

MEMO

TO Jane McEntee and Dr Michael Hale

FROM Tracey Ellis and Jacqui Yip

DATE 07/07/2017

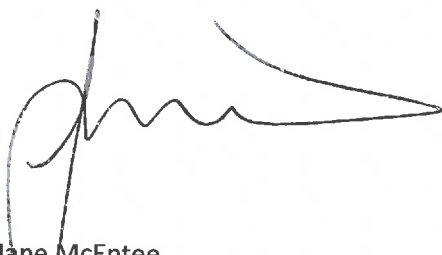
SUBJECT Submission on Five Year Review of the Health Star Rating System

ARPHS has an opportunity to provide a submission on the Five Year Review of the Health Star Rating System. The consultation has been undertaken by the Health Star Rating (HSR) Advisory Committee (HSRAC), who is responsible for overseeing the implementation, monitoring and evaluation of the HSR system.

Submissions can only be lodged via an online survey that contains specific questions. ARPHS's submission has sought to answer these questions.

This memo is to formalise ARPHS signatories to this submission given that comments can only be submitted via an online survey.

Once signatures from the Medical Officer of Health and General Manager have been obtained on this covering sheet to confirm approval of the content, a policy team member will cut and paste the answers into the online questionnaire. This covering sheet and submission will then be scanned and filed in the N:Drive under "completed submissions" in the Healthy Public Policy folder.



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Dr Michael Hale
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HSR 5 Year Review – ARPHS Submission

HSR system

<p>1. Are there any significant barriers or limitations to including the HSR system on packaged foods? If yes, please describe and provide examples.</p>	<p>Not applicable to ARPHS</p>
<p>2. Thinking about making comparisons between products in the supermarket, how appropriately are consumers using the HSR system?</p> <p>Please provide comments.</p>	<p>The Health Promotion Agency's (HPA) 'Year One follow-up research report'¹ surveyed grocery shoppers in households that have at least one child under the age of 14 years, with an emphasis on Māori, Pacific and low income families. The findings from this survey found this cohort's ability to correctly use the HSR was influenced by:</p> <p>Ethnicity- only 6% of Pacific shoppers correctly identified that HSR is not able to be used to compare between different products e.g. Baked Beans and Cereal, with no increase in consumer knowledge from 2015.</p> <p>In comparison, there had been an increase in knowledge in the general (27% to 36%) and low income populations (24% to 38%).</p> <p>There is potential for health inequities to continue or increase if the general population continues to increase their knowledge and make better food and drink choices compared to Pacific shoppers.</p> <p>Different graphics – it was encouraging to see similar rates of correct identification of healthier options even when different forms of the HSR graphic was used, as this means there would be minimal consumer confusion when manufacturers use the different options.</p> <p>No improvements in identifying healthier choices due to campaign – The lack of improvement after being exposed to the campaign is not surprising as the campaign's initial focus was more on awareness and recognition of HSR with the intention to evolve to increase understanding and use.</p> <p>However, the lack of improvement reemphasizes the need for a strong focus in future campaigns on how to correctly identify healthier choices.</p> <p>There is a need to rework key messaging and framing for Pacific shoppers. After viewing the advertising only 40% of the Pacific shoppers correctly selected the healthier baked beans options, this was a decrease from 60% of Pacific shoppers who had not viewed the advertising.</p>
<p>3. Has stakeholder engagement to date been effective in providing information about the system and addressing stakeholder implementation issues? Please describe how,</p>	<p>From a New Zealand public health perspective there has been good engagement by Ministry for Primary Industries (MPI) to introduce and explain the HSR system, including attendance at nutrition-related conferences around New Zealand, newsletters, and workshops.</p> <p>Engagement through stakeholder workshops and other means had some effect, particularly around lack of consumer understanding of the 'as prepared' rules.</p>

¹ Colmar Brunton (2016). *Health Star Rating Monitoring and Evaluation Year One Follow Up Research Report*. Wellington: Health Promotion Agency.

including examples where appropriate.	We await the outcome of the reappraisal process which will hopefully address this issue.
4. How effective has the implementation of the HSR system to date been in meeting the overarching objective of the HSR system?	<p>Focussing on processed packaged foods-the HSR system objective is 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;</p> <p>Convenient - Using a Front of Pack Labelling (FOPL) system enables condensed nutrition information to be presented using a combination of a simplified format and prominent positioning. The FOPL should be more noticeable than the traditional labelling²making it very convenient -with no further investigation or visiting websites etc. required.</p> <p>Relevant – good relevance of prescribed nutrients that are most strongly associated with chronic diseases. Fibre has been the most common ‘optional nutrient’ in graphic option 1 (relevant for cereal products) though protein is less relevant from a health perspective. Relevance to consumers – just over half of general population shoppers felt it was relevant for them to make shopping choices; however there was high self-reported relevance for the Pacific group.³</p> <p>Readily understood – there is good consumer understanding that the higher the rating, the healthier the product.</p> <p>However, there are issues in consumer understanding around comparing across categories, and disparities between groups for example, in the general population- older populations and low income households (<\$30,000 pa) are less likely to correctly understand.</p> <p>Māori shoppers and low income Pacific households (<\$50,000 pa) also had lower understanding.⁴</p> <p>Informed food purchases and healthier eating choices - this would be maximised if all packaged foods had the HSR as the system relies on comparisons with other products. As of 31 March 2017, only 29 manufacturers and 2,700 products in supermarkets were using the HSR.</p> <p>Additionally, 84% of products with HSR in 2016 had HSR > 3. This shows a clear bias towards labelling healthier foods, and leaving unhealthy foods with no guidance.</p> <p>Pacific shoppers are less likely than those in all other groups to correctly answer ‘false’ to the statement ‘if a product has five stars, you can eat as much of it as you want’ with only 38% answering ‘false’, while 79% of the general population correctly answered ‘false’.</p> <p>This is concerning as this identifies ineffectiveness in the implementation of the HSR system in guiding informed, healthier eating choices.⁵</p>

HSR Calculator

² Becker, M Bello, N et al (2015). Front of pack labels enhance attention to nutrition information in novel and commercial brands. <http://www.sciencedirect.com/science/article/pii/S0306919215001001>

³ Colmar Brunton (2016). *Health Star Rating Monitoring and Evaluation Year One Follow Up Research Report*. Wellington: Health Promotion Agency.

⁴ Ibid.






⁵ Ministry for Primary Industries (2017). *Health Star Rating Monitoring implementation at Year Two*. Wellington: Ministry for Primary Industries.

<p>5. Do you think the HSR currently scores foods appropriately? Please provide evidence to support your response.</p>	<p>On the whole, ARPHS believes the HSR currently scores foods appropriately, and it is good that there is a process to assess anomalies by the HSRAC.</p> <p>However, there have been instances of scoring that are not appropriate:</p> <ul style="list-style-type: none"> • 'As prepared' interpretation with methods that are not representative of actual consumption by population leading to high HSR e.g. Milo prepared with skim milk having HSR 4.5 compared with unprepared Milo having a HSR 1.5) • Fortification with positive nutrients outweighing existing high levels of risk nutrients such as sugar, sodium, fat e.g. Nutri-Grain has HSR 4 due to fortification with fibre, but has 26.7g of sugar/100g – higher than the Heart Foundation 2016 sugar target for Ready-to-Eat cereals (22.5g/100g)⁶ • Core foods and drinks receiving low HSR e.g. Water receiving HSR 2 – 2.5 because of a lack of positive nutrients
<p>6. Can you suggest how the algorithm and/or the generation of a star rating might be improved? Please provide worked examples illustrating the effect of any modifications you propose.</p>	<p>ARPHS does not have the expertise to suggest specific algorithm modifications.</p> <p>We would encourage the following modifications:</p> <ul style="list-style-type: none"> • Caps on added sugar, saturated fat, and sodium levels – thereby restricting foods with high contents of any of these nutrients to have a HSR <3. This would mean that consumers and stakeholders can trust that a HSR >3.5 is meaningful and aligned with core foods only. Caps should be introduced in a graduated manner, allowing plenty of time to signal to industry and have better buy-in. • Differentiation between added sugars from intrinsic sugars (e.g. naturally occurring sugars in fruits, vegetables and milk) – this would allow better distinction between core foods and discretionary foods. • Assessments of fortifications to ensure added nutrients have proven nutritional benefits as opposed to just adding to the nutrient content e.g. maltodextrin, often used to increase fibre content, is not as effective at improving bowel regularity, cholesterol, and blood sugar levels as natural fibres.⁷
<p>7. Is the HSR Calculator easy for industry to use? If not, why not.</p>	<p>Not applicable to ARPHS</p>
<p>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.</p>	<p>Not applicable to ARPHS</p>

HSR Graphic and Informative Elements

⁶ <http://assets.heartfoundation.org.nz/documents/food-industry/food-reformulation/food-reformulation-sodium-and-sugar-targets.pdf>

⁷ <http://www.berkeleywellness.com/healthy-eating/food/article/faux-fiber-versus-real-thing>

<p>9. Do you think the informative elements provide additional useful information to consumers? If not, why not? Please provide evidence to support your response.</p>	<p>As previously stated, the usefulness of elements is reliant on the number of items with the HSR displayed as they were designed to inform better choices through comparisons.</p> <div data-bbox="550 201 1181 571" style="border: 1px solid black; padding: 5px;"> <p>Option 1 HSR + energy icon + 3 prescribed nutrient icons + optional nutrient</p>  <p>Option 2 HSR + energy icon + 3 prescribed nutrient icons</p>  <p>Option 3 HSR + energy icon</p>  <p>Option 4 HSR only</p>  <p>Option 5 Energy icon only</p>  </div> <p>Option 5 is not useful as they do not include the interpretative star element. This option was included mainly for confectionary and non-alcoholic beverages, but in the spirit of guiding healthier choices, it should be removed to inform consumers of the low HSR values of these products.</p>
<p>10. Is the HSR graphic easy to understand for all consumers, including people from a non-English speaking background and those with low levels of literacy? If not, why not?</p>	<p>Stars This element is easy to understand by consumers, across language and literacy barriers - the more stars, the healthier the product. It is also similar to the star ratings for energy and water efficiency on household appliances (e.g. fridge, TV, laundry machines) so they have an advantage of familiarity.</p> <p>Prescribed nutrients tail We note the proportion of consumers accurately comparing between a 'Star Only' and a 'Stars and Tail' graphic did not have major differences from the proportion accurately comparing between two 'Stars Only' graphics.</p> <p>This seems to indicate that the additional information does not confuse consumers. We would suggest that there needs to be more investigation regarding how the individual prescribed nutrients are understood, and impact on consumer behaviour.</p> <p>No comparisons between categories This is a key message that is not being understood by consumers. The same symbol is used for all categories, leading consumers to believe the HSR is comparable across categories. Only 36% of general population shoppers in 2016 knew they could not compare baked beans with breakfast cereal, although this is an improvement from 27% in 2015. Pacific shoppers had even less knowledge of this, with only 6% accurately stating they could not compare baked beans with breakfast cereal.</p> <p>Refer to HPA's 2015 HSR Consumer Research and Message Testing for more information on appropriateness for consumers, including low literacy levels and non-English speaking background.⁸</p>
<p>11. Is the HSR graphic easy for food manufacturers to implement on packaging? If not, why not?</p>	<p>Not applicable to ARPHS</p>

Communication

⁸ TNS New Zealand (2015). *Health Star Rating Consumer Research and Message Testing*. Wellington: Health Promotion Agency.

<p>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.</p>	<p>Re: the New Zealand campaign</p> <p>From a public health stakeholder perspective, there has been good engagement by MPI to introduce and explain the HSR system through attendance at nutrition-related conferences around NZ, newsletters, targeted comm.</p> <p>From a consumer point of view, there has been some gains from the campaign, though there have also been some areas in need of improvement:</p> <ul style="list-style-type: none"> • Consumer awareness and recognition of HSR has increased with the main key messages of the initial part of the campaign, and this was reflected in a marked increase in awareness of the HSR from 38% in 2015 to 61% in 2016. • There are opportunities to improve messaging content, framing and delivery. To increase the low scores relating to relevance and belief of advertising messages in the general population group. Only 37% agreed the advertising was relevant to them and only 29% believed what the advertisements said. • After exposure to the campaign in 2016 - understanding, accurate use, and trust in the HSR were all lower than optimal, which may be related to weaknesses in the communication strategy; <ul style="list-style-type: none"> ○ Between those who had seen the campaign and those who had not; there was no significant difference in shoppers' ability. Interestingly, in Pacific shoppers, the proportion correctly identifying healthier baked beans option was lower in the group who had seen advertising (40%) than those who had not (60%) ○ Lack of trust in the HSR – only 39% of the general population trusted the HSR, and negative media reports from consumer advocacy groups and health professionals around HSR anomalies (e.g. Milo, Nutri-Grain) may cause more distrust amongst consumers
<p>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.</p>	<p>Not applicable to ARPHS</p>

Monitoring and governance

<p>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</p>	<p>With reference to Area of Enquiry 3 (nutrient status of products carrying a HSR system label) – an additional opportunity for monitoring is to ensure 'positive nutrients' used in fortification have proven nutritional effects, as opposed to just being used to make the product look better on paper. This would increase the integrity of the HSR, and could be done by requesting information from manufacturers or looking on the ingredients list.</p>
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monitoring may be conducted.	
15. Do you consider the operational structure of the HSR system, including the effectiveness of HSRAC and the New Zealand HSR Advisory Group and their associated working / sub groups, appropriate?	Yes
16. What options may be appropriate for the future governance and administrative arrangements for the HSR system?	Not applicable to ARPHS

Public health intervention

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?	<p>Currently the HSR is not yet a successful public health intervention. Many of the following points have been addressed in previous questions, and are summarised below;</p> <p>As part of individual-focused public health interventions (e.g. Green Prescription, DSME)</p> <p>The HSR could be useful to guide individuals who are currently purchasing less healthy foods and drinks towards healthier products. To effectively do so, the HSR will need to:</p> <ul style="list-style-type: none"> • Increase consumer usage - 61% of consumers were aware of the HSR in 2016, but only 19% have used it. • Increase consumer knowledge - consumers are not accurately interpreting and using the HSR, with distinct ethnic disparities. • Improve algorithm - anomalies in the algorithm has meant that some less healthy, discretionary products are being labelled with a high HSR, potentially guiding consumers to less healthy food choices and giving undeserved 'Health Halos' on discretionary products • Have more distinction of HSR between categories – so consumers know not to compare across categories • Be easily and accurately interpreted by individuals and groups who would benefit most from the guidance <p>As part of community-focused interventions (e.g. HPA's 'Big change starts small' childhood obesity campaign)</p> <p>The HSR can help normalise and increase community awareness of healthier foods and drinks by labelling them as such. This can complement community-focused work to change community norms, attitudes and practices. To effectively do so, the HSR will need to:</p> <ul style="list-style-type: none"> • Increase trust from consumers - only 39% of shoppers trust the HSR (although Pacific shoppers have higher trust at 72%). Media attention around HSR anomalies (e.g. Milo, Nutri-Grain) may in fact be causing more distrust amongst communities, public health sector and other stakeholders. Better social marketing and improved HSR algorithms
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where HSR >3.5 are more aligned with NZ core foods could help this.

- Increase preference of the HSR - about half of most groups surveyed said they were at least quite likely to use the HSR next time they were shopping. It would be important to address barriers such as a belief that other nutrition information is more important than the HSR, disbelief in the HSR system and – particularly so for Māori and Pacific shoppers – desire to buy what they know their family will eat.
- Be on all packaged products except discretionary foods – decrease the Health Halo effect and potential for industry to use HSR as a marketing tool

As part of systems-focused interventions (e.g. industry reformulation, the Healthy Food and Drink Policy for Organisations)

The HSR could be more effective in changing organisational practices, procurement, and policies. To do this, the HSR will need to:

- Increase uptake by food manufacturers - uptake has been steady, but coverage would need to increase to be more effective.
- Get better buy-in from manufacturers – manufacturers should be incorporating the spirit of the HSR in their practices and policies more. Reformulations have occurred in many products; however there has also been evidence of some ‘gaming’ the system, particularly with more discretionary products.
 - Fortification in nutritionally insignificant amounts and/or with forms of nutrients that do not have the expected nutritional benefits e.g. increasing fibre content with maltodextrin
 - Showing a higher HSR on a panel explaining the HSR than the actual HSR of the product e.g. Kellogg’s Fruit Loops, Crunchy Nut Cornflake Clusters⁹
- Realise its potential beyond the supermarket shelf, and work should be done to adapt it accordingly. The HSR has been incorporated in the Ministry of Health (MoH)/District Health Boards (DHB) National Healthy Food and Drink Policy (2016) where HSR >3.5 has been used as the threshold to distinguish healthier foods and drinks. However, there have been issues for DHBs trying to implement this guideline.
 - The basis of this HSR >3.5 threshold was from work in New South Wales (NSW) which found HSR >3.5 as being aligned with what NSW’s government deemed ‘core foods’¹⁰. However, as the HSR was not developed to be used to distinguish ‘core foods’ or ‘discretionary foods’, there are some issues and anomalies. Work could be done to ensure HSR >3.5 are also aligned with New Zealand core foods.
 - Procurement issues – as the HSR is not on all packaged foods, there have been difficulties procuring a wide enough range of packaged foods for sale in vending machines and vendor sites. Manufacturers are not complying with requests to provide HSRs for their products, and it is time consuming and/or impossible for procurement staff to get this information on their own. Providing this information could have reciprocal benefits (more range, more sales/profit), and influence the food system to be more healthy as more organisations outside the DHBs implement the same guidelines.

⁹ <https://www.choice.com.au/food-and-drink/nutrition/food-labelling/articles/nestle-milo-kelloggs-cereals-misuse-health-star-ratings>

¹⁰ Technical Report: Alignment of NSW healthy food provision policy with the Health Star Rating system. URL: www.health.nsw.gov.au/heal/Pages/health-star-rating-system.aspx

<p>18. Does the HSR graphic help consumers choose healthier foods? If not, why not?</p>	<p>The HSR graphic can help guide healthier foods choices – but only if it is accurately interpreted and regularly used by consumers, and on all packaged products except for discretionary foods.</p> <p>As previously stated:</p> <ul style="list-style-type: none"> • Consumers are not accurately interpreting and using the HSR, with distinct ethnicity differences • Anomalies in the algorithm has meant that some less healthy products are being labelled with a high HSR, with the potential of undeserved 'Health Halo' put on discretionary products • As of 31 March 2017, only 29 manufacturers and 2,700 products in supermarkets were using the HSR, with a clear bias towards labelling healthier foods, and leaving unhealthy foods with no guidance.
<p>19. Do you think the HSR will encourage positive reformulation of foods by industry? Please provide evidence supporting your response.</p>	<p>From a public health perspective, it is encouraging that 86% of products displaying the HSR in 2016 had been reformulated since 2014, and at a higher rate than non-HSR products. However, the changes that have been seen are not enough to significantly impact rates of chronic diseases such as heart disease and diabetes.</p> <p>Reformulation was defined as a minimum 5% change in at least one key nutrient (energy, saturated fat, sugar, sodium, protein or fibre). The biggest changes between 2014 and 2016 were in sodium (-49mg/100g (14%), p=0.03) and fibre (+0.3g/100g (6%), p=0.004). On a population level, research has found that sodium levels should decrease by an average of 50% in ALL processed foods in order for the population's sodium intake to be below the recommended intake.¹¹ 14% is not far enough.</p> <p>It was disappointing to see minimal and non-statistically significant reformulations in saturated fat and sugar as these are also major factors in chronic diseases, particularly heart disease, obesity and diabetes.</p> <p>Nutri-Grain was a product that received HSR 4 after reformulation. However, when the reformulation is analysed closer, there is still room for improvement, and the HSR 4 seems too high:</p> <ul style="list-style-type: none"> • Sugar: 32g to 26.7g per 100g – still above Heart Foundation 2016 target for Ready-to-Eat cereals (22.5g/100g OR 20% reduction for products significantly over 25g/100g¹² • Sodium: 600mg to 360mg per 100g – below the Heart Foundation 2016 target for Ready-to-Eat cereals (400mg/100g) <p>From experience of implementing the National Healthy Food and Drink Policy in the Auckland metro DHBs, there are some suppliers and manufacturers who are open and keen to reformulate their products to be able to comply with HSR >3.5 and appropriate portion sizes.</p> <p>The HSR has stimulated some positive reformulation, but to achieve its potential in this area, it needs these other factors to encourage positive reformulation:</p> <ul style="list-style-type: none"> • Guaranteed demand for reformulated products (and therefore profit/ROI) • Trusting and reciprocal relationships with suppliers and manufacturers • Consumer trust and preference of products with HSR > 3.5

¹¹ Hendriksen, M. A. H., Verkaik-Kloosterman, J., Noort, M. W., & Van Raaij, J. M. A. (2015). Nutritional impact of sodium reduction strategies on sodium intake from processed foods. *European journal of clinical nutrition*, 69(7), 805.

¹² <http://assets.heartfoundation.org.nz/documents/food-industry/food-reformulation/food-reformulation-sodium-and-sugar-targets.pdf>

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| | <ul style="list-style-type: none">• Monitoring of reformulation to ensure foods retain or improve their nutritional efficiency. |
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Other

20. Please provide any other material relevant to the review.

