

# **Investigating how consumers and health professionals in Northern Ireland understand healthy eating messages**

Report prepared for the Food Standards Agency in Northern Ireland

13 March 2012

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# 1. Summary

# 1. Summary

The 2010 Food and You Survey indicated that large proportions of people in Northern Ireland are consuming considerably more high fat, high sugar foods than is currently recommended, despite knowing the importance of limiting fatty and sugary foods in the diet. This research also highlighted the confusion or lack of knowledge on how starchy foods such as bread, rice, potatoes and pasta can be incorporated into a healthy balanced diet.<sup>1</sup>

Additionally, qualitative research was conducted on the *eatwell week resource*<sup>2</sup>, which was designed to show consumers what a healthy balanced diet looks like. Key themes that emerged from this research supported the key findings of the Food and You Survey.

In light of these findings, the Food Standards Agency commissioned a programme of qualitative research, in Northern Ireland and Scotland, to investigate how consumers and health professionals understand healthy eating messages. It was hoped that the research would provide a clearer understanding of the general public's knowledge of foods and drinks high in fat and/or sugar and starchy foods such as bread, rice, potatoes and pasta. The research also incorporated opinions from health professionals such as dietitians, cardiac rehabilitation nurses, health improvement officers, practice nurses and academics to assess their understanding of how these foods can be included as part of a healthy balanced diet.

In Northern Ireland, six focus groups were conducted with members of the general public between 6<sup>th</sup> and 12<sup>th</sup> October 2012; two in Belfast, two in Derry/Londonderry and two in Enniskillen. Participants were recruited on the basis of age, social class and their current living arrangement.

Twenty six telephone depth interviews were conducted with health professionals and academics between 17<sup>th</sup> October 2011 and 6<sup>th</sup> January 2012. Views of health professionals across all health and social care trusts in Northern Ireland were sought.

The remainder of this section outlines the key findings that emerged from the research in Northern Ireland, in line with the key project objectives.

## Foods and drinks high in fat and/or sugar

***Objective: explore the extent to which consumers' over-consumption of foods and drinks high in fat and/or sugar is due to a lack of understanding of how frequently these foods should be eaten.***

Generally, many consumers reported over-indulging in fatty and sugary foods at the expense of other more nutritious alternatives. Several key factors are considered to contribute to the over-consumption of these types of foods. The cost of 'healthy' foods, such as fruit and vegetables, is seen as one of the main barriers to having a more balanced diet. Processed foods are perceived to be cheaper and consumers claim that supermarket offers tend to focus on sugary and fatty foods. There was agreement among consumers that if there were increased offers on healthier foods, they would be much more likely to buy these.

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<sup>1</sup> 2010 Food and You Survey – Northern Ireland report  
[http://www.foodbase.org.uk/admintools/reportdocuments/641-1112\\_Food\\_and\\_You\\_Report\\_NI\\_FINAL.pdf](http://www.foodbase.org.uk/admintools/reportdocuments/641-1112_Food_and_You_Report_NI_FINAL.pdf)

<sup>2</sup> [http://www.foodbase.org.uk/results.php?f\\_report\\_id=712](http://www.foodbase.org.uk/results.php?f_report_id=712)

Lack of basic cooking skills and time constraints are also perceived barriers to healthy eating. Consumers and health professionals alike believe that many people do not know how to prepare simple, healthy meals from scratch. Of those who have basic cooking skills, many are time poor and do not have the energy to cook a meal when they come home from work, so choose the more convenient option.

There was a lack of awareness among people who participated in this research of the quantities of and frequency with which fatty and sugary foods can be consumed as part of a healthy balanced diet. Consumers acknowledged that fatty and sugary foods should be limited in the diet, however, the majority were surprised at just how little of these foods and drinks should be consumed over the course of a week.

Although consumers were surprised at just how limited their intake of fatty and sugary foods should be, a lack of willpower or motivation was the main reason given as to why many consumers would be unlikely to change their diet.

Worryingly, consumers also appear to have a lack of concern for their health at the present time with many saying they are prepared to face the consequences of their unhealthy eating in the future. This makes finding a solution to the current over-consumption of fatty and sugary foods extremely difficult.

***Objective: explore health professionals' views on how foods and drinks high in fat and/or sugar fit in to a healthy balanced diet for different groups of consumers.***

Health professionals are wary of generalising the quantity and frequency with which people can consume foods and drinks high in fat and/or sugar and prefer to tailor this information on an individual basis. However, it was clear that demonising these foods is not the best way of encouraging behaviour change in terms of eating habits and that this may in fact have a counterproductive effect.

## **Bread, rice, potatoes, pasta and other starchy foods**

***Objectives: explore the underlying perceptions, attitudes and preferences which might explain why most consumers are not eating enough starchy foods and explore any differences in understanding/attitudes between different groups of consumers.***

Typically consumption of starchy foods was reported as good; with around half of participants claiming that approximately 1/4 of their diet comprises these foods (the recommended quantity is 1/3 of the diet). However, the vast majority believed they were consuming too many of these foods too frequently.

Consumers tended to under-estimate the amount of starchy food that can be included as part of a healthy balanced diet. Overall, consumers think they should be eating approximately half of the government recommended amounts.

These misconceptions appear to be a result of negative media coverage, information provided by weight loss classes, and celebrities. Starchy foods are considered 'fattening' and lead to weight gain if eaten regularly. In addition, several consumers, including men, claimed to be cutting down or excluding starchy foods from their diet, in an attempt to lose weight faster.

***Objectives: understand the positive and negative associations of starchy foods.***

Foods such as bread, rice, potatoes and pasta are deemed 'stodgy', 'heavy' and 'bloating' by consumers and result in people feeling 'sleepy' and 'sluggish' after eating them.



However, health professionals believe that people often eat excessive portions of these foods with heavy, creamy sauces and this is a more likely explanation as to why consumers feel like this.

Knowledge about this food group is generally low, with many unaware of the nutritional benefits of these foods. Although, men knew that starchy foods are an excellent source of energy and comprise a substantial component of athletes' diets, most did not know the micro and macro nutrients provided by starchy foods.

Additionally, health professionals noted that when they explain what constitutes a portion of starchy foods, patients are generally shocked at just how small a portion actually is.

## Effectiveness of healthy eating messages

### ***Objective: explore reactions to current messaging around starchy foods.***

Consumers are well aware of the 'five a day' message, while some consumers could recall health messages relating to Omega 3. However, consumers are simply confused about what is and is not healthy and what they should and should not eat. There was a consensus among health professionals and consumers that the public is bombarded with messages about diet and nutrition. In addition, these messages often are conflicting and contradict advice that was previously published. With regard to starchy foods, benefits of wholegrain varieties was the only message that could be recalled. Health professionals feel that messages on starchy foods have been overshadowed by advice on eating 'five a day' of fruit and vegetables, and reducing fat and salt in the diet.

In terms of foods and drinks high in fat and/or sugar, consumers believe that current and previous messages have been too negative and 'preachy' and this is leading people to 'switch off'. While consumers knew they should reduce the amount of salt, fat and sugar in their diets, the current 'negative' messages are not considered to have worked, as people have not changed their behaviours. Instead, both health professionals and consumers agree that future messages need to be more positive and practical to encourage behaviour change.

### ***Objectives: explore the views and experiences of health professionals in relation to more effective messaging and identify improvements to the messaging around starchy foods and foods and drinks high in fat and/or sugar.***

Consumers confirmed that they would be most likely to trust dietary and nutrition advice from a health professional such as a GP or dietitian, which is interesting given that the media appears to be consumers' main source of dietary information.

Both health professionals and academics expressed concern about promoting food groups in isolation, claiming that this has happened in the past with the 'five a day' of fruit and vegetables message and this has somewhat overshadowed messages about other food groups. As people should be aiming to achieve a balanced diet, health professionals believe that the concept of balancing food groups should now be emphasised in future messaging.

As previously mentioned, consumers and health professionals agree that future messaging should be more positive and should move away from the perceived negative messaging that has been used in the past. Both health professionals and consumers are opposed to using words such as 'don't' and 'stop', especially in relation to fatty and sugary foods, as they feel the public is less likely to listen.

## **2. Background**

## 2. Background

### 2.1. Background

The 2010 Food and You Survey was commissioned to examine the public's attitudes and behaviours with regard to different food groups including foods and drinks high in fat and/or sugar and starchy foods. It highlighted that 96% of consumers in Northern Ireland recognised that limiting foods and drinks high in sugar is important and a similar proportion (95%) of the public understood that limiting total fat in the diet is important. In addition, when asked to place each food group into slices of the *eatwell plate* (see Fig 1), 87% correctly placed foods and drinks high in fat and/or sugar in the smallest section. However, 70% reported to eating cakes, pastries and biscuits at least three or four times a week<sup>3</sup>.

The same research demonstrated that understanding of consumption and importance of starchy foods is clearly lacking, as only 45% could align starchy food intake to current government recommended intakes. Many incorrectly believed that starchy foods should comprise a much smaller proportion of the diet than is recommended. In terms of frequency of consumption, 84% claimed to eat starchy foods at least once a day, with 4% saying they only consume these foods once or twice a week. Moreover, one in eight (12%) claimed to be eating less starchy foods over the past six months<sup>2</sup>.

Fig 1. The eatwell plate



In 2011, the FSA commissioned the design of the *eatwell week*, created to illustrate what a healthy balanced diet looks like over the course of the week. The main aim of this was to help consumers to better understand how to achieve a healthy balanced diet. Qualitative

<sup>3</sup> 2010 Food and You survey – Northern Ireland report  
[http://www.foodbase.org.uk/admintools/reportdocuments/641-1112\\_Food\\_and\\_You\\_Report\\_NI\\_FINAL.pdf](http://www.foodbase.org.uk/admintools/reportdocuments/641-1112_Food_and_You_Report_NI_FINAL.pdf)

research conducted to test the draft *eatwell week resource*<sup>4</sup> supported the views expressed in the Food and You Survey. Despite the fact that the *eatwell week* menu was carefully designed to meet UK Dietary Reference Values for energy and macronutrients, vitamins and minerals, many participants felt there was too much bread included and the advice to have extra pasta, rice and potatoes with main meals (if the menu did not provide enough to eat) was questioned on the basis that these foods were ‘fattening’.

As a result of these findings, both the Food Standards Agency in Scotland and the Food Standards Agency in Northern Ireland (FSA in NI) recognised the importance of gaining further insight into why people in both regions are aware of the health messages surrounding sugary and fatty foods, but have not changed their behaviours in light of these messages. Additionally, they were keen to understand current intake of starchy foods and why the public perceives that they should be eating lower amounts than are in line with current government recommendations.

To supplement the research with consumers, FSA wanted to examine health professionals’ perceptions and understanding of the principles of healthy eating. Community dietitians, cardiac rehabilitation nurses and a variety of other health professionals play a key role in providing and interpreting healthy eating advice. Meanwhile, academics are responsible for input into current diet and nutrition training courses and therefore it was deemed important to evaluate their collective understanding and interpretation of healthy eating messages.

The FSA in NI commissioned Ipsos MORI Northern Ireland in October 2011 to undertake a programme of research with consumers and health professionals to gauge opinions towards foods and drinks high in fat and/or sugar and starchy foods.

## 2.2. Aims and objectives

The overall aim of the research was “to investigate how consumers and health professionals in Northern Ireland perceive and understand healthy eating messages and to recommend ways in which improvements in messaging might be made and implemented.”

More specifically, the objectives were to:

- explore the underlying perceptions, attitudes and preferences which might explain why most consumers are not eating enough starchy foods;
- explore why consumers may be under-reporting their consumption of starchy foods;
- understand the positive and negative associations of starchy foods;
- explore any differences in understanding/attitudes between different groups of consumers (in relation to socio-economic status in particular);
- explore reactions to current messaging around starchy foods;
- explore the extent to which consumers’ over-consumption of foods high in fat and/or sugar is due to a lack of understanding of how infrequently these foods should be eaten;
- explore health professionals’ views on how foods high in fat and/or sugar fit in to a healthy balanced diet for different groups of consumers;

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<sup>4</sup> [http://www.foodbase.org.uk/results.php?f\\_report\\_id=712](http://www.foodbase.org.uk/results.php?f_report_id=712)

- explore the views and experiences of health professionals in relation to more effective messaging; and
- identify improvements to the messaging around starchy foods and foods high in fat and/or sugar.

## **3. Methodology**

## 3. Methodology

### 3.1 Methodology

A programme of qualitative research was designed to explore the views of consumers and health professionals. Six group discussions were held with consumers in three different regions of Northern Ireland. Participants were recruited on the basis of their age, social class and current living situation, with a mixture of those living alone or with family in each group. In addition, participants were responsible for the majority of the food shopping and meal preparation in the household, given their influence on the food and drink consumed in their home. Those responsible for the majority of food shopping would also be able to provide greater insight into food purchasing behaviour.

All discussions took place between 6<sup>th</sup> and 12<sup>th</sup> October 2011 and lasted approximately an hour and a half. The table below shows the composition of each group.

Location	Social class*	Age	Living arrangements
Belfast	ABC1	16-24	At least two who live alone; at least two who live with their spouse/partner only, at least 2 who live with family (including one or more children aged under 18)
Belfast	C2DE	45+	At least two who live alone; at least two who live with their spouse/partner only.
Derry/Londonderry (urban)	ABC1	25-44	At least two who live alone; at least two who live with their spouse/partner only, at least 2 who live with family (including one or more children aged under 18)
Derry/Londonderry (rural)	C2DE	16-24	At least two who live alone; at least two who live with their spouse/partner only.
Enniskillen (rural)	ABC1	45+	At least two who live alone; at least two who live with their spouse/partner only, at least 2 who live with family (including one or more children aged under 18)
Enniskillen (urban)	C2DE	25-44	At least two who live alone; at least two who live with their spouse/partner only.

\* Definitions of social class can be found in appendix C.

To supplement the group discussions, a series of 26 depth interviews were undertaken with a number of health professionals and academics in the field of diet and nutrition. Given the busy schedules and shift patterns of many health professionals, the depth interview was considered the most suitable method of capturing their opinions in this research. The telephone depth interview provides a great deal of flexibility to respondents, which is important when recruiting health professionals.

Telephone interviews were conducted between 17<sup>th</sup> October 2011 and 6<sup>th</sup> January 2012 and lasted on average one hour. The views of health professionals in each Health and Social Care Trust in Northern Ireland were included in the research. The table overleaf details the range of health professionals interviewed and the number of interviews conducted with each type:

Health professional	Number of interviews
Academics	4
Cardiac Rehabilitation Nurses	6
Dietitians	6
Health Improvement Officers	4
Practice Nurses	6

The extent to which health professionals are involved in providing advice on achieving a healthy balanced diet varied hugely. As would be expected, dietitians are providing most advice to a range of different patients and groups, for example, those with specific health conditions or those who are involved in medically recommended weight loss programmes.

Cardiac Rehabilitation Nurses offer advice to individuals who have been admitted to hospital with a specific heart complaint, but given that other factors influence a healthy heart such as exercise, time spent explaining nutritional information is limited. However, these nurses have a tendency to offer patients a session with a dietitian to explain the principles of healthy eating in more detail.

Health Improvement Officers do not tend to work in an advisory capacity, in terms of providing information for individual consumers or patients, but instead work with dietitians to provide healthy eating sessions in the community on this topic. They also tend to work with specific groups such as elderly or obese people.

Practice Nurses tend to offer some nutritional and dietary information, however, as they typically have brief appointment slots, it is considered difficult for them to go into detail.

Academics generally do not provide advice to the public but focus on research into behaviour on diet and healthy eating and also have considerable input into undergraduate and post graduate courses for health professionals.

All group discussions and depth interviews were conducted by Ipsos MORI executives.

## 3.2 Structure of the report

The report has been split into three key sections; the next section covers perceptions, attitudes and other findings related to foods and drinks high in fat and/or sugar. The following section covers perceptions and attitudes towards bread, rice, potatoes, pasta and other starchy foods, while the last chapter examines reactions to current messaging and possible suggestions as to how they could be improved in the future.



## **4. Foods and drinks high in fat and/or sugar**

## 4. Foods and drinks high in fat and/or sugar

This section of the report outlines consumers' perceptions and attitudes towards foods high in fat and/or sugar and examines reasons behind the over-consumption of these types of foods. In addition, this section explores how these foods can be fitted into a healthy balanced diet and how current consumption could be reduced to a healthier level, from both consumers' and health professionals' perspectives.

### 4.1. Foods and drinks high in fat and/or sugar: perceptions, attitudes and preferences

#### 4.1.1. Overview

Consumers recognise that foods and drink high in fat and/or sugar are fattening and can have a negative impact on health and wellbeing. It is also apparent that consumers know consumption of these foods should be limited and should not form the basis of the everyday diet. Despite consumers accepting that over-eating fatty and sugary foods may affect their health in the future, many do not seem to be concerned about this.

Health professionals and academics agree that the general public understands healthy eating messages about reducing fatty and sugary food, but is unwilling to change its diet for a number of reasons.

Several factors are considered to influence the consumption of foods and drinks high in fat and/or sugar. However, most factors mentioned could be applicable to all foods, not just those high in fat and sugar.

- Cost;
- A lack of cooking skills;
- Lack of confidence in applying knowledge;
- Convenience;
- Taste;
- Too readily available;
- Habit;
- Lack of willpower to change,
- Comfort eating, and
- Lack of knowledge of portion size.

These are all aspects of everyday life that both consumers and health professionals believe impacts consumers' ability to reduce the amount of these foods in their diet.

*"Diet often falls way down the priority list, especially in the current environment, when people are struggling to make ends meet. They have real problems; social problems, health problems, big family problems and in many ways you can understand why diet just doesn't feature on their agenda, as they have so many other things going on in their life."*

**Academic**

#### 4.1.2. Food cost

Stretched household budgets and increasing food prices are one of the main factors influencing food buying decisions, particularly among C2DEs. There is a general perception that fresh foods and healthier alternatives, such as fruit, vegetables and leaner cuts of meat are considerably more expensive than convenience and snack foods. Therefore to prepare a healthy meal from scratch is considered an expensive task.

*"Just look at the good foods such as fruit and veg. If you go to our local shop it's 95p for one grapefruit. I can remember a few years ago when a grapefruit was 30p."*

**Female, Enniskillen, C2DE**

*"Junk food is cheaper and fruit and vegetables are expensive."*

**Male, Derry/Londonderry, ABC1**

*"For some people, it's cheaper to go to the chip shop and feed your children for the night than making up something."*

**Male, Derry/Londonderry, ABC1**

C2DEs report that a significant proportion of their diets comprise of processed foods, takeaways, ready meals, sweets, chocolate and energy drinks, but, given the choice, C2DEs report they would rather be eating fresh meat, fruit and vegetables than consuming a processed meal. This is especially prominent among parents, who feel guilty about feeding their children the high fat and high sugar foods, but do not feel they have a choice.

*"You see it's all about money at the moment, you've got to eat what you can get. We can't be going round and saying 'Oh, that looks nice' with the healthier options. That's just not an option at the moment... It's up to the grocery stores to put offers on healthier things and make it available to people who can't afford it, otherwise no one can really do anything."*

**Female, Enniskillen, C2DE**

Supermarket offers, which tend to focus on foods and drinks high in fat and/or sugar, do little to discourage consumers to reduce their fatty/sugary food intake. Buy one get one free deals and multipack offers are very appealing in the current economic climate, as these are considered to provide good value for money.

*"The deals you see are all on the ready meals, you know, three packets of Supernoodles for £1 etc."*

**Male, Enniskillen, C2DE**

*"It's just too hard at the minute and you have to find all the bargains."*

**Female, Enniskillen, C2DE**

However, purchasing multi-packs generally leads to people consuming large quantities of these foods in very short periods of time, something which worries health professionals, because of the impact this is likely to have on people's health and the health service in the future.

In addition, there is a perception that offers are not applied to healthier alternatives and consumers claim that if this was the case they would be motivated to purchase these instead.

Health professionals interviewed for this research agree that the price of food is currently a key issue for consumers but generally dismissed the myth that convenience meals save the consumer money. Many have treated patients who are under the impression that eating healthily is expensive and something they cannot afford. While health professionals agree that foods such as fresh fish can be expensive, they argue that ready meals are a false economy. Home cooking is perceived to be the more cost effective option, as health professionals believe meals will be more filling and leftovers can be used for lunch or dinner the following day. On the other hand, processed foods will not sustain an individual for long, which results in people snacking on other fatty and sugary foods.

*"Yes, cost is an issue and it is linked back to the lack of cooking skills. If you don't have the knowledge about how to prepare a healthy meal, then it could seem that it would be very expensive to do, so processed ready meals would appear to be the more cost effective option. When, in reality, if people knew how to cook they would realise that a home-made, healthy meal is cheaper."*

**Dietitian**

#### **4.1.3. Lack of applying knowledge and cooking skills**

Although many consumers involved in the research are aware of key messages relating to reducing fatty and sugary food, the lack of basic know-how when it comes to applying any nutritional knowledge is a considerable barrier. This is attributed to the lack of cooking skills in today's society. Both health professionals and consumers believe that many people, especially those who are younger, are unable to prepare a simple, healthy meal and instead therefore resort to ready meals or take aways.

Health professionals and academics are also encountering this problem on a daily basis.

*"Fundamental cooking skills... if people buy the food, they don't know what to do with it. They don't know how to assemble a meal from ingredients; they don't know how to plan a shopping list and go out and buy food for the week."*

**Academic**

*"A lot of people know what they should be doing, but they think it is too difficult to do."*

**Dietitian**

There is a perception that cookery classes have been eliminated or reduced in schools in Northern Ireland. Many cite this as the reason why young people's cooking skills are limited. Although Home Economics, which includes a cooking skills element, is a compulsory subject for all Year 8 to Year 10 pupils, the perception among both consumers

and health professionals is that there is much less emphasis on this subject today. People in older age groups believed these classes are important not only teach basic cooking skills but also inform students of the nutritional properties of foods and practical tips on planning a shopping list, which are all considered key when trying to achieve a healthy balanced diet.

#### 4.1.4. Convenience

Although there is a perception that a lack of cooking skills is preventing healthy eating, consumers claims that even if they could cook, it would not be easy to find the time to prepare a fresh meal. People in Northern Ireland were reported to be leading increasingly busy lives and have little time or energy to prepare a meal from scratch, so the easiest option tends to be heating up a ready meal, ordering a takeaway or consuming snack foods.

*"With people working long hours they just want something convenient and easy when they get home."*

**Health improvement officer**

*"It all goes back to both parents working and them looking for some kind of convenience food which is quick and easy; but it's full of additives."*

**Cardiac rehabilitation nurse**

*"It's a big problem in NI. It's convenient to people, if people have been working all day it's easier to call in to a Chinese or a chip shop on the way home rather than cook."*

**Practice nurse**

Furthermore, some health professionals claim there has been a dramatic shift in Northern Ireland's culture, in terms of sitting down to a home cooked meal. Gone are the days when the family sat down together to a freshly prepared meal, at a set time. This has been replaced with eating on the go, at unusual times of the day, outside of traditional meal times. Dietitians particularly feel that this lack of structure and routine is to blame for consumers craving fatty and sugary foods. One dietitian explained:

*"People are going for very long, fast periods from lunchtime, driving home through rush hour and are then expected to have the energy to make something. People's blood sugar levels are low and they aren't able to make an informed decision about what they are going to eat and this is really where our junk food industry is making a complete fortune. They are exploiting people's physiological need to eat regularly."*

**Dietitian**

#### 4.1.5. Taste

Consumers generally have a weakness for these types of foods because they taste good, such as crisps, pizzas, take away foods, biscuits and cakes.

*"Food to me is a pleasure. The whole process of eating is a pleasure and I don't want to go out for a meal and say I'll have the dry pasta."*

**Female, Belfast, C2DE**

These foods are considered to be tastier than healthier options, although, people do recognise that the ingredients that make them tasty are the ones that are “bad” for a person’s health.

Fatty and sugary foods are perceived to be addictive, which leads people to crave them.

*“I think there’s something addictive in the taste of crisps, definitely.”*

**Female, Enniskillen, ABC1**

Although legislation was introduced in 2009 to limit the sale of foods and drinks high in fat and/or sugar in schools, consumers are under the impression that these are still readily available on school premises. Older people were particularly vocal about this.

#### **4.1.6. Portion sizes**

There is a lack of understanding of some basic health messages in the public domain. While consumers knew they should be limiting intake of foods and drinks high in fat and/or sugar, there was uncertainty surrounding the quantity and frequency with which fatty and sugary foods are allowed. Many people in Northern Ireland are unaware of what constitutes a portion size, which inevitably leads to them over-eating, particularly on foods that are high in fat and or sugar.

*“It’s a culture thing [large portion sizes], isn’t it? You need to change people’s thinking, but that can’t be done overnight.”*

**Male, Enniskillen, C2DE**

Meanwhile, others believe that they know approximate portions of particular foods they should eat but either do not believe that this would sustain them for any length of time or simply do not care because they enjoy eating.

Health professionals believe that portion sizes and how often people consume large portions in Northern Ireland are a serious problem, not only with fatty and sugary foods but across all food groups, and several define this as the biggest problem with the region’s diet.

*“This is particularly a problem in Northern Ireland. With some of the plates that are served up here, you’d wonder whether people are going to climb it or eat it!”*

**Cardiac rehabilitation nurse**

*“Portion size is a big issue and I think that if this problem was tackled it would make a big difference. People have just lost sight of what is an average size portion for all foods, not just fatty and sugary foods.”*

**Academic**

#### **4.1.7. Readily available/easy to access**

Fatty and sugary foods are easy to access and are too readily available, according to both consumers and health professionals. Supermarkets tend to display these products at the entrances of supermarkets and at checkouts making it very difficult for the consumer to avoid them.

*“If I go to the checkout in the supermarket, the chocolate is all sitting there and it’s just a temptation. If you’re a bit peckish, you begin saying ‘Oh, I’ll have a bit of that’.”*

**Female, Enniskillen, ABC1**

In addition, there are so many take away and fast food outlets in towns across Northern Ireland, which make it incredibly easy for the majority of the population to access.

*“Sure, if you look at any main street in towns across the country you will see Chinese Restaurant, after Chinese Restaurant.”*

**Dietitian****4.1.8. Habit**

Consumers and health professionals believe that “bad” habits can be attributed to the over-consumption of foods and drinks high in fat and/or sugar. The culture in Northern Ireland has resulted in many people eating an Ulster Fry on a daily basis and frying foods instead of boiling, steaming, poaching or grilling. Health professionals see this regularly in patient sessions with stories retold of people who boil and then fry vegetables, such as turnip and cabbage.

Younger people are believed to be picking up particularly bad habits, with consumers across all areas expressing concerns at the diet of children around them.

*“My girl would eat six bags of crisps a day. She claims there is something addictive about them, but it’s all about breaking the habit.”*

**Female, Enniskillen, ABC1**

Health professionals also recognise the role of poor eating habits in the over-consumption of fatty and sugary foods, with many patients having eaten poorly for years and finding it very difficult to break these habits. Dietitians and cardiac nurses see patients regularly who have an Ulster Fry daily or who use large amounts of oil, butter and salt when preparing food. Although, people claim this is the way they were brought up, health professionals state that these poor eating habits must be tackled now, so that they are not passed down to future generations.

*“Many people are brought up a certain way and do not have basic nutrition knowledge, so have eaten a certain way for years, which is very difficult to change.”*

**Academic**

Consumers and health professionals alike believe that people lack the willpower or motivation to make these changes. Some consumers claim they may reduce the amount of these foods and drinks in the diet for a short time but would be likely to revert back to their bad habits eventually, as they just cannot resist these foods.

*“Some people will never change.”*

**Female, Enniskillen, ABC1****4.1.9. Comfort eating**

Eating to alleviate or reduce emotional discontent was also highlighted as a reason why people in Northern Ireland continue to consume too many fatty and sugary foods. Consumers who participated in the research turn to their favourite foods, which tend to be high in fat and/or sugar, when they have had a stressful day and report that this provides them with a certain level of ‘comfort’ or ‘happiness’.

*"People are depressed and just want to eat."*

**Female, Enniskillen, ABC1**

*"Comfort eating. We're in a recession and people are in bad form."*

**Female, Derry/Londonderry, ABC1**

At a time when people can afford few luxuries, the only real pleasure for many is the food they eat.

In addition, some claim to eat these foods in large quantities when they are bored, snacking on crisps, chocolate and biscuits. Health professionals also commented on this, having encountered unemployed patients who consume a substantial volume of calorific food over the course of the day because they have nothing else to occupy them.

*"There are a lot of unemployed people at the minute and there is nothing to keep them active, so they just go around nibbling out of boredom."*

**Cardiac rehabilitation nurse**

#### **4.1.10. Other factors**

A number of other factors were mentioned by consumers, health professionals and academics which encourage the over-consumption of foods and drinks high in fat and/or sugar. There is a belief that food advertising and marketing plays a role in motivating the public to indulge in fatty and sugary foods on a frequent basis, however, this is not believed to be at the root of the problem. Although, there were high levels of awareness of adverts for fatty and sugary foods, many people said they would consume these products anyway, even if the adverts were not shown.

One issue, relating to food advertising over which some health professionals expressed concern, is the promotion of certain foods as 'healthy', when in fact they contain high levels of hidden sugar, salt and / or fat, such as cereals bars. Dietitians and nurses fear that the public believe these foods are good for them, when in fact they are actually having the opposite effect.

Another issue that came to light is consumers' lack of concern for their health at the present time. The overriding view was that they can eat what they like now and face the consequences of that when they are older.

Health professionals also claim that people living in more rural locations have limited access to food. Shops in rural locations are less likely to stock fresh food and healthier options, therefore restricting choice and leading to less healthy options being purchased during the weekly shop.

*"People in more rural areas may have restricted access to healthier foods, as small shops are less likely to stock fresh foods."*

**Academic**



## 4.2. Views on the amount of foods and drinks high in fat and/or sugar that can be consumed in a healthy balanced diet

### 4.2.1. Consumers' views

In order to examine attitudes towards the amount of food and drink high in fat and/sugar, consumers were presented with images of a range of high fat, high sugar foods and drinks which is an illustration of the number of these foods and drinks which could reasonably be incorporated into a healthy balanced diet:

- one can of fizzy drink;
- a 30g packet of crisps;
- a 30g chocolate bar; and
- 4 chocolate digestives.

These equate roughly to the amount of foods and drinks high in fat and/or sugar included in the *eatwell week* menu, which was designed to provide approximately 2000kcal/day, the average female daily energy requirement. Although, this is a rather unsophisticated indication of the maximum recommended amount of foods high in fat/sugar that can be consumed in a week, the aim of the exercise was to gather consumers' views on what would be an acceptable amount.

Although consumers know that they generally eat and drink too many of these foods and that intake should be limited, it was apparent that they did not know the extent to which these should be restricted. Older people and ABC1s displayed a considerably better understanding of how these foods can be incorporated into the diet, generally recognising that an individual could have a snack high in fat and/or sugar, such as a bag of crisps, a biscuit or chocolate bar every other day.

However, younger people and C2DEs had more difficulty with this task, suggesting that the guideline amounts are three to four times what is actually recommended. On average, three or four packets of crisps, three or four chocolate bars, a few cans of fizzy drink and whole packet of digestives were considered healthy quantities over the course of a week.

Many women claimed they were trying to be 'good' as far as their diet is concerned, as this is potentially why they displayed better awareness of how much these foods should be limited.

*"I would have two or three small squares of chocolate after a meal and would maybe share a small bag of crisps with my husband on a Friday night and I think that's about right."*

**Female, Enniskillen, ABC1**

*"I'm not so shocked [at the recommended quantities], but my diet is far from that."*

**Female, Belfast, ABC1**

Furthermore, confusion exists over how foods are classified into the food categories. A common misconception is that crisps fall into the starchy food or carbohydrate category, because they are made from potatoes. In addition, because cakes and pastries have a

similar consistency to bread, there is a perception that these are a starchy food or carbohydrate.

*"Crisps, but they relate back to your bread, rice and potatoes, don't they?"*

**Female, Belfast, ABC1**

The frequency with which these foods can actually be consumed as part of a balanced diet came as a surprise to many consumers, who felt that recommended amounts are extremely low.

*"That's one night's sitting for me. One can of coke, one bag of crisps and a chocolate bar."*

**Male, Derry/Londonderry, ABC1**

There is a belief that the maximum recommended weekly intake of these foods and drinks should differ depending on an individual's weight, level of physical activity and the speed of their metabolism, because someone who is more physically active can 'burn' these foods off more quickly.

Despite learning how limited consumption of these foods should be in the diet, many said they would be unlikely to change their current diet, due to a general lack of motivation or willpower to change. Almost all consumers claimed they have previously tried to reduce the amount of these foods consumed, but had inevitably fallen back into their "bad" habits because they missed their favourite foods.

#### **4.2.2. Health professionals' views**

Health professionals are generally hesitant to quantify portions of food and drinks high in fat and/or sugar that can be consumed to achieve a healthy, balanced diet. Advice provided is generally tailored to each patient following a detailed consultation and assessment of current diet and health.

Dietitians, cardiac nurses and practice nurses claim that the vast majority of their patients are consuming over double the recommended amount of fatty and sugary foods.

*"I am seeing very high intakes of processed foods, junk food and constant snacking on convenience foods."*

**Dietitian**

Instead of providing a particular quantity, professionals advise patients to gradually reduce the volume of these foods in their diet. For example, if a patient eats four bags of crisps each day, they are advised to cut out one bag per day and so on. Weaning patients off these foods is considered much more realistic and achievable than telling a patient to eliminate all foods high in fat and/or sugar.

Some health professionals and academics feel strongly that vilifying these foods is the wrong approach and that this could actually drive people to increasing the quantities they consume.

*"I think they [foods and drinks high in fat and/or sugar] are important. If they are seen as forbidden, then the whole concept of healthy eating is seen as not a very attractive option for people."*

**Academic**

Fatty and sugary foods are considered to have a place in the diet and it is simply a case of finding the balance between food groups. Four or five health professionals and academics believe that one small 'treat' a day is typical and therefore would like to see a relaxation of healthy eating messages to be more realistic and then may not seem so off-putting to the consumer.

*"If I'm being honest, I would have a snack that is high in fat and/or sugar everyday and I would say that most of my work colleagues do and I think that is normal."*

#### **Dietitian**

A concerning theme that emerged is that Practice Nurses, who are giving advice to the general public on healthy eating, actually lack knowledge of the foods that belong in each grouping. Similar to consumers, some Practice Nurses referred to buns and cakes as starchy foods, which is worrying as potentially this information is being incorrectly communicated to patients.

## **5. Starchy foods**

## 5. Starchy foods

This section examines the role of starchy foods such as bread, rice, potatoes and pasta in the diet of people in Northern Ireland, determining how often people consume these foods, reasons why they may not be eating enough of them and associations with foods from this group.

### 5.1. Starchy foods: perceptions, attitudes and preferences

#### 5.1.1. Overview of current consumption

Perceived intakes of starchy foods are considered reasonably high, with approximately half reporting around 1/4 of their diet is comprised of these foods. Health professionals and academics concur that, on average, most people in Northern Ireland consume a sufficient amount of starchy foods. Breakfast normally involves some form of cereal such as porridge or toast, lunch generally is a sandwich and dinners typically revolve around potatoes, particularly in rural areas. Pasta, rice, and couscous are also popular choices for lunches or the evening meal with younger people. However, these foods are often an alien concept to older generations, with health professionals noting that older patients are known to dismiss foods such as pasta, rice or grains like couscous, in their diet.

With the tradition of the Ulster Fry in Northern Ireland, consumers also report regularly eating local breads such as soda farls and potato bread. Meanwhile, 'tea breads' such as pancakes, crumpets, scones and English muffins are also popular, with consumers occasionally eating these at breakfast, in the afternoon or as an evening snack.

Among those whose diet includes a large proportion of starchy foods, many are under the impression that their current intake is excessive and believe they should be cutting back. Two or three people in each area claimed to be currently reducing their starchy food intake, while others admitted to having done so on previous occasions.

Surprisingly, decreasing starchy food intake is not confined to women, with at least one man in each area claiming to have reduced or even excluded bread from their diets, in order to lose weight.

*"I've done away with bread altogether...I'm trying not to eat bread at all because I'm trying to lose weight."*

**Male, Belfast, ABC1**

Overall, knowledge about starchy food as a food group is low. Consumers in Northern Ireland often seemed unsure about which foods fall within the starchy food classification, questioning whether crisps, chips, pizza and cakes would be defined as a 'carb'. A variety of misconceptions also exist about this food group especially around the link between eating starchy foods and weight gain. The remainder of this chapter outlines the main perceptions and attitudes relating to bread, rice, potatoes, pasta and other starchy foods.

#### 5.1.2. Perception that starchy foods are 'fattening'

As previously mentioned, consumers believe they consume too many starchy foods, when in fact, they stated that 1/4 of their diet was starchy foods (as opposed to the recommended 1/3 of the diet as starchy foods). At least two or three consumers in each group claimed that they have or had been cutting down their starchy food intake, particularly bread, with weight

loss being the main reason for restricting these foods. Consumers believe that cutting down or eliminating starchy foods, especially bread, would achieve results faster.

*“There is a lot of association with them [carbohydrates] that they are fatty, you know people have that kind of stigma in their brain that they shouldn’t eat too much. There is such a big media push on weight at the minute; that has a lot to do with it.”*

**Female, Derry/Londonderry, C2DE**

*“People are saying that carbs are very high in calories and that they are calories that are hard to get rid of.”*

**Male, Belfast, ABC1**

*“They [starchy foods] are not good if you are looking to lose weight.”*

**Male, Derry/Londonderry, C2DE**

Unfavourable perceptions towards starchy foods have come predominantly from the media, weight loss clubs, and celebrities. Magazines and newspapers often publish stories about the link between weight loss and reducing or eliminating starchy foods and consumers say they have no reason to doubt this information. The role of the media is particularly influential with younger people, who quoted the ‘No carbs before Marbs’ catchphrase from television show ‘The Only Way is Essex’, indicating that to lose weight before going on holiday the show’s characters would stop eating starchy foods.

*“Every magazine you read that is aimed towards women is all low carbs; if you want to lose weight cut out the carbs.”*

**Female, Derry/Londonderry, ABC1**

Celebrities who have spoken out in support of the ‘low carb’ or ‘no carb’ diets have also reinforced the belief that the consumption of starchy foods leads to weight gain.

*“If you read that Naomi Campbell is cutting out carbs and she looks like that, you can see why people would [cut out starchy foods].”*

**Health improvement officer**

The surge in popularity of the Atkins Diet in the 1990s has contributed to the belief that starchy foods are fattening, with some consumers claiming to have tried it at some point.

*“I tried the Atkins Diet before, it’s hard. It’s alright at first; you think you can eat away at meat, but it’s hard when you can’t have any bread and you get fed up.”*

**Female, Derry/Londonderry, ABC1**

From the perspective of the dietitians, the trend of reducing or excluding starchy foods from the diet is worrying, as starchy foods are a major and essential component of the diet. They acknowledge that the general public is bombarded with conflicting messages about starchy foods and understand the influence that celebrities have on society. However, this combination has resulted in the public being very confused about what they should and should not be eating.

*"People are frightened of their carbohydrates and don't know what they are there to do and how they can use them. But by the same token, people are over-eating on their carbohydrate foods in isolation, at bad times of the day and probably have this rebound hypoglaecemia; that's why they feel the need to eat more. I don't think the right information is being given out about carbohydrates."*

**Dietitian**

In addition, some dietitians claim that not all sources of information are trustworthy or reliable, particularly information provided in newspapers and magazines. Advice on cutting back on starchy foods would not be provided by qualified dietitians and therefore health professionals say there should be more control over what these so-called 'dietary experts' are permitted to publish in the media.

### **5.1.3. Perception that starchy foods are heavy or bloating**

When asked to list words or phrases associated with starchy foods, four key answers were provided:

- Stodgy;
- Heavy;
- Bloating;
- Provides energy.

Consumers also complained of feeling 'tired', 'sluggish', 'sleepy', and 'heavy' after eating a meal with a high starch content.

Starchy foods, particularly bread and pasta, are considered to cause bloating and tiredness, especially among women. However, health professionals state that this could be attributed to one of three factors; either the portion size of the starchy food was excessive, the starchy food was served with a heavy accompaniment, or the wrong type of starchy food was consumed i.e. white instead of wholegrain varieties.

In addition, health professionals, particularly dietitians, voiced concerns about the number of people who claim to have an intolerance or allergy to starchy foods. In reality, a very small percentage of the population is believed to actually have an allergy to these foods. Nonetheless, dietitians are encountering numerous patients, who have diagnosed themselves with this allergy.

### **5.1.4. Taste**

As highlighted in the previous section of the report, taste is a key driver behind over-eating of foods and drinks high in fat and/or sugar. However, contrary to fatty and sugary foods which are pleasurable to eat, starchy foods are considered 'bland' and 'dull' unless served with other foods. To make these foods more exciting, consumers report to adding calorific sauces, spreads and jams, which health professionals believe, is where the consumer is going wrong and is a key reason for the 'fattening' misconception.

Instead, health professionals recommend that patients avoid these high calorie additions and switch to a healthier alternative. For example they advise swapping creamy pasta sauces for a tomato and vegetable based sauce which will be just as filling, but will not leave the consumer feeling sluggish.

Again, the fattening misconception is attributed to the lack of cooking skills, as consumers are not aware how they can prepare a basic healthy sauce from scratch.

### 5.1.5. Convenience

As identified earlier in this report, convenience when it comes to preparing a meal is extremely important to the consumer. In spite of some negative connotations with bread, rice, potatoes, pasta and other starchy foods, it is widely believed that these foods are extremely convenient. A sandwich can be prepared in minutes and similarly pasta or rice can be cooked in a relatively short space of time.

*“They are convenient. I have rice or pasta every night because it is easy to cook and fast”*

**Female, Derry/Londonderry, C2DE**

Starchy foods such as bread, rice and cereals are also defined as convenient, as they can be stored for long periods of time and are ‘handy’ to have in the cupboard. Aside from bread, pasta and rice are viewed as relatively inexpensive.

### 5.1.6. Portion sizes

Similar to foods and drinks high in fat and/or sugar, some consumers lack a basic understanding of healthy eating messages. Many consumers struggle to deal with the concept of a healthy balanced diet and as a result want guidance on what typical portion sizes of starchy foods should be.

*“What do you class as eating too much? I eat sandwiches every day, is that too much?”*

**Male, Derry/Londonderry, ABC1**

Health professionals stated they encountered patients who consume large portions of starchy foods, generally white varieties, which health professional did not believe was beneficial to the patients’ health. Health professionals noted they would normally explain that the patient should consume a smaller serving and how the patient was shocked at the small amount of starchy food they were being advised to consume.

## 5.2. Benefits associated with eating starchy foods

Given the general lack of familiarity with starchy foods, consumers had difficulty in outlining the benefits associated with these foods. Aside from being known as an ‘energy provider’, starchy foods are viewed as good for the digestive system and the wholegrain varieties are specifically believed to be good for the heart.

### 5.2.1. Energy food

The most common association with starchy foods is that they are an excellent source of energy.

Across Northern Ireland, men made the link between athletes and an increased starchy food intake. The diet of sportsmen and women is known to comprise a substantial proportion of these foods, particularly in the run up to particular sporting events or games, in order to ensure high energy levels. Women seemed to be largely unaware of this fact.



*"I think if I was going to go to the gym to try and bulk up and put on a bit of muscle I would eat more of this food group."*

**Male, Belfast, C2DE**

Men also believed that anyone with a 'physical' or 'manual' job is more likely to need a larger volume of starchy foods compared to the average office worker.

However, there was a general consensus that lifestyles today are more sedentary and people are less physically active, so perhaps the population does not require the same starchy food intake as previous generations.

### **5.2.2. Nutritional benefits**

A major theme that emerged is that the consumer knows very little about the macro or micro nutrients contained in starchy foods. Older people typically associate foods such as bread and potatoes as an excellent source of fibre or 'roughage'. However, very few are aware that bread, rice, potatoes, pasta and other starchy foods are good sources of iron, calcium and B vitamins.

*"I suppose I thought calcium was more milk and dairy related than carbohydrate."*

**Female, Derry/Londonderry, ABC1**

### **5.2.3. Benefits of wholegrain**

Overall, consumers are aware that wholegrain foods are healthy, but many do not understand why this is so.

ABC1s could recall wholegrain cereal advertisements, which promoted the benefits to the heart and were aware that this variety of starchy food is considerably more nutritious than white varieties which are known to include a lot of salt and sugar. In addition, ABC1s assumed that wholegrain and wholemeal bread, pastas and rice are more easily digested and are a much better source of fibre.

Not only have ABC1s implemented this message into their diet by switching to the wholegrain varieties, many claim they actually prefer the wholegrain breads because of their 'nutty' taste.

C2DEs have mixed views on wholegrain varieties and generally prefer the taste of white bread. Similar to foods and drinks high in fat and/or sugar, they also consider that wholegrain bread is significantly more expensive than the average white loaf, which is a barrier to making this a regular purchase.

The wholegrain variety is also promoted by health professionals, particularly cardiac rehabilitation nurses, advising patients how beneficial these are for the heart and the digestive system.

## **5.3. Perceptions on the amount of starchy food that can be consumed**

### **5.3.1. Consumer perceptions**

Given the negative media coverage about starchy foods, as might be expected consumers generally under-estimated how much these foods should be included in the diet. As noted, typically, consumers believe they consume too many starchy foods, when in fact they

stated that 1/4 of their diet was starchy foods (as opposed to the recommended 1/3 of the diet).

*“You are only supposed to take one slice of bread a day but everyone I know eats more.”*

**Female, Belfast, ABC1**

When explained using the *eatwell plate*, consumers were surprised at the proportion of starchy foods they should be incorporating into their diet. Consumers were interested to learn that they should be basing every meal around starchy foods and stated that they would feel less guilty eating these in the future.

### **5.3.2. Health professional perceptions**

The views of health professionals on how starchy foods should be incorporated into the diet varied. Dietitians were the only profession that reiterated government guidelines on basing each meal around starchy foods. Typically, dietitians advise that a 1/3 of each meal should be some type of starchy food whether it is bread, pasta, potatoes, rice or cereal.

Those from other professions, such as cardiac nurses, practice nurses and health improvement workers struggled to quantify portions and frequency of intake, but generally believe that an individual needs just one portion of starchy food each day.

Practice nurses differ in their opinions and advice with regard to this food group. Some practice nurses appear to have personal reservations about consuming the government recommended quantity of starchy foods themselves and this is reflected in the advice they give to patients. Avoiding bread and pasta tends to be the messages passed to patients by practice nurses, particularly those attending obesity clinics.

### **5.3.3. Views on increasing consumption of starchy foods**

Given that many consumers consider their diets already contain adequate amounts of bread, rice, potatoes, pasta and other starchy foods, they would find it difficult to increase their current intake.

Those whose starchy food intake was lower claim they would be happy to increase the frequency with which those foods are consumed, now that they know they have excellent nutritional and health benefits, if eaten in correct portions.

However, those who have reduced or eliminated these foods in an attempt to lose weight were quite rigid in their belief that starchy foods are not good for them and said they would be unlikely to begin eating these again.

## **6. Current health messages**

## 6. Current health messages

### 6.1. Information on diet and nutrition available to health professionals

A variety of tools and resources are at the disposal of health professionals. Dietitians, cardiac rehabilitation nurses, and health improvement officers tend to use the *eatwell plate* either by itself or in conjunction with other tools.

*"I find the Food Standards Agency eatwell plate invaluable."*

**Dietitian**

*"The visualisation really helps patients understand the proportions each food group should be consumed in."*

**Cardiac rehabilitation nurse**

Cardiac rehabilitation nurses spoke highly of resources supplied by the British Heart Foundation such as the Healthy Heart Kit, which tend to focus on a healthy diet with low salt and saturated fat content. The Chest, Heart and Stroke Association's Healthy Eating booklet and the British Dietetic Association's leaflets on a balanced diet are distributed by some cardiac nurses, as are advisory booklets on the benefits of Omega 3.

*"I would use both the eatwell plate and some of the leaflets provided by the British Heart Foundation on salt intake."*

**Cardiac rehabilitation nurse**

It is apparent that health professionals rely on dietitians as a source of information and advice, with cardiac rehabilitation nurses, practice nurses and health improvement officers regularly consulting dietitians on patients' diets and how these could be improved to decrease any symptoms they are experiencing.

In terms of continuous professional development, there appears to be little formal training offered to keep health professionals abreast of recent developments in diet and nutrition. Aside from dietitians, other health professionals have not received any formal teaching on the principles of healthy eating, which perhaps explains some of the dietary misconceptions held.

All claimed that they are responsible for keeping themselves up-to-date on the latest dietary research and information that has been published through websites and magazines. Registering for conferences and training is also the duty of the health professional.

Attendance at training courses is limited to once a year or once every two years, which is not considered to be sufficient. However, health professionals acknowledge that much of the training is offered in England and with increasing budget restrictions it is very difficult to justify travelling over, regardless of how useful the training may be.

## 6.2. Reactions to current messaging

### 6.2.1. Awareness of healthy eating messages

Consumers could recall a number of different healthy eating messages recommending that people reduce their sugar, fat and salt intake. These messages tend to explain that these foods are fattening, bad for the heart, raise cholesterol and can also damage the teeth.

The 'five a day' message is also well embedded in the consumers' mind along with some knowledge of the wholegrain and Omega 3 messages.

*"I don't think there is one person walking around this country now who doesn't know they should be eating five portions of fruit and veg a day."*

**Female, Belfast, C2DE**

As previously mentioned, the media tends to be consumers' main source of information on diet and nutrition advice. However, the consensus is that the media inundates the public with conflicting stories on diet and nutrition, making it incredibly difficult for people to know what they should and should not be consuming. Specifically, the media has published stories in recent years claiming that chocolate and wine are good for you, only to be contradicted at a later date. Consumers and professionals agree that people have started to 'switch off' when health messages are being communicated.

### 6.2.2. Views of current messaging on foods and drinks high in fat and/or sugar

Current messaging around foods and drinks high in fat and/or sugar is considered too negative and too unrealistic which is leading people to ignore messages. Health professionals are of the opinion that some of the current messaging around foods and drinks high in fat and/or sugar are 'preachy', and 'demonise' these foods and recognise that the public is unlikely to listen to information when it is conveyed in this manner. More specifically, most of these messages appear to command the general public to 'reduce' or 'stop' eating these foods or use the word 'don't'.

This authoritative approach is believed to be ineffective, because while the public has absorbed the previous messages around these foods, the messages have been unsuccessful at changing people's current dietary behaviours. Health professionals and academics argue that the negative tone of these messages leads people to 'switch off', as they are deemed unrealistic and unachievable. Instead, there is a real need to change these messages to something more positive and practical.

### 6.2.3. Views of current messaging on starchy foods

Health messages around the consumption of starchy foods are conflicting, according to consumers. They frequently read or hear that eating 'carbs' results in weight gain, makes you bloated or is generally bad for you.

*"There are too many types of diets, which one should you believe? One is saying don't eat carbs, the other is saying eat more carbs...I don't even know myself."*

**Female, Derry/Londonderry, ABC1**

When questioned specifically on health promotion materials, aside from the whole grain message, consumers are not aware of any other particular messaging on starchy foods.

Health professionals agreed that there are few messages on why people should be consuming starchy foods and the benefits of doing so.

## 6.3. Improvements to current messaging

### 6.3.1. The eatwell plate and leaflet

Consumers and health professionals were provided with a copy of the “Your guide to the eatwell plate – helping you eat a healthier diet” during the group discussions and interviews in order to assess it as a dietary advice tool.

A small proportion of consumers had seen the *eatwell plate* previously, through teaching jobs or children bringing a copy home from school and, as previously mentioned, the majority of health professionals and academics have seen or used it.

It is considered an extremely useful resource by consumers, who say that its visual nature provides effective guidance on how a person’s diet should be balanced. The guide to the *eatwell plate* is colourful, which is important for capturing people’s attention and provides just the right amount of information. Guidance on portion sizes for fruit and vegetables was praised, with many saying this information would be very useful for other food groups. In addition, the language used is simple and straightforward, which makes it easy to read.

*“It is simple to understand.”*

**Dietitian**

The most useful aspect of the guide is the “eight tips for eating well” on the back page.

Also given the confusion over which foods fall into which group, consumers found the food classification section particularly educational and felt that it would be a valuable leaflet to have in the home.

Some younger consumers thought that the guide is quite long and this may discourage people from reading it, but suggested that it should be split out into separate leaflets by food group. However, health professionals and academics are opposed to this, as they believe in promoting balance in the diet, and by separating advice for different food types, they fear that it would lead consumers to place too much focus on one food group.

One suggested improvement to the booklet, from both consumers and health professionals, is the inclusion of a variety of easy, healthy recipes. Given the varying level of cooking skills, it was believed that some quick and easy recipes could encourage consumers to try and make a meal from scratch.

On the issue of portion sizes, the use of weights is considered off-putting, with health professionals claiming that people do not want the added hassle of having to weigh ingredients. However, more practical portion measurements could be introduced to make it easier for the consumer, for example egg sized potatoes or a fist sized piece of meat.

*“Who knows what 80 grams of something is?”*

**Practice nurse**

*"Portion sizes, because that is something people do ask you about, what is a portion of vegetables?"*

**Health improvement officer**

### **6.3.2. Views on effective messaging and suggestions for future improvements**

Consumers appear to contradict themselves with regard to trusted sources of information on diet and nutrition. From the discussion on starchy foods, it became apparent that they tend to take dietary advice and information from the media, not health promotion materials. However, when questioned on which sources of information they would be most likely to trust, with regard to health messages, food authorities such as the Food Standards Agency were mentioned. Health professionals, such as GPs and dietitians, would also be considered trusted sources.

Health professionals and academics voiced concerns about promoting food groups individually, which they believe leads consumers to focus on one category of foods at the expense of others. The main aim of the health professional is to encourage a balance in the diet and they believe this cannot be done if one food group is overshadowing the others. Given the high level of awareness of the 'five-a-day' message, health professionals believe this has dominated over other messages and it is now time to promote all groups together.

*"I believe that messaging around food groups, such as fruit and vegetables has overshadowed any other messaging."*

**Dietitian**

Contrary to the view held by health professionals, consumers believe that using 'shock tactics' could be successful in trying to convey healthy eating messages. Comparisons were drawn to recent anti-smoking campaigns showing fatty build up in the arteries, which consumers felt could be particularly effective in encouraging the public to reduce sugary and fatty food intake.

Health professionals, however, believe that any future messaging must be careful to steer away from the negative undertones of past campaigns. Use of the word 'don't' or 'stop' is considered to have a counter-productive effect, has been tried and tested and has not succeeded in producing behavioural change, specifically in relation to foods and drinks high in fat and/or sugar. Therefore, health professionals and academics agree that the future of healthy eating messages should contain more positive language in order to motivate the public to actually make changes. Many dietitians commented on the British Dietetic Association's campaign "Small changes, Big benefits", with the title alone indicating that an individual does not have to completely overhaul their diet and therefore making change seem more realistic and achievable.

As a whole, health professionals advocate the use of the word 'swap' in patient sessions. The use of the word 'swap' is believed to be more encouraging than telling a patient to 'stop' their current behaviour and health professionals believe they have had a certain amount of success with this.

Irrespective of the food group, participants in this research identified they would like to see recommended portion sizes. Consumers and health professionals believe a fundamental problem with the diet in Northern Ireland is that people do not know what normal sized food portions are. The over-riding view from consumers was that portion size information could

be incorporated into the *eatwell plate*, which would be a very useful point of reference. However, as previously mentioned, it would be important to explain portion size in a practical sense i.e. a handful of crisps or a matchbox sized piece of chocolate, as consumers and health professionals believe having to weigh food complicates matters.

In addition, it is clear that consumers need to be educated about the frequency with which they can consume fatty and sugary foods. From the exercises used with consumers throughout the research, it became apparent that there is a general lack of understanding around how often they can consume foods such as cakes, chocolate, biscuits, crisps and sugary drinks as part of a healthy balanced diet.

In terms of the terminology, consumers tend to refer to fatty and sugary foods as 'treats', a term which health professionals are opposed to. The term 'treat' leads the individual to believe that every time they do something good during the day, they can reward themselves with sugary or fatty food, which is not ideal. Instead, health professionals typically refer to these as 'snacks', which they believe is a neutral definition.

With regard to starchy foods, consumers are most likely to know these as 'carbs' or 'carbohydrates'. The term 'starch' has negative associations with the public, as it produces images of 'greasy', 'heavy' foods. Starching shirt collars also came to people's minds when presented with this term. Health professionals' terminology for this food group varies with some calling them 'starchy foods' and others calling them 'carbohydrates'. Although, the phrase 'carbohydrate' is not technically correct for these foods, health professionals and academics agree that this is generally how the general public know these foods and may be the best term to use in any future messaging. When asked if there are any other phrases that could be used to describe the starchy foods, the term 'energy foods' was mentioned. This is thought to produce a more positive association with the food group, while also informing the public about the purpose of these foods.

There was agreement that if starchy foods are so important for the body, this should be the focus on any future healthy eating messages or campaigns. Stressing the importance of this type of food for energy, along with information on the nutrients that starchy foods provide would be more likely to encourage people to increase their intake.



## **7. Conclusions and recommendations**

## 7. Conclusions and recommendations

### 7.1 Barriers to eating a more balanced diet

It is apparent that there are a number of considerable barriers that need to be overcome in order for the public to eat a more balanced diet.

Household food budgets have been squeezed given the current economic climate and processed foods are perceived to be the cheaper option. Consumers say they rarely see offers on fresh fruit and vegetables and that supermarket deals are generally on crisps, biscuits, chocolate and ready meals.

Additionally, there was a perception that consumers today are time-poor and have little time or energy to prepare meals from scratch. Combined with poor cooking skills, many rely on processed meals. It would be important to address the issue of convenience, by educating the public on the merits of planning ahead in terms of shopping lists.

In addition, cooking skills are considered to be poor, particularly among younger people, and this is another factor attributed to the heavy reliance on processed, convenience meals and high fat, high sugar snacks. Interestingly, even younger consumers conceded that cooking skills among their generation are generally inadequate.

There appeared to be gaps in knowledge around the number of 'treats' that can be consumed as part of a healthy balanced diet. Furthermore, consumers were unaware of how frequently foods and drinks high in fat and/or sugar could be consumed or in what portion sizes. Consumers want to know what constitutes portion sizes of foods and drinks high in fat and/or sugar and how often these can be incorporated into the diet.

Starchy foods are perceived to be 'fattening', 'heavy' and 'stodgy' and as a result several people had excluded or reduced these in their diet. Consumers highlighted that much of the advice they have either heard or read tends to be conflicting and contradictory, which has resulted in considerable confusion over which advice should be followed. There is therefore a need to provide clarity to consumers around how nutritious these foods actually are.

The taste of many of the starchy foods is considered 'bland' and many feel that they need to be served with sauces and spreads to make them more interesting. It would be important to provide alternative ways in which the public can prepare these in a healthier manner.

The nutritional benefits associated with starchy foods are not well known among consumers, although men were more likely to be aware that 'carb' intake is increased in the diet of professional sportspeople. Interestingly, few consumers were incorporating recommended amounts of starchy foods into their diet, and those who were eating recommended amounts, actually believed they were consuming well above what would be recommended by health professionals. This highlights the need to educate the public on this food group.

One of the most significant barriers that must be overcome is a general lack of motivation or willpower to implement dietary changes and typically consumers indicated that they were living for today and are not concerned about the potential impact that over consumption of these foods may have on their health.

Finally, there is a disparity between consumers' usual and trusted sources of information for healthy eating advice. The media tends to be the main source of information on dietary and nutrition advice and celebrities also appear to have great influence on what people choose to eat. However, when it comes to healthy eating messages, consumers claimed that they would be most likely to trust health professionals such as GPs, dietitians and the government.

## 7.2 Misconceptions and knowledge gaps

The research has identified a number of misconceptions and gaps in the public's knowledge about the principles of healthy eating.

- Healthier foods, such as fruit and vegetables, are more expensive than processed foods;
- Bread, rice, potatoes, pasta and other starchy foods are fattening and lead to weight gain;
- Lack of awareness / knowledge on the nutritional content of starchy foods and health benefits associated with these foods; and
- Lack of understanding of what constitutes portion sizes, which needs to be explained in practical terms without the use of weights. Furthermore, there is a lack of knowledge on the frequency with which these portions can be consumed for all food groups

## 7.3 Implications for future messaging

As previously mentioned, there are a considerable number of barriers to improving the diet of people in Northern Ireland. However, messaging alone will not be enough to encourage dietary change among consumers and it is recommended that a range of areas should be explored further in an attempt to overcome these obstacles. These include:

- Working with retailers and supermarkets to implement retail pricing strategies on high fat and high sugar foods. In addition, working with retailers on product placement in their stores, so that high fat and high sugar foods are not positioned at entrances and/or tills;
- Trying to improve people's food and cooking skills and their understanding of planning ahead and budgeting;
- Working with the media and publishers to ensure more responsible reporting of diet and nutrition features; and
- Ensuring that health professionals involved in providing dietary advice undertake compulsory training and/or regularly attend workshops and seminars dedicated to teaching the principles of healthy eating. This will ensure that they provide accurate and reliable information to patients in the future.

There is also a need to counter some of the commonly held misconceptions around both foods and drinks high in fat and/or sugar and starchy foods. It would be important to:

- Promote how small amounts of foods and drinks high in fat and/or sugar can be incorporated into a healthy balanced diet; and

- Counteract opinions that bread, rice, potatoes, pasta and other starchy foods are fattening by informing consumers of their nutritional benefits and why they are essential.

A key challenge with future messaging will be to make it empowering as previous messages have been disabling to the consumer which has not encouraged behaviour change. This research has shown ideally messages should:

- Be **positive**. Inform consumers what they should eat instead of what they should not eat;
- Be **realistic** and **achievable**. Small steps and minor changes are considered more achievable and easier to implement;
- Promote the idea of **swapping** i.e. choosing a more healthy snack over a high fat, high sugar option;
- Explain **what constitutes portion** sizes and the **frequency** with which these portion sizes can be consumed within each food group. This should be explained in practical terms instead of using weights;
- Use appropriate **terminology**, e.g. Health professionals are against the use of the word 'treat' as people use food as a reward. Instead, the word '**snack**' is considered more suitable;
- Be **consistent; and**
- Promote the concept of an overall healthy **balance** in the diet.

# Appendices

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## Appendix A: Healthy Eating Messages Consumer Topic Guide

*Points to note when commenting on this guide:*

*We haven't put in probing questions like 'why?', 'why not?', etc - but there will be plenty of these and we will automatically probe, ask for explanation/clarification, and sum up at appropriate points.*

*Although the guide is generally written in the form of questions or explanations that could be read out exactly as written, in reality, we will amend the wording, rephrase and reorder as appropriate and to make it feel more like a natural discussion rather than a questionnaire. So you don't need to be too bothered about the exact wording unless there are any particular terms or phrases that you would like us to avoid.*

### Introduction (5 mins)

Introduce self and Ipsos MORI

Thank participants for their time

Explain session will last about one and a half hours

Explain background to the research: commissioned by Food Standards Agency – we're talking to people across Northern Ireland – we'll be discussing different types of food (if people ask for more details at this stage, tell them that we'll explain more later on in the discussion but don't want to influence them too much at the start)

Emphasise confidentiality

This is a discussion group, and we want to hear from all of you. We are interested in your thoughts and opinions; there are no right or wrong answers.

Obtain permission to record discussion – explain about not talking at once

Introductions – introduce self – your name, what your favourite food is and what foods you feel you eat too much of, and what foods you feel you don't eat enough of

### 1. Bread, rice, potatoes, pasta and other starchy food (1 hr)

*Warm up exercise – split group in to 2 mini groups; probably a group of men and a group of women (depending on numbers). Give each group a blank circle representing 'a healthy and well balanced diet over the course of one week, and pictures of 'fruit and veg'; 'bread, rice, potatoes and pasta etc.'; 'milk and dairy foods'; 'foods and drinks high in fat and/or sugar'; 'non-dairy sources of protein – meat, fish, eggs, beans'.*

**READ OUT: *I'd like you, in your groups, to take 5 minutes or so to draw lines in the circle to make 'slices' to indicate the proportion of each of these 5 food types that you generally consume over the course of one week. On another circle, I would also like you to make 'slices' to indicate the proportion that you think people should consume in one week for a well balanced and healthy diet. Stick the picture of the food into the slice.***

**PROBE ON:**

- What have you put?
- Did you find it easy?
- What did you debate about?
  - Did you disagree about the size of any of the slices?
  - Are there any you are less sure about?
- Do you think the proportions should differ for different types of people – e.g. men/women; adult/child; more/less active people; overweight/underweight people?

**How does this compare to what you actually eat of these different types of food?**

**READ OUT: *We are interested in the category with bread, rice, potatoes, and pasta and other starchy foods.***

**What other foods would you put in that category? (WRITE ON FLIPCHART)**

**PROBE ON:**

- Any areas of confusion

**What words would you use to describe these foods?**

**READ OUT: *This group of foods consists of carbohydrates that don't contain a lot of fat or sugar.***

**In general, do you think that people in Northern Ireland eat too much or too little of these types of foods? PROBE SPECIFICALLY ON POTATOES AND DIFFERENT TYPES OF BREADS**

- What makes you think that?

**And what about you personally, do you think that you eat too much or too little of these types of foods?**

- And what about others in your family/household?

**Have you ever tried to eat more or less of these types of foods?**

- And what about others in your family/household?

**Do you eat more or less of them than you did, say 5 years ago?**

- And what about others in your family/household?

**Can you think of any reasons why you should eat more or less of them? (WRITE ON FLIPCHART – 'Reasons to eat more' & 'Reasons to eat less')**

**\* PRIORITY\* What messages do you see or hear about these types of foods?**

**PROBE ON:**

- Where do you hear/see these messages?
- Do all the messages say the same thing?
- Which ones do you believe?
- Who do you trust when hearing messages about healthy eating?

**Why are these types of foods important?**

- What do they contain?
- What do we need these things for?

**READ OUT:**

- ***Bread, rice, potatoes, pasta and other starchy foods are a good source of energy and the main source of a range of nutrients in our diet. As well as starch, these foods contain fibre, calcium, iron and B vitamins.***
- ***Most people don't eat enough fibre. Fibre is important for a healthy gut.***
- ***Calcium is important for strong bones and teeth***
- ***Iron is important for making healthy red blood cells***
- ***B vitamins have lots of important functions including helping us to use the energy from the foods we eat.***

**PROBE ON:**

- Reactions to this information

*Show eatwell plate A5 postcard indicating the proportions of each food type that should be consumed. Compare the 'starchy foods' section of the eatwell plate to the starchy foods portion made by each group.*

**\*PRIORITY\***

**READ OUT:** *This picture shows how much of what you eat should come from each food group in order to have a well balanced diet. Most of us are not eating enough of these types of foods. We should be eating about half as much again as what we currently consume. These types of food should make up about 1/3 of the food we eat, and should form the basis of every meal.*

**PROBE ON:**

- Comparisons to the proportions they decided upon in exercise
- What do you think about that?
- Does that surprise you?

**Do you think that people know how much of these foods they should eat?****Why do you think that people are not eating enough of these types of foods?****PROBE ON:**

- Taste
- Prep/cooking time
- Perception that they are fattening? PROBE ON WHETHER THIS IS ONE PARTICULAR TYPE OF STARCHY FOOD IE BREAD, POTATOES, RICE, PASTA.
- Probe further on perceptions of these foods being fattening - how are these foods are cooked, prepared and served.

**For you personally, is it good news or bad news that we should be eating more of these foods?****How do you feel about eating more of these types of foods?****PROBE ON:**

- Which ones would you eat more of?
- What would be the easiest way to eat more of these types of foods? (e.g. bigger portions, having when don't usually, substituting other foods)



- What would make it difficult to eat more?
- Would you have any concerns about eating more? (e.g. related to messages discussed earlier? Perception that they are fattening? Eating more bread would mean consuming more butter)
- And what about others in your family/household?

**Sometimes these foods are called ‘starchy foods’. What does ‘starchy’ make you think of?**

- What types and textures of foods do you consider to be ‘starchy’?
- Is the term ‘starchy’ appealing or is it off-putting in any way?
- Would you prefer that they are referred to as ‘carbohydrates’ instead? Why/why not? Which term do you use? Which term portrays a more positive image of the food group?

**If you wanted to encourage people in Northern Ireland to eat more ‘starchy foods’, what do you think is the main message you would try to get across?**

PROBE ON:

- Any differences for different groups of people

## **2. Foods and drinks high in fat and/or sugar (20 mins)**

*Revisit the initial exercise and compare the size of their portions for ‘foods and drinks high in fat and/or sugar’ to the eatwell plate portion.*

- How do the two compare?

**What messages do you see or hear about these types of foods?**

PROBE ON:

- Where do you hear/see these messages?
- Do all the messages say the same thing?
- Which ones do you believe?
- Who do you trust when hearing messages these messages?
- How often do you think people should eat these foods?

*Exercise: Moderator to display pictures of foods and drinks high in fat and/or sugar (e.g. packets of crisps; chocolate digestives; chocolate bars; cake; cans of fizzy juice).*

**READ OUT: *I am going to show you pictures of various foods and drinks that are high in fat and/or sugar and I would like you to tell me how often you think these could be included in a balanced diet, over the course of a week.***

*Once completed,* PROBE ON:

- Do you think the frequency should differ for different types of people – e.g. men/women; adult/child; more/less active people; overweight/underweight people?

*Show them the eatwell week indicating the amount of ‘foods high in fat and/or sugar’ that should be consumed in the course of a week.*

PROBE ON:

- Does that surprise you?

**Do you think that people know how much of these foods they should eat?**

**In general, do you think that people in Northern Ireland eat too much of these types of foods or not?**

READ OUT: ***In Northern Ireland, we tend to eat too many foods high in fat and/or sugar...***

**\*PRIORITY\***

**Why do you think that people in Northern Ireland eat too many of these types of foods?**

PROBE ON:

- cost?
- the taste of the foods?
- convenience?
- Habit?
- Food advertising?
- Multipacks/meal deals?
- Too easily/readily available?
- Portion sizes?

**Do you think that people lack awareness of how much they should be consuming?**

**Do you think that you eat too much of these types of foods?**

- And what about others in your family/household?

**Have you ever tried to eat less of these types of foods?**

PROBE ON:

- For what reason(s)
- How did you try to do that?

**How would you feel about eating less of these types of foods?**

- What about others in your family/household?

**What makes it hard to eat less of these types of food?**

- What about others in your family/household?

**If you wanted to encourage people in Northern Ireland to eat fewer foods high in fat and/or sugar, what do you think is the main message you would try to get across?**

PROBE ON:

- Any differences for different groups of people

*Distribute the "Your guide to the eatwell plate" around the group*  
<http://www.nidirect.gov.uk/eatwellguide.pdf>

PROBE ON:

- Have you seen this before?
- Have you or anyone in your household made use of it? If yes, what in particular was useful?
- What do you think of the leaflet/website information?
- What did you think of the messages?
- What do you think of the tips? – Realistic? Achievable?
- What bits do you like/not like?
- Is the information clear?
- Is the information useful?
- What did you think was most interesting?

- Was there anything you didn't know?
- Did anything surprise you?
- What would you change/put in the leaflet/website?
- Is there anything you disagree with?
- Is there anything you don't believe?
- Is there anything you find less convincing
- Is there anything you are unsure about?
- Anything else you think should be included?
- Having read them, do you think you will change your diet?
- Any other comments?

### **Summing up (5 mins)**

#### **What would you say was the most surprising thing that you have learned from attending this group today?**

PROBE ON:

- Bread, rice, potatoes, pasta and other starchy foods discussion
- Foods and drinks high in fat and/or sugar discussion

#### **What would you say was the most useful thing that you have learned from attending this group today?**

PROBE ON:

- Bread, rice, potatoes, pasta and other starchy foods discussion
- Foods and drinks high in fat and/or sugar discussion

#### **Now that you are aware of how much of these foods you should eat, do you think you will change your diet at all?**

PROBE ON:

- What persuaded you?
- Whether will eat more 'starchy foods'
- Whether will eat less foods high in fat and/or sugar
- Barriers to eating more 'starchy foods'
- Barriers to eating less foods high in fat and/or sugar

Anything else to add?

Thank, distribute incentives and close.

## Appendix B: Healthy eating messages health professional topic guide

*This topic guide is designed to serve as an aide memoir to the researcher, while also remaining flexible to allow for issues to be raised spontaneously.*

*Probing questions like 'why?', 'why not?', etc are not included - but there will be plenty of these and the researchers will automatically probe, ask for explanation/clarification, and sum up at appropriate points.*

*Although the guide is generally written in the form of questions or explanations that could be read out exactly as written, in reality, the researcher will amend the wording, rephrase and reorder as appropriate and to make it feel more like a natural discussion rather than a questionnaire. So you don't need to be too concerned about the exact wording.*

### Introduction

Introduce self and Ipsos MORI

Thank participants for their time

Explain session will last around one and a half hours per group or 45 minutes per depth.

Explain background to the research: we are talking about healthy eating messages in relation to different food groups. We're talking to other health professionals as well as university lecturers and members of the public.

Emphasise confidentiality

This is a discussion group, and we want to hear from all of you. We are interested in your thoughts and opinions; there are no right or wrong answers.

Obtain permission to record discussion - explain about not talking at once

### Introduction

**Introductions - Can you each tell me your name and a bit about what your job involves?**

PROBE:

- the kind of work you do (in relation to nutrition and diet)
- the kinds of patients you see/the audiences for your health promotion work
- what you discuss/what kind of work you undertake with them

**What do you see as being the main problems with Northern Ireland's diet?**

**What are the main messages you typically give people about healthy eating?**

**Do you give advice about achieving a balanced diet?**

- how do you do this?
- what tools or resources do you use?
- is the advice different for people who are healthy weight/overweight/underweight?

**What are the main motivations people have for eating more healthily?**

**And what are the main barriers people face?**

- what makes it difficult/gets in the way?
- what foods do they find it difficult to eat more/less of?

### **Eatwell plate**

*Show eatwell plate A5 postcard*

Are you aware of the eatwell plate?

*All are likely to be aware but, if not, explain:*

**The eatwell plate was introduced a few years ago with the aim of making healthy eating easier to understand by showing the types and proportions of foods we need to have a healthy and well balanced diet. The eatwell plate shows how much of what you eat should come from each food group and how people should aim to balance their diet over the course of about a week.**

*Exercise: Split into two groups. Give each group a blank eatwell plate. Ask them to redraw the eatwell plate to show what people in Northern Ireland actually eat. So, which food groups are people eating too much of and which are they not eating enough of. Bring groups back together and ask them to show their plates. Summarise on flip chart which of the food groups they think we're eating too much of, which we're eating the right amount of and which we're not eating enough of. Tell them you'll come back to it in a couple of minutes.*

### **Foods and drinks high in fat and/or sugar**

**How should foods and drinks high in fat and/or sugar fit in to a healthy balanced diet?**

**If someone asked you how often they could consume foods and drinks high in fat and/or sugar, for example, crisps, cakes, chocolate or drink fizzy drinks, what would you say to them?**

- Is this the same for everyone or does it depend on factors such as weight or physical activity?

*Recap what they said about this food group in the eatwell plate exercise*

*NOTE - the following questions are written on the assumption that everyone will say we are eating too much of these types of foods. In the event that a group says something different, the researcher will amend as necessary – first of all probing around why they hold the view that they do, then saying that one view is that we probably do eat too much of these foods and then asking the questions below.*

**How big a problem is it that we are eating too much of these foods?**

- Should it be a priority or are there other problems with the Northern Irish diet that you would focus on first?

**Why do you think we eat more of these types of foods than we should?**

PROBE:

- lack of awareness of how much is ok as part of a balanced diet?
- we simply like these foods?
- cost?
- convenience?
- lack of motivation to change diet?
- Habit?
- Food advertising?
- Multipacks/meal deals?
- Too easily/readily available?
- Portion size?

*Show flip chart with the following findings: The 2010 Food and You survey found that 96% of people thought “limiting sugar” was a very important factor in a healthy lifestyle and 95% thought “limiting total fat” was a very important factor.*

*In the same survey, when given a ‘blank’ eatwell plate and asked which foods should go in which sections, 87% correctly placed food and drink high in fat and/or sugar in the smallest section of the plate.*

### **Do these findings surprise you?**

**Most people surveyed were aware that it is important to limit consumption of these foods. Do you think people understand *how much* they should limit these foods?**

- how far off the mark are they?

### **What advice do you give to people in relation to consuming these foods?**

- do you use any resources or tools?
- how do they react?
- how do you refer to these foods when discussing them? i.e fatty foods, sugary foods, treats, snacks etc
- do people understand why it is important to limit their consumption of these foods?
- what kind of questions do they ask you?
- what barriers do they face in relation to cutting down on these foods?
- do you give different advice to people
  - healthy weight/overweight/underweight? (**general public diet only/do not discuss therapeutic diets**)
- what advice or resources have you found works best?
  - with different types of people?

### **What are the main messages used in the health promotion materials to encourage people to limit their intake of these foods?**

- do you think the messages are working?
- are they consistent?
- are they clear or could they be misinterpreted?
- do people understand them?
- what are the common misunderstandings?
- are they off-putting?
- do they strike a chord?

### **How are these foods referred to in messaging?**

- do you have any concerns about that?
- can you think of a better name for them?

### **What do you see as the main challenges in getting these messages across?**

**If we could get people to fully understand how little of these foods they should eat and why it's important to limit their intake, do you think they would or do you think there would still be barriers?**

**In relation to other healthy eating messages, how much prominence is given to those on limiting foods high in fat and/or sugar?**

- is that appropriate?

### **Bread, rice, potatoes, pasta and other starchy foods**

*Recap what they said about this food group in the eatwell plate exercise*

*NOTE: we are assuming that there will not be unanimous agreement that we are not eating enough of these. Therefore, the following questions may be asked differently, depending on what they say. The researcher will adapt and ask appropriate questions.*

**How often should people eat these foods?**

**How much of a meal should be made up of these foods?**

**Is the advice the same for everyone or does it depend on weight, physical activity?**

**The National Diet and Nutrition Survey indicates that people are not eating enough of these types of food and that many don't understand the importance of eating them.**

*Keep flip chart with findings relating to foods high in fat up and reveal the following findings on flipchart: The 2010 Food and You survey found that only 45% of people thought "eating bread, rice, potatoes, pasta and other starchy foods" was a very important factor in a healthy lifestyle.*

**Does that surprise you?**

- how much of a problem is it?

**Do you think people understand how much of these foods they should be eating?  
PROBE SPECIFICALLY ON POTATOES AND DIFFERENT TYPES OF BREADS**

- how far off the mark are they?

**Why do you think people are not eating enough bread, rice, potatoes, pasta and other starchy foods?**

- lack of understanding of nutritional benefits/why it is important to eat them?
- they don't like them?
- bloating, allergies, intolerances?
- concerns about weight gain?
- prominence of low-carb diets?
- negative/conflicting messages around them?
- under-reporting of them (easily forgotten/social desirability?)

**Do you think any of these concerns are justified?**

**Do you, personally, have any concerns about eating a lot of bread, rice, potatoes, pasta and other starchy foods?**

**Where do you think any misperceptions that people have about bread, rice, potatoes, pasta and other starchy foods have come from? PROBE ON COOKING METHODS OF THESE FOODS AND WHAT THEY ARE SERVED WITH**

**Are there particular groups who are less likely to be eating enough bread, rice, potatoes, pasta and other starchy foods?**

- Are there people who *should* be eating less of these types of food?

**Do you advise people to include more bread, rice, potatoes, pasta and other starchy foods in their diet?**

- do you use any resources/tools?
- how do they react?
- how do you refer to these foods? i.e. starchy foods, carbohydrates
- what advice do you give in relation to wholegrain/non-wholegrain varieties?
- what kind of questions do people ask you?
- do they challenge you with other things they have heard about these foods?
- what barriers do they report in eating more of these types of foods?
- do you discuss the nutritional benefits of these foods?
- do you give different advice to people?
  - healthy weight/ overweight/underweight? **(general public diet only/do not discuss therapeutic diets)**
- what have you found works best?
  - with different types of people?

**What are the main messages used in health promotion to encourage people to increase the amount of bread, rice, potatoes, pasta and other starchy foods they eat?**

- do you think the messages are working?
- are they consistent?
- are they clear or could they be misinterpreted?
- do people understand them?
- what are the common misunderstandings?
- are they off-putting?
- do they strike a chord?

**Is 'starchy foods' the best term to use in messaging about this group of foods?**

- do you have any concerns about it?
- can you think of a better name for them?
- Do you think that it is better to refer to them as carbohydrates? Why/why not? Which term do you use? Which term portrays a more positive image of the food group?

**What do you see as the main challenges in getting these messages across?**

PROBES:

- raising awareness?
- countering misperceptions?
- people not liking them?

**If people fully understand how much of these foods they should eat and why it's important to do so, do you think they will eat more of them or do you think there will still be barriers?**

**In relation to other healthy eating messages, how much prominence is given to advice around starchy foods?**

- is that appropriate?



## **Views on current messaging and suggested improvements**

Show "Your guide to the eatwell plate"  
<http://www.nidirect.gov.uk/eatwellguide.pdf>

### **What do you think about these resources?**

PROBE ON:

- the topics covered
- the order/prominence of topics
- the information given in relation to each food group
  - reasons why it's important to eat this group of foods/limit intake of these foods
  - how much should eat of these foods
  - tips for eating more/less of these foods
- the tone of the messages
- the clarity of the information

### **Are you aware of any materials that are better?**

### **How do you think messaging around limiting foods high in fat and/or sugar could be improved?**

PROBE ON:

- prominence/importance placed on it
- the information given about them
  - reasons why it's important to limit intake of these foods
  - how much should eat of these foods
  - tips for eating less of these foods
- the tone of the messages
- the clarity of the information
- how these foods are referred to e.g. fatty foods, sugary foods, snacks, treats.

### **How do you think messaging around eating starchy foods could be improved to encourage people to eat more of them?**

PROBE ON:

- prominence/importance placed on it
- the information given about them
  - reasons why it's important to eat these foods
  - how much should eat of these foods
  - tips for eating more of these foods
- the tone of the messages
- the clarity of the information
- how these foods are referred to e.g. starchy foods, carbohydrates.

## **Teaching of healthy eating principles**

### **How were the principles of healthy eating taught when you were at college or university?**

- is what you learned is still relevant or have things moved on?

### **Do you get any continuous professional development in relation to the principles of healthy eating and the kinds of things we've been talking about?**

- how often?
- what form does it take?
- has the advice changed compared to what you learned at college/university?

- have the priorities changed?
- have you changed the advice you give people on the basis of any CPD you have had?

**Do people involved in providing healthy eating advice undertake CPD frequently enough to keep up with any changes?**

- how frequently should they?

**How could the teaching of healthy eating principles be improved to help health professionals in their role of advising people about healthy eating?**

- at university?
- through CPD?

### **Summing up**

**What is the most important issue that needs to be addressed in terms of improving Northern Ireland's diet?**

**What are the main challenges in doing this?**

**Do you have anything else to say that we haven't discussed?**

**Thank and close**

## Appendix C: Social class definition

The grades detailed below are the social class definitions as used by the Institute of Practitioners in Advertising, and are standard on all surveys carried out by Ipsos MORI.

Social Grades			
	Social Class	Occupation of Chief Income Earner	Percentage of Northern Ireland Population
A	Upper Middle Class	Higher and intermediate managerial, administrative or professional	17%
B	Middle Class		
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional	30%
C2	Skilled Working Class	Skilled manual workers	21%
D	Working Class	Semi and unskilled manual workers	24%
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings	8%