



Globally, 80m adolescents are living with obesity, and without substantial intervention, the figure is due to rise to 150m by 2030. But what interventions work?

The STOP Project, funded in 2018 by the European Union to identify new interventions to reduce childhood obesity in Europe, [released its latest findings](#), providing new evidence to support governments and policy makers identify what are the most effective childhood obesity interventions.

Approximately 41 million children between the ages of 5-19 years old were affected by overweight or obesity across Europe in 2016, a 12% increase since 2010.¹ That number is set to reach 10 million by 2030. Often moralised as individual or parental failure, childhood obesity is in reality predominantly driven by commercial and biological forces beyond individual control. The message is clear: innovative interventions are urgently needed to halt the childhood obesity epidemic.

Professor Franco Sassi, Director of the Centre for Health Economics & Policy Innovation at Imperial College Business School and project leader states “*In the United Kingdom, one in ten children live with obesity, one of the highest rates in Europe. If no effective action is taken, this wave of childhood obesity will lead to more than one in three adults aged 20 and over being with obesity in the UK by 2025.*”

Schools as a place of chance?

Children spend half of their time and consume at least one-third of their daily calories at school.^{2,3} Could modifying schools' food and physical environments be a double-win? Findings show schools can help shape **healthy nutrition and behaviour habits**, without economical losses, **with more than half of studied actions leading to a reduction in Body Mass Index or improved dietary intake**.

Using simple visual cues such as **positive emojis next to healthy options led to a change in behaviour in 76% of people**. **Providing healthy side dish options or changing portion sizes and access to healthy options also led to behaviour changes in 71% and 80% of cases**, respectively.

Considering the high processed food intake in Europe,⁴ reformulating food products to improve children's nutrition is also crucial. But does this impact food choices? Evidence suggest consumers accepted reformulation, with a reported **0.57g daily reduction intake of salt** and an overall **38% to 85% reduction intake of trans fats**.

The social side of childhood obesity

The findings from STOP further emphasise childhood obesity undoubtedly has a **social gradient**. In developed countries, socially disadvantaged children — specifically from families with low incomes, ethnic minorities, low education backgrounds or dependent on health insurance — are at greater risk of developing overweight or obesity.⁵

STOP focuses on the idea obesity has multiple, diverse characteristics, meaning one-size-fits-all policy approaches are doomed to fail. When asked what is missing in our collective response, Professor Sassi said: “*What we are missing is an ability to understand the behaviours of those who are most in need to change behaviour. We haven't been very successful in changing children's behaviours because we don't*

¹ (NCD RisC, 2017)

² Bleich SN, Vercammen KA, Zatz LY, Frelier JM, Ebbeling CB, Peeters A. Interventions to prevent global childhood overweight and obesity: a systematic review. *lancet Diabetes Endocrinol.* 2018;6(4):332-346. doi:10.1016/S2213- 8587(17)30358-3

³ Koplan JP, Liverman CT, Kraak VA. Preventing Childhood Obesity: Health in the Balance.; 2005. doi:10.17226/11015

⁴ A study showed that average household availability of ultra-processed food across Europe varies greatly from 10.2% in Portugal to 50.4% in the UK (<https://www.cambridge.org/core/journals/public-health-nutrition/article/household-availability-of-ultraprocessed-foods-and-obesity-in-nineteen-european-countries/D63EF7095E8EFE72BD825AFC2F331149>)

⁵ <https://onlinelibrary.wiley.com/doi/full/10.1111/jphd.12233>



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take their perspectives into account. The behaviours of children from low socio-economic backgrounds are the ones we understand the least, and the drivers of those behaviours are what we need to change if we want to make a significant difference in childhood obesity.”

[End]



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Notes:

The Supplement can be accessed here: <https://onlinelibrary.wiley.com/toc/1467789x/2021/22/2>

For media enquiries, please contact

Professor Franco Sassi, STOP Project Principal Investigator
Imperial College Business School London
Email: f.sassi@imperial.ac.uk

Margot Neveux, Leader of Communication & Dissemination activities for the STOP Project
World Obesity Federation
Email: mneveux@worldobesity.org
+44 (0) 79 2317 9464

About the STOP project

Led by Imperial College London and part of the Horizon 2020 programme, the Science and Technology in childhood Obesity Policy (STOP) is a four-year European Commission-funded project which brings together 31 international research, advocacy and governmental organisations from 16 countries to generate scientifically sound and policy-relevant evidence on the factors that have contributed to the spread of childhood obesity in European countries, and on the effects of alternative policy options available to address them. The project engages international partners from different policy-contexts in the United Kingdom, Italy, Estonia, Romania, Portugal, France, Belgium, Slovenia, Sweden, Croatia, Spain, Finland, Switzerland, with additional partners in New Zealand and the USA.

For more information about the STOP project, visit <http://www.stopchildobesity.eu/>