NATIONAL STRATEGIC PLAN FOR THE REDUCTION OF CHILDHOOD OBESITY (2022 - 2030) SPAIN

EN PLAN BIEN

Executive summary

Index

1. Introduction

Growing up healthy is not always easy. There are obstacles that make it difficult for children and adolescents to grow up in a healthy way; they do not always have access to a healthy eating routine, sometimes they do not have adequate time or space to play or do sports, and on occasion, they are not in situations that promote emotional well-being or proper sleep. When these conditions exist, growing up healthy becomes more complicated.

One of the main difficulties that children and adolescents face in growing up healthy is excess weight, which affects 4 out of 10 children and 3 out of 10 adolescents in our country. This situation is especially prominent in children who live in low-income households, who have twice the chance of developing obesity. For these children and adolescents, growing up in a healthy way is even more complicated.

Obesity makes it difficult for children to grow up healthy due to the important consequences for their health that can affect them both in childhood and in adulthood. Some of these consequences are physical, such as cardiovascular disease, diabetes, and increased risk of cancer; others are mental, such as low self-esteem, depression, or anxiety; additionally, some are social, such as stigma, discrimination, or relationship difficulties; and all of them lead to a lower quality of life. Due to these effects on individual health, obesity has important collective effects that affect our development as a country.

To address childhood obesity, we must consider its complexity, not only because of its multiple consequences, but also because of its many causes. For this reason, in order to guarantee the right to health of children and adolescents, we have to act comprehensively, ensuring that they have access to healthy lifestyles in their closest surroundings, where they live and spend their time: in the family, in schools, in health centers, on the internet, on the courts and in the playgrounds, and in their town and city.

Ensuring that childhood and adolescents grow up in a healthy way means making it easier for these environments to promote healthy lifestyles: an active life, a healthy diet, emotional well-being, and good sleep habits. To ensure that this happens, it is necessary to strengthen public services, protect their health and promote a cultural change to make these lifestyles desirable and enjoyable.

In this mission, we must all work together: families, teachers, health professionals, companies, the media, third-sector entities, public administrations at all levels and, of course, the children and adolescents themselves.

The **National Strategic Plan for the Reduction of Childhood Obesity** lays out the common roadmap for change in the next decade and thus main stakeholders that can make it possible had participated in its elaboration.

With this Plan, we want to make it easier for children and adolescents to grow up healthy in our country, without barriers that make it more difficult for them regardless of their social or territorial origin. That is the plan: to build a healthier Spain in which growing up healthy is a right for children and adolescents. **A Spain *En Plan Bien*[1].**

[1] The brand “En Plan Bien” comes from a colloquial expression used by teenagers meaning 1. “Being cool” and 2. To do things right, in a good mood.

2. Why we must act

2.1. THE SITUATION OF CHILDHOOD OBESITY IN SPAIN

Childhood obesity is **one of the main public health problems** at the international level and it is associated with, alongside being overweight, numerous health problems both in childhood and in adulthood. Its prevalence is so high that the World Health Organization (WHO) has declared it an “epidemic of the 21st century” and, as such, it entails high individual, social, and economic costs with short, medium, and long-term implications[2].

In Europe, childhood excess weight - which includes overweight and obesity - has increased in recent decades. For this reason, the WHO European Region promoted the *WHO European Childhood Obesity Surveillance Initiative* (COSI) in 2007, a surveillance system for childhood obesity that allows comparison between countries and analysis of trends over time. Doing so can improve the knowledge of the problem, help monitor it, and evaluate the impact of policies and measures implemented so that it can be addressed.

The data from the COSI Initiative[3] place Spain among the countries of the European Union with the highest prevalence of childhood obesity and overweight, along with other countries in southern Europe.

[2] Organización Mundial de la Salud. 2000. Obesity: preventing and managing the global epidemic: report of a WHO consultation.

[3] WHO European Childhood Obesity Surveillance Initiative (COSI). 2021. Report on the fourth round of data collection, 2015–2017 (2021).

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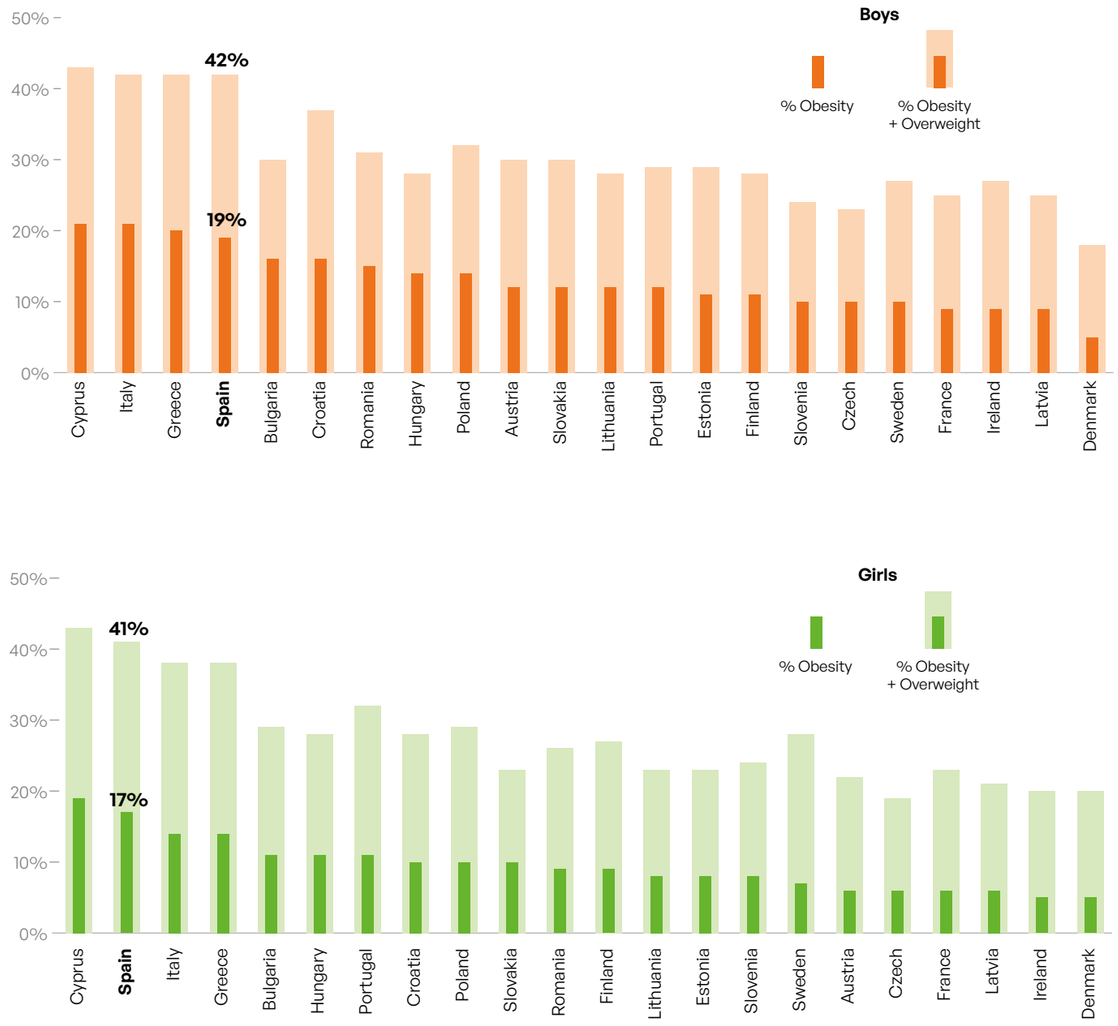
Prevalence of childhood obesity and overweight (6-9 years) by sex in European Union countries participating in the COSI Initiative.

Source: COSI 2015-2017. WHO Europe.



According to the latest data available for Spain from the *ALADINO Surveillance Study on Nutrition, Physical Activity, Child Development and Obesity*[4] 4 out of 10 children have excess weight (23.3% overweight and 17.3% obesity), obesity being more frequent among boys and overweight among girls.

4 out of 10 children are overweight in our country

During adolescence, according to the *Study on Physical Activity, Sedentarism and Obesity in Spanish Youth* (PASOS[5]) (carried out by thirteen research groups coordinated by the Gasol Foundation), excess weight in Spain stands at 32.5%, with the decrease in obesity being responsible for this reduction, going from 17.3% to 9.7%, while overweight falls slightly to 22.8%. Despite the difference with respect to childhood, it is still considered an epidemic for this age group.

2.1.1. TEMPORAL EVOLUTION

In the last decade, childhood excess weight in children ages 6 to 9 years has **stabilized at high prevalence levels.**

If we extend the analysis to children and adolescents (8-16 years) and the evolution throughout the last two decades, the data from the PASOS Study shows that obesity has doubled in the case of girls and female adolescents (5,1% vs 10,1%), while in boys and male adolescents the frequency remains stable (15.9% vs. 15.1%). If we also consider abdominal obesity, an indicator strongly associated with adverse health effects, the growth of childhood and adolescent obesity in the last twenty years has been even more relevant, going from 16% to 22.8%, mainly due to the doubling of obesity in girls and female adolescents (from 9.3% to 20%).

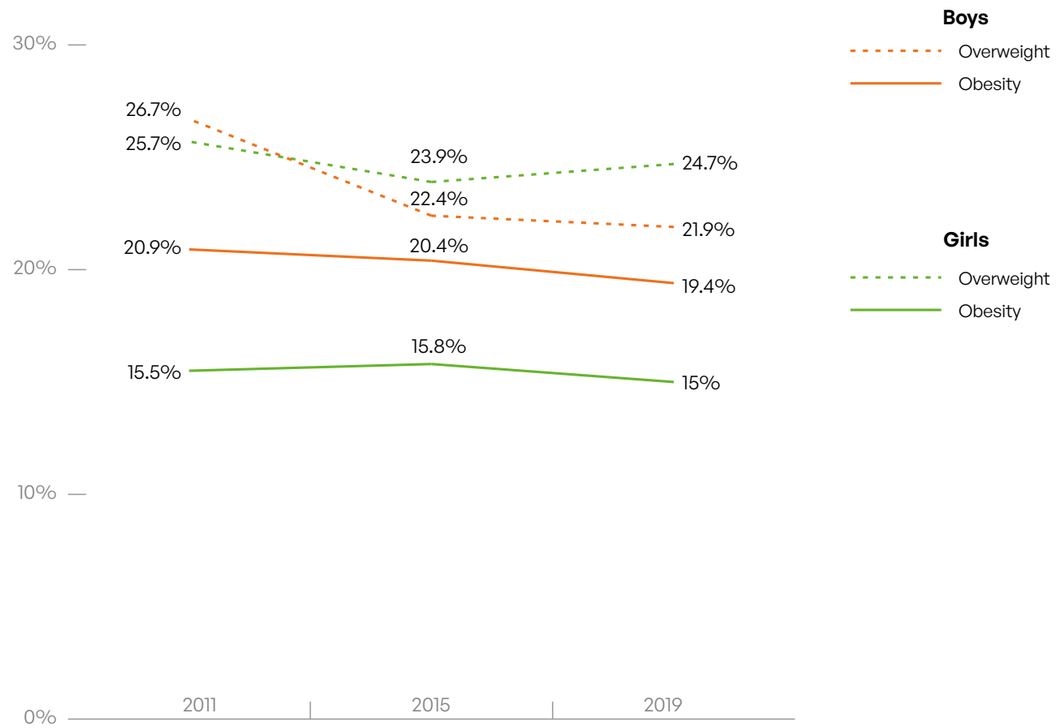
Obesity has doubled in girls and female adolescents in the last 20 years

[4] Spanish Agency for Food Safety and Nutrition. Ministry of Consumption. 2020. Study of Diet, Physical Activity, Child Development and Obesity in Spain (ALADINO 2019).

[5] Gasol Foundation. 2019. Main results of the PASOS 2019 study on physical activity, lifestyles and obesity in the Spanish population aged 8 to 16 years.

Evolution of the prevalence of childhood overweight and obesity (6-9 years) by sex (2011-2019)

Source: ALADINO Study 2019. Spanish Agency for Food Safety and Nutrition (AESAN).



2.1.2. CHILDHOOD OBESITY AND COVID-19

There are increasing indications that the pandemic has worsened the prevalence for childhood obesity, especially for **children and adolescents (from now on, written as C&A)** in a situation of greater vulnerability[6]. The reduction in mobility and social interaction, the increase in the use of screens, the increase in the consumption of foods with a high content of sugars, fats and salt (especially in households in which the pandemic has had a greater economic impact) and the difficulty of access to the health system are some of the factors that could have intervened as facilitators of the increase in childhood obesity during the COVID-19 pandemic.

2.1.3. CHILDHOOD OBESITY AND SOCIAL INEQUALITIES

Inequality in childhood is related to childhood excess weight, with **Spain being one of the countries in the European Union in which the rate of child poverty and obesity present a relatively higher correlation.** At the household level, the percentage of children with obesity is doubled for households with the lowest income (23.7%) compared to those with the highest income (10.5%). Both childhood obesity and overweight are more frequent in households with fewer resources and their frequency decreases with higher income levels[7].

Childhood obesity doubles for children in households with less income

Child poverty is, therefore, one of the factors that increase the likelihood of being overweight. In addition, the evidence shows that the prevalence of excess weight is concentrated to a greater extent among C&A with Roma origin, migrant, and with disabilities. These especially vulnerable groups are a priority for the actions of the Plan.

[6] WHO European Regional Obesity Report 2022.

[7] Spanish Food Safety Agency. Ministry of Consumption and High Commissioner against Child Poverty. President of the Government. 2022. Obesity and Childhood Poverty: X-ray of a double inequality. Study of the role of socioeconomic factors in obesity in the schoolchildren of Spain.

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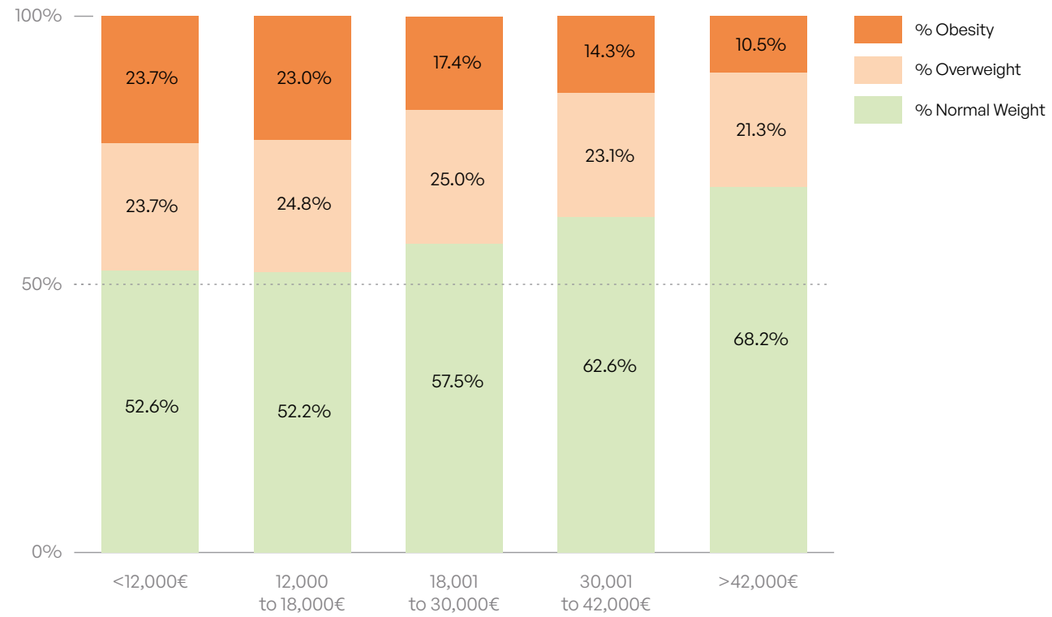
Childhood overweight and obesity by annual household income

Source: Adapted from the Obesity and Child Poverty : A double inequality report.
Spanish Agency for Food Safety and Nutrition (AESAN) and High Commissioner against Child Poverty.



2.2. DETERMINANTS OF CHILDHOOD OBESITY

Overweight and obesity are caused by an energy imbalance between calories consumed (food) and expended (physical activity and sedentary lifestyle).

However, the causes of this imbalance are not unique or simple. **Obesity has a multicausal and complex origin** in which genetic, biological, psychosocial, lifestyle, sociodemographic and environmental factors intervene throughout life, specifically impacting C&A, with a special importance of early childhood, which is the stage that most influences physical, mental, and social development in the short and long term.

2.2.1. FAMILY TRANSMISSION

Childhood obesity is transmitted in families from the initial stages of life. It is more common if the parents are obese, if there is excessive weight gain or gestational diabetes during pregnancy, or if breastfeeding is not exclusive during the first months of life. It also influences, as we have seen, household income and other factors of social vulnerability, driven by family perceptions about obesity and healthy habits of families.

According to data from the *ALADINO 2019 Study,* parents in Spain significantly underestimate excess weight in children: 69.1% of children with excess weight are perceived by their parents to be within a normal weight. This distorted perception is more frequent if one of the parents is overweight, if the household has a lower level of education or income, or if the child is male. One of the main difficulties that an inappropriate perception of childhood excess weight entails is that it minimizes the problem and delays tackling it.

7 out of 10 school children with excess weight are perceived by their parents to be within a normal weight

En Plan Bien — WHY WE MUST ACT

2.2.2. LIFESTYLES

Childhood obesity is more frequent in C&A with less healthy lifestyles in relation to physical activity (less time dedicated to physical activity and more to sedentary activities), to food (less consumption of fruit and vegetables and more consumption of processed foods and beverages with a high caloric content, in sugars, fats and salt and low in fiber and essential nutrients), emotional well-being (anxiety, depression, low self-esteem, social isolation) and sleep (less compliance with the recommendations of hours of sleep).

Not sleeping the recommended hours doubles the risk of obesity in school-age children

An imbalance in emotional well-being increases the likelihood of obesity

Lifestyles are not only individual choices. The sociocultural and economic contexts and the environments where children live and grow up have a profound influence on the extent that they facilitate or not the motivation and access to healthy lifestyles. Within this context, **three systems stand out for their importance: food, leisure and sports and sociocultural.**

EMOTIONAL WELL-BEING AND SLEEP

Although the classic approaches that relate lifestyles and the development of childhood obesity have focused on the importance of physical activity and nutrition, international scientific evidence shows increasingly clear the importance of sleep[8] and emotional well-being[9-10], in maintaining a healthy weight, both directly and through its influence on physical activity and diet.

[8] Miller et al. 2018. Sleep duration and incidence of obesity in infants, children, and adolescents: a systematic review and meta-analysis of prospective studies.

[9] Moradi et al. 2020. Association between overweight/obesity with depression, anxiety, low self-esteem, and body dissatisfaction in children and adolescents: a systematic review and meta-analysis of observational studies.

[10] Sutaria et al. 2019. Is obesity associated with depression in children? Systematic review and meta-analysis.

1. The **food system** in all its phases, from production and distribution to the price and consumption of food and beverages, influences the availability, access and preferences of children and adolescents to healthy products both inside and outside the home.

2. The **leisure and sports system** influences the accessibility of children and adolescents to spaces and routines in their daily lives in which to conduct physical activity with other children or as a family, maintaining active mobility or engaging in active leisure and sports.

3. The **sociocultural system** conditions the social models that influence social relationships, the time, and resources that children and families must dedicate to healthy activities, sleep and well-being, and social perceptions about healthy development and obesity.

EVOLUTION OF THE DIET IN SPAIN

The composition of food and dietary patterns has evolved in recent decades in our country: the consumption of fruits, vegetables, legumes, and fresh products typical of the Mediterranean diet has decreased while the consumption of processed foods with a higher sugar content, salt and fat and lower content of fiber, protein and essential micronutrients has increased.

- This change in the diet of C&A is associated with a higher energy density, an increase in the consumption of free sugars and a decrease in fiber consumption, three of the main factors that contribute to the risk of developing obesity.

- According to data from the *COSI Initiative*, Spain is the EU country in which the fewest children consume vegetables daily and the third in which they consume the least fresh fruit daily.

ACTIVE LIFE IN CHILDHOOD AND ADOLESCENCE

The ALADINO and PASOS 2019 studies show some relevant data in relation to the physical activity carried out by children and adolescents in our country:

- 75.4% of boys and 65.2% of girls are active and 23% of boys and 25% of girls are sedentary.

- Less healthy lifestyles are associated with each other, such that schoolchildren with a less healthy diet are also less active.

- Throughout adolescence, the percentage of active schoolchildren decreases, with widening gender differences, by adolescent girls being progressively less active than boys.

THE SCREEN ERA

We live in an interconnected society, in which the use of Technologies for Relationship, Information and Communication (TRIC) occupies increased space in the daily life of C&A from early ages.

A recent study carried out by the United Nations Children's Fund (UNICEF)[11], in which more than 50,000 Spanish children between the ages of 11 and 18 have participated, outlines the widespread use of the Internet, in many cases intensively, which can result in consequences for their physical health, linked to a digital sedentary lifestyle, and also on their mental and social health:

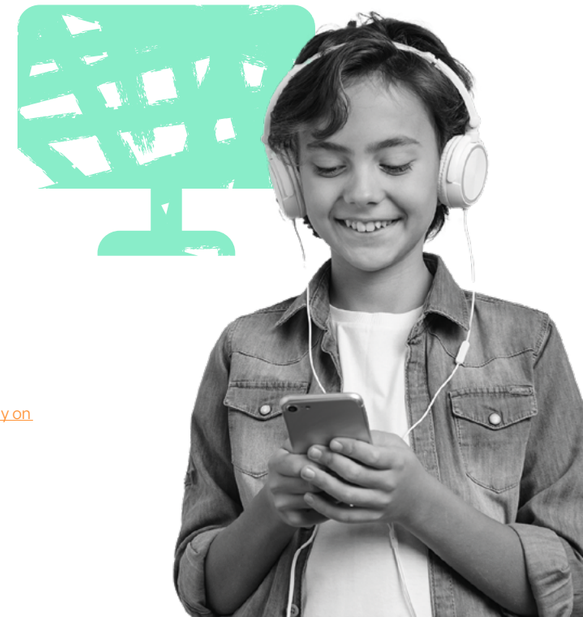
- The vast majority (94.8%) have a mobile phone, with the average age of access to the first phone being 11 years.

- More than half (58%) sleep with their phone in the room and 21% go online after midnight every day or every other day.

- 31.6% spend more than five hours a day connected to the internet during the week, increasing this frequency to 49.6% during the weekend.

- The percentage of adolescents who would be developing a problematic use of the Internet and social networks is estimated at 33%. This percentage is higher among girls and increases significantly after 14 years old.

- 22.8% have suffered bullying and 9.2% have suffered cyberbullying at some point in their lives.



[11] UNICEF Spain, University of Santiago de Compostela and General Council of Professional Associations of Computer Engineering. 2021. Impact of Technology on Adolescence. Relationships, risks, and opportunities.

2.3 CONSEQUENCES OF CHILDHOOD OBESITY

2.3.1. HEALTH CONSEQUENCES

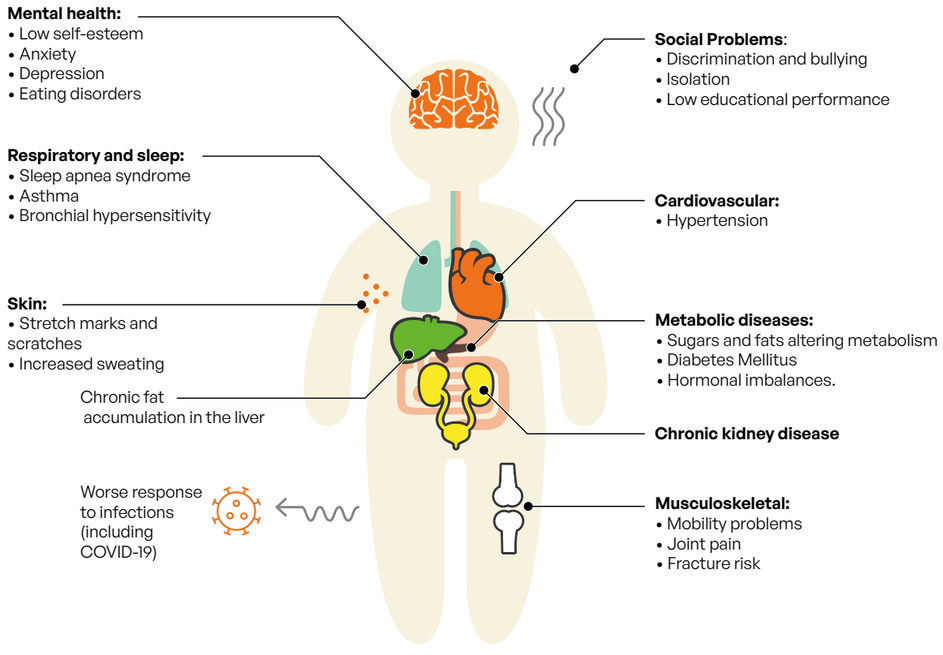
Childhood obesity is one of the main public health problems in our country, given that it has consequences for physical, mental, and social health, in childhood, adolescence and in adulthood.

A) Consequences on health during childhood and adolescence

Childhood obesity is associated with a greater probability of developing health problems that affect multiple organism systems, the severity of which increases with the degree of obesity. Although in the past, it was considered that these problems occurred in adulthood, today we know that many of them begin in childhood and adolescence, conditioning the quality of life of children and adolescents.

55% of children with obesity will be adolescents with obesity

80% of adolescents with obesity will be adults with obesity



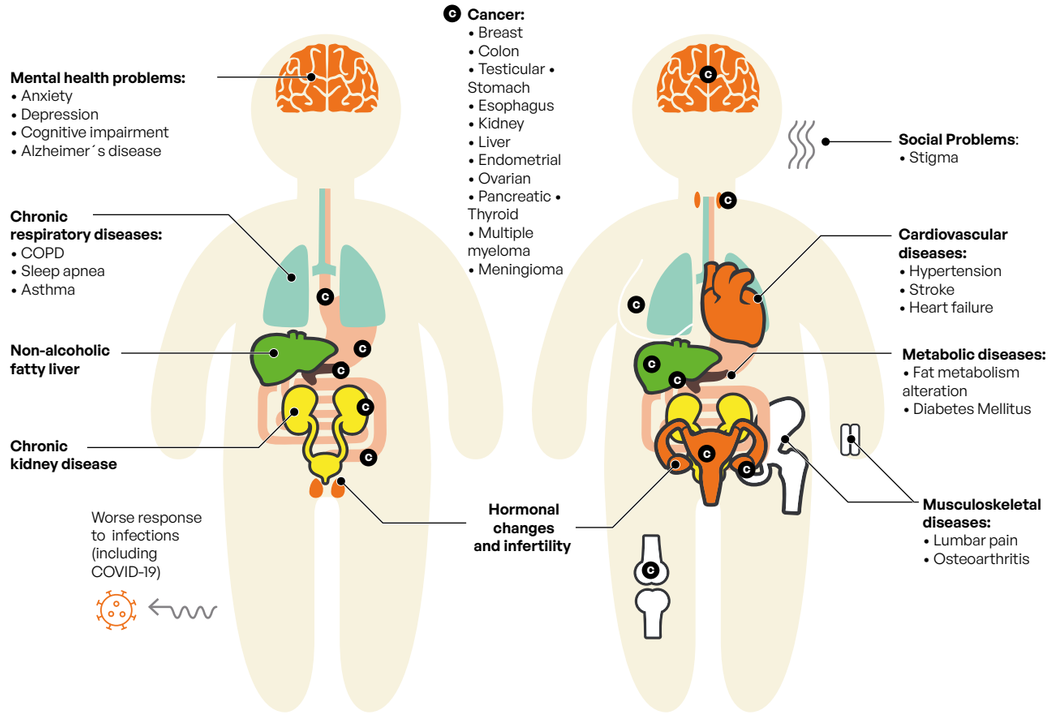
Source: Adapted from, Ebbeling et al. Childhood obesity: public-health crisis, common sense cure. 2002.

B) Consequences on health during adulthood

Obesity is a chronic, progressive disease that is associated with early onset of different diseases, as well as the loss of quality of life and the reduction of life expectancy. The increase in mortality is due to an increased risk of the two main causes of death in Spain: cardiovascular diseases and at least thirteen types of cancer.

The increase in mortality is due to an increased risk of the two main causes of death in Spain: cardiovascular diseases and cancer

Obesity reduces life expectancy: the more severe it is, the more life expectancy is reduced



Source: Adaptaded from WHO European Regional Obesity Report 2022.

2.3.2. SOCIAL AND ECONOMIC CONSEQUENCES

Although the most visible consequences of childhood obesity are on physical health, there are **psychosocial effects** on mental health, quality of life and development, including lower school performance, higher absenteeism, and lower likelihood to have good academic results and to complete a higher level of education.

In the long term, obesity in adulthood has **adverse socioeconomic effects**, such as high health costs derived from associated health problems, loss of productivity or premature morbidity and mortality.

The Organization for Economic Cooperation and Development (OECD)[12], concerned about the global growth of obesity, conducted a study in 2019 on its economic cost in 52 countries. The results for Spain are shocking: obesity represents a reduction of 2.6 years in the life expectancy of the population and is responsible for 9.7% of health spending and reduces labor productivity by the equivalent of 479,000 working days per year, which represents a reduction in GDP of 2.9%. To cover these costs, each person in our country pays an average of 265 euros per year in taxes. The study concludes that, for each euro invested in the prevention of obesity in Spain, six would be recovered.

[12] OCDE. 2019, *The Heavy Burden of Obesity: The Economics of Prevention*, OECD Health Policy Studies.

The economic cost of obesity in Spain represents a reduction of 2.9% of GDP

For every euro invested in obesity prevention in Spain, 6 euros would be recovered

2.4 INTERNATIONAL RECOMMENDATIONS

Childhood obesity is a strategic priority at the international level. The European Union, the WHO, and organizations such as the *World Obesity Federation* state the need to address obesity in a comprehensive manner. Their recommendations have been considered in drawing up the Plan.

The *European Action Plan to reduce childhood obesity 2014-2020*[13], currently under evaluation, includes a wide range of measures from an intersectoral approach with eight key action areas: 1. Support a good start in life, with interventions in the various stages of childhood from pregnancy forward. 2. Promote healthier environments, with a special focus on the school environment. 3. Make the healthiest option the easiest one. 4. Restrict marketing to children. 5. Inform and empower families. 6. Promote physical activity. 7. Monitor and evaluate the health status of children, childhood obesity and associated factors, as well as the results of the measures. 8. Increase research and translate its results into innovative actions.

The *Commission to End Childhood Obesity* of the WHO[14] and the recent *Obesity Report 2022* of the WHO European Regional Office recommend a set of comprehensive actions with a population approach throughout the life cycle from pregnancy, with the aim of creating environments that promote health and sustainable development, promoted from a high political level, with the participation of different government departments and all stakeholders involved in obesity.

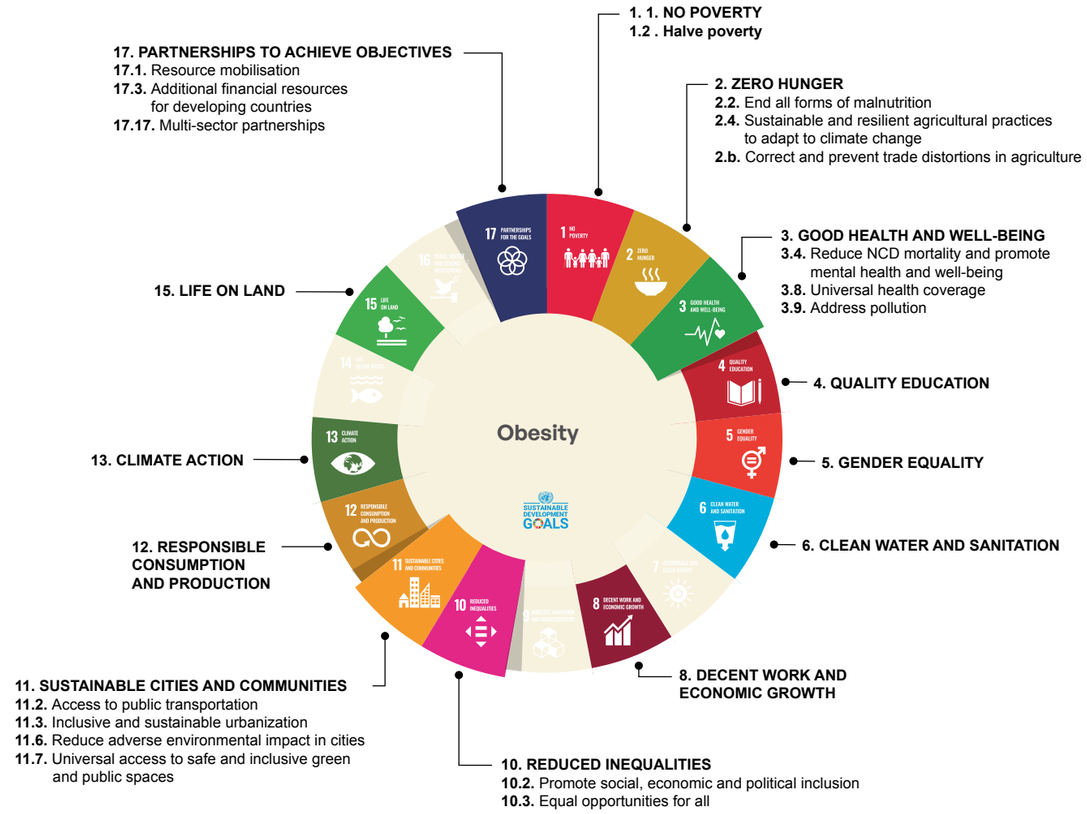
This cross-cutting and comprehensive vision makes it possible to address childhood obesity within the framework of the 2030 Agenda. The *World Obesity Federation*[15] links the initiatives aimed at reducing obesity with the **Sustainable Development Goals (SDGs)**, demonstrating that there are important synergies, which means an opportunity to promote actions in a transversal way without leaving anyone behind.

Childhood obesity is an international strategic priority

[13] European Commission. 2014. EU Action Plan on Childhood Obesity 2014-2020.
[14] World Health Organization. 2016. Report of the Commission on Ending Childhood Obesity.
[15] World Obesity Federation. Obesity and the SDGs: an opportunity hidden in plain sight | World Obesity Federation.

SDGs related to obesity

Source: Adapted from World Obesity Federation.



3. A plan in alliance

The **National Strategic Plan for the Reduction of Childhood Obesity** has been promoted by the Spanish Government and coordinated by the **High Commissioner against Child Poverty in the Presidency of the Government**, with the *Gasol Foundation* as a strategic partner.

It is conceived as a **great intersectoral national alliance** aimed at making it easier for C&A in our country to grow up in a healthy way. In this way, it is conceived as a roadmap for the next ten years with the aim of generating a boost for multilevel and cascading action between the different public administrations within the framework of their competences, the scientific sector, the non-for-profit organizations and foundations, companies, and civil society.

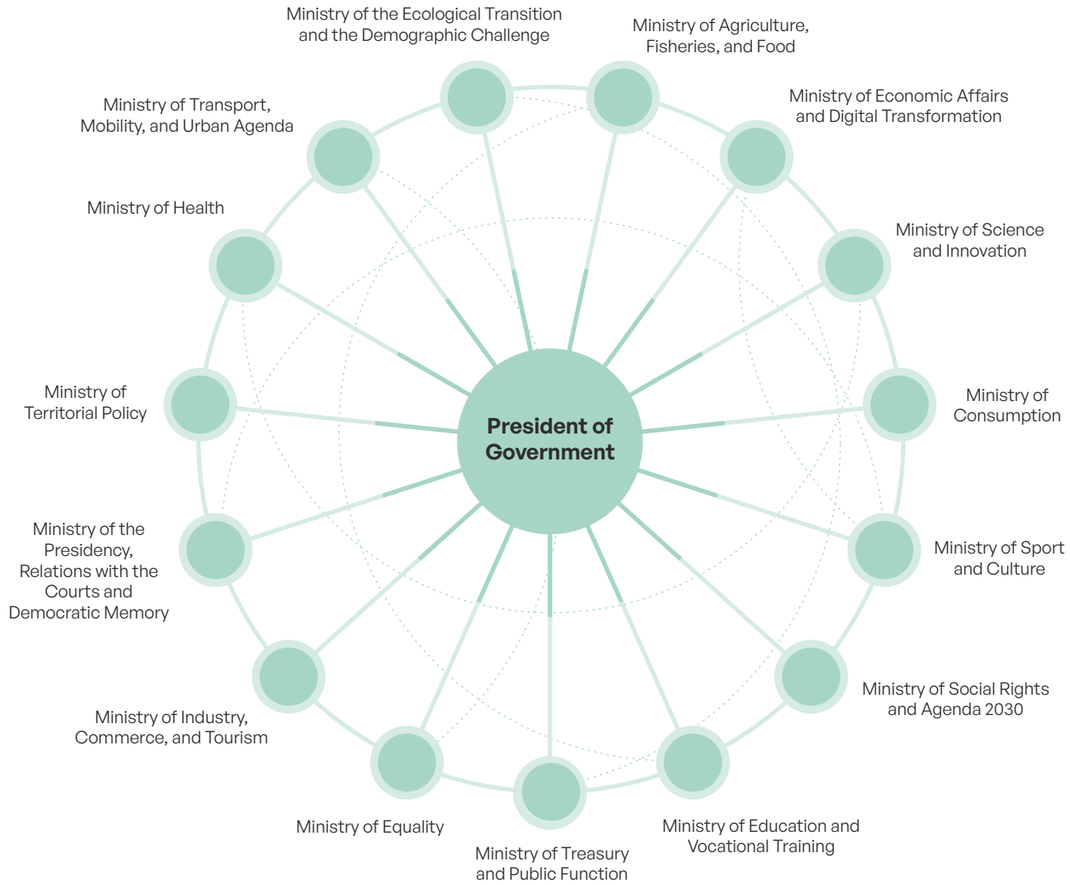
Thus, the Plan proposes to set some guidelines for a coordinated action for the next decade that serve as a framework for the development and implementation of actions by all the actors involved.

The Plan has been developed with a **participatory methodology** at four levels (institutional, scientific, social, and economic) and with the support of international organizations such as the WHO or UNICEF.

1 · INSTITUTIONAL LEVEL

An interministerial board has been set up to develop the main courses of action of the Plan with the participation of 15 ministries and the Spanish Federation of Municipalities and Provinces (FEMP).

Participating Ministries



2 · SCIENTIFIC LEVEL

A scientific board has been set up made up of 18 scientific societies and institutions in the field of health with the aim that the Plan is based on scientific evidence and best practices.

3 · SOCIAL LEVEL

A social board has been set up with the participation of 13 non-for-profit organizations from the third sector of social action and civil society that work in health and childhood and family associations.

4 · ECONOMIC LEVEL

An economic board has been set up with the participation of 25 associations and federations representing the economic sectors involved in the Plan, including the food sector, physical activity and sports, and the digital and audiovisual sector.

En Plan Bien — A PLAN IN ALLIANCE

4. A decade for change

The National Strategic Plan for the Reduction of Childhood Obesity was born to make a vision for the next decade a reality: **to achieve a Spain in which growing up in a healthy way is a right for all children and adolescents.**

Due to the need for comprehensive changes to achieve this vision, the National Strategic Plan for the Reduction of Childhood Obesity has the mission of **uniting all the entities involved so that children and adolescents grow up in environments that make healthy lifestyles easier, more accessible, and more enjoyable**. This means a more active and less sedentary life, healthier eating, greater emotional well-being, and better rest.

In this way, **the objective of the Plan is to reduce child and adolescent overweight and obesity in Spain by 25% over the next decade, without leaving anyone behind.**

To fulfill its mission, the Plan is based on a series of **guiding principles** for action:

- **Cross-cutting action on Health in All Policies**
  Cross-cutting action approach that integrates both health policies and policies from other sectors that influence the health of children and adolescents.
- **Preventive vision from the beginning of life**
  Health promotion and disease prevention from early childhood to improve health throughout the life cycle of children.
- **Perspective of children's rights**
  Protection of the right to health of C&A recognized by the Spanish Constitution, the Convention on the Rights of the Child of the United Nations, and the EU Strategy on the Rights of the Child within the framework of the European Pillar of Social Rights.
- **Positive and non-stigmatizing approach**
  Inclusion of a non-stigmatizing cross-cutting approach of the weight situation of C&A from a body-positive perspective, which fosters adequate perception and self-perception from a positive health-oriented approach.
- **Based on scientific evidence**
  Development from the best available knowledge on childhood and adolescent obesity and the recommendations of international reference organizations.
- **Evaluation and adaptability**
  Definition of key indicators with goals for 2025 and 2030 and annual monitoring of their development. As a dynamic roadmap, it will readjust its action based on the results and the appearance of new scientific evidence.

En Plan Bien — A DECADE FOR CHANGE

THE KEY PRINCIPLES OF CHANGE

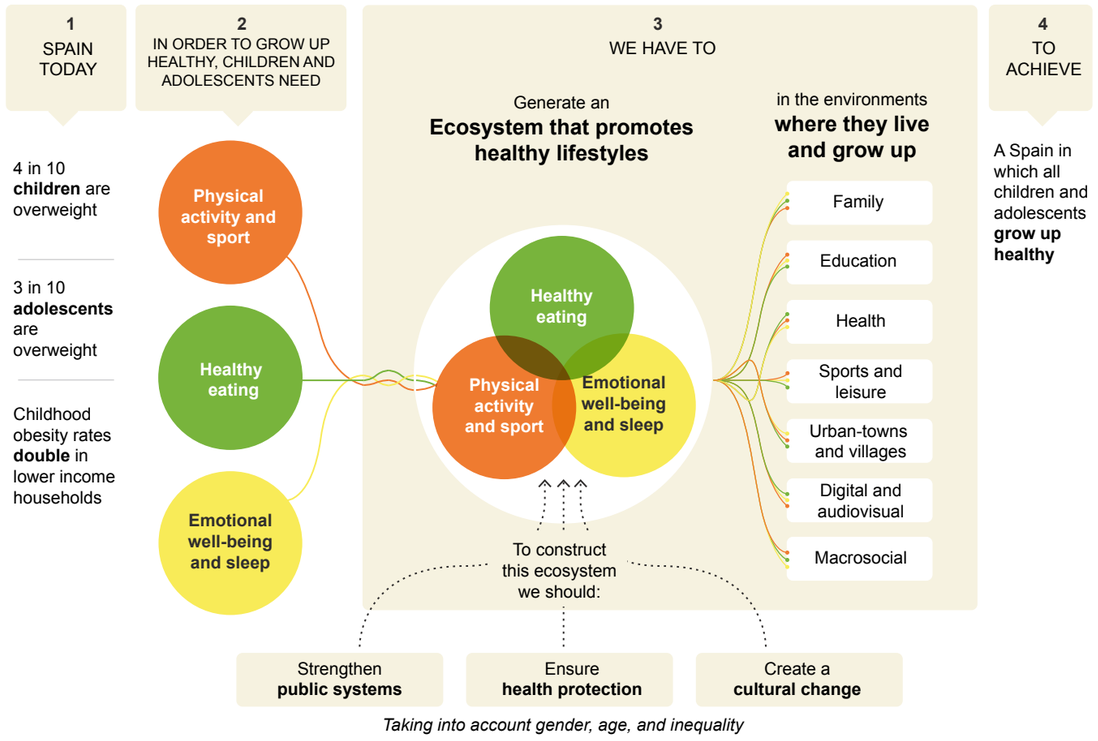
- **Defend the right of children and adolescents to grow up in a healthy way, to grow up well.**
- **Support a healthy life from the beginning, with interventions adapted to the distinct stages of childhood from pregnancy.**
- **Promote a healthy transformation of children's lifestyles.**
- **Promote healthier, safer, and friendlier environments where children live and grow up.**
- **Reduce the social and gender gap in access to healthy lifestyles.**
- **Inform, support, and empower families by reinforcing public resources aimed at children.**
- **Promote a great alliance appealing to the co-responsibility of all the entities involved in children's health.**
- **Improve surveillance tools for childhood obesity and its determinants.**

5. Strategic plan

5.1. HOW TO ACHIEVE CHANGE

We know that to prevent and reduce childhood obesity, C&A need to regularly practice physical activity, have a healthy diet, and maintain adequate emotional well-being and good sleep habits.

This Strategic Plan proposes to place C&A at the center, making healthy lifestyles accessible and attractive to children and their families. For this, it is necessary **to act in the environments where C&A live and grow up, generating ecosystems that promote and facilitate the acquisition of these three healthy lifestyle contributors** (physical activity, nutrition and emotional well-being and sleep). In addition, it is vital to reinforce public services, protect their health and cause a cultural change in society towards the generalization of these lifestyles until achieving a Spain in which all C&A can grow up in a healthy way.



Taking into account gender, age, and inequality

5.2. ACTION FRAMEWORK

The actions defined in the Plan are organized around **six strategic lines**, which serve to generate change in the different environments in which C&A live to make it easier for C&A to grow up in a healthy way.

01

Generate a social ecosystem that promotes that promotes physical activity and sport.

02

Generate a social ecosystem that promotes healthy eating.

03

Generate a social ecosystem that promotes emotional well-being and adequate rest.

04

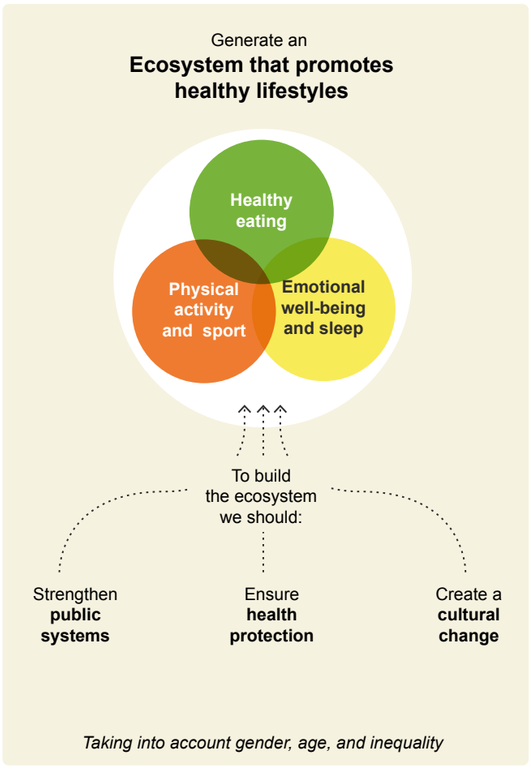
Strengthen public systems to promote healthy lifestyles.

05

Guarantee the protection of children's health.

06

Create a cultural shift towards healthy lifestyles.



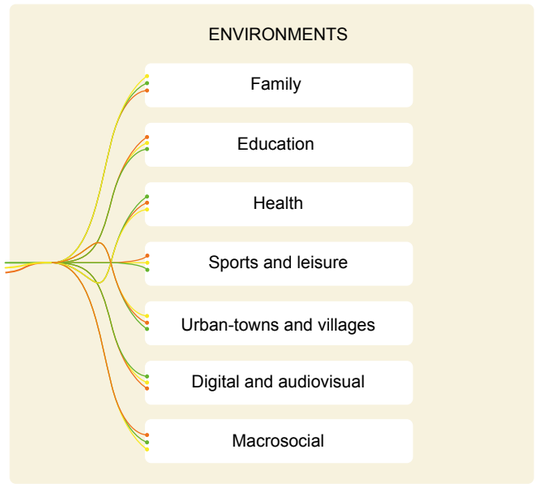
Taking into account gender, age, and inequality

The first three strategic lines are aimed at guaranteeing and facilitating the acquisition and enjoyment of three healthy lifestyles – healthy eating, physical activity and emotional well-being and adequate sleep – by children and adolescents. In the case of the last three lines, they organize the measures that support the action of the first three lines.

For this, the Plan proposes to develop a framework of action where C&A are born, live and grow up based on the social determinants of health[16].

The **social determinants of health approach** is a conceptual framework developed by the WHO that establishes that the social, cultural, and environmental conditions in which we live influence our lifestyles and our health. For this reason, to address childhood obesity, it recommends implementing measures in a comprehensive and intersectoral manner, integrating the links between healthy people, healthy societies, and healthy environments.

Thus, the Plan is developed through a **framework of action in the main environments in which C&A live and grow up**: the family, educational, health, active leisure and sports, urban (towns and cities), and digital and audiovisual environments, in addition to the macro-social environment, which crosses all environments.



5.3. ACTION PLAN

The action plan of the National Strategic Plan for the Reduction of Childhood Obesity develops these strategic lines through **200 measures** aimed at acting in the environments in which C&A live and grow up, as well as four action mechanisms to promote its implementation. This action plan consists of two elements:

1. The development of **200 measures**, of which 50 have been prioritized - included in this executive summary.

2. The **four mechanisms** to promote the implementation of the Plan: research and innovation, communication and awareness, financing, and coordination with other state strategies.

5.3.1. PRIORITY MEASURES

For the execution of the Strategic Plan, 50 measures organized by strategic lines have been prioritized. These measures have been selected for their impact on reducing childhood obesity based on scientific evidence, the recommendations of international organizations, and the prioritization of the Plan's participation boards.

[16] World Health Organization. 2010. A. A conceptual framework for action on the social determinants of health.

STRATEGIC LINES	OBJECTIVES	MEASURES
01 **Develop a social ecosystem that promotes physical activity and sports**	01 National strategic framework promoting physical activity and sport	01 Develop the Sports Law
		02 Develop the National Strategy for the Promotion of Sports
	02 Increase the practice of physical activity in schools	03 Increase the time spent on physical activity
		04 Increase extracurricular activities that include sports and physical activity
		05 Use school sports facilities as open spaces
	03 Health centers promoting participation in sports and physical activity	06 Promote the prescription of physical exercise
	04 Reduce the social gap in sports practice	07 Ensure universal access to sports
		08 Ensure full participation of children and adolescents with disabilities
	05 Reduce the gender gap in sports practice	09 Guarantee inclusive, safe, and accessible spaces
		10 Promote the diversity of sports offer
	06 Use of TRIC to promote active leisure	11 Increase the development of digital tools that promote and require physical activity

Environment:
Macrosocial
Family
Education
Health
Leisure and Sports
Urban
Digital

STRATEGIC LINES	OBJECTIVES	MEASURES
02 **Develop a social ecosystem that promotes healthy eating habits**	07 Guarantee a healthy food environment within the educational system	12 Guarantee health food in schools at every stage of the educational system
		13 Incorporate education about nutrition and gastronomy in the school curriculum
	08 Free access to drinking water	14 Guarantee the availability of water in public areas and restaurants
		15 Increase the density of public water sources in neighborhoods and cities
	09 Economic accessibility to healthy foods	16 Establish digital food aid cards
		17 Guarantee school canteen grants for children in vulnerable situations
	10 Regulate the food supply of educational, health, and sports centres	18 Develop regulation for a healthy food enviroment in child and youth centres
	11 Healthy evolution of food and beverages aimed at children	19 Move towards healthy taxation
		20 Adopt reformulation measures to improve the nutritional composition
	12 Breastfeeding promotion	21 Breastfeeding support programs in hospitals and health centers
		22 Promote labour measures that facilitate and support breastfeeding

Environment:
Macrosocial · Family · Education · Health · Leisure and Sports · Urban · Digital

STRATEGIC LINES	OBJECTIVES	MEASURES
03 **Develop a social ecosystem that promotes emotional well-being and adequate sleep**	13 Facilitate work-life balance and co-responsibility	23 Advance in family work-life balance measures
	14 Mental Health care	24 Early detection and care of mental health problems
		25 Include mental health care in the educational curriculum
	15 Promote emotional well-being	26 Increase school activities in natural environments
		27 Raise awareness and educateabout healthy sleep routines
	16 Promote positive family dynamics	28 Implement positive parenting programs
04 **Strengthen public systems to promote healthy lifestyles**	17 Improve National Health System capacities	29 Early diagnosis and comprehensive healthy lifestyles counselling
		30 Adequate Primary Care and Public Health human and financial resources
	18 Encourage a school environment that promotes healthy lifestyles	31 Create a Spanish Network of Health Promoting Schools
	19 Improve urban spaces and infrastructures	32 Create quality urban spaces with sports/play areas and green spaces
		33 Strengthen the Spanish Network of Healthy Cities
	20 Improve the social protection system	34 Update and modernize social services for children
		35 Develop regulations to support vulnerable families with children
	21 Improve surveillance	36 Create an integrated surveillance system for childhood obesity and its determinants

Environment:
Macrosocial · Family · Education · Health · Leisure and Sports · Urban · Digital

STRATEGIC LINES	OBJECTIVES	MEASURES
05 **Guarantee health protection from pregnancy onwards**	22 Advertising protection	37 Develop regulation of food and beverage marketing
	23 Easy to understand labelling	38 Improve the decision-making capacity of families based on front-of-pack labelling
	24 Balanced and healthy implementation of TRIC	39 Develop a plan to improve TRIC use
	25 Educational and digital environments free of violence	40 Implement the Law on the Comprehensive Protection of Children and Adolescents against Violence
		41 Develop strategies against cyberbullying
	26 Healthy and safe school surroundings	42 Include school surroundings in the practice of urban planning
06 **Create a cultural shift towards healthy lifestyles**	27 Raise awareness about healthy lifestyles	43 Disseminate age-appropriate recommendations adapted to different environments
		44 Raise awareness about the critical, balanced, and healthy use of TRIC
	28 Raise awareness of the nature of childhood obesity	45 Increase knowledge about its causes and consequences
		46 Raise awareness to transform the perception of weight and reduce discrimination
	29 Public-private partnerships to promote healthy lifestyles	47 Create alliances with stakeholders, opinion leaders, and the media
		48 Create alliances with relevant influencers for children and adolescents
	30 Sensitize professionals about healthy lifestyles	49 Strengthen training for professionals in the healthcare environment
		50 Strengthen training for professionals in the educational environment

Environment:
Macrosocial · Family · Education · Health · Leisure and Sports · Urban · Digital

5.3.2. DRIVERS FOR SUCCESS

The mechanisms for boosting the Plan are necessary tools to **ensure the execution of the action plan.**

These tools are research and innovation, which will increase awareness of the prevalence of childhood obesity, its causes and the most effective ways to tackle it; communication and awareness, an essential mechanism to promote cultural change and a favorable climate towards the acquisition and enjoyment of healthy lifestyles in childhood and adolescence; financing, which ensures the execution of the measures proposed in the Plan; and the transversal coordination between state strategies, which adds the efforts that are being made from the distinct areas of the administration.

RESEARCH AND INNOVATION

It is essential to continue developing within the **generation of scientific knowledge** on childhood obesity, its determinants, risk and protective factors, consequences, and the most effective interventions for its reduction, both at the individual, community, and population levels. For this reason, childhood obesity will be a priority of the *Strategic Action in Health* of *the State Plan for Science, Technology and Innovation*, the main entity for financing biomedical and health research in Spain.

In addition, a *multidisciplinary network of experts in research and study of childhood obesity* will be created, which will actively collaborate with national and international scientific and social entities. This Network will integrate experts from existing research groups and incorporate new, specialized profiles in areas such as physical activity and sport, mental health, public health, and social sciences.

In this decade, it is also essential to consolidate an **integrated surveillance system for health determinants** that includes childhood obesity within the *Public Health Surveillance Strategy*. This surveillance system must contribute to the generation of knowledge and decision-making based on increasingly complete information and that can interact with the international surveillance and monitoring systems for childhood obesity.

COMMUNICATION AND AWARENESS

To ensure that the objectives of the Plan are achieved, it is necessary to establish communication and awareness mechanisms that support the measures of the Plan aimed at **promoting cultural change and a favorable climate towards the acquisition and enjoyment of healthy lifestyles** in the different environments in which children live and grow up. For this cultural change, it is necessary to continue raising awareness and expanding the knowledge that citizens have about the causes and consequences of childhood obesity and the need to acquire healthy lifestyles starting in childhood.

Therefore, the Plan proposes the creation of a communication and awareness strategy to promote healthy lifestyles. The strategy, annual in nature and sustained over time, will be developed through multi-channel campaigns under the umbrella brand *En plan bien* from the different public administrations involved, incorporating them into their annual communication and advertising plans.

The Plan will strengthen the impact and effectiveness of the campaigns by incorporating mechanisms that facilitate public-private collaboration.

FINANCING

The financing of the Plan will require the mobilisation of resources from various levels of the administration and from various sources of financing. The actions included in the Plan will have **priority consideration in the General State Budgets** through the different ministries and central government bodies and it will be recommended that they also have it in the regional and local ones based on their competence capacity. The use of European funds and the promotion of public-private collaboration will be promoted for the development of the measures contemplated in the Plan, including the declaration of the Plan as an Event of Exceptional Public Interest.

The specification of the budget items throughout the decade will be detailed in future operational plans defined by the Plan's Interministerial Committee, the body that will promote its implementation.

CROSS-CUTTING COORDINATION

The Strategic Plan promotes comprehensive actions from multiple departments of the General State Administration, **promoting synergies with multiple Plans, Strategies and Regulations** in development and implementation.

These include: the *Recovery, Transformation and Resilience Plan (2021-2023)*, the *State Action Plan for the Implementation of the European Child Guarantee (2022-2030)*, the *Strategy for Health Promotion and Prevention in the National Health System,* the *Strategy of Public Health, the Strategies for Mental Health, Cancer and Cardiovascular Health, the Strategic Plan for Health and the Environment (2022-2026)*, the *Strategy for Nutrition, Physical Activity and Prevention of Obesity (NAOS),* the *National Strategy for the Promotion of Sport Against Sedentarism and Physical Inactivity*, the *Strategy on Food Safety and Nutrition*, the *Mental Health Plan in the Educational Environment*, the *National Strategy for the Rights of Children and Adolescents*, the *Spanish Urban Agenda and the Safe Mobility Strategy, Sustainable and Connected 2030*.

6. Governance

Given its transversality, multi-level competence nature, and time frame this Strategic Plan requires the synergistic drive of multiple actors from various levels and sectors -institutional, social, and economic- throughout the decade. In the dialogue processes developed for the preparation of the Plan, the need to have a **specific governance that allows its coordination, implementation, monitoring, and evaluation** has been detected. To address this objective, the following mechanisms will be developed:

INTERMINISTERIAL COMMITTEE OF THE PLAN

The body that will promote the implementation of the Plan. Chaired by the Ministry of Health, the High Commissioner against Child Poverty will hold the vice presidency. This body will count with the participation of the 15 ministries that have participated in the preparation of the Strategic Plan, which are expected to promote its measures within their competences framework and to which other departments could be added if deemed necessary.

The Interministerial Committee will be equipped with a Technical Commission for monitoring the Plan, which will oversee the technical work necessary to fulfill the objectives of the Interministerial Committee, and which will prepare an annual monitoring report.

ADVISORY COMMITTEE OF THE PLAN

A body of a consultative nature, in which social, scientific, and economic agents will participate, as well as the C&A themselves within the framework of the State Council for the Participation of Children and Adolescents.

COORDINATION IN THE SECTORAL CONFERENCES

The Plan may serve as **a reference framework for the Autonomous Communities and local entities** for the preparation of their plans or strategies adapted to their context, based on their priorities and the measures they are already implementing to reduce childhood obesity.

The Sectoral Conferences, as the main instrument of cooperation between the General State Administration and the Autonomous Communities for the different sectors of public activity, will coordinate and promote aspects related to the Plan, which will also be channeled through various coordination formulas, reinforcing the representation of the FEMP in key issues.

In the case of measures that require coordination of more than one sectoral Conference, Mixed Sectoral Conferences will be established, coordinated by the Interterritorial Council of the National Health System.

7. Key indicators

Improving surveillance systems through the collection of quality data has been one of the main objectives of the WHO to inform policies and measures in response to the epidemic of childhood overweight and obesity. Proof of this is the development in the last decade of the COSI Initiative, which collects standardized weight and height measurements from more than 300,000 children in the WHO European region.

In Spain, we have data on childhood obesity since 1987, with significant advances in monitoring capacity in the last three decades, which have materialized in the emergence of new data sources, including the participation of Spain in the COSI Initiative through the study ALADINO.

Currently, **there are five periodic data sources at the national level for the tracking of childhood obesity**: the ALADINO study; the PASOS study; the National Health Survey of Spain (ENSE); the *Health Behavior in School-aged Children* (HBSC) study; and the Primary Care Clinical Database (BDCAP).

These data sources are based on population surveys (ENSE) or studies of the school-age population *in situ* (ALADINO and PASOS) or through surveys (HBSC). On the other hand, the BDCAP draws data from clinical registries and can be considered a complementary source, whose usefulness will increase as it acquires greater territorial representation.

For the follow-up of the Plan, the ALADINO and PASOS Studies have been identified as the main sources, given that they use instruments for direct measurement of weight and height, as well as abdominal circumference, instead of estimating weight and height based on questionnaires, which underestimate the prevalence of overweight and obesity.

However, we still face significant challenges to carry out optimal surveillance of obesity for the entire child and adolescent population. ALADINO and PASOS jointly cover the child population aged 6 to 16, so there is still room for improvement to have data on the entire target population, particularly those under 6 years of age. In addition, although both sources are representative at the state level and ALADINO is representative for some Autonomous Communities, they do not allow monitoring of the prevalence and determinants of childhood obesity at the regional level.

En Plan Bien — KEY INDICATORS

For monitoring the Plan, eight key result indicators are identified with target goals for 2025 and 2030. Three of these indicators are related with monitoring the reduction of excess weight taking into account both the social gap in obesity, -measured with the level of household income by ALADINO, with the educational level by PASOS, and the gender gap in excess weight. The remaining five indicators are related with the follow-up of the main lifestyles related to the prevalence of excess weight in childhood and adolescence:

- Physical activity, based on the WHO recommendation of at least 60 minutes of physical activity of moderate to vigorous intensity daily throughout the week.
- Sedentary lifestyle, defined by ALADINO as spending three or more hours a day reading, doing homework or using screens, and by PASOS as spending more than two hours a day on weekdays using screens in accordance with the WHO recommendation.
- Food, through the *KidMed Index* of adherence to the Mediterranean diet, using the category of low adherence to the Mediterranean diet.
- Well-being, with an indicator of whether the child feels sad in the case of the ENSE, and sad, worried, or unhappy in the case of PASOS.
- Sleep, following the recommendation of the *National Sleep Foundation* of 9 to 11 hours for children up to 13 years old and 8 to 10 hours a day for adolescents from 13 to 18 years old.

The 2025 and 2030 targets for key indicators are based on the latest available data. Because of the pandemic, a regression is possible, especially for those C&A in a situation of greater vulnerability. The publication of the next data from the main sources planned for the monitoring of this Plan (PASOS 2022, ALADINO 2023 and ENSE 2024) will allow to know the scope of this involution and readjust the goals if necessary.

Key indicators for monitoring the Plan

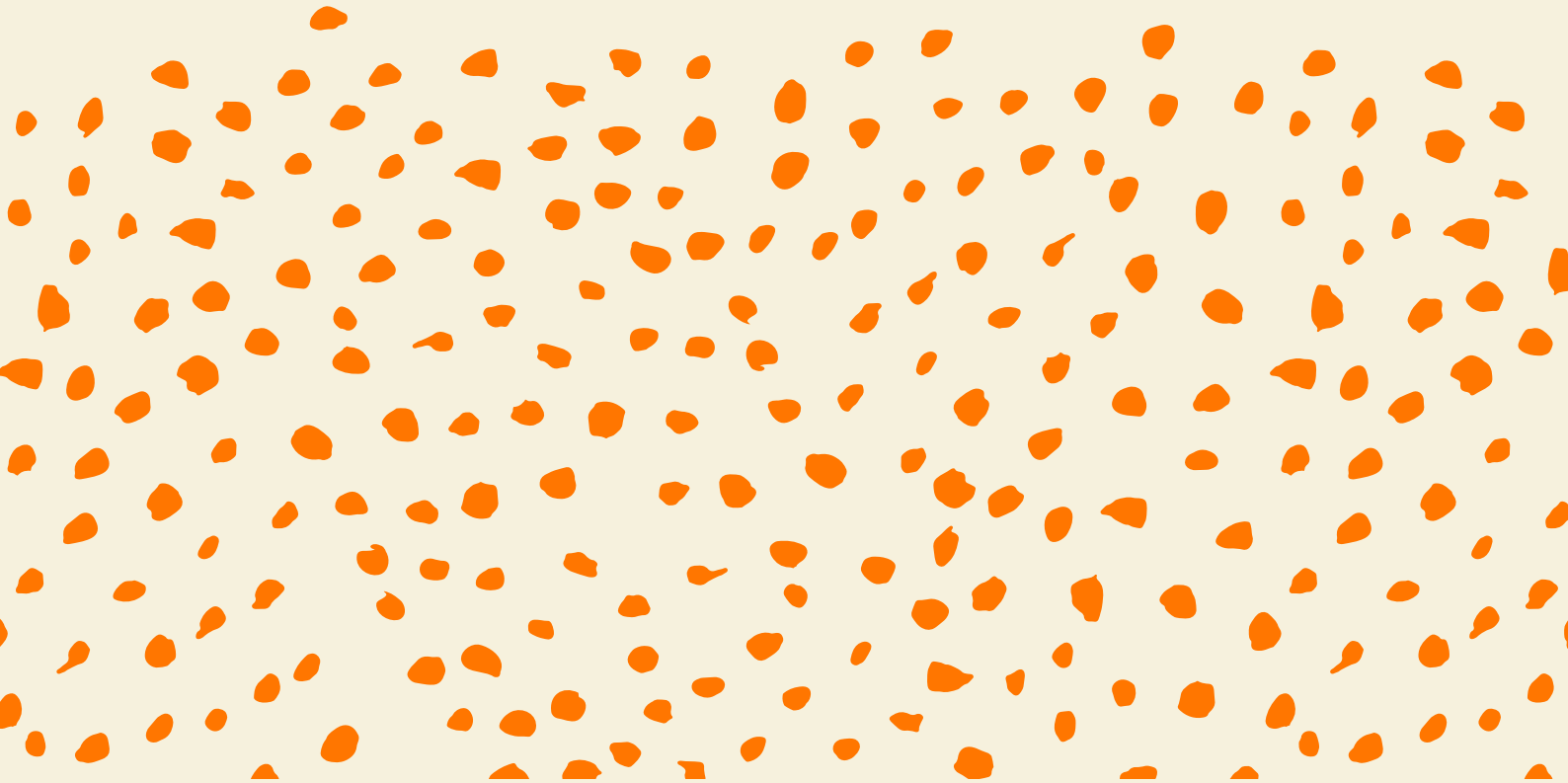
AGE (YEARS)	SOURCE	YEAR	BASELINE	GOAL 2025	GOAL 2030
OVERWEIGHT					
≤5	BDCAP	-	N/A	Data availability and establish a baseline	Reduction according to the baseline
6-9	ALADINO	2019	40,6%	▼ Bend the curve	▼ Reduce by 20-25%
8-16	PASOS	2019	36,1%	▼ Bend the curve	▼ Reduce by 20-25%
SOCIAL GAP IN OBESITY					
6-9	ALADINO	2019	O: 2,3 increase (+13,2 p.p.)	▼ Reduce by 15%	▼ Reduce by 40%
8-16	PASOS	2019	O: 2,3 increase (+10,7 p.p.)	▼ Reduce by 15%	▼ Reduce by 40%
GENDER GAP IN OVERWEIGHT					
6-9	ALADINO	2019	SP: +2,8 p.p. girls O: +4,4 p.p. boys	▼ Reduce by 15%	▼ Reduce by 40%
8-16	PASOS	2019	SP: +1,6 p.p. girls O: +5 p.p. boys	▼ Reduce by 15%	▼ Reduce by 40%

En Plan Bien — KEY INDICATORS

AGE (YEARS)	SOURCE	YEAR	BASELINE	GOAL 2025	GOAL 2030
HEALTHY LIFESTYLES					
PHYSICAL ACTIVITY					
6-9	ALADINO*	2019	70,4%	▲ Increase by 10%	▲ Increase by 25%
8-16	PASOS**	2019	77,7%	▲ Increase by 10%	▲ Increase by 25%
SEDENTARY LIFESTYLE					
6-9	ALADINO*	2019	24,0%	▼ Reduce by 10%	▼ Reduce by 25%
8-16	PASOS**	2019	54%	▼ Reduce by 10%	▼ Reduce by 25%
EATING (adhering to a Mediterranean diet)					
6-9	ALADINO*	2019	9,7%	▼ Reduce by 20%	▼ Reduce by 50%
8-16	PASOS**	2019	10,3%	▼ Reduce by 20%	▼ Reduce by 50%
WELL-BEING (feeling sad, anxious, or unhappy)					
8-14	ENSE*	2017	12,3%	= Stabilise	▼ Reduce by 15%
8-16	PASOS**	2019	21,1%	= Stabilise	▼ Reduce by 15%
SLEEP					
6-9	ALADINO*	2019	Weekdays: 93,7% Weekends: 80,6%	▲ Increase by 5% on weekends	▲ Increase by 10% on weekends
8-16	PASOS**	2019	Weekdays: 59,1% Weekends: 51,9%	▲ Increase by 10%	▲ Increase by 20%

*Data reported by parents

** Data reported by C&A



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ALTO COMISIONADO CONTRA LA POBREZA INFANTIL

Plan Estratégico Nacional
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