



**RACP**  
Specialists. Together  
EDUCATE ADVOCATE INNOVATE

**RACP Submission to the Health Star  
Rating (HSR) Advisory Committee's five  
year review of the Health Star Rating  
System**

August 2017

## Introduction

The Royal Australasian College of Physicians (RACP) is pleased to see such a comprehensive review conducted on the Health Star Rating (HSR) System. We believe the HSR System has the potential to be an effective mechanism to encourage consumers to choose healthier options. However, to date, the HSR System's effectiveness has been hindered by irregularities in ratings causing confusion amongst consumers and health professionals (e.g. high sugar foods receiving 4.5-5 stars and whole foods such as milk receiving only 4). The RACP is pleased that processes are in place to consider anomalies and system issues as they arise and hopes that these processes will rectify inconsistencies in the rating system to promote a wholefood healthy diet.

The escalating rates of obesity and chronic health conditions in Australia and New Zealand, coupled with increased consumption of packaged foods require increased scrutiny of these foods and regulatory intervention to enable and encourage consumers to choose healthier options. This includes providing clear nutritional information to consumers regarding the implications of consuming these foods on their diet and health. This nutritional information needs to be displayed in a way that is accessible and legible to all consumers through the application of minimum standards of legibility including font size and contrast requirements.

We hope significant changes to the Health Star Rating System in Australia and New Zealand occur to make the system more effective and useful for consumers.

If you require any further information about this submission, please contact Ms Claire Celia, Senior Policy Officer, on [Claire.Celia@racp.edu.au](mailto:Claire.Celia@racp.edu.au).

## Responses to review questions

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

There are significant limitations to having the HSR system apply only to packaged foods. We understand the objective of the HSR system is to easily enable consumers to compare between individual packaged foods in the same category. However it is concerning that some processed foods are achieving high ratings of 4.5 – 5 stars, which are likely to be perceived by consumers as a healthy choice on par with fresh produce that is not labelled under the current system.

The major barrier to including the HSR on foods is the manufacturers' unwillingness to put it there. This reluctance by industry to participate in the HSR scheme has been a major risk from the outset and continues to undermine the scheme's credibility. If there is not widespread uptake (eg >80% of eligible products) by 2019, it has been recommended by a panel of 71 New Zealand independent and government experts that it be made mandatory.<sup>1</sup>

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

Consumers may not be using the HSR system appropriately because they may assume it is an indicator of how healthy a food is overall. In fact, there is recent evidence that shows that a majority of consumers are unaware that the HSR rating is for product comparison within a food category and therefore comparison of products between categories is invalid. A recent evaluation report commissioned by the New Zealand Health Promotion Agency found that although understanding has improved since 2015 (i.e. shoppers are less likely to believe they can use the HSR to compare different types of products e.g. baked beans and breakfast cereal), two in three still believe this is the case.<sup>2</sup> Under that assumption it may lead them to eat more of a food or mislead them to make poorer food choices.

---

<sup>1</sup> [The Healthy Food Environment Policy Index \(Food-EPI\) 2017](#)

<sup>2</sup> Colmar Brunton (2016). [Health Star Rating Monitoring and Evaluation Year One Follow Up Research Report](#). Wellington: Health Promotion Agency.

**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.**

N/A

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

Unless the processed food industry puts the HSR logo on the majority of its products and governments invest significant funding for its promotion, the scheme cannot meet its consumer behaviour objectives. Whether the scheme meets its reformulation objectives will not be known until the evaluations of food composition changes are published.

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

While basing the rating on an algorithm will facilitate a consistent approach to rating products, there are currently too many anomalies in the HSR algorithm for it to be effective. This may require additional criteria to be considered to rate foods. *See answer to Q17 for fuller 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.**

The current algorithm produces conflicting messages for consumers and these issues need to be addressed urgently. In particular, the algorithm needs to be revised to prevent manufacturers from manipulating it to obtain higher star rating. For example, Milo obtained 4.5 stars when it is prepared with skim milk as displayed on the product, whereas the product itself only obtains 1.5 stars on its own.<sup>3</sup> *Please refer to our response to Q17 for fuller response.*

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

N/A

**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.**

N/A

**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 additional informative elements provide useful information to consumers; however these should be made compulsory. The present voluntary arrangement for the display of informative elements has the potential to mislead consumers into thinking a packaged food is healthier than it actually is. For example, Sultana Bran is high in sugar (32.9g/100g) but its manufacturer, Kellogg's, opts not to state that on the informative elements. This is misleading to the consumer especially when many consider Sultana Bran to be a healthy option. An additional problem with selectively including the informative elements on labelling is that people eat whole foods and not individual nutrients and can find this additional information misleading.

The RACP recommends that the single logo showing energy should be removed. It is a loophole under the current system and it would appear that some manufacturers use it on their products (e.g. sugary drinks) to avoid communicating useful information about the health star rating of their products. In addition, the RACP recommends making the display of informative elements compulsory - the HSR System mandates that added sugars are explicitly labelled in the ingredients list as well as in the nutrition information panel.

**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?**

N/A

---

<sup>3</sup> Katinka Day (2016), *Good giants sugar coating the truth*. [Choice website](#)

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

N/A

**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.**

With respect to consumers, the Australian and New Zealand HSR campaigns led with the following slogans: 'the more stars the healthier the food' (New Zealand) and 'the more stars, the healthier the choice' (Australia). This is misleading in situations where a food such as plain Greek yoghurt only receives 1.5 stars compared to Nestle Rolo Vanilla Flavour with Mini Roll receiving 2 stars.<sup>4</sup> In addition, the slogan does not make it clear that the HSR system only applies to food in the same category and has the potential to mislead consumer in to thinking that a high star rating indicates that a food is healthy overall.

**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.**

In New Zealand, we are concerned that regardless of how good the material developed is, the budget available for the consumer marketing campaign being led by the Health Promotion Agency<sup>5</sup> is insufficient to enable the material produced to be widely and effectively communicated to consumers.

**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.**

N/A

**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?**

N/A

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

N/A

**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?**

To be a successful public health intervention, the current anomalies in the application of the HSR System and in particular the potential for manipulation of the system by food manufacturers need to be addressed urgently. The HSR provides conflicting key health messages at present. An example is that water and milk are promoted as the best drink options for children, but according to the HSR System regular milk is rated 4 stars compared to Up & Go that is rated higher at 4.5 stars and Devondale 3D Strawberry Flavoured Low Fat Milk is rated at 4 stars. Parents may interpret this message as indicating that Up & Go or low fat strawberry flavoured milk are healthier options than regular milk for their children. Another example of conflicting health messages that are confusing for parents is that infants under the age of 2 years are recommended to have full cream milk, yet skim milk receives 5 stars and full cream milk 4 stars.

All these issues need to be addressed urgently and consistently to ensure the system is reliable, evidence-based and trusted by consumers.

Once these issues have been addressed, we would recommend assessing the potential for the HSR System to be applied to all foods include food items and meals sold at take away outlets and restaurants. The RACP

---

<sup>4</sup> Star ratings obtained from [Food Switch Website](#)

<sup>5</sup> Health Promotion Agency (HPA) *Statement of Performance Expectations 2017/18*

is also of the view that the HSR System should be made mandatory if its uptake is not widespread (>80%) by 2019.

In addition, the HSR System should be one element of a coordinated campaign that promotes healthy eating and the consumption of fresh produce and reduced consumption of less healthy, high salt or energy-dense products. This multifaceted campaign should also include the banning of junk food advertising to children, improvements in access and supply of fresh food and appropriate education for both adults and children.

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

N/A

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

The RACP believes that the Health Star Rating Food Labelling System has the potential to motivate food manufacturers to reformulate products and develop healthier products. However, we are concerned that at present, the HSR system can be manipulated by food manufacturers to obtain lower star ratings as is the case in the Milo example (4.5 stars when mixed with skim milk although the product itself has a star rating of 1.5 stars)<sup>6</sup> and that manufacturers can choose to only apply HSRs on foods which receive a high number of stars. In addition, as mentioned in our responses to previous questions, the HSR Rating System is currently confusing to consumers as some whole foods such as regular milk or plain Greek yoghurt receive lower ratings than processed alternatives.

These irregularities need to be addressed urgently to enable consumers to trust the information presented to them through the HSR System and ensure it fulfils its objective of encouraging Australians and New Zealanders to make healthier dietary choices

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

The second New Zealand Healthy Food Environment Policy Index (Food-EPI)<sup>7</sup> was conducted in April-May 2017 by a New Zealand Expert Panel of 71 independent and government public health experts (<https://sites.google.com/aucklanduni.ac.nz/informas>). It used an evidence-based approach to benchmark policies and actions of the Government against international best practice for creating healthier food environments. Progress since 2014 was assessed and for the continuing implementation gaps, the Expert Panel across four workshops developed 53 actions, prioritising 9 for immediate action.

- **Current implementation:** The HSR systems was included under the 'front-of-pack labelling' indicator and this improved from *low* to *medium* degree of implementation from 2014 to 2017.
- **Recommendation about HSR within the top 9 recommendations:** *The Government urgently addresses anomalies (especially sugar) in the design of the Health Star Ratings, including the algorithm, increases promotion and makes the HSR mandatory if not widespread uptake by 2019*
- **Commentary on HSR from the report:** *All workshops agreed on the need for urgent action to improve the performance and integrity of the HSR. This should be done by addressing the anomalies in the algorithms which currently do not give sufficient weighting for sugar content, meaning that many high-sugar products receive high star ratings. This is damaging the credibility of whole system and warrants urgent attention. More consumer education is needed to promote the HSR system but some workshop participants said that this should only occur after the anomalies have been addressed. Experts considered the HSR should be mandatory by 2019 if the slow uptake by the food industry continues. The same priority action was recommended by Australian experts as part of the recent Food-EPI in Australia*

---

<sup>6</sup> Katinka Day (2016), *Good giants sugar coating the truth*. [Choice website](#)

<sup>7</sup> [The Healthy Food Environment Policy Index \(Food-EPI\) 2017](#)