10 Key Facts

1. Although the population as a whole has enjoyed health gains and increased longevity over the last fifty years, this has not been seen in all sections of society in both rich and poorer countries. The gap in health between the top and bottom of the social scale has widened, so that those who are disadvantaged have a disproportionate amount of ill health.

2. The concept of food security can help identify those at risk and can be defined as "physical, social and economic access by all people at all times to sufficient, safe and nutritious food which meets their dietary needs and food preferences of an active and healthy life". In some groups in the UK, the frequency of food insecurity may be as high as 20%. There is a positive association between food insecurity and obesity, which is seen in those who are mild and moderately food insecure, but less so in those households who are severely food insecure, and an independent relationship exists between severe child hunger and psychiatric and physical problems. Food insecurity is likely to be transient and arise from biological, psychological or sociological triggers, and strategies need to be flexible and specific to the household at that time, if they are to be effective.

3. The Department of Health recognises that it has an important role to play to ensure that all people have information and proper access to healthier options. If action is to be effective, it has to be integrated and involve various parties e.g. the Food Standards Agency, DEFRA, the Department for Education and wider stakeholders, including industry, health professionals and consumers. Several actions are currently in place, including aiming to increase the incidence and duration of breastfeeding, and planned reform of the Welfare Food Scheme to ensure that pregnant women, mothers and young children in low income groups have greater access to a healthy diet. There is also the "Five a day" programme, which includes the National School Fruit Scheme and local community initiatives, to increase access to, information on and consumption of fruit and vegetables. There are 3 main strands to the Department of Health’s work, which take place at a national, regional and local level. These include developing the evidence base, implementing service provision, and monitoring via the NHS performance framework.

4. Over- and under-nutrition can occur in the same person and those from lower socio-economic groups face an increased risk of both: i.e. may be obese with a diet of poor nutritional quality. However, there are likely to be variations within the same community by age, sex and level of deprivation. Fruit and vegetable consumption is lower in the lower social classes but also lower in the young, and it is emerging that young males may be a particularly vulnerable group. The goal for effective intervention programmes may be to find the barriers or rate-limiting steps in each sector of society.

5. The concept of ‘food deserts’ may be useful to define and identify those areas with poor access to food. In an intervention study in Leeds, it was shown that solely building a supermarket did not significantly increase consumption of fruit and vegetables (in this case), in the short term, in an area with poor physical access. Obviously, access needs to be improved if people are to be able to make appropriate dietary choices, but many other factors need to be considered as well.

6. Studies such as the National Food Survey (NFS) and the National Diet and Nutrition Surveys (NDNS) can help build an evidence base needed to tackle health inequalities. The NFS has shown that those from lower socio-economic groups are more likely to consume less than or equal to the Reference Nutrient Intake (RNI) of many nutrients, than those from higher socio-economic groups. The LIDMS (Low Income Diet Methods Study) by King’s College London found that 24-hour dietary recall was the best method for collecting dietary data from those on low incomes. If an effective evidence-base on nutrition and
health inequalities is to be built, then local projects should also be evaluated so that they can feed into public health nutrition surveillance.

7. The Health Development Agency recently found that few of the many projects to promote healthy eating formed part of integrated programmes. A strategic approach is important if barriers to change are to be addressed, and an environment that is supportive of dietary change is to be created. Strategies to promote healthy eating need to respond to identified needs and to be developed with the support and involvement of the communities they serve. There are many barriers to dietary change - some common ones include: no opportunity to purchase affordably and locally the foods needed to make up a healthy diet; a fear of crime which may prevent people going shopping; and a lack of opportunities to develop cooking skills. Partnership working is essential if such barriers are to be reduced. Key partners include: Local Authorities, the voluntary sector, the private sector and most importantly communities themselves. Food and health may not be the 'core business' of some of these partners, but diversity in partnerships can create opportunities for a wide range of issues to be tackled. Existing initiatives can be an important source of knowledge and experience, and provide some of the foundations for a local strategy. Evaluation and the planning of evaluation from the beginning are critical if future interventions are to be evidence based.

8. A more holistic approach to tackling inequalities in health may be the way forward. Recent work in Bolton has shown that the training of individuals, by community dietitians, to become Community Nutrition Assistants (CNA) was useful in helping to break down the barriers that may exist between health professionals and the community. Whereas with a traditional approach there may be little feedback from the community, the CNAs were able to reach more people through their own social networks and spend more time discussing practical and culturally relevant food and health solutions. Compared to health professionals, the CNAs were preferred as information sources. Preliminary work suggests this type of model has the potential to provide health and other professionals with a useful strategy for working with members of socially deprived communities to tackle food poverty.

9. In order to promote more opportunities for choosing a healthy diet, the Sandwell Health Partnership has developed several projects and policies. These include food co-ops, work with shops and cafes, home delivery food service and cooking skills groups. A strong policy framework and the involvement of the private sector and local and regional government in regeneration, retailing and transport solutions, rather than only the public, NHS, education and voluntary sectors may be required. Good food is an issue for social justice in the UK and the world as a whole.

10. Future challenges in tackling health inequalities may involve global, national, policy, legislation, industry and community challenges. Industry may face challenges to decrease levels of sodium or sugar in food. Taxation on items that are high in, for example, sugar or saturated fatty acids has been suggested, but the value of such an approach is questioned. In order for best practice to be identified, measurement and evaluation are vital. Evaluation of the process, impact and outcome of any project should be built into the intervention and this should fit into public health nutrition surveillance.

Notes: This is a summary of the findings from a British Nutrition Foundation conference held on 4th December 2002. Speakers were HRH The Princess Royal, Professor Alan Jackson (University of Southampton), Ms Imogen Sharp (Department of Health), Dr Barrie Margetts (University of Southampton), Dr Michael Nelson (King’s College London) Ms Karen Peploe (Health Development Agency), Ms Lynne Kennedy (University of Liverpool), Mr Dave Rex (Rowley, Regis & Tipton Primary Care Trust), Professor Annie Anderson (University of Dundee, Ninewells Hospital and Medical School), Ms Anna Taylor (Nutrition Adviser at Save the Children UK) and Professor Robert Pickard (Director-General at the BNF) chaired the conference.

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