

A Portrait of Older Adults in Wellington-Dufferin-Guelph 2023

To Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- The older adult population (age 55+ years) in Wellington-Dufferin-Guelph (WDG) is projected to grow by more than 50,000 (+56%) by 2046. The most pronounced growth in this age group is in the population 75 years of age and over which will grow by more than 36,000 (+158%).
- Older adults are currently more likely to experience low income than other age groups, particularly females aged 75 years and over.
- Baby boomers are more likely than preceding generations to continue working in their 60s and even 70s. This is especially true of females.
- People are less likely to rate their physical health as positive as they grow older. Seniors (65 years of age and older) face poorer functional health in their day-to-day activities, especially in the areas of mobility (ability to walk or be mobile for short distances) and cognition (ability to remember, think and solve problems).

- Seniors are much more likely than other age groups to live with chronic conditions such as cancer, high blood pressure, diabetes, Chronic Obstructive Pulmonary Disease (COPD), the effects of a stroke and heart disease.
- Mental health issues are prevalent in seniors. Depression, suicide, anxiety disorders, dementia, delusional disorders, delirium and late onset psychotic disorders are all common issues facing seniors.
- Seniors (65 years of age and older) account for almost half of total public healthcare spending in Canada. Locally, seniors are twice as likely to visit an Emergency Department and three times as likely to be hospitalized compared to those under 55 years.
- The work of Wellington-Dufferin-Guelph Public Health (WDG Public Health) in health protection, promotion and advocacy will be key to informing best practices for designing age-friendly communities that allow WDG's growing population of seniors to live long, healthy and fulfilling lives.

Discussion

The Present and Future of Older Adults in WDG

Canada's population has been aging at a rapid rate over the last few decades. Both the number and proportion of older adults has been rising continuously.¹ From 2016 to 2021, the older adult population group (55 years of age and older) in Canada grew 12.9%, a rate nearly 2.5 times higher than the population as a whole and six times more than the population under 15 years. A major driver of population change across Canada is the aging of the baby boomer generation (those born between 1946 and 1965, who were between the ages of 56 and 75 in 2021).² Baby boomers reaching more advanced ages are gradually putting more pressure on the health and home care system which will have major implications for public health planning in the near future.²

This report explores the current issues facing older adults in Wellington County, Dufferin County and the City of Guelph (WDG), as well as how current trends will impact the lives of seniors in WDG communities over the coming decades. This report uses three terms to differentiate population groups by age. "Older adults" refers to everyone 55 years and older. "Seniors" refers to everyone 65 years and older while "Older seniors" refers to everyone 75 years and older. These groups face similar but distinct challenges related to their stage of life in topics such as income, employment, physical and mental health.

Demographic Overview

From 2016 to 2021, the older adult population (55 years and older) in WDG grew by 12%. This is approximately three times the growth rate of the population under 55 years old. In WDG in 2021, those 65 years and older now outnumber those aged 0 – 14 years for the first time ever. By 2046, it is expected that both the number and proportion of older adults will grow significantly in WDG, particularly in those older than 75.

Table 1: Projected Population of Older Age Groups in WDG

| | 55-64 | 65-74 | 75+ | Older Adult Total |
|-------------|--------------|--------------|------------|--------------------------|
| 2021 | 43,933 | 31,139 | 22,844 | 97,916 |
| 2046 | 52,667 | 41,413 | 59,132 | 153,212 |

Table 2: Projected Population of Older Age Groups in WDG as a Percentage of Total

| | 55-64 | 65-74 | 75+ | Older Adult Total |
|-------------|--------------|--------------|------------|--------------------------|
| 2021 | 13.9% | 9.8% | 7.2% | 30.9% |
| 2046 | 11.0% | 8.6% | 12.3% | 31.9% |

Across WDG, the concentration of older adults varies by municipality. In 2021, Mulmur and Puslinch had the highest proportions of older adults in 2021 (40%). Shelburne and Mapleton had the lowest proportions of older adults of municipalities in WDG (24%).

Income

According to the low-income measure, after-tax (LIM-AT), older adults are more likely to live in low income (8.8%) compared to both youth ages 0 to 17 (8.2%) and adults ages 18 to 54 (6.6%) in WDG. There is a greater percentage of females living in low income than males across all age groups, but this inequality becomes greater in older age groups.

Among those ages 75 and older in WDG, females had a low-income rate of 12.1% compared to 7.5% of males.

As people age, their sources of income also change. This is especially evident in adults over the age of 65. For those ages 25 to 64, over 80% of total income comes from employment (wages and salaries). Over the age of 65, less than 20% of total income comes from employment while government transfers make up nearly 40% (compared to approximately 10% for those ages 25 to 64).

Median total yearly income for individuals typically peaks in the 45- to 54-year-old age group. In WDG in 2020, the median total income for this group was approximately \$63,000. Adults in older age groups have increasingly smaller incomes, as age increases. Females in older age groups have lower median incomes than their male counterparts, earning approximately 25% less in 2020.

Table 3 Median After-Tax Income by Gender in WDG 2020

| | 55-64 | 65-74 | 75+ |
|---------------|--------------|--------------|------------|
| Male | 54,400 | 44,000 | 35,800 |
| Female | 38,600 | 30,300 | 28,200 |

Education

Older adults are much more likely to not have a high school diploma or equivalent (18%) than those ages 25 to 54 (12%). This is especially apparent in those older than 75, where 32% of people do not have a high-school diploma or equivalent.

Conversely, older adults are less likely than those ages 25 to 54 to have a postsecondary certificate, diploma or degree (57% vs. 53%).

Employment

In the 2021 Census, 93% of adults ages 25 to 54 participated in the labour force (either currently employed or looking for work). For those older than 55 years, 42% participated in the labour force. Like other indicators in this report, participation rate is lower in older age groups and among women.

Table 4: Participation Rate of Older Age Groups in WDG

| | 55-64 | 65-74 | 75+ | Older Adult Total |
|--------------|--------------|--------------|------------|--------------------------|
| Women | 67% | 18% | 3% | 36% |
| Men | 78% | 33% | 10% | 49% |
| Total | 72% | 25% | 6% | 42% |

In the 2021 Census, unemployment rates were abnormally high compared to previous years because of the COVID-19 pandemic, including lockdowns and business closures. The population under the age of 55 experienced an unemployment rate of 9.9% during this time, while older adults ages 55 and above saw an unemployment rate of 8.0%. Women experienced higher unemployment levels than men across all age groups except those ages 75 and older.

The most common occupational sectors for people in WDG are the same for those under the age of 55 as those 55 years and over. These sectors are manufacturing (17% of employed older adults work in this sector), health care and social assistance (10% of employed older adults) and retail trade (9% of employed older adults). Older adults are slightly more likely to work in transportation and warehousing as well as agriculture compared to those under 55 years of age.

A study comparing work habits of baby boomers (born between 1946 and 1965) to older generations showed that baby boomers are more likely to participate in the labour-force in their 60s and beyond.³ This is especially true of female boomers whose average age of exiting the labour-force rose to 62 from 49 in those born in 1920-1929.³ As younger boomers reach age 65, if they follow the labour-force trends of older boomers, they will also continue to work into their late 60s and early 70s. High labour demand, increasing opportunities to work from home and financial need may also contribute to the decision to delay retirement.³ Despite this extended timeframe, a wave of retirements over the next 10 years are expected to have many economic impacts and strain on social support systems.⁴

Health Concerns

Physical Health

Older adults are less likely to rate their overall health positively compared to those under the age of 55. This trend increases with age, with those above 75 in WDG having the lowest proportion of people rating their general health as positive (76%) compared to 88% for those ages 65 to 74 and 55 to 64 and 94% for those under 55.⁵

The 2019/2020 Canadian Community Health Survey (CCHS) includes indicators called Health Utilities Index (HUI) scores that measure people's general health status and health-related quality of life. Each HUI is a summary of several related questions that are grouped into 8 areas of healthy, functional living. The descriptions of each HUI are as follows:

- Cognition: A person's ability to remember, think and solve problems.
- Dexterity: A person's ability to perform certain tasks using their hands or fingers.
- Emotion: A person's emotional well-being based on levels of happiness, interest in life and unhappiness.
- Hearing: A person's ability to perform auditory tasks such as being able to hear what is said in conversation with another person or group of people.
- Mobility: A person's ability to walk or be mobile for short distances.
- Pain: A person's limitations of their activities caused by pain or discomfort.
- Speech: A person's ability to speak and be understood.
- Vision: A person's ability to perform certain visual tasks such as reading newsprint or recognizing a friend across the street.

Table 5: Moderate to Poor Functional Health by Dimension and Age Group WDG 2019/20

| | Age 12 – 54 | Age 55 – 64 | Age 65 – 74 | Age 75+ |
|------------------------------|--------------------|--------------------|--------------------|----------------|
| Cognition | 6% | 5% | 6% | 14% |
| Dexterity | <1% | 1% | 1% | 2% |
| Emotion | 7% | 4% | 2% | 7% |
| Hearing | <1% | 1% | 3% | 5% |
| Mobility | <1% | 5% | 8% | 23% |
| Pain | 14% | 25% | 27% | 25% |
| Speech | <1% | <1% | <1% | <1% |
| Vision | <1% | 3% | 4% | 6% |
| Overall Health Status | 19% | 27% | 25% | 41% |

This chart shows that adults in older age groups are significantly more likely to have moderate to poor functional health compared to those ages 12 to 54 years. Those 75 years of age and older are more than twice as likely to be in moderate or poor functional health than those under 55. The largest contributors to this poorer health status are in the areas of mobility, cognition, and pain. Poor functional health greatly reduces quality of life and can have exacerbating effects on loneliness, social isolation and poor mental health.⁶ As the senior population grows, the work of WDG Public Health in health promotion and protection in seniors will become increasingly important. Campaigns to improve health behaviours with age-specific recommendations for seniors would be one targeted approach the agency could take. As for specific programs, WDGPH should continue to raise awareness for the Ontario Seniors Dental Care program to promote preventative and restorative oral care.

Chronic Health Conditions

The impact of chronic diseases on seniors is profound and far-reaching. These conditions not only hamper their ability to perform daily tasks but also significantly diminish their overall quality of life, casting a shadow over their well-being. Chronic conditions, and their associated

treatments, often bring pain, sleep problems, various side-effects of medication, continence issues and functional limitations.⁷ In a study on seniors health in the UK, it was found that “most accounts of depression and/or anxiety (in participating seniors) were attributed to their long-term condition(s) and the difficulties of carrying out a ‘normal’ life.”⁷ Moreover, these ailments elevate the risk of mortality, making them particularly daunting for adults in older age groups.⁶ Several factors, including age and behaviours like smoking, poor diet, and lack of physical activity, contribute to the prevalence of chronic diseases. Individuals 65 years of age and above reported higher levels of all the measured chronic conditions on the CCHS except obesity and asthma.⁶

Table 6: Prevalence of Chronic Conditions among Ontarians in 2019/2020 by Age Group

| | Age 12-54 | Age 55-64 | Age 65-74 | Age 75+ |
|---|------------------|------------------|------------------|----------------|
| Overweight (%) | 33.5% | 37.3% | 39.6% | 39.4% |
| Obesity (%) | 26.5% | 33.6% | 31.6% | 24.4% |
| Arthritis (%) | 6.7% | 29.5% | 43.5% | 52.1% |
| High blood pressure (%) | 6.3% | 28.7% | 41.8% | 51.4% |
| Asthma (%) | 8.3% | 7.4% | 8.3% | 5.8% |
| Cancer – ever diagnosed (%) | 1.6% | 7.4% | 13.8% | 19.1% |
| Diabetes (%) | 3.0% | 13.5% | 19.5% | 21.5% |
| Heart disease – ever diagnosed (%) | 0.4% | 1.2% | 3.1% | 5.2% |
| COPD (%) | 0.7% | 4.3% | 6.2% | 7.9% |
| Stroke (%) | 0.3% | 1.7% | 2.5% | 5.5% |

Mental Health

Mental health plays a crucial role in overall wellbeing. Positive mental health is characterized by the ability to enjoy life and effectively cope with challenges. For seniors, mental health challenges can accompany many of the factors covered in this report such as transitions to retirement and accompanying role loss, poor physical health, loss of a spouse or friends, mobility problems, vision and hearing loss, lower income, residential changes and changes in access to transportation.⁶ There are also significant groups of seniors who are growing older with pre-existing mental health issues as well as those who have developed biological aging mental health conditions such as depression or dementia.⁸ Stigma and discrimination further compound these challenges, making it essential to address mental health issues in older adults to ensure their holistic wellbeing.

Prevention and early intervention strategies can help reduce the likelihood that some conditions will turn into more serious mental health problems. One of the most important checkpoints for these prevention strategies is primary care. Unfortunately, in the City of Guelph and Wellington County, 21% of health card holders were not rostered to a family physician.⁹ A lack of family physicians is linked to busier emergency rooms, hospital overcrowding and even higher overall mortality rates.⁹ Increasing the number of physicians will be of increasing importance over the next two decades as the number of older adults increases by 55,000, with 36,000 of those being over the age of 75.

Estimates of the prevalence of mental health issues in seniors range from 17 to 30 per cent (or higher depending on what diagnoses are included).⁸ Common mental health disorders in seniors include depression, suicide, anxiety disorders, dementia, delusional disorders, delirium and late onset psychotic disorders. These issues often coincide with addiction-related concerns which can further complicate treatment and recovery.⁸

Creating a supportive society that enables seniors and older adults to lead fulfilling, independent lives with the care they need to manage mental illness effectively will require a broad collaborative approach across public sector agencies and governments at all levels. At the time of this report in 2023 there are significant challenges which will occur over the next 20 years as the population ages. Some of the sectors impacted include access to primary care, seniors friendly housing, transportation, community services and long-term care beds.

Public health has an important role in providing data and evidenced based strategies to support the older adult population. There are senior-specific education approaches that have been seen to have great results. One of these strategies is social prescribing by primary care physicians where “physicians screen and refer their patients to non-clinical community services

that address the social determinants of health, including social isolation, taking individuals' needs and interests into consideration.”⁶ This practice can take many forms, but at its core, it involves physicians or other primary care providers connecting clients to non-medical resources (eg. social support group for widows or people living with chronic conditions).¹⁰ Early findings from social prescribing pilots in Ontario have shown promising results in reducing client stress and anxiety, increasing client sense of self-confidence and purpose, and decreasing the number of repeat healthcare visits.¹⁰ This is an emerging area of research, however, and a greater number of evidence-based studies will be needed to assess the impact of these practices.

Another strategy with promising results is the “Age-Friendly Community” (AFC) framework which focuses on changes in multiple domains including the built environment (e.g. accessible public transit, ramps for entering public buildings) and encouraging participation in social and community events.¹¹ Other elements of AFCs include availability of counselling services, congregate meals, volunteer driver programs and medical equipment-lending services.¹¹

Health Care System Utilization

In Canada, people over the age of 65 account for approximately 18% of the population but they consume about 45% of all public health care spending.¹² As older age groups continue to grow in both size and proportion of the population, all levels of government will need to work together to resolve this challenge. A 2016 study from the Canadian Medical Association forecasted that an aging Canadian population would lead to the number of cancer cases increasing by 40% by 2030, dementia cases increasing by 66% and the number of seniors expected to need help or care to double by 2036.¹³ The total spending (inflation-adjusted) on long-term care (LTC) services, both public and private, are estimated to roughly triple from current levels to about \$188 billion in 2050.¹⁴ Canada will need to nearly double the number of LTC beds to meet demand by 2035.¹⁵

Locally, seniors (65 years and older) were much more likely to visit the emergency department (ED) than younger age groups, especially older seniors (75 years and older) whose all-cause ED visit rate was nearly double that of the population under 55. Overall, older adults accounted for 34.6% of ED visits in WDG with 22.8% being from the 75+ age group.

Table 7: All Cause ED Visit Rate (5 year average) per 100,000 in WDG

| | Under 55 | 55-64 | 65-74 | 75+ |
|---------------|-----------------|--------------|--------------|------------|
| ED Visit Rate | 38,351 | 35,084 | 41,569 | 75,281 |

For hospitalizations, the trend is even more pronounced, with seniors having almost triple the hospitalization rate as those under 55 years old and older seniors having more than six times the hospitalization rate. In raw numbers, older adults accounted for 57.8% of hospitalization in WDG with 27.8% being from the 75 years and older age group.

Table 8: All Cause Hospitalization Rate (5 year average) per 100,000 in WDG

| | Under 55 | 55-64 | 65-74 | 75+ |
|----------------------|-----------------|--------------|--------------|------------|
| Hospitalization Rate | 4,260 | 6,839 | 12,250 | 27,516 |

Locally the need for a larger hospital is becoming increasingly apparent. Although healthcare system capacity improvements in WDG are being discussed, and provincial planning is in the preliminary stages, a new hospital for Guelph is still many years away.¹⁶ The emergency department at Guelph General Hospital (GGH) was originally sized to handle a volume of 45,000 visits a year, but the number it actually handles has risen to average over 60,000 in the last several years.¹⁷ Many years of working in a high-stress environment due to pandemic surges in cases and changes in healthcare demand has also led to increased feelings of burnout in many health-care providers.¹⁶ Additionally the aging of the population also means aging of the healthcare workforce and increasing levels of retirement among nurses and other health-related professions that could further strain the local health-care system.¹⁶

Promoting healthy lifestyle choices at all ages, reducing the burden of chronic disease and informing change within the broader health sector will be key public health initiatives to creating age-friendly communities within WDG where older adults can live and thrive.

Conclusion

The demographic landscape of WDG is undergoing a significant transformation, with the older adult population poised to expand dramatically, especially among those ages 75 years and over. This growth is coupled with challenges, notably the ability of the health care and long-term care systems to respond to the expanding needs of the population. Health issues, both physical and mental, become increasingly prominent with age, leading to diminished quality of life and higher healthcare expenditure. The burden on the health care system, exemplified by seniors' disproportionate utilization of Emergency Departments and hospitalizations, necessitates a proactive approach. By providing evidence-based data and strategies to WDG Public Health's community partners on the diverse needs of the aging population, WDG Public Health has an important role in ensuring that seniors can enjoy extended, healthier, and more fulfilling lives, ultimately contributing to the well-being of the WDG community as a whole.

Ontario Public Health Standards

Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

Program Standards

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

2023 WDGPH Strategic Direction(s)

People & Culture: We will maximize relationships through meaningful in-person interaction. Further integrate equity, diversity, and Inclusion objectives throughout the organization and equip ourselves for change.

Partner Relations: We will strategically collaborate with partners to address priority health issues in the community, re-engage with community partners and work with a range of partners to achieve positive health outcomes.

Health System Change: We will ensure we are positioned to be an agent of change within the broader health sector, advance the work of Ontario Health Teams and lead change in public health.

Health Equity

Older adults face increased challenges in their health and well-being compared to younger populations. Female older adults in particular face higher rates of poverty and poor mental health compared to males.

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