SENIORS HEALTH:
INTERIOR HEALTH AUTHORITY
FACT SHEET

BACKGROUND

• BC has the third largest population of seniors (persons age 65 and older) of all
  Canadian provinces and territories, and the third largest population of seniors over
  age 85. Seniors in B.C. are among the healthiest in Canada, both in terms of health
  status and length of life.

• As our population ages, there are serious financial implications for our health care
  system. For this reason, the Ministry of Health is focused on the prevention and
  management of chronic diseases and injury prevention among seniors; these are
  significant contributors to the cost of care, as well as the quality of life of seniors.

• The prevention and reduction of falls among seniors is of particular importance, and
  B.C. is considered a world leader in this field.

KEY FACTS

• Among health authorities, Interior Health Authority (IHA) has the second lowest
  number of seniors (124,912), but the highest proportion (17.2 per cent) of seniors.

• The growth rate of the IHA seniors’ population between 1999 and 2005 was 13.4 per
  cent. The projected growth rate over 25 years (2006-2031) is 94.3 per cent, lowest
  in B.C.

• Life expectancy at birth for individuals born between 1999-2003 in the IHA is 79.87
  years, second lowest among health authorities.

• The frequency of occurrence of diabetes across the total IHA population is 3.8 per
  cent.

• Of the more than 41,000 people who now have diabetes in IHA, the majority are age
  60 and older. Most IHA patients with other chronic diseases (e.g., hypertension,
  osteoarthritis, depression, asthma, and congestive heart failure) are also seniors. Over
  the next 25 years, the prevalence of many of these diseases will more than double.

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1 Demography Division, Statistics Canada.
2 PEOPLE 31, Population estimates (1986-2005) and projections (2006-2031) by BC STATS, Service BC, B.C. Ministry of Labour and
  Citizens’ Services.
3 Ibid
4 Ibid
5 Ibid
6 Ibid
8 With permission, from Primary Care/Chronic Disease Management, Priority Populations: Incidence, Prevalence and Mortality, 2006.
  Presentation to MOH. Includes Diabetes Registry and other disease registry data for 2004/05, and projections based on PEOPLE 31.
The age-standardized death rate among IHA seniors, directly attributable to falls, between 2000-2004 was 5.1 per 10,000 population. Falls-related hospital cases are 17.6 per 1,000 population, near the provincial average; and 167 hospital days per 1,000 population were used for falls injuries.

The proportion of IHA seniors living in the community who received immunization for the flu varied across the region, from 57.0 to 69.7 percent. Most seniors residing in care facilities received a flu shot (85.0 to 94.0 percent).

Regarding screening rates for breast cancer, 38.1 per cent of women age 65 and older had a mammogram less than 2 years before 2005; 75.3 per cent had a mammogram within 5 years before 2005.

53.8 percent of seniors were overweight or obese, second highest in B.C. The overweight/obesity rate for people 65 and older is higher than for the general adult population (ages 18 to 64).

47.0 per cent of IHA seniors were active or moderately active, third highest.

43.9 per cent of seniors reported eating 5 or more fruits and vegetables daily, second highest in B.C.

57.8 per cent of IHA seniors reported having a dental visit within 2 years, compared to the provincial average of 59.2 per cent.

Smoking rates for those 45 and older was 16.9 per cent, second highest in B.C.

73.7 per cent of IHA seniors reported their overall health status was excellent, very good, or good. This was second highest in B.C.

**REGIONAL FACTS**

**Key Activities:**

- Interior Health Authority (IHA) falls prevention initiatives and activities are progressively being incorporated into the various components of the health care system for seniors. Falls prevention plans and projects have been in the works for several years. Hospitalization of seniors due to falls has dropped by 17 per cent over the past five years. Among the recent successes in the falls prevention work of IHA are:

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9 Discharge Abstract Database, Canadian Institute of Health Information
11 Influenza Immunizations, MoHS, 2002/03 (accessed using Quantum Analyzer)
12 *Canadian Community Health Survey (CCHS) Share File 2005, Cycle 3.1.*
13 *Ibid*
14 *Ibid*
15 *Ibid*
16 *CCHS, Share File 2003, Cycle 2.1.*
18 *CCHS, Share File 2005, Cycle 3.1.*
20 Injury Prevention Manager, Healthy Children, Women and Seniors Branch, Population Health and Wellness Division, B.C. Ministry of Health
The peer-led North Okanagan Falls Prevention Program, based in Vernon, and funded as a federal pilot project, produced a home safety checklist and coordinated seniors’ participation in education workshops. It has since become a model for communities throughout the region, including the Okanagan Indian Band.

A staff training program for falls prevention that was adopted in eight residential care facilities in the East Kootenay Health Service Area, resulting in a significant decrease in falls.

Meetings of IHA’s senior falls prevention manager with officials of eight local governments in the region, following a presentation given at UBCM, have opened doors to making municipalities more “senior-friendly” through health and safety bylaws enforcement and recreation access.

The SAIL (Strategies for Action and Independent Living) program in the Central Okanagan trained clinicians and community health workers in falls prevention in two health units. It has provided a highly useful way to put evidence-based care into everyday practice, and to create the ability to track and report out on improved falls outcomes for seniors.

- Between 2003 and 2006, 601 patients age 60 and older, participated in the Chronic Disease Self-Management Program within IHA, which is run by the University of Victoria’s Centre on Aging.  
- Frail Elderly Collaborative, Trail. IHA, together with the BCMA, family doctors, the Ministry of Health, and community and civic leaders support the Seniors-At-Risk Collaborative. The purpose is to coordinate and plan personal care for mild to moderately frail elderly in order to reduce emergency/urgent care use, and to enable seniors to remain in the home of their choice, through provision of multidisciplinary care.
- IHA and the Okanagan Healthy Living Alliance, which brings together health professions, local governments, and others to support active aging— supporting disease prevention, including linkages with recreation.
- Community Food Action Initiative: nutrition and healthy food supply across the region.
- Kelowna community gardens initiative, providing an opportunity to link generations.
- IHA supports opportunities for intergenerational activities in schools (Intergenerational Land and Learning Project adapted from Vancouver School Board) and centres (White Valley Community Resource Center), and through the Action Schools! BC Program, healthy communities component.

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23 BC Recreation and Parks Association Focus Groups, October-December 2006.
24 Ibid
25 Ibid
26 Ibid