SENIORS HEALTH:  
VANCOUVER ISLAND 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, Vancouver Island Health Authority (VIHA) has 125,309\(^2\) seniors, which is the second highest proportion (17.2 per cent)\(^3\) of seniors.
- The growth rate of the VIHA seniors’ population from 1999 to 2005 was 9.5 per cent\(^4\). The projected growth rate over 25 years (2006-2031) is 101.5 per cent\(^5\), second lowest.
- Life expectancy for individuals born between 1999-2003 in the VIHA is 80.16 years\(^6\), third highest among health authorities.
- The frequency of occurrence of diabetes across the entire VIHA population is 3.9 per cent, the second lowest in B.C.\(^7\)
- Of the more than 43,000 who have diabetes in VIHA, the majority are age 60 and older. Most 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 in VIHA.\(^8\)

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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 VIHA seniors, directly attributable to falls, between 2000-2004 was 5.5 per 10,000 population, the second highest provincially. Falls-related hospital cases are 18.6 per 1,000\textsuperscript{9}, and about 285 days per 1,000 population were used for falls injuries.\textsuperscript{10}

• The proportion of seniors living in the community who received immunization for the flu varied across the region, from 55.3 to 69.1 per cent. Most seniors residing in care facilities received flu shots (80.0 to 89.0 per cent).\textsuperscript{11}

• Regarding screening rates for breast cancer, 39.6 per cent of women age 65 and older had a mammogram less than 2 years before 2005; 77.1 per cent had a mammogram within 5 years before 2005.\textsuperscript{12}

• 55.1 per cent of VIHA seniors were reportedly overweight or obese.\textsuperscript{13} The overweight/obesity rate for seniors age 65 and older is higher than for the general adult population (ages 18 to 64).

• 55.9 per cent of VIHA seniors were reportedly physically active or moderately active.\textsuperscript{14}

• 45.5 per cent of VIHA seniors reported eating 5 or more fruits and vegetables daily,\textsuperscript{15} highest in B.C.

• 60.5 per cent of VIHA seniors reported having a dental visit within 2 years, lowest in B.C.\textsuperscript{16}

• The smoking rate in VIHA for those 45 and older was 13.8 per cent, second lowest in B.C.\textsuperscript{17}

• 65.4 per cent of VIHA seniors reported their overall health status was excellent, very good, or good;\textsuperscript{18} this is the lowest in B.C.

\textsuperscript{9} Discharge Abstract Database, Canadian Institute of Health Information
\textsuperscript{10} The Evolution of Seniors’ Falls Prevention in British Columbia, Ministry of Health, March 2006, pp. 15-17.
\textsuperscript{11} Influenza Immunizations, MoHS, 2002/03 (accessed using Quantum Analyzer)
\textsuperscript{12} Canadian Community Health Survey (CCHS)Share File 2005, Cycle 3.1
\textsuperscript{13} Ibid
\textsuperscript{14} Ibid
\textsuperscript{15} Ibid
\textsuperscript{16} CCHS, Share File 2003, Cycle 2.1
\textsuperscript{17} Statistics Canada, CCHS, 2005 (accessed using Quantum Analyzer)
\textsuperscript{18} CCHS, Share File 2005, Cycle 3.1
**REGIONAL FACTS**

**Key Activities**

- Vancouver Island Health Authority (VIHA) has a falls prevention strategic plan and has planned and is implementing falls prevention initiatives across the seniors’ health care system in various sites. Examples include:
  - Broadmead Lodge, Saanich: use of clinical practice guidelines for falls prevention
  - Glacier View Lodge, Comox: Safe Mobility Initiative
  - work with recreation centres; Recreation Integration Victoria
  - Cowichan: Lifestyles Program for Falls Prevention
  - James Bay Lodge, Victoria: Falls Prevention and Reduction Program
  - SAIL program, Victoria: falls prevention for home support program
  - Parkinson’s Program, Victoria.

- VIHA Chronic Disease Prevention and Management, and initiatives of the Chronic Disease Self-Management Program. From 2003 to 2006, 444 VIHA clients, age 60 and older, participated in the Chronic Disease Self-Management Program, run by the University of Victoria’s Centre on Aging.

- Promoting Action Toward Health, an educational program for pre-seniors, to prevent onset of chronic disease.

- Osteofit, Nanaimo.

- VIHA as a Centre of Excellence for Seniors’ Health: VIHA is moving to become a centre of excellence for seniors’ health and are developing an overall seniors’ health plan.

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20 Dr. Patrick McGowan, University of Victoria, Center on Aging. Communication January 31, 2007.

21 BC Recreation and Parks Association Focus Groups, October-December 2006.

22 Ibid