

Demographic and health profile: Sudbury and districts older adults

Executive Summary

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Introduction

Demographic and health profile: Sudbury and districts older adults is a focused report on older adults living in Public Health Sudbury & Districts' service area. The service area consists of three census divisions: Greater Sudbury, Sudbury District, and Manitoulin District, and the area is referred to as Sudbury and districts in the report. The original northeastern version of the report was produced as a result of a request from Ontario Health North East to support The Stay on Your Feet (SOYF) strategy. The Stay on Your Feet (SOYF) strategy is a regional working group comprised of five northeastern health units and Ontario Health North East. The group works together “to improve the quality of life of older adults in the region (northeastern Ontario) by reducing their risks, rates, and severity of falls.”

Methods

The report consists of information from three main data sources. The socio-demographics section consists of data from the 2021 Census of Population conducted by Statistics Canada. The second section of the report focusing on falls consists of data from IntelliHealth Ontario, an internet-based data portal managed by the Ontario Ministry of Health. It provides access to data on emergency department (ED) visits from the National Ambulatory Care Reporting System (NACRS), produced by the Canadian Institute of Health Information (CIHI), and hospital discharges contained within CIHI's Discharge Abstract Database (DAD). The third section of the report focuses on health behaviours and risks. It consists of data from the Canadian Community Health Survey (CCHS) conducted by Statistics Canada and shared with public health units by the Ministry of Health. Data from several cycles of CCHS ranging from 2015 to 2020 was pooled to obtain sufficient sample sizes for robust estimates where necessary.

Results

Socio-demographics

Public Health Sudbury & Districts' service area covers a land area of 50 763 km². Life expectancy of residents at birth (76.9 for males and 82.7 for females) and at age 65 (18.1 for males and 21.2 for females) is lower in Sudbury and districts than Ontario. The population of Sudbury and districts and northeastern Ontario is older when compared to the rest of Ontario, with its younger (under 55) population proportion lower than that of Ontario. In 2021, Sudbury and districts consisted of 40 860 individuals aged 65 and over, which was 20.5% of the overall population of Sudbury and districts.

There were 11 285 older adults over the age of 65 living alone in Sudbury and districts. The percentage of older adults living alone is higher in Sudbury and districts (27.6%) and northeastern Ontario (28.3%) compared to Ontario (23.2%). A similar percentage of older adults 65+ are employed in Sudbury and districts (10.2%) and northeastern Ontario (10.3%), and lower than Ontario (13.5%). The average individual after-tax income in 2020 for those aged 65+ was higher in Sudbury and districts (\$45,360) than Ontario (\$40,840). Sudbury and districts (26.1%) and northeastern Ontario (27.1%) have a higher population that speaks both English and French in comparison to Ontario (8.2%). Sudbury and districts (1.3%) and northeastern Ontario (4.1%) have a lower visible minority population than Ontario (34.3%) across all age groups. Sudbury and districts (13.0%) and northeastern Ontario (12.3%) have a lower proportion of the population 65+ with a university degree than Ontario (20.7%).

Falls in older adults

Overall, emergency department visit rates for falls rose slowly over time from 2008–2022 but peaked in or around 2019. Rates dropped notably between 2019 and 2020, likely as a result of COVID-19, when people avoided hospitals if possible.

Among those aged 55–64, the Sudbury and districts emergency department visit rate for falls was lower than the northeast and most similar to the province, rising from 29.6–32.2 per 1000 between 2008 and 2022, peaking at 32.8 per 1000 in 2017.

Among those aged 65 and older, the Sudbury emergency department visit rate for falls was lower than the northeast and most similar to the province, and decreased from 59.4–56.9 per 1000 between 2008 and 2022 and peaked at 62.0 per 1000 in 2018. In 2022, among those aged 75+, the Ontario rate was 84.5 per 1000 and the northeast rate was 90.5 per 1000.

Overall, hospitalization rates for falls were much lower than emergency department visit rates, representing about 10% between 2008 and 2022, and had more annual variation. Hospitalizations are a subset of those who had an emergency department visit based on whether they were hospitalized afterwards. Rates across the northeast were higher than Ontario but fell a little during this time from 3.7–2.7 per 1000, peaking at 3.4 per 1000 in 2019.

Among those aged 55–64, Sudbury and districts had a lower hospitalization rate for falls than the northeast, more similar to Ontario rates and decreased from 3.4–2.4 per 1000 between 2008 and 2022.

The top 5 causes of falls resulting in an emergency department visit throughout Sudbury and districts accounted for approximately 84% of all causes among those aged 55–64 and 65+ from 2018–2022, which included W01 (fall on same level from slipping, tripping, and stumbling), W19 (unspecified fall), W18 (other fall on same level), W10 (fall on and from stairs and steps) and W00 (fall on same level involving ice and snow), although the order differed a little between the 2 age groups. *Unspecified place of occurrence* and *Home* accounted for approximately 80% of all locations of falls resulting in an emergency department visit. *Residential institution* accounted for over 10%, and *other specified place of occurrence* accounted for 3% of all locations of falls resulting in an emergency department visit.

Health behaviours and risks

A similar proportion of residents ages 65+ reported having asthma or COPD in Sudbury and districts compared to the rest of northeastern Ontario and Ontario overall. This pattern was also true for prevalence of osteoporosis, heart disease, diabetes, cancer, Alzheimer's or dementia, and mood or anxiety disorder.

A similar proportion of residents ages 65+ reported meeting physical activity guidelines in Sudbury and districts compared to the rest of northeastern Ontario and Ontario overall. This was also the case for trouble falling or staying asleep (most or all of the time), having refreshing sleep (rarely or never) and prevalence of food insecurity.

A similar proportion of residents ages 65+ reported exceeding low risk alcohol drinking guidelines in Sudbury and districts compared to the rest of northeastern Ontario and Ontario overall. A significantly higher proportion of residents ages 65+ (11%) reported heavy drinking in Sudbury and districts compared to Ontario overall (7%), however, there was no difference between and Sudbury and districts and the rest of northeastern Ontario (10%).

A significantly higher proportion of residents ages 65+ (56%) reported having fibromyalgia or arthritis in Sudbury and districts compared to Ontario overall (48%), however, there was no difference between Sudbury and districts and the rest of northeastern Ontario (54%). A significantly higher proportion of residents ages 65+ (67%) reported having high blood pressure

or high cholesterol in Sudbury and districts compared to Ontario overall (61%), however, there was no difference between and Sudbury and districts and the rest of northeastern Ontario (64%).

Conclusions

This report provides baseline measures and allows to monitor changes in the health status of older adults over time. The data in this report will help to inform the development of programs and services that promote health, prevent falls, and prevent diseases for older adults across Sudbury and districts. It will also help in the development and evaluation of policies that address specific health issues for this population. The report also provides public health practitioners and other service providers with a better understanding of the health status of the older adult populations they serve.