

# Improving dietary diversity in the Caribbean Community

Joy St. John<sup>1</sup>

**Suggested citation** St. John J. Improving dietary diversity in the Caribbean Community. *Rev Panam Salud Publica*. 2022;46:e58. <https://doi.org/10.26633/RPSP.2022.58>

The Caribbean Region is blessed by diversity. The ethnic diversities of the people who inhabit it. The language diversity reflecting the tongues of original native people, the colonial history and the people brought here from Africa and India, not to mention the languages and dialects and patois which developed in the Caribbean. So, it should be expected that the Caribbean would naturally have a diversity in the foods we eat and the ways in which they are prepared. Indeed, the Caribbean of 25 to 50 years ago universally had some of the most incredible ways of preparing vegetables and fruit, peas and beans to make some of the most tasty and nutritious meals imaginable. Not only was the Caribbean a good place to live but it is one of the best places to visit and has one of the most—if not the most—tourism-dependent economies in the entire world.

Along with an influx of visitors, came an influx of changing palates. The taste for imported sugary carbonated drinks outstripped the love of home-made mauby and lemonade and the love of fat-rich burgers outstripped the desire for steamed flying fish or escovitch fish. Add to that the globalisation of food marketing and distribution which made processed food rich in salt, sugars and fats not just easy to get in supermarkets, but also highly desired by the Caribbean consumer.

Therefore in 2022, with a wave of a truly unhealthy wand, Caribbean people have become statistically some of the unhealthiest in the world, with the Caribbean topping other countries in the Americas with incidence and prevalence of non-communicable diseases (NCDs). The health systems and economies are buckling under the cost of treatment of NCDs before COVID-19 and our people are paying a personal price while the Region's productivity has fallen accordingly. The COVID-19 pandemic revealed a horrific secret: the novel virus and all its variants wreaked the greatest havoc among the persons with NCDs. What is the secret to addressing the NCDs pandemic which has found the Achilles heel in the Caribbean resilience? We need to return to dietary diversity. Throughout

the evolution of our diet away from healthy choices to disease-producing overconsumption of foods high in fats, salt and sugar, we Caribbean people have retained our insistence on good tasting foods. The same ingenuity that saw the Caribbean manage to survive the COVID-19 pandemic *must* be applied to creating a dietary revolution which returns to our ethnic diversity and the ability to create tasty food with low salt, low sugar, low fat cooking.

This Region also has layers of regional and national policy frameworks for action, from the decades-long Caribbean Cooperation in Health (CCH) now in its fourth iteration, to the historic Port of Spain Declaration in 2007 where heads of government created a policy compact of such vision, that the principles are of clear relevance 15 years later. Indeed, the findings of the Port of Spain Declaration Evaluation, and the work of the Food and Nutrition Project point to the need and the ways to intervene to produce sustainable nutrition diversity.

One of the best developments in the way the Caribbean has approached the fight against NCDs is the determinants of health approach, where a multisectoral, whole-of-society set of strategies optimize the strengths of the sectors and organizations and the reach of the collective networks to achieve the most comprehensive impacts. The NGOs have done important advocacy work like the Healthy Caribbean Coalition (HCC) and Heart Foundation of Jamaica in the support of the development of the regional Front-of-package warning labelling standard.

The Caribbean Region is also framing how it is addressing programming to address childhood obesity—one of the worst outcomes of the Caribbean's struggle with the negative forces of globalisation. A key example and demonstration of Caribbean cooperation is the implementation of the six-point policy package (6-PPP) for healthy food environments. This policy package has shared responsibility for implementation across various CARICOM institutions including regulation, standards setting, and marketing. This initiative spearheaded by

<sup>1</sup> Executive Director, Caribbean Public Health Agency (CARPHA), Port of Spain, Trinidad and Tobago. ✉ Joy St. John, [stjohnjo@carpha.org](mailto:stjohnjo@carpha.org)

the Caribbean Public Health Agency (CARPHA) to combat childhood obesity sets out priority areas for action, such as mandatory food labelling, nutritional standards and guidelines for schools, and reduction in the marketing of unhealthy foods. Front-of-package warning labels have been found to be effective in supporting healthy food choices. CARPHA, in collaboration with ministries of health and education in Grenada and Saint Lucia, implemented an intervention in schools to promote healthy environments and diets to prevent obesity and diabetes; 'Reversing the rise in childhood obesity' was funded by the World Diabetes Foundation. As part of the project, a recipe book Kids Can Cook Too was developed to support sustained healthy eating behaviours of children.

The COVID-19 pandemic has presented opportunities for budding cottage industries within the agricultural and food sectors, which emphasise using fresh foods and cooking which promotes healthier food preparation. Maintaining food security in the face of ensuring food safety as we battle the effects of this pandemic was part of CARPHA's mandate. The Agency introduced the CARPHA COVID-19 Health Rounds to train public health professionals across the Region. One session, entitled "Critical actions for food labelling...to save life and livelihoods", raised awareness of the importance of food labels, including front-of-package warning labelling and highlighted activities to engage governments and consumers. In March 2020, CARPHA launched CESA, a Regional Sodium Reduction Framework in the Caribbean, funded by the Japan-CARICOM Friendship and Cooperation Fund. Ongoing is the Food and Nutrition Surveillance (FNS) training with rollout of tools like the Food and Nutrition Surveillance District Health Information Software (FNS DHIS-2) reporting tool and harmonized regional NCD and food and nutrition surveillance systems.

These training sessions aim to highlight CARICOM Member States best practices, issues, and challenges in collecting, collating, and reporting on the monitoring of the growth and development of children under 5 years old among others.

I am very proud of the support CARPHA has given to the CARICOM Member States along with the CARICOM Secretariat to the Inter-Governmental Working Group (IGWG) on Healthy Food Environment to execute the vision of the Ministers of Health and Trade in the joint Council for Human and Social Development/Council for Trade and Economic Development (COHSOD/COTED) decision to create the IGWG at the Fifth Joint Meeting of COTED and COHSOD in 2019. The meeting endorsed the formal establishment of the Working Group on Unhealthy Diets and Obesogenic Food Environments and agreed that it initially would focus on NCD risk factors—salts, sugars and trans fats.

The foundation for action has been well prepared. The health status of the CARICOM region requires change. May we find the right mechanisms to coordinate policy, resources and unity of purpose.

**Disclaimer.** Authors hold sole responsibility for the views expressed in the manuscript, which may not necessarily reflect the opinion or policy of the Revista Panamericana de Salud Pública/Pan American Journal of Public Health or those of the Pan American Health Organization.

---

Manuscript submitted on 31 March 2022. Accepted for publication on 4 April 2022. Not peer reviewed.