/Additional notes</p>	<p>Endorses gov't: TIPPING THE SCALES REPORT</p>	<p>The AANA believes there is a misconception that obesity is attributable to particular foods, rather than poor diets. Regulating particular foods, or the responsible advertising of foods, ignores the reality that there is a need to focus on educating people about diet and consumption 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.</p>	
---	--	---	--

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Other relevant points of interest/Additional notes

Document 1

Endorses the govt: TIPPING THE SCALES REPORT

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Other relevant points of interest/Additional notes

Other relevant points of interest/Additional notes	
Document 1	
	We need interventions within our health system – greater investment in nutrition and dietetics, 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).

Other relevant points of interest/Additional notes	
Document 1	
	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 GLNC's recent grains audit found a difference of only 0.2 stars between white and brown rice and a similar difference between white and wholemeal/whole grain bread. A change to include 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

Other relevant points of interest/Additional notes

## Endorses govt: TIPPING THE SCALES report

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Other relevant points of interest/Additional notes

Document 1

FOI 2125



Other relevant points of interest/Additional notes		
--	--	--

Document 1

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

Supplementary Appendix V: Other proffered documents excluded from further analysis as they did not the terms "Discretion

Author/organisation	Date of publication	City/country	Sector	URL	Title of document	Terms
Australian Department of the Prime Minister and Cabinet	2018	Australia	Government agency	<a href="https://closingthegap.pmc.gov.au/sites/default/files/ctg-report-2018.pdf">https://closingthegap.pmc.gov.au/sites/default/files/ctg-report-2018.pdf</a>	Closing the Gap Prime Minister's Report 2018	No mention of discretionary foods; Healthy food Sugary drinks
The Department of Health	2009	Australia	Government agency	<a href="http://www.health.gov.au/internet/main/publishing.nsf/content/6FD59347DD67ED8FCA257BF0001CFD1E/\$File/Breastfeeding_strat1015.pdf">http://www.health.gov.au/internet/main/publishing.nsf/content/6FD59347DD67ED8FCA257BF0001CFD1E/\$File/Breastfeeding_strat1015.pdf</a>	Australian National Breastfeeding Strategy, 2010-2015	No mention of discretionary foods No mention of alcohol or 5 food group food recommendations for mother Fruit juice
The Prime Minister's Science, Engineering and Innovation Council	Oct-10	Australia	Other: mix of several sectors	<a href="https://www.chiefscientist.gov.au/wp-content/uploads/FoodSecurity_web.pdf">https://www.chiefscientist.gov.au/wp-content/uploads/FoodSecurity_web.pdf</a>	Australia and Food Security in a Changing World	No mention of discretionary foods
NSW Department of Health	Jun-18	Australia	Government agency	<a href="https://www.health.nsw.gov.au/hnsnw/Publications/chief-health-officers-report-2018.pdf">https://www.health.nsw.gov.au/hnsnw/Publications/chief-health-officers-report-2018.pdf</a>	Aboriginal Kids - a healthy start to life: Report of the Chief Health Officer 2018	no mention of discretionary foods

Author/organisation	Date of publication	City/country	Sector	URL	Title of document	Terms
NSW Department of Health	2016	Australia	Government agency	<a href="https://www.health.nsw.gov.au/hsnsw/Publications/chief-health-officers-report-2016.pdf">https://www.health.nsw.gov.au/hsnsw/Publications/chief-health-officers-report-2016.pdf</a>	Trends in alcohol use and health-related harms in NSW: Report of the Chief Health Officer 2016	Alcohol (no mention of discretionary foods)
NSW Department of Health	2014	Australia	Government agency	<a href="https://www.health.nsw.gov.au/epidemiology/Pages/Report-of-the-Chief-Health-Officer-2014.aspx">https://www.health.nsw.gov.au/epidemiology/Pages/Report-of-the-Chief-Health-Officer-2014.aspx</a>	The Health of Children and Young People in NSW: Report of the Chief Health Officer 2014	energy-dense nutrient poor foods (no mention of discretionary foods)
ACT Department of Health	2014	Australia	Government agency	<a href="http://health.act.gov.au/sites/default/files/ACT%20Chief%20Health%20Officers%20Report%202014.pdf">http://health.act.gov.au/sites/default/files/ACT%20Chief%20Health%20Officers%20Report%202014.pdf</a>	Australian Capital Territory Chief Health Officer's Report 2014	No mention of discretionary foods

Author/organisation	Date of publication	City/country	Sector	URL	Title of document	Terms
SA Department of Health	2017	Australia	Government agency	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/35b7bc804102b6f19fa4df1afc50ebfc/16149+Chief+Public+Health+2016+Report-FINAL.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-35b7bc804102b6f19fa4df1afc50ebfc-mc7wk3Q">https://www.sahealth.sa.gov.au/wps/wcm/connect/35b7bc804102b6f19fa4df1afc50ebfc/16149+Chief+Public+Health+2016+Report-FINAL.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-35b7bc804102b6f19fa4df1afc50ebfc-mc7wk3Q</a>	Protect, Prevent, Improve, Inform Chief Public Health Officer's Report 2014-2016	No mention of discretionary foods
NT Department of Health	2017	Australia	Government agency	<a href="https://parliament.nt.gov.au/data/assets/pdf_file/0007/453526/486-Annual-Report-2016-2017-Department-of-Health.pdf">https://parliament.nt.gov.au/data/assets/pdf_file/0007/453526/486-Annual-Report-2016-2017-Department-of-Health.pdf</a>	2016-17 ANNUAL REPORT	No mention of discretionary foods Traffic light system Energy-dense nutrient-poor
Tas Department of Health and Human Services	2013	Australia	Government agency	<a href="https://www.dhhs.tas.gov.au/data/assets/pdf_file/0019/132283/Health_Indicators_Tasmania_2013.pdf">https://www.dhhs.tas.gov.au/data/assets/pdf_file/0019/132283/Health_Indicators_Tasmania_2013.pdf</a>	Health indicators Tasmania 2013	No mention of discretionary foods High-fat and energy rich diet
Vidgen H, Monsef E, Davidson k	Presentation for policy think tank, Melbourne 22/3/2018	Australia	public health nutritionists		Presentation: Rapid review: Food regulatory approaches to address childhood obesity	processed foods high calorie food and drink packaged food
Vidgen H, Monsef E, Davidson k	Mar-18	Australia	public health nutritionists		Rapid review: Food regulatory approaches to address childhood obesity	unhealthy food and drink

Author/organisation	Date of publication	City/country	Sector	URL	Title of document	Terms
Document 1 Lea/TAPPC	22 March 2018 presentation	Australia	Dietitian/nutritionist		Presentation: Policy Think Tank to explore opportunities for the food regulation system to support obesity prevention objectives: The Imperative	Discretionary foods Discretionary choices
Dietitians Association of Australia	2011	Australia	Dietitian/nutritionist	<a href="https://daa.asn.au/wp-content/uploads/2015/04/Process-manual-Sept-2011.pdf">https://daa.asn.au/wp-content/uploads/2015/04/Process-manual-Sept-2011.pdf</a>	A review of the evidence to address targeted questions to inform the revision of the Australian dietary guidelines 2009: Process manual	no mention of discretionary foods
Qantum?	Oct-10	Australia	Other: focus group consultancy		Notes on Qantum: Qualitative Research Findings: The Draft Dietary Guidelines and The Australian Guide to Healthy Eating	Discretionary foods
no name on ppt, but saved as Jenkins	?	Australia	?		Presentation: The Australia & New Zealand regulation system (the system) - complexities and constraints	no mention of discretionary foods
no name on ppt	?	Australia	?		Presentation slide: Food Regulation Policy Framework	no mention of discretionary foods

Author/organisation	Date of publication	City/country	Sector	URL	Title of document	Terms
Document FoPL Project Committee comprises cross members from the Steering Committee – representatives from State and Territory Governments and representatives from: o Australian Beverages Council; o Australian Chronic Disease Prevention Alliance; o Australian Food and Grocery Council; o Australian Industry Group; o Australian Medical Association; o Australian National Retail Association; o CHOICE; o Obesity Policy Coalition; and o Public Health Association of Australia.	20-May-13	Australia	Other: mix of several sectors		Report of the Front-of-Pack Project Committee to the Front-of-Pack Steering Committee	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 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 the Front-of-Pack Steering Committee: Appendix B. Terms of Reference for Front-of-pack labelling Working Groups	no mention of discretionary foods

Author/organisation	Date of publication	City/country	Sector	URL	Title of document	Terms
<p>Document 1</p> <p>Hall and Partners consultancy to FoPL Committee</p>	1/03/2013	Australia	Other: consultancy		Report of the Front-of-Pack Project Committee to the Front-of-Pack Steering Committee: Appendix C: Qualitative market research report	no mention of discretionary foods
<p>Hall and Partners consultancy to FoPL Committee</p>	17/04/2013	Australia	Other: consultancy		Report of the Front-of-Pack Project Committee to the Front-of-Pack Steering Committee: Appendix C: Quantitative market research report	no mention of discretionary foods
<p>Technical Design Working Group (TDWG)</p>		Australia	other: mix of several sectors		Report of the Front-of-Pack Project Committee to the Front-of-Pack Steering Committee: Appendix E: Consideration of existing schemes	no mention of discretionary foods

Author/organisation	Date of publication	City/country	Sector	URL	Title of document	Terms
Technical Design Working Group (TDWG)		Australia	other: mix of several sectors		Report of the Front-of-Pack Project Committee to the Front-of-Pack Steering Committee: Appendix F. NPSC and work commissioned by TDWG	no mention of discretionary foods
?		Australia			Report of the Front-of-Pack Project Committee to the Front-of-Pack Steering Committee: Appendix H. Principles for optimising the NPSC for FoPL	no mention of discretionary foods
Australian Food and Grocery Council (AFGC)	1/01/2011	Australia	Food Industry		Report of the Front-of-Pack Project Committee to the Front-of-Pack Steering Committee: Appendix I. AFGC's Code of Practice for Food Labelling and Promotion	no mention of discretionary foods
Australian Food and Grocery Council (AFGC)	?	Australia	Food Industry		Report of the Front-of-Pack Project Committee to the Front-of-Pack Steering Committee: Appendix J. Current DIG appendix to the AFGC Code	no mention of discretionary foods
FoPL Social Marketing Advisory Group (SMAG)	?	Australia	equal number of government, industry and consumer/public health members.		Report of the Front-of-Pack Project Committee to the Front-of-Pack Steering Committee: Appendix K. FoPL Social Marketing Advisory Group (SMAG) Terms of Reference	no mention of discretionary foods



Author/organisation	Date of publication	City/country	Sector	URL	Title of document	Terms
Docu The FoPL Project Committee, Technical Design Working Group (TDWG) and Implementation Working Group (IWG)	20/05/2013	Australia	Other: mix of several sectors		Supplementary Report from the Front-of-Pack Labelling (FoPL) Steering Committee to the Legislative and Governance Forum on Food Regulation	no mention of discretionary foods

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

ary food and drinks" or "Discretionary choices"

Document 1

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
No definition of discretionary foods	Not stated	Unclear; alcohol considered a drug/substance rather than food/drink	No		Unclear
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.			No		Unclear
	No mention		No		Unclear
	No mention		No		Unclear

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
<p>The contribution 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.</p> <p>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.</p> <p>NHMRC 2009 guidelines:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>b. For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible.</li> <li>4. a. For women who are pregnant or planning a pregnancy, not drinking is the safest option.</li> <li>b. For women who are breastfeeding, not drinking is the safest option.</li> </ol>	<p>National Health and Medical Research Council, Australian guidelines to reduce health risks from drinking alcohol. Canberra: Commonwealth of Australia 2009</p>	<p>Yes</p>	<p>No</p>	<p>Proportion of alcohol is a risk factor from an health outcome perspective</p>	<p>To classify diets as healthy or unhealthy</p>
<p>reducing intake of energy-dense nutrient poor food and increasing consumption of fruit and vegetables</p> <p>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.<sup>31</sup></p> <p>EDNP foods = fast food and high energy drinks</p> <p>Fast food includes meals or snacks such as burgers, pizza, chicken or chips.</p> <p>High energy drinks include soft drink, cordials or sports drinks</p>	<p>The NSW Healthy Eating and Active Living Strategy 2013–2018 (<a href="http://www.health.nsw.gov.au/obesity/Pages/nsw-healthy-eating-strategy.aspx">www.health.nsw.gov.au/obesity/Pages/nsw-healthy-eating-strategy.aspx</a>)</p> <p>NSW Population Health Survey 2012–2013</p>	<p>Yes</p>	<p>No</p>	<p>Proportion of energy-dense nutrient poor foods is an indication of diet quality from an health outcome perspective</p>	<p>To classify diets as healthy or unhealthy</p>
	<p>No mention</p>		<p>No</p>		<p>Unclear</p>

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
Primary definition In this 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	No		Unclear
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 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.	Healthy Choices Made Easy policy	Yes	No		Unclear
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	No	Proportion of discretionary foods is an indication of diet quality from an health outcome perspective	To classify diets as healthy or unhealthy
Not stated	several international organisations stated, including WHO, WCRF, McKinsey Global Institute	Unclear, no definition stated	No	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: <a href="http://www.health.gov.au/internet/main/publishing.nsf/ccontent/4EF9C42740F7FC4ECA258045001C0397/\$File/dep t006.pdf">http://www.health.gov.au/in ternet/main/publishing.nsf/c content/4EF9C42740F7FC4ECA258045001C0397/\$File/dep t006.pdf</a> . Several countries are listed that 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	No	Accepted its use as a way of defining unhealthy	To classify foods as healthy or unhealthy

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
Not stated Document 1	ABS	Unclear, no definition stated	No	Proportion of discretionary foods is an indication of diet quality from an health outcome perspective	To measure consistency with dietary guidelines
	No mention		No		Unclear
Not stated	ADG	Unclear, no definition stated	No	Accepted its use as a way of defining unhealthy	To classify foods as healthy or unhealthy
	No mention		No		Unclear
	No mention		No		Unclear

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
Document 1	No mention		No		Unclear
	No mention		No		Unclear
	No mention		No		Unclear

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (GTH)  
BY THE DEPARTMENT OF HEALTH

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
Document 1	No mention		No		Unclear
	No mention		No		Unclear
	No mention		No		Unclear

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (GTH)  
BY THE DEPARTMENT OF HEALTH

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
Document 1	No mention		No		Unclear
	No mention		No		Unclear
	No mention		No		Unclear
	No mention		No		Unclear
	No mention		No		Unclear

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH



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
Document 1	No mention		No		Unclear

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

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
				<p>Outback Stores manages 36 community stores throughout the Northern Territory, Western Australia and South Australia to ensure food security in these communities. In 2016-17, health and employment strategies implemented by Outback Stores resulted in:</p> <ul style="list-style-type: none"> <li>• a reduction of full sugar drink sales which resulted in a reduction of 11.5 tonnes less sugar consumed;</li> <li>• 406 tonnes of fresh fruit and vegetables sold in communities in which Outback Stores operates;</li> </ul> <p>Strategy to Reduce Sugar Consumption through remote community stores</p> <p>The Australian Government has developed a strategy to reduce the sales of highly sugared products sold in stores in remote Indigenous communities. The store is often the main - or only - source of food and drinks in remote communities, so a reduction the amount of sugared products sold in the store is an effective way of reducing the amount sugar products consumed. The strategy is being implemented in stages through until June 2020, focusing on sugary drinks and expanding to other high-sugar products such as confectionary</p> <p>The National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019 provides a framework for action to minimise the harms to individuals, families and communities from alcohol,</p>
				Briefly mentions: "Cost and promotion of nutritious food relative to 'junk food'" as part of accessibility component of food security as an issue for developed countries

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
Document 1				
				Only briefly mentions need for healthy food options Only comment otherwise about food is in relation to food safety

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

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	
Occasional and sometimes foods Unhealthy choices				Only about food safety	

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

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
Discretionary foods categorised into takeaway foods, alcoholic drinks, soft drinks, other discretionary choices	Not stated	Promotion of discretionary choices that are fortified, carry health claims, 'component free' or 'low component' claims; are marketed with 'health haloes'	ABS list	
		<ul style="list-style-type: none"> <li>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.</li> <li>Some participants asked if discretionary foods even needed to be included as it was supposed to be a "healthy guide".</li> <li>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.</li> <li>Hamburgers should not be included in the discretionary foods as a healthy hamburger can be made from the components of the plate.</li> </ul> <p>Final comments</p> <ul style="list-style-type: none"> <li>Working committee requested that Quantum include the information from the preliminary questions about what participants considered to be healthy/unhealthy foods and diets.</li> </ul>		

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
Document 1				uses 'healthy choices' and 'healthy diets'
				uses 'healthy choices' and 'healthy diets'

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH

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
<p>Unhealthy packaged food: manufactured; complex ingredient lists Additives eg colourings, preservatives, e-numbers MSG GMO High in sugar, salt, fat</p>	<p>Accepted its use as a way of defining unhealthy</p>	<p>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 ingredient lists, numbers instead of ingredients. It appears that while consumers have fewer difficulties in populating either end of the spectrum – the very healthy (fruit, vegetables) and the very unhealthy (lollies, chips) – the mid-range 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“ and „less healthy“ or „unhealthy“ 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 –</p>		

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

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH



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	
--	--	---------------------------------------	--	---	--	-------------------	--	--	--

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH