

## **FINAL REPORT**

### **Understanding ethnic minority group's perspective on healthy eating and how we can change the trajectory in obesity through healthy eating.**

#### **BACKGROUND/RATIONAL**

The increasing prevalence of obesity is one of the most significant public health concerns worldwide (Agha and Agha, 2017). Obesity increases the risk of several severe chronic health conditions, including hypertension, type 2 diabetes, coronary heart disease, stroke, sleep apnoea, mental illness and some cancers (National Heart, Lung and Blood Institute, 2013), and severely obese individuals are also more likely than others to suffer complex health challenges and to need hospitalization (Keaver et al., 2020). The cost of obesity is astronomical, both in terms of the consequences on human health and actual money. The Government spends an estimated £18 billion – 8% of all Government healthcare expenditure on conditions related to high BMI every year this is before accounting for diet-related disease not linked to weight). It is estimated that 1.5 million years of healthy life are lost to diet-related illness, disease and premature death each year (The National Food Strategy, 2021). In the UK lifestyle related diseases like obesity and diabetes are higher among certain Black and Ethnic Minority Communities that represent a growing proportion of the UK population leading to a health inequality gap (Public Health England, 2018). Noteworthy, obesity is a complex multifaceted condition that is driven by various factors (both in and outside of the individual's control) including environment, food availability, individual behaviours, culture, diet, movement, and genetic dispositions (Swinburn et al., 2011). The prevalence of obesity is projected to increase if more is not done to tackle the problem. In order to change this trajectory, facilitate behaviour change and bridge the widening health inequality gap we need to understand the barriers and facilitators of lifestyle factors including eating for health among these ethnic groups so as to tailor health interventions to meet the needs of a diverse population.

This project was commissioned by University of Greenwich Natural Resources Institute as part of the UKCRF. Based on the objectives of Kent and Medway Partnership for enterprise, food

& health and recommendation 7 (Trial a “Community Eatwell” programme, supporting those on low incomes to improve their diets) of the National Food strategy we tasked ourselves to support the drive to reduce diet-related inequality and create a long-term shift in food culture. We wanted to understand the barriers and facilitators of eating for health by members of ethnic minority communities.

The research team consisted of **Team Lead:** Dr Jennifer Teke (Lead Research Nurse/R&D Manager, MCH), **Team Members:** Emma Hendricks (Senior Public Health Research Officer, Medway Council), Julie Webster (ASPIRE & DWELL Programme Lead, MCH) and Dr Abimbola Ojo (Public Health Specialist, KCC).

This project was conducted in two parts. First, a scoping review of the literature was completed to pull together research that has already been done in the area on obesity and food in BAME Community i.e. Barriers and facilitators to access and uptake of weight loss interventions in BAME Communities (Jenny Teke), Exploring perceptions, beliefs, knowledge and practices around dietary intake among BAME (Abimbola Ojo), developing a theory of change to inform the design of an obesity and employment programme (ASPIRE) based in Medway, UK (Julie, Warren and Jenny). In addition, the team also looked at previous projects and some successful initiatives by ethnic minority groups, Local Authority and charities on healthy eating in the area.

The analysis of the scoping review highlighted ethnic groups in the area that is under-represented in research, which then informed the design of this project and also the specific groups to target.

After reviewing the desktop research and mapping out ethnic minority groups and charities in the study area, three under-represented groups were identified to engage with - The Sikh Muslim women, Eastern European Communities and Roma/Traveller communities.

Secondly, the team organised focus groups discussions with these communities. To get a more rounded picture the team also identified and carried out one-to-one interviews with three food vendors of ethnic minority food.

## METHODOLOGY:

Using the **COM-B model** of behaviour change (Michie, Van Stralen, & West, 2011), and working with identified under-represented groups and food vendors, the team intended to: understand their **capability** (knowledge and awareness) of eating to support good health and how it impacts on them and their family; to understand what **opportunities** they have to eat for good health (i.e., barriers and facilitators of eating in this way) and to understand their **motivations** to eat for good health (See Appendices 1 and 2).

Participants (n=19 for focus groups and n=3 for interviews) were recruited by liaising with key contacts from ethnic minority communities using flyers (See Appendices 3 and 4) and by using a snow balling approach.

Three focus groups were conducted with each of the ethnic minority groups and three one-to-one semi-structured interviews were conducted with three vendors of ethnic food shops. Table 1 gives further details of the characteristics of participants.

Participants	Characteristics
Focus Group: Community members – Sikh Muslim women (n=7) conducted in March 2022	Seven adults living in the Gravesham Area. 2 were unemployed, 1 was retired and 5 were in employment.
Focus Group: Community members – Eastern European (n=5) conducted in	Five adults living in Gravesham Area. 3 male and 2 females
Focus Group: Community members-Roma/Traveller (n=7) conducted in July 2022	Seven adults living in an approved Traveller site in Sittingbourne area. 6 females and 1 male

One-to-one interview: Food Vendor (n=1) conducted in May 2022	Female food vendor of Afro-Caribbean food in Gillingham Area
One-to-one interview: Food Vendor (n=1) conducted in July 2022	Male food vendor of Eastern European food in Gravesham area
One-to-one interview: Food Vendor (n=1) conducted in July 2022	Male food vendor of Asian food

Two of the focus group discussions were facilitated face to face while the one Focus group discussions and all three one-to one interviews were conducted virtually using Microsoft teams.

### **DATA ANALYSIS:**

The focus groups and interviews were audio-recorded and transcribed for analysis using Nvivo thematic analysis software. Line-by-line analysis of the participants' contributions was carried out to separate, sort, synthesise, compare, clarify, label and code words, lines, and segments of data. The most frequent and relevant codes were then selected as emerging themes.

### **LIMITATIONS**

One of the groups identified for focus groups discussions was the Roma/Traveller community. Given the fact that they move from place to place, it was difficult for the team to identify a Roma/Traveller community within the study area-Medway, Swale and Gravesham. Working with Kent County Council, a Legal Roma/Traveller community site was identified in Sittingbourne where the participants agreed to contribute to the project.

### **FINDINGS FROM FOCUS GROUP DISCUSSIONS:**

The project aimed to identify the capabilities, opportunities and motivations for eating for health in people from minority ethnic groups.

#### **1. Capability - Knowledge and Awareness:**

The majority of the participants from Eastern European and Sikh Muslim communities were aware of the impact of food could have on their health and could list what they think healthy and unhealthy foods are. The participants went further to identify some chronic conditions that are linked to poor eating habits like hypertension and type 2 diabetes.

“I have high blood pressure due to salt and things. And for myself, due to my health, I’ve had to limit certain foods. I generally have small portions throughout the day”. [Focus group Asian community]

However, most of the participants from the Roma community lacked knowledge of what foods are classed as healthy and unhealthy.

“No, I don’t know what foods are healthy. I can’t read you see. I have to eat what is available” [Focus group Roma Community]

## **2. Facilitators of Eating for Health**

### **Affordable Foods**

Eating healthy foods is determined by whether people can afford it. Participants reported that they purchase food items according to affordability. If healthy food is affordable to them, they will buy.

“It is about affordability as well, It’s not cheap”. [Focus group Asian community]

“I go by price. Sometimes I will go by the price”. [Focus Group Roma community]

### **Age**

According to the participants, the choice to eat healthily is also determined by the age of the consumer. They reported that younger people eat to get satisfied and for pleasure, while older people eat more to support their health. Younger people therefore are more likely to eat take-away, which is mostly ultra-processed and less healthy food than older people. Older people

were also more likely to associate diet with increased risk of chronic diseases. They are not likely to eat foods that may trigger or cause some health conditions.

“it's more like age related. Yeah, to eat healthier or to not when like for example when we were like 20 years old, I didn't care what I'm eating. If I'm hungry, I'm just gonna fill up myself with any type of food. You know when getting older you start thinking more about those possible diseases”. [Focus group Eastern European Community]

### **Availability**

For people to eat healthy foods, they have to be readily available. If healthy food is supplied in the markets, work canteens and schools, people are able to buy. For example at the work place, employees eat what is available on the menu. If healthy food is offered, then that is what they choose.

“It's easier to choose from proposed recipes and the availability they offer as well”.  
[Focus group Eastern European Community]

### **Cultural influences**

Cultural background of the consumer also influences their eating habit and the type of food the participants eat. Participants stated that they have grown up eating certain traditional foods for example halal or using ghee to cook and this culture has been inculcated in their family which has been mirrored by their children's eating behaviour. Different cultures have different dietary requirements (e.g., halal, vegetarianism). It is therefore difficult to eat certain foods outside of their cultural norms.

“We're vegetarian, so we don't eat any meat or fish, but we're not vegan, so we have dairy products. So, my girls are six and 10, so they've grown up not having those foods, but they've gone into school telling their teachers and their friends that they can't have gelatine, can't have eggs”. [Focus group Asian community]

### **School and Education**

School and education play an important role in healthy eating. Participants said that they eat for health because they had been taught the importance of healthy eating in school. or there is awareness on healthy eating. According to the participants, school plays an important role in educating people on healthy foods.

“I think school plays a very important role in educating the children. If I look at my daughter, she is 14, and she is very much aware of what she has to eat, and what she doesn't want to eat, or not have to eat. She's very healthy, and she chooses curries and stuff. And when she thinks she has pimples, or she has put on weight, she cuts down those curries and goes for salads and stuff. So, I think school plays a very important role in educating children on what to choose and what to eat”. [Focus group Asian community]

### **3. Barriers to Eating Healthy Foods**

#### **Accessibility and Lack of Awareness**

One of the challenges faced by people in eating healthy foods as reported by participants is a lack of access to healthy foods and marketing. Healthy foods are not always readily available to people and also, they are not well marketed. One participant felt that people can access

unhealthy foods more easily than healthy foods. People are stocking more unhealthy foods in their homes because that is what is readily available in the markets. Also, healthy foods such as organic foods are not well marketed or promoted.

“I think it is related to the marketing, how they're marketing the products. In my opinion, the organic food should be promoted. And in every single item in the market, even in the bread, there are so many preservatives in there. So, I think it's not just the general superficial talking, we have to go into detail. Every single item has artificial flavours”. [Focus group Asian community]



### **High Cost of foods Vs Unhealthy foods**

Participants felt the cost of healthy foods is quite high compared to unhealthy foods. They stated that they are willing to eat healthy foods, but it is not possible because they cannot afford it. This limits their options in terms of choice. Most people opt for cheap unhealthy foods.

“We can try our best to get the healthy food, but we cannot. Even fruits, they are expensive. I think it comes to the price as well. Even if there is a market, organic food is available, it’s so expensive. We just ignore it. Even if they’re there, I just go to the cheap ones because affordability is also a big factor. I can’t afford organic food. I know that cage eggs are bad, but when I have to cook egg, I have to go for those ones. I think that's the main factor is the prices”. [Focus group Asian community]

### **Lack of discipline**

According to the participants, people do not have the discipline to eat for health. Especially on weekends and holidays, people consume unhealthy foods. They do not have control of what they eat.

“Yeah, I don't have any sort of restrictions with the food. When it's weekends, it's really hard to stay healthy. You know, there are guests, different parties, catching up with friends and more take-away foods and stuff”. [Focus group Eastern European Community]

### **Social Influence**

Social influence and social interaction have an impact on food choice. Participants indicated that when they are at work or parties, they are lured into eating unhealthy foods because that is what their families and friends are eating.

“I mean like me in group of my friends and someone ordered like two big massive pizzas for lunch. Even when I have a packed lunch of small prawn salad and an apple, I’ll put it aside and join my friends have a nice piece of pizza. So, this depends on what the people around you are eating as well”. [Focus group Eastern European Community]



### **Time constraints**

People do not have time to prepare and eat healthy foods due to work and other engagements. According to the participants, in order to cook something healthy, you would need to spend more time on it. People time more on their career and other demands than thinking of eating or cooking for health.

“Sometimes it is a lot easier to just order take-away than to cook. I come back from work tired and the last thing I want to do is cooking”. [Focus group Eastern European Community]

## **4. Motivations to Eat for Health**

### **Accessibility and Convenience**

According to the participants, healthy foods is quite accessible to them which motivates them to eat. Most of the food stores are easily accessible to people which makes it convenient to get healthy food. Food markets are also open at convenient hours. These stores have different types of healthy foods making it easier for people to get all items in one place.

You don't have to spend that much time trying to search for the different product, if that makes sense”. [Focus group Eastern European Community]

In addition, some participants would be motivated to eat healthy foods if they are delivered to their home. If healthy food items are delivered at people's doorsteps, then they will be motivated to eat more healthily. According to the participants markets selling fruits and vegetables should have websites from which people can select items and have them delivered to their homes possibly with a recipe card.

“The other thing is a delivery system, if it is available or somebody wants to do it, that should be a reasonable price, and people who work and are busy can get vegetables

delivered directly to their homes, there is no need to go out and buy them. Because I work, I can only go once a week for groceries. Because raw foods cannot stay longer, somebody has to go and buy them often. So, if there is a delivery system, maybe once a month or twice a month, that could help”. [Focus group Asian community]

“Maybe at least if they have a website or something and then we can go online and select the products and those can be delivered, like most of the supermarkets, what's there”. [Focus group Eastern European Community]

### **Affordability**

For people to eat healthy foods it has to be affordable. Price of foods items motivates people to eat for healthy. According to the participants, if the cost of organic foods is affordable, then people will be drawn to eating that. So, the price of items is quite important in determining what people eat.

“Price makes a big difference. If we want to promote this organic food, it should be slightly lower than the prices in the markets”. [Focus group Asian community]

“I think in order to encourage people to eat healthy, healthy foods would have to be at affordable prices”. [Focus group Eastern European Community]

### **Family and Culture**

Family and cultural influences are key motivators to what people eat. Participants reported that if a family member has a health-related condition, it's a form of awareness and to manage the condition other family members are forced to eat whatever the person is taking. If a family member is a vegetarian or eats Halal, then other family members eat that. Also, culture plays a vital role in what people eat.

“I was more concerned about my husband's health as he's diabetic and overweight, and I didn't want him to be served different food than my children were. I made our meals

healthier so that he would eat what the family was served, but he'd have a smaller portion". [Focus group Asian community]

### **Product Display**

How items are displayed in the foods stores determines whether people buy or not. If healthy foods are well displayed and visible to customers, then that is what they will buy. According to the participants, products display draws people's attention. People buy what they see.

"So, they should have shelves of vegetable and fruits near the tills not crisps and fizzy drink. Most likely at the till will pick up what is displayed closest to them". [Focus group Eastern European Community]

### **FINDINGS FROM ONE-TO-ONE INTERVIEWS:**

In addition to the exploring the knowledge and awareness, barriers, facilitators and motivation for eating for health, there was a need to gain further understanding from food vendors of ethnic minority foods. The aim was to explore kinds of food they stock, the reasoning behind what they sell, the challenges and motivations for selling healthier foods.

The food vendors felt they had a good understanding of which foods were healthy and which were unhealthy and believed what they stock and sell includes healthy options. However due to customer preference, they stock and sell some foods which they believe are unhealthy. Furthermore, most of the food they stock is imported.

"Afro Caribbean food is the type of food that Africans like and then we bring it in. So, what we say is healthier because it's basically from natural resources, you know it's a natural food, it's organic food. Let me use the word organic". [Afro Caribbean vendor]

"There is a lot of other stuff, lot frozen as well, like samosas and stuff. They've been deep fried. Alright, you can have one every week or something. Not every day. Yeah, I do think it is not healthy and will affect me and my family health". [Asian vendor]

“The Polish community, the Eastern European community generally, what I see is that they like tin or jar, the food they are already processed in the jar and tin so I stock a lot”. [Eastern European vendor]

## **Factors Affecting Sourcing of Products**

### **1. Cultural influences**

The type of products stocked depend on the cultural practices and influences of the customers. Most of the products are sourced according to the cultural preferences of the customers. Different cultures eat different type of food. Stores source food items from countries from where their customers come from. For instance, for African foods, they mostly get products from Africa. Most of the stores target different cultures, so, they have to stock for culture.

“This is what we eat in our culture. So sometimes for some customers it is about culture, is about eating what you know. People believe sometimes that you are what you eat generally”. [Afro Caribbean vendor]

### **2. Customer Demand, Taste, and Preferences**

Vendors stock products according to customers’ demand and preferences. People choose what to eat, so it is up to the store to stock what the customer wants. Even when the vendor feels that certain foods are not healthy, they have to stock because the customer has preferred it. According to the Asian vendor ghee is not healthy but they have to stock it because some customers demand for it.

“Some of us prefer certain type of tomato sauce, and if we get, used to it, then we are accustomed to. But if someone else bring you the better brand, we'll try in UK. But in Polish community they are very loyal. What they know, only they prefer. Changing their mind is very hard”. [Eastern European vendor]

### **3. Health**

Food products stocking in ethnic minority shops is also influenced by vendors need to provide healthy products to their customers. Vendors reported that the food items they sell is healthy

and through that, advocate for eating for health. A vendor highlighted that they stock foods such as dairy free products for people who are intolerant to dairy products.

“I am very conscious about healthy eating. In our senior managers meeting, this is why we introduce new lines with the big signs saying less salt, less sugar, less fat”. [Eastern European vendor]

#### **4. Quality of Products**

According to the vendors, items stocked must be of high quality. Vendors reported that clients were attracted to the quality of products they sold. The vendors added that they try their level best to ensure that the food items they stock is the best. They try not to sell items of less quality and unhealthier.

“I would say quality as well because some people come to the shop. They said you know well I like what you sell that's what makes me come here all the time. So, quality wise one of the reasons why we still keep our business is people like how we do our things and people will always tell you this is what I want”. [Afro Caribbean vendor]

### **Challenges of Selling Healthy Foods**

#### **1. High Competition**

Vendors do not stock healthy foods due to high competition. According to one of the vendors, they do not stock vegetables because they face competitions from people who deal strictly with vegetables.

“Why we don't really do much vegetable is that because we are in the High Street, we have competitors. So, we have people who deal with fresh vegetables solely and these are people around our shop”. [Afro Caribbean vendor]

## **2. High Cost of Foods and Low Purchasing Power**

High cost of healthy foods such as organic foods mean that buy products at high cost which has to be transferred to the customer. Pushing cost to the customer is not sustainable because most customers have low purchasing power due to the economy. Customers come to the stores

in willingness to buy healthy foods but they end not buying anything because items are expensive.

“So, it's not always a success story when you come to organic food. Yes, we do produce quite a lot of fresh meat. They are expensive and organic”. [Eastern European vendor]

“They didn't buy it; doesn't mean they don't need it because they don't have the money...such a thing will make them to buy, something that they don't even want to buy that they just want to, because they need to eat, you need to eat”. [Afro Caribbean vendor]

## **3. Language Barrier**

Most of the customers and staff do not speak the same language. This makes it hard to communicate with each other. One of the vendors mentioned that the staff do not speak polish which is challenging to deal with customers who speak polish.

“Some of the staff comes from different part of the world and they don't speak Polish. So, these staff like me, since we don't speak Polish communication with certain

customers can be very difficult. This makes it difficult for us to tell them about healthy foods” [Eastern European vendor]

#### **4. Source of products**

There are few or no local suppliers of ethnic foods. Vendors reported that they import most of the products from other countries due to lack of local suppliers or the available local suppliers do not meet vendors' needs. Local suppliers are also unreliable. Local suppliers supply quality products to supermarkets and hotels leaving poor quality products to the vendors.

“So, we get this from a warehouse and this warehouse, what they do is that they source their products from Africa. So that's why some of the products when you see them, they on the carton on the body they will say from Mexico, from Tanzania, from Africa, from Ghana. So that's one part of how we get our foods from the people who get it directly from the source outside”. [Afro Caribbean vendor]

“When you go to farmers, they got a variety of tomatoes. Good ones like cherries and everything, goes to supermarkets, hotels, then whatever is left C and D grade, it gets supplied to corner shops and stuff”. [Asian vendor]

#### **5. Wastage and Perishability**

Vendors pointed out supply, stocking, selling of healthy foods is affected by adverse weather conditions. This makes perishable foods such as vegetables to go bad. This means that if they buy in large quantities and the weather is not conducive, most of the items get bad leading to wastage and loss of income from the sales of these goods.

“We try to but not always successfully. Because when you look at the perishable food, we end up wasting quite a lot. So, we have to become conscious and control what we stock”. [Eastern European vendor]

“We try not to stock much fruits and vegetables because they go bad. What can we do? It's that happens every day. Something is old, something is rotten or not good. We have to just put in a bin”. [Asian vendor]

#### **6. Time constraints**



Vendors reported that they stock ready-made meals and processed foods because most people do not have time to prepare meals for themselves. This makes them buy less healthier foods. Due to work and other engagements, people find it easier to buy frozen foods and tinned foods or eat at restaurants. Also, they buy items which take less time to prepare. This has led to people living a ‘take away’ life which is unhealthier life.

“Well, I'll point out that it's more NHS people working in hospitals, they're buying more frozen food because I think they come from India or they got less time than on their hand. Some of them, they can't cook and prefer food that is already been made”. [Asian vendor]

## **Motivation to Sell Healthy Foods**

### **1. Service to Customers**

Vendors are motivated to sell healthy foods because they want to provide good service to the customers as well as ensuring that the food is of good quality but affordable. They want to provide food items to the community.

Making sure that the food is good, available for them to, to buy because that's one of the reasons why we say if they cost is reduced then we reduce. So, keep making it cheaper for them and making it accessible and affordable making sure, the quality is still there. [Afro Caribbean vendor]

### **2. Diversification**

Vendors are motivated by customers buying a variety of items. When customers come to the stores, they are not coming to buy one item. This encourages vendors to stock different varieties of healthy foods.

“We have a variety of food. Both processed and whole foods, plus we have traditional herbs and spices and foods. We also sell some English stuff. Customers have a wide variety to choose from”. [Asian vendor]

### **3. Quality foods**

According to the vendors, they are motivated by the quality of foods they offer to customers. They want to supply the best quality and the testiest.

“I think I don't know. I'm not specialised. I'm no doctor or anything, but I think is a healthier, most of the food is sourced from Asia which is organic and it tastes a lot better as well”. [Asian vendor]

### **Business Support**

Participants from both the focus group discussions and one-to-one interviews were asked about their knowledge and awareness of business support initiative and grants. Most of the participants had no idea about any form of business support they could access. However, the

participants made suggestions of the types of business support that will be beneficial to them and how such support should be advertised.

#### **1. Advertisement and Promotions**

Participants suggested that business support grants should be advertisements at key places like places of worship and ethnic food shops. They believe that the information they get from places of worship are well received. It was suggested that places of worship should be targeted for health talks and campaigns and business opportunities.

“Contact the religious centres. The Sikh, the Hindus, the Jews, the Muslims, everyone. For your information, this is only because I went to Catholic school, there's all different types of churches. Church of England, Church of this or that. So, I don't think if you go to one church it's going to communicate to all the Christians. You'll need to go to all the different churches”. [Focus group Asian community]

“So, having a promotion of healthier products might encourage customers whilst they are already in that shop to buy some extras and this will lead them to eating healthier”.

[Focus group Eastern European Community]

## **2. Funding and Provision of Grants**

Setting up a business especially dealing with healthy food items is very expensive. Participants requested for financial support for people who want to venture in healthy foods business. Vendors stated that they can be supported by being provided with grants. One of the vendors pointed out that during the lockdown, they were given grants but it was not for stocking healthy foods. This can be extended to stocking healthy foods.

“Can I say- the big supermarkets will just swallow any small shops up, unfortunately, in my thinking. Anyone who is trying to set up will try to cover their costs, and will have to initially probably need to do higher costs to cover all liabilities. Support in terms of funding will really help”. [Focus group Asian community]

## **3. Reduction of Taxes**

There are heavy taxes imposed on healthy foods. Since most of the foods are imported, they are heavily taxed at the entry points. This makes the cost of running business quite high and also the retail price of items goes up. Participants requested for reduction of taxes to make products affordable to both sellers and buyers. If taxes are reduced, then the cost of items will also come down. One of the vendors reported that they were selling their business due to increased taxes, tariffs, and bills such as electric. This had made business untenable

“If there’s a way cost can be reduced and then tax as well could be reduced, I think is another way of breaking barriers in this area because we want to keep our customers, we don’t want our customers to go”. [Afro Caribbean vendor]

## **4. Accessibility of Goods**

Vendors requested to be supported in supply of items. They want to have easy access to items. They want to have supplies especially from local suppliers. This will ease the burden of importing from other countries.

“If we get access to more supply locally that would be good. We have to go to London to get supply. So, if we can get things in here locally and easily, I think that would be a good a break in barrier because that’s the only way you could stock”. [Afro Caribbean vendor]

## **CONCLUSION AND RECOMMENDATIONS**

According to the participants of the study, there is mostly adequate knowledge on the impact of food on their health, although less so within the Roma community. Participants listed some health conditions they believed is influenced by eating habits such as: high blood pressure, diabetes and high cholesterol. Factors identified from the study as influencing food eaten for health are: affordability, age, availability, cultural influences, and knowledge and awareness. Firstly, people eat what they can afford. So, for people to eat for health, the cost of healthier

foods (or their perceived cost) should be more affordable. Secondly, food vendors should ensure that healthy foods are available and easily accessible. In addition, there are cultures that encourage consumption of less healthy foods, such cultures should be adequately understood in order to shape interventions. Finally, people eat what is familiar to them. Some people do not know what is healthy and what is not. Therefore, there should education and awareness creation on eating for health, but this should be targeted to those groups with less awareness rather than universally.

Vendors of ethnic foods highlighted cultural influences, customer demand, taste, and preferences, health, and quality of products as key in determining the kind of food they sell.

The aforementioned factors all are customer driven. The vendor has no major say in deciding what to sell. Vendors understand that they have a social responsibility of providing healthy foods to the community. Vendors need to be supported to provide more healthy food options (e.g., lower taxation and affordability).

In terms of business support, participants requested for business support in terms of advertisements, funding, and reduction of taxes. These opportunities should be advertised in religious and healthcare centres. In selling healthy foods, the vendors reported experiencing the following challenges: high competition, high cost of foods and low purchasing power, language barrier, source of products, time constraints, and wastage and perishability. There is need to enhance local production of food. This will enable vendors to get products from local suppliers which will reduce cost because most of the products are imported from other countries. Participants also stated that existing businesses and people interested in starting businesses experience a lack of adequate funding. Therefore, entrepreneurs should be provided with finances to support and start business. In addition, the government should reduce taxes imposed on healthy foods or vendors given subsidies.

## **KEY RECOMMENDATIONS**

1. Design and use innovative (and non-traditional) educational techniques and approaches to build essential knowledge and skills to eat for health with often underserved communities. Ensure educational approaches are culture specific and accessible. This might include more visual information rather than written for example, to reach non-English speaking or non-English reading communities. Target educational campaigns on those communities that need it most, rather than universally.

2. Develop multifaceted community spaces that would provide various facilities including grow our own space and grow your own education activities, community kitchens and activities to develop cooking skills, food waste, community shop (rather than food bank) and cafe. This may increase people from minority ethnic groups' capabilities to eat for health in a socially supportive environment.
3. Harness relationships and assets in schools to provide educational opportunities in these settings. This includes cooking skills, nutrition, grow your own and food waste. Ensuring every child and young person can be involved in these activities (e.g., by supplying raw ingredients and materials).
4. Support the local farmers and food vendors to provide affordable healthy food and encourage the growing and sales of more ethnically diverse food. This would support the local economy and reduce the need for culturally specific foods to be imported.
5. Deliver more cooking classes for families and promote family events in the community. Attach cooking classes to pantries and mobile pantries - link in with kitchens available in community settings (churches, Age UK, sports centres). This is likely to increase their capabilities to cook from scratch and could result in less reliance on less healthy, processed foods.
6. Bring smaller community organisations delivering similar projects together for better service provision and also reduces duplication of effort (i.e., cross over between projects);

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## Appendix 1 Eating for health: Focus group schedule

### Aims/objectives

- To understand their **capability** (knowledge and awareness) of eating for good health and how it impacts on them and their family.
- To understand what **opportunities** they have to eat for good health (i.e., barriers and facilitators)
- To understand their **motivations** to eat for good health.

	Prompts	Time
<b>1. Introduction</b>	<ul style="list-style-type: none"> <li>- Intro to the bid</li> <li>- Housekeeping</li> <li>- Team introductions</li> <li>- Participant introductions</li> </ul>	10 mins
<b>2. How does food influence health?</b> <i>Capability</i>	<ul style="list-style-type: none"> <li>- What foods do you eat?</li> <li>- What foods are more healthy?</li> <li>- What foods are less healthy?</li> <li>- What health conditions are influenced by what we eat?</li> </ul>	20 mins
<b>3. Facilitators of eating for health?</b> <i>Opportunities</i>	<ul style="list-style-type: none"> <li>- <i>Knowledge/awareness</i></li> <li>- <i>Accessibility</i></li> <li>- <i>Time</i></li> <li>- <i>Convenience</i></li> <li>- <i>Skills and abilities</i></li> <li>- <i>Psychological factors (e.g., stress)</i></li> <li>- <i>Culture</i></li> <li>- <i>Preferences</i></li> <li>- <i>Social influences (e.g., family)</i></li> <li>- <i>Physical capability (e.g., disability, MH)</i></li> </ul>	20 mins
<b>4. Barriers/challenges to eating for health?</b> <i>Opportunities</i>	<ul style="list-style-type: none"> <li>- <i>Knowledge/awareness</i></li> <li>- <i>Accessibility (e.g., what would you like to see in your local shops/markets)</i></li> <li>- <i>Affordability/cost</i></li> <li>- <i>Time</i></li> <li>- <i>Convenience</i></li> <li>- <i>Skills and abilities</i></li> </ul>	20 mins

	<ul style="list-style-type: none"> <li>- <i>Psychological factors (e.g., stress)</i></li> <li>- <i>Culture</i></li> <li>- <i>Preferences</i></li> <li>- <i>Social influences (e.g., family)</i></li> <li>- <i>Physical capability (e.g., disability, MH)</i></li> </ul>	
<b>5. Motivation to eat for health?</b>  <i>Motivation</i>	<ul style="list-style-type: none"> <li>- What would motivate you/others?</li> <li>- Intentions/goals to eat for health?</li> <li>- Beliefs about capability to eat for health?</li> <li>- Consequences of not eating for health?</li> </ul>	15 mins
<b>6. Business support</b>	<ul style="list-style-type: none"> <li>- Are you aware of support for businesses or help to start a business locally? (if no go to final question!)</li> <li>- Have you accessed any support of this kind?</li> <li>- (depending on the answer) What did you use/why not?</li> <li>- What support would be useful to you or your communities? And how/where/when would you want it to be delivered</li> </ul>	If there is time
<b>7. Any questions/wrap up</b>	<ul style="list-style-type: none"> <li>- Any questions</li> <li>- Thank yous</li> </ul>	5 mins

## Appendix 2 Eating for health: Interview Guide for food vendors

### Aims/objectives

- To understand their **capability** (knowledge and awareness) of eating for good health and how it impacts on them and their family.
- To understand what **opportunities**, they have to eat for good health (i.e., barriers and facilitators)
- To understand their **motivations** to eat for good health.

	Prompts	Time
<b>8. Introduction</b>	<ul style="list-style-type: none"> <li>- Intro to the bid</li> <li>- Housekeeping</li> <li>- Team introductions</li> <li>- Participant introductions</li> </ul>	10 mins
<b>9. How does food influence health?</b> <i>Capability</i>	<ul style="list-style-type: none"> <li>- What foods do you sell?</li> <li>- What foods are healthier?</li> <li>- What foods are less healthy?</li> <li>- What health conditions are influenced by what we eat/sell?</li> </ul>	20 mins
<b>10. How do you source the products you stock?</b> <i>Rational behind what they stock</i>	<ul style="list-style-type: none"> <li>- <i>Accessibility</i></li> <li>- <i>Time</i></li> <li>- <i>Convenience</i></li> <li>- <i>Buy locally</i></li> <li>- <i>Culture</i></li> <li>- <i>Customer preferences</i></li> <li>- <i>Social influences (e.g., customers)</i></li> <li>- <i>Profit margin</i></li> </ul>	20 mins
<b>11. Barriers/challenges to selling health foods?</b> <i>Opportunities</i>	<ul style="list-style-type: none"> <li>- <i>Perishables</i></li> <li>- <i>Accessibility (e.g., local shops/markets or international)</i></li> <li>- <i>Affordability/cost</i></li> <li>- <i>Time</i></li> <li>- <i>Convenience</i></li> <li>- <i>Culture</i></li> </ul>	20 mins

	<ul style="list-style-type: none"> <li>- <i>Preferences</i></li> <li>- <i>Social influences (e.g., consumers)</i></li> <li>- <i>Profit margin</i></li> </ul>	
<b>12. Motivation to sell healthy foods?</b>  <i>Motivation</i>	<ul style="list-style-type: none"> <li>- What would motivate you/others?</li> <li>- Intentions/goals to sell for health?</li> <li>- Do you feel you have a role to play in the health of your community?</li> <li>- Consequences of not eating for health?</li> </ul>	15 mins
<b>13. Business support</b>	<ul style="list-style-type: none"> <li>- Are you aware of support for local business?</li> <li>- Are there any Government policies that affect your business?</li> <li>- What do you do with the surplus or foods nearing BBE date?</li> </ul>	If there is time
<b>14. Any questions/wrap up</b>	<ul style="list-style-type: none"> <li>- Any questions/ suggestions</li> <li>- Thank you</li> </ul>	5 mins

### Appendix 3

MCH/Public Health are taking part in a project to understand people's eating behaviour. We are doing one-to-one interviews with Ethnic food vendors in Medway, Gravesham and Swale on **eating for health**. This will help shape services that meets the needs of the local population.

#### What do you want me to do?

We would like to have a discussion with you between 16<sup>th</sup> of May to 10<sup>th</sup> of June either face-face or virtually. Please let us know if you need an interpreter or translator. You will receive a **£30** shopping voucher of your choice for taking part.

**If you would like to take part,  
please contact Dr Jenny Teke:  
07563747818**



#### What would you like to know from me?

- *What does 'eating for health' mean to you?*
- *How do you source the products you stock?*
- *What stops you from selling more healthy foods?*
- *What helps you with your decision on what you stock*
- *How can we support you to sell more healthy foods?*

#### Who will have access to the information I provide?

Only the persons that are involved in this project will hear what you say. It will be recorded but your name will not be used in any report.

#### Do I have to take part?

You are free to decide if you want to take part or not and you can stop taking part at any time without giving a reason.



## Appendix 4

MCH/Public Health are taking part in a project to understand people's eating behaviour. We are doing focus groups and interviews with people in Medway, Gravesham and Swale on **eating for health**. This will help shape services that meets the needs of the local population.

### What do you want me to do?

We would like to have a discussion with you between 14<sup>th</sup> -25<sup>th</sup> of March either face-face or virtually ideally in a focus group. Please let us know if you need an interpreter or translator. You will receive a **£30** shopping voucher of your choice for taking part.

**If you would like to take part, please contact**



### What would you like to know from me?

- *What does 'eating for health' mean to you?*
- *Are you aware how food affects your health and that of your family?*
- *What stops you from eating for health?*
- *What helps you with eating for health?*
- *How can we support you to eat more for health?*

### Who will have access to the information I provide?

Only the persons that are involved in this project will hear what you say. It will be recorded but your name will not be used in any report.

### Do I have to take part?

You are free to decide if you want to take part or not and you can stop taking part at any time without giving a reason.

#### Appendix 5: List of Contacts

CONNECTION	NAME	EMAIL	ADDRESS	PHONE	ROLE/PROVISION
The Gr@nd	Diljeet K Nota (Dil)	<a href="mailto:Diljeet.Nota@thegrand.org.uk">Diljeet.Nota@thegrand.org.uk</a>	The Gr@nd: Healthy living Centre, 26 King street, Gravesend, Kent, DA12 2DU.	01474 320123	She works with diverse communities to deliver healthy lifestyle projects. Community allotments, food kitchen, learn English, one you healthy lifestyle course, basic computing, fitness classes and African dance class. All free.
Imago Community	Jackie Dabin (Head of service for Navigation services)  Sam Baxter (Head of service for Social prescribing)	<a href="mailto:Jackie.dabin@imago.community">Jackie.dabin@imago.community</a>	Imago Community, 60 Balmoral road, Gillingham, Kent, ME7 4QE.	T 01634 852692 M 07808242517	Social prescribing and short-term intervention for adults with complex health & social care needs. CAMEO (come and meet each other) 12 wk programme, healthy living personal finance & volunteering.

Guru Nanak Darbar Gurdwara Gravesend	Ask Diljeet she is on Health and wellbeing team	<a href="mailto:healthcare@gurunanakdarbar.org">healthcare@gurunanakdarbar.org</a>	Guru Nanak Marg, Gravesend DA12 1AG	01474 350611	Provide free meals to the community, have a day centre for older people. Get involved in other local projects.
Cygnets Leisure Centre.	No reply to contact request yet.	<a href="mailto:info@gcll.co.uk">info@gcll.co.uk</a>	Cygnets leisure centre, Old Perry st, Northfleet, Kent, DA11 8BU	01474 558000	Classes and swimming for a full range of ages and abilities
Children's centre Riverside	No reply yet (website)	<a href="mailto:Riversidecc@kent.gov.uk">Riversidecc@kent.gov.uk</a>	The riverside centre, Dickens rd., Gravesend, DA12 2JY	03000 420400	Activities for children and parents, information, advice and support.
Hindu Cultural Society – North west Kent	No reply yet (website)		Hindu Temple, 10 Manor rd., Gravesend, Kent, DA12 1AA.	07712 697711	Religious meeting/services/ceremonies and celebrations.

Gravesend & Dartford Muslim Association			Gravesend Central Mosque, 11 Albion Terrace, Gravesend, Kent, DA12 2SX		
Riverside Community centre	No reply yet (website)	<a href="mailto:info@gravesendcentralmosque.com">info@gravesendcentralmosque.com</a>		07435 476260	
Gravesham	Sue Pedrick	<a href="mailto:suepedrick@riverside-crt.org.uk">suepedrick@riverside-crt.org.uk</a>	Riverside Community Resource Trust, Dickens Rd, Gravesend, DA12 2JY	01474 352199	Gravesend food bank, Mind, adults with physical disabilities group, Groundwork south and carers choice.

Dartford	<p>Pastor Ladi Lawal</p> <p>Pastor Dare &amp; Ronke Obigbesan</p> <p>Pastor David Adeyemi</p>			<p>07539 216058</p> <p>07852 456883</p> <p>07742 742633</p>	<p>Provided by Cllr lady Lola (Pastors)</p>
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Diversity House	No rely yet (website)	<a href="mailto:info@diversityhouse.org.uk">info@diversityhouse.org.uk</a>	Diversity House, ISP house, Church street, Sittingbourne, Kent ME10 3EG.	01795 420455	Website shows some (possibly past) community projects for ethnic minorities.
Brogdale CIC/Vibes community charity	Tanya Mitchell	<a href="mailto:tanya@brogdalecic.co.uk">tanya@brogdalecic.co.uk</a>	Culnells Farm, School Lane, Iwade, Sittingbourne, ME9 8QJ	07904 378257	Holiday and food programme provider Iwade and sheerness.
Sittingbourne Methodist Church	Reverend Robert Zachar	<a href="mailto:enquiry@sittingbournemethodist.org.uk">enquiry@sittingbournemethodist.org.uk</a> <a href="mailto:minister@sittingbournemethodist.org.uk">minister@sittingbournemethodist.org.uk</a>	Sittingbourne Methodist church, High st, Sittingbourne, Kent, ME10 4PB		Wiggles, Boys Brigade, Music group, Jewish Messianic church.

Swale Community and Voluntary Service	Julia Watling (Head of operations)	<a href="mailto:office@swalecvs.co.uk">office@swalecvs.co.uk</a>	Swale CVS, Central House, Central Ave, Sittingbourne, Kent, ME10 4NU	0773 5553829 01795 473828	Training, Befriending, Transport, Host group meetings with other support services.
Swale	Oluyemisi Olowu			07886 192132	
	Pastor Dare & Ronke Obigbesan			07852 456883	Provided by Cllr Lady Lola
	Pastor David Adeyemi			07742 742633	