



Western Cape
Government

Health

Increasing Wellness by enabling Healthy Lifestyles

Chronic Non-Communicable Diseases (NCDs)

Healthy Lifestyles Workgroup

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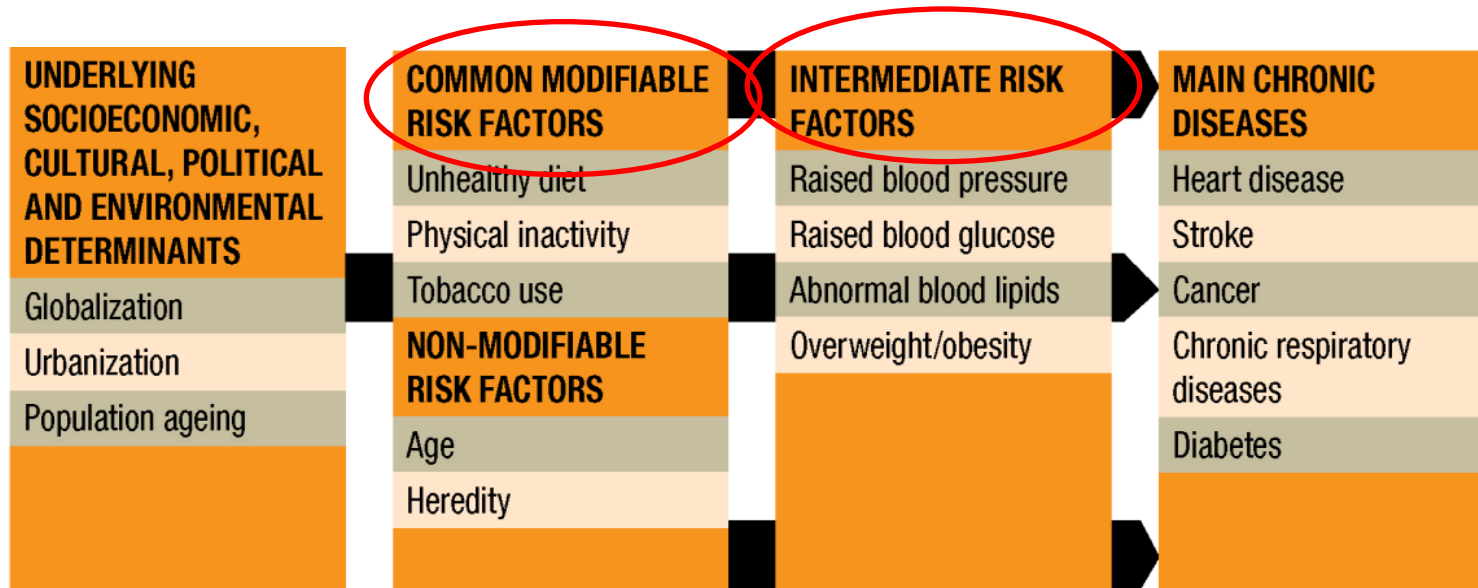
Enabling Healthy Lifestyles in the Western Cape

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



...from...*Preventing Chronic Diseases: a vital investment*. Geneva, World Health Organization, 2005.

“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”

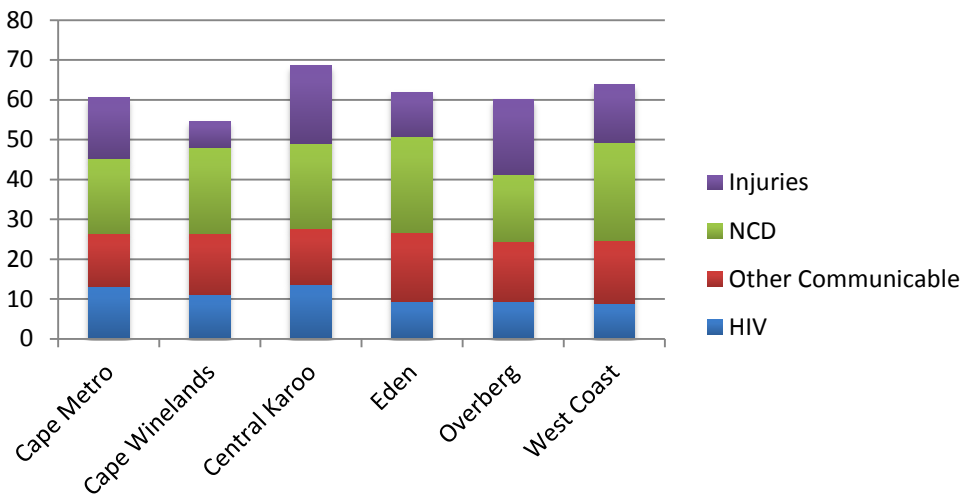
(Strong 2005)

Addressing NCDs

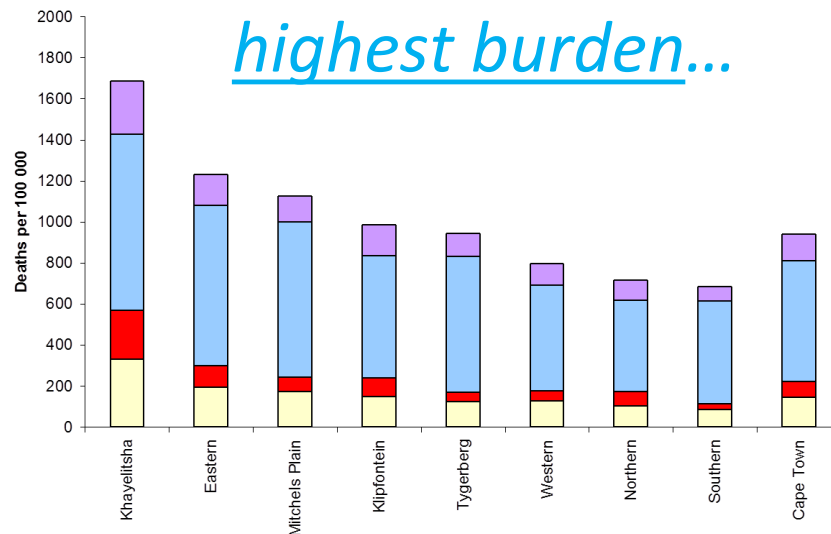
- United Nations NCD Summit in Sept 2011
- National DOH NCD Summit and Declaration
- Western Cape: PTMS

NCDs: Western Cape Burden of Disease

	Cape Metro	Cape Winelands	Central Karoo	Eden	Overberg	West Coast
HIV	13.1	11	13.7	9.3	9.3	8.9
Other Communicable	13.4	15.4	13.9	17.3	15	15.7
NCD	18.7	21.7	21.5	24.1	16.8	24.6
Injuries	15.4	6.5	19.5	11.2	19	14.6

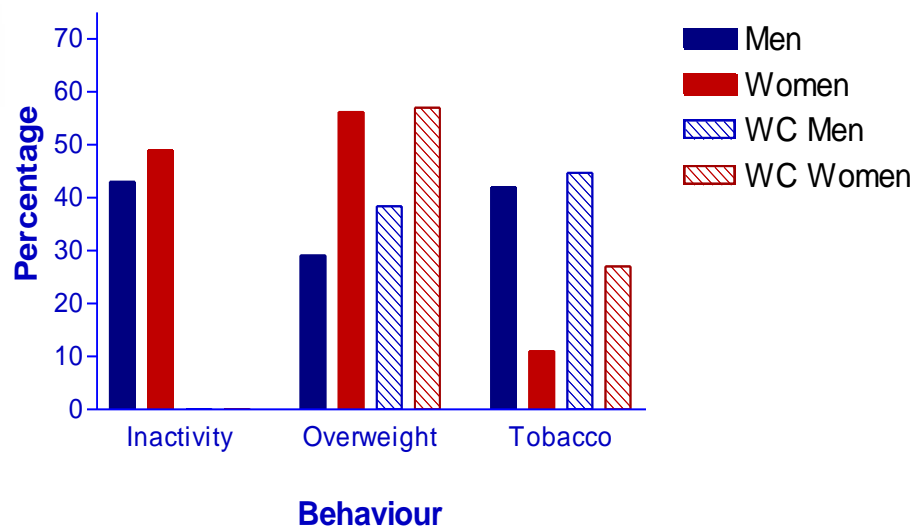
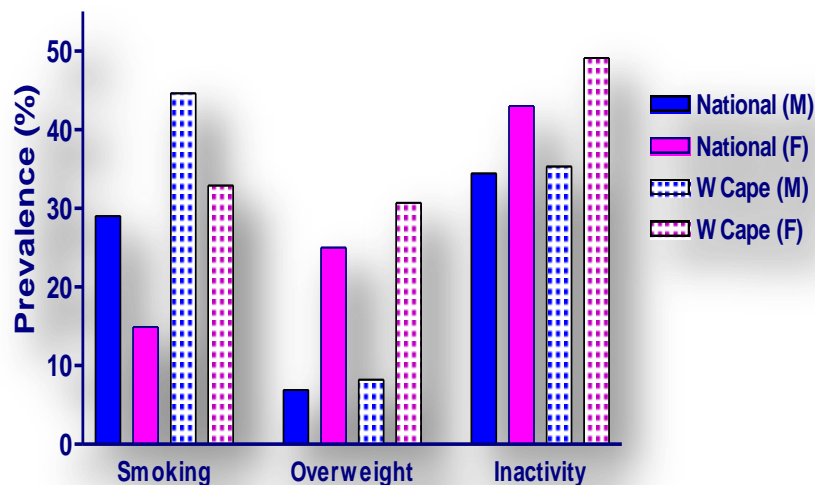


*Problem everywhere but
most deprived have
highest burden...*



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

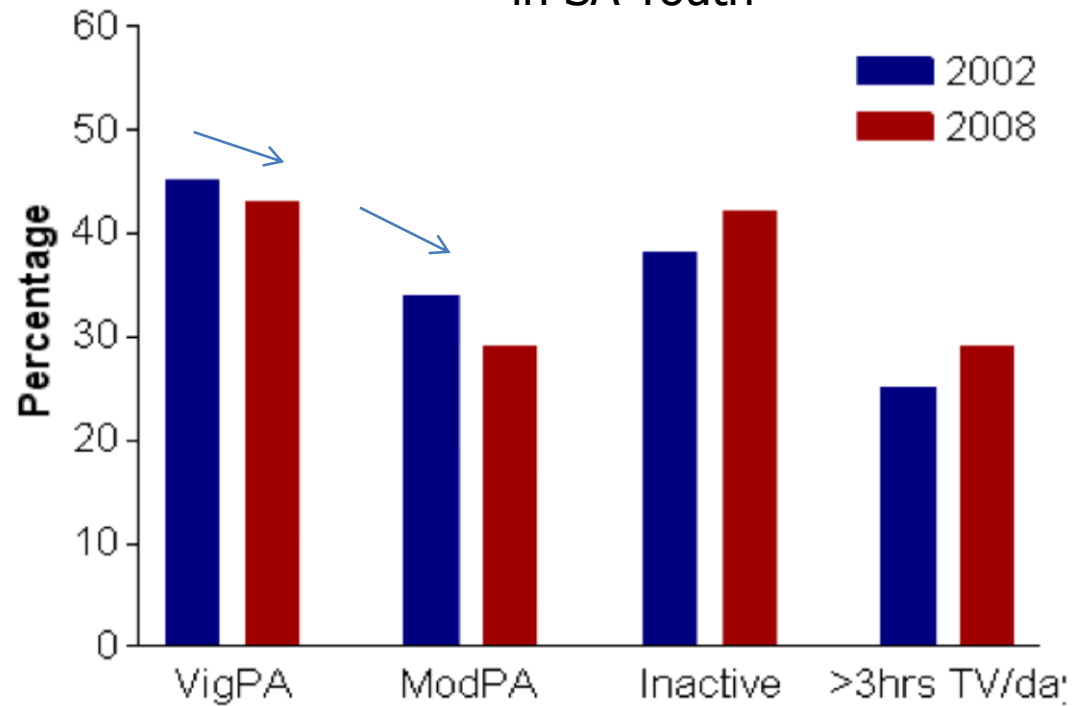


Category	Items	% of pupils who purchased
"Healthy"	Fruit	11.8%
	Fruit juice	10.7%
	Nuts	6.5%
	Brown bread	4.6%
"Unhealthy"	Potato chips	46.3%
	Sweets and chocolates	46.0%
	Soft drinks	33.2%
	French fries	25.6%
	Meat pies, sausage rolls	12.2%
	Cookies	11.8%
	"Fat cakes" (fried dough)	9.5%
	Hot dogs	8.2%
White bread	5.5%	

NCDs Drivers of Risk Factors



Physical Activity Patterns
in SA Youth



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

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

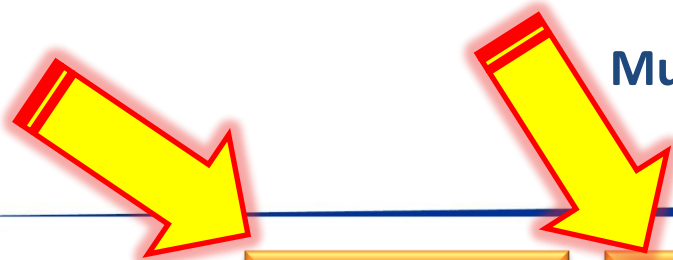
- Supermarkets make healthy foods available BUT low prominence
- Supermarkets offer more shelf space to fruits and vegetables than other stores, BUT devote nearly double the shelf space to snack items vs. fruits and vegetables
- 82% of all food promotions in supermarkets were for unhealthy foods → Children 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”

Chopra M, Puoane T. Diabetes Voice 2003; 48: 24–6.
Temple, et. al., "Price and availability of healthy food: A study in rural South Africa." Nutrition Journal 1 (2010): 1-4. Farley et. al.. "Measuring the Food Environment: Shelf Space of Fruits, Vegetables, and Snack Foods in Stores." Journal of Urban Health 86.5 (2009): 672-682.

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



Schools Work places Government Community

Dietary policy and guidelines	School Nutrition Programme, Canteens, vending machines, catering for meetings and events
Other policies	Physical Activity programs, smoking free zones
Empowerment	Healthy Lifestyles Curriculum
	Healthy Lifestyles advice/group sessions Parental involvement, employee committee involvement, community involvement
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

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

Framework

- **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**

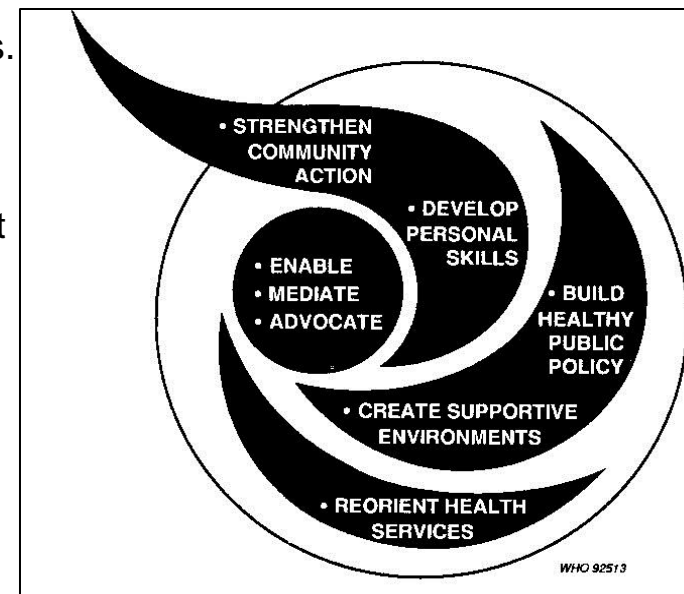
Empowering communities to exert ownership, control and action over their own endeavours and destinies.

- **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?
