KILLER NON COMMUNICABLE DISEASES
CARICOM LEADS GLOBAL ACTIONS
DECLARATION OF PORT OF SPAIN
uniting to stop the epidemic of NCDs

WE, the Heads of Government of the Caribbean Community (CARICOM), the Regional Health Ministers of the Caribbean Community (CARICOM) and its regional partners, including the Pan American Health Organisation (PAHO/WHO) and other relevant partners;

2. That we strongly encourage the establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs;

3. Our commitment to pursue immediately a legislative agenda for passage of the legal provisions related to the International Framework Convention on Tobacco Control, urge its immediate ratification in all States which have not already done so and support the immediate enactment of legislation to limit or eliminate smoking in public places, ban the sale, advertising and promotion of tobacco products to children, insist on effective warning labels and introduce such fiscal measures as will reduce accessibility of tobacco;

4. That public revenue derived from tobacco, alcohol or other such products should be employed, inter alia for preventing chronic NCDs, promoting health and supporting the work of the Commissions;

5. That our Ministries of Health, in collaboration with other sectors, will establish by mid-2008 comprehensive plans for the screening and management of chronic diseases and risk factors so that by 2012, 80% of people with NCDs would receive quality care and have access to preventive education based on regional guidelines;

6. That we will mandate the re-introduction of physical education in our schools where necessary, provide incentives and resources to effect this policy and ensure that our education sectors promote programmes aimed at providing healthy school meals and promoting healthy eating;

7. That our endorsement of the efforts of the Caribbean Food and Nutrition Institute (CNFI), Caribbean Agricultural Research and Development Institute (CARDI) and the Regional Inter-Parliamentary Agency to enhance food security and our strong support for the elimination of trans-fats from the diet of our citizens, using the CNFI as a focal point for providing guidance and public education designed toward this end;

8. Our support for the efforts of the Caribbean Regional Negotiating Machinery (CRNM) to pursue fair trade policies in all international trade negotiations thereby promoting greater use of indigenous agricultural and non-agricultural products and foods by our populations and reducing the negative effects of globalisation on our food supply;

9. Our support for mandating the labelling of foods or such measures as are necessary to indicate their nutritional value;

10. That we will promote policies and actions aimed at increasing physical activity in the entire population, e.g. at work sites, through sport, especially music activities, as vehicles for improving the health of the population and conflict resolution and in this context we commit to increasing adequate public facilities such as parks and other recreational spaces to encourage physical activity by the widest cross-section of our citizens;

11. Our commitment to take account of the gender dimension in all our programmes aimed at the prevention and control of NCDs;

12. That we will provide incentives for comprehensive public education programmes in support of wellness, healthy life-style changes, improved self-management of NCDs and enhance the role of the media as a responsible partner in all our efforts to prevent and control NCDs;

13. That we will establish, as a matter of urgency, the programmes necessary for research and surveillance of the risk factors for NCDs with the support of our Universities and the Caribbean Epidemiology Centre/Pan American Health Organisation (CARICOM/PAHO);

14. Our continuing support for CARICOM and PAHO as the joint Secretariat for the Caribbean Cooperation in Health (CCH) Initiative to be the entity responsible for revision of the regional plan for the prevention and control of NCDs and the monitoring and evaluation of this Declaration.

15. We hereby declare the second Saturday in September “Caribbean Wellness Day,” in commemoration of this landmark Summit.
KILLER NON COMMUNICABLE DISEASES: CARICOM LEADS GLOBAL ACTION

FROM LOCAL TO GLOBAL

CARICOM has charted the path for the world in dealing with non-communicable diseases (heart disease, stroke, diabetes, cancer, chronic respiratory diseases), and their common risk factors of unhealthy diets, not enough exercise, tobacco use and harmful use of alcohol. Although there is a long way to go, this region is leading the world. In September 2007, CARICOM held the first and only summit of Heads of Government to address NCDs, with the support of PAHO/WHO and the Canadian Government. The summit issued the 15-point Port of Spain Declaration “Uniting to Stop The Epidemic of Chronic Non-communicable Diseases”. CARICOM leadership then convinced the world that it was necessary to do the same thing at the global level and as a result, Heads of Government from all over the world met at the United Nations on September 19th and 20th to discuss NCDs. Jamaica will be one of two co-facilitators of this meeting, a reflection of the role of CARICOM countries in advancing the NCD agenda at the global level.

This regional newspaper supplement is being published to celebrate the elevation from LOCAL TO GLOBAL of the method used by our political leaders, and the implementation of the Port of Spain NCD Summit Declaration in the region. Over the past 4 years, Ministries of Health, other government agencies, civil society and the private sector in the region have worked together on many projects in an effort to reduce the risk factors for chronic diseases, and to educate the community.

We celebrate LOCAL TO GLOBAL by recognizing two outstanding Caribbean health professionals who have indeed gone from local to global — Sir George Alleyne and Dr. Carissa Etienne — and Dr. Traci Moore, Annette Maynard-Watson, Better Health Magazine (Barbados), Kimmy Leon Sing, Kaieteur News, (Guyana) and Dr. Alafia Samuels, The Barbados Nation, Jamaica Gleaner, (Jamaica).

Participants in the Scotiabank Women Against Breast Cancer 5K Classic Walk and Run along Queen’s Park Savannah, Port of Spain, Trinidad last weekend.

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KILLER NON COMMUNICABLE DISEASES
CARICOM LEADS GLOBAL ACTIONS

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KILLER NON COMMUNICABLE DISEASES
CARICOM LEADS GLOBAL ACTIONS

CARICOM among world leaders who pledge to battle NCDs

President of Suriname Desire Delano Bouterse

CARICOM side event a resounding success Global leaders attending the United Nations General Assembly gave the Caribbean Community high praises for its “bold initiatives” and “determined leadership” in tackling one of the world’s most devastating development challenges – chronic non-communicable diseases (NCDs).

At the “CARICOM Takes Stock,” interactive discussion organized within the ambit of the Summit by CARICOM, the Pan American Health Organization / World Health Organization (PAHO/WHO) and Healthy Caribbean Coalition, Heads of State and Government and other senior ministers and experts who attended the side event agreed that CARICOM had blazed a remarkable trail of best practices worthy of emulation in combating lifestyle-related diseases.

President of the 66th session of the UN General Assembly Qatar’s Nasser Abdullah Al-Nasser was the main speaker at the interactive panel discussion, which not only showcased CARICOM’s achievements but highlighted the challenges in the prevention and control of NCDs and appealed to global leaders to lend their support to what was a continued and determined fight by all small island developing states with the collective will but meager resources.

The UNGA President praised Caribbean leaders for being the first to mobilize political commitment at the highest level to fight NCDs and for leading the advocacy that spawned the High Level Meeting and its subsequent Political Declaration, noting that the Caribbean’s agenda had been ambitious and courageous and “...even daring especially at a time when many countries in our region have been suffering from a double burden of disease."

“I want to pay tribute to CARICOM particularly for ensuring that the response to NCDs has now been placed at the forefront of global efforts to eradicate poverty and to improve health,” said Al-Nasser. "The CARICOM countries have taken a strong leadership role in giving a voice to the challenges faced by the millions of people with NCDs in low and middle-income countries around the world."

He urged CARICOM to continue the struggle against NCDs, explaining that the UN had a busy agenda in implementing the Political Declaration and expressing confidence that CARICOM had a major role to play in the coming months and years.

"Thank you for giving the world some much needed vision, determination, courage and thank you... for your unwavering commitment. This is how the world can achieve a major victory,” Qatar’s Nassir Abdulaziz Al-Nasser concluded.

CARICOM Secretary General Irwin LaRocque who gave brief opening remarks acknowledged the strong support of PAHO, the Commonwealth Secretariat and the Governments of Australia, Brazil, Canada, India and New Zealand.

"We express our gratitude to the UN Secretary General for his faith ahead with several initiatives to battle NCDs. The Region has developed a Strategic Plan of Action that included standard-setting for tobacco, salt, as well as nutrition labeling and elaboration of a new primary-care policy. Fourteen out of its 15 Members have already ratified and started implementation of the World Health Organisation (WHO) Framework Convention on Tobacco Control (FCTC). CARICOM had also institutionalized September 13 as Caribbean Wellness Day which is now a best practice in promoting healthy lifestyles through physical activity and healthy foods.

According to President Bouterse, it was the recognition that physical activity played a critical role in promoting healthy lifestyle that led to the establishment of a regional sport academy based in Suriname. This academy would continue to support the regional wellness revolution.

The Suriname President also suggested the appointment of a Special Representative of the Secretary General on Non-Communicable Diseases. The seriousness of these illnesses he stated, warranted universal access to medicines and technologies. Therefore, it was urgent for international agreements, such as Trade-Related Aspects of Intellectual Property Rights (TRIPS), to include measures to defend public health.

In concluding, he called for the continued support of the international community in providing technical and financial resources necessary for monitoring and surveillance of NCDs and attainment of the Sustainable Development Goals for the health of future generations.

CARICOM Secretary General Irwin LaRocque moderates the CARICOM side event.

In the process which got us here, we recognize the sterling contribution of our own public health leaders and, in particular, the leadership of Prime Minister Dr. Hubert Minnis, the current CARICOM Chairman. We must also single out the eminent Sir George Alleyne for his astute guidance in fashioning this agenda,” Secretary-General LaRocque stated.
The interactive discussion which was moderated by Sir George Alleyne comprised panelists Dr. the Hon Ralph Gonsalves, Prime Minister of St Vincent and the Grenadines; the Hon Tilman Thomas, Prime Minister of Grenada and HE Marcus Stephen, President of Nauru.

Dr. Gonsalves highlighted the fact that a small region of developing states should be justly proud that it had united to tackle a huge development problem and influence global issues. He added that the region’s achievements were due in part to the multi-sectoral approach it adopted in prevention and control of NCDs.

“Let us have a multi-sectoral approach,” said Gonsalves. “We have to involve every single entity, every single area of endeavor...”

“I feel we have to adopt a multi-sectoral approach,” said Gonsalves. “We have to involve every single entity, every single area of endeavor, including the public sector and the private sector, to work together to see how we can help our societies overcome the threat of NCDs.”

Hon Tilman Thomas underscored the need for the Caribbean to get access to commodities and medicines for prevention and treatment of NCDs. He noted that small countries such as Grenada faced special challenges that made leadership on NCDs even more important.

“As leaders we have a moral responsibility to save lives. We have to address issues such as patents and the high costs of medicines, particularly for people in small-island states,” he concluded.

Nauru’s President Marcus Stephen acknowledged the work of CARICOM and reported that his country was also grappling with rising NCDs. He pledged leadership on NCDs to fight alongside CARICOM in control and preventing the spread of NCDs.

Heads of state, health ministers and high-level representatives from Aruba, Argentina, Australia, Bahamas, Barbados, Canada, Finland, Grenada, Haiti, Hungary, St. Vincent and the Grenadines, Slovenia, Switzerland, South Africa, Suriname and the United States were among those leaders who attended the side event.

Several of them made interventions lauding the efforts of CARICOM. Haiti’s President Michel Martelly led off the interventions by avowing to make NCDs a top priority for his new government, noting that “I am here to fight against NCDs. I do believe we can fight NCDs through education, a good healthcare system, and also by using prevention.”

A high-level representative of Health Minister, Leona Aglukkaq endorsement President Martelly’s sentiments adding that the world could achieve more through collaborative efforts. Aruba’s Minister of Public Health indicated that some 70 percent of his country’s population suffered from diabetes, and 80 percent had at least one risk factor for NCDs. He acknowledged that addressing NCDs required addressing the difficult task of lifestyle changes.

President of Slovenia, Dr. Danilo Türk emphasized the importance of addressing NCDs as a development issue. In so doing he said countries must understand development in its totality. However, he warned that young people in his country and other countries were adopting lifestyles that would lead to high rates of chronic diseases.

The Heads of Government who shared the speakers’ platform Monday evening in its strong reservations on the need to control NCDs. The discussion, which was held at the Barbados National Stadium, was concluded by Delano Bouterse who spoke on behalf of CARICOM, Trinidad and Tobago’s Kamla Persad-Bissessar; St Vincent and the Grenadines’ Ralph Gonsalves, Barbados’ Freundel Stuart and Bahamas’ Hubert Ingraham.

In setting the pace at the Assembly, President Bouterse acknowledged the role played by the Pan American Health Organization (PAHO) and other international development partners and Governments in providing critical support to CARICOM in its battle with NCDs and its lobby efforts in securing the adoption of the landmark Resolution 63/10 - Control of Non-Communicable Diseases which led to the convening of the two high-level meetings. The resolution, he stated, embodied the commitment to successfully combat non-communicable diseases by adopting a urgent, comprehensive, multi-sectoral and fully coordinated at the national, regional and global levels.

He expressed CARICOM’s 15 member states’ support for the Declaration, but not before noting that it fell short in some critical areas, especially the use of the word “epidemic,” and in its failure to recommend clear collaborative mechanisms for stopping the epidemic.

President Bouterse also recommended the appointment of a Special Secretary-General on Non-Communicable Diseases.

Prime Minister Persad-Bissessar emphasized the need to continue leadership on NCDs and that it was projected that his country will witness a drastic increase to these diseases.

The Trinidad and Tobago Prime Minister noted that NCD risk factors had not been medical and therefore, required a non-medical solution. She called for the establishment of a scientific technical working group to devise a research agenda and establish the framework for the global community to respond.

“We need to further the dialogue and focus on the social determinants of health,” she said. “In conclusion, we recognize that your emphasis must be placed on research into the man-made causes of non-communicable diseases and the reduction of risk factors.”

Prime Minister of St. and the Grenadines, the Hon Ralph Gonsalves noted that NCDs must be treated as a development challenge, noting that serious consideration must be given to its disproportionate impact on poor people and development states as well as on the achievement of the Millennium Development Goals (MDGs). He added that the Political Declaration emerging from the meeting “simply was not enough,” and that its consensus must give impetus to a robust follow-up process and action plan that would, among several things, acknowledge that “the flexibilities inherent in the World Trade Organization’s agreement on intellectual property rights could and must be applied to the non-communicable disease epidemic.”

“We must also consider the role of the State and Civil Society in promoting healthy lifestyles and protecting local citizens from environmental harm and trade imbalances that make an important and our health care is much more affordable and less readily available and then a nutritious, locally produced meal,” he said.

Endorsing the sentiments of his colleague Heads, Prime Minister Freundel Stuart warned that the economic and social gains in the Caribbean from the implementation of the Declaration over the last five decades were in grave danger if immediate, effective and aggressive actions were not taken against NCDs.

He reported that one in every four Barbadians was affected by at least one NCD and that the projection that this country will witness a drastic increase to these diseases by 2025. According to Prime Minister Stuart, the rising rates of obesity, poor nutrition, low rates of physical activity and other risk factors in his country are associated with a cultural lifestyle.

In this regard, he outlined several actions that his country had established to counter the increasing rate of lifestyle related diseases. Those included creating a Chronic Non-Communicable Diseases Unit; increasing by 50 percent the dedication of financial resources to fighting lifestyle-related diseases; and increasing surveillance capacity for non-communicable diseases through the establishment of the Barbados National Registry, the first of its kind in the Eastern Caribbean.

The Hubert Ingraham, Prime Minister of the Commonwealth of the Bahamas, who Chair the meeting stated that the Caribbean had to strengthen primary health-care services; increase access to medications for non-communicable diseases; improve the quality of health services through strengthening health-care delivery and facilitating patient self-management programmes.

He strongly recommended a raft of measures that should be adopted. Those included increasing international assistance for health; support to human resource development; and redirecting regional budgetary allocations; increasing access to training in policy formulation, management and coordination across health systems; changing policies for intersectoral involvement in the “non-communicable disease prevention initiative”; and sharing best practices in trade and industry.

He too welcomed the adoption of the Political Declaration, the main outcomes of which are setting the stage for broader implementation of the “non-communicable disease prevention initiative” and sharing best practices in trade and industry.
KILLER NON COMMUNICABLE DISEASES
CARICOM LEADS GLOBAL ACTIONS

From Port of Spain to New York and back:
CARICOM AND THE NCDs

Sir George Alleyne

THERE were several significant events at the recently concluded Thirty-Second Regular Meeting of the Conference of Heads of Government of the Caribbean Community 30 June - 4 July 2011, Basseterre, St. Kitts and Nevis. I was intrigued by the repeated affirmations that there were many goods and wins in the regional integration process, but I believe I can be forgiven for highlighting two aspects that were related to health. Their significance was heightened by recalling that the 60th anniversary of the historic Nassau Declaration (2001) in which the CARICOM Heads of Government - perhaps in the tradition of the oracle at Delphi - asked: What is the wealth of the Region? The answer: The health of the Region is the wealth of the Region. Many developments have happened since that declaration but two had particular salience at this meeting. The first was the signing of the legal agreement that created the Caribbean Public Health Agency (CARPHA). This was the culmination of the dreams of many who saw the need for a Caribbean response to some of the Caribbean public health problems. The gestation period was not an easy one. There were setbacks, but many if not most of these have been overcome and we look forward to the successful implementation of this agreement with growing focus for many of the activities that must now be scattered throughout the Region.

The second was the affirmation of the national commitment to the herbal prevention and control of the Non-Communicable Diseases (NCDs). The renewed commitment is thus:

Heads of Government welcomed the significant role being played by the Community in advocacy and preparation for the UN High Level Meeting on the Prevention and Control of Non-Communicable Diseases (NCDs) scheduled for UN Headquarters, New York, USA 19-20 September 2011.

They recalled the successful outcome of their 2007 Summit on NCDs in Port of Spain, Trinidad and Tobago which stimulated a wellness revolution and led to the observance of Caribbean Wellness Day as an annual event.

Heads of Government stressed the Community’s commitment to pursuing an agenda that placed emphasis on: Four (4) Diseases: Diabetest, Cardiovascular Diseases, Chronic Respiratory Diseases and Cancer; Four (4) Risk Factors: Tobacco, Diet, Physical Inactivity and Inappropriate Alcohol use; Four Strategic Approaches: Risk Factor Reduction, Health System Reform, Equitable access to affordable medications and improving surveillance and program monitoring and evaluation.

Heads of Government committed to ensuring representation of the Community at the highest level, at the High Level Meeting in September. It was a source of pride to many to see the role CARICOM had played in the convening of this High Level Meeting and to note the clarity and specificity of the Community’s commitment. The story of the progress from that CARICOM Summit in Port-of-Spain, through the Hemispheric Summit, through the meeting of the Commonwealth Heads of Government (CHOGM) all in Port-of-Spain to the successful outcome of the process at the high level meeting cannot be told without an emphasis on this leadership.

But even as we take pride in how the Community has been able to reflect on the circumstances that made this possible. The elevation of any issue to a level at which it occupies the highest political attention does not occur in vacuo. It is a result of the initiative of the governments and their partners, at a time when there is frequent negative comment about the Caribbean’s leadership in the world. In the words of the Prime Minister of Trinidad and Tobago who invited his colleagues to the CHOGM Summit in Port of Spain, “we... saw to the acceptance of the Declaration on NCDs by the Commonwealth Heads of Government in 2009 and in his address to the United Nations in 2009 he called for a UN Summit on NCDs. The Caribbean is fortunate to have Prime Minister Douglas of St. Kitts and Nevis as the Prime Minister responsible for health in the CARICOM Heads of Government Conference.”

One of the important contributing factors is the manner in which the government contributed to the UN Declaration on NCDs. It is no accident that the Caribbean leadership is widely recognized for its contribution.

The other is the level of commitment and the sustained, consistent effort by governments to make a difference. The leaders and their teams have brought together the relevant actors, at the national and international level, to bring about the successes that have been achieved. The work is far from over, but the leadership of the CARICOM Secretariat, particularly Dr. Edward Greene, has been instrumental in making the process possible.

The UNHLM will end and the leaders will return to the many and varied problems of their individual countries. The further promotion of the results of the HLM in the Caribbean will depend on no small measure on our capacity to advocate for action at higher levels, especially in the context of the CARICOM initiative. We should reflect on the internal circumstances that made it possible for a small group of countries to elevate a health issue to the level of a United Nations High Level Meeting (UNHLM). This must rank as one of the most important collective foreign policy initiatives of the Region. However, while there is pride in Caribbean achievement, it must be acknowledged that there are many other groups and agencies which played seminal roles in promoting the UN High Level Meeting on NCDs. There is no doubt that for a group of countries to elevate a health issue to the level of a United Nations High Level Meeting (UNHLM) is a feat of leadership. We all, as a Region, have a responsibility to ensure that the Caribbean leadership is widely recognized for its contribution to the success of the UNHLM on NCDs.

Annette Maynard-Watson

AFTER returning from an extensive field trip in Barbados, the top 12 doctoral students of “First Class Health University” exclaimed bitterly to their professor:

“This was because the field trip left them thirsty and physically drained. Cognizant of this, their professor served each student a chilled glass of ‘disinfectant’ watermelon juice. To the students’ amazement, the watermelon drink revitalized them immediately. The students were thrilled and declared that the beverage must be on their next field trip and instead teach them about the history, nutritional value and other health benefits of the remarkable watermelon.

He related that the watermelon is believed to have originated in the Kalahari Desert of southern Africa. Research shows that it was first cultivated in Egypt, because glycophytes depictions watermelon have been found in ancient tombs. Additionally it probably reached the Caribbean with enslaved Africans. Watermelon, or Citrullus lanatus, is a member of the Cucurbitaceae family. Its nutrition information is high in vitamin A, vitamin C, vitamin K, magnesium, potassium, antioxidants, water, carbohydrates, fibre, folic acid, calcium, and iron.

Noteworthy is that the rind and seeds are consumed by many fruit lovers in salads and other nutritious meals. Research revealed that watermelons can assist with some health challenges including urinary retention, heart disease, high blood pressure and kidney disorders. It can prevent heatstroke, treat diabetes, improve the liver, and reduce the risk of death from asthma, colon and prostate cancer. Watermelon is also rich in lycopene, which is a phytochemical found in tomatoes. This pigment reduces the risk of osteoporosis and rheumatoid arthritis, boosts the immune system and be used as a natural sexual enhancer.

A study conducted at the Florida State University and led by assistant professor Arturo Figueroa and Professor Rahma H. Arjmandi revealed that watermelons can be used as a hypotensive food. They also claimed that it can combat cardiovascular disease.

The study revealed that “when six grams of the amino acid L-citrulline/L-arginine from watermelon extracts were administered daily to rats, it significantly increased the blood pressure in all nine of their hypertensive subjects.”

In another study conducted at Texas A & M University’s Fruit and Vegetable Improvement Centre it was indicated that “watermelon may be considered as an innovative natural alternative to prescription drugs like Viagra.”

The study further revealed that a naturally occurring substance in the rind of the fruit may prove promising as a sexual enhancer for men.

In conclusion, watermelons are not only juicy and delicious but excellent healers. I implore you to consider incorporating the fruit in your meals and seeds into your diet to enhance your health. They were created to heal and refresh us. Try using them especially during the long, hot summer.” — Better Health

REFRESHING WATERMELON
Jared Lost 245 lbs eating healthier at Subway*. So have thousands of others. Log on to subway.com to see just how healthy Subway can be for everyone.

SUBWAY™

eat fresh.

Premium Meats, Delicious Toppings & Freshly Baked Bread.

*Program consisted of Subway sandwiches, salads, other foods and exercise.
KILLER NON COMMUNICABLE DISEASES

CARICOM LEADS GLOBAL ACTIONS

PROFILE: Dr Carissa Etienne

Dr Carissa Etienne, a citizen of the Commonwealth of Dominica is an exceptional Caribbean individual of whom we can be immensely proud.

Her most recent accolade is that the CARICOM Heads of Government in July 2011, endorsed her candidacy for Director of Pan American Health Organization (PAHO), the regional office for the Americas of WHO 2013–2016. In 2000 Dr. Carissa Etienne, director of WHO, entered her term as Assistant Director-General of the World Health Organization in Geneva, Switzerland to direct the work of the Health Systems and Services (HSS) cluster in WHO.

Prior to her international work, among other positions, she was also Chief Medical Officer and Director of Primary Health Care Services in her native Dominica from 1989-2002. Her team achieved universal coverage for all primary care programs, with immunisation coverage rates of 95 percent, and 90 percent coverage for prenatal care and deliveries by trained birth attendants, access to family planning, care for chronic non-communicable disease, country-wide community empowerment and participation and health education integrated into community dynamics.

As AD PAHO, Dr. Etienne directed the technical programs of the Organization, the areas of Health Systems Strengthening, Technology and Innovation, Delivery Family and Community Health, Health Surveillance and Disease Prevention, Communicable Disease Surveillance and Response, and the Unit of Gender, Ethnicity and Health.

Her achievements included guiding the Renewal of Primary Health Care in the Americas at PAHO and the development of the Strategy of Health Systems based on Primary Health Care and the Integrated Approach to the Prevention and Control of Chronic Diseases.

At WHO, she led the global renewal of the primary health care approach (PHC) approach within WHO, where she had done in Dominica, but in excess of 60,000 people in Dominica, she “scaled up” to 8 billion globally. She also led WHO’s work on universal coverage, notably the development of the World Health Report 2010 - Health systems financing: the path to universal coverage.

Dr. Carissa believes in people centered care, reflecting the philosophy that we should address all the health needs of the patient, and not treat by disease. Most importantly, she is an inspirational leader who has provided strong leadership, recognized the central importance of “building health teams and alliances with the private sector in promoting health, with the vision to develop the Caribbean national and international and global health programs.”

Another Caribbean national going “FROM LOCAL TO GLOBAL”

MOBILE PHONE AND SOCIAL MEDIA CAMPAIGN

in support of UN Summit on NCDs an outstanding success

ON the 19 and 20 September a once in a lifetime High Level Meeting of World Leaders was held at the United Nations to discuss chronic diseases, now better known as NCDs, globally - heart disease and stroke, diabetes, cancer and chronic lung disease.

In the months leading up to the meeting, the world leaders found themselves in the field of the most pressing and important initiative took place in the Caribbean, that is, the conducting of the Get the Message campaign which is an advocacy and educational campaign using mobile phones and social media to obtain support for the summit and at the same time inform, sensitise and educate the people of the Caribbean about NCDs.

In the Get the Message campaign, the Caribbean was invited to text yes, free of cost, to a predetermined short code to indicate their support for the UN High Level Meeting. The campaign sought to engage people about the high prevalence of NCDs and the impact of unhealthy lifestyles.

It aimed at educating the need for a “whole of society” and “whole of government” approach to NCDs with a focus on mobilising civil society, academia and the private sector to respond to and tackle NCDs.

Toucaribbean Broadcasting Coalition under the leadership of Mrs. Marsha Halley, Executive Director of the Caribbean Broadcasting Union, Digicel LIME, One Caribbean Media Network and the Super Station, PAHO/WHO and Sagicor in the execution of the campaign.

The Get the Message text campaign, which was led by the Healthy Caribbean Coalition which is a network and alliance of civil society, academia and the private sector to respond to and tackle NCDs.

The campaign was supported by the International Diabetes Federation; a CARICOM and PAHO sponsored campaign entitled “CARICOM Take Action” and at PAHO, GRULAC, United States, Canada and World Economic Forum meetings in Davos, the message was highlighted.

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The Get the Message campaign was a project to reflect its mission to harness the power of civil society, in collaboration with governance, to mobilise and inspire a popular “people movement” to create a positive and constructive “use of mobile phones in the fight against NCDs”.

Professor Trevor Hassell in commenting on the tremendous success of the Get the Message campaign pointed out that “this extremely high profile campaign points to a successful campaign in which half million text messages of support from throughout the Caribbean were received, was due to the united voluntary efforts of many young people. It showed that Caribbean people can come together around a major health concern to advocate for positive action and change, and it demonstrates a positive and constructive use of mobile phones in the fight against NCDs”.

The campaign was supported by the International Diabetes Federation; a CARICOM and PAHO sponsored campaign entitled “CARICOM Take Action” and at PAHO, GRULAC, United States, Canada and World Economic Forum meetings in Davos, the message was highlighted.

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DIABETES: ARE YOU AT RISK?

- ARE you over 45 years of age?
- Does your mother, father, or any other close relative have diabetes?
- Are you overweight?
- Do you get little or no exercise, less than 3 times a week?
- Do you have High Blood Pressure?
- Are you a woman who has had large babies, weighing more than 9 pounds at birth? Did you have Diabetes during pregnancy?

What is Diabetes?
Diabetes is a chronic disease in which there is too much sugar in the blood.

The food we eat turn into glucose, a simple sugar, after digestion. This sugar is carried in the blood to the cells, where it is the main source of energy for the body.

Diabetes interferes with the body's ability to produce or use insulin, the hormone which is needed to move glucose out of the blood and into cells. As a result, the level of glucose or sugar in the blood stays high.

High levels of sugar in the blood damage the blood vessels and nerves and can cause serious complications over time.

Diabetes causes damage to the eyes, heart, kidney, and other organs of the body. It increases your risk of getting a stroke, becoming blind or losing a foot or leg.

Diabetes increases the risk of heart attacks and strokes.

FREED: High Blood Sugar levels damage the nerves and blood vessels in the feet.
This causes circulation problems and poor healing, specially in the foot.

Remember: The normal range of blood sugar is 80-120mg/dL. Check your blood sugar level every 6 months - 1 year or as indicated by your doctor.

Blood sugar and blood pressure checks are available FREE at all health centres in Trinidad and Tobago.

YOU can reduce your risk of Diabetes
- Eat Healthy, Eat More Fibre
- Eat fresh fruit and vegetables everyday.
- Use more paaas, corn and bran.
- Use more ground provision, like yam, cassava dashine.

Eat Less Fat
- Eat less fried and fatty foods. Use less oil, butter or margarine in cooking
- Trim excess fat from meats and poultry before cooking
- Bake, steam, or grill instead of frying.

Use Less Salt
- Use less salt when preparing or cooking food.
- Eat less high salt foods such as cheese, sausages, salty snacks, canned meats and vegetables.
- Use fresh seasoning and herbs instead of packaged seasonings.

Use Less Sugar
- Reduce your intake of sugary foods like soft drinks, sweets and sugary snacks.

Maintain a healthy weight
Ask the nutritionist, dietician or nurse at the health centre what weight is healthy for your height. Check your weight regularly and reduce your weight if you are overweight.

Get active
Exercise regularly for at least 30 minutes, 3 times a week. Brisk walking is a simple exercise you may engage in.

Do not smoke.
Avoid drinking alcohol.

Check your Blood Sugar level regularly, and keep it in the normal range.
T&T Ministry of Health National Symposium

The threat of NCDs to the future of children

The Ministry of Health hosted a National Symposium on “The Threat of Chronic Non-Communicable Diseases (NCDs) to the future of children“ on August 23rd, 2011 at the Hyatt Regency, Port of Spain, Trinidad. The symposium was held to bring together a range of Government Ministries, public and private organizations, NGOs and civil society organizations to:

- Share current data and research information on the risks driving the chronic disease epidemic in children and youth populations.
- Develop an Action Agenda by identifying innovative approaches, and successful preventive strategies to reduce negative risk factors and promote healthy children.
- Foster multi-sectoral actions that promote environmental, social, and policy changes for healthy lifestyles and the prevention of chronic diseases.

Dr Fuad Khan, Minister of Health delivered the feature address. He noted “In 2004, the public expenditure on drugs for the treatment of cardiovascular disease, diabetes, cancer, and hypertension was TTD1.6 billion dollars. In 2009, this figure more than tripped to TTD2.1 billion. At present it is about TTD2 billion. What has been even more alarming for us in Trinidad and Tobago has been the emergence of NCDs in our children and youth populations. Surely then, you would agree with me that this national emergency is of great significance. Our children are the future of our nation.”

Dr Khan explained that NCDs are primarily lifestyle diseases and therefore largely preventable. The Government’s Vision for Health spans from conception to exit, and is rooted in this philosophy of prevention. The Ministry’s lines of action for NCD Prevention and Control are multi-fold and include public policy development on chronic diseases, risk factors and determinants; the strengthening of our surveillance, emphasis on health promotion and disease prevention; and integrated management of chronic diseases and risk factors.

Dr Bernadette Theodore-Gandi, Pan American Health Organization/World Health Organization (PAHO/WHO) Country Representative spoke about the implications of a NCD epidemic and advised “The health of a population affects the economic development of a country. However, the solution is outside the remit of the Ministry of Health. It involves everyone. We need to mobilize all sectors of society. We need to evaluate our health programs since individuals cannot make healthy choices if policies do not support this. We have to create an environment that will encourage our citizens to make healthy choices.”

Dr Tim Gopeesingh, Minister of Education delivered remarks at the symposium and shared “I am pleased to be a part of an inter-ministerial team to address this national problem. From a Ministry of Education perspective, I have been working on this issue for quite awhile. We have been strengthening the school curricula from infant to Standard 6. We have 1/4 million children in schools, almost 900 schools and about 15,000 teachers. We are also engaged in the provision of meals to schools via 95,123 lunches and 16,000 breakfasts every day. School kitchens and cafeterias are also being examined as part of this process, including if soft drinks should be sold in schools since there are about 450 calories per soft drink. If we start the education right here in schools, we can impact almost 4 million of our population with the right education. This is then spread to the wider society since interventions at the school aged stage will result in lifelong lessons being learnt.”

Dr Fitzroy Henry, Director Caribbean Food and Nutrition Institute (CFNI) spoke about the “Critical Strategies for Preventing Childhood Obesity and Nutritional Problems in Caribbean Societies.” His colleague, Ms Beverly Lawrence, Nutritionist at CFNI, discussed the results of an evaluation of school meals and a survey of BMI of school-aged children which showed a link between school feeding programs and improved cognitive function, and that school-based programs play an important role in promoting healthy eating behaviors.

Symposium participants were then both educated and entertained by Professor Surajpal Teelucksingh, of the University of The West Indies, St. Augustine who delivered a riveting presentation on “The chronic disease challenge: A threat to childhood future.”

Other symposium participants included the Honourable Verna St Rose Greaves, Minister of Gender, Youth and Child Development, the Honourable THA Secretary of Health and Social Services Ms Claudia Groom-Juke, Ministry of Health Permanent Secretary Antonia Poppelwell, Chief Medical Officer Dr. Anton Cumberbatch, THA Chief Executive Officer Mr. Paul Taylor, AG NCHA Chief Executive Officer Mr. Colin Bissessar, Chief Education Officer Ms. Sharon Mangroo.

Background:

Over the past fifty years, Trinidad and Tobago has made great progress in health, with increasing life expectancy and elimination of childhood diseases such as polio and measles that greatly impaired the ability of children to achieve their full developmental potential. Today, chronic diseases and their risk factors including heart disease, cancer, diabetes, hypertension and obesity have become the main health problems facing us, emerging even in children and adolescents.

Chronic Non-Communicable Diseases (NCDs) are the top four leading causes of death in Trinidad and Tobago, accounting for over 60% of all deaths annually. Modifiable behavioral risk factors such as unhealthy eating habits, physical inactivity, tobacco use over weight and obesity are some of the key drivers of the chronic disease epidemic. These risk factors are inter-connected with other social and environmental factors such as poverty, education, physical infrastructure and policies that can influence the ability of people to access and engage in healthy choices, and ultimately impact the growing epidemic of NCD in the country.

The Trinidad and Tobago has provided leadership among CARICOM member countries, and internationally in promoting the critical importance of NCD prevention, control, and the need for a strong, co-ordinated response from the highest levels of government and at the level of the United Nations. Through the leadership of Trinidad and Tobago and CARICOM, NCDs has been identified as a critical economic and developmental issue that is threatening the very viability of countries. Other regions including Latin America, Russia, and the Commonwealth countries have joined in the call for NCDs to be included in the Millennium Development Goals (MDGs).

The Prime Minister of Trinidad and Tobago has identified women and children as important targets for focusing efforts on NCDs prevention and control. The 2010 survey of Body Mass Index (BMI), conducted by the Caribbean Food and Nutrition Institute (CFNI) for the Ministry of Health, revealed that childhood obesity is on the rise in Trinidad and Tobago. Approximately a quarter of primary and secondary school age children, (24.6%), in Trinidad and Tobago are overweight or obese. The school-based Diabetes Screening project being conducted by Professor Surajpal Teelucksingh has further revealed the existence of Type II Diabetes, often referred to as adult onset Diabetes, in school aged children. Overweight and obesity are risk factors for Type II Diabetes. These are indicators that the current chronic disease epidemic is only going to worsen if critical preventive and health promoting action is not taken urgently.
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NCDs at the UN

THE United Nations High Level Meeting on Non-Communicable Diseases (NCDs) took place in New York on September 19 and 20 during the 66th session of the UN General Assembly Headquarters, New York. Prior to this, there have been a number of initiatives at the Caricom level leading up to this.

What are NCDs
NCDs stands for Non-communicable disease. This refers to diseases that cannot be caught from another person or object contaminating by germs. Heart disease, cancer (although some cancers have been associated with viruses), stroke and diabetes are general forms of NCDs. NCDs are also called lifestyle diseases because they can usually be prevented or at least curbed by living healthy lifestyles.

Table 1: Selected Risk Factors for NCDs in Caricom

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity (body mass index ≥ 30)</td>
<td>33 - 52%</td>
<td>9 - 38%</td>
</tr>
<tr>
<td>5 fruits &amp; vegetables/day</td>
<td>91 - 97%</td>
<td>91 - 97%</td>
</tr>
<tr>
<td>Daily tobacco use</td>
<td>1 - 4%</td>
<td>9 - 11%</td>
</tr>
<tr>
<td>Alcohol use - 4 days/week</td>
<td>1 - 2%</td>
<td>7 - 14%</td>
</tr>
</tbody>
</table>

Table 1: Selected Risk Factors for NCDs in Caricom

Comparing the health fair to last year's, she acknowledged that this year's was much larger.

Ms Bernard told the gathering that NCDs are preventable in large measure and the activities held by each country depict regional integration where they are "coming together for a common goal".

She added that there is the need for more imaginative measures of getting such messages across the country and globally.

The Ministry of Health in partnership with Caricom, the Pan American Organization (PAHO) and Nestle hosted its annual "Health Fair" at Merrimans Mall, Bourda.

At the health fair visitors were given health tips and also able to receive massages, test their body mass index, weight, height, and pressure, while some were entertained by "edutainment" pieces, singing, dancing, quiz and exercise competitions.

PAHO representative, Engineer Vlajman, stated that the non-communicable diseases have a negative economic impact on society since it increases health care costs while drives people to poverty since most of the times, these expenses are "paid out of their pockets". Caricom representative, Myrna Bernard, explained that such an activity shows that Guyana, like other Caricom countries, remains committed to the pledge which they made at the landmark Summit on Chronic NonCommunicable Diseases (NCDs), held in Port-of-Spain, Trinidad, in 2007.

These diseases are killer diseases. They don't kill instantly; they are the ultimate of terrorism. It is only after punishing you for a long time, they take your life and leave trauma for those you leave behind?"
KILLER NON COMMUNICABLE DISEASES
CARICOM LEADS GLOBAL ACTIONS

Grenada - Winners of Biggest Loser Competition

St Kitts & Nevis - Share Your Fruits Day

Anguilla

Jamaica poster

Guyana - Including the differently abled
LAUNCH OF WELLNESS WEEK in the AMERICAS

Inspired by Caribbean Wellness Day

Dr Mirta Roses

PAHO/WHO Harlem, New York: Getting ready for the launch of Wellness Week in the Americas-The Greater New York Chamber of Commerce, and co-organized by the New York Academy of Medicine, the City College of New York, Harlem Hospital Center and Emblem Health Wellness Week was inspired initially by Caribbean Wellness Day, celebrated each year on the second Saturday in September by countries in the Caribbean to raise public awareness about noncommunicable diseases (NCDs) and prevention through healthy living.

The idea of a Wellness Week in New York grew out of efforts to mobilize the Caribbean diaspora in New York City around Caribbean Wellness Day. Today I am proud to say that in just 10 months since the idea emerged, Wellness Week has grown to include 20 organizations leading activities across New York City and 12 countries throughout the Americas are sponsoring Wellness Week events similar to the one we are celebrating today. I believe this is just the beginning of the change we need to create healthier environments for healthy living and prevention of chronic diseases.

As we gather today in the heart of Harlem—a transformed neighborhood in one of the world’s greatest cities—our timing is significant. Heads of governments and civil society leaders will be gathering here in New York on 19 and 20 September for the first United Nations High-Level Meeting on Noncommunicable Diseases, where they will discuss the challenges, policies and options for tackling the rapid growth of chronic diseases in rich and poor countries alike.

The messages of Wellness Week—Be Well, Stay Well. We are coming together to raise awareness among individuals, families, communities, employers, and governments about the need to support healthy behaviors through social action and through public policies that shape environments in which people can exercise their right to be healthy and stay healthy.

Where better to do this than right here in New York City, which through its public policies is setting examples on how to confront the growing epidemic of NCDs:

- Reducing salt in foods; and
- Displaying the calorie content of fast-food menus.
- Streets are safer for walking and cycling.
- There is increased availability, affordability and accessibility of public transportation.
- New York City is a leader in active design for buildings, homes, streets, and parking lots.
- There are public spaces that encourage active living.

All this progress has improved the quality of life in New York, but it has done more than that. According to a recent New York City Vital Signs Report, these interventions prevent some 6,000 deaths annually, while reducing illness and disability.

New York City recognizes a critical truth: that better health is not just a matter of individual choices. Rather, public policies are key to making healthy living viable and sustainable by shaping the environments in which children and youths, adults and senior citizens live, play, work, and travel. Public policies are needed to make the healthy choices the easy choices to ensure every individual grows well and stays well.

Let us all celebrate a long and healthier life for all and make sure the next generation, those that are being born now and tomorrow, are free from NCDs.

"Better health is not just a matter of individual choices"
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SOLIDARITY
key in fight against NCDs

Opening Remarks on Partners Forum
Friday 16 September 2011

Salutations:

It gives me a great pleasure to be with you this morning to bring remarks on behalf of the Regional Director of PAHO/WHO, Dr Mirta Roses, and myself in this very important occasion. Let me congratulate the Honourable Minister and his ministry for continuing sustained effort to address priority health problems such as non-communicable diseases and risk factors in Trinidad and Tobago.

Non-communicable or chronic diseases are diseases of long duration, generally slow progression. The four main types of non-communicable diseases are cardiovascular diseases (like heart attacks and stroke), cancer, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

Noncommunicable diseases are the top cause of death worldwide, killing more than 36 million people in 2008. Cardiovascular diseases were responsible for 48% of these deaths, cancers 21%, chronic respiratory diseases 12%, and diabetes 3%.

In 2008, more than 9 million of all deaths attributed to NCDs occurred before the age of 60. 80% of these premature deaths occurred in low and middle-income countries. In recent publication, WHO reported that men and women in low-income countries are around three times more likely to die of NCDs before the age of sixty than in high-income countries.

Halting premature deaths from NCDs will require all stakeholders’ solidarity and alliances that go beyond one government ministry and its services.

The Partners Forum for Action on Chronic Disease in the Americas is PAHO’s innovative response to the epidemic of chronic diseases. This new way of doing business established in 2010 as PAHO being the lead convener of the diverse stakeholders in this region promised to be one effective forum for action.

The ultimate goal of the Partners Forum is to support attenuation of the regional NCD prevention and control strategy and goal of improving wellbeing and productivity. It is equally important to set national targets and measure results. I hope that the Partners Forum for NCD in Trinidad and Tobago is one useful mechanism whereby Ministry of Health and other stakeholders in identifying areas for priority action, in evaluating policy and programme interventions and in tracking progress.

The Partners Forum will provide a forum for dialogue and joint action between governments, civil society and private sector to support the national priorities to prevent NCDs and promote health. Further more the forum supports and strengthens existing partnerships and creates multi-sectoral engagement to scale up effective interventions at national, sub national and local level.

The Partners Forum will increase awareness, work in advocacy and communication on workplace wellness, tobacco and alcohol control, increasing physical activity, healthy diet and access to health services. By ensuring that the response to NCDs is at the forefront of national efforts to promote inclusive economic growth and protect health, we will achieve a more balanced distribution of the benefits of national progress and reinforce the broader scope of human security.

Today as the Minister of Health hands out letter of appointment to members of the cabinet-appointed partners for NCD, it signals the members’ of the forum full commitment to action to promote health, prevent and control NCDs in this country.

The Partners Forum will bring together a wide group of stakeholders to share views and experiences to date on the challenges and opportunities in non-communicable disease prevention, treatment, and control. This partnership will play a leadership role in bringing good practices to light in the prevention and management of chronic diseases, healthy lifestyles, and supportive environments.

Halting premature deaths from NCDs will require all stakeholders’ solidarity and alliances that go beyond one government ministry and its services.
CHEMISTRY CHECK CONTRIBUTOR

Tracy Moore

If you are like most people, you hear about good and bad cholesterol but except for knowing the doctor, clinical or nurse, you have no clue how to check or interpret what it means. Here is a chance to get a clearer idea about your cholesterol.

Has the doctor told you that you have high cholesterol?
(a) No, but I have not had my cholesterol checked within the past five years.
(b) No, my cholesterol has never been elevated.
(c) Yes, I was told that my cholesterol was high.
(d) Yes, I am working on reducing my cholesterol level.
(e) Yes, but it is now well-controlled.

Family history provides important information and helps to determine your risks of atherosclerotic disease.
(a) Has your father, brother, or son had a heart attack (fatal or not) prior to age 65?
(b) Has your mother, sister, or daughter had a heart attack (fatal or not) prior to age 65?
(c) Have your parents or siblings had a stroke prior to age 65?

What are you currently doing to lower your cholesterol? (Select all that apply.)
(a) Medication.
(b) Diet.
(c) Exercise.
(d) None of the above.

Which of the following best describes your diet?
(a) Mostly high-fat food (red meat, whole milk products, eggs, white bread, rice, etc.; fast food or processed foods; baked goods.
(b) Mostly high-fat foods, but trying to eat lean meats and low-fat dairy products; whole grains; fruits and vegetables.
(c) Mostly low-fat foods, vegetarian or vegan diet.

What has been your experience with making dietary changes?
(a) I have made the changes and there’s no going back.
(b) I am still trying, but it’s tough.
(c) I tried for longer than six months, but gave up.
(d) I tried for less than six months, but gave up.
(e) I haven’t tried yet.

When I think about how physically active I really am, I believe I am ...
(a) extremely active: hard daily exercise or sport and physical job.
(b) very active: hard exercise or sport six to seven days a week.
(c) moderately active: moderate exercise or sport three to five days a week.
(d) lightly active: light exercise or sport one to three days a week.
(e) sedentary: little or no exercise and a desk job.

Obstacles that might get in the way of successfully making lifestyle changes right now include ...
(a) recent injury has cut down activity level.
(b) doctor just put me on a specific diet for health reasons.
(c) existing medical condition.
(d) work schedule.
(e) social calendar.
(f) TV listings.
(g) recent pregnancy or breastfeeding.
(h) other obstacle.
(i) None of the above.

What is your total cholesterol? (milligrams per deciliter - mg/dL)
(a) I know my exact number.
(b) Less than 160 mg/dL (normal).
(c) 160 to 199 mg/dL (borderline high).
(d) 200 to 239 mg/dL (slightly high).
(e) 240 to 279 mg/dL (high normal).
(f) 300 mg/dL or more (very high).

What is your HDL, “good” cholesterol?
(a) I know my exact number.
(b) Less than 35 mg/dL (very low).
(c) 35 to 49 mg/dL (low normal).
(d) 50 to 59 mg/dL (high normal).
(e) 60 mg/dL or more (high).

What is your triglyceride level?
(a) Less than 100 mg/dL (normal).
(b) 100 to 199 mg/dL (borderline high).
(c) 200 to 499 mg/dL (high normal).
(d) More than 500 mg/dL (very high).

What is your systolic (the top, higher number) blood pressure?
(a) Less than 120 mm Hg (normal).
(b) 120 to 129 mm Hg (borderline high).
(c) 130 to 139 mm Hg (high normal).
(d) 140 to 159 mm Hg (high).
(e) 160 or more mm Hg (very high).

What is your diastolic (the bottom, lower number) blood pressure?
(a) Less than 80 mm Hg (low).
(b) 80 to 84 mm Hg (normal).
(c) 85 to 89 mm Hg (a little high).
(d) 90 to 95 mm Hg (high normal).
(e) 100 or more mm Hg (very high).

Do you smoke?
(a) Yes.
(b) No.

All our cholesterol comes from the foods we eat.
Answer: False, while dietary cholesterol comes from the foods we eat, there is also blood cholesterol which is found in the blood. It comes from both the cholesterol made by the liver and the cholesterol and fat we eat.

The only way to lower cholesterol in the diet is to cut out all fats.
Answer: False, making gradual and permanent changes in your lifestyle that includes increasing your level of physical activity and maintaining a healthy body weight, can also help lower your cholesterol levels.

It’s possible to decrease your risk of a heart attack or stroke by increasing your HDL cholesterol.
Answer: True. HDL (good) cholesterol, higher levels are better. Low HDL cholesterol (less than 40 mg/dL for men, less than 50 mg/dL for women) puts you at higher risk for heart disease. In the average man, HDL cholesterol levels range from 40 to 50 mg/dL. In the average woman, they range from 50 to 60 mg/dL. An HDL cholesterol of 60 mg/dL or higher gives some protection against heart disease.

What is high cholesterol?
Cholesterol is a type of fat (lipid) in your blood. You have high cholesterol, and your body makes all it needs. But you also get cholesterol from the food you eat.

If you have too much cholesterol, it starts to build up in your arteries. Arteries are the blood vessels that carry blood away from the heart. This is called hardening of the arteries, or atherosclerosis. It is usually a slow process that gets worse as you get older.

To understand what happens, think about how a clog forms in the pipe under a kitchen sink. Like the build-up of grease in the pipe, the build-up of cholesterol narrows your arteries and makes it harder for blood to flow through them. It reduces the amount of blood that gets to your body tissues, including your heart. This can lead to serious problems, including heart attack and stroke.

Know your cholesterol.
Your cholesterol is measured by a blood test.
(a) High cholesterol is 240 or above.
(b) Borderline high is 200 to 239.
(c) Best is less than 200.

What are the different kinds of cholesterol?
(a) LDL is “bad” cholesterol, the kind that can clog your arteries. The HDL cholesterol you need to lower if you have high cholesterol.
(b) HDL is “good” cholesterol. HDL helps clear fat from your blood. A high level of HDL can help protect you from a heart attack.

A “must know!” about cholesterol.
The ultimate goal of all cholesterol lowering therapy is to get your LDL cholesterol low enough to reduce your risk of having a heart attack. For example, an LDL of 100 or less is very low and higher is considered a risk factor for heart disease.

Exactly what your LDL goal should be depends on whether you have already been diagnosed with heart disease, if you have already had a heart attack, or if you have both heart disease and diabetes. You should talk to your doctor to find out where your LDL should fall, but most importantly, what you can do about it. Your doctor may recommend tried-and-true lifestyle changes such as eating a healthy low-fat diet, losing weight (if necessary), and exercising regularly.

Depending on your current heart-disease risk and other factors, your doctor may also prescribe cholesterol medication.

Some lifestyle changes are important for everyone with high cholesterol:
(a) Eat a heart-healthy diet that includes plenty of fish, fruit, vegetables, beans, high-fibre grains and breads, and healthy fats like olive oil.
(b) Lose weight, if you need to. Losing just five to ten pounds (2.3 kg to 4.5 kg) can lower your cholesterol. Losing weight can also lower your blood pressure.
(c) Get regular exercise on most, if not all, days of the week. Walking is great exercise that most people can do. A good goal is 30 minutes or more a day.
(d) Don’t smoke. Quitting can help raise your HDL and improve your heart health.

Better Health
A taste to die for

Tracy Moore

BARBADIANS ingested an estimated 12 to 13 grams of salt a day. That is more than twice the recommended amount of salt by the World Health Organisation for the average person to have.

It is even more dangerously high for people who are black or of African descent.

Having that much salt in your system contributes significantly to the high incidence of hypertension (high blood pressure) and presents the challenge to control hypertension.

This was revealed last month at a seminar for producers, manufacturers and the community to discuss the benefits of reducing salt (sodium) intake.

Professor Trevor Hassell, chairman of the National Commission for Chronic Non-Communicable Diseases, said one fifth of the entire population and one third of adults aged 15 and older were hypertensive, of which some 20 per cent were not controlling their blood pressure.

Considering that this was due in part to an unhealthy diet, which he described as “one that consists of too much salt and sugar, is high in saturated fats and too large portion sizes, with too little fruit, fibre and vegetable,” he added that “salt increases the retention of water in the body.”

“As a result, it increases the volume of blood in the body and because the volume of blood in the body is increased, that then causes increased pressure on the (blood) vessels. Those arteries, because of that increased pressure, then become narrowed and thickened and creates even less space for the flow of blood.”

“The force of the blood now against the vessel wall goes up and that is what we measure as the pressure... this increased pressure ultimately causes the heart to force blood out against that resistance and can lead to heart failure. It has an effect on the kidneys that can lead to kidney failure as well,” he explained further.

Karen Griffith, community nutrition officer with the National Nutritional Centre and co-author of What Can I Eat? Lower Your Blood Pressure In 14 Days, also presented a study from the American Journal of Clinical Nutrition that said “eating salty foods like French fries could affect our arteries in only 30 minutes by making it harder for blood to flow through blood vessels, an effect that can last for up to two hours – even in people with normal blood pressure”.

She suggested that the average daily sodium intake for the average person should be between 4000 milligrams (mg) / four grams and 6000 mg / six grams daily. But she went further to warn that the recommended daily sodium intake should be cut by half to 2000 mg, or two grams (a tablespoon), and even less for persons “at risk” for hypertension (1500 mg or 1.5 grams).

Karen pointed out that an “at risk” person was anyone with a family history of hypertension, diabetes, cholesterol or obesity; anyone over the age of 45, and anyone of African descent over the age of 20. For Barbadians, that is more than 60 per cent of the population.

She cautioned that even if a person did not add salt to his or her food, an estimated 70 per cent of salt/sodium came from processed/canned foods, then warned: “That is where the sodium is in our meals!”

Better Health

HIGH BLOOD PRESSURE

what you should know

EVERYONE has blood pressure. Blood pressure is simply the pressure put on the walls of the blood vessels as the heart pumps blood through them.

In some people blood pressure may go up higher than the normal range and stay that way. When a person’s blood pressure remains higher than the normal level, that person has hypertension or high blood pressure.

**Myths about high blood pressure**

**Myth:** Children do not get high blood pressure

**Fact:** A person can develop high blood pressure at any age. It can develop in children, but is more common in adults. Your chances of developing high blood pressure are greater if other persons in your family have it.

**Myth:** Headaches and pain behind the neck are some symptoms of high blood pressure

**Fact:** High blood pressure can occur without signs or symptoms. It is called the “silent killer” because of this. It is therefore a good practice to have your blood pressure checked every six months to one year.

**Myth:** Worries and stress cause high blood pressure

**Fact:** Stressful situations can put you at risk and cause a short-term rise in blood pressure. The exact causes of high blood pressure are not known but some factors put you at greater risk of developing it. These include: high consumption of fats and salt. Overweight smoking, poor stress management. High cholesterol, diseases such as diabetes, kidney infections and others.

**Myth:** High blood pressure can be cured.

**Fact:** High blood pressure can only be controlled. It cannot be cured. Once you have been diagnosed as having it, you must strictly follow a treatment plan that includes appropriate diet and exercise.

**Myth:** Persons with high blood pressure can take any kind of medication.

**Fact:** Medicines are ordered specifically for each individual with hypertension as well as a diet plan by a diettian or nutritionist. Take only medicines prescribed by a doctor, not by a relative or friend.

**Tips for a healthy blood pressure**

- Keep your medicines for your use only when taken as prescribed, you would not have any to share.
- Bush medicines do not cure this disease.
- Maintain a healthy blood pressure: Do not smoke – blood pressure increases temporarily every time you smoke. Cigarette smoke also hardens the arteries and increases your risk of stroke.
- Maintain a healthy weight: ask the nurse, nutritionist or dietitian what weight is healthy for your height. If you are over-weight, reduce your weight. Losing weight can help to reduce your blood pressure.
- Be active: regular physical activity for at least 30 minutes 3-5 days a week, can help lower or prevent high blood pressure. Remember to check your doctor before starting any exercise programme.

Eat healthy:
- Eat more fibre, increase use of fruit, vegetables, peas and ground provision.
- Eat less fat. Trim excess fat off meat.
- Bake, steam or grill instead of frying.
- Eat less salt. Avoid cured or corned meats like salted beef, pig tail, salt fish.

A healthy diet and regular physical activity are important for controlling blood pressure. If you have high blood pressure get advice from a nurse or doctor and arrange for nutrition counseling with a nutritionist or dietitian. (See page 30)

Source: Directorate of Health Promotion and Public Health Ministry of Health, Republic of Trinidad and Tobago
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BETTER INFORMATION, BETTER CHOICE, BETTER LIFE!
How to lower your blood pressure in

Tracy Moore

SO how do you go about eating your favourite foods and still lower your blood pressure in just two weeks?

Registered dieticians Julian Rowe and Karen Griffith said it only takes a bit of DASH (Dietary Approaches to Stop Hypertension).

Julian, who is also a former registered nurse, and Karen, who took her first job as a dietician more than 30 years ago at the Queen Elizabeth Hospital, noted that on a day-to-day basis they have counselled a number of people through their jobs on how to control or prevent high blood pressure as well as diabetes, high cholesterol, weight management or any other thing that is linked to nutrition, and their next step was to put pen to paper and share their knowledge with as many people as they could reach.

Karen, who also works with the International Diabetes Federation, said, “The idea behind the book started out with Julian, who had ideas. We work in the polyclinics and we see a lot of people, but there are so few of us and we have so little time to go through what we really want to say. We also don’t have a lot of resources in terms of what we can do to someone and so Julian had the idea to do a book.”

Introducing the newest health book to hit the shelves: What Can I Eat? Lower Your Blood Pressure In 14 Days.

“Of course we had to figure out what to start with first, because we are talking about weight management, diabetes, high blood pressure. According to the Barbados Food Consumption and Anthropometric Survey 2000, hypertension is the most commonly reported of the chronic non-communicable diseases we have around us to enhance the first one because we have more people with hypertension than anything else,” Julian told Better Health.

She noted that when referring to hypertension and diet, the DASH diet was renowned in all the research and proven to be effective at lowering blood pressure. She added that DASH has also proved to lower blood pressure in 14 days.

Because I am always looking at how to improve my meals, I am always playing around with my ingredients. So I sat down and put together a list of all the things that we love to cook in Barbados. And then we looked at the DASH principle of lowering blood pressure and decided to choose the meals that Barbadians cook most often. The whole concept was not to tell people they cannot have this or that but to teach people how to work with what they have.

“We took the most popular recipes and looked at how they would be prepared traditionally and we looked at the modifications... to reduce the salt, because one of the messages we wanted to get over to folks is that salt doesn’t actually make the food taste good.” Julian noted.

In fact, she said salt would be better replaced by the different kinds of herbs and spices we have around to enhance the taste of foods. “They add more flavours than salt. We don’t want people to think that if they can’t cook with a lot of salt, the food is not going to taste good,” she explained.

The duo have not cut salt completely off the menu but have reduced it to meet World Health Organisation and the American Heart Association guidelines and “allow people to feel comfortable with the foods they prepare, using local herbs, vegetables and roots like thyme, marjoram, garlic, onions, ginger, and turmeric which has a nutritional value attached to it. We have also looked at using a lot of sweet peppers and a lot more local herbs that people can simply plant themselves.”

Karen added that the whole process was through “trial and error” as they tried different recipes and amounts of the ingredients.

“There was a lot of experimentation involved. We tried each dish and tested it on our families, I, for one, could not believe that you could cook without cubes because I was brought up that way. I figured if I used a cube and not use anything else with salt, but Julian figured even a cube was not necessary (to flavour).

“We knew people would come from the doctor and say that the doctor told them to cut down on salt and they would be miffed because they have already stopped cooking with salt, so I would ask them: do you like and salt the fish? Do you use Bajan seasoning? Do you use a cube? Do you use salt meat? And by the time they have gone through that list, (they would realise) every single one of those items have salt. So they may not be adding pot salt, but they are still using a ton of salt.

“So we have made alternative suggestions of what you can use instead. It may not be the same flavour, but it is flavoured,” Karen said.

Julian added that after a couple of weeks “it would be very difficult to go back to the way you used to eat because your taste buds will change ... you won’t be able to tolerate so much salt.”

The writers have penned alternatives to 15 favourite national recipes like coo-coo, macaroni pie, stewed chicken and split-pea

““You can still enjoy your food and that eating healthy doesn’t mean bland or tasteless”

“Our point here is to try and prove that you can still enjoy your food and that eating healthily doesn’t mean bland or tasteless; that you don’t have to give up anything you like, just modify the recipes. That is why we started with Bajan favourites – to show that you can eat healthily and eat and enjoy the foods you like,” Karen stressed.

—Better Health

FACT BOX

HIGH BLOOD PRESSURE, THE SILENT KILLER, IS THE NUMBER 1 RISK FACTOR FOR DEATH IN THE CARIBBEAN (AND IN MOST OF THE WORLD)
Ranked in the TOP TEN sites VISITED in Trinidad and Tobago, ranking HIGHER THAN MSN, Twitter and Bing, as at September 9th 2011.

*According to www.alexa.com

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...integrity and fearless journalism that will never be compromised!
OBESITY is a major problem that is not just affecting adults but children too. From fried chicken to French fries, our love for these oily artery meals has made many of us today very obese. Like most chronic health problems, obesity is caused by complex interactions between genes, environment and behaviour/habits, said Dr Valma Deyalsingh.

While in the Caribbean having some extra meat on your bones is considered a good thing, Dr Deyalsingh says allowing children to become obese from a young age will cause a whirlwind of complications through their childhood and into adulthood if steps towards a healthy lifestyle are not implemented.

So what’s the difference between a child that is big for his/her age and an obese child? A child is obese if their weight is more than 20% higher than the ideal weight for a boy or girl of their age and height. It is abnormal fat accumulation that may impair health, he said.

“With the introduction of video games and the internet, inactivity levels in children have increased. Obesity has become unfortunately a major issue for many children. The cause stems from children being inactive, lack of physical activity unhealthful eating patterns or a combination of all three. There are some cases, though rare where being overweight is caused by a medical condition such as a hormonal problem. A physical exam and some blood tests can rule out that possibility as it being the cause for obesity,” Dr Deyalsingh said.

According to the World Health Organisation, obesity accounts for 2 to 6 per cent of total health care costs in several developed countries; some estimates put the figure as high as 7 per cent.

“If a child has one parent that is obese, they have a 50 percent chance of being obese themselves and if both parents are obese the child chance of becoming obese goes up to 80 percent,” Dr Deyalsingh said.

“Obesity is not about dieting; it is a lifestyle change that should be adopted and practiced by the whole family. Being obese increases a child’s risk for being an obese adult. They can suffer with low self-esteem and teasing by their peers as they get older. All the same health complications adults face such as diabetes and heart disease, high blood pressure (hypertension), hyperlipidemia (too much cholesterol in the blood, which can clog the arteries), sleep apnea problems, bone conditions, gastro-intestinal diseases and early puberty will make their life a life riddled with numerous doctor visits and medical complications,” he added.

“The Caribbean Food and Nutrition Institute for the period 2009-2011 recorded 23 percent of students from primary schools and 26 percent of secondary school students in Trinidad and Tobago as being overweight,”

According to Deyalsingh, to win the war against childhood obesity is through Nutrition Education. He said, “The best way to have a healthy weight is for your entire family to start healthy eating habits from the beginning, this will prevent yourself and your children from becoming overweight. It is much easier to maintain a healthy weight than it is to lose weight.”

“A common mistake parents often do is reward their children with snacks. The candy and ice cream should be substituted with broccoli, carrots, nuts, yogurt and whole grain cereals. Obesity is not just your child’s problem but something the whole family can join in and make it a goal to have a healthier lifestyle,” Deyalsingh said.

“Exercise is very important. Parents should try to lessen the amount of ‘TV from eating healthy and encourage them to go outside and play. Biking, jogging, dance, cricket and swimming are activities the whole family can enjoy,” he said.

According to Dr Deyalsingh, schools should also work hand in hand with parents to ensure healthy eating habits in youngsters are taught and maintained.

Fact Box
ENJOY DELICIOUS, HEALTHY FOODS EVERY DAY. EAT LESS FRIED FOODS, SALT AND SUGAR.

Healthy Food Menu

**BREAKFAST**
- For breakfast choose some protein and fibre. It’s also a good time to eat some fresh fruit.
- A bowl of skimmed milk with cereal.
- Baked egg with bread.
- A glass of fruit juice or smoothie.
- Oatmeal boiled in milk.
- Vegetable omelette with whole wheat bread.
- Yogurt and grain of fruits.

**LUNCH**
- A sandwich made with two slices of 100% whole grain bread, two or three ounces of lean turkey breast, a little mayonnaise or mustard, a tomato slice and lettuce.
- On/Off to one cup raw baby carrots.
- Water.
- If you prefer a hot meal, you can have a cup of soup and a vegetable salad with dressing served on the side, he said. By mid-afternoon most children are hungry and need something solid.

**DINNER**
- Diner is a time when it’s easy to overeat, so watch your portion size.
- One serving of grilled or roasted chicken breast.
- One small baked potato with salad or low-fat sour cream.
- A large portion of steamed asparagus.
- One small whole-grain roll.
- 3-4 whole grain crackers.
- Two slices whole grain bread.
- Piece of fresh fruit

Dr Deyalsingh said, “Apart from eating healthy it is important to drink several glasses of water throughout the day. Choose whole-grain breads and cereals over white bread and cereals high in sugar. Some beans meals instead of high-fat processed meals. If you think your child might be overweight it is important to see your physician,” he added.

**Number of overweight children growing worldwide**

According to the World Health Organisation (WHO) the percentage of overweight children in the world is growing at an alarming rate, with one out of three children now considered overweight or obese. Last week we looked at childhood obesity, the underlying causes and symptoms. This week we move forward and look at meal planning and healthy options when it comes to our children.

Now that children are back out to school, finding time and a meal planning and healthy options when it comes to our kids can be a challenge. And while giving your children money so they can buy something to eat can seem like the best solution, leaving it up to them to find something healthy to consume isn’t always wise, said Dr Valma Deyalsingh.

“Children are spending less time exercising and more time in front of the TV, computer, or video game console. Today’s busy families have fewer free moments to prepare wholesome, home-cooked meals. Not only fast food to electronics, quick and easy is the reality for many people in the new millennium. Preventing kids from becoming overweight is something not just for the child but the whole family. Helping your kids lead healthy lifestyles begins with parents setting an example. The meal time does not have to be a challenge. Knowing your portions gives you a better understanding on how much calories you are taking in. Over the years, the average size dinner plate has doubled in size so too has the portion size. This can be quite overwhelming for a child who might feel they need to clean their plate,” he said.

According to Dr Deyalsingh, planning your meals in advance can not only save time but allows you to try incorporating new foods into your child’s meal plan. Breakfast is considered the most important meal of the day. And if you get a good, nutritious, well balanced breakfast your mind and body will be fueled for the rest of the day, he said.

Below Dr Deyalsingh gives guidelines for a balanced breakfast, lunch and dinner.

He said, “Learn how to eat in portions. When it comes to putting food on your plate, avoid piling it on. Mentally divide your plate into four quarters. One quarter is for your meat or protein source, one quarter is for a starch and the last two quarters are for green and colourful vegetables and/or a green salad.”
MINISTRY OF HEALTH
Government of the Republic of Trinidad and Tobago

CHECK YOUR
WEIGHT
HEIGHT
CHOLESTEROL
BLOOD PRESSURE
BLOOD SUGAR
At your nearest
HEALTH CENTRE
or at your
DOCTOR

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ITS YOUR LIFE.

CHECK YOURSELF

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