

## Older Adults (Age 65+) Indicators List: Toronto Community Health Profiles

Indicator/Definition	Source	Main Use	Limitations
<p><b>Total Persons Age 65 and over</b></p> <p>All persons residing at or staying at the address on census day including people in institutions such as nursing homes and hospitals, having no usual address elsewhere in Canada, including non-permanent foreign residents and refugees.</p> <p>The terms older adults and seniors are terms that usually refer to persons age 65 and over or specific older age groups (eg. Persons age 75 and over or age 85 and over).</p>	<p>Census 1996, 2001 for Total population Available by sex and age groups for 65 to 85+ by census tracts for total population.</p>	<p>As the denominator for calculating rates: in many cases the household population is a better denominator, for example, information related to services for people in households only.</p>	<p>Misses people who are homeless and others not counted by the census. The net census undercount for the 2001 census for the Toronto CMA is 5.17% with a higher proportion of males than females, youth than older adults and persons whose first language is not English or French. Some census tracts have large institutional populations. The census is only available every five years.</p>
<p><b>Persons in Private Households (private occupied dwelling) Age 65 and over</b></p> <p>Number and % of all Persons in age group (65-74, 75-84 and 86 and over). Excludes non-permanent residents and persons in institutions.</p> <p>A private occupied dwelling has a private entrance either directly from outside or from a common hall, lobby, vestibule or stairway leading to the outside and in which a person or group live permanently. Excludes institutions and collective dwellings (residences, hotels and rooming houses if a person has to go through someone else's living space to get to own dwelling. Dwellings must meet two conditions necessary for year round living: a) source of heat or power; and b) shelter from elements (i.e walls, roof, doors windows).</p>	<p>Census: 1996, 2001 Long questionnaire from 20% sample (weighted up from the sample to the population in private households. Custom Tabulations.</p>	<p>The Socio-demographic profiles on the website identify areas with higher concentrations of seniors. The Older Adult Profiles identify differences among older adults in each planning area. The main uses are for the distribution and concentration of population groups and as the denominator for calculating rates and percents of the population in private households. The denominator is listed for each indicator according to the responses for that indicator. There is usually very little difference in the denominators.</p>	<p>Older Adults are not a homogenous group. Age, sex and income data and the diversity of older adults can be obtained from custom tabulations of the census – only some of which are included here.</p> <p>Random rounding of numbers by Statistics Canada in each census tract to end in 0 or 5 results in small non-significant differences in the sums for variables between indicators and areas.</p>

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<p><b>Primary Household Maintainer: Age 65 and over</b></p> <p>This variable identifies the person in the household who contributes the most towards rent or mortgage, taxes, electricity, and so on, for their dwelling. In cases where more than one person shares these expenses equally, the first person listed is identified by the census as the main household maintainer.</p>	<p>Census: 1996, 2001 20% sample Custom Tabulation</p>	<p>To identify the number of older adults with the primary responsibility for housing costs for themselves and/or others in their family or household. This is an indicator of independently living older adults which shows that the majority of persons age 65 and over are not dependents of working age population.</p>	<p>Gender information by age of Primary Household Maintainer was not available in the custom tabulations. However other census variables on marital status and living situations indicates that males age 65 and over are more likely to be married (74%) and live in families while females age 65 and over are more likely to be widowed (42%) and unattached (live alone or with non-relatives).</p>
<p><b>Tenure of Economic Families led by a persons age 65 and over and of Unattached Persons Age 65 and over.</b></p> <p>Economic Families led by a person age 65 and over including number and % of owner families with a mortgage and number and % of renter households paying more than 30% of income on housing costs.</p> <p>Unattached persons age 65 and over (unattached persons includes persons living alone or with non-relatives). The variables included are number and % of unattached persons by home-ownership (and % with a mortgage) and renter status and % of those who are renters paying more than 30% of income on housing costs.</p> <p>Housing affordability is dwelling costs less than 30% of before tax household income (Canada Mortgage and Housing Corporation).</p>	<p>Census: 1996, 2001 20% sample Custom Tabulation</p>	<p>Identifies the number of elderly led economic families oldest spouse is age 65 or older) and the number of unattached adults (age 65 and over) by home-ownership and renter status.</p> <p>Indicates independently living senior-led families and individuals. One in 5 senior-led families in Toronto has a mortgage. Having a mortgage without employment income may be an indicator of economic stress. However the percent with shelter costs exceeding income was much higher for renters so this indicator was selected for reporting.</p>	<p>The sum of the Primary Household Maintainers is not the same as the sum of the number of Economic Families and Unattached persons not all older adults are primary household maintainers. This may be confusing at first glance.</p> <p>These indicators were not available for older adults living alone, however the majority (%) of unattached persons age 65 and over live alone.</p> <p>Excludes households with no income.</p>

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<p><b>Persons age 65 and over Living Alone by Gender</b></p> <p># and % all females and males age 65 and over in households who are living alone.</p>	<p>Census 2001, 20% sample Target Group Profiles Age 65+</p>	<p>To identify areas with higher proportions of seniors living alone because they may require more support to live independently particularly as they age past 75 years and 85 years.</p>	<p>Lack of age, sex and income data and the diversity of older adults living alone limits the conclusions that can be made. Information on the gender of older adults living alone in 1996 was not available.</p>
<p><b>Persons in Households by Dwelling Type</b></p> <p>Refers to the structural characteristics of dwellings (e.g. single detached, semi-detached, row house, apartment in a flat or detached duplex, apartment in a building that has 5 or more stories, apartment in a building with &lt;5 stories, other attached house, mobile home or other movable dwelling). The majority of older adults that are homeowners live in detached or semi detached houses and the majority of renter household live in apartment high rises so all the other types of dwelling structure listed above have been combined into a category listed as “other”.</p>	<p>Census: 1996, 2001 20% sample Custom Tabulation</p>	<p>Housing structure and composition is an area/community –level variable that may predict the characteristics of the population (e.g. family size, income). Housing structure can be an important factor in health planning for older adults (e.g. difference in costs and work associated with house and yard maintenance, ability to make structural changes to accommodate disabilities, social network structures, dependence on functioning elevators, etc.)</p>	<p>Does not describe the number of buildings (e.g. apartment buildings, high rise buildings) but rather the total occupied dwelling units in a census tract. Does not distinguish between apartments and condominiums. The definition was expanded in the 2001 census to include additional categories of occupied and unoccupied dwellings (e.g. dwellings occupied by foreign or visitors). This may have a small impact on comparability between census years.</p>
<p><b>Institutional Dwellings</b></p> <p>Long Term Care Facilities (LTC) and number of beds.</p> <p>The majority of residents of long term care facilities are persons age 85 and over. The size and location of long term care facilities may explain differences in numbers between the total population and the population in private households especially among those age 85 and over.</p>	<p>Toronto District Health Council as of March 2004. Includes facilities and beds planned for 2005 and projected for 2006.</p>	<p>The distribution of long term care facilities affects the comparability of health indicators such as hospitalization rates and mortality rates with disproportionately greater numbers of LTC beds in an area likely contributing to higher morbidity and mortality rates in that area.</p>	<p>Detailed information on the location of other institutional and collective dwelling (rooming houses, boarding homes) where older adults live is not available.</p> <p>Socio-demographic characteristics of persons in institutional and collective dwellings is not included in the census.</p>

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<p><b>Income Below the Low Income Cut-off</b></p> <p>Refers to the number and percent of persons age 65 and over in economic families or unattached individuals 65 years of age and over with an annual before-tax income below the Statistics Canada's low income cut-offs (LICOs). These are the income levels at which families or unattached individuals spend 20% more than average on food, shelter and clothing.</p>	<p>Census, 1996, 2001 20% sample Custom Tabulation (Canadian Council on Social Development).</p> <p>LICOs take family size into account, are set higher in large cities where costs are higher and updated annually.</p>	<p>To identify families and individuals whose income may be inadequate for healthy living and least able to afford fees for services not covered by public programs (e.g long term home support services, healthy living aids, nutrition, and costs of fuel, telephone, housing, repairs, transportation, etc.)</p>	<p>Using a single indicator misses the wide income differences between older adults with no incomes, very low incomes (50% of LICO), those living close to the low income cut-off, those with homes without mortgages, those with high incomes from earnings or investments, etc. or the impact of tax credits. Distribution of income among persons in a family is not known.</p>
<p><b>Education</b></p> <p>Number and % of persons ages 65 and over with less than high school graduation.</p>	<p>Census 1996, 2001 20% Sample Custom Tabulation (Canadian Council on Social Development).</p>	<p>Education predicts income earning &amp; job advancement, social status, access to information, and literacy. Literacy and education are both predictors of health status.</p>	<p>While education less than Grade 9 is most indicative of low literacy, less than high school was used instead because it was available for both the time periods included in the profiles. One-half of those age 65+ in Toronto with less than high school had less than grade nine in 2001.</p>
<p><b>Recent Immigrants (within 10 years)</b></p> <p>Number and % of persons age 65 and over who immigrated to Canada and obtained landed status (became permanent residents) within 10 years of the census (e.g. between 1991 and 2001 for the 2001 Census).</p> <p>The majority (2/3) of older adults in Toronto are immigrants therefore recent immigrants was selected as more useful indicator for differences related to health needs.</p>	<p>Census 1996, 2001 20% sample Custom Tabulation (Canadian Council on Social Development)</p>	<p>Recent immigrants may lack: access to pension and other sources of income, awareness of rights and entitlements, support networks, awareness of where to turn for help; and face language barriers and social isolation The three month wait for OHIP for newcomer permanent residents in Ontario may be a greater problem for older adults than younger populations with less need for health care.</p>	<p>Approximately 8% of persons 65 and over are immigrants with permanent residency status, this excludes the number waiting to have their refugee claims or appeals decided. Although this number may be small, this is a group which faces barriers to health care under the existing programs available to refugee claimants (not all health services covered, must reapply while waiting for claim to be settled).</p>

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<p><b>Knowledge of English or French</b></p> <p>Refers to the ability to conduct a conversation in English only, in French only, in both English and French, or in neither of the official languages of Canada. Number and % of Persons with no knowledge of English or French – those aged 65 and over who report they do not know English or French well enough to conduct a conversation.</p>	<p>Census 1996, 2001 20% sample Custom Tabulation (Canadian Council on Social Development)</p>	<p>To identify the number of people most in need of translation or cultural interpreter services. Language is one of the most frequently cited barriers to access to services including emergency services, health education, risk reduction, participation in decision making. There is a wide range in the percent of older adults without knowledge of English or French between areas in Toronto.</p>	<p>May be inaccurate: depends on respondents' judgement of ability. Persons without official language ability are underrepresented in the census and therefore the percents may be higher by approximately 10%. Research on language barriers suggest that the comfort level in a second language such as English or French that is required for understanding health information is much greater than may be captured by this indicator. The percent of the population reporting their single home language as English or French may be a more useful planning indicator of the percent requiring service in a language other than English or French.</p>
<p><b>Home Language</b></p> <p>% Other Home Language (not English or French) Top specific home languages</p> <p>Home Language is the “language spoken most often at home.” Only single responses are used to exclude those who speak English or French in addition to another language at home.</p> <p>Top three languages other than English or French are provided for the larger planner (excluding neighbourhoods).</p> <p>Home language is more commonly used for planning than Mother Tongue (First Language) because it better reflects current practice.</p>	<p>Census 1996, 2001 20% sample Target Group Profiles age 65+</p>	<p>Language and recent immigration is related to lower literacy levels despite higher levels of education among recent immigrants. The top other home languages (other than English or French) at the 41 Local Health Planning Areas may be most useful in identifying the language of service and information required to reduce language access barriers in different areas of the city.</p>	<p>While over 100 languages and dialects are spoken in Toronto, only 36 languages are reported by the census in Toronto tables based on the top languages in Canada. Some languages more common in Toronto than the national average (e.g. Somali) are missing.</p>

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<p><b>People with a Disability</b></p> <p>The census asks respondents if the person has difficulties with daily activities or a reduction in the amount of kind of activities at home, at work or school or in other activities due to physical or mental conditions or health problems that have lasted or are expected to last six months or more. The 2001 census also asks about difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing similar activities. The census question is used to identify individuals for a post census survey. A post census survey was not conducted in 1996. The 2001 post census survey is the Participation and Activity Limitation Survey (PALS). PALS data is not available at the municipal or small area level.</p>	<p>Census 1996, 2001 20% sample Custom Tabulation (Canadian Council on Social Development)</p> <p>Post census surveys (PALS, 2001) (detailed but not reported below the provincial level). Other data sources are: The Canadian Community Health Survey; SLID, persons on Ontario Disability Support (social assistance); federal disability pensions, clients of home support, Wheel Trans users; use of sign language interpreters, etc.</p>	<p>To identify areas with a greater concentration or larger number of people with disabilities or activity limitations or chronic health problems. These may be identified as priority areas for services, prevention, outreach, site visits and on-site assistance during emergencies where mobility or ability level may affect capacity to maintain health, or to escape unsafe conditions. The 2001 census activity limitation question is consistent with the activity limitations questions asked in the Canadian Community Health Survey (CCHS). The CCHS has a sample size too small for reporting at smaller geographic levels. Therefore, the census may be a useful alternative indicator of age, gender and geographic differences in activity limitations.</p>	<p>The census question does not identify the severity of disability or type of disability. Excludes people in institutions – a group likely to have a higher rate than the same age group in the household population. The “unstated” response to this question is reported and has not been subtracted from the total when calculating the percent with activity limitations/difficulties. A wording change in the 2001 census (Yes includes “sometimes” in addition to “often”) captures a larger population so the 1996 and 2001 percents census are not comparable. The census questions have not been edited by Statistics Canada and so require a more cautious use than other census variables.</p>

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