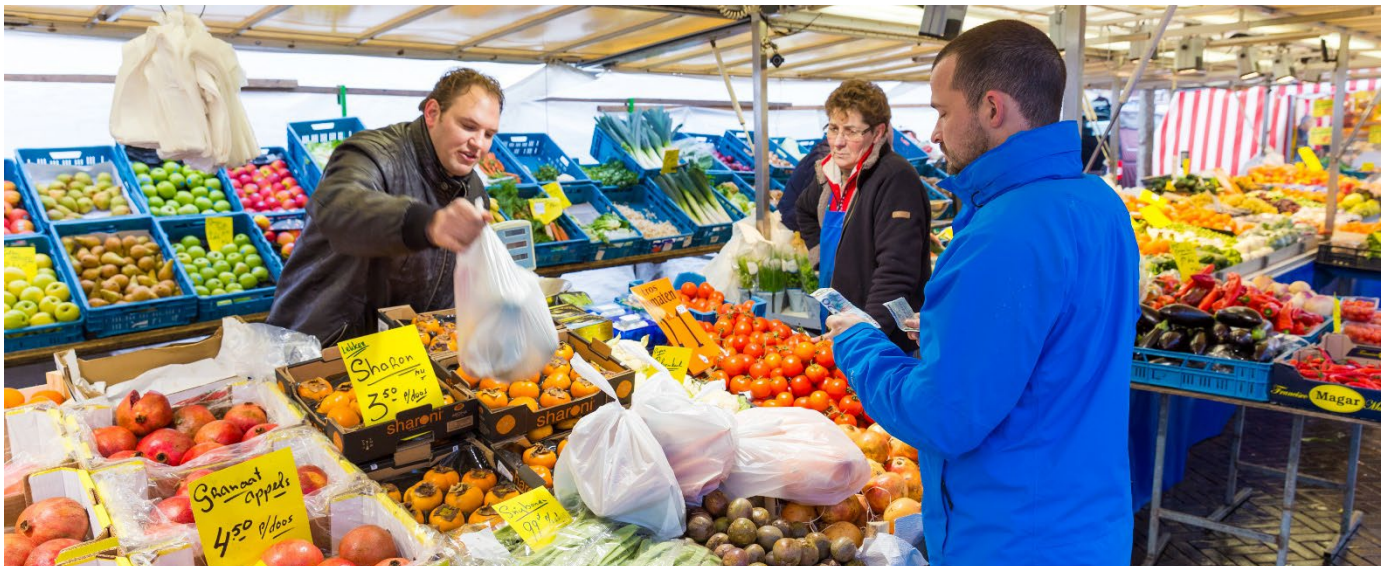

Wageningen Centre for Development Innovation | Factsheet

Enhancing Diets in Low Socioeconomic Position Communities: Evidence-Based Strategies for Stakeholder Engagement

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Introduction

It is widely acknowledged that vulnerable groups, such as those with a low Socio-Economic Position (SEP)[1] residing in high-income contexts like the Netherlands, have a lower life expectancy compared to high SEP groups (Van Raalte et al., 2011). This difference can be attributed to the significant challenges faced by low SEP groups, as well as an increased likelihood of adopting more risky lifestyle behaviours, resulting in a higher incidence of health-related risk factors such as overweight and obesity. Moreover, these groups are more susceptible to health crises such as COVID-19 (Artinian et al., 2010; Michie, Abraham, et al., 2009; Onwezen & Galama, 2021).

Achieving fundamental changes to the inequities of health outcomes associated with race and income may take generations to achieve (Baciu et al., 2017). Low SEP groups face challenges in accessing and benefiting from health interventions and services due to their frequent lack of effective engagement or outreach by service providers and health interventionists (Charania & Tsuji, 2012; Sheikh, 2006). This lack of engagement results in unmet social and health needs, contributing to their disempowerment and exclusion from health promotion policies and programs (Renzaho et al., 2012; Waheed et al., 2003). Moreover, interventions such as nutrition labelling and health claims, which are effective with other populations, have demonstrated reduced effectiveness in promoting healthy behaviours among vulnerable groups (Onwezen, 2022). This triad of barriers faced by low SEP groups—including less healthy dietary patterns, difficulties in intervention outreach, and lower intervention effectiveness due to inadequate tailoring—further exacerbates their health disparities (Michie, Abraham, et al., 2009; Roumen et al., 2011). Addressing these challenges requires comprehensive strategies that prioritise targeted interventions and policies aimed at reducing disparities and improving health outcomes for vulnerable populations.

Addressing health disparities also relies on interventions that promote healthy and sustainable behaviours, that are targeted to vulnerable individuals or specific groups (Michie, Jochelson, et al., 2009). Central to this effort is the establishment of integrated, people-centred health services and systems, which are crucial for achieving universal health coverage and bridging health gaps to meet the Sustainable Development Goals (SDGs). Community participation is a well-accepted principle within people-centred health systems, with a strong consensus on its value in planning, organising, operating, and controlling healthcare services. This participatory approach tailors care to community needs, drives transformative change, empowers vulnerable communities, and boosts the effectiveness of health interventions (George et al., 2015; Marston et al., 2016; Narain, 2011). Finally, considering the influence that the food system, particularly the food environment[2], has on dietary behaviours and consequently, health, applying community participation and engagement principles and drawing insights from lessons in health systems in efforts to improve diets could prove advantageous.

This factsheet is part of a larger research study that aims to identify key knowledge rules, and novel fundamental insights to support low SEP consumers to improve their access to and ultimately consume healthier and more sustainable diets.

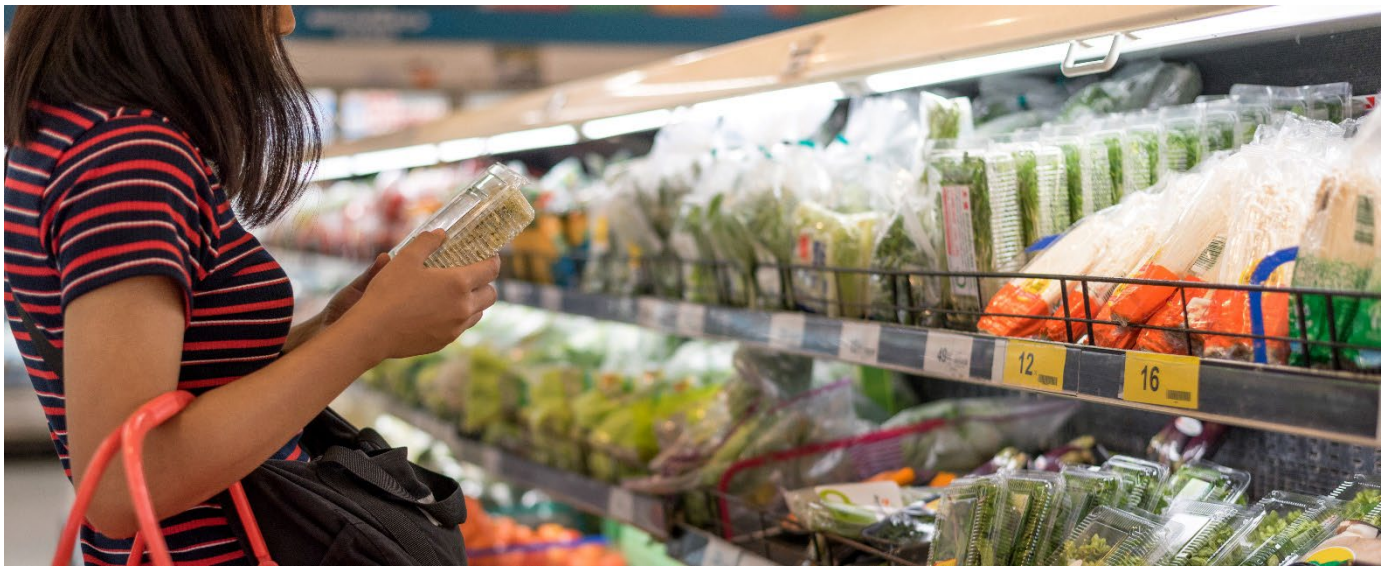
The research question that guided the development of this factsheet is:

- What is the global evidence base on collaborative interventions aimed at promoting the consumption of healthier and more sustainable diets among low SEP groups residing in high-income contexts?

The factsheet provides a list of evidence-based recommendations that can be used when designing interventions aimed at improving the diets of low SEP consumers, to shape successful collaborative interventions for low SEP groups residing in high-income contexts, such as the Netherlands. Information on the definitions of key concepts, the search strategy applied, inclusion and exclusion criteria, and the data extraction and analysis process can be found in the methodology section at the end of the factsheet.

[1] Socio-economic status (SES) or Socio-economic Position (SEP) can be determined at different levels, including the individual household and neighbourhood level. In health research, SES/SEP is often determined by a single variable at a single level, such as occupation, education, income, or neighbourhood status (Braveman et al., 2005).

[2] The food environment refers to the physical, economic, political and socio-cultural context in which consumers engage with the food system to make their decisions about acquiring, preparing and consuming food.



Recommendations for engaging low SEP consumers and other stakeholders in designing interventions

Our literature review yielded five key recommendations, listed below.

1. Enhance equity in the food system by engaging multiple stakeholders and embracing the principles of food sovereignty

Unhealthy and unsustainable diets do not spontaneously appear on one's plate; rather, they are a result of the complex dynamics of the food system. The food system involves the production, processing, packaging, distribution, marketing, purchasing, consumption, and waste of food (HLPE, 2017). Food systems are complex entities, which are influenced by many determinants, including one's SEP, playing a role in shaping food choices, thereby impacting various aspects of human health (Fanzo et al., 2021). Given the large diversity of activities taking place within the food system, there are multiple stakeholders involved, including consumers.

To go beyond simple repair measures and to address deeper causes of issues, a food systems approach is required in designing and implementing interventions. Transforming food systems to produce healthier, more environmentally sustainable and more equitable outcomes requires an understanding of the interests and interactions of the multiple stakeholders that shape the system, as well as their collaboration characteristics when designing and implementing effective interventions (Brouwer et al., 2020).

Food sovereignty is the right of individuals, communities, and nations to control their own food systems, including their markets, production, food culture and environments (Wald & Hill, 2016). It is an essential component in building local food systems with the potential to enhance healthy and sustainable food access in communities (Lofton et al., 2023). Food sovereignty advocates for democratic decision-making policies and interventions related to food production and distribution. It challenges top-down approaches to food governance that prioritise profit-driven industrial agriculture over local food systems and community health and well-being. Interventions that address the local food system can utilise food sovereignty principles by aiming to provide access to nutritious food, promoting sustainable growing practices, revitalising communities and building positive relationships and partnerships within the community (Béné et al., 2019; Fanzo et al., 2021).

Approaching food system change through a food sovereignty lens can shift emphasis to community control over food production, distribution and utilisation (Wald & Hill, 2016). There are six defined pillars of food sovereignty: (i) focusing on food for people, (ii) supporting food providers and producers, (iii) localise food systems, (iv) place control locally, (v) build knowledge and skills and (vi) work with nature (Food Secure Canada, 2015). Sustainable agriculture practices, land acquisition, participatory community engagement, training programs, nutrition education and/or financial support are examples of how these food sovereignty pillars can be embodied to transform local food systems

(Sumner, 2014). These approaches focus more on individual consumption, or on retail and small-store interventions (Lofton et al., 2023; Wald & Hill, 2016).

The food sovereignty framework can be used to create pathways to address health inequities via the food system, by emphasising community control, cultural relevance and sustainable practices (Lofton et al., 2023) and could therefore be applied to vulnerable community groups, for instance, those with low SEP residing in high-income contexts. Additional community-based approaches that are aligned with the framework include interventions that change food production or distribution in the food system. These include culturally relevant food, ensuring adequate access to nutritious foods, especially for those living in areas of low food equity, and working with nature, as many communities face the consequences of climate change and industrialisation, further impacting food production and agriculture, irrespective of income context (Brouwer et al., 2020).

In conclusion, utilising a food sovereignty lens can influence food access and subsequently consumption, dietary behaviours, and chronic disease risk, particularly for vulnerable groups. More attention must be given to the underlying power imbalances that drive inequities within the food system (Brouwer et al., 2020), as well as to the interactions between food system stakeholders and adjustments in food system dynamics (Fresco et al., 2017). A better understanding of how these concepts can be applied holistically to promote healthy, resilient food systems, is also needed.

2. Utilise participatory research methods to foster health promotion skills and generate knowledge among communities

Many definitions used for SEP individuals and groups are based on education level (Shavers, 2007). Therefore, it is unlikely that scientific researchers, who are typically highly educated, fall within this group. This creates a situation where 'epistemic injustices' may occur. Epistemic injustice is a broad term that refers to 'forms of unfair treatment that relate to issues of knowledge, understanding, and participation in communicative practices' (Kidd et al., 2017). A sub-type of epistemic injustice that is relevant is *participatory epistemic injustice*, which focuses on questions such as: "Who gets the chance to direct and produce scientific knowledge?"[3].

In traditional research methods, the power to make such decisions lies largely within the scientific community. This could be problematic, since a complete understanding of an issue that is studied scientifically, and the development of practical solutions tailored to the context, often require insights from those outside the scientific community, such as community members, who may possess a more nuanced comprehension and lived experience of the problem(s) at hand (Grasswick, 2017).

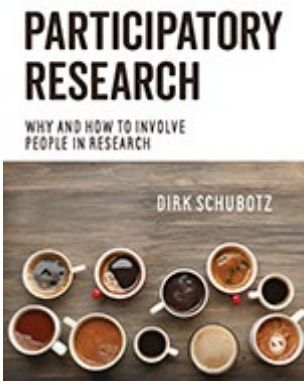
To do justice to the perspectives of non-researchers, participatory research methods such as Community-Based Participatory Research (CBPR), Participatory (Action) Research (PAR) and Peer Research have been developed. CBPR is the concept that health promotion research should be conducted in a manner that allows community members to influence and control decisions that affect them and their community (Sloane et al., 2003). Similarly, PAR is a practice that puts the less powerful at the centre of the knowledge creation process, encouraging active participation in designing and implementing interventions, to move people and their daily lived experience of struggle and survival from the margins of epistemology to the centre (Hall, 1992). Similarly, peer research engages members of a group or social network as trusted members of a research team working in communities and settings they are familiar with (Bell et al., 2021).

There are various examples of such methods being applied in the context of low SEP groups. In a CBPR study on improving the nutrition resource environment for socioeconomically marginalized groups, Sloane et al. (2003) argue that while CBPR does have its drawbacks in terms of validity and reliability of the collected data, the method offers the potential to build community capacity and form community coalitions, which could use findings as an advocacy tool. CBPR creates bridges between scientists and communities, through the use of shared knowledge and valuable experiences and can lend itself to the development of culturally appropriate measurement instruments, ensuring that program interventions are more effective and efficient (Viswanathan et al., 2004). Furthermore, CBPR establishes a mutual trust that enhances both the quantity and quality of data collected.

[3] The concept of epistemic justice aligns with the concept of food sovereignty described in the previous section, in the sense that they share an emphasis on the participation of target groups. They are distinct from another in terms of the processes that they focus on. For food sovereignty, the process can be summarized to "shaping the food system", whereas the process in epistemic justice is "creating knowledge".

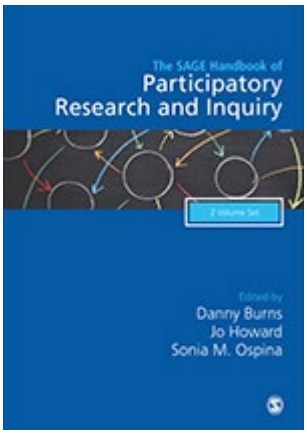
Rogers et al. (2018) also considers the participatory nature of their study, which targeted an African American community living in public housing, as a strength. The study "addresses social inequalities through co-learning and empowerment by allowing marginalized communities to define their own lived experiences […]. By generating their own ideas [for initiatives to mitigate challenges to chronic disease management], the participants increased the likelihood of community engagement in and the sustainability of these initiatives". Finally, the ultimate benefit to emerge from such engagement is a deeper understanding of a community's unique circumstances, and a more accurate framework for testing and adapting best practices to the community's needs (Viswanathan et al., 2004).

Box 1 Further reading: Practical guides to participatory research methods



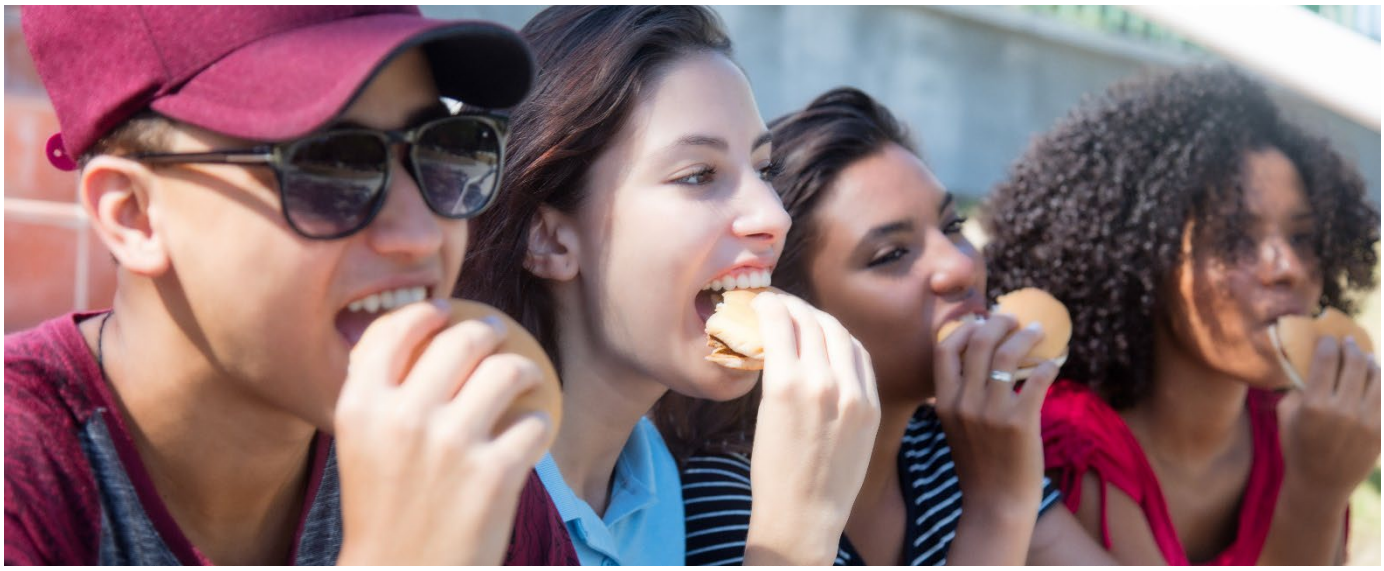
Participatory Research: Why and How to Involve People in Research
By Schubotz (2020)

Participatory Research empowers readers to understand and apply participatory methods to their research projects. It takes an accessible approach by explaining the theory that grounds participatory research and offers practical strategies for how and when to choose and apply a wide range of these methods. The guide is comprehensive, yet easy to understand.



The SAGE Handbook of Participatory Research and Inquiry
By Burns et al. (2021)

This Handbook presents contemporary, cutting-edge approaches to participatory research and inquiry. It has been designed for the community of researchers, professionals and activists engaged in interventions and actions for social transformation, and for readers interested in understanding this domain. It offers an overview of different influences on participatory research, explores in detail how to address critical issues and design effective participatory research processes, and provides detailed accounts of how to use a wide range of participatory research methods.



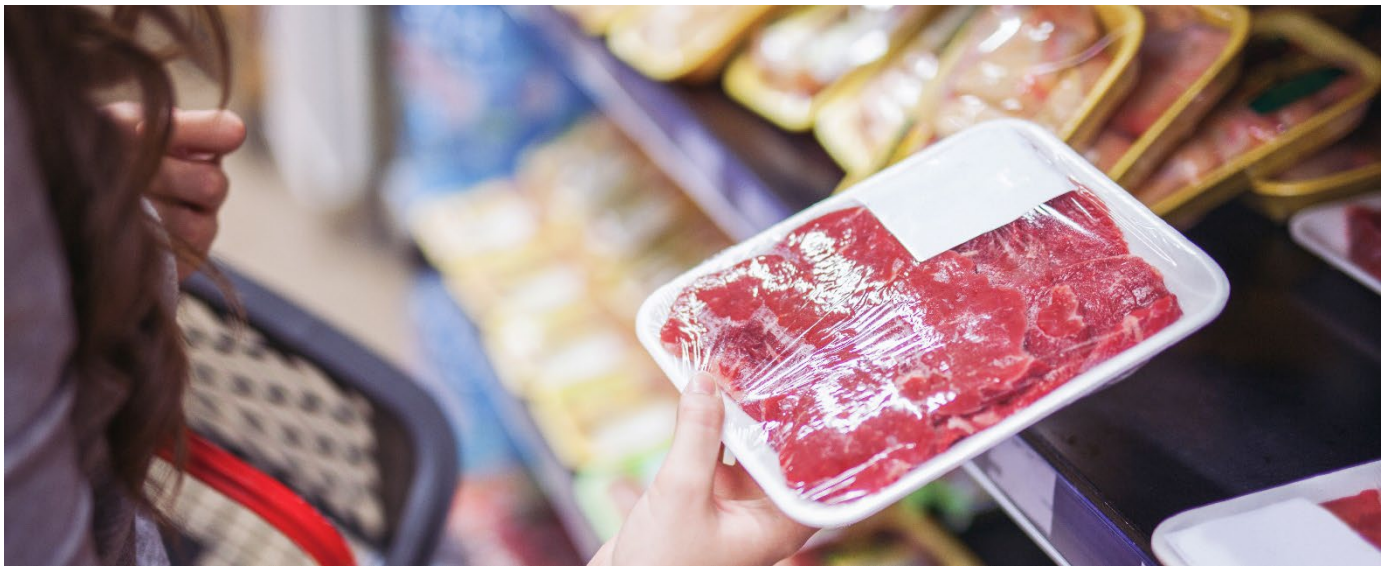
3. Apply a tailored approach and foster collaborative partnerships for enhanced population health and nutrition

In public health, collaborative partnerships can take many forms, including coalitions of community members (e.g. consumers), alliances among service agencies, consortia of health care providers, grassroots and broader advocacy efforts and initiatives (Roussos & Fawcett, 2000). Regardless of the form collaborative partnerships adopt, the structure is primarily an alliance among people and organisations, and across multiple sectors such as schools, businesses, faith communities, health and human service organisations, government, and media (Roussos & Fawcett, 2000), working together to improve conditions and outcomes related to the health and well-being of entire communities (Roussos & Fawcett, 2000). Change within the environment (community and systems change) is hypothesised to be an intermediate outcome in the long process of community health improvement (Emshoff et al., 2007).

Collaborative partnerships have become an increasingly popular strategy, however, only limited empirical evidence exists on their effectiveness in improving community-level outcomes, as visible changes in population-level outcomes take longer than the lifetime of many partnerships (Roussos & Fawcett, 2000).

Despite the limited evidence and challenges that exist on the effectiveness of collaborative partnerships in the realm of nutrition and food environments, collaborative partnerships can transmit knowledge, encourage collaboration across neighbourhoods, and prove successful in building a strong foundation for nutrition interventions (Payán et al., 2022). It has been documented that they can have a positive impact on social capital, leading to enhanced community empowerment, and ultimately improved health status and reduced health inequalities (Morgan, 2001).
The key characteristics and assumptions that underlie the strategy of collaborative partnerships include: acknowledging that goals cannot be reached by any one individual or group working alone; a diversity of individuals who represent the concern and/or geographic area of the population should be involved; and ensuring that there is consensus, shared interests, mutual respect and the ability to compromise among the prospective partners (Payán et al., 2022). Furthermore, partnerships should have concrete, attainable goals and objectives, a shared vision, a unique purpose and sufficient funds and human resources to implement activities such as social planning, community organising, community development and policy advocacy (Payán et al., 2022; Roussos & Fawcett, 2000).

Ultimately, collaborative partnerships are a particularly attractive strategy for changing community-wide behaviour, however, there is no 'one size fits all' approach. Albarracín et al. (2005) show that gender, age, ethnicity, and other population-specific considerations, are essential when developing strategies to improve population-level health and nutrition outcomes. Ensuring the involvement of those who experience the targeted problem most and engaging trusted community organisations from non-health related sectors, is more likely to be successful in closing the health gap. This suggests that generic interventions cannot be applied across populations with confidence that they will be effective (Albarracín et al., 2005), underscoring the critical need for localised collaborative partnerships, especially in light of the existing health gap among those with low SEP positions.



4. Explore trade-offs and synergies: navigate diet quality, sustainability, and income through participatory intervention design

Managing trade-offs between multiple and sometimes competing goals is inherent to improving the food system (Brouwer et al., 2020). To better understand the potential trade-offs and synergies between nutrition, sustainability and equity outcomes, food system frameworks have been developed (Ericksen, 2008). These frameworks support in facilitating informed discussion and supporting decision-making processes at the system governance level.

However, there has been limited focus on developing strategies to assist consumers in their daily dietary choices to navigate trade-offs and synergies. For consumers, particularly those with low SEP, navigating such decisions and balancing diet quality and sustainability, while considering economic constraints is often challenging. For instance, plant-based milk alternatives such as oat milk may be more environmentally sustainable than dairy milk (Milieucentraal, n.d.-b). However, only fortified options can provide similar nutritional value in terms of protein, calcium and vitamin B12 (Voedingscentrum, n.d.-b). In one of the largest Dutch supermarket chains, plant-based milk alternatives are currently more expensive than dairy milk[4]. Moreover, identifying synergies, where a single choice can address multiple goals simultaneously, presents another challenge. For example, consuming fresh produce during its harvesting season not only promotes health but also supports environmental sustainability (Milieucentraal, n.d.-a; Voedingscentrum, n.d.-c) and is likely more affordable (Albert Heijn, n.d.).

Effective intervention design for healthy and sustainable diets requires an understanding of potential trade-offs and synergies between its goals, and how these factors may or may not influence target consumer choices. Participatory intervention design allows the target group to provide their input on which goals to prioritise and how, whilst considering income constraints. It can also help to identify synergies between intervention goals and other goals that are of importance to the target consumer.

[4] On 7 January 2024, one litre of skimmed milk was available for €0.85 on the Albert Heijn website. The cheapest plant-based milk alternative (soy drink) on the same website was available for € 0,99 per litre.

5. Apply monitoring and evaluation to establish evidence on stakeholder engagement in interventions targeting improved diets for low-SEP consumers

There is a lack of research that specifically considers the role of stakeholder engagement in interventions to enhance the diets of low SEP consumers. Systematic monitoring and evaluation of implemented interventions, particularly focused on the outcomes of stakeholder engagement within those interventions, can play a crucial role in addressing this research gap and guiding programmatic decision-making.

Whilst community engagement is a widely utilised strategy in health promotion, attributing positive outcomes or changes specifically to community participation or stakeholder engagement is a complex task (Heaton et al., 2014). Several factors contribute to this complexity. Firstly, changes in health status, and dietary behaviours, and food environments, require long-term monitoring and may not be measurable over a single program cycle. Secondly, community participation initiatives usually do not happen as a direct and linear intervention to improve health and food environments, but rather consist of complex processes and interactions, and drawing definitive linkages and pathways to explain how community participation leads to health outcomes can be challenging (Rifkin, 2014).

Despite these challenges, outcomes of interventions involving consumer participation have been documented in many ways, using different indicators to capture results. For instance, studies reported consumer/stakeholder satisfaction with service coverage, staff development, enhanced networks, and social cohesion (Alderson et al., 2022). Other studies have examined empowerment at the community or individual level, framing empowerment as communities coming together to address self-identified community issues and fostering sustainable positive change that is contextually relevant and promotes knowledge transfer among community members (Viswanathan et al., 2004). Furthermore, some studies measure success based on process outcomes related to contextually appropriate initiatives and mutually agreeable organisational processes to meet community needs, resulting in increased community knowledge, awareness, self-efficacy, confidence, and contextually tailored interventions (Chen et al., 2013). Another review explored gains in social capital, social cohesion, and in capacity building among the community as effects of community participation initiatives (Igalla et al., 2020).

It is important to prioritise community values and then select appropriate measures for monitoring and evaluating intended outcomes, encompassing both process and outcome evaluations, when assessing participatory approaches in intervention design and implementation. Furthermore, it is imperative to develop initiatives and monitoring strategies that align with the community's cultural framework, to enhance the social inclusion of disadvantaged groups, improve research quality and address health disparities (Renzaho et al., 2012). A review by Larson and Williams (2009) on the topic of participatory monitoring and evaluation yielded recommendations for monitoring systems, including those that monitor engagement, as listed in Box 2.

Box 2 'Features of the system' or 'principles of good practice' for monitoring and evaluation of stakeholder engagement (Larson & Williams, 2009)

- The monitoring and evaluation system should be participatory by involving different project stakeholder groups and staff throughout the system stages. The system should be user-friendly and culturally sensitive.
- Criteria to demonstrate if objectives were met should be agreed upon at the outset by all stakeholder groups concerned. The criteria should be well thought through: they should focus on both short-term and long-term views; should be qualitative and quantitative; and should consider the wider context of external drivers, etc.
- The system should be planned for all stages of engagement and should allow for changes in process and methods if needed. Monitoring should be treated as an integral part of the projects, and evaluations should occur over the period as a continuous effort.
- Plans should include the purpose, process, responsibilities, resources, methodologies, etc.
- Findings should be recorded, communicated, and used as a basis for future improvements. Principles of adaptive management should be followed.
- Efforts should be balanced in terms of costs versus benefits and should concentrate on the provision of useful information. The key achievement is to collect and analyse a minimum but enough data and information.

Methodology

Defining key concepts

There are many definitions of a **healthy and sustainable diet**, and currently, there is no consensus regarding a clear definition and recommendations that can be applied to all contexts. An example of what could be meant by a healthy diet is provided by the World Health Organization (WHO), which states that a healthy diet is essential for good health and nutrition, to protect against many chronic non-communicable diseases. Eating a wide variety of foods and consuming less salt, sugars and saturated and industrially produced trans-fats, are essential for a healthy diet. The Food and Agriculture Organization of the United Nations (FAO) defines sustainable diets as those with low environmental impacts which contribute to food and nutrition security and a 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 optimising natural and human resources. This fact sheet did not exclude studies that used a different definition of the terms, as definitions are often contextualized into local guidelines (e.g., the Schijf van Vijf in the Netherlands - (Voedingscentrum, n.d.-a)).

For the purpose of this factsheet, **nutrition interventions** are defined as purposely planned actions intended to positively change a nutrition-related behaviour, environmental condition, or aspect of health status for an individual, target group or population-level/community (Lövestam et al., 2019).

The third key concept is that of **stakeholders**. Its definition of "one who is involved in or affected by a course of action" (Merriam-Webster, n.d.) is wide and does not necessarily imply anything about the SEP of the stakeholders involved. In this factsheet, the importance of considering low SEP consumers as stakeholders that need to be involved is emphasized, but the term still encompasses other actors as well.

Search strategy

In August 2023, an exploratory literature search was conducted in Scopus and Google Scholar, to gain insight into the breadth of the evidence available, and to identify commonly used terminology when referring to the subject matter. From this exploratory search, the following conclusions were drawn:

- There are infinite ways of signalling stakeholder engagement in interventions ranging from a very minimal or occasional engagement to systematic, theory-based engagement during the whole process of designing and implementing the intervention and including several groups of stakeholders. Including all these ways in a systemic search led to an unmanageable number of results.
- Evaluations of interventions that were developed in a participatory way tended to focus on the diet/health outcomes of that intervention, rather than exploring the characteristics of the stakeholder engagement, and its role in intervention effectiveness, which is the focus of this factsheet. Such studies were impossible to filter out by redefining the search query.

These two considerations made a fully systematic search too labour-intensive. In addition, studies with occasional engagement are less relevant than more systematic and theory-based engagement. Therefore, to focus our review on sources that characteristics of stakeholder engagement in theory-based and systematic approaches, a snowball method was applied, where the reference list of identified, relevant papers was used to ascertain further studies to include. Experts in the field were consulted for additional recommendations. This literature research was conducted between October 2023 and January 2024 by two researchers.

Inclusion and exclusion criteria

The following inclusion criteria were followed:

- Socio-economic status and synonyms, poverty and income-related terms, education-related terms, disadvantaged and inequality-related terms and synonyms.
- Studies applicable to high-income countries in Europe, Australia, New Zealand, the USA, and Canada.
- Articles written in English or Dutch.

The following exclusion criteria were followed:

- Studies that only focus on low and middle-income countries.
- Studies on race and ethnicity alone.
- Studies focused on a specific clinical group, such as those living with diabetes or cardiovascular disease.

Data extraction and analysis

Data extraction was performed independently by two researchers using a standardized data extraction form. Discrepancies were resolved through consensus or consultation among these two researchers. The retrieved evidence has been analysed for practice recommendations which are relevant for high-income contexts, such as The Netherlands.

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