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Caribbean Symposium on Population Ageing**  
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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 2001<sup>1</sup> 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.

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<sup>1</sup> 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 country<sup>2</sup> 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 elderly<sup>3</sup> 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

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

<sup>3</sup> 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 Assembly<sup>4</sup> 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,

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<sup>4</sup> 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 9<sup>th</sup> November to 10<sup>th</sup> 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 21<sup>st</sup> Century: formal and informal approaches.

Brief abstracts of the presentations are provided below along with a summary of the discussions of the sessions<sup>5</sup>.

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<sup>5</sup> 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 facility<sup>6</sup>.

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<sup>6</sup> 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 interviewees<sup>7</sup>. 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 21<sup>st</sup> 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

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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.

<sup>7</sup> 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 21<sup>st</sup> 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.

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\* 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.*

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\*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 21<sup>st</sup> 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.

## REFERENCES

- International Association of Gerontology (2003)*, Research agenda on ageing for the 21<sup>st</sup> century; a joint project of the United Nations Programme on Ageing and the International Association of Gerontology, Vancouver, BC, Canada
- Marcoux, A. 2001*, Population ageing in developing societies: how urgent are the issues? FAO/SDWP: Rome
- United Nations (1991)*, United Nations Principles of Older Persons, adopted by General Assembly resolution 46/91 of 16 December 1991
- United Nations (1992)*, General Assembly Resolution 47/5 Oct. 1992, Proclamation on Ageing
- United Nations (2002)*, Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002, New York, Sales No. E.02.IV.4
- United Nations (2002)*, World Population Ageing: 1950-2050, Sales No. E.02.XIII.3, New York
- United Nations Economic Commission for Latin America and the Caribbean (2003)*, Regional Intergovernmental Conference on Ageing, Towards a regional strategy for the implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, Santiago, Chile, 19-21 November 2003, Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing. Santiago, Chile.

**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 21<sup>st</sup> 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 21<sup>st</sup> 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
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United Nations Population Fund

