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AMA Submission to the Five Year Review of the Health Star Rating System

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

Multipacks, which contain a variety of different items, such as breakfast cereals multi packs or potato crisps multipacks, are a challenge, and as a result uptake of HSR in these products has been lower than hoped. It should be possible for the producers of the multipack food products to provide a summary HSR graphic against each item contained in the pack. Uptake of the HSR display in multi-packs should be part of ongoing monitoring efforts.

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

The HSR system is designed to allow shoppers who are purchasing packaged and processed food items to be able compare similar products. Typically, the product with the highest number of stars will be the healthiest product in that particularly category. For example you can compare cereals with other cereals. According to the Health Star Rating System: Campaign Evaluation Report awareness of the HSR and its proper application is increasing. The report noted that 59% of the sample were aware of the HSR, and that 50% of the sample stated they would be likely to use the HSR on a regular basis. Among those who were aware of the HSR, 33% recalled buying a product that they do not normally buy because it carried a higher HSR than their usual product. This equates to one in six people changing their shopping behaviour based on appropriate application of the HSR.

The same report highlights consumer preference to see HSR on more supermarket products. Uptake in some categories has been relatively high and a higher HSR may feasibly provide food producers with a potential edge over their competitors. However, there are also food categories where very few, if any products carry the HSR. Fewer products carrying the HSR makes it very difficult for consumers to make the comparisons that the HSR was designed to support. Given that there continues to be fairly significant variation in uptake of HSR in many food categories, the AMA believes that this evaluation is the appropriate juncture to consider and implement a timeframe for mandatory HSR displays on packaged food items.

It is worth noting that there does appear to be some continuing confusion about the HSR, specifically that it is less robust when used to compare items in different food categories. Public criticism of the HSR scheme has largely focused on this aspect. The Campaign Evaluation Report found that 42% of respondents indicated that the HSR could be used to compare products in different sections of the supermarket. Resolving this confusion must be part of ongoing public education and awareness efforts.

(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.

Food producers, manufacturers, retailers along with public health advocates and consumer representatives have been extensively involved in the design and implementation of the HSR. Many of these same representatives continue to be involved via the Health Star Rating Advisory Committee. This approach should ensure that all major stakeholders continue to be involved in the HSR as it continues to be implemented and refined.

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

The overarching objective of the HSR system is to provide consumers with a quick, easy, standardised approach to food labelling that facilitates a comparison between similar packaged foods. However, simply identifying the healthier options is not enough. Ultimately the HSR system should facilitate the purchasing of healthier products within each food category.

The Campaign Evaluation Report suggests that within the sample of 1000 people aged 18 years and over, approximately one in six people changed their shopping behaviour based on the HSR information. The HSR also appears to deliver lasting behaviour change. Of the shoppers who indicated that they had purchased a new product due to having a higher HSR than their habitual choice, 79% reported that they have continued to buy the new product with the higher HSR.

As noted in the previous response, it is important to recognise that there is some continuing confusion about the correct application of the HSR. It is important that this confusion is addressed as a matter of priority.

It is also worth canvassing the role the HSR system can play in encouraging people to consume less added sugars. The algorithms are continuously monitored and refined to ensure that they provide appropriate HSR advice. The AMA believes that serious consideration be given to amending the algorithms to place more emphasis on added sugars, as a way to help consumers identify those products that are higher in added sugars and possibly result in reduced added sugar consumption. The AMA also supports the use of price signals, such as sugar tax, which could feasibly dovetail with changes to the HSR algorithms in order to provide consumers with clear messages about the need to reduce consumption of added sugars.

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

Critics of the HSR highlight that some discretionary or less healthy food products receive higher HSR ratings which may lead consumers to believe that the product is healthier and can be included as more or a regular part of their diet. Examples that have been widely circulated include red liquorice with a display of 2.5 stars and beer battered chips with 4 stars. Both items are discretionary foods and provide little, if any, nutrition. Research confirms that the mere presence of a HSR can positively bias consumers perceptions of a product.

The HSR is an important part of efforts to help Australian's make healthier food choices, but alone it will not solve the problem of poor eating habits. The HSR system must be accompanied by ongoing efforts to increase understanding of the Australian Dietary Guidelines and other relevant nutritional literacy. Data from the Australian Bureau of Statistics shows that only 10% of Australians meet the recommended daily dairy intake and less than 4% consume the recommended amount of vegetables. Further, 35% of an adults daily energy intake comes from these discretionary food items (some of which contain the HSR). It is important that consumers understand that not all foods carrying the HSR should be consumed regularly.

Another concern has arisen in relation to the HSR being displayed on products which require further preparation. The products that rely heavily on the addition of other products / ingredients, such as meal bases and cake and muffin packet mixes, are more open to manipulation by the food producer in order to achieve a higher HSR. While products that simply need to be reconstituted with water or milk are less problematic, other products are displaying HSR based on unlikely preparation approaches, such as the additional of more vegetables and much smaller than typical serving sizes. To be blunt, the concern is that some food producers are manipulating the rule for the 'as prepared' foods in a way that is not consistent with the intent or aim of the HSR. The matter is currently being reviewed and the AMA supports endeavours to protect consumers from this type of behaviour.

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

Research has shown that consumers do not benefit from the addition of Daily Intake Guide (DIG) type information on front of pack labelling. When considering the potential for positivity bias (which occurs when consumers evaluate products more favourably as a result of on packet nutrition information) the DIG information was most likely to elicit this response. Similar research confirms that HSR outperforms other FOPL schemes, including DIG and Multiple Traffic Lights, to enable consumers to distinguish between healthy and unhealthy foods. Care must be taken to ensure that DIG type information that commonly occurs alongside the HSR does not create unnecessary complexity or confusion.

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

The Campaign Evaluation report shows that there is work to be done to increase awareness about the HSR, as well utilising it when purchasing processed food items. A number of groups were identified as having lower levels of awareness of the HSR, including those with a higher Body Mass Index (Class 1 and 2 Obesity – BMI from 30 – 49) and older shoppers (aged 55 – 64 years) who had awareness levels of 26% and 24% respectively.

The report also found that participants from lower SES backgrounds reported less awareness of the HSR, as well as less ability to use the HSR system to inform purchasing decisions. On a slightly more positive note, people from non-English speaking backgrounds reported being more aware of the HSR system, but were less likely to know how to use it. Continued development, including evaluation, of resources for a broad variety of consumers must be developed to increase awareness of the HSR system, as well as increasing the ability to utilise the information. Information and education materials must be available online, as well as in hard copy.

(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.

A range of materials have been developed for the Australian HSR awareness campaign. However, there continues to be concerning levels of confusion about the application of the HSR. Ongoing education campaigns must seek to reinforce how consumers can apply the HSR system appropriately. Ideally these efforts could be complemented by the provision of additional information at point of sale. Ensuring that all members of the Australian public understand how to use the system is a priority and should improve the utilisation and longevity of HSR.

(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.

Effective campaign materials, including education and awareness raising resources, require ongoing resourcing, evaluation and refinement to ensure that they are appropriately targeted and reaching the various demographic groups. Materials should be developed in consultation with representatives from these groups. All too often, the focus has been primarily on providing links to material via social media, as well as other online resources which may not be appropriate for all groups who are likely to benefit from HSR.

(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.

There are at least two additional opportunities to monitor the HSR system, which may provide increased insight into how the HSR system is working. Product reformulation is a clear by-product of the HSR system – food producers who wish to display more stars may refine their product in order to do so. Monitoring the extent of product reformulation will allow for a better understanding of the extent that reformulation is occurring and it could also provide insights into what food categories reformulation is more like to occur. Monitoring of market sales volumes for high and low HSR items would also provide increased insights into how HSR is impacting on consumer choice and whether this is in turn impacting on the market.

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

The Health Star Rating Advisory Committee (HSRAC) includes input from Governments, consumers, public health advocates and the food industry and appears to function well at its current size. Participation from the food industry in the HSR related activities is welcome and has likely contributed to some of the successes of the HSR system.

(16) What options may be appropriate for the future governance and administrative arrangements for the HSR?

Careful consideration should be given to the trajectory of uptake of the HSR. Consumers would like to see it on more products and there is a distinct possibility that specific manufacturers who are failing to adopt HSR, may be producing products of lower nutritional value. Both reasons are strong arguments for thorough consideration of mandating the HSR system for processed and packaged foods in Australia.

(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?

Obesity is a major health challenge, both in Australia and internationally. The response to obesity in Australia must be multifaceted and will need to cover a range of issues relating to improving nutrition, increasing physical activity, as well as structural measures like a sugar tax.

Improving the utility of food labelling is a distinct aspect that needs to be part of attempts to tackle obesity in Australia. Food labels must provide purchasers with simple ‘at a glance’ information that helps to identify the healthiest product in any given food category. Campaign evaluation reports show that the HSR system is understood by many and that it is also responsible for changing food purchasing behaviours. As such, the HSR system is strongly supported by the AMA. However, the AMA is acutely aware that there continues to be opportunities to improve the HSR system. In particular, the treatment of added sugar within the HSR algorithm needs to be reviewed and the outcomes of the review of ‘as prepared’ products is awaited with interest.

The HSR is an essential public health intervention, but only one component of the public health interventions that can improve the health of the nation through nutrition, for example by reducing obesity.

(18) Does the HSR graphic help consumers choose healthier foods? If not, why not?

The Health Star Rating System: Campaign Evaluation Report advised that approximately one in six people changed their shopping behaviour based on the HSR information. The report also showed that HSR appears to deliver lasting behaviour change. Of the shoppers who indicated that they had purchased a new product due to having a higher HSR than their habitual choice, 79% reported that they have continued to buy the new product with the higher HSR. This situation must continue to be monitored in order to ensure the ongoing effectiveness of the HSR graphic.

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

The potential for food reformulation is one positive aspect of the HSR system. It is extremely difficult to monitor the ingredient quantities in processed foods, but it likely that sugar and salt levels among other things have been changed in order to allow packaging with a higher HSR. Increased monitoring of food reformulation will allow for increased insight into the extent of food reformulation related to the HSR.

(20) Please provide any other material relevant to the review.

The AMA has long recognised the need to improve food labelling and is a supporter of the HSR system. However, the system does require clarification and refinement to ensure that it continues to work as intended. The AMA believes that the HSR system should be part of the response to addressing obesity in Australia and calls for increased consideration around the role HSR can play in reducing consumption of added sugar, which is known to impact on obesity.

In summary, consumers appear to want the HSR on more products and for those that use HSR it assists to make healthier choices that are sustained in the longer term. However, there does appear to be some lingering confusion about the application of the system and addressing this must become a priority. Education and awareness resources need to be available online and in hard copy and they should also be available from a range of locations including at point of sale. Some population groups are known to have reduced awareness and understanding of the HSR, including people from lower SES backgrounds, people with higher BMIs and those from non-English speaking backgrounds. Targeted resources need to be developed for these groups. The AMA also believes that HSR is a vehicle through which consumers could be encouraged to consume less added sugars. Ongoing monitoring of HSR uptake as well as its impact on reformulation should provide insights that can inform decisions, including whether or not the system needs to be mandated. HSR alone will not address Australia's obesity crisis, instead it should dovetail with a range of other measures.

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