

Question 4

4. How effective has the implementation of the HSR system to date been in meeting the overarching objective of the HSR system? Please rate below.

[HSR Objectives](#)

With a focus on processed packaged foods, the objective of the HSR system 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.

1. Ineffective 2. Unsatisfactory 3. Neutral 4. Satisfactory 5. Very effective

Please provide a brief reason why you chose that particular rating.(Required)

- a) Results from the Monitoring and Evaluation Survey of the HSR ⁽⁸⁾ whose target population was Māori, Pacific and low income, revealed the following:
- Many people do not trust the HSR, and this is a strong predictor of its use.
 - Only 40% of people recognise the HSR
 - Only half showed accurate understanding of the HSR
 - Most believed other information on the label was more important
 - Decisions to purchase are mostly based on price and what they know their family will eat

Therefore for most people the HSR is not understood, relevant or guiding their decisions.

- b) The current algorithm allows products which do not align with the Ministry of Health's eating guidelines to have high star ratings ⁽⁹⁾.
- c) A New Zealand research study conducted in Otago, found that consumers were not using the system as intended, and were using the system as a brand and making binary decisions ⁽¹⁰⁾.

Question 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?

Regional Public Health (RPH) is the public health unit serving the greater Wellington region, through the three district health boards (DHBs): Capital & Coast, Hutt Valley and Wairarapa.

RPH has a team of nutritionists and dietitians focussing on nutrition and physical activity and is a key agency providing expertise in public health nutrition for the Wellington region. RPH is government funded to work with groups and communities within our region who have the greatest burden of disease, these include Māori, Pacific, low socio-economic, migrant and refugee groups. The comments in this document relate to the potential for the Health Star Rating (HSR) to have positive nutrition impacts on these specific groups.

Overall we consider the HSR, as currently drafted and when fully implemented, has only limited potential to be a successful public health nutrition intervention at a population level. Dietary interventions promoting increased consumption of fresh fruit and unprocessed foods* and decreased consumption of packaged foods, have the greatest potential to improve overall population health.

Positive impacts for HSR as a public health intervention:

We consider the HSR has the potential to positively impact population health in the development of nutrition policies. There is strong public health nutrition evidence ^(1, 2) that to reduce obesity at a population level, the most effective public health measure is to change our food environments.

This requires the development and implementation of healthy nutrition policies for all sectors and settings, and particularly for those at high risk of nutrition related diseases.

For example in the National DHB Food and Drink Policy ⁽³⁾ the HSR is currently used as a minimum standard requirement for specific food categories e.g. milk and milk products are required to be greater than or equal to 3.5 HSR. The HSR therefore is effectively used to state a minimum health level for a product requirement in the DHB

Food and Drink Policy. This approach could be duplicated in policies developed for council facilities, workplaces, schools and other settings.

Reasons for the limited potential of the HSR as a public health intervention:

1. The HSR is currently restricted to packaged foods only

It is well established that the greatest health gain for individuals and populations is to increase consumption of fresh foods such as fruit, vegetables and lean meat^(4, 5, 6) and these foods have limited capacity to carry the HSR on an itemised basis.

This has the potential to give a false impression that packaged foods actually are healthier than unpackaged foods. As a population measure the HSR therefore, focusing on packaged foods with often higher levels of fat, sugar and/or salt, and may be unwittingly promoting a message that packaged 'starred' products are more beneficial to health than unpackaged foods.

While the HSR provides a point of comparison within a product group, it provides no information or motivation to encourage consumers away from focusing on packaged products towards fresh, unpackaged products such as fruits, vegetables and unprocessed lean meats and fish.

2. The HSR is currently voluntary

The variable uptake of the HSR by companies means the nutrition information on packaging does not provide a level playing field for the consumer. From a public health nutrition perspective, for Māori and low income families with often an unstable and low income, price is more important than 'healthiness' in product choice⁽⁸⁾.

Also use of the HSR as a minimum standard in nutrition policies is limited as a voluntary requirement. Food vendors in the DHB National Food and Drink Policy wanting to meet a policy requirement have limited choice because only some products carry the HSR, and they may have difficulty sourcing compliant health star rated products within their budgets.

The potential of the HSR to shift the purchasing behaviour of our entire population is very limited, especially as a voluntary requirement by industry. For effective public health nutrition impact the coverage needs to be universal; if the HSR was compulsory this could improve the effectiveness significantly. While it remains voluntary, the HSR risks principally being of use as an advertising tool rather than a public health nutrition intervention.

Summary

The relevance of the HSR in its current form, for the population we work with, in terms of improving purchase choices and household diets has not been measured.

The recommendations listed below to change the HSR system would support our work to improve population health by:

- Firstly making the HSR compulsory for all packaged foods, so consumers can make informed choices across all brands and prices, and to make its use as a tool in policy development more effective.
- Secondly, by including unpackaged food in the HSR, e.g. signage at point of purchase, to reinforce and match the recommendations of the Healthy Eating and Activity Guidelines 2015.

Recommendations to improve HSR as a public health intervention:

- 1) Change HSR from voluntary to compulsory, for the reasons outlined above.
- 2) Include unpackaged fresh food in the HSR system. For example by developing posters for fruit and vegetables with 5 stars, to be displayed in areas where fruit and vegetables are sold.
- 3) Develop the HSR system to include fresh meat, chicken and fish.

*Plenty of vegetables and fruit; grain foods, mostly wholegrain and those naturally high in fibre, some milk and milk products, mostly low and reduced fat; some legumes, nuts, seeds, fish and other seafood, eggs, poultry (e.g. chicken) and/or red meat with fat removed (7).

1. Boyd A Swinburn, Gary Sacks, Kevin D Hall, Klim McPherson, Diane T Finegood, Marjory Moodie, Steven L Gortmaker. The global obesity pandemic: shaped by global drivers and local environments. *Lancet* 2011; 378: 804–14
2. Steven L Gortmaker, Boyd A Swinburn, David Levy, Rob Carter, Patricia L Mabry, Diane T Finegood, Terry Huang, Tim Marsh, Marjory L Moodie. Changing the future of obesity: science, policy, and action *Lancet* 2011;378:838-47

3. <http://www.health.govt.nz/system/files/documents/publications/national-healthy-food-and-drink-policy-sept20-16.pdf>
4. Karen Lock, Joceline Pomerleau, Louise Causer, Dan R. Altmann, & Martin McKee
The global burden of disease attributable to low consumption of fruit and vegetables: implications for the global strategy on diet. Bulletin of the World Health Organization | February 2005, 83 (2)
5. Citation: Ministry of Health and the University of Auckland. 2003. Nutrition and the Burden of Disease: New Zealand 1997-2011. Wellington: Ministry of Health.
6. World Health Organization, Food and Agriculture Organization of the United Nations. Diet, Nutrition and the Prevention of Chronic Diseases 2003
http://www.who.int/nutrition/publications/obesity/WHO_TRS_916/en/
7. Citation: Ministry of Health. 2015. Eating and Activity Guidelines for New Zealand Adults. Wellington: Ministry of Health.
8. Report Commissioned by the Health Promotion Agency: Health Star Rating Monitoring and Evaluation. January 2016
9. Incorporating Added Sugar Improves the Performance of the Health Star Rating Front-of-Pack Labelling System in Australia. 2017. Accessed from:
<http://www.mdpi.com/2072-6643/9/7/701/htm>
10. Does the Australasian "Health Star Rating" Front of Pack Nutritional Label System Work? 2016. Accessed from: <http://www.mdpi.com/2072-6643/8/6/327/htm>