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LC/CAR/L.41
17 May 2005
ORIGINAL: ENGLISH

**Report of the
Caribbean Symposium on Population Ageing**
8-10 November 2004

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INTRODUCTION

Population ageing is a global phenomenon, which is having and will have major implications on all aspects of human life in every society. This process is enduring and irreversible, as observed from differing patterns and distinct paces in various regions and countries all over the world.

A study conducted by the United Nations Population Division in 2001¹ summarizes the following global trends on ageing:

- The trend towards older populations is largely irreversible, with the young populations of the past unlikely to occur again.
- Globally, the population of older persons is growing considerably faster than the population as a whole.
- As the pace of population ageing is much faster in developing countries than in developed countries, developing countries will have less time to adjust to the consequences of population ageing. Moreover, population ageing in the developing countries is taking place at much lower levels of socio-economic development than was the case in the developed countries.
- The older population itself is ageing. The fastest growing age group in the world is the oldest-old, those aged 80 years and older. By the middle of this century, one fifth of all older persons will be 80 years and older.
- The majority of older persons are women, as female life expectancy is higher than that for men. In 2000, there were worldwide 63 million more women than men aged 60 years or older, and at the oldest ages, there are two to five times as many women than men.
- The health of older persons typically deteriorates with increasing age, including greater demand for long-term care as the number of the oldest-old grows.
- Due to the provision of pension schemes and welfare systems in the developed world, older persons tend to have lower labour-force-participation-rates than in the developing countries, where such schemes often do not exist or provide only limited coverage. Thus the elderly in the developing countries are generally much more dependent on the family support network or on their own economic activity well beyond their sixtieth birthday than their counterparts in the developed countries.

¹ United Nations (2002), Department of Economic and Social Affairs, United Nations Population Division, World Population Ageing: 1950-2050, Executive Summary, New York (ST/ESA/SER.A/207/ES)

Many countries in the developing world, particularly in Asia, Latin America and the Caribbean, are showing signs of such a transition. However, the timing of the onset of the demographic transition as well as the pace of this process varies considerably from region to region as well as from country² to country and within regions and subregions.

Population ageing in the Caribbean generally follows the global trends outlined above. It is estimated that the Caribbean will experience absolute and relative increases in the elderly³ population over the next 50 years as the United Nations Population Division has projected that this age-group, which constituted 4.5 per cent of the region's population in 1950, will increase to 18 per cent in 2050. Already relatively advanced are Barbados, Cuba and Puerto Rico, whereas Haiti, Belize, the Dominican Republic and Guyana are still having rather young populations. By the year 2000, six Caribbean countries had already found more than 10 per cent of their populations over the age of 60 years and most of the other countries in this hemisphere are expected to reach this mark around the year 2010. By 2025, Barbados and Cuba are projected to be the first countries in the Caribbean with a quarter of their population to be over age 60. By the year 2050 these projections foresee this percentage to increase to one third for these two countries, along with Trinidad and Tobago and Guyana.

This rapid transition from a relatively young population to an older population is likely to place an additional burden on the very fragile economies of the Caribbean, which are characterized by small domestic markets, insularity and remoteness and the dependence on a narrow range of goods and services produced. Further, the looming threat of natural disasters even further infringes sustainable socio-economic development in the Caribbean. With little perspective to enhance economic performance and to increase financial revenues as is the case for most of the countries in the Caribbean, this 'silent revolution' is and will pose a new challenge on the rather volatile socio-economic structures of Caribbean countries. However this transition from larger to smaller families opens a window of opportunity, with declining fertility and the onset of population ageing, the economically active population has to support proportionally less young and older dependants. This offers a unique chance to policy makers to invest now in health, education and job-creation for the younger generations to ensure that the resulting economic gains will improve the overall quality of life and consequently reduce the burden not only on governments, but also on individuals supporting the older generations in the near future.

However, opportunities to take advantage of the 'demographic bonus' are to an increasing extent threatened by the fast spreading HIV/AIDS pandemic in several countries in the Caribbean. While the epidemic impacts directly on the region's working population, it also affects the older generation, as roughly 11 per cent of the cases are being diagnosed in persons over the age of 50, and indirectly as more and more

² The term 'country' as used in the text of this publication also refers, as appropriate, to territories or areas.

³ The age-group 'older persons' is defined by the United Nations as the group of those persons who are 60 years and older, whereas the 'oldest old' age group comprises persons aged 80 years and over. Others, for example the WHO, define older persons as those who are over 65 years old.

grandparents are being trusted in the role of key caregivers as parents die leaving minor children in their care. The growing presence of HIV/AIDS therefore has brought with it a significant burden on the social and economic well-being of our elderly. Furthermore, the combination of an increasing ageing population and a reduced labour force is therefore likely to see an erosion of the possible benefits of the 'demographic bonus' and to experience the increased pressure on the region's limited resources to respond adequately and effectively to the social and economic needs of senior citizens.

Global and regional initiatives

Various initiatives on the global as well as on the regional and subregional level have been undertaken to highlight the pressing need for concerted action to respond to the challenges ageing populations are posing. Of importance in this regard are the numerous agreements reached at the global conferences on social development, population and women orchestrated by the United Nations in the 1990s, which all refer to ageing as an issue of particular concern. The year 1999 was proclaimed by the General Assembly⁴ of the United Nations as the Year of Older Persons to promote the recognition of ageing as one of the major achievements but, at the same time, as one of the major challenges all populations have to cope with in the twentieth century. This continuous call for action culminated in the Second World Assembly on Ageing, held in Madrid 2002, where the international community adopted a global action plan. This new Plan of Action focuses both on political priorities such as improvements in living conditions of older persons, combating poverty, social inclusion, individual self-fulfilment, human rights and gender equality. To an increasing degree attention is also devoted to such holistic and overarching themes as intergenerational solidarity, employment, social security and health and well-being.

Mandated by the Second World Assembly on Ageing, the Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC/CELADE) convened the Regional Intergovernmental Conference on Ageing in Santiago, Chile in November 2003, where a regional strategy for the implementation (ECLAC, 2003) of the commitments reached in Madrid was adopted and participating government officials formally committed to its implementation at the national level. However, it was recognized that Caribbean countries vary considerably in their scope as well as in the recognized degree of urgency to address the serious economic and social consequences arising out of population ageing.

In order to support governments in the Caribbean in their efforts to mainstream ageing and the concerns of older persons into national development frameworks, the University of the West Indies (UWI), St. Augustine Campus, Trinidad and Tobago, the Division for Ageing of the Ministry of Social Development, Trinidad and Tobago, the ECLAC Subregional Headquarters for the Caribbean (Trinidad and Tobago) and the Pan American Health Organization (PAHO) (Trinidad & Tobago), sponsored by the Merck,

⁴ General Assembly Resolution 47/5 of October 1992

Sharpe & Dome Foundation and the United Nations Population Fund (UNFPA), supported by the United Nations Department of Economic and Social Affairs (DESA), and the PAHO/WHO Collaborating Centre on Ageing and Health (UWI Jamaica) collaborated to convene the first *Caribbean Symposium on Population Ageing* in Port of Spain, Trinidad and Tobago from 8-10 November 2004. The government forum, which was convened at the Cascadia Hotel in St. Anns, from 9th November to 10th November 2004, was preceded by a one-day academic research symposium arranged at the ECLAC Subregional Headquarters for the Caribbean.

Recent and ongoing research on ageing and its impact on Caribbean populations were presented at the academic forum. The research symposium also identified areas in which further research will be needed to better guide policies at the national and regional levels. The research papers presented are being compiled by the UWI for publication at a later date.

The Caribbean Ageing Symposium sought to provide a forum for government officials, members of civil society and the academia to:

- Consolidate the Caribbean's position on ageing as a follow-up to the Second World Assembly on Ageing (Madrid 2002) and the Regional Intergovernmental Conference on Ageing for Latin America and the Caribbean (Santiago, 2003), where a regional strategy for the implementation of commitments reached in Madrid was adopted;
- Share best practices and lessons learnt in the area of population ageing at the subregional, regional and global level and to identify national and Caribbean-wide needs for further technical assistance and financial support to mainstream ageing into national and subregional development agendas;
- Establish a Caribbean-wide forum to strengthen national machineries through collaboration with critical stakeholders from within and outside the Caribbean;
- Develop a research agenda to guide key stakeholders in addressing critical issues in population ageing and to design instruments to monitor the successful implementation of already existing strategies and programmes.

The main symposium provided an opportunity for country delegates to highlight ongoing activities to address population ageing and to share matters of concern with the plenary. An expert-panel composed of experts from within and outside the Caribbean shared 'hands-on' experience on various matters related to population ageing. The symposium concluded with a final plenary session to discuss *the way forward* for the Caribbean and to identify ways to implement pledges made at the global and regional level. (See also p.32).

Due to the fact that at the time of the symposium, a similar event was organized by the Population Division of ECLAC (CELADE) for Central America, to which the Spanish-speaking countries of the Caribbean were also invited, it was decided to only invite the ECLAC/CDCC member countries from the English and Dutch speaking countries to this event. Out of 19 countries invited, representatives of 17 countries were present, with the absence of Guyana and the United States Virgin Islands. Civil Society and academia were represented by institutions and organizations from within and outside the Caribbean (a detailed list of participants to both meetings is provided in the Annex).

PART I: ACADEMIC SYMPOSIUM

Opening session and greetings

The *Academic Symposium* opened with greetings from the chairperson, Dr. Joan Rawlins, Head of Department of Public Health and Primary Care, UWI, who introduced the audience to the theme. She particularly stressed the need for furthering the discourse on ageing and the elderly at all levels including all critical stakeholders concerned.

Greetings were presented by representatives from the Government of Trinidad and Tobago, the ECLAC Subregional Headquarters for the Caribbean, the Pan American Health Organization/ World Health Organization (PAHO/WHO), Trinidad and Tobago and the Health Economics Unit at UWI.

The academic symposium was convened in three sessions under the following headings:

- 1) Family and ageing: exploring social issues;
- 2) Health and the elderly: determinants, needs and access to care and services;
- 3) Preparing the society to care and integrate the older adult in the 21st Century: formal and informal approaches.

Brief abstracts of the presentations are provided below along with a summary of the discussions of the sessions⁵.

⁵ Presenters of the academic papers are indicated by the asterisks (*)

Panel 1 – Family and ageing: exploring social issues

Chairperson: Dr. Joan Rawlins

1. Ageing in the multi-ethnic Caribbean: An examination of social therapy as a precursor to quality of life. –

***Dr. Ronald Marshall**

Objective

There continues to be a need for closer examination of the phenomenon of ageing in multi-ethnic societies in general and in the Caribbean in particular. The emerging dialogue as to how to deal with a growing population of elderly poses important questions, not only in terms of access to health care, but also on the issue of access to goods and services in the broader social structure. This dialogue also raises such issues as the perception of the elderly, their roles and level of appreciation in society, along class and ethnic lines.

The study examined the relationship between family types, ageing and family relations. Although social therapy has a psychological component, lack of “social therapy” was seen to be moderately associated with “negative ageing”, reflected in isolation, poor self-worth, loneliness and feelings of uselessness.

Design and method

In embarking on the study, 45 elderly persons between the ages of 60-65 years and 66-70 years were interviewed in homes throughout the island of Trinidad. To compensate for the effects that psychological variables may have on ageing, respondents with a greater degree of social problems were invited to participate in the study.

Results

It is hypothesized that persons 60 years and over with a strong family background, family interaction and security will experience a greater “quality of life” or, “positive ageing” than their counterparts, who might have emerged from broken homes or strong family homes that eventually went astray, with low income levels, and/or lack of social interaction.

Conclusions

This study is one of the few that have been undertaken in this area that identify peculiarities of ageing around an inter-relationship between ethnicity and family background.

Discussion and comments

The need for further investigations into the role of ethnicity in the practice of social therapy was suggested.

The issue of establishing a lower age limit when defining the 'elderly' in research studies was discussed with the debate centred on the use of 55 years versus higher ages as the lower limit for such studies. In the final analysis it was accepted that this decision should be research-specific and left up to the discretion of the researcher.

2. The aged, a lost and dying society: Implying the importance of a gerontological framework for addressing their needs in the Caribbean

*Dr. Kenneth A. Niles

Objective

The aim of the study was:

- (a) To assess the extent to which family connectivity and intergenerational links are maintained in social programmes that are designed to address the needs of senior citizens in the Caribbean.
- (b) To compare the extent to which family connectivity and intergenerational linkages are included in government and government-assisted social programmes for senior citizens.
- (c) To emphasize the need for a gerontological approach, inclusive of biological, psychological and social elements, to address the needs of older persons in Caribbean society.

Design and method

In a qualitative case study primary data on seniors living in homes for the aged in Trinidad and Tobago and Guyana were collected. The institutions selected included a community and a government home for the aged in Trinidad and a government home in Guyana. These homes were selected to compare the situation in government homes in two countries, namely Trinidad and Guyana, and to contrast a government-run facility with a community-based institution in Trinidad.

Site visits were made to assess and interview residents and staff on ongoing activities at the facility and to assess interaction between staff and residents. The survey also included an assessment of the surroundings and the building infrastructure.

Results

The findings show the inadequacies and insensitivities towards the residents by the ineptness of the government policies and the lack of empathy among family members.

Conclusion

The findings of the study lead to the conclusion that intergenerational solidarity can be enhanced to improve the quality of life for all age-groups concerned.

Discussion and comments

In response to a question on intergenerational identity, the presenter indicated that, in the case of Trinidad and Tobago, this seems to be very much related to ethnicity, with different social norms and values resulting in different family structures that influence intergenerational identities.

3. Keeping it in the family: Care-giving for patients with Alzheimer's disease in Trinidad and Tobago

*Dr. Joan Rawlins

Objective

This paper comments on research data which sought to determine the health and social situation of care-givers in Trinidad and Tobago who were providing care for chronically ill elderly persons during the period March to August 1998. The research also sought to ascertain the main strains, social and emotional needs that these care-givers experienced in their work.

Design and method

The target population of 43 caregivers was extracted from a larger group of informal caregivers. The larger group comprised 100 hundred persons in north, central and southern Trinidad (non-random sampling). The minimum age requirement for caregivers to be included into the survey was 18 years and they had to reside either in their own home or in the home of the cared. Further, a number of case studies on caregivers were also compiled.

Results

The age of the sample of caregivers ranged between 20-86 years with a mean of 60 years. Women in their role as wives, daughters and daughters-in-law were the main care-givers (81%). The main challenges these care-givers reported were problems relating to wandering, abusive behaviour and misunderstandings between the care-giver and the recipient. Many complained about the lack of support from other family members and a few (14%) suffered serious health problems as a consequence of the care they had been providing to the elderly.

Conclusions

The paper reveals that 56% of the care-givers surveyed reported serious strains they suffer as a result of their efforts to support those in need.

Panel 2 - Health of the elderly: determinants, needs and access to care and services

Chairperson: Dr. Joan Rawlins

1. Studies of vascular risk factors and the cognitive impairment/decline in Caribbean-born elders in South London

*Dr. Robert Stewart, M. Prince, A. Mann

Objective

The objective of this study was to investigate associations between risk factors for vascular diseases and cognitive impairment/decline in a community population of Caribbean-born elders in South London.

Design and method

A cross-sectional survey was carried out in 1997-98 of Caribbean-born people aged 55-75 sampled from Primary Care registration lists. Measurements taken included blood pressure, resting ECG, anthropometry, and assays for lipid profile, fibrinogen, homocysteine, C-reactive protein, and interleukin-6. A battery of cognitive tests was administered. Of the 290 participants, 216 were successfully followed up three years later when cognitive tests were re-administered. Cognitive impairment (at baseline) and decline (at follow-up) were defined as composite binary (present/absent) outcomes.

Results

Cognitive impairment at baseline was significantly associated with most vascular risk factors, including hypertension, diabetes, raised cholesterol/triglycerides and raised homocysteine. A low level of fibrinogen and increased physical exercise were negatively associated with cognitive impairment. From analyses carried out to date, cognitive decline has been found to be associated with increased age and raised levels of inflammatory markers at baseline. The association between increased age and cognitive decline was stronger in those with diabetes and weaker in those with higher physical activity at baseline.

Conclusions

Risk factors for vascular disease were common in this population and were associated with cognitive impairment and cognitive decline. There is an urgent need to develop adequate instruments for diagnosing dementia in these populations and a four site international study will be conducted which seeks to address this issue.

2. Research ascertaining cognitive function and dementia in African and Caribbean population

*Dr. Robert Stewart

Abstract

Assessment tools for diagnosing Alzheimer's disease were developed in patient populations made up primarily of middle-class European Americans or Europeans. An area of particular need in dementia research is to validate these assessment tools or determine appropriate norms with these tools among individuals from various cultural and ethnic backgrounds.

African Caribbean populations have a high prevalence of stroke, high blood pressure and diabetes—factors that may be associated with an increased risk of developing dementia. This presents a challenge for Caribbean nations and immigrant communities in the United States, Canada, and the United Kingdom. There is a pressing need for population research but a lack of culturally valid instruments to detect cognitive impairment.

Objective

This study will investigate how well these various instruments identify people with dementia and will establish normal ranges of assessment scores in control groups. A further objective will be to describe and compare the care-giving experiences and the extent to which they are influenced by behavioural symptoms and prevailing attitudes about dementia and care-giving.

Proposed design and method

The proposed study will recruit Caribbean-born people, age 65 and older, at sites in Barbados, Tobago, London, and Toronto. Fifty people with dementia and 100 people with normal cognitive skills will be recruited at each site. Interviews will be carried out with participants and a close friend or relative using research instruments that have been widely used internationally.

Discussion and comments

An inquiry was made as to why a similar follow up study included countries such as Barbados and Tobago and excluded Jamaica in light of the fact that the initial study conducted in South London mainly comprised Jamaican immigrants. In response, it was stated that the choice of countries for the study was generally a function of grant funding and other coincidental reasons.

3. Older Men – A Caribbean perspective

*C. Morris, D. Eldemire-Shearer

Abstract

Increasingly more attention is being given to the gender aspect in ageing with more and more research focusing on ageing men. Of particular importance is the fact that many chronic diseases are caused by unhealthy lifestyles with the consequence of prolonged disability, immobility and dependency later in life. Since men and women differ in their health retirement preparedness, in their access to social support systems and psychological well-being, a gender perspective is indispensable in any assessment of the ongoing process.

Objectives

- (1) To identify the specific health needs of older men
- (2) To identify the factors influencing older men's health-seeking behaviour

Design and method

Multiple methods were used to identify the health and social needs of older men. These included the use of secondary data from the Ministry of Health, the Jamaica Survey of Living Conditions and demographic statistics. This was supplemented by primary data collected through a community based survey of 500 men and focus group discussions.

Results

In the age group 60 – 74 year old person (2000), more men (5897) than women (5453) were discharged from government hospitals and also more men (760) than women (595) died from chronic diseases, which also were the main cause of hospitalization. This suggests that men seem to be waiting much longer than women to seek professional help. However, a supportive environment, such as an encouraging (even to a point that a spouse scheduled an appointment with a health practitioner) and accompanying spouse seem to increase the chances of men seeing a medical professional earlier than those without such support.

Conclusions

The data showed the need for a gender specific approach to addressing the health needs and behaviour of older persons, as men seem to be more reluctant than women to seek health care and needed more support to bear the consequences of such behaviour. The traditional efforts at reaching older men also with health messages were not successful and therefore alternate ways to address these issues with older men needed to be found.

Discussion and comments

It was noted that while the general findings worldwide indicated that older women more often remain alone, the findings in the Caribbean region indicate that men are living alone in their old age. Arising from this statement, the comment was made that in the Caribbean context the perception of being a man is about being an individual while being a woman is about belonging to the collective. Further, it was proposed that the retirement concept be re-examined in terms of its meaning and implications for life thereafter.

4. Humanization in community homes for the aged: A preliminary assessment of the services provided and challenges faced in the provision of residential care for the needy elderly

H.O. Blake (*Dr. K. Niles presented in the absence of H.O. Blake)

Objective

This exploratory study provides a preliminary assessment of the quality of services provided at three community homes for the aged in Trinidad. The assessment is based on Lee Bowker's Humanization Causal Model which identifies key indicators and variables affecting the extent to which higher order needs of residents are met at homes for the aged, *vis a vis* their lower order needs. The study therefore seeks to:

- Provide a detailed description of the community homes studied;
- Assess the adequacy of the services provided to residents at these homes by providing a preliminary statement of the level of humanization at the homes studied; and
- Highlight the challenges experienced by the management and staff of the homes in effectively meeting residents' needs

Method

A qualitative methodological approach was adopted for this study given the exploratory nature of the enquiry. The researcher adopted the role of "observer as participant".

Purposive sampling was done to select three of the nine community homes located in the various counties of Trinidad: two sheltered residential facilities and one serviced residential facility⁶.

⁶ Serviced residential facilities are those in which there is "the central provision of services to a complex, such as catering, laundry and communal rooms". In sheltered residential facilities, only communal accommodation is provided with supervision from a warden who assists residents in obtaining

Interview schedules were developed for each of the three categories of interviewees: residents, staff members and management committee members. Face-to-face interviews were conducted with most of the interviewees⁷. Of the 44 residents in the three homes studied, 28 were interviewed (63%). A minimum of one and a maximum of two Administrative Committee members were interviewed from each home. Data were collected from 31 May 2003, to 15 June 2003. A total of 30.5 hours of observation was achieved.

Results

The study found that overall the level of humanisation at the homes for the aged was low. The main factors contributing to this finding were the extent to which the lower order needs of residents (preconditions of humanization) were met; the lack of adequate resources and the inability of the State to provide an enabling environment for these homes to adequately provide services to residents.

Discussion and comments

It was generally felt that there were few male care-givers in these facilities. It was identified that this is a function of society and male socialization. Females generally still bear the burden of caring for the elderly, as men are not 'socialized' to provide care. There was a comment that this trend was not unique to the Caribbean region in that similar trends existed in the United Kingdom. With the growing need for long-term care for the elderly, there seems to be an impetus for men to become more involved in care-giving.

5. Public sector pre-retirees: health practices and social status – A major challenge of population ageing in the 21st Century

Bernice Dyer-Regis

Abstract

The study on a sample of public sector employees in the age-group 45-59 in Trinidad and Tobago aims to determine the link between individual health behaviour and health problems and socio-demographic factors. It further aimed to assess the mode of payment for private/public health care services and also undertake an effort to assess the

supplemental services to meet individual needs where this is needed (Phillipson and Strang, 1985; Brown, 1990 cited in Hugman, p.104). The three Homes were selected from different counties in Trinidad.

⁷ Two phone interviews were conducted with members of the Administrative Committee.

extent to which housing and living conditions were impacting on individual health conditions.

This study was initiated in recognition of the rapid population ageing in Trinidad and Tobago and the growing need for primary health care services to tend to the elderly suffering from chronic non-communicable diseases.

The results of this study revealed that most of the public sector pre-retirees in the sample were middle-income earners who were at risk of developing chronic diseases as a consequence of obesity, lack of physical exercise and consumption of alcohol. While the majority of women surveyed had undergone regular cervical cancer screens, prostate cancer screening for men appeared to be rather sporadic. The prevalence of diabetes and hypertension in the sample was found to be consistent with national prevalence rates.

The study found an inverse relationship between education and food choices and income and exercise, to the effect that people in the lower income groups seem to exercise less than those with higher incomes. Further, the level of education was found to be a decisive factor in individual health behaviour. With raising levels of education less alcohol was reported to be consumed and the chances of undergoing cancer screens were found to increase. The study also found that the majority of public sector employees, including even those who had private health insurance coverage, referred to self-treatment as their first response to illness rather than to seek professional help. An interesting finding is the fact that income did not seem to be a determining factor in choosing a private versus a public health care provider as the primary health care supplier, since health care seems to be mainly financed through personal out-of-pocket means.

In addition to the above results, the vast majority of public sector pre-retirees were found to own their well-established homes, a factor that did not seem to impact on the health conditions of the individuals surveyed.

Discussion and comments

In the discussion it was recognised that the lack of infrastructure, reliable health care systems and supportive policies were listed as disincentives to use available public health infrastructure in the country. Further, the study also found that reproductive health care services are mainly tailored to the needs of women while very little consideration seems to be given to the reproductive health needs of men.

Panel 3 – Preparing society to care and integrate the older adult in the 21st Century: Formal and informal approaches

Chairperson: Dr. Innette Cambridge

1. Breaking a tradition: Towards an alternative measure of population ageing

Dr. Godfrey St. Bernard

Abstract

Population aging has become a social phenomenon that has caught the attention of policy analysts pursuing problems associated with health, the accumulation of human capital, social welfare and the allocation of resources. This paper recognizes a number of approaches that have been used to measure population aging between two points in time, as for example a decade between two population censuses. The study reflects upon some of the more conventional measures of ageing and suggests an ageing index as an alternative concept to gauge population ageing. This index is based on the total number of person years lived by individuals within a given period of time and is based on concepts derived from formal demography with particular reference to stationary population theory. It is planned to test the index using data from three English-speaking Caribbean countries.

Discussion and comments

Questions arose with regard to the political implications of using different methods to measure ageing and how various concepts could be used to promote population ageing in public and to advocate the need for a dialogue with the aged to formulate ageing policies in the countries in the region. It was further suggested that more research is needed to promote the recognition of the accumulated knowledge and life-experience of the older generation as a public resource.

2. HelpAge St. Lucia: National Council of and for Older Persons

*J. James, G. O'Donoghue, A. Humphreys, M. Gorman, A. Heslop

Objective

The overall objective of this study conducted in Saint Lucia was to determine the most appropriate national policies and practical measures to enhance the status and quality of life of older people in the country.

Design and method

The information for the study was gathered by:

- Reviewing government documents, age care publications and articles produced at the regional and international level;
- Examining previous studies done on older people in St. Lucia and elsewhere;
- Convening meetings and discussions with a range of secondary stakeholders in government, the private sector and NGOs;
- Conducting qualitative research using semi-structured interviews and focus group discussions with primary (older people) and secondary stakeholders, following age awareness training and training in research methods with a team of researchers.

Results

- No effective national structure exists to coordinate programmes and services for older people in the country;
- Public assistance and pension income are the only formal national social protection mechanisms in place. However, only a small percentage of older persons appear to be covered by these programmes;
- Public care services for older persons exist primarily in the form of residential care provided by the government, private individuals and charitable organizations. There is no organized programme of community care for older people;
- The majority of older persons interviewed highlighted isolation, loneliness, neglect, abandonment and a decline in family support as the main areas of concern;
- Health problems increase with age, while the ability to manage health problems and to cover expenses for same was found to decrease.

Conclusions

- The provision of care for the elderly is one of numerous challenges faced by ageing societies in the Caribbean and Saint Lucia was found to be no exception to this;
- The study revealed that Saint Lucia seems to be rather efficient in generating and disseminating demographic information on population ageing, while a national strategy to deal with its implications on society seems to be still lacking;
- With limited public assistance provided to the elderly, many older persons continue to rely heavily on own children and other family members to secure financial support;
- There is a need to develop community care programmes for older people;
- Health issues were identified to be some of the major problems reported by the majority of the elderly;
- A national policy on ageing needs to be put in place to provide the framework for the formulation of programmes and services for older people.

3. Nursing curriculum: Changing students' knowledge and biases towards older adults

Y. D. Parchment, (*Dr. Pamela Elfenbein presented in the absence of Y. D. Parchment)

Abstract

Caring for the older adult is a topic debated and discussed at all levels of today's society. Nurses are expected to educate patients and family members about their medications and care following hospitalization or contact with the health care system.

Objective

This study was undertaken to determine if a course segment on aging would affect the knowledge and biases of nursing students towards the older adult and their care.

Method

Nursing students were surveyed before and after the nursing course using Palmore's Facts on Aging Quiz that is structured to determine individuals' knowledge and biases towards the older adult.

Results

Analysis of the data supported the hypothesis that a course segment on aging would affect the knowledge level of the nursing students and result in positive changes of students' attitude towards the older adult.

Conclusions

Nursing students bring their knowledge, attitudes and perceptions of the older adult to the profession. If negative biases persist after completing a nursing programme and if the lack of knowledge about the elderly is not corrected in early nursing education, the quality of nursing care will be adversely affected by a continued negative bias.

4. Aging 101: Strategies for increasing social work competencies with older adults by integrating ageing into the curriculum

Jessica Cabness, DSW, LCSW-C (Dr. Jennifer Rouse presented in the absence of Jessica Cabness)

Abstract

A successful approach to introduce students to the challenges of population ageing in the twenty-first century is to integrate aspects of ageing into the curriculum of introduction courses for the Baccalaureate Degree Programme for Social Work (BSW). With the changing demographics, BSW graduates can expect to be exposed to work with older adults and their families at some time in their careers and thus, introducing ageing at an early stage of the degree programme would encourage students to integrate critical aspects of population ageing also in their later course work. The author identified four pillars - exposure, experience, expertise and embedding - on which such courses needed to be built on to successfully achieve the desired outcome. However, to infuse ageing into the basic curriculum of the BSW programme, commitment is needed from senior education officials and the teaching staff in the classroom.

5. Paving the way for careers in ageing

*C. Morris, D. Eldemire-Shearer, H. Fletcher, D. Holder-Nevins.

Abstract

With populations ageing worldwide, it is increasingly recognized that coping with these changes calls for a multidisciplinary approach including biological, sociological, economic and psychological dimensions of the process. To respond to this need, academic institutions should provide new career avenues in traditional academic fields by integrating aspects of ageing into teaching and training of said subject. To promote academic careers in ageing, two universities in the Caribbean held an 'Ageing Career Week' from 5-9 April 2004.

Objective

The objectives of these events were:

- (1) To sensitise young persons on issues related to ageing and to promote career paths in various fields of ageing;
- (2) To provide information, education and communication on the significance of rapid population aging.

Design and method

The UWI Community Radio, *Radio Mona*, and the Community Radio of the Northern Caribbean University both aired programmes addressing the rapid growth of the elderly population, and drew attention to the growing need for trained professionals to deal with the implications of ageing on all aspects of public and private life. To further advocate ageing, the PAHP/WHO in collaboration with the Northern Caribbean University of Nursing hosted an exhibition on ageing careers, along with various public activities to provide additional information on this issue.

Results

At the Northern Caribbean University, a Senior Citizens Club was established on campus and the institution continues to support older persons at the community level. UWI has experienced a growing interest from professionals in various fields, such as health education, economics, social science and medicine to consider careers in the area of ageing.

Conclusion

The success of these recent initiatives has shown that adequate careers in ageing within established academic fields could attract professionals from various disciplines. This is of particular importance, since the challenges arising out of population ageing can not be borne solely by committed volunteers.

Discussion and comments

The discussion emphasised the fact that ageing is a life-long process which starts at birth and ends with death. Consequently, it called for an integrated approach which encompassed all age groups.

6. First results of a study on the effectiveness of a physical activity programme with the elderly in five homes in Paramaribo, Suriname

*Tony Chang

Abstract

The purpose of this study was to assess the three-month results into the effectiveness of a versatile one-year physical activity programme for the elderly in a multi-ethnic and multicultural environment in Paramaribo, Suriname.

A total of 241 elderly individuals from five homecare facilities in Paramaribo aged 60-98 years were selected and divided at random into an experimental and a control group. A physical activity programme, with sessions of 60 minutes twice a week, was offered to the experimental group while the control group was placed on a waiting list and was scheduled to start the programme six months later. Fitness measurements by means of the Groningen Fitness Test for the Elderly (GFE) were performed at the onset of the experiment, as well as three, six, and 12 months after.

An assessment of the impact of the first three months trial period showed that both the experimental and control group showed improvement, however, no significant differences could be found between both groups. Compared to the conditions at the beginning of the trial, another three months later the experimental group increased significantly on seven items of the GFE while the control group improved significantly only on four items.

The three-month results also seem to indicate that in a developing country with a tropical climate and a multicultural environment, a physical activity program can be effective in increasing motor fitness in sedentary elderly. Measurements one year later at the end of the trial period are expected to further provide evidence in support of the success of the intervention.

Discussion and comments

It was noted that at present health insurance schemes seem to prefer a system of 'reactive compensation' rather than 'proactive compensation', with little emphasis on preventive efforts such as physical activity programmes for the elderly. The meeting was further informed on research conducted in the United States that proves the benefits of physical activity programmes for the elderly. These programmes become even more important when older persons are in institutional care with little or no responsibility for basic day-to-day activities and chores that would normally have provided opportunities for some basic exercise for the elderly.

Summary and concluding remarks

In closing the Chairperson stressed the need for governments to address population ageing with utmost urgency at the policy level. It was further emphasised that the Caribbean culture, as manifest in its literature and ideology, does not adequately reflect population ageing and, as a result, it would be necessary to strategically integrate aspects of ageing into the mainstream culture and ideology of Caribbean societies.

PART II: INTERGOVERNMENTAL SYMPOSIUM

Opening ceremony

The formal opening ceremony commenced with a welcome to the participants by the Chairperson, Professor Karl Theodore of the University of the West Indies, St. Augustine, Trinidad and Tobago.

Participants were then exposed to a skit presented by the group 'Arts in Action' of the Creative Arts Centre of the University of the West Indies, St. Augustine, portraying critical areas of concern in the everyday life of elderly people in the Caribbean.

The session continued with greetings and opening remarks delivered by the sponsoring organizations: the ECLAC SUBREGIONAL Headquarters for the Caribbean, PAHO/WHO, UNFPA, Merck Sharp & Dohme Corporation, UWI, and the PAHO/WHO Collaborating Centre on Ageing and Health.

The feature address was delivered by Senator, the Honourable, Mustapha Abdul-Hamid, Minister of Social Development, Trinidad and Tobago. The opening ceremony ended with closing remarks from the chairperson.

United Nations frameworks on ageing

Chaired by Dr. Innette Cambridge

Two agencies, PAHO/WHO and ECLAC presented their respective frameworks on population ageing, which was followed by a brief discussion with participants.

(1) Pan-American Health Organization/ World Health Organization (PAHO/WHO) Collaborating Centre on Ageing and Health

Dr. Denise Eldemire-Shearer*

Discussion and comments

In response to a question from the floor regarding possible support through PAHO/WHO to assist countries in their efforts to address health needs of the elderly, the PAHO/WHO representative stated that support would be provided through technical cooperation at the country level. It was further noted that while opportunities for partnering and/or gaining collaborative status with PAHO/WHO through governments and academia existed, there were other avenues within the United Nations system to access resources, for example, through funding from UNFPA for population and development related projects, which generally also allowed for the inclusion of civil society.

(2) Economic Commission for Latin America and the Caribbean

Mr. Dirk Jaspers

Discussion and comments

It was emphasized during this presentation that ECLAC has only limited financial resources and, thus, within the United Nations system, is not considered a funding agency. However, ECLAC, within the framework of its mandate, has been providing technical support to its member States through various programmes and projects in all aspects of development. ECLAC also actively supports fund raising efforts at the national, regional and international levels through its close relationships with various funds, agencies and donors within and outside the United Nations system.

* Full presentation in annex

Country statements

Over the two-day period, the countries listed below presented statements that reflected the status of the implementation of the Madrid Programme of Action at their respective national levels.

- *Anguilla*
- *Antigua and Barbuda*
- *Aruba*
- *Bahamas*

- *Barbados*
- *Belize*
- *British Virgin Islands*
- *Dominica*

- *Guatemala**
- *Jamaica*
- *Montserrat*
- *Netherlands Antilles*
- *Saint Lucia*

- *Saint Kitts and Nevis*
- *Saint Vincent and the Grenadines*
- *Suriname*
- *Trinidad and Tobago*

Country statements can be found in the electronical annex (CD) to this report.

*The Charge d' Affaires of the Embassy of Guatemala to Trinidad and Tobago presented a statement.

Summary of common elements of the country statements

The statements from country representatives provided an overview of the present status of the situation of the elderly in the countries of the region and presented a summary of policies and programmes adopted. While some countries are already advanced in designing and implementing national action plans, others have only recently begun to focus on this issue. In summary, the following thematic areas were identified to be of critical importance to the region:

- Establishment of a society for all to promote inclusion and participation of all generations;
- Mainstreaming ageing into national development policies;
- Ageing, nutrition and healthy life-styles;
- Social welfare and pension-schemes;
- Housing and maintenance;
- Provision of adequate healthcare by trained care-givers;
- Recognition of the need for support of informal care-givers;
- Recognition of ageing as a life-long concept;
- Legislation and enforcement of laws to protect the rights of the elderly;
- Collaboration among various stakeholders at the national, regional and global levels to strengthen national capacities;
- Developing methodologies to monitor efficient implementation of projects and programmes.

Discussion and comments

The key issues that emerged from the discussion following the presentations of the country reports are summarized below:

- The meeting recognized that the process of demographic ageing is irreversible. While increasing longevity was a laudable accomplishment, Caribbean governments are now more and more faced with the challenge to ensure that there is quality in these extra life-years.
- Participants further reaffirmed the need to strengthen south-south collaboration at the Caribbean level and to share best practices between countries. In this regard it was also suggested that findings of applied research should be made available more widely to other academic institutions as well as to governments and civil society in the wider Caribbean region.
- Of particular importance were issues related to equality, equity and social justice, with particular reference to the insufficient coverage through contributory and non-contributory pension schemes in some countries.
- In the framework of the forthcoming implementation of the free movement of Caribbean Community (CARICOM) citizens within the Caribbean Single Market and Economy (CSME), the need to come up with more flexible and transferable pension schemes was raised.

- Concerning the establishment of retirement homes or villages, it was felt that family life should be preserved and consideration should be given to maintain the traditional living arrangements with accommodations being set up for the elderly and their family.
- The idea of preparing a national ‘senior handbook’ was welcomed by all participants. While Jamaica has already published such a handbook, the Government of Trinidad and Tobago is currently in the process of preparing a similar publication. It was suggested that these handbooks could serve as a model for other countries.
- The meeting recalled governments’ commitment to the implementation of the United Nations ‘Madrid International Plan of Action on Ageing’ as well as the ‘Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing’. Reference was made to the ‘Research Agenda on Ageing for the 21st Century’, which is a joint project of the United Nations Programme on Ageing and the International Association of Gerontology’ that could be used as guidance for applied research on ageing in the Caribbean.
- It was also recognized that guidance on legal matters concerning morbidity and death (for example, wills, inheritance and care taking arrangements) needed to be provided taking into account cultural, ethical and religious values and considerations.
- The need for crisis intervention, grief counselling and bereavement support for the elderly as well as their family members was recognised; even more so in light of recent events of natural disasters that have affected the Caribbean islands seriously, such as hurricanes and floods. Reference was made to an already existing volunteer community support system for the aged in Barbados, which is providing such support to those in need.

Expert panel: Critical issues in ageing

The composition of the expert panel and the topics presented are outlined below:

- Dr. Pamela Elfenbein (The Centre on Ageing, Stempel School of Public Health, Florida International University, USA)
Population Ageing: The Role of the University
- Dr. Denise Eldemire-Shearer (PAHO/WHO Collaborating Centre on Ageing and Health, Jamaica)
Towards Age Friendly Primary Health Care
- Ms. Noeline Husbands (Trinidad and Tobago Coalition Against Domestic Violence, Trinidad and Tobago)
The NGO Perspective
- Ms. Rosemary Lane (Division of Social Policy and Development, United Nations DESA, New York)
Implementation of the Madrid International Plan of Action on Ageing, 2002
- Ms. Peta-Anne Baker (UWI, Jamaica)
Critical Issues in Ageing in the Caribbean: Economic Security & Social Participation

A snapshot of some of the critical issues that emerged from the presentations is outlined below, followed by the discussion and comments from participants.

Population Ageing: The role of the University *Dr. Pamela Elfenbein*

This presentation focused on the roles universities could play with respect to population ageing and the furthering of their mission in terms of being responsive to and supportive of the needs of communities. In addition to using the traditional techniques to deliver education and training through courses and certification programmes, Dr. Elfenbein saw universities as also being actively involved in the areas of needs assessment and research, advocacy and policy development, the provision of technical assistance, and collaboration at the local, regional and international levels.

To assess the needs of the elderly, the importance of communicating and collaborating with key service providers, recipients of services and policy makers was highlighted. The results of a needs assessment conducted by the University of Florida provided the background for further discussions on the next steps in the area of academic

education, training and research along with evidence-based policy formulation at the government level.

The presenter saw the university as a critical partner in the identification and achievement of key goals and objectives in population ageing. It was again emphasised that collaboration among all stakeholders at the national, regional and international level was critical to successfully addressing critical areas of concern in ageing in the Caribbean.

Towards age friendly primary health care
Dr. Denise Eldemire-Shearer

In her presentation, Dr. Eldemire-Shearer outlined the importance of developing an age-friendly primary health care system to meet the growing demand for such care to adequately meet the needs of an ageing society. She suggested drawing on already successfully implemented concepts which address the needs of younger age-cohorts, such as baby-friendly and adolescent-friendly approaches. Further, with regard to age-friendly primary health care delivery systems, the need to enhance access to primary health care facilities by identifying and addressing possible barriers, such as poor access to public bathrooms and crowded waiting areas, services and transportation, was also emphasised.

Based on the primary health care principles of universal access, equity, community participation, affordability and acceptability, Dr. Eldemire-Shearer highlighted the major areas in need to be addressed in the provision of age-friendly health care centres:

- Information, education, communication and training of health-care service providers;
- Community-based health care management systems; and
- Improvement of the physical environment of public health care centres.

However, she stated that in order to enhance health care services to the elderly generally a better understanding of older persons was needed. Further she called for a paradigm shift in the approach to health care, away from an acute episodic to a consolidated and sustainable preventive care approach.

Implementation of the Madrid International Plan of Action on Ageing, 2002
Ms. Rosemary Lane

The representative of UNDESA provided an overview of the role of the Division to implement the Madrid Plan of Action on Ageing at the national level.

It was stated that the Madrid International Plan of Action on Ageing, 2002, was adopted by the international community to address the emergence of three main areas of concern:

1. Speed and scope of population ageing in developing countries;
2. Finding of new approaches to development; and
3. Occurrence of massive social and economic changes.

Critical in the implementation of the Madrid Plan of Action at the national level is the recognition of the need to mainstream ageing into a global and national development agenda affecting all sectors of public and private development.

She described the role of her Division as two-fold: (1) providing technical assistance to government machineries in support of their efforts to operationalise policies and programmes at the national level; and (2) ensuring the integration of all aspects of ageing into development considerations at the global level.

It was emphasised that ‘age-mainstreaming’ was the strategy for making older persons’ concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres. This ensured that older persons benefited equally and that inequality was not perpetuated. Successful mainstreaming was seen as a key contributor to sustainable development through its ability to narrow the gap between various social groups and enhance intergenerational relationships thereby optimising the contributions of all age-groups to national development.

To illustrate the concept of mainstreaming at the national level, the case of Kyrgyzstan was presented.

Critical issues in ageing in the Caribbean: Economic security and social participation
Ms. Peta-Anne Baker

In recognition of the Millennium Development Goals (MDGs) and the Madrid Plan of Action (2002), the speaker emphasized that economic security and social participation were central to successful and active ageing.

The need for social integration and economic independence for the elderly has already been acknowledged by the international community in earlier plans and principles, such as the United Nations Principle for Older Persons (1991) and in the General Assembly's proclamation of the year 1999 as the International Year of Older Persons. It was further stated that of more recent importance to the region in this regard would be the *Regional Strategy on Ageing for Latin America and the Caribbean* (ECLAC 2003).

These concepts provide the frameworks to promote the need for economic security of the elderly with particular reference to: (i) levels of benefits and sustainability of pensions and public assistance payments; and (ii) real economic return and appropriateness of income generating projects. Apart from government assistance programmes, the speaker stressed the continued need for older persons to become actively involved in securing their own economic sustainability by challenging mandatory retirement stipulations, retraining and acquiring new skills and by addressing pension mobility and privatisation schemes.

While financial security is important for economic well-being, social inclusion enhances physical and psychological well-being. The speaker complimented the existence of numerous non-governmental organizations (NGOs) which supported the elderly in their needs to socialize, but acknowledged that the need for such support had not yet been integrated into public policies and programmes.

The speaker suggested establishing a 'skills, resources and knowledge-database' as a means to share with communities the various assets and skills available through the elderly. This would enhance intergenerational solidarity, as well as provide income generating opportunities to the elderly.

Discussion and comments

The idea of raising the mandatory retirement age to save on pensions and other welfare payments was controversially discussed. While some participants supported the idea, others expressed serious concerns about the continued high unemployment rates particularly among young people, which would be maintained or even increased if such measures would be adopted. However, in order to design appropriate policy responses to the changing needs of the labour market, further research would be necessary to

identify possible areas where the older generations could still contribute to the economy while younger people would also have a chance to find reasonable and adequate employment. In addition to secure economic sustainability through labour force participation, the need for adequate pension schemes and retirement investment plans was articulated. This is of particular importance since to offer return-migrants who have spent most of their economically active lives abroad, long-term investment opportunities in their countries of origin could also provide a boost to national economies in the region.

In general, a more flexible approach to the retirement age, also taking early retirement into consideration, was suggested as a measure to a more effective and efficient response to the needs of the labour market.

In order to better understand the implications of various forms of dementia and Alzheimer's disease on the lives of the elderly and their immediate environment, the necessity to educate and sensitize the broader public on these issues was recognized. Participants further stressed the importance of acknowledging the need for support of family members and relatives as care-givers of the elderly, and of providing similar measures in support of care-givers for the elderly as are in place for parents with young children such as maternal and/or paternal leave. It was noted that Florida International University has already implemented such a policy in support of care-givers for the elderly.

It has been widely recognized that the ongoing demographic transition has begun to impact on the economic performance of most of the countries in the Caribbean. Therefore the need to sensitise economists in the region on issues of population ageing and its implications on economic performance of the countries in the region was recognized. The meeting further called on economists to mainstream ageing into economic planning and forecasting within the framework of national planning and budgeting exercises.

Notwithstanding declining physical, psychological and mental conditions in advanced life years, participants strongly supported the need to provide support for sustained self-maintenance and continued independence in personal matters at all ages, as long as possible, free from discrimination and abuse and in full appreciation of the human rights for all parties concerned.

The way forward

This final session, chaired by Dr. Eldemire-Shearer, focused on articulating the next steps in the regional response to advance the ageing agenda in the Caribbean.

Public education on ageing at the domestic level and networking and information sharing among the various stakeholders in the region are the two overarching issues identified as critical in charting the way forward.

In terms of critical practical steps, three priority areas were highlighted as necessary in order to strengthen countries in the Caribbean to address the needs of their ageing populations:

1. Establishment of a Caribbean clearing house on ageing and the elderly, which should collect and make available research and other information on population ageing. It was suggested that this facility could be best housed at the UWI, Mona Campus in Jamaica.
2. Establishment of a Caribbean Gerontological Association, possibly affiliated to the American Gerontological Association or to similar bodies at the regional level;
3. Establishment of a Caribbean Network on Ageing to enhance and strengthen cooperation and collaboration at the subregional level. To this end, an interim steering committee was set up to draft a statement of purpose, to develop criteria for membership and to develop terms of reference and an agenda for the Caribbean network. The following members were nominated:
 - Dr. Jennifer Rouse (Trinidad and Tobago) (Interim Chairperson);
 - Mr. Clayton Springer (Barbados);
 - Mr. Roger Mc Lean, UWI (Trinidad and Tobago);
 - Dr. Joan Rawlins, UWI (Trinidad and Tobago);
 - Mr. Jeffrey James, HelpAge International (Saint Lucia);
 - Mrs. Helen Charles (Saint Lucia).

It was decided that, in coordination with the other members of the group, the Interim Chairperson would set the time and venue for its first meeting. It was further agreed that other partners, such as United Nations bodies (ECLAC, PAHO/WHO, UNFPA), along with international donors, such as Merck Sharp & Dohme and others, would be invited to attend meetings of the steering committee as needed in order to continue providing critical technical and financial support to this initiative.

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ANNEX

Annex I

CARIBBEAN SYMPOSIUM ON POPULATION AGEING Researching Ageing Issues in the Caribbean

**Convened at the premises of the
Economic Commission for Latin America
and the Caribbean (ECLAC)
8 November 2004**

PROGRAMME

8:30 - 9:00 a.m. Registration

9:00 - 9:15 a.m. Opening session

Chairperson: Dr. Joan Rawlins,
University of the West Indies
Trinidad and Tobago, W.I.

Greetings:

- Dr. Jennifer Rouse - Director, Division of Ageing, Ministry of Social Development, Trinidad and Tobago;
- Mr. Rudolf Buitelaar - Officer in Charge; United Nations Economic Commission for Latin America and the Caribbean (ECLAC), Subregional Headquarters for the Caribbean;
- Dr. Gina Watson - Health Promotion, Disease Prevention and Control Advisor, Pan American Health Organization/ World Health Organization (PAHO/WHO);
- Mr. Roger Mc Lean - Lecturer, Health Economics Unit, University of the West Indies (UWI)

Panel 1 - Family and Ageing: Exploring Social Issues
Chairperson: Dr. Joan Rawlins

9:30 - 9:45 Ageing in the multi-ethnic Caribbean: An examination of social therapy as a precursor to quality of life.
Ronald Marshall

- 9:45 - 10:00 The aged, a lost and dying society:
Implying the importance of a gerontological framework for
addressing their needs in the Caribbean
Kenneth A Niles
- 10:00 -10:15 Keeping it in the family: care giving for patients with Alzheimer's
disease in Trinidad
Joan Rawlins
- 10:15 - 10:30 Extreme longevity in the Caribbean: The social and demographic
characteristics of centenarians in Barbados
S. Archer, F. Brathwaite, H. Fraser
- 10:30 - 10:45 Discussion
- 10:45 - 11:00 *Coffee Break*
- Panel 2** - **Health of the elderly, determinants, needs and access to
care/services**
Chairperson: Lionel Remy
- 11:15 -11:30 Studies of Vascular risk factors and cognitive impairment/decline
in Caribbean-born elders in south London
R. Stewart, M. Prince. A Mann
- 11:30 - 11:45 Research ascertaining cognitive function and dementia in African
Caribbean populations
Robert Stewart
- 11:45 - 12:00 Older men - Caribbean perspective
C. Morris, D Eldemire-Shearer
- 12:00 - 12:15 Humanization in community homes for the aged: A preliminary
assessment of the services provided and challenges faced in the
Provision of residential care for the needy elderly
H. O. Blake
- 12:15 - 12:30 Public sector pre-retirees: Health practices and social status - A
major challenge of population ageing in the 21st Century
Bernice Dyer-Regis
- 12:30 - 12:45 Discussion
- 12:45 - 1:45 *Lunch*

Panel 3: - Preparing Society to care and integrate the older Adult In the 21st century: formal and informal approaches
Chairperson: Dr. Innette Cambridge

- 1:45 - 2:00 Breaking Tradition: Towards an alternative measure of population ageing
Dr. Godfrey St Bernard
- 2:00 - 2:15 Helpage Saint Lucia National Council of and for older persons
J James, G O'Donoghue, A Humphreys, M. Gorman, A. Heslop
- 2:15 - 2:30 Nursing curriculum: Changing students' knowledge and biases towards older aAdults
Y. D. Parchment
- 2:30 - 2:45 Aging 101: Strategies for increasing social work competences with older adults through curriculum infusion
Jessica Cabness, DSW, LCSW-C
- 2:45 - 3:00 Discussion
- 3:00 - 3:30 *Coffee break*
- 3:30 -3:45 Paving the way for careers in ageing
C. Morris, D. Eldemire-Shearer, H. Fletcher, D. Holder-Nevins
- 3:45 - 4:00 First results of a study on the effectiveness of a physical activity programme with the elderly in five homes in Paramaribo, Suriname
Tony Chang
- 4:00 - 4:15 Discussion
- 4:15 *Vote of thanks* - Dr. Jennifer Rouse

CARIBBEAN SYMPOSIUM ON POPULATION AGEING

**Cascadia Hotel, Port of Spain, Trinidad
9-10 November 2004**

PROGRAMME

8:00 - 9:00 a.m.:

Registration

OPENING CEREMONY

Chairperson:

Professor Karl Theodore
University of the West Indies,
Trinidad and Tobago

9:00 - 9:10

Dramatic presentation by 'Arts in Action'

9:10 - 10:00

Opening session

Greetings

Mr. Rudolf Buitelaar
Economic Commission for Latin America and the
Caribbean, Subregional Headquarters for the Caribbean
(ECLAC)
Trinidad and Tobago

Dr. Lillian Reneau-Vernon
Pan American Health Organization/ World Health
Organization (PAHO/WHO)
Trinidad and Tobago

Ms. Hetty Sargeant
United Nations Population Fund (UNFPA)
Jamaica

Mr. Keith Gooden
MERCK Sharp & Dohme Corporation;
Puerto Rico

Dr. Phyllis Pitt-Miller
University of the West Indies,
Trinidad and Tobago

10:00 - 10:30

Special address: Dr. Denise Eldemire-Shearer
University of the West Indies Mona Campus
Jamaica

- 10.30 - 10.45 Address by Senator the Honourable Mustapha Abdul-Hamid
Minister of Social Development,
Trinidad and Tobago
- 10.45 Closing Remarks: Professor Karl Theodore
University of the West Indies,
Trinidad and Tobago
- 10:45 - 11:00 *Coffee break*

Main Symposium - Day 1 - Tuesday 9 November 2004

United Nations Framework on Ageing

- 11:00 - 11:10 Dr. Denise Eldemire-Shearer,
PAHO/WHO
Organisation Collaborating Centre on Ageing and Health,
University of the West Indies Mona Campus;
Jamaica
- 11:10 - 11:20 Mr. Dirk Jaspers,
ECLAC
Chile
- 11:20 - 1:20 Country statements
- 1:20 - 2:20 *Lunch*
- 2:20 - 4:20 Country statements – cont'd
- 4:20 - 4:40 *Coffee break*
- 4:40 - 5:30 Open discussion

Main Symposium - Day 2 - Wednesday 10 November 2004

9:00 - 9:10	Summary of day one
9:10 - 11:00	Country statements – cont'd
11:00 - 11:30	<i>Coffee break</i>
11:30 - 1:30	Expert panel - Critical issues in ageing Dr. Pamela Elfenbein, Florida International University, USA Dr. Denise Eldemire Shearer, University of the West Indies, Jamaica Ms. Noeline Husbands, Stop Elder Abuse Now, Trinidad and Tobago Ms. Rosemary Lane, United Nations Department for Economic and Social Development, New York Ms. Peta-Anne Baker, University of the West Indies, Trinidad and Tobago
1:30 - 2:30	<i>Lunch</i>
2:30 - 4:30	Open discussion - The way forward

Annex II

Caribbean Symposium on Population Ageing

Planning Committee

Core team:

Chair: Mr. Roger Mc Lean	Health Economics Unit, University of the West Indies, Trinidad and Tobago, W.I
Dr. Innette Cambridge	Behavioural Sciences, Faculty of Social Sciences, University of the West Indies, Trinidad and Tobago, W.I
Dr. Joan Rawlins	Dept. of Primary Care and Public Health, Faculty of Medical Sciences, University of the West Indies, Trinidad and Tobago, W.I
Dr. Jennifer Rouse	Ministry of Social Development, Division of Ageing, Trinidad and Tobago, W.I
Dr. Karoline Schmid	Economic Commission for Latin America and the Caribbean, Trinidad and Tobago, W.I.
Dr. Gina Watson	Pan American Health Organization / World Health Organization (PAHO/WHO)
Ms. Joslyn Edwards	Ministry of Health, Government of Trinidad and Tobago, Trinidad and Tobago, W.I

Secretarial support

Ms. Sandra Khan	Faculty of Social Sciences, UWI
Ms. Vera Deokiesingh	United Nations Economic Commission for Latin America and the Caribbean (UNECLAC)

Supported by:

Prof. Karl Theodore	Health Economics Unit, University of the West Indies, St. Augustine, Trinidad and Tobago, W.I
Dr. Althea La Foucade	Health Economics Unit, University of the West Indies, St. Augustine, Trinidad and Tobago, W.I
Dr. Denise Eldemire-Shearer ⁸	University of the West Indies, Mona Campus, Jamaica; W.I
Dr. Adele Jones	Behavioural Sciences, Faculty of Social Sciences, University of the West Indies, St. Augustine, Trinidad and Tobago, W.I

⁸ Dr Eldemire-Shearer also represented the Pan-American Health Organization / World Health Organization (PAHO/WHO) Collaborating Centre on Ageing and Health where she holds the post of Director

Annex III**REGIONAL SYMPOSIUM ON POPULATION AGEING
Cascadia Hotel, Port of Spain, Trinidad, 9-10 November 2004****LIST OF PARTICIPANTS****ANGUILLA**

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ANTIGUA AND BARBUDA

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The organizers of this event wish to acknowledge the following agencies that have collaborated with us and without whom this event will not have been at all possible.



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**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORTS

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

ANGUILLA

ANGUILLA'S

REPORT

ON

POPULATION & AGEING

SYMPOSIUM

NOVEMBER 8TH – 10TH 2004

PREPARED BY

LANA CONNOR – HOYOUNG

PRINCIPAL ASSISTANT SECRETARY

HUMAN RIGHTS & GENDER

NATIONAL COMMITTEE ON AGEING

INTRODUCTION:

Madam Chairperson, I bring to you and this gathering greetings from the Honourable Chief Minister, his cabinet and the people of Anguilla, who together applaud you for this timely symposium on Population and Ageing in the Anguilla being an Overseas Territory has its limitations in participating in some regional and international forums. Anguilla remains ever grateful and is fully committed to agencies such as UNECLAC, PAHO, and UWI who together or individually have found ways to include us as an active member in the region.

Madam Chairperson the Population census 2001 placed the population of Anguilla at 11,870, which today is well over 12,500. Our annual fertility rate is that of .74%. It is to be noted that 23% of the population are migrants and that figure continues to climb steadily.

Population and ageing emerged as a strong force for national debate in the 1990's. During the past decade the issue Ageing has been reflected socially economically and politically. The theme of an ageing population is expanded within the global agenda through the Madrid Plan of action but the reality is that Ageing is a process that is transforming our societies on ground. Ageing therefore demands a response from Governments and societies that can be reactive or use of the Plan approach based on vision and reality whereby we can practice active ageing.

Madam Chairperson Anguilla has been proactive in dealing with the Ageing on the National agenda in some of the following ways:.

A. Draft Policy:

A committee has been identified to develop a policy on ageing. A draft policy has been developed and is ready for public debate. The policy is being adopted within an enabling environment that facilitates the continuing well -being and social development of the ageing persons by

1. Define the age of the elderly at 68 years
2. Establish a minimum- grant for the elderly of \$200.00 per month.
3. Develop a healthy public policy that is sensitive to the psycho-socio-economic realities of an ageing population.
4. The assurance of Political will/vision that is a Pillar in creating the enabling environment for the elderly.

B. Social Security & Ageing:.

1.b. Through Legislative Reform, the Social Security Act 1982 has been revised in 2002, where persons 68 years and older not receiving a pension from any where else are eligible to \$200:00 E.C. per month under the Non Contributory Pension Scheme.

2.b. The Social Security Act now allows self -employed persons to pay contributions so that at the age of retirement they are entitled to a pension.

C. Pension Reform Act 2004:.

1.c. The Pension Act has been revised in 2004; where Civil Servants receive a minimum pension benefit of \$750:00 E.C. per month.

2.c. The age of retirement is being moved from 55 – 60 years. In which workers are called upon to pay into the Pension fund.

The factor of ageing has therefore brought about an enlightened Policy and Legislative Process where policy and Law Revision are seen as cycles and being static. They are goal, vision, and action oriented as the laws are enacted.

3. Property Rights/Inheritance:.

3.a. Under the Property Act since 1975 all property left by parent belongs to all children both boy and girl within the marriage.

3.b. The Illegitimacy Act 1986, provided for if a man dies In-testate property goes to his children. Thereby allowing all children born in wedlock or out of wedlock once acknowledged have equal claim to the property.

3.c. In claiming letters of administration the widow is being protected or acknowledge as both a child and the widowed spouse do take out letters of administration. The widowed spouse is entitled to at least a child's share.

4.c. The plea for holding on to property rather than alienation of land is one of advocacy by the Elders on Anguilla. Government has instituted a policy of Lease hold agreements rather than out sourcing of property. There is a full instituted Land and

Development Control Committee to ensure that there is a proper plan taking in the views of civil society.

5. Health:.

5.a. Health Authority

Government as of 2004 has implemented Health services through a system of Health Authority. This has allowed for the greater efficiency in the delivery and control of payments in the service. Payment for the Elderly Care became a political issue whereby some basic medications are reduced for the elderly. The Welfare Services has system of welfare exemptions for medications.

Table: 1. Showing Recipients Of Medical Exemptions:

Year	No of recipients
2000	446
2001	481
2002	200
2003	278
2004	not calculated

Primary Health Care Services have been reoriented to promote and protect the health of the older persons in the communities. There are trained Nurses Aids, who visit the elderly in their homes on a weekly basis. This been enjoyed by the elder person. There is one modern and fully equipped Poly –clinic that serves most of the eastern and island with some specialize services such as eye examinations etc. in other areas the 6 out clinics are open with doctors assigned.

6. Institutional Care:

The Miriam Gumbs Senior Citizen's Home:

In 1994 the concept of the Old Peoples' Home and the stigma of the Poor or Alms House changed in Anguilla. Under the social Security act people are allowed to work until 65 years thereby giving rise to sections of the population in much need of care and protection those being the children and the elderly. Children were provided for through many day care and home care centers while the elderly were often left alone and unattended in their homes. Families were prepared to pay for the care of their relatives and love ones. In 1995 Government establish a new home in which 16 persons are being housed. There are some 12 paying indwellers and 4 taken care of by government. The home has been adopted by one of the Indigenous Banks on the island. It is envisioned to have the home expanded to house some 24 paying units and 6 for those who are taken care of by government. This development is a partnership between government businesses and churches. The Methodist church on celebrating its 190 years of Methodism launched a fundraiser at a dinner, in one night raise \$30,000.00. The pledge is still open for this extension.

The institution has developed creative programmes to meet the varying needs of the the elderly living there, such as

1. Weekly prayers meetings by Methodist society and the Dorcas of Women Adventist group
2. Two times per week craft making items
3. Tours to scenes around the island
4. Talk to the Golden Agers (Television programme)
5. Music and Dance of yester years
6. Annual exchange with St. Martin St. Helen Home.

7. Alternate Care Programme:

7.a. The Methodist Church has built an Elderly Day Care Facility to allow for the elderly to come in during the day while their relatives are at work. This programme has not gotten off to a full start, as the elderly feel they are not children. It is hope with new programming much of the elderly will be drawn into the program doing a number of activities.

7.b. The health authority has embarked on a certified pool of Home Care Givers who are employed in the homes of elderly persons who are in need of care and can assist

families in their homes. Some 30 persons have received assistance under this programme.

8. WATER:

Government in achieving one of the MDG to overcome poverty, the right of every one to clean water; Those elderly under a Means Test is piped free water to their homes. This is monitored on an average of 2,500 gallons to an elderly person per month. This has been passed in Cabinet.

9. Housing/Services:

Housing is an increasing concern for the elderly. With the increase population by immigrants to the island there is move to set proper housing standards in place for people on the island. Further more this is propelled by the frequency of hurricanes in the region over the last decade. Housing Standards is a development goal where the elderly should have access to businesses with ramps being built.

In many homes the elderly through the service of the Rotary Club some 40 wheel chairs have been given to the elderly in their homes. Others have been assisted with walkers and sticks to allow them assistance in walking.

10. Empowering Elderly Persons:

There is a growing consciousness that Anguilla is an ageing community. According to PAHO/WHO pole, life expectancy in Anguilla is 81 years females and 77 years males. Clearly then one needs to understand this matrix within the gender dialogue. The community is being informed about the issues through the radio programmes, drama, community meeting, church programmes such as “Growing Older and being knowledgeable. Issues debated are

- a. Rights to Social Security
- b. Social security benefits
- c. Making of wills and probating of wills
- d. Property entitlement.
- e. The childless Widow.
- f. Housing
- g. Rights to independence, health etc.
- h. Intergenerational Gap.

11. Intergenerational Activities:

One model used for active ageing is that of intergenerational activities:. Such

1. Schools through the Soroptimist Club International of Anguilla have Establish Grand Parents Day.
2. Seniors adopting a school in their neighbourhood for story telling, Reciting and Dancing.
3. Profile on an Elderly person in the newspaper monthly.
4. Raising the consciousness of becoming a centenarian. In 2004 Anguilla celebrated 2 persons 100 years and 101 years. There is Is also one couple 99 and 98 years who has been married for 80 years still active and coherent. It is important to note the strong value on Religious beliefs. The wife is an Anglican who lives in a Methodist Zone but maintained her Anglican fellowship.
5. The Summer Programme. The Comprehensive School placed Students at the Home since 1998 thereby dispelling the myth of youth and age cannot work together.

12. The Evolving Paradigm:

In Anguilla it is fully recognized that ageing is a process from the cradle to the grave. Ageing is not only seen as being healthy but also calls on each organization, agency or individual to be active in the ageing process. We in Anguilla have seized the opportune moment to sustain the Ageing dialogue within the context of Human Rights and Gender. Ageing while it is embraces the Welfare Approach “ *that of doing for the Elderly... Human Rights empower the individual to active participation in society as long as possible.*

Rights of Elderly Persons:

1. Right of the elderly to independence, (stay living in their own homes and Community as long as possible.
2. The elderly right to Dignity and Pride. Living with their value system and displaying what they believed in.
3. Right to Care in that the elderly have contributed to the development of society, they have a right to be cared for proper baths grooming and nutrition.
4. Their right to self-fulfillment.

Madam Chair person, as our population Aged We in Anguilla must strike a balance by including the rights of immigrants who have come to our land and have served but rather contributed to the base of our economic development. The issue remain as a people who are ageing and have contributed far and near through out the region are they not entitled to the same health care services, same pay non contributory pensions, same basic pay, housing water, their right to have accumulated benefits from social security or national Insurance Schemes across this region and further a field thereby having their rights to true citizenship of the country of their choice.

I therefore call on this gathering and the Sponsors alike to take up the challenge as put forward in 1998 in preparation for the International Year of the Older Person; to call on our regional government in CARICOM to ensure that workers benefits as paid into the various Pension Schemes be accumulated for the elderly thus removing the element of poverty to the Elder person.

Madam Chair Person

I thank you

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

ANTIGUA & BARBUDA

Statement



by



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Ministry of Social Transformation
Antigua & Barbuda**

to the

**Caribbean Symposium on
Population Aging
Trinidad & Tobago**

November 8, 2004

Mister Chairperson

Distinguished Representatives of the Funding Agencies

Fellow Delegates

Ladies and Gentlemen:

It is my honour, on behalf of the Government of Antigua & Barbuda and on my own behalf to express my sincere appreciation for the opportunity to present to this body the initiatives taken by my country to address the needs of the senior citizens and to facilitate their continued participation in their families and in society.

I am grateful for this privilege and opportunity to share, and look forward to the positive outcome of this first ever Caribbean Symposium on Population Aging.

Mr. Chairperson:

Ageing is a lifelong physical and psychological process, and some stereotypes of the elderly being “inactive”, “immobile” and “senile” are often inaccurate. The myth that declining physical and mental capabilities automatically begins at sixty or sixty-five years of age must be dispelled.

The increasing number of elderly persons in the Antiguan and Barbudan society presents a challenge to the existing social and health services. This challenge has become more acute due to the changes in family structure and community support systems, which existed in the past. These changes have resulted in many elderly persons living alone with very minimal support financially; as well as limited assistance with household and other tasks. Due to physical disabilities resulting from the aging process and insufficient social services provision, the quality of life of many of the elderly is inadequate.

In 1990, the Citizens’ Welfare Division undertook a pilot study among our elderly population which revealed that loneliness was a major problem among the elderly and that cut across all economic strata. Another area of need, was for assistance with household tasks, such as food preparation, cleaning, and personal hygiene. Limited financial resources and poor housing were also identified.

With this background, the Government has made some provision for the elderly in its plans and programmes. In this regard, the elderly who were not contributors now receive assistance from the Medical Benefits and Social Security Schemes. There is also the Board of Guardians programme which provides financial assistance to those elderly persons who are deemed to be poor and destitute.

Mr. Chairperson:

In the quest to improve the quality of life for the elderly, the Government is mindful of the need to expand the social and health provisions for the elderly.

The sterling contributions our elderly have made over the years towards Nation-Building have not gone unnoticed. To this end, the Government is committed to ensuring that their sunset years are made as comfortable as possible.

Based on the existing needs, the Citizens' Welfare Division developed two types of programmes to fill gaps in the service needs required by the well and vulnerable elderly.

The Welfare Aides and Home Help Services of the elderly are designed to relieve loneliness and the stress of ageing.

- ❖ **The Welfare Aides Service** embraces the general elderly population and focuses mainly on meeting recreational, social and emotional needs of the elderly.
- ❖ **The Home Help Service** was designed to assist those elderly persons who are "house-bound" because of physical limitations and require assistance with domestic activities in their homes. This service was therefore introduced to provide homecare, thus enabling the elderly to remain comfortable in their home environment for as long as possible.

Existing Services

A number of private agencies including faith-based organizations have established and organized various programmes and activities geared to meet the needs of the elderly. For example, a meals on wheels programme is executed once weekly by the following churches: Salvation Army, Methodist, Spring Gardens Moravian, Nazarene and Anglican; all excepting the latter serve persons within the urban communities. In addition, there are at least two daycare facilities namely: St. Vincent De Paul, which is run by the Catholic Church and St. Barths which is run by the Anglicans. There is also a Senior Citizens Centre that is a non-governmental organization, which provides a daily programme for its senior citizens.

Currently, Health Care Services, to the elderly are provided through the various health clinics around the island, which are staffed with a cadre of professional health care workers.

Mr. Chairperson:

Social Security, Medical Benefits and the Board of Guardians have made provisions so that the elderly can prepare and attain the best possible Health and Social Services that are available to them.

Private Agencies & Institutions

There exists a government owned and managed institution housing the destitute elderly. This institution has the capacity to house sixty (60) persons.

Mr. Chairperson:

The aged will always be with us, as such, they must continue to be included in national development policies. They are very resourceful hence they should be recognized as a great resource of our nations socially and culturally.

Thus Antigua and Barbuda welcomes the cooperation between the Ministry and other agencies in advancing the cause of the elderly. At this juncture, I would like to express my appreciation to the organizers of this symposium.

Mr. Chairperson:

My country pledges to recommit our limited national resources to harness and develop every programme, policy and process that will advance the cause of the elderly, and welcome any technical or other assistance available.

Once again, thanks for your invitation and Antigua & Barbuda looks forward to benefit from the outcomes and recommendations made at this symposium. I thank you.

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

ARUBA

Country Report of Aruba on recent developments relating to the follow-up of the Madrid Plan of Action on Ageing and the Regional Strategy on Ageing in occasion of the Caribbean Symposium on Population Ageing, Trinidad & Tobago, 8 – 10 November 2004.

1. In concordance with the Madrid Plan of Action and the regional strategy on ageing to translate the Madrid Plan of Action into a Latin American and Caribbean Action Plan, the Government of Aruba (GOA) has recognized the need to critically review the relevant present policies and corresponding basic assumptions and strategies, to better meet the demands of an ageing society.

2. The present social infrastructures (education, social security and social welfare systems, etc.) were primarily based on the premises of a prevalently young society. Hence, are not designed for or timely adapted to meet the changing demands of this new social reality of an ageing society. The safety net in Aruba is rather broad. The universal healthcare insurance program in place guarantees direct access to curative healthcare services and prescription drugs to all legal residents. Home healthcare, institutional long-term care and supportive services are provided largely by publicly subsidized non-for-profit NGO's. The general contributory (by both employers and employees) old-age pension scheme enjoys a high coverage and the pensioners who are not entitled to full pension, may qualify for supplemental cash transfers through public assistance.

On the other hand, the sustainability of the social security schemes and the capacity of the long-term care and social services providers to meet the growing demand for services are strained. Partly because of the demographic ('graying' process) and epidemiological (the shift in causes of death from contagious acute to chronic and degenerative diseases) transitions and fragmented healthcare and social service delivery systems. A critical review of the programming and financing of in particular the healthcare and social services is, therefore, warranted.

The local healthcare and social service delivery systems have the following characteristics:

- Strongly cure-oriented healthcare frameworks and models and an underdeveloped care sector.
- The determinants for achieving a sustained state of health and well-being are spread across different sectors, actors and stakeholders with varied mandates, responsibilities and competencies.
- Policies and programs' objectives are supply-driven rather than client or demand-driven.
- Policies, programs and services are often not systematically evaluated for their effectiveness and impacts.
- Non-complementary financing schemes. For instance, while the curative medical care is financed through a universal insurance scheme, the long-term care and social service sector is mainly financed through public subsidies.

3. As we know, the Caribbean region has, with the exception of Europe and North America, the highest proportion of older persons in its population. And Aruba is among those where the ageing process is accelerating. Consequently, the GOA sanctioned a plan of action on ageing by the concerned ministry, that has as departure point active ageing and which promotes social inclusion, income security in old age and individual self-fulfillment under the senior population. It stresses further adequate accessibility to both

institutional and community-based long-term care for those with functional dependency and whose conditions require assistance with activities of daily living (ADL).

4. Within the context of the limitations of a small island-state, institutional care is not extensive (circa 3.5% of the population > 65 is institutionalized of which the majority requires skilled-nursing care). The present policy aims to guarantee access to institutional long-term care for those requiring skilled-nursing care and those in need of intermediate care who in addition have no or inadequate social support. The GOA reckons that the family and informal network, perhaps to an even greater degree than the developed nations, remains the primary source of assistance and care for the old-old and the frail elderly, and therefore need to be targeted. And we learned that often persons with functional dependence are themselves caregivers. The provision of adequate and timely assistance/relief to the informal caregivers in their tasks through accessibility to in-home and community-based care is paramount.

In this light, the following areas were targeted for immediate actions.

GOAL 1:

The development of a national strategy that promotes and supports an integral, multidisciplinary and collaboratively approach stressing a continuum of care when developing health and social services.

ACTIONS:

The GOA, through a decree by the Minister of Public Health & Environment and the Minister of Social Affairs & Infrastructures, recently commissioned a task-force to develop a strategic action plan to promote continuum of care between the home, institutional and community-based long-term care, the hospital, medical and paramedical professionals and relevant welfare institutions. It involves both integrating the different levels of care and coordinating the delivery of these with social welfare services across multiple sites and settings, departing from the individual needs of the concerned clients/patients and their informal networks. An expected output is a strong multi-sectoral platform with common vision and goals for the implementation of a coordinated, effective and affordable client-based healthcare and social service delivery system. This strategic plan is being formulated in close collaboration with the relevant players and stakeholders in the private, NGO's and the public sectors.

The strategic plan is to be presented to the relevant authorities and players for approval during the first part of the year 2005.

GOAL 2:

To guarantee income security in old age for the present and future older populations.

ACTIONS:

It involves ensuring that the pensions' entitlements of the present contributory and solidarity-based universal pay-as-you-go old-age, widow and orphans' pensions' scheme, remain adequate and affordable on the long term. The maximum old-age pension entitlement for an unmarried individual of US\$ 500, equates 75% of the minimum wage level at the moment. Married couples are entitled to US\$ 842 (126%) per month.

It further entails expanding the number of persons covered by a second-tier pension scheme. At present time a minority (23%) of the active working force is covered by such a scheme.

Based on, among others, the 2004 actuarial report by the International Labor Organization (ILO) and in the same years proposed recommendations by a bipartisan initiative between the Government and the social partners (private sector, labor unions) decreed to study the needed reforms/parametric modifications, the GOA is in the process of making difficult pro-active decisions, in consultation with its social partners, to warrant the above-stated and the solvency of the respective social security programs. The Government further privatized the public workers' pension scheme and hereby permitting the introduction of a voluntary-based second-tier pension program for non-civil workers.

GOAL 3:

To improve the architectural design and to expand some the capacity of the present institutional long-term care facilities and to develop assisted-living residential units to better meet the changing and more complex healthcare and housing needs of the elderly and those with long-term health conditions.

ACTIONS:

An age and etiology integrated long-term care residential standards and a holistic care delivery vision, have recently been formulated with the active participation of the long-term care providers and the housing sector. These stress safety, privacy and autonomous and dignified living, in addition to coordinated and complementary policy actions in favor of the target group.

The above includes the construction of a new facility in replacement of an existent nursing home and the development of assisted-living units, both linked to the concerned institutions as well as integrated in public housing projects, better designed to meet the individual needs of the elderly and other social groups with special needs.

GOAL 4

To develop organizational mechanisms to support the focusing of formal and informal community-based and in-home care and supportive services.

ACTIONS:

Recently, a so-called intermediary service is being provided to match the specific demands in personal care and other activities of daily living (ADL) with both formal and informal caregivers. This initiative is the result of a partnership between the GOA and the local home-healthcare entity. Intake, needs assessment, formulation of care plan, brokering of care-giving contracts, monitoring on the incidence and quality of service/care delivery and cashier, are concrete functions exercised by the intermediary. Flexibility, sustainability, tailor-made and affordability are important characteristics of this service. The objective is to increase accessibility to and to attain an adequate balance between professional and non-professional care providers in favor of especially the frail and vulnerable population in need of assistance and their respective families and informal networks. This is to be achieved as much as possible via standardizing the compensations for services rendered, streamlining, structuring and monitoring from a central point the demand for in-home and community-based supportive services vis-à-vis the existent and potential supply. This intermediary service is being subsidized by public funds. Indigent persons would qualify for supplemental subsidies.

GOAL 5:

To promote active participation of the older population in the social mainstream.

ACTIONS:

In terms of public transportation, the elderly have been enjoying for several years already free rides on public buses. Furthermore, the Ministry of Social Affairs and Infrastructures has adopted as a priority the systematic removal of physical barriers to increase the accessibility of persons with impairments to public spaces and services. This is to be achieved in consultation and collaboration with organized special-interest NGO's in favor of pensioners and those mentally, sensory and physically challenged.

GOAL 6:

The promotion of health and well-being in old age.

ACTIONS:

Coordinated from the Ministry of Health, several specific initiatives have been launched to promote a healthy life-style and health in general. For instance, with the collaboration of PAHO, health promotion campaigns have been implemented. The concerned Ministry has also been working on its own plan of action on chronic diseases since last year when it joined PAHO's CARMEN ('Conhunto di Accion pa Reduccion Multifactorial di Enfermedad No-contagioso') programme, which aims to reduce the prevalence of chronic diseases. Also, in collaboration with relevant public directorates, NGO's and medical professionals, a diabetic network has been formed to better inform and educate the public, the medical and paramedical community on prevention and management of the disease. *In the year 2001, diabetes accounted for 6.6% of the causes of death in Aruba.* Furthermore, in 2003 every household received an information booklet which content has as purpose educating the general population on the proper, timely and responsible use of primary medical care. This was accompanied with a media campaign on the topic.

GOAL 7:

To integrate ageing issues in the overall national development plan.

ACTIONS:

This call for, among other things, a systematic collections and multidisciplinary analyses of relevant primary data and repackaging of secondary data. The latter is deemed necessary to foster coordinated policy actions within and between the relevant sectors. Informed analyses on experienced demographic and epidemiological transitions and their potential and actual impacts, assist policy-makers and decision-makers when formulating and evaluating relevant socio-economic, healthcare and welfare policies and programs. A permanent national committee on population and development has been installed by ministerial decree, wherein the concerned public directorates from different sectors are represented and relevant NGO's are actively involved according to subject matters. Improvement of the statistical base in the area of population and development is a primary task of the committee. Through focusing of manpower and resources via this platform, we seek to realize multidisciplinary scientific research projects and analyses on such population issues as ageing, migration, etc. Other activities include the dissemination of information, education and awareness enhancement pertaining to the implications of population developments on the different aspects of our society and life.

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

BAHAMAS

**REGIONAL SYMPOSIUM ON
POPULATION AGEING - NOVEMBER 8-10, 2004,
PORT OF SPAIN, TRINIDAD**

1. INTRODUCTION

The Commonwealth of The Bahamas is a group of seven hundred (700) islands and cays that covers a land mass of five thousand three hundred and eighty two (5,382) square miles. It is bordered by four (4) nations namely, the United States of America, Cuba, Haiti, the Dominican Republic and a colony, the Turks and Caicos Islands. Twenty-four (24) of the islands in The Bahamas are inhabited. The two thousand (2000) census disclosed that the population of The Bahamas is three hundred thousand (303,611), more than half (½) of that figure live in the capital, New Providence, which is twenty-one by seven (21x7) miles. Older persons make-up nineteen point two percent (19.2%) of the population.

2. BACKGROUND AND HISTORY OF THE AGEING RESPONSE

The Bahamas can be considered a young nation, as more than fifty percent (50%) of the population is under thirty (30) years of age. Therefore, for many years there was never a concentrated national thrust to organize programmes for older persons until 1964 when the Department of Social Services was established and the opening of the Geriatrics Hospital by the Ministry of Health in 1965. The Church has always played a pivotal role in the lives of older persons. Hence, they were revered for their traditional knowledge and wisdom as well as included in the decision-making process of their respective communities. However, The Bahamas like other Western societies has changed its outlook on ageing. Generally, ageing is seen as a stage of disengagement, burdensome and cut off from society. However, on the other hand, there is a vibrant group of older persons, who is embracing all of life's opportunities. They are traveling, studying, assisting in policy-making decisions and in some instances they continue to work.

3. PROGRAMMES AND POLICIES

PENSION – CONTRIBUTORY AND NON-CONTRIBUTORY

Older persons who have contributed a minimum of twelve (12) payments to the National Insurance Board, the organization that is responsible for managing the country's pension programme, receive a pension according to their respective category.

An Old Age Non-Contributory Pension in the amount of two hundred (\$200) dollars is given to those older persons who have not made any or sufficient contributions to the National Insurance Board. A means test is administered. Reviews of the programmes that are offered by the National Insurance Board are tabled in Parliament in every five (5) years and the last one was completed in December 2003.

HEALTH

All older persons in The Commonwealth of The Bahamas receive health care free of charge. The country has four (4) hospitals and many clinics including four (4)

gerontology clinics. The Ministry of Health has appointed a Multi-Sectoral Committee to develop strategies and objectives to achieve a healthy ageing population. This Committee has been steadily working on the strategies that apply to older persons and has been successful in advocating for the opening of two (2) gerontology clinics. Other strategies that are being developed include the strengthening of the system for adequate health care services for the elderly, a national education and awareness programme on healthy ageing and the development and implementation of a national plan for healthy ageing.

HOUSING

In The Bahamas most of the older persons are homeowners, however, if an older person is in need of accommodations, the government would grant assistance. To date, there are three (3) government-owned and twelve (12) private, twenty-four (24) hour, assisted living facilities for older persons. Additionally, there are a number of rental units, for single accommodation, where a minimal fee of fifteen (\$15.00) dollars is charged each month. The government maintains these units and a means test is administered.

WATER

The Water and Sewerage Corporation, a quazi government organization, provides two thirds (2/3) of the country with water. Through the process of reverse osmosis several islands have been provided with water, therefore, it is safe for drinking. Older persons are given a thirty (30%) discount on their water bills, which are issued every quarter.

CAREGIVERS

Training is mandatory for caregivers who are employed by the government. The Department of Social Services along with other organizations conducts formal and informal training sessions.

INTERGENERATIONAL PROGRAMME

The intergenerational concept is not new as there has always been informal interaction between the old and new generations. However, as the family structure changes and separations occur, there is a greater need to have persons from the older generation interact with the younger generation in order to provide an historical context based on experience and the youth share their technical knowledge as well as present new approaches to ideas. The Department of Social Services manages a Day Care Center for older persons that is located in close proximity to a preschool and these two (2) groups interact regularly. One of the government owned group homes also has a day care for children, one (1) to four (4) years of age. The children spend time with the older persons, who are visibly happy in their presence.

The Department of Social Services utilizes the skills of several retired persons, by engaging their services as Child Care Assistants. These persons are responsible for providing follow-up visits to the homes of some of the foster children. The benefits to be gained from this programme are invaluable as older persons interact on a monthly basis

with foster children and foster parents. The Department requires them to submit written reports of their visits.

In The Bahamas, high school students are required to perform community service prior to graduation, therefore, many of them select facilities for older persons. The students perform tasks such as reading, playing board games and engaging the older persons in conversation. One advantage of this programme is that a stronger bond is developing between the two (2) generations.

NUTRITIONAL SURVEY

A nutritional survey was conducted from 1988 – 1989 and the results pertaining to the older population of The Bahamas were used to develop the National Food and Nutritional Policy. This policy encourages every one to adopt a healthy lifestyle.

RETIRED PERSONS ASSOCIATION

There are several organizations established to meet the needs of retired persons, many of which meet on a monthly basis.

FOOD ASSISTANCE PROGRAMME

This programme was designed to assist eligible pensioners with long-term monthly food coupons.

FINANCIAL ASSISTANCE PROGRAMME

Older persons can benefit from house repair, basic clothing, footwear, household items and medical assistance.

4. MAJOR ACHIEVEMENTS – POSSIBLE BEST PRACTICES

NATIONAL COUNCIL ON OLDER PERSONS

The National Council was established in 1999 to advise the government on issues relating to older persons. This group also advocates on behalf of older persons. Some of the Council's achievements to date include the presentation of the National Policy for Older Persons, National Insurance Identification Card and dedicated teller bank lines for older persons at our banking institutions.

NATIONAL POLICY FOR OLDER PERSONS

This policy was prepared by the National Council and presented to Parliament with recommendations for enhancing the quality of life for older persons.

RESIDENTIAL CARE FACILITIES ACT

This legislation was enacted during the summer of 2004 to ensure that older persons receive proper treatment and protection while in care. The act also addresses training for staff and the physical environment.

INTERGENERATIONAL PROGRAMME

(refer to page 4)

EMPLOYMENT

In 2002 the government of The Bahamas increased the mandatory retirement age for civil servants (not on contract) from sixth (60) years to sixty-five (65) years. Nevertheless, many persons in the private sector are expected to retire at the age of sixty (60) years.

NATIONAL INSURANCE IDENTIFICATION CARD

The National Insurance Board issues an Identification Card to all pensioners and it is utilized nationally.

HOME HELPERS PROGRAMME

This programme was designed specifically to assist older persons who live alone on islands other than New Providence. Home-helpers perform tasks such as cooking, grooming, household chores and shopping.

PARTNERSHIPS

Partnerships have proven to be beneficial for the country as it allows interaction between groups. The Ministry of Social Services and Community Development has formed partnerships with many churches and civic organizations in the management of facilities and facilitating some programmes.

5. MAJOR OBSTACLES – LESSONS LEARNT

1. Continued employment for some older persons is a necessity.
2. Older persons should be viewed as a heterogeneous group because of their varied needs.
3. Older persons should be included in all levels of decision-making.
4. Older persons face social exclusion and isolation due to changes in economic and social values.

6. FUTURE ACTIVITIES & THE WAY FORWARD

Realizing that there is a limited time in which this country has in order to address the issues related to population ageing, the following activities would chart the way forward:

1. Design a legal framework for the welfare and protection of older persons who are likely to be neglected or suffer from physical, sexual, emotional and economic abuse.
2. Advocate for older persons to receive a discounted fare when utilizing the transportation system.
3. Sensitize the populace regarding the importance of maintaining meaningful relationships with family members, friends, fellow church members and co-workers so that they would be able to enjoy their support and companionship in later years.
4. Encourage healthy lifestyles among older persons through proper nutrition, exercise and communication.
5. Promote awareness among school children and the general public regarding the ageing process in an attempt to foster positive relationships among the generations.
6. Educate and sensitize the media regarding positive aspects of ageing, thus, encouraging them to inform the public.
7. Encourage the public to utilize the older persons hotline by reporting cases of neglect, abuse and abandonment.

8. CONCLUSION

In The Commonwealth of The Bahamas as is the case world wide, a great deal of attention is being placed on ageing and the life of the ageing population. Also, there have been discussions regarding the physiological, psychological, economical and social aspects of ageing.

Two (2) crucial areas that require ongoing discussion and attention are health and housing for older persons. The Bahamas government has been proactive in addressing these issues; therefore, it stands ready to offer the necessary assistance.

The Bahamas strongly believes that a country is judged by the treatment its older population receives, therefore; it is committed to ensuring that the needs of older persons are addressed according to the principles (independence, participation, care, self-fulfillment and dignity) of the United Nations.

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

BELIZE

BELIZE COUNTRY REPORT

CARIBBEAN SYMPOSIUM ON POPULATION AGEING PORT OF SPAIN, TRINIDAD & TOBAGO 8TH – 10TH NOVEMBER 2004

Location

Belize is located on the mainland of Central America between Mexico and Guatemala. It borders the Caribbean Sea and has the 2nd largest barrier reef in the world.

Demographics:

According to the 2000 Census in Belize the population is approximately 260,000. 6% of the population is aged 65 plus = 16,000

Belize is still considered a population of very young people with slightly less than half the population 47.7% being children under 18 years. This is a figure from the Living Standards Measurement Survey carried out in 2002 as part of the Poverty Assessment Programme.

There has been a significant change in the demographics of Belize over the past 20 years. Although the birth rate has dropped slightly from 16.7% in 1980 to 13% in 2002 there has been an increase in the foreign born population and this has risen from 8.9% in 1980 to 14.5% in 2002. This can be attributed to the migration of Central American people from rural areas into Belize looking for a better life. Therefore there has been a shift from urban to rural settlement in Belize.

Ethnicity Figures

Mestizo, who are the descendents of intermarriage between Spanish and Maya make up 53.2% of the population.

Creole – 26.6%

Maya – 10.1%

Garifuna – 6.9%

The rest of the population is made up of Mennonites, Taiwanese, Lebanese, American and British.

Emigration from Belize is most common from the Creole and Garifuna, therefore it can be seen that Belize is most definitely experiencing a cultural change from Caribbean to Latin American.

Background

The Government of Belize approved through Cabinet the National Policy for Older Persons in June 2002. The process to develop this policy had started approximately 2 years previously with countrywide consultations with the assistance of the Ministry of Human Development, PAHO, HelpAge Belize and Mercy Care Centre, who were active participants in this countrywide process.

The National Council on Ageing was established on 10th February 2003 with the swearing in of 16 members from organizations that represented GOB, NGO's, the church, the media, the private sector and of course an Older Persons representative. The NCA was given the mandate to monitor the implementation of the National Policy for Older Persons.

With the subsequent addition of 2 other members, the NCA now numbers 20 persons, which includes the officially appointed chairperson and the executive director, who acts as the secretary.

Programmes and Policies:

Current Programmes being undertaken are:

- (a) *Amendments to the laws of Belize*
A legislative review of the laws of Belize was carried out in 2003 by HelpAge Belize / HelpAge International. The NCA has followed up this activity and with the assistance of a UK volunteer, amendments to the laws have been drafted which will provide greater protection of the rights for Older Persons. These amendments will be presented to the Cabinet before the end of the year.
- (b) *The Golden Age Customer Campaign.*
Starting with all the banks in Belize, negotiations have started with the aim of making improvements to their service provision for Older Persons. The NCA is assisting by way of information and poster ideas and Public Service announcements to advertise the services. This campaign will be extended to other businesses in the service industry.
- (c) *Rights Booklet for Older Persons.*
A booklet is being drafted to compliment the work being undertaken regarding legislative change for Older Persons in Belize. This document will inform Older Persons of their rights as detailed by National, Regional and International legislation and agreements.
- (d) *Drafting Regulations for Homes for the Elderly*
The first draft has been approved but further consultations are pending.

Main Achievements & Way Forward

1: The appointment of an Executive Director and the establishment of a Secretariat office for the NCA from November 2003. Although initially located within the Ministry of Human Development, the NCA moved to independent premises in July 2004.

2: Organizational Strengthening of the Secretariat by the development of a National Plan of Action for Older Persons developed and officially adopted in February 2004 and a Strategic Plan for the NCA.

These documents compliment each other and form the basis of the work that will implement the National Policy for Older Persons.

- (a) The National Plan of Action (2003-2008) outlines the 9 broad areas of concern for older persons that need action.

(b) The NCA Strategic Plan (2003-2006) outlines the 11 strategy areas that will be employed to address the concerns in the Action Plan.

3: The formation of an NCA Ad-Hoc Medical Committee to address the issues of appropriate and affordable medicine for Older Persons.

With the assistance of the Ministry of Health representative, a greater number of drugs used by older persons have been included in the formulary at the hospitals in Belize. However, this committee is not complacent and knows that a much greater effort is needed to ensure that Older Persons receive good medical care and access to appropriate medication.

The Ministry of Health is well aware of its failure to address issues relating to the elderly population. The Planning and Policy Analysis Unit is currently undertaking a review of the NHI Pilot Programme in Belize City as it has determined that the poor and the elderly are not being covered by this health provision.

There is a feeling that providing better facilities with low cost or even free medication for Older Persons will actually save money in the long term as maintaining a consistent level of health is less costly than dealing with emergencies or hospitalization.

4: Media / Public Awareness Work

The NCA enjoys a good relationship with the media and has been given air time to discuss many issues of concern.

The NCA has produced 2 posters which have been widely distributed.

Major Obstacles and Lessons Learnt:

- The most effective obstacle is the lack of financial support from GOB for programme activities. The NCA budget is very small and it has been very difficult to plan many programmes when they involve a certain amount of funds.
- The general lack of public awareness and concern for Older People in society. Older people only make up approximately 6% of the population and therefore they are not a priority group because of their size.
- The Poverty Reduction Strategy programmes in Belize are currently guided by the Millennium Development Goals (MDG's), which unfortunately do not adequately include Older Persons.
- The concentration on 'welfare' based programmes by NGO's takes away Older Persons desire and opportunity to participate and make changes for themselves. They are designed to make people dependent rather than independent.
- Advocacy work with Older Persons has taught me that they have tremendous energy and desire to be included in society. Older Persons need to use the media to get their voices heard.

Future Activities:

1: Age Awareness Training /Public Awareness with GOB

The NCA will respond to the lack of understanding of ageing issues within GOB departments by carrying out training sessions of staff.

It has been decided that public officers, senior managers and Ministers of Government need to receive age awareness training in order for them to be part of the process of changing attitudes towards Older Persons and also by including them in policy development. Senior officers have a responsibility to draw Ministers attention to issues that reflect operational practice within government.

2: Older Persons Radio Show.

In early 2005 the only national radio station in Belize will start a regular evening programme by and for Older Persons. This programme will operate on two levels and give advice and information on issues of importance to older persons as well as highlight Older Persons achievements, reminiscences and skills.

3: Formation of a National Older Persons Representative Body

In 2005 the NCA will start a process of countrywide consultations with the aim of developing a National Organization that represents the interests and concerns of Older Persons.

4: Income Security Issues

The GOB, through the Belize Social Security Board, implemented a non-contributory pension programme for older women aged 65 years and above in April 2004. The beneficiaries of this programme receive \$75.00 per month.

This scheme, as an election promise, has encountered many obstacles and has under gone several revision exercises since being established. This has mainly been enforced due to the need to address the lack of funds made available to this programme, rather than the needs of older women.

Although it can not be denied that this small amount does make a difference to the lives of many poor women and their families, it is however considered by many to be an unfair benefit particularly in the way it discriminates against men.

Unfortunately this scheme can not be accessed by the most needy Older Persons in the community, namely the Maya from Toledo and the majority of immigrants. This is due to the fact that they are unable to produce papers that give them an identity or confirm their age.

The issue of income security for all Older Persons will be addressed very soon with the Prime Minister as the NCA will be advocating for a Universal Pension which will be fair and just.

5: Research Programmes:

There is a need for qualitative data on a number of issues relating to Older Persons, which the NCA can use to verify the need for implementation of programmes and changes in policy, e.g. the number of Older Persons having to work after retirement in order to earn an income to survive.

6: Networking

Maintaining contact with colleagues within the sphere of Ageing and establishing new friendships are very important to providing information and giving new life and enthusiasm to the work.

I would like to see a Caribbean Committee established to deal with Ageing matters in the Caribbean.

Lindy Jeffery
Executive Director
National Council on Ageing
Belize

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

BRITISH VIRGIN ISLANDS

**Regional Symposium on Population
Aging
Trinidad**

November 8 –10, 2004

Country Report:
On Aging Programmes & Services

British Virgin Islands

Presented by
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Coordinator Elderly Services

Social Development Department
Ministry of Health & Welfare

Background

The British Virgin Islands are a group of fifty Islands and Islets forming the Northwestern extremity of the Leeward Islands. In total it is 59 square miles in size. Road Town, the capital, is on the southern shore of Tortola, and is the central administrative and business center of the territory. Seventeen (17) of the Islands are inhabited. Tortola, the largest, is twenty-one (21) square miles.

The population of the BVI is twenty one thousand, seven hundred and thirty (21,730). One thousand, three hundred and eighty eight (1,388) are senior citizens, three of whom are centenarians.

The currency of the British Virgin Islands is the US Dollar.

The Social Development Department is one of five (5) Departments operating under the hierarchical structure of the Ministry of Health and Welfare. The Permanent Secretary hold administrative responsibilities for the overall functioning of the Ministry, a Deputy Secretary and an Assistant Secretary, which comprises the management team, assist him. Within the Ministry's management structure, an officer from the management team has desk responsibilities for the Department. The Social Development Department currently has five major Divisions. However, with the separation of Probation Services in the coming year from the Family and Children Services Division, the Department will have a total of six major divisions operating. The current Divisions are;

1. Community Development
2. Elderly and Disability
3. Family, Children and Probation Services
4. Virgin Gorda Branch and Administration

The Division for Elderly and Disability has operational and supervisory functions for the programs related to meeting the needs of the elderly population. The specific programs under this Division are Home Care Program and the Senior Citizens Recreational programs, Virgin Gorda Elderly Home, Meals program.

Mission

To provide the British Virgin Islands Population with effective social services that will empower, promote and enrich their quality of life, while fostering individual independence.

The Division of Elderly

Programmes and Services

Home Care – This service is operated by the Social Development Department. It provides personal care and domestic services to the frail elderly and disabled homebound clientele throughout the territory. Currently, the Department provides care for forty-seven (47) clients and services are provided Monday through Friday, eight hours a day and in a few isolated cases on weekends. Twenty-four hour care is also provided for the chronically ill and totally disabled persons who have no one to care for them. The home care aides are trained at the level of a geriatric aide. Each is assigned two (2) clients. This service helps prevent or delay institutionalization.

Senior Citizens Recreational Program – This program promotes social and physical interactions health and wellness, creative arts and other recreational activities, which help to enhance the quality of life for the elderly. It is conducted at eight centers throughout the territory with a total of two hundred and sixty two (262) registered participants. The female participation outnumbered that of their male counterparts. Two main factors contribute to the decline of male participation;

- Their interests are not being catered to in the activities.
- Engagement of males in traditional activities such as; Agriculture and Fishing.

Activities conducted at the centers includes but not limited to, are the following;

- Religious activities
- Arts and Crafts
- Games
- Physical Exercises
- Performing Arts
- Informal Dramatics
- Educational Activities
- Meal Service
- Island and Off-Island Trips
- Birthday and Anniversary Celebrations

Special activities are also organized by the participants of the program, for fund raising purposes. These activities include, food sales, raffles, walk-a thons, and concerts. The funds raised are used to finance parties, special luncheons, and off-island trips such as cruises on mayor cruise ships such as Carnival and Inspiration.

Senior Citizen's Month - The month of May is designated senior citizens month and is celebrated simultaneously with the United States Virgin Islands (USVI). The month opened with a church service followed by a luncheon, which is preceded by a program of activities by the seniors, and speeches from the Chief Minister and the Minister for Health and Welfare.

During the month, the senior citizens engage in various activities some of which include, a Cultural Day, Food Fair, Beach Picnics, A Senior Citizen Sports Day, an Off-Island

Trip to the Island of choice and boat rides. A Senior Citizens Ball closes off the Month Celebration.

Meals on Wheels – A community based Meals on Wheels program is extended in the eight communities where the senior citizens recreation program is operated. It serves a total of thirty-eight (38) clients, Monday through Friday. On weekends the Methodist Church delivers meals to the homebound.

Visitation – This service is run by the Social Development Department. Managers from the various centers visit the homebound weekly on Tuesdays and Thursdays. This service provides social stimulation and helps alleviate loneliness.

Health – Health Care Services and medication within the British Virgin Islands is free to persons over 65 years through the Government System. There is a visiting medical nurse service in each community, which provides for persons who are unable to attend the clinic.

Housing – There are no Government Housing in the British Virgin Islands. Most of the elderly own their own houses and land. A minority, live with relatives.

Transportation - The elderly are transported from their homes to the various centers daily and to other social activities. Residents from the elderly homes are also transported to the centers daily and other social events for senior citizens.

Nursing homes – Currently, there are two nursing homes in the British Virgin Islands, combined they house forty (40) residents; 24 males and 16 females.

Pension Scheme

Government has a pension scheme with two categories which are payable after twenty-five (25) years of service or at the age of fifty-five (55), whichever comes first for Civil Servants. The other category of pensioners is politicians. Politicians must serve a four-year term plus one day of a new term in order to be eligible to receive the retirement allowance of 2/3 of their monthly substantive salary. Presently Government pays pensions to a total of eight to twelve hundred individuals. The average monthly amount ranges from \$600.00 - \$1000.00 monthly.

Social Security

The British Virgin Islands introduced the Social Security Scheme in 1981. Persons who contributed to the scheme are eligible for a pension after age sixty-five (65). The monthly payments range from four to five hundred (\$400.00 to \$500.00) dollars. Many persons over age sixty-five (65) receive no pension for these reasons, either they were too old to contribute to the scheme or they never worked. Currently six hundred and eleven persons age sixty-five and over are receiving a monthly pension.

Public Assistance – (Social Assistance Program)

The Public Assistance Ordinance Cap 237 governs the actions of the Public Assistance Committee. According to the ordinance, poor and destitute persons mean “any and every

person who by reason of infancy, old age, illness, to maintain himself or herself.” Payment categories are as follows. Presently eighty-one persons age sixty and over are receiving assistance grants. The grants range in amounts from one hundred and fifty (\$150.00) to two hundred and twenty five (\$225.00).

Single	– \$100.00
Family two	– \$150.00
Family three	– \$200.00
Family four	– \$225.00
Family five	– \$250.00
Single Disabled	– \$150.00
85 years and older	– \$225.00

Policy

There is currently not a formalized policy governing the care of the elderly in the British Virgin Islands. However, the Ministry of Health and Welfare has recognized the need for such a policy and has during 2004 with the assistance of PAHO (Pan American Health Organization) completed a survey on the living conditions of the elderly. The objective of the survey was to;

Collect data on the economic, social and physical conditions under which they live.

To evaluate their specific needs, the outcome will be a guide for a draft of a national policy on the care of the elderly.

The Government’s goal is to provide a comprehensive health care scheme for the elderly, which will be accessible and affordable. Government will also aim to provide awareness on the aging process, healthy lifestyles and other age related issues.

Measures will be put in place to provide;

- Supportive services for the elderly
- Advance training for caregivers
- Increase programs and services for the elderly.
- Address income security need of older persons
- Provide free primary and secondary eye and dental care
- Educate the public on aging process.

Major Achievements

Introduction of an Intergenerational Program

A National Food and Nutrition Policy

Survey

Recreational Program

Homecare Basics

Major Obstacles

- Most public and private buildings are not accessible to the elderly. They are built without ramps.
- Sidewalks are not wheelchair accessible
- Many relatives of older persons have left the burden of care to the Government

Future Plans

Drafting of a national policy on care of the elderly in the British Virgin Islands.

Building a Senior Citizens Complex with the following accommodations.;

- Independent Living
- Assisted Living
- Nursing Home – with a respite care and hospice unit.

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

DOMINICA

COUNTRY REPORT ON AGEING IN DOMINICA

Dominica is 289.5 square mile (750.6 sq. kilo meters) of lush green vegetation and rivers. "Nature Island of the Caribbean."

Location between 2 French Islands, Martinique to the South and Guadeloupe to the North. Languages : English is the main language French Creole (Patois) Pidgin English ("Kokoi")

Volcanic origin with humid, tropical marine-like climate.

BACKGROUND AND HISTORY OF THE AGEING RESPONSE

The population of Dominica is approximately 70,000 with largest Caribbean enclave of Carib Indians; large population of African descent (89%) small European and admixture of Asians-Chinese.

The population of the older persons (60+) has been increasing over the past four decades both in absolute terms and as a proportion of the total population. The total population increased from 59,916 in 1960 to 71,183 in 1991 and 71,727 in 2001. In the same period the proportion of older persons in the population from 1960 to 2001 has increased by 87.3% representing over 4 times the rate of increase in the overall population. The gender composition of the Older Population has also changed significantly within that period. Although throughout the period the number of elderly women has been consistently greater than that of men, there has been a regular increase in the population of men in the subgroup from 38% in 1960 to 45% in 2001.

This "Nature Island of the Caribbean" boasts of contributing factors to increased life expectancy and in 2001 had a total of 22 confirmed centenarians with Ma Pampo at 128 then who was possibly the oldest living individual in the world.

Consequent upon the realization of this ageing phenomenon in the Dominican Society, representatives of various groups and organizations with active programmes for older persons and representatives of Gov't Ministries involved in the provision of care and welfare of Older Persons held an initial meeting on July 31, 1996 to formulate a "policy on ageing". The approach used in the development of the policy was widely consultative and participatory. A series of community meetings were held which culminated in a National Symposium on July 5, 1998 providing opportunity for abroad-based representation from Gov't, NGO's, trade unions and professional organizations, among others. The final draft was approved by Cabinet in October 1999.

PROGRAMMES AND POLICIES

Programmes and services for older persons in Dominica are provided by Gov't and Non-governmental organizations as well as religious groups.

GOVERNMENT

(a) *Public Assistance* - (i) Annual sub-ventions to institutions dealing with the older persons.

(ii) Assistance to indigent older persons

(b) *Pension / Social Security* – Pensions are paid to some established retired Public Service workers.

Social Security - for contributors to the scheme.

(c) *Health Care Services*

There is a well established Primary Health Care System with a Network of Health Centers and Clinics throughout the island. There is no fee for service at those facilities. Dental, eye care and pharmaceutical services are also at the Primary Health Care Centers.

HOUSING REPAIRS

Older persons can access limited assistance for renovation of their houses.

LEGAL AID

Recently a Legal Aid Clinic was established to cater for the marginalized groups in the society eg. Elderly who find it difficult to access legal services due to limited financial resources.

DCOA Inc.

Day Centers – The Council has embarked upon a programme of development of Day Centers in the various communities throughout the island. Presently, there are 6 such centers catering for socialization for the older persons.

TRAINING OF CARE GIVERS

Two sixteen weeks training programmes have been completed for persons wishing to provide home care to older persons. A curriculum was developed and is available for further use.

Additionally a 2-day training programme was done for relatives and family members of older persons aged 80+ who are either bed bound or home bound. Basic skills in the provision of care, as well as ageing process and needs of older persons were covered. This training was done at 6 major health centers.

ADVOCACY

Council – makes representation on behalf of older persons to policy-makers and other responsible agencies.

RESEARCH PROJECT – Situation of Older Persons
LEGISLATIVE review –

PROJECTS – Participation in projects eg. – Intergenerational project
- Capacity Building and Advocacy

COUNSELLING AND REFFERALS – family members and care givers and older persons.

R.E.A.C.H. – Reaching Elderly Abandoned Citizens House Bound

- This is a community-based organization which addresses the needs of elderly poor by providing food, clothing, transportation and other domestic chores.

Recently, a Meals-on –Wheels Programme was started in some communities. Community members provide either cash or in kind donation and a group of volunteers in each community prepare the meals and distribute to the homes of the needy.

Day Center is also provided.

ST. VINCENT De PAUL SOCIETY

- Distribute food baskets and clothing
- Home visitation

DOMINICA INFIRMARY

A home for about 100 older persons

- an institution founded by RC Church

- Day care Center – new building recently constructed to cater for the service.

GROTTO HOME - a home for about 60 homeless older persons in the urban area.

SDA – provide feeding programmes in some villages as well as home care services.

SERVICES CLUBS – Free eye care services are also provided through the Lions Club when teams of Medical Staff come in from US and Canada annually.

ROSS UNIVERSITY MEDICAL SCHOOL – provides free medical care to the Home for the Aged in the second town – Portsmouth.

MAJOR ACHIEVEMENTS

- Development on the National Policy on Ageing and its adoption by Cabinet.
- Establishment of Day Centers
- The National Council on Ageing Incorporative recently became a registered body thus providing legal status and recognition.
- Training of Care-givers

- Meals-on-wheels Programme successfully run using community approach (best practice)

MAJOR OBSTACLES

- Limited financial resources both in the public and Private Sectors.
- Human Resource Limitation- quantity and availability of necessary trained personnel in the field for geriatric/gerontology
- Lack of interest by both political and administrative directorate.
- Infrastructural barriers and weaknesses
- Implications of other policies such as mandatory/early retirement age without continued involvement of older persons.
- Lack of implementation and follow-up of recommendations on policy issues.
- Lack of Public awareness of ageing and ageing issues.

LESSONS LEARNT

Active community participation/involvement in program planning produces positive results.

FUTURE ACTIVITIES AND WAY FORWARD

- Advocacy training for older persons
- Public awareness Programmes
- Continued training of Care-givers
- Development of Standards of care
- Improved collaboration among gov't, NGO's and media
- Education of older persons about their rights and privileges
- Implementation of the recommendations from legislative review and Research
- Implementation and follow-up on the Regional Strategy of the Madrid International Plan of Action on Ageing.

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

GUATEMALA

UWI REGIONAL SYMPOSIUM ON POPULATION AGEING

*Address by Dr. Magda López Toledo
Chargée d'Affaires of the Embassy of Guatemala
In Trinidad and Tobago*

9th November 2004

Distinguished Delegates, specially invited Guests, Ladies and Gentlemen,

Thank you for giving me this opportunity to share with you briefly some of the regulations and points of view of my country in this subject

The Guatemalan *LAW FOR PROTECTION OF THE ELDERLY* is contained in the Decree number 80-96, in force since January 1997

It is based in the Political Constitution of the Republic, which in its Article 51, declares that the State shall protect the physical, mental and moral health of the minor and elderly, and guarantee their right to health, education and social security;

This is a matter of national interest and the Decree recognizes the elderly to be a valuable social resource; for this reason it states that appropriate measures should be taken so that Society may benefit from their potential, by creating for them personally satisfying and financially beneficial roles; bearing in mind the importance to guarantee their social and financial security, and to ensure their continuous participation in the country's development.

Access to a suitable job and to formal and informal education, without being limited by age, is guaranteed and the Ministry of Labour and Social Welfare is due to promote advanced training courses in small and medium companies, for elderly persons, in order to ensure their continued productivity after retirement.

2

Although the implementation of the benefits established in the law has been slow, mainly due to financial reasons, progress has been achieved in certain areas. For example, the project that contains the new law for the Guatemalan Foreign Service contemplates the extension from 65 to 70 the age for compulsory retirement. And even after, it is possible to continue to work, if this is considered appropriate according to the country's needs.

But I would like to point out that, far more important than laws and their implementation, it is our own attitude towards ageing.

A lot has been said today about the issues of health and disease in old age, but we must remember the vital role that the mind plays in our physical well-being, since Medical science has been able to demonstrate that a considerable percentage of health problems can be defined as psycho-somatic.

The preconceptions and beliefs that we have about ageing are crucial, because eventually they will become a reality for ourselves and the entire society.

I am sure that most of us know at least one person, whom we use to define as “special” for having achieved a remarkable age in surprising good conditions.

I myself know the case of Mr. Armando Martini, who recently became 90 years old. For many years he used to be the manager of a well-known car dealer company in Guatemala and now he acts as advisor on a full-time basis, in the same company. He walks to work every day and for his annual vacation he travels abroad. For instance, he came this year to Trinidad to enjoy Carnival. And last September he himself organized the details of his 90th birthday party.

3

He is a living example that the possibility of having a healthy, productive and interesting life at an advanced age, is within the reach of everyone

I would also like to say that to protect the elderly and legislate to ensure their well-being is vital, but segregation, by confining elderly people in special residential complexes, and activities of their own, should eventually be reconsidered, in order to prevent the sense of uselessness and isolation that affects many people in old age.

Rather than this, intergenerational education and social programmes should be designed to allow the exchange of assets among people of different ages, as a natural way of communication and learning, so that the treasures of experience and wisdom which all of us gain in the process of life, do not get lost

Thank you very much for your attention.

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

JAMAICA

COUNTRY REPORT

JAMAICA

Presented by
Beverly Hall-Taylor
Executive Director, National Council for Senior Citizens
Ministry of Labour & Social Security

The older persons population accounts for 10% of the Jamaican population.

The Jamaican Population

- 2.6 million
 - 60+: 9.7% or 254,186 elderly population
 - 80+ 18.0% or 41,600
- Median age 26 years
- Ageing Index

Middle Age – Middle Age at least 50% of population is 26 years and under.

Jamaica population is relatively young, notwithstanding we have a significant elderly population.

The Government Response to Ageing

- Began 1976
 - National Council for Aged (later changed to National Council for Senior Citizens)
 - Secretariat and staff, 1976
 - Expanded in mid 80's
 - National Policy, 1997

The Government of Jamaica has recognized the importance of the social needs of the seniors and has an Agency specifically to address such concerns.

The National Council for Senior Citizens, an Agency within the Ministry of Labour & Social Security, has a Cabinet appointed Board and Staff islandwide operate the programmes. The Council is headed by a Chairman Dr. Denise Eldermire-Shearer and members offer thrie services on a voluntary basis and are drawn from the professional and business fields.

State Objectives

- The Government of Jamaica recognizes that the progressive ageing of the society and the continuing increase in the senior citizens population both in absolute and proportional terms are inevitable.
- The economic and social impact of this “ageing of populations” is both an opportunity and a challenge to all, recognizing that older Persons constitute a valuable and important component of a society’s human resources.
- To ensure that the situation of senior citizens will not be just one of providing protection, care and residential services, but also of the involvement and participation of the senior citizen in the National Development Process.

The goal of the Council as stated in the National Policy (1997) is to meet the challenges of a growing healthier and more active Senior Citizens population by ensuring that Senior Citizens are able to meet their needs, that those in need are assisted, and that older persons are protected from abuse and violence and are treated as a resource and not a burden. Enhance the self-reliance and functional independence of Senior Citizens and facilitate continued participation in their family and society. While the Policy includes 9 areas, the Council at present is focusing its work in 3 areas.

Programmes

- Arranged into three (3) areas
 - Health
 - Income Security
 - Education

The Council

The activities of the Council include:

- The observance of Senior Citizens Week – celebrated annually in September. Focuses on the senior citizens in Jamaica, their contribution to society, their needs and services available to them. Special recognition functions, competitions and exhibitions are staged.
National Grandparents Day is also observed on the last Sunday of September.
The International Day of Older Persons October, 1 is also observed with the staging of a National Senior Citizens Sports Day.
- Cultural Day (annually) showcasing the talents of the senior citizens. An activity to encourage cultural retention and the display of Artifacts.
- Skills Training – Handicraft Skills are taught developed and exchanged.
- Feeding Programme (Meals-on-Wheels)

Corporate area sponsored programme.

- Home Help Service – operated by Nurses-aides and volunteers – visit house bound seniors to help with their health, domestic and personal needs.
- Laundry Service – cater to seniors who are able to wash their clothes.
- Senior Citizens Identification Cards – Bus Pass. These cards enable Senior Citizens to travel on Public Transportation at concessionary fares.
- Referral Service
The Council gives information and makes referral in matters concerning Senior Citizens. Assist Seniors to locate and obtain the support services provided whether from the Government, Private Sector or the Non-Governmental Organisations.
- Jamaica Drugs for the Elderly Programme Launched in August, 1996. Senior Citizens suffering from illnesses such as asthma, arthritis, diabetes, cardiac condition, psychotic conditions, hypertension, glaucoma and vascular conditions can purchase their medication at the reduced rate.

Men's Week – The Council in collaboration with WHO/PAHO Research and Collaborating Center, UWI in the annual observance of Men's week an activity that targets Men's issues.

- Conduct basic introductory course in Information Technology – collaborative effort with the Jamaica Library Service.
- The Programmes /Activities of the Council are guided by the National Policy for Senior Citizens.

The National Council for Senior Citizens

- The Council has staffed in all parishes and all programmes are islandwide.
- All activities are open to anyone and anyone can refer someone to the Council.

We have 14 parish organizers who organize and maintain programmes for the well being of Senior Citizens and 3 Programme Organizers- specifically employed to assist with the implementation of the National Policy for Senior Citizens.

Parish activities are based on the needs and interests of persons within the respective communities.

Activities include:

Windows Club

Environmental Clubs

Sunday School Programmes

Storytelling and reading Club

Breakfast Programme for the school

Senior Citizens Club

- Groups of Seniors who plan their activities coordinated by parish staff
- Seniors meet and socialize

The clubs provide cultural, spiritual, physical, social and occupational activities

Senior Activity Centers

- Provide Day Services for elders
- Activities are determined by the participants.

These centers provide an important outlet for the energies of Senior Citizens. An avenue where seniors can meet, socialize and participate in financially rewarding activities. Resource persons volunteer their services in this area of activity.

Community Involvement

- Seniors from clubs often work together to improve some aspect of their community using approaches
- Projects are determined by need.

Some of the projects being undertaken are:

- Environmental friendly projects
- Beautification of “green areas” or parks in the community
- Repairing potholes
- Painting (cross-walks) pedestrian crossing
- Assisting with the repair and painting of community centers and basic schools (Labour Day Project)

Successful Projects

- Community Beautification
- School Assistance
- Help to young persons
- Help to seniors to contribute to their community, enhancing self worth

Other Projects

- Caring Projects
 - Helping others in “need”
 - Sponsoring school children
 - Sponsoring young people
 - Adopting wards, infirmaries
 - Visiting shut-ins

Parish Activities

- Intergenerational Computer Programme
- Parish Conference_ Senior Council Meetings-annually
- Feeding Programmes for indigent Seniors
- Annual Children's Rally
- Interagency collaboration with Private Sector, Voluntary Organizations and Government Ministries and Agencies

Other Projects

- Incoming Generated Projects
 - Often used to subsidize caring and community projects
 - Art and Craft
 - The rearing of poultry and other animals
 - Horticulture
 - Preserves- Culinary Art
 - Agriculture-encourage backyard gardening
 - Bammy making

The main funding for this activity is from the Association of Senior Citizens Clubs, founded by the late Patron of the Council the most Honourable Hugh Lawson Shearer. The Ministry of Labour and Social Security has also provided funding for some of these projects.

- Intergenerational Projects
 - Building the bridges lecture
 - The generations
 - School Programmes
 - Skills transfer
 - Historical events

This activity of the Council was strengthened during the 1999 International year of Older Persons to promote solidarity among generations and promote the life course nature of growing older. International Projects aim at instilling values and positive attitudes among the generations, encourage participation and cultural retention by exposing younger persons to "old time activities"

Challenges

- Resources – both financial and human
- Expanding programmes into the very rural areas
- In planning social activities – sometimes motivating the senior to participate especially the more educated and the men.

Our way forward

- Improve and broaden what we have.
- Implement the Santiago Plan of Action Regional Strategy on Ageing

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

NETHERLANDS ANTILLES



Netherlands Antilles

POPULATION AGEING

In

The NETHERLANDS ANTILLES

Building an intergenerational society

COUNTRY REPORT

**Caribbean Symposium
Port of Spain, 9 & 10 November 2004**



The Minister of Public Health
and Social Development of the Neth. Ant.
Directorate of Social Development

POPULATION AGEING in the NETHERLANDS ANTILLES

**Country report for the Caribbean Symposium
Port of Spain, 9 & 10 November 2004**

The Executive Board Social Development of the
Ministry of Public Health and Social Development
November 2004

Foreword

The subject of population ageing is a significant process for all societies which counts also for us the Caribbean islands.

The implications of the Social Policy of an older society is very complex. Reason why

the economic and social impact of this "ageing of populations" is both an opportunity and a challenge to the Government of the Netherlands Antilles.

The international action plan of the second world Assemble (Madrid, Spain - 2002) is the first international instrument on ageing, guiding thinking and the formulation of policies and programmes on ageing. (endorsed by U.N. General Assembly in 1982) better known as the "Vienna Plan". It aims to strengthen the capacities of the Government of Netherlands Antilles to deal effectively with the ageing of the population of her societies.

This Plan, as part of an International framework of standards and strategies, is very important for The Government of the Netherlands Antilles and recognizes that it will be used in formulation of her own policies and programmes regarding the ageing. Even so is the Regional strategy for the implementation in Latin America and the Caribbean of the Madrid international Plan of Action on Ageing.

Within this background the main aim of our social policies regarding ageing will focus on the following areas of further research on the subject of ageing in the Caribbean:

1. the responsibilities of both the Government and the society for a livable old age;
2. the role and responsibilities of the employer for advancing health and well- being into old age of the employee and
3. reforming of the "help service" related healthcare system into a system based on demand.

The Government of Netherlands Antilles wishes that, like wise on earlier participated conferences (Chile 1998 and Madrid-2002) organized by the ECLAC, this Caribbean symposium on population ageing will reach the main objectives and that this country report will support to narrow down the regional strategy into a creative Caribbean plan of action.

Mrs. Joan Theodora –Brewster. Msc
The Minister of Public Health and
Social Development of the Netherlands Antilles,
November 2004

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1. Background & History of the Ageing Response

1.1. Introduction

The Netherlands Antilles¹ exist from five communities resident on the islands Bonaire, Curacao, Saba, St. Eustatius and St. Maarten, who differ from each other concerning surface, population size, age composition and economic strength.

Constitutional status: one of the three countries of the Kingdom of the Netherlands (the Netherlands, Netherlands Antilles and Aruba); full autonomy in internal affairs granted in 1954; Dutch Government is responsible for defense and foreign affairs

Government type: parliamentary.

Legal system: based on Dutch civil law system with some English common law influence

Population: (census 2002): 172.488; elderly (65+): 9.8%. For a specific island-overview see table 1 in the appendix-2.

1.2. Demographic developments on the Netherlands Antilles²

The causes of the current demographic ageing of the population of the Dutch Antilles, in other words the increase of the number of sixty plus, have their origin in the fact that the relatively high fertility in the period after the middle of the twentieth century. Followed by a lower fertility while the raised emigration especially to Holland in the years afterwards also has its impact on the ageing of the population.

1.3. Size and growth. Existing and future trends

Under normal circumstances, during the next twenty years the number of people of sixty years and older will soar. Calculations show that the amount will more than double, making the ageing of the population a problem for the Antilles at any rate. This is illustrated in appendix-3, showing the age structure of the population. Starting in 1960 the age structure of the population can be called 'normal', an almost perfect pyramid, with more young people than older ones. Comparing these figures with those of 1981, more or less 20 years later, the difference already shown.

The census of 1992 shows that the figure has changed completely, showing fewer young people under 30, and a lot more people who already are 60 years and older and also many who will be 60 years and older in the coming 20 to 30 years. In 2001 a census was conducted again and the results show that the figure is not a pyramid anymore. The number of persons in the ages between 20 and 34 has diminished

1

Background:

Once the center of the Caribbean slave trade, the island of Curacao was hard hit by the abolition of slavery in 1863. Its prosperity (and that of neighboring Aruba) was restored in the early 20th century with the construction of oil refineries to service the newly discovered Venezuelan oil fields. The island of Saint Martin is shared with France; its southern portion is named Sint Maarten and is part of the Netherlands Antilles; its northern portion is called Saint-Martin and is part of Guadeloupe

² National report of the permanent committee on population issues, April 2002

dramatically showing the consequences of the enormous emigration in the past decade, combined with the rapid decrease in fertility since the seventies. While the number of young persons decreases, the number of older people increase rapidly.

A projection of the increase in numbers of people of 60 years and older would look like this:

The increase of persons of 60 years and older between 1997 and 2002 was approximately 240 or 480 a year. (As a comparison: between 1992 and 1997 the increase of people of 60 years and older amounted to 310 per year.)

Between 2002 and 2007 the increase will total 3,575 being 715 a year.

Between 2007 and 2012 the increase will total 4,400 being 880 a year.

Between 2012 and 2017 the increase will total 4,600 being 920 a year.

The conclusion is that the number of persons of 60 years and older will continue to increase.

It is worth mentioning that the life expectancy of people has considerably increased. In the beginning of the twentieth century the life expectancy was more or less fifty years old.

By the progress of medical technology and better care we entered the new millennium with an average life expectancy above the 75 years. Also the number people of 100 years older has increased. The oldest inhabitant of the Antillean population is a woman of 102 years.

2. Policies & Programmes

2.1. Introduction

The awareness of the ageing problem in the Netherlands Antilles is fairly recent. In 1979 already the problem of a growing population of 60 years and older was noted in a document with recommendations to the government. However, this was not enough to direct the attention to the fact that ageing would become a problem. After participation of the Antilles in the First World Assembly on Ageing in 1982, it has still taken time to realize the seriousness of the problem.

In 1996 the island government of Curaçao presented a document showing the actual situation regarding the numbers of older persons in the community and the existing provisions for this age group. This document also contained a number of recommendations. One of the most important recommendations was that a special unit had to be realized that would be the focal point for the government, and that would assist the government in its policy and decisions.

In 1998 the 'Advisory Board for Policy for the Older Person' was installed, with the mandate to counsel the Government of Curaçao on every topic concerning ageing policy, comprising of every measure of regulation and management as far as it is of influence on the position of the older persons in the community.

Since the establishment of this Board it has developed several important activities according to its tasks. In 2000 they organized a conference to discuss the social security and health of the older persons. The reason for organizing this conference was that, in spite of the existing social support systems there are still many people of sixty years and

older who either do not have any kind of health insurance -because their household income is 'too high' for the social security, but too low for private insurance-, or the obligatory 'own-contribution' in the costs is so high that they cannot afford it. As a consequence, they often do not attend to their illnesses by consulting a doctor or by buying the necessary medicines.

From this conference a proposition followed for a special insurance for people of sixty years and older, the so-called 'Health Insurance for the Elderly'. The government has taken due note of this recommendation, but has not been able to follow up yet.

2.2. The recommendations of The Madrid International plan of action

The economic and social impact of this "ageing of populations" is both an opportunity and a challenge to the Government of the Netherlands Antilles. The Government of Netherlands Antilles recognize the importance of *The Madrid International plan of action* of the second world Assemble (Madrid, Spain -2002) . This plan is the first international instrument on ageing, guiding thinking and the formulation of policies and programmes on ageing. (endorsed by U.N. General Assembly in 1982) better known as the "Vienna Plan".

The Plan, as part of an International framework of standards and strategies, can be used in formulation of her own policies and programmes regarding the ageing, even so is the *Regional strategy for the implementation in Latin America and the Caribbean of the Madrid international Plan of Action on Ageing*.

The recommendations of The Action Plan will cover the areas of:

- A. Ageing and development**
- B. Advancing health and wellbeing into old age**
- C. Ensuring enabling and supportive environments**

The *Regional strategy for the implementation in Latin America and the Caribbean of the Madrid international Plan of Action on Ageing* sets out goals, objectives and recommendations for action in each of those three priority areas.

There fore The Government of the Netherlands Antilles recognizes the importance of these 2 documents and will use the guidelines of the United Nations as an issue of priority in the areas of health and social policies en programming.

The General points of interest are:

A.For the Area Ageing and development:

- Community participation

The support networks are mostly clubs of elderly where they can enjoy an active afternoon playing bingo, card games etc. Another network is through religious groups praying and singing together and e.g. by organizing having family days. Not everybody, however, takes advantage of these possibilities, with the consequence that they get lonely and lonesome.

At present the age of retirement is 60. In these past years it is being advocated to increase this age to 62 or 65. The most important reason is because of the ageing process and its consequences on the social security system, viz. the general old age

benefit. However, this is not the only reason. It is acknowledged in the community that people of 60 years and older are quite capable of working. Besides this, older persons more often than not are asked to stay on their job after they should have gone into retirement, because their knowledge is appreciated and not easily replaced. Many retired older people are affiliated to organizations of retired people for retired people, in which many social and other activities are organized.

- Public image

Most of the senior citizens are living with relatives, although more and more older persons have to live alone. The amount of older people who are living by themselves is because there is no one (of the family) there for them is graving. They all consider this to be a development of concern, especially for security reasons.

A majority of the population considers that 'thanks to their vast experience, people of 60 years and older are still very capable of working', and also that they have equal rights to a job as have young people. A majority disagrees that if people over 60 work they are stealing the jobs from the youth.

Almost everybody in the population of the Antilles agrees that if aged parents need help, the children are the first ones responsible, and also that it is a child's duty to look after his/her aged parent.

It may be concluded according to abovementioned that the image held by the population regarding the older persons in the community is one of appreciation and compassion.

- Migration

As follow-up of the International Conference on Population and Development (Cairo, Egypt, September 1994) the Government of the Netherlands Antilles, in the Caribbean context, support a survey to display the social-economic factors of migration forms.

The migration issue has much ground in common with ageing on our islands and it produces frequent pitiful housing and living conditions of the non-documented elder immigrant.

- Gender

The Government of the Netherlands Antilles, supported by the world women's conference in 1995, recognize the importance of equal and full participation of women in the community and that they have equal rights to access to means and funds and equal family responsibilities between man and woman.

- Poverty eradication policies

The Government of the Netherlands Antilles handles the measure of minimum wage to combat the worst poverty. The population census and other recent surveys indicate that part of the population lives in poor conditions. The amount of housings without basic sanitary needs varies among the islands.

From a survey on poverty conducted in 1998/1999 these policy recommendations were made: the income and employment level has to be addressed and the livability of the neighborhoods has to be upgraded. In 2000 the Fund for Social Development and Economic Activities started twelve programs to meet the recommendations. The idea behind the programs is to attack different coherent issues at the same time, which tackle also the ageing process aspects.

The seven of the twelve programs are specifically for those very poor neighborhoods, include also the senior citizens:

- Budget courses in which people are trained to make a budget and how to handle it, to economize, learn how to save money, and to handle debts etc.
- Mobile walk-in in several neighborhoods to enable professional workers to visit drug-addicts for counseling and examination.
- Improvement of the livability in the neighborhoods: asphaltting roads and installing new lampposts to improve the sense of safety where it has been dark for many years.
- House improvements: renovating houses in the neighborhoods
- Promote expertise for voluntary work in neighborhoods to improve know-how of grass-roots organizations.
- Alphabetization courses
- Improvement of neighborhood facilities: to provide better medical care for infants and for the older persons, and to be able to organize health advice programs a health center has been renovated.

For the area Advancing health and wellbeing into old age

- Health

The Government of the Netherlands Antilles recognizes the importance of both physical and socio-psychological suitable living conditions for the whole population. This is a result of a health survey which was held on the N.A. lately.

- Transport

The Government of the Netherlands Antilles recognizes the importance of public transportation as mobile facility for the whole population, especially for the lower class.

- Housing and living environment

The Government of the Netherlands Antilles recognizes the right of housing (as stated in the international convention of economic, social and cultural rights; New York December 19, 1966, which the United Kingdom of the Netherlands has a membership since 11 December 1978.

Housing in it self usually is not a problem. In many cases the elderly have houses they inherited from their family or are renting a home. There are houses of older people which are very small. These houses are, however, often in less than perfect condition, with the consequence that the elderly living there has a very unsatisfactory quality of life. Even though there are institutions in which these elderly people can be taken care of, they object to leaving their houses. Sometimes volunteers help to reconstruct the house, but because of too little maintenance the condition usually deteriorates rapidly afterwards. In cases in which it is impossible for the elderly to continue living under these conditions, they are taken to a home for the elderly.

For the area enabling and supportive environments

- Environment

The Government of the Netherlands Antilles recognizes the importance of a sustainable industrial- trade- and service sector development. It recognizes also the importance of a healthy environment to live in, by means of clean air, water and soil. This to improve better living-conditions for the elderly.

2.3. Advances in Terms of policies³

1. Legal and constitutional framework: the existence of a global framework of laws and policies for older persons.

The Advisory Board for Policy for the Older Person submitted a proposition for legislation to regulate the care for the elderly, and mainly the homes for care and homes for the elderly in 2001. Up until then everybody could start a home since there were no criteria to regulate who was capable and who was not, and what facilities are obligatory in such homes. The proposition of the Board has been taken into consideration by the government, but has not been followed up yet.

2. Prevention of violence and abuse

The Department of Mental Health for Older Persons has a section that is called 'Foundation Perspective and Basic Support' (PSI).

The goals of the PSI are to promote mental health of the older population; to provide treatment for those who are mentally ill and to provide protection for those who cannot be cured.

The PSI (mental health organization) reports that out of a caseload of sixty persons of 60 years and older ten persons report abuse or ill-treatment. In many cases this abuse and ill-treatment are intentional. However, there also are cases in which this treatment happens because of ignorance on both sides, the children or grandchildren as well as on the side of senior citizens. The younger generation often does not understand the illness of the older one, like dementia, and does not know how to handle the situation. On the other hand the older generation does not understand the behavior of the young and reacts in such a manner that anger the young people.

The PSI has been giving structural psycho-education to the younger generation sharing life with older persons teaching them how to care for these older persons, how to handle situations which they might not understand instantly etc.

3. Research centers for the study of ageing

There are no specific research centers but the Permanent Committee on Population Issues has so far done research⁴ on the elderly and has a survey on the networks and the need for care of the age group of 60 years and older, executed in 2003, together with the Advisory Board for Policy for the Older Person.

3. Major Achievements

3.1. Social security: reform policies

In the Netherlands Antilles several insurance modalities apply.

- Every person who is sixty years or older has a right to the old age pension, the so-called **AOV-pension. (General Insurance for the Aged).**

³ National report of the permanent committee on population issues, April 2002

⁴ The research unfortunately was held only on the island of Curacao due the lack of financial resources.

The ageing problem combined with the emigration of so many young people is affecting the funds for this pension. It has been estimated that in the near future these funds will be exhausted. For this reason the Bank for Social Security organized an international conference on the island of Curaçao in 2000 to try and find ways to solve the problem.

- **The PP (pro paupere) system:** a free health insurance for people whose household income falls in the lowest income category, including people of sixty years and older. This insurance system gives people free access to all medical care.
- **The AVBZ:** general insurance for extraordinary health costs. This insurance was introduced in 1996 and is obligatory for everyone. Every person in the Antilles with an income pays premiums for this insurance, including the older persons receiving an AOV-pension, who pay a low amount. This insurance was introduced when it became apparent that the extraordinary health costs are very high and could not be paid from existing funds.

General:

- **The BZV:** the public insurance programme, which covers 100% of health care costs for blue-collar workers and 90% for personnel in higher categories of public-sector employment;
- **-The APNA-pension:** the insurance fund for retired public-sector employees;
- Private insurance plans provided by large private companies for its own personnel;
- **“My Pension”:**

In the private sector recently a foundation named Foundation “Mi Penshun” (“My Pension”) has been established to promote the build-up of pension particularly in small companies during the time of working activity in addition to the Government old age pension. Most businesses have no kind of pension fund for their employees. In this concept both the employer and the employee pays a certain percentage of the monthly income as premium to the foundation. The employer pays a double percentage (4 or 6%) in comparison to the employee (2 or 3%). In the meantime by building up a extra pension the employee can count on a extra income after retirement of about 100% on top of his Government pension of NAfl. 528,--.

- The social security fund, which covers employees of small private companies and other forms of private insurance.

3.2. National and sectoral plans and programs

Committee on Older Persons (Committee, Council or Board): Representativeness and responsibilities of these coordinating bodies

In 1999, the international year of the older person, a Committee on Older Persons was installed by the Federal Government of the Netherlands of Antilles, co-existed together with the Department for Social Development. The Department for Social Development was responsible for the secretarial development of this committee. The Department for Social Development together with the Permanent Committee on Population Issues and the Advisory Board for Policy for the Older Person are the organizations that are monitoring and advising the governments on policies and their effects on the older persons.

3.3. The role of civil society: NGOs, volunteers, etc.

National support network

The NGO's working for the older persons are mainly the community nursing agencies who give medical and social support to the older persons in the community. Non subsidized district N.G.O's are depended of the voluntary activities.

3.4. Commission livable old age

Abovementioned questions which coincide with the demographic ageing of the population and with the quality of life of the elderly in general, was for the minister of Public Health and Social Development reason to install the Commission livable old age, by means of a Ministerial Arrangement of November,6, 2002.

This decision of the minister has been based on the following considerations. In the light of the demographic ageing of the society of the Netherlands Antilles, the Government had to introduce a policy to guarantee a better livelihood for the elderly. The setup of this policy is related directly to the improvement of the life circumstances of the elderly. There are elderly which live below the poverty line, which can be considered as un-acceptable in our society.

Task of the Commission

The Commission got the task:

- a. discussing and carrying concrete proposals concerning among other things the following subjects:
 1. solidarity with the elderly under the subsistence level,
 2. restructuring pension system,
 - 3 restructuring health care insurance;
- b. reviewing the proposals to a broader group in the community existing representatives of a broad scale of social representatives
- c. supplying to the minister of public health and social development of a final proposal concerning the treatment of the livability of old age in our society.

Recommendations of the commission

Objective 1: Solidarity with olds below the existence minimum⁵

Recommendations for action

- a)The Commission advises then also emphatically the attention to establish on the care duty of children for their parents in need⁶.
- b)The Commission advises to for the Central Office for the Statistics in cooperation with e.g. the University of the Dutch Antilles to perform rationally sound studies and calculations of the existence minimum in our country.

⁵ A number of components needs closer researches and calculations which could not be performed the Commission himself because of being lacking necessary expertise.

It concerns particularly the determination of what in our country under the term "minimum wage" must be understood. This term is more often postulated as a criterion for the level of certain social payments and income, but what must is actually commented become as a subsistence level in our country For the time being 70% of the minimum wage can in any case be commented as a subsistence level.

⁶ . In this connection most wisely the Commission refers to in the articles 392 and 398 of Civil Code of the Netherlands Antilles taken up obligation of children to carry for their parents who require support. Yet already too often become these definitions from the eye lost and the position proclaimed that the Government authorities are the primary responsible for these parents who must taken care of.

Objective 2: Restructuring pension system⁷

Recommendations for action

- a) Take a decision over the question which choices (capital covers system or change system) serves to be made.
- b) Introduction of a mandatory supplementary pension of insurance for employees in the private sector, so that everyone that works can build up and finally enjoy a reasonable pension from former labour activity in addition to the AOV-pension.
- c) A gradual raising of the retiring age of 60 year to 62 year with regard to a transitions period of ten years.
- d) Imposing of extra premium duty:
 - *Stringent control on premium payment.*
 - *Abolition of the releases possibility for ex-patriates.*
 - *Extra fund formation by introduction of a 10% turnover tax for casinos.*
 - *Structural control on the destination of AOV-payments.*
- e) Implementation of the document "On way to a pension administration for the Dutch Antilles" of the Minister of Work and Social Affairs on 28 June 1996 set up Committee Pensions (end 1997); a decision to take over the question which choices (change system or capital covers system) should be made.
- f) Stringent control on premium payment
- g) Abolition of the exemption possibility for the ex-patriates
- h) Extra pension fund formation by imposing a 10% turnover tax on casino's
- i) Structural control of pension payments to the beneficiary.

Objective 3: restructuring health care insurance⁸

Recommendation for action:

Introduction of a general health insurance programme.

4. Major Obstacles

9

4.1. Demographic pressures on pension and health systems

Because of the present-day large group of forty+ in the community, the senior population is increasing substantially and will continue to do so. On the other hand the working

⁷ The more far-reaching demographic ageing will create a substantial increase of the expenditure in particular concerning the pensions and the health care. With regard to the development of the financial position of 60 plus themselves exist no univocal information. From a recent research (March 2003) becomes clear that half of the number of 60 plus manage with the Government old age pensioen of approximately Nafl. 528, - - per month. There is no reason to assume that the income improvement of the elderly in considerable degree will increase.

⁸ Given the substantial differences in coverage under the various modalities of insurance, one of the objectives of the insurance system restructuring process is to reduce differences in access and quality of medical care. The introduction of the General Insurance Plan for Special Medical Expenses is the first step toward a general insurance system in the Netherlands Antilles. Experts must make calculations to reach the determination of the premium for these AZV. In the past already calculations have been to the point made, but a final observation it has never reached.

⁹ National report of the permanent committee on population issues, April 2002

population (15 through 59 years of age) is decreasing (because of lower fertility rates and emigration), as well as the premiums paid to the pension funds. The difference between premiums and benefits is becoming disproportionately smaller, since the old-age-benefit is based on the system that those who work pay premiums in order to accumulate money for the already pensioned people receiving the old-age-benefits. The developments mentioned have considerable influence on the social security system, particularly the old-age pension.

Because of the decrease in numbers in the younger age groups during the past two decades, and because of the individualization of the community, the number of people of sixty years and older left alone to take care of themselves is growing, meaning that the governments will have to take care of them in the not too far future. This will mean a great pressure on the already tight budgets.

4.2. The five communities

The five communities resident on the islands Bonaire, Curaçao, Saba, Sint Eustatius and Sint Maarten, differs concerning several aspects from each other, also concerning the policy and the care of the older one. On the other hand there are a lot of similarities, concerning the approach of the elderly problems. Taking into account these differences the policy of the central government may differentiate island by island. The Government will have to take into account the supply level, existing priorities, challenges and solutions.

4.3. Elderly home regulation

These problems differ by island group and as an island matter it is also primary the responsibility of the Government of each island to deal with this matter where necessary in good consultation with the Central government.

The government of the Netherlands Antilles should procure for law - and legislation, addressed at the improvement of the care to the elderly and the active participation of the senior.

The Netherlands Antilles still have no legal regulation for setting up an elderly home, nor the minimum requirements therefore. Everybody is free in arranging a house or a part without license of the government.

Initiative will be taken to regulate the relief of the care institutions by means of a law. Several care institutions and agencies are faced on financial area with problems and find oneself in a difficult situation. They will be involved in the evaluations and adaptations for improvement of their financial position to guarantee a better care to the older one

5. Future Activities

5.1. Regional strategy for the implementation in the Latin America and the Caribbean

The government of the Netherlands Antilles will support the objectives stated in the Regional strategy for the implementation in the Latin America and the Caribbean.

Special attention will be placed on the topics of creation of an enabling and supportive environment (#19 objective 4) and on implementation and follow-up of the regional strategy (#49 objective 2)

19. Objective 4: Expansion and improvement of the coverage of both contributory and non-contributory pension schemes

Recommendations for action:

- (a) Expand the coverage and amount of non-contributory pensions in a gradual and sustainable manner, using targeting criteria which ensure the inclusion of older persons who are in more vulnerable positions.
- (b) Include the problems of the older population in comprehensive poverty reduction strategies.
- (c) Establish mechanisms for cooperation among the State, civil society and older persons' organizations in order to uphold the rights of older persons.

49. Objective 2: Procurement of technical assistance, through cooperation between countries and support from international agencies, for the design of policies and programmes on ageing

Recommendations for action:

- (a) Request international institutions working in the area of ageing through the Inter-Agency Group on Ageing, consisting of ECLAC, the United Nations Population Fund, the Pan American Health Organization, the Inter-American Development Bank, the International Labour Organization, the United Nations Programme on Ageing and the World Bank, to coordinate their activities in order to respond better to the countries' requests for technical assistance in preparing national policies and programmes directed at older persons.

5.2. Identified areas in the area of ageing for further research

5.2.1. Pension-systems

The pensionsystems aplicated in different parts of the word are worth full for further research.

▪ **Aruba pension model**

Aruba has made it possible that to obtain a higher pension based on an agreement between the Government and the employer: a higher employer pension premium will be paid in exchange for less profit tax.

▪ **Chile pension system**

Chile was one of the first countries in the Americas to establish state-sponsored social security coverage. The new privately run pension funds are based on the notion of individual capitalization accounts. Pension amounts are set by how much there is in the individual account, which is determined by the total that has been contributed plus a proportional share of the pension fund's investments. In any event, by law no pension is allowed to fall below 70 percent of an individual's last monthly salary. If there are insufficient funds to generate the required pension levels in the account, the pension fund company must make up the difference. If the company is unable to meet its obligations, the state, which guarantees the system, has to cover the shortfall.

Employees are allowed to choose the pension-fund company that will handle their account, and those who are self-employed may also elect to establish individual accounts

5.2.2. Living & care

The many years' built philosophy of the **Humanitas Foundation** led meanwhile to the concept internationally well-known of "levensloopbestendig wonen" , **live-extending living** with **independence** and service up to and including nursing home care **in its own house**. This service is still extended with hospital functions.

They have successfully implemented the concept for this project in Holland. This concept is in fact quite simple:

To create an environment where people can grow older, living in their homes, doing their own things, and offer them a range of facilities nearby. For example sports facilities as well as medical services, shops, restaurants, take-away meals and fitness programs.

One of the main points is: Complete junction of to live and care.

Appendix-1- recommendations

Major recommendations for the island territories Curacao, Bonaire, St. Maarten, Saba and St. Eustatius

- A. Study of abuse of pension money by family members.
- B. The influence between the relation between poor relief (poverty eradication program) and elderly care and that between economy and medical care must be investigated. The health of the elderly sixty + is seriously threatened by a high poverty under that population.
- C. Implementation of poverty eradication program.
- D. Suppression of elderly mistreatment by means of the creation of necessary facilities for care studies into possible other stress factors.
- E. Increase of quality requirements of homes for elderly people.
- F. Must be investigated why do not all 60-plussers do have an arrangement have to a sickness/care insurance of the government.
- G. Introducing a subsidy/insurance modality for the private houses adaptation for reduction of the physical restrictions, which comes along with old age itself.
- H. Increasing of the home- care quality.
- I. Opposing /suppression of pension fraud (cases have been confessed of pension abuse by family members)
- J. Suppression of discrepancy pension wage between government and private sector (for example Oil terminal (St. Eustatius) have no pension system since 1980)

Appendix-2- tables¹⁰

Table 1

year	1960	1972	1981	1991	2001
total	135715	223194	231932	189474	175653
60+	6587	41332	21764	13810	23162
%	4.9	5.4	9.4	7.3	13.2

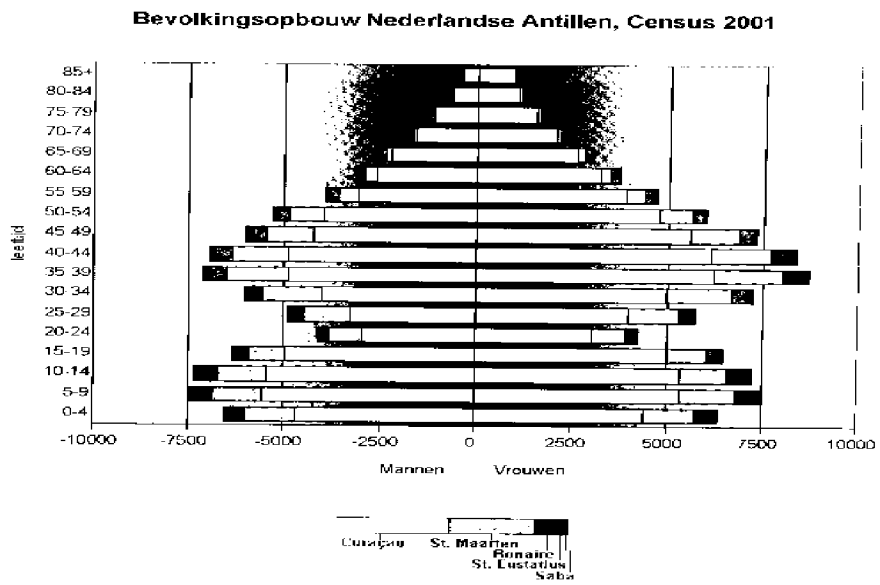
65+	Population	Elderly %
Curacao (jan.2002)	126.816	11.4
Bonaire 2001	10.740	7.6
St.Maarten 2001	30.291	3.0
Saba 2001	1.49	10.9
St. Eustatius 2001	2.289	8.7

¹⁰ CBS-census-2001

Table 2-**Netherlands Antilles****Total population by age, group and sex**

Age group	absolute			relative		
	male	female	total	male	Female	total
0-4	6587	6336	12923	8.0	6.8	7.4
5 - 9	7545	7475	15020	9.1	8.0	8.6
10-14	7349	7224	14573	8.9	7.8	8.3
15-19	6317	6448	12765	7.7	6.9	7.3
20-- 24	4147	4284	8431	5.0	4.6	4.8
25 -29	4929	5793	10722	6.9	6.2	6.1
30-34	6135	7286	13421	7.4	7.8	7.6
35-39	7212	8723	13935	8.7	9.4	9.1
40- - 44	6985	8373	15353	8.5	9.0	8.7
45 -- 49	5981	7350	13331	7.2	7.9	7.6
50--54	5325	6034	11359	6.5	6.5	6.5
55-59	3969	4684	8653	4.8	5.0	4.9
60-64	3171	3766	6937	3.8	4.0	3.9
65 -- 69	2591	2992	5533	3.1	3.2	3.2
70 -- 74	1792	2286	4073	2.2	2.5	2.3
75-79	1261	1742	3003	1.5	1.9	1.7
80-84	759	1251	2010	0.9	1.3	1.1
85+	466	1065	1551	0.6	1.2	0.9
	82521	93132	175653	100.0	100.0	100.0

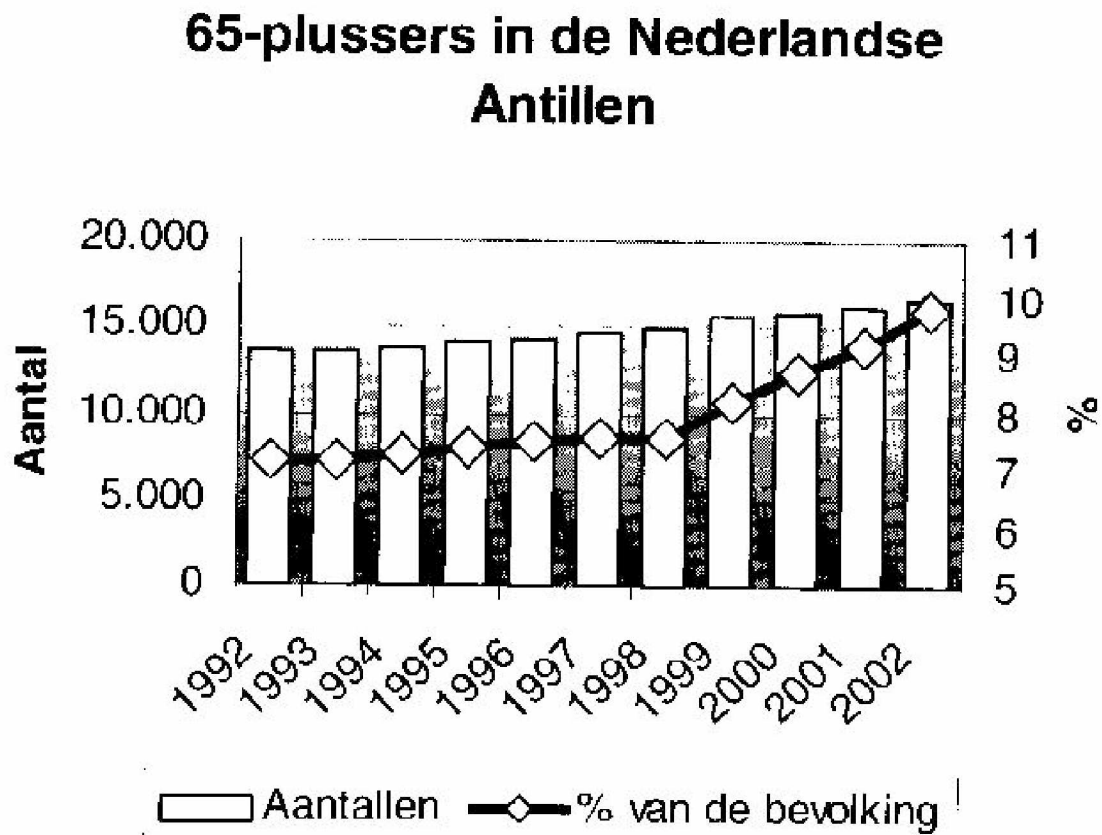
Graphic-1 Population structure of the Netherlands Antilles



¹¹ CBS-sencus-2001

Graphic-2

The development of 65+ in the Neth. Antilles¹²



¹² CBS-sencus-2001

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STATEMENT

Caribbean Symposium on Ageing

November 8th – 10th 2004

Port of Spain Trinidad

Mrs. Ann Wigley

Supervisor Social Assistance

Ministry of Youth, Education, Social Development

Community and Gender Affairs

Government of St. Kitts and Nevis

Distinguished Delegates

Ladies and Gentlemen:

I bring warm greetings from the Federation of St. Kitts and Nevis. May I express my sincerest appreciation to you and the Government and people of Trinidad and Tobago for your generosity in hosting of the Caribbean Symposium on Ageing.

On behalf of the Government of St. Kitts and Nevis I would like to express my Government's commitment to the cause of our older population. We believe that this symposium on Ageing will propel not only Governments but also civil society to put matters pertaining to ageing as a priority on their national agendas.

With permission, I wish to take the opportunity to use this forum to pay special tribute to the older persons in my federation for the years of hard work and dedication towards their families and their country.

They have left us the legacy of self-determination and democracy. Our country's motto, '*Country Above Self*', reflects the blood, sweat and tears that our older persons shed in order to secure the many privileges we enjoy in my federation. I thank them.

With the advancements made in modern medicine and improved standard of living, people are living a lot longer. The population of the world's population over sixty (60) years has increased rapidly. Reports have indicated that among the developing regions, the Caribbean has the highest percentage of older persons. In my federation, as of the year 2000 persons over sixty-five (65) years of age accounted for 8.9% of our small population of at least forty-two thousand (42,000).

With this in mind, my Government recognizes its responsibility to actively prepare for an ageing population, since older persons do not live in isolation from the rest of the society. We cannot neglect this sector of our population. They have been and continue to be worthy contributors to our well being.

Older persons face many problems and experience quite a number of social and economic difficulties such as poverty, violence, abuse and discrimination. The impact of these difficulties is more severely felt by older women, who are the bedrock of support for the family.

The impact of globalization and the forced changes associated with it have resulted in the undertaking of several social and economic assessments in St. Kitts and Nevis. My country has undergone a Poverty Assessment, as well as, a feasibility study of the Sugar Industry and of the impact the closure of this industry will have on 15% of the island's work force.

The study of the Sugar Industry had revealed that many of our older women are workers in that industry and are poor. The impact therefore that the

closure of the Sugar Industry will have on our older population, and especially older women is tremendous. Our Cambodian woman described it succinctly *“poor from the parents, down to the grandchildren”*. My Government has exercised administrative prudence and is currently preparing to carry out a Social Audit of all employed in the Sugar Industry.

We recognize as a developing country with limited resources, we have to devise strategies that are collaborative, participatory and inclusive. As a means of addressing these problems, the issue of poverty reduction has been placed highly on the agenda of the Government of St. Kitts and Nevis. A National Policy on Ageing is in the drafting stages and is expected to be implemented for the period 2005-2015.

My Government believes that no one, regardless of age should be subjected to poor nutrition or substandard living. We have instituted a number of Social Net Programmes to address this issue. Our Social Security benefits are paid monthly upon the attainment of age sixty-two (62) and non contributory assistance pension is also provided for those older persons who have not contributed to the Social Security scheme but are in financial need.

Additionally, recognizing that many of our older persons live in areas with limited access to transportation, the Social Security office has devised a proactive community customer clinic that seeks out older persons who might be eligible for the scheme with a view to providing service to all.

In keeping with our commitment to endure universal access to basic social services, older persons in St. Kitts and Nevis are provided with universal

health care, including free prescription medicines, hospitalization, laboratory test, eye and dental care.

This is further complemented by the strategic placement of community health centers in our village, as well as, the provision of community health professionals. It is important to note that at least fifty percent (50%) of pit latrines used by the elderly have been replaced by flushed toilet to promote healthy living.

We believe that institutional care should be a last resort and as such subscribe to the premise that family care is the survival strategy for our older persons and should be encouraged and supported as far as possible. The Home Care programme for older persons which started with twelve officers is very vibrant and has seen an increase of six additional officers, totaling eighteen officers. These officers assist the older persons in their own home and community setting; they are beneficiaries of hot meals, food packages, medical assistance and social interaction.

My Government supports and endorses the full involvement of family members in the lives of our older persons. We recognize that many external factors such as migration, changes in family structure and a relatively young population have contributed to the erosion of our extended family systems, ever though many of our women find themselves ‘sandwiched’ between the responsibilities of caring for their children, as well as, their older relatives.

Our programmes therefore seek to encourage and facilitate the involvement of youth. The Ministry of Social Development, Community and Gender Affairs, has developed an Adopt an Older person programme and is collaborating with schools throughout the country. This programme enables the children not only to learn from the experiences of an older generation but also to develop their capacity for tolerance and compassion. These children are also part of our Seniors Birthday Celebrations Programme.

Social Integration is further encouraged annually in October. This month has been designated as the month for older persons and a number of activities including church services, a national picnic, concert, an exhibition and recognition of the oldest person in each community are some of the highlights of this special month.

Our older persons remain a vital resource to our society. We must continue to promote their well being and protection.

Let me at this time thank *UNECLAC, UWI – St. Augustine Campus, PAHO and the Division of Ageing within the Ministry of Social Development, Trinidad* for organizing this meeting and best wishes to the government and people of Trinidad and Tobago.

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

ST. LUCIA

Regional Symposium On Population Ageing

*Port of Spain, Trinidad and Tobago
November 8-10 2004*

REPORT ON AGEING IN ST. LUCIA

*Presented by:
Mrs. Helen Charles
President
HelpAge St. Lucia National Council Of and For Older Persons*

Report on Ageing in St. Lucia

Background and History of the Ageing Response

Ageing was a stagnant issue in St. Lucia for years until HelpAge International, an International Agency advocating for Older Persons world wide, decided to work in partnership with the Government of St. Lucia to study the Care of the Elderly in the country in the year 1999. This study was in recognition of the need to pay greater attention to ageing issues, and to develop broad policy guidelines and programmes for older persons.

The study was carried out under the supervision of the Ministry of Health, Human Services, Family Affairs and Gender Relations which has responsibilities for older persons. The overall aim of the study was to help determine the most appropriate policies and practical measures which would enhance the status and quality of life of older people in St Lucia.

Programmes and policies planned and/or implemented to date

Out of the research undertaken in 1999, a number of policies and programmes were recommended:

- ◆ Establish community care programmes for older people, including day care and activity centres.
- ◆ Establish a national coordinating committee including government, NGO and private sector representatives to oversee the preparation and adoption of a National Policy on Ageing, monitor the implementation of the National Policy and the National Programme for Older Persons.
- ◆ Repairs to Homes of needy Older Persons.
- ◆ Relieve persons on Public Assistance from paying house and property tax.
- ◆ Provide age awareness training for key family members, caregivers and Older Persons

Major achievements

- ◆ The establishment of a National Coordinating committee to formulate a National Policy for Older Persons.
- ◆ The first Adult Day Care Centre was established in the west of the island in 2002 under the initiative of the Mongouge Club 60 and is operating smoothly to date.

- ◆ Extensive age awareness training for key family members, caregivers and older persons were done through the National Council Of and For Older Persons in collaboration with HelpAge International under a three-year Capacity Building and Advocacy Project; 2001-2004. The main aim of this project was to bring awareness of Older Persons rights
- ◆ From the year 2001, Older Persons were exempted from paying house and property tax
- ◆ National Senior Games for Older Persons Island wide which led to participants travelling to Barbados to participate in the Regional Senior Games. Our oldest participant and was a seventy-five year old woman who received an award for winning the 50m, 100m and 200m race.
- ◆ Annual Golden Pageant and Awards Ceremony for Older Persons to show appreciation of Older Persons
- ◆ Government's monthly provision of \$60.00 as assistance to Older Persons
- ◆ Government programme for Minor Home Repairs to the homes of needy Older Persons
- ◆ The establishment of four Senior homes which Government assists through quarterly subvention

Major Obstacles – Lessons learnt

Some of the major obstacles we are being faced with are:

- The absence of a Policy with legislation to guide the programmes and to designate responsibility for actions undertaken
- Lack of Funding to implement the programmes which are critical to the ageing programme in St. Lucia
- Inadequate human resources to plan and implement programmes
- Lack of trained personnel

Future Activities and Way Forward

- ◆ A second Adult Day Care Centre in the North of the island in 2005 to be undertaken by the National Council Of and For Older Persons.
- ◆ Build low income homes for Older Persons to reside rather than a senior home

- ◆ Identify suitable location and build facility for older people in the south of the island to replace the current Senior Citizens Home.
- ◆ Build a more comfortable less of a nursing facility for Older Persons in the south of the island to replace the current senior citizens home.
- ◆ Establish an Age care Unit within the Division of Human Services to be staffed initially by a Coordinator/Manager, Social Worker and Education and Training
- ◆ Provide carer support services for individuals and families taking care of older persons through the social Worker in the Age Care Unit.

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

ST VINCENT & THE GRENADINES

**The University of the West Indies
St. Augustine Campus, Trinidad and Tobago**

**Regional Symposium on Population Ageing
November 8-10, 2004**

Presentation by

St. Vincent and the Grenadines

**National Council for Older Persons
National Coordinator, Ms Kay Jardine**

Background and History of the Ageing Response

The Government of St. Vincent and the Grenadines seeks to create a 'Society for All Ages'. A society that does not discriminate on grounds of race, colour, class, creed, sex or age but one that is based on human values and respects the right of all persons to live and work together in dignity.

For many years the issues and concerns of older persons in our society had not been given the level of importance and priority they rightfully deserve. However, the present Administration has made considerable strides in rectifying the situation by establishing a number of services and programs for older persons.

Demographic Context

St. Vincent and the Grenadines has joined the ranks of countries with an ageing population. The 2001 Census captured a population of 106,253 of which 10,474 are 60 years of age and over representing 9.8% of the total population. For those age 55 years and over the figure increases to 13,257 persons or 12.5% of the total population and for those age 50 years and over, it increases to 16,990 persons or 16% of the total population.

Table 1. ST. Vincent and the Grenadines 2001 Census: Pop. By age, percentage and sex 50+

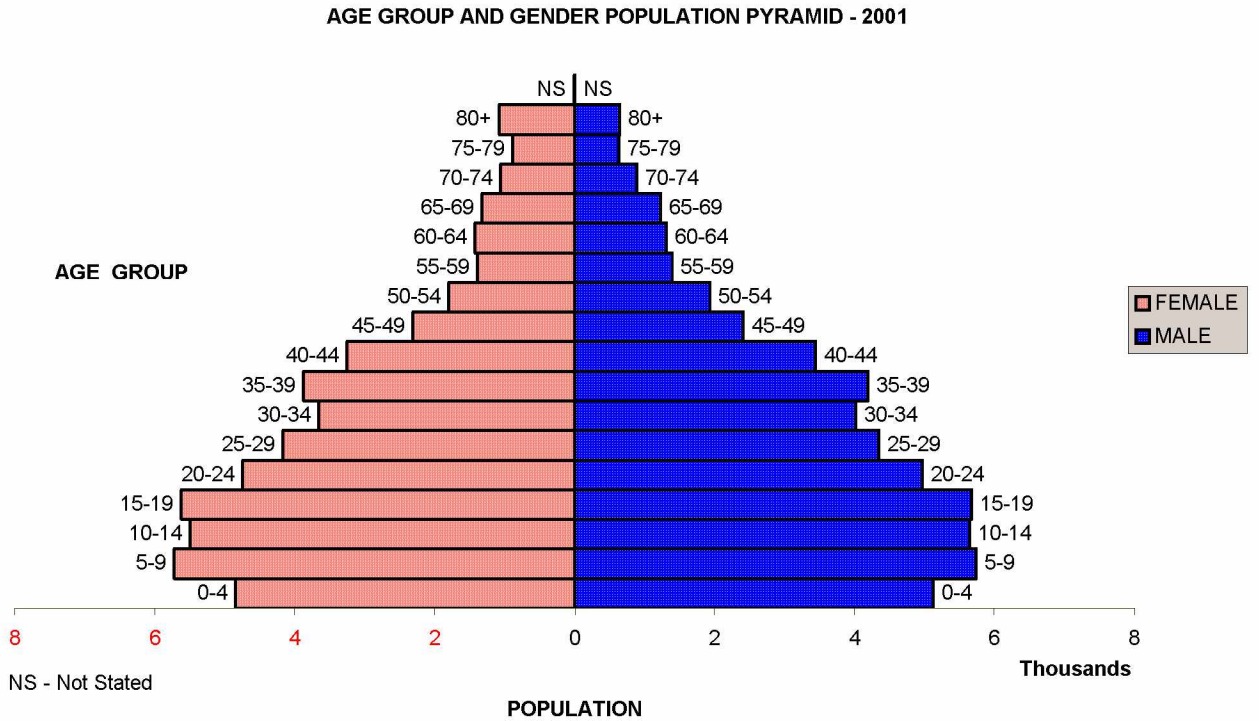
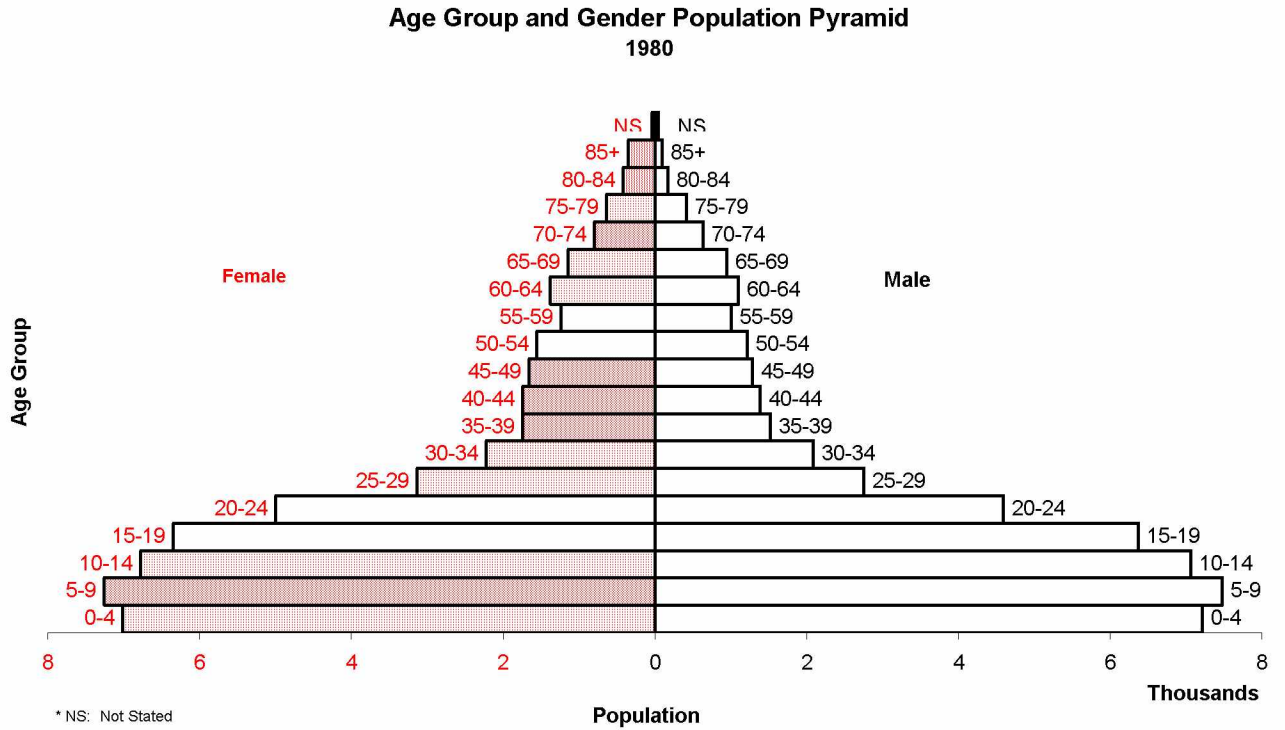
<u>Age</u>	<u>Total Pop.</u>	<u>%Total Pop.</u>	<u>Male</u>	<u>Female</u>
50-54	3,733	3.5	1,938	1,795
55-59	2,783	2.6	1,393	1,390
60-64	2,734	2.6	1,310	1,424
65-69	2,551	2.4	1,226	1,325
70-74	1,951	1.8	891	1,060
75-79	1,514	1.4	634	880
80-84	943	0.9	385	558
85+	781	0.7	257	528
	16,990	16%	8,034	8,960

Table one shows in each cohort from age 60 there are consistently more females than males that would give rise to some specific gender issues.

Table two below, shows a comparative distribution of the population by age and gender for 1980 and 2001. Over the last twenty years, the population pyramid of St. Vincent and the Grenadines has been gradually expanding at the top. The triangular population distribution that existed 1980's has begun to manifest a more rectangular distribution of the population.

The population within the age-group 60 years and over has increased from a total of 8,195 (8.4%) in 1981 to a total of 10,474 (9.8%) in 2001, an increase of almost 2,300 people.

Table 2. Population Pyramids 1980 and 2001, by age and gender.



Programmes and policies planned and/or implemented to date

The Government has commenced work on the formulation of a National Policy on Ageing and the development of a Five-year Strategic Plan that will build on the work already in progress. In the development of this work consideration is being given to best practices Regionally and Internationally yet remain focused on the needs of Older Persons in St. Vincent and the Grenadines.

The main catalyst for the development of the National Policy and the Strategic Plan was the Lewis Punnett Home. This was established in 1950 for the 'poor aged' in our society who were no longer able to take care of themselves. Over the years the buildings have been allowed to fall into a state of disrepair and dilapidation now requiring urgent attention. The facilities are not adequate and the home operates without specific policies and standards for the care of older persons. It is still seen as "The Poor Home".

Day Activity/Care Centres

The National Insurances Services (NIS) under the Ministry of Finance and Planning has constructed two 'Day Activity Centres' for older persons. These Centres will provide recreational, social and other activities for older persons. The first of these two Centres was opened in November 2004.

Home Care

Over the last two years, the Ministry of Social Development has trained seventy-seven Caregivers to provide home help to older persons in the community. This initiative enables older persons to remain in the community for as long as possible. An Audit was carried out recently to evaluate the efficiency and effectiveness of the program.

Public Assistance

The Ministry of Social Development has responsibility for Public Assistance that supports the indigent poor. It covers – monthly financial contributions (\$100.00 and \$110.00 for over 65), immediate cash assistance, and medication if not available at the clinics, help with utility bills (water and electricity) pampers, toiletries and food and burials.

Pensions

The National Insurance Services (NIS) is responsible for old age pension. There are currently 4,000 recipients, of those 2,200 receiving contributory pensions and 1,800 non-contributory pensions. Pensions are index linked to enable an automatic increase in the basic rate in line with inflation. There are plans to expand to the informal sector.

Housing Repairs

There is a program for housing repairs that is funded through the Basic Needs Trust Fund. Referrals are made through the Ministry of Social Development.

Health Services

Free services for (a) 'sufferers from infectious diseases' and (b) indigent and unemployed persons over the age of sixty years (Medical Officers Act). These services

are provided at the forty (40) Clinics in nine (9) Health Districts and at the Milton Cato Hospital.

In 2002, the age group 65 years and over recorded the highest number of clinic visits with a total of 13,182 (35.6%) visits followed by the age group 55-64 years with a total of 5,928 (16.0%).

Table 4. Principal reasons for Clinic visits 2002.

Rank Order	Condition	No. of visits according to conditions	Percentage (%) of visits according to conditions
1	Hypertension	11,082	30.0
2	Hypertension/Diabetes	6,231	16.8
3	Diabetes	4,070	11.0
4	Hypertension/Arthritis	1,415	3.8
5	Arthritis	1,254	3.4
6	Asthma	1,200	3.2
7	Gastritis	998	2.7
8	Myalgia	889	2.4
9	Result Review	854	2.3
10	Anaemia	824	2.2
Total		28,817	77.9
Total visits according to conditions		36,992	

Non-Governmental Organizations

The National Council for Older Persons (NCOP) has, over the last three years, implemented a Capacity building and Advocacy Project, funded by HelpAge International Regional Office. A number of Community Groups were established during the first year of the project. The second and third year focused on awareness raising that included workshops on Disaster Preparedness, Wills and passing on of property, Rights and Older Persons, (a symposium on) Social Inclusion and the Rights of Older Persons, and, Elder Abuse.

In previous years HelpAge International in collaboration with NCOP carried out research on the Situation of Older Persons and an attitudinal survey on HIV/AIDS and Older Persons in St. Vincent and the Grenadines. NCOP is currently working in collaboration with the NIS Day Activity Centres and the Ministry of Health and the Environment on the National Policy on Ageing.

Bethel Care has an 'Adopt a Granny' program and provides a weekly activities program and monthly food packages for older persons in the Georgetown and surrounding environs.

The Red Cross offer services (in certain areas) that include, Sunday meals, Home Help, Christmas packages, International Day of the Elderly Tour and training.

Church based organizations –these include the Ladies of Charity (RC), St. Vincent de Paul (RC), Anglican, Methodist, the Salvation Army and others provide a number of services and programs for the elderly. Services include food baskets (weekly, monthly or at Christmas time), visitations, distribution of gifts, clothing, medical and craft supplies, financial support, other feeding programs, health checks and leisure trips.

Major achievements – Possible Best Practice

The major achievements are highlighted in the number of programs and services that have been established, as mentioned above.

Major obstacles – Lessons learnt

The major obstacle has been the lack of specific policies regarding the health and well-being of older persons. The lessons learnt are that the provision of services is fragmented and piecemeal, lacking an integrated and holistic approach.

Future Activities & Way Forward

The Government recognizes the need for a National Policy on Ageing. Therefore, future activities and the way forward, rest on its timely completion and priority given to the Implementation of the Five-year Strategic Plan.

**CARIBBEAN SYMPOSIUM ON
POPULATION AGEING**

COUNTRY REPORT

TRINIDAD & TOBAGO

**THE GOVERNMENT OF TRINIDAD AND TOBAGO DELEGATE TO THE
CARIBBEAN AGEING SYMPOSIUM
NOVEMBER 8-10, 2004
ST. ANN'S, TRINIDAD**

The twin-island state of Trinidad and Tobago is very diverse in its population composition – a diversity, which is also reflected among its elderly. At present, 9.6% (or 130,000 persons) of the total population is aged 60 years and over, and they represent the fastest growing category. This number of older persons is expected to reach 20% of the total population by 2025. The percentage increase within this sub-group will be about 91% in just 20 years as compared with an estimated 27% growth in the overall population for the same period.

The Government of Trinidad & Tobago is therefore challenged and concerned, like so many other developing and developed countries, about how it will prepare for a “Society for all ages,” and how it will address the major issues agreed upon in the Madrid International Plan of Action on Ageing, the Regional Strategy for the Implementation of the Plan of Action, which was subsequently adopted in Chile. The Division of Ageing, which was established in 2003, in the Ministry of Social Development as an umbrella agency, to coordinate ageing initiatives and focus ageing issues in Trinidad and Tobago, is responsible inter alia for the finalization and coordination of the implementation of the National Ageing Policy. The objectives of the policy are:

- To create an enabling environment for meaningful participation of the elderly
- To ensure the provision of adequate community-based services for seniors
- To promote and preserve the dignity and independence of the elderly
- To encourage and promote education and public awareness on ageing issues
- To encourage and promote greater collaboration among stakeholders for ageing
- To facilitate, encourage and support research on ageing issues
- To promote greater access to more affordable healthcare for older persons
- To facilitate greater access to recreational facilities by older persons
- To improve the availability to housing that is affordable, safe and accessible to seniors

The Division of Ageing has also embarked on designing and developing several programmes, projects and policies specifically geared for older persons. By collaborating with other relevant Ministries, the private sector, non-governmental organizations (NGOs), community-based organizations (CBOs), schools, the media, academicians and

international agencies, the Division intends to implement these programmes, policies and projects, which would form part of the National Plan of Action on Ageing that is to be formulated and developed.

In accordance with the Regional Implementation Plan, the following specific targets have been identified, to be met under each of the objectives contained in the strategy, together with mechanisms for the follow-up of the policies and programmes they implement:

LEGISLATION

- Amendments to Homes for Older Persons Act of 2000 and Regulations for Homes for Older persons are being finalized, to provide for the licensing, regulation and control of Homes for Older Persons through the oversight of an Older Persons Care Board and establishment of a Facility Review Team. The Homes for Older Persons Act of 2000 also provides the legal framework for the protection of the rights of older persons in institutions, which provide long-term care.
- A Community Care Act is being developed to provide the legal framework for the improved quality of care and protection of the rights of older persons who live in the community and may require long-term care services. Ninety-four percent (94%) of older persons in Trinidad and Tobago live in the community, while six (6%) live in institutions.

POLICIES

- The Draft National Policy on Ageing was approved by Cabinet in September 2004, and laid as a Green Paper in Parliament. The policy identifies eight (8) priority areas for action – social security; income security; social inclusion; healthcare; housing; education; recreation; and legislation. The implementation of the National Policy on Ageing is to be coordinated by the Division of Ageing.
- Standards of care are being developed to improve the quality of care for older persons.
- The Draft National Gender Policy is being finalized by the Ministry of Community Development, Culture and Gender Affairs, which addresses the role of women as de facto caregivers of older persons, and health and economic issues affecting older women.

PROGRAMMES

- The Geriatric Adolescent Partnership Programme (GAPP) is a programme to bridge the gap between young people aged 17-35 years and older persons, through training and provision of service in geriatric care. There was a positive impact on 90% of those older persons who received care from trainees, and a corresponding sensitization of 90% of the trainees who completed the course.

- A Continuum of Health and Social Support Services for Older Persons was finalized and approved in September 2004. The Continuum will be coordinated by the Division of Ageing to provide health and social services to seniors who are least dependent to those who are most dependent. The services proposed for introduction on a phased basis include Senior Centres, Homecare, Meals-on-Wheels programmes, Assisted Living facilities, Adult Day services, Companion Care, Retirement Communities, Homes for the Aged and Nursing Homes.
- A survey of all Homes for Older Persons was completed in May 2004. It will provide data to update databases and registries on the number and status of establishments offering long-term care to seniors, and will provide information for categorizing the various kinds of facilities, which offer long-term care services.
- By collaborating with the relevant Ministries such as Health, Housing; Consumer Affairs; Works and Transport; Planning and Development; Sport and Youth Affairs; Education; Community Development, Culture and Gender Affairs; Finance; Legal Affairs; Public Utilities and the Environment; and the Traffic and Licensing Divisions, the Ministry of Social Development, through its Division of Ageing, will highlight the needs of older persons to the policy makers and programme developers of these various Ministries, geared towards sensitizing them to the formulating of an implementation plan for the National Ageing Policy.
- The establishment of a Help Desk in the Division of Ageing later this year, is to inform the general public of how, when, and where to access support systems and services for older persons in Trinidad and Tobago.
- Consultations will be conducted by the Division of Ageing during 2005, to develop a Handbook for the Elderly in Trinidad and Tobago, for use by older persons and the public-at-large.

PUBLIC EDUCATION

- The Ministry of Social Development will launch a nationwide public education campaign on ageing in 2005, by conducting sensitization workshops and seminars on a phased basis, with schools, private and public sector agencies, non-governmental organizations (NGOs), community-based organizations (CBOs), and interest groups.
- Some of the trainers for the seminars and workshops will be sourced, where available, from the Senior Citizens Bureau, which was established in 1999, to serve as a skills bank and placement agency for retirees to secure jobs in the community.

- The Government is in the process of converting its manual administrative systems to technologically-driven ones, thus advancing easier access to and dissemination of information on healthy ageing at the national and community levels via a government website with links to all Ministries.
- The University of the West Indies in Trinidad has introduced Social Gerontology as an elective course in its Social Work programme being offered in August 2004.
- The Government, through the Ministry of Social Development, is in the process of establishing an Education and Communications Unit. The Division of Ageing will direct much of its media broadcasts on promoting positive images of ageing, highlighting the cultural diversity of seniors, and any areas of competence among older persons in Trinidad and Tobago.

EMPLOYMENT

- The Retirees Adolescent Association Partnership Programme (RAPP) is being developed to recruit highly-functioning and skilled retirees to mentor youths in the community.
- More contractual arrangements and part-time jobs are being fostered in the public and private sectors, in keeping with labour-market demands, and retired seniors are also eligible to apply for the positions.
- In conducting its public awareness campaign on ageing and training programmes for care providers, the Division of Ageing will promote the involvement of existing healthcare professionals in specialized training in gerontology and geriatrics to be contracted as trainers.

PENSIONS

- Non-contributory pensions were increased in 2001, 2003 and 2004, while the Government currently addresses pension reform to regularize the pension benefits of the National Insurance Scheme and Old Age Pension.
- The Socio-Economic Policy Frameworks of 2002-2004 and 2005-2007 have included population ageing in its comprehensive poverty reduction strategies.

INSTITUTIONAL STRENGTHENING

- Trinidad and Tobago's macroeconomic policies include the government's commitments to its senior citizens.
- The Government has established partnerships with international agencies such as the Canadian International Development Agency (CIDA) and Institute of Public Administration of Canada (IPAC), and Inter-America Development Bank

(IADB), to build local capacity through technical support to develop the infrastructure for community care services for older persons.

- Regional summits are hosted by CARICOM, at which Trinidad and Tobago participates, and this platform could be used to promote intergovernmental collaboration on the Madrid International Plan of Action on Ageing and the Regional Implementation Plan.
- International agencies (some of those listed above) will be approached, as appropriate, to provide some of the technical and financial support needed in designing suitable instruments to measure the scope and dimensions of population ageing in Trinidad and Tobago.

RESEARCH

- The Ministry of Social Development has recruited research personnel to conduct quantitative and qualitative studies on ageing issues and older persons in Trinidad and Tobago.
- At present, data on persons aged 60 years and over in Trinidad and Tobago are compiled mainly by the Central Statistical Office (CSO), which is to upgrade and expand available information disaggregated by age and gender in particular.
- More health-related data on older persons are compiled by the Pan American Health Organization (PAHO) and the Caribbean Epidemiology Centre (CAREC), both based in Trinidad.
- The more comprehensive Government Information System (GIS) database is being developed at present for multi-purpose usage by all government Ministries, and will be a useful source of information on programmes, policies, services and resources being offered by the government for older persons in Trinidad and Tobago.
- In conducting its workshops for developing an implementation plan for the National Ageing Policy with various stakeholders from the public and private sectors, NGOs, research units and academic institutions, the Division of Ageing will promote the inclusion of ageing issues on national research agendas.
- A three-day Ageing Symposium, hosted in part by The University of the West Indies in Trinidad, is being held in Trinidad in November 2004, and various countries from the region will participate. Contemporary research papers will be presented at the Symposium, the outcome of which will also produce topical ageing issues for a national research agenda.

- Research personnel and Evaluation Officers in the Ministry of Social Development will develop specific indicators to evaluate the impact of population ageing at the national level.

HEALTHCARE

- Both the Ministries of Social Development and Health have been working collaboratively since December 2003, through the Division of Ageing and the Community Care Programme respectively, to develop standards of care for older persons to have easier access to healthcare services.
- The Ministry of Health has embarked on an extensive Health Sector Reform programme to upgrade the quality of healthcare delivery systems in Trinidad and Tobago, which address inter alia the promotion of universal coverage for older persons to healthcare services, and the improvement of the functions of the decentralized Regional Health Authorities.
- In addition to the development of standards of care for older persons, the Ministry of Social Development, through the Division of Ageing, and the Community Care Programme will conduct training and sensitization workshops in 2005, for care providers and healthcare workers in geriatric care.

ELDER ABUSE

- In conducting its public awareness campaign in Fiscal Year 2004/2005, the Ministry of Social Development will seek to sensitize the media as to their role in advertising and promoting non-discriminatory images of ageing and older persons.
- The Ministry of Social Development will collaborate with and engage ageing interest groups, NGOs, and the public and private sectors, in developing and hosting social and cultural programmes and events to foster intergenerational integration and honour elders in the community. One such cultural programme was held in October 2004, to commemorate UN's International Day for Older Persons on October 1.
- Enforcement of the laws and regulations (now being amended and finalized), which govern quality and standards of care for older persons, is one of the mechanisms designed to protect older persons from all forms of abuse.
- An NGO – Stop Elderly Abuse Now (SEAN) was established in Trinidad in 2002, to provide a forum for redress, to assist in curtailing the incidences of abuse meted out to older persons in the community and in Homes for older persons.
- One of the roles of the Help Desk (mentioned earlier) in the Division of Ageing is to provide referrals to persons who report cases of elderly abuse.

The recently established Monitoring and Evaluation Division in the Ministry of Social Development will be monitoring inter alia the existing and planned social programmes for older persons, in order to assess/measure the effectiveness and efficiency of those programmes for future planning.

In conclusion, Trinidad and Tobago is poised to position its ageing in both regional and international contexts and, as a result, stands to benefit from gaining insights into best practices that could be adopted to advance and enhance the improved quality of care for its older persons.