



REDUCING CHILDHOOD OBESITY

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Fig. 1.A Prevalence of overweight (including obesity – WHO definitions) in boys and girls aged 7–9 years, according to latest available COSI round [%]^a

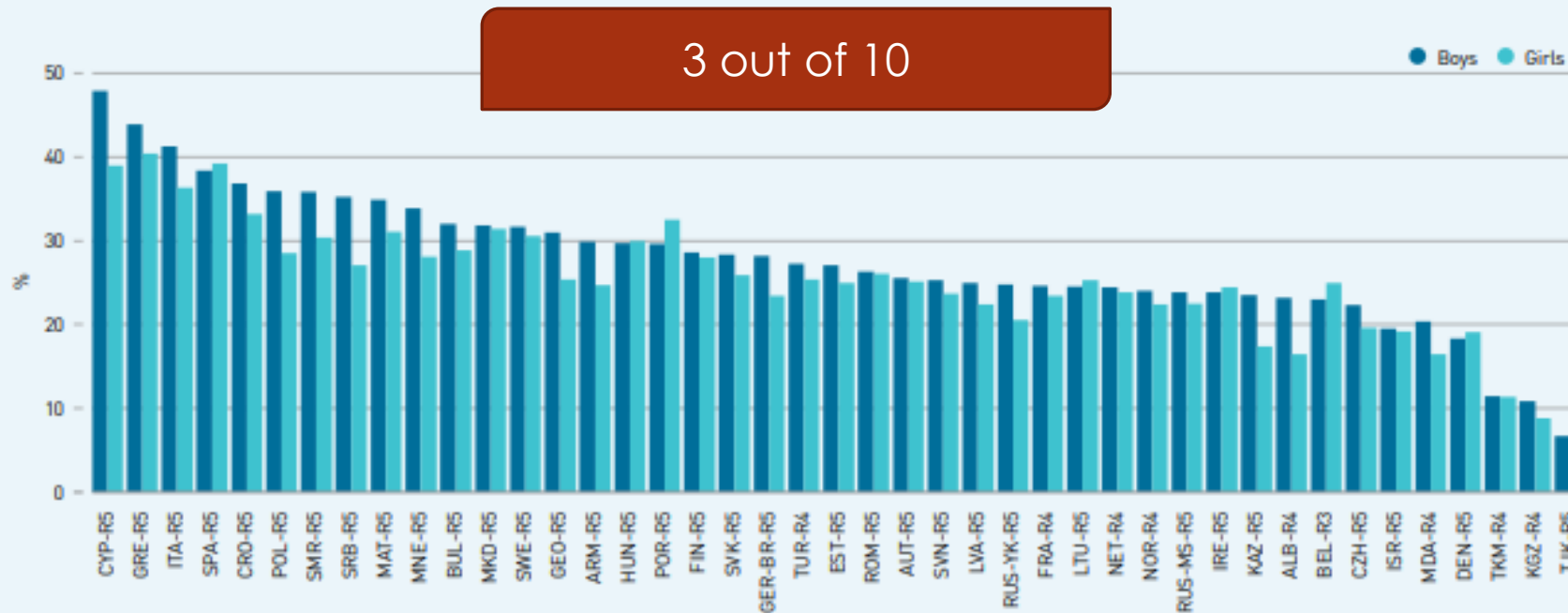
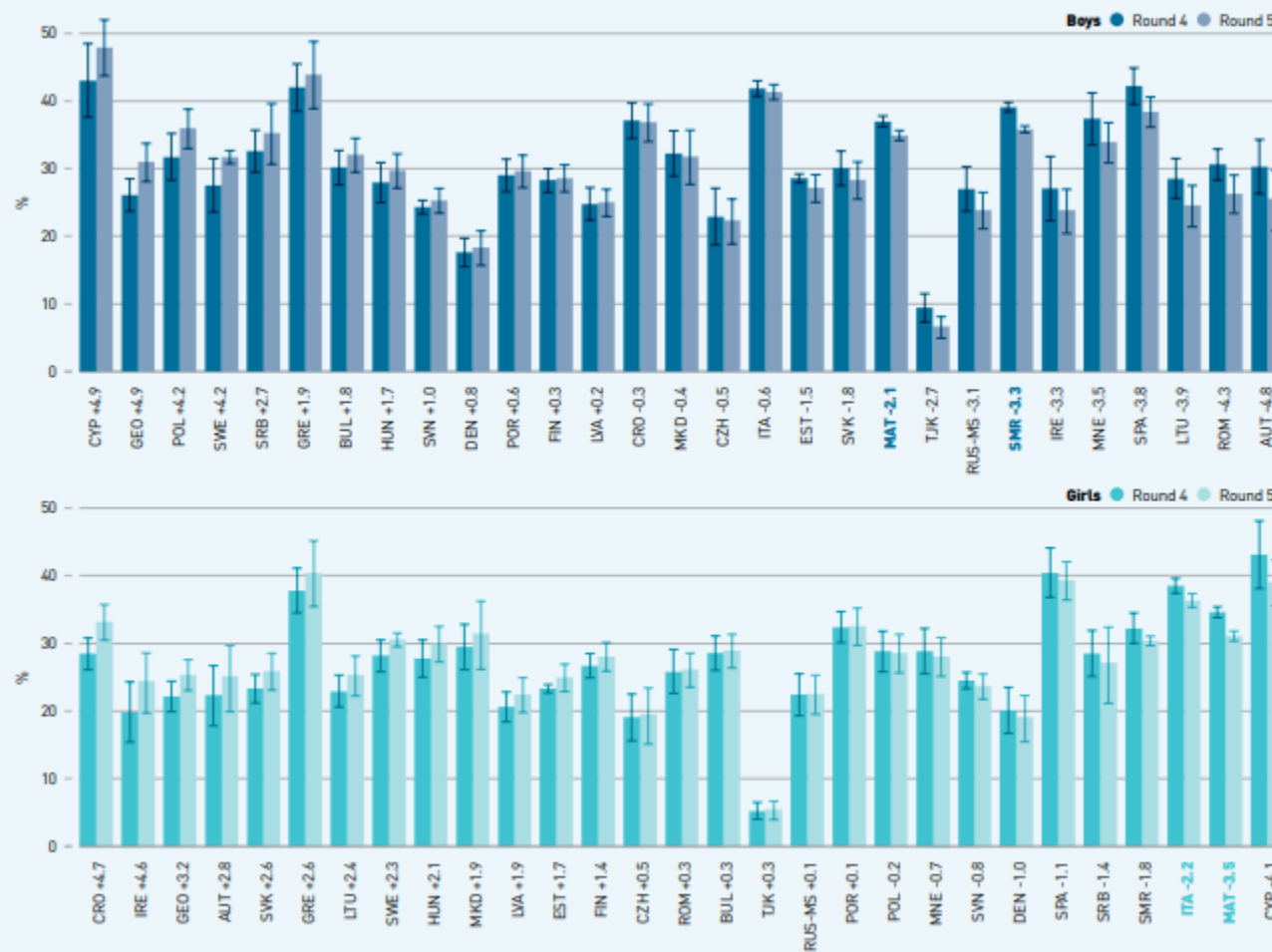


Fig. 4. Prevalence of overweight (including obesity – WHO definitions) in boys and girls aged 7–9 years, COSI round 4 [2015–2017] and round 5 [2018–2020] [%]^a



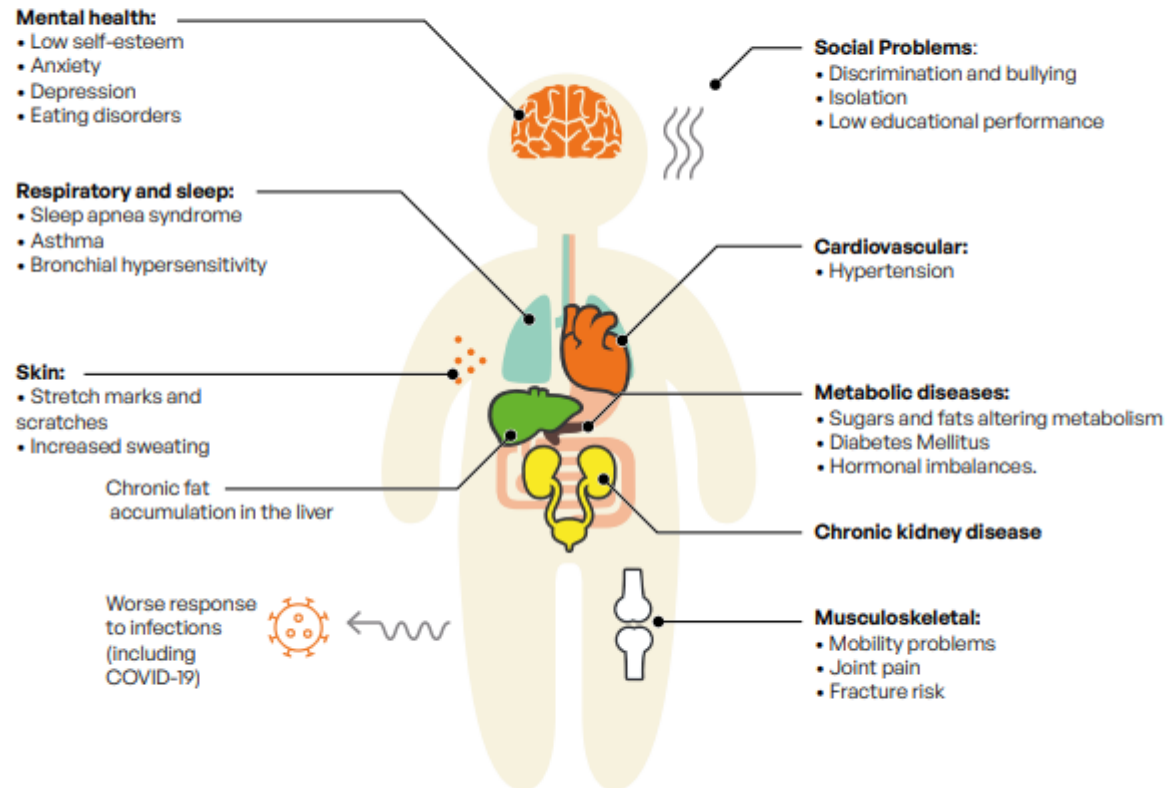
^aVariations between rounds, measured in percentage points, were calculated by subtracting round 4 estimates from round 5 estimates. Data relate to: (i) 7-year-olds in Armenia, Bulgaria, Czechia, Denmark, Estonia, Finland, Germany (Bremen only), Georgia, Greece, Hungary, Ireland, Israel, Kazakhstan, Latvia, Lithuania, Malta, Montenegro, North Macedonia, Portugal, Romania, Russian Federation (Moscow and Yekaterinburg), Serbia, Slovakia, Slovenia, Spain and Tajikistan; (ii) 8-year-olds in Austria, Croatia, Italy, Poland, San Marino and Sweden; and (iii) 9-year-olds in Cyprus. Countries written in bold: statistically significant difference between round 4 and round 5; error bars represent 95% confidence intervals (CI).

Later concerns:
post 2020

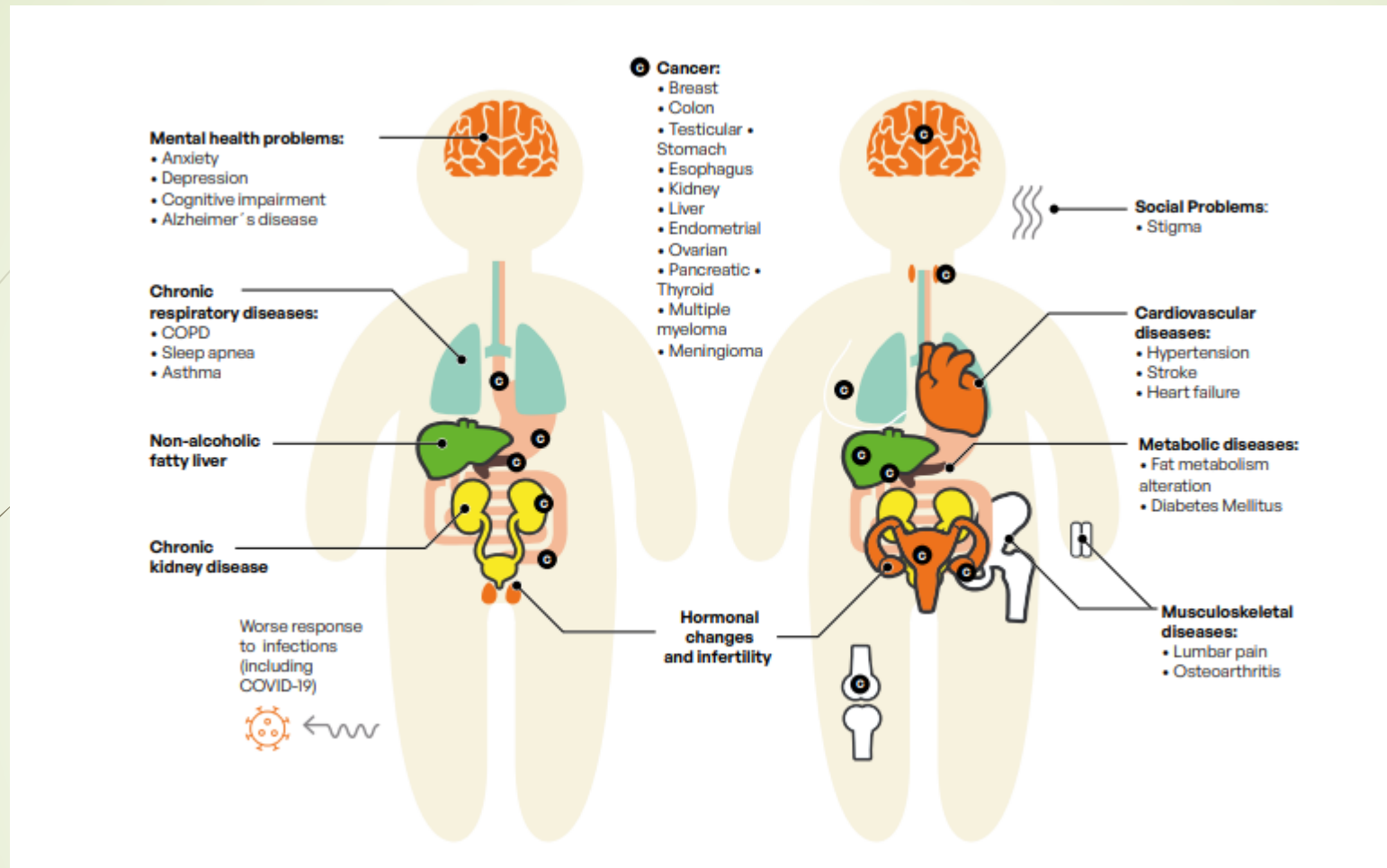
55% of children with obesity will be adolescents with obesity

80% of adolescents with obesity will be adults with obesity

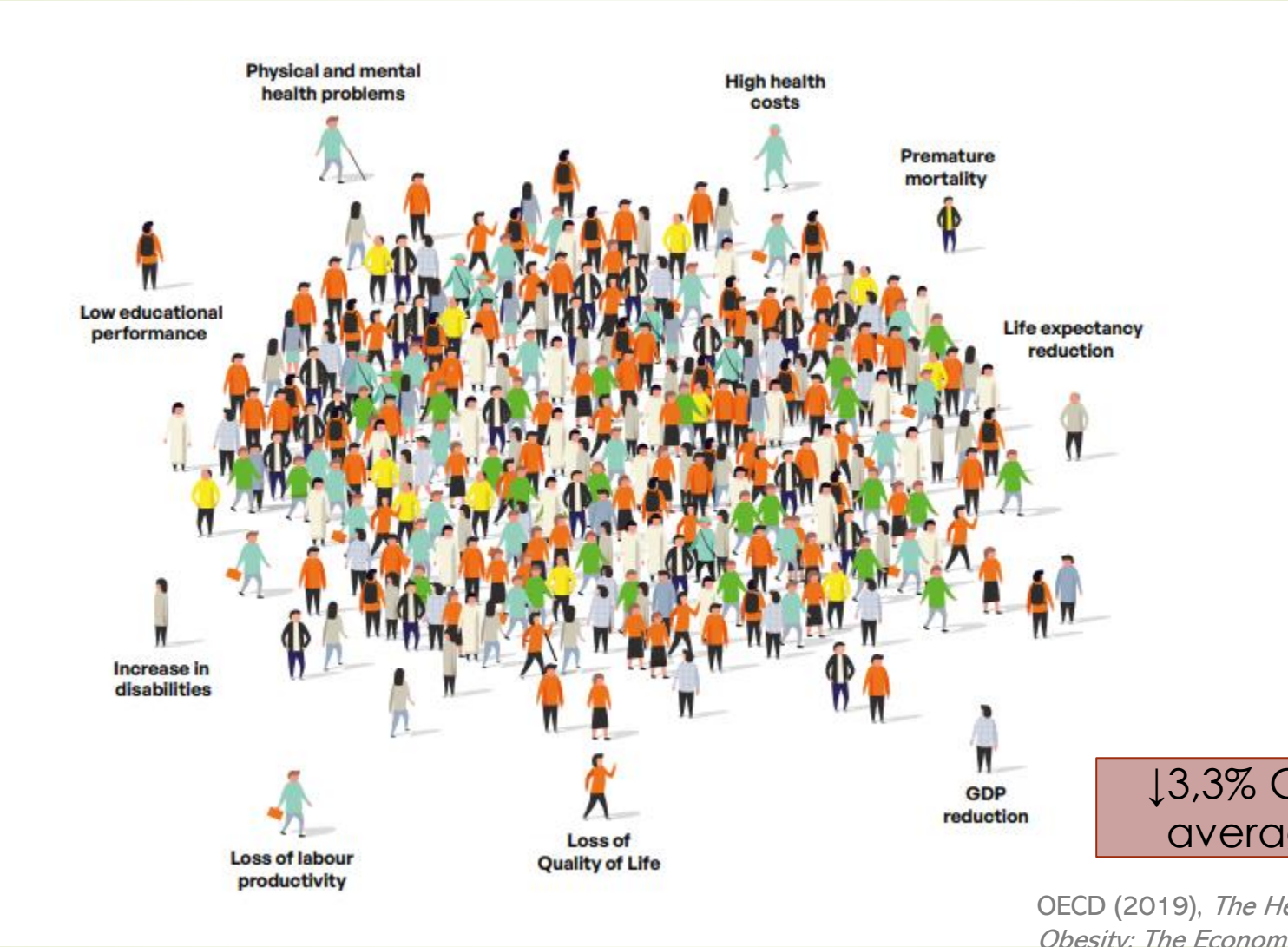
Health consequences: Childhood and adolescence



Health consequences: Adulthood



Social and economic consequences



↓3,3% GDP average

OECD (2019), *The Heavy Burden of Obesity: The Economics of Prevention*

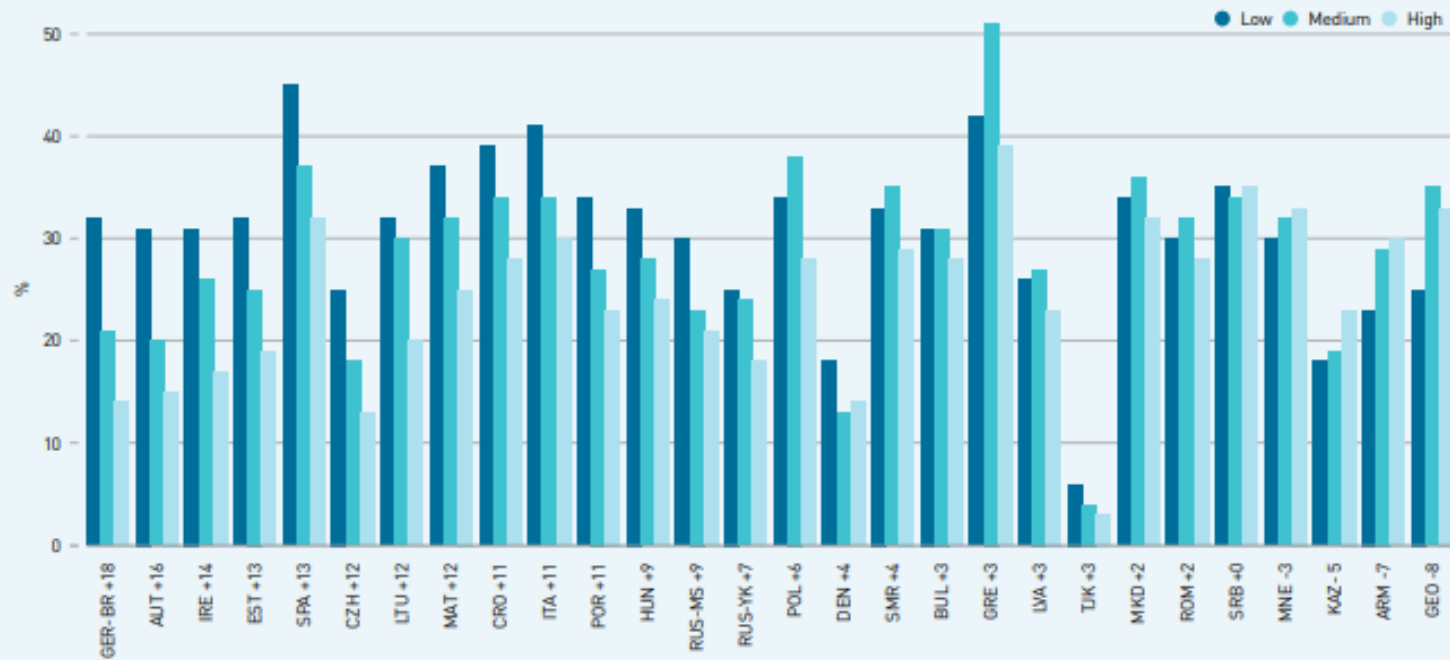
Determinants of childhood obesity

- **Obesity has a multicausal and complex origin:** genetic, biological, psychosocial, lifestyle, sociodemographic and environmental factor



Social inequities

Fig. 6. Prevalence of overweight (including obesity – WHO definitions) in children aged 7–9 years, by level of parental education (low, medium or high) (%)^a



^aVariations, measured in percentage points, were calculated as the difference between the estimate for children with low parental education and the estimate for children with high parental education. All children aged 7–9 years for whom data about parental education and nutritional status were available were included.

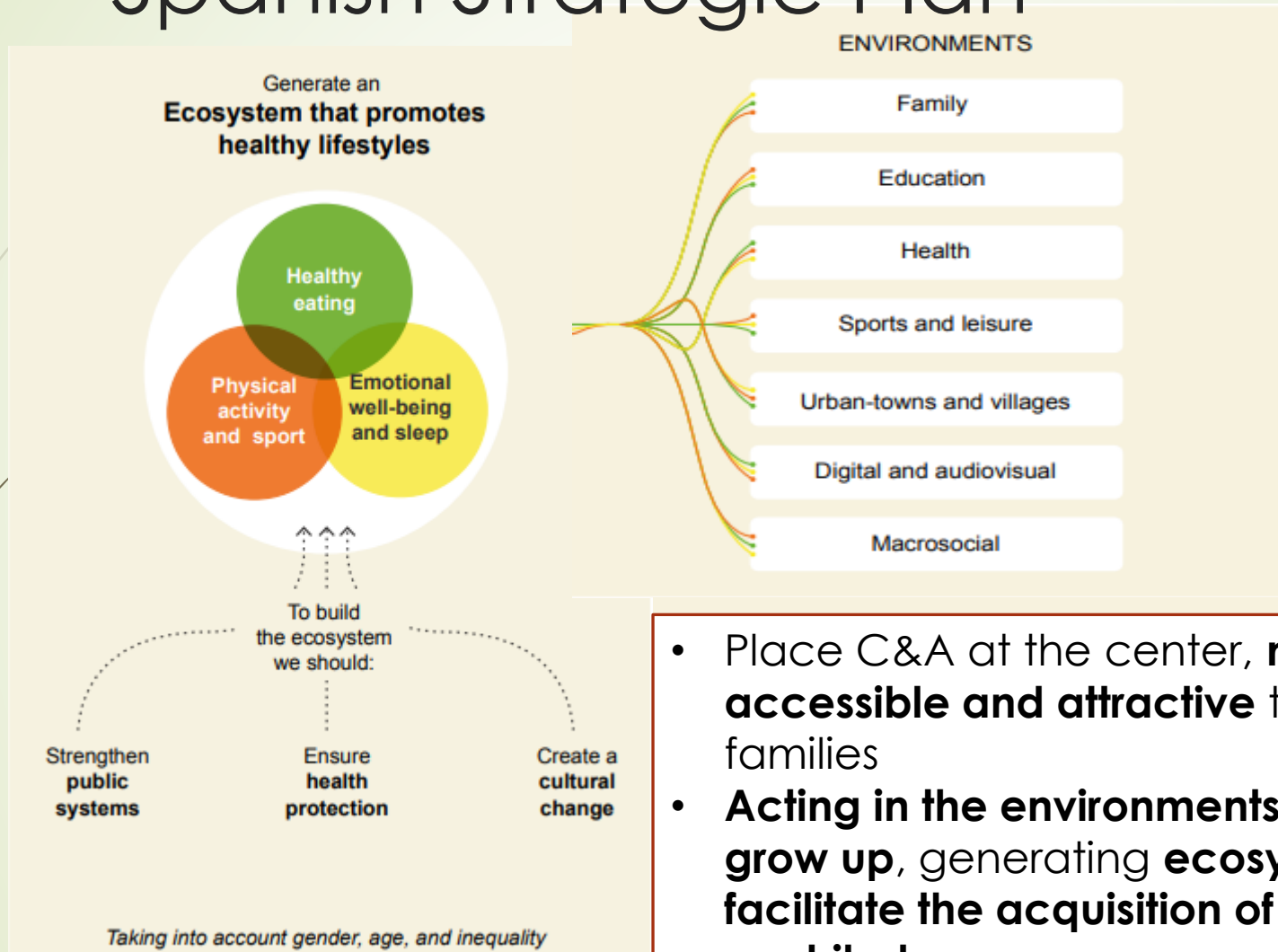
Causes of the causes

How to act?

- **Multi-stakeholder alliance**
 - Whole-government: Intersectoral comprehensive action (Health in all policies)
 - Whole-society participation (scientific, social, and economic)
- **Universal + selective** (equity focus)
- **Multicomponent lifestyle interventions**
- **Close to children's and families living environments**
- **Positive** (making easy well-being + non-stigmatizing)
- **Improving monitoring, research and innovation**



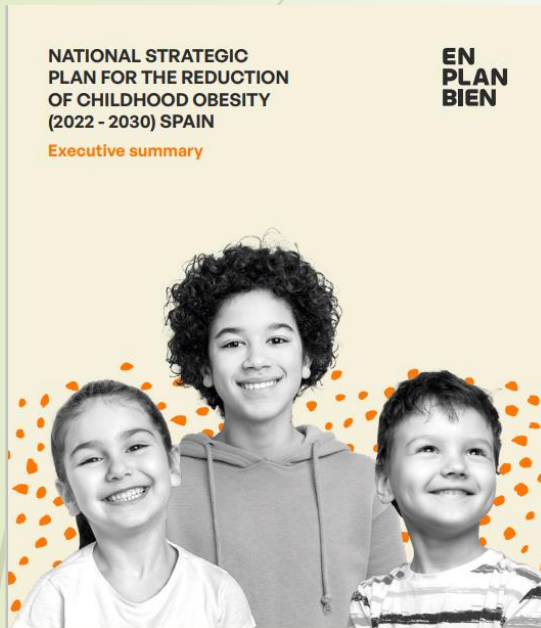
Spanish Strategic Plan



- Place C&A at the center, **making healthy lifestyles accessible and attractive** to children and their families
- **Acting in the environments where C&A live and grow up**, generating **ecosystems that promote and facilitate the acquisition of three healthy lifestyle contributors**



Spanish Strategic Plan



- **Objective: to reduce child and adolescent overweight and obesity in Spain by 25% over the next decade, without leaving anyone behind**
- **200 measures (50 prioritized)**
- **6 guiding principles**
 1. Cross-cutting action on Health in All Policies
 2. Preventive vision from the beginning of life
 3. Perspective of children's rights
 4. Positive and non-stigmatizing approach
 5. Based on scientific evidence
 6. Evaluation and adaptability

<https://www.comisionadopobrezainfantil.gob.es/es/executive-summary-national-strategic-plan-reduction-childhood-obesity>



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