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Community Survey of Kigumo Kenya: Resources for Health and Risk for Developing Cardiovascular/Metabolic Diseases. Providence RI. March 24-26 2010

Significance: The prevalence of cardiovascular (CV) and metabolic diseases are increasing in sub-Saharan Africa and new initiatives are needed to address this emerging crisis. Understanding the Social Determinants of Health; “the conditions in which people are born, grow, live, work and age, including the health system”(WHO) is critical to effective solutions. This framework suggests that the distribution of resources at the community level influences the ability of individuals and the community to stay healthy and prevent illness.

Purpose: This community survey was designed to assess resources for health and risk for developing CV/metabolic disease in one Kenyan community where CV/metabolic risk factors are prevalent.

Methods: Using principles of community-based participatory research we used a semi-structured interview guide to interview stakeholders and households and assess the local food market, school and clinic. Questions included: key characteristics of the population, perceived health status and needs of the people, local factors affecting the health of the community and services currently being provided. Each student team (n=8) recorded their findings and the data were examined for problem frequency/intensity.

Results: The community was primarily black, Kikuyu, rural/farming, poor (mean income <\$1/day), <HS educated, spoke Kikuyu with some English/Swahili, and had limited access to affordable varied diet. They reported strong social networks, satisfaction with life, and active lifestyles. Health priorities of key stakeholders/individuals included: clean water, access to affordable high-quality health care and prevention. Top health conditions reported included: infectious/tropical diseases (malaria, typhoid, HIV, pneumonia) and did not include hypertension, diabetes, obesity or CV disease.

Conclusions and Implications: The community has few health promoting resources and limited access to prevention care and healthy food. Positive resources for preventing CV/metabolic diseases include being physically active and a strong social network. Despite the ↑prevalence of CV/metabolic risk factors in the community, they do not perceive these to be significant health problems. Implications: Creating an effective CV/metabolic disease risk reduction program will require a shift in focus to prevention, promotion of policies supportive of affordable food and access to care/medications, and community education on preventing/treating CV/metabolic disease.

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