



## **AUTHORS**

Paula A. Rochon

Susan E. Bronskill

Andrea Gruneir

Barbara Liu

Ashley Johns

Amanda T. Lo

Arlene S. Bierman



Project for an Ontario Women's Health Evidence-Based Report

# A Tool for Monitoring and Improvement

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The **P**roject for an **O**ntario **W**omen's Health **E**vidence-Based **R**eport (**POWER**) is providing actionable data to help policymakers and providers to improve the health of and reduce inequities among the women of Ontario.

# Overarching Objectives

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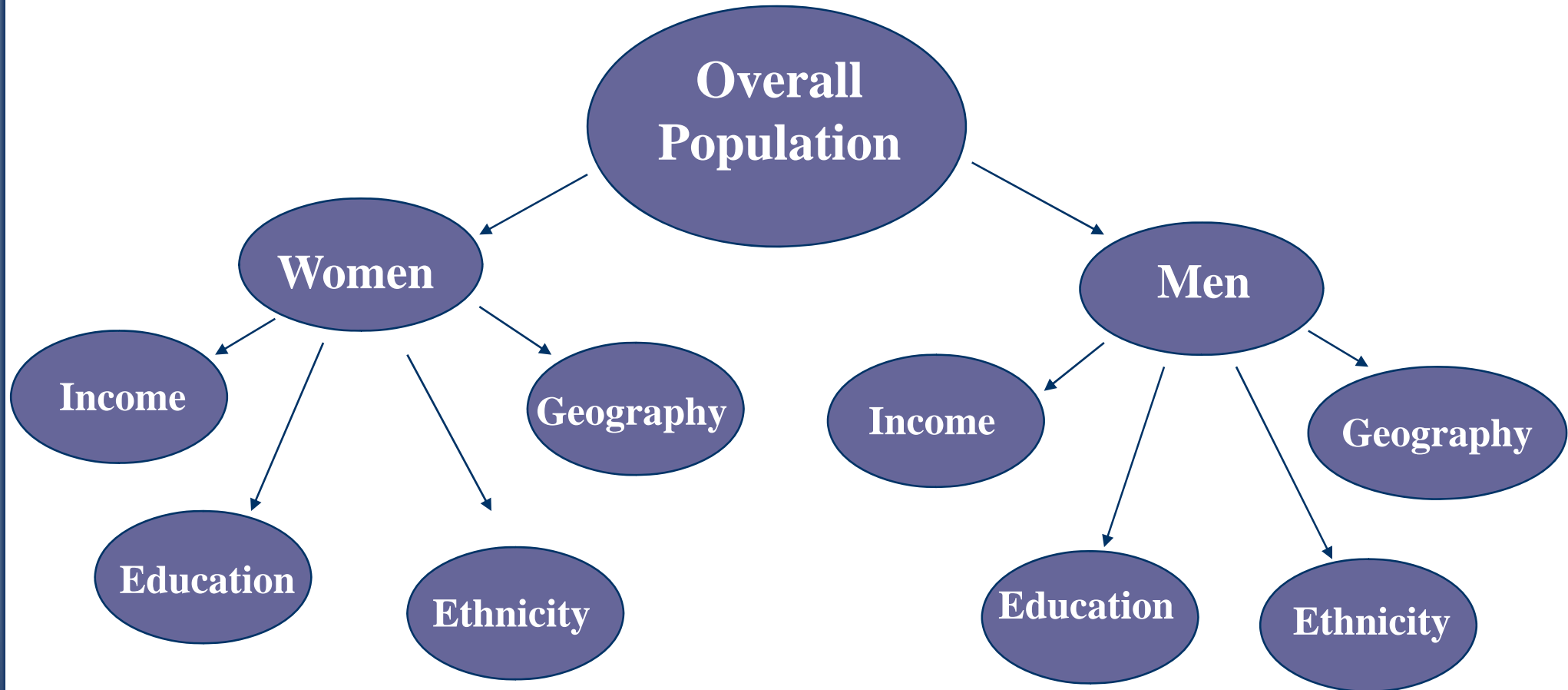
- Use of performance measurement and reporting
  - as a mechanism for knowledge translation
  - as a tool to drive equity in health care
- Provide evidence for use by a diverse group of stakeholders for use to improve women's (and men's) health in the province

# Community-Engaged Research

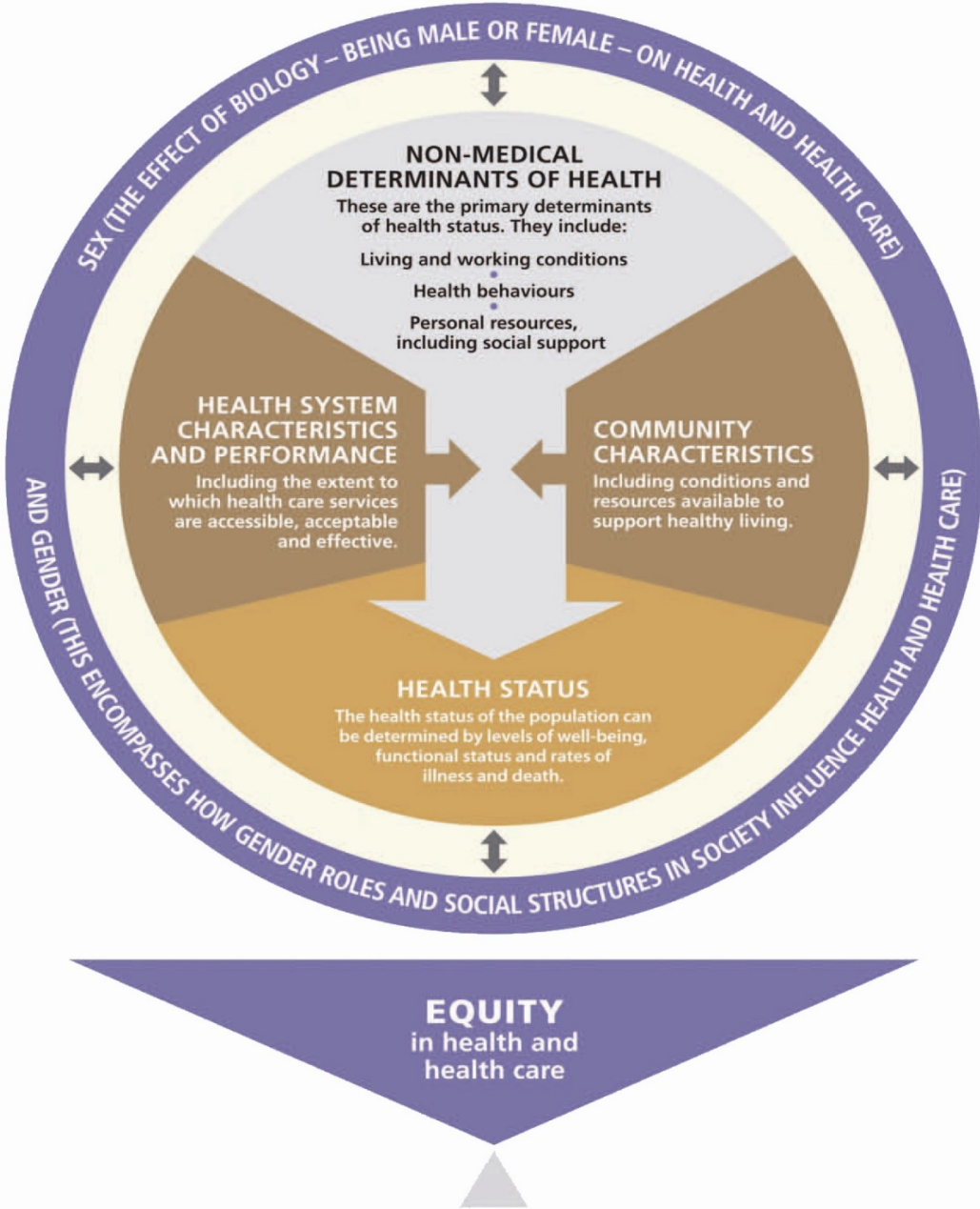
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- **POWER Study Roundtables**
  - Inform indicator selection and interpretation
  - Increase uptake of findings
- **Consumers:** representatives of community based organizations and associations
- **Providers:** clinicians, hospitals, community health centres (CHCs)
- **Policymakers:** government, regional health authorities, public health, health data agencies

# Assessing Equity



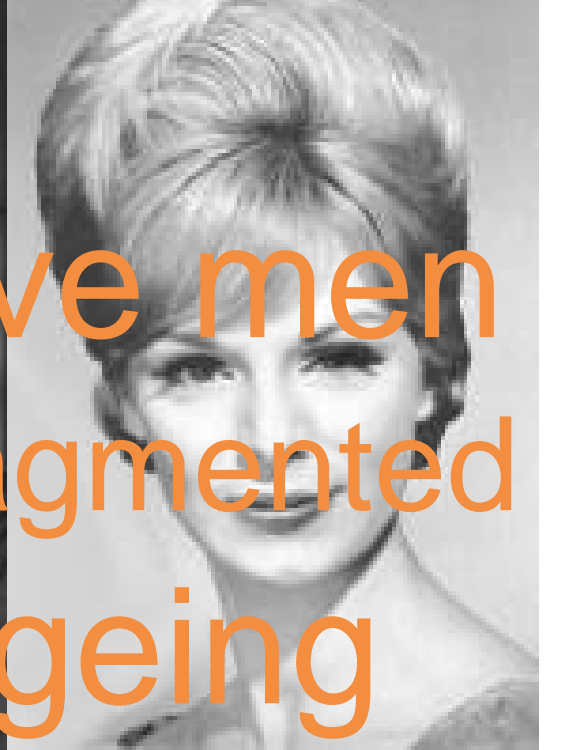
# POWER Study Gender and Equity Health Indicator Framework





# **POWER Study**

## **Older Women's Health Report**



Women outlive men  
Healthcare is fragmented  
We are all ageing



# Chapter Overview

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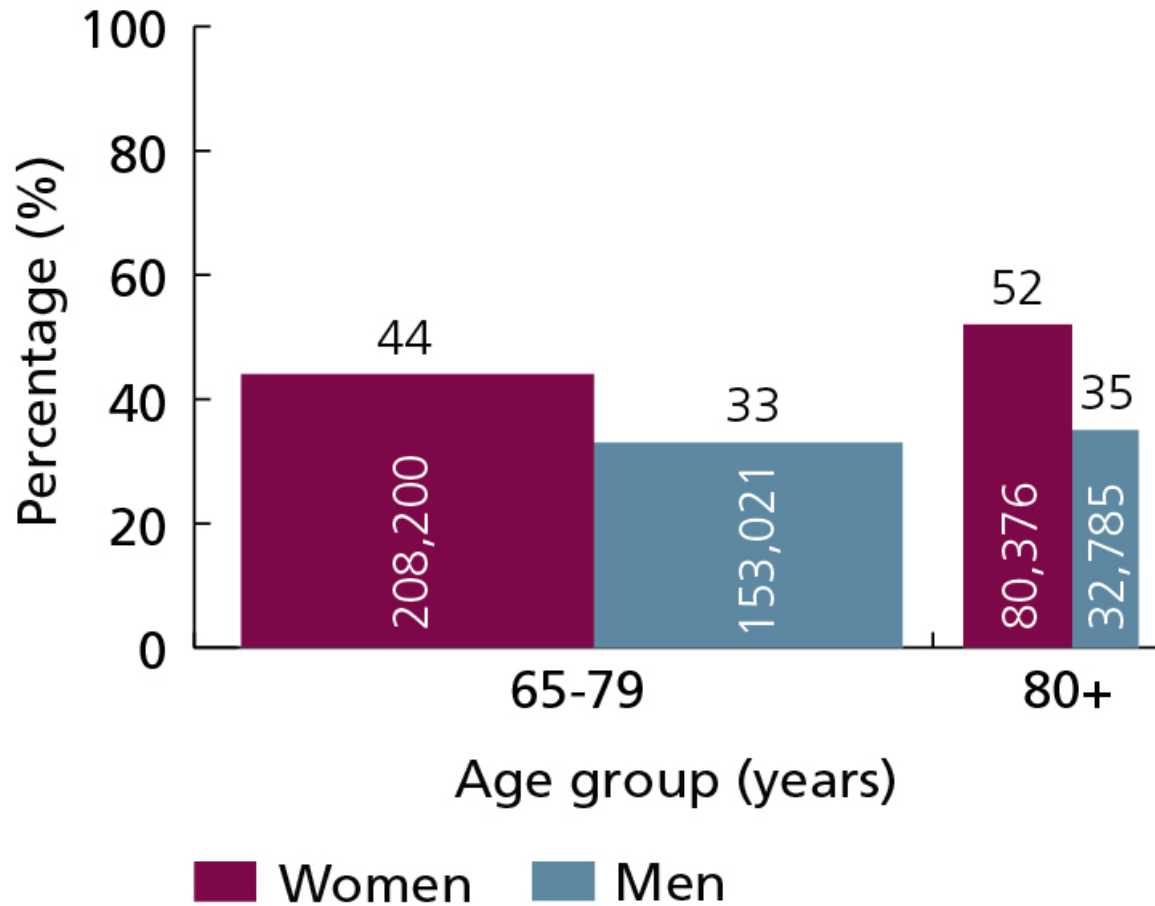
- **Section A: Burden of Illness**
  - Chronic disease and comorbidity
  - Chronic disease risk factors
  - Health and functional status
- **Section B: Chronic Disease Management**
  - Diagnosis and treatment
  - Health Outcomes
- **Section C: Settings of Care for Older Adults**
  - Home care
  - Long-term care

# Key Findings (1)

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**Women are disproportionately represented in the older population, and particularly among those who reside in long-term care settings**

# Percentage and number of community-dwelling adults aged 65 and older who reported having lower annual household income,<sup>^</sup> by sex and age group, in Ontario, 2005



**DATA SOURCE:** Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)

**NOTE:** The width of each bar reflects the relative proportion of the older community-dwelling population (aged 65+) represented by that bar (based on the indicator's denominator)

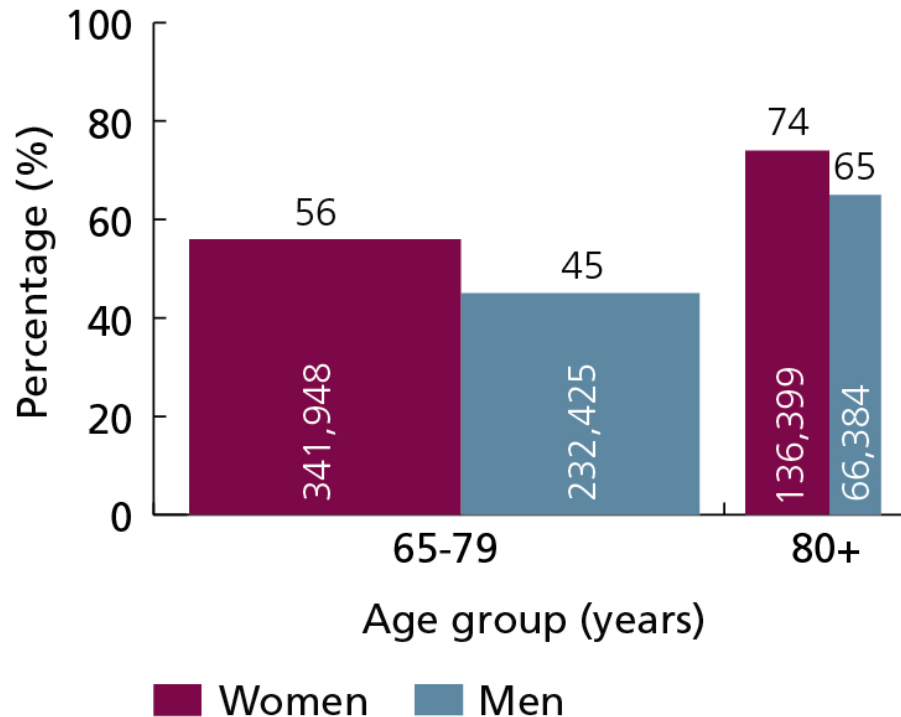
# Key Findings (2)

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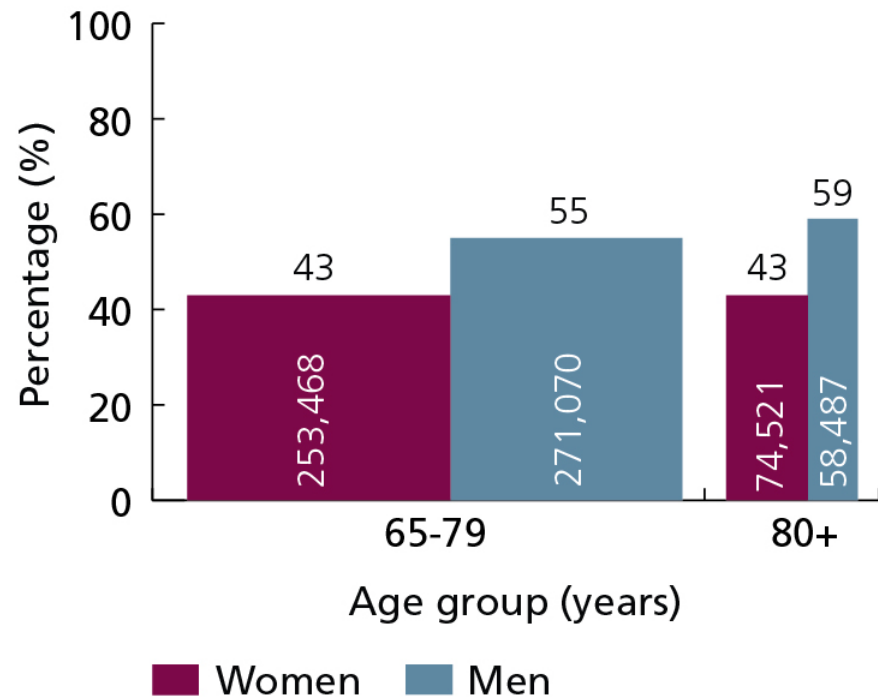
**Most older adults report health behaviours that increase their risk for developing or worsening chronic conditions**

# Percentage and number of community-dwelling adults aged 65 and older who reported physical inactivity or inadequate fruit and vegetable intake, by sex and age group, in Ontario, 2005

## Physical inactivity<sup>^</sup>



## Inadequate fruit and vegetable intake<sup>†</sup>



**DATA SOURCE:** Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)

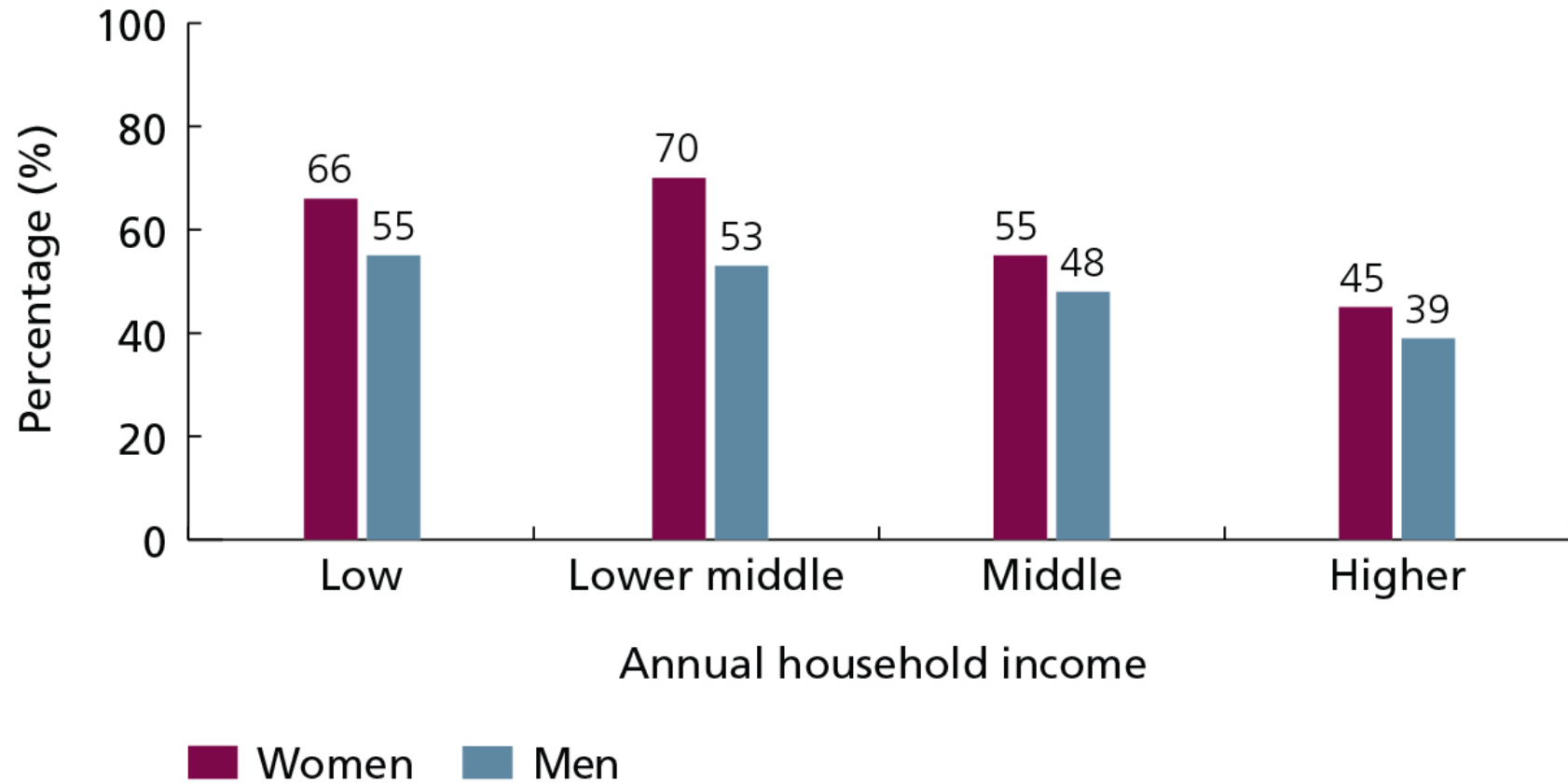
**NOTE:** The width of each bar reflects the relative proportion of the older community-dwelling population (aged 65+) represented by that bar (based on the indicator's denominator)

<sup>^</sup>Physical Activity Index of < 1.5 cal/kg/day

<sup>†</sup>Daily consumption of less than five servings of fruits and vegetables



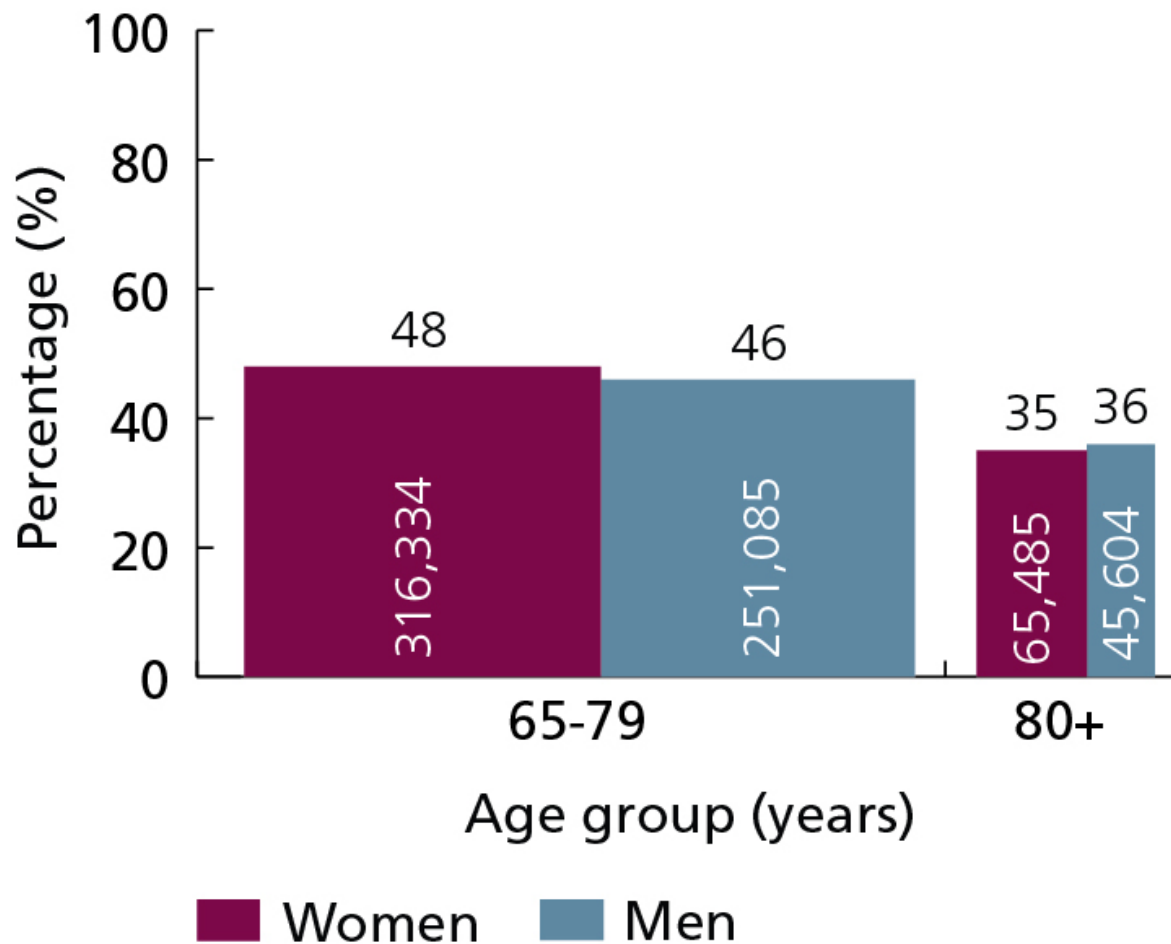
# Percentage of community-dwelling adults aged 65 and older who reported physical inactivity, by sex and annual household income, in Ontario, 2005



**DATA SOURCE:** Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)

^Physical Activity Index of < 1.5 cal/kg/day

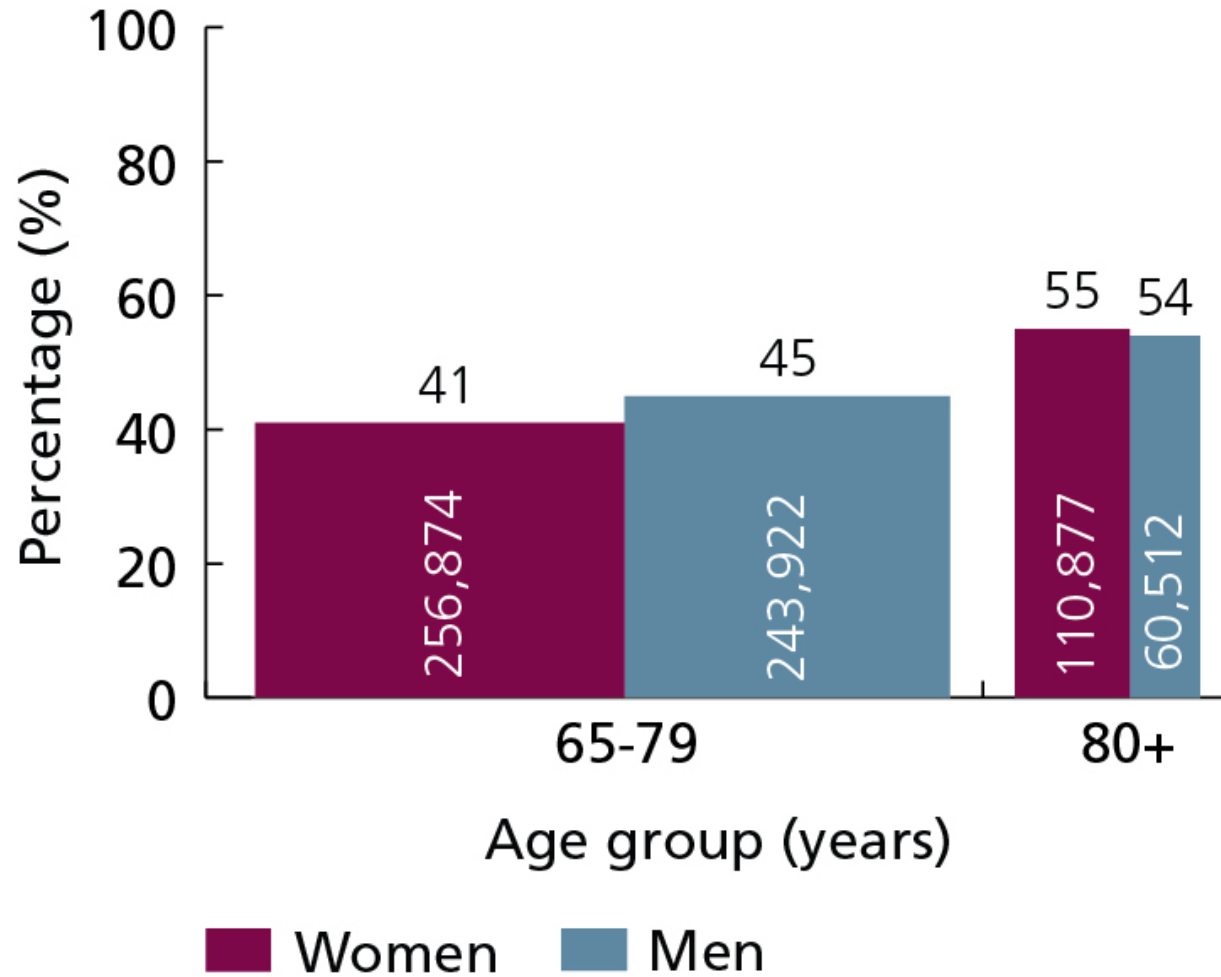
# Percentage and number of community-dwelling adults aged 65 and older who reported that they did something to improve their health in the previous year, by sex and age group, in Ontario, 2007-08



**DATA SOURCE:** Canadian Community Health Survey (CCHS), 2007-08

**NOTE:** The width of each bar reflects the relative proportion of the older community-dwelling population (aged 65+) represented by that bar (based on the indicator's denominator)

# Percentage and number of community-dwelling adults aged 65 and older who did not visit a dentist in the past 12 months, by sex and age group, in Ontario, 2005



**DATA SOURCE:** Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)

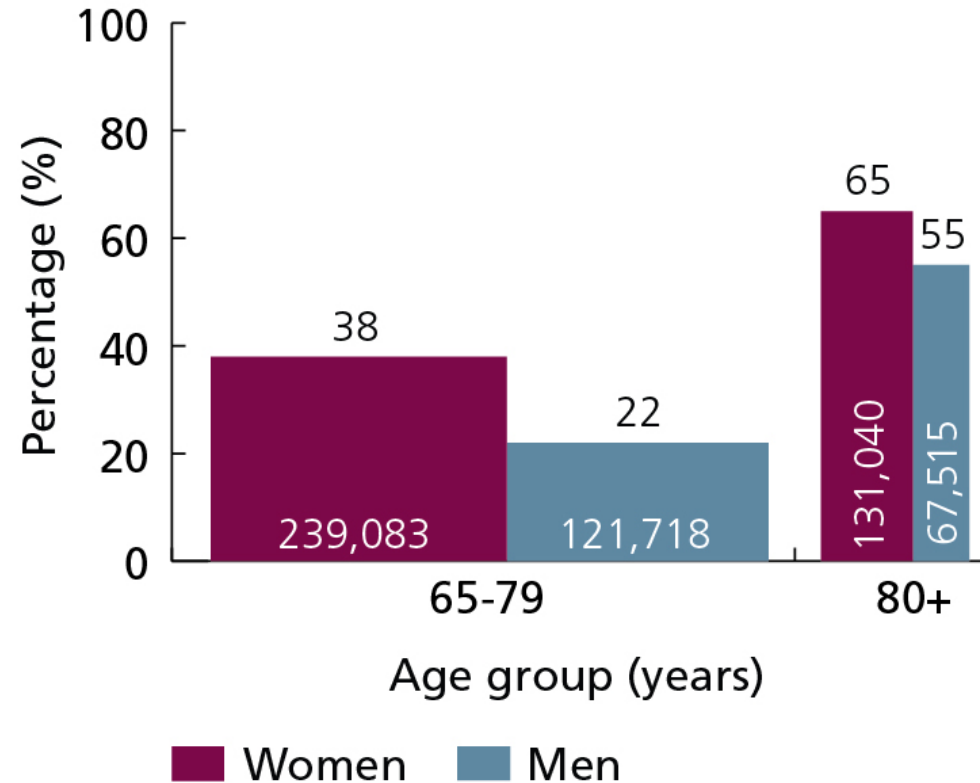
**NOTE:** The width of each bar reflects the relative proportion of the older community-dwelling population (aged 65+) represented by that bar (based on the indicator's denominator)

# Key Findings (3)

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**Older women were more likely than men to report disability and chronic pain**

# Percentage and number of community-dwelling adults aged 65 and older who reported having limitations IADLs and/or ADLs, by sex and age group, in Ontario, 2005

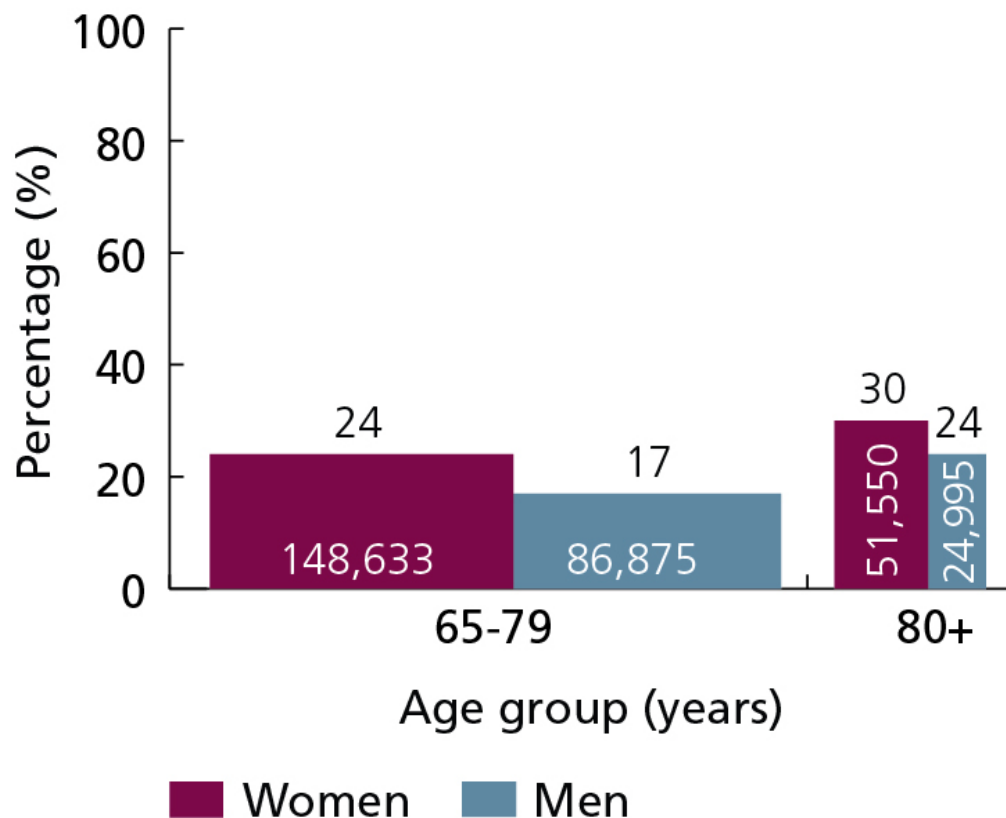


**DATA SOURCE:** Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)

**NOTE:** The width of each bar reflects the relative proportion of the older community-dwelling population (aged 65+) represented by that bar (based on the indicator's denominator)



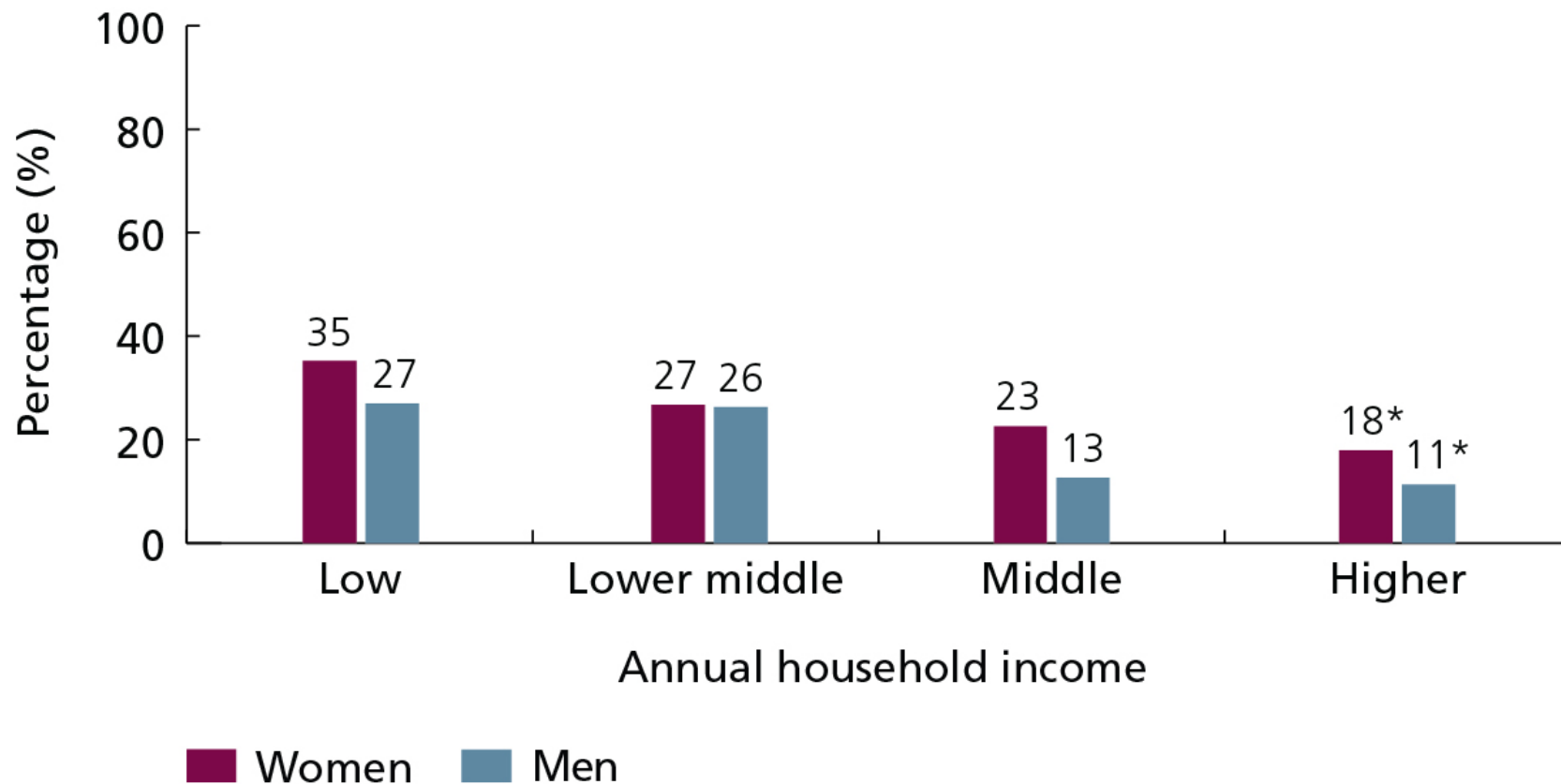
# Percentage and number of community-dwelling adults aged 65 and older who reported activities were prevented due to pain or discomfort, by sex and age group, in Ontario, 2000/01



**DATA SOURCE:** Canadian Community Health Survey (CCHS), 2000/01 (Cycle 1.1)

**NOTE:** The width of each bar reflects the relative proportion of the older community-dwelling population (aged 65+) represented by that bar (based on the indicator's denominator)

# Percentage of community-dwelling adults aged 65 and older who reported activities prevented due to pain or discomfort, by sex and annual household income, in Ontario, 2000/01



**DATA SOURCES:** Canadian Community Health Survey (CCHS), 2000/01 (Cycle 1.1)

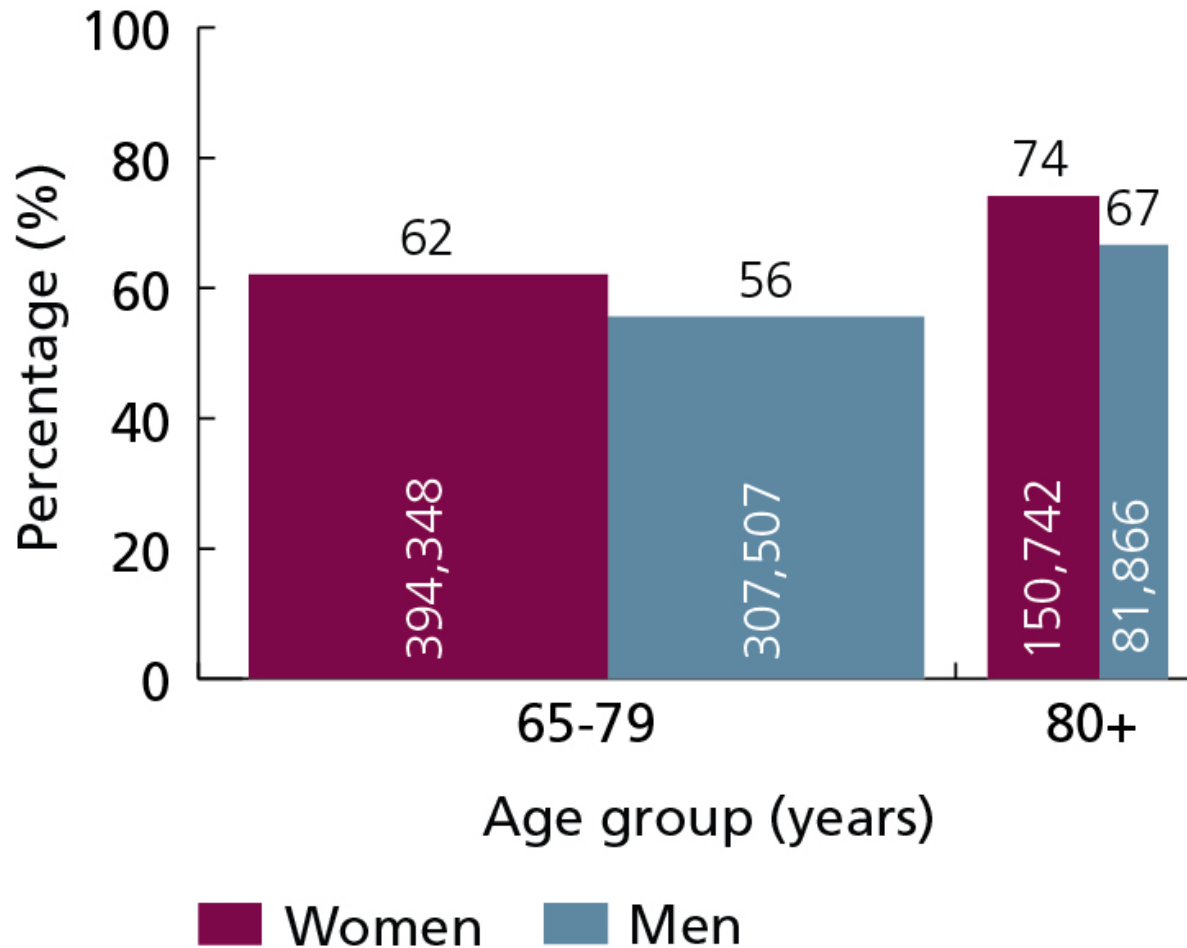
\* Interpret with caution due to high sampling variability

# Key Findings (4)

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**Much of the observed disability among older adults is due to chronic conditions**

# Percentage and number of community-dwelling adults aged 65 and older who reported having two or more chronic conditions, by sex and age group, in Ontario, 2005



**DATA SOURCE:** Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)

**NOTE:** The width of each bar reflects the relative proportion of the older community-dwelling population (aged 65+) represented by that bar (based on the indicator's denominator)

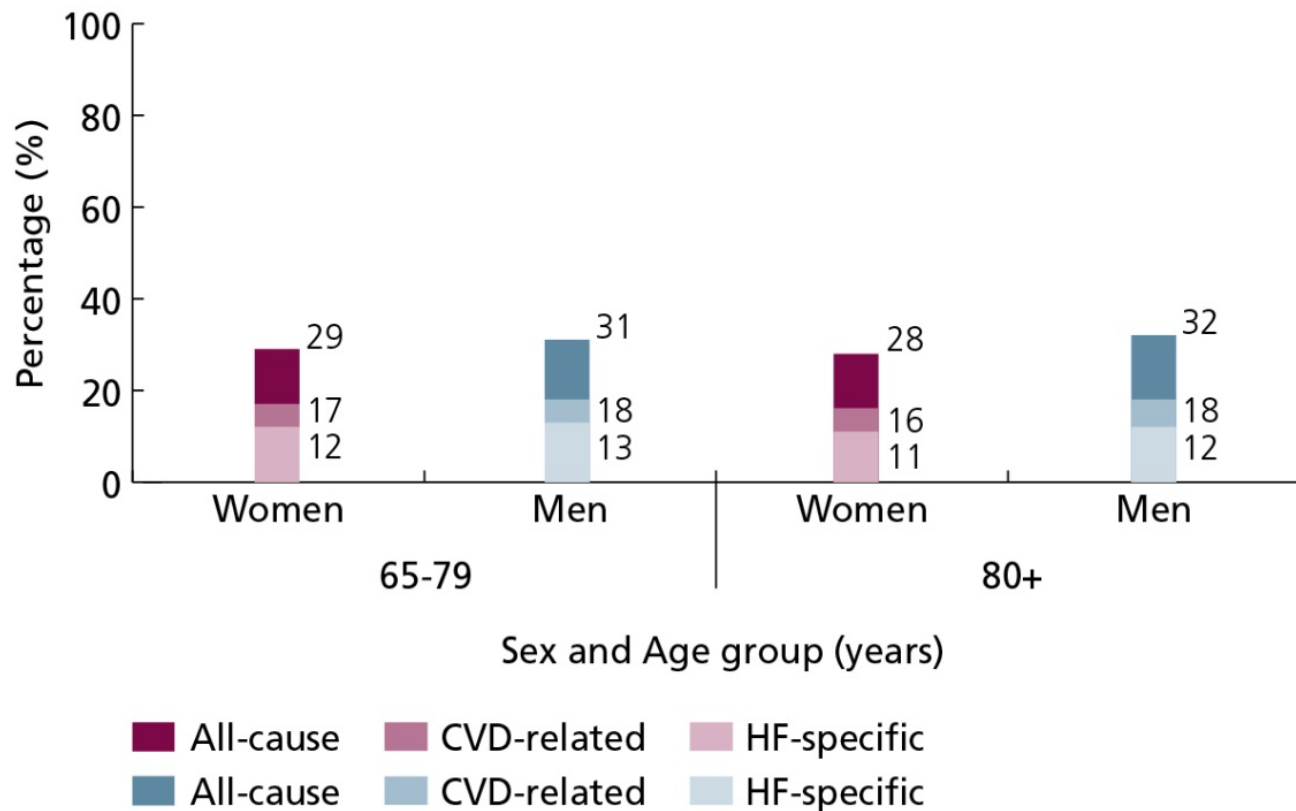
# Key Findings (5)

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**There were high rates of potentially avoidable hospital admissions for common chronic conditions, which increased with age.**



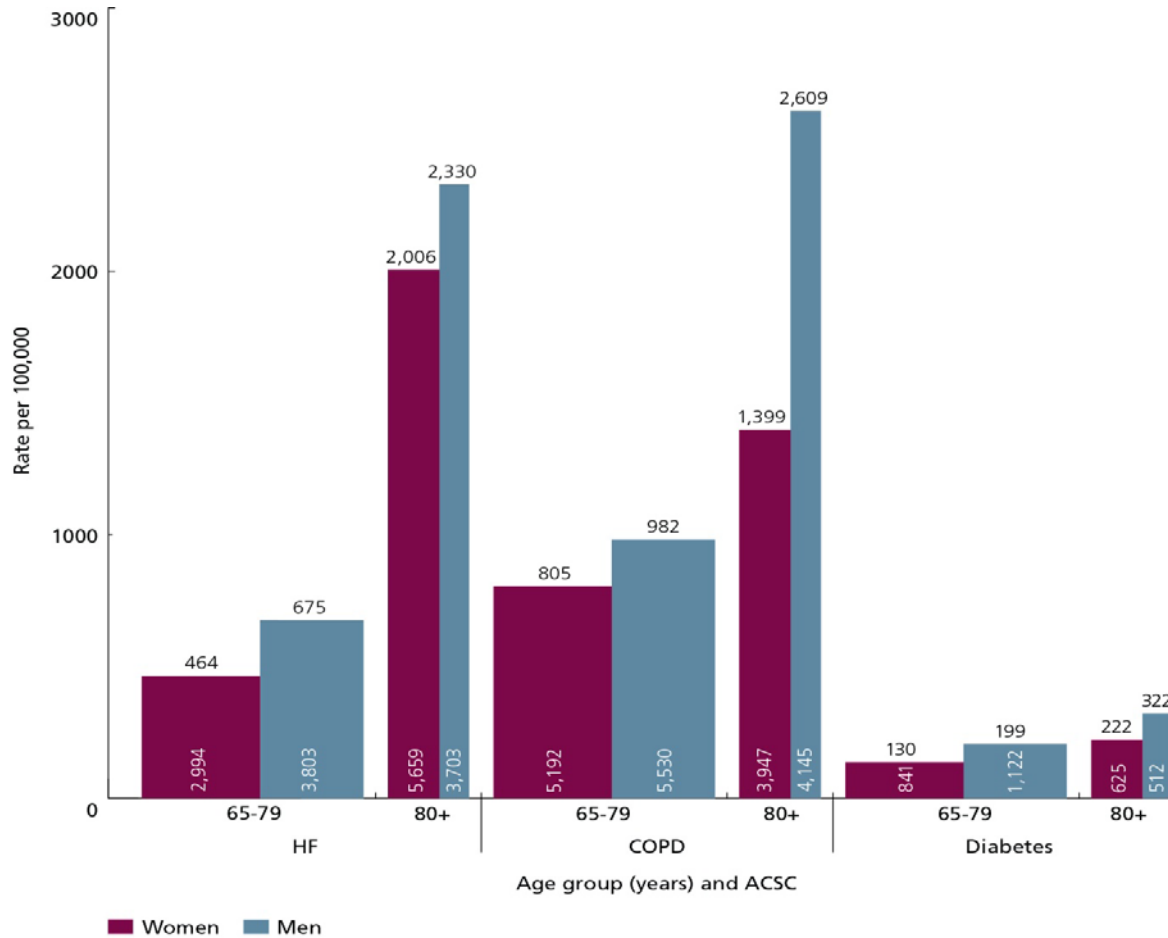
# Percentage of heart failure patients aged 65 and older who were seen in an emergency department within 30 days of discharge, by sex and reason for visit, in Ontario, 2005/06



**DATA SOURCES:** Canadian Institute for Health Information Discharge Abstract Database (CIHI-DAD); National Ambulatory Care Reporting System (NACRS)

**NOTE:** HF specific visits are part of CVD-related visits. All-cause visits represent all ED visits including CVD-related visits; CVD = cardiovascular disease, HF = Heart failure

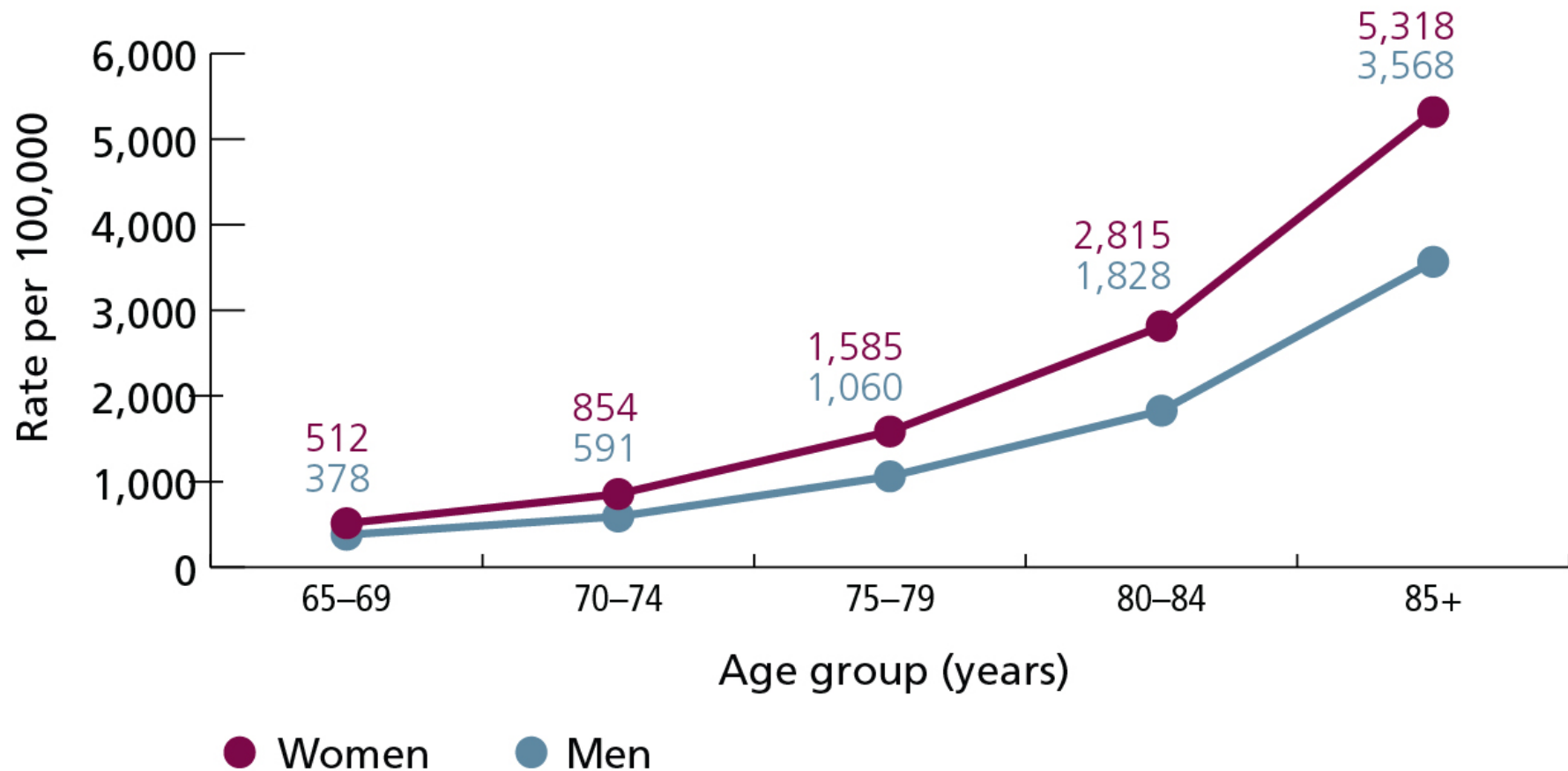
# Rates of hospitalization for ambulatory care sensitive conditions (ACSC) per 100,000 adults aged 65 and older (and total number of hospitalizations), by sex and age group, in Ontario, 2006/07



**DATA SOURCE:** Canadian Institute for Health Information Discharge Abstract Database (CIHI-DAD)

**NOTE:** The width of each bar reflects the relative proportion of the older population (aged 65+) represented by that bar (based on the indicator's denominator); CHF=congestive heart failure, COPD= chronic obstructive pulmonary disease

# Rate of fall-related hospitalizations per 100,000 adults aged 65 and older, by sex and age group, in Ontario, 2005/06

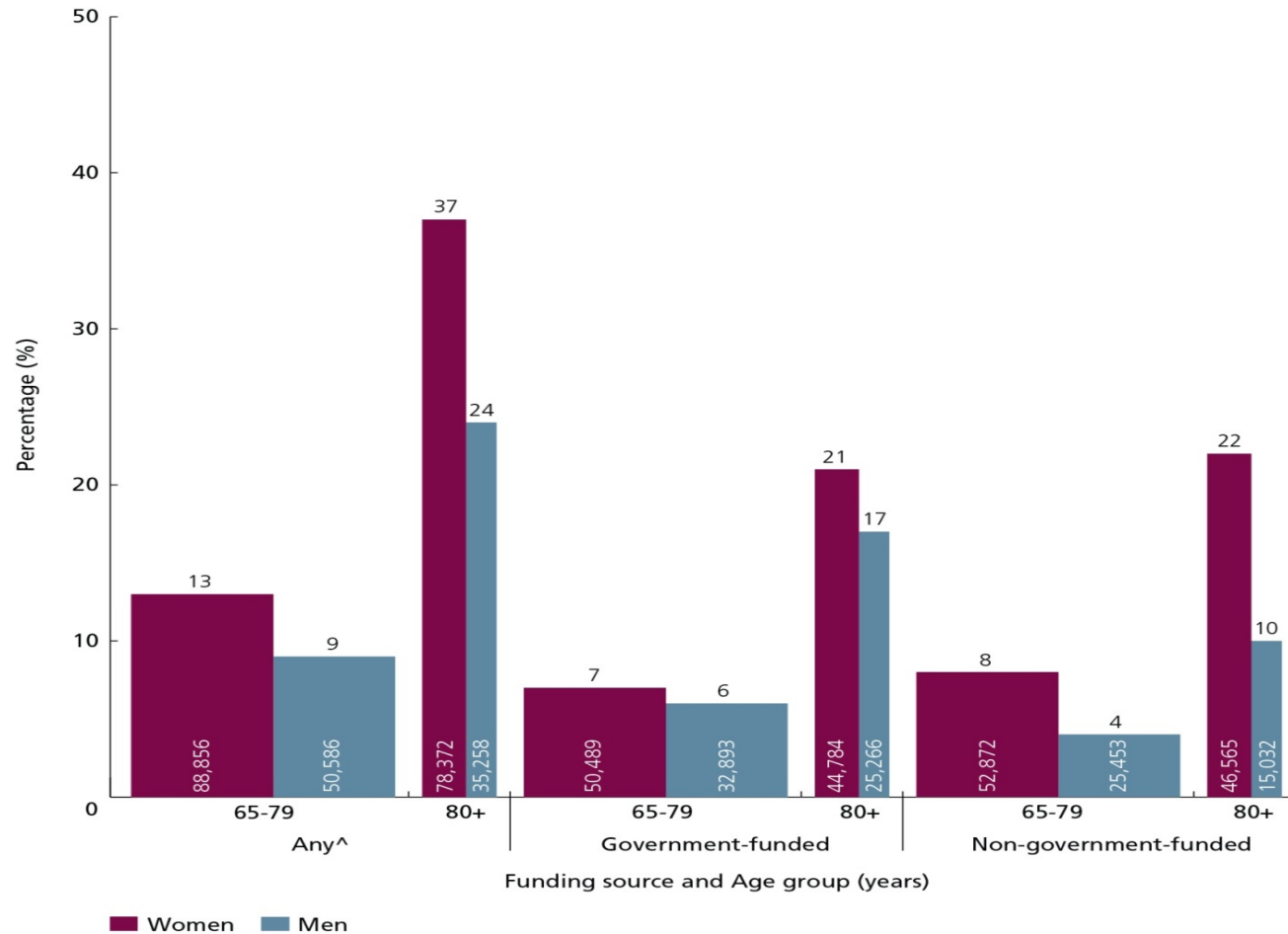


# Key Findings (6)

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**Among those receiving home care, there are opportunities to improve care for both women and men**

# Percentage and number of adults aged 65 and older who reported receiving home care services in the past year, by sex, age group, and funding source, in Ontario, 2007-08



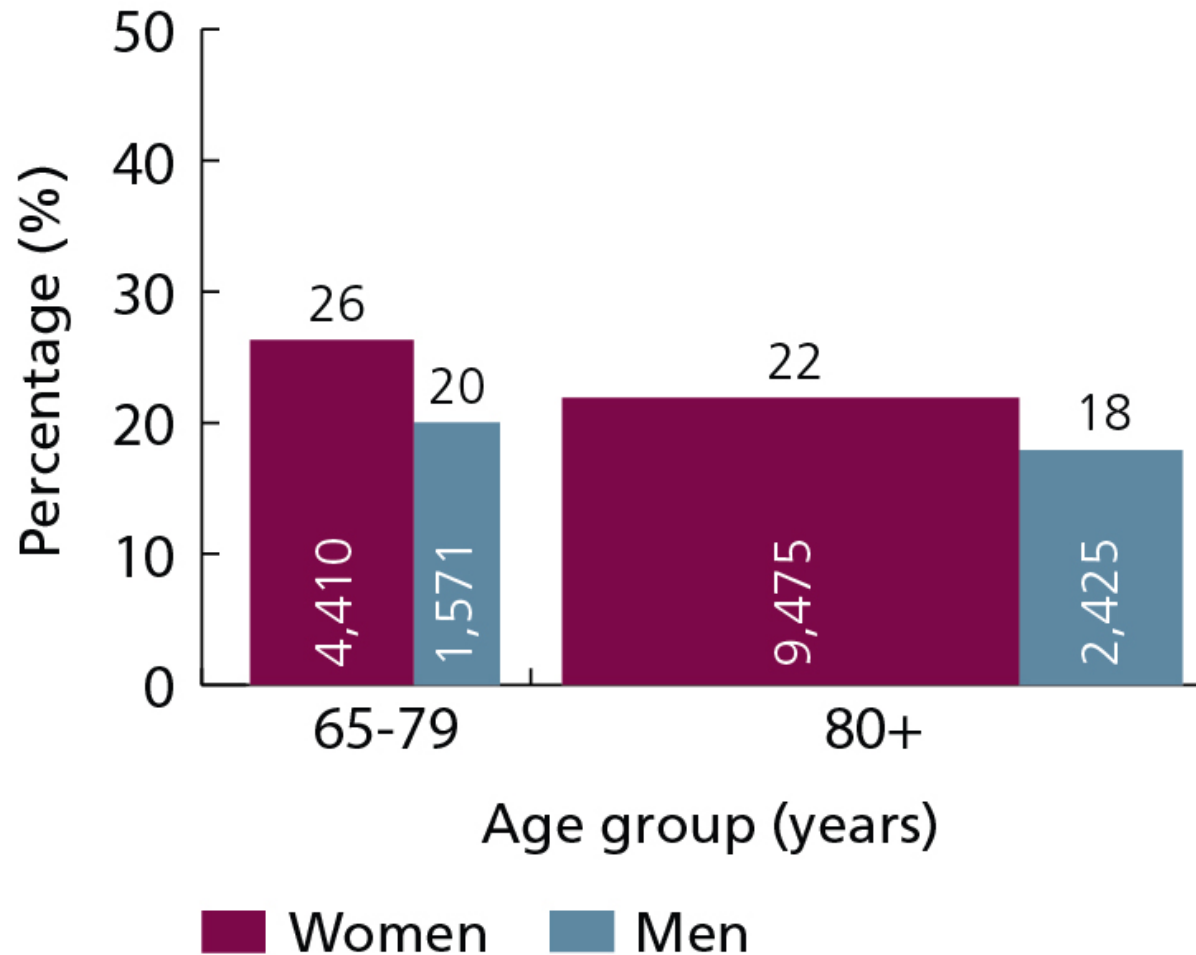
**DATA SOURCE:** Canadian Community Health Survey (CCHS), 2007-08

^includes both government- and non-government funded home care services

**NOTE:** The width of each bar reflects the relative proportion of the older community-dwelling population (aged 65+) represented by that bar (based on the indicator's denominator)



# Percentage and number of assessments among long-stay home care clients aged 65 and older with pain where the client reported inadequate pain control, by sex and age group, in Ontario, 2009/10



**DATA SOURCE:** Home Care Reporting System (HCRS)

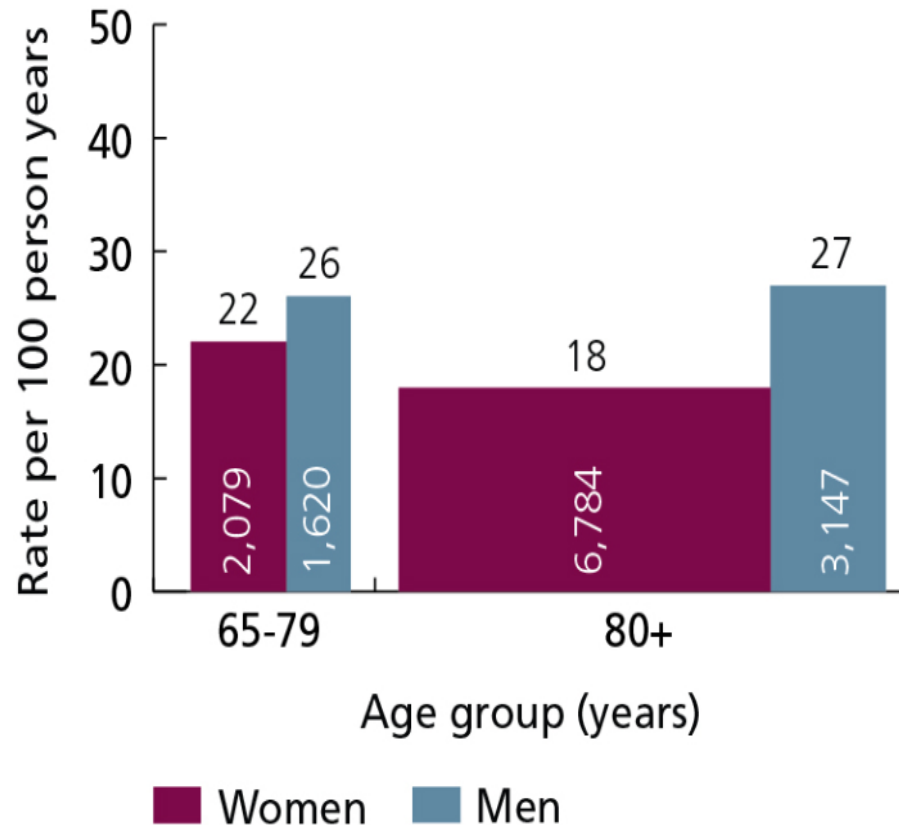
**NOTE:** The width of each bar reflects the relative proportion of the long-stay home care assessments (among clients aged 65+) represented by that bar (based on the indicator's denominator)

# Key Findings (7)

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**Among residents of long-term care, there were few gender differences on reported quality indicators after adjustment**

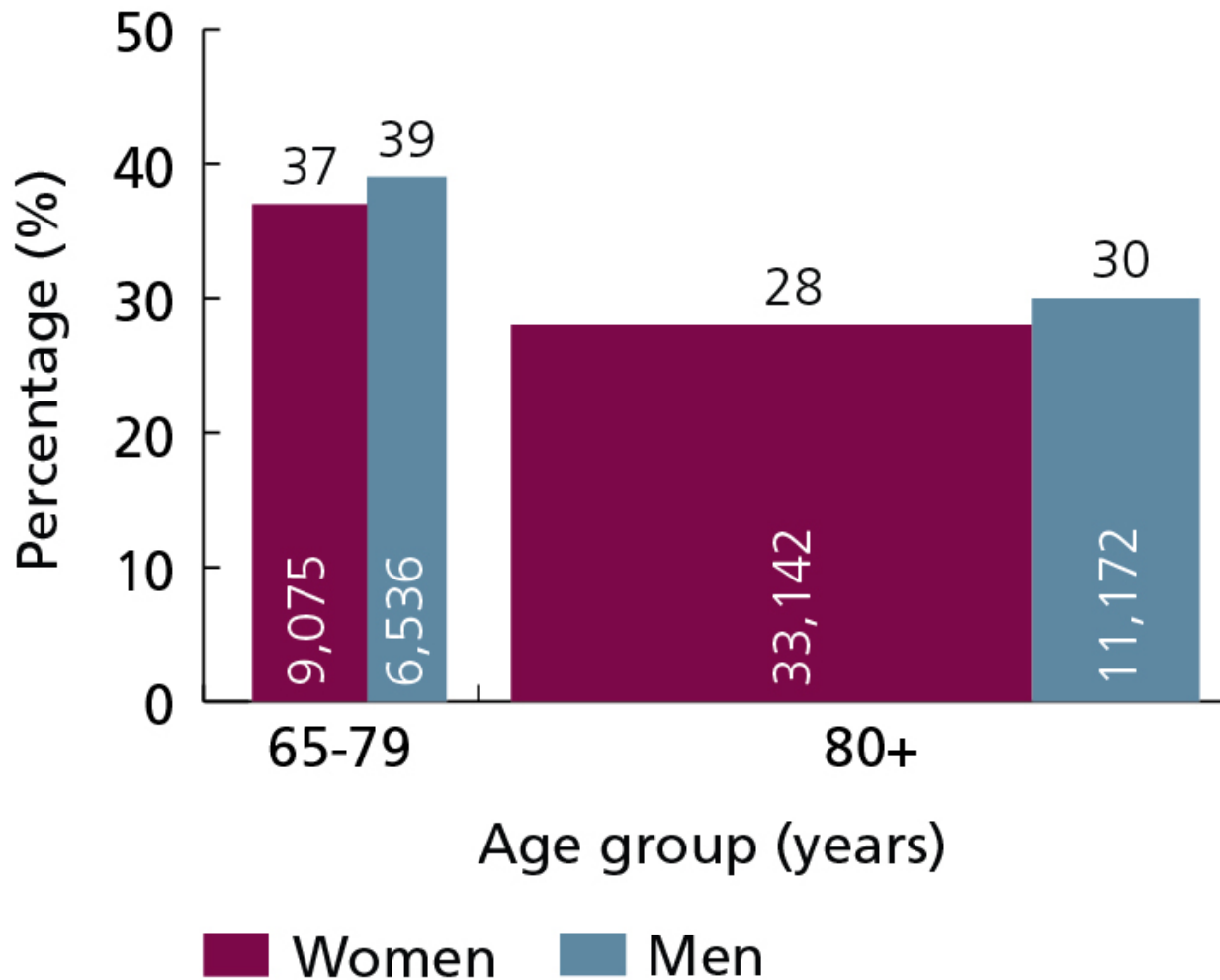
# Number of potentially preventable emergency department visits for every 100 long term care residents aged 65 and older per year and the total number of emergency department visits, by sex and age group, in Ontario, 2009/10



**DATA SOURCES:** Ontario Health Insurance Plan (OHIP); National Ambulatory Care Reporting System (NACRS); Canadian Institute for Health Information Discharge Abstract Database (CIHI-DAD); Registered Persons Database (RPDB)

**NOTE:** The width of each bar reflects the relative proportion of person-years among home care residents (aged 65+) represented by that bar (based on the indicator's denominator)

# Percentage and number of assessments among long-term care residents aged 65 and older where the resident was on antipsychotics without a diagnosis of psychosis, by sex and age group, in Ontario, 2009/10



**DATA SOURCE:** Continuing Care Reporting System (CCRS)

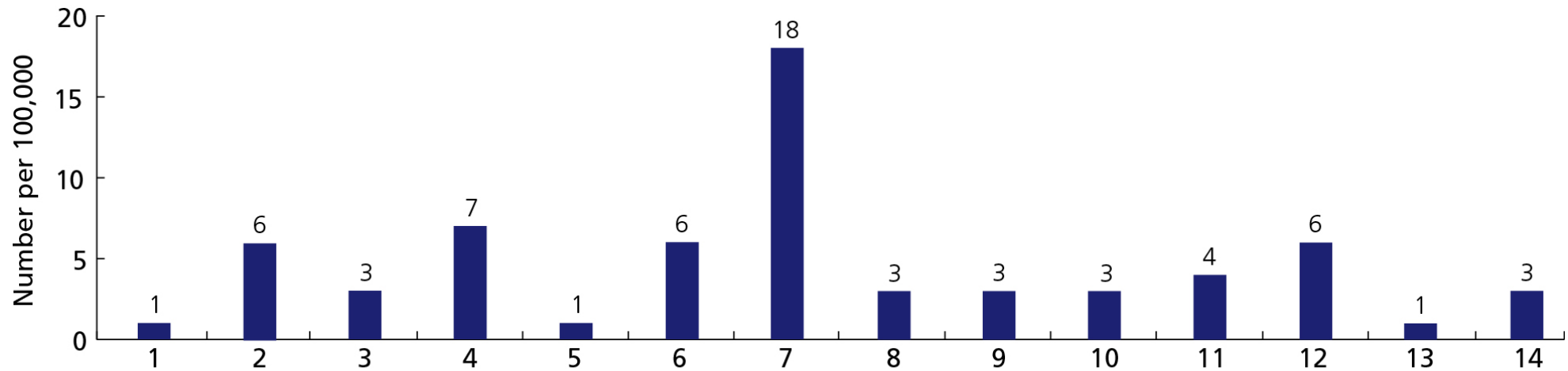
**NOTE:** The width of each bar reflects the relative proportion of the long-term care resident assessments (among those aged 65+) represented by that bar (based on the indicator's denominator)

# Key Findings (8)

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**We need to prepare the diverse health care workforce to meet the needs of the aging population**

# Number of geriatricians per 100,000 population aged 65 and older, by Local Health Integration Network (LHIN), in Ontario, 2009



Local Health Integration Network (LHIN)

- |                                     |                       |                          |
|-------------------------------------|-----------------------|--------------------------|
| 1. Erie St. Clair                   | 6. Mississauga Halton | 11. Champlain            |
| 2. South West                       | 7. Toronto Central    | 12. North Simcoe Muskoka |
| 3. Waterloo Wellington              | 8. Central            | 13. North East           |
| 4. Hamilton Niagara Haldimand Brant | 9. Central East       | 14. North West           |
| 5. Central West                     | 10. South East        |                          |

**DATA SOURCES:** Ontario Physician Human Resources Data Centre, Active Physician Registry December 31, 2009; Ministry of Finance Population Estimates by LHIN, 2001-2009 Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario data extracted December 20, 2010

# Study Limitations

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- **Secondary data sources**
  - Lack of population level data to assess some important issues (dementia, caregiving, end-of-life care)
- **Survey data: based on self-report**
- **Administrative data: lack of clinical detail**
- **Home care indicators: only long-stay clients of CCAC-provided services**
- **Time lag between data collection and reporting**

# Key Messages

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- **Design health care delivery systems that account for the different health and social needs of older women and men, as well as their different overall numbers in the population**
- **Effective prevention and health promotion strategies to optimize health outcomes among older women need to be implemented as it is better to prevent than treat chronic conditions**
- **We need to address socioeconomic status as a barrier to good health across the life course and among older adults**
- **A focus on improving quality of life and maintaining independence is a priority for older women and men**



# Key Messages

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- **Develop new integrated clinical care models to address the complex needs and heterogeneity of older adults**
- **Increase the number of health care providers specialized in geriatric care and improve the competencies of all health care providers who work with older adults**
- **Build the evidence-base to optimize care for older adults and enhance data capacity and reporting to guide improvement**

# For more information, please contact us:

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## The POWER Study

Keenan Research Centre  
Li Ka Shing Knowledge Institute  
St. Michael's Hospital  
30 Bond Street (209 Victoria, Suite 219)  
Toronto, ON M5B 1W8  
Telephone: 416. 864. 6060 x. 77555  
Fax: 416. 864. 5641  
[www.powerstudy.ca](http://www.powerstudy.ca)  
[powerstudy@smh.ca](mailto:powerstudy@smh.ca)

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*The POWER Study is a partnership between the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital and the Institute for Clinical Evaluative Sciences (ICES) in Toronto, Canada*