Dominica

Research conducted in

Dominica's dementia response is NGO-forward within a small, capacity-constrained health system. Clinical care is anchored in primary care services and the national referral hospital, with escalation for complex cases limited by the availability of specialists and advanced diagnostics on-island, often necessitating private or overseas referral. In this context, the Dominica Dementia Foundation plays a disproportionate and system bridging role, delivering caregiver training, support group infrastructure, community awareness, and policy advocacy that partially compensates for gaps in formal service provision. This reliance on civil society is reinforced by meaningful out-of-pocket exposure in health financing, which shapes access and continuity of care. notably, In 2025, the government announced their intention to implement a national dementia strategy and revise Mental Health Act from 1987, signalling a potential shift from NGO-led response toward a more coordinated, state-anchored framework.

Highlights

Health system **Universal coverage with mixed funding and provisions.**
ADI member association(s): **Dominica Dementia Foundation**
National dementia plan:
Dementia plan funding: **No plan**
Dementia prevalence rate: **630**
Dementia incidence rate: **110**
Population: **65669**
Median age: **37**
Health expenditure (% of GDP): **6**

Diagnosis

Dominica's dementia diagnostic system combines primary-care case-finding, centralised hospital diagnostics, and selective overseas referral, but lacks a formal national dementia pathway or population-level screening programme. Suspected cases are generally identified following symptom presentation and referred to Dominica-China Friendship Hospital in Roseau, with the 2022 Reginald Armour Hospital expanding hospital capacity in Portsmouth. Limited neurological and geriatric expertise means that complex assessments may require referral abroad. The DDF provides complementary awareness, caregiver training, and informal navigation.

Waiting times are not measured through dedicated national indicators; delays instead reflect concentrated services, limited specialist capacity, and restricted access to advanced diagnostics. Although older people can access free basic public healthcare, specialist and overseas assessment may generate costs for consultations, imaging, travel, and accommodation. With out-of-pocket spending at approximately 23.8% of total health expenditure, affordability can influence diagnostic timeliness and completeness.

Diagnosis pathway

Dominica's dementia care pathway is centred on primary-care assessment and referral to hospital services, particularly Dominica-China Friendship Hospital in Roseau, while the 2022 Reginald Armour Hospital expanded hospital capacity in Portsmouth. However, limited neurological and geriatric expertise means that some complex assessments and diagnostic services require overseas referral, including to neighbouring Caribbean countries. A formal dementia-specific pathway is not clearly established within the public system. DDF therefore provides an important community-based navigation layer through awareness activities, caregiver training, and informal signposting, helping compensate for gaps in specialist and pathway infrastructure.

Most people with suspected dementia in Dominica are likely to enter the system through primary care clinics or health centers, with onward referral to the national hospital level in Roseau, Dominica-China Friendship Hospital, which functions as the country's main secondary and tertiary referral hub. In 2022, a new Reginald Armour Hospital was constructed in Portsmouth. Given the small scale of the system, specialist neurological or geriatric expertise is limited, and overseas referral, most often to neighboring Caribbean states, is used when diagnostic services or specialist assessments are not available locally. In parallel, dementia-specific navigation and caregiver support are strongly NGO-led, with the national ADI member, Dominica Dementia Foundation (DDF), playing a key role in awareness-raising, caregiver training, and informal signposting, effectively compensating for the absence of a formal, codified dementia pathway within the public system. This pattern aligns with broader Caribbean health-system profiles described by Pan American Health Organization, where referral escalation and external care remain common for complex NCDs

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https://emonewsdm.com/dominica-dementia-foundation-launches-online-support-group
- https://www.paho.org/en/stories/dominicas-health-systems-transformation

Wait times

Dominica has no standardised dementia waiting-time indicators. Limited specialist capacity and advanced diagnostics can prolong primary-care monitoring, delay specialist confirmation, and require time-consuming overseas referral.

Dominica does not publish standardized, dementia-specific national wait-time indicators. Instead, delays are best understood structurally rather than numerically: services are geographically concentrated, specialist availability is limited, and advanced diagnostics are not routinely available on-island. In practice, this means that waits often manifest as prolonged clinical monitoring in primary care, delayed specialist confirmation, or time-consuming overseas referral, rather than a single measurable "queue" within the national system, an issue repeatedly noted in regional health assessments.

References

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Diagnosis cost

Status: Mostly or fully covered
Dominica provides older people with free basic healthcare and medication, enabling initial dementia assessment and referral through the public system. However, limited specialist availability, inadequate transport support, and restricted access to advanced diagnostics constrain comprehensive assessment. Geriatric specialists largely practise privately, while some investigations may require overseas referral, leaving families responsible for consultations, diagnostics, travel, and accommodation. Consequently, despite public coverage of basic services, out-of-pocket costs remain meaningful and ability to pay can influence the timeliness and completeness of dementia diagnosis.

From January 2023, the Government of Dominica declared that older people are entitled to free medication and healthcare. Dominica provides basic publicly funded health services, including primary care consultations and access to public hospital services at Dominica-China Friendship Hospital, meaning initial clinical assessment and referral for suspected dementia can occur without direct user fees within the public system. However, gaps remain, particularly the lack of financial support for transportation and mobility, which limits access as bus fares rise. For conditions requiring specialist care, such as dementia services are concentrated at the Dominica-China Friendship Hospital or with one of the two known on-island geriatricians, both operating in private practice and not covered by government funding. Thus, diagnostic depth is constrained by availability: advanced neuroimaging, specialist assessments, and dementia-specific investigations are not consistently accessible on-island and are not comprehensively covered when pursued through private providers or overseas referral. As a result, households frequently incur costs for private consultations, travel, accommodation, and diagnostics obtained abroad. These gaps are reflected in Dominica's out-of-pocket spending level of approximately 23.8% of overall health expenditure

indicating in the early 2020s, which is a meaningful financial burden on families. Consequently, ability to pay influences both the timeliness and completeness of diagnostic confirmation, reinforcing inequities despite the existence of a publicly funded basic healthcare framework.

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- https://p4h.world/en/countries/dominica/
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Cognitive tests

Status: Available

There is no documented national population-level dementia screening programme. Case-finding appears to be opportunistic and clinically driven, triggered by symptom presentation in primary care and reinforced by community awareness and NGO-led caregiver engagement rather than systematic screening. In Dominica, both theMontreal Cognitive Assessment (MoCA) and the Mini-Mental State Examination (MMSE) are primarily available and administered in English, which is the country's official language for government, education, and healthcare. While a significant portion of the population speaks Antillean Creole (Kwéyòl), there is currently no official, globally standardized version of these tests in the local Kwéyòl dialect available through the official MoCA portal. In clinical practice, healthcare providers may offer informal oral translations or cultural adaptations to assist patients who are more comfortable with Creole, but official scoring typically relies on the English versions.

References

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Imaging tests

Status: Used in specific cases

Diagnostic capacities in Dominica are primarily centralized at the Dominica-China Friendship Hospital in the capital city of Roseau, where a state-of-the-art Magnetic Resonance Imaging (MRI) machine was commissioned by the Chinese embassy in 2021 as a first for public hospitals in the OECS region. This facility, located in the hospital's dedicated three-story Medical Technology Wing, provides both plain and contrast MRI studies alongside advanced CT scanning services, digital mammography, and fluoroscopy. Additionally, private diagnostic options such as Medicus Diagnostic Inc. in Roseau offer supplementary Computed Tomography (CT) scan services and various radiological examinations to accommodate the island's growing medical needs. However, Positron Emission Tomography (PET) scans are not currently available in Dominica, and patients requiring this specific technology are typically referred to regional centers in Martinique or the Dominican Republic.

References

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mri/

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Genetic tests

There is no evidence in accessible Dominica-specific sources that APOE genotyping or other dementia-related genetic tests are included in routine public diagnostic pathways. If undertaken at all, genetic testing is more plausibly initiated by the specialist and accessed off-island, rather than integrated into standard clinical practice.

Biomarker tests

Status: Rarely used

Similarly, there is no indication that CSF biomarkers (Aβ, tau) or emerging blood-based Alzheimer's biomarkers are part of standard diagnostic pathways in Dominica. Where such testing occurs, it is likely external to the national system, obtained through overseas specialist care or research contexts rather than routine public-sector diagnosis.

Treatment & care

Dominica provides dementia care primarily through generalist health services, with no dedicated memory clinics, specialist dementia units, or formal multidisciplinary teams. Primary care and the Dominica-China Friendship Hospital manage most needs, while limited geriatric expertise and advanced diagnostics can require private or overseas care. Although basic examinations and medicines are publicly covered, long-term dementia care generates considerable household costs through medication shortages, non-pharmacological support, transport, private specialist follow-up, home adaptations, and overseas treatment. The Dominica Dementia Foundation consequently plays a central gap-filling role through caregiver training, support groups, community engagement, meaningful activities, service navigation, and practical assistance to care homes. Its caregiver-focused provision helps families manage ongoing demands and partially offsets limited specialist and formal long-term-care capacity.

Specialized facilities and services

Dominica lacks dedicated memory clinics, dementia units, and formal multidisciplinary public dementia teams, leaving care largely within primary and general hospital services centred on Dominica-China Friendship Hospital. Specialist geriatric capacity is limited, with two known on-island geriatricians practising privately and outside government coverage. Advanced diagnostics and specialised interventions are not consistently available locally, so complex cases may require private care or overseas referral. In this context, DFF provides an important community-based layer of dementia support.

Dominica does not operate dedicated memory clinics or dementia-specific specialist units. Instead, dementia care is delivered through a generalist model anchored in primary care and the national referral hospital, the Dominica-China Friendship Hospital in Roseau, where inpatient and outpatient services manage more complex cases. Access to specialist expertise is limited: geriatric care is provided by only two known on-island geriatricians, both in private practice and outside government coverage, and there is no formally established multidisciplinary dementia team (neurology, geriatrics, psychiatry, allied health) within the public system. Advanced diagnostics and specialized interventions are not consistently available on island, leading to reliance on private services or overseas referral when clinical complexity increases. In the absence of formal specialist infrastructure, non-state actors, DFF, provide much of the practical dementia-specific support, including caregiver training, support groups, and navigation, effectively supplementing limited specialized service capacity.

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

Despite public coverage of basic healthcare and medicines, families in Dominica face considerable costs for ongoing

dementia care. Medication supply constraints, unfunded non-pharmacological support, transport difficulties, and private specialist follow-up increase financial pressures. Limited domestic capacity may also necessitate overseas diagnostics or care, leaving households responsible for additional travel, accommodation, and medical expenses.

While the basic examinations and medicine is covered by the government, long-term dementia treatment and care generate substantial indirect and uncovered costs. Ongoing pharmacological treatment is vulnerable to supply constraints and variability, leading some families to purchase medicines privately. Non-pharmacological care, such as behavioural management, rehabilitation, assistive devices, and home adaptations, is not systematically financed through public programs. In addition, transportation and mobility costs remain a major barrier: rising bus fares, limited accessible transport, and the physical demands of travel disproportionately affect older people with cognitive impairment and their caregivers. Specialist dementia care is highly concentrated and largely privatized. With only two known on-island geriatricians, both operating in private practice and outside government coverage, families who require specialist follow-up, medication adjustment, or complex care planning must pay out of pocket or seek care abroad. When treatment escalation requires advanced neuroimaging, specialist consultations, or institutional care options not available locally, households often face costs related to overseas referral, including travel, accommodation, and private medical fees.

References

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Caregiver support

The DDF forms a central part of Dominica's dementia response, providing caregiver training, support groups, community activities, and practical assistance. These services help families navigate care and partially compensate for gaps in formal long-term support.

Caregiver support is one of the most visible and structured elements of Dominica's dementia response and is predominantly NGO-led. The DDF plays a central role through support groups, caregiver training, community engagement, and meaningful activity programs for people living with dementia. Historically, the Foundation has also provided practical assistance to care homes during periods of acute system stress, highlighting its function as both a service provider and a resilience mechanism. In a small health system with limited specialized infrastructure, this caregiver-focused support acts as a critical navigation and stabilization layer, partially offsetting gaps in formal long-term care services.

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Policy

Dominica's dementia framework remains under development, with no formally adopted national dementia plan or dedicated dementia legislation. Dementia is currently addressed through broader mental-health, ageing, non-communicable disease, and social-care frameworks, including the 1987 Mental Health Act, which is being revised. These arrangements do not establish comprehensive dementia-specific rights, referral and diagnostic standards, long-term-care obligations, or statutory caregiver support, while residential-care regulation lacks clear requirements for dementia-capable staffing, behavioural care, and adapted environments. Stigma and perceptions of cognitive decline as normal ageing can further delay help-seeking and prolong reliance on family care. Policy momentum has strengthened since October 2024, when the Government announced work on a national dementia strategy. During 2025, government and civil-society consultations, supported by PAHO, examined ageing, dementia, caregiver needs, legal protections, and care standards, involving more than 50 stakeholders and major health facilities. With an estimated 574 people living with dementia, this emerging whole-of-society process provides a potential basis for formalising dementia policy and strengthening protections for people living with dementia and their caregivers.

National dementia plan

Dominica lacks a dedicated National Dementia Plan, despite rising dementia prevalence and sustained civil-society advocacy. The Government announced work on a national strategy in October 2024, while dementia currently remains addressed indirectly through broader mental-health, non-communicable disease, and ageing frameworks.

Like many Commonwealth countries, Dominica still lack a National Dementia Plan and require support from WHO and other institutions to develop one. It is estimated that in Dominica 574 people live with dementia within a population of about 72,400, and this number is expected to increase, underscoring the growing need for a national dementia strategy. However, in October 2024, the government announced to have start working o developing a national strategy.2 Dementia is currently addressed indirectly, through general mental health provisions of Mental Health Act from 1987, strengthening, non-communicable disease frameworks, and broader discussions on ageing rather than through a dedicated, standalone policy instrument.3 Civil-society submissions and advocacy materials, most visibly from the DDF and allied actors, consistently emphasize the need for a government-led strategy that explicitly recognizes dementia as a growing public-health and social care priority, particularly in the context of population ageing and rising chronic care needs.

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Upcoming plans

Dominica's dementia policy development is progressing through a broader ageing and mental-health reform

process involving government and civil society. In June 2025, a national dialogue on older-person care examined the ECLAC Ageing Caribbean Report, national priorities, caregiver challenges, legal protections, and standards for senior-care institutions. Government representatives highlighted the need for dignified care incorporating specialised support for dementia, chronic illness, and mobility needs.

In August, the Ministry of Health, Wellness and Social Services, with PAHO support, continued consultations to inform a national dementia plan and revised mental-health legislation. More than 50 stakeholders participated, alongside field consultations at Dominica-China Friendship Hospital and Reginald Armour Hospital. The process adopts a whole-of-society approach, incorporating health and social services, NGOs, academia, faith-based organisations, businesses, and youth perspectives, and represents a significant step towards formalising Dominica's dementia policy framework.

In June 2025 the Ministry of Health, Wellness, and Social Services, via its Social Services Division), convened a national dialogue on the current situation of senior citizens in Dominica, with a strong focus on elderly care. The consultation brought together a broad mix of stakeholders, including care institutions, social security, civil society, and faith-based organizations, to move discussions from reflection toward coordinated action. Glenora Pacquette, head of the Social Welfare Services Unit, outlined objectives centered on reviewing the status of older persons, examining the Economic Commission for Latin America and the Caribbean (ECLAC) Ageing Caribbean Report, aligning its recommendations with Dominica's context, identifying national priorities, and jointly planning next steps. She emphasized the consultation as a strategic space for direction, alignment, and transformation. Dr. Kyra Paul, Permanent Secretary, underscored that elderly care must prioritize dignity, rights, and compassion, extending beyond basic assistance to include specialized support for dementia, chronic illness, and mobility challenges. She also highlighted elder abuse as a national concern, sometimes occurring within families, and called for collective action to protect vulnerable older people. The Department of Social Services indicated that outcomes from SWOT analyses of social programs, reviews of legal protections, and the development of standard operating procedures for senior-care institutions would help identify practical solutions to challenges faced by caregivers and service providers nationwide.

In August 2025, Dominica continued multi-stakeholder consultations to inform the development of a national dementia plan and revised mental health legislation, in collaboration between the Ministry of Health, Wellness and Social Services and the Pan American Health Organization (PAHO). This marked the second consultation in a process involving more than 50 stakeholders. Participants represented a broad cross-section of society, including the Attorney General's Chambers, emergency services, the Dominica Prison Service, NGOs, academia, faith-based groups, the business community, and youth organizations. Field consultations were also conducted with health and social services staff at facilities such as the Dominica-China Friendship Hospital and Reginald Armour Hospital. In a latest budget address, Cassani Laville, Minister of Health, Wellness and Social Services, also emphasized a whole-of-society approach to mental health, calling for mental illness to be treated with the same urgency as non-communicable diseases. Key themes emerging from the consultations included workplace access to mental health services, substance use, youth homelessness, and the role of religious institutions in counselling. Stakeholders highlighted the importance of inclusive policymaking, with youth participants noting that their perspectives were meaningfully incorporated into the process.

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Policy gaps

Legal barriers

Dominica lacks dementia-specific legislation defining rights, service obligations, or standards for diagnosis, treatment, long-term care, and caregiver support. General health and mental-health frameworks do not mandate standardised referral pathways, multidisciplinary assessment, advanced diagnostics, or dementia-capable residential care. Long-term-care regulation also lacks specific quality benchmarks, capacity-planning requirements, and financing mechanisms for dementia. Informal caregivers receive no dedicated statutory entitlements to training, respite, or financial assistance. Consequently, dementia care depends substantially on administrative practice, informal service navigation, and NGO-led support rather than enforceable legal guarantees.

While Dominica has general health and social welfare legislation governing public healthcare delivery and social protection, there is no dementia-specific statute or regulation that defines standards for diagnosis, treatment, long-term care, or caregiver support. Dementia therefore falls under general Mental Health Act from 1987 (currently under revision), without legally defined entitlements, care pathways, or service obligations specific to cognitive disorders. This legal gap limits enforceability and makes dementia services dependent on administrative practice rather than statutory guarantees.

At the same time, existing health legislation provides for public hospital and primary care services but does not mandate standardized dementia referral pathways, multidisciplinary assessment, or access to advanced diagnostics. As a result, service concentration at the national hospital level and reliance on overseas referral persist without a clear legal framework for coordination, timelines, or cost responsibility, leaving navigation largely informal and uneven. Moreover, Dominica's regulatory framework for residential care and older-persons services does not explicitly require dementia-capable standards, such as staff training in cognitive impairment, behavioural care protocols, or environmental adaptations.

Civil society sources point to growing strain on care-home capacity, yet current laws do not include forward-looking planning requirements, quality benchmarks, or financing mechanisms tailored to dementia-related long-term care needs. Although caregivers play a central role in dementia care, there is no dedicated legal recognition of informal dementia caregivers in existing social or labour legislation (rights to training, respite, or financial support). This omission reinforces reliance on NGO-led support rather than state-backed caregiver protection.

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Cultural barriers

Stigma, misconceptions about cognitive decline, social visibility, and fears of institutionalisation can delay dementia help-seeking in Dominica. 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

Dementia innovation in Dominica is primarily adaptive and service-oriented rather than biomedical, with no evidence of local Alzheimer's drug trials. Current developments focus on making limited resources more effective through caregiver support, task-shifting, community follow-up, advocacy, and wider health-system reform. Research capacity is developing internationally through Rianna Patterson's UK-funded PhD investigating technology-enabled dementia care for marginalised communities, including Caribbean populations, while experimental treatment access remains dependent on overseas opportunities.

Selected academic institutions

American Canadian School of Medicine All Saints University School of Medicine St. Joseph University

Clinical trials and registries

There is no evidence of Dominica-based clinical trials for Alzheimer's disease drugs or disease-modifying therapies in the sources reviewed. Dominica does not appear in international trial registries as a study site, reflecting broader constraints related to population size, specialist infrastructure, regulatory capacity, and research funding. As a result, access to experimental therapies or trial participation would require overseas referral rather than local enrollment.

References

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- https://dominicanewsonline.com/news/homepage/news/time-to-act-on-dementia-world-alzheimers-month-highlights-urgent-need-to-raise-awareness-and-tackle-stigma/

Selected innovative methods

Dominica's dementia innovation is primarily service-oriented, combining NGO-led caregiver support, training, and advocacy with wider reforms that could strengthen integrated community and primary care. Emerging research links include Rianna Patterson's UK-funded PhD exploring technology-enabled dementia care for marginalised communities, with Caribbean populations among its focus.

Innovation in Dominica's dementia landscape is service and governance-oriented rather than biomedical. The most visible innovations include NGO-led caregiver support, training, and advocacy, combined with broader health system transformation efforts aimed at strengthening primary care, governance, and chronic disease management. While not dementia-specific, these reforms create a platform that could be leveraged for integrated neurocognitive care, particularly in areas such as task-shifting to primary care, community follow-up, and caregiver engagement. In this context, innovation is incremental and adaptive, focused on making limited resources work more coherently rather than introducing novel technologies.

In January 2025, DDF's founder, Rianna Patterson has been awarded a full UK Research Institute-funded PhD scholarship at the University of Nottingham (School of Medicine). Her doctoral research will examine the feasibility of technology-enabled dementia care for marginalized communities, with a focus on Caribbean populations in London.

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Support

Dominica's dementia awareness landscape is predominantly community-led, with the DDF providing caregiver training, in-person and virtual support, awareness activities, practical assistance, and policy advocacy. Its Dementia Friends Dominica programme and digital outreach support families while its crisis response has included assistance to care homes and caregivers following Hurricane Maria and during COVID-19. DDF also uses social and traditional media to improve dementia literacy, challenge misconceptions, raise funds, and mobilise public support for policy change. However, no dedicated dementia media outlet or systematic state-led information strategy is clearly documented. Public dissemination therefore relies largely on civil-society communication, social media, community outreach, and general local news and broadcasting, underscoring the central role of NGOs in shaping dementia awareness in Dominica.

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:

Dominica Council on Ageing Reaching Elderly Abandoned Citizens Housebound

Selected initiatives

Dominica's key dementia initiatives are community- and caregiver-centred, reflecting the prominence of family-based care and limited formal long-term-care capacity. The DDF, founded in 2016 by Rianna Patterson, combines caregiver training, in-person and virtual support groups, awareness campaigns, practical assistance, and policy advocacy. Programmes such as Dementia Friends Dominica and its virtual support group provide continuing psychosocial support, while the Foundation has also assisted families and care homes during crises, including Hurricane Maria and COVID-19. DDF's approach also makes extensive use of low-cost digital and traditional media to improve dementia literacy, challenge misconceptions, raise funds for medication, and mobilise public support for policy change. Its experience demonstrates how community-based awareness and caregiver initiatives can strengthen resilience and advocacy in a small, resource-constrained health system.

Key initiatives focus on caregiver support and empowerment, including facilitated support groups with both in-person and online formats, skills training, and ongoing awareness activities. These initiatives are especially important in a context where family-based care is the dominant model and formal long-term care options are limited. The emphasis is less on episodic intervention and more on sustained psychosocial support and community resilience.

The DDF, founded in 2016 by Rianna Patterson, is a youth-led NGO focused on dementia awareness, caregiver support, and advocacy in Dominica. Inspired by her grandfather's death from dementia, Patterson launched the foundation at age 18. Since its inception, DDF has led and participated in multiple initiatives, including Dominica's first World Alzheimer's Month, caregiver and community events, support to care homes and families after Hurricane Maria, a World Parkinson's Awareness Week panel, and international social media campaigns such as "Time to Talk" with UK partners and hurricane response efforts supported by the Queen's Commonwealth Trust. The foundation runs ongoing programs like Dementia Friends Dominica and a virtual dementia support group connecting families in Dominica and the UK. Patterson, now working in

England in the tech sector, received the Queen's Young Leaders Award in 2017 and continues to build DDF as a sustainable, advocacy-driven support hub for the local community.

During Covid-19 pandemic, Rianna Patterson called for national solidarity with caregivers and people living with dementia and urged the public not to abandon them, advocating for Dominica to become a "Dementia-Friendly Island." DDF announced plans to launch an online caregiver support group (WhatsApp with monthly Zoom meetings), supported by counsellor Tina Alexander of Lifeline Ministries, to provide psychosocial support for families caring for older people at home.

This 2017 abstract report documents the early work and impact of the DDF's work. The report outlines DDF's core objective

improving dementia awareness and information dissemination in a context where public knowledge is limited and dementia is often misunderstood. The Foundation emphasized two key messages, that dementia is not a normal part of ageing, and that while it primarily affects older adults, it can also occur in younger people in their 40s and 50s. Using social media (Facebook, Twitter, Instagram) to reach both youth and older audiences, alongside traditional media, such as The Chronicle and DBS Radio), DDF implemented an innovative, low-cost public engagement strategy tailored to Dominica's small island context. The results reported include measurable awareness gains, successful fundraising to support medication costs for people living with dementia, and the use of public opinion mobilized through social media to lobby government. These advocacy efforts aimed to stimulate dementia-related programs and to embed dementia considerations into Dominica's National Policy for Ageing under the Ministry of Health. The authors conclude that DDF's experience demonstrates that effective dementia information dissemination is feasible even in small, resource-constrained settings, and that awareness campaigns can serve as a foundation for sustained fundraising, policy advocacy, and system-level change.

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Dedicated media outlets

There is no clearly documented, dementia-specific media outlet in Dominica. Information dissemination appears to rely on NGO communication channels, social media, community outreach, and general local news and broadcasting platforms. This reinforces the centrality of civil society in shaping public understanding of dementia, while also highlighting the absence of a state-led, systematic public information strategy.

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