



AUSTRALIAN MEDICAL  
ASSOCIATION

ABN 37 008 426 793

T | 61 2 6270 5400

F | 61 2 6270 5499

E | info@ama.com.au

W | www.ama.com.au

42 Macquarie St Barton ACT 2600

PO Box 6090 Kingston ACT 2604

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## **AMA submission to Department of Health review of Health star Rating system – Draft Five Year Review Report.**

### **Lodged via consultation hub**

#### **HSR System – Five Year Review Draft Report – lodged 25 March 2019**

As an organisation representing medical practitioners the Australian Medical Association (AMA) has long recognised the need for easy to interpret front of pack labelling to better support consumers in making healthier food and beverage choices. Poor food choices can contribute to obesity, as well as a broad range of other chronic diseases and health conditions. The associated costs are significant, particularly in the health system where resources are increasingly limited.

Despite the consistent increases in uptake of Health Star Rating (HSR), more recent monitoring reveals that uptake may have plateaued or at least slowed considerably. Overall, less than 30 per cent of eligible products utilise the HSR, and uptake in some categories is concerningly low. This makes the comparison of like products by consumers difficult. The AMA is disappointed that voluntary uptake continues to be preferred. The new targets for uptake must be clear and cover all food and beverage categories. If these targets are not met within the agreed timeframe, it must be explicit that HSR will be mandated.

Consumer confidence in the HSR is paramount. Anomalies within the system have been widely publicised and legitimate questions have been raised about whether HSR is really providing an indication of better food choices. Many of these anomalies have been addressed through ongoing refinement of the system, but without a commitment to transparent processes that involve both public health and consumer representation in the future, the credibility of HSR will quickly become undermined.

It is also important to recognise that the HSR System is part of broader efforts to improve the eating habits of Australians in order to reduce obesity and chronic disease. Efforts to ensure consistency between the HSR calculator and Australian Dietary Guidelines (ADGs) are required.

#### **Recommendation 1: The HSR System be continued**

Consumers find the HSR System easy to use and understand and they report that it makes choosing foods easier. As noted in the Health Star Rating System Five Year Review Report, research confirms consumer purchasing decisions are being positively impacted by the HSR display. It is also clear that the HSR System is encouraging food reformulation.

The AMA supports this recommendation.

**Recommendation 2: Option 5, the energy icon be removed from the HSR graphic option**

The energy-only icon was intended for use on small packaging and containers. Research conducted by the Heart Foundation shows that consumers find the energy-only icon does not provide sufficient information and is difficult to understand. Offers by sections of the food industry to 'build awareness' around the energy-only icon reinforce the need to remove this as a graphic display option.

The AMA supports this recommendation.

**Recommendation 3: Governments, industry, public health and consumer bodies continue to promote the HSR system. Government promotion over the next two years should**

- **Communicate the reason for the changes to the HSR System**
- **Target specific areas of consumer misunderstanding or gaps in awareness**
- **Highlight government endorsement of the HSR System**
- **Position the HSR System in the context of broader healthy eating messages**

Public relations and messages around promoting the HSR must occur in the context of broader healthy eating messages. It is vital consumers are receiving clear and consistent information on this front. Consumer confidence in the HSR System is vital. Part of the promotional messages should seek to reassure consumers that a number of apparent anomalies within the HSR System have been addressed.

The AMA supports this recommendation.

**Recommendation 4: A package of changes be made to the way the HSR is calculated for foods to better align with Dietary Guidelines; reflect emerging evidence; address consumer concerns and encourage positive reformulation**

**A: Fruits and vegetables that are fresh, frozen or canned (with no addition of sugar, salt or fat) should automatically receive an HSR of 5**

The HSR System was intended for processed and packaged foods, however concerns have been raised that the failure to provide the HSR score to minimally processed fruits and vegetables may inadvertently undermine efforts to increase consumption. An automatic HSR of 5 is appropriate and consistent with recommendations contained within the Australian Dietary Guidelines and necessary to send a clear message to consumers that minimally processed fruits and vegetables are a preferred food choice.

The AMA supports this recommendation.

**B: Total sugars should be more strongly penalised by revising the sugars table for Categories 1 1D, 2 and 2 D to a maximum of 25 points for >99g/100g.**

Australians consistently exceed the recommended sugar intake, and the health system feels the impact through a range of related health conditions. The Australian Dietary Guidelines and relevant international guidelines recommend limiting intake of foods and beverages containing added sugars. It is important that the HSR System delineates between the presence of added sugars and intrinsic sugars. It is disappointing to see continued proposals that the HSR System reflect only the presence of total sugars. Multiple AMA submissions have called for the HSR System to be refined so that the HSR better reflects the presence of added sugars in packaged foods and beverages.

**C: Sodium sensitivity be improved for products high in sodium (by reducing the maximum sodium levels used to determine baseline points for sodium in Categories 1, 1D, 2 and 2D) to better reflect the range of sodium levels in the food supply.**

Cardiovascular disease is a leading cause of death in Australia and consistent evidence points to high salt intake contributing to the problem. The World Health Organisation recommends a maximum salt intake of 5 grams per day. The Australian Dietary Guidelines recommend that people limit their intake of salt, and propose that this can be done by referring to food labels and choosing lower sodium products. Salt, like sugar and fat, is often higher in processed food products, including products not typically considered to be salty. Recent research confirms that Australians consistently exceed the recommended maximum of 5 grams per day.

There are legitimate concerns that the current recommendation will have a limited impact. Recognising that an additional option has been recommended:

*More strongly penalise sodium by revising the sodium points tables for all HSR categories to align with the 2017 update to the sodium nutrient Reference Value.*

In order to support increased sodium sensitivity of the HSR, the AMA supports the combined recommendation. However, it is important that monitoring continues to ensure that the change improves sodium sensitivity within the HSR System.

**D: Dairy categories should be redefined to increase HSRs of FFG dairy foods (such as cheeses and yoghurts) and decrease the HSRs of some dairy desserts and other chilled dairy products, improving comparability between dairy products**

There are specific HSR categories for a variety of dairy products including yoghurts and fermented milk products which recognise the intrinsic sugars and natural fat content of these products. This is distinct from the category that contains dairy desserts such as custards, desserts, cream cheeses, ice-creams and creams. This means that HSR scores will be calculated differently, even though they may be sold in the same location in the retail environment. HSR intends to allow consumers to compare similar products, but in this instance, it is likely that consumers are comparing dairy products with dairy desserts which may result in a perception of healthiness among less healthy products and vice versa. In order to address this problem, it makes sense to refine the dairy desserts category to support comparisons of products displayed together.

The AMA supports this recommendation.

**E: The HSRs for healthier oils and oil-based spreads should be increased and range narrowed to enable better discernment from products higher in saturated fats.**

Australians typically consume more than recommended amounts of saturated fats and much smaller amounts of polyunsaturated and monounsaturated fats. This is inconsistent with recommendations contained within the Australian Dietary Guidelines. Fats, oils and oil-based spreads have their own category within the HSR system. However, concern has been raised that the current approach lacks differentiation and can disadvantage healthier products. Modelling by the HSR Technical Advisory Group found that rescaling the fats, oils and oil-based spreads category would result in no increase in score for products high in saturated fats, but would facilitate slightly higher scores for healthier products, helping consumers to better distinguish between products.

The AMA supports this recommendation.

**F: Jellies and water-based ice confections be included in Category 1 to decrease their HSRs and align them with nutritionally similar non-dairy products.**

Despite often containing large amounts of sugar, ice confections are currently receiving relatively high HSR scores. This is inconsistent with dietary recommendations to limit foods and drinks with added sugars, and consumption is consistently exceeding recommended amounts for adults and children.

The anomaly is likely arising because the HSR category which these products fall under is not adequately reflecting the added sugar content. It has been suggested that these products be moved to another category that better reflects the nutrient profile of the products. Modelling has been undertaken by the HSR Technical Advisory Group which shows that moving these products to Category 1 will result in a general decrease in HSR score and improve discrimination between high and low sugar products. This transition will improve the utility and credibility of HSR.

The AMA supports this recommendation.

**Recommendation 5: Changes be made to the way the HSR is calculated for non-dairy beverages, based on adjusted sugars, energy and FVNL points, to better discern water and drinks similar in nutritional profile to water) from high energy drinks**

Legitimate concerns exist about energy intake via beverage consumption, particularly in relation to sugar. While it is important to increase HSR sensitivity in relation to supporting consumers to identify healthier beverage choices, the current proposal may be overly simplistic. There are particular concerns that the proposed approach will encourage increased fruit juice consumption. Fruit juice can make a significant contribution towards daily energy intake. Consumption of fruit juice has been associated with health problems such as Type 2 diabetes and dental erosion. The message for consumers must be clear, (fluoridated tap) water is always the preferred beverage option.

**Recommendation 6: HSR System implementation continue to be jointly funded by Australian, State and Territory and New Zealand governments for a further four years**

The AMA supports continued implementation of the HSR System, via joint funding from Federal, State and New Zealand governments. The shared investment is one of the HSR System's key strengths. However, it is important that investments in the HSR System are not considered in isolation. Funding must be part of broader efforts to improve food and nutrition literacy in Australia.

The AMA supports this recommendation.

**Recommendation 7: Minor changes be made to the governance of the HSR System to:**

- Support greater consumer confidence in the System by transferring management of the HSR Calculator and TAG database to FSANZ
- Clarify the role of the committees
- Increase transparency of the system
- Improve monitoring, enabling the system to be more responsive

Consumer confidence in the HSR is vitally important and must be a priority for all related activities. Transferring the HSR calculator and the Technical Advisory Group database to Food Standards Australia and New Zealand is an appropriate proposal for the long-term management of the HSR System.

The AMA has represented the public health sector since the inception of HSR. While it is important to ensure efficiency within the HSR Advisory Committee, it must not come at the expense of public health representation. It is the strong view of the AMA that public health representation must be a specified requirement of the HSR Advisory, and other related, committees in the future. Public health representation should be considered separately to consumer representation which is also vitally important and must also be a requirement of any committee relating to HSR moving forward. Failure to commit to separate public health and consumer representation will undermine the public credibility and integrity of the HSR system. Should this representation not be guaranteed the AMA would reconsider its ongoing involvement and support for the HSR.

A large number of refinements have been made to the HSR through the public consultation process. The less public anomalies dispute process appears to have favoured industry, and questions have been raised around how potential conflicts of interest can be mitigated. Publicly releasing the rationale and decisions relating to this process will increase the transparency of this process. Ongoing monitoring and evaluation of the HSR will also ensure its accountability and longevity, via appropriate refinements.

**Recommendation 8: Enhance the critical infrastructure to support implementation and evaluation of food and nutrition-related public health initiatives, including the HSR System, through regular updates to the Dietary Guidelines and national health and nutrition surveys and the establishment of a comprehensive, dataset of branded food products**

Over time it has become apparent that the HSR calculations must reflect the recommendations contained within the Australian Dietary Guidelines. Any inconsistencies undermine both the HSR and the Australian Dietary Guidelines. The AMA supports regular review and update of the Australian Dietary Guidelines, and also national health and nutrition surveys. It is deeply concerning that the Department of Health recently failed to fund the next round of the Australian Health Survey which provides valuable data on the eating habits of Australians. Without such data, there is no indication of whether measures such as HSR are having any impact on the food choices made by Australians.

**Recommendation 9: The HSR system remain voluntary, but with clear uptake targets set by governments (the HSR must be displayed on 70 % of target products by end 2023) and all stakeholders working together to drive uptake.**

It is disappointing that this evaluation of the HSR System has failed to make a decisive recommendation on mandating HSR. The HSR will work best for consumers when it is displayed on all packaged foods and beverages, anything less impairs the ability to make comparisons. There continues to be categories where uptake of HSR is very low. It is also apparent that some food producers are selectively displaying HSR on their healthier products and not providing the same information on their less healthy products. This is unacceptable and not consistent with the intent of the HSR system.

The current proposal is to set clear uptake targets that HSR must be displayed on target products by 2023. If this is the approach moving forward, the Government must set the target for HSR to be displayed on 70 % all packaged foods and beverages by 2023. It should also be stated that should this goal not be achieved, the Government will mandate HSR labelling. There must be absolute certainty about the goal and the outcome should the goal not be met (regardless of the reason). In the meantime, regular

monitoring of uptake must continue. This information should be made publicly available to increase accountability.

Government may also wish to explore possible incentives to encourage continued uptake of HSR. Possibly incentives that warrant further exploration include:

- Research and Development Grants for food and beverage products should preference those that carry the HSR;
- Tax deductions for packaging expenses for companies that display HSR on all products;
- Retail incentives to prioritise the display and accessibility of products that display HSR.

While it is not the AMA's preferred option the AMA supports the proposal to set a clear target that HSR be displayed on 70 % of all packaged foods and beverages by 2023. Should this target not be met, the HSR must be mandated.

**Recommendation 10: The existing Guide for Industry to the HSR Calculator and the HSR System Style Guide be combined, revised and strengthened, providing greater certainty for stakeholders**

Combing the documentation relevant to the food industry may be helpful, but it is not appropriate for the food industry to have carriage of the documents. To ensure consumer confidence, the content of industry guidance documents must be developed by government in collaboration with the Health Star Rating Secretariat.

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***Contact***

*Josie Hill  
Senior Policy Adviser  
Public Health Section  
Ph: (02) 6270 5446  
jhill@ama.com.au*