

Executive Summary

The Seniors' Health Report 2006 provides an overview of the health of seniors aged 65 years and older. It includes information from a variety of sources on the senior population, general health, mental health, health barriers, health-care services and utilization, lifestyle and health behaviours, sexual health and causes of morbidity and mortality. Since multiple data sources are used in this report, the years for which data are reported may vary from source to source depending on data availability.

The appendices for this report contain several tables which describe the leading causes (and external causes) of emergency department visits, hospitalizations, and deaths among Peel and Ontario seniors.

The Seniors' Health Report 2006 is intended to be a resource for individuals and organizations concerned with the health and welfare of Peel's seniors aged 65 years and older. Further information on the health of seniors in Peel may be obtained by contacting the Region of Peel, Public Health.

The key findings of each chapter of the report are summarized below.

PEEL'S SENIORS

The Senior Population

The proportion of seniors in Peel is projected to increase from approximately 8% in 2001 to 13% in 2021 (78,800 seniors to 213,500 seniors). The proportion of seniors in Ontario is projected to increase from 13% to 18% during the same time period.

Life expectancy at birth has been increasing in Canada. In 2001 in Peel and Ontario, life expectancy at age 65 was 18.4 years and 17.1 years respectively for males and 20.9 years and 20.3 years respectively for females. Life expectancy at age 65 in 2001 was slightly higher in Peel than for Ontario or Canada.

Socio-Demographics of the Senior Population

In 2001 in Peel, 79% of male seniors living in Peel compared to 44% of female seniors were legally married. Forty-five per cent of female seniors were widowed compared to 12% of male seniors in Peel.

In 2000, Peel's senior population as a whole had a somewhat higher prevalence of low income compared to the general population (12% for general population, 13% for seniors aged 65 to 74 years, and 19% for seniors aged 75 years and older).

In 2000, unattached female seniors were particularly vulnerable to low income in Peel and Ontario. The prevalence of low income among unattached female seniors in Peel was 50% compared to 35% for unattached male seniors.



Two-thirds of Peel's seniors (65%) immigrated to Canada at some point in their lives. The majority of seniors (54%) immigrated to Canada prior to 1971, while 6% of seniors immigrated between 1996 and 2001.

English was the most commonly reported language spoken most often at home among Peel seniors in 2001 (71%), while 29% reported speaking a non-official language. Although there were many non-official languages spoken at home, Punjabi, Italian and Portuguese were the three most common languages spoken by Peel seniors at home.

Seniors tended to have less formal education than the general population. In 2001, more than half of seniors in Peel (54%) reported that they had less than a high school education compared to 19% in the general population aged 20 years and older.

Living Arrangements and Transportation

In 2001, the proportion of seniors living alone increased by age group for both women and men living in Peel, although the proportion was much higher among women compared to men across all age groups.

In 2003, most seniors in Peel reported that they lived in a single detached house (60%) followed by an apartment (26%). The proportion of seniors living in Peel who reported that they lived in an apartment increased by age.

In 2003, more than three quarters of seniors in Peel reported that they used a car to get around most of the time. Using a car, however, declined with age from 85% of 65- to 69-year-olds to just over one-half (55%) of seniors aged 80 years and older.

GENERAL HEALTH

In 2003, 73% of Canadian seniors reported their health as good, very good or excellent. This finding was similar for seniors in Ontario (73%) and Peel (74%).

In Ontario, in 2003, 10% of seniors reported having a hearing problem.

In 2003, 23% of Peel seniors reported being diagnosed with cataracts according to the 2003 Canadian Community Health Survey (CCHS).

Access to dental care may be dependent on the ability to pay for dental services through dental insurance. More than one-third of seniors in Peel (36%) and Ontario (35%) reported that they had dental insurance in 2003.

MENTAL HEALTH

In the 2003 CCHS, two-thirds of seniors in Peel and Ontario rated their mental health as excellent or very good (65%).

In 2001, the prevalence of depression was estimated to be approximately 5% among Canadian adults aged 65 years and older and 6% among Ontario seniors. The rates of depression were higher among Canadian females (7%) compared to males (4%).

According to the 2003 CCHS, about 2% of Ontario's population reported that they had Alzheimer's or some other dementia. Alzheimer's and other dementia increased by age from 1% of seniors aged 65 to 79 years to 5% among seniors aged 80 years and older.

In 2003, the rates of emergency department visits for dementia and Alzheimer's disease increased by age group among Peel seniors.

Hospitalization rates for Alzheimer's disease (excluding other types of dementia) increased between 1995 and 2003 among seniors in both Peel and Ontario.

There was an increase in the mortality rates for dementia and Alzheimer's disease among seniors in both Peel and Ontario from 1986 to 2001. In 2001, the mortality rates for dementia and Alzheimer's disease increased by age group in Peel.

Very few seniors report contemplating suicide. The mortality rate for suicide among seniors decreased in both Peel and Ontario between 1986 and 2001.

BARRIERS TO HEALTH

In 2003, female seniors in Peel (57%) were more likely to report that they sometimes or often experienced any activity limitation than their male counterparts (46%). In addition, Peel seniors aged 65 to 74 years were less likely to report having any activity limitation compared to those aged 75 years and older.

Forty-eight per cent of female seniors in Peel reported that they needed some type of assistance with daily tasks compared to 25% of male seniors. Twenty-seven per cent of seniors aged 65 to 74 years needed some help with daily activities compared to 52% of those aged 75 years and older in Peel.

Abuse of seniors does occur, although it can be a hidden problem for which data in Peel is not available. In most cases, the abuse is perpetrated by someone the senior knows. In cases of family violence against Canadian seniors, adult children and spouses accounted for two-thirds (66%) of abusers in 2003.

Some seniors are at higher risk of abuse than others such as older seniors; women; those socially isolated; those with reduced cognitive capacity; those with disabilities who are dependent; or seniors cared by someone with an alcohol or drug problem. Isolation and risk of abuse can also be the result of poverty, illiteracy, not speaking French or English or coming from a culture with different notions of abuse and neglect. Given the large proportion of seniors in Peel who belong to different cultures or who cannot speak English or French, abuse may be a problem which needs to be addressed.

HEALTH-CARE SERVICES UTILIZATION

In 2003, 11% of seniors in Peel and 9% of seniors in Ontario received home-care services for which the cost was not covered by government. In most instances, seniors in Ontario (6%) relied on a family member to provide home-care services for which the cost was not covered by government.

Almost one-quarter (23%) of Peel female seniors and one in five Peel male seniors (21%) provided some time for unpaid child care to either their own children or the children of a family member, friend or neighbour in the week prior to the 2001 census.

In the 2003 Canadian Community Health Survey, the majority of seniors in Peel (99%) and Ontario (97%) reported that they had a regular medical doctor. More than half (58%) of Peel seniors reported that they had seen or talked to a dentist or orthodontist at least once in the past 12 months.

While over three-quarters of seniors in Peel and Ontario had coverage for medications, a lower proportion of seniors reported having insurance coverage (private, government, or employer-paid plans) for other health related expenses such as dental expenses, eye glasses or contact lenses, and hospital charges for a private or semi-private room.

LIFESTYLE AND HEALTH BEHAVIOUR

In the 2003 CCHS, more than half of seniors in Peel (53%) ate fruits and vegetables five or more times per day (the recommended amount).

According to the CCHS in 2003, more than half (58%) of Peel seniors reported being physically inactive compared to 53% of Ontario seniors. Female seniors (64%) were more likely to report being physically inactive compared to male seniors (50%) in Peel.

In 2003, half of seniors in Peel (50%) and Ontario (54%) were overweight or obese.

In addition to the 6% of seniors who smoked daily in Peel, 54% of Peel seniors were former smokers (daily and occasional). Forty per cent of seniors in Peel never smoked.

In the 2003 CCHS the proportion of regular drinkers decreased by age group in Peel from 70% of 19- to 24-year-olds to 49% of seniors.

The proportion of low-risk drinking was higher among Peel seniors (90%) than in the general population aged 19 years and older (80%). Approximately one in 11 Ontario seniors reported they drank five or more drinks on one occasion at least once in the previous 12 months.

In the 2001 CCHS, pain relievers (62%) were the type of drug used most often in the previous month among seniors in Peel followed by blood pressure medication (44%) and heart medication (20%).

SEXUAL HEALTH

Sexual health is affected by chronic conditions such as diabetes, ischemic heart disease, prostate cancer and cervical cancer.

The number and rates of sexually-transmitted and bloodborne infections such as AIDS/HIV, chlamydia, gonorrhea and syphilis among Peel seniors were very low while Hepatitis B and C were higher.

Combined, there were 28 cases of AIDS/HIV, chlamydia, gonorrhoea, infectious syphilis and acute hepatitis B reported among Peel seniors between 1995 and 2004.

The incidence of new hepatitis B carriers among seniors in Peel has been approximately 30 to 40 per 100,000 seniors between 1998 and 2004. These rates were lower than the 10-year high of 69 per 100,000 in 1995.

The incidence rates of hepatitis C have increased between 2002 and 2004 among Peel seniors.

COMMUNICABLE DISEASE

Tuberculosis

Seniors have the highest incidence rates of tuberculosis compared to other age groups. The incidence rates for TB have been higher among Peel seniors compared to Ontario seniors between 1995 and 2004.

Invasive Pneumococcal Disease (IPD)

Incidence rates for IPD ranged from 22 and 30 per 100,000 seniors between 2002 and 2004.

Influenza

The proportion of seniors in Peel immunized against influenza was higher in 2005 (82%) than in 2001 (72%).

In long-term care facilities in Peel, over 93% of residents were immunized against influenza each season between the 1998/1999 and the 2003/2004 influenza season.

The incidence rates for influenza have been high among seniors in Peel the last few influenza seasons (2003/2004 and 2004/2005) compared to other influenza seasons, despite higher immunization rates among this age group.

The rates of emergency department visits and hospitalizations for pneumonia and influenza increased by age for both males and females in Peel. Pneumonia and influenza were among the top 10 causes of death among Peel seniors in 2001.

CARDIOVASCULAR DISEASE

Ischemic heart disease (IHD) and cerebrovascular disease (stroke) are leading causes of death among seniors in Canada. IHD and stroke accounted for 21% and 8% respectively of all deaths among Canadian seniors in 2001.

High blood pressure is a risk factor for cardiovascular disease in the community. In 2003, 45% of seniors living in Peel reported that they had high blood pressure as diagnosed by a physician. A higher proportion of females reported high blood pressure (55%) compared to males (32%). The proportion of seniors who reported high blood pressure increased by age.

Ischemic Heart Disease (IHD)

In 2003, ischemic heart disease was the second leading cause of emergency department visits for males and third leading cause for females among seniors living in Peel. In 2003, ischemic heart disease was the leading cause of hospitalization among seniors in Peel and Ontario.

In Peel and Ontario, ischemic heart disease (IHD) remains the leading cause of death among males and females 65 years and older. Mortality rates for IHD declined between 1986 and 2001 in both Peel and Ontario by 45% and 38% respectively.

In 2001, the mortality rates from IHD were higher for males compared to females for most age groups with the exception of seniors aged 85 years and older.

Stroke (Cerebrovascular Disease)

In 2003, the rates of emergency department visits for stroke increased by age group for both males and females in Peel, with higher rates among males.

The hospitalization rates due to stroke among seniors decreased in both Peel and Ontario between 1995 and 2003.

The mortality rates for stroke decreased among seniors in both Peel and Ontario between 1986 and 2001 by 27% and 18% respectively. In 2001, stroke was the second leading cause of death among female seniors and the third leading cause of death among male seniors in Peel.

CANCER

Prostate, colorectal, and lung cancers accounted for almost half of all newly diagnosed cancers among Peel seniors in 2002.

Lung Cancer

The incidence rates of lung cancer in Peel and Ontario have decreased for males and increased for females between 1979 and 2002.

In Peel, lung cancer was the second most commonly diagnosed cancer among men aged 65 years and older and the third most commonly diagnosed cancer among women in the same age group in 2002.

The hospitalization rates for lung cancer among seniors decreased in Ontario between 1995 and 2003. Although hospitalization rates have decreased in Peel between 1995 and 2001, they have increased between 2001 and 2003.

In 2001, lung cancer was the second leading cause of death for male seniors in Peel and the fourth leading cause of death for female seniors.

Colorectal Cancer

Colorectal cancer was the second most commonly diagnosed type of cancer among women 65 years of age and older and the third most commonly

diagnosed type of cancer among men of the same age group in Peel and Ontario. The incidence rates of colorectal cancer among Peel seniors have been erratic from year to year, but the rates were lower in the early 2000s compared to the early 1980s.

In 2001, colorectal cancer was among the top 10 causes of death among seniors for both women and men in Peel and Ontario.

Breast Cancer

Breast cancer was the most commonly diagnosed type of cancer among Peel and Ontario female seniors.

Breast cancer mortality among women aged 65 and older in Peel, decreased from 144.1 per 100,000 women in 1995 to 87.3 per 100,000 women in 2001. In 2001, breast cancer was the tenth leading cause of mortality among female seniors in Peel.

Prostate Cancer

Prostate cancer was the most commonly diagnosed type of cancer among Peel and Ontario male seniors.

The incidence rates for prostate cancer increased among Ontario male seniors between the late 1970s and early 2000s. The increase in rates may be due to an increase in the use of screening through PSA tests.

Death from prostate cancer was the sixth leading cause of death among Peel male seniors in 2001.

Cervical Cancer

Compared to other types of cancer presented in this report, there were very few cervical cancer cases reported among Peel and Ontario female seniors.

CHRONIC OBSTRUCTIVE LUNG DISEASE (COLD)

Chronic Obstructive Lung Disease (COLD) refers to a number of chronic lung disorders that obstruct the airways. Although Chronic Obstructive Lung Disease and Chronic Obstructive Pulmonary Disease (COPD) are often used interchangeably, COLD includes asthma, bronchiectasis, and extrinsic allergic alveolitis, whereas COPD does not. COPD consists only of bronchitis, emphysema, and chronic airways obstruction not elsewhere classified.

In 2003, one out of every 10 seniors living in Peel reported that they had asthma, as diagnosed by a health-care professional.

In 2003, COLD was the third leading cause of emergency department visits among Peel seniors for males and fifth leading cause for females.

COLD was the third leading cause of death for female seniors in Peel and the fifth leading cause of death for male seniors in 2001.

DIABETES

In 2003, 14% of seniors living in Peel reported that they had diabetes, as diagnosed by a health-care professional.

Hospitalization rates for diabetes increased by age up to 79 years of age for both females and males in Peel, although the highest age-specific rate was among males 85 years of age and older.

In Peel, diabetes was the fourth leading cause of death among male seniors and fifth leading cause among female seniors in 2001. The mortality rates for diabetes increased by age for males and females.

ARTHRITIS OR RHEUMATISM

In 2003, almost half (45%) of seniors living in Peel reported that they had arthritis or rheumatism as diagnosed by a health-care professional. In Peel, females were more likely (55%) than males (33%) to report that they had been diagnosed with arthritis or rheumatism.

Arthritis or rheumatism was the second leading cause of emergency department visits for females, and fourth leading cause for males. The hospitalization rates for arthritis or rheumatism among seniors remained relatively stable at around 1,000 hospitalizations per 100,000 population 65 years and older between 1995 and 2003 in both Peel and Ontario.

INJURY

Injuries are a major public health issue for seniors in Peel. Many injuries lead to an irreversible decline in function, institutionalization and even death.

According to the Canadian Community Health Survey 2003, 8% of Ontario seniors reported that they had suffered an injury during the past 12 months.

Injury was the main cause of emergency department visits among Peel men and women aged 65 years and older in 2003. The rates of emergency department visits for injury increased by age among males and females, with higher rates for females compared to males across all age groups.

In 2003, injury was the third leading cause of hospitalization among female seniors and seventh leading cause among male seniors in Peel.

Hospitalization rates for injury among seniors decreased between 1995 and 2003 in both Peel and Ontario, although the rates were relatively stable in Ontario between 2000 and 2003.

Mortality rates due to injury in Peel were highest among both males and females 85 years of age and older.

EXTERNAL CAUSES OF EMERGENCY DEPARTMENT VISITS, MORBIDITY AND MORTALITY

Falls were the leading external cause for emergency department visits, hospitalizations and deaths among Peel seniors.

In 2003, falls were the leading external cause for emergency department visits among both Peel men and women aged 65 years and older. In 2003 falls accounted for 2,294 emergency department visits among female seniors in Peel (63% of all external causes among females) and 1,085 emergency department visits among male seniors (45% of all external causes among males).

In Peel, the rates for emergency department visits due to falls increased by age for both males and females. The rates were higher for females compared to males across all age groups.

In Peel, falls accounted for one in three hospitalizations due to external causes among Peel female seniors and one in five hospitalizations for external causes among Peel male seniors. In 2003, the hospitalization rates due to falls increased by age in Peel for both females and males. Similar to injury, females had higher hospitalization rates for falls compared to males across all age groups.

There were 39 deaths due to falls among Peel seniors in 2001.

The mortality rate among seniors due to falls peaked in 1996 for both Peel and Ontario (97.4 per 100,000 and 77.3 per 100,000 respectively). The mortality rates for falls were highest for persons 85 years of age and older.

RECOMMENDATIONS

There is only one provincial requirement specifically targeted for seniors. It currently addresses falls in the elderly. Peel Public Health also addresses medication use through a campaign that relates to risk factors for falls and related strategies for prevention. The other injury prevention requirements address all age groups and not the senior population specifically. The provincial public health mandatory program requirements are currently under development by the Ontario Ministry of Health and Long-Term Care and Ministry of Health Promotion. The addition of a more comprehensive seniors' component within the new provincial requirements would be beneficial to the improvement of seniors' health.

The following are recommendations to help public health better address seniors' health.

- Investigating and designing program initiatives to promote healthy eating and physical activity for Peel seniors and to improve general health, decrease obesity and its related health consequences.

- Investigating and designing program initiatives to promote safe environments for Peel seniors, surveying the community yearly to identify other injury prevention issues for seniors in Peel and advocating for increased vision testing for seniors to reduce injuries.
- Partnering with pharmacists, drug retailers and other health professionals to address the issue of poly-pharmacy and reduce the adverse effects of substance use on seniors.
- Advocating that dental health be accessible to all seniors as well as educating and raising awareness of the importance of good oral health care and its relation to good overall health.
- Joining a multi-sector collaboration: health, community and social programs, as well as urban planning to develop healthy community urban planning.