Health Star Rating system

BACKGROUND PAPER – Endorsed 2017
Dietary policies, guidelines and programs to improve public health

1. Poor diet and high body mass index are leading causes of the burden of disease in Australia, leading to the emphasis on addressing these issues as a public health priority (1).

2. Dietary guidelines provide scientifically-based advice on the foods, food groups and dietary patterns to promote overall health and prevent chronic disease (2). Guidelines and food guides (providing specific recommendations for the types and amounts of food throughout the life course) form the basis for public food and nutrition, health and agricultural policies and programs to foster healthy eating habits and lifestyles.

3. Australian Dietary Guidelines (ADG), in order of priority advise people to: (1) achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs; (2) Enjoy a wide variety of nutritious Five Food Group foods (FFG) every day, and (3) Limit intake of foods containing saturated fat, added salt, added sugars and alcohol, noting that decreased consumption of these ‘discretionary’ foods would be needed to achieve the dietary patterns within energy constraints (2).

4. Food labelling systems that include useful nutrition information can help create a food environment that supports and educates consumers to make informed food choices in line with Dietary Guidelines (3-5).

Australian dietary patterns and their health impact

5. Very few Australians regularly consume a diet that adheres to the ADG. In 2010-11, less than 4% of Australians ate enough of the nutritious five food group (FFG) foods (fruits, vegetables and legumes, grain foods, lean meats, poultry, fish, eggs or plant-based alternatives, and milk, yoghurt and cheese or plant-based alternatives) (6). At least 35% of total daily energy intake of adults and at least 39% for children came from discretionary food and drinks, contributing to excess energy intake and unwanted weight gain, and displacing intakes of nutritious five food group foods from the diet (6).

6. In 2011-2013, about 75% of nine to 18 year old Australians regularly exceeded the World Health Organization’s advice to limit ‘added’ or ‘free’ sugars to less than 10% of total energy intake (7). One quarter of Australian children and 63% of adults are overweight or obese.

7. In 2014, the Australian Bureau of Statistics found that 58% of consumer spending on food and drinks was on discretionary items and only 17% was on fruit and vegetables (8).
8. In 2006, the Australian New Zealand Food Regulation Ministerial Council (ANZFRMC) sought advice on a uniform front-of-pack food labelling system (FoPLs) as an effective health intervention and potential options.

9. In 2009, ANZFRMC endorsed the FoPL Policy Statement (PS) to provide consumers with information on the FoPL that fitted with broader health strategies (“guiding consumers to the selection of foods consistent with the Australian and New Zealand Dietary Guidelines”) and incentivised “improvements to the healthiness of the food supply” (9,10).

10. In 2011, the Blewett review recommended development of a comprehensive Nutrition Policy (NP) that included a food labelling framework (Recommendation Number 9) as a priority, and development of an interpretive FoPLs reflective of the policy (Recommendations Numbered 50, 51, 52, and 53), that would achieve the aims and objectives of the PS (11).

11. In 2013, the Standing Council on Health noted, in the interim [to developing a comprehensive NP], the importance of taking into account the ADG and seeking advice from existing public health expert groups relevant to food labelling regulation policy or standards. The Australian and New Zealand Forum on Food Regulation (FoFR) endorsed a FoPLs for packaged, manufactured and processed foods (that included a health star rating (HSR) and a nutrient information element) to be implemented voluntarily over 5 years with implementation progress reviewed after two years (12).

12. In 2014, the Commonwealth Government launched a voluntary HSR system and website developed in collaboration with industry, consumer and public health groups including the PHAA (13). No opportunity for broad public consultation was provided, though PHAA consulted widely with other health groups. Amid accusations of breaching parliamentary conflict of interest (COI) rules the website was withdrawn, then reinstated following public health and community advocacy.

13. An HSR calculator enables manufacturers to enter selected nutrient or food group content per 100g to determine the number of health stars (out of a maximum of 5 with a minimum of 0.5 stars) that can be attributed to the product. The algorithm developed to determine the HSR aims to distinguish the relative healthfulness of a food product within specific categories.

14. In 2015, a HSR awareness campaign commenced and there have been three advertising phases (14).

15. An industry engagement strategy has explained the HSR system and disseminated materials and resources via 28 workshops between 2014 and 2016 for industry and public health professionals.
Governance of the Australian Health Star Rating

16. There is increasing recognition of the need to ensure transparency, rigor and public scrutiny of government food and nutrition policy, regulatory and norm-setting activities to ensure they are adequately protected from undue commercial interest (15). The HSR Advisory Committee, appointed by Food Ministers, includes representatives with commercial COI, notably the Acting Chief Executive Officer of the Australian Food and Grocery Council, yet insufficient, relevant public health nutrition expertise (i.e. detailed knowledge of the ADG and underlying evidence-base).

17. In 2016, in response to issues raised in stakeholder consultations the HSRAC agreed to further consider: 1) Whether the HSR aligns with the ADG and the Australian Guide to Health Eating (AGTHE) (a Technical Advisory Group (TAG) was appointed to assess this); 2) campaign activities to increase trust, change purchasing behaviour, consider wider nutrition message and address cross-category promotions (Social Marketing Advisory Group (SMAG) and the Department of Health to do this); 3) making the scheme mandatory to increase uptake, formalise quality control and ensure consistent appliance across all products (HSRAC to recommend and Ministers to decide as part of five year review).

18. PHAA is of the view there is insufficient, relevant public health nutrition expertise on the Technical Advisory Group. Required knowledge and skills include detailed knowledge and understanding of the ADG and underlying evidence-base and decision making processes including the six major sources of scientific information (including previous ADG; NRVs and daily nutrient requirements; modelling to identify serving sizes and minimum number of serves required to meet nutritional needs in Australia and inform the AGTHE; systematic, graded, literature reviews of the evidence on the links between foods/nutrients and health outcomes; current food and nutrient intakes and dietary patterns; and key authoritative reports, public and international consultations).

Evaluation of the HSR

19. In 2016, an Australian Government-commissioned evaluation of awareness and impact of HSR, conducted using a 15 minute online survey of a nationally representative sample of 1007 main/joint grocery buyers ≥18 years found:

a. Awareness of the HSR was 26% (unprompted) and 59% (if prompted) and most want to see HSR on more products (37% would like to see it on all and 28% on more products). Seventy seven percent of those aware of the HSR were likely to take some action including 42% buying new products based on the HSR(16).

b. One in four respondents were aware of the advertising campaign, only 40% knew it was a government-led scheme, and a third thought the message was ‘only purchase food with a HSR’
(32%) and 14% thought it conveyed ‘you should buy more packaged foods’. There was confusion over whether HSR should be used within or between categories including the incorrect perception held by half of the respondents that the HSR makes it easier to compare products in different sections of the supermarket; only 44% trusted the system (16).

20. In 2016, in Australia, 14% of eligible products (2,031 / 14,102) displayed the HSR graphic (the majority option 4 (HSR + energy icon) or 2 (HSR + energy icon + 3 prescribed nutrient icons) and most were consistent with the style guide. Increasing to around 7000 products in 30 food categories manufactured by 140 companies in April 2017 in Australia. In comparison, the Heart Foundation’s former Tick program resulted in 2000 products in 80 food categories carrying the logo after 26 years potentially due in part to costs associated with the certification process.

21. Of manufacturers who adopted the HSR in the early stages, many had only applied it to some of their products (counter to HSR Guide to Industry directions). Several companies reported higher sales of products carrying HSR, with cereal and cereal products, fruit and vegetables, sauces and spreads, and bread and bakery products the most common categories displaying HSR(17). Supermarket own brand products (i.e. those manufactured or produced by Woolworths or Coles) made up half of the HSR-labelled products in the second year, with Nestle, Simplot and Sanitarium Health Foods the other main manufacturers introducing HSR-labelled products.

22. The government commissioned consultation through the National Heart Foundation found that: companies acknowledge consumers prefer a government-led scheme; some companies thought HSR should be applied only to a limited number of FFG foods; and others thought HSR should be applied to all foods; and there were also suggestions to shift the focus of the HSR system from nutrients toward whole foods and dietary patterns focus; many companies were satisfied with the current HSR system and planned to expand it. But some companies reported that the [perceived] anomalies in the HSR Calculator would need to be addressed before they would implement the HSR system across all of their products; and many companies wanted more consumer education to assist in correct use of the scheme.

HSR application on nutritious five food group versus discretionary foods

23. The ADG are a policy tool that classify foods based on graded evidence of association between their consumption and health outcomes and/or risks of ill-health outcomes (2), whereas, the HSR system classifies foods predominantly on selected features including some nutrient cut-offs, which is not necessarily related to health outcomes.

24. According to the current HSR Guide to Industry an ‘anomaly’ occurs within HSR when a star rating is inconsistent with the ADG, or when used to make comparisons within a food category or across
comparable food categories that would mislead consumers (HSRAC takes both factors into account as part of its considerations).

25. Some work has been done to examine alignment of HSR with the ADG. Using a HSR of 3.5/5 stars to indicate consistency with ADG Five Food Group (FFG) foods and a HSR of 0.5 – 3/5 stars to indicate discretionary foods, work commissioned by NSW Health examined appropriateness of HSR for use in school canteens and applied the HSR algorithm to 11,500 products across 30 food categories. There was a 79% agreement for FFG foods and an 86% agreement for discretionary foods (18). The current HSR algorithm misclassified one in five FFG foods (with HSR of ≤3.5) and one in seven discretionary foods (a HSR ≥3.5). Put into the context of a typical supermarket selling 30,000 packaged foods (19), the level of demarcation between FFG and discretionary foods found in this research is concerning.

26. Half of the new discretionary products launched onto the Australian market between April and December 2016 displayed ≥3 HSR stars (20) and another study found that 95% of 215 high market share ultra-processed foods contained added sugars (described in 34 different ways), 55% carried a HSR, and 55% achieved a HSR of ≥3.5 (21).

27. The significant number of outliers identified in research to date suggests there is some disconnect between the HSR system and the ADG, in that the HSR system does not adequately encourage consumption of foods, food groups and dietary patterns consistent with the recommendations of the ADG. One of the factors is that the system was specifically designed for packaged food. The assertion by some that the HSR system risks undermining evidence-based dietary advice and creating a food environment that contributes to consumer misinformation; potentially decreasing consumer trust in the system.

HSR strengths and weaknesses and recommendations for action

28. In just three years, the HSR system, developed in collaboration with industry, has had considerable uptake by manufacturers and retailers and coverage across products, categories. In its application in New Zealand, there is evidence of product reformation in 86% of products displaying HSR (reductions in sodium, sugars, saturated fat, and addition of fibre to achieve higher stars) with both ongoing government and industry support which is a significant achievement. While not yet examined systematically, similar results are likely in Australia.

29. The HSR was originally intended to be used across food categories – so for example, shoppers could see that yoghurt was a better purchase than a muesli bar (or other confectionary). A criticism of the HSR campaign messages “the more stars the healthier” only applies to comparison between similar foods, but could incorrectly be interpreted by the consumer to apply across all food categories. The comparison categories are not explicitly obvious to the consumer at point of sale.
Background Paper: Health Star Rating

30. The Food EPI obesity report on Australian governments’ identified that the HSR was a potentially positive development, but recommended to “Fast-track changes to the HSR scheme to address anomalies/design issues, and make the scheme mandatory for all packaged food by July 2019 (22).

PHAA recommends the following priority actions and HSR reforms

31. Progress, as a priority, the development of a comprehensive Australian Nutrition Policy that includes evidence-based food supply and nutrition promotion policy actions, including the reformed HSR system as a FoPL initiative.

32. Take action to strengthen the HSR scheme and address weaknesses that potentially undermine its success in promoting healthy eating:

   a. Reconsider HSR Advisory Committee industry representation due to real and/or perceived commercial conflicts of interest, and include membership of relevant public health nutrition expertise.

   b. Appoint high level public health nutrition expertise representation (with detailed understanding of the ADG and underlying evidence base) to the Technical Advisory Group to ensure HSR algorithms better align with the ADG.

   c. Revise the HSR algorithm and develop a policy position to:

      i. Ensure better demarcation between five food group foods (to encourage consumption) and discretionary foods and drinks (to discourage consumption) to align with the Australian and New Zealand Dietary Guidelines. Five food group foods should get more stars than discretionary foods. One option to achieve this would be to make Five Food Group foods eligible for 2.5-5 stars, while limiting discretionary choices to 0-2 stars.

      ii. Only apply the FVNL ‘intact’ FVNL and minimise or eliminate the addition of ingredients with negligible health benefit in reformulation. It is important not to just prevent the use of inulin powder and/or soy protein isolate, but to prevent ingredients such as fruit juice concentrates, coconut ‘flour’ or coconut ‘sugar’ being added to breakfast cereals, muesli bars, children’s snack foods and various discretionary products to garner extra stars.

      iii. Increase penalties for ‘added’ or ‘free’ sugar without penalising naturally occurring sugar, and include “added sugars” instead of “total sugars” on the HSR standard front of pack graphic and in the existing Nutrient Information Panel.
d. Address the ‘as prepared’ loophole, that allows some categories to display HSR on the basis of the food ‘as prepared’ with other components in a manner that may be misleading to consumers and foster high stars on discretionary foods. Make HSR scheme mandatory across all foods to improve utility for consumers and establish a level playing field for industry. At this time, revise the lower limit of HSR to zero.

e. Once improved, consider the application of HSR scheme to food service menu labelling.

f. To measure impact on the food supply, monitor the nutrient profile and food group classification of products displaying the HSR against ADG recommendations at 6 monthly intervals and report the findings at each Forum meeting.

g. Revise the HSR education campaign to promote ADG messages and how to utilise FoPL to improve food literacy, awareness and understanding, particularly for population groups vulnerable to poor nutrition. Develop a HSR system that supports accurate messaging across categories (such as applying the “the more stars the healthier” message to emphasise comparison of the HSR across food categories, instead of only within categories).

33. Action reforms so that they are implemented before mid-2019, the next HSR review date.

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Background Paper: Health Star Rating

References


