

OLDER ADULTS IN WINNIPEG

A Profile Before the COVID-19 Pandemic Using
Canadian Longitudinal Study on Aging Data



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University of Manitoba and Brandon University

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Targeting Isolation

Targeting Isolation is led by Drs. Verena Menec and Nancy Newall as part of the **Aging Well Together** coalition of organizations working together to facilitate the social engagement of adults aged 55+ in Winnipeg, Manitoba.

Targeting Isolation seeks to:

- Help people identify and better understand social isolation
- Train Community Connectors to connect socially isolated older individuals to community resources; and
- Work with organizations that help reduce older people's social isolation

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Disclaimer

The opinions expressed in this report are the authors' own and do not reflect the views of the Canadian Longitudinal Study on Aging.

Aging Well Together Partners

The Aging Well Together coalition brings together five organizations as a collective to promote and facilitate social engagement among adults aged 55+ living in Manitoba. The coalition is led by A & O: Support Services for Older Adults Inc. The coalition also works with other community organizations in Manitoba. The Coalition is funded through the Government of Canada's New Horizons for Seniors Program.

A & O: Support Services for Older Adults Inc. is a not-for-profit organization that provides specialized services for older Manitobans. The goal of these programs is to empower and support older adults in the community. A & O: Support Services for Older Adults also offers a variety of specialized services for newcomers and caregivers, as well as assistance for lower-income adults.

<https://www.aosupportservices.ca/>

Active Aging in Manitoba (AAIM) is a not-for-profit organization, dedicated to the promotion of active aging opportunities for all older Manitobans to enhance their health, mobility and continuing participation in their community. AAIM promotes and provides credible information resources, programs and services that encourage older Manitoban participation through peer volunteer leadership development, awareness and education on healthy active aging topics, and management of the annual Manitoba 55+ Games sport for life program.

<https://activeagingmb.ca/>

Manitoba Association of Senior Centres (MASC) is a provincial focal point to facilitate communication, networking and planning among senior centres and raise their profiles. The Association also assists in the development of senior centres and collaborates with other senior serving organizations.

<https://www.manitobaseniorcentres.com/>

Transportation Options Network for Seniors (TONS) is a not-for-profit organization focused on educating and informing community organizations and service providers on the transportation options available to Manitobans, with the goal of enhancing quality of life and promoting age friendly communities. TONS works to provide tools, presentations, resources and educational opportunities to service providers, health care professionals, policy makers and older adults.

<https://tonsmb.org/>

University of Manitoba (Targeting Isolation) brings together researchers from the University of Manitoba and Brandon University to: Help people identify and better understand social isolation; Train Community Connectors to connect socially isolated older individuals to community resources; and work with organizations that help reduce older people's social isolation.

<https://targetingisolation.com>

Executive Summary

What is This Report About?

This report provides a profile of older adults aged 55 or older who live in the community in Winnipeg. The report provides select statistical information collected before the COVID-19 pandemic on a range of topics. It is meant to give a general overview of the lives of older Winnipeggers before the pandemic. For the most part, information is presented for the full 55+ older population; however, where possible, data are also presented for three age groups (55-64, 65-74, and 75+), by community area, or for individuals living on low-income.

The report provides a range of characteristics, from individuals' personal characteristics like feelings of loneliness, to access to internet, means of transportation, housing and neighbourhood perceptions. Broadly, all of these characteristics are important for health and well-being. For example, maintaining social connections and physical activity are protective health factors, and neighbourhood characteristics and housing are recognized as important features of age-friendly communities.

Data Source

The information presented in this report is based on 2,769 Winnipeggers aged 55 years and older who participated in the first follow-up of the Canadian Longitudinal Study on Aging, conducted between 2015 and 2018.

Key Findings

- The majority of older Winnipeggers were socially well connected and participated in many social activities.
- Low-income older adults experienced loneliness at high levels; 51% of low-income adults aged 55+ reported being lonely some of the time or more often.
- Although older Winnipeggers participated in many physical and recreational activities, many were quite sedentary.
- The majority of older Winnipeggers relied on driving to get around.
- About 1 in 5 older Winnipeggers living on low income did not have access to internet or e-mail.
- The vast majority of older Winnipeggers were positive about the neighborhood they live in, although some older Winnipeggers experienced problems with their homes.
- Most older Winnipeggers, including those 75 year or older, were satisfied with their lives, happy, in good health, had no functional limitations, had not had a serious fall, generally did not experience pain, and had good mental health.

Executive Summary (continued)

Conclusions

Although the majority of older Winnipeggers are socially connected, healthy, and satisfied with their lives, there needs to be a focus on those who are not. This means:

- Connecting, or re-connecting, those who are socially isolated or lonely to other people; for example, by linking them to social activities;
- Ensuring opportunities and programs are available for low-income older adults;
- Promoting the many social activity programs that are available in Winnipeg;
- Raising awareness of the many ways that older people can be physically active;
- Ensuring that all older Winnipeggers, including those living on low income, have access to internet;
- Enhancing affordable and accessible transportation options so that those who do not drive, or who are unable to drive, can stay socially connected and can access services, including social activities;
- Ensuring that people are able to maintain their homes in order to age well in place, such as by providing funding for home repairs for those living on low income.

The pandemic has severely affected people's lives and this report represents a baseline profile of Winnipeggers pre-pandemic. Further work can investigate how the pandemic has impacted older Winnipeggers' lives.

Overview of This Report

What is this Report About?

This report provides a profile of older adults aged 55 or older who live in the community in Winnipeg. The report provides select statistical information collected before the COVID-19 pandemic on a range of topics. It is meant to give a general overview of the lives of older Winnipeggers before the pandemic; as such, it does not reflect individual experiences, and cannot capture the full diversity of older adults' lives. Because this report focuses on people who live in the community, it also does not reflect the lives of those who live in long-term care facilities. We know that the COVID-19 pandemic has had a major impact on people's lives; given that the data used here were collected before the pandemic started, this impact is not reflected in this report. Further work can investigate how the pandemic has impacted older Winnipeggers' lives.

We focus on the following topics in this report:

- Social connection
- Physical and leisure activity participation
- Transportation
- Information and communication technology use
- Perceptions of the neighborhood and home environment
- Health and well-being

Data Source

This report is based on data from the Canadian Longitudinal Study on Aging (CLSA) (see <https://www.clsa-elcv.ca/>). The CLSA is a large, national study that is following approximately 50,000 Canadians, who were between the ages of 45 to 85 when they were recruited. People were randomly selected (within age and sex groups) into the study. Exclusion criteria for participation in CLSA were: not being able to communicate in one of the two national languages (English or French); cognitive impairment at time of contact; resident of the three territories; full-time member of the Canadian Armed Forces; resident in a long-term care institution at the time of recruitment; and living on Federal First Nations reserves or other First Nations settlements. Further information about the CLSA and participant recruitment is published in the articles listed below.¹⁻³

How we Used the Data

This report is based on 2,769 Winnipeggers aged 55 years and older who participated in the first follow-up of CLSA, conducted between 2015 and 2018. This was the most recent data available at the time this report was prepared. We present weighted percentages, which means that the percentages are scaled up to the population. Wherever possible, when the sample size allows, we provide information by different age groups (55-64, 65-74, and 75+), Winnipeg community areas, or different income groups.

-
1. Kirkland SA, Griffith LE, Menec VH et al. Mining a unique Canadian resource: The Canadian Longitudinal Study on Aging. *Can J Aging*, 2015;34: 366-377.
 2. Raina P, Wolfson C, Kirkland S, Griffith L et al. The Canadian Longitudinal Study on Aging (CLSA). *Can J Aging*, Special Issue on the CLSA. 2009;28: 221-229.
 3. Raina P, Wolfson C, Kirkland S, Griffith L, Balion C, Cossette B, et al. Cohort profile: The Canadian Longitudinal Study on Aging (CLSA). *Int J Epidemiol*, 2019; 48: 1752-1753j, <https://doi.org/10.1093/ije/dyz173>

Social Connection

Why is this an important topic?

Humans are social beings and being connected to other people is essential for health and well-being.¹⁻⁴ Most older adults have a network of family, friends, and neighbours to connect with, and are socially engaged in the wider community. However, for various reasons, people can become socially isolated or lonely. For example, for older adults, declines in health and mobility, loss of a spouse, or losing a driver's license are major life changes that can prevent them from being as socially active as they would like to be.⁵⁻⁷

What did we look at?

We provide here information on several aspects of social connection:

- a) Social participation: which refers to participation in various activities that provide the opportunity to interact with other people, such as attending cultural events.
- b) Social isolation, which refers to an objective state of having limited contact with other people.
- c) Loneliness, which refers to the subjective experience that existing social connections do not meet emotional needs.
- d) Social support, or the types of assistance people in a person's social network provide, such as help when one is sick.

-
1. Holt-Lunstad J, Smith T, Baker M et al. Loneliness and social isolation as risk factors for mortality. *Perspect Psychol Sci*, 2014;10: 227-237.
 2. Adams KB, Leibbrandt S, Moon HA. critical review of the literature on social and leisure activity and well-being in later life. *Ageing & Society*, 2011;31: 683-712.
 3. Santini ZI, Koyanagi A, Tyrovolas S et al. The association between social relationships and depression: A systematic review. *J Affect Disorders*, 2015;175: 53-65.
 4. Valtorta NK, Kanaan M, Gilbody S et al.. Loneliness and social isolation as risk factors for coronary heart disease and stroke: Systematic review and meta-analysis of longitudinal observational studies. *Heart*, 2016;102: 1009-1016.
 5. Dykstra PA. Older adult loneliness: Myths and realities. *Europ J Ageing*, 2009;6: 91-100.
 6. Menec VH, Newall NE, Mackenzie CS et al. (2019). Examining individual and geographic factors associated with social isolation and loneliness using Canadian Longitudinal Study on Aging (CLSA) data. *PLoS One*, 14(2).
 7. Pinquart M, Sorensen S. Influences on loneliness in older adults: A meta-analysis. *Basic Applied Soc Psychol*, 2001;23: 245-266.

Social Participation

Key take-away points

- Most older Winnipeggers participate regularly in many social activities.
- Many individuals would like to participate in more social activities. Determining what the barriers are to social participation would be important.

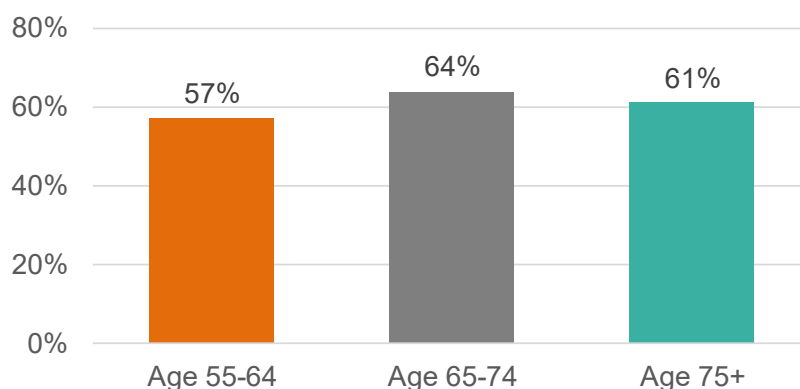
CLSA participants were asked a series of questions about their social participation. For each of the 8 questions below, they were asked how frequently, in the past 12 months, they had engaged in the activity (at least once a day; at least once a week; at least once a month; at least once a year):

- Family or friendship-based activities outside the household
- Church or religious activities, such as services, committees, or choirs
- Sports or physical activities with others
- Educational or cultural activities involving other people such as attending courses, concerts, plays, or visiting museums
- Service clubs or fraternal organization activities
- Neighbourhood, community or professional association activities
- Volunteer or charity work
- Any other recreational activities involving other people

Overall, 60% of Winnipeggers aged 55 or older participated in 4 or more social activities at least once a month or more often. The proportions were similar for those aged 55-64, 65-74, and 75+ years old.

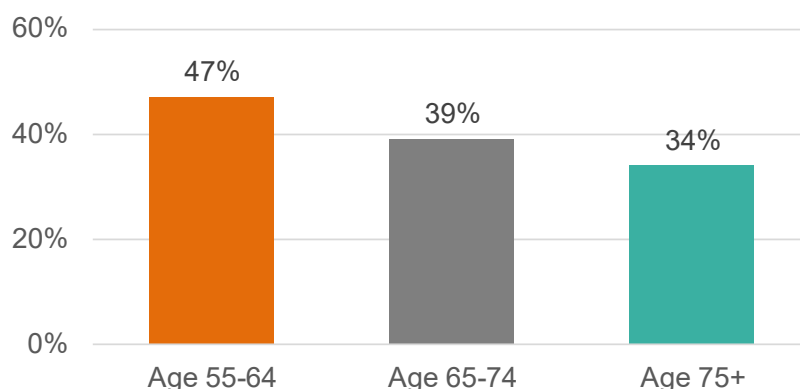
When asked if, in the past 12 months, they felt they wanted to participate in more social, recreational, or group activities, 42% of Winnipeggers aged 55 or older said 'yes'. The proportion who felt they wanted to participate in more activities ranged from 47% among people aged 55-64 to 34% among those aged 75+.

Percent who participated in 4 or more activities at least once a month



42% of Winnipeggers aged 55 or older said they would like to participate in more social activities.

Percent who would like to participate in more activities



Social Isolation

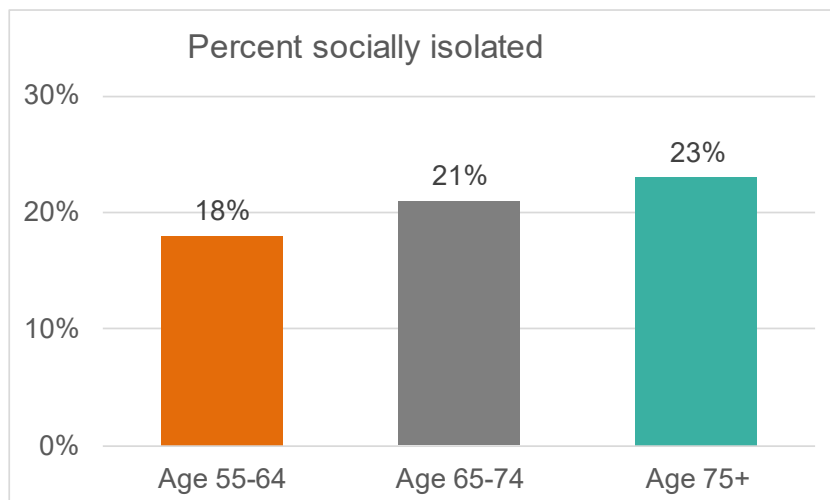
Key take-away points

- The majority of older Winnipeggers are socially connected.
- However, 1 in 5 are socially isolated and could benefit from being socially connected or re-connected.

Social isolation is defined as having a small or no social network, limited communication or contact with social network members, and little or no participation in social activities.^{1,2} It reflects the objective state of having limited contact with people.

Among Winnipeggers aged 55 or older, 20% were identified as being socially isolated. The proportion was slightly lower among those aged 55-64 (18%), and highest among Winnipeggers aged 75+ (23%).

20% of Winnipeggers aged 55 or older were socially isolated.



1. Newall NEG, Menec VH. A comparison of different definitions of social isolation using Canadian Longitudinal Study on Aging (CLSA) data. *Ageing & Society*, 2020, 40;12: 2671-2694.
2. Menec VH, Newall N, Mackenzie C et al. Examining individual and geographic factors associated with social isolation and loneliness using Canadian Longitudinal Study on Aging (CLSA) data. *PLoS ONE*, 2019; 14(2): e0211143

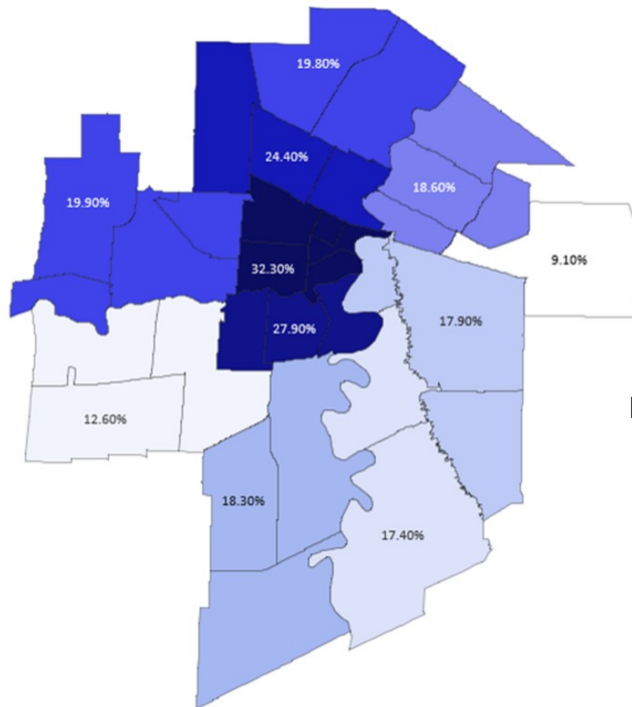
Social Isolation (continued)

Key take-away points

- There is substantial variation in social isolation across Winnipeg neighborhoods.
- Certain areas of the city could particularly benefit from targeted programs that help older adults become more socially connected.

We also looked at whether social isolation differed across Winnipeg community areas. The proportion of socially isolated Winnipeggers aged 55+ varied widely, ranging from 32% in the Downtown area to 9% in Transcona.

Percentage of Older Adults (55+) that are Socially Isolated in Winnipeg



Percent socially isolated Winnipeggers aged 55 or older in community areas

Downtown	32.3%
River Heights	27.9%
Point Douglas	24.4%
St James	19.9%
Seven Oaks	19.8%
River East	18.6%
Fort Garry	18.3%
St Boniface	17.9%
St Vital	17.4%
Assiniboine	12.6%
Transcona	9.1%

Loneliness

Key take-away points

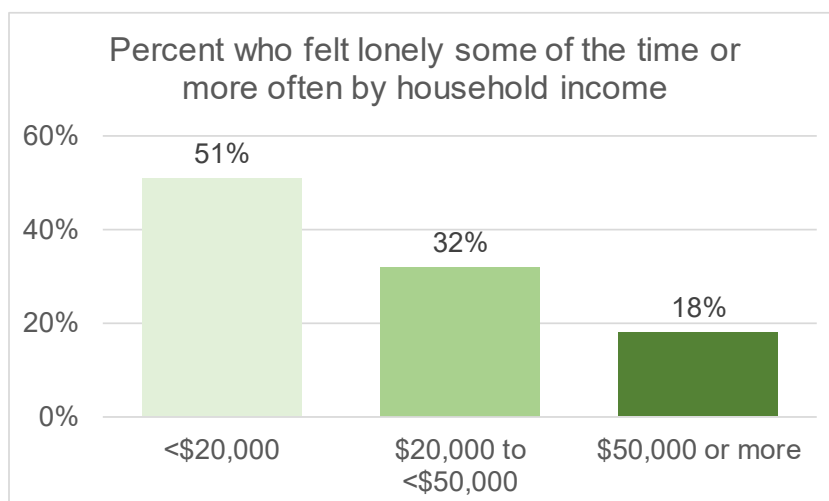
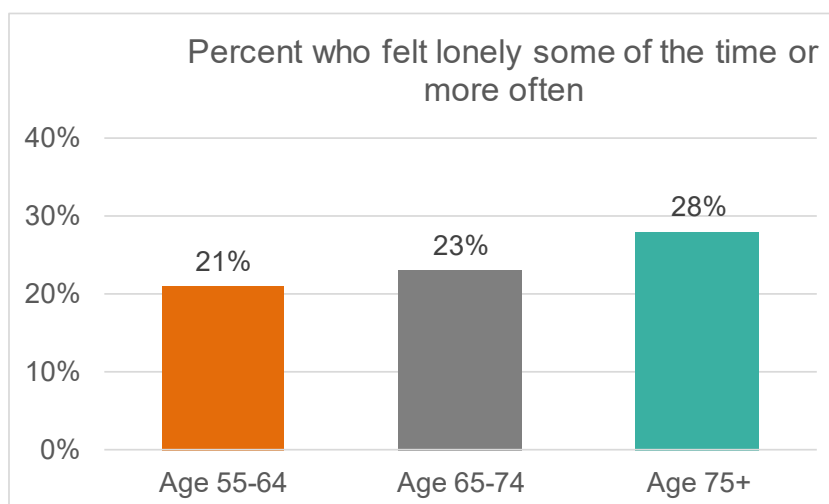
- The majority of older Winnipeggers are not lonely.
- However, a substantial proportion of people are lonely, particularly among those aged 75 or older.
- People living on low income are particularly at risk of loneliness, suggesting the need to target these individuals for programs and interventions.

Loneliness refers to how people **FEEL** about their social network and the contact they have with people in their lives. It is a feeling of dissatisfaction and disconnection. It is possible to feel lonely even when there are people around—one can feel ‘lonely in a crowd’. People can also be satisfied and not lonely even though they have a small social network.

When asked how often they felt lonely in a given week, 23% of Winnipeggers aged 55 or older said they felt lonely ‘some of the time (1-2 days)’, ‘occasionally (3-4 days)’, or ‘all the time (5-7 days)’. The proportion who felt lonely increased with age, with 28% of individuals aged 75 or older indicating that they felt lonely some of the time or more often.

We further examined whether income was related to loneliness. Among people aged 55 years or older with a household income of less than \$20,000 per year (before taxes), 51% reported being lonely some of the time or more often, compared to 32% among those with a household income between \$20,000 and \$50,000, and 18% among those with household incomes of \$50,000 or more.

23% of Winnipeggers aged 55 or older felt lonely some of the time or more often.



Social Support

Key take-away points

- The majority of older Winnipeggers have social support available to them if they were sick or wanted to talk.
- However, almost 1 in 5 may not always have the supports available that they need, placing them at possible risk.
- Ensuring that people have an emergency contact or alert system (e.g., life-line) in place would be important.

Social support refers to the assistance or help that people provide for a person, such as support with everyday tasks, or emotional support. Here we focus on two social support questions, namely whether people felt they had, if needed:

- 'someone to help if you were confined to bed'
- 'someone to confide in or talk to about yourself or your problems'

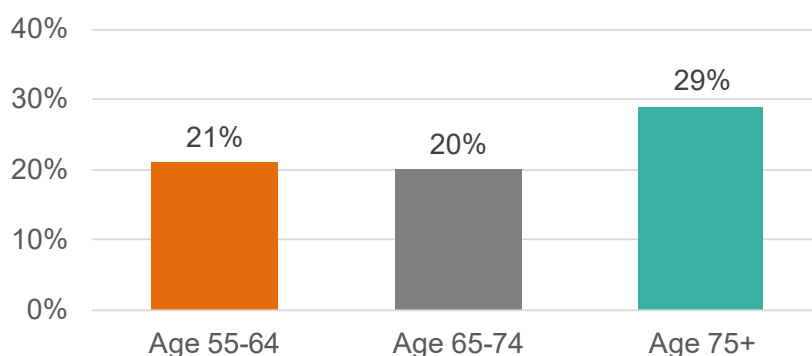
From the answers to each of these questions, we created two groups: those who said they had support available 'most of the time' or 'all of the time' versus those who felt they did not always have support available and chose the response categories of 'none of the time', 'a little of the time', or 'some of the time'.

Among Winnipeggers aged 55 or older, 23% said they don't always have somebody who could help them if they were confined to bed. This proportion increased to 29% among individuals aged 75 or older. Similarly, 19% of Winnipeggers aged 55 or older said they don't always have some-

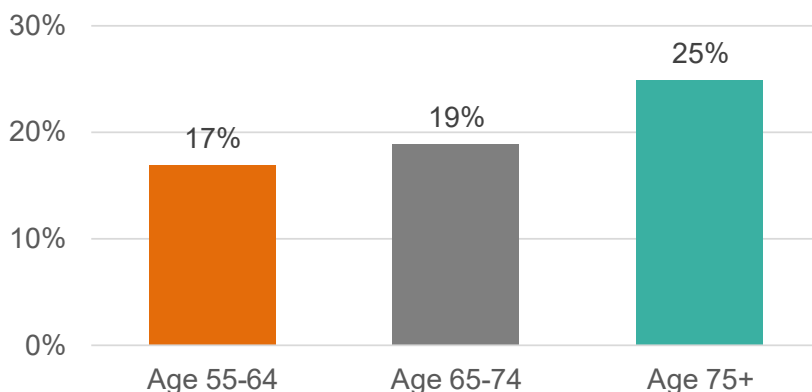
body to confide in or talk to about problems, with the proportion being 25% among those 75 years or older.

23% of Winnipeggers aged 55 or older said they don't always have somebody who could help if they were confined to bed.

Percent who said they don't always have somebody who can help if they were confined to bed



Percent who said they don't always have somebody to confide in



Physical and Recreational Activity

Why is this an important topic?

It is well known that physical activity contributes to health and well-being. This is the case at any age. For example, among older adults, physical activity is related to a reduced risk of fractures, recurrent falls, functional limitation, cognitive decline, depression, and mortality, as well as a better quality of life.^{1,2} Similarly, participation in leisure activities contributes to health and well-being.³

What did we look at?

Information regarding the following aspects related to physical activity and recreational activity participation are provided here:

- a) Participation in physical activity
- b) Wanting to participate in more physical activity, and what prevented people from being more physically active
- c) Participation in sedentary (sitting activities)

-
1. Cunningham C, O'Sullivan R, Caserotti P et al. Consequences of physical inactivity in older adults: A systematic review of reviews and meta-analyses. *Scand J Med & Sci in Sports*, 2020;30: 816–27.
 2. Bull FC, Al-Ansari SS, Biddle S et al. World Health Organization 2020 guidelines on physical activity and sedentary behavior. *British J Sports Med*, 2020;54: 1451-1462.
 3. Adams KB, Leibbrandt S, Moon H. A critical review of the literature on social and leisure activity and well-being in later life. *Ageing & Society*, 2011;31, 683-712.

Physical Activity Participation

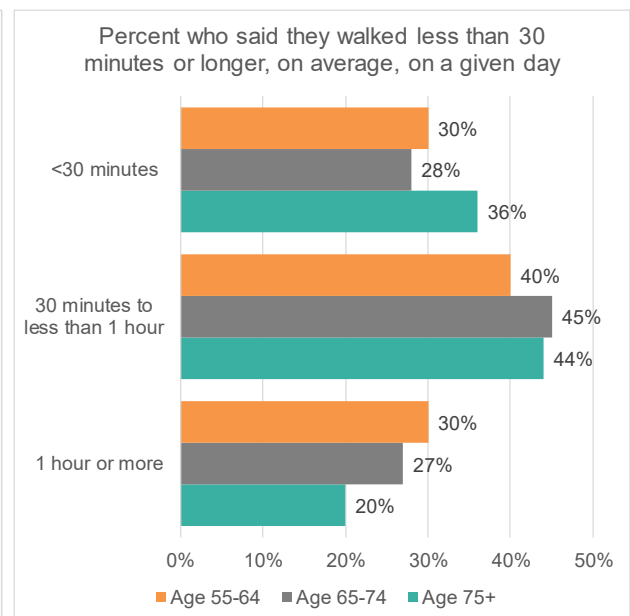
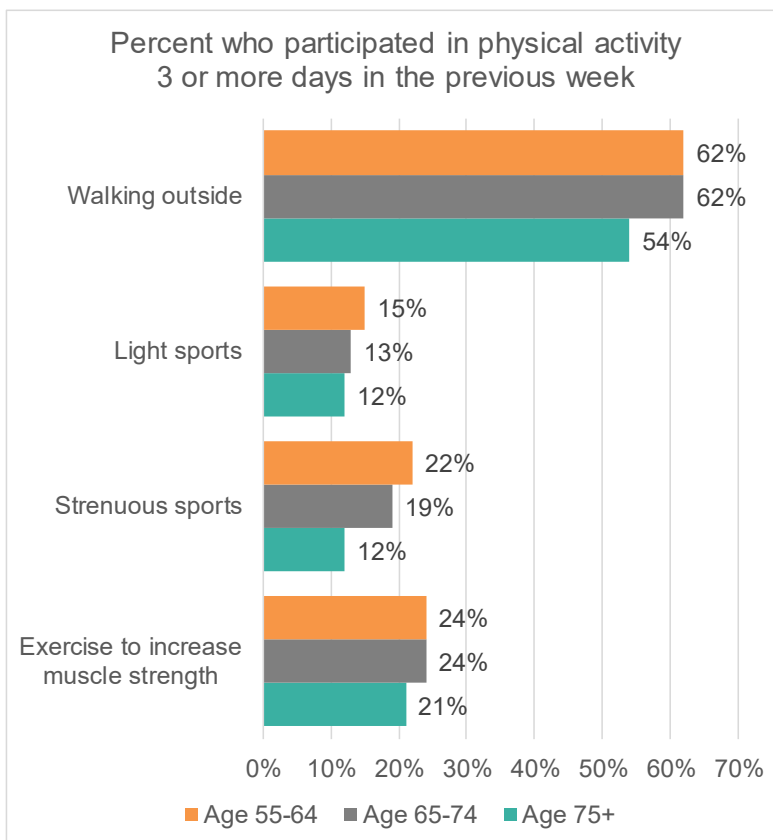
Key take-away points

- Walking is the most popular physical activity among older Winnipeggers.
- Relatively few older individuals participate in sports activities. Making sports activities more readily available, or offering a wider range activities, including activities that attract different ethno-cultural groups, may help to increase activity levels.

Physical and recreational activity participation was assessed in the Canadian Longitudinal Study on Aging with a series of questions about leisure, household, and occupational activities that people may have engaged in over the previous week.¹ Asking about the previous week provides a reasonable estimate of people's regular activity patterns.

Among Winnipeggers aged 55 or older, 60% said they walked outside their home or yard, such as for pleasure or exercise, on 3 or more days in the previous week; the proportion was 54% among those aged 75 or older. People most frequently reported walking for '30 minutes but less than an hour' on a given day; for example, 44% among individuals aged 75 or older chose this response category.

In looking at other types of physical activity, among Winnipeggers aged 55 or older, 14% said they participated in light sports activities, such as bowling, golf with a cart, or fishing, 19% said they participated in strenuous sports activities, such as jogging, aerobics (dance or water), racquet ball, or swimming, and 23% said they did exercises to increase muscle strength, such as using hand weights or doing push-ups on 3 or more days in the previous week. The proportion who participated in physical activities differed somewhat across age groups; for example, 12% of those aged 75 or older reporting said they engaged in strenuous sports activities on 3 days or more often in the previous week.



1. Washburn RA, Smith KW, Jette AM et al. The physical activity scale for the elderly (PASE): Development and evaluation. J Clin Epidemiol, 1993;46: 153–162.

Wanting to be More Physically Active

Key take-away points

- The majority of older Winnipeggers would like to be more physically active.
- Providing a range of physical activity programs to meet the needs of diverse older adults, including those with health problems, is important.

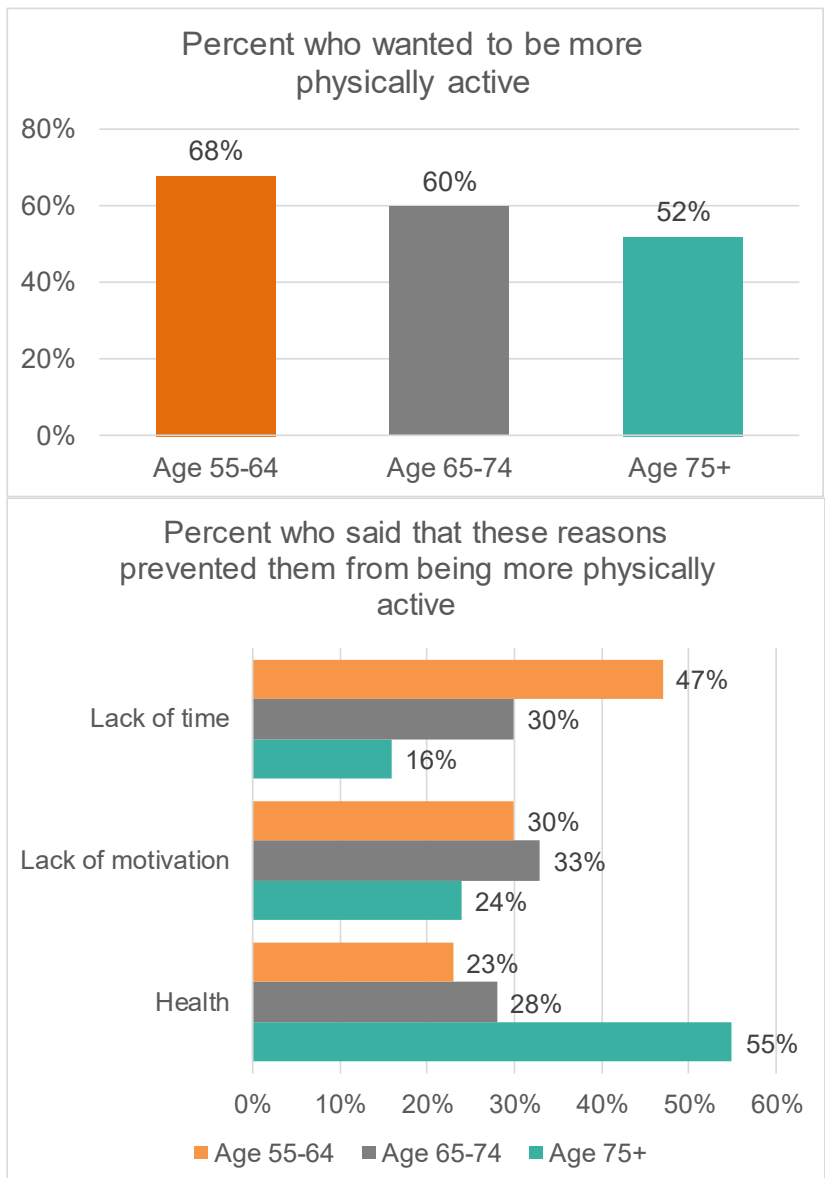
provided these reasons differed across age groups; for example, whereas 47% of those aged 55 to 64 said that they lacked time, 55% of those 75 or older said that health conditions prevented them from being physically active.

62% of Winnipeggers aged 55 or older said they wanted to be more physically active.

Many Canadians do not achieve the recommended levels of physical activity.¹ Participants in the Canadian Longitudinal Study on Aging were asked if they felt that they wanted to participate in more physical activities in the past 12 months. They were also asked about what prevented them from doing more physical activities.

Overall, 62% of Winnipeggers aged 55 or older said they wanted to be more physically active. The proportion was highest among those aged 55 to 64 years old (68%), and lowest among those aged 75 or older (52%).

Top reasons given for not being more physically active among individuals aged 55 or older were: lack of time (37%), lack of motivation (30%), and limitations due to health conditions (28%). The proportion of people who pro-



¹ Statistics Canada. Canadian Health Measures Survey: Activity monitor data, 2018-2019. 2021, The Daily, Sept 21.

Sedentary Activities

Key take-away points

- Older Winnipeggers engage in a variety of sedentary activities.
- Engaging in a variety of activities, be they physical or sedentary can contribute to quality of life.

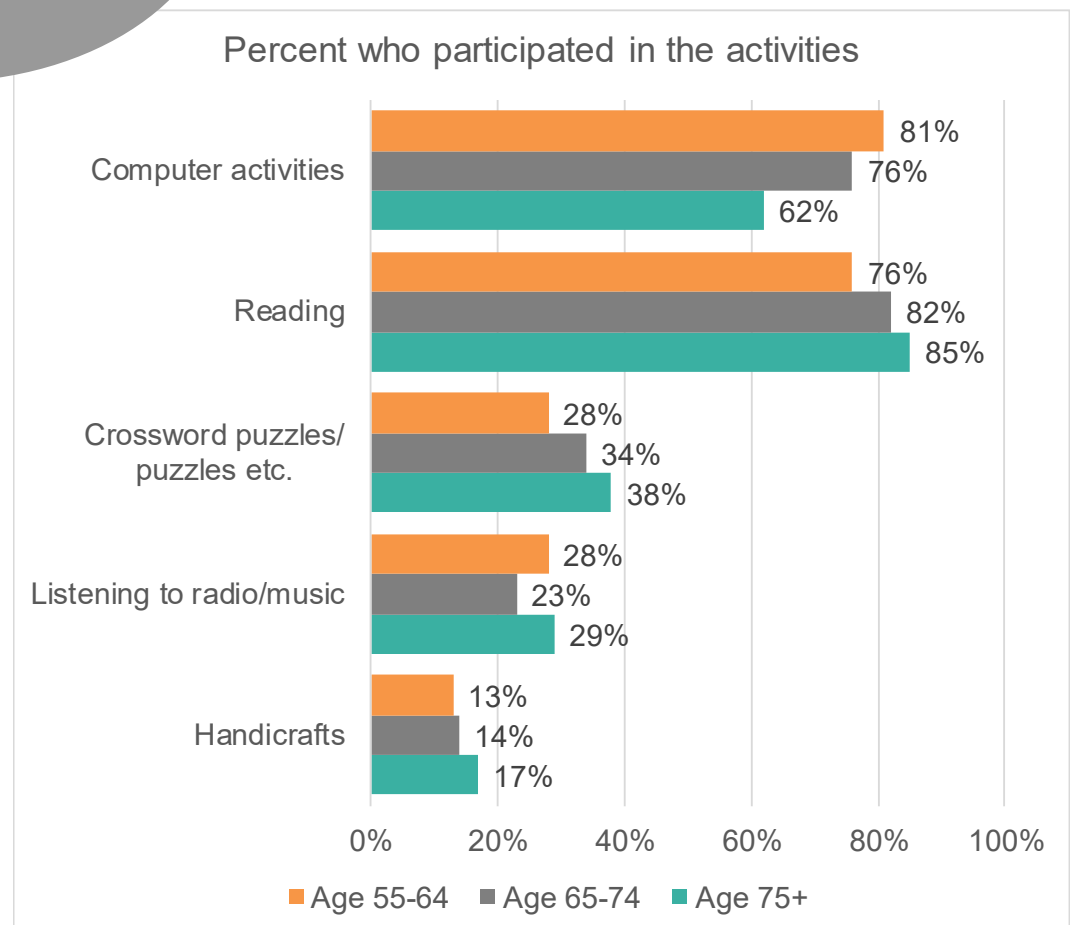
While physical activity is undoubtedly important, people engage in many sedentary that are enjoyable and enhance quality of life. Participants in the Canadian Longitudinal Study on Aging were asked whether they participated in a variety of sedentary (sitting) activities in the previous week.

Among Winnipeggers aged 55 or older:

- 79% reported reading
- 76% said they engaged in computer activities
- 32% said they did crosswords, puzzles, etc.
- 27% reported listening to the radio or music
- 14% said they did handicrafts

There were some differences across age groups. For example, 81% of people aged 55 to 64 said they engaged in computer activities, compared to 62% among those aged 75+

79% of Winnipeggers aged 55 or older said they were reading in the previous week.



Transportation

Why is this an important topic?

Transportation includes any means to get around, such as driving a car, taking public transit, cycling, or walking. Being able to get around is an important aspect of everyday life. The World Health Organization, therefore, considers transportation a key determinant of healthy, active aging.¹ Transportation problems are a main barrier to health care access, particularly for people with lower incomes,³ and having access to public transportation is linked to increased physical activity and social participation.⁴ Conversely, inadequate public transportation is associated with reduced activity and social participation.⁴

What did we look at?

We provide information for several aspects of transportation:

- a) What types of transportation older Winnipeggers use
- b) Public transit use and reasons for not using public transit
- c) What trips people make

1. World Health Organization. Global Age-Friendly Cities: A Guide. Geneva: World Health Organization, 2007.
 2. World Health Organization. World Report on Ageing and Health. Geneva: World Health Organization, 2015.
 3. Syed S, Gerber B, Sharp L. Traveling towards disease: Transportation barriers to health care access. J Community Health, 2013;38: 976-93.
 4. Levasseur M, G  n  reux M, Bruneau J et al. Importance of proximity to resources, social support, transportation and neighborhood security for mobility and social participation in older adults: Results from a scoping study. BMC Public Health, 2015;15: 503.

Types of Transportation Used

Key take-away points

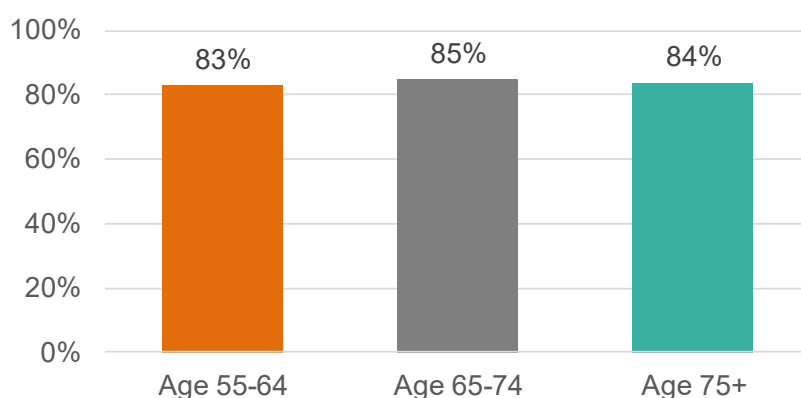
- The majority of older Winnipeggers drive to get around.
- Ensuring that those who do not drive have access to appropriate, affordable transportation is critical in order to enhance their ability to age well.

84% of Winnipeggers aged 55 or older said their most common form of transportation is driving a motor vehicle.

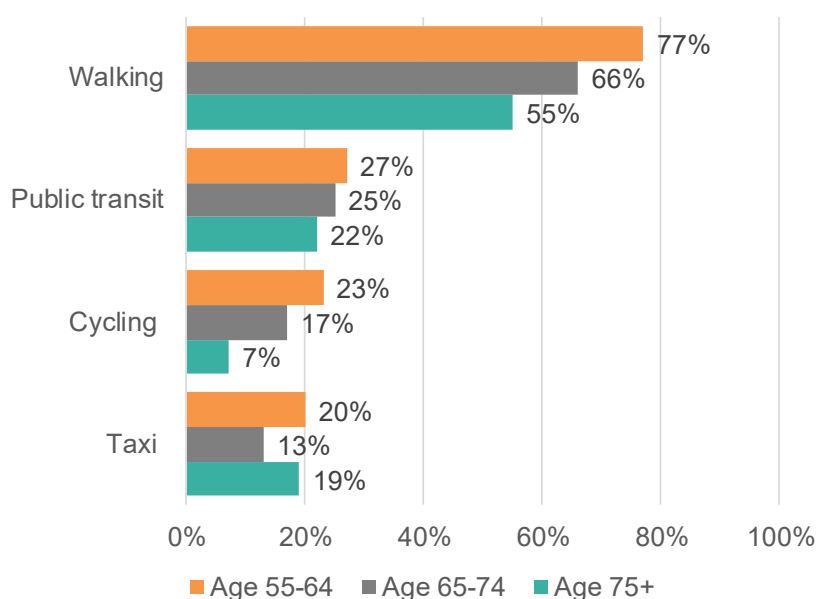
Participants in the Canadian Longitudinal Study on Aging were asked what their most common form of transportation was in the past year. 84% of Winnipeggers aged 55 or older said that driving a motor vehicle was their most common form of transportation. The proportion was similar across all age groups. The remainder (16%) used a range of transportation options, such as being a passenger in a motor vehicle, using a taxi, cycling, using a scooter, and so forth.

When asked about the types of transportation they used in the previous month, Winnipeggers aged 55 or older reported: passenger in motor vehicle (including as driver, 93%), walking (70%), public transit (25%), cycling (18%), and taxi (18%). There were some differences in the use of these types of transportation across age groups; for example, only 7% of people aged 75 or older said they had cycled.

Percent who said that driving is their most common form of transportation



Percent who used different types of transportation



Public Transit Use

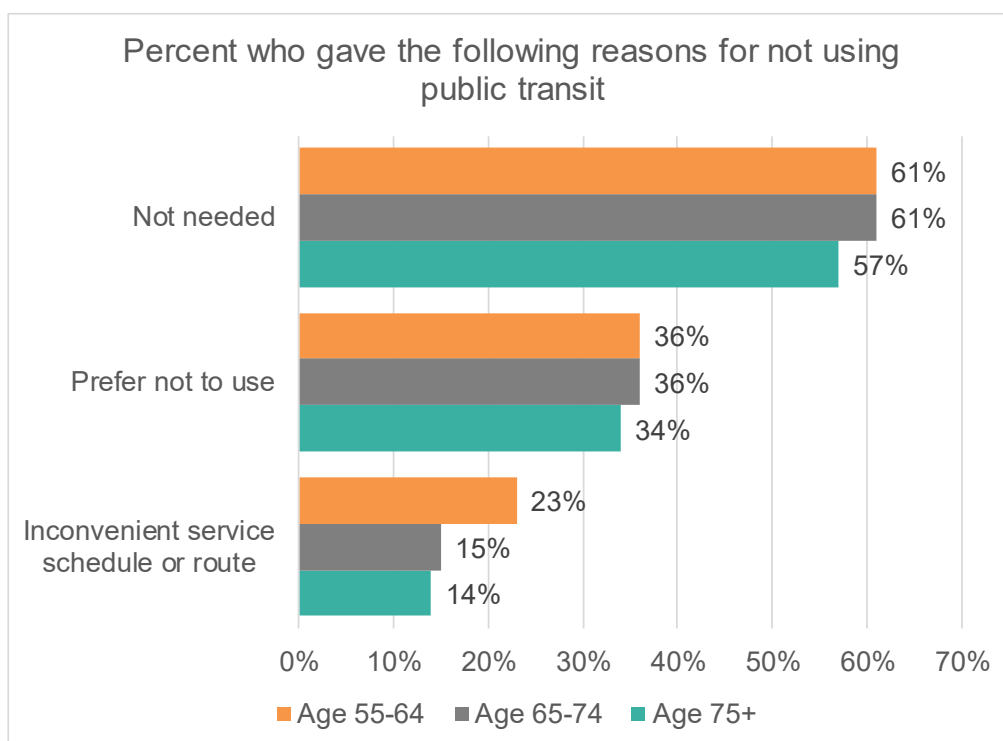
Key take-away points

- A significant number of older Winnipeggers—one in four—use public transit.
- A barrier to using public transit is the inconvenient service schedule or route. Ridership could potentially be increased by examining which schedules or routes would be most useful to older adults.
- It would be important to learn more about why people do not use public transit.

Among Winnipeggers aged 55 or older, 25% said they had used public transit in the previous month; the proportion was slightly higher among those aged 55 to 64 (27%) versus those aged 75 or older (22%) (see also previous page).

The most common reasons for not taking the bus, among older Winnipeggers aged 55 or older, were: the service is not needed (60%), prefer not to use (35%), and inconvenient service schedule or route (19%). The proportion of people who gave those reasons was similar across the three age groups, with the exception that 'inconvenient schedule or route' was more frequently mentioned among those aged 55 to 64 (23%).

25% of Winnipeggers aged 55 or older said they used public transit in the previous month.

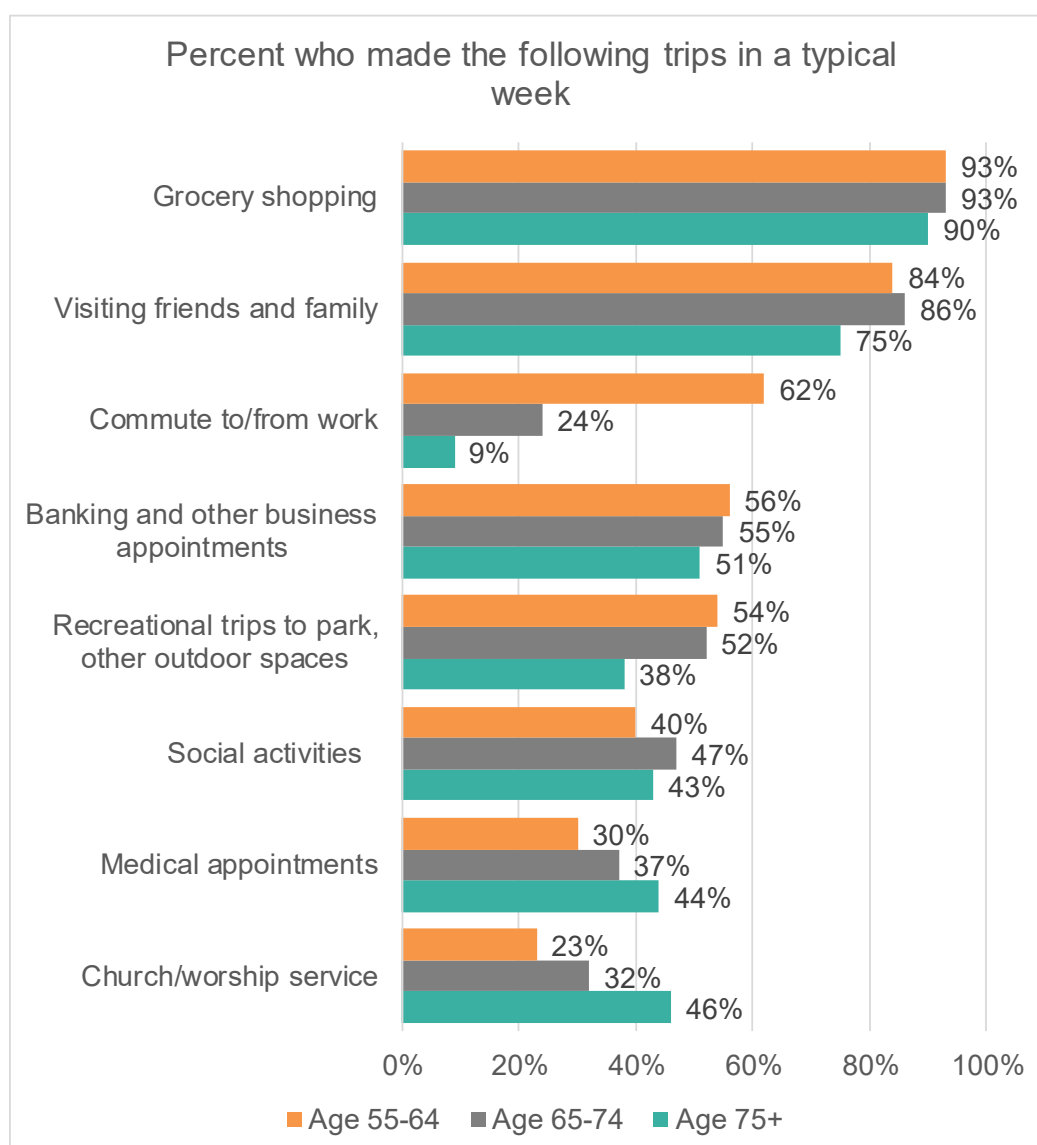


What Trips Do Older Winnipeggers Make?

Key take-away points

- Knowing what trips people make gives a sense of their everyday lives.
- Not being able to access appropriate, affordable transportation would have a major impact on people's everyday lives.

Older Winnipeggers made trips (using any type of means) for a variety of reasons in a typical week. There were considerable differences across the three age groups for some of the trips. For example, 62% of those aged 55-64 commuted to and from work on weekly basis, compared to 9% of people aged 75 or older. In contrast, the proportion of individuals who went to medical appointments or church/worship services was highest in the 75 year old age group (46%).



Information and Communication Technology

Why is this an important topic?

In our increasingly online world, having access to Information and Communication Technology (ICT), such as smart phones and computers has become critical. Access to, and being able to use ICT is often needed to find information about, and access resources and services. ICT can help older adults age in place, stay connected with family and friends, decrease loneliness, and enhance quality of life.¹⁻⁴ However, older adults may also experience barriers in using ICT, including lack of access to internet, low digital literacy, and a lack of training and support.⁵ Increasing access to ICT could create opportunities for individuals to become more aware of programming, and enhance social connection, health, and well-being.

What did we look at?

We provide here information for:

- a) Access to internet or e-mail
- b) Internet use

-
1. Aggarwal B, Xiong Q, Schroeder-Butterfill E. Impact of the use of the internet on quality of life in older adults: review of literature. *Primary Health Care Res & Develop*. 2020;21.
 2. Baker S, Warburton J, Waycott J et al. Combatting social isolation and increasing social participation of older adults through the use of technology: A systematic review of existing evidence. *Austral J Ageing*. 2018;37:184-93.
 3. Chen YR, Schulz PJ. The effect of information communication technology interventions on reducing social isolation in the elderly: A systematic review. *J Med Internet Res*, 2016;18:e18.
 4. Maresova P, Krejcar O, Barakovic S et al. Health-related ICT solutions of smart environments for elderly—systematic review. *IEEE Access*. 2020;8: 54574-600.
 5. Warburton J, Cowan S, Bathgate T. Building social capital among rural, older Australians through information and communication technologies: a review article. *Austral J Ageing*, 2013;32: 8-14.

Internet and E-mail Access

Key take-away points

- The vast majority of older Winnipeggers have access to internet or e-mail.
- There is a substantial difference in access to internet or e-mail across income groups. Ensuring that individuals with low income are able to access internet in our digitally connected world is critical.

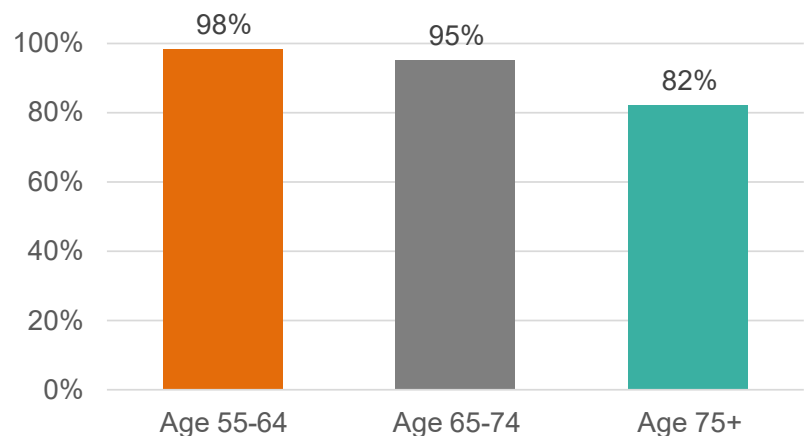
Among Winnipeggers aged 55 or older, 94% said they had access to internet or e-mail; the proportion was somewhat lower among those aged 75 or older (82%).

Internet access is costly. We therefore also examined whether older Winnipeggers living on low income were able to access internet. Whereas 79% of people with a household income of < \$20,000 (before taxes) said they had access to internet or e-mail, virtually all (98%) of those with a household income of \$50,000 or more reported having access.

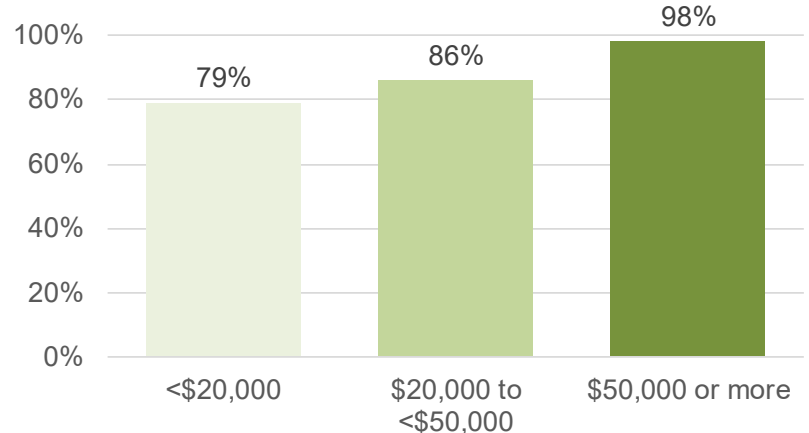
94% of Winnipeggers aged 55 or older said they have access to internet or e-mail.

79% of Winnipeggers aged 55 or older living on low income said they have access to internet or e-mail.

Percent who said they had access to internet or e-mail



Percent with internet or e-mail access by household income



Internet Use

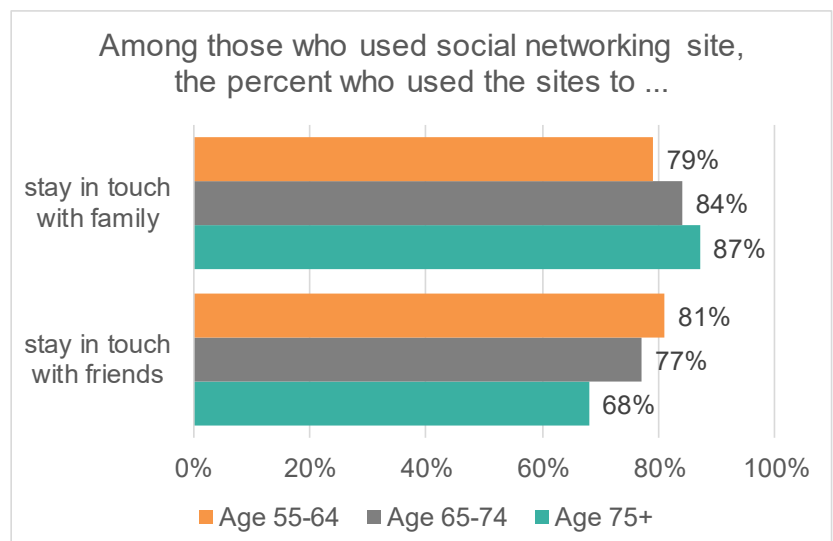
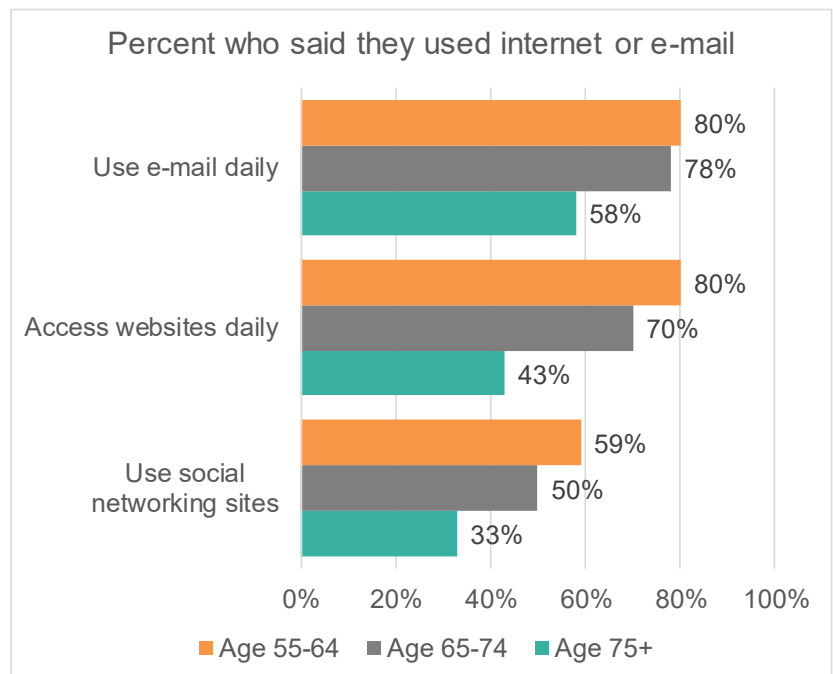
Key take-away points

- The majority of older Winnipeggers are frequent e-mail and website users.
- Social networking sites are a way for older people to stay in touch with family and friends, which highlights the importance of internet access to maintain social connections.

75% of Winnipeggers aged 55 or older said they use e-mail daily.

Among Winnipeggers aged 55 or older, 75% said they used e-mail daily, and 69% said they accessed websites daily; 52% said they used social networking sites. The proportions varied among age groups. Among people aged 75 or older, 58% said they used e-mail daily, 43% said they accessed websites daily, and 33% said they use social networking sites.

When people who said they used social networking sites were asked how they used the sites, 87% of those aged 75 or older said they used the sites to stay in touch with family and 68% said they used the sites to stay in touch with friends.



Perceptions of Neighbourhood and Home

Why is this an important topic?

Healthy, active aging and quality of life are determined by personal characteristics, the environment in which people live, and the interaction between the two.¹ For example, research shows that a sense of community in a neighbourhood, feeling safe, and having access to green space are associated with more physical activity and well-being.²⁻⁴

Making cities and communities 'age-friendly' has become a global movement since the World Health Organization (WHO) first started to promote the concept of age-friendliness in 2006.¹ The WHO defines an age-friendly community as one in which the physical and social environment enable older adults to be safe, healthy, and participate in society. A wide range of features make a community age-friendly, such as aspects related to public spaces, and housing. Creating age-friendly communities as a way to achieve healthy aging is one of the goals of the 'Decade of Healthy Ageing', which has been endorsed by the World Health Assembly and the United Nations.⁵

What did we look at?

We provide information for several aspects of people's environment:

- a) Perceptions of neighbourhood safety
- b) Sense of community in one's neighbourhood
- c) Perceptions of the home environment

-
1. World Health Organization. *World Report on Ageing and Health*. Geneva: WHO, 2015.
 2. Padeiro M, de São José J, Amado C et al. Neighborhood attributes and well-being among older adults in urban areas: a mixed-methods systematic review. *Research Aging*, 2021 Apr 28:0164027521999980.
 3. Kepper MM, Myers CA, Denstel KD et al. The neighborhood social environment and physical activity: a systematic scoping review. *International J Beh Nutr Phys Activity*, 2019;16: 1-4.
 4. Barnett A, Zhang C, Johnston J et al. Relationships between the neighborhood environment and depression in older adults: A systematic review and meta-analysis. *Int Psychogeriatr*, 2018;30: 1153-1176.
 5. World Health Organization. *Decade of Healthy Ageing: Baseline Report*. Geneva: WHO, 2020.

Perceptions of Safety

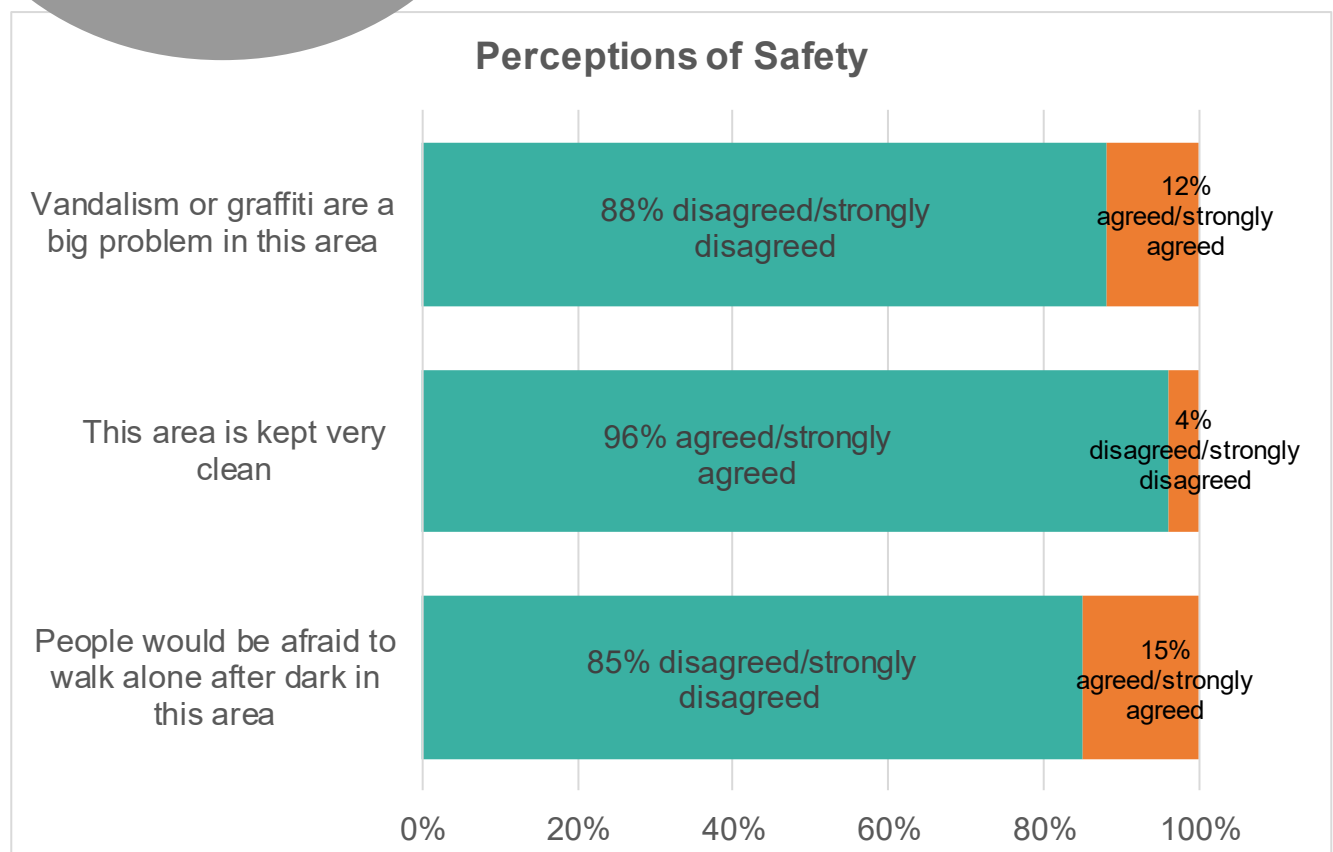
Key take-away points

- The majority of older Winnipeggers feel safe in their neighbourhood.
- People who do not feel safe in their neighbourhood may restrict their activities. Exploring how to make them feel more safe is important.

Perceptions about people's neighbourhoods were asked with a series of questions about the 'local area', which was defined as 'everywhere within a 20 minute walk or about 1 mile from your home'.

The majority of Winnipeggers aged 55 or older did not feel afraid walking alone after dark in their neighborhood (85%) and most said their neighborhood was kept clean (96%) and vandalism was not a problem (88%).

85% of Winnipeggers aged 55 or older felt that people would not be afraid to walk alone in the dark in their neighbourhood.



Sense of Community

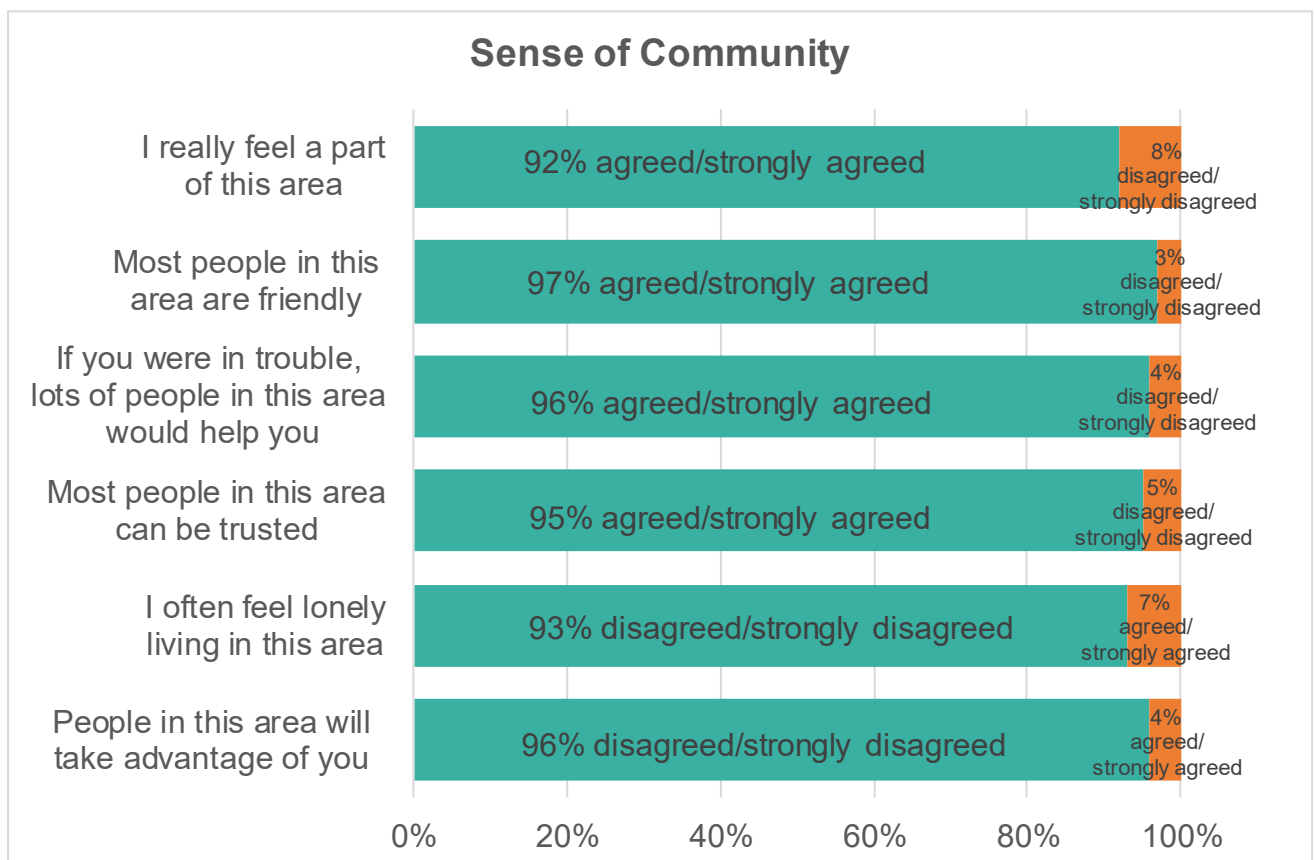
Key take-away points

- The majority of older Winnipeggers feel that there is a sense of community in their neighbourhood.
- Ways to create supportive social environments for those who feel disconnected should be explored.

Feeling one belongs to a community or can trust people instills a sense of community. In a series of questions, participants in the Canadian Longitudinal Study on Aging were asked about their 'local area', which was defined as 'everywhere within a 20 minute walk or about 1 mile from your home'.

The vast majority of Winnipeggers aged 55 or older felt part of their neighbourhood (92%), thought that most people were friendly (97%), would help if needed (96%), and could be trusted (95%). Moreover, the majority did not feel lonely living in their neighbourhood (93%) and did not think that people take advantage of them (96%).

95% of Winnipeggers aged 55 or older felt that most people in their neighbourhood can be trusted.



Home Environment

Key take-away points

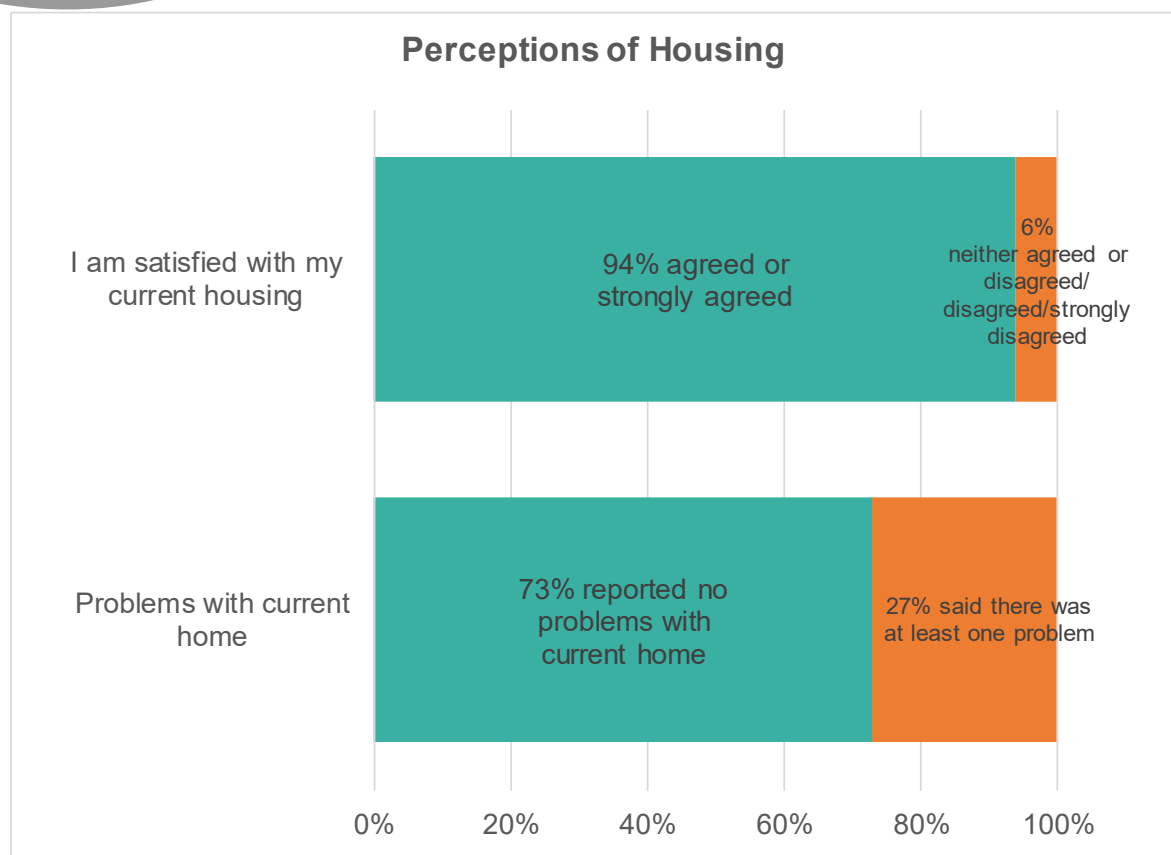
- The majority of older Winnipeggers are satisfied with their housing.
- Programs that provide funding for home repairs and renovations are important to help people on low income maintain their homes.

Participants in the Canadian Longitudinal Study on Aging were asked about their satisfaction with their current housing, as well as whether they had problems with their current home, such as with leaking, heating, electrical and plumbing, mold, and so forth.

The vast majority of Winnipeggers aged 55 or older were satisfied with their current housing (94%) and the majority reported no problems with their home (73%).

However, over 1 in 4 people reported having at least one problem with their current home (27%). The most commonly mentioned problems were general maintenance and repairs, noisy neighbours, leaking, and electrical and plumbing.

94% of Winnipeggers aged 55 or older were satisfied with their current housing.



Health and Well-being

Why is this an important topic?

Promoting healthy aging is the key goal for the current 'Decade of Healthy Ageing', which has been endorsed by the World Health Assembly and the United Nations.¹ The World Health Organization defines healthy aging as 'the process of developing and maintaining the functional ability that enables well-being in older age'.² Functional ability encompasses a wide range of attributes, including the ability to make decisions and continue to grow and learn, mobility, and building and maintaining relationships.² Health, personal characteristics, and the environment in which a person lives all contribute to their functional ability and, in turn, well-being.²

What did we look at?

We provide information for several health and well-being indicators:

- a) Life satisfaction, happiness
- b) General perceptions of health, function
- c) Falls, chronic pain
- d) Mental health (general perceptions of mental health, psychological distress)

¹ World Health Organization. World Report on Ageing and Health. 2015. Geneva: WHO.

² World Health Organization. Decade of Healthy Ageing: Baseline Report. 2020. Geneva: WHO.

Life Satisfaction; Happiness

Key take-away points

- The majority of older Winnipeggers are satisfied with their lives and report being happy.
- The proportion of people who are satisfied with their life and happy increases with age, countering the negative stereotype of aging as decline.

Life satisfaction refers to satisfaction with one's life in general. In the Canadian Longitudinal Study on Aging it was assessed with 5 questions:

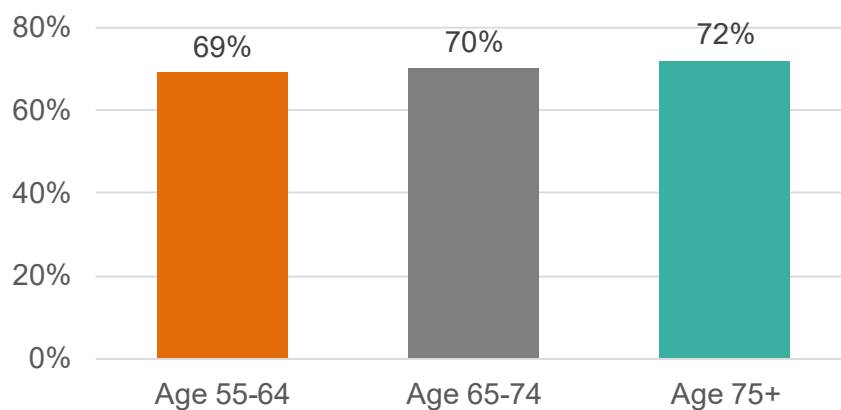
- In most ways, my life is close to ideal
- The conditions of my life are excellent
- I am satisfied with my life
- So far, I have gotten the important things I want in my life
- If I could live my life all over, I would change almost nothing

Participants could answer on a scale from strongly disagree to strongly agree. Their responses to all questions were combined. 70% of Winnipeggers aged 55 or older said they were satisfied or extremely satisfied with their life; the proportion was slightly higher among those 75 years or older (72%).

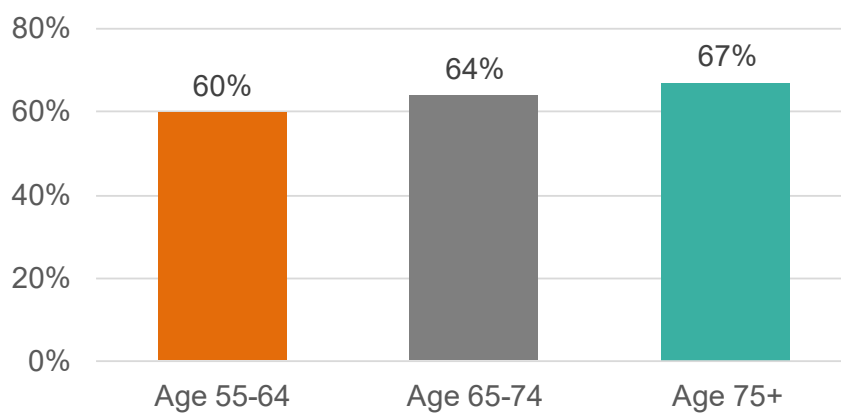
We also present information on a question as to how often, in the past week, people were happy. 63% of Winnipeggers aged 55 or older said they were happy most of the time (5-7 days per week). The proportion was the highest among those 75 years or older (67%).

70% of Winnipeggers aged 55 or older said they were satisfied or extremely satisfied with their life.

Percent who said they were satisfied or extremely satisfied with their life



Percent who said they were happy most of the time



General Health; Functional Limitations

Key take-away points

- The majority of older Winnipeggers are aging well.
- Individuals who rate their health as poor or fair, and those who do have functional limitations need services and supports to allow them to age in place in the community and retain a high quality of life.

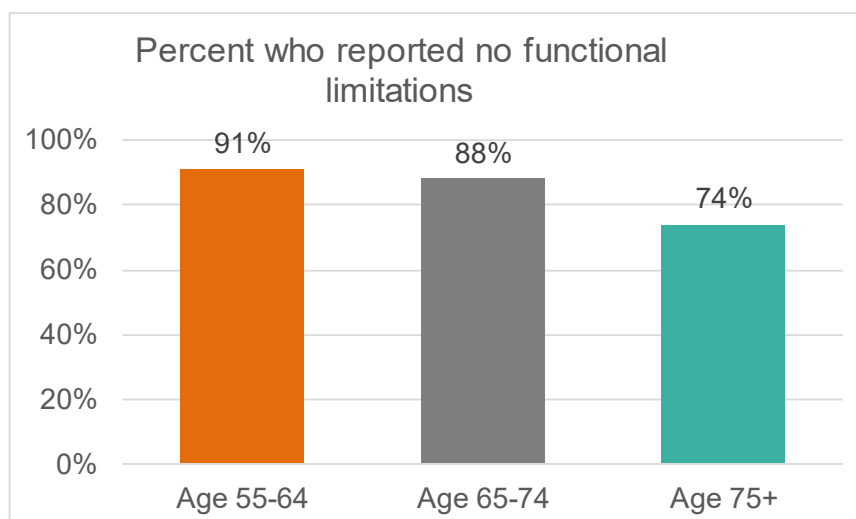
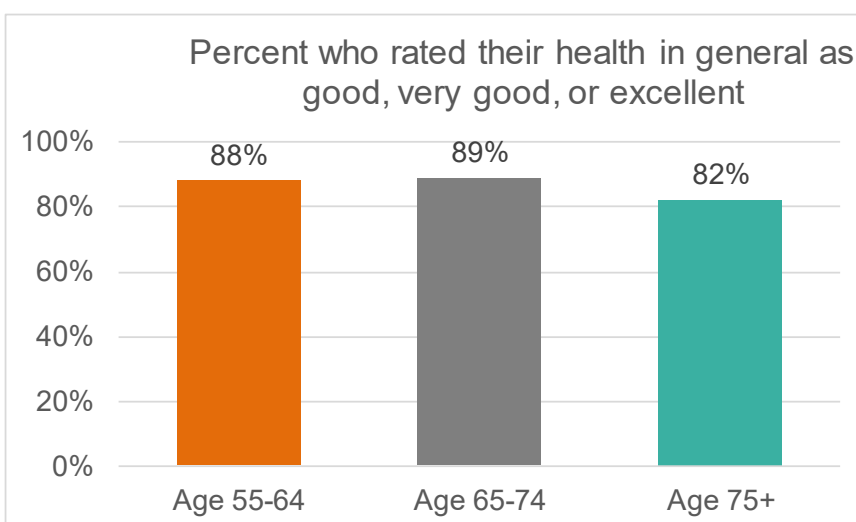
meals.² Using these questions, people can be categorized as having no functional limitations or having some limitations (which ranges from mild to total impairment). 86% of Winnipeggers aged 55 or older reported no functional limitations; the proportion with no functional limitations was lower among those aged 75 or older (74%).

87% of Winnipeggers aged 55 or older said their health was good, very good, or excellent.

There are many ways to look at people's health. A widely used way is to ask people to rate their own health by asking them 'in general, would you say your health is excellent, very good, good, fair, or poor'. This one question has been shown to be an excellent predictor of people's long-term health, even when health conditions are taken into account.¹

Among Winnipeggers aged 55 or older, 87% rated their health as good, very good, or excellent, whereas 13% said their health was 'poor' or 'fair'. The proportion who rated their health as good, very good, or excellent was only slightly lower among those aged 75 or older (82%).

Functional limitations relate to what basic and everyday activities people can, or cannot, engage in on their own, such as getting out of bed, dressing, shopping, or preparing



1. DeSalvo KB, Bloser N, Reynolds K et al. Mortality prediction with a single general self-rated health question. A meta-analysis. *J Gen Intern Med*, 2006;21: 267-75.

2. Fillenbaum G, Smyer M. The development, validity, and reliability of the OARS multidimensional functional assessment questionnaire. *J Gerontol*. 1981;36: 428-434.

Serious Falls; Chronic Pain

Key take-away points

- Fall prevention is critical and many programs are available in Winnipeg and Manitoba to help prevent falls.¹
- Managing pain is important, as it can seriously restrict people's activities and their quality of life.

6% of Winnipeggers aged 55 or older said they had an injury-causing fall in the past 12 months.

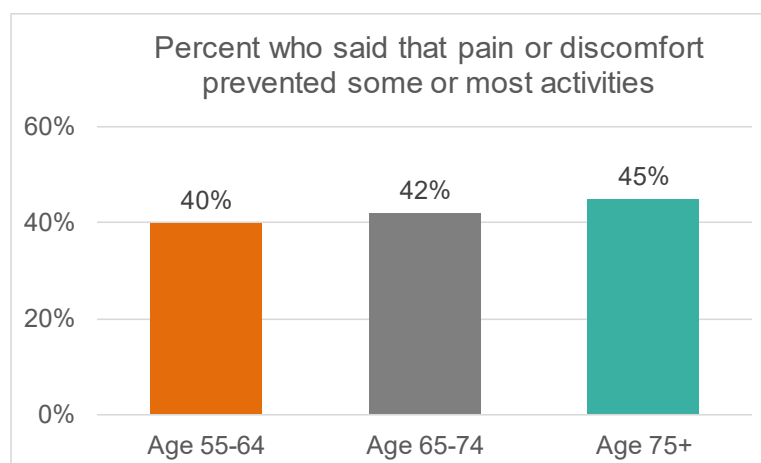
64% of Winnipeggers aged 55 or older said they were usually free of pain and discomfort.

Falls are defined as an unexpected event whereby a person comes to rest on the ground, floor, or lower level.² Falls can happen because of hazards in the environment, such as rugs or ice on sidewalks, or factors related to the person, such as balance or vision problems. Falls are a major concern for older adults, as they can lead to significant injuries, including fractures. Hip fractures are a particular concern as many individuals do not regain pre-fracture function; some will no longer be able to manage at home and will require admission to a long-term care institution.³

Aging *per se* does not increase the likelihood that somebody has chronic pain. However, because many health conditions are associated with pain, and older people are more likely to have health conditions than younger individuals, many older adults also experience chronic pain.⁴ Chronic pain can substantially impact a person's life and reduce quality of life.⁵

Among Winnipeggers aged 55 or older, 6% said they had a fall in the past 12 months that caused sufficiently serious injury to limit some of their normal activities. The proportion was the same for individuals aged 65 or older (6%).

When asked 'whether they are usually free of pain and discomfort', a common question asked in large-scale studies to assess pain,⁴ 64% of Winnipeggers aged 55 or older said 'yes', they are usually free of pain, whereas 36% said 'no', suggesting that they experience chronic pain. Among those who reported having pain or discomfort, 40% said that their pain or discomfort prevented some or most activities; this proportion was slightly higher among individuals aged 75 or older (45%).



1. A & O: Support Services for Older Adults Inc. <https://www.aosupportservices.ca/our-three-pillars/safety-security/safetyaid-falls-prevention/> Active Aging in Manitoba. <https://activeagingmb.ca/our-programs/>
2. Lamb SE, Jørstad-Stein EC, Hauer K et al. Prevention of Falls Network Europe and Outcomes Consensus Group. Development of a common outcome data set for fall injury prevention trials: the Prevention of Falls Network Europe consensus. JAGS, 2005;53:1618-22.
3. Dyer SM, Crotty M, Fairhall N. et al. A critical review of the long-term disability outcomes following hip fracture. BMC Geriatr, 2016;16: 158.
4. Shuple MS, Kramer JK, Cragg JJ et al. Pan-Canadian estimates of chronic pain prevalence from 2000 to 2014: A repeated cross-sectional survey analysis. J of Pain, 2019; 20: 557-565.
5. Reid M, Carrington, Pillemer K. Management of chronic pain in older adults. BMJ : British Medical Journal, 2015;350, h532–h532.

Mental Health

Key take-away points

- The vast majority older Winnipeggers report good mental health.
- Supports need to be available for those who experience mental health problems.

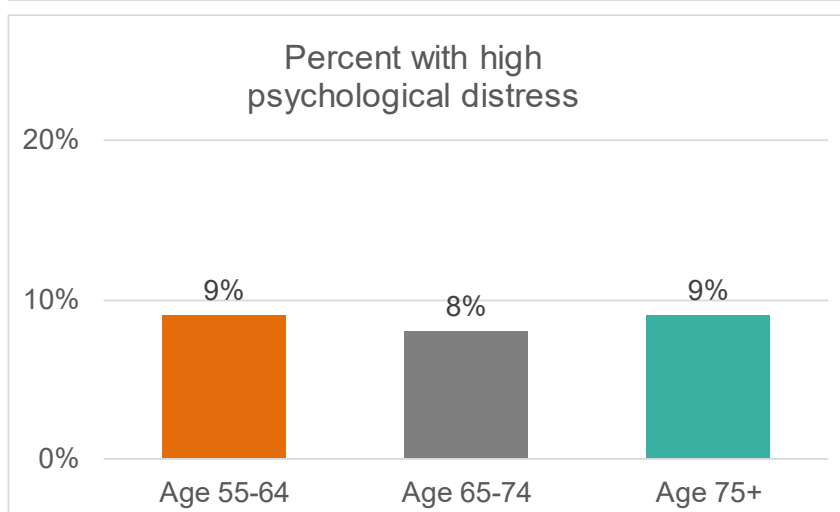
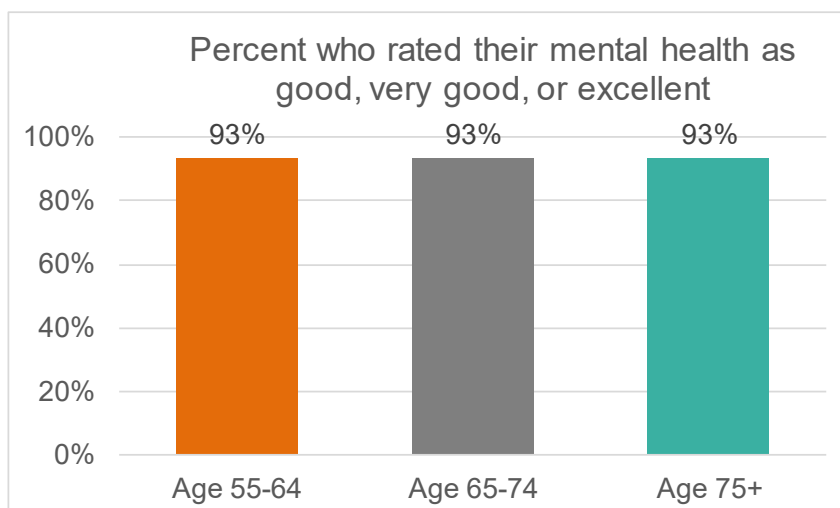
Mental health can be assessed in many ways. Here we use a simple question that is often used in large studies: 'in general, would you say your mental health is excellent, very good, good, fair, or poor?'. This question has been shown to be associated with a wide range of specific mental health disorders¹ and provides a holistic view of looking at mental health; it therefore, provides a good, general sense of the mental health of a population.

Among Winnipeggers aged 55 or older, 94% rated their mental health as good, very good, or excellent. The proportion was similar among those aged 75 or older (93%).

Another measure of mental health that focuses more on mental health problems is psychological distress, which is assessed with 10 questions that relate to depression and anxiety.^{2,3} People who score high on the questions are at increased risk of having a psychiatric disorder.⁴ 9% of Winnipeggers exhibited high psychological distress; the proportion was virtually identical for all age groups.

94% of Winnipeggers aged 55 or older said their mental health was good, very good, or excellent.

9% of Winnipeggers aged 55 or older exhibited high psychological distress.



1. Mawani FN, Gilmour H. Validation of self-rated mental health. *Health Rep.* 2010;21: 61-75.
2. Andrews G, Slade T. Interpreting scores on the Kessler Psychological Distress Scale (K10). *Aust N Z J Public Health.* 2001;25: 494-497.
3. Kessler RC, Andrews G, Colpe LJ et al. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychol Med.* 2002;32: 959-976.
4. Russ TC, Stamatakis E, Hamer M et al. Association between psychological distress and mortality: individual participant pooled analysis of 10 prospective cohort studies. *BMJ.* 2012;31: 345.

Summary and Conclusions

In this report we have profiled older Winnipeggers aged 55+ drawing on Canadian Longitudinal Study on Aging data that were collected before the COVID-19 pandemic started. For the most part, we have presented data on people aged 55+ as a group to maintain adequate sample sizes. The older adult population is diverse and this report can, therefore, not do justice to this diversity. We also recognize that the data presented in this report represent a snapshot in time. The pandemic has severely impacted the way we live and interact with others. The profile presented here can be seen as a pre-pandemic baseline. An important task will be to examine how older Winnipeggers' lives have changed over the pandemic.

Social Connection

The majority of older Winnipeggers were socially well connected. However, some individuals were socially isolated or lonely. Given the known, negative consequences of social isolation and loneliness on health and well-being, it is critical to connect, or re-connect older people who are socially isolated or lonely, or those who are at risk of becoming socially isolated or lonely, to other people. There are many opportunities for social connections in Winnipeg. For example, Active Living Centres provide a range of social opportunities,¹ and A & O Support Services for Older Adults Inc. offers a variety of programs, such as Senior Centre Without Walls that individuals can attend over the phone.²

Social Participation

The majority of older Winnipeggers participated in many social activities; however, a substantial proportion also indicated that they would like to participate in more activities. This suggests that there is an opportunity to reach more people with programming. For example, raising awareness of the opportunities available may help people become more socially engaged. Importantly, potential barriers to being socially active need to be reduced, such as providing ready access to appropriate, affordable transportation.

Physical Activity

Although older Winnipeggers participated in many physical and recreational activities, many were quite sedentary. Staying physically active is important for health and well-being at any age. Raising awareness of the opportunities to be physically active is important. Physical activity does not just mean playing sports or attending an exercise program (although many opportunities are available in Winnipeg to do so), but can involve walking, gardening, doing housework, and so forth. Physical activity can also mean adding brief exercises into everyday life. For example, in the 'Take a Minute to Move' campaign, Active Aging in Manitoba provides suggestions for a variety of activities that can be performed while standing or sitting, such as toe taps or marching on the spot.³

Transportation

The majority of older Winnipeggers relied on driving to get around. While this means that they are mobile at this point, it also raises the concern of how they will go about their everyday lives should they no longer be able to drive. This speaks to the need to have a range of appropriate, affordable transportation options available for older adults.⁴

1 <https://www.manitobaseniorcentres.com/>

2 <https://www.aosupportservices.ca/>

3 <https://activeagingmb.ca/>

4 <https://tonsmb.org/>

Summary and Conclusions (continued)

Information and Communication Technology

The majority of older Winnipeggers had access to internet or e-mail, but a substantial proportion of those living on low income did not. Ensuring that everybody, including those living in low income, have internet access is critical in our digitally connected world.

Neighbourhood Environment

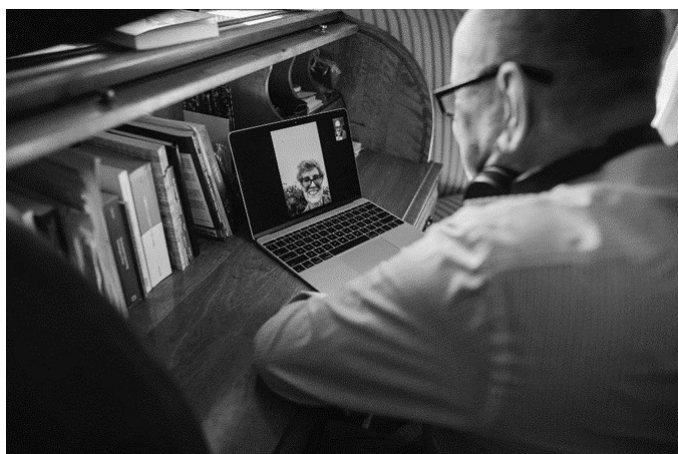
The vast majority of older Winnipeggers were positive about the neighborhood they live in. However, some did not feel safe or felt disconnected in their neighborhood. For these individuals, being able to create connections with others, such as becoming engaged in a senior group, could be particularly important.

Housing

Some older Winnipeggers experienced problems with their homes. For those living on low income, making repairs may not be financially possible. Funding for home repairs and renovations should be available to help people on low income maintain their homes.

Health and Well-Being

Most older Winnipeggers, including those 75 year or older, were healthy and satisfied with their lives. A relatively small proportion, however, were not as satisfied with their life and experienced physical and mental health problems. For these individuals, being able to access health services is important. Equally important is that opportunities to foster social connections and physical and recreational activities are readily available and accessible, in order to promote healthy aging and well-being. For example, appropriate, affordable transportation needs to be available not only for medical appointments, but also to attend social activities.



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