

# Tackling Childhood Obesity

## Creating a Healthy Food City and an Active City Environment

An upstream approach



**Making a positive difference** everyday to people's lives

# OBESITY IN BIRMINGHAM

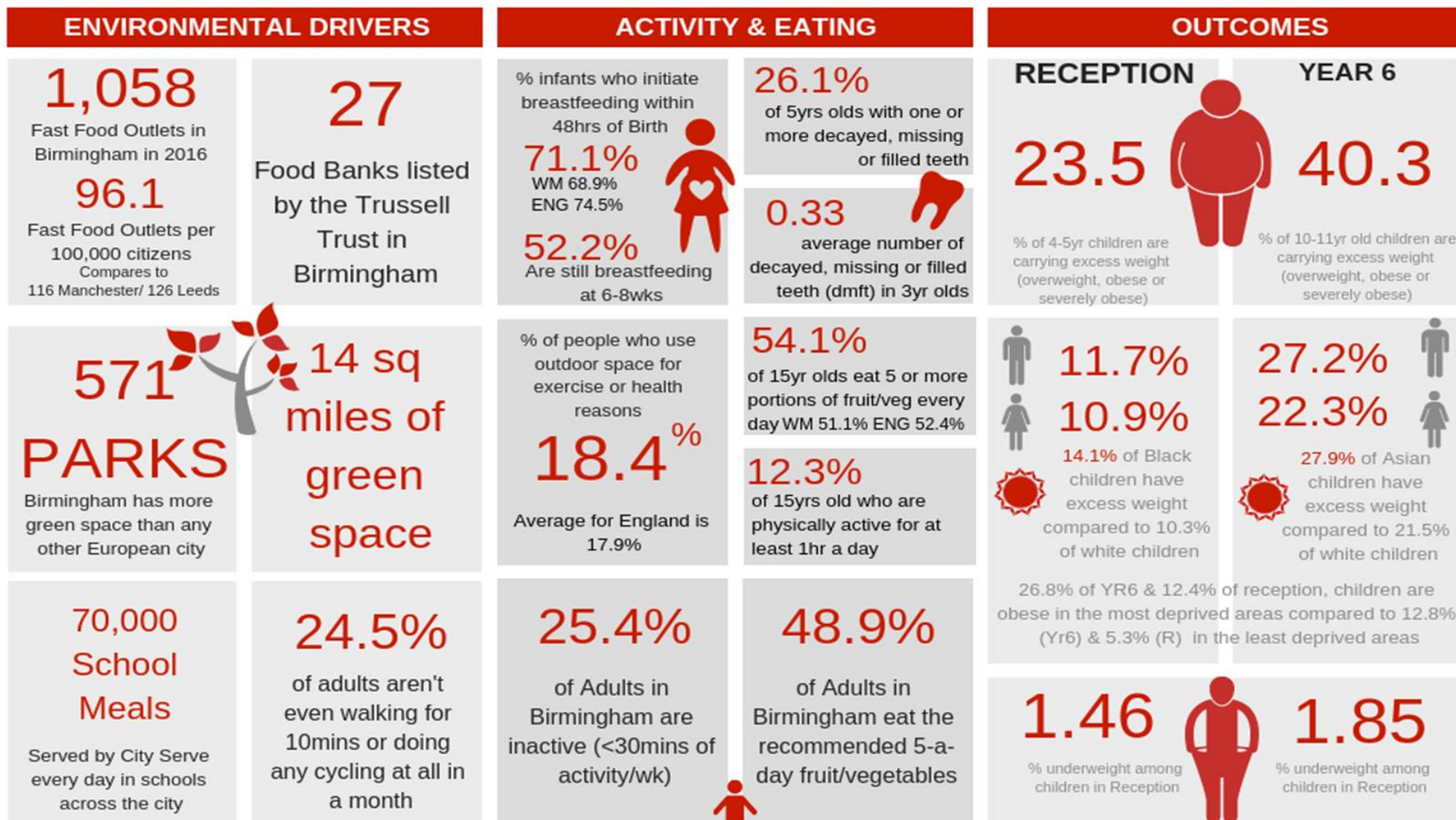


# Framing the Issue

## OBESITY IN BIRMINGHAM WORKING TOWARDS A HEALTHY CITY



Public Health, March 2019  
Not to be used without permission.  
Numbers have been rounded



# BIRMINGHAM

## WORKING TOWARDS A HEALTHY CITY: HEALTH INEQUALITIES

### BIRMINGHAM POPULATION

1,137,123

56.3%

Birmingham  
Population  
Est. Population 2017  
1,073,045  
Census 2011

of Birmingham  
residents live in the  
20% most deprived  
areas in England

### LIFE AT THE BOTTOM

People who live in the  
most deprived 10% are:

3x

MORE LIKELY TO



be ADMITTED  
for PREVENTABLE  
CONDITIONS



DIE  
PREMATURELY  
from PREVENTABLE  
CONDITIONS

### AT RISK & VULNERABLE

8%

OF ALL IN-PATIENTS  
are of  
BLACK ETHNICITY  
*more than expected*

BLACK ETHNICITY

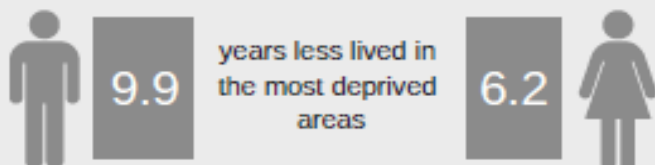
12% IN-PATIENTS  
with MENTAL  
ILLNESS

9% A&E  
PSYCHIATRIC  
ATTENDANCES

*2x more than expected*

### LIFE EXPECTANCY

84.6 MOST AFFLUENT 86.4



74.7 MOST DEPRIVED 80.2

People who live in the  
most deprived 10% are:

3x

MORE LIKELY TO



be IN CONTACT  
WITH MENTAL  
HEALTH  
SERVICES



have a  
LONG TERM  
CONDITION

SEVERE  
MULTIPLE  
DISADVANTAGE  
measured as

Substance Misuse  
Homelessness  
Offenders

6,700

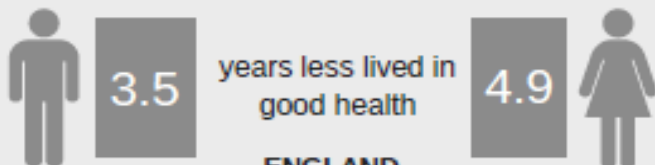
affected by 2 SMD  
B'ham & S'hull

2,000

affected by 3 SMD

### HEALTHY LIFE EXPECTANCY

59.9 BIRMINGHAM 58.9



63.4 ENGLAND 63.8

128,655

CHILDREN LIVE  
IN THE MOST  
DEPRIVED 10%

aged 0-15 years

1 IN 4

CHILDREN LIVE  
IN POVERTY



Supported Adults with learning disabilities

1%

are in  
paid employment

64.1%

live in stable  
accommodation



# BIRMINGHAM CHILDREN AND YOUNG PEOPLE

## POPULATION

**324,730**

Birmingham's  
under 20  
Population

**29 %**

of total population  
(England 24%)

Our population  
aged under 20 is  
expected to grow  
to 350,500 by 2029

0-4yrs

**85,190**

5-9yrs

**82,670**

10-14yrs

**76,680**

15-19yrs

**79,890**

Est. Population 2017 rounded

## DIVERSITY



Created by MRF4  
from Noun Project

Birmingham's 0  
- 15 Population  
from BAME  
background

**59 %**

(England 22 %)

## INEQUALITIES

**1 IN 4**

CHILDREN LIVE  
IN POVERTY



**9.2 %**

16-17yrs  
NOT IN  
EDUCATION,  
EMPLOYMENT OR  
TRAINING

(England 6%)

**67**

Per 10,000 0-18yr olds

CHILDREN  
IN CARE

WM: 78 Eng: 64

CHILDREN  
ACHIEVING A  
GOOD LEVEL OF  
DEVELOPMENT  
AT THE END OF  
RECEPTION

**68 %**

(England 72%)

## ASSETS

Number of  
schools

**297**

Primary

**87**

Secondary or  
all-through

**27**

Special



**73**

Children's  
centres and  
linked sites

THE CITY HAS

**5**

UNIVERSITIES  
HOUSING

**87,400**

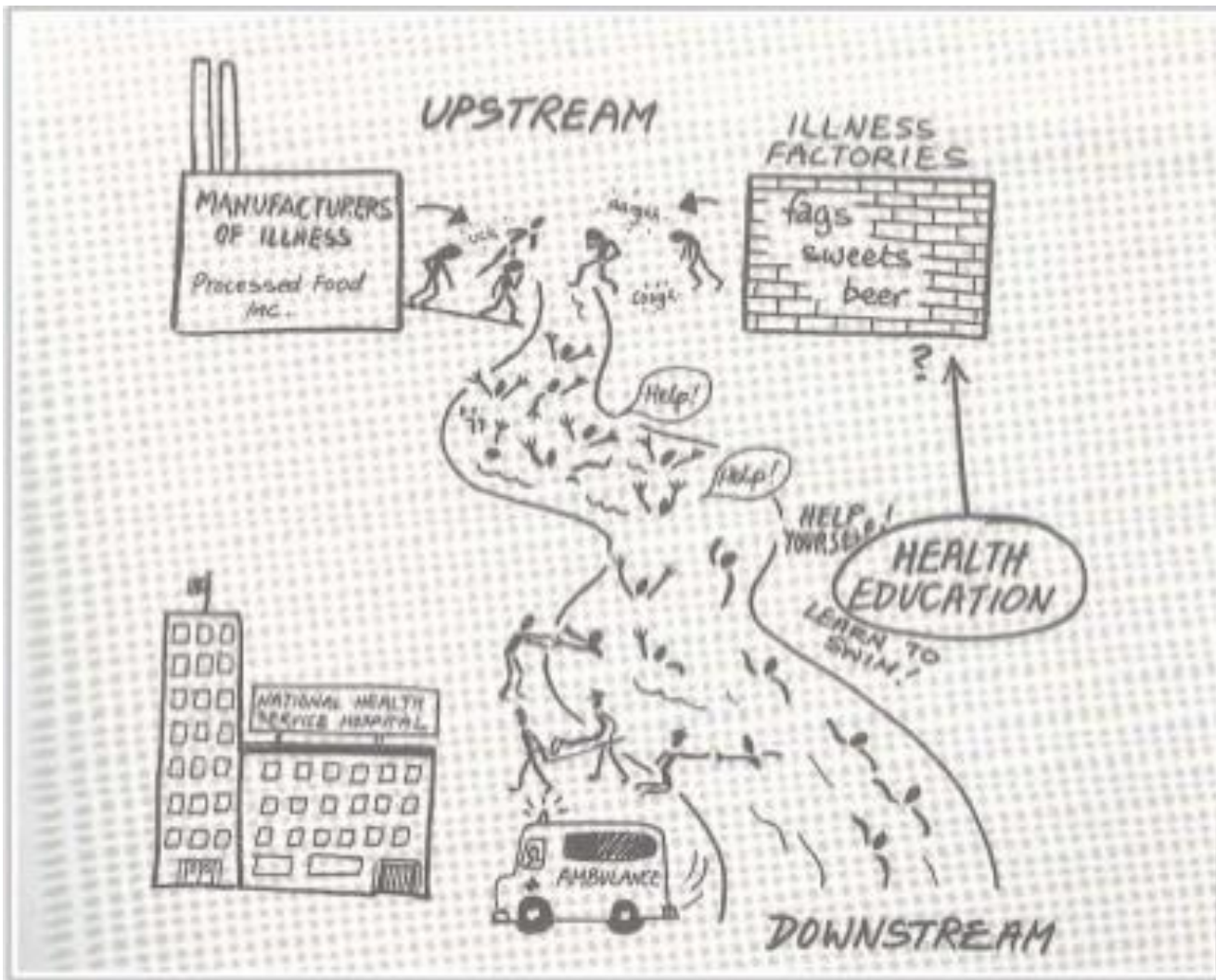
STUDENTS



# AN UPSTREAM APPROACH THE BIGGER PICTURE



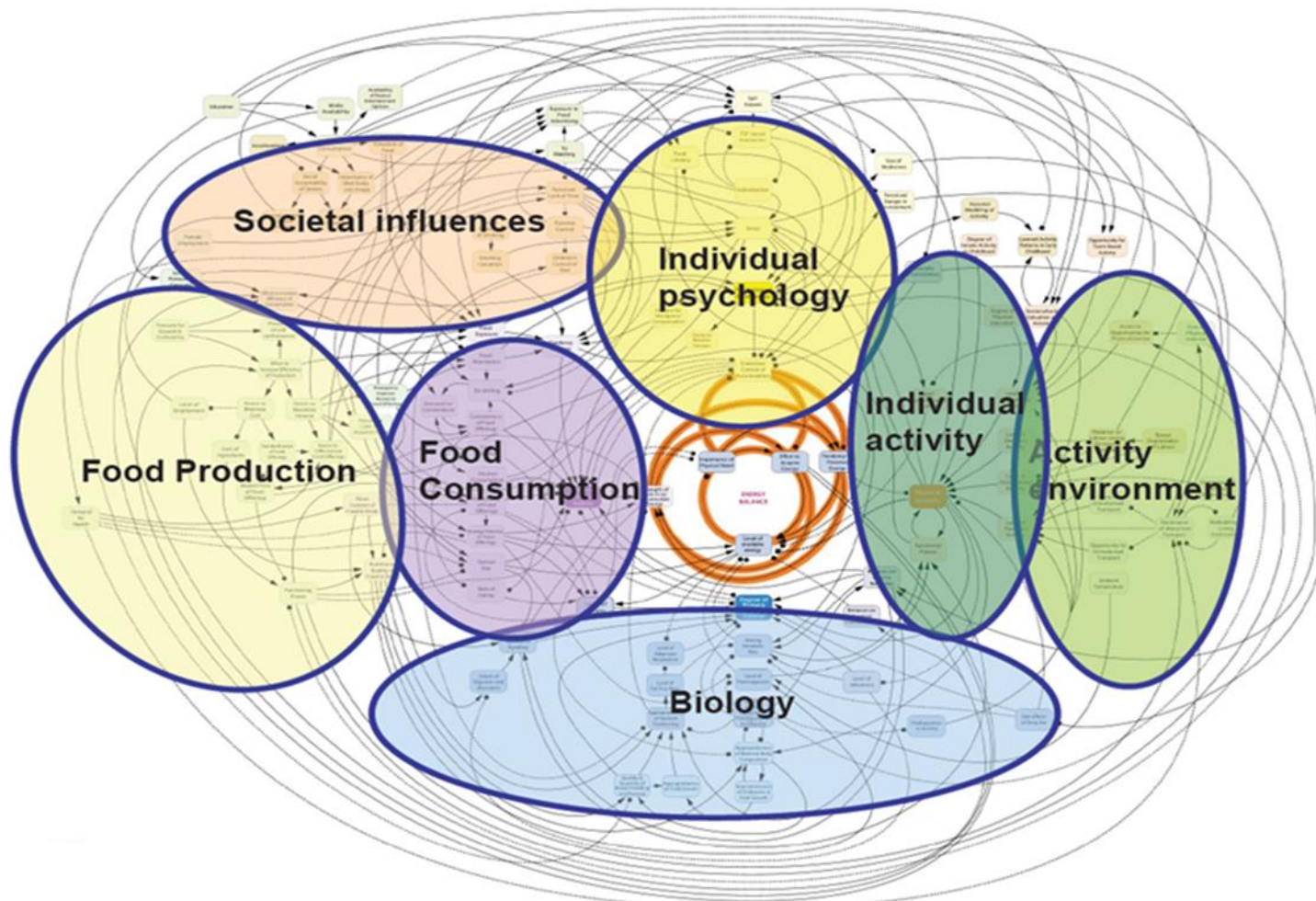
# The need for an upstream approach



This is where we need to be



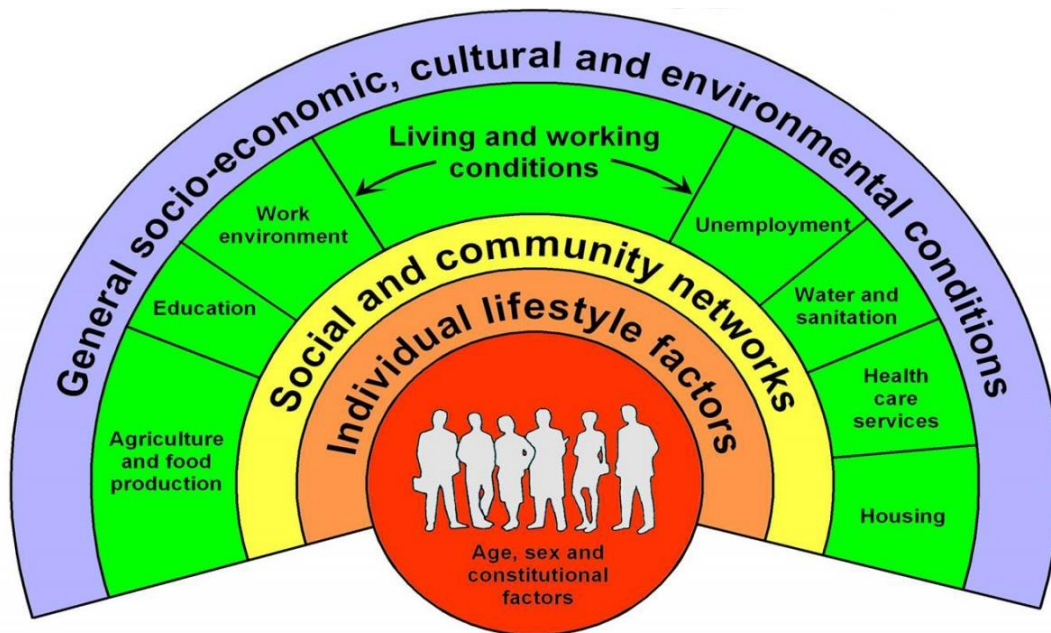
This is where we are



Foresight Map  
(2007)  
demonstrating  
the main  
influencing  
spheres that  
drive obesity.

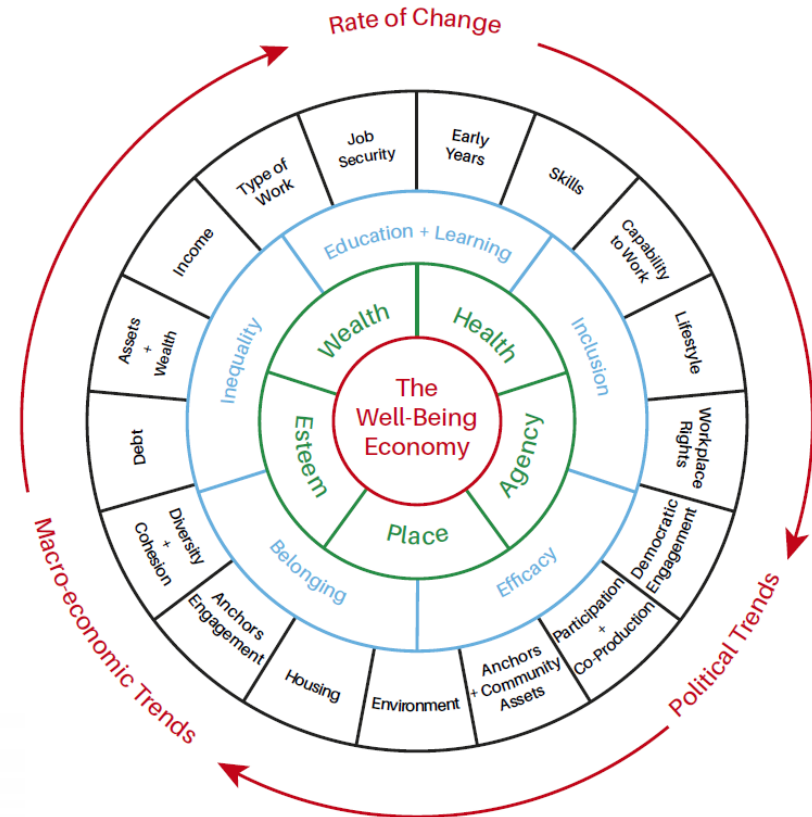


Models such as the (1991) Dahlgren & Whitehead ‘Rainbow’, and the (2019) Reinhardt Model show how the wider determinants of health are inextricably linked to our health and wellbeing outcomes, this is reinforced by the (2007) Foresight Map, showing the 7 domains that are influencers of overweight and obesity.



Source: Dahlgren and Whitehead, 1991

The Reinhardt Model



[An economic thinker's guide for health practitioners]

Foresight Indicator	Physical Activity	Food & Nutrition	Other	Impact Metrics
Societal Influences				
Food Production				
Food Consumption				
Individual Psychology				
Individual Activity				
Activity Environment				
Biology				

# A Shared Partnership Priority



Tackle upstream economic levers, including to create strong incentives for retailers to reduce foods HFSS and to offer healthier alternatives.

Consider how Section 106 money can be routinely allocated to contribute to the delivery of a healthy food city and an active environment

Focus on the health consequences of obesity, such as diabetes, rather than obesity itself

Incentivise the food sector and promote healthier options as 'norm' and develop skills and education to drive this approach in the local economy.

Ensuring that food/catering contracts reflect good nutrition and contribute to an energy balance

Introduce toolkits to evaluate the success of obesity interventions and policies throughout the whole of the delivery chain

### Getting Upstream At Scale

Work with communities to take an asset-driven approach to reduce the demand for foods high in fat, salt and sugar and increase habitual physical activity and planned activities and sports

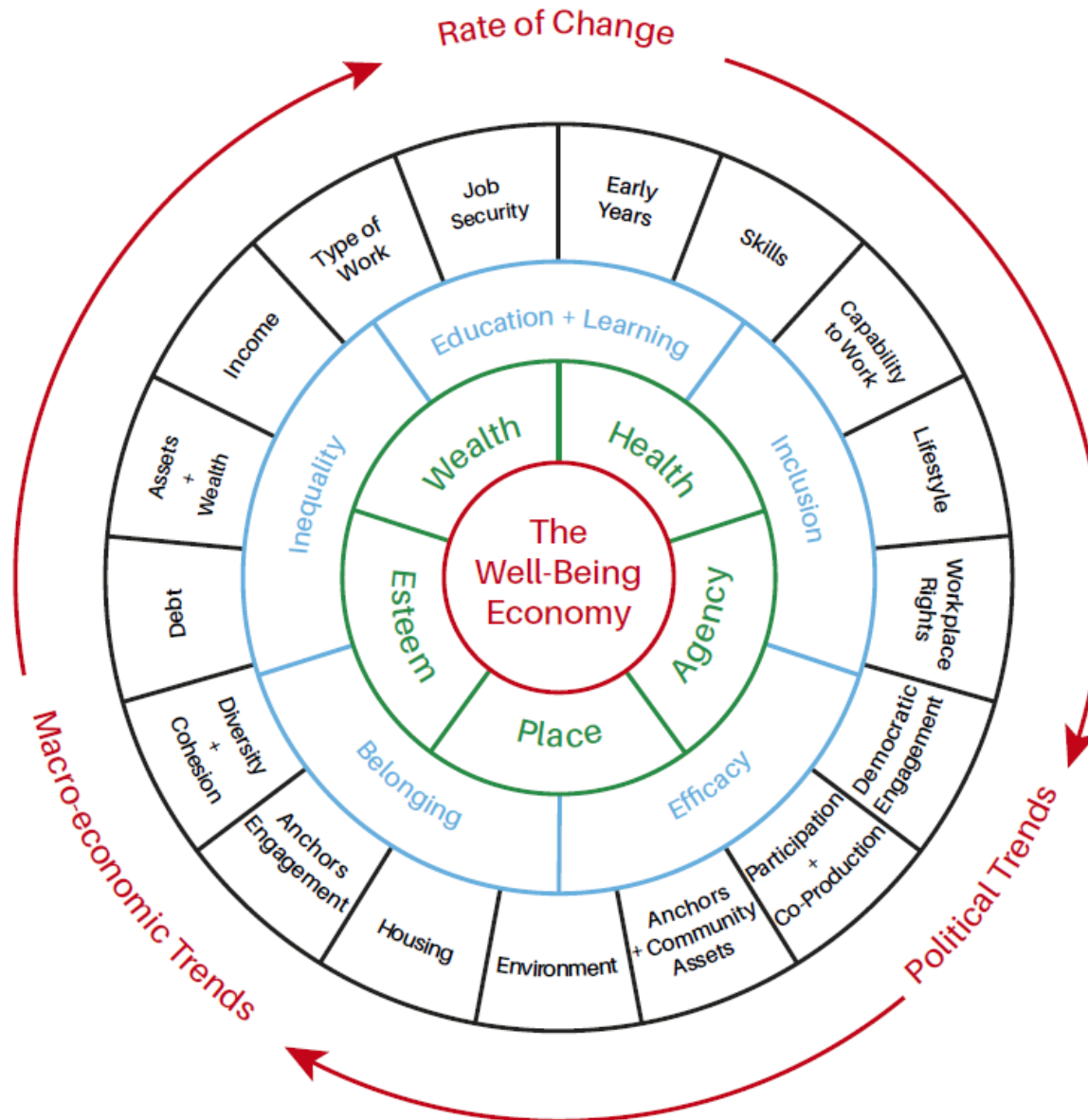
Introduce health as a significant criterion in all planning procedures (including new build and upgrading of the current infrastructure)

Carefully consider the communication strategy of different policies to ensure a 'joined-up' approach to prevent unintended consequences.

Work to implement nudge opportunities with retailers and employers (redistribution of healthy foods in substitute of unhealthy ones, at point of sale fixtures), including LA and NHS.



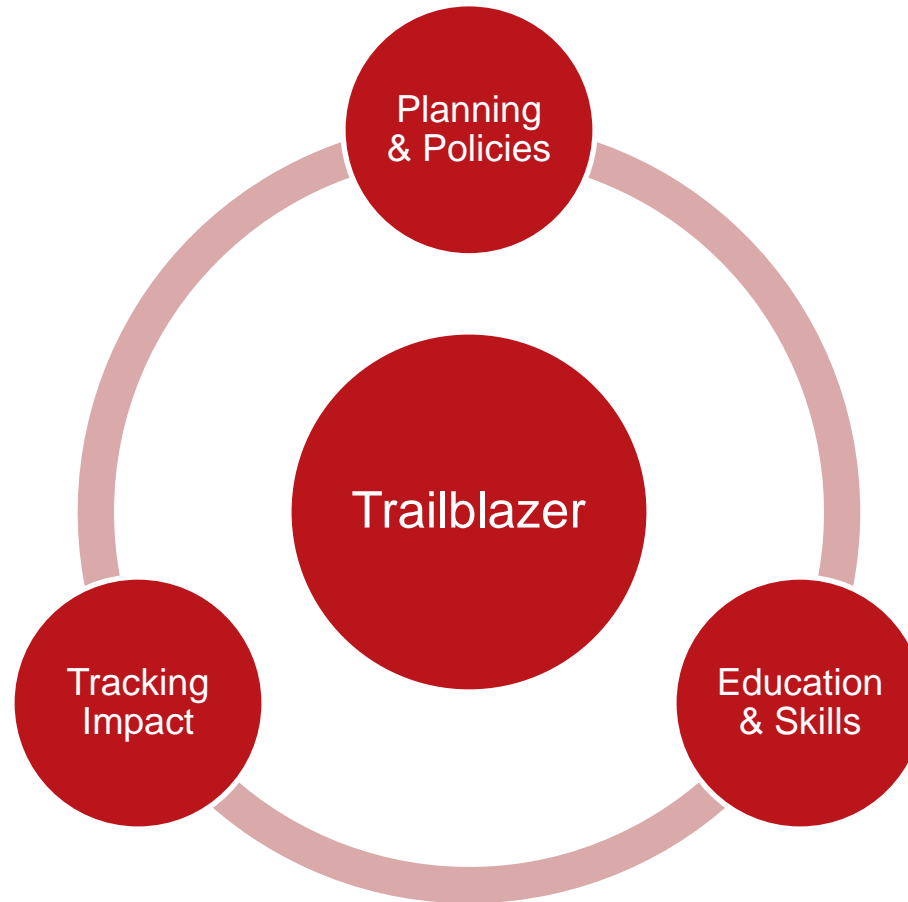
## The Reinhardt Model



# Creating a Healthy Food Economy At Scale

[An economic thinker's guide for health practitioners]

# A working example: Our Model *The Trailblazer*





**@BhamCityCouncil**



**@birminghamcitycouncil**



**@bhamcitycouncil**



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