

11 May 2018

Submission to the Oireachtas Committee on Children and Youth Affairs on ‘Tackling Childhood Obesity’

Thank you for the opportunity to participate in the consultation exercise. I am a public health nutritionist with 17 years’ experience and my expertise lies in the areas of childhood obesity and food poverty.

Childhood obesity is a significant societal challenge (1). One in four children, as young as three-years of age, in Ireland is overweight or obese, with increased rates amongst those from lower socio-economic backgrounds (2,3). Obesity is the outcome of a complex web of social, cultural, environmental, biological and psychological influences, not simply a matter of individual choice or responsibility. There is no one single solution to addressing it (4) and a multi-sectoral, multi-level approach is required to tackle this complex health issue.

The publication of ‘A Healthy Weight for Ireland’ in 2016, the ten-year obesity policy and action plan was a welcome step; in particular, its focus on a life-course approach. There is strong evidence to support beneficial effects of child obesity prevention programmes in children aged 0-18 years of age (5). The emphasis now should now be on translating effective intervention components into practice and scaling up interventions (8). The WHO has argued that interventions to address childhood obesity need to be developed that can be embedded into ongoing practice and existing systems, rather than implementing interventions that are resource-intensive and cannot be maintained in the long-term (6).

A good start in life sets the foundations for future health. Early intervention is a key strategy to address obesity (1). The period from conception to a child’s second birthday, often referred to as “the first 1,000 days¹”, is a critical period for nutritional programming and the development of childhood obesity-related risk factors (7). Several risk factors for the

¹ The use of this term in the context of this document is not to be confused with a breast milk substitute industry’s campaign to promote nutrition during this period.

development of childhood obesity are identifiable during the antenatal period and infancy. These include maternal pre-pregnancy overweight, smoking during pregnancy, high infant birthweight and rapid weight gain, while breastfeeding and the late introduction of solid foods are considered moderately protective factors (8).

Recommendation: Early life interventions/actions to prevent childhood overweight/obesity should be supported, in particular those that focus on supporting:

- mothers to have a healthy pre-pregnancy weight;
- smoking cessation before/during pregnancy;
- appropriate nutrition, physical activity, and weight gain during pregnancy;
- appropriate weight gain of young children during infancy;
- mothers (and fathers) around breastfeeding
- the appropriate introduction of solid foods to infants.

In Ireland, there are 25 routine contacts between a parent and their child and the health service during the first 1,000 days through the National Healthy Childhood Programme and the free GP care initiative for all children under the age of six. Health professionals therefore have the potential to influence large numbers of parents during this time period. The American Academy of Pediatrics has highlighted the important role that pediatricians can play in preventing childhood obesity; they stress however that the lack of feasible and effective strategies (implementable at scale) in primary care is an important research gap (9).

The above points were echoed in a study that I conducted last year with policymakers, researchers (national and international), and practitioners as to key gaps in our knowledge concerning childhood obesity (10). They co-created a list of the top 10 priorities they felt were important to address in childhood obesity prevention research. They are:

1. Evaluate (including economic evaluation) current programmes to inform practice and policy



2. How to change culture towards addressing the determinants of health (Health in All Policies)
3. Implementation science: process (study of methods to promote the uptake of research findings into routine healthcare in clinical, organisational or policy contexts)
4. How to integrate obesity prevention into existing service structures
5. How to enhance opportunities for habitual physical activity, including free play and active travel
6. Interventions to reduce the gap between children (social backgrounds)
7. Understanding resilience to the development of obesity
8. How to support and engage parents
9. How to integrate obesity prevention approaches into education settings
10. Cost benefit analysis of increased support for 0-5 years

Recommendation: The Committee should consider the gaps in the evidence as outlined above and make recommendations to support the conduct of this work.

I now wish to address, and provide further evidence concerning, some of the measures proposed during hearings to date.

On May 1, Dr Cathal McCrory, a senior research fellow at Trinity's Irish Longitudinal Study on Ageing, appeared before the Committee and advocated for the introduction of weighing children in schools. It should be noted that the evidence to support such a strategy is inconclusive, a view supported by the US Centers for Disease Control and Prevention (11). Findings from a study of parents of children participating in the National Child Measurement Programme in the UK found that while the provision of weight feedback increased recognition of child overweight and encouraged some parents to seek help, without causing obvious unfavourable effects, the impact of weight feedback on behaviour change was limited. Furthermore, a study using data from a longitudinal Australian dataset found that contrary to popular belief, parental identification of child overweight was not protective



against further weight gain. Rather, it was associated with more weight gain across childhood (12).

Recommendation: The introduction of screening for overweight/obesity in school children should be approached with caution. Research should be undertaken to establish the full impacts of a screening strategy and how such a strategy could be best developed and implemented to support meaningful behaviour change.

Summary

Laying the foundations for future health during the first 1,000 days of life is critical in addressing childhood obesity thus early life interventions/actions to prevent childhood obesity. There is strong evidence to support beneficial effects of child obesity prevention programmes in children aged 0-18 years of age. The emphasis now should now be on translating effective intervention components into practice and scaling up interventions. The Committee should consider the gaps in the evidence concerning childhood obesity prevention and make recommendations to support the conduct of this work.

The introduction of screening for overweight/obesity in school children should be approached with caution. Research should be undertaken to establish the full impacts of a screening strategy and how such a strategy could be best developed and implemented to support meaningful behaviour change.

I thank the Committee for seeking public submissions and recognise the importance of the Committee with regard to addressing the issue of childhood obesity from a cross-sectoral approach. I would be delighted to provide any further information as needed in the future and forward to your response regarding the recommendations suggested.



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