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HEALTHBYTES

THE OFFICIAL JAMAICA DIASPORA HEALTH TASKFORCE NEWSLETTER



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CHAIRMAN'S MESSAGE



LEO GILLING, CHAIRMAN

It is indeed a pleasure to acknowledge the production and distribution of this, the third installment of HealthBytes, from the health task force in JDTAN and the fourth overall health e-magazine. The Jamaica Diaspora Taskforce Action Network is a collaborative approach of Jamaican professionals outside Jamaica to nation-building in our home country. I am proud of the work of Dr. Dahlia Blake and Miss Marsha Mullings, co-editors, who worked tirelessly to design this e-magazine.

This magazine issue is focused primarily on non-communicable diseases that are the leading cause of death in Jamaica: hypertension, diabetes, prostate cancer, asthma, and others. JDTAN is aware of the government's plights and concerns about NCDs and focuses on bringing awareness to prevention and treatment. As we are aware, NCDs are some of the underlying illnesses that precipitated mass illnesses and deaths during the initial strain of the COVID-19 pandemic. Still, many citizens do not understand the implications and the dangers of not treating these illnesses.

They are, therefore, in dire need of information through various mediums. We hope that this issue of health bytes will provide information and alternatives to help the citizens deal with these illnesses.

I also want to thank all the contributors who have spent hours researching and writing their findings and presenting solutions for bringing this issue to fruition. Collaborating and sharing our knowledge and expertise to make life a better place for people, change lives, and shift trajectories for positive outcomes. The topics and focus are timely and appropriate for helping to guide our 2030 Developmental Goals. JDTAN welcomes your work and thanks you for your valuable insertions.

It is also essential to recognize the members of the Jamaica Diaspora Health Task Force (JDHTF), the chairperson, Dr. Beverly Fray, and the members of the five health committees who have all led and participated in the various meetings, Jaminars, and the multiple activities that are precursors to this e-magazines. The COVID-19 pandemic (primarily 2020-22) has highlighted many shortfalls but opened opportunities that are our blind sides. Now, we are responding to those gaps and challenges we face to better serve our future.

This e-magazine is a fantastic production that can serve many purposes across the many segments in the health sector in Jamaica. We hope this opens other doors for discussions and collaboration. 2024 gives us (JDTAN, the Diaspora, and Jamaica) more opportunities to research, identify, discuss, and resolve.

I look forward to your feedback and subsequent discussions.

Best wishes,

Leo Gilling
Diaspora Strategist & Engagement Advocate
Chairman
JDTAN

CHAIR OF HEALTH TASKFORCE MESSAGE



**BEVERLY FRAY, PHD, APRN,
CNS-BC**

Dear Readers,

As chair of the Jamaica Diaspora Health Taskforce (JDHTF), it is my pleasure to present to you Volume 3, Issue 1 of HealthBytes. A special thanks to Dr. Blake and Marsha Mullings for leading the Newsletter Subcommittee to make this issue a reality. To all the other Newsletter Subcommittee members, thank you for a yeoman's job well done.

I would like to take this opportunity to let you know that the mission of the Jamaica Diaspora Health Taskforce is to build capacity within the Jamaican health sector through needs assessment, collaboration, and professional development. We carry out our mission by forming collaborative relationships with stakeholders in Jamaica; taking time to understand the obstacles that organizations and groups of people face in achieving their goals; and engaging in shared activities that enhance the organization or group to achieve desired goals. Our members include health professionals in Jamaica and the Diaspora.

HealthBytes, our signature newsletter, is one way to reach our stakeholders, and provide health information from leading voices among us. We seek to present this information in a simple, accessible, electronic, 'digestible' or easily understood way, hence the name HealthBytes.

This issue focuses on non-communicable diseases (NCDs), examples of which are asthma, high blood pressure, and prostate cancer. Essentially, we have some control over these health conditions. NCDs are the leading cause of death in Jamaica, and a major public health burden. HealthBytes aims to educate our readers who will then use the information to spur action and agency to change behavior that can will ultimately improve health.

So, please read, please share, and please send us your ideas and feedback to – jdhtf@jdtan.org or Bfray@jdtan.org. I invite you to join JDHTF and share your talents and expertise. It is easy to do so; please send your name, email address, and telephone number to either of the email addresses mentioned here. I look forward to hearing from you.

Stay safe, stay well, and get your yearly health check-ups.

Thanks,

Beverly Fray, PhD, APRN, CNS-BC
JDHTF Chair

WELCOME MESSAGE



DAHLIA BLAKE, MD, MBA, FCCP



MARSHA MULLINGS, MPH

Stop for a moment! Take some time to think about your health and the health of your loved ones as you read this issue of HealthBytes which focuses on Non-Communicable Diseases (NCDs).

Non-communicable diseases, sometimes called chronic diseases, are diseases of long duration, as defined by the World Health Organization (WHO). These diseases are not usually transmissible from person to person and are not acquired as an acute infection. Often, they are the result of a combination of genetic, physiological, environmental and behavioral factors. These factors cause heart disease, hypertension, stroke, cancers, asthma, cataracts, obesity and diabetes, among others. They are some of the NCDs that affect us in Jamaica and in the greater Diaspora.

As you read and learn about these diseases, you can discover how to reduce the likelihood of acquiring NCDs and, if affected, how you can control them by modifying your behavior and environment.

Additionally, this issue contains articles on dental health, the impact of music on health, mental health, social determinants of health (SDOH) and the National Health Fund (NHF). Do not hesitate to share this issue. Get engaged and continue the conversations with your doctor.

Let's collaborate and commit to improving our health and our nation's health!

Sincerely,

Dr. Dahlia Blake and Marsha Mullings, MPH

Co-Chairs of HealthBytes

A subcommittee of the Jamaica Diaspora Health Task Force (JDHTF), Jamaica Diaspora Taskforce Action Network (JDTAN).

NON-COMMUNICABLE DISEASES CONTROL: A CALL FOR ENVIRONMENTAL STEWARDSHIP



BY DR. SYLVANUS THOMPSON, PHD, CPHI (C)

Chair, Public Health Surveillance and Infectious Diseases Sub-Committee

Non-Communicable Diseases (NCDs), also known as chronic diseases, have emerged as a significant global health challenge in recent decades. These diseases, which include cardiovascular diseases, cancer, chronic respiratory conditions, and diabetes, account for a substantial proportion of global morbidity and mortality.

While lifestyle factors such as poor diet, physical inactivity, and tobacco use have traditionally been associated with NCDs, an increasing body of evidence highlights the crucial role of the environment in their development. This article explores the impact of the environment on NCDs, emphasizing the need for environmental stewardship to mitigate this growing public health burden.

Air Pollution and Respiratory Diseases

Air pollution, a widespread environmental problem, is a major contributor to respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. Particulate matter (PM), nitrogen dioxide (NO₂), sulfur dioxide (SO₂), and ozone (O₃) are among the pollutants that have been linked to the development and exacerbation of these conditions. Reducing air pollution through stricter emission controls, promoting clean energy sources, and implementing effective urban planning can significantly improve respiratory health outcomes.

Climate Change and Vector-borne Diseases

Climate change alters the distribution and behavior of disease-carrying vectors such as mosquitoes, ticks, and fleas. As a result, vector-borne diseases like malaria, dengue fever, and Lyme disease are expanding their geographic range and becoming more prevalent. Rising temperatures, changing rainfall patterns, and disrupted ecosystems

contribute to the proliferation of these diseases. Combating climate change and implementing adaptive measures can help minimize the incidence and impact of vector-borne diseases.

Water Contamination and Gastrointestinal Diseases

Access to clean water and proper sanitation is vital for preventing gastrointestinal diseases such as diarrheal illnesses. Poor water quality due to contamination with pathogens and pollutants can lead to the spread of diseases like cholera, typhoid, and hepatitis A. Effective water management, improved sanitation infrastructure, and education on proper hygiene practices are crucial for reducing the burden of waterborne diseases.

Chemical Exposures and Cancer

Exposure to environmental chemicals and pollutants has been associated with an increased risk of cancer. Carcinogens present in air, water, soil, and consumer products pose a significant threat to human health. Examples include asbestos, benzene, formaldehyde, and certain pesticides. Strengthening regulations, promoting safer alternatives, and adopting sustainable practices can help reduce chemical exposures and prevent cancer cases.

Urbanization and Lifestyle-related Diseases

The rapid urbanization seen in many parts of the world has led to changes in lifestyle and increased risk of NCDs. Factors such as sedentary behavior, unhealthy diets, and stress associated with urban living contribute to conditions like obesity, diabetes, and cardiovascular diseases. Urban planning that prioritizes active transportation, access to healthy food options, and green spaces can support healthier lifestyles and mitigate the impact of urbanization on NCDs.

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THE HEART OF THE MATTER: UNRAVELING THE MYSTERY OF CORONARY ARTERY DISEASE



BY DR. KAMAHL HARRIS SINGH, MD, MPH

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Imagine this: your heart is a mighty engine, tirelessly pumping to keep your body alive and kicking. But what happens when the fuel lines, your coronary arteries, start to clog up with a greasy substance called plaque? The engine doesn't get the fuel (in this case, oxygen-rich blood) it needs, and it starts to falter. This is in essence, coronary artery disease (CAD).

Now, why does plaque build up in the arteries in the first place? Well, some of us start at a disadvantage if we're male, older, or have a family history of heart problems. In these cases, we're more likely to have plaque in our arteries. Then there are factors we can control like smoking, which damages and narrows our arteries making it easy for plaque to build up. High blood pressure, high cholesterol, diabetes, being overweight and even sitting on our couch too much can all make things worse.

Let's talk about how CAD worsens. At first, the plaque is just a small blip in your artery, like a tiny pebble in a giant pipe. You won't feel a thing, and this stage is often called silent ischemia. As more plaque accumulates, that pebble turns into a rock, and now, your heart is struggling to get the oxygen it needs. You might feel some chest pain, known as angina.

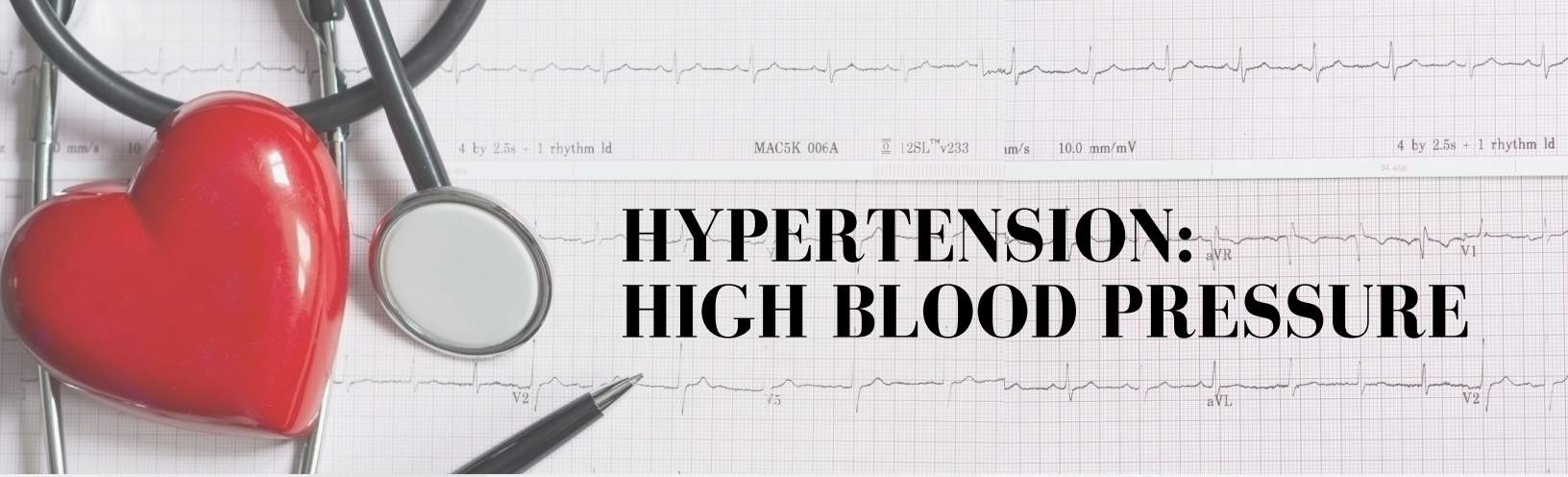
Fast forward, and that rock becomes a boulder. Now, you've got unstable angina - your chest pain gets worse and happens more often, even when you're just resting. This stage is like a big, flashing neon sign that says, "Danger ahead!". That danger is a heart attack, where the artery is so blocked that a part of your heart can't get oxygen and starts to die. It's as serious as it sounds and is the most severe stage of CAD.

If CAD isn't tackled head-on, it can lead to some scary stuff. Your heart could get so weak from working overtime that it can't pump blood properly, a condition known as heart failure. CAD can also mess with your heart's natural rhythm, leading to arrhythmia, which is like your heart dancing off-beat. Then there's the big one, the heart attack, where a clot forms and blocks the artery. The worst-case scenario is sudden cardiac arrest, where your heart abruptly stops beating - it's sudden, it's severe, and it needs immediate attention.

But hey, don't lose heart (pun intended)! While all this sounds grim, there are many ways you can fight CAD. Eating healthier is a good start - imagine fueling your engine with top-quality oil instead of dirty fuel. A heart-healthy diet centers around nutrient-dense foods such as fruits and vegetables, fiber-rich whole grains, lean proteins like chicken, turkey, fish, and beans, peas, lentils, and beneficial fats from avocados (known as pears in Jamaica), nuts, and seeds. It's vital to practice portion control and limit the intake of dietary salt, added sugars, and unhealthy fats found in ready-made foods. Exercising more often can help too. Think of it as taking your heart to the gym - the more it works out, the stronger it gets. Quitting smoking is another biggie - it's like preventing more gunk from clogging your fuel line. Also, keeping other conditions like high blood pressure, high cholesterol, and diabetes in check is crucial to help keep CAD at bay. And don't forget your regular check-ups. After all, the earlier you spot CAD, the better your chances of beating it.

GOLDEN NUGGET

So, there you have it- the lowdown on CAD. It might seem daunting, but with the right information, lifestyle changes, and medical help, you can keep your engine, your heart, running smooth and strong!



HYPERTENSION: HIGH BLOOD PRESSURE



BY MARSHA MULLINGS, MPH & DR. DAHLIA BLAKE, MD, MBA, FCCP

According to the World Health Organization (WHO), an estimated 1.3 billion people between the ages of 30 and 79 have hypertension. A high proportion, 46%, are unaware that they are hypertensive. Additionally, less than half of adults (42%) are diagnosed and treated and only about 21% have their hypertension under control.

Hypertension is among a group of diseases known as non-communicable diseases (NCDs), and these global statistics are reflected in Jamaica, where 1/3 of individuals suffer from hypertension (35.8% women and 31.7% men). A 2016-2017 Jamaica Health and Lifestyle Survey prompted the Salt Study in Jamaica in 2021 by the Ministry of Health and Wellness (MOHW). Armed with statistics and the increasing incidence of hypertension in the Jamaican population, the Honorable Dr. Christopher Tufton has been working on increasing awareness among Jamaicans locally and abroad, around the challenge of hypertension and associated illnesses. Hypertension is a major cause of premature deaths worldwide; consequently, one of the WHO's global targets for NCDs is to reduce its prevalence by 33% between 2010 and 2030.

So the numbers matter: What is blood pressure?

The National Cancer Institute (NCI) defines blood pressure as the force of circulating blood on the walls of the artery. It is a measure of the force that the heart uses to pump blood around the body. A person's blood pressure is measured by taking two readings. The systolic is measured when the heart beats, at which point the pressure is at its highest. The diastolic is taken between the beats of the heart, at which point the pressure is lowest. Blood pressure is usually expressed as systolic measurement (top number) over the diastolic measurement (bottom number), for example, "120 over 80", written as 120/80 mmHg (millimeters of mercury).

According to the American College of Cardiology/American Heart Association 2017 Guideline, normal blood pressure level is systolic less than 120 mmHg and diastolic less than 80 mmHg. An elevated blood pressure is systolic 120-129mmHg and diastolic less than 80 mmHg. High blood pressures systolic 130 mmHg or higher and diastolic 80 mmHg or higher. Blood pressure changes throughout the day based on one's activities. Systolic blood pressure measurement that is consistently above 120 mmHg often results in a diagnosis of hypertension.

RISK FACTORS FOR HYPERTENSION

Risk factors for hypertension are usually divided into two categories: those that are modifiable and those that are not modifiable. Modifiable risk factors are those that can be decreased or changed through behavioral efforts such as diet and physical exercise. Non-modifiable risk factors are those that cannot be changed through behavioral changes.

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HYPERTENSION: HIGH BLOOD PRESSURE

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Modifiable risk factors for hypertension include:

- Excessive salt consumption
- High-fat diet
- A diet low in fruits and vegetables
- Physical inactivity including a lack of exercise
- High stress life style
- Smoking
- Obesity
- Sleep disorders especially obstructive sleep apnea
- Excessive alcohol consumption such as beer and hard liquor

Non-modifiable risk factors include the following:

- Age over 65
- A family history of hypertension
- Black race
- Co-existing diseases such as diabetes, stroke, long standing kidney disease and heart disease
- Pregnancy can lead to pregnancy-induced high blood pressure which can be short term, and often resolves with delivery of the baby but can lead to chronic hypertension

SIGNS & SYMPTOMS

Hypertension usually has no sign or symptoms, and many people are unaware that their blood pressure is high, hence it is often called the “silent killer.” However, very high blood pressure can cause headaches, blurred vision, chest pains and other symptoms. Hypertension that is poorly controlled can lead to many serious health problems, chief among them are heart disease, stroke and brain problems such as vascular dementia.

Other health problems related to poorly controlled hypertension include erectile dysfunction, impotence and kidney disease.

Symptoms connected with these health problems include:

- Severe headaches
- Chest pain
- Dizziness
- Difficulty breathing
- Nausea
- Vomiting
- Abdominal pain
- Blurred vision or other vision changes
- Anxiety
- Confusion
- Buzzing in the ears
- Nosebleeds
- Abnormal heart rhythm
- Difficulty getting or maintaining an erection
- Difficulty thinking and memory problems



WHY SHOULD YOU MONITOR YOUR BLOOD PRESSURE?

Blood pressure is checked by your doctor at each health visit. If you are diagnosed with high blood pressure, then it becomes important for you to continually monitor your blood pressure. You can check your blood pressure at home easily. An automated blood pressure monitoring device placed on your upper arm is best.

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NON-COMMUNICABLE DISEASES CONTROL: A CALL FOR ENVIRONMENTAL STEWARDSHIP

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CONCLUSION

The burden of Non-communicable Diseases continues to escalate globally, affecting individuals, communities, and healthcare systems. While personal choices and behaviors play a role in NCD development, the environment's impact on these diseases should not be underestimated. Addressing environmental determinants of NCDs requires collective action, including policy changes, technological innovations, and individual choices that prioritize environmental stewardship. By protecting the environment, promoting sustainable practices, and ensuring a healthy planet for future generations, we can reduce the prevalence of NCDs and improve public health outcomes worldwide.

Household and outdoor air pollution, alongside unhealthy diets, lifestyles, and work environments must, therefore be included in the global strategy to prevent NCDs.

HYPERTENSION: HIGH BLOOD PRESSURE

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WHY SHOULD YOU MONITOR BLOOD PRESSURE?

There are finger and wrist blood pressure monitoring devices available too but these are usually not recommended. You may be asked to take your blood pressure medicine in the mornings and evenings. If the numbers are not stored in the device, then be sure to keep a written record of them to show your nurse or doctor and to seek help if they are outside of the normal range (>120/80 mmHg).

BEFORE TAKING YOUR BLOOD PRESSURE FOLLOW THESE STEPS:

- Do not drink coffee or tea or caffeinated beverages 30 mins prior
- Avoid exercising 30 mins before measuring
- Take morning blood pressure before taking blood pressure medications
- No talking or crossing of legs during the blood pressure measurement

- Sit still and comfortably
- Be sure to measure twice

WHEN TO TALK TO THE DOCTOR

Talk to your doctor about your blood pressure at every health care visit. He or she can give you advice on ways to lower your blood pressure, maintain good control and prevent the medical conditions that result from high blood pressure.

WAYS TO LOWER YOUR BLOOD PRESSURE

- Less salt in dietary meals or avoid added salt completely at meals.
- Exercise for at least 150 minutes per week, building your heart muscle and helping in weight loss. Walking, dancing and playing a sport are great examples of exercise.

- Maintain a healthy weight.
- Avoid processed foods, foods that are high in fat and canned foods.
- Eat fresh foods and plenty of vegetables.
- Quit smoking and drinking alcoholic beverages.
- Lower your stress level.
- Get plenty of rest.

GOLDEN NUGGET

The numbers matter, and knowing your blood pressure is important for a long healthy life. If you are told you have hypertension (high blood pressure), talk with your doctor and create a partnership with your health care team. By doing so, and with the support of your family, you can find ways to lower your blood pressure, and if you are at risk, you can discover ways to prevent it.



ASTHMA



BY KADESH BLAKE

Bachelor of Medicine, University of West Indies, Mona Campus Kingston, Jamaica, WI

Surely many have heard this word, whether it is associated with a close family member, friend, themselves or even their own children. Asthma is a disease that affects the Caribbean overall, and Jamaica specifically, due to its high rate of occurrence in the black population. Asthma affects children and adults alike. The increasing incidence of newly diagnosed and worsening asthma appears to be the result of a few factors including lack of knowledge, the environment and poor medical management.

Lack of knowledge of asthma is among the root cause of its increasing prevalence in Jamaica; specifically, the knowledge gap regarding its pathology and environmental triggers. The triggers are the same whether you are residing in Jamaica, or in another country.

This article will provide fundamental information about asthma: definition, risk factors, triggers and most importantly, treatment and management especially as it relates to children, who are at the greatest risk for life threatening events resulting from an asthma attack. Asthma may be a life-threatening illness; the more you know, the better equipped you may be to save your life or someone else's life.

WHAT IS ASTHMA?

Asthma is a condition in which the airways are inflamed, making them very responsive to triggers. These responses cause significant narrowing and constriction of the airways which may cause a variety of symptoms such as coughing, wheezing, shortness of breath and potentially lead to death. With proper treatment and management, the blockage of the airways caused by asthma is often reversible.

WHAT ARE THE TRIGGERS?

Jamaica has many triggers of asthma. Exposure may be constant depending on the surrounding environment, or it may be intermittent. Triggers can lead to worsening of asthma, a condition known as exacerbation. Exacerbations are seasonal and increase in the fall and winter months worldwide. In Jamaica on the other hand, exacerbations occur due to heat, dryness and high amounts of dust and allergens in the air. Areas high in dust, air pollutants and allergens in the environment are commonly found where bauxite mining, gypsum mining and white marl roads are present. As a result, increasing numbers of new pediatric asthma cases are diagnosed, or pre-existing cases are worsened, requiring medical attention.

Other factors which may worsen asthma symptoms include the presence of pests, insect droppings from roaches and rats, and the presence of mold, which may occur due to poor living conditions. These all act as aeroallergens and can trigger an asthma attack. An asthma attack can be triggered by the environment alone or in combination with the inheritance of genes and family histories of asthma.

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ASTHMA

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There are other theories regarding the roots of asthma. An important one is the reduced exposure hypothesis, which assumes that children who were underexposed to possible triggers in early life have a higher risk of developing asthma. This may or may not have been true for our parents and grandparents, however for the current generation of children, especially those born after COVID-19, the incidence of asthma attacks has increased. So has the occurrence of other diseases of skin disorders such as eczema and allergic rhinitis, which are related to asthma and commonly exist as co-morbid conditions. They occur due to an above normal response of the body to allergens and microorganisms such as viruses and bacteria.

NOW HOW DO WE DEAL WITH THE PROBLEM?

Genetic and family history traits are non-modifiable factors; therefore, only environmental triggers are modifiable factors. Identifying these triggers and educating the general population on the causes and symptoms when they do arise are crucial to providing lifesaving treatment and effective medical management.

As noted earlier, living and environmental conditions including air pollution, allergens from pets, roaches, and rats are primary asthma triggers in Jamaica. Eliminating these is the best approach to avoiding potential asthma flares and life-threatening attacks. If elimination is not possible, then limiting exposure is the next best approach. If possible, reduce asthma-triggering activities such as burning garbage and cutting grass. Additionally, reduce or remove large patches of grass-less areas, which can exacerbate dust flares. Keep homes dust free; where feasible, remove carpets and rugs and avoid the accumulation of mold. Avoid having pets and if pets are present, groom them to reduce pet allergen exposure.

Additionally, practice safe pest control by preventing the breeding and survival of roaches and other producing species. Finally, if diagnosed with asthma, maintain the use of prescribed drugs such as inhalers and ensure that follow ups are done on time and consistently to monitor responses to therapy.

Asthma in Jamaica is mostly uncontrolled. This is largely due to poor education about monitoring and treating acute asthma attacks before they worsen. Often, monitoring asthma is inadequate or incorrectly done. Many parents do not know the severity of their child's asthma and do not adhere to an action plan. Many children and adults are also not aware of the correct methods of using metered dose inhalers commonly known as puffers; incorrect use of these and other devices decrease treatment efficacy. The best measure against this problem is to continually educate the population about the use of

these devices. The creation of educational programs for parents of children with an early diagnosis of asthma would improve the management and control of asthma.

HOW IS ASTHMA MONITORED?

Using a peak flow meter is a quick, convenient, and easily repeated method to monitor the progression of asthma. With the use of the provided peak flow reading, an asthma action plan may be formulated. An Asthma Action Plan has three zones: Green, Yellow and Red. In the Green zone: asthma is well-controlled and peak flow is 80% to 100% of one's personal best. Yellow zone: asthma is getting worse or is poorly controlled. Red zone: stipulates the need for urgent medical attention.



Greater emphasis must be placed on the Asthma Action Plan as it may improve asthma management. It is a simple tool that demonstrates the significance of peak flow readings. Poor understanding of asthma and inappropriate monitoring are drivers of the increase in new asthma diagnoses, and life-threatening asthma attacks among persons with asthma.

Although asthma is common in Jamaica, its pathology and management are poorly understood among the population. Treatment accessibility and affordability, literacy rates, and poorly relayed instructions from practitioners are among the contributing factors to this challenge.

There are a few items that a person diagnosed with asthma must have at home: a metered dose inhaler with or without a spacer, peak flow meter and corticosteroids if prescribed based on the severity of the illness. Be aware, many reported cases of asthma attacks result from lack of monitoring combined with the incorrect use of drugs and their mechanisms of delivery. If this is corrected through education, it is likely that we would see a significant decrease in its occurrence, especially for pediatric populations.

Golden Nugget: Asthma Education: know triggers of asthma and avoid or limit exposure if possible. Use a peak flow meter to monitor your progress, know your zones and have an action plan. Keep your emergency/rescue inhaler accessible at all times.

YOUR DENTAL HEALTH



BY DR. CRAIG FREIDMAN, DMD

Why is your dental health so important? It is because your oral health is tied to your overall health. For example, many individuals with chronic diseases such as heart disease or diabetes are prone to periodontal or gum disease. Any disease that lowers your body's ability to fight infections increases your risk for gum disease. Even certain medications prescribed for medical treatments can negatively affect your oral health by causing dry mouth. With dry mouth, reduced saliva will increase the risk of tooth decay. The two major diseases treated in dentistry are periodontal disease and tooth decay. Both are caused by different kinds of bacteria.

To begin, periodontal or gum disease is an infection and inflammation that affects the tissues and bones that support your teeth. Bacteria in the plaque that stays on your teeth is what causes the infection. Without routine dental care to remove this plaque and bacteria, it creates gums that become inflamed, red and swollen. And if left unchecked, gum disease will begin to break down the bones that support your teeth which is the most common reason for tooth loss. Some of the signs of gum disease are:

- gums that bleed when you brush or floss;
- gums that are red
- swollen, puffy or tender gums
- bad breath that does not go away
- feeling like the teeth are loose.



WHAT HEALTHY HABITS CAN YOU DO TO CARE FOR YOUR ORAL HEALTH?

- Brushing your teeth twice a day with a soft or extra soft bristle brush is ideal. An electric brush is usually prescribed as it does a more efficient job at removing the soft bacteria we accumulate.
- Cleaning between your teeth by flossing, using a water pick or any type of special pick or in-between narrow brush. This will remove the plaque from in between the teeth where the tooth brush does not touch.
- Having a healthy diet by limiting high sugar or sticky foods that remain on the teeth. When plaque is left on the teeth and mixes with food and drink it can lead to tooth decay. If tooth decay is not stopped, it can lead to painful holes and abscesses which can spread.
- Visit your dentist twice per year for your dental cleanings. Make sure to have an annual exam and x-rays. If a dental disease is diagnosed, a patient will need to see the dentist more often.

GOLDEN NUGGET

Just remember - the mouth is the window to the body and needs to be treated as such.



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CATARACTS



BY MARSHA MULLINGS, MPH
Vice Chair, Public Health Surveillance and Infectious Diseases Sub-Committee

GLOBAL SCOPE OF VISUAL IMPAIRMENT

Eye conditions are very common across the globe though it is extremely difficult to obtain an accurate estimate of the magnitude and economic burden of visual impairment. The World Health Organization (WHO) reports that at least 2.2 billion people have a visual impairment. Further, they estimate that at least 1 billion of these impairments could have been prevented or are currently unaddressed. Among preventable eye conditions, cataracts represent one of the most common preventable disorders globally.

CATARACT EYE DISEASE: WHAT ARE CATARACTS?

Cataracts are clouding in the lens of the eye. In a healthy eye with clear lens, light passes unobstructed from the cornea, through the lens, and onto the retina. A cataract obstructs the light passing through the lens and distorts the images relayed to the brain from the retina. The visual distortion increases with the size of the cataract.

Early-stage cataracts may have few or no symptoms. However, as the cataract grows and affects more of the lens, visual distortions become more apparent. Vision may become dull and blurry, and less colorful. Over time cataracts can lead to total vision loss if left untreated.

Cataracts cannot spread from one eye to another but may appear in both eyes. There are many types of cataracts, the primary ones are:

- **Age-related cataracts.** Most cataracts are related to aging. The risk of developing cataracts increases after age 40.
- **Congenital cataracts.** Some babies are born with cataracts, while some children develop cataracts in childhood. Children with congenital cataracts usually have cataracts in both eyes.

- **Secondary cataracts.** Some cataracts occur because of another health condition, such as diabetes.
- **Traumatic cataracts.** An injury to the eye may cause the development of a traumatic cataract. The cataract may develop immediately after or many years following an injury.

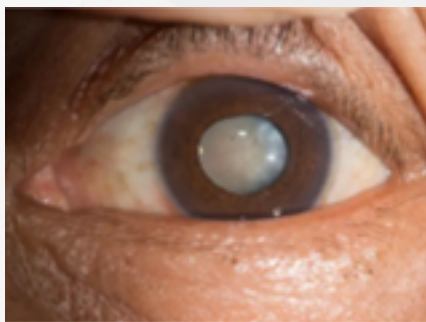


Figure 1
Photo Credit: American Academy of Ophthalmology, Cataract

RISK FACTORS FOR CATARACTS

- A family history of cataracts
- A serious injury to the eye
- Eye surgery to treat another eye condition, such as glaucoma
- History of diabetes

- Steroid use, such as medicines to treat health problems like allergies and arthritis
- Radiation treatment for cancer or other diseases
- Smoking
- Excessive alcohol consumption
- Too much time in the sun without eye protection

SYMPTOMS

Cataracts produce no symptoms when they are small. However, as the cataract becomes larger, visual distortions become more apparent. Each person may experience symptoms differently. A person with cataracts may experience the following symptoms:

- Blurry or cloudy vision
- Colors become less vivid; appear faded
- Night vision deteriorates
- Lamps, headlights or sunlight produce a bright glare
- Halos form around lights
- Double or “ghost” vision

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CATARACTS

(continued from page 14)

PREVENTION

Aging increases the risk of cataracts but there are steps that can be taken to decrease these risks.

- Eye protection – wear sunglasses or wide-brimmed hats to protect the eye from direct sunlight
- Protect the eyes from injuries. This is particularly important when using power tools or when engaged in certain sports
- If aged 40 or older, get a yearly eye exam
- Manage diabetes and other health conditions that may increase cataract risk
- Decrease alcohol consumption
- Quit smoking

MANAGING CATARACTS

Carefully monitoring and attending to visual health is very important, especially as we approach



middle age, when the effects of aging become more apparent. Managing cataracts entails minimizing the disruption in vision during the early stages. This may involve adjusting lighting to improve vision, wearing anti-glare sunglasses, and using magnifiers as necessary. In later stages, when visual distortions become more challenging, consultation with an eye specialist is recommended. A doctor may suggest surgery if cataracts are affecting everyday activities and decreasing the overall quality of life. Cataract surgery entails removal of the clouded lens and replacement with an intraocular lens (IOL). Cataract surgery is considered very safe and effective. Nine out of ten people report improved vision after cataract surgery. If you have been diagnosed with cataracts, consult with your health care provider for advice on cataract surgery.

MENTAL HEALTH



BY KARLENE TOMLINSON

Licensed Marriage and Family Therapist
Chair, Mental Health Subcommittee

Robert Frost said "the best way out is through." The way out of any tough situation is through it. Breathe through it. A regular practice of calming the mind and body through breathwork provides many benefits.

Breathwork can reduce stress and anxiety, improve sleep, feed our internal organs and help optimize the body's mechanisms, release toxins from the body as well as increase energy and boost the immune system. With all these benefits, we can remind ourselves- Just Breathe nuh man!!

Try this boxed breathing exercise which can be practiced many times throughout the day.

Life is...(finish the sentence)

Life is.. sweet

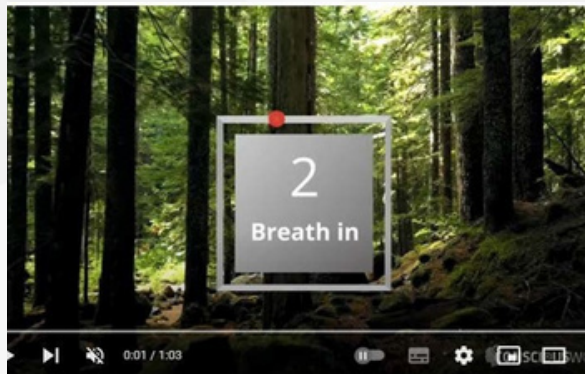
Life is.. rough

Life is...good

Life is.... what you make it!

A so the thing set, a just so, a life! We Jamaicans have many colloquialisms to explain the vicissitudes of life. Isn't it true that there are ups and downs in life? We know that highs and lows, good times and challenges abound. What we also know for sure is that life goes on, and we realize that nothing lasts forever. My grandmother used to say- "only salvation lasts forever!" So "this too shall pass."

We grow and we learn through the challenges of life. Challenges and obstacles are inevitable and can be viewed as opportunities to build character, for growth and for self- discovery. We can face them head on because we are full of grit, resilience and perseverance!



If you or someone you know finds that negative moods and feelings last longer than they usually do, or that these moods and feelings impact the ability to perform the normal functions of life, seek help from a professional.

PROSTATE CANCER

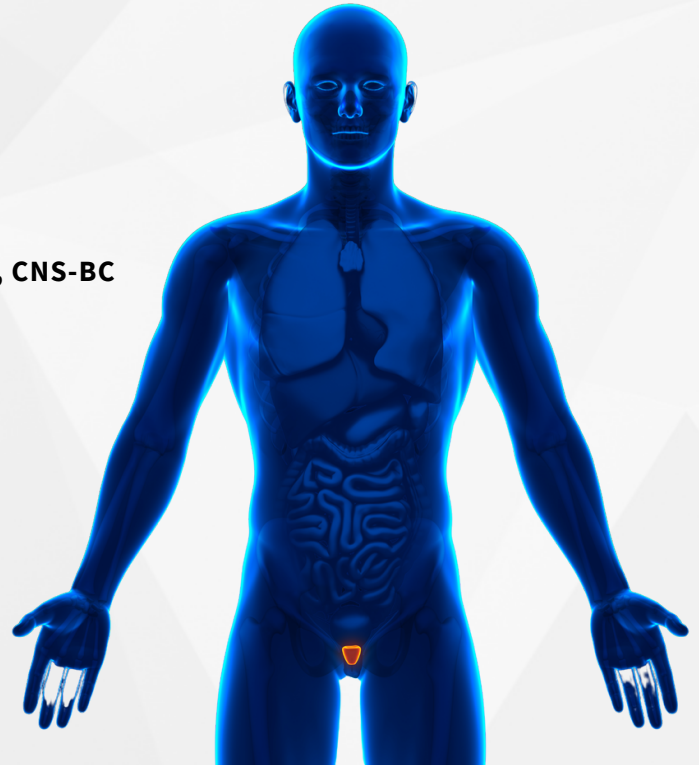
THE POWER OF PREVENTION



BY DR. CHAD HINES
Chen Medical Associates
Miami, Florida



BY DR. BEVERLY FRAY, PHD APRN, CNS-BC
Chair of Jamaica Diaspora Health
Taskforce



IN THIS ARTICLE

1. Prostate Cancer is a Problem for All
2. Etymology – where the name comes from
3. Prostate Cancer in World History
4. Risk Factors
5. How is Prostate Cancer Diagnosed?
6. How is Prostate Cancer Treated?
7. How can Prostate Cancer be Prevented?
8. Prostate Cancer: Fact vs Myth
9. Summary

THE PROBLEM

Prostate cancer is the leading cause of cancer death in men worldwide. Based on the most recent statistics available from the World Health Organization (WHO), prostate cancer is also the leading cause of cancer death in Jamaican men, and the 4th leading cause of death in Jamaican men overall, behind deaths from interpersonal violence; death from stroke; and death from ischemic heart disease (heart attack).

Former Prime Minister of Jamaica Michael Manley died from prostate cancer at the age of 72.

WHAT IS THE PROSTATE AND WHAT DOES IT DO?

The prostate is an organ located under the bladder and above the penis. It is the size of a walnut, and it stores fluid that helps sperm function normally. The fluid helps to form semen or sperm. The prostate tends to grow larger with age, so the older the man, the larger the prostate. Women do not have a prostate.

ETYMOLOGY - WHERE DOES THE NAME COME FROM?

Pro – before; Statos – standing. Prostate – one that stands before – may be a reference to the prostate's position at the front of the male body.

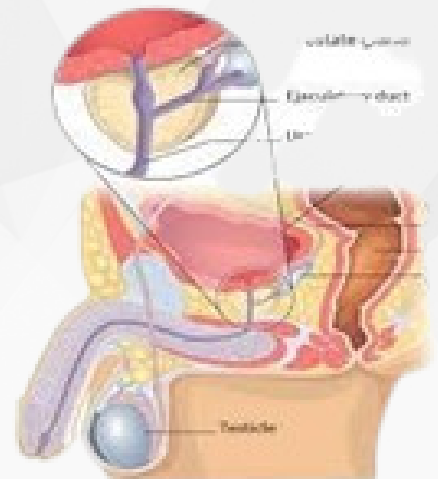


Figure 1

PROSTATE CANCER

(continued from page 16)

PROSTATE CANCER IN WORLD HISTORY

Prostate cancer was first described in 1853 by J. Adams, a surgeon at The London Hospital. At that time, he described it as a 'rare disease'. It was 'rare' at that time, as prostate cancer was a disease of older men, and men did not live as long then, as they do now.

HOW TO KNOW WHEN YOU OR YOUR LOVED ONE HAS PROSTATE CANCER

In most cases there are no early symptoms or things a doctor can see on a physical examination that can help to detect prostate cancer early. Most commonly a blood test called the 'PSA' is what is used to make the diagnosis.

PSA stands for Prostate Specific Antigen and it is a protein that normally only exists in the prostate. The

more prostate cells, normal or abnormal, that exist in the body, the higher the amount of PSA in the bloodstream.

PSA scores above a certain level, with levels changing depending on the age of the patient. High levels are associated with an increased risk of prostate cancer. Your doctor does not need to put his finger in the rectum to examine your prostate to screen for prostate cancer.

If the PSA is found to be higher than 4, then a prostate specialist, called a urologist, can take samples of the prostate by doing what is called a 'biopsy'. The samples are then sent to a lab and a pathologist will use a microscope to look for cancer cells to determine how bad or how aggressive the cancer is.

If cancer is found, the urologist will then order tests such as a CT scan and or a bone scan to look to see if the cancer has spread outside of the prostate.



RISK FACTORS FOR PROSTATE CANCER

Risk factors for prostate cancer include:

1. Age: Higher in men above 40, usually peaking between the ages of 65 and 74.
2. Ethnicity or Race: More common in Blacks, who also have an earlier age of diagnosis on average.
3. Geography: Men who live in Europe, North America, Australia and the Caribbean have the highest rates, while those in eastern Asia have the lowest.
4. Family History: Men who have a first degree relative with a history of prostate cancer, breast cancer, colorectal(colon) cancer, ovarian cancer, pancreatic cancer, melanoma, especially when diagnosed before the age of 65, tend to have a higher risk of prostate cancer.
5. Diet: Higher risk is seen in those with diets rich in animal fats (e.g. beef, goat, pork fat) and dairy (e.g. milk, butter) and low in vegetables.

HOW PROSTATE CANCER STARTS

Prostate cancer starts when abnormal prostate cells with damaged DNA continue to grow without dying. As the cells multiply, the cancer in the prostate gets larger, until it eventually goes beyond the prostate and enters the surrounding tissue, the blood stream, and eventually the bone. The affected bones then

become weaker, eventually breaking, sometimes resulting in paralysis. As the cancer continues to grow and starve the good cells of the body of its nutrients, vital organs eventually become starved of nutrients, resulting in progressive weakness, disability and eventual death.



HOW CAN PROSTATE CANCER BE TREATED?

Based on how aggressive the cancer is, the level of one of the most important lab markers, the prostate specific antigen (PSA), and whether the cancer has spread beyond the prostate, the urologist, and a cancer doctor, called an oncologist, can prescribe a treatment plan for you.

(continued on page 18)

PROSTATE CANCER

(continued from page 17)

TREATMENT OPTIONS FOR CANCER THAT IS ONLY WITHIN THE PROSTATE

1.) Active surveillance: Just doing a PSA every few months.

Benefits: Avoids unnecessary treatment

Challenges: Patients and their family become anxious about test results

2.) External Beam Radiation: Radiation from a machine that destroys the cancerous tumor.

Benefits: Effective long term cancer control

Challenges: Can cause problems getting an erection

3.) Brachytherapy: Kills tumor with a radioactive source (usually beads or pellets) placed in the prostate

Benefits: Good cancer control and quicker than External Beam Radiation

Challenges: Can cause problems getting an erection

4.) Prostatectomy: Surgical removal of prostate and its lymph nodes

Benefits: Easier to detect recurrence of tumor

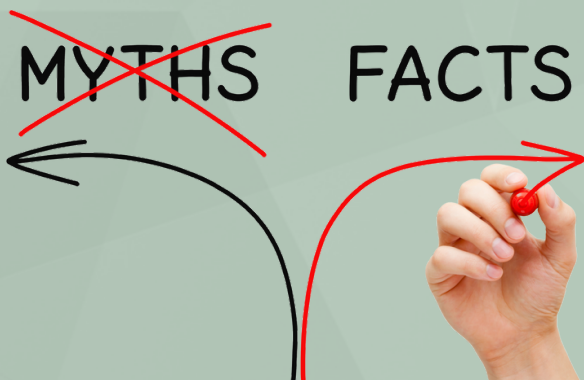
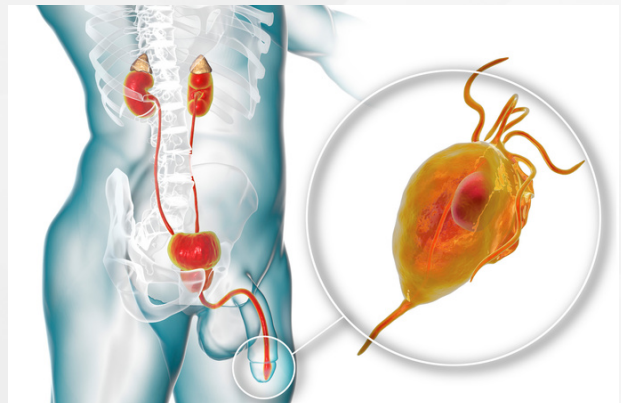
Challenges: Not a good option if surgical risk is high; risk of not getting erection(erecile dysfunction)

TREATMENT OPTIONS FOR SERIOUS LOCALIZED PROSTATE CANCER OR CANCER THAT HAS SPREAD BEYOND THE PROSTATE

1) Androgen Deprivation Therapy: Starving the cancer of testosterone. Testosterone feeds prostate cancer and makes it grow faster

2)Surgical Orchiectomy – surgical removal of the testes (balls)

3) Medial Orchiectomy – injections every few months with medications



PROSTATE CANCER: MYTH VS FACT

The following factors have no clear, scientific impact on prostate cancer:

1. Sex and ejaculation
2. Lycopene, tomato and its products
3. Commercially made multivitamins, selenium and zinc
4. Coffee
5. Urinary tract infections and sexually transmitted diseases
6. Vasectomy and infertility
7. Marijuana use

(continued on page 19)



PROSTATE CANCER

(continued from page 18)

ADVICE ON HOW TO PREVENT PROSTATE CANCER

NUTRITION

- Have a robust diet, rich in whole, plant-based foods, fruits, vegetables, tubers (starchy vegetable such as potatoes, yams and cassava); whole grains (cereals, quinoa, brown rice, oats, whole wheat, bulgar)
- A plant-based diet, consider eliminating all meat and dairy from your diet
- Eliminate processed foods from your diet, and replace with fresh foods
- Legumes – beans of any kind; lentils, red beans

EXERCISE

- 30 minutes per day of moderate intensity exercise (enough to raise your heart rate) 7 days per week; 2 days per week of resistance exercise (push-ups, squats, etc.)

WATER

- Make water your preferred beverage each day and drink plenty of it.

SUNLIGHT

- Get at least 15 minutes per day of sunlight, preferably between the hours of 10 am and 2 pm.

TEMPERANCE AND HEALTHY INTERPERSONAL RELATIONSHIPS

- Exercise self-control in action, thought or feeling.
- Cultivate healthy, supportive relationships that nurture you.

AIR

- Try to get fresh air each day, spending more time around trees, in nature.

REST

- Aim to get 8 hours of sleep each night; avoiding food within 3 hours, drink within 2 hours, and devices within 1 hour of bedtime

SPIRITUAL CONNECTION

- Being in a healthy faith community can be a source of emotional and social support.

SECONDARY PREVENTION – RISK FACTORS ARE PRESENT, BUT DISEASE IS NOT.

- Establish a relationship with a doctor, at least by the age of 40.
- Discuss your risks for prostate cancer with your doctor, especially regarding risks and benefits of prostate cancer screening.

TERTIARY PREVENTION – DISEASE IS PRESENT BUT NO DISABILITY

- Discuss the establishment of a living will and health care surrogate with your doctor.
- Discuss the establishment of a Durable Power of Attorney for your finances, and living estate with your attorney.
- Invite your spouse/health care surrogate to your doctor appointments for additional support.

SUMMARY

Prostate cancer is a disease of older men, but is more frequent, starts earlier and is more aggressive in Black men and men with a family history of cancer.

A whole food, plant-based diet has been shown to reduce the incidence of prostate cancer, while diets rich in animal fats have been found to increase the incidence of prostate cancer.

There are no symptoms or signs of early prostate cancer, but talking to your doctor around the age of 40 about prostate cancer screening with a PSA blood test may be helpful.

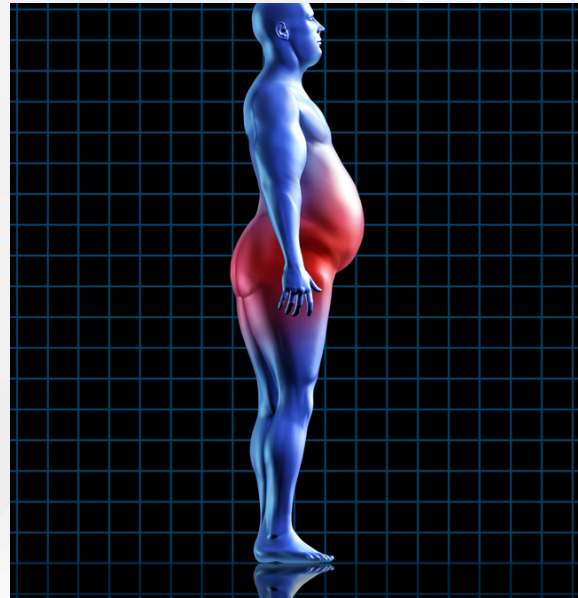
Treatment options are available, depending on where the cancer has spread outside the prostate. No treatment option is perfect, as they all options have benefits and risks.

For prostate cancer, attempts at prevention and living a healthy lifestyle give the best chance of living a life free of prostate cancer.

THE OBESITY EPIDEMIC IN ADOLESCENTS



BY BREANNA BLAKE
University of Miami
MPH Candidate



Obesity is a global challenge affecting over 340 million adolescents (aged 5-19) worldwide and increases in numbers affected daily [1,5]. The rates for overweight Jamaican children and adolescents range from 15.7% to 32.3% for boys and 20.0% to 33.3% for girls [4]. While obesity is a growing problem in all age ranges, the Global Nutrition Report, demonstrated that from 2000-2019 obesity frequency among Jamaican children and adolescents showed a steady incline of 5.4% to a projected 15.0% among boys and 6.4% to a projected 15.0% among girls [4].

According to the World Health Organization (WHO), overweight and obesity are defined as a body mass index (BMI) of >25 and >30 respectively. BMI is measured by dividing your weight in kilograms or pounds by the square of a person's height in meters or feet. Besides BMI, waist circumference, hip circumference, hydrostatics and other machinery are widely recognized among researchers and clinicians as methods for measuring obesity.

Despite various myths that obesity is a result of a single cause, it is a disease with many causes. A 2019 large-scale scientific analysis (meta-analysis) conducted by Sanyaolu et al., confirms that obesity in adolescents is a combination of poor physical exercise, poor diet, physiological factors, being overweight or obese during childhood, and other components contributing to its occurrences [2]. Excess increase in total body fat, expansion in fat deposits (places with cellulite/lumpy areas of the body), and buildup of fat cells and/or tissues surrounding and within organs are additional factors alone or in combination with major causes such as poor exercise and diet.

Therefore, obesity is very complex and often considered a gateway disease, meaning that it is a risk factor for many chronic illnesses. It is associated with at least 60 co-existing conditions and as a result, obese adolescents can have more than one illness at the same time. Disease conditions that occur simultaneously (comorbid conditions) can have mental and physical consequences. For example, an obese teenager may have a mental health illness which is of significant concern. The stigma associated with being overweight or obese may be compounded by bullying, resulting in the development of eating disorders in this age group [3].

Some of these physical and mental consequences are not only a result of obesity but also can be the factor causing adolescent obesity. In order to address the rising rates, a survey was conducted by the Health Foundation of Jamaica (HFJ) in collaboration with the Ministry of Health and Wellness/Jamaica Moves (MOHW/Jamaica Moves).

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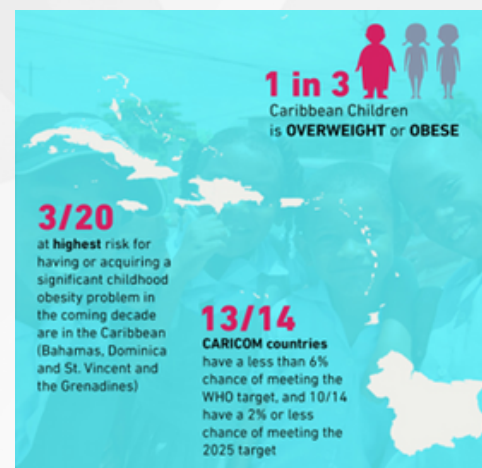


Figure 1 Childhood Obesity Occurrence Rates Among Jamaicans and Caribbean Countries. <https://www.healthycaribbean.org/world-obesity-day-2020/>

THE OBESITY EPIDEMIC IN ADOLESCENTS

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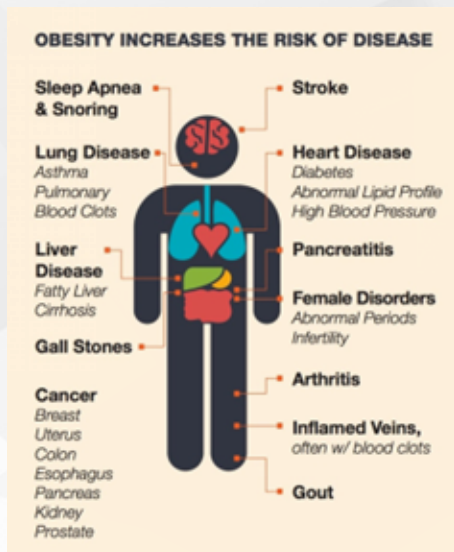


Figure 2 Physical Consequences & Co-existing Conditions. <https://sanantonioreport.org/one-lucky-duck-path-back-good-health-fitness/obesity-health-risks/>

PREVENTION & RECOMMENDATIONS

Figure 2 Physical Consequences & Co-existing Conditions. <https://sanantonioreport.org/one-lucky-duck-path-back-good-health-fitness/obesity-health-risks/>

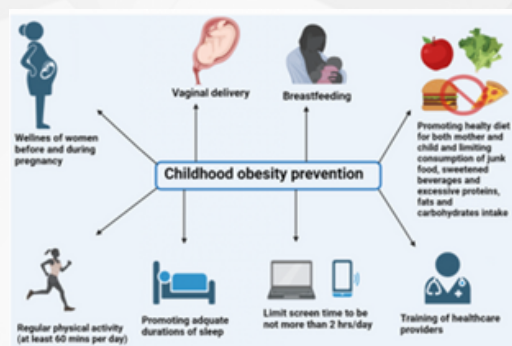


It found that 87% of Jamaicans agree that sugary drinks contribute significantly to obesity and 81% support taxation on sugary beverages, especially if some of the revenue was invested in obesity reduction programs [7]. This information poses several questions: Is taxation the most effective method for the reduction of obesity in Jamaica? What other health policies should be considered and enacted to combat the challenges associated with childhood and adolescent obesity in Jamaica and throughout the Caribbean? How will adherence to such policies be measured for effectiveness and compared to the WHO Healthy Behaviors Standards?

The WHO has developed adherence guidelines called Healthy Behaviors Standards. With the implementation of these standards, the WHO has shown that many adolescents adhere to the Healthy Behaviors Standards despite the apparent gradual increase in childhood and adolescent obesity. In 2013 8.5% of high school students met the recommendation for fruit consumption and 2.1% met the recommendation for vegetable consumption [6].

IF YOU ARE DIAGNOSED WITH OBESITY BY YOUR DOCTOR, WHAT NOW?

You and your family will receive an abundance of information on behavioral changes, medications, and bariatric surgery options based on your BMI and coexisting conditions. The initial recommendation is always behavioral change including choosing to eat healthy foods, increasing physical activity based on the WHO guidelines, improving sleep, and drinking enough water. Your doctor or a nutritionist can help to develop a healthier eating plan. If a more aggressive approach is advised, you may be referred to an adolescent bariatric surgeon. A bariatric surgeon is a physician specialized in surgeries aimed at reducing the presence of excessive adipose tissue and cells in the body while reducing food consumption [9]. Additionally, weight loss surgery known as bariatric surgery is highly effective in adolescents as they are more likely to adhere to the nutrition and physical activity, especially if they have a supportive family [9].



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THE OBESITY EPIDEMIC IN ADOLESCENTS

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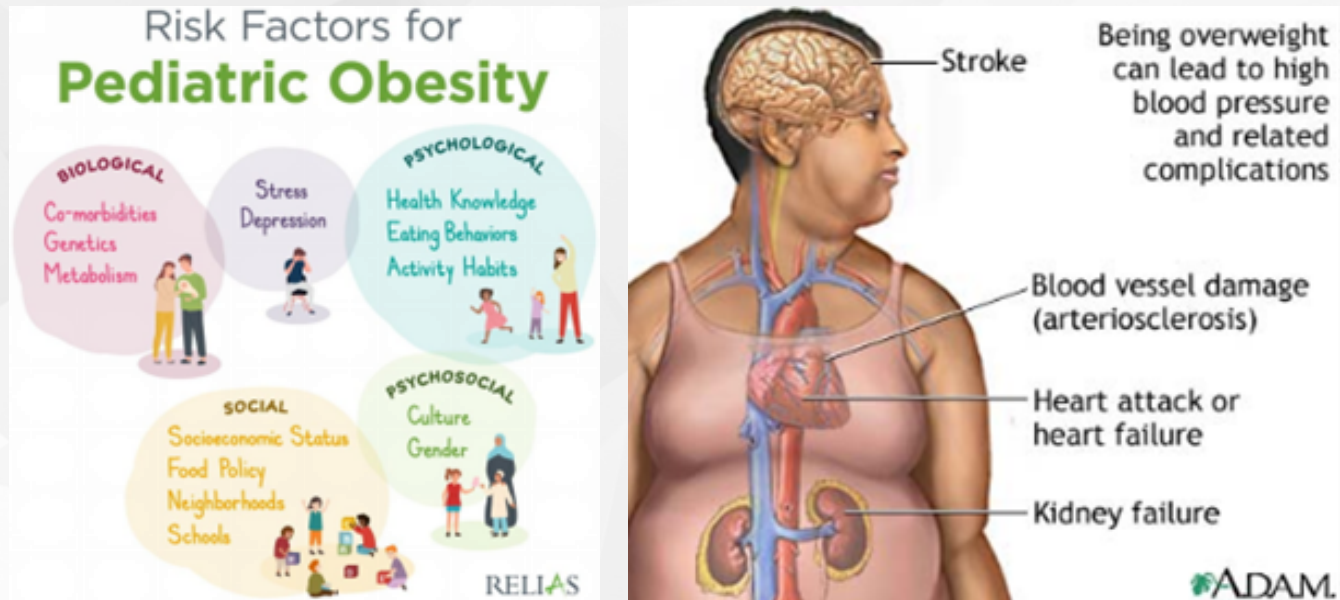
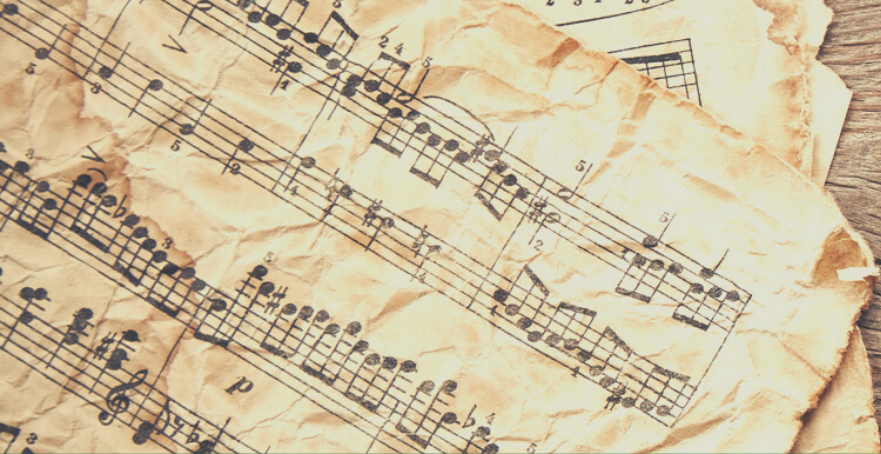


Figure 4 Potential Risks and Statistics
(Left) <https://www.relias.com/blog/talking-with-families-about-childhood-obesity> (Right) <https://alrasub.com/obesity/>

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MUSIC AND HEALTH: CAN WE DRUM OUR WAY TO GOOD HEALTH?



MR. WILLIE STEWART
Order of Distinction (OD)

INTRODUCTION

Almost everyone believes that music is “good for the mind, body and soul.” There is now scientific evidence to support this age-old saying. The Harvard Medical School (2021) reported on research completed to explore the effects of music on the human body, especially the brain. The findings suggest that music has positive effects on the human mind, body and spirit. The studies also found that, “although every healthy human brain can perform all the complex tasks needed to perceive music, musicians’ brains are more finely attuned to these tasks.” The musician can, therefore, teach us much about music and its effects on our overall health, ranging from improvement in memory and mood, to cardiovascular function and athletic performance (www.harvardhealth.edu/newsletter_article/music-and-health).

JDHTF interviewed Mr. Willie Stewart, Order of Distinction (OD), percussionist, songwriter, experienced workshop leader, and world-renowned band member of one of Reggae’s most prolific bands, Third World Band. We discussed his roots in the music industry, his life and travels with Third World Band, and his retirement from the Band. He also discussed with much passion and reverence how he has forged a new path to reach and transform the mind, body and spirit of professionals and at-risk youth in the community through the facilitation of music workshops, focused on drumming. Much of the work of his Foundation, is focused on at-risk youth who turned their lives around having been exposed to Willie’s music workshop. Below is Part 1 of the transcript of the interview.

Interviewer: Thank you for taking the time despite your busy schedule to meet with us. For the people who will be reading this article, please tell them your full name.

Willie: My full name is William John Lee Stewart also known as “Willie.”

Interviewer: I know you have been involved in music all your life. Please tell our readers about your musical career and history, especially with Third World Band because most people know you because of your connection with Third World Band. How have you used music to transform other people’s lives?

Willie: Our song Now That We’ve Found Love was one of our biggest hits and a world anthem, a song originally done by the Ojays. 96 degrees in the Shade was about the hanging of Paul Bogle, inspired by our

Willie: visit to Morant Bay. All our songs are positive. When you listen to the song Dreamland, it takes you to a dreamlike state, based on the musical arrangements. So, there is music for every mood and purpose. Our songs teach and bring unity and love.

Interviewer: Tell us about your work with children to improve their mental and physical wellbeing.

Willie: I always work with the youth and encourage them. When I was young, older people did that for me. Today, there is a big divide between the generations, but we cannot give up on our children. In 2000 when I came to Florida, I started percussion workshops such as Rhythms of Africa, and stress reduction classes, based on how we presented and used the instruments. When they [the youth] got into the music, they loved it and when I did 30 hours of this, I got to know the children. I introduced them to Caribbean and Brazilian rhythms and to famous musicians they admire, and with the music, I actually saw the school

Willie: children change over time as they became more involved with the music. At first, they were shy and afraid to express themselves but later gravitated to their favorite instrument and sound. One of the mentors from Big Brothers, Big Sisters, wrote “with programs like this, at-risk will be eliminated.” I also formed the Embrace Music Foundation in 2011 to keep music in the schools. The discipline of mastering an instrument brings them [the children] in and changes them for the better. I was able to see improvements in their mannerisms, behaviors, social relationships and unity. E.g. they were beating the drums, at first, to get rid of frustration, but soon started enjoying the musical sounds from those same drums – dual benefits of beating the drums.

Interviewer: Have you considered introducing your music to the healthcare industry, especially where mental health is concerned?

(continued on page 24)

Willie: I have done it in the prisons, at some local hospitals such as Jackson [Memorial] Hospital, to decrease stress and build unity among staff. When people are relaxed, they can be more productive. I conducted a workshop with some critical care nurses at Parrot Jungle in Miami; I taught some members of the Jamaican Nurses Association of Florida how to drum and they have performed in several places. A quote from Beverly Allen of JNAF “It was a physical and spiritual experience. While the body relaxes, it is repairing.”

Interviewer: Tell us about your workshops with executives of large companies to transform their employees? What are some of the outcomes?

Willie: Stress reduction is a key benefit of listening to, or playing music. Before going into the organizations, I study the cultures of the companies so I could understand the employees. I try to get them involved and have an experience that is unique for them. The benefits are the same – relaxation, decreased stress, increased confidence as some learn to drum or play an instrument - an openness to new experiences.

Interviewer: Studies have shown that percussive instruments have greater positive effects on stress reduction compared to other instruments such as strings or woodwinds. What are your thoughts on this and how can we take advantage for children and people who have mental health challenges?

Willie: The healing is natural when the instrument is played in a certain way. In Africa, there are different types of drums for different events. The Master drummer deals with everything. There are ceremonial drums and they sound differently. Drums tend to speak to you in such a profound way that one wants to get up and dance or even laugh, shout, and even sometimes cry for joy. It affects you.

Willie: If we go back into the rituals of Kumina and the church, when they play a rhythm, it takes you to a different realm. Whoever is administering the music, will also transmit their intentions.

We are like doctors in our own right. My intention is for an experience of healing, love, unity with harmony, that’s number one. Drums and music can transfer you to a different level. Instead of taking a Tylenol, start hitting some drums.

There is a drum used by the Yoruba Tribe in Nigeria and that drum is an amazing talking drum for communication, and a drum in Ghana called the Djembe drum which is a ceremonial drum used for healing. Every nation uses a drum. It is as natural as the beat of our hearts.

Many of us in the Caribbean dismiss the drums. Sounds and tones affect different parts of the body, the high-pitched drums affect the brain; mid-range drum sounds make the hips move; and the big drum sound moves the bottom. Other practitioners can use it to sincerely heal. In Africa they say, if you can say it, you can play it – this is from a rhythm standpoint.

Teachers can use simple rhythms to motivate kids to learn complex or necessary concepts. Music also enhances skills needed for learning – listening, teamwork, concentration, and memorization.



INTERVIEWER NOTE: Mr. Stewart was scheduled to perform at the recent May 2023 8th Annual Education Summit for JD TAN but this was canceled due to logistical challenges. His topic was focused on how to utilize music/drumming in the classroom to motivate students to learn, decreasing anxiety and stress levels for both students and teachers. JD TAN hopes to enlist his expertise at a later forum. Mr. Stewart was interviewed by JDHTF Members: Dr. Fray, Dr. Blake, Dr. Wright & Marsha Mullings.

Golden Nugget:

A percussion music program integrates musical concepts such as rhythm, and tone with academics, cultural/ethnic studies, history, geography, mathematics, and language. This results in improved social- emotional learning (SEL), real-time experience with character development, teamwork, critical thinking, and respect. All these skills are necessary for learning and maintaining a healthy lifestyle.



THE OLDER ADULT: THE IMPACT OF THE SOCIAL DETERMINANTS OF HEALTH ON HEALTH OUTCOMES AND WELLBEING



BY DR. ANGELA WRIGHT, PHD, APRN
Vice Chair, JDHTF

The aging population is the fastest growing demographic globally and in Jamaica. As these individuals become older, they become more vulnerable due to declining health, fixed sources of income, and increased cost of living. Their health outcomes and wellbeing are further impacted by other non-medical factors such as level of education attained, decreased employability, age discrimination, food insecurity, social exclusion, lack of housing options, reliable transportation and basic amenities, and decreased access to affordable health services. Effective public policies are needed to ensure that their health outcomes and well-being are consistent with the social determinants of health goals supported by Healthy People 2030 and Sustainable Development Goals.

The Office of Disease Prevention and Health Promotion at the US Department of Health and Human Services (n.d.) describes the social determinants of health (SDOH) as the conditions in the environment where people are born, live, learn, work, play, worship

and age that affect a wide range of health, functioning, and quality-of-life.

THE SDOH ARE GROUPED INTO 5 DOMAINS:

1. Economic stability
2. Education access and quality
3. Health care access and quality
4. Neighborhood and built environment
5. Social and community context



Social determinants of health affect a person’s health and wellbeing. The effects are intensified by the social conditions and the life circumstances of individuals, particularly older adults.

The concepts and ideas around aging and agedness vary vastly by population groups and cultural context. For this discussion the World Health Organization (WHO)’s definition of older adult (a person over 60 years of age) is used to describe the effects of SDOH within this population.

Social determinants affect the older adult in a complex interplay between the different domains noted earlier. That complexity is outside the scope of this analysis; the discussion here is centered on the main effect of SDOH on the health outcomes and wellbeing among older adults.

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THE OLDER ADULT

(CONTINUED FROM PAGE 25)

ECONOMIC STABILITY

People with a steady income are more likely to be economically stable. Economic stability provides opportunities for improved health outcomes as individuals are more likely to seek and maintain consistent health care. In the absence of a steady income, maintaining health becomes a secondary concern, behind the more pressing issues of providing for basic needs. Older adults, especially those who are no longer employed or who are not fully employed may find it difficult to maintain financial stability and health. This is a challenge in developing countries such as Jamaica, where most people have not had the opportunity to build a comfortable financial portfolio for retirement and are therefore ill-prepared for the costs associated with declining health. Many older adults will rely on younger family members for health care and financial support, but this can also be fraught with the problems attendant to caring for older adults. Even in wealthy countries, it can be difficult to maintain economic stability and health care consistency without a robust social welfare system.

EDUCATION ACCESS AND QUALITY

It may seem that education access and quality are primarily a concern for the young, but a good educational foundation often provides the pathways to economic and social stability that are critical to maintaining health in later years. Healthy People 2030 notes that individuals with higher levels of education are more likely to be healthier and live longer. In Jamaica and the wider Caribbean, it is often the case that older adults who have limited financial resources and are struggling to maintain their health have lower education levels or had limited access to education. Education is a key driver of economic stability and proxy for greater social resources. The older adult who has not benefited from a solid educational foundation may struggle to marshal the resources that are key to maintaining health.

HEALTH CARE ACCESS AND QUALITY

Access to health care and the quality of health care that an individual receives is critical to maintaining good health. This is especially important to older adults, who may experience increasing numbers of ailments and morbidities associated with aging. Older adults may also struggle with decreased mobility as well as a decrease in independence, making it difficult for them to navigate care services and maintain control over their own health.

NEIGHBORHOOD AND BUILT ENVIRONMENT

Neighborhoods and the environment where a person lives have a major impact on health and wellbeing, according to Healthy People 2030. Access to clean water, safe air and safety are all very important to maintaining health and a sense of wellbeing. Older adults are less likely to have the ability to move to new neighborhoods or change their surroundings if they are living in sub-standard housing or in neighborhoods that are unsafe or isolated from services. Safe neighborhoods with access to good services are critical to maintaining autonomy and good health in older adults. Without these, isolation, depression, and poor physical health can increase morbidity in older adults.

SOCIAL AND COMMUNITY CONTEXT

Social interactions and the relationships in which individuals engage are extremely important to maintaining good health. In Jamaica and other Caribbean societies, the social and community environment where a person lives are key components of mental and physical health. This is especially true in rural communities, where connection to neighbors and the larger community can help to protect against isolation in older adults. In many of these rural communities, connection to others, whether family or friends, can stave off the debilitating effects of social isolation, and can help older adults maintain better health.

CONCLUSION

As the global population ages and life expectancies increase, it is important that health care providers, public health practitioners, and health systems recognize the challenges that older adults face as they age. The WHO reports that SDOH account for between 30-55% of health outcomes. It is therefore important that public and private health systems address the social determinants of health and integrate these into individual health management as well as into the larger arena of public health policy. Within the context of Jamaica and the Caribbean region, it is critical that the health systems integrate SDOH into their national public health policies, with particular focus on the impact of social determinants on the health outcomes of older adults.

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NATIONAL HEALTH FUND JAMAICA

BY DR. DOROTHY BROWN, PHARMD, MBA

Vice Chair, JDTAN Medication
Management Subcommittee

The National Health Fund (NHF) was established by the Ministry of Health in 2003, as an official policy under the auspices of the National Health Fund Act of Jamaica. The NHF provides financial subsidies to Jamaica's national healthcare system to improve the effectiveness and affordability of healthcare for all Jamaicans. Jamaicans apply to the NHF Card Programme and a card is issued. The programme provides subsidies for every person living in Jamaica, at any age, covering 17 chronic illnesses.

NHF'S MISSION AND VISION

To provide funding for specified healthcare benefits, health promotion, health projects and pharmacy services in a sustainable, efficient and customer centric environment; therefore, a Vision of no financial barriers to health care.

NHF'S VALUES

The National Health Fund Agency is committed to the highest standards of honesty, integrity and quality. They are always committed to be professional in discharging their responsibilities and are guided by noble, moral and ethical standards

HOW DOES NHF SUPPORT JAMAICANS?

The NHF offers the following critical services to members:

- Access to medications in both the public and private health sectors through the provision of health cards. There are three health cards for which residents may apply - an NHF Card, a Jamaica Drug for the Elderly Programme Card (JADEP) and a Government of Jamaica Health Card (GOJ).

BY DR. DAHLIA BLAKE, MD, MBA, FCCP

Vice Chair, JDHTF

- Delivery of in-patient and outpatient pharmacy services for the public health sector. This includes the management of the medical warehouse and of over 118 pharmacy locations in the public health system, providing full time and scheduled services.
- Grants to institutions to improve health care delivery including infrastructure development, training, disaster preparedness, medical equipment, and transportation.
- Support for multiple health-promotion programmes to aid in the prevention, reduction and management of non-communicable and communicable diseases.

THE HEALTH CARDS

To streamline the NHF Individual Benefits Programme, the benefits for all three health cards administered by the Fund (NHF Card, JADEP & GOJ) were merged into the NHF Card, effective September 21, 2020. The NHF Card helps residents pay for a select list of prescription drugs, respiratory devices, diabetic supplies and diagnostic tests via participating pharmacies, laboratories, or doctors' offices. The NHF covers a fixed amount of the total cost, and residents pay the balance.

To obtain an NHF card, residents need to provide their Tax Registration Number (TRN) card and a diagnosis from a doctor. The NHF Card can be combined with a private health insurance provider's card to cover prescription costs. The NHF is always the first payer, and after the first amount is paid, private health insurance will be applied to the balance allowing residents to pay even less out of their personal funds.

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NATIONAL HEALTH FUND JAMAICA

(continued from page 27)

The JADEP card improves access to essential drugs through payment subsidies. It provides a 100 percent subsidy for specific drugs covering 10 chronic illnesses for all residents of Jamaica over the age of 60. The cardholder pays a fee to the pharmacy for dispensing the drugs, ranging from \$40 to \$240 depending on the number of drugs prescribed. Patients who seek healthcare in the public sector are also offered the GOJ health card.

National Health Fund has a head office in Kingston, help desk and card centre locations island-wide, a call center: 1-888-Dial-NHF, 876-906-4381 and an email: info@nhf.org.jm for inquiries and applications.

REFERENCES

<https://www.nhf.org.jm/about-us/who-we-are>



NHF CARD COVERS 17 CHRONIC ILLNESSES AND DEVICES

Asthma & Subsidy for Asthma Spacers & Masks	Diabetes and Diabetes Programme	Hypercholesterolemia	Major Depression
Arthritis	Epilepsy	Ischemic Heart Disease	Psychosis
Benign Prostate Hyperplasia	Glaucoma	Lupus	Rheumatic fever/Heart Disease/Vascular Disease
Breast Cancer and Breast Cancer Receptor Studies	Hypertension	Tests	Sickle Cell Disease

THE DOCTOR *is in*



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**CLICK IMAGE TO PLAY THE DENGUE ALERT FROM THE
MINISTRY OF HEALTH & WELLNESS OF JAMAICA**



GUIDELINES FOR A HEALTHIER JAMAICA

- Sleep 7-8 hours per night regularly
- Eat healthy meals
- Avoid or reduce salt and sugar
- Exercise
- Reduce stress and anxiety, seek professional help when needed
- Keep a positive attitude
- Avoid extreme heat conditions and stay hydrated by drinking water
- Use sunblock to protect your skin, sunglasses for your eyes and wear protective clothing in the sun
- Keep Immunizations up to date including flu, COVID vaccines and all recommended vaccines
- Take all medications as prescribed
- Seek medical attention promptly when sick
- Get yearly physical examinations or follow up with your doctor as recommended
- Be sure to have an emergency contact; preferably 2 available persons. Know their name and number. Keep name and number saved in your cell phone with an in case of emergency designation (ICE)
- Be aware of medical alerts and emergency announcements. Adhere to all precautions as instructed

When travelling, bring your health record(s) documenting your medical conditions, allergies, list of medications and pertinent test results

UPCOMING EVENTS



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2023

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A VISION OF GROWTH FOR A BETTER JAMAICA.

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