

Core Guidelines for Food and Health

The aim of these guidelines is to provide clear, practical and evidence based nutritional advice and information to enable health professionals and food providers to inform, and support the people of Birmingham to make beneficial dietary changes.

1.0 THE BIRMINGHAM POPULATION

Birmingham is the second largest city in the United Kingdom. It has a population of over one million people including some of the country's most deprived communities, with all the resulting health problems experienced by those in poverty⁽¹⁾. The Birmingham population has one of the richest cultural, religious and ethnic mixes to be found anywhere in the country. This has implications on the health needs of the population, for example a higher incidence of diabetes than the national average.

2.0 STRIKING THE BALANCE

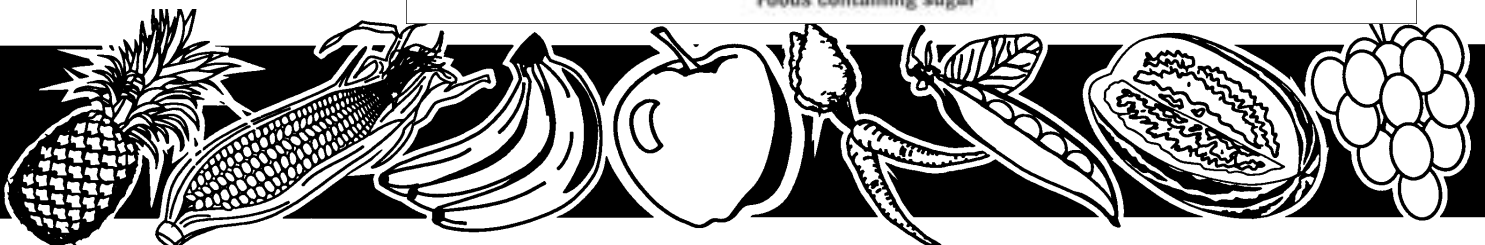
The importance of nutrition in the promotion of health and the prevention and management of common diseases has been well documented. These guidelines outline the nutritional recommendations for the general population.

3.0 DIETARY RECOMMENDATIONS

Dietary recommendations have been produced in one form or another for many years, and in many countries throughout the world. There is remarkable consensus between them⁽⁴⁾, although this is not the perception of the public. To correct the common belief that the experts cannot make up their minds, it is important that health professionals provide consistent, evidence based information.

- Enjoy your food.
- Eat a variety of different foods, to benefit from all of the vital nutrients as explained in "The Balance of Good Health".
- Eat the right amount of food in proportions explained in "The Balance of Good Health" to maintain a desirable, stable body weight.

- Eat moderate amounts of fat and aim for the fat to be a combination of monounsaturates and polyunsaturates in preference to saturates. Try to avoid using fat in cooking.
- Increase oil rich fish intake to 1 portion weekly (for benefits of long chain omega 3 fatty acids).
- Aim to eat 5 portions of fruit and vegetables daily to fully benefit from the antioxidant nutrients.
- Go easy on sugar and sugary foods.
- Eat plenty of foods rich in starch and fibre, especially wholegrains.
- Keep salt intake to a minimum. The recommended maximum is 6 grams/day but our bodies only need one sixth of this amount (one fifth of a teaspoonful). Try adding herbs and spices and pepper to cooking and minimise the amount of salt added. Between 75-85% of salt intakes come from pre-prepared foods/convenience foods.
- If you drink alcohol, keep your intake to two to three units/day for a woman and three to four units/day for a man and have at least two alcohol free days a week.



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THE FIVE FOOD GROUPS continued . . .

	What's included	Main nutrients	Message	Recommendations
Milk and dairy foods	Milk, cheese, yoghurt and fromage frais. Not included are butter, eggs and cream.	Calcium Protein Vitamin B12 Vitamins A and D	Eat or drink moderate amounts and choose lower fat versions whenever you can	Lower fat versions are semi-skimmed or skimmed milk, low fat (0.1% fat) yoghurts or fromage frais, and lower fat cheeses (e.g. Edam, half-fat Cheddar and Camembert). Check the amount of fat by looking at the nutrient information on the labels. Compare similar products and choose the lowest - for example 8% fat fromage frais may be labelled 'low fat', but is not actually the lowest available.
Meat, fish and alternatives	Meat, poultry, fish, eggs, nuts, beans and pulses. Meat includes bacon and salami and meat products such as sausages, beefburgers and paté. These are all relatively high-fat choices. Beans, such as canned baked beans and pulses are in this group and they are a good source of protein for vegetarians. Fish includes frozen and canned fish such as sardines and tuna, fish fingers and fish cakes. Aim to eat at least one portion of oily fish such as sardines and salmon each week.	Iron Protein B Vitamins, especially B12 Zinc Magnesium	Eat moderate amounts and choose lower fat versions whenever you can	Lower fat versions are items such as meat with the fat cut off, poultry without the skin and fish without batter. Cook these foods without added fats. Beans and pulses are good alternatives to meat as they are naturally very low in fat.
Foods containing fat; foods and drinks containing sugar	Foods containing fat: Margarine, butter, other spreading fats, low fat spreads, cooking oils, oil-based salad dressings, mayonnaise, cream, chocolate, crisps, biscuits, pastries, cakes, puddings, ice-cream, rich sauces and gravies. foods and drinks high in sugar: soft drinks, sweets, jam, sugar, cakes, puddings, biscuits, pastries and ice-cream.	Fat, including some essential fatty acids, but also some vitamins. Some products also contain salt or sugar.	Eat foods containing fat sparingly and look out for the low fat alternatives. Foods and drinks containing sugar should not be eaten too often as they can contribute to tooth decay	Some foods containing fat will be eaten every day, but should be kept to small amounts, for example, margarine and butter, other spreading fats (including low fat spreads), cooking oils, oil-based salad dressings and mayonnaise. Foods containing fat such as cakes, biscuits, pastries and ice-cream should be limited and low fat alternatives chosen where available. Foods and drinks containing sugar eaten at meal times rather than between meals helps to reduce the risk of tooth decay.



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Encourage people to choose a variety of foods from the first four groups every day. This will help ensure that they obtain the wide range of nutrients their bodies need to remain healthy and function properly. Choosing different foods from within each group adds to the range of nutrients consumed. Foods in the fifth group - fatty and sugary foods, are not essential to a healthy diet but add extra choice and palatability.

The dietary messages within the 'Balance of Good Health' apply to most people, including vegetarians, people of all ethnic origins, people who are a healthy weight and those who are overweight. **These recommendations are not fully applicable for population groups including pregnant and breastfeeding women, young children and the elderly - recommendations for these groups will be addressed as separate sections within this document.**

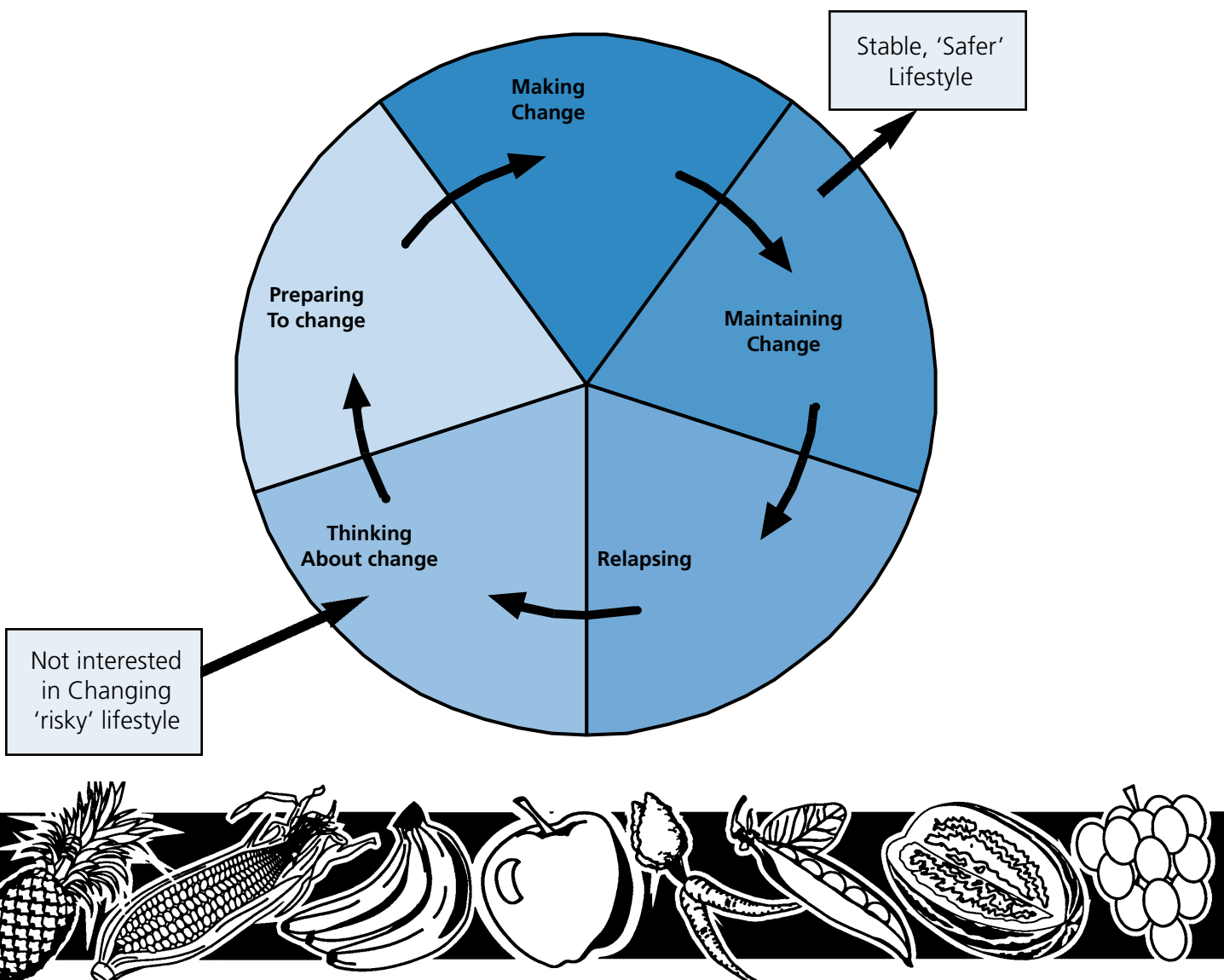
By using the Balance of Good Health as an up-to-date nutrition education tool we as health professionals are in a position to offer consistent nutrition information and work towards overcoming the public's perception that the dietary recommendations are always changing. However providing an effective nutrition education tool is only part of being able to achieve dietary change and when supporting a client in making dietary change we need to consider the approach with clients and consider the client's perspective.

- If professionals believe that their mission is to make people change, they usually fail.

In order to be effective in helping people change their eating habits professionals need to consider the client's motivation to change.

4.0 THE PROCESS OF CHANGE

The process of change model was originally developed by Prochaska and DiClemente (1986)^(?). The diagram shows an adaptation of the model designed to be applicable to the process of changing behaviours which pose risks to health.



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3.1 THE BALANCE OF GOOD HEALTH

To translate these dietary messages into practical advice in terms of food, the Department of Health published the National Food Guide, The Balance of Good Health⁽⁵⁾. This tool is recommended for use by all health professionals to help people understand and enjoy healthy eating.

It provides a visual and practical interpretation of the scientific guidelines in the COMA Report - The Dietary Reference Values for Food and Energy Nutrients for the United Kingdom - 1991⁽⁶⁾. It emphasises choosing a variety of foods and making changes towards more vegetables, fruit, bread, breakfast cereals, potatoes, rice and pasta.

The 'Balance of Good Health' is based on the five commonly accepted food groups, which are:-

- Bread, other cereals and potatoes.
- Fruit and vegetables.
- Milk and dairy foods.
- Meat, fish and alternatives.
- Fatty and sugary foods.

3.2 THE FIVE FOOD GROUPS

	What's included	Main nutrients	Message	Recommendations
Bread, other cereals and potatoes	Other cereals are foods such as breakfast cereals, pasta, rice, oats, noodles, maize, millet cornmeal, yams and plantains. Beans and pulses can be included in this group.	Carbohydrate (starch) Fibre Some calcium and iron B Vitamins	Eat lots	Try to eat wholemeal, wholegrain, brown or high fibre versions where possible. Try to avoid: <ul style="list-style-type: none"> • Having them fried too often (e.g. chips) • Adding too much fat (e.g. thickly spread butter, margarine or low fat spread on bread) Adding rich sauces and dressings (e.g. cream or cheese sauce on pasta)
Fruit and vegetables	Fresh, frozen, canned and dried fruit and vegetables. A glass of fruit juice. Beans and pulses can be eaten as part of this group.	Other Antioxidants Vitamin C Carotenes Folates 'Fibre' and some carbohydrate	Eat lots - at least 5 portions a day. Fruit juice counts as only one portion however much you drink in a day. Beans and pulses count as only one portion however much you eat in a day.	Try to avoid: <ul style="list-style-type: none"> • adding too much fat or rich sauces to vegetables • adding excess sugar or syrup dressings to fruit



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4.2 ADAPTING THE PROCESS OF CHANGE TO EATING BEHAVIOUR..... THE 5 STAGES OF DIETARY COUNSELLING

SCREENING:

- Identify individuals who may benefit from dietary intervention

ASSESSMENT:

- Check the individuals understanding of the link between diet and their health.
- Establish 'readiness to change' including motivation and confidence. If the individual is not ready to change, don not give advice as this can create resistance.
- Acknowledge the difficulties for each individual ('the barriers of change').
- Assess the diet.

DISCUSSION & NEGOTIATION

Within each food group, explore the three areas for possible change:

Frequency

Amount

Type

- Discuss the options for change using the Balance of Good Health principles with a Diet History/Food Diary.
- The Discussion can include changes in **F**requency **A**mount **T**ype (FAT) within each food group.

GOAL SETTING:

- Action plans need to be client-centred
- Suggestions for change are best if made by the individual, rather than the professional
- Discuss and encourage use of individual action plans when goal setting
- Discuss the importance of a stepwise approach and the setting of realistic goals.

A good action plan is SMART WITH SUPPORT

S SPECIFIC in its objectives

M MEASURABLE

A AGREED by the people concerned

R REALISTIC

T TIME-SPECIFIC

SUPPORT IS IMPORTANT

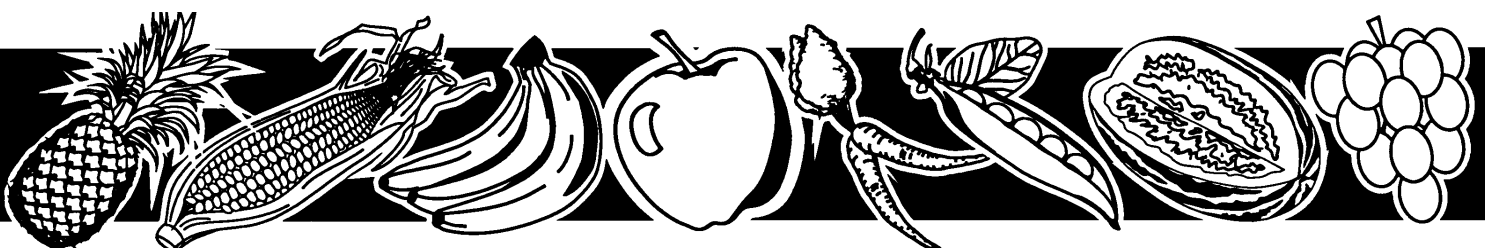
MONITORING:

- Agree follow-up arrangements with the individual.
- Support is important for any lifestyle change

Support must be:

- Personalised
- Positive
- Practical
- Palatable
- Possible

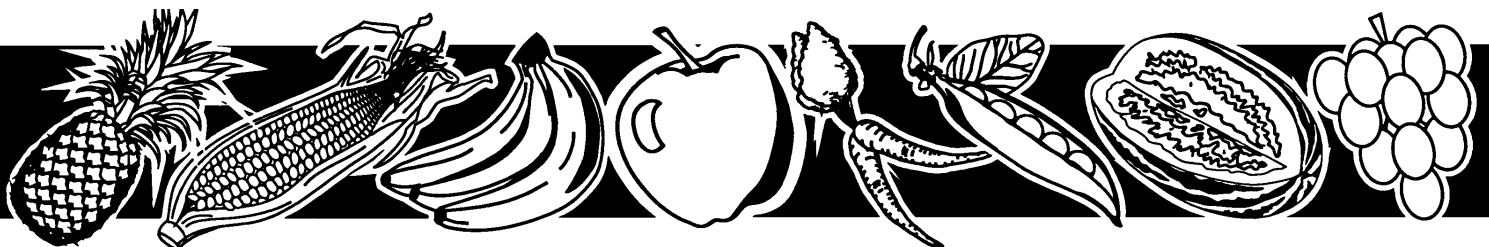
- Discuss where support could come from.



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5.0 REFERENCES

1. Benzeval M. Judge K & Whitehead M. Tackling Inequalities in Health: An Agenda For Action. King's fund Institute 1995
2. Saving Lives. Our Healthier Nation 1999. The Stationary Office Limited.
3. Nutrition Interventions in Primary Health Care. A Literature Review. HEA 1995
4. Food & Health. The Experts Agree. Cannon 1992. ISBN 0 85202 449 5
5. The Balance of Good Health. Food Standards Agency 2001. FSA/0008/0201 30K.
6. The Dietary Reference Values for Food Energy and Nutrients. For the United Kingdom. Committee on Medical Aspects of Food 1991. HMSO.ISBN 0 11 321397 2
7. Prochaska, J.O & Diclemente, CC (1986) Towards a comprehensive model of change in: Miller, W R & Heather, N (eds) Treating addictive behaviours: processes of change. (Plenum, New York)
8. Prochaska, J O, Diclemente, CC & Norcross j c, (1992) In search of how people change: applications to addictive behaviours. American Psychologist September 1992, 1102-14.



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4.1 STAGES OF CHANGE

NOT INTERESTED IN CHANGING A RISKY LIFESTYLE

Many people attending Primary Health Care Services are not interested in changing their lifestyle, nutrition, inactivity or overeating. They may not ever have considered change, or been made aware of the risks they are running, (Prochaska and DiClemente call this stage 'precontemplation'.) The health professional's aim is to get patients to the stage of maintaining a 'safer' or 'healthy' lifestyle, but there are several stages to go through before that.

THINKING ABOUT CHANGE

Once aware of the potential benefits of change, or the potential risks of continuing the behaviour, people go through a stage of thinking about change (Prochaska and DiClemente call this stage 'Contemplation'). They weigh up the costs and benefits of change and seek information to help them in the decision. **This stage can last only a few minutes but commonly continues for several years.**

PREPARING TO CHANGE

When the perceived benefits of change seem to outweigh the costs, and when the person really begins to believe change is possible as well as worthwhile, she/he begins preparing to change - perhaps needing extra knowledge, skills and support to move into action.

MAKING CHANGES

The early days of change tend to require positive decisions to do things differently and some people need - temporarily if not permanently - to change other aspects of their lifestyle in order to break away from habit, (e.g. people cutting down on biscuits stop buying them as part of weekly shop). A clear goal, realistic plan, support and rewards are features of success in this stage.

MAINTAINING CHANGE

Once the habit is broken the person needs to maintain the new behaviour. When new habits become well established, the person is seen as moving out of the change process into a long-term 'safer' lifestyle. Sometimes maintaining the new behaviour may be difficult and constant vigilance and support is required to avoid 'relapse'.

RELAPSING

When a person is unable to maintain the change, old habits return. Sometimes this is because the costs/benefits balance has shifted due to other changes in the person's life and the change is no longer perceived as worthwhile. Sometimes the environment has changed or support has been withdrawn or become less effective thus making it seem too difficult to maintain the change. Relapse is normal and most people then move, in time, back to wondering whether to change or not, and so on.

PROGRESSION THROUGH THE STAGE

People move both forwards and backwards round the cycle of change, and spend varying amounts of time in each stage. However, people who change successfully do pass through all stages. The authors of the model have said:

'Individuals who successfully leap over stages, such as from precontemplation (not interested in changing) to maintenance, may exist, but we have not yet found any. We have been able to successfully predict that individuals who leap to action without adequate contemplation or preparation are a high risk for relapse'

