Cabinet Office

Food and Nutrition Discussion Groups Report

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Government of Jersey

Contents

Aims and Outcomes for the Discussion Groups

To undertake a public engagement process to understand key barriers and facilitators to adopting a healthy diet, to inform a workshop with stakeholders, where we plan to identify key “levers” for bringing about change in “whole food systems”.

The key outcomes are to:

- Explore and capture in-depth qualitative data from Islanders in relation to the factors influencing their diets
- Understand and explore external impacts of wider determinants of health on living healthily, including the awareness and perceived value of existing resources in the local food system

Methodology

A qualitative methodology was used for the project.

Purposive sampling was used. This is a non-probability sampling technique but relevant to the research question. Out of the various types of purposive sampling techniques, the following was used for selection of the sample:

1. Criterion sampling which selected cases that met pre-determined criterion of importance. Using stakeholder networks, key population groups were identified that were specifically targeted for their views. Focus was applied to understanding health inequalities in underrepresented, marginalised minority, and low-income groups(criteria)

2. Typical case sampling was done by selecting participants who are typical, normal, or average. This was to understand a phenomenon as it manifests under ordinary circumstances. Islanders were selected randomly from public areas, (Kings Street and Liberation Station) based on those who express a wish to participate in the project with an offer of vouchers in exchange for their time

Demographics of recruited participants

There were a total of 16 participants spread across the three discussion groups. Four participants were aged 16-34, five aged 35-44, and seven were older than 45 years. There were 11 females and five males. Sessions were held during lunch hours on weekdays. Participants were Jersey born (6), Polish (4), British (3), Portuguese (2), and Romanian (1). Almost all were conversant in English. There was a good mix of participants from different socio-economic sections of the population as inferred from type of housing they recorded: social housing/rental (7), qualified private renting (4), owner occupied (3), lodger paying rent in private house(1), and registered lodging (1).

Discussion groups

A total of three discussion groups were held:

- Group 1: Typical case (6 participants)
- Group 2: Ethnic minorities (5 participants)
- Group 3: Low-income households (5 participants)

Sessions were held at lunchtime for ease of attendance. Venues were chosen for convenience, ease of access, and familiarity for the participants. The discussion group was led by health promotion officers from the Public Health Directorate (who are fluent in Portuguese and Polish), with observation by qualitative researchers from the same team. Considerable efforts were made in the sessions to build rapport with the participants and healthy refreshments were available at the end. The team explained the objectives of the discussion group and participants were reassured on the data confidentiality protocols that were in place. A consent form was developed for the discussion group which was signed by the participants after receiving information about the program and focus group by the facilitators. Similarly, they were invited to complete the demographic questionnaire (optional). The facilitators used a topic guide with prompts to elicit in-depth discussion. The discussion groups were audio recorded on work phones for the entire length of the interviews, which were approximately 45 minutes long. Where there was consensus or agreement, it was highlighted by the facilitators for the sake of recording.

Data analysis

Data analysis was done by thematic analysis which is “a method for identifying, analysing, and reporting patterns within the data”[1]. Following steps were completed as part of thematic analysis which were accomplished electronically to protect confidentiality

1. Transcription: interviews that were recorded were transcribed by the team on Microsoft Word

2. Familiarising with the data: the team heard the audio recordings and read the transcripts thoroughly and multiple times. By repeated reading in an “active way” the team was trying to find the pattern. Reflective notes were made where thought appropriate

3. Generating initial codes: the basic features of the raw data that were interesting and could be used in a more meaningful way in consequent stages were deemed as codes and written on the side-lines of the data. These also could be seen repeating in the transcripts

4. Searching for themes: when all the data was coded a list of codes was formulated. The different codes were sorted out into potential themes and subthemes. Some initial codes led

[1] Braun, V., and V. Clarke, 2006, Using thematic analysis in psychology: Qualitative Research in Psychology, v. 3, p. 77-101.

to the main theme while some formed sub-themes which later were grouped into main themes

5. Reviewing themes: during this stage, it was found that some themes did not have enough data to support them while some collapsed into another, while some were broken down into several themes. This process continued until a coherent picture was obtained of the themes. A thematic map was established by the process of review and refinement of themes

6. Defining and naming the theme: the theme was then defined according to its essence and named according to its relevance. Themes were finalised

7. Producing the report: the write up was done as an interesting story of the data with sufficient evidence for the themes by lifting data extract or "quotes" to demonstrate the relevance

Results

The following themes and sub themes have been identified and supported by excerpts from the verbatim transcription of participants' views which are highlighted in black bold italics in the narrative.

Barriers to eating healthily

Cost and affordability

Despite adequate knowledge about health, cooking skills, and access to food from different sources, participants from all the three groups reported that they were less able to afford some food groups, such as fruit and vegetables as it is "***really, really expensive"***. Even those foods that are close to expiry are still expensive. Prices are high for local produce in Jersey when compared to the food sourced from outside of Jersey and from supermarkets. One participant pointed out the stark contrast in costs by commenting that "***healthy food shops have higher prices than food in standard shops, the cost is different".***

Access

Access to healthy food was found to be influenced in several ways. Physical access was impaired for some due to personal vulnerability, such as in elderly and disabled people**.** Similarly, transport was found to be an issue for some Islanders to shop from local farms. One participant said that "***not everyone can drive, spend time in traffic and look for specific items".*** People have **"*to travel to get there" and "pay for a bus that get out of the town. So, your royals cost you double price".***

"You have to take the bus, go around 6 different farms".

Availability

Local food production is skewed towards energy-rich crops like potatoes and similarly, competition with other neighbouring states for fresh Jersey produce like fish has seen hikes in prices. Participants affirm ***"Potatoes and milk are cheaper in the UK than in Jersey then obviously something is wrong".***

"There is not as much fish as well, compared to what used to be. French having taken fish; we haven't been left with anything".

Advertising and promotions

Marketing practices, including advertising, product placements, and price promotion-like offers or deals strongly influence individual behaviour and food purchasing decisions. Most of the participants across the three groups agreed that big chain supermarkets are clever in their use of advertising and marketing to increase their sales of unhealthy items and ***"the supermarket doesn't display the healthier options"***. Likewise, competition between product pricing in supermarkets means Islanders have ***"to compare prices and shop around where is cheaper".*** There are offers on unhealthy foods which are prominently placed to catch the attention whereas people ***"had never seen it (deal) on fresh food, like strawberries"*** which might nudge the people to shop healthily.

"The packaging, the marketing and the advertising around food and the packaging all take people to buy things they don't need for sure".

Time constraints

Almost for all participants time was a big constraint for eating healthily. One of the participants said that ***"time is a big thing, so a lot of the time, time convenient food is the option. It's usually tending to be the unhealthiest".*** Eating well was perceived to be "***time consuming"*** in terms of cooking from scratch or shopping for fresh veg and fruits and also for shopping around for cheap options. Change in the modern way of life with both adults in the family working does not leave enough time for cooking. Some of the Islanders use the ready to eat meals from supermarkets to save time.

"But you have to have the time to cook all your meals and get fresh food and this is time consuming".

Inequalities as determinants of health

Low-income households are more likely to face health inequalities due to the quality of diet consumed. Furthermore, ethnic minority groups also perceive the negative impacts of the high cost of living on eating well. The resources of people in poverty are subject to several pressures like heating and other utilities with one participant stating that "***you heard this term of heat or eat and it's absolutely true because you can't do both".*** Similarly low minimum wage and unemployment are negatively associated with the probability of food

insecurity. The direness of the circumstances was aptly expressed by one participant from low-income group who stated that "***Three months ago, I lost my job and really now it is even worse, because I had a meal at work, even then it wasn't healthy meal, but I'd eat it because it was free"***. Some participants also expressed fears that lack of cooking skills education for children could also contribute to them eating unhealthily when they grow older. Participants mentioned that education on healthy eating should be a part of the curriculum for children and young people who in turn can try to educate parents (who may not be well aware) on benefits of eating healthily. Across the groups, it was observed that participants from one group were more well aware of vegan diets and plant-based foods as compared to the other two groups, but they agreed that these diets were expensive to follow, particularly for those with other systemic illnesses like diabetes and with food intolerances/allergies.

"Cost of living impacts eating well. So, need raised minimum wage".

Culture

Particularly for children at school, peer influences are important and sometimes children get pressured into bringing unhealthy food items in their lunch boxes. The parents among the participants expressed that their children were almost embarrassed to bring healthy packed lunches into school for fear of wrongful judgements by their friends. One participant reported that "***kids are refusing to eat healthy food because it's too healthy to show in front of others. So, they choose to come back home hungry and don't have any lunch"***. In addition, there are people from older generation that are set in their eating habits. ***"They think they can keep eating the way they are eating, and don't realise that there's things going inside, and how this food affects them"*** and do not want to make healthy changes probably due to lack of education on healthy diets.

Policies/ strategies that can support healthy food systems

School meals, voucher schemes and apps

Free school meals were supported wholeheartedly with one participant claiming that ***"I like school food idea. My boy, he's a teenager, he needs proteins, when he eats at school canteen, he has a good portion of meat and veg throughout the day"***, Participants called for making the free school meals available at all schools. Similarly, vouchers for fresh fruit and veg shopping from Government schemes were appreciated in addition to the system in how the voucher schemes operate, with one participant stating that ***"the government is giving the vouchers. All little things help".***

Some participants appreciated that supermarkets like ***"Co-op donate, Waitrose donate". It would be better if they would give some vouchers"*** as these could be used to shop for healthy foods. Apps like Olio were also perceived to be useful and could do more in distributing food from supermarkets to the needy in Jersey, However, one participant stated that these are run by volunteers and resources are very limited.

"I find it's just easier for me because I know at least they've got healthy food while at school".

Support at workplace and social cohesion

Participants in Group 1 identified that there are not many places that Islanders could sit together to have lunch and were often pushed to cafes to buy unhealthy lunches. A need was expressed for more communal places for people to sit together to enjoy a healthy meal stating, ***"if you have a communal area, you have more people likely to eat healthier".*** Similarly young people visit the fast-food joints like McDonalds, KFC, or Burger King in order to socialise and buy unhealthy foods. Thus, a need was expressed for leisure and recreation areas for these young people. Similarly, weekend markets with fresh fruit and veg stalls was approved generally as a good idea for farmers and Islanders to benefit together.

> *"All the people together and let them sell their produce (in markets). Shopping on Sunday afternoon, whatever it is and have maybe a cup of tea there and sit outside. You know, it could bring people together so well".*

Food banks

These were found to be used predominantly by participants from low-income households as they "***can't afford it (fresh fruit and veg)".*** Food banks were used by participants as temporary emergency food aid in the past but now they are using it more. Food bank use was associated with stigma and participants found it "***embarrassing"*** to have to use the food banks. The participants agreed that there were constraints in food choices with majority of them being aware that tinned food may not always be healthy and may be of low dietary quality. The population using them is more likely to be on income benefits or unemployed like one participant who reported that ***"he was on long-term incapacity allowance after an accident"***. The participants expressed wish for the food banks to do more healthy options like "***non-dairy products and fresh produce"*** to give away and also a variety of foods, to cater to all those with health conditions or allergies.

> *"If those food banks, they get food donations maybe they could have some fresh".*

Income support

Some of the participants, particularly from the low-income households, suggested for more income support from Government to tackle high food expenses.

> *"I know they can give a cash, but the food vouchers would help us. We could go and buy fresh food and cook".*

Making food subsidised / Regulation for food prices

Most of the participants across the three groups requested for ***"subsiding local fresh produce"*** healthy foods and increasing regulations on supermarkets in order to price cap some of the healthy food items to ***"protect the consumers"***. Some of the participants called for taking ***"the GST off from food".***

> *"I would like to see government subsidise, the local healthy food".*

Restricting food advertising and promotions

Restrictions on promotion of unhealthy foods in retail environment and need for the Government to tackle this, was a key theme identified across the three groups.

> "*Two for three. They (supermarkets) put price up, so you pay more. You buy more than you need. And you pay more and then you bin some of that at the end of it. You can't always freeze that stuff".*

Support for farms and farmers

Most participants recognised importance of fresh local produce in food systems in Jersey and expressed that Government can do more to support and save farms and farmers. The increase in property rates has caused ***"a lot of farms to have been chopped up into multiple units and those have gone. That caused a big damage in the food system. It's like only 50 farmers left".*** Farmers struggle to find seasonal workers ***"who are willing to work for minimum wage, which is always harder".***

> *"If they (government) want to promote local. They need to subsidise the farmers, butchers, fisherman and all that so they can reduce their prices and allow people to eat well".*

Continuing education on healthy eating

Participants from group 1 and 2 were vocal about the need for awareness on healthy eating to start early for parents of young children so that they will inculcate good eating habits early on in their children's lives. Education on healthy diets for children and young people in the school curriculum was appreciated including the Caring Cooks program which is ***"cool and they (children) loved it",*** but a similar need for adults was also expressed. One of the participants from group 1 also welcomed the approaches of spreading awareness on healthy eating ***"by having information around, posters up, leaflets, advertising stuff".***

> *"Educate teachers that cooking classes are part of curriculum or timetable not only Math and English".*

Encouragement for Islanders to grow own food

One of the solutions that was put forward was motivating Islanders to grow their own fruit and veg. A number of Islanders could be encouraged to use their gardens to grow own food, as was the practice in the past. This could address the sustainability issues for safeguarding against food insecurity.

> *"Just a plot of land made available for individual, non-commercial gardening. And educating people who already have gardens to use them to, you know, have an initiative to do something with your garden instead of just having it".*

Environmental threats and solutions

Most participants agreed that climate change posed an increasing threat to the functioning of the food system. Short-term extreme weather events, such as floods and storms cause disruption in food supplies and distribution. Also, the amount of plastic and non-degradable milk cartons used in Jersey were a concern for some.

Regarding a more sustainable environment and possible reduction in consumption of meat, participants mentioned that the alternatives of meat are expensive and nutritional content questionable. Also, it is believed people need education at this level.

The participants particularly liked the idea of choosing quantities for themselves like in the Scoop store as opposed to being pushed to buy pre-weighed pre-packaged food items and would like to have more shops which are accessible and having similar practices. This would also prevent wastage of food.

The other solution to prevent waste would be to discontinue the two for one offer on foods because some people buy way more than they need.

Regulations can be revised to accommodate safe distribution and donation of frozen foods which are approaching expiry dates to be donated to Olio and charities and food banks to avoid waste.

> *"The other thing is that it doesn't fit in my head. Why can't we not recycle the cardboard from the Jersey milk? Why? It's supposed to be recyclable, and I think that will make a huge change if you think about the amount of it used every day".*

Summary

Public engagement to understand barriers to adopting healthy diet with an intent to inform discussions on identifying key levers for mapping whole food systems was completed successfully.

The choice of tool for measurement for data chosen was discussion group, as it served the purpose of exploration of issues in depth. In order to better understand how health inequalities impact on choice and eating habits, it was essential to recruit individuals from marginalised ethnic minority and low-income groups. To give a balanced perspective to the qualitative enquiry, a typical case random sampling was done from public places.

There was a good mix of participants from different socio-economic sections of the population. The discussions were audio recorded and transcribed. Thematic analysis was done after initial coding and generating themes.

A number of barriers were identified for eating healthily. The high cost of living was the most cited barrier, as all the three groups reported low affordability for expensive local fresh fruit, vegetables, and fish. Prices for the fresh produce from Jersey was reported to be higher as compared to supermarkets sourcing food from outside Jersey. Lack of easy access to healthy food and availability were other barriers, particularly for elderly and vulnerable populations as they had to shop around. Similarly, a lack of adequate transport was an issue for Islanders to shop from local farms. Marketing practices, including advertising, product placements, and price promotion-like offers/deals strongly influenced individual behaviour and food purchase decisions for some of the participants of the discussion groups.

For participants from the low income and ethnic minority groups, the social determinants of health including lifestyles and education also played a key role in influencing their choices of diet. The resources of people in poverty were subject to several pressures like heating and lack of other utilities. Similarly low minimum wage and unemployment were negatively associated with the probability of food insecurity. Lack of cooking skills and education were also perceived to contribute to individuals eating unhealthily. Some of the participants were well aware of vegan diets and plant-based foods, but they agreed that these diets were expensive to follow; particularly for those with other systemic illnesses like diabetes and with food intolerances/allergies. Culture also emerged as a barrier, particularly with peer pressures to conform to set norms for food for children at school. In addition, there was consensus that older generations are set in their eating habits and do not accept change easily.

The three discussion groups discussed strategies that can support healthy food systems. Free school meals were wholeheartedly supported and fresh fruit and veg vouchers from the Government were appreciated. There was also discussion about the utilisation of apps like Olio to distribute food from supermarkets to those in need. A need for more communal places for people to sit together to enjoy a healthy meal, places for leisure for young people, and weekend markets with fresh fruit and veg stalls were also some of the suggestions given. The groups also called for more support to farmers and to incentivise agriculture in Jersey. Subsiding healthy foods and increasing regulations on supermarkets to price cap the healthy food items were some of the policies that the groups suggested for Government to adopt. Similarly, restrictions on promotion of unhealthy foods in retail environments and a ban on advertisements of unhealthy foods were some of the low agency actions that Government could employ, according to some of the participants.

Food banks were used by participants as temporary emergency food aid in the past but with the rising costs of living, more people are using them. Food bank use was associated with stigma and constraints in food choices. The population using them was more likely to be on income benefits, unemployed, or have a disability.

Almost all the participants agreed that education and awareness on healthy eating, particularly in schools, alongside encouraging Islanders to grow their own fruit and veg, will be key for sustainability of food systems.

All the participants were aware of the increasing threats from climate change and called for appropriate recycling measures in Jersey. Even though some of the participants were aware of the negative impact of eating meat on climate change, most of them agreed that alternatives of meat were expensive. There were also suggestions for promoting practices of “choosing quantities” as opposed to buying pre-packaged foods and discontinuing “two for one” offers to prevent food wastage. Another way proposed to prevent food waste was to develop regulations to accommodate safe distribution of frozen foods to be donated to charities and food banks.

Next Steps

The findings from the work served to ensure a public perspective was included in reflecting on and increasing a shared understanding of the Jersey food system. The findings will further inform the reporting of key learning from the stakeholder mapping event and development of proposed options for a new food and nutrition strategy.

Appendix

Appendix A- Topic Guide

Topic guide for Discussion Groups:

Participants: Adults from under-represented, marginalized groups
Three groups:

1. Ethnic minorities: Portuguese, Polish and Romanian
2. Low-income groups
3. Random sample.

Objective:
To undertake public engagement process to understand key barriers and facilitators to adopting a healthy nutritious diet to inform discussions of stakeholders on identifying key "levers" for bringing about change in "whole food systems."

Instructions for the Facilitator
Introduction
Hello, my name is X, and my name is Y and……., we are officers working in the public health department. Today you will participate in a discussion group to help us:

- Understand what the key facilitators and barriers are to eating a nutritious diet and maintain a healthy weight.
- Understand what changes we need in the food systems, so that the food we eat would be most helpful in supporting better health.

Explain the purpose of the discussion groups and the ground rules:
For those of you who have never taken part in a discussion group before, I will start by telling how it works. A discussion group is a focused discussion about a topic. The discussion is recorded (audio recording) and then transcribed. The discussion is then coded and analysed by us to better understand the topic of discussion.
We will be leading the discussion group today and we might take some notes to make the transcribing easier. Participants usually enjoy the experience, as they feel they can have a voice and it is also an opportunity to reflect on different views about a specific topic. For that reason, we hope you have an enjoyable experience and find this discussion useful.

Confidentiality – All points discussed here today will be confidential unless you tell us that you or someone else is at risk of harm.
Equal participation - we would like to hear the opinion of all participants.
Mutual respect - There's no right or wrong. We want to hear what everyone thinks, and it is ok to have different opinions. We will kindly ask that one person speaks at a time, both for respect and recording.

This session will last approximately 45 minutes.

Allow participants to read the information sheet and ask questions before starting.

DISCUSSION TOPICS

SECTION 1: BUILD RAPPORT

Question 1 (5min)
How are you feeling today?

Explore
How do you feel about participating in this session today?

SECTION 2: UNDERSTAND ATTITUDES TOWARDS FAMILY HEALTH

Question 2 (15 min)
We would you like to hear your opinion about eating well and the importance of maintaining healthy diet for you and your family?

Prompts

What do you see or think of as a healthier diet?

What do you or your family do to support healthy eating?

What concerns, if any, do you have about your or your family's health in relations of the food that you eat?

Additional if required:

Where do you buy/get your food from?

How important it is that you and your family eat your daily recommended portions of fruit and vegetables? Do you encounter any challenges in achieving this?

Question 3 (30 min) We would like to hear your thoughts on things that help you, to achieve healthier eating habits and healthy lifestyles. Also is there anything that prevents you from achieving healthier eating habits and healthy lifestyles?

We would like to hear your thoughts on the things that help you, as well as the things that can get in the way of eating well and healthier.

Prompts:

What helps you and your family to eat well and more healthily?

(Explore things like: buying fresh produce, cooking at home, awareness about eating healthy, any health campaigns, advice from health professionals, environments in jersey that are positive?)

Do you think shops and supermarkets have a role to play in your eating behaviours, if yes in what way?

Do you have any opinion about the role of locally produced food and how the farming and fishing industry in Jersey contributes to your eating habits? (Also, dairy, and fresh local produce)

Do you have any thoughts on the availabilty of both healthier and less healthy food ? How does this impact on you, or your family? (explore health)

(For example shops where sweets and junk food are sold being close to schools, or the clustering of fast food outlets, promoting high fat and sugar products that increase levels of dietary-related ill health, widespread advertising of such products, their low-cost relative to healthier alternatives, design of towns and high streets, food demands.)

Do you have any thoughts on the influence of the hospitality sector on healthier eating? For example, quality of restaurants, fast food outlets and takeaways?

Does cost of living impact on you eating well and if so, how?

How does your culture affect the foods you buy or eat? Are you able to source the ingredients that you need to prepare your food? If yes from where?