Increasing Wellness by enabling Healthy Lifestyles

Chronic Non-Communicable Diseases (NCDs)
## Healthy Lifestyles Workgroup

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
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<tbody>
<tr>
<td>Heart and Stroke Foundation SA</td>
<td>Vash Mungal-Singh</td>
</tr>
<tr>
<td></td>
<td>Moise Muzigaba</td>
</tr>
<tr>
<td>CDIA</td>
<td>Krisela Steyn</td>
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<tr>
<td></td>
<td>Dinky Levitt</td>
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<tr>
<td>SA Hypertension</td>
<td>Prof Karen Sliwa-Hanhle</td>
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<tr>
<td>CANSA</td>
<td>Dorothy Du Ploy</td>
</tr>
<tr>
<td>Diabetes SA</td>
<td>Leigh-Ann Bailie</td>
</tr>
<tr>
<td>Sports Science Institute/UCT</td>
<td>Tracy Kolbe-Alexander</td>
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<tr>
<td></td>
<td>Vicky Lambert</td>
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<td></td>
<td>Tim Noakes</td>
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<tr>
<td>HSRC</td>
<td>Nelia Steyn</td>
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<tr>
<td>MRC</td>
<td>Debbie Bradshaw</td>
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<tr>
<td>Centre for Evidence-based Health Care, Stellenbosch University</td>
<td>Andre Kengne</td>
</tr>
<tr>
<td>UCT</td>
<td>Taryn Young</td>
</tr>
<tr>
<td>UCT/Rheumatic Heart Dx</td>
<td>Liesel Zulkhe</td>
</tr>
<tr>
<td>UCT</td>
<td>Kathy Murphy</td>
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<tr>
<td>UCT</td>
<td>Thandi Puone</td>
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<tr>
<td>UWC</td>
<td>Ehi Igumbor</td>
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<tr>
<td>PWC (health Promotions)</td>
<td>Patricia De Villiers</td>
</tr>
<tr>
<td>PWC - DOH</td>
<td>Tracey Naledi</td>
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<td>Robin Dyers</td>
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Enabling Healthy Lifestyles in the Western Cape

What are NCDs?

- Cardiovascular disease
- Diabetes
- Cancer
- Chronic obstructive lung disease

- 60% (35 million) of global deaths
- 75% of all deaths by 2030
- More than 80% of deaths in low and middle income countries (LMIC’s)
- Amongst the top 10 causes of premature mortality in South Africa
- 28% of deaths in 2002
Causes of NCDs

“at least 80% of heart disease, stroke, and Type 2 diabetes, and 40% of cancer could be avoided through healthy diet, regular physical activity, and avoidance of tobacco use”

(Strong 2005)
Addressing NCDs

- United Nations NCD Summit in Sept 2011
- National DOH NCD Summit and Declaration
- Western Cape: PTMS
NCDs: Western Cape Burden of Disease

<table>
<thead>
<tr>
<th></th>
<th>Cape Metro</th>
<th>Cape Winelands</th>
<th>Central Karoo</th>
<th>Eden</th>
<th>Overberg</th>
<th>West Coast</th>
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</thead>
<tbody>
<tr>
<td>HIV</td>
<td>13.1</td>
<td>11</td>
<td>13.7</td>
<td>9.3</td>
<td>9.3</td>
<td>8.9</td>
</tr>
<tr>
<td>Other Communicable</td>
<td>13.4</td>
<td>15.4</td>
<td>13.9</td>
<td>17.3</td>
<td>15</td>
<td>15.7</td>
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<tr>
<td>NCD</td>
<td><strong>18.7</strong></td>
<td><strong>21.7</strong></td>
<td><strong>21.5</strong></td>
<td><strong>24.1</strong></td>
<td><strong>16.8</strong></td>
<td><strong>24.6</strong></td>
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<tr>
<td>Injuries</td>
<td>15.4</td>
<td>6.5</td>
<td>19.5</td>
<td>11.2</td>
<td>19</td>
<td>14.6</td>
</tr>
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Problem everywhere but most deprived have highest burden...
NCDs: Western Cape
Burden of Risk Factors

We are more overweight
We smoke more
We are less active
## NCDs: Western Cape Drivers of Risk Factors

(Temple et al., 2006)

<table>
<thead>
<tr>
<th>Category</th>
<th>Items</th>
<th>% of pupils who purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Healthy”</strong></td>
<td>Fruit</td>
<td>11.8%</td>
</tr>
<tr>
<td></td>
<td>Fruit juice</td>
<td>10.7%</td>
</tr>
<tr>
<td></td>
<td>Nuts</td>
<td>6.5%</td>
</tr>
<tr>
<td></td>
<td>Brown bread</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>“Unhealthy”</strong></td>
<td>Potato chips</td>
<td>46.3%</td>
</tr>
<tr>
<td></td>
<td>Sweets and chocolates</td>
<td>46.0%</td>
</tr>
<tr>
<td></td>
<td>Soft drinks</td>
<td>33.2%</td>
</tr>
<tr>
<td></td>
<td>French fries</td>
<td>25.6%</td>
</tr>
<tr>
<td></td>
<td>Meat pies, sausage rolls</td>
<td>12.2%</td>
</tr>
<tr>
<td></td>
<td>Cookies</td>
<td>11.8%</td>
</tr>
<tr>
<td></td>
<td>“Fat cakes” (fried dough)</td>
<td>9.5%</td>
</tr>
<tr>
<td></td>
<td>Hot dogs</td>
<td>8.2%</td>
</tr>
<tr>
<td></td>
<td>White bread</td>
<td>5.5%</td>
</tr>
</tbody>
</table>
NCDs
Drivers of Risk Factors

Physical Activity Patterns in SA Youth

![Bar chart showing physical activity patterns in SA Youth](chart.png)

- VigPA: 40% in 2002, 45% in 2008
- ModPA: 30% in 2002, 35% in 2008
- Inactive: 30% in 2002, 35% in 2008
- >3hrs TV/day: 20% in 2002, 25% in 2008
Drivers of Risk Factors in Children

Physical Activity
- Participation in physical education and physical activity - ↓ from 2007
- < 70% of high-school learners have regularly scheduled PE

Unhealthy diet
- >50% of learners drank sweetened cool drinks often (> 4 times/wk)
- +/- 20% of advertising time on SA television is related to food, over half of which is of poor nutritional value

Tobacco
- While smoking prevalence rates have decreased overall since the anti-tobacco legislation, little effect is noted in youth
- Despite the good smoking legislation and policy, very little formal tobacco prevention or cessation interventions for adolescents and children
- Smoking is addressed in the national curriculum (life orientation), but even so is not receiving adequate attention in the school setting
Healthy Lifestyles

Is the right choice the easy choice?

Access to health foods
- Shortage of healthy low-fat food and little fresh fruit and vegetables in townships.
- Most local shops sell cheap fatty foods.
- Healthy foods prohibitively expensive, processed foods exceedingly cheap

Advertising
- Supermarkets make healthy foods available BUT low prominence
- Supermarkets offer more shelf space to fruits and vegetables than other stores, BUT devote nearly double the shelf space to snack items vs. fruits and vegetables
- 82% of all food promotions in supermarkets were for unhealthy foods → Children are main target audience i.e. 100% of supermarket promotions in confectionery, sweet biscuits, chips/savoury snacks, dairy products, and ice cream were directed at children

Perceptions
- “I am scared of exercising because I will lose weight and people may think that I have HIV/AIDS.”
- “People who boil food are not civilised. Fried food is attractive and tasty such as “Kentucky Fried Chicken”. If your neighbour boils food people say she is still backward because the food does not taste nor look attractive”

Multi-pronged, inter-sectoral, multi-generational, evidence-based, collaborative approach

- **Schools**
  - Dietary policy and guidelines: School Nutrition Programme, Canteens, vending machines, catering for meetings and events

- **Work places**
  - Other policies: Physical Activity programs, smoking free zones

- **Government**
  - Empowerment: Healthy Lifestyles Curriculum
  - Healthy Lifestyles advice/group sessions
  - Parental involvement, employee committee involvement, community involvement

- **Community**
  - Advocacy: Multi-media messaging to promote healthy lifestyles

- **Structural**
  - Food Security, subsidies/incentives for healthy foods in deprived areas, urban design that promotes physical activity, incentives for workplaces, safety and security

- Western Cape Government Health

[Diagram showing various sectors and their actions towards promoting healthy lifestyles]
Plan: High Level

1. Focus on three priority interventions
   – Encourage healthy eating
   – Increase physical activity
   – Reduce smoking

2. Conduct a situational analysis to
   – Identify existing projects and how these can be enhanced
   – Identify best practices

3. Identify other departments and participants

4. Workshop with other departments and local experts to develop a provincial strategy and projects

5. Prioritise & implement inter-sectoral interventions

6. Monitor and evaluate projects
Plan

1. Focus on three risk factors
   – Encourage and enable healthy eating
   – Increase physical activity
   – Smoke-free zones

2. Target groups
   – Children: Schools (in partnership with DOE)
   – Adults: Employee Wellness of PGWC staff

3. Incentivise schools, government departments and the private sector to participate ➔ Build a Health Brand
   – Criteria per sector, per category
   – Rewards / prizes
   – Resources
• **Build healthy public policy**
Place health on the agenda of policy makers; includes legislation, economic measures, taxation and organisational change.

• **Create supportive environments**
Living and working conditions that are safe, stimulating, satisfying, enjoyable and provide a positive benefit to health.

• **Strengthen community action**
Empowering communities to exert ownership, control and action over their own endeavours and destinies.

• **Develop personal skills**
Providing information, education for health and enhancing life skills.

• **Reorientate health services**
Health services need to focus more on prevention than simply treatment and cure. The responsibility for health is shared amongst individuals, the community, government, institutions and other organisations.
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How do we work better together as different sectors
Suggested amendments to the declaration and why?