AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

Consultation on the five-year review of the Health Star Rating system

The Australian Chronic Disease Prevention Alliance (ACDPA) welcomes the opportunity to respond to this consultation and provide input to the five-year review of the Health Star Rating (HSR) system. ACDPA played a significant role in the establishment of the HSR system, along with other public health groups.

ACDPA brings together Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and the Stroke Foundation. These leading non-government health organisations share a commitment to reducing the growing incidence of chronic disease in Australia attributable to modifiable risk factors.

ACDPA members work together in the primary prevention of chronic disease, with an emphasis on changes to the food and physical environments to improve nutrition, increase physical activity and decrease sedentary behaviour, and reduce unhealthy weight at a population level.

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.*

The HSR system is currently limited in its application to packaged foods only. ACDPA supports expanding the system to unpackaged foods, including fresh fruit, vegetables and minimally processed foods. Expansion of the system to all grocery products would result in a more comprehensive system and help educate consumers in the nutritional value of essential core foods, consistent with the Australian Dietary Guidelines.

Internationally, a comprehensive US Institute of Medicine review on front-of-pack labelling recommended a standardised food labelling system across all grocery products, including fresh and packaged foods.[1] (More detail in questions 4 & 18).

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

The 2017 HSR progress review reported that:

- the system is having an influence on purchasing habits;
- perceptions towards the system have increased;

[1] IOM 2012. Front-of-Package Nutrition Rating Systems and Symbols: Promoting Healthier Choices. Washington, DC: The National Academies Press.

- communication campaigns have generated significant increases in consumer awareness.[2]

More than one in two consumers who were aware of the system reported that the HSR had played a role in the product they purchased, and the review noted that almost two-thirds of survey respondents would like to see the star rating on more products. The review also reported stakeholder recommendations for increased education campaign activities to ensure consumers understand how to use the system (i.e. compare products within categories) in the context of a balanced and nutritious diet.

A 2016 Choice report indicated that just over half (54%) of Australians surveyed believed they had a good understanding of the HSR system.[3] Most people agreed or strongly agreed that the star ratings help them make healthier choices, and that they would like to see the ratings on more products.

Continued education campaigns are important to enhance consumer awareness of the HSR system and improve understanding that star ratings are intended for comparison across similar products within categories.

Recommendation – ACDPA supports continued education campaigns to enhance consumer awareness and appropriate use of the system.

As the HSR system is currently being voluntarily implemented by industry, there is variable uptake across product ranges and by manufacturers. The two-year progress review noted that 14% of products in the nominated database of eligible foods were displaying the ratings.[4]

The selective use of the star rating reduces consumers' ability to compare products and can reinforce the perception that industry is manipulating the system. For example, seven of 17 snack bar products by the same manufacturer displayed the star rating, with only the healthier products displaying the stars.[5] To enable consumers to appropriately use the HSR system, manufacturers should adopt the system "consistently across their product range and/or within product categories," as recommended by the Style Guide.

Recommendation - ACDPA supports mandatory application of the HSR system (incorporating improvements to the algorithm) by the five-year review.

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[2] HSRAC 2017. Two year progress review report on the implementation of the Health Star Rating system – June 2014 – June 2016. http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/reviews

[3] Choice 2016. Health Star Ratings and Added Sugars. A consumer perspective. https://www.choice.com.au/food-and-drink/nutrition/food-labelling/articles/health-star-ratings-report

[4] HSRAC 2017. Two year progress review report on the implementation of the Health Star Rating system – June 2014 – June 2016.

[5] Choice 2016. Health Star Ratings and Added Sugars. A consumer perspective.

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.*

The workshops in Sydney and Melbourne in 2016 provided an opportunity for stakeholders to find out more about the system's implementation, discuss areas for improvement, and raise other issues. Continued stakeholder engagement would be useful as the system is further refined and implemented more broadly.

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

Neutral

ACDPA is supportive of front-of-pack interpretive labelling in order to improve consumer awareness and understanding of nutrition information and encourage healthier food choices. Interpretive front-of-pack food labels, such as the HSR system, can cut through marketing techniques by providing information that is easy to interpret and assists in identifying healthier choices.[6]

Initial uptake and public awareness of the HSR system are promising. The consultation discussion paper reported that more than 7,000 products from around 140 companies were displaying the star rating by April 2017, and the 2017 two-year progress review reported increasing consumer awareness.

ACDPA has four key recommendations for improving the system to meet the overarching objective: "*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."*

Recommendations:

a. **Make the system mandatory at the five-year review.**

There are some inconsistencies around uptake of the health star ratings across product ranges. The system should be made mandatory at the five-year review, incorporating improvements to the algorithm, to create a level playing field and enable meaningful comparison between products. (More detail in questions 2 & 17).

b. **Incorporate fresh fruit, vegetables and unpackaged foods into the system, with a policy decision to award a 5-star rating to all fresh fruit and vegetables and minimally processed counterparts.**

[6] Kelly, B., Hughes, C. et al. 2009. Consumer testing of the acceptability and effectiveness of front-of-pack food labelling systems for the Australian grocery market, *Health Promot Int*, 24: 120-9.

To promote fruit and vegetable consumption, consistent with the Australian Dietary Guidelines, and highlight the importance of fruit and vegetables as the healthiest food choices, ACDPA supports expanding the system to include unpackaged foods, with a policy decision to award a 5-star rating to all fresh fruit and vegetables and minimally processed counterparts (e.g. frozen fruit and vegetables with no additives). (More detail in question 18.)

c. Adapt the algorithm to ensure the system's credibility.

Discretionary and processed foods with high levels of risk nutrients and high star ratings have the potential to undermine consumer trust and confidence in the system. ACDPA supports the following changes to the algorithm (More detail in questions 5-6):

- Introduce a cap of 2.5 stars on discretionary foods
- Replace total sugars with added sugars in the algorithm and HSR nutrient icon
- Define free sugars (added sugars) according to the WHO guideline
- Address the current high ratings for fruit juices and concentrates, and their contribution to FVNL modifying points
- Reconsider the contribution of protein to Modifying Points in the algorithm

d. **Review and adapt the 'as prepared' rule so that products do not receive an inflated rating based on how they could be prepared with other foods.**

ACDPA acknowledges that this is currently being addressed in a separate consultation.

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

A 2015 analysis found that most foods are scored appropriately.[7] However, under the current algorithm, some discretionary foods and foods with high risk nutrients (i.e. high levels of sugar, salt or saturated fat) receive high star ratings. Coupled with high-profile media commentary and criticism of the system,[8] this can create a situation where consumer confidence is impacted.

For example, using the current algorithm, potato chips could receive a 4-star rating, Paddle Pop ice creams could receive a 3-star rating despite high levels of sugar (20g sugar per 100g), and some processed meats (ham) could receive 3.5 stars despite high levels of salt (1000mg sodium per 100g).[9]

[7] Dunford, E., Cobcroft, M., et al. 2015. Technical Report: Alignment of NSW Healthy Food Provision Policy with the Health Star Rating System. Sydney: NSW Ministry of Health.
[8] SMH 2017. http://www.smh.com.au/comment/its-freaking-hopeless-the-health-star-rating-system-has-to-go-20170611-gwp0mb.html Accessed June 2017.
[9] The George Institute. FoodSwitch. www.foodswitch.com.au Accessed August 2017.

This is inconsistent with the Australian Dietary Guidelines' recommendation to consume these products "only sometimes and in small amounts"[10] and is likely to undermine consumer confidence if high ratings are found on products that are not perceived as healthy.[11] Conversely, consumer confidence may be weakened by some healthier products having lower star ratings due to one risk nutrient, e.g. full fat yoghurt due to saturated fat content. (Further detail is provided in question 6.)

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.*

ACDPA supports adapting the algorithm/generation of a star rating to ensure the system's credibility.

Recommendations:

a. Introduce a cap of 2.5 stars on discretionary foods

Discretionary foods containing saturated fat, added salt and added sugars account for around one-third of adults' daily energy intake and almost 40% of children's intake.[12] Australians are consuming more and more unhealthy foods and beverages, despite recommendations to limit discretionary choices.[13]

A 2015 analysis found that 14% of discretionary foods and beverages displaying the HSR received 3.5 stars or higher.[14] Consumer responses to star ratings suggest that products with a star rating of 3 or more are considered to be healthier options, while products with a star rating of 2 or less are generally viewed as unhealthy choices.[15]

The HSR system could discriminate between discretionary choices and the five core food groups by introducing a cap of 2.5 stars for discretionary foods, based on the Australian Dietary Guidelines definition: "*This includes foods and drinks not necessary to provide the nutrients the body needs, but that may add variety. However, many of these are high in saturated fats, sugars, salt and/or alcohol, and are therefore described as energy dense. They can be included sometimes in small amounts by those who are physically active, but are not a necessary part of the diet."*[16]

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[10] NHMRC 2013. Australian Dietary Guidelines. Canberra: NHMRC.
[11] Choice 2016. Health Star Ratings and Added Sugars. A consumer perspective.
[12] AIHW 2016. Australia's health 2016: in brief. Cat. no. AUS 201.Canberra: AIHW.
[13] NHMRC 2013. Australian Dietary Guidelines. Canberra: NHMRC.
[14] Dunford, E., Cobcroft, M., et al. 2015. Technical Report: Alignment of NSW Healthy Food Provision Policy with the Health Star Rating System. Sydney: NSW Ministry of Health.
[15] Talati, Z., Pettigrew, S., et al. 2016. Consumers' responses to front-of-pack labels that vary by interpretive content, *Appetite*, 101: 205-13.
[16] NHMRC 2013. Australian Dietary Guidelines. Canberra: NHMRC.

Research commissioned by the Department of Health found that a star rating of 2 and below would reduce people's intent to consume a product. A star rating of 2.5-3 was found to not significantly change people's intent to consume a product, whereas a star rating of 3.5 and over boosted people's intent to consume a product.[17] Therefore, it is important to limit the stars received by discretionary items, consistent with the Dietary Guidelines recommendations to limit consumption.

b. Replace total sugars with added sugars in the algorithm and HSR nutrient icon

The algorithm currently does not discriminate between naturally occurring sugars in dairy, fruits and vegetables, and sugars added in the manufacturing process. Similarly, total sugars are included in the HSR nutrient icon, rather than added sugars. This makes it difficult for consumers to compare products to determine if sugar has been added or if the product contains intrinsic sugars.

Under the current algorithm, some foods with high sugar levels (much of which is added sugar) receive high ratings. For example, Kellogg's Nutri Grain breakfast cereal receives 4 stars, despite containing 26.7g sugar per 100g,[18] and Nestle Milo Starz Snack Packs receive 4 stars despite containing 27g sugar per 100g.[19] The NHMRC advice 'How to understand food labels' suggests trying to avoid large amounts of added sugars and identifies 15g sugar or more per 100g as high.[20]

Products with high added sugars and high star ratings, such as cereals and snack bars identified above, are not generally perceived as healthy by consumers and are likely to undermine confidence[21] and generate negative publicity around HSR system more broadly.[22]

Recent research from The George Institute found that including added sugar in the HSR algorithm improved the system's performance and discrimination between core and discretionary foods.[23] The researchers concluded that the data "argue for inclusion of added sugar in an updated HSR algorithm and declaration of added sugar as part of mandatory nutrient declarations."

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[17] Hall & Partners Openmind 2014. FoPL Stage 2 Research Measuring the impact of FoPL labelling on consumer food purchase choices.
[18] The George Institute. FoodSwitch. www.foodswitch.com.au Accessed August 2017.
[19] Nestle MILO. http://www.milo.com.au/milo-products/milo-snack-bars/milo-starz-snackpacks Accessed August 2017.
[20] NHMRC. How to understand food labels. https://www.eatforhealth.gov.au/sites/default/files/files/eatingwell/efh_food_label_example_130621.pdf Accessed August 2017.
[21] Choice 2016. Health Star Ratings and Added Sugars. A consumer perspective.
[22] SMH 2017. http://www.smh.com.au/comment/its-freaking-hopeless-the-health-star-rating-system-has-to-go-20170611-gwp0mb.html Accessed June 2017.
[23] Peters, A. et al. 2017. Incorporating Added Sugar Improves the Performance of the Health Star Rating Front-of-Pack Labelling System in Australia. Nutrients.9:701.

This is consistent with the current Food Regulation Secretariat activity investigating labelling approaches for providing information on sugars, as part of its priority to support the public health objectives to reduce chronic disease related to overweight and obesity. Internationally, there is a precedent for including added sugars on food labels, with the US Food and Drug Administration announcing, in 2016, the mandatory inclusion of added sugars on the Nutrition Facts Panel for packaged foods.[24] The 2016 Choice report 'Health Star Ratings and added sugars. A consumer perspective' reported that most Australians and New Zealanders want to see added sugars and total sugars listed on food labels.[25]

c. Define free sugars (added sugars) according to the WHO guideline

In its 2015 guideline on sugars intake for adults and children, the World Health Organization (WHO) defines free sugars (commonly referred to as added sugars) as "sugars added to foods and beverages by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrate."[26]

The WHO guideline strongly recommends reducing free sugar intake to less than 10% of total energy intake, or 5% for the greatest health benefits. This is based on increasing evidence that high intake of free sugars is associated with weight gain due to excess energy intake and dental caries. This is consistent with the HSR system objective to: "Increase awareness of foods that, within the overall diet, may contribute positively or negatively to the risk factors of diet related chronic diseases."

In 2011-12, more than half of Australians usually exceeded the recommendation to limit free sugar intake to 10%.[27] There was wide variation in the amounts of free sugars consumed, with older children and teenagers most likely to exceed the recommendation. On average, Australians consumed around 60 grams of free sugars each day (around 14 teaspoons).

d. Address the current high ratings for fruit juices and concentrates, and their contribution to FVNL Modifying Points

The WHO definition of free sugars includes fruit juices and fruit juice concentrates.[28] However, some fruit juices and fruit juice concentrates currently receive high star ratings, as

[24] US FDA. Changes to the Nutrition Facts Label. http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm Accessed August 2017.
[25] Choice 2016. Health Star Ratings and Added Sugars. A consumer perspective.
[26] WHO 2015. Guideline: Sugars intake for adults and children. Geneva: WHO.
[27] ABS 2016. Australian Health Survey: Consumption of Added Sugars. Australia. 2011-12. 4364.0.55.011. ABS: Canberra.
[28] WHO 2015. Guideline: Sugars intake for adults and children. Geneva: WHO.

the HSR system considers fruit juices as equivalent to whole fruit. For example, some fruit juices and coconut waters receive 5-star ratings.[29]

This is inconsistent with the WHO and Australian Dietary Guidelines recommendations to consume whole fruit. Fruit juice is energy-dense and can displace other nutritious foods and contribute to obesity if consumed in excess. The NHMRC Eat for Health website recommends consuming fruit juice and/or dried fruit only occasionally and states: "Most Australians eat only about half the recommended quantity of fruit. However many of us drink far too much fruit juice. Fruit juices can be high in energy (kilojoules) and low in dietary fibre, and can even damage your teeth. Whole fruits are a much better choice, and are more filling."[30]

Fruit juices and fruit juice concentrates currently contribute to increased ratings for other products due to FVNL Modifying Points in the HSR algorithm. A re-assessment of the contribution of fruit-related products (e.g. fruit juice, concentrates, purees, processed coconut products and coconut water) to FVNL Modifying Points should consider that these products may be increasing star ratings without improving diet or contributing to satiety.

e. Reconsider the contribution of protein to Modifying Points in the algorithm

A re-assessment of the contribution of protein to Modifying Points in the algorithm is necessary, as some products with high negative nutrients can currently receive inflated ratings by adding protein to attract Modifying Points.

Protein is not lacking in the current Australian diet and 99% of all Australians meet the recommended protein intake.[31] The inclusion of protein in the algorithm may encourage the addition of processed protein to some products to counteract negative nutrients and elevate the HSR.

For example, some breakfast cereals and cereal bars high in added sugars are receiving high HSR ratings, in large part due to the positive nutrient points received for protein. Given that Australians have adequate protein sources in their diet, the nutritional value of added fibre or protein to processed foods is questionable and does not address the nutritional requirements of the Australian population.

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[29] Woolworths. https://www.woolworths.com.au/shop/productdetails/477442/golden-circle-fruit-juice-apple-mango https://www.woolworths.com.au/shop/productdetails/546615/woolworths-coconut-water Accessed August 2017.

[30] NHMRC. Eat for Health. Fruit. https://www.eatforhealth.gov.au/food-essentials/five-food-groups/fruit Accessed August 2017.

[31] ABS. 2011-2. Australian Health Survey, Usual nutrition intakes, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.008~2011-12~Main%20Features~Macronutrients~200 Accessed August 2017.

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

This question is directed at industry; hence ACDPA has no response.

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.*

ACDPA notes that changes to the Guide for Industry and Style Guide have been made and documented since the system's inception, enabling amendments where necessary. ACDPA supports further amendments to address the 'form of food' (as prepared) rules prior to the five-year review, based on the simultaneous 'as prepared' consultation.

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

The 2017 two-year progress review reported that consumers preferred the most detailed HSR graphic (Option 1), which comprises the health star rating + energy icon + 3 prescribed nutrient icons + 1 optional nutrient icon (plus two optional elements: High/Low and %DI). This style, compared to other less detailed options, was reported to be "easiest to understand, recognise and provides sufficient information."[32]

The optional interpretive terms on nutrient icons highlight whether a product is high or low in individual nutrients (e.g. sat fat, sugars, sodium, or other nutrients). ACDPA supports greater uptake and incorporating these interpretive terms as mandatory elements of the system for consistency and to enhance consumer understanding of the nutritional content of products. Options 1 and 2 provide the most comprehensive information for consumers, whereas Option 5 (energy icon only) provides very limited nutrition information and, by excluding the star rating, does not represent interpretive labelling. Where space is limited on packaging, Option 4 (health star rating only) should be the recommended graphic.

Recommendation – ACDPA supports greater uptake of the more detailed HSR graphics, including interpretive terms to enhance consumer understanding.

[32] HSRAC 2017. Two year progress review report on the implementation of the Health Star Rating system – June 2014 – June 2016.

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?*

While nutrition labels are perceived as a highly credible source of information, they can be confusing and difficult to interpret. This is particularly the case for socially disadvantaged groups, who are at increased risk of overweight, obesity and chronic disease.[33] Interpretive front-of-pack labelling complements mandatory nutrition labels and provides information that is easy to interpret.[34]

The 2017 HSR progress review reported that most respondents who were aware of the HSR system had a broad understanding about what the system represented, and understood that the number of stars was based on a product's healthiness.[35] An increasing proportion of respondents reported that the HSR system made it easier to identify healthier options.

The 2016 progress report on consumer use and understanding identified that those with lower household incomes (<$55,000) were less likely to have purchased a product with the HSR compared to those with higher household incomes.[36] Consumers speaking a language other than English were more likely to have purchased a product with the HSR (55%) compared to those speaking English only (51%). Targeted public education campaigns can assist in increasing consumer awareness and uptake amongst certain groups.

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

This question is directed at industry; hence ACDPA has no response.

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.*

This response relates to the Australian campaign.

ACDPA supports increased consumer education campaigns to enhance consumer awareness, use and understanding of the system. The campaign slogan "the more stars, the

[33] AIHW 2016. Australia's health 2016: in brief. Cat. no. AUS 201.Canberra: AIHW.
[34] Kelly, B., Hughes, C. et al. 2009. Consumer testing of the acceptability and effectiveness of front-of-pack food labelling systems for the Australian grocery market, *Health Promot Int*, 24: 120-9.
[35] HSRAC 2017. Two year progress review report on the implementation of the Health Star Rating system – June 2014 – June 2016.
[36] Heart Foundation 2016. Progress report on monitoring the implementation of the Health Star Rating system. Area of enquiry 2. Consumer awareness and ability to use the HSR system correctly.

healthier" can be misleading, as it implies that products with more stars are healthier than those with fewer stars – without clarifying that this applies within categories only. There needs to be greater education about comparing products within categories to aid appropriate use of the system by consumers.

There is opportunity to increase consumer education and promotion within supermarkets. The current 'Eat Well @ IGA' trial in Victoria includes a range of health promoting materials and health promotion training within IGAs (such as shelf tags, displays, trolley signage, and floor decals) to highlight the healthiest items. This could be expanded if results are positive.[37]

ACDPA supports increased education and promotion of the HSR system within supermarkets to enhance consumer awareness and uptake.

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.*

As identified earlier, ACDPA supports increased communication campaigns and point-of-sale promotion to enhance consumer awareness, understanding and uptake. (More detail in questions 2, 10 & 12).

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.*

Ongoing monitoring and evaluation are essential to determine the system's effectiveness with reference to uptake, impact on consumer behaviour, and product reformulation. Reports should be publicly available for transparency.

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 / subgroups, appropriate?*

The discussion paper acknowledges that the Health Star Rating system is "a public health and consumer choice intervention designed to encourage people to make healthier dietary choices". As such, ACDPA supports more public health nutrition representation on HSRAC.

[37] Deakin University. http://www.deakin.edu.au/about-deakin/media-releases/articles/world-first-trial-puts-healthy-supermarkets-to-the-taste-test. Accessed July 2017.

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

The HSR system was developed by government in partnership with industry, public health and consumer groups. ACDPA played a significant role in the establishment of the system, along with other public health groups, and supports continued involvement of public health in as the HSR system is refined. Industry has played a role in supporting uptake of the system; however, it is important to ensure that the HSR system is not unduly influenced by industry.

ACDPA supports independent governance and administration of the HSR system by the Department of Health.

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?*

a. Nutrition information can assist consumers to make healthy choices

Food labels can assist consumers to identify healthier foods at the point of sale by presenting nutrition information in a format that is easy to interpret at a glance. Consumers require nutrition information that is "accurate, standardised and comprehensible" to make healthy choices[38] and the Organization for Economic Co-operation and Development (OECD) recognises nutrition labelling as "a main tool for preventing increasing rates of obesity and unhealthy diets in OECD countries."[39]

Manufacturers use a variety of marketing techniques on food labels. Interpretive front-of-pack food labels, such as the HSR system, can cut through marketing techniques by providing information that is easy to interpret and can assist consumers to quickly identify healthy choices at the point of sale.[40] Interpretive food labels can improve awareness and understanding of nutrition information and encourage healthier food choices.[41,42,43,44]

b. Nutrition labels are a cost-effective intervention

[38] WHO 2004. Global strategy on diet, physical activity and health. Geneva: WHO.
[39] OECD 2008. Promoting sustainable consumption – good practices in OECD countries. Paris: OECD Publishing.
[40] Kelly, B., Hughes, C. et al. 2009. Consumer testing of the acceptability and effectiveness of front-of-pack food labelling systems for the Australian grocery market, *Health Promot Int*, 24: 120-9.
[41] Ibid.
[42] Watson, W., Kelly, B. et al. 2014. Can front-of-pack labelling schemes guide healthier food choices? Australian shoppers' responses to seven labelling formats, *Appetite*, 72: 90-7.
[43] Campos, S., Doxey, J. et al. 2011. Nutrition labels on pre-packaged foods: a systematic review, *Public Health Nutr*, 14: 1496-506.
[44] Hersey, J., Wohlgenant, K., et al. 2013. Effects of front-of-package and shelf nutrition labeling systems on consumers, *Nutr Rev*, 71: 1-14.

Evidence indicates that nutrition labels on packaged foods are a cost-effective intervention to improve population health,[45] which can contribute to savings in health expenditure.[46] Small individual dietary changes due to nutrition labelling could result in meaningful change on a population level.[47] A 2016 systematic review concluded that food labelling is a key tool to address unhealthy diet and obesity, as consumers using food labels could benefit from a small decrease in body mass index, thus reducing their likelihood of developing related chronic diseases.[48] WHO analysis considers front-of-pack labelling as a cost-effective intervention to address unhealthy diets and reduce population salt intake in high-income countries.[49]

c. Mandatory labelling could improve consumer comparisons between products

To achieve optimal public health benefits, anomalies/design issues should be fast-tracked and the HSR system should be made mandatory at the five-year review.[50] Introducing a timeframe for manufacturers to comply with the HSR system would create a level playing field for industry and benefit consumers by enabling greater comparison between products for healthier food choices. In 2013, the Legislative and Governance Forum on Food Regulation stipulated that the system would initially be implemented on a voluntary basis and "if following evaluation after two years, a voluntary implementation is found to be unsuccessful, a mandatory approach will be required".[51]

Recommendation – ACDPA supports mandatory application of the HSR system (incorporating improvements to the algorithm) by the five-year review.

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

The HSR system assists consumers by complementing the mandatory Nutrition Information Panel, which outlines key nutrients per serve and per 100g/100mL and is typically located on the side or back of packaged food, often in small print size. Some products also continue to

[45] Campos, S., Doxey, J. et al. 2011. Nutrition labels on pre-packaged foods: a systematic review, *Public Health Nutr*, 14: 1496-506.
[46] Cecchini, M., & L. Warin. 2016. Impact of food labelling systems on food choices and eating behaviours: a systematic review and meta-analysis of randomized studies, *Obes Rev*, 17: 201-10
[47] Gortmaker, S., et al., 2011. *Changing the future of obesity: science, policy, and action.* Lancet, 378(9793): p. 838-47.
[48] Cecchini, M., & L. Warin. 2016. Impact of food labelling systems on food choices and eating behaviours: a systematic review and meta-analysis of randomized studies, *Obes Rev*. 17: 201-10.
[49] WHO 2016. *Report of the Commission on Ending Childhood Obesity*. WHO: Geneva.
[50] Sacks G for the Food-EPI Australia project team. 2017. "Policies for tackling obesity and creating healthier food environments: scorecard and priority recommendations for Australian governments." Melbourne: Deakin University.
[51] Legislative and Governance Forum on Food Regulation. 'Front-of-pack labelling update 14 June 2013', http://foodregulation.gov.au/internet/fr/publishing.nsf/Content/forum-communique-2013-June. Accessed February 2017.

display the voluntary industry-led Percentage Daily Intake Guide, which is difficult to understand and compare between products as serving sizes are not standardised and vary between products and manufacturers.[52,53] ACDPA supports greater application of the HSR graphic, in place of the Percentage Daily Intake Guide.

The HSR system is currently limited in its application to packaged foods only. Uptake of the HSR graphic across all products could enable consumers to compare foods within categories and enhance healthier choices. ACDPA supports expanding the system to unpackaged foods, including fresh fruit, vegetables and minimally processed foods. Expansion of the system to all grocery products would result in a more comprehensive system and help educate consumers in the nutritional value of essential core foods. Internationally, a comprehensive US Institute of Medicine review on front-of-pack labelling recommended a standardised food labelling system across all grocery products, including fresh and packaged foods.[54]

Ninety-five percent of Australians do not consume the recommended serves of fruit and vegetables each day.[55] Fruit and vegetables should receive a consistent high rating to promote them as the healthiest choices for consumers and encourage greater consumption, consistent with the Australian Dietary Guidelines. Similar to the policy decision awarding a 5-star rating to water, ACDPA supports a policy decision to apply a 5-star rating to all fresh fruit and vegetables and minimally processed counterparts (e.g. frozen fruit and vegetables with no additives). There are many ways the ratings could be conveyed with unpackaged foods, such as via supermarket displays, shelf tags or stickers/labels on fresh fruit and vegetables.

Recommendation - ACDPA recommends expanding the system to unpackaged foods and awarding a 5-star rating to all fresh fruit and vegetables and minimally processed counterparts to encourage consumption.

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

There are some reports of product reformulation by manufacturers to achieve a better star rating, for example on cereals and muesli bars. The 2017 progress review outlines that the system is encouraging reformulation with 'some companies changing product formulations in order to obtain a higher star rating. Reformulation actions include reducing sodium, sugars

[52] Watson, W., et al., 2016. Variations in serving sizes of Australian snack foods and confectionery. Appetite. 96: p. 32-7.
[53] Haskelberg, H., et al., 2016. High variation in manufacturer-declared serving size of packaged discretionary foods in Australia. Br J Nutr. 115(10): p. 1810-8.
[54] IOM 2012. Front-of-Package Nutrition Rating Systems and Symbols: Promoting Healthier Choices. Washington, DC: The National Academies Press.
[55] AIHW 2016. Australia's health 2016: in brief. Cat. no. AUS 201. Canberra: AIHW.

and saturated fat and, in some cases, increasing the content of ingredients with nutritional benefits such as fibre.'[56]

Dietary choices are influenced by a range of factors, and a food-systems response can have a powerful impact as products are reformulated by manufacturers to achieve a better label or rating.[57] Many international labelling schemes have led to product reformulation as they become widespread or mandatory, including labelling programs in the Netherlands, South Korea, Canada, USA, and New Zealand.[58]

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

Together, diet-related risk factors are a major cause of disease burden in Australia.[59] Poor nutrition increases risk of obesity and is a risk factor for cardiovascular disease, type 2 diabetes, kidney disease and certain cancers. Being overweight or obese independently increases risk of type 2 diabetes, heart disease, stroke, kidney disease and several types of cancer. Almost two-thirds of Australians are overweight or obese, and one in four Australian children are already overweight or obese[60] and more likely to grow up to become overweight or obese adults, with an increased risk of chronic disease and premature mortality.[61]

It is important to recognise that front-of-pack labelling alone will not address obesity and chronic disease, and should be considered as one component of a multifaceted approach to improving dietary intake. Multi-component interventions (e.g. combining labelling, fiscal policies, promotion, reformulation and trade) are more effective than single interventions in improving diet.[62] WHO recommends that governments should implement interpretive front-of-pack labelling, supported by public education of adults and children, to improve understanding of nutrition information.[63]

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[56] HSRAC 2017. Two year progress review report on the implementation of the Health Star Rating system – June 2014 – June 2016.
[57] Hawkes, C., et al., 2015. Smart food policies for obesity prevention. Lancet. 385(9985): p. 2410-21.
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[60] AIHW 2016. Australia's health 2016: in brief. Cat. no. AUS 201. Canberra: AIHW.
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