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A Double Hit: COVID-19 and Childhood Obesity

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Introduction

It is evident that childhood obesity is a significant public health issue that is associated with various health morbidities [1]. Globally speaking, as of 2019, it was estimated that 38.2 million children under the age of 5 years were overweight or obese (World Health Organization, 2020). Additionally, over 340 million children and adolescents aged 5-19 were overweight or obese in 2016 (World Health Organization, 2020). Adding to this issue are the implications of the COVID-19 pandemic on children's physical activity and nutrition across the world. Childhood obesity and COVID-19 is a "double hit" on adolescents' health and their learning outcomes, exacerbating the issue of obesity even further.

Background

A prior study by Haun, et al. (2017) [2] revealed how school health programs and parental knowledge on health and nutritional issues plays a role in children's health outcomes. Within many school systems, there are clear policies surrounding adequate physical activity and nutritional guidelines. However, due to COVID-19, many school systems chose to move to an online format to mitigate health risks from the virus. Parents and guardians were then tasked to accommodate these changes, where many children began learning primarily from home and outside of the school system [3]. Studies are already showing the negative effects this change is having on childhood obesity rates [4]. With the lack of physical education in the school system and stay-at-home orders, many children have experienced physical activity decline and weight gain.

Discussion

Now, while school systems are tittering between the in-person and online learning format, health interventions are urgently

needed to help promote children's physical activity at home. Recommendation from Rundle, et al. (2020) [5] suggest that there is a need for innovative approaches to address food insecurity within environments where children will continue to learn from home. The authors also recommend that school systems should build on their remote teaching capacity by making physical education a priority. The COVID-19 pandemic has also highlighted the need to timely, comprehensive healthcare for children and their families [6]. Solutions are still being explored and how the long-term effects from the interruption of children's daily routine from in-person learning to online learning.

Conclusion

School health programs have a responsibility to promote environments where children are receiving adequate nutrition and physical activity, whether that is within the school walls or in the student's homes. Childhood obesity and COVID-19 are both international pandemics, otherwise creating an increased risk for children to develop obesity. Parents and guardians now bear part of the responsibility to ensure a healthy environment for their children. Educators, healthcare providers, and communities must work to reduce the negative impact of obesity and COVID-19 with effective solutions.

Acknowledgement

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Conflict of Interest

Author declare no conflict of interest.

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