



Food Eaten Outside the Home Policy Statement

Introduction

Heart and circulatory disease is the UK's biggest killer¹. There are a number of major risk factors associated with the onset of heart disease which can be minimised if people follow a healthy diet – including obesity, high cholesterol and high blood pressure.

The British Heart Foundation believes that improving the diet of the UK population is a challenge which requires action on many fronts, and we dedicate a lot of time and resources to educating people about diet. However, we also believe that the both the Government and the food industry must play their part in ensuring access to healthy options through broadening product ranges, reformulating existing products and providing consumers with nutritional information to help them make informed choices.

It is essential that these principles apply to all foods including those purchased from catering and out of home settings. As one in six meals in the UK are now eaten outside the home² this type of food is making a greater contribution to dietary intakes than in the past.

Policy Recommendation

The British Heart Foundation believes that every food manufacturer and retailer providing food for consumption outside the home has a responsibility to consumers to provide food options and nutritional information which support healthy diet choices. Given the diversity of the out of home food sector, and particular challenges for small and medium sized outlets, requirements should be proportionate, moving towards consistent and useful information for the consumer in all settings.

This responsibility should include a commitment to:

- Provide a variety of healthy options on each menu
- Ensure a range of appropriate portion sizes for the target consumers are available so as not to encourage over consumption, especially of unhealthy foods
- Reformulate products to contain less saturated fat, salt and sugar.

The BHF also believes that all consumers should have access to clear nutritional signposting on fat, saturated fat, salt and sugar. Key nutritional information should be available at the point where decisions and purchases of food are made, for example on menus or menu boards.

¹ www.heartstats.org

² Family Food Survey, DEFRA, 2008

Background

The burden of diet related heart disease

Too much salt can contribute to high blood pressure, and the INTERHEART study estimated that high blood pressure causes 22% of heart attacks in Western Europe³, whilst the World Health Organisation have estimated that in developed countries, it accounts for over 50% of heart disease and almost 75% of strokes⁴. In England 34% of men and 30% of women have high blood pressure⁵. That is why across the UK there are public health targets to reduce salt consumption to 6g per day. It has been estimated that if the 6g a day maximum were achieved there would be a 13% reduction in stroke and a 10% reduction in heart disease⁶. Currently salt intake levels stand at 8.6g a day⁷.

Excessive consumption of saturated fat can contribute to high blood cholesterol and weight gain. The Food Standards Agency's (FSA) strategic objectives include a commitment to work to reduce the average intake of saturated fat from the current level of 13.3% to below 11% of food energy by 2010. It has been estimated this reduction would reduce deaths by 3,500 a year in the UK⁸.

The evidence for improving the balance of the UK population's diet is compelling. The Department of Health and the FSA have been working to raise awareness about the consequences of unhealthy diets, for example with public awareness campaigns around salt and saturated fat from the FSA and the measures outlined in the Government's *Healthy Weight, Healthy Lives* strategy.

However, it is recognised by the Government and the FSA that the environment in which people live must also change in order to help people to make healthy choices, and that food purchased and consumed outside the home plays an important role.

Food outside the home

Food can be consumed outside the home through a variety of sources and venues – for example restaurants, fast food outlets, coffee shops, in work canteens or in leisure venues such as theme parks, sports venues and cinemas. Sixty one percent of people aged 18-24 eat out at least once a week⁹; and 22% of people in the UK eat a takeaway at least once a week¹⁰.

Foods offered in these venues have frequently been found to be less healthy options (high in fat, saturated fat, salt and sugar). For example, in a survey carried out in 2008 it was found that a single Indian takeaway contained 23.2g of

³ Yusuf S et al on behalf of the INTERHEART Study Investigators (2004) *Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study*, The Lancet; 364: 937-952

⁴ *The World Health Report 2002: Reducing risks, promoting healthy life*, World Health Organisation, Geneva, 2002

⁵ www.heartstats.org

⁶ He FJ and MacGregor GA (2003) *How far should salt intake be reduced?* Hypertension 42:1093-1099

⁷ *An assessment of dietary sodium levels among adults (aged 19-64) in the UK general population in 2008, based on analysis of dietary sodium in 24 hour urine samples*, National Centre for Social Research and MRC, June 2008

⁸ *Partial Regulatory Impact Assessment: Saturated Fat and Energy Intake Programme - Enabling Consumers to reduce their intake of saturated fat, and to achieve and maintain energy balance*, Food Standards Agency, 2007

⁹ Family Food Survey 2005-6

¹⁰ IGD, 2007

saturated fat – more than a woman’s entire daily allowance¹¹. A survey by the Food Commission recently found that portion sizes in fast food restaurants have also been increasing¹².

Whilst the UK has now made progress in implementing better nutritional labelling for the food that is bought for consumption at home, consumers purchasing food to eat outside the home often have no way of knowing how healthy their meal is at the point of purchase.

Product Reformulation and Menu Choice

Members of the food industry have been invited to sign up to the Healthy Food Code of Practice, developed by the Department of Health and the FSA, which covers commitments such as adhering to a single food labelling model; offering smaller portion sizes for energy dense and salty foods; rebalancing the marketing of HFSS foods to children; reformulating foods; increasing the consumption of healthy foods and providing nutritional information in a range of settings for food eaten outside the home.

Several large companies have now signed up to make such commitments under the FSA’s catering programme. These commitments fall under kitchen practice, procurement (including reformulation), menu planning and consumer information. Companies ranging from Subway and Pret A Manger to McDonalds have now published both their achievements so far as well as their ‘forward commitments’, for example McDonalds state that they are committed to “providing menu information to our customers in a clear and helpful way, including nutritional and food provenance-related information where appropriate.”

Nutritional Labelling

In June 2009, the FSA convened a group of early adopters (including Burger King, Pizza Hut and Pret A Manger) from the catering industry to trial calorie labelling schemes at the point of purchase in restaurants, coffee shops and fast food outlets. A similar scheme is already in place in New York City, after the New York Health Department secured approval for regulation which would force fast food outlets to list calorie information on menu boards. Philadelphia, Seattle and California have plans for their own schemes.

Research published by the FSA in 2008 showed that consumers would welcome simple and visible nutrition information when eating out. This research followed another survey carried out by the FSA, in which 85% of consumers agreed that restaurants and cafes have a responsibility to make clear what is in the food they serve¹³. More than 80% said that nutrition information would be most useful if they could see at the point where they are ordering their food, for example on menus or menu boards.

In the research to test the concept of the calorie label, consumers wanted to see a standard form of labelling in use, and were prepared to make a trade off between schemes which contain less information if it would be more simple to use. They agreed that the information should be provided at the point where purchase decisions were made, e.g. on a menu board in a fast food outlet or on the menu in a sit down restaurant. However, some people questioned how useful

¹¹ *Pilau Talk, Which?*, 2008

¹² *Ignorance is not bliss when eating out*, The Food Commission, December 2008

¹³ *Consumer Response to Nutrition Information Available in Catering Outlets Report*, Navigator for the Food Standards Agency, March 2009

calorie information alone would be, as they felt calories did not offer the 'whole picture' in terms of the healthiness of a product.

Examples of calorie labelling from New York:



	Calories	Price	Calories	Price	
Yogurt Parfait	426	2.99	Fruit Salad	216	2.69
Cosi Break Bar	463	2.19	Orange Juice	137	1.99
Kids Menu					
SANDWICHES SERVED WITH COSI CHIPS OR BABY CARROTS					
Turkey Sandwich	289	4.39	Shirley Temple	240	1.49
Tuna Sandwich	333	4.39	Milk	192	1.69
Cheese Pizza <small>serves two</small>	769	6.59	Chocolate Milk	260	1.99
Pepperoni Pizza <small>serves two</small>	911	7.19	Hot Chocolate	436	2.99
Goey Grilled Cheese	357	3.69	S'mores <small>for two</small>	751	7.79
Peanut Butter & Jelly	560	3.79			

The BHF has welcomed the trial of calorie labelling, and we sit on a stakeholder group convened by the FSA which contributes to the catering work plan. However, the BHF is concerned that the current scheme does not go far enough. Calories alone do not give the full health picture of a product and nutrients such as saturated fat and salt are particularly important in terms of the prevention of heart disease and its risk factors as they contribute to high cholesterol and high blood pressure.

The FSA have said that calorie information is a first step, and have not ruled out adding further nutrients to labelling in the future. BHF will await the results of the ongoing pilot and accompanying consumer research, expected in September 2009.

Another concern is that large companies have the financial resources and standardised portion sizes which make it easier to commit to assessing the nutritional content of foods, and therefore providing nutritional labelling. There are questions as to how small and medium sized businesses will be able to engage with the FSA's work programme, and also over whether they would even want to. For example, large companies are obliged to consider their reputation amongst the public if they are seen to be lagging behind on the issue of health promotion, but individual businesses may not be persuaded that the benefit of nutrition labelling is worth the cost.

The FSA is working on a strategy to engage small and medium sized businesses, for example looking at the good practice and guidance that can be offered, or whether software tools for calculating nutritional information could be useful.

For further information please email policy@bhf.org.uk