



# Improving Accessibility

## Access to Healthy Food Studies: Ashfield & Nottingham City

It is now acknowledged that there are many food-related health problems such as obesity, heart disease, and cancers, and that there is a strong correlation between deprivation and many diet-related diseases.

The need to gain a greater understanding of the different barriers involved in accessing a healthy diet in terms of accessibility, availability, affordability, awareness and attitude was established in the Food Initiative Group's (FIG) food, health and

environment strategy Food for Thought. FIG has carried out Access to Healthy Food studies in Ashfield and Nottingham City, two areas of Greater Nottingham experiencing high levels of deprivation.

### Key message

- The links between food and diet, health and deprivation are complex. There are different barriers preventing communities from having a healthy diet: access and availability are determined by the food environment in terms of price, location and range of produce, while individual attitudes, awareness and motivation are affected by habits, beliefs, taste and cooking skills. These barriers will affect different sectors of the community to differing extents.
- To improve access to a healthy diet it is necessary to address each of these factors, which means that this work cannot be considered as simply a transport or health issue. Partnership working and a shared understanding of the different factors are essential.
- Gathering local information through focus groups and shopping basket surveys is an essential aspect of the study, in order to gain a full understanding of issues and inform the mapping work. These tasks are time and staff intensive and sufficient resources need to be allocated.

### Background

- The first study took place in the Ashfield District. The target populations were low income, single parents and older people, particularly those without their own transport.
- The project reached out to both groups and individuals within the target populations. Ashfield District Council provided the expertise and information to do mapping exercises, which enabled the geographical plotting of food outlets, selling healthy foods or otherwise, against the prevalence of target vulnerable groups. Bus routes and bus stops were also added to the maps. This provided a visual picture of access to healthy foods.

- Qualitative research was then done to assess other barriers to preventing access to a healthy diet, using focus groups, interviews and questionnaires. A number of shops throughout the district were checked for availability and pricing across a selection of basic healthy foods.



- The findings were written up in a report which has been presented to partners through the LSP. An executive summary of the report Access to Healthy Food in Ashfield can be downloaded from the Food Initiatives Group (FIG) website [www.foodfig.org.uk](http://www.foodfig.org.uk).
- Following this study, the One Nottingham LSP commissioned the FIG to develop a similar study for areas of Nottingham City exhibiting high levels of coronary heart disease. The second study has built on the methodology used for the Ashfield area by drawing on Mosaic community profiling data and Accession accessibility mapping software to identify vulnerable communities and areas of poor transport accessibility.

### Who is involved?

- In Ashfield, FIG worked in partnership with Ashfield District Council and involved other local agencies in the research.
- In Nottingham, FIG worked in partnership with Nottingham City Council and health promotion specialists at NHS Nottingham City.

## The problems and how we tackled them

The overall complexity of the Nottingham study was under-estimated and the detailed study area had to be scaled down to a manageable area using health and transport data to identify disadvantaged communities with poor public transport access to healthy food outlets:

- Nottingham City has a diverse population with a range of different dietary needs and customs – for a full city-wide study, a series of culturally appropriate food baskets would need to be developed for the shopping basket survey stage for different areas.
- The Ashfield study relied upon the local knowledge and expertise of the Food Licensing Team. This approach could not be replicated for the Nottingham study as the City Council's Food Licensing Team is structured differently and did not have the resources to provide this level of input. Therefore, the food licensing data about premises selling different types of food had to be cross-referenced on the ground, with shopping basket surveys to accurately rank food outlets in terms of range and price of healthy food available. This approach was more time consuming and staff intensive and the detailed study area had to be reduced. This had implications for the quality and accuracy of some of the local accessibility mapping work and the accessibility mapping results are to a certain extent determined by the study boundary.

## Outcomes and impact

- For Ashfield, the project report identifies how many vulnerable groups do not have easy access to affordable healthy foods and a number of barriers in addition to physical distance access which varied between different groups of people. The main barriers for younger people were lack of food knowledge and cooking skills, ease of access to cheap unhealthy foods and affordability of healthy foods. Older people, particularly those without cars, had different problems such as not being able to catch buses to do shopping because of the distance from bus stops and because they did not feel safe on buses. Also, supermarkets were sometimes too large to walk round, shelf heights were sometimes too high and often they did not provide small enough pack sizes. All age groups noted the difficulties of carrying food shopping home on buses, often choosing to spend relatively large sums of money on taxis.

- The Nottingham study found that affordability and availability of the staples of a healthy diet are an issue for all those without access to a car in the outer estates on the west side of Nottingham, and particularly for elderly residents. The recent introduction of a series of new Shoplink bus services launched in June 2008, which provide direct links to a range of supermarkets for more isolated estates once or twice a week, will go some way to addressing this but local food shopping provision in the areas remains poor. Further work is required to establish to what extent factors such as the cost of transport, information about bus services, local safety and ability to carry shopping also play a role in determining access to local shops and supermarkets.

## What could we have done better?

Nottingham study – more careful scoping of the extent of the project to ensure adequate funding was allocated for the field study elements.

## Next steps

These studies have just started to explore the many barriers facing vulnerable groups around access to a healthy diet. The next stage will be to look at appropriate actions to address the barriers identified. Much more work needs to be done to develop work around overcoming those barriers which will require multi-agency partnership and resource input. The current economic climate and rising food and fuel costs have raised the profile of this work within the local authorities and the local NHS and these studies have been an important first step in informing appropriate strategies for action through the Sustainable Community Plan process.

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