

The Bahamas' Experience in Pilot Testing of the NCD Minimum Data Set

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- Global momentum to scale-up response to chronic disease burden
- Need for accurate, timely & comparable data
 - Develop or expand programmes
 - Strengthen health care system
 - Strengthen 'whole government' approach to partnerships and decision-making



Significance

- Need for analysis and construction of indicators to follow trends over time; build on existing PAHO/WHO initiatives e.g. STEPS
- Final indicators to be those that can lead to prevention activities
- Minimum core set of data + expanded and optional indicators



Current Situation

- Regional strategy for addressing NCDs exists; includes surveillance
- Few epidemiologists in Caribbean
- Knowledge on reporting of data exists but little training on effective dissemination of the data for action
- PAHO program for improvement of vital and health statistics is ongoing

The Pilot Process







CARIBBEAN EPIDEMIOLOGY CENTRE













The Process

- Collaborative effort of PAHO/WHO/CAREC
- PAHO Inter-programmatic CNCD surveillance working group convened in March 2007
- Work based on principles of WHO chronic disease and risk factor surveillance principles & PAHO Core Health Data initiative



The Process

- List of NCD indicators from CAREC (2004)
- Review of other materials
 - CDC, Canada, Brasil and Mexico
- Suggestions submitted by epidemiologists from the LAC region
- Aim to harmonize Caribbean & MERCOSUR



The Process

- Data set to be congruent with basic data set of PAHO
- Data selected based on:
 - international resolutions
 - public health importance
 - availability of national data
- First attempt at uniform definition, collection and reporting of NCD data on annual basis



Data Set

- Core, expanded and optional indicators
- Combines multiple data sources into one functional report
- Foundation of NCD surveillance
- Attempt at reducing fragmentation of traditional incountry surveillance
- Allow for further analysis of data collection practices



Indicators divided into:

- I Mortality
- II Prevalence & Incidence
- III Risk Factors
- IV Health System Performance Indicators
- V Socioeconomic and Context Indicators



Data Set

Diseases covered:

- Cardiovascular
- Cancer
- Diabetes
- Asthma & COPD
- Overweight & Obesity

Additional topic areas:

- Violence & Injury
- Tobacco
- Alcohol
- Fruit & Vegetable consumption
- Physical inactivity
- Preventive services
- Poverty
- Insurance
- Imports & Exports



The Pilot

Initial meeting with CAREC/PAHO and six (6) countries in August 2008

- Bahamas
- Barbados
- Belize
- Bermuda
- Cayman Islands
- Dominica



Objectives

- Strengthen knowledge of indicators for NCDs
- Strengthen ability to report
- Review draft data set
- Agreement on reporting format
- Agreement on timeline for reporting
- Feedback to countries for action



- Draft minimum data set & instruction manual
- Pilot in six countries (October to December 2008)
- Revision of data set based on feedback (February 2009)

The Minimum Data Set





















Mortality from Selected NCDs



Selected Conditions

- Ischaemic Heart Disease
- Cerebrovascular Disease
- Malignant Neoplasms (all)
 - Cervix, Lung, Female Breast, Digestive System
- Diabetes
- Chronic Lower Respiratory Diseases
- External causes (all)
 - Land Transport
 - Homicide



Mortality Data

- Already reported to CAREC
- Data set reflects deaths <70yrs
- Death rates will be calculated using agestandardized rates by age, sex and total for under 70s.
- **PYLL** to be calculated for all mortality data (for the country-specific average life expectancy).



Process for Mortality Data

- Source is registered deaths, DOS
- Provided to HIRU on annual basis
- ICD-10 used
- Data already available in HIRU
- Most recent data 2006
- No challenges encountered



Prevalence/Incidence of Selected NCDs



Prevalence / Incidence Data

- Diabetes, Hypertension, Overweight and Obesity
- Data to come from surveys/studies/registries
- Reported as per ten-year age groups between 25 and 64



Risk Factors for Chronic Diseases



Risk Factor Data

- Daily and current smokers
- Exposure to second-hand smoke
- Binge drinking / Alcohol consumption
- Fruit & vegetable intake
- Level of activity
- Blood pressure
- Blood glucose levels
- BMI and WC



Risk Factor Data

- Adult and youth categories
- Data exists but not by same definition
- Future studies to address gaps
- Studies lacking in 13-15 age group
 - GSHS
- Highlights the need for information systems in public health
- Population screening occurring but challenge in data analysis



Health Systems Performance Indicators



System Performance Data

- Health insurance coverage
- Pap smear & Mammogram uptake
- Blood chemistry checks
- Eye & foot exam among diabetics
- Hospital discharges
- ALOS
- Amputations related to Diabetes
- Renal dialysis in diabetics
- Accessibility of PHC



Process for Morbidity Data

- Private Sector
 - Involved at stakeholders meeting
 - Integrated Health Information System
- Health Information & Resource Unit, MOH
 - Data from Public Hospitals Authority
 - Close relationship with PHA
 - Latest data 2004, already available



Limitations

- Readmission data not available
- Private sector still using ICD-9



Socioeconomic and Context Indicators



Socioecomonic Data

- Population data
- Gross national income
- Population below poverty line
- Fruit & vegetable production
- Tobacco / Alcohol import & export



The Way Forward

- Refine in-country data collection
- Future surveys/studies to ensure questions reflect reporting requirements
- Public Health surveillance needs strengthening
- Overcoming the main challenge of timeliness of reporting



The Way Forward

- Training of remaining countries (Oct 09)
- Data collected by all countries
- National reports produced
- Subregional report produced
 - INFOBase

