

Action to address obesity inequalities through food in the wake of COVID-19

What do we know and what more do we need to know?

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A Reminder What Needs to be in Place to Effectively Tackle Obesity Through Food

The Seven Fundamentals



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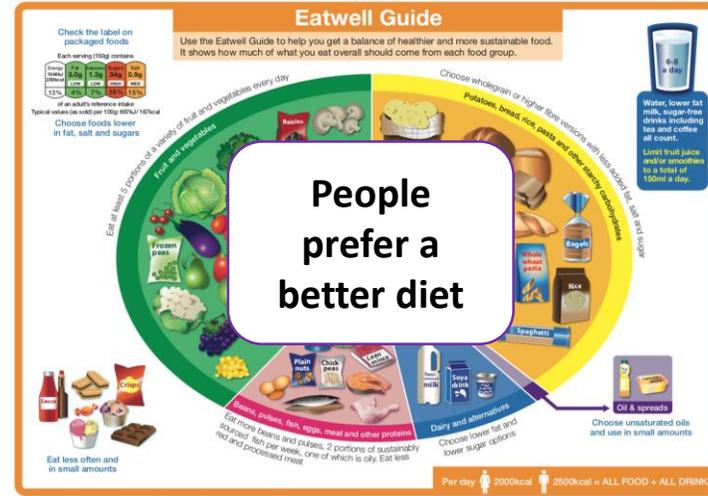


7. People are prompted to buy better diets (and not a worse diet)



1. People have the necessary knowledge & information about a better diet

2. People can afford a better diet (and less of a worse diet)



6. People have social support to eat a better diet (and less for a worse diet)

5. People have assets, time, psychological capacity to prioritise better diets

4. People have the skills and literacy to access, buy & prepare a better diet & avoid a worse diet

3. People have convenient access to a better diet (and less to a worse diet)



How might COVID-19 have changed this?

ONE. People have the necessary knowledge & information about a better diet

TWO. People can afford a better diet (and less of a worse diet)

What we know from existing surveys

- Increased concern about body weight and eating more unhealthily overall.
- Increased food insecurity

How might COVID-19 have changed this?

THREE. People have convenient access to a better diet (and less to a worse diet)

What we know from existing surveys

- More fruit and vegetables being bought, although this also appears to be more in the medium to high-income groups.
- Increase in use of alternative veg/fruit schemes. Shopping in different places and supporting local businesses more,
- Mixed reports on fast food consumption – potentially less owing due to the closing of many outlets, fears of contamination and tighter budgets, while also reports of online ordering, increased use.
- Reported more water, less sugary drinks
- Reported sharp decrease in the fruit and vegetable intake of children from lower-income households in receipt of Free School Meals.

How might COVID-19 have changed this?

FOUR. People have the skills and literacy to access, buy & prepare a better diet & avoid a worse diet

FIVE. People have assets, time, psychological capacity to prioritise better diets

What we know from existing surveys

- Increased interest in developing cooking skills and experimenting with new foods, brands and recipes found online, particularly in young people.
- (Non-key worker) families spending more time eating together and preparing food from scratch together at home
- Increased engagement in growing food at home, but this seems to be more among people with a higher income.
- Higher awareness of food waste & planning when shopping and freeze or use up food as much as possible.
- Increase in snacking on biscuits, cakes, crisps, confectionary as a treat/comfort food, especially for teenagers lacking the structure of school and activities (too much time?)

How might COVID-19 have changed this?

SIX. People have social support to eat a better diet (and less for a worse diet)

SEVEN. People are prompted to buy better diets (and not a worse diet)

What we know from existing surveys

- More social isolation
- Unhealthy food advertising continued – emotional branding
- Impact on price promotions?
- More snacking etc
- Reported more water, less sugary drinks

The big question: inequalities – are some better off and others worse off?

Potential policy opportunities to tackle inequalities?

Local government

- Cooking skills provision
- Provision of more spaces in cities to grow food; vouchers and subsidies for soil, seeds and equipment; provide incentives for people without a garden to grow their own food.
- Financial incentives to encourage local food markets and retail diversity
- Transform fast food

National government

- Flexible workplaces and working hours to allow people to spend more time preparing and eating food as a family.
- Tighter restrictions on marketing and promotions of unhealthy food. A survey by the Obesity Health Alliance showed these are likely to be more acceptable to the public now.

Centre for Food Policy Response: How is COVID-19 shaping families' relationships with food and the food environment?

- We do not know a) if these changes will last, b) how embedded they have become, or c) how they relate to our experiences of the pandemic and its aftermath more broadly (beyond superficially).
- We want to provide evidence that will assist the DHSC's obesity strategy in the long term and thus we need evidence than looks beyond these immediate changes.
- Understanding the inequality component requires sustained and in-depth exploration of how people's food lives are changing over the next year and beyond.

We intend to find out...

- In what ways have families' experiences of, engagement with, and feelings about food changed since the onset of COVID-19, and how do they continue to change?
- How are families' food practices changing, and how do they continue to change?
- What aspects of COVID-19 & the response to it are shaping these changes and how is this happening?
- In light of these changes, how should existing public health policies aiming to prevent and reduce childhood obesity be adapted or augmented?

Methods

- A qualitative, longitudinal **virtual** study
- 12-18 months duration
- Engaging 60+ families living in urban areas of England
- At least one child in school or nursery
- Equal numbers high, middle & low SEP
- Recruitment via social media and pre-established contacts
- In-depth interviews, photo-elicitation, and mapping

In a second, larger study we will assess how people in London experience existing obesity policy in new COVID-19 context



Thank you!

- With contributions from Dr Anna Isaacs and Kimberely Neve, Centre for Food Policy
- Summary of existing surveys
 - <https://nutritionconnect.org/resource-center/blog-33-healthy-eating-can-covid-19-shape-opportunities-future-policy>