

COMMUNITY VOICES

Introducing People to Healthier Food: An Interview of Karin Dingena (Social Worker) and Remco Keijsers (Supermarket Manager)



This report was based on an interview I conducted in Dutch with Mrs Karin Dingena, a social worker based in one of the “Trajekt” community centres for social work in Maastricht and Mr Remco Keijsers, branch manager of a supermarket in the village of Bunde near Maastricht. I am most grateful for their cooperation and in spite of the language barrier I hope they will recognize their inputs in the story below.

Gerard Majoor
*Medical Education Institute
Maastricht University, The Netherlands*

Remco Keijsers is the branch manager of C1000, a small supermarket in the village of Bunde in the southernmost part of The Netherlands. When one walks around in his shop one may notice on several shelves—next to brand names and prices—indications of the potential beneficial effects of the items on the consumer’s health. “Low fat”, “vegetable oil” and “unsaturated fatty acids” are examples of the additional information found. But it has not always been like that. As Karin Dingena explains:

When you talk about the road to a healthier life-style the first step is always to raise awareness in the community. You have to make sure that people become aware that they have to live in a healthier way and that a healthier life-style can be achieved, for instance, by introducing them to better food.

To implement this idea, consumers were offered tours through larger supermarkets to teach them how to read and interpret labels on food packaging. Karin continues:

Particularly by the guided tours in the supermarkets we tried to focus people from disadvantaged areas of Maastricht and nearby villages on how to read food product labels. There is a lot of information on those labels but the participants' questions are, for example: 'What does that tell me? What should I concentrate on? What is healthy and what is less healthy?'

From those tours in the supermarkets we learned that just telling people that certain products are healthy because you can interpret the labels is not enough. Even with the information from the labels people still do not know what to do with those products. Therefore we felt we should instead focus on the cooking of selected dishes. In small groups we would tell the people: 'If you want to cook healthy you will need to use these products.' And hence we decided to involve the supermarkets in highlighting those dishes and products."

Remco adds:

My shop's task was to put up a large poster announcing that in the framework of the Heartbeat project a certain dish is recommended. To prepare that dish one would need specified ingredients. We offered flyers with the recipe that also gave further information about the ingredients. And every other week there would be another dish.

Just a few years ago Remco was approached by representatives of the local community's 'Health Working Group' who asked him whether he would be willing to participate in a campaign to increase people's awareness on healthier food. There are different 'Health Work Groups' for all city quarters and villages and each work group includes representatives of social work, the regional public health service and the community.

These "Health Work Groups" are one of the cornerstones of the 'Heartbeat Limburg' project. Financially assisted by the Dutch Heart Foundation in 1998 Dr. Erik Ruland and his colleagues at the regional Public Health Institute initiated the 'Heartbeat Limburg' project (Ruland *et al.*, 2001a,b, 2002, 2003). This project aims to reduce cardiovascular diseases, which head the morbidity and mortality lists for the South-Limburg region. Because these epidemiological data are particularly pronounced in the disadvantaged areas of Maastricht and some of its surrounding villages (like Bunde) these sites were selected as target areas for the Heartbeat Limburg project. Through its activities the project covers all aspects of the fight against cardiovascular diseases: from preventive actions at community level to screening of patients at risk in the

Cardiology department of the University Hospital. In 2001 this project was selected as one of the 12 WHO “Towards Unity For Health” projects. In 2003 the “Healthy Food Does Not Need to be Expensive” course within the Heartbeat Limburg project won the Dutch Public Health Fund’s “Best Practice Award”.

Part of the approach chosen to make people familiar with healthy food was to take them on a guided tour through a large supermarket. But who would be interested in doing so, I wondered? Karin tells the story.

Initially we tried to gain the people’s attention by distributing flyers, making announcements in community newsletters, etc. But that did not spontaneously yield large numbers of participants. However, in other sectors of the Heartbeat Limburg project people participated in walking groups, aerobics groups, or yoga. It was quite easy to approach them and offer them to participate in a healthy food party or in a tour through a supermarket. So from the project sector “Physical exercise” we could motivate people to also get involved in its “Nutrition” sector. And prior to attracting people to “Physical exercise” we assessed the community’s needs in this respect, and that has been a great asset of the Heartbeat Limburg project. Of course, all over the region a lot of sports activities were already offered commercially but people from our target communities would not participate because it was too expensive for them, and also because most sports centres were too far from their homes. Moreover, they had felt that commercial gyms were not what they wanted. So, instead we concentrated on offering physical activities within their communities. By making inventories of the community’s needs in this respect we succeeded in getting them involved.

Turning back to Remco I asked how he had experienced his involvement in the project, in his own view or based on feedback from clients. As he said, he would cut discussions on the topic at private parties, but he adds:

We had many positive reactions when we displayed the recipes in the shop but when the campaign was over I did not hear too much about it anymore. But my remaining positive feeling about the project is that we succeeded in making many people aware of healthy food and in realizing that there is nothing against using such better food. So for instance they live much healthier if they use olive oil instead of butter for cooking. Of course many people already know this but now we reached even more people who did not know.

Just prior to my interview, Mrs G. Ronda had successfully defended her PhD thesis on the first outcomes of the Heartbeat Limburg project at Maastricht University. Briefly summarized, she had detected a significant impact of the

project on people's fat consumption but had not found a significant impact on their physical activity and smoking behaviour. Remco had not been informed of the conclusions of this study and had missed the articles in the local newspapers. However, Karin had moved to the edge of her chair when she had read about it:

I feel the project's outcomes are far more positive. Mrs. Ronda had to stop her research two years ago to write her thesis and at that stage the project was only in the phase of raising people's awareness. Now I see people taking the next step by getting more and more involved in activities initiated by the project.

Thank you very much, Karin and Remco. It was an exciting opportunity for me to interview the two of you.

References

- RONDA, G.M. (2003). *The Dutch Health Community Intervention 'Hartslag Limburg': an evaluation*. Maastricht University thesis.
- RULAND, E. *et al.* (2001a) Hartslag Limburg Progress Report no. 1. Maastricht: GGD-ZZL.
- RULAND, E. *et al.* (2001b) Hartslag Limburg Progress Report no. 2. Maastricht: GGD-ZZL.
- RULAND, E. *et al.* (2002) Hartslag Limburg Progress Report no. 3. Maastricht: GGD-ZZL.
- RULAND, E. *et al.* (2003) Hartslag Limburg Progress Report no. 4. Maastricht: GGD-ZZL.