

The Guardian roundtable in association with Benenden Healthcare Society

Food for thought

In the UK, a quarter of boys and a third of girls between the ages of two and 18 are overweight or obese. And the problem is growing around the world. Denis Campbell reports on a recent debate on what can be done to tackle it

Rarely a week goes by without childhood obesity making headlines. Recent research claimed that British children are eating twice as many sweets, crisps and chocolates as those in America. Some paediatricians' belief that parents whose offspring become dangerously overweight should be deemed guilty of neglect and trigger intervention by child protection officers, prompted intense debate. And under-18s have been among those operated on during a tenfold rise in bariatric (weight loss) surgery in England since 2000.

New playgrounds cancelled, the government's scrapping of the PE and sports strategy in English schools and uncertainty over the future of the nutritional standards guaranteeing that school lunches are healthy - all are causing concern about our ability to prevent or tackle childhood obesity, experts told a recent roundtable discussion on the problem, which was convened by the Guardian in partnership with Benenden Healthcare Society, a mutual healthcare provider. The event was conducted with the anonymity of reporting allowed under the Chatham House rule to encourage frank debate.

The scale of childhood obesity is frightening. Twenty-five per cent of boys and 33% of girls aged between two and 18 are estimated to be overweight or obese. And rates are rising, despite the increased attention given to the negative health impacts of junk food and sedentary lifestyles. This is a complex problem, involving children's upbringing, the food they eat, the environment around them, and their schooling. We know the potential medical consequences of being seriously overweight in early life: a greater likelihood of developing type 2 diabetes, heart disease and stroke, osteoarthritis and some cancers as adults. But the trouble, as one participant at the seminar pointed out, is that there is not yet any hard evidence from anywhere in the world about what actually works when it comes to tackling the problem.

While the UK's record on childhood obesity is poor, it is not unique. This is a global problem, which is posing serious challenges in both developed and developing countries. In Norway, for example, almost half of adults are overweight or obese, and under-18s are heading in that direction too. And in China, there is a big increase in child obesity due to a growing preference for western food, which often contains a lot of fat. The trend is particularly evident among boys in urban areas from wealthier backgrounds.

Classless problem?

Several participants pointed out that the perception that childhood obesity in Britain is mostly a problem in less well-off families is simply not accurate. Health services engage with boys and girls from higher up the income scale, too, so early-life weight gain is classless, they said. But others had a different experience and said that in their areas poor eating habits strongly correlate with low-income or unemployed households.

The government-backed National Child Measurement Programme (NCMP), which began in England in 2005, shows that by the time children start primary school aged four or five, 13% are overweight and a further 14.3% are obese. But by their final year, when they are weighed again aged 10 or 11, the percentage who are overweight has fallen to 9.6%, but those who are obese has hit 18.3%.

While the programme was set up to yield valuable information about trends in childhood weight, its accuracy was questioned recently when parents in different parts of England received letters telling them, wrongly, that their son or daughter had reached an unhealthy weight. A computer error was to blame for such families being worried unnecessarily, the roundtable heard.

The Department of Health has expressed cautious optimism that the rapid rise in childhood obesity is levelling off, citing NCMP data. But participants said that did not tally with their experience. A growing number of children seem to be getting heavier and heavier, they suggested.

But how often should children's weight be monitored, and from what age? One expert advocated that it should be done annually, as a House of Commons health select committee recommended. If so, that information would enable remedial intervention to start early. Others doubted, though, that this would be a good use of increasingly scarce NHS resources.



Children need to be encouraged to eat healthy meals from an early age
Photograph: Alamy

Some experts believed it was too late to leave it until children reached school age before their weight was measured, given the uncertainty over what remedies are effective, and it should be done from birth, as that is when weight gain often begins, especially in girls. If that was done, early signs that a child was becoming heavier than is ideal could act as a warning to parents and professionals. There was general agreement that preventing excess weight gain from occurring in the first place is better than seeking to tackle it once it has begun. As one participant put it: "If you don't nail them between zero and five, you've lost them."

There was also a consensus about the leading role parents play in their children's weight. Mothers and fathers who are themselves overweight are much more likely than normal-weight parents to have a heavy child. Overweight mothers are particularly at risk of bringing up a daughter who develops weight problems of her own. Parents' eating habits are clearly vital. They are, after all, as one panellist put it, every child's first teachers and thus very influential role models.

But some people see healthy eating as abstemious, expensive and boring, because it involves going without things they like. Others prefer pre-packed food because its taste is predictable and they lack the skills to cook fresh food from scratch. The cost of healthier foods, such as fruit and vegetables, is a real problem for some people. But while many children learn valuable lessons at school about nutritious diets, what chance have they got of putting this advice into practice if unhealthy food is the norm at home?

Two main issues were identified as affecting pre-school children. First, obesity among mothers-to-be during pregnancy can cause problems, including, in extreme circumstances, an inability to breastfeed

a newborn baby. Second, Britain's persistently low rates of breastfeeding and high rates of bottlefeeding are a real worry. Some participants felt that David and Samantha Cameron were not setting the best example to help promote breastfeeding by being filmed bottlefeeding their new baby, Florence, so early. Current official health advice in Britain is that breastfeeding a baby exclusively for its first six months is good for both the infant and its mother. But there was support around the table for potentially following the lead of the World Health Organisation, which says that breastfeeding a child until it reaches two and a half can bring benefits. NHS health visitors, whose numbers ministers have recently pledged to boost by 4,200, could play a key role in explaining and popularising the practice, and also advising mums and expectant mums in weight management, several suggested.

The lack of proven effectiveness of one particular way of tackling childhood obesity does not mean the participants were short of ideas - anything but. Use the fiscal system to penalise foods high in fat, salt or sugar content, and in effect subsidise healthier options such as fruit and vegetables, said one. Deploy regulation to ensure that foods are reformulated, said another. Increase the amount of energy children expend through physical activity and outdoor activities. Be guided by three basic F-principles - food, families and fitness. Ensure public services, hospitals and town halls as well as schools, serve nutritious food. Concentrate on a mother's health and lifestyle while pregnant, especially her eating habits.

Healthy initiatives

Despite the evidence of a spiralling problem, there are plenty of initiatives under way to tackle obesity as it affects both children and adults. In several London boroughs, environmental health officers are working with fast-food outlets to reduce the salt and fat content of their products. In Liverpool, the city council and primary care trust work closely together on the problem. More and more councils elsewhere are using their planning powers to limit the number of fast-food premises allowed to open near schools or stop ice-cream vans from selling outside the school gates at going-home time. It was felt that the government's decision to hand town halls responsibility for public health from 2013 could be beneficial. The tighter financial climate will also involve a sharper focus on "what works" to tackle obesity, and that can only be good, some said.

Participants were encouraged by anti-obesity initiatives in different parts of the world. In New York, for example, food chains with 15 or more outlets have to display their products' calorific content on them, trans fats are banned, both pre-school and primary school children receive free breakfasts and "Burn calories, not electricity - take the stairs!" signs urge greater physical activity.

One participant lauded France's *Epode - Ensemble prévenons l'obésité des enfants* (Together we can prevent obesity in children) - programme, which is now being adopted in Middlesbrough. There was praise, too, for the leadership being shown in the US by Obama. Michelle Obama set a grow-your-own example by turning some of the White House garden into a vegetable patch and eagerly promotes her Let's Move anti-obesity programme. As president, Barack Obama has put extra money into healthy school food and convened a task-force that believes tackling obesity must start before birth.

While all these ideas and initiatives have their merits, one panellist stressed the vital importance of doing everything possible to prevent children from gaining excess weight in the first place, saying: "It's right that we look at those who are already overweight and do something about it. So you have to mop up the floor but also turn off the tap otherwise you'll always be mopping up the floor." No one around the table disagreed with that.

At the table

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Roundtable report commissioned by Seven Plus and controlled by the Guardian. Discussion hosted to a brief agreed with Benenden Healthcare Society (benenden.org.uk). Paid for by Benenden Healthcare Society. Contact Matthew Race 020-3353 2884. For information on roundtables visit: guardian.co.uk/supp-guidelines