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Citation: Gallagher Squires, C., Coleman, P., Isaacs, A. & Hawkes, C. (2022). How can childhood obesity prevention policy be more effective and equitable following the COVID-19 pandemic?. Journal of Epidemiology and Community Health, 76(1), A43.2-A43. doi: 10.1136/jech-2022-ssmabstracts.88

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Link to published version: https://doi.org/10.1136/jech-2022-ssmabstracts.88

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How can childhood obesity prevention policy be more effective and equitable following the COVID-19 pandemic?

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Abstract

Background Despite being a public health priority in the UK for decades, rates of childhood obesity are continuing to rise along highly unequal lines. Investigating how families have engaged with food and food environments throughout the COVID-19 pandemic provides an opportunity to understand the conditions which shape peoples' ability to consume nutritious diets.

Methods We conducted a remote longitudinal qualitative study, engaging 62 parents of school or nursery age children across three case study sites in England; Bradford, Folkestone and London Borough of Brent. Participants were recruited purposively to represent the demographics of each study site and comprise a range of family structures. Methods informed by ethnographic and participatory approaches were adapted for a remote setting. These comprised: semi-structured interviews, photo-elicitation, participatory mapping, and oral diaries. Participants engaged with these methods three times at six-month intervals between October 2020 and December 2021. Data from each time point was analysed cross-sectionally and the whole data set longitudinally using trajectory analysis.

Results COVID-19 and its early impacts necessitated a reorganisation of daily routines and food practices, an adjustment of existing food practices, and/or an establishment of new ones. Some of these changes persisted beyond the context of lockdowns, such as households who had pivoted to alternative means of sourcing food (e.g. vegetable boxes) initially to avoid COVID-19 transmission maintaining this long-term due to perceived cost-saving and health benefits. Other changes were

largely confined to the context of lockdown, such as the use of baking and cooking from scratch to provide entertainment in the absence of other opportunities for leisure. Households' ability to enact and maintain practices beneficial for both nutrition and wellbeing was dictated by the availability of finances, time and social support systems. Changes to diet perceived as negative came about through financial insecurity, the gendered division of care work and mental health impacts associated with this burden.

Conclusion COVID-19 has revealed the multiple resources and systems of support that underpin families' ability to eat well and, when disrupted, can limit capacity to procure and prepare nutritious foods. These contexts have the capacity to occur again both on a large scale in society (e.g. financial recessions and periods of food system disruption) and in the context of an individual's lifetime (e.g. ill health, job loss or loss of social support networks). Policy now has a window of opportunity to implement learnings from this period and shape obesity prevention policy to be more effective and equitable.