

Policy Extract

[Bite Size: Breaking down the challenge of inner-city childhood obesity](#)

This report explores how the characteristics of an inner-city setting contribute to the behavioural drivers of childhood obesity. We focus on three key characteristics of these settings: deprivation, diversity and urbanisation.

KEY FINDINGS

Deprivation

There is a strong but complex relationship between socioeconomic status (“SES”) and childhood obesity. Low incomes directly constrain the diet and exercise choices families can make. Education levels, along with the cognitive burden of living under financial strain, are also associated with and contribute to the behaviours that lead to higher rates of childhood obesity. Interventions should make positive behavioural change as easy possible. That is, minimising the time, effort and costs of improving the diet and exercise of children is not only more likely to be effective, it is also less likely to lead to health inequalities than interventions which require greater effort. This would, for example, favour in-store interventions discouraging bulk purchases of high-energy food over dietary advice and meal planning.

Urban environments

Some aspects of the built environment encourage behaviours that lead to childhood obesity. Research struggles to unravel the precise relationship between the characteristics of an area, the people who live there and their health outcomes. However physical aspects of the environment - along with people’s perceptions of it - clearly have an impact on behaviour. Changing the physical environment is important but also likely to take a long time and be costly. A more pragmatic approach would be to change how people think about the environment they live in. This could be for example reframing the school run as an opportunity for exercise or encouraging people to consider shopping in healthier stores that might only be an extra few minutes’ walk from home.

Diversity

Inner-city areas are often ethnically diverse. There is some research into ethnic differences in childhood obesity and cultural differences in diet and exercise behaviour. Evidence suggests that whilst there are cultural differences in behaviours that contribute to childhood obesity, far more is common across groups than is different. Therefore, although interventions should take account of cultural or language differences, these differences do not require wholly distinct approaches. Rather cultural differences might best be seen as offering protective factors – for example, opportunities to increase the scope of interventions by making use of networks and focal points in the community.

Complexity of the problem

The relationship between deprivation, diversity and the urban context is often unpredictable and nonlinear. Despite this, the complexity of what drives childhood obesity does not mean that interventions must be equally complex. Indeed, a broad range of relatively simple interventions - applied consistently at both the individual and community levels has the most potential to tackle childhood obesity when aggregated at the population level.