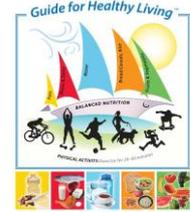




Second Pan American Conference on Obesity

with special attention to Childhood Obesity



THE SECOND PAN AMERICAN CONFERENCE ON OBESITY, WITH SPECIAL ATTENTION TO CHILDHOOD OBESITY (PACO II) Theme: Let's get together to stop childhood obesity

CONCLUSIONS AND RECOMMENDATIONS

Background

The first Pan American Conference on Obesity, with special attention to Childhood Obesity (PACO I) was held in Aruba from June 8-11, 2011 (www.paco.aw). Experiences and lessons learned were analyzed by attendees and experts from various sectors such as health, education, sport, media, local and national government, and international institutions to send "The Aruban Call for Action on Obesity: Throughout Life... at All Ages" (http://www.paco.aw/pdf/20110608_20110610_The_Aruba_Call_for_Action_on_Obesity.pdf) to the United Nations Summit on Non-Communicable Chronic Diseases.

PACO I concluded that the solution to the problem of obesity requires tackling obesogenic environments through systematic, extensive multi-level and multi-sectorial initiatives. The Aruban Call for Action supported and complemented numerous authoritative recommendations that have been made to urge such initiatives to be undertaken in relation to obesity or obesity-related NCDs. What is pressing at this juncture is to extend the call to action to focus on specific ideas effective in the prevention of obesity and then to evaluate whether these actions are having the intended effects.

The Second Pan American Conference on Obesity, with special attention to Childhood Obesity (PACO II) was held in Aruba from June 15 – 16, 2012 (<http://www.paco.aw/paco2conference.php#workshops>), with the following objectives:

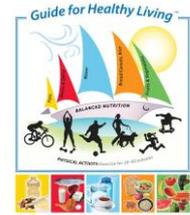
1. Develop a specific platform for the prevention of obesity, specifically childhood obesity; locally, nationally, and internationally to facilitate the implementation of actions and operational research that addresses the epidemic of obesity.
2. Strengthen the focus on non-communicable diseases (NCD's) including obesity; locally, nationally, and across the institutions of the United Nations and the Inter American System.





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The conference was preceded by two international courses and seven thematic workshops (June 11-14th):

International Courses:

- Exercise is Medicine
- CDC: International Course on Physical Activity and Health

Workshops:

- Promoting Physical Activity to Prevent Childhood Obesity;
- School Environment and the Prevention of Childhood Obesity;
- Economic Cost of Obesity;
- Food- Based Dietary Guidelines in the Prevention of Childhood Obesity;
- PAHO/PAHEF Workshop on Education for Childhood Obesity Prevention: A Life Course Approach
- The Role of E-Health in the Prevention of Childhood Obesity;
- Creating Healthy Environments and Healthy People.

Other PACO II topics were genetic and alternative causes of obesity, the roles of women, agriculture, food safety, the marketing of food and beverages for children, the role of the food and beverage industry in the prevention of childhood obesity and alternative treatments for obesity.

PACO II was convened by the Minister of Health and Sports of Aruba. Participants included ministers, legislators, representatives of ministers, representatives of international agencies and organizations, policy makers, representatives of the food industry, and representatives of governments and civil society organizations from 25 countries in the Americas region, practicing health professionals, and scientists engaged in the study of various aspects of obesity.

The conference recognized that obesity and childhood obesity are a global problem, which is increasing at alarming rates in all countries with considerable health and socio economic impact. Most importantly, countries have not been able to succeed in reversing this epidemic.

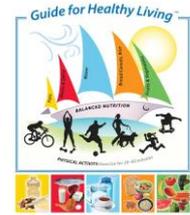
Conferees agreed to focus on child growth and development emphasizing policies and interventions to promote the child's "healthy weight" goal including enabling healthy environments and education on healthy living.





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To contribute to the prevention of obesity in the Americas, all the proceedings of PACO II including documents, reports, and videos of the conference will be on line at www.paco.aw.

The conclusions and recommendations will be sent to the ministers of all the countries of the Americas as well as to the Inter- American Meeting at Ministerial Level on Health and Agriculture (Chile, July 26 – 27, 2012) and Pan American Sanitary Conference (USA, 2012).

Conclusions and Recommendations from PACO I

The results of the call to action from PACO I emphasized the need to support effective public policies and multi-level, comprehensive strategies to address obesity, based on three principles: 1) That primordial and primary prevention with a life course approach should be the central component of national programs to stop the obesity epidemic; 2) That the multi-level focus should be working across all sectors and societal levels to modify the 'obesogenic' environment that facilitates a positive energy balance and excess weight gain; 3) 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. PACO I also stressed the need to create, promote, and sustain supportive environments that facilitate access to education and information, physical activity, healthy foods, and empower the individual to make decisions towards improving their quality of life. PACO II reaffirmed and built upon these recommendations.

Conclusions and Recommendations from PACO II

- 1. Fund, design, and implement a study in Latin American and Caribbean countries to estimate the economic costs of obesity in children and adults in different age and sex groups. This will be essential for engaging non-health sectors in the discussions and reaching decision makers who can allocate the resources needed to address the problem.***

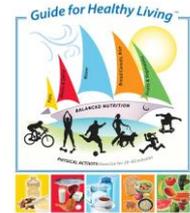
Hunger and undernutrition are ongoing food and nutrition problems in areas of Latin America and the Caribbean for which the high economic costs have been clearly documented. In recent years, however, the problem of overweight has increased, co-existing with undernutrition. Researchers in high income countries have





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estimated that obesity is responsible for a substantial economic burden in health care and other costs. Such estimates are urgently needed for Latin America and the Caribbean to generate synergies between the objectives of a) addressing the urgency of action and b) deepening understanding of the social and economic consequences for populations that come with overweight and obesity.

2. **Public policies to tackle social determinants of obesity through the life course (health promotion, multi settings, multi-sectorial and multi-level interventions)**

Participants at the PACO II conference acknowledged that obesity and NCD's are not randomly distributed across all population groups. In fact, vulnerable groups in poor communities and developing countries carry an increasing burden of the cost and health consequences of the problem. A 'whole of society' approach, as defined by WHO, is needed to influence the various social, economic and environmental determinants of child obesity and other NCDs.

Public policies should be based on health promotion principles to promote healthy child growth and development. The emphasis should be changing obesogenic environments through multi-level (global, regional, national, state, municipal and community) initiatives. Vertical and horizontal multi-sectorial, multi-level coordination is needed for countries to implement effective approaches for the prevention of childhood obesity based on the life course approach framework. There is a special need for closer coordination and integrated actions between the Ministries of Health, Education, Environment, Agriculture, Economy, Trade or Commerce, Transportation, Urban and Rural Infrastructure, Security, Sports, and Culture; with clear goals and accountability mechanisms.

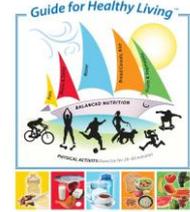
Public policies to be considered include: exclusion of sugary drinks and unhealthy snacks from school canteens, upgrading existing school feeding programs to include more fresh foods and water, regulations on publicity/advertising of products high in salt, sugar and saturated fat. Other policies that may not be considered *obesity specific* as development and promotion of urban agriculture, mass transit, and street safety, are critical complements to the above stated childhood obesity policies and should be actively pursued by the public health sector in alliance with the corresponding leading sectors as agriculture, transportation city planning and others.





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As for policy development it is fundamental that the first take at the policies must come from the public sector and be based on solid scientific evidence to later move into receiving input from other stakeholders and also private sectors entities with a stake in the modifications implied in the proposed policies. Public policies should include inputs from multiple sectors, and promote interventions in multiple settings by enabling healthy environments and providing incentives for better access to healthy choices regarding healthy eating and active living.

Obesity prevention programs and interventions should address physical and virtual settings where children live, learn, eat, play, and socialize, such as homes, childcare and early education centers, schools (pre and after school programs), faith-based organizations, recreational and social media networks, and other community based facilities for children and families.

3. Strengthen education interventions into the life course approach to prevent childhood obesity

Public policy and education are key in enabling individuals to make healthy choices. Obesity prevention in education settings must be based on multidisciplinary interventions and collaboration between schools, families and the entire society. Capacity building in obesity prevention is required and should include the entire learning community, teachers, leaders, health care providers, related services personnel, university professors, and other interested community members.

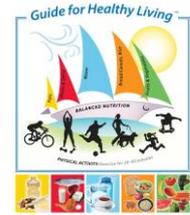
- a. Undertake educational interventions to reduce obesity in the preconception period, fostering appropriate weight gain during pregnancy, supporting women in avoiding the retention of excessive weight gain during the postpartum period, and promoting optimal infant feeding practices, including breast feeding, nutritious and safe complementary feeding, and the avoidance of sugar sweetened beverages and “junk foods”;
- b. Strengthen school feeding and physical activity programs at pre school, school, and after school and summer care programs with the aim to reduce screen time and increase consumption of nutritious foods and physical activity during out of school time. Educational based feeding programs must promote consumption of local available fruits and vegetables, safe water and physical activity, while restricting access to calorie-dense, fat-dense, nutrient-vacant foods and beverages. In addition, obesity prevention must be practiced in a





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- way that is culturally sensitive and takes into account beliefs associated with body image, particularly in young women;
- c. Incorporate nutrition and physical activity for healthy living content into core curricula (math, language arts, social studies, etc.) in all educational settings (schools, early childhood centers/child care centers, summer programs, etc.);
 - d. Establish inter-sectorial agreements to enable health promoting environments (recreational parks, gyms, game courts,), infrastructure (bike and walking paths) and transportation to promote and increase physical activity and active living during and after school and work hours;
 - e. Engage key community institutions outside the formal education system, including local governments, civil society organizations, local farmers, early childhood centers, churches, pediatric/family medicine clinics, and others, to support family nutrition education, access to healthy food, and daily physical activity – all of which are key to promote child “healthy weight”.

Additional strategies to enable the education interventions through the life course approach should include:

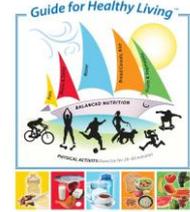
- Institutionalization of an early career leadership scholars program/network in Latin America and the Caribbean, that focuses on evidence-based approaches to childhood obesity prevention based on the life course approach;
- Promote investment in longitudinal research to explore effectiveness, replicability, sustainability, scalability and cost of interventions to prevent childhood obesity through the life course prioritizing the preconception, pregnancy and early childhood periods;
- Childhood obesity prevention should be included as a priority into the maternal-child health and education policies and programs of international agencies including the Inter-American system;
- Innovative and attractive social marketing educational efforts should be developed to disseminate food based dietary guidelines (FBDG) and other evidence-based messages to improve nutrition and physical activity;
- Monitoring and evaluation systems to properly assess process and impact of life course national strategies, and targets for childhood obesity prevention should be included in national and regional plans.





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4. Routinely incorporate obesity and related health issues into foreign policy and trade negotiations.

NCDs and obesity are significant global health concerns, which have a direct impact on economic growth and development, and therefore should be taken into account in foreign policy and trade discussions.

National governments and regional or international agencies, in negotiations of bilateral and international trading arrangements, should therefore include public health considerations including the prevention of obesity and associated conditions or diseases.

Complementary to this recommendation, governments and agencies should also identify and take full advantage of opportunities to focus on obesity and NCD health issues as part of the foreign policy agenda. This will support core foreign policy goals of co-operation and progress among states.

Existing international trade policies in the areas of market access, sanitary and phyto-sanitary measures, technical barriers to trade, and innovation and intellectual property are examples of instruments that may be used in achieving these objectives.

To be most effective, these trade policy measures should be used in concert with educational, fiscal, and agricultural initiatives.

The focus of these interventions in trade and other policy spheres should be to promote availability of nutrient-rich, lower-salt, lower-sugar, and less-fatty foods that should replace many of the calorie-dense, fat-dense, nutrient-vacant foods that are traded and consumed across the region.

5. Limit marketing of foods and non-alcoholic beverages containing high amounts of fat, sugar, salt, and low in essential nutrients.

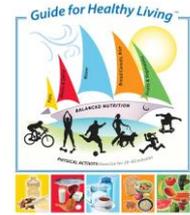
A strong and convincing body of evidence points to the critical importance of public policies limiting the marketing of unhealthy foods and beverages to children and youth, as they are not yet rational economic decision makers. Both WHO and PAHO have published clear recommendations to this effect. All governments should commit to implementing these recommendations, enforced by law.





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Reducing advertising of unhealthy foods to children will be most effective when accompanied by industry actions to reformulate foods to reduce fat, salt and sugar, and to make available healthier choices. Transparent front of pack information should also be provided to aid consumer's choices. Civil society and academia can have a clear role in advocating for and monitoring some of these actions.

6. Reframe the leadership role of women regarding family health to include fathers as an active participant in the implementation of healthy home environments.

PACO II sees the role of women as of overarching importance when seeking solutions and proposing recommendations to curb the impending rise of childhood obesity in the Americas. As with all other aspects of the “whole of society” approach, the role of women in society needs to be analyzed and its substance highlighted when formulating policy aimed at arresting childhood obesity.

Major societal changes resulting from socio-economic inequalities, advances in education, and increased equality for women have propelled the incorporation of women into full labor force participation. Parallel to these changes or possibly resulting from them, the number of female –headed households has exponentially increased, while concomitantly the presence of husbands and fathers within the households has decreased. This is important since female headed households are usually below poverty income guidelines and it is well known that income level and obesity are very much related; income has an impact on the availability of quality foods in the household, health care and quality time spent with children. Labor policies are needed that address the participation of women in the labor force and that provide suitable options to satisfactorily respond to their dual roles of mothers and workers.

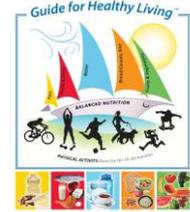
Moreover, there exists a lack of correspondence between the noted structural changes and the evolution of appropriate values and norms. This is especially the situation for the various social roles that women play in society; and particularly as mothers, no longer centered only within the household. The multifaceted roles that women now play in and outside the household must be revisited since understanding





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the latter can make an important contribution toward the improvement of childhood obesity. This leads to the following recommendations:

1. Policy makers in multiple sectors need to initiate a public dialogue to redefine the new emerging roles of men and women within the family and society;
2. Policies are needed to actively support family practices of healthy eating, increased physical activity and the promotion of good health;
3. Policies are very much needed to promote equal pay for men and women, paid maternity leave and flexible work schedules, in order to facilitate parents' engagement in their children eating habits and physical activity;
4. Increased public and private sector support for the construction of parks and other recreational spaces that facilitate physical activity and promote a holistic approach to family recreation and healthy eating;
5. Increased public and private sector support for low cost fresh fruits and vegetables;
6. Increased public and private sector to promote the full participation of women in policy-making;
7. Providing seminars and other support to promote leadership skills in women.

7. Tailor the content, regulatory, and operational frameworks of food based dietary guidelines.

Food based dietary guidelines (FBDG) should be: a) institutionalized as part of public policies related to food and nutrition security; b) supported by national food and nutrition education plans; c) included at the regular programs of Ministries of Health, Education, Agriculture and Social Development, as well as in the First Ladies' Agenda, as a tool to promote healthy diet.

Besides developing general FBDG, there should be guidelines for the following age groups: infants and preschool children, school age children, and adolescents.

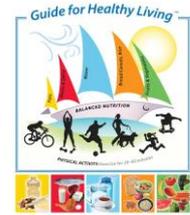
It is also essential to develop regulatory frameworks to support the implementation of the FBDG's recommendations. These should include: a) appropriate legislation to support and promote exclusive breastfeeding; b) legislation to regulate foods in the schools environment (food advertising, food available in the school); c) use of FBDG to define school feeding programs; d) appropriate legislation for mandatory nutritional labels that are simple and easily to be understood by lay people.





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Countries need support to develop and implement effective communication strategies for different context and audiences. It is crucial that both, professionals from different sectors as well lay people are trained in the content, application and use of the FBDG.

8. Develop and pilot test initiatives to identify and utilize local food sources and promote adult and youth consumers' appreciation for the natural origins of available foods.

Over consumption of heavily processed foods and a lack of information and availability of more nutritious alternatives is directly resulting in a new “malnutrition” among the people of the Americas. Detachment from food production further limits what people have available to eat. Through community agricultural programs people can be persuaded to better their environment, develop community and produce healthy food locally for their own use and as a source of (supplemental) income. Ultimately when people eat food that is produced locally there are many benefits including; access to fresher food, money that stays at home (instead of going to an overseas merchant) and spin off economies. The promotion of novel xerophytic (desert) crops adapted to dry tropical environments may be an essential element to success in some countries in the region.

9. Food safety and Nutrition

The safety, quality and nutritional value of the food we eat is of fundamental importance to our health and wellbeing. Food safety and nutrition are therefore strongly associated. Risk factors associated with an unsafe diet and the need to improve dietary quality and at same time the importance of improving food safety should be recognized. It was discussed that the food safety concept should be expanded from the typical microbiological or chemical contaminants to focus on poor nutritional quality. Recommendations for how to address these issues are as follows.

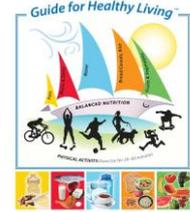
- a. Establish a link between the food safety concepts and nutrition;
- b. Articulate policies at country and regional levels considering healthy and safe food;
- c. Promote the local food culture in each region or place;
- d. Promote multi-sectorial policies to improve food safety, education, water and sanitation, and access to health services;





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- e. Promote good manufacturing practices of food;
- f. Educate children with the five keys for safer food along with the five keys for healthy diet of WHO.

10. Develop complementary and integrative actions to increase physical activity across whole communities.

Physical activity is an independent risk factor for non-communicable diseases. Therefore it demands a population-based, multi-sectorial, multi-disciplinary, and culturally relevant approach. The evidence base on physical activity interventions is large and has grown exponentially in the last decade with a considerable number of published studies from middle income countries in Latin America. The evidence shows that there are different types of interventions that can be implemented which encompass the primary care settings; public spaces; mass media campaigns; school and workplace settings and active transport among others.

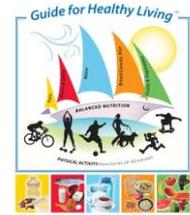
- a) Primary care settings should routinely assess physical activity, provide patients with advice and counseling on physical activity (exercise prescription) and refer to or provide additional resources (e.g., health education, group activities, fitness professionals) with the aim to increase physical activity;
- b) Increase training of primary health care professionals on how to promote physical activity; increase staff to integrate physical activity counseling into the routine practice in busy primary care settings; increase provision of and access to community based facilities or programs on physical activity linked with primary care; ensure resources and capacity to deliver ongoing patient support in person, by phone, email or other communication methods;
- c) There is strong evidence that mass media campaigns that aim to raise community awareness, inform and change attitudes towards being active are effective. Mass media campaigns were identified as “Best-buys” by WHO and use a combination of mass media components and multiple channels including television and radio adverts, as well as print media, often linked with community events and programs. One major barrier to these interventions is the cost component of developing and executing campaigns in the most popular media at the most popular coverage time;
- d) Schools are common settings for effective interventions aimed at increasing physical activity in children and young adults. Interventions include changes to the school curriculum to increase time and activity levels in PE classes, classroom physical activity sessions, recess in primary schools, after school





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- activities based within the school context, and active travel to school. There is a moderate to strong evidence base on the effectiveness of school based interventions aimed at increasing physical activity;
- e) Safe Routes to School interventions need to have the involvement of teachers, parents, transportation officials, and the community, combining promotional activities with safety, environmental, and structural improvements, such as sidewalk and signage enhancements;
 - f) Transport policies can promote active and safe methods of travelling such as walking or cycling. Results show positive effects can be achieved from multi-component cycling interventions. It is important to ensure that walking, cycling and other forms of physical activity are accessible to and safe for all. Therefore work with urban planners is important and needs to be proactively led by the health sector. Mass public events that incentivize physical activity such as Ciclovías, have been implemented in recent years in many countries in the Americas and have shown to increase physical activity in the population. These interventions need the necessary supportive infrastructure (e.g. bike lanes, cycle tracks, bike boxes, traffic signals, sidewalks, cycle parking and storage);
 - g) Proximity to parks, public open space, and private recreation facilities are related to use of those facilities and total physical activity. Thus, policies to ensure access to recreation facilities in all neighborhoods are important throughout the life course. Group activity programs in public spaces have been shown to be popular and effective in Latin America and can be implemented at modest cost;
 - h) To build capacity for physical activity promotion, public health departments at the national, regional, and local levels are encouraged to hire appropriately trained staff to coordinate this work.

11. *Enhance the use of eHealth to support obesity prevention.*

All governments in the Americas should adapt the framework of the PAHO Strategy and Plan of Action on eHealth, which was approved by all the Member States in the Region on September 2011, to any development related to eHealth and programs against obesity. Specifically, Member States are urged to undertake the prevention of obesity through the following initiatives:

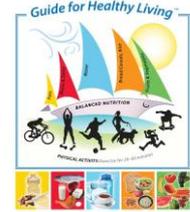
- a. Produce and disseminate through the Internet information to target different audiences, such as health workers, parents, teachers, and others;





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- b. Develop in collaboration with the Pan American Health Organization and the Pan American Health and Education Foundation, a Virtual Health Library on the topic of obesity;
- c. Map initiatives, projects and campaigns that work against obesity and create an electronic repository with this information;
- d. Promote the use of information and communication technologies as effective tools against obesity and physical inactivity;
- e. Use mHealth, such as the "Get the message" initiative, to reach citizens through mobile devices <http://www.healthycaribbean.org/get-the-message.php>;
- f. Use social networks to engage target audiences and to build networks;
- g. Develop virtual courses for diverse audiences about the prevention of obesity;
- h. Launch pilot projects on teleconsultations to monitor/follow up with obese patients.

Following the commitments established by the United Nations (UN) member states, at the UN High-Level meeting on Non-Communicable Diseases, in New York, in September 2011, the PACO II international meeting, held in Aruba, in June 2012 was instrumental in raising awareness and bringing stakeholders together around the child obesity and NCDs challenge in the Region. The PACO initiative convened by the Ministry of Health and Sports of Aruba, with the support of the Government of Aruba, the Pan American Health Organization (PAHO)/World Health Organization (WHO), Food and Agriculture Organization (FAO), the Latin American Economic Commission (in Spanish CEPAL), the International Olympic Committee (IOC), International Association for the Study of Obesity (IASO), the World Council of University Academics (COMAU), the Pan American Health and Education Foundation (PAHEF), International Organization of School Sports (IOSS), the Caribbean Public Health Agency (CARPHA), the Centers for Disease Control and Prevention (CDC), worked in collaboration with 209 participants in the PACO II meeting. The participants left the meeting with a commitment to evaluate and build upon the successes of this initiative and strengthen political leadership and actions against child obesity across the Region of the Americas.ⁱ

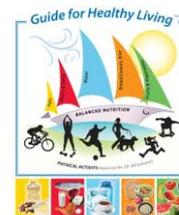
ⁱ This report of the process and outcomes of PACO II conference was prepared by a five member editorial committee charged with collating recommendations that emerged from the workshop and conference presentations. The thrust of these recommendations was agreed to by those present at the end of the second day of the conference. This document has been refined and expanded based on further written information submitted and review by the original workshop leaders or conference speakers. Following is a list of the names and affiliations of PACO II participants who helped to plan the conference, those who participated on the editorial committee, the conference speakers, and the workshop leaders.





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Addendum: List of PACO II Participants

1. Speakers of the courses, workshop and the Conference

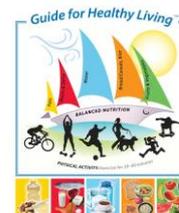
INTERNATIONAL COURSE: EXERCISE IS MEDICINE	
Richard Visser, Ph D	Minister of Health and Sports of Aruba
Jim Whitehead, Ph D	Executive Vice President/CEO American College of Sports Medicine/Exercise is Medicine Global Health Initiative
Roberto Felipe Lobelo, MD PhD.	Medical Epidemiologist CDC's Office for Global Health Promotion / Chair EIM Pediatric Committee
Adrian Hutber, PhD.	Medical Epidemiologist CDC's Office for Global Health Promotion / Chair EIM Pediatric Committee
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) INTERNATIONAL COURSE ON PHYSICAL ACTIVITY AND HEALTH	
Richard Visser, Ph D	Minister of Health and Sports of Aruba
Thomas Schmid, Ph D	Team Lead, Research and Development CDC , Physical Activity Branch
Victor Matsudo, MD	President of RAFA-PANA, Scientific Coordinator of CELAFISCS
Sandra Mahecha, Ph D	General Director of CELAFISCS
Harold W. (Bill) Kohl, Ph D	Professor, University of Texas, School of Public Health
Jim Sallis, Ph D	Professor of Family & Preventive Medicine, University of California, San Diego
Isabel Garcia de Quevedo Landa	ORISE Fellow, CDC Centers for Disease Control and Prevention
Marcus Stoutenberg	Research Assistant Professor, University of Miami
WORKSHOP: PROMOTION OF PHYSICAL ACTIVITY TO PREVENT CHILDHOOD OBESITY	
Godfrey C. Xuereb, Ph D	Team Leader (Population-based Prevention) Surveillance and Population-based Prevention Unit Department of Chronic Diseases and Health Promotion. WHO
Harold W. (Bill) Kohl, Ph D	Professor, University of Texas, School of Public Health
Jim Sallis, Ph D	Professor of Family & Preventive Medicine, University of California, San Diego





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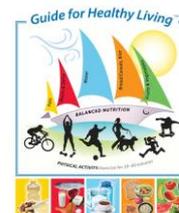
WORKSHOP: THE SCHOOL ENVIRONMENT AND THE PREVENTION OF CHILDHOOD OBESITY	
Orlando Terre Camacho, Ph D	President of World Association of Special Education. World Organization of Education and Childhood Development.
Todd Fletcher, Ph D	President of World Council of Academic and Research University. University of Arizona.
Jennifer Reeves, Ph D	Director of Nutrition Network Training and Community Outreach. Associate Research Scientist. University of Arizona Nutritional Sciences Department
Robert H. Pasternack, Ph D	Senior Vice President Special Education Cambium Learning Group
WORKSHOP: ECONOMIC COST OF OBESITY	
Rodrigo Martinez	Social Affairs Officer. ECLAC
Andres Fernandez	Social Affairs Officer. ECLAC
Marcia Erazo, Ph D	Professor, Department of Nutrition and School of Public Health, Faculty of Medicine, University of Chile
WORKSHOP: PAHO/PAHEF WORKSHOP ON EDUCATION FOR CHILDHOOD OBESITY PREVENTION: A LIFE-COURSE APPROACH	
James Hospedales, MD, MSc	Senior Advisor, Prevention & Control, NCD, PAHO (DC)
Rafael Pérez-Escamilla, Ph D	Professor of epidemiology and Director of the Office of Community Health at the Yale University School of Public Health. President of Board of Directors of the Pan American Health and Education Foundation
Gilberto Kac, Ph D	Professor of the Universidade Federal do Rio de Janeiro. Member of Board of the Pan American Health and Education Foundation
Ina Santos, Ph D	Professor of the Department of Social Medicine and the Post-graduate Program in Epidemiology at Federal University of Pelotas
Ana Carolina Feldenheimer, Ph D	Technical Advisor of the General Coordination of Food and Nutrition - Department of Primary Care (DAB) - Ministry of Health of Brazil
Ruben Grajeda Toledo	Senior Advisor Micronutrients, PAHO/WHO
Alfonso Contreras, MD, MSc	Advisor, Health Promotion, Healthy Schools, PAHO/WHO
Fitzroy Henry, Ph D	Director, Caribbean Food and Nutrition Institute
Ljubica Latinovic, MD, MSc	Social Marketing & Health Communication Coordinator, General Directorate of Health Promotion, Mexico Ministry of Health





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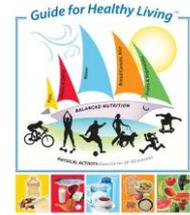
Danielle Hollar, Ph D	Clinical Assistant Professor of Pediatrics & Assistant Professor of Public Health at the College of Osteopathic Medicine, Nova Southeastern University, and Voluntary Assistant Professor of Pediatrics at the University of Miami Miller School of Medicine
Pilar Torres	PAHEF, Director of Programs. Rapporteur of the PAHO/PAHEF WORKSHOP
WORKSHOP: FOOD-BASED DIETARY GUIDELINES (FBDG) IN THE PREVENTION OF CHILDHOOD OBESITY	
Carmen Dardano, Ph D	Nutrition Officer, FAO
Veronika Molina	Food and Nutrition Consultant, FAO.
Isabel Zacarías	Director of the 5 a Day Program, Chile
WORKSHOP: THE ROLE OF eHEALTH IN THE PREVENTION OF CHILDHOOD OBESITY	
David Novillo	Advisor on Knowledge Management and Organization Learning, Pan American Health Organization/World Health Organization
Romina Cialdella	Communication Specialist, Pan American Health Organization/World Health Organization
WORKSHOP "CREATING HEALTHY ENVIRONMENTS AND HEALTHY PEOPLE"	
Joseph Simcox	Botanical Explorer and Global Food Plant Researcher
Inrina Inesco	Botanical Explorer and Global Food Plant Researcher
CARPHA MEETING	
David Constant	Head of International Partnerships Ministry of Health, Trinidad and Tobago
Antonia Popplewell	Permanent Secretary Ministry of Health, Trinidad and Tobago
Rhonda Sealey-Thomas	Chief Medical Officer (Ag.) Ministry of Health, Antigua and Barbuda
Luis de Shong	Permanent Secretary Ministry of Health Government Headquarters Kingstown. St. Vincent and the Grenadines
Maltie Algoe	Coordinator National Health Information System Ministry of Public Health Suriname
Merceline Dahl-Regis	Chief Medical Officer Ministry of Health The Bahamas
Myrna Bernard	Officer-in-Charge, Directorate of Human and Social Development Caribbean Community (CARICOM) Secretariat Guyana





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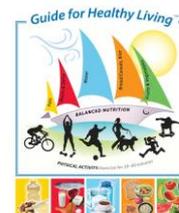
Donald Simeon	Director, Caribbean Health Research Council (CHRC) Trinidad and Tobago
Fitzroy Henry	Director, Caribbean Food and Nutrition Institute (CFNI) Jamaica
Lucette Cargill	Director, Caribbean Regional Drug Testing Laboratory (CRDTL) Jamaica
Beryl Irons	Director, Caribbean Epidemiology Centre (CAREC) Trinidad and Tobago
Patricia Aquing	Executive Director, Caribbean Environmental Health Institute (CEHI) Saint Lucia
Juliette Bynoe-Sutherland	Director Pan Caribbean Partnership on HIV/AIDS CARICOM Secretariat Guyana
Morris Edwards	Head Strategy & Resourcing Division, PAN Caribbean Partnership Against HIV/AIDS (PANCAP) CARICOM Secretariat
Hugh Riley	Secretary-General Caribbean Tourism Organisation (CTO) Barbados
Bernadette Theodore-Gandi	Country Representative PAHO/WHO Trinidad and Tobago
Ana Maria Frixone	Caribbean Epidemiology Centre (CAREC) Administrator Trinidad and Tobago
Jocelyn Chandler	Human Resource Coordinator Caribbean Epidemiology Centre (CAREC) Trinidad and Tobago
Jerome Walcott	Interim Director Caribbean Public Health Agency (CARPHA) Pan American Health Organization (PAHO)
Edward Greene	Special Advisor Pan American Health Organization (PAHO)
Robert Lee	Public Health Specialist Pan American Health Organization (PAHO)
Sharon Browne	Secretary Directorate of Human and Social Development
Jacinta Constanza	Minister of Health of Curacao
CONFERENCE OF PACO II	
Shiriki Kumanyika	Co-Chair IASO International Obesity Task Force, Professor of Epidemiology, University of Pennsylvania
His Excellency Mike Eman	Prime Minister of Aruba
Paul Croes	President of Parliament of Aruba
Richard Visser, Ph D	Minister of Health and Sports of Aruba
Pekka Puska, Ph D	Director of Health Institute of Finland





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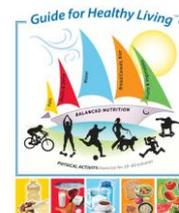
Godfrey Xuereb, Ph D	Team Leader (Population-based Prevention) Surveillance and Population-based Prevention Unit Department of Chronic Diseases and Health Promotion. WHO
Orlando Terre, Ph D	President of World Association of Special Education. World Organization of Education and Childhood Development
Rodrigo Martinez	Social Affairs Officer. ECLAC
Carmen Dardano	Nutrition Officer, FAO
Rafael Pérez-Escamilla, Ph D	Professor of epidemiology and Director of the Office of Community Health at the Yale University School of Public Health. President of Board of Directors of the Pan American Health and Education Foundation
David Novillo	Advisor on Knowledge Management and Organization Learning, Pan American Health Organization/World Health Organization
Kelly D. Brownell, Ph D	Professor and Director Rudd Center for Food Policy and Obesity, Yale University
Vincent Atkins	Trade Policy/Technical Advisor, Office of Trade Negotiations, CARICOM Secretariat
Mercedes Jerez	Representative of Margarita Cedeño Fernandez, First Lady of the Dominican Republic
Elena Bastida, Ph D	Chair and Professor, Florida International University
Nicole Hoevertsz	IOC Member, Secretary of Council of Ministers of Aruba
Marcia Erazo, Ph D	Professor, Department of Nutrition and School of Public Health, Faculty of Medicine, University of Chile
Joseph Simcox	Botanical Explorer and Global Food Plant Researcher
Raul Bastarrachea, Ph D	Staff Scientist, Texas Biomedical Research Institute, Department of Genetics, San Antonio, Tx, USA
Richard Atkinson, Ph D	Director/Clinical Professor, Obetech Obesity Research Center, Virginia Commonwealth University
Yair Acherman	The Netherlands Hospital
Victor Gerdes	The Netherlands Hospital
Olga Reyes	Vice President, Public Affairs & Communications Coca Cola
Diego Ruiz	Vice President, Public Affairs PepsiCo
Kathleen Reidy, Ph D	Nestle
Enrique Pérez, Ph D	Representative in Panama of WHO/PAHO





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Marcos Monteverde, MSc	Director, Food Santa Fe Agency
Gustavo Lancibidad	Director, Food Lab, Montevideo
Christian Mejia	Director, CEMEDAR
David Novillo	Advisor on Knowledge Management and Organization Learning, Pan American Health Organization/World Health Organization
Jaime Rodriguez	Minister of Sport, El Salvador
Fulvio Rossi, MD	Senator, Chile
Armando Barriguete, Ph D	Representative of Secretary of Education of Mexico
Caroline Bollars	Technical Officer, Nutrition, Physical Activity and Obesity, WHO – Europe
Freddy Sanchez	VICEPRESIDENT, Sport School International
Hiram Arroyo	Professor, Puerto Rico University, Representative of IUPES-ORLA
Isabel Garcia	ORISE Fellow, CDC Centers for Disease Control and Prevention
Antonieta Surawski	Consult, FAO-RLA
Andres Fernandez	Social Affairs Officer. ECLAC
Ariana Arakelian Calderón	Advisor of Secretary of Education of Mexico
Mauricio Barahona	President, FLASO
Tomo Kanda	Advisor on Chronic Disease, ECC/PAHO/WHO

2. Editorial Team of Final Document of PACO II

Shiriki Kumanyika, Ph D	Co-Chair IASO International Obesity Task Force, Professor of Epidemiology, University of Pennsylvania
Pilar Torres	PAHEF, Director of Programs. Rapporteur of the PAHO/PAHEF WORKSHOP
Marcia Erazo, Ph D	Professor, Department of Nutrition and School of Public Health, Faculty of Medicine, University of Chile
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