World Trade Organization

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Immediate Past President
November X, 2016

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
 HOW ARE THE CHILDREN?

• Diet quality
  – Children ages 2-17 who meet federal diet quality standards: 50%

• Obesity
  – Children ages 6-17 who have obesity: 18%

• Activity limitation
  – Children 5-17 with activity limitation resulting from one or more chronic health conditions 9%

• Food Insecurity
  – Children 6-10 living in food insecure homes: 21%
**Foundations of Health: Goal for Every Child**

- **Sound, appropriate nutrition**
  - Health-promoting food intake, eating habits beginning with mother’s pre-conception nutritional status

- **Stable, responsive environment of relationships**
  - Consistent, nurturing, protective interactions with adults that enhance learning, help develop adaptive capacities that promote well-regulated stress response systems

- **Safe, supportive physical, chemical and built environments**
  - Provide places for children that are free from toxins, allow active, safe exploration without fear, offer families opportunities to exercise, make social connections

developingchild.harvard.edu/files/5012/8706/2947/inbrief-health.gif
HEALTH CONSEQUENCES OF CHILDHOOD OBESITY

• Obesity-related co morbidities
  – Type 2 diabetes
  – Hypertension
  – Nonalcoholic fatty liver disease
  – Dyslipidemia
  – Upper Airway Obstruction
  – Sleep Apnea Syndrome
  – Blount’s Disease
  – Polycystic ovary syndrome
  – Obesity related emergencies
  – Depression/anxiety
Child Health and Food Insecurity

Parent-reported poorer health and developmental risk

- More frequent stomach aches, headaches, colds, hospitalizations, anemia and chronic conditions
- More anxiety, depression, school difficulties


- More difficulty with interpersonal skills, self control, attentiveness, flexibility and persistence


Infants more likely to have insecure attachments and perform more poorly on cognitive assessments

- Zaslow M et al Food security during infancy; Implications for attachment and mental proficiency in toddlerhood. 2009 Maternal and Child Health Journal 13(1) 66-80

Lower levels of physical activity

COMPLEX FOOD ENVIRONMENT

• Influencers on food environment
  – Access to healthy foods: food deserts, transportation, affordability
  – Family history
  – Marketing

• Population health approach to addressing the food environment
  – Schools
  – Vending machines
  – Community
**Nutrition Facts Panel**

- Helps consumers and parents make informed food choices to meet dietary recommendations.

- Updates to the label will help parents be more informed about the foods they are serving their children and better able to meet the recommendations of pediatricians and the Dietary Guidelines.
  - Calorie information
  - Serving size
  - Added sugars
Moving Forward

• Labeling of caffeine content in all foods and beverages would help patients and their families make healthy decisions regarding caffeine intake.

• Front of pack labeling is more likely to be used by consumers unable to understand the Nutrition Facts panel or those with time constraints.

• The Nutrition Facts panel is designed for adults and children older than 4 years, making it difficult for parents of young children to discern nutrition information for their children.

• Daily Reference Values included on the label are based on a 2,000 calorie diet—much too high for many children.

• Labels need to be useable, clear, and understandable to consumers with all types of literacy levels.