

Developing a local nutrition and food poverty strategy

D

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 by the earlier sections of this toolkit.

This section gives further background information to help you to develop and write your strategy. It has been organised to help you in this process but, when you come to write the strategy, you will not necessarily follow these steps in the order given here. For a menu of the types of local food projects that can be successful, see Section E *Choosing interventions to reduce food poverty*.

The following issues to consider are covered in this section:

- 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 your strategy
- Choosing local interventions
- Working in partnership
- Deciding on aims and objectives
- Developing targets and indicators
- Evaluation
- Dissemination of good practice
- Sources of funding
- Promotional plan
- Education and training on nutritional issues for professionals involved in the project
- Project management
- Risk management



See Tool D1 *Outline of a local nutrition and food poverty strategy*. This tool gives an action plan for writing a strategy and shows where to find the relevant help in this toolkit.

Recognising the underlying barriers to healthy eating

Among people on low incomes, cost is the main determinant of what food is bought.¹ However, choice of food also depends on a range of factors which affect the availability and accessibility of buying and preparing healthy foods, as well as attitudes to and awareness of healthy eating.



See Tool D2 *Framework of the barriers to healthy eating on a low income*. This shows a framework of the factors involved.

The main areas of barriers to healthy eating on a low income are:

- Low income and debt
- Poor accessibility to affordable, healthy foods
- Sociocultural factors
- Factors in food production and the food chain
- Lack of opportunities to experiment and to develop cooking skills for healthy meals
- Lack of accessible and accurate information
- Food labelling
- Food marketing
- Poor literacy and numeracy skills.

Low income and debt

Household incomes depend on a range of income sources, including wages, pensions, family support, benefits and tax credits. The proportion of the population in Great Britain living in poverty has declined from a peak of 21% in the early 1990s to 17% in 2001/02. However, it remains well above the early 1980s level of 10%-15%.

Children are disproportionately present in low-income households. In 2001/02, 2.7 million children were living in low-income households (before deduction of housing costs). After rising to a peak of 27% in the early 1990s, the proportion has fluctuated, but has fallen in recent years, to 21% in 2001/02.²

The government has introduced several measures to reduce poverty, particularly for families with children. However, benefit levels have not been devised with an allowance for a healthy diet, and those living on benefits for prolonged periods will often be in food poverty. Low benefits levels are compounded when people do not claim their full benefit entitlement. Debt and automatic deductions from benefits (including for utility bills and credit cards) can build up, eating their way into money for food.³

Poor accessibility to affordable, healthy foods – ‘food deserts’

The development of out-of-town supermarkets and the closure of shops in socially deprived areas over the last 30 years has led to poor quality and choice and high prices in the remaining small, local shops. Even if discount stores are available locally, they often offer only a limited range of foods, particularly of fresh foods. Lack of convenient and affordable transport to reach supermarkets means that the poorest people often have to pay higher prices for a healthy range of foods than those who are better off.⁴ This has led to the concept of ‘food deserts’.^{5,6}

There is currently debate over whether food deserts do exist. Research has identified some areas where people live too far away (more than 500 metres) to walk to good-quality food shops.⁷ The preliminary results of one study indicate that opening a food superstore in a ‘food desert’ significantly increases fruit and vegetable consumption.⁸ However, a recent analysis has indicated that poorer people tend to live near shops with good food choices, but tend to shop in discount shops where availability and quality are less but the food is cheaper. Food deserts can therefore be a result of poverty rather than of retail geography.⁹

Sociocultural factors

There are many sociocultural factors which affect our taste, food preferences and choices.^{10,11} Those which have frequently been shown to be associated with inhibiting dietary change include family food norms/preferences, family resistance/lack of support and childcare demands.¹² Beliefs and values attributed to certain foods may also act as barriers to change.¹³ The area of food acceptability and choice is now the subject of a research programme by the Food Standards Agency.¹⁴

Factors in food production and the food chain

Eating a healthier diet is, in several respects, made more difficult by the nutrient content of the foods that are easily available to buy. For example, 75% of our very high salt intake comes from processed food¹⁵ and, although people are eating less whole milk, the fat of the milk is finding its way back into our diets by being used in pre-prepared foods.

Lack of opportunities to experiment and to develop cooking skills for healthy meals

Many people of all income groups now lack the skills and confidence needed to cook and they rely more on convenience pre-prepared foods. This disproportionately affects people on low incomes. In addition, people on low incomes may lack basic cooking equipment, especially if living in temporary accommodation or bed and breakfast. Poor families often choose convenience foods because these are relatively cheap, acceptable to children, come in regular portion sizes and there is no waste. Heating convenience foods can also save money on fuel bills, as cooking from basic ingredients uses more fuel.

Lack of accessible and accurate information

Understanding what makes a healthy diet and how to choose appropriate foods is fundamental to eating well, although advice by itself is not usually successful in changing behaviour. We receive information on foods from a wide variety of sources, including the press, food packaging and labelling, food marketing, TV programmes, books and the internet, schools and health education. Some of this information may not be accurate or may not be accessible if it is not in the reader's language, or if there are poor literacy and numeracy skills. Much of the information that people receive is contradictory. It is therefore most important that health professionals put out consistent, evidence-based messages.

Food labelling

Labelling of foods is often difficult to interpret, particularly in the context of shopping in limited time. Sometimes food labels can be misleading – for example, claims that fatty foods have 0% cholesterol. Further regulations on food labelling to ensure that they are more informative and not misleading would be helpful.

Food marketing

In 2001, £594 million was spent advertising food in the UK and £116 million (around 20%) was contributed by the top four confectionery manufacturers. Much of this advertising is targeted at young children because they have a significant influence on the foods their parents buy. This is known by marketers as 'pester power'.¹⁶ Children engage with and enjoy food promotion. A systematic review of the research literature has shown that food promotion has an effect on children's preferences, purchase behaviour and consumption. This effect is independent of other factors and influences both choice of brands and overall purchasing of foods within the advertised categories.¹⁷

Ninety-nine per cent of foods and drinks advertised to children during Saturday morning children's TV were high in fat, or sugar or salt.¹⁸ Cakes, biscuits and confectionery make up 46% of food advertising on children's ITV. However, on late evening TV their combined proportion was just 13%.

Poor literacy and numeracy skills

People who have difficulty in reading are at even greater disadvantage. Poor literacy and numeracy skills are barriers to information, cooking, managing the household budget and

employment. People with poor literacy, numeracy or language skills tend to be on lower incomes or unemployed and they are more prone to ill health and social exclusion. In 1999 there were 7 million people who could not read to the level that would be expected of an 11 year old, and even more have trouble with numbers. Of these, 1 million are under 25 years old and 4 million are aged between 26 and 55. Half are in low-paid employment and one-third of unemployed people have poor literacy skills.¹⁹

Identifying target groups and communities

Sizeable areas of poverty will be well known to local health and public health professionals. Those people most likely to be experiencing food poverty are: those who are living on low incomes or who are unemployed; older people; people with disabilities; households with dependent children; and members of black and minority ethnic communities.

Quantifying the extent of need is vital for prioritising, securing funding and evaluation. Quantitative data can be obtained from local information on the prevalence of and deaths from diet-related diseases, and by identifying areas of deprivation. Your public health observatory may already have the information you need or will be able to offer further advice (www.pho.org.uk).



Further guidance

Local basket of inequalities indicators

Produced by the Association of Public Health Observatories and the Health Development Agency. Available from: www.lho.org.uk
Gives a selection of local health inequality indicators.



See **Tool D3** *Sources of data at ward level.*

Identifying the community's views on needs, barriers and opportunities

Qualitative information on the community's own views of their needs and on current barriers to eating well is a vital foundation to a successful programme and can only be obtained by asking the community. This can be achieved in the following ways.

Community mapping

Community mapping is a process that uses participatory appraisal methods to engage communities in assessing their own needs around food and food access. The process of community mapping produces a map of an area which illustrates the local food economy. The process also aims to inform and empower local people in order to build their capacity to address their own problems.

Community meetings and local surveys

Holding community meetings, discussion groups or focus groups, or conducting local surveys, can help fill the gaps in readily available information. The questions you ask will depend on the broad objectives of your programme and should be based on a prior understanding of the wide range of possible barriers. (See *Recognising the underlying barriers to healthy eating*, on page 93.)

Food mapping

Maps can be produced using Geographic Information System (GIS) software showing which roads are within reasonable walking distance of shops where food is reasonably priced and which sell a variety of fruit and vegetables.



Further guidance

Reaching the Parts ...

Published by Sustain. Price £20.

A guide to community mapping.

Making Links: a Toolkit for Local Food Projects

Published by Sustain.

See section 2 for a guide to developing and conducting local surveys, and sample questionnaires.

Community Mapping Project

A project where participatory appraisal methods are being used.

For more information, see www.sustainweb.org/poverty_commap.asp

Choosing a theoretical model

Underpinning your strategy with an appropriate theoretical model will help to ensure that your interventions are appropriate to your target audience. It will also help you to clarify the programme's aims and objectives and to plan the evaluation. The main theoretical models that have been used successfully in nutrition interventions are:

- The Health Belief model
- The Theory of Planned Behaviour
- The Stages of Change model
- The Food Access model.



Further guidance

A Local 5 A DAY initiative. A Handbook for Delivery

Produced by the Department of Health. Available from www.dh.gov.uk

This contains a summary of the theoretical models listed above.

Choosing local interventions

If local programmes are to relieve food poverty in sustainable ways, they must identify and address a significant range of the underlying barriers to healthy eating. Many of the barriers to healthy eating are clearly outside the scope of the health services but some can be addressed by nutrition and food poverty strategies if health, social, education and environmental services and local communities work together where their agendas overlap. Section E of this toolkit offers a menu of the range of actions that can lower the barriers to healthy eating on a low income and that can be addressed by local projects.

Other local policies may contribute to some of the barriers to healthy eating. Health impact assessment can be used to estimate the consequences of current policies and the likely consequences of proposed changes.



Further guidance

Introducing Health Impact Assessment: Informing the Decision-making Process

Produced by the Health Development Agency. Available from www.hda-online.org.uk.

Provides a simple overview of the health impact assessment approach.

Working in partnership

Involving potential partners from the outset with a common planning process and joint needs assessment will make the task of reconciling agendas much easier. Partnership working between local authorities and health organisations is now directed by government policies and enabled by

the Local Government Act 2000, the Health Act 1999 and the Crime and Disorder Act 1998. These give powers of flexibility, enabling budgets to be pooled to serve the common objectives of improving well-being and health. There is currently some confusion about what flexibilities are allowed by various government departments. The Health Development Agency has conducted a survey of all government departments' flexibilities (see *Pooling Resources across Sectors*, in *Further guidance* below).

As well as the **local communities** and **local food networks**, partners can include the following.

Local authorities

Many departments within local authorities may be interested in becoming a partner or supporting the local nutrition and food poverty strategy as part of their community plan. These include: social services, anti-poverty, community safety, trading standards, lifelong learning and education, housing, tenants' and residents' associations, environmental health, leisure services, neighbourhood renewal plans, Sure Start, Local Agenda 21, and rural and urban planners.

National charities

Partners might include charities with a related agenda in health, environment, education or social care, or those with a focus on your target groups and illnesses.

Local organisations

Other partners could include retailers, transport providers, local employers (including the NHS and local authorities), local growers and caterers, local media and higher education institutes.



See Tool D4 *Working in partnership with local authorities*. This gives an outline of the types of local authorities in the UK and the types of services they provide which can impact on nutrition.



Further guidance

Partnership Working. A Consumer Guide to Resources

Produced by the Health Development Agency. Available from www.hda-online.org.uk/documents/partnership_working.pdf
This is a useful review of the many different resources available in printed form or on the web.

Pooling Resources Across Sectors: A Report for Local Strategic Partnerships

Produced by the Health Development Agency. Available from www.hda-online.org.uk

Reducing Inequalities: Local Government and the NHS Working Together

Published by the Health Development Agency in association with the Local Government Chronicle and the Health Service Journal. Available free from: www.hda-online.org.uk/documents/hsj_lgc_hda_supplement.pdf

Prevention is Better than Cure

Produced by the Faculty of Public Health Medicine, the Local Government Association, NEXUS and the NHS Confederation.

Available free from the Faculty of Public Health website www.fph.org.uk

Based on a conference held in 2002, this publication examines the potential for joined up working between the health services, local government, the voluntary sector and other organisations and agencies which work to improve and support public health.

Food: The Local Vision

Published by the Food Standards Agency, the Local Government Association and LACORS, 2002. Downloadable free from the websites of any of these organisations. (For website addresses see page 159.)

Promotes the vision of local councils in community health and the importance of providing access to safe, sustainable and nutritious food. The publication contains a number of good practice examples on food issues.

Health and Neighbourhood Renewal

Produced by the Department of Health and the Neighbourhood Renewal Unit.

Available free from www.dh.gov.uk. Printed copies can be ordered from Department of Health Publications on 08701 555 455.

A comprehensive guidance document that is an essential read for all those who work within or with local authorities. It is particularly useful for Local Strategic Partnerships, New Deal for Communities, Healthy Living Centres, Healthy Schools/Workplace initiatives and the Neighbourhood Renewal Strategies.

Making the Connection. Trading Standards: Contributing to Public Health

Produced by the Trading Standards Institute (TSI).

This document challenges the trading standards profession to be more involved in nutrition issues and provides a strong case for the profession to be seen as part of the 'wider public health workforce'.

Deciding on aims and objectives

The aims and objectives of your strategy will depend on the local needs of the target groups and also on the agendas of the various local organisations that could be valuable partners. Although these agendas will overlap with health agendas in some areas, in others they will not, and may even conflict. For example, the main purpose of school breakfast clubs from the school's perspective may be to get children to school on time and having eaten something. However, in many breakfast clubs, the children are offered rather unhealthy food. It is therefore important that organisations understand these different agendas so that they can be acknowledged and reconciled. Your aims and objectives should clearly reflect your joint agendas and they must be measurable through indicators of progress and/or targets.



Further guidance

An Evaluation Resource for Healthy Living Centres

By J Meyrick and P Sinkler. Published by the Health Development Agency, 1999.

Available free online from the Health Development Agency (www.hda-online.org.uk).

This excellent guide goes through the evaluation process, starting with setting the aims, objectives and targets, and has many ideas for indicators of progress.

A Local 5 A DAY Initiative. A Handbook for Delivery

Published by the Department of Health. Available free from www.dh.gov.uk

Developing targets and indicators

You and your partners will need to decide what the local strategy can achieve and in what timescale. Developing targets is an excellent way of thinking through your strategy and planning the evaluation. (See *Evaluation* on page 100.) Holding a workshop of partners and participants, facilitated by experienced researchers, can be very productive in this process.

The benefits of developing targets and indicators include the following:

- Targets turn your objectives into reality with definite timelines and specific goals. They can be quantitative or qualitative and concern actions or outcomes.
- Indicators describe change and can be used to monitor progress towards your targets.
- The process of developing and publishing the results of indicators of progress and targets can further identify needs and promote local action.
- Your targets can contribute to the targets that LSPs are expected to set for tackling deprivation, including local health inequalities.
- With targets, the strategy can be part of a local equity audit and you can demonstrate how it will contribute to the national inequalities targets for health and local authorities (see Section C).

Examples of types of targets and indicators

Input

Partners involved

Level of funding secured

Numbers of health professionals involved

Process or action

Numbers and types of services developed
Numbers of people attending
Lobbying MPs about food labelling

Intermediate outcomes

Improved health literacy
Raised self-esteem
Increase in fruit and vegetable consumption
Improved access to wider food choices
Whether food poverty has become a consideration in related local policies, e.g. transport planning
Community empowerment

Final outcomes

Change in well-being and health
Community development
Change in local and national policies



Further guidance

Closing the Gap: Setting Local Targets to Reduce Health Inequalities

By J Bull and L Hamer. Published by the Health Development Agency, 2002.
A guide to developing local targets.

The Food Indicator Toolkit

By the SAFE Alliance. Available from Sustain.

An Evaluation Resource for Healthy Living Centres

By J Meyrick and P Sinkler. Published by the Health Development Agency, 1999.
Available free online from the Health Development Agency (www.hda.nhs.uk).
This excellent guide goes through the evaluation process, starting with setting the aims, objectives and targets, and has many ideas for indicators of progress.

Evaluation

There are two basic rules for successful evaluation:

- 1 The evaluation process must be thought through from the start, at the same time as you develop the strategy's aims, objectives and targets.
- 2 Adequate funding must be set aside for the evaluation. A good guide is 10% of the total budget. Ten per cent of the total budget may seem a lot of money that could otherwise go directly into services. However, a robust evaluation is needed to ensure that the project is effective and efficient (value for money) and sustainable, as it will be essential to secure continuing funding or mainstreaming. It will also add to the evidence base, which is currently not large, thus increasing the likelihood of future funding for other community initiatives.

Evaluation of community projects is not easy and not everything can be evaluated. The rationale for evaluation can include:

- to inform the day-to-day running of the project, to try to improve interventions and possibly to develop new ones
- to demonstrate worth and value for money to the funder, in order to support requests for continued or additional funding
- to define and examine successes and failures with all stakeholders, and to know how and why something works, as well as attempting to understand why it may not

- to develop models of good practice that are then disseminated to others
- to contribute to the debate on food poverty.²⁰

The key areas to evaluate must be agreed among the partners, including the participants, to reflect their different agendas. Evaluation will include:

- measuring indicators of progress, including progress towards any targets
- assessing how well various aspects of the strategy were perceived to work from the viewpoint of professionals and communities
- assessing whether the changes were a result of the intervention.

It is essential to include in your project team someone with expertise in the evaluation of community projects. This could be someone from the health or environment departments of a local university or further education college, a local dietitian, or someone from the nutritional department of a hospital or the community.



See Tool D5 *HEBS Research & Evaluation Toolbox.*

See Tool D6 *Validated dietary questionnaires.* This gives examples of validated questionnaires suitable for assessing diets in community or primary care projects.



Further guidance

Self-evaluation. A Handy Guide to Resources

From the New Opportunities Fund (www.nof.org.uk).

An Evaluation Resource for Healthy Living Centres

By J Meyrick and P Sinkler. Published by the Health Development Agency (www.hda.nhs.uk).

This excellent guide is available free online from the Health Development Agency. It goes through the evaluation process, starting with setting the aims, objectives and targets, and has many ideas for indicators of progress.

A Recipe for Success? An Evaluation of a Community Food Project

Published by the Centre for Research in Social Policy, Loughborough University.

This is a helpful account of an evaluation.

A Critique of Evaluation Resources for the Public Health Development Library

Available from the Public Health Electronic Library (PHEL) evaluation website www.phel.gov.uk

This document provides a critique of evaluation resources, guides and toolkits aimed at those working in public health and health improvement.

Dissemination

A robust evaluation will enable others planning community initiatives to benefit from your experiences. However, they first of all have to hear about your successes. Your dissemination plans could include:

- placing a description of your project on Sustain's Food Poverty Project database (www.foodpovertyprojects.org.uk)
- giving presentations at conferences
- writing articles for professional magazines and newsletters, for example for *Let Us Eat Cake!*, the newsletter of the Food Poverty Network
- a paper in a peer-reviewed journal
- local media, and
- community and school newsletters and meetings.

Sources of funding

There is a wide range of potential sources of funding for your strategy, apart from health funds. A full list and contacts are given in *SRBs to PCTs* which is published by Sustain.²¹ The sources include:

- government-funded initiatives
 - Education Action Zones
 - 5 A DAY projects
 - National Healthy Schools Programme
 - Sure Start
 - Active Communities Programme
 - Children's Fund
 - Community Empowerment funds
 - Neighbourhood Renewal funding
 - Single Regeneration Budgets
- potential partners (see page 97)
- research and development funding
- National Lottery funds
- national charities with an interest in the focus of your strategy
- grant-giving trusts and foundations
- commercial sponsorship (but you will need to consider any potential conflicts of interest).

Promotional plan

There will have to be publicity in order to encourage sufficient numbers of people to use the projects organised within your nutrition and food poverty strategy. However, there will be several other areas of your strategy which will also benefit from promotional activities. You will need to develop a promotional plan whose objectives may include:

- to encourage participation in the projects by members of the target audience
- to raise awareness of the messages on nutrition among people who do not attend the projects
- to create a favourable public profile for the key partners, particularly political and funding partners, to increase the chances of sustainability
- to generate support among health care and other local professionals in related areas of the environment, education and social care.

You will want to make sure that several target audiences know about your programmes. These will include the potential users, health care staff, teachers and school governors, community development staff, various local authority departments, sponsors and potential future sponsors. Each target audience will need its own messages aimed at achieving specific objectives. For example:

<i>Target audience:</i>	Health care staff including GPs, practice nurses, dentists and community nurses.
<i>Message:</i>	Poor nutrition is a major source of early death and disability from many diseases.
<i>Desired outcomes:</i>	Increased interest, enabling uptake of educational programmes on nutrition, consideration of nutrition in consultations and encouragement of patients to be involved in local programmes.

Your programmes will benefit from a range of ways to obtain publicity. These include:

- having a high profile launch with a local or national personality
- direct contact between project workers and the target audience

- publicity through existing groups and networks
- offering features to local radio and newspapers
- distributing written, audio or video information in appropriate languages through local organisations and venues.

Involve your PCT communications lead from the outset as they will be able to advise you and will also have useful contacts with the media.

Education and training

Your interventions will have a greater chance of success if there is a sufficient level of knowledge of nutritional issues and support from the health professionals and other professionals either directly or indirectly involved with the project. Do not assume any level of knowledge. For example, the average GP in England has had only minimal education on nutrition. Short sessions as part of routine practice programmes – for example 15 minutes in a lunchtime meeting, backed up by handouts – can be effective. You can use the Tools in Sections A and C of this toolkit to prepare handouts for such sessions.

Project management

There will need to be a review of the progress of the programmes of the strategy at regular intervals and at key points. One way of doing this is to set up an advisory group involving the partners (including the users), funders and others who can add specific expertise, for example in evaluation and publicity.

Your strategy will also need at least one named individual who will have responsibility for developing and managing the programme. Larger strategies may need a team with an overall project manager. The main management roles will include:

- overseeing the day-to-day management and implementation of the programmes
- overseeing and taking responsibility for the evaluation
- managing the promotional plan
- overseeing education and training
- overseeing the financial management, and
- developing links to promote sustainability.

Risk management

The success of your project will depend on many underlying assumptions. Both these and the risks of events interfering with them, should be identified. This process is called risk management. The steps involved are:

- *identifying*: highlighting potential risks
- *prioritising*: scoring the risks both by potential harm and likelihood of occurrence
- *managing*: planning action to manage risks
- *reviewing*: periodically assessing the effectiveness of any action taken
- *reporting*: providing feedback to senior management.

There are several areas of food poverty projects in which risks will be present. These are shown in Table 12 on the next page.

Table 12 Examples of areas of risk for food poverty projects

Area of risk	Nature of risk (examples)	Consequences (examples)
Political	Government priorities may change.	Sustainability will decrease.
Legal	A food programme may break hygiene regulations.	The programme may be shut down.
Financial	Inflation may exceed forecasts and reduce the effective size of your budget.	A decrease in activities may lead to failure to meet objectives and targets.
Criminal	Fraud or theft.	Increased costs, including legal costs with reduced activities and negative publicity.
Human	Loss of key management.	Loss of coordination and momentum, and delays.

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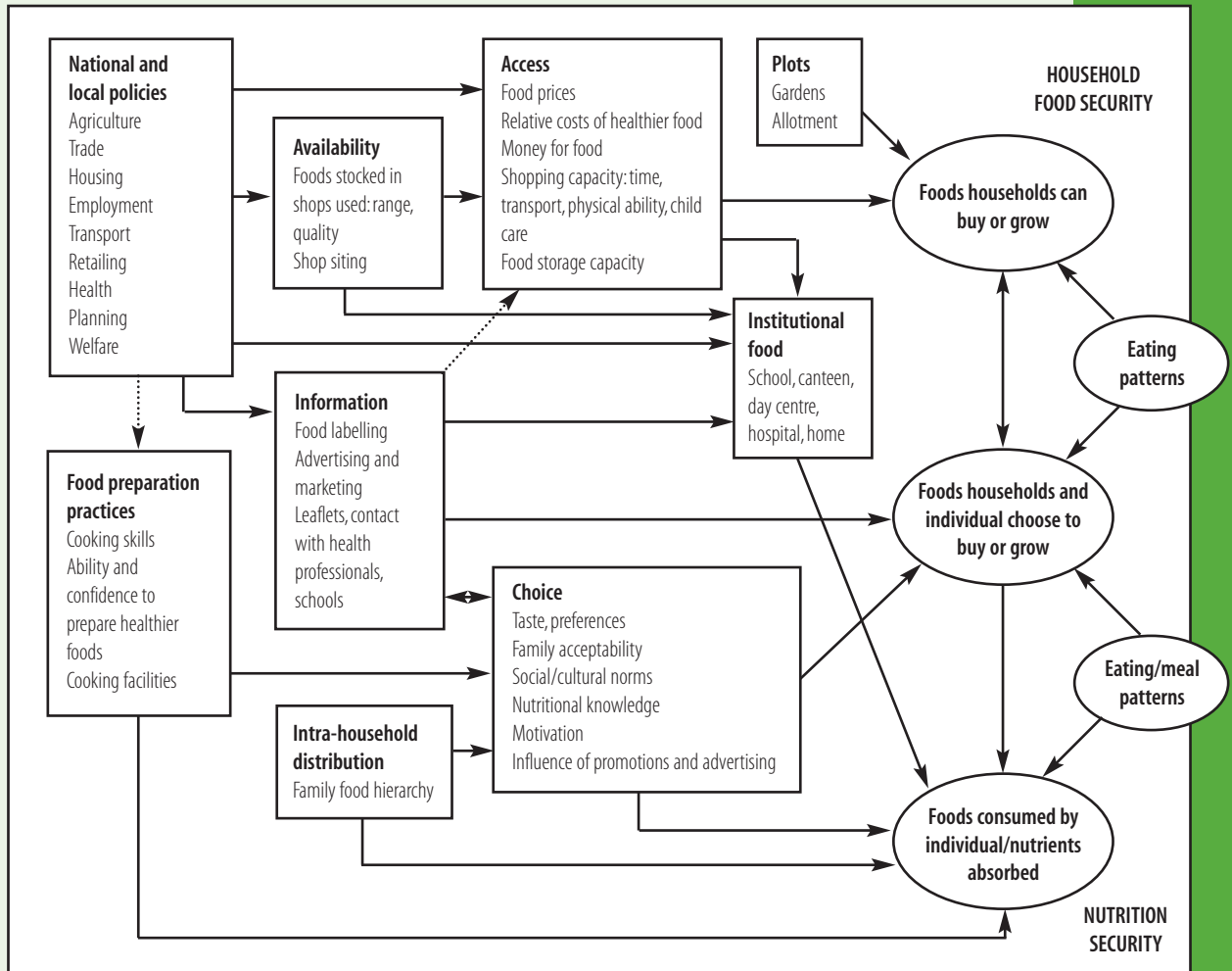
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Outline of a local nutrition and food poverty strategy

	Strategy contents	Sections of this toolkit which can help
1	Introduction A few lines giving the essence of your strategy.	
2	The benefits of a local nutrition and food poverty strategy An outline of the health benefits of better nutrition, the inequalities related to poor nutrition and the social, environmental and educational benefits related to your interventions.	Sections A and B
3	National policies, priorities and targets related to food poverty	Section C
4	Partners The main partners, the relevance of the strategy to their aims, and relevant local policies, priorities and targets.	Sections C and D
5	Aims, objectives and targets	Section D
6	Barriers, needs and opportunities Results of the local assessment of barriers, needs and opportunities.	Section D
7	Priorities and target groups The chosen priorities and target groups and the rationale behind the choice.	Sections A, B, C and D
8	Interventions The chosen interventions and the evidence for their effectiveness.	Section E
9	Evaluation An outline of the planned evaluation.	Section D
10	Cost The cost of the strategy, and sources of funding.	Section D
11	Sustainability A description of how the individual programmes of the strategy will be sustained after the initial period of funding.	Section D
13	Action plan An action or implementation plan for the programmes including: <ul style="list-style-type: none"> • details of the interventions • project management • details of the evaluation • education and training • promotion and publicity • dissemination of progress and of the results of the evaluation. 	Section D
14	Risk management	Section D

Framework of the barriers to healthy eating on a low income



Reproduced, with permission, from: Dowler EA, Turner S, Dobson BM. 2001. *Poverty Bites: Food, Health and Poor Families*. London: Child Poverty Action Group.

Sources of data at ward level

This Tool gives suggestions on where you can find data at ward level.

Ward level data on prevalence of diet-related diseases

- Coronary heart disease (CHD) registers in general practices. An early milestone in the National Service Framework for coronary heart disease was a practice register of all those diagnosed with coronary heart disease and this is now also a quality indicator in the new GMS contract.
- Diabetes and cancer registers in general practice and blood pressures of all those over 45 years are now quality indicators in the GMS contract.
- A diabetes prevalence model is available. This can estimate the prevalence of diagnosed and undiagnosed diabetes for any district or locality level for which age, sex and ethnicity data are available.¹
- PCT-level data on dental caries is available from the surveys coordinated by the British Association for the Study of Community Dentistry (available from www.dundee.ac.uk/dhsru/cdh/text2008.htm#f1)

Ward level data on mortality from diet-related diseases

- The Office for National Statistics (ONS) compiles mortality statistics – including statistics on infant mortality – which are based on registrations of death. The Public Health Mortality File is available down to ward and PCT level and postcode areas.² A charge is made for the data.

Ward level data on low birthweight

The public health birth file, compiled by the ONS, gives information on low birthweight down to PCT and ward level. ONS will supply local data to a named contact person in a health authority.

Identifying local areas of deprivation

- The Index of Multiple Deprivation 2000 is available down to ward level from the Office for National Statistics' website www.statistics.gov.uk under 'neighbourhood statistics'. It is based on the following six domains:
 - income
 - employment
 - health and disability
 - education, skills and training
 - housing
 - general access to services.
- The Rural Services survey, compiled by the Countryside Agency, has data at ward level on the availability of a range of services, including general stores, village shops and supermarkets. Available from www.countryside.gov.uk/ruralservices
- People living in council tax bands A and B or paying no council tax use primary care services more often than people living in other bands. This appears to be an excellent way of identifying the poorest people who have the worst health.³

Quality of life data

- The Audit Commission and the Improvement and Development Agency (IDeA) are developing a range of quality of life indicators, including community safety and community involvement. This is available from the Library of Local Performance Indicators at www.local-pi-library.gov.uk. Local authorities and LSPs may already be using these indicators. Some indicators are served by data that already have to be collected for other purposes; others will not be available unless a local survey has been carried out.
- The Department for Environment, Food and Rural Affairs has produced *Local Quality of Life Counts – A Handbook for a Menu of Local Indicators of Sustainable Development*, which contains 29 indicators for local authorities in England. It is available online at www.sustainable-development.gov.uk/indicators/local

References

- 1 Coyle E. *Implementing the Diabetes NSF. A Diabetes Prevalence Model*. Trent Public Health Observatory. Accessed from: www.trentpho.org.uk/products/diabetes/diabetesfinalmodel.xls
 - 2 Office for National Statistics. Public Health Mortality File. Information accessed from: www.statistics.gov.uk
 - 3 Beale N. 2000. Council tax valuation band as a marker of deprivation and general practice workload. *Public Health*; 114: 260-64.
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Working in partnership with local authorities

Types of local authorities

For largely historic reasons, related in part to the geographical and population size, there are five types of local authorities in England. These are:

County Councils (CC)

District Councils (DC)

These can be called District, Borough or City Councils.

Metropolitan Districts (M)

These are called Metropolitan Borough or City Councils.

Shire English Unitaries

Shire English Unitaries (U) can be called a council (e.g. Medway Council), and also in some cases a District, City or Borough Council (e.g. Nottingham City, Reading Borough Council), and in one case only Rutland which is called a County Council.

London Boroughs (LB)

These include the Corporation of London. London also has the Greater London Authority (GLA).

Metropolitan Districts, English Unitaries, and London Boroughs provide all local authority services to the population in their area – including social services, education, environmental health, trading standards, housing etc – making them all-purpose authorities or single-tier councils.

In other areas (mostly rural) the system is split between the County Council and the District Councils, with the county providing some services (education, social services, trading standards, etc) and the District Councils providing other services (housing, environmental health, etc). The County Council provides around 80% of the services in these areas.

Joint working

The simplest situation for joint working is where there is a unitary local authority with a coterminous primary care trust (PCT). Examples include Milton Keynes, Solihull, Islington and the developing system in Wales. More complicated situations, such as the following, are common:

- PCTs relating to two tiers of local authority
- counties and districts which contain several PCTs
- counties and districts which surround a unitary metropolitan authority and its PCT or PCTs.

Services provided by local authorities

The list on the next page describes the main services provided by local authorities. Each service can have an impact on nutrition and food poverty, e.g. access, hygiene, or education of or contact with, or feeding 'at-risk' groups.

The contribution by a local authority to Local Strategic Partnerships can be managed from the Chief Executive's office (if there is one), a corporate department or a development service department, or a range of directorates. Local Strategic Partnerships are involved in the development of a number of strategies such as the community strategy and the neighbourhood renewal strategy so there will be a number of 'entry' points for PCTs to consider.

Within a local authority there will be an interest in food within an economic regeneration department with links to food industry, food production, farmers' markets and planning as well as

in the education department and social services due to catering and purchasing. The health scrutiny role is usually found in social services but could also be situated within a corporate department or development service department. The links within the local authority are critical to the PCT, particularly if there is more than one tier, when addressing nutrition and food poverty in any more than an *ad hoc* way.

More information on the services that local authorities provide is available from the Local Government Association website www.lga.gov.uk

Services provided by local authorities

Transport services

- Planning and delivering schemes to improve the transport network, including new roads, bus lanes, park-and-ride and traffic calming schemes
- Ensuring the efficient management of the transport network
- Maintaining the highway, which includes roads, footpaths, cycle-ways and bridges
- Supporting public transport; financial support for bus services that are socially necessary but unprofitable; and providing concessionary travel, transport and travel information
- Controlling car parking, including charging for on-street parking
- Providing bus travel to school, and transport services for people with special needs
- Community safety

Environmental services

- The collection, recycling and disposal of domestic waste
- Cleaning of streets and public places
- Provision of lighting to streets and public places
- Monitoring atmospheric pollution and noise from non-domestic premises and investigating complaints
- A range of public protection activities, e.g. safety of premises such as petrol stations, entertainment centres and shops
- Local Agenda 21

Education services

- Community education
- Student awards, grants and loans
- Education, including admission to schools, and exclusions
- Educational psychology
- Education welfare
- Special education and special needs teaching
- Governor services
- Lifelong learning and education
- Sure Start

Social services

- Day care and home care services
- Residential care
- Meals on wheels
- Supported living and personal support
- Children and family services
- Advocacy
- Hospital social work
- Equipment and aids to daily living
- Referral to other appropriate services

- Providing information on services
- Assessment of people's needs
- Anti-poverty and debt strategies

Planning services

- Preparing all statutory plans regarding land use and development
- Giving expert advice to developers to help ensure that developments take place
- Scrutinising and approving planning applications
- Investigating contraventions of planning approvals and regulations and taking appropriate action

Cultural and recreational services

- Arts, music, festival and dance development
- Sports and leisure facilities
- Library services, including mobile libraries
- Museums and heritage services
- Neighbourhood and community centres
- Grant aid to local voluntary groups
- Managing parks and open spaces, including playing fields, nature reserves, woodland and allotments

Trading standards services

- Inspection of business sites
- Advice to businesses or consumers
- Food sampling and food-related projects
- Weights and measures checks
- Checking accurate pricing, and sell-by dates
- Issuing licences for animal movements
- Product safety (for example electric blanket testing)
- Testing proof-of-age retail schemes, using volunteers
- Seizure of counterfeit goods
- Money/credit advice
- Doorstep sellers
- Home safety advice

Housing services

- Support and management of council-owned homes
 - Housing maintenance of council-owned homes
 - Housing advice centre
 - Housing applications from homeless people
 - Managing hostels for homeless people
 - Emergency alarm systems (advice and grants)
 - Grants for adaptations to homes of disabled people
 - Advice on improving home energy efficiency
 - Housing benefit and council tax benefit
 - Identifying and meeting the current and future housing needs of local citizens
 - Tenants' and residents' associations
-

Note: This is not a comprehensive list of the services provided by local authorities.

This Tool was written by Dr Naomi Rees, Partnership Manager, Birmingham City Strategic Partnership. It is based on the definitions given on the Local Government Association's website.

HEBS Research & Evaluation Toolbox

The HEBS *Research & Evaluation Toolbox* is available from www.hebs.com/research/retool

What is it?

The *Research and Evaluation Toolbox* has been produced by the Health Education Board for Scotland (HEBS) to help practitioners in health and related fields think through how research can help them in planning and evaluating their work. It was developed in response to the clear need expressed by practitioners for advice in this area and builds on HEBS experience of doing, commissioning and using research and evaluation across a range of settings, topics and population groups.

The Toolbox won't give ready-made answers to specific problems but it will offer helpful tips and general guidance on using research in project development and evaluation. These can easily be adapted to specific situations. It is also a gateway to useful resources produced by others in Scotland and beyond.

Who is it for?

The Toolbox has been developed primarily to help professionals working to improve public health. It is in particular for those who have a basic understanding of research and evaluation but no specialist expertise. The resource is open to everyone following a brief registration process.

What's in it?

Main sections	Brief description
Why research?	The role of research and evaluation at different stages in the planning and development of health initiatives.
Methods	How research questions shape research design and what research methods might be used.
Data sources	Health and related information available from national surveys and other sources.
Reviews	Why and how to carry out reviews of published research and other literature.
Needs assessment	Why and how to assess health needs in a population when planning an initiative.
Evaluation	Forms of evaluation relevant at each stage in programme planning and development.
Quality	Different quality assurance systems concerned with improving performance and raising standards of practice.
Commissioning	Procedures for buying in research and evaluation services and for managing commissioned research.
Dissemination	Strategies for communicating research findings and improving research impact.
Funding	Information and links regarding sources of funding for health and related research.
Links and references	Links to websites and key references from each Toolbox section.

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Validated dietary questionnaires

This Tool contains two questionnaires:

- the Five-A-day Consumption and Evaluation Tool (FACET), and
- the DINE questionnaire.

Five-A-day Consumption and Evaluation Tool (pages 118-121)

The Five-A-day Consumption and Evaluation Tool (FACET) has been developed for assessing the effectiveness of 5-A-DAY activities nationally. It is a validated dietary questionnaire which aims to assess changes in knowledge of, awareness of and access to fruits and vegetables. Guidance has been developed to assist in using the FACET questionnaire. This is available online at www.dh.gov.uk

This questionnaire has been reproduced on pages 118-121 with permission of the Department of Health.

DINE questionnaire (pages 122-124)

The Dietary Instrument for Nutrition Education (DINE) was designed and validated by the Department of Primary Care at Oxford University, which holds the copyright. DINE is a brief, structured dietary questionnaire that was designed to be administered by an interviewer. It can be used to make a quick initial assessment of the amount of fat and dietary fibre in an individual's usual diet, and to provide a basis for nutrition counselling for the reduction of disease risk factors. Distribution of the questionnaire is controlled to ensure that it is used appropriately. For further information and permission to use DINE, please contact Liane Roe, Research Nutritionist, at lsr7@psu.edu

This questionnaire has been reproduced on pages 122-124 with permission of the Department of Primary Care, Oxford University.

PART 1

For each question, please indicate the answer (or answers) by crossing the relevant box(es)

+ Try to make sure the crosses are clearly in the box they refer to, like this , not like this

Please use black or blue biro

If you make a mistake, just blank out the mistake like this and carry on

Q.1 Please write in today's date.

Day	Month	Year

Q.2 Have you eaten any of the following foods in the last 24 hours ?

PLEASE "X" THE NUMBER OF PORTIONS OF FOODS EATEN FOR EVERY ROW

FOR EXAMPLE:

	1	2	3	4+
Fruit as a dessert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NUMBER OF PORTIONS			
	1	2	3	4+
Breakfast cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit for breakfast, e.g. on cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit as a between meal snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A glass of pure, unsweetened fruit juice (not squashes or fruit drink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit as a starter to a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A baked potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bowlful of home-made style vegetable soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portions of vegetables with main meals (include baked beans and pulses as vegetables but not potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any type of meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A vegetable based meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any type of fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bowlful of salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit as a dessert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

PART 2

Please read each question carefully and "X" the answer that most accurately reflects your circumstances or views. In some questions you will be asked for your opinion on a topic, please write your answers in the box provided.

- Q.1 How many portions of a combination of fruit and vegetables do you think health experts would recommend eating every day ?

PLEASE "X" ONE BOX ONLY

+	None	<input type="checkbox"/>	1					Five	<input type="checkbox"/>	6
	One	<input type="checkbox"/>	2					Six	<input type="checkbox"/>	7
	Two	<input type="checkbox"/>	3					Seven or more	<input type="checkbox"/>	8
	Three	<input type="checkbox"/>	4					Don't know	<input type="checkbox"/>	9
	Four	<input type="checkbox"/>	5							

- Q.2 How many portions of fruits and vegetables do each of the following provide ?

PLEASE "X" ONE BOX ONLY IN EACH ROW

	1	2	3	4	Don't know
A small glass (150 mls) of unsweetened orange juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One glass of orange squash (diluted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A thin slice of tomato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three heaped tablespoons of carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One medium-sized apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One small raspberry flavoured yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Q.3 How important are the following to you in deciding how much fruit and vegetables that you eat ?

PLEASE "X" ONE BOX ONLY IN EACH ROW

	Very unimportant	Unimportant	Neither unimportant nor important	Important	Very important	Don't know						
The money I have available to spend on fruit and vegetables	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
Price of fruit and vegetables	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
My knowledge about ways to prepare fruit and vegetables	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
The time I have available to prepare fruit and vegetables	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
How easy it is for me to get the shops*	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
How heavy my shopping is to carry	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
Likes and dislikes of my household for fruit and vegetables	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
The quality of fruit and vegetables available	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6

*any shops within walking distance

Q.4 Do you think you will increase the amount of fruit and vegetables you eat in the next year? +
PLEASE "X" ONE BOX ONLY

No, definitely not	No, probably not	Possibly	Yes, probably	Yes, definitely	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q.5 By eating more fruit and vegetables, I think that people can reduce their chances of getting....
PLEASE "X" ONE BOX ONLY IN EACH ROW

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don't know
Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Back pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Hearing problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Heart disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

PART 3

To help us in analysing this survey, please provide the following information

Q.1 Your date of birth

Day	Month	Year
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

Q.2 Sex

PLEASE "X" ONE BOX ONLY

Male 1
 Female 2

Q.3 Which of these apply to you?

PLEASE "X" ONE BOX ONLY

Current smoker 1
 Ex smoker 2
 Never smoked 3 +

Q.4 How many people live in your household (including yourself)?

PLEASE "X" ONE BOX ONLY IN EACH ROW

	0	1	2	3	4+
Adults and children aged 16 and over including yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children under 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.5 To which of these groups do you consider you belong?

PLEASE "X" ONE BOX ONLY

White	<input type="checkbox"/>	1	Black African	<input type="checkbox"/>	7
Indian	<input type="checkbox"/>	2	Black (other)	<input type="checkbox"/>	8
Pakistani	<input type="checkbox"/>	3	Mixed ethnic group	<input type="checkbox"/>	9
Bangladeshi	<input type="checkbox"/>	4	None of the above	<input type="checkbox"/>	10
Chinese	<input type="checkbox"/>	5	Prefer not to say	<input type="checkbox"/>	11
Black Caribbean	<input type="checkbox"/>	6			

We are interested to know how diet relates to income and would like you to complete the question below. If you prefer not to answer this question please leave it blank.

Q.6 What is your total gross household income before tax and including benefits ?
(for example, pensions, working family tax credit and/or jobseekers allowance etc)

PLEASE "X" ONE BOX ONLY

Gross Weekly Income (before tax)	<input type="checkbox"/>	1	Gross Monthly Income (before tax)	<input type="checkbox"/>	1	Gross Annual Income (before tax)	<input type="checkbox"/>	1
Less than £100 a week	<input type="checkbox"/>	2	Less than £430 a month	<input type="checkbox"/>	2	Less than £5,000 p.a.	<input type="checkbox"/>	2
£100 - £150 a week	<input type="checkbox"/>	3	£431 - £650 a month	<input type="checkbox"/>	3	£5,000 - £7,800 p.a.	<input type="checkbox"/>	3
£151 - £200 a week	<input type="checkbox"/>	4	£651 - £870 a month	<input type="checkbox"/>	4	£7,801 - £10,000 p.a.	<input type="checkbox"/>	4
£201 - £250 a week	<input type="checkbox"/>	5	£871 - £1,080 a month	<input type="checkbox"/>	5	£10,001 - £13,000 p.a.	<input type="checkbox"/>	5
£251 - £300 a week	<input type="checkbox"/>	6	£1,081 - £1,300 a month	<input type="checkbox"/>	6	£13,001 - £15,500 p.a.	<input type="checkbox"/>	6
£301 - £400 a week	<input type="checkbox"/>	7	£1,301 - £1,730 a month	<input type="checkbox"/>	7	£15,501 - £21,000 p.a.	<input type="checkbox"/>	7
More than £400 a week	<input type="checkbox"/>		More than £1,730 a month	<input type="checkbox"/>		More than £21,000 p.a.	<input type="checkbox"/>	

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DINE: Dietary Instrument for Nutrition Education

1. About how many **pieces or slices per day** do you eat of the following types of bread, rolls, or chapatis? (Choose one answer on each line)

Breads & Rolls	None	Less than 1 a day	1 to 2 a day	3 to 4 a day	5 or more a day
White bread or rolls	0	1	4	9	13
Brown or granary bread or rolls	0	2	7	15	22
Wholemeal bread or rolls	0	3	8	18	26

Bread	

2. About how many **servings per week** do you eat of the following types of breakfast cereal or porridge? (Choose one answer on each line)

Breakfast cereals	None	Less than 1 a week	1 to 2 a week	3 to 5 a week	6 or more a week
<u>Sugared type</u> : Frosties, Coco Pops, Ricles Sugar Puffs <u>Rice or Corn type</u> : Corn Flakes, Rice Krispies, Special K	0	0	0	1	2
<u>Porridge or Ready Brek</u> <u>Wheat type</u> : Shredded Wheat, Start, Weetabix, Fruit 'n Fibre, Puffed Wheat <u>Muesli type</u> : Alpen, Jordan's	0	1	2	5	7
<u>Bran type</u> : All-Bran, Bran Flakes, Country Bran	0	2	5	12	18

Cereal	

3. About how many **servings per week** do you eat of the following foods? (Choose one answer on each line)

Vegetable foods	None	Less than 1 a week	1 to 2 a week	3 to 5 a week	6 to 7 a week	8 to 11 a week	12 or more a week
Pasta or rice	0	0	1	3	4	6	8
Potatoes	0	0	1	3	5	8	10
Peas	1	1	3	8	12	16	24
Beans (baked, tinned, or dried) or lentils	1	1	4	10	15	20	30
Other vegetables (any type)	0	0	1	2	3	5	6
Fruit (fresh, frozen, or canned)	0	0	1	3	5	8	10

Vegetables	

Fibre Rating	Less than 30 = Low Fibre Intake
	30 to 40 = Medium Fibre Intake
	More than 40 = High Fibre Intake

Total	

4. About how many **servings per week** do you eat of the following foods?
(Choose one answer on each line)

	None	Less than 1 a week	1 to 2 a week	3 to 5 a week	6 or more a week	
Cheese (any except cottage)	1	1	2	6	9	
Beefburgers or sausages	1	1	2	4	6	
Beef, pork, or lamb (for vegetarians: nuts)	1	1	2	6	9	
Bacon, meat pie, processed meat	1	1	2	5	8	
Chicken or turkey	0	0	1	3	5	
Fish (NOT fried fish)	0	0	0	1	2	
ANY fried food: fried fish, chips, cooked breakfast, samosas	1	1	2	6	9	Score
Cakes, pies, puddings, pastries	1	1	2	5	8	
Biscuits, chocolate, or crisps	1	1	2	4	6	

5. About how much of the following types of milk do you yourself use **per day**,
for example in cereal, tea, or coffee? (Choose one answer on each line)

Milk	None	Less than a quarter pint	About a quarter pint	About half a pint	1 pint or more
Full cream (silver top) or Channel Islands (gold top)	0	1	3	6	12
Semi-skimmed (red striped top)	0	0	1	3	6
Skimmed (blue checked top)	0	0	0	0	0

Milk	

6. About how many **rounded teaspoons per day** do you usually use of the following types of spreads, for example on bread, sandwiches, toast, potatoes, or vegetables? (Choose one answer on each line)

Spreads	None	1	2	3	4	5	6	7 or more
Regular margarine, butter or Reduced fat spread such as sunflower or olive spread, Flora, Vitalite, Clover, Olivio, Stork, Utterly Butterly	0	4	8	12	16	20	24	28
Low fat spread such as Flora Light, St. Ivel Gold, Half-fat butter, Olivite, Flora Pro-activ, Light spread	0	2	4	6	8	10	12	14

Spread	

Fat Rating	Less than 30 = Low Fat Intake
	30 to 40 = Medium Fat Intake
	More than 40 = High Fat Intake

Total	

7. What type of fat do you usually use for the following purposes?
 (Choose one answer on each line)

	Butter, lard, or dripping	Solid cooking fat (White Flora, Cookeen) Half-fat butter Hard margarine (Stork)	Soft margarine (sunflower, soya) Reduced fat spread (olive, Flora Buttery, Olivio)	Vegetable oil or Low fat spread (Flora Light, Olivite, St. Ivel Gold)	No fat used
On bread and vegetables	1	2	3	4	3
For frying	1	2	3	4	3
For baking or cooking	1	2	3	4	3

Unsaturated Fat Rating	Less than 6 = Low Unsaturated Fat
	6 to 9 = Medium Unsaturated Fat
	More than 9 = High Unsaturated Fat

Total	