

## **Pandemic increases dietary health inequalities in the East of England**

Initial findings from a new study by a team of researchers at the University of Hertfordshire, funded by the National Institute for Health Research (NIHR) Applied Research Collaboration East of England (ARC EoE), has found that COVID-19 and lockdown measures have amplified dietary health inequalities in the East of England region.

Households who are relatively financially secure have been able to spend time improving their diets during lockdown, whereas those struggling financially or in economic hardship have experienced their diets worsening. Job losses have meant that people in the region have sometimes had to engage with the benefits system and food banks for the first time, both of which were reported to be traumatic and disruptive experiences.

### **Cost of feeding families**

Those working with families eligible for free school meals reported that substitutes provided during lockdown, where they were available, lacked quality and could be difficult to access. Some households, especially those with children, thought they were spending significantly more money on food because their children are eating at home, rather than school.

### **Older people and clinically vulnerable shielders**

Older people in the region have particularly struggled to secure food delivery slots and those with physical impairments and limited mobility have sometimes found supermarkets to be potentially hostile and stressful environments. There was also criticism that the government's food parcels scheme for 'shielders' lacked healthy and fresh produce and only provided enough food for one person, which didn't take into account others in the household who also had to restrict visits to the shops.

### **Community support**

While the Government food parcels scheme focused on feeding those in the shielding category, local authorities in the East of England have worked on supplementing that scheme, helping to feed and support other vulnerable groups in the community, such as those in temporary accommodation or those who have recently been discharged from hospital. The study found that despite ongoing difficulties, local community groups across the region have

devised, adapted and operated a range of schemes to support and feed vulnerable groups of local residents.

Most local councils do not offer meals on wheels services for older residents, but some have had to start doing so during Covid-19. Community groups and organisations already offering these services have been able to support older people, especially those unable to cook for themselves, with hot meals and welfare checks. Given that lunch clubs and social activities for older people have had to stop in recent months and families who were isolating have been less able to care and cook for elderly relatives, these visits are much needed by clients.

Community groups have expanded food bank operations and set up community funds. While the government's food parcel service ended on 31<sup>st</sup> July and local authority food parcel schemes and services are now being phased out, interviews with food bank volunteers highlighted a concern that demand for their services will continue into the autumn as more people are expected to experience financial difficulties.

### **Recommendations from the community**

People in the region were asked for their feedback on services and recommendations on what could be done better or differently. Food parcels were an area identified for improvement.

Lack of choice was a particular problem and could mean that the food received was wasted or even donated to local food banks. Providing healthier and fresh foods along with a list to choose from was suggested. The amount of food provided was also an issue. If only one person in the household was shielding, then the food parcel contained enough food for one person. However, that person may have dependents who are unable to go out and buy food, so the food parcels need to take account of the other people the shielding person lives with.

Further, there needs to be more support for meals on wheels services across the region so that older people who need them can benefit from regular cooked meals and the support of community volunteers.

**Professor Wendy Wills, Director of the Centre of Research into Public Health and Community Care at the University of Hertfordshire, said:** "Increasing demand in supermarkets, panic buying, detrimental impacts on household incomes and social distancing have severely disrupted food practices since the start of the pandemic. While local authorities and community groups stepped up rapidly and innovatively to respond to food security issues over the past few months, there are gaps in the system and lessons to be learned should this

be called for again if we experience local lockdowns. Our research will help inform effective and targeted interventions to maintain health and wellbeing and to ensure it is sustained throughout this crisis period and beyond.”

## **ENDS**

### **Notes to Editors**

Read the full [Interim report](#)

The preliminary findings are based on 35 interviews with households and with professionals/volunteers involved in community and local authority schemes providing assistance in relation to food in the East of England region. The East of England includes Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

The National Institute for Health Research (NIHR) is the nation's largest funder of health and care research. The NIHR:

- Funds, supports and delivers high quality research that benefits the NHS, public health and social care
- Engages and involves patients, carers and the public in order to improve the reach, quality and impact of research
- Attracts, trains and supports the best researchers to tackle the complex health and care challenges of the future
- Invests in world-class infrastructure and a skilled delivery workforce to translate discoveries into improved treatments and services
- Partners with other public funders, charities and industry to maximise the value of research to patients and the economy

The NIHR was established in 2006 to improve the health and wealth of the nation through research, and is funded by the Department of Health and Social Care. In addition to its national role, the NIHR supports applied health research for the direct and primary benefit of people in low- and middle-income countries, using UK aid from the UK government

The research is funded by the National Institute for Health Research (NIHR) Applied Research Collaboration East of England. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.