



# **OLDER PERSONS IN JAMAICA**

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**DENISE ELDEMIRE-SHEARER**

**KENNETH JAMES, NORMAN WALDRON, KATHRYN MITCHELL-FEARON**

**Mona Ageing and Wellness Centre**

**UWI, Mona Campus**



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## **RESEARCH TEAM**

Project Leader	Denise Eldemire-Shearer
Co-Investigators	Kenneth James, Norman Waldron
Field Manager	Claudette Smallhorne
Focus Groups	Desmalee Holder-Nevins
Field Staff	Hazel Laws, Tanisha Hall, Michelle Harris,
Assistant	Paulette Bacchas
Data Analysis	Kenneth James, Norman Waldron, K. Ferron Mitchell
Technical Support	Annazika Watkins, Shane Williams

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Lab Services Biomedical Laboratory

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## **EXECUTIVE SUMMARY**

Older persons 60 years and over in Jamaica were studied using quantitative, qualitative and clinical tools. The sample of two thousand nine hundred and forty three (2,943) persons was drawn from the south eastern parishes of Kingston & St. Andrew (KSA), St. Catherine and St. Thomas. The 2011 National census and other local health and social policies and studies provided additional information. The findings were compared to the 1989 Elder Study by D. Eldemire-Shearer, the 1995 Survey of Living Conditions (SLC) special ageing module, the 2010 SLC and the Social and Economic Survey (2010). The main aims of the study were 1) to assess the health and social status of older persons in Jamaica and 2) to identify the needs of this population.

The findings of this study confirm the ageing of the Jamaican population, with largest growth being in the over 80 sub-population (20.8%). This group also showed the highest prevalence of frailty and physical and mental impairment. This group requires targeting for specific health and social services.

Overall, gender differences emerged; generally females were older, less likely to be in a union and to have more illness. Older men were more likely to live alone and be in need of assistance. Both age groups therefore require intervention for differing reasons.

The key health and social findings are attached, and highlight the need for policy and programme intervention for older persons. Such interventions will promote functional independence and improved quality of the increased years of life.

What has emerged is the importance of mainstreaming ageing into all national policies and programmes using a life course approach. This will not only help meet the needs of older persons but will sensitize upcoming cohorts to prepare for their later years. The study allows for an evidence based approach to planning services for older persons.

With regards to health, given the high levels of chronic disease, there is a need for targeted early interventions and strengthening of prevention activities. Primary Health Care (PHC) has been identified as the best point for interventions using the active ageing approach which simultaneously introducing age-friendly PHC. Such interventions need to coincide and coordinate with interventions targeting the social determinants of health.

All sectors of society need to be involved with Government leading the way; the private sector, NGO's and older persons themselves will be critical to success.

Finally, the study identified the need for 1) cost benefit analysis of different options to be done, 2) dementia studies and 3) a midlife study.

## **KEY FINDINGS**

### **RESULTS**

#### **Census Analysis**

- The Jamaican population is ageing; the percentage increase in the total population between 2001 and 2011 is 3.5%, compared to the 60 and over age group which increased by 15.3%.
- Elderly males showed a greater percentage increase between 2001 and 2011 than did elderly females (18.2% versus 12.8%).

- The 60 and over population in 2011 represents 11.3% of the total population , compared to being 10% of the population in 2001 (i.e. an increase of 40,408 persons).
- The over 80 age group showed the greatest percentage increase over 2001 figures, of all age groups (20.8%).

### **Study Analysis**

- The demographic profile of this sample is in keeping with the 2011 Census
- feminization of old age was evident especially of old-old overall; females represented 52% of the study population.
- The young-old comprised 44.2% of the sample, the medium-old 33.8% and the old-old 22.0%.
- Females were on average, older than male respondents (72.9 vs. 71.4 years).
- Education levels have not significantly changed since the last elderly survey in 1989. Almost six percent (5.7%) of the cohort had no formal education, while 72.0% reported primary school as their highest level of education.
- Women were more likely to report being educated, especially at university level
- Almost a third (32.9%) of the sample was single which has increased from 24.7% in the 1989 survey.
- Women were less likely than men to be engaged in a stable union (26.1% versus 49.0%), and were more likely to have lost a spouse than men (30.2% versus 15.4%).

- Only 14% of participants reported not having a religious affiliation. The major Christian denominations reported were Church of God (17.9%), and Seventh Day Adventist (11.2%).

## **FUNCTIONAL STATUS**

- Functional independence was high (92.7%, n=2,694) in this population.
- Age and gender differences existed amongst the dependent group– being a woman and increasing age were risk factors for dependence. Dependence was most prevalent in old-old women.
- Instrumental Activities of Daily Living (IADL) disabilities (17.4% - 23.4%) were more prevalent than Activities of Daily Living (ADL) disabilities (2.6% - 5.8%).
- Generally, increasing age and being a woman were ‘risk’ factors for ADL and IADL disabilities. Old-old women reported the highest prevalence of both ADL and IADL functional disabilities.
- ‘Difficulty’ with daily activities were widespread in this group e.g. sitting (39.4%, n=1,156); walking (46.2%, n=1,348); standing (46.5%, n=1,357); climbing stairs 46.8% (n=1,367); and difficulty carrying things (45.0%, n=1,311).
- Many older persons (56.1%, n= 309) with arthritis symptoms reported moderate to severe/extreme difficulty walking; 27.1% (n= 148) indicated moderate to extreme difficulty ‘moving around the house’.
- ‘No impairment’ was reported in 61.0% (n=1,790) of the population. Among the impaired, visual disability (32.3%, n=944) was most commonly reported, followed by hearing (8.7%, n=254) and physical (7.5%, n=218) disabilities.

- More women reported having any of the three impairments (vision, hearing, physical) than did men (43.6% versus 34.0%;  $p < .001$ ).
- Seventeen point five percent (17.5%,  $n=501$ ) of participants used assistive devices such as canes and walkers to promote independence; 14.5% ( $n=201$ ) of males and 20.2% ( $n=300$ ) of females used devices.
- Only 13.6% ( $n=388$ ) of the participants reported having a caregiver; 60.8% ( $n=236$ ) were female and 39.2% ( $n=152$ ) were male.
- Fifty point four percent (50.4% ,  $n=1,403$ ) of older persons were assessed as having no cognitive impairment ; 38.5% ( $n=1,072$ ) were assessed as mild impairment.
- Severe cognitive impairment was assessed in 11.0% ( $n=307$ ) of the population; this increased to 19.2% ( $n=50$ ) in old-old men and 28.6% ( $n=98$ ) in old-old women.
- Women and the old-old had the highest prevalence of poor cognitive function.

## **LIFESTYLES**

- Forty-eight point four percent (48.4%,  $n=1,418$ ) of respondents reported ever smoking, while 25.4% ( $n=342$ ) reported currently smoking.
- The median age of initiating smoking was at 18 years and that for quitting was 50 years.
- Approximately 7% (6.9%,  $n=201$ ) of the older persons reported currently using the cannabis (ganja) herb; 48.5% ( $n=97$ ) of these persons reported drinking it as a

tea; 76.6% (n=154) smoking it; 10.7% (n=21) using it as a liniment; and 15.2% (n=30) used it as a medicine.

- Twenty one point four percent (21.4%, n=615) of persons reported drinking alcohol in the last year; the main drinks were rum (59.4%, n=361) and beer (58.6%, n=356).
- The median number of drinks per sitting was one (1); the frequency of drinking per week in the last 12 months also had a median of one.
- Approximately 63.3% (n=1,833) of the participants reported engaging in fitness activities, with the median number of times per week being seven (7).
- Forty-seven point four percent (47.4%, n=1,231) of the sample reported undertaking vigorous activity for at least 15 consecutive minutes during a typical week.
- Vigorous activity was undertaken on average, significantly more by men (2.6 times per week) than by women (1.47 times per week).
- Only twelve point four percent (12.4%) consumed fruits at least once per day. The corresponding figure for vegetables (8.8%). A greater proportion of urban residents reported eating vegetables five or more times per week (47.4% (n=983) versus 39.0% (n=287). These results are surprising, as one would have expected rural residents to eat vegetables more frequently than urban residents. While frequency of consumption of fruits and vegetables was recorded, the adequate can only be determined by further detailed study that probes meticulously the amount of fruit and vegetables consumed at each eating.



## HEALTH STATUS

- Among older persons, 59.3% were assessed as having no depression, 24.7% mild depression, 12.3% moderate depression, and 3.7% severe depression.
- The old-old and women had the highest proportion of *severe* depression.
- Most persons (74.1%) reported being satisfied/very satisfied with ‘life as a whole’, and 70.4% indicated satisfaction with their health.
- Twenty-one point seven percent (21.7%) reported falling in the last 6 months; women and the old-old were more likely to report the same.
- Thirty-two point three percent (32.3%, n=944) of the sample reported having a visual impairment; additionally, 21.8% (n= 634) reported ever having cataracts, and 11.6% (n=338) reported ever having glaucoma.
- Most persons (76.4%, n=2087) had at least one chronic condition/illness; women and the middle-old were most likely to report this finding.
- Almost half (46.9%) of the sample reported having comorbidities.
- High blood pressure (61.4%, n=1,800), arthritis (35.0%, n=1,022), and diabetes (26.2%, n=767) were the most highly reported conditions amongst older persons.
- Women were more likely to report having a chronic disease. Doctor-diagnosed Hypertension was reported in 72.5% of women and 49.2% of men. The corresponding figures for diabetes were reported in 32.3% and 19.6% respectively.

- Generally chronic diseases significantly increased since the last national survey; the greatest increases were in diabetes (157.1%), cancer (118.3%), and stroke (54.5%).
- Almost one in ten (9.7%) persons reported having had an injury in the past 12 months.

### **Clinical Assessment**

- There were high levels of uncontrolled and undiagnosed disease
- Approximately 27.5% of the sub-sample who were assessed as having high blood pressure had not previously been doctor diagnosed. Amongst those who had been diagnosed, 72.2% were poorly controlled
- Almost a third (30.7%) of persons with elevated HbA1C levels had not been doctor diagnosed with diabetes. Amongst those who were doctor diagnosed, 59.8% were poorly controlled.
- Rural persons had more uncontrolled and undiagnosed disease
- The majority (51.4%) of the sub-sample were overweight/obese; 41.8% had a normal BMI and 6.3% were underweight
- A greater proportion of males were underweight, and more females were overweight/obese
- Prevalence of anaemia was 32.7%; more men were anemic than women (44% versus 24%). Additionally, almost half (48%) of the old-old were anaemic
- Elevated HbA1C levels were found in 37.3 % of the population; more prevalent amongst females

- Almost half of the population (48.4%) had abnormally elevated cholesterol levels.
- Almost 50% (48.4%) had both high cholesterol and high LDL (51%); this was more prevalent amongst females than males
- Twelve point two percent (12.2%) of the population had three (3) elevated risk factors for cardiovascular disease; 8.9% had four (4) elevated risk factors
- Thirty three point three percent (33.3%) of men sampled had high PSA's; no difference by age
- Only 3% of population had low calcium levels

## **HEALTH CARE**

- Health care access was good but with gaps
- Utilization was high with the majority (83.9%) of older persons seeing a health professional in the last 12 months.
- Most utilized primary care services – 51.6% access private care and 45.9% were at public health centres. Utilization of hospital outpatients services was 17.7%
- Hospital usage was low (22.6%) and dominantly public
- Women were more likely than men to have visited a health professional in the last 12 months
- The old-old preferably accessed privately operated primary health care

- Satisfaction with health care service received was high (>80% of older persons rated most aspects of health service as very good or good)
- Cost was a barrier to accessing medical care and prescriptions
- Utilization of preventive services was generally low
- Prevention advice from health professionals ever or at last visit was generally low. For example advice on physical exercise was reportedly provided at their last visit in 53% of older persons.
- Almost ninety percent (89.4%) of older persons with self-reported doctor-diagnosed hypertension reported that they were following a low salt diet. Less than half (48.0%) reported following a plan of regular physical exercise.
- Almost fifty percent (48.4%) of older persons with self-reported doctor-diagnosed diabetes reported that they were following a plan of regular physical exercise.

## **PHARMACY SERVICES**

- A majority (55.9%) of persons were prescribed medication for hypertension; 25.2% diabetes medication; and 18.6% arthritis. These were most reported by females, and least reported by the young-old
- Varying by condition/disease, between 53.2% and 92.5% persons reported taking their prescribed medications

- The highest proportion of persons taking their medications had: diabetes (92.5%), heart conditions (90.7%), high cholesterol (87.8%), and hypertension (86.5%)
- The majority (62.6%) of persons bought drugs in the private sector; 56.4% bought in the public sector; and 27.3% from DrugServ (note that persons may buy from ---- are not mutually exclusive)
- More females (64.5% vs 60.3%) and more urban (64.7% vs 56.6%) persons reported using private pharmacies
- A larger proportion of urban persons reported using DrugServ pharmacies than did rural persons (30.3% vs 19.5%)
- Most persons (63.0%; n= 1,627) indicated not mixing the type of pharmacy they use; only 8.8% (n= 226) used all three
- Prescriptions medication was were reported by 23.9% of the population as the most difficult health care service to access
- Most (76.6%) reported that medications were readily available, and 37.2% reported that their medications were affordable
- Major reasons for not taking medications included ‘cost’ (21.4%) and ‘not thinking they need the medication’ (28.8%)
- Women were more likely to report ‘side-effects’ as the cause for not taking their medication, while more males (39.3%) reported ‘not needing medications’ as the reason
- Only 29.8% of persons reported having both NHF and JADEP cards; 55.6% did not have either of these drug subsidies

- Amongst older persons with diabetes, the majority (60.0% & 54.8%) reported having the NHF and JADEP respectively. Among older persons with doctor-diagnose hypertension, 49.0% reported having a NHF card, while 45.0% reported having a JADEP card.
- A large proportion of persons with private insurance (64.3%) also have either NHF or JADEP
- Women were more likely to access both NHF and JADEP than men.
- The middle-old were most likely to report having NHF, while the old-old were most likely to access JADEP

## **HEALTH INSURANCE**

- Only 22.6% of older persons had health insurance had health insurance; the majority who had health insurance obtained coverage from the private sector.
- 3.8% used NI Gold
- Persons (formerly) employed in the government sector were more likely to have insurance than the self employed
- Those with higher education were more than 5 times more likely to have health insurance than those with no formal education
- No age and gender differences in the health insurance uptake except with the NI-Gold. The NI-Gold card was twice more commonly owned by women than men.

## **ACCESS TO AND UTILIZATION OF ASSISTIVE DEVICES**

- Requests for assistance with devices/supplies (i.e. canes (9.0%), walkers (5.4%), wheel chairs (5.2%), and incontinence pads (1.4%), was reported by less than 10% of the population.
- The greatest need for a device/supplies of daily living was for glasses (spectacles) (45.9%, n=1,293)
- Assistance to accessing hearing aids was requested by 6.2% (n=177)
- No gender differences were seen with regards to hearing aids; compared to the young-old, the old-old were the most likely (OR 3.64, 95% CI 2.49-5.33) to report needing this device
- No gender differences were seen in the reported need for hearing aids; compared to the young-old, the old-old were the most likely (OR 3.64, 95% CI 2.49-5.33) to report needing this device
- Women were more likely to require canes than men; and compared to the young-old, the old-old were 4.6 times more likely to need canes.
- The greatest expressed community needs were for ambulance services (58.7%; n=1,675) and for home health services (55.3%; n= 1,576). The need for meal services (44.3%; n= 1,262), a caregiver (40.8%; n=1,162), daycare (39.6%; n=1,115), and home help (36.2%, n=1,033) were still large however.

## **OLDER PERSONS, THEIR FAMILIES AND LIVING ARRANGEMENTS**

- Only 7.4% had no children alive
- Rural dwellers reported having more children alive than urban dwellers
- The median number of children alive was 4 while median living in Jamaica was 2
- The median number of grandchildren was 6 with 3 typically living in Jamaica
- Relationship with children was rated as good by 82.9% of persons
- The extended family was still evident
- Transfers between children and older persons were financial, physical and emotional support.
- Seventeen point thirty two percent (17.32%) lived alone including old-old (16.3%). The proportion of males living alone was 1.5 times greater than that of females living alone
- The average number of persons in the house was 3 and ranged from 1-20
- There was evidence of overcrowding in thirty-one percent (31%) of dwelling in which older persons resided.
- House ownership was high - 71.7%
- Presence of basic sanitary amenities was high as 88.9% had running water and 85.77% attached toilet. More rural homes than urban did not have. these commodities
- The average time resident in their current communities 35 years; ranged from 1- 100 (*5 centenarians were interviewed*)



- Persons were positive about their community and only 7.9% felt unsafe when home alone. Generally, more rural than urban persons felt unsafe in various locations of the community

## **SOCIAL PARTICIPATION**

- Older persons are involved with helping family members especially grandchildren (46.7% )
- Approximately Seventeen percent (17%) of older persons helped with older relatives
- Males were involved more than females – a surprising finding speaking to male engagement
- Almost 60% forwarded help to other family members by giving of times, the proportion giving “time” decreased with age
- Seventy nine percent (79%) were in touch with relative by visits, eighty-three point six percent (83.5%) also by mobile phone and 31.5% by house phone; there is a lot of contact with relatives.
- Approximately ninety percent (90%) said there was a relative they could depend on for help. Of concerning is the 10% who indicate they have no one they can rely on for help.
- Ninety percent 90% interacted with neighbours and 70% could depend on a neighbour for assistance. Family was who personal matters were discussed with

- Thirty-four point four nine percent (34.49%) participated in community activities; A greater portion of males did so than females.
- Highest participation levels were for Church attendance and activities with friends
- Seventy-four point one percent (74.1%) were satisfied with life
- Fifty-seven point nine percent (57.0%) felt useful only “a little of the time”
- Eighty-seven point seven percent (87.7%) are enumerated and 72.1% voted. A greater proportion of males and persons in the younger age groups voted
- Seventy one (71%) indicated they used their seatbelt all the time or almost all the time
- Mainly children and other relatives provide help in disaster preparedness activities. Spouses, neighbors and friends were also involved.

## **ECONOMIC**

- The most commonly reported source of retirement income was family sources (48.5%, n=1,376). Others were the National Insurance Scheme (NIS) (23.7%, n= 667); and Government of Jamaica (GOJ) pension (15.4%, n=433)
- The median amount received weekly from family members is \$2,500

- Of those receiving money from abroad, most (75.0% , n=813) indicated that they received it only occasionally; 63.9% (n=728) of those receiving money from local family members only receive it occasionally
- **Sixty point five percent (60.5% , n=1,716) of respondents have no pension;** 31.4% (n=891) have one source of pension; 7.9% (n=223) two sources of pension; 0.21% (n=6) have three forms of pension (i.e. NIS, Government, and private)
- Women, the young-old, and rural residents were more likely not to have a pension
- **Among the self-employed, 83.0% (n=657) did not have a pension**
- Sixty five point two percent (65.2% , n=103) of those with no formal education had no pension, while only 23.8% (n=36) of university trained persons reported the same
- Eight point two three percent (8.23%) of respondents were on PATH (Programme for Advancement Through Health and Education).
- Less than 10% of the study population (8.9%, n=252) reported applying for a benefit/grant. Women and rural residents were more likely to apply
- The most accessed benefit/grants were the Special pension (n=5.4%, n=155) and the Widow's pension (5.3%, n=154); the least accessed grant was the Rehabilitation grant (0.2%, n=5)
- Almost all respondents (98.3%, n=2,886) reported having ever worked; the median age of initiating work was 18 years

- The main employer was the private sector (45.4%, n=1,276), followed by self-employment (30.0%, n=842), and government (21.0%, n=589).
- Twenty-one point six percent (21.6%, n=622) of older persons are still working. Greater proportion of men and rural residents report still working
- Among those who are still working, various reasons were reported 91.7% (n=531) reported doing so because they need the income. Other reasons included: to 'be active' (60.3%, n=344) and 'to help family' (44.5%, n=254)
- Three quarters (75.9%, n=2,198) of respondents reported being retired. More women reported being retired than men (82.4% versus 68.9%)
- The major reasons for retirement were age (41.6%, n=867), health concerns (32.7%, n=683), and redundancy (14.6%, n=303)
- Fifty six point four (56.4%, n=1,634) reported having planned for retirement. Men and urban residents were more likely to plan for retirement
- In the survey, 35.3% (n=1,039) of persons planned for retirement through a pension plan; 15.6% through housing; 13.4% through savings; and 9.1% through health insurance (9.1%)
- Planning for retirement was inadequate

## **MAJOR RECOMMENDATIONS**

### **Mainstreaming Ageing**

1. Review National Policy for Senior Citizen and rewrite as necessary based on findings
2. Review development policy and programmes to ensure they provide opportunities for older persons
3. Review the Charter on Human Rights (Hansard 2010) and make recommendations to add age specific clauses as needed
4. Seek funding for and do the needed cost benefit analysis for several areas identified as necessary in the study.
5. Improve integration of approaches to meet needs of older persons; provide horizontal rather than vertical programmes
6. Improve coordination and collaboration among programmes across Ministries
7. Encourage public private partnerships
8. Educate persons about individual their responsibility to embrace healthy/active ageing

### **Health**

1. Health Policy for seniors is needed. Review existing policies and mainstream age-specific items into existing policies
2. Recognize the old-old (80+) as a group with particular vulnerabilities and a target for interventions
3. Strengthen chronic disease policy and programmes for older persons
4. Review approaches to chronic disease management

5. Introduce the age-friendly approach into existing PHC programmes
6. Strengthen health promotion and disease prevention for older persons across the life course. Build age specific approaches into existing programme. Educate older persons on the importance of prevention
7. Improve recruitment of the 60 years old and over population into JADEP and NHF
8. Improve community-based care of older persons as it promotes independence
9. Design and implement care giver programmes
10. Long-term care facilities need to be developed and a continuum of services provided
11. Review existing curricula across educational institutions and insert material on ageing where appropriate

### **Social**

1. Strengthen existing social assistance programmes to identify those in at greatest need of risk for early intervention and have appropriate interventions available
2. Promote family support for families who have the responsibility on looking after older persons
3. Develop and introduce life-long learning programmes
4. Review existing family-related policies and programmes to ensure a life course approach is used and older persons are included
5. Promote programmes on retirement planning across all sectors

### **Economic**

1. Initiate and implement pension reform
2. Implement “productive ageing” programmes for older persons
3. Review retirement age and approaches to retirement; therefore phased, “flexi” and others
4. Introduce policy and programmes to meet the needs of older workers
5. Introduce health promoting programmes in workplaces
6. Engage Trade Unions to work with their members, both working and retired, to make adequate retirement plans.

### **Additional Research**

1. Dementia study – the survey has identified the possibility of long term care associated with dementia needs; increasing the causes and risk factors
2. Cost benefit analysis of options for meeting needs of older persons especially with regard to chronic diseases
3. Given the significant changes in the cohort of older persons since 1989 a study of the age group 45 – 59 is needed to identify where the increase in chronic diseases is starting so as to plan effective interventions.

*(Cited: Eldemire-Shearer D., James K, Norman Waldron, Kathryn Mitchell-Fearon (2012) Older Persons In Jamaica 2012. Mona Ageing And Wellness Centre, UWI, Mona. Funded By National Health Fund)*