

# HEALTH STAR RATING STAKEHOLDER WORKSHOP

## Summary report

Adelaide - 15 December 2016

Targeted to dietitians, nutrition professionals and student / new graduate dietitians

Attendees: 33

### **Session 1: Where are we at now? Strengths and opportunities**

*Attendees were asked in five small groups to capture the strengths / opportunities that the HSR system presents. Each table was then asked to present their top strength and most important opportunity to the group for further discussion.*

*The following reflects the detail captured from the small and larger group discussions.*

#### Summary Strengths

##### **System simplicity and ease of use:**

The system is simple, and has a potentially 'simple' message.

It is visual, easier to use than the NIP and therefore provides accessibility to those that are non-English speaking, lower literacy groups or those who don't know how to read food labels. It allows customers to quickly make a choice between products.

##### **HSR system:**

The HSR uses a consistent, standard approach, weighting a range of individual nutrients. This system aligns with the AGHE and is positive that it displays energy values on beverages. The algorithm provides an incentive for companies to improve products and is free & transparent.

#### Summary Opportunities

##### **Specific changes to HSR algorithm / system:**

Discretionary foods should be re-evaluated or consider how they are distinguished from core foods. This could be done by having a different colour or symbol on the stars. Fruit and vegetables should all get 5 stars or a baseline [minimum] HSR for core food groups should be set to encourage more 'fresh foods' into the system. Three of the five groups indicated that the algorithm should consider the impact of added sugars [not total sugars], and that there should be cap of star ratings when total sugar content reaches a defined threshold.

Suggested additions to the algorithm included: inclusion of other nutrients eg micronutrients, folate and iron, phytonutrients; fluoridation of water; whole grains.

Further to this the weighting of fibre bonus points should be reviewed, along with the additional protein points which are considered to be over weighted.

It was noted that products will be continually improved to increase their star ratings. This will have an impact in the future of the 5 star rating [HSRAC should consider what will happen as products all bunch up at the top end of the 5 star scale.

##### **Education about the HSR system**

Significant emphasis was placed on the need to ensure that consumers are adequately educated about the HSR and this represents a significant opportunity to improve the system.

It was proposed by one group that whole foods should be excluded – they don't need stars, and that this should be just restricted to packaged foods. However, another group

suggested that it should be applied to all foods including non-packaged foods, but certain zones ie fruit and veg should get fixed stars. The messages of the system should focus on the key concepts including product comparison only within categories.

Development of a message of what a 'good' food is – 'go for 3 and above stars' or '3.5 stars keeps you alive' would be easy to understand and communicate.

Current handouts should be modified to make them more targeted to those that need them, [see more detail in session 2]. They should be less wordy to target ATSI, CALD groups and not be just 'weight' focused. The message could be more positive ie choosing nutrient dense foods that our body needs (make more positive about nutrient and product quality).

Further details should also be provided on portion sizing and also about some of changes that the HSR has caused in product reformulation.

## **Session 2: Group discussion on two key questions:**

*Each table was asked to discuss the following two questions and feedback to the main session on the most important of all the issues they had discussed. Due to limited time, only brief discussions were held regarding these points, and this is captured below in addition to the notes directly transcribed from group notes.*

1. What would help you to incorporate HSR into your work with clients, patients or food industry?

### Advertising and consumer understanding

More general information is required for consumer understanding. This should be delivered by a range of mediums including in supermarkets and at the point of sale. The supermarket information should focus on promoting fresh foods and where more information for consumers can be obtained from.

The HSR should be consistent with other schemes, such as AGHE and HFP to avoid conflicting messages. It is also essential that the 'ownership' endorsement of the system needs to be communicated as from government, not industry.

Supermarket tours and label reading information resources would further support the adoption of the HSR. This information should reinforce the other areas where information is available.

Development of an App, is seen as a useful, modern tool that would help understanding of the system but also more specific guidance at point of selecting items in a retail environment.

Resources produced should focus on myth busting, how the HSR differs from other FoPL labels (eg GI and HF Tick), and how to compare between products, this will help address credibility. These could be supported by shelf danglers and other information at point of sale, and should all be info graphic based.

### Dietitian information / support

Along with information for customers it is essential that detailed factual information is provided to the educators. This may involve a layer of resources like that what was produced for the AGHE. Freely available Power Point presentations on the detail of the system plus 'train the trainer' presentations would facilitate the dissemination of information.

It was highlighted that to be incorporated into information for clients, dietitians need to have a more detailed understanding on the system than is available to the general public. This includes for example information on the nuances of the system, outliers and why they are outliers and also the clinical significance of a half star change.

A recommended cut off figure ie '3.5 stars or above' would help the use and integration of this system by dietitians.

2. What improvements needed to current fact sheets & stakeholder kits?

The materials need to be refocused on primarily eating high star rating whole & core foods (x4 comments), and then how HSR fits within this. This may require the branding / tag line to be revised to remove any uncertainty of this. Eg. 'the more stars the better for packaged foods', 'for packaged foods choose more stars'.

The focus of these documents needs to shift from a weight focus to a more positive message promoting nutrient dense foods targeted to individual needs.

The text on these documents need to be simplified and reduced relying much more on the use of info graphics. The diversity of photo models should also be reviewed.

These resources need to be advertised within a wider campaign using a creative range of mechanisms and a focus on social media. This campaign should be developed by a professional PR agency and should be fun.

### **Session close: feedback**

*29 feedback forms were completed for this session. Overall the participants were satisfied with the format and delivery of the workshop, however, the minor comments for improvement will be considered for subsequent sessions.*