PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

Enabling Caribbean civil society’s contribution to national and regional action for healthier, happier children.

HCC Country Obesity Fact Sheet

Saint Lucia

Population
2017
178 844

World Bank Income Level
2017 Revision
Upper Middle Income

Estimated Cumulative Cost of Obesity 2017-2025 (US$M)
152.8

Caribbean Policy Environment

Fiscal Policies
SSB Taxes in Barbados, Bermuda & Dominica 3/20

School Policies banning SSBs in schools
Bermuda, Bahamas, Jamaica and Trinidad & Tobago 4/20

Marketing Regulation/ Mandatory Front of Pack Nutrition Labeling
0/20

Nutrition Guidelines & Policies/ Healthy Schools Policies
Multiple countries

CARICOM Childhood Obesity Prevention action frameworks:
1. HCC Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean
2. CARPHA Plan of Action for promoting healthy weights in the Caribbean: Prevention and control of childhood obesity 2014-2019
3. CARPHA 6-point policy package
4. PAHO Plan of Action for the prevention of obesity in children and adolescents 2014-2019

Caribbean Children

1 in 3
Caribbean Children is OVERWEIGHT or OBESE

Childhood obesity* exceeds 10% in 7 of 11 CARICOM countries with data

Obesity in childhood is linked to high blood pressure, type II diabetes, and low self esteem

Childhood obesity tracks into adulthood increasing the likelihood of developing NCDs

*Based on the WHO definition of childhood obesity

Saint Lucia

Castries

Population
2017
178 844

World Bank Income Level
2017 Revision
Upper Middle Income

Estimated Cumulative Cost of Obesity 2017-2025 (US$M)
152.8
OBESITY AND OVERWEIGHT AMONG CHILDREN

2016

Childhood levels of **OVERWEIGHT or OBESE**

<table>
<thead>
<tr>
<th>AGE</th>
<th>BOTH SEXES</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 9</td>
<td>26.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 to 19</td>
<td>22.3%</td>
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</tbody>
</table>

Childhood levels of **OBESITY**

<table>
<thead>
<tr>
<th>AGE</th>
<th>BOTH SEXES</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 9</td>
<td>11.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 to 19</td>
<td>7.6%</td>
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</tbody>
</table>

23.4% **BOTH SEXES**

**AGE: 5 to 19**

8.8% **BOTH SEXES**

**AGE: 5 to 19**

RISK FACTOR STATUS

**Insufficient activity***

2010

<table>
<thead>
<tr>
<th>AGE</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 to 17</td>
<td>83.8%</td>
<td>85.5%</td>
</tr>
</tbody>
</table>

84.8% **BOTH SEXES**

**AGE: 11 to 17**

*Percent of defined population attaining less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Attendance at physical education (PE) class on >= 3 days/week during the school year

No data

Students who spent three or more hours per day during a typical or usual day doing sitting activities

55.1%

Soft drink consumption

STUDENTS (13-15 years) who usually drank carbonated soft drinks one or more times per day during the past 30 days (%)

No data

Infant breastfeeding

No data
ADULT OVERWEIGHT AND OBESITY PREVALENCE

2016

Age-standardized prevalence of OVERWEIGHT and OBESITY

<table>
<thead>
<tr>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.3%</td>
<td>56.3%</td>
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</tbody>
</table>

Age-standardized prevalence of OBESITY

<table>
<thead>
<tr>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>27%</td>
</tr>
</tbody>
</table>

48.1% BOTH SEXES

19.7% BOTH SEXES

Low fruit and vegetable consumption 88.3%

References:

1. WHO: http://www.worldometers.info
4. Global Health Observatory data repository
5. Global school based student health survey (Results for students aged 13-15 years)
7. World Obesity Federation: http://www.obesityday.worldobesity.org/ourdata2017 http://docs.wixstatic.com/ugd/6599c5_2a8fa0968ef4d4854b74f399abb3078c0.pdf?index=true
8. El estado de las guías alimentarias basadas en alimentos en América Latina y el Caribe: 21 años después de la Conferencia Internacional sobre Nutrición
9. Risk factor surveys of individual CARICOM countries. STEPS surveys were used for all countries except Barbados where HOTN was used and Jamaica where Jamaica Health and Lifestyle survey 2008 was used.
# CHILDHOOD OBESITY PREVENTION SCORECARD (COPS)

WHO Recommends a comprehensive approach to prevention including implementation of key policies including: Taxation of SSBs; Regulation of Marketing to Children; Mandatory Front of Package Nutritional Labelling; and School Policies. The HCC CSAP Childhood Obesity Prevention Scorecard (COPS) has 14 indicators to measure a country’s response to this emerging crisis.

<table>
<thead>
<tr>
<th></th>
<th>Not implemented/Absent</th>
<th>Partially implemented/Under development</th>
<th>Implemented/Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>National NCD Commission or Equivalent</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Active HCC COP Initiative (to be completed online only)</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Nation policy, strategy plan or action plan on obesity</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mandatory front-of-package nutrition labelling regulation</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Nutrition policy or guidelines for all schools</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Regulation banning or restricting the sale and marketing of SSBs and or all EDNP foods in and around all schools and ensuring the provision of free drinking water</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Regulation banning the marketing of unhealthy foods to children</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Regulation banning trans fats (legislative limit on trans fat)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Taxes on Sugary Drinks (SSBs)</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Taxes on EDNP foods / unhealthy foods.</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Subsidies on local fruits and vegetables</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Implementation of the Baby Friendly Hospital Initiative (BFHI) in at least one local health facility</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Legislation/regulations fully implementing the International Code of Marketing of Breast-milk substitutes</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Mandatory physical education in all government schools</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>National program(s) contributing to childhood obesity prevention (COP) efforts</td>
<td>☐</td>
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</tbody>
</table>

**CSAP:** Civil Society Action Plan | **COP:** Childhood Obesity Prevention | **SSBs:** Sugar Sweetened Beverages | **EDNP:** Energy Dense Nutrient Poor

**PRIORITIES AREAS**

- Trade and fiscal policies
- Nutrition literacy
- Early childhood nutrition
- Marketing of healthy and unhealthy foods and beverages to children
- School- and community-based interventions
- Resource mobilisation
- Strategic planning, monitoring, and evaluation

Link to the real time COPS webpage on the HCC website at: [www.healthycaribbean.org/cops/](http://www.healthycaribbean.org/cops/)

You will find resources such as policy documents for countries reporting progress.