Health Star Rating system  
(aligned with the Australian Dietary Guidelines)

Policy Position Statement

Key messages: Consumers want reliable, easy to interpret information to assist them to choose a healthy diet. Information on food labels can assist them to make informed choices in line Australian Dietary Guideline (ADG) recommendations and the Australian Health Star Rating (HSR) system aims to do this. Consumer trust in the HSR needs to increase if it is to achieve its public health objective. Reform of the HSR system is required to re-build trust, improve alignment with the ADG, and to protect the system from undue commercial vested influence.

Key policy positions:

1. The PHAA supports the implementation of a reformed, government-led HSR as the single, mandated front-of-pack labelling system to help promote healthy eating.

2. As a priority, the HSR should be reformed ensure Government has primary responsibility for the governance, design and implementation and to align with ADG, to strengthen its capacity to protect public health and build consumer trust.

3. There is an urgent need to develop the overarching Australian Food and Nutrition Policy with evidence-based actions to address food supply and demand, with the reformed HSR as one of its priority actions.

4. Advocacy is needed for immediate reform of HSR’s governance, design, implementation, monitoring, ongoing independent evaluation and review against the ADG.

Audience: Federal, State and Territory Governments, policy makers and the general public.

Responsibility: PHAA Food and Nutrition Special Interest Group

Date adopted: 26 September 2018

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Health Star Rating system

Policy position statement

PHAA affirms the following principles:

1. Prioritise an Australian Nutrition Policy that includes government investment in evidence-based actions including a reformed government-led, single, mandated HSR to encourage Five Food Groups (FFG) consumption instead of promoting discretionary packaged food as one strategy.

2. Reform the HSR to be consistent with the ADG as an urgent priority, to increase FFG and decrease discretionary food and drink consumption.

PHAA notes the following evidence:

3. Poor diet and high body mass index are the leading causes of Australian disease burden and a public health priority.¹

4. Dietary guidelines provide scientifically-based advice on the consumption of foods, food groups and dietary patterns to promote health and prevent chronic disease and form the basis for policies to foster healthy eating.²

5. Australians derive over 35% of their energy intake from discretionary choices, and less than 4% adhere to Australian Dietary Guidelines (ADG) recommendations to: choose amounts of nutritious FFG food (including drinks) to meet energy needs; enjoy a wide variety of FFG foods every day; and to limit ‘discretionary’ foods and drinks (those high in saturated fat, added sugar, salt and/or alcohol that are not required for health).² This dietary pattern contributes to disease burden.

6. In 2009 government endorsed a Front-of-Pack-Labelling Policy Statement (PS) to “guide consumers to the selection of foods consistent with... ADG” and incentivise “improvements to the healthiness of the food supply”³ and, in 2011 started developing a Nutrition Policy that included a food labelling framework to achieve the PS aims.⁴

7. The voluntary Health Star Rating system (HSR) for packaged, manufactured and processed foods launched in 2014.⁵

8. There is a need for transparency, rigor and public scrutiny of government food policy, and regulatory activities to ensure they are adequately protected from undue commercial influence.⁶,⁷

9. The HSR Advisory Committee representatives include those with commercial conflicts of interest and insufficient, relevant public health nutrition expertise (i.e. detailed knowledge of the ADG and underlying evidence-base).

10. HSR’s two-year review showed some: industry uptake; consumer awareness, understanding and use; and product reformulation.⁸ Consumer and industry concerns included: better alignment with ADG; campaign message confusion; and progression toward mandatory application.⁹ HSR anomalies (where the HSR is inconsistent with the ADG or used for comparisons that would mislead consumers) and lack of alignment with ADG contribute to consumer misinformation and decreasing trust in the system.¹⁰-¹⁴

11. Reform to HSR governance, anomalies and mandatory application are needed from the five-year review.¹⁵
PHAA Position Statement on the Health Star Rating system

PHAA seeks the following actions:

12. Progress, as a priority, development of an Australian Nutrition Policy.

13. Reform the HSR to address weaknesses that currently undermine its ability to promote healthy eating (specific recommendations are included in background document).

14. Consult publically on the reformed HSR before finalisation.

15. Revise the industry representation to remove real and/or perceived commercial conflicts of interest and include relevant public health nutrition expertise representation on the HSR Advisory Committee and Technical Advisory Group.

16. Revise the HSR algorithm and adopt a policy position to: demarcate FFG and discretionary foods; minimise ingredients with minimal health benefits; increase ‘free’ sugar penalties and labelling; and address the ‘as prepared’ loophole.

17. Make HSR mandatory across all foods to improve utility for consumers and establish a level playing field for industry and make the lower limit of HSR zero.

18. Measure impact on the food supply – monitor food group classification and nutrient profile of products displaying the HSR against the ADG at 6 monthly intervals and report the findings publicly and at each Forum meeting.

19. Revise the HSR education campaign – promote ADG messages (to emphasise comparison of HSR across food and drink categories, so that those with more stars really are the healthiest choices), and inform how to use HSR to improve food literacy, particularly for vulnerable groups.

PHAA resolves to:

20. Advocate for an overarching Australian Nutrition Policy that includes evidence-based policy actions to address food supply and demand, including a reformed HSR.

21. Continue to work closely with government to reform the HSR to increase its effectiveness as a public health intervention to promote the ADG recommendations and to protect it from undue vested commercial influence.

22. Advocate for immediate reform to HSR governance, design, implementation, monitoring, ongoing independent evaluation and review against the ADG.

ADOPTED 2018
(First adopted 2017)
References