

BRIEF OVERVIEW OF THE CAYMAN ISLANDS



The Cayman Islands is a British Overseas Territory and comprises three Islands.

1. Grand Cayman
2. Cayman Brac
3. Little Cayman

Approximate population of 50,000



SCHOOL HEALTH IN THE CAYMAN ISLANDS



School age is between the ages of 4yrs
9months and 16 years.

The school population for the three islands
is approximately 8,500

The private schools make up approximately
42 % of the school population



Number of Schools

There are 26 schools in the C.I.

12 Primary Schools

1 Middle School

2 High Schools

10 Private Schools – these are subsidized by Government.

1 school for children with mental & physical disability.

The major components of the School Health Program

All medical services offered to school age children are funded by the Min. of Health

1. Health screening
2. Immunization
3. Dental Health
4. Health Education
5. Daily health needs at school
6. Dietary Counseling- nutritionist

7. Counseling- School counselors
8. Special needs intervention - speech therapist, educational psychologist, occupational therapist, behavior disorder specialist.
9. Physical Education – physical ed. Instructors
10. Funding is provided for pre- school children whose parents cannot afford school fee – by the Government through the Early Childhood Dept.
11. Pre- schools inspection – a multidisciplinary approach coordinated by the Early Childhood Dept.

PROBLEMS IDENTIFIED

1. Based on GHHS, sexual behavior among girls and tobacco smoking among males were highest in the C.I.
2. Contemplating suicide was also highest in girls.
3. Violence – school health report from Sept. 2008-Feb 2009, reveals that 13% of children who received injury were intentional.
4. Inadequate parental guidance and disciplinary measures in homes and schools.
5. Obesity among certain age group

BMI Status of Children By Age (yrs) (School Year 2007-2008)

Count of Age (yrs)	BMI Status						
Age (yrs)	ARFO	Normal	Overweight	Underwght	(blank)	Grand Total	%
10	19	72	24	7		122	23.4%
11	46	181	74	16		317	60.8%
12	12	42	16	6		76	14.6%
13		2	1			3	0.6%
14		1				1	0.2%
Unknown					2	2	0.4%
Grand Total	77	298	115	29	2	521	100.0%

Summary: Participation: The 11 years old students made up 60.8% of participants; followed by ages 10 and 12 with 23.4% and 14.6% respectively. There were only 3 13 yrs old (0.6%).

There were 115 (22.1%) children overweight and 77 (14.8%) at risk for overweight. 298 (57.2%) were at normal weight, while 29 (5.6%) were underweight.

NOTE: **ARFO** means **A**t **R**isk **F**or **O**verweight

CURRENT INTERVENTIONS

1. Be-active program- focuses on healthy eating and exercise
2. Breakfast programs- sponsored by service clubs
3. DARE- drug awareness program done by police officers during one school term
4. Cayman against substance abuse (CASA)- program offered to high school students and parents

5. Increased presence of security & Police Officers in Middle & High schools and at school functions
6. Child protection program is being developed jointly sponsored by Education Department and HEDGE care funds – mainly working with parents of abuse and neglected children.
7. MOU between Dept. of Education & Min of Health to improve continuing education for pregnant school aged children (Young Parent Program).

CHALLENGES

1. Lack of collaboration between Min of Education and Health as it relates to health education e.g. inadequate time
2. Unwillingness to have certain topics taught in schools e.g. sex education
3. Close proximity of fast food restaurants to schools
4. In sufficient monitoring of food served in schools
5. Sustainability of programs
6. Upcoming general election in May which may impact policies & programs relating to school health.

The C.I. School Health Program has many services which are contributing to our children's health in a positive way.

There however needs to be a more collaborative approach between Min. of Health & Education and other appropriate agencies to effectively meet the needs of children.

A new post was created within the Min. of Education, Multi Agency Liaison Officer.

Role: To foster collaboration among stakeholders in school health.

It is our hope that we will take the positives from this workshop, find ways of implementation to ensure that our children will not suffer the serious consequences of negative lifestyle behaviors.

END

