Development of Australia's front-of-pack interpretative nutrition labelling Health Star Rating system: lessons for public health advocates

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Abstract

Objectives: To draw advocacy lessons from actions undertaken by public health groups to assist the development of Australia and New Zealand's Health Star Rating (HSR) front-of-pack nutrition labelling system.

Methods: The advocacy approaches undertaken by the Public Health Association of Australia leading up to the time of the adoption of the HSR is examined using a 10 step advocacy framework. Key roles in advocacy planning and implementation are described, along with coordinating efforts by health and consumer groups during the HSR development processes.

Results: HSR aims to support consumers to make informed choices to protect from diet-related diseases, including obesity. The HSR launched despite a number of major obstacles, owing to a strategic, coordinated advocacy effort undertaken by a guiding coalition.

Conclusions: Actions to improve nutrition are often highly contested, particularly if the desired outcome competes with commercial interests. However, by deploying a structured approach to public health advocacy it is possible to influence government despite opposition from commercial interests.

Implications for public health: A shared vision and a coordinated effort by public health professionals enabled advocates to overcome undue commercial influence.

Key words: advocacy, nutrition, public health, Front of Pack Labelling (FoPL), Health Star Rating (HSR)

Working with the food industry for public health good presents challenges and opportunities. Differing fundamental foci, for example on profit versus health, mean that food industry actions can directly contribute to public health (e.g. supporting growers producing fruit and vegetables) or undermine it (such as allowing the proliferation of cheap, unhealthy commodities).

Front-of-pack nutrition labelling systems (FoPL) are recommended by the World Health Organization as a tool to promote healthier diets.[1] Their development requires multi-stakeholder negotiation. However, as FoPL can change purchasing intent,[2] they are opposed by some industries whose profits rely on foods detrimental to health.

This paper deals specifically with the process leading to the adoption of the Health Star Rating (HSR) FoPL in Australia and New Zealand up to 2014. The controversies that followed the HSR adoption are outside the scope of this paper.[3] We reflect on the Public Health Association of Australia (PHAA) actions to improve nutrition for more than a decade leading up to the development of the HSR. These include prioritising both a National Nutrition Policy and the development of a health advocacy tool based largely on 10 sequential steps for planning or evaluating public health advocacy[4] (see Figure 1). The lessons we draw are consistent with the findings of Kumar et al.[5] who conclude:

> *Strong leadership, policy entrepreneurship and a coherent alliance between public health and consumer groups enabled the development of a FoPL system in Australia and could contribute to advancing FoPL standards at the international level.*[5]

Background

The Australian Federal Government commissioned former Federal Labor Health Minister and academic, Dr Neal Blewett, to lead a review into food labelling law and policy in 2011. Consistent with PHAA's prior call for a colour-coded multiple traffic lights (MTL) system, Blewett's final 'Labelling Logic' report found "MTL systems were the most effective in facilitating consumers' understanding of the nutrient profiles across foods within and across food categories".[6] It recommended: an *interpretative* FoPL system be developed reflective of a comprehensive Nutrition Policy (Recommendation 50); a *MTL FOPL system* be introduced that was

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initially voluntary but mandatory for general or high-level health claims or equivalent (Recommendation 51); that government provides advice and support for producers adopting the MTL and educates consumers (Recommendation 52); and monitoring industry compliance and evaluating food supply and consumer food choice improvements (Recommendation 53).

Thwarted on traffic lights and next steps

The Legislative and Governance Forum on Food Regulation (Forum), later to be the Australia and New Zealand Ministerial Forum on Food Regulation (FoFR), rejected Recommendation 51, specifically ruling out MTL.

The FoFR did accept the more general Recommendation 50: "an interpretative front-of-pack labelling system be developed that is reflective of a comprehensive Nutrition Policy and agreed public health priorities".[6] However, there was as yet no Nutrition Policy. Ministers delegated the process to the Food Regulation Standing Committee (FRSC), which is made up of senior public servants. FRSC determined the specific members of the FoPL Steering and Project Committee (SPC) who were drawn from industry, public health and consumer stakeholders. The development of a FoPL was to be a collaborative process, following a set of objectives and principles provided by Ministers that were already a balancing act between health and profitability.[7] The choice of stakeholders by FRSC reflects the importance of Advocacy Step 3 "building and maintaining influential relationships".

The guiding coalition

Prior to the first meeting of the FoPL SPC, 16 public health and consumer organisations (Figure 2) held a strategy meeting to generate a sense of urgency, form a 'guiding coalition', strengthen relationships, and develop a shared vision for change (Advocacy Steps 1, 2 and 4, Figure 1).[8] Throughout the process, the PHAA and others continued to advocate for an *interpretative* MTL FoPL scheme to be initiated as part of a National Nutrition Policy.

Figure 1: The Advocacy Tool.

Step 1: Establishing a Sense of Urgency
Step 2: Creating the Guiding Coalition
Step 3: Developing and Maintaining Influential Relationships
Step 4: Developing a Change Vision
Step 5: Communicating the Vision for Buy-in
Step 6: Empowering Broad-based Action
Step 7: Be Opportunistic
Step 8: Generating Short-term Wins
Step 9: Never Letting Up
Step 10: Incorporating Changes into the Culture

The consumer and public health guiding coalition agreed on a series of principles, announced in a media statement (Advocacy Step 5, "communicating the vision for buy-in") released on the day of the SPC's first meeting. It concluded with calling for:

> *... an interpretive system that includes colours and symbols that are easy to understand, provides a quick comparison between different products, and makes healthy choices easy.*[9]

The guiding coalition also established its bottom line, the compromises they would be willing to make – beyond which they would walk away – and an agreed public position. Each member of the guiding coalition acted as a representative of their organisation and conduit for feedback on negotiations. The process moved quickly and there was little time for standard consultation processes and procedures. Each organisation relied on their current policy positions for guidance, which in the case of the PHAA were developed through the Food and Nutrition Special Interest Group (FANSIG). Resource limitations and government procedural processes meant only a small number of technical experts were present during complex political and technical negotiations. The contested and time-bound nature of policy development meant that some individuals with extensive relevant nutrition science expertise who had originally advised government were no longer involved in direct negotiations.

Figure 2: The 'Guiding Coalition'.

Australian Chronic Disease Prevention Alliance
Australian Medical Association
Australian Division of World Action on Salt and Health
Cancer Council Australia
Cancer Council NSW
CHOICE
Diabetes Australia
Diabetes Australia Vic
Dietitians Association Australia
National Heart Foundation
Kidney Health Australia
National Stroke Foundation
The George Institute for Global Health
Physical Activity, Nutrition and Obesity Research Group
Obesity Policy Coalition
Public Health Association Australia
University of Wollongong

Challenges of working with industry

Within the SPC, an agreed outcome was challenging as the committee comprised of multiple stakeholders. Health and consumer advocates sought clear messages for public health, while industry advocates remained protective of their profit motive. At the first SPC meeting, the concept of star ratings – similar to those already in the Australian market to rate hotels and movies – was agreed. A label format and suitable criteria for rating individual food and drink products to align with the Australian Dietary Guidelines was required. Collectively, the SPC agreed to "aim for a gold medal – but accept a position on the podium".[10]

A Technical Design Working Group (TDWG) was established to seek the most effective, defensible and consistent approach to applying the Health Stars as the system developed.[11] Additionally, an Implementation, Evaluation and Education Working Group (IEEWG) examined regulatory options. Both groups had wide representations but limited time for deliberations. Vigorous discussion ensued before reaching agreement for an HSR scoring system based on a pre-existing nutrient profiling scoring criteria (NPSC) already used to for health claims. The information about the adaptation of the NPSC has been recently published as part of HSR's five-year review.[12]

The greatest challenge in development of the HSR was having industry renege on agreed positions.

Industry reneges

There was initial agreement by industry groups to adopt the scheme, but some industry members reneged on the position to adopt the use of stars and the algorithm. The guiding coalition moved quickly, consistent with Advocacy Step 7: Be Opportunistic. Parallel to the development of the HSR the guiding coalition members continued to take actions to strengthen outcomes for public health benefit, as did industry for commercial benefit. Although the HSR system was a collaboratively agreed product, sources revealed industry players were approaching Ministers prior to the FoFR meetings intent on blocking the agreement. In response to these actions, the PHAA 'opportunistically' approached Ministers on the morning of the Forum meeting, reiterating support for the HSR. Ministers rejected industry lobbyists' approaches, viewing them as 'reneging' on

an agreement. They approved the HSR 'in principle' at the Forum meeting in Sydney in June 2013.

Some supportive food companies were waiting for the algorithm to be made public via an HSR website to begin using the HSR. Once the system was 'live', any person could assess individual food products online for their relative healthfulness according to the algorithm. Other manufacturers, with products of limited health value, were nervous about its impact and sought to lessen the scheme's effectiveness, including seeking to have the HSR website removed.

Industry players continued lobbying to undermine agreed HSR positions, particularly following the official launch of the HSR website in early February 2014. The Australian Federal Food Minister, at the behest of her then Chief of Staff and without consulting all other ministers, ordered the HSR website taken down within hours of its launch online. It was later discovered the Chief of Staff had a conflict of interest, having previously worked as a consultant to a major confectionery manufacturer and not severed all ties.[13]

Timely advocacy

The guiding coalition responded quickly to the website removal, meeting and agreeing to take turns creating media opportunities to keep the issue on the agenda (Advocacy Step 8: Generating short term wins). The *Sydney Morning Herald* health editor wrote the first story.[13] A week of questioning followed in the media, in the Senate and through public questioning of government. Examples of HSR on foods were published, 66 professors of health called for reinstatement of the website and public health professionals published advocacy pieces.[14] Eventually, Ministers agreed to reinstate the website with a compromise to allow all packaged foods to be included and the HSR be on a voluntary basis for five years, subject to a two-year review of progress. They later agreed the system would be subject to a comprehensive formal five-year review, due in 2019.

The HSR represents an important improvement in nutrition labelling for consumers but concerns remain about the performance of its algorithm in guiding consumers towards genuinely healthier choices.[15] The HSR represents an important improvement in nutrition labelling for consumers. A predominant focus of the review has been to assess whether it adequately aligns with evidence-based dietary advice, particularly that of the Australian Dietary Guidelines. During the HSR development, it was agreed that the uptake needed to be 'widespread and consistent' and there was a condition that it remain voluntary unless this did not occur, at which point it would be made mandatory. By June 2018, in Australia, the HSR was on more than 10,300 products and over 3,900 in New Zealand.[16] However, HSR remains on less than one-third of products overall, and these are mostly those that score well.[17] Moreover, Australia still does not have a wider National Nutrition Policy.

It is incumbent on public health professionals to maintain their persistence and work to improve the efficacy of the HSR system (Advocacy Step 9: Never letting up). It also is critical the HSR is just one of the tools in improving nutrition and health outcomes. Advocates continue to pursue a National Nutrition Policy[18] to guide the development and implementation of a comprehensive set of public health interventions for improved dietary patterns 'incorporated into the culture' (Advocacy Step 10).

Conclusion

Successful advocacy requires systematic and objective reflection on past actions. While different approaches are required in different circumstances, advocacy does have common elements. The ten sequential steps applied in the development process of the HSR system on packaged food for public health benefit provide an important case study in public health advocacy.

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