

SENIOR WOMEN IN EDMONTON

Unless otherwise stated, "Edmonton" refers to Census Metropolitan Area and not solely the City of Edmonton.



VitalSigns.



DEFINITIONS

SENIOR OR "SENIOR CITIZEN" In Canada there is no set age at which a person is considered a senior. Many government benefits begin at 60 or 65 years of age. However, senior discounts often start at 55.

For the purposes of this report, 65+ will denote a **senior**, and an **older adult** will refer to those aged 55 to 64, **octogenarian** will refer to those 80+.

AGEISM is the stereotyping, prejudice, and discrimination against people on the basis of their age.

ELDER ABUSE is any action or inaction by self or others that jeopardizes the health and wellbeing of an older adult.

did you know?

- 55.6% of seniors in Edmonton are women.
- There are more women aged 65+ than there are girls aged 0 to 14 in Canada, but in Edmonton the reverse is true because it has a younger overall demographic.

DEMOGRAPHICS OF SENIORS IN EDMONTON

AS OF 2016 THERE WERE **160 FEMALE** AND **30 MALE SENIORS 100 YEARS OR OLDER IN EDMONTON**

	MALE	FEMALE
TOTAL, ALL AGES	465,890	466,655
55 - 64 YEARS	54,325	59,615
65 - 74 YEARS	29,475	32,375
75 - 84 YEARS	14,785	19,470
85 - 94 YEARS	5,315	9,615
95+ YEARS	305	1095

WHY SENIOR WOMEN?

- They live longer than men and may become isolated, especially if their health deteriorates and they lack support networks.
- They have lower levels of income (experience more poverty).
- They are at greater risk of depression and dementia.
- They are more likely to experience elder abuse.

INCOME

PART-TIME WORK IS MORE COMMON AMONG SENIOR WOMEN.

More seniors are working past the age of 65. In 2015, 53.2% of employed women aged 65 and over were working part-time.

ALBERTANS ARE MORE LIKELY TO WORK FULL-TIME IN LATER LIFE THAN THE REST OF CANADIANS.

MEDIAN INCOME OF SENIOR WOMEN HAS INCREASED, BUT REMAINS LOWER THAN THAT OF SENIOR MEN.

Although the median total income from all sources of women aged 65 and over has followed an upward trend since the mid- 1970s, the median income of senior men is approximately 1.5 times higher than that of senior women.

PHILANTHROPY

Fewer seniors volunteer than do people in any other age category, but for those who do, they contribute more hours per person than any other age group

CHARITABLE DONORS

In 2013, more than half of the top 10% of donors were **55 YEARS OF AGE AND OLDER.**

IN EDMONTON, **50%** OF SENIORS VOLUNTEER.

WHERE SENIORS RESIDE

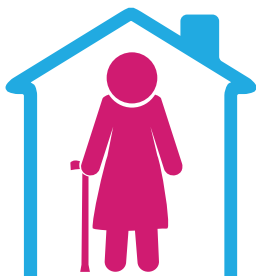
NEIGHBOURHOODS IN EDMONTON WITH THE MOST:

SENIORS (65-79):

1. Oliver 2. Ottewell 3. Twin Brooks

OCTOGENARIANS (80+):

1. Kensington 2. Oliver 3. Downtown



LIVING ARRANGEMENTS

In 2011, 89.9% of women aged 65 and over lived in private households, as did 94.7% of senior men, while the remaining shares (10.1% and 5.3%, respectively) lived in collective households or dwellings.

AGING IN PLACE

Research shows older people who stay independent and age in place live longer. It's also a more cost-effective choice. In 2004, costs for community-based care per person averaged \$8,900/year while residential care costs averaged \$30,000/year.

HEALTH & WELLNESS

THE **LIFE EXPECTANCY** OF AN ALBERTAN AT AGE 65 IS **21.3 YEARS** (MALES) AND **24.5 (FEMALES)**.

The leading causes of **DEATH** for Edmonton seniors:

CIRCULATORY DISEASES

35%

- Heart disease (26%)
- Stroke (6%)
- Other circulatory diseases (3%)

CANCER

26%

RESPIRATORY DISEASES

12%



The leading causes of **HOSPITAL VISITS** for Edmonton seniors:

- Injuries from falls are the number-one reason seniors visited the emergency room or were admitted to hospital
- Motor vehicle accidents

STIs IN SENIORS

ACCORDING TO HEALTH CANADA, NATIONAL RATES OF **SEXUALLY TRANSMITTED INFECTIONS FOR PEOPLE 60+ HAVE INCREASED** SIGNIFICANTLY SINCE THE EARLY 2000s.



Between 2001 and 2011, chlamydia cases in people over 60 increased more than 3 times.

Chlamydia and gonorrhoea increased more than 2.5 times in women over the age of 60.

DIVERSITY

LGBTQ2 SENIORS often face homophobia and discrimination when trying to access programs and services. Certain spaces may not be especially welcoming or inclusive to them.

ABORIGINAL SENIORS made up 5.1% of Edmonton's Aboriginal population in 2016, and 2.5% of Edmonton's Senior population.

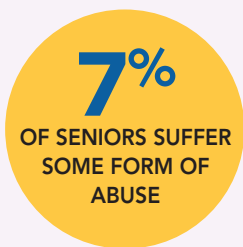
Due to a history of discrimination, the aging experiences of Aboriginal seniors may be quite different from other seniors, and they may require specific programs and services to meet their needs.

ELDER ABUSE

In 2015:

ELDER ABUSE UNIT WITH EPS CONCLUDED 48 FILES AND LAID 9 CHARGES.

225 FEMALE SENIOR FAMILY VIOLENCE CASES WERE REPORTED TO THE POLICE.



IN A RECENT LEGER POLL:

34.9% of Edmontonians feel that seniors in Edmonton often face discrimination.

ENGAGEMENT & SOCIAL ISOLATION

Social isolation happens when a senior's social participation or social contact decreases.

AN ESTIMATED 30 PERCENT OF CANADIAN SENIORS ARE AT RISK OF BECOMING SOCIALLY ISOLATED.

According to a needs assessment of older adults in the City of Edmonton, 32% indicated there were things that make it difficult to pursue social interactions.

18% mentioned poor health or general poor health reasons

17% mentioned disability

11% cited financial reasons

16% cited feelings of isolation as the reason they felt unsafe in their community

3% indicated they do not socialize with anyone over an average week

29% indicated that they would like more acquaintances – given the opportunity



ECF VITAL Work

ASHBOURNE, an inclusive community that assists seniors and adults with mental health concerns to age in-place, received \$40,000 to purchase a minibus with a lift for wheelchairs. This purchase has significantly increased the quality of life for residents. Residents are able to join regular outings, shopping trips, and drives.

IMMIGRANT SENIORS have varying levels of fluency in English, and this will affect their ability to participate in programs. Edmonton's immigrant seniors population is changing.

BEFORE 2001

50%
of immigrant seniors came from Europe.

2001-2006 **73%**
of immigrant seniors came from Asia and the Middle East.

WHAT TO DO IF YOU SUSPECT ABUSE

ACKNOWLEDGE – Document evidence of suspected abuse.

BARRIERS – Address concerns of fear of retaliation, withdrawal of caregiver, and family support confidentiality.

URGENCY – Assess immediate risk of physical harm or if basic necessities of life are provided.

EMPOWER – Inform person of the right to live free of abuses and the resources available to support this. Seek help to establish a safety plan.