

The Barbados HEALTH OF THE NATION Survey

CORE FINDINGS

Policy Brief 1

2015

THE HEALTH OF THE NATION STUDY

- Undertaken by the Chronic Disease Research Centre & Faculty of Medical Sciences, Cave Hill
- Aimed to recruit a representative sample of adults (25 yrs and over) resident in Barbados
- Data collection from 2011 to 2013
- 1234 participants: 764 women, 470 men
- Estimated response rate of 55%
- All results are adjusted to be representative of the age and sex structure of Barbados, based on the 2010 census

GOOD AND BAD NEWS ON RISK FACTORS

- By international standards tobacco smoking is low in men and very low in women
- Binge drinking is low in women but practised by around a quarter of all men
- Much room for improvement in diet and physical activity
- Obesity is high, especially in women
- 19% of women have a BMI of 35 and above (6% of men)
- 62% of women have abdominal obesity (20% of men)
- As shown in figure 2, the vast majority of Barbadian adults have two or more risk factors; virtually no one is risk factor free

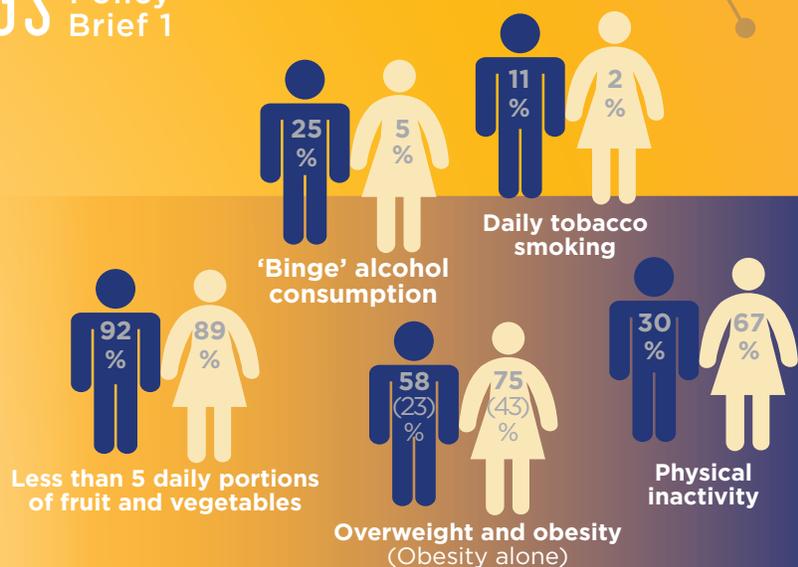


FIGURE 1: Key findings on behaviours and obesity (See footnote for definitions)

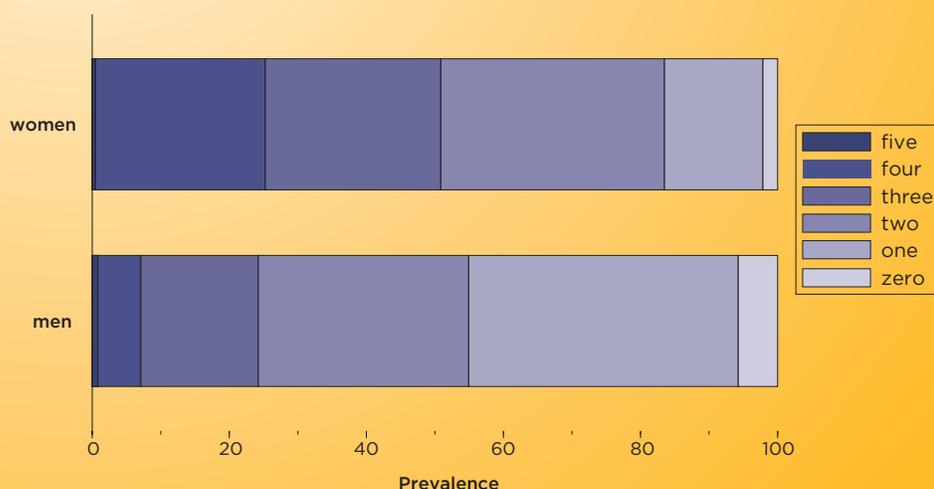


FIGURE 2: Percentages of the Barbados adult population by the number of risk factors listed in Figure 1

THIS STUDY WAS COMMISSIONED BY THE MINISTRY OF HEALTH IN ORDER TO HELP GUIDE AND EVALUATE ITS EFFORTS TOWARDS THE PREVENTION AND CONTROL OF DIABETES, HYPERTENSION, STROKE, HEART ATTACK AND RELATED CHRONIC NON-COMMUNICABLE DISEASES.

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RISK FACTOR DEFINITIONS

Binge alcohol: In the past month – more than 4 or more standard drinks on at least one occasion in women, and 5 or more in men; **Physical inactivity:** Less than 150 minutes of at least moderate activity per week; **Overweight:** body mass index (BMI) of 25 to <30; **Obesity:** BMI of 30 and above; **Abdominal obesity:** waist circumference of 88cm and above in women, and 102cm and above in men. BMI and abdominal obesity are based on measured height & weight and waist circumference respectively, all other risk factors are based on responses to a questionnaire.

DIABETES

Diabetes was based on the participant reporting a doctor diagnosis, or a fasting glucose of 7mmol/l and above

- Overall almost 1 in 5 adults (18.7%) has diabetes
- Around 1 in 5 adults with diabetes is undetected
- Above the age of 65 years, almost 1 in 2 (46%) has diabetes

HYPERTENSION

Hypertension was based on the participant reporting a doctor diagnosis and taking medication, or raised blood pressure (>140 mmHg systolic and/or 90mmHg diastolic)

- 1 in 3 (33%) women is on treatment for hypertension, with an additional 11% being hypertensive but untreated
- 1 in 5 (19%) men is on treatment for hypertension, with an additional 18% being untreated
- Above the age of 65 years, 78% have hypertension

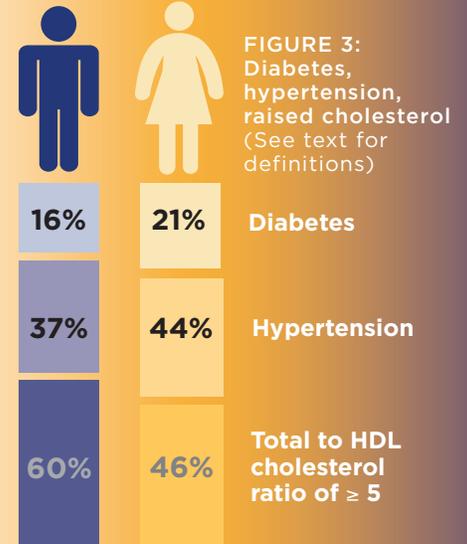


FIGURE 3: Diabetes, hypertension, raised cholesterol (See text for definitions)

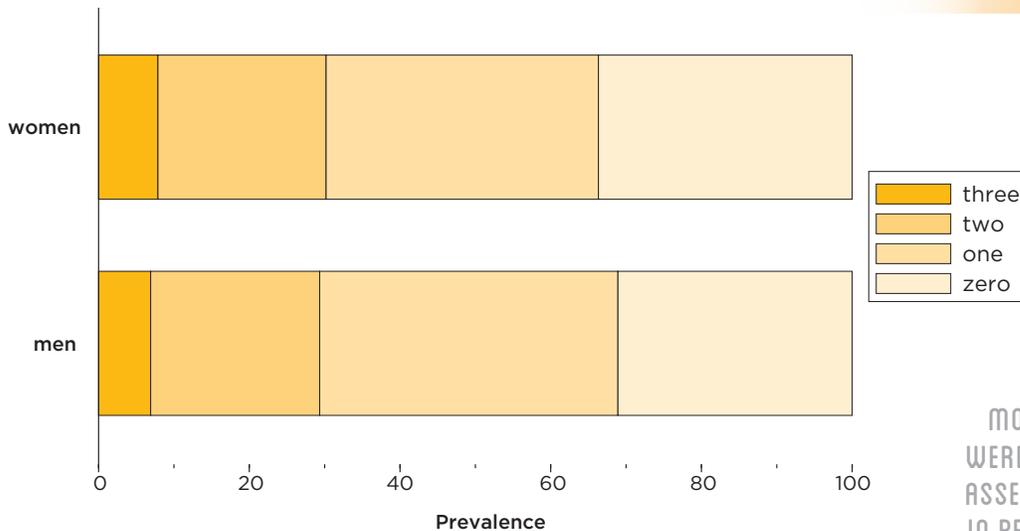


FIGURE 4: Percentages of the Barbados adult population by the number of conditions listed in Figure 3

SUBOPTIMAL DISEASE CONTROL

In those with diagnosed diabetes

- HbA1c > 8% in 43%; > 10% in 18%
- BP > 140/90 in 40%
- Total to HDL cholesterol > 5 in 58%

In those with diagnosed hypertension

- BP > 140/90 in 42%

MORE FROM THE BARBADOS HOTN: SUB-STUDIES WERE CONDUCTED ON SALT INTAKE; THE OBJECTIVE ASSESSMENT OF PHYSICAL ACTIVITY; 'AT RISK' FEET IN PEOPLE WITH DIABETES; AND THE COST OF CARE FOR STROKE AND HEART ATTACK. BRIEFS ON ALL THESE WILL BE PRODUCED.

CONCLUSION AND POLICY IMPLICATIONS

Although tobacco smoking rates are low, excess alcohol intake in men, levels of physical inactivity, poor intake of fresh fruit and vegetables, overweight and obesity are high, together affecting the vast majority of the adult population. These in turn feed into high rates of diabetes, hypertension, unhealthy cholesterol levels and contribute to the high risk of cardiovascular disease.

Action needs to:

- Involve all of government, civil society and the private sector to reduce risk throughout the population
- Improve the identification of people with diabetes and hypertension and the delivery of their care for the control of blood pressure, cholesterol, and glucose

The HotN results provide a baseline against which to monitor the success of the 2015-19 MoH strategy on NCDs.

For more information, including an electronic copy of the full report, please contact Christina Howitt, Chronic Disease Research Centre, phone (246) 426 6416, email Christina.Howitt@cavehill.uwi.edu

