



Health Canada's role is to foster good health by promoting health and protecting Canadians from harmful products, practices and disease. A major focus is on the health of senior women.

THE HEALTH OF SENIOR WOMEN

Seniors — people aged 65 years and older — are the fastest growing segment of Canadian society. In 1995, the population of Canada included 3.5 million seniors, nearly 12% of the total population of just over 29 million people. Approximately 58% of people over 65 in Canada are women. In 1991, 1.9 million women (13% of all Canadian women) were aged 65 or over, up from 11% in 1981 and 5% in 1921. By the year 2016, it is projected that 18% of all women will be 65 or over. As well, the proportion of women in the oldest categories is expected to increase rapidly in the next few years partly because, on average, women live longer than men. With this longer life span has come increased chronic illness and disease associated with aging, such as dementia and osteoporosis, as well as vulnerability to reduced socio-economic status.

Current Situation

- There are about 138 women for every 100 men over the age of 65 in Canada, and 273 women for every 100 men aged 90 and over.
- Life expectancy has risen over the last 20 years, particularly among women: for men, life expectancy at birth is 75 years; for women it is 81 years.
- Most women still assume all of the household's responsibility for the health of the family. Women continue their caregiving roles in their senior years. For example, two thirds of disabled or bedfast men not in institutions are cared for by their spouses.
- Eighty-eight percent of women aged 65 and over have a health problem.
- In 1996, coronary heart disease was the leading cause of death among senior women aged 65 to 74 (unchanged since 1951); lung cancer was second; breast cancer was third (fifth in 1951); stroke was fourth; and colorectal cancer was fifth.
- Although women live on average six years longer than men, their later years are characterized by disability and illness.
- Women are more prone to suffering from Alzheimers, osteoporosis, chronic diseases, falls, vision problems and spend more days in hospital than men. They are also, on average, poorer than

men and more vulnerable to inadequate nutrition and to difficulty in accessing uninsured health care such as medications.

- Older women are more likely to live alone, with inadequate social and material supports in their aging years. When living with their spouse, they are usually the one providing care if their spouse becomes ill or disabled.
- The National average income for women 65 to 69 in constant 1995 dollars in 1996 was \$16,157, compared to \$28,540 for men in the same age group. Senior women in Newfoundland are the poorest with average incomes of \$12,560.
- 5.8% of all seniors in 1996 belonged to a visible minority group.
- Senior women are prescribed mood-altering drugs (i.e., minor tranquilizers and sedatives) more than any other population group in Canada.

Health Canada Initiatives

- Given the demographic reality, all work undertaken by Health Canada's Division of Aging and Seniors has an impact on senior women.
- Priorities of the Division of Aging and Seniors include issues of concern to women: incontinence, injury prevention, medication use/abuse, abuse of older adults, caregiving issues, Alzheimer's disease, osteoporosis, arthritis and literacy.
- Through the newly created National Population Health Fund, \$2.5 million has been allotted for national projects related to later life. An important segment of this allocation is expected to benefit senior women.

New Horizons: Partners in Aging was a Health Canada community funding program, co-ordinated by the Division of Aging and Seniors, which has provided financial support for innovative demonstration projects involving seniors at the grassroots level. Examples of

One in a series of fact sheets prepared for the



the New Horizons Partners in Aging Projects relevant to senior women include:

- A study which examines the situation of rural senior women who are victims of violence (Nova Scotia).
- The Older Women's Long-Term Survival Project which develops support-group discussion guides to help senior women study abuse in their own lives (Alberta).
- A training kit on all aspects of osteoporosis developed for senior and health educators (Québec).
- Ostop Prevention and Self-Management Program designed to reduce the incidence of preventable disease and improve the management of existing osteoporosis through a manual to train program leaders to deliver a series of courses for women (British Columbia).
- Intercultural Grandmothers Uniting which includes a series of workshops for senior rural women on health education, grief and loss (Saskatchewan).
- Public Health and Seniors Health: the Older Women's Health Project aimed at reducing inappropriate prescriptions to seniors and at improving senior women's health by strengthening community participation and mutual aid and reducing reliance on general practitioners as sources for social support (British Columbia).
- Program Promoting the Health and Well-Being of Isolated Older Adults at Risk which addresses the threatened health and well-being of frail older adults isolated in their own homes, with a specific focus on accidental falls (Ontario).
- Healthy Senior Native Women designed to develop culturally appropriate programming on a range of health issues for low-income Aboriginal women aged 45 to 64 (Saskatchewan).
- Seniors Train the Trainer Program on Breast Health Practices aimed at reducing the risk of breast cancer mortality among senior women (Nova Scotia).

Seniors' Independence Research Program (SIRP) was an extramural research program designed to strengthen national research with a balanced emphasis on social, economic and health determinants for seniors. As well, the Program had a major focus on dementia (including Alzheimer's Disease) and osteoporosis. Both are significant women's health concerns. The Program was co-ordinated by the Division of Aging and Seniors and the contributions are administered by the National Health Research and Development Program (NHRDP).

Sources:

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- The NACA Position on Women's Life-Course Events, The National Advisory Council on Aging, Cat. no. H71-2/2-15-1993, 1993.*
- Women in Canada: A Statistical Report, 3rd ed., Statistics Canada, Cat. no. 89-503E, 1995.*
- Writings on Gerontology: Mental Health and Aging, The National Advisory Council on Aging, Cat. no. H71-2/1-11-1991E, 1991.*

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Our mission is
to help the people of Canada
maintain and improve their health

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