Encouraging Healthier Catering Practices Amongst Independent Fast Food Takeaways in Deprived Areas

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The Obesity problem

UK: the ‘fat man of Europe’

- 1/4 men and women, and 1/5th 10-11 year olds are obese

- Health risks associated with obesity estimated to cost the NHS £5.1 billion a year. (DoH, 2013)

- One of 6 key public health challenges (PHE, 2014)

- 1 in 6 meals now consumed outside the home (FSA, 2014)

Fast food a key aspect in the obesogenic environment (Foresight, 2007)
Obesity prevalence by deprivation decile
National Child Measurement Programme 2012/13

Child obesity: BMI ≥ 95\textsuperscript{th} centile of the UK90 growth reference

Patterns and trends in child obesity
Fast Food in Deprived Areas

- A feature of “Food deserts”?
- Limited menus
- Cheap, poor quality, deep fried food
- Highly competitive and price sensitive environment
- Selling cheap 'unhealthy' food seen as crucial for business survival
- Lack of equipment/resources for healthier catering practices

(Bagwell & Doff, 2009)
But.. Fast food businesses provide an important source of employment

Low business start-up costs

Key entry level jobs for migrants and ethnic minority community

A route to better paid work?
In Tower Hamlets outlets provide halal food in an alcohol free environment and are thus meeting the need for affordable dining out opportunities in a culturally acceptable social space

(Bagwell, S (2011). Environment & Planning A)
## Government Policy: Options for Intervention

<table>
<thead>
<tr>
<th>Interventions category</th>
<th>Regulation of the individual</th>
<th>Fiscal measures directed at the individual</th>
<th>Non-regulatory and non-fiscal measures with relation to the individual</th>
<th>Choice Architecture (&quot;Nudges&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eliminate choice</td>
<td>Restrict choice</td>
<td>Guide and enable choice</td>
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<td></td>
<td>Fiscal disincentives</td>
<td>Fiscal incentives</td>
<td>Persuasion</td>
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<td></td>
<td>Fiscal policies to make behaviours financially beneficial e.g. tax breaks on the purchase of bicycles or paying individuals to recycle</td>
<td>Non-fiscal incentives and disincentives</td>
<td>Provision of information</td>
<td>Changes to physical environment</td>
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<td></td>
<td>Policies which reward or penalise certain behaviours e.g. time off work to volunteer</td>
<td>Persuasion using argument e.g. GPs persuading people to drink less, counselling services or marketing campaigns</td>
<td>Changes to the default policy</td>
<td>Use of social norms and salience</td>
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<td></td>
<td>Providing information in e.g. leaflets showing the carbon usage of household appliances</td>
<td>Altering the environment e.g. traffic calming measures or designing buildings with fewer lifts</td>
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<td></td>
<td>*Regulation to require businesses to use front of pack nutritional labelling, or restaurants to provide calorific information on menus</td>
<td>Changing the default option e.g. requiring people to opt out of rather than opt in to organ donation or providing salad as the default side dish</td>
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<td></td>
<td>*Regulation to require energy companies to provide information about average usage</td>
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</table>

Table of Interventions House of Lords (2011) *Behaviour Change*
Local authorities should, “..use existing planning powers to control more carefully the number and location of fast food outlets in their local areas”

(Cross Government Obesity Unit 2008, 18)
97% of households are within 10 mins walk of a takeaway outlet (City University, 2008)
Education and Voluntary agreements

Department of Health

Public Health Responsibility Deal
Sign up and pledge to improve public health in England

This is the Public Health Responsibility Deal’s website where you will find all the latest news about the Deal and all you need to know about how to sign up.

New saturated fat pledge
The food network has today announced the launch of a new pledge on saturated fat reduction. The pledge commits companies to support and enable people to consume less saturated fat through actions such as product/menu reformulation, reviewing portion sizes, education ... Read more →
Published: October 26, 2013 | 10 Comments
Limitations of Healthier Catering Initiatives

Criteria too onerous for many fast food takeaways (CIEH, 2004)

Tend to be more successful with businesses in more affluent areas. Limited take up in deprived areas

“healthier catering schemes ... by improving the health of those that can afford to take advantage of these healthier choices are possibly unwittingly widening the gap in health inequalities”

(Bagwell, 2013, Critical Public Health)
ESRC project: Key Research Questions

• What healthier catering initiatives work with FFOs in deprived areas?

• What healthier business models can FFOs in these areas adopt?

• Can we persuade suppliers to make it easier for FFOs to purchase healthier options?

Outputs: Best practice tool-kit & Policy guidance
• Realistic Evaluation (Pawson & Tilley, 1997) What works for whom and in which contexts

• identify the particular combinations of these three factors which works
Methods

Approach
Participatory action research (Lewin, 1946) & “engaged relationship” (Van de Ven, 2007) with partners: Practitioners (EHOs), Industry lead body (CIEH), Policy makers (GLA Food Team) to maximize relevance

Methodology
• UK wide telephone and online survey of healthier catering initiatives (n=34)
• In-depth interviews with 30 “best practice” businesses in London operating in 20% (IMD) most deprived areas

Analysis
What combinations of intervention mechanisms, and contexts (business realities (motivation, food type etc.) and local markets) produced the desired healthier changes?
Types of Healthier Catering Initiatives (Mechanisms)

- Generic or specialist
- Award (tiered or not) or not
- Geographical targeting or whole area
- Involve EHOs/ TS staff with/without dieticians
Best practice initiatives (mechanisms) in deprived areas: General principles

• Targeted & focused on small number of key changes
• Involve all the staff
• Don’t necessarily offer an award
• Provide lots of publicity (if wanted) for those that do make changes
• Use economic arguments
  “We go in with a view that at worst it is cost neutral, but hopefully we are actually going to save you money. Once you show them how it can be done they are willing to give it a go” (Wigan Healthy Business team)
• Demonstrate and/or create consumer demand
• Understand the local context
• Involve extensive outreach work

Changes have to be easy to do & make business sense
### Outcomes: A Healthier Catering Marketing Mix

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
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<tbody>
<tr>
<td>• New healthier products</td>
<td>• Price healthier options cheaper than unhealthy alternatives</td>
</tr>
<tr>
<td>• Healthier swaps</td>
<td>• Charge extra for unhealthy alternatives</td>
</tr>
<tr>
<td>• Healthier cooking practices</td>
<td>• Use meal deals and loyalty card schemes</td>
</tr>
<tr>
<td>• Better quality smaller portions</td>
<td>Benefits: Increases turnover – at least on healthier options</td>
</tr>
<tr>
<td><strong>Benefits:</strong> Saves money, or is cost neutral, brings in new customers</td>
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</table>

<table>
<thead>
<tr>
<th>Promotion</th>
<th>Place</th>
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<tbody>
<tr>
<td>• Free healthier sides</td>
<td>• Place healthier options in more visible locations</td>
</tr>
<tr>
<td>• Healthier menus and advertising panels</td>
<td>• Hide or reduce access to unhealthy options</td>
</tr>
<tr>
<td>• Attractive packaging of healthier products</td>
<td>• Reduce the size of containers or serving implements</td>
</tr>
<tr>
<td>• Personal selling of healthier alternatives</td>
<td><strong>Benefits:</strong> Sales of healthier varieties likely to increase</td>
</tr>
<tr>
<td><strong>Benefits:</strong> Sales of healthier varieties likely to increase</td>
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</table>
Healthier Products

Healthier cooking practices

Healthier swaps

New healthier products

Smaller helpings
Strategies to encourage healthier choices: Price

- Coca Cola Classic: 85p
- Evian: 60p
Place
Promotion
Nudges/Health by Stealth
Context is Key
### Results: Examples of Successful MCO combinations

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Context</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>Award for making healthier changes</td>
<td>a) More health conscious communities</td>
<td>a) Healthier promotion seen as good for business</td>
</tr>
<tr>
<td></td>
<td>b) Less health conscious communities</td>
<td>b) Health by stealth preferable</td>
</tr>
<tr>
<td>Encouraging healthier product swaps e.g. rice for chips</td>
<td>a) Kebab shops</td>
<td>a) Likely to be acceptable</td>
</tr>
<tr>
<td></td>
<td>b) Chicken &amp; chip shops</td>
<td>b) Only in Asian, African &amp; Afro-Caribbean</td>
</tr>
<tr>
<td></td>
<td></td>
<td>communities</td>
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<tr>
<td>Encouraging smaller portions</td>
<td>Various food types</td>
<td>a) Likely to be acceptable</td>
</tr>
<tr>
<td></td>
<td>a) No competition</td>
<td>b) Likely to be acceptable</td>
</tr>
<tr>
<td></td>
<td>b) Consumers prefer quality to quantity</td>
<td>c) Not likely to work</td>
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<tr>
<td></td>
<td>c) Competition offering larger portions</td>
<td></td>
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<tr>
<td>Persuading businesses to hide the salt shaker or use</td>
<td>a) Kebab, pizza outlets</td>
<td>a) Customers don’t ask for salt</td>
</tr>
<tr>
<td>shakers with less salt</td>
<td>b) Fish &amp; chip shops</td>
<td>b) Won’t work: customers expect salt</td>
</tr>
<tr>
<td>Mechanism</td>
<td>Context</td>
<td>Feasible Outcomes</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Generic or targeted?</td>
<td>Internal to business: Owner’s motivation and interest in health</td>
<td>Beneficial to health: Healthier products</td>
</tr>
<tr>
<td>If targeted – by food type/area/customer base?</td>
<td>Healthier swaps e.g. rice for chips</td>
<td>Business impacts: Cost neutral + may bring in more customers</td>
</tr>
<tr>
<td>Award scheme or not?</td>
<td>Business resources</td>
<td>New healthier products</td>
</tr>
<tr>
<td>Nudging/health by stealth approach or active promotion of healthier catering</td>
<td>Type of food sold</td>
<td>Healthier cooking practices e.g. Reduction in use of oil, salt and sugar</td>
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<tr>
<td>Balance between health focused/business focused</td>
<td>External</td>
<td>Smaller portions</td>
</tr>
<tr>
<td>Resources for outreach work</td>
<td>Socio-economic and ethnic background of customers</td>
<td>Healthier cooking practices e.g. Reduction in use of oil, salt and sugar</td>
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<tr>
<td>Business incentives offered</td>
<td>Nature and level of competition</td>
<td>Pricing strategies</td>
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<tr>
<td>Supplier constraints</td>
<td>Charge more for unhealthy extras</td>
<td>Cost savings</td>
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<tr>
<td></td>
<td>Sell healthier options cheaper</td>
<td>Lost income or greater sales</td>
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<tr>
<td></td>
<td><strong>Healthier Promotions</strong></td>
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<td></td>
<td>Free healthier additions e.g. salad</td>
<td>Additional cost and/or more customers</td>
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<tr>
<td></td>
<td>Promoting healthier options or health by stealth depending on market</td>
<td>New customers/retain customers</td>
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<tr>
<td></td>
<td>Placing strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Placing healthier options in more visible location</td>
<td>Depends on profit margin on healthier products</td>
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<tr>
<td></td>
<td>Hiding unhealthy options e.g. salt shakers</td>
<td>Cost saving or angry customers</td>
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Barriers: Supplier’s healthier products cost more

- CHP131: AAA Grade Julienne Chips-5x2.5kg
  - Collection £6.99
  - Delivery £7.49

- McCain Alternatives 5% Fat Wedges-4x2.5kg
  - Collection £15.59
  - Delivery £15.99

JJ Food Supplies, 2014
Outlets tied into deals with suppliers

A free fridge but 75%+ must be stocked with suppliers branded drinks
Changes to reduce portion sizes would have a direct impact on wholesalers’ sales and profits. Selling 100g fewer chips could lose a wholesaler between £2,500-£5,000 of sales per outlet p.a.

Product substitution would damage sales and profits: if water sold for 17 pence outstrips sales of carbonated drinks for 50 pence.

Global drinks manufacturers dictate the prices of regular and diet versions of their brands to the supply chain.

World commodity prices mean that vegetable oil made from soya beans will always be cheaper than rapeseed or sunflower oil.
What Suppliers and Authorities Could Do

Suppliers could:
• Select healthier lines and highlight on very long product lists.
• Provide information on best practice on frying.
• Insist that manufacturers reduce fat, salt & sugar levels.
• Publicise the calories in typical portion sizes of chicken nuggets & chips.

Local, Regional & National Authorities could give:
• Public food procurement contracts to suppliers and takeaways that demonstrably support healthier eating.
• Recognition (press coverage, awards).
Conclusions: Policy Implications

• Understanding the context (internal to business and external market) is key

• Can’t place the burden of encouraging healthier consumption on micro fast food takeaways alone. Need a total community approach

• Work needs to take place further up the supply chain with suppliers and by government to ensure that healthier options are promoted and are affordable

• Intervention needs to be part of a whole systems approach to obesity
Provides advice on:

• Business barriers
• Designing interventions
• Engaging with businesses
• Healthier business models
• Case studies

Available on

http://www.ifsip.org/Takeaways_in_Deprived_Areas_Toolkit.html

and

http://www.citiesinstitute.org/projects/healthy-catering-commitments-for-smes.cfm