Advocacy for Healthy School Environments: Insights from Jamaica

GLOBAL HEALTH ADVOCACY PROJECT

Nothing sweeter than a healthy lifestyle

Barbara McGaw

Project Manager– Global Health Advocacy Project Heart Foundation of Jamaica



BACKGROUND HFJ

- Formed, as a non-governmental, non-profit organization (NGO), in 1971 by the Lions Club of Kingston.
- Member of the InterAmerican Heart Foundation, the Framework Convention Alliance, the Healthy Caribbean Coalition and the World Heart Federation



BACKGROUND HFJ

Vision

Jamaicans to have a longer and better quality of life through the prevention and control of cardiovascular disease.

Mission

Promote a healthy lifestyle leading to the prevention of cardiovascular disease Promoting Heart Health in Jamaica through:

- Screening
- Advanced Cardiac Services
- Health Education and Training
- Health Promotion and Advocacy



PROGRAMMES AND SERVICES

- Medical Services
- Pharmacy
- Biomedical Laboratory
- Emergency Cardiac Care programme
 - National Resuscitation Council of Jamaica
 - American Heart Association
- Tobacco Control
 - Jamaica Coalition for Tobacco Control
- Schools Health Education Programme
- Obesity Prevention
 - HCC/HFJ Childhood Obesity Prevention Project
 - ✓ Global Health Advocacy Project



GLOBAL HEALTH ADVOCACY PROJECT

 Building public awareness and promoting policy change amongst decision makers in regards to the role of proper nutrition in enhancing the development of a healthy and productive country in keeping with Jamaica's Vision 2030 goal of "building a healthy and stable population".







PROJECT OBJECTIVES

- 1. Raise public awareness of the health impact of sugar consumption and build public support for sugar sweetened tax (SSB) via public education campaigns
- 2. Build support of policymakers and other key stakeholders in support of sugar sweetened tax and other policy priorities
- 3. Form a Coalition of key organizations...
- 4. Counter industry opposition...
- 5. Develop, implement timely mass media campaign(s).



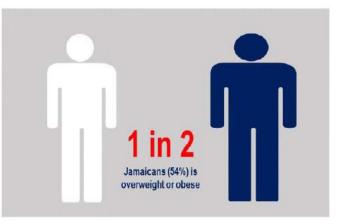
JAMAICAN REALITY

- One in two (54%) of Jamaicans aged 15 and over are overweight/obese.¹
- 1 in 3 Jamaicans aged 15 and older has hypertension and 1 in 8 has diabetes ²
- Rates of obesity among children aged 13-15 has increased by almost 70% in the past 7 years
- More than two thirds of students (13-17) drink carbonated soft drinks one or more times per day. ³

Source:

1& 2 Jamaica Health & Lifestyle Survey III

3 National Council on Drug Abuse. 2017. Global School-based Student Health Survey





POLICY PRIORITIES

- 1. Sugary drinks tax
- 2. Front of package labelling
- 3. Marketing of sugary drinks to children
- 4. Support for healthy food in schools



PARTNERING ACTIVITIES

- Ministry of Health Jamaica Moves
- Advocacy- other NGOs, Faith based, Civil Society, Schools, government
- Caribbean Institute of Health Research (CAIHR)
- National Food Industry Task Force (MOH)
 - 1. Product reformulation
 - 2. Food marketing
 - 3. Food labeling
 - 4. Communication & advocacy



Ministry of Health Jamaica Moves

- Co-branding
- Settings approach
- Jamaica Moves in Schools
 - 100 pilot schools
 - Age appropriate health screening
 - Physical activity
 - Healthy nutrition



- Jamaica Moves in Communities and Workplaces



ADVOCACY

- Sensitization meetings with civic groups, adolescent groups, faith based organizations, ministries, departments and agencies and NGOs - 89
 - Sensitization meetings with MPs, ministries, departments and agencies 3
 - National Food Industry Task Force meetings 6
 - Major launch meetings 5
 - Sensitization meetings with NGOs/FBOs, Children's NGOs, Consumer groups 8
 - Community group & other health fairs, OBs and other events 19
 - Symposiums & conferences 12
 - Journalism Training 2 sessions
 - MOH meetings and Jamaica Moves events 16
 - Schools, colleges and adolescent groups 18



ADVOCACY

- Media and social media coverage
- Dissemination of key fact sheets, documents and display at meetings



Key messages

Our children have a right to be healthy

Read your labels How much sugar? Healthy alternatives –Drink Water Instead

> Self efficacy Moderation/portion sizes Policy for sustainable gains





MASS MEDIA CAMPAIGN GOALS/OBJECTIVES

Phase 1 – Stage Setting	Phase 2 – Amplifying the Message
1. Communicate how harmful sugary drinks can be.	1. Increase awareness of the harms of sugary drinks.
2. Illustrate how many teaspoons of sugar is present in common drinks.	2. Build self efficacy to change consumption of sugary drinks.
3. Emphasize that water is a healthier option.	3. Promote water consumption and physical activity.



MASS MEDIA CAMPAIGN Phase 1 – Journey/Rosie November 2017

Sweet drinks for the day equal more than



ARE YOU DRINKING YOURSELF SICK?

You are probably having sweet drinks that equal more than 50 teaspoons of sugar a day.

This may bring on obesity which could lead to type 2 diabetes, heart disease or even some cancers.

Drink water instead!







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Drink water instead!









YOUR CHILDREN COULD BE DRINKING THEMSELVES SICK.

Just because they're active, doesn't mean sugary drinks aren't damaging their health.

Sugary drinks are a big reason for the obesity crisis in Jamaica.

Drinking too many sugary drinks can bring on type 2 diabetes, high blood pressure and tooth decay.

Drink water instead!

Phase 2 – Dad Knows Best February 2018



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Drink water instead!







Phase 3 campaign "Cut out those sugary drinks"



But week after week, year after year, the effects of all that sugar add up.

Sugary drinks can destroy your children's teeth by causing painful tooth decay.

And could bring on obesity which could lead to Type 2 diabetes, heart disease and even some cancers.

Sugary drinks are high in empty calories and have no or low multitional value.

Are your children drinking themselves sick? Cut out those sugary drinks at home and at school.

Drink Water Instead!





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Cut out those sugary drinks at home and at school. Drink Water Instead!





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Health NGO support to date....

- 1. Association of Anaesthetists in Jamaica, AAJ
- 2. Association of Consultant Physicians of Jamaica, ACPJ
- 3. Association of General Practitioners of Jamaica, AGPJ
- 4. Association of West Indian Gastroenterologists, AWIG
- 5. Caribbean Cardiac Society, CCS
- 6. Caribbean College of Family Physicians Jamaica Chapter, CCFP
- 7. Caribbean Institute for Strategic Planning and Research in Oral Health , CISPROH
- 8. Healthy Caribbean Coalition, HCC
- 9. Heart Foundation of Jamaica, HFJ
- 10. Jamaica Association for Health Education and Promotion, JAHEP
- 11. Jamaica Association of Professionals in Nutrition and Dietetics, JAPINAD
- 12. Jamaica Association of Public Dental Surgeons, JAPDENS
- 13. Jamaica Cancer Society, JCS
- 14. Jamaica Dental Association, JDA
- 15. Jamaica Emergency Medicine Association, JEMA
- 16. Medical Association of Jamaica, MAJ
- 17. Nurses Association of Jamaica, NAJ
- 18. Paediatric Association of Jamaica, PAJ



NEWSPAPER ADS - COALITION SUPORT

Support for restriction of sugary drinks in Jamaican schools

An open letter to the Government of Jamaica

As leading organizations committed to public health in Jamaica, we strongly support the recent decision by the Ministry of Health and the Ministry of Education, Youth and Information to restrict sugary drinks in schools and health facilities in January 2010. This is an important measure to fight the growing obesity rates in Jamaica.

We congratulate the Government of Jamaica on efforts to strengthen the policy framework to address obsity and non-communicable diseases (NCDs). We also support the further development and enforcement of an evidence based nutrition guideline, limiting unhealthy foods and drinks in the school setting, especially one that restricts unhealthy sugary drinks. We are also encouraged to see that some manufacturers have taken steps to reformulate their products by reducing sugar content.

The evidence is clear that excess sugar intake causes increased risk of diabetes, liver and kidney damage, heart disease and mutrition-related cancers. We need to turn the tide on the growing obesity epidemic in Jamaica, essecially in our children.



At the same time, over two-thirds of Jamaica temaarra (ages 15-17 years) consume one or more carbonated soft drinks per day. This is especially troublesome since excess sugar intake is especially harmful in liquid form¹. Drinking just one sugary drink a day increases the likelihood of being overweight by 55% for children².

Obesity-related non-communicable diseases are a top health concern for Iamaicans.

A recent survey found that Jamaicans are very concerned about the health effects of sugary drinks on their children and their own health². Families and communities have reason to be concerned and demand better options for their children.

National Council on Drug Alaste (2017) Global School-Gaussi Statest Hauft Survey http://www.sho.inforginiumwilance-geballamaics_2017_GDHL_Fit.pdf?counties.co

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² Obserty Prevention Public Optime Barway, Januarias, Barontaer 2017), Minuclinuaritaan-kalanta organya-wetmotrapizada/Fase, Report, with, Key, Findings, pdf (accessed 249) 10, 2018).

⁴ Barress LH, Rothenberg SJ, Darguess B, Chawlas E. He Taxic Food Environment Associd Elementary Echopic and Childhaod Oberhy in Mediates Cline. Am J Prev Med. 2010; 51(5):256-70.

⁸ He H, Tucker P, India JD, Gilleland J, Lanser K, Henr P. Cheeogonic neighbourhoods: the impact of neighbourhood melanamic and rescentings, stores as addressed in advanced processing in behaviouri. Public Health Halt. 2012; 15(12): 2011-0.

It is vital to protect our children's health and to create healthier school environments. As a place where children spend the majority of their days, chools must provide a healthy environment for childrens' ninds and bodies. Easy access to unhealthy foods in and

Schools that have restricted the sale of highly processed food and sugary drinks have improved food environments and healthier students.

near schools, slong with aggressive marketing of those foods, leads to higher consumption of unhealthy foods.^{4,6}

This has been shown to be effective in several countries and cities around the world. In the Caribbean, both Trinidad & Tobago and Bermuda have recently taken steps to restrict sugary drinks in schools with the expressed intent to reduce obsility rates.

Every child has a right to be healthy. As a country, we must work to ensure that children have nutritious foods and information to keep them healthy.

Tackling obesity and its related diseases require a comprehensive sum of measures inclusive of policy solutions. Restricting sugary drinks from school settings is a mensuary and critical step in the right direction to creating a healthier food environment. Once again, we thank the government of Januaica for putting our children first. They are the future of this country and their health is our top priority.

We stand committed to support the government in the development and implementation of the forthcoming school nutrition policy.

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CONCERN ABOUT THE OBESITY EPIDEMIC IN JAMAICA.

An open letter to the Government of Jamaica.

We, the undersigned organizations dedicated to public health, raise our voices to fight the growing obesity epidemic in Jamaica.

As the next step towards protecting the health of Jamaicans, we strongly encourage the Government of Jamaica to consider introducing a tax on sugary drinks as a measure to reduce the unnecessary burden of healthcare and lifestyle costs associated with obesity and related non-communicable diseases (NCDs) and their deadly toll on the Jamaican population.

Excess sugar consumption, particularly in liquid form, is a major cause of obesity and its related diseases¹ These findings have led global health experts like the World Health Organization (WHO) to recommend a sugary drinks tax of at least 20 percent. Such a tax would increase public awareness of the health harms of sugary drinks and incentivize the beverage industry to reformulate their products and market healthier beverages.



NEWSPAPER ADS





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JAMAICANS SUPPORT A TAX ON SUGARY DRINKS

are concerned about chronic diseases, particularly diabetes and childhood obesity.

Approximately two thirds (64%) support a tax on sugary drinks, making it easier for parents to make healthy choices.

Nine in ten Jamaicans believe that the Government should act quickly to solve the problem of obesity. It's time to act now.



YOUR CHILDREN COULD BE DRINKING THEMSELVES SICK. Drink water instead!





Materials produced

Fighting Childhood Obesity with Healthy School Food Environments

The global crisis of childhood obesity

- Globally, obesity and overweight affectover 220 million children. between the ages of 5 and 18; in 10 years, that's projected to rise to nearly 270 million.¹²
- The obesity rate among Jamaican children aged 13-15 years has increased by 68.3% over the period 2010-2017 with the rate in boys almost doubling (94% increase) and rate in the girls increasing by 47%1

Childhood ob esity and sug ary drink consumption

- C Excess calories from sugar-sweetened beverages (SSBs) are a significant contributor to the global rise in obesity and dabetes. SSBs are a leading risk factor for many non-communicable diseases (NCDs) especially obesity, type II diabetes, heart disease and tooth decay.
- More than two thirds of Jamaican teers (13-17) consume carbonated soft drinks one or more times per day.³ Drinking just one sugary drink a day increases the likelihood of being overweight by \$5% for children.4

Obesity causes many health problems for children

Chesity increases the risk of depression, anxiety, low selfesteem, peer bullying, eating disorders, and poor school performance.547 Obesity in childhood often follows kids into adolescence and adulthood,¹⁴ meaning their future is more likely to include diabetes, heart disease, and cancer #.11

Obesity and an unhealthy school environment

- Schools are meant to provide a healthy environment for children's minds and bodies. Children spend many hours at school and east a large portion of their meals there. Schools are also an important source of food via school meal programs, pasticularly for low-income children.
- D Providing and promoting unhealthy foods within and around schools contributes to poor nutrition and childhood obesity¹⁰
- Unhealthy school food environments prevent children from making good eating decisions and learning healthy food habits ¹² Easy access to unhealthy foods in and around schools, along with aggregative marketing for those foods, correlates with students consuming more of those unhealthy foods.⁽³⁾⁴

BLUEPRINT FOR A HEALTHY SCHOOL FOOD ENVIRONMENT

Healthy school food environments need strong, effective polidies: components should include:

High standards for school meal programs. Evidence-based standards for healthy school meals limiting unhealthy foods while promoting inclusion of nutritious foods can improve children's diet within and outside of schools¹¹

Restrict the sale of junk food and sugary drinks in schools. A policy in Boston, Massachusetts that barned all sugary

drink sales in public schools led to a significant reduction in students' total consumption of sugary drinks," and the state's 2012 implementation of nutrition standards for competitive foods sold in schools statewide has also been associated with significant decreases in students' sugar consumption, both during and after school.¹⁷

- Restrictions on marketing of unhashing foods on school grounds. Promotion of unhealthy foods and beverages on school grounds through direct advertising, event branding and sponsorship, contactual vending and food service agreements reinforces unhealthy choices, under mines messages to students about healthy eating, ⁵⁰⁰ and encourages a future generation of consumers loyal to unhealthy food and beverage brands.^{21,23} Chile, Poland, Spain, Uruguay and certain municipalities in Brazil have successfully implemented restrictions on marketing and promotion of products that do not meet nutrition standards for pre-schools and primary and secondary schools.^{20,94}
- Limits on sales and marketing of unhealthy foods and drinks near schools. A study in Baltimore, Maryland showed that less exposure to unhealthy foods within proximity to schools reduces weight gain⁸, while a survey of food vendors within 100 meters of dementary schools in Mexico

found that children attending schools with the highest concentration of mobile food vendors had higher body mass index.¹⁰

Access to healthy alternatives. Nutritious food should be made available on ornear school grounds to keep healthy diets and send messages about healthy eating. Providing access to safe and fresh drinking water reduces consumption of sugary drinks while increasing water consumption. A study of over 1 million students in New York City showed that the installation of "water iets" in school cateterias was associated with a significant reduction in students'

SNAPSHOT: SCHOOL FOOD POLICIES IN JAMAICA

- Q Jamaica's School Feeding Programme (SFP) is a social support system that provides breakiest and lunch in some of the ration's schools,¹⁷ geared towards supporting students from low income households. The kood products are produced and distributed by Nutrition Products Limited (NPL) and are limited to baked goods and "sachets of mil/juice."
- C There is no established school foodp dicy guiding what school administrators provide as med options for students.
- C The Food and Nutrition Security Policy 2013 calls for a more holistic policy for schools' nutrition environments, including through curricula, national guidelines for the preparation and sale of food, initiatives to increase the amount of local bod products provided in schools, marketing campaigns, recruitment of qualified nutrition officers, and more.²⁰
- Q The Ministry of Education. Youth and Information and the Ministry of Health are working on a National School Nutrition Policy which will guide food and beverage offered in the school environment including the provisions by the government through Nutrition Products Limited. Effective January 2019, the government of Januarica will implement a policy to restrict certain types of sugary drinks in schools.³⁷ which will be guided by interim guidelines for beverages in schools.

Suferences.

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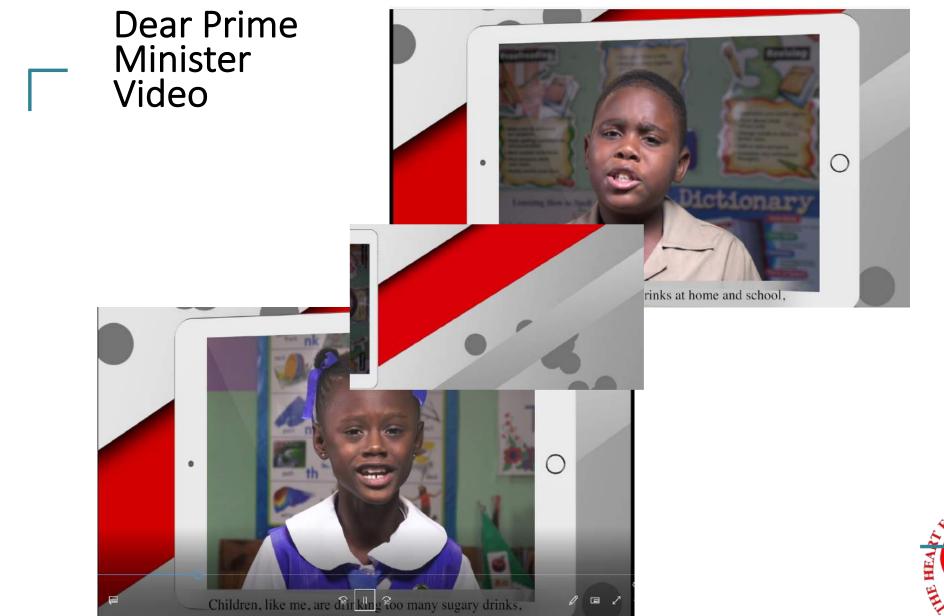
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World Obesity Day Newspaper wrap (Gleaner & Observer)







SCHOOLS HEALTH EDUCATION PROGRAMME "Healthy Heart Clubs"

9 SCHOOLS

- Making Health Food Choices
- Physical Activity Day
- Water Day/Fruit Day
- Poems and activity sheets



Regional collaboration

- HCC CALL TO ACTION Childhood obesity petition
- COP/CTA document for UNHLM3
- Information sharing
- Children's Letter to Prime Minister
- Social media sharing
- News roundup
- Capacity Building
- Research (CAIHR)
- HCC CHILDHOOD OBESITY PREVENTION PROJECT





HCC/HFJ CHILDHOOD OBESITY PREVENTION PROJECT

The data showed that there was a marked decrease in consumption of SSBs and considerable increase the consumption of water at the schools



GENERAL SUCCESS FACTORS

- Multi- stakeholder involvement (government, NGO's, National Food Industry Task Force, Faith based organizations)
- Cobranding with MOH and Jamaica Moves
- Hiring competent staff
- Mapping of NGO partners since the beginning of the project
- Sponsorship of targeted activities to build partnerships
- Ongoing social media and media coverage- almost 4 million interactions during the life of the project



• Targeted mass media campaign

ACHIEVEMENTS

- Overwhelming public support; obesity is gaining traction as a public health threat
- Numerous presentations and capacity building events island wide (80 +) at public entities, FBOs, Civic Groups, schools, adolescent groups
- Technical assistance offered to the MOH & MOE. Worked with the MOH restrictions of SSBs in schools in Jan. 2019, school nutrition policy
- Ministers of Health, other key players in support of SSB tax
- Continued support for mandatory front of package nutrition labelling through the National Food Industry Task Force



ACHIEVEMENTS

• Worked with the MOH to support and advocate plans to restrict certain SSBs in schools via School Nutrition Policy in Jan. 2019

 X Sugar-sweetened beverages E.g. carbonated beverages (such as regular soda), fruit drinks, sports drinks, energy drinks, sweetened waters, and coffee and tea beverages that are above the maximum sugar concentration as set out in the implementation Y Plain water Unsweetened flavoured and infused water Unsweetened juices Unsweetened milk or milk products Unsweetened milk substitutes and milk substitute products Sweetened beverages (including flavoured and infused water) at or below the maximum sugar concentration as set out in the implementation schedule 	Prohibited	Permitted	Implementation schedule (maximum)
	E.g. carbonated beverages (such as regular soda), fruit drinks, sports drinks, energy drinks, sweetened waters, and coffee and tea beverages that are above the maximum sugar concentration as set out in the	 Unsweetened flavoured and infused water Unsweetened juices Unsweetened coconut water Unsweetened milk or milk products Unsweetened milk substitutes and milk substitute products Sweetened beverages (including flavoured and infused water) at or below the maximum sugar concentration as set out in the 	Maximum 5g/100ml - Jan. 1, 2020 Maximum 4g/100ml - Jan. 1, 2021

Reformulation.....

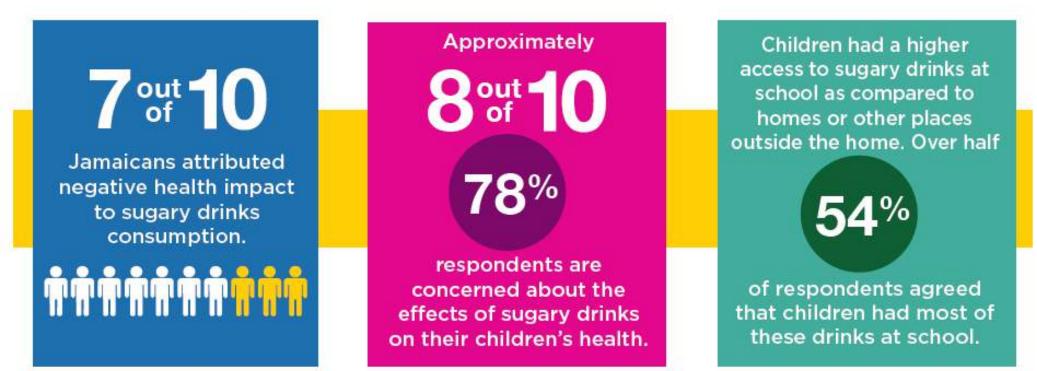






POST-CAMPAIGN SURVEY

OVERVIEW





SURVEY RESULTS (POST-CAMPAIGN)



CHALLENGES

- Food industry push back
 - Aggressive pushback
 - Erroneous information shared
 - Umbrella groups and individuals
- Sued by Wisynco for placing in image of flavored water with the words 'CranWata' on HFJ's Instagram page and requested an injunction against the image being posted



CHALLENGES

 Recent statement by Prof Errol Morrison's comments re sugary drinks, obesity and diabetes - Prime Time News - October 3rd; BATV Business News- Oct 3rd; Beyond the Headlines, RJR News – Oct 5th; Nationwide – Oct 5th

Not Changing Course - Health Ministry Remains Adamant With Sugary Drink Message

Share this Story: G+ G 💆 f 🖪 Recommend 0





Wendy Birthwright @wenbir

@TVJGM Dr. Morrison where does the other 50% go????? Children need sugary drink because 50% go to the brain to help them think. What a flawed position. #sugarydrinks @christufton @HMEReid

7:15 PM · Oct 3, 2018 from Jamaica

J.D. Wood | Sugar Lecture For Professor Errol Morrison





Lessons learnt

- Concern for children impacted the support for the campaign
- Evidence base/research is critical to process
- The campaign has made remarkable traction in the public space. Public education (especially grass roots) is a key step in the overall goal of policy change for obesity prevention.
- Co-branding and endorsement of the Ministry of Health-Jamaica at all levels and this gave us very good support and coverage



Lessons learnt

- Support from local regional and international partners is critical-(e.g. Re legal challenge. Letters of support written by HCC, NCD Alliance, HLAC WHF, to the PM and Minister of Health. Letters printed in press)
- Collaborative efforts of regional NGOs in the COP fight is crucialbest practices can drive policy decisions
- Engaging the media and partnerships with other NGOs and key stakeholders is critical to advancing any national public health initiative



Next steps

- Support policies to improve the food environment for children
 - SSB tax
 - SSB restriction in schools January 2019
 - National school nutrition policy
 - Restrictions on marketing unhealthy drink and food to children
- Support FOP labeling
- Support Jamaica Moves in Schools
- Support COP efforts with regional partners and HCC



#AreYouDrinkingYourselfSick #LessSugarMoreLife



THANK YOU

