

Submission to FSANZ Proposal P1067 – Health Star Rating System

**Response to first round of public consultation
July 2026**

Recipient

FSANZ

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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role in the food system to support consumers in making healthy food choices and companies with product formulation, marketing, consumer education and compliance.

This submission was prepared by a Senior Policy Officer from the Dietitians Australia Advocacy and Policy Team who is an Accredited Practising Dietitian with expertise in public health nutrition and food systems, in collaboration with members from our external public health nutrition network following the processes approved by the Board of Dietitians Australia and Conflict of Interest Management Policy that is publicly available at dietitiansaustralia.org.au.

Summary

Dietitians Australia welcomes the opportunity to comment on the Health Star Rating (HSR) system as Food Standards Australia New Zealand (FSANZ) opens its first formal call for submissions.

We remain supporters of mandating the HSR system as part of a suite of evidence-informed measures to improve population diets and the food environment to maximise public health impact.

Evidence suggests front-of-pack labelling systems encourage positive reformulation of products and supports healthier decision-making by consumers (WHO 2022; UNICEF 2022). However, there are elements that need to be strengthened to improve our food system and nurture consumer trust.

Mandating the HSR system is a necessary step to fulfill its intent to enable consumers to access and compare nutrition information between products which has been limited under the voluntary system by a low uptake by industry and their participation targets having not been met.

Response

1. Do you support FSANZ's assessment that mandating the HSR system would better support healthier food choices than a voluntary system (see section 4.1 of the CFS)? Why/why not?

Yes, Dietitians Australia strongly supports FSANZ's assessment that mandating the HSR system would better support healthier consumer decision making when purchasing packaged foods than a voluntary system.

Evidence suggests front-of-pack labelling systems encourage positive reformulation of products and supports healthier decision-making by consumers (WHO 2022; UNICEF 2022), however for these policy objectives to be met in Australia and New Zealand, a mandatory system is necessary.

This position is supported by the Codex Guidelines on Nutrition Labelling to protect public health while meeting international trade law obligations and is implemented globally in at least 16 other countries, demonstrating the legal feasibility of mandatory front-of-pack nutrition labels.

There is no evidence that continuing as a voluntary system in Australia and New Zealand would lead to an increase in the number or proportion of packaged food products displaying the HSR logo. Data clearly shows that after 12 years of voluntary implementation, uptake by industry to display the HSR logo in Australia and New Zealand has plateaued at <40% despite a clear target of 70% being set.

Voluntary industry adoption has limited the capability of Australian shoppers to use the HSR system as a tool to improve diets and support healthier decision making by the very nature of the HSR logo only being selectively displayed on around a third of all eligible products. This could be strengthened if the HSR logo was universally applied on all packaged foods and achieved if the HSR system is mandatory.

As noted in FSANZ's focus groups (SD2), universal application of the HSR logo on all packaged foods would better serve consumers by enabling comparisons to be made between all similar food products. Consumers also support this position. A recent survey found more than 82% of Australian adults support mandatory Health Star Ratings on all packaged foods (Ilchenko et al 2024).

Concerningly, research from Australia and New Zealand found selective industry adoption is skewed towards displaying the HSR logo on higher scoring products (Keaney et al 2024; Mackay et al 2024). By electing not to display the HSR logo on packaged foods with a lower rating, a consequence of the voluntary system is that accurate nutrition information has not been clearly visible by withholding the HSR logo on thousands of eligible products. This has prevented fair comparisons between products by shoppers who use the HSR logo to help them discern healthier packaged foods.

Mandating the HSR system is a necessary step to increase public health impact and fulfill its intent to enable consumers to access and compare nutrition information between products which has been limited under the voluntary system.

2. Do you support FSANZ's proposed approach for the application of the HSR symbol to specific types of sales, including food for retail sale (see section 4.2 of the CFS and section 2 of SD5)? Please provide reasons and describe any practical or implementation issues FSANZ should consider.

Yes, Dietitians Australia supports FSANZ's proposed regulatory approach to mandate the display of a HSR symbol on all packaged foods where a nutrition information panel (NIP) is required for retail sale in Australia and New Zealand (where not prohibited).

This position is guided by the principle that where nutrition information is provided in the form of a NIP, the Health Star rating should also be provided to assist consumers with their interpretation of the nutrition information. This will enable the HSR symbol to facilitate healthier decision-making by consumers with lower health literacy and less confidence in their ability to interpret the NIP and ingredients list, through clearer front-of-pack labelling that is consistently displayed in a single, standardised format. This aligns with findings from the FSANZ 2024 Consumer Insights report, suggesting the HSR is a more accessible form of nutrition labelling for people with less confidence in food label reading.

We also support the proposed approach to allow the HSR to be voluntarily displayed (where not prohibited) on packaged foods that voluntarily display a NIP when not required to, for example food in hampers and unpackaged foods. This supports the above general principle that where nutrition information is provided to consumers, it is also interpreted for consumers.

Dietitians Australia also supports displaying the HSR logo on fresh and minimally processed fruit, vegetables, fungi and legumes that receive an automatic HSR, as a clear signal to consumers that these core foods are nutritious and healthy options to encourage their increased consumption.

Low fruit and vegetable consumption at a population level is a known modifiable risk factor for diet-related chronic diseases in Australia, and the use of in-store signage and marketing materials to highlight healthy food options to customers encompassing both the Australian Dietary Guidelines (ADGs) and the HSR system is a practical way the retail food environment can support public health. The 'Healthy Supermarkets Latrobe – Reach for the Stars' community health promotion project led by Accredited Practising Dietitians practically demonstrates how this can be effectively implemented (www.lchs.com.au/services/community/healthy-supermarkets-latrobe-reach-for-the-stars).

Importantly, we support FSANZ's approach to foods which would be prohibited from displaying a HSR symbol, however we'd like FSANZ to consider our comments regarding two categories below.

Special purpose foods: formulated meal replacements and formulated supplementary foods

While impacting a relatively small number of packaged foods, this category includes highly visible products including Milo Powder (scores 1.5 stars 'as sold' but previously displayed a HSR of 4.5 under earlier 'as prepared' rules, and Up&Go which currently scores 5.0 stars) which are marketed and consumed as part of everyday diets, despite their classification as 'special purpose'. They are generally placed on shelves as equivalents to breakfast cereals and tea/coffee, as seemingly similar products in consumers eyes that are not regulated as 'special purpose foods'. These products have also been subject to media scrutiny as examples where the public perceive products as scoring 'too highly', damaging consumer trust in HSR. On this basis, Dietitians Australia urges FSANZ to put safeguards in place, such as conduct ongoing monitoring, to ensure that an increasing number of formulated meal replacements and formulated supplementary foods classified as 'special purpose foods' do not exploit the change from voluntary implementation to prohibit HSR as a loophole to avoid displaying a mandatory HSR.

2.2.6.1.4 Commercial foods for infants and young children

Dietitians Australia does not support the displaying of the HSR on foods for infants. The current exemption from the HSR that applies to foods for infants (children under 12 months of age) should continue under a mandatory system. This is because infants have specific nutritional and feeding requirements and so it is not appropriate to apply HSR to those foods.

- 3. Are there specific foods for which there would be space limitations in fitting a legible HSR symbol on the label (beyond small packages <100 cm²) (see section 2.2.6.3.6 of SD5)? Please provide examples and outline any practical solutions or approaches to address these challenges.**

No. Dietitians Australia supports FSANZ's proposed regulatory approach to mandate the display of a HSR symbol on all packaged foods where a nutrition information panel (NIP) is required for retail sale in Australia and New Zealand (where not prohibited).

The proposed change to the Health Star graphic to allow only the 'Star' graphic make it easier to apply to small packages.

We also strongly support FSANZ's position and justification for not adjusting the definition of small package size for the HSR. We acknowledge it can be difficult to display the HSR on packaged foods with a small available surface area and accept the HSR exemption in this instance.

- 4. Do you support FSANZ's proposed overall approach with respect to calculating the HSR (see section 4.3.1 and Attachment C of the CFS)? Please provide reasons for your response, including any specific aspects of the proposed approach that you consider problematic or could be improved.**

Yes, Dietitians Australia support FSANZ's proposed overall approach to the HSR algorithm. Importantly, we support FSANZ's decision not to undertake a comprehensive algorithm review

prior to mandating HSR to enable timely approval of mandatory legislation. This will maximise the the policy's public health impact.

While we support deferring a full review until mandatory legislation is approved, we note that the HSR algorithm was last reviewed in 2019 and require a comprehensive review to reflect updated nutrition science and address known limitations.

This review should occur following the release of the updated Australian Dietary Guidelines (ADGs) this year and be supported by strengthened governance arrangements that align with international best practice in the science of nutrition profiling and independent of commercially conflicted interests.

The *WHO Guiding Principles and Framework Manual for front-of-pack nutrition labelling* provides global guidance on the importance of algorithm development being conducted by an independent scientific committee to ensure scientific integrity and public trust.

This approach appropriately balances the need for urgent policy action with the importance of ongoing system integrity and continuous improvement.

Dietitians Australia urges Food Ministers to outline a clear timeframe and process for conducting an algorithm review under a mandatory system.

We join our public health nutrition colleagues in highlighting the following priority areas for investigation in any future comprehensive reviews of the algorithm:

- **Balance between positive and negative components:** the current algorithm allows positive attributes (e.g. protein, fibre, FVNL) to substantially offset negative components (energy, saturated fat, sodium, sugars). In line with approaches used by Ofcom and the Nutri-Score algorithm, the weighting and eligibility criteria for positive components should be reassessed.
- **Strengthen penalties for nutrients of concern:** sodium thresholds should be tightened to reflect current evidence of health risk. Treatment of sugars should be strengthened, including consideration of free sugars and/or higher penalties for total sugars.
- **Treatment of non-sugar sweeteners:** consider incorporating penalties for non-sugar sweeteners to prevent products with non-sugar sweeteners from receiving high ratings, as done in Nutri-Score.
- **Consider ultra-processing:** the role of ultra-processing should be examined, with a view to incorporating this factor in an evidence-based manner (Barrett et al 2025).
- **Improve discrimination and scaling of ratings:** the conversion of underlying algorithm scores to star ratings should be reviewed to enhance discrimination across the food supply. This would help address consumer confusion about whether Stars work only within or also across categories.

5. Do you support FSANZ's proposed approach with respect to the categorisation of foods for the algorithm (Categories 1, 2, 3, 1D, 2D, and 3D) (see section 4.3.2 of the CFS and section 3.1 of SD5)? Please provide reasons for your response.

Dietitians Australia has elected not to respond to this question at this time due to limited capacity. We welcome the opportunity to explore this further.

6. What are your views on the approaches considered by FSANZ for accounting for milk powder in foods in the dairy categories, including how these approaches address reconstitution and the

application of the 75% rule (section 3.1.4.4.5 of SD5)? Please describe any alternative approaches that may better address the issues identified.

Dietitians Australia has elected not to respond to this question at this time due to limited capacity. We welcome the opportunity to explore this further.

7. Do you support FSANZ's proposed approach with respect to the form of the food used when calculating the HSR (see section 4.3.3 of the CFS and section 3.3 of SD5)? Please provide reasons for your response, including any specific aspects of the proposed approach that you consider problematic or could be improved.

Yes, Dietitians Australia supports FSANZ's proposed approach with respect to the form of the food used when calculating HSR.

We note the detailed analysis conducted by FSANZ during preparatory work, and the extensive previous work done to improve clarity in this area since the launch of HSR in 2014.

We believe the approach proposed of generally requiring HSR to be calculated on an 'as sold' basis except for limited exceptions (reconstituting with water, draining before consumption) addresses the main public health and consumer concern of preventing food products (e.g. Milo, burger seasoning mixes) from claiming a HSR that is based upon the addition of healthy ingredients (e.g. milk, vegetables).

FSANZ's proposal for products to include wording that clearly indicates that a HSR relates to a food 'as drained' or 'reconstituted' in those limited cases will improve clarity for consumers in these cases.

8. Do you support FSANZ's proposed approach with respect to fruit, vegetable, nut, legume (FVNL) content used when calculating the HSR (see section 4.3.4 of the CFS and section 3.4 of SD5)? Please provide reasons for your response, including any specific aspects of the proposed approach that you consider problematic or could be improved.

Yes, Dietitians Australia joins our public health nutrition colleagues in supporting FSANZ's approach to combining non-concentrated fruit, vegetable, nut, legume (FVNL) and concentrated FV. As FSANZ notes in SD5, determining whether FVNL content should be classified as non-concentrated or as concentrated FV is complex. As this information is not provided to consumers on the label, it's difficult to maintain transparency on how industry have applied this definition in any given case to obtain 'positive' points.

We agree that collapsing the two categories into one would support definition, implementation and enforcement simplicity. It would also better align with the approach taken by similar algorithms e.g. Ofcom in UK and Nutri-Score in the EU which do not have a 'concentrated FVNL' category.

We note the results of the modelling conducted to date suggest this change would mainly impact dried fruit, muesli bars and snacks, with products decreasing in points by 0.5 (impacted dried fruits) to 2.0 stars (more the muesli bars and snacks). We believe this outcome is reasonable given the discretionary nature of most muesli bars and snacks, and the conditional recommendations on dried fruit in the Australian Dietary Guidelines which can increase the risk of tooth decay.

Dietitians Australia would also support adoption of FSANZ's approach to removing eligibility points for some non-concentrated FVNL sources. In section 3.1.2.3 of SD5 FSANZ tests removing FVNL values for dried potato crisps and similar vegetable or legume type products to no longer score V points. This option appears to reduce the score primarily for snack foods (mostly by 0.5 stars) that have been identified as an 'outlier' discretionary product and would align with consumer expectations of the scores of these foods.

9. Do you support FSANZ’s proposed approach with respect to algorithm overrides (see section 4.3.5 of the CFS)? Please provide reasons for your response, including any specific aspects of the proposed approach that you consider problematic or could be improved.

Yes, we support FSANZ’s approach to adopting the 3 current algorithm overrides (plain water, unsweetened water-based flavoured beverages, fresh and minimally processed fruit and veg) and not considering any further algorithm overrides.

10. Do you support FSANZ’s proposed approach regarding layers of packaging, multipacks, individual portion packs and multicomponent foods (see section 4.3.6 of the CFS and section 3.2 of SD5)? Please provide reasons for your response.

Yes, Dietitians Australia supports FSANZ’s proposed approach provided that this layer and the display of HSR is visible to the consumer at the point of sale to enable it to guide decision making.

We support FSANZ’s approach to displaying HSR on variety packs, including that the manufacturer may display one HSR on the front-of-pack if desired to save space, particularly we support FSANZ’s suggestion that this HSR would be the *lowest* HSR of all foods in the package. We believe this is the most prudent approach to ensuring consumers are not misled about the healthiness of the products inside.

We also support FSANZ’s approach to multi-component foods.

11. Do you support FSANZ’s proposed approach for the HSR symbol to be the stars element only (see section 4.4.1 of the CFS and section 1.1 of SD4)? Please provide reasons for your response, including any evidence on consumer use or implementation considerations.

Yes, Dietitians Australia strongly supports FSANZ’s proposed approach to allow the star element only as a single, standardised and mandatory format on the front of the pack.

This visual improvement will enable consistency for consumers and help to minimise any confusion in recognising the HSR.

Critically, the Stars only format will assist consumers in making healthier choices at a glance, including those with low health literacy.

Dietitians Australia also recommends this improvement is clearly communicated to the public with updated consumer-facing information on the HSR website, and for the government to consider funding community health promotion initiatives at scale such as the ‘Healthy Supermarkets Latrobe – Reach for the Stars’ project led by Accredited Practising Dietitians (www.lchs.com.au/services/community/healthy-supermarkets-latrobe-reach-for-the-stars).

12. Do you have any information or evidence to inform the consideration of colour including as it relates to supporting consumption of foods identified in Guideline 2 of the Australian Dietary Guidelines (ADGs) and Eating Statement 1 of the New Zealand Eating and Activity Guidelines (NZEAG)? Please provide any consumer evidence and/or information on implementing the use of colour in the HSR symbol.

Global-best practice in front-of-pack nutrition labelling does support the addition of interpretive colour to strengthen labels’ ability to guide consumers, and as noted by FSANZ, clear definitions of what is considered core and non-core in the revised ADGs or NZEAGs have not been established, therefore we do not support the use of colour for highlighting only the core foods from the ADGs and the NZEAGs.

This FSANZ proposed approach has not been consumer tested, and we would encourage comprehensive consumer testing to occur and to seek advice on inclusive graphics to ensure optimal visibility for people with vision impairment or living with a disability.

Consistent, clear, legible and prominent front-of-pack labelling is essential to support informed consumer choice and improve dietary outcomes. We are not willing to delay implementation of mandatory HSRs to enable further consideration of these definitions, and believe the proposed Stars only format complimented with a well-funded public education campaign promoting the revised ADGs and HSR logo when they are released is a more effective way to increase consumer awareness.

13. Do you support FSANZ's proposed approach for the location of the HSR symbol on a package of food (see section 4.4.2 of the CFS and section 1.2 of SD4)? Please provide reasons for your response, including any evidence on consumer use or implementation considerations.

Yes, Dietitians Australia supports FSANZs approach and recommends uniform placement on the top half of packages to enable consistent, clear, legible and prominent front-of-pack labelling that is essential to support informed consumer choice and improve dietary outcomes.

We would welcome the opportunity to expand on this further and provide supporting evidence.

14. Do you support FSANZ's proposed approach for the presentation and legibility of the HSR symbol (see section 4.4.3 of the CFS and section 1.3 of SD4)? Please provide reasons for your response, including any evidence on consumer use or implementation considerations.

Yes, Dietitians Australia supports FSANZs approach and recommends uniform placement on the top half of packages to enable consistent, clear, legible and prominent front-of-pack labelling that is essential to support informed consumer choice and improve dietary outcomes.

We would welcome the opportunity to expand on this further and provide supporting evidence.

15. Do you support FSANZ's proposed approach for the declaration of algorithm components (see section 4.5 of the CFS and section 4 of SD5)? Please provide reasons for your response including any implications for transparency, enforcement or cost.

Yes, Dietitians Australia supports FSANZs proposed approach as necessary for increasing transparency for consumers and for enforcement.

We note that manufacturers will still have a choice in how they respond to this change. For example, if calculating or displaying fibre, calcium or FVNL is too onerous they have the option *not* to claim 'positive' points resulting from these components and can continue not to make label changes to the NIP or ingredients list.

16. Have all the major impacts to industry, consumers and government from the proposed options been identified in Table 1 of SD6? Please provide evidence (where possible) to support the inclusion and magnitude of other impacts.

Yes, we agree that the key impacts to industry, consumers and government have been identified.

17. Do you have information to provide to assist FSANZ in quantifying the costs and benefits currently identified as unquantified in Table 2 of SD6? Please provide data and evidence to support the inclusion of such information.

No.

18. Do you agree with the assumptions proposed to be used to estimate the costs to industry in SD6? Please provide data and evidence to support the inclusion of alternative assumptions.

Dietitians Australia has elected not to respond to this question at this time due to limited capacity. We welcome the opportunity to explore this further.

19. Please make any other comments that are not related to specific questions here.

Dietitians Australia would like to conclude this submission by calling on the government to fund national public education campaigns accompanying both the evolved Health Star Rating (HSR) system and the revised Australian Dietary Guidelines (ADGs) which are due to be released before the end of 2026. We caution that without clear, authoritative, and accessible public communication, neither policy will achieve its intended impact. This aligns with international evidence and the Federal Government's own precedent in tobacco control.

The National Obesity Strategy recognises the role that food literacy (understanding healthy eating, and being able to plan, select and prepare healthy foods) plays in empowering Australians to stay as healthy as they can be, and positions the HSR as a front-of-pack labelling system that empowers consumers to make healthier choices.

Accredited Practising Dietitians understand the importance of health and food literacy and play a vital role in supporting members of the public with label reading and interpretation of the NIP in relation to the dietary management of health conditions such as Type 2 diabetes, hypertension and coeliac disease. A common experience when delivering nutrition education to clients individually or in a group setting, is hearing that they feel confused about certain product ratings or that they do not trust the HSR system.

Dietitians Australia also recognises the importance of consumer education to support public understanding of the HSR system and how to use this tool effectively to support healthier decision making. This can be achieved at scale nationally through a dedicated marketing and communications strategy, and by funding community health promotion projects such as 'Healthy Supermarkets Latrobe – Reach for the Stars' (www.lchs.com.au/services/community/healthy-supermarkets-latrobe-reach-for-the-stars).

Without a nationally coordinated, evidence-based mass media campaign to support the evolution of the HSR system, the opportunity to shift population-level dietary behaviour, reduce preventable disease, and curb escalating health costs will be lost. The public cannot meaningfully act on dietary guidance without clear, consistent, and authoritative communication.

Thank you again for this opportunity to provide feedback on FSANZs proposed approach.

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