

Health Star Rating Advisory Committee

**DISCUSSION PAPER - FIVE YEAR
REVIEW OF THE HEALTH STAR
RATING SYSTEM**

June 2017

Introduction

The Health Star Rating (HSR) Advisory Committee (HSRAC), responsible for overseeing the implementation, monitoring and evaluation of the HSR system, is undertaking a five year review of the HSR system. The HSR system is a front-of-pack labelling (FoPL) scheme intended to assist consumers in making healthier diet choices. The findings of the review will be provided to the Australia and New Zealand Ministerial Forum on Food Regulation (Forum) in mid-2019.

In parallel with this consultation on the HSR system five year review, the HSRAC is conducting a dedicated investigation of issues and concerns raised about the form of the food ('as prepared') rules in the [Guide for Industry to the HSR Calculator](#). These enable additional nutrients to be taken into account when calculating star ratings based on foods prepared according to on-label directions. A specific consultation process seeking input into this investigation opened on 19 May 2017 and will close at 11.59 pm 30 June 2017. The form of the food ('as prepared') consultation can be viewed on the Australian [Department of Health's Consultation Hub](#).

The HSR system

The HSR system is a public health and consumer choice intervention designed to encourage people to make healthier dietary choices. The HSR system is a voluntary FoPL scheme that rates the overall nutritional profile of packaged food and assigns it a rating from ½ a star to 5 stars. It is not a system that defines what a 'healthy' or 'unhealthy' food is, but rather provides a quick, standardised way to compare similar packaged foods at retail level. The more stars, the healthier the choice. The HSR system is not a complete solution to assist consumers with choosing foods in line with dietary guidelines, but should be viewed as a way to assist consumers to make healthier packaged food choices. Other sources of information, such as the Australian Dietary Guidelines and the New Zealand Eating and Activity Guidelines, also assist consumers in their overall food purchasing decisions.

The HSR system aims to:

1. Enable direct comparison between individual foods that, within the overall diet, may contribute to the risk factors of various diet related chronic diseases;
2. Be readily understandable and meaningful across socio-economic groups, culturally and linguistically diverse groups and low literacy/low numeracy groups; and
3. Increase awareness of foods that, within the overall diet, may contribute positively or negatively to the risk factors of diet related chronic diseases.

The HSR system consists of the graphics, including the words 'Health Star Rating', the rules identified in the [HSR system Style Guide](#), the algorithm and methodology for calculating the HSR identified in the [Guide for Industry to the HSR Calculator](#), and the education and marketing associated with the HSR implementation.

The HSR system is a joint Australian, state and territory and New Zealand government initiative developed in collaboration with industry, public health and consumer groups. The system is funded by the Australian government, the New Zealand government and all Australian jurisdictions during the initial five year implementation period.

From June 2014, food manufacturers started to apply HSRs to the front of food product packaging. Further information on the HSR system is available on the [HSR website](#). The New Zealand [Ministry for Primary Industries \(MPI\) website](#) also provides information on the HSR system in New Zealand.

Purpose and scope of the review

The five year review of the HSR system will consider if, and how well, the objectives of the HSR system have been met, and identify options for improvements to and ongoing implementation of the system ([Terms of reference for the five year review](#)).

With a focus on processed packaged foods, the 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.

The HSRAC has agreed that the areas of communication, system enhancements, and monitoring and governance will be considered when identifying whether the objectives of the HSR system have been achieved.

Although HSRAC will need to be a part of the review process, a degree of independence is required and independent management and oversight of the review is an important factor to ensure credible and unbiased reporting. An independent consultant will be engaged to undertake the review. Specific detail about the scope of the review will be outlined in the statement of requirement for the independent consultant. A [timeline](#) for the five year review of the HSR system has been drafted and will be updated throughout the review.

Next steps in the review process

As part of the five year review, HSRAC is seeking evidence based submissions on the consultation questions provided in this discussion paper.

This consultation is open to the public, state and territory governments, relevant government agencies, industry and public health and consumer groups.

Making a submission

The HSRAC is seeking submissions on the merits of the HSR system, particularly in response to the consultation questions below. The aim of the questions is to assist respondents in providing relevant commentary. However, submissions are not limited to answering the questions provided. Please provide evidence or examples to support comments. Some areas of this review are technical in nature therefore comments on technical issues should be based on scientific evidence and/or supported by research where appropriate. Where possible, please provide citations to published studies or other sources.

While the HSRAC will consider all submissions and proposals put forward, those that are not well supported by evidence are unlikely to be addressed as part of the five year review.

Enquiries specifically relating to this submission process can be made via email to: frontofpack@health.gov.au. Please DO NOT provide submissions by email.

- A PDF of the consultation survey is attached for your convenience.

After the consultation period closes the HSRAC will consider the submissions received and will prepare a summary table of the issues raised which will be published on the HSR website. All information within the summary table will be de-identifiable and will not contain any confidential material.

HSRAC will treat information of a confidential nature as such. Please ensure that material supplied in confidence is clearly marked 'IN CONFIDENCE' and is provided in a separate attachment to non-confidential material. Information provided in the submissions will only be used for the purpose of the five year review of the HSR system and will not be used for any other purpose without explicit permission.

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For further information about the HSR system, including its resources and governance structure, please refer to the [Australian HSR website](#) and the [New Zealand MPI website](#).

Consultation questions

HSR system

The HSR system provides consumers with a simple way to interpret food labels by calculating and comparing the nutritional value of packaged food products on supermarket shelves.

Since its inception in June 2014, there has been significant uptake of the HSR system by the food industry. In Australia, as of April 2017 (year three of implementation) there were over 7,000 products, from more than 140 companies, displaying the HSR system graphic in Australian supermarkets¹.

In New Zealand there has also been a marked increase in the number of products displaying the HSR graphic. As of the end of March 2017 there were over 2,700 different products with the HSR label on shelves in New Zealand.

Industry compliance with the HSR system Style Guide is high and the majority of manufacturers and retailers are displaying the HSR correctly on pack.

The system is encouraging manufacturers to reformulate with several companies changing product formulations in order to obtain a higher star rating. Reformulation actions include reducing sodium, sugars and saturated fat and, in some cases, increasing the content of ingredients with nutritional benefits such as fibre.

Processes are in place to consider anomalies and system issues as they arise.

¹ Point-in-time in-store collection. It should be noted that there are differences in data collection methodology for the progress review reports. These two datasets are not comparable but uptake over time can be monitored using each of them independently.

The [HSR website](#) in Australia and the [MPI website](#) in New Zealand provide information on the HSR system for industry, consumers and the public health community. The *Two year progress review report on the implementation of the Health Star Rating system - June 2014 - June 2016* is available on the [HSR website](#). The [Executive Summary](#) is provided for your information.

- 1. Are there any significant barriers or limitations to including the HSR system on packaged foods? If yes, please describe and provide examples.**
- 2. Thinking about making comparisons between products in the supermarket, how appropriately are consumers using the HSR system? Please provide comments.**
- 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.**
- 4. How effective has the implementation of the HSR system to date been in meeting the overarching objective of the HSR system?**

HSR Calculator

The number of stars is determined using the [HSR Calculator](#), based on the assessment of specific positive and risk-associated nutrients in food. The algorithm that underpins the Calculator was developed in consultation with Food Standards Australia New Zealand and other technical and nutrition experts.

Food manufacturers and retailers are responsible for the correct and accurate use of the HSR system as outlined in the guidance documents. This includes correctly calculating the HSR, accurately displaying nutrient information, ensuring consistency of information between the HSR and the Nutrition Information Panel, and complying with all relevant legislation and regulations.

The calculation is complex and takes into account the amount of certain ingredients in each product that are linked to increased risk of developing chronic diseases as well as the quantity of healthier ingredients.

- Total energy (kilojoules) of the product. An individual's energy intake varies according to their age, gender and activity levels. Currently, in Australia and New Zealand the average person's energy intake is generally higher than is required².

² Australian Bureau of Statistics, 2014, Australian Health Survey: Nutrition First Results – Food and Nutrients, 2011-12, [http://www.abs.gov.au/ausstats/subscriber.nsf/log?openagent&australian health survey nutrition first results - food and nutrients, 2011-12.pdf&4364.0.55.007&Publication&4683FD7315DFDFDBCA257D080014F9E0&&2011-12&02.07.2014&Latest](http://www.abs.gov.au/ausstats/subscriber.nsf/log?openagent&australian+health+survey+nutrition+first+results+-+food+and+nutrients,+2011-12.pdf&4364.0.55.007&Publication&4683FD7315DFDFDBCA257D080014F9E0&&2011-12&02.07.2014&Latest)

- The saturated fat, sodium (salt) and sugar content. Consuming too much of these risk nutrients is linked to being overweight and obese, some cancers, heart disease and type 2 diabetes³.
- The fibre, protein, fruit, vegetable, nut and legume content. Adequate consumption of these healthy nutrients and ingredients is important for health as outlined in the Australian Dietary Guidelines⁴ and the New Zealand Eating and Activity Guidelines⁵.

A star rating is calculated based on the balance of specific nutrients and ingredients per 100g or 100mL. The HSR score is scaled specifically to one of six food categories so that the HSR Calculator works differently depending on the HSR category to which a food or beverage belongs. Therefore, the HSR system should primarily be used to compare similar food products. Details are provided in the [Guide for Industry to the HSR Calculator](#).

- 5. Do you think the HSR currently scores foods appropriately? Please provide evidence to support your response.**
- 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.**
- 7. Is the HSR Calculator easy for industry to use? If not, why not.**
- 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.**

[HSR Graphic and Informative Elements](#)

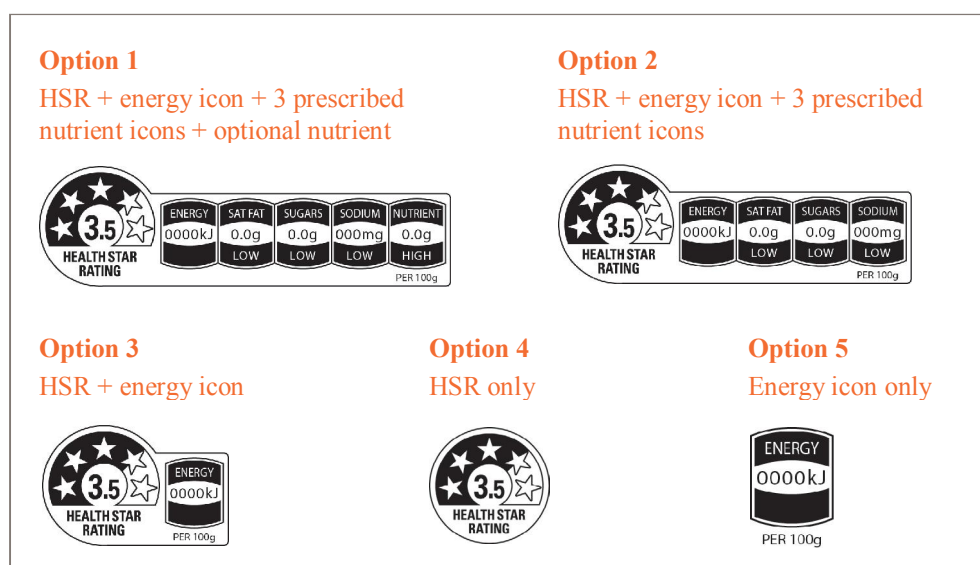
The HSR includes informative elements with detail on the levels of selected nutrients in the food package on per 100g or per 100ml, or under some circumstances, on a per serve or per pack basis. Specific labels provided within the HSR Style Guide indicating when levels of a nutrient are either “high” or “low” can also be added to the informative elements. Ratings for all products are calculated and displayed based on a consistent measure of 100g or 100mL of a product. In addition, the nutrient content of the food may be displayed, either per 100g/100mL, per pack for single serve foods or per serve/portion (as specified). Companies have the choice of displaying the following range of HSR system graphics as set out in the [HSR system Style Guide](#).

³ National Health and Medical Research Council, 2013, Australian Dietary Guidelines – Summary, https://www.nhmrc.gov.au/files/nhmrc/file/your_health/healthy/nutrition/n55a_australian_dietary_guidelines_summary_131014_1.pdf

⁴ National Health and Medical Research Council, 2013, Australian Dietary Guidelines – Summary, https://www.nhmrc.gov.au/files/nhmrc/file/your_health/healthy/nutrition/n55a_australian_dietary_guidelines_summary_131014_1.pdf

⁵ Ministry of Health, 2015, Eating and Activity Guidelines for New Zealand Adults, http://www.health.govt.nz/system/files/documents/publications/eating-activity-guidelines-for-new-zealand-adults-oct15_0.pdf

Figure 1: Health Star Rating system graphics



9. Do you think the informative elements provide additional useful information to consumers? If not, why not? Please provide evidence to support your response.
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?
11. Is the HSR graphic easy for food manufacturers to implement on packaging? If not, why not?

Communication

Communication campaigns have been developed in Australia and New Zealand to support the implementation of the HSR system through activities designed to inform consumers and encourage industry participation. To date, the campaigns have included advertising, public relations, online communication and stakeholder support activities.

The Australian HSR campaign developed by the Department of Health included the basket logo and the campaign phrase 'the more stars the healthier'. The campaign had an initial launch in December 2014 with three further stages in 2015, 2016 and 2017.

Campaign materials are available for viewing on the [HSR website](#).

The advertising component of the campaign has focused on visual mediums (print, online and out-of-home) to build recognition of the HSR system, in line with increasing industry uptake, and to demonstrate its simplicity and utility as an information tool. Media activity uses a combination of targeted advertising to build awareness of the HSR system, and each period of campaign activity has further refined the advertising channels and target audience. Phase four of the campaign commenced on 5 February 2017 and ran until the end of March 2017; however a continued digital presence remains.

A complementary public relations strategy supports the media buy to engage with consumers, stakeholders, industry and media and build a better understanding of how to use HSR labels and the benefits of doing so. This strategy also provides broader messages around prevention and management of chronic disease and packaged foods as part of a healthy and balanced diet.

Evaluation reports of Australian campaign activity that have been completed to date are available on the [HSR website](#).

In New Zealand a separate HSR campaign was developed by the Health Promotion Agency and commenced in March 2016. The cornerstone of the campaign is a series of videos depicting animated breakfast cereal boxes, which play as advertisements on TV-on-demand web channels and YouTube.

The New Zealand campaign used humour to focus the messaging on grocery products rather than the consumer. The core campaign phrase is 'Healthier is easy when you look for the stars'. Phase one focussed on building stakeholder understanding of the system prior to the launch of the consumer campaign (Phase 2). The campaign initially comprised video content online, followed by visual prompts and messages in supermarkets. The focus was on breakfast cereals as this category already contained many products displaying the HSR graphic. It also offered the opportunity to remind shoppers to use the HSR system to compare similar types of packaged foods.

Research on consumer awareness, use, understanding and trust of the HSR system is providing the basis for refinement and development of ongoing phases of the campaign in New Zealand. The research is available on the [MPI website](#).

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.

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.

Monitoring and governance

The monitoring and evaluation of the HSR system is overseen by the HSRAC. HSRAC also convenes a Monitoring and Evaluation Reference Network, comprising representatives from all jurisdictions, to share information with and provide updates to states and territories on monitoring and evaluation activities.

In April 2015, the HSRAC determined that the areas of enquiry (AoE) for the purposes of monitoring and evaluating the HSR system would be:

- label implementation and consistency with the HSR system Style Guide (AoE1);
- consumer awareness and ability to use the HSR system correctly (AoE2); and
- nutrient status of products carrying a HSR system label (AoE3).

The National Heart Foundation of Australia (the Heart Foundation) has been engaged to undertake data collection and analysis in Australia, for the three key areas of enquiry. The MPI has responsibility for the collection and analysis of comparable data in New Zealand.

In line with an agreed project plan and methodology, the Heart Foundation:

- developed a program logic framework ([the framework](#)) to assess the implementation and impacts of the HSR system; and
- developed and delivered a suite of data collection strategies to assess what was achieved, in line with the framework.

The Heart Foundation framework guides monitoring and reporting against the three areas of enquiry (in both Australia and New Zealand).

In July 2015, the HSRAC agreed that the Heart Foundation would also undertake (in Australia):

- an audit of star ratings against the HSR Calculator;
- more regular monitoring of uptake of the HSR system, with reporting to occur in October 2015 and February and June 2016; and
- additional survey work under AoE2 - Consumer awareness and ability to use the HSR system correctly – building on the initial survey work undertaken by market research company Pollinate in April 2015.

In December 2015, the HSRAC agreed to further expand the scope of the work being undertaken by the Heart Foundation in Australia, to include an assessment of products carrying an HSR in ALDI supermarkets (in addition to the assessments already being undertaken in Woolworths and Coles supermarkets). Monitoring and evaluation activities in New Zealand align closely with those being carried out in Australia.

In New Zealand MPI engaged the National Institute for Health and Innovation to collect data on aspects of AoE1 and AoE3. MPI undertook an assessment of consistency of labels with the HSR system Style Guide for AoE1 and the Health Promotion Agency contracted Colmar Brunton to assess AoE2. Further detail and reports for each of these areas is available on the [MPI website](#).

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

Public health intervention

The HSR system is a public health intervention that is based on a logic framework whereby readily understandable information and guidance on the nutritional quality of packaged food is provided to consumers at the point of sale. The aims are to enable healthier food purchases of packaged food, encourage a healthier diet across the population, and subsequently reduce the prevalence of diet-related chronic illness in the population. Assessing the direct impact of the HSR on the nutrition and health status of the population is not feasible in the 5-year review period due to the large number of influencing factors and the timeframes required to observe public health outcomes.

Another aspect of the HSR with regards to it being a public health intervention is its potential to encourage the reformulation of manufactured food products i.e. reductions in risk associated nutrients and increases in positive nutrients.

- 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?**
- 18. Does the HSR graphic help consumers choose healthier foods? If not, why not?**
- 19. Do you think the HSR will encourage positive reformulation of foods by industry? Please provide evidence supporting your response.**

Other

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