

## In reply to article *Sales of healthy choices at fast food restaurants in Australia* by Wellard, Glasson and Chapman

**Barbara Eden, Julie-Anne Mitchell and Antony Babic**

The recent article published by Wellard, Glasson and Chapman<sup>1</sup> provides some very useful insights into the challenges of encouraging consumers to select healthier options when eating at fast food restaurants in Australia.

From August 2006 to March 2012, the Heart Foundation worked in the food service sector to flag healthier meals for consumers and to drive change across the food supply chain to ensure healthier ingredients are used by fast food outlets. In response to Wellard, Glasson and Chapman, the Heart Foundation would like to correct several factual errors about the former Heart Foundation Food Service Tick program.

First, we wish to clarify that the 'Tick criteria' flagged on page 38 and contained in Table 3 on page 39 of the paper do not represent the actual Tick criteria used for these meals.

The Heart Foundation and the food companies involved in the Tick program were protective of the actual criteria and did not make this information publicly available. It would appear the figures used in Table 3 have been taken from a 2007 Heart Foundation media release which did not explicitly state the criteria used for Tick approved meals in McDonalds, but which gave more general information. Further, the paper highlights that the Tick criteria for meals included an energy value of <2,900 kJ calculated as a third of 8,700 kJ/d; the average daily intake based on the 1995 National Nutrition Survey. Again, an energy value of <2,900 kJ, was not one of our Tick criteria.

The authors also claim in their introduction, and in Table 3 of their paper, that there were no Heart Foundation Tick criteria specified for sodium. Again, this is not the case. Hypertension is an important risk factor for cardiovascular disease,<sup>2</sup> and as a part of our promotion of healthy eating, the Heart Foundation has always insisted on criteria for sodium for all food categories<sup>3</sup> and we encourage the community to eat less salt.

While we no longer offer the Heart Foundation Tick in the food service environment, the Heart Foundation continues to campaign to improve the quality of the Australian food supply through its promotion of the Tick in the supermarket. We are also proud of our work with the Government's Food and Health Dialogue to improve our food supply, with a focus on the foods Australians eat most often. Recent voluntary agreements with the food industry include reducing sodium in bread, cereals and simmer sauces.

We know from experience that making foods healthier is a tough task, but that improvements to the food supply are more likely to lead to improved nutritional outcomes than relying on individual consumer choice, a point well made in this article. Recent actions, such as the mandatory introduction of menu labelling in large fast

food outlets, is a positive step. Some of the challenges of achieving positive change in fast foods are described in this study and we welcome its contribution to helping us all appreciate the complexity of making improvements in this sector.

### References

1. Wellard L, Glasson C, Chapman K. Sales of healthy choices at fast food restaurants in Australia. *Health Promot J Austr.* 2012;22(1):37-41.
2. Heart Foundation. *Position Statement – The Relationships between Dietary Electrolytes and Cardiovascular Disease* [Internet]. Canberra (AUST): Heart Foundation of Australia; 2006 [cited 2012 Apr 12]. Available from: <http://www.heartfoundation.org.au/SiteCollectionDocuments/Dietary-Electrolytes-CVD-Position-Statement.pdf>
3. Heart Foundation. *Heart Foundation Tick Criteria*. Canberra (AUST): Heart Foundation of Australia; 2009 [cited 2012 Apr 12]. Available from: <http://www.heartfoundation.org.au/SiteCollectionDocuments/Tick-Criteria-Introduction.pdf>

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## Clarification and apology

In the April 2012 issue, the Journal published an Author Reply by Rissel and Wen<sup>1</sup> in response to a letter by Olivier et al.<sup>2</sup> on the impact of mandatory bicycle helmet legislation.

It has come to the Journal's attention that certain comments contained in the *Author Reply* may be interpreted as meaning that Olivier et al. disregard evidence relating to the public health benefits of cycling. Any inference that Olivier et al. disregard evidence relating to the public health benefits of cycling is withdrawn.

The Journal regrets and unreservedly apologises for any hurt or embarrassment caused by reason of the publication of the comments.

**Ben Smith**

Editor-in-Chief

### References

1. Rissel C, Wen LM. Author Reply. *Health Promot J Austr.* 2012;1(1):77.
2. Olivier J, Churches T, Walter S, McIntosh A, Grzebieta R. Response to Rissel and Wen: 'The possible effect on frequency of cycling if mandatory bicycle helmet legislation was repealed in Sydney, Australia: a cross-sectional survey'. *Health Promot J Austr.* 2012;1(1):76.