

## HSR Five Year Review Consultation template

1. Please provide your name.
2. Please provide your email address.
3. If you are responding on behalf of an organisation, please provide the name of the organisation.
4. Please identify your background/interest group.

(Required)

Consumer group

General public

Government

Industry

Other

Public health

# 1. Fresh or minimally processed fruits and vegetables

## 1.1. What is your preferred option?

A. Status quo for fruits and vegetables

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

Alternative option - please describe in Additional comments

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

We support the policy decision that all fresh and minimally processed fruits and vegetables receive a HSR of 5. We believe this option would improve the public health impact of HSR and bring greater alignment with the Australian Dietary Guidelines (ADG). The ADG recommend people consume a variety of fruits and vegetables to meet the recommended 2 and 5 serves per day respectively, which most Australians do not meet.<sup>1</sup>

In addition, there is no benefit to ranking fruits and vegetables less than 5 HSR there are no identified risks with doing so. They cannot be reformulated, and regardless are naturally an excellent source of nutrients and low in energy. 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 would expand consumer messaging of HSR beyond processed foods in a way that is consistent with Dietary Guidelines, and potentially engage new industry stakeholders who would derive a marketing benefit from the system.

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 additional nutritional analysis of these products for the purpose of displaying a NIP.

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<sup>1</sup> Australian Bureau of Statistics, 4364.0.55.001 - *National Health Survey: First Results, 2014-15*

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.<sup>2</sup> 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.<sup>3</sup>

## 2. Non-dairy beverages

### 2.1. What is your preferred option?

- A. Status quo for non-dairy beverages
  - B. Non-dairy beverages (other than water) may only display the energy icon
  - C. Non-dairy beverages may only display the stars**
  - D. Non-dairy beverages are ineligible to score modifying points for their FVNL content
  - 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
- Alternative option - please describe in Additional comments**

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

#### **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 to be used on beverages. Once the algorithm has been reviewed in the drinks category, we believe use of the energy icon should be disallowed.

Evidence supporting this:

- There is absolutely no evidence that the energy icon is well understood or able to be used by consumers. The energy icon has repeatedly been ranked as the least-favoured of HSR formats in Heart Foundation monitoring, perhaps because it does not provide the *interpretive* content expected of a Front-of-Pack Labelling system.

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<sup>2</sup> 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.

<sup>3</sup> Cameron A, et al. Health Star Ratings on supermarket shelf tags to promote sales of the healthiest products store-wide. Manuscript in preparation.

- Inconsistent use of stars on juices and the energy icon on 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, there are suggestions the energy icon is being used primarily as a tactic to avoid providing consumers with the full value of interpretive labelling information:
  - *“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**”*  
The Australian Beverage Association's 2016 Annual Report. Available at: <https://www.smh.com.au/cqstatic/gz7s0g/annualreport.pdf>

### **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. This 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.

Advice from French researchers suggest the following standard results:

*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)*

For adaptation in the Australian context, the same points table could be used, with the allocation of points to HSR score adjusted to match HSR's ten point scale (or 9 points once HSR 5.0 is reserved for water).

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. We are concerned that emerging evidence regarding the health effects of artificially sweetened beverages (including appetite and dental health impacts)<sup>4,5</sup> suggests that their ranking should be reviewed. Inclusion of artificial sweeteners in the algorithm may be something for later review.

### **Reconsideration of FVNL inclusion**

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.

## **3. Sugars**

### **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

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

Evidence supporting inclusion of added sugars in algorithm. 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:

- 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 lifecycle. The consultation paper notes the substantial overlap in these definitions, and we

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<sup>4</sup> Mattes RD, Popkin BM. Nonnutritive sweetener consumption in humans: effects on appetite and food intake and their putative mechanisms. *Am J Clin Nutr.* 2008; 89: 1-14.

<sup>5</sup> Zheng M, Allman-Farinelli M, Heitmann BL, Rangan A. Substitution of sugarsweetened beverages with other beverage alternatives: a review of long-term health outcomes. *J Acad Nutr Diet.* 2015; 115: 767-79.

support an expansive definition that includes free sugars when referring to sugars in this regard. This is in line with our previous submission on added sugar labelling. From this point on, when we refer to “added sugars” in this document, we are referring to “free sugars”.<sup>6</sup>

- It’s unclear why added sugars are not currently included in the algorithm given previous supportive consultations.
  - 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 sugars are strongly supported by public health and consumer stakeholders.
- This option has been demonstrated to be feasible.
  - 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]

**(a) Replacing total sugars with free sugars *and* appropriately updating the sugars table**

This has been previously modelled by the TAG, it found that added sugar is superior in differentiating between FFG and discretionary products than total sugars (TAG Paper Sugars – Added and Total p 29). This finding is consistent with previous TGI research (Peters et al, *Incorporating Added Sugar Improves the Performance of the Health Star Rating Front-of-Pack Labelling System in Australia*, 2017). An example of total sugars being an inappropriate marker is a flavoured plant-based milk (with 7g added sugar/100mL) versus flavoured dairy milk (with added 5g sugar/100mL + 5g lactose = 10g total sugar per 100mL). In this case, the flavoured dairy milk has a higher total sugar content, although both products have added sugar and in fact, the dairy milk has a lower added sugar content.

However, the appropriate rescaling of the sugar table to account for the shift from total to added sugar has not been modelled to date. The amount of added sugars in a given product is necessary 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.<sup>7</sup>

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<sup>6</sup> Guideline: Sugars intake for adults and children. Geneva: World Health Organization; 2015.

<sup>7</sup> Menday 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*, 2017

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. It is inappropriate that the current sugar table goes up to 99% sugar. 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.

The replacement of total sugars with added sugar would achieve the strongest alignment with the Australian Dietary Guidelines which recommend limiting consumption of added sugar. Conversely, dietary guidelines do not recommend restriction of intrinsic sugars or milk sugars since these are not judged to have adverse health outcomes. This ensures there will be alignment with the current consultation on Added Sugar Labelling, which also places emphasis on the identification of added sugar. None of the existing initiatives noted under 'status quo' is sufficient to justify not adequately addressing the sugars issue in HSR.

## 4. Sodium

### 4.1. What is your preferred option?

B. Decrease 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.

#### **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)<sup>8</sup>:

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

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<sup>8</sup> <https://www.nrv.gov.au/nutrients/sodium>.

states that maximum salt intake should be no more than 6g a day (2,400mg sodium) for everyone over 11 years of age.

#### Proposed new scaling

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. We suggest this points table be applied to all HSR categories.

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.

#### **Issues with Option B**

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 this is consistent with the current NPSC, it will not address many of the products identified as sodium 'outliers' in recent literature and TAG work.

For example, TAG papers on sodium and on Alignment with Dietary Guidelines noted 92% of products in the TAG database have a sodium content <900mg. For example, 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<sup>9</sup> identified the following categories of 'discretionary' foods that had products receiving a HSR  $\geq 3.5$  but with a sodium content >600mg/100g, which would qualify them for a red traffic light under the current UK model:

- 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)

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<sup>9</sup> Jones et al, Defining 'Unhealthy': A Systematic Analysis of Alignment between the Australian Dietary Guidelines and the Health Star Rating System', [Nutrients](#), 2018 Apr 18;10(4). pii: E501. doi: 10.3390/nu10040501

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

Given the feasible alternatives, Option B fails to meet the objectives of meaningfully assisting consumers to select healthy alternatives or encouraging reformulation, and is not underpinned by up to date evidence.

## 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**

**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.

#### **Lack of evidence for original inclusion of protein in the HSR algorithm.**

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 value, but as surrogate for iron and calcium which were not mandated on the NIP. We also note 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 protein and iron and/or calcium in the Australian context under HSR. The 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 conclusively assert the health benefit of including protein in the HSR algorithm.

#### **Support for Option B**

Without modelling to support the viability of removing protein from the HSR algorithm, we strongly support adjusting the threshold by which products can claim modifying protein points. We suggest it be returned to 11 baseline points, in line with the validated UK Nutrient Profile model.

The decision to make the protein ‘tipping point’ more lenient in Australia was made in development of the NPSC. Publicly available records relating to this decision can be found in the FSANZ documents relating to that process. It 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”<sup>10</sup>*

FSANZ’s final report on the NPSC states 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 the 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.

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 the Australian Dietary Guidelines (ADGs) recommend eating grain foods, mostly wholegrain and/or high cereal varieties. As the discussion paper says, the ADGs note that most Australians consume less than half the recommended amount of wholegrain foods, and too much refined grain food. We also know that most Australians do not consume the recommended daily amount of fibre.

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<sup>10</sup> Food Standards Australia New Zealand (FSANZ) Proposal P293 – Nutrition, Health & Related Claims Summary of submissions received in response to the Preliminary Final Assessment Report. Available at: <http://www.foodstandards.gov.au/code/proposals/documents/P293%20Health%20Claims%20FAR%20Attach%2013%20FINAL.pdf>

### Proposed options fail to resolve the current algorithm issues

The current HSR system recognises the important role of fibre in a healthy diet and, overall, we are satisfied with the algorithm's treatment of fibre. While there may be some benefits of incorporating whole grain as an additional element, on balance, we do not think it is necessary or that the benefits of doing so would outweigh the risks. This is because:

- *The healthiest wholegrain foods already receive fibre points and have high HSR*

Wholegrain bread, pasta and breakfast cereals generally have significant fibre content and are already receiving the benefit of increased HSR ratings based on that fibre content. One of the reasons given for including wholegrain in the HSR system is that the current algorithm doesn't allow consumers to differentiate between wholegrain and refined versions of some grain products, in particular rice and bread. Analysis suggests that the wholegrain proposal option B may not fully address this issue. For example, the discussion paper (noting the limitations of the available wholegrain data) suggests that the ratings of wholegrain bread, rice and other wholegrain products are only increased minimally, with a maximum 0.5 increase in HSR. In our view this small benefit is outweighed by the risks of making this change.

### Potential adverse outcomes of Option B

- Wholegrain points may allow highly processed foods with reduced health benefits and significant added sugar, sodium and/or saturated fat content to increase their HSR. Allowing foods to score points for wholegrain content may increase the rating of highly processed products that have significant levels of added sugar and/or sodium and should not be enabled to further increase their HSR, regardless of wholegrain content. For example, the discussion paper notes that Option B would increase the HSR of products including breakfast cereals, extruded snacks and muesli bars. If particular products, for example high sugar breakfast cereals, snack bars and salty snacks, were allowed to score additional points for wholegrain content and increase their HSR, it would be likely to create similar problems with the HSR system to those this review is trying to address.
- The proposed definition of wholegrains (defined by FSANZ and the Grain and Legume Council) allows for the inclusion of highly processed wholegrains, which does not adequately account for the nutrient loss in processing. This therefore no longer aligns with evidence on health benefits from wholegrain foods. By adding additional wholegrain points, products that may have reduced amounts of bioactive compounds (required for health benefits of wholegrain foods) may be inappropriately rewarded extra HSR. Consumers are unlikely to be aware of how a particular product has been processed and how this processing can affect the nutritional benefit of wholegrain foods.

## 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

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 do, however, note concerns raised at public stakeholder workshops that olive oil may not receive adequate treatment under this proposal.

The Consultation Paper acknowledges the differences between oils are due to saturated fat content with olive oil approx. 14% saturated fat and canola oil 8%, and that oils are a single ingredient product with no opportunity for reformulation. There is strong evidence for the inclusion of healthier oils within a healthy eating pattern. These oils tend to have significant amounts of monounsaturated or polyunsaturated fatty acids compared to saturated/trans fatty acids, and include plant based oils including olive, canola, soybean, safflower, sunflower, avocado, macadamia, rice bran and peanut. There is no strong evidence for a difference between the health impacts of any of these oils.

Conversely, fats and oils which have considerable amounts of saturated or trans fatty acids compared to unsaturated fatty acids have not demonstrated these same health benefits and include butter, lard, copha, dripping, palm oil, coconut oil.

We understand that Option B proposes to rescale Category 3 and agrees the modelling demonstrates a general alignment with the evidence base with copha, lard, butter, palm and coconut achieving an HSR <1.5 and increase in HSR of macadamia, avocado, sunflower, olive and canola oils.

The current modelling is based on a saturated fat content of <12% meaning that only canola oil would achieve an HSR of 5, and >25% of oils would achieve a HSR of <2. Olive oil, which currently sits at an HSR of 3-3.5 is one of the healthiest cooking oils available with a long history of use within the Mediterranean eating pattern that has been associated with positive health outcomes. Unpublished analysis from FoodTrack™ indicates that olive oils available in the Australian market range from 13-15.8% saturated fat content, with a mean of around 15%.

Given this evidence, we provide the following technical advice for consideration:

**Proposal 1: Increasing the saturated fat threshold for HSR of 5 to from 12% to 20%.**

The Heart Foundation's Healthier Oils program which has been running for over 10 years , identifies cooking oils as healthier if they have less than 20g saturated fat/100g and less than 1 g trans fat per 100g.

A threshold of 20% saturated fat or less for a HSR of 5 would reflect the best available evidence around healthier culinary oils, and would increase the HSR for many of the oils rich in monounsaturated and polyunsaturated fats in line with current evidence. However, we recognise there may be a desire to provide scaled options within a category. In this scenario, the following option is suggested:

**Proposal 2: Increasing the saturated fat threshold for HSR of 5 to from 12% to 15%.**

Modelling using FoodTrackTM shows that a baseline of 15% saturated fat would rank olive oil with an equal HSR to canola oil, reflecting the evidence base for these monounsaturated fat rich oils.

It would also rank flaxseed, grapeseed, corn, high oleic safflower, high oleic sunflower, soybean, safflower and safflower, and sunflower oils with HSRs equivalent to canola and olive oils. Oils higher in saturated fats such as palm and coconut oil would receive lower HRSs. Blended vegetable oils, peanut oil, pumpkin seed oil, sesame oil, rice bran oil and cottonseed oil would fall in the mid-range.

## **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

**Alternative option - please describe in Additional comments**

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

Status quo is 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<sup>11</sup>.

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 $\geq$ 3.0 (TGI 2017 Monitoring Database, 409 savoury snacks, 216 HSR $\geq$ 3.0) despite being a well-accepted discretionary choice. Products with HSR $\geq$ 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 previously found that 40% of salty snacks, chips and pretzels received a HSR $\geq$ 3.5. The differences between these figures and the TAG figures (where only 20% received a HSR $\geq$ 3.0) suggest the TAG database is under-representative of the food supply in this category.

#### 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. The majority of products in this category have <900mg of sodium per 100g, which means that very few products would be altered by the proposed sodium changes. This highlights the need for greater scaling below this level.

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.

#### Protein Option B or C may resolve some salty snack outliers

Many of these products contain significant protein and some fibre. Depending on their baseline points for saturated fat, sodium, energy and sugars, some may be impacted by the return of the protein tipping point to 11. Removal of protein altogether from the algorithm would also lower scores of these products.

#### Additional proposed option: Review the 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 (see HSRAC meeting minutes 15 November 2017 at

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<sup>11</sup> Jones et al, *Defining 'Unhealthy': A systematic analysis of alignment between the Australian Dietary Guidelines and the Health Star Rating System*

<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 that used in the NPSC under the Food Standards Code, 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, to not include in the definition of FVNL:

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

The evidentiary basis for this is in the Australian Dietary Guidelines, specifically

*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 potentially 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?

**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?

**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.

## Additional comments

**Please provide any additional comments you have in relation to this survey .**

### 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. FSANZ may also be the most appropriate body to determine anomaly submissions.

Beyond technical matters of implementation and review, it may still be appropriate for the Health Star Rating Advisory Committee to exist in a renewed form to facilitate multi-stakeholder input, but we suggest increased visible leadership and authority be given to government stakeholders to promote consumer trust. We also note the recommendation of the recent Senate Inquiry into Obesity "Representatives of the food and beverage industry sectors may be consulted for technical advice but no longer sit on the HSR Calculator Technical Advisory Group."

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 issues raised by a variety of stakeholders.

### Insufficient uptake requires government to take steps to make HSR mandatory

During its development, Food Ministers noted that to remain voluntary, HSR uptake should be 'consistent and widespread'<sup>12</sup>. 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.

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. Monitoring should be conducted independently by FSANZ, and the process for making mandatory initiated in the Food Regulatory System.

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<sup>12</sup> Ministerial Forum, Update on front-of-pack labelling, 13 June 2013

## The need for comprehensive policies to improve Australia's diet

HSR is an important tool for both its underlying nutrient profile (algorithm) and its application as a front-of-pack label. 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. Improvements to the algorithm are likely to increase confidence of other stakeholders to use HSR in similar ways. The recent announcement of National Obesity Strategy, the multifaceted recommendations of the Senate Inquiry into Obesity, and continued calls for National Nutrition Policy (that would also encompass food insecurity) provide opportunity to recognise the strengths and limitations of HSR as part of a broader strategy.

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 and announcement of a National Obesity Strategy provide promise for increased attention on the full range of policies Australia needs to improve population diets. In particular, we emphasize that the HSR needs to be better communicated to consumers by helping consumers to understand how to use (or not) the HSR in comparing across food categories.