



WEST INDIAN MEDICAL JOURNAL

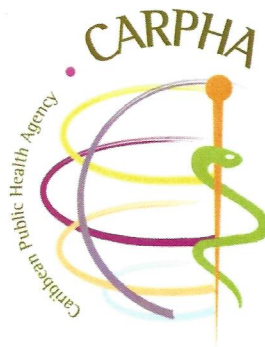
Supplement

Vol. 64 (Suppl 2) 1 – 107

June 25 – 27, 2015

ISSN 0043-3144 WIMJAD

CARIBBEAN PUBLIC HEALTH AGENCY

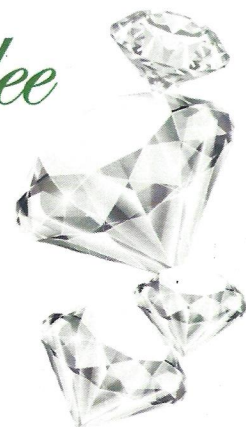


60th Diamond Jubilee
1956-2015

**CARPHA Health Research
Conference: Grenada**

June 25th – 27th 2015

St George's University Campus



Objective: To screen high-risk patients ≥ 45 years attending primary care facilities who have undiagnosed chronic kidney disease (CKD) and identify this group for further intervention.

Design and Methods: A cross-sectional study design was used; the population consisted of all adults 45 years and older in a primary care setting. A validated questionnaire was administered to all eligible participants.

Results: A total of 227 participants were recruited to the study. There was a 100% response rate. One hundred and five participants (46.3%) were classified as normal and 122 (53.7%) were classified as having Stages 1–3 CKD. Further, 22 (18.0%) participants were found to be in Stage 3 of CKD.

Conclusion: We provide evidence that screening can detect as much as 18.0% of asymptomatic individuals with Stage 3 CKD.

O – 85

Perceived barriers to seeking medical care among middle-aged and older men and women in the British Virgin Islands

CA Glover-Walton

Glover-Walton Research Consultancy, Tortola, British Virgin Islands

E-mail: *healthyageingbvi@gmail.com*

Objective: This paper seeks to identify the perceived barriers to seeking medical care among middle-aged and older people in the British Virgin Islands (BVI).

Design and Methods: The data for this study were taken from 244 middle-aged and older men (44.3%) and women (55.7%) who were recruited and interviewed for a study on the situation of ageing in the BVIs. Exploratory factor analysis using principal component analysis (PCA) with varimax rotation was used to identify the underlying factor structure in perceived barriers to care.

Results: A three-factor model was extracted (service acceptability, geographic accessibility and service affordability/availability) accounting for approximately 65% of the variance in responses.

Conclusion: On the demand-side, there was need for a study accessing unmet needs for medical services. On the supply-side, there was a need to investigate the barriers faced by the government in providing needed services and supplies.

O – 86

Reducing health disparities and improving health equity in the United States of America and St Lucia

KB Holden, L Charles, S King, BS McGregor, DE Satcher, AS Belton, DJ Beech, D Satcher

Satcher Health Leadership Institute, Morehouse School of Medicine, Atlanta, Georgia, USA; Victoria Hospital, Castries, St Lucia; The Satcher Group, Atlanta, Georgia, USA

E-mail: *kholden@msm.edu*

Objective: To create a sustainable model for community health education, tracking and monitoring of selected health conditions (diabetes and mental health), research training and health policy action in St Lucia, which may be applicable to underserved African Americans in the United States of America (USA).

Design and Methods: Phase one of this pilot study included a mixed methods analytic approach. Adult clients at risk for or diagnosed with diabetes ($n = 157$) and health-care providers/clinic administrators ($n = 39$) were recruited from five diverse healthcare facilities in St Lucia to assess their views on health status, healthcare services and existing challenges/opportunities to improve health equity. Content analyses of the qualitative data were conducted.

Results: Preliminary analyses of qualitative data indicated an awareness of the relatively high prevalence of diabetes and other chronic illnesses. Patients generally acknowledged that one's socio-economic status (SES) has an overall impact on health outcomes, though anyone, regardless of SES, may be diagnosed with a chronic disease. Finally, participants indicated desire for better accessibility to healthcare services and improvements to existing healthcare infrastructure to provide better services.

Conclusion: Findings from this pilot project could serve as a model to help advance health equity among diverse populations through evidence-based, culturally tailored community education and prevention efforts. These activities may play a vital role in improving the health status and healthcare among St Lucians with chronic health conditions and inform similar strategies that may be effective in the USA.