



GUY'S &
ST THOMAS'
CHARITY

Tackling child obesity in South London

Jessica Attard – Portfolio Manager, Guy's & St Thomas' Charity

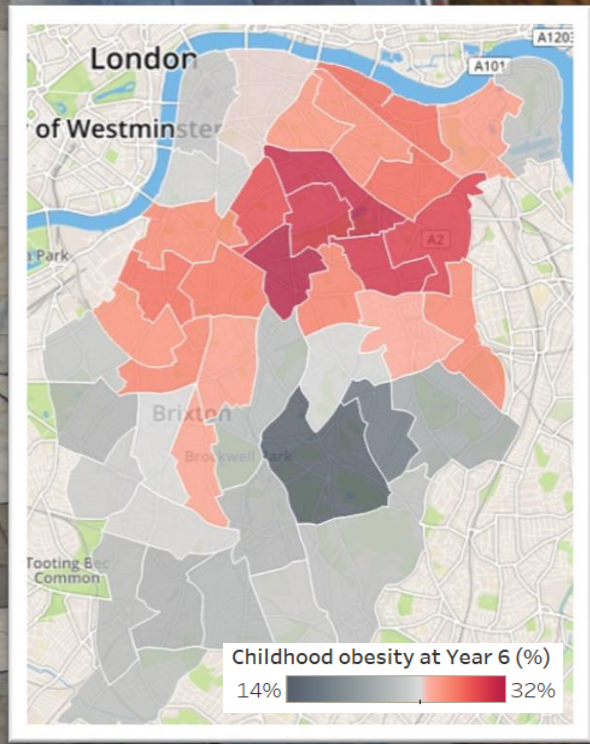
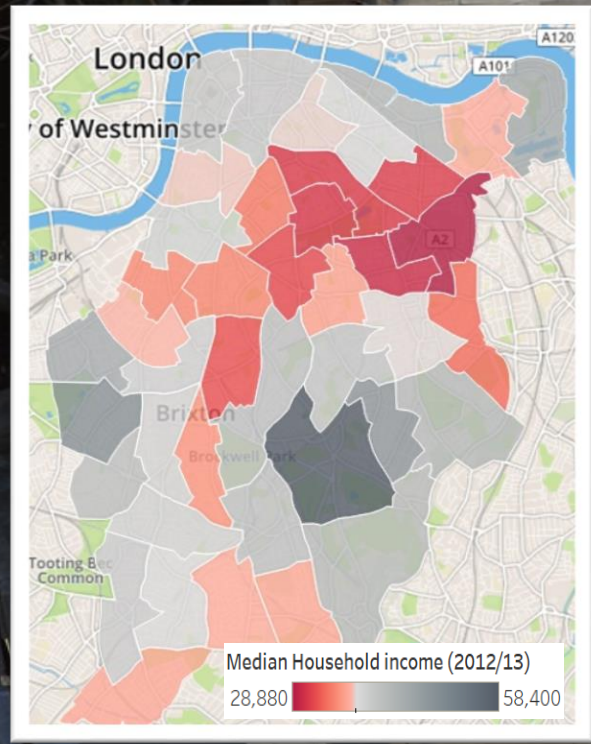
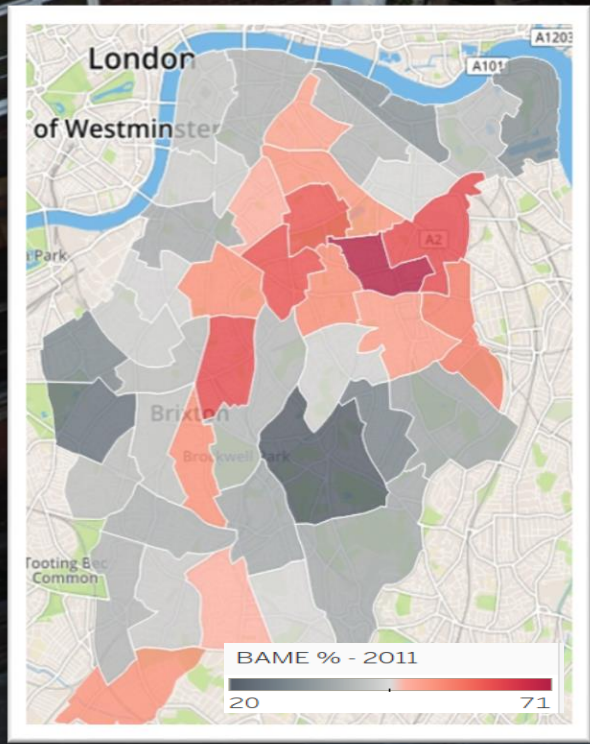
**We're an urban
health foundation**

**We work to tackle the
major health challenges affecting
people in inner-city areas**

Diverse

Income inequality

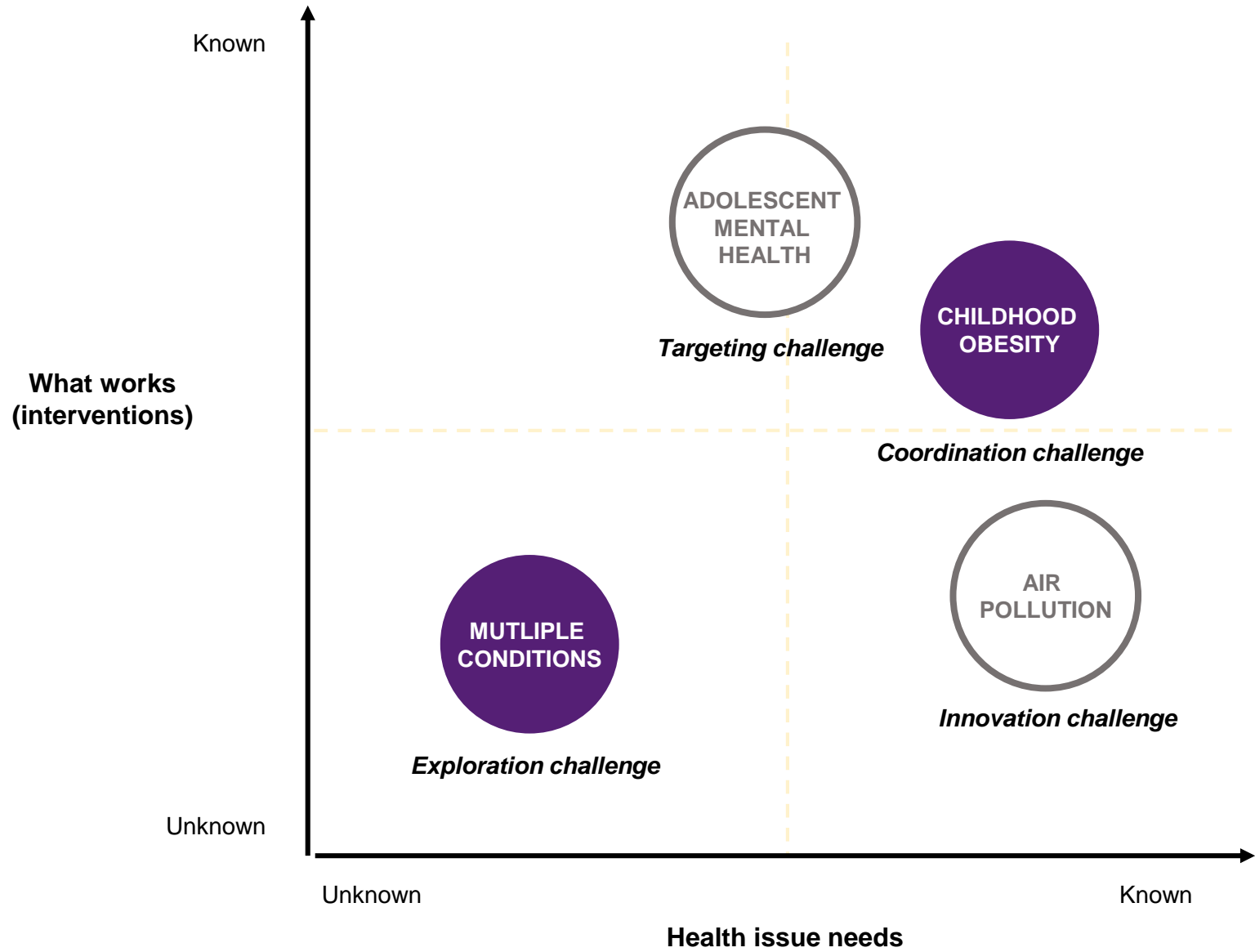
Health inequality



Focus

Impact led

**Systems
approach**



Principles for tackling childhood obesity

Make healthy choices easier

These practical principles draw together ways to develop a programme in line with the latest behavioural evidence around the drivers of obesity, paying particular attention to the interaction between the urban environment and our psychology.

They can be used to guide both overall strategy for a suite of interventions as well as more specific projects.



Make uptake and participation easy

- Ensure any intervention is as easy as possible to take part in and remain engaged with.
- Have realistic expectations of the amount of spare time and cognitive effort people have, particularly amongst people living in deprived areas for whom scarcity will have a disproportionate impact.
- Good intentions can quickly wane and interventions requiring time and effort are much less likely to be effective.

Look for marginal gains

- Any and all progress should be encouraged.
- We should not necessarily demand that people switch to conventionally healthy choices, as long as they're improving on their previous behaviour.

Don't only focus on education

- Purely educational interventions are less likely to be effective and have the potential to widen health inequalities.
- When information is provided it should be as easy to comprehend as possible and as close to the point of action as feasible. For example, simple signage at the point of purchase rather than a detailed nutritional information booklet in the post.



Design for maximum impact

Universal and preventative interventions

- Where possible, seek to make interventions universal across the population but more intense for those most disadvantaged.
- Universal and preventative interventions have the greatest potential for impact.

Recognise the value of a harm reduction approach

- Adopt a strategy of harm reduction and substitution rather than expecting step changes in behaviours.
- Beware of "health halos" when encouraging

Physical activity is secondary to calorie consumption

Change the environment

Reduce total food exposure

- Aim to reduce the availability and prominence of energy dense food in the entire food environment.
- There is now an abundance of affordable energy dense foods

Prioritise reducing unhealthy choices

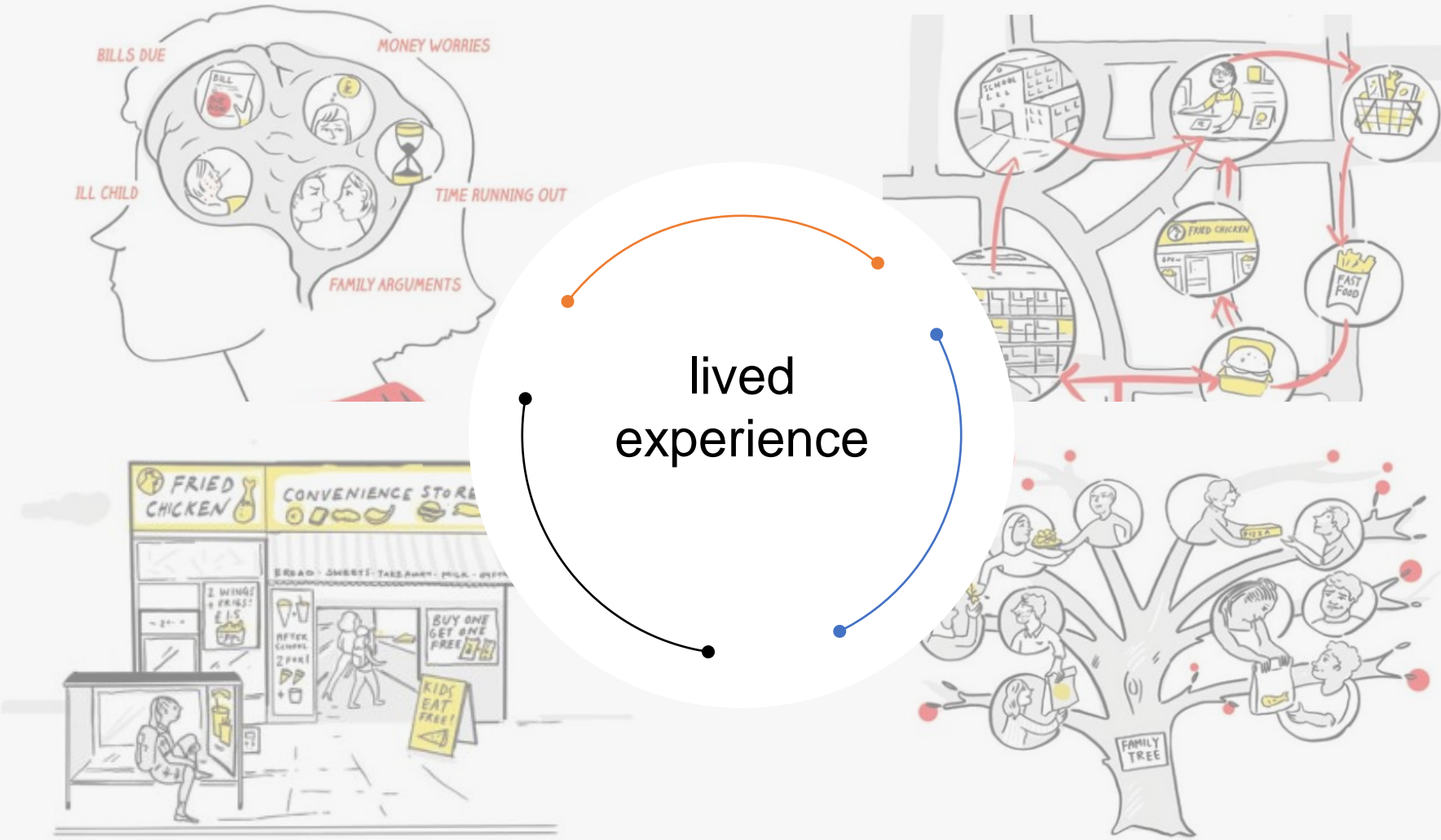
- Promoting healthier foods may encourage substitution away from less healthy options and encourage good habits.
- However, simply increasing consumption of healthier foods

Promote incidental physical activity

- Incidental physical activity interventions such as active travel are easy to begin and to incorporate into daily life.
- An added benefit is that the risk of compensatory

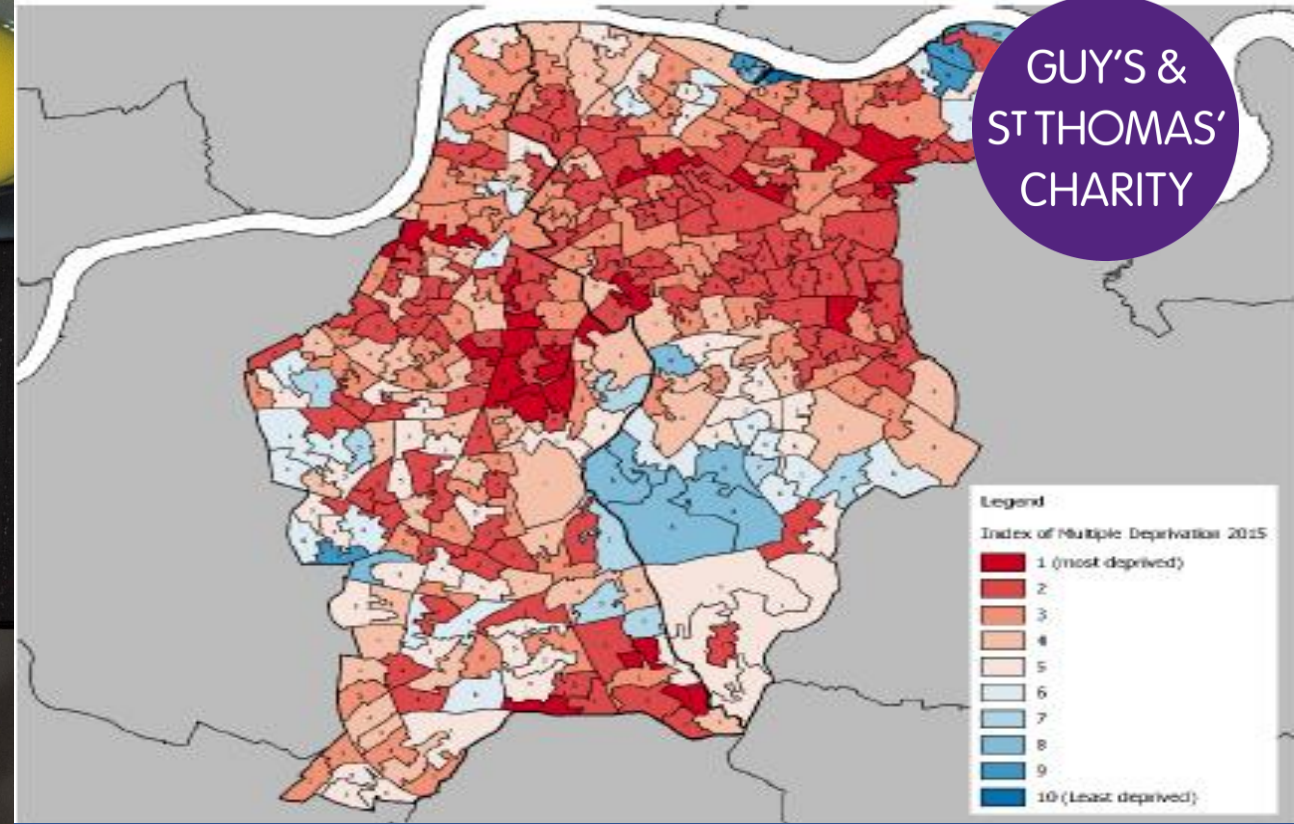
Combine multiple interventions

- There is no single solution to the childhood obesity problem but combining multiple, modest but meaningful interventions has the greatest potential.





Lambeth and Southwark



Our **Childhood Obesity programme** uses our geography to explore what an effective strategic approach to tackling this issue looks like in practice.

Quick quiz

In a class of 30 year 6 pupils in the most deprived parts of London **how many** children are obese?

Which city has the highest rates of child obesity: Paris, Sydney, New York or London?

The proportion of outlets where more than 90% of menu options are deep fried or processed meat is 11% in the least deprived areas verses **what %** the most deprived areas in the UK?

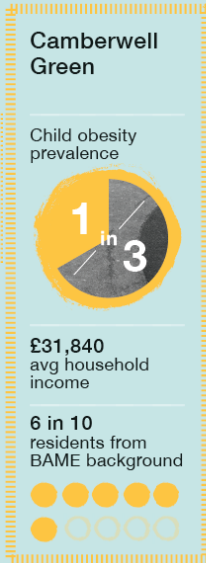
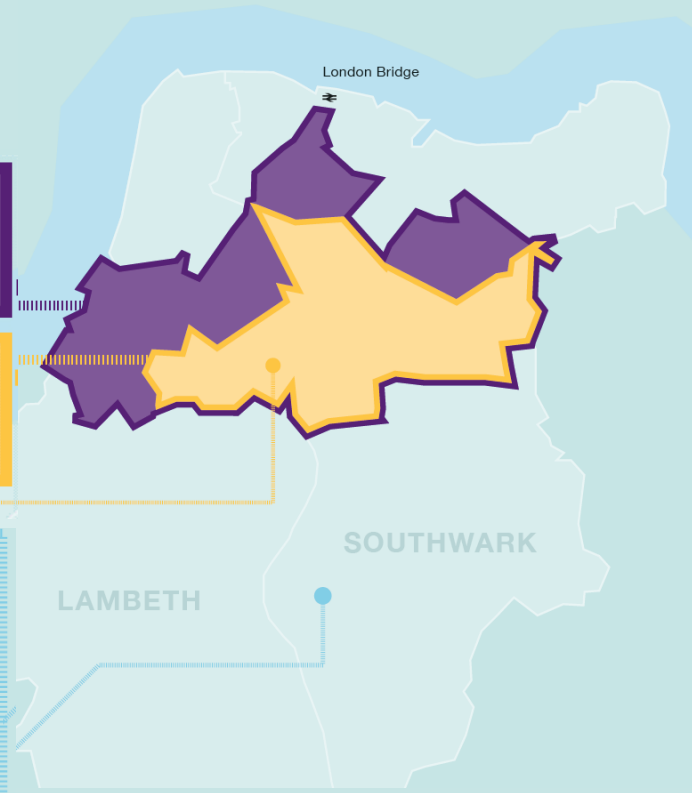
For those on lowest household incomes families would need to spend **what %** of their household income on food to get a balanced diet?





The areas with the highest rates are concentrated along a corridor that runs across both boroughs.

12 local wards within this area also have the lowest median incomes and highest proportion of BAME population.

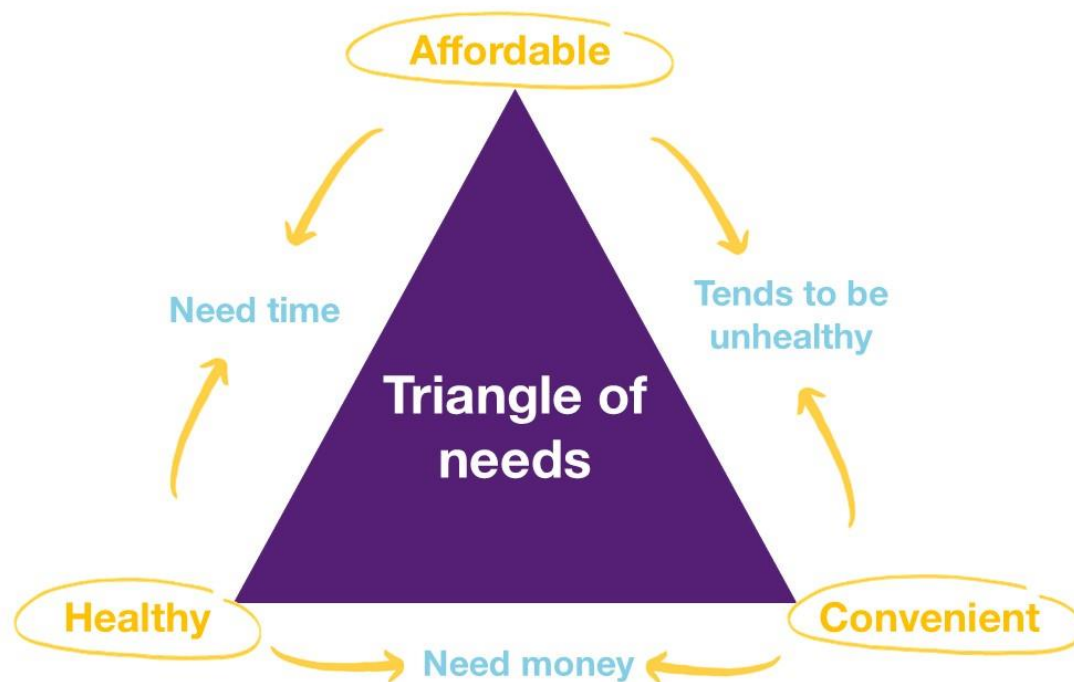


What:
Close the gap

Where:
Childhood obesity corridor

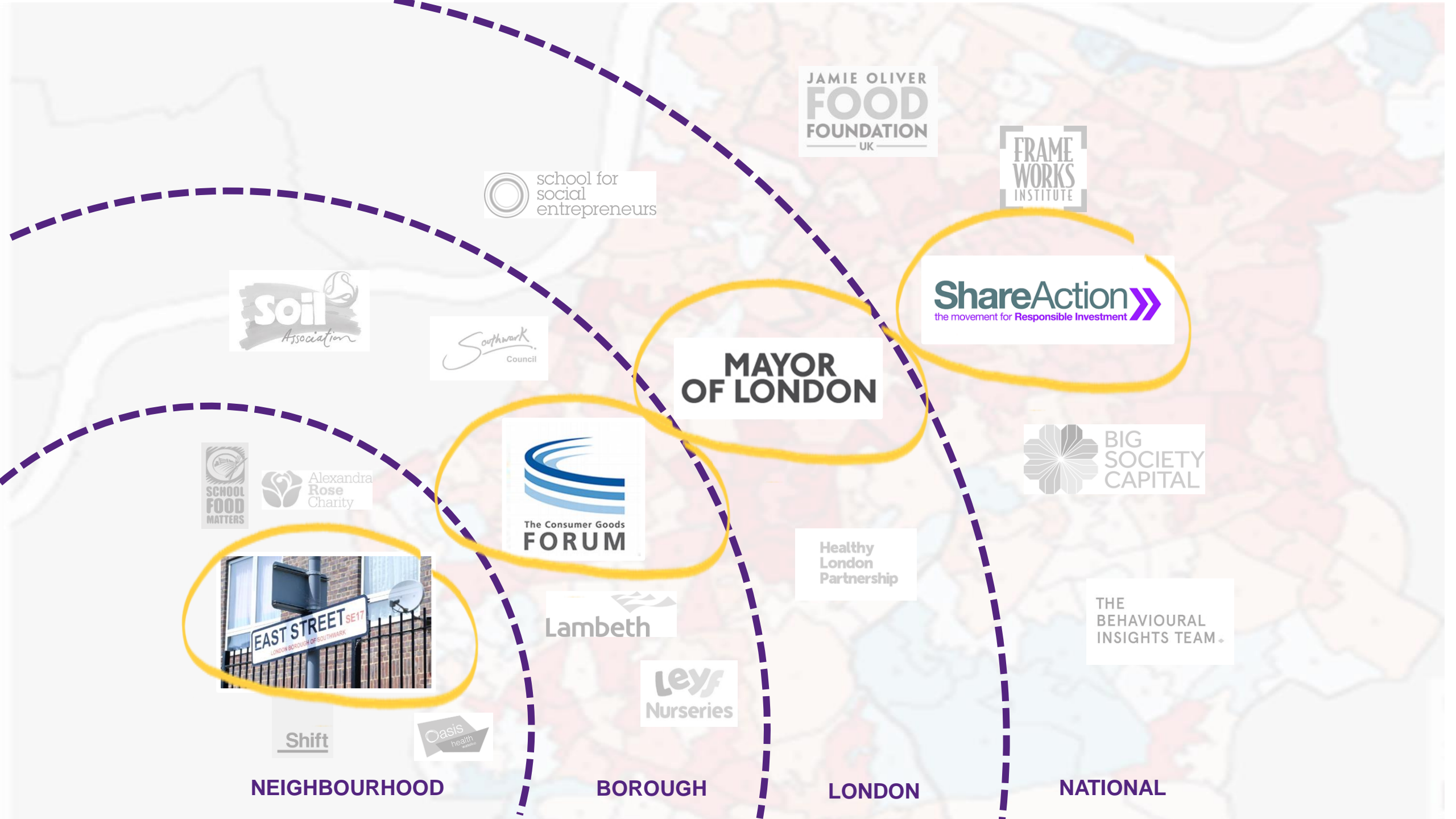
The reality is...

- People do want to be healthy, but sometimes that's hard
- Particularly for those on low incomes, where their options are more limited





We need to make healthy the new default



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INSIGHTS TEAM

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oasis
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NEIGHBOURHOOD

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GUY'S & ST THOMAS' CHARITY

Bite Size:
Breaking down the challenge of inner-city childhood obesity

in partnership with
THE BEHAVIOURAL INSIGHTS TEAM.

**Families and Food:
How the environment influences what families eat**

Research report produced by Shift for Guy's and St Thomas' Charity

Shift

GUY'S & ST THOMAS' CHARITY

**Healthy Returns:
Opportunities for market-based solutions to childhood obesity**

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@GSTTCharity



www.gsttcharity.org.uk



Jessica.Attard@gsttcharity.org.uk

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