Poster text

Easy access to fast food outlets presents a challenge to tackling the obesity crisis. Fast food is often unhealthy, and also cheaper than healthy alternatives. This graphic shows the stark difference in the number of fast food outlets per person between the most deprived local authorities (top-left), and the least deprived (bottom-right). It highlights a significant problem in deprived communities: people have less money available for food, and there are more unhealthy outlets to choose from.

Tackling the obesity crisis will require more than individual action: local and national policymakers in charge of public health must work to restrict the number of fast food outlets, especially in deprived areas.

Deprivation data was sourced from the *Index of Multiple Deprivation 2019*, and fast food outlet data from Public Health England (Note - City of London is removed due to its very low resident population). This graphic was produced using free and open-source software (R and Inkscape). For data sources, code, and images used, go to <https://github.com/CharlesTheFifth/unhappy-meals>.

Created by Charlie Steer for the NHS Visual Data Challenge 2020.

Accompanying paragraph

I wanted to produce a simple, striking graphic to raise awareness of the link between deprivation and obesity in a new and different way. To do this, I have taken two publicly available datasets (the Index of Multiple Deprivation 2019, and Public Health England’s “Fast food outlets: density by local authority in England”. I combined these to produce a grid of icons, ordered by deprivation, showing the relative density of fast food outlets.

My analysis found a clear pattern of inequality across England: the most deprived local authorities were broadly found to have far more fast food outlets per person than the least deprived. On top of this, some highly deprived local authorities (such as Blackpool) were found to be several times worse than even moderately-deprived areas.

I attempted to create a visualisation that could be understood by non-specialist audiences: it does not rely on experience reading line charts and axis scales to interpret the problem being presented. The graphic is read left-to-right, then down the page, as if it was written language. A short paragraph of plain English text at the bottom of the graphic sets out the context and the “so what” challenge to policymakers.

I am a firm believer in the sharing of data and techniques across the analytical community, to help each other create the analysis that will shape policy and solve health inequalities. In my graphic I link readers to a site which contains all of my files and code: interested analysts can use and improve on my work for their own needs. I would love for my entry to this challenge to start conversations across England about the scale of this problem, and help to address this immense health inequality.