

## **Specific Conclusions regarding Obesity Prevention**

1. Educational interventions to reduce obesity in the preconception period, fostering appropriate weight gain during pregnancy, supporting women in avoiding the retention of excessive weight gain during the postpartum period and promoting optimal infant feeding practices, including breast feeding, nutritious and safe complementary feeding and the avoidance of sugar sweetened beverages and 'junk foods', that is, foods high in fat, sugar, salt and which are highly processed.
2. National policies including inputs from the civil society organizations and the private sector are important to influence the social, economic and environmental determinants of obesity and other inequities in health. Well-informed parents, students and citizens need to have easy choices available regarding healthy eating and active living in cities and settings where people live, work, learn, eat and enjoy.
3. Implementing evidence-based interventions to prevent childhood obesity in all educational settings such as homes, childcare and early education centres, schools (pre and after school programs), faith-based organizations, recreational and social settings and other community-based facilities for children and families.
4. Incorporating nutrition and physical activity for healthy living information into core curricula (math, language arts, social studies, and so on) in all educational settings (schools, early childhood centres/child care centres, summer programs, among others).
5. Developing or strengthening feeding and physical activity interventions at preschool, after school, and summer care programs with the aim to reduce 'screen time' and increase consumption of nutritious foods and physical activity during out of school time. Educational-based feeding programs must promote consumption of locally available fruits and vegetables, safe water and physical activity, while restricting access to calorie-dense, fat-dense, nutrient-poor foods and beverages. In addition, obesity prevention must be practiced in a way that is culturally sensitive and takes into account beliefs associated with body image, particularly in young women.
6. Inter-sectorial collaboration to enable environments that increase accessibility to safe spaces (gyms, game courts, parks) and infrastructure (bike and walking paths) to promote and increase physical activity during and after hours.
7. Engaging key community institutions outside the formal education system, including early childhood centres, churches, pediatric/family medicine clinics, among others, to support family nutrition education, healthy food access and daily physical activity – all of which are key too promote child 'healthy weight'.

**Additional strategies to enable the education interventions through the life-course approach should include:**

1. Institutionalization of an early career leadership scholars program/network in Latin America and the Caribbean, which focuses on evidence-based approaches to childhood obesity prevention based on the life-course framework.
2. Promoting investment in longitudinal research to explore effectiveness, repeatability and sustainability of interventions to prevent childhood obesity through the life-course prioritizing on the preconception, pregnancy and early infancy periods.
3. Including childhood obesity prevention initiatives as a priority into the material-child health and education policies, and programs of international agencies including the Inter-American system.
4. Implementing innovative and attractive social marketing educational efforts developed to disseminate food-based dietary guidelines and other evidence-based messages to improve nutrition and physical activity.
5. Implementing monitoring and evaluation systems to properly assess process and impacts of life-course national strategies, including specific life-course targets for childhood obesity prevention in national and regional plans.