

Food and nutrition

Headlines

Food and nutrition, and our levels of physical activity, are second only to smoking tobacco in the impact on our health. A combination of eating too much energy as calories and a lack of physical activity leads to obesity, diabetes, heart disease, stroke and some cancers. Eating habits established in childhood and adolescence tends to continue and affect adult health. Individuals with irregular meal patterns are more likely to become overweight and obese.

Locally, just over 1 in 5 14-year-olds in 2009 were rarely eating breakfast or sitting down to eat a family meal. Likewise, 1 in 6 (17%) adults in Kirklees either never cooked a meal from basic ingredients or did so less than once a week. 1 in 5 (19%) adults in Kirklees ate fast food or takeaways at least once a week.

Poor oral health is also an indicator of poor nutrition. Batley and Dewsbury had worse oral health than the other areas. The number of decayed/missing/filled teeth of children under five was 3.8 in Batley and 3.0 in Dewsbury, compared with 1.5 nationally in 2006.

Eating fruit and vegetables was linked to household income, with those on lower incomes eating less. Access to healthy food was poorer in the more deprived areas with residents of Dewsbury reporting greater use of takeaways, being least confident in preparing a meal from basic ingredients and reporting the lowest likelihood of eating five items of fruit and vegetables a day. Women of childbearing age remained a key group for concern, particularly women with young children, as they were key shapers of family behaviour. Barriers included a lack of cooking skills, budgeting and perceived expense of a healthy diet. Local women also quoted fussy families as blocks. Poor nutrition in the mother affects her infant and their risk of disease in later life.

Why is this issue important?

A balanced diet is essential for health and wellbeing. Good nutrition and level of [physical activity](#) have a key role to play in both the prevention and the management of disease and are second only to [smoking tobacco](#) in their impact on health. A combination of eating too much (energy as calories) and a lack of physical activity leads to [obesity](#), [diabetes](#), heart disease, stroke and some [cancers](#)¹. Nationally, 1 in 3 deaths from cancer may be attributable to poor diet². This is due to people consuming more than the recommended

amount of saturated fat, salt and added sugar together with low levels of fruit, vegetables, oily fish and fibre. The availability of processed foods, perceived expense of a healthy diet and a lack of knowledge and skills to enable people to benefit from a better diet contribute to the issue.

Nutrition is one of the key areas that can profoundly affect the health of the unborn child and can affect the child's later health, as well as the health of the child's children³. Eating habits established in childhood and adolescence tend to continue into adulthood and therefore affect adult health. Diet also plays a significant role in oral health. Good nutrition prevents many dental problems and is important from infancy through to adulthood and beyond.

What significant factors are affecting this issue?

Food behaviour is associated with other health related behaviours, especially physical activity, alcohol consumption and smoking. There are increased requirements for some nutrients, including folic acid and vitamin D, before and during pregnancy. Recent studies emphasised the importance of vitamin D during pregnancy³, as well as throughout life⁴.

Lower than average reported intake of vitamins (A, C, D, B6, B12 and folate) and minerals (iron) combined with a higher sodium intake are specific issues for low-income households. This is because households in receipt of benefits are less likely to eat foods like fruit and vegetables and wholemeal foods and more likely to eat processed and sugary foods⁵. Individuals with irregular meal patterns are more likely to become overweight and obese. Just over 1 in 5 of local 14-year-olds in 2009 rarely ate breakfast or sat down to eat a family meal⁶.

Eating fruit and vegetables is one indicator of eating a balanced diet. Nationally, data from the 2010 Health Survey for England demonstrated that only 26% of adults ate the recommended five or more portions of fruit and vegetables daily⁷. The average UK household bought four portions of fruit and vegetables per person per day but in the lowest income families this fell by 20% between 2006 and 2010 (to 2.7 portions)⁸. In Kirklees in 2012:

- 2 in 3 (64%) adults reported eating five or more portions of fruit and vegetables a day⁹
- Over half (55%) of 14-year-olds reported eating five or more portions of fruit and vegetables a day compared with only 1 in 6 (15%) nationally¹⁰. This local figure rose from 40% in 2005⁶.

Local data has limitations as it is self-reported. It might overstate consumption of foods that are healthy and understate consumption of foods that are unhealthy. Self-reporting may also reflect an awareness of the 5-a-day message, rather than personal actions. In spite of these limitations, local data allows us to compare food behaviour across groups locally.

The large number of hot food takeaways established in Kirklees can further influence unhealthy food choices. Locally, 36% of the food outlets in Kirklees were hot food takeaways many of which were in the most deprived areas. Overall 1 in 5 (19%) adults in Kirklees ate fast food or takeaways at least once a week. In [Dewsbury](#) and [Spennings Valley](#), this increased to 1 in 4 (23%) adults. In Kirklees, 1 in 7 (14%) adults said they felt not at all confident or not very confident cooking from basic ingredients and 1 in 6 (17%) adults either never cooked a meal from basic ingredients or did so less than once a week⁹.

Which groups are most affected by this issue?

Dietary inequalities contribute to overall inequalities in health outcomes and the National Diet and Nutrition Survey demonstrated evidence of low nutrient status for the following groups:

- **Iron:** There was evidence of iron-deficiency anemia and low iron stores in a proportion of adult women and older girls which has health implications for these groups¹¹.
- **Vitamin D:** There was evidence of low vitamin D status in adults and older children, both male and female, which have implications for bone health, particularly increased risk of rickets and osteomalacia¹¹. Low plasma vitamin D levels have also been found in young children, with 2% of UK children aged between 1½ and 4½¹², and 20-34% of Asian children aged 2¹³ having low plasma vitamin D levels, primarily due to insufficient skin exposure to direct sunlight.
- **Vitamin B2:** A substantial proportion of adults and older children had low vitamin B2 (riboflavin) status. The health implications of this are not known¹¹.

*Women of childbearing age (WoCBA)*⁹

The nutritional status and behaviour of our mothers determine our future patterns of nutrition^{14 (p26)}. Mothers tend to model eating behaviours in families. Therefore, supporting

women of childbearing age to know and practice healthy eating can influence future health.

Locally, [WoCBA](#) were the least likely to:

- Eat fruit and vegetables each day. More than 1 in 3 WoCBA (40%) were unlikely to consume five or more portions
- Eat a meal with family or other household members. 1 in 9 WoCBA (12%) ate together either less than once a week or never.

In addition, WoCBA were the most likely to:

- Eat fast food and takeaways. 1 in 5 WoCBA (21%) ate fast food or takeaways at least once a week
- Feel unconfident preparing meals using basic ingredients. 1 in 9 (11%) did not feel confident cooking using basic ingredients.
- Drink fizzy drinks. WoCBA had the highest consumption of fizzy drinks

Vulnerable adults⁹

Poor access to healthy food, lack of skills and low motivation to prepare meals can influence the food choices of more isolated individuals, especially the very old who experience high rates of malnutrition and poor diet^{14(p32)}. The health and quality of life of the elderly living alone and adults with low-level mental health problems can improve if they are supported to eat a balanced diet. . Locally, older people aged 65 were the least likely to eat as a household. 1 in 7 older adults never ate with family or household members. In addition, 1 in 5 (22%) men aged 65 felt unconfident cooking from basic ingredients. Of those who reported that they needed help or support to continue to live in their own home, 1 in 4 (23%) reported that they needed support with eating and half (54%) reported that they needed help to prepare food.

Black and minority ethnic (BME) groups⁹

In Kirklees, a large proportion of black and minority ethnic groups live in the more deprived communities where access to healthy food is poor. Traditional foods in the south Asian and African-Caribbean communities and the methods by which they are cooked can also lead to a diet high in fat, salt and sugar so these groups have a higher risk of obesity and diabetes.

Locally the black community were the most likely to drink fizzy drinks daily (57% of adults) and were the least likely to eat as a household, with only 1 in 3 adults (39%) eating together at least 5 times a week. In addition, 3 in 4 (75%) adults felt unconfident cooking from basic ingredients.

The income deprived⁹

Nationally, households receiving benefits were less likely to eat fruit, vegetables, and wholemeal foods and were more likely to consume processed and sugary foods¹⁰. People on low incomes were more likely to report that they skipped meals for a whole day and found it difficult or were reluctant to buy fresh or unfamiliar foods. Lower income households were the hardest hit by food price fluctuations^{15 (p82)}. Locally in 2012, 2 in 3 (66%) of households with incomes of £20,001-£30,000 reported that they were likely to eat five or more portions of fruit and vegetable each day. This dropped to 1 in 2 (54%) of households with incomes under £10,000.

Where is this causing greatest concern?

- [Batley](#) and Dewsbury had worse oral health than other areas. The number of decayed/missing/filled teeth of children under five was 3.8 in Batley and 3.0 in Dewsbury, compared with 1.5 nationally in 2006. Fizzy drink consumption was linked to poor oral health. Nearly half of adults drank fizzy drinks daily in Dewsbury (43%) and Batley (42%). This was almost double the number in the [Holme Valley](#) (24%)⁹.
- Almost half of 14-year olds in Batley (49%) and Dewsbury (48%) reported eating five or more portions of fruit and vegetables a day. Over one in three did so in the Holme Valley (69%)⁶. Dewsbury also had the lowest number of adults reporting five a day (57%). Holme Valley reported the highest at almost 3 in 4 (73%)⁹.
- Dewsbury and Spen Valley reported the highest consumption of fast food and takeaways with 1 in 4 (23%) adults eating them at least once a week compared with 1 in 8 (13%) in Mirfield.
- 1 in 10 (10%) adults living in Dewsbury never cooked a meal from basic ingredients and 1 in 5 (19%) adults did not feel confident preparing a meal from basic ingredients.

Views of local people

NHS Kirklees consulted members of the public to find the best way to support women with children to improve their understanding of healthy eating. Their thoughts included

developing cooking skills and raising confidence and self-esteem in providing healthy family food. This included budgeting skills, cost-effective shopping, advice on weaning and fussy eaters, and recipe adaptation. Local women highlighted these barriers again when they were asked about healthy and unhealthy foods and the cost of a healthy diet.¹³

- “I just binge ate all the time: everything; pizzas, burgers, MacDonald’s... I sort of moved out with my ex-partner... [I was], 17-18... I didn’t learn to cook when I were younger and stuff like that... I didn’t have the skills to do nothing.”
(18-25- year-old, no children, Spen Valley).
- “All the junk food is cheap and all healthy food is expensive.”
(18-25-year-old, no children, Spen Valley).
- “You eat fruit five a day and it is expensive. So tell me how single mums are supposed to afford those expensive fruit and veg. You are not able to...”
(18-25-year-old, mother, Huddersfield North).
- “So when you were pregnant did you eat differently?”
“I did first of all but when you are pregnant and you have a two-year-old, you are knackered all the time. When he is eating his tea, you have an extra ten minutes to wash up or something so you don’t take advantage of the time that you have got...”
(18-25-year-old, mother, Huddersfield North).

Local insight from women of childbearing age in north Kirklees concluded that awareness of the nutrients needed during pregnancy was very limited¹⁶. In addition, very few women admitted to making major changes to their diet, with the demands of existing family taking precedence over their needs as pregnant women.

What could commissioners and service planners consider?

- Work in collaboration with a wide range of organisations and stakeholders to develop and implement the Kirklees Food Strategy and Action Plan.
- Ensure that evidence based messages and the Eat well Plate are used to promote consistent messages concerning a diet, nutrition and healthy eating.
- Increase the promotion and sign up to the Healthy Start Scheme in Kirklees to enable all pregnant women and parents with children under the age of four to access vitamin supplements, particularly to those in priority groups.
- Ensure interventions to improve nutrition prioritise the groups highlighted above who have been shown to have the poorest diet.

- Use understanding about beliefs, attitudes, barriers and motivators to food and nutrition to commission insight led, person centred interventions to maximise behaviour change.
- Continue to develop interventions that improve the nutritional knowledge and food preparation skills of priority groups.
- Work with takeaway and other food outlets to improve the nutritional quality and labelling of the food served to enable consumers to make healthier, informed choices.

References

1. World Health Organisation (WHO) (2002) *Diet, Nutrition and the prevention of chronic diseases*. Report of a WHO Study Group Geneva.
2. Department of Health (2000) *NHS Cancer Plan*. London: Department of Health.
3. Collis, D. and Hooper, J. (2008) *Infant Deaths in North Kirklees*. Kirklees PCT.
4. Gregory, J. R., Lowe, S., Bates, C. J., Prentice, A., Jackson, L. V., Smithers, G., Wenlock, R., and Farron, H. (2000) *National Diet and Nutrition Survey: Young People aged 4-18 years Report of the Diet and Nutrition Survey 2*. London: The Stationary Office.
5. Acheson, D. (1998) *Independent Inquiry into Inequalities in Health Report*. TSO, London.
6. NHS Kirklees, Kirklees Council and West Yorkshire Police. *Young People's Survey (YPS)*. 2009.
7. The NHS Information Centre (2012) *Statistics on Obesity, Physical Activity and Diet: England 2011*. The Health and Social Care Information Centre.
8. Food Standards Agency (2007) *Low Income Diet and Nutrition Survey*. London: TSO. ISBN 978 011 703783 0.
9. NHS Kirklees and Council. *Current Living in Kirklees survey (CLIK)*. 2008.
10. Department of Health, 2008/2009, *National Diet and Nutrition Survey – headline results from year 1 of the rolling programme*. Edited by Beverly Bates, Alison Lennox and Gillian Swan.
11. Department of Health (2011). *National Diet and Nutrition Survey: headline results from years 1 and 2 (combined) of the rolling programme, 2008/09 - 2009/10; Supplementary report: Blood Analytes*. Crown
12. Holick M.F. (2004) *Sunlight and vitamin D for bone health and prevention of autoimmune diseases, cancers and cardiovascular disease*. American Journal Clinical Nutrition; 80(suppl):1678S-88S.

13. Lawson, M., and Thomas, M. (1999) *Vitamin D Concentrations in Asian Children aged 2 years living in England* British Medical Journal, 28: 318-322
14. Department of Health. *Our Health and Wellbeing Today*. London: DH Publications 2010.
15. Marmot M. (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*. <http://www.marmot-review.org.uk/>
16. 20/20 Research Limited (2008). *Exploratory Research into Health of Women of Childbearing Age in Kirklees*.*

*Respondents were aged 18-40 years. Respondents were split into equal groups of smokers and non-smokers. All respondents were residents of Huddersfield North, Dewsbury, Batley or Spen, residing in MOSAIC postcode types D26, D24, D23. Respondents either had children or were considering having children within the next three years. The insight involved a programme of 16 qualitative groups (including four groups with ethnic populations – two Indian, two Pakistani), complemented with 12 depth interviews.

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