Responses to Questions on the WHO Interim Report on Preventing Childhood Obesity

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1) *Are there issues or strategies that have been overlooked in the Commission's interim report?*

Food and beverage advertising
As of 2009, youth ages 8-18 spent on average 458 minutes (7.6 hours) per day consuming media online and through television. Only about three in ten children report that their parents set rules regarding media use; thus, the majority of youth have unlimited exposure to internet advertising through computers and mobile devices. While television food and beverage advertising is still the most common approach used to target youth, the internet is increasingly being integrated into multimedia ad campaigns.

The food and beverage advertising industry has adjusted to the new digital culture by utilizing novel means to target children. Rather than relying on passive advertising (i.e. television commercials), the majority of food and beverage brands advertised on television have developed a web presence that includes games, videos, site registration, social media integration, personalization, and content creation. Most online food and beverage ads are for energy-dense, nutrient-poor foods and drinks and directly encourage purchasing. Efforts to address childhood obesity need to consider the impact these marketing strategies have on children's food and beverage intake.

In the U.S., websites specifically targeting children must comply with the Children's Online Privacy Protection Act (COPPA), which currently does not regulate advertising specifically. Similarly, guidelines adopted by the European Union in 2012 failed to place any such limits. While Sweden outlawed TV advertising targeted to youth under 12 in 1991, few other countries have followed its example. International regulations are needed to combat multimedia advertising tactics in this new digital culture. Additionally, designing, implementing, and disseminating strategies to increase youth media literacy of food and beverage advertising through schools and after-school programs (similar to curriculum on increasing youth media literacy of alcohol and tobacco advertising) is needed.

An additional marketing strategy aimed at children that requires regulation is the inclusion of prizes and toys in children's fast food meals, which incentivizes youth purchasing. As these meals are commonly high in calories and fat, increased consumption among children contributes to the obesity epidemic. While bans on providing free toys with purchase of children's fast food meals have been successful in places such as San Francisco, U.S., increased widespread bans and/or restrictions of including toys and prizes with fast food meals that do not meet nutritional requirements are necessary to impact the rising rates of child overweight and obesity.

Maternal and child health across the life course

The focus on lifespan and need to attend to developmental issues is highly timely to emerging science in this area. Additional consideration and emphasis is needed on the following topics:

1. The need to attend to women's health prior to conception (e.g., devoting attention on promoting improving health among women of child-bearing age and those intending to become pregnant).
2. The importance of introducing education on nurturing healthy fetal growth among pregnant women, especially those of low socioeconomic status.
3. Greater emphasis on the need to facilitate healthy parenting practices and skills among new parents, including food-specific and general types of parenting practices that facilitate health physiological and psychological growth
4. Attention to the importance of "modeling" healthy physical activity for children.
5. The importance of on-going healthy lifestyle changes related to promoting physical activity and healthy dietary intake based on national recommendations.

Additional built environment and policy-related strategies to promote healthy eating and physical activity among children:

Other built environment and policy-related strategies to consider are to:

1. Incentivize food outlets (food stores and restaurants) to offer healthier food products to their customers. Small food stores such as corner stores and convenient stores may be less motivated to stock up with healthier food items such as fruits and vegetables than large grocery stores because their purchasing cost may be higher due to the volume of purchase and shorter shelf lives. One potential option is to incentivize the small food stores with tax breaks and to leverage marketing strategies making colorful signage of healthy foods available to stores for display. Similarly, strategy could also be used for restaurants.
2. Provide avenues and resources for schools and communities to upgrade their physical activity equipment for children in playground, parks, and other safe places. Availability of inviting and well-working physical activity equipment is necessary for children's to engage in physical activity.
3. Provide incentives (via food vouchers and coupons) to expecting mothers to encourage them to purchase healthier food products and learn about healthy eating before delivery.
4. Provide guidelines, incentives, and resources (e.g., space) for child care centers and daycare providers to integrate structured physical activity programming (based on national recommendations) for young children (2-5 years) into the curriculum. The policies, requirements, and available resources for promoting physical activity among young children is not uniform across child care centers, and policy-level changes are needed to ensure that recommended levels of physical activity are met for this age group.

2) *How can your sector/entity contribute to the proposed policy options to end childhood obesity?*

The public health and behavioral research sectors can contribute by providing intellectual resources, scientific expertise and evidence, program implementation and data collection protocols, evidence-based materials on meeting healthy eating and physical activity goals, and validated tools and instruments for evaluation. Public health investigators can determine how to best incentivize local stores and restaurants to promote healthy food via policy changes, and also equip school officials with strategies to limit the availability of processed foods on campus and replace them with healthier options. Studies conducted

within our sector that examine the positive health effects of correct calorie labeling and portion control on weight can further support anti-obesity efforts. Researchers can increase awareness of the impacts of sugar-sweetened beverages and fast food on childhood obesity, and suggest strategies to decrease consumption. Existing connections between public health researchers and community stakeholders can be leveraged to increase engagement in local physical fitness programs and walk to school programs.

3) *What are the important enablers to consider when planning the implementation of these proposed policy options?*

To understand enablers, the first step is to assess country, agency, or other community constituents 'readiness' for program and/or policy implementation. Readiness refers to the extent to which an organization/agency is both willing and able to implement a particular practice. This assessment can cover agencies' knowledge about the health issue in place, resources needed to adopt the new policy, the agencies' climate in support of adopting the policies (such as the leadership's buy-in on the policy and the agencies priorities) and staff capacity. As the report mentioned, particular attention needs to be paid to the fact that childhood obesity is *not* a result of children's decision making but can be influenced by family-level and community-level factors, such as parent provision of transportation to participate in physical activities and availability of after-school activities that promote physical activity. Therefore, proposed policy options should consider the extent to which parents will be engaged in changes, where appropriate. For instance, if a proposed policy makes unhealthy foods less available at school, strategies to address the availability of unhealthy foods in the home need to be simultaneously put in place.

4) *What are the potential barriers to implementation to be considered for these proposed policy options?*

As a corollary to our response to question #3 (enablers for implementation to proposed policy options), a major potential barrier to implementation would be unwillingness and non-readiness on agencies' part to change or adopt new policy. Resistance among individuals to conform to new policies/regulations (potentially due to cultural factors) may hamper agency efforts to put in place such regulations. It is possible that some efforts to curb obesity (such as limitations on purchasing) may be seen as overstepping into individual's private lives, so framing will be an important strategy to consider when presenting policies/regulations to the public. For example, the focus for school-level changes can be on participating in fund raising activities that promote physical activity (e.g., walks, dances, bike races) and health eating (e.g., providing healthy food options at bake sales), rather than focusing exclusively on restrictions and bans.

The school setting may be a particularly difficult environment for youth to navigate, as efforts to promote healthy eating conflict with sponsorship, fundraising, advertising, exclusivity contracts, and product sales from food and beverage companies promoting unhealthy products. While in-school spending by this industry is decreasing, as of 2009 only about one in ten public schools had explicit policies against on-campus commercialism. Many schools receive funding from the food and beverage industry in exchange for selling their products in school cafeterias and vending machines. Additional ways that the food and beverage industry is incorporated into the educational sector include advertising on campus, fundraising/donations, and exclusivity contracts. Cost analyses may be conducted to show that overall revenue is not hampered by making healthier selections of school cafeterias and vending machines. In addition, revenue from such activities make up less than a tenth of a

percent of overall school budgets, so school administrators' concerns about lost revenue are unfounded and need to be corrected.

5) *How would your sector/entity measure success in the implementation of these proposed policy options?*

It is important to note that measurement of success will depend on the outcome of interest. If the main goal of the policy is to impact childhood obesity, the primary outcome will be to measure children's BMI percentiles to assess whether change (decrease in % overweight or obese) has occurred. As part of the secondary outcome, success of implementation processes can be measured guided by conceptual frameworks such as the RE-AIM framework. RE-AIM, which stands for <u>R</u>each, <u>E</u>ffectiveness, <u>A</u>doption, <u>I</u>mplementation, and <u>M</u>aintenance, can serve as a starting point to assess overall policy impact on childhood obesity as well as specific strategies that worked in a specific agency setting. Examples of processes that can be assessed are Reach (percentage of people from a given population who participated in the program), Effectiveness (the positive and negative outcomes of the overall policy as well as specific strategies), Adoption (percentage of agencies or organizations and staff who have agreed to adopt and participate in the program), Implementation (the extent to which the program was delivered as intended and its cost), and maintenance (sustainability of the outcome of interest). Health promotion programs and resources for families in the local communities should be made available at the time of providing feedback on youth weight status.

6) *How would your sector/entity contribute to a monitoring and accountability framework for these proposed policy options?*

The public health and behavioral research sectors can contribute with evaluation of programs and policies, including evaluation and logic model design, determining data collection procedures, selection and/or development of valid, reliable survey instruments, and data analysis. A major strength is that these sectors have existing partnerships and collaborations with organizations, agencies, and community groups at local, national, and international levels that can assist with evaluation and monitoring efforts. Offering evidence-based lifestyle programs that have been demonstrated efficacy and effectiveness should be highlighted. For example, the Diabetes Prevention Program is currently being disseminated in local Young Men's Christian Associations (YMCAs) and has been adapted for populations of varying racial/ethnic backgrounds. Such evidence-based programs and protocols should be integrated into local community centers.

7) *Any other comments about the interim report?*

The conceptual model depicted in Figure 2 needs arrows to represent directionality. In its current state, it appears that all three boxes are influencing each other.