# **Tackling Childhood Obesity**

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

An upstream approach





# **OBESITY IN BIRMINGHAM**



# Framing the Issue

# OBESITY IN BIRMINGHAM

WORKING TOWARDS A HEALTHY CITY

Birmingham City Council

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

#### **ENVIRONMENTAL DRIVERS**

1,058

Fast Food Outlets in Birmingham in 2016

96.1

Fast Food Outlets per 100,000 citizens Compares to 116 Manchester/ 126 Leeds 27

Food Banks listed by the Trussell Trust in Birmingham

#### **ACTIVITY & EATING**

% infants who initiate breastfeeding within 48hrs of Birth

71.1% WM 68.9% ENG 74.5%

52.2% Are still breastfeeding at 6-8wks 26.1%

of 5yrs olds with one or more decayed, missing or filled teeth

0.33

average number of decayed, missing or filled teeth (dmft) in 3yr olds

### **OUTCOMES**

RECEPTION

23.5

% of 4-5yr children are carrying excess weight (overweight, obese or severely obese) YEAR 6

40.3

% of 10-11yr old children are carrying excess weight (overweight, obese or severely obese)

571

# **PARKS**

Birmingham has more green space than any other European city 14 sq miles of green space % of people who use outdoor space for exercise or health reasons

18.4<sup>%</sup>

Average for England is 17.9% 54.1%

of 15yr olds eat 5 or more portions of fruit/veg every day WM 51.1% ENG 52.4%

12.3%

of 15yrs old who are physically active for at least 1hr a day 11.7%

**1**0.9%

14.1% of Black children have excess weight

excess weight compared to 10.3% of white children 27.2%

22.3%



27.9% of Asian children have excess weight compared to 21.5%

of white children of white children

26.8% of YR6 & 12.4% of reception, children are obese in the most deprived areas compared to 12.8%

70,000 School Meals

Served by City Serve every day in schools across the city 24.5%

of adults aren't even walking for 10mins or doing any cycling at all in a month 25.4%

of Adults in Birmingham are inactive (<30mins of activity/wk) 48.9%

of Adults in Birmingham eat the recommended 5-aday fruit/vegetables

1.46

% underweight among children in Reception



(Yr6) & 5.3% (R) in the least deprived areas

1.85

% underweight among children in Reception

# **BIRMINGHAM**

#### Birmingham City Council

WORKING TOWARDS A HEALTHY CITY: HEALTH INEQUALITIES

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

## **BIRMINGHAM POPULATION**

## LIFE AT THE BOTTOM

## AT RISK & VULNERABLE

1,137,123

Birmingham Population Est. Population 2017

1.073.045 Census 2011

56.3%

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

People who live in the most deprived 10% are:

MORE LIKELY TO

be ADMITTED for PREVENTABLE CONDITIONS

> DIF PREMATURELY

from PREVENTABLE CONDITIONS 8%

OF ALL IN-PATIENTS are of

BLACK ETHNICITY

more than expected

BLACK ETHNICITY

IN-PATIENTS

2x more than expected

## LIFE EXPECTANCY

84.6 MOST AFFLUENT 86.4



vears less lived in the most deprived areas



74.7 MOST DEPRIVED 80.2

People who live in the most deprived 10% are:



MORE LIKELY TO

be IN CONTACT WITH MENTAL **HEALTH** SERVICES



**SEVERE** MULTIPLE DISADVANTAGE

measured as

Substance Misuse Homelessness Offenders

affected by 2 SMD B'ham & S'hull

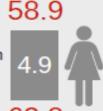
affected by 3 SMD

# HEALTHY LIFE EXPECTANCY

59.9

63.4

BIRMINGHAM



years less lived in

ENGLAND

good health

63.8

128,655

CHILDREN LIVE IN THE MOST **DEPRIVED** 10%

aged 0-15 years

CHILDREN LIVE IN POVERTY

Supported Adults with learning disabilities

are in paid employment 64.1%

live in stable accommodation

# BIRMINGHAM CHILDREN AND YOUNG PEOPLE



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

## **POPULATION**

## **INEQUALITIES**

## **ASSETS**

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

10-14yrs

76,680

DIVERSITY



Birmingham's 0 - 15 Population from BAME background

(England 22 %)

5-9yrs 82,670

15-19yrs 79,890

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

(England 72%)

Number of schools

**297** 

**Primary** 

87 Secondary or all-through

> 27 Special

THE CITY HAS

**UNIVERSITIES** HOUSING

87,400

**STUDENTS** 



**73** Children's centres and

linked sites

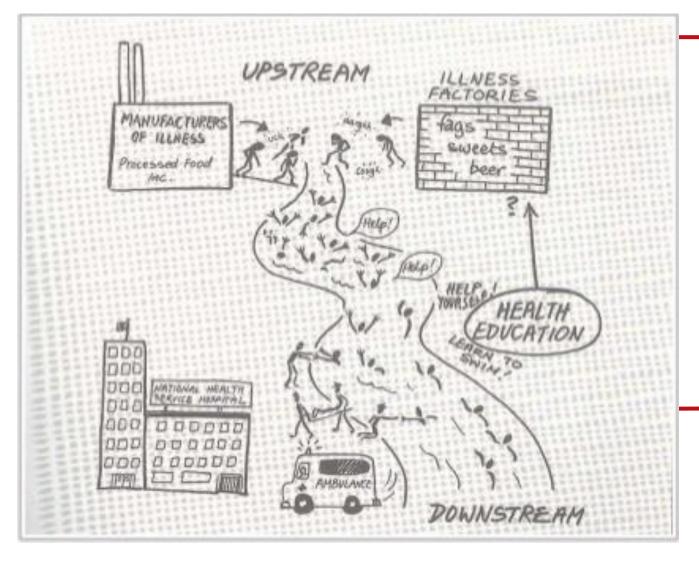


Est. Population 2017 rounded

# AN UPSTREAM APPROACH THE BIGGER PICTURE



# The need for an upstream approach

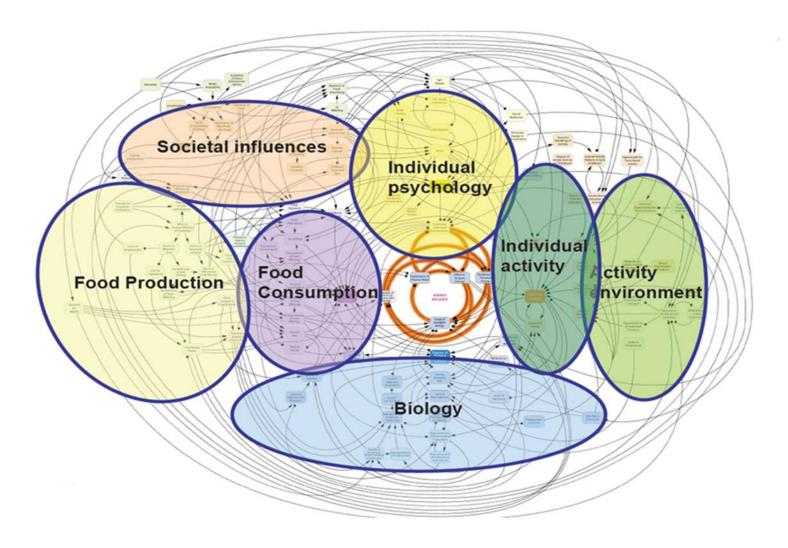


This is where we need to be



This is where we are

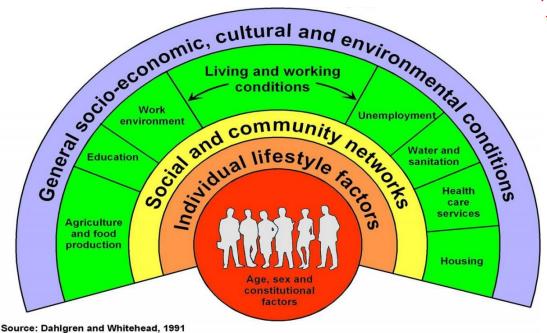




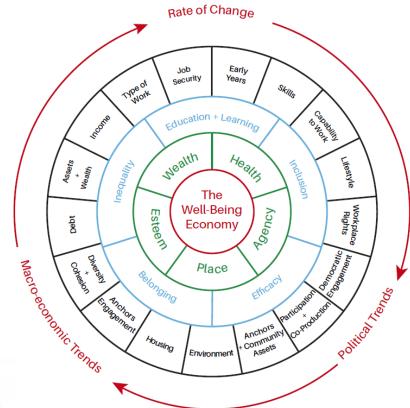
Foresight Map (2007) demonstrating the main influencing spheres that drive obesity.



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.



#### 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

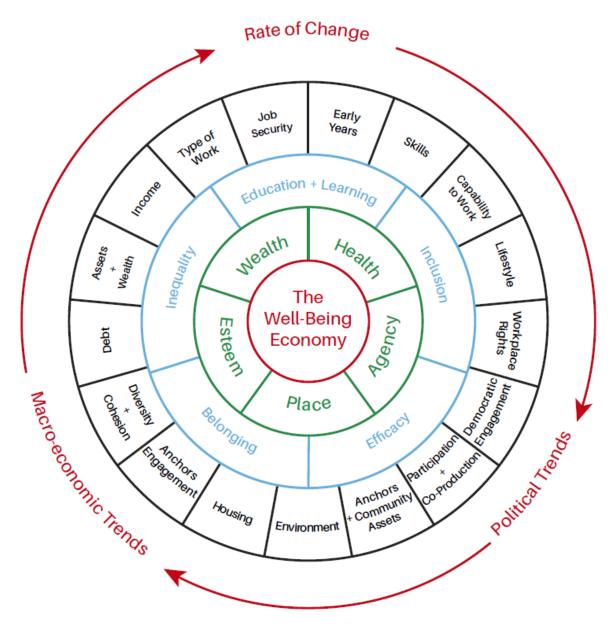
Introduce health as a significant criterion in all planning procedures (including new build and upgrading of the current infrastructure

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.



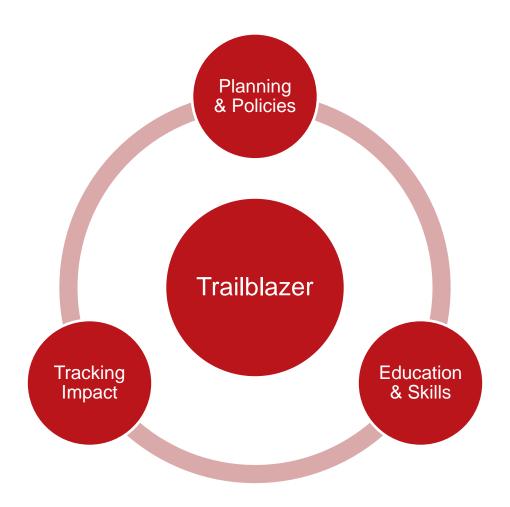
## The Reinhardt Model



Creating
a Healthy
Food
Economy
At Scale



# A working example: Our Model *The Trailblazer*







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