

Annex – 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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Annex 1: Methodology

The report aimed to summarise existing practice, publications and evidence to support the development of culturally diverse, healthy and sustainable eating guidance. This involved undertaking a scoping review of existing literature. The methodology for the research is detailed below.

1. Literature Search Strategy

A scoping review was conducted, identifying the geographical regions, governmental and population specific guidance currently published. This was achieved by utilising a mix of sources including scientific journals, government websites, non-governmental organizations and international bodies, such as the World Health Organization.

The following table summarises key organisations that were used as sources of published eating guidance and/or reports exploring healthy and sustainable diets.

Organisation	Description
The EAT-Lancet Commission	The Commission consists of 37 world-leading scientists from 16 countries. The Commission's aim was to reach a scientific consensus on defining targets for healthy diets and sustainable food production. This includes the Planetary Health Diet, which provides guidelines for a diet which is optimal for both human health and environmental sustainability.
The Office for Improvement and Disparities (OHID)	OHID works across the government and healthcare system to prevent ill health, with a focus on identifying and addressing health disparities. This includes building the scientific evidence and policy for healthy weight and healthy diet.
The British Nutrition Foundation (BNF)	The BNF are a charity, with the vision that healthy, sustainable diets should be accessible for all. They translate nutrition science into accessible information for policy makers, industry leaders, health professionals and the general public.

The World Health Organisation (WHO)	The WHO is an agency of the United Nations responsible for international public health. It advocates for nutrition policies, develops evidence-based guidance and monitors and evaluates policy and programme implementation.
The Milan Urban Food Policy Pact (MUFPP)	The 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”.
The Food Foundation	The Food Foundation are a registered charity with the vision of a sustainable food system which delivers health and wellbeing for all. Work includes influencing food policy and business practice to support access to a healthy and sustainable diet.
The Food and Agriculture Organization of the United Nations (FAO)	The FAO is an agency of the United Nations, leading international efforts to ensure food security. Their goal is to “achieve food security for all and make sure that people have regular access to enough high-quality food to lead active, healthy lives”.
The Diverse Nutrition Association (DNA)	The DNA work to integrate cultural sensitivity into all aspects of health research and public health. Resources include the African and Caribbean Eatwell Guide.
The British Dietetic Association (BDA)	The BDA is the professional association and trade union for UK dietitians. It provides resources including food fact sheets which are tailored for different people and medical conditions.
The National Health Service (NHS)	The NHS is the publicly funded healthcare system in the United Kingdom. Their website provides information and guidance about eating a healthy and balanced diet. Many NHS professionals deliver healthy eating guidance as part of their role.
The National Institute for Health and Care Excellence (NICE)	NICE provide guidance for the NHS and the wider health and care system. Lifestyle and wellbeing guidance includes that on diet, nutrition and obesity.
The World Wide Fund for Nature (WWF)	The WWF is a global environmental charity. Livewell is their approach to health and sustainable diets.
The Scientific Advisory Committee on Nutrition (SACN)	SACN advises OHID and other UK government organisations on nutrition and related health matters.

Key search terms were also identified, such as “healthy eating guidelines”, “nutrition guidance”, “healthy and sustainable diets” and “government healthy eating recommendations”.

2. Data Extraction

Key insights from existing guidance and reports were extracted into tables, and grouped by the following themes:

General eating guidance.

Community specific eating guidance.

Health condition specific eating guidance.

Healthy and sustainable diets.



As well as summarising the information presented in the guidance and reports, strengths and limitations were also explored. This aided comparison of the existing eating guidance and reports, identifying gaps that could be addressed in the development of new culturally diverse, healthy and sustainable eating guidance.

3. Synthesis and Reporting

The findings from the data extraction were combined into a comprehensive review, highlighting key similarities, differences and gaps in existing guidance. The evidence reviewed was used alongside the insights from phase 1, phase 2 and supplementary conversations to inform the recommendations for action. The recommendations will be used to inform phase 3 of the project, which is the development and actualisation of the resources with communities and professionals.

Annex 2: Breakdown of Participants (Community Groups)

Focus Group 1 – Adults of Working Age – Total 13 Participants – Location Grounded Kitchen
Moseley

Initials	Ethnicity	Gender	Age Range	Faith Group	Location	Job Title	Brief Job Description / Hours etc.
DB	Mixed Ethnicity	M	30-40	None	Grounded Kitchen	Risk and Compliance Officer	Full time, hybrid
KG	English/Welsh/Scottish/Northern Irish/British	F	30-40	None	Grounded Kitchen	Trainer	Freelance
CP	English/Welsh/Scottish/Northern Irish/British	M	30-40	None	Grounded Kitchen	Builder	Full time, hours vary
GH	Indian	F	50-60	Sikh	Grounded Kitchen	Early Help Coordinator	Full time, hybrid
DR	Caribbean	M	50-60	None	Grounded Kitchen	SFX Technician	Overseas Work
JW	English/Welsh/Scottish/Northern Irish/British	M	40-50	Catholic	Grounded Kitchen	HGV Driver	Full time, set hours (4am start)
KW	English/Welsh/Scottish/Northern Irish/British	F	40-50	Catholic	Grounded Kitchen	Customer Care Advisor	Full time, set hours. WFH
JAW	English/Welsh/Scottish/Northern Irish/British	M	20-30	C of E	Grounded Kitchen	Tree Surgeon	Full time hours, shifts and nights, weekends, manual work

KB	English/Welsh/Scottish/Northern Irish/British	F	50-60	C of E	Grounded Kitchen	Carer	Full time carer for Mom, hours vary on a day to day / night basis
MW	English/Welsh/Scottish/Northern Irish/British	F	20-30	None	Grounded Kitchen	Marketing and Admin	Full time, set hours. Also does evening shift at restaurant
DG	English/Welsh/Scottish/Northern Irish/British	M	60-70	Methodist	Grounded Kitchen	Adult Education Trainer	Full time, set hours
SG	English/Welsh/Scottish/Northern Irish/British	F	60-70	Methodist	Grounded Kitchen	Quality Control	Full time, set hours
JG	English/Welsh/Scottish/Northern Irish/British	M	30-40	None	Grounded Kitchen	SEND Support Staff	Full time, set hours

Focus Group 2 Ethnicity Based- Total 19 Participants

Initials	Ethnicity	Gender	Age Range	Faith Group	Location	Job Title	Brief Job Description / Hours etc.
AA	African Somalian	F	40-50	Islam	LMC	Housewife	
AM	Sri Lankan	F	40-50	Buddhist	LMC	Support Worker	40 hours, providing day care for the elderly
NM	Sri Lankan	M	20-30	Buddhist	LMC	Forex Hader	I trade the currency
RA	Irish	M	20-30	None	LMC	Director	Removals and storage company
JF	British Caribbean	M	20-30	None	LMC	Removal Operative	House removals and logistic

GA	Sri Lankan	F	50-60	Buddhis t	LMC	Vegan chef / artist	Demonstrations of vegan food workshops, mural artist
NP	Sri Lankan	F	40-50	Buddhis t	LMC	Care worker	
SV	Mixed Heritage	F	40-50	Spiritual	LMC	Consultan t – self employed	Writing reports and participate in continuous training, travelling
MB	Bangladeshi	F	40-50	Muslim	LMC	Lunchtime supervisor	
AN	British Pakistani	F	50-60	Islam	LMC	Housewife	
KG	Angola	M	40-50	None	LMC	Artist	Projects – various – long hours
RP	Sri Lankan	M	40-50	Buddhis t	LMC	Caretaker	
TN	British Pakistani	F	40-50	Islam	LMC	NHS Trust admin	3 days, general admin, referrals etc.
KH	Sri Lankan	M	50-60	Buddhis t	LMC	Plumber	
VP	Black Caribbean	F	40-50	Christia n	LMC	Housing officer	37.5 hours supporting customers, maintain accommodation with support
SM	Asian	M	30-40	Muslim	LMC		
JH	Afro Caribbean	M	60-70	Christia n	LMC	Social Prescriber	Fulltime, supporting people from GP surgery with complex issues affecting life
NK	Bangladeshi	F	30-40	Muslim	LMC	Support worker	Help children in playground and dinner
JM D	Caribbean	M	50-60	CofE	LMC	Engineer	37 hours, engineering, 3d printing, computer design

Focus Group 3 - Older Adults – Total 10 Participants- Kings Heath Tea Room

Initials	Ethnicity	Gender	Age Range	Faith Group	Are you working / retired / active / health conditions that affect mobility
SD	Black Caribbean	F	70-80	Christian	Retired
JR	British	F	50-60	NA	Still working
CAR	British	F	70-80	C of E	COPD

JPR	British	F	70-80	Catholic	Retired
HAB	British	F	80-90	NA	Retired, dementia
JF	British	F	60-70	NA	Retired, active
LS	British	F	60-70	NA	Retired, active – walks dog, partially sighted
IT	Welsh	F	60-70	Catholic	Retired, active
CB	Black Caribbean	F	60-70	Christian	Retired
IB	Black Caribbean	F	60-70	Christian	Retired but still working / volunteering / active member of church and community groups

Focus Group 4 Long Term Health Conditions – Total 10 Participants – Lozells Methodist Church

Initials	Ethnicity	Gender	Age Range	Faith Group	Health Condition
JL	WB	F	50-60	None	Heart health, anxiety
CG	Black British	F	50-60	Christian	Arthritis, hives, degeneration of the discs
TB	Black	F	70-80	Christian	Heart health
NB	Pakistani	F	50-60	Islam	Diabetes, thyroid high cholesterol, arthritis
AN	WB	M	20-30	None	Mental health, epilepsy
SI	Black	M	60-70	Christian	ICM, heart health, arthritis
MB	Kenyan	F	40-50	Islam	Heart health, arthritis
SB	WB	F	50-60	Christian	Heart health, diabetes, mental health, arthritis
AS	Indian	M	50-60	None	Heart Health
ST	Indian	M	50-60	Sikh	Diabetes

Focus Group 5 - Faith Groups – Total 10 Participants – Lozells Methodist Church

Initials	Gender	Age Range	Faith Group	Ethnicity	Location
GS	F	50-60	Buddhist	Sri Lankan	LMC
					LMC
DC	F	50-60	Christian	Afro Caribbean	
AA	F	50-60	Muslim	Pakistani	LMC
DI	F	40-50	Buddhist	Sri Lankan	LMC
HP	F	40-50	Buddhist	Sri Lankan	LMC
KA	M	40-50	Buddhist	Sri Lankan	LMC
SA	F	30-40	Muslim	Pakistani	LMC
AR	F	60-70	Christian	White British	LMC
CM	F	50-60	Christian	White British	LMC
TN	F	40-50	Muslim	Pakistani	LMC

Focus Group 6 – Children and Young people – Total 12 Participants- All Saints Centre

Initials	Ethnicity	Gender	Age	Location
IE	White British	F	11	All Saints Centre
RB	Dual Heritage	F	12	All Saints Centre
SS	White British	F	10	All Saints Centre
BB	Dual Heritage	F	10	All Saints Centre
FS	Dual Heritage	F	16	All Saints Centre
GG	White British	M	10	All Saints Centre
HG	White British	M	12	All Saints Centre
RB	Dual Heritage	F	6	All Saints Centre
AB	White British	F	7	All Saints Centre
RS	British Indian	M	11	All Saints Centre
CS	British Indian	M	11	All Saints Centre
LT	Mixed Race	F	8	All Saints Centre

Focus Group 7 1st and 2nd Generation Migrants – Total 17 Participants- Westminster School Handsworth

Initials	Ethnicity	Gender	Age Range	Faith	Location
AA	Pakistani	F	40-50	Islam	Westminster
AM	African Pakistani	F	30-40	Islam	Westminster
JD	Afro Caribbean	F	60-70	Christian	Westminster
MS	Pakistani	F	40-50	Islam	Westminster
ML	Indian	F	50-60	Sikh	Westminster
NA	Black	F	30-40	Islam	Westminster
AG	Pakistani	F	30-40	Islam	Westminster
ZB	Pakistani	F	30-40	Islam	Westminster
HM	-	F	40-50	Islam	Westminster
HA	Arabic	F	30-40	Islam	Westminster
FA	-	F	-	-	Westminster
TC	British Bangladeshi	F	30-40	Islam	Westminster
RA	Bangladeshi	F	20-30	Islam	Westminster
SB	-	FR	-	-	Westminster
MC	Bangladeshi	F	40-50	Islam	Westminster
SB	Pakistani	F	40-50	Islam	Westminster
RC	British	F	50-60	Islam	Westminster

**Focus Group 8 -Pregnant Mothers & Expectant Fathers – Total 11 Participants 2 Focus Groups
 (Daytime and evening)– Boston Tea Party and Damascena**

Initials	Ethnicity	Gender	Age Range	Faith	Location
AW	Black Caribbean	F	30-40	NA	Boston Tea Party
SF	Mixed White & Black Caribbean	F	20-30	Spiritual	Boston Tea Party
BB	Black	F	30-40	Islam	Boston Tea Party
JC	Mixed White & Black Caribbean	F	30-40	Christian	Boston Tea Party
PA	Mixed Other	F	40-50	Christian	Boston Tea Party
RT	Black Caribbean	F	20-30	Christian	Boston Tea Party
CB	Black Caribbean	F	40-50	NA	Damascena
SM	Black Caribbean	F	40-50	NA	Damascena
AG	Black Caribbean None	F	20-30	NA	Damascena
PP	African	M	30-40	Christian	Damascena
RB	Indian	F	30-40	Sikh	Damascena



Annex 3: Breakdown of Participants (Healthcare Professionals)

- Allied Health Professionals
 - Dietitians and Registered Nutritionists (N= 27)
- Community Healthcare Professionals
 - Health Visitors (N=1)
 - Community Nurses (N=1)
- Enablement Officer (N=1)
- Health Activities Workers (N=2)
- Specialist Practice Development Lead for Health Visiting (N=1)
- Early Help Partnership Manager (N=1)
- Lifestyle Specialists for Weight Management (N=3)
- Catering Manager (N=1)

Annex 4: Discussion Guide for Focus Groups (Community Groups)

1. Are you aware of the current Eatwell guides? Have you ever used an Eatwell Guide? Does the Eatwell guide appeal to you? (Visuals of the eating guides will be displayed at each venue)
2. Perceptions of healthy eating. What is healthy eating?
3. Do you currently use any mechanisms guidelines or tools, digital to support you with healthy eating? What currently works for you? What do you use?
4. When do you need the resources for? E.g.- manual work, shift work, sitting at home on the computer, family, poor mobility/access, health conditions such as diabetes, weight, poor circulation, increase knowledge, motivation, examples daily, weekly, monthly, yearly lifecycle. This is personal to you
5. Think about your work, lifestyle, routine, and family- and let us discuss what the barriers are, what is preventing you from using healthy eating tools (Whatever format they might be in) and think about how BCC can support you with this- (Specific discussions related to their personal work environment/schedules etc.
6. What forms healthy eating resources could take, (e.g., work environment) What do you think would work for you? (e.g., Posters, fridge magnets, cards, apps, videos).
7. In what settings would resources be most easily accessible (social media, community settings, at home, GP surgeries, leisure centres, community notice boards, food shopping venues e.g., Co-op, Tesco)? Think about your daily routine at home, outside e.g., shopping, leisure centres, faith centres, work
8. How could the foods displayed; better reflect the healthy foods you associate with your diet. Think about your current diet and how a healthier option can be produced/displayed
9. Best ways to communicate the Eatwell Guides? E.g., flyers, videos, community groups, influencers etc. and what information should we add to the communication to encourage people from all backgrounds to use the guides
10. Requirements for culturally healthy eating resources (pictures, graphics, colours, layout, wording, food groups, portion sizes).

Other Potential Questions

Has the Cost of Living affected the way you shop or the way you cook your food at home?



Annex 5: Pre-Mini Questionnaire (Healthcare Professionals)

1. **What cultural groups, if any, do you work with?**
(i.e. South Asian, North African, Black Caribbean, Pakistani, Bangladeshi, etc.)
2. **What limitations do the resources you are currently using with clients/patients from different cultural communities have?**
It would be good to list 3 examples of limitations you observe.
3. **What new resources do you need to help you work with clients/patients from different cultural backgrounds?**
It would be good to list 3 examples of resources that could help you promote the balanced diet message.
4. **Think about a list of scenarios or settings where you could use the new resources most successfully: consider the people you work with, the time you have available and what situations or constraints you usually experience.**
It would be good to list 3 examples.

Annex 6: Questionnaire for Focus Groups and Interviews (Healthcare Professionals)

Focus Group Record Sheet

Facilitator:

Date of Focus Group:

Stakeholder Group:

Number of Participants:

Introduction/Purpose of the Focus Group – Welcome (5 mins)

Hello, my name is (.....) and I am (.....).

- We will record the group session as we want to capture everything you have to say. We will not identify anyone by name in our report and you will remain anonymous.

Today/this evening, I am representing the Caroline Walker Trust on behalf of Birmingham City Council to conduct a focus group with you all to better understand how best to communicate balanced diet messages and eating guides to diverse cultural communities.

Focus groups are being used more often these days, particularly in health services research. I am here to learn from you all and understand the positive and negative things you may have to say. It is not about achieving consensus but gathering information.

Question	Aims/notes	Answers
<p>1. Where/When do you feel there is an opportunity with your patients/clients to discuss healthy eating?</p>		
<p>2. A copy of the UK Eatwell Guide was e-mailed to you prior to this meeting. The Eatwell Guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet.</p> <p>- Could you raise your hand if you were familiar with this Guide before it was sent to you?</p> <p>(Hand raising)</p>	<p>To understand how many people are familiar with the guide.</p>	<p>Yes:</p> <p>No:</p>

- Count the raised hands for the note taker		
Question	Aims/notes	Answers
3. The UK Eatwell Guide was designed to show the different types of foods and drinks we should consume – and in what proportions – to have a healthy, balanced diet.		
3a. Do you think the UK healthy eating guidelines work well for people from different cultural backgrounds and communities? (YES/NO) <ul style="list-style-type: none"> - Count the raised hands for the note taker - Ask the participants to expand their answers (if “yes”, why...? If “no”, why...?) 		Yes: No:
Question	Aims/notes	Answers
4. How well do you think the Eatwell Guide helps people’s perception of healthy eating when applied in a diverse cultural setting? <p>What do the people you work with understand to be ‘healthy eating’ – can you give me some typical comments and examples?</p>		
4a. Does your community understand how to include the different food groups? (YES/NO) <p>(Hand raising)</p> <ul style="list-style-type: none"> - Count the raised hands for the note taker - Ask the participants to expand their answers (if “yes”, why...? If “no”, why...?) - <i>What is their perception of quantities and portion sizes?</i> 		Yes: No:

<p>4b. Does your community understand how to include different cultural foods into a healthy balanced diet?</p> <p>(YES/NO)</p> <p>(Hand raising)</p> <ul style="list-style-type: none"> - Count the raised hands for the note taker - Ask the participants to expand their answers (if “yes”, why...? If “no”, why...?) 		Yes: No:
Question	Aims/notes	Answers
<p>5. Do you think there are barriers to healthy eating for people from different cultural communities?</p> <p>(YES/NO)</p> <p>(Hand raising)</p> <ul style="list-style-type: none"> - Count the raised hands for the note taker <p>Expand the barrier in question 6.</p>		Yes: No:
Question	Aims/notes	Answers
<p>6. Thinking particularly about different cultural communities, what barriers to healthy eating do your community face?</p> <p>Let's do a round robin and each tells me the top 5 barriers you are seeing in your communities.</p> <p>Facilitator to repeat the top 5 after each response.</p>	<p>Use the list below as a prompt if any is missing or limited answers are given:</p> <ul style="list-style-type: none"> ● Time ● Budget ● Work commitments ● Lack of knowledge about healthy eating ● Myth around healthy eating ● Inability to cook ● Don't know how to prepare vegetables ● Convenience of take-aways/ordering online ● Changing behaviours in food choices – people tend to eat by habit and what they know and are used to eating 	

	<ul style="list-style-type: none"> ● Difficulty avoiding unhealthy food at community venues and gatherings ● Lack of knowledge of portion sizes ● Lack of cultural foods ● Lack of realistic foods ● Traditions and eating customs/norms ● Language barriers ● Inability to read ● Lack of recipes with cultural foods ● Shopping at convenience stores rather than bigger more cost-effective supermarkets ● Perception that eating healthily is expensive ● Conflicting advice ● 'Food deserts' – areas which are poorly served by food stores, particularly those selling fresh, healthy products 	
Question	Aims/notes	Answers
<p>7. Another round-robin question. What top 5 resources do you use when discussing healthy eating with clients?</p> <p>Facilitator to repeat the top 5 after the individual has stated them.</p> <p>The facilitator to probe for more answers if possible</p>	<p>Use the list below as a prompt if any is missing or limited answers are given:</p> <ul style="list-style-type: none"> ● Eatwell Guide ● Food labels ● Food guidelines ● Apps ● Websites ● Handouts/factsheets ● 5-A-Day ● Posters ● Stickers ● Company/product literature ● Salt reduction ● Sugar reduction 	
Question	Aims/notes	Answers
<p>8. What are the <u>strengths</u> of the resources you currently use with your communities?</p>		<p>List of strengths:</p> <p>List of limitations:</p>

<p>8a. What are the <u>limitations</u> of the resources you currently use with your communities?</p>		
<p>Question</p>	<p>Aims/notes</p>	<p>Answers</p>
<p>9. Considering our discussions so far, can you suggest any new resources you think you need and then state if they could be used in different cultural communities?</p> <p>What would be the requirements?</p> <p>Do you have any other examples?</p>	<ul style="list-style-type: none"> ● Visual resources ● Different fonts to use? – any comments? ● Breaking down barriers e.g., myth-busting ● Language barriers – translations? ● Video ● Written ● Freebies e.g., fridge magnets, mouse mats, mugs, plates, glasses (with healthy eating messaging) ● New/different colours used? ● Familiar ingredients ● Recipes ● Cooking classes ● Practical information on the use of veggies e.g., how to prepare and cook an aubergine/courgette/sweet potato/plantain/cassava/okra etc. ● Measuring spoons/cups ● What oils to use and why compare e.g., coconut, peanut, sunflower, safflower, rice bran oil etc. ● Posters ● Eatwell guide App 	
<p>9a. Which formats would be best for communicating the eating guide insights?</p>		
<p>Question</p>	<p>Aims/notes</p>	<p>Answers</p>
<p>10. This is the last round-robin question. In which top 5 settings do you think new resources should be most easily accessible?</p> <p>Any other settings?</p>	<p>Use the list of barriers below as a prompt if any is missing or limited answers are given:</p> <ul style="list-style-type: none"> ● Local TV ● Local radio ● Adverts on buses/bus shelters/train stations/trains ● Posters in corner shops/ethnic stores ● Playgroups 	

	<ul style="list-style-type: none"> ● Sports club ● Leisure centres ● Care homes ● Waiting rooms e.g., doctor, dentist, ante-natal ● Clinic consultation ● Day care centres ● Schools ● Religious venues/faith groups ● Workplace ● Work canteens ● Local cafes ● Social Media <p>What about any community initiatives? Suggestions?</p>	
Question	Aims/notes	Answers
<p>11. At this point, we will share the screen and show the resources on the Caribbean diet that BCC shared as output from phase I.</p> <ul style="list-style-type: none"> - Discuss the designs of the healthy eating guidelines from different countries. - Prompt when necessary e.g. water, exercise, portions per day <p>Any last comments?</p>		

This is the second stage of the project, and we are collaborating with a variety of professional groups and individuals to help to further inform the design of the guides and to explore what format would be best for the eating guides and resources.

During the focus group, I will ask questions and facilitate a conversation to gather the information to help towards developing a set of resources that would be most accessible to the target population. This focus group will last about 60 minutes, so I trust you have made yourselves comfortable and have a glass of water, tea or coffee to hand.

I would value the opinion of each and every one of you, but I would like to remind you that all the information provided and discussed in this focus group should remain confidential, so please do not share the information you hear today/this evening with others. As we are conducting this online, it is important not to try and have side conversations – please stay with the group and speak in turn, and I will facilitate that as we go along. May I suggest that you also put your mobile phones on silent.

**Housekeeping:**

- Please note that everything discussed in this focus group is to remain confidential. Please do not share any of the information.
- Please, keep your camera on to facilitate the discussion.
- When you have something to say please raise your hand on the screen. You can also use the chat box.
- X and/or X will be the note-takers for today's focus group. They are going to keep their camera off.

Questions**Closing**

Thank you all for attending. The information you provided is super and will be invaluable to us. Your input has been amazing and we will do our best to collate these results to best advise on what eating guides and resources will be best to help diverse cultural communities better understand how to eat a healthy and balanced diet.

If you have any other comments or feedback you would like to share, you can email X.