

# The Elephant in the Room: Universal Health Coverage and Noncommunicable Disease Risk Factors

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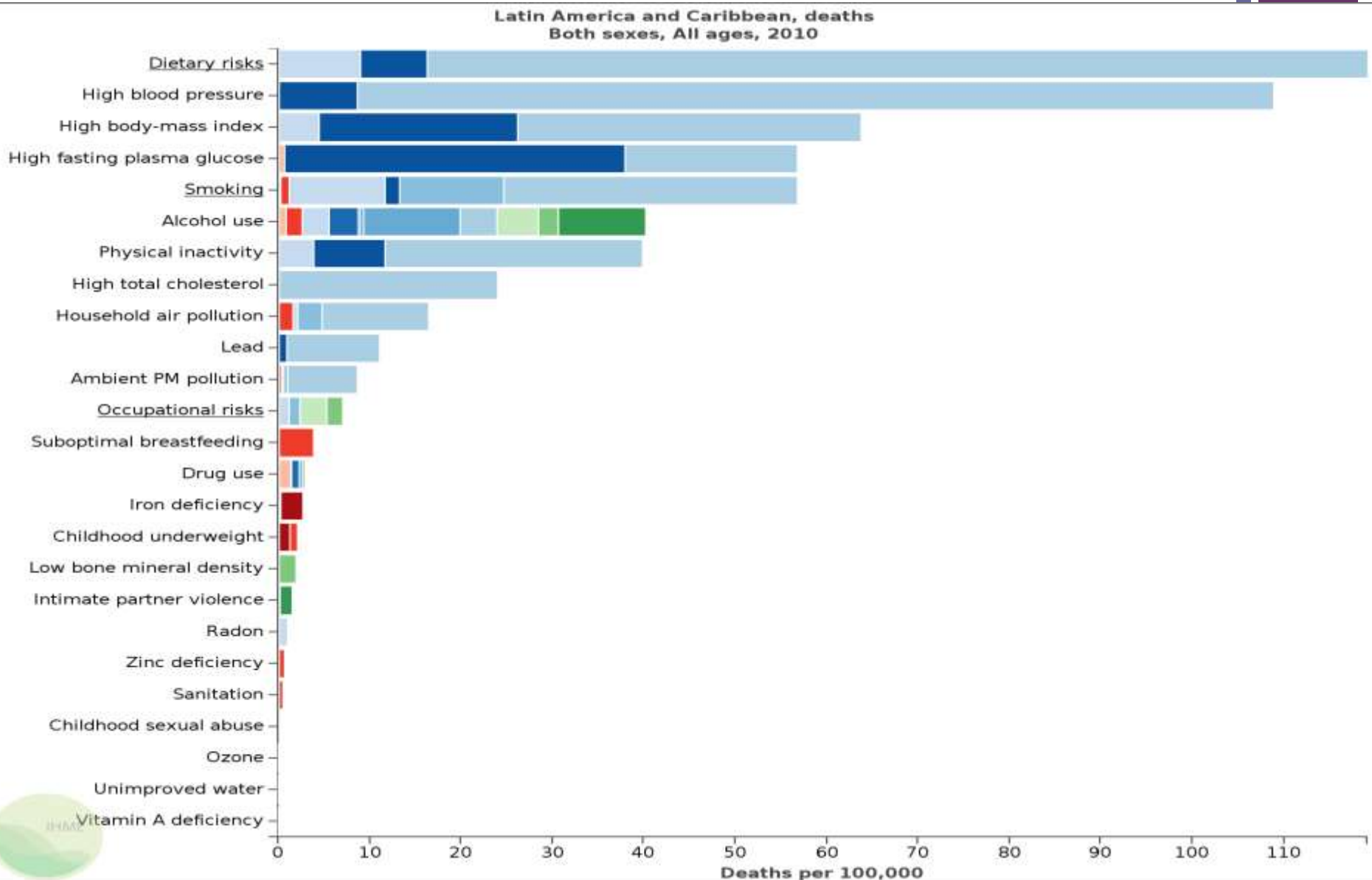
# Progress in Latin America and the Caribbean



- Dramatic reductions in mortality and increases in life expectancy since 1970.
- In Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Nicaragua, Peru, and Saint Lucia, average age of death rose 30 years or more between 1970 and 2010.



# Risk Factors Underlying Death, Latin America and the Caribbean 2010 (IHME)



## OBESITY AND OVERWEIGHT INCREASING WORLDWIDE

**3.4**  
**million**

**DEATHS CAUSED  
by overweight  
AND OBESITY**



**Obesity and overweight  
INCREASED  
27.5% IN ADULTS  
47.1% IN CHILDREN  
SINCE 1980**

Middle Eastern countries experiencing some of the largest increases in obesity globally:

**SAUDI ARABIA, BAHRAIN, EGYPT,  
KUWAIT, AND PALESTINE**



**37**

Percentage of the  
world's adult population  
that is overweight  
or obese

**0**

Number of countries  
succeeding in  
decreasing obesity  
in last 33 years

**14**

Percentage of  
overweight or obese  
children and adolescents  
worldwide

**62**

Percentage of the  
world's obese living  
in developing countries

THE US ACCOUNTS FOR **13%** OF THE NUMBER OF OBESE PEOPLE  
GLOBALLY BUT **JUST 5%** OF THE WORLD'S POPULATION

**OBESITY AND OVERWEIGHT CONTRIBUTE TO:**



CARDIOVASCULAR DISEASE



DIABETES

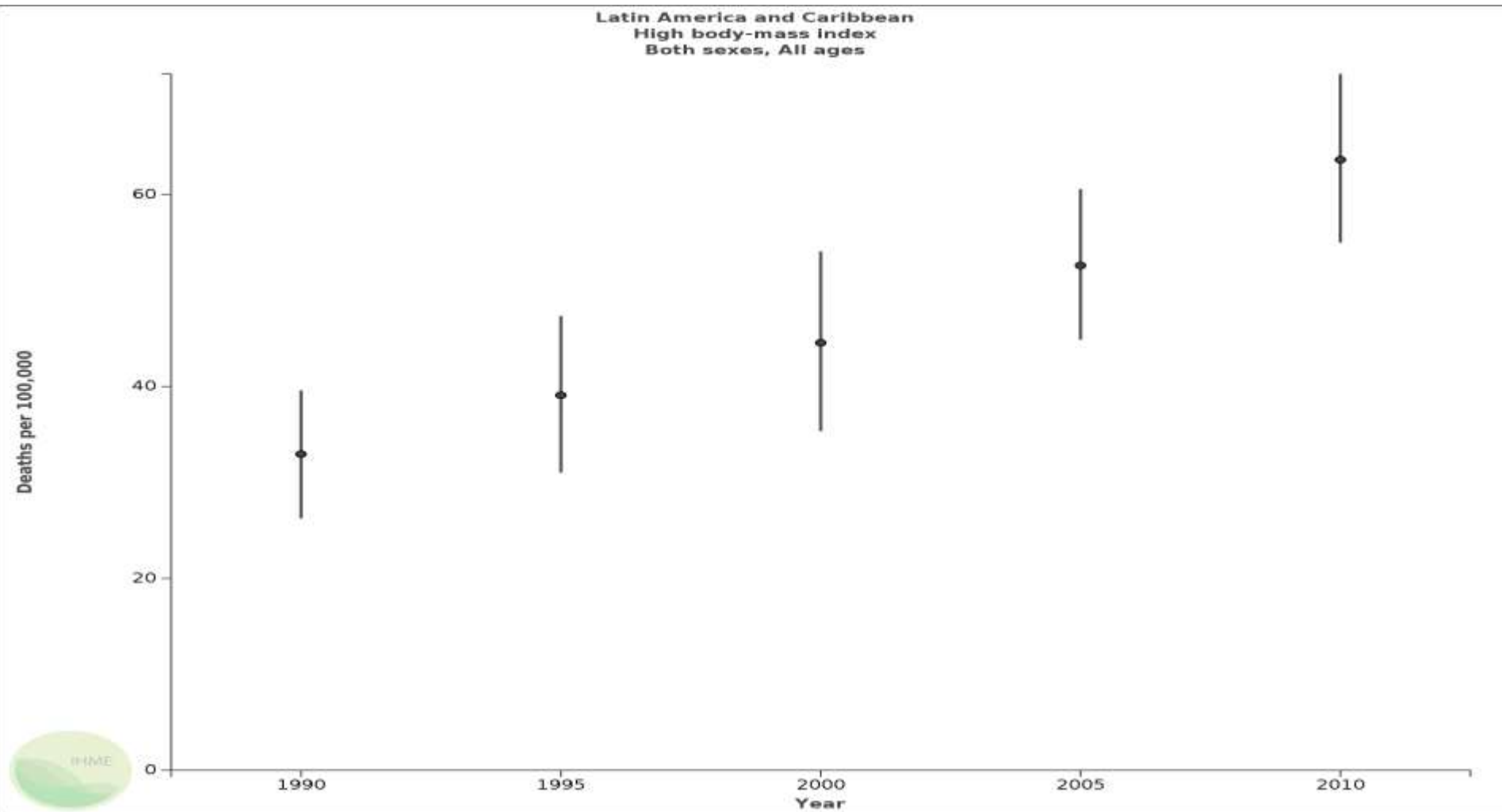
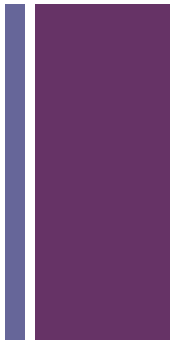


CANCER



JOINT PAIN

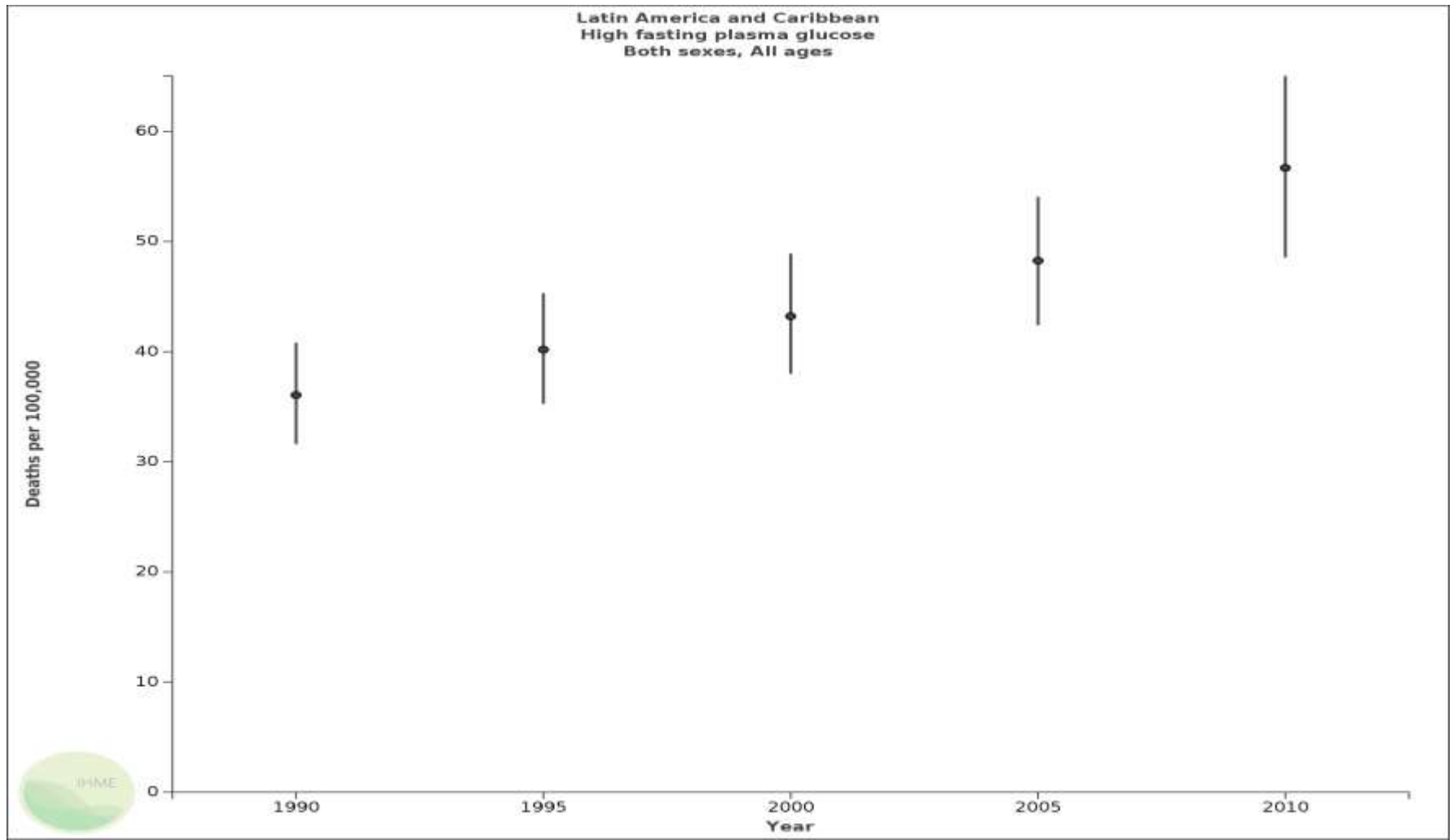
# + Deaths from high body mass index , Latin America and the Caribbean 1990- 2010





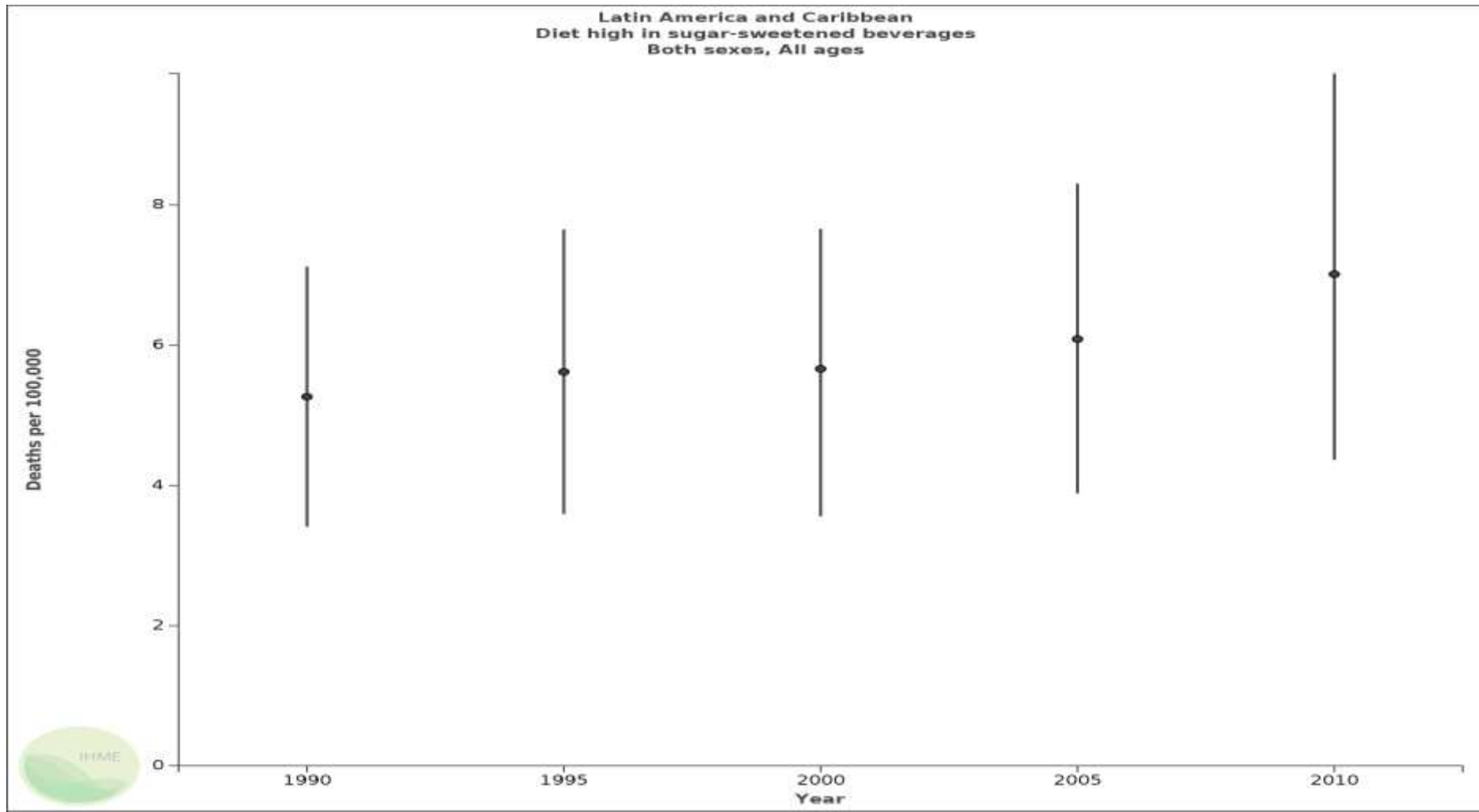


# + Deaths from high fasting plasma glucose, Latin America and the Caribbean 1990-2010





# Deaths from diet high in sugar sweetened beverages, Latin America and the Caribbean 1990-2010 (IHME)













**Del 20 al 23 de Diciembre**

LLEVANDO 6 PRODUCTOS  
IGUALES



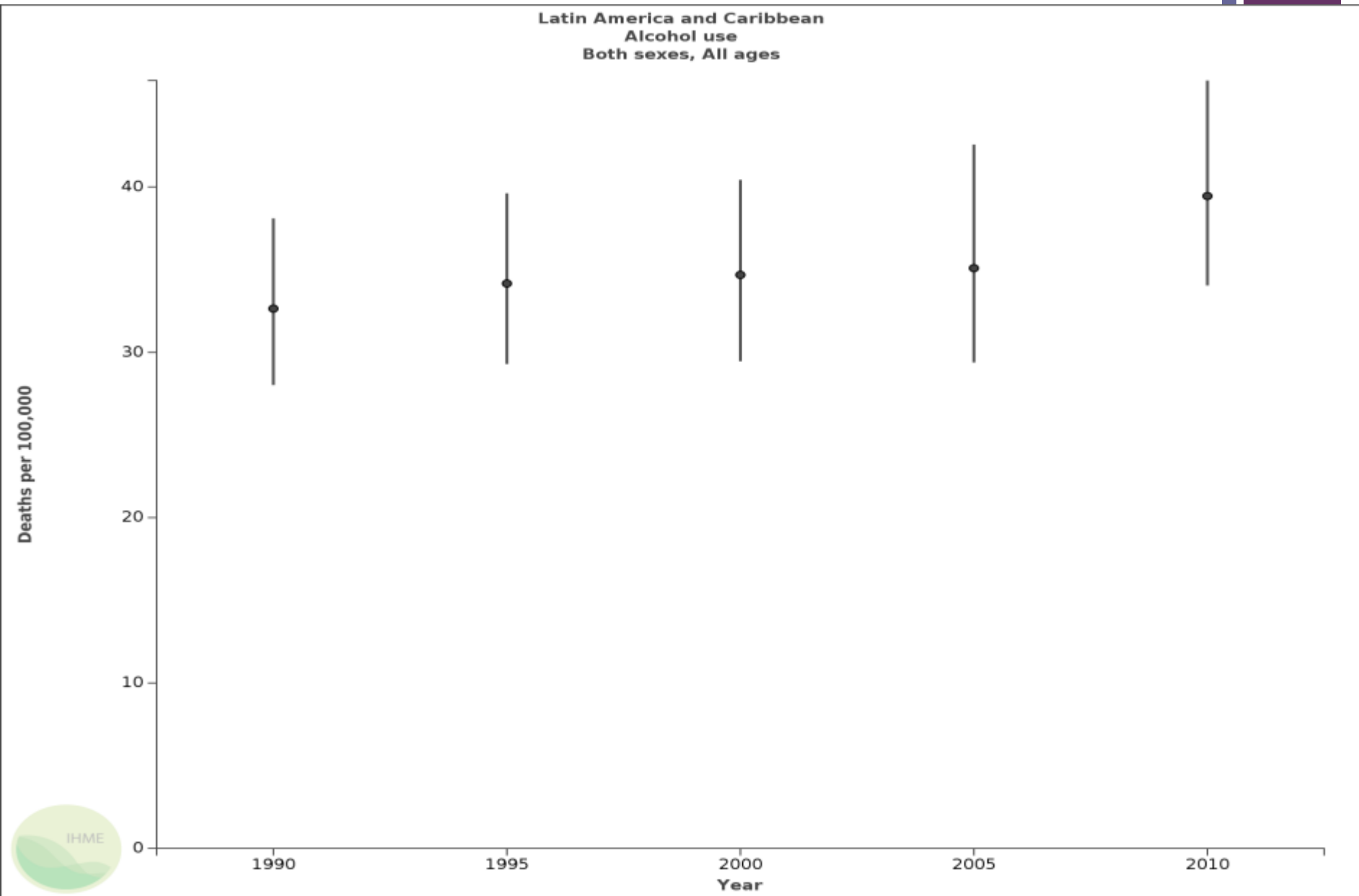
**6 x 4**  
PAGÁS 4

**Todas las  
gaseosas y  
cervezas.**

**El precio más bajo garantizado.**

**EXCLUSIVO PARA CAPITAL FEDERAL y GBA. No válido en Carrefour Market, Express ni Maxi.**

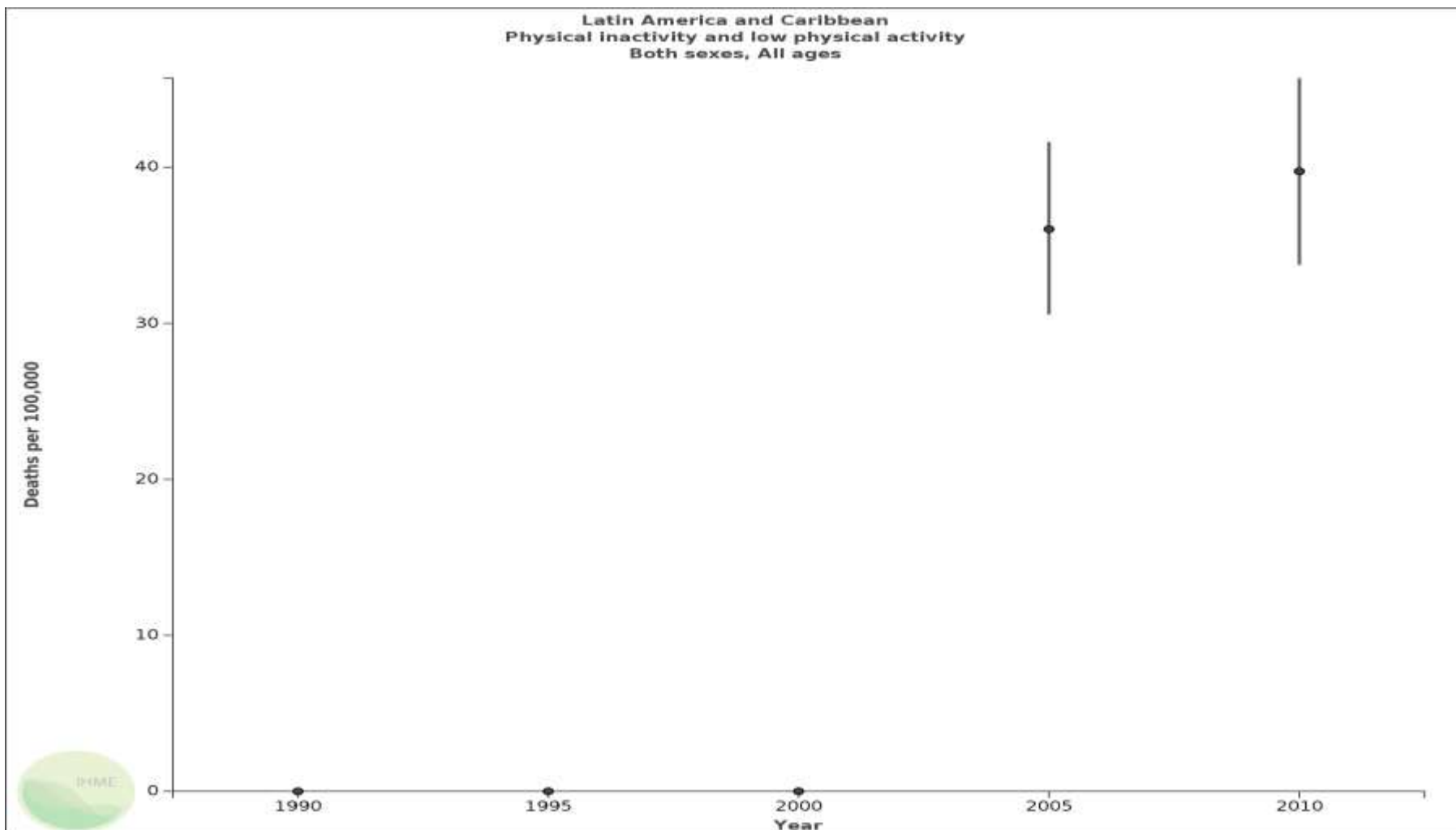
# Deaths from Alcohol Use, Latin America and the Caribbean 1990-2010 (IHME)





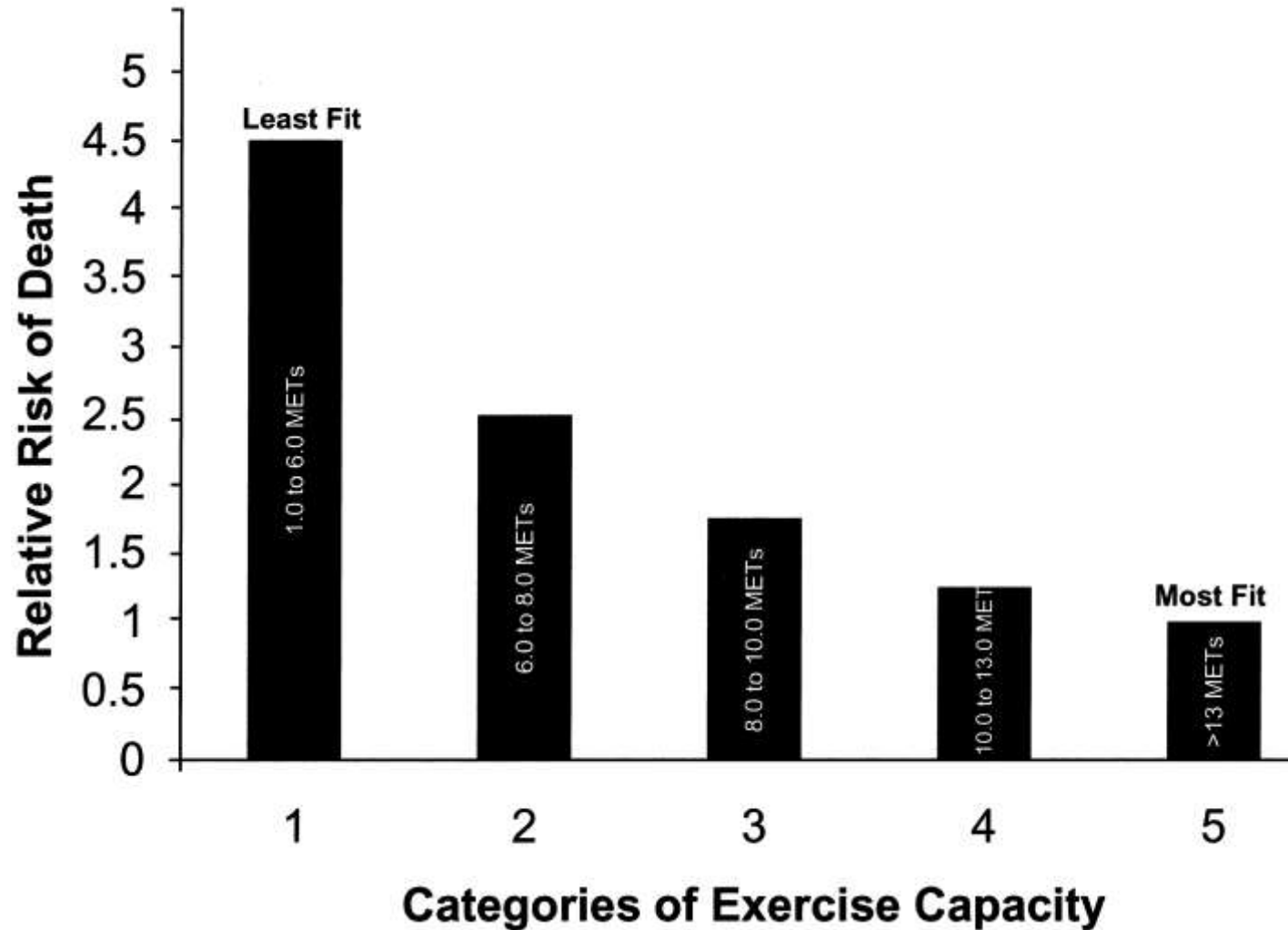


# Deaths from physical inactivity, Latin America and the Caribbean 2005-2010 (IHME)





## Age-adjusted mortality rates in healthy US men categorized by level of fitness.

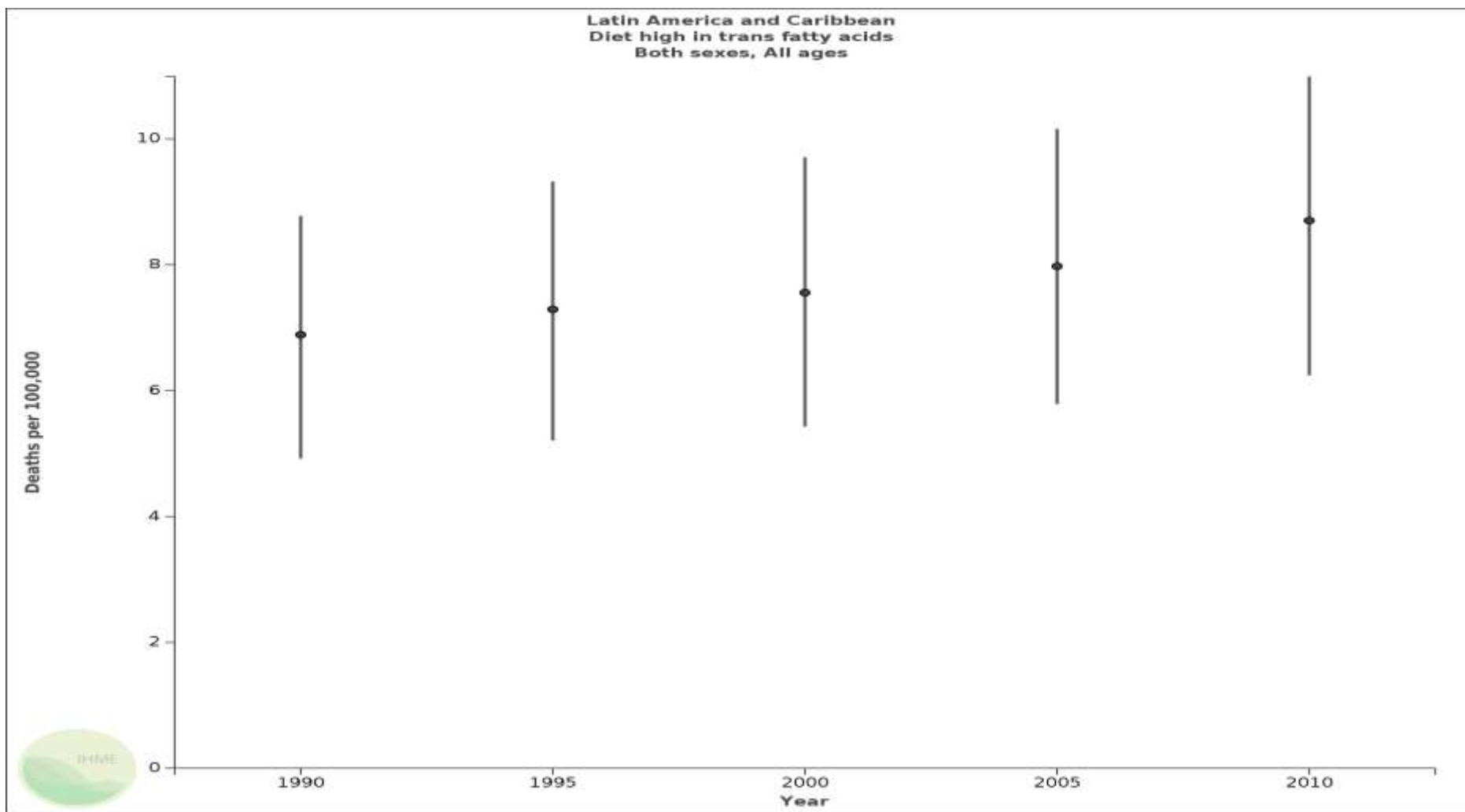


Myers J Circulation. 2003;107:e2-e5





## Deaths from diet high in trans fatty acids, Latin America and the Caribbean 1990-2010 (IHME)

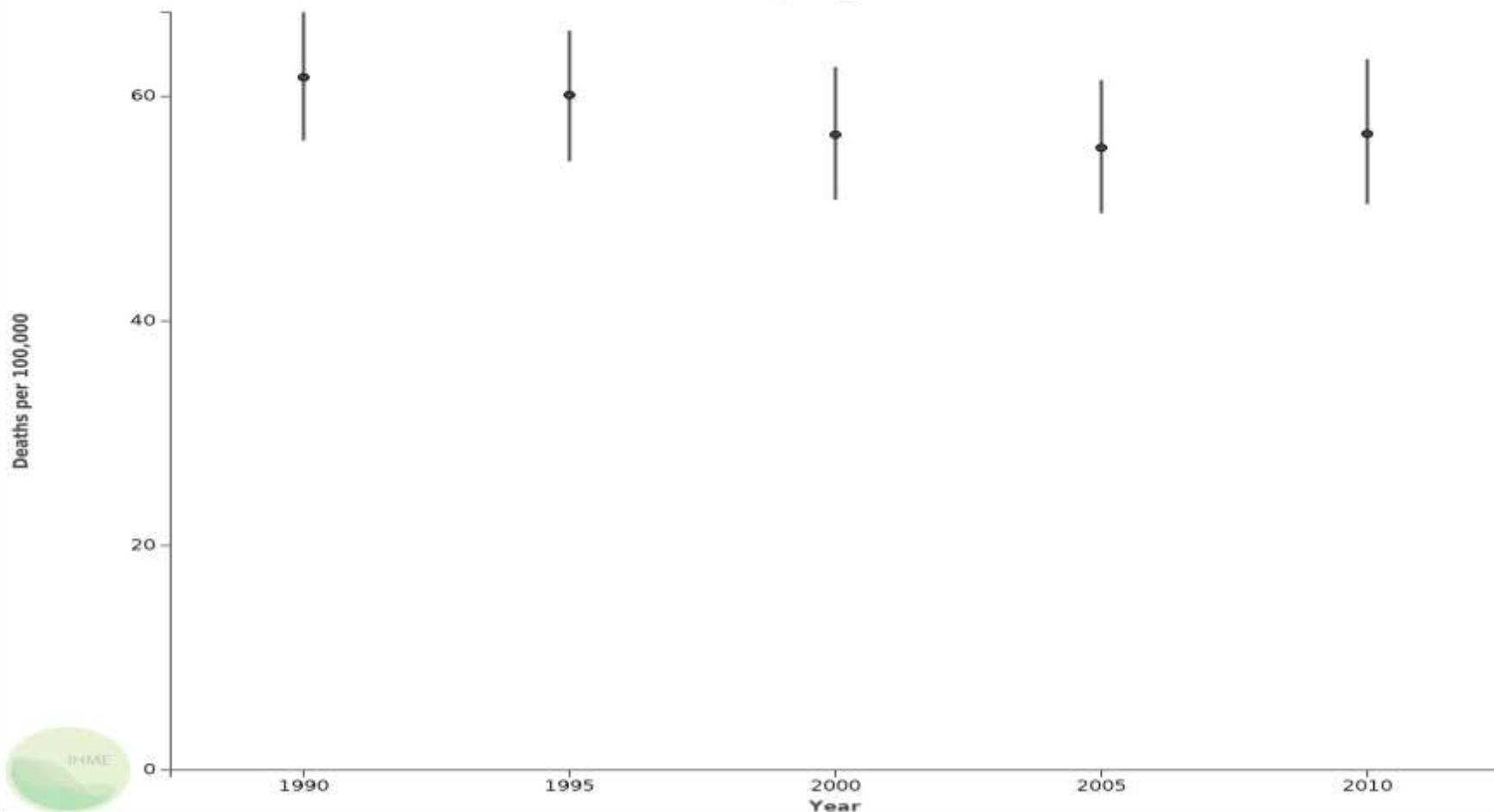




# Deaths from tobacco smoking Latin America and the Caribbean 1990-2010



Latin America and Caribbean  
Tobacco smoking  
Both sexes, All ages





**I've had about 20  
amputations**

– Marie, Bronx, NY



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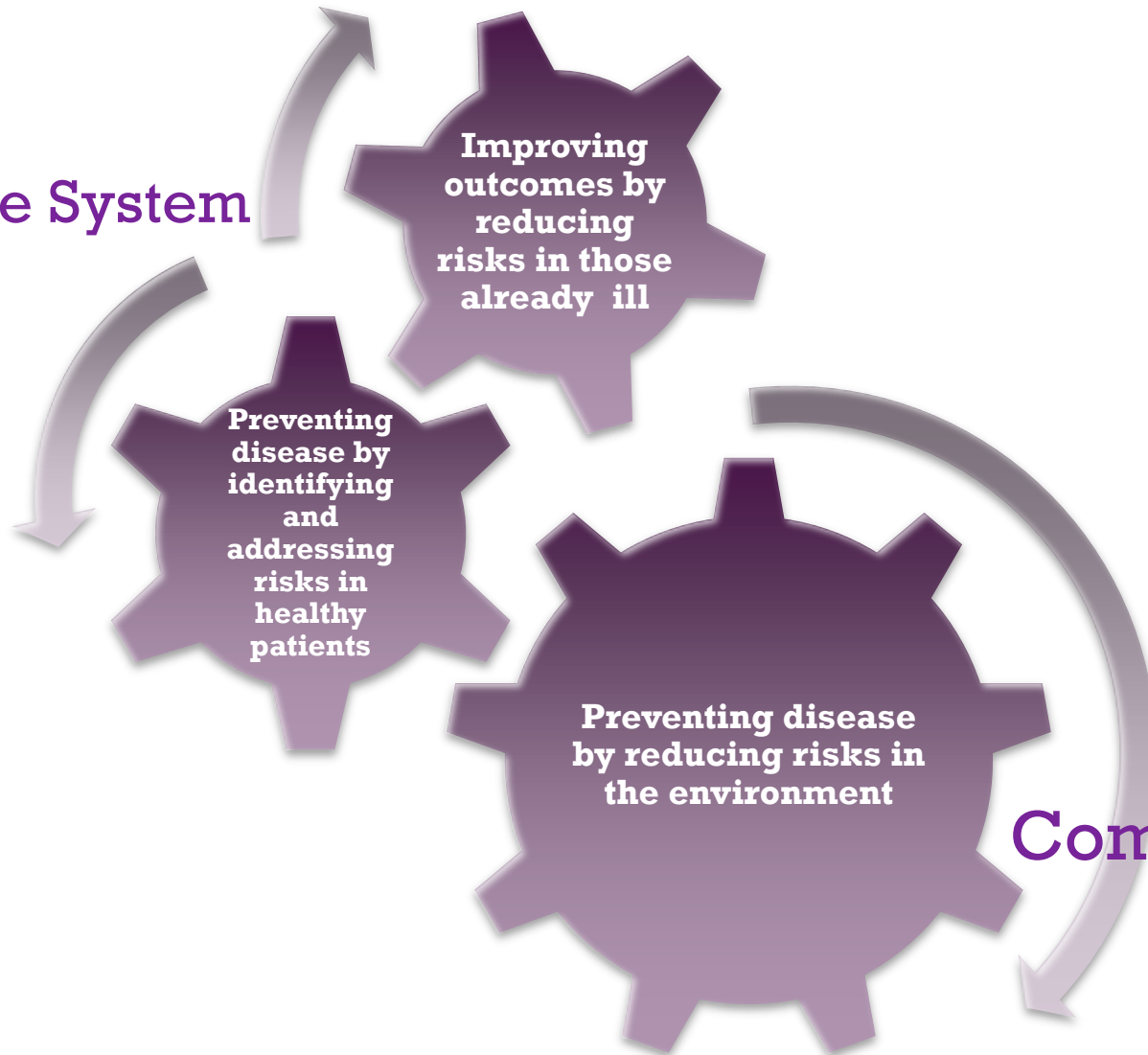




# Three Spheres of Action on Risk Factors



Health Care System



Community



# Preventing disease in healthy patients



- Routine incorporation of screening for key behavioral and social risk factors, for example:
  - Obesity
  - Smoking
  - Physical inactivity
  - Alcohol use
  - Violence
- Use of motivational interviewing and other strategies
- Fund and offer supportive evidence based interventions in the health system and in the community consistently
  - E.g. Tobacco cessation, diabetes prevention program



# Addressing risk factors in those already ill



- Deaths from heart disease are reduced by one-third in people who quit smoking compared with people who continue smoking. Repeat heart attacks are reduced by about the same amount.
- People who smoke and already have heart disease lower their risk of sudden cardiac death, second heart attacks, and death from other chronic diseases by as much as half if they quit smoking.
- Quitting smoking can lower risk of heart disease as much as, or more than, common medicines used to lower heart disease risk, including aspirin, statins, beta-blockers, and ACE inhibitors
- For heart attack patients who participated in a formal exercise program, the death rate is reduced by 20% to 25%
- Exercise improves insulin sensitivity
- Etc.....



# Working outside of the health care system



Our larger health systems and governments need to actively support and finance:

- Environmental design to promote physical activity
- Changing social norms and practices around food, alcohol and tobacco
- Regulation of consumer product related risk factors (food, tobacco, alcohol)
- Traditional health promotion through education and community programs





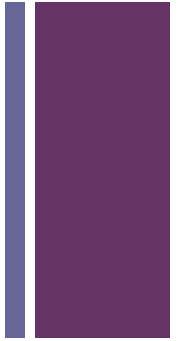






# Sor Juana Ines de la Cruz, 1651-1695

## Do you see any parallels to food companies causing the obesity epidemic?



Hombres necios que acusáis  
a la mujer sin razón,  
sin ver que sois la ocasión  
de lo mismo que culpáis.

.....

¿Cuál mayor culpa ha tenido  
en una pasión errada:  
la que cae de rogada  
o el que ruega de caído?



# It's time to get tough with the folks causing the problems

## Regulatory and Fiscal approaches

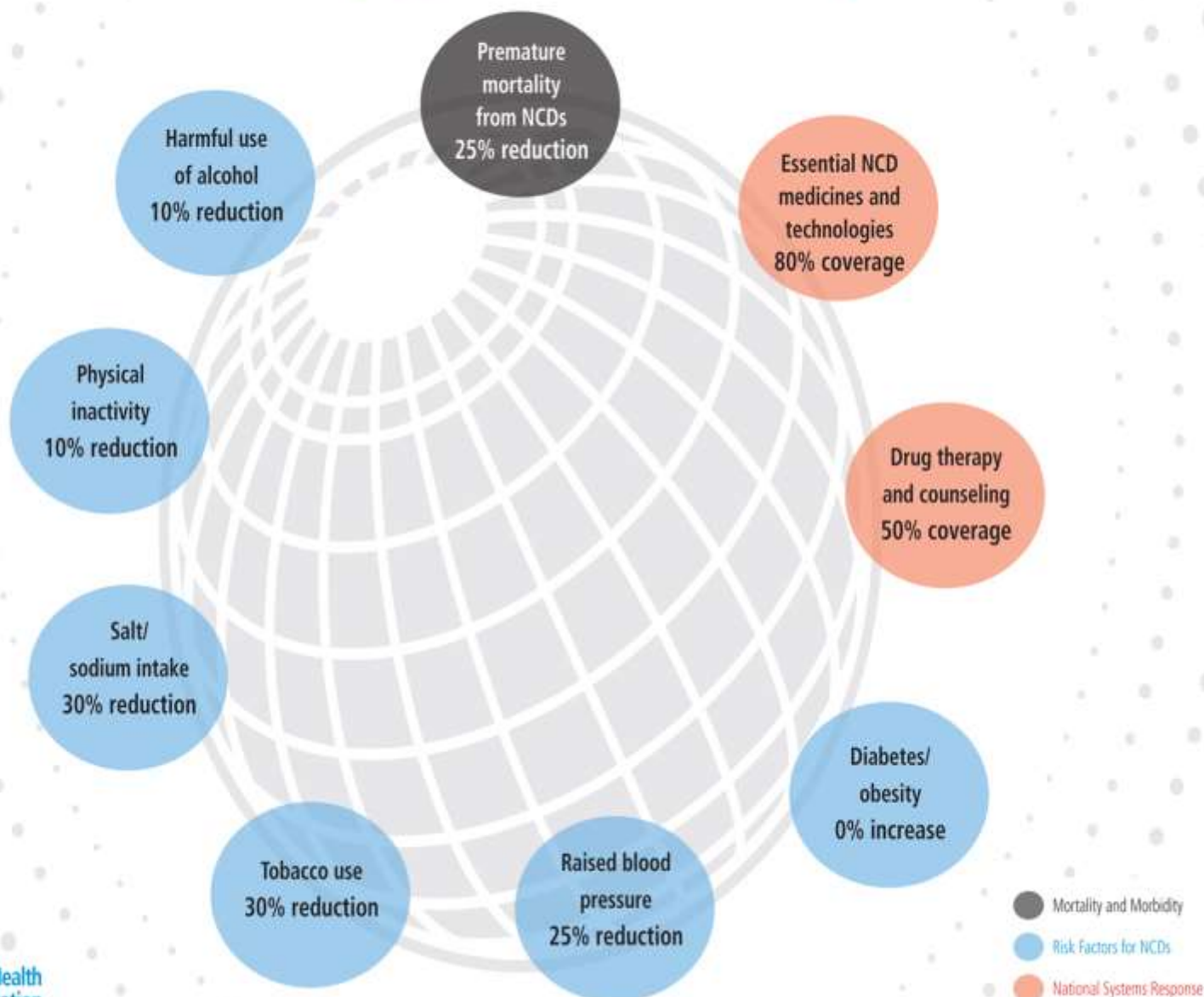


- Required by the Framework Convention on Tobacco Control
- Essential to achieve the WHO NCD goals
- Part of PAHO's Childhood Obesity Action Plan
- Desperately needed





# + Set of 9 voluntary global NCD targets for 2025





# Global Monitoring Framework

## Mortality & Morbidity

Unconditional probability of dying  
between ages 30 and 70 years  
from cardiovascular diseases, cancer,  
diabetes or chronic respiratory diseases

Cancer incidence by type of cancer

## Risk Factors

Harmful use of alcohol (3)  
Low fruit and vegetable intake  
Physical inactivity (2)  
Salt intake  
Saturated fat intake  
Tobacco use (2)  
Raised blood glucose/diabetes  
Raised blood pressure  
Overweight and obesity (2)  
Raised total cholesterol

## National Systems Response

Cervical cancer screening  
Drug therapy and counseling  
Essential NCD medicines & technologies  
Hepatitis B vaccine  
Human Papilloma Virus vaccine  
Marketing to children  
Access to palliative care  
Policies to limit saturated  
fats and virtually eliminate  
trans fats

Total number of related indicators in brackets

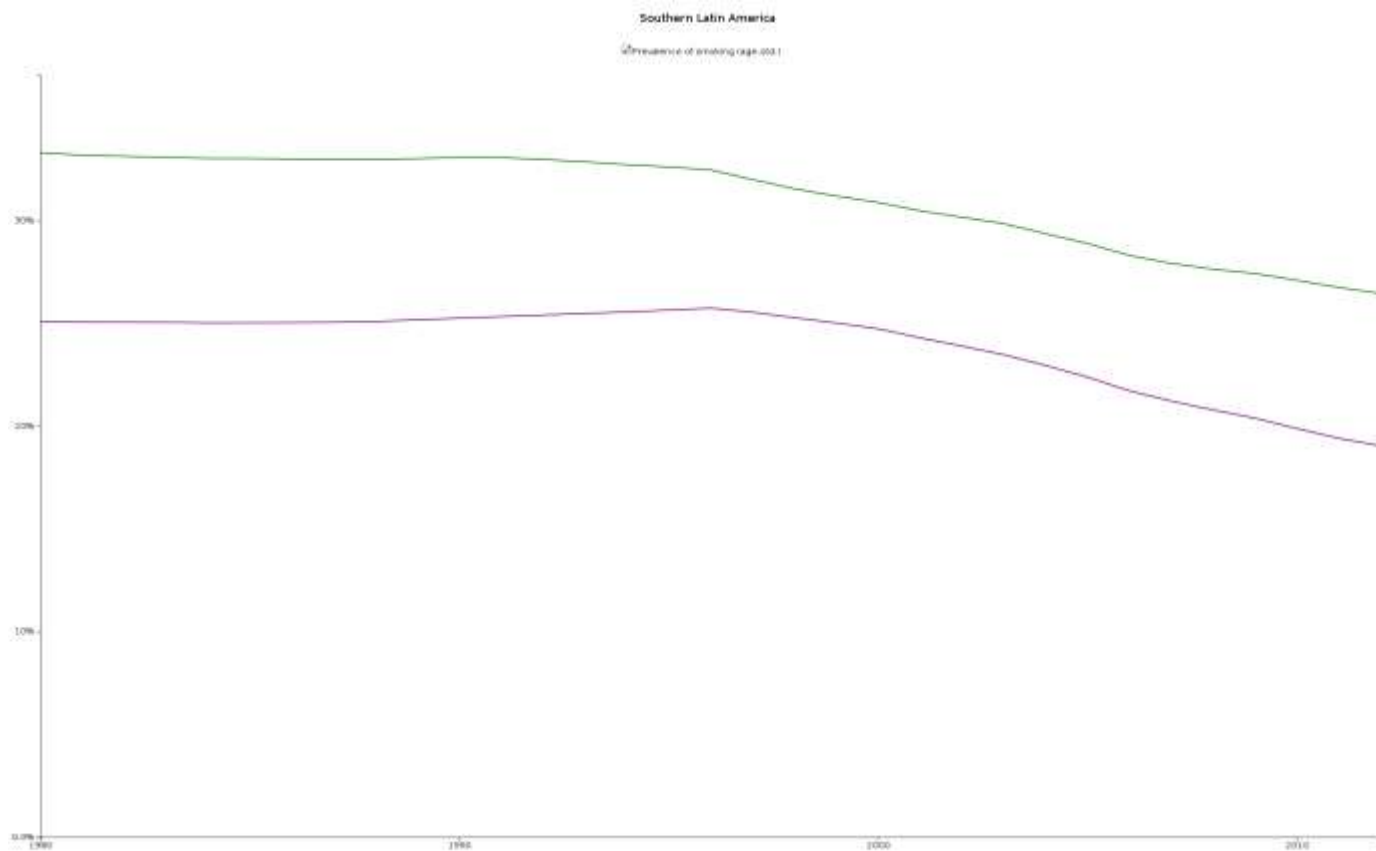
# 25 Indicators





# FCTC in Action: Smoking Prevalence in South America 1980- 2010

An example to be followed



Is Government regulation of the food supply needed to prevent obesity ? The answer straight from someone who knows  
NEW YORK TIMES March 16, 2013

“A COURT has struck down, at least for now, New York City’s attempt to slow the growth of obesity by limiting the portion size of sweetened beverages.

But governments should not be deterred by this and should step up their efforts to protect the public health by limiting the marketing tactics of food companies. Anyone who believes these interventions are uncalled-for doesn’t know the industry the way I do. I was part of the packaged food and beverage business for more than 20 years. ...

I left the industry when I finally had to acknowledge that reform would never come from within. I could no longer accept a business model that put profits over public health — and no one else should have to, either.”

*Michael Mudd is a former executive vice president of global corporate affairs for Kraft Foods. He retired in 2004.*



# Types of regulatory approaches successfully used for tobacco, alcohol or food risks



- **Retail Environment** (licensing, hours, density)
- **Pricing, taxation and subsidies** (tobacco, soda and junk food taxes) (Mexico, US)
- **Requiring information** for consumers/ labeling
- **Restricting marketing** and packaging practices (prohibiting marketing to children, plain packaging of tobacco) (Chile, Peru, Canada)
- **Prohibiting or modifying products** (prohibiting trans fats, prohibiting flavored tobacco or e-cigarettes, reducing soda size, reducing salt content) (Argentina, Brazil, Chile, Mexico, Paraguay US Local)
- **Creating healthier social environments** (smoke free air, public food procurement, better school and workplace food, water access)



In short, in addition to improving quality of care, we still need to:

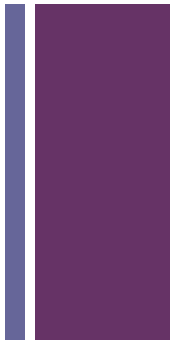


1) Build and strengthen the capacity for health promotion and regulatory action

2) Strengthen the ability of our health care systems to identify and address these risk factors effectively

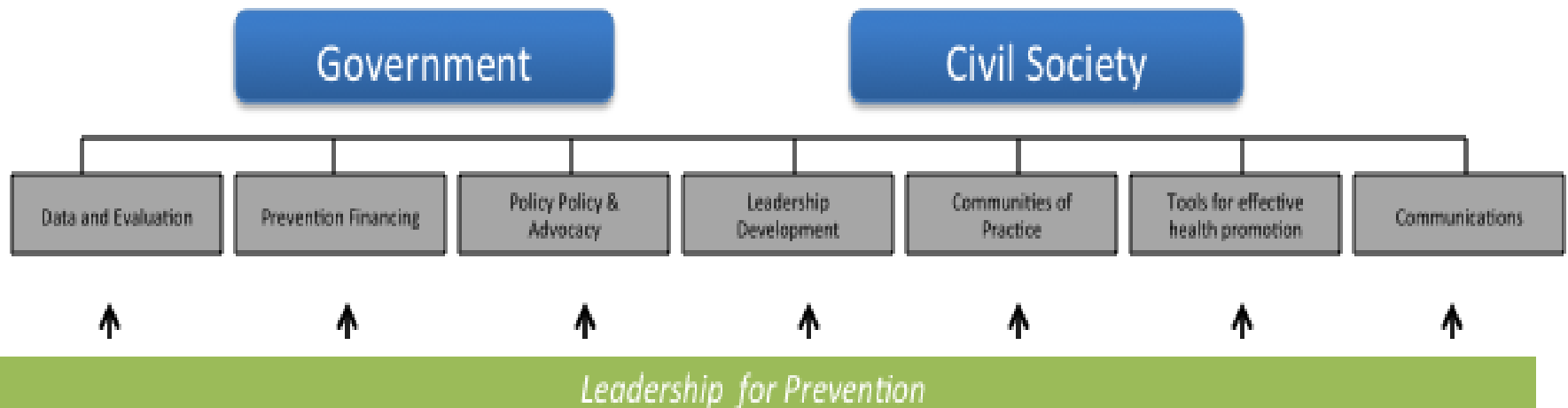


# To do that we need to support our systems for prevention



## HEALTHIER COMMUNITIES

*More just, safe, and sustainable communities, tobacco free, with access to healthy food and activity promoting design*





+ Thank you

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