

The Jamaican Health System supporting Men's Health

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Location of Jamaica



Background

- Following a series of disturbances in the 1930s in the British territories in the Caribbean, the British Government appointed the West Indian Royal Commission (Moyne Commission) to investigate and make recommendations on the social and economic conditions in the various territories including Jamaica.

Background

- The Moyne Commission exposed the conditions under which people lived viz.
- social problems
- the state of education
- poor health conditions especially the high infant mortality rate.

Background

The Commission expressed the view that:

“The emphasis in the past has been placed on the provision of medical relief and the cure of diseases received more attention than was given to prevention”.

Background

- A robust public health system has been an important legacy of British colonialism and is the foundation on which the present health system is built.
- The Jamaican health system has since undergone several reforms in keeping with local health needs and the international agenda.

Pillars of Health Reform

- The pillars of reform rest on the principles:
- Equity of access
- Responsiveness
- Quality
- Cost effectiveness and
- Sustainability.

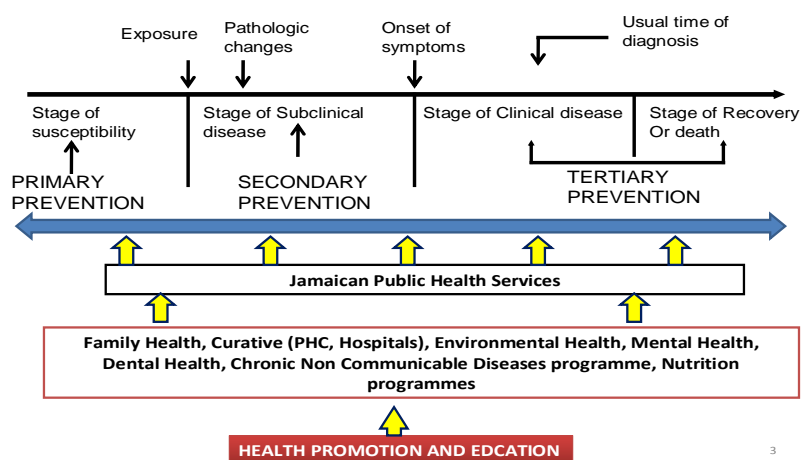
Health Reform

- Significant systemic changes have been aligned to :
 - Primary Health Care (Declaration of Alma Ata 1978)
 - Health reform and decentralization in the 1990's
 - Abolition of user fees implemented in 2007.

Health Service Delivery

- Health services are provided by the public and private sectors, and a few NGO's.
- The model of care is based on the principles of primary, secondary and tertiary prevention providing universal access to the population

Basis for Health Service Delivery



Health Service delivery

- Services are provided through:
- A network of 350 health centres,
- 24 public hospitals + University hospital
- 8 private hospitals
- 3 Radiation oncology centres (2 public + 1 private)
- More than 3,000 community based private general practitioners.

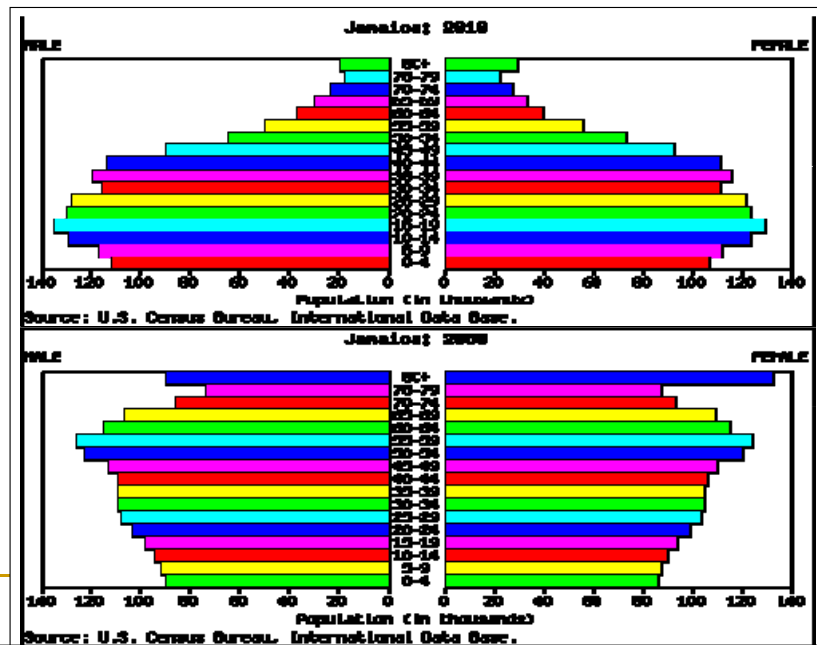
Health Services delivery

- National Health Fund provides drugs for 400,000 chronic disease patients of which Prostate Cancer is included.
- Based on taxation from cigarettes

Demographic profile

- Jamaica's population - 2.67 million
- Half the population live in the urban centres.
- The male to female ratio is 1: 1.1, with slightly more women than men.
- Life expectancy is 73.3 years with 75 years for women and 70 years for men.
- The total fertility rate is 2.4.
- Young people 10 – 25 years make up approx. 30% of the population
- The over 60 age group is the fastest growing group growing at a rate of 2.8% annually (11% in 2006)

Population Pyramid



Epidemiology Profile

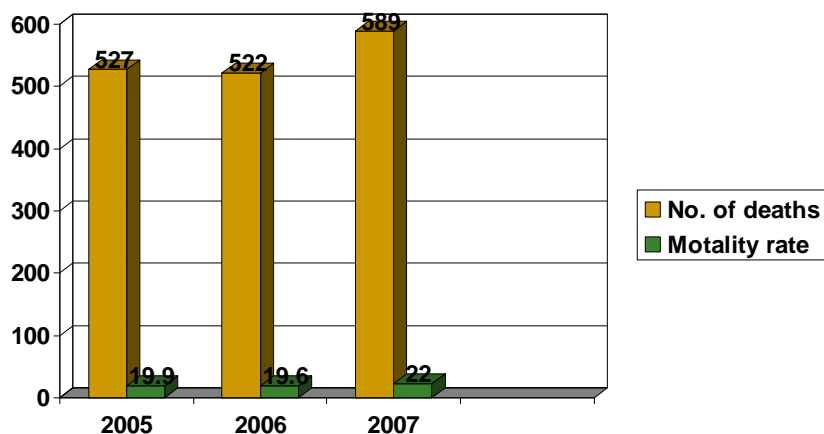
- The country is undergoing an epidemiology transition with
 - The triple burden of communicable diseases, non communicable chronic diseases and violence and injuries and
 - A disease profile that closely resembles developing countries
 - The leading causes of death are diseases of the circulatory system followed by neoplasms.
 - In males Cancer of the prostate is the 4th leading cause of mortality.

Leading causes of Death in Jamaica 1945-2005

1945	1982	1996	2005
Tuberculosis	Cerebrovascular Disease	Malignant Neoplasm	Disease of the circulatory system
Heart Disease	Heart Disease	Cerebrovascular Disease	Neoplasms
Nephritis	Malignant Neoplasm	Diabetes Mellitus	Nutrition endocrine diseases
Syphilis	Hypertension	Ischaemic Heart Disease	Diseases of the respiratory system
Pneumonia & Influenza	Diabetes Mellitus	Other Heart Disease	Accidents and Injuries-(Accidents, poisoning and violence)

Chronic , non-communicable lifestyle diseases have emerged as the leading causes of mortality and morbidity in Jamaica

Deaths from Prostate Cancer 2005- 2007

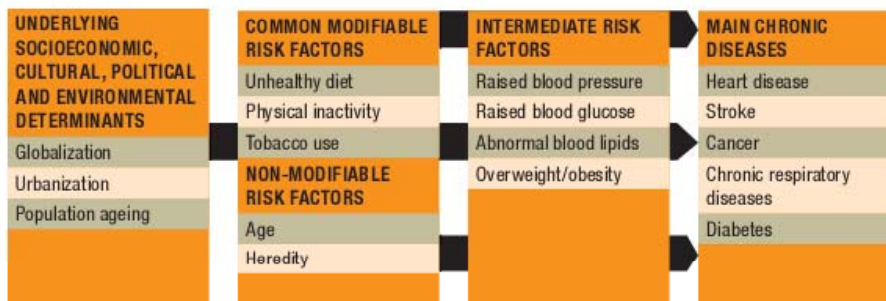


Port of Spain Declaration - 2007

- The burden of chronic non communicable diseases was recognized by Caribbean Heads of Government as a major challenge to development and in 2007, they declared their resolve *“to unite in the fight against the epidemic of NCD’s”*, recognizing the link of NCD’s to lifestyles and the social and economic determinants of health.

Chronic Disease Etiology

Causes of chronic diseases



Source: Preventing Chronic Diseases: A Vital Investment. World Health Organization. Public Health Agency of Canada.

Ministry of Health's Policy

- Provision of health services across the lifecycle to all
- Men's health is an integral and important component

Men's Health – Access to services

- HIV and sexually transmitted infections are health programmes most utilized by men.
 - Approximately 1.6% of the Jamaican adult population is HIV infected (UNAIDS, 2007).
 - More than two-fifths (45%) of infected men access the services offered at HIV/AIDS treatment sites.
 - Contrastingly, in the general population, only one-third (30%) of males get their main source of information on health from a doctor/nurse.
- (Jamaica Healthy & Lifestyle Survey, 2008).

Men's Health and Culture

- **Men must be strong and not sick** - 14.9% of males had never had their blood pressure done in the last year (Jamaica Healthy Lifestyle survey 2008)
- **Men must be providers** - A study in 1976 by Nancy Foner identified men as principal providers for the family.
- **Men must have children and it is manly to engage in multiple partners.** The 2008 healthy lifestyle survey noted that more than 90% of Jamaicans (15-74 years) were sexually active and 23% have had more than one partner in the year prior to the survey.

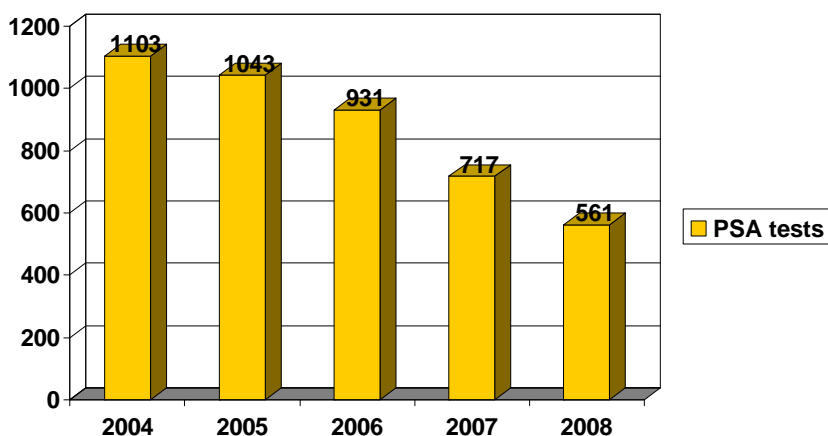
Men's Health Seeking Behavior

- Men's health seeking behaviour can be described as minimal
- Many men are afraid of the digital rectal examination and
- Fear of doing the PSA is less – but they fear injections
- Many men are afraid to be told they have prostate cancer.
- In reality many men seek care when the prostate cancer is advanced and hence they do not benefit from early intervention.

Men's Health Seeking Behavior

- The incidence rate for prostate cancer among Jamaican men is 304 per 100,000, exceeding the incidence among Africa-American of 272 per 100,000 - Surveillance, Epidemiological, and End Results (SEER) data base (Glover et. al., 1998).
- Many men (79.2%) had never done a rectal examination in their lifetime.
- A review of PSA's done between 2004 and 2008 revealed an almost 50% decline in uptake between 2004 and 2008. This may be a contributory factor to prostate cancer being a leading cause of mortality in men.

PSA tests done 2004-2008



Source: Ministry of Health - Jamaica

Gender bias to service delivery

- Our health services tend to be female focussed and often not geared towards being men friendly.
- Programs have been female driven such as maternal and child health with very little emphasis on men.
- This also mirrors the global health agenda

Prevention

- Public education programmes serve to heighten awareness but much more needs to be done to help men understand about their health, healthy lifestyles and cancer prevention.
- The challenges associated with providing Men's Health programs are therefore cultural, psycho-social and economic.
- A major challenge of reaching men with preventive programs for prostate cancer is their low acceptance of prostate examinations and their involvement in programs.

Some concerns

- The Jamaican health system has the potential to develop and sustain an excellent Men's health program especially at this time when we seek to renew primary health care, improve diagnostic and research capacity.
- The interest in prostate cancer is growing as it baffles the mind as to why the prevalence of this particular cancer is high and increasing in Jamaica.
- Is it related to diet, lifestyle, genetics, stress, infections or is it related to the environment?

Some concerns ...

- We are concerned that:
 - More than 90% Jamaicans eat less than 3 servings of either fruits or vegetables in a day
 - The fat content in our diet is high as the main method of meat preparation is by frying.
 - Physical activity is not at the levels it should be as 90% of Jamaicans are either sedentary or participate in light physical activity during their leisure time.
 - According to the Healthy Lifestyle Survey of 2008, more than half of Jamaican men and 2/3 of women have never attempted to increase their physical activity.

The Way Forward – A strategic approach

- Build the capacity of our health providers to diagnose early, manage and treat cases effectively and improve the quality of services for men.
- Create culturally appropriate health promotion programs that will increase awareness of men's health concerns (including male sexuality) and bring about behaviour change.
- Empower men to take responsibility for their health, improve their health seeking behaviour and to mentor other men.

The Way Forward – A strategic approach

- Provide a supportive environment through support groups and other mechanisms where men can obtain information and share experiences with other men.
- Building alliances with the media, NGO's, international partners, research groups, men's organizations etc.

The Way Forward

- Reorientation of health services:
 - improved surveillance
 - Increased capacity building – Radiation oncologists (for example)
 - Improved laboratory capacity
 - Appropriate technologies
 - more male friendly

The Way Forward

- Research and development will be essential and cross cutting to provide the evidence for determining cause, early diagnosis, treatment, prevention and policy. This will require partnerships at all levels to achieve the objectives of identifying the causes, improving diagnostic and treatment modalities, helping men understand risk and taking appropriate health actions with the end in mind to reduce the incidence of prostate cancer and in the long term eliminating this chronic disease.



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THANK YOU!



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