



Manitoba's seniors

Quick facts



Health status

**Healthcare and
community services**

Support and caring

**Elder abuse and
victimization**



UNIVERSITY
OF MANITOBA

Health status

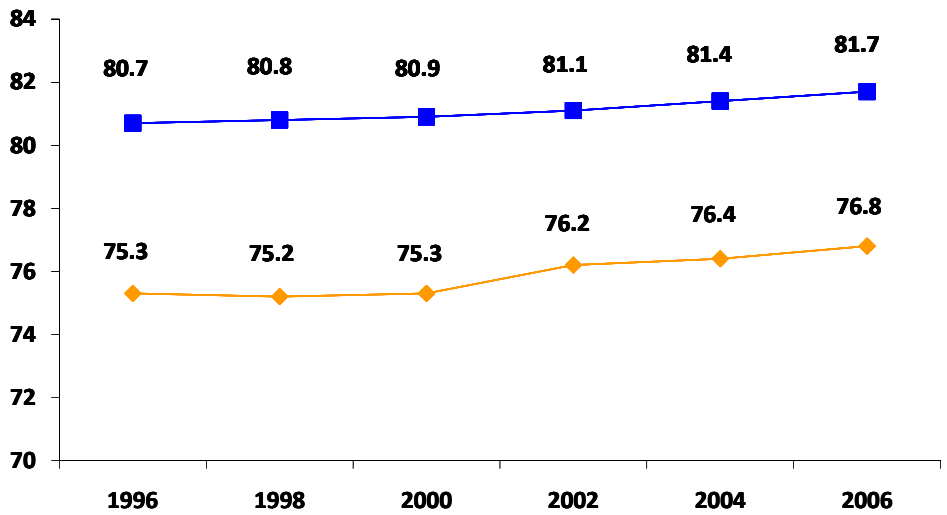


- Life expectancy has been steadily increasing for both men and women. In 2006, the life expectancy at birth for Manitoba females was 81.7 years; the life expectancy of men at birth was 76.8 years. At age 65, women could expect to live an average of 20.8 more years while men could expect 17.6 more years of life (Figure 1).

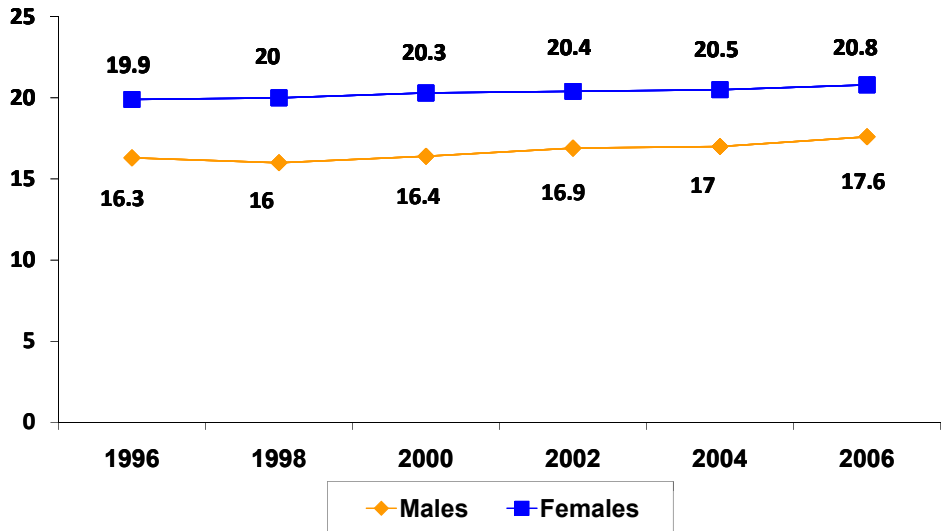
Figure 1: Average years of life remaining at birth and at age 65 by gender, Manitoba 1996–2006



Average Years of Age Remaining at Birth



Average Years Remaining at Age 65



- In 2007, almost 40% of Manitobans aged 65 and over described themselves as being in excellent or very good health. Self-rated health declines with age (Figure 2).
- In 2007, high blood pressure was the most common diagnosed chronic condition among Manitobans aged 65 and over (47.6%) followed closely by arthritis/rheumatism (44.4%).
- Mobility problems are greatest among women aged 75 and over (Figure 3).
- According to a 1995 study, it was estimated that 7.6% of Manitobans aged 65 and over met the criteria for dementia; the corresponding estimate for Alzheimer’s disease was 5.6%.
- Highlights from a 2010 report on dementia in Canada suggest that the prevalence of dementia is higher in women; women make up 72% of Canadians with Alzheimer’s disease.



Figure 2: Self-rated health by gender in selected age groups, Manitoba, 2007

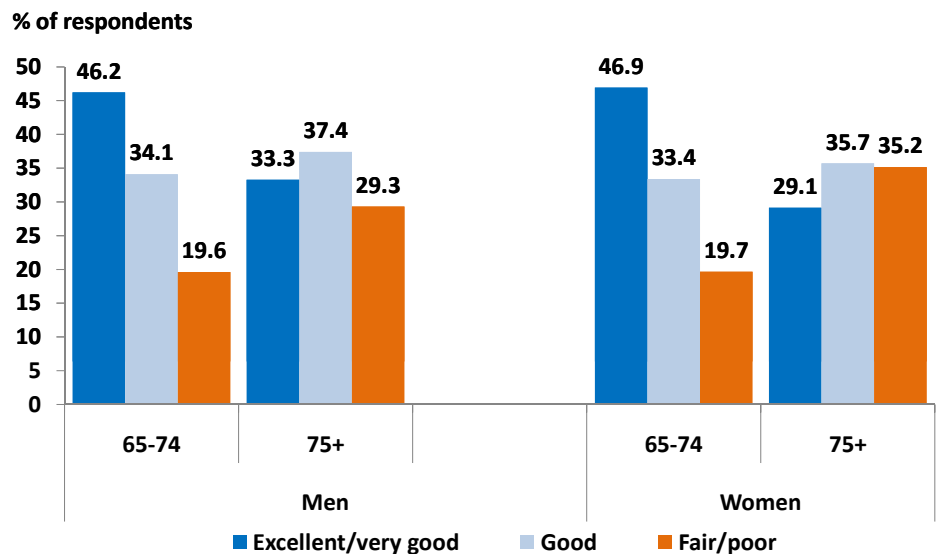
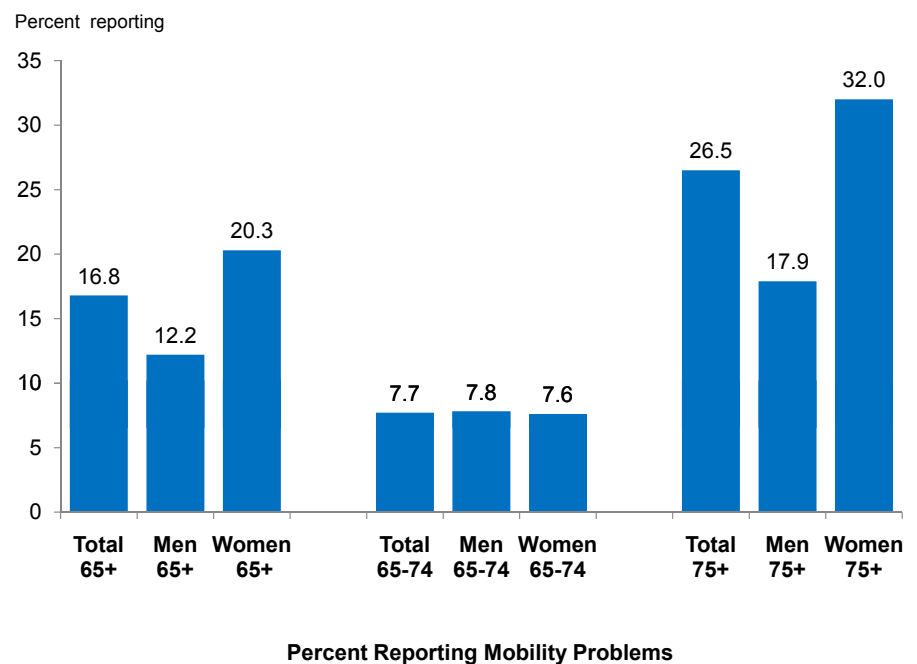


Figure 3: Mobility problems reported by older adults aged 65 and over



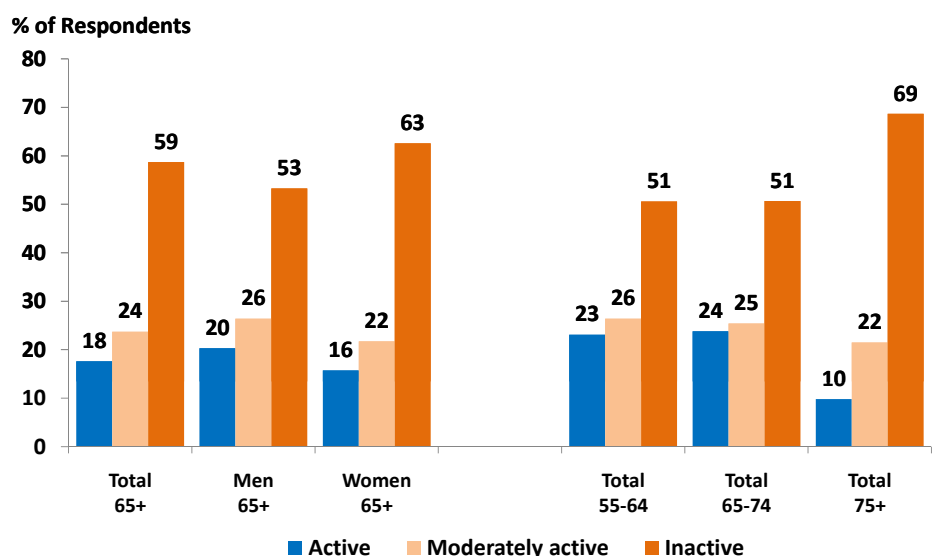
Exercise and leisure

- Two-thirds of Manitobans aged 65 and over (66.8%) participated in walking for exercise. However, over ten percent (13.9%) of Manitobans aged 65 and over had not participated in at least one physical leisure activity in 2007.



- Based on the leisure physical activity index (Figure 4), over one-half of Manitobans (59%) aged 65 and over were considered inactive; 51% of Manitobans aged 55 to 64 were also considered inactive. Women aged 65 and over were more likely to be inactive than men aged 65 and over (63% vs. 53%). The likelihood of inactivity increased with age ranging from 51% of those 55 to 64, to 69% of those 75 and over.

Figure 4: Leisure physical activities index, population aged 65+ by gender, and population in selected age groups, Manitoba, 2007

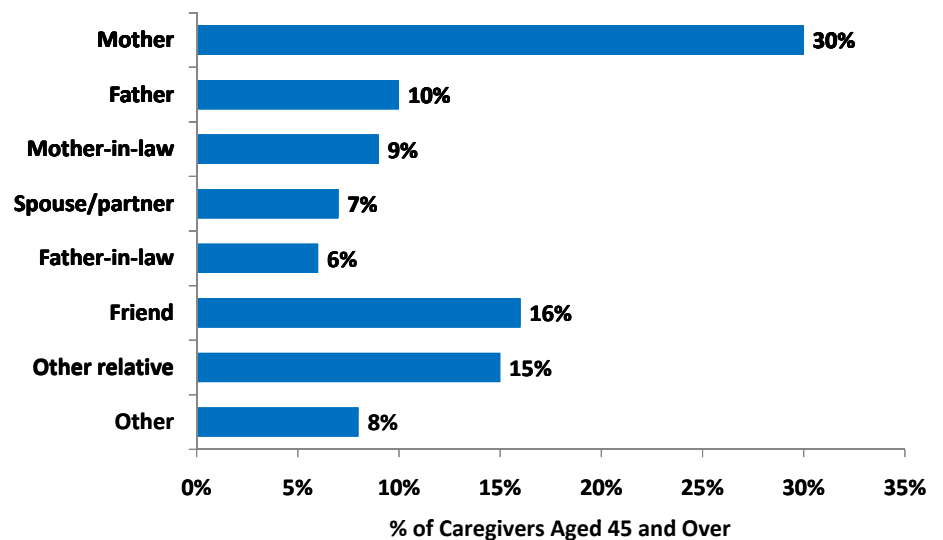


Support and caring



- About one-quarter of Manitobans aged 65 and over required help from another person with at least one daily activity (including preparing meals; getting to appointments and running errands such as shopping for groceries; doing everyday housework; personal care such as washing, dressing, eating, taking medications; moving about inside the house; or looking after personal finances such as making bank transactions or paying bills).
- Manitobans aged 75 and over were the most likely to have received care (23%). Women aged 75 and over (27.3%) were two times more likely than men aged 75 and over (13.3%) to be receiving care.
- In 2007, about one-fifth (22%) of Manitobans aged 45 and over reported providing assistance to a senior who required assistance due to a long-term health condition or physical limitation.
- Almost three-quarters (73%) of Manitobans providing care to seniors (caregivers) were between the ages of 45 and 64 years of age. Caregivers most often reported caring for their mothers (30%) or fathers (10%). In total, 55% of caregivers were caring for a parent or parent-in-law (Figure 5).

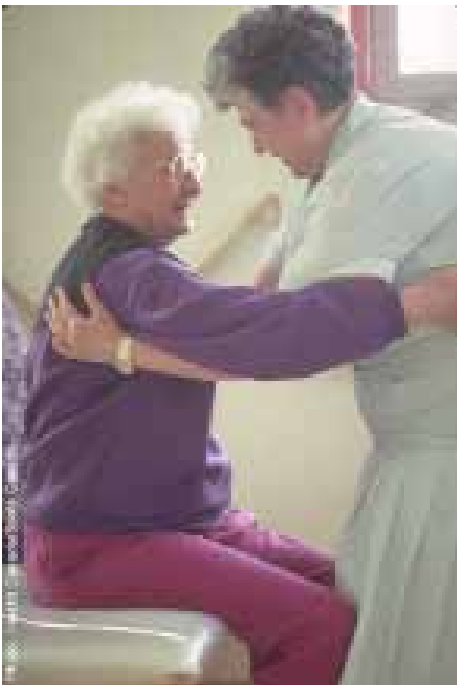
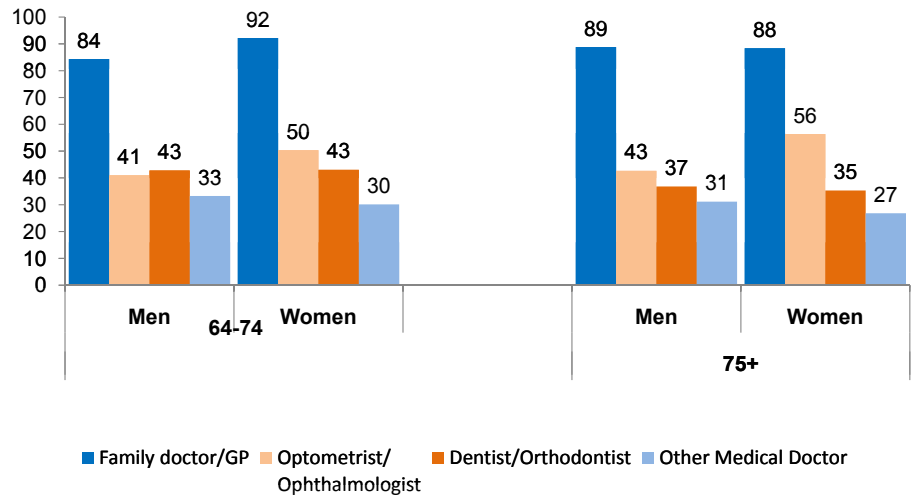
Figure 5: Relationship of senior (care receiver) to caregiver, Manitoba, 2007



Healthcare and community services

- Most Manitobans have a regular medical doctor (Figure 6).

Figure 6: Manitobans who have contacted a healthcare provider in a 12 month period



- Slightly over 10% of Manitobans aged 65 and over reported no contact with a family doctor or GP in the past 12 months (Table 1).

Table 1: Frequency of contact with family doctor or GP in the previous 12 months, population aged 65 and over, Manitoba, 2007

Frequency of Contact With Family Doctor or GP	% of Respondents Aged 65+		
	Total	Men	Women
No contact	11.6	13.9	9.9
1 to 2 times	32.1	31.9	32.3
3 to 5 times	34.9	32.7	36.6
6 to 10 times	12.9	14.3	11.8
11 or more times	8.4	7.1	9.4

- According to Manitoba Health data there was a total of 130,862 hospitalizations in Manitoba in 2007. One-third (33.5%) of these hospitalizations were for persons aged 65 and over. Among Manitobans aged 65 and over, the largest percentage of hospitalizations (66%) was for persons aged 75 and over.

- In 2007, the average length of stay in hospital was 12.4 days for those aged 65 to 74 and 19.2 days for those aged 75 and over (Table 2). Women aged 75 and over stayed an average of 20.2 days in hospital compared to 17.7 days for men in this age group.

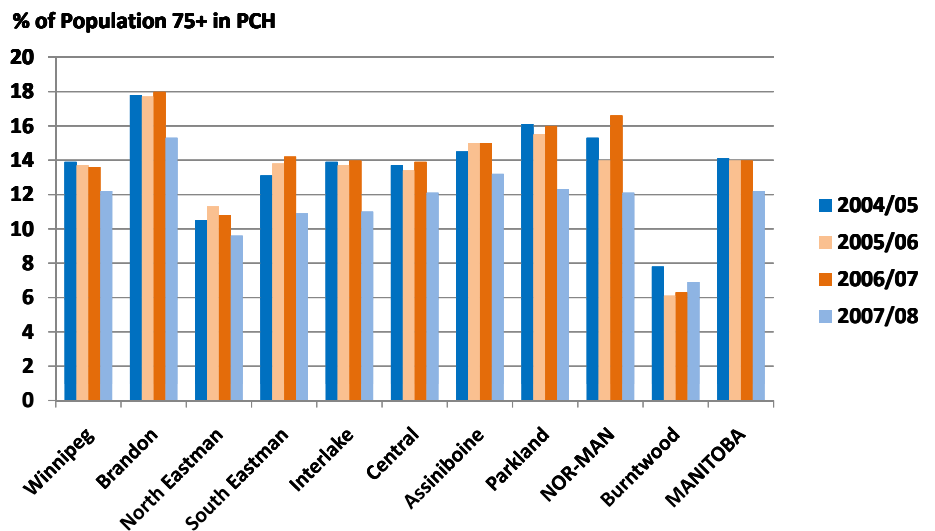
Table 2: Average length of hospital stay in days by age groups and gender, Manitoba, 2007

Age Group	Average Number of Days Stayed		
	Total	Men	Women
Less than 45	4.5	5.7	3.9
45–64	9.5	9.5	9.5
65–74	12.4	11.6	13.3
75+	19.2	17.7	20.2
All Ages	9.6	10.2	9.2



- As of March 31, 2008 there were 124 personal care homes in Manitoba (37 in Winnipeg, 87 outside Winnipeg); 56.9% of the beds are in Winnipeg. The size of the personal care homes varied from 16 to 314 beds.
- A total of 10,080 Manitobans aged 75 and over (12.2%) lived in a personal care home (PCH) for at least one day during 2007. In 2007, the overall average age of Manitobans first admitted to a personal care home was 83 years of age.
- The proportion of Manitoba’s population aged 75 and over living in a personal care home has decreased from 14.1% in 2004 to 12.2% in 2007 (Figure 7). This decrease occurred in all of the Regional Health Authorities.

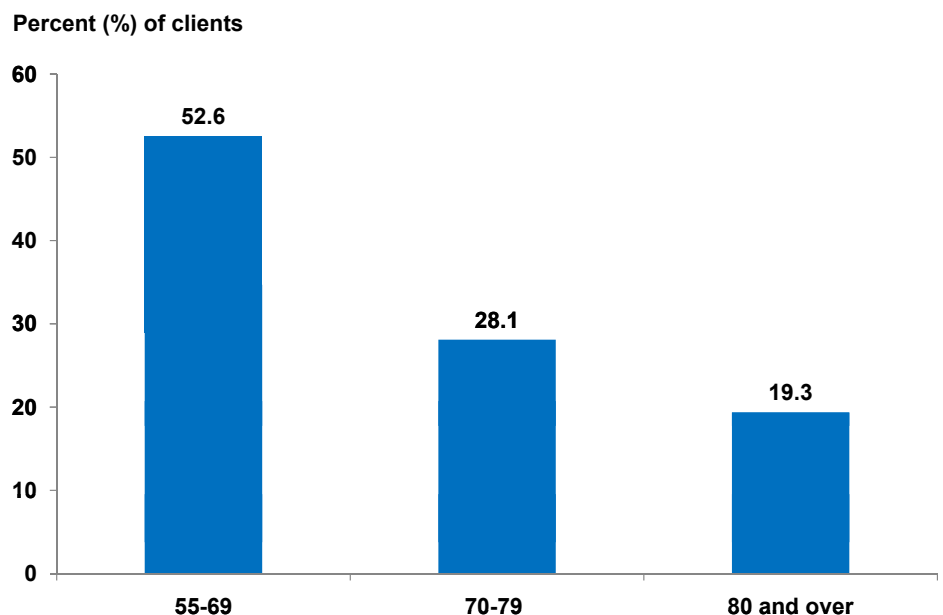
Figure 7: Percent of total population aged 75 and over residing in a personal care home by Regional Health Authority, Manitoba, 2004 to 2007



Elder abuse and victimization

- Currently in Manitoba there is no mandatory reporting of elder abuse for older adults living in the community, that is those not living in an institutionalized setting such as a personal care home.
- Between 2005 and 2009, emotional abuse and financial abuse were the most prevalent types of abuse reported to both the Seniors Abuse Line (Manitoba Seniors and Healthy Aging Secretariat) and Elder Abuse Services (Age and Opportunity).
- In approximately one-third of the calls to both the Seniors Abuse Line and Elder Abuse Services, the abuser was the victim's adult child.
- In Winnipeg, the Winnipeg Police Service working with Older Victim Services, provides short-term support service to seniors who have been victims of property crime, such as a break-in to their residence and personal crimes, such as assault or robbery. A total of 1,424 clients were referred during the two-year period.
- Just over one-half (52.6%) of the referrals to the Older Victims Services were in the 55–69 year age group (Figure 8). However, about one-fifth of referrals were among clients aged 80 and over.
- Property crimes such as break and enter to a home accounted for 55.1% of the referrals, 27.1% were for personal crimes including robbery, assault, fraud and uttering threats, and just over 5% were for theft.

Figure 8: Total number of clients referred to Older Victim Services, 2007–2009



This information was compiled by Rachel Ines and extracted from the full report entitled *Profile of Manitoba's Seniors 2010*. To view the full report please contact us or visit our Web site at <http://www.umanitoba.ca/centres/aging>

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*The graphs used in this fact sheet were taken from Statistics Canada public use files and Manitoba Health annual reports. Photos used are created by the © Centre on Aging, University of Manitoba. Additional photos used, Health Canada, © Minister of PWGSC, 2001.