Sint Maarten

Research conducted in

Sint Maarten has an unusually visible dementia civil-society presence for a territory of its size. The Sint Maarten Alzheimer Foundation has operated since 2010, and the government's Collective Prevention Services regularly publishes dementia-awareness and risk-reduction messages. Recent campaigns have emphasized that dementia is not a normal consequence of ageing and have encouraged residents to seek advice when memory or functional changes emerge. The most developed dementia-specific cared infrastructure is found within the White and Yellow Cross Care Foundation. St. Martin's Home combines elderly residential care and nursing-home care, while its psychogeriatric daycare provides assessment, treatment, rehabilitation and structured therapeutic activities for people with conditions including dementia. This gives Sint Maarten a more tangible day-care and long-term-care pathway than many small Caribbean jurisdictions. The main weakness is fragmentation. There is no dedicated memory clinic, dementia registry, national referral standard, published waiting-time system or territory-wide post-diagnostic care pathway. Complex neurological diagnosis and advanced treatment frequently depend on specialist availability and authorization for off-island care.

Highlights

Health system **Non-Universal, Mixed funding (Mixed provision)**
ADI member association(s): **Sint Maarten Alzheimer Foundation**
National dementia plan:
Dementia plan funding: **No plan**
Dementia prevalence rate: **NA**
Dementia incidence rate: **NA**
Population: **44516**
Median age: **42**
Health expenditure (% of GDP): **7**

Diagnosis

Sint Maarten lacks a standardised national dementia pathway, screening tool, waiting-time framework, or published assessment price. Diagnosis generally begins with a GP, with specialist or overseas referral arranged according to availability, clinical need, and SZV authorisation. Local services include hospital-based assessment, CT imaging, and psychogeriatric support, while advanced neurological, molecular, genetic, and Alzheimer's biomarker investigations are generally unavailable locally. Costs depend on insurance coverage and may increase with overseas care. Access may also be affected by limited specialist and long-term-care capacity. Cognitive assessment can involve internationally recognised tools, although multilingual and cultural factors create additional challenges. Proposed health-financing reforms, including General Health Insurance and improved overseas referral processes, remained unimplemented as of July 2026.

Diagnosis pathway

Sint Maarten does not appear to have a formal, nationally defined dementia care pathway. GPs generally serve as the first point of contact, assessing emerging cognitive or functional problems and directing patients to available specialists. Sint Maarten Medical Center provides most hospital-based services, although access to neurology may rely on visiting specialists or external referrals. Patients needing more advanced assessment can receive care abroad through SZV with prior authorisation. For more substantial cognitive and functional decline, the White and Yellow Cross psychogeriatric service provides assessment, treatment, rehabilitation, and day programmes.

No formal national dementia pathway was identified. In practice, the pathway usually begins with a general practitioner, who acts as the health-system gatekeeper. A patient or relative may report increasing forgetfulness, disorientation, behavioural change, difficulty managing medication or finances, wandering, loss of occupational function or declining ability to carry out everyday tasks. The GP can conduct an initial medical assessment and refer the patient to internal medicine, psychiatry, radiology, geriatric or neurological care, depending on availability.

Sint Maarten Medical Center is the legally designated general hospital. It provides inpatient and outpatient specialized care, including internal medicine, psychiatry, radiology, emergency care, social-work and nursing services. Neurology was not listed among its core permanent specialties in the government's 2024 establishment policy, indicating that neurological cases may depend on visiting specialists, individual arrangements or overseas referral.

People requiring advanced evaluation may be referred abroad through Social and Health Insurances (SZV). SZV covers treatment outside Sint Maarten only where prior authorization has been granted by its medical adviser and the patient is sent to an approved regional or international provider.

The White and Yellow Cross psychogeriatric service may become involved once cognitive and functional impairment is significant. It offers comprehensive assessment, treatment, rehabilitation and day activities, but it is not presented as a nationally standardized memory-diagnosis clinic.

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Wait times

Status: Short wait time

No public data was found on waiting times for dementia-related assessment, imaging, specialist care or long-term support. Delays may depend on urgency, capacity, insurance, and specialist availability. Overseas referrals can take longer due to SZV authorisation, documentation, scheduling, and travel, while limited psychogeriatric and residential-care capacity may further restrict timely access.

No published average waiting times were identified for GP assessment, psychiatry, internal medicine, cognitive testing, CT or MRI imaging, psychogeriatric day care, nursing-home placement, visiting neurology services, or overseas referrals. Waiting times are likely to vary according to insurance coverage, referral urgency, specialist availability, hospital capacity, and authorization procedures for treatment abroad. Patients requiring overseas assessment may experience additional delays related to medical documentation, insurer approval, appointment scheduling, and travel arrangements. Government reviews of the overseas referral system have acknowledged the need to strengthen quality assurance and improve the patient experience. In addition, limited capacity in long-term care and psychogeriatric services may delay access to residential or day-care support following diagnosis, although no publicly available data on waiting lists were identified.

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Diagnosis cost

Status: Partially covered

No fixed price for comprehensive dementia assessment has been published in Sint Maarten, as costs depend on insurance coverage and the applicable SZV scheme. Publicly funded arrangements may cover consultations, diagnostics, hospital care, and approved overseas referrals, although treatment abroad generally requires prior authorisation. Rising healthcare expenditure, partly driven by increased overseas referrals, highlights growing financial pressures. Broader health-financing reforms, including a proposed General Health Insurance model and streamlined overseas referral system, were still pending implementation as of July 2026, with no dementia-specific cost structure established.

No published fixed price for a comprehensive dementia assessment was identified for Sint Maarten. The cost of diagnosis depends largely on the patient's insurance status and eligibility under one of several schemes administered by SZV. These include the ZV Sickness Insurance scheme, which covers medical treatment, diagnostics and hospital care for eligible employees and is financed through contributions of 8.3% from employers and 4.2% from employees; the Medical Expenses Fund for Government Retirees (FZOG); the General Insurance for Exceptional Medical Expenses (AVBZ) for individuals requiring long-term nursing and care; and separate

government medical-expense arrangements for civil servants and other eligible groups. Depending on the applicable insurance scheme and authorization requirements, GP consultations, specialist visits, diagnostic imaging, hospital services and approved overseas referrals may be covered, although treatment abroad generally requires prior SZV approval.

Access to advanced diagnostics may also depend on approval for overseas referral. SZV's 2023 Annual Report notes that healthcare benefit expenditure increased by 14.0% (ANG 33.9 million), driven in part by more overseas medical referrals, increased laboratory services, higher medication costs, and the expansion of local specialist services, highlighting the growing financial demands on the healthcare system.

At the same time, Sint Maarten continues to pursue broader health financing reforms, including implementation of a General Health Insurance model and continued streamlining of the overseas medical referral system, although these reforms had not yet been implemented as of July 2026.

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Cognitive tests

Status: Available

No national guideline specifies a standard cognitive screening instrument for dementia assessment in Sint Maarten. Clinicians may use internationally recognized tools such as the Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA), Mini-Cog, Clock Drawing Test, verbal fluency tasks, the General Practitioner Assessment of Cognition (GPCOG), or informant-based questionnaires, but no evidence was found that any single instrument is routinely used nationwide. Comprehensive assessment is likely to combine cognitive testing with collateral history, functional assessment, medication review, neurological examination, mood and behavioural evaluation, and investigation of reversible causes of cognitive impairment. The island's multilingual and multicultural population presents additional challenges, as cognitive test performance may be influenced by language, education, literacy, and cultural background, and no locally validated multilingual dementia screening tool was identified. Although St. Maarten Medical Center (SMMC) included dementia and cognitive health topics in its 2024 professional education programme, this does not constitute a standardized national cognitive assessment pathway.

References

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Imaging tests

Status: Commonly used

St. Maarten Medical Center (SMMC) provides radiology services that support the evaluation of cognitive impairment, with CT scanning representing the most clearly documented structural imaging modality for investigating conditions

such as stroke, tumour, hydrocephalus, or head injury. Publicly available information does not clearly confirm routine access to dementia-protocol MRI on Sint Maarten, and MRI availability, scheduling, and referral requirements should therefore be verified with SMMC or the patient's insurer. No evidence was identified of local routine access to FDG-PET, amyloid PET, tau PET, SPECT dementia imaging, or other advanced molecular neuroimaging techniques. Patients requiring these investigations would likely need referral to specialist centres elsewhere in the Caribbean or Europe, such as Curaçao, Aruba, the Dominican Republic, Colombia, or the Netherlands, depending on clinical need and insurance arrangements.

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Genetic tests

No dedicated dementia genetics or neurogenetics service was identified in Sint Maarten. Routine testing for APOE genotype or pathogenic variants associated with familial dementias, including APP, PSEN1, PSEN2, MAPT, GRN, and C9orf72, does not appear to form part of the standard diagnostic pathway.

Biomarker tests

Status: Rarely used

No routine Alzheimer's disease biomarker service was identified in Sint Maarten. Local laboratories can perform standard blood tests to investigate reversible or contributing causes of cognitive impairment, such as thyroid dysfunction, vitamin deficiencies, anaemia, infection, electrolyte imbalance, liver or renal disease, diabetes, and medication-related effects. However, no publicly available information confirms routine local processing of cerebrospinal fluid (CSF) amyloid-beta, total tau, phosphorylated tau, plasma phosphorylated tau, blood amyloid-beta ratios, neurofilament light (NfL), or other validated Alzheimer's disease biomarkers.

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Treatment & care

Dementia care in Sint Maarten is delivered through a network of hospital, community, mental-health, and civil-society services, rather than a dedicated dementia centre. SMMC provides medical assessment and referral, while the White and Yellow Cross offers psychogeriatric, residential, nursing, rehabilitation, and respite care. Costs vary by insurance scheme, with families potentially facing significant direct and indirect expenses, although dementia-specific charges remain unclear. The Alzheimer Foundation supports awareness and caregivers, complemented by community organisations and social services. However, no comprehensive statutory caregiver support system exists, with no universal allowances, guaranteed respite, employment leave, or pension protections. Overseas specialist care is available through SZV for eligible patients.

Specialized facilities and services

Sint Maarten's dementia care relies on several organisations rather than a dedicated memory clinic or multidisciplinary dementia centre. SMMC provides hospital-based assessment, psychiatric care, imaging, and referrals. The White and Yellow Cross Care Foundation delivers most long-term and community support, including psychogeriatric day care, residential care, rehabilitation, home nursing, and family support. The Mental Health Foundation addresses associated psychiatric and behavioural symptoms. Patients needing highly specialised neurological or diagnostic services unavailable locally may be referred overseas through SZV, subject to insurance eligibility and prior authorisation.

Sint Maarten Medical Center (SMMC) is the country's principal secondary-care hospital and the main provider of medical services relevant to dementia diagnosis and management. Through its departments of internal medicine, psychiatry, radiology, emergency medicine, nursing, and social work, SMMC supports the assessment of cognitive impairment, management of behavioural and psychiatric symptoms, diagnostic imaging, and referral to specialist services when required. However, no dedicated memory clinic or multidisciplinary dementia centre was identified.

The White and Yellow Cross Care Foundation is the country's leading provider of long-term and community-based care for older adults. Its services include St. Martin's Home, residential and nursing-home care, psychogeriatric care, psychogeriatric day care, home nursing, rehabilitation, therapeutic and recreational programmes, and family support. The Foundation's psychogeriatric services are particularly important for people living with dementia, providing structured daytime supervision, rehabilitation, and specialized residential care for individuals with significant cognitive or functional impairment. Home-based nursing and personal care services further support ageing in place, while long-term care for eligible individuals may be financed through the General Insurance for Exceptional Medical Expenses (AVBZ).

The Mental Health Foundation complements dementia care by providing psychiatric and psychosocial services for individuals experiencing depression, psychosis, agitation, sleep disturbance, or other behavioural symptoms that may accompany dementia.4 Although it is not a dementia-specific organization, it represents an important component of the multidisciplinary care pathway. Patients requiring services unavailable locally, including advanced neurological assessment, neuropsychology, molecular imaging, or other highly specialized investigations, may be

referred overseas through the SZV medical referral programme to centres in Curaçao, Aruba, Colombia, the Dominican Republic, the Netherlands, or other destinations, subject to prior authorization and insurance eligibility.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link
Galantamine	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya	Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link
Memantine	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine
** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;
SPC: Summary of Product Characteristics - detailed product information

Treatment cost

No reliable estimate exists for the overall annual cost of dementia treatment or long-term care in Sint Maarten. Costs vary according to insurance coverage, with SZV schemes and the 60+ Medical Insurance providing healthcare access for different groups. Nevertheless, families may face significant direct expenses for home and residential care, nursing, medications, mobility aids, transport, adaptations, and overseas treatment. Caregivers may also experience lost income or reduced employment. However, the absence of publicly available dementia-specific co-payments, reimbursement rates, and patient charges makes the total financial burden difficult to quantify.

No national estimate of the annual cost of dementia treatment or long-term care was identified for Sint Maarten. The cost of treatment depends largely on the patient's insurance status and eligibility under the various schemes administered by SZV, including ZV (Sickness Insurance) for employed persons, FZOG for retired government employees, AVBZ for individuals requiring long-term nursing and care, government medical-expense programmes

for eligible public-sector employees, private insurance, and the 60+ Medical Insurance scheme for older adults who are unable to obtain insurance through other means.

The 60+ Medical Insurance scheme serves as a safety-net programme for older adults who are unable to obtain medical insurance through other means. Eligible beneficiaries contribute 10.4% of their taxable income, up to the annual SZV wage ceiling. For recipients of the Old Age Pension (AOV), the insurance premium is deducted directly from their pension benefits with authorization; individuals whose pension is insufficient, or who do not receive an AOV pension, must pay the premium independently. This scheme helps ensure continued access to healthcare for uninsured older residents, including those who may require assessment and treatment for age-related conditions such as dementia.

Despite these insurance arrangements, families may still incur substantial out-of-pocket expenses throughout the course of the disease. Potential costs include home-care workers, residential or psychogeriatric care, respite services, home nursing, continence products, mobility aids, transport, home adaptations, medications not fully covered by insurance, private consultations, and overseas specialist treatment. Indirect costs, such as reduced employment or lost income among family caregivers, may also be considerable. However, no publicly available information was identified on dementia-specific co-payment schedules, reimbursement levels, or patient charges for services such as home nursing, psychogeriatric day care, or residential care, making the overall financial burden for affected families difficult to quantify.

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Caregiver support

Dementia support in Sint Maarten is provided through a network of civil society, healthcare, community, and faith-based organisations, rather than a comprehensive statutory system. The Sint Maarten Alzheimer Foundation focuses on awareness and caregiver education, while the White and Yellow Cross provides psychogeriatric, nursing, residential, and respite services. SMMC and the Mental Health Foundation offer additional support. However, there is no evidence of universal caregiver allowances, guaranteed respite, formal assessments, or dedicated employment and pension protections, leaving support dependent on insurance, family resources, and community services.

The Sint Maarten Alzheimer Foundation is the principal dementia-specific civil society organization, promoting public awareness, caregiver education, seminars, and community engagement on Alzheimer's disease and related dementias. Practical support is complemented by the White and Yellow Cross Care Foundation, whose psychogeriatric day care, home nursing, and residential services provide structured supervision, therapeutic activities, and respite for families caring for people with dementia.

Additional support is available through St. Martin's Home, the Mental Health Foundation, Sint Maarten Medical Center (SMMC) social workers, community nursing services, churches, senior organizations, and government social-development programmes, reflecting a multidisciplinary but largely non-specialized support network.

Caregiver support in Sint Maarten continues to rely heavily on a combination of family care, community organizations, and insurance-funded services rather than a comprehensive statutory support system. The National Mental Health Plan emphasizes strengthening community-based care, improving continuity of services, and increasing collaboration between healthcare providers, government agencies, and non-governmental organizations to better support people with chronic mental and neurological conditions and their families.

However, no evidence was identified of a universal caregiver allowance, dementia-specific employment leave, guaranteed respite entitlement, formal caregiver assessment programme, national caregiver training certification, or pension protections for family caregivers. Consequently, the availability of support depends largely on individual insurance eligibility, family resources, and access to community and nonprofit services.

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Policy

Dementia remains largely absent from Sint Maarten's formal health-policy agenda, with existing mental-health, NCD, insurance, and healthcare reforms addressing it only indirectly. While these frameworks support community care, prevention, health financing, and service development, they provide no dedicated dementia targets, diagnostic pathways, registries, workforce measures, or treatment policies. Planned reforms, including the SAAH Act, General Health Insurance, and new hospital, could strengthen future capacity and access, but their dementia-specific benefits remain uncertain. Public-awareness campaigns may improve recognition and reduce stigma, although multilingualism, cultural factors, misconceptions about ageing, and reliance on family care can delay help-seeking. Weak health surveillance and limited local data further constrain understanding of dementia prevalence, service needs, and outcomes.

National dementia plan

Sint Maarten has no dedicated dementia strategy, with dementia addressed through broader health, mental-health, long-term-care, and social-insurance frameworks. The National Mental Health Plan promotes community-based care, primary-care integration, continuity, workforce development, and collaboration, but sets no dementia-specific objectives or caregiver measures. Similarly, the NCD Action Plan 2021–2030 prioritises prevention, chronic disease management, surveillance, and healthier ageing, yet does not identify dementia as a priority or establish dedicated targets, indicators, funding, or implementation measures. AVBZ and SZV schemes support access to healthcare and long-term nursing services.

Sint Maarten has no dedicated national dementia strategy or action plan. Dementia is instead addressed indirectly through broader health, mental health, long-term care, and social insurance policies. The most relevant frameworks include the National Mental Health Plan 2014–2018, the Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs) 2021–2030, the General Insurance for Exceptional Medical Expenses (AVBZ), and SZV-administered health insurance schemes that support access to medical care and long-term nursing services.

The National Mental Health Plan promotes a shift from institutional to community-based care, stronger integration of mental health into primary healthcare, improved continuity of care, workforce development, and greater collaboration between government, healthcare providers, and non-governmental organizations. Although dementia is recognized within the broader spectrum of mental and neurological disorders, the plan does not establish dementia-specific objectives, diagnostic pathways, workforce targets, or caregiver policies.

Similarly, the Multisectoral NCD Action Plan 2021–2030 focuses on reducing the burden of cardiovascular disease, diabetes, cancer, chronic respiratory disease, and mental health conditions through prevention, health promotion, surveillance, research, and improved access to care. While many of its objectives, such as healthier ageing, stronger primary care, and better management of chronic diseases, are relevant to dementia prevention and care, the plan does not identify dementia as a priority condition, nor does it include dementia-specific targets, indicators, funding mechanisms, or implementation measures.

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Upcoming plans

Although no dementia-specific strategy exists, ongoing health reforms could shape future dementia care in Sint Maarten. The SAAH Act, proposed General Health Insurance framework, and health levy aim to improve affordability and access, although full implementation is expected after January 2027. The new St. Maarten General Hospital may expand specialist and diagnostic capacity, while healthcare service standards could support workforce development. NCD prevention measures may indirectly reduce dementia risk through healthier ageing and chronic disease management. Meanwhile, public-awareness campaigns by CPS and the Alzheimer Foundation promote early recognition, prevention, and reduced stigma.

Although Sint Maarten has not announced a dedicated dementia strategy, several broader health reforms could substantially influence future dementia care. The government is pursuing reforms to improve the sustainability, affordability, and accessibility of healthcare, including implementation of the Sustainable Affordable Access to Healthcare (SAAH) Act, a broader General Health Insurance framework, and a new health levy. These reforms are intended to strengthen financial protection, modernize healthcare financing, and improve equitable access to services, although full implementation was not expected before January 2027. For dementia, their impact will depend on whether future benefit packages explicitly cover cognitive assessment, specialist neurology, diagnostic imaging, symptomatic medicines, home nursing, psychogeriatric day care, residential care, biomarker testing, and medically necessary overseas referrals.

A second major priority is the continued development of the new St. Maarten General Hospital, which is expected to expand specialist capacity, improve diagnostic imaging, modernize inpatient care, and strengthen coordination across clinical services. While no dedicated memory clinic or dementia unit has been announced, the new facility could significantly improve the infrastructure available for dementia diagnosis and management. At the same time, the 2024 Policy on the Establishment of Healthcare Services introduces service standards and workforce planning for healthcare providers, creating opportunities to expand specialist capacity as population needs evolve, although dementia-specific geriatric or cognitive services are not yet included.

The Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2021–2030) also provides an important policy platform for future dementia prevention. Its objectives include reducing cardiovascular risk factors, strengthening primary healthcare, improving surveillance, promoting healthy lifestyles, and enhancing research and health promotion. Although dementia is not identified as a separate strategic priority, these measures support brain health and could contribute to reducing dementia risk through improved prevention and chronic disease management.

Public awareness activities continue to develop alongside these policy reforms. Collective Prevention Services (CPS) regularly marks World Alzheimer's Month and the International Day of Older Persons through educational campaigns promoting healthy ageing, recognition of memory problems, and dementia risk reduction. Together with

outreach by the Sint Maarten Alzheimer Foundation, these initiatives may gradually improve public awareness, reduce stigma, and encourage earlier help-seeking while broader health-system reforms continue to evolve.

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Policy gaps

Legal barriers

Dementia remains largely absent from Sint Maarten's formal health-policy framework, being covered only indirectly by wider mental-health, NCD, insurance, and healthcare reforms. These policies do not provide dedicated arrangements for diagnosis, care coordination, workforce planning, or monitoring. Consequently, no national dementia registry, standardised screening protocol, memory-clinic network, biomarker pathway, or policy for disease-modifying treatments was identified. Weaknesses in health surveillance and data collection further limit assessment of dementia prevalence and service outcomes.

Sint Maarten does not have a national dementia strategy, and dementia is addressed only indirectly through broader frameworks such as the National Mental Health Plan (2014–2018), the Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2021–2030), the AVBZ, and the ongoing SAAH reform. While these frameworks strengthen mental health services, chronic disease prevention, health financing, and long-term care, none establishes a dementia-specific system for diagnosis, treatment, care coordination, workforce development, or monitoring. As a result, no national dementia registry, standardized primary-care cognitive screening protocol, publicly documented diagnostic pathway, memory clinic network, waiting-time targets, biomarker testing pathway, post-diagnostic care coordination programme, or national policy governing access to disease-modifying therapies such as lecanemab or donanemab was identified. Furthermore, the NCD Action Plan itself recognizes weaknesses in health surveillance, routine data collection, and cause-of-death reporting, limiting the ability to monitor the burden of dementia or evaluate service outcomes.

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Cultural barriers

Cultural and linguistic diversity, misconceptions about ageing, stigma, and concerns about independence or institutionalisation may delay dementia recognition and help-seeking in Sint Maarten. Strong reliance on family caregiving may further postpone formal care. Although public-awareness campaigns address these misconceptions, no recent local survey examining dementia-related attitudes or stigma was identified.

Sint Maarten's highly multilingual and culturally diverse population may present challenges for dementia recognition and help-seeking. Memory loss and behavioural changes may be interpreted as a normal part of ageing, stress, or mental illness rather than symptoms of a neurological disorder, potentially delaying diagnosis until significant functional decline or behavioural problems occur. Fear of stigma, loss of independence, institutionalization, driving restrictions, financial consequences, or uncertainty related to employment and immigration status may further discourage individuals and families from seeking an early assessment. Government awareness campaigns emphasizing that dementia is not a normal part of ageing suggest that misconceptions remain an important public health issue, while the strong tradition of family caregiving may delay engagement with formal health and social care services. No recent Sint Maarten-specific survey on public attitudes toward dementia or dementia-related stigma was identified.

Research

Sint Maarten has several institutions involved in healthcare and professional education, including the American University of the Caribbean School of Medicine, University of St. Martin, National Institute for Professional Advancement, and Sint Maarten Medical Center. However, no active Alzheimer's or dementia interventional trials, national dementia registry, memory-clinic registry, or trial-ready cohort was identified. Existing strengths include integrated elderly and psychogeriatric care, regional access to specialist services through SZV, dementia-focused professional education, and developing digital health infrastructure.

Selected academic institutions

American University of the Caribbean School of Medicine University of St. Martin National Institute for Professional Advancement Sint Maarten Medical Center

Clinical trials and registries

No Alzheimer or dementia interventional trial with a confirmed active site in Sint Maarten was identified in major international clinical-trial registries. No national dementia registry, memory-clinic registry or trial-ready cohort was identified.

Selected innovative methods

Sint Maarten demonstrates several approaches that could support more coordinated dementia care. St. Martin's Home provides a continuum from independent living to nursing and psychogeriatric care, enabling residents to receive progressively greater support without changing providers. Advanced specialist services are accessed through SZV's regional referral network, although this may create delays and additional costs. Workforce capacity is also being strengthened through dementia-focused professional education, alongside digital health and electronic information-system developments that could improve future care coordination.

Integrated elderly and nursing-home care:
The St. Martin's Home model integrates relatively independent elderly accommodation with higher-level nursing and psychogeriatric care, allowing residents to receive increasing levels of support as their needs evolve. Although no formal dementia progression pathway has been published, this continuum-of-care approach facilitates smoother transitions between independent living, residential care, and intensive nursing support without requiring relocation to different providers.

Regional referral model:
Rather than attempting to provide every specialist service locally, Sint Maarten relies on SZV's regional and international referral network to access advanced neurological care, complex diagnostics, and specialized treatment unavailable on the island. This model allows patients to benefit from tertiary expertise in neighbouring countries and the Netherlands, although it can also introduce delays, administrative requirements, and additional costs that

are particularly challenging for people requiring ongoing dementia care.

Professional workforce development:
Efforts to strengthen workforce capacity include the incorporation of dementia and cognitive health into St. Maarten Medical Center's continuing professional education programme, helping improve recognition and management of cognitive disorders among healthcare professionals. Together with ongoing digital health developments and expanding electronic health information systems, these initiatives provide a foundation for more coordinated dementia care as specialist services continue to develop.

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Support

Sint Maarten's dementia support landscape includes the Sint Maarten Alzheimer Foundation, White & Yellow Cross Care Foundation, Mental Health Foundation, and community organisations such as the Henry Ostiana Foundation and Senior Citizens and Pensioners Association. The Alzheimer Foundation leads dementia awareness, advocacy, education, and caregiver support, while White & Yellow Cross provides specialised psychogeriatric day care and has supported professional dementia training. Government and community initiatives promote healthy ageing, brain health, and earlier recognition, with Project HELP offering a potential platform for cognitive screening and referral. Dementia information is shared through these organisations and local newspapers, radio, television, and online media, although no dedicated dementia news outlet exists.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Senior Citizens and Pensioners Association

Selected initiatives

Dementia awareness and support in Sint Maarten are driven primarily by the Sint Maarten Alzheimer Foundation and partner organisations. Key initiatives include public campaigns, caregiver education, professional dementia training, and psychogeriatric day care, which combines supervision, rehabilitation, social engagement, and respite. Broader healthy-ageing and community outreach programmes also promote brain health and early recognition. Project HELP provides a potential platform for future cognitive screening and referral. No dedicated dementia media outlet exists, but awareness activities receive coverage through local newspapers, radio, television, and online platforms, increasing public visibility of dementia.

The Sint Maarten Alzheimer Foundation

The Sint Maarten Alzheimer Foundation is the country's principal dementia-focused organization and the only Alzheimer's Disease International (ADI) member association representing Sint Maarten. Established in 2010 and affiliated with ADI since 2012, the Foundation leads national efforts to improve dementia awareness, education, advocacy, and support for people living with Alzheimer's disease and their families. Its activities include public awareness campaigns, educational seminars, caregiver information sessions, media outreach, collaboration with healthcare and social-care providers, and participation in regional and international dementia networks.

In September 2024, the Foundation presented the World Alzheimer's Report 2024 to the Ministry of Public Health, Social Development and Labor (VSA), emphasizing the importance of early recognition, timely diagnosis, and stronger support systems for people affected by dementia. The presentation prompted renewed government commitment to Alzheimer's awareness, and, as part of Alzheimer's Awareness Month, the Ministry launched a nationwide campaign promoting early detection, caregiver support, and greater public understanding of dementia. This collaboration illustrates the Foundation's growing role not only in community education and caregiver support but also in shaping national dialogue and policy on

dementia.

Dementia Awareness Training

During Alzheimer's Awareness Month 2023, the White & Yellow Cross Care Foundation, the Ministry of Public Health, Social Development and Labor (VSA), and the Henry Ostiana Foundation implemented a month-long awareness campaign aimed at improving public understanding of dementia. Activities included Dementia Awareness Training delivered by specialists from the Netherlands to 75 healthcare professionals, frontline workers, civil servants, and informal caregivers, alongside island-wide public awareness campaigns, educational billboards, and online outreach. The programme also featured a fundraising event for World Alzheimer's Day, including expert lectures by specialists from Sint Maarten Medical Center, and a Family Fun Day for people living with dementia and their caregivers, promoting social inclusion, caregiver support, and dementia-friendly community engagement.

Psychogeriatric day care

The White and Yellow Cross Care Foundation's Psychogeriatric Day Care is the most developed dementia-specific service innovation in Sint Maarten. Rather than focusing solely on institutional care, the programme combines structured daytime supervision, therapeutic and recreational activities, rehabilitation, nursing support, and functional monitoring for people living with dementia and other cognitive disorders. This integrated model helps maintain daily functioning, promotes social engagement, monitors behavioural and cognitive changes, provides respite for family caregivers, and may delay the need for permanent residential placement by enabling people to remain in their own homes for longer.

Community prevention and health promotion

The Collective Prevention Services (CPS) has incorporated dementia into broader healthy ageing initiatives through campaigns promoting brain health, physical activity, healthy nutrition, cardiovascular risk reduction, and recognition of memory problems. Regular observance of World Alzheimer's Month and the International Day of Older Persons helps raise public awareness and encourages earlier recognition of cognitive decline in a setting where specialist dementia services remain limited.

Project HELP

Project HELP, a collaboration between the Ministry of Public Health and the American University of the Caribbean School of Medicine, delivers community health education, screening, and outreach activities across the island. Although not dementia-specific, the programme demonstrates a community-based prevention model that could be expanded to include cognitive screening, dementia risk assessment, caregiver education, and earlier referral of individuals with suspected cognitive impairment.

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Dedicated media outlets

There is no dedicated dementia news outlet in Sint Maarten. Dementia-specific information is primarily disseminated through the Sint Maarten Alzheimer Foundation, Collective Prevention Services (CPS), the White & Yellow Cross Care Foundation, and ADI which provide public education, awareness campaigns, and caregiver resources. Broader health and ageing topics are periodically covered by local media outlets such as The Daily Herald, Soualiga Newsday, 721 News, St. Maarten News, SXM Talks, Laser 101 FM, PJD2 Radio, and TV15. Dementia awareness initiatives organized by the Sint Maarten Alzheimer Foundation and its partners have received regular coverage across local newspapers, radio, television, and online media, helping to increase public visibility and understanding of Alzheimer's disease and related dementias.