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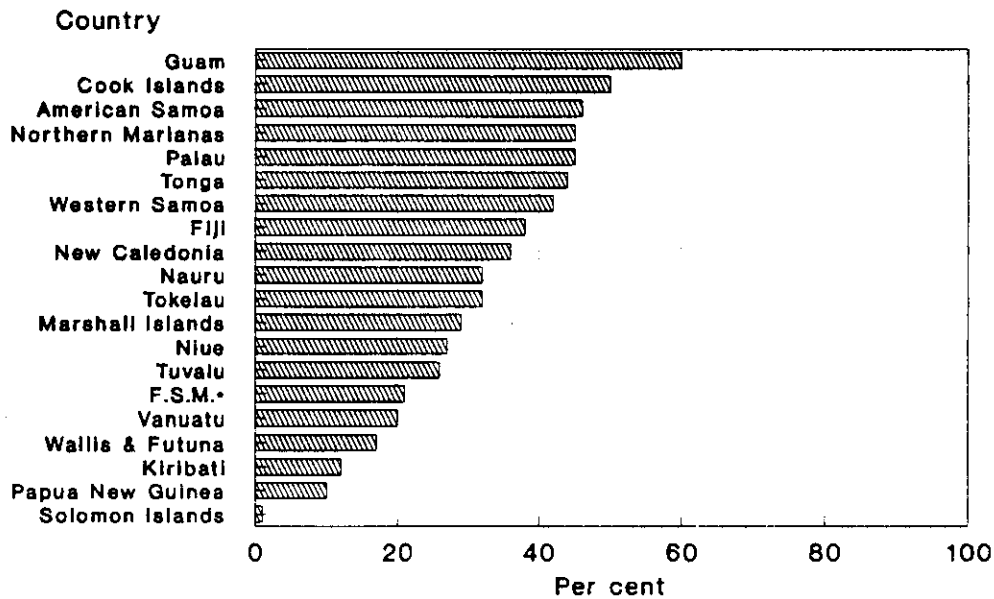
# THE SINISTER THREAT OF URBAN LIFESTYLE DISEASES

## INTRODUCTION

Government action is urgently needed to protect Pacific Island communities and economies from the threat of urban lifestyle diseases.

The Twenty-eighth South Pacific Conference, held in October 1988 in Rarotonga (Cook Islands),

*Noted with concern that while the major causes of illness and death in some countries of the region are still infectious diseases, non-communicable diseases (diabetes, hypertension, heart disease, cancer etc.) are emerging as major health problems, largely as a result of changing economic and lifestyle patterns.*



(1) Cardiovascular diseases and cancer.

(\* Federated States of Micronesia.

Source: Pacific Island Mortality: A review circa 1980, South Pacific Commission. In press.

### Prevalence of deaths from urban lifestyle diseases (1)

The Conference also noted that the causes of many of the major health and nutrition problems are the result of a complex interaction of economic and social factors that require a multi-sectoral approach (including health, education, agriculture, economic planning and social development sectors) at national and regional level.

The Conference recommended that countries adopt integrated health strategies which emphasise the need for prevention and recognise the link between health and economic development.

The Conference acknowledged the South Pacific Commission's current role in addressing these problems through its preventive public health activities and urged the Commission to take the lead in:

- co-ordinating an expansion of epidemiological activities;
- promoting health issues;
- further developing educational and control programmes in public health and nutrition.

The Twelfth Regional Conference of Permanent Heads of Health Services, held in July 1989 in Saipan (Northern Mariana Islands), reaffirmed the South Pacific Conference recommendations on the prevention and control of non-communicable diseases (NCD). It recommended:

*That the Health Section of SPC prepare a report based on existing regional NCD epidemiological data, which would demonstrate the urgent need for concerted action within countries to reduce NCD. This report should be submitted to the Twenty-ninth South Pacific Conference in October 1989 and recommend the setting up within each member country of a national NCD reduction advisory committee. The committee should be headed by the Health Department, together with all relevant government departments and national agencies. National governments should provide adequate funds to enable implementation of the policies.*

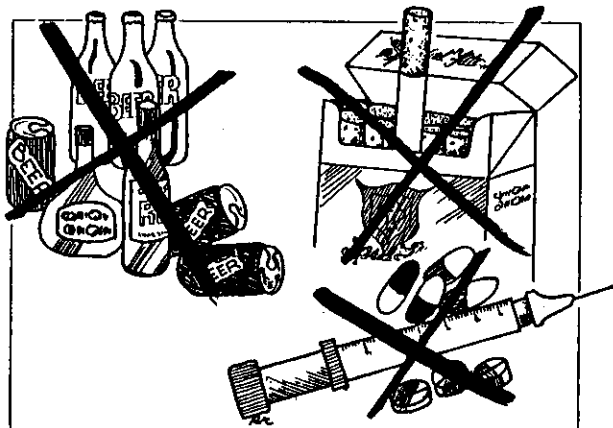
The report is presented below and includes a set of recommendations calling for urgent action by the Pacific Island Governments.

## WHAT ARE URBAN LIFESTYLE DISEASES?

The major non-communicable or chronic diseases are caused largely by changes in life-style when people move from villages to towns and cities. These changes include modifications to diet and the level of physical exercise, increase in smoking and alcohol consumption and often the loss of family support systems which normally contribute to emotional and physical well-being.

Life-style diseases are fast becoming major health problems in the Pacific. They include heart disease, cancers, diabetes, high blood pressure and gout. Other health problems often associated with these diseases are excessive weight, obesity, tooth decay, alcoholism and motor vehicle injuries.

Some idea of the seriousness of the situation in human and economic terms of these lifestyle diseases, can be gained by looking at the sickness and death rates caused by just three of these diseases.



**Heart disease** is now the most commonly recorded cause of death (for all ages and both sexes) in American Samoa, the Cook Islands, Fiji (Melanesians and Indians), Guam, Nauru, the Northern Marianas, New Caledonia (all groups), Palau, French Polynesia, Tonga and Western Samoa. It is true that in some countries like American Samoa, the Cook Islands, Guam and the Northern Marianas, the high level of heart disease is in part due to the ageing of the population. However, in other countries much of the **early** death of the men is due to heart disease.

**Diabetes** (too much sugar in the blood) is a disease that is now of major importance. Some of the secondary diseases caused by diabetes affect the large blood vessels around the heart, the blood vessels of the legs (which leads to amputations), and the small blood vessels of the eyes (which leads to blindness), and cause damage to the kidneys. Individuals most often die of the complications of diabetes, rather than from the disease itself, so it is difficult to determine the exact number of deaths due to diabetes.

The rates for diabetes throughout the Pacific vary from none in some Highland areas of Papua New Guinea to over one third of the adult population in Nauru. For comparison, the rates for most Pacific populations that have been studied are higher than among white New Zealanders, where they are 1.5 per cent for males and 3.9 per cent for females.

**Cancer.** Information on cancer in the Pacific is not as complete as for heart disease and diabetes. But we do know that lung cancer is responsible for 30 per cent of all cancers in men in Polynesia and Micronesia and 10-15 per cent of all cancers in women in these regions. Smoking plays a major part in lung cancer and a diet poor in vitamin A may add to the risk of developing cancers. (Vitamin A is contained in dark green leafy vegetables, orange-yellow fruits and vegetables, liver, oily fish, milk and cheese). Other cancers of particular importance in the Pacific are liver cancer related to the high levels of hepatitis B infection and mouth cancer related to betel-nut chewing.

Heart disease, diabetes and cancer are just three of the non-communicable diseases or life-style diseases of concern to Pacific nations. The early deaths caused by these diseases cause emotional suffering and often financial distress to the bereaved families. Additionally, the nation suffers when valuable members, often heads of extended families and leaders in the community, are lost. As well as deaths, these diseases also cause long-term ill-health. People with diabetes, high blood pressure, gout, cancers and heart disease are often sick and sometimes become permanently handicapped, making their own life and that of their family very difficult.

### WHY IS THE ECONOMIC IMPACT OF THESE DISEASES SERIOUS?

The nation suffers in the loss of work productivity and from the costs of medical care. All these costs are increasing greatly. They cover long term treatment and care as well as sophisticated examinations and interventions such as vascular and heart surgery, kidney dialysis and amputations. These diseases are now the major causes of medical referrals overseas, which severely affect health budgets.

### WHAT ARE THE CAUSES OF THESE DISEASES?

Much is already known from studies in the Pacific and Western countries. The factors which help to cause these diseases are called *risk factors*. If the risk factors can be reduced, diseases should be reduced. Hereditary factors can also be important.

For example, being overweight is a risk factor for heart disease, diabetes, gout and high blood pressure. Drinking a lot of alcohol is also a risk factor for these diseases, partly because it contributes to being overweight. The traditional Pacific Island diet, whether Polynesian, Micronesian or Melanesian, is healthy because it usually includes fish, taro, yams, sweet potatoes, breadfruit, fruits and vegetables. It is generally high in fibre, has good energy levels, is low in sugar and salt, not too high in fat, and good for protein, vitamins and minerals. Many of the imported foods such as rice, pasta, tinned meat, tinned fish and biscuits are just the opposite. They are low in fibre, too high in energy levels, and high in sugar, salt and fat: just the right combination to develop heart diseases, diabetes, gout or high blood pressure etc.

This poor diet is combined with a life in town where people usually do not exercise as much as in the village, and where there are a number of worries and stresses not found in the village. This combination explains why many groups of Pacific Islanders are less healthy today than 30, 20 or even 10 years ago, even though medical care has improved and reaches most of the population, especially for the control of infectious disease.

### WHAT CAN BE DONE?

There are three basic groups of strategies to reduce the increasing deaths and sickness caused by life-style diseases:

- *Primary strategies* to prevent or reduce new cases, e.g. strategies to help people eat more Pacific Islands food by making local food more readily available at prices people can afford; strategies to help people stop smoking.

- *Secondary strategies*, including timely diagnosis, treatment and patient education, e.g. screening programmes to prevent the occurrence of complications.
- *Tertiary strategies*: these are the most expensive group and include medical treatments to limit disability (e.g. to avoid amputations in diabetics) and to prevent death.

The most cost-effective strategies are the primary and secondary, particularly the primary, strategies, and this is where more action by national governments is required.

People often think of poor nutrition as a health problem that can be taken care of by Health Departments. Health staff can gather information on the health problems they are seeing; they can treat people with diseases, and give the best possible health and nutrition education advice. But if healthy food is not available at prices competitive with 'unhealthy' (imported) foods, and if advertising is encouraging people to eat such foods, smoke, or drink too much alcohol, then health staff are fighting a losing battle.

Many countries in the Pacific have realised this and have established national food and nutrition committees which bring together both government departments and some non-government organisations to tackle nutritional health problems. These departments often include health, agriculture, education, planning and finance.

The South Pacific Commission therefore urges all Pacific Island Governments to make a determined national effort to reduce life-style diseases, by:

- (a) *Strengthening national food and nutrition committees* where they exist;

- Broadening their membership where necessary;
- Fostering their establishment where they do not exist.

*(It may be more appropriate to call these committees 'National Health Promotion' or 'National Life-style Disease Prevention' Committees, because they would deal with more than food and nutrition.)*

- (b) *Encouraging Health Departments to take a lead* in such committees by advising them on the most important life-style diseases in the country and their major risk factors;
- (c) *Requesting that the national committee draw up an action plan* to reduce the risk factors for the major life-style diseases (some strategies will reduce not only the risk factors for the leading life-style diseases, but those for other diseases as well);
- (d) *Ensuring that there is a formal link between the national committee and the national Planning Office* so that all areas that affect life-style diseases are considered in national development plans, and so that the government is advised of the plans and activities of the committee;
- (e) *Ensuring that sufficient funding is available* for the national committee to meet regularly and implement its strategies.

The health and well-being of Pacific peoples are the most important resource of nations of the Pacific. Extensive well-planned effort at a national level is needed now to prevent and reduce life-style diseases. Without this commitment and effort, people's health will decline further and national social and economic development will be severely affected.

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