Standard of Healthy Living on the Island of Ireland

Summary Report

fruit
chips
veg
5 a day
milk

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Summary Report: Standard of Healthy Living on the Island of Ireland

Summary Report based on Research by:
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3. Department of Economics, University College Cork

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Overview of the Research

Social disadvantage harms health. It is well recognised that those in lower socio-economic groups are more at risk of developing major chronic diseases such as cardiovascular diseases, diabetes and some cancers. Dietary intake is a key contributory factor to health status and those from more socially disadvantaged positions consume less healthy diets. The living standards that many people enjoy and the behavioural choices they make are heavily determined by their access to resources such as income, wealth, goods and services. It is generally accepted that in the rich developed world the main structural barriers to healthy food choices are an excess availability of processed food, restricted access to healthy food, its relative affordability and levels of disposable income. Each of these issues are very much influenced by material and structural factors inherent to and determined by fiscal, social and health policy. Health strategies in both the Republic of Ireland (RoI) and Northern Ireland (NI) aim to improve the diet and to reduce the level of health inequalities.

On the basis of current knowledge and identification of gaps in the Irish evidence base, this research investigates the demographic and socioeconomic constraints to eating healthily and to identify a dietary pattern in both NI and the RoI. It takes a normative approach to the issue of the standard of healthy living on the island and examines the affordability of a minimum basket of goods and services required for healthy living in NI and RoI for a household of two adults and two children. In particular it examines the adequacy of household income levels in relation to the purchase of national dietary recommendations.

Based on circumstances and conditions in 2005 for the RoI and NI, this report provides information on populations living on the island of Ireland who are at risk of poor diet-related health outcomes.
The key objective of part 1 was to investigate the different types of diet on the island and the main demographic and socio-economic factors which influence these patterns of diet. Factors such as income, employment status, household composition, housing tenure and region, social class, cigarette and alcohol consumption, car ownership, work status of spouse, education of both the head of household and the spouse were all taken into consideration. The aim of this arm of the research was to identify groups of the population at risk of a nutritionally poor diet so that ultimately they can be targeted with appropriate interventions.
How Were the Data Collected?

The Household Budget Survey (HBS) (1999-2000) in RoI and the National Food Survey (NFS) (1999-2000) in NI were used to obtain information on food availability and expenditure at the household level. The principal purpose of these surveys is to examine weekly household expenditure across a number of items including food using a representative random sample of all private households (7,628 households in RoI and 909 households in NI). Detailed information is also collected on all sources of household income and on a range of household facilities. Both the NFS and HBS are part of the Data Food Networking Group (DAFNE), a joint effort of European countries to compare the food habits of their populations and monitor overtime trends in food availability, through the creation of a non-static, regularly-updated food databank. The methodology provided by DAFNE provides a breakdown of each food item purchased and allows comparability of the HBS food data to the NFS food data. The NFS and the HBS both provide comparable information on income, total household expenditure, employment status, housing tenure, urban/rural location, social class and household composition.

How Were the Data Organised?

An emerging multivariate statistical method called latent class analysis was used to cluster the data. Cluster analysis sorts the different households into groups in a way that the similarity between two households is maximal if they belong to the same group and minimal if they belong to different groups. The households were grouped based on their expenditure of different food items and on economic and socio-demographic variables. The households from the RoI were grouped into seven clusters whereas the households in NI were grouped into six clusters.
### Summary of Cluster Characteristics for RoI

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Key dietary characteristics (expenditure)</th>
<th>Key social characteristics</th>
</tr>
</thead>
</table>
| Cluster 1 (38%) | Highest spending cluster on cereals, breads, potatoes  
Spend less on fruit and vegetables than other clusters       | Smaller households  
Lowest quintile for income                                        |
| Cluster 2 (16%) | Low expenditure on cereals, breads, potatoes  
Spend less on fruit and vegetables than other clusters       | Unskilled occupational class  
‘Other’ social class categorisation                                 |
| Cluster 3 (13%) | Highest spending cluster on fruit and vegetables  
Lowest spend on foods high in fats and sugar                  | Managerial households  
‘Other’ social class categorisation                                 |
| Cluster 4 (13%) | Highest expenditure of all clusters on fruit and vegetables  
Low expenditure on fats and sugars                            | Professional households                                         |
| Cluster 5 (11%) | Lowest spending cluster on cereals, breads, potatoes  
Highest in fats and sugars                                     | Large households  
Professional households                                          |
| Cluster 6 (9%)  | Lower than other clusters on cereals, breads, potatoes  
Highest cluster for expenditure on meat, fish, etc            |                                                                 |
### Summary of Cluster Characteristics for NI

<table>
<thead>
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<th>Key social characteristics</th>
</tr>
</thead>
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<tr>
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<td></td>
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<td></td>
<td>Highest cluster for expenditure on meat, fish, etc</td>
<td>Alcohol consumption</td>
</tr>
<tr>
<td>(9%)</td>
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</tbody>
</table>
Key Findings

Comparison Between NI and RoI

• After adjusting for household size, the average expenditure for households in RoI is higher on all food groups than NI households

• Households in RoI spend a higher proportion of their food budget on foods high in fats and sugars while households in NI spend a higher proportion on cereals, breads and potatoes.

• In NI, increased income is associated with increased expenditure on fruit and vegetables. This was not a pattern in RoI.

Lower Income Families

• In general, lower income households spend less on food than higher income families

• Low income families spend a greater proportion of their food expenditure on cereals, breads and potatoes

• As income increases, the percentage of expenditure spent on foods high in fats and sugars increases.

Urban Versus Rural Location

• Rural households spend more on food than do urban households (RoI €124.77 versus €111.83 and NI €71.98 versus €59.27)

• Rural households in RoI spend more on meat, fish and poultry than do urban households

• Urban households in RoI spend the most on foods high in fats and sugars.
**Household Composition**

- Average expenditure per household increases with each additional child but not in a proportionate manner. For example, in the RoI expenditure on food increases by €6.82 for one child but with four extra children expenditure increases by a total of only €11.53.

- Both single parent families and married couples with a single child have higher expenditure on foods high in fats and sugars.

- Single adult households spend most on fruit and vegetables.

**Social Class**

- Households of unskilled manual workers spend the least percentage of total food expenditure on fruit and vegetables.

- Professional and managerial social classes spend the largest percentage of total food on fruit and vegetables.
**Part 2: Identification of Budget Standards for Healthy Living**

**What is a Budget Standard?**
Achieving a standard of living that provides a healthy diet, material security, social participation and sense of control requires that individuals and households have sufficient financial security. Determining this adequacy of income levels requires their evaluation against a benchmark. Such a benchmark is internationally known as a Minimum Income Standard (MIS). One approach used in the development of MIS is estimation of budget standards. These are based on prices for baskets of goods such as food, clothing, household services and leisure goods which can represent the income required by households of different composition to reach defined living standards.

Specifically the objective of this research was to identify a budget standard which demonstrates how much it would cost a low income family comprising two adults and two children, a boy aged ten years and a girl aged four years, to maintain a living standard which provides a healthy diet, material security, social participation and a sense of control. These budgets were developed for households living on the island of Ireland and were priced using retail prices of 2003/2004. This exercise will inform healthy food and social policy development.
How Were the Budgets Developed?

The budget standards were developed through the establishment of the cost of a minimum basket of goods and services that are required for healthy daily living in both the RoI and NI. Those baskets of core goods and services focused on health-related behaviour commodities necessary for day-to-day living including food and physical activity, but also including non-behavioural commodity baskets i.e. housing, household services, household goods, transport, clothing and footwear, educational costs, personal costs, personal care, leisure goods and leisure activities. Car ownership, tobacco and alcohol are also included in the baskets as variable commodities.

Basket Constituents

The basket constituents were informed by household expenditure patterns and national health recommendations. For example, weekly food baskets for two-parent two-children households were compiled based on aggregated seven-day menus. The food basket reflected common food purchasing patterns as observed in the household surveys and also ensured a balanced number of servings from the daily dietary guidelines. The menus developed were based on a food recipe book specifically designed for healthy eating on a low budget.
Costing the Baskets

The national level retail price of each core good and service was obtained and summed to determine the overall cost of living, thus setting the budget standard. Prices were obtained from online sources where available or through telephone follow up. For example, the weekly food baskets were priced using information available through the Tesco Ireland online database www.tesco.ie and www.tesco.com. Both market brand and own brand prices were recorded to illustrate differences in basket cost if economy line own brand items were chosen.

Integral to the development of the budget standards was the necessity to compare the direct financial cost of these healthy baskets with the current financial capacity of low-income households in NI and RoI to purchase them, i.e. do different household income scenarios have enough money to buy these healthy baskets and to live healthily? Budgets were developed for three different low-income scenarios.

• Two adults, two children (aged 10 and 4 years) with one full time worker on the national minimum wage and one unpaid home-maker
• Two adults, two children (aged 10 and 4 years) with one full time worker and one part time worker both on the national minimum wage
• Two adults, two children (aged 10 and 4 years) with both adults receiving unemployment benefit.
Key Finding

Comparison of Budget Standard to Expenditure

Based on the findings of this research, low income families on IOI are having difficulty in allocating the relatively high expenditure necessary for healthy living from their weekly budgets. This is concerning given that food has been shown to be a flexible item within the household budget, and an item where economies can be made in low-income households.

The baskets purchased in NI are typically more affordable than those purchased in RoI for the three family income scenarios. Comparing the standard baskets between north and south, each income scenario, but in particular the family with two unemployed adults in the RoI, is close to and above 100% spending capacity.

When alcohol, tobacco and car ownership are included in the budgets, disposable incomes for all income scenarios in both jurisdictions fall short of the minimum requirement to purchase these baskets of goods. These competing expenses must be taken seriously as, although the budget standards are intended to promote good health, tobacco smoking is relatively common. While including a car in the household basket decreases the proportion of the budget available to spend on food and other essential living commodities it is an important factor which must be considered as it may influence access to healthy food.
Differences Between NI and RoI

Food, housing and transport are the main budgetary drivers for a two adult two children family type living in both the RoI and NI. Food prices vary considerably between north and south with the baskets being 22% cheaper in NI. The food baskets for each income scenario, irrespective of region or car ownership, contribute to a substantial proportion of the weekly family budget, ranging from 25% to 36% of the budget in RoI and from 23% to 36% in NI. While food prices in both regions follow the same patterns, costs are substantially cheaper in NI. Using average prices, the food basket is 22% cheaper in NI compared to the RoI.

Other basket items such as personal care, (including medical costs and child care) are also more expensive in RoI. Medical costs in particular are five times cheaper in NI than RoI. Childcare, which has significant bearing on the financial shortfall for the family with two working parents, is substantially more affordable in NI costing on average €23.37 less per week than in RoI. Transport costs are also markedly less expensive in NI compared to RoI, irrespective of car ownership. Price similarities were seen in household services, leisure goods and leisure services costs in both NI and RoI.

There is a considerable variation in housing costs on the island of Ireland with housing overall being more expensive in NI. This housing basket incorporates local authority rent charges, waste disposal rates, house insurance and fuel rates. In NI, low-income families spend 22-27% of the family budget on housing compared to the RoI which ranges from 14-17%. The relationship between housing tenure and health is well documented, as is that fact that local authority tenants are more at risk of poverty than people living in other types of housing. Almost a quarter, (23%) of NI households live in local authority rented accommodation compared to only 8% in the RoI.
Conclusions

• The study has initiated the development of budget standards for the RoI and NI and illustrated how this approach is useful in assessing household living standards and household financial capacity.

• In both RoI and NI low-income households are struggling to allocate adequate expenditure for healthy eating.

• There are substantial differences between RoI and NI in terms of many parameters such as the household income, the proportion spent on food shopping, the composition of the food basket, transport and medical costs. Yet, in both jurisdictions the food baskets contribute to a substantial portion of the family budget.

• This report adds to the understanding of the wider determinants of dietary choice and highlights how even on an economically vibrant island such as Ireland, a number of population groups remain at risk of poor dietary intake because of income and food supply issues.

• This report identifies, from an all island perspective for the first time, population groups at risk of a nutritionally imbalanced diet and compromised standards of healthy living. It strengthens the argument for policy and practice responses to have a greater focus on the upstream causes of inequalities in health and health-related behaviours.
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