The present research aimed to examine the role and outcomes of a community-based food and health intervention in relation to processes of behavioural change and to the broader influences on health inequality. Community-based initiatives have been gaining in popularity as a method to direct health promotion efforts in areas of deprivation(1), although the success of these interventions for tackling indicators relating to health inequalities still remain under-investigated in the field of public health nutrition(2).

The present qualitative research adopted a phenomenological approach using ethnographic recording techniques (interview and observation). This combined stance enabled the reflection of both nutritional outcomes and broader social impact of the intervention. The investigation took place in Skelmersdale, West Lancashire, UK.

Thirty-eight mothers of young children (children aged <5 years) were interviewed. Eighteen women had participated in a community-based food and health initiative (scheme users). Twenty women had not participated in the scheme (scheme non-users). Key influences, enablers and barriers were examined from both scheme user and non-user perspectives to account for the effect of scheme participation and, importantly for public health research, to determine how much of change, if any, is socially influenced.

One of the main themes presented by the data for both scheme users and non-users was the influence of the built environment within Skelmersdale. A particular approach to ethnographic analysis was taken to present the data. Ethnographic fiction uses data from observations, interviews, field notes and reflections collected on a number of occasions to generate singular or multiple accounts(3). An ethnographic fiction is presented to illustrate the theme:

‘What is noticeable about the area in a fifteen minute walk from the office to the interviewee’s home is the lack of pavements, I was walking on the road side without protection from vehicles passing by. I mentioned this to Liz, ‘It’s a nightmare for the older people, absolutely horrific. The Skelm vision from when it was built in the sixties was to build the walkways to keep people away from the roads, because they had this utopian vision of people walking and subways being safe and all that, but then you want to walk by the road because usually it’s the most direct route or they’re the safest because there’s more people around. All the hidden little paths and everything, they thought it was safer for kids playing, but they didn’t realise the kids would have to walk in the road to get anywhere they wanted to go! It’s not too bad here where I live in the old town but I used to live in this estate and my best friend still lives up there, but to walk to her house from here I can either walk along the road, but if I wanted to walk the short way I have to push the pram on the road. And by the Concourse [local shopping centre] is particularly bad, and to ASDA there’s one path and there is that subway where people keep getting mugged in which people aren’t going to walk over are they. My husband’s not from round here and he couldn’t get over the complete death trap that it was when you’ve got to walk anywhere. Because he took my car to the garage and he come back on his bike, he said he thought he was going to get killed because there’s just nowhere where he can ride, it’s just an absolute nightmare. As for getting to the shops, unless you’ve got a car, you have to get a taxi or take the bus. The corner shop just sells ciggies and sweets, you can get nappies and some frozen food, toiletries, bread, milk, cheese things like that but only if you’re desperate, it’s too expensive otherwise. Then there’s the Concourse, there is a good fruit and veg shop but I only tend to go there if I’m in the Concourse already, there used to be a good butchers but that’s closed now. So really all we’ve got is the ASDA, they say it’s everything all under one roof but they don’t have everything and most the time it’s too expensive’.

These data suggest that road layout, lack of pavements, sprawling estates and personal safety were barriers to a healthy diet and lifestyle, predominantly for those not originally from the area. These findings exemplify the conclusions of previous research for providing upstream as well as downstream approaches to tackle health inequality(4).