

# BEYOND THE CALL TO ACTION EVENT



Towards School Policies in support of  
Childhood Obesity Prevention





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## Towards School Policies in support of Childhood Obesity Prevention

Hilton Hotel, Barbados

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# ACRONYMS AND ABBREVIATIONS

<b>B-CHOPP</b>	Barbados Childhood Obesity Prevention Programme	<b>IGs</b>	Interim Guidelines
<b>BCNF</b>	Breastfeeding and Child Nutrition Foundation of Barbados	<b>M&amp;E</b>	Monitoring and evaluation
<b>BCS</b>	Belize Cancer Society	<b>MoE</b>	Ministry of Education
<b>CARICOM</b>	Caribbean Community	<b>MoETVT</b>	Ministry of Education, Technological and Vocational Training
<b>CARPHA</b>	Caribbean Public Health Agency	<b>MoEYI</b>	Ministry of Education, Youth, and Information
<b>CCH</b>	Caribbean Cooperation in Health	<b>MoH</b>	Ministry of Health
<b>CDB</b>	Caribbean Development Bank	<b>MoHW</b>	Ministry of Health and Wellness
<b>COP</b>	Childhood obesity prevention	<b>MoU</b>	Memorandum of Understanding
<b>CSAP</b>	Civil Society Action Plan	<b>NCDs</b>	Noncommunicable diseases
<b>CSO</b>	Civil society organisation	<b>NCDA</b>	NCD Alliance
<b>CSOB</b>	Cancer Society of The Bahamas	<b>NFITF</b>	National Food Industry Task Force
<b>CTA</b>	Call to Action	<b>NGO</b>	Nongovernmental organisation
<b>FOP</b>	Front-of-package	<b>NNCDC</b>	National Noncommunicable Diseases Commission
<b>GHAJ</b>	Global Health Advocacy Incubator	<b>PA</b>	Physical activity
<b>GSHS</b>	Global School-based Student Health Survey	<b>PAHO</b>	Pan American Health Organisation
<b>HCC</b>	Healthy Caribbean Coalition	<b>POSD</b>	Port of Spain Declaration
<b>HFJ</b>	Heart Foundation of Jamaica	<b>PSA</b>	Public service announcement
<b>HLM3</b>	Third United Nations High-level Meeting on Noncommunicable Diseases	<b>SSBs</b>	Sugar-sweetened beverages
<b>HoSG</b>	Heads of State and Government	<b>UN</b>	United Nations
<b>HSFB</b>	Heart & Stroke Foundation of Barbados	<b>UWI</b>	University of the West Indies
		<b>WHO</b>	World Health Organisation

## ACKNOWLEDGEMENTS

The Healthy Caribbean Coalition ([HCC](https://www.healthycaribbean.org/))<sup>1</sup>, wishes to express its sincere gratitude to the Global Health Advocacy Incubator ([GHA](https://www.bloomberg.org/program/public-health/global-health-advocacy-incubator/))<sup>2</sup> and the Heart & Stroke Foundation of Barbados ([HSFB](http://www.hsfbarbados.org/))<sup>3</sup>, which provided funding for the “Beyond the CTA Event: Towards School Policies in Support of Childhood Obesity Prevention” and “Parallel Youth Empowerment Session”, held in Barbados, 20 November 2018.

The HCC also expresses appreciation to [Sagicor Life Inc.](https://www.sagicorlife.com/Pages/default.aspx)<sup>4</sup>, which co-hosted the Event with HCC and HSFB, and recognises, with thanks, the partners that collaborated in convening the Event: the [Barbados Ministry of Health and Wellness](https://www.gov.bb/Ministries/health)<sup>5</sup>; Barbados [Ministry of Education, Technological and Vocational Training](https://www.mes.gov.bb/)<sup>6</sup>; Barbados National Noncommunicable Diseases Commission; Barbados National Task Force on Wellness; Barbados Childhood Obesity Prevention Coalition; [Caribbean Moves](https://bit.ly/2A2ajMf)<sup>7</sup>; Caribbean Public Health Agency ([CARPHA](http://carpha.org/))<sup>8</sup>; Pan American Health Organisation ([PAHO](https://www.paho.org/hq/index.php?lang=en))<sup>9</sup> and [University of the West Indies \(UWI\) Open Campus](http://www.open.uwi.edu/)<sup>10</sup>.

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<sup>1</sup> <https://www.healthycaribbean.org/>

<sup>2</sup> <https://www.bloomberg.org/program/public-health/global-health-advocacy-incubator/>

<sup>3</sup> <http://www.hsfbarbados.org/>

<sup>4</sup> <https://www.sagicorlife.com/Pages/default.aspx>

<sup>5</sup> <https://www.gov.bb/Ministries/health>

<sup>6</sup> <https://mes.gov.bb/>

<sup>7</sup> <https://bit.ly/2A2ajMf>

<sup>8</sup> <http://carpha.org/>

<sup>9</sup> <https://www.paho.org/hq/index.php?lang=en>

<sup>10</sup> <http://www.open.uwi.edu/>



# INTRODUCTION

The Caribbean is facing not only a significant burden of noncommunicable diseases (NCDs), but also a major challenge of obesity, with some of the highest adult obesity rates in the world. This situation has the potential to worsen the prevalence of NCDs and further impact the region's health, productivity, and sustainable development. In addition, the prevalence of childhood obesity in the region is increasing, with approximately one in three children being overweight or obese, auguring further increases in adult obesity and NCD prevalence.

The threat posed by childhood obesity has been recognised not only in the Caribbean, but also globally and in the Region of the Americas. In response, the World Health Organisation ([WHO](#)) and PAHO developed frameworks related to reduction of childhood obesity in, respectively, [2012](#)<sup>11</sup> and [2016](#),<sup>12</sup> and [2014](#),<sup>13</sup> to guide relevant actions by Member States. At Caribbean regional level, CARPHA, a Caribbean Community ([CARICOM](#)) regional institution, developed a [regional plan](#) for the period 2014-2019 to prevent childhood obesity.<sup>14</sup>

The HCC, a registered, not-for-profit, regional civil society network and alliance formed in 2008, arising from the [2007 Port of Spain Declaration](#) (POSD)<sup>15</sup> of Heads of State and Government (HoSG) of CARICOM,

also responded, and developed the [HCC Civil Society Action Plan \(CSAP\) 2017-2021: Preventing Childhood Obesity in the Caribbean](#).<sup>16</sup> The CSAP's goal is to halt the increase in childhood obesity by 2025 through improved development and implementation by CARICOM countries of policies, and/or legislation, and/or regulations to prevent childhood obesity. The overall expected outcome of the plan is "Strengthened contribution of Caribbean civil society to the development, implementation, monitoring, and evaluation of national and regional policies, legislation, regulations, programmes, and interventions related to childhood obesity prevention, by 2021."

In the framework of the CSAP, and with support from GHAI, the HCC launched a regional Call to Action (CTA) at [www.toomuchjunk.org](#), asking the HoSG to prioritise policies aimed at childhood obesity prevention (COP). This report is a summary of the "Beyond the Call to Action Event: Towards School Policies in Support of Childhood Obesity Prevention" and "Parallel Youth Empowerment Session", held in Barbados on [Universal Children's Day](#)<sup>17</sup> 20 November 2018. The Event, funded by GHAI and HSFB, was co-hosted by HCC, HSFB, and Sagicor Life Inc., in collaboration with national and international partners, as summarised in the Acknowledgements section of the report.

<sup>11</sup> WHO. Prioritising areas for action in the field of population-based prevention of childhood obesity. Geneva, WHO, 2012. <https://bit.ly/1DKTUJD>

<sup>12</sup> WHO. Report of the Commission on Ending Childhood Obesity. Geneva: WHO, 2016. <https://bit.ly/1Vsl4a>

<sup>13</sup> PAHO. Plan of Action for the Prevention of Obesity in Children and Adolescents. Washington, DC: PAHO, 2014. <https://bit.ly/2blY7xu>

<sup>14</sup> CARPHA. Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019. Port of Spain: CARPHA. <https://bit.ly/2opgHXm>

<sup>15</sup> <https://bit.ly/2BKGYDs>

<sup>16</sup> <https://bit.ly/2hMWg7V>

<sup>17</sup> <http://www.un.org/en/events/childrenday/>

## BACKGROUND

### Situation summary

There is evidence of a significant and growing problem of unhealthy weights among young people in the Caribbean, with prevalence rates for overweight and obesity between 28% and 35% in Caribbean countries<sup>18</sup>. A report from seven Eastern Caribbean countries indicated that between 2000 and 2010, the rates of overweight and obesity in children aged 0–4 years doubled, from 7.4% to 14.8%.<sup>19</sup> A 2003 study in Jamaica tracked children at 7–8 years of age and again at 11–12 years of age, and demonstrated increases in obesity from 3.5% to 9.5%,<sup>20</sup> while studies in Trinidad and Tobago in 2001 and 2010 showed, respectively, childhood obesity prevalence rates of 5% and 26%, with risk factors for hypertension, diabetes and cardiovascular diseases starting to emerge.<sup>21</sup>

During the decade 2001–2010, the prevalence of overweight in Caribbean children less than 5 years old rose from 6% to 14%; for boys 11–13 years old, combined overweight and obesity prevalence was 27%, while for girls it was 33%.<sup>22</sup> Results from the WHO Global School-based Student Health Survey (GSHS) indicate that among 13–15 year olds, overweight and obesity rates in Barbados were, respectively, 31.9% and 14.2% (2011); in Dominica, 24.8% and 9.1% (2009); and in Guyana, 15.3% and 4.1% (2010),<sup>23</sup> with no marked differences in the rates between boys and girls.

Governments in the Caribbean have long recognised the threat that NCDs pose to the development of their

countries, and the importance of NCD prevention and control. NCDs have featured as a priority issue in the Caribbean Cooperation in Health (CCH),<sup>24</sup> the CARICOM regional framework for joint action in health adopted in 1984, since its first iteration in 1986. The fourth iteration, [CCH IV 2016-2025](#),<sup>25</sup> addresses the major NCDs and their main risk factors, as well as mental health. Other regional agreements and frameworks, including the [2001 Nassau Declaration](#)<sup>26</sup> and the landmark 2007 POSD—the latter being the first-in-the-world recognition by HoSG of the critical need for NCD prevention and control—have emphasised the urgent need to address this issue in the region. This is in keeping with the region's efforts toward achievement of the United Nations (UN) 2030 Sustainable Development Goals (SDGs),<sup>27</sup> especially SDG 3, the goal most directly related to health, and Target 3.4, which addresses NCDs.

In 2016, CARICOM HoSG, at their [37th Regular Meeting](#),<sup>28</sup> pledged to “address issues such as banning advertisement of potentially harmful foods which specifically target children, and elevating taxes on foods high in sugar, salt, and trans-fats”. At their [38th Regular Meeting](#)<sup>29</sup> in 2017, in observing the 10-year anniversary of the POSD, the HoSG “noted with concern that obesity in children represents the greatest threat to the health of future generations, with the level of overweight and obesity being more than 30% in both primary and secondary school populations in many Member States”, and “urged the promotion of physical

<sup>18</sup> CARPHA. Plan of action for promoting healthy weights in the Caribbean: Prevention and control of childhood obesity 2014–2019. Port of Spain, Trinidad and Tobago: CARPHA, 2014. <https://bit.ly/2opgHXm>

<sup>19</sup> Caribbean Food and Nutrition Institute (CFNI). Report on the anthropometry of children 0–4 years old in the Caribbean. Kingston, Jamaica: CFNI, 2012.

<sup>20</sup> Gaskin PS and Walker SP. Obesity in a cohort of black Jamaican children as estimated by BMI and other indices of adiposity. *European Journal of Clinical Nutrition*, 2003; 57 (3): 420–426. <http://www.nature.com/ejcn/journal/v57/n3/full/1601564a.html>

<sup>21</sup> Batson Y, Teelucksingh S, Maharaj RG, and Cockburn BN. A cross-sectional study to determine the prevalence of obesity and other risk factors for type 2 diabetes among school children in Trinidad. *Paediatr. Int. Child Health*, 2014 Aug; 34 (3): 178–183. <https://www.ncbi.nlm.nih.gov/pubmed/24621246>

<sup>22</sup> Henry F. Obesity prevention: The key to non-communicable disease prevention and control. [http://caribbean.scielo.org/scielo.php?pid=S0043-31442011000400014&script=sci\\_arttext&tlng=en](http://caribbean.scielo.org/scielo.php?pid=S0043-31442011000400014&script=sci_arttext&tlng=en). *West Indian Medical Journal*, 2011; 60 (4): 446–451.

<sup>23</sup> WHO. Global school-based student health survey: fact sheets. <http://www.who.int/chp/gshs/factsheets/en/>

<sup>24</sup> <https://caricom.org/store/caribbean-cooperation-in-health-phase-iii-cch-iii>

<sup>25</sup> <http://carpha.org/downloads/CCH-IV-Version7.pdf>

<sup>26</sup> <https://bit.ly/2JW6xbN>

<sup>27</sup> <https://sustainabledevelopment.un.org/post2015/transformingourworld>

<sup>28</sup> <https://bit.ly/2TeoMgw>

<sup>29</sup> <https://bit.ly/2zS3PPN>



exercise in school-age children and an acceleration of the public education programme on healthy lifestyles". The HoSG's [39th Regular Meeting](#)<sup>30</sup> in July 2018 endorsed a number of priorities for the UN Third High-level Meeting on NCDs (HLM3)<sup>31</sup> held in September 2018, including "Implementing policies geared to preventing childhood obesity, including for health-promoting school environments and Front-of-Package labelling". At that meeting, the HoSG also commended the contribution of civil society organisations (CSOs) to regional efforts to counter NCDs.

## The Call to Action

The HCC and GHAI developed the CTA to respond to, and support, the HoSG's commitment to address the emerging regional challenge of childhood obesity and overweight, and was open from 16 April to 30 November 2018. It requested Caribbean governments to take action against childhood obesity through implementation of a number of globally recommended policies, including imposition of a tax of not less than 20% on sugar-sweetened beverages (SSBs); banning the sale, promotion, and marketing of SSBs and unhealthy foods and beverages in and around schools; mandatory physical activity (PA) in schools; adoption and application of regional standards for nutritional and front-of-package (FOP) labelling of foods and beverages; banning the marketing of unhealthy foods and beverages to children; and enacting legislation

related to implementation of the [International Code of Marketing of Breastmilk Substitutes](#).<sup>32</sup>

As at 30 November, when the CTA closing event was held, it had garnered over 25,000 signatures of support from influencers; high-level policymakers; members of the public; and secondary school students across the region. However, beyond the signatures, the CTA resulted in increased dialogue around childhood obesity and the need for COP programmes and policies. The CTA also forged national and regional coalitions to further increase public awareness of childhood obesity issues and effectively advocate for the implementation and enforcement of key policies. The HCC launched the Regional Action Team for COP in May 2018, building on the COP CSO network developed through the HCC Caribbean Development Bank (CDB)<sup>33</sup> grant aimed at building the capacity of CSOs to contribute to national COP responses. The Action Team, which currently includes civil society members in eight countries,<sup>34</sup> created social media video messages, coordinated volunteer outreaches, mobilised local media, developed school initiatives, and used every opportunity to gain support from both the public and private sectors and non-governmental organisations (NGOs).

<sup>30</sup> <https://bit.ly/2ulw5Tl>

<sup>31</sup> <https://www.who.int/ncds/governance/third-un-meeting/en/>

<sup>32</sup> [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

<sup>33</sup> <http://www.caribank.org/>

<sup>34</sup> Antigua and Barbuda Diabetes Association; Cancer Society of The Bahamas; Belize Cancer Society; Heart & Stroke Foundation of Barbados; Diabetes Association of Barbados; Grenada National Chronic NCD Commission; Heart Foundation of Jamaica; St. Lucia Diabetes and Hypertension Association; Lake Health and Wellbeing, St. Kitts and Nevis. The countries include the four that benefitted from the CDB grant: The Bahamas, Barbados, Belize, and Jamaica. Information on the grant is at <https://www.healthycaribbean.org/project-cdb/>

# THE EVENT

## General

The HCC and the HSFB, through grants from the GHAI, as well as Sagikor Life Inc.'s ongoing support to HCC, provided funding to convene the Event and officially close the Call to Action for COP.

One of the results of the GHAI grant to the HSFB is the Foundation's ongoing advocacy campaign centred on creating a healthier school environment for children. In line with the CTA, the HSFB tailored its campaign to advocate for banning the sale and promotion of unhealthy beverages and foods in schools in Barbados. Aiming to advance the development and implementation of relevant school-based policies, the HSFB engaged the Ministries of Health and Wellness, and Education, Technological and Vocational Training in the project, and conducted stakeholder meetings through a campaign launch and a one-day conference on this policy area. Policy "Champions" were nurtured to assist in project messaging, and public awareness and sensitisation were addressed through a strategic communications plan. The HSFB also collaborated with HCC to form a national COP coalition, which will further drive efforts to change the obesogenic school environment to which Barbadian children are currently exposed.

The HSFB noted the national guidelines to promote healthier school environments that were recently developed by the Ministry of Education, Technological and Vocational Training (MoETVT). However, as the Foundation's advocacy campaign unfolded, it became evident that the stakeholders involved in school-based policies come from diverse backgrounds and that there was need for clear, multisectoral agreement on the

next steps toward effective policies, to further inform its campaign. It also became evident that the "Beyond the CTA Event", in addition to analysing the process and outcomes of the CTA, could be used to engage a broad network of stakeholders—including children—in determining the initial approach that Barbados wished to take to tackle this issue. Next steps might include affirming the need for policies; determining the need for legislation; identifying strategies to target specific groups such as canteen operators; examining regional best practices; and discussing lessons learned from local and regional implementation of guidelines and policies.

Appropriately held on the UN's Universal Children's Day, 20 November, the Event complemented the world's focus on the welfare of its children and brought together a wide cross-section of national and regional stakeholders to celebrate the achievements of the CTA and chart the way forward.

The Event was held in collaboration with various partners and in support of major regional and national developments, including "Caribbean Moves", "[Jamaica Moves](https://www.jamaicamoves.com/)",<sup>35</sup> and "[Barbados Moves](https://gisbarbados.gov.bb/blog/caribbean-unites-to-fight-ncds/)".<sup>36</sup> It provided a unique opportunity for CSOs to take stock of progress made over the course of the implementation of the CTA, and share national and regional successes and lessons learned in COP advocacy. The forum also served to leverage the energy exhibited and momentum gained since the CTA was launched, and redirect them towards focused, evidence-informed advocacy in support of creating healthy school environments in Barbados and regionally.

<sup>35</sup> <https://www.jamaicamoves.com/>

<sup>36</sup> <https://gisbarbados.gov.bb/blog/caribbean-unites-to-fight-ncds/>

## Goal, objectives, and expected outcomes

### Goal

To celebrate the successes of the Call to Action and to build the capacity of civil society advocates and youth advocates to support the implementation of school-based nutrition and physical activity policies in Barbados and across the region.

### Objectives

1. Celebrate the CTA, reflecting primarily on its process and key outcomes, and considering how the COP policy landscape has changed since the CTA launch.
2. Learn about regional experiences with school policy implementation, with a focus on The Bahamas, Bermuda, Jamaica, and Trinidad and Tobago.
3. Bring together key stakeholders to discuss approaches to banning SSBs in schools in Barbados.
4. Explore key elements of a draft policy for banning SSBs in schools in Barbados.
5. Engage youth voices in the dialogue around COP.
6. Further build a diverse coalition of advocates in support of COP.

### Expected outcomes

1. Celebration of the CTA, with reflection on its process and key outcomes, and consideration of how the COP policy landscape has changed since its launch.
2. Increased awareness of regional experiences with school policy implementation in The Bahamas, Bermuda, Jamaica, and Trinidad and Tobago.
3. Discussion and documentation of various approaches to SSB bans in schools in Barbados.
4. Discussion and documentation of key elements of a draft policy for SSB ban in schools in Barbados.
5. Integration of youth perspectives into the outcome documents of the Event.
6. Increase in membership of the Barbados COP Coalition.

<sup>37</sup> <https://www.healthycaribbean.org/beyond-the-call-to-action-event/>

## Methodology

The Event comprised opening remarks from the HCC President; remarks from the Minister of Health and Wellness of Barbados; the Acting Minister of Education, Technological and Vocational Training of Barbados; the Chief Operating Officer of Sagicor Life Inc. Barbados; and the Director of Corporate Communications at CIBC First Caribbean. There were presentations focusing on actions taken at national and regional levels by, respectively, HCC Member CSOs and the HCC Secretariat in support of the CTA and childhood obesity prevention; video clips and public service announcements; a panel discussion; a Parallel Youth Empowerment Session; and plenary discussions. Given time constraints, the last-mentioned replaced planned group discussions to consider the best approach to modify school environments and key components of guidelines or policies.

**The Event programme is in Annex 1 and the presentations made are available at the [Beyond the Call to Action Event HCC Meeting Webpage](https://www.healthycaribbean.org/beyond-the-call-to-action-event-hcc-meeting-webpage).**<sup>37</sup>

The Parallel Youth Empowerment Session, moderated by Ms. Krystal Boyea, HCC Youth Advocate, with the assistance of five youth co-moderators, focused on

student participants. The session involved 19 secondary school students ranging in age from 12-16 years, who were provided with information and evidence about the burden and consequences of unhealthy weights, and the health implications in childhood and adulthood. They discussed their school environments, with focus on the types of products sold and marketed; levels of mandatory physical activity; implications of these environments for their behaviours and health; barriers to modifying the environment; solutions, including individual versus collective change, and policy development; and characteristics of “the schools we want”.

This session gave these key stakeholders—young people—a voice, engaged them in the Event, and empowered them to contribute to the development of interventions aimed at improving their health and their lives. After their closed session, they shared their thoughts and ideas with the wider group, ensuring the inclusion of their outputs in the Event outcome document; facilitating the development of policies, plans, and programmes that respond to their needs and challenges; and obtaining their “buy-in”, to reduce the chances of their resistance to school policy aimed at COP.



<sup>37</sup> <https://www.healthycaribbean.org/beyond-the-call-to-action-event/>



## Participants

The approximately 90 participants included representatives from:

- Barbados Ministries of Health and Wellness, and Education, Technological and Vocational Training;
- Barbados CSOs, including members of the COP Coalition;
- Members of the HCC CTA Action Team;
- Board of Directors of HCC and HSFB;
- HCC specialist advisors;
- Local schools and youth organisations, the schools comprising Harrison College; Queen's College; and the Coleridge and Parry, Deighton Griffith, and St. Michael's Schools. Medical students from the UWI Cave Hill Faculty of Medicine also participated.
- Ministries of Health and Education from other CARICOM countries;
- PAHO/WHO;
- Academia;
- Private sector; and
- Local media.

**The list of participants is in Annex 2.**



# THE EVENT - MORNING SESSION

## **GALVANISING A REGION AROUND CHILDHOOD OBESITY: THE CALL TO ACTION - DR. KENNETH CONNELL, MODERATOR**

### **WELCOME AND INTRODUCTIONS – Dr. Kenneth Connell, President, HSFB**

Dr. Connell expressed his pleasure, on behalf of HSFB, to be co-hosting the conference with the HCC, and noted that it was a privilege to welcome all participants, especially those from the wider Caribbean and outside the region. He encouraged participants to see other

aspects of the UN Educational, Scientific, and Cultural Organisation (UNESCO)<sup>38</sup> [World Heritage](https://whc.unesco.org/en/list/1376)<sup>39</sup> site in which the conference venue was situated, and after highlighting the objectives of the conference, he invited Sir Trevor Hassell to make opening remarks

### **OPENING REMARKS: OUR VOICES MATTER – Sir Trevor Hassell, President, HCC**

. Sir Trevor welcomed participants, extending special appreciation to the Honourable Lucille Moe, Acting Minister of Education, Technological and Vocational Training of Barbados; Senator Dr. Crystal Haynes; Dr. Godfrey Xuereb, PAHO/WHO Representative for Barbados and the Eastern Caribbean Countries (ECC), noting that PAHO has been a strong supporter of NCD prevention and control in the Caribbean; and the youth representatives.

The Event, he explained, brings to a close the CTA, which supported the CARICOM HoSG's commitment to COP, and would provide much information on, and discussion of, the CTA and its use as a platform to discuss the issue of COP. Sir Trevor reminded the audience of the CTA's six specific "asks" to governments, based on regional and international frameworks, including those developed by CARPHA, WHO, PAHO, and HCC:

1. Tax of at least 20% on SSBs, and use of at least some of the revenue raised for NCD interventions
2. Ban on SSBs in and around schools
3. Mandatory PA in schools
4. Adoption and application of regional standards for FOP labelling
5. Ban on marketing of unhealthy foods to children

6. Enactment of legislation for implementation of the International Code of Marketing of Breastmilk Substitutes

He informed that the CTA resulted in over 25,000 signatures of support, many from children in the region, and that the entire programme benefitted from GHAI contributions and Bloomberg Philanthropies funding. He recognised Ms. Rachel Morrison, Regional GHAI Coordinator, and Ms. Francine Charles, HCC Communications and Advocacy Officer and CTA Leader.

Sir Trevor characterised the Event as more than one of celebration—it also aimed to build the capacity of civil society and youth advocates to support the implementation of school-based interventions for COP. He noted that the Event was firmly fixed on the child and the health of the child, being held on Universal Children's Day, which marks the day that the UN adopted the Convention of Rights of the Child in 1989. He stated that this global Day is devoted to the welfare of the children of the world, and HCC and HSFB were observing it by drawing attention to the fact that the school environment in the region was not sufficiently protective of children's health. Children were being subjected to the marketing and provision of unhealthy foods, and were not being given adequate opportunity to play, resulting in an environment that contributes to the epidemic of childhood obesity and the high prevalence of NCDs.

<sup>38</sup> <https://en.unesco.org/>

<sup>39</sup> <https://whc.unesco.org/en/list/1376>



Sir Trevor quoted Sir George Alleyne, the HCC Patron, who has affirmed that childhood obesity represents a rights violation. In agreeing with Sir George's sentiments, Sir Trevor added it is also "past time" to take action. He noted that the environment seemed ripe for change, and that there have been a series of initiatives in Antigua and Barbuda, Barbados, Jamaica, and Trinidad and Tobago to address the issue. In addition, he stated, the participation of senior Ministry of Health (MoH) staff in the Event was heartening

Sir Trevor shared his dream that post-Event, Barbados would announce, in 2019, a national policy prohibiting the marketing and sale of SSBs in schools in the country,

and the application of a more effective tax, with the tax revenue being used to advance the health of the nation. He indicated that HCC stood ready to provide significant tangible support to the Government to enable this policy, and noted that the present significant national fiscal challenges in Barbados provided a unique opportunity for the nation and the people to "press the reset button and move towards the world we want, where children are protected from the scourge of obesity and its complications, through policy and individual action".

**The full text of the HCC President's opening remarks is in Annex 3.**

**“** *The increasing prevalence of childhood obesity in our places and in our time is an affront to us all. Yes, it is a public health issue, but it is especially pernicious because it represents a flagrant negation of the rights of the powerless and the voiceless—rights to which the world has subscribed. It is past time for individuals and agencies to be outraged.*

**Sir George Alleyne**  
HCC Patron

## REMARKS: TACKLING CHILDHOOD OBESITY IN BARBADOS – MINISTRY OF HEALTH AND WELLNESS PERSPECTIVE – *Hon. Lt. Col. Jeffrey Bostic, Minister of Health and Wellness, Barbados*

In his introduction of Minister Bostic, Dr. Kenneth Connell offered congratulations to the Minister for the change in the name of Ministry to incorporate wellness; for the establishment of a National Task Force on Wellness in Barbados; and for serving as a model for a healthy lifestyle through the “Barbados Moves” initiative, “in fierce competition with a colleague Minister from another country”, a reference to the “Jamaica Moves” programme championed by the Hon. Christopher Tufton, Minister of Health, Jamaica.

Minister Bostic extended a warm welcome to participants, especially those visiting from other countries. He acknowledged the valuable work of HCC, HSFB, GHAI, and Sagikor Life Inc., and expressed his pleasure at the invitation to address the Event. In his subsequent remarks, the Minister noted the following:

- The health sector in Barbados has made significant strides in access to quality health care and the range of services offered, but this progress is threatened by the increasing burden of NCDs.
- Childhood obesity is a precursor for NCDs, and WHO has highlighted this issue as [one of the most serious global public health challenges of the 21st century](#),<sup>40</sup> and a major cause of poor health.
- The regional journey in NCD control began in 2007 with the POSD, and, through CARICOM's advocacy, this approach was adopted globally. CARICOM re-committed to address this issue at HLM3, where “Caribbean Moves” was launched, and as the Caribbean Moves, Barbados Moves.
- The 2011 Global School-based Student Health Survey (GSHS)<sup>41</sup> was conducted in 26 secondary schools in Barbados and revealed obesity

prevalence of 14.2% (13.9% boys, 14.6% girls) among 13-15 year olds, while 31.9% were overweight (32.1% boys, 31.8% girls). The survey also found inadequate PA and consumption of fruits and vegetables, as well as high consumption of SSBs and food prepared outside the home.

- Socioeconomic conditions have favoured the rise of NCDs, and the 2016 annual report of the Barbados National Registry for Chronic NCDs (BNR)<sup>42</sup> noted that 65% of all persons hospitalised with acute myocardial infarction (heart attack) had diabetes.
- The marketing of unhealthy foods to school children is of particular concern, and home, schools, workplaces, and communities are settings for action. However, action begins in the antenatal and postnatal stages, and the Ministry of Health and Wellness (MoHW) will continue to promote its breastfeeding programme; work to establish [Health Promoting Schools](#),<sup>43</sup> with mandatory PA; and develop a policy on the marketing of unhealthy foods to children, all in the framework of the National Plan of Action for Childhood Obesity 2015-2018: Barbados Childhood Obesity Prevention Programme (B-CHOPP),<sup>44</sup> the implementation of which is being actively pursued.
- There is awareness of the contribution of the private sector and civil society to NCD prevention and control, including the importance of engaging manufacturers of foods and beverages regarding the production of healthier options. The recently established National Task Force on Wellness will complement the work of the multisectoral [Barbados National NCD Commission \(NNCDC\)](#).<sup>45</sup>

<sup>40</sup> WHO. Taking action on childhood obesity. Geneva: WHO, 2018. <https://bit.ly/2N3vXnN>

<sup>41</sup> <https://bit.ly/2R4dSZL>

<sup>42</sup> <http://www.bnr.org.bb/cms/>

<sup>43</sup> [https://www.who.int/school\\_youth\\_health/gshi/hps/en/](https://www.who.int/school_youth_health/gshi/hps/en/)

<sup>44</sup> <https://bit.ly/2r8tsbj>

<sup>45</sup> <https://bit.ly/2OXT0kS>

- The MoHW is committed to fostering intersectoral action and addressing the social determinants of health (SDoH),<sup>46</sup> and the former Interministerial Committee has been replaced by an Interministerial Subcommittee that will report to Cabinet, to keep the latter abreast of progress in NCD prevention and control.
- Collaboration with the Ministry of Education, Technological and Vocational Training regarding policy and programme development and implementation is welcome in the framework of B-CHOPP, including improvements in the School Meals programme and implementation of growth surveillance guidelines.
- Appreciation is expressed to PAHO and WHO for provision of support and technical cooperation for NCD prevention and control, and compliments are offered to Professor Alafia Samuels for her work to strengthen the Health and Family Life Education (HFLE)<sup>47</sup> curriculum, with focus on NCD prevention.

In closing, the Minister noted that some aspects of COP have to be legislated and some must be regulated. He

used a cricket metaphor to indicate that there should not be a “T20”<sup>48</sup> approach” (short game) to what is a Test Match<sup>49</sup> (long game) problem, and emphasised the need to work with school vendors to develop a relationship of understanding and trust. Even though significant changes are needed, it must be remembered that the vendors have a commercial enterprise, and will sell what children will purchase. Thus, it is critical to change children’s minds, attitudes, and behaviours, and it will take time to convince them of the importance of changing their tastes and habits, and empower them with the knowledge that they can control what is sold to them.

Minister Bostic expressed pleasure at HCC’s interventions in schools, noting that “we have to take the fight to the enemy”, including in the latter designation the thousands of Barbadians who do not know that they have NCDs, or that their lifestyle is contributing to NCDs. He exhorted the participants to continue the road up the hill despite challenges and setbacks, in order to “win back our country and our region”.

**The full text of Minister Bostic’s remarks is in Annex 4.**

**“** *We must move away from having events in particular (formal) settings and take the fight (against NCDs) to the nooks and crannies of this region.*

**Hon. Lt. Col. Jeffrey Bostic**  
**Minister of Health and Wellness**  
**Barbados**

<sup>46</sup> [https://www.who.int/social\\_determinants/en/](https://www.who.int/social_determinants/en/)

<sup>47</sup> <https://www.mes.gov.bb/Resources/PSS/HLFE/>

<sup>48</sup> <https://en.wikipedia.org/wiki/Twenty20>

<sup>49</sup> [https://en.wikipedia.org/wiki/Test\\_cricket](https://en.wikipedia.org/wiki/Test_cricket)

## REMARKS: TACKLING CHILDHOOD OBESITY IN THE SCHOOL ENVIRONMENT – *Hon. Lucille Moe, Acting Minister of Education, Technological and Vocational Training, Barbados*

Minister Moe welcomed participants and mentioned how thrilled she was to be at the Event. She informed that in assuming her substantive post as Minister of Information, Broadcasting and Public Affairs, her first event was one with HCC, where she became aware that the Coalition's mission was a good cause, one that she could champion. The Minister highlighted the following:

- Obesity is now called the new global epidemic, and those living in the Caribbean know that this designation is correct. In Barbados, 31% of 9-10 year old students are overweight or obese, and people know that this will increase if the dietary habits of school-age children are not modified; many NCDs have their genesis in the childhood years.
- A 2015 WHO study estimated that Barbados spent 64 million Barbados dollars (BBD) per year on cardiovascular diseases and diabetes and lost BBD 145 million per year due to missed work days, poor productivity, reduced workforce participation, and the costs to business of replacing workers from cardiovascular disease and diabetes alone.
- The MoETVT has a role to play in helping to reduce the NCD epidemic, and some schools have proactively implemented initiatives, including "Water Wednesdays" and encouragement of PA at Springer Memorial; access to spin bikes at Lodge; water as the beverage of first choice at St. Michael's; and observance of "Fruit Day" and "Water Day" by some schools.

The Minister stated that these schools should be applauded for their efforts and that the MoETVT believes that all schools should adopt these, and other, measures against childhood obesity and NCDs. In this regard, the Ministry will:

- Seek to sensitize students to the fact that PA can be enjoyable, as too many have become sedentary. Health and success in schools are interrelated, since the schools cannot achieve their primary educational objectives if the students are not mentally and physically fit. However, achievement of a healthy diet and sustained PA may require intervention by adults in the home, school, and community, since combined efforts are more effective.
- Collaborate with various entities and the MoHW to reduce childhood obesity among school-age children. The Ministry is examining the menu currently provided in schools and has made the decision to change the menu in the interest of the health of children.
- Work with the MoHW to develop a comprehensive plan as to what should be provided in schools, including in the canteen and by school vendors.

In her final remarks, Minister Moe made it clear that the MoETVT will continue to support all schools that are doing what they consider to be right and in the interest of the children of Barbados.

**The full text of Minister Moe's remarks is in Annex 5.**

**“** *The Government of Barbados embraces all the persons involved (in vending) and their livelihoods, but the first consideration must be what is best for the children.*

**Hon. Lucille Moe,**  
**Acting Minister of Education, Technological and Vocational Training**  
**Barbados**

## REMARKS: PARTNERING WITH CIVIL SOCIETY TO ADDRESS CHILDHOOD OBESITY IN THE CARIBBEAN – Mr. Edward Clarke, Chief Operating Officer, Sagicor Life Inc.

Mr. Clarke expressed his pleasure at being at the Event, representing the Private Sector Association of Barbados and Sagicor Life Inc. He stated that it was unusual to have the private sector involved in events such as this, but the HCC President always insists, in recognition of the important role the sector could play. He noted that both HCC and Sagicor Life Inc. were dedicated to raising awareness and empowering civil society to stamp out NCDs, and in 2011 Sagicor Life Inc. joined HCC in a healthy lifestyle campaign. The relationship was formalized in 2012 through a Memorandum of Understanding (MoU), and the commitment has been renewed through [extension of the MoU](#),<sup>50</sup> in recognition of HCC's positive impact, not only in Barbados, but also across the region.

He noted the very important role that the private sector can play in encouraging Caribbean people to live a healthy lifestyle, and emphasised the need to work together to reduce the financial, emotional, and health impacts of NCDs. Mr. Clarke expressed his awareness of the difference that Sagicor's support

has made to HCC, and noted that Sagicor had, among other interventions, supported a mobile campaign for smoking cessation; cervical cancer prevention; and, most recently COP, utilising its reach across the region and in the workplace, in addition to providing critical funding. He indicated that HCC's campaign is timely and important, in an age of unhealthy foods and the use of electronic media for recreation, rather than PA, which should—again—be made compulsory in schools.

Mr. Clarke encouraged parents to provide their children with healthy food, and welcomed efforts to control the marketing of unhealthy foods to children. Mr. Clarke reiterated Sagicor's commitment to the health of children and looked forward to working with the MoETVT, MoHW, Ministry of Agriculture, and other partners in influencing children, especially younger children, to make healthy choices and prevent childhood obesity.

**The full text of Mr. Clarke's remarks is in Annex 6.**

**“** *The private sector must continue to fight for the cause, and encourage other companies to join the fight, since public-private partnerships will make difference. It is also important for governments and the private sector to address any irresponsible promotion of unhealthy foods to our children. Sagicor continues to express its disapproval of this through public messaging.*

**Mr. Edward Clarke**

**Chief Operating Officer and General Manager**

**Sagicor Life Inc.**

**Barbados**

<sup>50</sup> <https://bit.ly/2OYLxSz>

## TACKLING CHILDHOOD OBESITY THROUGH WORKPLACE WELLNESS – Ms. Debra King, Director, Corporate Communications, CIBC FirstCaribbean

Ms. King expressed her thanks for the opportunity to be at the Event, noting that CIBC FirstCaribbean is a partner with HCC in the CTA, and some of the bank's staff were among the first to sign the CTA. The support provided is from the charitable arm of the bank—the [CIBC FirstCaribbean ComTrust Foundation](#),<sup>51</sup> established in 2002.

Other CIBC FirstCaribbean partners include UWI, youth business, and a Caribbean initiative of the Hospital for Sick Children for the care of the children from the region who have cancer and blood diseases. CIBC FirstCaribbean contributes not less than one million United States dollars (USD) annually and its flagship programme is the [Walk for the Cure](#).<sup>52</sup>

CIBC FirstCaribbean takes workplace wellness very seriously across the 17 countries in which it operates in the English and Dutch-speaking Caribbean, and has identified this approach as a priority strategy nationally and regionally, given that individuals spend a significant amount of their time in the workplace. Relevant actions include the implementation of the Lifespeak programme, which addresses mental health

and stress management; the [MoU signed with HCC](#)<sup>53</sup> for a [workplace wellness initiative](#)<sup>54</sup> that includes an NCD education and awareness programme and campaign targeting the bank's workforce, which is to be extended to its clients; and country level partnerships, aimed at increasing community volunteerism in the NCD initiative.

Ms. King indicated that CIBC FirstCaribbean applauded efforts at a holistic approach to NCD prevention and the launch of the Barbados Wellness Initiative, as the bank believes that NCD reduction is possible with partnerships. She also noted that most of the institution's employees are parents, so the partnership with HCC will impact children, provide a model for parent education and involvement, offer a blueprint for other corporate entities, and facilitate transmission of healthy principles to the next generation. She noted the significance of the Event being held on Universal Children's Day and wished participants all the best in their deliberations.

**The full text of Ms. King's remarks is in Annex 7.**

*“Our contribution is through providing a model for parent education and involvement, so that they can make informed decisions on what is healthy for their children—this is potentially a blueprint for the involvement of other corporate entities.”*

**Ms. Debra King**  
**Director, Corporate Communications**  
**CIBC FirstCaribbean**

<sup>51</sup> <https://www.cibc.com/fcib/about-us/community-relations/index.html>

<sup>52</sup> <https://bit.ly/2TyUgy9>

<sup>53</sup> <https://bit.ly/2BqFIPN>

<sup>54</sup> <https://www.healthycaribbean.org/hwp-cibc-firstcaribbean-international-bank/>



## **GALVANISING ACTION ON CHILDHOOD OBESITY IN JAMAICA: JAMAICA MOVES IN SCHOOLS – Dr. Simone Spence, Director, Health Promotion and Protection Branch, Ministry of Health, Jamaica**

Dr. Spence, representing the Hon. Dr. Christopher Tufton, Minister of Health, Jamaica, reminded participants that NCDs constituted a global health crisis, and that Jamaica was not exempt. She cited results from the [Jamaica Health and Lifestyle Survey III 2016-2017](#),<sup>55</sup> which showed that 1 in 3 adults has hypertension; 1 in 3 has pre-hypertension; and 1 in 8 has diabetes, with higher prevalence in women (15% women, 9% men). Adult obesity has increased, moving from 4 in 10 persons in 2000 to 1 in 2 Jamaicans being pre-obese or obese in 2017; nearly 4 of 5 Jamaicans die from NCDs. The [2017 GSHS in Jamaica](#)<sup>56</sup> showed that almost 70% of students aged 13-15 years drank carbonated soft drinks one or more times per day, with approximately 26% of the cohort being overweight and 10% being obese.

With Jamaica's economy projected to lose 77 billion Jamaica dollars (JMD)<sup>57</sup> over the next 15 years due to NCDs, Dr. Spence characterised these statistics as “a big wake-up call”, which provided overwhelming evidence of the problem. She identified the “Jamaica Moves” programme as one strategy to address the increased incidence of NCDs, with emphasis on PA, proper nutrition, and age-appropriate health checks, noting that the programme uses a settings approach—communities, workplaces, and schools—and embraces the [Ottawa](#)<sup>58</sup> and [Caribbean](#)<sup>59</sup> Charters for Health Promotion. She gave examples of the interventions: community interventions include walking trails and emphasis on older persons and other vulnerable groups; workplace actions include healthy eating and

annual and/or age-appropriate health checks; and school interventions include strengthening capacity for the school community to become a healthy environment for learning and working, addressing PA, healthier food choices, identification of students at risk for NCDs, and facilitation of appropriate interventions.

Dr. Spence emphasised other important aspects of the programme, including:

1. [Monitoring and evaluation](#) (M&E), which would take place in 100 pilot schools and include nutrition and PA audits, reports from the MoH and the Ministry of Education, Youth, and Information (MoEYI), and establishment of two model schools in each MoEYI Region;
2. [Social marketing](#), including a “Jamaica Moves” Ambassador programme in which students and teachers are trained to be advocates for health within the schools, celebration of various “Health Days”, and strengthening the Health, Youth, Positive Energy ([HYPE](#))<sup>60</sup> club concept; and
3. [Capacity building](#) for the “Jamaica Moves” Ambassadors, HFLE teachers, and others.

In closing, Dr. Spence showed a “Jamaica Moves” video public service announcement (PSA) “Treat Yu Body Right”, demonstrated the associated dance, and succeeded in getting the participants to dance along with her.

<sup>55</sup> <https://bit.ly/2R7gRjQ>

<sup>56</sup> [http://www.who.int/ncds/surveillance/gshs/Jamaica\\_2017\\_GSHS\\_FS.pdf?ua=1&ua=1](http://www.who.int/ncds/surveillance/gshs/Jamaica_2017_GSHS_FS.pdf?ua=1&ua=1)

<sup>57</sup> Approximately USD 612,000,000.

<sup>58</sup> <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

<sup>59</sup> <http://www.archive.healthycaribbean.org/publications/documents/cchp.pdf>

<sup>60</sup> <https://jis.gov.jm/health-ministry-begins-hype-school-tour-october/>

“As we continue to partner in this life-changing campaign (“Jamaica Moves”), we will all enjoy:



**Dr. Simone Spence, Director**  
**Health Promotion and Protection Branch**  
**Ministry of Health**  
**Jamaica**

The presentation was followed by a skit involving three local performers, led by “Alf”, a well-known local actor. The short drama emphasised risk factors, behaviours, long-term impact on children, and barriers to desired behaviours related to childhood obesity, while proclaiming that “It’s all about the children”.



## REFLECTIONS ON CTA ACHIEVEMENTS – Ms. Francine Charles, Communications and Advocacy Officer, HCC

At the start of her presentation, Ms. Charles noted that HCC wished to ensure that persons who have worked hard on the CTA are commended, and that lessons learned are highlighted. She summarised the objectives of the CTA: To create a platform for increasing public awareness around childhood obesity, stimulate dialogue around prevention and best practice, and give the public a voice in calling for COP to be treated as a regional and national priority for action. She also identified milestones along the journey from the CTA's social media launch on 16 April 2018 to its close at this Event, having raised 25,389<sup>61</sup> signatures.

She commented that while the Caribbean does not have a significant tradition of civil voices being raised in support of causes, people are beginning to realise that "with a click", they can contribute to making a difference.

Ms. Charles gave special thanks to the media and reported that HCC's social media platforms also saw a boost, with several Prime Ministers, Ministers of Health, and other senior policymakers now following HCC on these platforms. She highlighted support from high-profile persons such as Senator Dr. Crystal Haynes, and the contributions of the UWI Open Campus.

### CTA Posters



<sup>61</sup> Following and audit of the email addresses used to register online signatures the revised total was reduced to 21,823

She mentioned some of the “wins” of the CTA, among them:

- Increased media and public visibility around the issue of childhood obesity and the need for healthier lifestyle choices and policy,
- Growth in the social media community around COP,
- Increased collaboration among the CSO community,
- Increased dialogue and movement toward COP policies and programmes, with CARICOM leaders recognising the importance of this issue, and including COP as a significant part of the Communique from the HoSG July 2018 meeting,
- Launch of the HCC CSO Action Team, 20 April 2018,
- Successful advocacy that contributed to the participation in HLM3 of ten Prime Ministers from CARICOM,
- Regional media sensitisation, with national spinoffs,
- Increased volunteerism, with several persons going out to garner signatures in person, leading to the involvement of others, including medical practitioners,
- Schools Outreach In September 2018, with focus on secondary schools, where the students signed the petition, and
- Formation of local COP coalitions in Barbados and Jamaica.

Ms. Charles stated that several countries and the region “moved”, as demonstrated by various initiatives, including:

- *Jamaica’s* planned restrictions on SSBs in schools from January 2019
- Institution of “Water Wednesdays” and “Fruitful Fridays” in some schools in *Barbados*
- *St. Kitts and Nevis’* plans to introduce a 40% tax on SSBs
- *Antigua and Barbuda’s* plans to introduce an SSB tax, with drafting of legislation for presentation to Parliament in 2019
- Endorsement of an SSB ban in schools by the Ministers of Health and Education in *The Bahamas*, though no timeline for implementation has been announced
- Launch of “*Caribbean Moves*” at HLM3, September 2018

Ms. Charles encouraged celebration of both big and small steps, and noted that though the CTA has been closed, the work cannot stop. In that regard, she showed an HCC-produced PSA on the CTA and COP that will be made available to all stakeholders on request.

A selection of people who signed the CTA can be seen opposite.





## Panel/Group discussion: Stronger Together – Importance of Coalitions for Collaboration – Moderator Sir Trevor Hassell

*Panellists: CSO Action Team – Ms. Juanita James, Antigua and Barbuda Diabetes Association; Ms. Camella Barnes, HaLT, Cancer Society of The Bahamas; Mr. Damian Greaves, Grenada National NCD Commission; Ms. Barbara McGaw, Heart Foundation of Jamaica; Ms. Fiona Anthony, Heart & Stroke Foundation of Barbados; Ms. Abi Begho, Lake Health and Wellbeing Foundation, St. Kitts and Nevis; and Mr. Andrew Felix, St. Lucia Diabetes and Hypertension Association*



The Moderator elicited discussion by posing questions to the panellists. The questions and responses are summarised below.

*What is one thing learned through the CTA that you would like to share?*

- The importance of evidence-based research and collaboration.

*What challenges have you noted regarding collaboration?*

- Obtaining support, as a small organisation. However, membership in a regional organisation—HCC— and the regional campaign provided credibility and improved the local response.

*What could've been done better?*

- The packaging of the information could have been "sexier" to attract attention and increase interest

in the message; this region likes passion and dynamism.

*Why were the efforts of some CSOs so effective?*

- Some CSOs had very passionate persons at the forefront, who were able to galvanise a number of stakeholders, including high-profile persons such as Ministers of Health and Education, and Heads of State. Some campaigns were not very structured and so were flexible, with CSO personnel using every opportunity to get the word out, going to schools and health fairs, and making appearances on media programmes. These experiences demonstrate that leadership is a critical aspect of advocacy initiatives, and that the role of high-profile influencers is important.



*This type of advocacy is a relatively new tool in the region. What was most surprising about the CTA and related interventions?*

- Once the initial step was taken and collaboration began, the high level of support for the issues—NCDs and childhood obesity—was surprising.
- The lesson learned is not to “overthink” these interventions – if you have a voice, share it, and work collaboratively; act, do something.
- The openness in sharing information and experiences across the various countries was appreciated, and demonstrated that honesty of purpose and honest relationships are important for effective collaboration. Things happened very quickly, and simultaneous actions took place, so that much was accomplished in a relatively short time.
- In one intervention to reduce SSBs in schools, the extent to which the school vendors were supportive was a surprise. Their cooperation was due in part to the concurrent media campaign highlighting the dangers of SSBs, making them aware of the need to reduce SSB consumption. Also surprising was the extent of the industry response, where one company brought a lawsuit against the CSO for a message that mentioned one of its products. It was also surprising that in response to the CSO’s media campaign, a high-profile physician and diabetologist weighed in with misleading statements on the links between SSBs and diabetes, which have “muddied the waters”.

*What is the perspective of a new CSO president on involvement in the CTA?*

- The development of policies and their implementation is important, as are identifying successes, sharing best practices, and replicating them across countries.

*What do you see as the future, in terms of the CTA Action Team? Is it a useful initiative?*

- There is need to step back and evaluate this intervention, and determine what next needs to be done. There was no M&E component attached to the CTA, so the real impact is in doubt, though it is evident that awareness was raised.

- Generally, CSOs are excellent at implementation, but not at M&E. PAHO could play an important role in helping CSOs to establish systems for M&E, and perhaps modifying the methods to allow assessments to be done “on the cheap”.
- It is essential to ensure that M&E are included during the planning phase of any intervention. In addition, university students can be great convenors of M&E, which can be part of projects for their postgraduate degrees—this is a cost-effective mechanism.
- The partnerships established should continue, and it would be useful to get more partners to join. The barriers to the participation of small CSOs should be determined and strategies implemented to overcome them.
- Potential partners at national level have been identified, and there must be follow-up and identification of mechanisms for collaboration with them.

*What role does this group have in advancing policy, legislation, and regulations?*

- The group can have a tremendous role in sharing best practices and lessons learned. Also, the CSOs can learn from regional partners who have had successes, and determine how to improve on their own mechanisms for interventions that are implementable, useful, and sustainable.
- The Health Desks of CARICOM and the Organisation of Eastern Caribbean States (OECS) have an important role to play in helping countries to replicate the successes of individual countries, such as the launch of the ban on SSBs in government-supported schools in Trinidad and Tobago. The group needs to advocate for these entities to take relevant action.
- Not all CSOs have adequate human resources to maintain the momentum that has resulted from the CTA and related interventions. Some CSOs have no paid staff, and comprise volunteers who have other commitments, so the sustainability of this effort is an issue. The funding from the HCC grant for building capacity in COP went a long way and was much appreciated, but it has now ended, and other resources are needed for sustainability.

- The acknowledgement that HCC assisted CSOs is important, since the Coalition's major role is to add value to its member CSOs.
- The CTA coalition has also exposed, full-blown, the challenges that health systems and governments face. An NNCD is going ahead and trying to get things done, but barriers include a government that operates in silos, and gaps that have to be filled. There has to be engagement, even within the health sector, to establish or strengthen relationships between health and other social sectors. There is ample opportunity for the coalition to "up the ante" and advocate for reducing silos in government, improving leadership, and strengthening policy development.
- Intersectoral collaboration and an all-of-government approach are essential, led by health,

with strong political will. The social determinants of health must be examined more closely, and there must be recognition that behaviour change takes time. Even with much knowledge, such a change is difficult at an individual level, and "though we may backslide every now and again, we have to keep pushing on".

- Significant lessons learned are that collaboration and moving forward in the national context need resources and funding; the importance of relationships formed through the process should not be underestimated, particularly the joint identification of good practices—"we're stronger together"; and measurement of effect and impact is essential, and should be built into the planning process.

## BEYOND THE CTA: BUILDING A REGIONAL CSO ADVOCACY MOVEMENT FOR COP WITH A FOCUS ON SCHOOL POLICIES – Ms. Maisha Hutton, Executive Director, HCC

Ms. Hutton summarised information on HCC, noting that it has over 120 members—including health and non-health CSOs in CARICOM—and highlighted some of the Coalition's numerous publications, especially the HCC CSAP 2017-2021 for COP and its seven priority areas for action. She listed some of the CSAP's implementing partners, among them CSOs and governments in CARICOM; the NCD Alliance ([NCDA](#)), World Cancer Research Fund ([WCRF](#)),<sup>62</sup> and World Obesity Federation ([WOF](#));<sup>63</sup> CDB; PAHO; GHAI; UWI; UWI Open Campus; CARPHA; and CARICOM Secretariat.

She reminded the audience of the priority "asks" in the CTA, which focused on creating an enabling environment, consistent with the HCC CSAP where the "bottom line" is the development of national policies, legislation, and regulations, taking a life-course approach. However, the HCC's focus beyond the CTA would be on school policies, and Ms. Hutton indicated the rationale for the decision, which includes:

- Recommendations in global, regional, and national action plans and other frameworks for COP.
- Existence of global, regional, and national good practices.
- Children's right to health, and to attend healthy schools, since they spend much of their day in the school environment, which can foster both healthy and unhealthy habits.
- Association between poorer nutrition and lower academic performance.

Ms. Hutton summarised the components of healthy school environments: nutrition standards for meals; restrictions in sales and marketing of junk foods in and around schools; increased availability of healthy alternatives; and mandatory PA. She stated that immediate post-CTA action will focus on banning the sale of SSBs and restricting the marketing of SSBs and unhealthy foods in and around schools; ensuring the

<sup>62</sup> <https://www.wcrf.org/>

<sup>63</sup> <https://www.worldobesity.org/>

<sup>64</sup> <https://www.healthycaribbean.org/childhood-obesity-prevention/>

<sup>65</sup> <https://www.healthycaribbean.org/obesity-fact-sheets/>

<sup>66</sup> <https://www.healthycaribbean.org/sugar-caribbean-infographics/>

<sup>67</sup> <https://www.healthycaribbean.org/the-3rd-un-high-level-meeting-on-ncds/>

availability of drinking water; and ensuring mandatory PA. Strategies include awareness building, high-level regional advocacy, accountability, capacity and coalition building, and mapping of the marketing of unhealthy foods. She cited examples of interventions using each of these strategies:

- *Awareness building:* Establishment of the HCC [COP Portal](#);<sup>64</sup> convening of the CTA Action Team; production of [COP Fact Sheets](#);<sup>65</sup> and dissemination of information on the [sugar content](#)<sup>66</sup> of various foods and beverages in selected Caribbean countries.
- *High-level advocacy:* Writing open letters to leaders; [advocacy for and at HLM3](#)<sup>67</sup> using both personal and official channels; identification of high-level political champions, such as Ms. Reema Carmona, Former First Lady of Trinidad and Tobago; and identification of local champions, such as Ms. Nicole Foster, Attorney at Law and UWI Law Lecturer.
- *Accountability:* Development and use of tools such as:
  - My Healthy Caribbean Schools ([MHCS](#)),<sup>68</sup> which was modeled on a tool developed in Mexico that allows communities to go online and rate schools. To date, The Bahamas,

Belize, Jamaica, and Trinidad and Tobago have relevant databases, and the challenge now is to promote the tool and expand its use; and

- *COP Scorecard ([COPS](#))*,<sup>69</sup> which provides a snapshot of the COP policy environment in various countries. However, evidence for the traffic light rating used has to be immediately available, and HCC has reached out to entities to provide the relevant policy documents.
- *Capacity and coalition building:* Establishment of the NCD Childhood Obesity Prevention Alliance (COPA) in Belize, through the Belize Cancer Society; the Healthy Lifestyle Team (HaLT) in The Bahamas, through the Cancer Society of The Bahamas; the Barbados CSO Obesity Coalition; and the NNCD Portal and Chairs Network, which includes HCC Secretariat-supported virtual meetings of NNCD Chairs and [observerships](#).<sup>70</sup>
- *Industry mapping:* Development of databases of regional industry actors in the food and beverage industry producing ultra-processed foods and processed foods targeting children and adolescents, and mapping of the marketing of processed foods aimed at young people.

Ms. Hutton closed with a quote from former WHO Director-General, Dr. Margaret Chan, emphasising the whole-of-society response that is critical to tackle childhood obesity.

“Childhood obesity does not arise from choices made by the child. It arises from environments created by society and supported by government policies. The argument that obesity is a result of personal lifestyle choices, often used to excuse governments from any responsibility to intervene, cannot apply to childhood obesity.

**Dr. Margaret Chan**  
Former WHO Director-General

<sup>68</sup> <https://www.healthycaribbean.org/cop/my-healthy-school.php>

<sup>69</sup> <https://www.healthycaribbean.org/cop/cop-scorecard.php>

<sup>70</sup> <https://www.healthycaribbean.org/nncdc-observerships/>

## ADVOCACY FOR HEALTHY SCHOOL ENVIRONMENTS: INSIGHTS FROM JAMAICA – Ms. Barbara McGaw, Tobacco Control Advisor and GHAI Project Manager, HFJ

Ms. McGaw summarised the history, vision, mission, programmes, and services of the Heart Foundation of Jamaica, as well as the GHAI project. She highlighted the policy priorities for healthy school environments in Jamaica, including imposition of a tax on SSBs; FOP labelling; restriction on marketing of sugary drinks to children; and support for healthy foods in schools. She noted the importance of partnerships, and indicated that the HFJ worked with the MoH, other NGOs, the UWI's Caribbean Institute for Health Research (CAIHR),<sup>71</sup> and the National Food Industry Task Force (NFITF), which addressed product reformulation, food marketing and food labelling, communication, and advocacy.

Ms. McGaw noted that HFJ's strategies include co-branding and use of the settings approach, for example with the MoH's "Jamaica Moves" programme in schools, which is being extended to communities and workplaces; an advocacy campaign being implemented with support and cooperation from the GHAI; obtaining support from other NGOs, 17 of which were now on board with the HFJ on this issue; and the production of PSAs, including a "Dear Prime Minister" video, which features two children thanking the Prime Minister for the proposed ban on SSBs in schools that will make them healthier, and urging him to continue those efforts.

She described the GHAI project, now in Phase 3, which aims to "build public awareness and promote policy change among decision-makers with regard 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'". The project objectives are to:

1. Raise public awareness of the health impact of sugar consumption and build public support for an SSB tax via public education campaigns
2. Build support of policymakers and other key stakeholders in support of an SSB tax and other policy priorities
3. Form a Coalition of key organisations
4. Counter industry opposition

5. Develop and implement timely mass media campaign(s)

Ms. McGaw also summarised the CDB-funded HCC capacity-building for COP project in which HFJ participated, which resulted in a marked decrease in consumption of SSBs and considerable increase the consumption of water at the intervention schools. She identified success factors, including multi-stakeholder involvement (government, NGOs, NFITF, faith-based organisations); cobranding with MoH and "Jamaica Moves"; hiring competent staff; mapping of NGO partners; sponsorship of targeted activities to build partnerships; ongoing social media and media coverage; and a targeted mass media campaign. Achievements include increased public support and recognition of obesity and SSB consumption as public health threats, shown by a post-campaign survey; many presentations and capacity-building events, islandwide; and technical cooperation with the MoH and Ministry of Education (MoE) to update the school nutrition policy, including the restriction on SSBs in schools to be implemented in January 2019.

Ms. McGaw noted challenges and lessons learned, and identified next steps. Challenges include food industry pushback, a lawsuit brought against the HFJ by a private sector company, and comments by a prominent academic and diabetologist that misrepresented the campaign, implying that it was making direct links between the consumption of SSBs and the occurrence of diabetes. Lessons learned include the positive impact that concern for children's health and development had on the campaign; the critical importance of an evidence base and research; the importance of public education, especially at the "grass roots" level; the value of co-branding with, and endorsement by, the MoH; the need to engage the media and establish partnerships with other NGOs and key stakeholders in order to advance any national public health initiative; and the value of regional and international support. Next steps include continued support for policies to improve the food environment in schools; FOP labelling; "Jamaica Moves"; and regional COP efforts.

<sup>71</sup> <http://uwi.edu/caihr/>

## RAPID ASSESSMENT OF PHYSICAL ACTIVITY CAPACITY OF PRIMARY SCHOOLS IN TRINIDAD AND TOBAGO – Dr. Mark Mungal, Caribbean Sport and Development Agency

Dr. Mungal informed participants that the Caribbean Sport and Development Agency (CSDA),<sup>72</sup> based in Trinidad and Tobago, is a member of the [Trinidad and Tobago NCD Alliance](#).<sup>73</sup> He noted data from the country's National Strategic Plan for the Prevention of NCDs 2017–2021<sup>74</sup> stating that 24% of school-age children (5–18 years) are overweight or obese in Trinidad and Tobago, and indicated that increasing levels of PA is a priority area in the Plan. In this framework, he described a rapid assessment of the PA capacity of primary schools in Trinidad and Tobago, funded by the InterAmerican Development Bank (IDB),<sup>75</sup> which provided money to spend on school equipment, and was able to fund the assessment to better inform the type of equipment to be procured.

Dr. Mungal noted that, so far, much of the COP discussion at the Event focused on food and beverages, and he “put in a plug” for greater focus on PA, stating that a study “[Designed to Move](#)”,<sup>76</sup> done a few years ago, funded by the Nike Foundation, found that children will live five years less than their parents, related to inadequate PA alone. He summarised the [objectives](#) of the CSDA assessment, which aimed to examine space, equipment, barriers, and enablers for PA in primary schools. The [methodology](#) included engaging stakeholders to seek buy-in and share information on the importance of PA; tapping into institutional experience and expertise; establishing consensus on the approach to the project; securing support for approvals; applying a rapid assessment tool; and conducting interviews and site visits. He noted that in the absence of a standardised assessment tool, the investigators had to design their own, and the instrument's sections included spaces, equipment, storage and security, frequency and

importance, and personnel, all related to PA. Dr. Mungal indicated that the CSDA will make the instrument available to participants on request, to facilitate its designation as a Caribbean tool.

In providing a synopsis of the [findings](#), he noted that the response rate was 70%, and the results provided good baseline data. An important finding was the disparity among and between schools in Trinidad and Tobago, with no consistent characteristics to identify underlying factors, such as school size and location. The results showed that “everyone knew the right things”—that PA improves health, learning through play, leadership skills, critical thinking, problem solving, social development, emotional development, discipline, relaxation, and self-confidence, and provides an avenue to release stress and boost self-esteem. Other “good news” cited was that most schools value physical education (PE)/PA and have enough space to facilitate some levels of PE/PA, and that provision of basic equipment will add value to in-school/after-school PE/PA programmes.

Dr. Mungal noted, however, that though schools highlighted the importance of their school athletes, it was not enough for schools to focus only on athletes, who comprise only a small proportion of the students (<3%)—they need to get every student involved in PA, moving from only high-performance (as good as that is) to mass participation.

He identified [key actions to be taken](#) in enhancing PA in schools, among them establishment of partnerships with stakeholders; development and implementation of user-friendly/flexible PE curricula; provision of PE/PA equipment and instructional resources; and in-service teacher education workshops.

<sup>72</sup> <https://bit.ly/2OZL6Y3>

<sup>73</sup> <https://bit.ly/2DGpuOu>

<sup>74</sup> The Trinidad and Tobago National NCD Strategic Plan is available at <http://www.health.gov.tt/ncd/>

<sup>75</sup> <https://www.iadb.org/en>

<sup>76</sup> <http://www.designedtomove.org/>



## THE SCHOOLS WE WANT: STRATEGIES FOR CREATING YOUTH ADVOCATES AND ACCELERATING YOUTH POLICY: A YOUTH PERSPECTIVE – *Youth representatives*

The Parallel Youth Empowerment Session, held concurrently with the plenary in the morning session of the Event, identified several issues and recommendations, a selection of which the youth representatives brought to the plenary. Highlights are summarised below, and a **report of the session is in Annex 8.**

### *Types of products sold and marketed*

The products identified spanned the spectrum from very healthy to very unhealthy, tilting towards the latter. They ranged from cookies, corn curls, and cotton candy to fish, fish cakes, and fried chicken; fruit, fruit juices, and fruit salad; ice cream; mauby and milk shakes; pastries, pizza, and popcorn; and water.

### *Levels of physical activity*

The levels of PA were very variable, according to the form (grade) level, with PA disappearing from the curriculum or being optional at higher grades. Depending on the school, PA may be mandatory for 1 hour 20 minutes, once a week, from 1st/4th/5th form; in 4th/5th form, it is no longer mandatory.

### *Implications of these environments on their behaviours and health*

Students noted that “what you eat affects how you act”, and that schools with a strong sports culture will encourage students to live healthier. They also thought that if the issues are demonstrated to be important to the school, the children would support relevant actions, and suggested that health education and other interventions start from younger ages, in primary school.

### *Barriers to modifying the environment*

Barriers cited to improving the school environment included the price of healthy foods and ingredients; the food provided by parents; teachers; and economic issues, with many comments expressing concern and fear that actions by canteens and vendors to make their offerings healthier might result in loss of revenue and jobs.

### *Solutions – individual versus collective*

The students made several creative and innovative suggestions, including the establishment of “Health



Halls” that would offer healthy options, to compete with the “unhealthy” canteens; establishing a student “obesity watch”; and advertising with the message that what is sold is not the best option for health. Several students endorsed restrictions, bans, and taxes on SSBs; earmarked health days such as “Tasty Tuesdays”, “Water Wednesdays”, and “Fruit Fridays”; provision of potable water at no cost to students, as currently some schools sell bottled water; and greater modeling of desired behaviours by teachers. However, a surprisingly large number of the students’ comments were against SSB bans, arguing for providing options and allowing personal choice.

*“The schools we want”*

This discussion also produced creative and innovative suggestions. Among the memorable suggestions in favour of healthier environments were:

- Promotion of a **NEWSTART**:
  - **N**utrition
  - **E**xercise
  - **W**ater
  - **S**piritual wellness
  - **T**raining for healthy lifestyle and mindset

- Avoidance of temptations
- Rest
- Taking individual initiative to control your health and wellness
- Hashtags, catchphrases, and possible slogans, including:
  - #LashMeDownWidDatSaladDey
  - Being healthy makes me happy!
  - Change begins with me
  - Sweet, but not sugary
  - “Buy a wata, save a dollar; be hip, don’t buy chips”
  - “Be bright, don’t drink Sprite”; “Drinking Coke is a joke”

After the students’ presentation, in response to a question on the lack of emphasis on consumption of tap water in their report—since students’ purchase of bottled water raises issues related to disposal of the plastic bottles and the negative impact on the environment—a student noted that some people do not like the taste of tap water.



## THE EVENT - AFTERNOON SESSION

### ADVOCACY FOR BANNING SSBS IN BARBADIAN SCHOOLS: PRESENTATION OF HSFB'S CHOP CAMPAIGN – *Ms. Fiona Anthony, Chief Executive Officer, HSFB*

Ms. Anthony described HSFB's history, mission, and programmes, then summarised the advocacy project funded by GHAI that began in January 2018. She noted that the project supports an advocacy campaign to ban selling and promoting unhealthy food and beverages in schools, laying the ground work for an increase in SSB taxation in Barbados, from the current 10 percent. The project's core objectives are to:

- Collaborate with ministries and policy makers on COP initiatives;
- Raise awareness, through CSO coalition building activities, of the health implications of unhealthy food and beverages for school children;
- Build public support around policy change, through the implementation of a targeted evidence-based communication plan utilising earned and digital media;
- Develop strategies that would counter resistance to health promotion policies;
- Promote legislative change to ban the sale and promotion of unhealthy food and beverages in schools in Barbados; and
- Promote an increase of existing SSB taxation in Barbados from 10 to 20 percent.

Ms. Anthony emphasised the importance of working with others in a collaborative and cooperative way, and listed key stakeholders, including various government ministries, PAHO, HCC, and the medical community. She also included fast food companies that have significant presence in schools and carry out significant marketing in that setting through sponsorship of events and provision of branded materials, among other actions, and mentioned that studies have shown that by age 3 years, children can identify the brands

of these companies. To compound matters, parents often reward their children with a visit to fast food restaurants.

Ms. Anthony went on to summarise project activities to date, including meetings with ministries and policy makers; identification of policy "Champions"; work with other CSOs, such as the BCNF, on COP initiatives, and the development of a communications strategy. The "Stop! Yuh Too Sweet!" campaign was launched in June 2018, and includes:

- Social media campaign, including production of a video for that platform
- Production of PSAs with the tagline "Stop! Yuh Too Sweet!"



- Use of earned media through community-based activities such as the HCC school-based COP initiative, which was important for sensitising various audiences

Development of materials for schools to highlight the dangers of SSBs and encourage water consumption, with the tagline "Stop Sugarcoating the Truth!"

Ms. Anthony indicated that work is now being done on the development of a portfolio of healthy alternatives to the food and beverages currently being sold in schools.



## DRINK MORE WATER.

Water is the BEST drink for your body. It helps regulate your body temperature, converts food to energy AND helps your body absorb nutrients.

### Fun, Fresh & Fruity

Make drinking water fun by adding fruit and herbs to your water bottle.





## TOWARD POLICY IMPLEMENTATION – Ms. Nicole Foster, Moderator

### SCHOOL-BASED POLICIES TO COUNTER OBESITY AND OVERWEIGHT: REGIONAL AND GLOBAL EXAMPLES – Dr. Godfrey Xuereb, PAHO/WHO Representative, Barbados and Eastern Caribbean Countries

Dr. Xuereb recalled his background in nutrition and his technical work with countries during his stint with the Caribbean Food and Nutrition Institute<sup>77</sup> and at WHO Headquarters in Geneva, and characterised the topic as one “very close to his heart”. He focused on examples of cost-effective interventions from across the globe, first mentioning the [WHO School Policy Framework](#),<sup>78</sup> which addresses, among other issues, health education with focus on diet and physical activity; nutritional standards for school food; school food programmes; and food and non-alcoholic beverage marketing.

Dr. Xuereb highlighted the need for a holistic approach, and cautioned that in discussing issues related to food vendors in the school environment, there should be analysis not only of the type of foods produced and sold, but also of food safety. He advised that students have to be able to practice important skills, and that they should be provided with potable water from the tap, so that the resources saved from not buying water could be used for other interventions.

He gave [examples of interventions](#), among them the [Cook Islands health and physical wellbeing curriculum](#),<sup>79</sup> [Daily Mile project](#)<sup>80</sup> in the United Kingdom, which has gone global, and the related “Join the Movement” promotion; [Japan’s school lunch programme](#),<sup>81</sup> where the children serve the food and portion sizes vary according to age; [Home Grown School Feeding](#)<sup>82</sup> programme implemented in selected African countries by the World Food Programme (WFP)<sup>83</sup> based on studies that show that children are more encouraged to

eat food that they grow; and the [Walking Bus initiative](#),<sup>84</sup> which encourages safe walking and cycling in schools.

Dr. Xuereb identified several [barriers](#) to effective interventions for obesity and overweight reduction, and offered *strategies to overcome* some of them:

- Failure to identify and address underlying reasons for undesired behaviours. He noted that a survey in Jamaica showed that a major barrier to regular PA among females was hairstyles, with respondents indicating that they had “spent so much money on this hairdo that they were not going to sweat it out”.
- Environments that are not conducive to PA, including lack of, or inadequate, sidewalks, and traffic lights that change only for vehicles, not for pedestrians.
- Use of outdated health advertisements, lacking relevance to today’s target audiences, while some industry giants had advertisements for each season of the year.
- Overburdening the HFLE programme in schools by “trying to put everything in it”. There is no examination attached to HFLE, so it has lost its priority ranking and *needs to be re-invented to make it an interesting, useful, and functional curriculum*.
- Inadequate implementation of the existing nutritional standards for school food, despite the good quality of the standards.

<sup>77</sup> Now defunct, with its functions incorporated into CARPHA.

<sup>78</sup> <https://www.who.int/dietphysicalactivity/schools/en/>

<sup>79</sup> [http://www.education.gov.ck/wp-content/uploads/2014/08/Curriculum\\_HealthPE1.pdf](http://www.education.gov.ck/wp-content/uploads/2014/08/Curriculum_HealthPE1.pdf)

<sup>80</sup> <https://thedailymile.co.uk/>

<sup>81</sup> <https://www.businessinsider.com/japans-amazing-school-lunch-program-2017-3>

<sup>82</sup> <https://www.wfp.org/content/home-grown-school-feeding>

<sup>83</sup> <http://www1.wfp.org/>

<sup>84</sup> <https://www.saferspaces.org.za/be-inspired/entry/walking-bus-initiative>



- Food service areas that are often not friendly and welcoming; *school gymnasiums and sports fields can be converted into dining halls.*
- Limited infrastructure—buildings and facilities—for physical activity in some schools.
- Vending machines with unhealthy products, which are becoming more prevalent in the region. In 2005, France *banned all vending machines* from schools, even those that were selling water, since branding (e.g. Coca Cola, PepsiCo) also influences children.
- Food and non-alcoholic beverage marketing to children. Rather than branding school supplies with fast food logos and colours, and having sports trophies with industry names, the money collected from SSB taxes should be supporting *healthy branding of school materials and trophies.*

Dr. Xuereb noted other cost-effective interventions, including the *establishment of inexpensive playground facilities* in the United Kingdom using tires to create a colourful playground and *health promotion for school staff*, which could include in-service training on healthy lifestyles, disseminating printed materials from national or local organisations, providing a staff room with a healthy environment to eat and relax, ensuring that healthy meals are served in the school cafeteria, providing healthy foods during breaks at staff meetings, and organising workshops held by nutrition specialists and physical education teachers.

He closed by emphasising that *other stakeholder involvement is essential*—governments (national, regional, and local level), Parents-Teachers Associations, students, and the community at large, including international organisations, NGOs, and the private sector.

### BERMUDA HEALTHY SCHOOLS POLICIES – Ms. Marie Beach, Healthy Schools Coordinator, Department of Health, Bermuda

Ms. Beach noted that the Bermuda Healthy Schools Nutrition Policy was implemented in public and private schools in 1998, and amended in 2013 to include the [Bermuda Dietary Guidelines](https://bit.ly/2DWHgGf)<sup>85</sup> and the [EatWell Plate](https://bit.ly/2P23Upu).<sup>86</sup> She further noted that in 2004, the Healthy Schools Programme was implemented, and comprises a network of Department of Health school programmes, other government departments, and community health partners that implement programmes and activities in schools. She indicated that the primary objectives of Healthy Schools are to educate schools and support health promotion in schools; monitor delivery of health information; monitor compliance with school health policies; and prevent gaps and duplication of services. A Healthy Schools Committee meets quarterly to coordinate efforts.

An important aspect of the Healthy Schools Programme is its monitoring: Each school year, 32 of 33 public and private schools are assessed through the Healthy

Schools Components and Standards Assessment Tool, with an award being given for the healthiest school.

Other policies in support of COP include:

- Healthy Schools Vending Machine and Cafeteria Policy (2006)
- Bermuda School Asthma Policy (2006)
- Healthy Schools Physical Activity Policy for Schools (2008)
- Preschool Nutrition Policy (2009)
- Bermuda National Sports Policy (2014)

Ms. Beach summarised the successes, barriers, and lessons learned/recommendations related to each policy. Regarding the Nutrition Policy:

- Successes include its implementation by all public and private schools, and public preschools have also implemented the Policy, with at least 82%

<sup>85</sup> <https://bit.ly/2DWHgGf>

<sup>86</sup> <https://bit.ly/2P23Upu>

being compliant during any given year; at least 80% of schools regularly utilize the Policy as part of their health education curriculum, to include the Bermuda Dietary Guidelines and the EatWell Plate; and many primary schools monitor school lunches through prefects, who chart the number of healthy lunches in each class.

- Barriers include the fact that Healthy Schools is not a mandated programme, and compliance with the Policy varies from year-to-year; many food service providers sell unhealthy food items to make the most profit, despite the school and Healthy Schools indicating how to comply with the Policy; and many parents resist compliance and continue to send unhealthy foods in school lunches.
- Lessons learned/recommendations include: Continue to collaborate with the MoE to mandate the Healthy Schools Programme and strengthen compliance with all school health policies; implement a National School Lunch Programme to

regularise healthy food delivery to public schools; and continue to stress the importance of greater collaboration with the Department of Education to regularize the bidding process for school food service providers in order to hire appropriate, qualified food service providers, strengthen the level of compliance, and implement consequences for non-compliance.

Ms. Beach noted that an important success of the Physical Activity Policy for Schools is the development of the Premier's Youth Fitness Programme (PYFP), funded by the Bermuda Government and aimed at having students increase their levels of PA outside of school, involving their parents and families. She reported that the Ministry of Social Development and Sport has endorsed the PYFP, as it aligns with the 2014 Bermuda National Sports Policy. She stated that Bermuda has mandated PA at all school levels from primary to middle school, and though in senior schools PA became an elective item, work is being done to reverse that decision.

### **SCHOOL LUNCH STANDARDS IN BAHAMIAN SCHOOLS – Ms. Camelta Barnes, Ministry of Health, The Bahamas**

Ms. Barnes described the school system in The Bahamas, which includes 169 public, and 89 private, schools. The public system is organised by districts, with school boards and school superintendents, resulting in several layers for policy implementation. She also summarised the school feeding system, which includes private vendors approved to sell lunch at MoE schools; the "National School Lunch Programme", a state-sponsored programme fully funded by the MoE since 2013 that includes caterers who prepare meals; tuck shops operated by the schools; and parent-supplied meals.

Ms. Barnes noted that "Compulsory Standards for Healthy Lunch Meals in Bahamian Schools" and "Compulsory Standards for Tuck Shops in Bahamian

Schools" were developed in 2006 by a committee that included representatives of parents, teachers, the School Vendors Association, and other key stakeholders. The Standards, based on [National Dietary Guidelines for The Bahamas](#),<sup>87</sup> were launched in 2008 and reprinted in 2011 by the UN Food and Agricultural Organisation ([FAO](#)).<sup>88</sup> However, Ms. Barnes informed that despite the Standards, there are disturbing trends regarding emerging food and health habits; diet quality and quality; unhealthy weight patterns; a "fast food epidemic"; and the availability of an abundant supply of cheap, energy-dense, nutrition-poor foods and beverages in the school environment. She cited the [2013 GSHS](#)<sup>89</sup> in The Bahamas, which showed that 60% of children in The Bahamas are overweight or obese,

<sup>87</sup> <http://www.fao.org/3/a-as849e.pdf>

<sup>88</sup> <http://www.fao.org/home/en/>

<sup>89</sup> [http://www.who.int/ncds/surveillance/gshs/2013\\_Bahamas\\_Fact\\_Sheet.pdf](http://www.who.int/ncds/surveillance/gshs/2013_Bahamas_Fact_Sheet.pdf)

69% drink carbonated beverages every day, and 84% do not get enough exercise. As part of the response, in 2018 the MoH developed the document “Sugar-coated Kids: The Bahamian Childhood Obesity Struggle – The Bahamas’ Sugar-Sweetened Beverage Policy Brief”.

In closing, Ms. Barnes identified barriers to implementation, made recommendations, and suggested the way forward. Barriers included lack of legislation governing the school feeding programme; poor monitoring of meals provided by the vendors and caterers; purely voluntary adherence to the Standards;

and political factors. Recommendations and the way forward included development of a legal framework and policy to support and sustain the Standards; establishment of a National School Feeding Systems Committee; development of a School Feeding Policy and related Operational Manual; annual mandatory training for school lunch vendors and caterers; ongoing sensitisation and education of all stakeholders, especially parents; structured M&E, with development of an M&E plan; and continued advocacy for the complete removal of SSBs sold or offered in schools



## JAMAICA GUIDELINES FOR RESTRICTIONS ON SSBs IN GOVERNMENT SCHOOLS – Dr. Simone Spence, Director, Health Promotion and Protection Branch, Ministry of Health, Jamaica

Dr. Spence provided the background and rationale for Interim Guidelines (IGs) for SSB restrictions in schools in Jamaica. She cited evidence that sugar in liquid form is not processed by the body in the same way as sugar in other foods; each extra serving of SSBs increases the risk of obesity by 66%; replacing SSBs with non-caloric beverages reduces weight gain and body fat; and SSB consumption is significantly associated with overweight in Jamaica. She noted the effects of excess consumption of sugary drinks on health, the cost of a daily sugary drink in terms of weight gain, and worrying increases in the consumption of carbonated beverages and SSBs, and of overweight and obesity, among students in Jamaica, and stated that improvement in the future of the next generation includes support for healthier choices, reduced exposure to risk factors, and education and empowerment.

In explaining why the MoH Jamaica chose to implement IGs rather than complete nutrition standards, and restrictions, rather than bans, Dr. Spence advised that the dietary culture in the country demands time

to adjust to changes, to prevent total rejection of the intervention. In addition, promulgation of the National School Nutrition Standards requires completion of the National School Nutrition Policy, which is being led by the MoEYI, not the MoH. Both the standards and the policy must go through lengthy processes, so the time was right for interventions such as implementation of IGs—phased intervention is the mechanism being used. She noted that the current environment is conducive to action, in light of public support for “Jamaica Moves”; intense campaigns for SSB ban and taxes by the HFJ; and public concern for children’s health.

Dr. Spence identified successes in the development of the IGs, including extensive technical cooperation from the MoH, PAHO, and academia; public support from partners, including MoEYI, HFJ, and NFITF; and consultations with industry partners, the Ministry of Industry, Commerce, Agriculture and Fisheries (MICAFA), the Bureau of Standards, and the Scientific Research Council.



*Internal stakeholders' buy-in is very important – they can make you or break you...*

*Remember, consultation does not mean agreement...*

**Dr. Simone Spence, Director, Health Promotion and Protection Branch  
Ministry of Health, Jamaica**

Noting the shift in focus from changing individual behaviours to ensuring a more supportive environment, Dr. Spence summarised the IGs, which have a proposed implementation date of 1 January 2019 for this first phase targeting SSBs. She emphasised that this is one part of the approach, not intended to be a solution on its own, and indicated that the IGs are based on WHO guidelines for sugars intake for children and adults,<sup>90</sup>

and are applicable to all schools under the remit of the MoEYI. The IGs identify SSBs prohibited from being sold or served in and around the school compound during normal and extended school hours—that is, once school is in session—as well as those permitted. Those prohibited include carbonated beverages (regular soda); fruit, sport, and energy drinks; sweetened waters; and coffee and tea beverages, while those permitted include

<sup>90</sup> [https://www.who.int/nutrition/publications/guidelines/sugars\\_intake/en/](https://www.who.int/nutrition/publications/guidelines/sugars_intake/en/)

plain water, and unsweetened flavoured and infused water, juices, coconut water, milk or milk products, milk substitutes, and milk substitute products.

She also advised consistency in terminology—such as the inclusion of “unsweetened”—in guidelines and pointed out cautionary notes in the IGs regarding the use of artificial sweeteners, caffeine, and package size, applicable for children under 18 years of age. She outlined the implementation schedule 2019-2023 and described monitoring via a School Nutrition and Physical Activity Audit to be carried out in December 2018 (baseline), and then at six and twelve months. In addition, the work plan of parish Nutritionists and Dietitians includes support for schools in implementing the IGs.

In closing, Dr. Spence identified barriers to implementation, among them the monitoring of

itinerant vendors in communities; resistance from canteen operators and concessionaires; resistance from parents and students; and limited human resources. She expressed the need to build vendors' capacity and encourage manufacturers to provide them with healthy alternatives to sell, and the hope that, over time, the students would provide the demand for the healthier products. She also noted lessons learned and recommendations: Ensure that all stakeholders are clear on the intent of the interventions, and that all advocates of the intervention communicate the same message; form and maintain strategic partnerships with supportive agencies and individuals, without conflicts of interest; maintain the integrity of the process by ensuring transparent consultation with stakeholders; and strategise public education campaigns to prevent rejection based on misunderstanding.

### **PROHIBITION OF THE SALE OR SERVING OF SUGAR-SWEETENED NON-ALCOHOLIC BEVERAGES IN ALL GOVERNMENT AND GOVERNMENT-ASSISTED SCHOOLS IN TRINIDAD AND TOBAGO - Ms. Yvonne Lewis, Director of Health Education, Ministry of Health, Trinidad and Tobago (presented by Ms. Maisha Hutton)**

Ms. Lewis was unable to attend the Event, but Ms. Hutton summarised her presentation on the ban on SSBs in schools implemented by the Government of Trinidad and Tobago in 2017. She noted important milestones in the process leading to the development and implementation of the ban, which resulted in **only water, 100% fruit juices, low-fat milk, and blended vegetable or fruit drinks being offered for sale in all government and government-assisted schools**:

- Development, in 2017, of the National Strategic Plan for the Prevention and Control of NCDs 2017-2021, major components of which are promoting the healthy development of children and creation of supportive environments for health-promoting choices and lifestyles.
- Development of a Note for Consideration by Cabinet on Childhood Obesity Prevention and Control that included prohibition of the sale or serving of sugar-sweetened, non-alcoholic

beverages (added sugars by manufacturers and other producers) in schools.

- Endorsement by Cabinet of this strategic approach and issuance of a National Policy Statement (via a Cabinet Minute) on the SSB ban in schools, commencing April 2017.
- Identification of the MoE as the responsible entity to make the ban operational.
- Issuance by the MoE of a Circular Memorandum to all School Principals and Supervisors advising them of the Policy and its provisions, and requiring them to 1) notify all personnel involved in the sale or serving of drinks to students in schools, including operators of school cafeterias and canteens, and 2) monitor compliance with the Policy directive.
- Development of a Monitoring Checklist to be used by School Supervisors on their visits to schools.



- Preparation of a Compliance Report by the MoH's Health Education Division, based on the reports from the School Supervisors.

A sample report for the period September-December 2017, which tallied responses from 75% of primary, and

63% of secondary, Education Districts, showed a high level of compliance with the Policy—95% or more of the reporting schools indicated no sale or serving of soft drinks.

### **BARBADOS NUTRITIONAL GUIDELINES – Dr. Natasha Sobers, George Alleyne Chronic Disease Research Centre, UWI, Barbados**

Dr. Sobers' presentation, titled "Evidence-based advocacy: Understanding and engaging local stakeholders" noted results from the 2011 GSHS, highlighted the B-CHOPP Plan of Action, and described two studies being implemented through collaboration among the UWI, CAIHR, and the George Alleyne Chronic Disease Research Centre (GA-CDRC):<sup>91</sup>

- JAMBAR Kids, which is an observational audit of the school environment and influences on child nutritional status involving 35 schools in Barbados and 90 schools in Jamaica, and
- Case studies in Barbados, to examine drivers of childhood obesity in pre-adolescents and teenagers, as well as the impact of a healthy school policy initiative on the school environment.

Dr. Sobers noted that the aims of the inquiry were to review the policy/guideline environment around school nutrition and PA—using the WellSAT 2.0<sup>92</sup> domains of nutrition education, nutrition standards for foods provided and sold in schools, promotion of a healthy food and nutrition environment, communication, and evaluation—and to explore the facilitators and barriers associated with the implementation of a healthy school policy initiative in Barbados. She identified three local guidelines in Barbados that were included in the review: B-CHOPP; Nutritious and Healthy Foods in Schools—Nutritional & Practical Guidelines for Barbados; and

Nutrition and Healthy Foods in Schools—Guidelines for Canteen Operators.

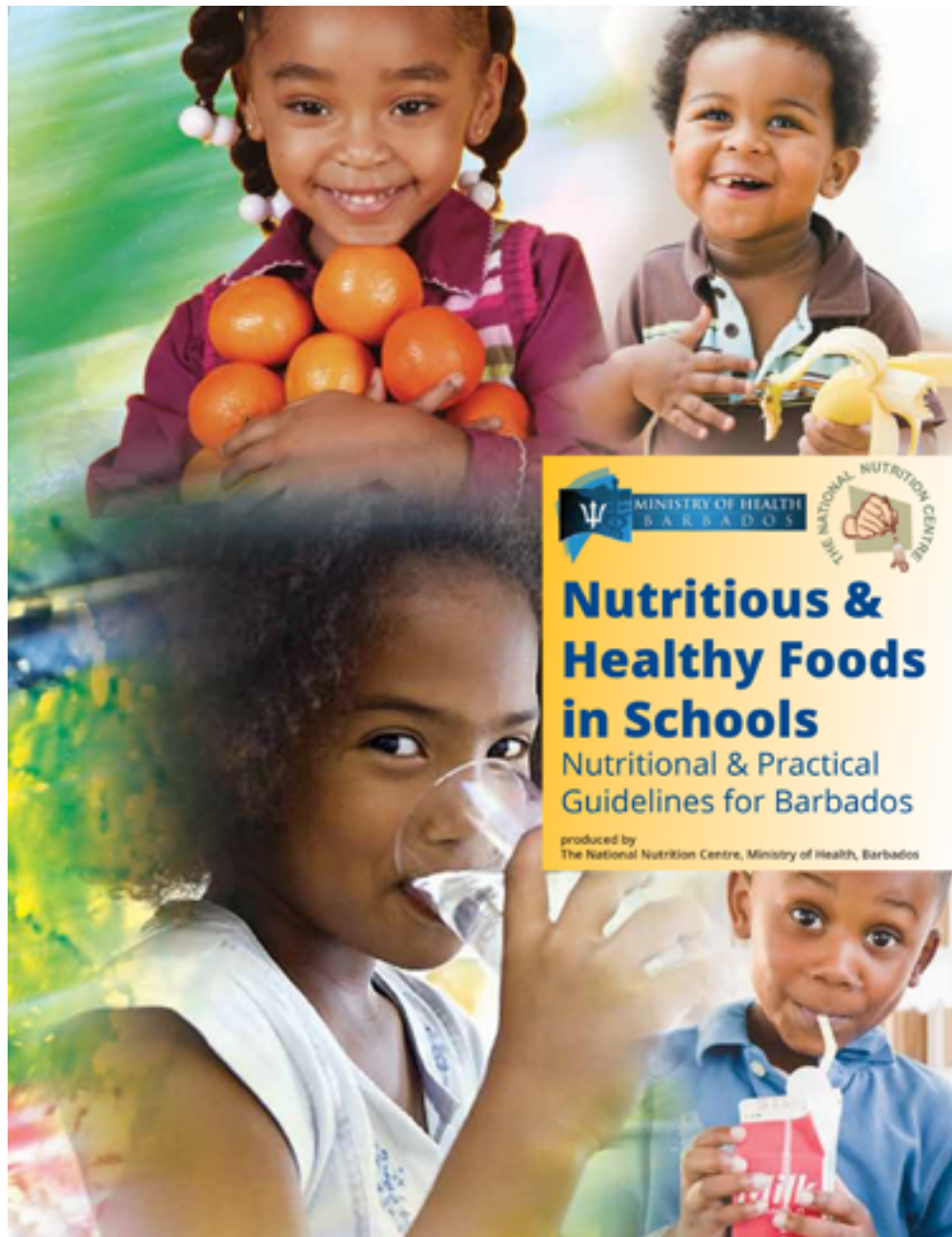
Dr. Sobers reported research findings showing that children have relevant knowledge and want to be healthy; that parental habits influence children's behaviour; and that the campaign for SSB ban in schools in Jamaica was very important in sensitising the public—no similar intervention occurred in Barbados. The review of the Barbados guidelines showed that while all scored highest in their establishment of nutritional standards, there were areas for strengthening related to nutrition education (inclusion at primary school level, role of teachers in establishing and maintaining healthy nutrition environment, and parental education); communication (parental access to nutrition standards, MoE communication of the standards to other stakeholders); and evaluation (monitoring adherence to standards, and measures to deal with breaches of standards, concerns, complaints, or suggestions).

Dr. Sobers advised that next steps in the study included review of school policies using the WellSAT instrument and an online survey of selected schools using questions from the International Study of Childhood Obesity, Lifestyle and the Environment (ISCOLE),<sup>93</sup> which was developed to determine the relationships between lifestyle behaviours, behavioural settings, and obesity in children.

<sup>91</sup> <http://www.uwi.edu/cdrc/>

<sup>92</sup> <http://www.wellsat.org/upload/docs/WellSAT%202.0.pdf>

<sup>93</sup> <https://bit.ly/2TRXkFY>



## CHILDHOOD OBESITY PREVENTION: DISSECTING THE POLICY VERSUS LEGISLATION CONUNDRUM – Ms. Nicole Foster, HCC Policy Advisor (focusing on health-related law)

Ms. Foster presented the characteristics of policy and law, noting that policy comprises guidelines on the government's intentions; is a pre-requisite for law; does not have punishment for violations; is more informal in nature; and can be relatively easily changed, while law is the framework that implements government's policies; is the end-point, the instrument by which policy is given binding effect; is enforceable, with punishment for violations; is more formal in nature; and can only be changed through amendment or repeal (that is, another law).

She also summarised the “pros and cons” of legislation:

- Pros: Binding nature; mechanisms to ensure compliance (enforcement, sanctions); broad coverage of all relevant market actors, making it less likely to increase health inequities; usually stringent criteria, clear objectives, and outcome measures; difficulty to change or reverse; and greater political accountability.
- Cons: More involved process, taking longer to deliver the final product; less flexibility; difficulty in changing or reversing; and more resources (human and financial) needed for its effective implementation.

### Moderated plenary discussion on the way forward

Due to time constraints, the planned discussion on the way forward was done in plenary, rather than in groups. The two guiding questions were: In light of the presentations made and information provided regarding current policies regarding nutritional guidelines and practices across the region:

1. What is the best approach to implement a ban on SSBs in schools – policy or legislation?
2. What are the key components of guidelines or policies – should there be bans or restrictions?

Participants' responses are summarised below.

Ms. Foster engaged the participants in an exercise to determine when to use policy and when to use legislation, using examples such as a ban of the use of industrial trans fats (legislation); reformulation of food products (legislation), establishment of a supportive environment in public institutions (policy), and implementation of FOP labelling (legislation) to illustrate the issues. She also used the [WHO Best Buys and Other Recommended Interventions](#)<sup>94</sup> targeting physical inactivity to demonstrate the most appropriate intervention, including policy for mass media campaigns and other community-based educational, motivational, and environmental programmes; legislation for macro-level urban design that facilitates PA; and policy for school programmes that include quality PE, availability of adequate facilities and programmes to support PA for all children, and promotion of PA through organised sports groups, clubs, programmes, and events.

In closing, Ms. Foster emphasised that political will continues to be an important success factor for both policy and legislation.

#### *Policy or legislation?*

- It is best to start with policy that includes consultations with schools and the children. If young people feel that actions are being imposed on them, they resist. If there is consultation with them, they will understand and feel involved.
- The Jamaica experience shows the importance of doing preliminary work and involving beneficiaries—preparing the way.
- Sensitive issues cannot be legislated and should not be rushed. There should be a gradual approach,

<sup>94</sup> <http://apps.who.int/iris/handle/10665/259232>

with initial policy development, and emphasis should also be placed on the home, so that there is consistency in offerings at home and at school.

- The policy approach is probably best, with a gradual approach, based on lessons learned from Jamaica.
- The sharing of experiences is important. Though policy is the way to go initially, legislative support is important over time, so that persons, especially the vulnerable, will have greater access to services
- It is important to take action and a first step, no matter how small the step may be, as there is adequate national support for COP; “perfection should not be the enemy of good”.
- Interventions must be multi-pronged, with a multistakeholder, multisectoral approach, since policies and legislation in non-health sectors also have to be put in place for effective action.
- Policy should usually precede legislation. However, major barriers include parents, who say they have a right to put whatever they wish in their children’s lunch, and food service providers. In light of these and other barriers, legislation may be needed now, ensuring that the law is in alignment with existing policies. Some schools have started to take actions for health on their own, and it is not always necessary for government to “wield the hammer”.
- PAHO/WHO should assist in documenting and disseminating best practices in the Caribbean that all countries can refer to.
- Such a PAHO/WHO repository can be worked on, but countries also need to be informed about events that are already happening. Policy should come before law, but public health practitioners need to be careful that momentum is not lost, and gains reversed, after policy development. Belize has rescinded almost all its tobacco taxes through simple policy changes, facilitated by lack

of relevant legislation. In Barbados, the SSB tax was implemented through a budget speech, and it may only be valid until the next budget speech. Further, there is need for more legal drafters, who have to be trained by law schools.

- Health Desks at CARICOM and OECS should be involved in sharing information on good COP practices, including legislation that supports relevant interventions. An important part of the legislative process is enforcement, so that strong advocacy should continue even after legislation is passed.
- Barbados now has legislation that complements the SSB tax. Law gives a level of accountability that is not there with only policy, but policy must precede legislation. Civil society has a “watchdog” role to play in this matter and also to contribute to the determination of priorities and issues that need to be unchanging—for which a reversal is unacceptable—as these require legislation.

#### *Bans or restrictions?*

- In considering options, an important factor is the capacity to monitor the option selected; Barbados did not have the capacity to determine sugar content of various SSBs, so chose to implement a general tax.
- The Trinidad and Tobago ban would perhaps be more effective if it were “at and around schools”, rather than simply “at schools”.
- The national context is important. In The Bahamas, 95% of what is consumed is imported, so product reformulation would only apply to the small percentage of companies in the country that bottle products. Education and raising awareness are critical, and the school environment provides a captive audience. That setting is important to establish best practices, even if parents are resistant, and enable students to adapt to changes in the school environment—they may even take

the new, healthier habits home. It is critical to remember that the priority is the students.

- The reminder of the priority target for the intervention is timely; the HFJ has made a point of having children as champions of SSB bans in the home.
- Several factors are considered in the Jamaica context: The Minister of Health is a “Champion” of the cause, but there are other Ministers—Industry, Education, and others—who may not be as enthusiastic, and it is necessary to “choose one’s battles”. For many, restriction is the first step, and rather than insist on an immediate ban, phased implementation was selected to minimise resistance, ensure that the intervention does not fail from its initiation, and move toward the desired outcome step by step. Beverage manufacturers felt singled out (“Why us, and not the fast food people?”) and the MoH had to explain its strategy and present evidence, including that Jamaicans consumed more SSBs than fast foods, hence the selection of SSB restrictions as a first step.
- Lessons so far include the need to take action and not wait for a “perfect” intervention, and the importance of having standards based in evidence and applied in a non-discriminatory manner. HFJ’s

campaign strength is that it is evidence-based; all litigation points to the importance of evidence-based and non-discriminatory interventions— if SSBs made by the “bag-juice vendor” have similar sugar content to those made by industry giants, both products must be subject to the same restrictions.

- Policies must indeed be grounded in evidence, and there must be standards. However, there is also need to examine the specific issue that the policy and guidelines are addressing, and competing interests.
- Antigua and Barbuda is considering an SSB tax and an issue is the sugar content of locally-made drinks. Policymakers in that country are contemplating taxes on any drinks with added sugar, foreign or local, but the determination of whether or not sugar has been added to locally-produced beverages may be difficult, since there are no labels on many such products. This emphasises the need for FOP and food safety issues to apply to small, as well as large, manufacturers, though cottage industries should not be destroyed and should participate in the enhancement of standards.



### **CLOSE OF MEETING – Ms. Maisha Hutton, Executive Director, HCC**

In closing the Event, Ms. Hutton offered thanks to everyone who participated and presented. She expressed special appreciation for the excellent response to the invitations, which were sent with a relatively short lead time, with everyone recognising the value of the cause. She highlighted the youth participation, and stated that HCC is using childhood obesity as an entry point for meaningful interaction with young people, as it is essential that they continue to participate in efforts to prevent and control NCDs in the region.

Ms. Hutton noted that HCC is trying to bring as much of the region together as possible, involving government, civil society, and the private sector, and indicated that civil society needs to keep “knocking on doors with one unified voice” in order to make an effective contribution to the 2025 NCD targets and the SDGs; the region is already lagging in progress to the NCD targets. She expressed the hope that the participants would continue to network and take action for reduction of childhood obesity and NCDs.

# RECOMMENDATIONS

Throughout the Event, participants made several specific recommendations for COP, and others emerged from presentations and discussions. Recommendations also emerged on the logistics of the meeting.

The recommendations are summarised below.

## COP

- Sustain and expand, where appropriate, the **COP coalitions** formed as a result of the CTA and the HCC **CSO capacity building** for COP project, and increase advocacy for **COP policies, legislation, and regulations**, especially those that impact the school setting.
- Identify and implement **mechanisms to share good/best practices** in COP from within and outside of the region, including **advocacy for CARICOM and OECS Health Desks to play a role** in sharing such practices with their Member States, and for **PAHO/WHO's technical cooperation** to document them.
- **Involve all key stakeholders, including the private sector and school vendors**, in the process—planning, implementation, monitoring, and evaluation of school-based interventions. In particular, the vendors should be informed of the threat that SSBs and unhealthy foods pose to children and the wider society; be made aware of the importance of their contribution; and be involved in the **development of “win-win” strategies** that do not deprive them of their livelihoods. The HFJ experience in the CDB-funded HCC capacity-building project may serve as a useful model.
- Take the **social determinants of health** into consideration and advocate for/contribute to intersectoral work and **reduction of “sectoral silos” for COP**, since policies and legislation in both health and non-health sectors contribute to effective action.
- Ensure that **mechanisms for monitoring and evaluating** interventions are built into the planning phase, and that M&E are conducted, with dissemination of results; consider involving university students in M&E as a cost-effective, mutually beneficial measure.
- Recognise **CSOs' resource constraints** and develop and implement strategies to overcome them.
- Ensure **involvement/participation of young people** not only in efforts that target them, such as COP, but also in other HCC interventions, including at the decision-making level, to facilitate inclusion of their perspectives and address succession planning in the Coalition.
- Consider establishing **“health clubs” in schools** in association with the “Caribbean Moves” initiative and its national counterparts. The HFJ's Healthy Heart Clubs and Jamaica's Health, Youth, and Positive Energy clubs may serve as models.
- Review the **comments and recommendations from the Parallel Youth Empowerment Session** and take them into consideration in developing communication messages and advocacy campaigns, involving the children themselves where appropriate. In particular, in light of several comments from the youth against banning SSBs, **develop more persuasive, evidence-based, and youth-oriented messages** on SSB dangers and the need for healthier choices.
- Recognise that **every school is different**, and while some guidelines can be broad, they must then be tailored to fit each unique school situation.

- Ensure **continuity of the youth session outcomes** through follow-up and engagement with participating youth, possibly through the establishment of a youth arm of the recently-formed Barbados Childhood Obesity Prevention Coalition.
- Ensure that **policies and interventions are evidence-based and applied in a non-discriminatory manner** to all targeted food and beverages—whether produced by cottage industries, small companies, or large manufacturers—both for credibility and to increase the likelihood of successful defence, should legal challenges arise.
- Ensure **multipronged efforts for COP**, including media campaigns on SSB dangers and public opinion polls concurrent with high-level and other advocacy efforts.
- Develop advocacy and interventions to **target not only the school setting, but also parents** in the home, so that there is consistency in the provision of healthy food and beverages to children.
- Ensure that, in addition to the type of food and beverages made available in the school environment, **food safety issues** are addressed.
- Recruit “**champions**” from all levels to be part of COP campaigns and related interventions.
- **Share communication materials**, such as PSAs, across CSOs and other stakeholders, for wider reach and cost-effectiveness.
- Advocate with governments and major regional universities for the **training of more persons who can draft legislation**, to facilitate the development of national laws for health, and continue advocacy even after the passage of laws, to facilitate implementation of, and accountability for, legislation.

## Logistics

- Ensure that **presenters observe the time allotted** for their presentations. Overruns of time taken by some persons led to interruptions of the presentations of, and considerable curtailment of the time given to, other presenters; the cancellation of planned small group discussions; and limited discussion of the key components of policy and guidelines for a healthy school environment.
- Ensure **adequate space in the venue** to comfortably accommodate all participants and facilitate group work. The Parallel Youth Empowerment Session was conducted outdoors, and temperature and other considerations may have negatively impacted the students’ discussion and their documentation of the main points raised.

## CONCLUSIONS

The “Beyond to Call to Action Event: Towards School Policies for Childhood Obesity Prevention” was enthusiastically supported by representatives of government, civil society, and the private sector. This augurs well for the multistakeholder, whole-of-society approach to the issue that is critical for success. In addition to strong government policy, legislation, and regulations, and civil society advocacy, contributions, and monitoring, private sector support for restricting the marketing of unhealthy food and beverages to children is important; their involvement should continue, as this sector can be a key ally and advocate in convincing peers to take relevant action.

The involvement of children and youth in the Event continued HCC’s focus on this essential group of stakeholders, not only from the perspective of their being “beneficiaries” that can “make or break” the interventions, but also in recognition of the knowledge, ideas, and concerns that they bring to the table, which allow interventions to be tailored for success. An equally important reason to secure their involvement is to facilitate succession planning and the sustainability of advocacy and other interventions for childhood obesity prevention in the region and beyond – they are the voters, workers, and leaders of tomorrow.

# ANNEXES



# ANNEX 1

## Event Programme

MEETING PROGRAMME		
November 20, 2018, Hilton Hotel, Barbados		
0800-0830	Registration	
	<b>MORNING SESSION</b>	<b>MODERATOR:</b> Dr. Kenneth Connell
	<b>GALVANISING A REGION AROUND CHILDHOOD OBESITY – THE CTA</b>	<i>President, Heart &amp; Stroke Foundation of Barbados (HSFB)</i>
9:00-9:05	Welcome and Introductions	Dr. Kenneth Connell
9:05-9:15	Opening remarks – Our voices matter	Sir Trevor Hassell, <i>President, Healthy Caribbean Coalition (HCC)</i>
9:15-9:25	Remarks: Tackling childhood obesity in Barbados – Ministry of Health and Wellness perspective	Hon. Minister of Health and Wellness, Lt. Col. Jeffrey Bostic, <i>Barbados Ministry of Health and Wellness</i>
9:25-9:35	Remarks: Barbados Ministry of Education, Technological and Vocational Training perspective on tackling childhood obesity in the school environment	Hon. Minister of Education, Technological and Vocational Training (Actg), Lucille Moe, <i>Barbados Ministry of Education, Technological and Vocational Training</i>
9:35-9:50	Reflections on CTA achievements	Ms. Francine Charles, <i>HCC</i>
9:50-9:55	HCC childhood obesity prevention PSA	Video
9:55-10:05	Galvanising action on childhood obesity in Jamaica	Dr. Simone Spence, <i>Jamaica Ministry of Health (MoH)</i>
10:05-10:10	Partnering with civil society to address childhood obesity in the Caribbean	Mr. Ed. Clarke, <i>Chief Operating Officer, Sagcor Life Inc.</i>
10:10-10:15	Tackling childhood obesity through workplace wellness	Ms. Debra King, <i>Director, Corporate Communications, CIBC First Caribbean</i>
10:15-10:20	Youth – Remember us!	<i>Youth representative</i>
10:20-10:35	HEALTH BREAK	
10:35-12:00 n	<b>PARALLEL YOUTH EMPOWERMENT SESSION</b>	<b>MODERATOR:</b> Ms. Krystal Boyea <i>HCC Youth Advocate</i>
10:35-11:10	Stronger together – Importance of coalitions for collaboration PANEL/GROUP DISCUSSION	MODERATOR: Sir Trevor Hassell <i>CSO Action Team:</i> <ul style="list-style-type: none"> <li>• Belize Cancer Society</li> <li>• Lake Health and Well-being Foundation</li> <li>• Antigua and Barbuda Diabetes Association</li> <li>• Diabetes Association of Barbados</li> <li>• Grenada National NCD Commission</li> <li>• Heart Foundation of Jamaica</li> <li>• St. Lucia Diabetes and Hypertension Association</li> <li>• Heart &amp; Stroke Foundation of Barbados</li> </ul>

11:10-11:25	Beyond the CTA: Building a regional CSO advocacy movement for childhood obesity prevention, with a focus on school policies	Ms. Maisha Hutton, <i>HCC</i>
11:25-11:35	Advocacy for health school environments: Insights from Jamaica	Ms. Barbara McGaw, <i>Heart Foundation of Jamaica</i>
11:35-11:45	Rapid assessment of physical activity capacity of primary schools in Trinidad and Tobago	Mr. Mark Mungal, <i>Caribbean Sport and Development Agency</i>
11:45-12:00	Advocacy for banning SSBs in Barbadian schools: Presentation of HSFB's CHOP campaign	Ms. Fiona Anthony, <i>HSFB</i>
12:00 – 1:00	Lunch and group photo	
	<b>AFTERNOON SESSION TOWARDS POLICY IMPLEMENTATION</b>	<b>MODERATOR:</b> Ms. Nicole Foster, <i>HCC</i>
1:00-1:15	School-based policies to counter obesity and overweight – regional and global examples	Dr. Godfrey Xuereb, <i>PAHO</i>
1:15-1:25	Bermuda healthy schools policies	Ms. Marie Beach, <i>MoH, Bermuda</i>
1:25-1:35	Bahamas school guidelines	Ms. Camelta Barnes, <i>MoH, The Bahamas</i>
1:35-1:45	Jamaica guidelines for restrictions on SSBs in Government schools	Dr. Simone Spence, <i>MoH, Jamaica</i>
1:45-1:55	Barbados nutritional guidelines	Dr. Natasha Sobers, <i>George Alleyne Chronic Disease Research Centre, Barbados</i>
1:55-2:05	Childhood obesity prevention: The policy vs legislation conundrum	Ms. Nicole Foster, <i>HCC/UWI Faculty of Law</i>
2:05-2:35	Moderated question and answer session	<i>Session Moderator</i>
2:35-2:50	The Schools We Want: Strategies for creating youth advocates and accelerating school policy – A youth perspective	<i>Youth representative</i>
2:50-3:00	HEALTH BREAK	
3:00-4:15	GROUP WORK AND FEEDBACK I. A review of the current policies regarding nutritional guidelines and practices within the educational system in Barbados. II. Based on regional and global best practices and the local context, what is the best approach to modify school environments? III. What are the key components of guidelines or policies?	MODERATOR: Ms. Fiona Anthony, <i>HSFB</i>
4:15-4:25	Reflections on childhood obesity prevention policy and the way forward	Ms. Maisha Hutton, <i>HCC</i>
4:25-4:30	CLOSE OF MEETING	

## ANNEX 2

### List of Participants

	Title	First Name	Surname	Position	Organisation
1.	Ms	Joy	Adamson	Deputy Chief Education Officer	Ministry of Education, Technological and Vocational Training (MoETVT)
2.	Dr	Joeleita	Agard	Intern	Healthy Caribbean Coalition (HCC)
3.	Dr	Mark	Alleyne	Nutrition Officer	National Nutrition Centre, Ministry of Health and Wellness (MoHW), Barbados
4.	Ms	Fiona	Anthony	Chief Executive Officer	Heart & Stroke Foundation of Barbados (HSFB)
5	Dr	Heather	Armstrong	Physician	MoHW, Barbados
6	Dr	Kimberley	Ashby-Mitchell	Senior Technical Officer	Caribbean Public Health Agency (CARPHA)
7	Ms	Camelta	Barnes	Senior Public Health Nutritionist	Department of Public Health, The Bahamas
8	Dr	Beverley	Barnett	Consultant	HCC
9	Ms	Marie	Beach-Johnson	Healthy Schools Coordinator	Department of Health, Bermuda
10	Ms	Abisoye	Begho		Lake Health and Wellness, St. Kitts and Nevis
11	Dr	Alison	Bernard	President	Breastfeeding and Child Nutrition Foundation of Barbados
12	Hon Lt Col	Jeffrey	Bostic	Minister of Health and Wellness	MoHW, Barbados
13	Dr	Diane	Brathwaite	Clinical Coordinator	Barbados Diabetes Foundation
14	Dr	Janelle	Bryan	Chairperson	National Task Force on Wellness, Barbados
15	Dr	Marissa	Carty	NCD Coordinator	Ministry of Health, St. Kitts and Nevis
16	Ms	Dominique	Charles	Volunteer	HCC
17	Ms	Francine	Charles	Communications and Advocacy Officer	HCC
18	Mr	Edward	Clarke	Chief Operating Officer and General Manager	Sagikor Life Inc., Barbados
19	Dr	Kenneth	Connell	President	HSFB
20	Mr	Pierre	Cooke		United Youth Leadership of Barbados/Barbados Youth Development Council/Barbados National Youth Parliament/Barbados Community College
21	Ms	Joan	Crawford	Director	Child Care Board, Barbados
22	Ms	Elizabeth	Drakes	Volunteer	HCC

	Title	First Name	Surname	Position	Organisation
23	Mr	Jonathan	Drakes	Volunteer	HCC
24	Ms	Noelle	Farnum	Nutritionist/Volunteer	HCC
25	Mr	Andrew	Felix	President	St. Lucia Diabetes and Hypertension Association
26	Ms	Nicole	Foster	Lecturer/Policy Advisor	UWI Cave Hill/HCC
27	Ms	Lisa	Gale		
28	Mr	Brandon	Gaskin	Volunteer	HCC
29	Dr	Kenneth	George	Chief Medical Officer (Acting)	MoHW, Barbados
30	Dr	Damian	Greaves	Chair	Grenada National Chronic Noncommunicable Diseases Commission
31	Ms	Marsha	Greenidge		Israel Lovell Foundation, Barbados
32	Mr	Jamar	Griffith	Personal Trainer	JG Fitness
33	Ms	Trudy	Griffith	President	Diabetes Association of Barbados
34	Sir	Trevor	Hassell	President	HCC
35	Sen Dr	Crystal	Haynes	Senator	Government of Barbados
36	Ms	Anesta	Henry		
37	Ms	Maisha	Hutton	Executive Director	HCC
38	Ms	Juanita	James	President	Antigua and Barbuda Diabetes Association
39	Ms	Debra	King	Director, Corporate Communications	CIBC FirstCaribbean
40	Mr	Cuthbert	Knights		Smart Community Initiative, St. Vincent and the Grenadines
41	Mr	Stefan	Marshall	Volunteer	HCC
42	Ms	Barbara	McGaw	Project Manager, GHAI Project	Heart Foundation of Jamaica/ Jamaica Coalition for Tobacco Control
43	Hon	Lucille	Moe	Minister of Education, Technological and Vocational Training (Acting)	MoETVT
44	Mr	Shay	Morris-Doty	Volunteer	HCC
45	Ms	Rachel	Morrison	Caribbean Regional Project Coordinator	GHAI
46	Ms	Kayla-Raven	Moses	Intern	HCC
47	Dr	Mark	Mungal	Director	Caribbean Sport and Development Agency, Trinidad and Tobago

	Title	First Name	Surname	Position	Organisation
48	Mr	David	Nielands	Private Sector Representative	Barbados National NCD Commission
49	Dr	Katrina	Norville		Diabetes Association of Barbados
50	Dr	Arthur	Phillips	Senior Medical Officer of Health	Ministry of Health and Wellness, Barbados
51	Ms	Hedda	Phillips-Boyce		MoETVT
52	Ms	Shelley	Ross		Barbados Children Directory
53	Ms	Donnah	Russell		Variety The Children's Charity
54	Dr	Anne	St. John	Director	HSFB
55	Ms	Dominique	Saddler	Administrative Assistant	Caribbean Villa Chefs
56	Ms	Karla	Sealey	Communications Officer	HSFB
57	Ms	Regina	Selman Moore	Journalist	Barbados Advocate Newspaper
58	Mr	Anton	Shepherd	Digital Manager	HSFB
59	Dr	Grace	Showan	Project Officer	HSFB
60	Ms	Jacqueline	Skeete	Manager, Client Support and Welfare Services	Barbados Cancer Society
61	Dr	Natasha	Sobers	Lecturer in Public Health and Epidemiology	University of the West Indies (UWI), Cave Hill, Barbados
62	Dr	Simone	Spence	Director, Health Promotion and Protection Branch	Ministry of Health, Jamaica
63	Ms	Shamika	Thornhill	Volunteer	HCC
64	Ms	Carol	Toppin		Precious Touch Foundation
65	Ms	Juanita	Wade	President	Harrison College School/ Barbados Association of Principals of Public Secondary Schools
66	Ms	Dorothy	Warner		Ministry of Education, St. Kitts and Nevis
67	Ms	Sheena	Warner-Edwards	Digital Manager/Project Assistant	HCC
68	Ms	Valarie	Williams	NCD Coordinator	Ministry of Health and the Environment, Antigua and Barbuda
69	Dr	Godfrey	Xuereb	Representative, Barbados and Eastern Caribbean Countries	Pan American Health Organisation/World Health Organisation, Barbados



Student Representatives			
	First Name	Surname	School
70	Trevair	Alleyne	Coleridge and Parry
71	Pierre	Cumberbatch	Coleridge and Parry
72	Venus	Fredericks	Coleridge and Parry
73	Chaela	Watts	Coleridge and Parry
74	Kelsei	Crichlow	Deighton Griffith
75	Denee	Daniel	Deighton Griffith
76	Kendra	Lovell	Deighton Griffith
77	Sanaa	Elcock	Harrison College
78	Johl	Emtage-Cave	Harrison College
79	Adi	Emtage-Deane	Harrison College
80	Lydia	Simmons	Harrison College
81	Rickan	Alleyne	Queen's College
82	Ashlea	Edwards	Queen's College
83	Resheena	Homer	Queen's College
84	Brittany	Barker	St. Michael's
85	Jada	Hope	St. Michael's
86	Michaela	Riley	St. Michael's
87	Alesha	Squires	St. Michael's
88	Ian	Strickland	St. Michael's

## ANNEX 3

### Opening remarks, HCC President

**Beyond the Call to Action event: Towards School Policies in support of Childhood Obesity Prevention November 20th 2018, Hilton Hotel, Barbados**

#### Opening Remarks, Trevor Hassell

Hon. Lt. Colonel Jeffrey Bostic, Minister of Health and Wellness,  
 Hon. Lucille Moe, Minister of Education, Technological and Vocational Training (Actg.),  
 Honourable Dr. Sonia Browne,  
 Senator Dr. Crystal Haynes,  
 Dr. Godfrey Xuereb, PAHO Representative Barbados and the Eastern Caribbean,  
 Dr. Kenneth George, Chief Medical Officer of Health (Ag),  
 Mr. Edward Clarke, President of the Barbados Chamber of Commerce and Industry,  
 Regional Colleagues of the Ministries of Health and Education,  
 Mrs. Juanita Wade, Principal of the Harrison College School,  
 Members of the Medical Fraternity,  
 Senior Ministry Officials,  
 Members of the Local and Regional Civil Society Organizations,  
 Members of the Press,  
 Students,  
 Friends:

First, let me begin by adding my words of welcome to those of Dr. Connell as we meet today in what is first and foremost a moment of celebration and reflection as we bring to a close the Healthy Caribbean Coalition led Call to Action aimed at supporting CARICOM Heads of Government statement of “**concern that obesity in children represented the greatest threat to the health of future generations with the level of overweight and obesity being more than 30 % in both primary and secondary school populations in many Member States**”, and expressed at the end of their 38th Meeting in 2017.

Over the course of the day much information will be provided and there will be significant discussion about the **Call To Action** but suffice it to say that the **Call To Action** which took the form of the acquiring email addresses electronically and by hard copy was used as a tool, a platform, around which a fledgling but significant Caribbean childhood obesity reduction coalition comprising many of you here today has been formed and which has engaged in much public education, advocacy and public outreach over the past several months.

Six specific actions were identified in the **Call To Action** to reduce childhood obesity based on recommendations outlined in Strategic Plans produced in recent years by the Ministry of Health, Barbados, PAHO, WHO, CARPHA and the Healthy Caribbean Coalition in its Civil Society Childhood Obesity Prevention Plan.

These were:

1. Imposition of a tax of not less than 20% on Sugar Sweetened Beverages (SSBs) with use of tax revenue for NCD prevention and control;
2. Banning the sale, promotion and marketing of SSBs, and unhealthy foods and beverages in and around schools;
3. Mandatory physical activity in all primary and secondary schools;
4. Adoption and application of regional standards for nutritional and front of package labelling of foods and beverages;
5. Banning the marketing of unhealthy foods and beverages to children (includes non-school environments); and
6. Enacting legislation related to The International Code of Marketing of Breast-milk Substitutes, which are all well validated and highly recommended actions.

The **Call To Action** has resulted in the securing of 25,000 signatures of support from the Caribbean with many provided by our children and adults from all walks of life here in Barbados, and as you may have seen the number of signatures is uniquely represented by a display here at the Hilton which I recommend everyone to view.

The entire programme is supported and significantly contributed to by the Bloomberg Foundation funded Global Health Advocacy Incubator and has thus far resulted in a significantly heightened awareness of the extent of childhood obesity, its harmful consequences and the potential for corrective action.

In this regard I would ask Rachel Morrison, the face of the Global Health Advocacy Incubator in the Caribbean and Francine Charles, the leader of the Call To Action, to stand and be recognised. Additionally, I should mention that the Caribbean Development Bank has also provided support for this work.

But today's conference is more than one of celebration for it also has as its primary purpose one of building the capacity of civil society advocates and youth advocates to support the implementation of school-based nutrition and physical activity policies in Barbados and across the region. And its objectives are:

- To reflect primarily on the process and key outcomes of the **Call To Action** with consideration of how the childhood obesity prevention policy landscape has changed since the launch of the **Call To Action**.
- To learn about regional experiences with school policy implementation with a focus on the Bahamas, Bermuda, Jamaica and Trinidad and Tobago.
- To bring together key stakeholders to discuss approaches to the banning of SSBs in schools in Barbados.
- To explore key elements of a draft policy for the banning of SSBs in schools in Barbados.
- To engage youth voices in the dialogue around childhood obesity prevention.
- To further build a diverse coalition of advocates in support of childhood obesity prevention.

And so the focus during this conference over the next several hours is very firmly fixed on the child and the health of the child. This is particularly timely and appropriate since we today recognise **Universal Day of the Child** which marks the day on which the UN General Assembly adopted the Declaration of the Rights of the Child, in 1959, and the Convention on the Rights of the Child, in 1989.

It is a day of activity devoted to among others the welfare of the children of the world. The Convention, which is the most widely ratified international human rights treaty, sets out a number of children's rights including the right to life, to health, to education and to play, as well as the right to family life, to be protected from violence, to not be discriminated, and to have their views heard.

The HCC and the Heart & Stroke Foundation of Barbados recognise the day by hosting this conference drawing particular attention in doing so to the fact that in several schools of the Region the Convention of the Rights the child which calls for the protection of children in the school environment is not being sufficiently adhered to in keeping with signed commitment made by Heads of Government of the Caribbean.

For throughout many schools in the Caribbean, children are not being provided with sufficient opportunities to play, they are being subjected to advertising and marketing of Sugar Sweetened Beverages and unhealthy fast foods, and are not provided with enough opportunities for drinking water.

The school environment in the Caribbean is contributing to the epidemic of childhood overweight and obesity which in turn is leading to adult obesity and all the attendant chronic diseases.

This is a source of concern to the HCC and to our Patron, and PAHO Director Emeritus Sir George Alleyne who recently stated that **"The increasing prevalence of childhood obesity in our places and in our time is an affront to us all. Yes it is a public health issue, but it is especially pernicious because it represents a flagrant negation of the rights of the powerless and the voiceless - rights to which the world has subscribed. It is past time for individuals and agencies to be outraged"**. And I might add to take action.

But I sense a change in the narrative for the better for over the past couple of years there has been a series of initiatives aimed at creating healthier school environments in Jamaica, Trinidad, Antigua and Barbuda, and here in Barbados, and the fact that 4 senior policy makers and many senior professional staff from many relevant ministries have accepted our invitation to take part in this conference is particularly encouraging.

But what do I see as we move past today's celebratory event? Well, let me dare to dream and state that very specifically from the perspective of the HCC what we are aiming for, as far as Barbados is concerned, is the announcement in 2019 by the Government of Barbados of a national policy prohibiting the marketing and sale of Sugar Sweetened Beverages in schools, and secondly, that an appropriate and more effective tax will be imposed on Sugar Sweetened Beverages in an effort to make the healthier choice the more affordable choice, with the revenue from the tax being applied specifically to advance the health of the nation. The Healthy Caribbean Coalition and its member organisations here in Barbados and beyond stand ready to provide significant tangible support to the Government so as to create an enabling environment to facilitate this policy and legislation.

And so in closing, as I said in a presentation I made over the weekend, the present significant national fiscal challenges presently experienced here in Barbados provides a unique opportunity for us as a nation and as a people to press the reset button with a view to identifying and pursuing the life we desire in the Barbados and world we want - one in which our children are protected from the scourge of obesity and its consequences through appropriate policies, legislation, and individual action.

# ANNEX 4

## Remarks, Minister of Health and Wellness, Barbados

Opening Remarks by the Hon. Lt. Col. Jeffrey Bostic,

Minister of Health and Wellness on the Occasion of the Seminar,

BEYOND THE CALL TO ACTION EVENT: "Towards School Policies

In Support of Childhood Obesity Prevention" on Tuesday, November 20, 2018, at 10:00 a.m., at the Hilton Hotel, Barbados

Master of Ceremonies

Mrs June Chandler, Permanent Secretary, Ministry of Health and Wellness

Dr. Kenneth George, Chief Medical Officer

Dr. Godfrey Xuereb, WHO/PAHO Representative Barbados and the Eastern Caribbean

Professor Sir Trevor Hassell, President of the Healthy Caribbean Coalition and Chairman of the National NCD Commission Barbados

Ms Fiona Anthony, Chief Executive Director, Heart and Stroke Foundation, Barbados

Professor Anne St. John

Dr. Kenneth Connell

Representatives of the Ministry of Health and Wellness

Representatives of the Ministry of Education, Technological and Vocational Training

Health Care Professionals

Specially Invited Guests

Presenters and Participants

Members of the Media

Ladies and Gentlemen,

Good morning and a warm greeting to all of you.

I would like to extend a special welcome to our overseas guests and presenters and hope that your visit will be an enjoyable one.

On behalf of the Ministry of Health and Wellness, I wish to acknowledge the valuable work of the Healthy Caribbean Coalition, the Heart and Stroke Foundation of Barbados and their partners, the Global Health Advocacy Incubator and Sagikor Life Inc., for their collaborative effort in hosting this event.

It is a distinct honour, and indeed my pleasure, to be invited to address you on the occasion of your seminar, BEYOND THE CALL TO ACTION: "Towards School Policies in Support of Childhood Obesity Prevention in the Caribbean".

Ladies and gentlemen, the health sector in Barbados has made significant strides in terms of access to quality health care and the range of services which are offered. However, in spite of its progress, this sector has been threatened by the increasing incidence of non-communicable diseases, across all sectors of our community.

We are well aware, that obesity in the young is a precursor for obesity in adulthood and the development of NCDs which has become a national public health concern. The World Health Organization has highlighted childhood obesity as “one of the most serious global public health challenges of the 21st century, affecting every country in the world”. It is the leading cause of poor health and can in turn translate to cardiovascular disease, cancer, stroke, diabetes and hypertension.

It is important to note, however, that our regional journey in the control of NCDs began in 2007, when the Heads of Government of the Caribbean Community (CARICOM), signed the historic Port-of-Spain Declaration, aimed at ‘uniting to stop the epidemic of chronic non-communicable disease’. Through the advocacy of CARICOM, this strategic approach was adopted globally, culminating in the United Nations High Level Meeting in September 2011, and the adoption of the Global Plan of Action for NCDs. Indeed CARICOM Member States re-committed their intent to address the NCDs at the highest political level in September of 2018 where our Prime Minister ably represented us.

You may also recall that the World Health Organization’s Global School Health Survey, 2012, a population based cross-sectional study undertaken in twenty-six (26) secondary schools in Barbados, indicated the prevalence of overweight and obesity to be 31.5% and 14.4% respectively with similar prevalence for girls and boys. The survey also indicated that children were not achieving the recommended level of physical activity and exercise and that consumption of fruits and vegetables were low. More worrisome in this study was the high consumption of food prepared outside the home (>60 %) and high levels of sweetened carbonated beverage use (>70%).

One of the components of good health is good nutrition. This should therefore be one of the primary objectives of Barbados’ national development goals and strategic direction. In that regard, a National Wellness Initiative is in line with regional and international commitments such as Sustainable Development Goal 3 to “ensure healthy lives and promote well-being for all, at all ages.

With this in mind, our National Task Force on Wellness will complement the efforts of the National NCD Commission Barbados in reducing the burden of NCDs. I am also aware of the significant contributions of civil society and the private sector to an ‘all of society’ approach when addressing the NCDs.

You will agree, that in Barbados, the risk for young children and adolescents to develop NCDs has been associated with the shift away from the consumption of traditionally and locally prepared foods within the home, to those prepared outside of the home which are frequently high in salt, refined sugars, cholesterol, trans-fats and saturated fats. Furthermore, what is of particular concern to this Ministry, is the subtle and not so subtle marketing of unhealthy foods to our school children. The sponsorship of sport events, the unregulated advertising on the internet and social media and the use of signage and symbols are all of concern to the Ministry of Health and Wellness. It must be recognised that we are therefore witnessing change. Change which requires us to implement our wellness programmes in various settings such as the home, schools, workplaces and communities.

The response to childhood obesity begins in the antenatal period and postnatal period and therefore the MHW will continue to support and promote a national breast feeding programme and to work closely with the Queen Elizabeth Hospital to ensure that its Baby Friendly status is maintained. The other fundamentals of a national childhood obesity response are promotion of the concept of ‘health promoting schools’, mandatory exercise periods from primary to tertiary and a policy on advertising of unhealthy foods and beverages to children.

Through technical assistance from the PAHO/WHO, a National Plan of Action for Childhood Obesity Prevention and Control (2015-2018), aimed at combating childhood obesity in Barbados was developed. Recommendations made by the WHO Commission on Ending Childhood Obesity highlights some additional areas such as taxes and/or levies on



sugar sweetened beverages and front-of-package-labeling illustrating the nutritious content of food, all of which, Barbados is actively pursuing as an essential part of the policies and programmes of the Ministry of Health and Wellness in the fight against childhood obesity.

The Ministry of Health and Wellness wishes to express sincere appreciation to the PAHO/WHO for its invaluable contribution in providing this assistance; this Office must also be recognised for providing technical support to the Ministries of Health across the Region in our efforts to address the NCDs agenda.

I have been informed that officers from the Ministry of Education, Technological and Vocational Training are working closely with my Ministry regarding the implementation of policies and programmes in connection with the National Plan for Childhood Obesity. Improvement in the National School Meals Programme includes adoption of dietary guidelines for healthy and nutritious foods for children, as well as, age specific guidelines for physical activity and exercise, all of which have been published and disseminated.

Additionally, growth surveillance guidelines for infants and young children have been published for dissemination in the primary care settings. I will therefore wish to compliment the work being done by Professor Alafia Samuels as she collaborates with the Ministry of Education, Technological and Vocational Training to positively influence the Health and Family Life Education Curriculum with a focus on prevention of NCDs.

The Ministry of Health and Wellness will also focus on the importance of engaging the manufacturers and distributors of food products, regarding the reformulation of their products, to reduce the level of salt and sugar in locally produced foods, and the need for a wider range of healthy options.

As previously mentioned, front-of-package labelling, a system which requires manufacturers to provide nutritional information about their product, has also been encouraged by the Pan American Health Organization. The Barbados National Standards Institution will be pivotal to this exercise, since effective nutrition labelling can provide information which would allow consumers to make informed dietary choices. I will therefore be engaging my counterpart in the Ministry of Commerce to not only advance this issue but that of packaging and labeling of tobacco products for which we already have legislation.

It is recognised that socio-economic progress has created conditions that favour the rise of NCDs and it is extremely difficult to reverse entrenched practices related to our diets. The 2016 Annual Report for the Barbados National Registry indicates that almost seventy-five percent of acute myocardial infarction patients also have hypertension and almost twenty-seven percent are obese. Further, it has been estimated that by the year 2030, 86 percent of all deaths in Barbados will be caused by NCDs. I am confident, however, that we at the Ministry of Health and Wellness can change this prognosis and direction.

In response to the health challenges associated with NCDs, the Government of Barbados remains committed to fostering inter-sectoral partnerships which include the health, education, youth and sport and private sectors and the youth themselves for the implementation of comprehensive strategies to promote health and wellness, reduce risk factors, and to address the social determinants influencing the health and wellness of adolescents and youth. I therefore remain committed to the establishment of a

Sub Committee of Cabinet to guide and provide leadership on the national NCD response.

I wish to express sincere gratitude to all of you for being an integral part of this ongoing effort to end childhood obesity and by extension, your contribution to the enhancement of health in the Region. Collaboration among such

an impressive group is to be highly commended and is an indication of the seriousness with which this issue is viewed.

Again, I wish to applaud the Healthy Caribbean Coalition and the Heart and Stroke Foundation of Barbados and their partners for their resolute commitment to the NCDs agenda. This event is timely, since our National Task Force on Wellness and our National NCDs Commission, Barbados, are currently implementing their policies and programmes for effective control of the NCDs.

Ladies and gentlemen, the Ministry welcomes any endeavour which addresses a public health concern that has the potential to positively impact and improve the health and well-being of our citizens, and I look forward to working with all stakeholders to address the issues confronting childhood obesity in Barbados. I wish you good health, wellness and God's blessings.

I thank you.

# ANNEX 5

## Remarks, Acting Minister of Education, Technological and Vocational Training, Barbados

Opening Remarks by Senator Hon. Lucille Moe

Minister of Education, Technological & Vocational Training (Ag)

to the Healthy Caribbean Coalition- Beyond the Call to Action Event: Towards School Policies in support of Childhood Obesity Prevention, Hilton Hotel

Tuesday November 20th, 2018, 9:00 am

Thank you Master of Ceremonies,

..... (Protocol)

Thank you for inviting me to address you on this Universal Children's Day. Obesity is now called the new world epidemic by persons in the medical field, it is the world's fastest growing health concern. According to a 2012 survey conducted in Barbados by Dr. Anne St. John, now Professor St. John, 31% of our 9-10 year old students are overweight. Without a doubt I can safely say that all of us today know that this figure will increase exponentially if the dietary habits of our school age children do not change. In fact, many of the Non-Communicable Diseases (NCDs) that are currently being manifested in our young adults have their genesis in their childhood years.

The World Health Organization reported in 2017 that Barbados spent \$BBD 64 million per year on cardiovascular disease and diabetes and lost \$BBD 145 million per year due to missed work days and poor productivity. We can ill afford to spend such large sums of money on diseases that could be prevented. The Ministry of Education, Technological and Vocational Training has a role to play in helping to reduce the NCD epidemic.

There are several initiatives at our schools that have been implemented to attack this childhood obesity crisis. Some schools have been proactive and have introduced activities to increase energy expenditure and reduce energy intake. The Springer Memorial Secondary School introduced 'Water Wednesdays' and all students are encouraged to participate in house sports. At The Lodge School, students have access to spin bikes so that they can engage in spin classes during their lunchtime and after school. I was also reliably informed that ninety percent of the students at The St. Michael School drink water as their first choice of beverage.

The Ministry of Education, Technological and Vocational Training is pleased to announce here that for years some schools have selected one day a week as fruit day and one day as water day every week.

My Ministry believes that all these initiatives can have a positive impact on Childhood Obesity if all schools adopt these habits. Along with improved dietary programmes we will seek to sensitize students to the fact that physical activity can be an enjoyable experience. Too many of our children have become sedentary.

In conclusion, health and success in schools are interrelated. Schools cannot achieve their primary mission of education if students are not fit mentally, socially and physically. The growing issue of Childhood Obesity can be slowed or halted if we focus on the causes. A healthy diet combined with physical activity intervention conducted at home, the school and community will be more effective in helping the child to lose weight.

The Ministry of Education will continue to collaborate with the Ministry of Health and Wellness to implement strategies that would reduce or halt obesity among school age children.

Ladies and Gentlemen, I wish you a fruitful meeting.

## ANNEX 6

### Remarks, Chief Operating Officer, Sagicor Life Inc.

#### Childhood Obesity Prevention - BEYOND THE CALL TO ACTION

Remarks by Edward Clarke, Executive Vice President and General Manager - Barbados Operations,  
on Private Sector Involvement

November 20, 2018

It is a pleasure to be here this morning, to share with you, the journey of our partnership with the Healthy Caribbean Coalition (HCC), from the view point of a private sector financial company.

Both companies are dedicated to raising awareness of, and empowering non-governmental organisations to stamp out, non-communicable diseases together, with each entity approaching the issue from our own unique perspectives.

To this end, on March 18th, 2011 Sagicor Life Inc. joined the HCC in launching our first joint awareness campaign around developing healthier lifestyles, and since then, we have been an integral partner in the HCC's health-related campaigns.

Our partnership was formalised on September 18th, 2012, through a Memorandum of Understanding (MOU) which provides funding for the HCC to undertake the extensive work that is necessary in the region. Since that time, we have renewed our commitment through the extension of our MOU, as Sagicor recognises the positive impact of the work which the HCC has executed. This year, we have once again agreed to renew our financial commitment to the HCC.

As I highlighted previously, one of the key objectives of our partnership with the HCC is the reduction of the level of non-communicable diseases (NCDs) across the region. We believed at that time, and still do, that the private sector has an important role to play in supporting actions which encourage Caribbean people to live a healthier lifestyle.

We firmly believe that we must all work together – individuals, communities, NGOs, the private sector and our individual and collective governments across CARICOM – if we expect to be successful in reducing the heavy impact which NCDs are having on our lives and our societies – medically, economically and emotionally.

We also believe that through the public/private sector partnership, we have the knowledge, resources and power partnerships to make a difference in the fight against NCDs. We at Sagicor, are conscious of the difference our support has made and we call on other members of the private sector to join us.

Since the beginning of our partnership, Sagicor has supported various HCC initiatives and events such as their mobile campaign to help persons quit smoking and their e-petition for greater action in ending cervical cancer. We further added our support to this area through our title sponsorship of the Barbados leg of a Walk and Run to End Gynaecological Cancers. Most recently we have supported the HCC's campaign to end childhood obesity.

With each initiative, we utilise our reach in the workplace, and the community, to raise awareness, garner signatures or to propel these campaigns, through financial support. Over the next three years our MOU funding will play a crucial role as the HCC focuses on the issue of Childhood Obesity.

The HCC's ongoing Childhood Obesity Prevention Campaign is an important tool in reducing childhood obesity and its harmful effects. It is also extremely timely in an age of unhealthy convenience foods and an increase in mobile devices being used for recreation, instead of physical activity.

It is important that parents, guardians and children are educated about the risks of unhealthy foods, high in fat, sugar and salt. It is also important for governments and the private sector to address any irresponsible promotion of unhealthy foods to our children. Sagicor continues to express its disapproval of this through public messaging.

The management and staff of Sagicor commend the HCC on this programme and its continued commitment to the health of the region. We believe that once we educate our children today about the importance of eating healthy foods and exercising, we can positively influence the behaviours and wellness of generations to come.

Thank you.

## ANNEX 7

### Remarks, Director, Corporate Communications, CIBC FirstCaribbean

Remarks from CIBC FirstCaribbean –

HCC Forum

20th November 2018

Delivered by Debra King, Trustee and Director, Corporate Communications

Honourable Ministers, Sir Trevor Hassell, Dr. Kenneth George, Participants:

Thank you for the opportunity to be involved in this event. We are pleased to be one of the corporate partners of the Healthy Caribbean Coalition. And by “we”, I mean the CIBC FirstCaribbean International ComTrust Foundation, the charitable arm of CIBC FirstCaribbean International Bank. We supported the Call to Action, and promoted it among of staff. Some of us were among the first to sign the petition, so we are extremely pleased to see this work it started moving to the next level.

Our foundation was established at the time of the formation of our bank, and was born out of a promise by our company to the governments of the region, to donate a portion of its profits directly for the development of the region and its people.

In its 15-year history, our Foundation has established important partnerships with various regional institutions, including the University of the West Indies, youth business, and a Caribbean initiative of the Hospital for Sick Children for the care of the region’s children with cancer and blood diseases.

Our projects fall under the general headings of Youth and Education, the Community, and the Environment and Health and Wellness, and we contribute not less than one million US dollars to community projects in the Caribbean annually, for a total of over \$40 million US since our formation in 2002.

I am sure most of you are aware of our flagship programme, The Walk for the Cure, held in 17 countries, and which over the past seven years has raised more than 2million US dollars for the care of persons affected by cancer in the Caribbean.

CIBC FirstCaribbean takes very seriously the concept of workplace wellness, and has established a programme of initiatives for its employees across our footprint of 17 countries in the English and Dutch speaking Caribbean.

Our Lifespeak programme aims to equip employees with information and support to adopt the strategies they need to navigate their way through life—inside and outside of the workplace—in the twenty-first century.

In 2017 we further formalized our commitment to workplace wellness and the adoption of strategies to fight non-communicable diseases through the signing of an MOU with the Healthy Caribbean Coalition. Our agreement consists of three main headings:

1. The **WORKPLACE WELLNESS** initiative which we hope will ultimately position CIBC/FCIB as a model of best practice and regional leader in the promotion and creation of an enabling environment for healthy behaviours among workers.
2. The **NCD EDUCATION AND AWARENESS PROGRAMME/CAMPAIGN** aimed at the CIBC/FCIB workforce - and eventually launching a programme of awareness and education among our clients, and



3. Given that a key strategy of our foundation is the encouragement of volunteerism among our staff, country-level partnerships aimed at increasing **COMMUNITY VOLUNTEERISM** among our employees in the joint implementation of community level NCD prevention and control initiatives.

Workplace wellness has been identified as a priority strategy in the response to NCDs globally, regionally and at country level across the region. Individuals spend a significant portion of their lives within workplaces, thus providing unique opportunities to reach vast proportions of the public with tailored workplace based prevention and treatment programmes. This principle is what has driven our cooperation with HCC.

We applaud the efforts at a holistic approach towards promoting healthy lifestyles among the people of the Caribbean and believe that the reduction —and dare I say eradication—of NCDs is possible through partnerships among the public and private sector and non-governmental agencies such as the HCC.

We also applaud the recently launched Barbados National Wellness Initiative which seeks to raise awareness of healthy lifestyle behaviours and look forward to seeing the benefits it will bring to Barbados.

So what does all this have to do with preventing childhood obesity, you may ask? Well, we are also excited about the possibilities our own agreement with HCC will open up for our employees and by extension their families, specifically their children. You might say therefore that our contribution is through providing a model for parent education and involvement, so that they can make informed decisions on what is healthy for their children. This is potentially a blueprint for the involvement of other corporate entities.

We firmly believe that the knowledge our people will gain from our programmes will be passed on to the next generation as we play our part in this important fight.

We note the significance of today, the United Nations Universal Children's Day, in continuing this important discussion and we wish you all the best in your deliberations.

I thank you for your attention.

# ANNEX 8

## Report of Parallel Youth Empowerment Session<sup>94</sup>

Healthy Caribbean Coalition and Heart and Stroke Foundation of Barbados

### Beyond the Call to Action Event:

### Towards School Policies in Support of Childhood Obesity Prevention

November 20, 2018, Hilton Hotel, Bridgetown, Barbados

### Youth Empowerment Session Report

#### 1. Executive Summary

The Beyond the Call to Action Event was held on the 20th of November 2018 at the Hilton Hotel, Barbados.

The Youth Empowerment Session was run as a parallel session during the meeting, in order to involve our youth in a discussion surrounding childhood obesity and the impact of school environments on their health.

The Youth Empowerment Session was led by Ms. Krystal Boyea., HCC Youth Advocate, and comprised educational, discussion and feedback, and solution segments, ending with the students artistically representing their views on health and healthy environments. Two of the students were given the opportunity to present their main outcome points to the plenary, allowing the youth voice to be truly represented.

The young people of our nations are being affected directly by the childhood obesity epidemic and it can be tempting to take an authoritative approach to the issue by implementing changes in what is thought to be their best interest, without first consulting them.

This session proved to be informative to our students, and their feedback and suggestions highlight the importance of continuing to engage them in this conversation and empowering them to be forces of positive change in their schools.

#### 2. Introduction

On 20th November 2018, the Beyond the Call to Action Event took place at the Hilton Hotel, Barbados. The Event highlighted school policies towards childhood obesity

prevention in the Caribbean. One important focus of this event was the Youth Session led by Krystal Boyea that allowed students from various schools in Barbados to voice their opinions and ideas about their schools. Students from the St. Michael School, Queens College, Harrison College, Deighton Griffith Secondary School, Coleridge and Parry School, and University of the West Indies, Faculty of Medical Sciences participated.

The afternoon session was a question and answer period in which the students were separated into groups at different tables, and were able to write their ideas and responses for each question. Each student was allowed to write as many ideas or responses as possible for each question, and to share amongst their tables and the whole group. The students addressed various topics, including physical activity, the banning of sugar-sweetened beverages, solutions to change, and barriers to modifying the school environment, and discussed their ideal "healthy" schools with each other. This session was extremely important in having the students' voice their ideas and views, which were recorded.

Overall, the Youth Session was beneficial for moving forward in the actions against childhood obesity and the improvement of the schools environment in Barbados.

#### 3. Background

##### *About the Healthy Caribbean Coalition*

The Healthy Caribbean Coalition (HCC) works with closely with regional and international leaders in noncommunicable diseases (NCDs) prevention and

<sup>94</sup> Prepared by Dr. Joeleita Agard and Ms. Kayla-Raven Moses, HCC Interns.

control to leverage the power of civil society by strengthening and supporting its membership in the implementation of programmes aimed at reducing the morbidity and mortality associated with NCDs. The HCC was founded in 2008 and was officially registered in 2012 as a not-for-profit organisation.

#### **About the Heart and Stroke Foundation of Barbados**

The Heart and Stroke Foundation of Barbados (HSFB) is a nongovernmental organisation that was founded in 1985 as the Heart Foundation of Barbados; in 2006, it became the Heart and Stroke Foundation of Barbados. The Foundation brings together physicians and laymen committed to voluntarily addressing this major health problem.

#### **4 Participants**

The session was attended by 19 students from five secondary schools across the island and the moderator, Krystal Boyea, was ably assisted by HCC interns and volunteers: Joeleita Agard, Kayla-Raven Moses, Dominique Charles, Brandon Gaskin, and Stefan Marshall. The student participants were:

*Coleridge and Parry School:* Trevair Alleyne, Venus Frederick, Pierre Cumberbatch, Chaela Watts

*Deighton Griffith School:* Kendra Lovell, Denee Daniel, Kelsei Crichlow

*Harrison College:* Adi Emtage-Deane, Sanaa Elcock, Lydia Simmons, Johl Emtage-Cave

*Queen's College:* Rickan Alleyne, Ashlea Edwards, Resheena Homer

*St. Michael School:* Brittany Barker, Iana Strickland, Michaela Riley, Jada Hope, Alesha Squires

#### **5. Youth Empowerment Session**

##### **Ice Breaker Game and Introductions**

A ball was thrown from student to student, and the catcher introduced him/herself to the group by name, school, age, and favourite healthy food. Students were

encouraged to choose seats with those from other schools.

#### **Let's talk about Childhood Obesity**

The students were provided with information and evidence about the burden and consequences of unhealthy weights and the associated health implications in childhood and into adulthood.

#### **Round Table Youth Engagement**

Discussion topics were presented one by one to the group and each table was given time to discuss the students' feedback and write the points on sticky notes. The students were encouraged to write their thoughts and each of the notes was placed on a board; a few of the points were discussed with the larger group. HCC volunteers and interns were at each table to facilitate discussion, provide clarification, and encourage quiet students to participate; in that way, even those who were reluctant to speak were able to contribute by writing their thoughts down.

The following topics were discussed, with follow-up questions:

##### **1. The types of products sold and marketed at school and the levels of mandatory physical activity**

- a. What is sold at your school?
- b. Sales inside versus sales outside school walls?
- c. Time of sales?
- d. Are healthy foods available?
- e. Are there posters of unhealthy/healthy foods at school?
- f. Do they do physical education (PE)? Why?
- g. Do they care what is sold at school?

##### **2. The implications of their school environments on their behaviours and health**

- a. How does your school environment impact your health?

- b. Is it negative or positive?
- c. Do you think about your health at school?
- d. Does your school encourage positive habits and behaviours?

### **3. Their perspectives on solutions, discussing the individual versus collective change—that is, policy**

- a. What would they change to make their school/schools healthier?
- b. Do you think it is important for governments to get involved and create “healthy environment policies”?
- c. Or should change be left to the individual?

### **4. Their perspectives on the barriers to modifying their school environment**

- a. Would these healthy changes have any negative impact?
- b. What obstacles would they need to overcome?
- c. What would make making this change difficult?

### **5. Their perspectives on the banning of the sale and marketing of sugar-sweetened beverages in schools**

- a. Do you think sodas/soft drinks/juices should be banned from schools? Why?
- b. Do you think this will make a big change?

- c. How would this impact your life?

### **The Advocate in You!**

The students were then empowered to go back into their schools and be advocates to make positive changes in their school environments.

### **Draw your healthy future!**

The students were given 10 minutes at the end, to provide artistic illustrations on how they would like to make a healthy change in their school environments, using the following prompts.

How would you make schools in Barbados healthier?

What are YOU going to do as Healthy Schools Advocate?

What change would you like to see?

- What healthy change is important to YOU?

These illustrations and sticky note boards were on display during the lunch hour of the Event and were used by two student volunteers to aid their presentations to the larger meeting.

### **Wrap Up**

Students will share their drawing and pledge to be an advocate for healthy Barbados!

## **6. Session Summary**

### **6.1 Types of products sold and marketed at their schools (Table 1)**

Table 1. Products mentioned as sold in secondary school environments

Acidic beverages and snacks	Chow mein (oily)	Jolly Ranchers	Sample salads
Air heads	Cinnamon rolls (stale)	Kiss cakes	Shaved ice
Alfredo	Coke	Kool aid	Smoothies (healthy)
"All good stuff"	Cookies	Lasagna	Snacks/snack boxes
Bakes	Corn curls	Lollipops	Sodas/soft drinks
Bake sales	Cotton candy	Mauby	Sourbells
BBC beverage	Cupcakes	Milk shakes	Spaghetti and meatballs
BBQ wings	Doughnuts	Ms. Peters' juices (mixed juices)	Sprite
Bobby's	Eclipse biscuits		Squeeze
Breakfast	Fish	Muffins	Strawberry candies
Bubba's	Fish cakes	Noods popcorn	Sugary stuff
Burger King	Fried chicken	Nuggets	Sweets
Burgers	Fried food	Oh Henry	Sweet drinks/Drinks high in sugar
Busta	Fruits	Omelettes	
Caesar salads	Fruit juices	Pancakes	Tasty food
Cheesecake	Fruit salads	Pastries	Tea time biscuits
Chefette book covers	Frutee	Pigtails	Wibisco/Massy
Chicken necks	Healthy snow cones	Pizza	Waffle cones
Chicken and chips	Hot dogs	Popcorn (salty)	Water – tap and bottled, including sparkling water
Chicken and pie	Ice cream, inc. gluten-free	Pop tarts	
Chilly Moo's vouchers	I-cool	Purity	
Chips	Jam puffs	Samosas	

## 6.2 Marketing in the form of vouchers and book covers from fast food restaurants

- Chilly Moos vouchers
- Chefette book covers
- Burger King

## 6.3 Levels of mandatory physical activity

- 1st – 3rd form: physical education (PE) for 20 minutes; 4th – 5th form: choice
- PE compulsory up to 5th form; no guarantee students will go
- PE is mandatory
- PE compulsory 1st – 3rd form; optional after 5th form: Run the mile, sit-ups and push-ups test, sprint test
- PE 1 hour 20 minutes
- PE optional – do what you want
- Two 40-minute periods of PE
- PE is mandatory, but usually skipped or medical letter brought in
- PE optional at 4th year – you can skip PE with medical excuse, no games clothes; no PE for persons with asthma
- Years 1, 2, 3 – PE mandatory for one period; 4 – mandatory two periods; 5 – optional for two periods; 6 – no PE
- 1st – 4th: PE mandatory; 5th – 6th: optional – one period of physical activity, one period of theory
- 1st – 3rd: PE for 1 hour 20 minutes (two periods); 4th and 5th: 1 hour 20 minutes, or 40 minutes

## 6.4 Implications of school environments for behaviours and health

Some responses indicated characteristics of school environments which were conducive to health, such as the distances between classes and the expense of some unhealthy foods. Students also showed that they recognised the negative impact that unhealthy foods

had on them, such as feeling lethargic after lunch, “not themselves” after “greasy” foods, and daily sugar-sweetened beverage consumption being a “death sentence”. The responses are summarised below.

- Doesn't impact me much
- Certain foods keep your energy level high at times
- Makes me a bit hyper and makes me have headaches
- When my school had healthy snow cones I felt better than usual, but if I have something greasy I don't feel myself
- Vending machines at every corner – negative impact
- Not allowed to get water; horrid bathrooms; teachers sell ice cream, popcorn; “steppy”
- “Ethnic fatigue”; lethargic; sleepy; makes you feel bloated; do not think about health; sports culture makes you want to get involved; environment encourages unhealthy food decisions
- Drinking a soft drink every day that has in over 25 grams of sugar is a DEATH SENTENCE
- Both, because the sugar boosts you and then boosts you down
- Cheaper, unhealthy foods are more available – negative impact
- Does not impact my behaviour, does not benefit my health, sugar does not make me hyper; no vegetables, unhealthy methods of cooking, unheard of brands
- Fatigue, sugar rush, “dippy” (sewage), rat invasions, some teachers don't necessarily care about our education; bathrooms have no toilet paper/inappropriate drawings/rumours on walls; “nathargic”
- The sweet drinks trick us because they taste good
- Salmonella; can't focus; get in trouble a lot; unhappy; “dippy” – negative; dead dog; rats; hot



water coolers; teachers can't teach to save their lives

- It's fine I guess – as portions grow, so does salad; food delivery service makes people lazy
- Trying to make healthier choices; food that doesn't encourage nutrition; lots of water; fruit salad; PE teachers punish you for lack of participants
- Some healthy options
- Fatigue; lethargic; bloated; lots of water coolers promoting high water consumption
- The sweet food sold makes it a norm for youth, meaning you think it's OK to eat junk
- My school encourages healthy eating
- The water in our vending machine IS THE WORST
- Sweet and greasy foods will influence health of students long-term (e.g. obesity, diabetes); laziness @ PE after lunch; lunch delivery (for \$1) option for 1st–3rd formers
- The grease leaves me with an upset stomach – it impacts my health negatively; it encourages bad behaviours – sweets make the children restless; the school doesn't sell salads – greasy foods are sold on mornings
- The location of the school and management prevent outside vendors, so only nutritional options come from canteen or home – this allows control of what food is sold to students; the greasy food can lead to tiredness – the “-itis” hits in.
- School all over the place – there is a lot of walking to difference classes; sweaty first-formers, hyper
- Soft drinks are expensive
- Too much salt in chips
- Some unhealthy options
- People can be quite cruel and bully sometimes – increased negative; I don't really worry about what is sold, I barely buy lunch
- Have to pay for water

- Need water stations; teachers don't let you go for water; can't take water to class; teachers sell snacks

## 6.5 Barriers to modifying your school environment

- Teachers
- Not completely taking out junk food, but by having a balance
- Sales lost; increased price of healthy foods; reaction from students; spoilage of fruits
- Teachers buy the unhealthy foods from the canteen, so I think that the teachers would “protest” and obviously the school would be in favour of the teachers, because their voices are louder than ours
- Students; canteen; sometimes me; the amount of work put into it; price of healthy things
- The companies would be out of product and people would be out of work
- I believe the options and facilities are available, but it all boils down to personal (mind) barriers to overcome
- Loss of finance
- Stigma of students towards the change; expensive nature of the ingredients needed for healthy meals
- Loss of expenditure for manufacturers (loss of demand for fries)
- Unregistered vendors, students sell without knowledge of authority
- Prices of healthy food; canteens may lose money if it's a radical change; outside vendors having unhealthy foods; sourcing healthy foods; import costs; competition from fast food companies advertising in schools
- People selling the sweets will lose their jobs, and that will then cause community problems
- Anger; personal taste; desires

- Loss of jobs; imbalance between unhealthy and healthy food
- Sell foods that are not only healthy, but are tasty; reduction in sales; difficulty to maintain fresh foods; people may bring food from home which may be unhealthy; different diets; pricing
- Sellers selling junk foods will then earn less money, as opposed to healthy sellers
- Vendors selling popcorn etc. lose their source of income
- Noise; vendors; tuck shop; rebelling
- Reward system with fruits and vegetables
- Parental barriers – children can only eat what parents buy
- Stop the habit of going to the candy lady every day
- Loss of revenue for vendors and canteen operators; higher costs for canteen workers
- People who sell food; cravings; difficult choices; loss of income; personal choices
- obs at unhealthy food places will be lost
- Closed-minded people (resistant to change)
- Replace the water cooler with a free water fountain – do not make students pay for water!
- A day of healthy foods/drinks
- Groups coming into schools and motivating students to eat and drink healthy
- More water cooler machines
- Yourself can prevent you from changing; 4 or more vendors
- Cover up “dippy”; such big issues, not one person can do it; I should make healthier choices; the Government should come in; PE should be fully mandatory; canteen needs to be shut down
- Being healthy makes me happy!
- We have an ice cream room, so we can change the dairy ice cream to something like sorbets
- Gradual change in food
- Salads; healthier methods of cooking; more health foods (snacks, drinks); only water sold on a certain day; healthy for a reasonable price
- Individual: Work out during the week; eat healthy at home as well; maintain the healthy lifestyle on weekends; easier to implement than doing it collectively. Collectively: Put pressure on persons to eat and live healthier; refusing to buy unhealthy food will result in a market change
- Initiative must be TAKEN
- Reducing the amount of unhealthy foods sold at the canteen; Government should care more about not only themselves, but others, and mostly children who are under the guidance of their parents
- Just remove the canteen; Water Day; Healthy Week
- Days dedicated to healthy food
- Collective: change through governmental policies; modify menus to include healthy meals (e.g. vegetable noodles instead of pasta, sweet potato instead of fries); increased prices of SSBs and

#### **6.6 Solutions (individual versus collective change)**

- Students responded with mixed answers, but generally stating that change would both be individual and collective.
- “Change begins with me” – no limitations to sports, limitations to unhealthy foods, be mentally strong
- Having a fruit day/a healthy food day
- Tasty Tuesday, Water Wednesday, Fruit Friday
- Start right, End right
- Collective: Government policy regarding foods available to children updated; healthy food clubs; HCC should advocate more; There should be a group of youth advocates, one in every school, promoting healthy lifestyle practices

unhealthy foods influence pupils to choose the best, next cheapest alternative

- Salads in canteen, unhealthy snacks removed and replaced with fruits
- Collective: Canteens across the island should meet and discuss meal plans; school meals programme should reflect healthy lifestyle practices
- Having a day dedicated to healthy foods at least once every 2 weeks
- "Health Hall" – a room at lunch with reasonably priced healthy food – nice options such as salad, Caesar wraps and stuff, sponsored by health products – it's up to the individuals to go; Zoomba classes
- Reduction of price; school needs to ask students' opinions/ideas to make things better
- Canteen offer healthy menu; less sugar in the sweet drinks; encourage natural juices; make healthy choices
- Policies must be put in place by governments and organisations, but initiative must be taken by households to start healthier eating
- Biology department selling healthy snacks (gluten-free cookies, Kool aid)
- Obesity Walk; separate health canteen; little more tax on sweet drinks
- Collective: Advertise healthier brands; get involved in sports and promote benefits of sports; promote sports and swim sports
- Smoothie bar with real fruits and, if requested, almond milk
- Individual: Take your own lunch; refuse to buy unhealthy food; encourage your friends to make healthy food choices; get involved in physical activity

## 6.7 Banning the sale and marketing of SSBs

- Do remove, but replace with something better and healthier!!
- Lack of dietary planning is a personal decision
- No!! People having choices
- I think that they should be limited; if someone wants to bring their drinks from home, then it's on them – the school has done its part
- CRAZY – NO, not removed
- Don't take away choice
- Drinking sweet drinks is a personal decision
- No, they should not be banned – they could be used for medical emergency
- Don't ban or remove them. However, give obvious and well-advertised promotion to the healthier options; make the healthy more common and the sweet the minority in the 'fridge; run out of sweet drinks often, order less sweets
- Reduce sugar; limit the amount of drinks
- They should not be removed because people should have a choice on what they want to drink
- No, because sweet drinks can be brought from home
- Start gradually and remove certain brands while promoting healthier brands; reduce supply of soft drinks
- It should be removed from vending machine; it prevents proper nutrition; sweet but not sugary
- Just reduce the sugar content. Is there really a need to remove the drinks altogether?
- If you are not mentally disciplined to limit yourself, a change diet-wise cannot happen
- I think it should not be taken out, but just limited

- Do not take out the drinks, just reduce the sugar
- The drinks shouldn't be taken out, but instead take out the sugar; they should also have a limit instead
- Won't affect me; SSBs shouldn't be banned, they should be made more expensive (taxed)

### 6.8 "The schools we want"

In this section, the students made illustrations/slogans/dialogues representing a school setting that they want and what "a healthy change" means to them, including earmarked "healthy days".

Healthy foods at the canteen, with a menu comprising potatoes, rice, soup, water (free), and steamed vegetables

A school with children learning in classes about the importance of healthy relationships with vegetables, a vegetable garden to promote healthy eating and cheap alternatives, and solar panels "for a greener nation"

A Healthy Hall, every day 11:00 a.m. -12:00 p.m.

The fruit tree of 2018

I want a school that has... a balance of sweet and healthy foods, more healthy drinks (water, smoothie); less greasy foods; get more physical activity

«La santé est capital»!

"Let's eat healthy"

"Buy a wata, save a dollar; be hip, don't buy chips"; #LashMeDownWidDatSaladDey

"More wata, leff de sweet drinks"; "Yeah, no more nasty food or cheap drinks"

"Be bright, don't drink Sprite"; "Drinking Coke Is a Joke"

"Health begins with me! Being healthy makes me happy!"

"Let's get going with #WaterWednesdays, #FruitfulFridays"; "Healthy Body, Healthy Mind, Healthy Spirit"; "Healthy Living Starts With You!"

"Limit greasy foods – Eat, Drink, and Be Healthy!"

"Healthy Snacking Leaves No Fat Packing"; "Water Comeback", "Busta Setback X – Comebacks are greater than Setbacks"; #StayHealthy, #BeHealthy

"Healthy Eating – More Salad in School, Water, Coke X"

## 7. Student Feedback

The general view of the session was that it was enjoyable and informative, and time could have been extended. Two of the students presented what they learnt and discussed during the session to the larger group in the meeting. This was one of the highlights of the meeting, as they spoke confidently about possible solutions to decrease unhealthy school environments.

## 8. Recommendations

- Students need to be continually engaged in this process, as there is a wealth of insight they can add to the conversation.
- The changes to be made will directly affect them and their input will make transitions smoother.
- Every school is different, and while some guidelines can be broad, they must then be tailored to fit each unique school situation.

## **Appendix 1: YOUTH EMPOWERMENT SESSION - Outline Document by Ms. Krystal Boyea, Youth Advocate, HCC**

### **Ice Breaker Game & Introductions**

#### *Description:*

A soccer/basketball will be thrown from child to child as a fun interactive way to break the ice! When you catch the ball you must say Your Name, Your School and your Favourite Healthy Food to eat! Once you have caught the ball and thrown it to another student, you can sit. Game will continue until all students are sitting. Rule: You cannot throw the ball to someone from your same school. (Moderator will start as an example and throw the ball out to a student to continue. HCC Volunteers will also be included in this activity).

### **Let's talk about Childhood Obesity**

#### *Description:*

The students will be provided with information and evidence about the burden and consequences of unhealthy weights and the associated health implications in childhood and into adulthood. Session will be interactive giving students the opportunity to answer questions along the way!

### **Round Table Youth Engagement**

#### *Description:*

One by one, the following topics will be introduced to our youth audience.

#### **The types of products sold and marketed at school and the levels of mandatory physical activity**

- a. What is sold at your school?
- b. Sales inside versus sales outside school walls?
- c. Time of sales?
- d. Are healthy foods available?
- e. Are there posters of unhealthy/healthy foods at school?
- f. Do they do PE? Why?
- g. Do they care what is sold at school?

#### **The implications of their school environments on their behaviours and health**

- a. How does your school environment impact your health?
- b. Is it negative or positive?
- c. Do you think about your health at school?
- d. Does your school encourage positive habits and behaviours?

#### **Their perspectives on solutions, discussing the individual vs collective change ie. policy**

- a. What would they change to make their school/schools healthier?
- b. Do you think it is important for governments to get involved and create "healthy environment policies"?
- c. Or should change be left to the individual?

#### **Their perspectives on the barriers to modifying their school environment**

- a. Would these healthy changes have any negative impact?
- b. What obstacles would they need to overcome?
- c. What would make making this change difficult?

Their perspectives on the banning of the sale and marketing of sugar-sweetened beverages in schools

- a. Do you think sodas/soft drinks/juices should be banned from schools? Why?
- b. Do you think this will make a big change?
- c. How would this impact your life?

A quick description of the topic will be given and then each table will have the opportunity to discuss their answers/suggestions/feedback as a small group. As ideas are developed, individuals and groups will be asked to write all of their suggestions and comments on post-it notes. No suggestion should be excluded! At the end of a round, they will all place their post-it notes on a board for brief discussion. 2-3 students will be asked to volunteer, to describe their post-it note in

more detail to the room. Each round table will be given 3 mins to discuss each topic. We will then take 2-3 mins to discuss the answers as a large group. We will then move onto the next topic (1-5).

Note: 1-2 HCC Volunteers to sit at each table and facilitate discussion. Please encourage quieter students to speak, making sure all voices are heard. The post-it notes will allow for quieter students to still have their voice heard! HCC Volunteers will be provided with print out of the questions to facilitate discussion.

### **11:30 – 11:40 AM**

#### **The Advocate in You!**

The moderator will facilitate a brief discussion wrapping up all of the points discussed and giving the students tools and strategies to encourage them to use their VOICE to make positive change in their school environment.

### **11:40 – 11:50 AM**

#### **Draw your healthy future!**

##### Discussion

The students will be given 10 mins to work individually or in groups with their fellow school students to illustrate

how THEY would like to make HEALTHY change in their school environment? (MCHS will be mentioned here.)

Prompt questions:

- How would you make schools in Barbados healthier?
- What are YOU going to do as Healthy Schools Advocate?
- What change would you like to see?
- What healthy change is important to YOU?

Note: These will be on display during the lunch hour and can be used to facilitate feedback to the larger group.

### **11:50 – 12 NOON**

#### **Wrap Up**

Students will share their drawings and pledge to be advocates for healthy Barbados!





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**[hcc@healthycaribbean.org](mailto:hcc@healthycaribbean.org)**

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