

Letter to Editor

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Chile's Fight against Obesity



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Letter to Editor

The latest publications on the current levels of overweight and obesity in the world and their complications for population health caught our attention and warned us to think of two issues [1]. In the kind of environment we want for our citizens in 25 years more? What measures are we talking today, to leave for our children, “adults tomorrow”?

The greatest and worst consequence of these two factors is mortality, with no shadow of doubt. Although mortality in the population, who is unintentionally gaining weight is stable, for various reasons, be it greater access to health services or be it by changing behavior, mainly not lifestyle, are making the “healthy obese”, we should not stop fighting for this cause, we should, unite powers, that is, unite the areas, or the experts in the corresponding areas, such “multidisciplinary” teams that work in the areas according to the socio-ecological model [2-4].

Social and demographic characteristics (ethnicity, school nutrition, hours of work, recreation, access and facilities for sports, food and restaurants, socioeconomic status, leisure time with family, physical education, safety). Family (nutritional habits, available foods, nutritional literacy, parental awareness, parental motivation, family preferences, parental diet, parental weight, television). Personal characteristics and risk factors (age, sex, sedentary behavior, family history, diet, physical activity).

We are waiting too long to make important decisions on this topic, the price that is paid today for the problem that began more than 25 years ago is too high. The burden of chronic diseases including cardiovascular diseases, diabetes mellitus, renal, some types of cancers and musculoskeletal disorders, has reached its highest point, and the “larger efforts” that some countries are taking in isolation will not change the course of the problem epidemic [5,6].

In Latin American countries, its history shows a delay in the increase in the incidence of obesity, however, currently the picture is compared with auto ticket countries, “We become obese before becoming a power” in whatever area [7].

The fact is that Latin American countries like Chile independently have already shown how it can contribute to the wave of obesity. Despite being a seismic country that spends millions of dollars of its economy with repairs on unexpected assumptions with its natural disasters (like the earthquake of 2010), the small country of less than 8 million inhabitants, manages to come out ahead in terms of public health policies. The country has its own goals of improving the health of its population, which is based on the “Millennium Goals”, but culturally Chile is characterized as a country with few resources for research, but uses external investigations, adapting them and applying them according to their need.



Figure 1: Food law -new food labeling.

In 2016 what seemed impossible happened, with the current figures of childhood obesity in the country, (5 out of 10), the government has decided, from the passage of a law, to oblige the food industry to deliver clear and compressible information to the consumer through warning labels “High on”, (Figure 1), which indicates that this food has added sodium, saturated fat and sugar and that it exceeds the limits set by the Ministry of Health [8].

In addition, to act rigidly in terms of knowledge about food products, the government created health promotion strategies through physical activity at a national level, with the creation of active plazas, bike paths and closed streets for weekend cars, has already shown positive effects, the latest national surveys showed an increase in the level of physical activity of the population that now reaches 73% of the physically active population [9,10].

Research on obesity has not yet been carried out to measure the impact of stamp policy on food, since the law has not yet reached a year of existence. Dear editor, we find it convenient to show the policies of a small country that, in fact has worked, we hope that in the long term this model deployed here can have satisfactory effects and thus be a model of success that can be copied to other countries with characteristics similar.

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