

Public Health on Sint Eustatius 2025-2029



Colofon

This is a publication of the Public Health
Department St. Eustatius a department of
Public Entity St. Eustatius (OLE)
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Front and back cover photo by Jacquil Pandt

Foreword

The national government is responsible for the cure and care continuum of healthcare in the territory of the BES islands. The local government, the Public Entity St. Eustatius (OLE), is responsible for the development and execution of programs concerning prevention. The Public Health Department of the OLE has been charged with this task. The Public Health Department is governed by the law "Publieke gezondheidswet BES" and by Island Ordinances that promote health in the community.

In this report, we present and discuss the different activities we plan to carry out during 2025 to 2029, based on the status of health of Statia's population. Results from health surveys carried out over recent years have been analyzed as well as aggregated health records from healthcare providers. Considering the evidence gathered, the Public Health Department concludes that obesity, hypertension, and diabetes are main targets to track in the future.

A primary responsibility of the OLE is implementing effective prevention programs to curb the rise of non-communicable diseases (NCDs) such as obesity, hypertension, and diabetes, but also mental health conditions. In that regard, early detection and management of NCDs and mental health conditions are paramount. Enhancing screening programs and equipping primary healthcare services to manage these conditions effectively will require ongoing training for healthcare professionals and integrating modern diagnostic tools.

The way forward for Statia's public health

St. Eustatius faces complex public health challenges, necessitating a multifaceted approach to health management, as was concluded during the stakeholder meeting in March 2024. As a small island, Statia's issues are compounded by limited resources and socio-economic factors, demanding a robust strategy to ensure residents' well-being.

The increasing prevalence of obesity, highlighted in particular by the Omnibus study, is alarming. Understanding the underlying causes is critical, so the department will prioritize research into socio-economic, behavioral, and environmental factors contributing to obesity. These insights will inform the development of more effective intervention programs.

Promoting healthy lifestyles is crucial. Community outreach and education campaigns aim to raise awareness about the risks of obesity and unhealthy habits. Despite growing awareness, implementing corrective measures remains insufficient. Bridging this gap will involve targeted, culturally appropriate interventions for the Statian population.

Empowering the community is another significant aspect of the Public Health Strategy. By fostering ownership and involvement in health initiatives, the department aims to create sustainable health practices. Collaborations with local organizations, schools, and businesses will help create supportive environments for healthy living.

Addressing broader social determinants of health, such as economic development, education, housing, and environmental conditions, is essential for long-term success. A holistic approach considering these determinants in all new and existing policy will enhance public health initiatives.

In conclusion, St. Eustatius faces significant public health challenges requiring a concerted, multi-faceted approach. The OLE's responsibilities include setting up and rolling out prevention programs, community engagement, early detection and management of NCDs, and addressing broader social determinants of health, together with their partners. Implementing evidence-based, sustainable strategies will improve the health and well-being of Statia's residents in the coming years.

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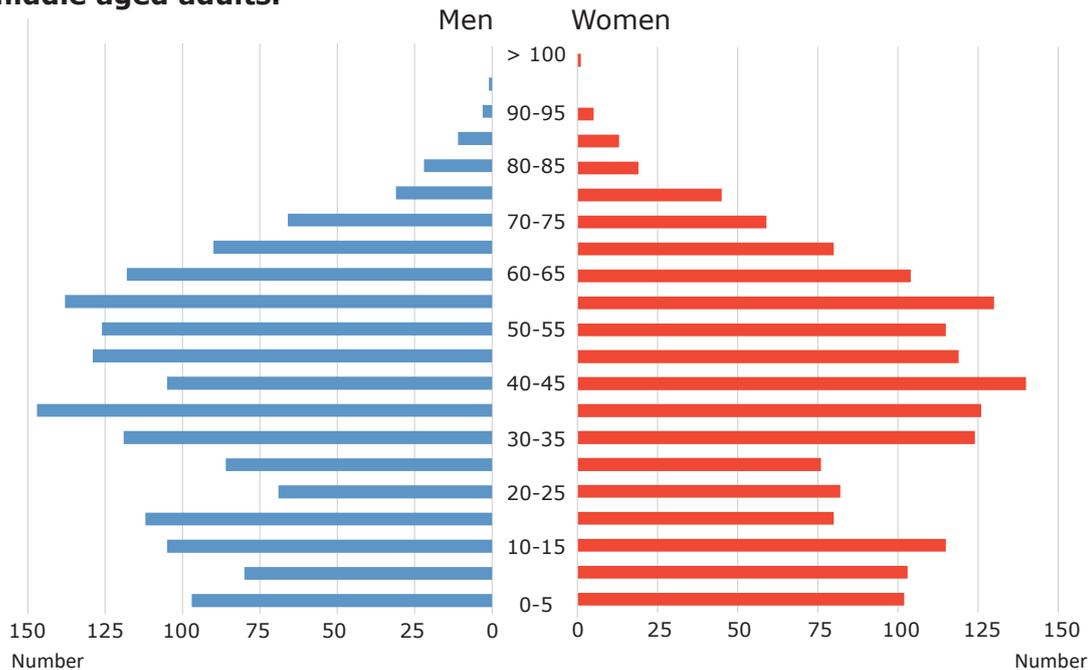
Demographics Sint Eustatius

Statia – or Sint Eustatius – is a special municipality of The Netherlands located in the Caribbean near Sint Maarten and Saba, with a land area of 21 square kilometers. Statia’s landscape is characterised by a dormant volcano called The Quill (607 mts) in the southeast with tropical rainforests on its slopes and in its crater, and several smaller hills in the northwest.



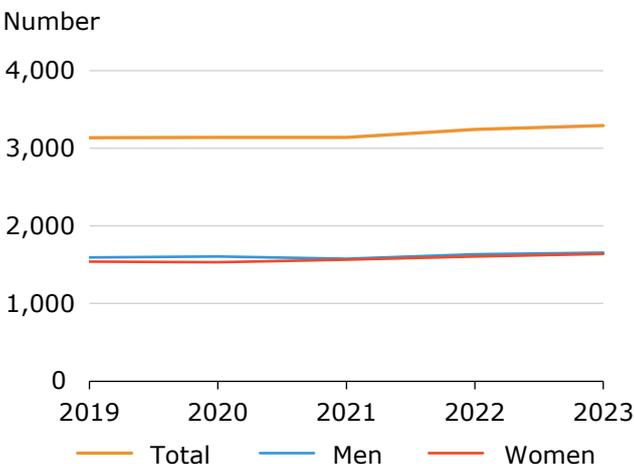
Population

Statia has a fairly balanced population pyramid, with a relative larger portion of middle aged adults.



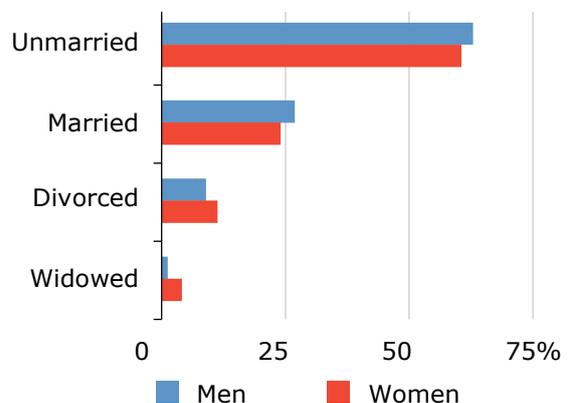
Population development

Statia’s population has increased slightly over the last couple of years.



Marital status

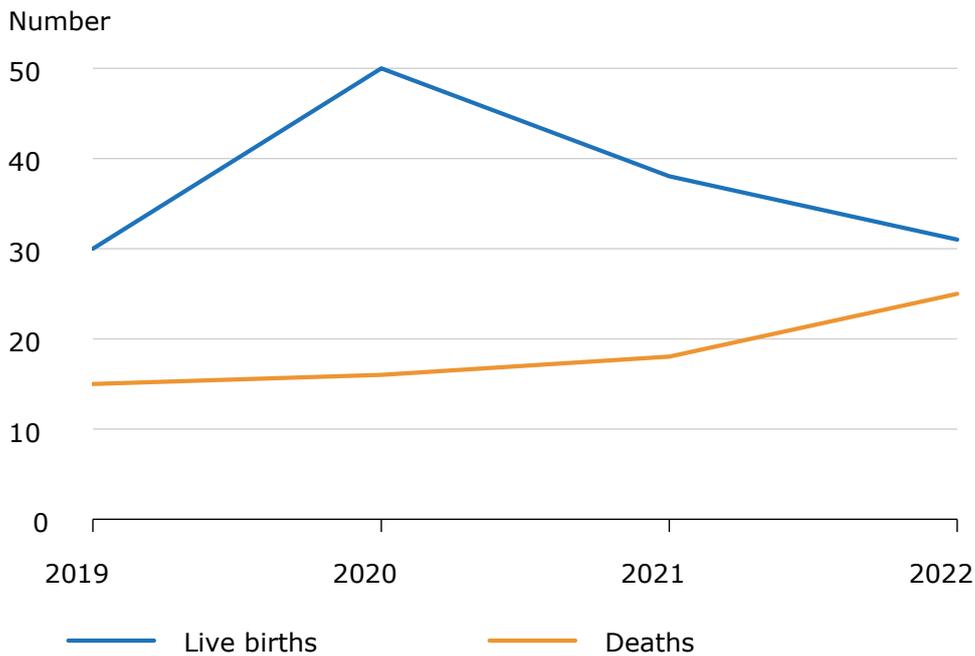
A quarter of Statia’s population is married; over 60% report to be unmarried.





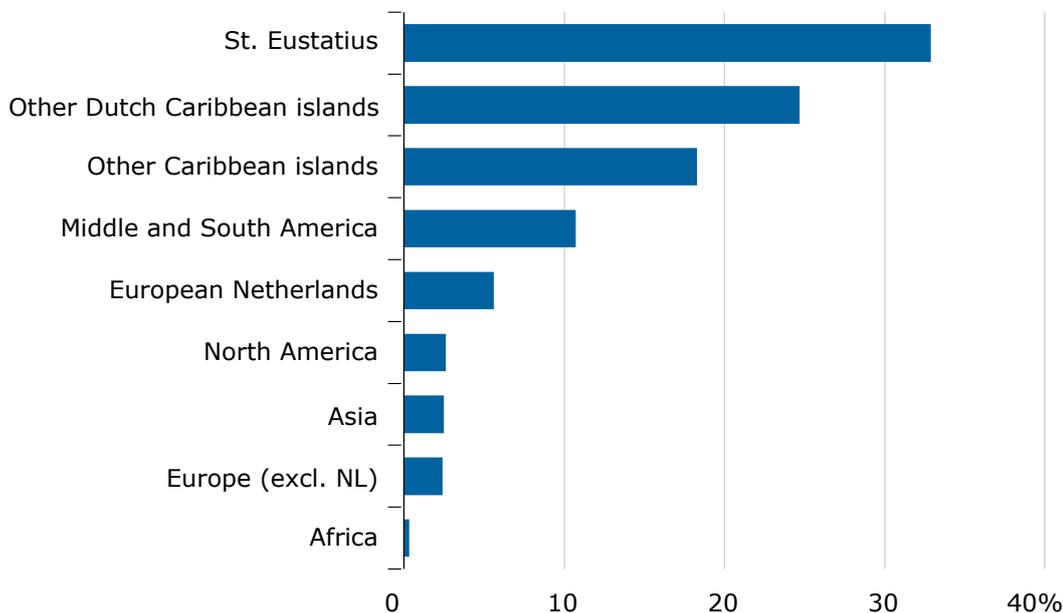
Live births and deaths

On a yearly average, 37 baby's are born on Statia and around 19 people die.



Country of birth

One-third is born on Statia; a quarter is born on another Dutch Caribbean island.

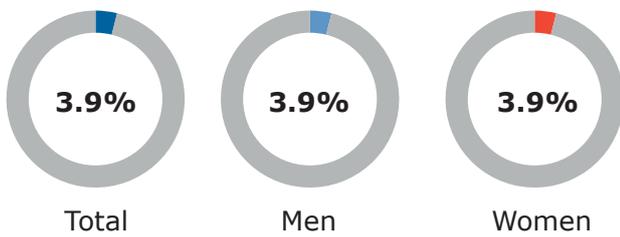




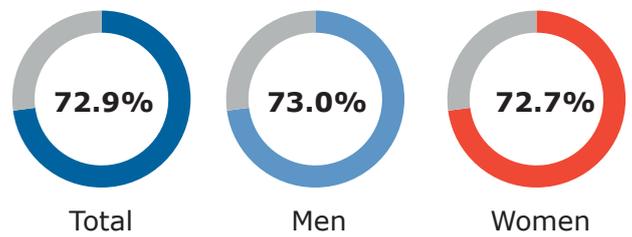
Labour market

Less than 4% of Statians is unemployed.

Unemployment rate

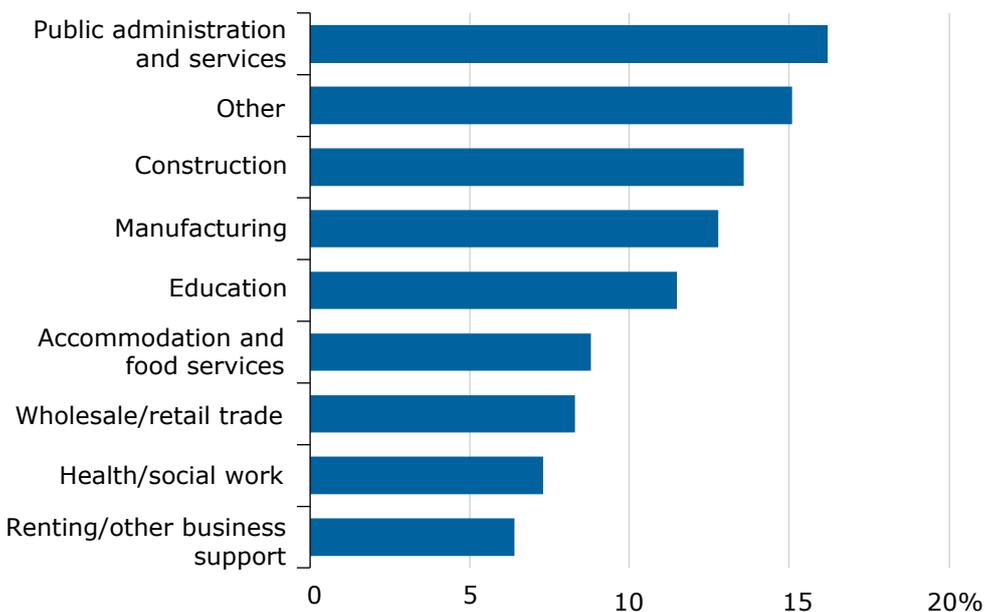


Net labour participation rate



Sectors

Public administration, construction, manufacturing, and education make up more than half (54%) of the workforce.





Education

Educational facilities on Statia

- 3 child daycare facilities
- 2 Pre-K
- 4 primary schools
- 1 secondary school
- 4 after school care facilities



Healthcare

Healthcare facilities on Statia

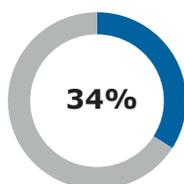
- 1 healthcare foundation (SEHCF)
- 4 general practitioners
- 1 dentist practice
- 1 elderly care facility
- 1 elderly day care
- 1 prevention clinic
- 1 private clinic (gynecology/obstetrics)
- 1 mental health organisation



Poverty

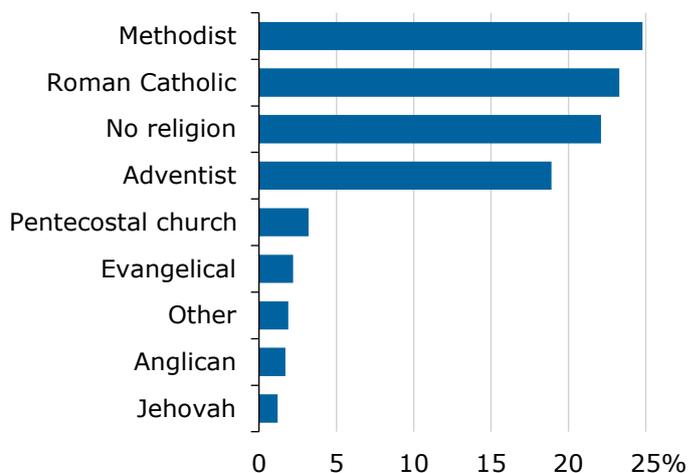
More than a third of households have an income around or below social minimum.

Households with income up to 100% benchmark social minimum



Religion

Religious affiliation on Statia.



Statia's population is growing and ageing

As in the Caribbean part of The Netherlands, people on Statia live to, on average, 83 years. On a yearly average, 37 baby's are born on Statia and around 19 people die. The population number has increased slightly over the last 5 years, to 3,239 in 2023 with a quarter of men and women reporting to be married. Statia's population is expected to increase in the coming years, with the group of people aged 65 years and older constituting an increasingly bigger part of the total population. Approximately 33% of Statia's population was born on Statia, and around 25% have another Dutch Caribbean island of birth. When asked about their religious affiliation, over 22% of Statians report none, while two-thirds report affiliation with the Methodist (almost 25%), Roman Catholic (23%), and Adventist churches (almost 19%).

Statia's net labour participation rate is almost 73%, while the unemployment rate is less than 4%. Sectors where most people work in, are public administration (16%), construction (14%), manufacturing (13%), and education (12%). Still, only 34% of Statia households report earning an income up to 100% of the benchmark social minimum.

Sustainable future includes enhancing education and job opportunities

Looking ahead, Sint Eustatius is expected to experience gradual population growth due to increased economic development and improved living conditions. Efforts to enhance education and job opportunities on the island aim to retain younger residents and attract new inhabitants. The local government is focusing on sustainable development to ensure that the island's natural resources and cultural heritage are preserved while promoting economic growth. Addressing these demographic trends will be crucial for maintaining a balanced and thriving community on Sint Eustatius in the years to come.

Healthy Lifestyle

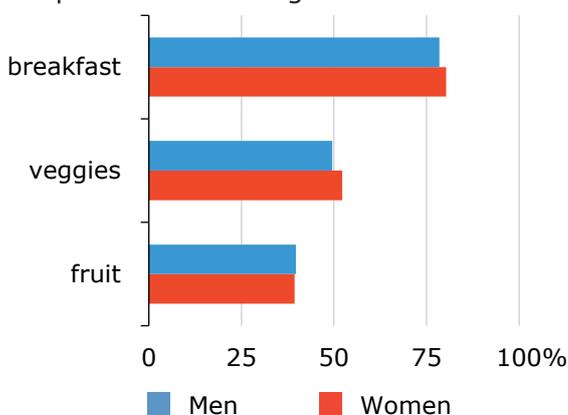
There are four main behavioural factors that influence the risk of developing Non Communicable Diseases (NCDs). The risks of having unhealthy habits and an unhealthy lifestyle, such as smoking, alcohol use, unbalanced diet, and low physical activity, are undeniable.



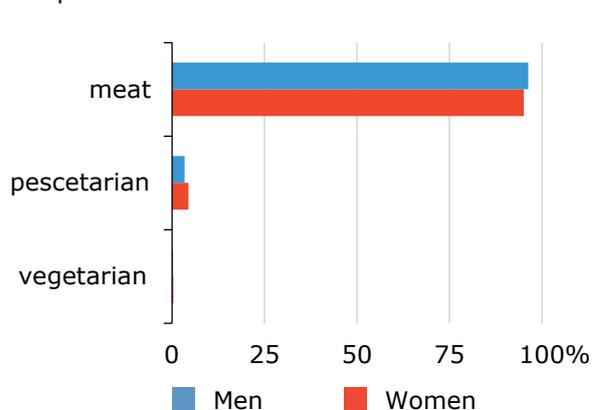
Diet

The dietary intake of Statians leaves room for improvement. Most notably in terms of eating recommended quantities of fruit per week: two pieces of fruit per day, and eating vegetables each day.

People that eat enough....

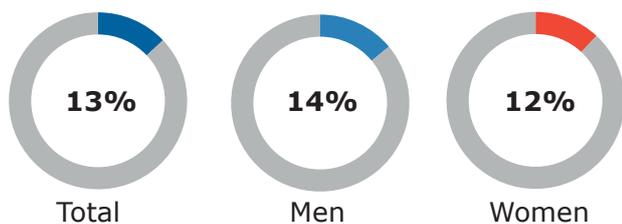


People that eat....



Physical activity

Based on self-reporting, less than 1 in 7 Statians complies with the recommended amount of average physical activity per week.



Men and women don't differ much on this physical activity indicator; among men only 14% complies with the recommended amount of average physical activity per week and among women 12%.

Description

Diet breakfast: percentage of people that eats breakfast (minimum of 5 days/week).

Diet veggies/fruit: percentage of people that eats vegetables/fruit (minimum of 5 days/week).

Diet meat/pescetarian/vegetarian: percentage of people who eat meat/fish/vegetarian.

Physical Activity: Percentage of people that get enough physical activity on a weekly average (minimum of 150 minutes per week).

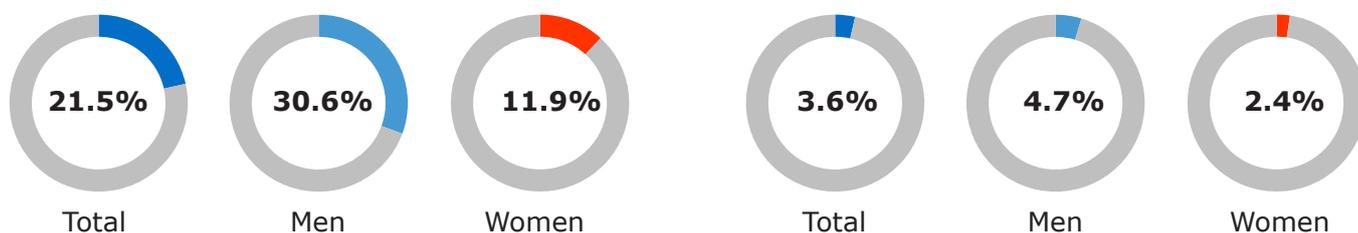


Alcohol consumption

More men than women reported to have drunk alcohol over the past year. The percentage of heavy alcohol use among men is twice as high as for women.

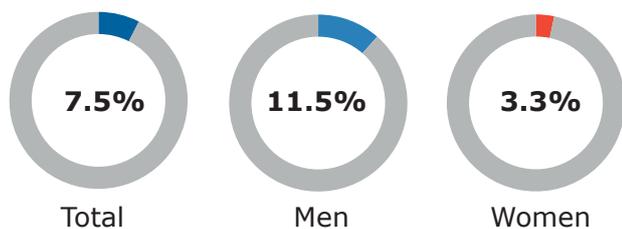
Alcohol in past year

Heavy alcohol use



Smoking

The percentage of Stations that reported to smoke amounts to 7.5%. Men report to smoke substantially more than women. For every 3 men that smoke, there is one woman.



Description

Alcohol: percentage of people that drink alcohol (in the past 12 months).

Smoking: percentage of people that smoke.

Key message

The lifestyle habits of Stadians need significant improvement, particularly in their diet, physical activity, alcohol consumption, and smoking habits. Most Stadians do not meet the recommended guidelines for fruit and vegetable intake or physical activity, and there is a notable prevalence of smoking and heavy alcohol use, especially among men. These current lifestyle habits are putting the Stadian population at increased risk for (chronic) diseases, reduced quality of life and reduced life expectancy. Addressing these lifestyle issues through public health initiatives, education, and policy changes is crucial to improving the long-term health and well-being of Stadians.

Achievements and ongoing activities

Over the course of the last three years several initiatives focused on lifestyle have been implemented already or are on the way of being implemented, together with collaboration partners such as Sint Eustatius Health Care Foundation and OLE's Social Department:

- *Implementing the Sport and Prevention Agreement*: This involved formalizing a strategy or set of guidelines to promote physical activity and preventative health measures on the island based on an approach for all Dutch municipalities.
- *Revitalizing collaborations with the Social Department*: Through better collaboration, enhancement of the function and services of the social department was achieved, to better support community health and wellness initiatives.
- *Integrated Care and Prevention Consultations*: Developing a coordinated approach to healthcare that includes comprehensive prevention consultations, weight management consultations, and addressing non-communicable diseases.
- *Weight Management and Healthy Nutrition Initiatives*: Implementing programs focused on managing weight, promoting healthy eating habits, introducing school breakfast programs, and encouraging sports and physical activity.

The way forward

By strengthening existing initiatives, enhancing data collection, expanding public health education, advocating for supportive policies, and implementing personalized and community-based interventions, Stacia can make significant strides in improving the lifestyle and overall health of its population:

1. Strengthening existing initiatives:
 - *Sport and Prevention Agreement*: Ensure the full implementation and continuous improvement of the guidelines to promote physical activity and preventative health measures. Regularly review and update these strategies to reflect current best practices and emerging health trends.
 - *Prevention clinic*: Expand the services offered by the Prevention Clinic to include more comprehensive health screenings, personalized health coaching, and more community outreach programs to educate the public on the importance of a healthy lifestyle.
 - *Social department collaborations*: Continue to strengthen the collaboration with the Social Department to enhance community support services. This can include mental health support, addiction counseling, and programs targeting vulnerable populations.

2. Enhancing data collection and utilization:

- Improve the accuracy and comprehensiveness of data collection on health indicators such as diet, physical activity, smoking, and alcohol consumption.
- Use this data to identify high-risk groups and tailor interventions specifically to their needs.
- Conduct regular surveys and studies to track progress and adjust strategies accordingly.

3. Expanding public health education and campaigns:

- Launch widespread public health campaigns to raise awareness about the risks associated with unhealthy lifestyles and the benefits of adopting healthier habits.
- Use various media channels, including social media, radio, and community events, to reach a broad audience.
- Partner with schools, workplaces, and community organizations to promote health education programs.

4. Policy and environmental changes:

- Advocate for policies that support healthy lifestyle choices, such as taxes on sugary drinks, subsidies for healthy foods, and regulations on tobacco and alcohol sales. Advocate for the implementation of the Framework Convention on Tobacco Control on Sint Eustatius.
- Improve infrastructure to make physical activity more accessible, such as building more parks, sports facilities, and safe walking/biking paths.

5. Personalized and community-based interventions:

- Develop personalized health plans for individuals based on their unique health needs and risk factors.
- Implement community-based programs that engage local residents in activities such as group exercise classes, cooking workshops, and support groups for smoking cessation and alcohol reduction. Continuing to implement the Strong Roots initiative focusing on alcohol, tobacco and other drugs of importance on Sint Eustatius.

6. Monitoring and evaluation:

- Establish a robust system for monitoring and evaluating the effectiveness of lifestyle improvement initiatives.
- Regularly assess progress against set targets and use feedback to make necessary adjustments.

Physical risk factors and NCD's

Non-communicable diseases (NCDs), or chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors, such as high cholesterol and high blood pressure. The main types of NCDs are cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases. These 4 groups of diseases account for 80% of premature deaths worldwide.



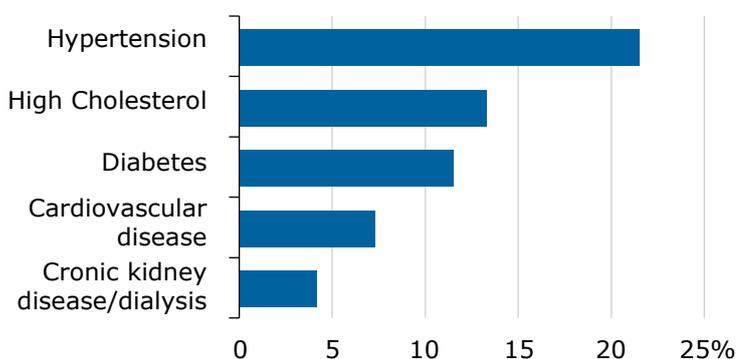
Overweight

The percentages of Statians that are either overweight or obese amount up to 94% - only a small minority of 6% of the Statians fall into the normal body weight range.



Diseases

Almost 22% of Statians are known in healthcare with a diagnosis of high blood pressure. Moreover, more than 13% of Statians are known in healthcare with a diagnosis of high cholesterol.



These physical risk factors are known to have consequences on health: people with high levels of these physical risk factors are known to have a higher risk of diabetes, cardiovascular disease and chronic kidney disease.

Description

Overweight: percentage of Statians being overweight BMI >25<30.

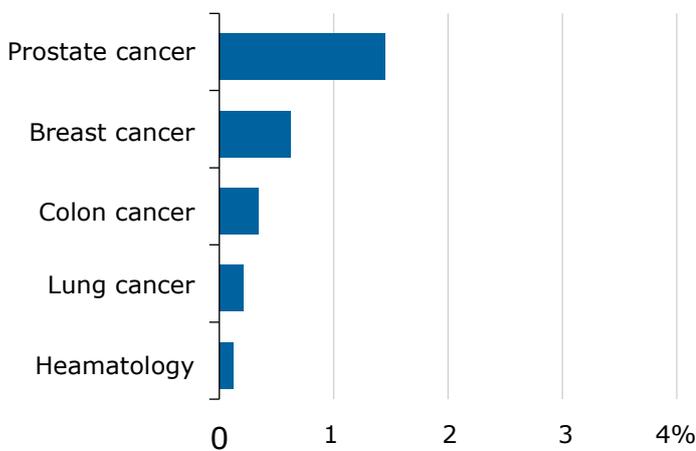
Obesity: percentage of Statians being obese BMI >30.

Diseases: percentage of Statians known in healthcare.



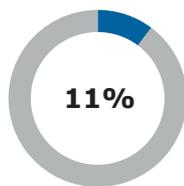
Cancer diagnoses

Almost 3% of Statians are known in healthcare with a cancer diagnosis in the past 5 years. Of the different types of cancer, prostate cancer (among men) and breast cancer (among women) are the most prevalent.



Chronic Respiratory Disease

Over 11% of Statians are known in healthcare with a diagnosis of either asthma, COPD, or lung emfysema.



Chronic Respiratory Disease

Description

Cancer diagnoses: percentage of Statians known in healthcare with a cancer diagnosis in the past 5 years, stratified by type of cancer.

Chronic Respiratory Disease: percentage of Statians known in healthcare with chronic respiratory disease (Astma, COPD, Emfysema).

Key message

The health status of the Statian population is concerning, with a significant majority (94%) being overweight or obese, and only 6% falling within the normal weight range. The prevalence of chronic conditions is notable, with almost 22% diagnosed with high blood pressure, over 13% with high cholesterol, and nearly 12% with diabetes. Additionally, more than 7% have cardiovascular diseases, over 4% suffer from chronic kidney disease, and almost 3% have had a cancer diagnosis in the past five years, with prostate and breast cancer being the most common. Respiratory conditions such as asthma, COPD, or lung emphysema affect over 11% of the population. These statistics highlight the urgent need for comprehensive public health interventions focusing on weight management, prevention, early detection, and management of chronic diseases to improve the overall health and well-being of Statians. These interventions must be supported and carried out by a broad spectrum of (local) government departments and stakeholders, according to the principle of Health in All Policies (HiAP).

Achievements and ongoing activities

Over the last years, several initiatives and preventative actions aimed at primary and secondary prevention of NCDs and physical risk factors were initiated, targeted at the population at risk not to develop NCDs and the population with NCDs to help self-manage. Examples include:

- the initiation of the prevention clinic at the Public Health Department, to educate and to develop health literacy skills in people;
- community outreach for screening;
- in GP practice the cardiovascular risk management got more attention;
- several healthy lifestyle programs were implemented, such as aqua-aerobics and the provision of outdoor equipment;
- the development of a nutrition booklet and the creation of a prevention program that will increase awareness of the importance of health and well-being, increase ability for early detection and building capacity of the health care team.

The way forward

1. Patient education and community engagement:
 - Enhance patient education in chronic care clinics with easy-to-read materials and specific training for healthcare providers.
 - Launch community-based healthy food programs, leveraging local organizations like churches and community gatherings to promote affordable, accessible, and tasty healthy foods.
 - Encourage backyard gardening with the provision of seeds and soil. Integrated care and disease management:
 - Implement integrated care consultations focusing on weight management, prevention, and management of NCDs, including diabetes and chronic kidney disease.
 - Promote comprehensive disease management programs, ensuring follow-up care for conditions like diabetes and post-bariatric surgery.
2. Promoting physical activity:
 - Diversify available sports and physical activities, including indoor options and stratified exercise programs tailored to different groups.
 - Increase community awareness and participation through social media promotion and structured exercise programs.

3. Sustainable financing and resource allocation:

- Secure sustainable financing for NCD initiatives by developing detailed plans and leveraging external resources and examples from organizations like CARPHA, PAHO, and RIVM.
- Prioritize resource allocation to areas with the highest impact, such as patient education, disease management, and physical activity promotion.

4. Collaborative and multisectoral approach:

- Engage all relevant stakeholders, including healthcare providers, local government, schools, agriculture, and social services, in a coordinated effort to combat NCDs.
- Develop a consortium approach for concerted action, ensuring each organization contributes to the overall goal of reducing NCDs.

5. Data-driven decision making:

- Strengthen the collection and use of health data through Promedico queries to monitor progress annually.
- Ensure GPs document comprehensive CVRM (Cardiovascular Risk Management) profiles to inform targeted interventions.

Infectious diseases

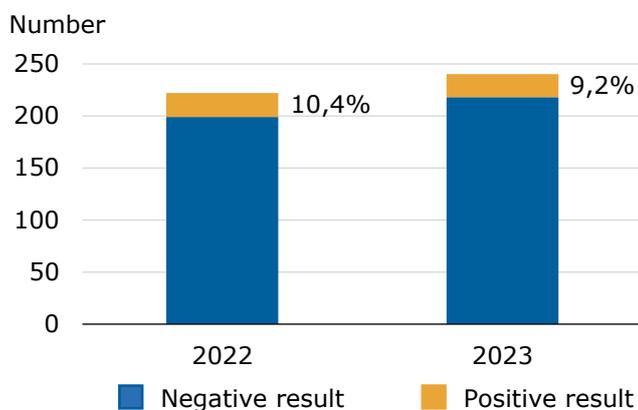
Insight in the spread of infectious diseases is crucial in a small island setting. In addition to the impact on individuals, infectious diseases can have broader societal impacts, including disruptions to healthcare systems and economies. This was highlighted during the Covid-19 pandemic. Therefore, understanding the causes, transmission, and prevention of infectious diseases is critical for protecting public health and preventing outbreaks.



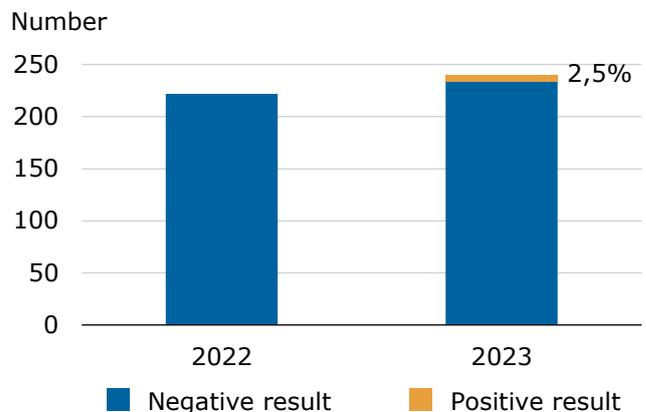
Sexual transmitted infections

Chlamydia is the most common diagnosed STI on Statia. The prevalence of people living with HIV is <0,5%. There were no new HIV infections diagnosed in the past 8 years.

Chlamydia

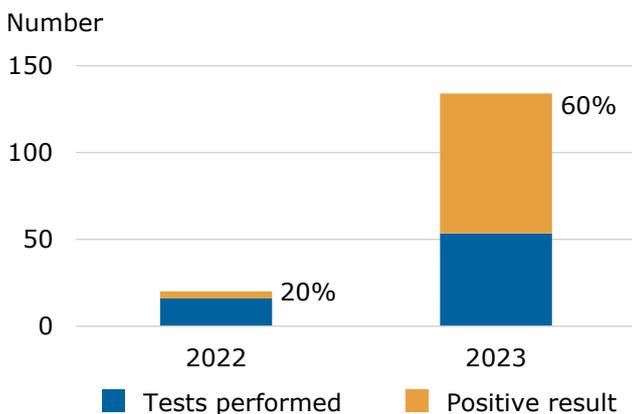


Gonorrhoe



Vector borne diseases

From November 2023 there was a rise in Dengue infections.



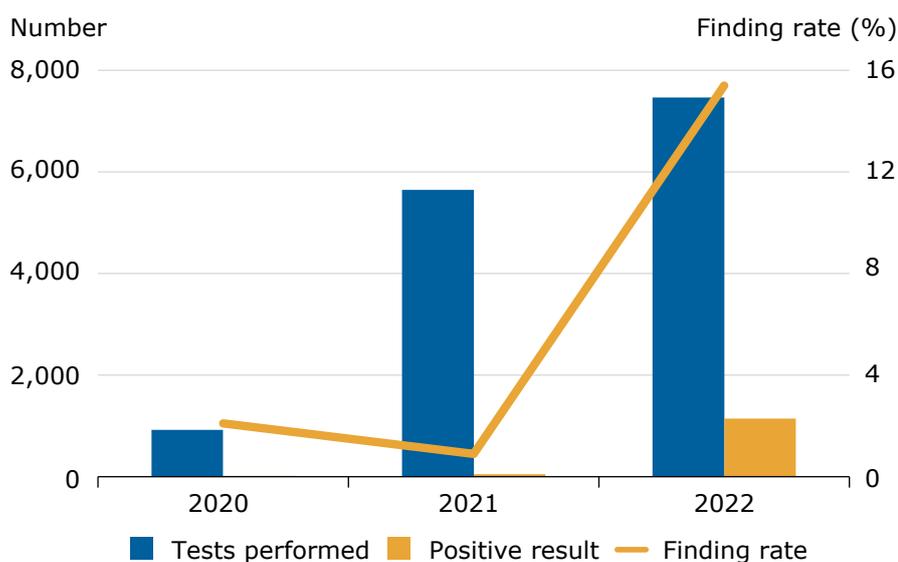
Description

Sexual transmitted infections: number of tests conducted for gonorrhoea and chlamydia and percentage of positive test results. Vector Borne Diseases: number of laboratory confirmed cases.



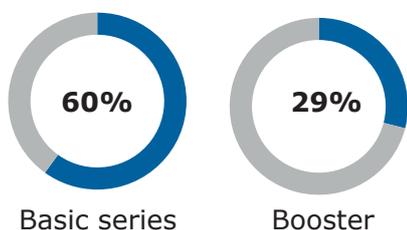
COVID-19 tests and results

In 2020 and 2021 there were only small outbreaks of COVID-19. The number of cases increased in 2022, after easing COVID measures.



COVID-19 vaccination coverage

60% of Statians are vaccinated with the first two COVID vaccines. Almost one third of the residents received the booster vaccination.



Description

Vaccination coverage: basic series 12 years and older 2022; booster 12 years and older 2022.

Key message

Statia has taken measures to prepare for infectious diseases and has a foundation in place for early detection and response. Further development of pandemic preparedness efforts are needed to be ready for future outbreaks.

During the Covid-19 pandemic, Statia faced a significant challenge due to limited healthcare capacity and a population at increased risk due to comorbidities. The adopted strategy through a strict entry policy, resulting in few cases diagnosed in 2020 and 2021. Although all Statians had the opportunity to receive COVID vaccinations, the vaccination coverage is relatively low.

Chlamydia appears to be the most common STI on Statia, while the prevalence of HIV is low with no new infections diagnosed in the past few years. The rise of Dengue infections from November 2023 illustrates that ongoing efforts to mitigate risks of mosquito-borne diseases are important. The key message here is that while there has been progress in controlling certain diseases, it is important to remain vigilant and take necessary precautions to prevent the spread of infectious diseases.

While there have been reported cases of foodborne diseases, clear statistics on their prevalence are currently lacking. On the other hand, there have been no indications of outbreaks for zoonoses, which are diseases that can be transmitted from animals to humans.

Achievements and ongoing activities

- The prevention clinic was launched in the beginning of 2022.
- The monitoring of infectious diseases, implementing preventative measures and informing the public about possible outbreaks of infectious diseases
- The collection of data for syndromic surveillance is automated from the Promedico database since January 2024. Previously, the weekly reporting of the GP's was sent through the Public Health to the epidemiologist in Curacao for further processing and reporting to the officials.
- Providing vaccinations for vaccine preventable diseases.
- Vector control.
- The organization of Food safety clinics for the food and beverage sector.
- The provision of ship sanitation certification.

The way forward

The further development of policy on non-communicable disease prevention will have a positive impact on the effect and spread of infectious diseases.

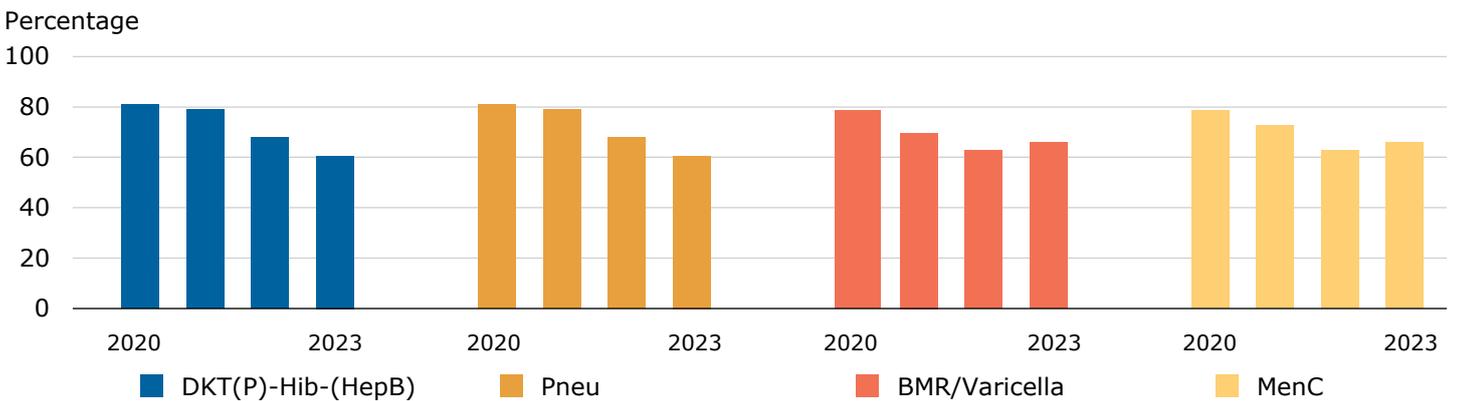
1. Pandemic preparedness in collaboration with stakeholders on the island and off-island. Networking with other organizations abroad such as RIVM, IHR network/ DuCaPhen, MoBoCom, SLS.
2. Enhancing lab reporting system on infectious diseases
3. Organizing vaccination weeks for vaccine preventable diseases for the different age groups in schools and at the prevention clinic for people with comorbidity, for eg. flu vaccination.
4. Improve on the availability of data of antimicrobial resistance
5. Offer pneumococcal vaccination to the elderly.

Youth

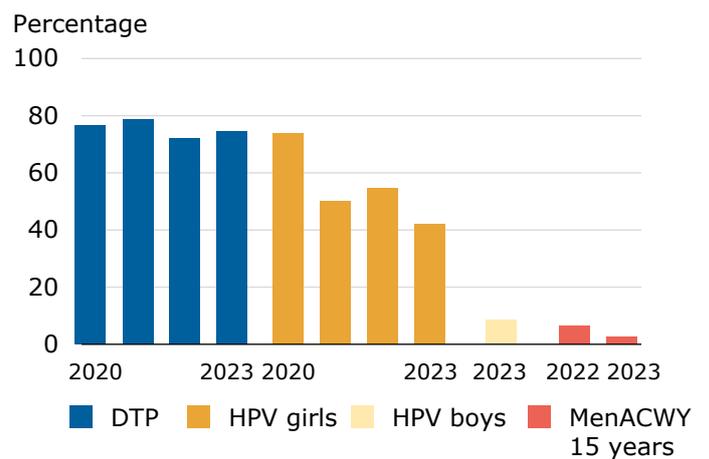
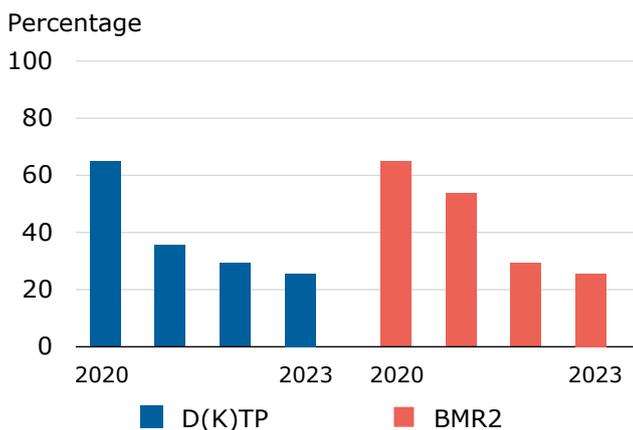
Promoting the health and well-being of the youth is not only important for public health, but it is also the right of every child to have the opportunity to live a healthy and fulfilling life. Youth healthcare is included in the tasks of Statia's Public Health Department.



Vaccination coverage infants 25% of preschoolers are vaccinated.



Vaccination coverage 5 years and 10-15 years Almost 80% of 10-year-olds are vaccinated against DTP and HPV (girls).



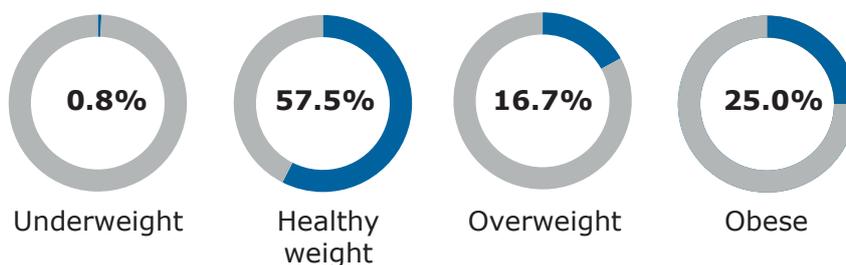
Description

Vaccination coverage infants: childhood vaccination coverage on Statia.



Overweight

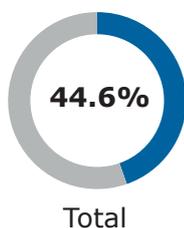
More than 40% of the children aged 2-17 years are overweight or obese.



Alcohol consumption

In 2017, almost half of teenagers report drinking alcohol.

12-17 year old that report drinking alcohol (now or in the past)



Smoking

In 2017, 10% of teenagers report smoking cigarettes.

12-17 year olds that report smoking cigarettes (now or in the past)



Description

Underweight: BMI < 18.5.

Healthy weight: BMI >= 18,5 en < 25.0.

Overweight: BMI >= 25.0 en < 30.0.

Alcohol consumption: self- reported number of youth who have ever drank alcohol.

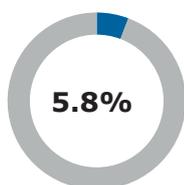
Smoking: self-reported number of youth who have ever smoked.



Cannabis

In 2017, 6% of teenagers report smoking cannabis.

12-17 year olds that report smoking cannabis in the past year



Total



Diet

In 2017, a third of children reports eating enough fruit.

Children (1-17 years) that eats fruit at least 5 times a week



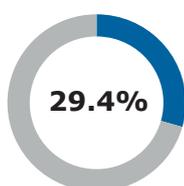
Total



Physical activity

Only one third of children is getting enough physical activity.

Enough physical activity 4-17 years old

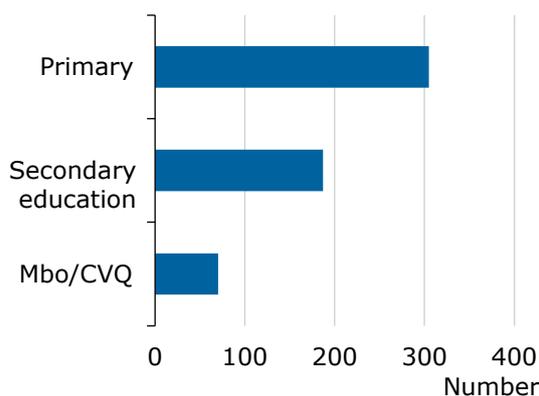


Total



Education

Numbers of pupils enrolled in the different educational levels in 2023.



Description

Cannabis: self-reported number of youth who have ever used cannabis.

Diet: self-reported number of children that eat fruit at least 5 times a week.

Physical activity: percentage of children that get enough physical activity 4-17 years old

Key message

There are several health concerns among children and teenagers that need to be addressed.

The vaccination coverage among children is declining, which puts them at risk of contracting infection preventable diseases. Childhood obesity is also a major concern, with more than 40% of children aged 2-17 years being overweight or obese. This puts them at risk of developing chronic diseases such as diabetes and heart disease. Additionally, almost half of teenagers have reported drinking alcohol, and a significant percentage of them are smoking cigarettes or cannabis. These behaviors can have serious health consequences and need to be addressed. Finally, the low percentage of children who report eating enough fruit and getting enough physical activity highlights the need to promote healthy eating habits and physical activity among children. Overall, the findings suggest that there is a need for comprehensive health education and intervention programs to promote the health and well-being of Statian children and teenagers.

Achievements and ongoing activities

- The Best 4 kids program was implemented in 2019.
- In 2019, a healthy school breakfast program was implemented.
- Maternal Pertussis vaccination was implemented in 2023.
- The electronic child dossier was implemented in the first quarter of 2020.
- Fruits were distributed to all schools four days a week starting in January 2024.
- In April 2024, a health and lifestyle questionnaire was executed among youths aged 12-17 in collaboration with JOGG.
- A youth monitor was launched in May 2024, in partnership with JOGG.
- The general vaccination program ran according to the national vaccination scheme (Rijksvaccinatie Programma), with some minor differences that were approved by RIVM, the Dutch National public health entity.
- The Youth Health Care department worked with RIVM to develop the necessary skills and procedures to maintain the cold chain for the vaccines.
- Childcare inspections are conducted yearly from 2018 in accordance with article 28 of the Island ordinance Childcare.

The way forward

1. Youth Healthcare:
 - On the way to 'All Children in Sight'. The youth health care on Sint Eustatius has children aged 0-4 in sight. This needs to be gradually expanded to older children. The first step towards this is to resume the preventive health examination for 10-year-olds in 2024.
 - All records digitized in the electronic child dossier. Not all child data from the former paper records has been digitally transferred. It is desirable to digitize the old records in 2024.
 - Conducting neonatal hearing screening. Because it is currently not possible to conduct neonatal hearing screening on Sint Eustatius, hearing problems can be missed. In the summer of 2024 a hearing screening device was purchased and from September 2024 neonatal hearing screening will be conducted.
 - Exploring prenatal home visits. Currently, no prenatal home visits are conducted on Sint Eustatius. It is important to take first steps in 2024 towards conducting prenatal home visits. Collaboration with the youth health care on Bonaire, where prenatal home visits will be implemented in the coming year, can be considered.

It should be explored whether the midwife and/or gynecologist on Sint Eustatius can play a role in this.

- When expanding the activities of the Youth Health Care on Sint Eustatius, it should always be reflected upon whether this can be carried out with the current capacity. Opportunities for support and professional development from the Netherlands or other islands in the region should also be explored.

2. Vaccination program:

- Catch-up campaign for vaccinations.
- Conduct a study on the decrease in vaccination uptake with RIVM.
- Combat misinformation through increasing awareness by also developing educational campaigns to reach parents through various communication channels.
- Promote informed consent and providing information in multiple languages.
- Improve collaboration with stakeholders such as midwives, school health care facilities, primary/secondary schools to strengthen vaccination program.

3. Obesity:

- Conduct annual height, weight and BLOC (Balance, Locomotor and Object Control) assessments in all schools to identify obesity rates among children.
- Recognize the importance of promoting healthy food choices, emphasizing locally produced products.
- Educate children about food sources and involve them in growing their own food through school gardens and other initiatives in school programs and curriculum.
- Identify challenges regarding water availability for food cultivation and find solutions.
- Encourage physical activity through sports and increase sport section hours and stimulate after-school physical activity.
- Regularly evaluate and control the promotion of healthy eating, particularly in daycare centers.
- Address challenges regarding availability and affordability of healthy food, especially in low-income households through initiatives such as food vouchers, childcare allowance (best4kids), energy subsidy, and potentially double child benefits.

4. Education

- Evaluate the Strong Roots program with school and Social Affairs.
- Inform schools about the Public Health law regarding youth healthcare activities in the schools. Emphasize education and collaboration with all stakeholders and plan structural/ sustainable activities.
- Education on alcohol and drug use.

Eldery

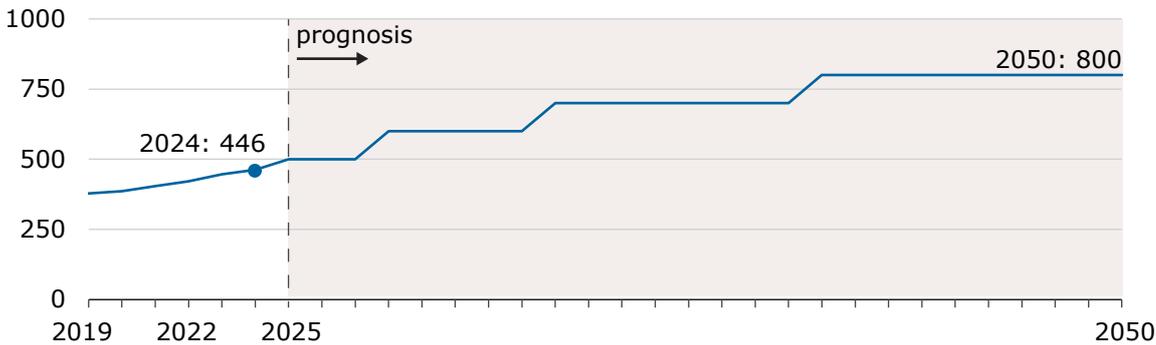
Monitoring elderly health allows professionals to detect needs and potential health issues early in an early stage. Timely intervention can prevent complications, reduce the need for emergency visits, improve health outcomes and quality of life.



Demographics

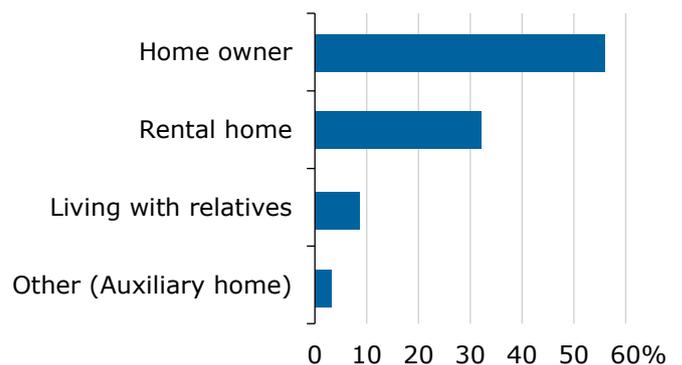
Statia has an increasingly ageing population.

Number of elderly (65 years and older)



Living situation

Almost one third of the elderly on Statia lives alone and most are also a home owner.

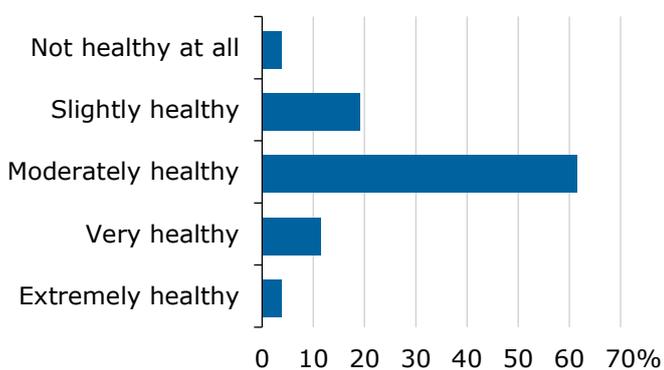


Description

Living situation: self-reported number of elderly in different living situations in Elderly study.



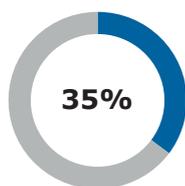
Perceived physical health
More than half of the elderly perceive themselves as physically healthy.



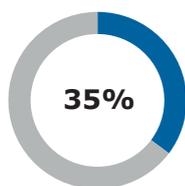
Physical impairment
Almost one third of the elderly report being physically impaired.



Diseases
35% of elderly have chronic diseases such as diabetes and high blood pressure.



Diabetes



High blood pressure weight

Description

Perceived physical health: self-reported perceived physical health in Elderly study.

Physical impairment: self-reported physical impairment in Elderly study.

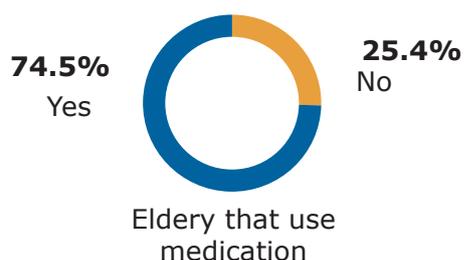
Diabetes: persons aged 65 and older who answered yes to having diabetes in Omnibus survey, 2021.

High blood pressure: persons aged 65 and older who answered yes to having high blood pressure in Omnibus survey, 2021.



Medication use

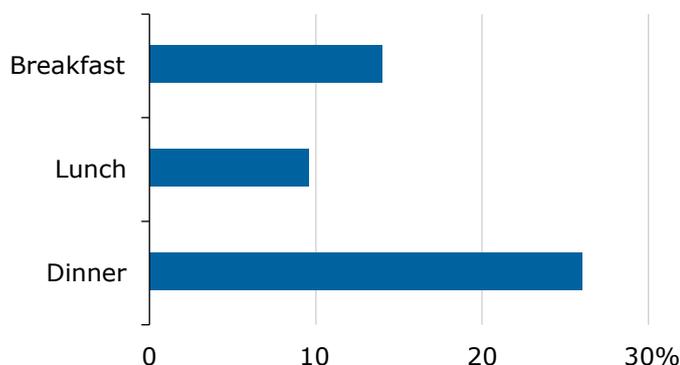
Nearly 75% of the elderly use medication.



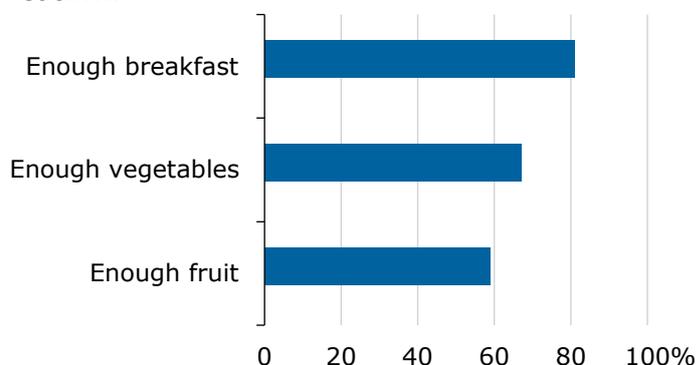
Diet

Skipping meals is prevalent among elder Statians, especially dinner. The majority of older Statians reports to comply with food intake recommendations regarding breakfast, vegetables and fruit.

Daily meals: elderly that do not eat....



Fruit and vegetable consumption: elderly that eat.....



Description

Medication use: self-reported medication use in Elderly study.

Fruit and vegetable consumption: percentage of people that eats breakfast (minimum of 5 days/week). Percentage of people that eats vegetables (minimum of 5 days/week). Percentage of people that eats fruit (minimum of 2 pieces 5 days/week).



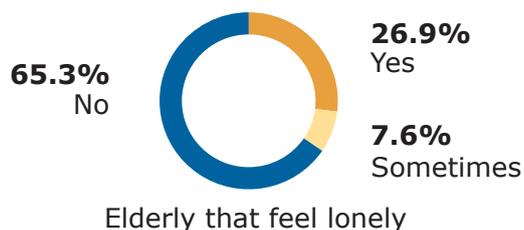
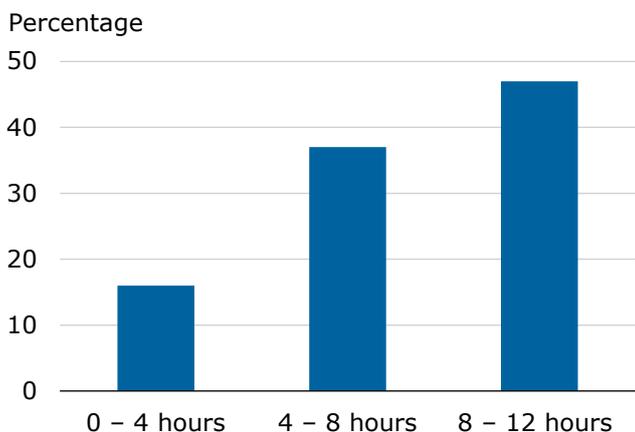
Sleep

One in six older Statians report to get less than 4 hours of sleep per night.



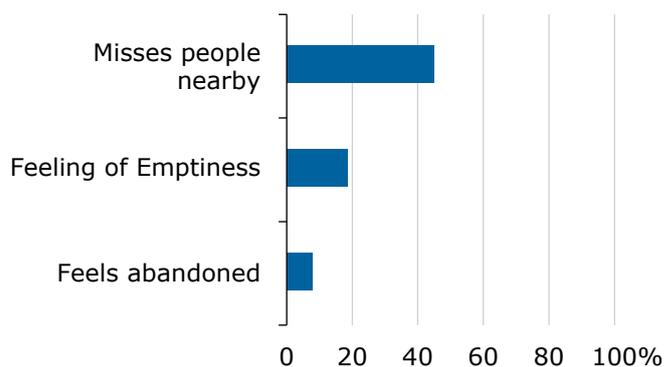
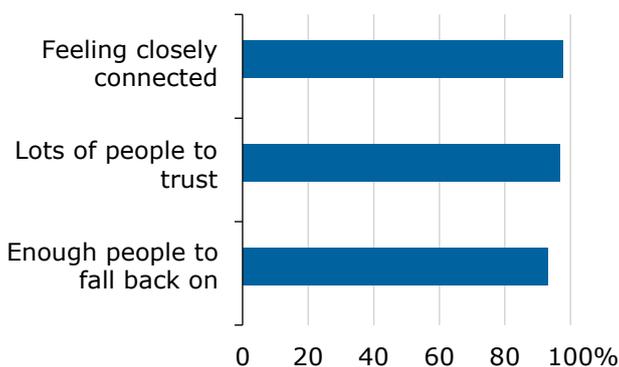
Loneliness

More than one third of the elderly on Statia is feeling lonely.



Mental health

The majority of older Statians report to have a network who they can fall back on, can trust or feel connected with.



Description

Sleep: self-reported sleeping hours in Elderly study.

Loneliness: self-reported feelings of loneliness in Elderly study.

Mental health: self-reported in Omnibus survey 2021.

Key message

While many elderly Statians perceive themselves as physically healthy, a significant proportion faces challenges such as physical impairments, chronic diseases, and loneliness. It is encouraging to note that most older Statians have a support network. However, there is a need to address the issue of loneliness among the elderly population on Statia.

There are also issues with the accessibility of medical aids and devices for the elderly population on Statia. Furthermore, food accessibility and affordability is also a serious issue for the elderly population Statia. The cost of food on the island is often high, which can be a burden for elderly individuals on fixed incomes. It is important to address these issues and ensure that all elderly individuals have access to affordable and healthy food options.

Different stakeholders on Statia are working together to address these issues and improve the health and well-being of the elderly population. The Social Domain is currently in the process of drafting a comprehensive Masterplan Ouderenzorg (Elderly Care) which will involve collaboration from various sectors and stakeholders. The Public Health Department is one of the key partners involved in the development of this plan. By working together, we can ensure that all elderly individuals on Statia have access to the resources and support they need to live healthy, fulfilling lives.

Achievements and ongoing activities

- The Public Health Department on Statia has gathered relevant data on the health needs of the elderly population. This data has been used to inform the development of the Masterplan Elderly.
- The Stuurgroep Ouderen (Elderly Steering Committee) has been organized, consisting of representatives from the Openbaar Lichaam Sint Eustatius (OLE), the Ministry of Health, Welfare and Sport (VWS), and other stakeholders.
- The Baseline Elderly St. Eustatius study was conducted by Fringe and Kennemerhart to provide insights into the health and social needs of the elderly population on the island. This study helps to inform the development of the Masterplan Elderly Care and other initiatives to improve the well-being of elderly individuals on Statia.
- Nurse practitioners at the Queen Beatrix Medical Center (QBMC) provide treatment and lifestyle coaching to patients with high blood pressure and diabetes.
- To support independent living for elderly individuals, the island is working on the realization of assisted living houses.
- Ongoing training for elderly care providers is a key component of the island's efforts to provide the highest quality care and support to elderly individuals on Statia.

The way forward

1. Efforts will be made to increase the participation of elderly individuals in the society, helping them feel less lonely and more connected to their community.
2. A one-stop-shop will be established to provide financial, social, and community support for elderly individuals, making it easier for them to access the services and assistance they need.
3. Improvements will be made to homecare services to ensure that elderly individuals can receive the support they need to live independently in their own homes for as long as possible.
4. The living situation for elderly individuals will be improved through initiatives such as the development of assisted living facilities and the renovation of existing homes to make them more accessible and safe for seniors.

5. An Elderly Clinic staffed by a geriatrician and Nurse Practitioner will provide specialized medical care to elderly individuals, ensuring that they receive the highest quality healthcare services tailored to their specific needs.
6. Through ZonW investments will be made in education and information about dementia and Alzheimer's to raise awareness of these conditions and provide support to those affected by them.
7. Maatschappelijke Ondersteuning (Social Support) services will be expanded to provide more aids and support to elderly individuals in need.
8. A support group will be available for informal caregivers, such as family members and friends, who provide care to elderly individuals, offering the support and guidance they need to provide the best possible care to their loved ones.

Mental health

Mental health is an important determinant of overall well-being, daily functioning, and quality of life. It is classified as a non-communicable disease (NCD) because disorders like depression and anxiety contribute significantly to the global disease burden, causing disability, reduced productivity, and higher healthcare costs. Including mental health in NCDs highlights the importance of integrated healthcare strategies that address both physical and mental health to enhance public health outcomes.

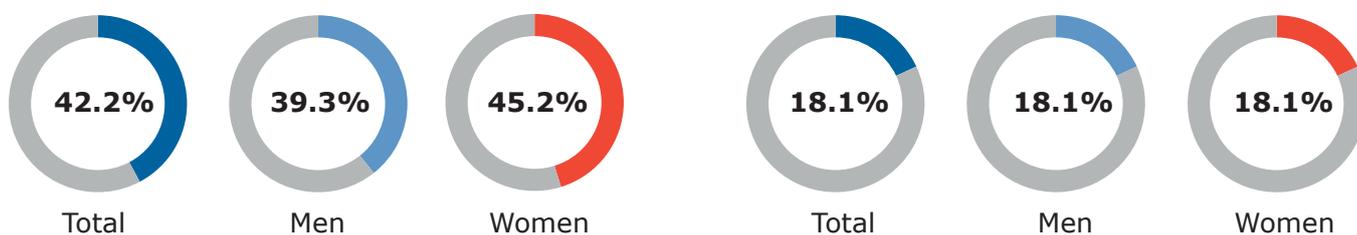


Feelings of loneliness and emptiness

Strongly correlated to mental health are feelings of loneliness and emptiness. Almost 1 in 5 Stadians report feeling empty, whereas more than 40% report to miss having people around.

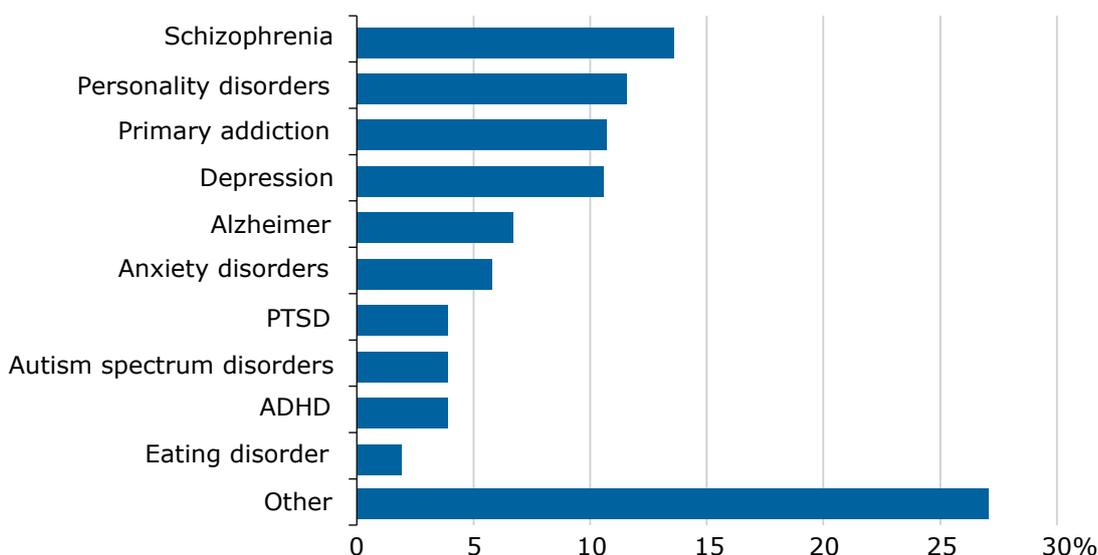
People that feel lonely

People that feel emptiness



Mental Health Services

Due to the ageing population of Statia, the prevalence of dementias on the island is expected to increase.



Description

Feelings of loneliness: percentage of Stadians missing having people around.

Feelings of emptiness: percentage of Stadians experiencing an emptiness.

Mental Health Services: overview of Mental Health Caribbean’s patient portfolio (2023) stratified by type of mental health condition or complaint.

Key message

On Statia, mental health conditions, such as depression, anxiety, schizophrenia, personality disorders, and substance abuse disorders, make up a significant portion of the non-communicable disease (NCD) burden. Currently, over 3% of Statia's population utilizes mental health care services. Additionally, feelings of loneliness and emptiness are widespread, with almost 1 in 5 Statians reporting feelings of emptiness and over 40% feeling the lack of social connections. As the population ages, the prevalence of dementias is also expected to rise, further emphasizing the need for integrated healthcare strategies that address both physical and mental health to enhance public health outcomes.

Achievements and ongoing activities

Over the course of the last three years several initiatives focused on mental health have been implemented already or are on the way of being implemented, together with collaboration partners such as Mental Health Caribbean and the Sint Eustatius Health Care Foundation:

- The community wellness centre was established for people with substance abuse problems. Apart from offering specialist care for people with substance abuse problems, the centre also focuses on prevention.
- Also, the special care support centre was established for people with special needs, such as disabilities, sensory limitations. They offer organised activities, provide information, serve as a training center, and offer specialized care for people with disabilities.

The way forward

To improve mental health among Statians, it is essential to enhance or at least maintain existing mental health services and implement comprehensive, community-based initiatives.

1. Expanding low-threshold access to mental health care by increasing the number places on the island where mental health care is provided outside the care continuum of health care by trained professionals.
2. Public health campaigns should focus on raising awareness about mental health issues, reducing stigma, and encouraging individuals to seek help. Utilize different approaches to engage the community to promote health, including mental health, in a holistic way. And increase collaboration between mental health and other health care providers to de-stigmatize mental health.
3. Implementing support programs for those experiencing loneliness and emptiness, such as social clubs, community activities, and peer support groups, can foster a sense of belonging and connection.
4. Integrating mental health care into primary healthcare settings will ensure that mental health is treated with the same priority as physical health. Increase skills of non-mental health specialists in mental health using the MhGAP approach.
5. Additionally, special attention should be given to the elderly population to address the anticipated rise in dementias, including caregiver support and dementia-friendly community initiatives.
6. By adopting these strategies, Statia can create a supportive environment that promotes mental well-being and improves the quality of life for its residents.

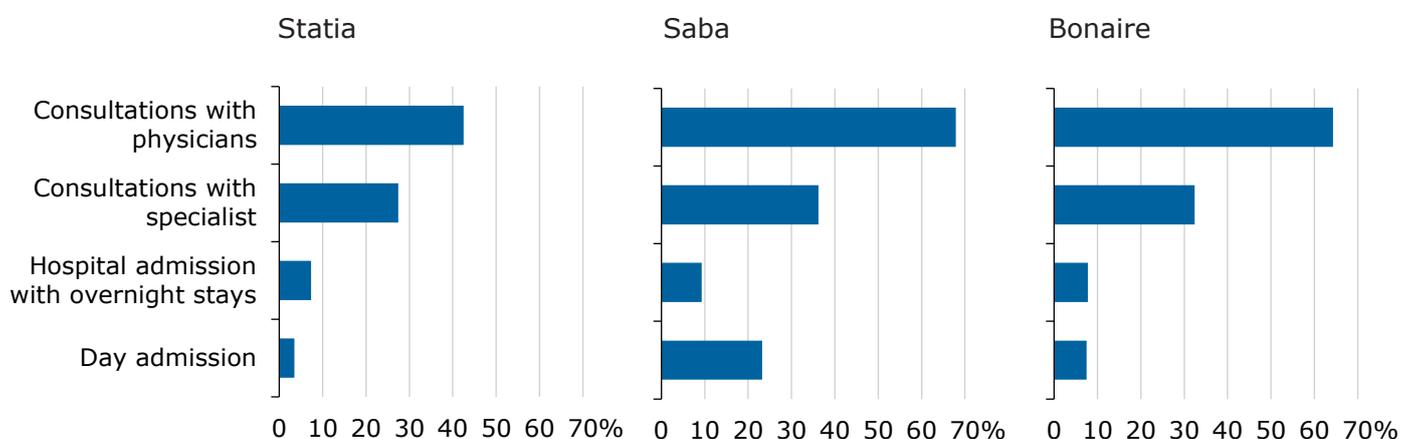
Health services

Having easy access to high-quality healthcare is essential for living a long and healthy life. Statia has universal health coverage to ensure that everyone has access to primary and emergency care, routine admissions, and home health services. For more complicated medical issues, specialists travel to Statia or patients may be referred to St. Maarten or other locations.



Health care consumption

Over the past 12 months less than half of the Statians have consulted a physician, whereas more than a quarter has been seen by a specialist. Both are substantially lower than similar estimates for Bonaire and Saba. Over 7% reported to have been admitted to hospital for an overnight stay while 3.5% reported admission for a day treatment. These estimates are lower than reported by Bonaire and Saba, based on the Omnibus survey.



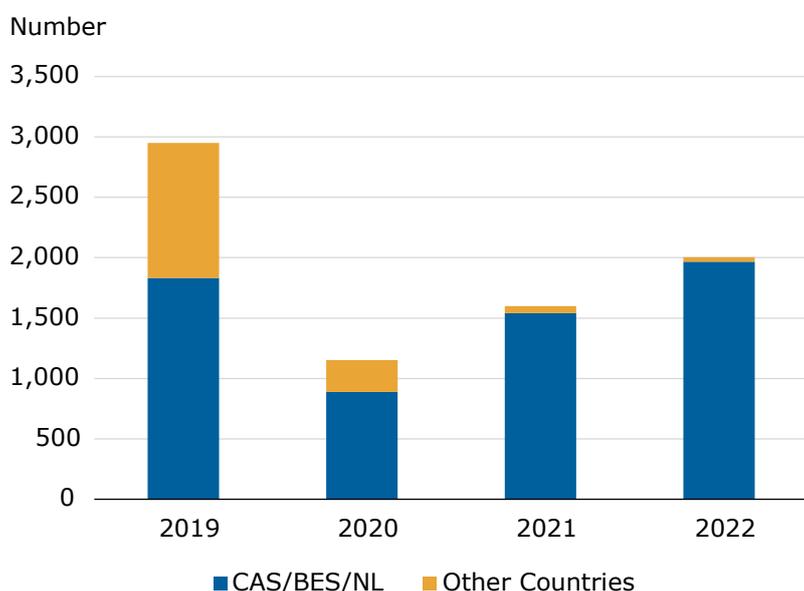
Description

Consultations with physicians: percentage of people that report a consultation with a physician in the past 12 months.
 Consultations with specialist: percentage of people that report a consultation with a specialist in the past 12 months.
 Hospital admission with overnight stays: percentage of people that report a hospital admission with overnight stay in the past 12 months.



Medical trips

In the period 2019 to 2022 the number of medical trips varies considerably. The impact of COVID19 was clearly present, with a low of 1,153 medical trips in 2020. The following year, 2021, can be characterized as catching up care with just over 1,600 medical trips that year, but over 60% urgent referrals (to be seen within 10 days).



Throughout the period 2019 to 2022, most medical trips go to Sint Maarten (>90% in 2022), most often for nephrological (dialysis), surgical, radiological and ophthalmological referrals.

The percentage of medical trips with destination outside the Kingdom (i.e., excluding BES/CAS) decreased from 38% in 2019 to 2% in 2022, indicating that for Statian patients appropriate care can increasingly be arranged within the four countries of the Kingdom.

Description

Medical trips: number of medical trips by insured residents per year. CAS/BES/NL; Medical trips referred to within the Kingdom of the Netherlands as a proportion of the total amount of medical trips.

Key message

Ensuring access to high-quality healthcare is crucial for a healthy life. Statia offers universal health coverage, providing primary, emergency, routine, and home healthcare services. Specialist care is available through visiting professionals or referrals to other locations like St. Maarten. However, Stadians consult physicians and specialists less frequently than Bonairians and Sabans. Medical trips, particularly for nephrological care, increased post-COVID-19, with most patients going to Sint Maarten. Efforts to enhance local healthcare services include collaborations with various medical institutions and the construction of a new clinic. Moving forward, addressing healthcare staff capacity and planning is essential, considering the region's unique challenges and recent developments like population growth and increased healthcare expenditure.

Achievements and ongoing activities

Over the past few years, the Sint Eustatius Health Care Foundation has expanded and professionalized the variety, availability, and quality of healthcare services available at the Queen Beatrix Medical Centre (QBMC), with the help of many stakeholders. Collaborations have been set up with Amsterdam UMC for medical doctors to complete part of their residency on Statia. Collaborations with Sint Maarten's Medical Centre (SMMC) have yielded rosters of medical specialists visiting patients on Statia on a regular basis. Recently, ground has been broken for the building of a new clinic, to replace the current QBMC building. Finally, initiatives have started for a better collaboration between Sint Eustatius' Auxiliary Home and QBMC.

The way forward

1. The organisation of healthcare on Sint Eustatius and the other islands in the Kingdom of the Netherlands is a continuous puzzle. With the Dutch government aiming to provide equivalent levels of quality healthcare in the BES compared to the European Netherlands, healthcare staff capacity and staff planning needs constant attention. This goes for physicians (GPs, medical specialists, etc.) as well as for nursing staff. These challenges need to be addressed against the background of limited available healthcare facilities on the island, making off-island referrals an essential element in the provision of healthcare on Statia. The development of a long term vision for capacity development in healthcare in the Caribbean Netherlands region, taking several (recent) developments into account, such as the growing population, the implementation of cancer screenings, increasing healthcare expenditure, pandemic preparedness, could provide a basis for a more sustainable approach to staff recruitment and retention.
2. Improving the care by shorter waiting time and on-island availability:
 - Implementation of structural video consultations for general practitioners and specialists facilitated by SEHCF with the necessary equipment to safeguard patient privacy
 - Continuation of telephone consultations
 - Expanding the primary care services with a mental health nurse practitioner
 - Setting up a pre-dialysis clinic for patients with moderate chronic kidney disease
 - Nurse practitioner elderly care
3. Implementing structural video consultations: GP-patient; Specialist-patient; this service is being facilitated by SEHCF with the necessary equipment in place to safeguard the privacy of the patient.
4. Explore possibilities of resuming medical services in Guadeloupe.

Screening programs

Screening for public health is an important tool in promoting early detection, prevention, and effective management of health conditions in populations. Several population based screening programs have been introduced on Sint Eustatius, such as breast cancer screening (2023) and cervical cancer screening (2022).

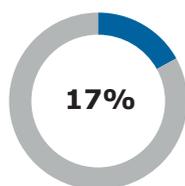


Cervical cancer

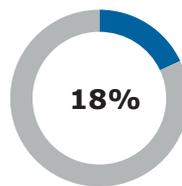
Almost one fifth of the target population (30 – 60 years) participated in the screening program.

Invited

661



Percentage of target group that participated

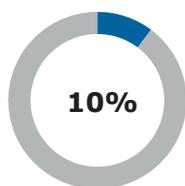


Cervical cancer or premalignant lesion



Breast cancer

One in ten eligible Statian women aged 50-75 years participated in the breast cancer screening program.



Percentage of target group that participated

Description

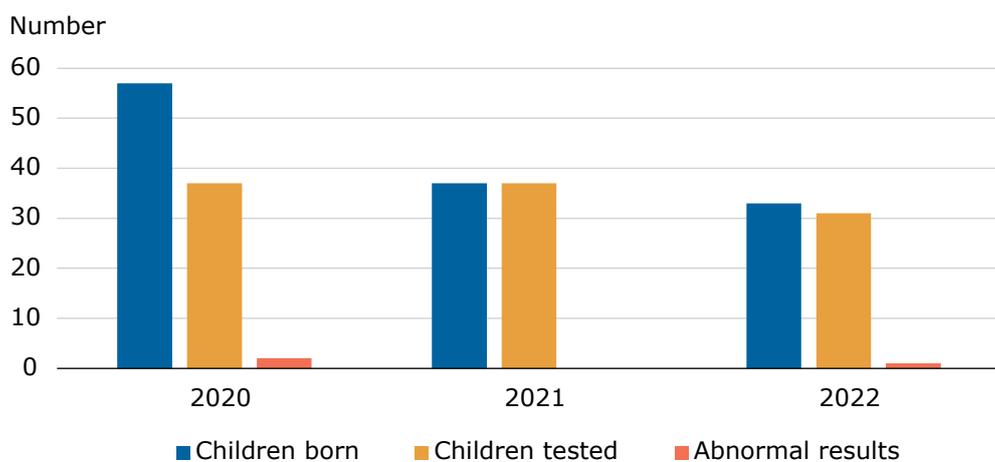
Cervical cancer: percentage of target group (30-60 years) that participated.

Breast cancer: percentage of target group (50-75 years) that participated.



Heel prick

Over the past three years, three Statian babies have had abnormal results in the heel prick screening.



Key message

Statia continues to offer screening for its population.

Achievements and ongoing activities

- In June 2022 cervical cancer screening was introduced for women aged 30-60 years. In partnership with the Public Health and Prevention Clinic and the Sint Eustatius Health Care Foundation.
- In 2023 breast cancer screening was introduced for women aged 50-75 years. Mammograms are performed at the Sint Maarten Medical Centre.

Description

Children born: number of children born according to the civil registry.

Children tested: number of children screened. 2022: Excluding 2 children born in 2022 who were not eligible.

Abnormal results: number of abnormal results.

The way forward

Continue making screening for cervical cancer and breast cancer available to all eligible women on St. Eustatius.

1. Implement screening program for colorectal cancer.
2. Implement screening program for neonatal hearing screening.
3. Explore possibilities for implementing a prostate cancer screening program.

Methodology and data collection

Monitoring the health of a population is crucial as it enables the early detection of health issues, tracks the prevalence and trends of diseases, and assesses the effectiveness of health interventions. This continuous observation helps public health officials to identify emerging health threats, allocate resources efficiently, and implement targeted prevention and control measures. Ultimately, it ensures the well-being of the community, reduces healthcare costs, and improves overall health outcomes by facilitating informed decision-making and policy development.

Acknowledgement

Gathering data for this white paper was not easy. In 2001 the first health study was conducted for the former Netherland Antilles. This study was a joint project involving the five islands of the former Netherlands Antilles, Curacao, Bonaire, St. Maarten, Sint Eustatius and Saba. The Epidemiology & research Unit of the medical and Public Health service of Curacao oversaw the overall project management. It was one of the first attempts to gather data about the health of people living in the former Dutch Antilles. In 2017 a second attempt was made with a health study on the BES islands conducted under the auspices of the RIVM, the National institute for Public Health and the Environment. The Public Health Department of St. Eustatius is grateful for their continued support.

Relevant data sources

The CBS (the Central Bureau of Statistics; or Statistics Netherlands) is a relative new player in the Caribbean field and is gathering general data on all kinds of topics. Though not specifically for public health purposes, it gathers useful data that can be used to determine something about the status of health on the BES islands. Cause of death is taxing for the CBS. The way this data is collected and processed does not give access to accurate figures to fit our purposes. CBS is working on improving this point in the near future. Aggregated data from healthcare records is another, valuable source of data for monitoring population health, as is data on laboratory tests and medication. Unfortunately, these latter two sources of data were not available to the Public Health Department. Hopefully this will become available in the near future.

Statia's challenges require more frequent monitoring

Although gathering data and creating statistics is part of the core business of public health agencies, the Public Health Department of St. Eustatius has not fully developed these capacities. Besides not having the relevant personnel in-house, we are mostly reliant on third parties to get the relevant data from their administrations. These parties do not always see the relevance of gathering the data, so it is not a priority for them. However, through continued collaboration with these stakeholders, we hope to be able to show them the advantage of more regular and frequent monitoring of population health to get them aboard. Also, within the alliance of (Kingdom) islands, we might be able to team up on expertise and capacity and to learn from one another. The challenges Statia is facing regarding public health require a more frequent monitoring of the health of the population in order to identify emerging health threats, allocate resources efficiently, and implement targeted prevention and control measures.

Towards a sustainable health data infrastructure

With regards to the data we have gathered, there are some precautionary measures to be considered. Some of the locally collected data is not always as accurate as we would like. We have found that data pertaining to the amount of people on the island differs considerably and is therefore not always comparable. For instance, the numbers of people on the island differs significantly when comparing the data from census and the amount of people written into the medical registration, promedico, used by SEHF. Both entities have recently been cleaning up their database. Also, the way of documenting healthcare contacts has only recently been harmonized among healthcare professionals. It has been proven to take some time before this uniformity will result in more accurate incidence and prevalence estimates of diseases based on healthcare records. We are confident to overcome these difficulties, and to grow towards a more sustainable health data infrastructure on the island of Sint Eustatius.

The way forward

For the plans in the previous chapters to be executed as efficiently as possible, with the best possible results, it is needed to strengthen the governance and coordination of the different plans and programs. This can be done by adopting a Health in All Policies perspective in every policy plan and initiative. Also, to know if plans and programs are running as they should and yield desirable results, monitoring is necessary. Therefore Statia needs to improve on data collection and utilization locally. By strengthening data collection and its application at the local level, the different plans and programs can be better managed, leading to more effective health policies and improved health outcomes for the community.

Sources

Demography

Indicator	Source
Population	Statistics Netherlands (CBS Statline)
Marital Status	Statistics Netherlands (CBS Statline)
Country of birth	Statistics Netherlands (CBS Statline)
Labour market	Statistics Netherlands (CBS Statline)
Poverty	Statistics Netherlands (CBS Statline)
Sectors	Statistics Netherlands (CBS Statline)
Education	Public Health Department St. Eustatius
Healthcare	Public Health Department St. Eustatius
Religion	Statistics Netherlands (CBS Statline)
Population	Statistics Netherlands (CBS Statline)
Live births	Statistics Netherlands (CBS Statline)
Deaths	Statistics Netherlands (CBS Statline)

Healthy Lifestyle

Indicator	Source
Diet	Statistics Netherlands (CBS) OMNIBUS 2021
Physical activity	Statistics Netherlands (CBS) OMNIBUS 2021
Alcohol consumption	Statistics Netherlands (CBS) OMNIBUS 2021
Smoking	Statistics Netherlands (CBS) OMNIBUS 2021

Physical Risk factors and Non Communicable Diseases

Indicator	Source
Overweight	Statistics Netherlands (CBS) OMNIBUS 2021
Obesity	Statistics Netherlands (CBS) OMNIBUS 2021
Hypertension	Promedico
High Cholesterol	Promedico
Diabetes	Promedico
Cardiovascular Disease	Promedico
Chronic kidney disease/dialysis	Promedico
Cancer diagnoses	Promedico
Chronic Respiratory Disease	Promedico

Infectious diseases

Indicator	Source
Sexual transmitted infections	St. Maarten Laboratory Services (SLS)
HIV	Promedico
Covid-19	Centre for Infectious Disease Control, RIVM 2023
Vector Borne Diseases	St. Maarten Laboratory Services (SLS)

Youth

Indicator	Source
Vaccination coverage	RIVM Vaccinatiegraad en jaarverslag 2020, 2021, 2022, 2023
Alcohol	Statistics Netherlands (CBS) Health Study 2017
Smoking	Statistics Netherlands (CBS) Health Study 2017
Cannabis use	Statistics Netherlands (CBS) Health Study 2017
Weight	Statistics Netherlands (CBS) Health Study 2017
Diet	Statistics Netherlands (CBS) Health Study 2017
Physical activity	Statistics Netherlands (CBS) Health Study 2017
Education	Statistics Netherlands (CBS Statline)

Eldery

Indicator	Source
Demographics	Statistics Netherlands (CBS Statline)
Living situation	Elderly Study St. Eustatius
Perceived physical health	Elderly Study St. Eustatius
Physical impairment	Elderly Study St. Eustatius
Diabetes	Statistics Netherlands (CBS) OMNIBUS 2021
High Blood Pressure	Statistics Netherlands (CBS) OMNIBUS 2021
Medication use	Elderly Study St. Eustatius
Daily meals	Elderly Study St. Eustatius
Fruit and vegetable consumption	Statistics Netherlands (CBS) OMNIBUS 2021
Sleep	Elderly Study St. Eustatius
Loneliness	Elderly Study St. Eustatius

Mental Health

Indicator	Source
Feeling of loneliness	Statistics Netherlands (CBS) OMNIBUS 2021
Feeling of emptiness	Statistics Netherlands (CBS) OMNIBUS 2021
Mental Health Services	Mental Health Caribbean 2022

Healthcare consumption

Indicator	Source
Consultations with Physicians	Statistics Netherlands (CBS) OMNIBUS 2021
Consultation with specialist	Statistics Netherlands (CBS) OMNIBUS 2021
Hospital admission with overnight stays	Statistics Netherlands (CBS) OMNIBUS 2021
Day admission	Statistics Netherlands (CBS) OMNIBUS 2021
Medical trips	ZJCN 2023

Screening programs

Indicator	Source
Cervical cancer	RIVM Monitor cancer screening programme Caribbean Netherlands 2022-2023
Breastcancer	RIVM 2023
Heel prick	RIVM Monitor of the Neonatal Heel Prick Screening in the Caribbean Netherlands 2020-2021-2022

