
EDITORIAL

In recent years, a solid body of information regarding Mexican population's health and nutritional status –derived from the National Health and Nutrition Survey 2006 (ENSANUT 2006)– has been published and made public through a general report as well as specialized articles.

The evidence till now described has been carefully examined by government officials and turned into basic scientific reference for health and nutritional policies and strategies. Among them, perhaps one of the most relevant is the recent public policy designed to reduce the epidemics of overweight and obesity: the *Acuerdo Nacional para la Salud Alimentaria. Estrategia contra el Sobrepeso y la Obesidad* (National Agreement for Healthy Nutrition. A Strategy to Reduce Overweight and Obesity), written by the Ministry of Health, was signed last January by the President of Mexico and other social sector authorities. The Agreement is a public health integral policy that provides direction and coherence to all efforts of society as a whole put into action to solve this problem.

Obesity is undoubtedly one of the most pressing public health problems in Mexico. It is one of the main risk factors for chronic non-transmissible diseases that, among adults, are the main cause of morbidity, mortality and health expenditure in Mexico; that is, type 2 diabetes, cardiovascular diseases and cancer.

A recent issue of *Salud Pública de México* presented new analysis on obesity in several age groups and

the information on diet and physical activity characteristics of the population. The current special issue contains a compilation –based on ENSANUT 2006– of scientific evidence generated following the strictest methodological guidelines, regarding the prevalence, trends and the quality of health care for type 2 diabetes and other cardiovascular risk factors, such as dislipidemias and hypertension. It shows disturbing increases in the prevalence of each of them; the suboptimal levels of control for these conditions, despite the fact that a large proportion of the affected subjects are receiving medical treatment, are also worrying. These new insights on the aforementioned health problems do prompt us to actions.

Thus, the analyses of information conducted for the articles in the present issue are examples of sophistication and adherence to the methodological standards for research with such information. And yet, scientific evidence can only have an impact on the design of health policies and programs if there is an adequate process for translating the knowledge. It will now be necessary to discuss the findings of this survey in order to generate specific public policies and programs to improve the nutritional and health conditions of the Mexican population.

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