

Grenada

Research conducted in

Grenada's dementia response is best described as a mixed system with significant gaps, supplemented by strong community leadership. National health planning documents point to established long-term care infrastructure, including Richmond Home and a government-run Home Care Program, but also acknowledge outdated geriatric policy, uneven access to services, and limited attention to the mental health needs of older persons. At the same time, very high out-of-pocket spending (around 54% of total health expenditure) places substantial financial pressure on families, often pushing them toward private care and ad hoc solutions. In this context, civil-society organizations, notably the Grenada Alzheimer's Association and the Grenada Dementia Initiative, play a critical, practical role in awareness, caregiver support, and navigation, effectively bridging gaps between formal services and the everyday realities of dementia care.

Highlights

Health system **Non-universal with mixed funding and mixed provisions.**

ADI member association(s): **Grenada Alzheimer's Association**

National dementia plan:

Dementia plan funding: **No plan**

Dementia prevalence rate: **508**

Dementia incidence rate: **89**

Population: **117360**

Median age: **35**

Health expenditure (% of GDP): **5**

Diagnosis

Dementia diagnosis in Grenada is primarily based on clinical assessment and structural imaging rather than a formal national protocol. Patients usually enter through community primary care before referral for specialist evaluation, with higher-level services concentrated in St. George's. Capacity constraints and limited specialists can prolong public-sector diagnosis, while private care may provide faster access for those able to pay. Financial protection is incomplete, with households potentially facing direct costs for specialist assessment, imaging, and follow-up. Cognitive testing is determined clinically rather than through a standardised national battery. Recent investment has strengthened CT availability across public and private services, but MRI remains less accessible. Advanced Alzheimer's investigations, including routine genetic testing, CSF biomarkers, and blood biomarkers, are not documented as standard domestic services and are likely limited to selected cases or overseas referral.

Diagnosis pathway

Grenada has no clearly documented national dementia diagnostic pathway. Assessment generally begins in public primary care, followed by hospital specialist referral, particularly in St. George's. Workforce and service-capacity constraints may affect access, while families often rely on informal navigation and civil-society organisations for dementia information, signposting, and caregiver support.

Most people with suspected dementia in Grenada are likely to enter through public primary care (community health services) and then be referred to hospital-based specialists for confirmation and management, especially in St. George's, where higher-level services are concentrated. Grenada's Health Sector Strategic Plan (2016–2025) explicitly frames the system as committed to access and affordability, but also describes chronic capacity constraints, workforce gaps, and uneven service availability that affect older-person care. Since formal dementia-specific pathways are not clearly published as a national protocol, families often rely on informal navigation, asking clinicians, social workers, or care homes what to do next, plus civil-society signposting. Two key community actors visible in recent sources are the Grenada Alzheimer's Association (part of ADI's member-development program) and the newer Grenada Dementia Initiative (GDI), both focused on awareness and caregiver support.

References

- <https://www.alzint.org/member/grenada-alzheimers-association/>
- <https://mygrenadasolutions.com/grenada-dementia-initiative-aims-to-support-families-and-transform-elder-care/>

Wait times

Grenada lacks national dementia-specific waiting-time indicators. Limited specialist capacity, workforce shortages, and diagnostic-equipment pressures can delay public-sector assessment and confirmation, while families able to afford private consultations or imaging may access faster diagnosis, creating unequal pathways.

Grenada does not consistently publish dementia-specific national wait-time indicators, such as neurology

appointment waits or dementia imaging queues, in major public documents. Instead, delays are best understood as a capacity-driven feature of the system rather than a single measurable national metric. Key constraints include limited specialist availability, a small health workforce, dependence on public hospital facilities, and equipment scheduling pressures. In practice, this means that people with suspected dementia may experience prolonged intervals between initial presentation, specialist assessment, and diagnostic confirmation, particularly when relying solely on public-sector pathways. Families who are able to pay often seek private consultations or imaging to shorten these timelines, reinforcing uneven access.

References

- <https://hia.paho.org/en/country-profiles/grenada>
- https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/grenada/grenada_health_sector_strategic_plan_2016-2015_approved.pdf

Diagnosis cost

Status: Mostly or fully covered

Basic public healthcare enables initial assessment for suspected dementia in Grenada, but financial protection becomes weaker for specialist consultations, imaging, and continued follow-up. With out-of-pocket spending representing a substantial share of health expenditure, ability to pay can influence diagnostic speed, completeness, and continuity, despite publicly available services.

Grenada provides basic publicly funded healthcare, including primary care and access to services at public facilities, which allows initial clinical assessment for suspected dementia to occur within the public system. However, coverage is not comprehensive once care requires specialist input, advanced diagnostics, or repeated follow-up. Grenada's health financing profile suggests substantial household exposure when care extends beyond basic publicly accessible services. According to PAHO, out-of-pocket spending accounted for approximately 53.7% of total health expenditure in 2021, one of the higher levels in the region. In practical terms, this means families often pay directly for specialist consultations, diagnostic imaging, and follow-up care, particularly when seeking faster access or more comprehensive evaluation. The presence of public CT scan fees, varying by service category, reinforces that even publicly delivered diagnostics can involve direct charges. As a result, ability to pay significantly shapes the timeliness, completeness, and continuity of dementia diagnosis, contributing to inequities despite recent investments in diagnostic capacity.

References

- <https://www.internationalstudentinsurance.com/grenada-student-insurance/health-insurance-in-grenada.php>
- <https://hia.paho.org/en/country-profiles/grenada>
- <https://p4h.world/en/countries/grenada/>
- <https://nowgrenada.com/2022/11/ct-scan-and-dialysis-fees-from-ec125-to-ec3500>

Cognitive tests

Status: Available

There is no clearly documented, nationally standardized dementia test battery mandated in accessible Grenada

policy sources. Cognitive assessment is therefore clinically determined, typically conducted as part of evaluation in primary care or following referral to hospital or specialist services. Use of tools such as MMSE or MoCA depends on local service organization, clinician training, and available time, rather than a uniform national protocol, contributing to variability in diagnostic depth and timing.

References

- https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/grenada/grenada_health_sector_strategic_plan_2016-2015_approved.pdf

Imaging tests

Status: Used in specific cases

Structural neuroimaging capacity in Grenada has strengthened in recent years. Public reporting highlights the installation of a 128-slice CT scanner as a major upgrade to national diagnostic services, signaling that CT imaging is now a routine, operational service line rather than an ad hoc or pilot capability. Public fee schedules for CT scans, categorized by service type, indicate that imaging is accessible but often subject to direct charges, even within public facilities. In parallel, private imaging options are clearly present with facilities such as St. Augustine's Medical Services advertise CT imaging (including 64-slice CT) with radiologist reporting, and external radiology providers describe ongoing CT and sonography services linked to referrals, including coverage for the sister isles. MRI availability is more limited and may require referral outside routine public pathways.

References

- <https://nowgrenada.com/2022/05/grenada-moves-a-step-closer-to-providing-ct-scans/>
- <https://nowgrenada.com/2022/11/ct-scan-and-dialysis-fees-from-ec125-to-ec3500/>
- <https://samsgrenada.com/services-facilities/>

Genetic tests

No Grenada national pathway document describes routine Alzheimer genetic testing (such as APOE genotyping or familial dementia panels) as part of standard public care. Where genetic testing is considered, it is most plausibly case-specific, initiated by the specialist and accessed through private services or referral outside Grenada, rather than embedded in routine diagnostic workflows.

Biomarker tests

Status: Rarely used

Similarly, CSF or blood-based Alzheimer's biomarkers are not described as standard-of-care in the sources reviewed. Dementia work-up in Grenada appears to rely primarily on clinical assessment and structural imaging, with advanced biomarker testing likely limited, exceptional, or obtained abroad for selected cases rather than routinely available domestically.

Treatment & care

Dementia support in Grenada is distributed across public and private geriatric, residential, home-care, and mental-health services, with relatively limited dementia-specific expertise. Formal provision includes Richmond Home and government-supported home care, but training deficiencies, variable quality, unequal geographic access, stigma, and workforce constraints affect service availability. Families also face considerable direct expenditure on consultations, diagnostics, residential care, and home support, potentially limiting continuity and reinforcing socioeconomic inequalities. Caregivers therefore assume substantial practical, emotional, and financial responsibility. Civil-society organisations, particularly the Grenada Alzheimer's Association and Grenada Dementia Initiative, play an important gap-filling role by providing awareness, caregiver education, peer support, and service navigation within a fragmented care system.

Specialized facilities and services

Grenada provides dementia support mainly through general geriatric, residential, home-care, and mental-health services, including Richmond Home and the government Home Care Program, rather than specialised dementia facilities. Staff-training gaps, uneven quality, geographic disparities, stigma, and workforce limitations constrain provision. The Grenada Alzheimer's Association and Grenada Dementia Initiative help address these gaps through awareness, caregiver education, community support, and connections between families and available services.

Grenada's dementia and geriatric care landscape is anchored in a mixed public-private long-term care system, as described in national health planning documents. The Government owns and operates the largest public geriatric facility, Richmond Home, and provides subventions to several additional residential care homes, while the Ministry of Social Development runs a Home Care Program serving more than 150 older persons. Despite this infrastructure, official assessments highlight significant gaps in staff training, particularly in privately run homes, uneven quality of care, and inequitable geographic access to geriatric services. Dementia-specific specialization within these facilities is limited, meaning care is often custodial rather than cognitively informed.

Mental and behavioural health services, which frequently intersect with dementia-related needs, are delivered primarily through Mt. Gay Hospital, with policy commitments to integrate mental health into primary health care over time. However, national planning documents acknowledge persistent barriers, including stigma and discrimination, overcrowding, and limited human-resource capacity, all of which constrain effective dementia-related mental health support.

In this context, civil society plays a critical gap-filling role. The Grenada Alzheimer's Association provides caregiver-focused awareness, education, and support, while the GDI positions itself as a newer, community-based organization offering holistic support to people living with dementia and their families. Together, these organizations function as essential connectors between families and a fragmented formal care system.

Approved medication

*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

Grenadian households face substantial dementia-related costs, including consultations, imaging, residential and home care. High out-of-pocket spending can limit timely, continuous care and reinforce socioeconomic inequalities.

Treatment and ongoing care costs represent a substantial burden for households. With out-of-pocket spending exceeding 50% of total health expenditure, families commonly incur direct costs for private consultations, diagnostic imaging, long-term residential care, home-based support, and non-pharmacological services, even when public options exist. These costs accumulate over time in a progressive condition such as dementia and influence whether care is initiated early, maintained consistently, or scaled back, reinforcing socioeconomic inequities despite the presence of publicly supported geriatric services.

References

- <https://hia.paho.org/en/country-profiles/grenada>
- <https://p4h.world/en/countries/grenada>

Caregiver support

Families bear much of Grenada's dementia-care burden, while community organisations bridge formal service gaps through caregiver education, peer support, awareness, and practical service navigation.

Grenada's health planning framework implicitly places significant responsibility on families and care homes, particularly in the face of staffing shortages and training gaps. Caregivers therefore shoulder much of the practical, emotional, and financial burden of dementia care. This is precisely where NGOs function as system "bridges": the Grenada Alzheimer's Association and the GDI provide caregiver education, awareness, peer support, and practical signposting, helping families navigate services and cope with caregiving demands in a system without a standardized dementia pathway

References

- https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/grenada/grenada_health_sector_strategic_plan_2016-2015_approved.pdf
- <https://mygrenadasolutions.com/grenada-dementia-initiative-aims-to-support-families-and-transform-elder-care/>

Policy

Dementia policy in Grenada remains fragmented, despite growing recognition of ageing and long-term-care needs. No dedicated national strategy or rights-based dementia framework is publicly documented, and formal entitlements covering diagnosis, post-diagnostic care, caregiver support, and quality standards remain limited. Policy momentum is nevertheless developing through the proposed National Policy on Ageing and wider care-economy reforms supported by UN Women, which could improve prevention, early identification, caregiver security, and long-term-care planning. Updated mental-health legislation also represents broader governance progress but does not establish dementia-specific protections. Structural shortcomings are compounded by stigma, social visibility, misconceptions that cognitive decline reflects normal ageing, and concerns about institutionalisation. These barriers may discourage diagnosis and service use, leaving families to provide prolonged informal care and increasing caregiver strain.

National dementia plan

Grenada lacks a publicly documented national dementia strategy. Dementia is addressed through broader health, ageing, long-term-care, and mental-health frameworks, without dedicated care pathways, protected funding, or accountability mechanisms specifically addressing people with dementia and their caregivers.

Publicly accessible sources do not indicate the existence of a dedicated, formally adopted national dementia strategy in Grenada. Instead, dementia-related action is addressed indirectly and in a fragmented manner, embedded within broader policy areas such as health system strengthening, services for older persons, and mental health integration. While national planning documents recognize population ageing and the growing need for long-term care, they stop short of elevating dementia to a standalone policy priority with clearly defined care pathways, protected funding, and accountability mechanisms. Consequently, dementia is managed within general service structures, rather than through a coordinated, rights-based framework tailored to the specific needs of people living with dementia and their caregivers.

References

- https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/grenada/grenada_health_sector_strategic_plan_2016-2015_approved.pdf
- <https://www.alzint.org/member/grenada-alzheimers-association>

Upcoming plans

Grenada's emerging ageing and care reforms provide opportunities to strengthen dementia policy despite the absence of a dedicated strategy. The developing National Policy on Ageing could incorporate risk reduction, earlier identification, caregiver support, and long-term-care planning within a healthy-ageing framework. Broader reforms supported by UN Women seek to strengthen care legislation, workers' rights, income security, and gender-equal caring responsibilities. Together with higher caregiving-sector minimum wages, data on unpaid care, and planned analysis of national care costs, these measures could reduce caregiver burden and improve support for families

affected by dementia.

Despite the absence of a dementia-specific strategy, policy momentum is emerging. Media reporting in 2025 indicates that the Government, with technical support from PAHO, is advancing work toward a National Policy on Ageing, with healthy ageing positioned as a central organizing principle. This process offers a clear policy entry point for embedding dementia priorities, such as risk reduction, earlier identification, caregiver support, and long-term care planning, even without a standalone dementia plan.

In June 2025, the UN Women began providing technical support to the Government of Grenada to revise and strengthen legislation on child and elder care, following Cabinet approval. The initiative, part of the Canadian Build Back Equal Project, aims to modernize maternity and parental leave, introduce child benefits for low-income families, promote gender-equal caring responsibilities, and protect domestic and care workers' rights. Grenada has already raised the national minimum wage in caregiving sectors and collected data on unpaid care work to inform policy. Grenada has also collected data on unpaid care work to inform policy and will undertake a national cost analysis of care to estimate what is required to achieve universal access for older persons and people with disabilities. Together, these measures can reduce caregiver burden, improve job protection and income security for family caregivers, and strengthen the care economy, creating a more supportive legal and social framework for families caring for people living with Alzheimer's and other dementias.

References

- <https://gdn.gd/aging-policy/>
- <https://deepblue.lib.umich.edu/items/16e8a34b-f257-473b-a9f9-cedbcc0a33ca>
- <https://caribbean.unwomen.org/en/stories/news/2025/06/un-women-to-assist-grenada-government-in-revising-legislation-and-benefits-for-child-and-elder-care>

Policy gaps

Legal barriers

Grenada continues to face gaps in geriatric and dementia policy, with standardised diagnostic pathways, post-diagnostic support, caregiver entitlements, and long-term-care standards not established as formal rights. Emerging mental-health reforms do not yet provide dementia-specific protections or care pathways.

Grenada's national health planning documents explicitly flag outdated geriatric policy and insufficient attention to older persons' mental health needs, indicating that policy modernization remains incomplete. Dementia-relevant supports, such as standardized diagnostic pathways, post-diagnostic care packages, caregiver entitlements, and long-term care quality standards, are not systematized as legal or administrative entitlements. While the drafting of an updated Mental Health Bill to replace the Mental Health Act (1958) signals progress in mental health governance, this reform does not constitute a dementia-specific legal framework and does not clearly define rights, responsibilities, or care pathways for people living with dementia. The result is a policy gap between ageing recognition and enforceable dementia protections.

References

https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/grenada/grenada_health_sector_strategic_plan_2016-2015_approved.pdf

- <https://grenadaparlament.gd/wp-content/uploads/2021/08/Cap190-MENTAL-HOSPITALS-ACT.pdf>
- https://cdn.who.int/media/docs/default-source/mental-health/who-aims-country-reports/mh_aims_report_grenada_03_2010_en.pdf?sfvrsn=d93100e8_3

Cultural barriers

Stigma, misconceptions about cognitive decline, social visibility, and fears of institutionalisation can delay dementia help-seeking in Grenada. Families may depend on informal care for prolonged periods, postponing professional assessment and support while increasing caregiver strain.

National planning documents identify stigma and discrimination as persistent barriers to accessing mental health services, challenges that directly overlap with dementia care. Misconceptions about cognitive decline, often viewed as a normal part of ageing or as something to be managed privately, contribute to late presentation, reluctance to seek diagnosis, and under-utilization of available services, particularly for behavioural, psychological, and cognitive symptoms. In small-island contexts, where communities are close-knit and privacy is limited, concerns about social visibility, judgment, and labeling can further discourage families from early engagement with formal services. Fears of institutionalization or loss of dignity may also delay contact with health providers. As a result, families frequently rely on informal, family-based care for prolonged periods, increasing caregiver strain and postponing professional assessment and support until needs become acute.

Research

Grenada's dementia innovation remains largely practical rather than biomedical, reflecting limited domestic research capacity. No Grenada-based clinical trials of Alzheimer's drugs or disease-modifying therapies were identified, and participation in international studies would generally require overseas referral or enrolment. Constraints include limited research infrastructure, specialist capacity, regulatory resources, and funding. Local innovation instead centres on expanded CT diagnostic capacity and community-led caregiver education and early-help-seeking through the Grenada Alzheimer's Association and GDI. In addition, PAHO and UKaid-supported Smart Hospital upgrades at Richmond Home and Central Medical Stores have strengthened disaster resilience, accessibility, and medicine-supply continuity, supporting safer dementia-relevant care during climate and other emergencies.

Selected academic institutions

[St. George's University \(SGU\) School of Medicine](#)

Clinical trials and registries

There is no evidence of Grenada-based clinical trials for Alzheimer's disease drugs or disease-modifying therapies in the sources reviewed, and Grenada does not appear as a routine study site in major international trial registries. This reflects structural constraints common to small island systems, including limited research infrastructure, specialist capacity, regulatory bandwidth, and funding, as well as competing public-health priorities. As a result, participation in dementia clinical trials would generally require referral or enrollment abroad, placing such opportunities outside routine access for most patients.

References

- <https://clinicaltrials.gov/search?locStr=Grenada&country=GD&cond=Alzheimer%20Disease>

Selected innovative methods

Grenada's dementia innovation is concentrated on practical service improvements and resilience rather than biomedical development. Expanded CT services strengthen local diagnostic capacity, while the Grenada Alzheimer's Association and GDI provide scalable community approaches centred on caregiver empowerment, awareness, and earlier help-seeking. Infrastructure resilience is another important development: in 2021, PAHO and UKaid supported Smart Hospital upgrades at Richmond Home for the Elderly, including hurricane-resistant structures, improved accessibility and sanitation, and energy-efficient cooling and lighting. Upgrades to Central Medical Stores also strengthened medicine and supply security. These measures help protect continuity, safety, and dignity of dementia-related care during disasters and climate shocks.

Innovation in Grenada's dementia response is pragmatic and service-oriented rather than biomedical. Two

developments are particularly notable. First, investment in diagnostic capacity, especially the expansion of CT imaging services, strengthens differential diagnosis pathways and reduces reliance on external referral for basic structural imaging.

Second, community-based dementia support models, led by civil society, represent an adaptive response to system constraints: organizations such as the Grenada Alzheimer's Association and the GDI emphasize caregiver empowerment, raising awareness and early help seeking as a way to mitigate crisis-driven care and delayed presentation. These approaches function as low-cost, scalable innovations in a small health system.

In 2021, Grenada undertook significant Smart Hospital retrofitting at Richmond Home for the Elderly and the Central Medical Stores, implemented by PAHO with UKaid funding, to strengthen the resilience of critical health infrastructure. For people living with Alzheimer's and other dementias, the upgrades at Richmond Home are particularly relevant: improvements included hurricane-resistant structures, enhanced accessibility and age-appropriate washroom facilities, safer sanitation systems, and energy-efficient cooling and lighting, all designed to protect residents' safety, dignity, and continuity of care during disasters and climate shocks. Parallel upgrades to the Central Medical Stores, such as HVAC and fire-safety enhancements, help safeguard the reliable storage of medicines and supplies, reducing service disruptions that disproportionately affect older persons with chronic conditions. Together, these investments strengthen Grenada's capacity to maintain dementia-relevant care and medication access during crises, underscoring the importance of resilient infrastructure in ageing and Alzheimer's care.

References

- <https://nowgrenada.com/2022/05/grenada-moves-a-step-closer-to-providing-ct-scans>
- <https://nowgrenada.com/2022/11/ct-scan-and-dialysis-fees-from-ec125-to-ec3500/>
- <https://nowgrenada.com/2025/04/grenada-dementia-initiative-gdi-launch-planned-for-16-june/>
- <https://www.paho.org/en/news/18-3-2021-site-visit-richmond-home-elderly-and-central-medical-stores-grenada-being>

Support

Grenada's dementia awareness infrastructure is predominantly community-based, with no clearly documented media outlet dedicated exclusively to dementia and no systematic government-led communication strategy identified. The Grenada Alzheimer's Association promotes dementia literacy and stigma reduction through World Alzheimer's Month education and training, while GDI is developing a broader model involving planned parish hubs, early-recognition and brain-health education, structured activities, respite, and a professional national support line. Ministry of Health and academic partnerships support this development. Community events such as Grenada Gardens Senior Living's 2021 Alzheimer's fundraiser and walk provide additional awareness opportunities, while NGOs, social media, community outreach, and general news remain the main channels for dementia information.

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:

[Grenada Alzheimer's Association](#) [Grenada Dementia Initiative \(GDI\)](#)

Selected initiatives

Grenada's main dementia initiatives are community-led, emphasising awareness, early recognition, and caregiver support rather than formal specialist provision. The Grenada Alzheimer's Association runs World Alzheimer's Month education and training activities aimed at improving dementia literacy and reducing stigma. GDI is developing a broader community model, with planned parish hubs offering reminiscence therapy, structured activities, brain-health education, respite, and a professional national support line. Its work has received support from the Ministry of Health and academic partners, including the University of Stirling. Community awareness is also supported by events such as Grenada Gardens Senior Living's 2021 Alzheimer's fundraiser and walk, which promoted public engagement and awareness across age groups.

Key initiatives focus on awareness, education, and caregiver capacity-building rather than formal service provision. The Grenada Alzheimer's Association regularly organizes World Alzheimer's Month activities, including educational events, training sessions, and collaborations with local and external experts to improve dementia literacy and reduce stigma.

GDI is a new community-based organization launched to transform dementia care in Grenada through a holistic, stigma-reducing, and caregiver-centered approach. Initiative focuses on early detection, public education, and community-based support, including plans to establish parish-level community hubs, ideally in churches and community centers, offering reminiscence therapy, structured activities (music, movement, arts and crafts), and education on brain health and lifestyle. GDI also aims to reduce social isolation, provide daytime respite care, and operate a national support line staffed by trained professionals. The initiative addresses major gaps in specialized dementia services and caregiver navigation, has gained support from the Ministry of Health and academic partners (including the University of Stirling), and is positioning itself as a key grassroots actor contributing to awareness, caregiver empowerment, and the development of a future national dementia strategy.

In September 2021, elderly care facility, Grenada Gardens Senior Living, hosted its first annual fundraiser to raise awareness of Alzheimer's disease and support the Walk to End Alzheimer's. The event featured a community walk, with free participation and donations encouraged, alongside post-walk activities including a complimentary lunch, raffle, and live entertainment. A vendor and job fair, as well as children's activities, ran throughout the day to broaden community engagement. Organized during World Alzheimer's Month, the fundraiser aimed to increase local awareness of the impact of Alzheimer's across all ages, drawing on staff members' firsthand experience with the disease and encouraging broad community participation.

References

- <https://www.alzint.org/member/grenada-alzheimers-association/>
- <https://mygrenadasolutions.com/grenada-dementia-initiative-aims-to-support-families-and-transform-elder-care/>
- <https://nowgrenada.com/2025/04/grenada-dementia-initiative-gdi-launch-planned-for-16-june/>
- <https://www.siskiyoudaily.com/story/news/2021/09/17/grenada-gardens-host-walk-end-alzheimers-saturday/8383982002/>

Dedicated media outlets

There is no clearly documented, dementia-only dedicated media outlet in Grenada. Information dissemination instead relies on NGO communications, social media, community outreach, and general news coverage, which, while effective for awareness, underscores the absence of a systematic, government-led public communication strategy on dementia.