

Response ID ANON-8234-99RR-7

Submitted to **Health Star Rating (HSR) system - five year review**

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First of all, tell us about yourself

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Organisation:

Cancer Society Social & Behavioural Research Unit, University of Otago AND Cancer Society New Zealand

4 Please identify your background/interest group.

Public health

1. Fresh or minimally processed fruits and vegetables

1.1 What is your preferred option?

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

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

Fruits and vegetables - additional comments:

We support option B noting that many New Zealanders do not consume sufficient fruit and vegetables, and increasing intake of fruit and vegetables has potential to reduce incidence of cancer and cardiovascular disease. We note difficulties with the definition of "minimally processed" and request that products the addition of sugars (sugar and fruit syrups) and sodium (brines) be excluded from this definition.

2. Non-dairy beverages

2.1 What is your preferred option?

E. Plain packaged water is the only non-dairy beverage to score an HSR of 5, combinations of juice and water with no other additives score an HSR of 4.5, and all other non-dairy beverages calculate their HSR using the HSR Calculator

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

Non-dairy beverages - additional comments:

Beverages are an important source of added/free sugars in New Zealand and Australia. The World Health Organization (WHO) recommends that free sugars intakes are limited to <10% total energy intake, noting the WHO definition of free sugars ("all monosaccharides and disaccharides added to foods by the manufacturer, cook, or consumer, plus sugars naturally present in honey, syrups, and fruit juices") includes sugars present in fruit pulps and juices. Therefore having positive points associated with fruit juices is problematic in the case of fruit juices and non-dairy beverages. A review of ratings associated with non-dairy beverages is timely, and should be the subject of ongoing monitoring.

3. Sugars

3.1 What is your preferred option?

B. Replace total sugars with added sugars

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

Sugars - additional comments:

High intake of free/added sugars are associated with obesity, dental caries, cardiovascular disease and cancer. We endorse the replacement of total sugars with free or added sugars. This would bring the algorithm in line with international best practice using free sugars (consistent with WHO guidelines) or added sugars (consistent with the FDA nutrition labelling).

4. Sodium

4.1 What is your preferred option?

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

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

Sodium - additional comments:

Sodium as important cause of cardiovascular disease and stomach cancer. The WHO and United Nations recommend a relative reduction of population sodium intake by 30% by 2025. Reformulation of processed food is a key strategy to reduction of population sodium intake, and food labels such as HSR are important drivers to food reformulation. Of the two options we endorse option B, however we encourage MPI to examine other options regarding sodium in order to support efforts to comply with the WHO voluntary global target, and New Zealand and Australian Nutrient Reference Values.

5. Protein

5.1 What is your preferred option?

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

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

Protein - additional comments:

The current points for protein allow healthy high protein foods (such as lean meats) to achieve high HSR ratings, however they enable relatively unhealthy products to increase their rating by addition of proteins. We endorse option B so that high salt/sugar/saturated fat products are less able to do this in future.

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.

Fibre and wholegrain - additional comments:

We support the intent of option B, in that encouraging increased consumption of wholegrains (and minimally processed carbohydrates) is consistent with Dietary Guidelines. However currently the definition of wholegrains is not specific, which would make this difficult to introduce. Additionally, wholegrains are a food and not a nutrient making the algorithm inconsistent. We therefore endorse option A.

7. Oils and spreads

7.1 What is your preferred option?

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

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

Oils and spreads - additional comments:

8. Salty snacks

8.1 What is your preferred option?

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

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

Salty snacks - additional comments:

10. Ice confections and jellies

10.1 What is your preferred option?

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.

Ice confections and jellies - additional comments:

Given the nutritional composition of these items it would be most appropriate to align them with the beverages category.

Additional comments

1 Additional comments

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We thank the Department of Health (Australia) and the Ministry for Primary Industries (New Zealand) for the opportunity to contribute to this review of the HSR. We support ongoing review and evaluation of HSR in terms of its use and its effect on consumer choice and food reformulation. We note that the implementation of the HSR was undertaken with little existing evidence to support its effectiveness. Work by Ni Mhurchu and colleagues (Nutrients 2017, 9(8), 918; doi:10.3390/nu9080918) has shown that the HSR has had to date a positive effect on food reformulation. In particular we would like to see the HSR as a tool for reducing population sodium intake, as well as intake of free/added sugars in line with WHO recommendations. Ongoing evaluation of the effect of the HSR with reference to sodium and free/added sugar is important, and we would like to see exploration of options to maximise impact in these areas into the future.

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