

Health Star Rating (HSR) System

Policy Position Statement

Key messages:

Front-of-pack labelling (FoPL) systems can improve food environments by supporting healthier decision-making by consumers and reformulation by food companies. Australia and New Zealand's government backed FoPL scheme, the Health Star Rating (HSR) system, was introduced in 2014 and reviewed in 2019.

The PHAA continues to be a supporter of the HSR system. However, there remain many areas where PHAA will continue advocating for further reform and action to maximise public health impact and improve confidence in the system and in governments' efforts to improve population dietary intakes.

Key policy positions:

1. The PHAA supports ongoing implementation of an improved, government led HSR as a step forward in improving nutrition labelling for consumers.
2. Important updates to the HSR system are required. These include making the system mandatory, reducing commercial conflicts of interest in governance of the system, improvements to the nutrient profiling model and graphical display, and educating consumers about the use of the system. Governments should commit to continuing, strengthening, funding, and expanding the use of the HSR system and implement regular review cycles.
3. Governments must also develop a broader National Food and Nutrition Policy to support and direct a range of comprehensive, multi-sectoral and evidence-based nutrition policies and programs. Government resources and support must be provided to ensure these policies and programs can be appropriately developed, implemented and evaluated. Relevant actions in the National Preventive Health Strategy (2021-2030) and the National Obesity Strategy should also be supported.

Audience:

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility:

PHAA Food and Nutrition Special Interest Group

Date adopted:

September 2023

Contacts:

Damian Maganja, DMaganja@georgeinstitute.org.au; Dr Bronwyn Ashton, Bronwyn_Ashton@bigpond.com

Citation:

Health Star Rating (HSR) System: Policy Position Statement [Internet]. Canberra: Public Health Association of Australia; 2017 [updated Sep 2023]. Available from: URL

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PHAA affirms the following principles:

1. Governments should develop, implement, and evaluate a range of activities to make food environments healthier, improve dietary patterns and prevent diet-related disease.
2. The HSR system can be a useful policy to achieve these aims and, while it should continue to be implemented and supported, it must be improved and strengthened to maximise public health impact.
3. Commercial conflicts of interest can undermine the effectiveness of public health policies, thus they should be minimised or removed entirely from governance arrangements and processes.
4. The development and implementation of a National Food and Nutrition Policy that underpins comprehensive, multi-sectoral and evidence-based nutrition policies and programs must be a priority.

PHAA notes the following evidence:

5. Poor diet and high body mass index are amongst the leading causes of Australian disease burden.⁽¹⁾ Very few Australians regularly consume a diet that aligns with the Australian Dietary Guidelines (ADGs), with limited intake of nutritious foods and excess intake of unhealthy and ultra-processed products.⁽²⁻⁵⁾
6. Front-of-pack labelling (FoPL) systems can provide easy-to-interpret information to support consumer decision-making and encourage positive reformulation of products.^(6, 7) FoPL should form part of a broad suite of policies to make food environments healthier, improve dietary patterns and prevent diet-related disease.^(8, 9) Many countries are implementing FoPL systems in a variety of formats.^(6, 7, 10-12)
7. In 2014, the Health Star Rating system (HSR) system was launched on a voluntary basis in Australia and New Zealand. A large body of evidence was collected over the initial five years of the system's implementation. The evidence showed some opportunities to improve the system, however, the system's performance as found to be supportive overall.⁽¹³⁻¹⁶⁾ Concerns identified regarded governance, intent and messaging of the system.^(14, 15, 17-20) Research was conducted on consumer understanding and use of the HSR system,⁽²¹⁻²⁷⁾ the performance of the HSR nutrient profiling model,^(14, 28, 29) alignment with existing policies and alternative measures,^(17, 20, 30-38) and reformulation post implementation.^(39, 40)
8. The development and implementation of the HSR system also provided important lessons for public health and consumer advocates.^(21, 41) After five years, HSRs were displayed on only 41% of products and were far more likely to be displayed on higher-scoring products.⁽⁴²⁾
9. The HSR system should be continued, with some changes.⁽¹³⁾ A two-year implementation period (to November 2022)⁽⁴³⁻⁴⁵⁾ and targets for uptake up to November 2025 were set.⁽⁴⁶⁾ Some of these recommendations were made by public health and consumer stakeholders. However, many changes to address lack of consumer and public health confidence in and improve health impact were not adopted.
10. PHAA supports ongoing strengthening and reform of HSR to ensure that the system works for consumers, not just food companies, and provides meaningful population health benefits. There are

still many areas where the review process and recommendations and subsequent implementation of changes do not address the full breadth of concerns raised by public health and consumer groups.

11. A mandatory implementation approach of HSR on eligible products is required to maximise benefits to consumers. The proportion of eligible products displaying HSRs has stagnated in Australia^(42,47) and the selective application to higher-scoring products limits reformulation and ability to influence consumer behaviour⁽⁴⁸⁻⁵⁰⁾. Consumer's support HSRs on all products⁽⁵¹⁾ and stricter food labelling standards.^(52, 53) Until the HSR system is mandated, governments and shareholders should encourage food and beverage companies to report on their implementation of HSR overall and by product category.
12. HSR algorithm revision is needed to ensure alignment with relevant dietary guidelines, identify and resolve current anomalies where unhealthy products score highly, address concerns around novel packaging (interaction with the food and its packaging and the influence on consumer's health)⁽⁵⁴⁾ and ultra-processing, and incorporate other developments in nutrient classification systems.
13. Other improvements include improving the graphical display of the HSR system, considering how HSRs can better assist consumers in avoiding unhealthy products, reintroducing regular and transparent monitoring, and educating consumers about the system and a diet that aligns with the ADGs.⁽⁵⁵⁾
14. Counter to best practice, there has been considerable industry involvement throughout the development, implementation, and review of the system.^(6, 7, 56, 57) The HSR must be protected against commercial conflicts of interest, ensure HSR governance committees have adequate public health representation, and enshrine an overriding commitment to public health impact.
15. The application of HSR system in other settings, such as food service menu labelling, should be explored. The potential for the HSR system to be adopted for other purposes, such as healthy procurement policies or to restrict unhealthy product marketing, should also be considered. The NSW Healthy School Canteen Strategy requires certain products available in canteens should have a HSR of ≥ 3.5 .⁽⁵⁸⁾ In Chile products that display a warning label cannot display any elements of food packaging that appeal to children, such as cartoon characters.⁽⁵⁹⁾

PHAA seeks the following actions:

16. Governments commit to continuing, strengthening, funding, and expanding the use of the HSR system to support public health impact.
17. Governments institute regular, rigorous, independent, and transparent review cycles.
18. Governments develop a comprehensive, multi-sectoral National Food and Nutrition Policy and commit funding to develop, implement, and evaluate actions under the policy.

PHAA resolves to:

19. Advocate for the above steps to be taken based on the principles in this position statement.
20. Continue to support the implementation of the HSR system while calling for improvements that maximise public health impact and minimise commercial conflicts of interest.

ADOPTED September 2023

(First adopted 2017, revised 2018 and 2023)

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