AGEING TRENDS

REPORT ON THE SENIORS' TEST FOR AGEING TRENDS AND SERVICES FOR

CORDELL W. RILEY, M.SC., JP

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Foreword

The Seniors' Test for Ageing Trends and Services is a study that was done by the Department of Statistics and sanctioned by the National Office for Seniors and the Physically Challenged and Age Concern Bermuda to look at gaps in the quality of life for our seniors with an emphasis on identifying the available service to meet their needs.

The study detailed findings in the areas of demographics, style of living and housing, health, transport and mobility, banking, legal and social affairs. The data gathered from the 508 households and 695 persons aged 60 and over represents the information that was gathered from seniors in the nine parishes of Bermuda.

This data will be helpful in identifying how Government and other service providers can improve on existing services and fill any gaps in services ensuring that our ageing population enjoys the best quality of life that can be offered to them.

As Minister of Culture and Social Rehabilitation I am proud of the hard work that has been done by the National Office for Seniors and the Physically Challenged, Age Concern Bermuda, the Department of Statistics and the 80 volunteers that made this study a document that can be used to guide the policy development and service provision for Bermuda's seniors.

The Honourable Dale D. Butler, JP, MP
Minister of Culture and Social Rehabilitation

Letter of Acknowledgement and Thanks

Dear Reader,

The document that you hold in your hand is the result of the foresight, effort and partnership of many competent and committed individuals and organisations. It is my privilege to acknowledge their work in these introductory pages.

Special Acknowledgements

Successful projects are typically driven by committed people and the Seniors' Test for Ageing Trends and Services (STATS) project is no exception to this rule. On behalf of the Board of Directors of Age Concern Bermuda, I would like to provide a special acknowledgment to STATS Project Leaders: Mrs. Valerie Pethen, STATS Director of Age Concern and Mrs. Melinda Williams, Social Statistician of the Department of Statistics; for their leadership role in ensuring that the project was executed at a high level of excellence. We also express our sincere gratitude to the supervisors and interviewers who sacrificed hundreds of hours in the field to complete this work.

In addition, we express our appreciation to the Bermuda Government for entering into this pioneering partnership with us. Specifically, former Minister of Health: The Hon. Patrice Minors JP, MP; former Minister of Culture and Human Affairs; the Hon. Wayne Perinchief JP, MP; current Minister of Culture and Social Rehabilitation: the Hon. Dale D. Butler JP, MP; Chief Statistician, Mrs. Valerie Robinson James and; former Director of Human Affairs, Dr. Myra Virgil for ensuring that this enormous project reached a timely completion from the concept phase in 2006 to its report release date on 5 December 2008**.**

Finally, we would like to thank the hundreds of seniors on the island who opened their doors and took the time that was needed for us to gather this information. It is in service to you that we have undertaken this work and we look forward to working with our social partners to see that the needs highlighted by you are addressed appropriately.

Claudette Fleming, MSW
Executive Director, Age Concern Bermuda

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CONTENTS

- **LIST OF FIGURES ..... VIII**

- **INTRODUCTION 1**

Background 1

- **SURVEY METHODOLOGY 2**

- **EXECUTIVE SUMMARY 5**

- **DETAILED FINDINGS 7**

Demographics 7
Age 7
Sex 7
Race 8
Region Where Lived 8
Marital Status 9
Status 9
Employment Status 9
Annual Income 10
Style of Living and Housing 12
Living Arrangements 12
Home Ownership 12
Home Repairs 13
Home Safety 14
Food and Meals 15
Communication and Technology 16
Health 18
Insurance Coverage 18
Difficulties Due to Health, Conditions, Medications and Treatment 20
Dental Health 23
Long-term Health-care 24
Satisfaction with Healthcare Services and Exercise 25
Transport and Mobility 26
Use of Transport Services 26
Banking, Legal, and Social Affairs 29
Banking and Retirement Plans 29
Legal Affairs 30
Recreational Activities, Organisational Membership and Volunteering 31
Discrimination due to Age and Greatest Benefits for Seniors 31

- **CONCLUSIONS 33**

LIST OF FIGURES

Figure 1 Age Distribution of Seniors 7
Figure 2 Racial Composition of Seniors 8
Figure 3 Marital Status of Seniors 9
Figure 4 Employment Status of Seniors 10
Figure 5 Annual Incomes of Seniors 11
Figure 6 Home Ownership 12
Figure 7 Safety Concerns 14
Figure 8 Electronic Communication and Information 17
Figure 9 Selected Technology Usage by Sex, Age Group and Race 18
Figure 10 Type of Medical Coverage 19
Figure 11 Top Ten Medical Conditions 21
Figure 12 Top Ten Medications Used 22
Figure 13 Future Care-Givers 24
Figure 14 Type of Exercise 26
Figure 15 Accessibility of Public Transportation 28
Figure 16 Type of Financial Arrangements 29
Figure 17 Greatest Benefit that could be Given 32

INTRODUCTION

Background

In 2006, a review of available data by key senior stakeholders found that there were significant gaps in information about the quality of life of the elderly and the availability of services to meet their needs. In responding to this need, Age Concern Bermuda initiated an extensive assessment process that would provide the required information and secured the financial support and technical assistance of the Ministry of Community and Cultural Affairs and the Department of Statistics to carry it out. The first phase was the Seniors' Test for Ageing Trends and Services (STATS) Survey, launched in November 2007.

The STATS survey was designed to identify the immediate and changing long-term service needs of Bermuda's seniors (persons 60 and over). STATS, the brainchild of Age Concern Bermuda, was conceived with a vision to link seniors to needed resources. The focus of this study was to collect information on areas such as health care, transportation, housing, recreation, insurance and personal finance. With the information collected from the study, Age Concern, and other stakeholders, would have reliable data with which to better service the needs of Bermuda's fastest-growing segment of the population. The valid sample, the largest conducted on the seniors' population, reached by canvassing, 508 households with 695 eligible seniors. The survey has a margin of error of ± 3.7%.

As the survey was broken down into nearly two-dozen sections, demographic tabulations of the survey ran into hundreds of pages. The report that follows, therefore, is a summation of the results obtained, focusing on the more salient findings. To assist with understanding the report, comparisons were made with the 2000 Census of Population and Housing where appropriate.

SURVEY METHODOLOGY

Survey Design

The Department of Statistics selected an initial sample size of 1,000 households; an additional 600 households were selected as reserves in case of non-response. A two-stage random sample design was employed for the Seniors' Test for Ageing Trends and Services (STATS) Survey. In the first stage, 200 census districts (CDs) were allocated proportionally by parish based on the number of seniors living in each parish. In the second stage, eight households were selected from each CD from which five households were chosen randomly and all persons 60 years and over were interviewed. The remaining three households from each CD were used as possible replacements; and the order in which they were chosen was randomised. Each interviewer was provided with a list of five households to visit. If the interviewer encountered non-interviews, (refusals, no contacts, or ineligible households) then he/she was given the additional household addresses.

After experiencing huge difficulties in securing 200 volunteers to canvas the selected CDs, the sample was reduced to a minimum of 400 households. The objective of the revised sample was to obtain adequate representation of seniors from each parish within a specified time period. In the end, 508 households and 695 persons aged 60 years and over were interviewed.

Percentage of Households and Seniors Interviewed by Parish			
Parish	**Number of Households Visited**	**Number of Interviews**	**Percentage Distribution**
St. George's	49	57	**8**
Hamilton Parish	45	61	**9**
Smith's	45	58	**8**
Devonshire	42	63	**9**
Pembroke	79	118	**17**
Paget	50	68	**10**
Warwick	87	128	**18**
Southampton	56	72	**10**
Sandys'	55	70	**10**
Total	508	695	100

Response Rate

During the field work, 875 households were visited and 508 households were interviewed. The remaining dwelling units approximately, 28% were either vacant, could not be contacted, were ineligible or did not co-operate. This resulted in a response rate of 72%.

Data Processing

A team of editors and coders from the Department of Statistics were trained to undertake a manual edit of specific questions on the STATS questionnaire on occupation, industry, household type, diagnosed medical conditions and medications as well as other responses specified by seniors. Other edits were carried out to check for completeness, consistency in responses and adherence of skip instructions. The data was entered manually into a computer database using a data entry application designed

with the Census and Survey Processing (CSPro) software. The Statistical Package for Social Science software (SPSS) was programmed to carry out further edit check and to clean the data file. Once the data file was clean, the department's staff used aforementioned computer software to run tabulation for analysis.

EXECUTIVE SUMMARY

This study focused on the needs and concerns of persons 60 years and older. Two-thirds of respondents were black while the remainder were classified as white and Other. By region, 39% were from the western end of the island, 36% were from the central perishes, and the remainder (25%) were from the eastern end of the island. Nearly all participants were Bermudian.

Seniors had a median annual income of $37,500 but the majority were able to afford food and all their medical services. For instance they spent a median of $450 on groceries each month and $227 for health insurance. Nearly half of all seniors dined out at least occasionally. And while more than half of seniors owned their own home free and clear nearly one-fifth still had to pay a mortgage, at a median cost of $2,100 per month.

Nearly all seniors had a land-line phone while half had a cell phone while more than 8 in 10 homes had television with subscription service. More than half of senior homes had a computer with internet service while one-third sent email on a regular basis.

While 60% of seniors lived with either their spouse or family members, one-quarter of them lived alone. For half of the homes seniors lived in, they required repairs within the preceding twelve months, consisting mostly of painting both the inside and outside of their homes. The main concern that seniors had was the fear that someone would break into their homes.

Turning to health, nearly all seniors had some form of insurance coverage, with the majority having major medical coverage. Nearly 8 in 10 seniors reported having being diagnosed with a medical condition and more than half of them

suffered from high blood pressure. Similarly, 8 in 10 were on prescription drugs and one-third were taking over-the-counter drugs. Medical drugs cost seniors approximately $60 per month. Nearly half of seniors were generally satisfied with medical care in Bermuda.

Regardless of their present condition, 63% of seniors stated that their children would look after them if they could no longer care for themselves. Nearly all seniors reported having no difficulty moving about in their own home. Outside of the home, 6 in 10 used their own car to get around. Taxis and buses were considered to be most accessible but they were used infrequently. Seniors were willing to pay $4 for each leg of a door-to-door transportation service if it was made available.

More than half of seniors had a will and half of them had reviewed it during the past 12 months. Age discrimination was not common among seniors. Asked what was the greatest benefit that could be given to them, free medical care topped the list followed by affordable housing.

The overall findings of the STATS survey highlight the following:

- Generally, seniors report they are doing well.
- Seniors are leading by example.
- Lifestyles and related diseases threaten the quality of life for seniors.
- Seniors expect their children to provide care and assistance.
- Government programmes are needed to support seniors and their families.
- Private industry is playing a role in meeting the needs of seniors.
- The work of improving the lives of seniors in Bermuda must continue.

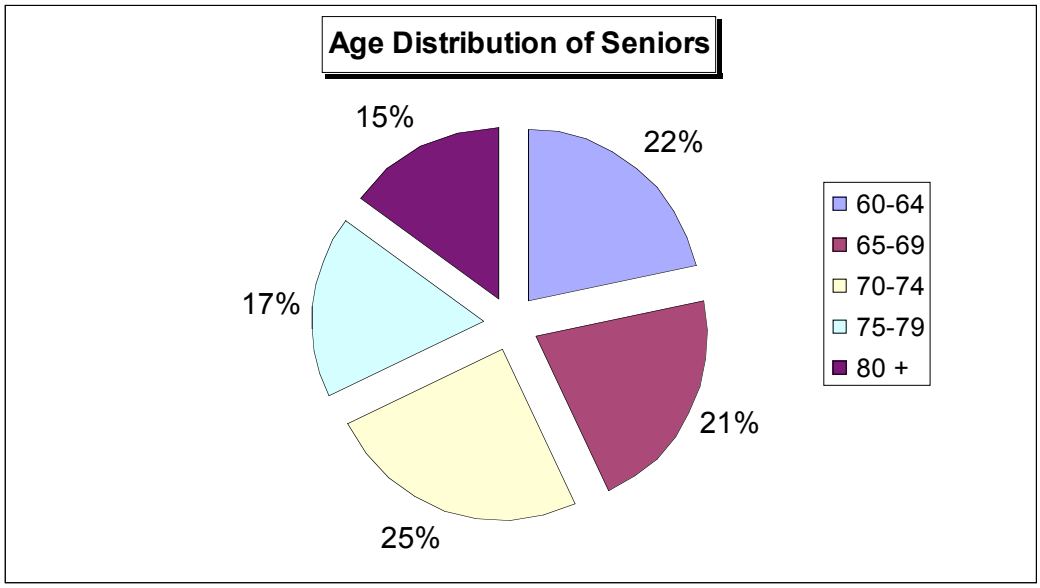
DETAILED FINDINGS

Demographics

Age

Five hundred and eight households were surveyed, with 695 eligible seniors participating. One-quarter of seniors responding were between the ages of 70 and 74, the largest block. Just over one-fifth of seniors were between 60 and 64 (22%) and 65 and 69 (21%). Compared to the 2000 Census of Population and Housing, 72% of seniors were over the age of 65 with 78% over that age in this survey.

Figure 1 Age Distribution of Seniors



Sex

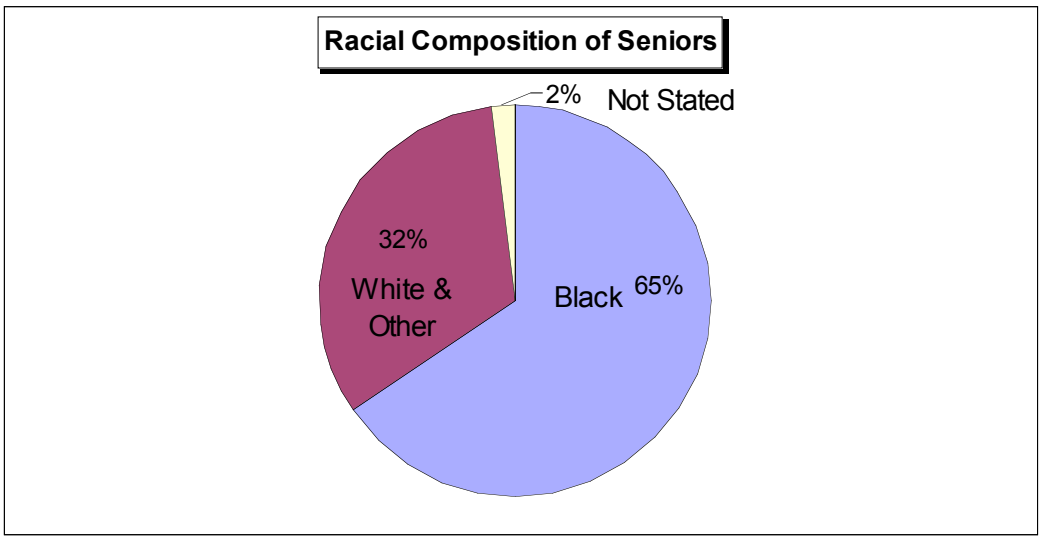
Of the 695 seniors surveyed, 290 or 42% were male and 405 or 58% were female. Compared to the 2000 Census of Population and Housing, the STATS survey

results were highly representative. In 2000, 43% of the 9,339 seniors 60 years and over were male while 57% were female.

Race

Nearly two-thirds of seniors were black (65%) while just over one-third (32%) were white[1], with the remainder (2%) falling into the 'not stated' column. Compared to the 2000 Census, 57% of seniors were black while 42% were white.

Figure 2 Racial Composition of Seniors



Region Where Lived

For the purposes of this report, parishes were divided into three regions – eastern, central and western. The eastern region consisted of St. George's, Hamilton and Smith's parishes. The central region comprised Devonshire, Pembroke and Paget parishes. The western region included Warwick, Southampton and Sandys parishes. Nearly 4 in 10 seniors (39%) lived in the western parishes while just

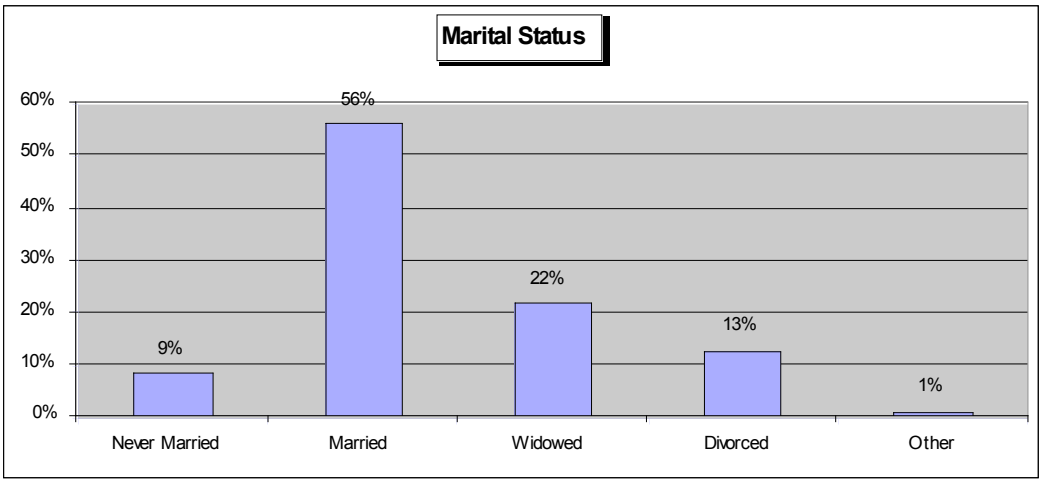
[1] The survey actually contained several racial groupings. For this report, categories 'black' and 'black and other' were grouped as 'black' whereas other categories were grouped as white.

over one-third (36%) lived centrally in the island. The remainder (25%) lived in the eastern end of the island.

Marital Status

More than half of all seniors in the survey were married (56%), with just over one-fifth (22%) widowed. More than 1 in 10 seniors were divorced (13%) while just under 1 in 10 (9%) had never married. In the general population in 2000, for those over 16 years of age, 50% had been married, 5% were widowed and 11% had been divorced.

Figure 3 Marital Status of Seniors



Status

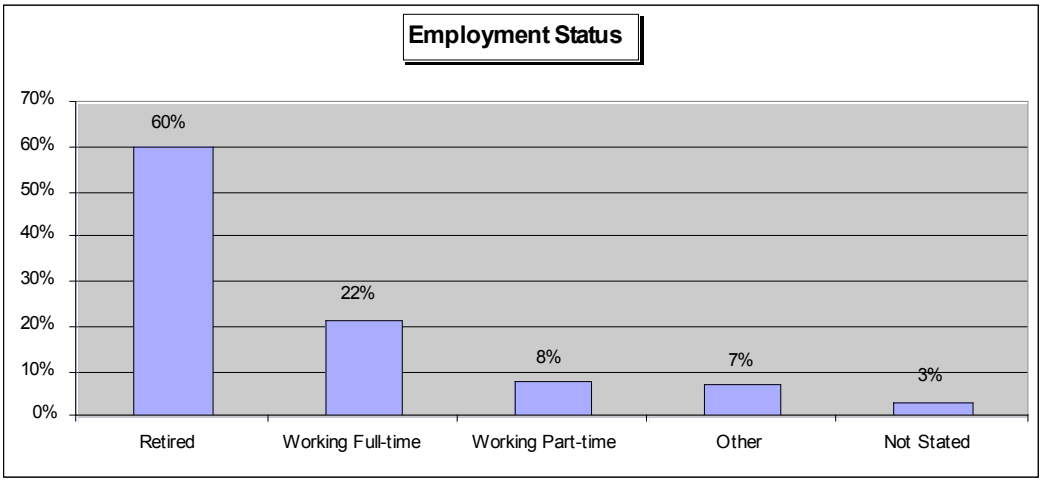
More than 9 in 10 seniors (93%) were Bermudian with just 4% being non Bermudian. The remainder did not indicate their status.

Employment Status

Not at all surprising, 6 in 10 seniors (60%) were retired. On the other hand, more than one-fifth (22%) were working full-time, either for themselves or for someone

else. Less than 1 in 10 (8%) were working part-time. A similar amount (7%) was either looking for work, volunteering or unable to work. For the general population 16[2] and over in 2000, 11% were retired, 69% were working and just 4% were either looking for work, volunteering or unable to work

Figure 4 Employment Status of Seniors



By sex, females were more likely than males to be retired (64% versus 54%) while males were more likely to be working full-time (29% versus 17%). With regard to race, whites were more likely to be retired (65% versus 58%) while blacks were more likely to be working full-time (24% versus 19%).

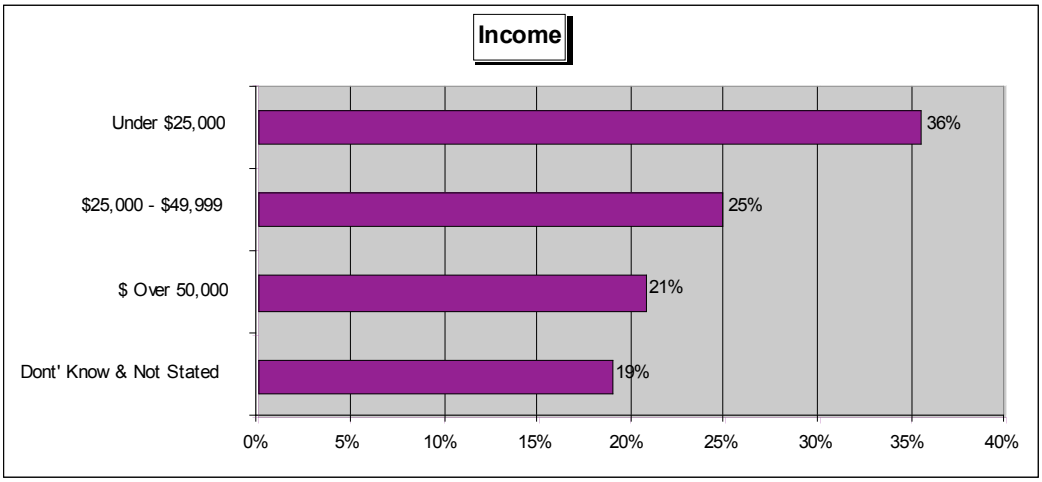
Annual Income

Just over one-third (36%) of seniors reported an annual income of less than $25,000. One-quarter (25%) had incomes of $25,000 but less than $50,000 while 1 in 5 (21%) had incomes that exceeded $50,000. The median annual income was estimated at $37,500 and the median monthly income was estimated to be $3,125.

[2] Not including students who were 16 and over.

By sex, 40% of males had incomes over $50,000 compared to just 16% of females. More than half of females (55%) had incomes lower than $25,000 compared to 27% of males. By race, just over half of all blacks (51%) had incomes of less than $25,000 compared to 29% of whites. At the other end of the income bracket, 35% of whites earned more than $50,000, compared to 20% of blacks.

Figure 5 Annual Incomes of Seniors



While these income levels may seem low, this does not mean that Bermuda's seniors are living at or below the poverty level. As we shall learn in other sections some 54% of seniors owned their own home outright. In addition, just 6% report that they had to sacrifice food in order to pay a bill and nearly three-quarters (73%) stated that they could afford all of the health services that they needed.

Style of Living and Housing

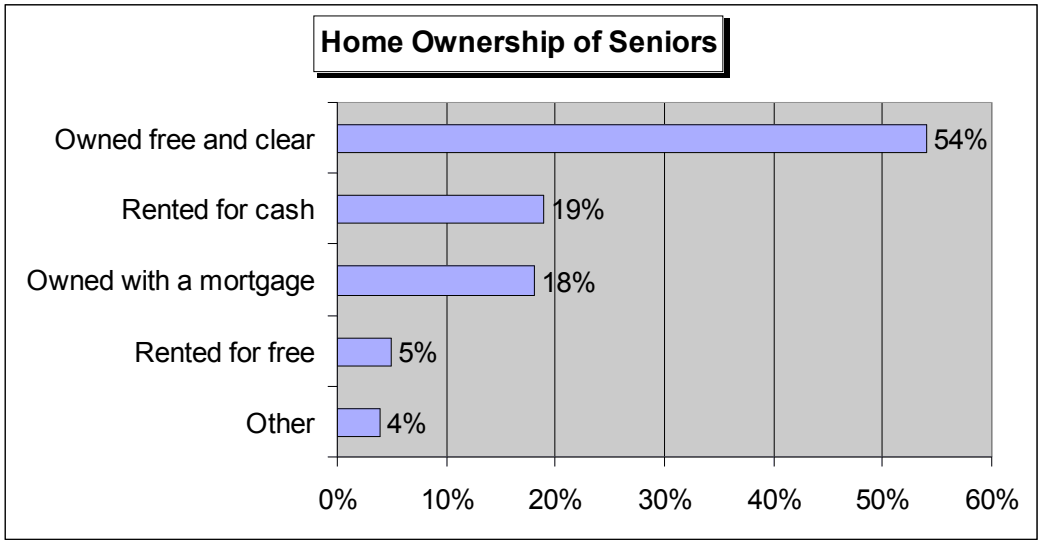
Living Arrangements

Three in 10 seniors (30%) reported that they lived with their spouse in their own home, while a similar amount (30%) lived in their own house with family members. In contrast, 25% of seniors lived by themselves and 15% had some other living arrangement or did not state what their living arrangement was.

Home Ownership

More than 7 in 10 seniors (72%) either owned their home outright or with a mortgage, compared to 52% of the Bermudian population in 2000. Just over half (54%) owned their home free and clear of any payments while just under 1 in 5 (18%) had a mortgage. The median monthly mortgage payment was $2,100. Also 1 in 5 (19%) rented their dwelling place, for a median monthly payment of 1,000, while 1 in 20 (5%) lived rent-free.

Figure 6 Home Ownership



Of those who owned their home free and clear, they were more likely to be female (63% versus 37%) and black (64% versus 36%). They were also inclined to be between the ages of 70 and 79 (45% versus 32% for those aged 60–69 and 23% for those aged 80 and over.) By region, those in the western parishes were more likely to own their homes free and clear (38% compared to 36% for central parishes and 26% for Eastern.)

Somewhat surprisingly, those earning under $25,000 per year had a higher propensity to own their homes (35% versus 23% for those earning $25,000 but less than $50,000, and 22% for those earning more than $50,000.) It should be noted that 21% did not state their income. In addition, the figures do not show how much individuals were earning prior to retirement. It is possible that those earning under $25,000 in this study may well have been earning relatively lower salaries while in the workforce but had as a goal home ownership. These results may also be explained by the fact that while blacks generally were less well off than whites they may have been more inclined to seek home ownership.

Home Repairs

Just over half of the 508 senior households (51% or 259) reported that their home required repairs in the previous 12 months. Nearly 1 in 5 (19%) reported that their friends and relatives carried out those repairs. A further 13% stated that they conducted the repairs themselves or that their own handyperson carried out the repairs. Just 15% of senior households required repairs but their owners were unable to carry them out. The main reason that repairs were not carried out was that they were too costly (38%).

The major types of repairs needed were as follows:

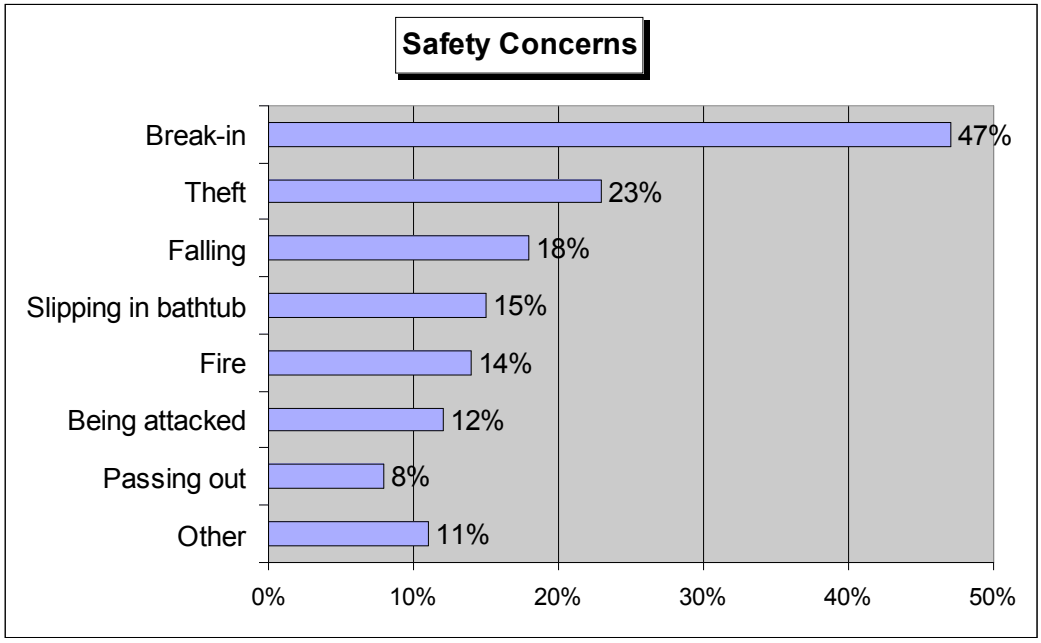
- 61% Painting (inside and out)
- 50% Windows, doors and blinds
- 48% Roof repairs
- 42% Plumbing
- 29% Electrical
- 17% Tiling
- 16% Carpentry

Seniors were asked about possible repairs in the next two to five years. More than half (55%) anticipated having their homes painted either inside or out. Just over 4 in 10 (42%) anticipated roof repairs while one-third (33%) anticipated window, blind or door repairs.

Home Safety

Nearly half of all senior households (47%) were concerned that their home would be broken into. It should be noted, however, that 6% of seniors actually had a break-in within the past 12 months. The next major concern was also crime-related, theft, at 23%. Other concerns included falling in their homes (18%) and slipping in the bathtub (15%).

Figure 7 Safety Concerns



By sex, and individually, females are more likely to be concerned about safety than males. For instance, with break-ins, 57% of females were concerned

compared to 43% of males. By race, blacks were more concerned about safety than whites. Focusing on break-ins again, 61% of blacks were concerned about them compared to 39% of whites. And across the board, seniors earning less than $25,000 were more concerned about safety. For break-ins, the figures were close. Nearly one-third of those earning less than $25,000 (31%) were concerned, compared to 29% of those earning more than $25,000 but less than $50,000, and 23% of those earning $50,000 or more.

Food and Meals

Seniors are often thought to have limited spending capacities since, for the most part, they are no longer in the workforce. Thus, it is assumed that they may have to make conscious decisions about how they spend their money. While this may be true, this study found that just 6% of seniors had to sacrifice purchasing food in order to pay a bill. The median monthly amount spent on groceries was $450.

Seniors were asked about the frequency of eating outside of the home. Nearly half (49%) ate out only occasionally. Less than 1 in 10 (9%) eat out once a month. A further 8% eat out 2–4 times a month while a similar amount (8%) eats out 2–5 times a week. Seven per cent eat out once a week and just 2% eat out more than five times a week. Notably, 15% of seniors stated that they never eat out at restaurants. Of those who eat out weekly, females were more likely to do so than males (53% compared to 47%), whites more so than blacks (by the same 53% to 47% ratio), and 'younger' (60–69 year old) seniors (55% compared to 33% for those between the ages of 70 and 79, and 12% for those 80 and older.)

Regardless of how often seniors ate outside of the home, they had some advice for restaurateurs as to how they could best service their dining needs. Not at all surprising was the view that they should have discounted meals (56%), followed by smaller portioned meals (35%). The full list appears below:

- 56% Discount on meals
- 35% Smaller portioned meals
- 25% Larger printed menus
- 24% Better lighting
- 18% Better access to the restaurant
- 8% Some other benefit.

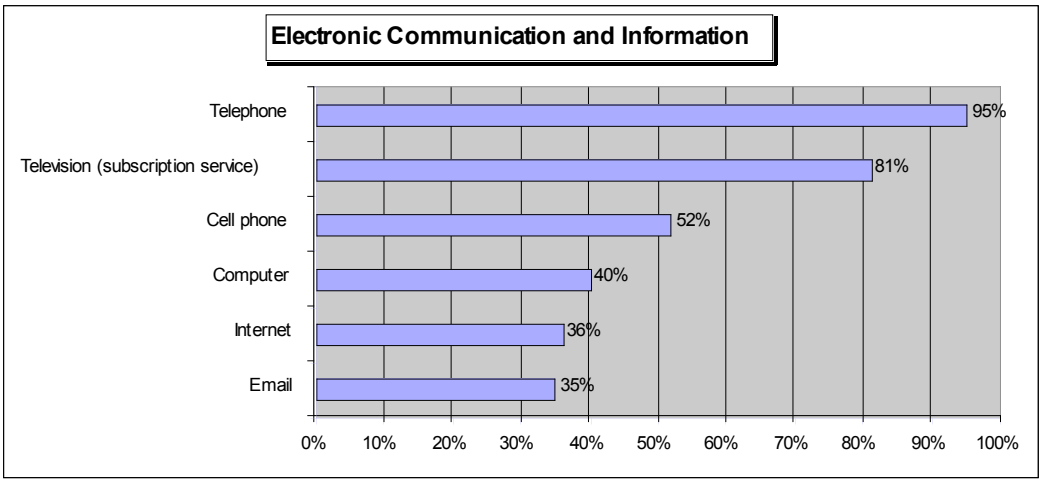
Another issue concerning seniors is transport, which we shall look at more closely in the Transportation and Mobility section of this report. In this section, we want to focus on the type of transport used when purchasing groceries. Two-thirds of seniors (67%) used their own car when shopping for groceries. Another 17% are driven by a family member or friend. 'Gypsy' taxis are used by 6% of seniors while 3% use regular taxis. Only 2% of seniors use public transportation when purchasing groceries.

Communication and Technology

Bermuda's seniors appear to be quite technologically savvy. Nearly all (95%) had a telephone in their home. More than 8 in 10 (81%) watched television with a subscriptions service, such as cable or satellite, and more than half (52%) used a cell phone on a regular basis. Nearly 6 in 10 (57%) had a computer in their home and 40% of them used it on a regular basis. Just over half of seniors' homes (51%) had access to the internet. More than one-third of senior households (36%) accessed the internet while a similar amount (35%) sent email on a regular basis.

Seniors also engaged in more common pastimes. Nearly all of them (90%) read the newspaper on a regular basis while 84% listened to the radio. Nearly two-thirds of them (65%) read magazines regularly and just over 1 in 10 (13%) visited the library regularly.

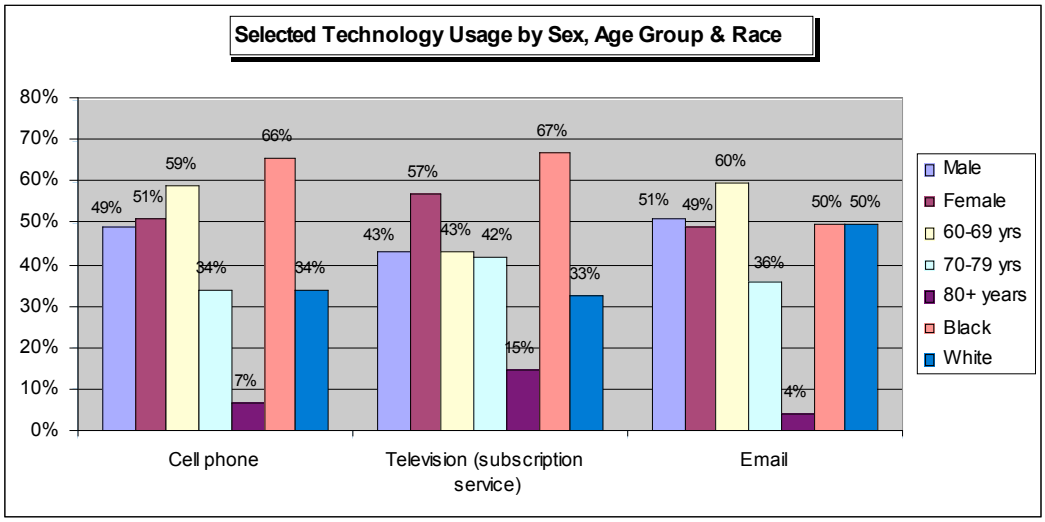
Figure 8 Electronic Communication and Information



By sex, with regard to television, cell phone, computer, internet and email usage, there was little difference between the sexes. Females were more likely, however, to have a telephone (59% versus 41%), have television with subscription service and a radio (57% versus 43% respectively). Females were also more avid readers with 58% reading magazines and newspapers compared to 42% for men.

When technology results were analysed by age group, a distinct but not surprising trend emerged – the older one got, the less likely they were to use technology. For instance, 'younger' seniors were more likely to have a cell phone, watch television with subscription service and send email compared to 'older' seniors. By race, blacks were far more likely than whites to use a cell phone and watch television with subscription service, but were equally likely to send emails (see Figure 9).

Figure 9 Selected Technology Usage by Sex, Age Group and Race



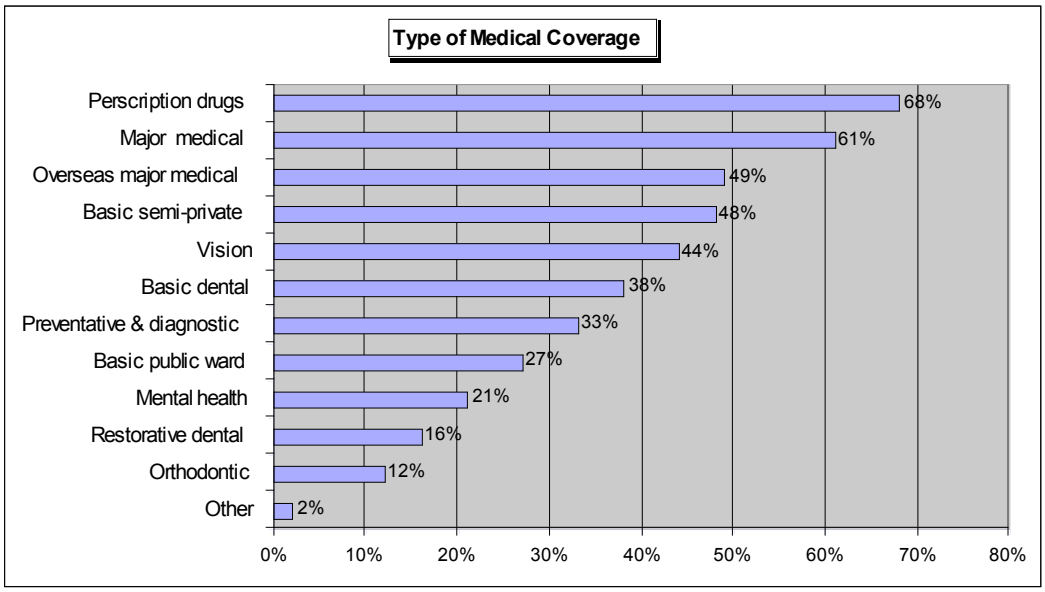
Health

Insurance Coverage

Perhaps one of the major public concerns today is the rising cost of healthcare. With regard to seniors there is concern that they will be unable to pay for such care, even as they become increasing users of it. However, findings in the STATS survey revealed that 94% of seniors have health insurance coverage, a figure almost identical to the general population recorded in the 2000 Census of Population and Housing (95%). Only a very small minority of seniors (3%) were refused health insurance coverage once they turned 60.

While seniors had a high level of insurance coverage, the type of coverage varied. Nearly 7 in 10 (68%) had coverage for prescription drugs while just over 6 in 10 (61%) had major medical coverage. Half of seniors had overseas major medical coverage (49%) and basic coverage in a semi-private ward (48%). (See Figure 10 below for the complete list of medical coverage.)

Figure 10 Type of Medical Coverage



By sex, and looking at prescription drug and major medical coverage, females were more likely to be covered than males (60% versus 40%, and 57% versus 43% respectively). By age, a clear trend is being established – the older one got, the more likely one is to have fewer benefits. This result is perhaps not surprising since it is a fact that insurance companies cease to provide some benefits for seniors after a certain age. While younger (60–69 years) and middle-aged (70–79 years) seniors were equally likely to have prescription drug coverage (43% each), older seniors (80 and above) were least likely to have it (14%). With regard to major medical coverage, the fall-off by age group is even starker (51% for younger seniors, 38% for middle-aged seniors and 11% for older seniors.)

By race, blacks were more likely than whites to have both prescription drug coverage and major medical (55% to 45% and 59% to 41% respectively.)

Government's HIP Insurance covered one-quarter of all seniors (24%). Just under one-quarter (23%) were covered by BF & M while just over one-fifth (21%) were

insured by Argus. The median monthly amount spent on health insurance was $227.

When asked who should contribute to the cost of their health insurance, nearly 8 in 10 (78%) felt that the Government should play some role. The breakdown was as follows:

- 27% Combination of former employer and the Government
- 26% The Government
- 25% Combination of the Government and seniors themselves.

Other responses included their former employer (14%), a combination of their former employer and themselves (12%) and themselves (11%).

Difficulties Due to Health, Conditions, Medications and Treatment

Seniors were asked about difficulties that they may have had carrying out certain activities due to their health. The major difficulty reported was walking or climbing steps (31%). Closely following was having difficulty remembering or concentrating (29%). The next major difficulty recorded was that of seeing, even with glasses (19%) and hearing, even if using an aid (18%).

At the time of the survey, 8 in 10 seniors (80%) reported being on prescription medication. Just over one-third (34%) were taking over-the-counter drugs while 10% purchased herbal remedies. Nearly 1 in 7 seniors (13%) stated that they were not taking any form of medications. In terms of cost saving measures, 47% of seniors stated that they purchased generic brands if they were available.

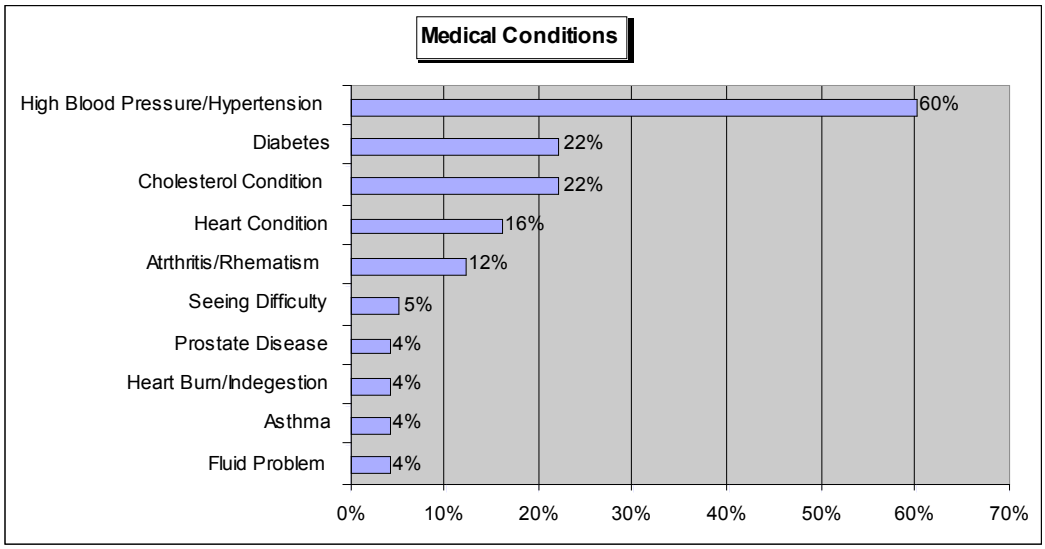
There are a variety of pharmacies available for seniors to purchase their medical drugs. Just over one-quarter (26%) purchased them at a Phoenix Group store, while just over 1 in 7 (16%) made purchases at People's Pharmacy. The full list where purchases were made appears below.

- 26% Phoenix Group
- 16% People's Pharmacy
- 11% Whites
- 10% Hamilton Pharmacy
- 6% Caesar's Pharmacy
- 5% Robertson's Pharmacy
- 3% Lindo's Pharmacy
- 3% KEMH Out Patient Pharmacy
- 1% Bermuda Diabetes Association
- 4% Other

The median monthly amount spent on prescription medications was $50, while the median monthly amount spent on over-the-counter-drugs was $10.

More than three-quarters of seniors (78%) reported a diagnosed medical condition. Of those reporting a medical condition, topping the list by far was high blood pressure/hypertension (60%). Following at a distance was diabetes and cholesterol problems (22% each), and heart complications at 16%. The top ten conditions are found in Figure 11.

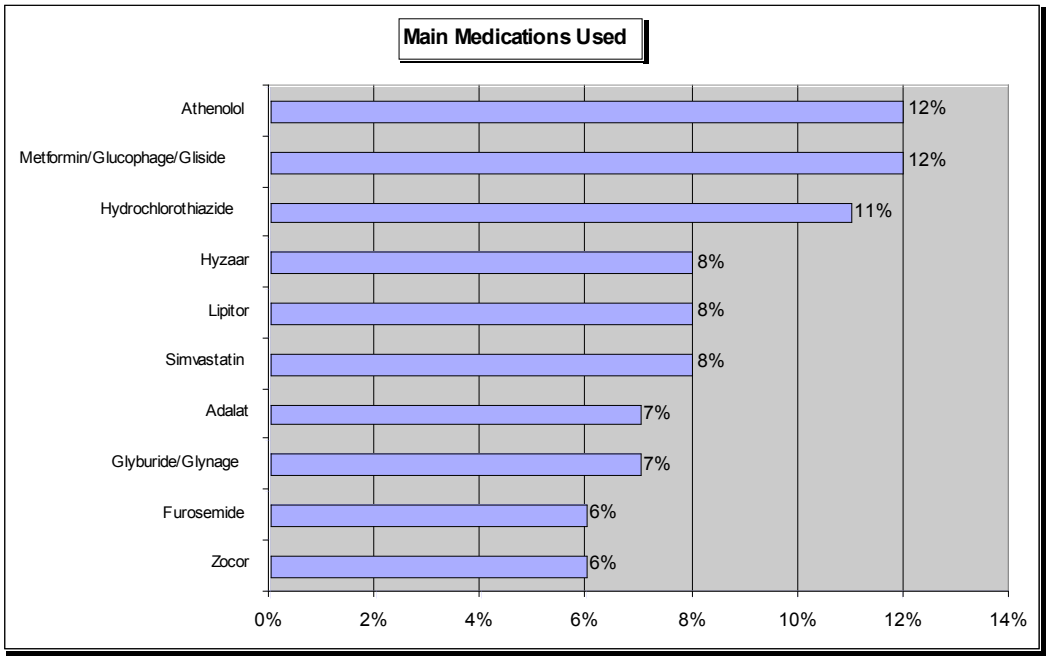
Figure 11 Top Ten Medical Conditions



Looking at just the top three conditions by sex, females were more likely to have the condition. For high blood pressure, the ratio was 64% to 36%, for diabetes it was 59% to 41%, and for heart complications it was 54% to 46%. By race, similarly to females, blacks were more likely to have the condition. For high blood pressure, the ratio was 73% to 27%, for diabetes it was 79% to 21%, and for heart complications it was 66% to 34%.

Seniors named some 65 medications that they were using in addition to others which they could not name. The top three medications used were Atenolol (12%), used to treat high blood pressure, Metformin/Gluophage/Gliside (12%) used to treat diabetes, and hydrochlorothiazide (11%), also used to treat high blood pressure. The top ten medications used are found in Figure 12.

Figure 12 Top Ten Medications Used



Some 22% of those on medications did not take them at some point during the preceding 12 months. The main reason for not taking them was because they forgot (57%) or they chose not to take them (23%).

With regard to general practitioner visits, just 11% had not made a visit in the last six months. More than one-third (36%) had visited once, while more than 4 in 10 (43%) had visited on average three times in the last six months. Eight per cent of seniors had had medical treatment abroad in the past 12 months. Nearly half (48%) were aware of the Government Wellness Clinic for seniors although only 1% had actually used it in the past 12 months.

Generally, visits to Government-sponsored health facilities were low. The highest rate of visitation was recorded for KEMH Medical Clinic (13%), followed by the Physiotherapy Unit (8%) and the Immunisation Clinic (also at 8%). Outside of Government services, 70% of seniors had visited their general practitioner in the past 12 months, 29% had visited a specialist physician while 18% had visited the Bermuda Cancer and Health Centre. Just 6% of seniors had received special home-care services in the preceding 12 months. On the other hand, 16% reported providing care-giving services to other elderly persons.

In preparation for medical emergencies, 30% of seniors had a living will or healthcare directive. Just over 1 in 10 seniors (12%) used medical equipment. Of these the Top Three kinds of equipment were: 49%, a walking cane, 23%, diabetic equipment, and 20%, a walker.

Dental Health

Just under half (46%) of all seniors had dental coverage and nearly 6 in 10 (57%) had visited the dentist within the preceding 12 months. Of those who visited,

74% went for their routine check-up. Nearly 1 in 5 (18%) had to have a tooth filled, while just over 1 in 10 (12%) had denture work done.

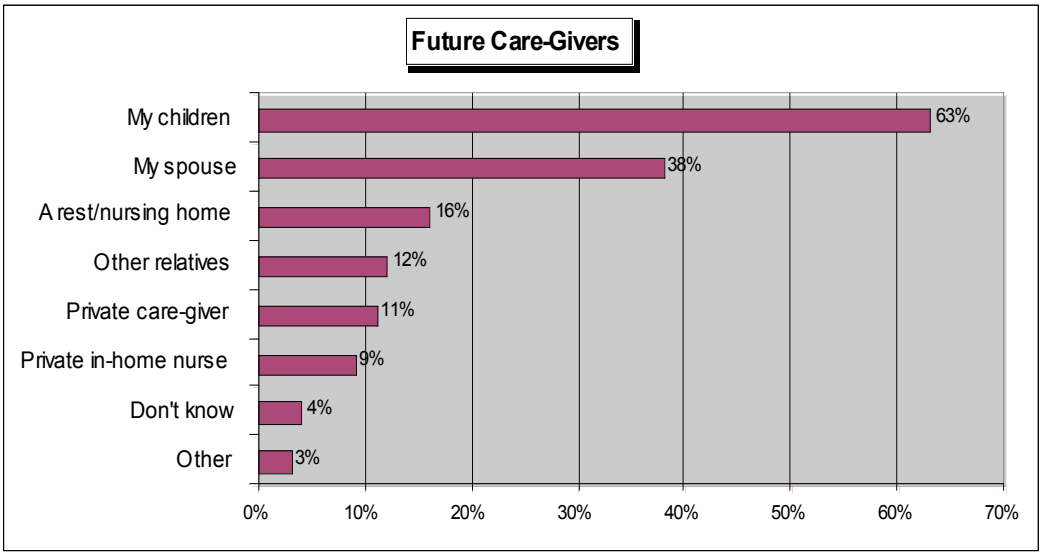
Just over half (52%) of seniors had their dental visits covered by insurance. However, more than one-third (36%) paid in cash for their visit, while one-quarter (27%) used either their debit or credit card for payment.

When asked if anything prevented them from seeing a dentist, one-fifth of seniors (22%) stated nothing. The other main reason was that they had no teeth (8%).

Long-term Health-care

Regardless of their present condition, the question was put to seniors about who would care for them in the event that they could no longer care for themselves. Of those responding, more than 6 in 10 (63%) stated that their children would become care-givers for them. Nearly 4 in 10 (38%) indicated that their spouse would. The complete list of care-givers appears below in Figure 13.

Figure 13 Future Care-Givers



By sex, females were more likely than males to state that their children would become their care-giver if they could no longer care for themselves (69% versus 54%). Males on the other hand, were likely to state that their spouse would care for them (54% versus 27%). By race there were also differences. Blacks were more inclined to state that their children would become care-givers (68% versus 52%), while whites were more likely to report that their spouse would become their care-givers (46% versus 33%).

By age groups, those between the ages of 70 and 79 were more likely to report that if they could no longer care for themselves their children would (69%, compared to 58% for those between the ages of 60 and 69, and 56% for those 80 and over.) On the other hand, the younger the senior was, the more likely it was that they would name their spouse (49% for the 60-69 age group, 35% for the 70–79 age group and 15% for those 80 and over.)

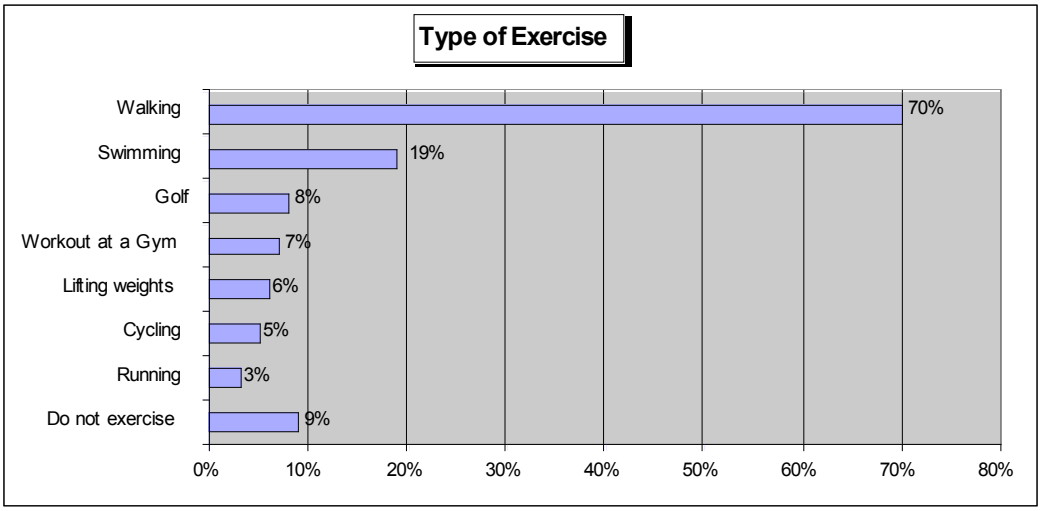
Satisfaction with Healthcare Services and Exercise

Asked on a general level about how satisfied they were with overall healthcare services, more than 4 in 10 seniors (44%) were either very satisfied or satisfied with them. One in 5 (21%) were neither satisfied nor dissatisfied, while 16% expressed some level of dissatisfaction. Asked if they had access to all the services that they needed, nearly all seniors (90%) responded affirmatively. With regards to affordability, nearly three-quarters (73%) stated that they could afford all the healthcare services that they needed.

Asked about the kinds of exercises that they participated in over the past 12 months, 70% of seniors reported walking. Just under 1 in 5 (19%) swam for their exercise. All other mentions were reported at a level lower than 10% with golf

being the highest ranking of these at 8%. A similar amount (9%) stated that they did not exercise in the past year (see Figure 14 below.)

Figure 14 Type of Exercise



The critical question was, however, how often seniors exercised. Just under 3 in 10 (29%) said that they exercised every day while a similar amount (28%) exercised 3–6 times a week. For nearly one-quarter of seniors (23%) exercise was less than three times a week. Less than 1 in 10 (9%) stated that they never exercised.

Transport and Mobility

Use of Transport Services

The first part of this section of the survey dealt with physical impairments that prevented seniors from moving around in their home. Just 6% responded that this was the case and even then, only sometimes.

Turning to motorised transport, seniors were asked what their main method was. The results were:

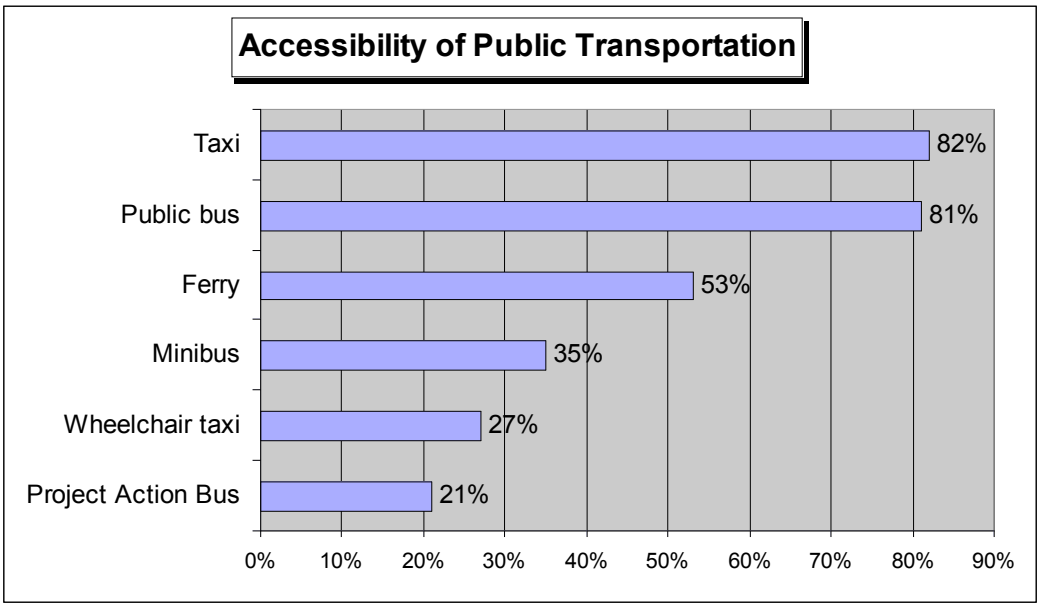
- 61% Their own car
- 13% Car driven by a family member or friend
- 12% Public bus
- 2% Taxi
- 1% Ferry

Some 70% of seniors reported owning their own vehicles with a similar amount (69%) stating that they had a valid driver's licence. More than 9 in 10 (92%) stated that either they or others drove them around in a private car. For those who drove around in their own car, they were asked if there were any restrictions that either prevented them from driving or made them uncomfortable while doing so. Just over 4 in 10 (42%) had no restrictions on their driving. For those that did, driving at night was the biggest concern (14%), with driving during rush hour traffic also of concern (11%).

With regards to visits to the doctor, 59% of seniors used their own car with them or someone else driving it. For 14%, a family member or a friend drove them. A further 12% caught the bus, while just 2% took a taxi.

Turning to public transport, seniors were asked, regardless of whether they used it or not, how accessible it was to them. Taxis and buses were found to be most accessible (82% and 81% respectively.) Half (53%) found ferries to be accessible while one-third (35%) found minibuses to be accessible. Full results are in Figure 15.

Figure 15 Accessibility of Public Transportation



Accessibility of services is one thing, usage is another. For the most part, seniors did not use public transport to a great extent. The least used service was Project Action buses with nearly all seniors (94%) stating that they did not use it. Next were minibuses, with 85% of seniors reporting that they never used this service, and just 10% stating that they used it occasionally. Just over 4 in 10 (42%) reported never using the ferry, while half (51%) confessed to using it only occasionally. A similar story was told for taxi service with 39% reporting never using it while 52% used it occasionally. The same was reported for buses – 35% never, 39% occasionally.

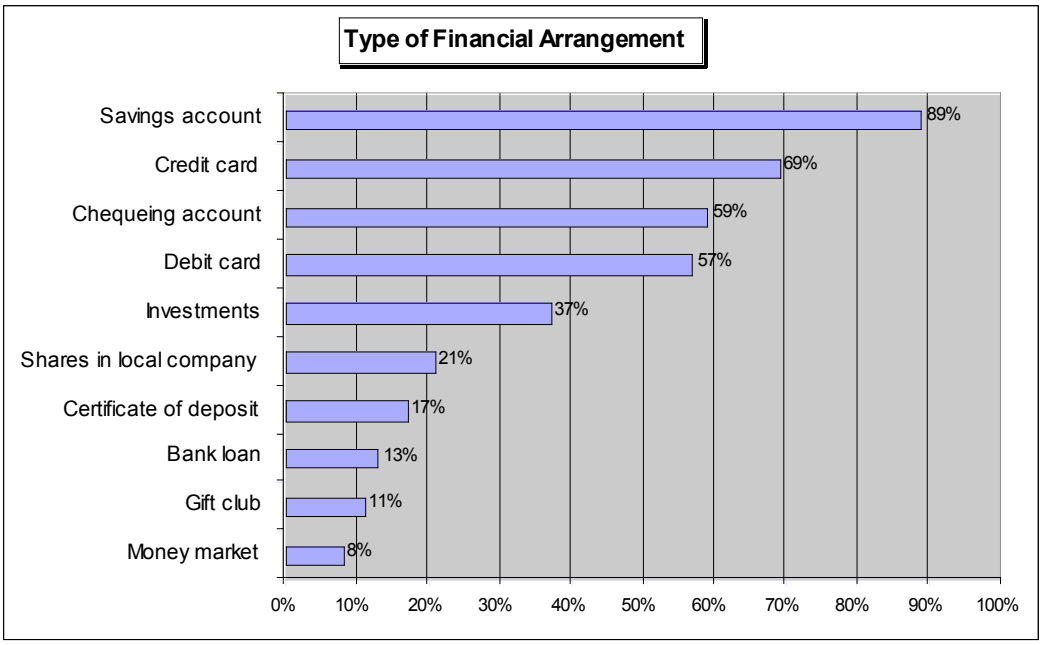
Seniors were asked about their willingness to pay for a door-to-door transportation service if one were available. Six in 10 (60%) responded that they would pay for such a service. When asked about how much they would pay for each journey, the median amount was $4. Just 6% indicated that they would pay the same amount as they would for a taxi ride.

Banking, Legal, and Social Affairs

Banking and Retirement Plans

For their main banking services, more than half of all seniors chose Butterfield Bank (54%) with 40% choosing Bank of Bermuda. Capital G was used by 2% of the senior population. However, more than half (51%) of seniors had accounts at more than one institution. The main account held was a savings account (89%), followed be credit cards (69%) and chequing accounts 59%. Debit cards were also used by a majority of seniors (57%). The complete list appears in Figure 16 below.

Figure 16 Type of Financial Arrangements



Seniors were probed to determine their awareness of financial products and services. Nearly 6 in 10 (59%) were aware of an ATM machine. Just over half (53%) were aware of investment accounts, while one-third each were familiar with home equity loans (35%), Internet banking (32%) and reverse mortgages

(30%). While there was some awareness of financial services, they were little used. Just 8% were interested in a home equity loan, while 7% were interested in reverse mortgages. Nearly one-third of seniors (33%) had a financial plan.

Seniors were asked about the kinds of services that banks could offer that would make their life a little easier. The results were as follows:

- 70% No charges at all
- 56% A dedicated bank officer
- 50% No draft fees
- 49% No fees for cheque books
- 8% Other services

With regard to their retirement, 38% of seniors stated that they had a retirement plan of some kind. Of the more than half (54%) who did not have one, the main reasons were as follows:

- 31% Did not think that it would have been necessary
- 27% Was not offered one by their employer
- 23% Had no knowledge of retirement plans
- 14% Could not give a reason as to why they did not have one
- 13% Could not afford one.

Legal Affairs

When it came to legal advice, 41% of seniors turned to their family lawyer, while another 22% sought advice from any lawyer. One in 10 (13%) got information from family and friends or from some other source (12%). More than half of all seniors (55%) had a will and 25% had reviewed it within the past 12 months. Nearly one-fifth (19%) had visited a lawyer within the past 12 months.

By sex, males were more likely than females to have a will (59% compared to 55%) and whites were far more likely to have a will than blacks (78% compared to 45%)

Recreational Activities, Organisational Membership and Volunteering

When it came to recreation, nearly 3 in 10 seniors (29%) engaged in some activity a few times a week. One-fifth (20%) took part in activities on a daily basis. For 10%, activities either happened once a week or less than once per month, and for 7% they occurred once each month. However, 21% never engaged in recreational activities at all.

Nearly three-quarters of all seniors (74%) were members of some organisation. More than half (56%) belonged to a church while 13% each were members of a sports club or special interest club. Just over 1 in 10 was a member of a seniors' club while 4% were members of Age Concern.

Nearly one-third of seniors (32%) volunteered their services with half of these (48%) volunteering for a cause that was specifically targeted toward seniors. In terms of the kinds of organisations seniors volunteered for, cited most was churches (55%), followed by charities (32%) and hospitals (14%).

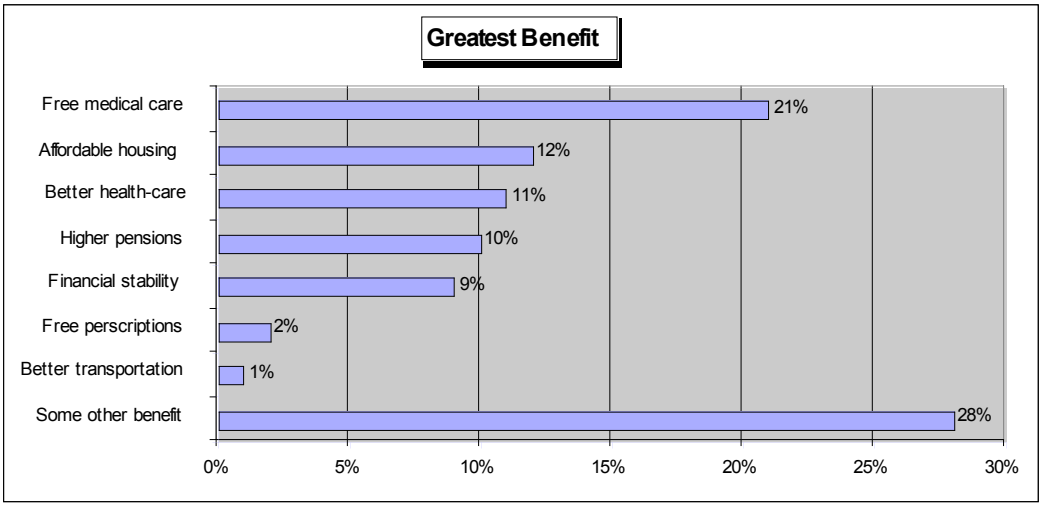
Discrimination due to Age and Greatest Benefits for Seniors

Discrimination is an unfortunate occurrence in societies. Bermuda's seniors were asked if they had experienced discrimination as a result of their age. Less than 1 in 10 (8%) had experienced age discrimination.

To round out the study, seniors were asked about the single, greatest benefit that could be given to them. At the top of the list was free medical care at 21%. The next benefit was affordable housing (12%) followed by better healthcare (11%).

For nearly 3 in 10 (28%) some other benefit was listed. Full responses appear in Figure 17.

Figure 17 Greatest Benefit that could be Given



CONCLUSIONS

Generally Seniors Report They Are Doing Well...

After reading this report, one may well ask what is the state of seniors in Bermuda and the trends facing them. For the most part, seniors are doing reasonably well. Just over 7 in 10 own their own homes, with half owning them free and clear. More than half lived with someone else and few required home-care services. While the majority required some sort of medical care, three-quarters reported that they could afford such services and were generally satisfied with medical services in Bermuda.

Only a small minority reported difficulty getting around in their own home while outside of the home more than half got around in their own car. Likewise, they considered public transportation to be quite accessible although they did not use it regularly. Very few seniors reported having to sacrifice a meal to pay a bill and, similarly, few seniors recalled encountering age discrimination.

Homeownership and Savings, Seniors Leading by Example...

Home ownership among seniors (72%) is considerably high. This may contribute significantly to why seniors appear to feel they are doing well generally. It is interesting to note that the majority of seniors (89%) had savings accounts but just over a third reported that they had investment accounts. Based on these findings one could infer that the majority of seniors in Bermuda may fare better than their North American counterparts during the current world economic crisis, as their major assets may be found in cash savings and local real estate as opposed to retirement investment plans.

A caution should be noted here however, that the STATS survey did not speak to the amount of savings that seniors had nor did it speak to the financial impact of the escalating cost of living expenses such as utilities.

Life-Styles and Related Diseases Threaten the Quality of Seniors' Lives...

In spite of these numerous positives, there were some very real issues that seniors had to face. Perhaps of most concern were the high number (78%) that was suffering from a medical condition and a similar number (80%) who were on medication as a result of that condition.

The top three medical conditions were high blood pressure, diabetes, and cholesterol problems, largely considered by the medical fraternity to be lifestyle diseases – that is diseases that can be prevented or reduced through changes in one's living habits. These findings coupled with the findings that less than a third of seniors report that they exercise on a regular basis suggest that this population will continue to put a strain on our current healthcare system. Based on these findings, health prevention programmes targeting seniors that focus on healthy lifestyles, including the importance of exercise, need to be initiated at an accelerated pace.

Seniors Expect Their Children to Provide Care and Assistance...

Seniors reported that if they could no longer care for themselves, most would rely on their children. This is perhaps as it should be. However, today's seniors are living much longer and the burden of care will likely fall on families with young children or those with children entering college. In other words, care for seniors would occur at a time when families are already likely to be strapped for cash and time.

Studies have shown that middle-aged women are more likely than their male counterparts to have the responsibility of caring for ageing parents, the same

people who are likely to be caring for children. There is no doubt that the children of today's seniors must also adequately prepare themselves to understand and meet the expectations their ageing parents. It is equally evident, given the current challenges being faced by many families in Bermuda, that the adult children of seniors will also require their own support systems.

Government Programmes Needed to Support Seniors and Their Families

Government programmes, such as a prescription subsidy for seniors, and subsidised day care for children, is likely to bring some relief to care-giving families. While the majority of seniors indicated that they could afford the health services they needed, in general seniors appeared to believe that the Government should play some role in paying for healthcare services. An emerging trend to monitor in the years to come is whether seniors would continue to feel that they could adequately cover their healthcare costs without significant Government intervention.

Additional funds to support seniors' long-term care needs may also have to come through private sector schemes such as home equity loans or reverse mortgages, of which there is some familiarity among seniors, but who are yet to adopt such programmes on a large scale. It may be beneficial that an educational programme on such financial topics be targeted toward seniors in order to assist them to make more informed choices about whether such schemes can be useful to them.

Given the high percentage of home ownership, such programmes could prove beneficial in assisting seniors and their families in financing long-term care needs. Such programmes will require Government leadership and oversight to ensure that the assets and legacies of seniors are protected and used in their best interest. Steps to facilitate such programmes should commence as soon as possible, while home ownership among seniors continues to remain high.

Another issue for seniors was transport. While more than half had their own cars, a larger majority had to rely on others. Added to this was the fact that one-third had difficulty walking and climbing stairs. This may help to explain why public transportation was considered accessible, but infrequently used. Thus it is likely that some form of door-to-door service would be needed in the future. It should be cautioned, however, that any such service would have to be heavily subsidised as seniors were only willing to pay $4 for each trip.

Another issue that may require Government intervention concerns indications of diminishing benefits and services as seniors got older, at a time when services are perceived to be needed the most. Further study on those 80 years and older may be required in order to better ascertain their specific service and long-term care needs.

Private Industry Plays a Role in Meeting Seniors' Needs...

In this survey a number of service providers are named as being used on a frequent basis. High numbers of seniors utilise medical, insurance, banking, cell phone, and print media services. Private services such as these that are widely used by seniors should be approached in an effort to extend the ability of meeting the needs of this group. Some innovative steps have already taken place. For example, Age Concern through a local insurer, has launched a programme specifically for seniors. While there was an age limit, this step does acknowledge that continued benefits for seniors are needed and can be created through existing providers.

Likewise, the STATS survey indicated some interesting gaps that can be provided by the private sector. For example, there was one area in which seniors appeared not to be giving great attention – that of preparing to die. Just over half of respondents reported having a will, with one-quarter having reviewed it recently. Having a will is important since it clearly defines the intent of the deceased with

regard to the distribution of assets. It also reduces the length of time it takes to probate a will. Since whites are significantly more likely to have a will than blacks, a campaign targeting black seniors in particular, about the benefits of having a current will and what happens if a person dies without a will, could assist greatly in increasing the number will holders. Other gaps in services that could be fulfilled by the private sector include the need for discounted meals, retirement and financial planning, recreation, home security and home maintenance programmes.

The Work Toward Improving the Lives of Seniors Must Continue...

The STATS survey covered many areas. While the more salient issues were highlighted in this report, there are others that may be of particular interest to a reader or still others where further analysis may be required. It is the hope of Age Concern that the STATS report becomes more than just another document but rather an advocacy tool that provides better direction to existing sectors of the community on how to improve their current impact on the lives of seniors.

It is toward this end that Age Concern welcomes requests for information coming from this study that may not be published in this report.

Finally, it is recommended that a STATS survey be carried out every three to five years. Such frequency will allow policymakers, service providers and interested stakeholders to plan, adapt and make more informed decisions on how best to meet the needs of our growing senior population.

Our work continues.