# A healthy diet can cost less than junk food, says new research

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Parents of some obese children could save up to £6.58 each week by changing their shopping habits and opting for a healthier diet, according to research published in the latest issue of the [British Journal of General Practice](http://www.rcgp.org.uk/brjgenpract.aspx).

The study in the January issue on the theme of obesity shows that healthier eating does not have to be more expensive, challenging one of the commonly cited barriers to dietary change.

The research team, led by Professors [Julian Hamilton-Shield](http://www.bris.ac.uk/clinicalsciencenorth/imeg/profiles/jphshield.html) and [Debbie Sharp](http://www.bristol.ac.uk/primaryhealthcare/staff/sharpd.html) from the University of Bristol, analysed food diaries kept by the families of obese children and measured the costs of substituting healthy food options for unhealthy ones, finding that healthy eating can cost less than junk food.

The figures showed that healthier eating could cost no more than £2.31 extra a week, and that in some cases, savings of up to £6.58 a week could by made by switching shops.

The research tests the perception of both parents and some health professionals that healthy eating is, by necessity, more expensive.

It demonstrates that it is possible to switch from an unhealthy to a healthy diet, and still reduce food costs.

Professor Julian Hamilton-Shield, from the University of Bristol’s School of Clinical Sciences and Bristol Royal Hospital for Children, said: "Food cost is frequently cited as a reason for failure to address eating behaviours in clinical practice, and this study demonstrates that for many this is a perceived rather than real barrier."

The food diaries of obese children were analysed for various aspects of nutritional content then converted by qualified dieticians into ‘healthier option’ daily menus, following the guidelines of the ‘Eatwell plate’.

The participants’ diaries showed that on average they consumed 221 calories per day more than the estimated average requirements (EAR).

The adjusted healthier menus reduced this to just seven calories per day above the EAR.

Comparing the cost of the two menus if bought from budget supermarkets, mid-range supermarkets and local high street stores showed that shoppers at a mid-range supermarket who ate a diet of low nutritional quality could switch to a healthy diet by shopping in a budget supermarket and still save money.

While recognising that other factors play a part in diet – taste preferences, the time people are able to spend cooking, cooking skills, and other family circumstances – the results do suggest that as pressure grows on family finances, there are healthy eating options that will not break the bank.

In a separate study the same Bristol research team conducted a randomised controlled trial, the results of which showed that there is potential for primary care to be as effective as hospital clinics in managing child obesity, providing similar outcomes and levels of patient satisfaction.

The trial transferred a well-established hospital clinic to general practice.

If applied more widely, this approach could reduce the burden on the health service, as well as improving access to support and services for families.

Most obese children currently have limited or no access to services that could help them, as hospital based clinics are greatly over-subscribed.

Clinics in primary care settings would be more accessible for many families, and would reduce the pressure on hospital-based clinics such as the Care of Childhood Obesity (COCO) clinic at the Bristol Royal Hospital for Children, which was involved in the trial.