Research report - Obesity

The role of fast-food companies in the Obesity epidemic

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Executive summary

The WHO (2006) states that in the year 2005 there were 1.6 billion adults (over the age of 15) with overweight and more than 400 million adults were obese worldwide. Next to this, there were more than 20 million children under the age of 5 with overweight. Among all countries the obesity rates vary significant. Undisputedly the obesity trend is rising and concerns developed as well as developing counties.

Obesity is in fact an imbalance between calorie intake and calorie expenditure and according to the World Health Organization, obesity can be seen as a disease. However, there is an ongoing debate whether obesity is a real disease or not. Next to this, the current global Body Mass Index (BMI) classification system might be arbitrary. It facilitates comparisons between countries and across studies, but does not deal with the nature of obesity between populations (Stevens, 2003). Additionally, there is debate about the measurement of obesity. These developments show that the obesity phenomenon is not yet settled.

Obesity is the primary responsibility of society. In agricultural societies, the society is primary and mainly responsible for the problem of obesity. However, in industrial societies it is more complex to assign responsibility. The civil society is putting pressure on fast-food companies and the state. This constant social pressure is becoming a trend.

It is remarkable that McDonald’s got the most negative media attention among the fast-food chains in relation to the theme of obesity, as they have given the most attention to the problem and has taken actions to prevent and deal with negative publicity. McDonald’s has changed their Corporate Social Responsibility from an inactive approach to a reactive approach. However, Burger King and Kentucky Fried Chicken do not pay attention to obesity in their social responsibility report. The attitude of the main fast-food companies can therefore be characterized as reactive. The reactive CSR approach corresponds with a charismatic leadership of the CEO’s of the fast-food chain. The leadership of other fast-food chains, which are in the shadow of McDonald’s is focused on operational excellence and can be characterized as transactional. The reactive CSR approach of fast-food companies implies that the obesity issue can be classified in the growth stage of the issue life cycle.

McDonald’s is one the main fast food companies that has undertaken several actions to deal with the social pressure of NGO’s and the state. In 2006 McDonald’s published their first CSR report and the attention to consumer’s health is part of quite an extensive corporate social responsibility programme. Next to offering different types of healthy food and promoting physical activity McDonalds is also active as a provider of information on a healthy lifestyle. They feel the responsibility to inform consumers, but not to provide only healthy food. Some meal options and products are only for sale in particular countries. They responded to local wishes and therefore in some countries McDonalds provides a bigger choice in healthier menu topics than in others.

The actions of McDonald’s are leading in the sector, but reactive and they do not take enough responsibility to help civil society with the obesity problem. For that, McDonald’s, and all the other big fast food firms, should make changes in its strategy and operations.
1. Introduction

For several decades different communities in the world faced a ‘new’ issue: obesity. This extreme form of overweight has many implications for the people suffering from it and the community. In this research paper obesity is studied as a problem that needs to be resolved.

To attack the problem of this issue in a research, a literature and case study are executed. Different sources including journals, annual reports, newspapers and websites are consulted for information to make an analysis.

To set out the whole problem adequately, several steps are undertaken and will be described in this paper. First, a definition and the characteristics of obesity itself will be given. To get a better understanding of the problem the consequences are described in the second chapter. After the concept and issue of obesity is set out an analysis will be given of which place obesity as an issue takes in the issue life cycle. To find out what positions companies take with relation to obesity firstly a leadership profile of the most important actors will be given. After that, in the final chapter, an analysis is made on what the responsibilities of companies are and what they do about it. A further analysis of McDonalds is given to create a sustainable corporate story for dealing with the issue of obesity.
2. The characteristics of obesity

2.1 Introduction
In this chapter the definitions of obesity will be outlined. Next an overview will be given of the main trends and causes. The chapter will be concluded with an outline of the key stakeholders involved.

2.2 Definitions of obesity
Obesity is the result of an imbalance between calorie intake and calorie expenditure and is defined by the World Health Organization (WHO) as: ‘a disease in which excess body fat has accumulated to an extent that health may be adversely affected’ (Stevens, 2003). A critical remark is that for many years already there is a debate going on whether obesity is a disease or not. Heshka and Allison (2001) argue that although obesity can result in a number of serious health consequences the traditional definitions of the concept ‘disease’ do not support the problem of obesity as a disease.

The WHO (2006) has agreed on one global classification system to define obesity among adults according to the Body Mass Index (BMI). BMI measures body fat by registering the balance between weight and length (BMI: kg/m²). The WHO classifies seven categories: including underweight (BMI lower than 18.5), normal range (BMI between 18.5 and 24.9), overweight (BMI equal or larger than 25), pre-obese, (BMI between 25.0 and 29.9), obese class 1 (BMI between 20.0 and 34.9), obese class 2 (BMI between 35.0 and 39.9) and obese class 3 (BMI equal or larger than 40) (James et al., 2002). Since the rapid growth of obesity between 1985 and 2000, the distinction between several classes of obesity has been made (Sturm et al., 2004).

The current BMI classification system based of the WHO might be arbitrary, yet it is the most commonly used measure of obesity worldwide as it is a uniform definition that facilitates comparisons between countries and across studies (Stevens, 2003). The fact that the BMI does not deal with the nature of obesity between populations has however raised a debate among investigators and policy-making organizations whether the BMI classifications used in Europe and the United States of America (U.S.A.) also are suitable for Asian-countries or that ethnic-specific cut points need to be developed. Stevens (2003) argues against a revision of the classification for ethnic-specific groups. He states that no convincing literature yet has been presented that support the statement that several health (mortality) consequences related to different levels of BMI are profoundly different between several ethnic groups. Next to this, Stevens argues that it has not yet been demonstrated that several risk factors associated with obesity have the same impact on hard outcomes across ethnic groups. A third argument from Stevens is that from a scientific perspective the question can be raised on why the BMI cut points are related to different ethnic groups and not applicable to other cultural or environmental characteristics. He argues in favour for a twofold concept where BMI classifications will be defined for global use and other BMI classifications will be defined for country-specific use (Stevens, 2003). Misra (2003) argues in favour of a revision of the classification for ethnic-specific groups. A first argument is that the results of recent research show that the optimal BMI classifications to predict chronic diseases were lower than the current BMI classifications. As a second argument he states that Asian ethnic groups have
a higher percentage of body fat at the ‘normal range’ of the BMI classification. Next to this, Misra (2003) argues against the twofold concept for BMI classifications. Several classifications may result in confusion and implication can be problematical in countries with multiethnic populations (Misra, 2003).

The main advantage of the BMI is that one does not have to make a distinction between sexes and the ages of adults (WTO, 2006). Rothman (2008) does however outline some limitations to the BMI as a measure of obesity that can result in misspecifications of the effects related to obesity. First, the BMI cannot measure the body fat directly, because the index is fixated on length and weight. On the contrary, the BMI could indicate indirectly how much body fat a human body approximately consists. The index is positively correlated with age, yet height and weight do not reflect these changes in body fat. Second, there are errors in self-reported data concerning the weight and height. The third limitation is the sensitivity and specificity of the BMI (Rothman, 2008).

Other tools to measure obesity are waist circumference, waist: hip ratio, measuring calorie intake versus expenditure, measuring body fat or determining the anatomical distribution of body fat. These methods are however costly and difficult to practice (WHO, 2004).

2.3 Trends of obesity
Among all countries the obesity rates vary significant. The WHO (2006) states that in the year 2005 there were 1.6 billion adults (over the age of 15) with overweight and more than 400 million adults were obese worldwide. Next to this, there were more than 20 million children under the age of 5 with overweight.

The obesity trend is rising and concerns developed as well as developing counties. In more than 15 OECD-countries\(^1\) half or more of the adult population had overweight or was obese in the year 2007. In the OECD-countries France, Japan, Switzerland and Korea the obesity rates are lower, yet even in these countries the rates are increasing (OECD, 2007). In the period of 1987 till 2007 the obesity rate in the U.S.A. doubled and has even tripled in Australia and many European countries (WHO, 2007; OECD, 2007). There is still limited data available concerning the African region, yet we can state that with improvements in the economic status and rapid urbanization obesity is rising in Africa. In the period of 1987 till 1992 obesity among men increased with 1.9 percent to 5.3 percent and obesity among women increased with 4.8 percent to 15.2 percent (WHO, 2000). In the American region\(^2\) the rates are even more serious. In the period of 1976 till 1980 the obesity rate for men increased 12.3 percent. In the period of 1988 till 1994 this rate already increased with 19.9 percent. For women in the U.S.A. the rates are even more shocking. In the period of 1976 till 1980 the obesity rate for women increased with 16.5 percent while in the period of 1988 till 1994 the obesity rate increased with 24.9 percent. In the year 2005 approximately 60.5 percent of the American citizens had overweight and 23.9 percent was obese (WHO, 2000; Burnett, 2007). Reliable and valid data is not available for the South-East Asia region (WHO, 2000). We can however assume that the issue of obesity is also rising in this region. Many South-East Asian

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1 15 OECD-countries: Mexico, the United States, the United Kingdom, Australia, Greece, New Zealand, Luxembourg, Hungary, the Czech Republic, Canada, Germany, Portugal, Finland, Spain and Iceland.
2 American region consists of Brazil, Canada and the United States of America
countries are going to the ‘nutrition transition’, this results in a change in the structure of diets and less physical activity. These two components are adding value to the rising obesity epidemic (WHO, 2000). In the European region the obesity rate has increase approximately 10 – 40 percent in the period of 1985 till 1995. About 10 – 20 percent of the European men are obese and 10 – 25 percent of the European women are obese. There were approximately 400 million adults in Europe with overweight and approximately 130 million adults were obese in the year 2005. With almost 26.5, the BMI of Europe is one of the highest. The estimations are that in the same year 10 – 30 percent of the children in Europe were obese (WHO, 2000; OECD, 2007). Reliable and valid data on the Eastern Mediterranean Region is not available. Looking to the Western Pacific Region we need to highlight the obesity rate of Australia. Data shows that in the year 1980 9.3 percent of men and 8.0 percent of women were obese. In 1989 these rates increased to 11.5 percent for men and 13.2 percent for women (WHO, 2000).

The increasing rates of obesity apply to all population groups. No clear distinctions can be made between sex, age, race or education level (OECD, 2007; WHO, 2007). Although, the highest increase seem to occur among groups with lower education and income (WHO, 2006).

2.4 Causes of obesity

The causes of obesity can be seen from two perspectives, namely non-economic and economic. From a non-economic point of view, Friedman (2000) states that obesity is the result of a lack of discipline on the part of the individuals affected. From an economic perspective there are three correlating factors contributing to the rising obesity trend, namely biological, behavioural and environmental.

Rosin (2008) states that the biological characteristics are related to genetics. Children and young adults can be overweight when the parents are overweight. Next to this, biological basis forms part of the biological aspect contributing to obesity. In ancient environments death from starvation was a common aspect. Now people might have obesity, because they have the will to survive.

Behavioural aspects form the second class contributing to obesity. Sturm (2008) states that the increase in obesity has been the result of an increase in transportation and leisure time. Changes in the nature of forms of work and a decrease in home activities (e.g. cleaning, cooking, childcare) has resulted in an increase in leisure time. There has been a decrease in physical activity, as the increase in time is spend being physically inactive (Sturm, 2008; WHO, 2006). Rosin (2008) states the matter of addiction. When people overeat they will have the urge to eat more in the future which can lead to obesity. Satisfaction is a third sub aspect. People get satisfied from food and they will only reduce their consumption when their health becomes a problem (Rosin, 2008). The fourth and last sub aspect is that in some cultures, especially culture where there is a shortage of food, obesity is a sign of wealth, prosperity and prestige (Friedman, 2000).

As third class Rosin (2008) advances the environmental aspects including education and schooling. A decrease in sports, lacking education concerning health and often unhealthy policies concerning food are all factors contributing to obesity. A second sub aspect is technological change. There has been a shift from psychical jobs towards less physical jobs.
which has resulted in an increase of food consumption and less exercise (Rosin, 2008). Next to this, technological changes made activities as watching television and DVD’s and playing games more attractive (Sturm, 2008). A third sub aspect is the relative prices of food. Price reduction strategies from restaurants result in different consumer behaviour. The food tends to be richer in energy and contains more fats which leads to an increase of the obesity rates (Sturm, 2008; Rosin, 2008). The WHO (2006) puts forward the changes in food availability. There has been an increase in the availability of sweeteners rich of calories and carbohydrates. This has resulted in a shift from diets towards an increased consumption of food that are rich in fat and sugar and low of vitamins. A fifth sub aspect is the increase in working mothers. The longer a mother works during the child’s life the higher the rate of obesity (Rosin, 2008).

Other factors contributing to obesity are urbanization and a lack of information on health and nutritional food (Sturm, 2008; Rosin, 2008).

The above studies state that all factors are contributing to the rising obesity trend, yet the decisive factor is the drastically changes in food consumption patterns. More specifically the ratio of consumed to recommended calories, in contrast to physical activities and the consumption of food low of carbohydrates and calories and rich of fruit and vegetables.

### 2.5 Stakeholders

The PorGrow project is a cross-national research study, initiated by nine European countries, to identify the key public policy option to respond to the growing obesity trend in Europe. The problem of obesity includes a wide range of stakeholders, yet analysis in the PorGrow project has resulted in a list, presented in Table 1, identifying 21 stakeholders that are of key importance to the issue of obesity and have an influencing role on the policy options relevant to the obesity problem (Horváth et al., 2006). A remark is that although the stakeholders are identified based on the analysis in 9 countries we assume that, because of the great diversity between the countries, the same type of stakeholders can be identified for other developed countries.

### 2.6 Conclusion

The most common definition of obesity used is the global classification system of the WHO that defines obesity as a Body Mass Index of thirty or higher. The trends lead to concern. In the year 2005 1.6 billion adults (over the age of 15) had overweight and more than 400 million adults had obesity worldwide. Next to this, there were more than 20 million children under the age of 5 has overweight in the year 2005. The causes can be attributed to a number of biological, behavioural and environmental factors. When we look to the stakeholders, we can identify 21 stakeholders that are of key importance to the issue of obesity.

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3 PorGrow project countries: Cyprus, Finland, France, Greece, Hungary, Italy, Poland, Spain, United Kingdom
Table 1 - Stakeholders relevant to the issue of obesity

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Stakeholder group</th>
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| A. Public interest, non-governmental organizations | Consumer movement  
|  | Health non-governmental organisation  
|  | Sport and fitness non-governmental organisation  
|  | Trades union  
| B. Food chain, large industrial and commercial organizations | Farming industry  
|  | Food processing industry  
|  | Large commercial catering chain  
|  | Large food retailer  
| C. Small food and fitness commercial organizations | Small ‘health’ food retailer  
|  | Commercial sport or fitness provider  
| D. Large non-food industrial and commercial organizations | Life insurance industry  
|  | Commercial sport or fitness provider  
|  | Advertising industry  
|  | Pharmaceutical industry  
| E. Policy-makers | Finance ministry  
|  | Health ministry  
| F. Public providers | Town and transport planning  
|  | School teaching  
|  | Public sector catering  
| G. Public health specialists | Nutrition/obesity advisory committee  
|  | Health journalism  
|  | Public health professions  

Source: (Horváth et al., 2006: 64)
3. Consequences of obesity

3.1 Introduction
In this chapter the scenarios will be outlined, followed by the issue ownership. Next we will give an outline of the regulation possibilities and the impact on stakeholders. We will end the chapter with an outline of outspoken action groups and the link of obesity with other issues.

3.2 Scenarios
The predictions are that 2.3 billion adults (over the age of 15) will be overweight and more than 700 million adults worldwide will be obese in the year 2015 (WHO, 2006). At a European level the predictions are that approximately 150 million adults in Europe will be obese in the year 2010. Comparing this with the 130 million obese adults in 2005, this is a significant increase of almost 4 million adults on a yearly basis (WHO, 2005).

The consequences of obesity are not only affecting the society, yet also the market and the state and can be classified into two categories, namely health and economic. From a health perspective obesity results in a number of considerable health problems, including chronic diseases as diabetes, cardiovascular diseases, musculoskeletal disorders, a number of cancers (breast, colon and endometrial), hypertension, high cholesterol and respiratory problems. For children with obesity there is an additional risk. Obese children have to deal with a higher chance of premature death and a disability in adulthood (OECD, 2007; WHO, 2006). The health consequences of obesity are especially a burden for many low- and middle-income countries. The increase in chronic diseases runs parallel with the constant problem of under-nutrition and infectious disease, which results in an extra burden for these countries (WHO, 2006). From an economic perspective obesity creates a burden through higher health care costs. We can distinguish between direct and indirect costs resulting from obesity. Direct costs are the costs related to health services and support services, while the indirect costs are related to loss of productivity and income by premature death by obese people who are a member of the active workforce (WHO, 2005; Millstone et al., 2006). In the period from 1981 to 1989, 5 percent of the total health care costs in the Netherlands were yearly directly related to obesity. In the year 2005 this percentage has increased till 10.3 percent of the total health care costs due to obesity (Millstone et al., 2006). We have to take into account that there is a time interval between the first years that a person is obese and the years where the person will start encountering the problems of being obese. This means that the rise in obesity the past years will result in higher health care costs the coming years (OECD, 2007). Next to the health costs we also have to take the costs of the psychological and social effect into account.

3.2 Issue of ownership
To assign the primary responsibility of the problem of obesity we make use of the society triangle (Van Tulder and Van der Zwart, 2006). The society triangle distinguishes three spheres – market, state, civil society – which operate individually and in interdependence of each other. Obesity is the primary responsibility of society. We can deduce this from an important statement: “Citizens find legitimacy in dealing with their ‘personal’ and ‘social’
realms, which include their choices for particular consumption patterns, their choice to engage (or not) in specific organizations…….Individuals’ primary responsibility pertains to the way they deal with global issues that can be related back to themselves” (Van Tulder and Van der Zwart, 2006).

In several societies the state and the market are partially responsible for the problem of obesity. To be able to determine the role of the state and the market and their responsibilities we need to take the cultural beliefs of several countries into account and distinguish between agricultural societies and industrial societies (Brown, 1991). The concept culture consists of many dimensions, yet the most important dimensions of culture are the cultural beliefs and values of a society. Brown (1991) states that in agricultural societies overweight and obesity is viewed as a symbol of wealth, health and prestige. Next to this, in several countries – e.g. Africa – being thin is perceived as a symptom of starvation. On the other hand we have the industrial societies. In these societies thinness is believed to be the cultural ideal (Brown, 1991). In agricultural societies, the society is primary and mainly responsible for the problem of obesity. In industrial societies it is more complex to assign responsibility. In the industrial societies the primary responsibility of the problem remains by society, yet the market and the state do play an important role. The market is often responsible for unhealthy policies concerning food (Rosin, 2008), excessive food portion, unhealthy food and drink advertisements to children (Burnett, 2007) and recent changes in food availability. There has been an increase in the availability of food rich of energy, fat and carbohydrates (Sturm, 2008; Rosin, 2008; WHO, 2006). The state has an interest in the problem of obesity as they do not actively revolt against companies actively contributing to the problem of obesity. The state can impose a tax on unhealthy food, restrict advertisements of unhealthy foods to children, and give companies incentives for producing healthier food. Next to this, the state is responsible as they do not actively enough influence individual behaviour by national public policies (Burnett, 2007).

Some members of society find it arbitrary whether society is primary responsible for the problem instead of the market and state. An excellent example of the debate is the case of the “Cheeseburger Bill”. To address the problem of obesity many American citizens filed lawsuits for food companies in the U.S.A. recent years. Although the lawsuits have been very unsuccessful – in only two lawsuit the verdict was in favour of the plaintiff and a few financial settlements have compensated the plaintiff – the United States Congress has initiated the so-called “Cheeseburger Bill” that protects fast-food companies for further obesity lawsuits (Burnett, 2007). The senate has not implemented the “Cheeseburger Bill” yet. Opponents of the “Cheeseburger Bill” argue that obesity is a personal rather than public issue and that obesity is the result of a lack of discipline on the part of individuals. The problem of obesity should be addressed by individuals and medical professionals rather than the government (Burnett, 2007). Advocates of the “Cheeseburger Bill” argue that people choose what they consume, yet the choices are heavily influenced by factors beyond control. The health of individuals is primarily controlled by environmental factors. Next to this, the argument that obesity is a personal rather than public issue oversimplifies the problem and its consequences. A third argument in favour of the bill is that the issue of obesity relates to doubtful lawsuits and for the American economy it is better not to give opportunistic lawyers the opportunity to extort money from legitimate companies (Burnett, 2007).
3.3 Regulation possibilities
The government cannot impose obligations upon society to fight the problem of obesity. They can however implement guiding measures. On a global level varies parties including the World Health Organization, international partners, non-governmental organizations and the private sector have agreed on a number of public health commitments to discourage the problem of obesity by promoting increased physical activity and healthier diets (WHO, 2005).

Next to this, the WHO has launched a global strategy on diet, physical activity and health. At the European level several initiatives within the European Union have been taken. The European Commission has written a paper on food safety and an outline of their activities related to nutrition (Millstone et al., 2006). Next to this, the EC has implemented a platform on diet, physical activity and health. The main goal of the platform is to get several stakeholders involved including non-governmental organizations, consumer groups, industrial associations and political leaders to take voluntary actions to stabilize and reduce the obesity rate (WHO, 2005). The latest initiative taken by the EC is the drawn up of a document in which several issues related to obesity prevention are raised. Another initiative taken by the WHO is the launch of an action plan for food and nutrition. At present the WHO is drafting a statement in which information is provided for EU member states on activities to undertake when tackling the problem of obesity. Several NGO’s, including the European Heart Network, are supporting scientific research concerning obesity and sponsoring stakeholder meetings to fight the problem of obesity. The European Economic and Social Committee (EESC) have started the campaign “obesity check” to call upon the collaboration of various stakeholders.

3.4 Impact on stakeholders
There is a large variety among stakeholders and their interpretations of the need for interventions to address the issue of obesity. We will approach the view of stakeholders on the policy options to tackle obesity from two perspectives, namely policy option for adults and policy option for children. Both perspectives are related to the European level.

The European Heart Network CHOB project is meant to decide upon options available to discourage obesity among children. The primary stakeholders involved were government officials, medical specialists and non-governmental organizations in the field of health and consumers among 14 EU countries. Result shows that stakeholders feel that options including e.g. “controlling sales of foods in public institutions, controlling food and drink advertisements, mandatory nutritional information labelling, common agriculture policy and subsidies for healthy foods and improved training for health professionals” are the most important. Among the stakeholders less priority is given to “more obesity research, medication for weight control, new government body, control of marketing terms and physical activity monitoring devices” (Lobstein et al., 2006; Millstone et al., 2006).

Second is the PorGrow project meant to decide upon options available to discourage obesity among adults. High priority has been given by stakeholders to improve “food and health in the school curriculum and sports facilities, health education for the general public, training for health professionals, mandatory and improved nutrition information labelling, more obesity research, providing healthier catering menus and controls on food and drink advertising and on food sales in public institutions” (Millstone et al., 2006).
The outcome of the two projects are corresponding with each other, the main difference can be attributed to the need for more obesity research for adults. The implementation of the options requires stakeholder support. Next to this, the majority of the stakeholders is willing to bear the costs necessary to discourage the issue of obesity, yet several interventions including advertising, lesser cars in the urban areas and warnings on food are negatively received as stakeholders feel that these actions do not have strong social benefits (Millstone et al., 2006).

3.7 Action groups
There are two important action groups, namely the Slow food movement and McSpotlight. The slow food movement revolts against fast-food and wants to maintain the traditional kitchen. The slow food movement revolts in four manners. First they offer education programs to children, adults, members and non members to get people to understand more about food, where it comes from and the taste of food. Second they offer workshops where people have the possibility to taste different types of food and link them to different types of drinks. Thirds, they organize social activities to make people more knowledgeable about food in an interactive manner. A fourth activity of the slow food movement is being active at school. They train teachers, improve the food in school cantinas and offer after school programs (Slow Food movement, 2008).

The McSpotlight is a network of volunteers from all over the World who refer to themselves as the McInformation Network. They focus on the workings, policies and practices of McDonald’s and encourages public debates about issues including obesity, advertising, environment and employment (McSpotlight, 2008).

3.5 Link with other issues
Obesity is placed under the sphere of civil society in the society triangle. The issue of obesity is however linked with three interface issues namely health/diseases, hunger and lack of education. The main burden of the issue disease/health is the constant problem of under-nutrition and infectious disease, especially in low- and middle-income countries (WHO, 2006). The problem of obesity and the increased risk of a number of chronic diseases however add an additional burden to the issue of disease/health in low-, middle- and high-income countries.

The issue of hunger is linked to obesity as in some cultures, especially cultures where there is a shortage of food; obesity is a sign of wealth, prosperity and prestige (Friedman, 2000). Next to this, in many households the lack of money contributes to obesity. Households with little money to spend buy high calorie foods as this type of food is cheaper and high in calories. In this way households try to maximize their energy intakes for each dollar spend. A third link with hunger is given by Rosin (2008). He states that in economies in first instance struggling with the problem of poverty, people might at present have obesity as they have the will to survive.

The third interface issue is lack of education. There is a decrease in sport, lacking education concerning health and often unhealthy policies concerning food. All these educational factors contribute to obesity (Rosin, 2008).
3.6 Conclusion
The issue of obesity is enormous and leads to number of serious health and economic consequences. Looking to the circumference of the issue, the health consequences and the costs associated with obesity, we can clearly conclude that obesity is a health problem that must be addressed at a national rather than individual level. The big question remains what kind of role the companies - in this case the fast-food companies - have in the obesity epidemic.
4. Phase in the issue life cycle

4.1 Introduction
The aim of this chapter is to give an overview of the position of obesity in the issue life cycle. First the general characteristics of the issue life cycle will be explained. After that, the main actions of companies, civil society and government will be described. At the end of this chapter a conclusion is made about the stage of obesity in the issue life cycle.

4.2 General characteristics of the issue life cycle
Issues in general follow a fixed pattern from discontent towards settlement. This pattern is called an issue life cycle and consists of four stages: “birth, growth, development and maturity”. The issue life cycle, presented in figure 1, can be extended by adding different stakeholders involved in the issue and the attitude they adopt at different stages. (Van Tulder and Van der Zwart, 2006; Van Tulder, 2008). The four types of attitude are defined as the four approaches to Customer Social Responsibility (CSR) and each type has its own characteristics, presented in figure 2. The inactive approach can be characterised as an indifference stand in relation to CSR. The focus is on operational excellence and the responsibility to generate profits. Companies with a reactive approach still focus on efficiency but also pay attention to not making any mistakes. The active approach differs from the previous approaches because of the inspiration by ethical values and virtues. These companies are motivated to take social responsibility regardless of actual social pressure by stakeholders. Finally the pro-/interactive approach can be described as a combination of the efficiency and ethic approach (Van Tulder and Van der Zwart 2006).

Figure 1 - The Issue life cycle

<table>
<thead>
<tr>
<th></th>
<th>Birth</th>
<th>Growth</th>
<th>Development</th>
<th>Maturity</th>
<th>Post-maturity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company</strong></td>
<td>Inactive</td>
<td>Reactive</td>
<td>Active</td>
<td>Proactive</td>
<td></td>
</tr>
<tr>
<td><strong>NGO</strong></td>
<td>Individuals</td>
<td>Active:  <em>issue attachment event by one leader</em></td>
<td>More active due to gaps in expectations: coalitions of NGO’s</td>
<td>Settlement: covenants, conventions, monitoring</td>
<td></td>
</tr>
<tr>
<td><strong>Government</strong></td>
<td>Inactive</td>
<td>Reactive</td>
<td>Active</td>
<td>Pro-active</td>
<td></td>
</tr>
</tbody>
</table>

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### Figure 2 - The characteristics of the four approaches to CSR

<table>
<thead>
<tr>
<th>Interpretation CSR:</th>
<th>Inactive</th>
<th>Reactive</th>
<th>Active</th>
<th>Pro-/interactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Self-Responsibility</td>
<td>Corporate Social-Responsiveness</td>
<td>Corporate Social responsibility</td>
<td>Corporate Societal Responsibility</td>
<td></td>
</tr>
<tr>
<td>Business perspective:</td>
<td>Inside-in</td>
<td>Outside-in</td>
<td>Inside-out</td>
<td>In/outside-in/out</td>
</tr>
<tr>
<td>View:</td>
<td>‘Doing things right’</td>
<td>‘Do not do things wrong’</td>
<td>‘Doing good’</td>
<td>‘Doing well by doing good’</td>
</tr>
<tr>
<td>Attitude:</td>
<td>Indifference</td>
<td>Compliance</td>
<td>Integrity</td>
<td>Discourse ethics</td>
</tr>
</tbody>
</table>

### 4.3 Obesity in the issue life cycle

To analyze obesity in the issue life cycle it is important to assess the activities related to obesity undertaken by companies, NGO’s and government. In figure 3, the chronologic ranks of the activities are presented and afterwards explained.

### Figure 3 - Activities of companies, NGO’s and government

<table>
<thead>
<tr>
<th>Companies:</th>
<th>Companies:</th>
<th>Companies:</th>
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</thead>
<tbody>
<tr>
<td>NGO’s:</td>
<td>NGO’s:</td>
<td>NGO’s:</td>
</tr>
<tr>
<td>* Launch of Slow Food movement</td>
<td>* Launch of McSpotlight</td>
<td>* Release film Super Size Me</td>
</tr>
<tr>
<td>Government:</td>
<td>Government:</td>
<td>Government:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Lawsuit against fast-food chains</td>
</tr>
</tbody>
</table>

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**Company**

- McDonald’s took the initiative to enter into a partnership with the Chinese education authorities. The obesity rates in China are increasing as well, especially among children, because of changes in diet and physical activity. The initiative is a combination of educational material about nutrition and the Ronald McDonald clown who encourage children to do physical activities (Financial Times, 25 November 2006).
- In 2005 the Financial Times reported that McDonald's will admit that it has not done enough to allay European concerns about the nutritional value of meals and the quality of jobs at the world's largest fast food chain (Financial Times, 25 November 2005).

- In 2006 McDonald’s published their Worldwide Corporate Responsibility Report 2006. One of the major aims is the ‘Balanced Active Lifestyles’, which is based on three pillars namely menu choice, physical activity and information (McDonald’s Corporation, 2006).

- In 2007 McDonald’s announced that they are replacing trans-fats. The fast-food chain was under pressure after falling behind several US rivals including Wendy's and Kentucky Fried Chicken, in the race to eliminate trans-fats which increase the risk of heart disease (Financial Times, 30 January 2007).

- Burger King plans to publish their first CSR report by the fall of 2008. However this report will not discuss obesity (Burger King Corporation, 2008). Likewise Kentucky Fried Chicken does not mention obesity as an issue in their corporate responsibility report (KFC Corporation, 2008).

NGO

- In 1986 Carlo Petrini protested against the opening of a McDonald’s in Rome. In connection with the protest she founded the Slow Food movement. The mission of the Slow Food movement is to: “defend biodiversity in our food supply, spread taste education and connect producers of excellent foods with co-producers through events and initiatives” (Slow Food, 2008). In paragraph 3.7 the main activities of the Slow Food movement and their tactic to fight obesity are described. After 22 year the association transformed to an international organization with over 85,000 members. The movement is still growing: in 2008 Slow Food Australia and Slow food Netherlands were formed (Slow Food, 2008).

- In 1996 McSpotlight was launched. It was created by an independent group of volunteers from all over the world refer to themselves as the “McINFORMATION NETWORK”. This network of volunteers focuses on the workings, policies and practices of McDonald’s and encourages public debates about issues. An example is the criticism on McDonald’s low nutritious food and their advertisement targeting children. However, the organization is not active online anymore since January 2005 (McInformation Network, 2005).

- In 2002 McDonald’s, Kentucky Fried Chicken, Burger King and Wendy’s were sued by an American citizen who claimed that they were responsible for his obesity and poor health (The Economist, 3 August 2002). This is just one of the many lawsuits against fast-food companies in the U.S.A recent years. To protect the fast-food companies against lawsuits related to obesity the American congress has initiated the “Cheeseburger Bill” (Burnett, 2007).

- The documentary “Super Size Me” of Morgan Spurlock is released in 2004. This documentary is seen as an accusation against the fast-food industry concerning the high obesity rates in the U.S.A. In this documentary Morgan Spurlock used himself as an experiment and followed a 30 days McDonald’s diet and ate three times a day at McDonald’s. Results show that after a month he gained a lot of weight and his health was damaged.
In 2005 the European Commission launched the Platform for Action on Diet, Physical Activity and Health. The key goal of the platform is to take action and to devote more resources and share knowledge to fight obesity. This initiative brings together 12 groups representing ‘the food, retail, catering and advertising sectors, consumer and health organizations, Member State governments and health professionals at EU level’ (European Commission’s Health and Consumer Protections, 2005).

In 2006 the European Commission asked in a Green Paper for ideas on how to reduce increasing obesity rates that would complement and support the existing national policies on health (Food Manufacture, January 2006). In 2007 the European Commission published a white paper which purpose it was “to set out an Integrated EU approach to contribute to reducing ill health due to poor nutrition, overweight and obesity” (European Commission, 2007).

In 2008 the European Commission starts with an anti-obesity campaign during the UEFA European Championship.

**4.4. Conclusion**

In the last five year fast-food chains are realizing that they have to take social responsibility because of social pressure by NGO’s / civil society. However the fast-food chains have to set priorities and it is remarkable that Burger King and Kentucky Fried Chicken do not pay attention to obesity in their social responsibility report. One of McDonald’s answers to obesity is the Balanced Active Lifestyle. It is a well meant initiative to combat obesity, yet the focus of the corporation remains on operational excellence. Further, in 2007 McDonald’s replaced trans-fat ingredients after they felt behind several US rivals. This attitude can be characterized as a concept of “conditional morality” (Van Tulder and Van der Zwart, 2006). This means that the attention being paid to CSR is only motivated by better acts of competitors. This attitude is consistent with the reactive approach.

The attitude of the main fast-food companies can be characterized as reactive. This implies that the obesity issue can be classified in the growth stage of the issue life cycle. The current media attention of obesity and emergence of obesity in the public debate also matches with the characteristics of the growth stage (Van Tulder and Van der Zwart, 2006). In the last two years the EC is putting obesity high on the agenda. The EC has initiated to reduce obesity rates, however laws are not yet ratified.
5. Leadership issue

5.1 Introduction
In this chapter the corporate leadership in relation to obesity will be outlined. First the framework of corporate leadership approaches relating with the four CSR approaches will be described. After that, the current CEO of McDonald’s and Burger King will be assessed on their leadership. This chapter will end with a conclusion concerning the corporate leadership of the two fast-food chains towards the issue of obesity.

5.2 Corporate leadership
Figure 4 shows the nine corporate leadership styles and approaches (Van Tulder, 2008). This table is combined with the characteristics of the four CSR approaches as defined in chapter 4.

<table>
<thead>
<tr>
<th>Inactive</th>
<th>Reactive</th>
<th>Active</th>
<th>Proactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Corporate Self Responsibility”</td>
<td>“Corporate Social Responsiveness”</td>
<td>“Corporate Social Responsibility”</td>
<td>“Corporate Social Responsibility”</td>
</tr>
<tr>
<td>Leadership approach: Transactional</td>
<td>Leadership approach: Charismatic, Servant, Authentic</td>
<td>Leadership approach: Spiritual, Ethical, Value-based</td>
<td>Leadership approach: Transformational, Integrative public</td>
</tr>
</tbody>
</table>

Based on the findings in chapter 4 the corporate leadership approach of fast-food chains could be best described as charismatic, servant and authentic. The fast-food companies are primarily focusing on the internal operations of the organization. Next to this, a charismatic leader has a strong character and a strong personal commitment. They are also able to present a vision of the future of the organization (Van Tulder and Van der Zwart, 2006). In this paragraph two CEO’s of the main fast-food chains will be assessed. The focus will be on their attitude towards obesity. In the next paragraph the outcomes will be compared with the framework presented in Figure 4.

Leadership approach towards obesity of Jim Skinner CEO of McDonald’s Corporation
Jim Skinner was elected as CEO of McDonald’s Corporation in 2004 (McDonald’s Corporation, 2008). He gained success as CEO: in 2007 McDonald’s has reached the best business results in 30 years. One of the main drivers for these results was the increased investment in stores. “The results mark a startling turnaround from four years ago, when McDonald's announced the closure of 175 stores, cut 600 jobs and pulled out of three countries after slumping to its first ever quarterly loss” (Financial Times, 25 September 2007). In the last couple of years McDonald’s emphasizes their corporate social responsibility in the media. In 2005 the Financial Times quoted the head of McDonalds’ Europe and instigator of the corporate responsibility report: “Stakeholders have told us time and again
that we should communicate more on the issues we are dealing with”. McDonald’s also said the following: (..) “we could do better in our understanding of wider social trends and expectations” (Financial Times, 25 November 2005). In the same article Jim Skinner said the following about the obesity issue at the annual conference of Business for Social Responsibility: “If you are not the lead dog, you are not going to like the view”.

Leadership approach towards obesity of John Chidsey CEO of Burger King Corporation

John Chidsey is the CEO of Burger King Corporation since 2006 (Burger King Corporation, 2008). In the annual report of 2007, Burger King emphasizes its aims of global growth, marketing innovation and operational excellence. By the fall of 2008 Burger King plans to publish their first CSR report. However this report will not discuss the issue of obesity (Burger King Corporation, 2008). Additionally, John Chidsey has not made any public statements concerning the obesity epidemic.

5.3 Conclusion

It is remarkable that McDonald’s, although they have made the most effort, got the most negative media attention among the fast-food chains in relation to the theme of obesity. Jim Skinner stated that McDonald’s continually find itself “in the hot seat (..) at the same time (as) our competitors are debuting 1.000-plus calorie sandwiches with little or no backlash” (Financial Times, 17 April 2006). McDonald’s responds to these negative attentions by publishing a CSR report in 2006, which included a section about health and prevention of obesity. Jim Skinner also speaks out that McDonald’s should be the first to fight obesity. Next to the obesity issue he has focused on operational excellence because in 2007 the corporation had the best business results in 30 years. It can be concluded that Jim Skinner fits in the profile of a charismatic leader, which is consistent with the reactive CSR approach.

It can be concluded that Burger King has an inactive approach relating to obesity. This year they will publish their first CSR report and it is clear that the focus and priority is not on obesity. Burger King is obviously in the shadow of McDonald’s when it comes to negative media attention about health and obesity. This could be the reason that they do not have to react quickly on social pressure from stakeholders. The leadership of John Chidsey can be characterized as a transactional leader, who puts focus on operational excellence of the company, rather than on their share in global issues among which obesity.
6. **Firms**

6.1 **Introduction**

This chapter aims at the fast-food industry and an analysis will be made about their part of the problem and solution. A closer look will be taken into the responsibilities of fast food restaurants and the business models of restaurants. The chapter will end with the outline of a business case.

6.2 **Part of Problem**

6.2.1 **Responsibilities: primary /interface**

In chapter 2 is explained that the issue of obesity is the primary responsibility of civil society. The problem occurred because of changing habits and norms and although the primary responsibility is within civil society, other aspects outside this dimension are contributing to the obesity epidemic. Part of the problem is the food that is provided to consumers and the changes in possibilities for physical activities. From a market perspective, stakeholders in the issue are the farming industry, food processing industry, large commercial catering chain, and large food retailers. They are responsible for the food consumers buy and eat from them and are therefore indirectly responsible for the obesity problem.

6.2.2 **Dominant sector effect**

One dominant sector within the food industry is the fast food restaurants. They have a negative effect on the obesity problem. In fast food restaurants the priority is to supply food to consumers as fast and as cheap as possible, rather than supplying healthy food. Given the (financial) successes of large players in this sector their concept is very popular. The largest fast food firms have restaurants all over the world. Two of the biggest ones: McDonalds and Burger King together have respectively thirty thousand (two hundred eighteen in the Netherlands) and eleven thousand one hundred (fifty in the Netherlands) restaurants globally (McDonalds Corporation, 24 July 2008; Burger King corporation, 24 July 2008).

The type of food provided by fast-food restaurants is prepared in a fast way, often deep-fried, and is high in energy density. Based on several observations fast food restaurants are approached as a causal factor of obesity (Jeffery et al., 2006). First, there is a rising trend in eating away from home. Second, cross-sectional and longitudinal data on fast-food restaurants show that the food sold is positively associated with body weight. Third, nutrition analysis of products sold in fast food restaurants indicates that they contain a high level of energy (calories), which provides a plausible mechanism through which they might promote excess energy intake (Jeffery et al., 2006).

6.2.3 **Dominant Business Models and their effect**

The dominant business models in the fast food industry are built on serving the consumers cheap food in a fast way. The food is prepared with help of a lot of technologies to deliver it fast to the consumer. Buying fast food is made easy and fast also by providing services like a drive in. The business models are based on making money fast.
Marketing is a main point of fast food restaurants. In the annual report of 2007, McDonalds says it wants to continually learn, share and innovate within people, product, place, price and promotion (five P’s of marketing). Fast food restaurants choose the best places to be accessible to many people, the prices are held low, which is possible by a smart process, and a large part of the marketing process is the promotion. McDonalds has a real good recognisable logo, does invest a lot in advertising on many places, and serves consumers with extra’s like present in children’s menus, refills for free, and the possibility to “supersize” menus. Burger King uses a similar business model and also advertises a lot with several actions and catching slogans to attract consumers (McDonalds, 2007).

6.3 Part of Solution

6.3.1 Responsibilities
The solution of the obesity issue finds its origins in the civil society itself, yet the food-industry, and especially the fast food sector should take responsibility to help the people who suffer from obesity or are vulnerable to this problem. Problem for the fast food firms is that their business models and their successes depend on providing certain food that is not healthy, but sells very good and creates value for the businesses. Yet the fast food restaurant cannot deny that they are a part of the cause of obesity and the pressure from society and finally even the state might become higher. The advertising campaigns and business models are focused on children, but this group is actual most vulnerable. This group must be protected and the fast food sector must take their responsibility.

6.3.2 Sector effect
McDonalds and Burger King are one of the main contributors to the problem of obesity, yet the whole fast food sector should change the business models and provide nutritional information to consumers. Only when all companies act in a responsible way to obesity, the sector can have a positive effect on helping the civil society with the problem of obesity.

6.3.3 Business Case
The strategic focus of McDonalds is on “being better, not just bigger” (McDonalds corporation Annual report, 2007). The firm wants to create better restaurant experiences for customers and create a superior value to shareholders. This superior value will be reached by selling more food to more customers and the ultimate tool to achieve this, is their operational excellence. To act responsible on the obesity issue McDonalds could make a change in its basic business model. Not only should the experience of the customers be a main focus, but also the health of their customers. This could mean that they offer food which has less calories or is prepared healthier. To maintain their reputation as a deliverer of food cheap and fast they could invest in research and development on technologies to prepare cheap, tasty and healthy food. When they would be able to achieve this they reply to the problem of which civil society suffers, they might have an advantage on other restaurant while being able to serve people fast. The question remains whether McDonalds is willing to take risks, as their current model works out very well for them and major changes might affect their reputation. But, then
again, when pressure from outside the civil society or the state, this might be the case then as well.

6.4 Conclusion
It is clear that the fast-food industry is part of the problem. However not all fast food companies take the full responsibility to fight obesity. In the business case of McDonald’s it becomes clear that their main focus is still on operational excellence. The question remains whether McDonald’s should be willing to take risks on their business model, as their model works out very well for them and major changes might affect their reputation. But, then again, when pressure from outside the civil society or the state, this might be the case then as well.
7. Sketch of possible “sustainable corporate stories”

7.1 Introduction
This chapter will aim at the sustainable corporate story of McDonald’s. The chapter will close with an evaluation of the corporate social responsibility actions of McDonald’s.

7.2 Interface Challenges
The issue of obesity is getting more and more important and finds itself in the growth stage. One of the main challenges is to change the reactive approach of fast food chains. Although McDonalds is the only fast food company with a specific program on obesity and is undertaking several measures related to corporate social responsibility, e.g. the Ronald McDonald homes and the corporate social responsibility report, they still have a reactive approach. Burger King will come with a Corporate Responsibility Report in the Fall of 2008, but do not mention the issue of obesity yet (Burger King corporation, 2008). Kentucky Fried Chicken, e.g. only provides information (online) on nutrition of their meals. To create a sustainable story there should come a programme which is integrated into the strategy of the companies (Kentucky Fried Chicken corporation, 2008). As McDonalds puts the most attention to the problem, their contribution will be set out and analysed.

7.3 Strategic / operational choices
As mentioned above the strategic focus of McDonalds is on “being better, not just bigger”. In the annual report of 2007, McDonalds states it wants to continually learn, share and innovate within people, product, place, price and promotion (McDonalds Corporation Annual Report 2007). The main goal of McDonalds is to make money and be a healthy business. But what about their responsibility on the health of people? McDonalds has created a worldwide responsibility report in 2006. Within this programme the focus is on people, products and place. A part of products is emphasised on “balanced, active lifestyles”. For this part a framework is created, which is presented in Figure 5.

The basis of the framework consists of three pillars: menu choice, physical activity, and information. According to McDonalds the execution of these pillars empowers individuals “to make informed choices about how to maintain the essential balance between energy intake and energy expenditure”. To execute this framework McDonalds created various tools which will be discussed later.

The framework and the execution of it prove that McDonalds is active as a provider of information on a healthy lifestyle. But they will not change its goals and strategy for it. They feel the responsibility to inform consumers, but not to provide only healthy food. Their strategy probably will have to change for that. The attention to consumers’ health is part of quite an extensive corporate social responsibility programme. This programme however does not intertwine with its corporate strategy.
To implement the framework into operations McDonalds undertook several actions and created several tools (McDonalds Corporation corporate responsibility report, 2006). First, McDonalds offered more choices in the menus. Besides the traditional hamburger and french fries, consumers can buy salads, grilled chicken products, fish and in many cases salads and fruit. According to McDonalds, their “menus offer a variety of safe, high-quality food products that can fit into balanced, active lifestyles”. They “can” fit into a balanced, and active life. But in implicit this says that McDonalds does not take the responsibility for offering healthy food, but only the possibility. Some meal options and products are only for sale in particular countries. They responded to local wishes and therefore in some countries McDonalds provides a bigger choice in healthier menu topics than in others. In the Netherlands children can choose for vegetables, fruit or a dairy product in their happy meals, other consumers can buy different salads, fresh fruit, fruit with yoghurt for desert, and as beverages customers can choose water, milk or “roosvicee” (a multi fruit drink). Second, the company provides “relevant, user-friendly, motivational information” for food and fitness choices. They introduced new food packaging that offers information on key nutritional values in a simple, and clear format. People around the world can use this information to make menu choices that “suit their preferences and requirements”. Another tool that is used to inform people on nutrition is a web based program where people can fill in their preferences for a menu and then get individualized nutrition information. Third, McDonalds informs people on physical activity and organizes and supports activity based initiatives. At last, the employers have access to an intranet site to share information about initiatives that are undertaken to stimulate physical activities. The goal of this is to inform and motivate their own people. In the Netherlands, McDonalds has two restaurants with a “gym and fun”, “an exciting play- and exercise space” where children can cycle, play basketball or do an obstacle course. In this way children are physically active and learn how fun that can be (McDonalds Corporation, 25 July 2008).

With the exception of the “gym and fun” spaces in the Netherlands, McDonalds is very passive in undertaking action in response to the obesity issue. They certainly have recognised
the problem, but are at this moment still not willing to make changes in their operational and strategic choices. The “gym and fun” can be viewed as excellent initiatives that directly deal with the problem. Hopefully this is a starting point for many more of these spaces in their restaurants. Besides the fact that such places attract even more children to their restaurants, they also learn at the same time how much fun physical activities can be. And that might be helpful in attacking the problem within society. People also must know and feel what exercise does with your body and mind. At the point of food, McDonalds does not take any responsibility in the amount of nutrition the consumers give their body. They do provide some more healthy menu options, but the bad ones are still for sale besides these.

To create a sustainable corporate story McDonalds, and all the other fast food restaurants, should take more responsibility, and intertwine programmes that come forth out of this responsibility with their operations and strategy. Initiatives like playgrounds for children to stimulate physical activity should arise at many more places. The fast food restaurants should not only provide information and stimulate passively, but should give their consumers really the possibility to eat healthy and exercise. It might be an extreme swift within their operations, but it would be very helpful if they developed a fast way of providing healthy food. In this way the sector might be able to act responsible and help the civil society in attacking the obesity issue.

7.4 Conclusion
To create a sustainable corporate story McDonald’s, and all the other fast food restaurants, should take more responsibility, and intertwine programmes that come forth out of this responsibility with their operations and strategy. Initiatives like playgrounds for children to stimulate physical activity should arise at many more places. The fast food restaurants should not only provide information and stimulate passively, but should give their consumers really the possibility to eat healthy and exercise. It might be an extreme swift within their operations, but it would be very helpful if they developed a fast way of providing healthy food. In this way the sector might be able to act responsible and help the civil society in attacking the obesity issue.
8. Conclusion

Obesity, being defined as ‘a disease in which excess body fat has accumulated to an extent that health may be adversely affected’ has become a serious issue in different communities over the last decades. This research paper aimed to set out what the characteristics and consequences of this topic are, what place it takes within the issue life cycle and what roles companies (might) play in relation with obesity.

The primary responsibility of the obesity problem lies within the dimension of civil society. This does not mean that the other two dimensions – the state and the market – are not partially responsible for the problem of obesity. The causes of obesity can be seen from two perspectives, namely non-economic – which states that obesity is the result of a lack of discipline on the part of the individuals – and economic. The economic view consists of three correlating factors, namely biological, behavioral and environmental. The decisive factor is the drastically changes in food consumption patterns. More specifically the ratio of consumed to recommended calories, in contrast to physical activities and the consumption of food low of carbohydrates and calories and rich of fruit and vegetables. People should eat more healthy and food suppliers, especially the fast food industry, play a important role in this.

The prospects on obesity in the world are disturbing. The predictions are that more than 700 million adults (over the age of 15) worldwide will be obese in the year 2015. The consequences of obesity are not only affecting the society, yet also the market and the state and can be classified into two categories, namely health and economic. Obesity is an serious issue which has to be dealt with. Looking to the circumference of the problem and the fact that the question of responsibility cannot be answered straight away, different dimensions will have to take responsibility. Civil society has to change behavior, the state can support civil society and the market also must take part of the responsibility.

At this moment the issue of obesity is in the growth part of the issue life cycle. This means that the problem is recognized, but only a few actions are undertaken as a reaction. From the perspective of the fast food firms this applies for McDonalds, has taken a reactive approach on the obesity issue, yet they are leading in the sector to address the problem. They have a corporate responsibility program dated from 2006. As a response to obesity the company created a framework on balanced, active lifestyles. The execution of this framework exists mostly of informing the customers on nutrition, how a meal at McDonalds does not have to be bad, and how important physical activity is. McDonalds does provide several healthier menu items besides the hamburger and French dries, but this is mostly on local basis and not globally. In the Netherlands there are two restaurants who have a ‘gym and fun’ place where children can exercise when they visit a restaurant. This is a very good and helpful initiative and for a corporate sustainable story more restaurants should get the places.

The measure undertaken or not enough, fast food firms should make changes in their strategy and operations. E.g. by putting effort in research and development of equipment to save their operational excellence, but being able to provide healthy, tasty food. But the companies do not seem interested in such changes at this moment. McDonalds holds on to its slogan “being better, not just bigger”, while in favor of the obesity issue they might change it into “being healthier, not bigger”.

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9. Discussion

9.1 Limitations
The main limitations is the use of subjective sources. Especially for the chapters ‘leadership’ and ‘firm’ many websites and annual reports are used. We tried to tackle this problem of subjectivity by reading critically, yet the sources are based on the vision of the company so information stated is in the best interest of the company itself.

Another limitations of the research report is the focus towards fast food companies. Others sectors contributing to the problem of obesity or forming part of the solution are left out of consideration. Sectors which can be included might be the commercial sport or fitness providers, advertising industry, entertainment industry or the life insurance industry.

9.2 Further research
There are several aspects that need further research. The global definition of obesity used is the classification system of the World Health Organization, yet some questions remain unanswered. Can obesity be defined as a disease. This question is quite interesting as the issue ownership can change. When obesity is defined as a disease the role of the market and state is becoming even much bigger. Next to this, the WHO classification system does not deal with the nature of obesity between populations and research is needed to find out whether the BMI classifications used in Europe and the United States of America (U.S.A.) also are suitable for Asian-countries or that ethnic-specific cut points need to be developed.

A second aspect that might be interesting to research is what exact measures the market, especially fast food companies, can undertake to fight this global problem while they maintain to their basic concept of selling fast food.

A third aspect. As one of our limitations is the exclusion of other sectors which might be of influence to the problem, it is necessary to have further research on the influence and role of other sectors, including the commercial sport or fitness providers, advertising industry, entertainment industry or the life insurance industry.
Appendix – Group evaluation

All three of us have graduated in another study before starting with the Global Business & Stakeholder Management at the RSM Erasmus University. Before we started the project we agreed upon a group contract. Even though we all had previous experience with group work we found it convenient to set up a contract. When drawing up the group contract we spoke about our backgrounds and skills. Next to that it was made clear for everyone what to expect from each other.

We experienced the group work as a pleasant process. Nonetheless we had to deal with some minor personal obstacles, e.g. the working schedules and illness of Daniëlle. Next to this, we had to deal with the limited time. We all experienced uncertainty during the whole assignment, as we felt that we could not correctly cover the whole issue in a short period of time. This was also the first time that we had to work under such a time pressure. We all agreed that we have to work on our skills to be efficient in the next group assignment.

Because this was the first group assignment, we were also uncertain about the expected level of assessment. This was a motivation for us to put a lot of effort in the realization of this research report.
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