Public Health Association of Australia
submission on Health Star Rating system
– Draft Five Year Review Report

Contact for recipient:
Front-of-Pack Labelling Secretariat
Commonwealth Department of Health
E: frontofpack@health.gov.au
T: 1800 099 658

Contact for PHAA:
Terry Slevin – Chief Executive Officer
A: 20 Napier Close, Deakin ACT 2600
E: phaa@phaa.net.au T: (02) 6285 2373

25 March 2019
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preamble</td>
<td>3</td>
</tr>
<tr>
<td>The Public Health Association of Australia</td>
<td>3</td>
</tr>
<tr>
<td>Vision for a healthy population</td>
<td>3</td>
</tr>
<tr>
<td>Mission for the Public Health Association of Australia</td>
<td>3</td>
</tr>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>PHAA Response to the draft report</td>
<td>5</td>
</tr>
<tr>
<td>Recommendation 1: The HSR system be continued</td>
<td>5</td>
</tr>
<tr>
<td>Recommendation 2: Option 5, the energy icon be removed from the HSR graphic options</td>
<td>5</td>
</tr>
<tr>
<td>Recommendation 3: Governments, industry, public health and consumer bodies continue to promote the HSR system</td>
<td>5</td>
</tr>
<tr>
<td>Recommendation 4: A package of changes be made to the way the HSR is calculated for foods</td>
<td>5</td>
</tr>
<tr>
<td>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</td>
<td>9</td>
</tr>
<tr>
<td>Recommendation 6: HSR system implementation continue to be jointly funded by Australia, State and Territory and New Zealand governments for a further 4 years</td>
<td>10</td>
</tr>
<tr>
<td>Recommendation 7: Minor changes be made to the governance of the HSR system</td>
<td>10</td>
</tr>
<tr>
<td>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</td>
<td>11</td>
</tr>
<tr>
<td>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</td>
<td>11</td>
</tr>
<tr>
<td>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</td>
<td>12</td>
</tr>
<tr>
<td>Other issues</td>
<td>12</td>
</tr>
<tr>
<td>Conclusion</td>
<td>13</td>
</tr>
<tr>
<td>References</td>
<td>15</td>
</tr>
</tbody>
</table>
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 draft report on the 5 year review of the Health Star Rating (HSR) system.

As outlined in the latest Heart Foundation monitoring report of the HSR, just over 30% of eligible products currently display the HSR, most commonly on confectionary and sugar (or artificially) sweetened beverage products. One in five Australian consumers are aware of the HSR without being prompted, and more than four in five are aware when prompted. The system is trusted by 58% of consumers. While this is an improvement on previous years, it still means that 42% of consumers do not currently trust the system. This highlights the importance of the 5 year review, and the opportunity provided by it, to make meaningful changes to the system and the underlying algorithm, to improve consumer trust. These changes must be driven by the evidence base and addressing consumer concerns, not by a perceived need to minimise the number of products affected by the changes.

If the number of products affected by the proposed changes is of concern, it is important to calculate this correctly based on actual uptake, and not overstate the practical impact. For example, if a certain change would have the potential to affect 100 of 1,000 products, it is easy to simply state that 10% of products will be affected. However, if only 20 of those 100 products currently display the HSR, the remaining 80 are not affected in any real sense of having to change their labels, or respond to consumer queries about the changed rating on their product. So it is more accurate to state that 2% of products will be affected.

The proposed changes arising from the review are a good starting point. But there is clearly more to be done. More significant and difficult changes have not been recommended as outcomes of the 5 year review. Algorithm changes such as recognition of added sugar and wholegrains to improve alignment with the Australian Dietary Guidelines, making the system mandatory, and fixing the misalignment between the original design of the system to make comparison between similar products, and the way that consumers instinctively use it to compare across the product range. These changes however, are required and supported by the evidence, and must be addressed in the near term.

PHAA notes a couple of errors in the review report, relating to reference to the Australian Dietary Guidelines. P11 refers to the ADG recommending Australians eat less sugar, but it should be less added sugar. Later in the report, it refers to the ADG recommending Australians eat more protein which is not correct. These edits should be made in the final version of the report.
PHAA Response to the draft report

Recommendation 1: The HSR system be continued

PHAA supports the continuation of the HSR system, in combination with improvements to the algorithm and governance.

There is evidence that the HSR system is preferred by consumers over for example a daily intake guide, and is effective in helping consumers to identify healthier products, and to change consumer behaviour.

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

PHAA supports the removal of Option 5, the energy icon from the HSR graphic options.

The stated objective 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’ (page 32 of the Review report).

The energy icon is the least well understood or preferred of the icons, is less often noticed by consumers, and is not considered to be an important feature compared with the star icon. It is currently being used strategically by industry for products which would otherwise display a low rating. For example, beverages manufacturers have been using the energy icon on products other than those receiving 4.5 stars.

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

PHAA supports the continued promotion of the HSR system within the context of support and communications about healthy eating more broadly, and the importance of consuming Five Food Groups foods. It is important for consumer confidence and trust in the system to clearly outline that the HSR is a government led system. Changes to the governance of the system arising from this 5 year review, including the closer involvement of Food Standards Australia and New Zealand will also help in this regard. Where the algorithm changes lead to changes in the star ratings of products with existing labels, clear communication of the explanation of those changes and the benefits for the system overall in providing reliable information to consumers, will be essential.

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

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

PHAA strongly supports the inclusion of fresh fruit and vegetables in the HSR system, and the recommendation that they automatically receive an HSR of 5. The proposed definition including legumes but excluding dried or pickled products, and those with a nutrient content which has been reduced or altered through processing, as consistent with the Australian Dietary Guidelines and strongly supported by PHAA.
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.

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.

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)

PHAA supports the stronger penalisation of sugars in the algorithm, but continues to recommend the inclusion of added sugars rather than total sugars, with the points table re-scaled to reflect recommended intakes for added sugars, in line with nutritional evidence and the Australian Dietary Guidelines. The review report notes that the treatment of sugars is the area of most concern to stakeholders. PHAA argues that therefore it must be adequately addressed in the outcomes of the review, to avoid ongoing stakeholder concern in this area.

The review also notes that “It is desirable to:

- Better align the HSR System with Dietary Guidelines (including to better discern FFG and discretionary foods) wherever possible
- Address some of the consumer perceptions around the HSR Calculator’s treatment of sugars (where these perceptions risk undermining confidence in the HSR system)
- Further encourage reformulation of foods to reduce added sugars” (p53)

The evidence strongly supports the inclusion of added sugars rather than total sugars as the most appropriate method of achieving these aims.

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, and the ability of the system to discriminate between five food group foods and discretionary foods.

The review report cites the following reasons for not including added sugars:

- a mean increase in HSRs across most product categories and increases to the HSRs for a number of products of concern to consumers
- added sugars are already indirectly targeted in the HSR System by the inclusion of FVNL and protein in the calculator, which offset the intrinsic sugars present in fruits and dairy products
- the NIP is legally required to display the amount of total sugars in a product as ‘sugars’
- claims regarding added sugars cannot be verified, either by industry or jurisdictions, but all other risk nutrients in the HSR Calculator are quantifiable and displayed on the NIP
the natural sugars content of some ingredients can vary depending on the season

Logically, if total sugars were simply replaced by added sugars, then yes, the HSRs on many products would increase. However, replacing one with the other is only half of the task completed, and misrepresents the proposal. For example, the recommendation by PHAA in the December 2018 consultation was to: “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”. After replacing total sugars with added sugars, there also needs to be an accompanying re-scaling of the points table to reflect the recommended intake of added sugars. This re-scaling should alleviate this problem of increasing HSRs on products of concern, and further modelling by the Technical Advisory Group is required to confirm the outcomes.

The targeting of added sugars through the inclusion of FVNL and protein in the calculator is clearly insufficient to address the issues, otherwise the treatment of sugars would not be the most common concern by stakeholders regarding the algorithm.

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.

PHAA has previously addressed the concerns regarding the seasonality of natural sugar content of some ingredients. 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; and 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 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.

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)

Consistent with our recommendations to the December 2018 consultation, PHAA supports this recommendation as the minimum change required, and preferences the newer proposal regarding changes to products with <900mg sodium content, to ensure changes to the treatment of sodium in the algorithm flow through to the majority of products (which contain <900mg).
PHAA submission on Health Star Rating system – draft 5 year review report

PHAA notes that the proposed changes to products high in sodium will not affect a sufficient number of products of concern, such as salty snacks. Changes below the 900mg threshold are required here, and PHAA commends the consultants for including them as new proposal in this draft review report, through revisions to the sodium points table to reflect the updated Nutrient Reference Values (NRV) of 2,000mg per day.

Additional sodium option to revise sodium points tables to align with updated Nutrient Reference Values

PHAA strongly supports the additional option for sodium, to revise the sodium points tables for all HSR categories to align with the 2017 update to the sodium NRV. The updated NRV are based on clear evidence that excessive sodium intake is a significant risk factor for mortality and morbidity, and that most Australians currently have excessive sodium intake, approximately double the new recommendation of 2,000mg per day. The Forum on Food Regulation specifically recognised the importance of consistency with the NRV in its 2009 Ministerial Policy Statement on Front of Pack Labelling.

Australia has also agreed to the World Health Organization’s target under the Global Monitoring Framework for Non-communicable Diseases to a reduction of salt intake of 30% by 2025. Policies and programs to work towards meeting this goal include the HSR and the Healthy Food Partnership (HFP). The HFP includes a component to encourage reformulation of the food supply to reduce the content of added sugar, saturated fats, and sodium. Voluntary targets for the HFP sodium reformulation are currently being determined. The same 2009 Forum Statement recognised the importance of providing incentives for improvements to the healthiness of the food supply.

The concurrent review of the HSR sodium points tables and setting of HFP sodium reformulation targets provides an ideal opportunity to ensure that these two policy programs work together to maximise the benefits to population health through considered alignment of the targets and points table. The additional sodium option reduces the increments in baseline points, addressing a key concern of industry with the current points table, and increasing the ability of the HSR to discriminate between products with lower sodium at lower ranges. Close alignment of these smaller increments to the HFP reformulation targets, will provide increased incentives for manufacturers to reformulate, as they may then meet HFP reformulation targets and achieve increased HSRs for their products.

The additional sodium proposal therefore acts on the latest scientific evidence, aligns with the updated NRVs, and provides additional reformulation incentives through the HSR, supporting multiple programs through the one revision.

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

PHAA supports this recommendation.

This change would be further enhanced by a move from total sugars to added sugars, to improve alignment with the Australian Dietary Guidelines.
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

PHAA supports this recommendation, but notes that this is an area where the HSR system does not operate well. While the system remains voluntary, and consumers continue to compare across as well as within product categories, there is the potential for misleading scores and comparisons to be made. PHAA recommends that a cap of 4.5 stars be placed to ensure that an oil cannot receive the same rating as, for example, water (5 stars).

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

PHAA supports this recommendation.

This change would be further enhanced by a move from total sugars to added sugars, which in combination with the emphasis on fresh fruit and vegetables would better align the HSR with the Australian Dietary Guidelines.

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

The draft review report notes that beverages are a significant contributor to total sugars in the Australian diet. While the report does note their contribution to added sugars intake, there is a clear focus on total sugars. This is in line with the report’s failure to recommend the inclusion of added sugars in the algorithm, but is not in line with evidence that the clear focus should be on added sugars as being of concern. PHAA suggests that a re-focus on added sugars may help to provide clarity for the non-dairy beverage product category.

The draft review report also suggests that there is uncertainty around the extent to which the HSR should encourage consumers to choose fruit juices. The evidence that fruit juices are less healthy than water is clear, and reflected in the Australian Dietary Guidelines recommendation that whole fruit is preferable and of such a small (some would say unrealistically small) serving size of 125ml. Reflected in the more recent New Zealand guidelines are recommendations to eat fresh fruit and drink water rather than drinking fruit juice. The preference for whole fresh fruit and water over fruit juice is clear in both sets of guidelines, suggesting that juices should not be given an HSR close or equivalent to either fresh fruit or water.

This view is also clearly supported by the most recent nutritional evidence. For example, the average sugar content of 100% fruit juices available in Australia is 10g per 100ml, which is comparable to other sugary drinks on the market. The requirement for being able to make a claim of ‘low sugar’ is 2.5g per 100ml - a threshold met by none of the currently available 100% fruit juices in Australia. The consumption of fruit juices increases the risk of both dental erosion and type II diabetes, and should not be promoted as a healthy beverage.

The public health evidence has strengthened and clarified in recent years. However, this has not translated into increased knowledge among consumers, to whom juices are still portrayed as a healthy alternative to other sugary drinks. The HSR has been shown to influence consumers’ behaviour with preferences for beverages displaying a higher (3.5 or above) HSR. It is important that changes to the HSR strengthen rather than weaken messages to consumers regarding the lack of healthfulness of fruit juices.

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.\textsuperscript{17} 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.\textsuperscript{31, 32} 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 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.

PHAA also notes that some clarification would be helpful for the definition of “drinks similar in nutritional profile to water”, regarding which food additives would be permitted within the definition. With evidence that there is no significant difference in the potential for dental erosion between carbonated drinks with and without sugar,\textsuperscript{33} carbonated water should receive a lower HSR than plain water.

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

PHAA strongly supports this recommendation. For the system to be effective, it requires stability and a strong commitment from governments, which is reflected in this recommendation. As a public health initiative, the HSR is an investment in a broader strategy for improving the health and wellbeing of Australians. The benefits will therefore flow from the HSR through to other nutrition initiatives, and help to improve general knowledge of healthier eating.

PHAA notes that only the next 2 years of promotion are outlined, and that the review outcomes would be improved by extending that to the full 4 years of future funding.

\textbf{Recommendation 7: Minor changes be made to the governance of the HSR system}

PHAA supports the recommendations to increase the government leadership of the HSR system, which is vital to its success, and consumer trust and confidence in the system.

PHAA particularly notes strong support for the recommendation to move ownership and responsibility for the HSR algorithm to Food Standards Australia and New Zealand. A recent World Health Organization report noted that it is government or independent bodies who most often control nutrient profile models such as the HSR algorithm, so this recommendation brings Australia into line with the usual practice of similar systems in Europe.\textsuperscript{34}

PHAA suggests that for consistency, the involvement of FSANZ could be extended to include other technical issues such as ongoing improvements to the style guide.
The Health Star Ratings Advisory Committee (HSRAC) will continue to provide an important oversight to the system, particularly for policy issues. PHAA suggests that the roles of consumer and public health voices are different perspectives, and should be separated on the HSRAC such that industry, consumer and public health each have equal representation. The transparency of the operations of the HSRAC should be improved through routinely making the agenda and minutes of meetings available to the public.

Routine monitoring of the system and responsiveness to issues arising will continue to be important for the HSR. Decisions on complaints must be made independently, and without conflicts of interest which may occur where the decisions are made by the full HSRAC including industry representation. It may be more appropriate to establish a separate and independent body for resolving disputes within the HSR system. Similar to the HSRAC, for transparency, it would be important that decisions of any review body were made available to the public so that issues arising and their resolutions can be monitored.

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

PHAA strongly supports this important recommendation from the HSR 5 year review. As noted in the PHAA’s Food and Nutrition Monitoring and Surveillance in Australia policy position statement from 2018, this capacity is critical to inform policy, regulation, program development and to identify emerging issues in public health. Currently there is no regular food and nutrition monitoring system in Australia, resulting in a reliance on ad-hoc surveys. Establishing the critical infrastructure outlined in this recommendation will provide benefits for a wide range of health policies and programs outside the HSR and will be an important investment.

This recommendation is also in line with recommendations from other processes such as the recent Senate Select Committee into the Obesity Epidemic, which recommended 5 yearly reviews of the Australian Dietary Guidelines.

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

PHAA does not support the proposed targets for uptake, but recommends that the system be made mandatory, as was the original intention when the system was designed, and as appropriate for its status as a public health intervention.

The initial intent of the scheme was to move to be mandatory within two years. The Australian government stated that the first two years of the system will be voluntary but that after the two years, a thorough assessment of the system would be done. If, at that point, the uptake of the system was minimal, the government may choose to legislate mandatory compliance.

As noted in the most recent Heart Foundation monitoring report, the most significant driver of uptake so far, has been the large retailers, Coles, Woolworths and Aldi. These efforts and support have been critical, but their work is largely done now. So uptake from here is likely to decrease without specific incentives,
such as making government research and development grants or tax concessions dependent on having the entire product range displaying the HSR.

The targets as currently presented in the review report do not appear to be accompanied by any such incentives, and therefore are somewhat arbitrary and unlikely to be effective. Current evidence suggests that the products which have the HSR are strongly skewed in favour of those with the highest ratings. Making the system mandatory is recommended as way to ensure consistent and widespread uptake of the labelling, to provide consumers with better information.

The constitutionality of mandatory FoPL requirements have been considered in detail elsewhere, suggesting the Commonwealth Government has the requisite jurisdiction to make the system mandatory, and should forego voluntary implementation in favour of a mandatory system. Similarly, there are no international trade barriers to making the system mandatory, which has been successfully introduced in 6 countries without resulting trade disputes.

The HSR system is in a position to from the experiences of other systems and regulations. Voluntary pregnancy warning labels on alcohol products in Australia and in New Zealand failed to see the desired uptake by industry, leading to a protracted process for making the labels mandatory. In the UK, voluntary sale reduction programs showed improved adherence when the voluntary period was accompanied by a clear path to being made mandatory. This kind of announcement could drive further uptake by industry and improve consumer awareness and use.

We also have experience now of the ability of industry to make labelling changes quickly when required. The Country of Origin labelling laws provide a good model for demonstrating that such rapid changes are achievable.

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.

PHAA suggests the closer involvement of FSANZ in these processes to update the Guide for Industry and Style Guide. These processes should be independent of industry and informed by current evidence, meaning that the HSRAC may not be the most appropriate vehicle for these tasks. PHAA suggests that the recommendation clarifies responsibility.

The processes for requesting an amendment and definition of an anomaly must be clarified as part of this process, to ensure clear pathways to resolution.

Other issues

Protein

PHAA supports the removal of protein from the HSR calculator. If protein must be retained, the threshold at which products can claim modifying protein points should be adjusted 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 is 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.46

**Wholegrain**

The draft review report does not recommend any changes with regard to wholegrain in the algorithm. PHAA agrees that although wholegrains should be given a higher benefit in the algorithm, there are no currently proposed solutions to address this concern adequately without risking negative unintended consequences.

PHAA notes that the revision of the Australian Dietary Guidelines may provide some insight into this issue with the inclusion of newer science.

**Conclusion**

PHAA supports the broad directions of the review of the Health Star Ratings system. However, we are keen to ensure that changes are based on science not on minimising the number of products affected, in line with this submission. PHAA supports:

- The continuation of the HSR system, in combination with improvements to the algorithm and governance
- The removal of Option 5, the energy icon from the HSR graphic options.
- The continued promotion of the HSR system within the context of support and communications about healthy eating more broadly, and the importance of consuming Five Food Groups foods.
- The inclusion of fresh fruit and vegetables in the HSR system, and the recommendation that they automatically receive an HSR of 5.
- The stronger penalisation of sugars in the algorithm, but continues to recommend the inclusion of added sugars rather than total sugars, with the points table re-scaled to reflect recommended intakes for added sugars, in line with nutritional evidence and the Australian Dietary Guidelines.
- The newer proposal regarding changes to products with <900mg sodium content, to ensure changes to the treatment of sodium in the algorithm flow through to the majority of products (which contain <900mg)
- The proposed changes to dairy desserts, jellies and ice confections, healthier oils with a cap of 4.5 stars
- A clear focus on added sugars and the removal of FVNL points for non-diary beverages
- The removal of protein from the HSR calculator
The 4 year funding from Commonwealth and State and Territory Governments

The increased involvement of FSANZ with responsibility for the algorithm

The critical infrastructure with regular updates to the ADG, regular Australian Health Surveys, and a comprehensive dataset of products

Making the HSR mandatory, or with stronger incentivised targets and a clear pathway to mandatory

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.

Terry Slevin
Chief Executive Officer
Public Health Association of Australia

Kathryn Backholer
Co-Convener PHAA Special Interest Group
Food and Nutrition

25 March 2019
References


