Punta Cana, Dominican Republic
May 14-17, 2019
Population Approaches for Hypertension Prevention & Control

Sonia Angell, MD MPH
TEPHINET, PAHO Public Health Consultant
USA
Lifestyle is Key to CVD Prevention & Control

Modules

- Healthy-lifestyle counselling
- Evidence-based treatment protocols
- Access to essential medicines and technology
- Risk based charts (available soon)
- Team-based care
- Systems for monitoring
- Implementation manual (available soon)

ECS/ESH Hypertension Guidelines 2018: Hypertension Classification and Treatment

High Risk Approaches

Based upon: Rose International Journal of Epidemiology, Volume 30, Issue 3, 1 June 2001, Pages 427–432

Total Cholesterol or Blood Pressure
Population Approach

Combining Approaches

Make the Healthy Choice the Easy Choice

Individual
- Attitudes/Beliefs
- Skills
- Knowledge
- Time
- Affordability

Health Promoting Behaviors

Environment & Systems
- Physical Access/Availability
- Pricing/Economic
- Communication/Media
- Point of Decision
- Education/Promotion

Source: Adapted from presentation by Dr. Heidi Blanch, CDC, NCCHPDP, DNPAO
“BEST BUYS” INTERVENTIONS FOR NCD PREVENTION AND CONTROL

TOBACCO
1. Increase tobacco taxes and prices
2. Smoke-free policies
3. Graphic health warnings / plain packaging
4. Advertising, promotion & sponsorship bans
5. Mass media campaigns

ALCOHOL
6. Increase taxes
7. Restrictions on advertising
8. Regulations on availability and physical access

CANCER / CVD / DIABETES
14. Drug therapy and counselling for high-risk persons
15. HPV vaccination for girls
16. Cervical cancer screening

DIET & PHYSICAL INACTIVITY
9. Reduce salt content through reformulation of food products
10. Providing supportive environments
11. Behavioural change communication and mass media campaigns
12. Front-of-pack labelling
13. Awareness campaign for physical activity

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Taking on Tobacco: MPOWER

- Article 20: Monitor tobacco use and prevention policies
- Article 8: Protect people from tobacco smoke
- Article 14: Offer help to quit tobacco use
- Articles 11 and 12: Warn about the dangers of tobacco
- Article 13: Enforce bans on tobacco advertising, promotion and sponsorship
- Article 6: Raise taxes on tobacco
Increasing Price: Price Elasticity of Demand

Meeting the WHO 30% Prevalence Reduction Target Globally Through Tobacco Tax Increases

Tobacco tax increases that result in higher tobacco product prices are among the most effective tobacco control measures available.

Making cigarettes four times more costly in all countries globally by 2025 would reduce the world’s tobacco use prevalence from the current 21% to 15% in 2025. Such a drop in prevalence would be sufficient to reach the World Health Organization target of reducing tobacco use prevalence 30% by 2025. This scenario is attainable, but would require a 7-fold excise tax increase.
IN THE AMERICAS

Adult Smoking in NYC

1993-2001, smoking prevalence was stable, 21.5%-21.7%
NYC & NYS tax increases
Smoke-free Air Act (SFAA)
Free patch programs start
Hard-hitting media campaigns
Federal tax increase, NYC banned flavored sales, & SFAA extended to include hospital entrances
Smoke-free parks & beaches
SFAA (e-cigs), Sensible Tobacco Enforcement & Tobacco 21

Source: NYC Community Health Survey
Improving Nutrition

Adapted from Chapter 1.3 Managing Value Chains for Improved Nutrition by Shauna Downs and Jess Fanzo, p. 49, YEAR
Decreasing Sodium to Reduce Blood Pressure
Sodium Intake and Health

Primarily linked with CVD
- Sodium consumption increases BP
- BP increases CVD risk
- Age, sex and baseline BP specific effects

Also associated with:
left ventricular hypertrophy, kidney disease, renal stones, osteoporosis, gastric cancer

Slide Adapted from WHO SHAKE presentation, 2018
Relative Contribution of Sodium Varies

Costa Rica

United States

Harnack et al. Sources of Sodium in US Adults from 3 Geographic Regions. Circulation. 2017
IN THE AMERICAS

SURVEILLANCE
MEASURE AND MONITOR SALT USE

HARNESS INDUSTRY
PROMOTE REFORMULATION OF FOODS
AND MEALS TO CONTAIN LESS SALT

ADOPT STANDARDS FOR
LABELLING AND MARKETING
IMPLEMENT STANDARDS FOR EFFECTIVE
AND ACCURATE LABELLING AND
MARKETING OF FOOD

KNOWLEDGE
EDUCATE AND COMMUNICATE TO
EMPOWER INDIVIDUALS TO EAT LESS
SALT

ENVIRONMENT
SUPPORT SETTINGS TO PROMOTE
HEALTHY EATING

The SHAKE Technical Package for Salt Reduction

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# National Salt Reduction Initiative: Packaged Food Categories and Targets

<table>
<thead>
<tr>
<th>MAIN PACKAGED FOOD CATEGORY</th>
<th>PACKAGED FOOD CATEGORY</th>
<th>PACKAGED FOOD CATEGORY DESCRIPTION</th>
<th>BASELINE 2010 SALES-WEIGHTED MEAN</th>
<th>Targets apply to a company's sales-weighted mean sodium</th>
<th>2012 TARGET</th>
<th>2014 TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bakery Products</td>
<td>1.1 Breads and rolls</td>
<td>Savory yeast-leavened breads and rolls e.g., bagels, English muffins, croissants, flatbreads, pre-packaged sweet bread, soft bread sticks, and soft pretzels. Excludes dough and frozen or refrigerated bakery products.</td>
<td>485 mg/100g</td>
<td>440 mg/100g</td>
<td>360 mg/100g</td>
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<tr>
<td></td>
<td>1.2 Sweet breads and rolls</td>
<td>Sweet yeast-leavened breads and rolls e.g., Danishes, sweet rolls, and yeast-leavened doughnuts.</td>
<td>395 mg/100g</td>
<td>270 mg/100g</td>
<td>220 mg/100g</td>
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<td></td>
<td>1.3 Pastries and wraps</td>
<td>Refrigerated and shelf-stable tortillas and wraps. Savory chemically-leavened breads e.g., biscuits, corn bread, and focaccia. Excludes non-portioned skins and frozen bakery products.</td>
<td>277 mg/100g</td>
<td>159 mg/100g</td>
<td>740 mg/100g</td>
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<td></td>
<td>1.4 Cakes, snack cakes, muffins, and toaster pastries</td>
<td>Medium and light weight cake, snack cakes, muffins, toaster pastries, cake doughnuts, coffee cake, crumb cake, cookies, brownies, and sweet quick-bake breads. Excludes heavy weight cake e.g., cheesecakes.</td>
<td>356 mg/100g</td>
<td>230 mg/100g</td>
<td>250 mg/100g</td>
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<tr>
<td></td>
<td>1.5 Cookies</td>
<td>Filled and unfilled cookies, sandwich cookies, and tea biscuits. Excludes cookie dough and frozen or refrigerated cookies.</td>
<td>307 mg/100g</td>
<td>210 mg/100g</td>
<td>200 mg/100g</td>
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<tr>
<td></td>
<td>1.6 Crackers</td>
<td>Filled and unfilled crackers and puffed cereal grain cakes e.g., butter crackers, cheese crackers, sandwich crackers, soda crackers, cheese and cracker snack pastes, graham crackers, and rice cakes. Excludes animal crackers (case 1.5), bagel chips, crisp breads, hard breadsticks, and melba toast.</td>
<td>91.8 mg/100g</td>
<td>780 mg/100g</td>
<td>640 mg/100g</td>
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<td></td>
<td>1.7 Frozen toast, pancakes, and waffles</td>
<td>Frozen French toast, pancakes, and waffles e.g., French toast sticks, and plain and flavored pancakes and waffles. Excludes refrigerated and shelf stable French toast, pancakes, waffles, and dry batter mixes. Excludes mixed dishes containing French toast, pancakes, and waffles (case 1.7-1.10).</td>
<td>560 mg/100g</td>
<td>510 mg/100g</td>
<td>430 mg/100g</td>
<td></td>
</tr>
<tr>
<td>2. Cereal and Other Grains</td>
<td>2.1 Instant hot cereal</td>
<td>Favored and unfavored instant oatmeal,1 frozen waffles, and other hot cereals. Excludes instant grits</td>
<td>562 mg/100g</td>
<td>480 mg/100g</td>
<td>300 mg/100g</td>
<td></td>
</tr>
</tbody>
</table>

Sugary drink taxes around the world

Europe:
- Norway
- Finland
- Estonia
- Latvia
- United Kingdom
- Ireland
- Belgium
- France
- Hungary
- Spain (Catalonia)
- Portugal
- Morocco
- St Helena

Americas:
- USA (8 local)
- Bermuda
- Mexico
- Dominica
- Barbados
- Panama
- Colombia
- Peru
- Chile

Western Pacific:
- Philippines
- Brunei
- Cook Islands
- Fiji
- Palau
- French Polynesia
- Kiribati
- Nauru
- Samoa
- Tonga
- Vanuatu

Africa, Eastern Mediterranean and Southeast Asia:
- Saudi Arabia
- Bahrain
- United Arab Emirates
- India
- Sri Lanka
- Thailand
- Malaysia
- Maldives
- Mauritius
- South Africa

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Source: http://www.healthyfoodamerica.org/map

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Front of Package Labeling in Chile
NYC Food Standards

New York City Food Standards

MEALS/SNACKS PURCHASED AND SERVED

This document outlines standards for food purchased and meals and snacks served, with the goal of improving the health of all New Yorkers served by City agencies and their contractors. The New York City Food Standards (“Standards”) aim to reduce the prevalence of chronic disease, such as obesity, diabetes and cardiovascular disease, by increasing access to healthy foods and improving dietary intake.

Agencies and their contractors are required to follow the standards described in each of the four sections:

Section I. Standards for Purchased Food
- Addresses food items purchased and provides specific standards by food category.

Section II. Standards for Meals and Snacks Served
- Addresses the overall nutrient requirements for meals and provides standards for snacks and special occasions.

Section III. Agency and Population-Specific Standards and Exceptions
- Addresses standards for specific populations (e.g., children) and agencies. The additions and exceptions in this section supersede the first two sections. For example, children under 2 years may be served whole milk, instead of 1% or non-fat milk as required in Section I.

Section IV. Sustainability Recommendations
- Addresses recommendations to support a healthy and ecologically sustainable food system.

https://www1.nyc.gov/site/foodpolicy/initiatives/procurement.page
Thank you!

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