Childhood obesity:

The preventable epidemic

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The uncomfortable truth is that our well-resourced societies have proved unable to protect our children from a preventable epidemic. Understanding why childhood obesity must be stopped is not very difficult or controversial. We are spoiled with declarations, commitments and road maps full of great intentions to this effect. But the question why no single country, 30 years since the start of obesity's ascent, has been able to demonstrably contain or reverse this trend is unsettling. The answer may well go beyond the usual narratives into some deeper issues of problem framing, lack of accountability and macroeconomics.

Obesity by numbers

According to the most recent WHO European Health Report, on average, over 50% of Europeans are overweight and over 20% are obese. Overweight rates increased in every single EU country between 2010 and 2014. Projections show that overweight could rise to 67-91% in some European countries by 2030. Up to a third of 11-year-olds in Europe are already overweight or obese. Obesity in childhood is an important predictor of obesity and chronic diseases later in life; around 60% of children overweight before puberty are overweight as early adults. According to some opinions at the WHO, future generations may for the first time in modern history face a life expectancy lower than our own.

From an individual perspective, obesity is a serious affliction and a major risk factor for numerous chronic diseases, leading to individual hardship and suffering. Obesity is associated with type-2 diabetes, cardiovascular diseases, cancers, respiratory diseases, mental health problems (low self-esteem, depression), social stigma and so on. It is responsible for around 10-20% of deaths and 10% of the total disease burden in Europe. High fat diets are both a risk factor for obesity and cognitive impairment in children.

From a societal and economic perspective the situation is no less severe. Today an estimated 7% of national health budgets across the EU are spent on obesity-related diseases, which could be near 2.5 times higher by 2025. When productivity loss and absenteeism are included in the bill, the costs to the economy rise further. With today's already over-extended budgets, saddling ourselves with a largely preventable cost means double trouble for our health systems. These are not smart forward-looking investments, like those in renewable energies, sustainable agriculture or bike lanes, but the unpaid bill of a food system gone wrong.

To tackle childhood obesity, focus on children?

While there are certainly good reasons to emphasise the importance of healthy eating and physical activity for children, trying to tackle obesity by focusing policy interventions on the child may not be fully consistent with evidence.

The reality is that an individual's propensity for obesity already starts before birth. Food and flavour preferences, with knock-on effects on eating patterns later in life, already begin to be formed in the womb. A junk food diet during pregnancy has been associated with children's increased consumption of energy dense, nutrient poor foods. There is recent evidence that epigenetic information affecting metabolism is being passed on from parents to offspring, which could mean that the parental diet has a direct influence on a child's probability of becoming overweight. In well-established research, parental obesity more than doubles the risk of children becoming obese. Exclusive breastfeeding during the first six months, an apparently cheap and straightforward practice is widely recognised as a key protective measure, but the European region has the lowest adherence to breastfeeding in the world.

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The problem is that both children and their caregivers are exposed to food and drink environments which, according to The Lancet, "*exploit people's biological, psychological, social, and economic vulnerabilities, making it easier for them to eat unhealthy foods*". Few things illustrate the exploitative nature of the food system better than children having been turned into a target audience for marketers. In light of the obesity epidemic, the intensive marketing of unhealthy foods high in fat, sugar and/or salt (HFSS) to children is a deeply immoral practice. It continues nevertheless, including through various 'innovative' approaches using social media and online gaming, despite contrary pledges from food producers and advertisers. Eradicating marketing of HFSS foods and drinks *aimed* at children and effectively limiting *exposure* of children and parents to such marketing is not the key, but a precondition to start addressing childhood obesity.

Given the impossibility of isolating children from their surroundings, the effectiveness of pigeonholing the child as a policy response category is therefore highly dubious at best. Children are exposed to obesogenic environments both directly and indirectly through parents, caregivers, peers, role-models and through the built environment. Obesity is a systemic challenge to be addressed at its roots.

Europe's food system, the unaccountable driver

While multiple determinants (confounding factors) exist to explain variations in the intensity and timing of the obesity epidemic in various countries, including cultural, socio-economic and genetic,

the nearly simultaneous rise of obesity throughout the world is no coincidence. Common trends infer common drivers. Changes in the food system, while not the only *causes* of overweight and obesity, lend themselves best to the description of core *driver*. Food environments underwent substantial and rapid transformations over the last decades, increasing the availability of cheap, highly palatable, energy-dense foods, enhancing access to such foods and driving demand via pervasive marketing.

One of the defining features and core problems of our food system is the lack of accountability. From biodiversity to climate change to health, the food system is responsible for vast externalities and the bill is paid by other parts of the economy – including the health system – or left to future generations. Most food and drink manufacturers are now involved in public relations campaigns on obesity and are implementing some voluntary commitments in this area. But in reality no sector takes responsibility for more than a tiny fraction the problem, if at all. While sales figures and market shares are showcased to shareholders and investors, public health effects are downplayed to policy-makers and authorities. And the buck of responsibility is passed on from one industry to the other and onto consumers.

Regrettably, governments have in many instances swallowed the false promises of self-regulation. The continuing rise of obesity makes painfully obvious that these voluntary approaches simply do not work. Self-regulation without clear targets, time-frames and penalties means kindly asking the industries behind the problem in the first place to design their own solution, while overlooking fundamental conflicts of interest and sacrificing the pace of progress. Self-regulation is akin to giving away to the donkey both the carrot and the stick; should we be surprised if it slows to a halt?

Although tackling obesity should by all means focus on prevention, attempts to frame obesity politically as a chronic disease risks creating another set of vested interests. Pharmaceutical and medical industries may distract policy and research attention towards ways to 'cure' obesity and overweight, diverting the focus away from the urgent need for more prevention. While *en vogue* notions like 'shared responsibility' for tackling obesity sound very inclusive and consensual, responsibility becomes meaningless when no one is held to account.

Obesity, poverty and malnutrition

Economic inequalities and obesity go hand-in-hand. Much of the premature mortality and healthy life years lost in low socio-economic groups can be explained by obesity-related diseases. People from lower socio-economic groups are more than twice as likely to become obese and overweight rates are rising fastest in these groups. While 'the rich' remain much nearer a healthy weight, 'the poor' are steadily getting more obese. Obesity in children is strongly correlated with the economic status of the parents. And strikingly, the higher the level of income inequality in a European country the more overweight children are.

Given the self-reinforcing nature of health and socio-economic inequalities and the growing wealth and income disparities in Europe, should public health advocacy climb up the macroeconomic ladder? Should Europeans be asking for a basic income, like the Canadian Public Health Association did? And, quite pertinently, could the lack of action on obesity be a form of social discrimination? Blaming citizens' lack of education or responsibility cruelly misses the point that many families struggle to have access to healthy diets and that processed HFSS foods are aggressively (low) priced as well as intensively marketed. Obesity is a form of malnutrition, following the definition of a body not getting the right amount of nutrients needed to maintain healthy tissues and organ function. If we spoke of malnourished, rather than overweight or obese children, policy responses would maybe be more ambitious.

Whose choice?

The most frequent criticism levelled at public health action in the food chain is that it supposedly unleashes the 'nanny state', is paternalistic and restricts the freedom of choice. The individual choice argument has unfortunately nothing to do with evidence about how we make decisions, and everything with shifting the burden of responsibility for any so-called 'lifestyle' outcomes (also a highly contentious term) to consumers.

The simplistic notion of the individual as rational decision-maker or 'utility-maximising homo-economicus', still popular in many circles, has been discredited by behavioural economics, social psychology and neurological research of the last few decades. Authors of well-known book "The Nudge" playfully deride the homo-economicus as supposedly able "*to think like Albert Einstein, store as much memory as IBM's Big Blue and exercise the willpower of Mahatma Gandhi*" and this at any moment of the day. It goes without saying that the relationship between an individual and society is far more complex than the individual choice ideology would have us believe. Rather than an independent given, individual agency is shaped and in constant *interaction* with the social environment, as neither individual choice nor societal conditions exist in a vacuum.

The 'nanny state vs. individual choice' paradigm is flawed on numerous other accounts as well. Today's food and drink environments are not neutral. They are not reflections of a pristine, natural state of some kind. Food and drink environments are minutely managed by the private sector which has for decades perfected its ways of influencing purchasing behaviours. Also, the long history of policy interventions in agriculture and food mean that our habits today are shaped in large part by prices that do not reflect the long-term costs or benefits of different foods to the individual and society. Paradoxically, price policies motivated by public health considerations are often hysterically presented as fundamental attacks on the freedom of choice. But the opposite is true. A rebalancing of incentives via policy would *empower* consumer liberty by allowing greater access to healthier options.

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According to an old African proverb, it takes a village to raise a child. Similarly, it takes a societal approach to enable future generations to flourish and enjoy healthy and active lives, free from undue influence by exploitative food and drink environments. Will ours really be the generation that accepts consigning our children to shorter, unhealthier lives than our own?

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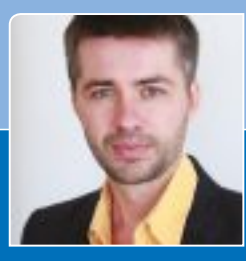

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