

## Achieving Health Equity in Barbados: Setting Priorities for Change

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### INTRODUCTION

Barbados, like most other countries in the Caribbean, is facing challenges in delivering healthcare and public health services as a result of factors such as increasing demand, budget cuts, shifting foci and health-worker retention (1–3). As seen throughout the world, an outcome of these challenges is that health equity can be lessened and efforts to do away with systemic inequities may be compromised (4–7). International agencies such as the World Health Organization and Pan-American Health Organization encourage undertaking measures to do away with health inequities (8, 9), and thus it is incredibly important for countries such as Barbados to prioritize health equity in policy and practice agendas.

In January of 2015, we organized and hosted a one-day symposium that was held at The University of the West Indies campus in Barbados to examine priorities for achieving health equity in Barbados. The symposium was entitled ‘Achieving Health Equity in Barbados: Setting Priorities for Change’ and invitations to attend were circulated widely. The day featured three plenary talks by established experts in the field, a number of research posters, and a concluding panel of academic and community-based leaders. There were approximately 100 attendees representing a variety of sectors, including tourism and social care; some of whom had come from other countries to be part of the dialogue. Attendees were encouraged to actively participate in discussions following the plenary talks and panel interaction and to continue the dialogue during the breaks and lunch. In the remainder of this short communication, we seek to summarize the key messages raised during the symposium so that they can be used to stimulate dialogue throughout the region.

The foci of the plenary talks and research posters varied greatly from health-worker migration and mental health to medical tourism and social work practice. Despite

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this variance, there were several key cross-cutting messages:

- Citizens’ social locations (*eg* economic status, education level) are creating differences in how Barbadians experience health inequities.
- Barbados’ current harsh economic climate is negatively impacting people’s abilities to equitably access health-promoting resources (*eg* nutritious foods, healthcare, employment).
- Finding and operationalizing solutions to the health inequities being faced by Barbadians cannot be tasked to a single group but instead requires coordination and collaboration across sectors (*eg* public-private partnerships and collaboration across government ministries).

Symposium attendees were active and engaged participants throughout the symposium day. They took in the points raised by the speakers and shared their own insights while also offering challenging questions that pushed the dialogue. Collectively, they emphasized three things that Barbados needs in order to begin to seriously address health inequities on the island:

- There is a need to produce better and higher-quality data that can inform sound decision-making in the health services and public health realms.
- There is a need for greater health literacy across the island and greater capacity for local organizations to play a role in addressing this need through encouraging citizens to be active participants in their health, encouraging dialogue, and encouraging representation of all voices (*eg* through involving local Constituency Councils in disseminating health-related information throughout communities).
- There is a need for greater awareness about the value of being attentive to the health and healthcare access challenges being faced by marginalized groups, and especially those who are relatively ‘invisible’ in daily community life.

Participants and speakers alike agreed that producing new, high-quality research is part of the solution for addressing health inequities and improving health equity in Barbados. Opportunities for meaningful research in this area are vast as there is no shortage of pressing knowledge gaps.

Important considerations for future research emerged throughout the symposium dialogue:

Both qualitative and quantitative approaches have the potential to generate valuable evidence and both approaches can be used to enhance the breadth and depth of our understanding of health inequities in Barbados and their impacts.

There is significant scope for health systems and health services research, and especially that focussed on system and programme financing, in Barbados to engage with a health equity/inequity framework in order to generate policy-relevant evidence that is sensitive to the needs of marginalized groups in particular.

Engaging and enhancing the visibility of decision-makers and knowledge end-users throughout the process of health research in Barbados, from design through to dissemination, can enhance the relevancy of findings to addressing health inequities.

There is great need to understand health inequities not only locally in Barbados but also comparatively in the region and internationally, and in doing so, considering successful interventions from elsewhere, and because of this, it is important for researchers across the Caribbean to conduct research using health equity frameworks.

The ‘Achieving Health Equity in Barbados: Setting Priorities for Change’ symposium was a success in that it brought health system users, healthcare providers, public health-workers, civil society representatives and others together in a shared dialogue about pressing health and healthcare issues facing the country. We call on other academics throughout the Caribbean region to bring diverse groups together to talk about health inequities and establish priorities in other countries and for their outcomes to be shared publicly so that others can benefit from the insights.

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#### AUTHORS’ NOTE

VAC and NS-G contributed equally to organizing and running the research symposium. VAC took leadership of drafting this short communication with extensive input from

NS-G. Both authors have reviewed and approved this paper prior to publication. The authors have no conflicts of interest to report.

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