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

SENIOR WOMEN IN EDMONTON

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.

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.

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.

WHERE SENIORS RESIDE

NEIGHBOURHOODS IN EDMONTON WITH THE MOST:
- **SENIORS (65-79):**
- **OCTOGENARIANS (80+):**
  1. Kensington  2. Oliver  3. Downtown

LIVING ARRANGEMENTS
- **In 2011, 89.9% of women aged 65 and older 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.**

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

EDMONTON VITAL SIGNS is an annual check-up conducted by Edmonton Community Foundation, in partnership with Edmonton Social Planning Council, to measure how the community is doing. This year we will also be focusing on individual issues, VITAL TOPICS, that are timely and important to Edmonton. Watch for these in each issue of Legacy in Action, and in the full issue of Vital Signs released in October of 2018.

**Sources for these statistics are available at ecfoundation.org**
**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:

<table>
<thead>
<tr>
<th>CIRCULATORY DISEASES</th>
<th>CANCER</th>
<th>RESPIRATORY DISEASES</th>
</tr>
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<tbody>
<tr>
<td>35%</td>
<td>26%</td>
<td>12%</td>
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- Heart disease (26%)
- Stroke (6%)
- Other circulatory diseases (3%)

**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
- 3% indicated they do not socialize with anyone over an average week
- 17% mentioned disability
- 11% cited financial reasons
- 16% cited feelings of isolation as the reason they felt unsafe in their community
- 29% indicated that they would like more acquaintances – given the opportunity

**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 gonorrhea 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.

**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.

**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.

**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.

Sources for these statistics are available at ecfoundation.org