Senior Population

The senior population is considered a target population in the WHR and requires monitoring on an ongoing basis. There are several reasons for this: expected growth in population size, socio-economic disadvantage, reduced social support networks, changing health status, health status barriers that may affect access to health services and unique health issues (in particular chronic diseases, injury and overall quality of life). In this report, the senior population refers to senior citizens who are 65 years of age and older.

The population health profile for the senior citizen population contains the following sections:

- Population Characteristics
- Health Issues
- Determinants of Health
- Summary of the Key Issues

Population Characteristics

Age and Sex Distribution

There were 91 359 senior citizens living in the WHR in 2003.[1] This is an increase of 2.4% from 2001. The proportion of the population 65 years of age and older was 13.9% in the WHR, compared to 12.2% for Canada.[2] This age group is nearly evenly split between those who are under age 75 and those who are 75 years and older (48.6% and 51.4%, respectively). Those 85 years and older, 'the oldest of the old', make-up approximately 13.9% of the senior citizen population.

Within the region, the senior population is most concentrated in the St. James-Assiniboia Community Area, comprising 18.1% of its population. The Inkster Community Area has the lowest proportion of seniors, at 8.8% of its population (Table 1).

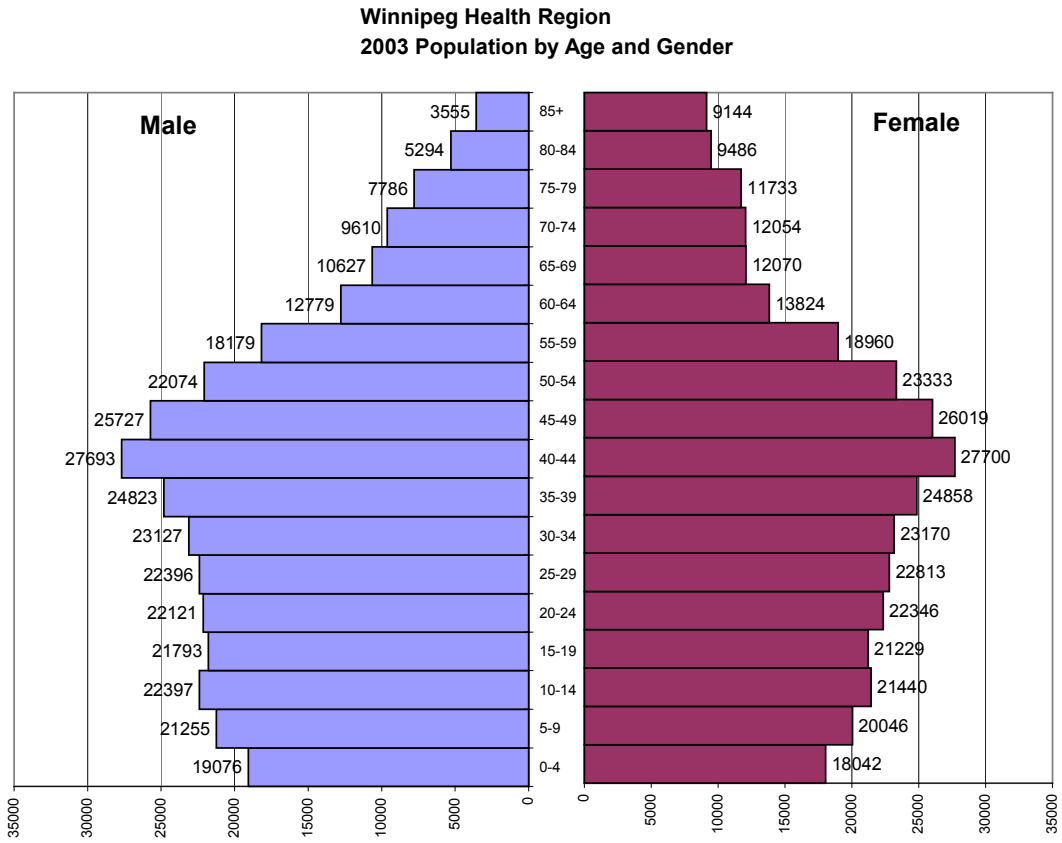
In the WHR senior population, females outnumber males by a ratio of 1.48 to 1. In other words, in the WHR senior population, for every 100 males, there are 148 females. In examining the population pyramid (Figure 1), it can be seen that the margin by which females outnumber males steadily increases with each successive age group. In the 65-69 age group, the ratio of females to males is 1.14 to 1.0, and in the age 85 and older group, females outnumber males by a ratio of 2.57 to 1. This makes sense, since the life expectancy for women is longer than that for men. This trend, of senior women outnumbering senior men, is also apparent in the Manitoba and Canada populations.

Table 1: Distribution of the Senior Population within the Winnipeg Health Region[1]

	Percentage of Population 65 Years and Older
St. James Assiniboia	18.1%
Assiniboine South	14.2%
Fort Garry	12.1%
St. Vital	13.3%
St. Boniface	13.6%
Transcona	10.5%
River East	14.6%
Seven Oaks	14.6%
Inkster	8.8%
Point Douglas	12.6%
Downtown	13.3%
River Heights	16.6%
Winnipeg Health Region	13.9%

[1] Data Source: Manitoba Health Population Health Registry File, 2003.
[2] Data Source: 2001 Census.

Figure 1



	Male	Female	Both Genders
Total All Ages	**320312**	**338267**	**658579**

Life Expectancy

Life expectancy at birth in the WHR population is 78.2 years. However, it is higher for women (80.6 years) than for men (75.8 years). These life expectancies are similar to those for Manitoba and those for Canada. Life expectancy is also measured for the senior years, as additional years of life one can expect after reaching age 65. In the WHR, individuals who reach age 65 can expect to live (on average) an additional 18.1 years. Again, women, at 19.8 years, tend to fare better than men whose additional life expectancy at age 65 is 16.2 years. These results are also similar to those for Manitoba and those for Canada.

Ethnicity

It is not known if the ethnic diversity that makes up the WHR senior population is different from that of the WHR population. It is assumed that it is similar to that of the WHR population as a whole (see **WHR Overview**).

Economics

Data were not available at the time of publication of this report, for average income of senior citizens in the WHR. The Health Canada report, *Interim Report Card: Seniors in Canada 2003*, reports that the average after-tax income for 'unattached' senior women in 2002, was $19,299 and that for men was $22,025.[3] Senior women

[3] Canada. Health Canada. *Interim Report Card: Seniors in Canada*, 2003. Ottawa: Public Works and Government Services, 2003.

are more likely than senior men to live below the low income cut-off (LICO is often used as a proxy indicator of poverty status). Of unattached senior women, 21% were living below the LICO compared to 17% of senior men.[3]

Health Issues

The leading cause of hospitalization for the senior population in fiscal year 2002-03 was *Diseases of the Circulatory System*. This had by far the highest number of cases in the senior population. This was followed by *Respiratory Ilness* (*Disease of the Respiratory System*), *Cancer* (*Neoplasm*), and *Factors Influenced by Health Status and Contact With Health Services*, all of which had a similar number of cases. The fifth leading cause of hospitalization was *Disease of the Digestive System*.

When the senior population is subdivided into three age groups (65-74, 75-84 and 85 and older*), Disease of the Circulatory System* accounted for the leading cause of hospitalization in all three age groups. The highest number of cases was found in the 75-84 age group while the highest rate was for 85 and older age group. However, this highest rate is a consequence of the decline in population size for this age group.

Cancer (Neoplasm) was the second most common reason for hospitalization in the 65-74 age group. Cancer affected more seniors in the 65-74 age group than in the other two age groups. *Respiratory Illness* was the second most common cause of hospitalization in both the 75-84 and 85 and older age groups.

The leading causes of death for senior citizens were similar to those reported for the WHR population as a whole. In 1995-1999 these were *Ischemic Heart Disease*, *Cerebrovascular Disease*, *Cancer of the Digestive Organ*, *Cancer of the Respiratory Organ* and *Other Forms of Heart Disease*.

In addition, two other health issues affecting seniors can be reported here where an analysis by age has been completed: diabetes and injury[4] [5]. It should be noted that both are significant health issues among senior citizens.

Diabetes is most prevalent in the senior population in the WHR. In 1999, the diabetes prevalence rate in the 50-69 age group was 110.6 per 1000 population compared to 161.6 per 1000 population for the 70 and older age group. Both rates are substantially higher than that of the WHR population as a whole, which was 48.6 per 1000 population in 1999. Similarly, diabetes incidence rates in the 50-69 and 70 and older age groups were much higher than that of the WHR population. In 1999, diabetes incidence was 12.6 and 14.2 per 1000 population for the 50-69 and 70 and older age groups respectively; compared to 5.1 per 1000 for the WHR population as a whole. It should also be noted that diabetes prevalence appears to be slightly higher in senior males compared to senior females in the WHR.

The 70 and older age group experienced the greatest increase in both diabetes incidence and prevalence. Between 1996 and 1999, the average increase in incidence was 0.9 cases per 1000 population, while the average increase in prevalence was 5.4 cases per 1000 population. Both increases are approximately twice those reported for the WHR population as a whole.

Of all the age groups in the WHR, the highest rates of injury hospitalization and death occurred in the senior age groups. Unintentional injury accounts for nearly all injury hospitalizations experienced by senior citizens in the WHR. Rates of unintentional injury hospitalization among the senior age groups (65-74, 75-84 and 85 and older) range from 9.6 to 65.6 per 1000 population. Between 1990-1999, rates of unintentional injury *death* in the senior age groups range from 0.271 per 1000 to 3.23 per 1000 population in the WHR. Falls account for the majority of unintentional injury deaths and hospitalizations in WHR seniors. It is interesting to note that in the WHR, the suicide death rate in the senior population is slightly higher than that for youth: 0.135 per 1000 for those 65-74 years compared to 0.128 per 1000 population for those 20-24 years.

[4] Winnipeg Regional Health Authority. *Diabetes in the WHR 1996-1999*. Winnipeg Regional Health Authority, 2003.
[5] Data Book, CHA Report, 2004 and a forthcoming WHR report on injuries.

In conclusion, *Diseases of the Circulatory System*, *Cancer* and *Respiratory Illness* are health issues responsible for the most hospitalizations in the senior population. This is confirmed by the death data, as these health issues appear to be the leading causes of death for seniors. However, diabetes and injury are health issues that affect seniors more than the general population in the WHR. One limitation to the use of administrative data (such as that used here) is that not all issues may be captured. There are limited WHR data on other health issues that have been reported elsewhere as important in the senior population such as disability, quality of life, and mental health.

Summary of Hospitalization Rates by Age Group
Note that the causes are ordered from the highest to lowest based on crude rate.

65-74 years
The leading cause of hospitalization in 2002-03 was *Diseases of the Circulatory System*, followed by *Cancer* (N*eoplasms)*, *Diseases of the Digestive System*, *Respiratory Illness (Diseases of the Respiratory System)*, and *Factors Influencing Health Status and Contact With Health Services*.

75-84 years
The leading cause of hospitalization in 2002-03 was *Diseases of the Circulatory System*, followed by *Respiratory Illness (Diseases of the Respiratory System*, *Factors Influencing Health Status and Contact With Health Services*, *Cancer (Neoplasms)* and *Diseases of the Digestive System*.

85+ years
The leading cause of hospitalization in 2002-03 was *Diseases of the Circulatory System*, followed by *Respiratory Illness (Diseases of the Respiratory System*, (these had a similar number of cases) and were followed by *Diseases of the Digestive System* and *Injury and Poisoning* (these latter two had a similar number of cases).

Determinants of Health

There are many factors that contribute to the health and well-being of individuals and an entire population. These are often referred to as determinants of health and represent one component of the Population Health Assessment Framework.

Determinants of Health

- **Income and Social Status**
- **Social Support Networks**
- **Social Environments**
- **Education and Literacy**
- **Employment and Working Conditions**
- **Physical Environment**
- **Biology and Genetics**
- **Personal Health Behaviours**
- **Healthy Child Development**
- **Health Services**
- **Culture**
- **Gender**

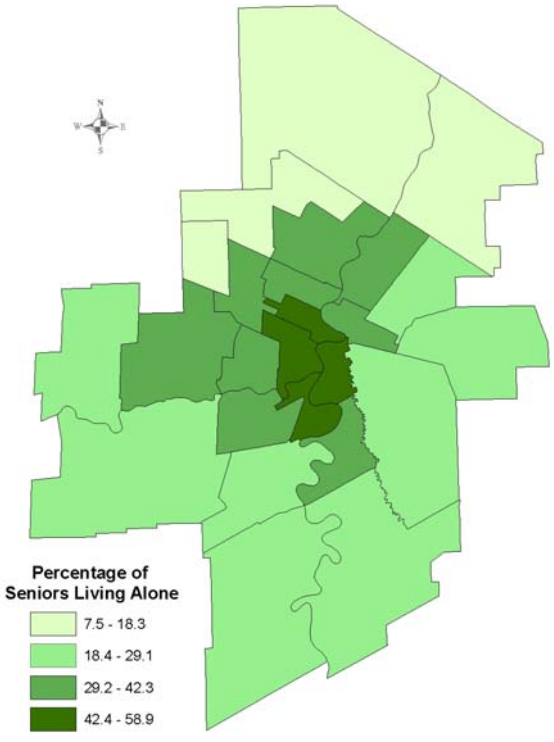
The determinants of health form the cornerstone of a population health approach. This moves the focus from the individual to the population. There is a large amount of research that has demonstrated the influence of the determinants of health on the health status of a population. The following section highlights selected determinants of health for the WHR senior population.

Social Support

People who have support from families and friends tend to have better health. This includes having someone to confide in, count on in a crisis, and feeling loved and cared for. Studies have shown that the more social contacts people have the lower their premature death rates. In the WHR, 34.9% of the senior population lives alone. This is similar to that for Manitoba seniors (34.3%) but higher than that for Canada (28.9%).

The map at the right shows where seniors living alone are concentrated within the region. It is evident that the highest percentages of seniors who live alone are found in St. Boniface 5A, Point Douglas 10B, Downtown 11B, and River Heights 12A. These percentages range from 42.4%-58.9% of the senior population in those neighbourhood clusters.

Figure ___
Senior Citizens Living Alone in the WHR,
Percentage of the Senior Population that Lives Alone, 2001 Census



Eldercare

Eldercare can be examined using Statistics Canada data for provision of 'unpaid care or assistance to seniors'. The percentage of the population that provides eldercare in the WHR is similar to those of Manitoba and Canada. In the WHR, 19.1% of the population 15 years and older reported that they spent *any* time providing eldercare.[6] In Manitoba, 20.8% reported that they spent *any* time providing eldercare, and in Canada this was 18.2%.

Social Environment

Transience or mobility of a population is important to the stability of the social environment. For example, senior citizens in areas with higher mobility rates may lack community support. Community safety is another facet of the social environment of importance, as the senior population may be more vulnerable to crime.

Mobility status is determined in the 2001 Census by asking the question "Have you moved in the past year, or the past five years?". The proportion of the WHR population that moved in the past year was 15.0% and the proportion of the WHR population who moved in the past five years was 42.1% (both refer to the period prior to Census 2001). The percentage that moved in the past year varies among the community areas from a high of 24.5% in the Downtown CA, to a low of 9.6% in the Transcona CA.

Physical Environment

Affordable, quality housing has been noted as an issue for senior citizens in Canada.[7] Information specific to dwelling characteristics for the WHR senior population was unavailable from 2001 Census data. However, the information presented below provides an indication of housing factors in general for the WHR that may also apply tot he senior population.

At 64.1%, most residents of the WHR live in *owned housing.* This is also true for Manitoba (67.8%) and Canada (65.8%), where most residents live in owned housing. Housing stock in the WHR is older than housing stock in Canada as a whole. At 79.0%, the majority of WHR's housing stock was built prior to 1980, compared to 67.3% of Canada's housing stock. The percentage of individuals who reported that their dwellings required major repairs is 9.3% in the WHR, 11.1% in Manitoba and 8.2% in Canada.

In 2001, the average gross rent for a tenant in the WHR was $541, while it was $523 in Manitoba and $648 in Canada. In the WHR, 38.0% of tenants spent 30% or more of their household incomes on shelter costs (rent), which is a slightly higher percentage than that for Manitoba (37.0%) and slightly lower than that for Canada (39.4%). In 2001, the average value of an owner-occupied dwelling in the WHR was $102,537, which is higher than that for Manitoba ($97,670) and lower than that for Canada ($162,709).

[6] Note: *Any* refers to the sum of less than 5 hours, 5-9 hours, 10 hours or more of unpaid care or assistance to seniors; see Data Book, CHA Report 2004.

[7] Canada. Health Canada. *Interim Report Card: Seniors in Canada*, 2003. Ottawa: Public Works and Government Services, 2003.

Summary of the Key Issues

It is the combination of factors (health outcomes and determinants) that together shape the health of the populations of interest in the region.

For the senior population in the WHR, the key health issues are:

- Chronic Diseases (Cancer, Cardiovascular Disease, Respiratory Illness and Diabetes)
- Quality of Life
- Unintentional Injuries

The determinants of health that most influence the health of the senior population are:

- Social support
- Social environment
- Income and socioeconomic status

Chronic disease, injuries and social support are critical influences in the quality of life of seniors.