

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE



Final consultation on the Health Star Rating system five-year review

25 March 2019

The Australian Chronic Disease Prevention Alliance (ACDPA) welcomes the opportunity to comment on the recommendations in the final consultation for the five-year review of the Health Star Rating (HSR) system.

Please note that input from the Heart Foundation to this ACDPA response has been limited to feedback on technical aspects of the system.

Overarching comments

Only around 30% of eligible products display the HSR on the label. Two-thirds of eligible products do not display a health star rating. The system will be fundamentally limited in impact unless more products display a rating. Moving to a mandatory system remains the ideal.

The five-year review provides an opportunity to improve the algorithm and better align the HSR system with the Australian Dietary Guideline recommendations and the HSR objective 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'.

While some manufacturers will be required to change product ratings, improvements to the algorithm at this stage will enable the vast majority of products to be more accurately labelled in the future as coverage increases.

ACDPA comments on recommendations in the five-year review consultation paper

Recommendation 1: The HSR system be continued

Support.

ACDPA recommends the continuation of the HSR system to help consumers make healthier choices through interpretive front-of-pack labelling. The Australian HSR system is regarded as a world-leading initiative to improve nutrition and a key government policy to address obesity. Australia also leads a World Health Organization (WHO) Network of Practice on front-of-pack labelling, together with France, indicating the importance of continued leadership in this area.

The consultation paper highlights that evaluation has shown increasing consumer awareness, trust and use of the system to inform purchasing decisions.

Recommendation 2: Option 5, the energy icon be removed from the HSR graphic options

Support.

ACDPA recommends the removal of the energy icon (option 5) from the HSR graphic options. The energy icon is inconsistent with options 1-4, which provide an interpretive and easy-to-understand display of a product's nutritional value using stars. The energy icon is the least preferred graphic by consumers (consultation paper, p31) and it is disproportionately used on discretionary products scoring low star ratings, such as confectionary and non-dairy beverages.

Recommendation 3: Governments, industry, public health and consumer bodies continue to promote the HSR system.

Support.

ACDPA recommends enhanced promotion of the HSR system. In particular, we support greater Government investment in promoting the HSR system to enhance public trust and recognition that the system is led and endorsed by Government. It will be necessary to invest in communication to explain the changes to ratings as part of the five-year review, focusing on system refinements to more accurately rate the nutritional profile of products.

Evaluation indicates that consumers are mainly aware of the system through seeing it on the pack; therefore focusing investment in increasing uptake of the system on product labels would also result in increased promotion of the HSR system.

Recommendation 4: A package of changes be made to the way the HSR is calculated for foods.

ACDPA recommends a range of changes to the algorithm to accurately rate products according to their nutritional profile.

A: Fruits and vegetables that are fresh, frozen or canned (with no additions of sugar, salt or fat) should automatically receive an HSR of 5

Support.

ACDPA supports all fresh and minimally-processed fruits and vegetables receiving a rating of 5, consistent with the Australian Dietary Guideline recommendation to consume 5 serves of vegetables and 2 serves of fruit each day.

More than 90% of Australians do not consume the recommended daily serves of fruit and vegetables. Research from Deakin University indicates that promoting fruits and vegetables in supermarkets can increase sales and consumption, with positive feedback from consumers.

We support expanding the system to unpackaged fruits and vegetables to promote consumption and reduce the incentive for manufacturers to package products in order to display a 5-star rating. The HSR system should not contribute to unnecessary packaging. There are many ways that ratings could be displayed for unpackaged foods, such as via shelf tags, posters or supermarket displays, as demonstrated via the Deakin University research).

B: Total sugars should be more strongly penalised, lowering the HSRs of 5% of products (including breakfast cereals, snack bars, sweetened milks, ice creams and sugar-based confectionary)

The treatment of sugars in the HSR system has been identified as a major issue for consumers, especially as certain sugary products display a high HSR.

ACDPA strongly supports addressing the treatment of sugars, but we believe that the recommended action in the consultation paper is insufficient. ACDPA recommends incorporating added sugars into the algorithm together with a review of the baseline points for sugars.

WHO recommends limiting free sugars to 10% of daily energy intake (equivalent to 12 tsp sugar), due to the association between free sugars and weight gain from excess energy intake, with a 5% limit for added health benefits (1). Overweight and obesity is a major risk factor for a number of chronic diseases, including type 2 diabetes, cardiovascular disease, kidney disease and certain cancers. Yet one in two Australians usually exceed the WHO recommendation.

The WHO evidence relates to free sugars (added sugars) not total sugars. We recommend that the HSR algorithm better reflect the WHO recommendation and evidence through incorporating added sugars, rather than total sugars, and increasing baseline points for sugars. Modelling added sugars in the algorithm with higher baseline points for sugars would provide technical information on the impact on the HSR system, while still reflecting the evidence base for added sugars. Together, these changes should address the issue raised in the consultation paper regarding increases in HSRs across product categories.

The 2018 Review of the UK Nutrient Profiling Model recommended replacing “total sugars” with “free sugars” with a 5% total energy cut-off modelled on 8400kJ (2). The revised algorithm was demonstrated to impact on foods high in free sugars such as some breakfast cereals, cereal bars and desserts.

While added sugars are not currently mandated for inclusion on the Nutrition Information Panel (NIP), this is not a barrier as they could be derived from product specification charts and standard recipes. Some products are already voluntarily displaying added sugars on the NIP and the current government consultation on added sugars labelling is considering including added sugars on the NIP. There is strong public and consumer support for this option, which, if recommended, would provide a further impetus for incorporating added sugars into the HSR algorithm.

ACDPA recommends that, if added sugars are not incorporated into the algorithm at this stage, at the very least the sugars table should be extended to 30 points. Sugars are a key issue raised by consumers and it is essential that the treatment of sugars in the HSR accurately reflects the evidence base.

References

- 1 - World Health Organization, 2015. Guideline: sugars intake for adults and children. Geneva: WHO.
- 2 - Public Health England, 2018. The 2018 Review of the UK Nutrient Profiling Model. Accessed: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694145/Annex_A_the_2018_review_of_the_UK_nutrient_profiling_model.pdf

C: Sodium sensitivity should be improved for products high in sodium, reducing the HSR of 1% of products (all with sodium in excess of 900mg/100g) NOTE additional option p57

Support with additional option.

While we support the current proposal to address products with very high sodium content, more than 90% of products in the TAG database have a sodium content <900mg and would be unaffected (1). A number of discretionary foods with high sodium (>600mg/100g) achieve an HSR of 3.5 or above, including salty snacks, dips, frozen meals and processed meats.

ACDPA supports this recommendation along with the additional option proposed (p57), based on evidence of the health risks of high sodium consumption and the currently high consumption levels in Australia. A diet high in salt contributes to high blood pressure, increasing risk of heart disease, heart attack and stroke, as well as increasing risk of certain cancers and kidney disease. Australians consume more than the recommended maximum daily sodium limit, with most of this coming from processed foods (75%) (2). The HSR system should adequately account for sodium in the algorithm, both for the products highest in sodium but also for the vast majority of products that contribute to sodium in the Australian diet.

ACDPA strongly supports changes to the sodium points table for all categories, to better align with the 2017 Nutrient Reference Value for sodium.

References

1 – Jones et al. 2018. Defining 'Unhealthy': A Systematic Analysis of Alignment between the Australian Dietary Guidelines and the Health Star Rating System. *Nutrients* 2018, 10(4), 501; <https://doi.org/10.3390/nu10040501>

2 - <https://unpackthesalt.com.au/salt-reformulation-in-australia/>

D: Dairy categories should be redefined to increase the HSRs of FFG dairy foods (such as cheeses and yoghurts) and decrease the HSRs of some dairy desserts and other chilled dairy products, improving comparability between dairy products

Support.

E: The HSRs for healthier oils and oil-based spreads should be increased and range narrowed to enable better discernment from products higher in saturated fats

ACDPA suggests changes to the oils category based on the benefits of 'healthier oils' and in recognition that oils are a single ingredient product with no opportunity for reformulation.

The proposed changes address the low HSR on certain oils. We propose setting the saturated fat level for an HSR of 5 at 15-20% instead of the suggested 12% to better align with the evidence base for healthier oils within a healthy eating pattern (1). The Heart Foundation Healthier Oils program encourages healthier cooking oils, based on those with 20g or less saturated fat per 100g and <1g trans fat per 100g (2).

Olive oil is promoted as one of the healthiest cooking oils as part of a Mediterranean diet, which is associated with good health. Setting the saturated fat level at 15-20% would provide olive oil and canola oil with an equal HSR and better reflect the evidence base for these oils rich in monounsaturated fat. Other 'healthier' oils would achieve a similar HSR to canola and olive oil, while oils higher in saturated fats would receive a lower HSR rating (e.g. palm and coconut oils). Blended vegetable oils, peanut oil, pumpkin seed oil, sesame oil, rice bran oil and cottonseed oil would fall in a mid-range HSR.

References

1 - Clifton & Keogh, 2017, *Dietary Fats and Cardiovascular Disease. An evidence review brokered by the Sax Institute for the National Heart Foundation of Australia.* Sydney.

2 - <https://www.heartfoundation.org.au/programs/healthier-oils-program>

F: Jellies and water-based ice confections should be recategorised to decrease their HSRs

Support

Recommendation 5: Changes be made to the way the HSR is calculated for non-dairy beverages, based on adjusted sugars, energy and FVNL points, to better discern water (and drinks similar in nutritional profile to water) from high energy drinks

ACDPA recognises that this is a complex area. While we are generally in favour of changes to this category, we highlight that greater transparency and modelling would be required for full support. It is very difficult to provide meaningful comments without a more detailed understanding of the reasoning behind the changes to the algorithm and how product ratings would be affected. Improving how the HSR system deals with non-dairy beverages is essential, noting that this category is the leading source of free sugars in the Australian diet (1).

We are concerned about the potential ongoing high ratings for fruit and vegetable juices, due to the contribution of juices to free sugars intake, consistent with WHO guidance. While the Australian Dietary Guidelines recommend half a cup of fruit juice on occasion (equivalent to 125ml), the New Zealand Eating and Activity Guidelines do not recommend fruit juice as a serve of fruit. We are concerned that fruit juices would still be highly rated in the HSR and we support public health suggestions to reconsider the Nutriscore system, which scores fruit juice in the middle of the range. We support changes to allow fewer modifying points for %FV content for fruit/vegetable juices to counter for the energy and sugar, and recognise that juices do not have the same health benefits as whole fruits and vegetables.

We also have concerns about the creation of a new category receiving an automatic HSR=4.5, which would be exempt from the algorithm and could include a range of additives, such as non-nutritive sweeteners. Our concerns relate to potential unintended consequences through allowing additives and non-nutritive sweeteners that make the beverage unlike water yet with very high star ratings. We recommend that, if there is a special category created, this should be kept to water infused with fruit/herb essence or flavouring only.

References:

1 - Australian Bureau of Statistics, 2016. Australian Health Survey: consumption of added sugars. Australia 2011-12. Canberra: ABS.

Recommendation 6: HSR system implementation continue to be jointly funded by Australia, State and Territory and New Zealand governments for a further 4 years

Support.

ACDPA strongly supports the joint funding of the HSR system for a further four years. Further investment in the HSR system is essential to improve the system, increase consumer and industry uptake, and ultimately enable consumers to make healthier choices and improve dietary intake at the population level.

Recommendation 7: Minor changes be made to the governance of the HSR system

ACDPA supports government leadership of the HSR system and we strongly support removing conflicts of interest from the HSR governance. The independence of the HSR governance is essential to ensure that decisions align with the best available evidence and the purpose of the HSR system – to ‘assist consumers to make informed food purchases and healthier eating choices.’ A government-led HSR system is also vital for consumer trust in the system.

We support moving the technical decisions to FSANZ, including ownership of the algorithm and database, with adequate resourcing.

We also support improved transparency of the HSRAC, with meeting minutes, agendas and representation available in a timely manner.

Further, we strongly support continued investment in robust and transparent monitoring and evaluation of the system.

Recommendation 8: Enhance the critical infrastructure to support implementation and evaluation of food and nutrition-related public health initiatives, including the HSR system, through regular updates to Dietary Guidelines and national health and nutrition surveys and the establishment of a comprehensive dataset of branded food products

Support.

ACDPA supports greater investment and support for nutrition-related public health initiatives, including the HSR, to improve the diets of Australians. Regular updates and promotion of the Australian Dietary Guidelines are important to ensure that the recommendations are based on the latest available evidence and widely accessible to consumers.

Regular national health and nutrition surveys are essential to monitor the changing diets of Australians and trends in weight. Compared to other nations, there is currently no commitment to regular monitoring via comprehensive national health surveys. The last Australian Health Survey was conducted in 2011-13 and collected valuable biomedical, health and nutrition data. However, there is currently no funding or date for the next Australian Health Survey. In addition to the national health survey, ACDPA supports investment in a regular Australian Health Survey with biomedical measures to track changes in health and the effects of policies, and comprehensively measure nutrient intake (including sodium intake), changes in weight status and chronic diseases linked to unhealthy diets and weight gain.

Further, we strongly support a comprehensive government-led dataset of branded food products to inform improvements to the HSR system and other nutrition policies, as well as monitoring changes to food composition – including through reformulation.

Recommendation 9: The HSR system remain voluntary, but with clear uptake targets set by governments (the HSR must be displayed on 70% of target products by end 2023) and all stakeholders working together to drive uptake

Not supported.

ACDPA fundamentally believes a mandatory system is ideal and should be implemented when the anomalies are fixed. In the absence of a mandatory system, we believe that the 70% target and 2023 timeframe are insufficient. ACDPA recommends a stronger target of 90% with a two-year timeframe, so that the HSR is available on almost all products to enable informed comparisons.

The purpose of the HSR system is 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.' This requires that the star rating is readily available on products to enable comparisons between products and inform healthier choices.

The current voluntary system has had limited uptake (around 30% of eligible products) and uptake is inconsistent across products and by manufacturers, with the rating generally displayed on healthier choices. Seventy-five percent of products with the HSR display a 3.0 star rating or above. For consumers to compare products within a category, the star rating should be clearly accessible on all products for an informed choice.

We recognise that changes to the algorithm are required before the program becomes mandatory; however we believe that the 70% target and 2023 timeframe are insufficient. ACDPA recommends a stronger target of 90% with a two-year timeframe. The shorter timeframe is feasible, given the precedent for introducing country of origin labelling, and manufacturers have already been given five years to implement the HSR system.

We recommend targets, incentives and monitoring to encourage industry to meet a 90% target across products and also across manufacturers. If the 90% target is not met in two years, the system should be made mandatory without further leeway. For example, pregnancy warning labels on alcohol took years to implement, after multiple voluntary periods and reviews, before a decision was made to mandate the labels due to inconsistent voluntary uptake.

The current inconsistent uptake of the HSR system across manufacturers and products indicates market failure and an uneven playing field. It is essential that progress is monitored and reported for accountability and to encourage manufacturers to implement the HSR.

Recommendation 10: The existing Guide for Industry to the Health Star Rating Calculator and the Health Star Rating System Style Guide be combined, revised and strengthened, providing greater certainty for stakeholders.

Support.

ACDPA supports this suggestion, with changes to be led by Government and the HSR Secretariat.