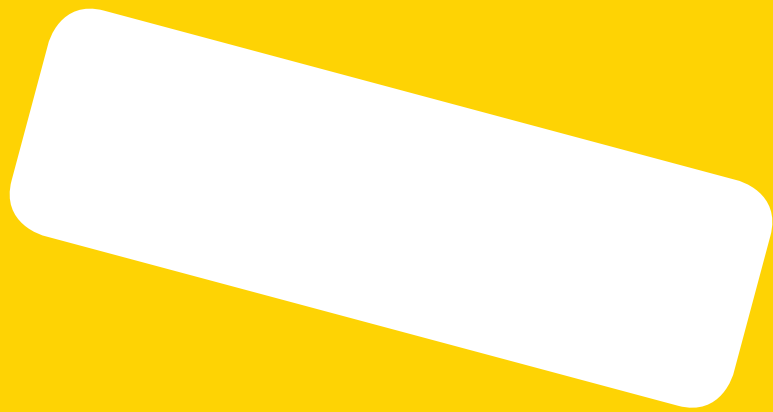


Fast food

# Exposing the truth





## The takeaway on fast food meals

A summary of three  
fast food studies in Australia and  
recommendations for change

# The takeaway on fast food meals

A summary of three fast food studies in Australia

## Fast food in Australia – what’s the issue?

More than half of Australian adults and nearly a quarter of Australian children are either overweight or obese.<sup>1,2</sup> Research shows that eating fast foods regularly can lead to weight gain,<sup>3,4</sup> due to their high energy, total fat and saturated fat content.<sup>5</sup> The average fast food meal provides about half (47%) of an adult’s daily energy requirement.<sup>6</sup>

We know that overweight and obesity are risk factors for cancers of the bowel, kidney, pancreas, oesophagus, endometrium and breast (in post-menopausal women),<sup>7</sup> cardiovascular disease and type 2 diabetes, among other diseases;<sup>8</sup> therefore, reducing the negative impact of fast food on people’s health is important for preventing chronic diseases, such as cancer.

Fast food consumption in Australia has increased dramatically in recent years, with the average household spending 28% of its food budget on fast food and eating out.<sup>9</sup> There are many reasons why people have increased their fast food consumption: ranging from the convenience and location of fast food outlets to the low cost and frequent marketing of fast food.

# 28%

The average amount a household spends of its food budget on fast food and eating out.<sup>9</sup>

## The link between fast food and cancer

Excess fast food intake

is linked to

Weight gain

which leads to

Overweight and obesity

which increases

Risk of cancer and other chronic diseases



47%

The average fast food meal in Australia provides about half of an adult's daily kilojoule needs.<sup>6</sup>

# Government action on fast food

## Fast food menu labelling

**Since 2008, there have been some policy developments in Australia relating to fast food. In 2009, the National Preventative Health Taskforce, a panel of independent health, government and food industry experts appointed by the Federal Minister for Health and Ageing, recommended that the Federal Government introduce comprehensive nutrition labelling on restaurant and takeaway menus.<sup>10</sup> However, the Federal Government did not act on this recommendation.<sup>11</sup>**

In 2009, the Federal Government also commissioned an independent review of food labelling law and policy in Australia.<sup>12</sup> The independent panel that conducted this review went a step further than the National Preventative Health Taskforce, recommending that interpretive, traffic light-style labelling should be introduced in both the grocery and fast food sectors.<sup>12</sup>

### Labelling Logic Recommendation 54

**That chain food service outlets across Australia and New Zealand be encouraged to display the multiple traffic lights system on menus/menu boards.<sup>12</sup>**

The Federal Government has placed this recommendation on hold while it works with industry and public health stakeholders to develop a front-of-pack labelling system for grocery products.<sup>13</sup>

Another recommendation from the review of food labelling law and policy in Australia was that the energy (kilojoule) content of standard fast food items should be listed on fast food menu boards.<sup>12</sup> Although this has not been adopted on a national level, several states have either implemented or are considering their own menu labelling legislation.<sup>14,15</sup> In February 2012, the NSW Government introduced Australia's first mandatory energy labelling on fast food menu boards.<sup>16</sup>

Under the *Food Act 2003 (NSW) No 43 – Division 4 Requirements* relating to display of nutritional information for food – fast food chains with more than 20 outlets in NSW or more than 50 outlets in Australia must display the number of kilojoules in each menu item or meal on their menu boards.<sup>17</sup>

## Nutrient composition of fast food

The National Preventative Health Taskforce recommended the regulation of the amount of trans fats, saturated fats, salt and sugar allowed in foods.<sup>10</sup> The Federal Government formed the Food and Health Dialogue, a committee of food industry, government and public health representatives to lead work on the reformulation of food products.<sup>11</sup> Reformulation is when food manufacturers change the composition of a food to reduce the amount of energy, total and saturated fat, sodium or sugar in the food.<sup>18</sup>

In commonly eaten foods, small reductions of these key nutrients across the food supply have the potential to reduce their intake across the entire population and provide significant health benefits.<sup>18</sup>

The focus of the Food and Health Dialogue has been on setting targets for reducing the salt content of grocery items, including breads, breakfast cereals and simmer sauces, and reducing the saturated fat and sodium content of processed meats. As this is a voluntary process,<sup>19</sup> there is no obligation for the food industry to comply, and progress has been slow.

Unfortunately, fast foods have not yet been identified as an action area for the Food and Health Dialogue.<sup>19</sup> However, the Dialogue is investigating how it can work with the fast food industry. An engagement strategy for the fast food industry was finalised late in 2012.<sup>20</sup>

## Marketing to children

The National Preventative Health Taskforce recommended the introduction of regulations to prevent unhealthy food television advertising aimed at children between 6am and 9pm.<sup>10</sup> However, rather than introducing further regulation, the Federal Government has committed to monitoring the food industry self-regulatory codes that have been implemented, including one developed by the fast food industry.<sup>11</sup>



Fast food chains with more than 20 outlets in NSW or more than 50 outlets in Australia must display the number of kilojoules in each menu item or meal on their menu boards.<sup>17</sup>

# Fast food industry initiatives

In recent years, in response to pressure from the Federal Government, public health groups and consumers, fast food chains have introduced healthier options, and some chains have pledged to reduce their advertising aimed at children under 12 years of age.

## Healthier fast food options

Some fast food chains have introduced healthier options for health-conscious customers, and one Australian study found that these healthier options contained between 39% and 80% less fat compared to regular menu items.<sup>6</sup> However, another study showed that healthier fast food options can be just as high in saturated fat, sodium and sugar as regular menu items.<sup>5</sup> The fast food industry has not publicly released sales data for its healthier options, nor has it disclosed whether the introduction of healthier options has impacted on the sales of regular menu items.

## Voluntary ‘responsible’ marketing to children initiatives

The voluntary Australian Quick Service Restaurant Industry (QSRI) Initiative for Responsible Advertising and Marketing to Children developed by the fast food industry has been adopted by some fast food chains, in an attempt to reduce the advertising of unhealthy fast foods during children’s programs and allow only healthier options to be advertised to children.<sup>21</sup> However, since its introduction, independent monitoring of the QSRI Initiative has found that it has not reduced the frequency of fast food advertisements.<sup>22</sup> Further, industry monitoring of the QSRI Initiative found several breaches of compliance.<sup>23</sup> The limited impact of the QSRI Initiative is due to the fact that it only covers advertisements that are “primarily directed to children”, and only applies to children’s meals specifically, and not individual products or meals not deemed to be children’s meals.<sup>22</sup> However, there are no agreed definitions on what “primarily directed to children” means, which further limits the QSRI Initiative’s effectiveness.

Monitoring of television food advertisements found that children are exposed to many fast food advertisements that are not primarily directed to them (for example, advertisements for family meals), and to many advertisements that are for products other than designated children’s meals that may still be eaten by children (for example, advertisements for single items such as fries or desserts).<sup>22</sup> Other examples of marketing not covered by the QSRI Initiative include fast food kids’ clubs, sponsorship of elite sport and mobile device apps.

**“Being a member of the Hungry Jack’s® Birthday Club is great fun. On your birthday you’ll be sent a birthday card and a voucher for a free Kids Value Meal as a little present from us. Plus, you’ll receive special free food offers to use every month of the year.”**

*Hungry Jack’s Kids Club – an example of marketing to children not covered by the QSRI Initiative.*

The Initiative was revised in 2012, and now covers children’s sporting events.<sup>21</sup> Unfortunately, the revised QSRI Initiative is much less restrictive on the types of programs that are directed to children, and when the Initiative applies, stating:

*“Advertising or Marketing Communications that are placed in Medium that is directed primarily to Children (in relation to television this includes all C and P rated programs and G rated programs that are directed primarily to Children); and/or where the Medium attracts an audience share of greater than 50% of Children.”<sup>21</sup> (Clause 6).*

Yet the child audience share of even the most popular shows for children never reaches 50%, and C and P rated programs are not aired in the peak viewing times for children.<sup>24</sup> Therefore fast food chains are able to take advantage of this loophole in the regulation and advertise at times when children do not form the largest proportion of the viewing audience, but when large numbers of children may still be watching their favourite programs.



## Providing nutrition information

Another clause in the QSRI Initiative is that nutrition information must be provided on company websites and/or be available in-store by request.<sup>21</sup> As there is an array of children's meal options available, it is difficult to identify healthier fast food options without detailed nutrition information available at the point of sale. Prior to the studies described in this report, there had been no research conducted into how much nutrition information is available in-store in Australian fast food chains, or how easy it is to acquire.

## Nutrient criteria

The QSRI Initiative has a set of nutrient criteria that defines maximum levels of energy, saturated fat, sugar and sodium that are allowed in a meal before it can be advertised to children (see Table 1 on page 12). These nutrition criteria have not been compared to children's daily nutritional needs.

The criteria are presented in a format that makes them difficult for the general public to use as a basis for making complaints about fast food advertisements. Some nutrient criteria are based on the amount of nutrients per serve and others are per 100 kJ. Additionally, there are different nutrient cut-offs for children of different ages, meaning a product that cannot be advertised to children younger than 8 years may be allowed to be advertised to 13-year-old children. Finally, the nutrient criteria only apply to meals, and yet nutrition information available on websites and in-store is often only presented for individual items, making comparison between the nutrition composition of a meal and the criteria even more complicated.

## Reformulation

The fast food industry has taken steps to reformulate some menu items to reduce the amount of saturated fat, sugar and salt in their products.<sup>25-27</sup> Despite this, reformulation by Australian fast food chains has not been widespread, and the nutrition composition of many fast foods remains high in energy, saturated fat, sodium and sugar.<sup>5</sup>



## Fast food research

Cancer Council NSW has been advocating for several years for stronger regulation in both fast food marketing and menu labelling. Investigating different aspects of fast food allows us to recommend ways that the fast food environment can be improved to promote health. Cancer Council NSW conducted three research studies on fast food to further investigate the fast food environment. This report provides an overview of these studies. The aims of the research were:

### Study 1

To investigate whether nutrition information is available online and in-store at fast food chains.

### Study 2

- a. To analyse the nutrition composition of children's fast food meals and compare these to children's daily nutritional recommendations.
- b. To compare the fast food industry-defined nutrient criteria for advertising to children against children's daily nutritional recommendations.

### Study 3

To observe the sales of healthy and unhealthy fast food meals in fast food stores, to see how many healthy meals are being purchased.



## Availability and accessibility of nutrition information in-store and online

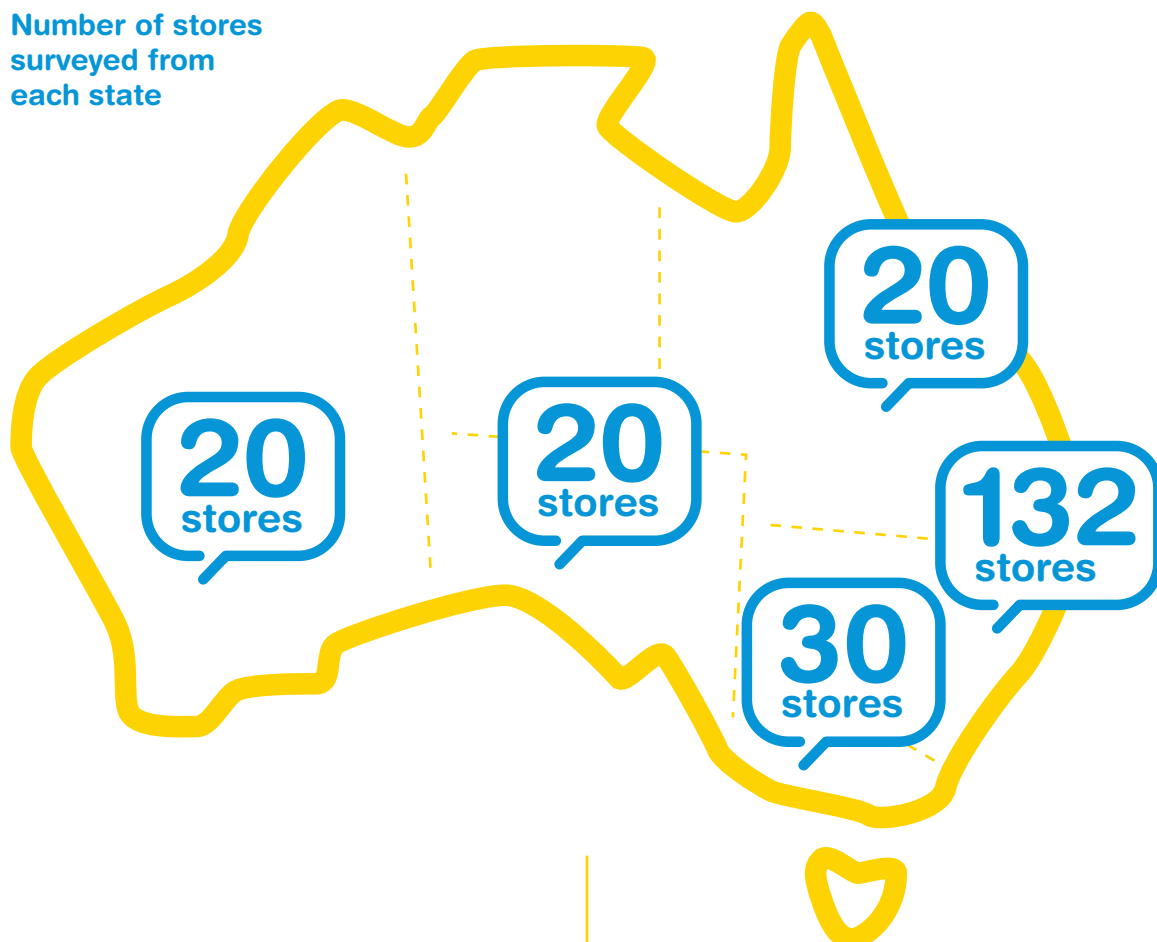
We surveyed fast food outlets across New South Wales, Queensland, Victoria, South Australia and Western Australia to determine the availability and accessibility of nutrition information in-store. A range of chains was surveyed, including the four largest chains that are signatories to the QSRI Initiative (McDonald's, KFC, Hungry Jack's and Red Rooster) as well as a non-signatory chain as a comparison (Subway). The survey included stores in various socio-economic areas, and both metropolitan and regional areas.

We assessed nutrition information provided in-store based on:

- **Availability** – whether there was any information offered in-store.
- **Accessibility** – whether it was visible from the counter in-store or available without asking a staff member.

We also surveyed the Australian websites for each fast food chain to determine the availability and accessibility of nutrition information online.

Number of stores surveyed from each state



# What we found

## Nutrition information was not always available

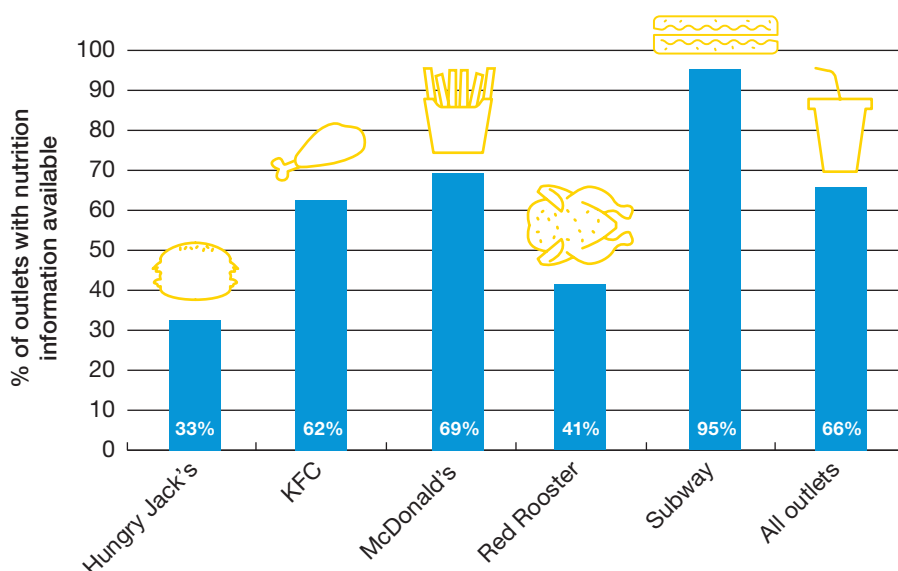
**Of the 222 stores surveyed, 34% (75 stores) had no nutrition information available in-store to assist customers in choosing healthier options. The proportion of stores with nutrition information available varied from chain to chain, ranging from 33% of Hungry Jack's stores to 95% of Subway stores providing nutrition information in-store. Interestingly, significantly more information was available in low- and medium-income areas than in high-income areas.**

When nutrition information was available in-store, it was usually 'accessible' because it was available without asking a staff member, readable from the queue for the cash registers, or available without making a purchase. However, staff didn't always know that there was information available, or that they were allowed to give it to customers. This highlights the need for staff training in this aspect of customer service.

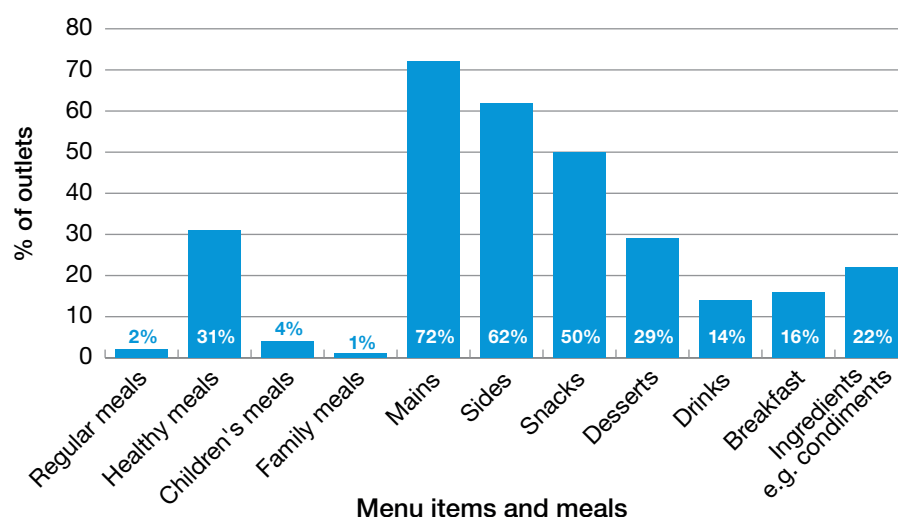
Nutrition information was rarely provided for all the products available. Only one store in our study had nutrition information for its entire menu, and information was often missing for meal deals, including children's meals. In many cases, the information provided was only for a limited range of nutrients, such as fat or energy content.

At times, different nutrient values were provided in different McDonald's stores in the same state. Some of the nutrition information found in Subway stores was up to five years old, and some of the older information from Subway was based on American dietary recommendations.

**Figure 1:** The proportion of stores from each chain with nutrition information available



**Figure 2:** The proportion of stores with nutrition information available for each menu item



When asked if there was any nutrition information that could be taken away, some of the staff responses included:

**“We had some, but we ran out.”**

*(McDonald's, QLD)*

**“It's available online.”**

*(Red Rooster, WA)*

**“It's against McDonald's policy to give out the information.”**

*(McDonald's, NSW)*

**“You receive it when you purchase a product.”  
(on the packaging)**

*(KFC, NSW)*

**“It's only available at head office.”**

*(Hungry Jack's, VIC)*

**“Nutrition information is available for staff only.”**

*(McDonald's, SA)*



**Some of the nutrition information found in Subway stores was up to five years old, or based on American dietary recommendations.**

### **Online nutrition information was not always easy to access**

All of the websites of the surveyed chains contained downloadable nutrition information, and some also made the information available on their web pages. Although all the websites had the nutrition information available, it was not always obvious where the information could be found. For example, the KFC website had a nutrition link visible on the homepage, while on the Red Rooster website visitors had to click through to individual menu items to get their nutrition information.



# Recommendations for change

## Improved nutrition information in fast food chains

The availability of nutrition information in-store can lead to customers purchasing lower energy meals than when there is no nutrition information available.<sup>28, 29</sup> Our study showed that nutrition information was rarely available for the entire menu.<sup>30</sup> This makes it difficult for customers to compare products and make healthier fast food choices. Although information for most menu items is available online, this is not useful when people are deciding what to buy in-store.

This study was conducted before NSW implemented mandatory energy (kilojoule) menu labelling. The introduction of menu labelling in NSW is an improvement on the amount of nutrition information in-store during this survey. As people are unable to estimate the fat, saturated fat and sodium contents of foods,<sup>28,31,32</sup> menu labelling should be expanded to include these nutrients to assist customers in making comparisons between foods.

Unfortunately, menu labelling initiatives have not been introduced at a national level. As the large fast food chains have the same or very similar menus nationwide, and they have already implemented changes in NSW, this should not place undue burden on the industry. Mandatory menu labelling should be implemented across Australia.

### Recommendation 1

**The Federal Government should introduce mandatory menu labelling in-store in fast food chains, nationwide.**

Ideally, mandatory menu labelling should cover a range of nutrients and be made available for all products and meals on the menu. Introducing mandatory menu labelling would place the onus on fast food chains to ensure that customers have enough information to make informed choices. Fast food chains should also continue to provide nutrition information online.

### Recommendation 2

**In the absence of nationwide mandatory menu labelling, the fast food industry should ensure that complete nutrition information is always available in-store.**

Without comprehensive and current nutrition information at the point of sale, customers cannot compare products and meals and use this to decide what they will buy. Nutrition information should be provided in-store for all the individual menu items and meal deals available.

### Recommendation 3

**Fast food chains should ensure that staff receive training on the provision of nutrition information to customers.**

If staff don't know where nutrition information is located or that they are allowed to distribute it, customers cannot use it to compare menu items and meals. Fast food chains should make certain that this aspect of customer service is included in their orientation training, and ensure staff are updated during the course of their employment.





## How healthy are fast food children's meals?

We assessed the nutrition composition of children's fast food meals at Chicken Treat, Hungry Jack's, KFC, McDonald's, Oporto and Red Rooster.<sup>33</sup> All possible combinations of meals (199 different combinations) were included.

We also compared the QSRI Initiative's industry-defined nutrient criteria for energy, saturated fat, sugar and sodium (see Table 1) to Australian children's daily dietary recommendations for a child aged 4, 8 and 12 years.<sup>34,35</sup>

As a child's meal should contribute about 30% of their daily nutrient recommendations,<sup>36</sup> the meals were also compared to 30% of daily recommendations (referred to as 'meal recommendations') for all age groups (see Table 2).

**Table 1:** Nutrient criteria from the QSRI Initiative for healthy children's meals<sup>21</sup>

Nutrient	4-8-year-old child		13-year-old child	
	QSRI criteria	Maximum amount per meal	QSRI criteria	Maximum amount per meal
<b>Energy</b>	≤2,080kJ/serve	≤2,080kJ	≤2,770kJ/serve	≤2,770kJ
<b>Saturated fat</b>	≤0.4g/100kJ	≤8.3g	≤0.4g/100kJ	≤11.1g
<b>Sugar</b>	≤1.8g/100kJ	≤37.4g	≤1.8g/100kJ	≤49.9g
<b>Sodium</b>	≤650/serve	≤650mg	≤650/serve	≤650mg

**Table 2:** Children's daily and meal recommendations

	4-year-old		8-year-old		13-year-old	
	Daily	Meal <sup>a</sup>	Daily	Meal <sup>a</sup>	Daily	Meal <sup>a</sup>
<b>Energy<sup>b</sup></b>	6,025kJ	1,808kJ	7,525kJ	2,258kJ	10,025kJ	3,008kJ
<b>Saturated fat<sup>c</sup></b>	16g	4.8g	20g	6g	27g	8.1g
<b>Sugar<sup>d</sup></b>	75g	22.5g	94g	28g	125g	38g
<b>Sodium<sup>e</sup></b>	1,400mg	420mg	1,400mg	420mg	2,000mg	600mg

a. Meal requirement is 30% of daily requirement<sup>36</sup>

b. Nutrient Reference Values for Australia and New Zealand<sup>34</sup>: physical activity level of 1.7 (light-moderate activity), average for males and females

c. Dietary Guidelines for Children and Adolescents in Australia: saturated fat should comprise no more than 10% total energy intake<sup>35</sup>

d. Dietary Guidelines for Children and Adolescents in Australia: sugar should comprise no more than 20% total energy intake<sup>35</sup>

e. Nutrient Reference Values for Australia and New Zealand: upper limit of sodium<sup>34</sup>

# What we found

## Children’s fast food meals were generally unhealthy

The nutrition composition of children’s meals varied greatly both within individual fast food chains, as well as between the chains. This makes it difficult for parents to choose healthier meals for their children, especially in the absence of nutrition information.

The average children’s meal contained 2,229 kJ, 6.4 g saturated fat, 27.7 g sugar and 702 mg sodium per meal. This provides 30% of an 8-year-old child’s daily energy recommendation, 32% of their daily saturated fat recommendation, 29% of their daily sugar recommendation and 50% of their daily sodium recommendation, and exceeds meal recommendations for saturated fat and sodium. For younger children, the daily recommendations are lower, so the average fast food children’s meal would contribute an even greater proportion of their daily recommendations.

For a 4-year-old child, the average fast food children’s meal contained 37% of daily energy recommendations, 40% of daily saturated fat recommendations, 37% of daily sugar recommendations and 50% of daily sodium recommendations.

A large proportion of meals exceeded the daily recommended levels of energy, saturated fat, sugar and sodium for both 4- and 8-year-old children. This was as high as 90% of meals for sodium for 4- and 8-year-olds, and 72% for energy for 4-year-olds.

Alarminglly, some meals exceeded the sodium and saturated fat recommendations for children aged 4–8 years for an entire day.

When compared against the QSRI Initiative’s nutrient criteria, most (between 78 and 84%) of the meals did not meet the criteria to allow them to be advertised to children. Only 32 meal combinations (16%) met the industry-defined nutrient criteria for 4–8-year-old children, and 44 (22%) met the criteria for 9–13-year-old children. This suggests that the majority of children’s meals at fast food chains are not healthy choices for children, even by the fast food industry’s standards.

The meals that met the QSRI Initiative’s nutrient criteria generally included lower-energy drinks, such as water or artificially sweetened soft drinks. They often had sides that were not fries, such as fruit, and mains that were chicken products in small serve sizes, such as a snack-sized wrap or three nuggets.

Despite being the default in many fast food children’s meals, no meals containing a cheeseburger met the QSRI Initiative’s nutrient criteria.

Table 3: Proportion of children’s meals exceeding meal and daily recommendations

	4-year-old	8-year-old	13-year-old
Proportion of children’s meals exceeding requirements for a meal (30% of daily recommendations)			
Energy	72%	55%	13%
Saturated fat	55%	46%	26%
Sugar	70%	49%	32%
Sodium	90%	90%	63%
Proportion of children’s meals exceeding requirements for a day			
Energy	0%	0%	0%
Saturated fat	3%	1%	0%
Sugar	0%	0%	0%
Sodium	1%	1%	0%



How do the lowest and the highest energy meals stack up?

The highest energy meal had nearly six times more energy than the lowest energy meal.

Nutrition Information

Lowest energy meal:  
McDonald's 3 pack of nuggets, apple slices and water

	Per serve	Child's daily recommendations*	% Child's daily recommendations*
Energy	735kJ	7,525kJ/day	10%
Saturated fat	1.4g	20g/day	7%
Sugar	7.1g	94g/day	8%
Sodium	222mg	1,400mg/day	16%

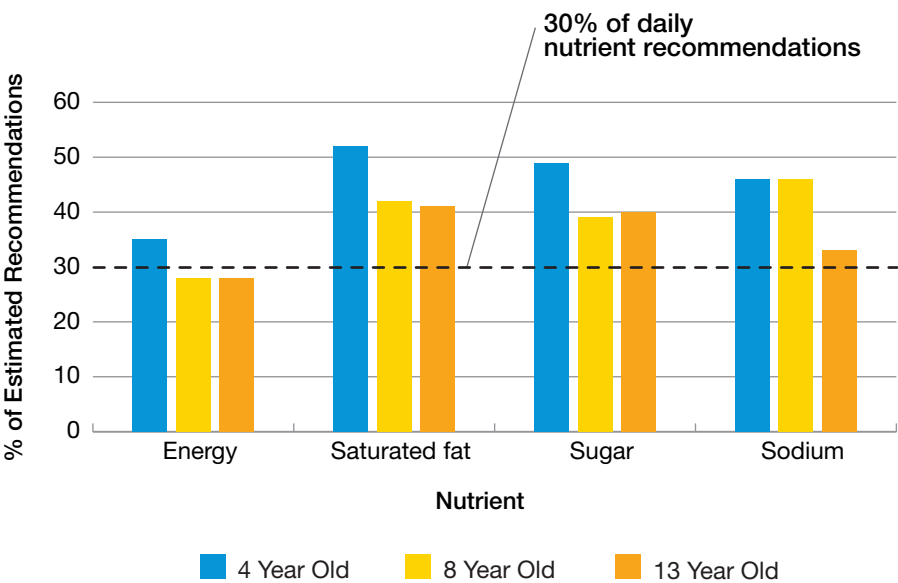
Highest energy meal:  
Chicken Treat cheeseburger, chips and a Pop Top fruit drink

	Per serve	Child's daily recommendations*	% Child's daily recommendations*
Energy	4,359kJ	7,525kJ/day	58%
Saturated fat	22g	20g/day	110%
Sugar	31.7g	94g/day	34%
Sodium	1,789mg	1,400mg/day	128%

\*Based on an 8-year-old child. A meal should provide 30% of daily recommendations<sup>36</sup>

The QSRI Initiative's nutrient criteria is too high for saturated fat, sugar and sodium

Compared to children's daily recommendations, the QSRI Initiative's nutrient criteria allow nutrients at levels that exceed the estimated meal recommendations. The criteria exceed recommendations for saturated fat, sugar and sodium for all ages, and energy in 4-year-old children. This shows that the industry-defined criteria have been set too high, and allow meals to be advertised that are unhealthy for children.





The highest energy  
children's meal had  
nearly six times more  
energy than the lowest  
energy children's meal.

# Recommendations for change

## Healthier fast food meals for kids

The abundance of meal combinations and their wide variation in nutrition composition make it difficult for parents to compare meals and choose healthier options for their children. Several fast food chains have reformulated their menu items and now offer healthier meal combinations. It is important that fast food chains continue to do this, especially in the absence of nutrition information in-store.

The majority of children's meals did not meet the QSRI Initiative's nutrient criteria to allow the meals to be advertised to children. In addition, most meals were high in energy, saturated fat, sugar and sodium when compared to children's dietary recommendations.

Fast food chains should be encouraged to provide accompanying nutrition information for all the various combinations of children's meals, to allow parents the opportunity to choose healthier meals for their children.

### Recommendation 4

**The fast food industry should reformulate their menu items to reduce the amount of energy, saturated fat, sugar and sodium.**

This will mean that even if people are eating unhealthy fast food meals, the amounts of these nutrients consumed will be reduced.

### Recommendation 5

**The QSRI Initiative's nutrient criteria should be revised to ensure that children's fast food meals do not exceed 30% of children's daily needs.**

This will align the nutrient criteria with meal recommendations, and ensure that only healthier meals are allowed to be advertised to children. Additionally, setting maximum levels of saturated fat and sugar in meals rather than complex criteria that need to be calculated will ensure the nutrient criteria are more user-friendly and simple.



## How popular are healthy fast food meals?

We observed the sales of healthy and unhealthy meals at 20 McDonald's stores across Sydney, to see how many people were choosing the healthier options.<sup>37</sup> Heart Foundation Tick approved meals were chosen as the healthy option.

At the time of this study, McDonald's still offered some meals that carried the Heart Foundation Tick; however, this has since been removed. Heart Foundation Tick approved meals had to meet specific nutrient criteria, and meal elements could not be swapped for other menu items.<sup>38</sup> We looked for the meals shown in Tables 4 and 5.

We surveyed each store twice – once at lunchtime and once at dinnertime. Surveys occurred over a two-week period, which included both the school holidays and school term times, and weekdays and weekends. Stores surveyed were in a variety of socio-economic areas. As it is not possible to see what is placed in drive-through and takeaway bags, only eat-in purchases were classified as healthy or unhealthy.

Table 4: Menu items in Tick Approved Meals from McDonald's

Choose 1 main	+ 1 salad	+ 1 drink
Hamburger		
Seared chicken burger		
McChicken		Bottle of water
Filet-o-Fish	Garden salad	Small orange juice
6 Chicken nuggets		
Tandoori chicken wrap		
Sweet chilli chicken wrap		

Table 5: Explanation of meal types surveyed

Meal	Explanation of meal type
<b>Healthier (Heart Foundation Tick approved) meals<sup>37</sup></b>	Each meal must meet criteria for energy, saturated fat, trans fats and vegetable content All meals contain a side salad and healthy drink (water or juice), and menu items in the meals cannot be swapped
<b>Unhealthy meals</b>	All purchases of at least one main menu item (e.g. burgers, wraps, chicken products) that are not part of a Tick approved meal Purchases of Tick approved meals with an additional unhealthy menu item (e.g. fries, soft drink or dessert)
<b>Not counted in this study</b>	Purchases of only side items (e.g. fries), desserts (e.g. sundae) or drinks (e.g. soft drink) Drive-through purchases



## What we found

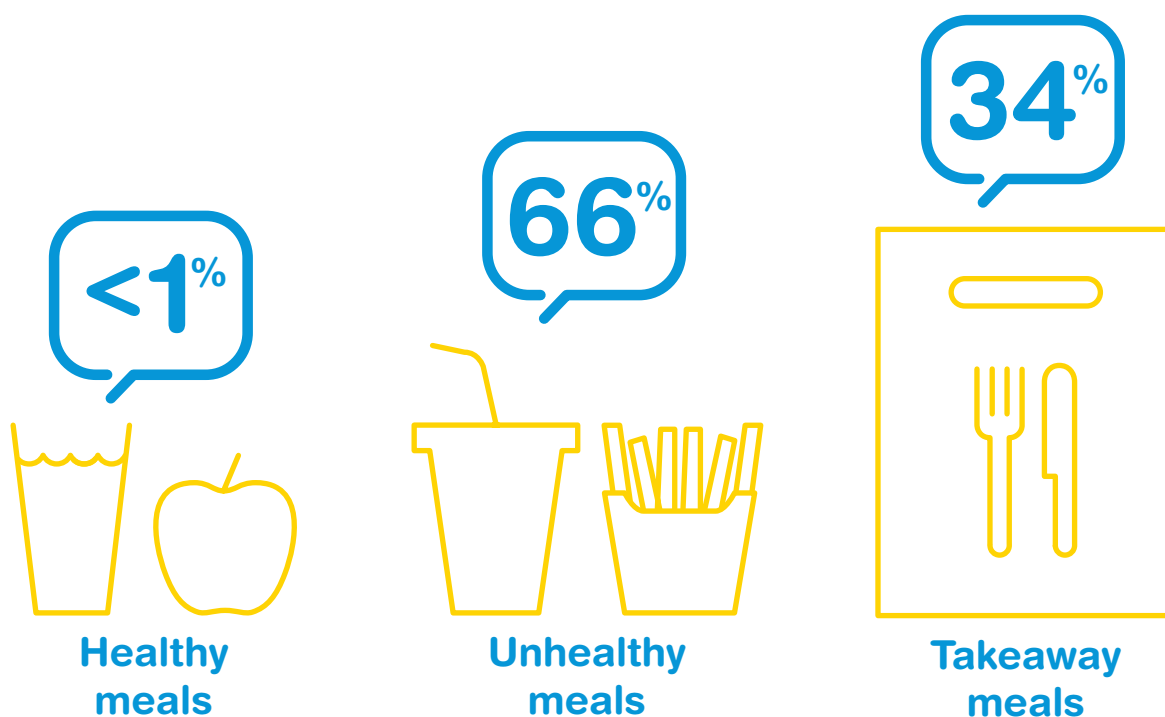
### Australians were not choosing healthier fast food options

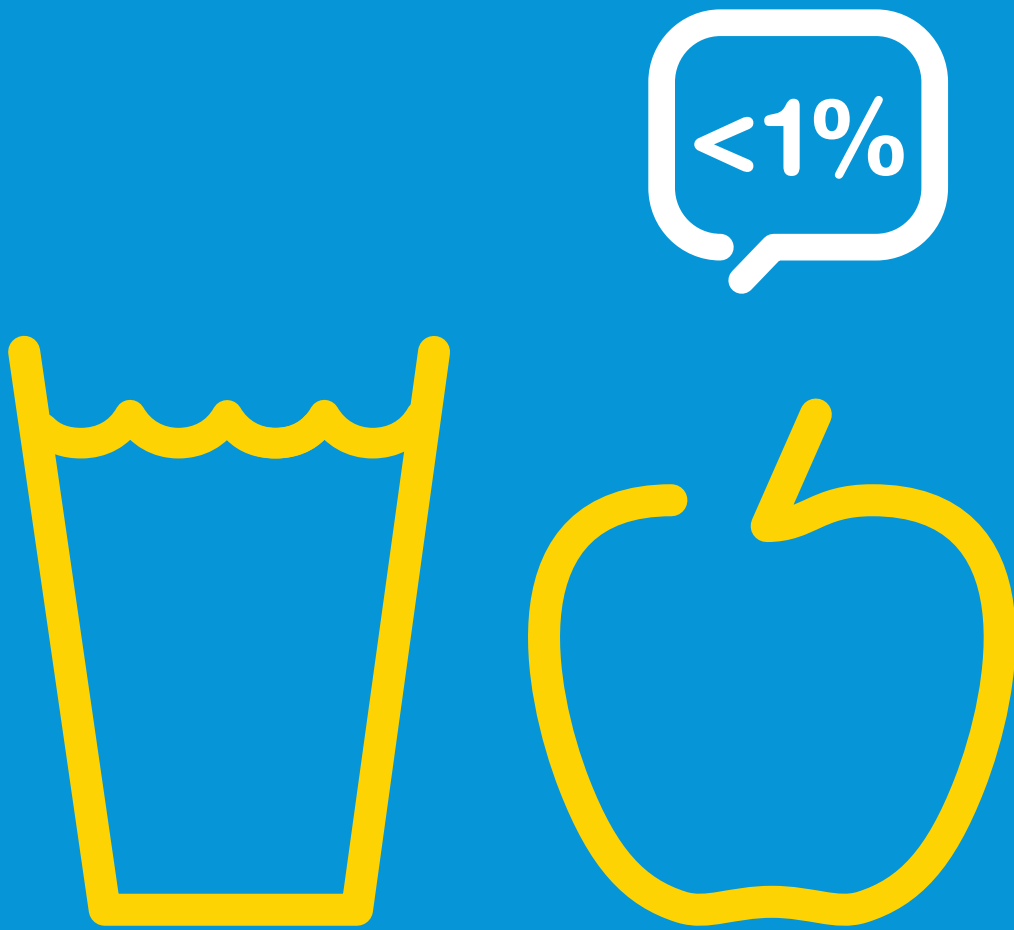
We observed a total of 1,448 meal purchases during the 40 hours of data collection. The majority of meals (66%) were eat-in purchases. Only 11 healthy meal purchases were observed, which was less than 1% of all purchases observed.

The stores where healthy meal purchases were observed were generally busier, with higher total sales. There were no differences in the number of healthy meals purchased across different socio-economic status areas or at different times during the day.



Figure 3: Sales of healthy, unhealthy and takeaway meals





**Only 11 healthy meals  
were purchased  
out of the 1,448 observed.  
This was less than 1%.**



# Recommendations for change

## Improved nutritional value of all fast foods

Although healthier options are available at fast food chains, there have been no sales data published to show if healthier options are being purchased. Studies have shown that when healthier options are available in fast food chains, sales of unhealthy items can increase.<sup>39</sup> Customers who do choose healthier options may be more likely to purchase additional unhealthy items, such as drinks or desserts.<sup>40</sup> Therefore, the availability of healthier options may not mean that customers make healthier choices, as demonstrated by our research. Cancer Council NSW is, however, firmly of the view that the choice should still be provided for those who prefer a healthier fast food meal.

Since our study was conducted, the Heart Foundation Tick has been removed from all fast food products.<sup>41</sup> Although there are still some healthier options offered by fast food chains, the low purchase rates in this study provide even more evidence of the need for widespread reformulation of fast food menu items and promotion of healthier items. This is especially important considering the potential for public health impact by reducing energy, saturated fat, sugar and sodium in the population's diets.

### Recommendation 6

**The Food and Health Dialogue should set targets for voluntary reformulation of fast foods, and move towards mandatory reductions.**

The Federal Government needs to set targets that will prompt the fast food industry to reformulate their menu items, especially children's meals, to reduce the energy, saturated fat, sugar and sodium contents. Should the fast food industry fail to meet these voluntary targets, mandatory reformulation should be introduced to ensure they do.

### Recommendation 7

**The fast food industry should promote their healthier menu items (for example water or side salads) in preference to their unhealthy menu items (such as soft drinks or fries).**

Greater promotion of healthier options may encourage people to purchase these items over the unhealthy menu items.



# A healthier fast food deal

The fast food industry has undertaken *some* voluntary activities to make healthy eating easier, such as the introduction of healthier options, reformulation to reduce the energy, saturated fat, sugar and sodium contents of menu items, and the provision of some nutrition information. However, there is no evidence that these voluntary initiatives have had any impact. These initiatives could go further to reduce the contribution of fast food to Australians' diets. As Australians are consuming fast food more frequently, these changes would be an important step to address rising levels of overweight and obesity.

## Recommendations

**Cancer Council NSW calls on the Federal Government and the fast food industry to step up and implement initiatives that make it easier for customers to make healthier fast food choices.**

Specifically:

1. The Federal Government should introduce mandatory menu labelling in-store in fast food chains, nationwide.
2. In the absence of nationwide mandatory menu labelling, the fast food industry should ensure that complete nutrition information is always available in-store.
3. Fast food chains should ensure that staff receive training on the provision of nutrition information to customers.
4. The fast food industry should reformulate their menu items to reduce the amount of energy, saturated fat, sugar and sodium.
5. The QSRI Initiative's nutrient criteria should be revised to ensure that children's fast food meals do not exceed 30% of children's daily needs.
6. The Food and Health Dialogue should set targets for voluntary reformulation of fast foods, and move towards mandatory reductions.
7. The fast food industry should promote their healthier menu items in preference to their unhealthy menu items.

## Acknowledgements

Funding support for Study 1 was provided by Cancer Council Australia. Studies 2 and 3 were funded by Cancer Council NSW.

We would like to thank Sze Sze Chan and Jordon Ma, University of Sydney Nutrition and Dietetics students, for research assistance; members of Cancer Council Australia's Nutrition and Physical Activity Committee for the co-ordination of data collection in their states; and Cancer Council NSW staff and volunteers for their time and effort in collecting, entering and checking the data, and reviewing the draft report.

## Published articles

The three research studies have been peer reviewed and published in the following articles:

Wellard L, Glasson C, Chapman K, Miller C. Fast facts: the availability and accessibility of nutrition information in fast food chains. *Health Promot J Aust*. 2011;22(3):184-8.

Wellard L, Glasson C, Chapman K. Fries or a fruit bag? Investigating the nutritional composition of fast food children's meals. *Appetite*. 2012;58(1):105-10.

Wellard L, Glasson C, Chapman K. Sales of healthy choices at fast food restaurants in Australia. *Health Promot J Aust*. 2012;23(1):37-41.

## Suggested citation

Wellard L, Hughes C, Chapman K, Glasson C. The takeaway on fast food meals: a summary of three fast food studies in Australia. Sydney: Cancer Council NSW; 2012



# References

1. Australian Bureau of Statistics. National Health Survey: Summary of Results, 2007-08. Canberra: Australian Bureau of Statistics; 2009. 2012 Dec 12.
2. Australian Government Department of Health and Ageing. 2007 Australian National Children's Nutrition and Physical Activity Survey – Main findings. Canberra: Australian Government Department of Health and Ageing; 2008.
3. Prentice AM, Jebb SA. Fast foods, energy density and obesity: a possible mechanistic link. *Obes Rev*. 2003;4:187-94.
4. Rosenheck R. Fast food consumption and increased caloric intake: a systematic review of a trajectory towards weight gain and obesity risk. *Obes Rev*. 2008;9(6):535-47.
5. Dunford E, Webster J, Barzi F, Neal B. Nutrient content of products served by leading Australian fast food chains. *Appetite*. 2010;55(3):484-9.
6. Brindal E, Mohr P, Wilson C, Wittert G. Obesity and the effects of choice at a fast food restaurant. *Obes Res Clin Pract*. 2008;2:111-7.
7. World Cancer Research Fund and American Institute for Cancer Research. Food, nutrition, physical activity and the prevention of cancer: a global perspective. Washington DC: AICR; 2007.
8. National Health and Medical Research Council. Dietary Guidelines for Australian Adults. 2003. [Internet]. [cited 2011 July 25]. Available from: <http://www.nhmrc.gov.au/guidelines/publications/n29-n30-n31-n32-n33-n34>
9. Australian Bureau of Statistics. Australian Social Trends. Canberra: Australian Bureau of Statistics; 2006.
10. National Preventative Health Taskforce. Australia: The healthiest country by 2020. National Preventative Health Strategy: the roadmap for action. Canberra: Commonwealth of Australia; 2009.
11. Australian Government. Taking preventative action: A response to Australia: the healthiest country by 2020 – the report of the National Preventative Health Taskforce. Canberra, Australian Government; 2010.
12. Blewett N, Goddard N, Pettigrew S, Reynolds C, Yeatman H. Labelling Logic Review of Food Labelling Law and Policy. 2011. [Internet]. [cited 2011 Aug 15]. Available from: <http://www.foodlabellingreview.gov.au/internet/foodlabelling/publishing.nsf/content/labelling-logic>
13. Legislative and Governance Forum on Food Regulation. Response to the Recommendations of Labelling Logic: Review of Food Labelling Law and Policy (2011). Canberra: Australia and New Zealand Food Regulation Ministerial Council; 2011.
14. Hill J. Kilojoule labelling on menu boards by 2013. 2012. [Internet]. [cited 2012 Mar 20]. Available from: [http://www.premier.sa.gov.au/images/news\\_releases/12\\_02\\_Feb/kilojoule\\_labelling.pdf](http://www.premier.sa.gov.au/images/news_releases/12_02_Feb/kilojoule_labelling.pdf)
15. The Premier of Victoria. Healthy Eating Initiative Helps Fight Diabetes Epidemic. 2010. [Internet]. [cited 2010 Jul 16]. Available from: <http://www.premier.vic.gov.au/newsroom/10919.html>
16. NSW Food Authority. Nutrition information requirements for food outlets. 2011. [Internet]. [cited 2011 Aug 15]. Available from: [http://www.foodauthority.nsw.gov.au/\\_Documents/industry\\_pdf/nutrition\\_info\\_requirements\\_for\\_%20food\\_outlets.pdf](http://www.foodauthority.nsw.gov.au/_Documents/industry_pdf/nutrition_info_requirements_for_%20food_outlets.pdf)
17. NSW Government. Food Act 2003 No 43. 2011. [Internet]. [cited 2011 May 18]. Available from: <http://www.legislation.nsw.gov.au/viewtop/inforce/act+43+2003+FIRST+0+N/>
18. van Raaij J, Hendriksen M, Verhagen H. Potential for improvement of population diet through reformulation of commonly eaten foods. *Public Health Nutr*. 2008;12(3):325-30.
19. Australian Government Department of Health and Ageing. Food Category Action Plans. 2012. [Internet]. [cited 2012 Jul 10]. Available from: <http://www.foodhealthdialogue.gov.au/internet/foodandhealth/publishing.nsf/Content/food-category-action-plans>
20. King C. Food and Health Dialogue Communique 26 March 2012. 2012. [Internet]. [cited 2012 Aug 1]. Available from: [http://www.health.gov.au/internet/ministers/publishing.nsf/t/7DD1A676E6CD68CDCA2579CD00002F48/\\$File/CK013.pdf](http://www.health.gov.au/internet/ministers/publishing.nsf/t/7DD1A676E6CD68CDCA2579CD00002F48/$File/CK013.pdf)
21. Australian Food and Grocery Council. AFGC QSR Initiative for Responsible Advertising and Marketing to Children. Australian Association of National Advertisers. Canberra: Australian Food and Grocery Council; 2012.

22. Hebden L, King L, Grunseit A, Kelly B, Chapman K. Advertising of fast food to children on Australian television: the impact of industry self-regulation. *Med J Aust.* 2011;195(1):20-4.
23. Healthy Kids Association. Final report on the compliance of signatories to the Australian Quick Service Restaurant Industry Initiative for Responsible Advertising to Children. Sydney: Healthy Kids Association; 2011.
24. Australian Communications and Media Authority. Children's viewing patterns on commercial, free-to-air and subscription television. 2007. [Internet]. [cited 2012 Sep 18]. Available from: [http://www.acma.gov.au/webwr/\\_assets/main/lib310132/childrens\\_viewing\\_patterns.pdf](http://www.acma.gov.au/webwr/_assets/main/lib310132/childrens_viewing_patterns.pdf)
25. Australian Division of World Action on Salt and Health. Drop the Salt! Campaign: The Food Industry. 2010. [Internet]. [cited 2011 Jan 19]. Available from: [http://www.awash.org.au/drop\\_thefoodindustry.html](http://www.awash.org.au/drop_thefoodindustry.html)
26. McDonald's Australia. McDonald's Australia Corporate Responsibility and Sustainability Report 2010. 2010. [Internet]. [cited 2011 Feb 9]. Available from: [http://mcdonalds.com.au/sites/mcdonalds.com.au/files/images/MCD\\_CRS\\_Complete.pdf](http://mcdonalds.com.au/sites/mcdonalds.com.au/files/images/MCD_CRS_Complete.pdf)
27. Yum! Brands. Yum! Brands 2010 Corporate Social Responsibility Report. 2010. [Internet]. [cited 2011 Mar 1]. Available from: <http://www.yum.com/csr/food/nutrition/progress.asp>
28. Pulos E, Leng K. Evaluation of a voluntary menu-labelling program in full-service restaurants. *Am J Public Health.* 2010;100(6):1035-9.
29. Tandon PS, Zhou C, Chan NL, Lozano P, Couch SC, Glanz K et al. The impact of menu labeling on fast-food purchases for children and parents. *Am J Prev Med.* 2011;41(4):434-8.
30. Wellard L, Glasson C, Chapman K, Miller C. Fast facts: the availability and accessibility of nutrition information in fast food chains. *Health Promot J Aust.* 2011;22(3):184-8.
31. Burton S, Creyer EH, Kees J, Huggins K. Attacking the obesity epidemic: The potential health benefits of providing nutrition information in restaurants. *Am J Public Health.* 2006;96(9):1669-75.
32. Burton S, Howlett E, Tangari AH. Food for thought: How will the nutrition labeling of quick service restaurant menu items influence consumers' product evaluations, purchase intentions and choices? *J Retailing.* 2009;85(3):258-73.
33. Wellard L, Glasson C, Chapman K. Fries or a fruit bag? Investigating the nutritional composition of fast food children's meals. *Appetite.* 2012;58(1):105-10.
34. National Health and Medical Research Council. Nutrient Reference Values for Australia and New Zealand including Recommended Dietary Intakes. Canberra: Commonwealth Department of Health and Ageing; 2006.
35. National Health and Medical Research Council. Dietary Guidelines for Children and Adolescents in Australia. Canberra: National Health and Medical Research Council; 2003.
36. UK Department for Education and Skills. Nutritional Standards for School Lunches and Other School Food. 2006. [Internet]. [cited 2011 Feb 14]. Available from: [https://www.education.gov.uk/publications/standard/\\_arc\\_SOP/Page29/RIA-71](https://www.education.gov.uk/publications/standard/_arc_SOP/Page29/RIA-71)
37. Wellard L, Glasson C, Chapman K. Sales of healthy choices at fast food restaurants in Australia. *Health Promot J Aust.* 2012;23(1):37-41.
38. National Heart Foundation of Australia. McDonald's Australia earns Heart Foundation Tick on nine meals. Sydney: National Heart Foundation of Australia; 2007.
39. Wilcox K, Vallen B, Block L, Fitzsimons GJ. Vicarious goal fulfillment: When the mere presence of a healthy option leads to an ironically indulgent decision. *J Consum Res.* 2009;36:380-93.
40. Chandon P, Wansink B. The biasing health halos of fast-food restaurant health claims: Lower calories estimates and higher side-dish consumption intentions. *J Consum Res.* 2007;34(3):301-14.
41. Heart Foundation. Changes to Heart Foundation Tick. 2011 Sep 21. [Internet]. [cited 2012 Oct 29]. Available from: <http://www.heartfoundation.org.au/SiteCollectionDocuments/210911-Changes-to-Heart-Foundation-Tick.pdf>

# Contact details

## Cancer Council NSW

### Head Office

153 Dowling Street  
Woolloomooloo Sydney  
NSW 2011 Australia  
(PO Box 572  
Kings Cross NSW 1340)  
Ph (02) 9334 1900  
feedback@nswcc.org.au  
[www.cancercouncil.com.au](http://www.cancercouncil.com.au)

## Greater Western Sydney

Rotary House  
43 Hunter Street (PO Box 3426)  
Parramatta NSW 2150  
Ph (02) 9354 2000  
Fax (02) 9687 1118  
info.westernsydney@nswcc.org.au  
[www.cancercouncil.com.au/westernsydney](http://www.cancercouncil.com.au/westernsydney)

## Community Hubs

### Casula Hub

39 Ingham Drive (PO Box 287)  
Casula NSW 2170  
Ph (02) 9354 2050  
Fax (02) 9734 0917

### Penrith Hub

Suite 105  
114–116 Henry Street  
(PO Box 4379)  
Penrith NSW 2750  
Ph (02) 9354 2060  
Fax (02) 4734 5932

### Rouse Hill Hub

Library and Community Building  
2/29 Main Street (PO Box 6112)  
Rouse Hill NSW 2155  
Ph (02) 9354 2070  
Fax (02) 9672 6915

## Central and Southern Sydney

153 Dowling Street  
Woolloomooloo NSW 2011  
(PO Box 572  
Kings Cross NSW 1340)  
Ph (02) 9334 1754  
Fax (02) 8302 3570  
info.cssr@nswcc.org.au  
[www.cancercouncil.com.au/metro](http://www.cancercouncil.com.au/metro)

## Northern Sydney (Crows Nest)

Level 1, 117 Willoughby Road  
Crows Nest NSW 2065  
Ph (02) 9334 1600  
Fax (02) 9436 0108  
northernsydney@nswcc.org.au  
[www.cancercouncil.com.au/northern-sydney-region](http://www.cancercouncil.com.au/northern-sydney-region)

## Central Coast (Erina Fair)

The Hive, Erina Fair  
(PO Box 5102)  
Erina NSW 2250  
Ph (02) 4336 4500  
Fax (02) 4367 5895  
info.centralcoast@nswcc.org.au  
[www.cancercouncil.com.au/centralcoast](http://www.cancercouncil.com.au/centralcoast)

## Southern (Wollongong)

Suite 7, Ground Floor, iC Enterprise 1  
Innovation Campus  
University of Wollongong  
Squires Way  
North Wollongong NSW 2500  
(PO Box 21 Fairy Meadow NSW 2519)  
Ph (02) 4223 0200  
Fax (02) 4285 0268  
info.southern@nswcc.org.au  
[www.cancercouncil.com.au/southern](http://www.cancercouncil.com.au/southern)

## Community Centres

### Bega Cancer Council Community Centre

Shop 8, Auckland Plaza  
81–83 Auckland Street  
Bega NSW 2550  
Ph (02) 6492 1805  
Fax (02) 6492 3834

### Young Cancer Council Community Centre

Suite 8, Millard Centre  
Boorowa Street  
Young NSW 2594  
Ph (02) 6382 3426  
Fax (02) 6382 5129

## Hunter (Newcastle)

Level 1, 215 Pacific Highway  
Charlestown NSW 2290  
Ph (02) 4923 0700  
Fax (02) 4920 7997  
info.hunter@nswcc.org.au  
[www.cancercouncil.com.au/hunter](http://www.cancercouncil.com.au/hunter)

## Community Centre

### Upper Hunter Community Centre

69 John Street  
(PO Box 570)  
Singleton NSW 2330  
Ph (02) 6571 2899  
Fax (02) 6571 4101

## North West (Tamworth)

Shop 1, 218 Peel Street  
(PO Box 1616)  
Tamworth NSW 2340  
Ph (02) 6763 0900  
Fax (02) 6766 7053  
info.northwest@nswcc.org.au  
[www.cancercouncil.com.au/northwest](http://www.cancercouncil.com.au/northwest)

## Far North Coast (Alstonville)

101–103 Main Street (PO Box 531)  
Alstonville NSW 2477  
Ph (02) 6627 0300  
Fax (02) 6628 8659  
info.farnorthcoast@nswcc.org.au  
[www.cancercouncil.com.au/farnorthcoast](http://www.cancercouncil.com.au/farnorthcoast)

## Mid North Coast (Coffs Harbour)

121 High Street  
Coffs Harbour NSW 2450  
Ph (02) 6659 8400  
Fax (02) 6652 1530  
info.midnorthcoast@nswcc.org.au  
[www.cancercouncil.com.au/midnorthcoast](http://www.cancercouncil.com.au/midnorthcoast)

## South West (Wagga Wagga)

1/37 Tompson Street  
(PO Box 1164)  
Wagga Wagga NSW 2650  
Ph (02) 6937 2600  
Fax (02) 6921 3680  
info.southwest@nswcc.org.au  
[www.cancercouncil.com.au/southwest](http://www.cancercouncil.com.au/southwest)

## Western (Orange)

75 Kite Street (PO Box 1977)  
Orange NSW 2800  
Ph (02) 6392 0800  
Fax (02) 6361 7425  
info.western@nswcc.org.au  
[www.cancercouncil.com.au/western](http://www.cancercouncil.com.au/western)



**Cancer  
Council**  
NSW

**13 11 20**

**cancercouncil.com.au**

153 Dowling Street  
Woolloomooloo NSW 2011

[feedback@nswcc.org.au](mailto:feedback@nswcc.org.au)  
[cancercouncil.com.au](http://cancercouncil.com.au)



[facebook.com/cancercouncilnsw](https://facebook.com/cancercouncilnsw)



[twitter.com/cancercouncil](https://twitter.com/cancercouncil)



[youtube.com/cancercouncilnsw1](https://youtube.com/cancercouncilnsw1)



@cancercouncil or #cancercouncil to show us yours



[linkedin.com/company/cancer-council-nsw](https://linkedin.com/company/cancer-council-nsw)



[pinterest.com/cancercouncil](https://pinterest.com/cancercouncil)

CAN10484 12/12