Public Health Association of Australia
submission on Five Year Review of the
Health Star Rating system – Consultation
Paper: Options for System Enhancement

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to the consultation on options for enhancement of the Health Star Rating (HSR) system. As a public health tool, the HSR system needs to provide Australians with quick reference, clear and accurate information to help them choose a healthier diet. PHAA commends the Government on their commitment to the principle that the HSR should align with the Australian Dietary Guidelines.

To assist with these principles PHAA recommends that the energy icon be replaced by the HSR, to provide consistency in front of pack labelling and avoid potential confusion for consumers.

PHAA advocates for the consideration of added sugars rather than total sugars in the HSR. Throughout this submission, we use the term added sugars to align with the World Health Organization definition of 'free sugars':

Free sugars include monosaccharides and disaccharides added to foods and beverages by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.

Throughout this submission, PHAA will advocate for FVNL points to be available only for minimally processed, or fresh, fruit and vegetables. This would better align with the Australian Dietary Guidelines.

PHAA Response to the consultation paper

1. Fresh or minimally processed fruit and vegetables

1.1 What is your preferred option?

B: All fresh and minimally processed fruits and vegetables automatically receive an HSR of 5, but also applicable for unpackaged fruits and vegetables.

PHAA supports all fresh and minimally processed fruits and vegetables automatically receiving an HSR of 5. This change to the HSR would be consistent with the Australian Dietary Guidelines (ADG), and improve the public health impact of the system. It is important to note that this should include legumes (consistent with the Australian Guide to Healthy Eating); must not include any additions of fat, sugar, salt, alcohol or any additive; and be applicable for unpackaged fruits and vegetables using shelf labels or talkers, posters or other signs adjacent to the display of the product.

The PHAA has concerns about unintended environmental consequences of this change in terms of increased unnecessary packaging of fresh fruits and vegetables. It is critical that the HSR can be applied to shelf labels or similar so that fresh fruit and vegetables can benefit from the addition of the HSR without requiring unnecessary and environmentally damaging packaging. HSR posters of this type have been successfully trialled in Australia, with positive feedback from customers and retailers, and an increase in sales of fresh fruit and vegetables. This issue may be considered outside the remit of this consultation, however, the change can be made with these concerns in mind, to allow for shelf labels, rather than specifically requiring packaging.

According to the Australian Government Department of the Environment and Energy, only 14% of plastic in Australia is recovered for recycling or energy recovery. Almost all (95%) single use plastic packaging is...
discarded after a single use, and of the 3 billion tonnes of plastic Australians produce, up to 130,000 tonnes will end up in the ocean. Fruit and vegetables are washable and often come in their own compostable packaging constructed by nature. Changes made to the HSR system must align with broader Government commitments to work with states and territories and industry to reduce the amount of plastic waste, increase recycling and minimise the impact on the environment.

2. Non-dairy beverages

PHAA supports options C Non-dairy beverages may only display the stars and D Non-dairy beverages are ineligible to score modifying points for their FVNL content, but notes that the risk of artificially sweetened beverages receiving higher scores may remain unaddressed through this change. The addition of artificial sweeteners to the HSR algorithm may be helpful in the future.

2.1 What is your preferred option?

A: Status quo for non-dairy beverages

PHAA does not support this option. The current 4.5 to 5 star scoring of 100% juice does not clearly communicate that water is the healthiest option and that 100% juice are high in free sugar which is harmful to health. The use of the energy icon is also not sufficient, as it is not comparable to the star rating.

Non-dairy beverages are the highest contributor to free sugar in the Australian diet, therefore information for consumers from the HSR is more relevant and important than the energy icon. The inclusion of both may contribute to confusion for consumers.

B: Non-dairy beverages (other than water) may only display the energy icon

PHAA does not support this option. The energy icon on its own does not meet the objectives of the HSR to provide useful information to consumers that enable them to make informed choices. Current research on the HSR system shows consumers commend the HSR component of the system as a useful indicator of product healthiness due to its ease of use. Conversely, the nutrient and energy icons are rarely noticed or identified as an important feature of the Health Star Rating System. The energy alone icon is significantly less noticeable and less useful than interpretive systems or the full array of nutrient icons, with consumers reporting the icon to be too small and too complex to understand.

Consumers often have a poor understanding of the concept of energy and kilojoules, and this often leads them to perceive products displaying a higher energy amount to be associated with positive health outcomes rather than a risk of over-consumption and negative health impacts. The energy icon alone is therefore ineffective in influencing consumer awareness of adverse health outcomes from over-consumption of energy-dense nutrient-poor products.

Under FSANZ Standard 1.2.8 Nutrition Information Requirements, packages are exempt from carrying a Nutrition Information Panel if they are less than a total of 100cm². An audit of products using only the energy icon has found that product size was not related to the use of an energy icon alone, or in combination with the full array of nutrient icons. The HSR icon has been successfully used on products as small as individually wrapped Tim Tams, and is therefore appropriate for all product sizes.
C: Non-dairy beverages may only display the stars
PHAA supports this option.
Current research on the HSR system shows consumers commend the HSR component of the system as a useful indicator of product healthiness due to its ease of use.\(^6,9\)
When given a choice, manufacturers have shown the tendency to select the energy icon on its own over the star rating icon, with the exception of beverages that score a high health star rating of 4.5 or 5.\(^13\)
In the beverage category, only 6.8% of non-dairy beverages display the star rating icon.\(^11\) Many high and very-high sugar containing non-dairy beverages are positioned as healthy through a number of claims and features on their label. The HSR may work as a way to help counter some of these claims to communicate to consumers when beverages are high in sugar.\(^13\) The HSR significantly reduces selection of sugar-sweetened beverages,\(^12\) but the Daily Intake Guide (with energy amount and DI%) does not.\(^14\) Consumers are also willing to pay more for healthier products with a higher HSR rating.\(^14\)

D: Non-dairy beverages are ineligible to score modifying points for their FVNL content
PHAA supports this option as better recognising the sugar content of these beverages.
The World Health Organization’s (WHO) new updated guideline notes that the previous advice to reduce free sugars intake to less than 10% of total daily energy intake has been updated with calls for further reduction of free sugars intake to less than 5% of total energy intake if possible.\(^1\) WHO includes fruit juices in the definition of ‘free sugars’.
The evidence presented in the ADG for ‘fruit’ being a separate food group relates to whole fruit, not fruit juice.
For these reasons, fruit juices should not be permitted to include FVNL points in the HSR algorithm.
 Australians consume in excess of the WHO recommendations and beverages contribute the most to free sugar consumption in the diet.\(^7,15\) Free sugar content should therefore be a core driver of the HSR algorithm for non-dairy beverages. Allowing FVNL modifying points contradicts the advice given by the WHO.
The average sugar content of 100% juices on the Australian market is 10 grams per 100ml\(^13\) and none have a low amount of sugar (defined as ≤2.5g per 100ml). One common ready-to-drink bottle of 100% juice can therefore almost exceed the daily recommendations for free sugar intake suggested by the WHO.\(^16\) A recent systematic meta-analysis review concludes that the current evidence suggests 100% juice is associated with the incidence of type II diabetes, independent of adiposity, and concludes that 100% juice should not be recommended as a healthy alternative to other beverages or included in dietary recommendations.\(^17\) Such evidence is already incorporated into the New Zealand Dietary Guidelines which does not recommend consumption of juice, and other countries such as Canada are in the process of similarly updating their guidelines to remove juice a recommended food.\(^18\) It is important to note that the ADG precede the recommendations for free sugar intake by the WHO and that as they currently stand, the recommendation cautions that 100% fruit juices should be consumed ‘only occasionally and in small amounts’ due to their high energy and consequential role in weight gain, their low fibre content and their risk for displacing other nutritious foods in the diet.\(^2\) The ADG also state that a recommended serving of fruit juice is 125ml\(^2\) which is much less than a typical packaging of 100% juice designed for single servings.\(^11,19\)
The 100% juices have a sugar content often comparable to or higher than other sugary drinks.\(^13\) The current scoring results in them gaining a largely favourable scoring alongside that of water, and displaying the HSR system, more often than waters.\(^11\) This leads to consumer confusion and distrust in the HSR, which can be
harmful to the overall success of the system. The inclusion of modifying FVNL points also leads to issues with the overall HSR ranking of beverages. For example, a juice that is lightly flavoured (e.g. 5% juice with no sugar) will score much lower than a 100% juice with a significantly higher sugar content. Industry are beginning to implement low sugar options to address consumer health concerns regarding sugar consumption, and the current scoring results in a disincentive for certain segments of the beverage market to reformulate to low sugar options. Giving non-dairy beverages with FVNL content > 40 a greater number of stars has the potential to encourage manufacturers to substitute sugar in their products for fruit juice or fruit puree in order to obtain positive modifying points rather than be penalised for containing sugar.

Consumers already perceive juice to be a healthy alternative to other beverages, and research on the HSR system indicates that preconceptions on the healthiness of foods effects positivity biases. Such research should be considered in the context of 100% juice in that if consumers already perceive juice to be a healthy beverage a 5 HSR on these products may confirm these preconceptions.

3. Sugars

3.1 What is your preferred option?

PHAA supports options B: Replace total sugars with added sugars and C: Increase the baseline points awarded for total sugars to reduce the HSRs for products relatively high in total sugars, noting that in combination with B, C would become “Increase the baseline points awarded for added sugars to reduce the HSRs for products relatively high in added sugars”.

The use of added sugars rather than total sugars in the HSR algorithm is more relevant for public health outcomes, and addresses inconsistencies in the system. The alignment of the HSR with the ADG would be improved since the ADG refer to added sugars not total sugars. Guideline 3 states “Limit intake of foods containing saturated fat, added salt, added sugars and alcohol”. Research has shown that the use of added sugars rather than total sugars would increase alignment of the HSR with the ADG. With the Food Regulation Forum consultation on the inclusion of added sugars in the Nutrition Information Panel (NIP), the NIP details are likely to include added sugars soon. This would also assist with concerns about the veracity of added sugar claims. Other aspects of the HSR and on food labels rely on industry’s honesty with specification in the ingredient list but no verifiable quantity.

Another previously held concern about using added sugars arose from the seasonality of natural sugar content of some ingredients. However, many other ingredients in foods rely on seasonality – for example the oils used for frying or other methods used in producing various processed foods; the nuts used; changes in many ingredients (including the exact fat content in items such as dairy foods, oils, fish or meats; or the exact sugar content in fruits). Such variation can be overcome for added sugars, just as it is for these other examples.

The inclusion of added sugars in the HSR has previously been supported by the National Health and Medical Research Council (NHMRC). Replacing total sugars with added sugars would be in line with the existing ADG, current evidence and WHO recommendations, and other similar front-of-pack labelling systems worldwide. The draft proposal for the United Kingdom review of their nutrient profiling model, on which HSR is based, replaces total sugars with free sugars. The incentives the HSR provides for reformulation are increased when the nutrients of highest concern to consumers, such as added sugars, are included.

Re-scaling as outlined in Option C is also an important improvement required for the HSR algorithm. An extension of the sugars table for added sugars to 30 points would be consistent with treatment of sodium and saturated fat. The proposed changes to the UK model reduce this even further to align with the goal of free sugars making up only 5% of total dietary energy. This extension need not go up to 99% sugar as it
does currently to cover the entire food supply (including packaged sugar). For example, yoghurts generally have less than 10% added sugars, a plain cake is about 25% (added) sugar, and a jam tart is about 33% (added) sugar. A lower level will better discriminate between products with different sugar levels and provide an additional incentive for manufacturers to reformulate.

4. Sodium

4.1 What is your preferred option?

PHAA supports Option B: Increase the maximum sodium levels used to determine baseline points for sodium to better reflect the range of sodium levels in the food supply, but with changes to the sodium table below 900mg/100g for better alignment with the ADG and public health outcomes.

The proposed sodium table diverges in baseline points granted over a threshold of 900mg. Using this as the mark for ‘high’ sodium content does not address products relatively high in sodium, as recognised in the consultation paper which notes that only 8% of products in the TAG database have a sodium content > 900mg/100g. It is also higher than other systems. For example, the National Health Service uses 600mg, and Food Standards Australia and New Zealand uses 120mg for ‘low’ sodium. Reducing the threshold to 600mg would better identify discretionary products high in sodium, thereby increasing alignment with the ADG.

Recent evidence with the 2017 review of the Nutrient Reference Value for Sodium suggests a reduction in the dietary target for sodium from less than 2,300mg per day as in the ADG, to less than 2,000mg per day. This reduced target would be better supported through a reduction of the HSR algorithm threshold. The thresholds proposed by Public Health England in their review of the UK Nutrient Profiling Model on which the HSR system was based may be a useful guide here. Their modelling would suggest a threshold of 750mg rather than 900mg.

5. Protein

5.1 What is your preferred option?

PHAA supports and preferences Option C: Remove protein from the HSR calculator. If protein must be retained, PHAA supports option B Adjust the threshold at which products can claim modifying protein points to reduce the ability for less healthy products to increase their HSR through protein, but with an adjustment to 11 rather than 13.

The inclusion of protein in the HSR is unnecessary because protein is not lacking in the Australian diet, with almost all Australians and New Zealanders meeting or exceeding recommended protein intakes. The original motivation for including protein referenced it being a proxy for calcium in dairy products and iron in animal products. However, protein occurs in many foods, and does not necessarily correlate with iron and calcium content. For example:

- Meat and poultry contribute 34.4% of protein, 2.9% of calcium and 18% of iron
- Milk and milk products contribute 11.8% of protein, 41.5% of calcium and 1.5% of iron
- Cereals, cereal products and dishes contribute 14.1% of protein, 12.8% of calcium and 32.5% of iron
- Cereals-based products and dishes contribute 16.6% of protein, 13.2% of calcium and 16% of iron.
As can be seen from these figures, products that contribute the bulk of protein do not necessarily match those that are the major sources of iron and calcium. Especially noteworthy that products other than milk and milk products contribute well over half of the calcium in the Australian diet. If protein is to be retained, PHAA supports adjusting the threshold by which products can claim modifying protein points to the originally proposed 11 baseline points, in line with the validated UK Nutrient Profile model. The threshold should be determined based on health outcomes, not commercial concerns as seemed to be the case in the decision to increase to 13 points. \(^{35}\)

6. Fibre and wholegrain

6.1 What is your preferred option?
PHAA supports Option A: Status quo for fibre.

PHAA believes that wholegrains should be given a higher benefit in the HSR algorithm. However, the currently proposed solutions would not appear to address this concern, but may instead lead to unintended outcomes which would not support the overall HSR system.

7. Oils and spreads

7.1 What is your preferred option?
PHAA supports Option B: Rescale Category 3 upwards to increase and narrow the range of HSRs for oils and oil-based spreads so that healthy oils receive higher HSRs which better represent their relative nutritional value, but with a cap for oils of 4 stars to align with the ADG.

The ADG does not consider oils to be a food group,\(^ {2}\) but makes allowances for them because of their use in cooking and salad dressings.

PHAA notes that this is an area where the current HSR system does not operate well. While the system remains voluntary (and therefore predominately appearing on products receiving higher scores\(^ {36}\), and for comparison within categories (which is not well understood by consumers\(^ {17}\)), there is a potential for misleading scores and comparisons to be made. PHAA recommends a cap to ensure that oils cannot receive a 5-star rating similar to, for example, water.

8. Salty snacks

8.1 What is your preferred option?
PHAA supports Option B: Remove modifying points or restrict the HSR for salty snack products to reduce their HSRs in line with their status as discretionary foods, but with fried vegetables being ineligible for FVNL points.

The PHAA supported amendments to the algorithm relating to both sodium and protein may be helpful for salty snacks, in combination with Option B here and ineligibility of FVNL points.

The variety of products available now under in the salty snacks category, with chips being made from multiple vegetables, rather than just the traditional potato chips, the inclusion of FVNL points is perhaps more problematic now than when the HSR was first designed. Restricting FVNL points would be consistent with other amendments supported by PHAA, to align with the ADG and preference fruits and vegetables that are minimally processed.
9. Dairy desserts

9.1 What is your preferred option?
PHAA supports Option B: Redefine Category 2D to include dairy desserts, and rescale to ensure that healthier options receive higher HSRs and comparability is improved between similar dairy products.

In combination with the move from total sugars to added sugars, PHAA believes that the re-definition of dairy desserts will better align the HSR with the ADG. The ADG specifically recommend milk, cheese and yoghurt rather than 'dairy' more broadly. This is in recognition of the consumer tendency to view products such as ice cream, cream and custard as being within a broader ‘dairy’ group.

10. Ice confections and jellies

10.1 What is your preferred option?
PHAA supports Option B: Redefine Category 1 to include water-based ice confections and jellies to align their HSRs with nutritionally similar non-dairy beverages.

In combination with the move from total sugars to added sugars, and with the emphasis on fresh and minimally processed fruit and vegetables, PHAA believes that this option would better align the HSR with the ADG.

11. Additional comments

The most important principle underlying the Health Star Rating (HSR) Front of Pack Food Labelling System is that its application should help citizens choose healthier food and drinks in order to improve population diet-health outcomes. Food, diet and health relationships are outlined in the Australian Dietary Guidelines informed by five key sources of scientific evidence, including the Evidence Report, which presents systematic reviews of food, diet and disease/health relationships, from the period 2002–2009. It is imperative that the HSR is consistent with and supports the recommendations of the Dietary Guidelines of Australia and New Zealand.

Relevant recommendations of the Dietary Guidelines include increasing consumption of foods and drinks in the five food groups and limiting intake of unhealthy or 'discretionary' foods and drinks. According to the Australian Dietary Guidelines definition: "Discretionary foods and drinks are not a necessary part of a healthy diet and are high in saturated, added sugars, salt and/or alcohol". Discretionary foods and drinks are those that are not classified as five food group foods, as healthy 'unsaturated' spreads and oils allowance, or as water. The Australian Dietary Guidelines recommend that discretionary foods and drinks should be used only sometimes and in small amounts, highlight that most Australians consume too many of these unhealthy choices instead of five food group foods, and go on to note that "for those who are short, small, above the healthy weight range or not very physically active, there is little or no room in healthy dietary patterns for any discretionary choices at all."²

However, by placing health stars on discretionary foods and drinks, particularly over the mid-way or "pass" point of 2.5 out of 5, the current HSR system risks promoting consumption of discretionary foods and drinks. To help improve, rather than contribute to, population diet-related health outcomes, it is imperative that the algorithm and scaling underscoring the current HSR system be amended so that discretionary foods and drinks are not inadvertently promoted.

Further, there is evidence of a dominance of discretionary foods and drinks scoring high stars (>3 and ≥3.5 ) being released on supermarket shelves, as the system is currently voluntary.³⁸,³⁹ Therefore, once
improvement in the algorithm and scaling underscoring the system is achieved, it is critical that the HSR system become mandatory.

Improved food labelling initiatives have potential to improve choice of healthier products by the Australian and New Zealand population. However, as shown in the Scoping Study for a New Nutrition Policy in Australia prepared for the Commonwealth Department of Health in 2013 such initiatives are most effective when they are embedded within comprehensive, evidence-based national food and nutrition policies. Such overarching policies are lacking in Australia and New Zealand at present. Cost-effective policy actions, that would support the HSR system and other initiatives, include a comprehensive national food and nutrition monitoring and surveillance system to provide contemporary data to inform scenario and impact/outcome modelling, and review of the Australian and New Zealand Dietary Guidelines to provide the most up-to-date quantitative evidence of food, dietary patterns and health relationships. These two essential pieces of public health infrastructure are essential components of comprehensive national food and nutrition policies. An exemplar nutrition policy, including these components and an evidence-based front of pack food labelling system, is included along with relevant recommendations in the Scoping Study for a New Nutrition Policy in Australia. There are also opportunities to secure a broader policy framework in Australia with the recent release of the recommendations of the Senate Select Enquiry into the Obesity Epidemic in Australia 2018.

Without being contextualised in a broader policy framework, the HSR system is unlikely to contribute clinically meaningful health outcomes, particularly given the current lack of transparency inherent in the system and the voluntary nature of its uptake. Further, such isolated initiatives can distract expertise and capacity from potentially more cost-effective nutrition policy actions. Efforts could be better harnessed if HSR governance was embedded within the current food regulatory system in Australia and New Zealand, that is, with a greater role for Food Standards Australia and New Zealand with its developed and transparent stakeholder engagement mechanisms. In particular, within the HSR system, the current participation in policy developments of conflicted stakeholders with vested interests, the use of private food composition data bases, lack of transparency in modelling and identification of options, lack of ability to test /replicate process results, and lack of impact and outcome data on dietary intake and health outcomes are hugely problematic from a nutrition science and public health perspective. In addition to better governance, the current HSR system could be improved by the formulation of clear goals and targets.

**Conclusion**

PHAA supports the broad directions of the review of the Health Star Ratings system, to improve its effectiveness in helping consumers choose a healthier diet, and to align with the Australian Dietary Guidelines. However, we are keen to ensure that all decisions progress these aims, in line with this submission. The governance of the HSR system with the key involvement of industry in maintaining the product database and modelling proposed changes, combined with the lack of transparency around the availability of data has constrained responses to this consultation process. Without modelling being done and available for each of the originally presented options for enhancement of the system, the outcome of this review may represent a compromise on fulfilling the aims of the system. This is reflected in the conditional support provided for the available options.
Of the options presented, PHAA supports the following changes to achieve better alignment with the ADG and public health outcomes:

- All fresh and minimally processed fruits and vegetables automatically receive an HSR of 5, but also applicable for unpackaged fruits and vegetables
- Non-dairy beverages may only display the stars and are ineligible to score modifying points for their FVNL content, but noting that the risk of artificially sweetened beverages receiving higher scores may remain unaddressed through this change
- Replace total sugars with added sugars and increase the baseline points awarded for added sugars to reduce the HSRs for products relatively high in added sugars
- Increase the maximum sodium levels used to determine baseline points for sodium to better reflect the range of sodium levels in the food supply, but with changes to the sodium table below 900mg/100g
- Remove protein from the HSR calculator. If protein must be retained, adjust the threshold at which products can claim modifying protein points to 11 to reduce the ability for less healthy products to increase their HSR through protein
- Status quo for fibre because PHAA believes that the currently proposed solutions would not benefit wholegrains without unintended outcomes which would not support the overall HSR system
- Rescale Category 3 upwards to increase and narrow the range of HSRs for oils and oil-based spreads so that healthy oils receive higher HSRs which better represent their relative nutritional value, but with a cap for oils of 4 stars
- Remove modifying points or restrict the HSR for salty snack products to reduce their HSRs in line with their status as discretionary foods, but with fried vegetables being ineligible for FVNL points
- Redefine Category 2D to include dairy desserts, and resale to ensure that healthier products receive higher HSRs and comparability is improved between similar dairy products
- Redefine Category 1 to include water-based ice confections and jellies to align their HSRs with nutritionally similar non-dairy beverages

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improving the HSR system.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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References