

Obesity Epidemiology and Research

Obesity: A Growing Problem in the Caribbean Community

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Rates of obesity in the Caribbean are unacceptably high in both adults and children, with data indicating significant increases over the last few decades; and it is predicted to increase even further. The prevalence of overweight and obesity was over 50% among adult women in three countries, while in children the prevalence was over 40% in two countries.

The increase in obesity was related primarily to changes in diet and physical activity levels. Data indicated increasing sugar and fat consumption, excessively above the requirements, while the intakes of fruits and vegetables remained well below the goals. There were also fewer physical activity opportunities due to, *inter alia*, security concerns and motorized transport. The situation was highlighted in a recent survey that reported over 60% of teenagers being sedentary.

Health consequences of obesity have been studied; however, there are also social and economic consequences. The economic cost of obesity in the Caribbean has not been measured but is likely to be significant and unsustainable.

Over 50% of the Caribbean Community (CARICOM) countries had programmes addressing obesity, primarily hosted by non-governmental organizations. Notably, there were no monitoring and evaluation components so interventions impact was unknown. Regional policies have been developed to address obesity, based on international data and best practices. This is partly because of the paucity of Caribbean evidence on effective interventions. The policies include regulation of food advertisements, trade and fiscal measures, food labelling and school-based interventions.

There is an urgent need for evidence-based, multisectoral action to address the obesity epidemic in the Caribbean.

Obesity in the Elderly

D Eldemire-Shearer

The Caribbean, including The Bahamas, are experiencing the ageing of their populations with over 10% aged over 60 years. The islands are also experiencing the epidemiological transition with increases in non-communicable diseases (NCDs). In Jamaica, there was a 48% increase in hypertension and a 147% increase in diabetes among the over 60 population between 1990 and 2012. The increase in life expectancy and in NCDs together can lead to increased morbidity, disability and mortality while increasing health-care costs. The lifestyle factors, and obesity being a critical one, are what can be modified and are important given that the link between lifestyle and NCDs is well established. Both hypertension and diabetes, the leading causes of disease in the older population, are linked to obesity. In a 2012 study of Jamaican older persons, 50% were either overweight or obese, with women at 61.3% and men 39.6%. A recent study by the Food and Agriculture Organization of the United Nations highlighted the increase in overweight in the region, noting that The Bahamas at 69% had the highest rate. The paper will explore the implications of the increasing obesity and NCDs among the older persons in the region for healthcare services including prevention programmes.

Attitudes and Practices of Adult Patients with and without Chronic Diseases to Complementary and Alternative Medicine and Conventional Medicine in Nassau, New Providence

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Objective: To evaluate the attitudes and practices of adult patients with and without chronic diseases regarding complementary/alternative medicine (CAM) therapies and conventional medicine in New Providence Island, The Bahamas.

Methods: A descriptive cross-sectional survey concerning participant attitudes and practices towards general medicine

and CAM was conducted on adult patients aged ≥ 18 years with and without chronic diseases enrolled at one of the community or primary care clinics. Descriptive and inferential statistics were obtained by using IBM SPSS Statistics. **Results:** The minimum age of the 337 participants was 19 years, the maximum was 89 years, and the median (IQR: Q1, Q3) was 51 (IQR: 40, 62.0) years. The median and mean ages of the participants were statistically significantly different by the presence or absence of chronic non-communicable diseases ($p < 0.001$). Two hundred and forty-three (72.1%) participants were female, the median completed educational level was secondary/high school (IQR: secondary/high school, college/university), and 304 (91.6%) were Bahamian. Seventy-three (22.7%) participants believed taking CAM therapeutics to be more effective in treating chronic medical illnesses, 64 (19.9%) did not, and 184 (57.3%) were not sure. Twenty-four (7.4%) participants trusted CAM practitioners, 153 (47.4%) did not trust these practitioners, and 145 (44.9%) were not sure. In terms of decision-making, 133 (40.7%) participants wanted control in their own hands, 194 (59.3%) wanted equal partnership with their doctor, and none wanted to leave it solely up to the doctor.

Conclusion: Despite a high proportion of persons using CAM, participating patients tended to trust their doctors and held modest expectations about CAM.

The Bahamas Health Research System Assessment

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Objective: To conduct a health research system assessment (HRSA) analysis of the governance and stewardship,

financing, knowledge generation, capacity building, knowledge translation, and utilization of health research in The Bahamas from June 2016 to January 2017.

Methods: The Bahamas HRSA was conducted in three phases: a Mapping (open-ended) questionnaire was completed by a small team of experts during several meetings; a Stakeholder questionnaire was completed by health researchers using snowball sampling; and an Institutional questionnaire (open-ended) for heads of various health institutions. Instruments from the Council for Health Research and Development (COHRED) and the Essential National Health Research Council of Trinidad and Tobago were adapted. Results from the Stakeholder assessment will be discussed.

Results: Seventy-three Stakeholder questionnaires were completed, with a response rate of 24%. Median age was 44 years (range 26–75 years), and 65% were female. Fifty-two per cent reported professional university-based degrees. For the inquiry period of 1995 to 2015, 65% conducted research, with the number of projects rising steadily from 2 to 31. Popular branches of research were clinical (68%) and public health (42%). Most (62.5%) did not receive funding. Respondents had favourable views concerning where to get help for research, being adequately trained, and presentation and publishing opportunities.

Conclusion: While the number of research projects in The Bahamas appeared to be increasing, researchers should be encouraged to broaden explorations to less popular branches such as Economics and the Biological/Natural Sciences. Results of this HRSA will be used as the basis for the establishment of a National Health Research Council.