



nutrition+food poverty

A toolkit for those involved in developing or implementing
a local nutrition and food poverty strategy

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Produced by the **National Heart Forum**; the **Faculty of Public Health**; the **Public Health Group**,
Government Office for the North West; the **Public Health Unit, Government Office for the West Midlands**;
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“It makes little sense to expect individuals to behave differently from their peers; it is more appropriate to seek a general change in behavioural norms and in the circumstances which facilitate their adoption.”

Geoffrey Rose, 1982

Foreword

Health professionals have recognised for many years that poor diet is a risk factor for the major UK killers of cancer, coronary heart disease and diabetes. Yet it is only recently that the immense size of that contribution has been quantified: poor diet is related to 30% of life-years lost in early death and disability.¹

The inequalities in what people eat – depending on their socioeconomic group, where they live in the UK, and their ethnic background – have not been so widely recognised. Nor has the magnitude of the resultant health inequalities. One of the many startling statistics is that diabetes, which is a diet-related disease, is one and a half times more likely to develop in people in the most deprived 20% of the population, compared with the average.²

Action to reduce nutrition-related health inequalities has to be much more wide-ranging than health professionals giving advice to individuals. It must change the food environment in which we live. We are surrounded by advertising for fatty, salty and sugary foods, by unclear labelling, by large portion sizes, by cheap 'junk foods' and by expensive fruit and vegetables. In addition, access to affordable healthy foods is made difficult by poor transport and housing, deprived neighbourhoods and limited opportunities to obtain practical cooking skills. Many recent government policies have been clearly directed at tackling these issues. However, there is much more to achieve. Public health professionals need to take the lead in persuading the UK government, the European Union and the food industry that they need to develop policies and practices which will lower the remaining barriers to healthy eating and reduce food poverty.

The production of this toolkit is timely, following the publication in 2003 of the government's programme for action on tackling health inequalities, and anticipating the government's Food and Health Action Plan. It provides clear evidence and information in one place for all those concerned with developing and implementing local nutrition and food poverty strategies and programmes. It will be helpful to those professionals who are working with individuals as well as those who are working in the NHS, in local government or in other local organisations to improve access to healthy, affordable foods.

Professor Siân Griffiths

Faculty of Public Health

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Labels – *Food Standards Agency*

Healthy Eating for Strong Bones – *National Osteoporosis Society*

Eating for Your Heart – *British Heart Foundation*

Executive summary

In the UK, the poorer people are, the worse their diet and the more diet-related diseases they suffer from. This toolkit illustrates why it matters what people eat, and outlines the underlying causes of food poverty and what affects food acceptability and choices. It also shows how primary care trusts (PCTs), in association with other local organisations, can develop strategies and programmes to reduce the barriers to healthy eating. Significant improvements in health and a reduction in health inequalities are the prize for PCTs that develop effective programmes to reduce food poverty.

The aim of the toolkit

The aim of this toolkit is to help professionals within primary care trusts and Local Strategic Partnerships (LSPs) to develop strategies and programmes which take a lifecourse and food chain approach, to improve the nutrition of those living in food poverty.

Who the toolkit is for

The toolkit has several target audiences including strategic planners in the NHS and local government, Local Strategic Partnerships, nutritionists, dietitians, health promotion specialists and 5 A DAY coordinators, National Service Framework (NSF) coordinators and leads, primary care professionals, physical activity specialists and community food workers.

How to use the toolkit

The *Nutrition and Food Poverty* toolkit is arranged in six sections. Each one has its own objectives and is aimed at particular audiences. The Tools at the end of the sections give more in-depth information. You can refer to these when you need to for a particular strategy, programme or intervention. The toolkit also contains examples of leaflets and booklets for the public which you can order for your programme.

Section A: What is healthy eating?

This section gives the main healthy eating messages for most individuals, explains the beneficial effects of food on health, and provides practical tips on how people on low incomes can achieve a healthier diet.

Eating healthily – messages for individuals

The main messages for healthy eating for adults and children over 5 years old are:

- Enjoy your food! Healthy eating can be tasty and interesting. The key is to eat a variety of different foods.
- Eat at least 5 portions of a wide variety of fruit and vegetables a day.
- Eat lots of starchy foods. Base your healthy eating on foods such as bread, potatoes, rice and pasta. Eat a variety of foods from this group and go for wholegrain or wholemeal starchy options as they are also high in fibre.
- Eat moderate amounts of meat, fish and alternatives. Aim to eat at least 1 portion a week of oily fish such as sardines, pilchards, salmon or mackerel.
- Eat moderate amounts of milk and dairy foods. Choose low-fat options such as skimmed milk, low-fat yogurt and lower fat cheese where possible.
- Try not to have foods and drinks that are high in sugar too often, and when you do have them have them in small amounts (see *Checking the labels* below).
- Eat small amounts of foods that are high in fat (see *Checking the labels* below).
- Eat small amounts of foods that are high in salt (see *Checking the labels* below).
- If you drink alcohol, drink within the sensible limits.



See Tool A1 *Research evidence of the benefits of healthy eating.* This summarises the evidence underpinning the healthy eating messages.

See Tool A2 *The Balance of Good Health.* The Balance of Good Health summarises the basic principles of healthy eating. Tool A2 is a short version of this, for use by health professionals.

Managing weight

Body weight is determined by the balance between energy consumed from food and drink (calories) and energy used up through maintaining the body's functions and physical activity.

The Body Mass Index provides an indication of whether a person is the right weight for their height. It is calculated by dividing a person's weight in kilos by their height in metres squared, using the units kg/m². As a guide, adults should aim to maintain a Body Mass Index of between 20 and 25. The ideal BMI for children varies with age and sex. Height/weight charts also allow people to check what their ideal weight is.



See Tool A8 *Height/weight chart for adults.*

See Tool A9 *Children's BMI charts.*

Checking the labels

You cannot tell what pre-prepared foods contain unless you check their labels. Table 1 below is a quick guide to reading food labels in order to choose healthier options.

Table 1 Checking food labels		
	A lot: These amounts or more	A little: These amounts or less
Sugars	10g	2g
Fat	20g	3g
Saturated fat	5g	1g
Sodium	0.5g	0.1g
Salt	1.3g	0.3g

The figures are for a single serving of a food. With foods that are eaten in small amounts check the 'per 100g' amount given on the label.
Adapted and reproduced with permission of the Food Standards Agency.

Guideline Daily Amounts

Guideline Daily Amounts outline the target dietary intake levels for key nutrients, for the average-sized man and woman with an average level of physical activity (see Table 2). They are based on the government's nutrient-based recommendations for the population (see Tool C4). Although there are no population-based recommendations for energy, the average man is estimated to require 2500Kcal per day and the average woman 2000Kcal per day. Guideline Daily Amounts are provided on food labels by some retailers and manufacturers in the UK to help consumers understand the information in the context of the recommended diet.¹

	Men	Women
Fat	95g	70g
Saturates	30g	20g
Sodium	2.5g	2g
Fibre	20g	16g
Sugar	70g	50g

Source: See reference 1.

Why and how to eat healthily

This section summarises how foods in the different food groups affect health, and provides comprehensive lists of practical tips on how people on low incomes can choose and prepare healthier options from each group. The food groups covered include:

- Bread, other cereals and potatoes (starchy foods)
- Fruit and vegetables
- Meat, fish and alternatives
- Milk and dairy products
- Foods containing sugar, fat and salt.

Other minerals and vitamins and dietary supplements

Most people eating a variety of foods and a good balance of food types will not need to take mineral and vitamin supplements. Among those who may need supplements are women who are planning to be pregnant, or who are pregnant. They may need extra folic acid. Some teenage girls and young women may benefit from calcium and iron supplements, and older people may need extra iron, calcium and vitamin D. Certain black and ethnic minority groups who follow the tradition of wearing clothes that cover up most of the body may be at risk of vitamin D deficiency, due to lack of exposure to the sun.

Alcohol

Alcohol can add enjoyment to life, but only if it is drunk in moderation. Long-term, moderate consumption of alcohol can lower the risk of coronary heart disease and stroke. However, excessive alcohol consumption is associated with crime and accidents in the short term, and over long periods it can lead to conditions such as liver cirrhosis and some cancers.² The recommended daily benchmarks for sensible alcohol intake are a maximum of between 3 and 4 units a day for men, and between 2 and 3 units a day for women. In Britain, 38% of men and 24% of women exceed these limits every week. Among young people aged 19-24, 54% of men and 50% of women exceed these limits every week.³

A list of practical tips for sensible drinking is given on page 33.

Table 3 Number of units of alcohol found in common drinks	
Drink	Number of units
Half a pint of standard strength beer, lager, or cider	1
One small glass of wine	1
Alcopops	1.5
One standard measure of spirits	1

Undernutrition

Although the main dietary problems in the UK are caused by overnutrition, there are still some groups of people who are at risk of undernutrition. The risk factors for undernutrition include:

- severe physical illness
- times before, during and after admission to hospital
- physical difficulty in eating
- vulnerable psychosocial situations
- psychological illness.



Tool A10 *Assessing undernutrition* provides information on the groups of people vulnerable to undernutrition.

Tool A11 *Malnutrition Universal Screening Tool (MUST tool)*. This is a screening tool to identify adults who are malnourished, at risk of malnourishment or obese. It can be used in hospitals, community and other care settings and can be used by all care workers.

Section B: Why consider what people eat?

Modern malnutrition and obesity

Levels of overweight and obesity are high and rising in the UK, due to excessive energy intakes compared with energy spent. Eleven per cent of nine year olds are obese, while over 59% of all adult women and 68% of all adult men are overweight or obese.⁴ The combination of obesity and a diet dominated by sweet, salty and fatty foods with too little fruit and vegetables and fibre is known as modern malnutrition.

Poor nutrition is a major health risk

Poor nutrition contributes to at least 30% of coronary heart disease deaths and 33% of all cancer deaths.^{5,6}

The wider effects of poor nutrition

Poor nutrition may have wider effects. For example, it has been linked to behavioural problems and a lack of concentration in children at school.^{7,8}

Inequalities in diet-related diseases

There are considerable inequalities in diet-related diseases in England. For example, socioeconomic differences account for nearly 6,000 premature deaths from cardiovascular diseases a year in men under 65 years.⁹ This trend is seen in people on lower incomes across all age groups.

There are also significant geographical differences in diet-related diseases across the UK. Finding out what these are is an essential first step in developing a local nutrition and food poverty strategy.

Inequalities in what people eat

The term 'food poverty' has been applied to people who are unable to choose, buy, prepare and eat an adequate quantity of good-quality foods in keeping with social norms. Those most likely to be in food poverty are older people, people with disabilities, households with dependent children or someone who is unemployed, and members of black and minority ethnic groups.

Section C: Why prioritise strategies for nutrition and food poverty?

This section shows how local nutrition and food poverty strategies can help to achieve local targets and how they are central to the government's health agenda. It also shows how such strategies give benefit to and receive support from some of the government's other programmes.

Developing a local nutrition and food poverty strategy:

- will help tackle national and local priorities and targets for PCT and local government plans
- can be an excellent basis for a health equity audit
- can form an excellent basis for working in local partnerships, and
- can provide a good basis for a health scrutiny report.

The government's health agenda related to food poverty

The most important government priorities related to food poverty are health inequalities and the priority health areas. Reducing health inequalities is a national priority for both the NHS and local government. They share the same Public Service Agreement target of reducing inequalities in health outcomes by 10% by 2010.

Nutrition and food poverty are central to the government's priority health areas of cancer, coronary heart disease, older people, and improving life chances for children.

The government's environment, social and education agendas related to food poverty

Socioeconomic and environmental circumstances (the wider determinants of health) play an important role in health inequalities. The policies, PSAs and programmes of several government departments such as the Home Office and Department for Work and Pensions, support action around the wider determinants of health. These are outlined in Table 11 on page 74, and described in Tool C2.

Local authorities can also develop Local Public Service Agreements to reflect local and national priorities.

The Common Agricultural Policy and food poverty

The government is seeking reform of the Common Agricultural Policy away from subsidies for production towards a food supply chain which meets consumers' requirements and delivers more customer-focused, competitive and sustainable food and farming.

The economic benefits of improving diets

Treating diet-related ill health costs the NHS an estimated £2 billion each year. However, this grossly underestimates the total cost to the economy from production losses through illness and informal carers.¹⁰

Section D: Developing a local nutrition and food poverty strategy

The first stages of developing a local nutrition and food poverty strategy involve reviewing the health benefits of action on reducing food poverty and establishing food poverty as a priority issue. These stages are covered in the earlier sections of this toolkit.

This section gives further background information to help develop and write a local nutrition and food poverty strategy. The following issues need to be considered when developing a local strategy:

- Recognising the underlying barriers to healthy eating
- Identifying target groups and communities
- Identifying the community's views on needs, barriers and opportunities
- Choosing a theoretical model to underpin the strategy
- Choosing local interventions
- Working in partnership
- Deciding on aims and objectives
- Developing targets and indicators
- Evaluation
- Dissemination
- Sources of funding
- Promotional plan
- Education and training on nutritional issues for professionals involved in the project
- Project management
- Risk management

Section E: Choosing interventions to reduce food poverty

This section looks at those barriers to healthy eating for which actions can be organised and delivered locally. For interventions to be effective they need to tackle a range of barriers and be supported by coordination between local planning authorities, health authorities and other key players.¹¹

This section also outlines the different settings for local food programmes and underlying principles for success. Examples of good practice are provided for programmes and for individual project components of programmes in the different settings.

Settings for local food programmes

The community

Community projects can have an effect on eating habits and can improve skills and confidence in purchasing and preparing food. However, assessment of the success of food projects should include their wider effect on regeneration and social capital.

Schools

There are several types of school food projects that can be effective in improving diets, but to maximise their effectiveness they need to be part of a whole-school approach.

Workplaces

Workplaces offer opportunities to promote healthier lifestyles – including healthy eating – as they have a stable population, a constant environment and opportunities for peer support or competition. Workplace nutrition interventions are generally aimed at weight loss, healthy eating and healthy catering.

Primary care

Nurse-led lifestyle modification programmes can result in modest changes in risk factors. It is suggested that the most appropriate role for GPs is to give their endorsement to the importance of nutrition both to patients and to other members of the primary care team. Lay 'food health advisors' who are trained to work with primary care teams can help to increase the coverage of community initiatives and act as a link between formal health services and the community.

Individual components of local food programmes

Examples of individual components of local food programmes are provided for projects in the school and community settings, along with details of sources of further guidance.

Projects in the school setting

Examples include school food policies, breakfast clubs, school lunches, school cooking clubs and healthy snacks.

Projects in the community setting

Examples include information projects, transport to supermarkets, community cafés, cooking clubs, locally grown food projects, community shops, community food co-operatives, food redistribution, and services for older people.

Local communities and PCTs may also be interested in joining campaigns to tackle areas which have not yet been adequately addressed by government policies, such as food advertising on children's TV and reform of the Common Agricultural Policy (CAP) to support healthy diets.

Section F: Resources

This section gives details of useful publications, organisations and websites.

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Introduction

The aim of the toolkit

The aim of the *Nutrition and Food Poverty* toolkit is to help professionals within primary care trusts (PCTs) and Local Strategic Partnerships (LSPs) to develop strategies and programmes to improve the nutrition of those living in food poverty. Taking a lifecourse and food chain approach, these strategies will increase people's control over what they eat by:

- offering help to individuals to improve understanding about what a healthy diet is
- emphasising the *benefits* of a healthy diet
- supporting individuals and communities to change to a more healthy diet through local programmes which address local barriers to change, and
- ensuring that these local nutrition and food poverty strategies include local implementation of the many relevant national strategies, including strategies in health, social welfare, food and farming, retailing, sustainable development, regeneration, transport and education.

Who the toolkit is for

The toolkit has several target audiences and the box below shows how the toolkit can help each one.

Target audience	How the toolkit can help
Strategic planners in the NHS Including: <ul style="list-style-type: none">• directors of public health in strategic health authorities and primary care trusts (PCTs)• board members of primary care trusts• health promotion specialists• dietitians	To help strategic planners to include practical action on tackling food poverty within their Local Delivery Plans and PCT plans, addressing health improvement and reducing health inequalities.
Strategic planners in local government	To inform the development of community strategies, local neighbourhood renewal strategies and Local Public Service Agreements so that they will target issues related to food poverty and so reduce inequalities in health and well-being.

Continued on next page

Local Strategic Partnerships	To help those working on food-related issues in health, education, social services and environmental services to understand each other's agendas, increasing the success and sustainability of strategies which impact on food poverty.
Registered public health nutritionists Dietitians Health promotion specialists 5 A DAY coordinators Community food workers	To help these professionals to make the case for action on addressing food inequalities as well as changing diets and behaviour, particularly when addressing colleagues in primary care and in Local Strategic Partnerships.
National Service Framework (NSF) coordinators and leads	To contribute to the delivery of the National Service Frameworks for coronary heart disease, older people and diabetes, the <i>NHS Cancer Plan</i> , and the National Service Framework for children.
Primary care professionals	To inform primary care professionals about the damaging effects of poor diets and about positive messages for patients about healthier diets.
Physical activity specialists	To help in the management of clients who are overweight or obese, and to prevent overweight and obesity in clients.

How to use the toolkit

The *Nutrition and Food Poverty toolkit* is arranged in six sections. They are not meant to be read in one sitting! Each one has its own objectives and is aimed at particular audiences. The Tools at the end of the sections give more in-depth information. You can refer to these when you need to for a particular strategy, programme or intervention. The toolkit also contains examples of leaflets and booklets for the public which you can order for your programme. Some are available free of charge. The six sections are:

Section A: What is healthy eating?

This section gives the main healthy eating messages for most individuals, explains the beneficial effects of food on health, and provides practical tips on how people on low incomes can achieve a healthier diet.

This section can be used by a range of health professionals, including primary care professionals to help in consultations, and by physical activity specialists to help in the management of clients who are overweight or obese.

Section B: Why consider what people eat?

This section shows the importance of poor diets in the development of avoidable chronic diseases, and in health inequalities.

This section can be used by public health professionals, registered public health nutritionists, dietitians, community food workers and other professionals as background information on which to base strategies on nutrition and food poverty, or for making the case for action to colleagues in primary care.

Section C: Why prioritise strategies for nutrition and food poverty?

This section shows how nutrition and food poverty strategies can help to achieve local targets and how they are central to the government's health agenda. It also shows how such strategies give benefit to and receive support from the government's environment, social and education policies and programmes, and outlines the effects of the Common Agricultural Policy.

This section will help professionals to establish food poverty as a priority issue.

Section D: Developing a local nutrition and food poverty strategy

This section gives background information to help you develop and write a local nutrition and food poverty strategy. It covers a range of issues which need to be considered when developing a strategy, including information on the barriers to healthy eating. It also gives an outline of a local strategy. The first section – *Recognising the underlying barriers to healthy eating* – will also be useful for health and physical activity professionals.

Section E: Choosing interventions to reduce food poverty

This section describes the types of settings for local food programmes, and the range of local projects that can be successful in tackling food poverty and the barriers to healthy eating. It includes several examples of good practice.

Section F: Resources

This section lists sources of further information – publications, organisations and websites – on the scientific basis of healthy eating and on developing strategies to improve nutrition and alleviate food poverty.

