Introduction/Purpose

• Chronic diseases has been linked to physical inactivity and inappropriate nutrition.
• Research on health-related behaviours has expanded to analyse environmental influences that create opportunities or constrains to people daily choices.
• Food and physical activity (PA) landscapes vary with socioeconomic (SE) levels and SE deprivation has emerged as a factor of neighbourhood vulnerability.
• Physical activity, diet and health can be improved by healthy neighbourhoods characterized by high availability of sport and recreation facilities and a wide access to healthy food.

Aim of the study

• This study investigated whether the availability and accessibility of food and PA facilities varied to children living in SE contrasting areas of Lisbon.

Results

• Figures 1 and 2 show the total number of selected sport facilities and food opportunities for children living in SE contrasting areas (the 10% richest areas, decile 1; and the 10% poorest areas, decile 9).
• Figures 3 to 14 show the availability of selected sport facilities and food opportunities for children living in different terciles of area deprivation

Conclusions

• Almost all of the analyzed resources were more prevalent in the advantaged neighbourhoods, including those usually associated with poor nutrition.
• Considering area deprivation terciles, few resources elude the general pattern. Children living in the poorest areas only have better access to public sports pavilion and swimming pools.
• Poor children live in areas with a lack of resources needed to live a healthy life.
• The lower availability found in poor areas is potentially harmful to the health of the lower SE groups and can increase health inequalities.
• Increasing opportunities for healthy food choices and physical activity in the most deprived areas is not just a matter of environmental justice but also an opportunity to shape our places in a healthier way. Furthermore, it is a possible way to improve the residents’ health.

Data and methods

• Data on 944 children aged 3-10 years (50,1% males) studying on private and public schools of Lisbon were collected between March and July 2019.
• Children were geocoded at the address level using a Geographic Information System (GIS).
• Number of food and PA facilities (e.g. supermarkets, groceries, fruit stores, convenience stores, restaurants, fast food places, pastry and coffee places, public swimming pools, sport centres, playgrounds) within a 0.5 km buffer zone around each geocoded participants’ address were collected and mapped.
• A neighbourhood deprivation index was created through standardizing of three 2011 census variables – unemployed; unskilled employed; overcrowding – and assigned to each children address.
• Availability of food and PA facilities for children living in different terciles and deciles of area deprivation was compared and tested using qui-squared test.
• Statistical analysis was performed with SPSS 21.

References

GILES-CORTI, B., & DOWDAN, R. J. (2002). The relative influence of individual, social and physical environment determinants of physical activity. Social Science & Medicine, 54(12), 1793-1812.