

National Policy Plan for Dementia Bonaire - Towards a dementia-friendly society

Summary

Introduction.

In view of the concerning global situation in regards of dementia, of which Bonaire is no exception, the Fundashon Alzheimer Bonaire (FAB) had taken the initiative to develop a national dementia policy for Bonaire, for which it counted on the support from the Public Health department of the Public Body of Bonaire (OLB).

The main aim was for a plan to arrive at a widely supported dementia policy plan for Bonaire, and to subsequently follow-up through a process for implementation.

Plan development.

FAB indicated the following important pillars for the dementia plan:

- a. **The diagnosis:** how is dementia diagnosed?
- b. **Care inventory:** what is needed and what are we still missing?
- c. What about **informal care:** is structural support for informal carers possible, desirable and feasible? And what does this support entail?
- d. **Inventory and analysis** of the developments, **bottlenecks and points of attention** and the most important **stakeholders** with regard to the subject of dementia
- e. **Prevention and treatment:** how can dementia be prevented and how can the disease process be slowed down or cured?

The most important points of research for the plan development entailed: a. Literature search; b. Conversations with the relevant institutions; c. Making an inventory of the number of dementia cases via the GPs; and d. Description of the current (informal) "policy" for people with dementia.

As main bottlenecks for plan development were defined the absence of a formulated policy in the field of elderly care and preventive health policy, together with the lack of an island-wide organization for informal care, as well as the lack of an exact registration of the number of dementia cases in primary and secondary care.

Plan overview.

1. The plan starts with giving an overview of the global impact of dementia, and a description of what dementia is, as well as the existing known forms of dementia, between Alzheimer's disease, Vascular dementia, Frontotemporal dementia (FTD) and Lewy body dementia (DLB). Followed by an overview of the main risk factors for dementia, mentioning depression, as well as the lifestyle factors of alcohol and smoking, physical and mental activity and diet. Subsequently, an overview is given of the development of and awareness about dementia from the nineteenth century to date.
2. The chapter of Dementia on Bonaire, describes the island, gives population data according to age groups, and a prognosis of dementia on Bonaire on the basis of data from GP practices and the Statistics Bureau from the Netherlands. Included is a matrix with dementia cases on Bonaire from 2011 to 2019.

3. A chapter describes the Fundashon Alzheimer Bonaire, its mission and main objectives, description of its activities and makes a reference to the requirements for its membership of ADI.
4. Care and Informal Care receive much attention, through a list of the Care institutions on Bonaire, the institutions that provide care to people with dementia, with a brief description of each and the type of care they provide. The functioning of the case manager for dementia is described, and the diagnostic process of people with dementia. Three examples are given of cases of informal care on Bonaire.
5. Finally, there is reference to life styles on Bonaire, with statements on smoking and drinking behaviour; overweight and exercise; nutrition and health (including diseases on Bonaire); and happiness and social contacts

Conclusions and Recommendations

In the conclusions, attention is given to the growth in numbers of elderly people and people with dementia; the need for care skills training; for both nursing homes and day care centres; timely diagnostics and preventive policy and awareness.

Two recommendations stand out:

- a. **Support for informal/family care.** There is currently no national informal care organization. It is recommended to set up an informal care organization that receives full support from all stakeholders from different sectors. There must be one or more dementia case managers assigned to the organization, so that the informal caregiver can receive optimal support and guidance. A general informal care organization can ensure that all informal carers are known and through them indirectly also the care recipients. Informal carers on Bonaire must be recognized and appreciated by the government for the work they do.
- b. **Implementation plan.** The government Public Body is urgently advised to take action and to outline an implementation plan with relevant stakeholders, as follow up to this policy plan. A proposal is to draw up the implementation plan for the first five years so that effective results can be aimed for by means of long- and short-term goals.