



Australian Government

National Health and  
Medical Research Council

AUSTRALIAN DIETARY GUIDELINES  
**Public Consultation Report**

2013

# Australian Dietary Guidelines

---

## Public Consultation Report

### *Public Consultation Period*

The draft Guidelines were released for public consultation, as required by the *National Health and Medical Research Council Act* (1992) from 13 December 2011 until 29 February 2012. Submissions were received from health departments, non-government organisations, health services and individuals, with a total of 218 submissions registered.

### *Public Consultation Submissions*

The Office of NHMRC thanks all who provided submissions. Submissions which were classified as 'not confidential' are provided at

[http://consultations.nhmrc.gov.au/public\\_consultations/submissions/all](http://consultations.nhmrc.gov.au/public_consultations/submissions/all)

### *Process of Consideration*

The *Dietary Guidelines Working Committee* (the Committee) met on the 17<sup>th</sup> and 18<sup>th</sup> of April 2012, and the 22<sup>nd</sup> of May 2012 to review and consider the comments received during the public consultation period. The Committee gave due regard to all submissions, systematically reviewing and discussing each one. The Committee reached a consensus in each case on incorporating the suggestions made, and evidence raised in submissions.

### *Consideration of New Evidence*

To be consistent with the evidence methodology used to draft the *Australian Dietary Guidelines* all evidence provided independently by stakeholders during the review process was considered against NHMRC levels of evidence and grades for recommendations for developers of guidelines (2009), with similar requirements as for the evidence used to prepare the draft Guidelines.

Any evidence suggesting a change to the core Guideline recommendations and graded statements was required to be either a systematic review or meta-analysis based on a similar scientific question to the systematic literature review conducted for the revision of the Guidelines.

Evidence to be used in the body text of the Guidelines was required to adhere to the following criteria, which were also used for drafting the original body text:

- The study is a high quality randomised controlled trial, intervention, cohort, or observational study, but not an editorial or opinion piece,
- The outcome of the study relates to health or chronic disease,
- The study results are generalisable to the Australian population, and
- The study relates to foods or the total diet rather than nutrients.

### *Summary of Changes to Consultation Draft*

This summary provides an overview of substantive changes to specific topic areas. Editorial comments from submissions are not included.

## Contents

Public Consultation Report.....	1
Acronyms.....	2
Table 1: Public Consultation on Draft Guideline 1 Recommendation .....	3
Table 2: Public Consultation on Draft Guideline 1 Content.....	8
Table 3: Public Consultation on Draft Guideline 2 Recommendation .....	20
Table 4: Public Consultation on Draft Guideline 2 Content.....	22
Table 5: Public Consultation on Draft Guideline 3 Recommendation .....	28
Table 6: Public Consultation on Draft Guideline 3 Content.....	29
Table 7: Public Consultation on Draft Guideline 4 Recommendation .....	31
Table 8: Public Consultation on Draft Guideline 4 Content.....	31
Table 9: Public Consultation on Draft Guideline 5 Recommendation .....	32
Table 10: Public Consultation on Draft Guideline 5 Content.....	32
Table 11: Public Consultation Other Comments .....	33
Table 12: Public Consultation on Draft Appendices .....	34
Table 13: Public Consultation on Draft Australian Guide to Healthy Eating (AGTHE) .....	35

## Acronyms

**DoHA:** Department of Health and Ageing

**Evidence Report:** A Review of the Evidence to Address Targeted Questions to Inform the Revision of the Australian Dietary Guidelines

**FMS:** Food Modelling System (A Modelling System to Inform the Revision of the Australian Guide to Healthy Eating)

**GI:** Glycaemic Index

**Insufficient significant evidence:** The suggestion and/or associated evidence presented were not of equivalent strength to the wording and grading of the Systematic Literature Review used to inform the revision, or the inclusion criteria for studies used in the supportive discussion.

**NHMRC:** National Health and Medical Research Council

**NRVs:** Nutrient Reference Values

**ONHMRC:** Office of National Health and Medical Research Council

**P:M:S ratio:** Polyunsaturated, monounsaturated, saturated ratio

**WCRF:** World Cancer Research Fund

**Table 1: Public Consultation on Draft Guideline 1 Recommendation**

<b>Guideline 1: Specific comments on the recommendation wording</b>	
<p><i>Eat a wide variety of nutritious foods from these five food groups every day:</i></p> <ul style="list-style-type: none"> <li>- <i>plenty of vegetables, including different types and colours, and legumes/beans</i></li> <li>- <i>fruit</i></li> <li>- <i>grain (cereal) foods, mostly wholegrain, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</i></li> <li>- <i>lean meat and poultry, fish, eggs, nuts and seeds, and legumes/beans</i></li> <li>- <i>milk, yoghurt, cheese and/or alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of 2 years).</i></li> </ul> <p><i>And drink water.</i></p>	
<b><i>Eat a wide variety of nutritious foods</i></b>	
<b>Comment</b>	<b>Committee Response</b>
'Enjoy' should replace 'Eat'.	The Committee agreed that 'enjoy' should be used in this Guideline recommendation as per expert opinion, focus testing and public consultation feedback.
Need to quantify all food groups listed.	The Committee determined that the word 'plenty' was to be used judiciously to encourage increased consumption of vegetables (particularly non-starchy varieties). For the other food groups, the guidelines do not advocate plenty, but rather focus on an adequate amount of the preferred varieties within each food group.  The Committee recommended no further changes.
<b><i>Plenty of vegetables, including different types and colours, and legumes/beans</i></b>	
<b>Comment</b>	<b>Committee Response</b>
The recommendations should include 'fresh, frozen or canned' vegetables.	The Committee agreed that this was an important point to emphasise but this would more appropriately be addressed within the text of the document and within the companion resources.
Need to include in recommendation that starchy vegetables should be limited.	The Committee agreed that there was insufficient significant evidence to support this change.
Legumes should not be listed with vegetables.	The Committee agreed that there was insufficient significant evidence to support this change.
Examples of vegetables should be included in the recommendation.	The Committee agreed that due to the large variety of choice within this food group, examples should only be included within the text of the document. Additional information

	should also be included in the companion resources.
Starchy vegetables should be represented in the cereal group.	The Committee agreed that there was insufficient significant evidence to support this change.
<b>Fruit</b>	
<b>Comment</b>	<b>Committee Response</b>
The recommendations should include 'fresh, frozen or canned' fruit.	The Committee agreed that this was an important point to emphasise but this would more appropriately be addressed within the text of the document and within the companion resources.
The recommendation should include the benefits of eating different 'types and colours of fruit'.	The Committee agreed that there was insufficient significant evidence to support this change. Additional information regarding the health benefits of consuming fruit is included within the text of the document.
Examples of fruit should be included in the recommendation.	The Committee agreed that due to the large variety of choice within this food group, examples should only be included within the text of the document. Additional information should also be included in the companion resources.
Fruit should only be eaten in moderation.	The Committee agreed that there was insufficient significant evidence to support this change.
<b>Grain (cereal) foods, mostly wholegrain, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</b>	
<b>Comment</b>	<b>Committee Response</b>
Remove 'mostly wholegrain' wording from the grain (cereal) food group.	The Committee disagreed with this suggestion. The FMS provides the evidence for the original statement.
Grain/Cereal food group should emphasise mostly wholegrain and high fibre varieties.	The Committee agreed with the suggestions. It was recommended that the wording be changed to 'mostly wholegrain and/or high cereal fibre varieties'. This wording is consistent with the FMS definition which includes only higher fibre options within the cereal/grain group.
Include a quantity in the recommendations – half your daily grain (cereal) should be wholegrain.	The Committee agreed that this aspect was adequately covered by 'mostly' wording.
Include 'preferably low glycaemic index (GI)' in the recommendation.	The Committee agreed that there was insufficient significant evidence to support change. It was noted that this is a physiologically based classification, with large variability and several limitations.

Remove 'quinoa' as this is not commonly eaten in Australia.	The Committee disagreed with this statement and agreed that there was insufficient significant evidence to support this change.
Include 'breakfast cereals' as a descriptor.	The Committee agreed that there was insufficient significant evidence to support this change and appropriate examples which cover these foods are included.
<b><i>Lean meat and poultry, fish, eggs, nuts and seeds, and legumes/beans</i></b>	
<b>Comment</b>	<b>Committee Response</b>
'Tofu' should be included as an alternative in the recommendations.	The Committee agreed and recommended the inclusion of 'tofu' in the guideline recommendation wording for meat alternatives (reflective of the FMS).
The foods listed in the meat and alternatives group should be ordered based on effect toward chronic disease outcomes.	The Committee agreed that there was insufficient significant evidence to support this change.
This food group should be titled 'protein-rich foods'.	The Committee agreed that no changes were required. This suggestion is inconsistent with the document text and focus on 'food based' guidelines.
'Lean meat' should be changed to 'lean red meat'.	The Committee disagreed with this suggestion as 'lean meat' in this instance includes beef, pork and lamb. NB: In Australia, pork is commonly marketed as a 'white meat'.
Separate 'seafood' into its own Guideline recommendation.	The Committee agreed that there was insufficient significant evidence to support this change.
More 'alternative' options should be included.	The Committee agreed with this suggestion and will include 'tofu' as discussed above.
<b><i>Milk, yoghurt, cheese and/or alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of 2 years)</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Recommendation should include a disclaimer for dairy relating to reduced fat milks being inappropriate for the frail elderly.	The Committee agreed with this statement however this recommendation falls outside of the scope of this document – for the healthy population excluding the frail elderly.
Remove reference to 'reduced fat'.	The Committee agreed that there was insufficient significant evidence to support this change and recommended this wording be retained. This is supported by the FMS, and removal would result in NRVs, P:M:S ratio and total energy requirements not being met.

There should be a greater emphasis on 'reduced fat dairy'.	The Committee agreed that there was insufficient significant evidence to support this change. The FMS modelled a variety of fat levels for dairy products including high, medium and low. In meeting nutritional requirements, these choices were mostly reduced fat varieties.
'Alternatives' should be reworded to 'calcium fortified alternatives'.	The Committee agreed that sufficient information is included in the text of the document. The Committee recommended further information be included on rice and oat drinks.
Amend this group to include custard and flavoured milk to reflect current food consumption data.	The Committee agreed that sufficient information is included in the text of the document on milk based products. The Committee emphasised the importance of ensuring that other milk based products mentioned do not have high levels of added sugars.
Remove 'alternatives' from this group and only emphasise animal based products.	The Committee agreed that there was insufficient significant evidence to support change. These guidelines need to provide practical considerations for the whole population.
Fermented milk should be stated as part of this recommendation.	The Committee disagreed with this suggestion but recommended that reference to fermented milk be included within the relevant chapter.
<b><i>And drink water</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Include the word 'plenty'.	The Committee agreed that there was insufficient significant evidence to leave off 'plenty' and recommend the wording be amended to read 'And drink plenty of water'.
Refer to 'tap water'.	The Committee agreed that there was insufficient significant evidence to support change. The Committee noted that there was appropriate supporting information provided within the document.
Include quantity – drink 2L per day of water.	The Committee agreed that this change was outside of the scope of this document and is specified in the NHMRC <i>Nutrient Reference Values</i> (2006).
Include wording around water's ability to quench your thirst.	The Committee noted that this wording of the Guideline was focus tested and this suggestion was not reflected in the results.
<b><i>Requests for Additional Information</i></b>	
<b>Comment</b>	<b>Committee Response</b>
New 'sixth' food group- healthy oils.	The Committee disagreed with this suggestion for the following reasons: Fats and/or oils have an Adequate Intake (AI), which is not as strong as Estimated Average Requirements or RDI values used to determine the Five Food Groups; there is limited consumption data available; and

	<p>these Guidelines focus on foods and not specific nutrients or food components.</p> <p>The Committee agreed that unsaturated fats do have a valuable role in our diets and recommended the information on 'allowances' be reinforced with the document.</p>
<p>There should be greater reference to 'extra virgin olive oil'.</p>	<p>The Committee disagreed and noted that there is information within the document on monounsaturated and polyunsaturated fats and oil.</p>



**Table 2: Public Consultation on Draft Guideline 1 Content**

<b>Guideline 1: Comments on Content</b>	
<b>General Content Comments</b>	
<b>Comment</b>	<b>Committee Response</b>
Define 'high quality diet'.	The Committee agreed with this statement and recommended that a definition be included in the glossary. It was noted that a 'high quality diet' was one which was consistent with the food and drinks recommended in the Guidelines.
Reference to 'generic brands' should be removed.	The Committee agreed that this terminology could be changed but there was insufficient significant evidence to suggest the overall message should change.
Need to include information on each population group for each section.	The Committee disagreed with this statement and recommended a more detailed explanation be included in the document stating that 'sub-populations' are only specified where there is a significant difference in dietary needs.
Legumes/beans should only be mentioned in one section.	The Committee agreed that there was insufficient significant evidence to support change.
Constipation should not be referred to as 'treatable' with food intake.	The Committee agreed that there was insignificant evidence to suggest change and that the relating text is valuable practical information for health professionals.
Include specific information on supplements and the need for pregnant and breastfeeding women to use these.	The Committee agreed that this change was outside of the scope of this document. The Committee noted that brief information on iodine and folate has been provided in the relevant cereal (grains) section.
The examples of foods to avoid when pregnant should be expanded to include liver products.	The Committee agreed that pâté should be added to this list due to the risk of listeria.
Include a greater focus on developmental and practical aspects of children learning to eat.	The Committee agreed that the content around this could be improved and cross referencing to the <i>Infant Feeding Guidelines</i> was appropriate.
More information should be included on the progression of solid foods and 'readiness'.	The Committee agreed that the content around this could be improved and cross referencing to the <i>Infant Feeding Guidelines</i> was appropriate.

Include more information on the promotion of nutritious foods, fussy eating, growth etc in children/adolescents.	The Committee agreed that information should be included on teenage girls and restricted diets. The Committee noted that all other suggested changes were outside the scope of this document and/or covered by the <i>Infant Feeding Guidelines</i> .
Is the age for 'hard foods' – 3 years appropriate?	The Committee noted that the age for introducing 'hard foods' was consistent with the information provided in the <i>Infant Feeding Guidelines</i> .
The negative framing and language around plant-based dietary patterns needs to be amended.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
The 'China Study' shows that consuming meat and poultry, fish, eggs, milk, yoghurt, cheese is harmful for human health.	The Committee disagree with this statement, noting the evidence provided is an ecological study which did not meet the criteria for quality evidence for inclusion in this review.
Need to provide a further discussion around the barriers and potential strategies to resolve the issues of food acquisition for people in lower socioeconomic groups.	The Committee agreed that appropriate information (within scope) was already included within the text, with cross references to a detailed appendix provided.
Fruit, vegetables and cancer discussions not reflective of evidence, with misleading conclusions.	The Committee disagreed with this statement and noted that due process was followed as per the Process Report and information provided is reflective of the Evidence Report.
GI should be emphasised in the Guidelines as foods with lower GI are health promoting.	The Committee agreed that there was insufficient significant evidence to support change. It was noted that this is a physiologically based classification, with large variability and several limitations.
Include a comparison of the WCRF grading and NHMRC grading of evidence.	The Committee agreed and recommended the WCRF grading information be included as an appendix to this document to prevent any confusion.
The term 'restrictive vegetarian diets' needs to be explained	The Committee agreed with this comment and recommended the text be amended accordingly.
<b>Vegetables</b>	
<b>Comment</b>	<b>Committee Response</b>
Include guidance on how to choose low GI vegetables.	The Committee agreed that there was insufficient significant evidence to support change. It was noted that this is a physiologically based classification, with large variability and several limitations.  The Committee also noted that in relation to beneficial health outcomes, the evidence suggests that recommending a variety of nutritious foods is most consistent with health

	outcomes.
Concerns raised over the statements to decrease intake of starchy vegetables.	The Committee agreed with this concern and noted this was not reflective of the intended message. The Committee recommended that information be reworded to focus on the importance of increasing the variety of vegetables consumed in dietary patterns.
The inclusion of potatoes in the vegetables group is inappropriate.	The Committee agreed that there was insufficient significant evidence to support change.
There is a need to include practical considerations for encouraging the consumption of a variety of vegetables among lower socio-economic groups.	The Committee agreed with this and recommended additional information on fruit and vegetable access, affordability and availability be included in the relevant appendix.
Tinned vegetables with low sodium should be encouraged.	The Committee agreed with this statement and recommended that tinned vegetables, preferably with no added salt should be noted where appropriate in the document.
It should be noted that immature legumes are nutritionally different to mature legumes.	The Committee advised that the grouping of foods in the Five Food Groups is wide ranging and consistent with the criteria used in the FMS.
Include quantified recommendations for specific vegetables and legumes/beans.	The Committee agreed that appropriate information was already included within the text, and there is great variability in the evidence base for such specific recommendations.
There should be more information on the link between legumes and hypospadias.	The Committee agreed that there was insufficient significant evidence to support change, noting recent meta-analyses.
It should be stated that infants who are breastfed accept vegetables more readily than those fed infant formula.	The Committee agreed that there was insufficient significant evidence to support change.
Note that extra virgin olive oil increases vegetable palatability.	The Committee agreed that there was insufficient significant evidence to support change.
Clarify: evidence statement which states that beans and lentils are not associated with risk of colorectal cancer, and the evidence statement which states that consumption of legume foods is associated with reduced risk of colorectal cancer.	The Committee agreed that no change was required. It was noted that the body of evidence for each statements includes different groupings of exposure variables within the studies.
Include a statement that generally, older adults tend to consume higher intakes of fruit and vegetables than younger adults.	The Committee agreed with this statement and noted that the National Nutrition Survey 1995 is an appropriate reference for this.

Include more information on the importance of eating more vegetables during pregnancy.	The Committee agreed that there was insufficient significant evidence provided to support this change. It was noted that the evidence for pregnant women is the same for the rest of the population.
<b>Fruit</b>	
<b>Comment</b>	<b>Committee Response</b>
Include guidance on how to choose low GI fruit	The Committee agreed that there was insufficient significant evidence to support change. It was noted that this is a physiologically based classification, with large variability and several limitations.  The Committee also noted that in relation to beneficial health outcomes, the evidence suggests that recommending a variety of nutritious foods is most consistent with health outcomes.
Tinned fruit tinned in natural juices should be encouraged.	The Committee agreed with this statement and recommended that tinned fruit, preferably with no added sugar should be noted where appropriate in the document.
Fruit juice and dried fruit should be removed from the 'fruit' category as their nutritional content is more consistent with 'discretionary foods'.	The Committee noted there is evidence for this argument however, due to the variability in the nutrient content of these foods, it is recommended that fruit juice and dried fruit be retained as an occasional option within the fruit category.  The Committee also recommended that adequate discussion be provided in the consumer resources regarding whole fruit being the nutritionally preferred option.
The number of serves for fruit (2 for adults) should be increased to 2.5 serves as referenced in the Evidence Report regarding reducing the risk of stroke.	The Committee agreed that 2 serves (for adults) should be retained as these are considered minimum amounts based on the Evidence Report and FMS (more serves can be consumed by those who are taller, more active and not overweight or obese).
A serve of fruit juice should be 200mL.	The Committee agreed that that a serve size of 125mL be retained as per the FMS (note: 200mL was a comparison of energy only).
Include more information on the importance of eating more fruit during pregnancy.	The Committee agreed that there was insufficient significant evidence provided to support this change. It was noted that the evidence for pregnant women is the same for the rest of the population.
Reconsider grading for 'fruit' evidence statements- these appear to be misinterpreted.	The Committee agreed that there was insufficient significant evidence provided to support this change. The Committee noted due process was followed for the collection and

	interpretation of the evidence in the systematic literature review (Evidence Report).
Reconsider the phrasing around the risk of listeriosis and the risk of not eating fruit and vegetables if pre-prepared fruit and vegetables are not recommended.	The Committee agreed with this comment and recommended changes to the relevant sections be made.
<b><i>Grain (cereal) foods, mostly wholegrain, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Consider reducing intake of refined grains and replacing the reduced energy with an extra half serve of dairy.	The Committee agreed that there was insufficient significant evidence provided to support this change. The Committee noted that the current information was supported by the FMS and asked for the definition of refined grain foods in the glossary to be reviewed.
'Low GI' should be used instead of 'mostly wholegrain'.	The Committee agreed that there was insufficient significant evidence to support change. It was noted that this is a physiologically based classification, with large variability and several limitations.
Consider making 1 serve of the grains groups equal to 15g of carbohydrate.	The Committee disagreed with this comment, noting that servings are based on nutritional composition and derived from the FMS (in this case it is equal to 40g slice of bread).
The proportion of carbohydrate rich foods should be decreased.	The Committee disagreed with this comment, noting that the proportions of the Five Food Groups are based on nutritional composition and derived from the FMS.
The proportion of carbohydrate rich foods should be increased.	The Committee disagreed with this comment, noting that the proportions of the Five Food Groups are based on nutritional composition and derived from the FMS.
Daily intake in excess of 70g useable carbohydrate causes insulin resistance and increased risk of a range of degenerative diseases.	The Committee agreed that there was insufficient significant evidence provided to support this change.
Advice for children over the age of 4 to increase wholegrain foods by 20 – 60% and reduce refined grain foods by 10 – 30% is not a practical message.	The Committee noted that the broadening of the recommendation to include 'high cereal fibre varieties' will address this issue.
Iodine supplements should be recommended to all women post-partum not just breastfeeding mothers.	The Committee disagreed, noting this comment is not consistent with the NHMRC Position Statement on Iodine.

Include guidance on choosing low GI grain foods.	The Committee agreed that there was insufficient significant evidence to support change. It was noted that this is a physiologically based classification, with large variability and several limitations.
State why organic wheat flour is not required to be fortified with folic acid, thiamine or iodine.	The Committee agreed that this falls outside of the scope of this document.
Recommend inclusion of updated consumption data on wholegrains.	The Committee agreed that this falls outside of the scope of this document, noting that the inclusion of this new data does not change the recommendations.
Reconsider the statement 'Consumption of 1 – 3 serves per day of cereals high in fibre is associated with reduced risk of colorectal cancer in adults' based on more recent evidence.	The Committee agreed that there was insufficient significant evidence to support change. The Committee noted that the evidence statements were consistent with a defined research method and consistent with other approaches, including the strengthened relationship included in the WCRF Report.
<b><i>Lean meat and poultry, fish, eggs, nuts and seeds, and legumes/beans</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Recognise soy protein as a high quality protein	The Committee noted that soy is a legume and these have been adequately covered within the document. The Committee also noted that insufficient significant evidence was provided to suggest any further change.
Need to include information on benefits (as well as risks) of fish during pregnancy	The Committee agreed that intakes of fish can be valuable in pregnancy however care may be required. The Committee recommended this information be refined.
The content of the document provides little information about the important contribution red meat makes to nutrient intake, particularly iron and zinc, in the Australian diet.	The Committee agreed that adequate information is provided within the document focusing on the need for balance within the food group.
Information should be included on omega-3 fats and Crohn's disease.	The Committee agreed that this was outside of the scope of this document, noting these recommendations are for the 'healthy population' with no underlying health problems.
Question the increased recommended serves for the meat group.	The Committee disagreed with this comment and noted the serve recommendations are consistent with the FMS and the increase in intake only applies to young women.
Reference could be made to the risk of intakes of this group below the recommended levels for those on low incomes, or with inadequate kitchen facilities.	The Committee agreed that appropriate information (within scope) was already included within the text, with cross references to a detailed appendix provided.

Improve food safety information around fish sources.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Pork should be considered a 'white meat' with poultry.	The Committee disagreed with this comment and noted that the lean meats were categorised consistent with international studies.
Peanuts should not be included with nuts as this is inaccurate.	The Committee disagreed with this comment and noted that the groupings are consistent with criteria used for all other groups.
It is acknowledged that red meat increases risk of colorectal cancer, however no upper limit is given or guidance on 'safe' amount of red meat to include in the diet.	The Committee noted that a maximum of 455g per week of red meat is specified in the document, as per the FMS.
Eggs are not necessary in vegetarian diets as there is no evidence that any animal products are needed to obtain an adequate amino acid balance.	The Committee disagreed with this statement noting that eggs are an appropriate inclusion for lacto-ovo vegetarians. It was further noted that vegan diets were not modelled due to limited data from national nutrition surveys.
Include specific recommendations on quantities of DHA and EPA (long chain omega 3).	The Committee agreed that this change was outside of the scope of this document and is specified in the NHMRC <i>Nutrient Reference Values</i> (2006).
Suggest removing all reference to 'meat alternatives' and consider 'protein alternatives'.	The Committee disagreed with this statement noting this revision has a food-based focus (adequate definition also provided in the Glossary).
This content seems to advise women against meat and fish.	The Committee disagreed with this comment and noted that advice on the benefits of eating meat and fish is adequate within the text.
Text should state that Australian beef, lamb, goat, poultry and eggs are sources of essential fatty acids.	The Committee agreed that there was insufficient significant evidence to support this change, noting current content was adequate.
The section stating no recent studies investigating the association of consumption of nuts and seeds and cancer were identified is incorrect as there are several in vitro/ animal and epidemiology papers which indicate a positive effect of nuts on cancers and cancer cells lines.	The Committee agreed that there was insufficient significant evidence to support this change, noting the current statement reflects the systematic literature review (Evidence Report).
Reposition meat as 'occasional' rather than everyday foods. Plant based sources should be consumed every day.	The Committee disagreed with this comment, noting that the proportions of the Five Food Groups are based on nutritional composition and derived from the FMS.
Current recommendations may not improve current red meat consumption. Recommend revising the red meat recommendation to recommend	The Committee disagreed with this comment, noting that the proportions of the Five Food Groups are based on nutritional composition and derived from the FMS.  The Committee noted that recommended serve sizes and

consumption of red meat 3 to 4 times a week, trimmed of fat, in recommended serve sizes (100 to 150g cooked weight).	number of serves are per day for convenience and can be extrapolated across the week for meal planning.
Advice for vegetarians should include detailed information on increasing zinc intake and improving bioavailability of non-haem iron sources.	The Committee disagreed with this statement noting this revision has a food-based focus.
The evidence statement 'consumption of at least 2 serves a week of fish is associated with reduced risk of mortality from cardiovascular disease, and with reduced incidence of cardiovascular disease' is inconsistent with current evidence-based conclusions from other expert groups.	The Committee noted the current statement reflects the systematic literature review (Evidence Report) and recommended no further change.
Specify types of fish with high omega 3 fatty acids.	The Committee agreed with this comment and noted that all indigenous Australian fish contain omega 3 fatty acids.
Provide a list of alternative omega 3 options for those with allergies or vegetarian/vegan.	The Committee agreed that this change was outside of the scope of this document.
Suggest including additional information on statement relating to fish and dementia.	The Committee recommended no further change, noting further technical information and related studies can be found in the Evidence Report.
There is a lack of specific information regarding egg intake as a major source of choline which is especially important during pregnancy and lactation.	The Committee agreed that this change was outside of the scope of this document
The serving size recommendation for pork should be revised to 120-170g per day cooked (170g to 240g raw), as this is measurable by consumers in their shopping basket.	The Committee disagreed with this comment, noting that the proportions of the Five Food Groups are based on nutritional composition and derived from the FMS.
There needs to be greater discussion on the higher cancer risk in relation to nitrates.	The Committee disagreed with this comment, noting that substantial discussions on nitrates are outside the scope of this document.
Include possible risks for preserved meats such as childhood brain tumour.	The Committee agreed that there was insufficient significant evidence to support this change.
Include additional information about plant ALA and plant sterols for nuts.	The Committee agreed that this change was outside of the scope of this document.



Mention should be made of avoiding heme iron (derived from meat products).	The Committee agreed that there was insufficient significant evidence to support this change.
The links suggested between red meat and processed meats and colorectal cancer are unproven and come with a myriad of disclaimers, with any association suggestive and not probable.	The Committee agreed that there was insufficient significant evidence provided to support this change. The Committee noted due process was followed for the collection and interpretation of the evidence in the systematic literature review (Evidence Report).
Although a 'given', more information needs to be included on processed meats i.e. emphasis on limitation and link with cancer such as stomach cancer.	The Committee agreed with this comment and recommended that additional wording be included relating to the WCRF Report.
<b><i>Milk, yoghurt, cheese and/or alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of 2 years)</i></b>	
<b>Comment</b>	<b>Committee Response</b>
It should be made clear that dairy products are unnecessary for human health and that plant-derived milks are a good alternative.	The Committee agreed that there was insufficient significant evidence to support this change.
Highlight the fact that recent research demonstrates that, despite higher oxalate and phytate contents, lacto-ovo vegetarians have similar indices of bone health as omnivores, and even vegans are unlikely to have poorer bone health if calcium intake is adequate.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
The scientific literature suggests that consumers face a dilemma between preferring the taste of regular fat core dairy foods over reduced-fat but that they are being discouraged from consuming regular fat milk.	The Committee agreed that there was insufficient significant evidence to support this change. The Committee recommended retaining the statement 'mostly reduced fat' as the removal of this would not meet NRVs, P:M:S ratio or total diet energy. This is also consistent with the FMS where mostly reduced fat products were used.
Include discussion promoting alternatives; particularly stating that at least soy milk and also rice milk, oat milk, almond milk etc. are a good source of calcium.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Remove " <i>and/or alternatives</i> " to improve accuracy. All of the evidence statements presented relate to dairy foods only.	The Committee agreed with statements from the Evidence Report, noting that evidence from other sources were also considered in translation, particularly in relation to meeting nutritional requirements.
Include reference to all types of fortified milk substitutes, not just fortified soy milks.	The Committee agreed with this statement and recommended the content be corrected where appropriate.

Specifically mention the increased calcium requirements (1300mg) for older Australians.	The Committee recommended no further change, noting this content is included in the NRVs and was considered in the FMS.
Include information around problems with excess milk consumption + / - prolonged bottle use in children (tooth decay, iron deficiency, ear infections).	The Committee agreed that the content around this could be improved and cross referencing to the <i>Infant Feeding Guidelines</i> was appropriate.
Include detailed information on the burden of disease cost for osteoporosis and benefit of consumption of calcium.	The Committee agreed that this falls outside of the scope of this document.
Include additional information on lactose intolerance such as the clinical definition.	The Committee agreed that this falls outside of the scope of this document.
Review the calcium requirement for adolescents as this appears difficult to achieve.	The Committee recommended no further change, noting this content is included in the NRVs.
Need to include information on the consumption of milk and milk-based products among lower-socioeconomic groups.	The Committee agreed that appropriate information (within scope) was already included within the text, with cross references to a detailed appendix provided.
The relationship between the consumption of dairy products and increasing high density lipoprotein is unsupported.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Need to revise statements on the evidence linking dairy consumption and cardiovascular disease- these are incorrect.	The Committee agreed that there was insufficient significant evidence provided to support this change. The Committee noted due process was followed for the collection and interpretation of the evidence in the systematic literature review (Evidence Report).
Need to revise statement "recent evidence suggesting an association regarding milk and prostate cancer is inconclusive" as this is incorrect.	The Committee agreed that there was insufficient significant evidence provided to support this change. The Committee noted due process was followed for the collection and interpretation of the evidence in the systematic literature review (Evidence Report).
There are conflicting Evidence Statements; Grade B 'Consumption of more than 1 serving of dairy per day, especially milk is associated with a reduced risk of colorectal cancer' and Grade C 'Consumption of more than 1 serving of milk per day is associated with a reduced risk of rectal cancer'.	The Committee recommended no further change, noting colorectal and rectal cancer sites are not identical, hence no conflicting in the evidence statements.
Need to include the recent evidence that saturated fatty acids from milk and dairy increases the risk of coronary heart disease.	The Committee agreed that there was insufficient significant evidence provided to support this change. The Committee noted due process was followed for the collection and interpretation of the evidence in the systematic literature

	<p>review (Evidence Report).</p> <p>The Committee also noted that the recommendation for 'mostly reduced fat' is consistent with the FMS and NRVs.</p>
<p>Provide information about the benefits of cheese for dental health and a clear statement that milk is considered safe for teeth between meals as it is non-cariogenic and non-erosive.</p>	<p>The Committee noted that this was not included in the systematic literature review and agreed that there was insufficient significant evidence provided to support this change.</p>
<p>Grade C Evidence Statement 'consumption of dairy products (particularly milk) is associated with improved bone mineral density' appears to conflict with the proposed permissions for Nutrition and Health claims as proposed by FSANZ in Proposal.</p>	<p>The Committee recommended no further change, noting FSANZ used convincing evidence of calcium's benefits as a basis for health claims.</p>
<p>Reconsider evidence statements of bone health and dairy foods.</p>	<p>The Committee recommended no further change, noting that most studies reviewed were on calcium and not dairy foods- the document acknowledges dairy as a source of calcium.</p>
<p>There should be more information on vitamin D and calcium/dairy intake.</p>	<p>The Committee agreed that this falls outside of the scope of this document.</p>
<p>There should be more included studies on soy protein isolates.</p>	<p>The Committee agreed that this falls outside of the scope of this document.</p>
<p>There should be more information on the increased risk of ovarian cancer due to high lactose consumption.</p>	<p>The Committee agreed that there was insufficient significant evidence to support this change.</p>
<p><b><i>And drink water</i></b></p>	
<p><b>Comment</b></p>	<p><b>Committee Response</b></p>
<p>There should be a greater emphasis throughout document on 'tap water'.</p>	<p>The Committee agreed with this statement and recommended the content be corrected where appropriate.</p>
<p>This document should address the 'toxic elements' of tap water.</p>	<p>The Committee recommended no further change, noting that the NHMRC Drinking Water Guidelines address this.</p>
<p>There is evidence missing on tea and coffee as positive contributors to hydration.</p>	<p>The Committee agreed that appropriate information (within scope) was already included within the text.</p>
<p>Need to review: coffee is associated with increased risk of bladder and lung cancer</p>	<p>The Committee reviewed the evidence and agreed that these evidence statements should be grade D. It was noted that these statements were inconclusive due to confounding with</p>

(Grade C).	cigarette smoking and further research is required.
------------	---

**Table 3: Public Consultation on Draft Guideline 2 Recommendation**

<b>Guideline 2: Specific comments on the recommendation wording</b>	
<i>Limit intake of foods and drinks containing saturated and trans fats, added salt, added sugars and alcohol.</i>	
<i>a. Limit intake of foods and drinks containing saturated and trans fats</i>	
<ul style="list-style-type: none"> <li>- Include small amounts of foods that contain unsaturated fats</li> <li>- Low-fat diets are not suitable for infants.</li> </ul>	
<i>b. Limit intake of foods and drinks containing added salt</i>	
<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.</li> </ul>	
<i>c. Limit intake of foods and drinks containing added sugars. In particular, limit sugar-sweetened drinks.</i>	
<i>d. If you choose to drink alcohol, limit intake.</i>	
<b>Overall Comments</b>	
<b>Comment</b>	<b>Committee Response</b>
Need to reword guideline to bring the focus back to 'foods' and not 'nutrients'.	<p>The Committee agreed with this statement and recommended that this Guideline include greater emphasis on the importance of limiting intake of foods and drinks high in saturated fat, added salt, added sugars and alcohol, due to evidence that these foods are associated with increased risk of obesity and/or chronic disease, including cardiovascular disease, type 2 diabetes and/or some cancers.</p> <p>The Committee also noted that there is limited capacity for inclusion of energy-dense discretionary foods in nutritious dietary patterns within the energy requirements of many Australians.</p>
<b>Related to 'fat'</b>	
<b>Comment</b>	<b>Committee Response</b>
Incorporate the wording "replace saturated fats with unsaturated fats".	The Committee agreed with this statement and recommended the content be corrected where appropriate, ensuring a food based focus is retained.
Remove reference to 'trans fats'.	The Committee agreed with this comment and recommended reference to 'trans fat' be removed from the Guideline wording but discussion retained in the content of the document. It was noted that this is due to the intake of trans fats currently being low in Australia.

<b><i>Related to 'salt'</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Limiting salt intake by reading labels to choose lower sodium options may result in choosing foods that are lower in fibre and other nutrients overall if sodium is the only nutrient they look at on a food label.	The Committee agreed that there was insufficient significant evidence to support this change.
It should be reinforced that salt should not be added during cooking.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Add an additional recommendation to choose fresh rather than processed foods where possible.	The Committee agreed that there was insufficient significant evidence to support this change, noting appropriate content is included within the document.
<b><i>Related to 'sugars'</i></b>	
<b>Comment</b>	<b>Committee Response</b>
The statement referring to the words 'sugar-sweetened drinks' should include specific examples such as soft drinks, energy drinks, sports drinks etc.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
The recommendation to limit intake of foods and drinks containing added sugar is weak and should be reconsidered.	The Committee agreed that there was insufficient significant evidence to support this change.
<b><i>Related to 'alcohol'</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Add an additional sentence stating that alcohol is not recommended for children, pregnant and lactating women.	The Committee agreed with this statement and recommended the content be corrected where appropriate, in line with the NHMRC Alcohol Guidelines.

**Table 4: Public Consultation on Draft Guideline 2 Content**

<b>Guideline 1: Comments on Content</b>	
<b>General Content Comments</b>	
<b>Comment</b>	<b>Committee Response</b>
Significant action has been undertaken by industry to improve the nutritional value of discretionary foods and consumers need to be provided with sound advice on how to include these foods as part of a balanced diet.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Include greater explanation within the guidelines that the majority of the Australian population will reach their energy requirements from the Five Food Groups (Foundation Diet Recommendations) with no room for discretionary or extra foods.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
No systematic literature review was undertaken on energy density and obesity, thus there appears to be no justification for the use of the term 'energy dense' in the text.	The Committee agreed that there was insufficient significant evidence to support this change.
Include examples of commonly eaten foods to keep the 'whole foods' focus in this chapter, where possible.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
<b>Relating to 'fats'</b>	
<b>Comment</b>	<b>Committee Response</b>
More emphasis needs to be placed on replacing saturated with unsaturated as per the 2003 guidelines.	The Committee agreed with this statement and recommended the content be corrected where appropriate, noting the replacement of fats requires a total diet approach and is not always possible with all foods
There should be no recommendation to limit saturated fat from the diet.	The Committee agreed that there was insufficient significant evidence to support this change.
The emphasis on promoting the use of man-made unsaturated spreads and vegetable oils can pose an increased risk in cancer.	The Committee agreed that there was insufficient significant evidence to support this change.

Some concern about using the American Dietary Guidelines as justification for reducing saturated fat to decrease risk of coronary heart disease, insulin resistance and type 2 diabetes.	The Committee agreed that there was insufficient significant evidence to support this change.
The only item in the evidence statement table refers to the relationship between long chain polyunsaturated fatty acids and risk of dementia and hence runs the risk of a reader thinking the major reason we recommend limiting intake of saturated fat and trans fat is because we want to reduce risk of dementia.	The Committee agreed with this comment and recommended more information be included on long established relationships between saturated fat, polyunsaturated fats and health outcomes. It was noted that no evidence statement was included as the evidence was considered to be settled at the time of the systematic literature review.
It is noted that in Australia we do not use the term 'hard' or 'soft' margarines like in the USA. We call hard margarine cooking margarine.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Consider the inclusion of legumes as an important source of healthy fats and oils.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Provide greater emphasis on oily fish, as well as DHA and EPA-fortified foods as important sources of n-3 LCPUFA.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Coconut oil should be more heavily promoted as a healthy form of saturated fat.	The Committee agreed that there was insufficient significant evidence to support this change.
Explain P:M:S ratio further e.g. what should we be aiming for?	The Committee agreed that this change was outside of the scope of this document and is specified in the NHMRC <i>Nutrient Reference Values</i> (2006).
Remove reference to saturated fat and diet at young age predisposing children and adolescents to heart disease later in life.	The Committee agreed that there was insufficient significant evidence to support this change. It was further noted that this was included in the 2003 edition and has since been updated with recent references.
Conduct a systematic literature review into the associations between saturated fat, unsaturated fat and carbohydrate and the risk for coronary heart disease to capture the latest evidence.	The Committee agreed that there was insufficient significant evidence to support this change.
There is insufficient evidence to conclude that replacing saturated fatty acids with unsaturated fatty acids may reduce the risk of CHD.	The Committee agreed that there was insufficient significant evidence to support this change.



There are significant studies which suggest that increased Omega 6 polyunsaturate consumption increases cancer risk in humans.	The Committee agreed that there was insufficient significant evidence to support this change.
The evidence statement associated with a reduced risk of dementia was only related specifically to Omega3 fats and this should be clearly stated.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Evidence suggesting associations between the risk of ovarian cancer and the intake of fat from animal sources should be considered.	The Committee agreed that there was insufficient significant evidence to support this change.
<b>Relating to 'salt'</b>	
<b>Comment</b>	<b>Committee Response</b>
The term 'salt' needs to be clarified as to whether it applies to only 'sodium chloride' or other forms of sodium such as sodium bicarbonate or sodium aspartame.	The Committee agreed that adequate information is provided within the document, noting that reformatting will improve clarity on this.
Amend the statements on cheese to acknowledge the role of cheese and dairy intakes in reducing blood pressure.	The Committee agreed that there was insufficient significant evidence to support this change, noting adequate information was included in Guideline 2.
Should include a precaution regarding a salt substitutes or lite salts, due to potassium and renal conditions.	The Committee agreed that this change was outside of the scope of this document – for the healthy population.
Clarify whether the sodium intake starting point matters with regards to whether a reduction in sodium of 1800mg reduces systolic blood pressure, and/or reducing sodium by 1000mg.	The Committee noted that this factor (starting point) was not included in the meta-analysis which forms the basis for this statement.
Question the appropriateness of the recommendation that it is unnecessary for the majority of individuals to use discretionary iodised salt as a means for meeting iodine requirements.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Quantify low sodium for people who are insulin resistant.	The Committee agreed that this change was outside of the scope of this document – for the healthy population.
Reference to cereal products as significant contributors of sodium intake to the Australian diet is incorrect and not based on evidence.	The Committee agreed that there was insufficient significant evidence to support this change.

Need new evidence of a stronger relationship between sodium and cardiovascular disease and stroke.	The Committee noted due process was followed for the collection and interpretation of the evidence in the systematic literature review (Evidence Report).
Review wording regarding sodium in cheese as a result of new evidence of microbiological function and small contribution of sodium to the Australian diet.	The Committee agreed that there was insufficient significant evidence to support this change.
<b>Relating to 'sugars'</b>	
<b>Comment</b>	<b>Committee Response</b>
Emphasis on sugars in weight gain may inappropriately discourage Australians from eating nutritious foods that contain added or natural sugar.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
The association between the increasing use of sugar in processed foods and overweight and obesity is given insufficient attention (compared with drinks).	The Committee noted that this is consistent with the evidence base and in insufficient significant evidence was provided to support any change.
Adding sugar to nutrient dense foods improves diet.	The Committee agreed that there was insufficient significant evidence to support this change.
The addition of sugar is not correlated with dental caries.	The Committee agreed that there was insufficient significant evidence to support this change.
Unsweetened fruit juice, by definition, should not be included in sugar-sweetened drinks (fruit drinks, soft drinks, flavoured mineral waters and sports drinks) category.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Out-dated nomenclature for sugars.	The Committee agreed with this statement and recommended the content be corrected where appropriate, noting the following wording; Starch (complex carbohydrate) and sugars (simple carbohydrate).
Recommend using 'natural' and 'added' instead of terms 'intrinsic' and 'extrinsic' sugars.	The Committee agreed that there was insufficient significant evidence to support this change, noting adequate discussion is already included.
Suggest that the text also indicates that milk is non-cariogenic and non-erosive i.e. safe for teeth between meals.	The Committee agreed that there was insufficient significant evidence to support this change.
Certain at-risk groups may be discouraged from consuming flavoured milk due to ambiguity present in current statement: "Sweetened flavoured milk provides nutrients but can be high in energy-density;	The Committee agreed that there was insufficient significant evidence to support this change.

plain milk is preferable".	
Further discussions around type 1 diabetes required.	The Committee agreed that this change was outside of the scope of this document – for the healthy population.
High fructose corn syrup not addressed, even though it is bad for people.	The Committee agreed that there was insufficient significant evidence to support this change, noting that this is not a relevant issue in the Australian context.
Need to include current consumption data on sugar.	The Committee agreed that there was insufficient significant evidence to support this change, noting the data has been discontinued (<1998).
<b><i>Relating to 'alcohol'</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Do not demonise alcohol consumption and breastfeeding women.	The Committee agreed that there was insufficient significant evidence to support this change, noting the information presented is consistent with NHMRC Alcohol Guidelines.
Support for the stronger wording of the NHMRC Alcohol Guidelines and the removal of information regarding the use of alcohol in older adults to boost appetite.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Suggest updating text relating to health outcomes of people who drink small quantities of alcohol versus abstainers.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Text regarding cardiovascular effects of alcohol is too simplistic.	The Committee agreed that there was insufficient significant evidence to support this change, noting the information presented reflects the Evidence Report.
Inaccuracy of statement 'Because the rate of metabolism is fixed, rapid consumption of multiple drinks results in a higher blood alcohol concentration.'	The Committee agreed that there was insufficient significant evidence to support this change, noting the information presented is consistent with NHMRC Alcohol Guidelines.
Review the calculation of the social costs of alcohol.	The Committee agreed that there was insufficient significant evidence to support this change.
Inclusion of statement regarding alcohol drinking customs in culturally and linguistically diverse group not relevant.	The Committee agreed that there was insufficient significant evidence to support this change.

<p>Support alcohol statement but note this is inconsistent with WCRF report.</p>	<p>The Committee noted that this was due to different methodologies and review time periods; no further changes required.</p>
<p>All evidence statements are too simplistic.</p>	<p>The Committee noted due process was followed for the collection and interpretation of the evidence in the systematic literature review (Evidence Report).</p>
<p>Replace the inflated cost of alcohol figure quoted from Collins and Lapsley (2008) with \$3.8 billion – as reference by Crampton et al 2011.</p>	<p>The Committee agreed that there was insufficient significant evidence to support this change.</p>

**Table 5: Public Consultation on Draft Guideline 3 Recommendation**

Guideline 3: Specific comments on the recommendation wording	
<p><i>To achieve and maintain a healthy weight you should be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</i></p> <ul style="list-style-type: none"> <li>- <i>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.</i></li> <li>- <i>Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.</i></li> </ul>	
Comment	Committee Response
Make the statement more active rather than directive.	The Committee agreed with this statement and recommended the Guideline be amended to read 'To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious foods and drinks to meet your energy needs'.
Include extra information noting that pregnant women should maintain a healthy weight gain during pregnancy.	The Committee noted that adequate information is provided in the text of the document and no further change was supported.
Replace 'physically active' with 'moderate physical activity everyday'.	The Committee noted that the suggested wording was not consistent with the National Physical Activity (NPA) Guidelines. The Committee also noted that adequate references to the NPA Guidelines are already included within the text of the document.
This chapter should be the first guideline presented.	The Committee agreed that the suggested change would improve the flow of the Guidelines and recommended the order be rearranged, noting that all Guidelines are considered of equal importance in terms of public health outcomes.

**Table 6: Public Consultation on Draft Guideline 3 Content**

<b>Guideline 3: Comments on Content</b>	
<b>General Content Comments</b>	
<b>Comment</b>	<b>Committee Response</b>
The focus of this chapter should be on 'energy density' and not 'macronutrient composition'.	The Committee agreed that there was insufficient significant evidence to support this change. The Committee recommended that the focus should remain on total energy, energy density and energy balance.
Where is the evidence linking dietary fat to weight gain?	The Committee noted that this section of the document relates to total energy, energy density and energy balance, as outlined in the FMS.
There should be more detailed information on physical activity.	The Committee noted that this was outside of the scope of this document and referred to the National Physical Activity (NPA) Guidelines.
More useful advice on growth in infants and young children is required.	The Committee noted that practical information for health workers is provided in the appendix and recommended additional cross referencing in the document to further highlight this.
There should be more information on the individual assessment and clinical supervision of overweight and obese children.	The Committee noted that this was outside of the scope of this document and referred to the NHMRC Guidelines on the management and treatment of overweight and obesity in children and adults.
Reconsider growth charts used for children under 2 years of age.	The Committee noted that in 2012, all Australian jurisdictions agreed to adopt the WHO 2006 growth charts as the standard for Australian children aged 0-2 years.
Include evidence for GI and/or glycaemic load and weight management.	<p>The Committee agreed that there was insufficient significant evidence to support change. It was noted that this is a physiologically based classification, with large variability and several limitations.</p> <p>The Committee noted that the review for the US guidelines found strong and consistent evidence that glycaemic index and/or glycaemic load are not associated with body weight and do not lead to greater weight loss or better weight management.</p>
Include recommendations in relation to pre-pregnancy, pregnancy or postpartum weight (gain/loss).	The Committee agreed that there was insufficient significant evidence to support change. The Committee noted that sufficient information, within the scope of this document, was included in the text of this Guideline.

Include information on breastfeeding and evidence that breastfeeding helps with appropriate weight loss after pregnancy.	The Committee agreed that adequate information is provided within the document, with appropriate cross-referencing to the <i>Infant Feeding Guidelines</i> .
Include primary prevention 'strategies to address environmental and social factors as determinants of overweight and obesity'.	The Committee agreed that adequate information is provided within the scope of this document, with appropriate cross-referencing to the NHMRC Guidelines on the management and treatment of overweight and obesity in children and adults.
Include reference that body composition skews BMI.	The Committee noted that practical information for health workers is provided in the appendix and recommended additional cross referencing in the document to further highlight this.
Clarify whether medical/surgical interventions (drugs, very low energy diets, surgery) would necessarily always apply for obese /overweight with risk factors (BMI over 30 or BMI>27+risk factors)	The Committee agreed that adequate information is provided within the scope of this document, with appropriate cross-referencing to the NHMRC Guidelines on the management and treatment of overweight and obesity in children and adults.
The causes of leptin resistance should be investigated to inform dietary lifestyle choices, including the role of cytokine signalling 3 (SOCS3), Endoplasmic Reticulum (ER) Stress, protein-tyrosine phosphatase 1B (PTP1B), and leptin receptor (LEPR-B).	The Committee agreed that no changes were required as this content falls outside of the scope of this document.
Emphasis of section 4 is more focused on the 'prevention side' rather than the importance of lifestyle recommendations for those already overweight or obese.	The Committee noted that this balance was intentional. The Committee also noted that further information is within the scope of the NHMRC Guidelines on the management and treatment of overweight and obesity in children and adults.
There should be detailed information on eating disorders.	The Committee agreed that this was outside of the scope of this document, noting these recommendations are for the 'healthy population' with no underlying health problems.
Need to include more information on the importance of limiting discretionary foods.	The Committee agreed with this statement, noting that adequate information was provided in the content for the 'foods to limit' Guideline.
Need to include information on the multi-factorial determinants influencing dietary intake and weight among Aboriginal and Torres Strait Islanders.	The Committee agreed that appropriate information (within scope) was already included within the text, with cross references to a detailed appendix provided.
The WHO report (2004) does not reflect the consequences of obesity in childhood in the Australian setting.	The Committee disagreed with this statement noting that the situation in Australian is similar to other developed economies and covered by the WHO report.

**Table 7: Public Consultation on Draft Guideline 4 Recommendation**

<b>Guideline 4: Specific comments on the recommendation wording</b>	
<b><i>Encourage and support breastfeeding</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Include 'promote' in the guideline wording.	The Committee agreed with this statement and recommended the content be corrected where appropriate, noting the National Breast Feeding Strategy 2010-2015.
Provide more detail in guideline e.g. "Encourage and support breastfeeding for as long as possible for the first 12 months of a child's life, and longer if mother and baby wish."	The Committee agreed that adequate information is provided within the document, with appropriate cross-referencing to the <i>Infant Feeding Guidelines</i> .
The words "exclusively to 6 months of age" should be added at the end of this Guideline.	The Committee agreed that adequate information is provided within the document, with appropriate cross-referencing to the <i>Infant Feeding Guidelines</i> .

**Table 8: Public Consultation on Draft Guideline 4 Content**

<b>Guideline 4: Comments on Content</b>	
<b><i>General Content Comments</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Various minor suggestions relating to consistency with the draft <i>Infant Feeding Guidelines</i> .	The Committee noted that the Office of NHMRC would ensure the finalised information in the <i>Australian Dietary Guidelines</i> and <i>Infant Feeding Guidelines</i> is consistent.
Highlight the positives of breastfeeding such as lactation amenorrhoea provides some protection against anaemia and calcium absorption increases threefold.	The Committee noted that this discussion is included in the <i>Infant Feeding Guidelines</i> .



**Table 9: Public Consultation on Draft Guideline 5 Recommendation**

Guideline 5: Specific comments on the recommendation wording	
<i>Care for your food; prepare and store it safely</i>	
Comment	Committee Response
Include descriptive information about those most at risk of food borne illnesses and which particular foods are hazardous if not stored and prepared safely.	The Committee agreed that there was insufficient significant evidence to support this change, noting this information was appropriate within the text discussion.

**Table 10: Public Consultation on Draft Guideline 5 Content**

Guideline 5: Comments on Content	
<i>General Content Comments</i>	
Comment	Committee Response
There is minimal information on preparing and storing food safely.	The Committee agreed with this statement and recommended the content be corrected where appropriate, noting preparation, cooking and cross contamination.
Provide an explanation on why viruses and bacteria are the only contaminants resulting in food poisoning.	The Committee agreed that this change was outside of the scope of this document.
Include statement on FSANZ food code date marking.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Recommend inclusion of overall practical guidelines for the population as a whole.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Use recent data from Ozfoodnet in relation to main causes of food borne illness in Australia.	The Committee agreed with this statement and recommended the content be corrected where appropriate.
Need to address water safety in reconstituting formula.	The Committee agreed with this statement and recommended the content be corrected where appropriate, noting cross-references to the <i>Infant Feeding Guidelines</i> .

**Table 11: Public Consultation Other Comments**

<b>General Comments on the <i>Australian Dietary Guidelines</i></b>	
<b>Comment</b>	<b>Committee Response</b>
Include brief summary of all evidence reviewed, including that from the 2003 Guidelines.	The Committee agreed that adequate evidence statement summaries are already included, with appropriate referencing to the primary source of information.
<b>Consideration of Environmental Sustainability</b>	
<b>Comment</b>	<b>Committee Response</b>
71 submissions supported the inclusion of more information and/or a guideline on food, nutrition and environmental sustainability.	<p>The Committee agreed and recommended additional information be included within the Guidelines. Specifically the Committee recommend that this include further information and referencing in the introduction which highlights the synergies between health and the environment, relevant high level information in each chapter where required e.g. practical and usable tips which align with the Guidelines, a new appendix with additional information and general principles (as per appendix 7 on equity).</p> <p>The Committee noted that much of the evidence presented during public consultation was already considered as part of the systematic and narrative reviews. The Committee also noted the diversity of submitters: large industry organisations, all state health jurisdictions (except Victoria), community groups and individuals. Several smaller submissions were replications. Many submissions called for public access to the literature review. Several submissions provided high quality evidence consistent with the stated criteria in support for further inclusion of material on environmental sustainability, food and health.</p> <p>The ONHMRC agreed to consider the advice of the Committee and progress relevant information for inclusion in the document, in consultation with relevant Commonwealth agencies, noting that this would need to be released for public consultation.</p>
2 submissions supported the exclusion of this issue within the Guidelines.	The Committee noted there was no significant evidence provided to support the exclusion of this information but agreed that all included information should be appropriately referenced.
Requests for the publication of evidence relating to the PICO questions on this topic	<p>The Committee agreed that this would be useful, however, the final decision would rest with NHMRC/DoHA due to contractual arrangements.</p> <p>(The authors were subsequently given permission to publish this work.)</p>

**Table 12: Public Consultation on Draft Appendices**

<b>Comments on Content</b>	
<b>Comment</b>	<b>Committee Response</b>
Editorial comments from submissions received for the Appendices- these are not included in this report.	

**Table 13: Public Consultation on Draft Australian Guide to Healthy Eating (AGTHE)**

<b>Guideline 5: Comments on Content</b>	
<b>General Content Comments</b>	
<b>Comment</b>	<b>Committee Response</b>
Numerous comments relating to the visual image- clarity, colour, pictures, text etc.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
Review recommended number of serves, serve sizes and daily/weekly.	The Committee agreed that no change was required, noting the current information is based on the FMS; and considers foundation diets with development to total diets.
Translate the concept of plenty of vegetables including different types and colours across the AGTHE.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
Emphasis should be placed on the importance of consuming wholegrain carbohydrates over more refined options to prevent various chronic diseases.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
The AGHE requires greater detail on what types of foods and drinks are in the Five Food Groups and the discretionary foods. It must be made clear to professionals and the population as to the exact types of foods in each category.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
Recommendation on a maximum of 455g lean meat per week to be consumed for Australian adults is not reflected in the AGTHE.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
Advice on processed and cured meat is required in the AGTHE.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
Clearer definition of core protein foods vs. discretionary choices/extras.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.

No information on consumption of alcohol in AGTHE.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
Composite and ready-made foods are missing from the model.	The Committee noted that the AGTHE depicts the Five Food Groups.
Create a sixth food group to reduce ambiguity around fats and oils. Include pictorially in the AGTHE.	The Committee agreed that there was insufficient significant evidence to support this change. The Committee noted that fats and oils will be further addressed in educator and consumer resources.
Provide quantified serving sizes for extra or discretionary foods and energy content of all food Groups.	The Committee noted that these would be considered by the Office of NHMRC in developing consumer and educator resources.
Incorporate pictures to depict diversity including some ethnic foods, flatbread, and Asian vegetables.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
Depict commonly available affordable forms of recommended foods such as canned and frozen.	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
The public needs to be able to easily comprehend what is meant by the term 'discretionary foods' and be properly informed of what constitutes an actual serving size for this food group	The Committee noted that these would be considered by the Office of NHMRC during the graphic design phase and in developing consumer and educator resources.
Guidance needs to be provided on what constitutes a 'taller' or 'more physically active person' for which the inclusion of 'additional serves' of foods would be permitted.	The Committee noted that these would be considered by the Office of NHMRC in developing consumer and educator resources.
Provide rationale for the difference in dairy serves for the over 70 (3½ for men and 4 for women) when the NRVs for calcium are exactly the same for these age groups (1300mg/day) (NHMRC & NZ MoH 2006).	The Committee agreed that no change was required, noting the current information is based on the FMS (i.e. energy and nutritional requirements).
No mention of breast milk in the recommended dietary patterns for toddlers aged 13-23 months.	<p>The Committee noted that by 12 months of age children should be consuming 'family-foods' as their primary source of nutrition, but noted that breast feeding until 12 months of age and beyond is encouraged for as long as mother and child desire.</p> <p>The Committee agreed that no change was required, noting the scientific basis outlined for calculating nutritional requirements followed the NRVs.</p>

<p>Inconsistency with measurement between the five food groups e.g. cup, grams</p>	<p>The Committee noted that these would be considered by the Office of NHMRC in developing consumer and educator resources.</p>
<p>There is huge variation in intake in the toddler and infant groups which may cause unnecessary concern in mothers.</p>	<p>The Committee noted that by 12 months of age children should be consuming ‘family-foods’ as their primary source of nutrition. The Committee also noted that this concern would be considered by the Office of NHMRC in developing consumer and educator resources.</p> <p>The Committee agreed that no change was required, noting the current information is based on the FMS and the scientific basis outlined for calculating nutritional requirements as per the NRVs.</p>
<p>Include legumes in the meat and alternatives group for children less than two years.</p>	<p>The Committee agreed with this suggestion, noting that the information would be updated to be consistent with the <i>Infant Feeding Guidelines</i>.</p>