

Pandemic and Health Care

Panelists' Responses to Remaining Audience Questions

1. **QUESTION:** While we explore the subject of health care, we should also focus on food intake. How can the region ensure a healthy population while integrating technology and navigating this pandemic and future ones to come?

ANSWER: This is an excellent question. As we become more tied to our screens and devices, food intake can be mindless and unhealthy. This has been compounded by the increased screen time for work and school due to the pandemic. On the other hand, the opportunities of increased time at home and with family that can come from work at home arrangements can encourage persons to cook more, using fresh vegetables as well as to engage in backyard gardening.

2. **QUESTION:** Many tend to equate obesity and NCD prevention to education campaigns. But laws and regulations can change the environmental context to make healthy options the default choice. How do we shift some responsibility towards our governments and policymakers and away from individuals?

ANSWER: There is a balance between individual responsibility and creating a supportive environment for people to make healthy choices. Public education (if sustained, evidence-informed, culturally appropriate) is necessary and important to inform but not sufficient. We have too many 'campaigns' of insufficient duration, badly designed, with very limited evaluation. Civil society has a key role to get governments and policy makers to take more responsibility by advocacy for policies and investment in multi solving actions which prevent NCDs and are climate-smart, such as more plant based diets, locally grown, and alternative transport like biking and walking. For obesity specifically, civil society should advocate for full implementation of the CARPHA/CARICOM 6-point policy package for healthier food environments to promote healthy weights and prevent childhood obesity, beginning with mandatory front of pack labelling for foods "high in" sugar, salt, fat or overall calories. Under the policy, 'high in' foods shall not be sold in schools, and shall not be marketed to children.

3. **QUESTION:** How can the quality of management and treatment of NCDs be improved at the primary health care level?

ANSWER: Thanks for this question. I think that the main way to improve the management and treatment of NCDs is to have an integrated approach that takes into account needed lifestyle changes alongside evidence based medical management as needed. Guidance given by the WHO Hearts initiative and the CARPHA guidelines for Diabetes in Primary Care are good models.

4. **QUESTION:** Why have we not been aggressive with educating the society on the science and solutions for the NCDs pandemic as we have been with the coronavirus pandemic?

ANSWER: It has been said that the biggest threat to humanity is our 'short termism' attitude. Threats that unfold fast are perceived differently from slow moving ones where the impact may be in the future. The COVID pandemic we see as an immediate threat, escalating in a short time, capable of spreading and affecting people of all ages, by a virus traveling through the air or passed along by touch, filling hospital beds. So people are afraid. NCDs also fill hospital beds all year round, but it took a long time to get that way; people are used to it. I recall visiting the new hospital in Saint Lucia three years ago and already the dialysis unit was bursting at the seams, at US\$30,000+ per person per year! Society also perceives that you can 'catch COVID' but NCDs you have some control over getting them or not, rightly or wrongly, plus the impact of NCD risks tends to be in the future. Much like climate change, we keep kicking the can down the road!