Ministry of Public Health and Sports

Pan-American Conference on Obesity

with Special Attention to Childhood Obesity

Guide for Healthy Living

REPORT ON THE PAN AMERICAN CONFERENCE ON OBESITY WITH SPECIAL ATTENTION TO CHILDHOOD OBESITY

INTRODUCTION

The Pan American Conference on Obesity with special attention to Childhood Obesity was held in Aruba from June 8th to 11th, 2011 with the participation of national, provincial and municipal government representatives; ministers, senators; minister's representatives, scientists, experts, journalists, and athletes from 22 countries of all the Americas.

The participants of the Conference were from Anguilla, Argentina, Aruba, Barbados, Belize, Chile, Costa Rica, Colombia, Cuba, Curacao, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Mexico, Montserrat, Nicaragua, Surinam, St Kits & Nevis, United States of America and Uruguay.

Experts from scientific associations such as the International Association for the Study of Obesity (IASO) with its representatives of Latin America and the Caribbean (FLASO) and North American (TOS), the Latin American Pediatrics Association (ALAPE), LATINFOOD, universities and international organizations including WHO, PAHO/WHO, FAO and IOC, in addition to the multilevel representation (national, provincial, and municipal) and multi-sector including health, sports, education, agriculture, and infrastructure participated in the preparation and the work session of the Conference.

During the Conference, strategies that can be applied to prevent obesity in the Americas were identified and the principal document was signed by the majority of the participants. The signed document is **THE ARUBA CALL FOR ACTION ON OBESITY** "Throughout Life... at All Ages" in order to help stop this epidemic in the Region.

THE ARUBA CALL FOR ACTION ON OBESITY "Throughout Life... at All Ages" is presented in this report with two addendum:

1. BREAKOUT GROUP SESSIONS DURING THE CONFERENCE

2. PREVENTING OBESITY IN THE AMERICAS: A CALL FOR CONCERTED ACTION prepared by The January Preparatory Group.

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THE ARUBA CALL FOR ACTION ON OBESITY
"Throughout Life... at All Ages"

We, the participants of the Pan American Conference on Obesity with special attention to childhood obesity held in Aruba from June 8 – 10, 2011,

- Recognizing that data shows that obesity prevalence in the Americas has increased and in some cases doubled, affecting all ages, cultures, genders and especially children;
- Recognizing that the growing obesity epidemic needs to urgently be addressed;
- Recognizing that being overweight or obese during childhood has both immediate and long-term health outcomes. Increasingly, obese children are being diagnosed with a range of health conditions previously seen almost exclusively among adults, including high cholesterol, high blood pressure, type 2 diabetes, sleep apnea and joint problems. Moreover, being overweight or obese in childhood significantly increases the risk of overweight or obesity in adolescence and adulthood, which is very hard to reverse;
- Recognizing that undernutrition or obesity during pregnancy and during early infancy are risk for subsequent obesity and other non-communicable diseases;
- Recognizing that early prevention and priority to address childhood obesity is of critical importance;
- Recognizing that obesity has multiple causes such as unhealthy diet and physical inactivity, which are closely linked to an increasing "obesogenic environment" and associated to social determinants such as poverty, low education, food insecurity, cultural norms and lifestyle influences;
- Noting that obesity prevention requires multisectoral, multistakeholder and multi-level actions;
- Noting that obesity-associated NCDs have negative effects on the quality of life and direct economic impacts, including rising health care costs and reduced labor productivity, thereby impede economic development of all affected countries;
- Taking due account of the critical role of children for the development of countries, hence investments in health promotion and obesity prevention throughout life at all ages are essential for the social and economic development.
- Considering that a coherent, consistent message should be given globally emphasizing a comprehensive approach based on three principles: a) that primordial and primary prevention with a life course approach should be the central component of national programs to stem the obesity epidemic, b) that the multi-level focus should be working across all sectors to modify the 'obesogenic' environment that facilitates a positive energy balance and

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excess weight gain, and c) that developing self care skills, meaning actions taken by the individual to protect and promote their health and the health of their children, is imperative.

- Acknowledging that the 'obesogenic' environment shows wide variability across countries, and therefore any concerted regional action plan must allow for flexibility and adaptation to each local situation.
- Considering that, under the auspices of the Ministry of Health and Sports of Aruba, and the co-auspices of the Pan American Health Organization, a group consisting in members of Governments, non-governmental organizations, Academia, scientific experts and international organizations working on the fight against obesity, and the promotion of healthy weight, met in Oranjestad, Aruba from January 26-29, 2011 with the goal to discuss the current situation regarding the global obesity epidemic, and to propose a plan for concerted action;
- Noting that in recognition of the urgent need to address the obesity pandemic, the Minister of Health of Aruba initiated the Pan American Conference on Obesity with special attention to childhood obesity, held from June 8 – 10, 2011, in Oranjestad, Aruba, providing an opportunity to discuss the challenges of promoting healthy lifestyles, reducing childhood obesity and the related health issues, and to exchange effective strategies in the fight against obesity, especially in childhood;

Therefore, the participants of the Pan American Conference on Obesity with special attention to Childhood Obesity agree that it is necessary:

- To commit to the fight against childhood obesity and promote healthy weight by sharing strategies and actions contained with our respective governments, institutions and communities; and then promoting those strategies that are consistent with national circumstances.
- To support effective public policies and multi-level, comprehensive strategies to address obesity, based on three principles: a) that primordial and primary prevention with a life course approach should be the central component of national programs to stop the obesity epidemic, b) that the multi-level focus should be working across all sectors to modify the 'obesogenic' environment that facilitates a positive energy balance and excess weight gain, and c) that developing self care skills, meaning actions taken by the individual to protect and promote their health and the health of their children is imperative. At the same time, it is acknowledged that the 'obesogenic' environment shows wide variability across countries, and therefore any concerted regional action plan must allow for flexibility and adaptation to each local situation.
- To create, promote and sustain supportive environments that facilitate access to education, physical activity, healthy foods, and empower the individual to make decisions toward improving their quality of life.

- To implement the necessary policies that insure access to physical activity opportunities, and availability of healthy foods, breastfeeding promotion, utilizing strategies such as menu labeling and restricting the marketing of unhealthy foods and beverages to children via all media, including children's programs and sports.
- To promote access to healthy and affordable food options that are consistent with cultural and environmental factors, providing people with the opportunity to make healthy choices by, inter alia, working with manufacturers and retailers to produce and serve healthy food options, and by implementing programmatic nutrition standards and organizational policies to limit access to unhealthy foods, such as food procurement policies in schools, early learning centers, worksites and hospitals.
- To incorporate the collection of obesity data into chronic disease surveillance systems in member countries and monitor, measure and evaluate the progress made to reduce the prevalence of obesity and its associated risk factors.
- To foster collaboration and knowledge sharing on health promotion and obesity prevention among governments, non-governmental organizations, educational institutions and the private sector.
- To facilitate accumulation and exchange of knowledge on which projects and strategies have proved effective and in which settings. Such facilitation to be done through an alliance of collaborators that provide mutual assistance within and among the countries.
- To raise awareness on all levels in the community about the determinants of obesity across the lifespan, using consistent and actionable messages.
- To raise awareness that obesity has a significant impact on labor productivity, and therefore on the social and economic development of countries, and that investment in health promotion to prevent and reduce obesity supports personal and national economic growth.
- To implement a system to monitor and evaluate the effectiveness and impact of the strategies implemented, and assess the progress made in reducing obesity and increasing the labor productivity.
- To submit and present this call for concerted action to the United Nations High-level meeting on Non-Communicable Diseases, to be held in New York in September 2011.

Addendum 1. **BREAKOUT GROUP SESSIONS DURING THE CONFERENCE**

In the Pan American Conference on Obesity with Special Attention to Childhood Obesity, breakout group sessions provided the following contributions:

Civil Society:

- Healthy Diet, Physical Activity, and Growth:
  - Monitoring actions of food industries and contribute to independent evaluations;
  - Use power of the media (e.g., blogs) to get the word out, identify offenders and counteract viral marketing of harmful foods and beverages to consumers;
  - Take a role in setting cost controls on physical activity apparel and equipment.

- Multisectoral/multilevel focus:
  - Educating existing consumer groups focused on other issues to foster alliances about win-win scenarios;
  - Form alliances across levels—local, regional, national, and multinational, in the same way the multinational corporations are organized, for parallel efforts.

- Life course approach—start early—at all ages:
  - Promotions including working together with different organizations dedicated to raising public awareness towards the protection of people and future generations.

- Context of the Americas:
  - Examine role of schools run by religious organizations in different countries, on issues as to whether they are required to follow government policies;
  - Link use of traditional foods and healthy eating to religious teaching;
  - Joint use agreements for church grounds and church spaces to the community.

- Engage decision makers and politicians:
  - Organize consumer groups/coalitions to influence policy makers;
  - Educate the community about the issues to get support;
  - Raise consumer voice to demand and protect rights;
  - Approach varies by country and also on whether laws and regulations are already in place or need to be put into place.

Academia:

- To facilitate accumulation and exchange of knowledge on which strategies have proved effective and in which settings through sustained, multisectoral collaboration, and in particular, to promote:
  - Linkages between academia and policy-makers;

- Compared to other chronic diseases, obesity has had less fundamental research into the causes, the reasons for its complications, and into treatments. More basic research is needed to be able to develop more effective prevention and treatment strategies:
  - Teaching tools, in particular distance education, to develop capacity and improve implementation.

Food Industry:

- Truthful and transparent nutrition labeling;

- Advertising must not be misleading or confusing;

- Development of healthy foods including food reformulation;

- Initiate and be involved in programs for healthy lifestyle.

Media and Communications Recommendations:

- Mass media should be regarded as "partners", not "antagonists" in the effort to combat obesity:

- There should be an examination of the current "conversation" and language about obesity with the intention of creating a sense of immediacy about the crisis.

- Each nation should make an effort to identify "champions, opinion leaders, and spokespersons" from various societal sectors to help promote the fight against obesity.

- With particular consideration of children, messages and information about obesity should be framed within the context of the World Health Organization "Declaration of Children's Rights" and should provide positive focus on healthy living (diet, etc.) and avoid focus on body image.

- Massages on obesity should be culturally appropriate, relevant, and should consider the characteristics (age, income levels, and education) of the targeted groups.

- Concerted effort should be made to educate the producers of popular and entertainment media about the misinformation and misapprehension that exist with regard to obesity, i.e., "obesity is caused by laziness". Effort should also be made to get media producers to incorporate positive and informative messages about diet, health care, exercise, etc. in their products.

- News media should be educated, informed, sensitized, and trained on the subject of obesity and its impact on public health, the economy, security, etc.

Addendum 2. **PREVENTING OBESITY IN THE AMERICAS: A CALL FOR CONCERTED ACTION**

Preparations for the Conference included the making of the technical document (white paper) under the name "Preventing Obesity in the Americas: a Call for Concerted Action" to support the main document and to help in the obesity prevention. The document is as follows:

Under the auspices of the Ministry of Health of Aruba, a group of representatives of international organizations and scientific experts working on obesity met in Oranjestad, Aruba, from January 26-29, 2011. The goals of the meeting were to discuss the current situation in the countries of the Americas region regarding the global obesity epidemic and to propose a concerted action plan to confront this problem.

The group expects that this initiative will also be an important contribution from the region to the Global Summit on Non-Communicable Diseases of the General Assembly of Heads of State and Government, to be held in New York in September 2011.

INTRODUCTION

Obesity: A global problem for all countries

The old idea that obesity is a problem of abundance, affecting only rich countries, has been replaced by the hard reality that even the poorest countries in the world are facing problems of obesity and its consequences. Recent global obesity data show that the obesity prevalence in the Americas has increased over the past 20 years, and in some countries has doubled.

Obesity in the Americas and throughout the world is closely associated with economic and health disparities. Those who are poor may not have access to affordable, healthy foods, but often do have access to calories of low nutritious value, such as high-fat and high-sugar foods, resulting in excessive energy consumption. Likewise, opportunities for recreational physical activity and access to preventive health care may be limited. Excessive caloric intake and reduced physical activity will almost inevitably lead to excess weight gain and obesity, resulting in poor health for the population.

Many developing countries today face a 'double burden' of malnutrition in which obesity coexists, sometimes in the same family, with undernutrition, usually in the younger members of the family. This situation threatens the economic development of nations, because it dramatically raises health care costs and at the same time reduces productivity in the adult population.

Obesity in children is of special concern, as it conveys a high risk of continuing obesity in adulthood. Established obesity is extremely hard to reverse, demonstrating the critical importance of early prevention and early establishment of health seeking behaviors.

Because obesity involves multiple complex human functions and actions, such as eating habits, daily activities, food production, marketing, and cultural and lifestyle influences, it is not surprising that there is no simple direct solution to this problem.

Traditional research on the determinants of obesity focuses more on individual behaviors with less attention to the social and environmental contexts that facilitate and sustain certain behaviors, or detracts from others. Hence, it is clear that only multi-sectoral, multi-level programs will be able to stop and reverse the obesity epidemic.

Our approach centers on three principles: a) that primordial and primary prevention with a life course approach should be the central component of national programs to stem the obesity epidemic, b) that the multi-level focus should be working across all sectors to modify the 'obesogenic' environment that facilitates a positive energy balance and excess weight gain, and c) that developing self care skills, meaning actions taken by the individual to protect and promote their health and the health of their children, is imperative.

BACKGROUND

The information on overweight/obesity trends in the region is still incomplete, since not all countries have nationally-representative, longitudinal surveys that would allow the tracking of changes in prevalence over time. However, there are numerous sub-national studies that can be used to estimate overall country prevalence. It is clear that overweight/obesity has increased dramatically since 1990.

Insufficient physical activity is the fourth leading risk factor for mortality with approximately 3.2 million deaths and 32.1 million disability adjusted life years (DALYs) (representing about 2.1% of global DALYs) each year being attributable to insufficient physical activity. Globally, 31% of adults aged 15 years or older were insufficiently active (men 28% and women 34%) in 2008. Among WHO regions, prevalence of insufficient physical activity was highest in the Americas where almost 50% of women and 40% of men were insufficiently active. The prevalence of insufficient physical activity rises according to the level of a country's income, with high-income countries having more than double the prevalence compared to low-income countries.

Worldwide, 2.8 million people die each year as a result of being overweight and an estimated 35.8 million (2.3%) of global DALYs are caused by overweight or obesity. In 2008, 35% of adults aged 20 years and older were overweight (BMI≥ 25 Kg/m^2) (34% men and 35% of women). The worldwide prevalence of obesity has nearly doubled between 1980 and 2008. In 2008, 10% of men and 14% of women in the world were obese (BMI ≥30 kg/m^2), compared with 5% for men and 8% for women in 1980. An estimated 205 million men and 297 million women over the age of 20 were obese in 2008 – a total of more than half a billion adults worldwide. The prevalence of overweight and obesity globally were highest in the WHO Region of the Americas (62% for overweight in both sexes, and 26% for obesity), with over 50% of women being overweight and half of these being obese.

In 2010, the estimated prevalence of overweight and obesity (above 2SD from weight for height median in children aged 0 – 5 years of age) was 40 million preschool children (about 6%) globally. Overweight and obesity prevalence in Latin American and the Caribbean countries is higher than the global average, at 6.9% or approximately 3.7 million children. Globally, the highest prevalence of overweight among infants and young children was found in the upper-middle income group, while the fastest rise in overweight was in the lower-middle income group. Low-income countries had the lowest rate, but overweight rose over time among all country income groups. The rising rates of overweight among infants and young children are associated with rising incomes.

Overall, it is clear that the entire region is in advanced stages of the nutritional transition, with a high degree of urbanization, wide penetration of commercial food markets, and globalized dietary sources. Over 80% of the population lives in an urban environment characterized by predominantly sedentary employment, mechanized transportation, and low levels of recreational physical activity.

A fully commercialized food chain results in a higher proportion of dietary energy consumed outside of the home, with less personal control over its content, increased dependency on food prices in consumption decisions, and influences of promotion and advertisement. This in turn has led to higher consumption of low-cost, energy-dense foods. Taken together, this situation of higher energy intake and reduced energy expenditure greatly favors excess weight gain in almost the entire population.

DETERMINANTS

A fundamental starting point to explore the multiple causes of obesity is the principle that in order to gain body weight, an imbalance must exist between the amount of calories consumed and the amount expended in metabolic and physical activity. A healthy non-pregnant adult must keep a zero balance in

order to avoid weight gain. Thus, from this starting point, it follows that a person can gain excess weight by either consuming excessive dietary energy, or by expending too few calories.

The apparently straightforward phenomenon of energy imbalance is expressed in a complex fashion. Some of the key elements are summarized below.

Urbanization and Sedentary Lifestyle

Over 80% of the populations in the Americas reside in urbanized areas. This fact has important consequences for energy balance. The characteristics of urban lifestyle are powerful influences on individual and social behaviors related to food intake and physical activity. The urban environment also affects food availability and food purchasing patterns. All these factors favor a positive energy balance.

In terms of lifestyle, the energy demands of urban life are reduced relative to rural life. Labor is heavily mechanized and sedentary. Typical survival activities of rural living, such as walking long distances to obtain and then carry drinking water or firewood, or intensive physical work in the field, are nonexistent in the urban environment.

Typical leisure activities in the urban environment also have of low energy demands, such as watching television, surfing the internet, and playing video games. In addition, opportunities for recreational play for children may be limited by lack of public facilities, street violence, and poor physical activity education at school.

Dietary energy intake

The food type and quantity in the urban environment tend to depend on the commercial, cash market which typically is influenced by economic rather than health considerations. The penetration of supermarkets in the Region of the Americas continues to advance dramatically, and even in low-to-mid-income countries may account for one-third to one-half of all calories consumed. Given the high percentage of household budgets spent on food (typically over 50% of income), food choices are heavily influenced by promotions, discounts and subsidies, which may be used by food corporations to promote products that are often far from healthy for the population.

The energy density of low-cost foods tends to be high, providing more energy per unit of weight consumed. This is due to a number of factors, one being the dramatic and continuing decline in the price of vegetable oils worldwide, particularly relative to other sources of calories such as grains or rice.

The percent of calories consumed away from home is also increasing in many low income countries. This is an important phenomenon because consumers lose control of food quality and quantity when they eat foods prepared by others. In those circumstances, consumers tend to be influenced by price, appearance, and portion size, and not by nutrient quality, which may not be apparent at all.

Availability and cost of healthy foods

In contrast with the higher availability of energy-dense, nutrient-poor foods, in poor urban areas there may often be a limited availability of healthy foods. This problem also exists in poor urban areas of developed countries and is called "food deserts", areas where there are either no food stores or those that exist have limited or no selection of healthy foods. In addition, prices of healthier choices, such as fresh fruits and vegetables, may be prohibitive for a family already spending over half their income in food, as noted above.

All of these factors taken together result, on the one hand, in ample opportunity for overconsumption of calories, and on the other hand, reduced opportunities to spend those calories, either at work or leisure. Under these conditions excess weight gain is very difficult to avoid.

The school environment

In most countries children spend a substantial portion of the day at school, and often consume one or two meals there. They constitute, therefore, an ideal 'captive audience' for nutrition education and healthy eating. Unfortunately, the same is valid for those seeking to sell unhealthy foods. Some food companies have targeted schools for promoting and selling their products, and compete by offering cash compensation in exchange for exclusive access to schools. Several countries have begun to act against this practice, but it is still prevalent in many countries in the region.

A particularly troublesome case is that of caloric beverages (soft drinks, fruitades, and sweetened beverages). Data from several countries indicate that almost half of the increase in energy intake over the past decade came from calorie-enhanced drinks. These have displaced milk and other more nutritive calorie sources, particularly in children and adolescents. Furthermore, penetration of vending machines for caloric beverages at schools has also greatly increased, providing opportunities and inducements to millions of children to consume nutrient-poor, 'empty' calories on a daily basis.

OPTIONS FOR PREVENTIVE INITIATIVES

Preconditions:

A basic condition in order to put into place an obesity prevention strategy for the Americas, and thus, to achieve the new health objectives require the involvement of the Governments to act on the social and environmental factors operating at higher levels of organization, -population and societies- and in playing its condition-creating role. Government involvement in addressing the social and environmental factors operating at the community and population levels, and fulfilling their role of fostering environments that promote health, is a basic precondition for putting in place an obesity prevention strategy for the Americas and achieving health goals.

This role consists of creating and promoting a suitable environment, together with all stakeholders concerned, which encourages behaviors of individuals, families, and communities in a positive way to opt continuously for balanced nutrition and an active lifestyle:

- Implementation of a National Plan or Program which requires a clear division of tasks and sufficient structural financing.
- Allocation of specific funds for prevention of obesity in the government budgets.
- Preparation of a prevention policy document and a prevention policy enforced by the Governments, so that all actors are familiar with the prevention policy.
- An integrated approach requires that the various policy sectors, such as education, public health, sports, culture, agriculture, trade, infrastructure, youth, traffic, are all involved proactively and take responsibility, in order to influence the entire community.
- Implementation of healthy school policies, in order to support a healthy foundation for children and for teachers at school.
- Integration of messages regarding sufficient physical activity and balanced nutrition into various initiatives, and better coordination among programs.
- Advertising and marketing to children should be reviewed and World Health Assembly resolution (WHA) 63.14, restricting marketing of 'junk foods' in settings where children gather, should be implemented.
- Cooperation between actors in the social sector should be strengthened and primary and secondary prevention should be in line with each other.
- The themes 'healthy physical activity and balanced nutrition' should be integrated into the school curricula and the school environment modified to positively support these themes.
- There should be a sufficient investment in projects to support the achievement of these health objectives, which meet the criteria of sustainability, inter-sectoral coordination, and a structural basis.

- Countries should consider raising additional funds by increasing the excise duty on non-nutritive food and beverage products such as candy and sugar-sweetened drinks.

STRATEGIES

The Life Course perspective: healthy children, healthy adults

There is ample evidence that many adult diseases (including obesity) originate early in life, even during fetal life. This 'developmental origins of disease' theory is supported by a number of studies in developed and developing countries. Thus, it is imperative that prevention efforts also start as early in life as possible, and takes particular consideration of the developing child and his/her environment.

This important aspect links obesity prevention with ongoing efforts to reduce child mortality and promote child health. Initiatives to promote healthy pregnancy and birth weight, exclusive breastfeeding and appropriate complementary feeding, and prevention of underweight are also critical to reduce the risk of obesity later in life.

Another key integrating element for a life course approach, because it impacts both children and adults, is the **built environment**, i.e., the conditions of everyday life, work, recreation and living spaces created by decisions and preferences of a community. It is recognized that a critical step to reduce obesity is to modify this built environment, in order to facilitate all elements of a healthy lifestyle, as discussed below.

Multi-Level, Multi-Sectoral Approaches to Obesity Prevention

Healthy Communities

To create Healthy Communities and Cities, commitment by all stakeholders is necessary in order to change the social norms and environment. The strategies should create awareness and increase physical activity in everyday life, targeting neighborhoods, families and children. The strategies should have different activities, including diet together with physical activity and a strong educational component, focused on facilitating healthy behavior. Healthy Communities/Cities strategies should include:

- Healthy options available in restaurants.
- Transportation policies that will increase physical activity.
- Tax incentives for workplaces with wellness programs, using a whole-family approach that views parents as change agents for children.

- Access to parks, church yards, and community centers with a focus on overall physical activity & fitness rather than competitive sports.
- Core health messages in all education campaigns.
- Controls on advertising and marketing food and drinks to children.
- Front-of-Pack national food labeling systems, providing consumers with simple ways to make healthier choices.
- Mass public movement events, like the well-known Ciclovias Saludables.

Healthy schools

Schools are a key component of the built environment affecting children. Children spend a substantial portion of the day at school, providing opportunities for education, direct intervention and peer learning. It is also common for children to consume food during school time, either brought from home or purchased on the premises. In some countries, federal programs provide food assistance at schools, giving another opportunity to influence diet quantity and quality. We must recognize, however, that these opportunities have been used so far to a limited extent. The main initiatives in this environment have been well defined, and include:

- Provide only food options that meet the healthy dietary guidelines of the country in school cafeterias.
- Introduce policy for exclusive healthy offerings in vending machines.
- Restructure feeding programs to recognize the threat of excess weight, and not just underweight.
- Support for physical activity throughout the day, and not only as a specific subject in the curriculum (i.e., physical education). At the same time, formal physical education time must be initiated, supported and protected.
- Assist teachers to include healthy lifestyle and healthy eating content in their curriculum.
- Encourage organized parental involvement in physical activity at school.
- Settings where children gather should be free from all forms of marketing of foods high in fats, sugars and salt or otherwise low in nutritional value.

The workplace

National and local governments should frame policies and provide incentives to encourage physical activity and healthy behavior at work. The workplace is an ideal venue to offer employees structured and planned activities to improve their health. Programs that are accessible, sustainable, and economical and that include the whole family can provide maximum health benefits for employees, and reduce the burden of poor health on employers.

- Promoting balanced nutrition and sufficient physical activity.
- Education for the employees on raising healthy and fit children (self care skills).
- Creating areas for breast feeding and storing breast milk.
- Encouraging mothers to eat well during pregnancy, and throughout the duration of breastfeeding.
- Including healthy canteens and healthy options in vending machines.
- Promoting the possible cooperation between companies, so that smaller companies can participate in larger projects.
- Promoting company sports and tournaments.
- Family days, during which the entire family exercises and learns how to eat healthy - also stimulating healthy food/nutrition classes in the workplace.

The living environment of infants and young children

The first year of life is of crucial importance to a healthy life. Babies who are breastfed have health benefits in the short term, such as a reduced risk of acute otitis media, atopic dermatitis, gastrointestinal infections, lower respiratory tract infections, asthma, and necrotizing enterocolitis (this last only in premature children). In the long term, breastfeeding protects against chronic disorders, such as obesity, diabetes mellitus, celiac disease, and leukemia. Multifaceted interventions are notably effective, when they are focused on the beginning, the duration, and the exclusiveness of breastfeeding.

- Promoting healthy birth weight by providing pregnant women with appropriate prenatal advice and monitoring.
- Promoting exclusive breastfeeding for at least six months.
- Providing support in the transition from breastfeeding to healthy eating habits.

The first years of life are important to acquire a healthy lifestyle with balanced and varied eating habits and sufficient physical activity. Childcare is the main factor of influence, combined with the parents and extended families, in the child's immediate social environment. Therefore, additional attention should be paid to the role these influences can play in promoting a healthy environment for young children. Young children should have sufficient possibilities and opportunities to exercise and develop physically.

- Legislation that guarantees healthy child daycare centers with supervision over the quality and contents of childcare programs.
- Programs to educate the daycare providers on healthy food and physical activities and minimizing sedentary behaviors.

The health care sector

The health care delivery models in the Americas are diverse, still evolving, and present critical challenges; these need to be considered beyond the scope of this paper. But one cannot ignore the central role that the health care system plays in the fight against obesity. For many citizens, the only contact with health education may be a visit to the clinic or a house visit by a health care worker. It is therefore critical that health care providers are well versed and motivated to target obesity prevention as a major public health priority.

Unfortunately, in most countries the medical education curriculum is still heavily focused on treatment rather than prevention, and this training is potentiated by a health care system largely centered around disease management as well. Thus, a sustainable obesity prevention program will have to either enhance the public health skills of the healthcare providers through continuing professional development, develop alternative providers for the prevention component of health services, or implement both strategies.

Evidence suggests that the healthcare providers do not provide patients with clear, unambiguous information about overweight and obesity. To properly inform and refer people, care providers should dispense the appropriate knowledge and be able to make use of practical tools when giving advice. Therefore, it is necessary to draw up unambiguous information and to adopt guidelines for this group. As most of the prevention will depend on the first line, support to primary care practitioners is necessary.

Integration of health care services is another challenge closely linked to obesity prevention. As noted above, effective obesity prevention programs must address a healthy pregnancy and birth weight, breastfeeding, introduction of appropriate solid foods, monitoring of diet and weight during school years, and continuing tracking of indices of energy balance in adulthood.

The role of the private sector

The private sector, in relation to overweight/obesity, should play an important role and have vital responsibility in building a healthy environment, as well as for promoting healthy choices through mass media campaigns that are accompanied by appropriate "upstream" policy support and "downstream" community based activities, usually involving a community participation approach. The companies should focus on the main domain of their activities, while promoting product information; and consumer education within the framework set by public health policy.

- Incentives *vs.* disincentives for healthy foods *vs.* alternatives.
- Nutrition labeling and consumer education.
- Consistent, coherent, simple and clear messages concerning advertisements and other public education should be communicated through many channels to the population.
- Implications for Free Trade Agreements.
- Making healthy foods available and affordable.
- Implement marketing restrictions throughout the Americas to ensure that marketing of foods high in sugar, fats, and/or salt are eliminated.

Integration of all the stakeholders

International organizations could play an important role in advocacy across international, national, regional and municipal levels; promoting and supporting healthy public policies; setting standards that encourage better living conditions; and promoting the primordial and primary prevention of obesity. Also it could promote commercial practices that consistently facilitate healthy choices which in turn may require legislative and international regulatory support to ensure that strategies are fully resourced and implemented; and that appropriate control measures are enforced.

MONITORING AND EVALUATION OF STRATEGIES

A process needs to be put in place to develop internationally comparable core-indicators for inclusion in national health surveillance systems. Monitoring and evaluation is essential to measure the effectiveness and efficiency of the program in achieving its desired outcomes. The countries should create an Alliance of Collaboration to facilitate the exchange and accumulating of knowledge on which strategies, experiences, and projects have proved effective and in which settings.

SUMMARY

Obesity prevalence in the Americas has increased to an alarming level. This situation is threatening the economic development of the Americas, because it raises health care costs dramatically and at the same time it reduces productivity in the adult population.

Preconditions are needed as the foundation for an obesity prevention strategy in the Americas. The strategies must be based on three principles: a) that primordial and primary prevention with a life course approach should be the central component of national programs to stem the obesity epidemic, b) that the multi-level focus should be working across all sectors to modify the 'obesogenic' environment that facilitates a positive energy balance and excess weight gain, and c) that developing self care skills, meaning actions taken by the

individual to protect and promote their health and the health of their children, is imperative.

The strategies must be applied in our communities, schools, workplaces and the living environments of infants and young children; considering the life course perspective (healthy children, healthy adults) and the role of the health care sector, private sector and the integration of all the stakeholders. Finally we have to monitor and evaluate the strategies, which will be essential for measuring the effectiveness and efficiency of our efforts.

FINAL NOTE

Preventing obesity poses a pivotal challenge and opportunity for change. It's also one of humanity's most pressing obligations. Many shortcomings and contradictions come with this task, yet never before have so many political leaders, scientists, and health experts conjointly recognized their concern and need to act on this issue.

We must address it now and with the full strength of our professional knowledge, research capacity, diplomatic cooperation, and public outreach because the health and development of entire nations depend upon it.

We can prevent obesity. With the contributions of everyone concerned, let's do it right.

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