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Central Lancashire **NHS**
Primary Care Trust



A tale of two cities: **A study of access and attitudes to food in the Deepdale and Ingol areas of Preston.**

SUMMARY VERSION

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Introduction

The policy context for the work can be found in Preston Primary Care Trust's (PCT) Food, Health and Obesity Strategy and Implementation Plan (2004), which identifies a number of challenges in relation to addressing the problems associated with poor nutrition and obesity in localities working with communities with the highest levels of deprivation and need. The project is part of a social-environmental approach to health that acknowledges the relationship between the environmental and behavioural determinants of health and the manner in which environments can differ in the resources they provide to individuals. The social-environmental approach to health also recognises that understanding, measuring and altering the obesogenic environment is vital to the success of any health initiative attempting to tackle obesity and its related problems. The ultimate solution is to create a healthy or salutogenic* environment where healthy choices are available and possible.

Preston PCT runs a Neighbourhood Renewal funded healthy food project focusing on nutrition in early years in two main areas, Deepdale and Ingol. This along with the existence of poor health records for both these areas helped inform the choice of these wards for this study. In this way the work was designed to act as a pilot for roll-out in other areas of Preston.

Aims and Objectives

The aim of the research was:

- To assess access to healthy food in Deepdale and Ingol.

The project objectives relevant to the current piece of work were as follows:

- To identify barriers to accessing healthy food for different sectors of the community, including the needs of the elderly, those with physical disabilities, lone parent families and those with specific cultural food needs;
- To assess the cost and availability of healthy food in Ingol and the Deepdale areas;
- To produce indicators of food access by constructing maps using Geographical Information Software (GIS) and Participatory Appraisal techniques;
- To guide the choice for future indicators related to healthy food access;
- To involve local communities and small business retailers in measuring food access and in constructing potential solutions.

Methodology

A number of methods were used:

1. Participatory appraisal to gather the views of local residents and build up a profile of purchasing and eating habits.
2. A survey of shops in the relevant areas of Preston, using council data and supported by street by street census.
3. Using the data collected above to produce maps showing access to:
 - Shops that sold more than 5 types of fruit and 7 types of vegetables (based on this being a reasonable indicator of healthy options);
 - Mapping the distance from where people live to shops using 500m as a reasonable distance. Additionally a decision was taken to include shops in a 500 metre zone buffer outside the boundary of each area, as residents on the edges of ward boundaries would have access to these shops.
4. Healthy food basket development, menus and weekly shopping based on eating habits for South Asian and White British populations.
5. Food availability survey which consisted of assessing the availability of key items in shops along with a weekly healthy menu for a mother and two children.
6. A costing of a healthy shopping basket in 2 areas for two ethnic groups (White British and South Asian populations).

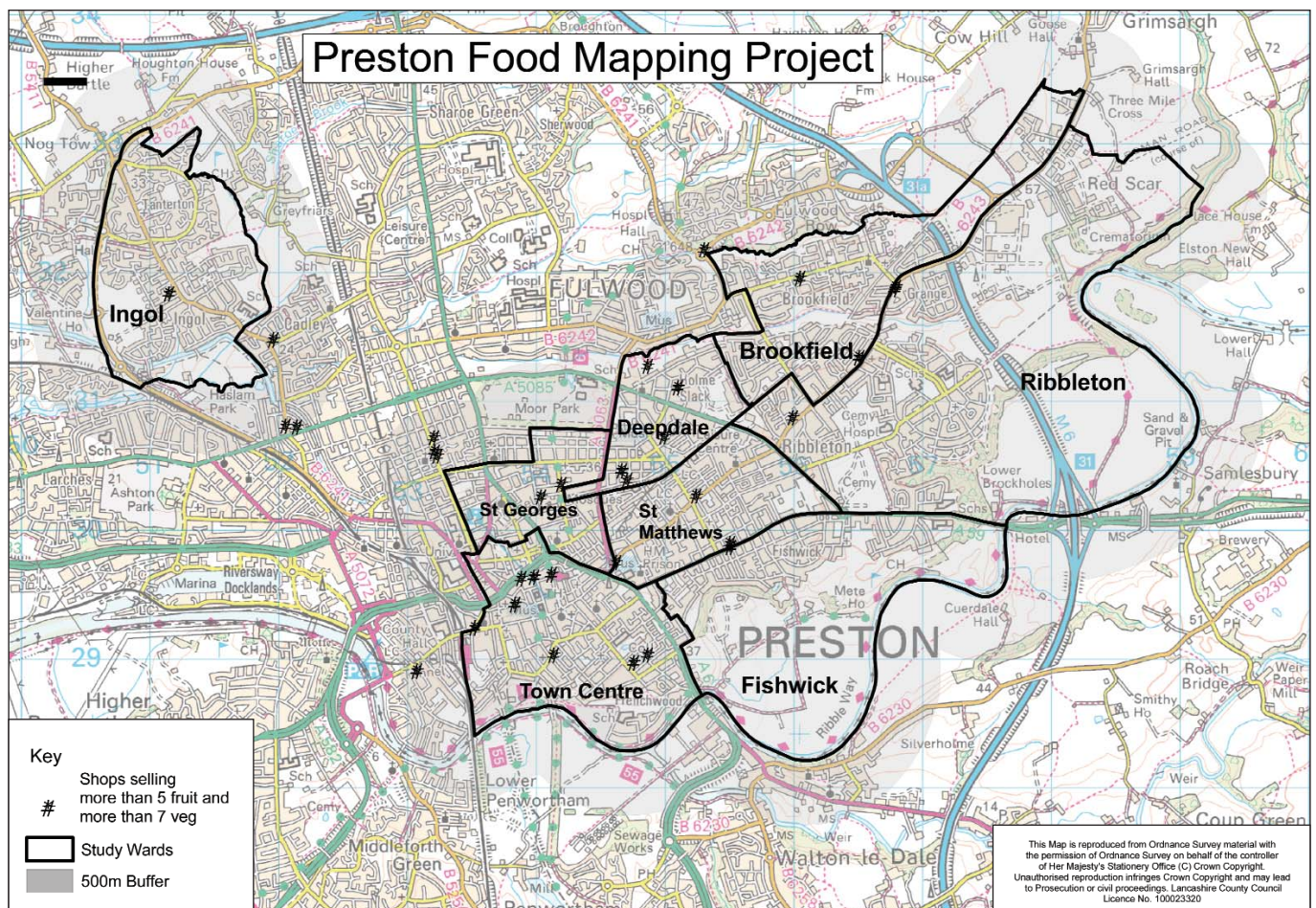
* Salutogenic environment means one that on factors that support human health and well-being rather than on factors that cause disease and ultimately contributes to healthy choices being easier ones.

Results

Access to Food Shops and Healthy Options

For fruit availability the results showed only one shop in Ingol and three on the outskirts in the south-east corner sold more than 5 fruits, this compared to five in Deepdale. For vegetables a similar picture emerged with Ingol having one shop selling more than 7 vegetables within its boundary and three on the outskirts in the south east corner within the 500m boundary of the ward. Deepdale had six shops selling more than 7 vegetables within its boundary. Map 1 shows these two indicators combined so that in Ingol there is only one shop in the area selling this range of fruit and vegetables and three outside the zone serving streets in the south east corner of the area, and these would be more that 500m for many in the centre, north and west of the ward.

There are more local shops in Deepdale than in Ingol where people can shop for specialist ingredients at a reasonable price, these are, in the main, owned and run by members of the local South Asian community and thus the selection of vegetables reflects a particular group preference. Frequent and regular use of these for specialist shopping was also reported in the participatory work, this is in contrast to Ingol where local shops are used to top up in between visits to a major supermarket.



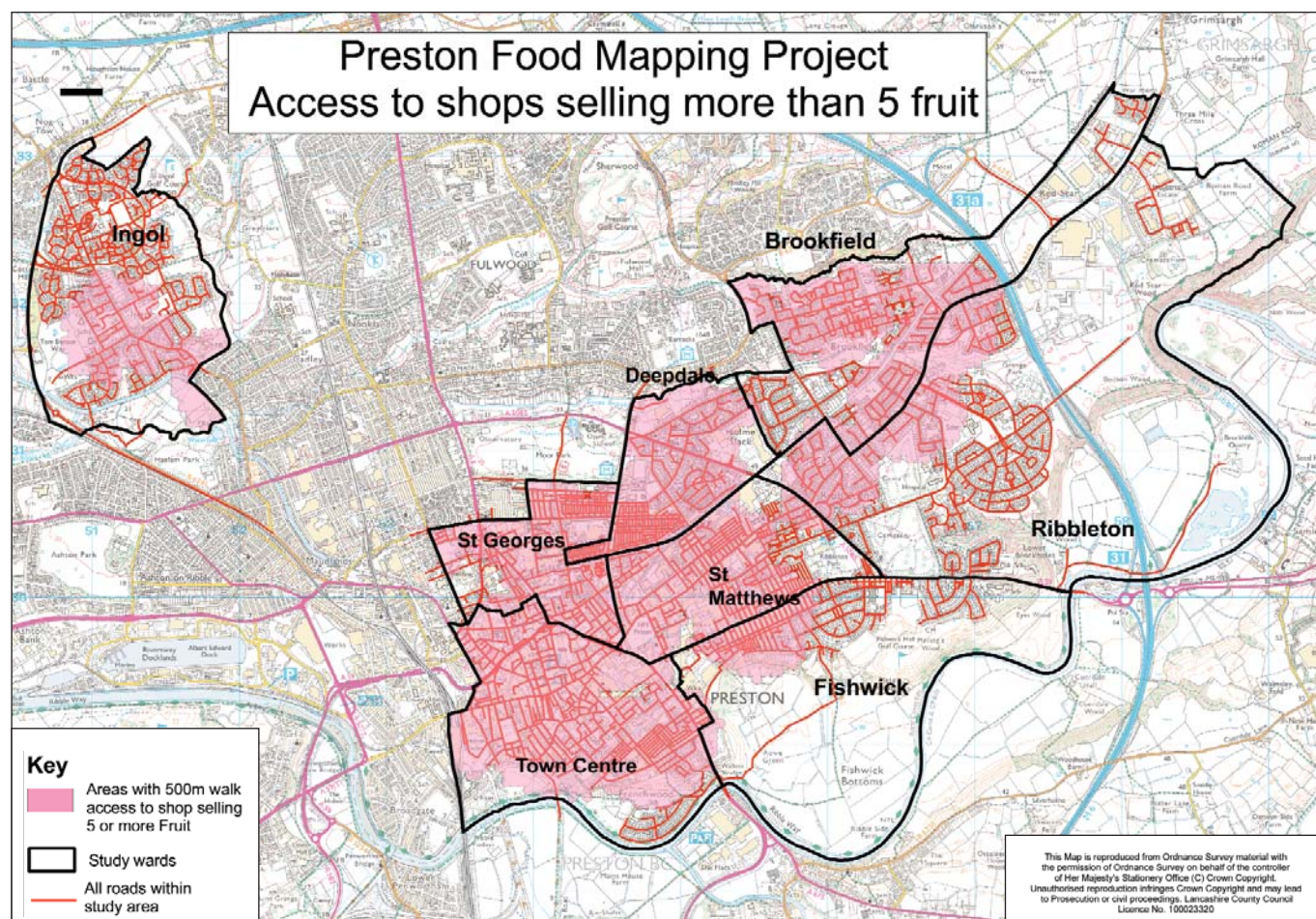
Map 1 Shops selling 5 (or more) types of fruit and 7 (or more) types of vegetables (excluding potatoes).

Access to fruit and vegetables

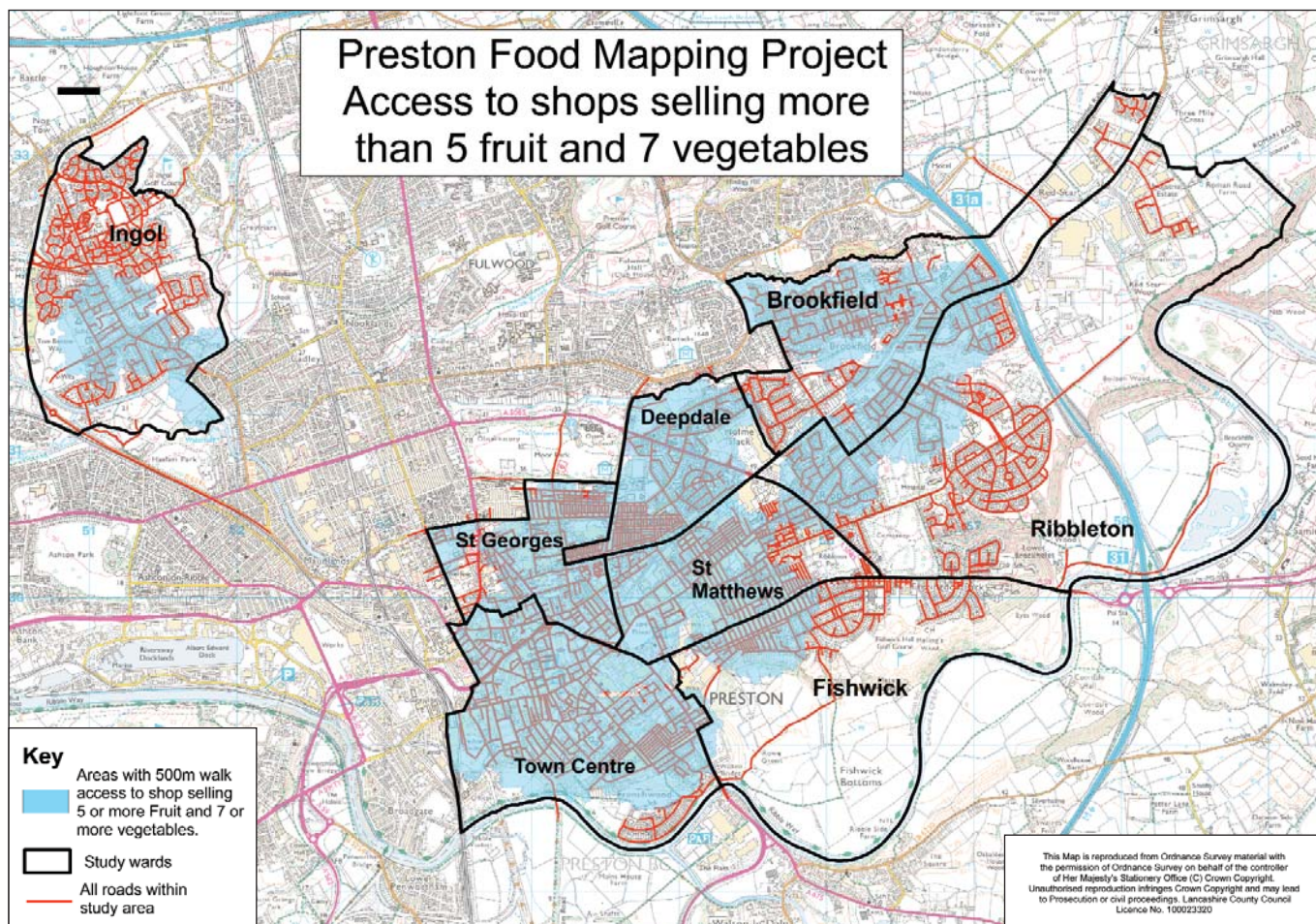
Maps 2 and 3 develop this analysis further by showing roads within 500m of a postcode containing one or more shops selling food. The distance of 500m is used in other research on access to food as a reasonable distance to walk to shops (generally estimated to be 15 minutes). Essentially these maps show that in the areas shaded, the households can access (within 500m) 5 or more fruits and combined indicators of shops selling 7 or more vegetables and 5 or more fruits. The areas that are clear are the ones with problems of access namely, Brookfield, Ribbleton, St Georges, Fishwick, Ingol and the far north east corner of Deepdale. In Ingol this access is predicated on the existence of one local shop.



There are fewer local shops in Ingol than in Deepdale and these stock more familiar 'British foods' and less specialist or fresh produce. In the qualitative work nearly all the Ingol participants reported using a large supermarket for food with the majority using the bigger shops of Asda and Morrisons, a few using Sainsbury's, and Tesco. This trend in Ingol mirrors the national trend where 90 per cent of shoppers do their major shop at one of the major national supermarket chains.



Map 2 Access to shops selling more than 5 fruits.



Map 3 Access showing shops selling 5 (or more) types of fruit and 7 (or more) types of vegetables (excluding potatoes).

Not surprisingly the areas with reasonable access to fruit and vegetables coincide in that the shops selling more than 5 fruit were the same shops selling 7 or more vegetables.



Shopping Patterns

From the participatory appraisal work in Deepdale we know that the general trend reported was for a large shop at a supermarket once a month followed by frequent use of local specialist shops for Halal meat, specific vegetables and fresh fish - both not available in the supermarket.

The participatory appraisal work in Ingol shares similarities with the Deepdale findings in that nearly all the Ingol participants reported using a large supermarket for their main food shop, usually travelling out of the area to do this. Up to two-thirds reported using the bigger shops of Asda and Morrisons, a few used Sainsbury's and Tesco.

Analysis of the availability of other healthy options such as brown bread, wholemeal pasta and brown rice were not widely available within shops in the two areas. In addition the number of take-aways (a total of 186, see map 4) and their widespread use amongst younger people raises worrying issues about the availability of cheap and in the main unhealthy food. There

were also 165 other premises comprising bakers shops (12); butchers (20); licensed butchers (4); fishmongers (3); greengrocers (14); grocers (47); newsagents (30); petrol stations (9); poultryer/game dealers (1) and supermarkets (25).



Map 4 Food premises in Preston with red dots representing take-aways.

Shopping and Availability of Food Basket Items in the Areas of Deepdale and Ingol

In order to calculate the cost of the food basket specific shops were identified (as in parades of shops) in the two defined areas that would be used by the local communities. In devising a healthy week's menu we assumed that the family consisted of one parent and two children and accordingly we broke down the meals into their component parts so that ingredients could be listed, as a shopping list and costed from our shop price survey.

All items in the White British basket for Ingol residents were available from a local supermarket (Booths) except wholemeal pasta. Nonetheless this basket of goods came at a cost which many people on restricted incomes could not afford. We used

Sainsbury's as the standard of comparison for Ingol. Although Sainsbury's was not the main out of area supermarket for Ingol residents (these were Asda and Tesco) we used it as Deepdale residents reported it as the one they used most frequently, due to its proximity. When items were not available from local shops we used the Sainsbury's prices to complete the shopping list in both areas and for all three shopping baskets.

In Deepdale the local shops did not stock ten items from the 'White British' healthy basket. Table 1 summarises the results of the shopping in terms of what was available and not available.

Table 1 Number of items available and overall cost

	Ingol -White British basket		Deepdale – South Asian basket		Deepdale – White British basket	
	Supermarket	Shops	Supermarket	Shops	Supermarket	Shops
Number of items in basket	42		38		42	
Number of items substituted by items from a local supermarket / shop	0	2	1	7	0	10
Cost of basket	£70.61	£70.74 - £73.06	£47.05	£38.59 - £44.28	£42.16	£38.81 - £42.47



The key distinguishing feature of the above is the high price for the 'White British' basket in Ingol. The price of shopping locally even with a top-up from Sainsbury's for items not available in the local shop would cost over £28 more for a weekly shop for residents of Ingol. The price differential is enormous and amounts to £128/month. All this assumes an ability and time to shop around and does not address issues of micro access or transport home. Nonetheless in Deepdale local shops can be seen to be competitive with supermarket prices if not the range of goods available.

All the above is comparing costs across supermarkets and local shops, the real test of affordability comes in relating the costs to incomes and we have attempted this in the next section by developing case studies.

Ingol Case study 1 – White British basket

A White British family shopping at a local supermarket in Ingol would pay £70.61 for a healthy shopping basket. However, if they chose to shop in local shops they could pay more for their healthy basket and would pay between £70.74 - £73.06. In order to get the best value prices on all food they would need to shop at three shops (including topping up with some items from a national supermarket). They could buy all the items from Sainsbury's in Deepdale for £42.16.

Deepdale Case study 2 – South Asian basket

A South Asian family shopping at a supermarket that is part of a national chain in Deepdale would pay £46.49 for a healthy shopping basket; one item, wholemeal chapatti flour, would be missing from the basket and they would need to buy this elsewhere. If they bought this at a local shop the cost of the basket would increase to £47.05. If they chose to shop in local shops by seeking out the best prices in five shops they could pay less for their healthy shopping basket and £38.59. Less judicious shopping would result in the basket costing £44.28, still cheaper than the supermarket prices. Local shops did not provide all the items in the food basket and there was a need to top-up seven items from the supermarket.

Deepdale Case study 3 – White British basket

A White British family shopping in Sainsbury's supermarket in Deepdale would pay £42.16 for a healthy shopping basket. However, if they chose to shop in local shops they could by shopping around for bargains pay less for their healthy basket (£38.81). With less judicious shopping the basket of goods could end up costing £42.47, slightly more than the basket of goods from Sainsbury's. In order to get the best value prices on all food they would need to shop at four shops (and then top-up the missing items from a supermarket).

At the time of the research a mother and two children in receipt of income support and child allowance (exclusive of housing costs) for the two children was entitled to £138.00 per week. Table 2 shows the percentages spent on food to meet the requirements of the healthy food shopping baskets and menus. For all the groups this is higher than the average, 12-15%, spent by a family on food for the home and probably higher than the existing food spend of many families. In reality unhealthy options are cheaper and we were not shopping for a typical basket but for healthy options. We also did not include any monies spent on food and drink outside the home.

Table 2 *Percentage of Household Expenditure on Healthy Food Basket vis a vie income support based on a mother and two children*

	Where bought	Cost	Percentage of income support
White British basket Ingol	Supermarket (Booths)	£70.61	52%
	Out of area supermarket (Sainsbury's)	£42.16	31%
	Local shops (with top up of 2 items from the local supermarket)	£70.74 – £73.06	51% – 53%
White British basket Deepdale	Supermarket - Sainsbury's	£42.16	31%
	Local shops (with top up of 11 items from Supermarket)	£38.81 – £42.47	28% – 31%
South Asian basket Deepdale	Supermarket Missing one item	£46.49	34%
	Supermarket + item bought from local shop	£47.05	34%
	Local shops (with top up of 7 items from the Supermarket)	£38.59 – £44.28	28 – 32%

A South Asian family (assuming mother and two dependant children on income support) shopping at a national chain supermarket in Deepdale would pay £46.49 for a healthy shopping basket; one item would be missing from the basket

that they would need to buy elsewhere. These figures still require spending more than the 'national average' to eat a healthy diet (28 - 32 per cent in local shops and 34 per cent in a supermarket).

Summary of Key Findings

- There are more local shops in Deepdale than in Ingol where people can shop for specialist ingredients at a reasonable price. In Ingol there is only one shop in the area selling this 5 or more fruit and 7 or more vegetables compared to four in Deepdale.
- We found more take-aways than retail shops - 165 food retail premises as opposed to 186 take-aways.
- Shops in Ingol stock more familiar 'British foods' and less specialist or fresh produce.
- There was reported frequent and regular use of small shops in Deepdale for specialist shopping; this is in contrast to Ingol where local shops are used to top up in between visits to a major supermarket.
- Analysis of the availability of some healthy options such as brown bread, wholemeal pasta, and brown rice were not widely available within shops in the two areas.
- The price of the 'White British' basket in Ingol was extraordinarily high. The price of shopping locally even with a top-up from a supermarket for items not available in the local shop would cost over £28 more for a weekly shop (£70.61 cheapest price) for residents of Ingol than the comparable goods in Deepdale using the most expensive shopping basket from Deepdale (£42.47).
- A South Asian family shopping at a supermarket in Deepdale would pay £46.49 for a healthy shopping basket; one item, wholemeal chapatti flour, would be missing and if bought this at a local shop the cost of the basket would increase to £47.05. If they chose to shop in local shops they could pay between £38.59 - £44.28 by seeking out the best bargains in 5 shops (including some items from a national supermarket). These figures still require spending more than the 'national average' to eat a healthy diet (28-32 per cent in local shops and 34 per cent in a supermarket).
- At the time of the research a mother and two children entitled to income support and child allowance would have to spend a considerable proportion of her income on food to eat a healthy diet.



Recommendations

Our recommendations are as follows:

RECOMMENDATION 1

	LEAD AGENCY	OTHERS
To disseminate the findings of this report through the North West Food and Health Taskforce and a conference. Local retailers, the public and community sector should all be given the opportunity to access the findings of the report.	PCT LA	COUNTY COUNCIL PRESTON, CITY COUNCIL

RECOMMENDATION 2

The situation in Brookfield, Fishwick, Ribbleton, St Georges, Ingol and the NE corner of Deepdale requires on-going engagement and measurement.	CITY COUNCIL PCT	COMMUNITY GROUPS AND NEIGHBOURHOOD MANAGEMENT PARTNERSHIPS
- The start of this process could be the extension of participatory appraisal to these additional areas followed by mapping or Health Impact Assessments of food access. - For Ingol and Deepdale this could involve the Neighbourhood Management Partnerships working with the community to identify ways forward.		

RECOMMENDATION 3

The findings of this report should help inform the planning and development process. In particular, health impact assessments should be considered to assess the impact of City Centre food retail developments on local infrastructures and on outlying areas such as Ingol, Brookfield, Fishwick, Ribbleton and St Georges.	CITY COUNCIL	PCT
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RECOMMENDATION 4

Continue to implement current Government initiatives to improve food access and provision to the most vulnerable in the population. For example ensure that more local retailers, farmers markets and food co-ops are registered for Healthy Start vouchers.	PCT CITY COUNCIL	REGIONAL DEVELOPMENT AGENCY
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RECOMMENDATION 5

Consider ways in which new and future government initiatives e.g. The Children's Plan, can be used to improve food access for the most vulnerable groups.	PCT	CHILDREN'S CENTRES
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RECOMMENDATION 6

The Recipe4Health award scheme be used as a driver to encourage catering premises, particularly take-aways to develop healthy menu options and reformulate menus.	ENVIRONMENTAL HEALTH TRADING STANDARDS	PCT FOOD SERVICE SECTOR
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RECOMMENDATION 7

Extend education and support through the Recipe4Health initiative with local retailers to inform them of healthy eating initiatives and to support them to introduce a healthy approach to the food they provide. This needs to be balanced alongside existing work with the public and community groups on healthy eating.	PCT - LOCAL COMMUNITY FOOD WORKERS / NUTRITIONISTS CITY COUNCIL	
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RECOMMENDATION 8

To develop a local food access policy to be included as part of the proposed LAA targets for life expectancy and obesity.	CITY COUNCIL / PCT	
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RECOMMENDATION 9

To further the work in this report we recommend a partnership approach with a clearer focus around nutrition. Ideally, led by the PCT lead officer for nutrition and physical activity in partnership with the City Council and the Community Sector. Any initiatives resulting from this work will use social marketing techniques to promote healthy eating.	PCT	CITY COUNCIL COMMUNITY SECTOR
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