



Food Poverty and Health

Briefing Statement

Introduction

In the UK, the poorer people are, the worse their diet, and the more diet-related diseases they suffer from. This is **food poverty**.¹ Poor diet is a risk factor for the UK's major killers of cancer, coronary heart disease (CHD) and diabetes. Yet it is only in the past few years that the immense contribution it makes to poor health has been quantified: poor diet is related to 30% of life years lost in early death and disability.¹

Inequalities in people's diets can result in inequalities in people's health. Those on low incomes suffer from poor diets, as evidenced by lower fruit and vegetable intakes, and a higher prevalence of dental caries among children. They are also disproportionately affected by the major killer diseases. It is estimated that as many as 10 million people in the UK live in poverty, including nearly three million children.²

Tackling food poverty is recognised as key to achieving government targets on reducing inequalities and priority health areas including cancer, CHD and older people and children. However, action needs to be more than health professionals giving advice to individuals. It must change the 'food environment' – that is, accessibility, affordability, culture – in which people live. Public health professionals are ideally placed to take the lead on this – through developing local strategies and programmes to remove the barriers to healthy eating and thus improve the nutrition of people living in food poverty.

Evidence

The Department of Health (England) recognises food poverty as "the inability to afford, or to have access to, food to make up a healthy diet."³

Food poverty and effects on health

Poor diet is a major health risk. It contributes to:

- almost 50% of CHD deaths⁴
- 33% of all cancer deaths⁵
- increased falls and fractures in older people⁶
- low birthweight and increased childhood morbidity and mortality⁷
- increased dental caries in children.⁸

There is also growing evidence to support the link between poor diets and anti-social behaviour. In a placebo-controlled study in men's prison, vitamin, mineral and essential fatty acid supplements were associated with a decrease of 37% in serious incidents.⁹

A poor diet is characterised by excessive intakes of saturated fat, salt or sugar, and an insufficient consumption of fruit and vegetable, and dietary fibre.¹

Those who are most likely to experience food poverty are:¹

- people living on low incomes or who are unemployed
- households with dependent children
- older people
- people with disabilities
- members of black and minority ethnic communities

Modern Malnutrition

Diets high in fat, sugar and salt can result in overweight and obesity – particularly when a person's intake from food and drink exceeds the energy they use. A poor diet which results in overweight/obesity is known as 'modern malnutrition'. A significant proportion of the population is failing to meet current recommended dietary requirements. For example, in England:¹

- children and adults eat 50% more saturated fat than the recommended level
- children eat only one quarter, and adults only half the recommended levels of fruit and vegetables
- children eat 50% more sugar than the recommended level.

Modern malnutrition is more common in people from lower socioeconomic groups.¹

The benefits of healthy eating

Significant health benefits can be achieved at both the population and individual level by enabling a

shift towards the recommended balanced diet. Key benefits include:

- lowering cholesterol levels by just 10% in the UK would prevent approximately 25,000 deaths every year.¹⁰ This could easily be achieved through a reduction in saturated fat intakes
- consuming fruit and vegetables has a strong protective effect against stroke¹¹
- reducing salt (sodium) intake decreases the risk of hypertension (persistent high blood pressure) and therefore risks in cardiovascular diseases such as CHD/stroke¹²
- 0.8mg of folic acid per day reduces serum homocysteine by 3mmol, leading to a 16% reduction in CHD and a 24% reduction in stroke¹³
- about 40% of endometrial cancer, and 10% of breast and colon cancers would be avoided by maintaining a healthy weight of a BMI of under 25kg/m²¹⁴
- increased dietary fibre is associated with a decreased risk of colorectal and pancreatic cancer¹⁵
- childhood fruit consumption may have a long term protective effect on cancer risk in adults.¹⁶

The *Nutrition and Food Poverty* toolkit provides comprehensive advice on what constitutes a healthy diet.¹

Food poverty and inequalities

Food poverty results primarily from inequalities, of diet, diseases related to poor diet, socioeconomic status, geographical region and ethnicity.

Inequalities in diet

- People on low incomes eat more processed foods which are much higher in saturated fats and salt.⁷ They also eat less variety of foods.¹⁷ This is related to economies of scale and fear of potential waste.
- People living on state benefits eat less fruit and vegetables, less fish and less high-fibre breakfast cereals.¹⁸
- People in the UK living in households without an earner consume more total calories, and considerably more fat, salt and non-milk extrinsic sugars than those living in households with one or more earners.¹⁹

Inequalities in diet-related diseases

Socioeconomic differences account for 5,000 deaths a year in men aged under 65 years of age.⁷ In all age groups, people living on a low income have higher rates of diet-related diseases than other people.

- In men, 58% more manual workers die prematurely from CHD than non-manual workers.²⁰
- The prevalence of obesity among women in social class V is twice that of women in social class I.²¹
- Diabetes is one and a half times more likely to develop in people in the most deprived 20% of the population compared with the general population.²²
- Babies with fathers in social classes IV and V have a birthweight on average 130g lower than babies with fathers in social classes I and II.⁷
- In women, the premature death rate from CHD is more than double in manual workers, compared with non-manual workers.²³
- People from lower socioeconomic backgrounds are less likely to survive some cancers. For example, the difference in breast cancer and colon cancer five-year survival rates between the most deprived and the most affluent are 7% and 4% less, respectively.²⁴

Geographical inequalities

There are significant regional variations in diet-related disease in the UK. For example, there is a steady rise in obesity rates in men, the further north they live.¹

Ethnicity

There are differences in diet-related disease in different ethnic groups. For example, stroke mortality rates are around 50% higher in South Asian and black Caribbean men and women than in the general population.¹

Barriers to healthy eating

In order to eradicate inequalities in nutrition, the main barriers to eating healthily must be removed. These include:¹

- **Low income and debt** making healthier foods (which are generally more expensive) such as fresh fruit and vegetables, less affordable.
- **Poor accessibility to affordable healthy foods** – linked to the closure of shops in deprived areas (leading to increased cost, poor quality and choice in remaining local shops), and to the development of out-of-town supermarkets which may have poor public transport links.
- **Factors in food production and the food chain**, such as the nutrient content of easily available, cheap, processed foods which can be high in fat, sugar or salt.
- **Poor literacy and numeracy skills** are barriers to information on maintaining a healthy diet, household budget management and employment.

- **Food labelling** can be difficult to interpret and even misleading, for example a fatty food which claims to have no cholesterol is still a fatty food.
- **Food marketing** – 99% of food and drink advertised to children during Saturday morning children's television programming were high in fat or sugar or salt.

Policy Context

There are a number of government health policies designed to address the issue of food poverty, both directly and indirectly. The *Nutrition and Food Poverty Toolkit*¹ gives details of relevant policies and strategies. However, key drivers include:

UK: The Healthy Start scheme aims to improve nutrition, particularly for pregnant women, mothers and young children, through making a wider choice of foods available, including fruit and vegetables.

Healthy Living Centre Programmes target the most deprived areas and groups. They seek to address the wider determinants of health including the social and economic aspects of deprivation such as social exclusion, and poor service access.

Sure Start is a UK-wide programme which aims to deliver the best possible start in life to children in deprived communities. It offers opportunities for early interventions to prevent poor health in later life. Responsibility for delivering Sure Start in Scotland, Wales and Northern Ireland rests with the devolved administrations.

England and Wales: The 5 A DAY programme is part of prevention strategies to reduce deaths from cancer and CHD. It includes the School Fruit and Vegetable Scheme, and working with industry to improve access to fruit and vegetables. Some aspects of the programme do not apply in Wales.

England: *Choosing a Better Diet: a Food and Health Action Plan* outlines government action to improve diet. It focuses on providing better information, and increased choice and access to healthier food. It also aims to reduce the prevalence of diet-related disease, obesity and improve the nutritional balance of the average diet. *Choosing Health: Making Healthy Choices Easier* is the overarching public health white paper which looks at the wider determinants and barriers to choosing a healthy lifestyle, including inequalities, physical activity etc.

The *Department of Health Public Service Agreement (PSA)* sets objectives to substantially reduce the mortality rates from the major killer diseases as well as halt the year-on-year rise in obesity among children.

Tackling Health Inequalities: A Programme for Action sets out the government's strategy to deliver the PSA health inequalities targets, focusing on low-income and minority ethnic groups who are disproportionately affected by the major diseases.

Scotland: *Eating for Health – Meeting the Challenge* integrates the Scottish Executive's food policy and key partner strategies to promote healthy eating and achieve Scottish Dietary Targets.

The Scottish Community Diet Project seeks to improve Scotland's diet and health through supporting low-income communities. It offers a grant scheme for community initiatives to improve diet and health.

Wales: *Food and Well Being – Reducing Inequalities through a Nutrition Strategy for Wales* outlines key actions to improve diet in Wales. Recommendations include increasing fruit and vegetable intake, as well as ensuring national and local policies are in place to remove barriers to healthy eating.

The Community Food Initiative provides a limited number of grants from the Welsh Assembly Government to increase healthy eating, particularly amongst the most disadvantaged groups.

Northern Ireland: The Health Promoting Schools Initiative envisages the school as a setting which can offer considerable opportunities for tackling inequalities in health and contribute to a child's whole development. The Fresh Fruit in Schools pilot aims to provide access to fruit for P1 and P2 children within pilot areas. It also aims to promote awareness and uptake of healthy eating.

Fit Futures: Focus on Food, Activity and Young People is an initiative to develop ideas for improving the health and well-being of children and young people through encouraging and supporting healthy and active lifestyles.

Investing for Health is a framework for improving the health and well-being of people in Northern Ireland. It includes targets to reduce the gap in life expectancy between the most affluent and the most deprived communities.

International: The *First Action Plan for Food and Nutrition Policy. WHO European Region 2000-2005* focuses on the need to develop policies on nutrition that promote good health, and which contribute to socioeconomic development as well as sustainable environments.

Details of policies and initiatives can be found in *Publications and Useful Organisations* p.6.

The Faculty of Public Health has produced, in association with the National Heart Forum, the Government Office for the North West, the Government of the West Midlands and the West Midlands Public Health Observatory, ***Nutrition and Food Poverty. A toolkit for those involved in developing or implementing a local nutrition and food poverty strategy.***¹ The toolkit is designed to help professionals tackle food poverty at local level. It outlines the barriers to healthy eating and the role poor diet plays in the major killer diseases. *Nutrition and Food Poverty* forms part of a wider campaign of work, in partnership with key health organisations, aimed at promoting healthier lifestyles to reduce disease burden through the production of toolkits on the wider determinants of health including hypertension, physical activity, obesity and fuel poverty.

Recommendations

Improving nutrition and eradicating food poverty are essential to national strategies concerned with tackling inequalities and healthy priorities, including the major diseases of cancer, CHD and stroke. Primary care organisations and local authorities, in association with other local organisations, should develop nutrition and food poverty strategies and programmes to reduce the barriers to healthy eating.

- Establish a local 'food poverty partnership' with key organisations including health services, local authorities and voluntary organisations, for example, to develop a local food poverty strategy. The *Nutrition and Food Poverty Toolkit*¹ gives comprehensive advice on how to do this.
- Work with local public sector service providers, such as schools, hospitals, prisons etc, to develop procurement policies which ensure that good quality, healthy food is sourced locally wherever possible.
- Work with the local community to understand their views on priorities, barriers and opportunities – through community meetings, surveys and promote healthy eating.
- Undertake a food mapping survey to identify those shops where healthy food is affordable and accessible.
- Develop local programmes to promote healthy eating and physical activity. Initiatives such as cooking clubs, for example, should be created to encourage and develop cooking skills, and increase nutritional knowledge. Integrate food poverty with existing local programmes and strategies, such as local obesity strategies.

- Produce local information to explain the importance of healthy diet and what constitutes a healthy diet, as well as listing local suppliers where good quality affordable food is available.
- Work to eliminate the barriers to healthy eating through:
 - providing help with money matters eg. through a local authority anti-poverty unit, and ensuring benefit entitlements are claimed
 - providing better housing conditions to tackle lack of cooking equipment or storage to enable bulk buying
 - improving access to affordable, good quality foods for those without cars, for example through improving public transport links and supporting shopping-carrying schemes, or community delivery schemes from retailers. This can be considered in the planning and regeneration of town centres and residential areas
 - improving nutrition through schools, for example by providing breakfast before school, to help children who are not given breakfast at home, and offering healthier school meals.

References

- 1 Press V on behalf of the National Heart Forum, Faculty of Public Health, Government Office for the North West, Government Office for the North East, and West Midlands Public Health Observatory. 2004. **Nutrition and food poverty: a toolkit for those involved in developing or implementing a local nutrition and food poverty strategy.** London: National Heart Forum
- 2 National Statistics. 2005. **First release. Households below average income statistics.** London: Department for Work and Pensions
- 3 Department of Health. 2005. **Choosing a better diet: a food and health action plan.** London: Department of Health
- 4 Yusuf S, Hawken S, Ounpuu S et al. 2004. **Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study.** *Lancet*; 364: 937-52
- 5 Doll R, Peto R. 1981. **The causes of cancer: quantitative estimates of avoidable risks in cancer in the United States today.** *Journal of the National Cancer Institute*; 66:1191-208
- 6 Vellas B et al. 1986. **Malnutrition and falls.** *The Lancet*; 336: 1447
- 7 Acheson D. 1998. **Independent inquiry into inequalities in health.** London: The Stationery Office
- 8 James WPT et al. 1997. **Socio-economic determinants of health: the contribution of nutrition to inequalities in health.** *BMJ*; 314: 1545-55
- 9 Gesch CB et al. 2002. **Influence of supplementary vitamins, minerals and essential fatty acids on the antisocial behaviour of young adults.** *British Journal of Psychiatry*; 181:22-28
- 10 Unal B, Critchley JA, Capewell S. 2004. **Explaining the decline in coronary heart disease mortality in England and Wales between 1981 and 2000.** *Circulation* 109: 1101-1107
- 11 Ness AR, Powles JW. 1997. **Fruit and vegetables, and cardiovascular disease: a review.** *International Journal of Epidemiology*; 26(1): 1-13
- 12 Maryon-Davis A, Press V on behalf of the Faculty of Public Health and National Heart Forum. 2005. **Easing the pressure: tackling hypertension. A toolkit for developing a local strategy to tackle high blood pressure.** London: Faculty of Public Health
- 13 Wald DS, Law M, Mavis JK. 2002. **Homocysteine and cardiovascular disease: evidence of causality from a meta-analysis.** *BMJ*; 325: 1202-06
- 14 Bianchi F, Kaaks R, Vainio H. 2002. **Overweight, obesity and cancer risk.** *The Lancet Oncology*; 3(9): 565
- 15 Department of Health. 1998. **Nutritional aspects of the development of cancer: report of the working group on diet and cancer of the Committee on the Medical Aspects of Food and Nutrition Policy.** London: HMSO
- 16 Maynard M et al. 2003. **Fruit, vegetables and antioxidants in childhood and risk of adult cancer: the Boyd Orr cohort study.** *BMJ*; 316: 499-50417
- 17 Dowler E, Calvert C. 1995. **Nutrition and diet in lone parent families in London.** London: Family Policy Studies Centre
- 18 Food Standards Agency. 2002. **National Diet and Nutrition Survey: Adults Aged 16-64. Volume 1.** London: Food Standards Agency
- 19 Department for Environment, Food and Rural Affairs. 2001. **National Food Survey 2000.** London: The Stationery Office
- 20 Peterson S, Rayner R. 2003. **Coronary heart disease statistics. British Heart Foundation Statistics Database 2003.** London: British Heart Foundation

- 21 Joint Health Surveys Unit. 1999. **Health Survey for England 1998**. London: The Stationery Office
- 22 Department of Health. 2002. **National Service Framework for Diabetes**. London: Department of Health
- 23 Joint Health Surveys Unit. 2003. **Health Survey for England 2001**. London: The Stationery Office
- 24 Department of Health. 2000. **The NHS Cancer Plan**. London: Department of Health

Publications

Choosing a Better Diet: a Food and Health Action Plan (2005)
Choosing Health: Making Healthy Choices Easier (2004)
Public Service Agreement (2002)
Tackling Health Inequalities. A Programme for Action (2003)
 Department of Health
 w: www.dh.gov.uk

Eating for Health – Meeting the Challenge (2004)
 Scottish Executive
 w: www.scotland.gov.uk

First Action Plan for Food and Nutrition Policy. WHO European Region 2000-2005
 World Health Organisation
 w: www.euro.who.int

Fit Futures: Focus on Food, Activity and Young People (2004)
 Investing for Health
 w: www.investingforhealthni.gov.uk

Food and Well Being – Reducing Inequalities through a Nutrition Strategy for Wales (2003)
 Welsh Assembly Government
 Available from the Food Standards Agency
 w: www.food.gov.uk

Investing for Health (2003)
 Department of Health, Social Services and Public Safety
 w: www.dhsspsni.gov.uk

Useful Organisations

5 A DAY Programme
 w: www.5aday.nhs.uk

British Dietetic Association
 w: www.bda.uk.com

British Heart Foundation Heart information line:
 08450 70 80 70
 w: www.bhf.org.uk

British Nutrition Foundation
 w: www.nutrition.org.uk

Child Poverty Action Group
 w: www.cpag.org.uk

Community Food Initiative
 w: www.cmo.wales.gov.uk

Food Vision – Improving Community Health and Well-being
 Joint resource from the Food Standards Agency, Local Government Association, Local Authorities Coordinators of Regulatory Services
 w: www.foodvision.gov.uk

Food Standards Agency
 w: www.food.gov.uk

Fresh Fruit in Schools Healthy Promoting Schools Initiative
 w: www.investingforhealthni.gov.uk

Healthy Living Centre Programmes
 w: www.nof.org.uk

Healthy Start
 w: www.dh.gov.uk

Local Government Association
 w: www.lga.gov.uk

National Consumer Council
www.ncc.org.uk

National Heart Forum
 w: www.heartforum.org.uk

Scottish Community Diet Project
 w: www.dietproject.org.uk

Sure Start
 w: www.surestart.gov.uk

Sustain
 w: www.sustainweb.org

Acknowledgments

Authors

Modi Mwatsama
 Food and Health Programme Manager
 Heart of Mersey

Lindsey Stewart
 Faculty of Public Health

Series Editor
Lindsey Stewart

Produced by
Faculty of Public Health
4 St Andrew's Place
London NW1 4LB
 t: 020 7935 3115
 e: healthpolicy@fph.org.uk
 w: www.fph.org.uk

Registered charity no: 263894
ISBN: 1-900273-20-9

Publication date: May 2005

The information provided in this statement is correct at the time of going to press.

Design and print: www.fosterandlisle.co.uk

Summary

This briefing gives an overview of the inequalities related to food poverty, and its consequences including diet-related disease, as well as outlines the benefits and barriers to eating healthily. The statement also makes important recommendations for action that can be implemented at local level. It is not intended as an exhaustive resource but as a signpost to the key evidence, publications and organisations as a next step to understanding and tackling this important public health issue.