HEARTS IN THE AMERICAS

Regional Workshop

Punta Cana, Dominican Republic

May 14-17, 2019

Pan American Health Organization
World Health Organization
Americas

PAHO

CDC
Centers for Disease Control and Prevention

World Health Organization

RESOLVE TO SAVE LIVES
An initiative of Vital Strategies

Sociedad Interamericana de Cardiología
SIAC

HEARTS IN THE AMERICAS
Regional Workshop

Population Approaches for Hypertension Prevention & Control

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USA

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HEARTS IN THE AMERICAS

Lifestyle is Key to CVD Prevention & Control

HEARTS

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)

Source: WHO http://www.who.int/cardiovascular_diseases/hearts/en/

ECS/ESH Hypertension Guidelines 2018: Hypertension Classification and Treatment

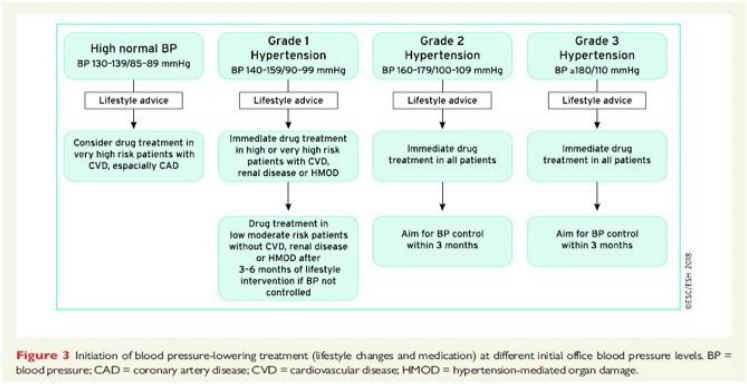

Figure 3 Initiation of blood pressure-lowering treatment (lifestyle changes and medication) at different initial office blood pressure levels. BP = blood pressure; CAD = coronary artery disease; CVD = cardiovascular disease; HMOD = hypertension-mediated organ damage.

Slide Source: DiPette D, Hearts in the Americas Iniatiive Technical Visit, Chile 2018

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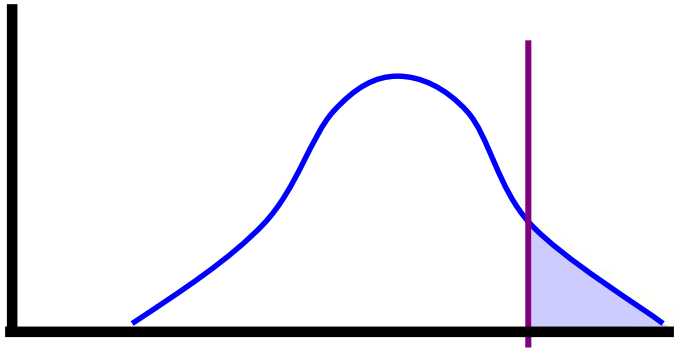
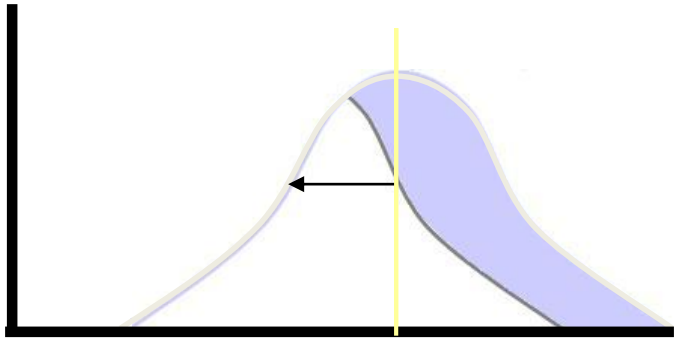
High Risk Approaches



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

Population Approach



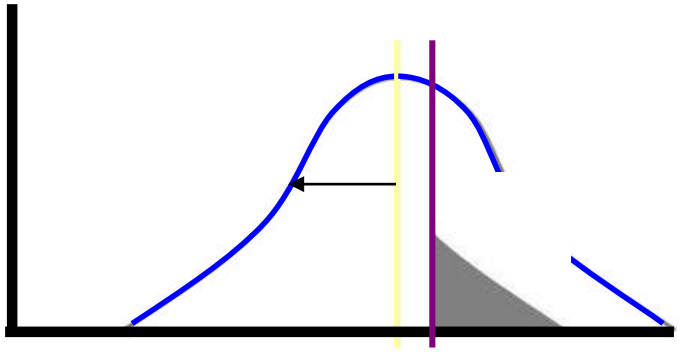
Total Cholesterol

Or

Blood Pressure

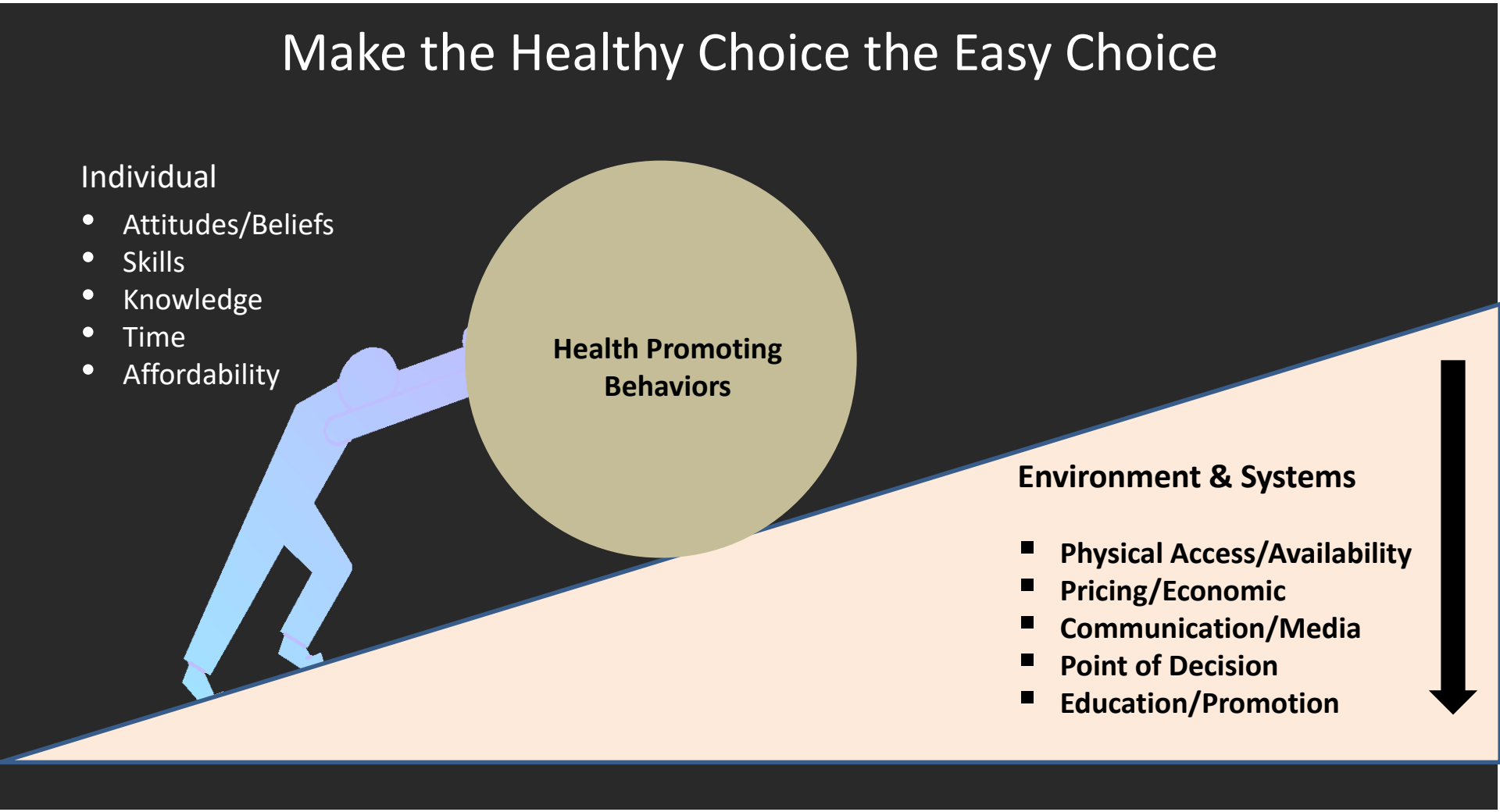
Source: Rose International Journal of Epidemiology, Volume 30, Issue 3, 1 June 2001, Pages 427–432

Combining Approaches



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

Make the Healthy Choice the Easy Choice



Source: Adapted from presentation by Dr. Heidi Blanch, CDC, NCCHPDP, DNPAO

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HEARTS IN THE AMERICAS

"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

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

CANCER / CVD / DIABETES

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

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Taking on Tobacco: MPOWER

Article 20	**M**onitor	tobacco use and prevention policies
Article 8	**P**rotect	people from tobacco smoke
Article 14	**O**ffer	help to quit tobacco use
Articles 11 and 12	**W**arn	about the dangers of tobacco
Article 13	**E**nforce	bans on tobacco advertising, promotion and sponsorship
Article 6	**R**aise	taxes on tobacco

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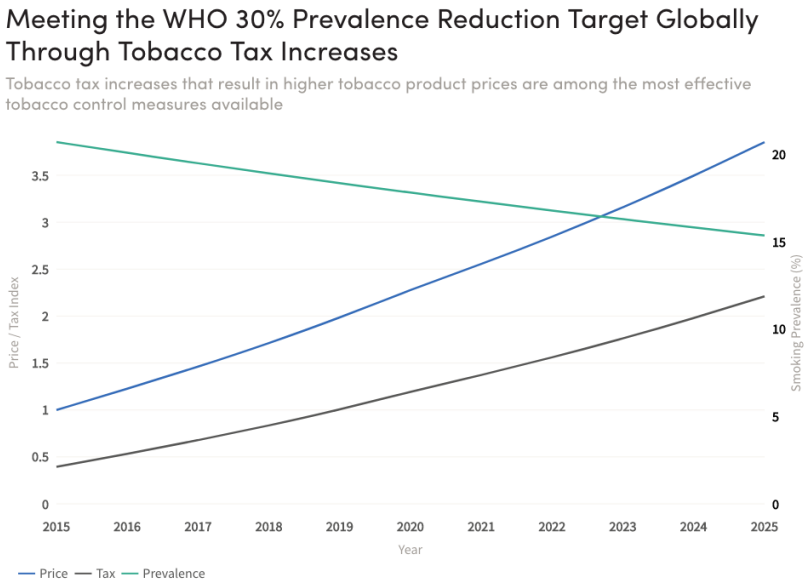
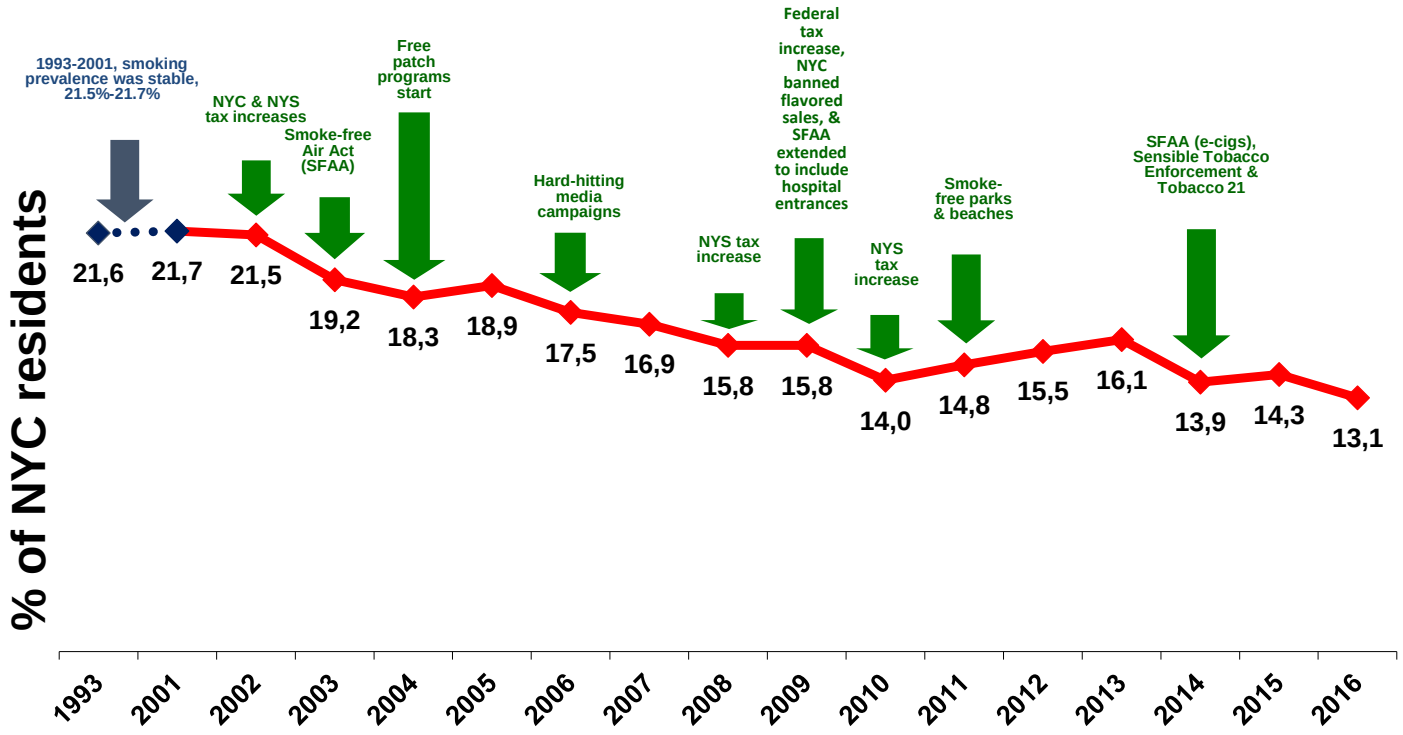
Increasing Price: Price Elasticity of Demand



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.

Adult Smoking in NYC



Source: NYC Community Health Survey

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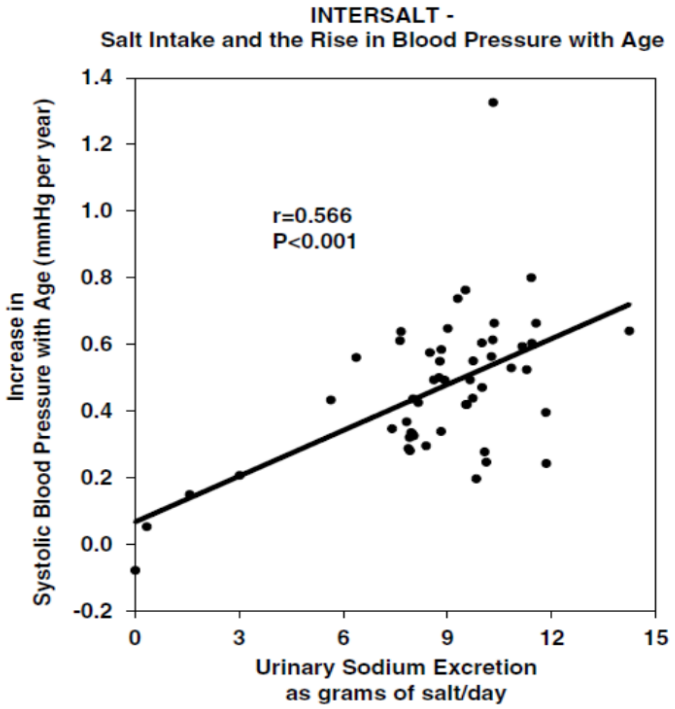
Improving Nutrition

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

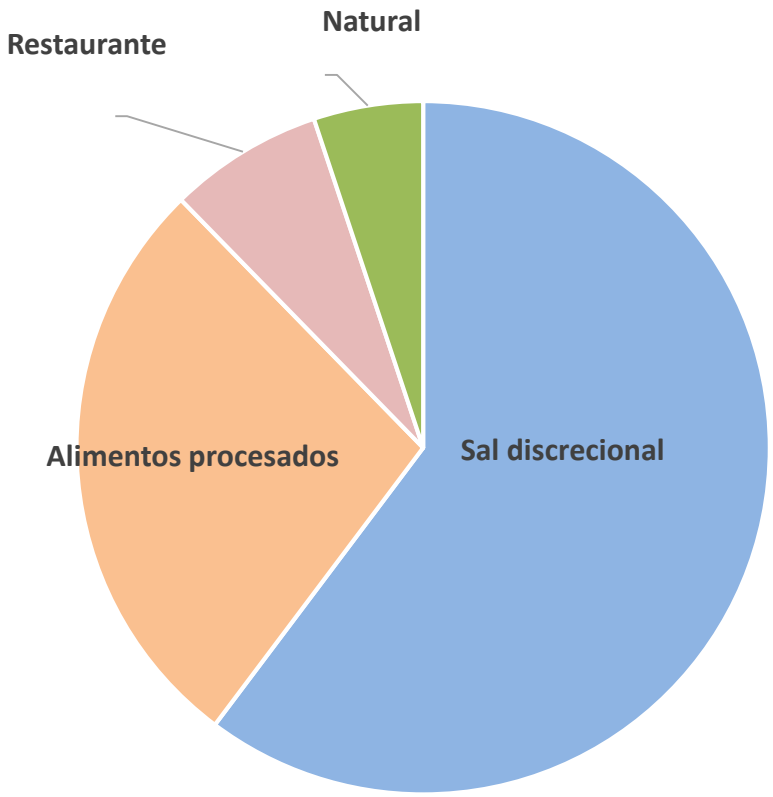
- Sodium consumption increases BP
- BP increases CVD risk
- Age, sex and baseline BP specific effects

Also associated with:

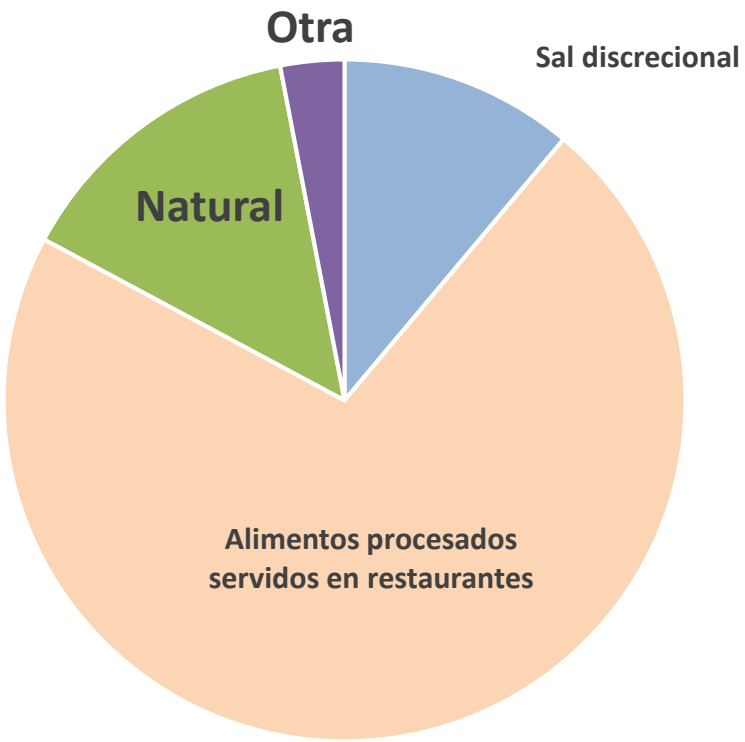
left ventricular hypertrophy, kidney disease, renal stones, osteoporosis, gastric cancer

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*
Blanco-Metzler et al. *Baseline and Estimated Trends of Sodium Availability…. Nutrients. 2017.*

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HEARTS

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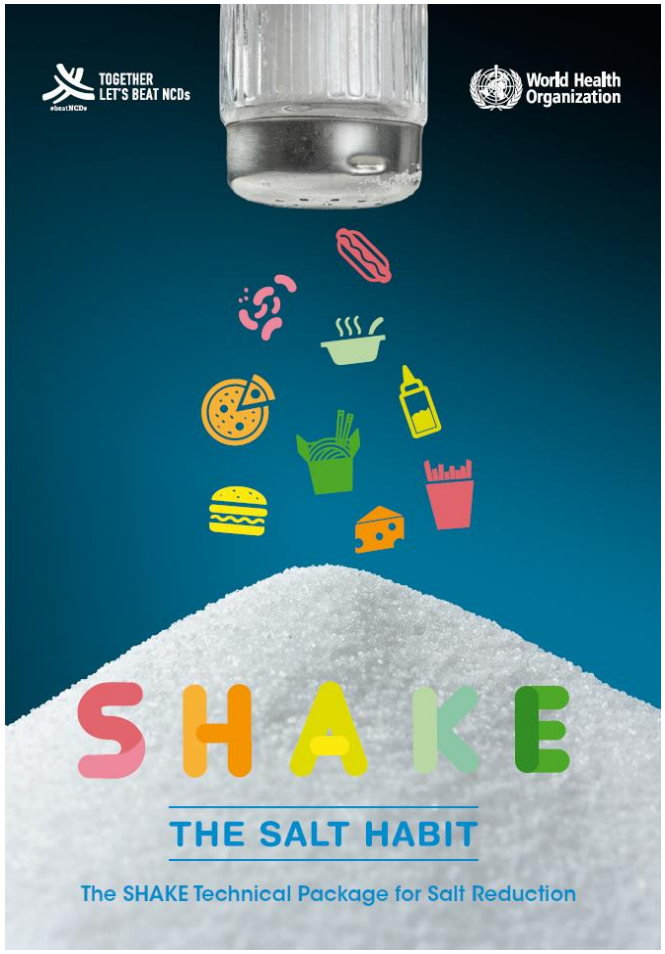

S **SURVEILLANCE**
MEASURE AND MONITOR SALT USE

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

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

K **KNOWLEDGE**
EDUCATE AND COMMUNICATE TO EMPOWER INDIVIDUALS TO EAT LESS SALT

E **ENVIRONMENT**
SUPPORT SETTINGS TO PROMOTE HEALTHY EATING

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NATIONAL SALT REDUCTION INITIATIVE
PACKAGED FOOD CATEGORIES AND TARGETS

MAIN PACKAGED FOOD CATEGORY	PACKAGED FOOD CATEGORY	PACKAGED FOOD CATEGORY DESCRIPTION	BASELINE 2009 SALES-WEIGHTED MEAN	Targets apply to a company's sales-weighted mean sodium	
				2012 TARGET	2014 TARGET
1. Bakery Products	1.1 Breads and rolls	Savory yeast-leavened breads and rolls e.g., bagels, English muffins, croissants, flatbreads, pre-packaged sliced bread, soft bread sticks, and soft pretzels. Excludes dough and frozen or refrigerated bakery products.	485 mg/100g	440 mg/100g	360 mg/100g
	1.2 Sweet breads and rolls	Sweet yeast-leavened breads and rolls e.g., Danish, sweet rolls, and yeast-leavened doughnuts.	295 mg/100g	270 mg/100g	220 mg/100g
	1.3 Tortillas and wraps	Refrigerated and shelf stable tortillas and wraps; savory chemically-leavened breads e.g., biscuits, corn bread, and hush puppies. Excludes wonton skins and frozen bakery products.	717 mg/100g	650 mg/100g	540 mg/100g
	1.4 Cakes, snack cakes, muffins, and toaster pastries	Medium and light weight cake, snack cakes, muffins, toaster pastries, cake doughnuts, coffee cake, crumb cake, scones, brownies, and sweet quick-type breads. Excludes heavy weight cake e.g., cheesecake.	359 mg/100g	310 mg/100g	250 mg/100g
	1.5 Cookies	Filled and unfilled cookies, sandwich cookies, and tea biscuits. Excludes cookie dough and frozen or refrigerated cookies.	367 mg/100g	310 mg/100g	260 mg/100g
	1.6 Crackers	Filled and unfilled crackers and puffed cereal-grain cakes e.g., butter crackers, cheese crackers, sandwich crackers, soda crackers, cheese and cracker snack packs, graham crackers, and rice cakes. Excludes animal crackers (see 1.5), bagel chips, crisp breads, hard breadsticks, and melba toast.	918 mg/100g	780 mg/100g	640 mg/100g
	1.7 French toast, pancakes, and waffles	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 (see 10.1-10.3).	569 mg/100g	510 mg/100g	430 mg/100g
2. Cereal and Other Grain	2.1 Instant hot cereal	Flavored and unflavored instant oatmeal, farina wheat, and other hot cereal. Excludes instant grits	562 mg/100g	480 mg/100g	390 mg/100g

Source: http://www.nyc.gov/html/doh/downloads/pdf/cardio/packaged-food-targets.pdf

Sugary drink taxes around the world

http://www.healthyfoodamerica.org/map

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Front of Package Labeling in Chile

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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.

Source: Lederer, Ashley, et al. *American journal of preventive medicine* 46.4 (2014): 423-428.
https://www1.nyc.gov/site/foodpolicy/initiatives/procurement.page

Thank you!

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