**WDC Aging Presentation  
Friday 25th April.  
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**SLIDE 1**

Evening everyone.

So I’m going to give you some demographic background to the trend of rising chronic disease and dementia that we’re seeing across the Caribbean.

**SLIDE 2**

So this work comes from two recent analyses that we’ve completed with PAHO. And we can share the weblinks to these reports.

Both reports came about thanks to a new project with IDB which is helping to expand access to data across the Caribbean – and I’ll mention that at the end of this talk.

**SLIDE 3**

And we saw that over the past 2 decades the years of remaining life for 60 year-olds in the Americas increased from 21 to almost 23 yrs – higher than any other world region. That sounds very positive, but regional averages as always will hide important evidence.

**[SLIDE]** When we compare Barbados to the regional average we start to wonder if something else is going on. The yrs of remaining life is still increasing, but at a much lower rate.

**[SLIDE]** And in fact – when we include every Caribbean country on this chart we see that 27 of the 32 Caribbean territories have a lower LE than the regional average, **[SLIDE]** with only 5 higher than the regional average.

**SLIDE 4**

In Barbados, death rates from NCDs are dropping. That’s thanks to public health advances. Health system improvements. And more generally thanks to social improvements.

Lower death rates lead to aging. We have 10,000 additional older adults in Barbados compared to 2000, and by 2060, the proportion of Barbados women over 70 is expected to more than double 🡪 to ¼ of the entire population. And the proportion of Barbados men over 70 is expected to triple 🡪 also to ¼ of the entire population

**SLIDE 5**

So let’s look at how levels of illness from NCDs have changed over the past 20 years. We’re using a summary of illness known as the DALY. One DALY = 1 year lived in less than good health. Or 1 year lived with illness.

**[SLIDE]** Those public health advances I mentioned - on their own - would have led to a 5% drop in illness.

**[SLIDE]** But – the aging population led to a 27% increase in illness

**[SLIDE]** And population growth led to a 6% increase in illness

**[SLIDE]** So – overall – we saw a 28% increase in illness

**[SLIDE]** And we see even larger increases in illness in JAM, ATG, BAH.

We’re fighting a tide of aging, and our public health actions must generate greater health improvement if we’re to offset this tide.

**SLIDE 6**

**Let’s recap.**

National levels of illness are increasing.

And this is driven primarily by our aging population.

**[SLIDE]** The effect on the number of deaths is similar.

**[SLIDE]** Our public health gains have been considerable, but not enough to offset aging.

**SLIDE 7**

The pattern of death and illness across the Caribbean is also changing – with fewer deaths from heart disease and strokes, and more from falls and dementias. So as well as our absolute burden of disease increasing, our pattern of disease is going to change fundamentally.

**SLIDE 8**

So let’s think a bit about this – and this is all for discussion…

**The successes:**

We’ve lowered rates of illness and death.

And this has led to higher LE

And these successes are due to a mix of good things

* Public health improvements
* Healthcare improvements
* And wider social improvements

**SLIDE 9**

**These successes lead us towards more challenges.**

We ideally want older adults to be leading illness-free lives.

But **on average** our data suggests that this is probably not the case

Our estimates suggest that between 2000 and 2019, the number of years living with illness has increased from 43k to 55k.

Now, UHC is being touted globally as one weapon as we cope with age-related illness.

But – and this is a big but – any government’s ability to pay for UHC will be hampered by demographics. Longer lives and fewer births (we have lower fertility rates now in Barbados) mean less people in the working population paying taxes, and less money for the government to pay for healthcare.

Lastly – what we know very little about – is the extent of multimorbidity across the Caribbean. But what we already know from elsewhere is that this is likely to become the big healthcare challenge of our time… with dementias commonly part of the multimorbidity mix.

**SLIDE 10**

What we know is that there’s a lot we don’t know. The Caribbean has the lowest level of health data availability and accessibility in the world. And I just want to mention a project we’ve started with IDB to help with this problem.

Called CaribData, we’re building a set of resources to enable and encourage Caribbean data sharing and data re-use.

**[SLIDE].** We’re setting up an online infrastructure to enable easier data collection, data sharing and re-use.

**[SLIDE].** We’re developing a training program and longer-term mentoring to increase capacity in data handling and data communication.

**[SLIDE].** We’re developing a data communications web platform. This is all about actively communicating the stories around the data we all produce. And at the same time, advocating for data re-use.

**[SLIDE].** And we’re actively training data stakeholders, and building collaborations to develop a sustainable team of data storytellers.

**SLIDE 11**

Right now in the Caribbean, I think it’s fair to say that much of our data landscape sits somewhere between *disorder and confusion* and *individual impact*.

We have brilliant people and some powerful data, but it's often siloed, fragmented, and hard to access. And while there are pockets of excellence, they usually operate in isolation, with limited reach or long-term influence.

So the vision for CaribData is to improve this situation – creating a regional collective for generating evidence.