SEPTEMBER 2023

Obesity Action Scotland
Healthy weight for all

Hearing from Scotland: A focus group study

2022-2023

Session 2

Scotland's Out of Home Food & Drink Sector

Diffley Partnership

Session 2 - Scotland's Out of Home Sector

Between November 2022 and March 2023, Obesity Action Scotland worked with Diffley Partnership to reveal the experiences and opinions of the Scottish public in relation to the food environment and potential policy interventions to improve access to healthy diets.

Information and public discourse around diet and obesity is often dominated by numbers and statistics. We believe there is a knowledge gap for descriptive data on opinions and beliefs of the public related to the issues of diet and weight from the public's perspective. This work delivered a series of focus group workshops with members of the Scottish public to hear about their personal experiences with these matters.

The sessions generated a wealth of information and opinions. At this stage, we have focused our analysis on findings that align with existing evidence and the policy positions of Obesity Action Scotland. We also highlight findings which are less supportive of public health recommendations and which may indicate a need for greater public awareness and understanding.

Overview of Scotland's Out of Home Sector

Session 2 focused on the theme of eating out of home (OOH) in Scotland. The OOH sector includes all food and drink prepared and consumed away from the home, including takeaway and delivery orders.[1] Examples include cafes, restaurants, pubs and cinemas. On average, the sector is responsible for around 25% of the calories consumed in Scotland, making it a significant contributor to the overall quality of people's diets.[2]

The session aimed to understand how people use the out of home sector in Scotland, whether it is seen as a barrier to healthy eating, and whether there is demand for it to change in any way.

---

[1] Food Standards Scotland. *Overview of the Total Food and Drink Landscape in Scotland 2021*. 02/12/2022.
[2] Food Standards Scotland. *Nutrition Research - The Out of Home Environment.*

Pre-session Polling

Polling carried out in the days leading up to the session showed **72%** of the panel believe there are not enough healthy food and drink options available from the OOH sector where they live. In line with this, a separate question found nearly half of participants (**48%**) agreed they would buy healthy food and drink options from the OOH sector if there were more available, compared to only **16%** who disagreed (36% said maybe). A full breakdown of the pre-session polling results can be found in the appendix of this briefing.

Panel Discussion – Findings and Insights

Barriers to Healthy Eating

Cost, convenience and (un)availability were considered to be key barriers to accessing healthier food and drink options in the OOH sector. Several panel members discussed the impact of location, noting there are typically fewer healthy OOH options available in smaller towns than in cities and urban areas, and people might have to 'make do' with the vendors available to them:

> *"If, say, I'm in Glasgow and there's the opportunity for a takeaway, you know there's going to be loads of choice, but as soon as I come back to [hometown] it's going to be the [local curry shop] for a curry or Dominoes for a pizza, if you know what I mean. It's pretty limited" – [Session 2 Participant].*

Most panel members were of the view that the 'healthiness' of food options in the OOH sector is dependent on the type of outlet visited, what is available in the area, and personal taste. Several participants agreed that they may be more likely to find 'healthier' – a word which participants often tied to better quality – food and drink options in restaurants, as opposed to takeaway outlets.

Some suggested that healthy options, like fresh side salads, are more widely available in more expensive – or independent – outlets than chain restaurants or other fast-food outlets:

> *"The majority [of food and drink in the out of home sector] is unhealthy, you have to look really hard to find the 'healthy'. And the 'healthy' also tends to be more expensive, no idea why" – [Session 2 Participant].*

> *"If you're willing to pay a bit more, probably, yes. If you're going to somewhere a bit more upmarket, there probably will be [more healthy options]. But if you're just going to a pub you'll see the same thing on every pub menu and it tends to be fairly high on carbs and fat"* – [Session 2 Participant].

Others mentioned situations where they had strongly considered making healthier choices, though the cost of food and drink in some independent outlets steered them away from doing so:

> *"I find that when we are at work somebody will say 'Oh shall we try somewhere different, somewhere that's not where we tend to go for?', so either Greggs or McDonalds, and we will look at other places but they're so much – especially places that brand themselves as a bit healthier and are maybe independent - they are so much more expensive"* – [Session 2 Participant].

The panel offered potential explanations for a lack of healthy OOH options, citing the cost of 'processed vs fresh' foods to outlets. It was felt that processed or pre-made foods, which require less storage, preparation and/or cooking time than fresh foods, were seen as more efficient (and thus more desirable) by some vendors:

> *"You can get the processed stuff much cheaper than you can get fresh stuff and then you also don't have to pay someone as much to turn the fresh ingredients into food, whereas processed stuff you can just slap on a grill or whatever"* – [Session 2 Participant].

> *"I think a lot of the chefs just throw things on the fryer or in the microwave. It's all premade or frozen. Rather than fresh food production onsite"* – [Session 2 Participant].

Some participants compared the general culture and eating habits of those in Scotland (and the wider UK) to other countries. There was some discussion of the potential interplay of supposed consumer desire for, and the subsequent supply of less healthy – such as sweeter or carbohydrate-based – foods in cafes and other OOH vendors:

> *"It's partly cultural, as well, in Scotland. When I go abroad, I don't see people eating as much rubbish. And if you go into Costa or Starbucks, it's all cakes and biscuits. If you were in France, there'd be salads available and there'd be grated carrot or some nice fresh bread" – [Session 2 Participant].*

A few participants also referenced a need to curb the advertising of OOH outlets – especially those on delivery apps – which typically feature fast food outlets and other 'less healthy' takeaway items.

Interventions to improve the out of home sector

Potential interventions to improve the healthiness of the OOH sector were proposed to the panel. Participants tended to agree that calorie labelling on menus in OOH vendors are useful communicators, and have influenced people's decisions when eating out if they feel the total calorie count is excessive:

> *"I can find it [calorie labelling on menus] can change my mind. The ones that do have calories very visible are the Wetherspoons pubs, where everything is marked out, and you look at the extra portions where it's chips and it comes up to about 700 calories […] I have backed off from choosing something when it's like 2800 calories altogether, when it seems like just a bit too much" – [Session 2 Participant].*

> *"I'm aware of what I'm eating, I do take into account the calorie value. If I can get something at a lower calorie value then I'll take it because I don't want to have to go through what I went through to lose all that weight [in the past]. So having the calorie value on meals or whatever would help, for everybody, not just for people like myself who are watching their weight" – [Session 2 Participant].*

Interventions to help children eat well

Interventions such as reformulating recipes so that foods contain less sugar, calories and salt were also viewed as being useful for children. One participant made the case for this whilst referencing the presentation of evidence, which showed that some OOH outlets in Scotland offer pizzas containing 1,402 kcal on their children's menus. As mentioned in the presentation, this equates to 95% of the recommended daily intake for a 5-year-old child and 62% for a 12-year-old:

> *"…it would be a shame if the child wanted to have the pizza but they can't because of the calorie thing (calorie labelling), so why not adjust the pizza, cos the base is pretty plain and bland, so why not make the toppings used healthier, instead of loads of cheese and pepperoni? I think that could be better in having the best of both worlds" – [Session 2 Participant].*

A few respondents reflected on children's OOH dining experience in other countries, where they tend to receive smaller portions of the same meals offered to adults, as opposed to specific 'children's menu' items. It was felt that this approach may encourage greater variation in diet, with the caveat that this could depend on the calorific and nutritional value of food and drink offered to – or preferred by – adults:

> *"If you go to France or Switzerland, they do not have children's menus, they have a small portion of an adult's meal, so they're not getting all this rubbish. And if you're only offering them burgers and fish fingers and chips, then they become accustomed to that, so they're not going to eat anything else. They don't get a variety in taste" – [Session 2 Participant].*

Other Learnings

The panel discussion also identified some contrary opinions which indicate that there are still areas where public health evidence and people's beliefs are different.

One intriguing insight related to the definition of 'out of home' and the fact that a number of panel members were unsure over what would constitute a visit to the sector. Takeaway coffees were cited as an example of an OOH visit that might not be considered. This suggests people may in fact

underestimate their level of interaction with the sector and its overall influence on population diet, which might also have implications for wider polling and opinion findings.

Many panel members viewed OOH visits primarily as a treat and a chance to socialise. Some also claimed they were unbothered about choosing calorie-dense options and were unconvinced on whether healthiness should be a consideration on such occasions.

In terms of potential interventions, several participants were sceptical over proposals to reduce portion sizes in the sector. Those in opposition claimed customers would get around any measures by ordering multiple portions instead. Despite showing general support for the introduction of calorie labelling on OOH menus, participants were less keen on the use of calorie caps (mandatory maximum calories in a single item) believing they would be ineffective and remove freedom of choice.

It is important to understand these beliefs and how people interact with the OOH sector. We can use this knowledge to develop messaging that builds a wider understanding of the need for a changed food environment.


Summary and Conclusions

The session provided insight on the perceived barriers to healthy eating when eating out of home in Scotland. Participants were aware of the fact that healthy offerings can exist in the sector, however, their general lack of availability and noticeably higher prices mean they are not viewed as a practical option, a finding supported by polling which took place in the lead up to the session (*see appendix*). It was acknowledged that the skew towards unhealthy offerings is potentially due to practical considerations of vendors (e.g. lower cost of ingredients) as well as an ingrained culture of supplying less healthy food in Scotland's OOH sector.

Certain interventions to improve the healthiness of the OOH sector were viewed to be acceptable and helpful. Panel members generally considered calorie labels as useful for making informed decisions, while some participants recounted occasions when labels had helped them make a healthier purchase while eating out. Other participants also expressed support for measures specific to children, such as reformulation of children's menus to make them healthier, and offering smaller portions from adult menus to encourage greater variety.

Appendix: Pre-session polling results

Do you feel there are enough healthy food and drink options available from the Out of Home sector where you live?

(n = 25)

■ Yes	20%
■ No	72%
■ Unsure	8%
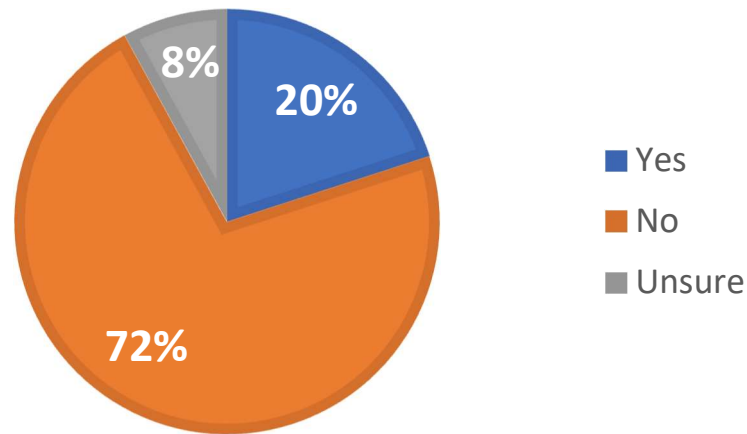
Would you buy healthy food and drink options from the Out of Home sector if there were more available?

(n = 25)

■ Yes	48%
■ No	16%
■ Maybe	36%