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## HALTING THE CHILDHOOD OBESITY EPIDEMIC: IDENTIFYING DECISIVE INTERVENTIONS IN COMPLEX SYSTEMS

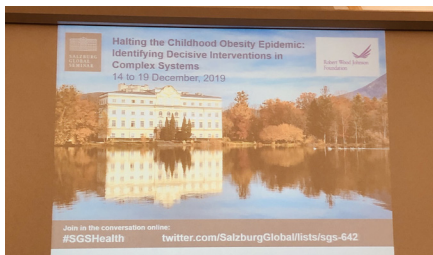
### Write! Tweet! Post!

If you're interested in writing either an op-ed style article for our website or the program report, or a personal reflection blog post while you're here this week, please let Salzburg Global Communications Associate Oscar Tollast know or email your submission directly to [otollast@salzburgglobal.org](mailto:otollast@salzburgglobal.org).

If you do intend to write for your organization either while you're here or after the program, please make sure to observe the **Chatham House Rule** (information on which is in your Welcome Pack). If you're in any doubt, do not hesitate to contact Oscar. We'll be updating our website with summaries from the panels and interviews with our Fellows, all of which you can find on [www.SalzburgGlobal.org/go/642](http://www.SalzburgGlobal.org/go/642).

You can also join in the conversation on Twitter with the hashtag [#SGSHealth](https://twitter.com/SGSHealth) and see all your fellow Fellows and their organizations on Twitter via the list [www.twitter.com/salzburgglobal/lists/SGS-642](https://www.twitter.com/salzburgglobal/lists/SGS-642). We're updating both our Facebook page [www.facebook.com/SalzburgGlobal](https://www.facebook.com/SalzburgGlobal) and our Flickr stream [www.flickr.com/SalzburgGlobal](https://www.flickr.com/SalzburgGlobal) with photos from the program during this week and also after the program. If you require non-watermarked images for your publication, please let Oscar know.

We will also be posting photos to Instagram [www.instagram.com/SalzburgGlobal](https://www.instagram.com/SalzburgGlobal). Use the hashtag [#SGSHealth](https://twitter.com/SGSHealth), and we might feature your photos in the newsletter!



**@ddiandell** Day 2 of @SalzburgGlobal Seminar! We're not starting from scratch. We can learn from each other, starting with the need to change narratives around #Obesity. #SGSHealth



Participants take part in a small group discussion in Schloss Leopoldskron's Max Reinhardt Library

## Addressing the Complex Systems

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."



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# Bringing a First Nations Perspective to the Program

Cultural practice advisor Louisa Whettam discusses nutrition in First Nations communities

Claire Kidwell

**“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.



Louisa Whettam (pictured) in Parker Hall

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.

Childhood obesity is the canary in the coal mine, another participant suggested. The largest opportunity for influencing a reduction in childhood obesity would be a paradigm shift complemented by accountability and fundamental practice change.

Language and framing are also critical, participants heard. More stories need to be shared, and more communities need to be engaged. There is a huge opportunity to build off a children's rights approach.

We are not in a situation where no action has been taken before, however. We have the benefit of learning from past successes and failures. How can we use lived experience as a key source of knowledge to inform what we do?

When you start putting people at the center, you see the key things people need for a healthy diet: knowledge and information, affordable and accessible food, literacy skills, assets, and social support.

All of this is made harder by the unhealthy food environments people live in, however.

## 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. Var-

ious 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.

## Salzburg Snapshots

Photos from the first couple of days of *Halting the Childhood Obesity Epidemic: Identifying Decisive Interventions in Complex Systems*



## 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 Joanna & 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 PaPaz*



## #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 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*