

Cancer

**Hypertension
Heart Disease
Stroke**

Diabetes

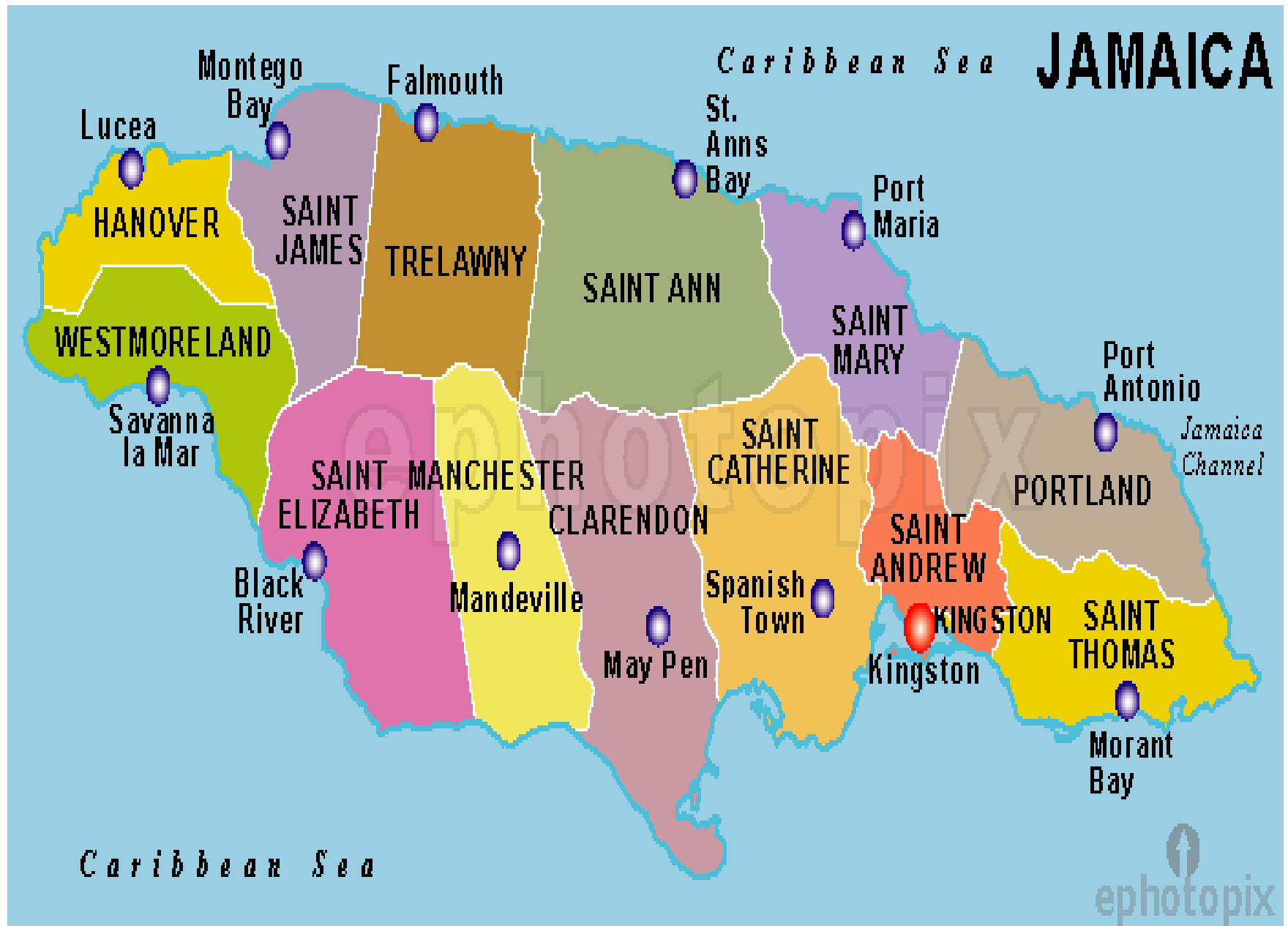
**Chronic
Lower
Respiratory
Tract Illness**



DIABETES PREVENTION AND CONTROL IN JAMAICA

**Dr. Dutris Bourne
Ministry of Health /
South East Regional Health Authority
April 2016**

JAMAICA



Caribbean Sea

Caribbean Sea

Jamaica Channel

DELIVERING HEALTH CARE

- ❑ Ministry of Health/Regional Health Authorities (4)
 - WRHA
 - NERHA
 - SRHA
 - **SERHA** – 47% of Jamaica’s Health seeking clients
 - 91 Health Centres and 9 Public Hospitals
 - University Hospital (UHWI), & Private Hospitals

NATIONAL FACTS

Source: Jamaica Health and Lifestyle Survey 2007-8

- ❑ 1 in 13 Jamaicans aged 15-74 years old have diabetes
- ❑ The prevalence of diabetes increases with age with 14% of Jamaicans 25 and older living with diabetes
- ❑ 2.8% of Jamaicans aged 15-74 have impaired fasting glucose

NATIONAL FACTS

Source: Jamaica Health and Lifestyle Survey 2007-8

- ❑ 25% of Jamaicans that have diabetes were not aware of their status
- ❑ 72% of persons with diabetes are on treatment and of those on treatment for diabetes 44%% were uncontrolled
- ❑ 60% of persons with diabetes will have three or more co-morbid conditions.

NATIONAL FACTS

Source: Jamaica Health and Lifestyle Survey 2007-8

- The average length of stay (AOLS) is 11.9 days due to diabetes in government hospitals 2008.

NATIONAL FACTS

Source: Jamaica Health and Lifestyle Survey 2007-8

- **Socioeconomic status and NCDs:**
 - ✓ Prevalence of obesity, diabetes and hypertension is higher in persons of lower levels of education and fewer household possessions.

World Health Organization – Diabetes country profiles, 2016.

Source: WHO – Diabetes country profiles, 2016.

Jamaica: Total population: 2 793 000

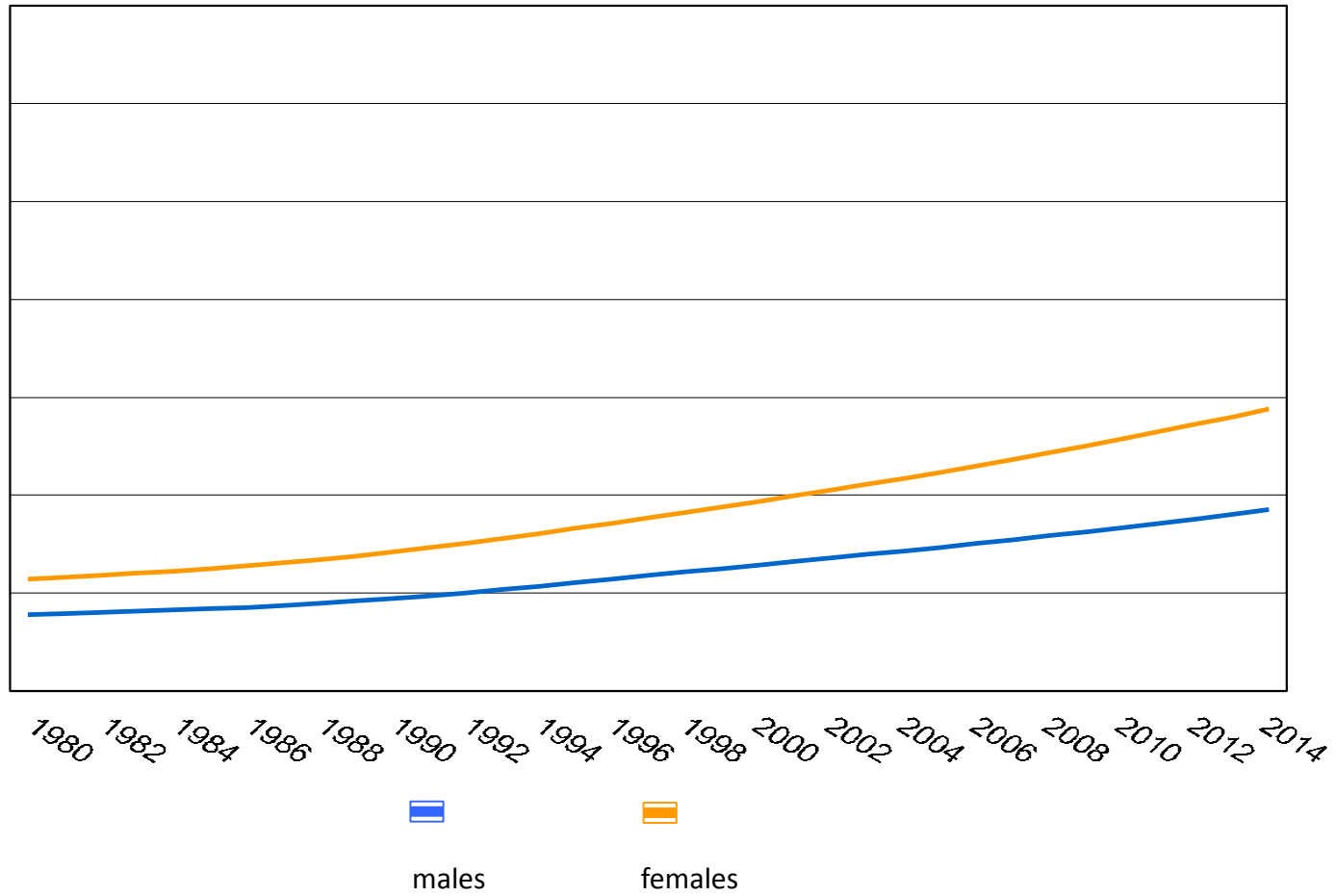
Income group: Upper middle

*Mortality**

Number of diabetes deaths

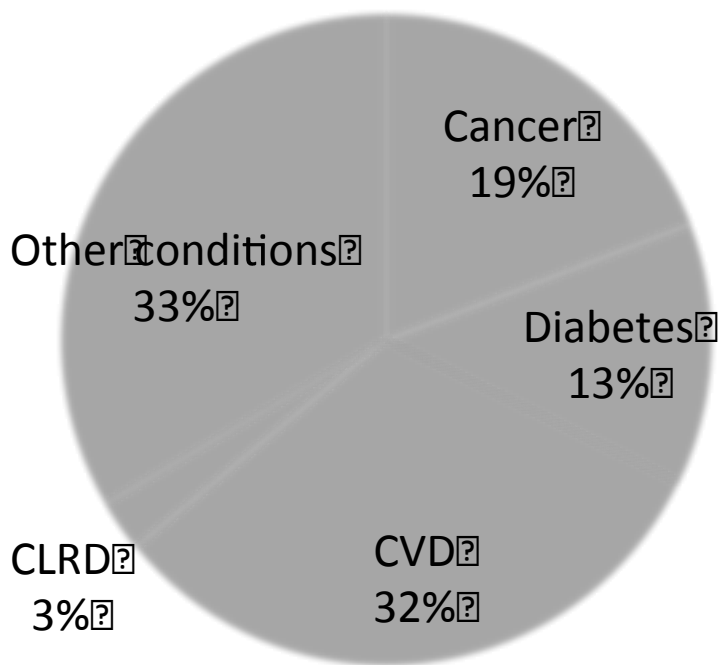
	<i>males</i>	<i>females</i>
ages 30–69	290	300
ages 70+	450	1 040

Trends in age-standardized prevalence of diabetes (WHO – Diabetes country profiles, 2016 – Jamaica)



NCD deaths in Jamaica

Proportion of deaths in Jamaicans > 5 years old due to the 4 major Non-communicable Diseases (%) 2012



Source: Registrar General Department/Ministry of Health 2012

The epidemiology of diabetes mellitus in Jamaica and the Caribbean: a historical review

TS Ferguson; MK Tulloch-Reid; RJ Wilks

Epidemiology Research Unit, Tropical Medicine Research Institute, The University of the West Indies, Kingston 7, Jamaica, West Indies

(West Indian med. j. vol.59 no.3 Mona June 2010)

The epidemiology of diabetes mellitus in Jamaica and the Caribbean: a historical review

- ❑ In Jamaica, the estimated prevalence of DM among adults ranged from 1.3% in 1960 to 17.9% in 1995.
- ❑ The 2007-8 Jamaica Health and Lifestyle Survey (JHLS-2) reported prevalence estimates of 7.9% for diabetes mellitus
- ❑ Across the Caribbean, the overall prevalence of diabetes mellitus is estimated at about 9%.

Table: Prevalence of diabetes mellitus in Jamaica 1961–2008

Authors*	Publication Date	Population Type	Sample	Age Range	Test	Prevalence %
Tulloch (6)	1961	Urban Rural	1915 M 2601 F	15+	Urine OGTT	1.3
Florey (3)	1972	Rural	234 M 297 F	25–64	OGTT	8.1
Ragoobirsingh (5)	1995	National	2109 OGTT	15+	Glucometer	17.9
Wilks (7)	1999	Urban	520 M 783 F	25–74	OGTT	13.4
Wilks (8)	2000–2001	National	2012	15–74	Glucometer	7.2
Wilks (9)	2007–2008	National	2848	15–74	Glucometer	7.9

M = Male; F = Female

Number in bracket indicates number in reference list

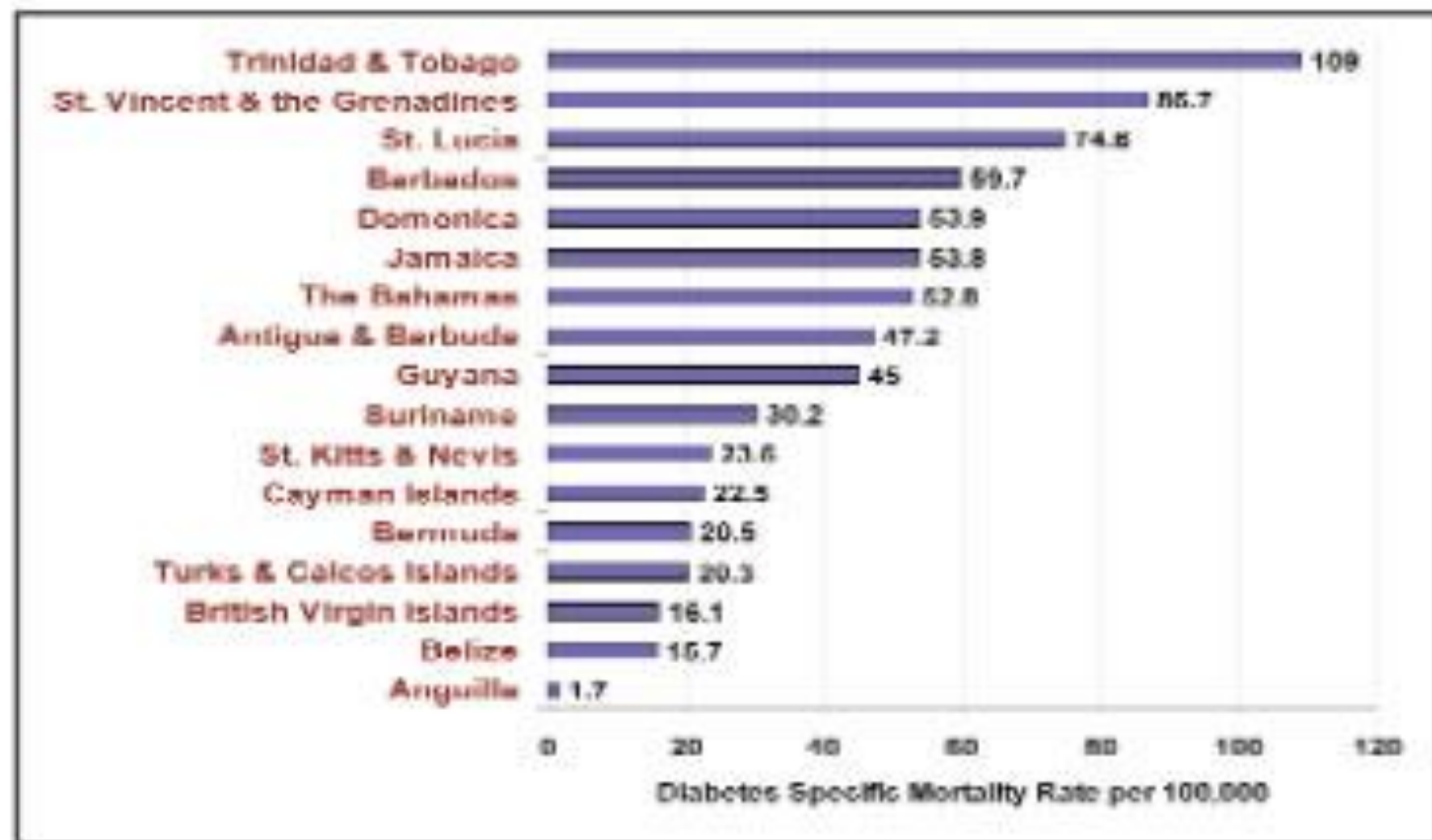


Figure: Age-standardized mortality rates for diabetes mellitus in the Caribbean 1991–1995 Data abstracted from CAREC Surveillance Report 2002 Volume 2 Number 2(4).

REVIEW'S CONCLUSION

- ❑ Diabetes continues to be a major public health problem with high disease burden, frequent complications and inadequate quality of care.
- ❑ Despite limited data, it appears reasonable to suggest that the cost of caring for persons with diabetes places a major burden on the healthcare budget accounting for almost 3% of GDP in Jamaica and approximately 5% of GDP in Trinidad and Tobago.
- ❑ Major public health response is needed.

Diabetes prevalence (% of population ages 20 to 79) - Country Ranking

Source: International Diabetes Federation,

Rank	Country	Value	Year
1	Kiribati	26.43	2014
2	Saudi Arabia	23.90	2014
3	Vanuatu	23.71	2014
4	Kuwait	23.13	2014
5	Bahrain	21.87	2014
6	Mauritius	21.15	2014
7	New Caledonia	20.06	2014
8	Qatar	19.78	2014
9	United Arab Emirates	19.02	2014
10	Palau	18.46	2014
11	Sudan	17.91	2014
12	Malaysia	17.64	2014
13	Egypt	16.56	2014
14	Solomon Islands	16.12	2014
15	Belize	15.88	2014
16	Guyana	15.84	2014
17	Tuvalu	15.33	2014
18	Lebanon	14.92	2014
19	Turkey	14.84	2014

Definition: Diabetes prevalence refers to the percentage of people ages 20-79 who have type 1 or type 2 diabetes.

Diabetes prevalence (% of population ages 20 to 79) - Country Ranking

Source: International Diabetes Federation

Rank	Country	Value	Year
20	Tonga	14.76	2014
21	Oman	14.49	2014
22	Trinidad and Tobago	13.09	2014
23	Antigua and Barbuda	13.08	2014
24	Puerto Rico	12.98	2014
25	The Bahamas	12.84	2014
26	Cayman Islands	12.77	2014
27	Mexico	12.63	2014
28	St. Kitts and Nevis	12.55	2014
29	Nicaragua	12.45	2014
30	Barbados	12.35	2014
31	Seychelles	11.98	2014
32	El Salvador	11.75	2014
33	Honduras	11.69	2014
34	Jordan	11.45	2014
35	Dominican Republic	11.35	2014
36	Chile	11.19	2014
37	Dominica	10.99	2014
38	Fiji	10.88	2014
39	Guatemala	10.84	2014
40	Suriname	10.83	2014
41	Singapore	10.79	2014
42	Gabon	10.71	2014
43	Jamaica	10.53	2014 of 193 Countries

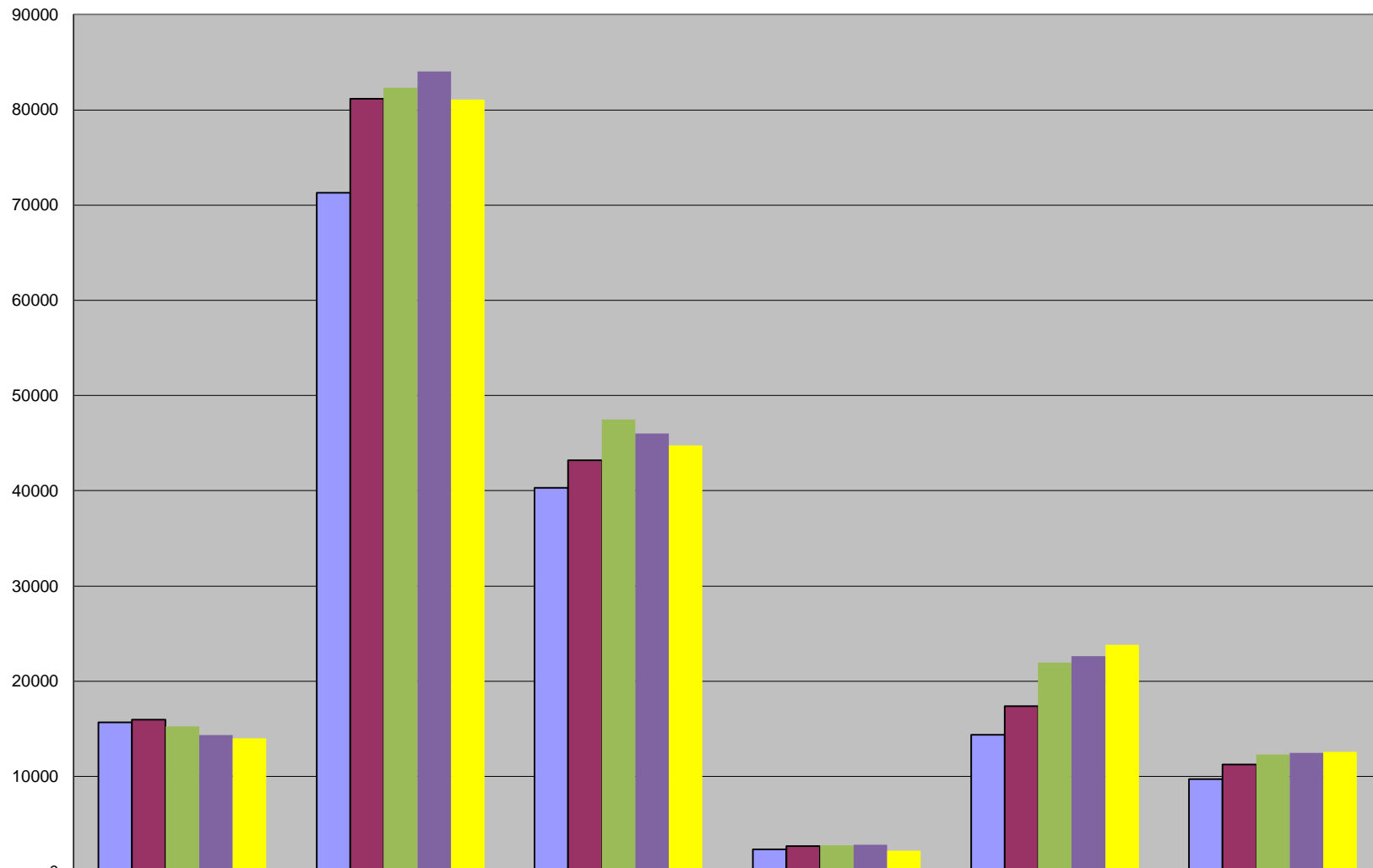
SERHA

2014/15:

PRIMARY CARE

VISITS

Source: Monthly Clinic Summary Report



	Diabetes	Hypertension	Diabetes+Hyper tension	Rheumatic Fever	Other Cardiovascular	Asthma
2010/2011	15700	71292	40301	2360	14357	9717
2011/2012	15967	81176	43180	2703	17382	11259
2012/2013	15249	82347	47508	2749	21921	12293
2013/2014	14339	84029	46033	2825	22639	12463
2014/2015	13993	81095	44786	2172	23832	12593

MEDIA

- **Diabetic Jamaicans not managing condition — Diabetes Association**
- Tuesday, November 03, 2015 (Observer Jamaica)

MEDIA

- KINGSTON, Jamaica (JIS) – Jamaicans with diabetes are failing to comply with the advice of healthcare professionals relating to the management and control of the non-communicable disease (NCD).
- “Based on what we are seeing in the field, the compliance is just not happening. The management isn’t happening tight enough, so we are still getting a lot of complications – kidney failure, heart disease and amputations,” Executive Director of the Diabetes Association of Jamaica Lurline Less told JIS News.

RESPONSE

- Lifestyle changes as it relate to how persons eat, exercise
- Adherence - take medication (and) follow up with their doctors
- Health Information - some persons tend to listen to friends and neighbours, which only serves to complicate the problem.

CARICOM RESPONSE

- ❑ **Declaration of Port of Spain** – September 15 2007: UNITING TO STOP THE EPIDEMIC OF CHRONICS NCDs (Heads of Government of the Caribbean Community Meeting)
- ❑ **Declaration of St Ann** – Implementing Agriculture and Food Policies to prevent Obesity and Non-Communicable Diseases in the Caribbean Community (Ministers of Agriculture of CARICOM Meeting October 9, 2007)

NATIONAL RESPONSE

❑ Major policy initiatives

- ✓ National Programme for the Promotion of Healthy Lifestyles
- ✓ Data from the Health Evaluation Surveys (HES) in 2000-2001 /2007-8 was used to justify /re-evaluate the creation, policies and programme for the National Health Fund (2003), an agency which has provided subsidies for medications used in the treatment of the most common NCDs in Jamaica. The impact of this programme is yet to be fully evaluated

NATIONAL RESPONSE

☐ MOH STRATEGIC OBJECTIVES:

- ✓ Risk Factor Reduction and Health Promotion
- ✓ Comprehensive and Integrated Disease Management
- ✓ Surveillance, Research, Monitoring and Evaluation
- ✓ Public Policy & Advocacy
- ✓ Leadership, Governance & Capacity Building

NATIONAL RESPONSE

- ❑ **Reduced admissions for chronic diseases in secondary care facilities while improving patient outcomes across the country by:**
 - ✓ Maintaining appropriate and aggressive clinical management of Diabetic patients seen in primary and secondary care.
 - ✓ Patient empowerment towards improved outcomes; for example, risk factor reduction through the promotion of healthy lifestyles

Blood pressure and sugar testing for clients with chronic illness- St Catherine





St Thomas- Diabetic Physical activity Day



SERHA's RESPONSE

TREATMENT

&

PREVENTION

SERHA

Promoting Wellness-
Physical Activity
Programmes

Primary care Doctor dances with her 'class' of clients with diabetes from the Port Morant Health Centre at their 'graduation exercise' in May 2014



SERHA

- Health Education sessions** at all health facilities in the Region
- Nutrition education and diet therapy** -excess of 2000 such sessions were conducted in the health centres in 2014 to 2015, to support the management of Diabetes, Hypertension, Obesity, Cholesterol, Triglycerides and other chronic conditions.

SERHA

- ❑ **Special Chronic Disease clinics** for the severely uncontrolled clients with DM and HTN
- ❑ **Establishing Diabetes Registers at Health Centres:**
 - 100% in St. Catherine,
 - 38% in St. Thomas and
 - 35% in KSA.

SERHA

- **Provision of Access to Glycosylated Haemoglobin (HbA1c) Testing**
- Currently occurring in 5 Health Centres and 3 Major hospitals

SERHA

Capacity Building of HCWs

- Continuous Health Education for Health Care Workers and the community
- Training of Community Health Aides (CHAs for Diabetes foot Care to decrease leg ulcers and amputations

CHAs promote diabetes prevention on their field visits

Collaboration with the media to increase awareness on Diabetes prevention

COST BURDEN

- ❑ In 2001 it was estimated that it would cost Jamaica 76.7 billion US\$ to adequately treat diabetes and hypertension.
(*www.caricom.org*)
- ❑ Current 2016 cost?

YES WE CAN

WHERE THERE IS

A WILL

THERE IS A WAY







THANK YOU...

**YES
to
SAFER
SEX**

**BUSTAMANTE
HOSPITAL
for
Children**



People Caring for People.