Experts from around the world in nutrition, health, and advocacy have convened at Schloss Leopoldskron in Salzburg, Austria, to build on existing strategies to enable all children to grow up at a healthy weight.

For the next few days, participants are taking part in Salzburg Global Seminar’s latest program, *Halting the Childhood Obesity Epidemic: Identifying Decisive Interventions in Complex Systems*. The program is part of Salzburg Global’s Health and Health Care Innovation multi-year series and is being held in partnership with the Robert Wood Johnson Foundation (RWJF). On Saturday afternoon, participants were given a warm welcome and an introduction to some of the topics expected to be discussed at length.

Participants heard obesity was one of the fastest-growing, most serious, and complicated public health challenges of the 21st century. The gift of this program will be for participants to hear from fellow experts, gain mentors, and learn new strategies that could be adapted and adopted in their countries.

Participants are encouraged to broaden their understanding through networking and collaborating on new policy ideas to better support families.

After hearing about the “complex systems problem” professionals within this field often face, participants held small table discussions on the different factors that play a role in determining children’s health, including access to healthy food, clean water, income, and affordable housing.

In coming up with solutions, a more forceful push from governments was called for, as well as the need to invest more in communities where the solutions lie. Children’s health is about children’s rights. It is an issue of justice. The issue needs to be looked at from the perspective of families and communities. More thought needs to be given on how to include families and communities in the co-creation of solutions.

One participant suggested we should move beyond looking at interventions in a complex system and look instead at changing the system itself.

Participants raised several questions to the group. How do we invest more in the community and build food systems from the ground up? How do we make being healthy as popular as being unhealthy? What marketing techniques could we be using more effectively?

As the discussion concluded, one participant said, “It’s not just about top-down, it’s about communities... it’s not just about stopping the bad things. It’s making sure there is an opportunity for good things to happen.”
Halting the Childhood Obesity Epidemic: Identifying Decisive Interventions in Complex Systems
Daily Newsletter – Issue One - Session 642

Monday, December 16, 2019

Bringing a First Nations Perspective to the Program

Cultural practice advisor Louisa Whettam discusses nutrition in First Nations communities

“I think that this is the first step in moving forward for First Nations people at a global level,” said Louisa Whettam, a cultural practice advisor for Opportunity Child.

Whettam, a descendant from the Wiradjuri tribe in New South Wales, Australia, said she was honored to represent the First Nations Peoples of Australia at the Salzburg Global Seminar program, Halting the Childhood Obesity Epidemic: Identifying Decisive Interventions in Complex Systems.

She spoke with Salzburg Global just after sharing an emotional and personal anecdote with participants about the impact of colonization on the health of First Nations people, as well as land and food resources.

The colonization of Australia led to many conflicts, deaths, and settlers seizing the land of First Nations people. Whettam said, “[The colonizers] would just gather the people and put them in an area where they now had to live. But then [the First Nations people] also had to work the land for those who now occupied the land. So, that means vegetation was taken away. They had to clear their own vegetation, the food source that they were living off.”

Whettam said First Nations people employed by settlers would be paid with staples of food - often flour and sugar. “So, nutrition then became really terrible for First Nations people.”

The history of forced removals and loss of land and culture have all contributed to intergenerational trauma. The impact of the Stolen Generations, where Aboriginal Australian children were forcibly removed from their homes and put into institutions, has led to a “whole generation of lost adults who have never connected back to their family,” according to Whettam.

In 2017, the Australian Institute of Health and Welfare published a report called “A picture of overweight and obesity in Australia.” The report indicated Aboriginal and Torres Strait Islander children and adolescents were more likely to be overweight or obese than non-indigenous children and adolescents.

The report said in 2012-13, 30 percent of Aboriginal and Torres Strait Islander children aged 2-14 were living with obesity or overweight, compared with 25 percent of their non-Indigenous counterparts.

In August 2019, ABC reported on the rising trend of children in Australia experiencing malnutrition. The Food Bank of Australia estimated one in five children had gone hungry in the past year. Whettam said the affordability of food was a factor, and people won’t buy food with nutritional value if it is too expensive. Meanwhile, takeaway food from fast-food restaurants and other processed food remains cheap.

In her work at Opportunity Child, Whettam helps ensure Australian children can succeed within their own communities.

The organization provides practical support to backbone teams and community structures; it uses its social innovation hub to help communities find solutions to complex issues; it advocates with “One Voice” to drive systems change.

Whettam said, “If you have children that have obesity or malnutrition, then that is a concern because they are not thriving within their own community.”

Whettam is a respected representative of the Warril Yari-Go Committee and is passionate about systemic change and how it impacts First Nations people. But she’s not sure if she has the answers yet on how to tackle childhood obesity among First Nations people, suggesting other factors have to be taken into account as well.

She said, “How do you fix that? Like, how do you look at the complexity of all the policies that have been made in the government that still continue to oppress a whole culture? How do you turn that around? I don’t know.”

Whettam hopes to find more answers and clarity in Salzburg, which she described as a “fantastic opportunity” to bring her perspective forward and learn from other experts around the world.

She said, “I think this is a great opportunity to make friends, where you can have friends from all around the world that can stand with you when you get back to your country [or] when I go back to my country and challenge and disrupt that system. I think that’s pretty awesome in moving forward.”
Identifying the Most Critical Risks

On Monday morning, participants were presented with several questions: What are the most critical conditions that are impacting our children’s risks of obesity? How have they been changing in recent generations as the epidemic gathered pace? What is the importance of systems thinking in addressing these issues? In addition, participants wanted to ask, “What are the things we have been doing right?”

One participant said unless we come to terms with the role of stigma and bias, this issue will not be successfully addressed. What differentiates obesity from other epidemics is the multiplicity of causes, participants heard. The other thing that distinguishes obesity is its chronicity. Obesity can be considered a personal failing and a sign that people are uncaring about their weight, but this is not correct. The truth is that people with obesity didn’t choose this path, but it is a consequence of their exposure to other factors and lived experiences. If obesity is labeled as a disease and treated as such, this will shift the way it is tackled by stakeholders.

Working Toward Better Outcomes

Following a short break, participants were brought to Schloss Leopoldskron to take part in small group discussions on innovations, policies, and practices achieving better, more equitable outcomes in childhood obesity.

The three themes for conversation included “Engagement: understanding obesity with, for, and by children; How to best focus on life course approaches, and maternal and child health; and Changing the narratives - better ways of talking about, or picturing, obesity in public discussion. At least four people were selected to start each discussion, but other participants were encouraged to sit in and speak up as part of the “Goldfish Bowl” arrangement.

Participants reflected on the significance of interventions and the most appropriate time to intervene. They also discussed sustainable funding models and the importance of investors. Often people become too focused on the cost of a project, but we need to consider the cost of inaction, also.

Other participants spoke about engaging children in these discussions and letting them have their own voice. Various things that could be implemented to help. For young children, in particular, we can help shape the environment they live in. As they grew older, they should be supported to become active citizens and further involved.

Participants recognized the value of narratives and how industries have used them to their advantage. They sell more than just a product; they sell a feeling. If creating a narrative to help reduce childhood obesity, it was suggested this narrative should be local rather than global. There are different factors to consider for different communities. Storytellers have the ability to empower others through their work.

As the session concluded, one participant said they had identified three areas of potential tension in the discussions held so far: how we talk, what we think about, and the breadth of the approach. Do we want a narrative that is academic and full of gloom? Do we think about systems change or starting with people? Do we go for a broad approach or get things done? This participant asked others to consider the skills and resources needed.
Hot Topic:

“What Changes in the Food and Beverage Industry Could Have the Biggest Impact on Halting the Childhood Obesity Epidemic?”

Mira Merchant

“I think we’d need to start in terms of advertising, and especially when kids go to movies, there are fizzy drinks and everything. And there are billboards everywhere. We need to be careful in terms of what we do [to] advertise the food in... terms of prominence. And they shouldn’t be allowed to advertise closer to schools and maybe cut down on the screen time that they get during the day, for example.”

Lindiwe Mlandu,
Content producer and social media manager for Cape Community Newspapers

“I think in the system there are players that understand different types of language. In my work, I’m often what I call ‘traversing the translation’ bridge, so getting our communities into a position where they understand what the conversation is... which will then encourage participation, as opposed to just engagement. So you’re often in the space of translating data into... what I call plain real language for communities. So I think reframing the language is really important.”

Mapihi Raharuhi,
Lead at Healthy Families NZ Maori Roopu

“I think [there are] a number of changes that would convert local food markets from what is currently a seller’s market to a buyer’s market. And there are many ways that communities can improve the supply of quality foods through local and city and county action.”

Daniel Sellen
Director of the Joannah & Brian Lawson Centre for Child Nutrition at the University of Toronto

“It’s really changing the entire system, which might sound too ambitious, but I think that’s the only way of making real changes. So not just thinking about having a tax or whether we need labeling or whether it’s about marketing, but it’s really the whole way that we produce and sell and market food. And as long as it’s the goal of these companies to make profits... we won’t change anything. So it’s really [about] how can we change... [the] paradigm that’s all about consuming and overconsumption... And I think we can do that by understanding people’s lives. So, food systems and people’s lives [are] kind of the same thing. If we combine these two and [understand] people's roles and how they view the system and then find ways to change it, we can really make a difference.”

Wilma Waterlander
Senior researcher of the LIKE project at Amsterdam UMC, University of Amsterdam, Department of Public Health

“For me, it’s not the food and drink industry that should make the changes. The changes should come from the government and the state, who should be concerned with generating healthy food systems where locally produced food is available... and sugary drinks and advertising is restricted, specifically that which is aimed at children and adolescents... We cannot fall into the trap of thinking that it is a matter of self-regulation, where the industry is part of the solution when, at least in the experience we have had in Colombia, they are part of the problem.”

Angélica María Claro,
Advocacy director of Red PaFaz

#FacesOfLeadership

[The National Institute for Children’s Health Quality] has been on an equity journey together as a team, and it really manifested itself by us winning a very large U.S. federal grant from the Department of Health and Human Services... around being the technical assistance and capacity building assistance entity to help with a program called Healthy Start in the U.S.

Now the federal government in the U.S. funded 101 Healthy Start sites in the U.S. Those Healthy Start sites are in very at-risk communities - vulnerable communities that are at high risk of infant mortality... They’re also primarily communities with kids... The majority [of the communities] are African-American... so when we when we won this award, we were able to take this whole discussion about equity to a deeper level, both internally as an organization and externally through that grant...
[We also received] another award in New York State to work on implicit bias training for delivery hospitals in the entire state, but also internally as an organization... We’ve done a lot of things in terms of our own staff and taking this journey together. And now the next step internally is to build what we’re calling a health equity toolbox and... have it also permeate our work externally.”

Scott Berns,
President and CEO of the National Institute for Children’s Health Quality, reflecting on what’s happened in his work since attending the Salzburg Global program, Healthy Children, Healthy Weight
As the Salzburg Global Seminar and Robert Wood Johnson Foundation program, Halting the Childhood Obesity Epidemic: Identifying Decisive Interventions in Complex Systems, comes to a close, participants are preparing to present recommendations this morning on how to take the work forward.

Following three days of discussion and presentations, participants were asked to suggest focus areas which could form the basis of small working groups. Yesterday morning, participants signed up for one of six working groups, all of which carried a different theme.

Participants were then sent to different rooms in Schloss Leopoldskron to refine their ideas and work on a prototype to share with the rest of the group. At the time of writing, one group set out to work on the proposition that ancestral/Indigenous knowledge adds value to the prevention pathway with the intent to acknowledge historical trauma to enable communities to address chronic illnesses such as childhood obesity.

Other themes that were identified included considering the dietary change to address climate change as a stealth intervention for obesity. Meanwhile, some participants wanted to look at generating a list of effective policies and programs that can be replicated and scaled that reduce levels of obesity and improve health equity.

New themes that emerged on Tuesday morning included the idea of working on a Global Cities Learning Network. Some participants also wanted to develop a framework that offers recommendations on how to easily execute cross-sectoral communication by key influencers, providers, and other audiences about childhood obesity and traumatic experiences to co-design strategies for communities. Another group set out to look at regulating transnational food companies, defending the public interest and food cultures.

One participant stressed the importance of creating synergy and merging the ideas shared during the program. They said this could be the best way to have a collective impact, and participants should avoid working in silos.

The group as a whole was reminded of Salzburg Global’s previous use of Salzburg Statements and how they had been used as tools for advocacy. Participants were tasked to establish goals in their working groups, identify an audience, and develop a communications strategy for getting their ideas across. Some funding is available to help support participants if they want to incubate a project after leaving Salzburg. There is a desire to make the support stretch as far as possible to support everyone’s goals.
“Gangsta” Gardening and Changing People’s Lives

Ron Finley on the fight against complex systems, growing together, and actionable outcomes

Claire Kidwell

“We’re in a war where we’re fighting for souls. We’re fighting for life,” says Ron Finley, otherwise known as the “gangsta gardener.”

Finley is speaking to me while attending the Salzburg Global Seminar and Robert Wood Johnson Foundation program, Halting the Childhood Obesity Epidemic: Identifying Decisive Interventions in Complex Systems.

With the Ron Finley Project, he’s hoping to bring culture and community together. He envisions a world where children know their nutrition and communities embrace growing and sharing fresh-grown food.

Finley says people should expect an uphill battle and recognize the problems they’re all trying to tackle didn’t start overnight. These problems won’t be fixed overnight either.

“Sometimes, you’re going to get extremely frustrated and think that nothing’s happening,” says Finley. “But if your message is getting out, know that you’re affecting somebody. Know that somebody is hearing you, and you’re changing somebody’s life.”

Finley wants to show children gardening is an art form, which also allows them to provide for themselves. These skills are tools children can utilize for the rest of their lives.

His work also includes showing people how to be humane. He wants to teach people “how to take their neighborhoods back, how to take their lives back, and design them the way they want to live.” He adds, “Not the way that some clown has designed it for them.”

However, Finley recognizes it’s not just enough to give kids tools. It involves gardening and life skills. “It needs to be a full circle,” he says, and many children don’t get this full lesson.

As for the “gangsta” aspect, Finley wanted to change the vernacular of that word, of what people consider to be “gangsta.” If you have knowledge, that’s gangsta, according to Finley. “If you’re a gardener, that’s gangsta because you’re providing not only for yourself, you’re providing for your community and the people around you,” he adds.

It’s not just about nutrition and gardening, though. Finley says there are “many lessons in that garden that are metaphors and truths for life.” For him, it’s about showing children their worth.

“Do as a race need to embrace our kids and tell them just how special, just how unique, just how brilliant they are.”

Finley says it’s the adults who inadvertently show children they have little worth. “How do we show kids that they have no value? Easy,” he says. “We put stuff in front of them that they cannot obtain, and we don’t give them the tools to get these things. So, therefore, they think things are worth more than the things they have, and things have more value than they do.”

As for what comes after this program, Finley says there’s more to get out of Salzburg Global than hope. He says, “I don’t really deal in hope. I don’t. I don’t even like the word hope. I like the word opportunity.”

Finley wants to see action come from these discussions – measures which put an end to issues like childhood obesity, so hope is no longer required. He says, “I want to see something that we go out and affect people... I want to see us build and move mountains with this with. That’s what I’m here for. To hell with all this conversation - we know the problem.”

Finley says research can take too long, and communities lose lives in the interim. He says he got his reputation through doing something about the issues he saw around him, not sitting and waiting for something to happen.

“It’s like I said, good in, good out. If you put good in, that’s what you’re going to get out. And if we grow together, we grow together. This is about community, period. And this is our community, not just the community you live in. I mean, we’re all on the same planet. We’re all breathing the same air. Let’s bring it down to that.”

Did you know?

- Ron Finley’s TED Talk, “A guerrilla gardener in South Central LA,” has - at the time of writing - received 3,489,528 views. The video was published in February 2013. Watch the video at this link: http://bit.ly/2qZtvCM
Bringing All Stakeholders Together

On Monday morning, participants had the chance to listen to two powerful presentations on the effects of colonization on Indigenous peoples in Australia and New Zealand. Afterward was a panel discussion on topics surrounding the impact of health care, public health, and social services to change the support that children and families at risk receive. Unfortunately, children sometimes “fall through the net” with regards to lack of services and limited funding.

One participant weighed the pros and cons of specializing in research, stating that it often tended to encourage people to stay in their silos. However, specializing in research is how strides are usually made. Rural communities often face disproportionate challenges because that is where there’s the least investment, according to one participant, who also stated, “The extension of health services in rural settings varies based on location, [and] some places are more difficult than others. These strategies need to be developed, and it needs more of an outreach support.”

Governments can also be a part of the problem, as noted by one participant who described how water is privatized in Chile, “so people in the [Global] North can have avocados.” However, we should not give up on our governments and democracy, because it is “the best we have,” despite narratives sometimes making it seem like we no longer need them.

One participant mentioned the importance of the psychology of food. Some children who have previously faced food insecurity might display behavior such as hoarding food when given a proper meal since they are accustomed to food not being consistently available. All of these issues tie into the broader topic of child health.

It is increasingly evident that to tackle this issue, an interdisciplinary approach must be adopted.

The Key Drivers for Systems Change

On Tuesday morning, participants listened to a panel discussing two questions: What might be the key drivers in prioritizing the most transformative, evidence-based approach to childhood obesity prevention with a measurable impact on disparities in prevalence rates in three to five years? What thought leadership in healthcare, human/social service organizations, philanthropy, and political life is necessary to change the culture and achieve this?

Participants discussed the importance of keeping children and families at the center of all solutions, as well as marginalized, vulnerable Indigenous communities. One participant discussed the food industry in the United States, saying, “The marketing industry spends millions of dollars a year targeting Hispanic, African-American, and other low-income families with ultra-processed food.”

However, change won’t happen unless society agrees this needs to be a priority. Historic discrimination has led to inequity in different communities — “not two hundred years ago, but every year for the past two hundred years.”

Using a trauma-informed approach to public policy will allow for the consideration of safety, trustworthiness, and empowerment to address population-level trauma. If we don’t understand the inequities that have led us to this point, it will be hard to implement the appropriate solutions. One participant commented, “Inequity is about taking advantage of the disadvantage.” However, out of inequity, a holistic approach can be developed.

Pivoting to early childhood education, one participant discussed the importance of school readiness, including language skills, social skills, and motor skills.

These skills are often correlated with health and social services. However, though these services may be universal, not everyone accesses them. For example, they might be distrustful of the system, they might be mobile, or there might be a domestic violence situation.

An idea that ran through the panel discussion is that childhood obesity is a systems issue. It is impossible to think of it from a unilateral perspective; rather, it should be considered and tackled from an interdisciplinary viewpoint. As one participant succinctly stated, “Think systems, act locally.”
Halting the Childhood Obesity Epidemic: Identifying Decisive Interventions in Complex Systems

Hot Topic:
“If You Were to Advocate One Recommendation Which You Think Could Halt the Child Obesity Epidemic, Who Would You Aim It At, and What Would the Recommendation Be?”

Mira Merchant

“My top recommendation is for us as a group to think more about food security instead of simply nutrition, because nutrition security and food security are connected, but they are not the same. What I think we need to address as part of that food systems discussion, that is so important for addressing [the] childhood obesity epidemic, is a need for families to have consistent access to enough amount of food that is healthy, nutritious, safe, that respect[s] their cultural and social preferences and that… leads to an active, healthy life…”

Rafael Perez-Escamilla,
Professor of public health and director, Global Health Concentration and Office of Public Health Practice, Yale School of Public Health

“I would go with a very broad suggestion or wish. I’d say that I…want to see [are] long term strategies and long-term funding. And I’d address all the sectors of government.”

Michaela Adamowitsch,
Scientific expert in nutrition and health promotion, Austrian Agency for Health and Food Safety (AGES)

“The most important stakeholder for halting childhood obesity in Asia, especially South Asia and East Asia, which is going to be the most vulnerable region in terms of childhood obesity, I think it’s going to be the policymakers in the health sector… The most important thing which is not being realized in Asia is that it’s not the priority right now. … We have to convince the policymakers that we have to take care of our children because, in Asia, the population growth is also very high. And if [there are children with obesity], it’s going to have huge health costs, [it] is going to have huge physical, psychological and emotional costs for the population… we need to tackle this menace as early as possible.”

Athar Mansoor,
Civil servant and Ph.D. candidate in public policy at the Hong Kong University of Science and Technology

“I would aim [my recommendation] at the minister of health in South Africa because that’s my experience. I always feel like they always recommend food for the children… like feeding schemes and all that stuff. But my thing is when you’re doing the feeding schemes, do you actually maybe consider the health value of the food that you’re feeding the kids?”

Sandiso Mchiza,
Digital graphic designer, CILT Department, University of Cape Town

“I would aim at researchers and people who fund the researchers. And the recommendation would be to create or support a framework of equity and inclusion that allows them to have an equity lens when they do their research, and that the funders then find that equity lens useful in selecting research projects to support.”

LaDonna Sanders Redmond,
Intercultural development consultant, Columinate

“Child sleep is at least as important as physical activity or nutrition. And as one-third of the problem, I’m thinking that it should gain the attention it deserves… Sleep should be one of the three pillars to tackle obesity. You should have nutrition, physical activity, and the third one should always be sleep. And I think we should really go for that. It’s the missing piece of the puzzle.”

Vincent Busch,
Senior researcher, Sarphati Amsterdam

#FacesOfLeadership

“It was great to listen to diverse opinions that weren’t necessarily the same as my own. It was challenging for me, but I think… the only way that we are going to be able to solve things is being able [to] sit at the table with people with whom we don’t necessarily agree and try to come with an open mind in terms of life, in terms of what we’re going to listen to, and also come into sort of a generous approach in terms of sharing your own perspective… We had a working group based on social participation. For me, that was an amazing experience to learn about the vision of the people that were there that were from Maori tribes in New Zealand, from Australia, from the United States also. And our working group actually has stuck together this whole year because we’ve worked on an article [and] despite our very different time zones, we managed to meet and talk a number of times during the year… Our focus was on Indigenous voices and the process of colonization and how it continues on until today. So that’s informed my work… I’m studying [for] my Ph.D. in public health. And for sure, my focus is going to be, I hope, industry interference in public policy design and social participation with this focus, this critical view of how colonization continues to this day.”

Carina Vance,
Former minister of public health in Ecuador reflects on the Salzburg Global program, Healthy Children, Healthy Weight, and what’s happened since