



A Portrait of Island Seniors

December 2014



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Introduction

Island seniors represent one of the fastest growing segments of the population. An aging population demographic presents both opportunities and challenges. There are, and will continue to be, many new opportunities for service planning and provision to meet the current and future needs of the population. Conversely, policies and programs may also be challenged to change their current practices to become more age-friendly and meet increasing demand for service. The impact of an aging population on PEI is neither theoretical, isolated, nor futuristic but rather immediate, wide reaching into every aspect of society and projected to be ongoing for the next two decades.

This document is intended to provide a portrait of this diverse population to inform the reader and support the planning of public programs, services and policies. By gaining a greater appreciation and understanding of this population the reader may be better prepared to engage with Island seniors in the planning process and ultimately create opportunities that enhance the social and economic prosperity of Islanders.



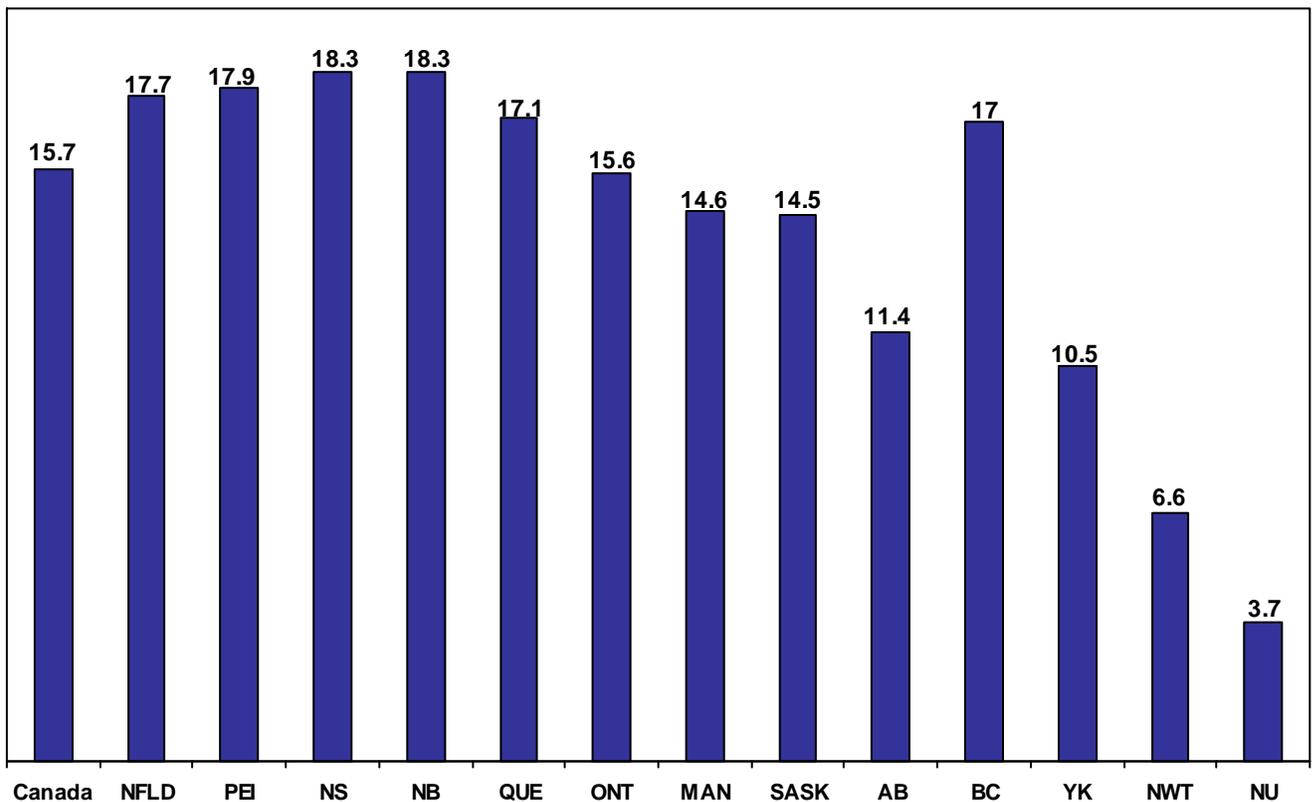
Demographics

The approximately, 25,076 Islanders aged 65 years and older currently comprise 17.1% of the population.¹ As indicated by the table below, an additional population segment aged 50-64 represents an even larger group that is projected to increase the proportion of Islanders aged 65 and older in the years to come.

Current Population Estimates		
Total population	% of population	146,028
Population 50+	40%	57,996
Population 65+	17.1%	25,076
Population 75+	7%	10,466
Population 85+	2%	3,027

The current proportion of Islander seniors is higher than the overall Canadian average of 15.7%.² Compared to other provinces, PEI has the third highest proportion of the population aged 65 and over.²

Percentage of the population aged 65 years and over for Canada, provinces and territories 2013 census



The aging of the population is not a new phenomenon. According to the 40th Annual Statistical Review for PEI, the median age of the Island population has risen from 24.8 years in 1971 to 43.3 years in

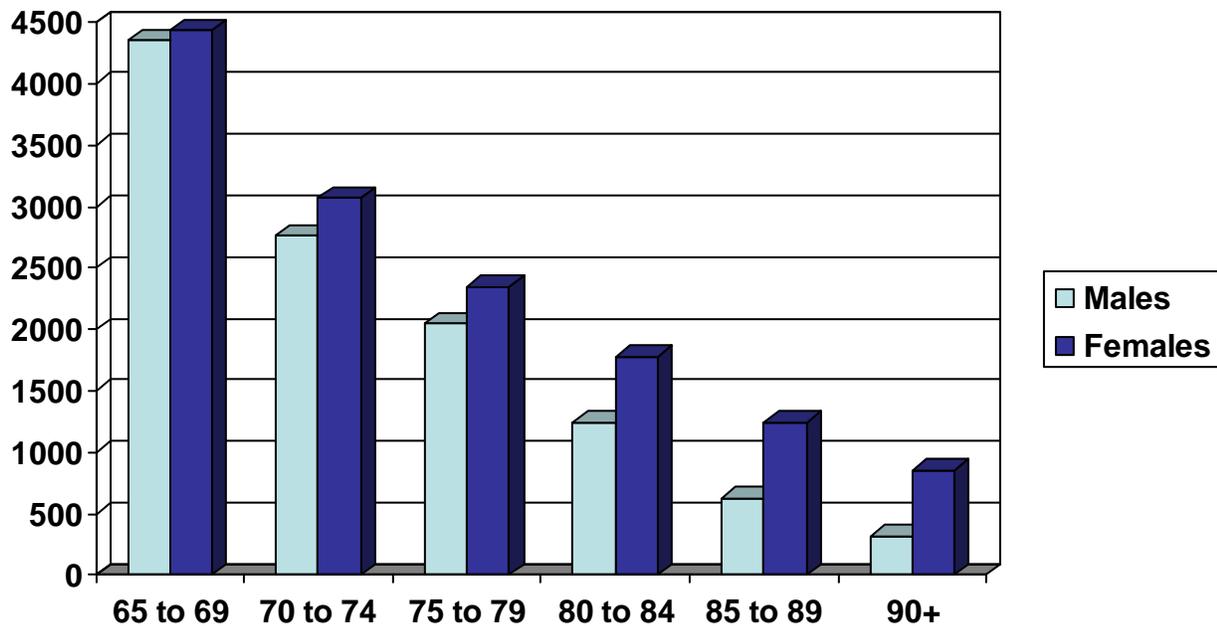
2013. This is slightly higher than the median age of Canadians (41.7 years).¹

Gender

Island females continue to outnumber males in the population over age 65.¹ This may have implications for the planning of programs and services to support aging in place as Island women may require support to maintain their homes and property. An additional implication is in the planning of health services to address the unique needs of women.

Population by Age and Gender

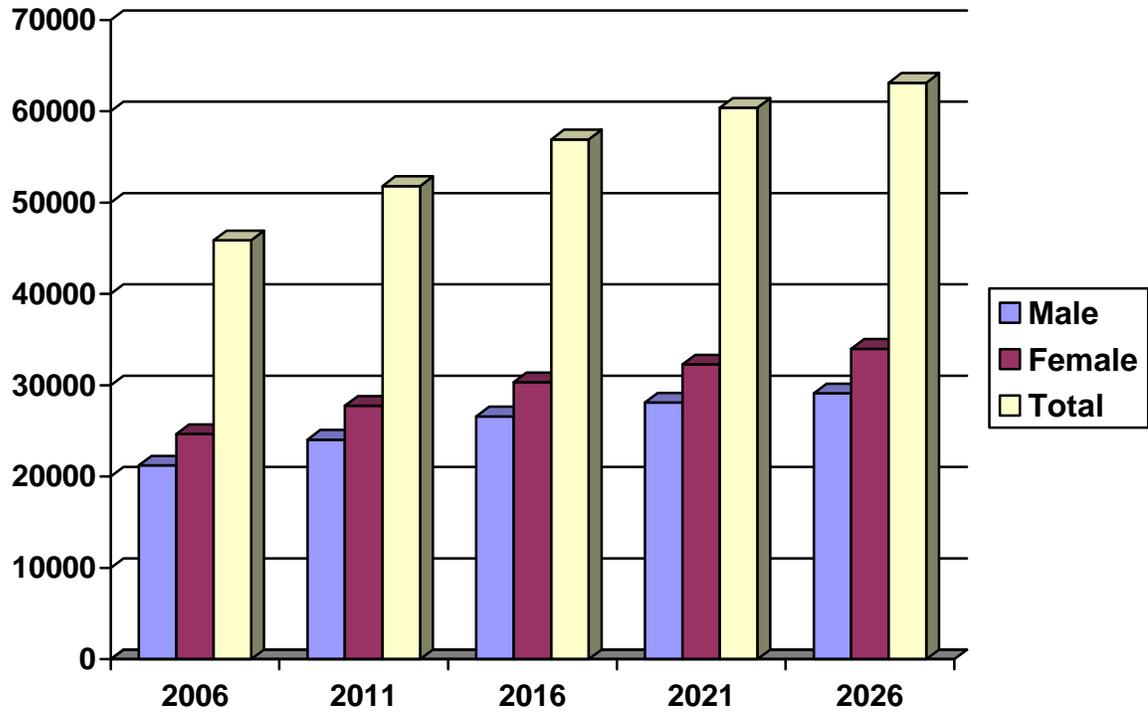
40th Annual PEI Statistical Review, 2013¹



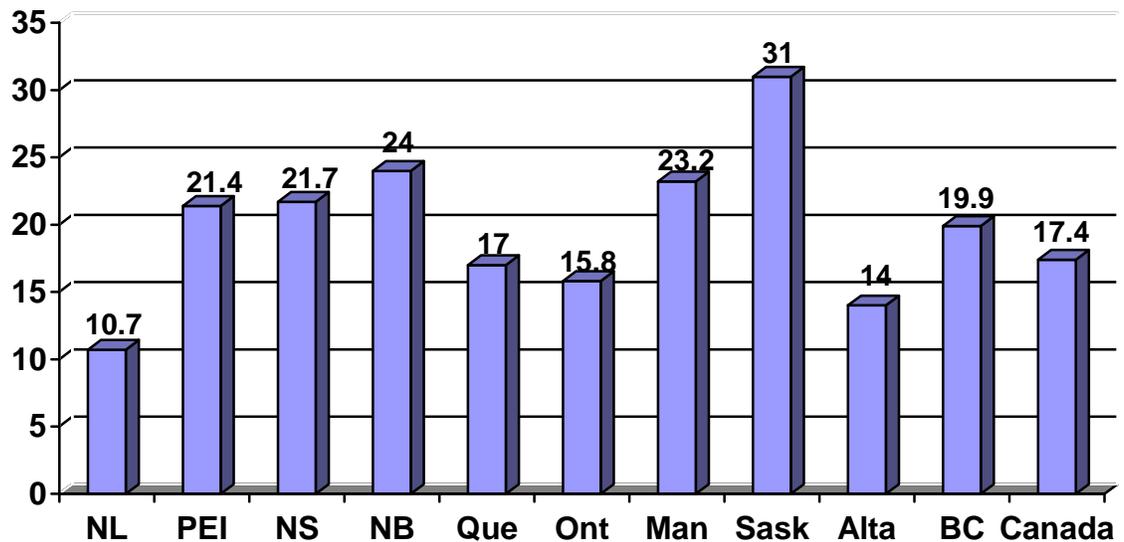
Population Projections

As the baby boom generation ages the proportion of Islanders over age 65 is projected to increase.

Population Projections for Islanders 50+³



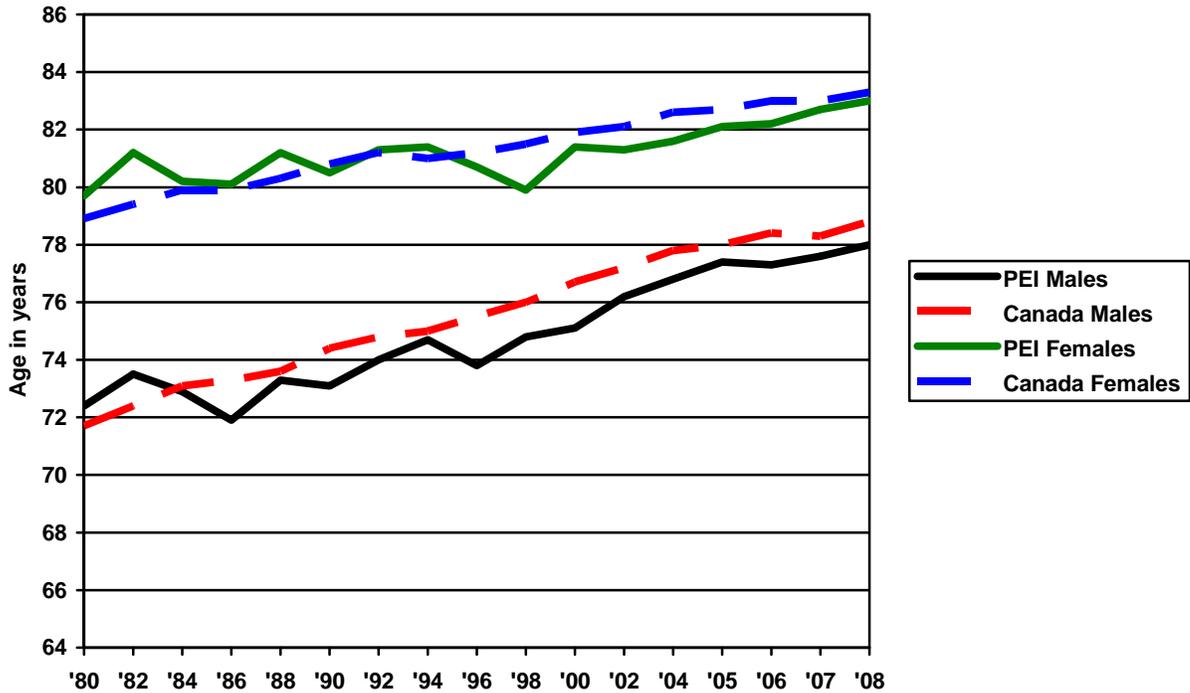
Rate of centenarians (people age 100) (per 100,000 persons)



Life Expectancy

Part of the differences observed in the gender distribution within the population may be explained by differences in life expectancy. Life expectancy, or the number of years a person would be expected to live on average, starting from birth, has increased.⁴ PEI and Canada have similar life expectancy, with males born in 2008 expected to live to age 78 and females to age 83.

Life expectancy at birth, PEI Health Trends (2014)



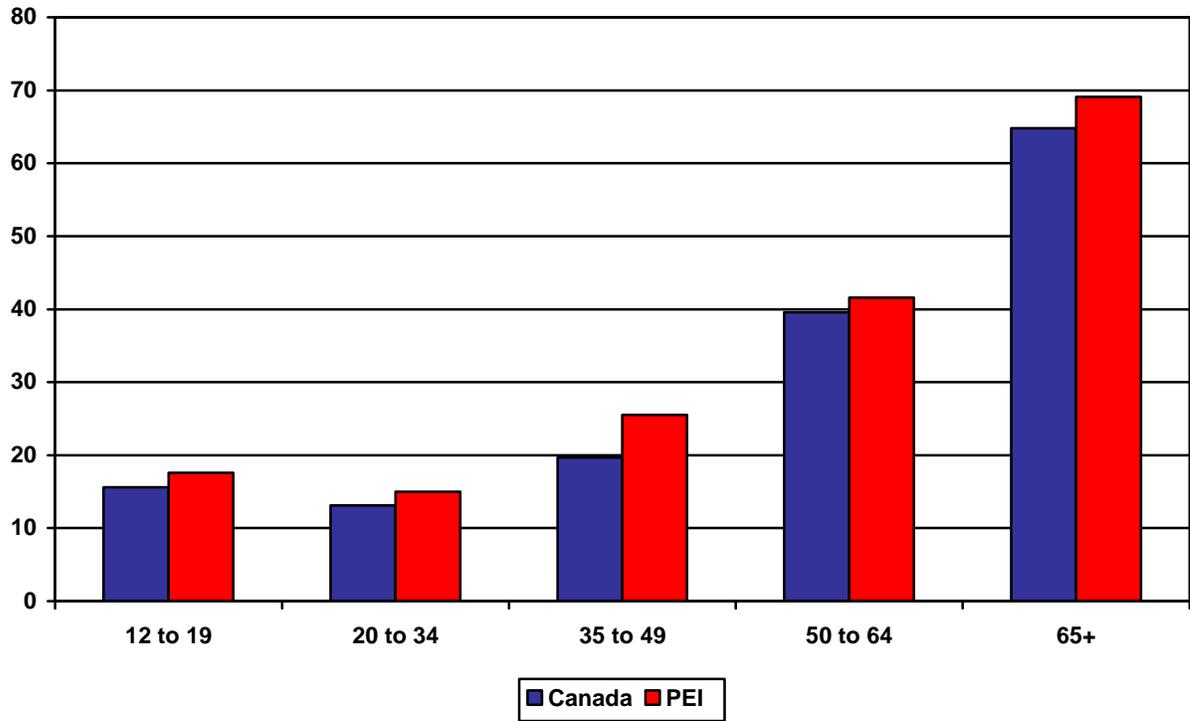
Health and Wellness

Chronic conditions

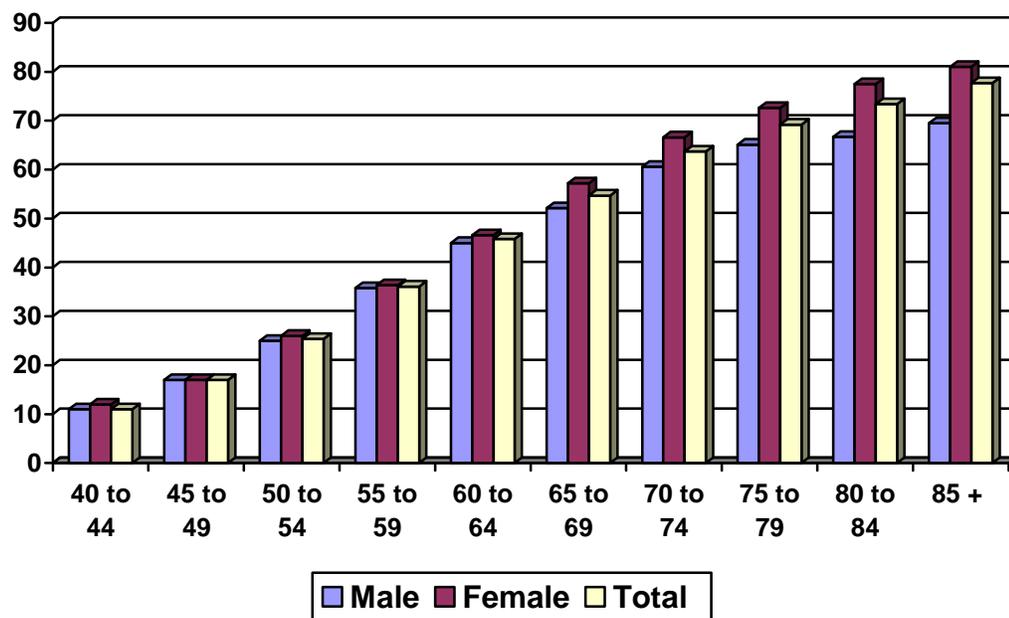
According to the 2014 PEI Health Trends report⁴, the prevalence of chronic conditions such as arthritis, asthma, heart disease and stroke, diabetes, and cancer tends to increase as Islanders age.

As indicated later in this review, program and service planning that incorporates principles of chronic disease self management should consider the impact of lower literacy and health literacy level of older Islanders and plan to routinely provide materials in alternate formats (audio, Braille and large print) in order to meet the changing sensory needs of the population.

Reporting Any Chronic Condition, % of population, PEI 2011/12 ⁴



High Blood Pressure, % Age-Specific Prevalence, 2007⁵



High blood pressure, also known as hypertension, when untreated increases a person's risk of stroke, heart attack, heart and kidney failure and other vascular problems. In 2007, approximately 29,000 Islanders or 1 in every 5 adults (age 20+) were living with diagnosed hypertension.⁵

Between 2000 and 2007 the number of people who were diagnosed with hypertension rose by 26.7%. PEI's age-standardized prevalence of hypertension is higher than the Canadian average (2006: 20.7% PEI, 19.6% Canada).

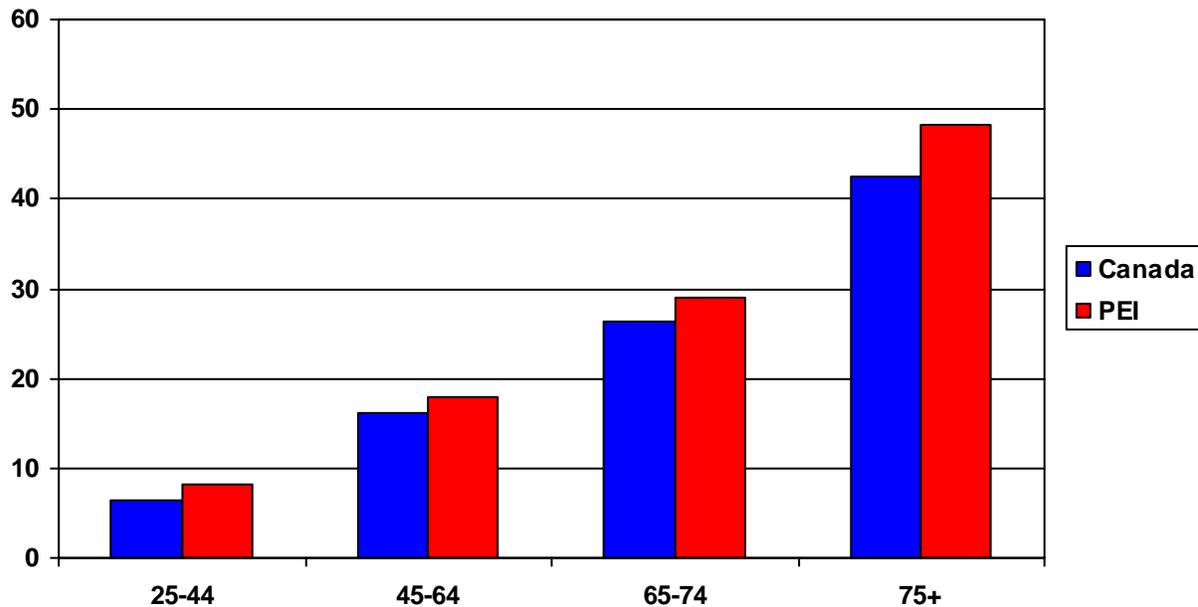
Island women tend to have higher rates of hypertension compared to men (2007: 21.5% women, 20.1% male).

Newly diagnosed hypertension tends to increase with advancing age, for example, the rate of newly diagnosed hypertension was 5.3% per 1,000 people age 30-34 and increased to 44.3% per 1,000 people age 55-59 years.

More people are living with hypertension as well, for example, in 2007 11.2% of Islanders age 40 to 44 had hypertension, compared to 36% at age 55 to 59 and 73.4% of Islanders age 80 to 84.

Disability on Prince Edward Island

Percentage of the population (by age group) reporting a disability
Canadian Survey on Disability⁶



As illustrated by the chart above, rates of reported disability increase with advancing age. A confounding factor in this information may be the number of Island seniors who experience age related changes in hearing, visual acuity or mobility who do not consider themselves to be disabled but rather adapt their lifestyles to accommodate these physical changes. A routine focus on planning community programs and services and built structures that reduce barriers and increase accessibility may help all citizens to more readily participate in community life.

Changing health status

The observation of increasing prevalence of chronic conditions with aging is confirmed by Island seniors' self reported experiences of changing health status in the Atlantic Seniors Housing Research Alliance project.

	Atlantic	NS	NB	NL	PE
Change in the last year	19.9 %	19.4 %	23.1 %	21.2 %	14.9 %
Change in the last 5 years	44.2 %	44.6 %	46.6 %	41.9 %	43 %

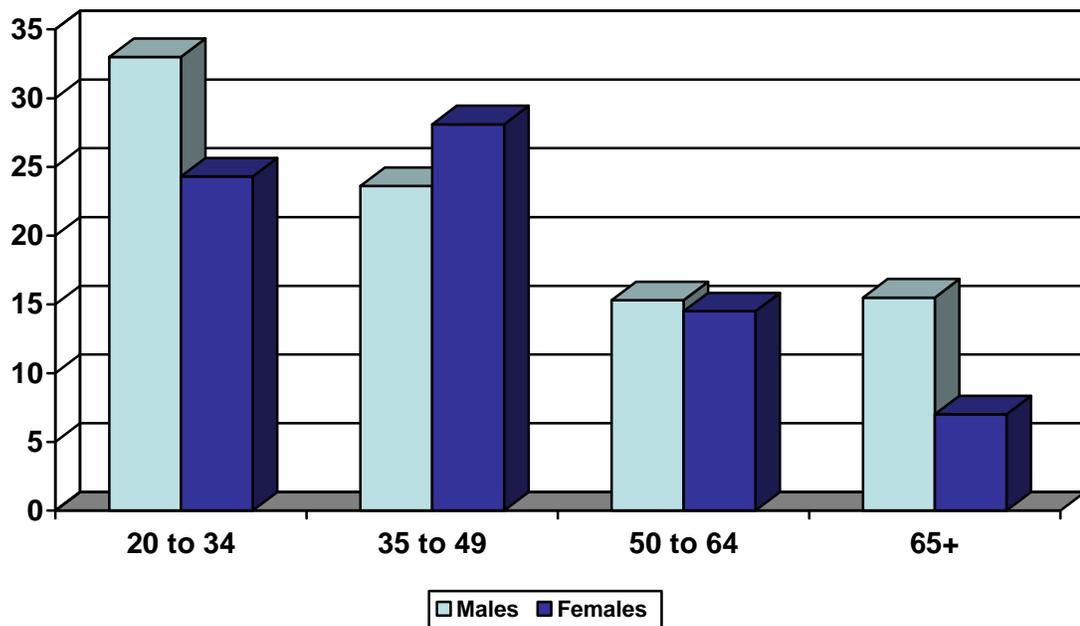
Tobacco Use

Smoking is one of the three common risk factors for chronic disease. Tobacco use and exposure to second hand smoke increases the risk of coronary heart disease, stroke, chronic obstructive lung disease, and cancer. Island seniors have lower daily smoking rates compared to the overall adult population.

Evidence suggests that smoking is an ‘age blind’ risk factor, meaning that the health risks of smoking appear to persist into older age as do the potential benefits of smoking cessation. Seniors who stop smoking experience improved circulation within the first year of cessation, improved sense of taste and smell, reduced risk of repeat heart attack and cancer.



Daily smoking rate on PEI 2011/12, % of population by age and gender⁴



Healthy Diet

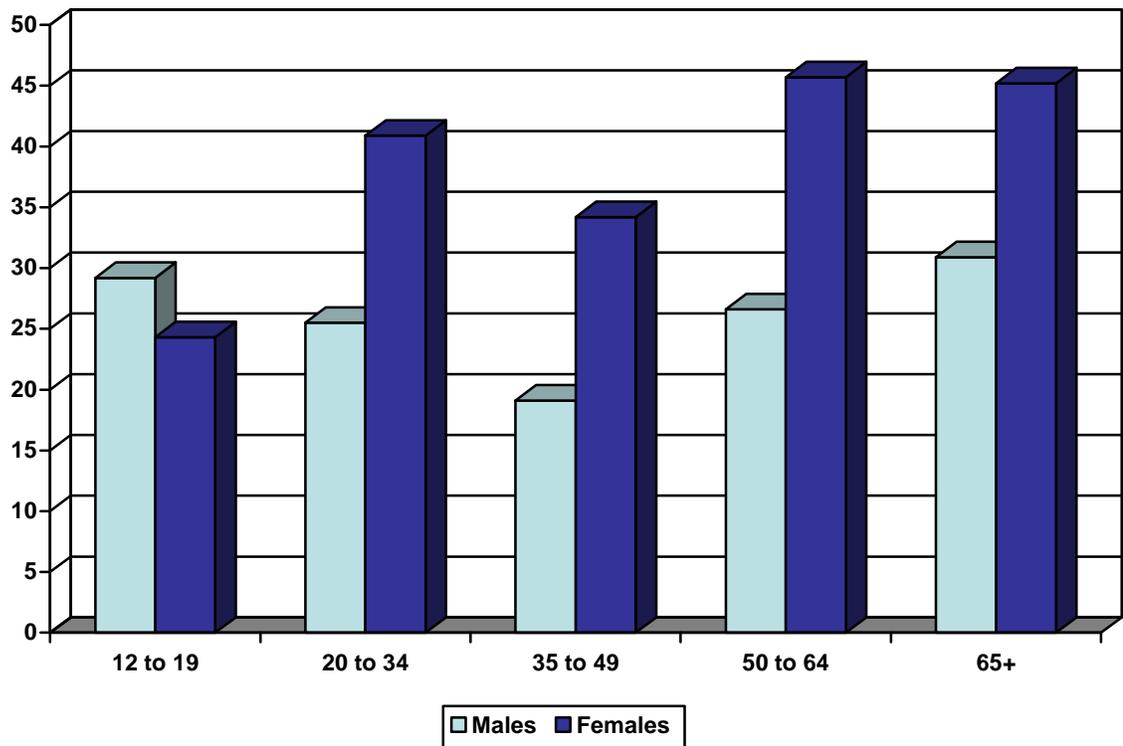
It is widely recognized that physical changes that are associated with the aging process have a direct and indirect affect on the nutritional status of older adults. These changes include:

- Slower absorption of some nutrients
- Decreased ability of the intestine to absorb nutrients
- Decreased ability of the kidney to stimulate thirst sensation increasing the risk of dehydration⁷

These normal changes necessitate greater attention to food choices and overall dietary quality.

Daily fruit and vegetable intake has been identified as a marker of overall dietary quality. Intake from this food group is generally lower than levels recommended by Canada's Food Guide across all groups. Across the population segments, Islander seniors report the highest proportion consuming fruits and vegetables 5 or more times per day. It is uncertain how rising food costs may impact on Islanders' intake of foods from this group.

**Fruit and vegetable consumption (5 or more times per day), PEI
2011/12, % of population by age and gender⁴**



Results from the Canadian Community Health Survey (2004) revealed several issues:

- Similar to other age groups, both males and females aged 51-70 and 70+ had sodium intakes over the Adequate Intake levels. Excess intakes of sodium may be a factor in the development of high blood pressure and the subsequent risk of heart disease and stroke.

	Age(years)	Mean Intake (mg/day)	Adequate Intake (mg/day)
Males	51-70	2334	1300
	>70	1578	1200
Females	51-70	1899	1300
	>70	1539	1200

- Survey results suggest that usual daily calcium intakes from food are below adequate intakes. Calcium has a number of functions in the body including maintaining bone and muscle health, maintaining healthy blood pressure and blood clotting.

Though some Islanders may use supplements to augment their daily calcium intakes, food intake data suggests that competitive beverages such as coffee, tea, soft drinks and juice and other foods may replace calcium rich foods. A second consequence of these choices may be the replacement of some foods that have been enriched with vitamin D, such as milk products. Canada's Food Guide recommends that Canadians over age 51 consume three food guide servings from the Milk and Alternative group each day and take a daily vitamin D supplement.⁸

	Age(years)	Mean Intake (mg/day)	Adequate Intake (mg/day)
Males	51-70	915	1200
	>70	687	1200
Females	51-70	730	1200
	>70	659	1200

- On a positive note, Islanders over age 51 had mean fat daily fat intake at proportions of total energy intake that were within the current Acceptable Macronutrient Distribution Range.

Similar to the Canadian average (33.7%), 31% of Islanders 65 to 84 were identified as being at nutritional risk based on their answers to ten questions pertaining to weight changes, consumption and food preparation on the Canadian Community Health Survey on Healthy Aging (2008/2009).



Physical Activity

A normal physiological result of aging is a reduction in lean muscle mass. This reduction can reduce an individual's overall mobility and strength for activities of daily living.

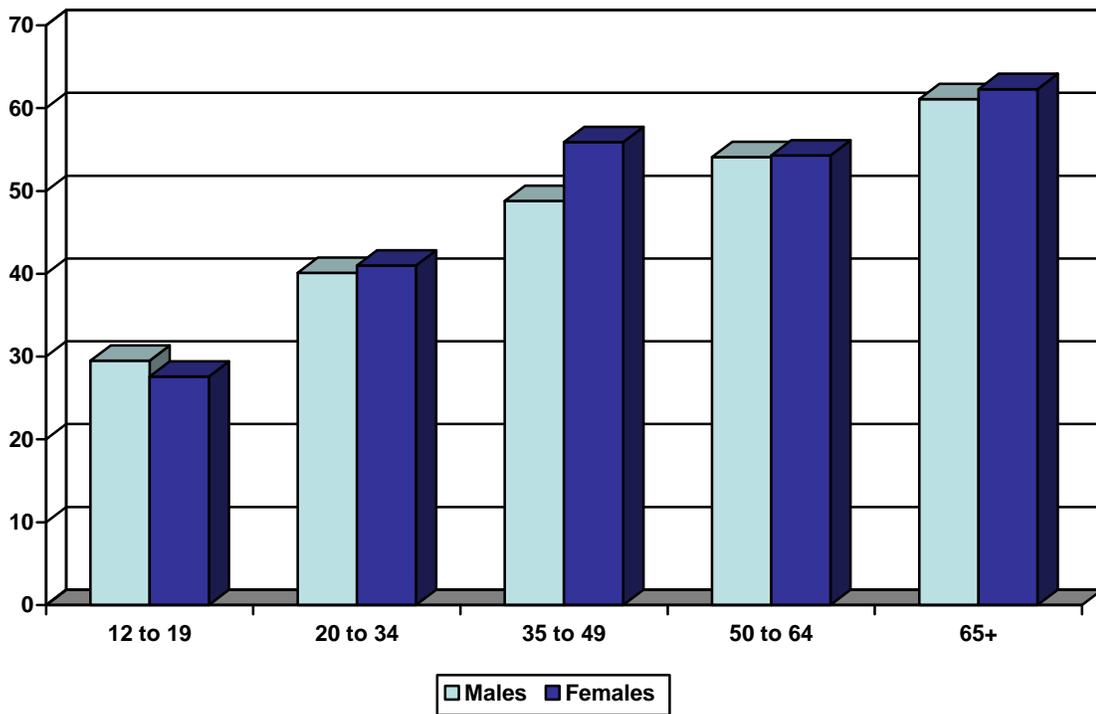
Fortunately, physical activity has been demonstrated to produce positive effects on physical and mental health by reducing the risk of obesity, heart disease, some forms of cancer, type 2 diabetes, and osteoporosis. Canadian Community Health Surveys suggest that Islanders' activity levels tend to decrease with age.⁴

Of particular interest may be senior females who have lower activity rates than males. A number of factors may influence activity rates including:

- Safety issues
- Age-friendly communities – particularly the existence and maintenance of sidewalks, street lights
- Presence of chronic health conditions
- Opportunity for programming and social support.

Self Reported Physically Inactive, % of population by age and sex

2014 PEI Health Trends Report⁴



Physical activity programs that include both weight bearing and strength training may support older adults to retain flexibility, balance, and strength for daily activities while offering opportunities for social support and interaction.

Seniors and Falls

According to the Canadian Community Health Survey on Healthy Aging (2008/2009), the proportion of the population reporting a fall in the past 12 months tends to increase with increasing age. In Canada, 18.9% of those 65 to 84 reported a fall while 27% of those 85 years and over reporting a fall.

On PEI 22.2% of Islanders 65 to 74 years reported a fall in the past 12 months and 29.2% over 85 years. Beyond injury, reduced quality of life, and family concerns, injury from falls is a significant cost to the health care system. Data from the Island Injury Prevention Network reveals that Island seniors account for 35% of admissions to hospital in PEI related to injury, with a direct and indirect cost in PEI of \$9.8 million dollars (2004). Longer average length of hospital stay with injury (15.2 days) by seniors compared to younger age groups (6.2 days) make this an important area for preventative action on the four risk factors for falls:

- Biological risk factors
- Behavioral risk factors
- Social and Economic risk factors
- Environmental



Alcohol Use

Heavy drinking is defined by the Canadian Community Health Survey as the report of drinking five or more drinks per occasion, at least 12 times in the past 12 months. Compared to the rest of the population, Island seniors have the lowest rates of heavy drinking. Of those who do report heavy drinking, males have higher rates than females. Differences in body chemistry and metabolism result in different health risks associated with heavy alcohol intake in males and females. While alcohol use increases the risk of accidents and injury in both genders, women are at increased risk of cirrhosis and other alcohol related diseases, cancer, damage to the heart muscle, brain shrinkage and memory loss with excess alcohol intake.

Heavy drinking, % of current drinkers by age and sex.

2014 PEI Health Trends Report⁴

	12-19 yr	20-34 yr	35-49 yr	50-64 yr	65+ yr
Male	41%	52.3%	27.4%	32.7%	26.1%
Female	36.4%	35.3%	15.2%	7.6%	6.7%

Oral Health

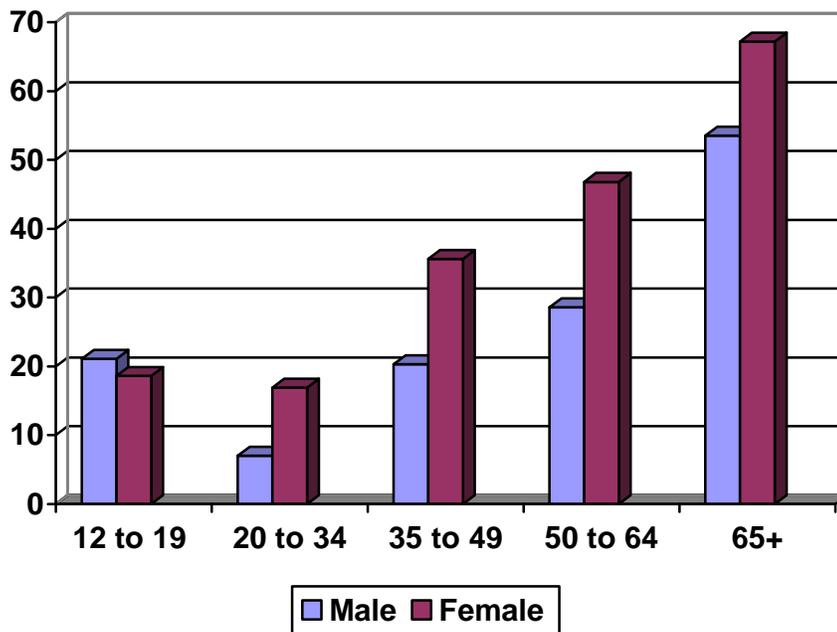
According to the Canadian Community Health Survey on Healthy Aging (2008/2009), 13.5% of Islanders 65 to 84 years reported the health of their mouth as fair or poor. This is lower than the Canadian average of 16.6%, while 14.6% of near seniors, Islanders 45 to 64 years, reported the health of their mouth as fair or poor.

Seasonal Influenza Vaccination

Annual influenza vaccination is recommended as an important health maintenance action for older adults. Influenza strains vary from year to year and can cause serious illness, even death in high risk groups, these include:

- People age 65 and older
- People who have chronic conditions (such as diabetes, cancer, immune compromised, HIV, anemia, kidney disease, chronic heart disease, chronic lung disease)

Self Reported Influenza Vaccination, by Age, PEI 2011/12⁴



Island seniors have high rates of influenza vaccination compared to the rest of the population and similar rates (61%) compared to the rest of Canada (64%).

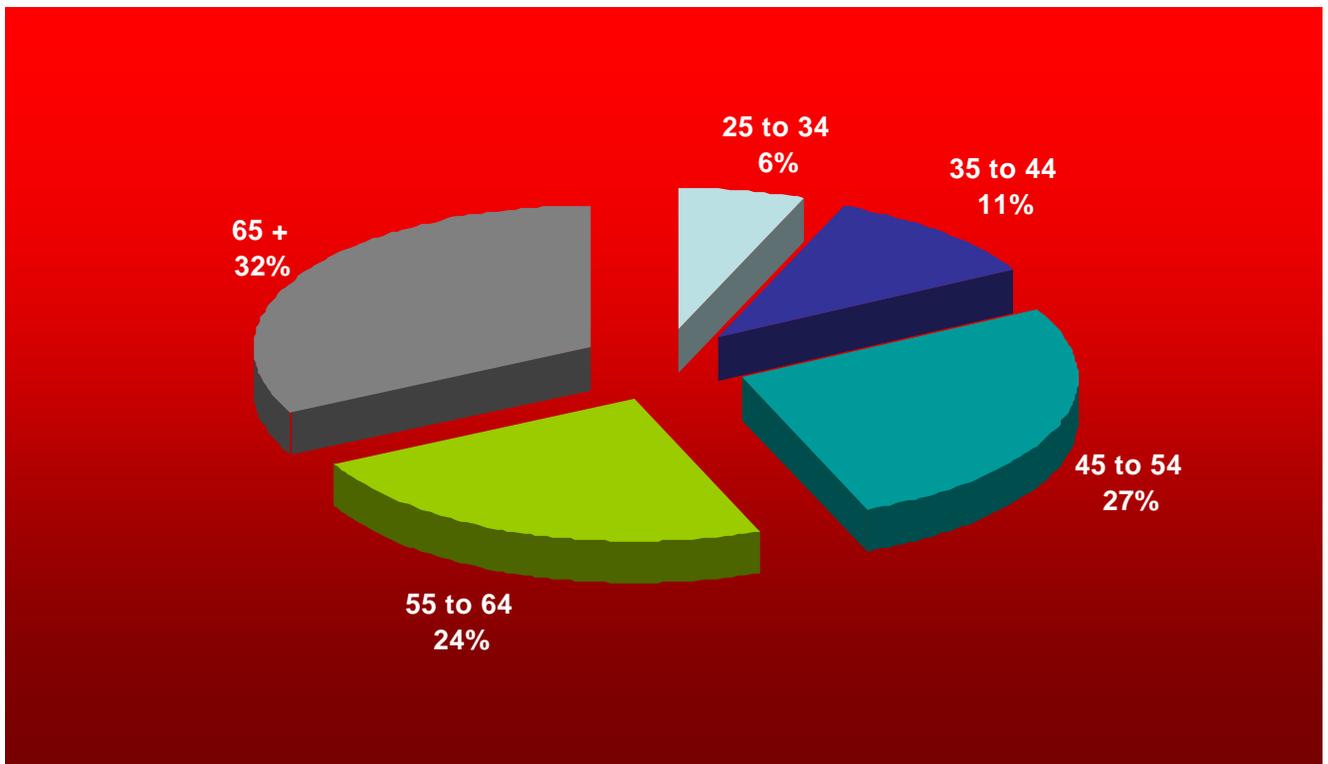


Community Life

Seniors as Volunteers

Islanders are extremely generous with the money and time they give to charitable and other non profit organizations and causes. Overall, 91.4% of the population aged 15 and over made donations, compared to the Canadian average of 84.1%. According to the *Canada Survey of Giving, Volunteering and Participating* (2010), Island seniors make approximately 31.2% of total donations on PEI. Island seniors are most likely to make a larger donation when compared with other population segments, with an average annual donation of \$820 per donor.⁹

PEI percentage of donation contributions by age (2010)



Of those surveyed, 44.9% of Islanders aged 65 and over indicated that they volunteered, contributing on average, 197 hours of volunteer time annually.

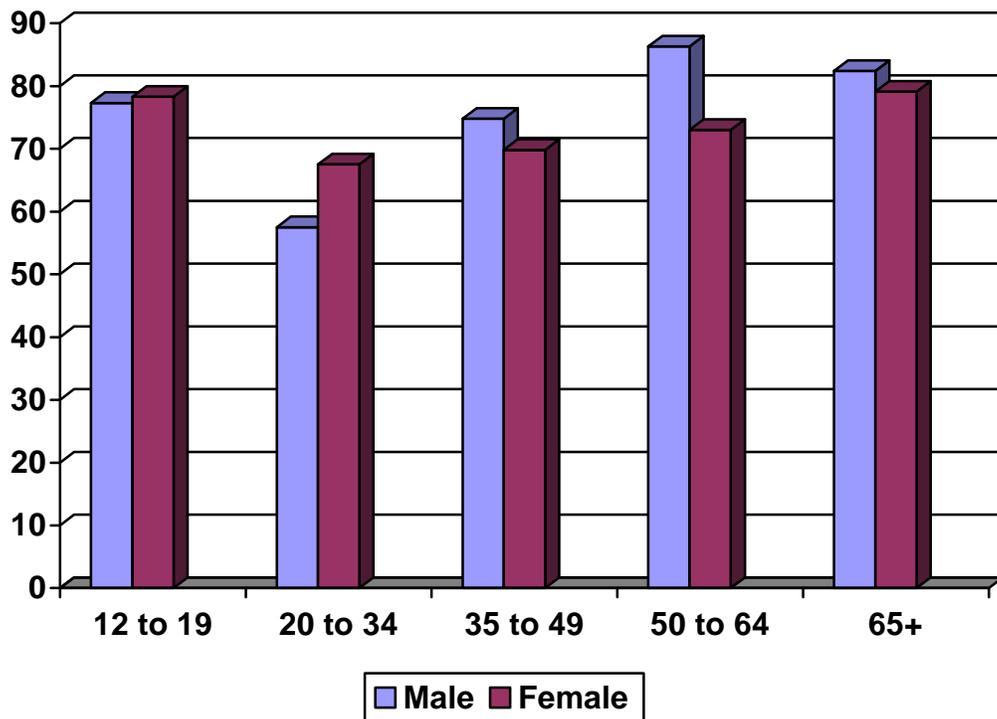
In another survey of Atlantic seniors, a higher proportion of Island seniors reported that they had volunteered at least once a year, compared to other Atlantic seniors.¹⁰

	Atlantic	NS	NB	NL	PE
No	52.5 %	60.2 %	48.3 %	55 %	48.2 %
Yes	47.4 %	39.8 %	51.4 %	45 %	51.8 %

Sense of Belonging

Having a sense of belonging to a community can influence the extent to which a person participates in society. Individuals who report a strong sense of belonging are also more likely to report better physical and mental health and undertake more health promoting behaviors. Islanders over age 12, tend to report a stronger sense of belonging to local communities (73%) than the Canadian average (65%).

Self Reported Sense of Belonging to a Local Community, by age, PEI 2011/12⁴



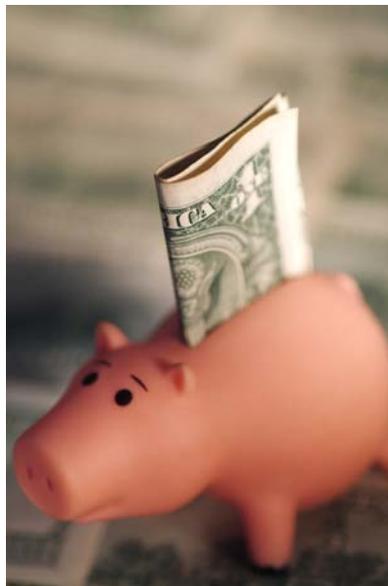
It should be noted that social isolation, defined as less social contact than an individual wishes, and social support networks are also important related concepts. Though people at any age may

experience social isolation, some older adults may be at higher risk, including:

- People with limited assistance for routine daily activities
- Those with low emotional support, particularly men
- People over age 80
- Women who may live alone, have low levels of leisure activity, and/or low levels of support.

Other recognized risk factors for social isolation include:

- Disability
- Loss of spouse
- Living alone
- Reduced social networks
- Transportation issues
- Place of residence
- Poverty
- Low self esteem
- Poor health
- Gender



Income

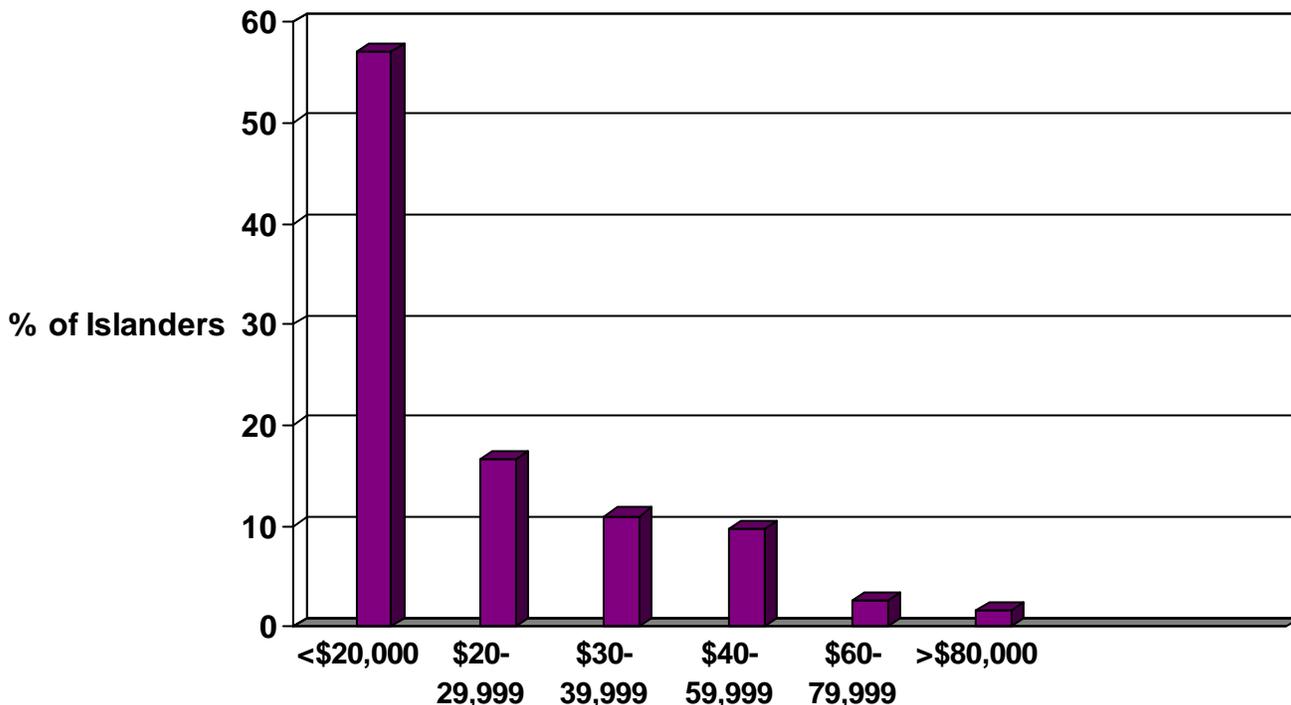
According to 2006 Statistics Canada data, the majority (57%) of Island seniors have annual income levels of below \$20,000.

Approximately 1.6% of Islanders 65+ report that they are without income.¹

Island seniors have a median income of \$17,500, compared to the Canadian average of \$20,100 (*Income trends 1980-2005*, Statistics Canada). Compared to other provinces, seniors' median income is lowest in Newfoundland and Labrador (\$15,700) and highest in Ontario (\$22,500). Relative to the other Atlantic provinces, Islanders have the second highest average and median income levels after Nova Scotia.

The adequacy or inadequacy of income levels is highly influenced by the local cost of living, including the main expenditure categories for seniors: shelter, food and transportation. As most seniors live on a fixed income, a sudden increase in cost of living or an unexpected large expense may place an individual at risk of low-income. Program planners should consider the impact of income as a potential barrier to seniors accessing services and seek to reduce this barrier where possible.

Income of Islanders 65+ years: 2006 Census¹



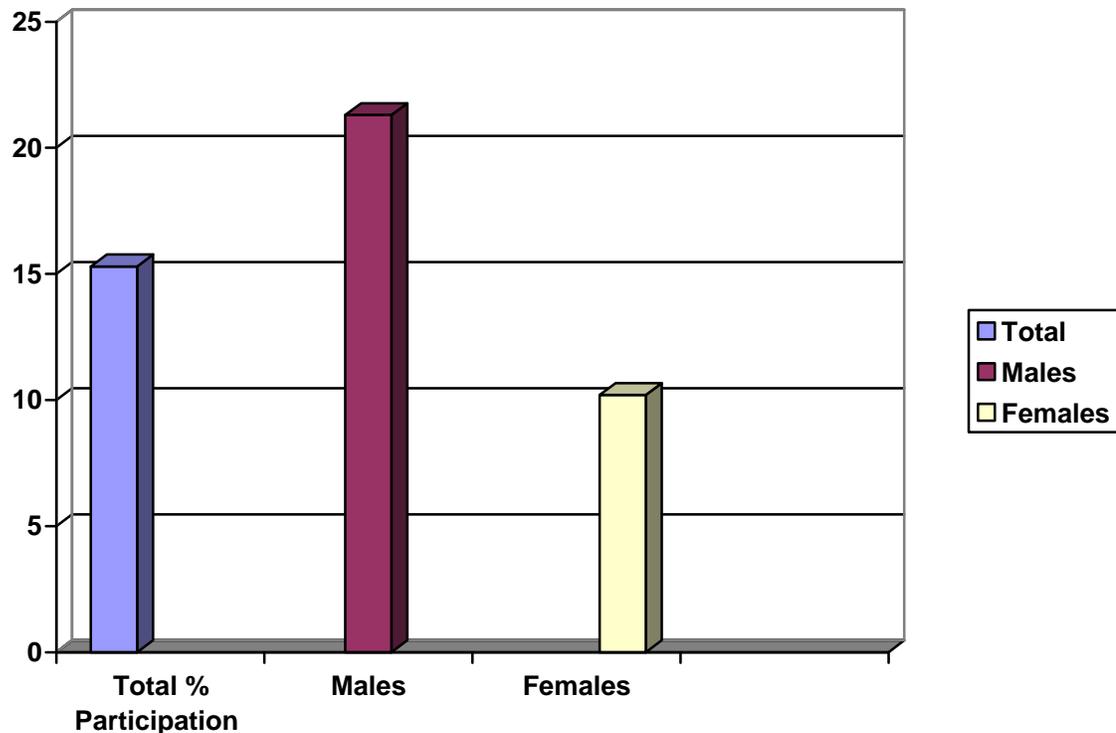
Sources of income

In 2013, the labour market participation rate of Island seniors was 15.3%, this is an increase from 10.7% in 2008. Labour force participation, even as part-time or seasonal employment, can reduce the impact of escalating costs of living on fixed income. What is not accounted for in this data is the contribution of Island seniors as unpaid caregivers for spouse, family or community members. This contribution has a significant influence on the quality of life within Island communities.

According to the May 2011 Statistical Bulletin of HRSDC, 21,972 Islanders receive Old Age Security and 9,550 receive the Guaranteed Income Supplement. The majority of those Islanders receiving the Guaranteed Income Supplement (GIS) are single pensioners. This finding confirms the observation across Canada that unattached seniors tend to be the most at risk for low income. These pensions may play a particularly important role in the lives of senior women. Senior women are beginning to access retirement pensions from the workplace in larger numbers but compared to their male counterparts the Old Age Security and Guaranteed Income Supplement benefits play a much larger role in their incomes. The adequacy of pensions may be an important factor in senior women's ability to remain in their homes and communities following the loss of a partner.



Labour Force Participation Rate Islanders 65 years and older, 2013



Expenditures

National level data suggests that over 41.9% of total expenditures by seniors is dedicated to shelter and food (Survey of Household Spending). This proportion of income spent increases to 57% for low-income seniors.

In an Atlantic survey, approximately 44% of Islanders spent more than 30% of their household income on shelter. This was similar to the Atlantic average.¹⁰

Percent of income spent on shelter costs (ASHRA 2007) 10

	Atlantic	NS	NB	NL	PE
Less than 30%	53.2 %	46.5 %	54.7 %	54.4 %	55.9 %
30-39%	27.1 %	33.3 %	24.8 %	24.5 %	27.4 %
40% or more	19.7 %	20.2 %	20.5 %	21.2 %	16.7 %

Seniors who are spending 40% or more of their income on shelter may face particular challenges in coping with the cost of living or unexpected expenses due to the large proportion of funds spent on housing.

Not unexpectedly, there is a difference in total transportation expenditures between seniors in rural and urban communities with seniors in rural areas spending a higher proportion of their income on transportation.

Housing

In early 2007 the Atlantic Seniors Housing Research Alliance completed a survey of Atlantic Canadian seniors, collecting information about where and how they live in their communities. On PEI 387 seniors participated in this survey. Through survey questionnaires and focus groups seniors responded to questions related to:

- Location of current residence
- Satisfaction with current housing
- Future housing plans
- The impact of transportation and activities of daily living on housing choice
- Use of and requirements for services and supports



Where do Island seniors live?

According to census counts, the largest proportion of seniors reside in Prince County, followed by Kings County.

Census Estimates (2011) Community Accounts		
	% of population 65+	Total number of seniors
Prince County	17.4%	7,725
Queens County	15.3%	11,960
Kings County	17.2%	3,100

Similar to other Atlantic Canadians, most Island senior respondents (62%) in the Atlantic Seniors Housing Research Alliance (ASHRA) survey identified that they lived in rural areas in their own homes rather than in apartment dwellings.¹⁰

The majority of Island seniors surveyed (94.7%) indicated that their current dwelling met their needs but that minor repairs to improve energy efficiency would be beneficial (69%).¹⁰

Future housing plans

Compared to other Atlantic seniors, Islanders expressed the highest intention to move from their current home.

Atlantic seniors' plans to move (ASHRA, 2007)¹⁰

	Atlantic	NS	NB	NL	PE
Plans to move	12.6 %	12.4 %	13 %	10.9 %	13.8 %

The primary reasons identified were to move to a smaller sized home or a more suitable home. While they intended to change homes though, Islanders still wished to stay within their current community largely due to connections to family and friends living there.

Ideal future living arrangement (ASHRA, 2007)¹⁰

	Atlantic	NS	NB	NL	PE
Where they are now + where they are now with help	33.5 %	33.8 %	32.5 %	37.4 %	30.9 %
Apartment/condo	20.1%	17.6 %	21.4 %	16.7 %	24 %

Transportation

Transportation touches many aspects of daily life including the ability to pick up groceries, visit with friends or attend medical appointments. For the majority of Island seniors who live in rural areas, transportation issues may be a particularly important connection to supports and services that allow one to remain in their own home. According to ASHRA research 84% of Island seniors surveyed indicated that they still drive, a higher proportion than the Atlantic average.

Atlantic seniors still able to drive a car (ASHRA, 2007) ¹⁰

	Atlantic	NS	NB	NL	PE
No	21.2 %	26.4 %	16.8 %	27.2 %	15.9 %
Yes	78.8 %	73.6 %	83.2 %	72.8 %	84.1 %

This frequency of driving also reduced Islanders' perception of difficulty in going where they want, when they want.

However, there remained interest in improving transportation options for seniors. ¹⁰

	Atlantic	NS	NB	NL	PE
Regular bus service on weekends	17.7 %	16.2 %	17.5 %	16.2 %	20.6 %
Regular bus service to larger centers	30.5%	27.5 %	27.3 %	27.5 %	40.3 %
Regular bus service around town	22 %	18.8 %	21.9 %	21.4 %	26.3 %
Door-to-door transportation service for seniors	45 %	52.4 %	46.3 %	45.8 %	36 %
More frequent service from existing bus system	13.2%	14.2 %	13.2 %	10.1 %	15.1 %



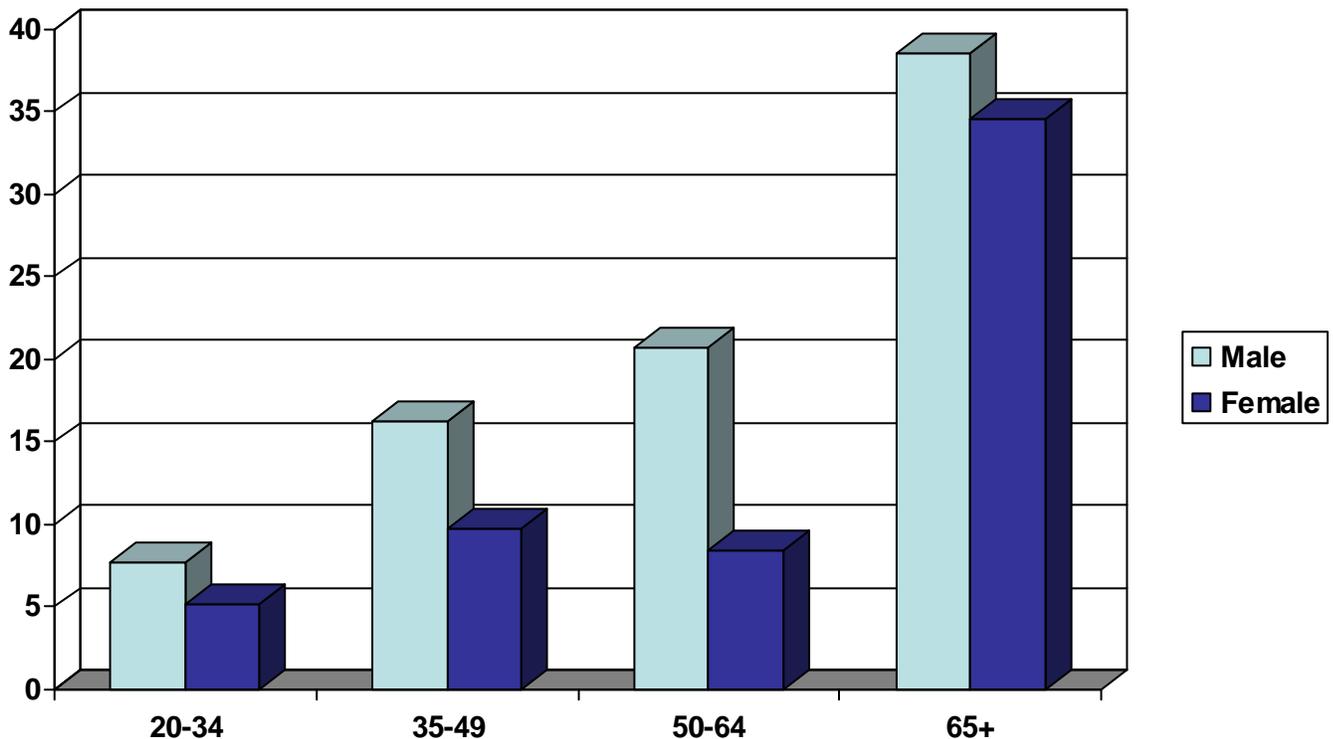
Education

According to Statistics Canada's Canadian Community Health Surveys, Islander seniors tend to have attained lower education levels than younger age groups.

There may be several explanations for this observation including a focus on employment that did not require formal education or a lack of access to education opportunities but regardless, the level of education attained can influence employment opportunities, income potential and affect social engagement. The gender differences noted in Island senior males and female education levels may also reflect educational opportunities.

These observed differences in educational attainment and potential literacy levels should focus program and service planners to use plain language in the creation of printed materials for ease of use by Island seniors.

Education: % of population, less than high school (2011/12)



There has been increasing interest in the connection between health literacy and individuals' ability to use health related information to make self care decisions and use medications safely and effectively.

Health literacy is defined by the Canadian Council on Learning (2008) as “skills to enable access, understanding and use of information for health”. Health literacy is considered to be a more complex literacy skill than prose, document or numeracy literacy. Fortunately this skill can be improved by routine literacy practices such as reading newspapers, magazines and books. In the Canadian Council on Learning report *Health Literacy in Canada*, seniors aged 66 years and older who were daily readers were found to score up to 52% higher than the average health literacy score for their age.

Summary

As illustrated by the following summary of statistics profiling the population, Island seniors are a diverse population demographic. There are several key issues with unique impacts on this population, these include:

- **Health and wellness** – balancing health promotion messages that can promote wellness throughout life while recognizing natural changes in physiology and meeting the needs of those who have developed chronic conditions.
- **Community life** – recognizing the contributions of Island seniors that enhance overall quality of life on PEI; creating age friendly communities that reduce barriers to safety and security; reducing the negative stereotypes of ageism.
- **Income** – fixed income levels in the face of increasing cost of living that may reduce Island seniors' ability to stay in their homes.
- **Housing** – planning future housing options that permit aging in place; adapting the houses of today to permit seniors to age in place in safe and energy secure residences; creating housing that permits Islanders to transition to different residence options as required.

The response to plan for and adapt to the changing population demographic lies across many sectors including community, government, business and health charities. The ability to address these changes effectively may rest ultimately within long term quality partnerships developed between many sectors and informed by the wisdom of Island seniors.

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