



Seniors aged 65 and older represent a large and quickly growing population group in Toronto. This stage of life is a time when many begin to face increased health challenges, such as chronic disease, injury, and disability. As seniors continue to grow in number and as a percent of the population, it is increasingly important to focus on healthy aging to maintain and enhance their physical, mental, and social well-being.

“The aging of Canada’s population is one of the most pressing policy imperatives of our time, and will have a huge impact on health care, social services and the economy.”

*Dr. Granger Avery
President, Canadian Medical Association¹*

This report provides an overview of the health of seniors in Toronto, along with some of the key risk factors, protective behaviours, and social determinants associated with healthy aging. Throughout this report, the term “seniors” is defined as people aged 65 and older who live in the city of Toronto, unless specified otherwise. Some of the data presented exclude people who live in institutions, such as those living in long-term care and retirement homes. These people may be more likely to suffer from adverse health outcomes.

Toronto’s Aging Population

In 2016 there were approximately **438,000** seniors in Toronto, representing **1** in **7** residents



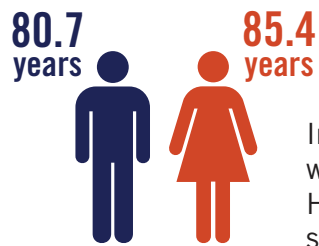
By 2036, there are expected to be **680,000** seniors, representing **1** in **5** Toronto residents²



15,400 Torontonians lived in 86 long-term care homes throughout the city in 2016
6,800 Torontonians lived in 74 retirement homes throughout the city in 2016



16% of seniors in Toronto had no knowledge of English (2011)³



In 2010, life expectancy in Toronto was higher than at any other time.⁴ However, life expectancy is not the same for everyone.



In 2010, men in the lowest income groups lived **2.7** years less than those in the highest, whereas there were minimal differences in life expectancy by income among women.⁵

Social Determinants of Health

Similar to the rest of Toronto's population, seniors represent the diversity of our city. Many have immigrated from other countries, recently or many years ago. Seniors in Toronto come from a wide range of cultural, ethnic and racial backgrounds, and speak over 100 languages.⁶ Seniors have a range of education and experiences, and represent different sexual orientations and gender identities. While some have economic and other assets, others are living in poverty or barely above the low-income cut-off, and have poor housing conditions or no home at all. Some seniors have wide social networks, while others are isolated. Some have access to the resources they need to maintain a healthy lifestyle, while others do not. Services are not always tailored to the unique needs of seniors, and some face discrimination and/or ageism. These social, economic, and physical conditions in which seniors live have an enormous impact on health, and are considered social determinants of health.



Homelessness

10% of Toronto's population living on the street or in shelters was comprised of seniors aged 61 and older in 2013

- **5%** were 61 and older in 2009
- **29%** of the 2013 homeless population were people aged 51 and older, indicating potential increases in street-involved seniors in coming years⁷



Income

10% of seniors in Toronto lived with low incomes based on the after-tax low-income measure in 2013

- Higher than the rest of Ontario (6%)
- Median income was **\$24,310** in 2013
- Lower than Ontario median (\$27,320)⁸

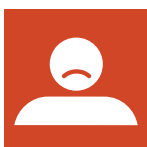
These data include income from all sources, including government programs such as Old Age Security and the Guaranteed Income Supplement, which help bring the annual incomes for many seniors above the low-income measure (LIM). Given Toronto's high cost of living, it is not unusual to have an income level above the LIM and still struggle financially. However, income does not provide the whole picture: Other kinds of wealth, including home ownership, savings and other assets, play an important role in seniors' financial stability.



Social inclusion

74% of seniors had a strong or very strong sense of belonging to their community in 2013/14

- Higher than younger adults⁹



Social support and isolation

27% of Toronto seniors lived alone in 2011

- More women than men (**34%** vs. **17%**)³
- Some suffer from elder abuse, neglect, or intimate partner violence¹⁰

Socially isolated seniors are at higher risk for poor eating habits, physical inactivity, falls, and depression. Isolation also puts seniors at greater risk for hospitalization for any cause, as well as death from heart disease, stroke, and suicide.¹¹



Having a regular doctor

96% of seniors in Toronto had a regular medical doctor in 2013/14

- Similar to the rest of Ontario
- Higher than younger adults⁹



Dental insurance

34% of seniors in Toronto had dental insurance in 2013/14

- Lower than the rest of Ontario⁹

Healthy Lifestyles

A healthy lifestyle, including a diet high in vegetables and fruit, regular physical activity, staying tobacco-free and limiting alcohol use can contribute to increased mobility, a strong immune system, positive mental health, and overall wellbeing. A healthy lifestyle can also increase quality of life and reduce the risk for chronic diseases and associated complications. In 2013/14⁹:



15% of seniors ate vegetables and fruit 7 or more times per day, the amount recommended by the Canada Food Guide



50% of seniors were physically active



8% of seniors were current cigarette smokers



19% of seniors exceeded the low-risk drinking guidelines

Prevention and Screening

Many health problems are largely preventable and/or more easily treated when caught early. Flu shots, breast, cervical, and colorectal screening, and regular visits to the dentist are effective ways to prevent or detect treatable health issues.

65% of seniors had a flu shot in the past year in 2013/14

- Higher than among younger adults
- Similar to the rest of Ontario⁹

63% of women aged 60 to 69 were up-to-date for breast cancer screening in 2013

- Lower than the rest of Ontario

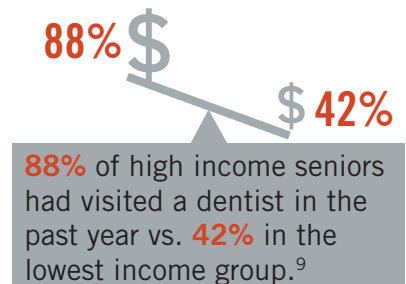
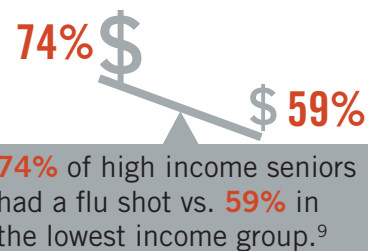
52% of women aged 50 to 69 were up-to-date for cervical cancer screening in 2013

- Similar to the rest of Ontario

65% of seniors were up-to-date for colorectal cancer screening in 2013

- Similar to the rest of Ontario¹²

64% of seniors visited a dentist in the past year in 2013/14⁹



It is important that sexually active seniors are tested for sexually transmitted infections, such as chlamydia, gonorrhea, and syphilis. Although the incidence of these conditions is low among seniors¹³, they are easily spread and can go undetected without testing. Some evidence¹⁴ has shown increasing positive tests for Hepatitis C among asymptomatic older adults and seniors, possibly from undetected infections from decades ago. Thus, it may be important that even those seniors who are not currently engaging in high-risk activities discuss prior high-risk activities with their doctor when making decisions regarding testing.

General Health and Well-being

Self-reported health is an important indicator of overall health and well-being, and can help predict disease and death.

74% of Toronto seniors rated their general health as good, very good or excellent in 2013/14

- **26%** said their health is fair or poor
- Less favourable than the rest of Ontario⁹



81% of high income seniors rated their health as good, very good or excellent vs. **66%** in the lowest income group.⁹

Disability

39% of seniors had some type of physical or mental disability in 2012¹⁵

27% needed help with one or more daily tasks in 2013/14, including preparing meals, doing housework, personal care, going to appointments, running errands and paying bills⁹

Mobility

80% could walk without difficulty in 2013/14

20% had difficulties with mobility, including having trouble walking, needing equipment to walk, needing a wheelchair and needing help from other people⁸



Pain and discomfort

21% experienced moderate or severe pain or discomfort on a regular basis in 2013/14

11% experienced mild pain or discomfort regularly

68% were usually free of pain or discomfort⁹

Mental and Neurological Health

Mental health is increasingly recognized as a public health priority. Mental health is not merely the absence of mental illness, but also refers to positive mental health, including living well and having the tools to cope with normal stresses of life.

93% of seniors said that their mental health was good, very good, or excellent in 2013/14

- **7%** said their mental health was fair or poor
- Similar to the rest of Ontario



83% of seniors said that they were satisfied or very satisfied with life in general

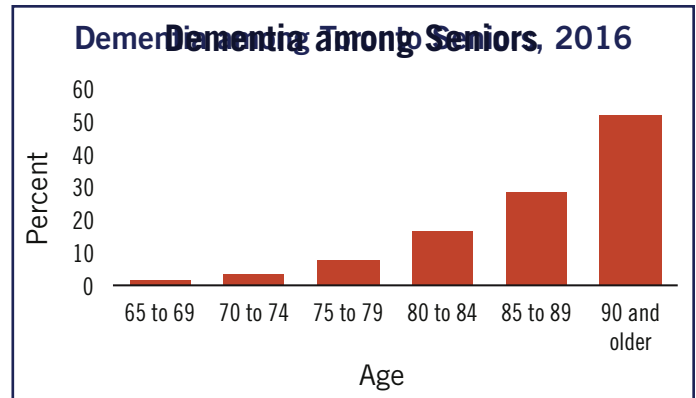
14% said that their lives were quite or extremely stressful

- Lower than younger adults⁹

Suicide is the most severe consequence of poor mental health and is often due to isolation and depression among seniors. There are approximately **10** deaths per **100,000** seniors each year, which is similar to the rate among younger adults. The rate of suicide deaths among senior males in 2010 (**17** per **100,000**) was higher than among senior females (**6** per **100,000**).⁴ There were **35** deaths by suicide among seniors in 2010.

11% of seniors suffered from some form of dementia in 2016

- Rate increases drastically with age
- Higher than the rest of Ontario
- Projected to increase slightly over the next 20 years¹⁶



Injury

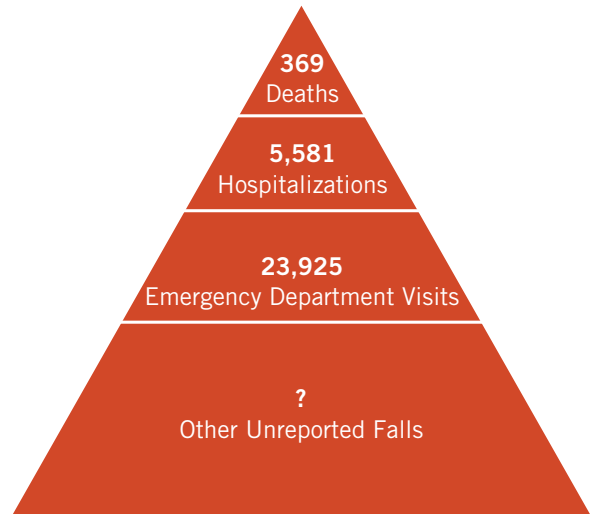
Emergency Department visits and hospitalizations provide insight into the most common serious injuries affecting seniors in Toronto. Hospitalization is when someone is admitted to the hospital overnight or longer.

Most common injuries among seniors leading to emergency department visits in 2015:

1. Falls (**23,925**)
2. Struck by or against an object (**2,046**)
3. Motor vehicle, pedestrian and cycling collisions (**1,953**)
4. Cut or pierce (**1,354**)
5. Overexertion (**1,159**)¹⁷

Most common injuries among seniors leading to hospitalization in 2015:

1. Falls (**5,581**)
2. Motor vehicle, pedestrian and cycling collisions (**281**)
3. Choking on food or other object (**201**)
4. Unintentional poisoning (**89**)
5. Struck by or against an object (**87**)¹⁸



Severity of Falls Pyramid^{4, 19, 18}



Compared to seniors aged 65 to 79, seniors aged 80 and older are:

- **2.5** times as likely to visit the emergency department because of a fall
- **5** times as likely to be hospitalized because of a fall¹⁸

The rates of fall-related Emergency Department visits and hospitalizations among seniors in Toronto have increased over the past 10 years, but are lower than in the rest of Ontario.

Chronic Conditions

Chronic conditions are a leading contributor to disability and death in Toronto. Although their effects can often be lessened through a healthy lifestyle and/or medication, chronic conditions are often not curable and are long-lasting in their effects. Examples of chronic conditions include:

- Cardiovascular diseases, such as heart disease, stroke, and high blood pressure
- Respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD)
- Mental and neurological conditions, such as dementia, depression, or anxiety
- Cancers
- Diabetes
- Arthritis

46% of seniors had multiple chronic conditions in 2013/14, and another **30%** had one chronic condition.

- The percent of seniors with one or more chronic condition in Toronto in 2013/14 (**76%**) was slightly lower than in the rest of Ontario (82%)

Diabetes is a chronic condition of particular public health concern, as it is increasing in Toronto and disproportionately affects some population groups, including seniors. A healthy lifestyle can help prevent diabetes as well as manage its complications. **32%** of seniors had diabetes in Toronto in 2013, with males having a slightly higher prevalence than females.¹⁹

Leading Causes of Death and Hospitalization

Heart disease is the leading cause of hospitalization and death among seniors. Among younger seniors, cancers, including lung, female breast, and colon, are also common causes of death, whereas for older seniors, stroke and dementia become more common causes of death. In addition to heart disease, seniors are commonly hospitalized for musculoskeletal conditions and respiratory diseases.

Leading causes of death (2010)⁴

	Males 65 to 74	Females 65 to 74	Males 75 and older	Females 75 and older
1	Ischemic heart disease	Lung cancer	Ischemic heart disease	Ischemic heart disease
2	Lung cancer	Ischemic heart disease	Dementia	Dementia
3	Colon cancer	Breast cancer	Stroke	Stroke
4	Stroke	Stroke	Lung cancer	Lung cancer
5	Diabetes	Colon cancer	Chronic lower respiratory diseases	Influenza/pneumonia

Leading causes of hospitalization (2015)¹⁸

	Males 65 to 74	Females 65 to 74	Males 75 and older	Females 75 and older
1	Ischemic heart disease	Osteoarthritis	Other heart diseases	Other heart diseases
2	Other heart diseases	Other heart diseases	Ischemic heart disease	Injuries to hip and thigh
3	Osteoarthritis	Ischemic heart disease	Influenza/pneumonia	Influenza/pneumonia
4	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Ischemic heart disease
5	Stroke	Other diseases of intestines	Stroke	Chronic lower respiratory diseases

Key Messages

The number of seniors in Toronto is projected to increase by over **55%** in the next 20 years, which brings unique challenges to the city. Although seniors have characteristics that contribute to resiliency, both **physical and mental health** are concerns. In addition...

Social determinants of health lead to inequities between groups of seniors in the city, with some disproportionately suffering from adverse health conditions. For example, seniors living with low income have a

- lower likelihood of rating their health as good or better
- lower flu vaccine uptake
- lower likelihood of visiting a dentist in the past year
- lower life expectancy (among males)

Compared to seniors in the rest of Ontario, a higher percentage of Toronto seniors live with low incomes. In addition, Toronto seniors have a

- lower likelihood of rating their health as good or better
- lower likelihood of having dental insurance
- higher prevalence of dementia

Some conditions are increasing or expected to increase among seniors in Toronto including

- Diabetes
- Dementia
- Injury (emergency department visits and hospitalizations)

Injuries, often severe, are common among seniors with falls being the most frequently reported. **Disability, limited mobility, and pain** are also common. Many seniors experience **chronic conditions**, which are the leading causes of death and disability among this age group. Although the majority of seniors reduce their risk through **screening and prevention**, many do not.

This report provides evidence for public health and community organizations to identify priority issues and population groups. This information can help guide services and policies that promote the health and well-being of Toronto's seniors.



The indicators selected for this report represent a short list of health determinants, risk and protective factors, and outcomes, which are common indicators used to assess population health status among this age group. While they reflect many of the health issues facing seniors, the list should not be considered comprehensive. The content of this report was restricted by limitations in data availability.



More demographic information and resources are available at: toronto.ca/seniors



Data Notes

This report uses the most recent reliable information on health status and social determinants of health gathered from national and municipal surveys, hospital administrative databases, disease registries, and vital statistics. For more information on data sources, please see the reference list.

Data reported from surveys such as the Canadian Community Health Survey do not include more vulnerable groups of seniors, such as seniors in long-term care and assisted living situations. They also under-represent those living with low incomes, low education levels, and newcomers to Canada. It is important to interpret the findings presented here in this context, and to understand that certain issues, particularly disability, mobility and pain, may be substantially underestimated due to this limitation.

Differences between two groups stated in this report (for example, Toronto and the rest of Ontario) are statistically significant. Significant differences were estimated using overlapping confidence intervals. Although this method is conservative ($\alpha < 0.01$) and most appropriate when comparing mutually exclusive groups, it was chosen as an objective means of making conclusions on population- and survey-based data.

The data reported represent the most current available at the time of writing. Some data sources in Ontario are lacking and suffer from significant delays between collection and release.

This report is intended to be a high-level overview of seniors, and does not examine health status for certain subgroups of the population, including immigrants, racialized groups, the LGBTQ community, and individuals living in institutions. These groups may have unique needs when it comes to health and social services.

Differences between older and younger seniors are also seldom explored in this report.

For more information and resources including indicator definitions, a survey interpretation guide, and additional reports, please visit the Surveillance and Epidemiology page on the Toronto Public Health website at: toronto.ca/health/surveillance

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Prepared by:

Toronto Public Health, Surveillance and Epidemiology Unit
277 Victoria Street, 7th Floor, Toronto, ON M5B 1W2
416-338-7600 • toronto.ca/health • seu@toronto.ca

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