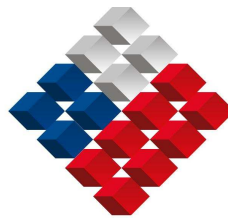




**Estrategia
Global Contra
La Obesidad**

(Ego-Chile)

(GLOBAL STRATEGY AGAINST OBESITY)



GOBIERNO DE CHILE
MINISTERIO DE SALUD

Ministry of Health

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OBESITY PREVENTION: A PRIORITY IN PUBLIC HEALTH

According to the World Health Organization (WHO), obesity and overweight have reached the status of global epidemics. Over a billion adults are overweight and, out of them, at least 300 million are obese.

Concern regarding obesity is due to its direct effects on health, and its association with the main chronic diseases of our times, such as cardiovascular disease, diabetes mellitus type 2, hypertension, and some types of cancer.

From the ten risk factors identified by WHO as key factors for the development of chronic diseases, five are closely related to food and physical activity. In addition to obesity, a sedentary life style, hypertension, hypercholesterolemia and insufficient intake of fruits and vegetables are included.

Obesity can reduce life expectancy in ten years and represents a high economic burden for society. For these reasons, it can be affirmed that the consequences of obesity make it one of the major challenges in public health for the 21st Century.

As in other countries, overweight in Chile shows a high and increasing prevalence from the early years of life. Obesity affects 7.4% of children under six, it increases to 17% in first graders and it is close to 25% in adults and the elderly. If overweight is considered, over half of national population falls into this category. Currently, it is estimated that there are 3.4 million obese people in the country and is expected that this amount will exceed 4 million in year 2010, if this current tendency is maintained. According to the 2003 National Health Survey (Encuesta Nacional de Salud 2003), 34% of the population of 17 years or more has hypertension, 35% hypercholesterolemia, 30% hypertriglyceridemia, 16% glucose intolerance, 23% metabolic syndrome and 55% have high or very high cardiovascular risk, understanding this as the presence of two or more risk factors.

In addition to an increased food consumption, another other factor causing obesity is a sedentary life style, a condition that affects more than 90 % of the Chilean population. According to international data, if all the population of the country practiced moderate physical activity, this sole fact would reduce deaths caused by coronary disease in 30%, diabetes and colon cancer in 25%, breast cancer in 12%, stroke in 15%, and hip fractures in 10%. In addition it has been shown that children watching TV more than five hours per day are five times more likely to be obese than those watching TV less than two hours per day.

Another aspect that have to be considered is the fact hat Chile is immersed in a social, cultural and economic dynamic which conduces to unhealthy lifestyles. The unequal distribution of income, urbanization, technological advancements, the influence of mass media, family violence, social inequalities, the increasing contribution of women to the work force, they all contribute in both the eating habits and physical activity of the population. If you compare the last two surveys of Family Budget and Expenses, it can be observed that the increase in income in the poorest groups has been used to purchase foods rich in saturated

fats and refined sugar, appliances, phones and mobilization vehicles, all contributing to an unbalanced diet and a sedentary lifestyle.

Poverty and social differences in terms of access to opportunities and goods are important determinants of NCD development. According to the NHS 2003 there is an inverse relationship between obesity and school education, thus increasing from 16,8% in people with an university education to 31,1% in those at the basic level. The same relationship is observed with respect to diabetes and hypertension, showing a much higher prevalence in persons with a lower education. This can be explained by the different eating habits and physical activity between people in the population. Daily consumption of fruits and vegetables, according to the 2000 Life Quality Survey shows a clear difference according to the socioeconomic level, 61,9% in the higher levels and 31,6 % in the low socioeconomic level. The NHS2003 showed that 89% of the population does not exercise regularly, this figure being higher in the poorer groups.

Women consistently show a higher prevalence of obesity than men in all age groups, probably due to socioeconomic and cultural differences. Women perform less physical activity than men, probably explained by a culture which does not value exercise in women, by less access to recreation facilities, and by security concerns.

Facing this reality, the Ministry of Health has implemented since 2004 an **"Intervention Strategy throughout the Vital Cycle for the Prevention of Malnutrition by Excess"** (**"Estrategia de Intervención a través del Ciclo Vital para la Prevención de la Malnutrición por Exceso"**), which is directed in its first stage to pregnant women and children under 6 years of age. This strategy aims to emphasize to health professionals and to beneficiaries of the system the magnitude of the current obesity epidemic and the huge costs involved in terms of resources and quality of life. The strategy also incorporates the concepts of damage anticipation and focusing through the early detection of health problems in the population with risk factors. This project coordinates through the life cycle a series of new activities based on advice for a healthy life, which will complement those already in place.

The main intervention aspects of this strategy are:

1. To train the team of health professionals on the application of the nutritional intervention model during the life cycle.
2. To insert the Healthy Life Advice in all controls of women and children.
3. To incorporate new health controls:
 - a. At the 3rd and 6th month post-partum for women, especially to supervise the return to the pre-gestational nutritional state.
 - b. Nutritional control to children at 5th month and at 3.5 years, mainly to teach and oversee food introduction after exclusive breastfeeding.
4. To strictly oversee the nutritional status of pregnant women, using the correspondent new graphics controlling the excessive increase of weight during this period.

5. To intensify efforts to make exclusive breastfeeding a general practice until the infant is 6 months old and maintain breastfeeding together with supplementary feeding until he/she is one year old.
6. To update nutritional evaluation norms, malnutrition management norms, and nutritional and physical activity recommendations.
7. To establish support networks with other relevant partners through the VIDA CHILE Council and the National Plan for Health Promotion.
8. To evaluate the strategy through information on the nutritional status of pregnant women and at 6 months post-partum, of children until six year of age, of the frequency of newborn children with non-communicable chronic disease risk factors, with low birth weight and macrosomic infants; on the proportion of children with exclusive breastfeeding at six months, and those with supplemented regimen until one year old.

THE EGO CHILE STRATEGY PROPOSAL, AS AN ANSWER TO OBESITY

In the global context of this serious situation, a national level strategy is proposed which will serve as a platform to include and develop all initiatives contributing to the promotion of healthy lifestyles. It is expected that the strategy will have the support from different government agencies, the civil society, academic institutions, professional unions, scientific societies, non-governmental organisms and the private sector.

The main objective of the EGO strategy is to decrease the prevalence of obesity in Chile by promoting healthy food habits and physical activity through life.

To accomplish this is important to keep in mind that due to the multiple factors that promote obesity, the reduction of its prevalence requires the design of careful policies and activities in the different sectors involved in the problem. The actions taken have to be focused to correct the inequalities related to socioeconomic and gender aspects. If not the chances of success considerably diminish.

The Strategy is based on the promotion of a positive image of food, taking into account that healthy food is compatible with pleasure and the social dimension given to food in our culture. It is also based on promoting the idea that being active is part of everyday life and also contributes to look and feel better.

The strategy application will be done through recommendations, voluntary agreements, and monitoring activities.

The **main goals** that will be developed through **EGO** Strategy are:

- Promote policies and actions aimed at improving food habits and physical activity in the population. These policies must be sustainable, integral and involve an extensive participation of society.
- Sensitize and inform the population on the positive impact for their health of a balanced food election and the regular practice of physical activity.
- Create a frame of collaboration with food sector industries to promote production and marketing of products that contribute to a healthier and more balanced food.
- Create a frame of collaboration with industries related to sports and recreation.
- Incentive health team professionals to prevent and detect early malnutrition by excess.
- Incorporate activities promoting healthy lifestyles in educational programs.
- Perform a follow-up of the proposed actions and evaluate the results obtained through the strategy.

INTERVENTION SCOPE

1. SANITARY

The Ministry of health plays a main role in the definition, implementation, follow-up, and assessment of the EGO Strategy. This role includes the regulatory aspects, training of health teams in the attention network, and inter-sector coordination, among others.

The EGO Proposal complements and extends to other areas of the already started “Nutritional Intervention Strategy during the Life Cycle” of the Ministry of Health.

Actions in this scope:

- Defining and updating nutritional assessment norms, nutritional-food recommendations, and guidelines for a healthy life.
- Regulating and controlling mandatory nutritional information for food and defining claims that highlight nutritional and healthy aspects.
- Training teams from the health network on the EGO Strategy, nutritional assessment, nutritional/food recommendations, guidelines for a healthy lifestyle, and prevention and early detection of overweight and obesity.
- Developing and implementing health care plans for obese and overweight population or population at risk of, especially aimed to mother/infant population, anticipating possible problem.
- Reinforcing promotional programs of breastfeeding in the public and private sectors and proposing legislative actions to favor this practice in women working outside home.
- Developing educational/publicity campaigns regarding healthy life and malnutrition prevention.
- Making an epidemiological supervision and a follow-up of the prevalence trends of malnutrition by excess, and of the food behavior of the population.
- Making a follow-up and assessment of the strategy with other involved sectors, defining process and impact indicators, considering different initiatives and facilitating experience exchange among the different groups.
- Establishing relationships with international organisms allowing knowledge and experiences exchange regarding obesity prevention.

2. FAMILY AND COMMUNITY SCOPE

The EGO Strategy has an important communicational branch, whose design will have as goal creating a favorable opinion flow for developing better food habits and the regular practice of physical activity.

Social organizations, municipalities, NGOs, social organizations inside municipalities and other participants must contribute to spread clear, concrete, and positive messages so that people have better nutritional information and to sensitize them regarding the impact of the right food, daily practice of physical activity, and “in time” detection of obesity on people. From this point, they can

organize different activities and develop local initiatives along with health and education sectors in order to create social movement to create healthy lifestyles.

One of the main goals of EGO strategy is to introduce to the population the “Guidelines for a Healthy Life” from the Ministry of Health (Annex) that promotes an increased consumption of water, fish, fruit, vegetables and low fat dairy products, a decrease in the intake of saturated fat, sugar, and salt. On the physical activity scope, active recreation, sport practice and 30 minutes of moderate exercising on a daily basis, such as brisk walking are promoted. It is important to facilitate access to open areas and sport zones near residential areas to all people.

Actions in this scope:

- From public administration along with social agents, informative campaigns must be done in order to teach and motivate population, using Communal VIDA CHILE where exists.
- Contact can be established with people responsible for major media to propagate the strategy and warrant coverage of relevant news.
- Some possible measures: Developing simple manuals about food and healthy ways to lose weight; creating web sites with information about different ongoing initiatives, nutritional recommendations and physical activities, local forums, community workshops, recreational activities, national and/or intercommunity contests, etc.
- The Ministry of Health can collaborate in these activities through promotion of agreements with entertainment companies in order to promote a positive image of an active life style and healthy food.
- For instance, through cooking programs *chefs* can be invited not only to underline gastronomic quality of the recipes shown but also the nutritional content. The point is “to teach eating”, proving that “eating good” is perfectly possible and supplementary to healthy eating.
- Informative campaigns to create conscious about the importance of physical activity on the population and to promote its regular practice as an alternative to inactivity.
- Working groups will be created at municipal scope in charge of designing initiatives for improving areas, practicing exercise and physical activity, bicycle paths, skating areas, pedestrian paths, etc.

3. SCHOOL SCOPE

Schools are one of the most efficient places to modify population’s lifestyles. Following the proposal “Health-Education for Preventing Obesity”, the Ministry

of Education participation will be needed to revise curriculum and to perform formative actions for teachers, students councils, and parents councils. Besides, actions must be included through school food programs of JUNAEB, JUNJI, and INTEGRA. Incorporation of schools and nursery schools to strategy “Schools, Promoters of Health” must be stimulated.

Actions in this scope:

- Including on the academic curriculum knowledge and capabilities related to food, nutrition and physical activity; this measure will probably require a normative action from the correspondent body.
- Reinforcing initiation of children to the food world through workshops and extra curricular activities, teaching them choices of healthy food and preparations.
- Incorporating to the teaching curriculum courses about food and nutrition and their incidence on health, as well as the importance of regular practice of physical activity.
- Promoting the frequent practice of physical activity and sports in schools during school time and extending it with extracurricular sport activity programs.
- Taking advantage of school dining rooms to reinforce appropriate food behavior through delivery of healthy menus and educational contents.
- Informing parents about food, nutrition, and physical activity to facilitate that healthy practices taught at school are supplemented at home.

4. INDUSTRY

Food industry is conscious that obesity and overweight is a public health problem, and they can and must participate in its prevention. The enterprise commitment can be put in practice in food production, marketing, publicity, and labeling as well as in the active participation in developing, defining, spreading and complying public policies and norms regarding healthy lifestyles.

In order to develop this joint work, the subscription of a collaboration agreement between the Ministry of Health and the Industrial Sector is proposed, where the commitment of the parties is being established in benefit of the health promotion. In this scope, food production, distribution and marketing companies are included, as well as collective food companies, and those related to sport, entertainment, and toys, media and others.

Actions in this scope:

- Developing, spreading or supporting publicity campaigns about lifestyles, nutrition, physical activity, and health.
- Asking collaboration of entertainment and toy companies, seeking initiatives aimed at promoting games that require physical activity.
- Developing, spreading or supporting sports events or sport promotion activities in our country.
- Giving nutritional information on food: healthy claims, nutritional claims, spreading the guidelines for a healthy life, etc.
- Incorporating on processed food and in preparation of collective food services the food/nutritional recommendations of the Ministry of Health, especially regarding content of calories, sodium, sugar, and fat quality and content.
- Incentive industry to develop an agreement for food and beverages publicity and marketing self-regulation aimed to children. The goal of this agreement would be on one hand the spread of the "Guidelines for a Healthy Life" and on the other, avoiding the incentive to consume high-calorie foods with a high content of fat, sodium, and sugar through promotional gifts, contests, etc.
- Incentive consumption of healthy snacks, offering a wider variety of healthy products in kiosks and food and beverages vending machines.
- Giving a variety of nutritionally balanced food that allow the consumer to choose from different healthy options at hotels, restaurants, cafeterias, and other places where collective food is served.

5. ACADEMIC AND SCIENTIFIC SOCIETIES SCOPE

The commitment of the academic-scientific world is an important part of the strategy development, especially those linked to health and education. It involves teaching and human resources formation, research and outreach.

Actions in this scope:

- Incorporating in pre and postgraduate formation programs for professionals linked to health and education topics related to non-communicable chronic disease prevention and promotion of healthy lifestyles.
- Contributing in training of the health teams and in spreading through workshops, seminars, congresses and other events with high audiences.

- Contributing to follow-up and assessment of the strategy with research studies that allow recognizing weaknesses and strengths of the implementation, execution and impact.
- Developing research lines in the food area, malnutrition, chronic diseases, etc.

SCHEDULE 2006

2006	Strategy implementation at the health sector.
2006	Strategy implementation at the educational sector
2006	Strategy implementation in other sectors
January - April	Proposal spreading (government, congress, academia, sector enterprises, and social sectors)
April	Launching of EGO Chile proposal (with political, academic and social sectors)
May	Releasing of EGO Chile Educational Proposal and Enterprise Proposal
April - July	Launching of Educational campaign with guidelines for a healthy life (4 million copies) Launching of Radio and television publicity campaign.
August	Launching of Children nutritional evaluation census along with health-education
November	Launching of the National Official Labeling Guidelines
December	Assessment year 2006

ORGANIZATION

The Ministry of Health will be the institution coordinating all involved sectors in this strategy.

ANNEX

GUIDELINES FOR A HEALTHY LIFESTYLE DIETARY, PHYSICAL ACTIVITY AND TOBACCO GUIDELINES

DIETARY GUIDELINES	PHYSICAL ACTIVITIES GUIDELINES	GUIDELINES FOR AVOIDING TOBACCO
<ol style="list-style-type: none">1. Eat dairy products 3 times a day, such milk, yogurt, fresh cheese, preferably low fat or free fat.2. Eat at least 2 dishes of vegetables and 3 fruits of different colors each day3. Eat beans, chickpeas, lentils or peas at least twice a week, instead of meat.4. Eat fish at least twice a week; boiled, baked, steamed or grilled.5. Prefer foods with less saturated fat content and cholesterol6. Reduce daily consumption of sugar and salt7. Take 6 to 8 glasses of water per day	<ol style="list-style-type: none">1. Walk at least 30 minutes daily2. Make stretching exercise or elongations3. Prefer active recreation4. Make active pauses at work5. Make 30 minutes exercise 3 times a week6. Adapt intensity to your own pace	<ol style="list-style-type: none">1. Demand places free from smoke and protect non smokers2. Don't start smoking, learn to say no to tobacco3. Learn about damaging effects of tobacco. Choose not to smoke4. Quit smoking, you will avoid several diseases and will improve your life quality

FOOD GUIDELINES AND CLAIMS:

1. Consume dairy products 3 times a day, such as milk, yogurt, fresh cheese, preferably low fat or free fat. (Because it helps to have healthier bones. Drink milk!)
2. Eat at least 2 dishes of vegetables and 3 fruits of different colors each day (Take advantage of nature and cultivate your health. Eat fruit and vegetables everyday)
3. Eat beans, chickpeas, lentils or peas at least twice a week, instead of meat. (I eat legumes because they are good and are nutritious)
4. Eat fish at least twice a week; boiled, baked, steamed or grilled. (Do you know that eating fish helps you to keep you heart healthy?)
5. Prefer foods with less saturated fat content and cholesterol (I control my cholesterol eating low fat foods)
6. Reduce daily consumption of sugar and salt (I read labels, and you? choose low fat, sugar and salt foods)
7. Take 6 to 8 glasses of water per day (Drinking water quenches thirst, protects you and renews you)

PHYSICAL ACTIVITY GUIDELINES AND CLAIMS

1. Walk at least 30 minutes daily (I walk at least 30 minutes daily)
2. Make stretching exercise or elongations (I take care of myself making stretching exercises)
3. Prefer active recreation (I use my spare time actively, I have fun and I feel good)
4. Make active pauses at work (I make active pauses at work, I forget routine and stress)
5. Make 30 minutes exercise 3 times a week (Besides, I make 30 minutes exercise 3 times a week)
6. Adapt intensity to your own pace (I go from ... I don't feel tired anymore)

GUIDELINES AND CLAIMS FOR AVOIDING TOBACCO

1. Demand places free from smoke and protect non smokers (I have the right to breathe clean air, don't oblige me to smoke)
2. Don't start smoking, learn to say no to tobacco (When I grow up I am not going to smoke)
3. Learn about damaging effects of tobacco. Choose not to smoke (I am free to decide. I choose no smoking)
4. Quit smoking, you will avoid several diseases and will improve your life quality (If you smoke, quit it and win! The sooner the better)

ANNEX II

Sanitary goals for the decade.
Area of Nutrition*

Indicator	Present situation (1999)	Objectives And Goals for the Year 2010
Obesity	Younger than 6 years old:: 10% First grade: 16% Pregnant women :32% (1997)	Reduce the prevalence of obesity in pre-school children in 3 percentage points or 30%, in school children in 4 points or 25%, and in pregnant women in 4 points or 13% Goal: In younger than 6 years: 7% In first graders: 12% In pregnant women: 28%
Sedentarism	In older than 15 years: 91%	Reduce prevalence in 7 points or 8% Goal: In older than 15 years: 84%

- Same goals of the Strategic Plan for Health Promotion formulated in 2000.