



Public Health
England

Protecting and improving the nation's health

External Reference Group - eatwell plate

Paper for information: Including information on the development of UK's National plate model - background paper

Agenda item 3

Please see attached paper for information.

eatwell plate background

Background

1. This paper provides background to the UK's National Plate Model.

The Balance of Good Health

2. The development of the UK's National Food Guide, the Balance of Good Health, often also referred to as a food based dietary guidance tool, was produced by the Department of Health, Ministry of Agriculture, Fisheries and Food and the Health Education Authority. Its development was the implementation of one of the proposals in the programme of action drawn up by the Government's Nutrition Task Force¹. The aim of the Nutrition Task Force was to achieve the dietary targets set out in the Health of the Nation White Paper². Throughout the development of the *Balance of Good Health* "plate", close consultation with the food industry, professional associations and health and consumer organisations took place with a view to encouraging shared ownership.
3. Independent research was undertaken to establish the most suitable graphic device and format for the model prior to its production. The first two phases of the research used qualitative research techniques and involved 200 consumers; the results showed a clear preference for either a plate or a pyramid design. The third and larger phase of research tested the plate and pyramid designs further involving over 2000 consumers of social class C2 D from all regions of the UK. The research primarily tested people's understanding and recall of the messages conveyed by the model when the information was presented in different ways. It also established preferences for design and title, and asked about intended food purchasing behaviour following exposure to the stimulus material. In various tasks those people exposed to a tilted plate model performed better than other depictions. This was also the case compared to visuals with wider supplementary written information.
4. Phase three of the research also included a parallel qualitative study of health educators, home economics teachers, caterers and food retailers.

The eatwell plate

5. While the *Balance of Good Health* was a useful aid in helping consumers consider their diet, many professionals, from 2000 onwards, wanted to see an up-dated, more appealing visual.
6. Qualitative research was undertaken with 48 C2DE respondents across the life stage in 3 distinct areas of England; including ethnic minority representation. The objectives of the research were to understand attitudinal and behavioural responses to differing visual representations of healthy eating, the context in which people

¹ Dept of Health (1994a) Eat Well! An action plan from the nutrition task force to achieve the health of the nation targets on diet and nutrition. HMSO

² Dept of Health (1992) Health of the nation: A strategy for health in England. London. HMSO

viewed these, together with learning to inform the development of guidelines to assess future communications.

7. Compared to the *Balance of Good Health*, different (non-plate based) designs failed to connect with members of the public in terms of the image of healthy eating they projected, the messages perceived and who they were felt to be aimed at. Impact and interest were felt to be low with designs perceived to be dry, abstract and offering little inspiration or excitement that would encourage healthier eating. *Balance of Good Health* communication was better received and the use of cutlery was thought to create a helpful literal connect, which aided the communication. The foods used were felt to be relevant to the lives of the target audience but specific feedback on improvements included keeping visuals simple and straightforward, direct, positive, warm, human, adult to adult, colourful and inspirational. It was also thought important that the message should not be serious, medical, threatening or patronising, should not assume too much prior knowledge, should be set in an everyday setting, and should make reference to foods that are actually likely to be eaten.
8. Subsequently, further qualitative work with 123 members of the public across a range of UK locations, ages, genders and social grades was conducted to explore responses to further designs; specifically in relation to the success in communicating key messages about eating the food categories in the *Balance of Good Health* in the depicted proportions.
9. The most successful model (the eatwell plate) was received positively with most feeling that it was simple, clear, colourful and appetising. Photographic images of foods were well received and the variety of foods and use of 'recognisable' foods were welcomed. The utilisation of borders helped each section stand out and the colours were thought to assist in that they were not overpowering and helped to identify the different sections. The food categories were generally understood and the overall title (eatwell plate) was found to reinforce the idea of healthy eating and balance. Importantly respondents felt the message was relevant to them personally but one that needed to be communicated as often as possible.
10. As a result, several changes were made to the visual and text, showing a wider range of real foods (photographs as opposed to drawings) and a change to some of the titles of the food groups before the eatwell plate was launched in 2007.
11. The Food Standards Agency Scotland (FSAS) identified that consumers found it difficult to translate food based dietary advice, as depicted by the eatwell plate, into meals and snacks. FSAS commissioned work to develop the eatwell week³: a week's worth of recipes based on commonly consumed foods to help consumers understand what a healthy balanced diet might look like. The weekly menu was designed to meet current government dietary recommendations over the period of one week.
12. Despite meeting all government diet and nutrition recommendations (with the exception of vitamin D and selenium) the amounts and proportions of the foods contained within the eatwell week did not map directly onto the eatwell plate.

³ http://www.foodbase.org.uk/results.php?f_report_id=712

13. FSAS has developed a web resource, eatwell everyday, which is based on the eatwell week⁴.

Dietary basis of the food category proportions

14. The original *Balance of Good Health*, aimed to achieve the dietary targets set out in the Health of the Nation White Paper.² The calculation of segment size was based upon quantitative guidelines for the consumption of foods within each of the five food groups to ensure an average diet, consistent with Dietary Reference Values. These calculations were based on the model average diet developed as part of the COMA Diet and Cardiovascular disease report⁵ using household food purchasing data from the 1992 National Food Survey.
15. The Scientific Advisory Committee on Nutrition (SACN) has recently published a draft report on Carbohydrates and Health for consultation, which proposes revising recommendations for population intakes of sugars and fibre. Although the responses to the consultation are being reviewed and the outcome is not concluded, it is appropriate to assess the implications for healthy eating messages in order to be able to respond in a timely manner.
16. Should SACN retain its draft recommendations, the dietary targets which would result would be:

Carbohydrates	At least 50% of total energy (47% food energy)
Of which free sugars	No more than 5% total energy (5% food energy)
Fat	No more than 35% total energy (33% food energy)
Of which saturated fat	No more than 11% total energy (10% food energy)
Salt	No more than 6g for adults (children need less)
<i>Micronutrients</i>	As given by the DRVs
<i>Other nutrients/foods</i>	
Fibre	At least 30g (AOAC)
Fruit and vegetables	At least 5 portions of a variety of fruit and vegetables a day
Fish	At least 2 portions (140g) a week, one of which should be oily
Red and processed meat	For adults with relatively high intakes of red and processed meat (i.e. over 90g/day) to consider reducing their intake to the population average (about 70g/day)

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⁴ <http://eatwelleveryday.org/>

⁵ Dept of Health (1984) *Diet and cardiovascular disease*. London. HMSO