HALTING THE RISE OF OBESITY & DIABETES IN BERMUDA

A Framework Proposal for a National Plan of Action

GOVERNMENT OF BERMUDA

Department of Health

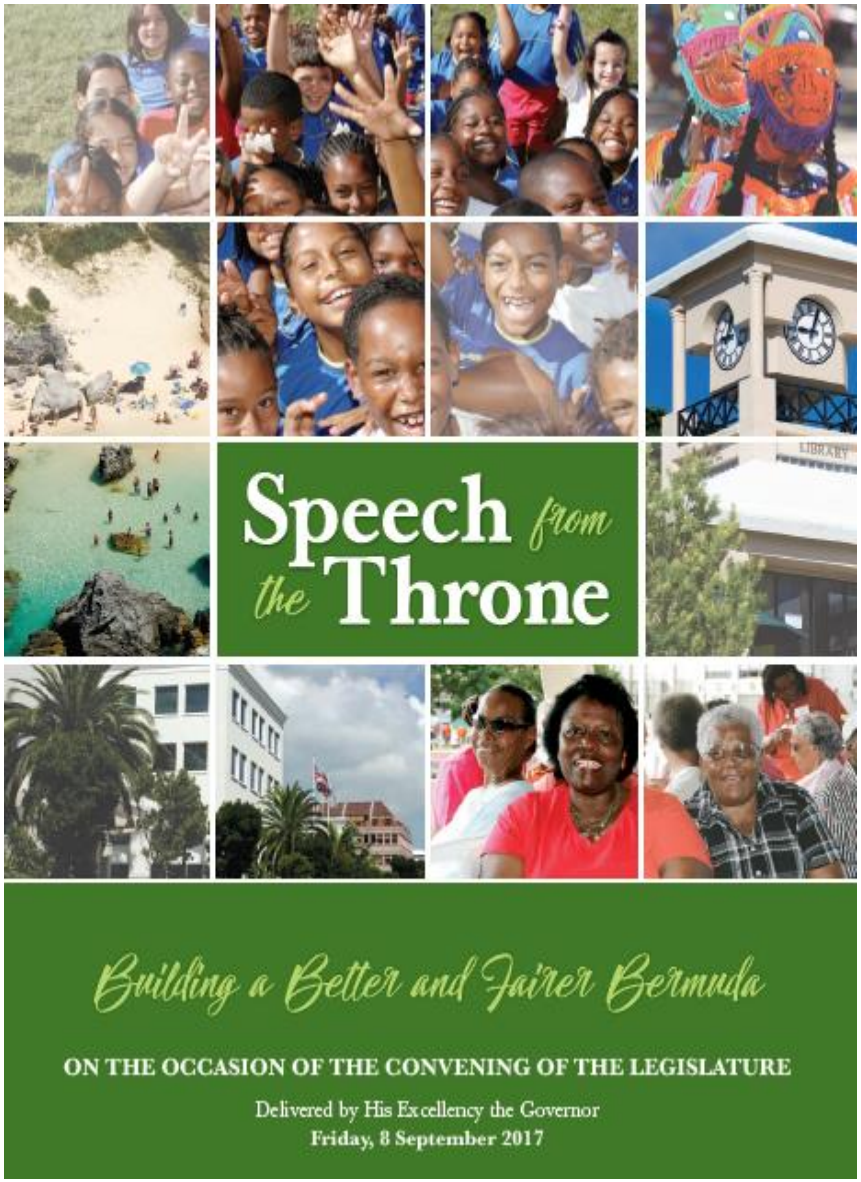
Commit to Change

We will learn from each other and plan how to tackle
Obesity and Diabetes in our community.

Halting the Rise of Obesity and Diabetes Symposium

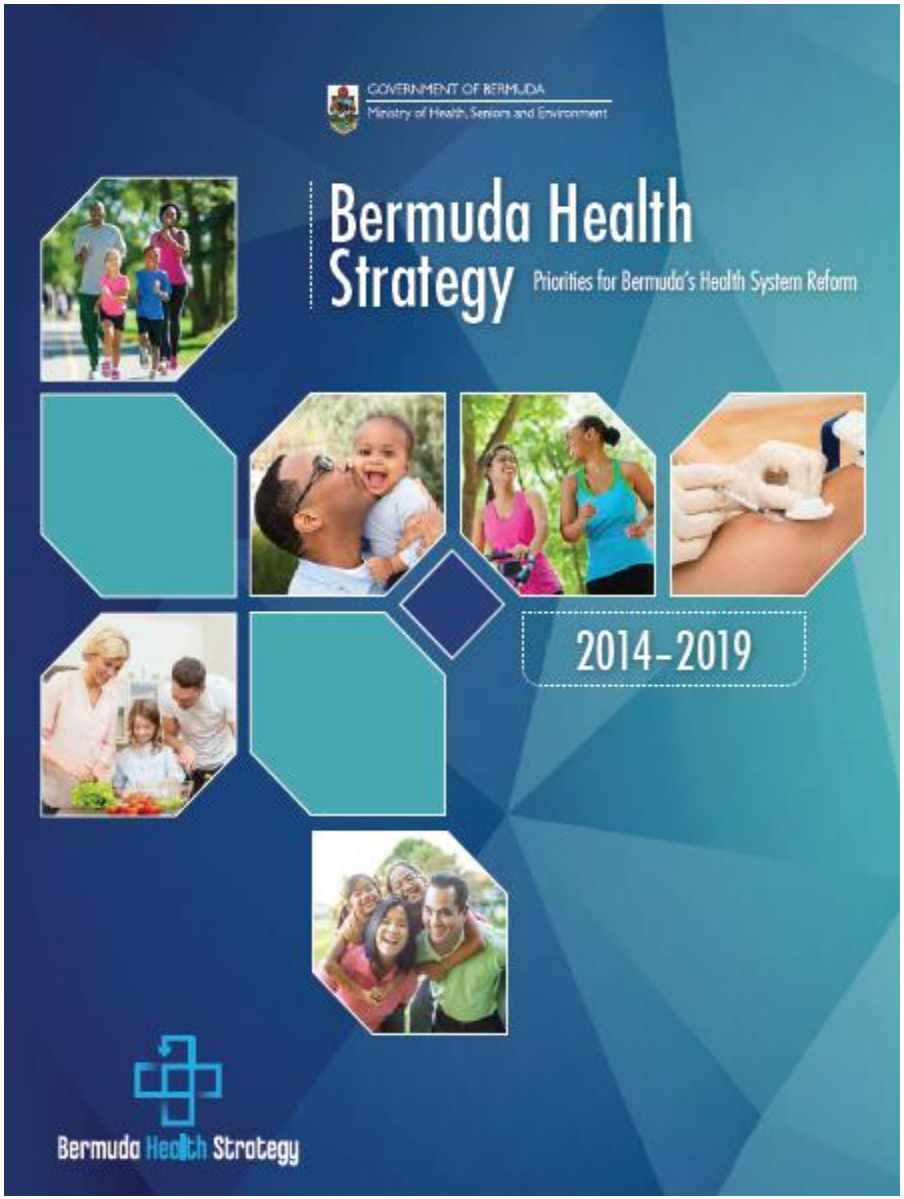
Obesity and Diabetes are our most serious public health challenges and a significant factor in chronic ill health in Bermuda. It will take all segments of our population to commit to changes to halt the rising trend in these conditions.

Join us. Your views are valued.



The Government will **engage all sectors of society in a coordinated, strategic plan to halt the rise in obesity and diabetes in Bermuda**. The Government will lead the way in wellness by encouraging its employees to make healthy choices, and will contribute to their well-being by offering programmes, incentives and education to support the journey to a healthier public service.

While unhealthy foods are often appealing due to their lower prices, the cost of treatment is significantly higher than the cost of prevention. Accordingly, the Government will begin consultation for the introduction of a Sugar Tax on the sale of certain foods and beverages in Bermuda.



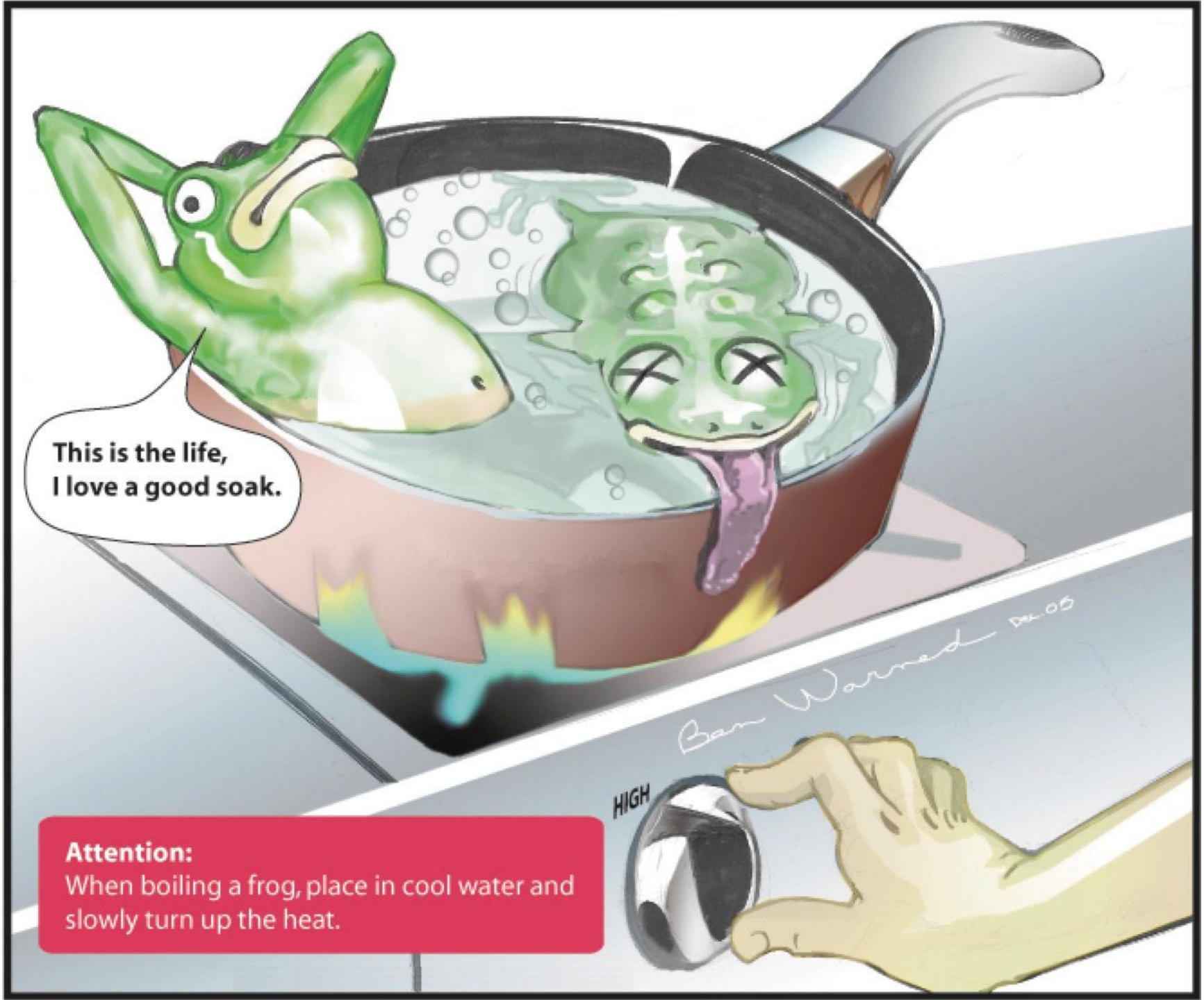
Goal 11: Implement a **comprehensive approach to health promotion** which encourages healthy lifestyles and involves health professionals and organizations to ensure the Well Bermuda population goals can be achieved.

Goal 13: Increase the **access to interventions to prevent and manage non-communicable diseases and their risk factors**, in order to reduce the burden of chronic non-communicable diseases to Bermuda.

General socio-economic, cultural and environmental conditions
Living and working conditions
Work environment
Unemployment
Education
Water and sanitation
Social and community networks
Individual lifestyle factors
Health care services
Agriculture and food production
Housing
Age, sex and constitutional factors

Dr Pepper

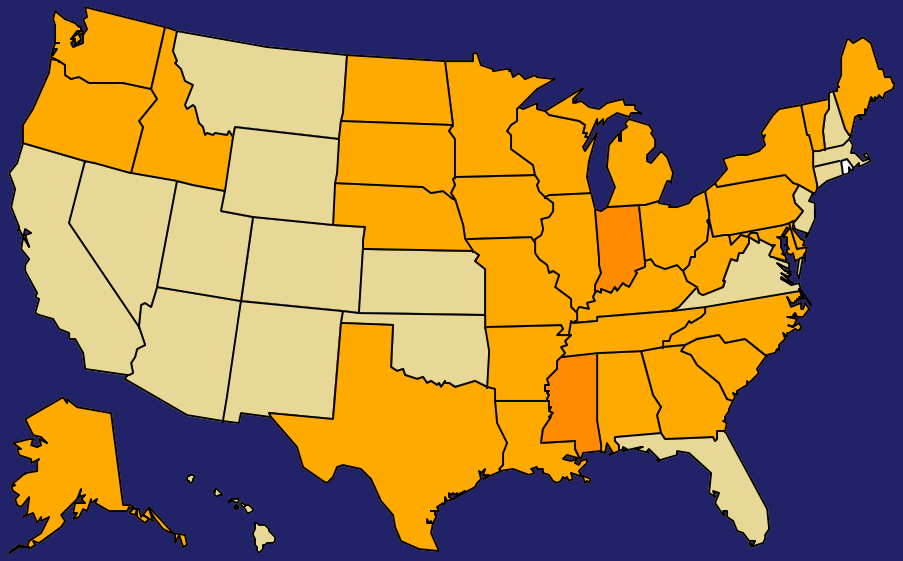
KFC


This is the life,
I love a good soak.
Ben Warned Dec 05
HIGH
Attention:
When boiling a frog, place in cool water and slowly turn up the heat.

Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

1994

Obesity (BMI≥30 kg/m^2)



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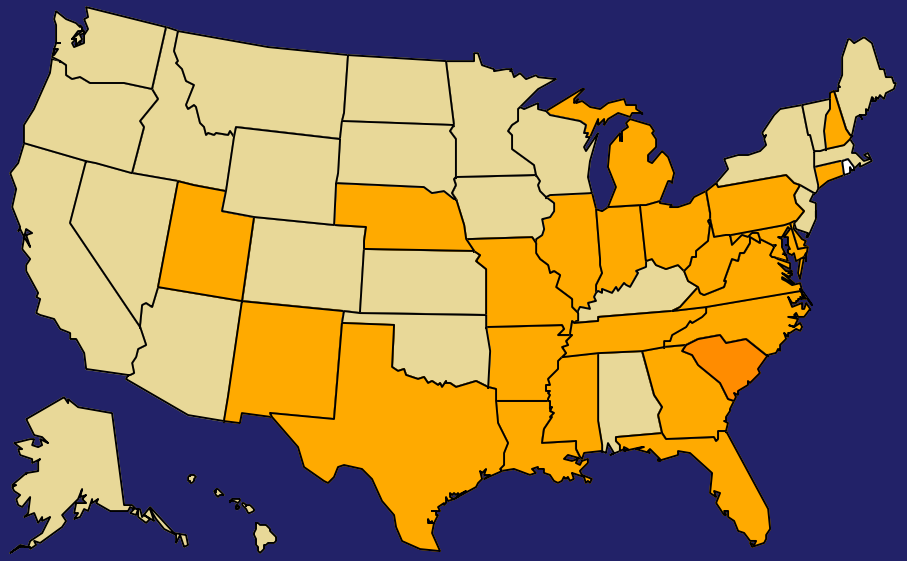
Diabetes



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CDC's Division of Diabetes Translation. National Diabetes Surveillance System available at http://www.cdc.gov/diabetes/statistics

Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

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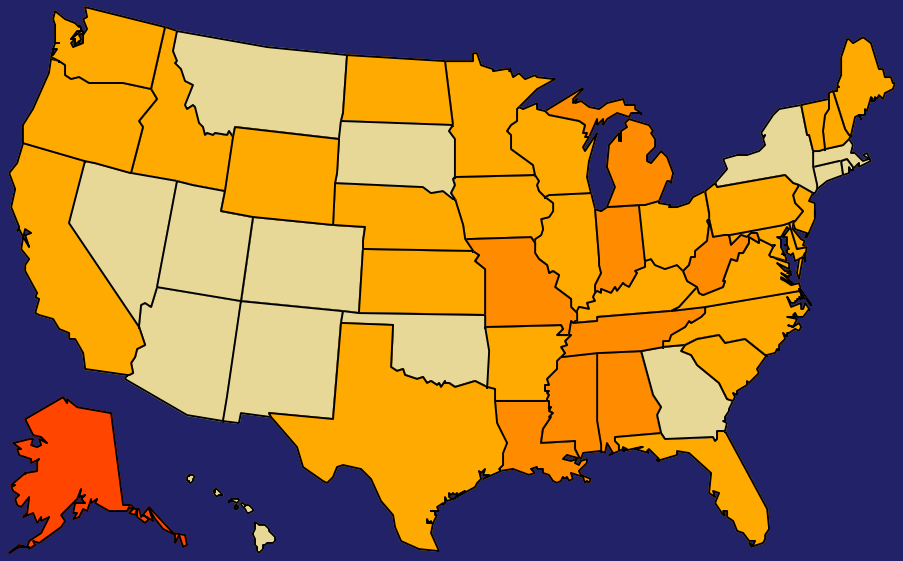

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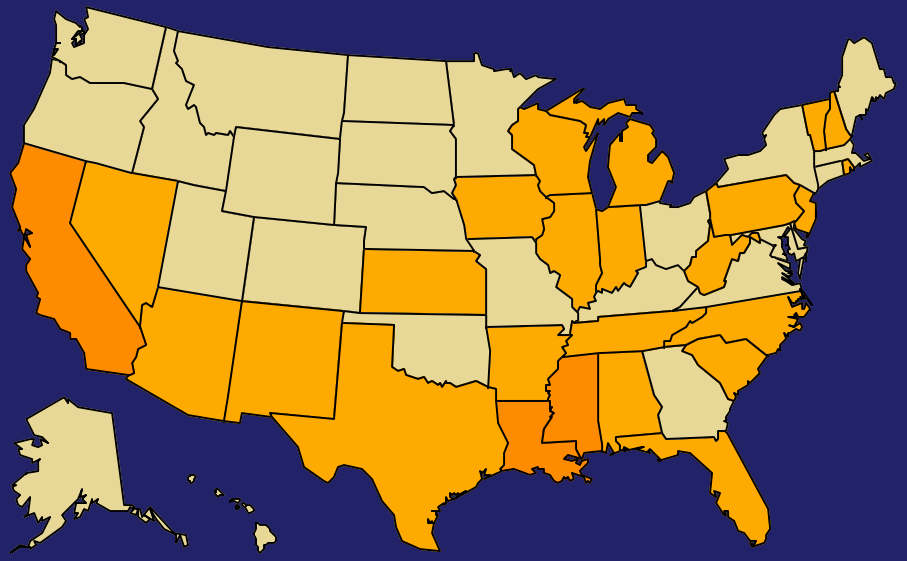

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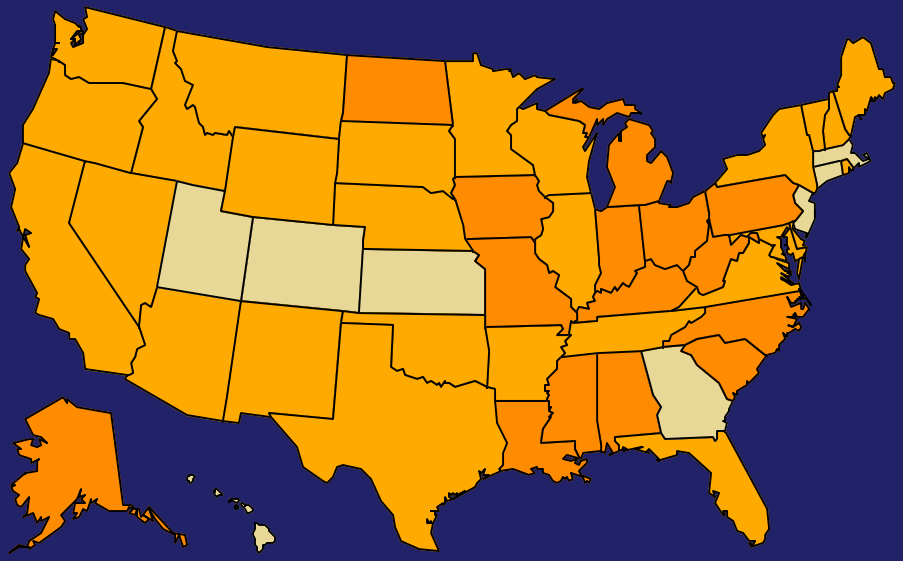

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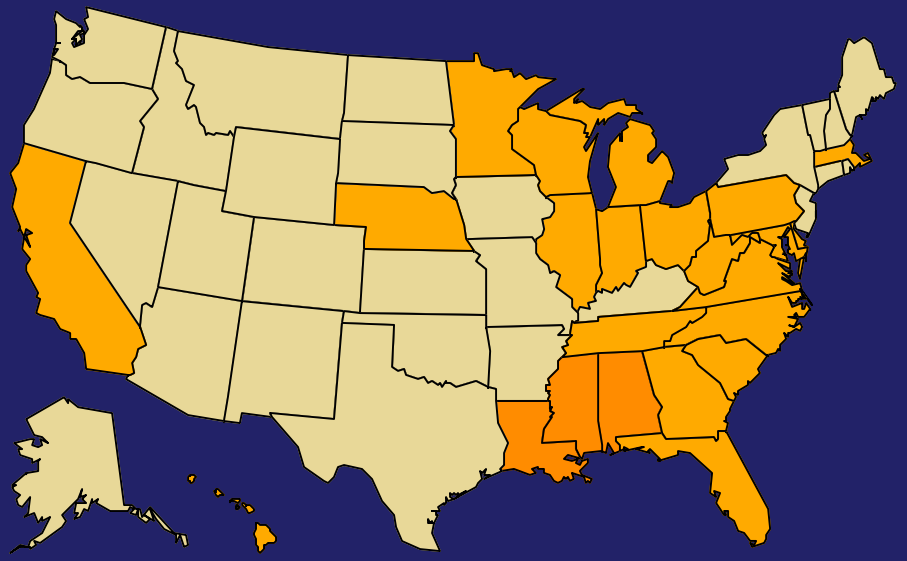

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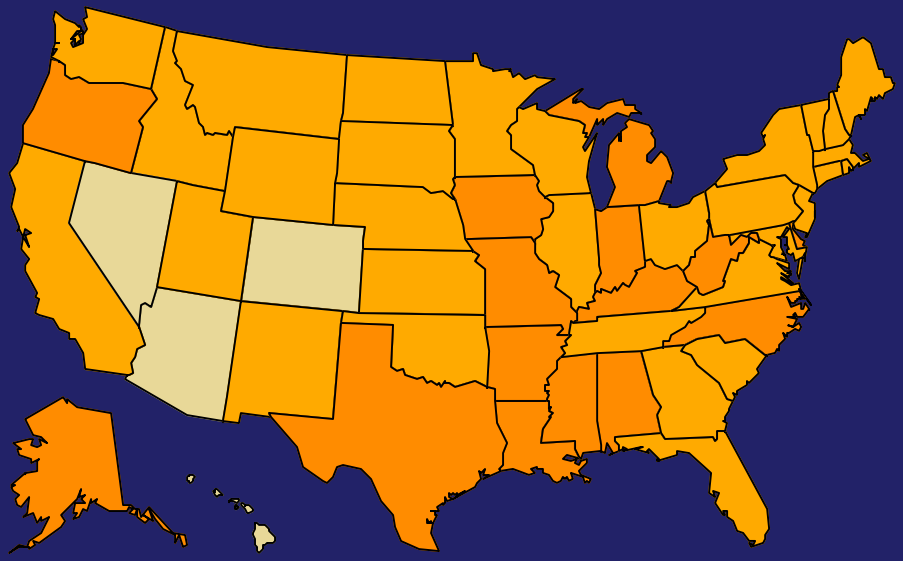

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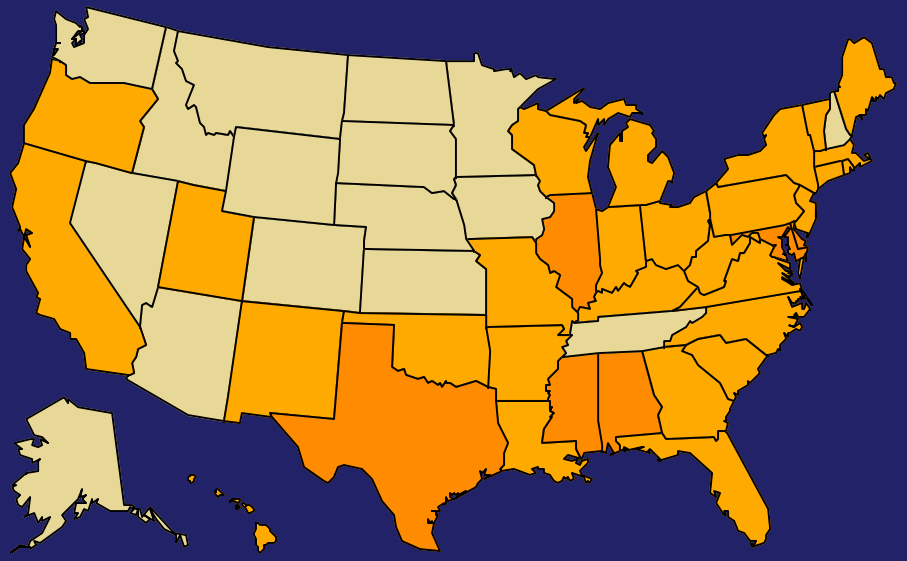

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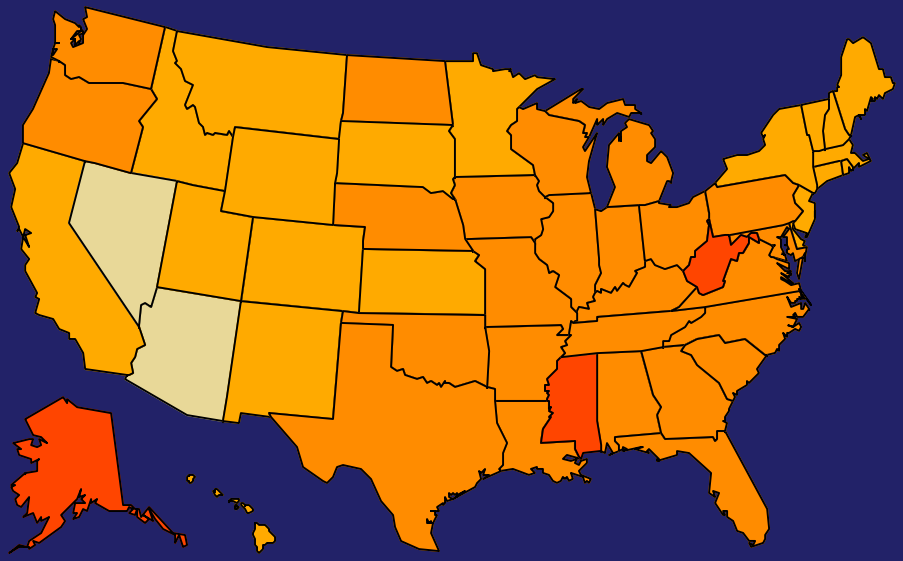

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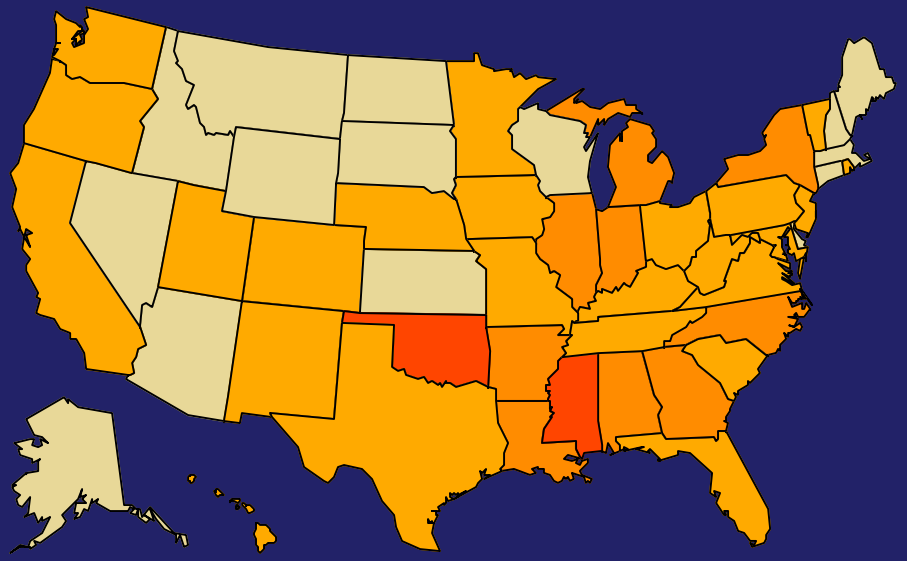

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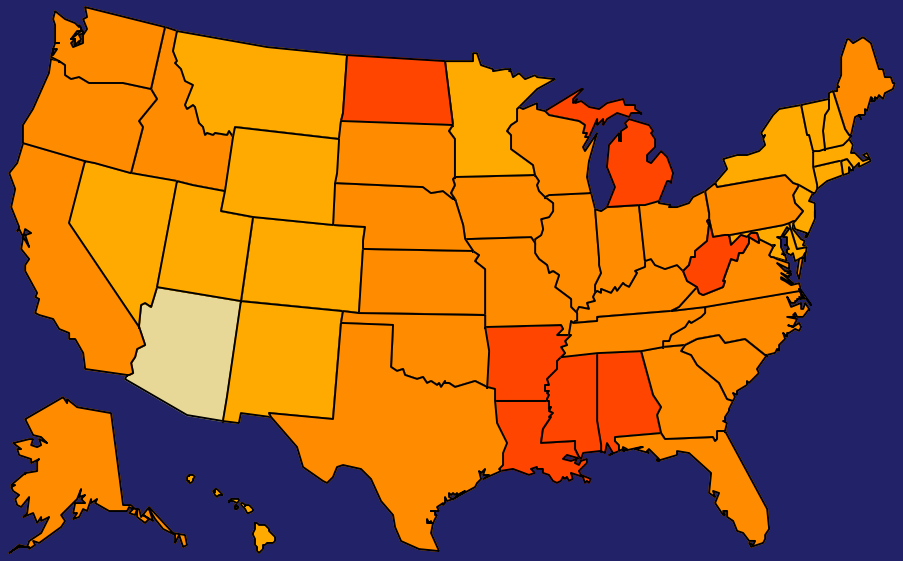

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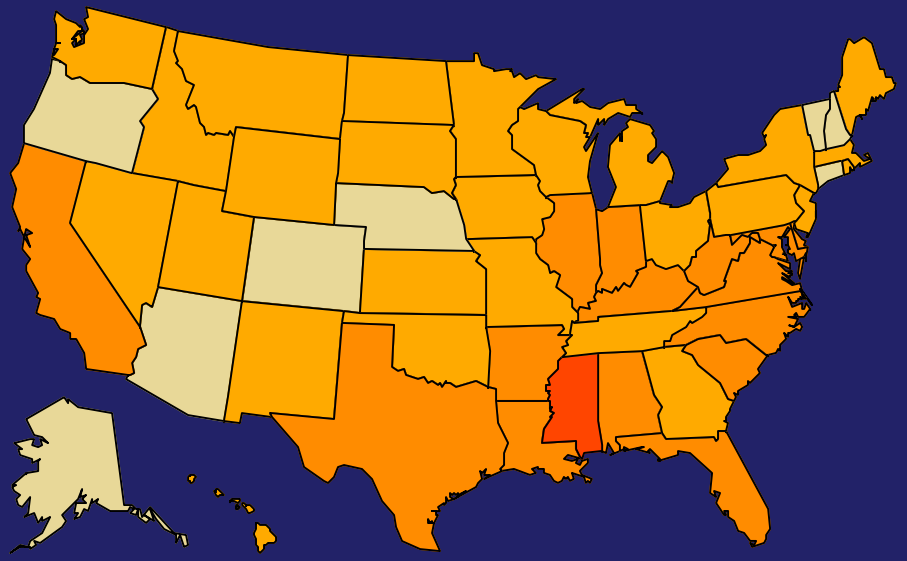

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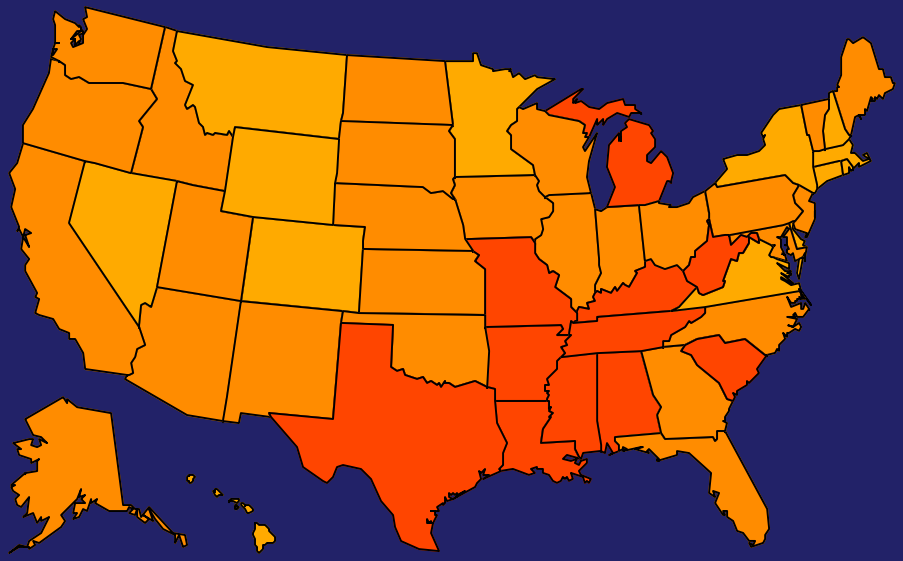

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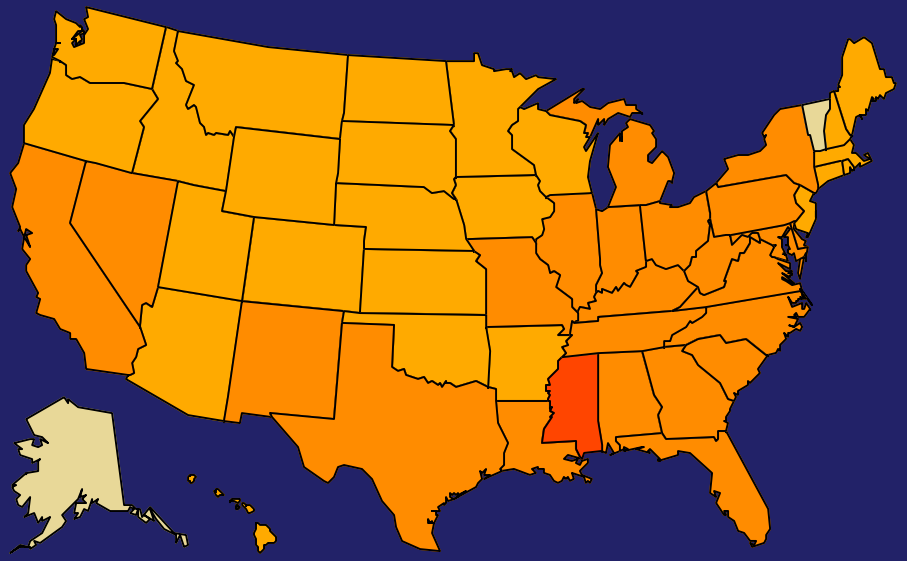

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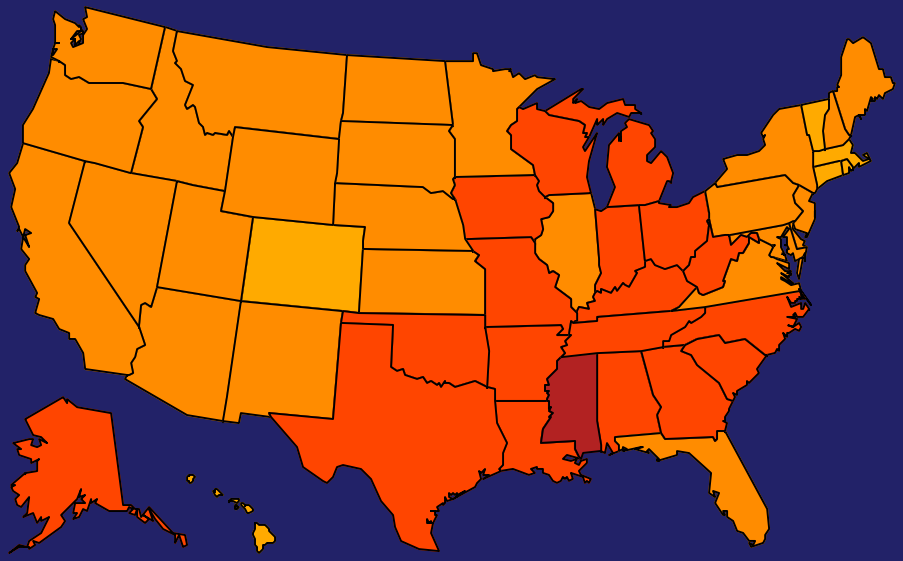

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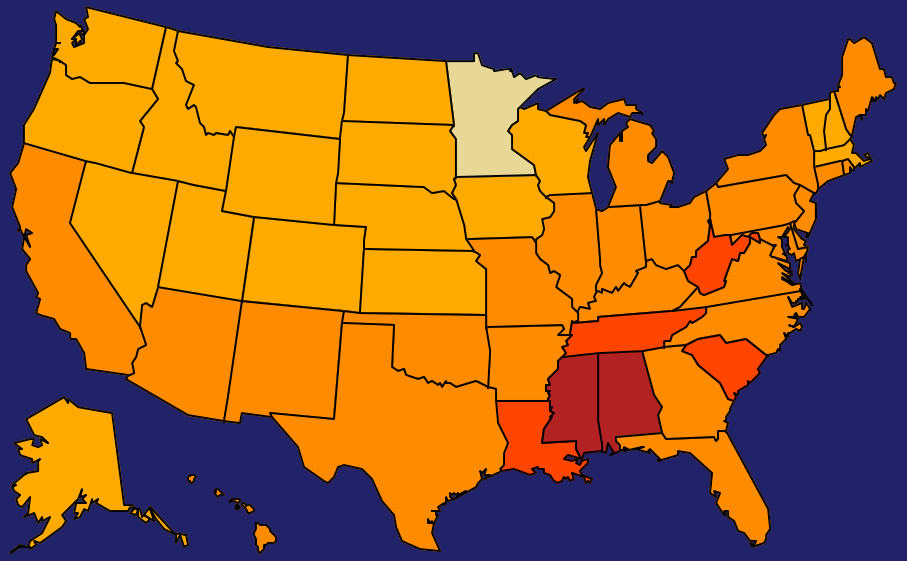

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Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

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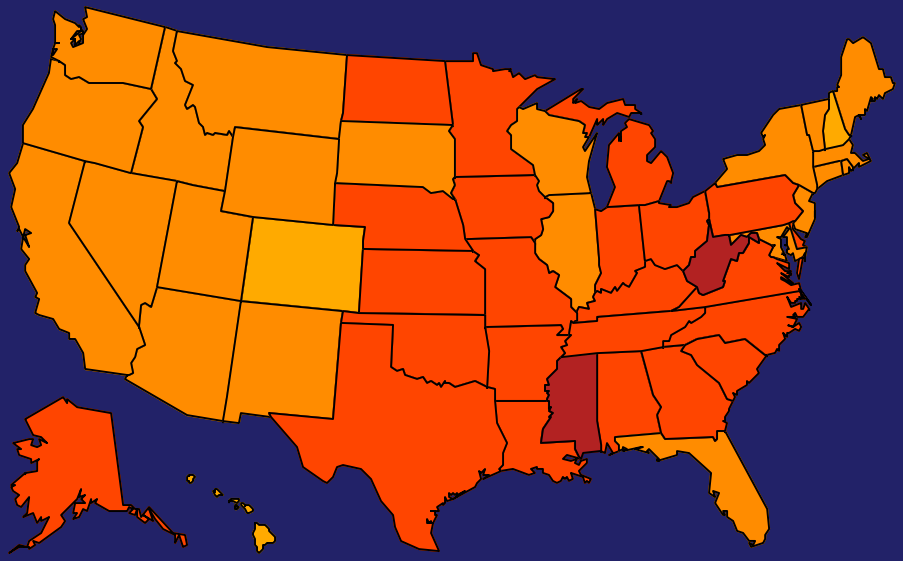

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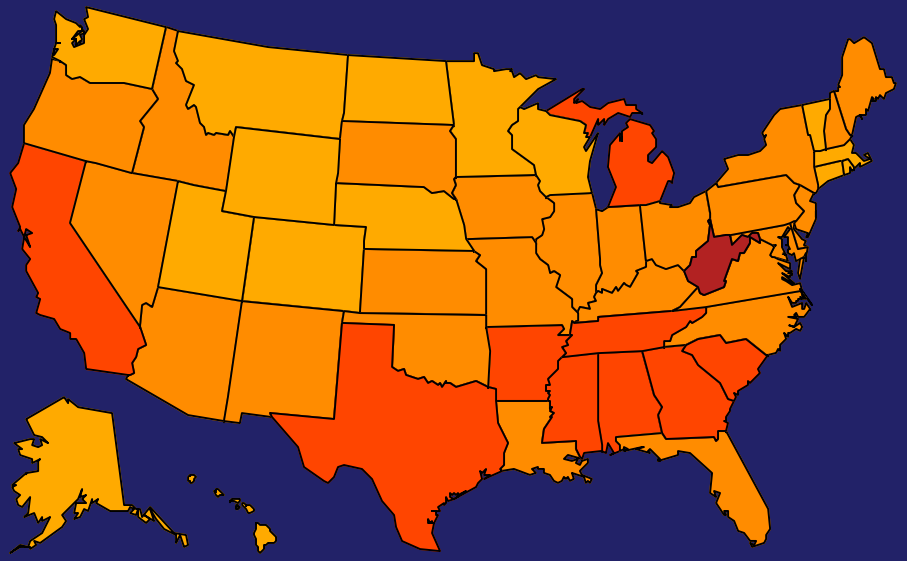

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Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2003

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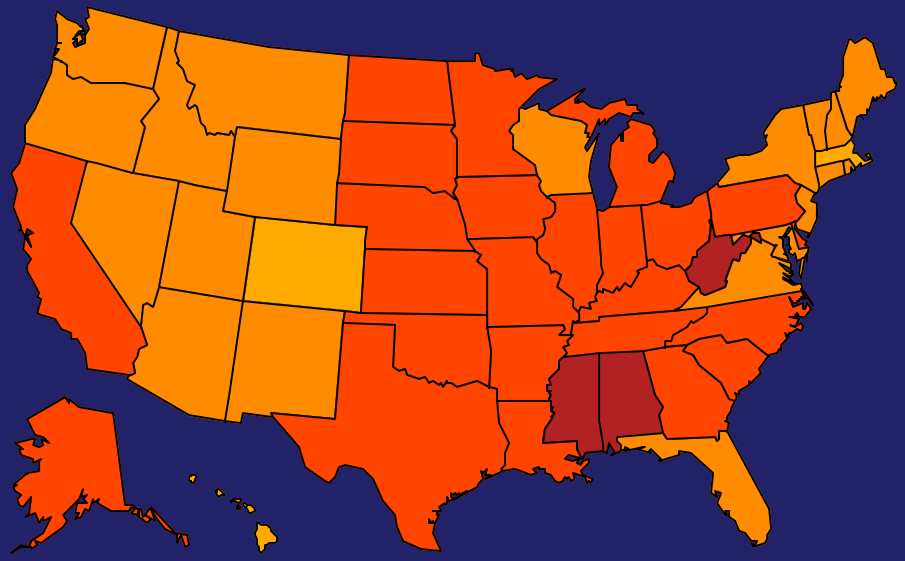

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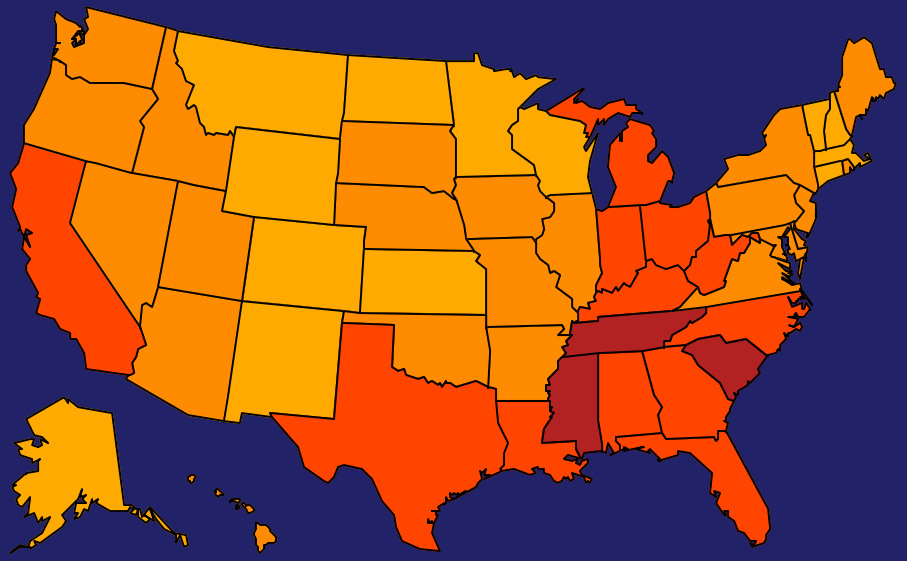

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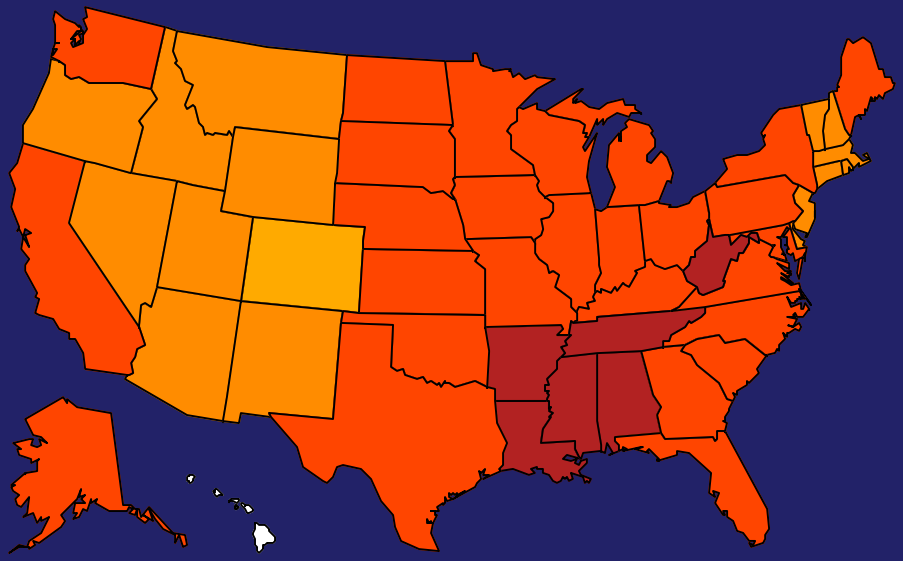
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2004

Obesity (BMI≥30 kg/m^2)



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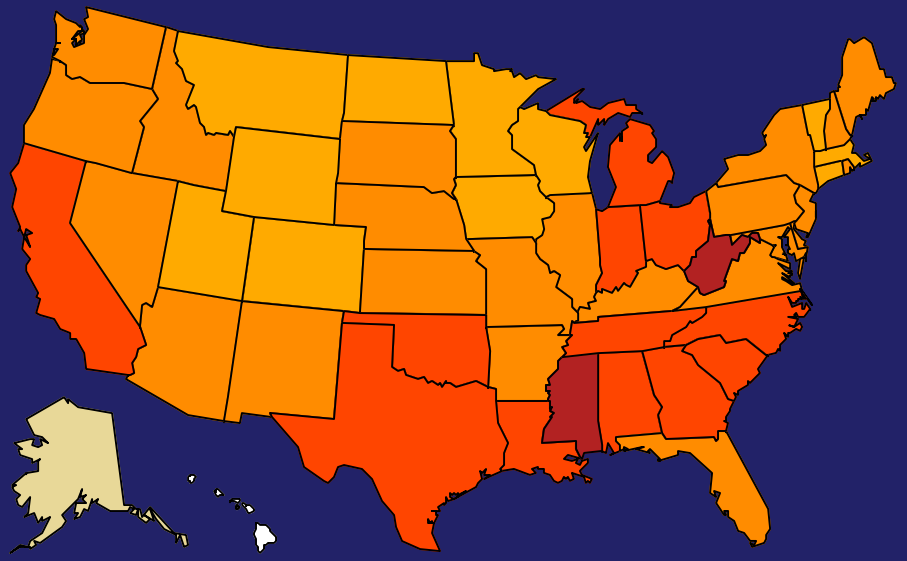

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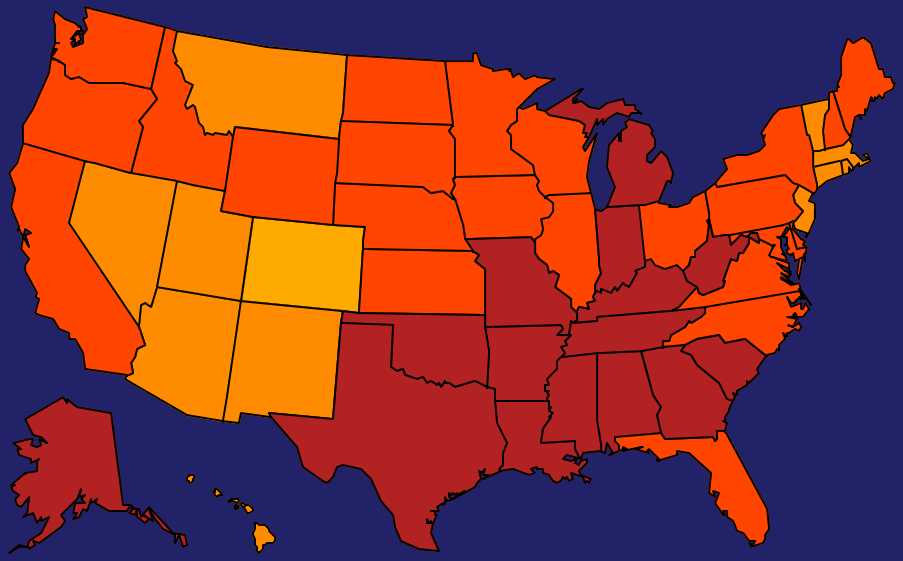
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2005

Obesity (BMI≥30 kg/m^2)



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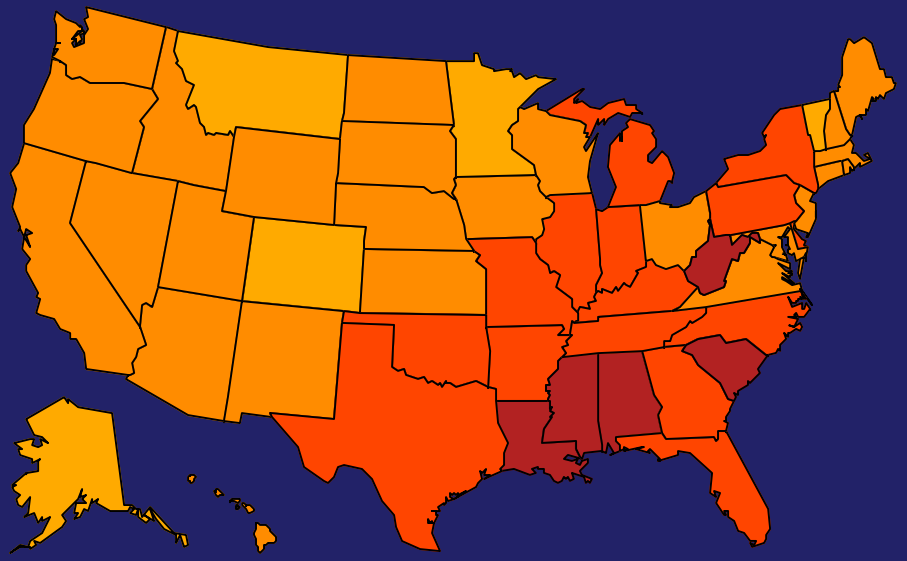

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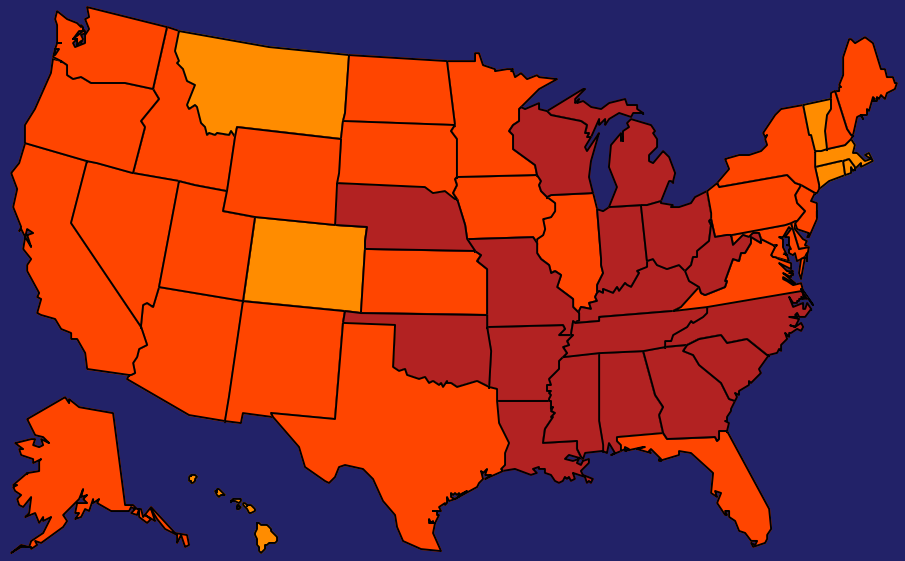
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2006

Obesity (BMI≥30 kg/m^2)



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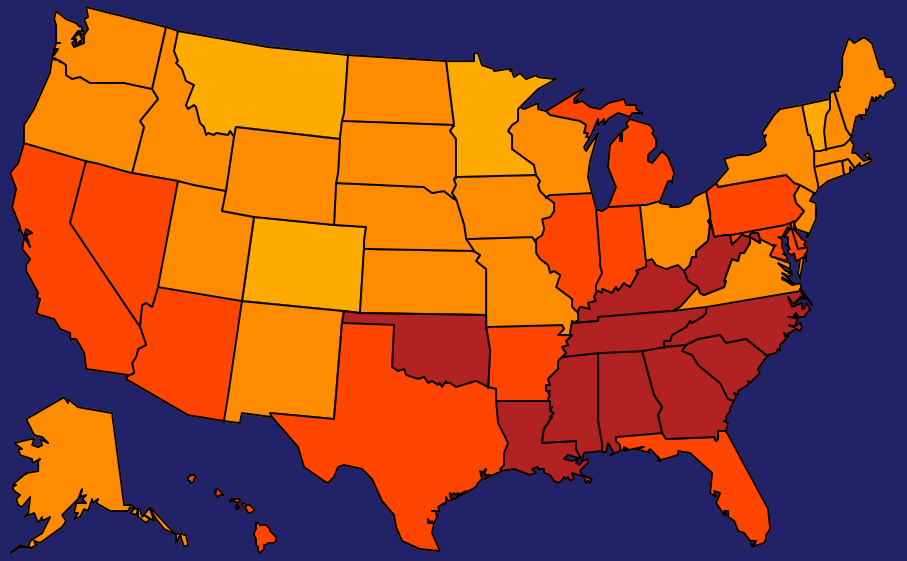

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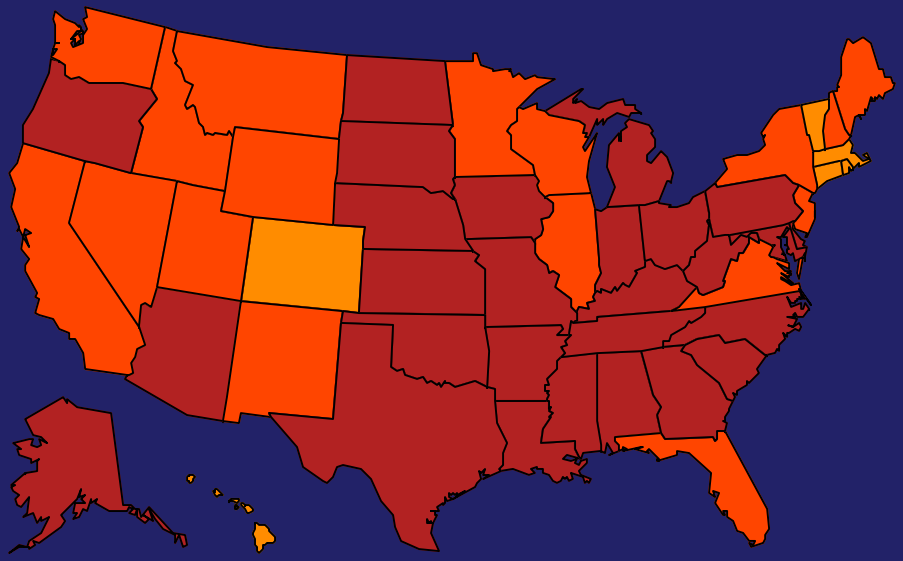
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2007

Obesity (BMI≥30 kg/m^2)



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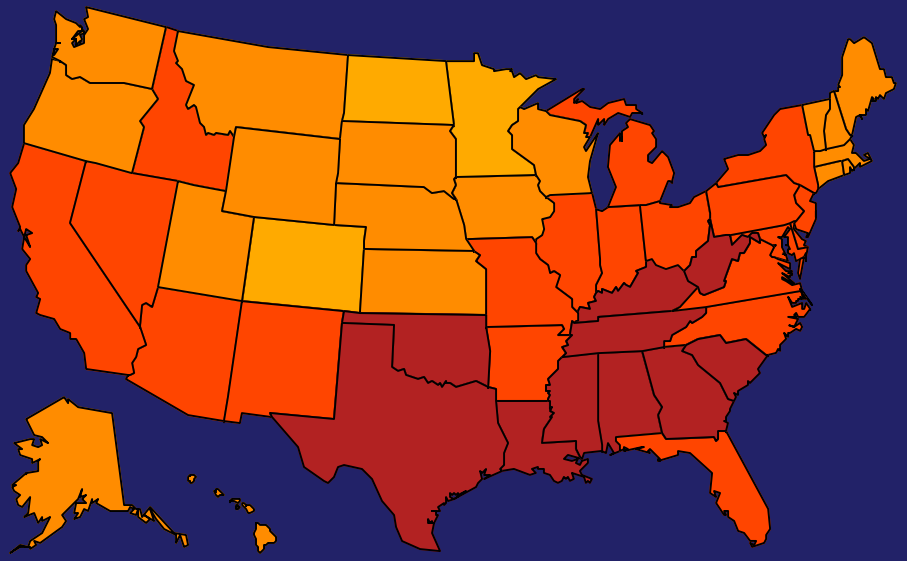

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Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

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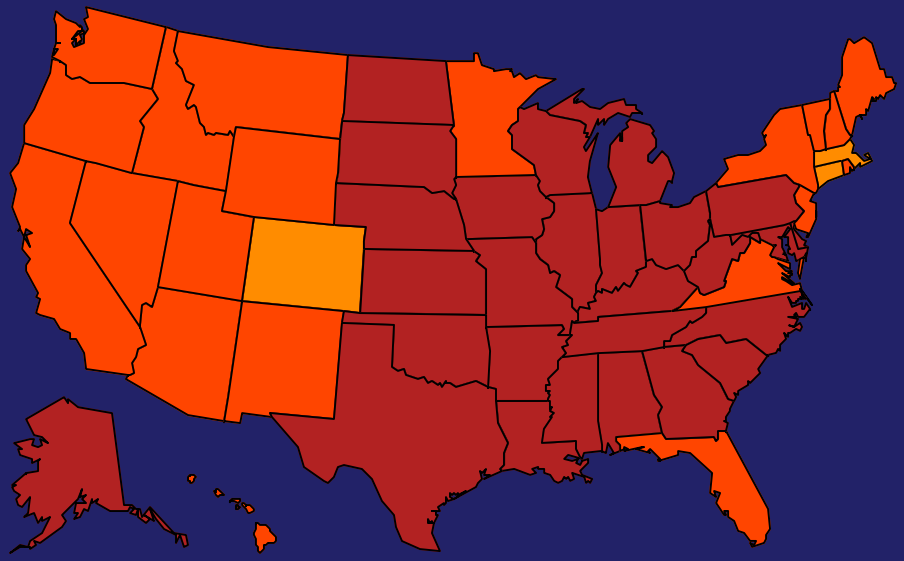
Obesity (BMI≥30 kg/m^2)



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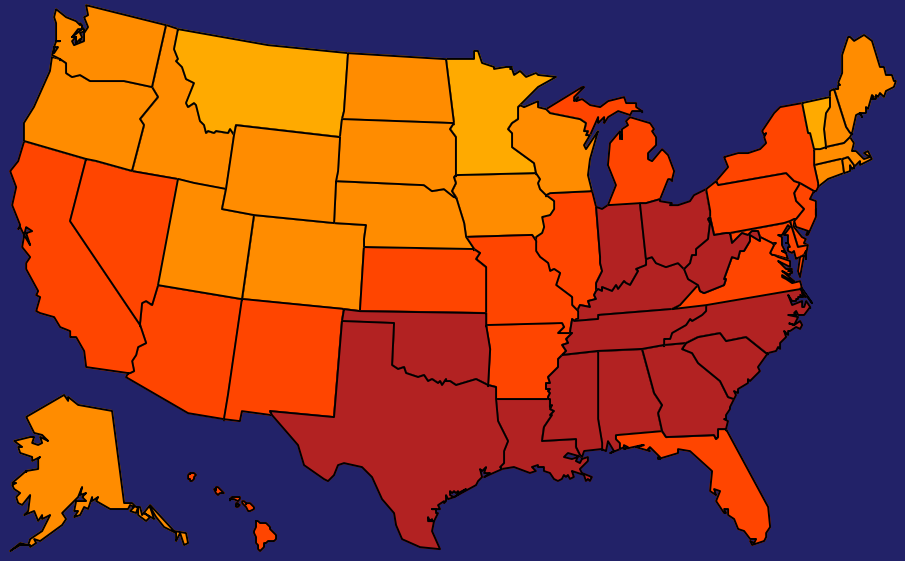

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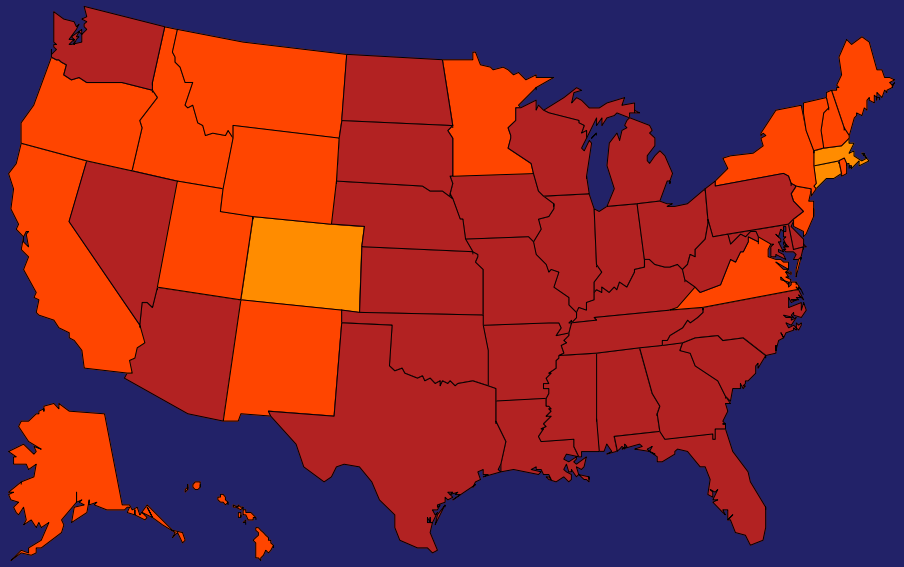
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2009

Obesity (BMI≥30 kg/m^2)



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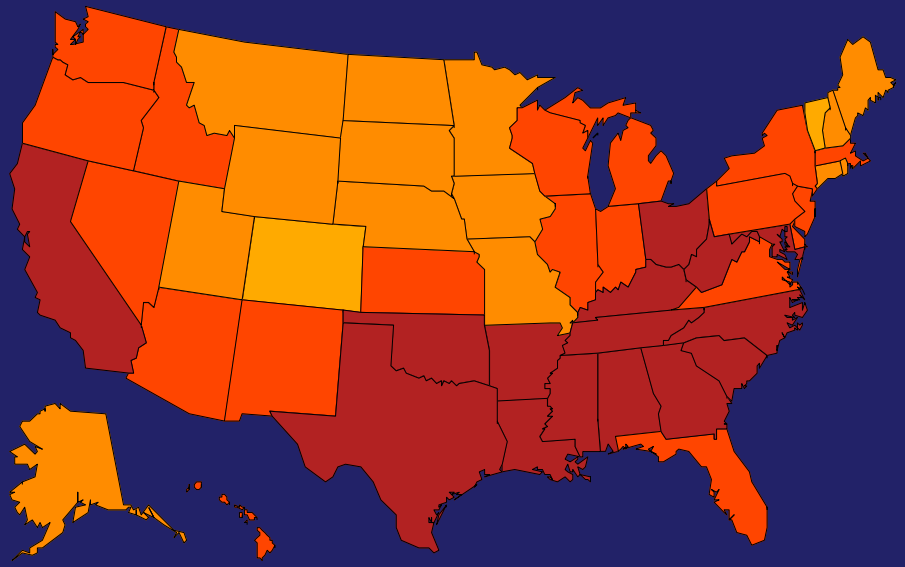
Diabetes



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Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

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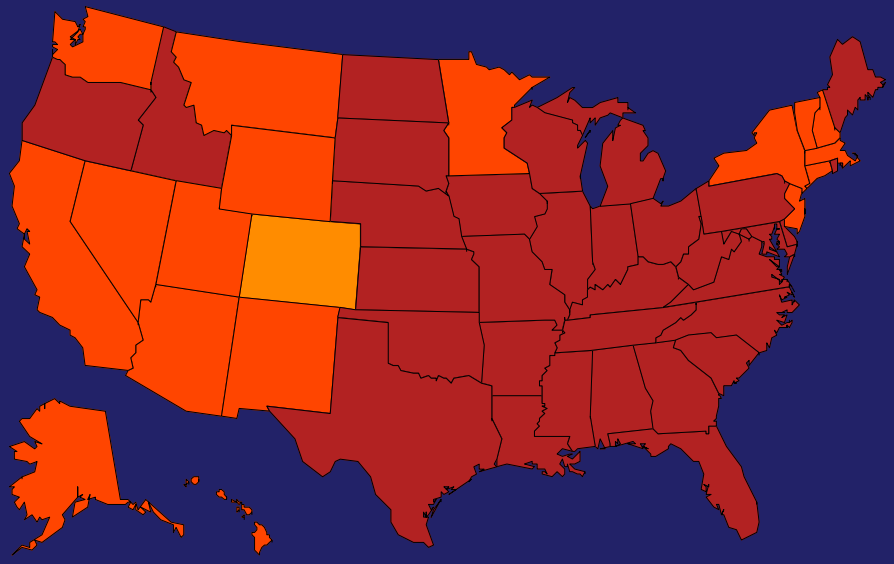

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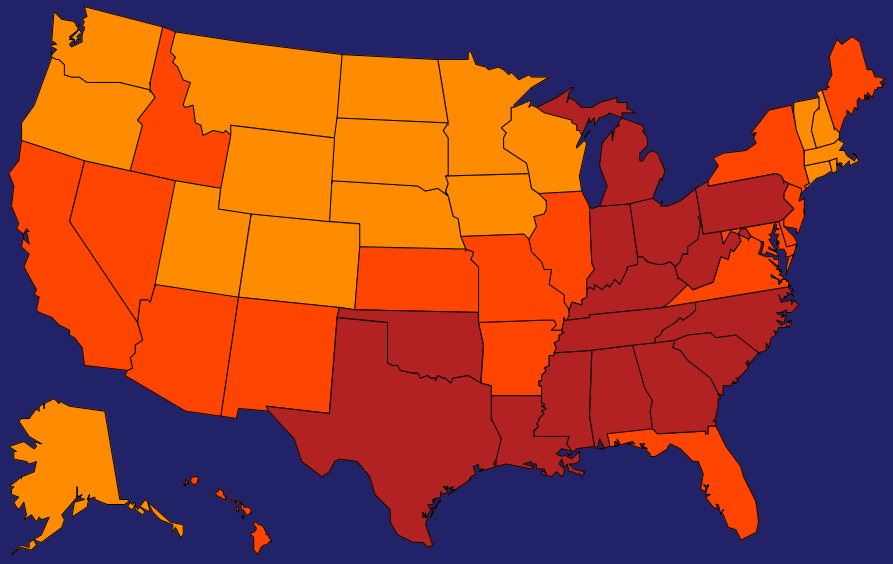

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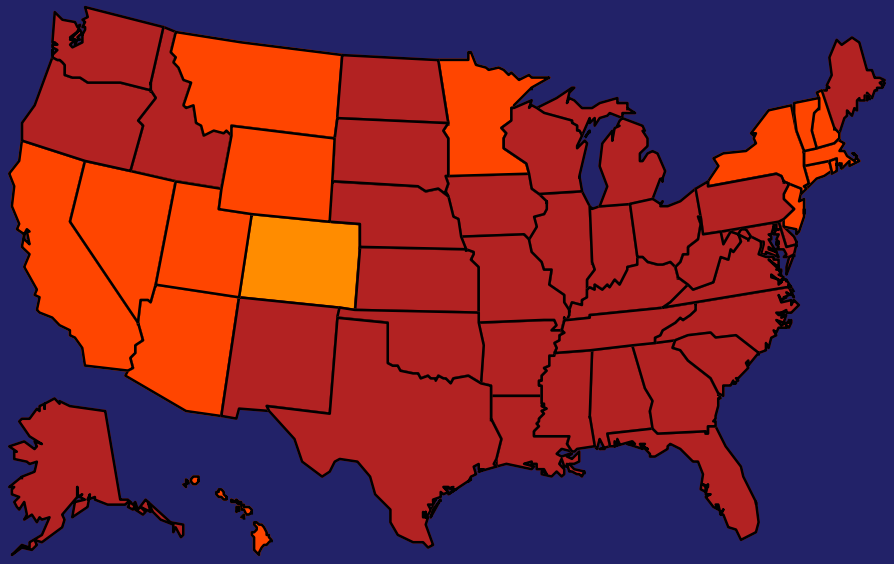

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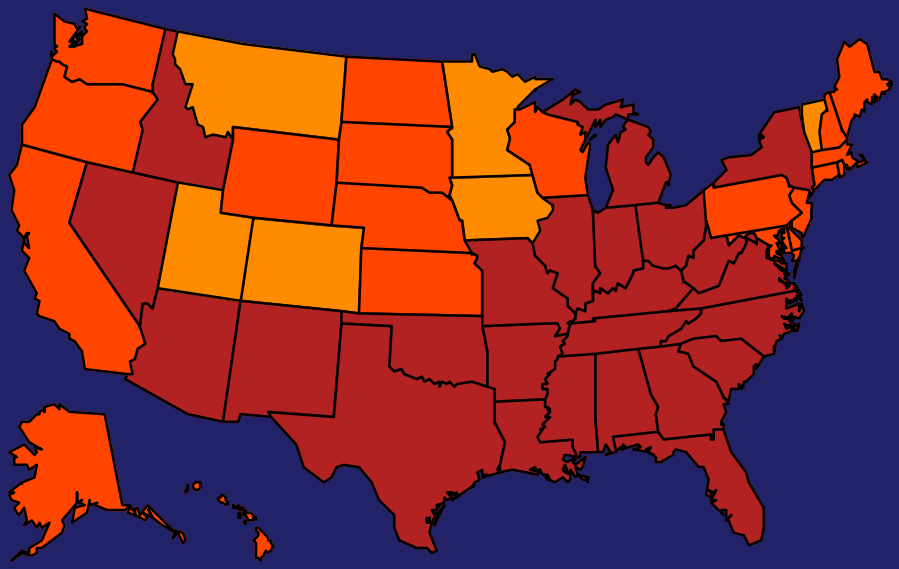

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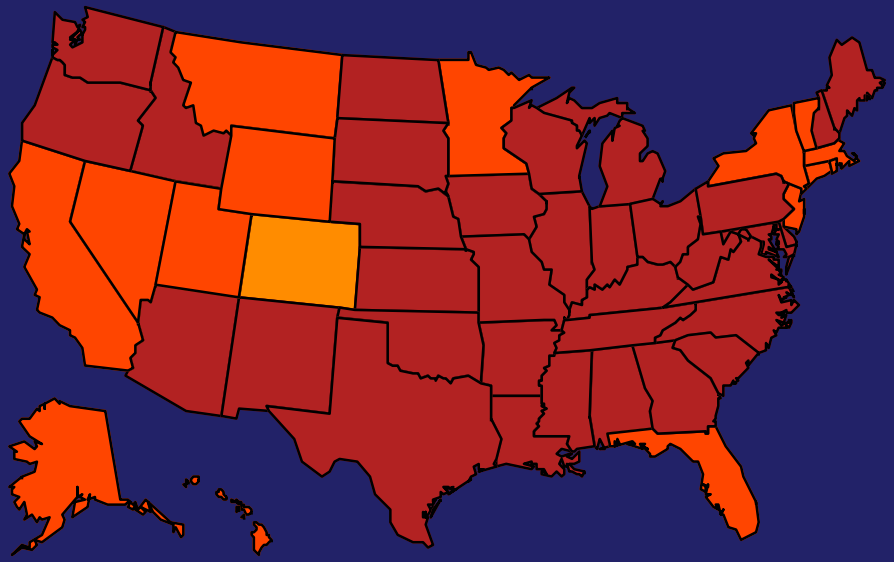
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2012

Obesity (BMI≥30 kg/m^2)



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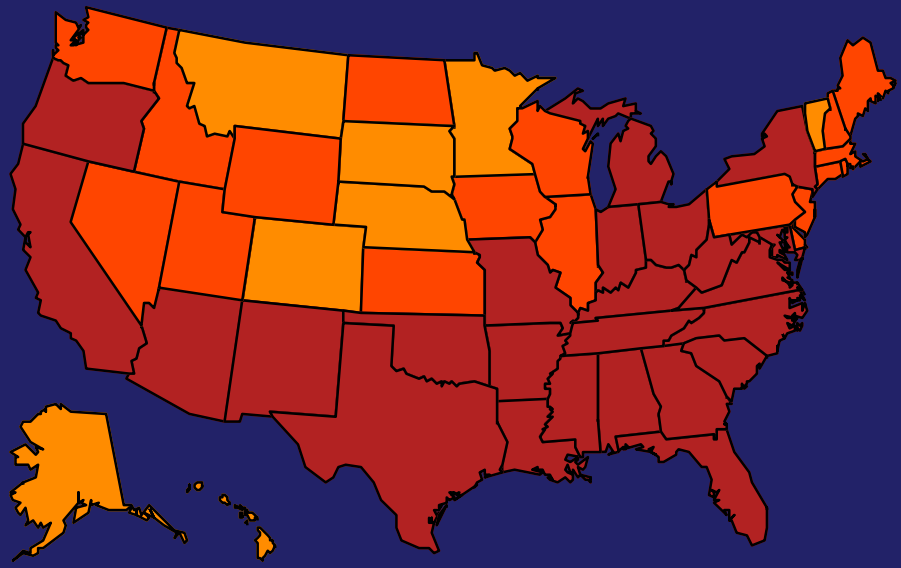

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Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2013

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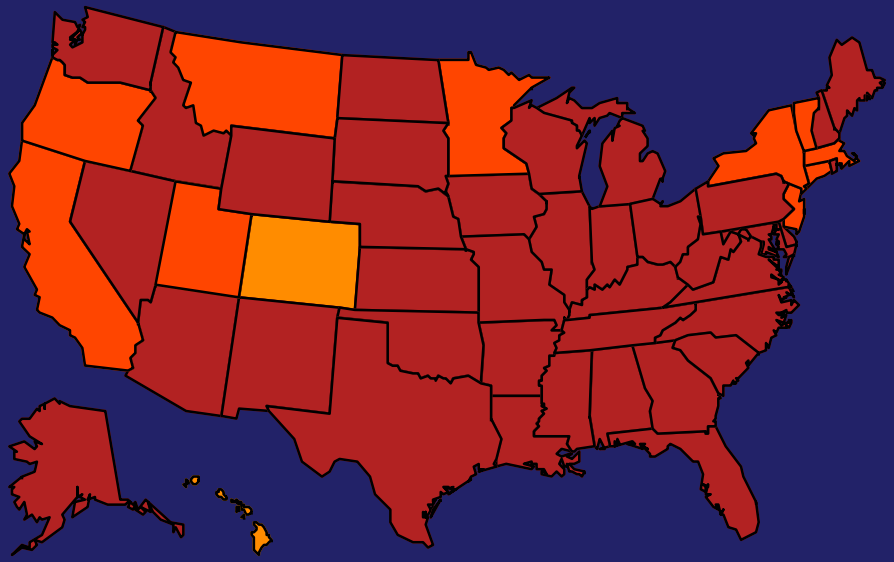

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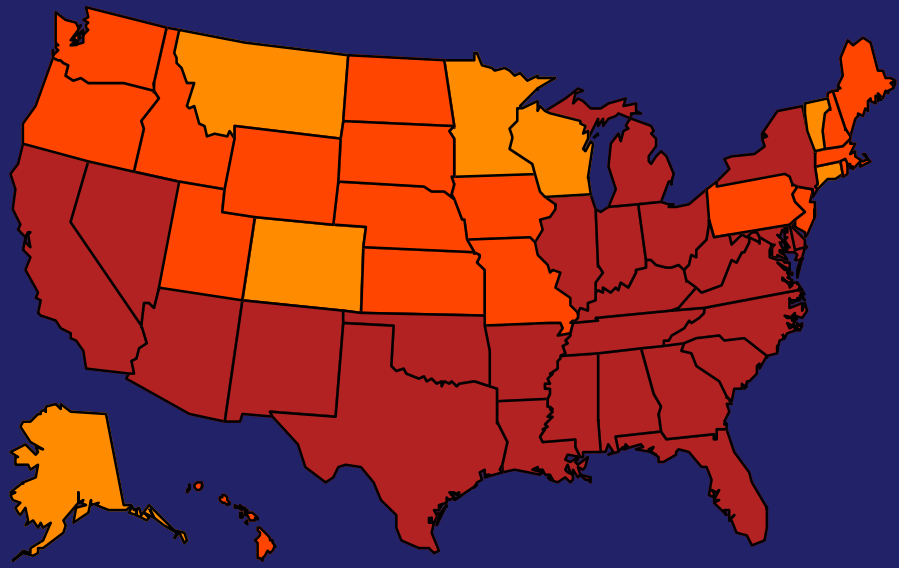

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Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2014

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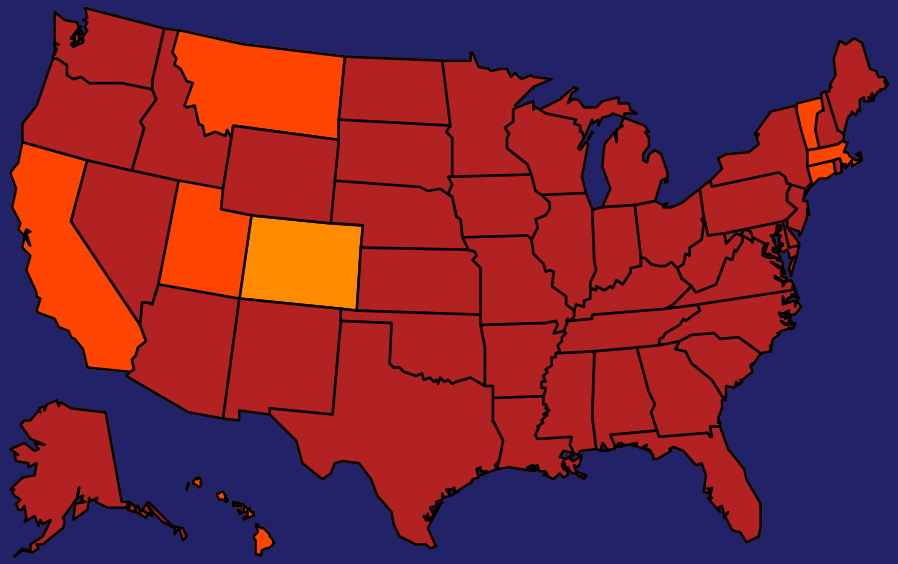

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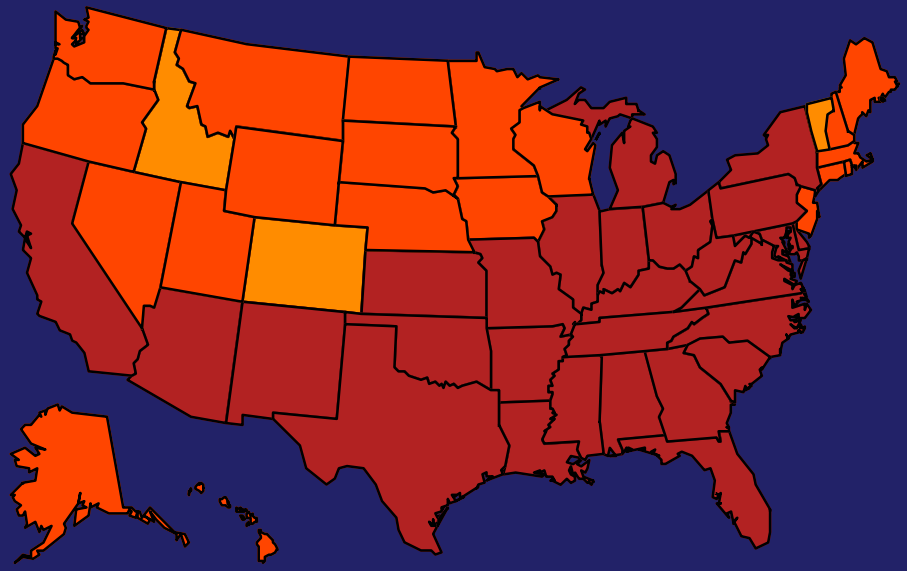

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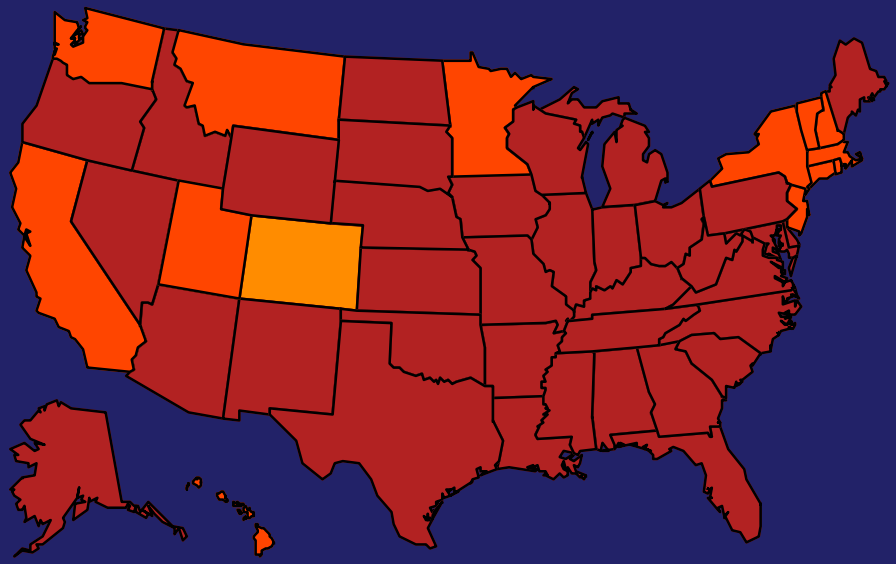
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2015

Obesity (BMI≥30 kg/m^2)



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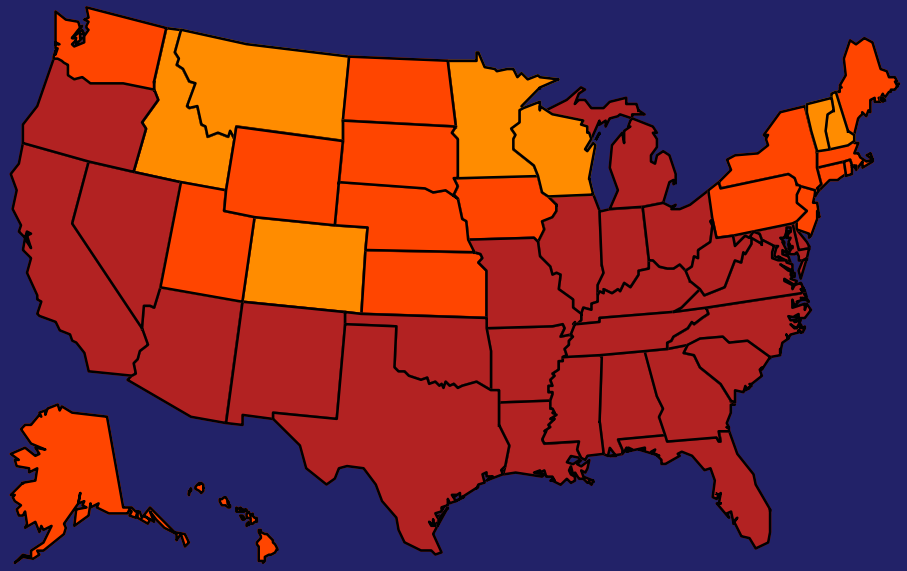

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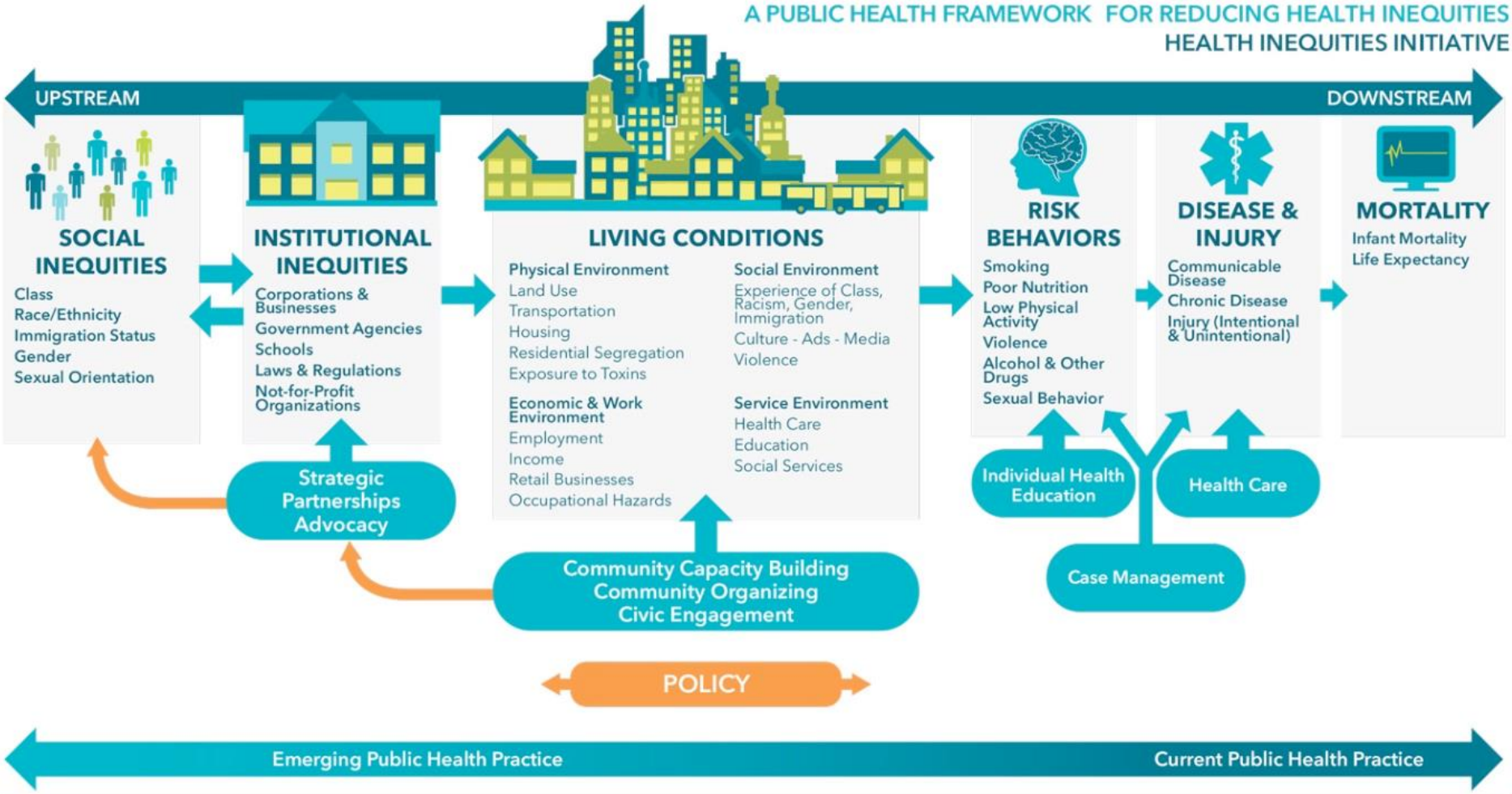
PUBLIC HEALTH

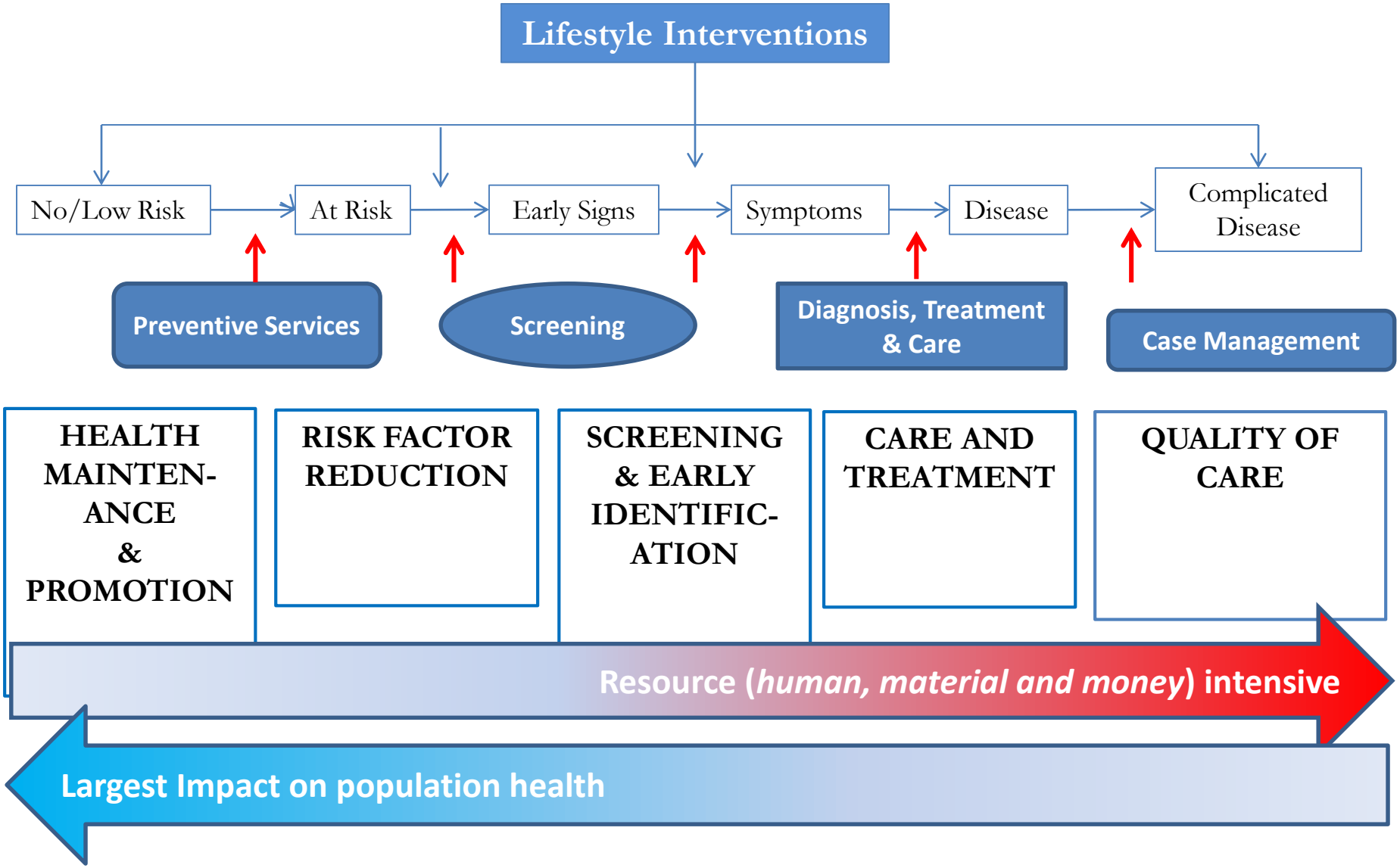
*"Public health is **organized community efforts** aimed at the **prevention of disease** and the **promotion of health**. It links **many disciplines** and rests upon the scientific core of **epidemiology**"*

***SOURCE**: Institute of Medicine, The Future of Public Health, 1998*


A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
HEALTH INEQUITIES INITIATIVE
UPSTREAM
DOWNSTREAM
SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation
INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations
LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins
Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards
Social Environment
Experience of Class, Racism, Gender, Immigration
Culture - Ads - Media
Violence
Service Environment
Health Care
Education
Social Services
RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior
DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)
MORTALITY
Infant Mortality
Life Expectancy
Strategic Partnerships Advocacy
Community Capacity Building
Community Organizing
Civic Engagement
Individual Health Education
Health Care
Case Management
POLICY
Emerging Public Health Practice
Current Public Health Practice

"All-of-Society" Involvement

INTERVENTIONS ON THE CONTINUUM



PREVENTION OF DISEASE

HEALTHY, NORMAL	AT-RISK	SIGNS: FIRST DEFECT/LESION	FIRST SYMPTOM	DISEASE, DISABILITY
Social & Environmental Determinants	Risk & Protective Factors	Pre-clinical Phase	Clinical Phase	Post-clinical Phase
PRIMORDIAL PREVENTION	**PRIMARY PREVENTION**	**SECONDARY PREVENTION**		**TERTIARY PREVENTION**
GENERAL POPULATION	SUSCEPTIBLE POPULATION	ASYMPTOMATIC POPULATION	SYMPTOMATIC OR DIAGNOSED POPULATION	
Alter **social structures** and thereby underlying determinants **REDUCE RISKS**	Alter **exposures** that lead to disease **REDUCE DISEASE INCIDENCE**	**Detect and treat** pathological process at an earlier stage when treatment can be more effective **REDUCE PREVALENCE & CONSEQUENCES**		**Prevent relapses and further deterioration** via follow-up care and rehabilitation **REDUCE COMPLICATIONS OR DISABILITY**
Health promotion	Immunization Risk Reduction Screening Clinical Preventive Services	Screening Clinical Preventive Services Treatment & Care		Treatment and care Secondary or specialist care Rehabilitation

What are communities doing?

In schools and early childhood centers

- Encouraging walk-to-school and bike-to-school programs.
- Supporting quality physical education.
- Increasing healthy food options.

What are communities doing?

In the workplace

- Encouraging stairs.
- Encouraging walking clubs or walking meetings.
- Increasing healthy food options in vending machines and cafeterias.

What are communities doing?

In homes

- Promoting breastfeeding.
- Encouraging families to participate in physical activities together.
- Encouraging families to limit screen time.

What are communities doing?

For all their residents

- Increasing access to walking trails.
- Allowing the community to use school facilities outside of school hours for physical activity.
- Building roads that are safe for all types of transportation to share.
- Working with real estate developers to increase pedestrian-friendly developments.
- Increasing access to farmers' markets.
- Planting community gardens.
- Promoting community messaging about healthy eating, physical activity, and risks of obesity.

Healthy Policies for a Healthy Hawai'i

Healthy Communities Physical Activity

- Complete Streets implementation
- State & county level goals for active transportation
- Health impact assessments
- Secured bike parking at state events & locations

Healthy Communities Nutrition

- Food systems task force
- More support for locally produced, healthy foods
- Institutional policies for access to healthy food & drink options
- Guidelines for healthier kids' meals
- Warning labels on sugar-sweetened beverages
- Sugar-sweetened beverage fee to fund public education

Healthy Schools

- Student fitness assessments in grades 5, 7, & 9
- Increase Health & PE requirements for for middle school grades
- Strengthen wellness in child care licensing requirements
- Additional school physical exam requirements
- Nutrition & agriculture curriculum in all grades

Healthy Worksites

- State level worksite wellness policy
- Paid family leave
- State health risk assessment

Health Care Systems

- Reimbursement for preventive care

Presented as a public service by the Hawaii State Department of Health. This concept map represents the policy priorities proposed by 140 statewide partners and experts at the 2015 State Physical Activity and Nutrition Forum May 28, 2015, Hilton Waikiki Beach Hotel, Honolulu, Hawai'i.

NEW ORLEANS
EXIT
PRESERVATION HALL
NEW ORLEANS