Children, Obesity and COVID-19:
Risks and recommendations for the most vulnerable populations

Jointly sponsored by World Obesity Federation (WOF), European Association for the Study of Obesity (EASO) & The Obesity Society (TOS)
Housekeeping

- Please use the Q&A function to post comments and questions
- There will be a chance to ask questions after each speaker
- The recording, slides and certificate of attendance will be circulated post-webinar
# Agenda

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Meet the speakers!

Ania Jastreboff, USA
Grace O'Malley, Ireland
Louise Baur, Australia
Paula Michele Lashley, Barbados
Johanna Ralston, UK
Jo Jewell, USA
Simon Barquera, Mexico
Welcome and introductions

Louis Baur, AM FAHMS
Professor and Head of Child & Adolescent Health
University of Sydney

Johanna Ralston
CEO, World Obesity Federation
An update on COVID-19 cases globally

John Hopkins University & Medicine: Coronavirus Resource Center

Total Confirmed: 2,165,500

Total Deaths: 145,705

Total Tested in the US: 3,420,394

Last Updated at (MM/DD/YYYY): 4/17/2020, 9:38:17 AM

www.worldobesity.org
Why are children and adolescents important?

• Obesity in this age group is increasingly prevalent. Prediction of obesity globally in 5-19 year olds:*

  2020: 158m  
  2025: 206m  
  2030: 254m

• For children & young people, the COVID-19 pandemic:
  a) potentially makes obesity prevention more challenging
  b) affects access to/ availability of treatment for obesity
  c) especially affects the disadvantaged, incl. those from LMICs

• Children and young people are vulnerable in all cultures, and are our future

Background on COVID-19 and Obesity

• Increasing evidence that PwO are at high risk for severe complications
• "Likely that obesity shall be an independent risk factor for COVID-19."
• WHO statement on NCDs and COVID-19: People with pre-existing non-communicable diseases (NCDs) also appear to be more vulnerable to becoming severely ill with the virus.
• Obesity is not currently a separate independent risk factor for COVID-19 nor is data about BMI collected in a standardised manner. The World Obesity Federation, which is in official relations with WHO, considers that this is in part because obesity, though both risk factor and disease, is not classified across the WHO “five by five” main diseases and risk factors within NCD framework.
The impact of COVID-19 on children: To what extent are children with obesity affected by the current pandemic?

Grace O’Malley, PhD MSc BSc MISCP
Royal College of Surgeons in Ireland and Children’s Health Ireland at Temple Street
EASO Secretary
The impact of COVID-19 on children: To what extent are children with obesity affected by the current pandemic?

- Less likely to develop fever, cough, or shortness of breath, 1-5% of positive cases with low mortality rate (0.18%), 5.7% of children are hospitalized (1-3)

- Infants and those with underlying conditions more likely to progress to severe disease (intussusception, leukemia, Immunosuppression) (4,5)

- Adults with obesity at greater risk of complications of COVID19 and H1N1 flu…not known regarding children with obesity (6-10)
Impacts of societal response to pandemic

School/childcare closures for estimated 1.38b children: effects on food security and dietary quality, increased parental stress, increased violence toward children.

- Increased sedentary time, screen-time and less opportunity for play/activity
- Increased weight gain and obesity progression
- Progression of complications
Considerations for child health and obesity prevention/treatment

- Impact on pre-pregnancy weight gain
- Access to maternal health interventions
- Impacts on gestational weight gain
- Access to breast-feeding and weaning support
- Parenting support from groups or family/friend network
- Increased tobacco exposure for those in homes with smokers
- Increased screen time and exposure to advertising
- Inequality related to access to space to play (parks within 2km)
- Altered routine and sleep impacts
- Access to online schooling
- Access to clinical support
- Opportunities for family cohesion, skill development


https://www.covid19parenting.com


Treating children and adolescent obesity during the COVID-19 crisis

Ania Jastreboff, MD PhD
Assistant Professor, Yale University
Internal Medicine, Endocrinology & Metabolism
Pediatrics, Pediatric Endocrinology
American Board of Obesity Medicine, Diplomate
TeleHealth: Clinical application during COVID-19

**Positives**
- Supports social distancing
- Patient show rate / preference
- Family focus – child/adolescent, parents/caregivers
- Enables seeing the home environment – living space, cupboard, refrigerator

**Negatives**
- Access/availability
- Technology / internet hurdles
- (Only) visual exam, +/-vital signs
- Noise/distractions in the home environment

Convert to phone visit

www.worldobesity.org
Telehealth: Patient Visits

• Family-based: includes parent(s) and child/adolescent
• Assess current needs: ask, listen, hear - let the patient and family tell you what they need, new context of social distancing
• Return Patients: encourage continuity of treatment, provide support, continue ongoing anti-obesity pharmacotherapy
• New Patients: evaluate, initiate discussion of long-term care/treatment, begin lifestyle/behavior change
Incorporating Structure & Daily Routines: Maximizing opportunities for behavior change during social distancing

**Eating** – planned meal times, advantages of meal prep at home, identifying healthy snacks

**Physical Activity** – build into daily routine, walks, going outside, dance-along videos, family activities

**Stress reduction** – hobbies, projects, continue seeing mental health professional virtually

**Education** – include topics such as healthy food choices, nutrition, learning cooking! virtual visits with the dietitian

**Sleep** – structured wake time and bed time, no screen time before bed, bedtime routines

During TeleHealth visits, discuss...

Life after social distancing: Goal to continue healthy routines
Social distancing is bringing us together

Thank you!
Panel Discussion:
Childhood obesity through an LMIC and Equity Lens

Simon Barquera, MD MS PhD
National Institute of Public Health
Director, Nutrition Policy Research
Mexico

Jo Jewell
Nutrition Specialist
UNICEF
New York, USA

Paula Michele Lashley, MBBS DM FRCP MRCPCH
Consultant Paediatrician, Queen Elizabeth Hospital,
Lecturer in Child Health and Deputy Dean, University of the West Cave Hill Campus
Barbados
How can mitigation of risks for overweight and obesity be integrated in COVID19 response?

- Ensure evidence-based guidance, counselling and support on infant and young child feeding

- Promote access to nutritious food for children and women, including through continuity of school food programmes, cash-based and other safety-net programmes

- Ensure facility and (primarily) community-based programmes for the early detection and treatment of wasted children

Source: UNICEF
https://www.unicef.org/nutrition/food-systems.html
Childhood and obesity in LMIC

- Mexico (as other LMIC) dominated by NCDs / Poor quality diets major driver / Interacting with COVID19: Syndemic
- Lack of adequate resources for prevention and control
- Policies to improve food environment are crucial

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<tr>
<th>Policy Option</th>
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<td>Front-of-pack warning labels</td>
<td>Enforcement of Codex guidelines to promote breast-feeding</td>
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<td>Soda and junk-food tax</td>
<td>Policies to incentive physical activity</td>
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<td>Regulation of marketing directed to children</td>
<td>Developing mechanisms to prevent industry interference</td>
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- Some promising results from these policy options in Latin America.
- Treating obesity seriously requires reinforcing health care with training for health professionals and policy to improve the food environment
Childhood Obesity and COVID-19 in the Caribbean

• **Pre-Pandemic**
  - High levels of childhood obesity prior to pandemic fueled by obesogenic environments and lagging policy
  - HCC has called for policy implementation at the highest levels and there have been successes

• **During the Pandemic**
  - Increased poverty due to financial shocks on already vulnerable tourism economies
  - COVID-19 measures (lockdown, schools closed) threaten regional food security and may lead to increased overweight and obesity among children
  - Decreased opportunity for physical activity may exacerbate unhealthy weights
  - Poor mental health/ anxiety and overuse of ‘screens’ may trigger overeating
  - Variable internet access creating challenges around access to nutrition/PA information
  - HCC and the OECS Commission [Joint Statement on on Strengthening Food and Nutrition Security in the Caribbean: A Legacy Response to the COVID-19 Pandemic](http://www.worldobesity.org)
Summary and key points

Children & young people must be prioritised. The COVID19 pandemic:

• especially affects the disadvantaged, particularly those from LMICs
• increases weight gain risk across the life-course (pre-pregnancy, pregnancy, childhood, adolescence & beyond …)
• makes obesity prevention more challenging: isolation, school/ childcare closures, food insecurity & poor diet quality, exposure to food marketing, sedentarism, family stress, increased child protection concerns …
• makes obesity treatment more challenging: goal is to continue healthy routines, tele-health opportunities, access issues (esp. for disadvantaged), technology hurdles/ internet issues
Learn More:

The World Obesity Federation (WOF) webinar series on COVID-19 & Obesity is available to watch ‘on demand’ on our website!

We are exploring the potential for future webinars covering health systems, and the policy implications of COVID-19.

SCOPE E-Learning: *Childhood Obesity: From Diagnosis to Treatment* is a six-module learning path developed in partnership with the European Childhood Obesity Group (ECOG). They are available in English on our online platform today (more languages coming soon)

COVID-19 Resources:
WOF - [https://www.worldobesity.org/resources/resource-library/covid-19-obesity-resources](https://www.worldobesity.org/resources/resource-library/covid-19-obesity-resources)
Thank you!

Please contact Claudia Selin Batz at cbatz@worldobesity.org if you have any queries.