Diet and Health - Public Attitudes towards BBSRC-funded Research into Diet and Health

Final Report

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Executive Summary

The research assesses public priorities for research into diet and health which falls within the BBRSC remit. The research represents a 'sense check' for BBSRC, allowing ongoing research priorities to be compared with public opinions on research into diet and health.

The research methodology comprised: desk research, two general public workshops held in Sutton and Stafford in June 2005, and a large-scale UK-wide survey in July/August 2005.

The main research findings are summarised below.

Awareness and Understanding of Research on Diet & Health

There is broad awareness of the different types and applications of research into diet and health. However, there appears to be low awareness of how science works or how scientific excellence should be judged in practice.

This is little recognition of the role of research in the UK economy and the potential economic and institutional benefits of research into diet and health, and distrust of collaboration between UK universities and the food industry.

Priority Research Areas

The following areas of research are seen as most worthwhile for funding:

- Prevention/Protection against illness/disease;
- Tackling obesity;
- Nutritional quality of food.

The least important research areas are:

- Improving the taste and colour of food;
- Appearance of food, including texture.

Assessing Research Projects

Two factors emerge strongly as the most important for deciding which research projects should be funded:

- **prevention** of future health problems; and
- **public benefit/improvements for quality of life,** particularly the treatment of life-threatening or life-limiting conditions such as cancer.

Health education and health promotion are also felt to be a valuable outcome of research.

There is very clear support among the public for ongoing research into diet and heath, even if the likelihood of a breakthrough or big leap forward is low.

The contribution to UK prosperity/wealth creation is not widely seen as an important factor for deciding which research into diet and health should be funded. This reflects the lower importance placed on money/financial security compared with having good health.

Both stages of the research highlight the importance placed on research benefiting everyone, rather than particular groups, although a number of groups stand out as beneficiaries: children, those on low incomes, those with/at risk of cancer, heart disease or genetic/inherited diseases/illnesses and those who are obese/overweight.

There was disapproval of the use of public funding for any project that did not have a clear public benefit. Responsibility for funding research that will make food more nutritious, taste better or last longer is laid at the door of food manufacturers.

The workshops showed wide opposition to the use of public funding for research being used for commercial purposes/'profit-led' research, such as improving the taste of food, or assisting with the manufacturing process. By comparison, research proposals where the potential public benefits are clear were viewed much more favourably, even if the timescales and possibility of a breakthrough are uncertain.

There is an important discrepancy between the qualitative and quantitative research in terms of the importance of research helping pregnant women. Maternal diet did *not* come out as a high priority area for research overall in the quantitative survey, even among women and those with children, despite scoring highly in the project evaluation carried out by the syndicate groups in the workshops. This difference may reflect the nature of qualitative research (which provide opportunity for dialogue), and the presence at the workshops of a number of parents of young children.

There appears to be a need for further public dialogue on the funding of research into biotechnology and biological sciences, and for communication of how dialogue has been used to steer policies and funding decisions.

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Introduction

This report presents the findings of a programme of research carried out among the general public by MORI (Market & Opinion Research International) on behalf of the *Biotechnology and Biological Sciences Research Council* (BBSRC). The research assesses public priorities for research into diet and health which falls within the BBRSC remit.

The research programme comprised:

1. **Desk research**, describing the qualitative research methods that can be used for assessing public priorities for research into diet and health, and recommendations for developing MORI's research for BBRSC;

2. **Qualitative research**, involving two general public workshops – held in Sutton on 4 June 2005 and Stafford on 25 June 2005;

3. **A large-scale quantitative survey** of behaviour, attitudes and opinions among the general public in the UK.

This report draws together the findings from qualitative and quantitative stages in the research programme (stages 2 and 3 below). The findings from the first element – desk research – are contained in a separate volume (March 2005).

The report is divided into a number of sections. These comprise: a summary of key findings, sections on methodology and analysis, and summaries of the findings arising from the qualitative research and quantitative survey.

Background and Research Objectives

This research study maps ongoing research priorities against the public's agenda for research into diet and health. It is topical, owing to the recent public and media interest in obesity, the white paper ('*Choosing Health*', published 16 November 2004) and current Institute of Food Research (IFR) and BBSRC research initiatives. It is timely as IFR is currently developing its 10-year vision, and BBSRC generally is moving towards greater openness in their decision-making processes.

The BBRSC's key objectives for the research programme were:

- to understand public concerns about, and priorities for, research into diet and health which falls within the BBRSC remit;

- to gain public input into strategic decision making about the direction and conduct of diet and health research;

- to be publicly accountable for the direction of research into diet and health;

- to demonstrate transparency in strategy development.

The research represents a 'sense check' for BBSRC, allowing ongoing research priorities to be compared with public opinions on research into diet and health. The outcomes from the research will inform the development of IFR's vision and the delivery of relevant BBSRC Strategic Objectives.

The report will be considered by the IFR's Governing Body and BBSRC's *Bioscience for Society* Strategy Panel, which can make recommendations to IFR and to Strategy Board respectively. Research outcomes that fall outside the remit of BBSRC or IFR will be directed to other bodies, or might be directed to a BBSRC proposed 'social responsibility' grant scheme if the scheme has started.

A Steering group has been closely involved in the design of the research and the interpretation of results, through commenting on MORI's recommendations for the qualitative research, the design of the topic guide used in the qualitative research, and reviewing both the memorandum on the qualitative research and MORI's report on both phases of the research.

Research Methods: Qualitative Research

Two full-day workshops were convened – one in Sutton and one in Stafford – for an in-depth discussion of public priorities for research into diet and health.

Participants in the workshops comprised a range of ages, social classes and working backgrounds, and included parents and non-parents. Both workshops were of mixed gender. A recruitment questionnaire was designed and quotas set to ensure that BME groups were over-represented in the Sutton workshop[1] and that scientists were not over-represented in either workshop.

MORI worked with BBSRC and the Steering Group for the design of the agenda and topic guide, materials and an Exit Questionnaire. The agenda and topic guide covered a number of areas, namely:

- Unprompted views on the importance of research into diet and health;
- Awareness and understanding of research into diet and health;
- Priorities for research into diet and health; and
- Criteria for funding research into diet and health.

[1] The reason for aiming to over-represent BME groups in the Sutton workshop (we aimed to have 16%, i.e. 3 out of the intended 18 participants, compared with almost 6%, as the national average) was that to have them represented in the real national proportion would have resulted in having just one BME participant.

Working in syndicate groups, broken down according to age (18-34, 35-54, 55+)[2], the morning sessions focused on general awareness of research into diet and health, and priorities for research. In the afternoon, groups discussed the criteria for funding research into diet and health, and evaluated **six example projects**. Syndicate groups then reported back in a plenary session. A copy of the topic guide is in the *Appendices*.

The six example projects were selected from work funded by BBSRC by Martin Ince, a freelance journalist engaged to provide independent specialist expertise, in consultation with BBSRC. Martin Ince prepared summarised descriptions of these projects for group participants with input from BBSRC and MORI. The projects were described simply in order that they could be read and understood easily and quickly by participants. (Please see *Example Projects* in the *Appendices*).

Overall feedback from the workshops was positive. There was a high level of interest in the research and many people said they had enjoyed taking part in the research. The feedback from the day is shown in the *Appendices*.

Group Profile

The target profile and actual composition of the two workshops is shown in the table below.

	Target	Sutton (Saturday, 4 June)	Stafford (Saturday, 25 June)
Total	25	24	19
1. Gender			
Men	At least 10	12	10
Women	At least 10	12	9
2. Age			
18-34	At least 8	13	5
35-54	At least 7	5	8
55+	At least 7	6	6
3. Social Class			
AB	At least 8	5	5
C1	At least 5	10	7
C2	At least 5	3	4
DE	At least 5	6	3
4. Occupation			
Working	At least 12	11	16
With children	At least 8	7	6
BME groups	3 (Sutton only)	6	-

[2] In MORI's experience, age plays a key role in shaping people's experiences and views. Furthermore, we find that having groups composed of people with similar ages often helps them to gel better, by encouraging people to share and compare experiences.

Photos from the Sutton Workshop

Break-out Groups

BBSRC Presentation

Reporting Back

Photos from the Stafford Workshop

Break-out Groups

Reporting Back

Quantitative Research

MORI conducted a large-scale quantitative survey of 2,095 adults aged 15+ across the United Kingdom. Questions were placed on the MORI Omnibus, the regular MORI survey among the general public in Great Britain. A nationally representative quota sample of 1,986 adults (aged 15 and over) was interviewed throughout Great Britain by MORI in 199 different sampling points. Additionally, 109 interviews were conducted in 19 sampling points in Northern Ireland, by MORI Ireland.

Interviews were conducted face-to-face, in respondents' homes between 28 July and 1 August, 2005.

The questionnaire for the quantitative survey was designed by MORI and BBSRC, in consultation with the Steering Group.

The figures quoted in the graphs and tables are percentages. The size of the sample base from which the percentage is derived is indicated. Note that the base may vary – the percentage is not always based on the total sample. Caution is advised when comparing responses between small sample sizes.

Please note that the percentage figures for the various sub-groups generally need to differ by a certain number of percentage points for the difference to be statistically significant. This number will depend on the size of the sub-group sample and the percentage finding itself – as noted in the appendices.

Where an asterisk (*) appears, it indicates a percentage of less than half, but greater than zero. Where percentages do not add up to 100% this can be due to a variety of factors – such as the exclusion of 'Don't know', or 'Other' responses, multiple responses or computer rounding.

Publication of Data

MORI's standard Terms and Conditions apply to this, as to all studies we carry out. Compliance with the MRS Code of Conduct and our clearing is necessary of any copy or data for publication, web-siting or press releases which contain any data derived from MORI research. This is to protect our client's reputation and integrity as much as our own. We recognise that it is in no-one's best interests to have survey findings published which could be misinterpreted, or could appear to be inaccurately or misleadingly presented.

Qualitative Research Findings

Awareness of Diet and Health Issues

Among participants in the discussion groups, concern about diet and diet-related health problems was widely and strongly felt, particularly in relation to children and young people. There was broad agreement that research into diet and health is worthwhile.

A number of diet and health-related issues were identified as causing concern:

- Healthy eating, particularly among young people and school-aged children/school dinners;
- The impact of the work-life balance on diet and health (felt strongly by those aged 35-54 years);
- Effects of diet and exercise on the risks from life-threatening health conditions, such as cancer, heart disease and obesity;
- Drinking and anti-social behaviour/24-hour drinking/binge drinking/alcoholism;

There is generally good awareness of the idea that different foods and drinks may have beneficial or harmful effects on human health ("You are what you eat"; "Supersize me"). A range of examples was given, including:

- food scares such as Sudan 1 and BSE;
- the beneficial effects of red wine;
- the benefits of anti-oxidants for preventing heart disease;
- the benefits of fish oil and omega 3 fatty acids.
- the dangers from food additives/E-numbers;
- the dangers of eating too much red meat and its association with bowel cancer;
- the impact of soya beans on fertility ("kills sperm");
- the impacts of eating burnt toast on risks from cancer.

There is a general interest in information on diet and health (e.g. recommendations for salt and sugar intake), and recognition that research is needed for providing this information and to understand the differences between people. This interest in **information** was allied to a concern about **choice**. People want to be provided with important information on diet and health – that is relevant for them – and choose their diet for themselves.

Several groups highlighted consistency of information on diet and health as a problem, with research findings and advice seen to change and conflict. This can cause some confusion about what to think/believe and what dietary advice to follow.

Awareness of Research into Diet and Health

Despite a lack of understanding of how research is practiced, there is a broad awareness of research being used for a number of purposes and as having a number of applications, from commercial/market research to being used in medicine/health and education. Research is associated with a range of institutions, including universities, companies, hospitals, and libraries.

Associations with research into diet and health include:

- **Restricting certain types of food/eliminating food and food groups** seen as being unhealthy;
- **Developing new foods** and researching the effects of ingredients (with some uncertainty as to how far this is motivated by potential benefits for the food industry rather than potential health benefits);
- **Research benefiting public health**, e.g. through research on cholesterol/body fat/weight/obesity, and a broad range of potential beneficiaries of research among different ages and backgrounds;
- **Scientific research**, concerned with data, facts and figures, and long-term, systematic testing and involving human and animal testing.

However, there are some stereotypes and misconceptions about:

- **researchers undertaking 'pointless' research**, and nothing happening as a result of it (i.e. the length of time between when a breakthrough is announced in the media – which can raise expectations – and when it is actually implemented);
- **competition for research funding and a lack of funding** for some areas;
- **research funding being wasted** and **results being manipulated** by the financial/commercial agendas of companies and industry, and to be lesser degree by government or public bodies;
- **the balance of research funding** between governmental and non-governmental sources of funding for research into diet and health[3];
- research into diet and health in Britain **having been done before** in the United States;

These views reflect a low level of awareness of how science is carried out among the general public and a feeling that research findings are not communicated effectively to the general public. This was described by one participant at the Sutton workshop:

> *We just don't deal with the facts. We are kept so much in the dark, the majority of people, about research and what is going on*
>
> - Male, 55+, Sutton workshop

[3] It was felt in one group that between 85% and 90% of funding for diet and health research is not essential, and most of this is spent by food manufacturers.

Overall Attitudes towards Research

Overall attitudes towards research into diet and health are positive, and there is wide recognition of the public health benefits of this kind of research.

However, there are a number of areas of distrust:

- **corporate and government sponsors of research** – their interests and agendas;
- **changing and conflicting advice**, which encourages cynicism and uncertainty on some issues. ("Are we hearing the full story?" – Male, aged 55+, Stafford).
- **Media reporting of research**, which is seen as irresponsible and causes many people to be distrustful of reports, and uncertain about whether the whole picture has been given.

There are higher levels of trust in research if it is 'independent', which is defined as not being paid for by manufacturers, and research that is fully and accurately reported.

Defining 'Worthwhile' Research

A number of broad areas of research into diet and health are seen as 'worthwhile'. These include research that:

- **prevents illnesses** (such as cancer, the common cold, heart disease, AIDS, kidney/liver failure and genetic disorders);
- **treats life-threatening health conditions** (such as cancer) and increases length of life;
- **improves quality of life**;
- **will educate** the public and particularly children.

Research is seen as worthwhile if it is personally relevant, and if it has an impact on people's lives. There is also awareness of a secondary benefit for the health service, which could "save millions" of pounds for the NHS.

A number of areas are seen as less worthwhile:

- **corporate/market-led/profit-let research.** There was some feeling that corporate research or market research is less important to society generally. There was some cynicism about 'market-led' research into diet and health, as this involves 'cashing in' on health concerns and can 'skew' how research is carried out and used;
- **research on animals.** Some disagreed with testing on animals under any circumstances, whilst others feel this is acceptable with proper controls;
- **research on 'trivial subjects'** where the "costs outweigh the benefits" and where we can "guess the answers" (e.g. research on the effects of "yellow cardigans rather than blue").

Importance of BBSRC Research Areas

When presented with the range of broad research areas of interest and relevance to the BBSRC, the initial response was that they are all important and worthy of being funded. ("Fund everything"; "Any research would be worthwhile to someone").

However, people's views tended to change as they thought more about research and considered that research funding is limited, so that only high priority proposals – that is, those likely to provide a **direct benefit to public health** – should be funded.

A number of the BBSRC's research areas were seen as particularly important:

- **The effects of food on health.** There is a widespread feeling that public funding should be used for research that will benefit public health, and should provide wide social benefits ("benefits for everyone"). There is wide support for health promotion and a feeling that dietary information should be passed on to the public. There is a preference for research into **everyday diet** and how this affects health (research on "chips rather than champagne"), as this would be beneficial to more people;
- **Foods that protect against disease**. There is considerable understanding of the links/factors/role of food in protecting against disease, even if foods cannot cure disease. There is strong support for research to prevent or reduce the risk of **life-threatening health conditions**, such as cancer and heart disease/obesity. The importance of this research area reflects worries about disease and personal experience of (or knowing others with) serious illnesses. Reducing risks from cancer was seen as particularly important.
- **How to tackle obesity**. Obesity is widely recognised as an important social problem, and hence this area was seen as worthwhile for research. However, some people suggested that obesity is related to lifestyle and genetics, and that we do not need further research on how diet is related to obesity. Instead, it was thought by some that this issue could be tackled by other means, such as education;
- **Maternal diet.** This is seen as having widespread benefits for society in the long-term, and benefits for individuals ("Helps give a child a good start in life").

  However, there were mixed feelings among some of the women in the workshops. There were a number of reservations about research in this area:
  - we already know what diets are healthy and pregnant women should already have access to this information;
  - women could be made to feel guilty about what they are eating when pregnant;
  - advice is continually changing over time;
  - babies in the womb do not have special dietary needs. ("Babies take what they need in pregnancy").

Whilst many people feel that research into diet and health should benefit the *majority* of the population, rather than a small percentage, some groups were identified as particularly important for research into diet and health:

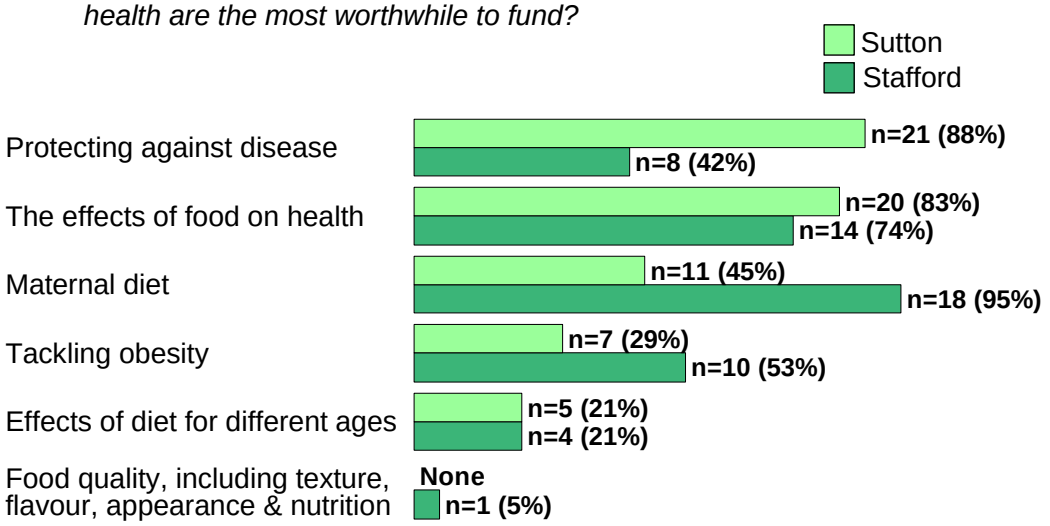
- **Children,** whose diets tend to be seen as very important;
- **Low income groups** – "people with less choice of diet". Young people on benefits with children were mentioned as an example.
- **People at risk from inherited illnesses**. There was an understanding that dietary impacts on human health vary significantly between people, and that there may be a hereditary or genetic component. ("Everybody's different"). This awareness justified the belief that research on inherited or genetic conditions is worthwhile.

Whilst there was some recognition that research on **food quality** might have nutritional benefits, there was general agreement that public money should not be used to fund research on the **taste and appearance** of food. It was accepted that this kind of research could help manufacturers. But this research was seen as having limited, if any, benefit for public health or broader society. ("Do we really need any new food products?") Furthermore, some felt that education could be used to encourage people to change their diets, without the need to change food quality, composition or taste.

The chart below shows the results from the Exit Questionnaires on priority areas for research funding.

Priority Areas for Research Funding

Q Which two or three, if any, of the following areas of research on diet and health are the most worthwhile to fund?



Base: 24 completed exit questionnaires, Adults aged 18+, 4 June 2005
19 completed exit questionnaires, Adults aged 18+, 25 June 2005

Source: MORI

Sources of Funding for Research

There is acceptance of the need for multiple sources of funding for research on food and health, with government, food manufacturers and industry seen as having responsibilities in this area.

Charities are seen to have a role in providing funding for research into diet and health, and are credited for their independence/lack an agenda. Cancer Research UK was given as an example of a charity that might have an interest in diet and health, and as a potential source of funding for research in this area.

The government is seen as being the most appropriate source of funding for research on how diet affects health, despite some mistrust of government having a political and financial agenda. This reflects the view that this research would have an important public benefit.

There are high levels of mistrust of food manufacturers and industry funding research into diet and health, and this reflects doubts about whether the commercial/profit motives of food companies may conflict with the wider public interest in promoting diet and health. There is almost universal agreement that research on the taste, freshness or quality of food should be funded by, and carried out by, companies/the food industry, rather than government/taxpayers.

Criteria for Funding

A number of factors are identified as important for deciding whether research proposals on diet and health should be funded by a research council/through public funding:

- **Practicality/Usability**. There is a feeling that research should have a practical application and not be solely concerned with 'blue sky thinking' that cannot be applied in the real world (We need "useable facts, not useless information");
- **Having a public benefit.** This is widely seen as important. Some people at the workshops saw this as the most important factor to take into account – and a pre-requisite for public funding. ("There is little point if it doesn't help someone");
- **The number of people who benefit** is a key measure of public benefit. Some feel that results need to **benefit everyone**, and should encompass a range of ages, people and lifestyles;
- However, **children** are singled out (particularly by parents and grandparents) as being an important group that should benefit from research;
- **Global/benefiting the Third World.** Whilst public benefit is primarily described in terms of benefits for Britain, some think that benefits to the Third World are also worthwhile.
- **Improving quality of life/dealing with life-limiting conditions** is seen as a key factor for awarding funding ("Will it benefit or improve, or head off any problems?");
- **The seriousness of health risk/perceived need**. Some feel the specific risks addressed by the research and the imminence of dietary or health risk are important. Others suggest that research should not be concerned with temporary trends/fads;
- **Lack of alternatives.** There is less support for funding projects where alternative courses of action – namely education and preventative measures – could address the diet and health issues that are the focus of proposed research;
- **Having an educational or preventative element**. Targeting information at healthy people and young people to prevent future health problems is seen as important. Young people at the workshops described education and prevention as particularly important:

> *Concentrate on educating and preventative measures*
>
> - Male, 18-34, Sutton workshop

- Linked to the importance placed on education, some see **access to results and being presented in layman's language** as key.

- **Good quality research or scientific excellence**. This is described in terms of the following:
  - the use of scientific controls/checks;
  - being well-managed;
  - being objective;
  - the integrity of researchers;
  - the reliability of findings;
  - not involving animal testing; and
  - providing regular progress reports.

- **Past performance/Applicant history.** Previous experience of project management or research funds is seen as important predictor of scientific excellence;
- **Ethics.** Some see ethics as an important criterion. This is seen as including:
  - how research is conducted;
  - who is involved in it;
  - how it is implemented; and
  - how resulting data are used.

- **Impartiality/Being unbiased.** It is important that research funding is not seen as being corrupted or diverted to other causes. Some suggested that it would be important to look into the backgrounds of research staff to check their impartiality in carrying out research;
- **Transparency** of reporting ("Seeing where the money goes") is seen as important by some people;
- **Cost effectiveness**. The overall cost-effectiveness of research is seen as important, but not overwhelmingly so. People are aware of the need to provide value for money ("getting the most out of the least money and using funds wisely"; being "as economical as possible"). Some find it difficult to think how cost effectiveness could be determined when awarding research funding, although it was suggested that the number of people who benefit might reflect the cost effectiveness of research;
- **Innovativeness of research/Covering new ground.** There is a feeling that research should not be funded if it has been done before ("Not going over old ground"). However, there is some recognition that research should build on previous research;
- Linked to the importance placed on research providing new insight, some view **sharing information** – within the science community in Britain and with **international colleagues** – as important. ("I think it's more important than anything really", Male, 55+). This reflects a feeling that sharing information will mean research does not duplicate other studies, which would waste valuable research funding;

- Some say that **public opinion** is an important factor to take into account when making funding decisions.

  Public opinion should be taken into account when making funding decisions. Focus groups and research groups like today are a good way of doing this

  - Female, 18-34, Stafford workshop

  Make funds available to project with the public interest at least. Always get the public informed about research project in forums like these

  - Male, 35-54 years, Sutton workshop

  However, there is some feeling that this could potentially slow scientific progress.

  People would never agree and nothing would get done

  - Female, 35-54 years, Sutton workshop

- **Not being profit-led**. Company profits are not a key priority (particularly as companies fund research themselves), although this is seen as an acceptable secondary benefit.
- **Financial benefits for the NHS** were seen as an acceptable outcome of research – whether as a secondary benefit, a "bonus" or a "driving factor";
- The potential benefits for companies of research into diet and health – and associated impacts on **UK prosperity/wealth creation** – are <u>not</u> widely seen as important. Many people object to the idea of using public funding for research to improve food production processes.

  Profit shouldn't come into it. Divert money to where it should be

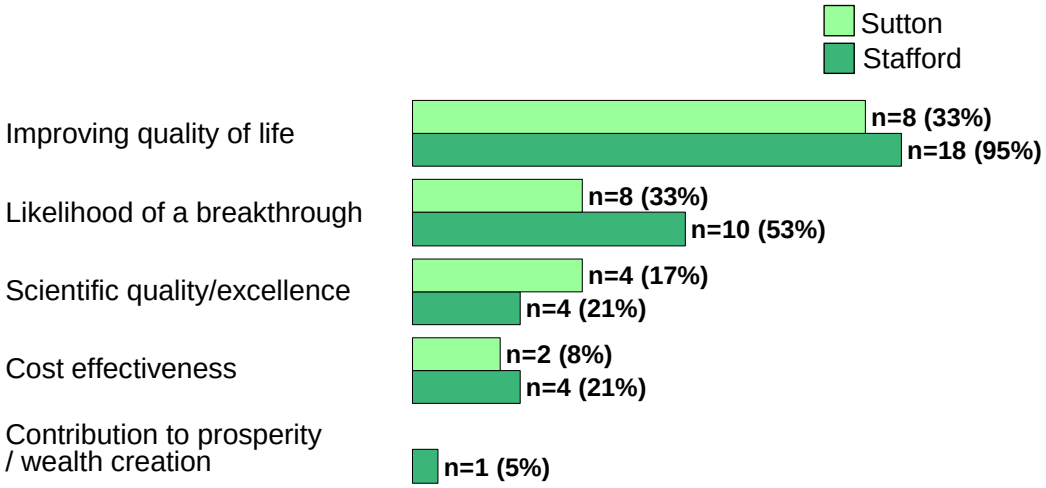
  - Male, 35-54, Stafford workshop

- **Low level of risk/Confidence in success**. Whilst it is accepted that research is uncertain and success cannot be guaranteed, some feel the likelihood of success (the chances of "a definite result") should be taken into account when assessing projects. ("It is better to focus on something where there is a chance of a breakthrough" – Male, 35-54, Stafford).
- However, **the likelihood of a breakthrough/big leap forward** is <u>not</u> generally seen as an important factor. The timescales over which funding will be required and the possibility of a breakthrough are generally not seen as important considerations. There is an acceptance that research programmes may need to have long-term funding in order to lay the foundations for future breakthroughs.
- **Ongoing funding** is accepted for high priority areas or follow-up research and is justified because it will "eventually benefit somebody". Children and grandchildren were mentioned as potential beneficiaries in the longer term.

The chart below shows the results from the Exit Questionnaire assessing the criteria people feel are most important for deciding whether research should be funded.

Criteria for Research Funding

Q Which one or two, if any, of these factors is the most important for deciding whether research on diet and health should be funded?



Base: 24 completed exit questionnaires, Adults aged 18+, 4 June 2005
19 completed exit questionnaires, Adults aged 18+, 25 June 2005

Source: MORI

Project Evaluation

Three projects were generally seen as promoting public health and potentially preventing life-threatening health conditions, and were seen as acceptable projects for research funding by most of the syndicate groups:

- **Maternal Diet.** This project to assess whether an adult's immune system might be affected by what their mother ate while she was pregnant was regarded favourably by most people. Some felt that this project was the most worthwhile for funding, and it was seen as particularly important among parents aged 35-54 years. The importance of establishing good diet from the start was widely recognised – and most agreed that this area is worthwhile for research. This project was viewed favourably for **encouraging good health** in later life. ("Start as we mean to go on"); **potentially benefiting a large number of people**; the **international element** was viewed favourably as likely to benefit people not just in Britain but also abroad; and as **being impartial/not just having a commercial benefit**. Long-term funding was seen as acceptable, despite the lack of an immediate breakthrough.

  This project was particularly highly regarded among those aged 30-50, many of whom were parents themselves and understood the importance of maternal diet. In both workshops, these groups awarded half of all funding for diet and health to the maternal diet project.[4]

  There were some concerns that pregnant mothers should already have access to advice on healthy eating, and that **the project would not be innovative** enough. Some felt that the maternal diet could be improved more effectively by **an alternative strategy**: a public education programme. People recognised that this project would require long-term funding and would **not yield results immediately**, and that **the chances of a breakthrough were low**. However, these potential problems were generally seen as outweighed by the **potential health benefits for future society**.

  > *If there is a limited pot of money, I'd rather have [funding for] maternal diet than create a new chocolate bar*
  >
  > - Female, 35-54, Stafford workshop

- **Genes & Diet.** This research on the health-giving effects of vegetables and the production of chemicals in our bodies that could help human health was widely seen as meeting the important criteria of research into **everyday diet** and **public benefit**. This project was seen as **potentially benefiting everyone**, having **practical application**, **being impartial/not having a commercial benefit**, and **covering new ground**.

  There was awareness of the inherited or genetic differences between people in diet and health, and exploring these differences was seen as worthwhile. Nutrigenomics was seen by some as potentially opening up a lot of doors to fight diseases, and was widely embraced as a future area of health research. The idea

[4] These groups of participants were defined for Sutton as those aged 30-49 years, and for Stafford as those aged 35-50 years in order to ensure even numbers of respondents in the syndicate groups.

that dietary advice should be personalised was welcomed, and this project was viewed favourably for allowing risks from inherited illnesses to be reduced.

This project was seen as particularly worthwhile among those with personal awareness of the possible role of genes for health risks within their own family. This project was seen as **part of a longer-term project**, although there was some uncertainty as to the number of people who might benefit.

- **Today's Diet** – assessing the antioxidant content of people's everyday diet – was seen as potentially having important **health benefits for all**. This project was generally favourably received, and a minority felt strongly about it. (One person saw this as "the best one" of the projects). However, others were less confident about funding this project. Whilst the project was seen as **building on previous research** into antioxidants, a number of negative factors were identified. Some suggested that this was **not innovative or groundbreaking**, and would be **unlikely to result in a breakthrough**. Some suggested that we already know about this area, and there are **alternatives** for addressing today's diet, through advertising/education. Some questioned whether the project would be **impartial** since **the food industry could benefit** from the research.

Three of the example projects tended to be seen much less positively, and a number of the syndicate groups did not think they should be funded at all through public funding. These were:

- **Smart Cards**. There were mixed views on the merits and drawbacks of this research project to develop a 'smart card' (swipe card) to track people's eating behaviour. There was a minority (of parents) who supported this project, arguing that it could benefit those who wanted to track their diet electronically. There was a general acceptance that educating children and motivating/tracking children's diets was a good thing.

  However, others felt that the proposal simply brings new technology to what is **already being done** at present (e.g. at *Weight Watchers*) with people recording for themselves what they are eating. It was **unlikely to lead to a breakthrough** in diet and health, and was seen as **impractical to implement**. It was seen by some as "a complete waste of time" by those who **could not see a public health benefit** (particularly for those who are already eating healthily). There was disagreement about whether this project would work in practice, since it would be difficult to ensure that children record their diet fully. A number of questions were raised in relation to the project, including data protection and "Big brother" issues, rewards and whether people should take responsibility themselves for watching what they eat.

> *It might be simpler and more hi-tech but it is not an advance or anything. So that would be pretty low on my list of priorities*
>
> - Male, 55+, Sutton workshop

An alternative was seen as putting money into educating parents to cook fresh meals.

- **Tasteful**. This project to measure how people come to like a new flavour was seen as being **profit-led**, having benefits for food manufacturers ("They will make money from improving their product and increasing sales"). Some thought the project was pointless, as it had **little benefit for public health**. Some suggested this project would encourage people to eat more. It was felt that we **already have information** about healthy diets and that **people need to take responsibility** for eating a healthy diet. This project was also seen as likely to be **expensive**.

  There was some disagreement about whether to fund this project. Most people disapproved of funding because they could not see a public benefit. ("It's a no-go"). There was some suspicion that the project was open to abuse by food manufacturers, and it was food manufacturers who were seen as the most appropriate funders for this project. However, others accepted that improving the taste of healthy food could have public health benefits, and this was particularly important for children.

- **Golden Brown**. Of the six projects, there was most objection to Golden Brown, a project to develop new technology for use in the biscuit-making process to find out why biscuits turn brown. It was recognised that this project might make biscuits cheaper, and be beneficial for biscuit manufacturers and those who eat biscuits. However, this was **not seen as in the public interest generally** and was **not associated with health prevention or promotion**. The proposal was criticised for being "too trivial", "a waste of money" – as we already know why biscuits go brown "cos they're in the oven" – and a waste of money that could otherwise be used for research on a genuine health problem. This proposal seemed to be **profit-led** ("geared for profit") and it was suggested that biscuit manufacturers should fund this kind of research themselves.

> *Mr Kipling can do his own research and pay for it*
>
> - Female, 35-54 years, Sutton workshop

> *Stop wasting money on projects like biscuits going brown – the public would be appalled*
>
> - Female, 55+, Sutton workshop

> *Research should be funded in preventative research, rather than on ways to make unhealthy foods cheaper*
>
> - Male, 35-54 years, Sutton workshop

People did not tend to feel there were any potential benefits of this project to employment or the UK economy. Nor did they feel there were any advantages to having links between academic researchers and the food industry.

Differences between Groups

It is difficult to draw firm conclusions about differences between the syndicate groups at the workshops, or between the workshops, owing to the small samples of people involved in the research.

However, one of the points that emerged from the two workshops was the consistency of views among participants. There were some differences between people's priorities, for example younger people were apparently more interested in prevention[5], and older people and parents more concerned about education and maternal diet. However, participants at both workshops – young and old alike – shared a concern that public funding of research into diet and health should have a demonstrable public health benefit and not be profit-led.

Today has proved that across the age groups we all think much the same.
- Female, 55+, Stafford workshop

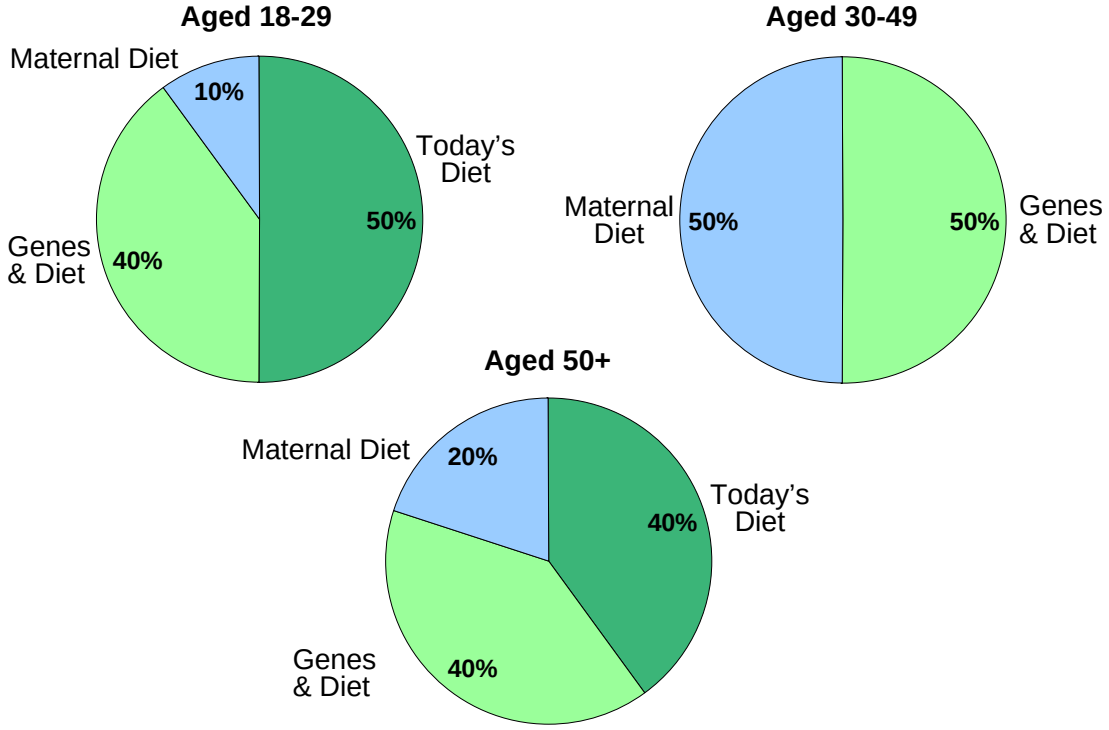
There were some differences between the Sutton and Stafford workshops in how the groups awarded funding between the example projects. None of the groups at the Sutton workshop awarded funding to 'Tasteful' or 'Swipe Cards' projects, although these projects were awarded small amounts of funding at the Stafford workshop. People at the Stafford workshop tended to be less critical of the potential commercial benefits of the 'Tasteful' or 'Swipe Cards' projects (although they were as critical of the 'Golden Brown' project as those at the Sutton workshop).

Rather than reflecting a change in the methodology between the workshops[6], these differences are more likely to reflect the specificities of the locations and the social and demographic make up of participants. This reflects MORI's experience of conducting workshops elsewhere, where different locations can highlight differences of opinion and different approaches to a research topic.

[5] However, the quantitative research showed that younger people are *less* likely to feel that prevention/protection against illnesses/diseases is a worthwhile research area to fund. This highlights the difference between qualitative and quantitative research, in that the former can provide an in-depth understanding of how a group of people feel about issues, whilst the latter can provide a statistically valid insight into the range of opinion on a subject.
[6] The project descriptions and topic guide were consistent between workshops.

Allocating Funding for Research into diet and health

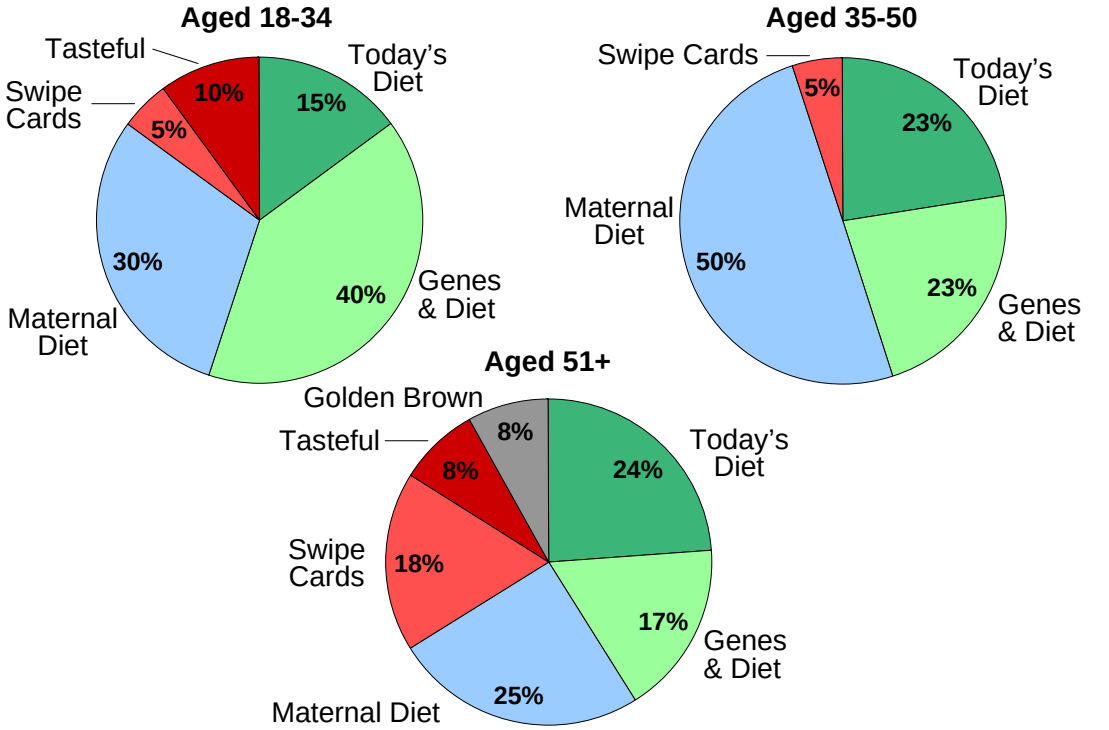
Sutton Workshop



Base: 24 adults aged 18+, Sutton workshop, 4 June 2005

Source: MORI

Stafford Workshop



Base: 19 adults aged 18+, Stafford workshop, 25 June 2005

Source: MORI

Using Deliberative Research

The workshops gave participants an opportunity to think about diet and health issues in a way that they had not previously.

> *These are issues I have never given much thought to. Therefore an opportunity to think about health issues that effect [sic] us has been interesting*
>
> - Male, 18-34, Sutton workshop

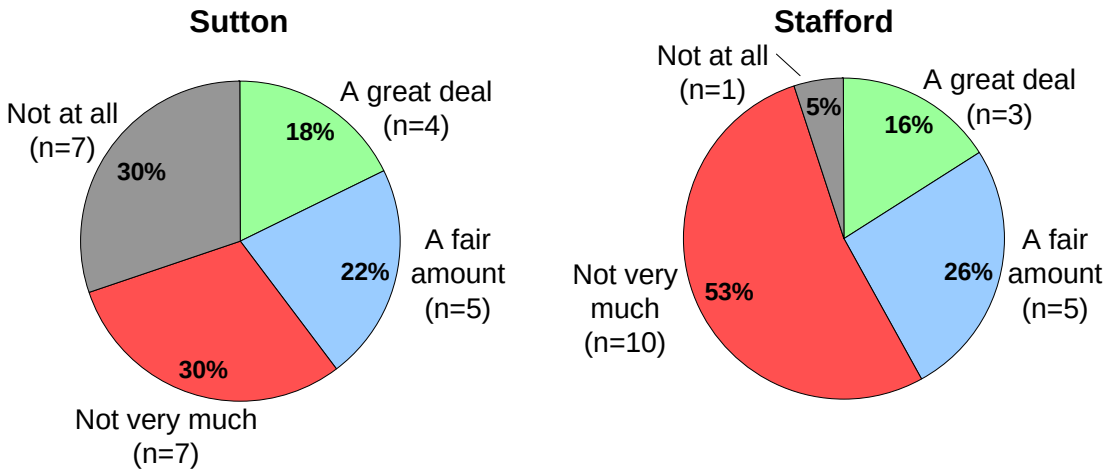
For some, this prompted new insight or change in views:

> *I would now view research on these subjects as being more important than I previously thought*
>
> - Female, 55+, Stafford workshop

The Exit Questionnaire assessed the extent to which people's views changed over the day. This shows that whilst some participants felt their views had changed as a result of discussing research into diet and health issues, others did not feel this had happened.

Views on Diet & Health Research

Q How much, if at all, have your views changed over the day, as you have thought about priorities for research on diet and health?



Base: 24 adults aged 18+, Sutton workshop, 4 June 2005
19 adults aged 18+, Stafford workshop, 25 June 2005

Source: MORI

Quantitative Research Findings

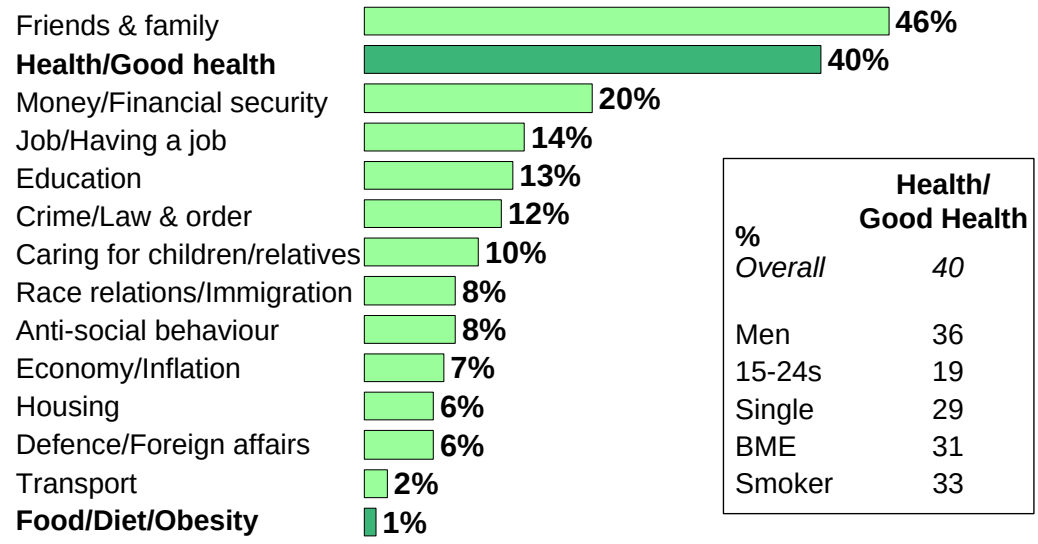
Importance of Diet and Health Issues

Whilst having good health is widely seen as one of the two or three most important issues to people (without any prompting in the survey), few specifically mention food/diet/children's diets or obesity as being important[7]. Health/good health comes second, after friends and family, with two in five (40%) citing it. Friends and family are the most widely cited as important (46%, rising to 50% among those with children under 15 in the household). By contrast, money/financial security, a job/having a job and education are far less often cited as being among the two or three important issues in people's lives (20%, 14% and 13% respectively) [8].

Few people (1%) say that food/diet/children's diets or obesity is important to them personally. This may reflect the importance of health/good health and an assumption that diet is a factor in this.

Issues of Concern

Q Which two or three issues in your life, if any, are most important to you personally?



Base: 2,095 UK adults aged 16+, 28 July – 1 August 2005 Source: MORI

[7] Some of those who cited health or good health may have been including diet in their response.
[8] At first sight, these findings seem at odds with those from MORI's regular (monthly) tracking questions about the important issues facing Britain today. Those findings, which ask a pair of questions about 'the most important', and then 'other important' issues (and then combine the results) reveal that GB adults currently cite Defence/Foreign Affairs/International Terrorism most often, then Race relations/Immigration/Immigrants, and then National Health Service/Hospitals. The difference here is that we ask most/other important issues facing the country, rather than important issues to you personally, and that two questions are used, rather than one.

There are marked differences between social and demographic sub-groups in the proportions seeing health/good health as important. The following groups are less likely to see this as important:

- Men (36%, compared with 44% for women);
- Younger (19% for those aged 15-24 years, compared with 47% for those aged 45+);
- Single people (29%, compared with 43% for those who are married/co-habiting);
- From BME groups (31%, compared with 41% for White people);
- Smokers (33%, compared with 39% for ex-smokers and 43% for non-smokers).

Awareness of Research into Diet and Health

Many people feel they know something about research into diet and health. Around half feel they know 'a fair amount' about research into what we eat and how it affects our health, and a further 10% feel they know 'a great deal'. These findings contrast with MORI's research for the Office of Science and Technology (MORI/OST 2004), which found that most people feel uninformed about science and scientific research/ developments.[9]

Whilst there is little difference between men and women in those feeling informed about research into diet and health, the following groups are much less likely to feel they know a great deal or a fair amount about research into what we eat and how it affects our health:

- unskilled manual workers and those reliant on state benefits (46% of DE social classes, compared with 74% among ABs);
- young people (50% of 15-24s, compared with 60% for those aged 25+);
- those who are single (52%, compared with 63% for those who are married/co-habiting);
- those with children under 15 in the household (55%, compared with 61% for those without children under 15 at home);

[9] MORI's *Science in Society* research for the Office of Science and Technology (2005) found that only 39% felt 'very well informed' or 'fairly well informed' about science and scientific research/developments (5% and 34% respectively).

- BME groups (50%, compared with 60% for White people).

Overall Attitudes towards Research into Diet and Health

There is widespread recognition of the importance of research into diet and health. More than four-fifths (86%) feel such research is useful, and 45% say it is 'very' useful. Whilst there is generally little difference by social and demographic sub-group in the proportions seeing research into diet and health as useful, less affluent social classes (DEs) are a little less likely to recognise it as useful (81%, compared with 89% of ABs).

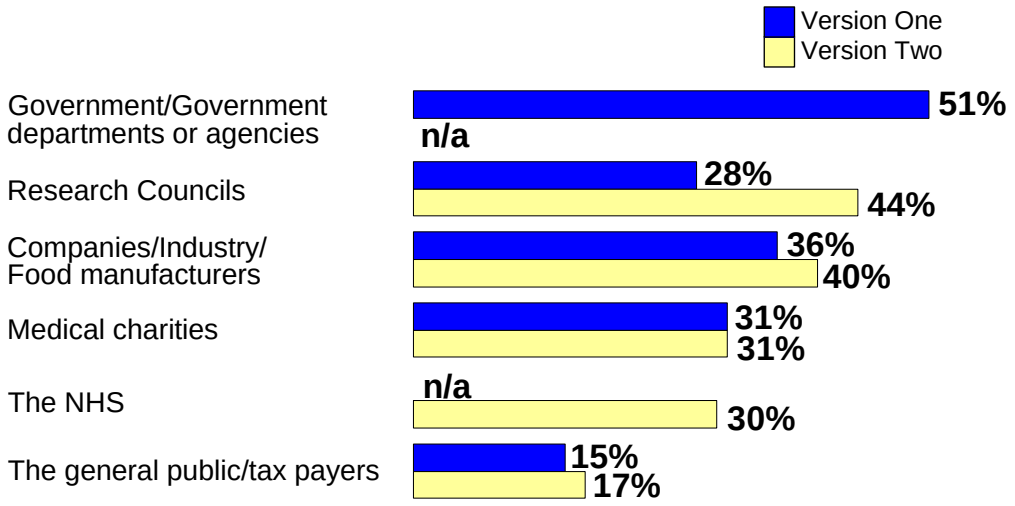
Sources of Funding for Research into Diet and Health

The vast majority of the public can express an opinion about what they regard as the most appropriate sources of funding for research into diet and health. Most see public sources of funding as appropriate funders. Around half (51%) see government/ government departments or agencies as the most relevant sources of funding[10], 28% view Research Councils funded by government as appropriate, whilst 15% see the general public or taxpayers as appropriate sources of funding.

However, other sectors are also widely seen as appropriate sources of funding. Around a third (36%) see companies/industry/food manufacturers as appropriate sources of funding for this research area, and 31% cite medical charities in this respect.

Sources of Funding for Research on Diet and Health

Q Which two or three, if any, of the following are the most appropriate sources of funding for research on diet and health?



Base: 2,095 UK adults aged 16+, 28 July – 1 August 2005 Source: MORI

A large majority (77%) of the public believes food manufacturers, rather than public money, should fund research into *making food more nutritious*. A similar proportion –

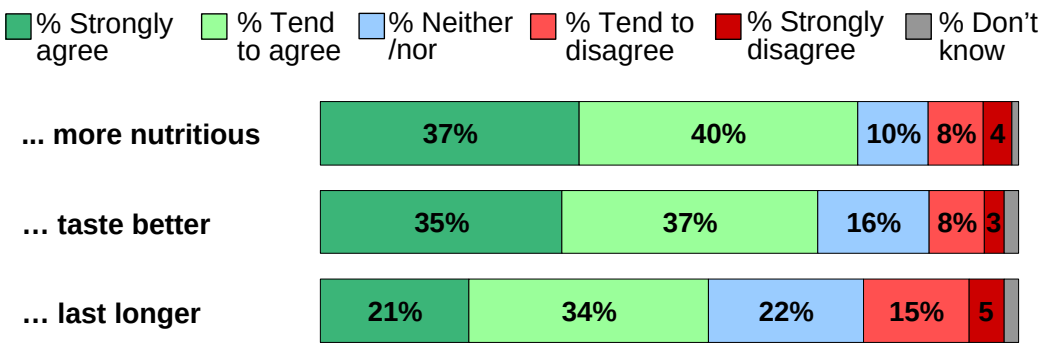
[10] 'Government/Government departments or agencies (e.g. Department of Health)' was asked of half the sample and split-sampled, with 'The NHS' asked of the other half of the sample. The reason for the split sample was to measure the impact of the different wordings on response.

around seven in ten (71%) – feels that food manufacturers – rather than public money – should fund research into *making food taste better.*

Funding for Research

Q How strongly do you agree or disagree with the following statements…

Food manufacturers – rather than public money – should fund research into making food…



Base: 2,095 UK adults aged 16+, 28 July – 1 August 2005 Source: MORI

Criteria for Funding

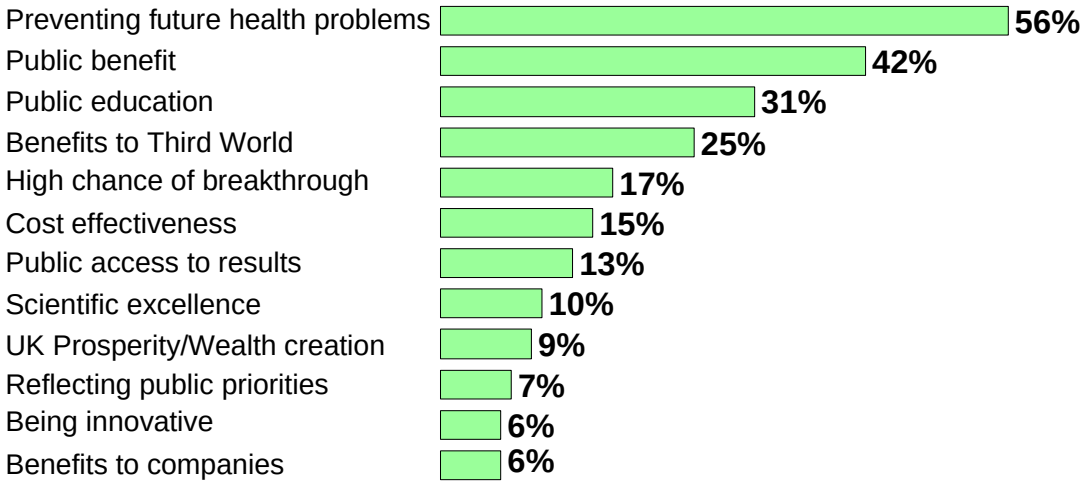
Prevention of future health problems is of key importance to the general public, being the most important factor for deciding which research into diet and health should be funded (56%). When asked to balance the importance of research being used to *prevent* future health problems with research being used to help *treat* current health conditions, people are much more likely to feel that most or all of the funding should go to the former (30% vs 12%). However, around half (53%) feel that funding should be split **equally** between the two, and this underlines the importance of research improving quality of life or generally having a public benefit, which is seen as the second most important factor for deciding which research into diet and health should be funded (42%).

The importance of the public benefit of research into diet and health is highlighted by the relatively low proportion (16%) who feel that most or all funding should go to research that could benefit groups most at risk of diet and health problems. People are more than twice as likely to say that most or all research should go to research that could benefit <u>everyone</u> (36%), whilst 42% feel that funding should be split equally.

Few people feel contribution to UK prosperity/wealth creation is among the most important factors for deciding which research into diet and health should be funded (9%). Furthermore, the proportion who agree that contribution towards wealth creation, employment or Britain's economy should <u>not</u> be an important objective for research into diet and health outnumber the proportion who disagree by more than 2:1 (49% vs 23% respectively).

Factors for Funding Research into Diet and Health

Q Which two or three, if any, of these factors are the most important for deciding which research into diet and health should be funded?



Base: 2,095 UK adults aged 16+, 28 July – 1 August 2005 Source: MORI

Personal health appears to have little impact on views about the relative importance of factors for deciding which research should be funded. However, current smokers are much less likely to say prevention of future health problems is important (53% for current smokers vs 59% for ex-smokers). BME groups are also much less likely to see this as important (38%, compared with 57% for White people).

There are some interesting differences by age in the factors that are seen as important for deciding which research should be funded. Paradoxically, the importance of research contributing towards the prevention of future health problems is lower among younger people, with 41% saying this is one of the most important factors for funding research (compared with 56% overall). Younger people are much more concerned than older people that research should benefit the Third World/developing countries (39% for those aged 15-24, compared with 25% overall).

There are marked differences in opinion by level of affluence, with professional and managerial groups much more likely to see a number of areas as important for deciding which research into diet and health should be funded, namely:

- the prevention of future health problems (61% for ABs, compared with 51% for DEs);
- improving quality of life/public benefit/number of people who benefit (49% for ABs vs 37% for DEs);
- public education/having an educational element (35% for ABs vs 27% for DEs).

Public education is widely seen as important, with two in five (41%) feeling it more important than research into diet and health, and views are consistent across social and demographic sub-groups on this. Three in ten (31%) feel that research having an educational element is one of the two or three most important factors when deciding which research projects into diet and health should be funded, making this the third most important factor after prevention of future health problems and improving quality of life/public benefit.

The likelihood of a breakthrough or big leap forward is not widely seen as one of the most important factors when deciding research funding for diet and health (17%). Most people (71%) agree that ongoing funding of research into diet and health is important, even if the likelihood of a breakthrough or big leap forward is low. These results acknowledge the importance of funding for research into diet and health.

Public opinion is not widely seen as one of the two or three most important factors for deciding which research into diet and health should be funded. Only 7% feel that public opinion is one of the two or three most important factors.

Yet, most people feel the public should be consulted on funding decisions for research into diet and health (77%), and one in four (26%) say the public should be consulted 'a great deal'. This reflects MORI's Science in Society research for the Office of Science and Technology (2004), which found a similar proportion (81%) felt the public should be consulted on funding decisions about scientific developments (and 26% felt they should be consulted a great deal in this respect).

Many more people feel they *should* have an influence on decision-making about research into diet and health, compared with those who feel they *currently* have influence (67% compared with 15% respectively). Again, this reflects MORI's work for OST in 2004, which noted a much greater proportion wanting to have influence on science or scientific research than feel they currently do have such influence.

Beneficiaries of Research

Children are seen as the most important group for funding for research into diet and health – and by some way, with nearly half (48%) citing children and young people as one of the two or three most important beneficiaries.

Five further groups take more or less equal second place as beneficiaries. Four of these are people at risk from certain diseases or illnesses, notably: genetic diseases or illnesses, those with or at risk from cancer or heart disease, and those who are obese or overweight. The fifth group is those on low income.

There are some marked differences between social classes in the groups that are seen as most important as beneficiaries of research into diet and health. More affluent groups are more likely to feel it is important that research helps people who are obese/overweight (31% for ABs, compared with 21% for DEs), and those who are at risk of inherited/genetic diseases or illnesses (28% for ABs, compared with 21% for DEs). By contrast, less affluent groups are more likely to say it is important to help those at risk of heart disease.

Personal health appears to have relatively little impact on people's feelings about which groups it is most important to help through research into diet and health. There are, however, some slight differences when comparing smokers with ex smokers and those who are at risk of/have cancer, diabetes or heart disease. Notably, smokers are *less* likely to say research should help those with/at risk of heart disease, and *more* likely to say research should help children. Compared with current smokers, ex smokers and those who have been told they are at risk from/have cancer, diabetes or heart disease are *more* likely to say research should benefit people with/at risk from heart disease.

Priority Areas for Research

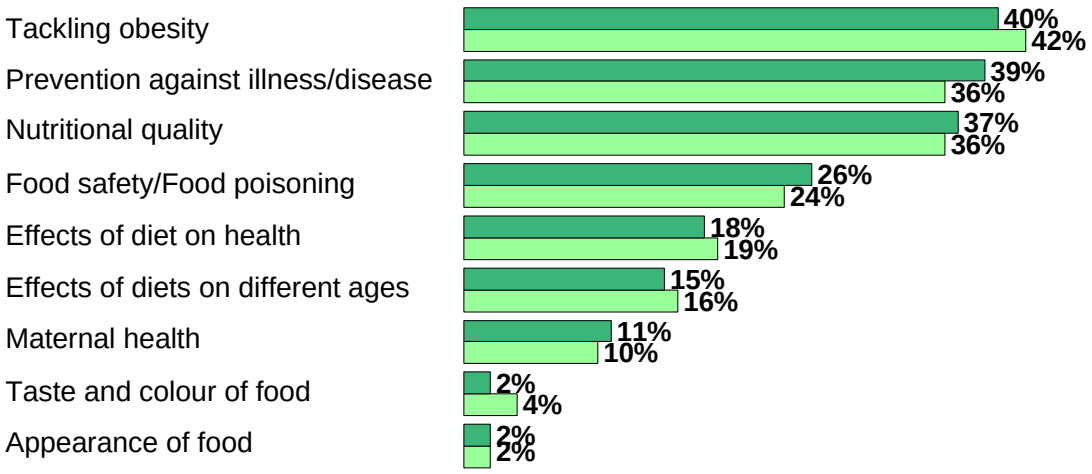
There is some consensus among the general public about the areas of research into diet and health that are seen as most worthwhile for funding. The area that is most often cited (without prompting) as worthwhile to fund is prevention/protection against illness/disease. This is mentioned by nearly three in ten and is almost twice as likely to be mentioned as the next most common mention, tackling obesity (16%)[11]. When people are prompted with a list of possible areas of research, these areas are each cited by around two-fifths (39% and 40% respectively). The nutritional quality of food is cited by a similar proportion (37% when prompted, up from 14%).

The source of funding appears to make little difference in the relative importance of funding areas of research into diet and health. When we compare the areas of research that are seen as most worthwhile to fund with those that are most worthwhile to fund *from public money*[12], there is little difference in the absolute or relative scores.

Priorities for Funding

Q Which areas of research into diet and health. If any do you think are…
VERSION ONE ***…most worthwhile to fund?***
VERSION TWO ***…most worthwhile to fund from public money?***

PROMPTED



Base: 2,095 UK adults aged 16+, 28 July – 1 August 2005 Source: MORI

[11] There is little difference between the proportions feeling that prevention/protection against illness/disease should be funded, and those who feel that it should be funded *from public money* (28% vs 27% respectively).
[12] A 'split sample' technique was used to compare responses to the two questions.

Research with a preventative element is less often seen as worthwhile among younger people and less affluent groups, but much more widely seen as important by those who have been told that they have or are at risk of cancer, diabetes or heart disease.

Personal health appears to have a significant impact on the areas of research thought to be most important for funding. Those who have been told they are at risk of, or have cancer, diabetes or heart disease are much more likely to feel that prevention/protection against illness/disease is a worthwhile area to fund, compared with adults overall. By comparison, current smokers are much *less* likely to feel this area of research is important.

Conclusions and Recommendations

Awareness and Understanding of Research into Diet & Health

Whilst there is broad awareness of the importance of having good health, particularly for children, there is much lower awareness of the importance of diet. The qualitative research highlighted concern about diet-related health problems, particularly those affecting children. Whilst this was supported in the quantitative survey, diet and obesity are much less widely cited as important issues than, for example, having good health, financial security, a job or a good education.

Yet, many people feel they know something about research into diet and health. The qualitative research found broad awareness of the different types and applications of research into diet and health, and some misconceptions about how research funding is used. This broad awareness was shown in the quantitative survey, with around three-fifths saying they feel they know something about research into diet and health – much more than felt knowledgeable about science and scientific research in general (MORI/OST 2005).

Factors/Criteria for Funding

Two factors emerge strongly as the most important for deciding which research projects should be funded:

- **prevention** of future health problem; and
- **public benefit/improvements for quality of life**.

Participants at the workshops argued forcefully about the importance of each of these factors and disapproved of public funding being used for any project that did not have a clear public benefit. Prevention and public education both came across strongly as important aims for research into diet and health. These findings were supported in the quantitative survey, which showed that prevention and public benefit are the most important factors for deciding which research into diet and health should be funded – and by some margin. Public education and benefits to the Third World/developing countries are also seen as worthwhile aims by many people.

The contribution to UK prosperity/wealth creation is not widely seen as an important factor for deciding which research into diet and health should be funded. This reflects the lower importance placed on money/financial security compared with having good health. It also reflects the issues that are seen as important to Britain today, which have been tracked by MORI for many years. Whilst unemployment was seen as the most important facing Britain in the mid-80s and early 1990s, it has since dropped out of the top issues of concern. Conversely, the quality of public services (such as the NHS), and

defence/war/international terrorism have become among the dominant public concerns in recent years.[13]

Priority Research Areas

The following areas of research are seen as most worthwhile for funding:

- Prevention/Protection against illness/disease;
- Tackling obesity;
- Nutritional quality of food.

The quantitative survey found that maternal diet did *not* come out as a high priority area for research overall, despite scoring highly in the project evaluation carried out by the syndicate groups in the workshops. Whilst women and those with children in the household are a little more likely to favour research on maternal diet, these groups tend to see a number of other areas – tackling obesity, prevention/protection against illness/disease and the nutritional quality of food – as more important. This discrepancy is discussed in more detail below. (See *Beneficiaries of Research into Diet and Health*).

The least important areas are:

- Improving the taste and colour of food;
- Appearance of food, including texture.

This reflects the value placed on health promotion and prevention of future health problems described above.

Sources of Funding for Research

A range of sources – including Government, the private sector and charitable sector – are widely seen as appropriate sources of funding for research into diet and health. The qualitative research found a general acceptance of the need for multiple sources of funding for research into diet and health, with government, food manufacturers and industry seen as having responsibilities in this area. This conclusion is supported by the quantitative survey, which also found that responsibility for funding certain types of research – making food: more nutritious, taste better and last longer – is laid at the door of food manufacturers.

Beneficiaries of Research into Diet and Health

There is a range of opinions on who should benefit from research into diet and health. The qualitative research highlighted the importance of research benefiting everyone, rather than particular groups – although children, those on low incomes and people at risk from inherited illnesses were highlighted as being particularly worthy beneficiaries of research. These findings are supported by the quantitative findings, which highlight the importance placed on research potentially benefiting everyone, and the importance of

[13] For further information, see http://www.mori.com/polls/trends/issues.shtml.

promoting children's diets and health. Those with/at risk of cancer, heart disease or genetic/inherited diseases/illnesses and those who are obese/overweight are also highlighted as important groups in the quantitative research. These findings support the widespread feeling at the workshops that protecting against disease and the effects of different kinds of food on health are important.

However, there is an important discrepancy between the qualitative and quantitative research in terms of the importance of research helping pregnant women. The quantitative survey shows that pregnant women are not seen – whether by men or women, parents and non-parents – as a group that it is important to help through research into diet and health, despite the strong feelings of support for research in this area that were expressed at the workshops. This difference may reflect the nature of qualitative research and the presence at the workshops of a number of parents of young children. The workshops included many people with children, and a number of mothers, who often argued forcefully about the importance of research into maternal diet. The ensuing discussion may have served to increase the importance of this research area among other participants at the workshops.

Implications and Recommendations

There is considerable support for public funding of research that provides a clear public benefit. The public is highly supportive of the use of public funding for research that provides a clear public benefit through an improvement in public health – whether through prevention of future health problems, tackling current diseases or conditions such as cancer, heart disease or obesity, or through public education. However, there is some scepticism about the use of research funding for projects involving the private sector, where research outcomes are seen as benefiting the food industry, rather than the public.

It is important to communicate any potential educational and institutional benefits of funding of collaborative projects involving universities and the food industry. There appears to be little awareness of research funding which may foster links between universities, research institutes and the private sector.

There is very clear support among the public for ongoing research into diet and heath, even if the likelihood of a breakthrough or big leap forward is low.

There is a need to promote public education of research findings. The importance placed on public education or research having an educational element reinforces the need for researchers to be clear as to how they will disseminate research findings.

This report has noted some important differences by social class and by ethnic group that highlight the importance of engaging with less affluent social classes and with BME groups – the very audiences that are often at greater risk of developing diet-related health disorders, as a result of a complex mix of lifestyle, environmental and genetic factors.

There appears to be a need for further public dialogue on research on biotechnology and biological sciences, and for communication of how such

dialogue has been used to steer policies and funding decisions. Whilst research reflecting public opinion/public priorities did not rank highly as one of the two or three most important factors for deciding which research should be funded, there is widespread support for public consultation on funding decisions for research into diet and health. However, relatively few feel they personally have any influence on decision-making about research into diet and health, while considerably more feel they *should* have some influence.

There is some confidence that the findings from this study will be used to inform policy. Around half feel that the BBSRC will listen 'a great deal' or 'a fair amount' to the results from this research. A further third feel the BBSRC will listen, but 'not very much', totalling over four-fifths (83%) who feel the research will be listened to, to some degree.

Appendices

Agenda/Topic Guide

9:30 Arrival

- Teas, coffees available
- Provide participants with name badge, indicating which of three groups they will be in – depending on age (18-34, 35-54, 55+)[14]
- Hand out questionnaire no. 1 for completion

9.45 – 10:00 Session 1 – Plenary session

Aim of plenary session: to introduce MORI and the 'house rules'.

9.45-10.00 Introduction by MORI

- Welcome and introduce day
- Introduce MORI moderators
- Introduce research project – research to understand public views on diet and health. Will provide more information as the day unfolds.
- Confidentiality – MORI bound by this as well/participants to respect confidentiality of each other
- How the day will work – agenda, rules of workshop (e.g. give everyone the opportunity to speak; have a right to change your mind; no right or wrong answers, an informal discussion about their views and opinions. No technical expertise needed at all)
- Recorders – permission to record
- Break-out rooms/fire regulations/mobile phones/toilets
- Any questions?
- Divide respondents into groups

[14] We have found that breaking workshop participants into sub-groups by age works better than other divisions (e.g. social class). Age plays a key role in shaping people's experiences and views. Having groups composed of people with similar ages helps them to gel better. This mix of social backgrounds can encourage people to share and compare experiences.

10.00 – 11 Session 2 – Break-out groups

Aim of session: to warm up participants, gauge (unprompted/top-of-mind) views of importance of research; awareness and understanding of research into diet and health; and for people to discuss research priorities for research into diet and health (in an 'ideal world').

10.00-10.15 Brief introduction

- First name, Job/occupation, where they live, children/how many?

10.15-11am Unprompted views on priorities for research

- We would like to kick off with the main issues to do with society that you think about in your day-to-day lives. What matters to you? What are the main things you think about? What else? Why?
- What comes to mind when I mention the term 'research'? What images come to mind?
- How important is research – for you, and for society? Why do you say that? How would you describe the contribution of scientific research to society? Why? Thinking about the future, how will research help people/your children?
- What kinds of research, if any, do you think are most worthwhile? DO NOT PROMPT. Why do you say that?
- What kinds of research are less worthwhile/valuable/important/useful? Why do you say that?
- Are there any areas of research that are not worthwhile at all? Why?
- What about research into what we eat and its effect on our health? How worthwhile is this, compared with other research areas? Why do you say that?
- What difference does research make? Without research, how would things be? PROBE: for health, food/food quality, nutrition, taste

TRY TO KEEP RESPONDENTS THINKING ABOUT RESEARCH INTO HOW WHAT WE EAT AFFECTS HEALTH, RATHER THAN ON OTHER (NON-DIET RELATED) HEALTH ISSUES

- Does anyone know someone who has to watch what they eat for a health-related reason, for example because they have heart disease or high blood pressure? IF YES, How does this affect the way you think about research into diet and health? PROBE: How do these personal relations or experiences affect the way you feel about the benefits to society of this kind of research? Why do you say that?

11am – 11.15 Tea break

11.15 – 12:30 Session 3 – Break-out groups

Aim of session: To investigate general awareness and understandings of research into diet and health, gauge (unprompted) feelings about how this research is used, how useful it is, and benefits to society and individuals; and to find out awareness of who funds, and views on who should fund, research into diet and health. This discussion will cover all aspects of research into diet and health.

Then, the MORI moderator is to focus the discuss on areas of research that are within the BBSRC's remi before then asking respondents to think about which of these areas are most worthwhile for research and who should fund these areas.

11.15-11.45 General awareness of research into diet and health

Now we would like you to think about research on what we eat and its effect on our health …

Have you heard of research into diet and health? What springs to mind when I say 'research into what we eat and its effect on our health'? What kinds of research into diet and health can you think of? WRITE UP ANSWERS ON FLIPCHART

PROBE FOR: Has anyone heard of…?

…research on the protective effects against disease of eating particular foods

PROBE with examples (red wine can help prevent heart disease; anti-cancer properties of green tea, tomatoes that can protect us against age-related diseases, soya can help prevent heart disease and cancer).

…research on how we tackle obesity

…research on food quality and nutritional qualities of foods

PROBE with examples: breakfast cereals that don't go soggy; the 'Fat Duck' restaurant and how applying science to the way food is cooked in a restaurant can make food taste better

- Where have these ideas come from? What has been the role of science? Thinking about examples of types of food thought of as good or bad for us, where have these ideas come from? (urban myth, old wives' tale, science)

- What do you think research into diet and health involves? PROBE FOR IMAGES AND ASSOCIATIONS: who is involved, how does it work? IF NO AWARENESS: What do you think it might involve?
- What do you think might be the different uses of research on what we eat and its effect on our health? How could the research be used? How does research into diet and health affect individuals? How does research into diet and health affect society? Give me some examples. Are these good or bad? Why do you say that? Who benefits most/least from this kind of research?
- Who funds research into diet and health? REFER BACK TO EXAMPLES GIVEN. PROBE FOR GOVERNMENT, INDUSTRY, CHARITIES. Who should fund research into diet and health? Why do you say that?

11:45 – 12:15 Overall Priorities for research into diet and health

MORI Moderator briefing

EXPLAIN THAT WE WANT TO LOOK AT A NUMBER OF RESEARCH AREAS THAT ARE COVERED BY OUR CLIENT'S REMIT, AND THAT THEY WILL FIND OUT MORE ABOUT THE CLIENT IN THE NEXT SESSION.

READ OUT: In today's discussion, we are interested in a number of broad research areas for promoting good health through what we eat. These are:

GO THROUGH FLIPCHART

- **the effects of food intake on health** (if eating particular foods is better for you, if this varies from person to person e.g. it may benefit one person to eat lots of one food type, but not another etc);
- **how to tackle obesity**;
- **foods that protect against disease**, e.g. the cancer-protecting effects of certain kinds of foods;
- **effects of diet for different ages** – for instance we may be able to develop a diet to help maintain old age;
- **how maternal diet and young people's diet affects health in later life** – the idea that what your mother ate, or what you ate when you were young, may make you more likely to suffer from particular diseases later in life;
- **food quality including texture, flavour, appearance and nutritional qualities of foods**; how to select the best raw materials, the composition of food (how the structure affects its quality), how processing affects quality and how food is characterised.

There are a number of areas that are not covered in today's discussion.

- **food safety/food poisoning**, and effects of particular additives to food on health etc.
- the effects of **alternative therapies** on diets.
- the **merits of particular diets** (such as Atkins, GI etc)

BREAK PARTICIPANTS UP INTO GROUPS OF THREE. GIVE EACH GROUP A CARD WITH EACH OF THE ABOVE RESEARCH AREAS ON. From what you know or have heard about these broad areas of research, which three of these areas are the most important for funding.

LEAVE PARTICIPANTS FOR 5 MINUTES TO DISCUSS AMONGST THEMSELVES

WRITE ON FLIPCHART Are there any kinds of research into diet and health that are most worthwhile? Which? Why do you say that? What kinds are least worthwhile? Are there any areas that should not be funded? Why do you say that?

FOR EACH OF THE ABOVE, ASK: What about research into… … how worthwhile is this? Why do you say that?

Who should benefit from this kind of research? PROBE Older people, young people, people with particular diseases or health conditions, people in developing countries.

Which of these, if any, is most important? Why? Which is least important? Why?

- Are there any other areas of research into diet and health that we have missed out that you think are important? Which?

IF GM FOOD IS MENTIONED, MAKE A NOTE OF IT AND TRY NOT TO LET RESPONDENTS DWELL ON THIS AREA, AS IT IS NOT A FOCUS FOR THIS RESEARCH

- Who, if anyone, should be funding these research areas? REFER BACK TO FLIPCHART PROBE: Government, industry, charities. Which should not be funded?

12.15 – 12:30 Session 4 – Plenary session/BBSRC presentation

Aim of session: For the BBSRC to be introduced as the client, and for a brief description of the BBSRC's situation, mention of criteria that are used (not specified) and the six example projects that are to be discussed in the afternoon. MORI will explain the task for the afternoon.

1

What is BBSRC?

- Biotechnology and Biological Sciences Research Council
- Main public funder of non-clinical biological science research
- Support academic research in universities and research institutes

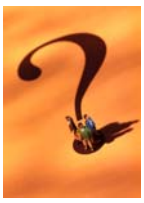
2

Who are we?

- Joint exercise with Institute of Food research
- Maggie Leggett, Head of Public Engagement at BBSRC
- Martin Ince, free-lance journalist

3

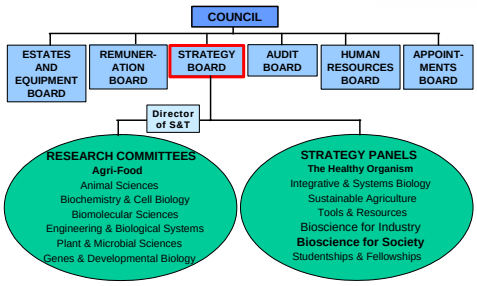
Why are we doing this?



To help us set priorities

4

Committee & Board Structure



5

Strategic Plan and Ten-Year Vision: Towards Predictive Biology

"Greater dialogue between researchers, those who use the outcomes of research and the wider public will help to ensure that the UK as a whole benefits from its world leading bioscience."

Bioscience for Society "A Ten-Year Vision"

6

MORI to explain task for the afternoon – each syndicate group is to carry out role-playing, and each is to imagine it is a funder of research into diet and health. MORI to introduce the six example projects that groups will consider. There are three tasks:

- Decide the criteria for deciding whether to fund research projects;
- Decide the importance of the six example projects;
- Prepare a presentation to explain their criteria and the importance of the example projects, and a pie chart showing how they would allocate funding for the six example projects

12:30 – 1:30 Lunch

1.30 – 2.30 Session 5 – Break-out groups

Aim of session: Syndicate groups to define the criteria they think are important for allocating money for research into diet and health, then rank the six example projects in order of importance (and explain why).

1.30 – 2pm **Criteria for Awarding Funding**

WRITE ON FLIPCHART What criteria or factors are important for deciding whether research into diet and health should be funded? PROBE. Why do you say that?

GIVE RESPONDENTS PLENTY OF TIME TO COME UP WITH OWN CRITERIA BEFORE PROMPTING FOR THE FOLLOWING. WE DO NOT WANT TO BE SEEN TO LEAD RESPONDENTS TO AGREE WITH THE BBSRC'S CRITIERIA

WRITE ON FLIP CHART. What about…

A) …scientific excellence

B) …contribution to prosperity/wealth creation

C) …improving quality of life

D) …likelihood of a breakthrough/big leap forward

E) …cost effectiveness

How important is… for deciding whether a project should be funded? PROBE Why do you say that?

FOR EACH OF THE ABOVE AREAS: What does… mean? How do we measure this?

EXPLORE DIFFERENCES BETWEEN OWN AND BBSRC CRITERIA, IF APPROPRIATE

IF QUALITY OF LIFE IS SEEN AS IMPORTANT, PROBE FURTHER: Earlier, you said you thought research into diet and health that will improve quality of life is important. When carrying out this kind of research, whose quality of life is most important? Should research benefit everyone or particular groups? Which groups, if any, are most important for research into diet and health? PROBE IF NECESSARY: Older people, expectant mothers, young people, ethnic minority groups, groups at particular risk. Which?

TRADE OFF RELATIVE IMPORTANCE OF THE AREAS IDENTIFIED. Which of these, if any, are most important. Why do you say that?

TRADE OFF BENEFITS TO EVERYONE VS BENEFITS TO PARTICULAR GROUPS. What is more important, that everyone benefits from research into diet and health, or that some groups benefit? Why?

REFER TO FLIPCHART Which of these areas is most important? Why do you say that? Which is least important? Why do you say that?

How do these areas play off against each other? What if the chance of a breakthrough is low bit there is a significant potential benefit? Or what if the research is expensive, but may improve quality of life?

LINK BACK TO PREVIOUS PAGE ON FLIPCHART. Which, if any, of these is most likely to contribute towards / be…? READ OUT UNPROMPTED CRITERIA AND A-E ABOVE. Why do you say that? Which is least likely? Why do you say that?

2pm – 2:30 Project Evaluation

STRESS THAT ALTHOUGH PEOPLE HAVE DIFFERENCES OF VIEWS ON CRITERIA, THE PROJECT EVALUATION IS BEING DONE AS A GROUP. LATER EACH GROUP WILL REPORT BACK TO THE OTHER GROUPS AND JUSTIFY CHOICES.

MORI WILL PROVIDE A4 CARDS – ONE FOR EACH OF THE SIX FUNDING AREAS. EACH CARD WILL GIVE A SUMMARY OF POSSIBLE IMPACTS, LIKELY BENEFITS, BENEFITS TO WHOM, HOW MUCH THIS WILL COST, ANY DRAWBACKS AND RESTRICTIONS.

WE WILL HAND THE CARDS OUT AND ASK RESPONDENTS TO SORT INTO PILES FOR HIGH IMPORTANCE, MEDIUM IMPORTANCE AND LOW IMPORTANCE

- Which of these areas are of high importance, medium importance & low importance. Why?
- Which of these options are of most importance to you personally? Why?
- Are there any example projects that you do not want funded? ADD TO FLIPCHART

FOR EACH PROJECT EXAMPLE, STARTING WITH THE MOST IMPORTANT, MODERATOR TO ASK HOW EACH ONE SHOULD BE ASSESSED AGAINST THESE CRITERIA How do you evaluate these example projects against the criteria you have just mentioned as being important? PROBE: Why do you say that?

REFERRING TO FLIPCHART, PROBE FOR DIFFERENCES BETWEEN VIEWS EXPRESSED IN SESSION 2 ABOUT THE IMPORTANCE OF DIFFERENT AREAS WITH FEEDBACK ON EXAMPLE PROJECTS. Now you have had a chance to think about example projects, have your views changed at all about your overall priorities for research into diet and health? How, if at all, would you amend your priorities? Why?

2:30 – 2:45 Tea break

2.45 – 3.15 Session 6 – Break-out groups

Aim of session: Syndicate groups to prepare presentation summarising how they have evaluated example projects against the criteria they have defined (using a table), and an approximate budget allocation (using a pie chart) to present at the final plenary session.

2:45 – 3:15 Prepare presentation

MORI to provide a flipchart for groups to fill in, with:

- A table showing the six example projects ranked in order of importance down the left, with column headings across the top showing the criteria for judging projects. Each example project will be scored against the criteria for evaluation.
- A pie chart showing the approximate allocation of monies to the example projects, with labels showing the source of funding. Groups will be asked to allocate the budget to the six example projects in diagramatical form, using the pie chart, and for each segment explain where research funding should come from.

3:15 – 4pm Session 7 – Plenary session

Aim: to provide feedback on budgeting decisions from each group. Find out about levels of interest in consultation or budget setting for research into diet and health. Allow BBSRC an opportunity to ask questions, and for participants to ask questions of BBSRC.

3:15 – 3:45 Feedback

- Each group has a maximum of 10 minutes to report back, using flip charts.
- Are there core priority areas emerging? Which areas are given highest and lowest priority? Are there any criteria that are emerging as important in setting priorities for research funding?

3:45 – 4pm Q&A session

- Has today raised any questions where you would like more information, or is there anything else you would like to know? If there is, please tell us and I will try to find out the answers for you.

4pm Day ends

- Hand out questionnaire no. 2 for completion
- Hand out incentives and expenses

Example Projects

Maternal Diet

Background

There could be a link between what our mothers ate while pregnant and our health as adults. Research shows that being deprived of essential nutrients in food before birth may affect health later in life. For example, babies with low birth weight might be more likely than average to have less effective immune systems.

But we do not know how maternal diet affects the immune system of a grown person. Is it enough for the mother to be generally well-fed, or is it important to eat specific types of food?

Proposal

The immune system protects people of all ages against infection. In this research project, scientists will see whether an adult's immune system might be affected by what their mother ate while she was pregnant.

The research will compare diets around the world to find out how immune systems in later life are related to maternal diet.

Possible Benefits

There could be ways of ensuring that the maternal diet has the right ingredients to keep this process working.

This research could help improve public health, in the UK and overseas. It may turn out that there are specific foods which a pregnant woman should eat or not eat.

Possible Drawbacks and Questions

Anything that is discovered will take decades to affect the health of the population and the findings may not relate to simple diet tips. We already know that making sure pregnant women eat properly is important. This research might only confirm things we know already.

Genes and Diet

Background

There is a growing public health problem in Europe. Rising healthcare costs and ill health are linked to poor diet and lack of exercise. Scientists researching the links between genes, health and diet – 'nutrigenomics' - argue that a personalised approach could improve healthcare.

Might a diet tailored to your genetic make-up mean a longer, healthier life? Eating vegetables is known to have health benefits (e.g. in reducing cancer risks). Would it be possible to make this advice more personal? We all have a unique genetic and chemical make-up and so some people might need more of one particular vegetable, and some less.

Proposal

The aim of this research is to find out whether there is a link between the health-giving effects of vegetables, in particular broccoli, and the production of chemicals in our bodies that could help human health. These chemicals may be particularly useful for people who lack a particular gene that protects against cancer.

Possible benefits

We might be able to find out which foods "turn on" the genes that help keep us healthy and turn off those that are less desirable.

It is possible to produce broccoli that might be better for some people (e.g. those at risk of cancer) than is normal broccoli. This would mean a healthier population and lower medical bills.

Possible Drawbacks and Questions

These foods may not benefit the whole population. They might help 40 per cent of the UK population – or only one per cent. If this research helps a minority, should we all pay for it?

Do you want scientists modifying broccoli, even by conventional plant breeding?

Tasteful?

Background

People have strong likes and dislikes when it comes to food. But where do these tastes come from?

A group of scientists are looking at just how people learn to like and dislike foods.

Proposal

Working both in the lab and with people in their homes, the scientists are using a new flavour and an existing pleasurable one to measure how people get the idea that a new flavour is nice. How the flavour satisfies the need of the consumer is a specific aspect of their work.

How do people get to like food? Is it just the power of suggestion, expressed via packaging and advertising – or are there other factors too?

Possible benefits

Knowledge of how people come to like specific flavours might have a number of uses. The food industry might want to make more attractive new products, which people might enjoy eating.

This research might make it possible to produce healthy food that looks <u>and</u> tastes good (rather than just being one or the other).

Possible Drawbacks and Questions

This research might result in people eating more and the population getting fatter – or giving us even more choices that we don't need.

It is also possible that more attractive foods could be marketed to children or to people who are at risk of over-eating.

This research is not designed to produce specific new products. Is it worth having new knowledge like this just for its own sake?

Today's Diet

Background

A group of chemicals called antioxidants is thought to protect people from heart attacks, cancer and other disease by removing harmful molecules from the body. They are found in fruit and vegetables and in tea, coffee and red wine.

Some people feel overloaded with advice on healthy eating. They say there is too much information, it changes too rapidly, and it can be poorly expressed. Many people find food labels uninformative.

Research Proposal

The researchers are looking at the antioxidant content of people's everyday diet and whether the antioxidants which foods contain are in a form the body can use.

This research would look at popular food combinations – tea with milk, peaches and cream, or beans with soup – and what happens once they start being absorbed in the body.

Possible Benefits

The result should be better dietary advice. The project should produce practical tips based on people's existing eating habits. It will not tell them to change their diet.

Even if the scientists find that people's current diet is mainly healthy, they are bound to produce some helpful suggestions. In any case, telling people that their diet is a healthy one will reassure them and increase their confidence in their food choices.

Possible Drawbacks and Questions

This research could spend money just to show that the UK diet is not as bad as some might fear. Will it give us genuine new knowledge or just confirm what we know already about British food tastes and their health effects?

Golden Brown

Background

People have been making biscuits since the middle ages, but we have come up with a way to make the process more scientific.

Proposal

The aim is to build up our knowledge of the biscuit-making process to find our why biscuits turn brown.

The rate at which the biscuit loses water at different temperatures in the oven, the composition of the dough and the chemical reactions that turn dough into biscuit are all being modelled by a computer.

The team is also developing instruments to measure temperature and other conditions during biscuit manufacturing.

Possible Benefits

If modern technology such as a computer can see temperatures within objects as they are cooked, it could be used to discover why biscuits turn brown while cooking. It will help biscuit producers and consumers. The biscuits that are produced and the technology that made them could be exported to other countries.

There might be less waste and more consistent results for the manufacturers, bringing down prices in the shops. And for the rest of us, it could mean new and more tempting biscuits.

Possible Drawbacks and Questions

If there is money in this for biscuit makers, why should they not pay for it? Sometimes this sort of work is funded by industry. If that's the case, will the scientists working on this research get anything out of it, or will all the profits go to industry?

What about research that makes biscuits healthier instead of trying to make them more profitable?

Smart cards (Swipe Cards)

Background

Many people find it hard to remember what they have eaten. How can they improve their diet if they don't know what they eat?

Proposal

In this project, scientists are using technology to track people's eating behaviour. The research will develop a smart card – similar to those used for letting people through doors at work – to register what children taking part in the trial eat in the school canteen.

Possible Benefits

If it works, it might make following a diet easier. Seeing how many chocolate bars and how few apples people eat might help them eat more sensibly in future. Some diets ask people to write down everything they eat. This experiment uses technology to do the job more reliably.

There might be other benefits too. The card could warn a person if they are at risk of eating something they are allergic to. It could create new business for the companies developing the technology. In another trial in a British school, the card gave children rewards for choosing healthier meals.

Possible Drawbacks and Questions

Will the technology work? If it logs all the food a person eats in the canteen, will it notice a sneaky visit to the shops on the way home?

Who will be able to read what is on the card? Individuals, doctors, canteen managers, employers? Will it end up on medical records or personnel files? Will it affect the cost of life assurance and other insurance?

In the trial mentioned above, many of the schools allowed parents to see what their children had eaten. Is this responsible childcare or unjustified snooping?

We are interested in…

The effects of food on health
(if eating some foods are better for you than others, and if this varies from person to person)

How to tackle obesity
(if eating some foods and not others will reduce the number of people who are obese)

Foods that protect against disease
(e.g. the cancer-protecting effects of some foods)

Effects of diet for different ages
(e.g. diets for younger or older people)

Maternal diet
(the effects of a mother's diet on the health of her children in later life)

Food quality
(including texture, flavour, appearance and nutritional qualities of food)

We are <u>not</u> interested in…

- Food safety/Food poisoning, and effects of particular additives to food on health etc.
- The effects of alternative therapies on diets, and the merits of particular diets (such as Atkins, GI etc)
- Genetic engineering of food/Genetic modification of food/GM Food

Recruitment Questionnaire

Workshop 1	Date:	*4 June*	Code:
	Time:	*9:30 – 4pm*	
	Venue Details:	*Sutton Holiday Inn* *Gibson Road, Sutton, Surrey*	1
Workshop 2	Date:	*25 June*	Code:
	Time:	*9:30 – 4pm*	
	Venue Details:	*Tillington Hall Hotel* *Eccleshall Road, Stafford, Staffordshire*	2

Quotas

	Target
Total	25
Gender	
Men	At least 10
Women	At least 10
Age	
18-34	At least 8
35-54	At least 7
55+	At least 7
Social Class	
AB	At least 8
C1	At least 5
C2	At least 5
DE	At least 5
Occupation	
Full-time workers	At least 6
Part-time workers	At least 6
Ethnic Minority Groups	
BME groups	At least 3
Part-time workers	At least 6
Households with children aged under 16 living at home	
Yes	At least 8
Scientists	
Having a science degree, been a member of a science organisation, having worked as a scientist or having taught science	Not more than 3

Good morning/afternoon/evening, My name is . . . . . from MORI, the opinion poll company. We are inviting a group of people together to take part in a workshop, I wonder if you could help me? This will take place in <LOCATION> on <DATE>. The workshop will last from 9:30 in the morning and will finish no later than 4pm in the afternoon.

To say 'thank you' for your time and cover any expenses incurred we would like to offer £60.

We are looking for particular groups of people, therefore I would like to ask you some questions about yourself. All information collected will be anonymous.

Q1. SHOWCARD A **Do you or any members of your immediate family work in any of the following areas, either in a paid or unpaid capacity? Just read out the letter that applies.**

A	Journalism/The media	1	
B	Advertising	2	
C	Public relations (PR)	3	
D	Market Research	4	**CLOSE**
	No, none of these	5	CONTINUE
	Don't know	6	

Q2. **Have you participated in a focus group discussion for a market research company in the last 12 months?**

Yes	1	CLOSE
No	2	CONTINUE

Q3. SHOWCARD B **How interested, if at all, are you in science and technology? Just read out the letter that applies.**

A	Very interested	1	
B	Fairly interested	2	
C	Not very interested	3	CONTINUE
D	Not at all interested	4	CLOSE
	Don't know	6	

Q4. SHOWCARD C **Which two or three, if any, of the following issues do you think are important to Britain today? Just read out the letter that applies.**

A	Climate Change	1	
B	Education	2	CLOSE
C	Fertility treatments	3	CONTINUE
D	Health	4	CONTINUE
E	Obesity	5	CONTINUE
F	Traffic congestion	6	CLOSE
	No, none of these	7	
	Don't know	8	

IF RESPONDENT CODES AT LEAST ONE OF CODES 3-5 AT Q4 THEN CONTINUE. OTHERS CLOSE

Q5. **Would you be interested in taking part?**

Yes	1	CONTINUE
No	2	CLOSE

Q6. SHOWCARD D **Which, if any, of the following ways have you personally been involved in science?** READ OUT A-D. MULTICODE OK

A	**…Been a member of a science organisation in the last 5 years**	1	RECRUIT TO QUOTA
B	**…Have a science degree**	2	
C	**…Have (ever) worked as a scientist**	3	
D	**…Have taught a science subject**	4	
	None of these	5	

Q7. CODE SEX (DO NOT ASK)

Male	1	RECRUIT TO QUOTA
Female	2	

Q8. WRITE IN & CODE EXACT AGE

Exact Age [ ] [ ]

18-24	1	RECRUIT TO QUOTA
25-34	2	
35-44	3	
45-54	4	
55-64	5	
65+	6	

Q9. SHOWCARD D **To which one of the groups on this card do you consider you belong?** SINGLE CODE ONLY.

WHITE	A	British	1	
	B	Irish	2	
	C	Any other white background	3	
MIXED	D	White and Black Caribbean	4	RECRUIT TO QUOTA FOR LONDON WORKSHOP
	E	White and Asian	5	
	F	Any other mixed background	6	
ASIAN OR ASIAN BRITISH	G	Indian	7	
	H	Pakistani	8	
	I	Bangladeshi	9	
	J	Any other Asian background	0	
BLACK OR BLACK BRITISH	K	Caribbean	X	
	L	African	Y	
	M	Any other black background	1	
CHINESE OR OTHER ETHNIC GROUP	N	Chinese	2	
	O	Any other background	3	
		Refused	4	

Working Status of Respondent:

Working - Full time (30+ hrs)	1	RECRUIT TO QUOTA
- Part-time (9-29 hrs)	2	
Unemployed – seeking work	3	
- not seeking work	4	
Not working – retired	5	
- looking after house/children	6	
- invalid/disabled	7	
Student	8	
Other	9	
Not stated	0	

Q1. FOR THOSE WHO ARE WORKING
What is your current occupation?
WRITE IN BELOW

Class

A	1	RECRUIT TO QUOTA
B	2	
C1	3	
C2	4	
D	5	
E	6	

ASK IF CHILDREN IN HOUSEHOLD **What ages are the children in the household?** MULTICODE OK

No children in the household	1	RECRUIT TO QUOTA
0-4	2	
5-7	3	
8-10	4	
11-14	5	
Don't know	6	()

Exit Questionnaire

Q2. **Which one or two, if any, of these factors is the most important for deciding whether research into diet and health should be funded?**

PLEASE TICK ☑ UP TO TWO BOXES ONLY

- Scientific quality/excellence ☐
- Contribution to prosperity/wealth creation ☐
- Improving quality of life ☐
- Likelihood of a breakthrough/big leap forward ☐
- Cost-effectiveness ☐
- Other (PLEASE WRITE IN BELOW) ☐
- None of these ☐
- Don't know ☐

Q3. **Which two or three, if any, of the following areas of research into diet and health are the most worthwhile to fund?**

PLEASE TICK ☑ UP TO THREE BOXES

- The effects of food on health ☐
- Tackling obesity ☐
- Protecting against disease ☐
- Effects of diet for different ages ☐
- Maternal diet (the effects of a mother's diet on the health of her children in later life) ☐
- Food quality, including texture, flavour, appearance and nutrition ☐
- Other (PLEASE WRITE IN BELOW) ☐
- None of these ☐
- Don't know ☐

Q4. **How much, if at all, have your views changed over the day, as you have thought about priorities for research into diet and health?**

PLEASE TICK ☑ ONE ONLY

A great deal	☐	ANSWER Q4
A fair amount	☐	ANSWER Q4
Not very much	☐	GO TO Q5
Not at all	☐	GO TO Q5
Don't know	☐	GO TO Q5

Q5. **How have your views changed through the day, as you have thought about research into diet and health?**

Q6. **Do you think the public should be consulted on funding decisions for research into diet and health, or not? If so, how?**

Q7. **If you had to make one or two key points, what would you like to us send back to the Biotechnology and Biological Sciences Research Council following today's discussions?**

Q8. **We're interested in your opinion of today's discussion day. Please write in below whether you found the workshop interesting or not interesting, enjoyable / not enjoyable. Please write in any other comments about today.**

Q9. **Can MORI re-contact you for future research projects? We would not pass you name or contact details onto anyone else and would only contact you for research purposes.**

PLEASE TICK ☑ ONE ONLY

Yes ☐

No ☐

Feedback from the Day

Q If you had to make one or two key points, what would you like to us send back to the Biotechnology and Biological Sciences Research Council following today's discussions?

Concentrating on educating and preventative measures

- Male, 18-34, Sutton workshop

It is important that only some research is necessary

- Female, 18-34, Sutton workshop

Make funds available to project with the public interest at least. Always getting the public informed about research project in forums like these

- Male, 35-54 years, Sutton workshop

Don't do research on biscuits

- Female, 35-54 years, Sutton workshop

Press releases should explain and sensationalise research outcomes

- Female, 35-54 years, Sutton workshop

Stop wasting money on projects like biscuits going brown – the public would be appalled

- Female, 55+, Sutton workshop

Research should be funded in preventative research, rather than on ways to make unhealthy foods cheaper

- Male, 35-54 years, Sutton workshop

The dietary health of the UK is most important and will be less drain on the health services eventually

- Male, 55+, Sutton workshop

Prevention and education

- Male, 18-34, Sutton workshop

Stop funding useless ideas

- Male, 18-34, Sutton workshop

Only some research is necessary

- Female, 18-34, Sutton workshop

Allocate money appropriately

- Female, 35-54 years, Sutton workshop

Be accountable for funding projects that help the most people with funding for long-term beneficial effects on health and quality of life

- Male, 55+, Sutton workshop

Health is such a big issue, food is just one factor

- Female, 55+, Sutton workshop

Carry on asking all range groups

- Female, 35-54 years, Sutton workshop

I would like more publicity for BBSRC

- Male, 51+, Stafford workshop

I feel that projects should have clear targets and be monitored on progress regularly

- Male, 51+, Stafford workshop

Keep up good work. Maintain excellence

- Male, 18-34, Stafford

Maternal diet is very important. Obesity is a great concern to everyone but exercise is probably the best way to combat this

- Female, 18-34, Stafford

The cost of tobacco

- Male, 35-50, Stafford

Quality of life. Breakthrough

- Female, 35-50, Stafford

Ensure that results of research are used. Research needs to benefit people's lives

- Male, 35-50, Stafford

You can't beat nature!!! Ever

- Female, 51+, Stafford

Be resourceful and honest

- Male, 51+, Stafford

Q We're interested in your opinion of today's discussion day. Please write in below whether you found the workshop interesting or not interesting, enjoyable / not enjoyable. Please write in any other comments about today.

It was well conducted, interesting and enjoyable
- Male, 18-29, Sutton workshop

Today was a new experience for me and I found it enjoyable
- Female, 18-29, Sutton workshop

Very interesting and very enjoyable. Well organised and informative
- Male, 18-29, Sutton workshop

Interesting, but will never actually understand
- Female, 30-49 years, Sutton workshop

Good day all round and much more fun than I originally thought
- Male, 30-49 years, Sutton workshop

I enjoyed the session because of the interesting ideas brought forward
- Male, 50+, Sutton workshop

Very enjoyable, interesting and learnt how research is funded and acted upon
- Male, 18-29, Sutton workshop

It was interesting and informative. I enjoyed the day
- Female, 30-49, Sutton

Interesting to know how information and stats are developed and distributed
- Female, 30-49, Sutton

A little tedious at times – not always sure where discussion was heading, what the overall aim was. Quite interesting though
- Female, 30-49, Sutton

Interesting and enjoyable. Well presented
- Male, 18-29, Sutton

Very interesting
- Female, 18-29, Sutton

Interesting and enjoyable

- Male, 51+, Stafford

Interesting and thought provoking

- Female, 51+, Stafford

The workshop was very interesting and most enjoyable

-Female, 30-49, Stafford

Very interesting/enjoyable. A great teacher

- Male, 18-34, Stafford

I found today enjoyable and informative

- Male, 51+, Stafford

I found it interesting and enjoyable

- Female, 35-50, Stafford

It was both interesting and enjoyable. It provided a good insight into how funding works and the issues involved

- Female, 35-50, Stafford

Interesting

- Female, 51+, Stafford

I found it very interesting and enjoyable

- Female, 18-34, Stafford

Yes, it was interesting and we got on with each other

- Male, 51+, Stafford

Enjoyable

- Female, 35-50, Stafford

Very enjoyable

- Male, 35-50, Stafford

I found today's workshop very interesting and very enjoyable

- Male, 35-50, Stafford

Interesting and enjoyable – about 1 hour too long

- Male, 51+, Stafford

Technical Details

Sample Design

There are 641 parliamentary constituencies in Great Britain. From these, we selected 210 to be used as the main sampling points on the Omnibus, and of these 199 were used for the GB survey. These were chosen to be representative of the whole country by region, class, voting patterns and other variables. Within each constituency, one local government ward was chosen which is representative of the whole constituency. A further 19 sampling points were selected across Northern Ireland.

Within each point, respondents were selected by means of a 10-cell quota with which the interviewer has been provided. The quotas used are:

Sex:	(Male, Female)
Household Tenure:	(Owner occupied, Council/HAT, Other)
Age:	(15-24, 25-44, 45+)
Working status:	(Full-time, part time/not working)

These quotas were devised using figures updated from the 1991 Census. In each area, quotas represent the makeup of that area. Overall, quotas ensure that the demographic profile of the sample matches the actual profile of the country. The sample is thus representative of all adults in Great Britain aged 15+.

Fieldwork

Fieldwork was carried out in Great Britain by MORI/Field & Tab on MORI's Omnibus using CAPI. The fieldwork in Northern Ireland was carried out by MORI Ireland using paper questionnaires matching the CAPI script used in Britain. All interviews were conducted in the home, with only one interview per household. No incentives were offered to respondents.

Weighting and Data Processing

Data entry and analysis were carried out by an approved and quality assured data-processing company. The data were weighted using target rim weights for social class, standard region, unemployment within region, cars in household, and age within sex. This was to adjust for any discrepancies in the coverage of individual sampling points and to ensure representatives. Overall results are weighted to the UK population profile, whilst results for Great Britain and Northern Ireland are each weighted to the respective populations in these countries.

Statistical Reliability

The sample tolerances that apply to the percentage results in this report are given in the table below. This table shows the possible variation that might be anticipated because a sample, rather than the entire population, was interviewed. As indicated, sampling tolerances vary with the size of the sample and the size of the percentage results.

Approximate Sampling Tolerances Applicable to Percentages At or Near these Levels

	10% or 90%	30% or 70%	50%
Base:	±	±	±
All (2,095)	**1**	**2**	**2**
1,000	2	3	3
750	2	3	4
500	3	4	4
400	3	4	5
300	3	5	6
200	4	6	7
100	6	9	10

Source: MORI

For example, on a question where 50% of the people in a weighted sample of 2,095 respond with a particular answer, the chances are 95 in 100 that this result would not vary by more than 2 percentage points, plus or minus, from a complete coverage of the entire population using the same procedures.

Tolerances are also involved in the comparison of results from different parts of the sample. A difference, in other words, must be of at least a certain size to be considered statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons.

Differences Required for Significant At or Near these Percentages

	10% or 90%	30% or 70%	50%
Base::			
100 and 100	8	13	14
250 and 250	6	9	10
500 and 500	4	6	6
100 and 2,000	6	9	10
100 and 1,000	6	9	10
500 and 1,000	3	5	5

Source: MORI

Social Class Definitions

The grades detailed below are the social class definitions as used by the Institute of Practitioners in Advertising, and are standard on all surveys carried out by MORI (Market & Opinion Research International Limited).

Social Grades

	Social Class	**Occupation of Chief Income Earner**	**Percentage of Population**
A	Upper Middle Class	Higher managerial, administrative or professional	2.9
B	Middle Class	Intermediate managerial, administrative or professional	18.9
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional	27.0
C2	Skilled Working Class	Skilled manual workers	22.6
D	Working Class	Semi and unskilled manual workers	16.9
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings	11.7

Topline Results

- Topline based on 2,095 face-to-face interviews conducted with a representative sample of the population aged 15+ in the UK (including 109 in Northern Ireland), using MORI Omnibus.
- Interviews were conducted in respondents' homes between 28 July and 1 August 2005.
- Data have been weighted to reflect the UK demographic profile.
- Where possible, data from MORI/ OST 2004 have been added for comparisons.
- Unless otherwise specified, the base for each question is 2,095.
- Where base sizes are less than 30, results are given in absolute figures (n) rather than percentages.
- An asterisk (*) denotes a finding of less than 0.5% but greater than zero.
- If figures do not add up to 100% this is due to multiple responses or computer rounding.
- See tables for full listing at Q1 and Q5.

Q1. **Which two or three issues in your life, if any, are most important to you personally?** DO NOT PROMPT. PROBE FOR UP TO THREE. IF NECESSARY: **What else?** CODE UP TO THREE*

	MORI/ OST 2004	MORI/ BBSRC 2005
	%	%
Anti-social behaviour/Tackling anti-social behaviour	6	6
Bringing up children/Caring for a relative	11	8
Crime/Tackling crime/Law & Order/Vandalism	8	12
Defence/Foreign affairs/Iraq	3	6
Education/A good education	7	13
Environmental issues	6	8
Food/Diet/Children's diets/Obesity	N/A	1
Friends and family	60	46
Health/Good health	35	40
Housing/Having a good home to live in	11	6
Job/Having a job (i.e. paid work)	17	14
Money/Having financial security	21	20
Race relations/Immigration/Asylum	2	7
Terrorism/Tackling terrorism	3	10
Transport safety/ Other transport issues	N/A	2
The economy/Cost of living/Inflation	4	6
Religion	3	2
Tax	N/A	2
Happiness	4	1
Leisure/Leisure time/activities	N/A	1

Politics/Government/Government policies	3	1
Pets/animals/animal welfare	1	1
Sport	1	1
Poverty/World poverty	N/A	1
Healthcare system/A good healthcare system/NHS	9	1
Local area/Community issues	N/A	1
Treatment/Rights of the elderly	N/A	1
Other	8	2
None of these	1	1
Don't know	3	3

* See tables for full list of codes

And now I'd like to focus on research into diet and health – that is, research into what we eat and its effect on our health…

Q2. SHOWCARD A (R) **How much, if anything, do you feel you know about research into what we eat and how it affects our health?** SINGLE CODE ONLY

	%
A great deal	10
A fair amount	49
Not very much	32
Nothing at all	9
Don't know	1

Q3. SHOWCARD B (R) **How useful, if at all, would you say research into diet and health is in the UK?** SINGLE CODE ONLY

	%
Very useful	41
Fairly useful	45
Not very useful	10
Not at all useful	2
Don't know	3

As you may know, research into diet and health is carried out by researchers working in a range of organisations, including universities, research institutes, government and private companies.

Q4. SHOWCARD C (R) **Which one or two, if any, of the following are the most appropriate sources of funding for research into diet and health? Just read out the letter or letters that apply.** MULTICODE OK

Bases: 959 at item B version one, 1027 at item B version two, 1986 for all other items

			VERSION 1 %	VERSION 2 %
A		Companies / Industry / Food manufacturers	36	40
B	VERSION 1	Government / Government departments or agencies (e.g. Department of Health)	51	n/a
	VERSION 2	The NHS	n/a	30
C		Medical charities (e.g. Cancer Research UK)	31	31
D		Research Councils funded by government	28	44
E		The General public / Taxpayers	15	17
		Other	1	1
		Don't know	5	4

Q5. VERSION 1 **Which areas of research into diet and health, if any, do you think are the most worthwhile to fund?** DO NOT PROMPT. MULTICODE UP TO THREE.*

Q6. VERSION 1 SHOWCARD D (R) **And which two or three, if any, of the following areas of research into diet and health are the most worthwhile to fund? Just read out the letter or letters that apply.** MULTICODE UP TO THREE

	VERSION 1	UNPROMPTED Q5 %	PROMPTED Q6 %
A	Effects of diet on different ages	5	15
B	Impact of improving taste and colour of food	1	2
C	Appearance of food, including texture	1	2
D	Nutritional quality of food	14	37
E	Food safety/Reducing risks from food poisoning	9	26
F	Genetic modification of food	5	16
G	Maternal diet (the effects of a mother's diet on the health of her children in later life)	3	11
H	Prevention/Protection against illness/disease	28	39
I	Tackling obesity	16	40
J	The effects of eating different types of food on health	14	18
K	Understanding the merits of particular diets and alternative therapies (e.g. Atkins diet)	2	6
L	Impact of chemicals e.g. fertilisers and pesticides on food and health	10	37
	Impact of food additives on food and health	2	N/A
	Children's diet/health/school meals/effect of diet on children	2	N/A
	Consumer information/education	1	N/A
	Source of food	1	N/A
	Charities	1	N/A
	Other	1	1
	None of these	3	*
	Don't know	25	2

*Note: see tables for full listing at Q5

Q5. VERSION 2 **Which areas of research into diet and health, if any, do you think are the most worthwhile to fund <u>from public money</u>?** DO NOT PROMPT. MULTICODE UP TO THREE.*

Q6. VERSION 2. SHOWCARD D (R) **And which two or three, if any, of the following areas of research into diet and health are the most worthwhile to fund <u>from public money</u>? Just read out the letter or letters that apply.** MULTICODE UP TO THREE

	VERSION 2	UNPROMPTED Q5 %	PROMPTED Q6 %
A	Effects of diet on different ages	6	16
B	Impact of improving taste and colour of food	1	4
C	Appearance of food, including texture	1	2
D	Nutritional quality of food	12	36
E	Food safety/Reducing risks from food poisoning	7	24
F	Genetic modification of food	4	17
G	Maternal diet (the effects of a mother's diet on the health of her children in later life)	3	10
H	Prevention/Protection against illness/disease	27	36
I	Tackling obesity	16	42
J	The effects of eating different types of food on health	12	19
K	Understanding the merits of particular diets and alternative therapies (e.g. Atkins diet)	2	5
L	Impact of chemicals e.g. fertilisers and pesticides on food and health	9	41
	Impact of food additives on food and health	2	N/A
	Children's diet/health/school meals/effect of diet on children	3	N/A
	Consumer information/education	2	N/A
	NHS	1	N/A
	Allergies	1	N/A
	Fitness/exercise	1	N/A
	Other	1	1
	None of these	3	1
	Don't know	27	2

* Note: see tables for full listing at Q5

Some people say that it is particularly important for some groups of people to be helped through research into diet and health.

Q7. SHOWCARD E (R) **Given that research funding is limited, which two or three of these, if any, do you think it is most important to help through research into diet and health? Just read out the letter or letters that apply.** MULTICODE UP TO THREE

		%
A	Children/Young people	48
B	Ethnic minority groups	2
C	Men	3
D	Older people	15
E	People at risk from inherited/genetic diseases/illnesses	25
F	People with/at risk from heart disease	24
G	People with/at risk from diabetes	14
H	People in developing countries	13
I	People with/at risk from cancer	25
J	People who are obese/overweight	25
K	People with eating disorders (e.g. anorexia, bulimia)	9
L	People with low incomes in Britain	24
M	People with particular diseases or health conditions (other than heart disease, diabetes or cancer)	18
N	Pregnant women	12
O	Women in general	4
	Men	3
	None of these	*
	Don't know	2

Thinking now about research into diet and health that is funded by public money…

Q8.

SHOWCARD F (R) **Which two or three, if any, of these factors are the most important for deciding which research into diet and health should be funded? Just read out the letter or letters that apply.** MULTICODE UP TO THREE

		%
A	Benefits to companies/food manufacturers	6
B	Benefits to the Third World/developing countries	25
C	Contribution to UK prosperity/wealth creation	9
D	Cost-effectiveness	15
E	High chance of a breakthrough/Big leap forward	17
F	Improving quality of life/Public benefit/Number of people who benefit	42
G	Innovative/Not done before/Covering new ground	6
H	Preventing future health problems/Having a preventative element	56
I	Public access to results/Presented in layman's language	13
J	Public education/Having an educational element	31
K	Reflecting public opinion/public priorities	7
L	Scientific quality/excellence	10
	Other	*
	None of these	1
	Don't know	4

Q9. SHOWCARD G (R) **Which one, if any, of the following most closely fits your view about how funding for research into diet and health should be distributed? Just read out the letter that applies.** SINGLE CODE ONLY. ALTERNATE ORDER

		%
A	**All research funding on diet and health should go to helping prevent future health problems**	13
B	**Most research funding on diet and health should go to helping prevent future health problems**	17
C	**Equal research funding on diet and health should go to helping prevent future health problems, and helping treat current health conditions**	53
D	**Most research funding on diet and health should go to helping treat current health conditions**	7
E	**All research funding on diet and health should go to helping treat current health conditions**	5
	None of these	1
	Don't know	2

Q10. SHOWCARD H (R) **Which, if any, of the following most applies to funding for research into diet and health? Just read out the letter.** SINGLE CODE ONLY

		%
A	**…All research funding on diet and health should go to research that could benefit everyone**	19
B	**…Most research funding on diet and health should go to research that could benefit everyone**	17
C	**…Equal research funding on diet and health should go to research that could benefit everyone, and research that could benefit groups most at risk of diet and health problems**	42
D	**…Most research funding on diet and health should go to research that could benefit groups most at risk of diet and health problems**	12
E	**…All research funding on diet and health should go to research that could benefit groups most at risk of diet and health problems**	4
	None of these	1
	Don't know	4

Q11. SHOWCARD I (R) **Thinking about research into diet and health, how strongly do you agree or disagree with the following statements? Firstly…**SINGLE CODE ONLY

Bases: 959 at version one item B, 1027 at version two item B, 1986 for all other items

		Strongly agree %	Tend to agree %	Neither agree nor disagree %	Tend to disagree %	Strongly disagree %	No opinion %
	…Food manufacturers – rather than public money – should fund research into making food more nutritious	37	40	10	8	4	1
VERSION ONE	**…Food manufacturers – rather than public money – should fund research into making food taste better**	35	37	16	8	3	2
VERSION TWO	**…Food manufacturers – rather than public money – should fund research into making food last longer**	21	34	22	15	5	2
	…Funding for public education is <u>more</u> important than research into diet and health	13	28	31	22	5	2
	…Ongoing funding of research into diet and health is important, even if the likelihood of a breakthrough or big leap forward is low	20	51	18	8	1	2
	…Contribution towards wealth creation, employment or Britain's economy should <u>not</u> be an important objective for research into diet and health	14	35	24	19	4	4

Q12. SHOWCARD J (R) **How much, if at all, do you feel the public should be consulted on…?** SINGLE CODE ONLY

	MORI/ OST 2004 **…decisions about scientific developments**	MORI/ BBSRC 2005 **…consulted on funding?**
	%	%
A great deal	26	26
A fair amount	55	51
Not very much	14	18
Not at all	2	5
Don't know	3	1

Q13. SHOWCARD J (R) AGAIN **How much influence, if any, do you feel you personally have on…?** SINGLE CODE ONLY

	MORI/ OST 2004 **…science or on scientific research that is conducted**	MORI/ BBSRC 2005 **…research into diet and health**
	%	%
A great deal	1	3
A fair amount	6	12
Not very much	40	41
None at all	51	43
Don't know	1	1

Q14. SHOWCARD J (R) AGAIN **And how much influence, if any, do you feel you <u>should</u> have on…?** SINGLE CODE ONLY

	MORI/ OST 2004 **…science or on scientific research that is conducted**	MORI/ BBSRC 2005 **… research into diet and health**
	%	%
A great deal	6	14
A fair amount	50	53
Not very much	31	22
None at all	9	7
Don't know	4	3

These questions on diet and health are being asked for the Biotechnology and Biological Sciences Research Council, BBSRC, a research council funded by government. BBSRC is interested in understanding public priorities for how research funds into diet and health should be spent.

Q15. SHOWCARD J (R) AGAIN **How far, if at all, do you think BBSRC will listen to the results from this survey when deciding which research projects to fund in the future?** SINGLE CODE ONLY

	%
A great deal	10
A fair amount	42
Not very much	32
Not at all	9
Don't know	8

Q16. SHOWCARD K (R) **Which, if any, of the following personally applies to you? Just read out the letter or letters.** MULTICODE OK

		%
A	Been on a diet in the past, but not now	22
B	Currently on a diet	11
C	Been told am overweight by doctor/nurse	15
D	Been told at risk of cancer/ Have cancer/ Have had cancer	6
E	Been told at risk of developing diabetes/ Have diabetes	8
F	Been told at risk of developing heart disease/Have heart disease/Have had heart disease	9
G	Have got diet-related illness (not including diabetes, heart disease or cancer)	3
H	Do at least 30 minutes of moderate physical activity (e.g. brisk walking) 5 days a week	49
I	Eat at least 5 portions of fruit or vegetables a day	48
J	Current smoker	25
K	Ex-smoker	20
L	Have high blood pressure	15
M	Regularly (i.e. more than once a week) drink more than recommended units of alcohol (3-4 units per day for men, and 2-3 units a day for women). One unit = half pint of beer/ cider/ lager, or one pub measure of spirit vodka/ whisky/ gin, or one small glass of wine, or one pub measure of fortified wine e.g. port/ sherry.	17
	None of these	7
	Don't know	*
	Refused	*

Gender

	%
Male	48
Female	52

Age

	%
15-24	16
25-34	17
35-44	19
45-54	16
55-64	14
65+	20

Class

	%
A	3
B	21
C1	29
C2	21
D	16
E	9

Children aged under 16 in household

	%
Yes	34
No	66

Working Status of Respondent

	%
Working - Full-time (30+	44
- Part-time (9-29 hrs)	12
Unemployed - seeking work	2
Not working – retired	23
- looking after	7
- Student	7
- Other (including disabled)	2

SHOWCARD **Which of the groups on this card do you consider you belong to?** SINGLE CODE ONLY

		%
	WHITE	
A	British	87
B	Irish	2
C	Any other white background	3
	MIXED	
D	White and Black Caribbean	*
E	White and Black African	*
F	White and Asian	*
G	Any other mixed background	*
	ASIAN OR ASIAN	
H	Indian	2
I	Pakistani	1
J	Bangladeshi	*
K	Any other Asian background	1
	BLACK OR BLACK	
L	Caribbean	1
M	African	2
N	Any other black background	*
	CHINESE OR OTHER ETHNIC GROUP	
O	Chinese	*
	Any other background	1
	Refused	*

GO

	%
Northern Ireland	3
Scotland	9
North East	4
Merseyside	3
North West	8
Yorks & Humberside	8
East Midlands	7
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