

Health Minister warns: Fatty and salty foods bad for you

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Minister of Health Jerry Narace

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Address by the Minister of Health, Senator the Hon. Jerry Narace at the Partners' Forum for Action on Chronic Disease Trinidad and Tobago

WEDNESDAY 10TH MARCH, 2010 @ 7:30AM
HYATT REGENCY HOTEL

• Thank you, Dr. Rohit Doon, Advisor, Health Promotion and Public Health, MOH

- Ms. Sandra Jones, Permanent Secretary, Ministry of Health
- Dr. Carol Boyd-Scobie, PAHO/WHO Representative
- Prof. Surujpal Teelucksingh, Chairman, Chronic Non-Communicable Diseases Technical Advisory Committee
- Dr. James Hospedales, Coordinator, Prevention & Control of Chronic Diseases, PAHO/WHO, Washington, DC
- Senior Officials of the Ministry of Health
- Valued stakeholders and distinguished guests
- Members of the media
- Ladies and gentlemen

Good morning.

Introduction

I am very pleased today to address you at this Partners' Forum for Action on Chronic Disease in Trinidad and Tobago. Your presence here this morning clearly indicates your understanding of the gravity of the links between CNCDs, our diets and the health of our nation.

Welcome and thank you for accepting this invitation.

CNCDs-Stats international and local

As you are all well aware, Chronic Non Communicable Diseases (CNCDs) are a growing epidemic in the developed and the developing world alike. In fact, in Latin America and the Caribbean, the incidence of chronic diseases is on the rise. CNCDs in this region are now the leading cause of premature mortality, accounting for nearly half the deaths of persons under 70 years, and for two out of three deaths overall.

Of the CNCDs, heart disease, stroke, cancer and diabetes are the leading causes of illness and premature death in the Caribbean today. The picture is similar for Trinidad and Tobago. CNCDs have been responsible for four of the five leading causes of death in our country over the last two decades and heart disease, cancers, diabetes and strokes account for 60% of the total causes of death in our country.

According to the World Health Organisation (WHO), there is conclusive evidence indicating that the consumption of trans fatty acids increases the risk of coronary heart disease and possibly raises the risk of sudden cardiac death and diabetes. The WHO also states that increasing blood pressure worldwide is the leading risk factor for death and the second leading risk factor for disability by causing heart disease, stroke and kidney failure.

Additionally, there is strong evidence indicating that salt added to food is a major factor increasing the blood pressure in persons with normal blood pressure readings and those with hypertension, regardless of age. Diets high in salt also increase the risk of kidney damage and heart problems, and are linked to gastric cancer, osteoporosis, calcium containing renal or kidney stones and asthma.

CNCDs and Children

Ladies and gentlemen, unfortunately, CNCDs do not discriminate against age; our children are also at risk. Childhood obesity is on the increase, leading to the onset of diabetes and other chronic diseases much earlier in life. This epidemiological transition is visibly a result of the shift in dietary patterns. We have seen a decrease in the consumption of fibres, coupled with a simultaneous increase in the consumption of foods rich in saturated fats, trans fats, salt, processed foods, sugar rich soft drinks and physical inactivity.

Further, a link has been made between salty foods and obesity in children and adolescents, as foods with a high salt content cause thirst and children are likely to reach for high calorie soft drinks to quench their thirst.

CNCDs and economy

My dear friends, CNCDs place growing pressures on our health systems and our economies, thereby posing a serious threat to sustainable development of our nations. At the individual level, in many instances, the costs associated with treating CNCDs can push entire households into poverty, severely limiting family members' prospects for the future.

Modifiable risk factors

Despite the alarming nature of all this evidence, there is also a positive side to CNCDs: most of them are caused by modifiable risk factors.

What does this mean? It means that if we control the risk factors leading to CNCDs, we can prevent some 80% of all heart attacks, strokes and Type II diabetes as well as 40% of cancers.

The modifiable risk factors are mostly known to all of us. They include tobacco use --which as you know, the government is making efforts to control in Trinidad and Tobago--; unhealthy diet; physical inactivity; and harmful use of alcohol. Other intermediate risk factors include high blood pressure, high cholesterol, high blood sugar and obesity.

CARICOM commitments

In 2007 the CARICOM Heads of government signed the declaration of Port of Spain, which established their commitment to uniting to stop the epidemic of CNCDs.

In that declaration, the CARICOM Heads agreed, inter alia, to endorse the efforts of the Caribbean Food and Nutrition Institute (CFNI), the Caribbean Agricultural Research and Development Institute (CARDI) and the regional inter-governmental agencies:

- to support the elimination of trans fats from the diets of our citizens;
- to provide incentives and resources to promote healthy school meals and promote healthy eating;
- to support compulsory labelling of foods or such measures as are necessary to indicate their nutritional content, and
- to pursue a legislative agenda related to the International Framework Convention on Tobacco Control.

Last November, at the Commonwealth Heads of Government Meeting, Heads adopted the Statement on Commonwealth Action to CNCDs. At that time, the Heads agreed to work towards reducing the incidence of CNCDs by fostering multi-sector policies and community-based initiatives to discourage tobacco use and unhealthy diets and to promote physical activity.

Aware that surveillance is key to effectively combating CNCDs, Commonwealth Heads also made commitments to support initiatives to include the monitoring of CNCDs and their risk factors in existing national health information systems. They also declared their support for the call to integrate indicators to monitor the magnitude, trend and socioeconomic impact of CNCDs into the core millennium development goals (MDGs) monitoring and evaluation system during the MDG Review Summit, which will be held later this year (2010).

International developments on trans fats

Several governments across the globe have already taken steps to eliminate industrially produced trans fats from their food supplies including Denmark, Chile, Argentina and Brazil. International food companies have also voluntarily taken steps towards eliminating trans fatty acids from their food products.

The WHO recommends that trans fatty acids should be eliminated from the food supply and that while voluntary actions from the industry are welcome, they advise that regulatory action is needed to most rapidly and effectively protect population health.

Partners' Forum

Ladies and gentlemen, the Ministry of Health's Vision 2020 for health is a nation empowered to live long, healthy, happy and productive lives. We know that regulatory action is needed to most rapidly and effectively protect population health. Our aim is to eliminate trans fatty acids and to reduce the salt and sugar content in the food supply.

The objectives of today's forum are:

- to raise awareness about chronic diseases and their impact on human and national development;
- to identify and scale up successful prevention practices;
- to develop innovative approaches to population health promotion, and
- to foster multi-sector partnerships and industry agreements for social and policy changes that promote health and prevent chronic disease.

The Ministry of Health is committed to collaborating with other government ministries, the private sector, NGOs and civil society organisations to develop an action plan to end the scourge of CNCDs on our nation.

Tobacco Control Act

Ladies and gentlemen, the Tobacco Control Act is one of the tools government is using to protect the health of the nation.

Tobacco is the leading preventable cause of death in the world and is responsible for two out of 10 deaths in the Caribbean. The Tobacco Control Act was passed in the Parliament in December, 2009 and last Ash Wednesday the President proclaimed Part III and sections one through nine of the Tobacco Control Act. These sections include but are not limited to the following prohibitions:

- smoking in enclosed public places;
- public and self-service displays of tobacco products;
- sale of tobacco products in certain places;

- manufacture or sale of toy or candy cigarettes;
- tobacco advertising, sponsorship and promotions.

We are very satisfied with the public response and the compliance with the Act thus far and we are truly committed to assisting the population with increased education and interaction so as to achieve the cultural shift we envision.

Closing: Multi-stakeholder approach to CNCDS

Ladies and gentlemen, as I close, I wish to emphasize that one of the main factors which contributed to the successful passage of the Tobacco Control Act in Parliament was the support of non governmental and civic organisations for the Bill.

This really speaks to the importance of collaboration between corporate citizens, NGOs and the government towards achieving national objectives. Similarly, I believe that we can work together on this mission to protect and preserve the health of our nation through national policy on trans fatty acids, salt and sugars.

Indeed, my dear friends, addressing complex problem of chronic diseases, risk factors and social determinants requires a multi-stakeholder approach, where companies, government, and civil society work together, each with a unique role and different resources. This is the very essence of this Partners' Forum initiative undertaken by PAHO at the regional level.

International experience is very informative in this respect:

In Argentina, the so-called "Argentina saludable" initiative was launched by the President. Recognizing that bread in their country was the single biggest contributor to the population's daily salt consumption, the Bakers' Association voluntarily gradually reduced salt levels in bread. What is even more interesting is that customers did not notice the difference and sales were not curtailed. The benefits of this will be evident soon on the national level, as levels of blood pressure across the population are expected to fall.

In Mexico, which is equally concerned over obesity, diabetes, and other chronic diseases, President Calderon signed an agreement and plan of action with the food industry and several NGOs to combat obesity. Thirty (30) food companies have now joined into an Alliance for Healthy Life ["Alianza para vida saludable"] and run a public health education campaign targeting people of all ages.

Further, in Colombia a new law was passed on obesity with components for cross-sectoral implementation throughout education, health, agriculture, urban planning, etc, so as to increase physical activity (support biking, walking, etc).

Additionally, right here in the region, Caribbean Wellness Day is a shining example of what we can achieve when we collaborate/ work together.

It is my sincere hope that we are inspired today by these examples and pave the way towards a collaboration that will helps us improve and preserve the health of our nation.

Thank you once again for your presence here today and I wish us all a fruitful meeting.