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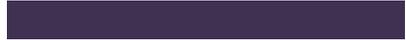
## Dialogue Summary

# Improving the Healthiness of Food Environments in the Caribbean

June 22, 2016



Improving the Healthiness of Food Environments in the Caribbean





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**22 June 2016**

#### Caribbean Public Health Agency

Legally established in July 2011 by an Inter-Governmental Agreement signed by Caribbean Community Member States, the main objectives of CARPHA are to promote the physical and mental health and wellness of people within the Caribbean; to provide strategic direction, in analyzing, defining and responding to public health priorities of the Caribbean Community; and to support solidarity in health, as one of the principal pillars of functional cooperation, in the Caribbean region.

#### Author

Andrea C. Yearwood, PhD, Senior Health Policy Analyst, Caribbean Public Health Agency.

#### Funding

The funding for the stakeholder dialogue (and the evidence brief that informed it) were both provided by the Caribbean Public Health Agency (CARPHA) and the Pan American Health Organization (PAHO).

#### Conflict of interest

The author declares that she has no professional or commercial interests relevant to the dialogue summary.

#### Acknowledgements

The author thanks the CARPHA Planning Team, comprising Ms. Kevah Alexander, Ms. Jaselle Neptune, Mr. Anthony Simmons, Ms Lorna Thomas and Ms. Patricia Virgil, for assistance with organizing the stakeholder dialogue. Gratitude is also extended to Ms. Inna Berditchevskaia and Mr. Aditya Nidumolu who documented the deliberations of the dialogue, proof read the dialogue summary and also provided administrative support.

#### Citation

Yearwood, AC. Dialogue Summary : Improving the Healthiness of Food Environments in the Caribbean. Port of Spain, Trinidad and Tobago: Caribbean Public Health Agency, 22 June 2016.

#### Dialogue

The stakeholder dialogue about Improving the Healthiness of Food environments in the Caribbean was held on 22 June 2016 at The Palms Hotel, Princess Drive, Providenciales, Turks and Caicos Islands, West Indies.

#### Product registration numbers

ISSN 2518-413X (Print)

ISSN 2518-4148 (Online)



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## SUMMARY OF THE DIALOGUE

Dialogue participants agreed that non-communicable disease (NCD) was a major health problem in the Caribbean and that complex environmental factors worked together to influence unhealthy dietary choices. The inability of countries to exercise sovereignty over their food supply; high importation of nutritionally poor foods; economic and health policies that conflicted with each other; relentless food advertising; a changing food-related culture; insufficient nutrition awareness; and the absence of legislation, were identified as some of the issues contributing to the problem. Participants also agreed that a range of evidence-based policy options are available to tackle the various issues. Caribbean Governments, however, faced constraints with respect to implementation, arising due to difficulties in achieving a whole-of-government response; the limited engagement of all-of-society; and weaknesses in the legislative development process.

It was agreed that inter-sectoral governance mechanisms were needed to support efforts at whole-of government action. Participants shared four examples of governance arrangements that were currently in use in some countries, and could be applied elsewhere: 1) Parliamentary Front, 2) Cabinet Committees, 3) Permanent Secretaries Board and 4) National Commissions. However, they noted that a lack of understanding of the whole-of-government concept, conflict between political groups, and government ministries that were not configured to support inter-sectoral work were often constraints. This led them to identify three critical success factors for whole-of-government initiatives: 1) full engagement of the political leadership such as the Head of Government or a Minister; 2) clarification of the implementation process; and 3) systems to monitor and evaluate multi-sectoral success.

Participants also noted that achieving social change was rarely successful without strong involvement of civil society. To promote fuller engagement of civil society organizations, the food industry and citizens in the policy and law-making process, it was suggested that alliances between health-related and non-health related non-governmental organizations (NGOs) should be built in each country; influential individuals or organizations should be engaged to act as champions; and messages to motivate various types of stakeholders and audiences should be designed and disseminated. The importance of legislative drafters having a sound understanding of the underlying policy context was stressed, as was the need for good policy data to support decision-making. Nevertheless, participants pointed out that conflicts of interest at the political level were often a risk to the implementation of well-developed policies. Participants also recommended that children's rights to health should be emphasized in the food and nutrition discourse and that consumer-friendly graphic nutrition labels should be implemented in the region as a quick-win measure.

Ten priorities for implementation or acceleration were collectively identified by the participants: 1) Hold a joint-meeting of regional economic and social sector institutions, towards implementation of the six-point policy package that was presented to the Council for Trade and Economic Development (COTED) in November 2015; 2) Develop national Food-based Dietary Guidelines and collaborate with the private sector to promote them; 3) Implement consumer-friendly graphic nutrition labels for use on all packaged products (possibly using the traffic light system); 4) Form alliances of health and non-health related NGOs

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within countries; 5) Develop or advocate for workplace wellness programs at major organizations; 6) Develop a business case, targeted to politicians, for the implementation of the policy measures in each of the seven domains identified in the evidence brief, namely, food composition, food labelling, food promotion, food provision, food process, food retailing and food and trade investments; 7) Create Working Groups to identify the requirements for implementation of the policy measures outlined in each of the seven domains. One Working Group should specifically explore the legal requirements; 8) With respect to healthy and unhealthy foods, commission taxation studies to provide guidance about the type and level of taxes needed to create appropriate consumption (demand) and production (supply) incentives/disincentives; 9) Document and share promising food and nutrition programs and practices in use across the region; 10) Share the lessons learnt from the stakeholder dialogue with food and nutrition professionals and other individuals throughout the region who can instigate meaningful change.

The quotations that appear in callouts throughout this dialogue summary are the direct expressions of the stakeholder dialogue participants.

## SUMMARIES OF THE DELIBERATIONS

### DELIBERATION ABOUT THE PROBLEM

The evidence brief on *Improving the Healthiness of Food Environments* was used as the starting point for the deliberations during the stakeholder dialogue. The evidence brief recognized that the relationship between environmental factors and dietary choices was complex and multifaceted, however, it positioned four issues as the most important to understanding the problem in the Caribbean:

- ▶ Firstly, Caribbean States were identified as net food importing countries with heavy reliance on imports as the main source of food, and this resulted in wide availability and affordability of highly-processed unhealthy foods on the domestic market;
- ▶ Secondly, the surrounding environment faced by some groups, including children, urban populations and the poor made them more susceptible to poor dietary choices;
- ▶ Thirdly, the food choices made in response to macro and micro environmental influences led to a high prevalence of diet-related NCDs which placed heavy direct and indirect cost burdens on Caribbean countries;
- ▶ Finally, the brief noted that despite the range of cost-effective evidence-based policy interventions available to address the various issues related to unhealthy food environments, Caribbean countries faced a number of implementation challenges that constrained their ability to mount a comprehensive response. The main challenges were due to the difficulties in achieving an integrated whole-of-government response, limited engagement of all-of-society, and weaknesses in the legislative development process.

#### **Box 1: Background to the stakeholder dialogue**

The stakeholder dialogue was convened to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action. Key features of the dialogue were:

- ▶ it addressed an issue currently being faced in the Caribbean;
- ▶ it focused on different features of the problem;
- ▶ it focused on approaches or options for addressing the policy issue;
- ▶ it was informed by a pre-circulated evidence brief that mobilized both global and local research evidence about the problem, options for addressing it, and key implementation considerations. The evidence brief did not include recommendations for action;
- ▶ it brought together many parties who would be involved in or affected by future decisions related to the issue;
- ▶ it ensured fair representation among policymakers, stakeholders and researchers;
- ▶ it engaged a facilitator to assist with the deliberations;
- ▶ it allowed for frank, off-the-record deliberations by following the Chatham House rule; and
- ▶ it did not aim for consensus, so that the reasons for and the implications of specific points of disagreement could be understood.

Participants' views, experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights that can only come about when all of those who will be involved in or affected by future decisions about the issue work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary and the video interviews with dialogue participants.

The dialogue participants agreed that the problem facing the region could be understood in terms of the four areas identified in the evidence brief; however, the deliberations provided greater clarity around some of those issues and also drew attention to other dimensions that needed to be explicitly acknowledged. Deliberations about the problem converged around five main thematic areas: 1) food importation; 2) food and culture; 3) food marketing; 4) nutrition awareness; and 5) absence of legislative framework.

### Food importation

#### *Challenge of achieving food sovereignty*

During the deliberations significant attention was paid to the role of imported commodities in contributing to unhealthy diets in the region. It was suggested that imported foods continue to play a significant role in the Caribbean diet because there is inadequate domestic production; therefore, the issue of hunger was being solved through the importation of non-nutritious foods. One participant noted that based on the definition of food security proposed by international agencies such as the Food and Agriculture Organization,<sup>1</sup> most Caribbean countries were not food insecure, because all food to meet dietary needs could be accessed through imports. As this participant put it: *“we can import all of what we need to eat, healthily or unhealthily, and we have the resources to do so....”* They also noted, however, that discussions about healthy diets need to go beyond the issue of access to food, and should place emphasis on increasing domestic production and achieving food sovereignty,<sup>2</sup> a perspective that would implore the Caribbean people to find sustainable, local, and healthier solutions to their food consumption needs.

*“If you look at the definition of food security...it doesn't speak to producing your own food, but rather accessing food.”*

This position resonated with several other participants who also agreed that insufficient attention was being paid to food sovereignty at the regional and national level. One participant felt that this was due to a lack of awareness. For example, at the level of CARICOM, the economic implications of pursuing food security through continued reliance on imports was not sufficiently emphasized. Another relayed personal experience with a Government's food relief program during a disaster situation and noted that the program included the distribution of cases of Coca-Cola to the population. This was seen as lack of appreciation by the State that it should go beyond providing access to food, to the provision of food that was safe and nutritionally sound.

#### *Focus on importation of healthier foods*

While some participants agreed with the need for sovereignty over the food supply, some expressed concern that given limited agricultural capacity, in some countries, food sovereignty may be a difficult goal to achieve. While some felt that it could be achieved as a regional effort, others were not so

<sup>1</sup> Food security exists when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life. Commonly, the concept of food security is defined as including both physical and economic access to food that meets people's dietary needs as well as their food preferences.

<sup>2</sup> Food sovereignty is defined as the right of countries and peoples to define their own agricultural, pastoral, fishery and food policies which are ecologically, socially, economically and culturally appropriate.

optimistic. For example, in countries where over 90% of the food consumed was currently imported, it was felt that there would be a continued reliance on imports, even if domestic production was increased. These participants therefore felt that the problem had less to do with the high volume of imports and more to do with the quality of the foods that were being imported. As one participant questioned: “Do we need what we import or do we import what we want?” This led some to suggest that guidelines for imported foods were required to ensure that the foods that entered a country were good for its people. In other words, closer attention need to be paid to the importation of healthier products, while at the same time encouraging the growth of domestic agriculture. In seeking to strike this balance, one participant cautioned about taking steps to reduce imports without a concomitant increase in local production and noted that a significant time frame may be required to increase productive capacity locally.

“Do we need what we import or do we import what we want?”

#### *Incoherence between economic and health policy objectives*

One participant felt that the high import bill in the region was not the correct point of entry to provide an understanding of the issue, and questioned whether the high import bill was a symptom of the problem rather than a cause. This participant suggested that the underlying issue was economic, investment and trade liberalization policies, which had supported the growth of undesirable exports. The incoherence between national policies designed to achieve economic objectives and those needed to promote the health of the population was therefore the pressing issue, a viewpoint that met with the concurrence of several others.

#### *The relative role of domestic versus imported products in contributing to NCDs*

Finally, although there was significant discussion around food importation, one participant shared a somewhat divergent perspective by questioning the relative emphasis that was being placed on imported food commodities versus locally produced items (manufactured as well as home-made items that are sold in public) in contributing to the NCD epidemic. Noting that local foods can be equally unhealthy, they therefore called for a holistic approach in which attention is also paid to the factors that could stimulate physical activity in the population, especially among children: “The big issue today, our kids are behind the screen and they’re not burning off unhealthy foods they’re eating. We need to promote physical activity along with healthy food.”

#### **Culture**

##### *Imported commodities have become an accepted and integral part of the Caribbean culture*

Many participants expressed the view that the problem ran much deeper than the challenge of stimulating local agricultural production. Some of them felt strongly that the consumption of imported commodities had become an integral part of the culture of the Caribbean people and that this socio-cultural dimension should be put squarely on the table. Firstly, it was suggested that imported commodities were thought by many to be superior to the traditional cuisine, and this dynamic played an important role in influencing dietary choices. At the level of children, not having

“How did we get from yams to french-fries?”

imported foods was associated with being “less cool” and for adults, purchasing imported commodities was seen as a status symbol. It was also noted that some people would go out of their way to purchase imported commodities even if they were more expensive. Secondly, some participants felt that the difficulties involved in attempting to change behaviours in the face of these socio-cultural influences should be emphasized. In the words of these participants: *“When they [the Caribbean people] are used to a taste, it’s difficult to wean them off.” “If we don’t deal with the cultural aspect, it’s an expensive and uphill battle.”*

Other dialogue participants were careful to point out that there was also a socio-economic dimension to the observed changes in behaviour, which resulted from urbanization and the re-organization of society. They explained that nutritionally poor, calorie-dense foods were not only generally cheaper, but they were also highly-processed, which gave them an extended shelf-life and therefore made them well-suited or convenient to the demands of modern day living. As an example, one participant relayed the experience at the Guyana Public Hospital, where wheat bread replaced rice flour due to the difficulties encountered in preserving the latter item.

### Food marketing

#### *Advertising has played a significant role in shaping and sustaining preferences for unhealthy commodities*

Some participants probed deeper at the underlying reasons for the cultural shift towards imported commodities and suggested that the phenomenon was not solely due to an increase in the population’s disposable income; other influencing variables were at play.

*“Yes, people have more disposable income, but they have also been persuaded on how to spend it. Unhealthy foods have been marketed unrelentlessly.”*

Many agreed that there was a context in which the food-related culture had changed, and suggested that the food industry, through marketing, had played a significant role in shaping preferences through marketing and promotion. Although the evidence brief identified this as a problem specifically related to children, dialogue participants generally identified marketing as an important factor that was relevant to the entire population. Furthermore, some participants chose to illustrate the magnitude of the problem by contrasting the funds spent by the private sector on advertising and promotion with the resources that were available to governments for health education and health promotion activities. A few concluded that health promotion programs could only play a limited role in shaping behaviour because the expenditure on these programs could not compete with the significant investments made in private sector advertising and promotion.

#### *Marketing of breast-milk substitutes*

There was consensus among all of the participants that any type of advertising or promotion targeted towards children was undesirable and should be discontinued. Related to this, some raised the issue of the marketing of breast-milk substitutes. These participants felt very strongly that inappropriate feeding practices in infancy presented significant risks to the health of the child and also

*“Solving the problem of unhealthy diets must start with breast-feeding.”*

contributed to unhealthy eating habits later in life. It was noted that in some Caribbean countries, manufacturers continued to market breast-milk substitutes in health institutions, despite the International Code of Marketing. One participant issued a call for the discontinuation of this practice and it received the strong endorsement of several others.

#### *Insufficient private sector activity to promote healthy foods*

It was the view of some participants that the private sector was not playing a sufficiently large role in using its resources and marketing expertise to create a desire among the population for healthier foods. One view was that private sector organizations should go beyond the re-formulation of their own products and should also seek to actively promote as well as to distribute healthy wholesome foods including fruits and vegetables. Several participants agreed that the private sector could do more to improve the population's knowledge and awareness of healthy diets.

#### **Poor nutritional awareness of the population**

A few dialogue participants expressed the view that the general population was not sufficiently educated about nutrition and that the nutritional content of foods was low in priority when making food choices. It was felt that the typical citizen considered taste before nutrition and as a result of this, the majority were not leading calls for change to the foods that were widely available on the domestic market. Some felt that the problem had to do with a failure on the part of ministries of health to design and communicate appropriate food and nutrition messages to reach the average citizen. In this regard, the void created in the region with the departure of the Caribbean Food and Nutrition Institute was raised by one participant. Generally, it was agreed that there was a challenge to be met in order to raise consumer awareness about nutrition and the cost-effectiveness of healthier food options. However, it was agreed that this was a necessary requirement to address the problem. As stated by one individual: *"It has to come from the bottom up. We have to start with children, schools, families, community, demanding changes, making them more educated, empowered...understand more what is important."*

*"The last reason people eat the way they do is nutritional value. People comfort themselves with 'it tastes good,' but is it good for me?"*

#### **Absence of legislative framework**

A few participants noted that private sector food manufacturers were willing to undertake product re-formulation to develop healthier foods, however, the absence of supporting legislation in the region was in and of itself a problem. Two main challenges associated with the absence of a legislative framework were highlighted. Firstly, they observed that substantial investments of time and resources were required to reformulate products. For example, to produce a product with less sugar could take up to two years given the need to test and to meet the necessary ISO standards. Therefore, in order for such changes to be profitable for manufacturers, the whole of society should adopt healthier choices. As stated by one participant: *"we need everyone to embrace this because consumers have a choice, if only you*

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*[manufacturer] do this, they will go for taste.*” These participants felt that legislation could create the enabling environment to support the required societal shift in demand, thereby making the sizeable investments in product re-formulation financially worthwhile. Secondly, it was noted that the absence of legislation, or without effective enforcement of regulatory measures served as a disincentive to socially responsible companies to reformulate towards healthier products. The participants explained that in the absence of mandatory measures and the effective enforcement of such, there was the possibility of the socially responsible compliant manufacturers losing market share to their non-compliant competitors. In other words, the development and enforcement of legislation was seen as important to establish parity in the private sector. Furthermore, these participants noted with concern that regulatory agencies with responsibility for food and drugs currently operated with limited capacity and suggested that this would further complicate the issues around non-compliance and the enforcement of food legislation.

*“The industry recognizes the problem. We need legislation to help us. We want to, as a socially responsible company...”*

## DELIBERATION ABOUT OPTIONS TO ADDRESS THE PROBLEM

The evidence brief presented three options to address the challenges faced by Caribbean States in implementing policy measures to promote healthier food environments: 1) develop mechanisms to support a sustainable whole-of-government response to create healthier food environments; 2) strengthen civic engagement in policy and law-making processes; and 3) strengthen the legislative process. During the deliberations there was considerable discussion around the whole-of-government response, with less emphasis on strategies for promoting civic engagement or strengthening the legislative process. The participants also explored in some detail, cross-cutting options that could be applied to improving food environments in general.

### **Option 1 - Develop mechanisms to support sustainable implementation of a whole-of-government response to create healthier food environments**

#### *Inter-sectoral governance mechanisms*

Participants agreed that there was need to strengthen the whole-of-government approach in order to sufficiently tackle the problem of food environments. With respect to structures or arrangements to govern inter-sectoral action, participants shared four examples of governance arrangements to promote multi-sectoral action, that were currently in use in some countries and could be applied elsewhere: The Parliamentary Front Against Hunger, operational in Antigua and Barbuda and St. Vincent and the Grenadines; Cabinet Committees used in Trinidad and Tobago and elsewhere; Permanent Secretaries Board used in the Turks and Caicos; and National Commissions implemented in several of the CARICOM Member States. Notwithstanding the use of these mechanisms, the participants identified several challenges encountered in achieving multi-sectoral action. They felt that a lack of understanding of the concept and principles of multi-sectorality, conflict between political groups and ministries that were not designed to operate inter-sectorally were barriers.

In addition to the challenges faced with the operation of multi-sectoral mechanisms, dialogue participants also raised several other issues as important considerations to strengthen the whole-of-government approach.

#### *Need for engagement of the political leadership*

It was felt by many that the whole-of-government concept, though understood by technical officers within ministries of health, was not well understood or embraced at higher levels, such as at the level of the Permanent Secretary or the Minister. In particular, some participants were of the view that the whole-of-government approach was at variance with the concept of a ministerial portfolio or perceptions of ministerial performance. As a result of this, participants believed that 'buy-in' from ministers or the Head of Government was an essential pre-requirement for successful implementation of multi-sectoral initiatives to address healthy diets. Several participants therefore stressed the need to train or sensitize these officials including ministers of Government and members of the Opposition. Some participants, however, felt that the focus of attention should be on Heads of Government since they are the lead politicians with wide influence.

### *Clarification of the implementation process*

One participant suggested (and others agreed) that there was a need for deeper understanding of how to support the implementation of whole-of-government initiatives before sensitization could occur. In particular, clarification about the involvement of stakeholders was needed. Questions such as: “*When is all-of government needed?*” “*Is it at the stage where we’ve identified a problem, or already identified a solution?*” or “*Is it a continuous process?*” were posed. It was agreed that these issues would have to be clarified before any of the three approaches identified in the evidence brief (structures or arrangements to govern inter-sectoral action across public sector; processes to support integrated policy development; and mechanisms to evaluate policy coherence across public sectors) could be applied.

### *Approaches to evaluate sustained implementation of whole-of-government action*

One participant suggested that clear indicators for judging the success of multi-sectoral initiatives were also needed. Noting that in many countries, some level of interaction across sectors and ministries had already taken place, they suggested that benchmarks, to inform policy-makers when the whole-of-government process was fully implemented and when success was achieved, should be developed. These benchmarks should take into account indicators other than the establishment of committees with cross-sector representation. Instead, measures of success should reflect the degree to which appropriate systems and structures to support sustained whole-of-government working was in place. While there was general agreement around this perspective, it was the view of one participant that steps to establish or strengthen structures should not lead to the creation of new entities but should rather build upon the institutional arrangements that were already available: “*let’s not create another organization...work with what exists.*”

*“We need more than inter-sectoral decision-making. We need structures that are consistent with the whole-of-government approach.”*

## **Option 2 - Strengthen civic engagement in policy and law-making processes**

The evidence brief suggested that the development of mechanisms to support civil society and food industry participation in public policy was one way to strengthen civic engagement. Participants were generally supportive of this approach and identified three measures that were needed to facilitate civic engagement in the policy and law-making processes: 1) build alliances of health-related and non-health NGOs; 2) engage or re-engage individuals or organizations to serve as champions; and 3) develop and use appropriate messages to motivate various constituents.

### *Build national alliances of health-related and non-health NGOs*

Many participants noted that achieving social change was rarely successful without the support of strong civil society organizations lobbying for improvement, and they stressed the importance of strengthening civil society organizations in the region. One participant highlighted the Healthy Caribbean Coalition (HCC) as an active and successful organization and questioned, how it could be used as a model to strengthen the role of other institutions. This led some participants to point out that the HCC was an alliance of Caribbean health-related NGOs, and that there was a similar need for NGOs within country to forge

alliances. Furthermore, given the complex and multi-sectoral nature of food environments, the participants agreed that these alliances should be fostered between organizations with interest in health issues as well as those that support issues outside of the health domain. While there was agreement with this proposal, it however, led one participant to raise the issue of accountability and to recommend the development of monitoring systems in order to safeguard against possible conflict of interest as civil society organizations worked across sectors.

*“Strengthening civil society is strengthening the democratic process.”*

#### *Engage or re-engage champions*

The positive role that influential personalities could play in building and sustaining community and citizens’ engagement was discussed. Champions of various types were identified by the dialogue participants. At the individual level, mention was made of entertainers, media personalities, youth ambassadors and politicians, while at the institutional level it was felt that faith-based organizations and trade unions, (particular mention being made of the Caribbean Congress of Labour Unions), should be encouraged to become actively involved in the issue. With respect to political champions, some felt that this role could be assumed by politicians outside of the health sector if they were deemed very influential. It was also pointed out that there was a quasi-Cabinet at the CARICOM level and that political champions could also be identified from within this group. Some participants also saw a role for professional lobbyists to advocate in support of the issue. They noted that such strategies were employed as part of tobacco control campaigns and suggested that they may also be viable in the effort to promote healthier diets.

*“...there is a pecking order in the Cabinet. So the minister of health might not have a lot of weight, so find powerful champions.”*

#### *Use of appropriate messages to motivate various constituents*

Some participants felt very strongly that the communication of public health issues often lacked compelling action-oriented messages that could motivate various stakeholders to action. Several of them indicated that in order to encourage active participation by civil society, the food industry and the State, appropriate messages, specifically targeted to each audience, should be developed. For example, when engaging with the private sector, they felt that the language of public health was inappropriate and that the key issues should be explained from a financial or societal point of view. It was agreed that communication and messaging was important for all constituents and there was consensus around using the economic impact of unhealthy diets as a compelling argument that could be made to the government, the private sector and citizens.

### Option 3 - Strengthen the legislative process

One participant noted the importance of an appreciation of the underlying policy context to the successful enactment of legislation, and emphasized the need for those with the responsibility for developing legislation, to regulate food environments, to understand the issues that were being raised throughout the deliberation. While the participants agreed, some of them also pointed out other factors which, in their experience, served as barriers to the development and enactment of legislation. Firstly, some felt that in the Caribbean, a type of “*politics of personalities*” was practiced. This meant that an individual minister of government could withdraw support from legislative proposals, that could otherwise be beneficial to society, if they had deemed them harmful to their personal goals, voter base, or perceptions of performance. In other words, well-crafted policies were often not approved or operationalized if they interfered with the personal interest of a minister. Secondly, some participants felt that there was a paucity of data in the region upon which politicians could base their decisions and that this hampered the uptake of policy into national legislation. Calls were made by one participant for regional institutions and researchers to play a greater role in this regard and to measure their performance by the degree to which they directly assisted the political directorate in making decisions.

*“...what must be improved is the legislative process not legislation. Legislation is not the hard part. The legislative process begins with a thorough understanding of the problem and the policy context.”*

### Other options identified to improve the healthiness of food environments

During deliberations, significant time was spent discussing cross-cutting strategies that could be adopted to improve food environments and promote healthier diets in the region. The following strategies were suggested:

#### *Emphasize children in the food and nutrition discourse*

One participant noted that the role of the State was increasingly being challenged with regards to legislation that interferes with personal choice. The participant noted that in light of these ‘nanny state’ arguments, the introduction of taxes on sugar-sweetened beverages or other policy options outlined in the evidence brief could be seen as offensive. The participant therefore suggested that in the Caribbean, the issue could be re-framed to emphasize the vulnerability of children and the need to protect their right to health. There was consensus around this suggestion with participants agreeing that the focus on children was a beneficial angle and that the issue of the children’s rights would appeal to many audiences and would secure ‘buy-in’ from all stakeholders.

#### *Implement consumer-friendly graphic nutrition labels as a quick-win measure*

Several participants noted the difficulties involved in interpreting nutritional labels and made strong and repeated calls for the implementation of consumer-friendly easy to interpret graphic nutrition labelling on

*“Everything is expressed in grams...what does 42 grams of sugar really mean? Make things so they can visualize it.”*

pre-packaged products. There was consensus that this was a priority issue for implementation in the region and that it would also yield immediate benefit. In other words, it could be deemed a quick-win measure.

*Use behavioural science approaches to identify the drivers of healthy eating*

Instead of taking a prescriptive approach, one participants felt that there was a need to conduct market research to understand the psychological drivers of healthy and unhealthy eating, so that effective population behaviour change approaches could be designed. One participant suggested that the private sector could play a role in this regard, by assisting with the conduct of research to provide the answers about how demand for healthy food items can be influenced. This issue was not discussed in detail by others.

*Adopt a sequential approach towards implementation*

A few participants noted that the issue under discussion was very broad and suggested that implementation of measures to address the seven policy domains outlined in the evidence brief (Table 3a and Table 3b) should be done in a sequential manner. One participant explored this in some detail and suggested that the sequential approach could entail the following steps: 1) prioritization of issues to be addressed 2) development of required legislation 3) identification of areas for self-regulation; 4) agreement on realistic targets; 5) agreement on timelines; 6) implementation of systems for monitoring progress; 7) inclusion of mechanisms to ensure transparency; and 8) implementation of consumer awareness programs.

## DELIBERATION ABOUT IMPLEMENTATION CONSIDERATIONS

### Implementation Barriers

Deliberations about implementation considerations led participants to identify four main barriers to the implementation of policy measures to improve food environments and promote healthy diets: 1) achieving national implementation of regional policy decisions; 2) resources constraints; and 3) weak governance and monitoring systems; and 4) absence of strong consumer advocacy groups.

#### *Achieving national implementation of regional policy decisions*

Several participants commented on what they viewed as an “*implementation deficit*” in the region and noted that implementation challenges were intensified when attempts to achieve national uptake of regional standards and guidelines were being made. As an example, one participant acknowledged that if model legislation for the region was developed, there was no guarantee that it would be taken up at the country level or that when it was being adapted to the local context, that the policy intention would not be devalued.

#### *Financial and institutional resources constraints*

All participants agreed that resources were limited and that this presented a significant challenge. However, a few felt strongly that the limitation was beyond financial and pointed out that it also involved the capacity constraints of regulatory agencies to execute their required functions. This was seen as a serious challenge. For example, the current laboratory capacity of the Food and Drug department in one country was cited and questions raised about its ability to take on expanded functions if further regulatory measures relating to food environments were implemented.

#### *Weak or absent governance and monitoring systems*

At the systems level, some participants noted that the governance and monitoring systems required to support successful inter-sectoral action to address NCDs were not currently in place and that significant changes in the structure and functioning of ministries would have to be developed to support them.

#### *Absence of strong Consumer Advocacy Groups*

The absence of strong consumer protection or advocacy groups in the Caribbean region, to serve as watchdogs was raised by one participant and acknowledged by several others. It was suggested that these groups could play an important facilitative role.

### Windows of Opportunities

Despite the above mentioned barriers, participants also highlighted several opportunities that could support measures to improve food environments.

#### *Use the lessons learnt from HIV and tobacco control*

There was broad agreement that the countries should use the lessons learnt, and adopt the strategies from HIV prevention programs and from tobacco control, which were two challenging public health areas for which significant achievements had been made.

*Leverage the CCH IV regional planning framework*

It was noted that the Caribbean Cooperation in Health IV was current under development and that it presented the ideal opportunity to prioritize the issue of healthy food environments and have it placed high on the CARICOM health agenda.

*Engage a range of stakeholders to create population awareness*

Due to the fact that diets and NCDs were multi-sectoral issues in nature, participants felt that this provided the opportunity to include a range of stakeholders from various sectors, including opinion leaders, public figures, teachers, guidance counsellors, youths, parents and farmers, to build awareness and to advocate on behalf of the general population.

## DELIBERATION ABOUT NEXT STEPS FOR DIFFERENT CONSTITUENCIES

The dialogue brought together a range of participants that was reflective of stakeholders from the following areas: 1) policymakers or policy advisors in health or government; 2) researchers in the field of nutrition and NCDs; and 3) stakeholders representative of agriculture, law, trade, food and beverage manufacturers and civil society organizations. During the deliberations, ten priorities for implementation or acceleration were collectively identified:

*"When the winds of change come, do we build a wall or a windmill?"*

- ▶ Hold a joint-meeting of regional economic and social sector institutions, to support implementation of the six-point policy package that was presented to the COTED in November 2015.
- ▶ Develop and implement national Food-based Dietary Guidelines—simple food-based messages on healthy eating, for the general public that indicate what a person should be eating as well as a framework to use when planning meals or daily menus—and collaborate with the private sector food industry to promote them.
- ▶ To support consumer use and understanding, translate the existing regional Nutrition Labeling Standard into a consumer-friendly graphic nutrition label for use on all packaged products. The graphic system could possibly be based on the traffic light system.
- ▶ Form alliances or networks of health-related and non-health related NGOs, within countries.
- ▶ Develop or advocate for the development of workplace wellness programs in all major organizations.
- ▶ Using the evidence brief, develop a business case for implementation of the policy measures in each of the seven policy domains identified in the brief. The seven domains were: food composition, food labelling, food promotion, food provision, food process, food retailing and food and trade investments. This case should be targeted primarily to politicians, should highlight the environmental determinants of unhealthy eating and should outline the economic impact of the current nutritional environment.
- ▶ Create Working Groups to identify and address the requirements for implementation of the policy measures outlined in each of the seven domains identified in the evidence brief. One Working Group should explore the legal requirements using the following approach:
  - Review the state of implementation in countries
  - Identify gaps in the existing legislative framework
  - Identify the legislation needed to close the gaps
  - Identify country best practices where they may exist
  - Strengthen technical drafting skills
  - Engage the Senior Officials of the Legal Affairs Committee (SOLAC)

## Improving the Healthiness of Food Environments in the Caribbean

- ▶ With respect to healthy and unhealthy foods, commission taxation studies to provide guidance about the type and level of taxes needed to create appropriate consumption (demand) and production (supply) incentives and disincentives respectively.
- ▶ Document and share promising food and nutrition programs and practices in use across the region.
- ▶ Share the lessons learnt from the stakeholder dialogue with food and nutrition professionals and other individuals throughout the region who can instigate meaningful change at the country level.

*“One area where there is no room for contention is as it relates to workplace wellness, consequently, what we’re looking to do in the new year is to further develop workplace wellness initiatives with major private sector companies in the Caribbean.”*



**CARPHA Headquarters**

Caribbean Public Health Agency  
16-18 Jamaica Boulevard,  
Federation Park

Port of Spain, TRINIDAD & TOBAGO  
Tel: 868 622-4261 | Fax: 868 622-2792

Website: [www.carpha.org](http://www.carpha.org)

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