

How to tackle obesity inequalities in Stoke-on-Trent: insights from how families living in low-income areas engage with the food environment

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SUMMARY

Obesity and poor-quality diets disproportionately affect low-income communities in the UK. A key question is therefore: **HOW CAN POLICY THAT AIMS TO IMPROVE DIETS BE MORE EFFECTIVE IN LOW-INCOME COMMUNITIES?**

The Centre for Food Policy sought to provide insights into that question. Between 2017 and 2019, we conducted research with parents of school- and nursery- aged children in three low-income parts of England that experience higher than average rates of childhood obesity in Great Yarmouth, Stoke-on-Trent, and the London Borough of Lewisham. Through these three case studies, we generated a body of evidence on how participants' interactions with their food environments influenced what they bought.

What is a food environment?

The food environment (FE) refers to the places you go to get food, the routes you take to get there, the things you buy, the qualities of those things and the information you get when you're there (e.g. advertising).

FOOD-PROVISIONING ENVIRONMENT IN STOKE-ON-TRENT



Participants were recruited from four areas in Stoke-on-Trent: Cobridge, Fenton, Blurton, and Heron Cross.

There are large areas of Stoke-on-Trent that are over a mile from the nearest full-service supermarket. These include all the case study sites, meaning that all participants travelled to other neighbourhoods to complete their shopping, and relied on some form of transport to do this. The FE is reasonably similar in each of the case study sites, and includes a number of takeaway outlets and small corner stores, but no large supermarkets. There is a Co-op store in Fenton that is regarded as very expensive and generally only used in emergencies, and a discount supermarket in Blurton that draws customers from the surrounding area. This shop receives out-of-date and end-of-line products from larger supermarkets which it sells on at an extremely discounted price. These are mostly non-fresh, HFSS products. Cobridge also houses a large independent store stocking produce from the Indian Subcontinent.

PARTICIPANTS



Participants were recruited through two main routes: 12 participants through a variety of community activities (e.g., play group at a church, community Facebook group); seven participants were recruited through an independent supermarket that sold discounted surplus foods. All participants had at least one child of school or nursery age. Participants were not selected on the basis of their or their children's weight, nor because of any prior interest in food. 18 of the 19 participants were women, indicating the highly gendered nature of caring and food work. Participants were not recruited through cooking related activities, and they did not have any particular pre-established interest in food.

18 of the participants resided in postcodes that were classed as IMD 1 and 2 (three in IMD 1, and 15 in IMD 2). One participant lived in IMD 3, but immediately adjacent to the IMD 2 area. Six out of the 19 participants owned a car, with an additional two having access to one via a family member. 12 of the 19 were not currently in work. The professions of those who were in work included a cook, carer, support worker, ward clerk, teaching assistant, and casual work. Financial uncertainty shaped the lives of many of the participants who lived either on low or unstable incomes, or were in receipt of social security benefit.

WHAT DID WE FIND IN STOKE-ON-TRENT?

The overall finding was that while participants wanted to provide nutritious meals for their children, the economic and social realities of their lives (financial insecurity, competing priorities, lack of alternative leisure activities, repetitive routines, and pressure from children who requested a narrow range of foods) interacted to influence if this actually translated in practice. In this context, we actually found that existing food environments support the financial and social aspects of people's lives by providing affordable food that children would eat and facilitating meaningful shared family activities. At the same time, through the relatively high price of healthier foods compared to those high in fat, salt, and sugar (HFSS), and the abundance of deals for HFSS foods, food environments created tensions by further stimulating families to buy unhealthy options more frequently.

SPECIFIC FINDINGS:

Financial insecurity influenced purchasing and eating practices in myriad ways to make it difficult for parents to provide healthy food for their children.

Some participants in Stoke-on-Trent reacted strongly to **school rules that might prohibit certain items from lunchboxes**, with a **resistance to any limitations that might be set on individual agency**.

Children are a big influence on what food gets bought and eaten in a family, and **'fussy' eating and pestering** can make food shopping and cooking stressful.

Although participants did eat out at restaurants or get takeaways, most considered it too expensive to do it any more than 1 or 2 times per week- it was normally a **treat** and gave people a **social space to spend time with friends or family**.

Participants prioritised their **children's wellbeing**- their happiness and spending time with them- however, this meant that nutritional health was not always a top priority in the face of time and budget restraints.

People didn't cook in the same way- some preferred to cook from scratch; others relied mainly on pre-prepared foods.

Healthier and made-from scratch foods were almost always seen as a **more expensive** option than pre-prepared foods.

Families manage issues around affordability with **complex budgeting systems**, such as shopping in different places, memorising and comparing prices across supermarkets and buying food on offer.

HFSS foods are easily available in Stoke-on-Trent, in particular from the numerous discount bargain stores that promote deals near the check-outs.

The food environment fulfils many **social and emotional needs** that go beyond sustenance. These include: spaces for people to socialise; the provision of affordable pleasures; the opportunity to try new products in the context of mundane food routines; respite from often overwhelming lives; and opportunities to please and placate children.

Families in Stoke-on-Trent were unhappy that they **could not complete a full food shop without utilising some form of transport**, as full-service supermarkets were over a mile away for all participants. Strategies for managing this involved shopping with friends and sharing a taxi, shopping less frequently and supplementing with corner store visits.

Snacking on HFSS foods was very common in all areas and particularly in families where children had more independence.

Marketing and supermarket deals influence the purchase of specific brands and products. Most participants were well **aware of this manipulation**, whilst also being **influenced by it and taking part in it**.

People used **deals and price reductions** on unhealthy foods as an opportunity to buy foods they can't ordinarily afford or simply, 'get a bargain'.



WHAT NOW?

Our findings lead to three overarching recommendations for policy. First, **that there are some policies without which efforts to facilitate healthier eating practices in low-income populations are unlikely to be successful**. Second, that **comprehensive policies are needed to change elements of food environments that perpetuate deeply embedded food practices that result in unhealthy dietary practices**. Third, that **unless policies are designed to account for different aspects of people's lived realities, their effectiveness will be consistently undermined**.

With regard to the policies needed to enable efforts to be successful, the Centre for Food Policy recommends that, albeit not sufficient, policy needs to prioritise effective actions in three areas that span key aspects of the realities of people's lives →

THREE PRIORITY AREAS FOR CHANGE

1. ADDRESS FINANCIAL (IN)SECURITY



Participants in this study demonstrated how financial insecurity influenced their purchasing and eating practices: sapping time and energy; requiring a considerable amount of work to purchase food affordably, let alone healthily; pushing people towards products perceived to be cheaper; and shaping different priorities to those based on nutrition. Even for those who considered health to be the number one priority, financial considerations prevailed.

In order to ensure that the door is open to shape healthier dietary practices, it is imperative that policy is directed towards addressing the causes of financial insecurity. Although health vouchers and balancing the cost of healthy to unhealthy foods helps, simply providing discounted healthy food to people will not adequately address the underlying problem.

What can Stoke-on-Trent council do?

- Work with job centres to ensure clear advice is given regarding the Universal Credit system so that people are aware of potential gaps in payments and how to overcome administrative complications.
- Work with businesses to address insecure work, such as zero hours contracts.
- Work with businesses to pay their employees the living wage, rather than the minimum wage.

2. PROVIDE AFFORDABLE COMMUNITY RESOURCES



The food environment fulfils many social and emotional needs that go beyond sustenance. These include: spaces for people to socialise; the provision of affordable pleasures; the opportunity to try new products in the context of mundane food routines; respite from often overwhelming lives; and opportunities to please and placate children. These insights reveal the need for more opportunities for people to have these needs fulfilled through other means. Two types of social resources are needed:

- Non-food resources, which provide families with affordable and desirable leisure activities. This may involve reducing the cost of pre-existing resources, or the development of new resources, such as social spaces and youth clubs.
- Social spaces that provide a primarily social function, but also involve food in some way, such as eating out, community gardens, and cooking groups. All these examples can be leveraged to provide social needs that go beyond the provision of healthy sustenance. In our study, for example, eating out proved a small but important part of families' eating and was highly valued as an affordable and pleasurable social activity.

The types of social resources needed are likely to vary between seasons, and also involve engagement with other stakeholders (e.g. private sector, community groups) but in all places, it should be a priority that social and communal resources are available, affordable, and accessible for all.

What can Stoke-on-Trent council do?

- Make existing but expensive local activities cheaper for local residents and ensure that they are promoted effectively (sometimes activities exist, but awareness of them is low).
- Invest in social spaces and organisations that can provide social outlets for children and families.

3. RESTRICT THE PROMOTION OF UNHEALTHY PRODUCTS TO CHILDREN, PARTICULARLY IN FOOD RETAIL ENVIRONMENTS



Marketing and supermarket deals influence the purchase of both specific brands and specific products. Most participants were well aware of this manipulation, whilst also being influenced by it and taking part in it. Children often pester their parents for expensive HFSS products that are branded with cartoons or other child friendly packaging. Yet parents said it was against their interest to spend their limited money on higher priced products that their children often pester them for.

Developing stricter rules around this offers the opportunity for a win-win situation where children pester less for HFSS foods, and parents feel less pressured to spend their money. Children are also 'branded' with these foods through wider advertising (billboard, TV etc.). A comprehensive approach to limiting the type of marketing that encourages child requests for HFSS foods thus emerges as a policy priority for low-income families.

What can Stoke-on-Trent council do?

- Restrict all unhealthy food marketing within its regulatory powers and advocate to national government for more comprehensive restrictions within retail settings (e.g. branded characters and colourful packaging on products).

We'd be delighted to discuss the contents of this report in more detail. If you have any comments or questions please contact:

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