Moving forward with Surveillance of NCDs in the English-speaking Caribbean

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Outline of Presentation

- Implementing risk factor surveillance
  - Prevailing risk factors
- Implementing NCD surveillance
- Plan for providing feedback for prevention and control of chronic diseases in the sub-region
Commitment to Surveillance of NCDs

Declaration of Port of Spain, September 2007

"That we will establish, as a matter of urgency, the programmes necessary for research and surveillance of the risk factors for NCDs with the support of our Universities and the Caribbean Epidemiology Centre/Pan American Health Organization (CAREC/PAHO);"
Risk Factor Surveillance
Implementing Risk Factor Surveillance in the Caribbean

6 countries completed National Risk Factor Surveys using the Pan Am STEPS methodology as a starting point for surveillance of RFs for chronic diseases:

- 2005 Bahamas
- 2007 Aruba
- 2008 Barbados, Dominica, St. Kitts
  - Survey Reports Outstanding
- 2009 British Virgin Islands
  - First country to use Electronic Methodology (E-STEPS)
Implementing Risk Factor Surveillance in the Caribbean contd..

- Two countries completed National RF surveys using different methodologies and questionnaires
  - Belize (2007) CAMDI Project
Implementing Risk Factor Surveillance in the Caribbean contd..

- Eight other countries trained in implementing RF surveys using Pan Am STEPS methodology and involved at various stages of the planning process
  - Anguilla
  - Bermuda
  - Curacao
  - Grenada
  - St. Lucia
  - St. Vincent and the Grenadines
  - Trinidad and Tobago
  - Turks and Caicos Islands

- 2nd National RF Survey
  - Bahamas
Risk Factors for Chronic Diseases
Overweight

BMI ≥ 25kg/m²

St. Kitts
Dominica
BVI
Barbados

% Prevalence

Females
Males

(CAREC/PAHO/WHO)
Sedentary Lifestyles

Physical Activity Levels

- St. Kitts: High levels of physical activity (30%), Low levels of physical activity (40%), No vigorous activity (30%)
- Dominica: High levels of physical activity (50%), Low levels of physical activity (20%), No vigorous activity (30%)
- BVI: High levels of physical activity (60%), Low levels of physical activity (25%), No vigorous activity (15%)
- Barbados: High levels of physical activity (45%), Low levels of physical activity (30%), No vigorous activity (25%)
Alcohol Use

Current Drinkers

- St. Kitts
- Dominica
- BVI
- Barbados

%
Alcohol Abuse

Harmful Alcohol Use - Binge Drinking

% Current Drinkers

- **St. Kitts**
  - Females: 20%
  - Males: 20%

- **Dominica**
  - Females: 12%
  - Males: 15%

- **BVI**
  - Females: 8%
  - Males: 27%

- **Barbados**
  - Females: 10%
  - Males: 22%

**Legend**
- Orange: Females (having ≥ 4 drinks on any day in last week)
- Purple: Males (having ≥ 5 drinks on any day in last week)
Fruits and Vegetables in the Diet

Consumption of Fruit and Vegetables

Daily Servings

Barbados      BVI      Dominica      St. Kitts

Mean daily servings of vegetables
Mean daily servings of fruit
Risk for Development of Chronic Diseases in the Population

Levels of Risk

- St. Kitts
- Dominica
- BVI
- Barbados

- Raised risk (25-64 years)
- Raised risk (45-64 years)
- Raised risk (25-44 years)
- Low risk

Raised Risk ≥ 3 risk factors
Implementing NCD Surveillance
NCD Minimum Data Set

Background

- **2002**
  - Recommendation from CAREC Scientific Committee

- **2003**
  - CAREC NCD Minimum Data Set Developed and Agreed
    - (Epidemiologists Meeting)

- **2006**
  - Regional Strategy and Plan on Action for Chronic Disease for the Americas
  - PAHO HQ agreed to use NCD Minimum Data Set developed by CAREC as starting point for developing NCD Minimum Data Set for Americas
Development of NCD Minimum Data Set for the Americas

- 2007- PAHO Inter-programmatic Chronic Disease Surveillance Working Group established
  - Representation from countries in the Americas
  - Agencies: PAHO, WHO, CAREC, PHAC, CDC

- (March 2007- June 2008) – NCD Minimum Data Set developed for the Region of the Americas
  - Stepwise approach - core, expanded and optional
  - 78 indicators
    - 57 Core Indicators
Minimum Data Set for NCD Surveillance

Components

- Mortality from/with selected NCDs (12 core indicators)
  - Age-standardized mortality rates per 100,000 population
  - PYLL (potential years of life lost) per 100,000
- Prevalence/incidence selected conditions (6 core indicators)
- Risk factors for chronic diseases:
  - Adult (17 core indicators) & Youth (8 core indicators)
- Health System Performance Indicators (19 indicators - 9 core)
- Socioeconomic and context indicators (16 indicators – 5 core)

- [..\NCD Infobase\NCD Reporting Form_youth_separate_Sept 25 2009.xls](..\NCD Infobase\NCD Reporting Form_youth_separate_Sept 25 2009.xls)
Implementing Minimum Data Set for NCD Surveillance in the Caribbean

- August 2008 - Training to Pilot NCD Minimum Data Set
  - Bahamas, Barbados, Belize, Bermuda, Cayman Islands and Dominica
- March 2009 - Meeting for Evaluation of the Pilot
- March-September 2009 – Revision of NCD Minimum Data Set based on outcome of Pilot
- October 2009 – Training for the Implementation of the Minimum Data Set in CAREC Member Countries
  - 18 countries participated (Epidemiologists & Focal Point)
  - Agreed start date for annual country reporting: May 2010
Plan for Feedback on NCD Surveillance in the Caribbean

Integrated Surveillance System – Infobase

- Caribbean CHARTS

- Being developed to facilitate:
  - Country use of NCD information for planning and programming
  - Sub-Regional Reporting on POS Declaration
  - Advocacy
Outputs

- Country profiles
- Sub-Regional profiles
- Age-specific profiles
- Maps
- Ad-hoc queries
# Chronic Disease Profile

<table>
<thead>
<tr>
<th>Disease</th>
<th>Deaths 2004-06</th>
<th>Incidence 2002-04</th>
<th>Percent of Adults 50 and over who have ever had a sigmoidoscopy or colonoscopy 2002</th>
<th>Percent of Adults 50 and over who have had a blood stool test in past two years 2002</th>
<th>Percent of adult (18+) women who have had a pap test in past three years 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>105</td>
<td>157</td>
<td>52.3</td>
<td>22.2%</td>
<td>12%</td>
</tr>
<tr>
<td>Incidence</td>
<td></td>
<td></td>
<td>84.4</td>
<td>NA</td>
<td>71.4</td>
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<tr>
<td>Percent of Adults who currently smoke</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2002</td>
<td>18.9%</td>
<td>1</td>
<td>22.2%</td>
<td>12%</td>
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<tr>
<td>Colorectal Cancer</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>25</td>
<td>86</td>
<td>13.4</td>
<td>47.6%</td>
<td>33.5%</td>
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<tr>
<td>Incidence</td>
<td></td>
<td></td>
<td>45.5</td>
<td>NA</td>
<td>48.1</td>
</tr>
<tr>
<td>Percent of Adults 50 and over who have ever had a sigmoidoscopy or colonoscopy</td>
<td>47.6%</td>
<td>4</td>
<td>52.6%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Percent of Adults 50 and over who have had a blood stool test in past two years</td>
<td>27.6%</td>
<td>4</td>
<td>33.5%</td>
<td>50%</td>
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<tr>
<td>Breast Cancer</td>
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<td></td>
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<tr>
<td>Deaths</td>
<td>18</td>
<td>80</td>
<td>19.8</td>
<td>22.0</td>
<td>21.3</td>
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<tr>
<td>Incidence</td>
<td></td>
<td></td>
<td>95.1</td>
<td>NA</td>
<td>111.3</td>
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<tr>
<td>Prostate Cancer</td>
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<td>Deaths</td>
<td>22</td>
<td>111</td>
<td>20.3</td>
<td>20.2</td>
<td>28.2</td>
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<tr>
<td>Incidence</td>
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<td></td>
<td>133.6</td>
<td>NA</td>
<td>129.2</td>
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<tr>
<td>Cervical Cancer</td>
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<tr>
<td>Deaths</td>
<td>2</td>
<td>4</td>
<td>3.2</td>
<td>2.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Incidence</td>
<td></td>
<td></td>
<td>3.2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Percent of adult (18+) women who have had a pap test in past three years</td>
<td>77.5%</td>
<td>4</td>
<td>82.2%</td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>
Thank You for Your Kind Attention