SENIORS HEALTH:
NORTHERN HEALTH AUTHORITY
FACT SHEET

BACKGROUND

- B.C. 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.\(^1\) 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, Northern Health Authority (NHA) has the lowest number of seniors (27,269)\(^2\), and the lowest proportion (8.8 per cent)\(^3\) of seniors.
- The growth rate of NHA seniors between 1999 and 2005 was 21.6 per cent\(^4\), highest in B.C.; over the next 25 years (2006-2031) it will be 185.3 per cent\(^5\), the highest in B.C.
- Life expectancy for individuals born between 1999-2003 in the NHA is 78.15 years\(^6\), the lowest among health regions.
- The frequency of occurrence of diabetes across the total NHA population in 2003/04 was 4.8 per cent, the highest in B.C. (tied with Fraser Health Authority).\(^7\)
- Of the more than 16,000 who have diabetes in NHA, the majority are age 60 and older. Most NHA 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 among seniors.\(^8\)

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\(^1\) Demography Division, Statistics Canada (accessed using Quantum Analyzer)
\(^3\) 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 NHA seniors, directly attributable to falls, between 2000-2004 was 6.7 per 10,000 population, the highest provincially. Falls-related hospital cases are 20.1 per 1,000, highest in B.C.; and 169 days per 1,000 population were used for falls-related injuries.

• The proportion of seniors living in the community who received immunization for the flu varied across the region, from 63.3 to 67.5 per cent. Most seniors residing in care facilities received a flu shot (83 to 99 per cent).

• Regarding screening rates for breast cancer, 40.8 percent of women age 65 and older had a mammogram less than 2 years before 2005 (highest in B.C.). 74.8 per cent had a mammogram within 5 years before 2005, nearest the provincial average.

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

• 37.2 per cent of NHA seniors are reported to be physically active or moderately active, the lowest in B.C.

• 28.1 per cent of seniors reported eating 5 or more fruits and vegetables daily, the lowest in B.C.

• 44.7 per cent of NHA seniors reported having a dental visit within 2 years, lowest in B.C.

• Smoking rates in NHA for those 45 and older was 23.3 per cent, highest in B.C.

• 76.3 per cent of FHA seniors reported their overall health status was excellent, very good, or good. This is the highest in B.C.

REGIONAL FACTS

Key Activities

• Northern Health Authority (NHA) supports a number of falls prevention projects, and is planning more, in various care settings in long-term residential and home and community care. Some examples are:
  o Stepping In: Falls Prevention in Long Term Care Facilities in Quesnel
  o The First Step: Falls Prevention Starts with You! Initiative
  o Best Practices for Nursing Care of the Older Adult – Falls Prevention

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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.
17 Statistics Canada, CCHS, 2005 (accessed using Quantum Analyzer)
- NHA supports chronic disease prevention clinics and Chronic Disease Self-Management Program initiatives for seniors. From 2003 to 2006, 237 people age 60 and older within NHA participated in the Chronic Disease Self-Management Program, which is run by the University of Victoria’s Centre on Aging.

- Seniors-at-Risk initiatives are underway in Fort St. John, Prince George, and Prince Rupert. These pilots are coordinating personal planned care for mild to moderately frail seniors, helping them to remain in the home of their choice and to decrease their use of urgent care resources. This multidisciplinary collaborative approach in these sites involves the NHA, family doctors, the B.C. Medical Association, the Ministry of Health, civic leaders, and community resources.

- NHA provides a broad range of services to support clients before they develop health problems, including the use of Life Skills workers to help seniors maintain independence.

- NHA supports the Active Communities Program (e.g., Dawson Creek), which allows health care and recreation sectors to work together.

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