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

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6 **Abstract**

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

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

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

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

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