

Food and nutrition

Headlines

Poor oral health is a good indicator of poor nutrition. In Kirklees, the average number of decayed/missing/filled teeth in 5 year olds was much higher than nationally (2.3 compared to 1.5), with wide variation across Kirklees from 0.6 in Colne Valley to 3.8 in Batley.

Nationally just over 1 in 3 (35%) adults ate five or more portions of fruit and vegetables per day. Nationally consumption of fruit and vegetables was linked to household income, with those on lower incomes consuming less.

Individuals with irregular meal patterns are more likely to become overweight and obese. Just over 1 in 5 local 14 year olds in 2009 were rarely eating breakfast or sitting down to eat a family meal.

Locally, 36% of the food outlets in Kirklees were hot food takeaways many of which were in the most deprived areas.

Vitamin D deficiency has emerged as a very significant public health problem, especially for people who have limited skin exposure to sunlight.

Women of childbearing age remain a key group for concern, particularly women with young children, as they are key shapers of family behaviours. Barriers include a lack of cooking skills, budgeting and cost effective shopping. Local women also quoted fussy families as blocks. Poor nutrition in the mother affects her infant and their risk of disease in later life.

Older people with dementia are a group of concern as the condition can result in forgetting to eat or not eating regular nutritionally balanced meals.

Why is this issue important?

- A balanced diet is essential for health and wellbeing, short and long term.
- What we eat and our levels of physical activity are second only to smoking tobacco in their impact on ill health and disease. 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. Nationally, 1 in 3 deaths from cancer may be attributable to poor diet¹. This is due to low consumption of fruit and vegetables and high consumption of sugary and/or fatty foods.
- 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 children².
- Eating habits established in childhood and adolescence tend to continue into adulthood and therefore affect adult health.
- Significant numbers of people in the United Kingdom have low vitamin D levels, with risks of iron deficiency anaemia, poor bone health, for example rickets, and links to certain cancers³. This is due to insufficient skin exposure to direct sunlight.

What significant factors are affecting this issue?

Food behaviour is linked to other health related behaviours, especially physical activity, alcohol consumption and smoking.

There are increased requirements for some nutrients, including folic acid and vitamin D, prior to and during pregnancy. Recent reports have emphasised the importance of vitamin D during pregnancy⁴, as well as throughout life³. Due to children spending much less time outside than previous generations, low plasma vitamin D

levels have been found nationally, with 2% of UK children aged between 1½ and 4½⁵, and 20-34% of Asian children aged 2 years old⁶ having low plasma vitamin D levels.

Lower 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 consume foods like fruit and vegetables and wholemeal foods and more likely to consume processed and sugary foods⁷. 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 were rarely eating breakfast or sitting down to eat a family meal⁸.

Eating fruit and vegetables is one indicator of eating a balanced diet.

Locally in 2008:

- Over 2 in 3 (68%) adults ate five or more portions of fruit and vegetables per day⁹, compared with just over 1 in 4 (27%) adults nationally.
- Over half (55%) of 14 year olds reported eating five or more portions of fruit and vegetables per day compared with only 1 in 6 (15%) nationally¹⁰. This local figure rose from 40% in 2005⁸.

Local data has limitations, as it is self-reported. Therefore, the actual level of adults and 14 year olds eating five portions of fruit and vegetables per day is possibly lower than self reported through local surveys. The main reasons for this are the misunderstanding of portion sizes, over-reporting of consumption of foods that are perceived as healthy and under-reporting of consumption of foods that are perceived as unhealthy. Self reporting may also reflect an awareness of the 5-a-day message, rather than personal actions. In spite of these limitations, the local data does allow us to compare food behaviour across groups locally.

Several factors affect people's ability to eat five portions of fruit and vegetables a day, including:

- A lack of knowledge and skills relating to food and healthy eating particularly amongst specific groups (see below).
- Poor access to affordable healthy food.
- 36% of the food outlets in Kirklees are hot food takeaways many of which are in the most deprived areas.

Which groups are affected most by this issue?

Women of childbearing age

Current behaviours and choices relating to food and nutrition have the potential to lead to health problems either for the women or for others. The nutritional status and behaviours of our mothers determine our future patterns of nutrition^{11(p26)}. Mothers tend to fashion eating behaviours in families, therefore supporting women of childbearing age to know and practice healthy eating can influence future populations.

Vulnerable adults

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^{11(p32)}. Supporting the elderly living alone and adults with low level mental health problems to eat a balanced diet can influence health and increase quality of life.

Black and minority ethnic groups

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.

The income deprived

Nationally, households receiving benefits were less likely to consume fruit and vegetables and wholemeal foods and more likely to consume processed and sugary foods¹⁰. People on low incomes are more likely to report that they skip meals for a whole day and find it difficult or are reluctant to buy fresh or unfamiliar foods. Lower income households are the hardest hit by food price fluctuations^{12(p82)}.

Locally in 2008, more households with incomes over £20,000 reported eating five or more portions of fruit and vegetable each day (71%) than those with household incomes of less than £20,000 (59%)⁹.

The large number of hot food takeaways established in some of the more deprived areas of Kirklees can further influence unhealthy food choice.

Where is this causing greatest concern?

Batley and Dewsbury have worse oral health than the other areas. The mean number of decayed/missing/filled teeth of children aged under five years was 3.8 in Batley and 3.0 in Dewsbury, compared to 1.5 nationally in 2006.

Fewer 14 year olds in Batley (49%) and Dewsbury (48%) reported eating five or more portions of fruit and vegetables a day than in the Holme Valley (69%)⁸. More adults ate five or more portions in Birstall & Birkenshaw, Mirfield, Spennings and The Valleys, compared to 2005⁹.

Views of local people

"I eat takeaways all the time." (young male Dewsbury)*

NHS Kirklees consulted with 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. When local women were asked about healthy and unhealthy foods and the cost of a healthy diet, these issues were again highlighted as barriers¹³.

- "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, Spennings Valley).
- "All the junk food is cheap and all healthy food is expensive."
(18-25 year old, no children, Spennings Valley).
- "You eat fruit five a day, 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 2 year old, you are knackered all the time. When he is eating his tea, you have an extra 10 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 limited¹³. 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?

A lack of robust information has led to a more insight-led approach to future commissioning and service design relating to food and nutrition across Kirklees. Key themes include:

- Developing understanding of what constitutes a healthy diet.
 - Easier access to healthier food options.
 - Developing practical cooking skills amongst target population groups.
 - Increasing access of vulnerable groups to services designed to improve nutrition (e.g. Healthy Start).
- * Voices of children and young people quoted are from local involvement projects and social marketing insight.

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* 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.