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Birmingham Eating Guidance Exploration

A summary of existing practice, publications and evidence to support the development of culturally diverse, healthy and sustainable eating guidance.

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With contributions from The Caroline Walker Trust, Communities Engage and Thrive CIC and The Diverse Nutrition Association

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Executive Summary

The Birmingham Food Revolution is striving to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive. Our city-wide partnership has identified an opportunity to better support the diets of our culturally and ethnically diverse community and to set the innovative standard for the world.

[The Eatwell Guide](#), a national tool that defines the UK government's healthy eating recommendations, is an evidence-based visual representation of how different foods and drinks can contribute towards a healthy balanced diet. However, research has found that this guide can be difficult for people to understand, it is hard to follow for daily guidance, and most importantly, it is not very culturally diverse. In addition, since 2016 when the Eatwell Guide was published, many research papers and guidance documents have been published that explore diets from a health, sustainability and cultural perspective and there are many recommendations for action. Our solution is to create new eating guidance, that will provide tailored and easy to follow resources that are culturally diverse, healthy and sustainable.

Within the [Birmingham Food System Strategy](#) we have utilised international evidence to help us define what we mean by a healthy and sustainable diet. We want a city where we consume a varied diet, balanced across food groups, which contains enough energy and nutrients for growth and development and for an active and healthy life across the life course. This diet will be made up of lots of whole foods and minimally processed foods including wholegrains, beans, pulses, nuts, seeds and a wide variety of fruits and vegetables including plenty of dark green leafy vegetables. Depending on our preferences, we might also eat moderate amounts of eggs, dairy, poultry and fish, and small amounts of red meat. Water is the drink of choice, and our approach must be culturally appropriate and tailored to the diverse

needs of our city. This report captures insights from existing practice, publications and evidence that will support the development of culturally diverse, healthy and sustainable eating guidance.

This report shares the key findings and recommendations for action from the first two phases of this project. Phase 1, delivered in 2022, was an exploration of global nutrition and eating guides. Phase 2, delivered in 2023, consisted of focus groups to capture insights about how the new resources should be formatted. Phase 3 is being delivered in 2024 and involves developing and testing resources with communities and professionals.

In early 2022, The Diverse Nutrition Association (DNA) were commissioned to complete an initial scoping exercise about eating guides as part of Phase 1 of this project. Insights were captured about eating guidance from around the world to see what we could learn from international approaches. The majority of respondents in focus groups and interviews thought that the current healthy eating guidelines could be improved. It was highlighted that guidance needs to communicate that foods from across all cultures can be part of a healthy diet and that the recommendations need to cater for a more diverse population. Food lists were also created, capturing the most common foods from each food group (i.e. fruit and vegetables, carbohydrates, protein) for seven geographic regions (Eastern Europe, Africa, Middle East and North Africa, South Asia, East Asia and South East Asia, Caribbean and South America and Latin America).

Phase 2 of the project involved collaborating with various community and professional groups to explore the best format for the guides, as well as to develop recommendations on how balanced diet messages should be communicated to diverse cultural communities. Two organisations were commissioned to carry out focus groups and

structured interviews, involving 1) Community Groups (conducted by Communities Engage and Thrive CIC), 2) Healthcare Professionals (conducted by The Caroline Walker Trust). Key themes identified during this phase included current confusion over healthy eating messages due to the abundance of information available and the need to tailor the guidance given to the person being communicated to and the setting. Respondents reported that the current Eatwell Guide does not reflect cultural or religious practices related to healthy eating and several highlighted the need for the inclusion of culturally appropriate foods to support different ethnicities and cultures. Amongst both community groups and healthcare professionals, there was an overarching theme of moving away from a one-size fits all approach when delivering nutritional guidance.

Alongside the work undertaken as part of Phase 1 and 2 of the project, the Food System Team also utilised research carried out by other teams within the Birmingham Public Health Division, and captured insights from individual meetings with key stakeholders to further inform the project. Key insights were captured from the Community Health Profiles, Healthy Faith Setting Toolkits and The Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR). This included the role of faith in dietary patterns, which was highlighted in both the community research focus groups and conversations that the Food System Team had with General Practitioners (GPs) working with diverse communities. Faith can play a role in healthy eating by guiding dietary practices and encouraging moderation. Religions often provide guidelines and principles surrounding different types of food and drink, and food is often used to foster social cohesion through celebrations. The additional research also emphasised the importance of increasing people's skills, knowledge, understanding and confidence to find and use health information to achieve healthier communities. Opportunities for action include delivering culturally appropriate and accessible support around positive health behaviours, with healthy eating falling under this umbrella.

In light of this, it is recommended that Birmingham City Council develop resources to take into account the key findings from Phase 1 and 2 of the project, and to co-ordinate a city-wide approach whilst steering away from the one-size fits all methodology. Phase 3 of the project, to be carried out in 2024, will involve developing and testing resources with communities and professionals. Resources should be tailored to various groups, which may include culture and faith, health conditions and life stage. The guidance should be adaptable to different settings whilst providing a universal set of core messages. Recommendations should not be limited to nutrition, but also include sustainability of food in line with widespread recognition of the need to transform diets to support the health of the planet as well as our bodies. Furthermore, the information provided should go beyond the current UK Eatwell Guide, by including additions such as healthy food swaps, culturally appropriate recipes and portion size guidance. A mix of print and digital communication channels should be used to disseminate the resources and they should be translated into multiple community languages. Furthermore, culturally appropriate training for professionals is vital to enable the use of the new and existing resources.

Eating behaviours are complex and improving eating guidelines alone will not be enough to change eating habits. The purpose of this project is to build a strong foundation on which behaviour change interventions can be built. The resources and interventions that will be developed need to consider the determinants of eating behaviours and food choices.

This report captures the [key findings](#) and [recommendations for action](#) that will shape the approach taken in Phase 3 of this project where resources will be developed and tested with communities and professionals.



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Introduction

The Birmingham Food Revolution is striving to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive.

Our city feeds over 1.1 million residents every day ([ONS, 2021](#)). With such a dense population, our urban food system has a huge impact on the people and world around us. The Birmingham Food Revolution has been building for many years as people across our city have recognised that action is needed to ensure this impact is positive, and they have stepped up to the challenge. Our Local Food Legends have been trailblazing inspirational actions such as community dining projects, composting initiatives, surplus food redistribution, cooking classes, behavioural science research into eating habits, growing projects, getting more local food into the supply chain and so much more. Uniting our city through the Birmingham Food Revolution has revealed how our coordinated collective action can produce more than the sum of its parts.

The ambition of the [Birmingham Food Revolution](#) is for a city where...

- We consume a nutritious diet that helps us thrive
- Our diet doesn't cause us harm
- Our food system is ethical, fair and eliminates injustice from farm to fork
- We reduce harm to the world around us
- We empower people and overcome barriers to providing healthy and sustainable food options
- We respect and support diversity and choice
- We are resilient, and adapt, learn and evolve
- We celebrate what food brings to our city

This is underpinned by the [Birmingham Food System Strategy](#) which has been developed by a city-wide partnership and is coordinated by the Food System Team within the Public Health Division of Birmingham City Council. This city-owned and co-produced strategy captures how, together, we have the power to create a food system that will regenerate our environment, our communities and our economy.

The Birmingham Food Revolution Partnership has identified a major opportunity for Birmingham to better support the diets of our culturally and ethnically diverse community and set the innovative standard for the world. [The Eatwell Guide](#), a national tool that defines the UK government's healthy eating recommendations, is an evidence-based visual representation of how different foods and drinks can contribute towards a healthy balanced diet. However, research has found that this guide can be difficult for people to understand, it is hard to follow for daily guidance, and most importantly, it is not very culturally diverse. In addition, since 2016 when the Eatwell Guide was published, many research papers and guidance documents have been published that explore diets from a health, sustainability and cultural perspective and there are many recommendations for action. Our solution is to create new eating guidance, that will provide tailored and easy to follow resources that are culturally diverse, healthy and sustainable. These resources will include ingredients and diets from around the world and support tailoring the resources to different people and health conditions whilst incorporating principles that support a [planetary health diet](#).

This report shares the key findings and recommendations for action from the first two phases of this project.

Phase 1 (2022)

Exploration of global nutrition and eating guides.

Phase 2 (2023)

Focus groups to capture insights about how the new resources should be formatted.

It also captures insights from existing practice, publications and evidence that will support the development of culturally diverse, healthy and sustainable eating guidance during the next phase. Phase 3 is being delivered in 2024 and involves developing and testing resources with communities and professionals.



Context

Climate change and sustainability

All 193 United Nations Member States are committed to achieving the Sustainable Development Goals.

[The Sustainable Development Goals \(SDGs\)](#) were launched in 2015 by the United Nations General Assembly (UN-GA) and are intended to be achieved by 2030. They are a set of goals designed to be applied across the globe with the aim of reducing health problems, tackling poverty, protecting the environment, and creating more equal societies. There are 17 goals in total, and they cover all aspects of our societies, including fair education, gender equality, our climate, our use of water and more. The goals have great importance, not only at the global and national level, but also at the local level. This is because Local Authorities are on the front line of many of the objectives defined in the goals. Although governments make the decisions that affect our lives, it is Local Authorities that implement many of them, and the way that is done has a huge impact on the overall aim of the goals: a fairer and better life for all.

Cities are key to tackling the climate emergency.

Birmingham City Council [declared a climate emergency in 2019](#) and committed to becoming net zero carbon by 2030 and instigated a taskforce and action plan to deliver this aim. In 2021, Birmingham signed the [Glasgow Food and Climate Declaration](#); a commitment by subnational governments to tackle the climate emergency through integrated food policies and a call on national governments to act. The declaration recognises how fragile our food systems are, and how integrated food strategies are needed at a local level to reduce our environmental footprint, drive positive food system change, to ensure greater resilience to shocks and to reduce inequalities. Food partnerships and involving everyone across the food system in decision-making is key. It is necessary to develop sustainable food systems that are able to rebuild ecosystems and deliver safe, healthy, accessible, affordable, and sustainable diets for all.

As part of this declaration, [Birmingham City Council and Cityserve civic catering service](#):

- Acknowledge that food systems currently account for 21-37% of total GHGs, and are at the heart of many of the world's major challenges today including biodiversity loss, enduring hunger and malnutrition, and an escalating public health crisis;
- Recognise that unsustainable dynamics are locked in along the whole food chain, primarily stemming from industrial food and farming systems;
- Recognise that extreme inequalities are pervasive throughout the food system, and that many of these same groups are exploited for their labour globally;
- Are committed to taking a food systems approach targeting all the Sustainable Development Goals to identify effective intervention points to accelerate climate action while delivering many co-benefits, including the promotion of biodiversity, ecosystem regeneration and resilience, circularity, equity, access to healthy and sustainable diets for all, and the creation of resilient livelihoods for farm and food workers.

Through our actions, we are committed to accelerating climate action by building and facilitating sustainable food systems transformation, by:

- Developing and implementing integrated food policies and strategies as key tools in the fight against climate change; ensuring that these instruments adopt a food systems approach that involves actors across all parts of the food chain; including metrics to assess GHG emissions reduction targets from food systems.
- Reducing greenhouse gas (GHG) emissions from urban and regional food systems in accordance with the Paris Agreement and the Sustainable Development Goals and building sustainable food systems that are able to rebuild ecosystems and deliver safe, healthy, accessible, affordable, and sustainable diets for all.

In order to achieve this, in 2023 Birmingham adopted the [Birmingham Food System Strategy](#) and the [Catering and Food Procurement Strategy](#). Within these the [Coolfood Pledge](#) has been adopted, which is a commitment to reduce the greenhouse gas (GHG) emissions associated with the food we serve by 25 percent by 2030 relative to a 2015 baseline – a level of ambition in line with achieving the goals of the [Paris Agreement](#), a legally binding international treaty on climate change. The climate impact of food is calculated and analysed by the [World Resources Institute](#), and they provide an annual report showing GHG emissions by food type, trends year-over-year, and comparison.



Food Justice

Cities are key in supporting food justice.

The experience of the COVID-19 pandemic shone a harsh light on the fragility of food security within cities, exacerbating existing inequalities in many communities. Nationally, [19% of children live in poverty](#), and this is even higher in Birmingham where 35.6% of children, approximately 92,204 children, live in poverty. [Deprived areas in Birmingham](#) have less supermarkets, have fewer healthy foods available and lower variety and quality of fruits and vegetables, and the healthy food that is available is more expensive. [The Lancet](#) states that, "Diet quality and food insecurity are associated with many health outcomes. Individuals reporting food insecurity are more likely to consume poor quality diets, have nutritional deficiencies, be underweight or overweight, experience stress, and have poor general and mental health. The effects on children, including reduced educational attainment, poor social well-being, and low quality of life, can persist into adulthood. Deprivation is strongly associated with low fruit and vegetable consumption, high intake of processed foods, and increased risk of obesity and cardiometabolic disease. More broadly, poor diet is responsible for tens of thousands of deaths in the UK each year."

Food justice is an important issue for Birmingham, and for cities across the world, and it is one where we want to make a united stand. In 2021, Birmingham City Council signed up to the Right to Food campaign, and this has shaped various actions across the city including the [Cost of Living Emergency response package](#) of support in 2022 to 2023. In addition, Birmingham launched the [Global Food Justice Pledge](#) at the 7th [Milan Urban Food Policy Pact](#) Global Forum as a response to the lessons of food insecurity learned during the pandemic. The aim of the pledge is to collaborate and put political weight into the voices of cities in national and international arenas. It emphasises the need for local, national, and international policies which create and support an affordable, nutritious and sustainable food system for all citizens, irrespective of social or economic grouping. Birmingham is encouraging cities of all sizes across the world to pledge and work together collectively to consider how cities can politically commit to the right to

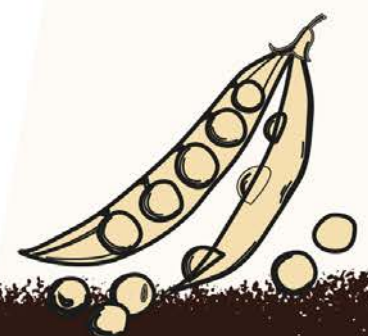
food and work to improve the whole food system, as opposed to individual issues, so that it is fairer, healthier and more sustainable. The pledge is:

"As city leaders, we are committed to addressing food justice by acknowledging that all our citizens irrespective of status are entitled to safe, nutritious and sustainable food at all times. We recognise the benefits of a collaborative partnership to address the global challenge of food insecurity exacerbated by the COVID-19 pandemic, climate crisis, and disaster displacement."

In 2023, [several resources](#) were created by Birmingham City Council, in collaboration with [The Food Foundation](#), to support signatories of the Global Food Justice Pledge to improve food justice in their local areas:

- [Global Food Justice Pledge intervention database](#) - comprises of examples of strategies, policies and interventions that have been implemented worldwide to tackle issues of food injustice. These can be used as examples of best practice for local policy makers who may want to implement interventions locally.
- [Food justice pledge self-assessment tool](#) - designed to assist local policymakers in understanding their current efforts in addressing food insecurity and identifying potential areas for action.
- [Platform to share case studies](#) – submission of case studies of interventions designed to improve food injustice by signatory cities to enable sharing of best practice.

These resources are designed around five key themes of food justice: governance, social and economic equity, food production, food supply and distribution and food waste and recycling. This aligns with the themes in the [Framework for Action](#) of the [Milan Urban Food Policy Pact \(MUFPP\)](#).



Food system learning networks

Research and innovation related to food system transformation is building momentum across the globe and there are many learning networks that support cities with sharing good practice.

At a national level, the [Sustainable Food Places](#) network brings together pioneering food partnerships from towns, cities, boroughs, districts and counties across the UK that are driving innovation and best practice on all aspects of healthy and sustainable food. Sustainable Food Places is a partnership programme led by the Soil Association, Food Matters and Sustain: the alliance for better food and farming. The Sustainable Food Places Award is designed to recognise and celebrate the success of those places taking a joined-up, holistic approach to food and achieving significant positive change across key food issues. In 2023, Birmingham received the Bronze Award recognising the good practice in Birmingham around governance, action on poverty and health inequalities, building a good food movement and strategic use of small grants.

[The Milan Urban Food Policy Pact \(MUFPP\)](#) is an international agreement among cities from all over the world, committed "to developing sustainable food systems that are inclusive, resilient, safe and diverse, that provide healthy and affordable food to all people in a human rights-based framework, that minimises waste and conserves biodiversity while adapting to and mitigating impacts of climate change". Its main aim is to support cities wishing to develop more sustainable urban food systems by fostering city to city cooperation and best practices exchange. In 2023, Birmingham and Barcelona were elected to represent Europe on the [steering committee](#) of the MUFPP for a second term.

There are also many research and innovation programmes including the [Mandala Consortium](#) which is part of the [Transforming UK Food Systems](#) UKRI programme which aims to catalyse urban food system transformation, and is focusing on the City of Birmingham as a scalable case study, partnering with citizens and food system stakeholders to create a reproducible, collaborative change process. Birmingham is also participating in [Food Trails](#), an EU-funded Horizon

2020 project bringing together a consortium of 19 European partners, including 11 cities, 3 universities and 5 organisations. The project aims to enable cities to reimagine, develop and implement sustainable, healthy and inclusive food policies. Each partner city runs a pilot project, a "Living Lab", a space for work, dialogue and collaboration to foster innovation, connect local key stakeholders, and collect evidence to support urban policy change in food.

There are many other research and innovation projects and learning networks, too. Birmingham is currently working with The Food Foundation to set up the UK Urban Food Forum (UKUFF) national network to support Local Authorities and those working across city food systems, urban areas and in food policy, to connect and share learning that goes beyond sharing "what" needs to be done and explores the "how" and supports with overcoming barriers and sharing solutions. The UKUFF network will start with a small number of towns and cities who are active in food system policy and scale up to include more urban areas by the end of 2024.



Nutrition, health and inequalities

The Eatwell Guide is used to explain the UK national guidelines on how to eat a healthy, balanced diet and was last updated in 2016.

[The Eatwell Guide](#) is a UK policy tool and visual representation which divides the food we eat and drink into five main food groups: fruit and vegetables, starchy foods, dairy or dairy alternatives, proteins, and unsaturated fats. It also shows the proportions in which we should eat these foods. The guide contains dietary messages such as 'eat at least five portions of a variety of fruit and vegetables a day', 'base meals on starchy carbohydrates – opting for wholegrain varieties where possible', 'have foods and drinks that are high in fat, salt, and sugar less often and in small amounts', and 'drink 6-8 cup/glasses of fluid a day'.

The majority of adults and children in the UK do not currently meet the government recommendations for a healthy diet.

[The Food Foundation's Broken Plate Report 2023](#) report an excess in consumption of sugar, saturated fat and salt in both adults and children, whilst not reaching the targets for fruits and vegetables, oily fish and fibre. This trend is seen across the whole population, but is most pronounced in the most deprived communities, with the most deprived fifth consuming just 3.2 portions of fruit and vegetables per day. Furthermore, 56% of calories consumed by older children and adults are from ultra-processed foods, which are often high in energy, fat, salt and sugar. NHS data has revealed that the number of patients hospitalised with malnutrition and nutrition deficiencies is now [three times higher](#) when compared to 10 years ago. Nutritional deficiencies are particularly worrying in children, with micronutrients such as iron, B12, calcium and vitamin D being crucial for development. Not reaching full growth potential is widely understood to be an impact of poor nutrition and children in the most deprived tenth of the population in the UK are on average up to [1.3cm shorter](#) than children in the least deprived tenth by age 10–11.

Around [60% of all calories](#) consumed globally come from just four crops: rice, wheat, corn and soy.

Lack of diversity in the foods we eat can lead to malnutrition due to not getting the nutrients we need for our bodies. Not only is this having a negative impact on the population's health, but also on the environment. In the UK context, the [Too Much of A Bad Thing: the use and misuse of UK soil and land to grow sugar](#) report states that between 2014 and 2018, British Sugar produced on average 1.15 million tonnes of refined sugar from UK sugar beet per year. We dedicate almost as much land to growing sugar (110,000 hectares) as to growing all of the rest of the UK's vegetables (116,000 hectares). With sugar beet posing major challenges for maintaining and enhancing our topsoil, a shift in both consumption and production is needed to improve our health and the environment.

As identified in the Major Conditions Strategic Framework (2023) by the Department of Health and Social Care, it is essential for us to prioritise prevention to help us reduce the prevalence of major conditions such as cardiovascular disease (CVD) and cancer.

One in four of us live with at least 2 of the 6 major conditions, and this level is rising. Collectively these conditions represent the cause of over 60% of the years lost to early death or lived in ill health. 22% of all deaths are attributed to risks associated with food and what we eat contributes to cardiovascular disease, cancer, and diabetes. [The Major Conditions Strategic Framework](#) outlines how in order to reduce the prevalence of major conditions, we need to address individual's modifiable risk factors including excess dietary salt, poor diet, obesity and hypertension. [Nearly half of people with high blood pressure](#) (hypertension) globally are currently unaware of their condition. It affects 1 in 3 adults worldwide and this common, deadly condition leads to stroke, heart attack, heart failure, kidney damage and many other health problems, but lifestyle changes including eating a healthier diet can help lower blood pressure.

Research by [Frontiers Economics](#) has found that that cost to the NHS of obesity-related illness is estimated at [£19.2 billion](#) a year while the wider social costs include productivity losses of £15.1 billion. The total cost of £98 billion, which includes the £63 billion cost of shorter, unhealthier lives, is equivalent to about 4 per cent of GDP. [Two thirds of all adults](#) in Birmingham are overweight or obese, and the [Child Health Profiles from 2023](#) show that in Birmingham, 12 in every 100 children are obese when they start primary school, and this more than doubles to 28 in every 100 being obese by the time they leave in Year 6. This figure increases to 43 in every 100 children if overweight is included in addition to obesity. [In addition, more children in Birmingham are underweight than the national average.](#)

The 2019 [Oral Health Survey of 5 year olds](#) found that 29% of children in Birmingham have tooth decay which is higher than the national average of 23%. The food we eat plays a role in hypertension, obesity, underweight, tooth decay and many other conditions. Therefore it is important that we support people to change their diets, whilst also tackling the wider [determinants of health](#) including [food environments](#) and the [commercial](#) determinants of health. This is because we recognise that health conditions, such as obesity, are not simply influenced by what an individual chooses to eat and it is far more complex than this, with biological, genetic, social and environmental factors playing a significant role. We must avoid the stigmatising narrative that health conditions are simply the outcome of a lifestyle choice, and these types of attitudes towards those living with health conditions, including obesity, can result in significant harm to both mental and physical health. Food Active have developed the [Weight Stigma Resource Hub](#) to help prevent stigma and raise awareness.

The NHS Core20PLUS5 framework outlines how we need to tackle health disparities and promote inclusion in health.

[Core20PLUS5](#) is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. Health inequalities are defined as systematic, unfair and avoidable differences in health between different people within society. For example, there are inequalities in health due to gender, ethnicity, disability and deprivation. There are

health inequalities related to major conditions and people living in England's most deprived areas are 4 times more likely to die prematurely than someone in the least deprived areas. People in the most deprived areas also spend around [a third of their lives in poor health](#), twice the proportion spent by those in the least deprived areas. Within the NHS Core20PLUS5 framework, Core20 refers to reducing inequalities for the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). In 2019, [64% of Birmingham's wards were amongst the most 20% deprived in England](#) and 88% are more deprived than the England average, so the majority of our population face inequalities due to deprivation. Also, [51%](#) of people living in Birmingham are from an ethnic minority background and [evidence shows](#) these groups are more likely than white British people to report limiting long-term illness and poor health, with those identifying as white Gypsy and Irish Traveller reporting the poorest health.

The majority of the population in Birmingham face health inequalities, so therefore it is crucial that we adapt our approach to improve health outcomes for those experiencing inequalities. For example, the [2019 Oral Health Survey of 5 year olds](#) found that children in some areas of the city were more likely to have tooth decay, with rates as high as 50% in the Ladywood area of Birmingham. The need for targeted and tailored action is further supported by the [Levelling Up White Paper](#) and we must overcome barriers people face resulting from systemic and structural inequalities including access to education, employment, services, facilities, equipment and more.

Countries that experience increased population diversity do not tend to have adequate access to services for certain ethnic groups, thus currently falling short where health equity is concerned.

As the population continues to become increasingly ethnically diverse, with citizens from a multitude of countries bringing their culture and customs with them, public health messages and resources must resonate with a wider audience. We need to ensure that health-related resources can be easily accessed, and that they are both culturally relevant and sensitive.

In order for health messages to be effective, beliefs and attitudes need to be considered at a cultural level. [People need to be able to see what they can identify with](#), at least in part, in order to [improve behaviour and attitudes to healthy eating and lifestyle advice](#) and make it work for them based on their cultural norms and identity, and their own individual local realities.



Existing eating guidance

General eating guidance

There are various sources of eating guidance within the UK and across the globe. The following table provides examples of different eating guides along with key insights and commentary.

GUIDE	KEY INSIGHTS
Eatwell Guide UK (2016)	The UK Eatwell Guide provides a visual representation of eating guidelines that is designed to be easy for consumers of all ages to understand. It is based on scientific evidence and is designed to apply to the general population regardless of weight/dietary preferences (e.g. meat/meat-free). Limitations include that it depicts a western diet and does not include food from a variety of different cultures. The plate design can lead to confusion, as the proportions shown are meant to be eaten over a day/week, not at every meal. Furthermore, it does not emphasise that portion sizes differ depending on lifestyle and physical activity levels for example. It also focuses on macronutrient intake and has little reference to micronutrient intake.
British Nutrition Foundation (BNF) (2023)	The guidance from the BNF is evidence based, referencing the UK Eatwell Guide. It also includes recommendations for different life stages and health conditions. Underpinning the guidance are “six key principles” which represent core healthy eating messages which are applicable to most people. The guidance does reference adaptations for different dietary patterns, such as plant-based diets, however there is no specific reference to cultural diets.
The Planetary Health Diet (Visual) EAT Lancet (2019)	The Planetary Health Diet presents a diet which is good for both health and the environment. It is informed by the EAT-Lancet Commission’s scientific targets. A critique of the guidance emphasises the weaknesses of any one size fits all approach, and the clash of the diet with traditional eating cultures.
Bangladesh Food Pyramid (2013)	The food pyramid is divided into five levels of consumption. Key messages include including a variety of foods at each meal, drink plenty of water daily and to consume less sugar, sweets and sweetened drinks. Guidance for during pregnancy and lactation is also included. However, it is reported that 43% of households could not afford the diet .
Japanese Dietary Guidelines (2010)	The Japanese Dietary Guidelines are depicted as the traditional Japanese toy, the “spinning top”. It is ordered by the number of recommended daily servings of food groups. The most abundant of the food groups are grain-based dishes, followed by vegetable-based dishes and fish, eggs and meat. At the bottom are milk and fruit. Physical activity and hydration messages are also included.
Canada’s Food Guide (2019)	Canada’s Food Guide is an interactive website, with further information such as recipes, understanding food labels and tips for healthy eating. It is translated into different languages and has four key messages which are displayed in a simple design. Whilst the online format makes it interactive, it may not be suitable for all users.
Nordic Nutrition Recommendations (2023)	The Nordic Nutrition Recommendations communicate guidance from a comprehensive scientific basis regarding how we should eat well for the benefit of the planet and our health. It is aimed at those who create national nutritional guidelines and give food-based dietary advice, rather than at the general population.

GUIDE	KEY INSIGHTS
DGE Nutrition Circle (2024)	<p>The DGE Nutrition Circle is a revised guideline for Germany which considers sustainability as well as health. Recommendations on meat consumption have been lowered, in line with other countries. Legumes are represented as a very small separate group and some praise this because it recognises legumes in their own right. However, some are critical and say that its size does not sufficiently recognise the important role that legumes can play in sustainability and health.</p>
WHO Pocket Guide for a Healthy Diet (2023)	<p>The WHO Pocket Guide for a Healthy Diet includes recommendations on breastfeeding, complementary feeding, fruits and vegetables, sugars, fats and salt, iron intake and more. It also provides practical steps for a health diet, such as how to estimate serving sizes.</p>

In addition, there are more than 100 [food-based dietary guidelines](#) available to view on the Food and Agriculture Organisation (FAO) website from countries across the world including:

- 11 in Africa
- 18 in Asia and the Pacific
- 34 in Europe
- 29 in Latin America and the Caribbean
- 6 in the Near East
- 2 in North America

When exploring guidance from around the world, it was noted that graphics and visuals are often the most recognisable elements of national food-based dietary guidelines.

They are utilised to represent key messages, display the proportions of various food groups and to adapt information for different target groups. In 2020, the FAO published a webinar, titled [Pyramids, wheels, plates and pots... Developing FBDGs graphics](#), which explored the use of these graphics. Key messages included that icons representing food-based dietary guidelines should be designed in a systematic design process, using principles from nutrition, graphic and media experts. The graphics and communications should be produced for different target groups. This supports the need for tailored healthy eating guidance.



Tailored eating guidance

As well as eating guidance which is designed to apply to most of the population, examples of tailored eating guidance were also explored. This includes community specific and health condition specific guidance.

Community specific eating guidance

The following table provides examples of community specific eating guides, along with key insights and commentary.

GUIDE	KEY INSIGHTS
African and Caribbean Eatwell Guide (Diverse Nutrition Association) (2021)	The African and Caribbean Eatwell Guide is an adapted version of the UK Eatwell guide which includes some of the popular foods traditionally consumed by African and Caribbean communities. There are similar limitations to the UK Eatwell Guide in terms of the plate design leading to confusion over portion sizes and focus on macronutrients.
South Asian Eatwell Guide (Fareeha Jay) (2021)	The South Asian Eatwell Guide is an adapted version of the UK Eatwell guide, which represents some of the popular foods traditionally consumed by South Asian communities. There are similar limitations to the UK Eatwell Guide in terms of the plate design leading to confusion over portion sizes and focus on macronutrients.
Plant-Based Eatwell Guide (2023)	The Plant-Based Eatwell Guide is an adapted version of the UK Eatwell Guide which is designed to help the transition to healthy and sustainable diets. The guide is accompanied by a booklet with additional information. It provides more detail than just recommendations for food groups, such as which supplements are needed for those on plant-based diets.
WHO Guideline for complementary feeding of infants and young children 6–23 months of age (2023)	This guideline gives recommendations on when foods should be introduced to infants and young children aged 6-23 months. It provides examples of when the guidelines can be adapted to individual needs and is tailored towards use by professionals.



Health condition specific guidance

The following table provides examples of health condition specific eating guides, along with key insights and commentary.

GUIDE	KEY INSIGHTS
Healthier You African Caribbean South Asian Food Guide (NHS) (2022)	<p>The Healthier You African Caribbean and South Asian Food Guide is designed for Healthier You NHS Diabetes Prevention Programme coaches to support them in their programme delivery. The toolkit is based on the Carbs & Cals World Foods Book. It recommends that the food guidance is given alongside advice on physical activity.</p>
<p>Pupils with additional needs (Food a Fact of Life) (2021)</p> <p>Developing skills for independent living (Food a Fact of Life) (2021)</p>	<p>The Food a Fact of Life website from the British Nutrition Foundation has an additional needs area that includes resources to support teaching and learning about food and nutrition with children and young people with additional needs. Key areas covered include healthy eating, cooking and shopping. There are also resources to support independent living.</p>
Medical conditions food facts - British Dietetic Association (BDA) (2021-2023)	<p>The Food Facts pages provide tailored healthy eating guidance for different health conditions. Food Fact pages include:</p> <ul style="list-style-type: none"> • High blood pressure (hypertension) • Osteoporosis • Rheumatoid arthritis • Polycystic Ovary Syndrome (POS) • Coeliac disease and gluten-free diet • Irritable Bowel Syndrome (IBS) • Long Covid • Prevention and management of pressure injuries • Myalgic Encephalomyelitis (or Encephalopathy) / Chronic Fatigue Syndrome (ME/CFS) • Milk allergy • Diabetes – Type 1 • Wheat free diet • Autism • Osteoarthritis • Pollen-food Syndrome (PFS) • Depression • Menopause <p>They are produced by Registered Dietitians who are regulated by the Health and Care Professions Council.</p>
NICE Guidelines Lifestyle and wellbeing	<p>The National Institute for Health and Care Excellence (NICE) provide guidance, advice and quality standards for topics under the themes of conditions and diseases, health and social care delivery, health protection, lifestyle and wellbeing, population groups and settings. The recommendations guide decisions in health, public health and social care. NICE Guidance has been published for various topics including:</p> <ul style="list-style-type: none"> • Behaviour change • Diet, nutrition and obesity • Oral and dental health • Eating disorders • Cancer • Cardiovascular conditions • Respiratory conditions • Digestive tract conditions • Multiple long-term conditions • Diabetes and other endocrinal, nutritional and metabolic conditions

Defining a healthy and sustainable diet

The type and balance of foods we eat is not only important for our health, but also for the health of the world around us. Definitions vary, but the [Food and Agriculture Organization of the United Nations](#) (FAO) define sustainable healthy diets as “those diets with low environmental impacts which contribute to food and nutrition security and to healthy life for present and future generations. Sustainable diets are protective and respectful of biodiversity and ecosystems, culturally acceptable, accessible, economically fair and affordable; nutritionally adequate, safe and healthy; while optimizing natural and human resources”. This definition goes beyond human health and the environment and includes economic and socio-cultural considerations.

In the report [Plates, pyramids, planet \(2016\)](#), the FAO suggests that countries that already have food-based dietary guidelines should incorporate sustainability into them to ensure that people are informed about the relationships between food and sustainability. This is supported by [A Global Review of Food-Based Dietary Guidelines \(2019\)](#), emphasising the importance of finding ways to provide guidance on how we can provide the nutrition required for health without depleting natural resources.

There is a large body of scientific evidence exploring the environmental impact of dietary patterns, with a broad consensus that an increase in the consumption of plant-based foods, and a reduction in animal sourced foods, should be adopted to improve both health and sustainability. The complexity of global food systems means that a multifaceted approach is needed to shift diets to be healthier and more sustainable. To address the need for dietary guidelines to also inform food system policies and transformation, the FAO has developed a food systems-based dietary guidelines methodology to support this as described in their overview report, [Food systems-based dietary guidelines: An overview \(FAO\) \(2024\)](#).

The [Birmingham Food System Strategy](#) defines our approach to moving towards healthy and sustainable diets, and is shaped by evidence such as the guiding principles for sustainable healthy diets developed by the [FAO and WHO](#) in 2019

and [EAT-Lancet](#) in 2019, and the [EAT-Lancet 2.0 Global Consultations](#) in 2023. Our approach also aligns with diets supported by initiatives such as [Food for Life](#) and [Eating Better](#). We want a city where we consume a varied diet, balanced across food groups, which contains enough energy and nutrients for growth and development and for an active and healthy life across the life course. This diet will be made up of lots of whole foods and minimally processed foods including wholegrains, beans, pulses, nuts, seeds and a wide variety of fruits and vegetables including plenty of dark green leafy vegetables. Depending on our preferences, we might also eat moderate amounts of eggs, dairy, poultry and fish, and small amounts of red meat. Water is the drink of choice, and our approach must be culturally appropriate and tailored to the diverse needs of our city.

In summary, our objectives for the city are to:

Increase consumption of:

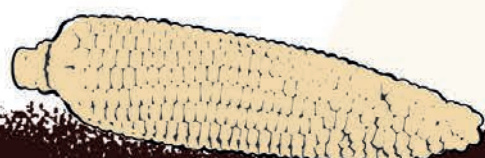
- Beans and pulses, nuts and seeds.
- A wide variety of fruits and nutrient dense vegetables including dark green leafy vegetables.
- Sustainable options on menus (e.g., unprocessed whole food plant-based options such as beans, pulses and lentils).
- Seasonal food.
- Locally sourced food produced using nature friendly farming practices that improve the environment and soil such as agroecological, organic or regenerative approaches.
- More diverse ingredients to increase nutrient intake, resilience of the supply chain and to reduce intensive food production methods.

Reduce consumption of:

- Ultra-processed food and foods high in fat, salt and sugar.
- Meat and dairy with a focus is on “less but better”. This includes reducing portion sizes and substituting some of the meat/dairy content with unprocessed plant protein such as beans and pulses and moving towards animal products that are produced using nature friendly farming practices, with higher welfare and ethical standards and supply chains.

The table below summarises key insights from reports exploring healthy and sustainable diets, which will be considered in the development of the eating guide resources.

REPORT	KEY INSIGHTS
Sustainable healthy diets: guiding principles (World Health Organization, Food and Agriculture Organization of the United Nations) (2019)	<p>The are 16 guiding principles of a healthy diet such as:</p> <ul style="list-style-type: none"> • Include wholegrains, legumes, nuts and an abundance and variety of fruits and vegetables. • Can include moderate amounts of eggs, dairy, poultry and fish; and small amounts of red meat. • Consume adequate, but do not exceed, energy and nutrients for growth and development, and to meet the needs for an active and healthy life across the lifecycle. • Safe and clean drinking water as the fluid of choice. • Actions for the implementation of healthy sustainable diets include context specific guideline development.
EAT-Lancet Commission Summary Report (2019) Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems (2019)	<ul style="list-style-type: none"> • Healthy diets have an optimal energy intake. They consist largely of a diverse range of plant-based foods, low amounts of animal source foods, contain unsaturated rather than saturated fats and limited amounts of refined grains, highly processed foods and added sugars. • Significant health benefits are likely to arise with a shift towards the planetary health diet. • There is no single strategy to shift diets and production. However, investing in public health and sustainability education is vital in the shift towards healthy diets. • The approach has been refined further in the EAT-Lancet 2.0 Global Consultations (2022 - 2023) as described in the EAT–Lancet Commission 2.0: securing a just transition to healthy, environmentally sustainable diets for all (2023) report.
Eating for Net Zero (WWF) (2023)	<ul style="list-style-type: none"> • The Livewell diet is WWF’s approach to illustrating a healthy sustainable diet. It contains a greater proportion of fruit, vegetables, wholegrain cereals and plant proteins (such as beans and lentils), as well as lower-footprint seafood, and potatoes and other starchy tubers. It includes less meat (red, white and processed), dairy and eggs, and fewer products high in fat, salt and sugar. • Adopting this diet would deliver a 36% reduction in emissions and a 20% reduction in biodiversity loss compared to the current average diet. • Dietary guidelines, education and information are important levers to diets in the population.
Farming for Change: Charting a course that works for all (Food, Farming and Countryside Commission) (2021)	<ul style="list-style-type: none"> • Agroecological practices would deliver positive biodiversity outcomes. • The dietary shift required to farm in this way is halving consumption of animal products to free up land to produce plants for human consumption.



REPORT	KEY INSIGHTS
Feeding Britain from the Ground Up (Sustainable Food Trust) (2022)	<ul style="list-style-type: none"> • To shift to sustainable farming methods we will need to make significant changes to what we eat. • This includes increasing consumption of fruits, vegetables and pulses, whilst reducing consumption of calories, sugar and refined carbohydrates.
The Broken Plate 2023 (The Food Foundation)	<ul style="list-style-type: none"> • The most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the Government-recommended healthy diet. • Most adults and children consume too much sugar, saturated fat and salt, and not enough fruit and vegetables, fibre or oily fish. • The current food system is a contributor to both climate change and preventable disease, especially for those with limited time and money. • More support is needed to overcome the barriers to choosing a more sustainable and healthy diet.
Environmental sustainability in national food-based dietary guidelines: a global review (thelancet.com) (2022)	<ul style="list-style-type: none"> • As of 2022, only about 17% of the world's population is covered by food-based dietary guidelines that mention environmental sustainability. • To achieve food system transformation globally, guidelines must emphasise the link between diet and planetary health and provide specific, practical advice to address these issues.
Policy Brief 4 The Dietary Shift (2024)	<ul style="list-style-type: none"> • The Food System Economics Commission modelled the impact of gradually adopting a healthy reference diet as defined by the EAT-Lancet Commission by 2050. • Failure to do so jeopardizes the 1.5°C climate threshold. • The analyses show that a healthy diet is both economically beneficial and environmentally feasible on a global scale.



Emerging evidence

There is new and emerging evidence that aims to shed light on the complex relationship between diet and health. Recent studies and press coverage has focused on topics such as ultra-processed foods and artificial sweeteners.

The table below summarises key insights from reports exploring new and emerging evidence, which will be considered in the development of the resources. This report will be updated as research evolves.

REPORT	KEY INSIGHTS
SACN statement on processed foods and health (2023)	<ul style="list-style-type: none">• There are increasing discussions and debate surrounding the implications of food processing on health.• There is no universally agreed definition of processed foods, but examples include the NOVA system which was developed in Brazil.• Systematic reviews have consistently reported that the increased consumption of ultra-processed foods was associated with adverse health outcomes, however the available evidence is almost exclusively observational in nature.• Further research is required to explore a foods classification system in the UK and to explore consumption of ultra-processed foods and health outcomes.
Use of non-sugar sweeteners: WHO guideline (2023)	<ul style="list-style-type: none">• The WHO recommends against the use of non-sugar sweeteners (NSS) to control body weight or reduce the risk of noncommunicable diseases.• This is based on findings of a systematic review, reporting no long-term benefit in reducing body fat in adults or children and an increased risk of type 2 diabetes, cardiovascular diseases, and mortality in adults if consumed long term.• It is important to note that the link observed in the evidence between NSS and disease outcomes might be confounded by baseline characteristics of study participants and complicated patterns of NSS use.• The recommendation is classed as 'conditional'.



The development process

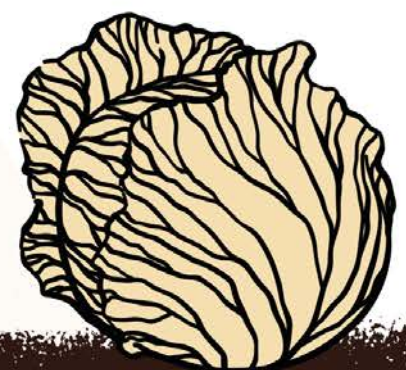
A coordinated approach

Birmingham is a super diverse city, where citizens from ethnic minority backgrounds make up [more than half the population](#). As the population continues to become increasingly ethnically diverse, resources must be developed to resonate with everyone. Healthy and sustainable eating resources must be easily accessible, and culturally relevant and sensitive in order to change beliefs, attitudes, and behaviours around food. There must be a move away from the one-size fits all approach which has been taken previously, to ensure healthy and sustainable eating guidance works for everyone based on their cultural norms and identity, and own individual local realities. With the vast array of information and guidance surrounding healthy and sustainable eating, there is a need for a coordinated approach across the city which allows for adaption and flexibility for communities and professionals who deliver healthy and sustainable eating advice as part of their role.

We are utilising the [Big Bold City tool](#) outlined in the [Birmingham Food System Strategy](#) to support the development of the eating guidance. The purpose of the Big Bold City Tool is to ensure we achieve a whole-system approach, address gaps, and focus actions where they are needed most. We will continue to use the tool throughout the development process in Phase 3 to ensure we are considering the resources through the lens of different people and perspectives. This includes:

- **Across the food cycle** (considering farm to fork, such as production, processing, distribution, retail, consumption and waste).
- **Across the life-course** (pregnancy and maternity, breastfeeding, early years, children, young people, adults, and older adults).
- **Across the city** (including areas of deprivation, access to public transport, and access to supermarkets).

- **Different people and communities** including:
 - Protected characteristics e.g., ethnicities and race, religions or beliefs, sexual orientation and gender identity, age.
 - Life circumstances e.g., a person with no recourse to public funds, homeless, no fixed address, new to the area, lost their job, relationship breakdown, domestic abuse, social isolation, different levels of physical activity, different work patterns.
 - Health conditions and illnesses e.g., diabetes, hypertension, cardiovascular disease, Crohn's disease, Coeliac disease, allergies, intolerances, eating disorders, anxiety, depression.
 - Abilities e.g., visual or hearing impairment, physical disability, neurodiversity.
 - Financial situation e.g., income, out of work, not receiving living wage, insecure employment, maternity leave, sick leave, receiving benefits, in debt.
 - Those facing inequalities e.g., where evidence shows a particular group face inequalities.
- **Different settings** (including health services, faith settings, food businesses, workplaces, education settings, universities, schools, youth centres, community centres, food aid projects and more).



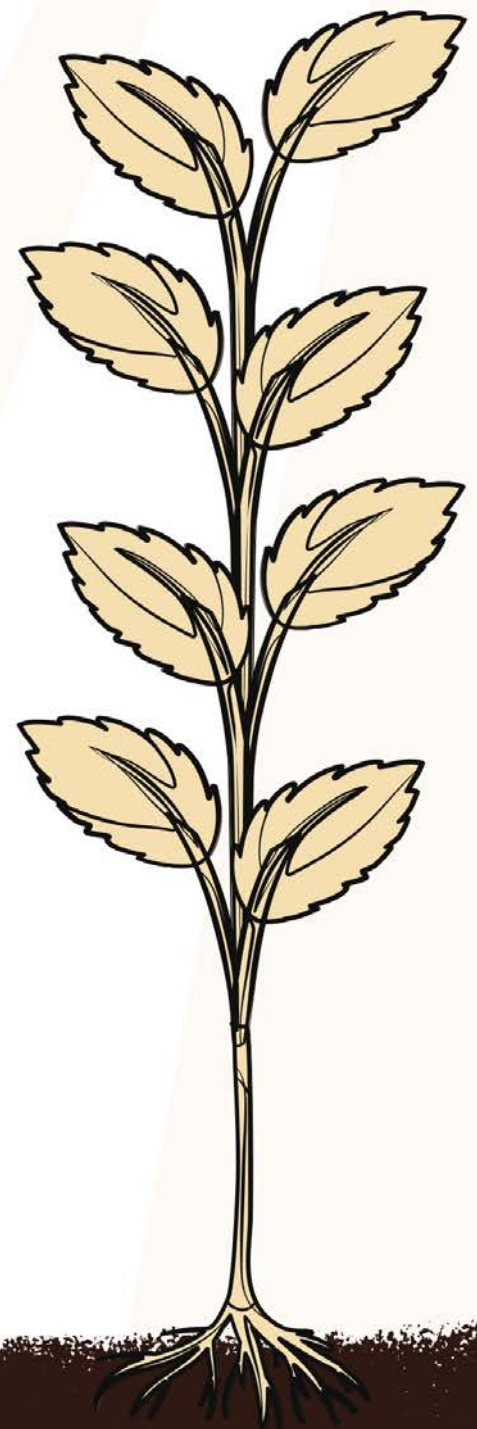
Throughout this project we have used the Big Bold City tool to support us to:

- Map engagement in the development of resources and ensure voices are heard and that they are representative of our population. The Big Bold City tool supports us to identify and address gaps.
- Identify inequalities and inequity for different people and communities.
- Identify existing projects, solutions and good practice on a local, national and international level.
- Identify changemakers including the organisations and individuals we need to engage with, what they may need to do differently, and how we can work together to build solutions.
- Identify what resources need to be developed and prioritise which ones need to be created first based on the potential impact they will have and the inequalities they will help address.
- Identify different models of engagement and communication to ensure as many people contribute to the development of resources as possible, whilst being mindful of their own pressures and time constraints.

We have been working with a wide variety of people in the delivery of this Birmingham Eating Guidance Exploration, and we will continue to do so during Phase 3 as the resources are developed and tested. These people and perspectives include:

- Faith networks
- Ethnicity-based networks
- Country/region-based networks such as 1st and 2nd generation migrants who reside in Birmingham
- Children and young people
- Pregnant mothers and expectant fathers
- People of working age
- Older adults
- People living with long-term health conditions e.g., diabetes, hypertension, cardiovascular disease, coronary heart disease, Crohn's disease, Coeliac disease, allergies, intolerances

- Antenatal healthcare professionals (e.g., midwives, family nurses, paediatricians)
- Primary education teaching professionals
- Secondary education teaching professionals
- Primary care service professionals (e.g., General Practitioners, dentists, pharmacists)
- Community healthcare professionals (e.g., health visitors, community nurses, district nurses)
- Specialist nurses (e.g., Diabetes Nurses, CVD Nurses, other diet-related disease Nurses)
- Allied Health Professionals (e.g., dietitians, physiotherapists, occupational therapists)
- Social workers
- Healthcare support workers

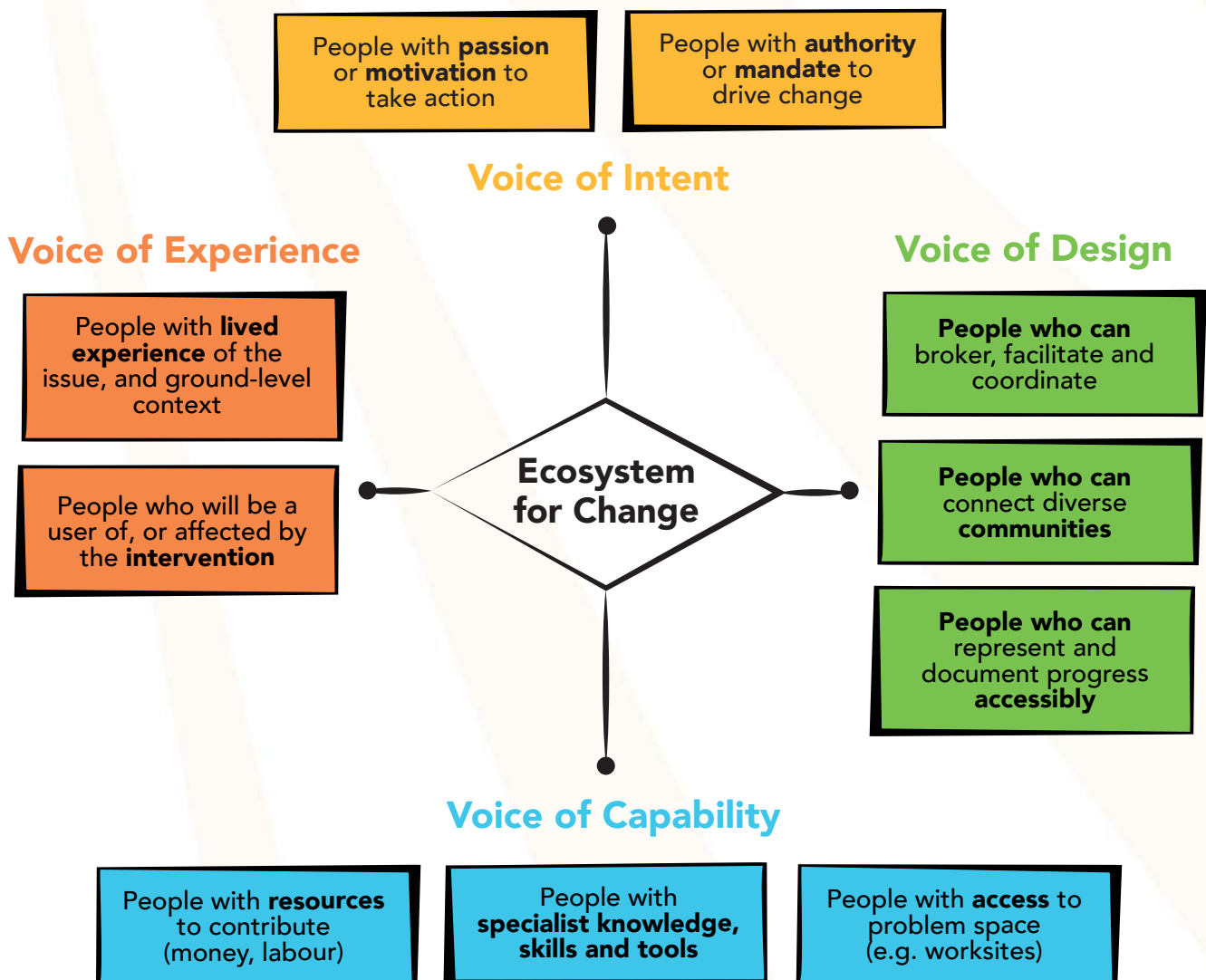


The role of collaboration

"We need to stop trying to design the solution, and instead design for the conditions that enable the emergence of many solutions."

Bill Bannear, 2023

Who do we need to bring together to create viable initiatives?



How do we connect people who want to do something, with people who can help them do it, while staying grounded in real-world need and context to ensure it works?

Source: Article by [Bill Bannear](#). Based on ThinkPlace's Four Voices of Design. The model was extended by Alliance for Action in Singapore to add more elements to each of the four sections.

Phase 1 – Exploration of global nutrition and eating guides

In early 2022, The Diverse Nutrition Association (DNA) were commissioned to complete the initial scoping for the eating guides. Insights were captured about eating guidance from around the world to see what we can learn from international approaches. They conducted a quantitative Nutrition and Eating Habits Survey, utilising validated health and nutrition questionnaires, with 389 people across 5 key regions of the West Midlands (Birmingham N=246, Dudley N=27, Walsall N=31, Wolverhampton N=51, Solihull N=34). An online community involving 35 participants was formed and 12 in-depth interviews were carried out to explore the strengths and weaknesses of the different eating guides identified. Experiences of food, culture, and living in a diverse multicultural city were also captured to gain insights about what diets we really eat in the city.

The research revealed that there was a definite interest in having resources that support people cooking cultural cuisine in a healthy way. 31% of respondents said they ate food from their culture every day and 44% said 1 to 2 times a week. In addition, whilst people were generally aware of healthy eating guidelines, 73% of respondents thought that the current healthy eating guidelines could be improved. It was highlighted that messaging needs to communicate that foods across all cultures can be part of a healthy diet and that the recommendations need to be shown to cater for a more diverse population. When exploring strengths and weaknesses of existing eating guides, the most popular guides combined an appealing layout with clear visuals and a helpful tone.

The DNA also collated a spreadsheet of food lists capturing the most common foods from each food group (i.e. fruit and vegetables, carbohydrates, protein) for 7 geographic regions including:

- Eastern Europe
- Africa
- Middle East and North Africa
- South Asia
- East Asia and South East Asia
- Caribbean
- South America and Latin America

The Geographic Food Lists are available in the [appendix](#).



Phase 2 – Focus groups to capture insights about how the new resources should be formatted

Phase 2 of the project aimed to collaborate with various community and professional groups to explore the best format for the guides, as well as to develop recommendations on how balanced diet messages should be communicated to diverse cultural communities.

Two organisations were commissioned to carry out focus groups and structured interviews, involving 1) Community Groups, 2) Healthcare Professionals. Insights from these sessions are summarised below.

Insights from focus groups with communities

Communities Engage and Thrive CIC conducted 10 focus groups, and two 1:1 sessions to include 102 participants from a variety of community groups:

- Children and young people
- Faith networks
- Ethnicity-based networks
- Country/region-based networks such as 1st and 2nd generation migrants who reside in Birmingham
- Pregnant mothers and expectant fathers
- People of working age
- People living with long term health conditions e.g., diabetes, Crohn's disease
- Older adults

Whilst amongst communities there was widespread recognition of the Eatwell Guide, participants thought it was outdated and lacked foods for a variety of cultural diets. Issues were cited with visuals, appeal, and presentation. Participants also felt the Eatwell Guide was too generic and lacked representation for different ages, work situations and health conditions. Community groups thought the guide lacked information on nutrients, portion sizes and diverse cultural and religious dietary practices.

The British Nutrition Foundation website was mentioned as a good healthy eating resource

which catered for different life stages and health conditions. Other resources used to guide healthy eating currently amongst community groups included MyFitnessPal, HelloFresh and social media including TikTok and TV cookery shows.

Current obstacles to eating healthily reported by community groups included time constraints, expense of healthy food and the cost of living crisis, lack of cooking skills, difficulty of breaking long-standing bad habits and the prevalence and ease of fast-food options. This was highlighted with many displaying frustration towards the promotion of unhealthy eating options compared to healthier options.

These groups noted easily accessible digital resources would be important, but there was an emphasis on face-to-face sharing of resources, community events and public engagement, especially amongst the older adults group. The importance of involving supermarkets, workplaces and public services in promoting and supporting healthy eating initiatives was highlighted. Community groups felt more practical resources were required, such as downloadable fun recipes, shopping lists for children, and relatable meals. There was a desire for new guidance to be more engaging and fun, with art, culture and performing arts being suggested as effective tools to engage community groups, especially children.

The overall consensus was that healthy eating guidance needed to be kept simple, easy to understand, have a better layout, include less clutter, be visually appealing and relatable to different life stages, ethnicities, cultures, and health conditions.



From the focus groups with communities, five key themes were identified:

1. Targeting children and young people

Throughout the focus groups there was an emphasis on the importance of educating children early about the benefits of healthy eating. There was a desire to educate children about nutrition and health, culturally appropriate foods, impact of costs, how food grows and healthy lunchboxes.

It was suggested resources needed to be created which were fun, interactive, and visually appealing in order to engage children. Suggestions included downloadable recipes, games, shopping lists, workshops and food museums.

2. Skill sharing and intergenerational events

Discussions highlighted the importance of intergenerational practice and skill sharing in order to disseminate healthy eating knowledge and cooking skills amongst community groups. The importance and impact of learning cooking skills and sharing knowledge from older generations was key. Participants reported multiple benefits from this including improved mental and physical wellbeing and reduced loneliness. Ways of doing so included cookery classes involving the whole family to overcome some of the skills and knowledge barriers in healthy eating. Participants expressed interest in community gardens and allotments to encourage intergenerational activities, understand where food comes from, promote growing food, utilise green spaces and promote outdoor activities.

3. Arts and health

Throughout the focus groups there was a common theme regarding arts and healthy eating. Discussions included more creative ways of looking at education and resource sharing to engage the public, this was especially the case for children. Recommended events included spoken word sessions, arts and health trails, graffiti, performing art and food museums.

4. Culturally appropriate foods

The current Eatwell guides do not reflect cultural or religious practices relating to healthy eating and several participants highlighted the need for the inclusion of culturally appropriate foods to support different ethnicities and cultures. Many felt the current guides were unrelatable, and therefore didn't use them. There was a desire to create different guides for different cultures, to move away from the one-size fits all approach. Other proposed resources included personalised apps, home cooked meals from different ethnic backgrounds, healthy food swaps using diverse foods and traditional recipes.

5. Preventative measures

Discussions highlighted the need to take a preventative approach, starting early in order to mitigate adverse health outcomes through healthy eating. This was prominent in discussions surrounding education for healthy eating and ensuring this was built in from an early age through school and school meals. Discussions regarding prevention also highlighted the importance of physical activity and fitness and how this links to healthy eating. Participants felt there should be more information and resources on foods and recipes which prevent ill health, such as heart health.



Insights from focus groups with healthcare professionals

The Caroline Walker Trust engaged with a variety of healthcare professionals (Allied Health Professionals, Nurses, Community Healthcare Professionals, Enablement Officers, Health Activities Workers, Specialist Practice Development Lead for Health Visiting, Early Help Partnership Managers and Lifestyle Specialists for Weight Management and a Catering Manager) through focus groups and structured interviews.

Just over half reported using the current Eatwell guide, and versions of it (e.g., South Asian, Caribbean, Vegan). Others reported using their own resources, such as translated versions. Other resources used included Change4Life, HENRY, Startwell Birmingham Website, British Heart Foundation resources, Start for Life NHS resource and the Carbs and Cals book. Common strengths of these resources included being visual, easily accessible online and including details on portion sizes. The following key themes were found from the structured interviews and focus groups:

1. Confusion with healthy eating messages

The majority felt there was general confusion around the current Eatwell Guide, specifically reporting confusion surrounding portion size and meeting 5-a-day recommendations. Others felt the guide conveyed the wrong perception in restricting certain foods or not including cultural foods, stating an overrepresentation of Western/European foods. It was felt their communities needed further explanation of the current guide, and that previous nutritional knowledge was required.

2. Barriers to healthy eating

Healthcare professionals felt the main obstacles to healthy eating were financial constraints, access to affordable foods, lack of cooking skills, adherence to traditions and eating customs, easy access to fast foods, language barriers, time constraints and a lack of knowledge/misconceptions. An interesting point raised was that for many of their communities there was a misconception that healthy diets only included Western/European foods.

3. Settings to discuss healthy eating

One-to-one meetings and community group settings led by health professionals were found to be the most influential circumstances to deliver healthy eating messages. It was during these meetings that health professionals felt healthy eating messages were the most understood. However, it remains that only a tiny proportion of the communities are reached effectively by healthy eating advice. This is suggested to be due to the inadequacy of the current healthy eating guide when used within minority cultures.

Healthcare professional training was also considered influential in disseminating healthy eating advice to other health professionals who deliver in one-to-one and group settings. Although social media was also mentioned, it was highlighted that it was not suitable for all age groups. Health professionals felt that social media would be most worthwhile in providing them with easy access to healthy eating tools. Promoting key messages and resources to younger generations using social media was also considered valuable. In contrast, promotion to older age groups through social media was deemed ineffective. This highlighted the need for more than one approach.

4. Proposed design of the new resources

Taking the comments on the initial design concept resources Birmingham City Council developed, and the guides from overseas, healthcare professionals preferred guides which were colourful, clear, and less wordy, contain visuals, showed practical portion sizes, included cultural foods, included physical activity, included recommended water/fluid intake, showed pictures of real foods, and included a real meal example.

Creating new visual resources (e.g., educational videos, traditional recipes, photocards and leaflets with pictures of real food, etc.) that focus on cultural differences must be a priority for the council.

Supplementary conversations

The Food System Team also captured insights from meetings with stakeholders who are keen to pilot the eating resources. This included GPs, dental professionals and charities who work with communities facing inequalities.

Insights from GPs included:

- The importance of conveying a core set of principles and messages which apply to all, then tailoring further guidance to specific groups.
- Ensuring that the format of the resources is suitable for the setting they are being used in, for example, GPs often send information following appointments via text message, therefore a weblink and digital format would be suitable in this scenario.
- Creating a Birmingham based identity for the resources will encourage use and build trust.
- Using trusted voices within communities to convey messages.
- Using faith as a tool to deliver healthy eating messages.

Insights from dental professionals included:

- [The Delivering better oral health: an evidence-based toolkit for prevention \(2021\)](#) is incorporated into the workforce development programme in Birmingham.
- Not only are the types of foods the patients are eating important, but also the frequency and times that they are eating them. For example, the frequency at which free sugars are consumed is important for oral health, especially in between mealtimes. Sugary foods and drinks should only be consumed at mealtimes and should be avoided at bedtime.

- Dental professional felt that there is mixed messaging between nutritional guidance and oral health guidance in the case of fruit, due to the detrimental effects of acidic fruits on enamel.
- Consumption of bottled water over tap water is commonly seen with patients, which is concerning as patients are therefore not consuming the fluoridated tap water which aims to prevent tooth decay. One dentist suggested that if people came from a country where you could not drink the tap water they may be more likely to drink bottled water in the UK even though the tap water is safe and suggested this as an area to explore.
- Resources that are commonly used by dental professionals include flipcharts, food and drink diary sheets and leaflets.



Changing eating behaviours

The determinants of eating behaviours

Eating behaviours are complex and improving eating guidelines alone will not be enough to change eating habits. The purpose of this project is to build a strong foundation on which behaviour change interventions can be built. The resources and interventions that will be developed need to consider the determinants of eating behaviours and food choices.

Captured below are:

- **Determinants** of eating behaviours
- **Description** of the determinant
- **Considerations** for resources and intervention development

Determinant

Biology and genetics

Biology and genetics play a strong role in shaping food preferences, our experience of taste and hunger, how full and satisfied we feel after eating (satiety), our sensory experience of food and how our bodies digest and process food. There are individual differences between people in how we experience and engage with food that are down to biology and genetics that we have no control over.

[Contento I.R. \(2011\)](#)

Considerations

Approaches could be developed that support people who have a biological or genetic predisposition to particular traits, such as supporting people who do not feel satisfied or full after eating.

Determinant

Experience and exposure to food

Repeated tasting and exposure are needed to develop a liking for food. This means familiarity with food and how much exposure we have had across the lifetime has an impact on eating behaviours. It can take 10-15 tries to develop a liking for a food, and sensory exposure plays a role in children's willingness to try foods.

[Kähkönen, K., et al \(2018\); Heath, P. et al. \(2011\)](#)

Considerations

People will find it harder to change their eating habits if they have never experienced or been exposed to a target food. It is necessary to increase the opportunities for children to be exposed to, explore and taste a wide variety of foods. This will be impacted by food insecurity and deprivation as people will not be able to afford the risk of buying a new food and their family not eating it as they cannot afford to waste it.



Determinant

Senses

The sensory experience of eating foods varies between people. This can be impacted by biology, preferences and the environment. Some people experience food tastes in a different way to others, e.g. some vegetables may taste bitter. Infants have around [30,000 taste buds](#) spread throughout their mouths. By the time we hit adulthood, only about a third of these remain, mostly on our tongues. So eating is an intense experience for the very young.

[Contento I.R. \(2011\); Segovia, C. et al. \(2002\)](#)

Considerations

Some people experience the taste of food more strongly than others, especially children. Texture, smell and sight of food have an impact on experience, too. We need to adapt our approach to take this varied sensory experience of food into account.

Determinant

Emotions

We have emotional associations with food and how we experience these emotions can be impacted by nature and nurture. Food plays an important role in our identity, interactions with people, memories, life events and celebrations and commiserations.

[Contento I.R. \(2011\)](#)

Considerations

We should consider how positive emotions and associations can strengthen interventions. We also need to be aware that we cannot separate food from emotions, and criticising a food can feel like a criticism of a person so we should be aware of unintended consequences of messages.

Determinant

Personality

Personality has an impact on eating behaviours including openness to experience, risk aversion, ability to learn to like a food, and how strongly we feel positive and negative emotions. It's worth noting that the evidence for the personality tests is variable because of how they are developed and delivered but there is widespread support for the validity of the [The Big 5 personality traits](#) themselves. Further papers have explored the 10 facets and 30 NEO sub-facets. These models capture the traits that mean people can be impulsive, compliant, low in trust, dutiful, self-disciplined, assertive, anxious and many more traits.

[Judge, T.A., et al. \(2013\)](#)

Considerations

The huge variety in personality traits mean that people respond to the same interventions and messages in very different ways, and people's responses can seem unpredictable. We should consider approaches through the lens of different personality traits and the potential impact, and unintended consequences, that could result from people with different traits interacting with interventions.

Determinant

Personal factors

Factors such as beliefs, attitudes, knowledge, skills and perceived social norms all play a role in eating behaviours. [The COM-B Model](#) is a useful way to explore the role of capability, opportunity and motivation in eating behaviours.

[Contento I.R. \(2011\); Michie, S. et al.\(2011\)](#)

Considerations

There are many behavioural science models that can support with developing interventions and resources.



Determinant

Individual's psychological state

Situations of emotional difficulty, states of anxiety and stress, situations of rejection or loneliness can impact on eating behaviour.

[Contento I.R. \(2011\)](#)

Considerations

There are times where an eating behaviour intervention is the inappropriate response, as the eating habits are a symptom of something else, such as someone's psychological state. We need to support a person to tackle the cause, not the symptom, in this situation.

Determinant

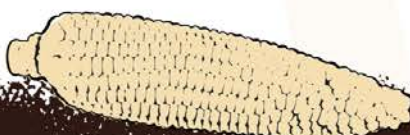
Social environment and culture

Interpersonal factors such as the social environment including family, friends and other social networks, social structures and culture play a role in eating habits.

[Contento I.R. \(2011\)](#)

Considerations

We need to consider the wider social context when developing and tailoring interventions and resources.



Determinant

Social change tipping point

[Centola, D., \(2018\)](#) suggest that when 25% of someone's peers or social circle take on a behaviour it has reached the threshold for a tipping point, and larger scale behaviour change follows as the social norms shift. If not many people a person knows does a behaviour it will be harder to convince them to do it. This is where personality can have a big impact, as early adopters of a behaviour are more likely to be open to new experiences or like to be different from the crowd. People who are more risk averse are more likely to adopt a behaviour once it is more common in their social circle.

[Centola, D., et al. \(2018\)](#)

Considerations

When exploring eating behaviours, it's important to consider whether it is a minority or majority action in the target person's social circle and adapt the approach accordingly. Also consider personality traits and the likelihood someone will do something different to their social circle. It is also important to note that this effect is not based on population level behavioural norms, but rather it is the social circle that a person relates to that matters.

Determinant

Environmental and commercial determinants

Food availability and accessibility, the food environment, time, finance and resources, economic environment, food advertising and marketing.

[Contento I.R. \(2011\)](#)

Considerations

A coordinated approach to transforming the whole food system is essential if we want more people to eat healthy and sustainable food. This project is only one part of the [Birmingham Food System Strategy](#) delivery.



Determinant

Social dynamics and mechanisms

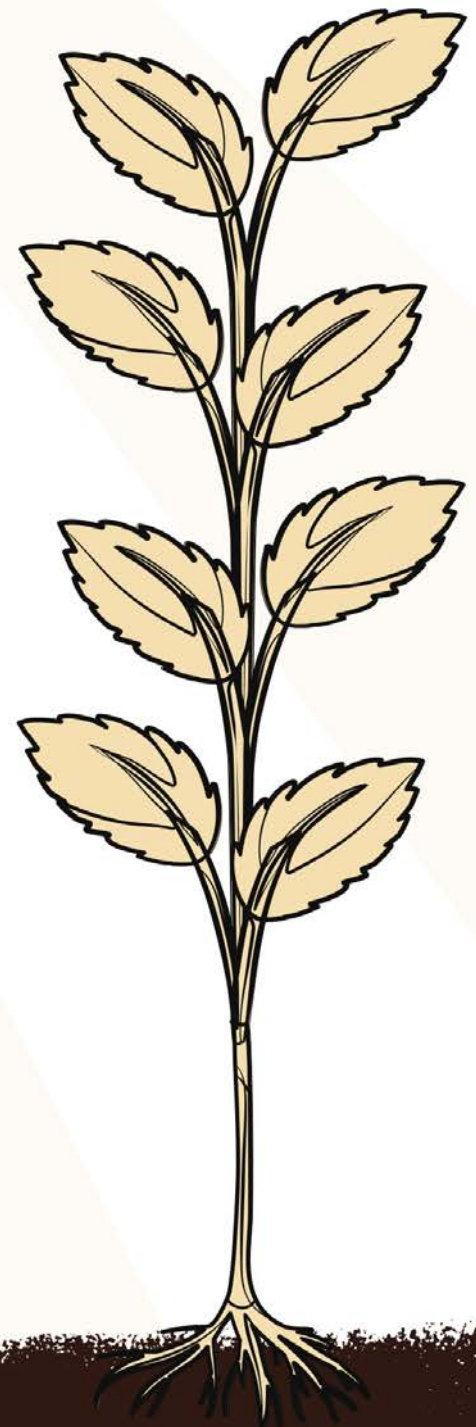
There are seven social dynamics/mechanisms that have an impact on behaviours and can be utilised to maximise the impact of interventions. These are:

- 1. Social learning** - People learn from others by observing their behaviours, including through imitation, teaching, and spoken or written language.
- 2. Social comparison** - People use information about someone else to evaluate themselves. It influences motivation as people want to see themselves favourably in comparison to someone they consider to be worse off, and desire self-improvement when comparing themselves to someone they see positively or aspire to be like.
- 3. Social norms** - Following the behaviour of other people in order to be liked and accepted, e.g., following societal conventions or experiencing peer pressure.
- 4. Social facilitation** - The sense of being observed, whether real or imagined, creates an atmosphere of evaluation. It can enhance performance, speed, and accuracy of well-practiced tasks, but reduces their performance for less familiar tasks.
- 5. Social cooperation** - This is an activity aimed at working together or achieving a common goal. It can provide intrinsic motivation that wouldn't be there if the other people were absent.
- 6. Social competition** - This happens when people are trying to achieve the same goal/outcome, but it is scarce, e.g., qualifying, gold medal, getting a job offer, being perceived as "the best". What they are striving for could be limited, e.g., top of the group where there is only one space or based on a threshold that several people could achieve, e.g., achieving the top level of achievement.
- 7. Social recognition** - People experience a positive emotional reward of social recognition when they receive appreciation and acknowledgement of success in front of an audience. Also, assigning special titles and badges can be ways to make achievements visible to others.

This was heavily inspired by [Stibe, A. et al. \(2019\)](#)

Considerations

These seven social dynamics and mechanisms can be built into interventions and resources. Further exploration will be required to identify which ones will be most effective in different contexts.



Determinants of eating behaviours references:

Centola, D., Becker, J., Brackbill, D. and Baronchelli, A. (2018). [Experimental evidence for tipping points in social convention](#). *Science*, 360(6393), pp. 1116-1119.

Contento I.R. [Overview of Determinants of Food Choice and Dietary Change: Implications for Nutrition Education](#). Jones & Bartlett Learning, LLC; Burlington, MA, USA: 2011. [[Google Scholar](#)]

Heath, P. et al. (2011). [Increasing food familiarity without the tears](#). A role for visual exposure? *Appetite*, 57(3), pp. 832-838.

Judge, T.A., et al. (2013). [Hierarchical Representations of the Five-Factor Model of Personality in Predicting Job Performance: Integrating Three Organizing Frameworks With Two Theoretical Perspectives](#). *Journal of Applied Psychology*, 98(6), pp. 875-925.

Kähkönen, K., et al (2018). [Sensory-based food education in early childhood education and care, willingness to choose and eat fruit and vegetables, and the moderating role of maternal education and food neophobia](#). *Public Health Nutrition*, 21(13), pp. 2443-2453.

Michie, S., van Stralen, M.M. & West, R. (2011) [The behaviour change wheel: A new method for characterising and designing behaviour change interventions](#). *Implementation Science*, 6(42).

Segovia, C. et al. (2002). [A quantitative study of fungiform papillae and taste pore density in adults and children](#). *Developmental Brain Research*, 138(2), pp. 135-146.

Stibe, A. et al. (2019). [Social Influence Scale for Technology Design and Transformation](#). 561-577. [10.1007/978-3-030-29387-1_33](#).



Achieving behaviour change

Eating behaviours are complex. We need to ensure we look beyond the people whose behaviour we want to change and consider other key factors that have an impact on their behaviour such as social, commercial and environmental determinants, and the other people whose behaviour we need to change (e.g. family members, caterers, decision makers). Once the behavioural system is understood it becomes possible to identify the barriers and facilitators to a person changing their behaviour and to develop solutions. During the resource development in Phase 3 of this project, the following questions will be considered:

What behavioural science approaches and resources could be utilised to support behaviour change?

We will consider what resources could help identify target behaviours and increase capability, opportunity and motivation to carry out these behaviours. Professionals who support people with food education and behaviour change will need resources to help them meet the needs of the people they work with, including identifying target behaviours and approaches that suit the individual and the context of delivery.

What outcome are we trying to achieve?

Outcomes include weight loss, improved blood pressure or more energy. The target outcomes will vary for different professional groups, communities and individuals and tailored resources may need to be developed for different outcomes.

What behaviours are needed to achieve this outcome?

Behaviours include eating fruits and vegetables with every meal, reducing sugar in coffee, cooking from scratch more often. Professionals and communities may benefit from a resource to support with identifying what behaviours will help achieve different outcomes and selecting which one is most likely to be effective for the target audience.

Who needs to do what differently, including when and how, to achieve this behaviour change?

Avoid choosing behaviours that are attractive but have little impact on the problem. For example, delivering an intervention to increase cooking skills will not change eating behaviours if the barrier is finding time to cook. It is important to build on small steps rather than setting unachievable behavioural goals. Another consideration is identifying the roles of different members of the household as different people may do the food shopping, cook and serve food and it may be that different interventions are needed for different family members.

What other behaviours are involved in supporting or preventing this change?

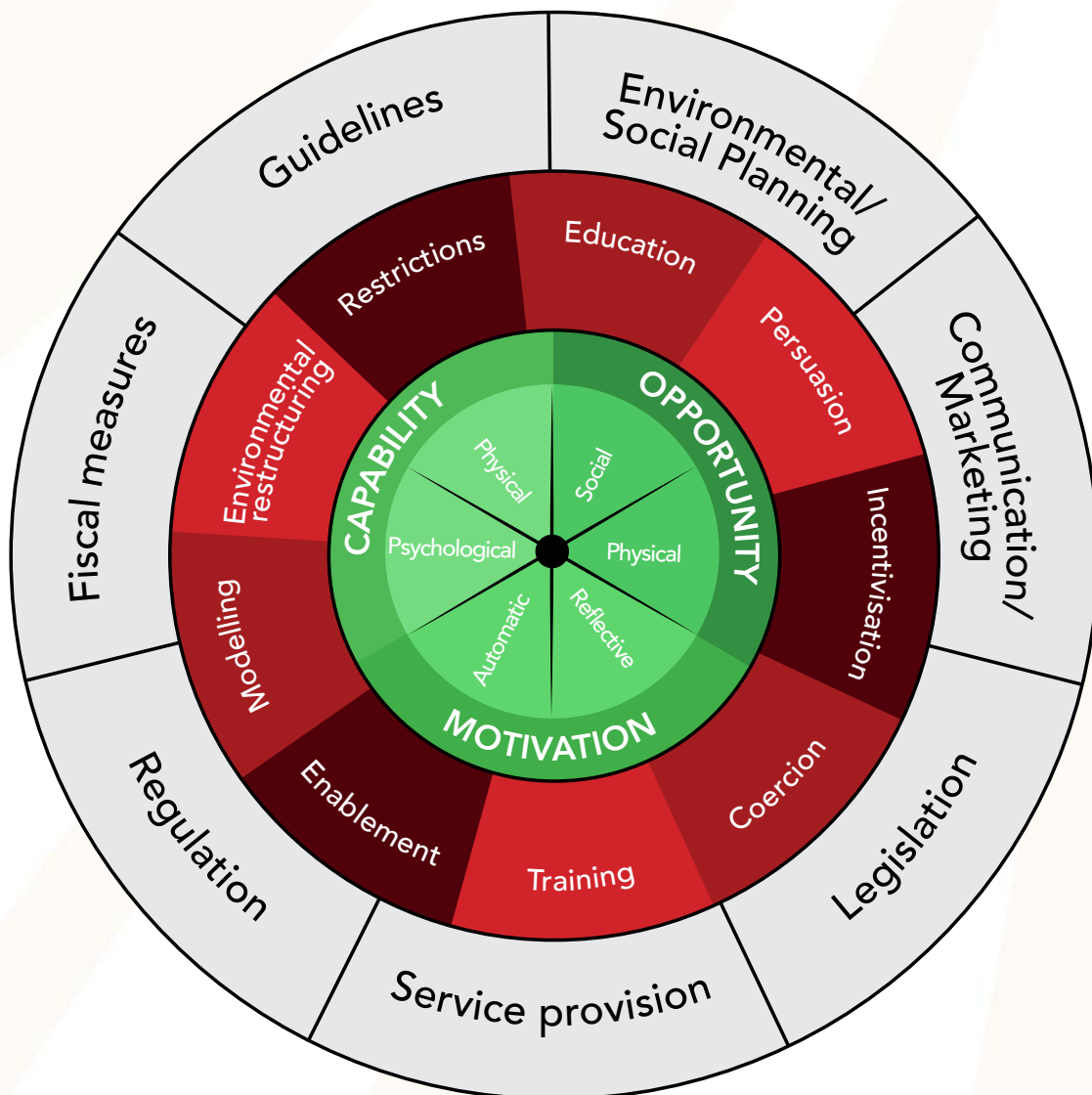
For example, eating healthier snacks may require a person to plan in advance and purchase different foods at the shop earlier in the week.



[The Achieving behaviour change: A guide for local government and partners \(2020\)](#) (ABC Guide) was developed by behavioural scientists and provides a structured approach to achieving behaviour change. The ABC Guide is based on a framework known as the [Behaviour Change Wheel \(BCW\)](#). It can be used to help develop behaviour change interventions from scratch, build on or modify existing interventions, or choose from existing or planned interventions.

The Behaviour Change Wheel

■ Sources of behaviour
 ■ Intervention functions
 ■ Policy categories



Source: Michie, S., van Stralen, M.M. & West, R. (2011) [The behaviour change wheel: A new method for characterising and designing behaviour change interventions](#). *Implementation Science*, 6(42).

The Behaviour Change Wheel involves a number of processes to achieve behaviour change. These include:

1 Assessment

Assessment applies to every part of the process of developing, selecting and implementing interventions. The BCW lists criteria to apply when making these judgements under the acronym, APEASE:

- **A**ceptability
- **P**racticability
- **E**ffectiveness
- **A**ffordability
- **S**ide-effects
- **E**quity

2 Behaviour selection

This includes identifying behaviour to target as well as the group or groups of people being targeted.

3 COM-B diagnosis

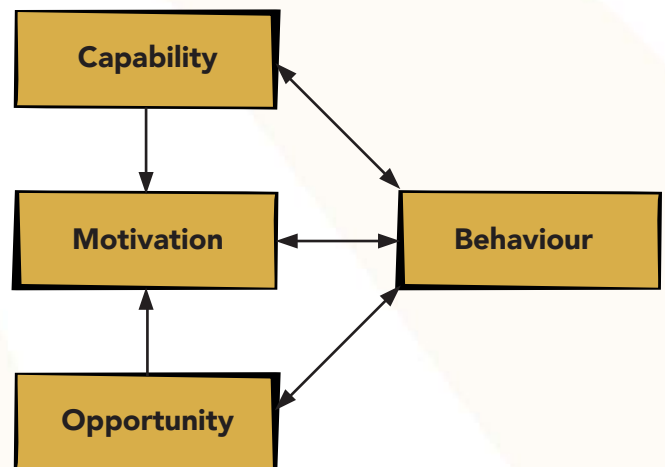
[The COM-B Model](#) proposes that there are three components to any Behaviour (**B**): Capability (**C**), Opportunity (**O**) and Motivation (**M**). In order to perform a particular behaviour, one must feel they:

- Are both psychologically and physically able to do so (**C**)
- Have the social and physical opportunity for the behaviour (**O**)
- Want or need to carry out the behaviour more than other competing behaviours (**M**)

As each of these components interact, interventions must target one or more of these in order to deliver and maintain effective behaviour change. If we are clear about what and whose behaviour needs to change we have to work out what is required to achieve the desired behaviour in terms of one or more of:

- **Capability** – having the physical and mental ability to engage in the behaviour (e.g. knowledge, physical and mental skills, mobility, and strength)
- **Opportunity** – being in a physical and social environment that supports the behaviour or makes it possible
- **Motivation** – being more motivated to do the target behaviour than other behaviours we might do instead

[The ABC Guide](#) provides example questions that can be asked through surveys, observation, discussion groups and interviews to support with the COM-B diagnosis process.



4 Selecting intervention types

Some types of intervention work mostly on capability, some on opportunity and some on motivation. The BCW approach matches the choice of intervention strategy to behavioural influences identified in the COM-B diagnosis. The BCW covers the full range of intervention types: Education, Persuasion, Incentivisation, Coercion, Training, Restriction, Environment restructuring, Modelling, and Enablement. These are sometimes referred to as 'Intervention Functions'.

5 Formulating an intervention strategy

There are often a number of ways that a given intervention approach can be delivered. The BCW describes the range of options: Guidelines, Legislation, Service provision, Fiscal policies, Environmental Planning, Communications and Marketing, and Regulation. These are sometimes referred to as 'Policy Categories'.

6 Constructing an intervention

The full intervention needs to be described in terms of:

- a) **It's component 'Behaviour Change Techniques' (BCTs) or 'content'.**
Examples of BCTs include: 'goal setting', 'action planning', and 'social support'.
- b) **The way that these are delivered.**
Delivery of interventions involves the 'source' of the intervention (the people or organisations delivering it), the 'mode of delivery' (e.g. face-to-face, online etc.), and the schedule (the timing of the intervention and its components).



Community insights

Alongside the work undertaken as part of Phase 1 and 2 of the project, the Food System Team also utilised research carried out by other teams within the Public Health Division at Birmingham City Council to further inform the project.

Community Health Profiles

[The Community Health Profiles](#) provide a desktop analysis of published evidence, grey literature and population survey data within a specific community of focus. They provide an insight of the inequalities within a community. Profiles have been produced for a wide range of communities including ethnic groups, regional communities, disabled communities, religious and faith communities and LGBTQ+ communities. Each profile includes a section on healthy and affordable food, exploring diet and obesity prevalence.

The profiles have been used to further explore the insights from Phase 1 and 2 of the project, and to guide the recommendations for action using published evidence and population survey data alongside the qualitative data collected by the commissioned providers.

The following table captures key insights from the Community Health Profiles of **ethnic group or country of birth**.

COMMUNITY HEALTH PROFILE	KEY INSIGHTS
Bangladeshi Community Health Profile (2021)	<ul style="list-style-type: none"> • Research has found that Bangladeshi foods are not grouped by nutritional content, but by their perceived strength, nourishing power, and digestibility. • Within studies, “strong” foods, perceived as energy giving, included white sugar, lamb, beef, ghee (derived from butter), solid fat, and spices. These may be deemed as health giving. • Foods of low digestibility, such as broccoli, rolled oats and brown rice, may be considered unsuitable for the elderly, debilitated, or young people. • One study found that children complained about lack of diversity in the meals eaten at home, often seeking alternatives in junk foods.
Chinese Community Health Profile (2023)	<ul style="list-style-type: none"> • There are various cuisines throughout regions in China, each involving unique cooking methods and traditional foods. • The most common ingredients include rice, fish, a wide variety of meat, tofu, garlic, ginger, green onions and soy sauce. • A higher proportion of Chinese men and women added salt during cooking, when compared to the general population, according to the Health Survey for England, 2004.
Gypsy, Roma, Traveller Community Health Profile (2023)	<ul style="list-style-type: none"> • There is little evidence regarding diet, nutrition and body weight among Gypsy, Roma and Traveller communities. • Local studies in the UK have reported that Gypsies, Roma and Travellers have diets that are low in fruits and vegetables and high in fast foods. • Studies report that challenges to accessing support such as Healthy Start Vouchers include low awareness, low literacy and not speaking English.

COMMUNITY HEALTH PROFILE	KEY INSIGHTS
Indian Community Health Profile (2022)	<ul style="list-style-type: none"> • The Health Survey for England 2004 reported that compared with the general population, use of salt in cooking was higher among ethnic minority groups; 93% and 92% of Indian men and women used salt in cooking, respectively. • Furthermore, over a third of Indian men & women meet the five-a-day recommendation.
Irish Community Health Profile (2023)	<ul style="list-style-type: none"> • The consumption of fruits and vegetables was the same for both White Irish and White British ethnic groups (3.5 portions per day), according to the Health Survey for England 2022. • Obesity rates were similar between White Irish and White British ethnic groups. • The Irish diet is traditionally built around potatoes, grains (especially oats) and dairy products. • Traditional dishes include soda bread, barm brack and Irish stew.
Kenyan Community Health Profile (2022)	<ul style="list-style-type: none"> • There is no data or published research on the diet of the Kenyan community in the UK. • However, data from the Kenyan STEPS Survey found a high awareness among Kenyans of the health risks associated with having a high salt and sugar intake, but this did not necessarily equate to reduction. • Kenyan cuisine has multiple cultural influences. The national dish of Kenya is considered to be nyama choma (grilled barbecue of beef or goat meat served with ugali – cornmeal, and kachumbari – vegetable salad).
Nigerian Community Health Profile (2022)	<ul style="list-style-type: none"> • In the Health Survey for England 2004, the percentage of people who eat 5-a-day was lowest in the 'Black' group (data only for the pan-ethnicity was available). • Popular and traditional Nigerian foods include jollof rice, iyan (pounded yam) and pepper soup.
Pakistani Community Health Profile (2022)	<ul style="list-style-type: none"> • 93% and 88% of Pakistani men and women used salt in cooking, respectively, according to the Health Survey for England 2004. • Focus group research with Pakistani women, carried out in Greater Manchester, found a lack of motivation to address weight gain and type 2 diabetes. Barriers included familial expectations on home cooking.
Somali Community Health Profile (2022)	<ul style="list-style-type: none"> • A study found that a typical Somali diet comprised of rice, pasta, and red meat, with importance placed upon meat in the diet. • Research has found that fruit and vegetable intake is minimal, with a cultural association to poverty. • A study reported many eating one meal per day, with little snacking between meals.



COMMUNITY HEALTH PROFILE	KEY INSIGHTS
South African Community Health Profile (2023)	<ul style="list-style-type: none"> • There is limited information on dietary intake among South Africans in the UK. • Anaemia is common in South African women. In 2017, Public Health England suggested that attention must be paid to South African women and children on arrival to the UK, due to the increased risk of anaemia. • Average consumption of red meat in South Africa is substantially above the recommended maximum target intake of 14g/day (149g, 1061% of target) according to the Global Nutrition Report, 2023. • South Africa is one of the countries with the highest obesity prevalence in Africa. • Traditional South African foods include biltong, bunny chow and bobotie.

The following table captures key insights from the Community Health Profiles of **regional communities**.

COMMUNITY HEALTH PROFILE	KEY INSIGHTS
Arab Community Health Profile (2023)	<ul style="list-style-type: none"> • There is no research evidence on the food culture of UK Arabs, but the majority follow a Muslim faith food culture. • Vitamin D deficiency levels were high amongst Arab women in western countries who wore veils and did not take vitamin supplements. • Research into the reason for high levels of obesity in Arab nations has focused on genetic predispositions, lack of physical exercise and food culture and diets.
Caribbean Community Health Profile (2022)	<ul style="list-style-type: none"> • Generational differences have been found, with fruit and vegetable consumption decreasing by generation. • In the Caribbean foods are categorised into six groups (staples, legumes, animal foods, fruits, vegetables, and fats and oils). • The staples group includes rice, ground provisions (tubers), wheat, oats, corn, and starchy fruits. This group forms the foundation of the Caribbean diet.
Central African Community Health Profile (2023)	<ul style="list-style-type: none"> • There is no data for eating habits among Central Africans in the UK. • International data from 2022 showed high consumption of red meat and low consumption and fruit and vegetables and legumes. • Central African Cuisine varies by country, but common foods include cassava, rice, millet and maize.
Central and Eastern European Community Health Profile (2023)	<ul style="list-style-type: none"> • A study exploring the impact of migration to the UK on the dietary patterns of Polish nationals found migrants gradually met native-born levels of obesity following transition. • The Health Survey for England 2011-2019 recorded the mean BMI for Other White people in England was 25.4 for women and 26.2 for men. This compares to 27.5 and 27.4 respectively for the White British population.

COMMUNITY HEALTH PROFILE	KEY INSIGHTS
Latin American Community Health Profile (2023)	<ul style="list-style-type: none"> • There is limited data on the dietary habits of Latin Americans in the UK. Latin American countries have poor average nutritional intake of many food items, including fruit, vegetables, legumes, nuts and wholegrains. • Obesity rates in Latin American countries have risen in recent years. • In terms of meal patterns, lunch is usually the largest meal of the day and is eaten with the family. Foods such as tortillas, rice and beans may be included in any meal. Snacks are an important part of Latin food culture, and fruits and vegetables are popular snacks served with a spicy chili seasoning.
Pacific Islanders Community Health Profile (2022)	<ul style="list-style-type: none"> • There is no data or published research on the diet of the Pacific Islander community in the UK. • Studies from New Zealand found that healthy foods are considered costly and large meals/portion sizes are common within Pacific communities.

The following table captures key insights from the Community Health Profiles of **disabled communities**.

COMMUNITY HEALTH PROFILE	KEY INSIGHTS
Deaf and Hearing Loss Community Health Profile (2022)	<ul style="list-style-type: none"> • Deaf respondents consume similar portions of fruit but eat slightly more vegetables and are more likely to eat fried food and consume it more regularly according to research. • More Deaf people are obese than the general population in the UK, reported by the charity SignHealth in 2014. • There is limited evidence to understand the knowledge of healthy eating and portions among Deaf and hearing loss communities.
Sight Loss Community Health Profile (2022)	<ul style="list-style-type: none"> • People with severe visual impairments face many challenges that make it difficult to sustain a healthy diet. • Mobility problems may make shopping difficult and preparing and cooking food may be additional burdens.



The following table captures key insights from the Community Health Profiles of **religious and faith communities**.

COMMUNITY HEALTH PROFILE	KEY INSIGHTS
Muslim Community Health Profile (2022)	<ul style="list-style-type: none"> • Qualitative studies exploring Muslim communities' perceptions of obesity report that culturally inappropriate services and cultural barriers prevent women from managing their weight. • A review of UK South Asians' health beliefs reported not understanding the role of lifestyle in certain diseases and having fatalistic beliefs about the inevitable nature of diseases.
Sikh Community Health Profile (2021)	<ul style="list-style-type: none"> • Many Sikh families are vegetarian for religious reasons. • Food choices are influenced by the ages of family members and preferences. • Food is a staple for celebration at many Sikh festivals such as Gurupurabs, Vaisakhi and Holla Mohalla. • Langar (communal free kitchen) is provided at Gurdwaras, serving free food to all regardless of age, ethnicity or religion.

The following table captures key insights from the Community Health Profiles of **LGBTQ+ communities**.

COMMUNITY HEALTH PROFILE	KEY INSIGHTS
Bisexual Community Health Profile (2023)	<ul style="list-style-type: none"> • There is limited evidence on the diet and nutritional patterns of bisexual people. • Studies indicate that more bisexual people engage in disordered eating than their heterosexual peers. • Anecdotal evidence also suggests links between those who identify as vegan or vegetarian and LGBTQ+ communities.
Gay Men and other MSM Community Health Profile (2023)	<ul style="list-style-type: none"> • There is limited evidence on the diet and nutritional patterns of gay and other men who have sex with men communities. • Reports have found that gay men are more likely to eat five or more portions of fruit and vegetables compared to the national average. • Evidence shows that fewer gay men are overweight or obese than their heterosexual counterparts.
Lesbian Community Health Profile (2022)	<ul style="list-style-type: none"> • Evidence suggests that lesbians are more at risk of developing eating disorders. • Bulimia and anorexia were the two most common eating disorders amongst lesbian and bisexual women. • There is limited evidence to understand the knowledge of healthy eating and portions among lesbian populations. • Rates of obesity are higher amongst lesbians than their heterosexual counterparts.

COMMUNITY HEALTH PROFILE	KEY INSIGHTS
Trans Community Profile (2022)	<ul style="list-style-type: none"> • Most of the literature on trans people’s health relates to trans people’s access to healthcare, with multiples barriers cited. This includes discrimination from healthcare staff. • Evidence indicates that trans people have a higher prevalence of eating disorders than their (LGB) cisgender counterparts. • There is no evidence on diet, nutrition, eating habits, food poverty or level of engagement with environmental issues for the trans population in the UK.

The following table captures key insights from the Community Health Profiles of **other communities**.

COMMUNITY HEALTH PROFILE	KEY INSIGHTS
Age 16 to 24 Student Population Profile (2023)	<ul style="list-style-type: none"> • A high proportion of students report that they eat an unhealthy diet, also reporting other unhealthy lifestyle factors such as smoking, low physical activity and high takeaway consumption. • According to studies, female students tend to have healthier eating intentions compared to male students. • Moving to university comes with many big life changes, such as living with new people and a lack of support network, which all can have a big impact on diet. • Social influence has been reported to affect the eating behaviours of university students, such as eating in the presence of an unhealthy partner.



Healthy Faith Setting Toolkits

The role of faith in dietary patterns was highlighted in both the community research focus groups and conversations that the Food System Team had with GPs working with diverse communities. Faith can play a role in healthy eating by guiding dietary practices and encouraging moderation. Religions often provide guidelines and principles surrounding different types of food and drink and food is often used to foster social cohesion through celebrations.

The [Healthy Faith Setting Toolkits](#) have been used to deepen understanding of this, exploring the health inequalities experienced within Birmingham in the context of different faiths (Buddhism, Christianity, Hinduism, Islam, Judaism and Sikhism). The toolkits detail messaging around healthy eating through the context of each religion, which will guide the development of the resources which are designed to be used in faith settings.

The following table captures key insights from the Healthy Faith Setting Toolkits.

HEALTHY FAITH SETTINGS TOOLKIT	KEY INSIGHTS
Buddhist Healthy Faith Settings Toolkit (2022)	<ul style="list-style-type: none"> • Buddhists are encouraged to follow specific dietary guidelines, but these can differ based on the form of Buddhism practiced. This includes avoiding killing and harming living beings, so many are vegetarian. A large majority of Buddhists also avoid alcohol and certain types of vegetables. • Mindful eating is also considered important in the Donapaka Sutta. • Recommendations for religious leaders include using temples as sites for providing education and targeting education to households as a whole or focus on older women, who are often responsible for meal preparation.
Christian Healthy Faith Settings Toolkit (2022)	<ul style="list-style-type: none"> • Generally, there are no specific dietary restrictions that Christians follow. • Some abstain from alcohol, and many give up certain food items during lent. • Rates of obesity are higher amongst the most common Christian ethnic groups (White British and Black-ethnic). • Community provision is extremely important amongst Christian cultures, with many churches regularly supporting those in crisis by offering food donated by the community. • Recommendations for religious leaders include using Church venues as sites for education and to provide guidance about making traditional meals healthier.
Hindu Healthy Faith Settings Toolkit (2022)	<ul style="list-style-type: none"> • Many Hindus observe the idea of ahimsā, compassion and vegetarianism because of their belief in God’s pervasiveness in all living beings. • Four out of five Hindus fast, which may be regularly or on festivals and occasions of spiritual significance. Different types of fasting include only eating fruits or without taking any food or water at all. • In addition, some will only accept food that has been offered to God, only eating meals prepared at home or at a mandir. • Education around ensuring good intake and specific nutrients is important for those on vegetarian diets. • Recommendations for religious leaders include involving healthcare professionals who understand cultural and religious factors.

HEALTHY FAITH SETTINGS TOOLKIT	KEY INSIGHTS
Islamic Healthy Faith Settings Toolkit (2022)	<ul style="list-style-type: none"> • Cooking methods often add calories and fats, such as frying foods in ghee. • Islam’s approach to healthy eating is based on two premises. Only the pure is allowed, with certain foods being forbidden and many references to Halal. Moderation is also important. Ali ibn al-Husayn ibn Waqid said; ‘Allah put all medicine into half a Quranic verse when he said: ‘Eat and drink, but not excessively’ (7: 31). • During Ramadan, Muslims are required to fast. • Recommendations for religious leaders include creating a Sunnah inspired food guide and promote the Sunnah fasting days.
Jewish Healthy Faith Setting Toolkit (2022)	<ul style="list-style-type: none"> • The Jewish practice of kashrut (keeping kosher) teaches one to be mindful of food, how it is prepared and how its consumed. Kosher is not strictly adhered to by all Jewish people, but there is an awareness of the importance of ‘good’ food. • Kashrut also encompasses being mindful about preparing food and there are 6 different prayers for different food types. • Recommendations for religious leaders include using synagogues as sites for providing education and involving trusted health professionals.
Sikh Healthy Faith Setting Toolkit (2022)	<ul style="list-style-type: none"> • A lot of research has been published on Sikhs, diet and food but largely not in the UK context. • Patterns of eating amongst Panjabi Sikh men are known to contribute to high rates of diabetes and cardiovascular disease, with masculinity and gender ideals influencing practices. • The meaning of Langar is community dining hall and this refers to the offering of free vegetarian food to all who come to the Gurdwara. Many Sikh kitchens are becoming food banks. • Recommendations include acknowledging the diversity within the community, creating of resources which are culturally sensitive and using co-creation.



Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

The [Birmingham and Lewisham African Caribbean Health Inequalities Review \(BLACHIR\)](#) set out to reveal and explore the background to health inequalities experienced by Black African and Black Caribbean communities. The review emphasises the importance of increasing people’s skills, knowledge and understanding and confidence to find and use health information as a way to achieve healthier communities. Many in the Black African and Black Caribbean communities have not been supported to develop in this area in ways that align with their culture and community.

Opportunities for action identified include working with Black African and Black Caribbean communities to deliver culturally appropriate and accessible support around positive health behaviours, with healthy eating falling under this umbrella. The report supports our findings of the need for culturally appropriate guidance.

The following table summarises themes and key insights from the BLACHIR report to be considered in the development of diverse eating guides.

THEME HIGHLIGHTED IN THE BLACHIR REPORT (2022)	KEY INSIGHTS
Health literacy	<ul style="list-style-type: none"> Increasing people’s skills, knowledge and understanding and confidence to find and use health information as key to achieve healthier communities. Many in the Black African and Black Caribbean communities have not been supported to develop in this area in ways that work with their culture and community. There is a need to provide culturally appropriate guidance and services.
Healthier behaviours	<ul style="list-style-type: none"> Unhealthy behaviours such as eating an unhealthy diet are a growing concern amongst Black African and Black Caribbean people. This is not helped by a lack of culturally competent resources and services. Opportunities for action include working with faith settings to understand the positive role of faith and working with Black African and Black Caribbean communities and organisations to co-create and deliver culturally appropriate and accessible support on positive health behaviours.
Wider determinants	<ul style="list-style-type: none"> The main causes of inequalities in Black African and Black Caribbean communities were found to be higher levels of deprivation, racism and discrimination, lack of cultural expertise and sensitive methods and higher rates of mental health issues. Opportunities for action include understanding the impacts of the food environment and food poverty on Black African and Black Caribbean communities, and devise strategies to address the structural issues at a community level.

Key findings

The following table summarises the key findings from Phase 1 and 2 of the project including other research and supplementary conversations with stakeholders. It details what should be included in the guides in terms of content, visuals and format as well as the settings in which they should be available and tailored for.

Approach and messages to communicate
<p>Have core messages that can be tailored to the individual</p> <p>There is no universal “correct” diet. We need to support people to develop the diet that is right for them and develop solutions that support them with implementing this diet. We should...</p> <ul style="list-style-type: none">• Eat a wide variety of foods within meals, across the day, and across the week.• Eat the correct proportion of each of the food groups and adapt this to individual physical needs.• Add nutritious foods to meals and dishes (e.g., more wholegrain, whole foods, fruits and vegetables, nuts, seeds and beans and pulses).• Eat in moderation and not to excess. Portion sizes should meet an individual’s physical needs.• Limit consumption of meat and dairy, ultra-processed food, and foods high in fat, salt and sugar.• Stay hydrated and drink mainly water.
<p>Tailor messages to the individual’s circumstances</p> <p>Ensure messages resonate with individuals, e.g., align with faith, culture, lifestyle, emotions, motivations.</p>
<p>Explain why recommendations are made</p> <p>Explain the reason why recommendations are made by sharing the evidence in a way that is relatable and relevant to the individual.</p>
<p>Support overall wellbeing</p> <p>Consider the person as a whole e.g., through the lifestyle medicine pillars of mental wellbeing, minimising harmful substances, healthy relationships, healthy eating, sleep and physical activity. Consider how these pillars interact and do not treat eating habits in isolation.</p>
<p>Explore not only what a person eats, but why they eat it, before developing solutions</p> <p>Understanding the driver behind an individual’s eating behaviour will reveal different solutions than if you focus on the food itself. For example, if an individual eats high sugar cereal bars because they need to eat breakfast whilst on public transport, this will not be solved by suggesting they eat wholegrain cereal as this is more difficult to eat on the go. Instead, healthy and sustainable grab and go options could be suggested to match the driver of the behaviour.</p>
<p>Fix the cause, not the symptom</p> <p>Consider the determinants of eating behaviours and whether eating habits are the cause of an issue (e.g. drinking hot chocolate with cream on daily has led to weight gain) or the symptom of something else (e.g. eating poorly as a way to cope with stress) before deciding on the support a person needs.</p>
<p>Focus on progress and making small, achievable improvements with eating behaviours</p> <p>Provide a hierarchy of recommendations and focus on moving a person up the hierarchy relative to their starting point by making small, achievable improvements, rather than trying to reach the “perfect” eating behaviour. This can be applied to several topic areas where behaviours fall on a spectrum from very unhealthy or unsustainable through to very healthy and sustainable.</p>

Approach and messages to communicate

Overcome barriers and support facilitators

Support the development of practical solutions that enable a person to overcome barriers to improving their eating habits (e.g., planning how to ensure they have healthy and sustainable snacks available so they can eat to reduce hunger and then cook a meal from scratch instead of getting a takeaway).

Content to display in resources

Cultural foods and traditional familiar food types which are readily available in the UK

Short, simple, informative messages (e.g., include a variety of foods for a healthy diet)

Universal core messages which are adaptable to personal circumstance

Show portion sizes in an understandable format (e.g., using hands/palms, other visual aids)

Recommended levels of physical activity

Daily recommended water intake / fluid

Examples of whole meals as well as individual food types (e.g., 'ideal' meal)

Cooking information (e.g., healthier option to bake not fry)

Food swap information.

- a) Healthier (e.g. wholemeal pasta)
- b) Affordable (e.g., tinned, or frozen veg)

Ensure the guides require no prior knowledge, and that they can stand alone with no further explanation

Include guidance on oil, fats, sugar, and salt (and how to reduce the amount used)

Visual

Simple, eye-catching and colourful

Less words and more visuals

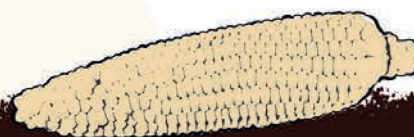
Large font

Include images of real foods (not drawings)

Include examples of whole, composite meals as well as individual food types

Plates or pyramids preferred to other options

Engaging and fun



Format

Posters and leaflets

Online versions

Translated versions, available in multiple community languages

Interactive versions – simple initial guide, but options for more detail

App – more personalised, information tailored to different cultures

Resources all in one location

Games aimed at children

Videos

Settings

Focus on public spaces including:

- Schools
- Workplaces
- Healthcare settings (e.g., GPs, Pharmacies, Hospitals etc.)
- Community centres
- Faith settings
- Supermarkets
- Public transport
- Libraries
- Social media (target younger generations)
- News outlets (e.g., TV, Radio)

More community events, including face to face cooking workshops and community garden events. Use community settings to explore the intergenerational sharing of knowledge and skills.

Creative – utilise arts, museums and performing arts



Recommendations for action

In light of this, it is recommended that Birmingham City Council develop resources to take into account the key findings from Phase 1 and 2 of the project and co-ordinate a city-wide approach whilst steering away from the one-size fits all methodology.

The recommendations are as follows:

1. Develop guidance for various groups

Utilise behavioural science approaches to produce tailored healthy eating guidance for various groups which may include:

- Culture and faith (e.g. faith-based, adapted to common ingredients in Europe, Africa, Middle East and North Africa, South Asia, East Asia and South East Asia, South America and Latin America, and Caribbean).
- Circumstance (e.g., pregnancy, breast feeding, high physical activity and different work patterns).
- Diet (e.g., vegan, vegetarian).
- Health conditions (e.g., diabetes, hypertension, cardiovascular disease, coronary heart disease, Crohn's disease, coeliac disease, allergies, and intolerances).
- Life stage (e.g., children, young adults, and older adults).
- Affordable (e.g., Universal Credit/benefits/government assistance budget).
- Additional needs (e.g., literacy levels, learning and neurological needs, and physical disability).

2. Develop resources for professionals and different settings

Utilise behavioural science approaches to produce resources which are adaptable for different professionals and settings, to include:

- GPs and health professionals (adapted for different professions and settings).
- Teachers and education professionals (adaptable for different ages).
- Community settings (including faith settings, youth centres, community centres, and food aid projects).



3.

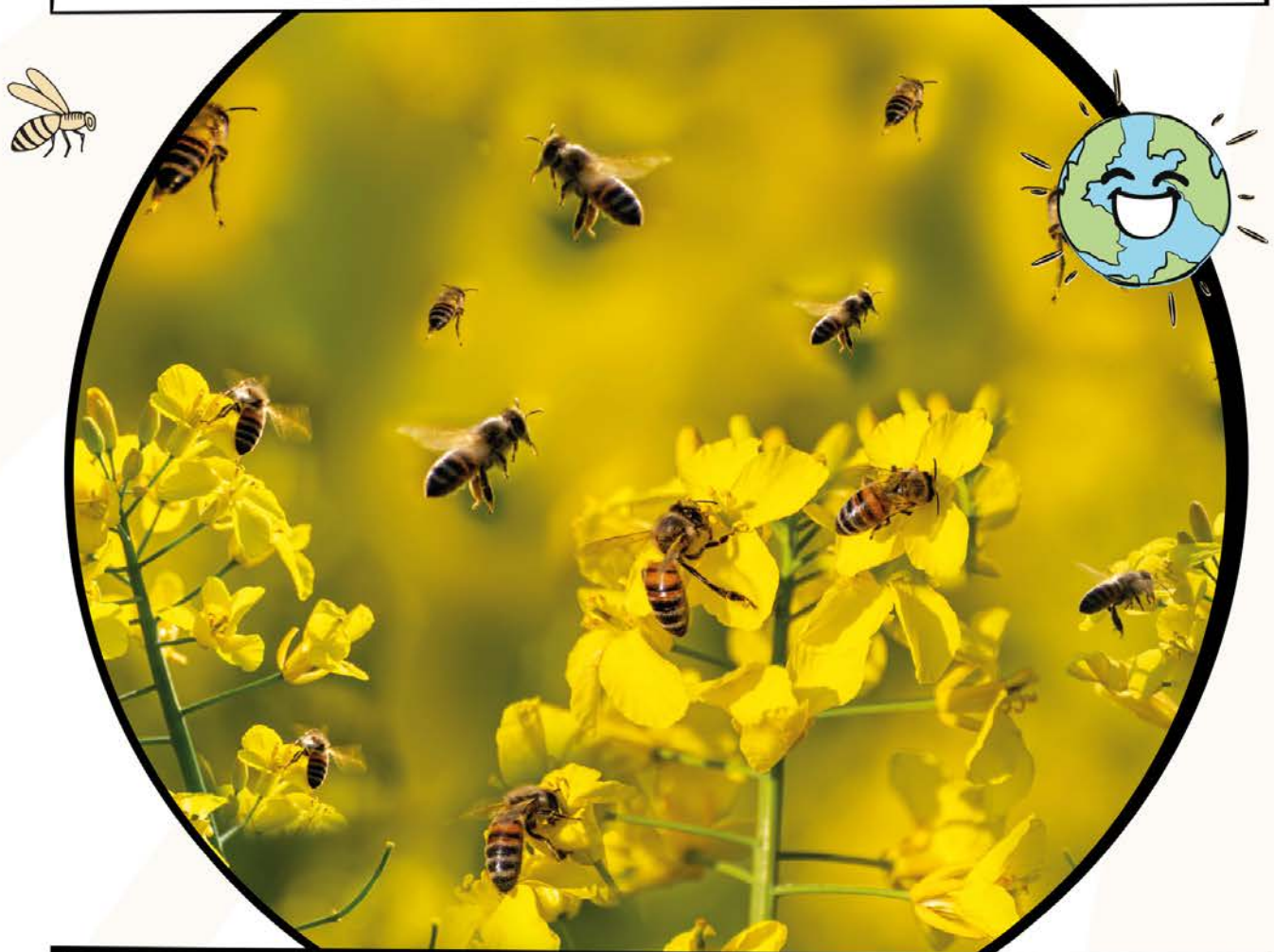
Utilise a variety of communication and delivery methods

Use a mix of traditional and digital communication channels (e.g., social media, interactive digital resources, leaflets, newsletters, and posters).

Translate resources into multiple community languages.

Use visual aids for portion sizes such as hands and palms visuals.

Provide training for healthcare professionals. Culturally appropriate training is vital to enable the use of the new and existing resources.



4.

Promote sustainable diets

Include recommendations on what diets should consist of in terms of sustainability, in line with widespread recognition of the need to transform diets to support the health of the planet as well as our bodies.

5.

Develop skills and knowledge

Include food swaps information to:

- Increase nutritional value (e.g., increase consumption of nutrient rich vegetables such as dark green leafy vegetables, and proteins such as beans and pulses).
- Reduce cost (e.g., use frozen/tinned rather than fresh).

Provide culturally appropriate healthy recipes with ingredients readily available in the UK.

Provide guidance on cooking methods and techniques (e.g. bake don't fry, and how to reduce salt).



Appendices

Geographic Food Lists

Please note that some countries may appear in more than one list due to their size and geographic boundaries.

Eastern Europe (including Poland, Czechia and Slovenia)

Fruit

Prickly pear	Cherries	Red bilberries
Peaches	Plums	Cranberries
Oranges	Pomegranate	Bananas
Figs	Watermelon	Yellow quinces - Montenegro
Green apples	Apple	Cornelian cherries - Montenegro
Pears	Currants	Raspberries
Persimmons	Ash berries - Belarus	Kiwi
Grapes	Canker berries - Belarus	Sultana grapes
Blackberries - Belarus, Serbia, Hungary	Mulberry	

Vegetables

Cucumbers	Mushrooms	Leeks
Onions	Artichokes	Pickled cucumber - Albania
Beetroot	Pickled vegetables	Collard greens - Montenegro
Peppers	Mushrooms (pickled, dried, powdered)	Green tomato - North Macedonia
Aubergine	Turnips	Celery
Cabbage	Parsnips	Bell pepper
Tomatoes	Potatoes	Cauliflower
Radish	Pumpkins - Belarus	Summer squash
Olives	Carrots	Green beans - Hungary
Pickles		
Kohlrabi - Germany/ Hungary		

Starchy Carbohydrates

Potatoes	Muesli	Long-grain rice
Rye breads	Millet	Brown rice
Rice	Rye	Whole barley
Buckwheat**	Buckwheat	Dark Rye Bread - Russia
Polenta	Oats	**Used to make porridge in Russia
Cornmeal Porridge	Quinoa	
Mămăligă - Romania	Mashed, boiled, fried potatoes	
Barley	Pasta	
Oatmeal	Cornmeal	

Breads

Pitta Bread
Pide
Pretzels
Poppy seed roll
Kiflik - yeast raised bread roll
Tara paine - Romania
Challah - Poland
Żymła - Poland
Rye bread e.g., Minsk Rye

Black bread - Ukraine
Palianytsia bread - Ukraine
Kolach bread - Ukraine
Albanian Buke
Wheat bread - Albania,
Montenegro
Cornbread - Albania,
Montenegro
Barley bread - Montenegro
Serbian bread

Flatbread
Sesame rings - Turkey
Lavash - Turkey
Pide (bread or small rolls) -
Turkey
Langos (deep-fried flatbread) -
Hungary

Protein

Lentils
Sausages**
Eggs*
Chicken
Lamb
Pork
Seabass, seabream
Veal
Oxtail

Pickled herring - Poland
Peas - Belarus
Quark
Quinoa - Belarus
Hake and Cod - Belarus
Zander - Belarus
Cottage cheese - Albania
Beef - Albania, Hungary
Fish (Mediterranean style,
grilled, boiled, fried) - Albania

Prosciutto ham - Albania
Ground pork, pork loin - Serbia
Kokorec - Turkey
* -e.g., Hungarian Devilled
Eggs (hard boiled), Scrambled
- Russia
** e.g., Kielbasa (White
Uncooked Polish Sausage)

Dairy and Dairy Alternatives

Feta Cheese
Kefir
Goats cheese
Halloumi
Yogurt
Cottage cheese - Poland,
Albania
Dairy cream - Poland
Sour cream
Bulgarian feta cheese
Liptauer (soft, unripened
sheep's milk cheese)

Telemea (Romanian cheese
made from sheep's milk)
Körözött – Hungarian cheese
spread
Sirene cheese - Bulgaria (similar
to feta)
Fresh white cheese
Mayonnaise
Cow milk - Albania
Njeguski cheese (full fat
cheese) - Montenegro
Goats milk
Sheep's milk

Gruyere cheese
Kashkaval (white-brined, beaten
cheese) - Macedonia
Beyaz Peynir (white sheep's
milk) - Turkey
Yellow kasar peynir - Turkey
Semi-skimmed cow's milk -
Turkey
Hungarian Turo (soft curd
cheese)

Oils and Spreads

Olive Oil
Vegetable oil

Butter
Sunflower oil

Coconut oil

Foods High in Fat, Salt and Sugar

Pastries	Paczki - Polish Donuts	Zupa (dessert) - Albania
Pierogi	Pampushki - Ukraine	Kabuni - Albania
Milk cake	Draniki - Belarus	Pastashu (choux pastry) - Albania
Honey cake	Syrnyky - Ukraine	Almond cookies - Turkey
Baklava	Torte - Ukraine	Hungarian cake
Pomegranate molasses	Kanojet (pastry) - Albania	
Tufahija - Bosnia	Petulla (fried dough) - Albania	
Kołaczk	Ballokume (cookie) - Albania	

Herbs, Spices and Other Ingredients

Mint	Chives - Ukraine	Oregano - Albania
Basil	Thyme - Ukraine, Albania	Parsley - North Macedonia
Dill	Celery leaves - Ukraine	Marjoram - Turkey
Bay leaf - Ukraine	Cloves - Ukraine	Fennel - Turkey
Coriander	Caraway seeds - Ukraine	Cumin - Turkey
Garlic	Cinnamon - Ukraine	Honey
Poppy seeds	Rosemary - Albania	Jam
Paprika - Hungary	Yellow gentian - Albania	Plum butter (powidla sliwkowe) - Poland
Orpine roots - Belarus	Saffron - Albania	
Nettle - Belarus	Peppermint - Albania	

Drinks

Herbal tea	Kompot - Belarus	Boza (malt drink) - Albania
Oranzada - Poland	Beer - Ukraine	Raki (spirit) - Albania, Turkey
Kompot Z Suszu - Poland	Horilka (spirit) - Ukraine	Slivovitz (Turkish coffee) - Serbia
Wódka (Vodka) - Poland	Wine - Ukraine, Albania	Plum brandy - Serbia
Piwo (Beer) - Poland	Mead - Ukraine	Mastika - North Macedonia
Nalewka (Liqueur) - Polish	Nalyvka (homemade wine) - Ukraine	Macedonian Rakija
Miód pitny - Poland	Mineral water (carbonated) - Ukraine	Salep - Turkey
Rakia (Grape Brandy) - Bulgaria	Kefir - Ukraine	Tokaji (strong dessert wine) - Hungary
Hot Chocolate (typical for breakfast) - Poland	Tea - Albania	Brandy - Hungary
Vodka - Belarus	Dhalle (yogurt-based) - Albania	
Kvass - Belarus, Ukraine		

Foods from Celebrations and Religious Occasions

Bigos (stew) - Poland	Kutia Wigilijna (wheat pudding) - 1st course of Polish Christmas Eve dinner
Poppy seed roll - Christmas and Easter	Pickled Herring - Polish New Year
Poppy seed strudel - Ukraine/Poland/Croatia	Spit-roasted pig (Pecenka) - Croatian New Year
Poppy seed with noodles - Christmas Eve dinner - Slavic countries	Nut rolls (popular dessert throughout Eastern Europe)
Bobalki - Slovak and Ukrainian Christmas Eve dinner and during Lent	Lencse főzelék (Lentil Soup) - Hungarian New Year

Baked Paczki - Eaten on pancake day in Poland
 Sarmale (Cabbage rolls) - Romanian New Year
 Spit-roasted pig - Serbian New Year
 Jaternica sausages, Roast Goose, Klobása - Slovakia New Years Dinner
 Prekmurska Gibanica (cake) - Slovakia New Years Day
 Pampushki (stuffed and fried potato ball) - Ukraine New Year
 Koledna Pitka - Bulgarian Christmas Bread
 Kozunak - Bulgarian Bread served at Christmas and Easter
 Velikonoční bochánek - Czech Easter bread
 Kuccia porridge - Orthodox Christmas Eve in Belarus

Common Recipes

Pierogi - Poland
 Beef stifado -Cyprus, Greece
 Moussaka - Greek
 Souvlaki -Cyprus
 Kofta- Cyprus
 Bigos (stew) - Poland
 Pierogi Ruskie - Poland
 Gołąbki (Stuffed Cabbage) - Poland
 Schnitzel - Poland
 Bigos - Poland
 Sernick (baked cheesecake) - Poland
 Makowiec (poppy-seed cake) - Poland
 Potato pancakes - Poland
 Fasolka po bretońsku (cooked beans) - Poland
 Venison Goulash (Gulaš) - Croatia
 Poached Apples (Tufahija) - Bosnia
 Karalábéleves (Soup) - Hungary
 Kohlrabi (Soup) - Hungary
 Beef goulash - Hungary
 Bobrovecke Droby (Slovak Potato Sausage)
 Szilvas gomboc (Plum dumplings) - Hungary
 Csirke Paprikas (Chicken Paprikash) - Hungary

Kisel - Orthodox Christmas Eve in Belarus
 Babka - Easter Bread in Ukraine
 Kolach (bread) - Christmas and funerals in Ukraine
 Kutia (poppy seeds, wheat, nuts, honey) - Christmas in Ukraine
 Baklava - Religious holidays of Muslims, Catholics and Orthodox - Albania
 Roast pork, cabbage stuffed with rice and ground meat - Christmas in Montenegro
 Pecenica (roast pork) - Christmas Eve in Serbia
 Lamb stew - Easter in North Macedonia
 Yogurt based mezze – New Year in Turkey
 Fish soup - Hungarian Christmas meal

Toltott Paprika (Stuffed peppers) - Hungary
 Palacsinta (Pancakes) - Hungary
 Rolmopsy (Pickled Herring) - Poland
 Cheese banitza (Cheese pie) - Bulgaria
 Souvlakia (grilled meat kebabs) - Cyprus
 Rabbit stews (stifado) - Cyprus
 Draniki - Belarus (national dish)
 Borscht (soup) - Belarus
 Cabbage roll - Ukraine
 Varenyky (boiled dumplings) - Ukraine
 Byrek - Albania
 Tave kosi - Albania
 Fergese (summer stew) - Albania
 Pite - Albania
 Njegusi Prosciutto - Montenegro
 Pljeskavica - Serbia's national dish
 Sarma - Serbia
 Gibanica (egg and cheese pie) - Serbia
 Tavce gravce - North Macedonia
 Doner - Turkey
 Goulash - Hungary
 Fisherman's soup - Hungary



Africa

Fruit

Bananas
Mango
Guava
Coconut
Passionfruit
Limes
Tamarind
Pineapples
Bitter kola - Central and Western Africa

Dates
Baobab fruit
Clementines
Marula - Southern Africa
Papaya
Dates
African Star Apple/Udara/
Agbamulo
Matoke - Uganda/Tanzania
Deglet nour - Algeria

Kola Nut
African walnut
Ackee - West Africa
African Pear
African Breadfruit
Pepper fruit
Madd fruit
African oil palm fruit
African wild mango

Vegetables

Tomatoes
Okra
Aubergine
Onions
Peppers
Potatoes
Spinach

Carrots
Ethiopian Kale
Sweet potato
Bitter leaves
African Eggplant
Spider plant (cabbage)
Pumpkin leaves

Cabbage
Beetroot
Quail grass (Lagos spinach)
Rosewood leaf
Bitter melon leaves
Eggplant
Sorrel leaf

Starchy Carbohydrates

Yam
Cassava
Plantain
Rice
Teff
Barley
Spelt
Semolina
Taro root

Amaranth
Sweet potato
Maize
Millet
Corn Flour
Couscous - North Africa
Cocoyam (taro plant)
Couscous
Flatbread

Basmati Rice
Long grain rice
Fufu
Eba
Kenkey
Ground rice - Nigeria
Rice balls - Ghana
Cassava

Breads

Agege bread - Nigeria
Sweet bread
Injera - Ethiopian flatbread
Msemen - Moroccan flatbread
Chapati- East African
Harsha - Morocco

Lahoh is a spongy flatbread-
Somalia, Ethiopia, and Djibouti,
Kisra - Sudan
Krachel - Morocco
Kitcha – Ethiopia
Khoboz - Morocco
Roosterkoek - South Africa

Mealie - South African
sweetcorn bread
Vetkoek - South African fried
bread
Coconut bread
Banana bread

Protein

Chicken
Fish- Tilapia, Mackerel,
Pork
Beef
Lamb
Eggs
Peanuts
Black eyed peas

Chickpeas
Fava beans
Sausages
Venison
Prawns
Millet
Goat meat
Okpa/bambara nut - Eastern
Nigeria

Soybeans
Groundnuts
Locust beans
Broccoli
Dried crayfish
Shrimp
Tuna

Dairy and Dairy Alternatives

Yoghurt
Soya milk
Cow's milk

Goat milk
Camel milk
Eggs

Almond milk
Coconut milk
Condensed milk

Oils and Spreads

Vegetable oil
Palm oil
Olive oil

Butter
Peanut oil
Red palm fruit oil

Margarine
Butter

Foods High in Fat, Salt and Sugar

Puff Puff - Nigeria
Chin chin - Nigeria
Shortbread cookies (Ghoriba) -
North Africa
Moroccan flaky pie (Bestilla)
Malva pudding - South Africa
Mkhabez - Algeria

Shuku Shuku -Nigeria
Vitumbua - Cameroon
Sombi - Senegal
Kanyah - Sierra Leone
Nkate cake - Ghana
Mandazi - East Africa
Banana fritters

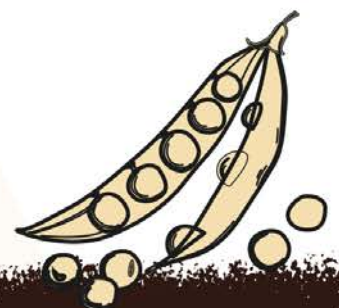
Sesame cookies - Morocco
Gulab Jaman - Zambia
Ghorayebah - Egypt
Chebakia - Morocco

Herbs, Spices and Other Ingredients

Mint
Chilli
Scotch bonnet
Black pepper
Garlic
Cumin
Ground Turmeric
Coriander seeds

Paprika
Fennel seeds
Saffron
Harissa
Tabil
Curry powder
Black pepper
Ginger

Thyme
Bay leaf
Maggi
Ras el Hanout - Saharan Africa
Berbere - Ethiopia and Eritrea
Zanzibar curry powder



Drinks

Palm wine

Malt drinks (Supermalt)

Zobo (Sorrel)

Amasi (Fermented milk-based drink)

Rooibos tea - South Africa

Sweet mint tea

Milo - West Africa

Tamarind juice - South Africa

Ginger juice

Baobab fruit juice

Coffee

Ginger and lemongrass teas

Marula fruit drink - Eswatini

Maghreb -sweet mint tea

Foods from Celebrations and Religious Occasions

Kunafa - Ramadan

Grilled meats - Christmas

Jollof rice - any celebration

Bondi Laddu - Diwali

Samosas- Eid al-Fitr

Besan Ladoo- Diwali

Punjabi semolina halwa (suji halwa)

Indian pancakes- Holi festival

Kanafeh - Eid al-Fitr

Nishallo - Ramadan

Chicken Bastilla - Moroccan celebrations

Fried Rice -any celebration

Common Recipes

Jollof rice - West Africa

Egusi soup - Nigeria

Akara - West Africa

Pepper soup

Moin moin - Nigeria

Couscous -North Africa

Shakshouka - North-West Africa

Meat stew

Suya - Nigeria

Red red - Ghana

Peanut soup

Okra stew - Nigeria

Piri Chicken - Mozambique

Bunny Chow - South Africa

Koshari - Egypt

Vegetable couscous - Morocco

Maize Porridge - Southern Africa

Amala -Nigeria

Babotie - South Africa

Bunny chow- South Africa

Chakalaka - South Africa/ Eswatini

Ful medames - Egypt

Kachumbari - Kenya

Lipalishi - Eswatini

Fried Rice



Middle East and North Africa

Fruit

Dates
Figs
Olives
Grapes
Muskmelon - Iran, Anatolia,
Persia, Armenia
Pomegranate
Apricot
Loz akhdar (Green almonds)
Janarik (green plums)
Persimmon
Quince

Tamarind
Cherries
Raisins
Apples
Orange
Watermelon
Honeydew melon
Peach
Nectarine
Cantaloupe

Lemon
Apples
Mulberries
Sweet plums
Preserved lemon
Banana
Lime
Lettuce
Avocado
Tamarind

Vegetables

Tomatoes
Carrots
Aubergine
Courgette
Onions
Okra
Artichoke
Mulukhiyah/molokhia - Egypt &
Cyprus
Spinach

Mint
Garlic
Cucumber
Corn
Cabbage
Beetroot
Pumpkin
Turnip
Squash
Asparagus

Parsley
Fennel
Coriander
Sweet peppers
Fava beans
Sumac
Vine leaves
Purslane - Lebanon
Celery
Loomi (Black limes)

Starchy Carbohydrates

Potato
Bulgur/cracked wheat
Rice
Semolina
Wheat
Pasta
Itriya
Rishta
Couscous

Lavash - Armenia
Khubz - Egypt
Nan-e Barbari
Laffa - Israel
Gözleme - Turkey
Man'oushé - Lebanon
Saj bread - Syria & Lebanon
Chabab
Sweet Bread (Khubz Mohala)

Malawah - Yemen
Sfynz
Simit
Manakeesh
Sfiha
Pita
Naan
Wheat bread



Breads

Pita	Laffa - Israel	Malawah - Yemen
Naan	Gözleme - Turkey	Sfynz
Wheat bread	Man'oushé - Lebanon	Simit
Lavash - Armenia	Saj bread - Syria & Lebanon	Manakeesh
Khobz - Egypt	Chabab	Sfiha
Nan-e Barbari	Sweet Bread (Khubz Mohala)	

Protein

Almonds	Fava beans	Goat
Pistachios	Lentils	Fish
Pine nuts	Chicken	Peanuts
Chickpeas	Lamb	Sesame seeds
Shrimp	Egg	Carp fish - Iraq
Hummus	Mutton	

Dairy and Dairy Alternatives

Cow's milk	Feta	Halloumi
Sheep's milk	Labneh	Jibneh Arabieh - Egypt
Goat milk	Ackawi - Palestine	Shanklish - Syria & Lebanon
Camel milk	Nabulsi - Palestine	Butter
Yoghurt	Testouri - Egypt	Cream

Oils and Spreads

Olive oil	Vegetable oil	Butter
Soybean oil	Sunflower oil	Rapeseed oil

Foods High in Fat, Salt and Sugar

Baklava/Baklawa	Shawarma	Kleicha - Iraq
Sfynz	Umm ali	Maamoul
Zoolbia	Kebab karaz - Syria	Ghraybeh
Bamieh	Knafeh	Kahk

Herbs, Spices and Other Ingredients

Za'atar	Star anise	Nutmeg
Sumac	Turmeric	Paprika
Cumin	Garlic	Ginger
Thyme	Sesame seeds	Cardamon
Fenugreek	Cumin	Saffron
Coriander	Chilli	Sage
Ginger	Cinnamon	Anise

Drinks

Black tea

Laban Ayran

Jallab

Rumman - pomegranate

Tamar Hindi - Tamarind

Limonana - lemon and mint

Qamar Al Din - dried apricots

Karkadeh - hibiscus tea

Erk Soos - liquorice

Coffee

Arak

Cardamon tea

Chai

Carob juice – Dubai

Foods from Celebrations and Religious Occasions

Koshari - celebrations in Egypt

Kibbe - celebrations

Tagine - celebrations

Maamoul - Eid festivals in Syria, Jordan, Lebanon, and Palestine

Ghraybeh - Ramadan

Aseeda - Religious festivals in Yemen, Saudi Arabia, the UAE, Sudan and Libya

Debyazah - Breakfast in Eid

Baklava

Ouzi - UAE Eid dish

Machboos - Eid

Mugalgal - Saudi Arabia

Lamb mahshoosha - Eid in Yemen

Mahshi - Iftar in Egypt

Dates - to begin Iftar

Maqluba - Iftar in Palestine

Mansaf - Iftar in Jordan

Kahk - Eid in Egypt

Common Recipes

Kibbe

Ful medames

Koshari

Riz bi ful

Falafel

Mdardara

Kibet el rahib

Yakhnet batata

Moghrabieh

Kebbet hileh

Grilled Halloumi

Tabouleh

Moutabal/baba ghanoush

Fattoush

Shanklish

Shish tawook

Dolma

Kofte

Mansaf - Jordan

Harees



South Asia

Fruit

Dates
Watermelon
Yellow melon
Guava
Mango
Pomegranate
Jackfruit
Figs
Apples
Oranges
Papaya

Persimmons - Northeast India
Tamarinds
Litchi
Starfruit
Indian squash
Ugurassa
Kinnow - Pakistan
Jamun
Lapsi
Ambarella – Indian Hog Plum
Phalsa - India

Mimusops
Rambutan
Dasher mango
Pulasan
Sugar palm fruit
Carandas cherry
Camachile
Langsat
Mangosteen
Pomelo
Chikoo

Vegetables

Spinach
Okra
Bitter gourd
Squash
Onions
Aubergine
Tomatoes
Cauliflower
White radish

Green peas
Aloo Gobi
Bitter Melon
Green beans
Carrots
Corn
French beans
Gourd
Beetroot

French beans
Broccoli
Capsicum
Corn
Radish
peas
Turnip
Sweet potatoes
Pointed gourd

Starchy Carbohydrates

Sweet potato
Tapioca
Semolina
Wholegrain flours
Taro root
Rice
Potatoes

Pita Bread
Appam - South India
Naan
Paratha - India
Parotta - Southern Asia
flatbread
Daliya (Indian Porridge)

Chapati
Thelpa - India
Dosa (savory pancakes)
Tortilla
Potato Paratha - India

Breads

Pita Bread
Chapatis
Naan (Garlic butter/paneer)
Paratha
Puri

Thepla
Doosa
Parotta
Papadum
Aloo paratha

Bajre ki roti
Peshwari naan
Poori
Roti
Paratha/ Flaky bread

Protein

Lentils
Soya chunks
Lamb
Ground chickpeas
Chicken

Beef
White fish (cod)
Mung beans
Red beans
Kidney beans

Lentils
Goat
Fish
Prawns

Dairy and Dairy Alternatives

Kefir
Paneer cheese
Cow's milk

Soya milk
Lassi
Raita

Kheer
Coconut milk
Condensed milk

Oils and Spreads

Ghee
Vegetable oil
Sunflower oil
Peanut oil

Mustard oil
Coconut oil
Rapeseed oil
Soybean oil

Sesame oil
Coconut oil

Foods High in Fat, Salt and Sugar

Halwa
Mithai
Samosas
Gulab Jamun
Jalebi
Cardamom biscuits
Gujjya
Boondi Laddu

Besan Ladoo
Kakland
Rasgulla
Chomchom
Jiapi
Pav bhaji
Dahi puri
Sindhi dal pakwan

Butter chicken
Masala dosa
Gajar ka halwa
Watalappam
Gud Pak
Kavum

Herbs, Spices and Other Ingredients

Chilli
Cumin
Green cardamom
Fenugreek
Coriander
Ginger
Star anise

Turmeric
Garlic
Galangal
Cinnamon
Garam Masala
Mango Powder
Cayenne pepper

Curry
Ginger
Cardamom
Saffron
Anise



Drinks

Chai tea
Turmeric tea
Mango Lassi
Masala chai
Masala chaas

Paneer soda
Filter coffee - Kapi
Aam Panna - India
Jaljeera
Toddy -coconut wine

Nimbu Pani
Doodh Soda
Gannay Ka Juice

Foods from Celebrations and Religious Occasions

Boondi Laddu - Diwali
Samosas - Diwali, Eid al -Fitr
Besan Ladoo - Diwali
Punjabi semolina halwa (suji halwa)
Indian pancakes - Holi festival

Kanafeh - Eid al-Fitr
Nishallo - Ramadan
Aloo Bonda - Diwali
Murukku - Diwali
Sooji Halwa - any special occasions

Kalakand- Diwali
Khapse - Buddha Purnima
Congee - Buddha Purnima

Common Recipes

Samosas
Mango Lassi
Pilau rice
Dhal - India
Saag aloo - India
Chicken biriyani
Curry (chicken/chickpeas)
Lentil dhal
Aloo tikka - India
Lamb keema samosa - India

Aloo samosa - Indian
Halva - half spiced nuts
Channa masala - Indian
Spiced okra with tomatoes -India
Butter chicken - India
Chicken tikka masala - India
Pork vindaloo - India
Cucumber raita - India
Bengali fried fish
Nihari

Bhindi masala
Bhuna khichuri with dim bhaji - Bangladesh
Dal
Bhorta - Bangladesh
Kottu - Sri Lanka
Masala dosa - India
Halwa poori - Pakistan
Zarda - Pakistan
Juju dhal - Nepal
Raski - Nepal



East Asia and South East Asia (including Bangladesh)

Fruit

Banana
Mangosteen
Pineapple - Taiwan
Coconut
Guava – Myanmar/Burma
Dragon Fruit.
Snake fruit (or Salak)
Tamarind
Mango - Taiwan, Myanmar/
Burma
Jackfruit
Durian - Bangladesh
Green papaya
Bitter Melon
Lychee
Custard apple

Star fruit
Green mango
Pomelo - Cambodia
Watermelon - China, Taiwan,
Myanmar
Longan - China
Peaches - China, Hong Kong
Grapes- China
Apples - China, Mongolia
Mandarin - Hong Kong
Strawberries – Hong Kong,
Taiwan
Rose apple - Vietnam
Tangerines - South Korea
Persimmons - South Korea
Duhat (plum) - Philippines

Star apple - Philippines
Chico - Philippines
Sea buckthorn berry - Mongolia
Blackcurrants - Mongolia
Muskmelon - Mongolia
Sugar apple - Taiwan
Jujube - Myanmar/Burma
Papaya - Myanmar/Burma
Plums - Myanmar/Burma
Tarap - Bangladesh
Rambutan - Bangladesh
Bambangan - Bangladesh
Kundong - Bangladesh

Vegetables

Chinese Cabbage (Also known
as napa cabbage) - Taiwan
Bok choy - Taiwan
Lemongrass
Choy sum
Chinese broccoli
Beansprouts
Oyster mushrooms
Seaweed
Spring onions
Mushrooms
Chayote
Japanese eggplant
Galangal
Edamame beans
Shallot
Radish
Green beans

Asian shallots - Cambodia
Daikon radish - Cambodia
Jicama - Cambodia
Water spinach - Cambodia
Winter melon - Cambodia
Snow peas - China
Cucumber - China
White radish - China
Mustard greens - China
Chinese eggplant
Bitter melon - Vietnam
Ceylon spinach - Vietnam
Bamboo shoots - Vietnam,
Taiwan, Myanmar/Burma
Korean radish - South Korea
Scallions - South Korea
Lotus Root - South Korea
Napa cabbage - South Korea

String beans - Philippines,
Myanmar/Burma
Tomato - Philippines
Malunggay leaves - Philippines
Okra - Philippines, Bangladesh
Squash - Philippines
Turnip - Mongolia
Carrots - Mongolia
Potatoes - Mongolia
Cabbage - Taiwan, Myanmar/
Burma
Yam leaves - Taiwan
Swamp cabbage - Myanmar/
Burma
Chicory – Bangladesh
Lettuce – Bangladesh



Starchy Carbohydrates

Rice Noodles
Jasmine rice
Udon noodles
Rice vermicelli
Corn starch
Soba noodles

Potato starch - Japan
Chinese vermicelli
Rice flour - Cambodia
White rice (steamed/fried)
Instant Ramen - South Korea
Potatoes - Mongolia

Jackfruit
Glass noodles
Wheat noodles
Vermicelli
Brown rice
Palakkadan Matta

Breads

Milk bread
Puran
Steamed buns
Scallion flatbreads
Roti planta - Malaysia
Naan bya - Myanmar/Burma
Roti bawang - Malaysia
Roti durian - Malaysia
Pinagong - Philippines
Roti canai - Malaysia
Chapati - Indonesia

Mantou - China
Flatbread - China
Baozi - China
Banh Mi - Vietnam
Bungeoppang - South Korea
Gyeran bbang - South Korea
Mochi bread - South Korea
Sora bread - South Korea
Boortsog - Mongolia
Bo luo bao (buttery bread) - Taiwan

Scallion bing/Chinese flat bread
Hua Juan /Chinese steamed flower rolls
Paratha/ Flaky bread - South Asia
Pingapong bread roll - Philippines
Chinese Bao Buns
Paratha/ Flaky bread - South Asia

Protein

Chicken
Beef - Mongolia, Bangladesh
Tofu
Eggs*
Prawns
Squid
Tilapia
Tempeh
Miso
Salmon

Mackerel
Catfish
Soya Beans
White fish
Fermented black beans - Taiwan
Cuttlefish - Taiwan
Duck - China
Pork - Vietnam, Taiwan, Myanmar/Burma

Tempeh - South Korea
Peas - South Korea
Goat - Mongolia, Myanmar/Burma
Mutton - Mongolia
Shrimp - Myanmar/Burma
*e.g., Chinese Tea Eggs, pi dan, century egg

Dairy and Dairy Alternatives

Soya milk
Yogurt
Whole Milk powder
Coconut milk
Rice milk
Condensed milk - Vietnam

Powdered milk - Vietnam
Drinking milk - Vietnam
Mongolian curd cheese
Fermented mare's milk - Mongolia
Mozzarella - Taiwan

Burrata - Taiwan
Smoked scamorza - Taiwan

Oils and Spreads

Sesame oil
Peanut oil
Coconut oil
Vegetable oil

Soybean Oil - Taiwan
Canola oil
Rapeseed oil - China
Palm oil - South Korea,

Myanmar/Burma
Corn oil - South Korea

Foods High in Fat, Salt and Sugar

Sticky rice
Mochi - Japan
Black sesame cookies
Egg tarts
Banana fritters - Thailand
Pandan cake - Indonesia
Tang yuan - Singapore
Martabak manis - Indonesia
Turon - Philippines
Che ba mau - Vietnam

Khao tom - Laos
Mont lone yay paw - Myanmar/
Burma
Kanom tuay - Thailand
Kuih ketayap - Malaysia
Wagashi (sweet) - Japan
Pineapple cake - Taiwan
Ice cream burritos - Taiwan
Sweet egg buns - China
Deep fried durians - China

Sweet corn pudding - Vietnam
King Roti Coffee Buns -
Vietnam
Bukkumi - Korea
Yakgwa (honey pastry) - Korea
Boortsog (cookies) - Mongolia
Rice balls - Taiwan
Peanut brittle - Taiwan
Burmese Pancake

Herbs, Spices and Other Ingredients

Turmeric
Ginger - Taiwan
Lemongrass
Kaffir Lime leaves
Garlic - Taiwan
Rimbàs Black Pepper - Malaysia
Cubeb Pepper- Indonesia
Saigon cinnamon or Vietnamese
cinnamon
Thai Basil
Galangal
White pepper powder - China
Five spice powder - China
Dried chilli pepper - China

Sichuan peppercorn - China
Star anise pods - China, Taiwan
Chinese parsley - Taiwan
Chinese cinnamon
Holy basil - Cambodia
Coriander - Cambodia
Thai ginger - Cambodia
Kaffir lime leaves - Cambodia
Kchiey - Cambodia
Mint - Cambodia
Rice paddy herb - Cambodia
Mexican Coriander - Cambodia
Vietnamese mint - Cambodia

Cloves - China, Taiwan
Mint - Vietnam
Sage - Mongolia
Basil - Mongolia
Marojam - Mongolia
Thyme - Mongolia
Mango pickle - Myanmar/
Burma
Curry leaf - Myanmar/Burma
Tamarind - Myanmar/Burma
Chilli powder - Myanmar/Burma

Sauces

Chinkiang vinegar - China
Lao Chou (dark soy sauce) -
China
Sheng Chou (light soy sauce) -
China
Shaoxing wine (rice wine) -
China

Rice vinegar
Oyster sauce
Hoisin sauce
Doubanjiang (bean paste) -
China
Eden mirin (rice wine) - Japan

Black vinegar - Taiwan
Prahok (fish paste) - Cambodia
Soy sauce - China, Taiwan
Chilli bean sauce - China

Drinks

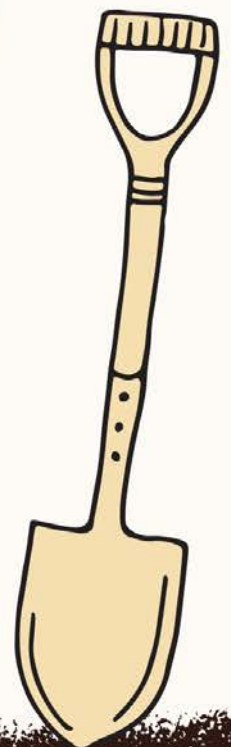
Green tea	Champagne (Christmas) - Japan	Soju - South Korea
Matcha lattes	Sparkling saké (as above)	Airag (fermented mare's milk) - Mongolia
Bubble tea - Taiwan	Gao liang - Taiwan	Home-distilled vodka - Mongolia
Vietnamese coffee - Vietnam	Whisky/Beer - Taiwan, Myanmar/Burma	Milk tea - Mongolia
Thai iced tea - Thailand	Sombai - Cambodia	Sea buckthorn juice - Mongolia
Flavoured Soya milk	Sweet iced coffee - Cambodia	Dagon beer - Myanmar/Burma
Amazake - Japan	Pearl milk tea - China	Unripe coconut milk - Bangladesh
Sugar Cane juice	Soybean milk - China	Sombai infused rice wine - Bangladesh
Coconut water	Tieguanyin - China	
Aloe flavoured drinks	Rice Punch - South Korea	
Lemonade sarsaparilla - Indonesia	Omija tea - South Korea	
Hot saké - Japan	Banana milk - South Korea	

Foods from Celebrations and Religious Occasions

Ketupat - Eid	Tsai Tao Kui (Taiwanese Turnip Cake)	KFC at Christmas - Japan
Roti Jala - Eid	Longevity noodles- Chinese New Year	Wagashi - Japan (Christmas)
Rendang - Eid	Whole steamed fish-Chinese New Year	Dumpling (jiaozi) – Chinese New Year
Satay - Eid	Sticky rice balls- Chinese New Year	Niango - Chinese New Year
Nasi kerabu - Eid	Spring rolls- Family Celebrations	Banh Chung - Tet
Lodeh - Eid		Gio cha (Vietnamese Sausage) - Tet
Serunding - Eid		Mut (candied fruits) - Tet
Cookies - Eid		
Dumplings - Chinese New Year		
Pineapple - Chinese New Year		

Common Recipes

Ramen broths	Gado-Gado – Indonesia
Hot noodle soup	Sate – Indonesia
Fried rice (prawns, chicken)	Spring Rolls – Vietnam, China
Soup dumplings	Phở – Vietnam
Spring rolls	Bun Cha – Vietnam
Dim sum	Ayam goreng- Indonesia
Bao buns	Peking Roasted Duck- China
Tom yum - Malaysia	Kung Pao Chicken - China
Sticky rice - (Variety of places in this region)	Sweet and sour pork
Pad Thai- Thailand*	Hot pot
Thai Curries (red, green, yellow)- Thailand	Dim sum
Amok – Cambodia	Dumplings
Larb & Sticky Rice – Laos	Ma po tofu - China
Mohinga – Myanmar/Burma	Wonton
Laphet Thoke – Myanmar/Burma	Chow mein
Nasi Goreng – Indonesia	Peking duck



Salt and pepper chicken - China
Char sui (BBQ pork) - China
Miso soup - Japan
Sushi - Japan
Mochi - Japan
Beef noodle soup - Taiwan
Braised pork rice - Taiwan
Scallion pancake - Taiwan
Three-Cup Chicken – Taiwan, China
Xiao long bao - Taiwan
Fan tuan - Taiwan
Shao bing (sesame sandwiches) - Taiwan
Dan bing (egg crepes) - Taiwan
Kuy teav (Noodle soup) - Cambodia
Amok (Coconut fish curry) - Cambodia
Nom banh chok: Khmer noodles - Cambodia

Peking duck – China's national dish
Pineapple Bun - Hong Kong
Roast Goose - Hong Kong
Pho - Vietnam
Banh Mi (baguette sandwiches) - Vietnam
Bulgogi (Korean Beef BBQ) - South Korea
Kimchi - South Korea
Bibimbap - South Korea
Korean stew - South Korea
Korean Fried Chicken
Buuz (dumplings) - Mongolia
Deep fried meat pie - Mongolia
Burmese curry
Beef rendang - Bangladesh
Nasi Katok - Bangladesh



Caribbean

Fruit

Bananas
Pineapple
Soursop
Jackfruit - Saint Kitts and Nevis, Trinidad and Tobago
Papaya
Tamarind
Ackee - Jamaica, Saint Kitts and Nevis
Oranges
Mango
Corn
Star apple
Plantain
Annonaceae - Cuba
Guava
Mamey
Otaheite apple - Antigua, Saint Kitts and Nevis
Apra - Antigua
Choba - Antigua
Baby bananas (burro bananas)
Black pineapple - Antigua

Grapefruit
Sugar apple - Bahamas
Sea grapes - Bahamas
Ackee - Bahamas, Jamaica, St Vincent and the Grenadines
Persian lime - Bahamas
Guinep
Cherries
Sapodilla
Mamley
Moringa
Cherries
Passion fruit - Saint Lucia, Saint Kitts and Nevis
Green figs - Saint Lucia
Carambola - Barbados
Golden apple - Barbados
Custard apple - Grenada
Rock figs - Grenada
Green bananas - Grenada, Saint Kitts and Nevis, Saint Lucia
Sweetsop - Jamaica
Stinking toe - Jamaica

Gooseberries - Saint Kitts and Nevis
Cherimoya - Saint Kitts and Nevis
Genips - Saint Kitts and Nevis
Sour orange - Saint Kitts and Nevis
Ugli fruit - Saint Kitts and Nevis
Crescentia cujete - Saint Lucia
Starfruit - Saint Lucia
Wax apples - Saint Lucia
Sour cherry - Trinidad and Tobago
Chalta - Trinidad and Tobago
Barbadine - Trinidad and Tobago
Spanish lime - Trinidad and Tobago
Chayote - Trinidad and Tobago
Mammee apple - Trinidad and Tobago
Pawpaw - Trinidad and Tobago

Vegetables

Cho cho
Pumpkin
Callaloo - Jamaica
Avocado
Carrots
Okra
Cucumber
Tomatoes
Aubergine
Cabbage
Lettuce
Corn
Lettuce
Eggplant - Saint Lucia

Bell Peppers
Spinach
Malanga - Cuba
Nama - Cuba
Boniato - Cuba
Chicory
Chard
Squash
Carrots
Hot pepper
Pigeon pea
Green beans - Saint Lucia
Okra - Bahamas, Barbados, Jamaica, Saint Lucia

Malabar Spinach - Saint Lucia
Cassava - Barbados, Grenada, Jamaica
Beets - Barbados
Eddoes - Barbados, Grenada
Sweet potato - Barbados, Grenada, Saint Kitts and Nevis
Dasheen - Grenada, Saint Lucia
Onions - Saint Kitts and Nevis
Peppers - Saint Lucia
Kale - Saint Lucia
Sweet pepper - Trinidad and Tobago
Pak choi - Trinidad and Tobago

Starchy Carbohydrates

Yam
Breadfruit - Barbados (grilled or fried), Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines (roasted and fried)
Plantain
Green banana - Jamaica
Rice

Sweet potato
Potato
Pasta
Cornmeal
Macaroni pasta
Malanga - Cuba
Maize - Haiti
Millet - Haiti

Rice
Yams
English potato (grilled, mashed or as fries)
Yuca/Yams
Taro
Boniato - Cuba

Breads

Hardo bread
Coco bread - Jamaica
Roti - Barbados, Grenada, Saint Kitts and Nevis, Trinidad and Tobago
Bakes
Dhal roti - Trinidad

Butter Bread - Antigua
Coconut bake - Trinidad
Wholewheat hard dough bread
Antiguan butter bread
Wheat bread - Jamaica
Antigua Sunday bread

Trinidad sweet bread
Coconut bread - Trinidad and Tobago
Bajan sweet bread - Barbados
Bajan salt bread - Barbados
Bara bread - Grenada
Raisin bread - Jamaica

Protein

Kidney beans
Gungo peas
Green & yellow lentils
Chickpeas
Fish - Seabream, Seabass, cod, snapper, Tilapia
Whelk - Saint Vincent and the Grenadines
Shellfish
Pork
Red split peas
Crab

Salmon
Black beans
Goat
Black pudding - Antigua, Trinidad and Tobago
Conch (sea snail) - Bahamas, Grenada, Saint Vincent and the Grenadines
Beef
Mutton
Chicken (baked, fried, curried, or in a stew)

Flying fish e.g., swordfish, dolphin, kingfish (fried or grilled) - Barbados
Lamb (BBQ, stewed or pork chops)
Turkey (grilled) - Barbados
Herring (smoked) - Trinidad and Tobago
Crayfish - Jamaica
Kingfish - Jamaica
Oysters
Shrimp

Dairy and Dairy Alternatives

Cheddar cheese - Jamaica
Cow's milk

Soya milk
Powdered Milk

Swiss Cheese - Cuba
New Zealand cheddar - Trinidad and Tobago

Oils and Spreads

Vegetable oil
Sunflower oil

Margarine
Coconut oil - Jamaica



Foods High in Fat, Salt and Sugar

Evaporated milk

Patties

Festival

Fruit rum cake

Bulla cake

Ice cream

Coconut bake biscuits

Coconut drops - Grenada,

Jamaica

Spiced bun

Grenadian Fudge

Nutmeg ice cream - Grenada

Peanut brittle - Antigua

Sugar cake - Antigua, Saint
Kitts and Nevis

Fudge - Antigua, Grenada

Raspberry and tamarind stew

Johnny cake - Bahamas, Saint
Kitts

Coconut balls - Saint Lucia

Tablet - Saint Lucia

Penmi - Saint Lucia

Gizzada - Jamaica

Rum cake - Jamaica

Tamarind balls - Jamaica

Banana bread - Saint Lucia

Ducana - Saint Vincent and the
Grenadines

Soursop ice cream - Trinidad
and Tobago

Goolab jamoon - Trinidad and
Tobago

Benne balls - Trinidad and
Tobago

Herbs, Spices and Other Ingredients

Thyme

Scotch bonnet - Jamaica

Nutmeg

Cinnamon

Allspice

Pimento

Ginger

Cloves

Garlic

Paprika

Black pepper

Cumin

Oregano - Cuba, Saint Vincent
and the Grenadines

Bay leaf

Pepper flakes

Allspice

Hot chilli peppers

Epis - Haiti

Chives

Saffron - Grenada

Jamaican ginger

Jerk seasoning

Star anise

Garlic powder

Fennel seed

Honey

Sauces

Bajan pepper sauce - Barbados

Ketchup - Barbados

Tartare sauce - Barbados

Pickapeppa sauce - Jamaica

Pepper sauce - Trinidad and
Tobago



Drinks

Malt drinks (Supermalt)
Sorrel (Hibiscus)
Irish moss
Ginger beer - Barbados, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago
Variety or white and dark Rums
Coconut water - Barbados, Trinidad and Tobago
Milo
Ovaltine
Sugar cane juice
Fresh juices
Peanut punch
Cuba Libre
Pina Colada
Cuban beers
Tamarind juice - Antigua, Barbados, Saint Kitts and Nevis

Passion fruit juice - Antigua
Coconut milk - Antigua
Lemonade - Antigua
Mango juice - Antigua
Mauby - Antigua, Barbados, Saint Kitts and Nevis, Saint Vincent and the Grenadines (at Christmas), Trinidad and Tobago
Sea moss - Antigua, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago
Wadadli beer - Antigua
Ponche Kuba Cream Liqueur (Christmas celebratory drink in Antigua)
Rum punch - Saint Lucia, Barbados, Grenada, Jamaica, Saint Vincent and the Grenadines

Golden apple drink - Barbados, St Kitts
Soursop drink - Barbados, Saint Kitts and Nevis
Hibiscus tea - Barbados
Banks beer - Barbados
Cocoa tea - Grenada, Trinidad and Tobago
Long island iced tea - Jamaica
Sorrel - Jamaica, Saint Kitts and Nevis; Saint Vincent and the Grenadines (at Christmas), Trinidad and Tobago
Sarsaparilla - Saint Kitts and Nevis
Piton beer - Saint Lucia
Vincentian beer and rum
Eggnog - Trinidad and Tobago
Ponche crema - Trinidad and Tobago

Foods from Celebrations and Religious Occasions

Roasted Ham - Christmas
Sorrel - Christmas
Black beans and garlicky yuca - Cuba (Christmas)
Macaroni pie (Sunday after church)
Soupe (soup) - During carnival in Antigua
Farine and Pear - Creole Heritage month
Lussekatts (Saint Lucia Day and Christmas)

Saffron bread and ginger biscuits (Saint Lucia Day)
Jug-Jug (pigeon peas, salt meat and minced pork) - Christmas meal in Barbados
Consumption of more fish during Easter - Barbados
Black fruit cake - Christmas in Grenada, Saint Lucia
Pigeon pea rice - Christmas in Jamaica

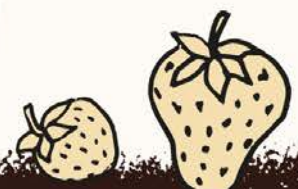
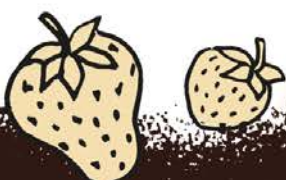
Roast lamb or turkey, yams, plantains and sweet potatoes - Saint Lucia
Roasted breadfruit and fried jackfish - Saint Vincent
Trinidad sweet bread - Christmas and Easter in Trinidad and Tobago (also eaten year-round)



Common Recipes

Saltfish fritters
Pepperpot
Ackee and saltfish
Rice and peas
Jerk chicken - Jamaica
Fried fish
Baigan (Curried aubergine)
Cou cou (cornmeal) - Barbados
Doubles
Ital stew
Brown stew chicken - Jamaica
Brown stew fish
Chickpea curry
Bammy- Jamaica
Saltfish souse- Grenada
Flying fish and cou cou- Barbados
Baigan Choka (Roasted Eggplant) - Antigua
Curry goat - Jamaica
Conch fritters/stews - Bahamas
Callaloo soup - Grenada, Saint Vincent
Guyanese Pepperpot
Doubles- Trinidad
Conch Fritters - Bahamas
Mofongo - Puerto Rico
Arroz y Frijoles Negros (Rice and Black Beans)
Sandwich Cubano - Cuba
Roast Pork Sandwich - Cuba
Ropa Vieja - Cuba
Oil Down - Grenada
Lambie Souse - Grenada
Fungie - Antigua's national dish

Ducana (sweet potato dumpling) - Antigua
Pepperpot - Antigua
Tamarind balls - Antigua
Pigeon peas and rice - Bahamas
Bahamian stew fish - Bahamas
Baked crab - Bahamas
Souse - Bahamas
Conch salad - Bahamas
Cracked conch - Bahamas
Rope vieja - Cuba
Roasted breadfruit and friend jack fish - Saint Vincent and the Grenadines
Pelau - Trinidad and Tobago
Haitian gumbo
Soup joumou (beef and pumpkin soup) - Haiti
Riz et pois - Haiti
Saltfish - Saint Lucia
Rice, peas, gravy - Barbados
Macaroni pie - Barbados
Fried flying fish with spicy gravy - Barbados
Fried bake and saltfish souse - Grenada
Cou cou pois - Grenada
Pepper pot soup - Jamaica
Stewed saltfish with spicy plantains and coconut dumplings - Saint Kitts and Nevis
Pumpkin soup - St Vincent and the Grenadines
Fried jackfish - St Vincent and the Grenadines
Pelau (rice-based dish) - Trinidad and Tobago
Crab and callaloo - Trinidad and Tobago (national dish)



South America and Latin America

Fruit

Mango
Custard apple/Cherimoya
Yellow passion fruit
Papaya
Tamarillo
Acai Berries
Pineapple
Guava
Lychee
Soursop
Tamarind
Bananas
Sapote
Soursop
Banana Passionfruit - Bolivia
Lulo/Naranjilla (Little Orange)
Mountain Papaya
Tomatillos
Palm fruit
Orange
Grapes
Cherries
Grapefruit
Pear - Argentina, Uruguay

Apples
Tangerines
Achachairú - Bolivia
Small bananas
Cacao
Starfruit
Persimmon
Mopé
Maracuyá - Bolivia, Ecuador, Peru
Pacay
Pachio
Palta
Tuna fruit - Bolivia, Ecuador
Kinoto
Chuchu
Quince
Passionfruit
Hog plum - Brazil
Kiwi
Stone fruit - Chile
Blueberries - Chile
Prunes - Chile
Golden berry

Dragon fruit
Strawberry
Uvilla - Ecuador
Pitahaya
Naranjilla
Mora - blackberry
Granadilla
Babaco
Achotillo
Pepino - sweet cucumber
Watermelon
Aguaje
Aguaymanto
Lucuma
Camu camu
Capulin
Cocona
Guanábana
Peruvian limes (Peru)
Pepino dulce
Saúco

Vegetables

Green beans
Avocado
Lima bean
Chayote
Tomatillos
Corn
Tomatoes
Peppers
Lettuce
Nopales
Onions
Bell Peppers
Lemon drop pepper

Mashua
Tomatoes
Eggplants
Squash
Zucchini
Roma Tomatoes
Sweet potatoes
Hot peppers
Potatoes
Cassava
Asparagus
Broccoli
Yacon
Beets

Celery
Radishes
Carrots
Jicama
Brussel sprouts
Callaloo
Green peppers
Oca
Purple potatoes
Ulluco
Spinach
Okra
Madam jeanette peppers
Broad beans

Starchy Carbohydrates

Cassava
Yacon (Jicama)
Maca
Plantain
Sweet potato
Rice
Tapioca
Casabe

Pan de huevo
Bollo
Chipa
Arepa - Columbia, Venezuela
Papa Criolla
Potatoes
Rye
Oats

Wheat
Lentils
Yuca root
Yam
Eddoes
Quinoa - Peru
Oca
Corn

Breads

Tortilla
Queso de mano - Venezuela
Conchas (Mexican sweet bread)
Corn tortillas
Corn bread
Pandebonos (cheese bread)
Casabe - Venezuela
Pan de huevo - Chile
Bollo - Columbia

Chipa - Paraguay
Arepa - Columbia, Venezuela
Pan amasado - Chile
Pan de bono - Colombia
Pan de yuca - Colombia
Pan de queso
Marraqueta - Bolivia, Chile
Pão Francês - Brazil
Pão de queijo - Brazil

Hallulla - Chile
Mogolla - Colombia
Cassava bread - Ecuador
Queso llanero - Venezuela
Galleta - Paraguay
Pan Frances - Peru
Cuernito - Uruguay

Protein

Pinto Beans
Black beans
Chicken
Red meat- steak
Pulled pork
Seafood - shrimp
Beef mincemeat

Eggs
Hot dog sausages - Peru
Steak and beef ribs - Argentina
Pork
Kidney beans
Chickpeas - Bolivia
Beef

Veal - Brazil
Goat - Ecuador
Guinea pig - Ecuador
Duck - Guyana
Lamb - Guyana, Peru
Flank steak - Paraguay
Tuna - Peru

Dairy and Dairy Alternatives

Cow's milk
Powdered milk
Evaporated milk
Condensed milk
cotija cheese - Mexico
Queso añejo (old cheese)
-Mexico
Queso fresco - Mexico, Ecuador
Queso de Oaxaca - Mexico
Panela - Mexico

Crema - Mexico
Chihuahua cheese - Mexico
Requesón
Queso asadero - Mexico
Manchego - Mexico
Cremoso - Argentina
Sardo - Argentina
Argentine cheese
Provoleta - Argentina
Reggianito - Argentina

Cuñapé - Bolivia
Panquehue - Chile
Chaco - Chile
Quesito colombiano - Colombia
Queso ecuatoriana -Ecuador
Queso Paraguay
Queso peruano - Peru
Greek yogurt - Peru
Provolone dulce - Uruguay

Oils and Spreads

Vegetable oil

Corn oil

Palm oil

Soybean oil

Rapeseed oil

Sunflower oil

Coconut oil

Olive oil

Peanut oil

Foods High in Fat, Salt and Sugar

Churros

Flan napolitano - Mexico

Natilla cubana

Buñuelo

Dulce de leche

Brigadeiro

Arroz con leche

Choco flan

Pudim

Alfajores

Sopapillas

Medialunas (Argentina
croissant)

Argentinian cookies

Rogel - Argentina

Cocadas - Bolivia

Quindim - Brazil

Goiabada (dessert) - Brazil

Doce de leite - Brazil

Torta tres leches - Chile,
Colombia

Cuchufli - Chile

Berlines chilenos - Chile

Flan - Chile

Postre de natas - Colombia

Meringue - Colombia, Ecuador

Flan de piña - Ecuador

Espumillas (sweet mousse) -
Ecuador

Tres leches (3 milk cake) -
Ecuador)

Orejas (sweet pastries)
-Ecuador

Fudge - Guyana

Sugar cake - Guyana

Crema volteada (flan) - Peru

Adolfina cookies - Suriname

Boji cake - Suriname

Postre massini (cake) - Uruguay

Torta de piña - pineapple cake -
Venezuela

Catalinas (sponge cookies) -
Venezuela

Herbs, Spices and Other Ingredients

A variety of chillis

Oregano

Parsley

Paprika

Cayenne pepper

Cumin powder

Ancho chillies

Garlic powder

Garlic

New Mexico chilli powder

Mexican oregano

Jalapeno lime seasoning

Cloves - Argentina, Brazil, Peru

Nutmeg - Argentina

Cardamon - Argentina

Juniper - Argentina

Saffron - Argentina

Ginger - Argentina

Turmeric - Argentina

Caraway - Bolivia

Dill - Bolivia

Comino - Bolivia

Bay leaves - Brazil

Garlic salt - Brazil

Mint - Brazil

White pepper - Chile

Cilantro

Guascas - Colombia

Achiote - Ecuador

Thyme - Guyana, Peru

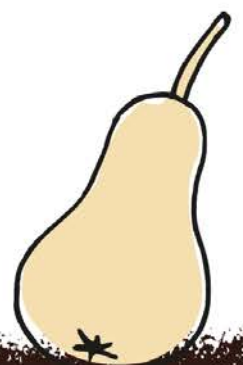
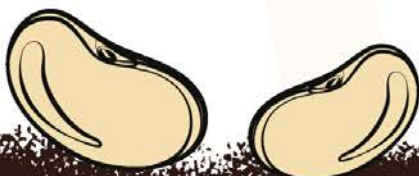
Paico - Peru

Marjoram - Peru

Cassia bark - Uruguay

Mace - Uruguay

Mustard seeds - Uruguay



Drinks

Coffee - Colombia, Argentina	Horchata - Mexico, Guatemala	Coconut water - Guyana
Chocolate santafereño - Colombia	Chiliguaro - Costa Rica	Ginger beer - Guyana
Malbec - Argentina	Peanut Punch - Belize	Passionfruit drink - Guyana
Fernet (and Coke) - Argentina	Ananá Fizz - Argentina	Cherry juice - Guyana
Torrontés - Argentina	Succumbé (cocktail) - Bolivia	Sugarcane juice - Guyana
Coca Tea - Peru, Bolivia	Singani - Bolivia	Swank (similar to lemonade) - Guyana
Yerba Mate - Argentina, Uruguay	Cachaça - Brazil	Mosto (Paraguay)
Pisco Sour - Peru, Chile	Aluá - Brazil	Caña (similar to rum) - Paraguay
Caipirinha - Brazil	Bombeirinho - Brazil	Tereré (national drink) - Paraguay
Malbec Wine - Argentina	Caju amigo - Brazil	Pisco - Peru
Aguardiente - Colombia	Carmenère - Chile	Cañazo - Peru
Refajo - Colombia	Chicha (traditional Independence Day drink) - Chile	Wine - Peru
Mate - Uruguay, Argentina	Aguardiente (national drink) - Colombia	Kasiri - Suriname
Api - Bolivia	Rum - Colombia, Venezuela	Cleriço (wine and fruit juice) - Uruguay
Terremoto - Chile	Beer - Colombia	Cocado (milkshake) - Venezuela
Canelazo - Ecuador, Colombia	Colada Morada - Ecuador	Chica - Venezuela
Jote - Chile	Pinol (national drink) - Ecuador	
Mote con huesillo - Chile	Mauby - Guyana	
Chicha - Andes		

Foods from Celebrations and Religious Occasions

Tamales - Christmas	Passionfruit mousse (Christmas) - Brazil	Panettone (Christmas) - Peru and Uruguay
Arroz con Leche - Christmas	Lentil dishes (New Years Eve) - Brazil	Turkey, tamales, salads and applesauce (Christmas) - Peru
Buñuelos - Christmas	Pan de pascua (cake eaten at Christmas) - Chile	Chiriuchu (Easter Sunday) - Peru
Natilla - Christmas	Colombia-style pudding - Christmas	Grapes (12 grapes represent 1 month and 1 wish at New Year) - Peru, Venezuela
Tostones - Christmas	Lechona (pork stuffed with rice and peas, Christmas) - Colombia	Torta pascualina (savoury pie eaten during Easter) - Argentina and Uruguay
Bolitas de yuca- Christmas	Hornado de chancho (Christmas and New Years) - Ecuador	Hallaca (Christmas dish) - Venezuela
Polvorones and Mantecados	Hot cross buns, cheese and glass of milk (Good Friday) - Guyana	Ham Bread (Christmas dish) - Venezuela
Empanadas - Christmas	Pepperpot (Christmas) - Guyana	Coconuts (Easter) - Venezuela
Salteñas - any celebration	Dulce de leche (Christmas) - Paraguay	
Viel tone - Christmas	Chipa (Easter) - Paraguay	
Stuffed tomatoes (Christmas) - Argentina		
Picada (meat and cheese platter, New Years Eve) - Argentina		
Picana (Christmas) - Bolivia		
Roast pork (Christmas and New Year) - Bolivia		
Puruca Pig (Christmas) - Brazil		

Common Recipes

- Tapioca
- Ceviche - Peru
- Empanada – Colombia, Chile, Argentina
- Chilli
- Guacamole - Mexico
- Salsa - Mexico
- Bean and pork stew - Brazil
- Tacos - Mexico
- Tamales
- Chipa (Cheesy dough ball) - Brazil
- Feijoada (black beans and meat stew) - Brazil
- Enchiladas - Mexico
- Asado - Argentina
- Salteña - Bolivia
- Feijoada - Brazil
- Bandeja Paisa - Colombia
- Gallo Pinto - Costa Rica
- Ropa Vieja - Cuba
- Mangú - Dominican Republic
- Encebollado - Ecuador
- Pastel de choclo y humitas (steamed corn and beef casserole) - Chile
- Pepián - Guatemala
- Plato Típico - Honduras
- Mole - Mexico
- Nacatamal - Nicaragua
- Sancocho - Panama
- Sopa Paraguaya - Paraguay
- Arroz Con Gandules - Puerto Rico
- Chivito - Uruguay
- Pabellón Criollo - Venezuela
- Pao de queijo - Brazil
- Asado - Argentina, Uruguay
- Choripán - Argentina
- Anticucho - Bolivia
- Cuñapé - Bolivia
- Salteña - Bolivia
- Farofa - Brazil
- Deep fried pastel - Brazil
- Ajiaco (meat soup) - Chile
- Completo (hot dog) - Chile
- Pebre (salsa) - Chile
- Ajiaco (potato and chicken soup) - Colombia
- Pan de bono (cheese and yuca bread) - Colombia
- Shrimp ceviche - Ecuador
- Bolon de verde - Ecuador
- Choclo - Ecuador
- Pepperpot - Guyana
- Curry and roti - Guyana
- Dulce de Guayaba (traditional desserts) - Paraguay
- Sopa Paraguaya (soup) - Paraguay
- Chipa guasa (savory corn cake) - Paraguay
- Chipa almidón (cheese and starch bread) - Paraguay
- Butifarra (white sausage) - Paraguay
- Lomo saltado (stir fried beef) - Peru
- Cuy (guinea pig) - Peru
- Rocoto relleno (stuffed, spicy peppers) - Peru
- Moksi alesi - Suriname
- Grietbana soep met tomtom (grated plantain soup) - Suriname
- Arroz con leche - Uruguay
- Chivito (beef sandwich) - Uruguay
- Tequeños (cheese sticks) - Venezuela
- Cachapas (corn pancakes) - Venezuela



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[The Caroline Walker Trust](#)

[Communities Engage and Thrive CIC](#)

[The Diverse Nutrition Association](#)



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