NATIONAL OBESITY PREVENTION POLICY AND PROGRAMS IN THE AMERICAS: WHAT CAN WE LEARN TO INFORM POLICY IN THE UNITED STATES?

RODRIGO S REIS
PONTIFÍCIA UNIVERSIDADE CATÓLICA DO PARANÁ
FEDERAL UNIVERSITY OF PARABA
AMERICAN BROTHERS

[Image: Cartoon of a man dressed in colorful traditional attire, dancing.]
# Health and Social Context

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>95,993,400</td>
<td>121,611,375</td>
<td>147,593,859</td>
<td>170,143,121</td>
<td>190,732,694</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>0–4 years</td>
<td>14.4%</td>
<td>13.5%</td>
<td>11.2%</td>
<td>9.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td>60–69 years</td>
<td>3.1%</td>
<td>3.7%</td>
<td>4.3%</td>
<td>4.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>≥70 years</td>
<td>1.8%</td>
<td>2.3%</td>
<td>2.9%</td>
<td>3.7%</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Urban Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>55.9%</td>
<td>67.5%</td>
<td>75.5%</td>
<td>81.2%</td>
<td>83.8%</td>
</tr>
<tr>
<td><strong>Population with no income (≥10 years old)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>49.0%</td>
<td>44.5%</td>
<td>40.4%</td>
<td>38.5%</td>
<td>31.1%</td>
</tr>
</tbody>
</table>

HEALTH AND SOCIAL CONTEXT

Physical inactivity in adults worldwide

- Leisure PA 14.8%
- Risk groups
  - Women
  - Older adults
  - Low education

1. A CLEAR POLICY IS NEEDED

- National Health Promotion Policy:
  - Physical activity and healthy diet
  - Smoking
  - Violence
  - Alcohol and drug abuse
  - Sustained development
Action Plan for NCD’s 2011-2022

- **Axis I**: Surveillance, monitoring and assessment
- **Axis II**: Prevention and Health Promotion
- **Axis III**: Integrate Care
2. POLITICAL COMMITMENT
3. PATIENCE

Between 2005 -2009 the MoH invested more than US$ 65 millions in states and municipalities.

The MoH funds 1,494 cities to promote PA (27% of the country).
4. CAPACITY BUILDING

Capacity building (train the trainer model)

2006, Brasília

I National Seminar of Physical Activity

To show best practices for PA promotion and discuss future steps with the 27 state capitals representatives funded in 2005
4. CAPACITY BUILDING

Physical Activity National Network Characteristics

- 65% Have used the Logic Model
- 72% Have delivered activities in open public spaces
- 80% Physical Education professors

**Frequency of the activities**
- 1-2 days/wk: 2005 - 34.2%, 2009 - 23.1%
- 3-4 days/wk: 2005 - 43.5%, 2009 - 39%
- ≥ 5 days/wk: 2005 - 21.3%, 2009 - 37.9%

**Duration of the program**
- <30 min/session: 2005 - 1.3%, 2009 - 0.1%
- 30-60 min/session: 2005 - 73.8%, 2009 - 53.4%
- >60 min/session: 2005 - 24.9%, 2009 - 43.5%
5. EXPANDED NETWORK

Guide for Useful Interventions for Physical Activity in Brazil & Latin America

CDC
Centers for Disease Control and Prevention

PRC
Prevention Research Center

UFPR
Universidade Federal do Paraná

UPE
Universidade de Pernambuco

Ministério da Saúde

GOVERNO FEDERAL
BRASIL
PAIS RICO E PAIS SEM POBREZA
6. FIND THE BEST “AVAILABLE EVIDENCE”

Academia da Cidade Program (Recife-2007):

- Since 2002
- PA classes
- Nutrition orientation
- Open public spaces
- Open access for the community
6. FIND THE BEST “AVAILABLE EVIDENCE”

Exercise Orientation Service Program (Vitória-2009):

- Since 1990
- PA classes
- Nutrition orientation
- Open public spaces
- Open access for the community
6. FIND THE BEST “AVAILABLE EVIDENCE”

- Historical evaluation
- Logic model
- Qualitative study with managers, staff and users
- Quantitative study (internal and external validity)
- Systematic Observation
6. FIND THE BEST "AVAILABLE EVIDENCE"

Participation in community programs and leisure time physical activity

- Ever heard
- Former participation
- Current participation

<table>
<thead>
<tr>
<th>City</th>
<th>Ever heard</th>
<th>Former Participation</th>
<th>Current Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curitiba</td>
<td>1.2</td>
<td>1.4</td>
<td>2.6</td>
</tr>
<tr>
<td>Vitória</td>
<td>1.2</td>
<td>1.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Recife</td>
<td>1.8</td>
<td>2.0</td>
<td>11.3</td>
</tr>
<tr>
<td>Aracaju</td>
<td>2.0</td>
<td>4.0</td>
<td>14.3</td>
</tr>
</tbody>
</table>
7. THINK BIG - THE ACADEMIA DA SAÚDE PROGRAM

- 2,801 centers under construction (46% of municipalities)
- 4000 municipalities by 2015 (~US$ 1 Billion)
THE ACADEMIA DA SAÚDE PROGRAM

PA activities
Cultural Activities
Dietary education
Others health promotion activities

Human resources
Equipment
8. EVALUATION

1. Effectiveness
2. Cost-effectiveness (?)
3. Implementation
4. Sustainability
# 8. TIME, MONEY AND “FAITH”

<table>
<thead>
<tr>
<th>Year</th>
<th>Municipalities</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>80</td>
<td>n=2400</td>
</tr>
<tr>
<td>2012</td>
<td>80</td>
<td>N=3200</td>
</tr>
<tr>
<td>2013</td>
<td>80</td>
<td>N=3200</td>
</tr>
</tbody>
</table>

- **2011**
  - Without the program
  - Without the program
  - Without the program
- **2012**
  - Without the program
  - Physical Structure
  - Human resources
- **2013**
  - Without the program
  - Physical structure + Human resources
  - Physical structure + Human resources
  - Physical structure + Human resources
8. TIME, MONEY AND “FAITH”

<table>
<thead>
<tr>
<th>Year</th>
<th>No construction initiated</th>
<th>Ongoing construction</th>
<th>Construction concluded, but no activity</th>
<th>Construction concluded, with activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>26.5</td>
<td></td>
<td>16.4</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>20.1</td>
<td></td>
<td>23.8</td>
<td>13.9</td>
</tr>
<tr>
<td>2013</td>
<td>17.5</td>
<td></td>
<td>18.8</td>
<td>10.0</td>
</tr>
</tbody>
</table>

Legend:
- □ No construction initiated
- □ Ongoing construction
- □ Construction concluded, but no activity
- □ Construction concluded, with activities
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