SUBMISSION TO THE 5 YEAR REVIEW OF THE HEALTH STAR RATING SYSTEM

Options for System Enhancement

The George Institute for Global Health

7 December 2018

The George Institute for Global Health

food policy

Contents

The George Institute for Global Health

The George Institute for Global Health's mission is to improve the health of millions of people worldwide.

The George Institute's food policy team work in Australia and overseas to reduce death and disease caused by diets high in salt, harmful fats, added sugars and excess energy. The team does multi-disciplinary research with a focus on outputs that will help government and industry deliver a healthier food environment for all.

Our flagship FoodSwitch program, a growing database of nutrition and labelling information describing over 500,000 packaged and restaurant foods, enables us to analyses changes in the healthiness of the food supply provided to more than a billion people around the world.

The George Institute has been designated a World Health Organization Collaborating Centre on Population Salt Reduction, with remit to support countries to achieve global targets for reducing salt by 30% by 2025.

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Formatted version of submission made through Consultation Hub

The following text is a formatted version of The George Institute's submission made through the Australian Government's Department of Health online Consultation Hub on 7 December 2018.

Headings included and options selected reflect the specific questions asked in that form.

The Consultation was available at the link: https://consultations.health.gov.au/population-health-and-sport-division/copy-of-test-only/ (accessed 7 December 2018)

1. Fresh or minimally processed fruits and vegetables

1.1. What is your preferred option? (selected option(s) **bolded**)

A. Status quo

B. All fresh and minimally processed fruits and vegetables automatically receive an HSR of 5

Alternative option - please describe in Additional comments

Additional comments, e.g. likely impact/s of the option/s, description of alternative option, etc.

The George Institute believes this option would improve the public health impact of HSR.

It would expand consumer messaging of HSR beyond processed foods in a way that is consistent with Dietary Guidelines. It would also ensure whole fruits and vegetables do not score less than their juiced equivalents. This is an area where HSR has been inconsistent with the nuance of juice recommendations in the Australian Dietary Guidelines, and recommendations to choose whole fruit over juice the New Zealand Eating and Activity Guidelines.

This option also has potential to engage new industry stakeholders (e.g. primary producers) in the system, and confer them an additional marketing benefit.

We agree with the definition of 'minimally processed' provided. We note that the definition of 'vegetables' should include legumes, as per the Australian Guide to Healthy Eating.

We note that in its current form, Option B purports to relate to packaged fruits and vegetables in standardised packaging carrying the NIP (p21 Consultation Document). This does not capture the full intent of prior proposals. We believe that a rule relating to minimally processed fruit and vegetables should allow products without a NIP, and also unpackaged fruit and vegetables to be signposted with a HSR of 5.0 by way of shelf-talkers, floor or ceiling displays, or other signage in the fresh produce section. This would better achieve the aim of promoting fruit and vegetable consumption without incentivizing additional packaging or requiring costly unnecessary nutritional analysis of these products for the purpose of displaying a NIP.

Deakin University researchers tested the feasibility and effectiveness of this through the use of posters in the fresh produce section of supermarkets to broadly indicate a HSR of 5.0. This was part of a trial that also included HSR shelf tags on 4.5 and 5.0 HSR products in the rest of the supermarket. Feedback about the posters was positive from both customers and retailers (Cameron, 2017). The posters resulted in an overall increase of 0.2 percentage points for fresh fruit and vegetables sales in intervention stores vs. control stores in the intervention period relative to baseline. This translates to a relative increase of 1.5% given that 12.8% of all food sales were fresh fruit and vegetables (Cameron, 2018 manuscript under preparation).

We are aware of some concern that this option could open the way to further requests for 'Five Food Group' foods to receive the benefit of a policy decision to

enable them to display HSR 5.0. We believe this concern is unfounded, given that most of these products (e.g. dairy, grain and meat products) are already packaged, display a NIP, and have the benefit of using HSR and other health and nutrition claims. The current situation of fresh fruit and vegetables, particularly those without a NIP and unpackaged, justifies their unique treatment under this proposal.

Relevant references:

- Cameron A, Sacks G, Brown A, Ngan W, Isaacs J. Customer and staff perceptions of a supermarket marketing intervention to promote healthy eating. Paper presented at: 15th World Congress on Public Health; 2017 Apr 3-7; Melbourne.
- Cameron A, et al. Health Star Ratings on supermarket shelf tags to promote sales of the healthiest products store-wide. Manuscript in preparation.

2. Non-dairy beverages

2.1. What is your preferred option?

…

C. Non-dairy beverages may only display the stars

D. Non-dairy beverages are ineligible to score modifying points for their FVNL content

Alternative option - please describe in Additional comments

Additional comments, e.g. likely impact/s of the options, description of other option, etc.

(a) Non-dairy beverages may only display stars: use of the energy icon only must be disallowed

First and foremost, we believe that regardless of the option chosen, the energy icon should be removed as an available variant of HSR. There is no evidence that the energy icon is understood or able to be used by consumers. As acknowledged in the consultation paper, the energy icon has repeatedly been ranked by consumers as the least-favoured of HSR formats in Heart Foundation monitoring. This is likely because because it does not provide the interpretive content expected of a Front-of-Pack Labelling system.

Inconsistent use of stars on 100% juices and the energy icon on most other beverages further reduces the utility of HSR to consumers in this category.

While various reasons for originally allowing the energy icon on drinks have been reported by those involved in HSR's development, the ongoing motivation of the industry in using it is stated clearly in the The Australian Beverage Association's 2016 Annual Report:

"Regarding front-of-pack labelling, as the Board we are pleased to see many brand labels transferring across to the new integrated approach for labelling, being the energy 'shield', as part of the voluntary Health Star Rating Scheme which was launched back in 2014. As an industry, the adoption of this graphic which has both cross-sectoral and wide stakeholder support, and replacing the previous Daily Intake Guide, as (sic) an important strategic move to ensure that the ever-present threat of traffic light labelling is kept off the agenda'

Full report available at: https://www.smh.com.au/cqstatic/gz7s0g/annualreport.pdf

This statement suggests the energy icon is being used primarily as a tactic to avoid providing consumers with the full value of interpretive labelling information. Once the algorithm has been reviewed in the drinks category, we believe use of the energy icon should be disallowed. We also encourage the reviewer to apply the same logic to use of the energy icon on confectionery and all other products except for those genuinely of a well-defined 'small' package size where the full HSR cannot be accommodated. The HSR Style Guide currently defines small packages as less than 100mm^2 noting that these packages are exempt from NIP labelling and may not have space to carry HSR.

(b) Alternative option: Adaptation of the French 'Nutriscore' model for the HSR spectrum

Noting the challenges of getting an algorithm to perform sufficiently across the beverages category, we suggest further consideration be given to the French Nutriscore model.

That system involves a 2-step solution, developed transparently by independent experts and endorsed by the French High Council for Public Health.

Similar to Australia's policy decision on water, it allows only water to receive a score of 'A'. In France, other drinks are scored using the algorithm and receive results between B-E. The algorithm has also been slightly amended to better account for the limited variety of nutrients driving this category. That means that points for sugar, energy and FVNL have been allocated in a modified way, to better discriminate within this category across the full spectrum of scores. In Nutriscore, (total) sugar receives one point for each 1.5g, and energy for each 30kJ. The allocation of points for fruits and vegetables was doubled.

We believe the points distribution of sugar and energy is improved from HSR to give a wider distribution of scores and more useful information to consumers. In our view, this makes an adapted version of Nutriscore more appealing that Options D and E as they are currently proposed.

The general distribution would look something like:

A : water
B : artificially sweetened beverages and vegetable juices (carrot, tomato) some grapefruit juices
C : most orange juices, some apple and pineapple juice

D : most apple, pineapple and multifruit juices (those high in sugar, or with lots of mango and grape), and low sugar sweetened beverages (the threshold actually fits with the "reduced sugar" allegation)
E : almost all soft drinks, and grape juice, and all fruit nectars (half fruit, half sugar)

We also provide a table with a wider variety of drinks included to better reflect innovation in the beverage category e.g. half/half juices, energy drinks, kombucha (see Table 1 below).

For adaptation in the Australian context, the same points table can be used, with the allocation of points to HSR score adjusted to match HSR's point scale. This could be over 9 points, reserving 5.0 for water, or even 8 points up to 4.0 to give water better differentiation from other drinks.

We are aware of one limitation in France raised by consumers and dietitians, which is that artificially sweetened beverages are classified as B given their lack of adverse nutrients in the current algorithm. While we believe this result is consistent with the weight of current evidence and provides an incentive for manufacturers of these products to highlight these products over their full-sugar varieties, inclusion of artificial sweeteners in the algorithm may be something for later review as the body of evidence on these substances grows.

(c) Reconsideration of fruit juice for the purposes of the definition of FVNL

While taking on Nutriscore's point distribution for energy and sugar seems reasonable, we also believe emerging health evidence on fruit juices warrants consideration of whether they should qualify for FVNL points. We include further information on reconsidering the definition of FVNL generally in the 'Salty snacks' section of this submission.

If accepted, we believe a Nutriscore style score could still be applied in Australia without FVNL.

Table 1. Examples of beverages scored under 'NutriScore' system

The beverage category is rapidly developing. Some illustrative examples of how Nutriscore results compare to current HSR results for other beverages not mentioned above include:

	Energy content (points)		Total sugars content (points)		FVNL% (points)		Final points (energy + sugar – FVNL)	Nutriscore rating	Current HSR
Just Juice Orange 50% less sugar (NZ)	94.3	(4)	3.8	(3)	48%	(2)	5	C	2.5
Just Juice Splash Orange and Mango (NZ)	93	(4)	4.9	(4)	50%	(2)	6	D	2.5
Glaceau Vitaminwater Power	79.6	(3)	4.3	(3)	0	N/A	6	D	2.0
Woolworths 100% pure coconut water	61	(3)	2.4	(2)	100%	(10)	-5	B	5.0
Gatorade orange Ice	103	(4)	6	(4)	0	N/A	8	D	1.5
Mount Franklin lightly sparkling lemon	1.9	(1)	0	(0)	0	N/A	1	B	2.0
Fuze peach black ice tea	76.6	(3)	4.2	(3)	2%	(0)	6	D	2.0
Mojo Kombucha	85	(3)	2.9	(2)	0%	N/A	5	C	2.0
Monster energy	197	(7)	11.4	(8)	0%	N/A	15	E	1.0
Keri Apple Pear Cucumber and Kale	193	(7)	9.9	(7)	99.9%	(10)	4	C	4.5
Lipton Ice tea peach	93	(4)	5.3	(4)	<4%	(0)	8	D	1.5
Pump water apple	47	(2)	2.2	(2)	0	(0)	4	C	2.0
Bickford's Cordial bitter lemon (as prepared)	160	(6)	9.2	(7)	25%	(0)	13	E	1.0

N.B. All nutrient data relied upon was taken from websites, either direct from the manufacturer website, or provided on online supermarket websites.

3. Sugar

3.1. What is your preferred option?

A. Status quo for sugars

B. Replace total sugars with added sugars

C. Increase the baseline points awarded for total sugars to reduce the HSRs for products relatively high in total sugars

D. Remove modifying points or restrict the HSR for products relatively high in total sugars to reduce their HSRs

Alternative option - please describe in Additional comments

a. Additional comments, e.g. likely impact/s of the options, description of other option, etc.

(a) Health evidence suggests added/free sugars content must be incorporated

As acknowledged in the consultation paper, to prevent adverse health outcomes, Dietary Guidelines recommend limiting consumption of foods and beverages containing *added sugars.* Recent WHO Guidelines strongly recommend reduced intake of *free sugars* throughout the lifecourse. The consultation paper notes the substantial overlap in these definitions, with free sugars including added sugars as well as incorporating sugars from honey, fruit and vegetable concentrates and juices. The George Institute supports development of an expansive definition that includes free sugars for use in the Australian policy context.

In 2012 during HSR's development, a report commissioned by the NHMRC (unpublished) supported inclusion of added sugars in any front-of-pack labelling system. The findings of that report were not progressed further at that time, although reasons for this decision are not available on the public record.

More recently, increasing recognition of the adverse health effects of added/free sugars has led to progression of proposals for improved sugars labelling being through the Ministerial Forum on Food Regulation. Proposed reforms to the NIP and ingredient list to better identify added/free sugars are strongly supported by public health and consumer stakeholders.

The United Kingdom is also currently reviewing their nutrient profiling model (on which HSR is based). The draft proposal replaces total sugars with free sugars [Public Health England, March 2018, Annex A: The 2018 review of the UK Nutrient Profile Model].

In accordance with the Review's principle of being evidence-based, it is imperative for the five year review to give full consideration to incorporating free sugars into the HSR algorithm. Current TAG modelling remains insufficient in this regard.

(b) Replacing total sugars with free sugars *and* appropriately updating sugars tables

This Option did receive some consideration by the TAG, including recognition that added sugars has a greater ability to differentiate between FFG and discretionary products than total sugars using the measure of Area Under the Curve (AUC) (TAG

Paper Sugars – Added and Total p 29). This finding is consistent with previous TGI research (Peters, 2017).

The TAG paper also recognised that the amount of added sugars in a given product is always equal to, or less than, its total sugars content. This means it is not appropriate to compare HSR results using added sugars data without appropriately updating the sugars table. TGI has also noted this in previous research (Menday, 2017). Despite this recognition, the TAG did not model this step.

We suggest further consideration be given to added sugars modelling, particularly in light of the Forum progression of this issue and the UK finding that inclusion of free sugars improved the performance of the algorithm in that context.

At a minimum, the limited TAG data on added sugars could be used to model this option out to its proper conclusion. To be consistent with treatment of saturated fat and sodium, 30 points should be set. The table selected need not go up to 99% sugar to cover the entire range of sugars in the food supply. These 30 points could be reached at a lower level to better discriminate between products with different added sugar levels, which would provide an additional incentive for manufacturers to reformulate.

Key references:

- Peters, Sanne AE, et al. "Incorporating added sugar improves the performance of the Health Star Rating Front-of-Pack Labelling System in Australia." *Nutrients* 9.7 (2017): 701.
- Menday, Hannah, et al. "Use of added sugars instead of total sugars may improve the capacity of the health star rating system to discriminate between core and discretionary foods." *Journal of the Academy of Nutrition and Dietetics* 117.12 (2017): 1921-1930.

(c) In the event replacement of total sugars with free sugars deemed not yet feasible

As noted above, we believe the health evidence demands an increased focus on free sugars specifically in the HSR algorithm. We also believe it possible for manufacturers to calculate the free sugar content of their products when provided with appropriate technical support. Lack of quantified added sugar on the NIP should not be a barrier to uptake of this option given this is not a requirement for manufacturers to obtain the benefit of FVNL.

This notwithstanding, if a decision is made not to replace total sugars with free sugars in this review, we strongly support interim options that would still address sugars, given its recognition by the Independent Reviewer as the most significant area of stakeholder concern in the review.

The TAG modelling (Sugars Added and Total Paper - p46 and 47) highlights that the majority of products that score HSR≥4.0 and have a total sugar content of ≥15% are cereal products (likely breakfast cereals), confirming that consumer focus on these products is justified.

A decision to amend the sugars table to 25 or 30 points recognises that the design of HSR has not penalised sugars consistently with saturated fat or sodium to date. Consistency would suggest a 30 point table is most appropriate, even if this impacts

the baseline points of a larger number of products that have to date benefitted from this comparative leniency.

Finally, we note that none of the existing initiatives noted under 'status quo' is sufficient to justify not adequately addressing the problems raised around treatment of sugars in the HSR.

4. Sodium

4.1. What is your preferred option?

A. Status quo for sodium

B. Increase the maximum sodium levels used to determine baseline points for sodium to better reflect the range of sodium levels in the food supply

Alternative option - please describe in Additional comments

4.2. Additional comments, e.g. likely impact/s of the options, description of other option, etc.

(a) Option B will not address the majority of sodium 'outliers'

The proposed sodium table diverges in baseline points granted over a threshold of 900mg. This means there will be no change to sodium points for products that are relatively high in sodium but below this threshold. While consistent with the current NPSC, this will not address many of the products identified as sodium 'outliers' in recent literature and TAG work.

TAG papers on Sodium and on Alignment with Dietary Guidelines noted 92% of products in the TAG database have a sodium content <900mg. Many products have relatively high sodium content yet still receive relatively high HSRs, e.g. the ADG paper noted a significant number of processed meat 'outliers' that had a mean HSR of 3.3 and a mean sodium content of 740mg/100g.

In 2018, TGI research (Jones et al, *Defining 'Unhealthy': A Systematic analysis of alignment between the Australian Dietary Guidelines and the Health Star Rating System)* identified the following categories of 'discretionary' foods with products receiving a HSR ≥3.5 but with sodium content >600mg/100g, qualifying them for a red traffic light under the current UK system:

- Ready meals (frozen, ambient and chilled)
- Pickled vegetables, relishes and chutneys
- Processed meats (coated frozen meats, sliced meats, canned meats)
- Table sauces, liquid recipe bases, pasta sauces
- Vegetable-based dips, salsa
- Savoury snacks (potato chips, corn chips, vege-based snacks and other snacks)

This analysis also noted there were more discretionary products scoring HSR≥3.5 with a red light for sodium (n=510), than a red light for saturated fat (n=235) or total sugar (n=296). Only 17% of these sodium outliers had sodium content >900mg/100g, i.e. would be impacted by Option B as currently proposed. The remaining 86% had sodium content between 600mg-900mg/100g.

(b) Alternative Option: Reviewing sodium baseline points in light of updated sodium Nutrient Reference Values for Australia in New Zealand

The current consultation paper refers to the Australian Dietary Guideline recommendation to limit sodium to less than 2,300mg a day.

This recommendation has been superseded by a detailed review of the Nutrient Reference Value (NRV) for sodium in 2017. NRVs apply to both Australia and New Zealand.

This work, led and approved by the Chief Executive Officer of the NHMRC on 13 July 2017, under section 14A of the *National Health and Medical Research Council Act 1992* revised the Suggested Dietary Target for sodium to 2,000mg. The review also removed the 'Upper Level of Intake' (UL). The UL is the highest average intake likely to pose no risk in the general population. It was removed in the case of sodium as increased sodium intake was associated with increased blood pressure at all measured levels of intake. See in full, NHMRC NRV website: https://www.nrv.gov.au/nutrients/sodium.

NHMRC materials accompanying this decision state:

> *The evidence for sodium-blood pressure relationship continues to support the current public health activities aimed at reducing sodium intake in the population.* ***The SDT provides a target for these activities.*** **(emphasis added)**

(c) Implications for HSR's sodium baseline point distribution

While the new NRV was acknowledged by TAG, its impact on the algorithm was not explored further.

The UK Model, on which the NPSC and its baseline point distribution is based, derives its distribution of points from an equivalent UK NRV (called Daily Reference Value, or DRV) which states that maximum salt intake should be no more than 6g a day (2,400mg sodium) for everyone over 11 years of age.

In the UK model (and the NPSC) the maximum baseline points for risk nutrients are equivalent to 37.5% DRV. The baseline points for that purpose stop at 10 points.

Applying this logic to HSR, baseline points for sodium would start at 75mg of sodium and increase linearly to 10 baseline points for 750mg (instead of the current 900mg).

Using the linear increases proposed by Option B after this threshold, sodium would increase in 75mg increments to a maximum of 2,250mg at 30 points (see proposed points as an attachment to this question). We suggest this points table be applied to all HSR categories for consistency.

Adjusting the sodium baseline points at a lower level will also address feedback from industry that large gaps in sodium baseline points are less likely to incentivise reformulation as the change required to pass cut-points is not practically or technologically feasible. Increased incentives for reformulation in this lower range of sodium contents are more likely to offer a HSR benefit for those companies reformulating as part of Healthy Food Partnership.

Table 2: Proposed Additional Option for sodium table

Baseline points	Current baseline points for sodium (Cat 1, 1D, 2, 2D)	Proposed Option B baseline points: Average sodium (mg) per 100g or 100mL (all HSR cats)	**Additional option, new NRV** **Baseline points table: Average sodium (mg) per 100g or 100mL (all HSR cats)**
0	≤90	≤90	≤75
1	>90	>90	>75
2	>180	>180	>150
3	>270	>270	> 225
4	>360	>360	> 300
5	>450	>450	> 375
6	>540	>540	> 450
7	>630	>630	> 525
8	>720	>720	> 600
9	>810	>810	> 675
10	>900	>900	> 750
11	>1005	>990	> 825
12	>1121	>1080	> 900
13	>1251	>1170	> 975
14	>1397	>1260	>1050
15	>1559	>1350	>1125
16	>1740	>1440	>1200
17	>1942	>1530	>1275
18	>2168	>1620	>1350
19	>2420	>1710	>1425
20	>2701	>1800	>1500
21	>3015	>1890	>1575
22	>3365	>1980	>1650
23	>3756	>2070	>1725
24	>4192	>2160	>1800
25	>4679	>2250	>1875
26	>5223	>2340	>1950
27	>5829	>2430	>2025
28	>6506	>2520	>2100
29	>7262	>2610	>2175
30	>8106	>2700	>2250

5. Protein

5.1. What is your preferred option?

A. Status quo

B. Adjust the threshold at which products can claim modifying protein points to reduce the ability for less healthy products to increase their HSR through protein

C. Remove protein from the HSR Calculator

Alternative option - please describe in Additional comments

5.2. Additional comments, e.g. likely impact/s of the options, description of other option, etc.

(a) Evidence not sufficient to justify inclusion of protein as a surrogate for iron, calcium

Almost all Australians and New Zealanders meet or exceed recommended protein intakes.

We understand from the Consultation Document that protein was included in the original UK Nutrient Profile model not for its own merits, but as surrogate for iron and calcium which were not mandated on the NIP, and also to some extent also to offset the natural sugars present in dairy. The current review of the UK model does not propose changes to the treatment of protein in that system.

At the same time, we note the current TAG paper states it is 'beyond scope' to reconsider the relationship of protein and iron and/or calcium in the HSR. We also note that HSR diverges from the UK Ofcom model in its creation of extra dairy categories, removing the necessity of protein to offset scores for these products.

The TAG paper also notes the main categories benefiting from protein points are nuts (64% of total products in category), dips (36%), snack foods (29%)(e.g. potato crisps, muesli bars), and breakfast cereals (27%). At least some of these products are not typically associated with calcium and/or iron intake, making it difficult to accept the evidentiary basis for including protein in the HSR algorithm without further review.

(b) Support for Option B, using tipping point of 11

Without modelling to assess the viability of removing protein from the HSR algorithm at this stage of the review, we strongly support Option B: adjusting the threshold by which products can claim modifying protein points.

The evidence supports returning the tipping point to 11 baseline points, in line with the original validation of the UK model.

The decision to make the protein 'tipping point' more lenient in Australia was made in development of the NPSC. FSANZ provides a summary of materials relating to that decision on its website:
http://www.foodstandards.gov.au/code/proposals/documents/P293%20Health%20Claims%20FAR%20Attach%2013%20FINAL.pdf

These materials includes the following summary of a submission by food company Sanitarium:

"…if nutrient profiling criteria continues to be based on total sugars, the 'tipping point' at which protein cannot be counted should be raised from 11 to 13 points – this would allow Kellogg's Sultana Bran and Sanitarium's Light and Tasty to make claims"

FSANZ's final report on the NPSC records that only 'one submitter' suggested the tipping point be raised as a method for making the system more lenient. In their review of this proposal, products in the FSANZ database that became eligible were *'generally cereal-based products scoring 4-5 fibre points and which also became able to score 4-5 points for protein. This includes several types of breakfast cereal including some muesli, some products with added sugar (iced buns) or added fat (cheese-topped rolls, scones).'*

Ultimately they determined at that time that *'overall this modification appears to be useful because the products which become eligible generally conform to dietary guidelines.'* In light of continued attention on muesli bars and breakfast cereals as HSR 'outliers' we believe it appropriate to review this decision, at least as it applies to eligibility to receive protein points for purposes of HSR.

As noted by the TAG, the products that would be impacted by this include: dips, snacks (muesli bars, potato crisps, extruded snacks), breakfast cereals, bakery/cake mixes, biscuits, cream and ice cream and processed meats. With the exception of some breakfast cereals - whose categorisation as 'FFG' up to a sugar content of 30g/100g is currently contested by public health stakeholders - these foods are predominantly classified as discretionary. Using a tipping point of 11, as per the UK model, the TAG has estimated this change will impact 3% of products that are relatively high in risk nutrients from continuing to claim protein points.

We believe this is a reasonable, evidence-based and targeted change that will be accepted well by consumers.

6. Fibre and wholegrain

6.1. What is your preferred option?

A. Status quo for fibre

6.2. Additional comments, e.g. likely impact/s of the options, description of other option, etc.

We acknowledge that Dietary Guidelines recommend eating grain foods, mostly wholegrain and/or high cereal fibre varieties. We also acknowledge that HSR currently does not significantly discriminate between brown and white varieties of rice or bread, for example.

This notwithstanding, no workable solutions have yet been proposed that resolve this issue through the HSR algorithm. Feedback from public consultations suggested no stakeholders were satisfied with Option B. Earlier proposals by the TAG appeared to benefit some products (potentially breakfast cereals) but not address the issue of brown rice and bread originally raised.

For these reasons we support the status quo for fibre, with no further attempt to integrate wholegrain. Other tools remain available to promote wholegrain products, including wholegrain claims in line with the Industry Code of Practice.

7. Oils and spreads

7.1. What is your preferred option?

A. Status quo

B. Rescale Category 3 upwards to increase and narrow the range of HSRs for oils and oil based spreads so that healthy oils receive higher HSRs which better represent their relative nutritional value

Alternative option - please describe in Additional comments

7.2. Additional comments, e.g. likely impact/s of the options, description of other option, etc.

We support Option B to increase the scores of healthy oils and spreads, and to provide better discrimination between healthier oils and oil-based spreads, without impacting on those products that already receive a low HSR.

We note concerns raised by olive oil manufacturers at stakeholder workshops that they do not receive adequate treatment under this proposal given that the Australian Dietary Guidelines do not differentiate between olive oil and canola oil, for example. This is a matter that may potentially be addressed by changing the saturated fat table for oils, but may be equally responded to as a legitimate outcome under the nutrient profile model given the differential saturated fat content of these oils.

8. Salty snacks

8.1. What is your preferred option?

A. Status quo

B. Remove modifying points or restrict the HSR for salty snack products to reduce their HSRs in line with their status as discretionary foods

Alternative option - please describe in Additional comments

8.2. Additional comments, e.g. likely impact/s of the options, description of other option, etc.

(a) Status quo not sufficient to address large number of discretionary outliers here

Salty snacks have been identified as an outlier by TAG and NSW Health work. They were also one of the main groups of discretionary outliers identified by George Institute analysis 2018 (Jones et al, *Defining 'Unhealthy': A systematic analysis of alignment between the Australian Dietary Guidelines and the Health Star Rating System).*

Most of these products are not currently displaying HSR. George Institute analysis (Jones et al (2018) – *Uptake of Australia's Health Star Rating System*) suggested

uptake was only 18.3% on crisps and snacks by 2017. This may be one reason that potential 'outliers' in this category have not yet garnered public attention.

While some of these products may be healthier choices within this category due to lower sodium and saturated fat content, we believe it inappropriate that over half (53%) of this category receive a HSR≥3.0 (TGI 2017 Monitoring Database, 409 savoury snacks, 216 HSR≥3.0) despite being a well-accepted discretionary choice. Products with HSR≥3.0 include a wide variety of plain and flavoured potato chips, corn chips and other vegetable and legume-based snacks.

Earlier work by NSW Health also found that 40% of salty snacks, chips and pretzels received a HSR≥3.5. The differences between these figures and the TAG figures (where only 20% of salty snacks received a HSR≥3.0) suggest the TAG database is under-representative of the food supply in this category.

(b) Sodium Option B will not address salty snack outliers

Data suggests not simply an issue of sodium content, and will not be fixed in any case by current sodium proposal:

For example, the George Institute's 2017 Monitoring Dataset suggests the following distribution of sodium content for savoury snack products with HSR≥3.0:

>900mg	10 products
Between 600-900mg	59 products
<600mg	147 products

This means only 10 of these 'outliers' will be potentially affected by the proposed sodium option, notwithstanding that 69 products would qualify for a 'red' traffic light in the UK.

It is possible that many of these products would receive an increase in baseline points for sodium under our additional alternative option for sodium that updates baseline point distribution in accordance with Australia and New Zealand's revised sodium NRV.

(c) Protein Option B or C may resolve some salty snack outliers

Many of these products contain significant protein and some fibre, and may be therefore impacted by adoption of proposed changes to these food components.

TAG modelling suggests that 29% of snacks are currently eligible to receive protein points at a tipping point of 13. That reduces to 15% if the tipping point is returned to 11 or less baseline points. Given the apparent under-representativeness of the TAG database in this category, impact of these changes on this category may be higher.

(d) Additional proposed option: Review definition of FVNL to better align with health evidence

While the TAG did not prefer the option of removing modifying points from salty snacks due to their status as discretionary foods, one further option that may assist in

this category and others (such as juices) could be amending the definition of FVNL itself to better align with the health evidence of consuming these foods.

There is already some precedent for this, with HSRAC determining that cacao nibs, cacao, quinoa, coffee beans and carob cannot claim FVNL points for HSR purposes as they do not confer health benefits associated with FVNL (see HSRAC meeting minutes 15 November 2017 at http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/hsrac-committee-meet)

The HSR Style Guide currently suggests the following on FVNL:

> V points can be scored for fruits, vegetables, nuts and legumes (fvnl) including coconut, spices, herbs, fungi, seeds and algae content including –
> (a) fvnl that are fresh, cooked, frozen, canned, pickled or preserved; and
> (b) fvnl that have been peeled, diced or cut (or otherwise reduced in size), puréed or dried.
>
> V points cannot be scored for –
> (a) a constituent, extract or isolate of a food e.g. peanut oil, fruit pectin and de-ionised juice; or
> (b) cereal grains mentioned as a class of food in Schedule 22.
>
> V points may be scored for –
> (a) fruit juice or vegetable juice as standardised in Standard 2.6.1 including concentrated juices and purees;
> (b) coconut flesh (which is to be scored as a nut), whether juiced, dried or desiccated, but not processed coconut products such as coconut milk, coconut cream or coconut oil; and
> (c) the water in the centre of the coconut.

While this definition is linked to the NPSC, we suggest broader review of this definition is warranted in order for FVNL to retain its validity as a modifying food component associated with positive health outcomes.

We suggest attention to eligibility of the following at a minimum:

- Juices and fruit juice extracts
- Dried fruit
- Fried vegetables
- Pickled vegetables

The evidentiary basis for this is in the Australian Dietary Guidelines extracts below:

ADG Educator's guide:

> Limit intake of fried vegetables such as potato and vegetable chips and crisps which add extra kilojoules. Chips and crisps are included in discretionary choices
>
> Fruit juices belong to this group, but most have lost the dietary fibre found in fresh fruit. Fruit juices are also acidic and frequent consumption may increase the risk of dental erosion. Dried fruit can be used but because it has a lower

water content, it is more energy dense than fresh fruit. Dried fruit can also stick to the teeth and increase the risk of dental decay.

ADG Summary Document

Vegetables and fruit to limit

Fruit juices provides energy (kilojoules) but most lack dietary fibre. They are acidic and frequent consumption may contribute to an increased risk of dental erosion. Dried fruit can also stick to the teeth and increase the risk of tooth decay.

For these reasons, fruit juice and dried fruit should be consumed only occasionally and in small amounts. Fruit juice should not be given to infants less than 12 months of age.

The intake of some salted, dried, fermented or pickled vegetables has been associated with an increased risk of some cancers, so intake of these foods should be limited.

Also limit intake of fried vegetables such as potato and vegetable chips and crisps, which add extra kilojoules and salt. Chips and crisps are included in 'discretionary choices' (see pages 27 and 34).

Similar, and sometimes stronger statements on fruits and vegetables in these forms are found in the New Zealand Healthy Eating and Activity Guidelines.

9. Dairy desserts

9.1. What is your preferred option?

A. Status quo

B. Redefine Category 2D to include dairy desserts, and rescale to ensure that healthier options receive higher HSRs and comparability is improved between similar dairy products

9.2. Additional comments, e.g. likely impact/s of the options, description of other option, etc.

We support Option B to ensure that less healthy dairy dessert products do not receive higher HSRs than yoghurts with additional nutritional value.

We note that this 'anomaly' was created as an unintended side effect of creating the additional dairy categories in HSR and would strongly caution against the creation of any further new categories in the review.

10. Ice confections and jellies

10.1. What is your preferred option?

A. Status quo

B. Redefine Category 1 to include water-based ice confections and jellies to align their HSRs with nutritionally similar non-dairy beverages

10.2. Additional comments, e.g. likely impact/s of the options, description of other option, etc.

We support this option, noting that any changes to non-dairy beverages are relevant but unlikely to change the appropriateness of scoring these products as a drink (i.e. these products are always likely to receive a lower HSR commensurate with that of a sugary drink).

Additional comments

The George Institute has been a supporter of the HSR system since its inception, and remains keen to see the system achieve its full potential as a key component of Australia's response to diet-related disease.

Our ongoing research on HSR using the FoodSwitch database suggests HSR is performing well overall, while also highlighting areas where the system could be strengthened to retain consumer trust and promote achievement of its primary public health goal.

We appreciate the thorough and transparent approach of the Independent Review.

In addition to our views on the options proposed above, we make the following key recommendations on remaining aspects of the review.

(a) Impact of proposed changes on industry must be assessed against actual uptake

Our research suggests less than one third of HSR-eligible products are currently displaying the label (Jones et al *Uptake of Australia's Health Star Rating System* 2018).

Any modelling to assess the impact of changes to the algorithm must take note of the percentage of products affected that are actually carrying a HSR label. This has implications for both consumer messaging and industry costs.

(b) Insufficient uptake requires government to take steps toward making HSR mandatory

During its development, Food Ministers noted that to remain voluntary, HSR uptake should be 'consistent and widespread' (Ministerial Forum, Update on front-of-pack labelling, 13 June 2013).

Despite lack of formal performance indicators being set, it is arguable from official monitoring and independent research that current HSR uptake meets neither of these requirements: it is on less than one third of products, and products displaying HSR are skewed disproportionately at a HSR of 3.0 or more.

This lack of uptake by industry in HSR's voluntary status justifies a 'responsive regulatory' response, moving the operation of HSR along a regulatory spectrum that progresses towards a legislative response.

In the next phase of HSR, it is essential that 'success' be clearly pre-defined to allow objective evaluation. We support clear targets for uptake, for example, 80% of all HSR-eligible products, a process for independent and transparent monitoring, regular benchmarking and public reporting of progress, and a clear pathway for the system to be made mandatory if this target is not reached by a specified date.

(c) The 'star' logo graphic is understood, but its design could be strengthened

Research on the efficacy of the 'star' graphic (c.f. the energy icon logo) confirm it is well liked by consumers, and superior in utility to the previously used and industry-preferred DIG. This make it imperative that the AFGC update its best practice guidance, committing fully to HSR and ensuring the DIG is removed from the marketplace.

While practical and political realities make the star likely to stay, comparison with other label formats implemented worldwide offer opportunity for strengthening HSR's graphic design. Incorporation of colour (like France's Nutriscore or the Multiple Traffic Light), written government endorsement in the design (as in Chile and Singapore), and Canada's specification of standardised positioning and separation of FoPL from health and nutrient content claims all provide potential inspiration, and are a valid consideration for the five year review.

(d) HSR governance must be reformed to strengthen government leadership

Lessons learned during HSR's implementation and review highlight areas where HSR governance could be improved in its next phase.

For example, reliance placed on work conducted voluntarily by the TAG on a limited range of confidential data highlights the need for monitoring, compliance and modelling work to be conducted transparently and allocated appropriate resource.

The highly technical nature of this work and its public health significance suggest a potential role for FSANZ, drawing upon existing frameworks and procedures for consultation and independent review of scientific evidence that could support the integrity of the system while still allowing appropriate engagement with all HSR stakeholders

It may still be appropriate for the Health Star Rating Advisory Committee to exist in a revised form to facilitate multi-stakeholder input, however we suggest increased visible leadership and authority be given to government stakeholders to promote consumer trust. The shift here would be away from industry as a partner in policy setting, towards industry as a legitimate partner in implementation only. This is consistent with the WHO Tool on 'Safeguarding against possible conflicts of interest in nutrition programmes: Approach for the prevention and management of conflicts of interest in the policy development implementation of nutrition programmes at a country level'" see https://www.who.int/nutrition/consultation-doi/comments/en/

Thought should also be given to which body maintains authority for determining anomalies, receiving complaints under the (thus far unused) dispute resolution mechanism, and whether these mechanisms can be made more 'user-friendly' to

facilitate quick and fair resolution of reasonable issues raised by a variety of stakeholders. Complaints raised should be assessed by an independent body (potentially FSANZ) given the need for these to be assessed free from real or perceived commercial conflicts of interest. The HSRAC's experience with the 'as-prepared' rules highlighted the challenges of that body resolving the matter expeditiously.

(e) HSR as part of comprehensive policies to improve diets

HSR is an important tool for both its underlying nutrient profile (algorithm) and its application as a front-of-pack label. Systems such as HSR are proliferating worldwide on the basis of their recommendation by WHO as part of the suite of measures required to improve population diets.

The public health impact of HSR is likely to be strengthened by integration of the system into other policies, for example, New South Wales' use of HSR in its frameworks for healthy food in schools and hospitals. Our work has also demonstrated the feasibility of using HSR alongside kJ information on fast food menu labelling.

At the same time, HSR was not designed nor intended to be a complete source of dietary advice. Recent developments such as NHMRC's review of 'discretionary' definitions under the Dietary Guidelines are promising, but Australia needs a comprehensive, 'whole-of-government' approach to improving population diets to produce change.

At a Federal Level, the 'Tipping the Scales' consensus provides eight recommendations for evidence-based action that The George Institute, along with many others, endorse. A strengthened HSR is one of these, but will be have most public health impact if integrated into broader, coordinated action of the kind recently foreshadowed by the Council of Australian Government (COAG) in announcing National Obesity Strategy.

We thank you for the opportunity to provide a submission to this consultation, and look forward to supporting further action in this area.