The impact of Covid-19 on food, physical activity and healthy weight behaviours in the North

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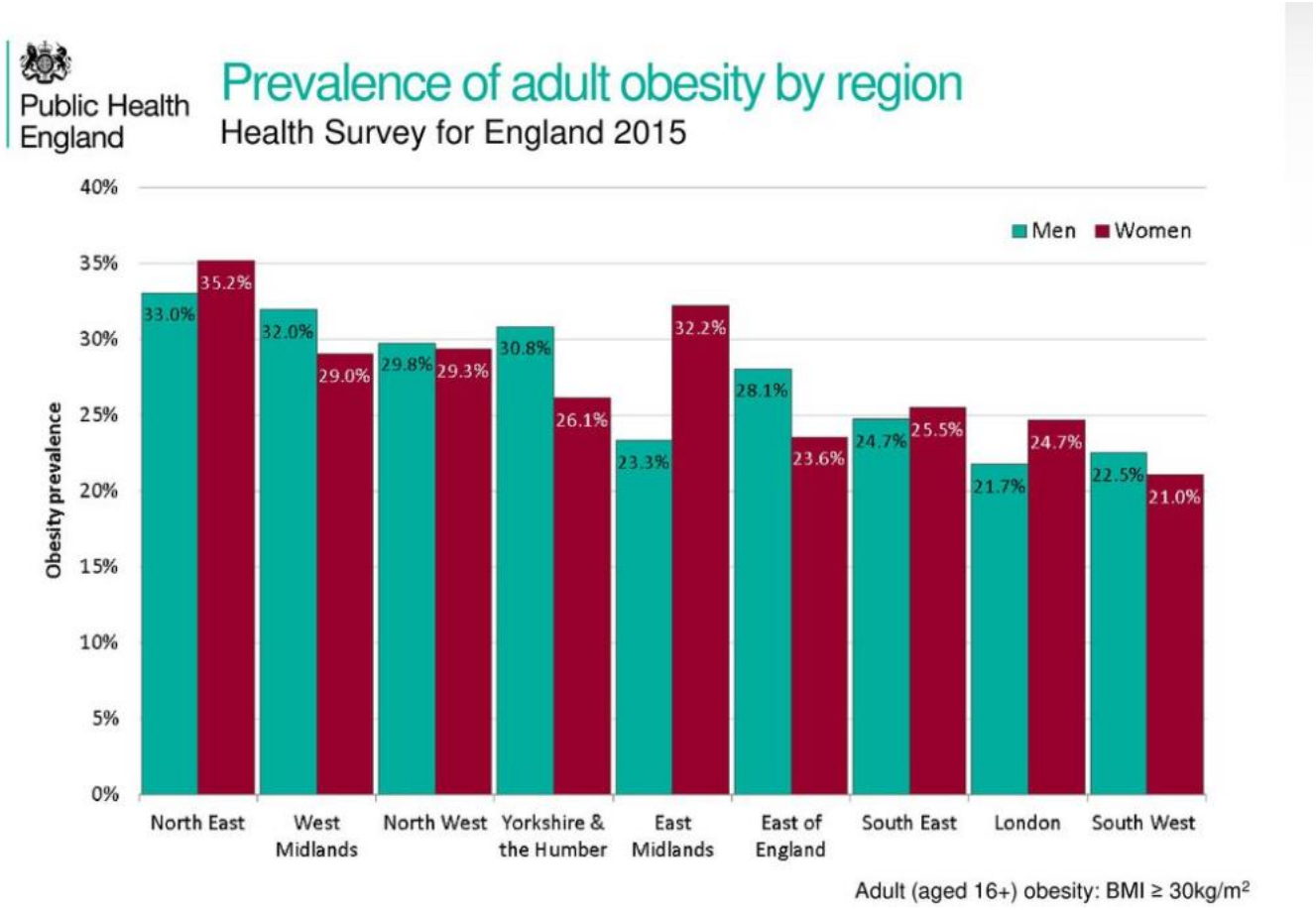
North-South gap in obesity prevalence



Evidence for widening geographical inequalities:

- Prevalence of overweight and obesity in women rose more quickly in the North than in the South from 1993 - 2004.

  Scarborough & Allender (2008). The North–South gap in overweight and obesity in England. *British Journal of Nutrition*, 100, 677–684

Impact of lockdown on diet and physical activity

- Non-UK studies – In children, increased screen time and unhealthy food consumption; majority not meeting physical activity guidelines (Pietrobelli et al., 2020; Moore et al., 2020).
- Sport England (2020) - People on low incomes are finding it harder to be active.
- Food Active study with children up to 17 years old suggests both positive and negative changes:

More home cooking, fewer takeaways.

Increased consumption of snacks, cakes, & confectionery.
69.5% said their children wanted to eat more snacks during lockdown.

Sustained or increased consumption of water and fruit & vegetables

Split views on whether lockdown made it easier or harder to feed child a healthy diet.

http://www.foodactive.org.uk/covid-19-and-childrens-food-parents-priorities-for-building-back-better/

The mental health impact

- Mental health problems increased during lockdown (Daly et al., 2020).

- Obesity and mental health problems often occur together (Patalay & Hardman, 2019)

- Eating to cope with distress highlighted as a particular issue in young people during lockdown.

The Observer
Mental health

Sun 12 Jul 2020
07.19 BST

Young people overeating as they battle lockdown anxiety, says UK study

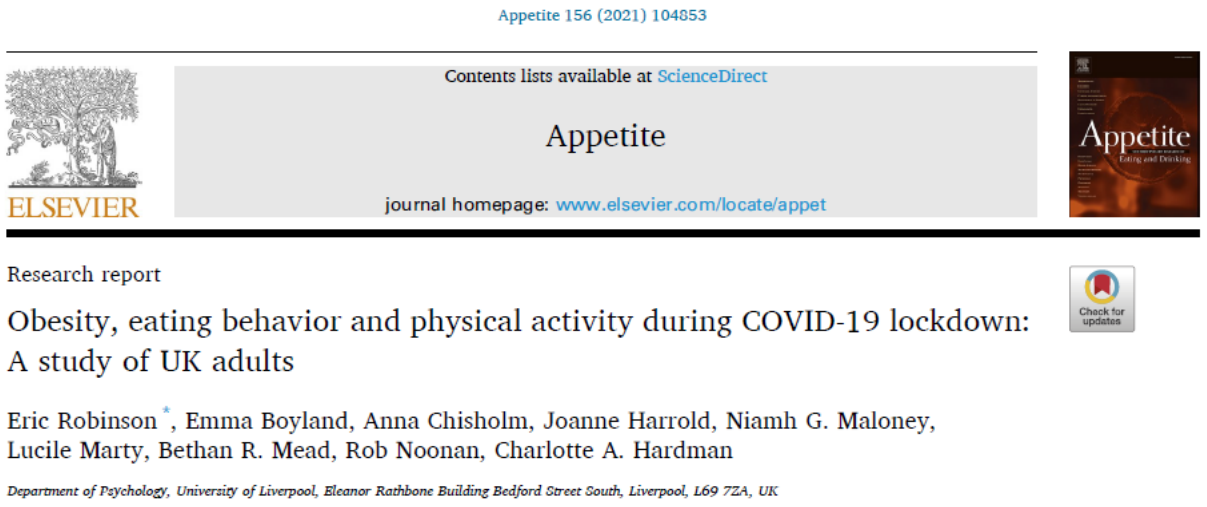
Mental health issues among teenagers and young adults are on the rise since start of pandemic

Obesity and healthy weight behaviours during COVID-19 lockdown

What is the impact of the COVID-19 national lockdown on people with a higher body mass index (BMI)?

Research Aim

- To determine whether body mass index (BMI) is associated with **weight management-related behaviours** and **perceived barriers** during the COVID-19 national lockdown.



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Research report

Obesity, eating behavior and physical activity during COVID-19 lockdown: A study of UK adults

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Study Methodology

- UK adults (N=2002) recruited via Prolific Researcher and online adverts in April and May 2020.
- *Compared to before the COVID-19 lockdown, I have ….*
  - Weight management behaviours: 11 behaviours (e.g. 'snacked', 'exercised'), 1= A lot less frequently, 7= A lot more frequently.
  - Weight management barriers: 19 barriers/facilitators (e.g. 'Been supported by others to be physically active', 'Had time to eat healthily'), 1= Strongly disagree, 7 = Strongly agree.
- Physical activity (IPAQ), diet quality (FFQ), over-eating (Appetitive drive subscale from Addiction-Like Eating Behavior Scale).
- Demographic data and self-reported height and weight.

Key findings

56% reported snacking more frequently, 73% increased time spent sitting down, although 60% reported exercising the same amount or more.

Higher BMI associated with ….

- Perceived increase in unhealthy eating
- Perceived decrease in physical activity
- Poorer quality diet in lockdown
- Less physical activity in lockdown
- Higher over-eating in lockdown
- Difficulty accessing healthy food
- Lack of social support
- Lack of healthy eating control

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Implications

- Adults with higher BMI have been particularly impacted by Covid-19 in terms of healthy weight behaviours and barriers.

- Need new approaches to support people with changing/adapting their behaviours during these unprecedented times.

- Finding the best path through chaos?

REJOIN project

Project aim:

To develop a **person-centered** intervention that can support people living with obesity with **identified barriers** to eating and activity during social and environmental disruption

- Phase-1: Intervention Co-development
- Phase-2: Process Evaluation

Take home messages

- COVID-19 has had a negative impact on a range of healthy weight behaviours, particularly among people living with obesity.
- New insight into experiences and barriers can inform development of interventions.
- Interventions need to be tailored to the needs of specific population groups.
- Structural changes needed to increase availability and accessibility of healthy foods.

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