



Briefing | EP ENVI - Healthy lifestyles and fighting child obesity

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On July 13, EP ENVI's Health Working Group held a webinar on healthy lifestyles and fighting child obesity. The webinar featured interventions from medical experts from the WHO, obesity awareness groups, and paediatric experts. Throughout the meeting it was emphasised that obesity needs to be tackled as childhood rates are currently concerningly high in the EU region.

Please read below for a summary of the webinar.

Sara Cerdas (S&D, PT), Co-Chair, welcomed the participants. This topic is of the utmost importance for the EP, she noted. Obesity rates amongst children have been of high concern since 2018, with a study showing close to 25% rate of childhood obesity in some member states. At the EU level, the EP aims to provide healthy environments, and we need to promote this.

The WHO perspective

Dr Kremlin Wickramasinghe, Programme manager for nutrition within the WHO NCD Office, WHO-Europe, noted that there are many surveys analysing obesity along the life course for 25-26 countries, including data on data on obesity in primary school children. Close to 40% of boys are obese, he noted, and we know that this significantly increases their chances of developing weight issues in their adulthood. He noted six key steps to tackle this epidemic.

First, we need to promote the intake of healthy foods. This could include a levy on food products containing unhealthy levels of sugar, salt, or other ingredients. An example from Hungary showed that public awareness was raised, and food manufacturers followed suit to avoid the levy.

Second, we need to promote physical activity and reduce sedentary behaviour. Many studies have already been carried out on how to achieve this and are available on the WHO's website. Third, we need to improve guidance on preconception and pregnancy care, and to promote healthy weight among mothers to mitigate risk via counselling.

Fourth, we need to improve early childhood diet by addressing the composition, labelling and marketing of baby foods in Europe. Two new WHO reports are available to help member states support families and babies, he noted. If more than a third of the energy in baby food comes from sugar, it is considered unhealthy, he counselled.

With the rise of food delivery apps, we also need to consider policy design to apply restrictions to digital marketing promoting unhealthy foods, he argued.

Fifth, we need to promote healthy school environments. Sixth, we need multi-component services on weight management. That is to say: family-based interventions that include nutrition, physical activity, and psychological support, as well as training in childhood obesity prevention and management. Next year they will be launching a WHO-Europe report on obesity to provide pointed policy proposals. We need comprehensive national obesity policies, he concluded.

Big data and secondary use in the fight against childhood obesity

Dr Jennifer Lyn Baker, Chair of the EASO Childhood Obesity Task Force, reminded the definition of obesity and pre-obesity, as well as the fact that it has been declared a chronic relapsing disease which can lead to other NCDs. This is an issue that needs to be treated seriously, she emphasised.

She noted that big data can reveal trends and associations, and can be extremely helpful to tackle childhood obesity, especially via new tools such as the European Health Data Space. The idea of recording information is feasible but is not always carried through, she noted.

So far, we know that many children in Europe are obese, and that a majority of them are boys. We also know that this puts them at a higher risk of developing other diseases, such as diabetes, cardiovascular issues, and cancer. In order to harness the power of data, EASO has taken historical records on obesity in Denmark and match them with other public health trends. The results show that boys obese at 7 who had reduced their weight by 18 were much less likely to develop diabetes. There are many missed opportunities to collect additional data in this space, she lamented. By doing so, we could get more insight into the effects of obesity in children.

She beckoned attendants to keep in mind that obesity is a chronic and relapsing disease. We also know that the duration of obesity is very important. It is important to record health information in the right way in order to make good use of it, she concluded.

Linking obesity with mental disorders in children

Prof Jordi Sunyer, Chair of the Childhood and Environment Program of ISGlobal, noted that the study is linked to a project related to studying the brain development of children related to ultrafine particles. Children were invited to carry out a functional MRI, at the average age of 9.8. 180 whole-brain maps were developed, and they could compare the brains of children studied based on their weight. The paper, released a few months ago, showed that several areas of the brain related to rewards and self-perception were different for obese children. By and large, the results showed that these areas did not function as well. Their brains showed the same type of activity as in children with mental health issues such as OCD. This suggests that their habits are leading to their behaviour, and that this could lead to the development of further issues. Therefore, management of obesity must address both the contextual and individual levels. Concerning the former, hypercaloric foods and beverages, screen-time indoor life will impact children, he argued. Concerning the latter, the neuropsychological treatment as well as balanced nutrition and physical activity need to be considered. He called for a holistic approach to prevention and treatment which considers both the contextual and individual circumstances of each patient.

Healthy schools network: Obesity prevention program in Portugal

Mario Silva, Executive president of the Portuguese Association against Childhood Obesity, reminded that the Commission has declared obesity a chronic relapsing disease, echoing the position of WHO. Portugal had done so as far back as 2004, he noted. Since then, they have offered treatment and management in hospitals, focusing on post-operational care. He noted that recent figures show up to 21% of children in Portugal living with pre-obesity. He noted that prevention is based on healthy lifestyles, like with other diseases like cancer. However, they wanted to avoid stigmatising obese and pre-obese children in their curriculum. The challenge was to motivate children to eat healthy food. They focused on a "learning by doing" approach, rather than telling children what they should and should not eat. This is what led to

the development of the gamified prevention programme "Fruit Heroes". Of participants, 40% reached WHO recommend portions of fruits and vegetables in only 5 weeks. After 10 weeks, this increased to 60%. This effort yielded even better results when combined with the EU Fruit distribution scheme. He concluded by emphasising that treatment and long-term management are needed along side prevention, which remains a key part of the puzzle.

Prevention of childhood obesity

Prof Koen Joosten, paediatric intensivist at Erasmus Hospital Rotterdam, spoke about the development of a nutrition and lifestyle screening instrument for children aged 0-4. Average BMI has been rising in the Netherlands over the last 20 years, he noted. Childhood obesity is also on the rise in certain cities, he added. Without taking measures, over 60% of Dutch children will be overweight, according to the government.

Healthy nutrition and lifestyle are very important for young children as this is where we develop tastes and habits while consuming close to 1 million calories between the ages of 0-4. They investigated the food consumption of toddlers, filled in by parents over three days. Most nutrient intake was adequate, but the survey found that there was not enough intake of fruits, fish, nuts and fats. Moreover, only 59% of parents used Vitamin D supplements as a part of their children's diet. Lastly, many consumed snacks, breads, dairy and unhealthy fats as a part of their diet.

What can be concluded thus far is that the current prevalence of childhood obesity and overweight calls for action. A screening instrument that classifies nutrition and lifestyle risk and offers prospects of action might induce timely adjustments and prevent young children from health problems in the future.

He emphasised the need for an action plan going forward. He also argued against marketing towards children.

Q&A

An audience member asked how big data was collected.

Dr Jennifer Lyn Baker replied that big data is a catch all term for all data available for study. This can include patient surveys at hospitals or even historical health data, such as the case in her specific research, which can be linked with other health records via cancer and other disease registries.

An audience member asked about the lack of dissemination of information regarding the categorisation of obesity as an NCD and chronic disease. What do we need to do to make that happen, she asked? How can policymakers support this effort in their member states and beyond?

Dr Kremlin Wickramasinghe replied that there is plenty of evidence to sort out what we need to do to tackle obesity, now we are in an implementation phase. WHO guidelines being developed does not mean that they are being implemented, he noted.

Mario Silva, Executive president of the Portuguese Association against Childhood Obesity, noted that in 10 years, with the agreement of the government, there was a national plan focused on prevention and access to treatment for people who needed surgery. However, they realise that they still need to go further. We need to think about not leaving anyone behind, he emphasised.

Dr Jennifer Lyn Baker stated that obesity is a complex disease and that it needs to be tackled as such. Policymakers need to view it as a real disease, she emphasised. We need to disseminate the seriousness of the disease and share more information about how to fight and prevent it.

Sara Cerdas (S&D, PT), Co-Chair, stated that from the EP's perspective they acknowledge the urgency of the issue. She noted that the EP has taken several steps to highlight the issue at the European level. She also noted that high-calorie foods have also become more available and affordable, which is having knock-on effects on obesity rates. Especially in children, this leads to more complicated health situations

later in life which will cost the public health system more money to handle. The farm to fork strategy also calls on systems to produce healthier foods, she noted. The EU4Health programme also features prevention as a part of its measures, as does the Beating Cancer Plan.

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