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The Ageing Caribbean 20 Years of the Madrid Plan of Action

Part 2

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Virtual expert group meeting, 19 October 2022

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COVID-19 reinforces the need for renewed attention to lifestyle-related NCDs

- The Caribbean has high rates of certain lifestyle-related NCDs: cardiovascular diseases, cancers and diabetes
- Population ageing is likely to increase the prevalence (and incidence) of NCDs.
- The Caribbean is not currently on track to achieve the SDG target 3.4 of a one-third reduction in premature deaths from NCDs by 2030.
- COVID-19 had a devastating impact on persons with certain chronic NCDs

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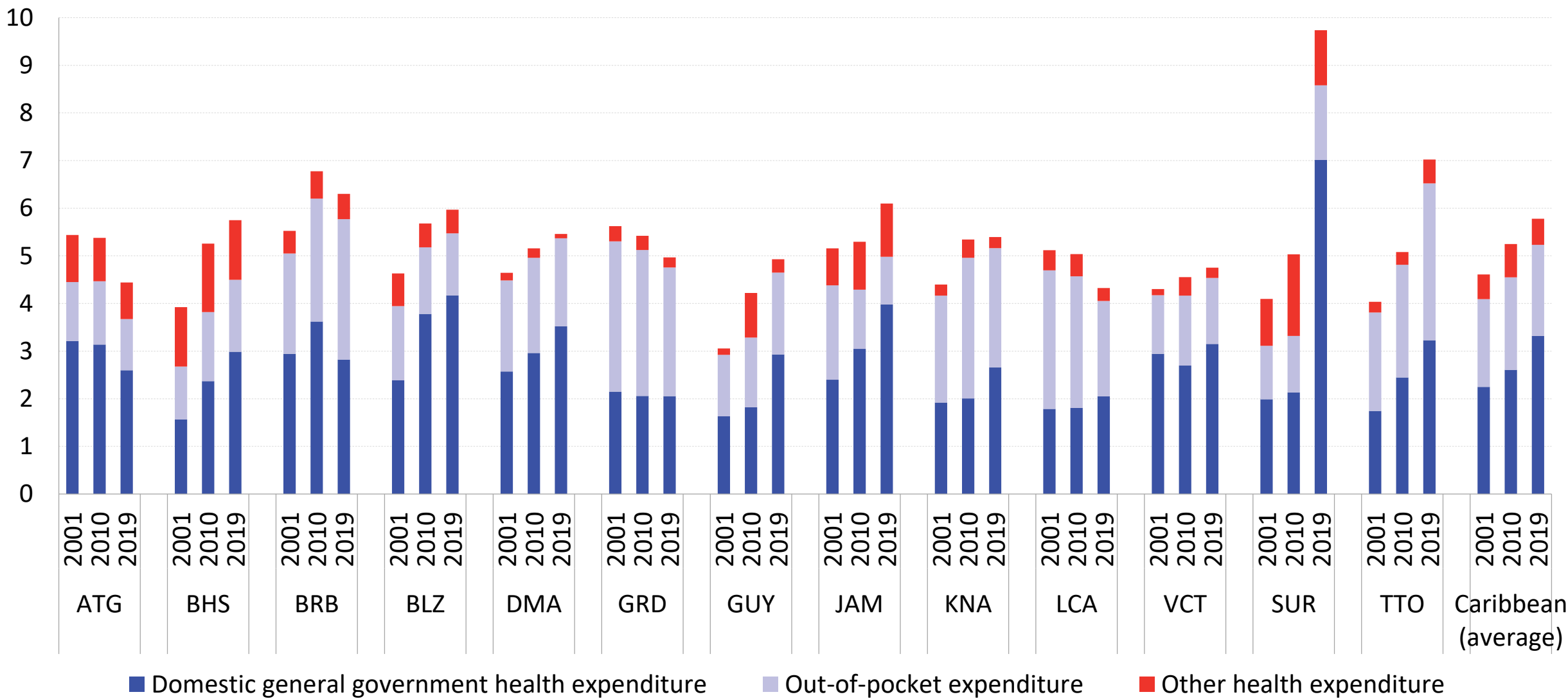
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Targeting of NCD risk factors: physical inactivity, unhealthy diet, alcohol and tobacco

- Multisectoral policies targeting NCDs and their risk factors
- Promotion of physical activity in schools, workplaces and communities
- Introduction of dedicated taxes on alcohol, tobacco and sugar-sweetened drinks e.g. Barbados 2015 SSB tax, Alvarado et al., 2019
- Encourage reduced consumption of salt and sugar through food labelling regulation
- Promote consumption of fresh fruit and vegetables through health information campaigns

Average public spending on health grew from 2.6% of GDP (2010) to 3.3% (2019); out-of-pocket spending remains at 2%



Caribbean public health expenditure falls short of PAHO's 6% target

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- This funding shortfall manifests itself in gaps and deficiencies in public health care provision, which results in high out-of-pocket expenditure
- Medication for some conditions (e.g. Alzheimer's disease) may not be available through the public health system
- Unmet health needs due to lack of access or being cost prohibitive
- For older persons, barriers to accessing public health care such as travel, waiting times, shortages of health care personnel or medication, or poor communication with medical staff

Some Caribbean countries have (or are developing) National Health Insurance (NHI) Schemes

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- A NHI scheme is the main alternative approach to public health care provision (i.e. as opposed to a National Health Service)
- Antigua and Barbuda, Aruba, Bahamas, British Virgin Islands, Cayman Islands, Sint Maarten, and Suriname operate NHI schemes. The scope of these schemes vary in terms of the benefits offered and the population groups covered
- Saint Lucia and Saint Kitts and Nevis are planning to introduce NHI schemes, and the Cayman Islands to expand its scheme
- All measures should be explored in an effort to increase public expenditure and reduce out-of-pocket expenditure

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There is a growing demand for affordable residential care (which already outstrips supply)

- Countries typically have one (or a small number) of state-owned residential care facilities, in addition to private nursing homes
- General concerns about the quality of care provided, staff training, the standard of physical accommodation and whether residents are adequately protected from abuse or neglect
- In Bahamas, there are several government-owned homes; while in Barbados the government funds care in private homes
- In Bermuda there is strong regulation and monitoring; while Guyana recently established an Elderly Home Visiting Committee
- There is a need for stronger regulation and inspection to raise standards and protect the rights of residents

Many countries have developed government-run home care programmes

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- Home care services are well-established in many countries (but severely under resourced in some)
- Day care services provided by residential care homes or day care centres were badly affected by COVID-19 (despite being essential services)
- In Barbados, the Elder Care Companion Programme was recently launched. It supplements home care, but care companions are trained in mental health and social work, and are primarily concerned with emotional and psychosocial wellbeing

Unmet need for palliative care causes suffering and places burden on family caregivers

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Barriers to the development of palliative care services include:

- Cultural attitudes
- Limited availability of opioids
- Insufficient resources
- Lack of palliative care specialists
- Limited investment in palliative care research

A virtual learning network “Palliative Care in the Caribbean ECHO (Extension for Community Healthcare Outcomes)” aimed at healthcare professionals for the development skills on palliative care was launched by PAHO in 2020



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High rates of NCDs combined with vaccine hesitancy undermined the COVID-19 response

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- The Caribbean fared relatively well during the first year of the pandemic (in terms of cases and mortality) but less well in 2021 and early 2022.
- Vaccine hesitancy led to unnecessary deaths.
- Vaccination acceptance rates were higher among older persons compared with the working-age population, but unwillingness to present for vaccination was still a problem
- In some families, older persons were dissuaded, or even instructed, not to take the vaccine.

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COVID-19 “lockdowns” provided some protection, but had social and other health costs

- Restrictions compounded the already widespread problems of loneliness and isolation among older persons
- Social services such as day care centres and older persons activity centres were closed
- Non-COVID-19 health care was disrupted
- Increased burden on family and other informal caregivers
- Home care services were continued with appropriate COVID-19 protection measures
- NGOs provided online support and training to carers

There is increasing demand for care services for older persons living independently

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- Between one third and two-thirds of older persons live independently (alone or with their partner only)
- The trend is towards independent living
- Some countries (e.g. Barbados, Bahamas, Cayman Islands, Saint Kitts and Nevis and Trinidad and Tobago) offer means-tested social assistance (in-cash) for home repair
- Assistance should also be available for home adaptation
- Promote the development of assisted living facilities / continuous care retirement communities

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There is a shortage of age-friendly transport options

- Publicly run buses offer reduced fares for older persons
- However privately run public transit is more common and discounts don't necessarily apply
- Many older persons depend on volunteer drivers
- Older persons of reduced mobility need personalised door-to-door services
- Demand for these services outstrips supply
- Older persons should benefit from preferential fares on all forms of public transport
- There should be further development of tailored services for mobility impaired older persons, perhaps through partnerships with private operators and NGOs

Participation in social and community life improves health and well-being

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- Older persons are vulnerable to isolation and loneliness (whether they live alone or not).
- Social participation depends on individual (e.g., sociodemographic, health), institutional (e.g., public policies, built environment) and cultural factors (e.g., social norms and expectations)
- Programmes to promote social participation for older persons are underdeveloped, but there are example of good practice
- Both Jamaica and Trinidad and Tobago have networks of activity centres for older persons although the operation of these centres was much reduced by COVID-19
- In Saint Kitts and Nevis, the Seniors Enrichment Programme was launched to organize activities emphasizing physical health and well-being, lifelong learning, skills and social interaction

Older persons should have opportunities for lifelong learning

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- National councils on ageing have offered seminars and workshops on health and well-being, skills for income generation, avoiding financial abuse, and digital skills
- COVID-19 highlighted the particular importance of digital skills and various organizations have offered digital skills training
- In Saint Kitts and Nevis, the United States Virgin Islands and the Cayman Islands, governments have implemented educational programmes for older persons whereby they can enrol and participate in courses offered at higher education institutions

Priority and preferential assistance for older persons in disaster relief plans

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- Older persons are at higher risk of mortality from the secondary effects of disasters
- Following Hurricane Maria (2017), older persons in Puerto Rico experienced lack of medical supplies (including for NCDs), persistent electrical outages, unsafe drinking water, unsafe housing and a lack of financial and psychosocial support
- Older persons need to be prioritized in disaster relief and recovery for social and health services
- Registers of at-risk older persons such as those established in Anguilla and Barbados can help to achieve this
- Barbados' recently proposed 2023-2028 National Policy on Ageing provides a good example of a multi-sectoral and multi-level (national and community) approach to the integration older adults in disaster preparedness and response

Elder abuse is a growing concern both in the community and in residential care homes

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- Individual factors which make one more likely to experience abuse: being female, with cognitive or physical impairment, in poor physical health, lower socioeconomic status, psychosocial distress including depression, poor quality family relations and social isolation (Dong, 2015)
- Broader societal factors also play a role: Ageism
- Many countries conduct public awareness campaigns, typically organized in conjunction with World Elder Abuse Awareness Day (June 15),
- National Councils often receive reports of elder abuse which they seek to address with the support of departments of social services, the police and ministries of justice

Legislative measures are required to provide protection from elder abuse

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- Existing legislation on violence, assault, theft, fraud etc. does not adequately address the specific problem of elder abuse
- There are few examples of legislation addressing elder abuse in the Caribbean (e.g. the Senior Abuse Register Act 2008, Bermuda)
- Protocols for reporting, investigation, case management
- Guidelines and training for health and care professionals, formal and informal caregivers, and social services officers to help them prevent and recognize abuse.
- Financial service providers also need to recognize the warning signs

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Key recommendations

- Measures to strengthen public health care and reduce reliance on out-of-pocket expenditure
- Integrate the treatment, management and prevention of NCDs and their risk factors into the primary health care system; ensure that medication for a wide range of NCDs is available
- Adopt multisectoral policies to address NCD risk factors such as obesity, tobacco and alcohol consumption, and physical inactivity e.g. through dedicated taxes on alcohol, tobacco and sugar-sweetened drinks; food labelling regulations to promote healthy eating
- Promote the development of palliative care services
- Train health care personnel specifically in the areas of geriatrics and gerontology, palliative care and care of older persons with cognitive impairments including Alzheimer's disease and related dementias
- Adopt legislative measures to regulate, monitor and enforce best practice standards among long-term residential care and day care providers

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Key recommendations

- Provide housing assistance for older persons for home maintenance and adaptation
- Promote the development of affordable housing options for older persons that facilitate the provision of different forms of care (assisted living facilities/continuing care retirement communities)
- Expand the provision of concessionary public transport and facilitate affordable personal transport options tailored to older persons
- Develop programmes to facilitate older persons' engagement in social, educational, recreational, sporting, cultural and civic engagement in their communities, with particular attention to marginalized groups
- Provide ICT training for older persons to enhance digital inclusion
- Priority and preferential assistance for older persons in disasters
- Develop and maintain voluntary registers of vulnerable older persons to facilitate the provision of support and protection, in the event of a disaster



Thank you