

# Response ID ANON-JGCQ-Q545-M

Submitted to **Health Star Rating system - Draft Five Year Review Report**

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## First of all, tell us about yourself

### 1 Please provide your name.

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### 3 If you are responding on behalf of an organisation, please provide the name of the organisation.

**Organisation:**

Regional Public Health

### 4 Please identify your background/interest group.

Public health

## Recommendation 1

### Do you have any comments regarding Recommendation 1?

**Comments box:**

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. It is a key agency providing expertise in public health nutrition for the greater Wellington region with a team of nutritionists and dietitians focussing on nutrition and physical activity.

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 communities. The comments in this document relate to the potential for the Health Star Rating (HSR) to have positive nutrition impacts on these specific communities.

We do not consider that the changes to the HSR proposed in this review will make a positive difference to the food consumption patterns of the communities that we serve. There is no evidence available that the implementation of the HSR system has resulted in healthier eating patterns. We consider that the HSR does not make any meaningful difference to the health of our populations, and especially to those already experiencing inequalities in health and at high risk of nutrition related non-communicable disease.

The proposed addition of new HSR categories in this review serves as an acknowledgement that the system is not working to create improvements in patterns of consumption. The proposed inclusion of fruit and vegetables in the HRC indicates that consumers are comparing between categories and using it as an absolute rather than a relative guide. It shows that the HSR system is giving an underlying suggestion of health even to foods that are heavily processed and with no nutritive value. The system is extensively used on highly processed foods and research has shown links between consumption of these foods, poor diet quality and increased disease risk factors (i).

An example is the proposed reclassification of jellies and water-based ice-confections to category 1. This decreases the HSR for the product but still means that a jelly will display a health star rating of 0.5-1.0. This still implies to the consumer that there is some positive health benefit to the consumption of a nutritionally derelict food. "In practice, it appears that the HSR system contributes to public health risks by inadvertently promoting rather than discouraging discretionary food selection" (ii).

The HSR system is an example of industry biased information adding confusion to the messages that we are promoting around food and drink, which are based on the current national Food and Nutrition Guidelines. As discussed by Lawrence et al. "the HSR system... focuses on... discretionary foods as the solution to nutrition problems. And it is empowering certain stakeholders with commercial interests that may benefit from such labelling and reformulation to be directly engaged with the decision-making for such activities" (iii). The system places a 'health halo' on foods that are not core to our dietary requirements and therefore in our professional opinion contradicts government healthy eating recommendations and the balance of nutritional science. The HSR therefore acts mainly as a marketing tool for packaged and processed foods.

From a public health nutrition perspective, the provision of the HSR is not improving the choices of those consumers who are on low incomes. In particular for Māori, Pacific and low income families who regularly experience unstable and low incomes, price is more important than 'healthiness' in product choice. (iv)

Whilst the HSR can assist the food choices of the middle to higher income population, it has the potential to increase inequalities in population health. Rather than supporting the removal of these inequalities, it worsens existing dietary excesses and imbalances and risks rather than improving public health. (v)

- (i) Dickie S, Woods JL, Lawrence M. Analysing the use of the Australian Health Star Rating system by level of food processing. *International Journal of Behavioral Nutrition and Physical Activity*. 2018;15(1).
- (ii) Lawrence M, Pollard C, Vidgen H, Woods J. The Health Star Rating system – is its reductionist (nutrient) approach a benefit or risk for tackling dietary risk factors? *Public Health Research & Practice*. 2019Mar;29(1).
- (iii) Lawrence M, Dickie S, Woods JL. Do Nutrient-Based Front-of-Pack Labelling Schemes Support or Undermine Food-Based Dietary Guideline Recommendations? Lessons from the Australian Health Star Rating System. *Nutrients*. 2018;10(1):32.
- (iv) Colmar Brunton. Health Star Rating Monitoring and Evaluation Year One Follow Up Research Report. Wellington: Health Promotion Agency; 2016.
- (v) Lawrence M, Dickie S, Woods JL. Do Nutrient-Based Front-of-Pack Labelling Schemes Support or Undermine Food-Based Dietary Guideline Recommendations? Lessons from the Australian Health Star Rating System. *Nutrients*. 2018;10(1):32.

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## **Recommendation 8**

**Do you have any comments regarding Recommendation 8?**

**Please give us your views:**

The last National Nutrition Survey was undertaken in 2008-09. In this period of over ten years there have been changes in the environment and inevitably in consumption patterns that mean the evidence from over a decade ago cannot be applied now. Measurement of the success of food and nutrition-related public health initiatives is therefore very difficult and it is imperative that national data collection is recommenced. "We don't actually know what New Zealanders are eating" (Mann, 2019) (vi) which makes informing policy, guidelines, and public health work very difficult. In order to evaluate policy impact regular nutrition surveys must occur. (vii)

(vi) Otago nutrition experts call for updated national survey to see what NZ'ers are eating [Internet]. University of Otago; 2019 [cited 2019Mar11]. Available from: <http://www.otago.ac.nz/child-health-research/news/otago704863.html>

(vii) Rippin HL, Hutchinson J, Evans CEL, Jewell J, Breda JJ, Cade JE. National nutrition surveys in Europe: a review on the current status in the 53 countries of the WHO European region. *Food & Nutrition Research*. 2018Apr16;62.

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