**What are NCDs?**

“Non-communicable disease (NCD)” or “Chronic Disease” refers to health problems that cause ongoing damage to the body. If these conditions are not prevented or treated, they will worsen and lead to early death.

The “big four” NCDs that cause problems worldwide are cardiovascular (heart and circulation), diabetes (too much sugar in the blood), cancer and chronic respiratory (lung) disease.

Leaders in the government and community should work together to create countries with healthier people. Efforts should focus on lessening **major risk factors.** These include the following:

|  |  |
| --- | --- |
| **Tobacco** | * *Causes major lung problems, cancer, heart and circulation problems* * *Worsens diabetes* |
| **Harmful Alcohol Use** | * *Causes problems with the liver* * *Worsens high blood pressure and heart disease* * *Can lead to obesity* * *May lead to job loss if there is a drinking problem* |
| **Unhealthy Diet** | * *Leads to obesity, which causes heart disease, diabetes and joint problems.* * *Increases the risk of developing cancer* |
| **Physical Inactivity** | * *Leads to obesity and joint problems* |

**What you should know**

Overweight and obesity are health problems that affect a large number of people in the United States. To reduce body weight, a person must decrease the amount of calories he or she consumes while maintaining or increasing physical activity. The *Dietary Guidelines for Americans 2005* indicates that the healthiest way to reduce caloric intake is to decrease one’s consumption of added sugars, fats, and alcohol, all of which provide calories but few or no essential nutrients.

Animal fats and trans fats in excess can cause heart attacks, strokes, obesity, and diabetes. Most of the fats in the USAPI diet comes from imported and processed foods, such as Spam, vienna sausage and turkey tail. The objective of these resources is to enact and enforce policies for tax on high fat items and trans fat import restrictions. Policy implementation can lead to reduced obesity prevalence among high school youth and adults along with reduction in prevalence of high cholesterol in adults.

**How much fat do you need?**

While fats are essential for normal body function, some fats are better for you than others.

|  |  |
| --- | --- |
| **Bad fats** | |
| **Trans fats** | **Saturated fats** |
| Pastries, cookies, muffins | High-fat cuts of meat |
| Chips, microwave popcorn | Whole-fat dairy products |
| Fried foods | Butter |
| Candy bar | Chicken with skin |

|  |  |
| --- | --- |
| **Good fats** | |
| **Monounsaturated fats** | **Polyunsaturated fats** |
| Olive, sesame, peanut oils | Sesame seeds |
| Avocados | Fatty fish: salmon, tuna, sardines |
| Nuts | Tofu |
| Peanut butter | Soymilk |

The Dietary Guidelines for Americans 2010 recommend that Americans[[1]](#footnote-1):

|  |  |
| --- | --- |
| **Age Group** | **Total Fat Limits** |
| Children ages 2 to 3 | 30% to 40% of total calories |
| Children and adolescents ages 4 to 18 | 25% to 35% of total calories |
| Adults, ages 19 and older | 20% to 35% of total calories |

For example, for an adult based on a 2,000-calorie a day diet can have between 44-78 grams of fat.

* + 2,000 calories x 20%= 400 calories / 9\* (calories a gram) = 44 grams of fat
  + 2,000 calories x 35% = 700 calories / 9\* (calories a gram) = 78 grams of fat

\*There are 9 calories in a gram of fat, so you divide the number of calories by 9.

Examples of food with high fat content:

|  |  |
| --- | --- |
| **Serving size** | **Estimated Fat Content (grams)** |
| instant ramen noodles with flavoring (1 package) | 13g |
| 2 oz Spam (1/6 can of Spam) | 15g |
| 1 cup Libby’s corned beef hash | 24g |
| 7 links of vienna sausage | 22-30g |
| ¼ of a frozen pepperoni pizza | 16-21g |
| 1 oz bag of plain salted potato chips (13-16 chips) | 10g |
| 2 tbsp of peanut butter (salted) | 16g |
| 1 piece of turkey tail | 16g |

**Why is it important to have policies addressing the reduction of fat consumption?**

* Worldwide obesity has nearly doubled since 1980.[[2]](#footnote-2)
* Obesity is preventable.3
* In the Western Pacific Region obesity prevalence is highest in the Pacific countries, where some of the highest rates of overweight and diabetes are found.[[3]](#footnote-3)
* Conservative estimates indicate that at least 40% of the 9.7 million people in Pacific Island countries and territories suffer from food-related diseases.[[4]](#footnote-4)
* Obesity rates (based on published STEPS Reports): 75% in American Samoa, Nauru and Tokelau; 51% in Kiribati; 45% in Marshall Islands; 43% in Federated States of Micronesia (Pohnpei); 33% in Solomon Islands; 30% in Fiji.4
* Overweight rates in adults are more than 50% in at least 10 Pacific island countries and territories.4
* There are 25-47% of young children who are overweight or obese in American Samoa, CNMI, Guam and Hawaii.[[5]](#footnote-5) This finding is of great concern because obesity has both immediate and long-term effects on health and well-being, including risk for bone problems and heart disease, and impaired social and emotional well-being.

**Important considerations**

* More than 2.4 million people suffer from preventable non-communicable diseases, such as heart disease, stroke, cancer, diabetes and respiratory diseases: these are responsible for 75% of deaths in Pacific island countries and territories.4
* Purchasing imported food is taking up an increasingly large part of family incomes. The Food and Agriculture Organization index of food prices rose by 9% in 2006, by 24% in 2007, and by 51% in the first months of 2008.4
* The impact of obesity includes the value of income lost from decreased productivity and absenteeism.[[6]](#footnote-6)
* About 80% of heart diseases, stroke and type-2 diabetes and 40% of cancer can be prevented through inexpensive and cost-effective interventions. [[7]](#footnote-7),[[8]](#footnote-8)

**An example of successful policy**

**LICENSING FOR LETTUCE: A Guide to the Model Licensing Ordinance for Healthy Food Retailers** by ChangeLab Solutions. 🖰<http://changelabsolutions.org/publications/HFR-licensing-ord>

Communities have established programs to encourage food retailers, especially corner stores, to stock healthier products. The ordinance changes business licensing policies to require all food stores (not including restaurants) to carry a minimum selection of healthy food and meet other basic operating standards. It sets a “healthy baseline” to improve food quality and accessibility at food stores across an entire community.

* There is a chart that describes the main requirements food retailers will need to meet to obtain a food retailer license. 🖰<http://changelabsolutions.org/sites/default/files/Licensing_for_Lettuce_FINAL_20130212_0.pdf#page=7>
* Also there are two examples of licensing ordinance for healthy food retailers.

🖰<http://changelabsolutions.org/publications/HFR-licensing-ord>

*Who can I contact for more information?*

Adrian Bauman

Boden Institute of Obesity, Nutrition and Exercise and Prevention Research Collaboration

University of Sydney

Sydney, Australia

Email: 🖅 [adrian.bauman@sydney.edu.au](mailto:adrian.bauman@sydney.edu.au)

**Other successful policies**

1. **School Policy Framework: Implementation of the WHO global strategy on diet, physical activity and health** is to guide policymakers at the ministries of education and health in the development and implementation of policies that promote healthy eating in the schools. Policy options that can be considered are:

* Nutritional standards for school food
* School food programs
* Vending machines and school snack bars
* Food availability near schools

🖰 <http://www.who.int/dietphysicalactivity/SPF-en-2008.pdf#page=17>

1. **Vending Machine Food and Beverage Standards** was created to increase access to healthy food and beverage options at work. For example:

* At least 50% of foods should have no more than 35% of its calories from total fat, excluding nuts and seeds
* Foods that meet the mandatory nutrition standards must be sold at a price that is equivalent to or lower than the price the remaining items in the vending machines.

🖰 <http://www.cdph.ca.gov/programs/cpns/Documents/Network-FV-WP-VendingMachineStandards.pdf>

**Who can I contact for more information?**

Adrian Bauman

Boden Institute of Obesity, Nutrition and Exercise and Prevention Research Collaboration

University of Sydney

Sydney, Australia

Email: 🖅 [adrian.bauman@sydney.edu.au](mailto:adrian.bauman@sydney.edu.au)

1. Centers of Disease Control and Prevention (2012, Sept 27) Dietary Fat. Retrieved from: http://www.cdc.gov/nutrition/everyone/basics/fat/ [↑](#footnote-ref-1)
2. World Health Organization (March 2013). Obesity and Overweight Fact Sheet. Retrieved from: http://www.who.int/mediacentre/factsheets/fs311/en/index.html [↑](#footnote-ref-2)
3. World Health Organization (March 2012). Obesity Fact Sheet. Retrieved from: http://www.wpro.who.int/mediacentre/factsheets/obesity/en/index.html [↑](#footnote-ref-3)
4. World Health Organization (April 2010). WHO Pacific Food Summit Fact Sheet. Retrieved from: http://www.wpro.who.int/mediacentre/factsheets/fs14042010/en/ [↑](#footnote-ref-4)
5. Children’s Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region [↑](#footnote-ref-5)
6. Youfa Wang et al. (2008). Will All Americans Become Overweight or Obese? Estimating the Progression and Cost of the US Obesity Epidemic, 16 OBESITY 2324 [↑](#footnote-ref-6)
7. World Health Organization (2002). Diet, nutrition, and the prevention of chronic diseases: WHO Technical Report Series 916. Geneva: World Health Organization. [↑](#footnote-ref-7)
8. World Cancer Research Fund and American Institute for Cancer Research (1997). Food, nutrition and the prevention of cancer: a global perspective. Washington, DC: American Institute for Cancer Research: 530–34. [↑](#footnote-ref-8)