



Summary of Proceedings

Public Hearing

Held on **Wednesday November 15, 2023** from 10:18 a.m. to 12:35 p.m.

Venue: Linda Baboolal Meeting Room, Ground Floor, Parliamentary Complex, Cabildo Building, St. Vincent Street, Port of Spain.

Subject matter: An inquiry into Trinidad and Tobago's response to the prevalence of Non-communicable diseases (with specific focus on Diabetes, Cardiological Diseases and Cancer).

The **objectives of the inquiry** are as follows:

1. To examine the efforts of the State to counteract the effects of specific non-communicable diseases within the population (namely: diabetes, heart disease and Cancer);
2. To examine the efforts of Civil Society to counteract the effects of specific non-communicable diseases within the population (namely diabetes, heart disease and cancer; and
3. To determine the main policy changes, actions and interventions that are necessary to effectively respond to the increases in non-communicable diseases in Trinidad and Tobago.

Committee Members

The following Committee Members were present:

- Dr. Paul Richards - Chairman
- Mr. Roger Monroe, MP - Vice-Chairman
- Ms. Vandana Mohit, MP - Member
- Mr. David Nakhid - Member

The following Committee Members were excused:

- Mr. Esmond Forde, MP - Member
- Mr. Avinash Singh - Member
- Mr. Rohan Sinanan - Member
- Ms. Pennelope Beckles, MP - Member

Witnesses who appeared

The following officials of the **Ministry of Health and Regional Health Authorities** appeared:

- **Mr. Asif Ali**
Permanent Secretary
- **Dr. Roshan Parasram, ORTT**
Chief Medical Officer
- **Dr. Maria Clapperton**
Director, Non-Communicable Diseases
- **Mr. Anthony Blake**
Chief Executive Officer – North-West RHA
- **Mrs. Angelina Rampersad-Pierre**
Chief Executive Officer - Eastern RHA (Ag.)
- **Mr. Dalvin Thomas**
Chief Executive Officer – North Central RHA
- **Dr. Brian Armour**
Chief Executive Officer – South-West RHA
- **Dr. Kellie Alleyne-Mike**
Medical Director, St. James Medical Complex
- **Dr. Adesh Sirjusingh**
Director, Women's Health
- **Dr. Tricia Cummings**
Ministry of Health, CARICOM Focal Point for Cardiac Management

Key Issues Discussed

The following are the main themes arising from discussions with the **Ministry of Health and the RHAs**:

Trinidad and Tobago's overall hypertension rate (25.8%) compared to the Caribbean region (23%)

- i. Comparing statistics of one country to another is often difficult, given that every population in the Caribbean and the world is different in terms of its composition, i.e., genetics, foods consumed, lifestyle, and culture.
- ii. Lifestyle choices are identified as the leading contributor to Trinidad and Tobago's high hypertension rate, with particular prevalence among Afro-Trinidadians.
- iii. The Ministry of Health (MoH) is transitioning from treating end-stage conditions to implementing a wellness model requiring whole-of-government and whole-of-society cooperation.

Breakdown of Lifestyle Choices

- i. The MoH's focus is on treating with modifiable risk factors that lead to hypertension, diabetes, and heart disease.
- ii. Lifestyle choices include diet, exercise, stress levels, tobacco use, and alcohol consumption.
- iii. The MoH has targeted the five main lifestyle choices by encouraging an increase in exercise, water intake, fruit and vegetable intake and decreasing tobacco use.

Public Awareness Programmes targeted towards African populations affected by hypertension

- i. The MoH engaged a behaviour change consultant from the UWI to assist with its corporate communication strategy towards targeted messaging.
- ii. The TTMoves banner is being used to bring about a culture of lifestyle and behavioural change.

The Performance of the National NCD Steering Committee since April 18, 2023

- i. The National NCD Steering Committee was formed on April 18, 2023, with representation from members of the MoH and Non-Governmental Organisations (NGOs).
- ii. Thus far, the Committee has discussed and proposed a communication strategy aimed at promoting behaviour change about NCDs.
- iii. The Behaviour Change Specialist is currently reviewing the communication strategy proposed and developed by the Committee to strengthen further the approaches outlined in this strategy.
- iv. Additionally, subcommittees of the NCD Steering Committee were established to focus on additional key areas, one of which would be the WHO Acceleration Plan.
- v. The WHO Acceleration Plan addresses obesity, including measures for childhood and adult obesity.
- vi. Another subcommittee is examining an evidence-based approach to clinical practice management for NCDs.
- vii. The MoH is pleased with the output of the Committee since its implementation.

The measures being taken by the RHAs to deal with long waiting lists.

NCRHA:

- i. The NCRHA attributed the reason for the wait to the sheer numbers of persons who attend the clinic, monthly and daily.
- ii. The long waiting list for screening ultimately affects congestion at the NCRHA's emergency department.
- iii. One of the initiatives of the NCRHA is the In Touch Programme, managed by its Liaison Unit, which targets individuals who repeatedly visit the emergency department for house visits by a doctor and a nursing team.
- iv. As of January 2023, the MoH has visited 3,400 persons with chronic diseases. The number has since increased.

- v. Usually, persons who repeatedly visit the emergency department have not been taking their medication and require pharmaceutical consultations to remind them of the importance of doing so.
- vi. The NCRHA also engaged in a Walk-the-Talk Programme, a primary care initiative aimed at providing preventive medical services to entire congregations of churches, temples, and mosques in communities on Sundays or Saturdays.
- vii. Through the Walk-the-Talk Programme, 39,000 patients were screened.
- viii. At the NCRHA's cardiology clinic, there are high incidents of cardiology patients comprising a mix of patients from, for e.g. the health centres with referrals, chronic patients and patients who had heart attacks.
- ix. The NCRHA has disrupted the intake of patients to reduce the volume of patients visiting the cardiology clinic by:
 - commencing a pilot of training Person-centered planning (PCP) tools in communities so that some patients can be seen in the periphery; and
 - segregating patients to be seen separately at hospitals.
- x. The NCRHA has effectively built capacity by seeing smaller groups of patients with shorter appointments for cardiology.
- xi. The NCRHA is seeking to expand the training further to all health centres.
- xii. The training PCP tools in communities commenced in October, 2023.
- xiii. Once the training is complete, the NCRHA will be able to devolve patients who usually visit the centre.

SWRHA

- i. Wait times can be challenging in emergency departments.
- ii. The SWRHA is mindful of the health-seeking behaviour concept and provides health education and health promotion through its health centres.
- iii. There are walk-in services at the health centres as well as scheduled appointment services.
- iv. Generally, persons have a seamless experience at the level of health centres once they manage their chronic diseases with the support of their family and individual education.
- v. Persons who have poorly controlled illnesses have frequent repeat visits.
- vi. At the emergency department, there is a triage system.
- vii. The wait time impacts persons who are not critically ill or level 3.
- viii. The triage time at the SWRHA is generally quick and efficient, the experience averages 10 minutes. The average times for the necessary tests, such as blood and imaging tests, are approximately 4-6 hours.
- ix. The average length of stay in the hospital is generally four to five days for most conditions.
- x. The perception of other waiting periods that persons have is to attend specialist outpatient clinics after discharge.
- xi. The SWRHA has found that, on average, approximately one-third of persons who visit the emergency department with a chronic disease will not be admitted to the ward and could have sought help at the health centres.

NWRHA

- i. The context in NWRHA is unique as it has special challenges.
- ii. Apart from challenges in terms of triage times and the need to improve primary care, the NWRHA's challenge has been the 300% reduction in bed capacity at the Port of Spain General Hospital following the earthquake.
- iii. The NWRHA moved from approximately 500 beds to approximately 110/120 beds at the Port of Spain General Hospital, which is its major Accident and Emergency entry facility.
- iv. As a result, persons stay longer in the Accident and Emergency Department.
- v. The bed capacity at the wards is almost at 100% capacity.

The impact of the reduction of beds at the Port of Spain General Hospital by 300%

- i. The reduction of beds at the Port of Spain General Hospital by 300% has impacted the Hospital adversely in terms of waiting times for patients, resulting in patients spending time in the Accident and Emergency Department for extended times on trolleys in corridors.
- ii. To address the reduction in beds, the Hospital is utilising a spill-over facility at the St. James Medical Complex, which has a capacity of 60 beds.
- iii. A "Revitalisation of Primary Care" programme was also implemented to improve the quality of the offering at primary care, which can result in fewer people coming to the A&E department.
- iv. The Public Health System assists at the next closest Public Health Institution, which is the Eric Williams Hospital.

Health & Wellness Festivals

- i. In addition to the initial Wellness Festival held in South, the MoH held two other Wellness Festivals in the North-West, and East.
- ii. The South-West Regional Health Authority, held a Wellness Festival on the 26th of August, from 8.30 a.m. to about 2.00 p.m.
- iii. From its records, approximately 575 persons accessed the services within the relatively narrow period.
- iv. The Health & Wellness Festival targeted all age groups and various facets of the healthcare spectrum. There were on-spot screenings, including for mental health, blood donations and all under a cultural ambience with live music.
- v. The event provided the model for encouraging the population to have a favourable view towards health and a positive health-seeking behaviour.
- vi. Persons who were screened and had abnormal readings were provided with the linkage to care concept and were referred to the regular mainstream services for follow-ups.
- vii. The other RHAs have replicated the event.

The effectiveness of the TT-Moves Behaviour Change Campaign

- i. The TT Moves campaign is currently undergoing a process of reenergization.
- ii. A new tag line was added: “A movement for lifestyle change” to encourage members of the public to change their behaviour, make healthy choices in terms of their dietary measures, and move more.
- iii. There is a need to recognise that changes will not come overnight.
- iv. The MoH recognises that the population would be at various levels in terms of behavioural changes.
- v. The MoH seeks to make the TT Moves campaign as broad as possible to cater to persons at various stages of change, and as simple as possible.
- vi. Under the banner of TT Moves, there are three key messages the MoH is seeking to convey to the public: increasing their daily water intake, daily consumption of fruits and vegetables, and maintaining their daily physical activity levels.
- vii. Under the banner of TT Moves, the Health & Wellness Festivals are opportunities which provide access to care in the community for persons to have linkage to care and screenings, e.g. of their blood pressures, cholesterol numbers, and to be more familiar with their health numbers.
- viii. The MoH provided data from the STEPS survey of 2011¹ and a global youth survey.
- ix. The STEPS survey, which is the broadest type of survey from a health perspective, will be repeated. The MoH anticipates completing the STEP survey within fiscal year 2023/2024.
- x. The information from the STEP survey will be compared to the 2011 survey to identify changes in the demographics of patients, prevalence of hypertension, diabetes, and eating habits.
- xi. In addition to the STEP survey, the MoH is conducting a food consumption survey in partnership with various stakeholders, including the UWI and PAHO, which is due to be completed in the third or fourth quarter of 2024.
- xii. The Food Consumption Survey will provide indicators on the successes of various initiatives over the past 10 or 12 years.

Whether the MoH is targeting or monitoring the prevalence of NCDs in school children

- i. Several initiatives that directly target children and adolescents were implemented in the past, and more are to come, for example, the MoH:
 - purchased and placed exercise equipment in primary and secondary schools; and
 - In 2017, implemented a ban on the sale of sugar-sweetened beverages in schools.
- ii. The novel project includes a standardised approach to how patients who develop diabetes in pregnancy are cared for.
- iii. The MoH implemented a policy change in 2018, introducing clinical guidelines to manage diabetes in pregnancy, as well as high blood pressure.
- iv. Since 2018, the MoH has been screening every patient who attends both public and private clinics for diabetes in pregnancy, a practice that was not previously implemented.

¹ The Trinidad and Tobago Chronic Non-Communicable Disease Risk Factor Survey (Pan American STEPS)

- v. As a result of the screening, the MoH can detect patients who have developed diabetes in pregnancy for the first time or pregnant persons who may not have known they were diabetic.
- vi. The MoH takes special care to follow standardised protocols, provides glucometers for these patients, and supplies consumables.
- vii. By taking care of patients during pregnancy, lifestyle changes are implemented that will assist in preventing diabetes in both:
 - mothers in the long term, because they have a 50 per cent chance of developing diabetes, and
 - infants from developing the disease in the future.
- viii. The MoH's Women's Health created the breastfeeding team at the MoH.
- ix. In 2018, the MoH formed for the first time the National Breastfeeding Coordinating Unit.
- x. The MoH encourages the population to breastfeed exclusively for the first six months to reduce diabetes in mothers as well as in children in the future.

The status of outstanding equipment to be delivered to special needs schools

- i. The MoH anticipates the completion of deliveries of outstanding equipment during the second quarter of 2024.

Details of physical activity equipment procured and delivered to schools

- i. The MoH, through an IDB loan, purchased physical activity equipment for schools in partnership and consultation with the Ministry of Education (MoE), and provided the equipment to the schools through the MoE.
- ii. The equipment will fall under the physical education component of schools.
- iii. The MoE is responsible for the programmes and the maintenance of the equipment.
- iv. The MoH has allocated TT\$27.9M for school equipment in 623 schools.
- v. Thus far, the MoH has delivered equipment to 611 schools, comprising 479 primary schools and 132 secondary schools.

The status of glucose monitors from the Gestational Diabetes Management Programme

- i. The MoH procured over 3,000 home glucose monitors under the Gestational Diabetes Management Programme for 3,000 expectant mothers, and 218 for use at antenatal clinics at the MoH's various health facilities.
- ii. The Programme is part of a larger IDF-funded project which engaged consultants from the Helen Bhagwansingh Diabetes Education Research and Prevention Institute foundation, (DERPI).
- iii. The IDF-funded project comprises various elements, including training of healthcare workers, training of patients, and provision of glucometers.
- iv. All the glucometers received were distributed to all health centres and antenatal clinics.
- v. The MoH was still in the phase of distributing glucometers.
- vi. The MoH has another system, the Perinatal Information System with a current database of over 40,000 patients.

- vii. The System provides research and other data.
- viii. The data on the MoH's Perinatal Information System disclosed that currently, approximately 1 in 9 to 1 in 10 pregnant patients are diagnosed with diabetes in pregnancy.
- ix. The MoH currently has enough glucometers for patients diagnosed with diabetes in pregnancy.
- x. Monitoring and Evaluation are built into the project, providing sufficient testing strips along with glucometers.

The MoH's health initiative for men

- i. I. The health initiative for men was launched and held over the weekend of July 8th and 9th, 2023.
- ii. The initiative was a collaborative effort between the Ministry of Health and all Regional Health Authorities.
- iii. The MoH was encouraged by the overwhelming turnout of over 4,000 men at the initiative for prostate screening.
- iv. The MoH aims to continue the initiative on an annual basis.

Tobacco Control and Regulation

- i. The MoH has not received empirical data to determine the impact of the full implementation of graphic health warning pictures in September 2022 on the packaging and labelling of all tobacco products to deter tobacco use.
- ii. The MoH will provide data on the STEPS study, which includes a full component on tobacco use in relation to new users, age groupings, and other relevant details when it becomes available.
- iii. The MoH will discuss with the Ministry of Trade and Industry the availability of data about the importation of tobacco products, which can be used to assess the effectiveness of the Tobacco campaign.

Data on the use of tobacco by teenagers

- i. According to a 2017 WHO Global Youth Tobacco survey for Trinidad and Tobago, results for tobacco use indicated 14 per cent of students, 17.3 per cent of boys and 10.8 per cent of girls used tobacco products; 11 per cent of students, 13.6 per cent of boys and 8.6 per cent of girls smoked tobacco; 6.7 per cent of students which equates to 8.6 per cent of boys, 4.9 per cent of girls smoked cigarettes; and 4.1 per cent of students, 5.0 per cent boys and 3.2 per cent girls smoked less tobacco.

The impact of sensitisation sessions

- i. The sensitisation sessions were held after the graphic warnings came into effect.
- ii. The manager conducted sensitisation sessions with the sellers to ensure they are aware of the legislation and penalties associated with it.
- iii. Thereafter, the MoH monitored and evaluated compliance using inspectors assigned to the unit, who visited all sellers, including retail and wholesale outlets, to ensure adherence to the requirements.

The premise used to establish the Stress Relief Centre at the North Central Regional Health Authority

- i. The overarching premise for the Stress Relief Centre originated from discussions with Prof. Gerard Hutchinson, the head of the Psychiatry and Psychology Department.
- ii. The Stress Relief Centre was advertised.
- iii. On the first day, over 200 persons visited the centre, which indicated the need to not only expand the inherent capacity at the centre, but also to expand the distribution to St Joseph.

Studies on stress levels and their link to non-communicable diseases

- i. Research done outside of Trinidad and Tobago spoke to a relationship between the non-communicable diseases and mental health, and vice versa.
- ii. People with anxiety or stress-related disorders and depression are at greater risk for developing a non-communicable disease.
- iii. Similarly, people diagnosed with a non-communicable disease, for example, diabetes, are at greater risk for developing mental health issues like depression later on.
- iv. The Directorate of Mental Health has taken the lead on projects related to addressing mental health issues.

The extent to which a standardised approach to digitising patient records is being taken by each RHA

- i. The NWRHA commenced a pilot system in 2020 to digitise its pharmaceutical systems and patient records at its St. James Medical Complex facility.
- ii. The NWRHA commenced expanding the system to all its health centres nationally and has implemented the system at the St. Ann's Hospital and the Port of Spain General Hospital.

The extent of digitisation of past records

Ministry of Health

- i. The practice at the MoH has been to digitise up to the past five years; however, not every record is digitised. Only when the patient visits again is the record digitised, because there may be persons who may no longer be alive or accessing the system.

NWRHA

- ii. Concerning the extent of digitising records, the NWRHA has been able to digitise its paper-based system, which existed previously, commencing with approximately five years of records, due to the paper records being extremely voluminous.
- iii. The SWRHA has made significant strides in digitising records, particularly over the last three to four years.

SWRHA

- iv. IV. As of October 2023, the SWRHA has reached a point where it is providing a paperless service at its emergency departments, including those at the San Fernando and Point Fortin Hospitals, as well as at the emergency departments in the District Health Facilities (DHF).
- v. The last DHF to come on board with the paperless service is the Princes Town DHF.
- vi. The SWRHA is in the process of recovery from the recent cyber incident and expects to resume full service by November 20, 2023.
- vii. A patient care experience using the paperless service allows for the electronic transfer of a patient's record from one cadre of professionals to the next, such as the clerk to the doctor, nurse, or orderly, with the use of a tablet equipped with the software.
- viii. The staff at the emergency departments are well trained to use the software.
- ix. The medical records department's block appointment system is also electronic.
- x. The SWRHA also commenced e-discharges and has a concept of e-referrals where several of its health centres can send an electronic referral to refer a patient to a hospital, rather than the patient having to drop off a paper-based referral at a hospital clinic.
- xi. The filling of prescriptions at pharmacies is also done electronically, which benefits staff efficiency, provides seamless customer service, and yields secondary gains, including cost savings.
- xii. The wards now have the hardware capacity to receive lab results electronically as well as radiological images through the radiology software.
- xiii. Each RHA under the RHA Act is mandated to improve the efficiency and effectiveness of care as governed by the board.
- xiv. The SWRHA is embarking on a project to address instances where a patient goes to another RHA for continuity of care, which is currently a limit for the SWRHA.

ERHA

- i. The ERHA has an electronic client records or registration system, a lab information system and a pharmacy information system.
- ii. The ERHA is the pilot for the national HIS.
- iii. The ERHA systems will become interoperable once procurement is completed.
- iv. The ERHA has the requisite systems in place at the primary and secondary care to ensure that diagnostic results are filtered to clients promptly.

The impact of the Cyber-attack on the South-West Regional Health Authority

- i. The cyber-attack on the SWRHA's system occurred on October 23, 2023, at 3:45 a.m.
- ii. Initially, the cyber-attack on the SWRHA was profound as the network had to be shut down and computers turned off.
- iii. The SWRHA is working with national security agencies.
- iv. Internally, the SWRHA has been in emergency mode, scanning its network and all end-user devices, and had to rely temporarily on manual backup systems.
- v. Not only was patient care impacted, but also electronic data, which included, to some extent, administrative data.
- vi. The SWRHA expects to resume patient core services in full by November 20, 2023.

- vii. The SWRHA was advised by the 'TT-CSIRT', that there is no evidence of such, nor has the SWRHA received any indication that patients' information was compromised, accessed or disseminated

Cybersecurity arrangements across the public health care system

- i. Emphasis on the overall healthcare system is critical to the MoH.
- ii. The MoH met with 'TT-CSIRT' and the four RHAs to discuss the current state of the RHAs and their respective systems, and the action that can be taken to improve security at the four RHAs and the MoH's IT systems
- iii. The Ministry of Digital Transformation were also part of the discussions to ensure that adequate steps were taken to provide the required level of cybersecurity.

Plans to expand the initiative projects and programmes to increase awareness among the student population

- i. The MoH is seeking to launch an initial campaign, a mass awareness-building effort to promote understanding of NCDs and their modifiable risk factors.
- ii. The MoH recognises that children are the future concerning NCDs and creating a healthy society.
- iii. There is a need to involve parents, the PTA, and extended families in projects and programmes.
- iv. Diet is one of the most significant part of the project and programmes.

The level of synergy between the Ministry of Sport and Community Development

- i. The Ministry of Sport is one of the MoH's most incredible partners, in addition to the MoE and the Ministry of Agriculture, Land and Fisheries, which are the lead agencies that the MoH collaborates with.
- ii. Beyond the NCD Committee, there is a vision to create a tier above in terms of an oversight committee that will include critical Ministries, as well as critical NGOs, working together, as well as PAHO and CARPHA.

Measures for alleviating the shortcomings in the outpatient services

- i. The MoH identified three challenges in the outpatient services:
 - the lack of an electronic system to manage the appointment system;
 - the ability to provide timely diagnostic results; and
 - the need to expand the DHV programme.
- ii. All four RHAs have commenced implementation of an electronic system for appointments, which are at varying degrees at the respective RHAs.
- iii. The MoH commenced the conduct of diagnostic tests.
- iv. The MoH conducts point-of-care testing at the primary care level.
- v. Results of diagnostic tests performed using the lab information system are made available to clinicians in a timelier manner, allowing them to take action.

- vi. In relation to the District Health Visitor Programme, in 2021, 99 DHVs graduated from the MoH's DHV programme, in partnership with the University of the West Indies School of Nursing.
- vii. The shortage of DHVs as it stood has been addressed, and the complement of DHVs has increased.
- viii. The 99 DHV graduates have all been absorbed as DHVs at the four RHAs.
- ix. The human resource capacity of the ERHA is being addressed and will increase with the implementation of the DHVs.

The MoH's Medium-Term target for the reduction of the cancer rate in the population

- i. The incidence of cancer tends to be greater in families where there is a genetic link
- ii. At the centre, patients and their family members are engaged in considering different options for screening, which presents an opportunity to capture a large percentage of patients who are most likely to be at risk for developing cancer. It is also an opportunity for them to relay information to family and friends.

The effectiveness of cancer detection methodologies and cancer treatment protocols

- i. Concerning cancer in women, breast cancer is the number one cancer found in women in Trinidad and Tobago.
- ii. The data was generated from Elizabeth Quamina's National Cancer Registry, which has data up to the year 2020.
- iii. In terms of cancer reduction, preventable cancers, for example, with screening, such as breast cancer and cervical cancer, are targeted.
- iv. Some cancers do not have a screening programme.
- v. For the first time in Trinidad and Tobago, formal policies were put in place about screening programmes for breast cancer. These policies were launched earlier this year at International Women's Week.
- vi. On average, every day, based on the MoH's detection approximately one person is diagnosed with breast cancer in Trinidad and Tobago.
- vii. Two women die every three days from breast cancer, according to statistics. 84 per cent of breast cancer cases occur after the age of 45 years, which is similar worldwide, and 90 per cent of deaths occur in women who are 45 years and over.
- viii. Cervical cancer numbers are slightly decreasing for several reasons, one of which is the HPV Vaccination Programme, which started in the year 2013.
- ix. The more HPV vaccines a country delivers will reduce the incidents of pre-cancer and cervical cancer.
- x. Cervical cancer is the fourth most common cancer in women in Trinidad and Tobago at this time.
- xi. The number of women diagnosed with cervical cancer annually is approximately 113, of which 17 per cent present early, or one person presents early every three days. All the figures are very high numbers.
- xii. Trinidad and Tobago has signed on to try to eliminate cervical cancer by the year 2030 with several strategies, including new screening tests.

The availability of cancer drugs

- i. There are no challenges with the availability of cancer drugs at the respective units.
- ii. Cancer drugs are not part of the CDAP but are available at the respective RHA facilities.

Measures that can be taken to combat tobacco usage

- i. Public education is key to changing the perception about tobacco usage. Such education campaigns must target persons who have not yet started smoking, ensuring that they are aware of the dangers of smoking and do not start.
- ii. The MoH has smoking cessation clinics at the RHAs.
- iii. The MoH aims to increase the number of smokers enrolled in cessation clinics.

Budget for public awareness programmes for Tobacco

- i. The MoH has a budget for communication/health promotion, which would cover not just NCDs but other things.

The level of attention being placed on vaping

- i. The MoH's Tobacco Control Unit is currently looking at the issue of vaping and hopes to have a policy developed soon as it pertains to vaping.

The strategies being adopted to combat diabetes

- i. The Ministry's life course approach to addressing the issue of non-communicable diseases, in particular diabetes, includes pregnancy programmes, preconception initiatives, other initiatives for diabetes in pregnancy, and breastfeeding initiatives, which are key to preventing diabetes later on in life.
- ii. The MoH has implemented a series of diabetes wellness clinics, which are focused clinics that enlist a multidisciplinary approach towards addressing and controlling diabetes in persons whose condition is out of control.
- iii. Diabetes wellness clinics supplement the series of local health centres in the primary healthcare system with chronic disease clinics that cater to individuals with diabetes and hypertension.
- iv. The Diabetes Wellness Clinics are staffed with endocrinologists and provide services such as eye care, foot screening, and dietitian and nutrition counselling.

Dialysis

- i. The average cost per person for dialysis has not changed.
- ii. The number of dialysis sessions depends on the individual, typically ranging from two to three sessions per week.
- iii. 729 persons access dialysis care at the private centres.
- iv. At the ERHA there are 80 persons on dialysis.
- v. Five persons are awaiting approval for dialysis.

ERHA health outreach programmes

- i. The ERHA covers one-third slice of the island. However, it engages in outreach activities as far as Matelot in the north and Guayaguayare in the south.
- ii. Recently, in November 2023, the ERHA held a diabetes walk and engaged the communities on the north coast.
- iii. The ERHA also has several initiatives focused on monthly outreach programmes. However, these are not on the grand scale of the wellness festival.
- iv. The ERHA's focus for November is diabetes, and outreach activities will be directed at the same, such as Fruit Fridays and Water Wednesdays.

Global practices on the packaging and labelling of food items

- i. Conversations concerning mandating the caloric content of packaging and foods are currently happening between stakeholders of the Food Advisory Committee: the MoH, the Ministry of Trade and Industry, and its various stakeholders.

Update on the Risk Factor Survey

- i. The 2011 survey, is usually conducted every 10 to 12 years.
- ii. It is an extensive health survey, a PAHO-driven tool used by the Ministry of Health (MoH).
- iii. The next completed version of the survey will be available, hopefully, in 2024.
- iv. The MoH will inform the Committee of how the data compares with the 2011 data once received.

Childhood Obesity

- i. i. Beyond 2011, although the MoH presented 2015 data from the Global Youth Survey, which was conducted on a select group of people, suggesting a high level of obesity.

Key Recommendations based on discussions

The following are key recommendations that emanated from the foregoing discussions:

- i. Collaboration with the Ministry of Trade and Industry was recommended to assist with data gaps regarding the importation of tobacco products or data that highlights whether the usage of tobacco products has increased or decreased since the Ministry of Health's use of graphic warnings on those products.
- ii. The Ministry of Health should initiate public awareness programmes specifically targeting the Afro-Trinbagonian population, which is disproportionately affected by hypertension.
- iii. It was proposed that regular collecting and reporting of data on waiting lists for specialised medical services, such as angiograms, would identify and address bottlenecks in service delivery.

This public hearing can be viewed on demand via our YouTube Channel.

<https://www.youtube.com/watch?v=tn25Ie4Mp4U>

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Committees Unit

December 06, 2023.