NUTRITION IN OBESITY AND NCD CONTROL

- THE ROLE OF CIVIL SOCIETY

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OUTLINE OF PRESENTATION

• WHAT IS THE NUTRITION GOAL?

• WHAT ARE THE GLOBAL & LOCAL CHALLENGES FOR CIVIL SOCIETY?

• WHAT IS THE STRATEGIC APPROACH?

• SOME KEY ROLES FOR CIVIL SOCIETY TO ADVANCE THIS STRATEGY?
OVERWEIGHT/OBESITY TRENDS IN THE CARIBBEAN

![Graph showing trends in overweight/obesity across the 1970s, 1980s, and 1990s for males and females.](image-url)
The Prevalence of Obesity (BMI ≥30) Hypertension and Diabetes in Caribbean Countries
Trends in Sugar Consumption in the Caribbean
1961-2003

Calories/caput/day

GOAL

Local

Imported

1961-63
1971-73
1981-83
1991-93
2001-2003
Trends in Fruit and Vegetable Consumption in the Caribbean
1961-2003

![Graph showing trends in fruit and vegetable consumption in the Caribbean from 1961 to 2003.](image_url)
THE GOAL

- Fats
- Sugars
- Fruits and Vegetables
Energy (Caloric) Availability in the Caribbean
1961-2003

Average Energy supply
RDA
Average caloric availability is increasing globally.
Effect of rising national income on composition of the diet
(Perisse, Sizaret & Francois, 1969)
Can Civil Society impact Global Forces, National Policies & Individual Choice?

- Fats
- Sugars
- Fruits and Vegetables
Where can Civil Society best Influence Nutrition

**MACRO LEVEL**
(National/International)

- WTO, EPA, CET Agreements
- Alters Food availability, Type & Prices. Etc

**MESO LEVEL**
(Public & Private sectors)

- Aggressive Food Marketing
- Quality Standards, Labeling Dietary Guidelines etc.

**MINI LEVEL**
(Community/Household)

- Food Access: More food at lower cost Media influence etc.

**MICRO LEVEL**
(Individual)

- No. & Type of diet
- Passive over-consumption etc.
Can Civil Society Influence the Major Factors Affecting Food Choices in the Caribbean?

1. TASTE
2. COST
3. CONVENIENCE
4. NUTRITION/HEALTH VALUE
5. TRADITION / CULTURE
CAN CIVIL SOCIETY ACTION IMPACT ON KEY DRIVERS OF OBESITY/NCDs?…..

• Our domestic agriculture policy lacks adequate incentives for the production of fruits and vegetables

• Our local and cable networks heavily advertise fast foods, especially on children’s programs

• Many schools canteens and vendors promote high energy dense foods with little nutrient value

• Our food imports encourage the consumption of high energy dense foods, even trans fats
Changes Diet Composition
Increased Vegetable Oil Consumption is key component of nutrition transition in Asia

Source: Food Balance data, FAO
Trends in Vegetable Oil and Animal Fat Consumption in the Caribbean

Vegetable Oil

Animal Fat

Grams/person/day

1961-63
1964-66
1969-71
1974-76
1979-81
1982-84
1984-86
1987-89
1989-91
1992-94
1995-97
1998-2001
2002-2003

Vegetable Oil
Animal Fat
Among 80,082 women followed for 14 years (939 cases). Multivariate-adjusted for other risk factors and dietary habits. Hu et al. NEJM 1997
Multivariate RR’s of type 2 diabetes according to quintiles of specific types of dietary fat (mutually adjusted)  
(Salmeron et al, 1999)
ON DIET & NCDs - 3 Critical Questions

• CAN SPECIFIC NUTRIENTS (e.g. SUGAR, FAT, SALT) BE TARGETED SUCCESSFULLY?

• CAN THIS APPROACH MAKE A SIGNIFICANT DIFFERENCE?

• WHAT ARE THE SUCCESS FACTORS?
(Norwegian Nutrition Council, 1995)

<table>
<thead>
<tr>
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<th>1970</th>
<th>1993</th>
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<tr>
<td>Energy (kcal)</td>
<td>2860</td>
<td>2980</td>
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<tr>
<td>Fat (g)</td>
<td>128</td>
<td>112</td>
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<tr>
<td>Fat (%)</td>
<td>40</td>
<td>34</td>
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<tr>
<td>Carbohydrate (g)</td>
<td>352</td>
<td>392</td>
</tr>
<tr>
<td>Carbohydrate (%)</td>
<td>49</td>
<td>53</td>
</tr>
<tr>
<td>Of which sugars (%)</td>
<td>16</td>
<td>17</td>
</tr>
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</table>
Coronary Heart Disease mortality in Norway

Norwegian National Bureau of Statistics
Total TFA content in the soybean oil, Costa Rica 1995-2004

(Baylin A, et al. JFCA.2006)
Adipose tissue TFA among soybean oil consumers

P-test for trend p<0.001

Adipose tissue (g/100g)

Total trans-fatty acid among soybean oil users,
Total trans-fatty acid among non-soybean oil users,

Other Intervention studies
(some of the nearly 50-100 projects in the literature)

- Stanford Three-Community study (USA)
- Stanford Five-City project (USA)
- Minnesota Heart Health Program (USA)
- German Cardiovascular Prevention study
- Kilkenny Health Project (Ireland)

- Mirame project in Chile
- Tianjin Project in China
Experience from Finland
(North Karelia Project 1972 -1992)

Important aspects of the successful public policy:

- Inter-sectoral collaboration
- Presence of a responsible agency – national focal point
- Nutrition education programmes
- Support for voluntary organisations
- Food labelling and food pricing policies
- Research and demonstration
- International collaboration
ACTION POINTS TO COMBAT OBESITY

- FOOD POLICY
  - AGRICULTURE/IMPORTED FOOD
    - SCHOOL FOOD
    - WORKSITE FOOD
    - PUBLIC FOOD
  - FOOD INTAKE: NUTRIENT DENSITY
- HEALTH POLICY
- EDUCATION POLICY
- LABOUR/TRANSPORT POLICY

- COMMUNITY/CIVIL SOCIETY
- SCHOOL EXERCISE
- WORKSITE EXERCISE
- LEISURE ACTIVITY FACILITIES

- ENERGY EXPENDITURE

OBESITY
CIVIL SOCIETY INSTITUTIONS CAN MAKE A BIG DIFFERENCE viz….

SUSTAIN MEDIA CAMPAIGNS
USE TALK SHOWS ETC. TO INFORM PUBLIC ON DANGERS OF SAT FATS, TRANS FAT, EXCESS SUGAR, SALT, ETC.

FORCE LEGISLATIVE CHANGES
REQUIRE CAL & FAT INFO ON MARKETED FOODS
- LABELING STANDARDS
- USE DIETARY GUIDELINES

DEMAND HEALTHY MEALS THROUGH PTAs, CORPORATE BOARDS, AND COMMUNITY COMMITTEES
- PUSH FOR HEALTHY DIETS IN SCHOOL/WORKSITE CANTEENS & VENDORS

ADVOCATE FOR FISCAL CHANGE
DISINCENTIVES FOR OBESOGENIC FOODS
SUBSIDIES FOR LOCAL NUTRITIOUS FOODS
INCENTIVES FOR DIET/WEIGHT MANAGEMENT PROGRAMS

PROMOTE HEALTHY FOODS IN COMMUNITY
USE FAITH-BASED, OTHER NGOs TO DEMONSTRATE PREPARATION, USE AND VALUE OF HEALTHY FOODS

PROTEST UNACCEPTABLE NUTRITION POLICIES/PRACTICES BY PUBLIC SECTOR OR PRIVATE SECTOR

OPPORTUNITIES FOR CIVIL SOCIETY ACTION IN NUTRITION TO COMBAT OBESITY/NCDs

INCENTIVES FOR DIET/WEIGHT MANAGEMENT PROGRAMS
MULTI-SECTOR FOOD & NUTRITION APPROACH

FULLY IMPLEMENT FOOD & NUTRITION ACTIONS

CCH

NATIONAL PLANS

Member states

Civil Society

Private sector

HOG SUMMIT ON OBESITY & NCDs SEPTEMBER 2007

Phase I

Phase II

Phase III

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