



COVID-19 and obesity: Emerging insights and policy implications

Friday 29 May 2020

Q&A

Our speakers have done their best to answer all those questions that were not able to be answered live during the webinar. Please note that these are rapid responses to those questions arising and do not represent the organisational views of the speakers.

How does obesity influence outcomes of COVID-19 infections in children and youth? What does the evidence show?

I am not aware of any studies that investigate this question. But this is certainly a good research question for the future.

Do panelists feel that big food companies have taken advantage of lockdown to promote junk food and sodas as comfort food to captive audiences?

You might be interested in some work the NCD Alliance is doing to map the response to COVID-19 by different unhealthy commodity industries.

<https://ncdalliance.org/news-events/news/help-map-unhealthy-commodity-industries-responses-to-covid-19>

Has the work on the recommendations for the management of overweight and obesity in children and adolescents commenced? It would be great to know more about this and how other organisations/agencies can collaborate on this effort?

Great question. Obesity Canada will be releasing new clinical practice guidelines for the management of obesity in adults in the coming weeks. We are also working on new clinical practice guidelines for the management of obesity in children and adolescents. Stay tuned. Visit the Obesity Canada website for more information.

World Obesity is also doing some work on this, with a briefing due out later this year looking at case studies and opportunities for management globally, through an equity lens. We have also recently updated our dossier on this topic see here:

<https://www.worldobesity.org/resources/policy-dossiers/pd-6>

COVID-19 might not go away so can we advocate for people to focus on building their immunity through healthy diets and physical activity as the best way to keep COVID-19 at bay? What evidence do we have to confirm this relationship between COVID-19 and the immune system?

There is no doubt that promoting healthier lifestyles should be part of the response. The only evidence we have so far is indirect: people who are less fit and have unhealthy diets have higher mortality from a whole range of conditions, probably including COVID-19. We don't have proof that changing diets or physical activity will make a difference to risk from COVID-19 and recognise that this is closely linked to socio-economic deprivation and inequality (eg living in crowded conditions with limited access to healthy food and opportunities for physical activity), so important to find ways to do this that are affordable and culturally appropriate.

It is important I believe, as Ximena said, that healthy weight policy interventions in the future address the wider determinants of health and not focus on potentially stigmatising individually targeted education messages. Please comment.

Thanks for comment. Agree - and see comments above about inequality.

The response to obesity during the last decades has always focused on prevention, diet and exercise, but it has not stopped the rise in obesity prevalence. Is it not time to rethink the way obesity is tackled in public policy and look at other ways to manage this disease?

Reframing obesity as a chronic disease is essential to develop more evidence-based interventions to prevent and to manage obesity. I strongly believe that we need to support the people who have developed this disease already. This does not mean that we need to ignore prevention efforts. We need to do both. But to date, I would agree, that most countries have focused on prevention and there are significant gaps in obesity treatment globally.

Indeed we need both! And that was one of the underlying principles of the ROOTS framework John highlighted at the start. Its not about either/or, its about a comprehensive package of evidence-informed actions:

<https://www.worldobesityday.org/get-involved/declaration-for-world-obesity-day>

If BMI is to be replaced as a means of identifying and measuring the severity of obesity what practical tool other than the definition provided can be used instead please?

This is a good question. Measurement of waist circumference can help quantify metabolic risk and is already accepted by many national and international organisations. The Edmonton Obesity Staging tool can also help quantify risk.

The striking association between Obesity and C19 was mainly seen in the US. Blacks were disproportionately affected in terms of hospitalizations and death. The difference in obesity rates between whites and blacks in the US is small 49 vs 43%. Do you believe that blacks may have had poorer access and quality of care and coincidentally were obese- ie COVID 19 exposed the marked disparity in health care in the US- so its not obesity that is driving the mortality but more SES?

The intersection between social determinants of health (including race, ethnicity, social and physical environments, weight bias and stigma, access to care and quality of care, etc.), obesity, and stigma is critical to consider for future pandemic interventions. Currently, people with obesity experience substantial health disparities due to lack of access to obesity treatments in the health care system. Black communities also face major health inequalities. Health inequalities may certainly be linked to COVID-19. Just consider, for example, how feasible is it for people living in poverty to implement current public health interventions of physical distance. Can they stay home from work? How will they feed themselves and their families?

It is agreed that it is much more complex than ethnicity alone and that socioeconomic determinants are also important. This is apparent also in the UK data, where 'deprivation score' predicts mortality independently of conditions such as heart disease, diabetes and obesity. People from BAME communities may.

Can you work with Kenya to implement obesity management programs in Kenyan schools? This is becoming an issue of concern which needs intervention from a tender age.

Not sure we can offer that level of support

I misunderstand, but obesity is a risk factor for COVID or for severe COVID in Mexico?

Thanks for the question. Obesity is a risk factor for suffer serious complications in people who have COVID-19 disease. Mexico is a country that has high rates of obesity. This is the reason why this population has a higher risk of suffer complications in this great pandemic.

How is Mexico handling to promote the risk of developing obesity? How is the health sector working on it?

This is a good question. Currently Mexico has educational campaigns on obesity, also regulates media advertising regarding for high-calorie foods and beverages for children, and also promotes breastfeeding.

Regarding to the work of the health sector, Mexico approved recently a change in the nutritional labeling of industrialized food and beverages in order to make it clearer, and also has restrictions on the sale of food in the school environment.

From your current data does it appear that the high prevalence of obesity in Mexico is associated with the increase in2 urbanisation and related changes in lifestyle, including diet and exercise?

It is correct, according to the latest national health and nutrition survey, Mexico has more obesity in urban regions than in rural regions, this in all age groups. The changes are related to industrialized food with a high caloric diet, as well as lack of physical activity.

Is there credible data on micronutrients status or intake and severity of inflammatory response to covid19 in obese vs. normal patients?

I am not aware of any data on this.