

Supporting healthier eating

People attending community cooking classes tell us what would help them to eat more healthily

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Contents

1	Summary.....	3
2	Background.....	5
2.1	Why we did this project	5
2.2	Why the emphasis on culture and food?.....	6
2.3	Who we spoke to	6
3	Findings	8
3.1	‘What does ‘healthy eating’ mean to you?’	8
3.2	The challenges of eating healthily.....	8
	Lack of time	8
	Lack of know-how	9
	Social circumstances	9
	Preferences	9
	Practical barriers.....	10
	Culture and Food.....	10
3.3	How easy is to prepare traditional foods?.....	10
3.4	Access to traditional foods	10
	Supply.....	11
	Cost	11
3.5	Introducing health options	12
	Looking for fresh options	12
	Changing the balance in the diet	12
	Making time to plan healthier eating	12
3.6	Help to eat more healthily	13
	Help from GPs	13
	Healthy public services.....	13
	General advice and information	14
	Social prescribing	14
	Producing better food	14
4	Conclusions.....	15



1 Summary

What the project was about

Camden's Health and Wellbeing Strategy focuses on wellbeing and healthy lifestyles, including healthy eating. Local people have told Healthwatch Camden that they know what healthy eating is but that they face challenges such as lack of access to affordable fresh food. We wanted to explore this topic further to find out if people on low incomes have difficulty in buying, cooking and eating healthy food including culturally appropriate food.

What we did

We spoke to people attending cooking classes run by Lifeafterhummus Community Benefit Society at different venues in Camden including Somers Town Community Association and Maiden Lane Community Centre. We interviewed participants on the difficulties, if any, they face in buying, cooking and eating healthy food, including culturally appropriate food. At the classes we spoke to people from a wide range of backgrounds. People interviewed included homeless men, Bangladeshi and Somali women and people on low incomes.

What we heard

Barriers to healthy eating

We asked people whether they faced barriers to eating healthily. The main issues were:

- **Time:** people on low incomes work long hours and don't have a lot of time to shop and cook; this was the case for several people we spoke to.
- **Accessibility:** less healthy food is more accessible - grabbing a sandwich or some fried chicken is easy to do.
- **Cost:** only a few people mentioned cost as the main barrier to healthy eating. Some reported that their preferred food (e.g. fish from Bangladesh) was more expensive. However, a small number reported intermittent reliance on food banks, even though they were working.
- **Finding culturally appropriate or preferred food** (e.g halal meat, vegan options): was not a barrier for most, although some people remarked that it is easy to find in London; the exception was for some of the homeless people we interviewed for whom choice was more limited.



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- **Know-how:** several people said they lacked the knowledge of how to cook (hence their attendance at a cooking class).

Help with eating healthily

We asked people what help they wanted to help them to eat healthily. The main responses were:

- **Advice from professionals:** Most people wanted health professionals to offer more support in helping them to eat healthily, including for doctors to be more knowledgeable on nutrition so that they can advise patients who need help losing weight.
- **Healthy eating culture in public services:** Some mentioned hospitals, they said that hospitals should offer better food and specialist menus like vegan. Beyond the health sphere, ideas included educating school children on healthy eating as a way to foster good habits for later in life. Homeless men we spoke to mentioned a lack of healthy choices in some hostels.
- **Community support:** People were enthusiastic about the help from the cooking class. The benefit of community provision like this went beyond teaching new recipes. Combining learning with a social opportunity created a sense of community. It motivated people to make the time for cooking, and made it easier for them to build healthy food into their diet.



2 Background

2.1 Why we did this project

As part of Camden’s Health and Wellbeing Board, Healthwatch Camden is interested in health inequalities, what causes them and what can be done to tackle them. A current Health and Wellbeing focus is "understanding and exploring all the levers available to tackle obesity in Camden, informing system-level action using those key levers. From our previous work we know that people sometimes find it hard to eat healthily, and we were interested to know what local citizens thought might be the most useful actions to help.

We were interested in barriers to healthy eating, including cost, availability, and suitability. We know that Camden has great diversity of income and of life chances among its residents. Although unemployment rates in Camden are low compared to other London boroughs, food poverty can affect people who are working as well as those out of work. We spoke to people of working age, particularly younger workers. We did not focus on food bank users; however, we spoke to people in work who needed to use food banks some of the time.

“I guess I’m not what people would perceive to be the typical person who would struggle with life issues, and therefore need to use a food bank, but things happen to us all ... Coming from a successful career in business management and finance, a few years ago I found myself with difficult mental health issues after several life problems hit me...”

While a working person on a low income said their diet is poor because:

“Environment at work. Because I work as a barista and we have lots of bread and cakes. I don’t have much money, so I don’t want to buy more. Barista is not good pay. You know I want to travel, I want to save money.”



2.2 Why the emphasis on culture and food?

Camden is one of the most richly diverse boroughs in London which gave us the opportunity to speak to people from a wide range of ethnicities and backgrounds. So, it seemed important to ask about culturally appropriate foods as part of our look at healthy eating.

We know that health outcomes are markedly poorer in some communities, particularly Camden's Bangladeshi community. Previous studies have suggested that more needs to be done to provide culturally appropriate interventions, for example, by sharing ideas about how to make traditional meals healthier, using less fat and sugar and making greater use of fresh fruit and vegetables.

2.3 Who we spoke to

We interviewed 74 people who were attending a community cooking class, including homeless men in a hostel, Bangladeshi and Somali women and people on low incomes. Interviewees self-identified their ethnicity, we counted 43 in total, many identifying with more than one ethnic identity (e.g. Mexican-Jewish, British-African). The biggest group (20) were people describing themselves as British, usually with a second identifier such as White, Asian, Bangladeshi.



Most of our interviews were conducted at Lifeafterhummus Community Benefit Society cooking classes located at Somers Town Community Association and Maiden Lane Community Centre. We joined the classes and asked questions while people learned to cook. Additional interviews took place with the Single Homeless Project.

The majority of people we interviewed were already keen to change their diets to be healthier. They attended the community cooking classes with the aim of doing this. The classes also advertise that they can also help people to prepare healthy vegan meals, so those we spoke to included want-to-be-vegan and vegans as well as those who eat meat or other animal products.

3 Findings

When we interviewed people we also had conversations with them. We asked them a series of questions to see if they had difficulty in buying, cooking and eating healthy food including culturally appropriate food.

3.1 ‘What does ‘healthy eating’ mean to you?’

We found that most people know what healthy eating means, people spoke about a balanced diet, lots of vegetables, fruits, everything in moderation, and on avoiding or cutting down on junk food and fried food, sugar and salt.

“It means treating your body with care. When you treat your body with care, you lead a healthier life.”

3.2 The challenges of eating healthily

The biggest challenge for the people we talked to was ‘time’. They spoke about juggling work and other tasks, and time for food preparation (mentioned by 20 people). Another big challenge was lack of knowledge in terms of knowing and cooking healthy recipes. Often this combined into a feeling that buying and cooking healthier food took more planning and effort, requiring a commitment from them. This was compounded by working long hours, making it hard to find the energy to cook. For some their social circumstance (flat sharing or being homeless) was a specific challenge. Eight people cited access to healthy food. Just four people directly mentioned cost.

Lack of time

“If my schedule is busy and I’m out all the time, I don’t have time to cook and it’s hard to stay healthy.

“My work, I’m a hypnotherapist. When you’re self-employed there’s no cut-off time between yourself and your work.”

“Work. My hours are long and I come back tired at 9 or 10 o’clock.”



Lack of know-how

“Preparation and planning and organisation. I think it's all to do with gathering all the ingredients.”

“There's a lot of different aspects to nutrition and it might be complicated to understand and balance it all e.g. are you eating enough iron?”

“...my psychological barrier for cooking. I have never loved cooking because it's too time-consuming and complicated for me.”

Social circumstances

Social circumstance plays a big part in people's ability and motivation to eat healthily:

“Stress and time. Messy kitchen, as I live with housemates. It's hard to clean up after them.”

“Living on the streets doesn't help.”

“The choice or option at work- lots of bread, fat or potatoes. I haven't been eating there for a few months now.”

“I'm a student, so finding the time to cook is hard. The issue is whether it's convenient or not for me.”

“If I was in the right environment, I wouldn't see any challenges.”

Preferences

The other important factor influencing food choices was preference, especially for people who are cooking for a family. Moving away from traditional ways of cooking could be challenging:

“I am used to eating other unhealthy foods, so can be a challenge to swap to healthier options. You may be living with someone who does not know how to cook healthy things, as they do not suffer from illness.”

“Challenge will be not being used to it and so trying everyone in the family to get used to it. I can say for myself, bit to get my kids to like it that will be the challenge.”

“The family needs to adapt isn't it, that's the main challenge. New food, new taste, we are used to the traditional food, rather than [healthy]...”

Practical barriers

A small number mentioned practical barriers including cost and lack of availability of fresh organic food or the difficulty of storing fresh fruit.

Culture and Food

We asked about people's food traditions, the things they liked to eat, as well as dietary requirements

Many people had more than one 'tradition' in their background, for example one person identified "British Jamaican and Israeli" which affected what they defined as traditional food from their country of origin. And whatever the tradition, most people had food preferences that reflected international influence.

"I like Yorkshire puddings and gravy and samosas."

"My taste has changed completely. It has become more international since I became vegan 15 years ago."

"Frozen vegetable ready meals. My favourite are country pies."

3.3 How easy is to prepare traditional foods?

Most people said it was easy to prepare traditional foods. Some qualified this by adding "if you have time." Several offered impromptu descriptions of favourite dishes:

"Easy, chop everything and put it into a pot, then flavour soy sauce and ingredients and just stew. Easy!" (Chinese).

"It's really easy because you just need, flour, water, eggs and cheese. You just mix them to make dough. You put into the board with dots and boil them and rinse and add the cheese." (Slovakia).

"Quite easy, we've learned. We don't follow any recipes. Now it's easy because of YouTube and social media." (British Bangladeshi)

3.4 Access to traditional foods

We asked how easy it is to find traditional foods and whether they are expensive to buy.



Supply

Overall, people told us that it is easy to buy traditional foods. This in part reflects the fact that Camden is a diverse borough with lots of supermarkets and shops catering for different ethnicities. There are also good transport links in London as a whole to facilitate travelling around to find specialist shops. A number of respondents contrasted the ease of getting these foods in London with the difficulty of finding them elsewhere. A few commented that it was harder to find ready meals to suit their tastes, so they cooked from scratch.

“Very easy because I am living in an Indian area.”

“It's very easy in London, lots of local Turkish shops.”

“Here we've got lots of shops from Slovakia, so it's quite easy. In Slovakia, it's hard to find a vegetarian section. Here it's easy to do this”

Cost

We asked whether ‘traditional’ foods cost more than other foods. What we found shows a mixed picture. Most people who responded said that traditional food was cheaper (13) or cost the same (21). However, around a quarter of them (17) said that it does cost more.

“No, not really. It's cheaper. Middle East stores are cheap.”

“No, not necessarily. Still can get some veg and chips for relatively cheap prices.”

For some of those saying it cost more, it was about quality:

“I try to buy more free-range foods, so yes it becomes more expensive.”

For others it was about getting authentic food from their country of origin:

“It does, absolutely, because some of the produce from Bangladesh gets imported, native vegetables and fish. When you eat healthy, that costs money, obviously.”

Some talked about shopping around to get what they needed:

“It depends on where you buy them. Some Latina shops are expensive because they import them. But for couscous it's cheaper. You can buy cheap stuff at the supermarket.”



3.5 Introducing health options

We asked: *“Are there ways that you can introduce more healthy options to your diet?”*

Most interviewees had a good knowledge of what healthy eating entails. Attending the cooking class had added to their knowledge.

Looking for fresh options

“Yeah I can. To cook more from scratch. To try new vegetables that I've never tried before.”

“Having more fruits and vegetables, more beans and maybe more whole-grain. Also eating salads, but making it more interesting with different textures and flavours, like with herbs or different leaves.”

Changing the balance in the diet

“Look on the internet and find out for healthier options or from a book or from a magazine. Cut out on things like sugar, salt and saturated fat. Keep cakes and pastries to a minimum. Try steamed or poached things rather than frying.”

“I think for example, once a month or every couple of weeks to go to a workshop, so you can try things you wouldn't usually touch.”

“Yeah, from coming here what I'm learning is you can cook without adding oil, using water. Also, you don't necessarily need meat or chicken to make a dish. With vegetables, I like the look of it but without knowing, it was hard before. I didn't know what to cook. I would have liked to use it and it's beneficial, but without knowing, I didn't know how to use it.”

Making time to plan healthier eating

“Better planning. Buying more stuff on the weekends as I don't like going to the market after work.”

“Yeah, if you're going to eat healthy foods, it's going to cost more money, but you can substitute and add in healthier things e.g. switching crisps for fruit. Also instead of using money for the bus, you can walk and use that money to buy healthier food. Buy less oil, less salt. It's manageable if you think about it, always plan.”

“To have extra time to discover healthy food.”



Knowing what to do doesn't always mean you can do it. Although most people could find healthy options, some still struggled:

“Maybe if these ingredients were more accessible to me, like if I could get them at Tesco or other big supermarkets.”

And for the homeless people we spoke to, it was hard to put intention into action:

“Getting more vegetables. But for me, right now getting the right aid.”

“Down to the people who run here. It's whatever they put on the menu. They write it on the board.”

3.6 Help to eat more healthily

We asked: *Have you got suggestions for things that health professionals could do to help you eat more healthily?*

Help from GPs

The majority of interviewees wanted more help from their GPs including referral to diet advice and advising them on healthy meal plans. Some commented that they wished that their GP knew more about nutrition and healthy eating.

“They can tell patients who are obese that it's not good for you. Or they could give out leaflets with information.”

“Doctors could care more about their patients and ask more questions. Like I could say that I ate fish and chips for dinner and an apple for breakfast and they wouldn't care. So yes, just caring more.”

Healthy public services

Children's nutrition was a major concern with some saying that they wished schools taught nutrition so that children grow up knowing what healthy eating is so that they can manage their own health. Hospitals were a concern, too. People said that hospitals and schools should offer better food and specialist menus like vegan.

“There should be a health and nutrition department in schools like in Japan. The school dinner is a nutritional class. The teachers teach them about nutrition. They eat healthy so their concentration is better.”

“They should advocate it more nationwide about eating. Children need to be taught in school.”





“I work in a hospital and I think that the quality of foods that is being given to patients is absolutely disgusting. I'm not sure if this will ever be implemented, but instead of giving a 'vegetarian' alternative, a vegan menu should be the baseline and people can just add to it.”

General advice and information

The availability of simple to use information on cooking and eating healthily was a theme in the interviews. There were mixed views on the sort of advice wanted ranging from steering people towards juices and green vegetables, to giving them statistics on the health consequence of poor diet. In the main people just wanted someone to care enough about their health to offer them some help.

“In the news there are just so many negative things. Sugar. They should put more informative about cancer, eating healthily to influence people.”

“Things like this, education, information on TV on healthy cooking.”

Social prescribing

‘Social prescribing’ - the idea of GPs prescribing cooking classes or exercises - was mentioned by several. It was clear from comments that the community cooking classes can play an important role in incentivising healthy eating.

“Giving recipes or directing patients to cooking classes like these.”

“Knowing about classes like this that are free. I think that with food, having things that doctors can send patients to would help. For me, I have to enjoy it in order to keep doing it, and I think people think eating healthily has to be expensive, but classes like these show that it's about being more clever and savvy.”

“More stuff like this, cooking classes, as it's a good way to introduce people to new recipes hands-on. Leftover food from stores should go to more cooking classes.”

Producing better food

Finally, some spoke about using wider economic levers to help healthy eating:

“First I will say try and support the organic guys to make it more affordable. So that we have healthier soil too.”

“The government should give tax benefits to local restaurants and shops to sell and promote healthy food.”

4 Conclusions

From our conversations we have drawn a few key pointers for tackling obesity, from the perspective of people living or working locally:

1. People want more proactive support from the health professionals they see - not necessarily in the form of services but in advice and signposting.
2. They are prepared to try new things, if they get the right general advice in formats that work for them such as You Tube.
3. There are many social factors (beyond cost) that prevent people from acting on knowledge about healthy eating - time, motivation, space to cook are all important.
4. Community-based initiatives such as cooking classes help because they create a supportive and enjoyable experience for people, increasing their motivation.
5. Homeless people would like the choice to have healthy food - alongside having their other needs addressed.



5 About Healthwatch Camden

Healthwatch Camden is an independent organisation run by and for local people.

We aim to make sure that people using health and social care services in Camden have a strong VOICE in the delivery of these services. We want people to know the CHOICES they can make in health and social care services and also that by using their voices they can make a POSITIVE change in health and social care services.

Our remit derives from the key functions and powers of a local health and social care organisation, as set out in the 2012 Health and Social Care Act.

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