

Healthy Aging in Toronto: The Health Status of Seniors

Date: February 16, 2017

To: Board of Health

From: Acting Medical Officer of Health

Wards: All

SUMMARY

Toronto Public Health (TPH) recently completed a health status report on seniors aged 65 and older in Toronto. This report provides an overview of the health of seniors in Toronto based on the most recent data available, along with some of the key risk factors, protective behaviors, and social determinants associated with healthy aging. The findings will be used by public health and community organizations to identify priority issues and guide services and policies that promote and protect the health and well-being of Toronto's seniors.

RECOMMENDATIONS

The Acting Medical Officer of Health recommends that:

1. The Board of Health request the Ministry of Health and Long-Term Care to develop a basic dental care plan for seniors to address this gap in primary care.
2. The Board of Health request the Ministry of Health and Long-Term Care to investigate the average five year delay in processing mortality data received from Statistics Canada and the Office of the Registrar General of Ontario, in order to have more timely information on cause of death in the growing population of seniors.
3. This report be forwarded to the Public Health Agency of Canada, the Ontario Ministry of Health and Long-Term Care, Public Health Ontario, Mental Health Commission of Canada, Canadian Mental Health Association, Centre for Mental Health, Ontario Medical Association, Registered Nurses Association of Ontario, Toronto Central Local Health Integration Network, Mississauga Halton Local Health Integration Network, Central West Local Health Integration Network, Central Local Health Integration Network, Central East Local Health Integration Network, Urban Public Health Network, Canadian Public Health Association, Ontario Public Health Association, Toronto Seniors

Strategy Accountability Table, and Toronto area Elderly Persons Centres for information.

FINANCIAL IMPACT

There is no financial impact arising from this report.

DECISION HISTORY

This report presents a new initiative. A priority direction in the Toronto Public Health Strategic Plan for 2015 to 2019 is to serve the public health needs of Toronto's diverse communities. Actions associated with this priority direction include identifying key public health interventions to address the needs of seniors, and incorporating evidence about health inequities in the design and delivery of services.

COMMENTS

The City adopted its first age-friendly plan – the Toronto Seniors Strategy – in 2013. Toronto Public Health (TPH) was identified as the lead for seven recommended actions that centered primarily on the issues of easier access to healthy and affordable food, expanded access to dental care for eligible seniors, falls prevention, pedestrian safety, and suicide prevention. Toronto Public Health continues to work with the Social Development, Finance, and Administration Division to ensure that public health is incorporated into the Toronto Senior's Strategy version 2.0, which is expected in late 2017.

To help inform the update of the strategy, TPH developed a short overview report on the health status of seniors in Toronto. The report, 'Healthy Aging in Toronto', explores some of the key risk factors, protective behaviours, and social determinants associated with healthy aging (see Attachment 1). The most recent reliable information on health status and social determinants of health was gathered from national and municipal surveys, hospital administrative databases, disease registries, and vital statistics. The report provides estimates for seniors aged 65 and older in Toronto (unless otherwise specified), and in some cases includes comparisons to the rest of the province, trends over time, and inequities among sub-populations within the city. The survey data do not include seniors in long-term care and assisted living, and therefore likely underestimate certain issues, particularly disability, mobility and pain.

This report outlines the key findings from the health status report and highlights some of TPH's programs, services, and advocacy work related to senior's health. The report also outlines some of the key data limitations that need to be addressed to provide a better understanding of the health of seniors in Toronto to continue to inform program planning and service delivery.

Toronto's Aging Population and Social Determinants of Health

There are more seniors in Toronto than ever before, and they are living longer. In 2016, there were approximately 438,000 seniors in Toronto, representing 1 in 7 residents. By 2036, that number is expected to grow to 680,000 seniors, representing 1 in 5 Toronto residents.⁽¹⁾ With life expectancy in Toronto being higher than ever, at 80.7 years for males and 85.4 years for females,⁽²⁾ understanding the health status of this growing population is an important step in ensuring public health services meet the needs of Toronto's diverse communities.

Similar to the rest of the city's population, seniors in Toronto come from a wide range of cultural, ethnic and racial backgrounds, and speak over 100 languages.⁽³⁾ They have a range of education and experiences, and represent different sexual orientations and gender identities. While many have economic and other assets, some are living in poverty or barely above the low-income cut-off. The social, economic, and physical conditions in which seniors live have an enormous impact on health, and are considered social determinants of health.

Recent and reliable data on many of these social determinants of health are currently not available. The most recent available Long-Form Census data, collected in 2006, do not provide a current picture of the rapidly changing population of seniors in Toronto. The National Household Survey, implemented in 2011 in replacement of the Long-Form Census, had a poor response rate and under-represents vulnerable populations in Toronto's neighbourhoods. The 2016 Long-Form Census data, to be released by Statistics Canada over the course of 2017, will give more insight into the socio-demographic characteristics of seniors as well as other populations of Torontonians. Despite this lack of data, TPH is able to explore indicators of seniors' income, one of the most influential social determinants, in the family Tax-Filer database.

Seniors living below the after-tax low income measure (LIM) are more common in Toronto compared to the rest of Ontario. In 2013, 10% of seniors in Toronto were living below the LIM, compared to 6% of seniors in the rest of the province.⁽⁴⁾ A single person living alone in Canada is considered to have been living below the low-income measure in 2013 if their annual income after tax was less than \$17,371.⁽⁵⁾ The median income (from all sources of income) of Toronto seniors in 2013 was \$24,310 per year. In comparison, the median income of seniors across Ontario was \$27,320 per year.⁽⁴⁾

Annual income and low income rates provide important insight into financial stability, but they do not provide the whole picture. This is particularly true for seniors because of government income programs such as Old Age Security and the Guaranteed Income Supplement, which help bring the annual incomes for many seniors just above the LIM. Although the LIM is a commonly used measure for assessing income level, given Toronto's high cost of living, it is not unusual to have an income level above the LIM and still struggle financially. Thus, more than 10% of seniors may be affected by the health inequities associated with income. In addition, other kinds of wealth, including home ownership, savings and other assets, or lack thereof, play an important role in seniors' financial stability.

The effect of income inequity on overall health is observable in the data. Men in the lowest income groups live on average 2.7 years less than men in the highest income

groups.⁽⁶⁾ In 2013/14, seniors in Toronto with lower incomes were less likely to rate their health as good, very good or excellent, compared to those with higher incomes.⁽⁷⁾

One of the most severely marginalized populations in Toronto is the under-housed. In 2013, seniors aged 61 and older made up 10% of Toronto's population living on the street and in shelters, which increased from 5% in 2009. In addition, people aged 51 and older comprised 29% of the homeless population, which indicates that there will likely be more street-involved seniors in coming years.⁽⁸⁾

To address some of the issues faced by vulnerable seniors, TPH provides short term case management for marginalized and isolated older adults and seniors (50 years and older). Toronto Public Health also provides service to vulnerable older adults and seniors facing chronic and/or recurring bed bug infestations. This bedbug control program includes inspection and assessments, coordination of supports such as unit preparation, extreme cleaning, and linkages to social supports.

Healthy Lifestyles, Prevention and Screening

Maintaining a healthy lifestyle is an important part of individual health. In 2013/14, half of Toronto's seniors were physically active, whereas only 15% met the guidelines for vegetable and fruit consumption. One in five seniors exceeded the low-risk drinking guidelines, whereas fewer than one in ten smoked cigarettes.⁽⁷⁾ Toronto Public Health encourages healthy eating and regular physical activity across the life course to increase health and quality of life and reduce the burden of disease amongst seniors. TPH's youth and adult programs and campaigns encourage participants to stay tobacco-free and limit alcohol, In the long term this helps prevent cancer and other chronic conditions amongst seniors.

Cancers are more easily treated and have a higher survival rate when caught early. Current guidelines recommend that women aged 65 to 74 be screened bi-annually for breast cancer and those aged 65 to 69 get screened for cervical cancer every three years. Colorectal screening through the administration of the Fecal Occult Blood Test is promoted to men and women aged 65 to 74 every two years. In 2013, just over 60% of Toronto women aged 60 to 69 were up-to-date for breast cancer screening. This is lower than the rest of Ontario, at 67%. Fifty-two percent (52%) of women aged 50 to 69 were up-to-date for cervical cancer screening, and sixty-five percent (65%) of seniors were up to date for colorectal cancer screening. They are similar to the rest of Ontario.⁽⁹⁾

Public health has a mandate to increase the percent of the population who are screened for cancer, particularly in communities with under-screened populations. Toronto Public Health programs build capacity among service providers who work with seniors to provide information and messaging about the importance of regular screening.

Another important preventative service is dental care. Overall, 64% of seniors in Toronto had visited a dentist in the past year in 2013/14. This percent increased with income, from 42% in the lowest income group to 88% in the highest income group.⁽⁷⁾ Only 34% of seniors in Toronto had dental insurance in 2013/14. Dental health is a priority for seniors because it is not covered by OHIP and many lose the insurance

provided by their employer upon retirement. Seniors in Toronto are less likely to have dental insurance than seniors in the rest of Ontario.⁽⁷⁾

Toronto Public Health provides preventive dental screening for seniors residing in long-term care homes, retirement homes and collective living centres. In addition, community workshops on oral health for caregivers and/or independent seniors on the importance of good oral health and disease prevention are conducted. Toronto Public Health currently offers free basic dental services to eligible low income seniors (65 years or older) with no dental insurance who live in Toronto and meet financial eligibility requirements. However, due to the number of seniors that are living just above the eligibility requirements, there are likely many seniors in need of low-cost or free dental services that TPH does not currently serve. The Acting Medical Officer of Health recommends that the Board of Health request the Ministry of Health and Long-Term Care to develop a basic dental care plan for seniors to address this gap in primary care.

An additional preventative measure that differs in prevalence across income groups is influenza vaccination. In 2013/14, 74% of seniors in the highest income group had received a flu vaccine in the past year, compared to 59% in the lowest income group.⁽⁷⁾ Seniors have a higher likelihood of suffering complications from the flu, including death. Overall, 65% of seniors in Toronto received a flu shot in the past year,⁽⁷⁾ as compared with TPH's target vaccination rate of over 80% for seniors.

Toronto Public Health offers free influenza vaccinations for all who live, work or attend school in Toronto, including people 65 years of age and older, at community flu clinics and at shelters and drop-in centres. Toronto Public Health also provides promotion and resources on flu vaccination to the community, including health care providers and pharmacists who can also administer the flu vaccine. In addition, long-term care homes and hospitals with whom TPH partners offer free vaccination to residents / patients and staff.

General Health and Wellbeing, including Mental Health

Overall, seniors in Toronto have resilient characteristics when it comes to mental health and wellbeing. In 2013/14, three quarters of seniors reported having a strong or very strong sense of belonging to their community.⁽⁷⁾ Over 90% of seniors said that their mental health is good, very good, or excellent, and over 80% of seniors said that they were satisfied or very satisfied with life in general.⁽⁷⁾ The vast majority, 96% of Toronto seniors, had a regular medical doctor.⁽⁷⁾

However, seniors in Toronto are less likely to report good, very good or excellent health than seniors in the rest of Ontario.⁽⁷⁾ In 2012, two in five seniors in Toronto reported having some type of physical or mental disability.⁽¹⁰⁾ In 2016, one in ten seniors suffered from some form of dementia, which is projected to increase over the next 20 years.⁽¹¹⁾

Suicide among seniors is often due to isolation and depression. There are approximately 10 deaths per 100,000 seniors in Toronto each year, which is similar to the rate among younger adults. The 2010 rate of suicide deaths among senior males, 17 per 100,000, was higher than among senior females, 6 per 100,000.⁽²⁾ There were

35 deaths by suicide among seniors in 2010, the most recent year of reliable data available.

Injury Prevention

Injury is one of the most common public health concerns among seniors. In 2013, the most common injuries in Toronto seniors leading to emergency department (ED) visits and hospitalizations included falls, motor vehicle, pedestrian, and cycling collisions, and being hit by/hitting an object. Falls were by far the most common. The rates of fall-related ED visits and hospitalizations among seniors in Toronto increased from 2004 to 2013. ⁽¹²⁾ It is estimated that 20% to 30% of seniors fall each year⁽¹³⁾ and half of them will experience multiple falls.⁽¹⁴⁾ ⁽¹⁵⁾ In 2004, the direct costs associated with falls among seniors in Canada were estimated at over \$2 billion. ⁽¹³⁾

Toronto Public Health offers fall prevention 'train the trainer' sessions to health and allied health care professionals to incorporate fall prevention strategies into their regular service delivery and to teach older adults best practice home exercise programs to reduce their risk of falls. An e-learning module of the Step Ahead to Fall Prevention program is currently under development to further support fall prevention education for those working with older adults.

The spotlight on pedestrian injury has been increasing in Toronto over the last several years, and a high proportion of the victims are seniors. Senior pedestrians aged 75 and older had a rate of just over 30 major or fatal collisions per 1 million trips, whereas the rate of major or fatal collisions for seniors age 65 to 74 was 9 per 1 million trips. The major/fatal collision rate for the whole population of Toronto is less than 2 per 1 million trips.⁽¹⁶⁾

Through a comprehensive approach, TPH works with agencies and organizations to address pedestrian safety for seniors. Strategies include train-the-trainer approaches, partnerships, and advocacy to promote safe and supportive social and built environments. In collaboration with Transportation Services, TPH identified and implemented active transportation demonstration projects, including traffic calming and 'slow zones' to enhance safety for older adults and all road users. Toronto Public Health is currently undertaking a health evidence and strategy review and advising Transportation Services in the development of Vision Zero, a comprehensive five year (2017-2021) action plan focused on reducing traffic-related fatalities and serious injuries on Toronto's streets.

Chronic Conditions

Chronic conditions are another common group of health issues affecting seniors. Almost half of all seniors have multiple chronic conditions, such as heart disease, respiratory disease, and cancer.⁽⁷⁾ In 2010, the most recent reliable year of data available, heart disease was the leading cause of death among seniors in Toronto. Among younger seniors (aged 65 to 74), cancers, including lung, female breast, and colon were also common causes of death, whereas for older seniors (aged 75 and older), stroke and dementia become more common causes of death.⁽²⁾ Heart diseases is also the leading

causes of hospitalization among seniors. In addition to heart disease, seniors are commonly hospitalized for musculoskeletal conditions and respiratory diseases.⁽¹²⁾

Type 2 diabetes is a chronic condition of particular public health concern, as it is increasing in Toronto and disproportionately affects some population groups, including seniors. In 2013, one in three seniors had diabetes, with males having a slightly higher prevalence than females.⁽¹⁷⁾

Toronto Public Health takes a preventative approach to reduce and/or delay the onset of type 2 diabetes. Through the diabetes prevention strategy and to support sustained change within communities, TPH trains peer leaders from external agencies as facilitators to deliver diabetes prevention education sessions within community settings, reaching farther into at-risk communities in a culturally appropriate way. Toronto Public Health also supports access to affordable, healthy food and access to opportunities for physical activity.

Importance of Timely Data for Evidence-Informed Decision Making

Timely, valid, and reliable information on cause of death is a critical input into public health planning, program implementation, and evaluation.⁽¹⁸⁾ Mortality data can provide key direction for targeted preventative action to decrease morbidity and increase support for quality of life among seniors. It also informs preventative public health programming for younger adults, youth, and children. Ontario Public Health Units (PHUs) face a significant delay in receiving mortality data. The most recent usable data for Toronto at the time of writing is over six years old. This lack of currency prevents TPH from investigating the most relevant trends in mortality in Toronto. In addition, recent releases suffer from poor quality due to incomplete data elements that render the data invalid.

Mortality data ultimately come from death certificates, authorized by the signing physician. They are processed and sent to both the Toronto City Clerks Office and the Office of the Registrar General of Ontario (ORG). Both offices process the information and use it for administrative purposes. The ORG enters cause of death into their database. The ORG also transfers the data to Statistics Canada, who do further processing.

Toronto Public Health receives the data from the Ontario Ministry of Health and Long-Term Care. Over the past ten years, it has taken an average of five years from time of collection to receipt of the data by PHUs. Toronto Public Health and other PHUs have enquired about the reasons for this delay, but no resolution has been reached. This issue needs to be addressed at the provincial level to ensure timely, relevant, comparable, and quality data for all PHUs, including Toronto. Therefore, the Acting Medical Officer of Health recommends that the Board of Health request the Ministry of Health and Long-Term Care to investigate the average five year delay in processing mortality data received from Statistics Canada and the Registrar General of Ontario, in order to have more timely information on cause of death in the growing population of seniors.

Summary

The number of seniors living in Toronto is growing, and seniors will continue to comprise a greater percent of the population over the next 20 years. Although many seniors are thriving, there are also many issues of public concern affecting seniors, and some groups are at higher risk for poor health than others. Social determinants of health lead to inequities between populations in the city, with some seniors disproportionately suffering from adverse health conditions.

Toronto Public Health and other sectors in the City of Toronto can make a difference in creating the conditions for healthy aging.

CONTACT

Paul Fleiszer
Manager, Surveillance and
Epidemiology
Toronto Public Health
Tel: 416-338-8073
Email: paul.fleiszer@toronto.ca

Debra Williams
Director, Performance and Standards
Toronto Public Health
Tel: 416-338-8134
Email: debra.williams@toronto.ca

SIGNATURE

Dr. Barbara Yaffe
Acting Medical Officer of Health

ATTACHMENTS

Attachment 1 - Healthy Aging in Toronto

References

1. Population Projections, 2015-2041, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: August 2016.
2. Ontario Mortality Data, 2010. Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario. Date Extracted: August 2016.
3. City of Toronto, Toronto Facts: Diversity. Retrieved from <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=dbe867b42d853410VgnVCM10000071d60f89RCRD>
4. Statistics Canada, 2013. Income Estimates for Census Families and Individuals (T1 Family File). Table F-18. Community Data Program (distributor). Last updated October 6, 2015. Communitydata.ca (accessed November, 2015).
5. Statistics Canada, 2015. Annual Income Estimates for Census Families and Individuals (T1 Family File), Family Data User's Guide. 2015.
6. Toronto Public Health. (2015). The Unequal City 2015.
7. Canadian Community Health Survey (CCHS), 2007 to 2014, Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.
8. City of Toronto, Street Needs Assessment 2013, Results. Retrieved from goo.gl/Vv1zSC
9. Ontario Community Health Profiles Partnership, Ontario Health Profiles. Retrieved from <http://www.torontohealthprofiles.ca/ont/dataTablesON.php?varTab=HPDtbl&select1=7>
10. Statistics Canada. 2012. Canadian Survey on Disabilities (Custom data request). Community Data Program (distributor). Last updated October 6, 2015. Communitydata.ca (accessed July 5, 2016).
11. Geriatric Psychiatry Programme Clinical/Research Bulletin No. 16: Dementia Projections for the Counties, Regional Municipalities and Districts of Ontario. June 2010. PCCC Mental Health Services, Kingston, Ontario
12. Inpatient Discharges 2000 to 2013, Ontario Ministry of Health and Long Term Care, IntelliHEALTH Ontario. Date Extracted: August 2016.
13. Public Health Agency of Canada. (2014). Seniors Falls in Canada, Second Report. Retrieved from http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/assets/pdf/seniors_falls-chutes_aines-eng.pdf
14. Clemson, L., Mackenzie, L., Ballinger, C., Close, J., & Cumming, R. (2008). Environmental interventions to prevent falls in community-dwelling older people: A meta-analysis of randomized trials. *Journal of Aging and Health, 20*(8).
15. Stevens, J. & Burns E. (2015). A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults. 3rd ed. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
16. Data Management Group, University of Toronto. Transportation Tomorrow Survey, 2011.
17. Ontario Diabetes Database (ODD) 2013, Institute for Clinical Evaluative Sciences (ICES).
18. Naghvai, M., Makela, S., Foreman, K., O'Brien, J., Pourmalek, F. & Lozano, R. (2010). Algorithms for enhancing public health utility of national causes-of-death data. *Population Health Metrics, 8*(9).