

FoodSEqual



Grocery purchasing and dietary patterns among UK households across social-economic-classifications

**Secondary data analysis using WorldPanel by Numerator and National Diet
and Nutrition Survey (NDNS).**

**Michelle Thomas,
David Fisher,
Carol Wagstaff and
Lisa Methven**

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Parallel 2: 2.1**

Agenda overview



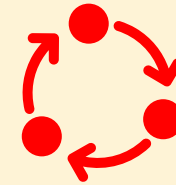
Diet and health inequalities

Food system factors that contribute to diet and widening health inequalities



Key data sources

National Diet and Nutrition Survey
Years 9-11
Worldpanel by Numerator



Method

Alignment of socio-economic classification between the data sets



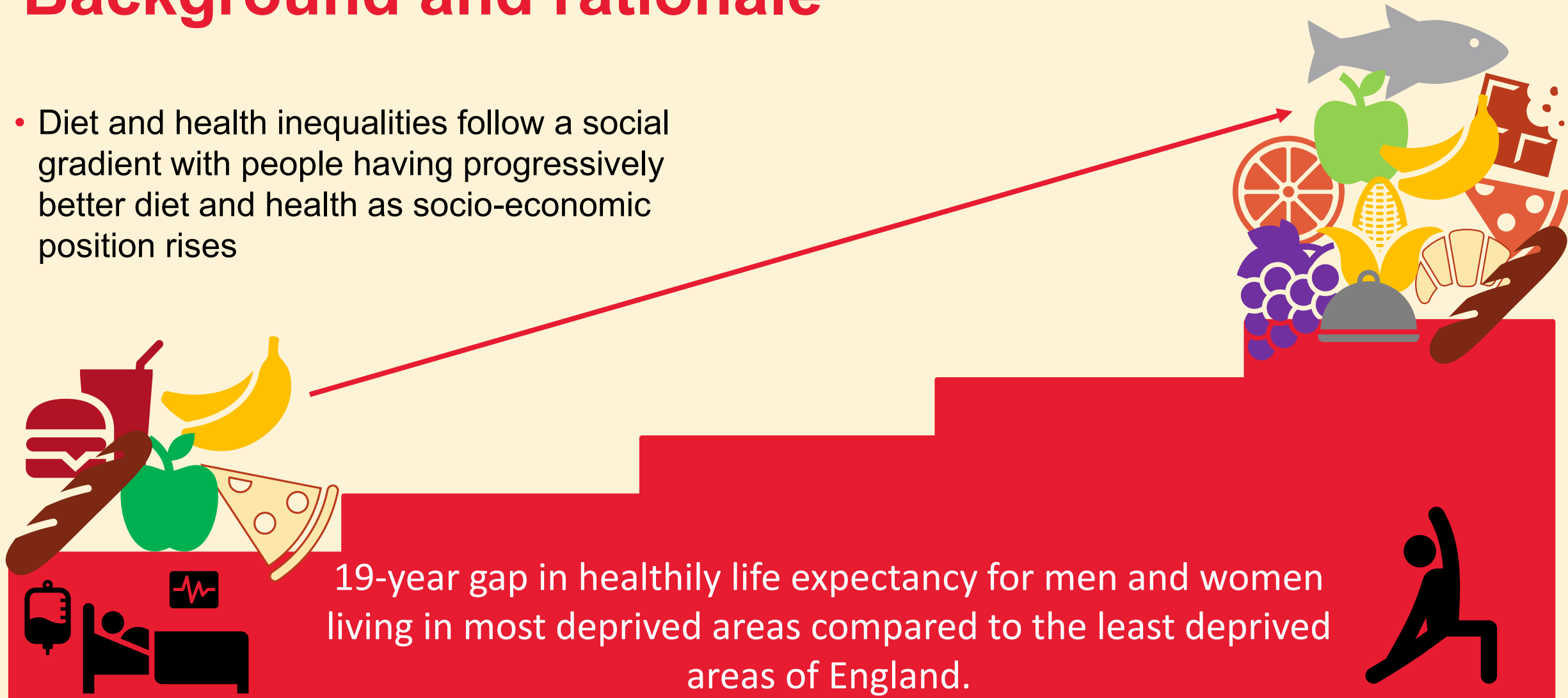
Results

Fruit, vegetables, white bread

Recommendations

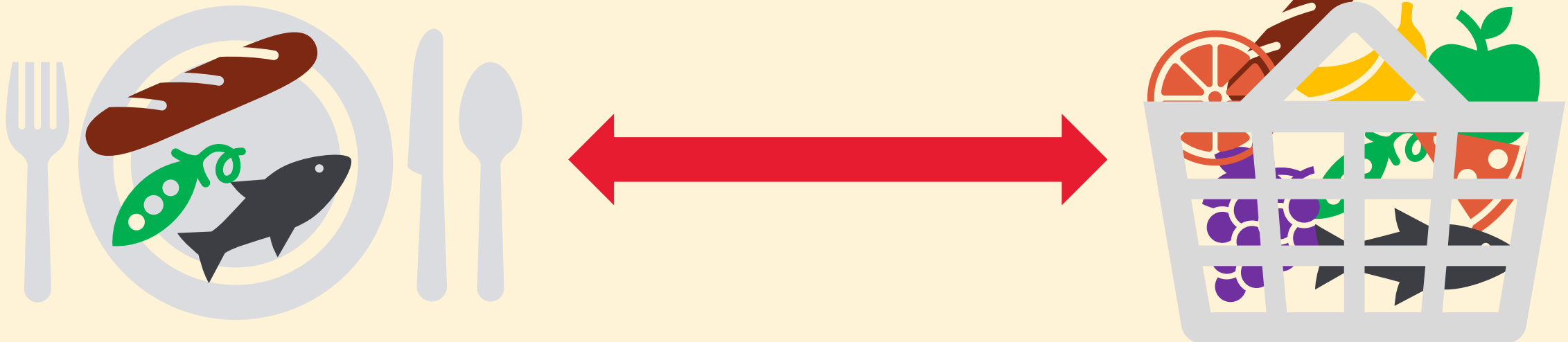
Background and rationale

- Diet and health inequalities follow a social gradient with people having progressively better diet and health as socio-economic position rises



Research question

- How do dietary intake patterns from NDNS reflect or diverge from purchasing patterns across socio-economic classification?





W Worldpanel

by Numerator

Datasets

- 30,000 UK households
- Designed to reflect the diversity of households in England, Scotland, and Wales
- Socio-economic classification derived from National Readership Survey
- Data are collected on a four-week cycle, producing 13 data points per calendar year
- GB Take-Home Panel, 4 w/e, 01 Jan 2018 – 27 Dec 2020.

Higher SEC

AB (Higher and intermediate managerial, administrative and professional occupations)

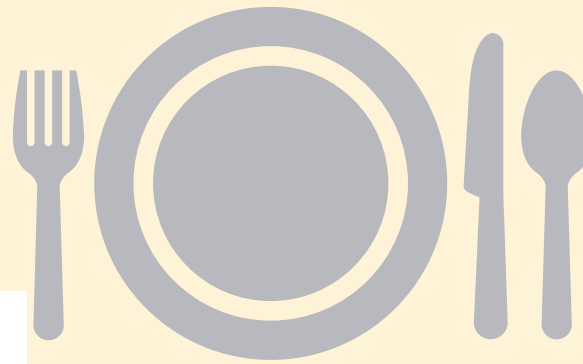
C1 (Supervisory, clerical, and junior managerial, administrative and professional occupations)

C2 (Skilled manual occupations)

Lower SEC

D (Semi-skilled and unskilled manual occupations)

E (State pensioners, casual and lowest grade workers, unemployed with state benefits only).



National Diet and Nutrition Survey

Rolling programme Years 9 to 11
(2016/2017 to 2018/2019)

Datasets

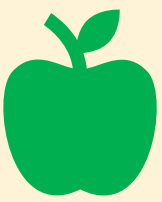
- Continuous cross-sectional survey of around 1000 free living individuals aged 1.5 years plus (500 adults and 500 children) per year
- Representative of the general UK population
- Socio economic classification derived from NS-SEC
- 4-day estimated diet diary at one time point

Higher SEC

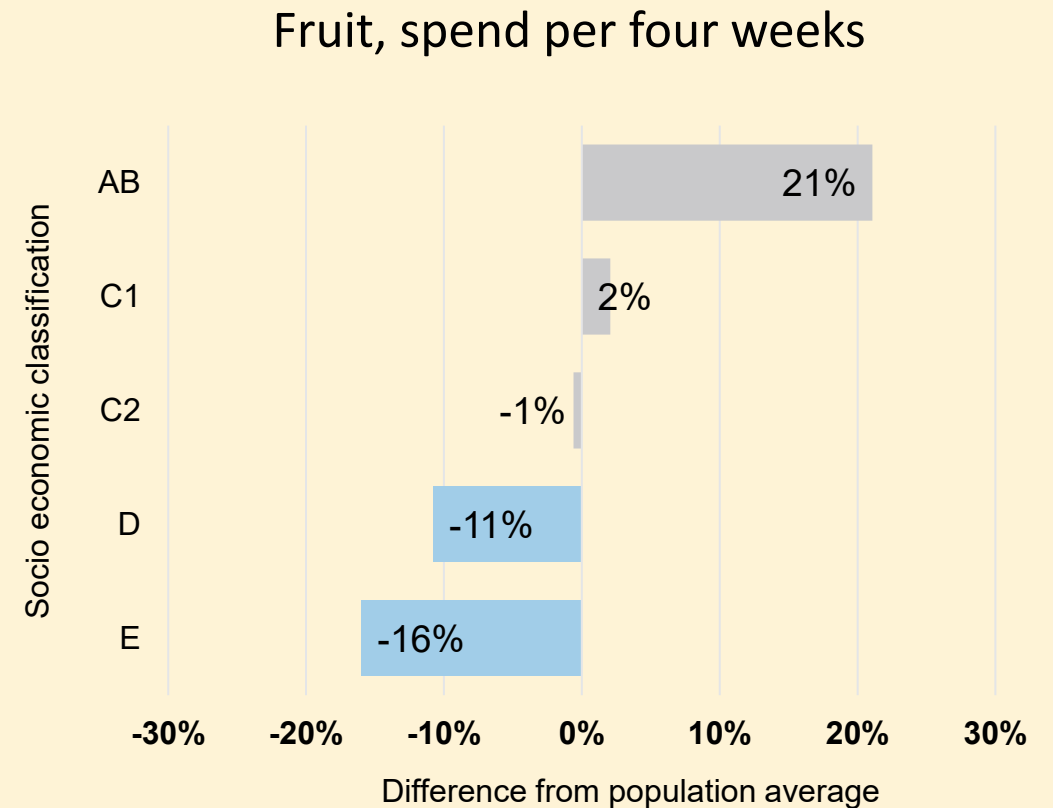
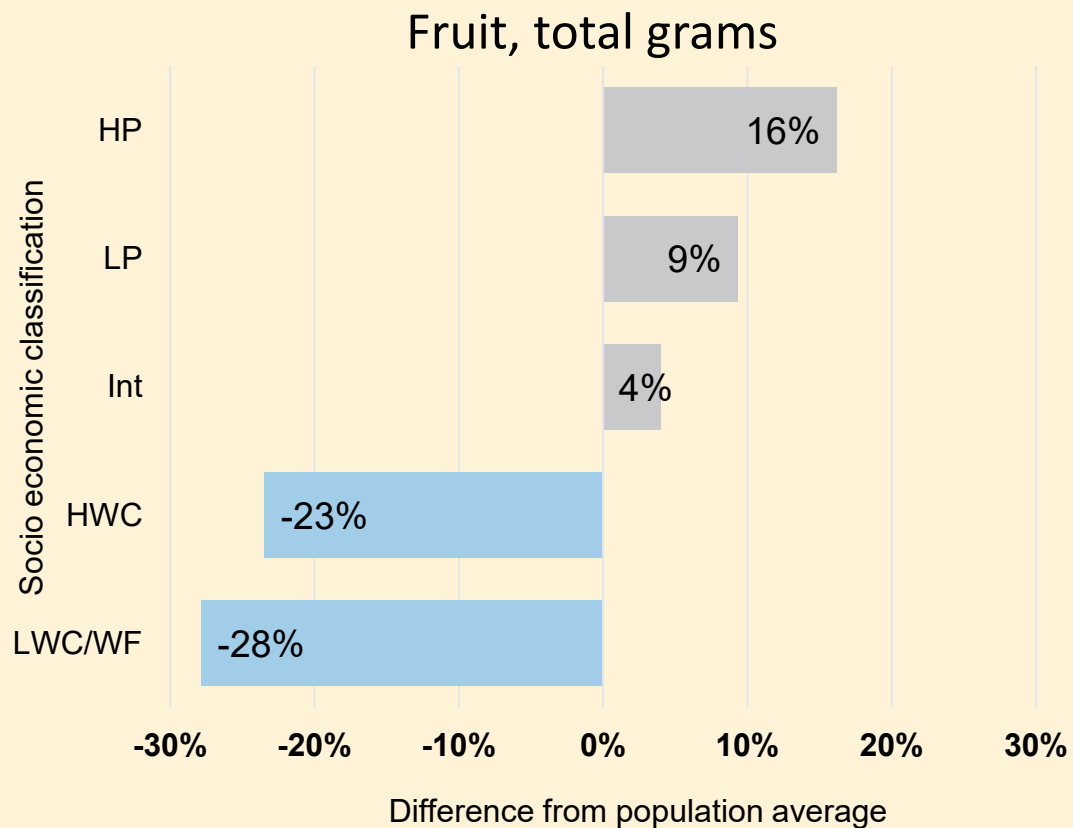
1. Higher managerial, administrative and professional occupations
 - 1.1 Large employers and higher managerial and administrative occupations
 - 1.2 Higher professional occupations
2. Lower managerial, administrative and professional occupations
3. Intermediate occupations
4. Small employers and own account workers

Lower SEC

5. Lower supervisory and technical occupations
6. Semi-routine occupations
7. Routine occupations
8. Never worked and long-term unemployed



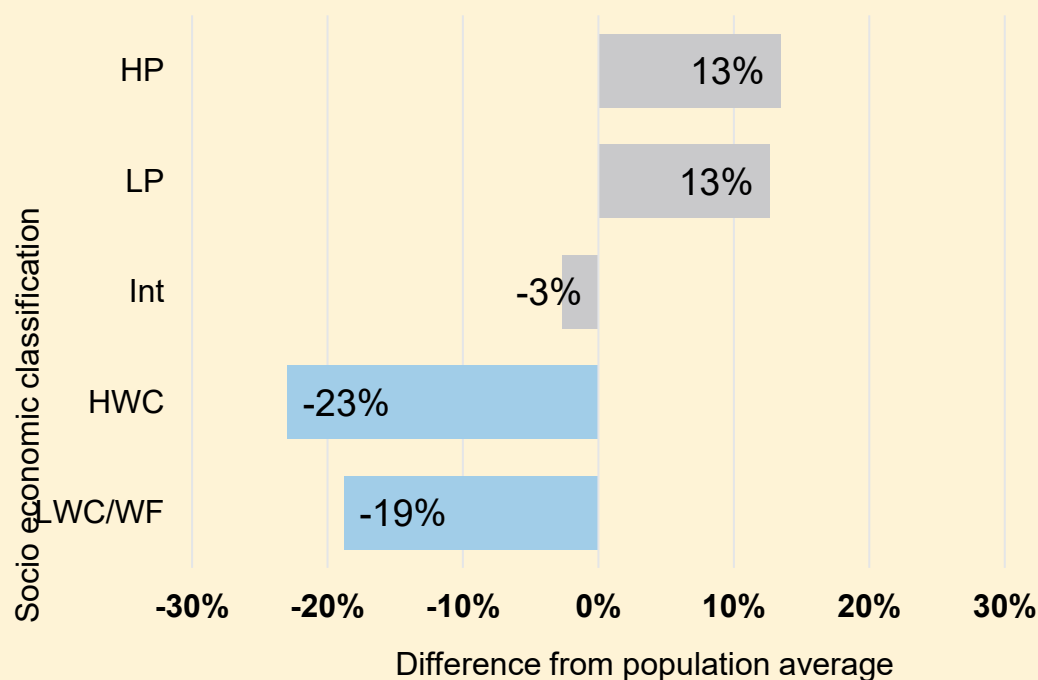
Results: Percentage difference from population average, Fruit



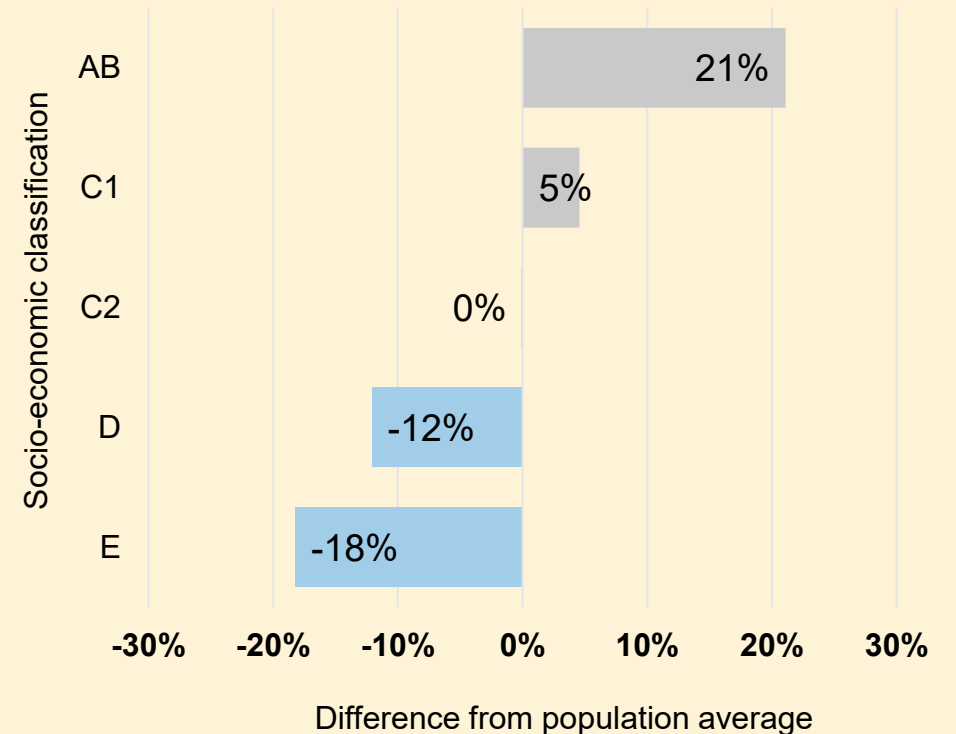


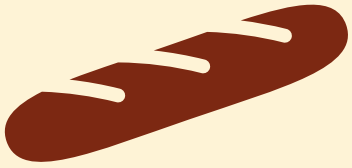
Results: Percentage difference from average, Vegetables

Vegetables, total grams

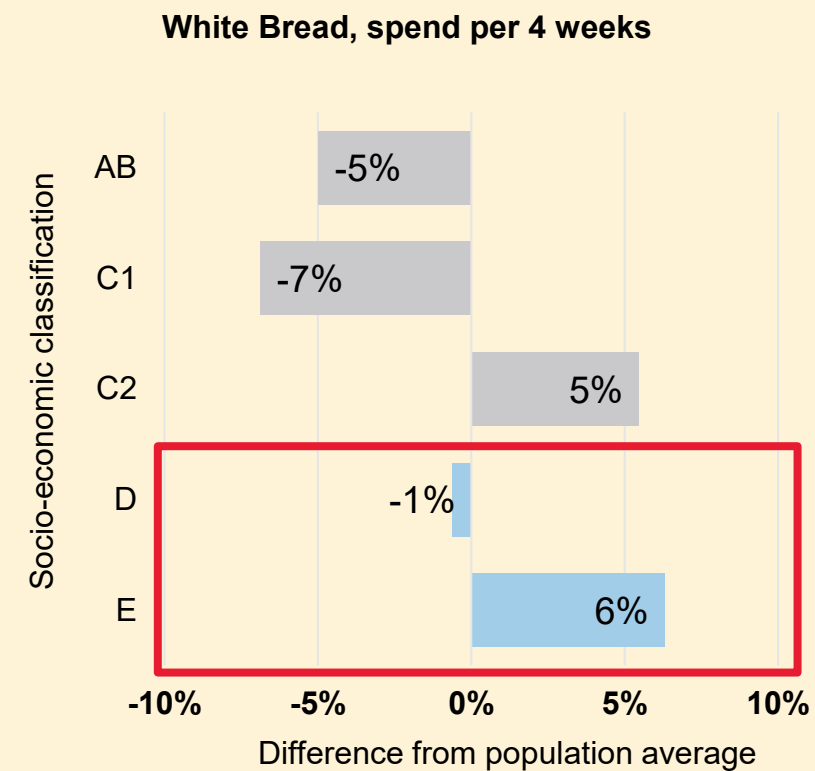
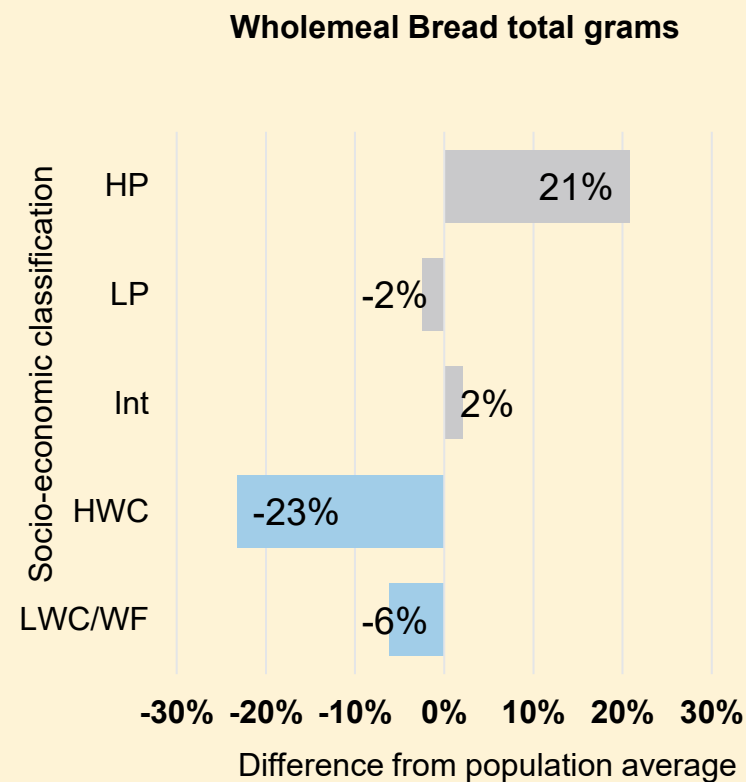
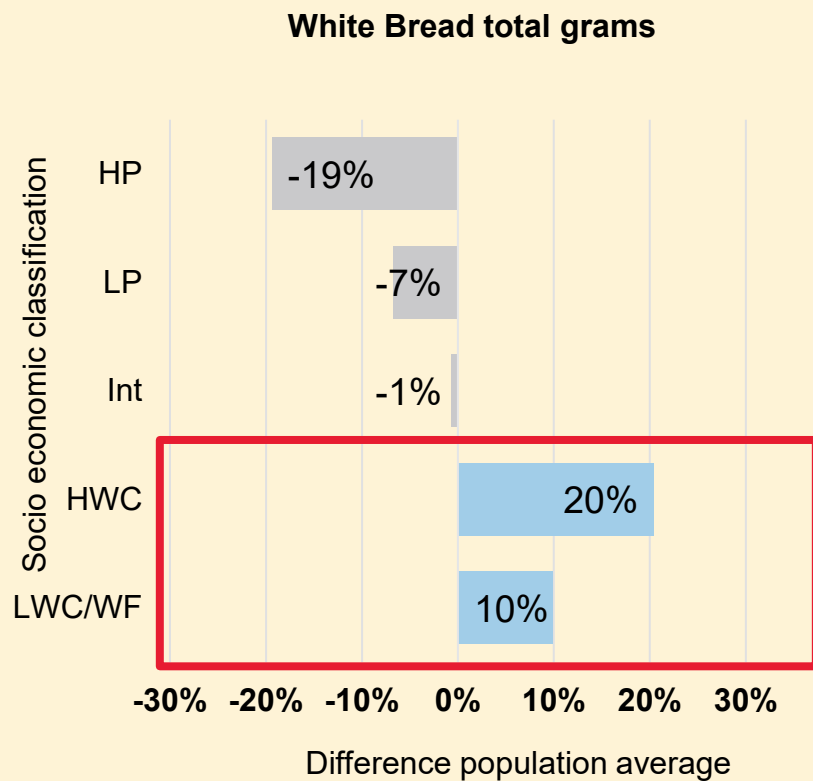


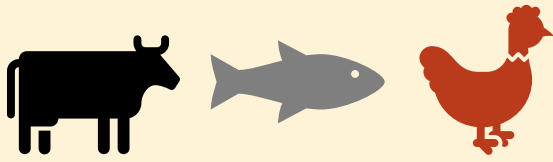
Vegetables, spend per four weeks



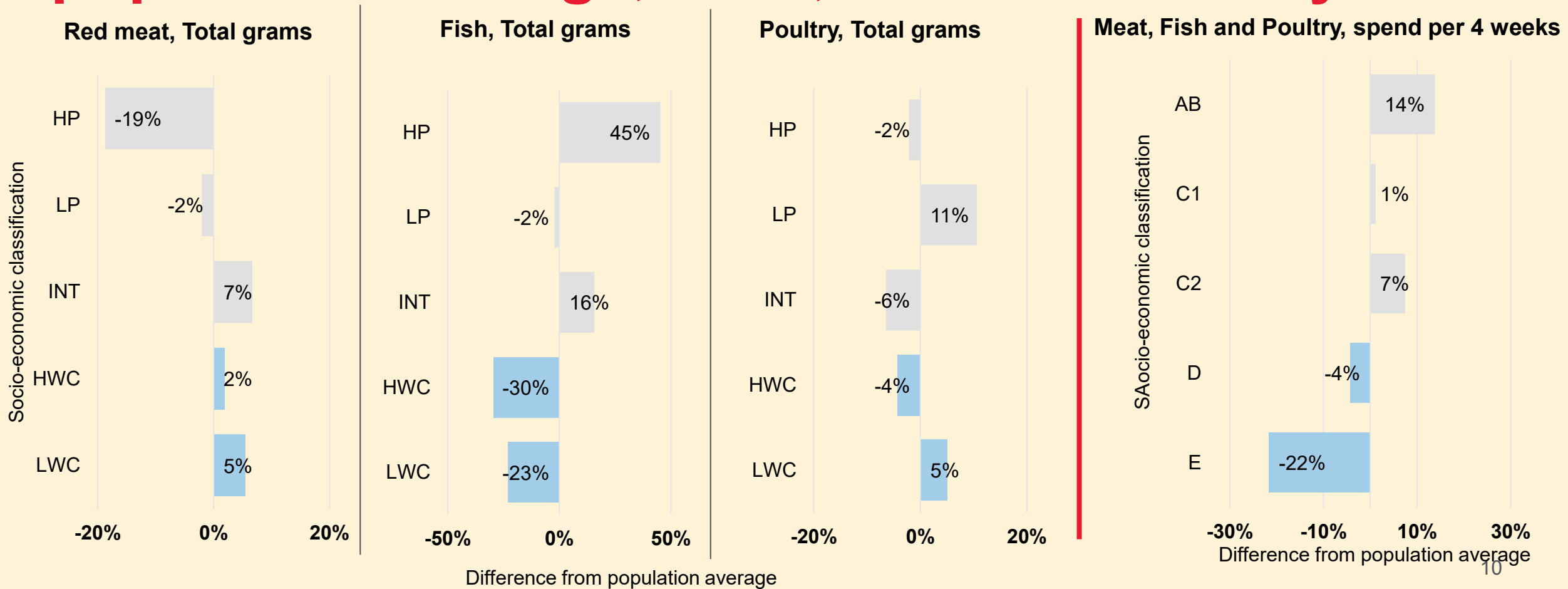


Results: Percentage difference from population average, Bread





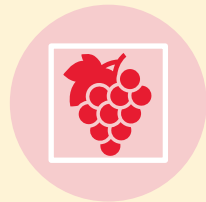
Results: Percentage difference from population average, Meat, Fish and Poultry



Conclusion



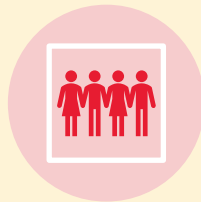
Whilst NDNS gives us insight into what is consumed, it is limited by sample size; combining it with shopping basket data provides insight into foods entering a household and increases confidence of conclusions drawn across socio-economic groups



Limitations: National level data does not provide the “Why” certain foods are consumed



Shopping basket data and dietary intake data both demonstrate there is a “diet gap” across the socio-economic gradient



Limitations: Granularity of the data, regional level, small sample size of population groups with low income/ living in most deprived areas/ lower SES



Adopting a mixed method approach in dietary studies can enhance understanding of the “what” and “why”

Recommendations

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Future research:

- Quantitative and Qualitative studies investigating shopping habits and diet are required at the local level (e.g. LSOA/MSOA) to gain insight into local population groups “needs”
- This can support tailoring interventions specific to “dietary gaps” to address diet related health inequalities.