

# **Victorian Health Promotion Foundation (VicHealth)**

**Submission to the five year review of the Health Star Rating system**

August 2017

## Introduction

The Victorian Health Promotion Foundation (VicHealth) is pleased to make a submission to the five year review of the Health Star Rating (HSR) system.

VicHealth was formed 30 years ago with the mandate to promote good health in Victoria. Our [Action Agenda for Health Promotion 2013-2023](#) has a number of priorities for health and wellbeing, including program and policy responses to support more Victorians to adopt a healthier diet.

The introduction of the Health Star Rating system was supported by VicHealth and we are pleased that consumer awareness and use of the system is growing. This shows the HSR system can be a valuable tool to help consumers make healthier food choices. However, the system has some limitations in its current form, which reduces its overall effectiveness. These limitations, and recommendations for change, are outlined in this submission.

VicHealth looks forward to working with the Australian Government to strengthen the HSR system, making it better placed to achieve its aim to assist consumers to make healthier diet choices.

## VicHealth's response to consultation questions

### 1. Are there any significant barriers or limitations to including the HSR system on packaged foods? If yes, please describe and provide examples.

#### Recommendations

- The Australian Government should make the HSR system mandatory for all packaged foods.
- The Australian Government should extend the HSR system to non-packaged foods, including fresh fruit and vegetables.

VicHealth supports the HSR system as a tool 'to assist consumers in making healthier diet choices'.<sup>1</sup> However, there are limitations to the system in its current form, largely because it is not mandatory and because it is not applied to non-packaged foods, including fresh fruit and vegetables. This means consumers are unable to make fully informed decisions regarding the nutritional value of all packaged foods, or see the nutritional value of many foods from the five food groups recommended for a healthy diet that are not packaged and do not display a HSR.

VicHealth's recommendation for the HSR system to be mandatory was also made by [Victoria's Citizens' Jury on Obesity](#), convened by VicHealth in 2015. Through an independently facilitated process, 100 Victorians came together to consider the following question: 'We have a problem with obesity. How can we make it easier to eat better?' After reviewing 64 submissions over a six week period and then deliberating for two days, the jury made 20 recommendations to government, industry and the community. This included a recommendation for a 'Government mandated health star labelling [system]'.<sup>2</sup>

More recently, the Health Star Rating Advisory Committee reported there is strong consumer demand for the system to be expanded, with 65% of people surveyed saying they would like HSRs on more products.<sup>3</sup>

### 2. Thinking about making comparisons between products in the supermarket, how appropriately are consumers using the HSR system? Please provide comments.

#### Recommendation

- The Australian Government should implement a consumer education campaign to promote the HSR system and explain that its purpose is to assist consumers to compare food products within the same category.

While awareness and use of the HSR system is growing,<sup>3</sup> a long term consumer education campaign is needed to promote it and explain its purpose. Consumers, particularly those from lower income households, should be consulted during the development of the campaign to ensure it meets their needs. A recent survey by Choice found that although more people are noticing and using health stars, just over half (54%) said they had a good understanding of the system.<sup>4</sup>

The need for an education campaign to take into account the needs of consumers from lower income households was highlighted by the Heart Foundation's *Report on the monitoring of the implementation of the Health Star Rating system in the first two years of implementation: June 2014 to June 2016*. It found:<sup>5</sup>

- Unprompted awareness of the HSR system was 1.6 times higher among respondents with a household income higher than \$100,000 than those with a household income lower than \$100,000 (p. 126).
- Respondents with a household income higher than \$100,000 were nearly two times more likely to have purchased a product with a HSR over the past 12 months compared to respondents with a household income lower than \$50,000 (p. 143).

As well as existing confusion about the HSR system, food and dietary advice is contested as there is a range of conflicting advice about what people should or shouldn't eat for a healthy diet.<sup>6,7,8</sup> This is despite well established and evidence-based [dietary guidelines](#).<sup>9</sup> The combination of a mandatory HSR system and an education campaign that explains its purpose will help reduce consumer confusion and strengthen their understanding of a healthy diet.

**3. Has stakeholder engagement to date been effective in providing information about the system and addressing stakeholder implementation issues? Please describe how, including examples where appropriate.**

No response to this question.

**4. How effective has the implementation of the HSR system to date been in meeting the overarching objective of the HSR system?**

**Recommendation**

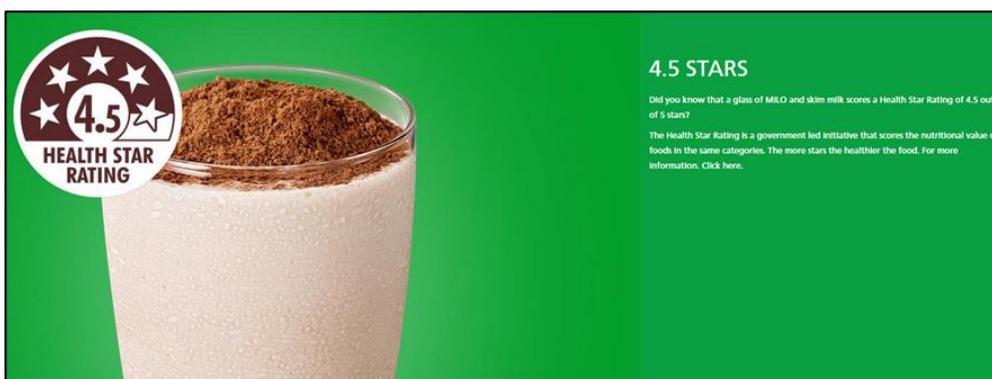
- The 'as prepared' rule should be reviewed and amended so the HSR only reflects the nutritional profile of the product as sold, or the nutritional profile of the product as prepared with water if this is required prior to consumption.

Satisfactory.

The HSR system has made a good start and its introduction was supported by VicHealth. However, as outlined in our response to questions 1 and 2, the system has a number of limitations that reduce its effectiveness.

In addition to our recommendations made in response to questions 1 and 2, VicHealth recommends the 'as prepared' rule be reviewed and amended to reduce consumer confusion. The 'as prepared' rule can be confusing because it allows food companies to apply a HSR that makes a product appear healthier than it would be if consumed as a discretionary product, that is, before preparation. Products that display HSRs 'as prepared' (based on instructions on the label) incorporate the nutrient profile of other foods and beverages. This can result in a higher HSR that does not accurately reflect the nutritional profile of the product.

[Nestle Milo](#) is one example that illustrates why the 'as prepared' rule should be reviewed and amended. At the time of preparing this submission, [Milo displayed 4.5 stars](#), a rating that is based on its preparation with skim milk, a highly nutritious food. But without skim milk, Milo (which contains [46.4 grams of sugar per 100 grams](#)) would only receive 1.5 stars.<sup>10</sup> This and other anomalies<sup>10</sup> are limitations of the HSR system and have the potential to confuse consumers and undermine their confidence in the system.



Source: <https://www.milo.com.au/milo-nutrition>

**5. Do you think the HSR currently scores foods appropriately? Please provide evidence to support your response.**

**Recommendations**

- Added sugar should be included and displayed as a nutrient on the HSR system.
- The HSR algorithm should be amended to score negative points for added sugar rather than total sugar.

VicHealth is concerned the HSR system does not always accurately score products appropriately and we note this has been the subject of critical commentary in recent months.<sup>11,12,13</sup> We are particularly concerned that some discretionary products with high amounts of added sugar, salt and saturated fats are able to score a high HSR.

To illustrate this point with respect to sugar, VicHealth recently conducted an observational study of breakfast cereals in a Melbourne metropolitan supermarket. The results, summarised in the table below, highlight how some breakfast cereals can receive 4 stars despite containing large amounts of sugar.<sup>14</sup> Breakfast cereals that VicHealth would recommend as healthy (such as wholegrain oats) accurately receive 5 stars because they are high in fibre and low in sugar and saturated fats. However, breakfast cereals with large amounts of added sugar, and far beyond what VicHealth would recommend, can receive 4 stars. This gives the impression these cereals are healthy and the next best choice for consumers. This anomaly is confusing and risks reducing consumer confidence in the system.

Product	Level of sugar per 100g	Health Star Rating	VicHealth Comments
Lowan Wholegrain Quick Oats	1g	5 stars	Considered an excellent choice by nutrition professionals. HSR is appropriate.
Sanitarium Weet-Bix	3.3g	5 stars	
Kellogg's Nutri-Grain	26.7g	4 stars	Considered high sugar cereals by nutrition professionals, not recommended as a regular choice. HSR conflicts with Australian Government healthy eating advice. <sup>14</sup>
Nestle Milo	26.9g	4 stars	
Rice Bubbles Multigrain shapes	22.2g	4 stars	

Data collected on 12 July 2017 from HSR information displayed on packages in Melbourne metropolitan supermarket.

**6. Can you suggest how the algorithm and/or the generation of a star rating might be improved? Please provide worked examples illustrating the effect of any modifications you propose.**

Refer to VicHealth's response to question 5.

**7. Is the HSR Calculator easy for industry to use? If not, why not.**

No response to this question.

**8. Are the process and guidance documents for the HSR system (HSR system Style Guide, Guide for Industry to the HSR Calculator, artwork file, anomaly process and dispute process) adequate and do they provide clear guidance? Please provide detail and examples to support your answer.**

No response to this question.

**9. Do you think the informative elements provide additional useful information to consumers? If not, why not? Please provide evidence to support your response.**

**Recommendation**

- The HSR system should continue to display specific nutrient levels per 100g for risk and positive nutrients as part of the HSR graphic.
- The HSR system should continue to indicate whether risk and positive nutrients are LOW, MED, or HIGH as part of the HSR graphic.

The informative elements of the HSR graphic that relate to the quantity of nutrients for risk nutrients – energy (kilojoules), saturated fat, sodium, and sugars per 100g or per 100mL for liquids – and information about positive nutrients – protein, dietary fibre, certain vitamins or minerals – provide important information for consumers to help them choose between different food products.<sup>15</sup> Similarly, consumer choice is made easier when the HSR graphic indicates whether the risk and positive nutrients are LOW, MED, or HIGH.

There are a range of reasons why consumers may be interested in the levels of the specific nutrients detailed in the HSR graphic. For example, a consumer with high blood pressure may be recommended to eat a low salt diet and needs to find low salt products (less than 120mg/sodium per 100g). Having this information on the front of pack provides a ready reckoner and would make consumer choice easier if it was consistently applied across all products.

**10. Is the HSR graphic easy to understand for all consumers, including people from a non-English speaking background and those with low levels of literacy? If not, why not?**

As we indicated in our response to question 9, there is a benefit to including the words LOW, MED and HIGH in the HSR graphic below the numerical value of nutrient levels per 100g. This is particularly true for consumers who have lower levels of numerical or health literacy.

**11. Is the HSR graphic easy for food manufacturers to implement on packaging? If not, why not?**

No response to this question.

**12. How effectively are the key messages of the HSR system communicated to different stakeholders (consumers, industry, government and public health groups)? Please clearly outline whether your response relates to the Australian or New Zealand campaign.**

Response relates to the Australian campaign.

Please refer to our response to question 2 and our recommendation for a consumer education campaign that takes into account the needs of lower income households.

**13. Are the government communication resources and materials for the HSR system useful and meaningful i.e. campaign material, stakeholder kit, website, fact sheets etc.? Please note whether these resources are part of the marketing campaign in Australia, New Zealand, or both.**

No response to this question.

**14. Do you think there are additional opportunities to monitor the HSR system? If so, please provide examples of what the opportunities are, and how additional monitoring may be conducted.**

No response to this question.

**15. Do you consider the operational structure of the HSR system, including the effectiveness of HSRAC and the New Zealand HSR Advisory Group and their associated working / sub groups, appropriate?**

No response to this question.

**16. What options may be appropriate for the future governance and administrative arrangements for the HSR system?**

**Recommendation**

- The governance and administrative arrangements for the HSR system should continue to be led by the Australian Government and State and Territory Governments.

The HSR system is in its relative infancy and despite recent critical commentary (referred to in our response to question 5), it has begun to positively influence consumer behaviour. For consumer confidence in the system to grow, it should continue to be led and governed by the Australian Government and State and Territory Governments.

**17. To what extent do you agree that the HSR is, or has the potential to be, a successful public health intervention? If not, why not?**

Australia needs a front of pack labelling system on packaged foods and non-packaged foods, including fruit and vegetables to support consumers to make informed food choices. While no labelling system on its own can address the burden of diet-related chronic diseases or reverse population levels of obesity,<sup>16,17</sup> the HSR system has the potential to be a successful public health intervention if the suite of recommendations made in this submission are implemented.

**18. Does the HSR graphic help consumers choose healthier foods? If not, why not?**

Please refer to previous points and recommendations made throughout this submission.

**19. Do you think the HSR will encourage positive reformulation of foods by industry? Please provide evidence supporting your response.**

The ability of the HSR system to encourage positive reformulation would be strengthened if it was mandatory. This would complement the work of the Department of Health's [Healthy Food Partnership](#), which aims 'to improve the nutrition of all Australians by making healthier food choices easier and more accessible and by raising awareness of better food choices and portion sizes'.<sup>18</sup> The Healthy Food Partnership's Reformulation Working Group has the task of '[establishing ] priorities for food reformulation which may help consumers achieve dietary patterns that are consistent with the Australian Dietary Guidelines (ADGs) and protect and promote good health.'<sup>18</sup>

By making the HSR system mandatory, food manufacturers will have the incentive to reformulate their products with the knowledge that positive changes will lead to a higher HSR.

**20. Please provide any other material relevant to the review.**

No response to this question.

## References

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- <sup>1</sup> Health Star Rating Advisory Committee, *Discussion Paper – Five Year Review of the Health Star Rating System*, Australian Government, 2017, Accessed from [https://consultations.health.gov.au/population-health-and-sport-division/five-year-review-of-the-health-star-rating-system/user\\_uploads/pdf-summary-of-consultation---discussion-paper---five-year-review-of-the-health-star-rating-system.pdf](https://consultations.health.gov.au/population-health-and-sport-division/five-year-review-of-the-health-star-rating-system/user_uploads/pdf-summary-of-consultation---discussion-paper---five-year-review-of-the-health-star-rating-system.pdf).
- <sup>2</sup> VicHealth, *Victoria's Citizens' Jury on Obesity, Insights Report 2016*, 2016.
- <sup>3</sup> Health Star Rating Advisory Committee, *Two year progress review report on the implementation of the Health Star Rating system – June 2014 – June 2016*, April 2017, Accessed from <http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/reviews>
- <sup>4</sup> Choice, *Health Star Ratings and added sugar: a consumer perspective*, 2016.
- <sup>5</sup> National Heart Foundation of Australia, *Report on the monitoring of the implementation of the Health Star Rating system in the first two years of implementation: June 2014 to June 2016*, Commissioned by the Commonwealth Department of Health, 2017.
- <sup>6</sup> Butt C, 'Conflicting nutrition advice leads to healthy eating confusion', *Sydney Morning Herald*, April 7, 2015, Accessed from <http://www.smh.com.au/national/conflicting-nutrition-advice-leads-to-healthy-eating-confusion-20150406-1mf81i.html>.
- <sup>7</sup> Reynolds R, Quit sugar, go paleo, embrace 'clean food': the power of celebrity nutrition, *The Conversation*, March 18, 2015, Accessed from <https://theconversation.com/quit-sugar-go-paleo-embrace-clean-food-the-power-of-celebrity-nutrition-38822>.
- <sup>8</sup> Goodyer P, 'Why do we listen to celebrity nutrition advice?', *The Sydney Morning Herald*, March 30 2015, Accessed from <http://www.smh.com.au/lifestyle/diet-and-fitness/why-do-we-listen-to-celebrity-nutrition-advice-20150329-1ma9ml.html>.
- <sup>9</sup> National Health and Medical Research Council, *Australian Dietary Guidelines*, National Health and Medical Research Council, 2013.
- <sup>10</sup> Choice, *Cereal threat to Health Stars: CHOICE reveals health-washing by global food brands*, Media Release, 14 February 2016, Accessed from <https://www.choice.com.au/about-us/media-releases/2016/february/milo-health-washing-its-health-stars>
- <sup>11</sup> Burrell S, 'Why the health star rating system is flawed', [www.news.com.au](http://www.news.com.au), May 24, 2017, Accessed from <http://www.news.com.au/lifestyle/health/diet/why-the-health-star-rating-system-is-flawed/news-story/1cbe4887a9ff832a4e03af496a580705>.
- <sup>12</sup> FitzSimons P, 'It's freaking hopeless': why the Health Star Rating System has to go', *Sydney Morning Herald*, June 13, 2017, Accessed from <http://www.smh.com.au/comment/its-freaking-hopeless-the-health-star-rating-system-has-to-go-20170611-gwp0mb.html>.
- <sup>13</sup> Han E, 'Calls for added sugars to be used in Health Star Rating calculations', *Sydney Morning Herald*, July 25, 2017, Accessed from <http://www.smh.com.au/national/health/calls-for-added-sugars-to-be-used-in-health-star-rating-calculations-20170724-gxhgo5.html>.
- <sup>14</sup> 'Large' refers to an amount of sugar that is higher than 15g per 100g. See [https://www.eatforhealth.gov.au/sites/default/files/content/Eating%20Well/efh\\_food\\_label\\_example\\_large.pdf](https://www.eatforhealth.gov.au/sites/default/files/content/Eating%20Well/efh_food_label_example_large.pdf)
- <sup>15</sup> See 'How to use Health Star Ratings', Accessed from <http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/How-to-use-health-stars>.
- <sup>16</sup> VicHealth, *Obesity and healthy eating in Australia Evidence summary*, 2016, Accessed from <https://www.vichealth.vic.gov.au/media-and-resources/publications/obesity-and-healthy-eating-in-australia>.

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<sup>17</sup> Australian Institute of Health and Welfare, *Australia's health 2016*, Australia's health series no. 15. Cat. no. AUS 199, 2016, p. 149.

<sup>18</sup> See Department of Health: Work Plan for Reformulation Working Group October 2016 - December 2017, Accessed from [http://www.health.gov.au/internet/main/publishing.nsf/Content/9BD46D97B65A6209CA257FAD00823957/\\$File/HFP%20Reformulation%20Working%20Group%20work%20plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/9BD46D97B65A6209CA257FAD00823957/$File/HFP%20Reformulation%20Working%20Group%20work%20plan.pdf).