



Short
version

Birmingham Eating Guidance Exploration

A summary of existing practice, publications and evidence to support the development of culturally diverse, healthy and sustainable eating guidance.

Food System Team, Public Health Division, Birmingham City Council
With contributions from The Caroline Walker Trust, Communities Engage and Thrive CIC and The Diverse Nutrition Association

July 2024

Birmingham Eating Guidance Exploration

A summary of existing practice, publications and evidence to support the development of culturally diverse, healthy and sustainable eating guidance.

Executive Summary

The Birmingham Food Revolution is striving to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive. Our city-wide partnership has identified an opportunity to better support the diets of our culturally and ethnically diverse community and to set the innovative standard for the world.

[The Eatwell Guide](#), a national tool that defines the UK government's healthy eating recommendations, is an evidence-based visual representation of how different foods and drinks can contribute towards a healthy balanced diet. However, research has found that this guide can be difficult for people to understand, it is hard to follow for daily guidance, and most importantly, it is not very culturally diverse. In addition, since 2016 when the Eatwell Guide was published, many research papers and guidance documents have been published that explore diets from a health, sustainability and cultural perspective and there are many recommendations for action. Our solution is to create new eating guidance, that will provide tailored and easy to follow resources that are culturally diverse, healthy and sustainable.

Within the [Birmingham Food System Strategy](#) we have utilised international evidence to help us define what we mean by a healthy and sustainable diet. We want a city where we consume a varied diet, balanced across food groups, which contains enough energy and nutrients for growth and development and for an active and healthy life across the life course. This diet will be made up of lots of whole foods and minimally processed foods including wholegrains, beans, pulses, nuts, seeds and a wide variety of fruits and vegetables including plenty of dark green leafy vegetables. Depending on our preferences, we might also eat moderate amounts of eggs, dairy, poultry and fish, and small amounts of red meat. Water is the drink of choice, and our approach must be culturally appropriate and tailored to the diverse

needs of our city. This report captures insights from existing practice, publications and evidence that will support the development of culturally diverse, healthy and sustainable eating guidance.

This report shares the key findings and recommendations for action from the first two phases of this project. Phase 1, delivered in 2022, was an exploration of global nutrition and eating guides. Phase 2, delivered in 2023, consisted of focus groups to capture insights about how the new resources should be formatted. Phase 3 is being delivered in 2024 and involves developing and testing resources with communities and professionals.

In early 2022, The Diverse Nutrition Association (DNA) were commissioned to complete an initial scoping exercise about eating guides as part of Phase 1 of this project. Insights were captured about eating guidance from around the world to see what we could learn from international approaches. The majority of respondents in focus groups and interviews thought that the current healthy eating guidelines could be improved. It was highlighted that guidance needs to communicate that foods from across all cultures can be part of a healthy diet and that the recommendations need to cater for a more diverse population. Food lists were also created, capturing the most common foods from each food group (i.e. fruit and vegetables, carbohydrates, protein) for seven geographic regions (Eastern Europe, Africa, Middle East and North Africa, South Asia, East Asia and South East Asia, Caribbean and South America and Latin America).

Phase 2 of the project involved collaborating with various community and professional groups to explore the best format for the guides, as well as to develop recommendations on how balanced diet messages should be communicated to diverse cultural communities. Two organisations were commissioned to carry out focus groups and

structured interviews, involving 1) Community Groups (conducted by Communities Engage and Thrive CIC), 2) Healthcare Professionals (conducted by The Caroline Walker Trust). Key themes identified during this phase included current confusion over healthy eating messages due to the abundance of information available and the need to tailor the guidance given to the person being communicated to and the setting. Respondents reported that the current Eatwell Guide does not reflect cultural or religious practices related to healthy eating and several highlighted the need for the inclusion of culturally appropriate foods to support different ethnicities and cultures. Amongst both community groups and healthcare professionals, there was an overarching theme of moving away from a one-size fits all approach when delivering nutritional guidance.

Alongside the work undertaken as part of Phase 1 and 2 of the project, the Food System Team also utilised research carried out by other teams within the Birmingham Public Health Division, and captured insights from individual meetings with key stakeholders to further inform the project. Key insights were captured from the Community Health Profiles, Healthy Faith Setting Toolkits and The Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR). This included the role of faith in dietary patterns, which was highlighted in both the community research focus groups and conversations that the Food System Team had with General Practitioners (GPs) working with diverse communities. Faith can play a role in healthy eating by guiding dietary practices and encouraging moderation. Religions often provide guidelines and principles surrounding different types of food and drink, and food is often used to foster social cohesion through celebrations. The additional research also emphasised the importance of increasing people's skills, knowledge, understanding and confidence to find and use health information to achieve healthier communities. Opportunities for action include delivering culturally appropriate and accessible support around positive health behaviours, with healthy eating falling under this umbrella.

In light of this, it is recommended that Birmingham City Council develop resources to take into account the key findings from Phase 1 and 2 of the project, and to co-ordinate a city-wide approach whilst steering away from the one-size fits all methodology. Phase 3 of the project, to be carried out in 2024, will involve developing and testing resources with communities and professionals. Resources should be tailored to various groups, which may include culture and faith, health conditions and life stage. The guidance should be adaptable to different settings whilst providing a universal set of core messages. Recommendations should not be limited to nutrition, but also include sustainability of food in line with widespread recognition of the need to transform diets to support the health of the planet as well as our bodies. Furthermore, the information provided should go beyond the current UK Eatwell Guide, by including additions such as healthy food swaps, culturally appropriate recipes and portion size guidance. A mix of print and digital communication channels should be used to disseminate the resources and they should be translated into multiple community languages. Furthermore, culturally appropriate training for professionals is vital to enable the use of the new and existing resources.

Eating behaviours are complex and improving eating guidelines alone will not be enough to change eating habits. The purpose of this project is to build a strong foundation on which behaviour change interventions can be built. The resources and interventions that will be developed need to consider the determinants of eating behaviours and food choices.

This report captures the [key findings](#) and [recommendations for action](#) that will shape the approach taken in Phase 3 of this project where resources will be developed and tested with communities and professionals.



Contents

Introduction	5
Context	6
Existing eating guidance	8
Defining a healthy and sustainable diet	9
The development process	10
Phase 1 – Exploration of global nutrition and eating guides	11
Phase 2 – Focus groups to capture insights about how the new resources should be formatted	12
Supplementary conversations	15
Changing eating behaviours	16
Other research	18
Key findings	20
Recommendations for action	23
Authors and Contributors	26



Introduction

The Birmingham Food Revolution is striving to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive.

Our city feeds over 1.1 million residents every day ([ONS, 2021](#)). With such a dense population, our urban food system has a huge impact on the people and world around us. The Birmingham Food Revolution has been building for many years as people across our city have recognised that action is needed to ensure this impact is positive, and they have stepped up to the challenge. Our Local Food Legends have been trailblazing inspirational actions such as community dining projects, composting initiatives, surplus food redistribution, cooking classes, behavioural science research into eating habits, growing projects, getting more local food into the supply chain and so much more. Uniting our city through the Birmingham Food Revolution has revealed how our coordinated collective action can produce more than the sum of its parts.

The ambition of the [Birmingham Food Revolution](#) is for a city where...

- We consume a nutritious diet that helps us thrive
- Our diet doesn't cause us harm
- Our food system is ethical, fair and eliminates injustice from farm to fork
- We reduce harm to the world around us
- We empower people and overcome barriers to providing healthy and sustainable food options
- We respect and support diversity and choice
- We are resilient, and adapt, learn and evolve
- We celebrate what food brings to our city

This is underpinned by the [Birmingham Food System Strategy](#) which has been developed by a city-wide partnership and is coordinated by the Food System Team within the Public Health Division of Birmingham City Council. This city-owned and co-produced strategy captures how, together, we have the power to create a food system that will regenerate our environment, our communities and our economy.

The Birmingham Food Revolution Partnership has identified a major opportunity for Birmingham to better support the diets of our culturally and ethnically diverse community and set the innovative standard for the world. [The Eatwell Guide](#), a national tool that defines the UK government's healthy eating recommendations, is an evidence-based visual representation of how different foods and drinks can contribute towards a healthy balanced diet. However, research has found that this guide can be difficult for people to understand, it is hard to follow for daily guidance, and most importantly, it is not very culturally diverse. In addition, since 2016 when the Eatwell Guide was published, many research papers and guidance documents have been published that explore diets from a health, sustainability and cultural perspective and there are many recommendations for action. Our solution is to create new eating guidance, that will provide tailored and easy to follow resources that are culturally diverse, healthy and sustainable. These resources will include ingredients and diets from around the world and support tailoring the resources to different people and health conditions whilst incorporating principles that support a [planetary health diet](#).

This report shares the key findings and recommendations for action from the first two phases of this project.

Phase 1 (2022)

Exploration of global nutrition and eating guides.

Phase 2 (2023)

Focus groups to capture insights about how the new resources should be formatted.

It also captures insights from existing practice, publications and evidence that will support the development of culturally diverse, healthy and sustainable eating guidance during the next phase. Phase 3 is being delivered in 2024 and involves developing and testing resources with communities and professionals.



Context

Climate change and sustainability

Cities are key to tackling the climate emergency.

Birmingham City Council [declared a climate emergency in 2019](#) and committed to becoming net zero carbon by 2030 and instigated a taskforce and action plan to deliver this aim. In 2021, Birmingham signed the [Glasgow Food and Climate Declaration](#); a commitment by subnational governments to tackle the climate emergency through integrated food policies and a call on national governments to act. The declaration recognises how fragile our food systems are, and how integrated food strategies are needed at a local level to reduce our environmental footprint, drive positive food system change, to ensure greater resilience to shocks and to reduce inequalities.

Food Justice

Cities are key in supporting food justice

Nationally, [19% of children live in poverty](#), and this is even higher in Birmingham where 35.6% of children, approximately 92,204 children, live in poverty. [Deprived areas in Birmingham](#) have less supermarkets, have fewer healthy foods available and lower variety and quality of fruits and vegetables, and the healthy food that is available is more expensive.

Food justice is an important issue for Birmingham, and for cities across the world, and it is one where we want to make a united stand. In 2021, Birmingham City Council signed up to the Right to Food campaign, and this has shaped various actions across the city including the [Cost of Living Emergency response package](#) of support in 2022 to 2023. In addition, Birmingham launched the [Global Food Justice Pledge](#) at the 7th [Milan Urban Food Policy Pact](#) Global Forum as a response to the lessons of food insecurity learned during the pandemic.

In 2023, the [Global Food Justice Toolkit](#) was created by Birmingham City Council, in collaboration with The Food Foundation, to support signatories of the Global Food Justice Pledge to improve food justice in their local areas.

Food system learning networks

Research and innovation related to food system transformation is building momentum across the globe and there are many learning networks that support cities with sharing good practice.

At a national level, the [Sustainable Food Places](#) network brings together pioneering food partnerships from towns, cities, boroughs, districts and counties across the UK that are driving innovation and best practice on all aspects of healthy and sustainable food. In 2023, Birmingham received the Bronze Award recognising the good practice in Birmingham around governance, action on poverty and health inequalities, building a good food movement and strategic use of small grants.

Internationally, in 2023, Birmingham and Barcelona were elected to represent Europe on the [steering committee](#) of the [The Milan Urban Food Policy Pact \(MUFPP\)](#) for a second term.

There are also many research and innovation programmes including the [Mandala Consortium](#) which is part of the [Transforming UK Food Systems](#) UKRI programme which aims to catalyse urban food system transformation, and is focusing on the City of Birmingham as a scalable case study, partnering with citizens and food system stakeholders to create a reproducible, collaborative change process. Birmingham is also participating in [Food Trails](#), an EU-funded Horizon 2020 project bringing together a consortium of 19 European partners, including 11 cities, 3 universities and 5 organisations.

Nutrition, health and inequalities

The majority of adults and children in the UK do not currently meet the government recommendations for a healthy diet.

[The Food Foundation's Broken Plate Report](#)

2023 report an excess in consumption of sugar, saturated fat and salt in both adults and children, whilst not reaching the targets for fruits and vegetables, oily fish and fibre. This trend is seen across the whole population, but is most pronounced in the most deprived communities, with the most deprived fifth consuming just 3.2 portions of fruit and vegetables per day. Furthermore, 56% of calories consumed by older children and adults are from ultra-processed foods, which are often high in energy, fat, salt and sugar.

The majority of the population in Birmingham face health inequalities.

In 2019, [64% of Birmingham's wards were amongst the most 20% deprived in England](#) and 88% are more deprived than the England average, so the majority of our population face inequalities due to deprivation. Also, [51%](#) of people living in Birmingham are from an ethnic minority background and [evidence shows](#) these groups are more likely than white British people to report limiting long-term illness and poor health, with those identifying as white Gypsy and Irish Traveller reporting the poorest health.

Countries that experience increased population diversity do not tend to have adequate access to services for certain ethnic groups, thus currently falling short where health equity is concerned.

As the population continues to become increasingly ethnically diverse, with citizens from a multitude of countries bringing their culture and customs with them, public health messages and resources must resonate with a wider audience. We need to ensure that health-related resources can be easily accessed, and that they are both culturally relevant and sensitive.

In order for health messages to be effective, beliefs and attitudes need to be considered at a cultural level. [People need to be able to see what they can identify with](#), at least in part, in order to [improve behaviour and attitudes to healthy eating and lifestyle advice](#) and make it work for them based on their cultural norms and identity, and their own individual local realities.



Existing eating guidance

General eating guidance

There are various sources of eating guidance within the UK and across the globe. The following table provides examples of different eating guides along with key insights and commentary.

In addition, there are more than 100 [food-based dietary guidelines](#) available to view on the Food and Agriculture Organisation (FAO) website from countries across the world including:

- 11 in Africa
- 18 in Asia and the Pacific
- 34 in Europe
- 29 in Latin America and the Caribbean
- 6 in the Near East
- 2 in North America

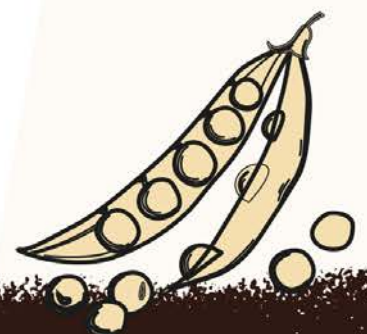
When exploring guidance from around the world, it was noted that graphics and visuals are often the most recognisable elements of national food-based dietary guidelines.

They are utilised to represent key messages, display the proportions of various food groups and to adapt information for different target groups. In 2020, the FAO published a webinar, titled [Pyramids, wheels, plates and pots... Developing FBDGs graphics](#), which explored the use of these graphics. Key messages included that icons representing food-based dietary guidelines should be designed in a systematic design process, using principles from nutrition, graphic and media experts. The graphics and communications should be produced for different target groups. This supports the need for tailored healthy eating guidance.

Tailored eating guidance

As well as eating guidance which is designed to apply to most of the population, there are also adapted versions to suit specific groups. This includes community specific and health condition specific guidance. In terms of community specific guidance, examples include the [African and Caribbean Eatwell Guide \(Diverse Nutrition Association\) \(2021\)](#) and the [South Asian Eatwell Guide \(Fareeha Jay\) \(2021\)](#). Health condition specific guidance includes [Medical conditions food facts - British Dietetic Association \(BDA\) \(2021-2023\)](#) and the [NICE Guidelines Lifestyle and wellbeing](#)

For more information about existing eating guidance see the full report which includes examples and key insights.



Defining a healthy and sustainable diet

The type and balance of foods we eat is not only important for our health, but also for the health of the world around us. Definitions vary, but the [Food and Agriculture Organization of the United Nations](#) (FAO) define sustainable healthy diets as “those diets with low environmental impacts which contribute to food and nutrition security and to healthy life for present and future generations. Sustainable diets are protective and respectful of biodiversity and ecosystems, culturally acceptable, accessible, economically fair and affordable; nutritionally adequate, safe and healthy; while optimizing natural and human resources”. This definition goes beyond human health and the environment and includes economic and socio-cultural considerations.

In the report [Plates, pyramids, planet \(2016\)](#), the FAO suggests that countries that already have food-based dietary guidelines should incorporate sustainability into them to ensure that people are informed about the relationships between food and sustainability. This is supported by [A Global Review of Food-Based Dietary Guidelines \(2019\)](#), emphasising the importance of finding ways to provide guidance on how we can provide the nutrition required for health without depleting natural resources.

There is a large body of scientific evidence exploring the environmental impact of dietary patterns, with a broad consensus that an increase in the consumption of plant-based foods, and a reduction in animal sourced foods, should be adopted to improve both health and sustainability. The complexity of global food systems means that a multifaceted approach is needed to shift diets to be healthier and more sustainable. To address the need for dietary guidelines to also inform food system policies and transformation, the FAO has developed a food systems-based dietary guidelines methodology to support this as described in their overview report, [Food systems-based dietary guidelines: An overview \(FAO\) \(2024\)](#).

The [Birmingham Food System Strategy](#) defines our approach to moving towards healthy and sustainable diets, and is shaped by evidence such as the guiding principles for sustainable healthy diets developed by the [FAO and WHO](#) in 2019

and [EAT-Lancet](#) in 2019, and the [EAT-Lancet 2.0 Global Consultations](#) in 2023. Our approach also aligns with diets supported by initiatives such as [Food for Life](#) and [Eating Better](#). We want a city where we consume a varied diet, balanced across food groups, which contains enough energy and nutrients for growth and development and for an active and healthy life across the life course. This diet will be made up of lots of whole foods and minimally processed foods including wholegrains, beans, pulses, nuts, seeds and a wide variety of fruits and vegetables including plenty of dark green leafy vegetables. Depending on our preferences, we might also eat moderate amounts of eggs, dairy, poultry and fish, and small amounts of red meat. Water is the drink of choice, and our approach must be culturally appropriate and tailored to the diverse needs of our city.

In summary, our objectives for the city are to:

Increase consumption of:

- Beans and pulses, nuts and seeds.
- A wide variety of fruits and nutrient dense vegetables including dark green leafy vegetables.
- Sustainable options on menus (e.g., unprocessed whole food plant-based options such as beans, pulses and lentils).
- Seasonal food.
- Locally sourced food produced using nature friendly farming practices that improve the environment and soil such as agroecological, organic or regenerative approaches.
- More diverse ingredients to increase nutrient intake, resilience of the supply chain and to reduce intensive food production methods.

Reduce consumption of:

- Ultra-processed food and foods high in fat, salt and sugar.
- Meat and dairy with a focus is on “less but better”. This includes reducing portion sizes and substituting some of the meat/dairy content with unprocessed plant protein such as beans and pulses and moving towards animal products that are produced using nature friendly farming practices, with higher welfare and ethical standards and supply chains.

The development process

A coordinated approach

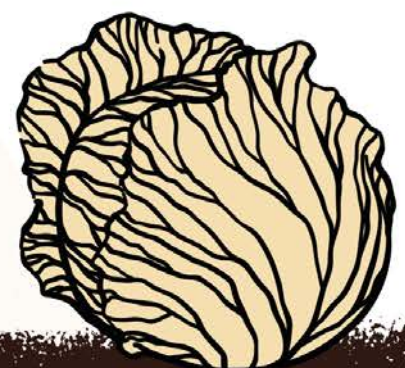
Birmingham is a super diverse city, where citizens from ethnic minority backgrounds make up [more than half the population](#). As the population continues to become increasingly ethnically diverse, resources must be developed to resonate with everyone. Healthy and sustainable eating resources must be easily accessible, and culturally relevant and sensitive in order to change beliefs, attitudes, and behaviours around food. There must be a move away from the one-size fits all approach which has been taken previously, to ensure healthy and sustainable eating guidance works for everyone based on their cultural norms and identity, and own individual local realities. With the vast array of information and guidance surrounding healthy and sustainable eating, there is a need for a coordinated approach across the city which allows for adaption and flexibility for communities and professionals who deliver healthy and sustainable eating advice as part of their role.

We are utilising the [Big Bold City tool](#) outlined in the [Birmingham Food System Strategy](#) to support the development of the eating guidance. The purpose of the Big Bold City Tool is to ensure we achieve a whole-system approach, address gaps, and focus actions where they are needed most. We will continue to use the tool throughout the development process in Phase 3 to ensure we are considering the resources through the lens of different people and perspectives. This includes:

- **Across the food cycle** (considering farm to fork, such as production, processing, distribution, retail, consumption and waste).
- **Across the life-course** (pregnancy and maternity, breastfeeding, early years, children, young people, adults, and older adults).
- **Across the city** (including areas of deprivation, access to public transport, and access to supermarkets).

- **Different people and communities** including:
 - Protected characteristics e.g., ethnicities and race, religions or beliefs, sexual orientation and gender identity, age.
 - Life circumstances e.g., a person with no recourse to public funds, homeless, no fixed address, new to the area, lost their job, relationship breakdown, domestic abuse, social isolation, different levels of physical activity, different work patterns.
 - Health conditions and illnesses e.g., diabetes, hypertension, cardiovascular disease, Crohn's disease, Coeliac disease, allergies, intolerances, eating disorders, anxiety, depression.
 - Abilities e.g., visual or hearing impairment, physical disability, neurodiversity.
 - Financial situation e.g., income, out of work, not receiving living wage, insecure employment, maternity leave, sick leave, receiving benefits, in debt.
 - Those facing inequalities e.g., where evidence shows a particular group face inequalities.
- **Different settings** (including health services, faith settings, food businesses, workplaces, education settings, universities, schools, youth centres, community centres, food aid projects and more).

We have been working with a wide variety of people in the delivery of this Birmingham Eating Guidance Exploration, and we will continue to do so during Phase 3 as the resources are developed and tested.



Phase 1 – Exploration of global nutrition and eating guides

In early 2022, The Diverse Nutrition Association (DNA) were commissioned to complete the initial scoping for the eating guides. Insights were captured about eating guidance from around the world to see what we can learn from international approaches. They conducted a quantitative Nutrition and Eating Habits Survey, utilising validated health and nutrition questionnaires, with 389 people across 5 key regions of the West Midlands (Birmingham N=246, Dudley N=27, Walsall N=31, Wolverhampton N=51, Solihull N=34). An online community involving 35 participants was formed and 12 in-depth interviews were carried out to explore the strengths and weaknesses of the different eating guides identified. Experiences of food, culture, and living in a diverse multicultural city were also captured to gain insights about what diets we really eat in the city.

The research revealed that there was a definite interest in having resources that support people cooking cultural cuisine in a healthy way. 31% of respondents said they ate food from their culture every day and 44% said 1 to 2 times a week. In addition, whilst people were generally aware of healthy eating guidelines, 73% of respondents thought that the current healthy eating guidelines could be improved. It was highlighted that messaging needs to communicate that foods across all cultures can be part of a healthy diet and that the recommendations need to be shown to cater for a more diverse population. When exploring strengths and weaknesses of existing eating guides, the most popular guides combined an appealing layout with clear visuals and a helpful tone.

The DNA also collated a spreadsheet of food lists capturing the most common foods from each food group (i.e. fruit and vegetables, carbohydrates, protein) for 7 geographic regions including:

- Eastern Europe
- Africa
- Middle East and North Africa
- South Asia
- East Asia and South East Asia
- Caribbean
- South America and Latin America

The Geographic Food Lists are available in the full report.



Phase 2 – Focus groups to capture insights about how the new resources should be formatted

Phase 2 of the project aimed to collaborate with various community and professional groups to explore the best format for the guides, as well as to develop recommendations on how balanced diet messages should be communicated to diverse cultural communities.

Two organisations were commissioned to carry out focus groups and structured interviews, involving 1) Community Groups, 2) Healthcare Professionals. Insights from these sessions are summarised below.

Insights from focus groups with communities

Communities Engage and Thrive CIC conducted 10 focus groups, and two 1:1 sessions to include 102 participants from a variety of community groups:

- Children and young people
- Faith networks
- Ethnicity-based networks
- Country/region-based networks such as 1st and 2nd generation migrants who reside in Birmingham
- Pregnant mothers and expectant fathers
- People of working age
- People living with long term health conditions e.g., diabetes, Crohn's disease
- Older adults

Whilst amongst communities there was widespread recognition of the Eatwell Guide, participants thought it was outdated and lacked foods for a variety of cultural diets. Issues were cited with visuals, appeal, and presentation. Participants also felt the Eatwell Guide was too generic and lacked representation for different ages, work situations and health conditions. Community groups thought the guide lacked information on nutrients, portion sizes and diverse cultural and religious dietary practices.

The British Nutrition Foundation website was mentioned as a good healthy eating resource

which catered for different life stages and health conditions. Other resources used to guide healthy eating currently amongst community groups included MyFitnessPal, HelloFresh and social media including TikTok and TV cookery shows.

Current obstacles to eating healthily reported by community groups included time constraints, expense of healthy food and the cost of living crisis, lack of cooking skills, difficulty of breaking long-standing bad habits and the prevalence and ease of fast-food options. This was highlighted with many displaying frustration towards the promotion of unhealthy eating options compared to healthier options.

These groups noted easily accessible digital resources would be important, but there was an emphasis on face-to-face sharing of resources, community events and public engagement, especially amongst the older adults group. The importance of involving supermarkets, workplaces and public services in promoting and supporting healthy eating initiatives was highlighted. Community groups felt more practical resources were required, such as downloadable fun recipes, shopping lists for children, and relatable meals. There was a desire for new guidance to be more engaging and fun, with art, culture and performing arts being suggested as effective tools to engage community groups, especially children.

The overall consensus was that healthy eating guidance needed to be kept simple, easy to understand, have a better layout, include less clutter, be visually appealing and relatable to different life stages, ethnicities, cultures, and health conditions.



From the focus groups with communities, five key themes were identified:

1. Targeting children and young people

Throughout the focus groups there was an emphasis on the importance of educating children early about the benefits of healthy eating. There was a desire to educate children about nutrition and health, culturally appropriate foods, impact of costs, how food grows and healthy lunchboxes.

It was suggested resources needed to be created which were fun, interactive, and visually appealing in order to engage children. Suggestions included downloadable recipes, games, shopping lists, workshops and food museums.

2. Skill sharing and intergenerational events

Discussions highlighted the importance of intergenerational practice and skill sharing in order to disseminate healthy eating knowledge and cooking skills amongst community groups. The importance and impact of learning cooking skills and sharing knowledge from older generations was key. Participants reported multiple benefits from this including improved mental and physical wellbeing and reduced loneliness. Ways of doing so included cookery classes involving the whole family to overcome some of the skills and knowledge barriers in healthy eating. Participants expressed interest in community gardens and allotments to encourage intergenerational activities, understand where food comes from, promote growing food, utilise green spaces and promote outdoor activities.

3. Arts and health

Throughout the focus groups there was a common theme regarding arts and healthy eating. Discussions included more creative ways of looking at education and resource sharing to engage the public, this was especially the case for children. Recommended events included spoken word sessions, arts and health trails, graffiti, performing art and food museums.

4. Culturally appropriate foods

The current Eatwell guides do not reflect cultural or religious practices relating to healthy eating and several participants highlighted the need for the inclusion of culturally appropriate foods to support different ethnicities and cultures. Many felt the current guides were unrelatable, and therefore didn't use them. There was a desire to create different guides for different cultures, to move away from the one-size fits all approach. Other proposed resources included personalised apps, home cooked meals from different ethnic backgrounds, healthy food swaps using diverse foods and traditional recipes.

5. Preventative measures

Discussions highlighted the need to take a preventative approach, starting early in order to mitigate adverse health outcomes through healthy eating. This was prominent in discussions surrounding education for healthy eating and ensuring this was built in from an early age through school and school meals. Discussions regarding prevention also highlighted the importance of physical activity and fitness and how this links to healthy eating. Participants felt there should be more information and resources on foods and recipes which prevent ill health, such as heart health.



Insights from focus groups with healthcare professionals

The Caroline Walker Trust engaged with a variety of healthcare professionals (Allied Health Professionals, Nurses, Community Healthcare Professionals, Enablement Officers, Health Activities Workers, Specialist Practice Development Lead for Health Visiting, Early Help Partnership Managers and Lifestyle Specialists for Weight Management and a Catering Manager) through focus groups and structured interviews.

Just over half reported using the current Eatwell guide, and versions of it (e.g., South Asian, Caribbean, Vegan). Others reported using their own resources, such as translated versions. Other resources used included Change4Life, HENRY, Startwell Birmingham Website, British Heart Foundation resources, Start for Life NHS resource and the Carbs and Cals book. Common strengths of these resources included being visual, easily accessible online and including details on portion sizes. The following key themes were found from the structured interviews and focus groups:

1. Confusion with healthy eating messages

The majority felt there was general confusion around the current Eatwell Guide, specifically reporting confusion surrounding portion size and meeting 5-a-day recommendations. Others felt the guide conveyed the wrong perception in restricting certain foods or not including cultural foods, stating an overrepresentation of Western/European foods. It was felt their communities needed further explanation of the current guide, and that previous nutritional knowledge was required.

2. Barriers to healthy eating

Healthcare professionals felt the main obstacles to healthy eating were financial constraints, access to affordable foods, lack of cooking skills, adherence to traditions and eating customs, easy access to fast foods, language barriers, time constraints and a lack of knowledge/misconceptions. An interesting point raised was that for many of their communities there was a misconception that healthy diets only included Western/European foods.

3. Settings to discuss healthy eating

One-to-one meetings and community group settings led by health professionals were found to be the most influential circumstances to deliver healthy eating messages. It was during these meetings that health professionals felt healthy eating messages were the most understood. However, it remains that only a tiny proportion of the communities are reached effectively by healthy eating advice. This is suggested to be due to the inadequacy of the current healthy eating guide when used within minority cultures.

Healthcare professional training was also considered influential in disseminating healthy eating advice to other health professionals who deliver in one-to-one and group settings. Although social media was also mentioned, it was highlighted that it was not suitable for all age groups. Health professionals felt that social media would be most worthwhile in providing them with easy access to healthy eating tools. Promoting key messages and resources to younger generations using social media was also considered valuable. In contrast, promotion to older age groups through social media was deemed ineffective. This highlighted the need for more than one approach.

4. Proposed design of the new resources

Taking the comments on the initial design concept resources Birmingham City Council developed, and the guides from overseas, healthcare professionals preferred guides which were colourful, clear, and less wordy, contain visuals, showed practical portion sizes, included cultural foods, included physical activity, included recommended water/fluid intake, showed pictures of real foods, and included a real meal example.

Creating new visual resources (e.g., educational videos, traditional recipes, photocards and leaflets with pictures of real food, etc.) that focus on cultural differences must be a priority for the council.

Supplementary conversations

The Food System Team also captured insights from meetings with stakeholders who are keen to pilot the eating resources. This included GPs, dental professionals and charities who work with communities facing inequalities.

Insights from GPs included:

- The importance of conveying a core set of principles and messages which apply to all, then tailoring further guidance to specific groups.
- Ensuring that the format of the resources is suitable for the setting they are being used in, for example, GPs often send information following appointments via text message, therefore a weblink and digital format would be suitable in this scenario.
- Creating a Birmingham based identity for the resources will encourage use and build trust.
- Using trusted voices within communities to convey messages.
- Using faith as a tool to deliver healthy eating messages.

Insights from dental professionals included:

- [The Delivering better oral health: an evidence-based toolkit for prevention \(2021\)](#) is incorporated into the workforce development programme in Birmingham.
- Not only are the types of foods the patients are eating important, but also the frequency and times that they are eating them. For example, the frequency at which free sugars are consumed is important for oral health, especially in between mealtimes. Sugary foods and drinks should only be consumed at mealtimes and should be avoided at bedtime.
- Dental professional felt that there is mixed messaging between nutritional guidance and oral health guidance in the case of fruit, due to the detrimental effects of acidic fruits on enamel.
- Consumption of bottled water over tap water is commonly seen with patients, which is concerning as patients are therefore not consuming the fluoridated tap water which aims to prevent tooth decay. One dentist suggested that if people came from a country where you could not drink the tap water they may be more likely to drink bottled water in the UK even though the tap water is safe and suggested this as an area to explore.
- Resources that are commonly used by dental professionals include flipcharts, food and drink diary sheets and leaflets.



Changing eating behaviours

Eating behaviours are complex and improving eating guidelines alone will not be enough to change eating habits. The purpose of this project is to build a strong foundation on which behaviour change interventions can be built. The resources and interventions that will be developed need to consider the determinants of eating behaviours and food choices. Determinants of eating behaviours include biology and genetics, experience and exposure to food, and social dynamics and mechanisms. Find out more in the full report.

We need to ensure we look beyond the people whose behaviour we want to change and consider other key factors that have an impact on their behaviour such as social, commercial and environmental determinants, and the other people whose behaviour we need to change (e.g. family members, caterers, decision makers). Once the behavioural system is understood it becomes possible to identify the barriers and facilitators to a person changing their behaviour and to develop solutions. During the resource development in Phase 3 of this project, the following questions will be considered:

What behavioural science approaches and resources could be utilised?

We will consider what resources could help identify target behaviours and increase capability, opportunity and motivation to carry out these behaviours. Professionals who support people with food education and behaviour change will need resources to help them meet the needs of the people they work with, including identifying target behaviours and approaches that suit the individual and the context of delivery.

What outcome are we trying?

Outcomes include weight loss, improved blood pressure or more energy. The target outcomes will vary for different professional groups, communities and individuals and tailored resources may need to be developed for different outcomes.

What behaviours are needed?

Behaviours include eating fruits and vegetables with every meal, reducing sugar in coffee, cooking from scratch more often. Professionals and communities may benefit from a resource to support with identifying what behaviours will help achieve different outcomes and selecting which one is most likely to be effective for the target audience.

Who and what needs to be done differently?

Avoid choosing behaviours that are attractive but have little impact on the problem. For example, delivering an intervention to increase cooking skills will not change eating behaviours if the barrier is finding time to cook. It is important to build on small steps rather than setting unachievable behavioural goals. Another consideration is identifying the roles of different members of the household as different people may do the food shopping, cook and serve food and it may be that different interventions are needed for different family members.

What other behaviours are involved?

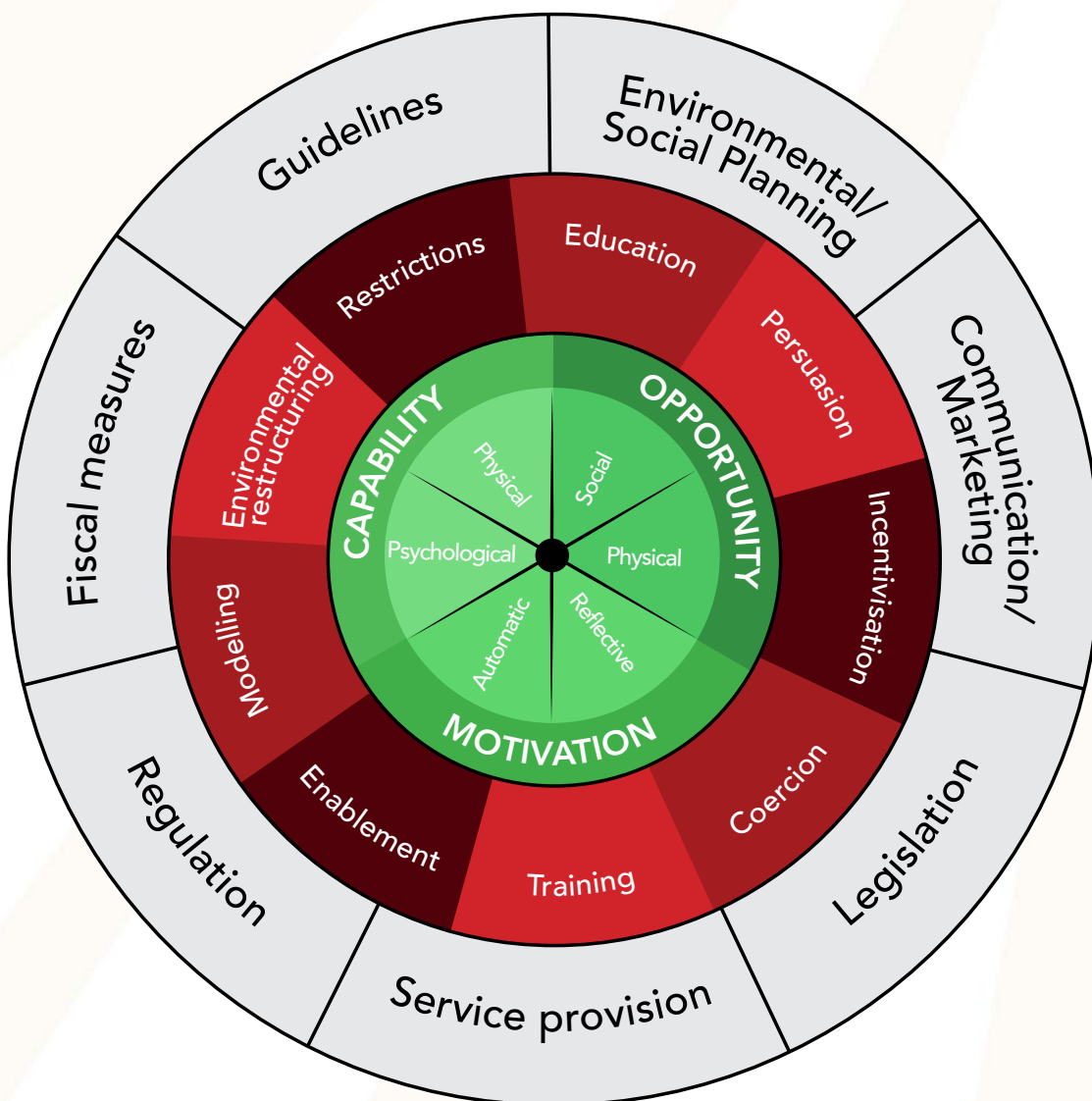
For example, eating healthier snacks may require a person to plan in advance and purchase different foods at the shop earlier in the week.



[The Achieving behaviour change: A guide for local government and partners \(2020\)](#) (ABC Guide) was developed by behavioural scientists and provides a structured approach to achieving behaviour change. The ABC Guide is based on a framework known as the [Behaviour Change Wheel \(BCW\)](#). It can be used to help develop behaviour change interventions from scratch, build on or modify existing interventions, or choose from existing or planned interventions.

The Behaviour Change Wheel

■ Sources of behaviour
 ■ Intervention functions
 ■ Policy categories



Source: Michie, S., van Stralen, M.M. & West, R. (2011) [The behaviour change wheel: A new method for characterising and designing behaviour change interventions](#). *Implementation Science*, 6(42).

Other research

Alongside the work undertaken as part of Phase 1 and 2 of the project, the Food System Team also utilised research carried out by other teams within the Public Health Division at Birmingham City Council to further inform the project.

Community Health Profiles

[The Community Health Profiles](#) provide a desktop analysis of published evidence, grey literature and population survey data within a specific community of focus. They provide an insight of the inequalities within a community. Profiles have been produced for a wide range of communities including ethnic groups, regional communities, disabled communities, religious and faith communities and LGBTQ+ communities. Each profile includes a section on healthy and affordable food, exploring diet and obesity prevalence.

The profiles have been used to further explore the insights from Phase 1 and 2 of the project, and to guide the recommendations for action using published evidence and population survey data alongside the qualitative data collected by the commissioned providers.

The following table captures key insights from the Community Health Profiles of **ethnic group or country of birth**.

Healthy Faith Setting Toolkits

The role of faith in dietary patterns was highlighted in both the community research focus groups and conversations that the Food System Team had with GPs working with diverse communities. Faith can play a role in healthy eating by guiding dietary practices and encouraging moderation. Religions often provide guidelines and principles surrounding different types of food and drink and food is often used to foster social cohesion through celebrations.

The [Healthy Faith Setting Toolkits](#) have been used to deepen understanding of this, exploring the health inequalities experienced within Birmingham in the context of different faiths (Buddhism, Christianity, Hinduism, Islam, Judaism and Sikhism). The toolkits detail messaging around healthy eating through the context of each religion, which will guide the development of the resources which are designed to be used in faith settings.



Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

The [Birmingham and Lewisham African Caribbean Health Inequalities Review \(BLACHIR\)](#) set out to reveal and explore the background to health inequalities experienced by Black African and Black Caribbean communities. The review emphasises the importance of increasing people's skills, knowledge and understanding and confidence to find and use health information as a way to achieve healthier communities. Many in the Black African and Black Caribbean communities have not been supported to develop in this area in ways that align with their culture and community.

Opportunities for action identified include working with Black African and Black Caribbean communities to deliver culturally appropriate and accessible support around positive health behaviours, with healthy eating falling under this umbrella. The report supports our findings of the need for culturally appropriate guidance.



Key findings

The following table summarises the key findings from Phase 1 and 2 of the project including other research and supplementary conversations with stakeholders. It details what should be included in the guides in terms of content, visuals and format as well as the settings in which they should be available and tailored for.

Approach and messages to communicate
<p>Have core messages that can be tailored to the individual</p> <p>There is no universal “correct” diet. We need to support people to develop the diet that is right for them and develop solutions that support them with implementing this diet. We should...</p> <ul style="list-style-type: none">• Eat a wide variety of foods within meals, across the day, and across the week.• Eat the correct proportion of each of the food groups and adapt this to individual physical needs.• Add nutritious foods to meals and dishes (e.g., more wholegrain, whole foods, fruits and vegetables, nuts, seeds and beans and pulses).• Eat in moderation and not to excess. Portion sizes should meet an individual’s physical needs.• Limit consumption of meat and dairy, ultra-processed food, and foods high in fat, salt and sugar.• Stay hydrated and drink mainly water.
<p>Tailor messages to the individual’s circumstances</p> <p>Ensure messages resonate with individuals, e.g., align with faith, culture, lifestyle, emotions, motivations.</p>
<p>Explain why recommendations are made</p> <p>Explain the reason why recommendations are made by sharing the evidence in a way that is relatable and relevant to the individual.</p>
<p>Support overall wellbeing</p> <p>Consider the person as a whole e.g., through the lifestyle medicine pillars of mental wellbeing, minimising harmful substances, healthy relationships, healthy eating, sleep and physical activity. Consider how these pillars interact and do not treat eating habits in isolation.</p>
<p>Explore not only what a person eats, but why they eat it, before developing solutions</p> <p>Understanding the driver behind an individual’s eating behaviour will reveal different solutions than if you focus on the food itself. For example, if an individual eats high sugar cereal bars because they need to eat breakfast whilst on public transport, this will not be solved by suggesting they eat wholegrain cereal as this is more difficult to eat on the go. Instead, healthy and sustainable grab and go options could be suggested to match the driver of the behaviour.</p>
<p>Fix the cause, not the symptom</p> <p>Consider the determinants of eating behaviours and whether eating habits are the cause of an issue (e.g. drinking hot chocolate with cream on daily has led to weight gain) or the symptom of something else (e.g. eating poorly as a way to cope with stress) before deciding on the support a person needs.</p>
<p>Focus on progress and making small, achievable improvements with eating behaviours</p> <p>Provide a hierarchy of recommendations and focus on moving a person up the hierarchy relative to their starting point by making small, achievable improvements, rather than trying to reach the “perfect” eating behaviour. This can be applied to several topic areas where behaviours fall on a spectrum from very unhealthy or unsustainable through to very healthy and sustainable.</p>

Approach and messages to communicate

Overcome barriers and support facilitators

Support the development of practical solutions that enable a person to overcome barriers to improving their eating habits (e.g., planning how to ensure they have healthy and sustainable snacks available so they can eat to reduce hunger and then cook a meal from scratch instead of getting a takeaway).

Content to display in resources

Cultural foods and traditional familiar food types which are readily available in the UK

Short, simple, informative messages (e.g., include a variety of foods for a healthy diet)

Universal core messages which are adaptable to personal circumstance

Show portion sizes in an understandable format (e.g., using hands/palms, other visual aids)

Recommended levels of physical activity

Daily recommended water intake / fluid

Examples of whole meals as well as individual food types (e.g., 'ideal' meal)

Cooking information (e.g., healthier option to bake not fry)

Food swap information.

- a) Healthier (e.g. wholemeal pasta)
- b) Affordable (e.g., tinned, or frozen veg)

Ensure the guides require no prior knowledge, and that they can stand alone with no further explanation

Include guidance on oil, fats, sugar, and salt (and how to reduce the amount used)

Visual

Simple, eye-catching and colourful

Less words and more visuals

Large font

Include images of real foods (not drawings)

Include examples of whole, composite meals as well as individual food types

Plates or pyramids preferred to other options

Engaging and fun



Format

Posters and leaflets

Online versions

Translated versions, available in multiple community languages

Interactive versions – simple initial guide, but options for more detail

App – more personalised, information tailored to different cultures

Resources all in one location

Games aimed at children

Videos

Settings

Focus on public spaces including:

- Schools
- Workplaces
- Healthcare settings (e.g., GPs, Pharmacies, Hospitals etc.)
- Community centres
- Faith settings
- Supermarkets
- Public transport
- Libraries
- Social media (target younger generations)
- News outlets (e.g., TV, Radio)

More community events, including face to face cooking workshops and community garden events. Use community settings to explore the intergenerational sharing of knowledge and skills.

Creative – utilise arts, museums and performing arts



Recommendations for action

In light of this, it is recommended that Birmingham City Council develop resources to take into account the key findings from Phase 1 and 2 of the project and co-ordinate a city-wide approach whilst steering away from the one-size fits all methodology.

The recommendations are as follows:

1. Develop guidance for various groups

Utilise behavioural science approaches to produce tailored healthy eating guidance for various groups which may include:

- Culture and faith (e.g. faith-based, adapted to common ingredients in Europe, Africa, Middle East and North Africa, South Asia, East Asia and South East Asia, South America and Latin America, and Caribbean).
- Circumstance (e.g., pregnancy, breast feeding, high physical activity and different work patterns).
- Diet (e.g., vegan, vegetarian).
- Health conditions (e.g., diabetes, hypertension, cardiovascular disease, coronary heart disease, Crohn's disease, coeliac disease, allergies, and intolerances).
- Life stage (e.g., children, young adults, and older adults).
- Affordable (e.g., Universal Credit/benefits/government assistance budget).
- Additional needs (e.g., literacy levels, learning and neurological needs, and physical disability).

2. Develop resources for professionals and different settings

Utilise behavioural science approaches to produce resources which are adaptable for different professionals and settings, to include:

- GPs and health professionals (adapted for different professions and settings).
- Teachers and education professionals (adaptable for different ages).
- Community settings (including faith settings, youth centres, community centres, and food aid projects).



3.

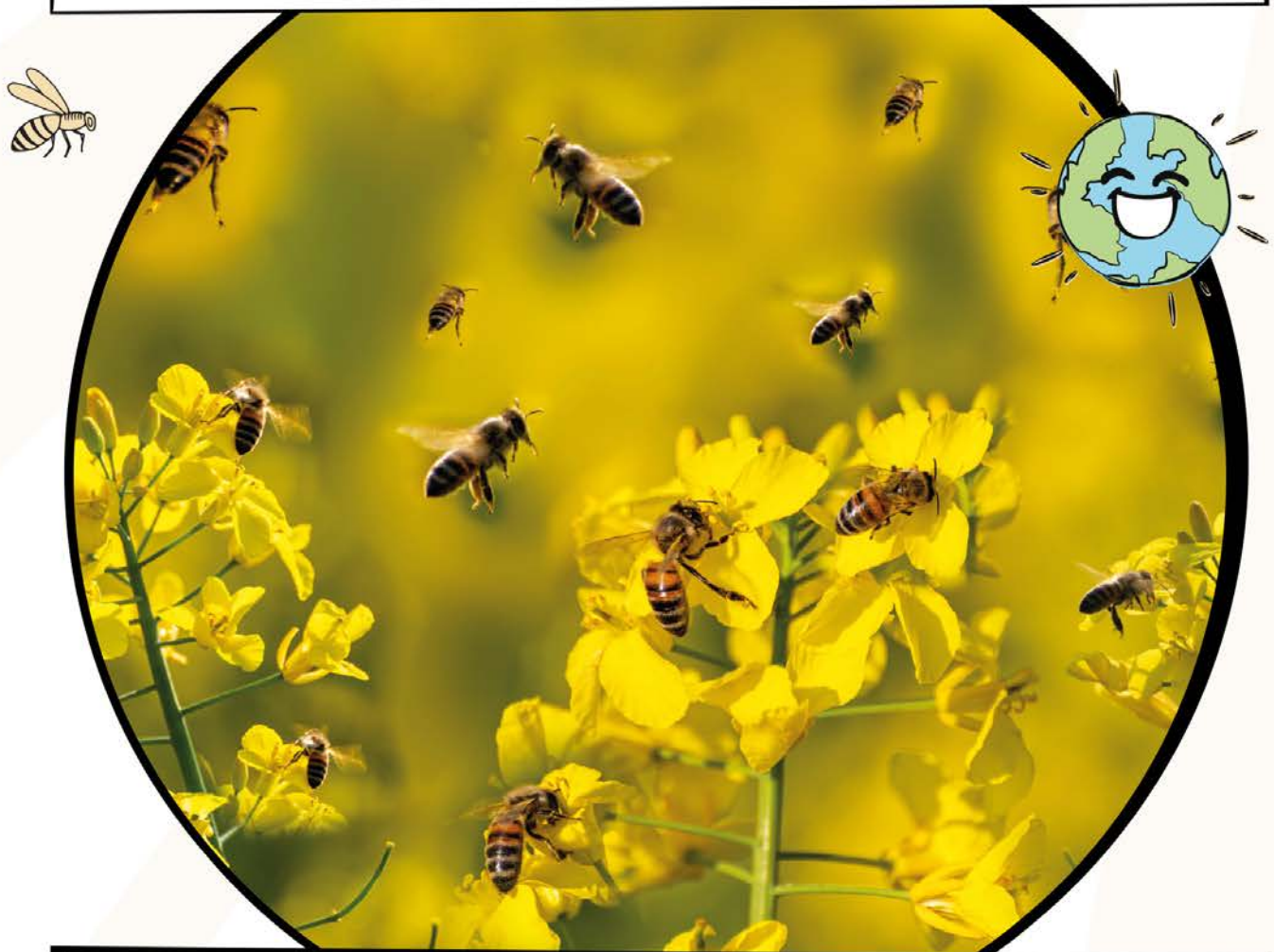
Utilise a variety of communication and delivery methods

Use a mix of traditional and digital communication channels (e.g., social media, interactive digital resources, leaflets, newsletters, and posters).

Translate resources into multiple community languages.

Use visual aids for portion sizes such as hands and palms visuals.

Provide training for healthcare professionals. Culturally appropriate training is vital to enable the use of the new and existing resources.



4.

Promote sustainable diets

Include recommendations on what diets should consist of in terms of sustainability, in line with widespread recognition of the need to transform diets to support the health of the planet as well as our own bodies.

5.

Develop skills and knowledge

Include food swaps information to:

- Increase nutritional value (e.g., increase consumption of nutrient rich vegetables such as dark green leafy vegetables, and proteins such as beans and pulses).
- Reduce cost (e.g., use frozen/tinned rather than fresh).

Provide culturally appropriate healthy recipes with ingredients readily available in the UK.

Provide guidance on cooking methods and techniques (e.g. bake don't fry, and how to reduce salt).



Authors and Contributors

Chloe Browne, Officer, Food System Team, Birmingham City Council

Sarah Pullen, Service Lead, Food System Team, Birmingham City Council

Florence Hobbs, Graduate Officer, Healthy Behaviours and Communities, Birmingham City Council

[The Caroline Walker Trust](#)

[Communities Engage and Thrive CIC](#)

[The Diverse Nutrition Association](#)



Find out more at birmingham.gov.uk/FoodRevolution

To cite this publication use the following:

Birmingham Food System Team (2024). Birmingham Eating Guidance Exploration: A summary of existing practice, publications and evidence to support the development of culturally diverse, healthy and sustainable eating guidance. Public Health Division, Birmingham City Council.

Research carried out between 2023 and 2024. Report published 2024.