



Seniors Health in York Region

Seniors in York Region are generally healthy

- York Region is set to experience tremendous growth in its seniors population.
- *A Profile of Baby Boomers and Seniors in York Region, January 2014* presented a broad profile of baby boomers and seniors in York Region as being generally healthy.
- This fact sheet explores data related to the vulnerability of seniors when it comes to their health, in the areas of:
 - » Health behaviours
 - » Health status including, perceived health, chronic conditions, falls, mental health and dementia
 - » Social determinants of health

Leading a healthy lifestyle is critical to reducing the chances of health issues with aging

- Seniors aged 75 years and older are more likely to experience declines in their physical and/or mental health and are at increased risk of falling. This can often lead to chronic pain and reduced mobility, resulting in a loss of independence.
- York Region seniors engage in behaviours that increase the risk of chronic disease. For example in 2013-2014:
 - » Nine per cent of seniors smoked cigarettes.
 - » Eighteen per cent of seniors reported alcohol use above Canada's Low Risk Drinking Guidelines.
 - » Only 45 per cent of seniors consumed vegetables and fruits more than five times per day.
 - » Only 45 per cent of seniors were active or moderately active during their leisure time.
- Self-reported health behaviours for seniors in York Region were similar to those of seniors in Ontario.

Rates of chronic and other health conditions increase with age

- According to the Canadian Institute for Health Information (CIHI) (2011), the proportion of seniors who suffered from at least one chronic condition¹ increased with age, from 71 per cent for younger seniors (aged 65 to 74) to 80 per cent for those aged 75 to 84 but did not increase further among the very old seniors aged 85 and over. Moreover, regardless of the specific age group, seniors with three or more reported chronic conditions had nearly three times the number of health care visits than seniors of the same age group with no reported chronic conditions².
- In York Region, the self-reported rates of select health conditions were higher for seniors than for the 45-64 age cohort.

Table 1: Summary Of Select Self-Reported Health Conditions For York Region Seniors (2013-2014)

Health Conditions	Percent of York Region Seniors	Compared to Ontario
High blood pressure*	44 %	No difference
Diabetes	16 %	No difference
Heart disease	20 %	No difference
Effects of stroke*	3 %	No difference
Arthritis*	37 %	Lower
Overweight or obese	48 %	Lower
Physical activity limitations as a result of long-term condition(s)	46 %	No difference
Pain or discomfort that limits activities	25 %	No difference

*Interpret with caution, high variability is associated with the estimate.

Data Source: Canadian Community Health Survey, 2013-2014, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.

The incidence rate of cancer is consistently higher for seniors in York Region than for the 45-64 cohort

- In 2012, there were 1,931 new cases of cancer for every 100,000 York Region seniors, which is about three times the rate for the 45-64 age category (643 cases for every 100,000).
- In Ontario, there were 2,217 new cases of cancer for every 100,000 Ontario seniors.

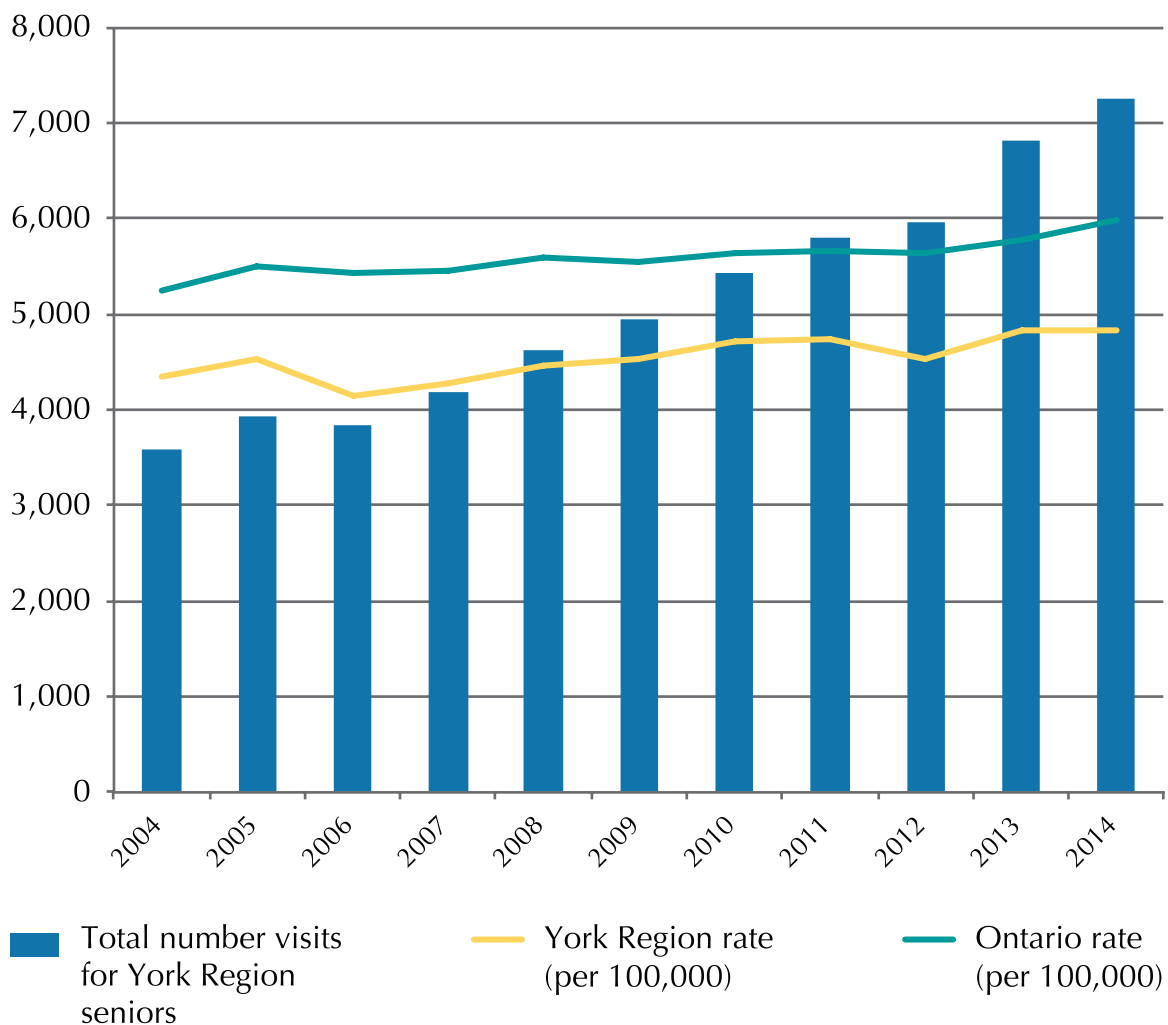
1 According to the Canadian Institute for Health Information (CIHI), chronic condition includes high blood pressure, arthritis, heart disease, diabetes, cancer, chronic pain, asthma, depression, stroke and emphysema.

2 Canadian Institute for Health Information (2011). Seniors and the Health Care System: What if the Impact of Multiple Chronic Conditions? Retrieved from https://secure.cihi.ca/free_products/air-chronic_disease_aib_en.pdf.

The number of fall-related emergency visits by York Region seniors has doubled since 2004

- Falls are the leading cause of both fatal and non-fatal injuries among older adults. As shown in Graph 1, while the emergency visit rate for seniors remained relatively stable between 2004 and 2014, the number of emergency visits doubled from 3,587 visits in 2004 to 7,255 visits in 2014.
- In 2014, approximately 1 in 20 York Region seniors (65+) had a fall serious enough to require a visit to an emergency department.
- The emergency visit rate increased with increasing age and is consistently higher for females than for males.
- The emergency visit rate in York Region was consistently lower than the rate in Ontario.

Graph 1: Number And Rate Of Fall-Related Emergency Visits Among York Region Seniors, 65 Years Of Age And Older, 2004-2014

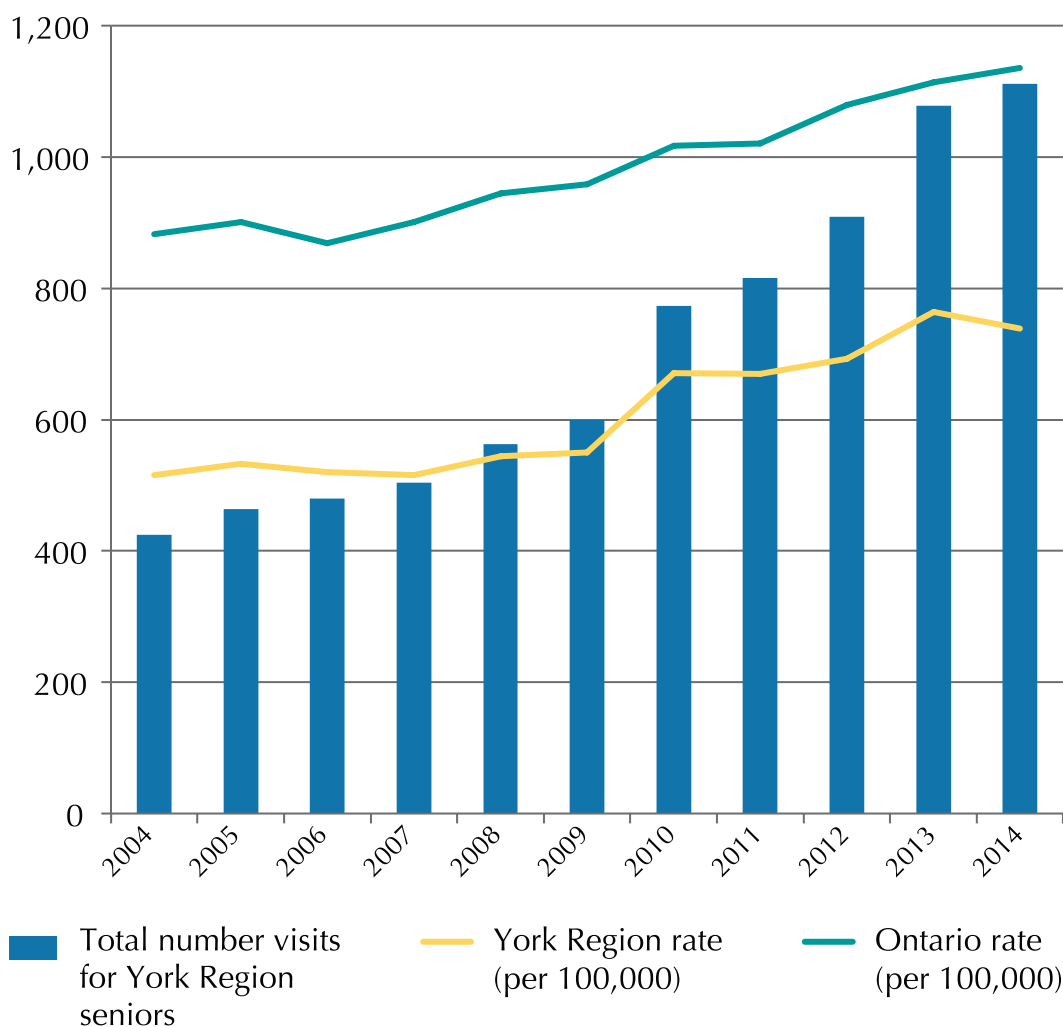


Data sources: Ambulatory Emergency External Cause [2004-2014], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Population Estimates [2004-2014], Statistics Canada. Table 051-0062 - Estimates of population by census division, sex and age group for July 1, based on the Standard Geographical Classification (SGC) 2011, annual (persons), CANSIM (database). Extracted January 2016.

The number of emergency visits related to mental and behavioural disorders for seniors in York Region has more than doubled since 2004

- In 2014, there were 1,112 emergency visits for York Region seniors related to mental and behavioural disorders (corresponding to a rate of 739 visits per 100,000 population aged 65+)
- The York Region emergency visit rate for mental health and behavioural disorders was consistently lower than the Ontario rate (1,136 per 100,000 seniors in 2014)
- Rates have been increasing over time in all age categories and are highest in the age category of 20-44 years (1,260 per 100,000 for 20-44 year olds in 2014)
- Sixty-nine per cent of York Region seniors in 2013-2014 perceived their mental health status to be “very good” or “excellent”

Graph 2: Number And Rate Of Emergency Visits Related To Mental And Behavioural Disorders Among York Region Seniors , 65 Years Of Age And Older, 2004-2014

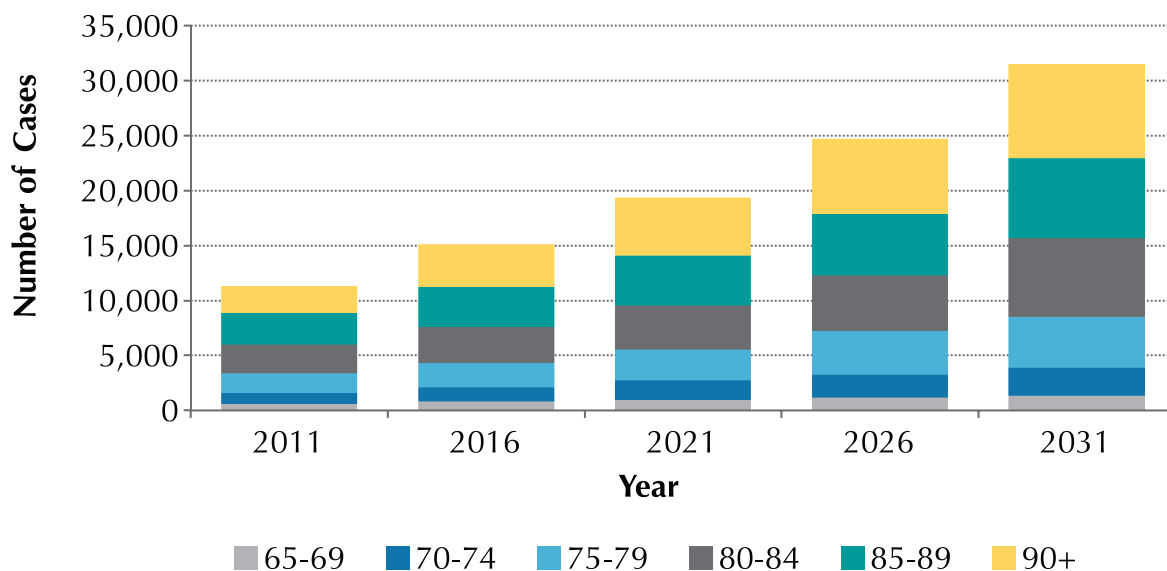


Data sources: Ambulatory Visits [2004-2014], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Population Estimates [2004-2014], Statistics Canada. Table 051-0062 - Estimates of population by census division, sex and age group for July 1, based on the Standard Geographical Classification (SGC) 2011, annual (persons), CANSIM (database). Extracted January 2016.

The prevalence of dementia among seniors will increase rapidly over the next 20 years as the size of the senior population and life expectancy increase

- By 2031, the number of dementia cases is expected to increase by 163 per cent over the 2012 number (about 12,000 cases in 2012 compared with over 31,500 in 2031).
- The increase for Ontario as a whole is projected to be 95 per cent (about 195,000 cases in 2012 compared with about 380,000 in 2031).

Graph 3: Projected Dementia Cases For Seniors By Age Group, York Region, 2011 To 2031



Source: Hopkins, R. (June 2010). *Dementia Projections for the Counties, Regional Municipalities, and Census Divisions of Ontario*. Clinical/Research Bulletin number 16. PCCC Mental Health Services, Kingston, Ontario. Retrieved from alzheimerontario.org/ad_Statistics.htm#one

A complex set of factors or conditions determine an individual's level of health

- Non-medical factors that influence health, such as income, social status, education, employment, social environments, gender and culture, are referred to as the social determinants of health. These social and economic conditions have a cumulative effect on an individual's chances of remaining healthy or becoming ill (*Impact of Socioeconomic Factors on Health in York Region, 2014*).
- The key social determinants of health that have been identified by the Public Health Agency of Canada are:
 - » Income and Social Status
 - » Social Support Networks
 - » Education and Literacy
 - » Employment/Working Conditions
 - » Social Environments
 - » Physical Environments
 - » Personal Health Practices and Coping Skills
 - » Healthy Child Development
 - » Biology and Genetic Endowment
 - » Health Services
 - » Gender
 - » Culture

- York Region residents living in neighbourhoods with negative socioeconomic characteristics (higher levels of material deprivation, residential instability, dependency and lower neighbourhood average incomes) were more likely to have negative health outcomes, including higher rates of:
 - » Injury-related emergency room visits
 - » Intentional self-harm-related emergency department visits
 - » Premature death
 - » Hospitalization
 - » Fair or poor perceived health
 - » Circulatory disease hospitalizations
 - » Smoking and exposure to tobacco smoke in their homes
 - » Physical inactivity
 - » Drinking in excess of the low-risk drinking guidelines
 - » Obesity or being over weight