

P37 AREA DEPRIVATION, ETHNIC DENSITY AND FAST FOOD OUTLETS, SUPERMARKETS AND PHYSICAL ACTIVITY STRUCTURES IN ENGLAND

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Background In the UK, obesity is more common in some ethnic minority groups than in Whites but little is known about the extent to which ethnic minorities are more exposed to obesity promoting environments. We examine whether area deprivation and ethnic density are associated with access to fast food outlets, supermarkets and physical activity structures.

Design Population sizes of Indians, Pakistanis, Bangladeshis, Black Caribbeans and Black Africans (2001 Census), income deprivation (Index of Multiple Deprivation), and number of fast food outlets, supermarkets, indoor (eg, sports clubs) and outdoor physical activity (eg, football grounds) structures were obtained for lower super output areas (LSOA). Ethnic density was measured using index of dissimilarity (evenness in distribution of a group relative to the White group), isolation index (extent to which ethnic minority group members are exposed to each other), cluster size (proportion in LSOA) and concentration (proportion of local authority district's ethnic population in an LSOA).

Setting England

Main Outcome Measures Rate ratios (RR), derived from multilevel Poisson models, using the rate of structures in low ethnic density areas as baseline rate.

Results Ethnic densities were generally higher in the most than least deprived areas, least consistent for Indians. Fast food outlets and supermarkets were also more likely to be found in the most than least deprived areas. In contrast, outdoor PA structures were more likely to found in least deprived areas. Adjusted for area deprivation, the index of dissimilarity and concentration measures reflected a pattern of more fast food outlets in high than low ethnic density areas. For example, RRs for fast food outlets in the highest ethnic density areas using the concentration measure were: Indians 1.91 (95% CI 1.22 to 3.00), Pakistanis 1.41 (1.05 to 1.89), Bangladeshis 1.80 (1.43 to 2.26), Black Caribbeans 1.29 (0.85 to 1.96), Black Africans 1.42 (1.01 to 1.98). Supermarkets were more likely to be in higher than lower-density Pakistani and Bangladeshi areas using these two ethnic density measures. Across all ethnic groups the concentration measure reflected a positive association with occurrence of indoor PA structures, while all ethnic density measures reflected a pattern of inverse association with occurrence of outdoor PA structures.

Conclusion These findings indicate that ethnic minorities might be more exposed to fast food outlets and less exposed to outdoor PA structures in high than low ethnic density areas. These issues might contribute to ethnic differences in food choices and engagement in physical activity.

P38 THE IMPACT OF URBAN RENEWAL ON ENGAGEMENT IN PHYSICAL ACTIVITY IN A SOCIO-ECONOMICALLY DISADVANTAGED POPULATION: A QUALITATIVE EVALUATION

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Background Most adults in Europe lead sedentary lives; their physical inactivity is associated with a rising prevalence of obesity and is considered to contribute significantly to health inequalities.

A recent NICE (2006) review concluded that, "there is an urgent need to conduct research into the effectiveness of environmental interventions, particularly within socially excluded sectors of the population who have the highest prevalence of physical inactivity". **Objective** To investigate and utilise the community "knowledge" of individuals living in a socio-economically deprived community and of relevant stakeholders in statutory and voluntary organisations, regarding the design of community-based initiatives on increasing physical activity (PA) levels.

Setting The Connswater Community Greenway is a £32 million investment in East Belfast. The aim of the Greenway is to provide a safe and accessible area which increases PA and improves the people's quality of life.

Method Semi-structured interviews with leading community representatives were conducted regarding (i) the nature and extent to which there are specific groups of residents who would benefit from increased PA, (ii) the nature and provision of PA initiatives, and (iii) practical advice regarding the selection of focus group participants from "Physical Activity Need Groups". Transcriptions were audio recorded and transcribed verbatim. Interim thematic analysis was conducted after each interview to inform the primary questions for subsequent interviews. Findings were validated by a second researcher.

Results Preliminary analysis identified emerging themes relating to the design of successful initiatives. These include the perceived relationship between PA and health, financial and community support, access to facilities, programme content and current service provision. Participants acknowledged that promoting PA has associated health benefits but attributed higher priority to interventions focused on social issues. Short-term funding was a problem for sustaining initiatives and a need for volunteer support was identified. Participants reported local physical and social barriers to community engagement and emphasised the need to involve the local community in planning, to ensure relevance of possible components of interventions to the locality. Perceived needs of particular groups for PA promotion related both to their individual health needs and the geographical area in which they lived. The extent to which groups were perceived as being "hard to reach" influenced the provision of current services.

Conclusion The promotion of PA in a socio-economically deprived area is a complex issue. Results will inform focus group discussions with community representatives and theory-based Intervention Mapping to guide the design of PA initiatives.

P39 HEALTHY EATING FOR CHILDREN IN EARLY YEARS SETTINGS: A SYSTEMATIC REVIEW OF CURRENT GUIDANCE AT LOCAL AND NATIONAL LEVELS

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Background Children's dietary habits are often well established by 5 years of age. However, statutory guidelines to promote healthy food currently only apply to schools, *not* pre-school nurseries. Furthermore, good practice evidence has been well summarised in the Caroline Walker Trust (CWT) Guidelines to Encourage Healthy Eating in Children Under Five. (2006).

Objectives To evaluate the extent to which national and local UK guidelines for the early years sector address key recommendations based on the Caroline Walker Trust healthy eating guidelines for under-fives.

Methods A. Mixed method systematic review to identify new evidence to augment CWT "Eating Well for under fives in childcare"