## 2<sup>nd</sup> Annual Research Day: 20<sup>th</sup> April 2008 "Health Issues in The Bahamas Public Sector"

## The Healthy Lifestyle Initiative of The Public Hospitals Authority

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Chronic diseases of lifestyle are a group of conditions that share similar risk factors as a result of exposure, over many decades, to factors such as unhealthy diets, smoking, lack of exercise and possibly stress. The major risk factors include high blood pressure, tobacco addiction, high blood cholesterol, diabetes and obesity, conditions which for the most part can be changed or controlled.

These results in various disease processes such as strokes, heart attacks, tobacco- and nutrition-induced cancers, chronic bronchitis, emphysema and many others that culminate in high mortality and morbidity rates.

Statistics indicate that this group of lifestyle related diseases has become the leading cause of morbidity, disability and mortality in The Bahamas, representing a growing disease burden on the Bahamian people, the healthcare system and the economy.

The former Governor General of the Commonwealth of The Bahamas, Her Excellency Dame Ivy Dumont, recognizing the health dilemma, challenged health professionals during her 2004 annual Christmas visit, to lead by example by embodying the picture of health.

This challenge was accepted by the Public Hospitals Authority (PHA), with the launch of the Healthy Lifestyle Initiative in March 2005. Staff members of all facilities/agencies managed by PHA were enrolled on a purely voluntary basis. In total, nine hundred and ninety-four individuals registered of which was, 30% of the staff complement of the PHA, as at March 2005.

The 'Employee Wellness Form' in Annex 1 was designed to facilitate the data collection/evaluation exercise. In addition to the anthropometric measure, weight for height, body mass index (BMI), blood pressure, blood glucose and total cholesterol were to be routinely monitored in each individual for a period of one-year, according to a pre-established screening criterion.

Prevalence estimates from the initial/baseline assessment of the nine hundred and ninety-four participants was as follows:

• 45% never engaged in physical activity, or did so only once per week; (Table 1)

- Conditions pre-dominant within the family medical history were hypertension (24%) and diabetes (16%); (Table 1)
- 84% had above normal weight (28% overweight, 56% obese); (Figure 3)
- 37% were pre-hypertensive, 32% hypertensive; (Figure 4)
- 50% were pre-diabetic, 3% diabetic; (Figure 5) and
- 12% registered borderline high and 3% high cholesterol levels. (Figure 6)
- Eight-six per cent of clients were assessed as having an above normal body mass classification (overweight and obese combined), a one percentage point increase over the initial evaluation; (Figure 8)
- Thirty-one more participants were evaluated as being at significant risk for developing high blood-pressure (n = 509, pre-hypertensive at follow-up = 42% and pre-hypertensive at initial assessment = 36%). Also the proportion of hypertensive's increased by one percentage point to thirty-five per cent (35%); (Figure 9)
- Fifty-five per cent (55%) had pre-diabetic blood sugar levels-up from 50% at the baseline examination; or twenty-six more pre-diabetic clients; (Figure 10)
- A greater proportion of participants registered, borderline high risk and high risk cholesterol levels of 200 mg/dL and over. (Figure 11)

Further, significantly higher ( $p \le 0.05$ ) at follow-up was average BMI, diastolic blood pressure and blood sugar levels. Therefore, the Healthy Lifestyle Programme was ineffective insofar as making a positive impact on the markers of the lifestyle related group of diseases. With respect to cholesterol levels this outcome was ideal, as with the exception of the emergency medical services, all the other facilities generally recorded cholesterol levels considered as acceptable (Table 4).

In conclusion, the resulting profile of a typical PHA employee, based on data from both the pre-assessment and follow-up phases of PHA's Healthy Lifestyle Initiative, is one of an obese individual who presents with a high risk of developing high blood pressure and/or diabetes.

## A Health Profile of Workers in a Major Union in The Bahamas

T Fountain

The purpose of this report is to present the results of The Bahamas Hotel and Allied Industrial Health and Welfare Benefits Fund's health screening programme as accurately and as comprehensively as possible, in order to give a clear picture of the current health status of its members. It is not the intent to describe or even recommend any specific intervention programme but simply to point the relevant policy-makers, programme planners and managers in a direction that will ultimately lead to the implementation of

appropriate programmes that can effectively tackle the various health challenges faced by the members of the Fund. It was understood that for this project to result in any return on investment, the end result could not and would not be the collection of the data, but must involve the implementation of programmes that would ensure a healthy membership that could sustain the economic viability of the industry as a whole well into the future. Such programmes must address the underlying lifestyles, behavioural practices and other factors that may jeopardize a healthy and disability-free life for those in their productive years and who should be contributing to the economy.