REDUCING CHILDHOOD OBESITY

3 out of 10
Later concerns: post 2020
Health consequences: Childhood and adolescence

55% of children with obesity will be adolescents with obesity

80% of adolescents with obesity will be adults with obesity

Mental health:
- Low self-esteem
- Anxiety
- Depression
- Eating disorders

Social Problems:
- Discrimination and bullying
- Isolation
- Low educational performance

Respiratory and sleep:
- Sleep apnea
- Asthma
- Bronchial hyperreactivity

Cardiovascular:
- Hypertension

Skin:
- Stretch marks and scratches
- Increased sweating

Metabolic diseases:
- Sugars and fats altering metabolism
- Diabetes Mellitus
- Hormonal imbalances

Chronic kidney disease

Musculoskeletal:
- Mobility problems
- Joint pain
- Fracture risk

Worse response to infections (including COVID-19)

Chronic fat accumulation in the liver
Health consequences: Adulthood

Mental health problems:
- Anxiety
- Depression
- Cognitive impairment
- Alzheimer’s disease

Chronic respiratory diseases:
- COPD
- Sleep apnea
- Asthma

Non-alcoholic fatty liver

Chronic kidney disease

Hormonal changes and infertility

Social problems:
- Stigma

Cardiovascular diseases:
- Hypertension
- Stroke
- Heart failure

Metabolic diseases:
- Fat metabolism alteration
- Diabetes Mellitus

Musculoskeletal diseases:
- Lumbar pain
- Osteoarthritis

Worse response to infections (including COVID-19)
La gráfica muestra los diferentes aspectos de los problemas sociales y económicos asociados con la obesidad. Estos incluyen:

- Problemas físicos y mentales de salud
- Costos de salud elevados
- Mortalidad prematura
- Disminución de la esperanza de vida
- Desempeño educativo bajo
- Disminución de la productividad laboral
- Pérdida de calidad de vida
- Disminución de la productividad laboral
- Desfibrilación de la GNP


Social and economic consequences

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] [%]

Causes of the causes

*Variations, 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.
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**
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