2018

The Older Adult Health Status Report

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

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Special thanks to:

This interactive report is available at https://bi.wdgpublichealth.ca/reports/older-adult-health-status-report/

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Citation
Wellington-Dufferin-Guelph Public Health (2017). The Older Adult Health Status Report: Executive Summary. Guelph, Ontario.

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Executive Summary

Canada's population is undergoing a major demographic shift.[1] Older adults, 55 years and over, are the fastest growing age group across the country. From 2011 to 2016, the older adult population group grew at a rate 2.5 times that of the entire population of Canada.[2] In 2016, older adults made up about 30% of the Canadian population.[2]

This report aims to provide individuals and organizations a summary of findings about older adults (55+) within Wellington County, Dufferin County and the City of Guelph found within the interactive version of the Older Adult Health Status Report.
Some key findings include:

An Older Adult Profile

Older Adult Population Distribution
- In WDG, compared to the proportion of males (50.2%) and females (49.8%) under 55 years, female older adults (53.2%) outnumber male older adults (46.8%). This trend becomes more pronounced with age.
- Centenarians (individuals age 100 and above) make up 0.02% of the total population and 0.05% of the older adult population in WDG.
- Wellington County has the highest proportion of older adults in WDG with 33.1% of the population consisting of individuals age 55 and over.
- Within Wellington County, Puslinch has the highest proportion of Older Adults as they make up 39.5%.
- The City of Guelph has the lowest proportion of older adults in WDG with 26.8% of the population consisting of individuals age 55 and over.
- In Dufferin County, Mulmur has the highest proportion of older adults as they make up 35.5% of the population.

Projected Population Growth
- Older adults are expected to make up a larger part of the population as time passes. Within WDG, older adults represented 30.5% of the population in 2017. By 2041, older adults are expected to represent 36.6% of the population.
- Life expectancy is lower for males than for females in both WDG and Ontario.
- The total life expectancy for both sexes is slightly lower in WDG than in all of Ontario.
- Life expectancy has slightly increased from 2006-2012 in WDG and in all of Ontario.

Social Determinants of Health

Income
- In WDG, 77.5% of female older adults earn an income below $40,000 per year (after-tax) and 9.5% live in low income, compared to 53.9% of male older adults that earn an income below $40,000 per year (after-tax) and 6.4% that live in low income.
- In WDG, a lower percentage of older adults (8.0%) live in low-income compared to the rest of Ontario (10.4%).

Education, Workforce & Employment
- Among older adults in WDG, more males (55.3%) have a postsecondary education compared to females (46.1%).
- Compared to the rest of Ontario (49.4%), a slightly higher proportion of older adults in WDG (50.5%) have a postsecondary education.
- The workforce participation rate and employment rate drastically drop for older adults over 65 years.
- Older adults in Guelph have the highest unemployment rate (6.1%) in WDG.

Housing
- Almost 28% of older adults over 75 years in WDG spend more than 30% of their income on shelter, higher than any other age group.
- Among older adults, home ownership is higher in Wellington (87.0%) and Dufferin (83.3%), than in Guelph (76.4%).
- Compared to those under 55 years (81.4%), a lower percentage of older adults (37.1%) in WDG have a mortgage.
- Compared to those under 55 years (14.5%), a lower percentage of older adults (24.0%) in WDG live in subsidized housing.

Immigration
- Immigrants make up 27.7% of the older adult population group in WDG, which is lower than the rest of Ontario (40.8%).
- Compared to Wellington (22.5%) and Dufferin (26.6%), Guelph has the highest percentage of older adults that are immigrants (32.6%).
- Most of the older adults that have immigrated to WDG from another country arrived before 1971 (97.1%).

Food Security
- Older adults are generally more food secure than the rest of the population under 55 years.

- Food security generally increases with growing age.
- In 2013-2014, 4.9% of older adults in WDG were food insecure, compared to 7.4% in the rest of Ontario.

Transportation & Has a Medical Doctor
- Compared to the rest of Ontario, a higher percentage of older adults from WDG drove in the past year.
- A higher percentage of male older adults drove in the past year compared to female older adults.
- With increasing age, a higher percentage of older adults in WDG have access to a regular medical doctor.

General Health

Perceived Physical Health & Chronic Disease
- Compared to the under 55 population age group, a lower percentage of older adults perceive their physical health to be good, very good or excellent. Among older adults, this rating decreases with growing age.
- With increasing age, more - older adults report having have one or multiple chronic disease(s).

Dental Health
- From 2007-2008 to 2013-2014, the percentage of older adults in WDG that perceived their dental health to be good, very good or excellent increased for females and decreased for males.
- With growing age, a lower percentage of older adults report having visited the dentist in the past year.

Activity Difficulties
- Compared to the under 55 population age group, more - older adults report having activity difficulties/limitations.
- Under 75 years, a greater percentage of females report having activity difficulties/limitation. Above 75 years, a greater percentage of males report having activity difficulties/limitations.
- With increasing age, older adults report needing more help with tasks related to daily living.

Pain and Discomfort

- The number of older adults that report experiencing pain and discomfort grew from 2007-2008 to 2013-2014.

- A higher proportion of older adult females report having arthritis pain than back problems, compared to male older adults.

Methods

APHEO Indicators

Some indicators for this report were selected from the list of core indicators recommended by the Association for Public Health Epidemiologists of Ontario (APHEO). APHEO has recognized the need for consistency among health reports.1 Its Core Indicators Working Group (CIWG) has aimed to systematically define and operationalize a core set of health indicators in Ontario. The CIWG works to ensure the Core Indicators are accurate, up-to-date and reflect the legislative requirements set in the Ontario Public Health Standards.1

Numerous APHEO indicators were assessed in this report. These include indicators related to the population; social environment and health; mortality, morbidity and health-related quality of life; chronic disease and injuries; behaviour and health; mental health; and use of health services.

Additional indicators were chosen for examination based on consultations with Health Analytics and Health Promotion management at Wellington-Dufferin-Guelph Public Health. Consideration was also paid to meeting the data requirements set out in the Ontario Public Health Standards, the Accountability Agreement Indicators of the Ministry of Health and Long-Term Care, and Wellington-Dufferin-Guelph Public Health's Key Performance Indicators for monitoring set out in the 2011-2016 strategic plan.

Levels of Geography

Data in this report are shown for Wellington-Dufferin-Guelph (WDG) and for the province of Ontario to provide a comparison. Where possible, figures were calculated for Wellington and Dufferin Counties and the City of Guelph. In some cases, small numbers prevented the release of figures for these stratified geographies.

The accompanying interactive report enables the user to work with dynamic data. Users will be able to combine these regions in varying combinations to obtain information that is more specific to their data needs. A separate interactive report is also available for the LHIN sub-regions of WDG.

Age Groupings

Age groupings in this report allow for comparisons between older adults, the under 55 age group and the total population. The age of older adults is stratified by 10-year groups to allow comparisons within this age group. In some cases, small numbers prevented the release of figures for stratified age groupings.

Time Period

Data from 2007-2014 were used from the Canadian Community Health Survey (CCHS) and grouped into two years to prevent the release of small figures. From IntelliHEALTH, data for population projections are used for the period 2017-2041 and for life expectancy are used for the period 2006-2012. Other data retrieved from IntelliHEALTH are used for the period from 2006-2015/16. Data from 2010-2036 are used for the dementia projections. EMS data were provided for the years 2013-2016 for the data on the number of annual calls.

Data Sources

The data used in this report were obtained from eight external sources. These include:

- The Canadian Community Health Survey (CCHS)
- IntelliHEALTH
- National Ambulatory Care Reporting System (NACRS)
- Discharge Abstract Database (DAD)
- Vital Statistics: Live Births and Deaths
- Population Estimates and Projections
- Census and National Health Survey (NHS)
- Dufferin County Paramedic Services
- Guelph-Wellington Paramedic Services
- Central West Local Health Integration Network
- Waterloo-Wellington Local Health Integration Network
- Dementia Projections for the Counties, Regional Municipalities and Districts of Ontario (using CSHA Prevalence Data) by Hopkins & Hopkins
- Canadian Community Health Survey (CCHS)

Canadian Community Health Survey (CCHS)

Data from the Canadian Community Health Survey (CCHS) were used to provide estimates for several indicators, including the indicators included in Chapters 2: Social Determinants of Health; Chapter 3: General Health; Chapter 4: Mental Health; Chapter 5: Lifestyle and Health Behaviours; and Chapter 6: Social Supports and Connections.

CCHS collects data on mental health, physical health, and social and economic factors. Data are collected from persons aged 12 and over that live in a private dwelling. The surveyed sample includes people from each of the 115 health regions across Canada. Excluded from the survey are people that reside on Aboriginal Reserves and Crown Lands, full-time members of the Canadian Forces, institutionalized persons, and residents of certain remote regions. The CCHS represents approximately 98% of the Canadian population over the age

of 12 years. Data from 2007-2014 were used and grouped into two year groups to prevent the release of small figures.

All reported estimates (percentages) from the CCHS conform to the reporting guidelines described in the 2011 CCHS User Guide.11 As per these guidelines, all reported estimates whose coefficient of variation (CV) falls within the marginal range ($16.6 \leq CV \leq 33.3$) are considered for general unrestricted release but are accompanied by a notation cautioning of their high sampling variability. The remaining reported estimates, which are not accompanied by a CV, can be interpreted with confidence as their CV falls within the acceptable range ($0.0 \leq CV \leq 16.5$). All estimates with a CV within the unacceptable range ($CV > 33.3$) were not included in the report.

IntelliHEALTH
Data from IntelliHEALTH Ontario were used to for indicators included in Chapter 1: Older Adult Profile; Chapter 4: Mental Health; Chapter 7: Falls; and Chapter 8: Health Care Utilization. All IntelliHEALTH data are presented as percentages or standardized rates per 1,000 people. Rates were calculated using population estimates provided by Statistics Canada, for the years 2006-2015.

Population Projections (chapter 1) were calculated using data provided by the Ontario Ministry of Finance (MOF). Population projections are produced by the MOF following every Census and updated regularly based on post-censal population estimates.

The Vital Statistics database collects information on all births (live births and stillbirths) and deaths registered in Ontario during a calendar year. This database was used to retrieve data on life expectancy (chapter 1) and cause of mortality (chapter 8). Vital Statistics data were retrieved for the period from 2006 to 2012.

The National Ambulatory Care Reporting System (NACRS) database collects information on all hospital and community based ambulatory care, including: emergency visits, day procedures, and outpatient and community based clinics that provide dialysis, cardiac catheterization, and oncology services. NACRS was used to retrieve data on mental health related (chapter 4), fall-related (chapter 7) and all causes (chapter 8) for emergency department visits and fall-related hospitalizations (chapter 7). NACRS data were retrieved for the period from 2006 to 2015.

The Discharge Abstract Database (DAD) collects information on hospital discharges. DAD was used to retrieve data on all-cause hospitalizations (chapter 8). DAD data were retrieved for the period from 2006 to 2015.

The Ontario Mental Health Reporting System (OHMRS) database collects information on adult inpatient mental health admissions and services. OHMRS was used to retrieve data on mental health related hospitalizations (chapter 4). OHMRS data were retrieved for the period from 2006 to 2015.

Census / National Health Survey (NHS)
Data from the 2011 and 2016 national censuses and the 2011 National Health Survey were used for indicators included in Chapter 1: Older Adult Profile; Chapter 2: Social Determinants of Health; Chapter 3: General Health; and Chapter 5: Social Supports and Connections.

The national census is carried out every five years in Canada and it surveys every Canadian resident across the country. The census provides a wide range of data on the Canadian population, including information on age and sex, type of dwelling, families and marital status, income, immigration, housing, education and labour. This data can be stratified into smaller geographical areas, by age and sex.

Emergency Medical Services (EMS)
Data on the use of emergency medical services (EMS) by residents of WDG (chapter 8) were provided courtesy of the Dufferin County Paramedic Services and Guelph-Wellington Paramedic Services. Both provided data on the number of annual EMS calls made from 2012 to 2016 and the leading primary complaints made by male and female patients 55 years and older when utilizing EMS, for the year 2016.

Local Health Integration Networks (LHINs)
Data on the use of long-term care homes and home care services was provided courtesy of the Central West LHIN and the Waterloo-Wellington LHIN. Data for number of long term care residents and homecare service recipients were provided for the period from 2012 to 2016. Data on the number of long term care beds were provided for the current year, as of October 1st, 2017.
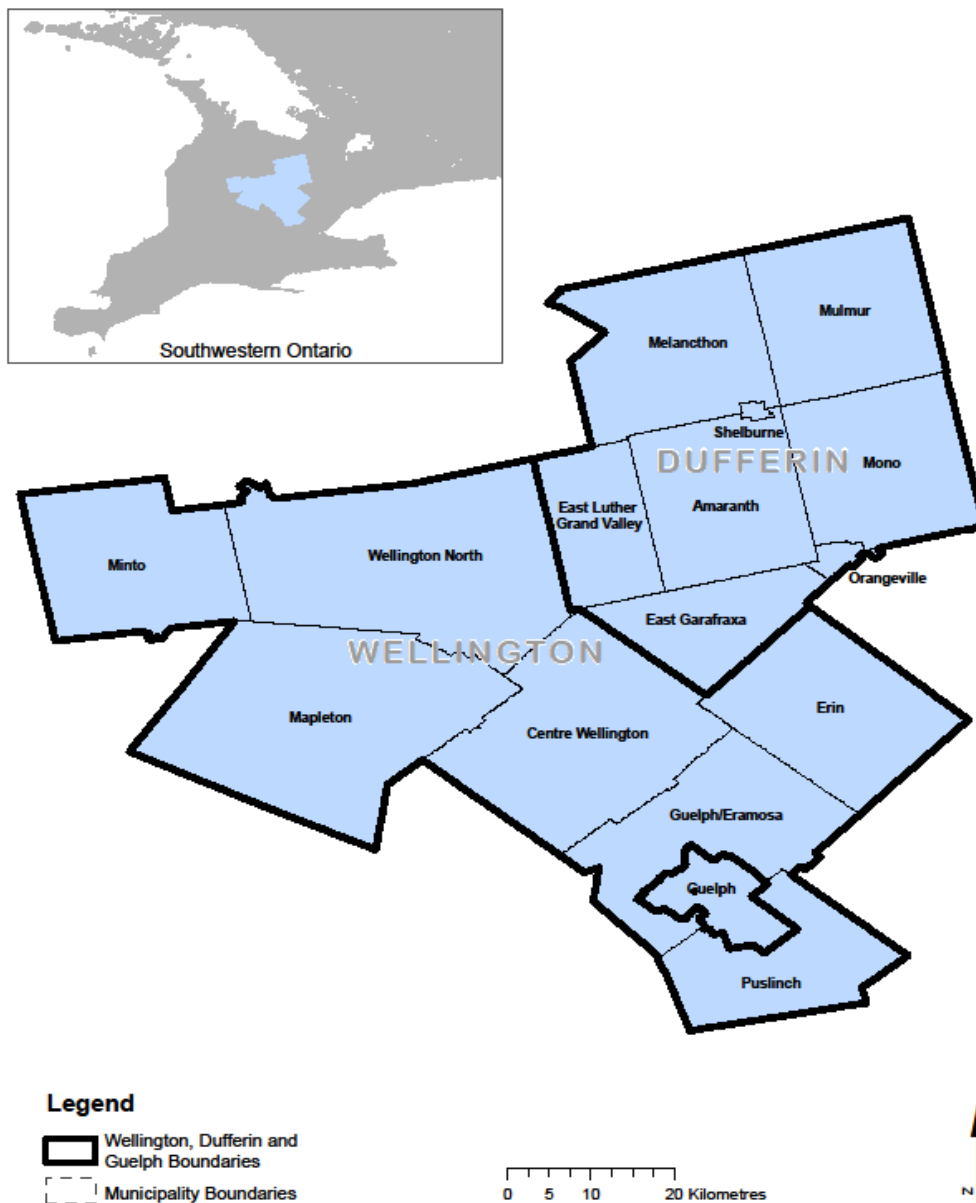
Dementia Projections
Dementia projection data are provided for Wellington-Dufferin-Guelph and Ontario. These projections were obtained from a report published in 2010 by Robert W. Hopkins, Ph. D, with the Geriatric Psychiatry Programme. All dementia projections in this report are provided for the counties, regional municipalities, and census divisions of Ontario using data from 2010. Projections are made for each year from 2010 to 2036.

A Profile of Wellington-Dufferin-Guelph

Wellington-Dufferin-Guelph Public Health (WDGPH) is one of 36 local health departments in Ontario. The area served by WDGPH is located in southwestern Ontario, approximately 100 km west of Toronto, and comprises two counties: Wellington County and Dufferin County. The municipality of the City of Guelph is geographically located within Wellington County *(See Figure 1)*. In this report, the area served by WDGPH is referred to as Wellington-Dufferin-Guelph (WDG).

Figure 1: Municipalities in Wellington-Dufferin-Guelph, Southwestern Ontario

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