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EU GREEN PAPER

“Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases “

consultation response from the Child Growth Foundation, UK

background

- 1 The Child Growth Foundation [CGF] is the patient association registered in the United Kingdom [UK] with the aim of seeing that all children whose physical development demands treatment are treated as earlier in their lives as possible. Historically [1977], we were set up to champion children with endocrine issues but since 1994, when we published the first UK BMI [Body Mass Index] charts we have sought to speak up for children who are either unhealthily overweight or obese. We are affiliated to the UK National Obesity Forum [NOF] which wishes to be linked to this response. The CGF has a seat on the NOF Board so that the work of the two bodies is in accord.
 - 1.1 We work with anyone engaged in trying to help children to lose weight but our principal focus is to remind the UK Government that prevention is better than cure. We believe that Westminster should be doing much more than it is at present to promote as comprehensively as possible lifestyle issues that will prevent children getting fat in the first place. Reminders shouldn't even be necessary since the UK Department of Health has set up its own target - halting the year-on-year rise of obesity in children under-yrs by 2010. We acknowledge that changing the obesogenic environment to achieve that target is easier said than done but are very critical that subsequently it has put comparatively little in hand to make the change. Although the Green Paper [1.7] leads the reader to believe that the UK is already implementing national strategies in the field of diet, physical activity and health, 3 high-profile UK watchdogs - the National Audit Office, the Healthcare Commission and the Audit Commission - have just published a joint report stating that it has hardly begun.
 - 1.2 On the other hand, the European Commission is to be congratulated for already getting things going at an EU level with its work with consumer information and labelling, education, promotion of physical activity, marketing and advertising and food issues. We hope that it will continuously remind all Governments – and not just our own - that it is imperative that they act jointly when these issues might be more effective when progressed at EU level. Some urgency is required before obesity rates get out of hand.
 - 1.3 We believe that the Green Paper does have omissions, however, and this response aims to address them. Our reply will deal exclusively with Section V3. “A Focus on Children and Young People”, discuss the omissions and answer the related questions posed in Section IV.4.3. Paragraph 2 refers to a reappraisal of the years to be covered, Paragraph 3 to the way in which can be compared across Europe's countries and Paragraph 4 to how excessive weight gain should be picked up in the 1st yr of life.
 - 1.4 Your request that this response is not a scientific paper particularly pleases the CGF since we are

in no position to write one! Fortunately, as parents, none of us need science to remind us what we see around every day of the week – that overnutrition is taking its toll from, the first year of life.

responses

- 2 **In the CGF/NOF's opinion Section V3 has omitted a crucial period in which lifestyles might best be learnt. The Green Paper is in error if it assumes that some lifestyle choices are made only in adolescence. V3 must also state categorically that the BMI [Body Mass Index] of all children should be assessed from an early age**
- 2.1 At school age it is already too late to sow the seeds of healthy living or turn around any tendency towards unhealthy weight. It is the years immediately following weaning that must now be regarded as the battleground to tackle obesity.
- 2.2 As the organisation responsible for the creation and updating of all the UK's growth and BMI charts, the CGF is better placed than many to monitor the outcome when unhealthy lifestyles are allowed to run riot pre-school. We have had to amend BMI charts to cover even young children presenting with BMIs of 40+ and devise new charts to allow overfed infants to be picked up before reaching an unhealthy weight by their first birthday!. We have, daily, to respond to parents alarmed at the fat levels of their offspring but who have no idea of what healthy BMI levels should be. It is well described in the literature that parents nowadays do not know what a healthy BMI for their children is yet we believe that few, if any, EU Governments' advice aims to fill that gap.
- 2.3 Traditionally the measurement of children – and the ages at which their BMI should be assessed - has been considered as unimportant. This must be changed. We are convinced that one of the reasons why we currently have an obesity epidemic is because, over the last generation or so, universal measurement of children's growth has fallen into semi-obscurity and the yearly insidious rise of our children's unhealthy weight has gone uncharted and unnoticed except by academic researchers doing small studies. Had clinicians or public health doctors had constant epidemiological data at their disposal since the late 1980s or early 1990s, by virtue of annual/regular BMI checks, we are certain that Government would have recognised that something had to be done. Society has failed a whole generation of by failing to identify the considerable effect of the obesogenic environment on them. It may be too late to save those children who are fat and already at school but surely it is not too late to prevent future generations from the same fate?.
- 2.4 The European Commission will know that it funded and took possession of a Report in 2002 recommending Europe-wide measurement at school entry [age 4-5yrs], at age 10yrs and 15yrs where possible. The EU Community Health Programme's CHILD [Child Health Indicators of Life and Development] proposals aimed to assess the percentage of EU children who, at school entry and later, were overweight or obese. The CHILD team did not consider the pre-school years but, if reconvened, it most certainly would. In correspondence with the CHILD Project Chair, Professor Lennart Köhler [Former Dean and Professor of Child Health, Nordic School of Public Health, Gothenburg, Sweden] CGF understands that, even in 2002, pre-school assessment was considered. Prof Köhler affirms that “ in the background report and analyses that we did for all Indicators, proposed as well as rejected, it was clearly stated that measuring of weight, length and height should be done regularly all the way from birth. There is no doubt that we need reliable and systematic population data on children's growth from their early days and onwards. This is the basis for all knowledge and strategies to prevent overweight and promote health “
- 2.5 **CGF/NOF would like to see the Commission consider recommending that that its Member States assess their childhood population's BMI not only in main school but in kindergarten/nursery schools as well. It may relevant to state that this advice is now also being followed in the United States' school system where the problem of childhood obesity**

has become even greater than in Europe. The CHILD Project team should be re-convened, if felt necessary, to advise at what specific ages monitoring should now take place given that CGF/NOF considers that the first formal BMI measurement should be at 1yr of age. This would then provide the baseline on which both parents and health professionals could build their strategy to tackle unhealthy weight.

3 *monitoring*

3.1 In the CGF/NOF's opinion Section V3 must recommend that the International Obesity Task Force [IOTF] "cut-offs" for overweight/obesity be introduced across Europe so that levels in Member States can be compared with each other

3.1 We are frankly surprised that the IOTF standards were not mentioned in the Green Paper since they are now internationally accepted as the unique vehicle allowing overweight/obesity levels to be compared across continents.

3.2 It is not for this response to go into the medical and scientific stature of the work: suffice it to say that the standards empower clinicians and public health professionals in whatever country to work with the same monitoring tools. The added benefit of the IOTF cut-offs is that they can be used, if necessary, alongside domestic cut-offs so that Member States do not lose sovereignty over their own way of defining overweight/obesity. In the UK, for instance, our BMI charts show both sets of cut-offs and UK Directors of Public Health and UK paediatric clinicians respectively use whichever they find appropriate.

3.3 Should you require exemplars of the IOTF standards and their background, CGF/NOF is certain that the London HQ of the Task Force would supply them. Failing that, CGF/NOF would be happy to forward the UK paediatric BMI charts to illustrate their use in a national context. The IOTF statistician responsible for compiling its standards is Professor Tim Cole, Institute of Child Health, London.

3.4 The Child Growth Foundation and the National Obesity Forum request that the European Commission considers the IOTF lines as the means by which childhood overweight/obesity can be assessed across Europe and, perhaps, in individual Member States as well.

4 *WHO [World Health Organisation] "breastfeeding" growth charts*

4.1 In the CGF/NOF's opinion Section V3 should recommend that the new World Health Organisation [WHO] "breastfeeding" growth charts should be used across Europe to monitor 1st yr weight gain.

The IOTF standards are for various reasons effective only from the child's second birthday leaving the crucial period of infancy uncovered. Fortunately, this gap will be filled from April 27th 2006 with the introduction of the WHO "breastfeeding" charts which will be used by that Organisation to monitor children's early years worldwide. It is already quite clear that these charts will be welcomed by every health professional: not only those interested in promoting breastfeeding as the principal source of nutrition for the infant's first six months but also as an international comparison tool. It also needs to be reaffirmed that breastfeeding is being increasingly reported as having a positive influence over subsequent weight gain and that infants who are breastfed are less likely to be overweight/obesity as children or adolescents. The WHO has gone so far as to say that EU Member States [i.e UK] who assess their infants' weight gain against growth charts derived from formula-fed infants are setting the wrong standards and "encouraging" children to aspire to weight levels that nature never intended should be attained.

4.2 Although the WHO charts may be brand new, health professionals will have no problem in understanding the benefits they will bring and it is the CGF/NOFs hope that they be introduced as soon as possible. We regret that "breastfeeding" charts which have been available to UK health

authorities since 2000 have not been adopted by the UK Government because of doubts about their research base but when, and if, the WHO charts are chosen by Westminster we will put our disappointment behind us

- 4.3 **CGF/NOF believes that the Commission should recommend that each Member State take up the WHO “breastfeeding “ charts from the earliest opportunity.**

conclusion

- 5 CGF/NOF thank the Commission for putting the Green Paper out for consultation and trust that our commented will be noted and, hopefully, incorporated in Section V3acted on

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