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Submission to the five-year review of the Health Star Rating system

For further discussion please contact:

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Activity and Nutrition Aotearoa's (formerly Agencies for Nutrition Action) vision is that **'everyone in Aotearoa can and does eat well and leads an active life'**.

Activity and Nutrition Aotearoa (ANA) is an incorporated society with 14 member organisations:

- Asthma and Respiratory Foundation of NZ
- Cancer Society of New Zealand
- Dietitians New Zealand
- Hāpai Te Hauora
- Healthy Futures
- Heart Foundation New Zealand
- Home Economics and Technology Teachers Association of NZ
- Kidney Health New Zealand
- New Zealand Nutrition Foundation
- New Zealand Recreation Association
- Pacific Island Food and Nutrition Action Group
- Stroke Foundation of New Zealand
- The Asian Network Inc
- Toi Tangata

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Executive Summary

Activity and Nutrition Aotearoa (ANA) thanks HSRAC for the opportunity to comment on the public submission to the five year review of the Health Star Rating (HRS) system.

This submission is a consensus view of the ANA membership but it does not necessarily fully represent any individual member organisation's views.

ANA is supportive of front-of-pack labelling however we also know that a rating system such as the HSR is complex and only part of the solution to assist consumers to make informed food purchases and healthier eating choices, and there is no perfect solution.

ANA believes the HSR system is not a complete solution to assist consumers with choosing foods in line with dietary guidelines and several other tools and strategies need to become part of an overall strategy such as strengthening policy, setting meaningful targets,

increased population healthy eating promotion funding and regulating unhealthy food marketing.

ANA recommends:

- Increasing promotion of the Eating and activity guidelines first and foremost with HSR a sub component of this promotion but not the focus.
- Strengthening the Health Star Rating system by:
    - addressing anomalies in the design algorithm (especially for sugar)
    - addressing issues related to the 'as prepared' rules
    - reviewing the categories of food
    - ensuring foods are appropriately scored, for example, all fresh, frozen and minimally processed and Fruit and vegetables should automatically get 5 stars
    - limiting the number of stars' discretionary foods (e.g. muesli bars, ice creams etc.) may attain regardless of their nutrient profile.
    - encouraging greater uptake of HSR in minimally processed core food categories
- Increasing funding for promotion to ensure consumers have confidence in and are able to use the HRS correctly.
- Making a strengthened HSR mandatory for all packaged foods if there is not widespread uptake by 2019.
- Extending the HSR to fast food

ANA is answering selected questions in this submission (1, 4, 5, 8, 12, 13, 14 &17) – all answers reflect a New Zealand context.

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

   1.1 The fundamental flaws in the system and industry perception of inherent flaws are a barrier for both industry uptake of the system and consumer use. (Ministry for Primary Industries, Research report: The ability of New Zealand consumers to use the HSR system)

   1.2 The HSR system is a voluntary scheme.

   1.3 There are many healthy products without the star rating.

   1.4 HSR is only designed for packaged foods not fresh foods, fast food or restaurant food.

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

   (i.e. to provide convenient, relevant and readily understood nutrition information and/or guidance on food packs to assist consumers to make informed food purchases and healthier eating choices).

   4.1 From June 2014, food manufacturers started to apply HSRs to the front of food product packaging. In New Zealand, only 2,700 products display the HSR logo on the front of packs (Health Star Rating Advisory Committee (2017). A few categories such as processed meats, chips, spreads, pies, and sauces/dressings have very low uptake of the HSR.

   4.2 Industry to date appears to have been selective with brands and products that display HSR with mostly products over 3 stars labelled. Some manufactures are not displaying low ratings deliberately. Manufactures don't want to put low scores on products "we would never put anything less than 3 stars (Colmar Brunton, 2016).

   4.3 There appears to be more discretionary foods showing a HSR rather than food that should make up the majority of the diet.

4.4 Using the system across categories provides the potential for consumer confusion. For example, 4 ½ star muesli bar or 5 star chocolate milk has the potential to be seen as healthful or nutritionally equivalent with other 4 to 5 star core foods that align with NZ eating and activity guidelines. ANA recommends that options for reducing this confusion be investigated for example limiting the number of health stars on discretionary foods.

4.5 There is a perception that the HSR borders on a health claim when claiming 5 stars.

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

5.1 As Prepared Rules

ANA recommends the HSR should be determined based on the raw product rather than the 'as prepared' product. This will allow for transparency between the manufacturers and the consumers, as well as allowing the consumer to make an informed choice about their food.

If "as prepared" is kept there needs to be an investigation of issues and concerns raised about the form of the food ('as prepared') rules.

5.1.1 The current application of the form of the food ('as prepared') rules in the Guide for Industry, the Health Star Rating Calculator poses short and long-term problems for the health of the New Zealand population; as well as causing public distrust in the HSR and the industries which support it.

5.1.2 An example of the failure of the HSR, is the inappropriate labelling of hot chocolate mixes (specifically Nestlé's Milo), which has a 4.5 star rating when prepared to the instructions of 3 heaped teaspoons and 200ml of trim milk. This product is high sugar (46g/100g) and high energy (1680kJ/100g). The 4.5 star is calculated on the end product made with trim milk, however over half the population in NZ make Milo with full fat milk with only, 10% use low fat milk and 74% of children consume full fat milk. (Ministry of Health, 2003). Some people make Milo with water and in this scenario it would only achieve 1.5 stars.

5.1.3 The HSR on Milo does not enable a direct comparison to be made by consumers when purchasing other drinks including syrups.

5.1.4 "As prepared" would be reasonable when the product is prepared with water e.g. packet soup or syrup drink as this does not significantly change the product.

5.2 Algorithm

ANA recommends that the algorithm for rating products is reviewed to reduce the current anomalies.

Foods with high levels of sugar, salt or saturated fat can still receive high star ratings. These foods are nutrient poor yet the star rating doesn't reflect this nutrient poor product. Anomalies with the system need to be addressed with urgency and the rating algorithm design reviewed considering the following parameters:

5.2.1 Differentiate between *added sugar* rather than *total sugar.* World Health organisation (WHO) recommends people limit their intake of *added* sugars.

5.2.2 Differentiate between *trans-fat, poly, monounsaturated* as well as *saturated fats.*

5.2.3 The algorithm takes no account of the amount of processing a food has gone through.

Some specific anomaly examples:

- The Heart Foundation(n.d) recommends 30g of nuts are consumed most days of the week to reduce the risk of cardiovascular disease. Different nuts provide different nutrients. Brazil nuts and macadamia have lower ratings in the raw nut category. Brazil nuts contain selenium which is low in NZ soils yet they are rated 4 stars when other nuts have 5 stars. A wide variety of nuts are recommended and there is concern people will only choose the nuts with a 5-star rating as they are perceived as being better.

- Eggs are given 4 stars yet they aren't eaten raw. The cooking methods will impact on the nutritional quality.
- Nutri-Grain has 4 stars yet is very high in sugar.
- Plain milk has 4 stars yet both Up & Go and low fat strawberry flavoured milk get 4.5 stars.
- Fruit juice e.g. Golden Circle, rates higher than milk, and juice with water rates lower than juice alone, yet diluted juice is preferable to full strength juice.
- Sea salt chippies has 4 stars yet is high in fat and sodium.

5.3 Other

5.3.1 Individual foods are not always eaten alone and the total meal needs to be considered. The HSR system allows some products to incorporate additional components such as porridge made with milk. This anomaly needs to be removed as very few foods are ever eaten alone and all foods should be treated on an even playing field.

5.3.2 Category 2, the largest category is broad and generic, pitching unrelated products against each other e.g. meats and pasta sauces.

5.3.3 Calculations based on 100 g or 100 mls allow for easy comparison

5.3.4 The HSR is open to manipulation by the food industry e.g. potential to add more fibre to get more stars without changing anything else.

5.3.5 Fundamentally, the HSR does not discern between 'use sparingly' (e.g. margarine) or 'eat plenty' (e.g. frozen vegetables) as per the MOH Eating and Activity Guidelines.

"You can give your children a glass of fruit juice with Nutri-Grain and strawberry flavoured milk for breakfast and think you are doing really well by choosing the highest stars" (personal communication, July 12, 2017).

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?**

8.1 The HSR style guide states "food companies that choose to adopt the HSR system are encouraged to do so *consistently across their product range and/or within product categories.*" This isn't occurring in New Zealand. Not having all products labelled dismisses the concept consumers can effectively compare similar products and also creates a health halo across the range.

8.2 Advertising of products with no stars can be misleading by deliberately placing a no star product in amongst five star rated products. In this example, raw cacao butter is hidden among products scoring 5 stars. For example: http://www.pams.co.nz/pams-superfoods/

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.**

12.1 In New Zealand, the HSR is not widely used by health promoters due to low numbers of products with the HSR (2,700). Cliona Ni Mhurchu (2017) states that this is only about 10% of all food products available in NZ. A critical mass of products is needed before it becomes a routine part of education and health promotion.

12.2 A lack of momentum and visibility of HSR in-store is a barrier to industry (Ministry of Primary Industries, 2016).

12.3 Low consumer awareness, understanding and usage of the HSR has resulted in the HSR not showing an effect to date. In a randomised control trial conducted by Mhurchu et al (2017) the authors reported a relatively low level of use of the HSR.). Interpretive nutrition labels had no significant effect on food purchases. However, shoppers who

used interpretive labels found them to be significantly more useful and easy to understand, and compared with frequent Nutrition Information Panel (NIP) users, frequent traffic light labelling and HSR users had significantly healthier food purchases.

12.4 There is a lack of understanding generally that the HSR system rates foods within categories and what these categories are. This misunderstanding can lead to direct comparison across different categories with the consequence of consumers not using the system as intended. A recent NZ study suggests consumers are misguidedly using the HSR ratings to make comparisons within a food category or across comparable food categories (Hamlin & McNeill, 2016).

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.

13.1 ANA recommends that there needs to be more emphasis on the promotion of the eating and activity guidelines so that the HSR is not seen as the leader of healthy eating advice, rather it is a tool to assist consumer choice.

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.**

14.1 Potentially monitoring reformulation of products tracking how products move from a particular star rating to another.

14.2 ANA would value clarification around the process and responsibilities around reporting of potentially incorrect labelling.

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?

17.1 The HSR has the potential to form part of a successful public health intervention – one of many tools in the toolbox. However, as it stands with the flaws, limitations and barriers already outlined, there would need be significant strengthening of the scheme to be a successful public health intervention.

17.2 ANA has concerns the HSR system is adding to public confusion and misleading consumers and giving them a false sense of what are 'healthy' foods. A greater investment of consumer education to enhance consumer understanding is recommended once the anomalies are corrected and when there is a significantly greater number of the products in the food supply labelled with the HSR. The HSR should complement and reinforce the Healthy Eating and Activity Guidelines.

17.3 ANA recommends individuals should also learn to read and understand the nutrition information panel rather than relying only on the front-of-pack or stars alone. The proverb "teach someone to fish, rather than just give someone a fish" is a useful quote in this context.

17.4 ANA acknowledges nutrition labels are only one tool in the toolkit and recommends greater improvements to population health could be made if we also created complementary policy changes including health food policies in schools and workplaces and further reduced the marketing and sponsorship of foods that influence children.

17.5 ANA Evidence showed that traffic light systems are the easiest for consumers to use for comparing relative healthiness between products (Agencies for Nutrition Action, 2012).

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