

# PROFILE OF OLDER MANITOBANS

Canadian Longitudinal Study on Aging Data, 2018-2021



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University of Manitoba and Brandon University

January 2024



TARGETING  
ISOLATION



# 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
- Work with organizations that help reduce older people's social isolation

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This report is available at [targetingisolation.com](http://targetingisolation.com)

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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.

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# Aging Well Together Partners

**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 Communities (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://manitobaseniorcommunities.ca/>

**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 Manitoba. The report provides select statistical information on a range of topics. The data were collected by the Canadian Longitudinal Study on Aging (CLSA) between April 2018 and September 2021.

The information is meant to give a general overview of the lives of older Manitobans. Because the data used in this report were collected before and during the COVID-19 pandemic, we present statistics for three time points: before the pandemic, and during the pandemic in 2020, and 2021.

The report provides statistics for: social engagement, physical and recreational activity participation, and health and well-being.

## Data Source

The information presented in this report is based on 3,489 Manitobans aged 55 years and older who participated in the second follow-up (FU-2) of CLSA, conducted from 2018 to 2021

## Key Findings

- The majority of older Manitobans were socially well connected and participated in many social activities. Social engagement, not surprisingly, was substantially impacted by the COVID-19 pandemic.
- Although the vast majority of older Manitobans have access to internet, about one in ten do not.
- Although older Manitobans participated in many physical and recreational activities, many were quite sedentary.
- Most older Manitobans reported being happy, and in good health in general. Some individuals, however, screened positive for depression and should be seen by mental health professionals.

## Conclusions

Although the majority of older Winnipeggers are socially connected, healthy, and happy, there needs to be a focus on those who are socially isolated, lonely, and those experiencing mental health problems. This means:

- Connecting (or re-connecting) Manitobans who are socially isolated/lonely to other people; for example, by linking them to social activities;
- Promoting the many social, physical and recreational activity programs that are available in Manitoba;
- Reducing barriers to social engagement and participation in physical and recreational activity programs, such as ensuring that affordable, appropriate transportation is available;
- Ensuring that all Manitobans have access to internet;
- Ensuring that mental health services are readily available.

Given the major impact of the COVID-19 pandemic on Manitobans' lives, in future research it will be important to examine the long-term consequences of the pandemic.



# Overview of This Report

## What is this Report About?

In a previous report we provided a profile of older Winnipeggers' social engagement, health, and well-being, based on Canadian Longitudinal Study on Aging (CLSA) data collected between 2015 and 2018 (Menec, Newall, & Rose, 2022).<sup>1</sup> The objectives of the present report are to:

- provide an update of select statistics using the 2018-2021 wave of data collection of the CLSA; and,
- expand the scope of the report by providing statistics on all Manitobans aged 55 or older who participated in the CLSA during that time period.

We focus on the following topics in this report:

- Social engagement
- Physical and leisure activity participation
- Health and well-being

For each of these topics we provide select statistics that are meant to give a general overview of the lives of older Manitobans; as such, they do 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, the report also does not reflect the lives of those who live in long-term care facilities. While we focus in this report on Manitobans aged 55 or older, statistics for Manitobans aged 65+ are provided in the Appendix for the interested reader.

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1. Menec V, Newall N, Rose A. Older Adults in Winnipeg: A Profile Before the COVID-19 Pandemic Using Canadian Longitudinal Study on Aging Data. 2022, Winnipeg. Report available on [targetingisolation.com](https://targetingisolation.com)



# Overview of This Report (continued)

## 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. The data used in this report are from Follow-up 2 collected from April 2018 to September 2021. Further information about the CLSA and participant recruitment is published in the articles listed below.<sup>1-3</sup>

## How we Used the Data

This report is based on 3,489 Manitobans aged 55 years and older who participated in the second follow-up (FU-2) of CLSA participants, conducted from 2018 to 2021. This was the most recent data available at the time this report was prepared.

Given the time frame of data collection, some participants were interviewed before the COVID-19 pandemic and some during the pandemic. The pandemic clearly had a major impact on people's lives; experiences also changed during different stages of the pandemic, as physical distancing mandates were implemented or loosened. We therefore present statistics in this report for three time periods:

- Before COVID: April 2018 to March 19, 2020;
- During COVID-2020: March 20, 2020 (the day the Province of Manitoba declared a State of Emergency) to December 31, 2020. This was the initial phase of the pandemic when physical distancing restrictions were most stringent in Manitoba;
- During COVID-2021: January 1, 2021 to September 30, 2021 (the last day that interviews for FU-2 were conducted). During this time period the physical restriction mandate had loosened somewhat in Manitoba.

We present weighted percentages, which means that the percentages are scaled up to the population. We also age-standardized statistics for the two COVID time periods to ensure that the age groups represented in the 3 time frames were similar.

- 
1. Kirkland SA, Griffith LE, Menec VH et al. Mining a unique Canadian resource: The Canadian Longitudinal Study on Aging. *Canadian Journal on Aging*, 2015;34: 366-377.
  2. Raina P, Wolfson C, Kirkland S, Griffith L et al. The Canadian Longitudinal Study on Aging (CLSA). *Canadian Journal on 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). *International Journal of Epidemiology*, 2019; 48: 1752-1753j, <https://doi.org/10.1093/ije/dyz173>

# Social Engagement

## WHAT DID WE LOOK AT?

We provide here information on several aspects of social engagement:

- 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 contacts 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.
- e) Virtual social connections via social networking sites and e-mail.



## Why is this an important topic?

Research shows that social engagement is linked to health and well-being.<sup>1-4</sup> For example, participating in social activities is associated with better quality of life, less decline in function over time, and less cognitive decline.

Conversely, the negative consequences of being socially isolated or lonely have also been shown in numerous studies, such as an increased risk of heart disease and stroke, and dementia. Social isolation is as much a risk factor for mortality as other well-known lifestyle risk factors, such as smoking.

Loneliness has also been shown to be associated with a wide range of physical and mental health outcomes, such as reduced cognitive function, depression, and mortality.

The negative health impact of social isolation and loneliness is likely due to a number of factors. For example, both social isolation and loneliness have been shown to be related to negative health-related behaviors, such as reduced physical activity and smoking, as well as physiologic responses, including increased blood pressure and heightened inflammatory reactivity to stress, all of which can contribute to negative health outcomes.



1. Holt-Lunstad J. Social connection as a public health issue: The evidence and a systemic framework for prioritizing the "social" in social determinants of health. *Annual Review of Public Health*. 2022 Apr 5;43:193-213.
2. Santini ZI, Koyanagi A, Tyrovolas S et al. The association between social relationships and depression: A systematic review. *Journal of Affective Disorders*, 2015;175: 53-65.
3. 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.
4. Pinquart M, Sorensen S. Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology*, 2001;23: 245-266.



# Social Participation

CLSA participants were asked a series of questions about their social participation. For each of the 8 questions shown 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

From the answers to these questions, we classified people who participated in 4 or more of the activities at least once a day, at least once a week, or at least once a month as frequently participating in social activities.

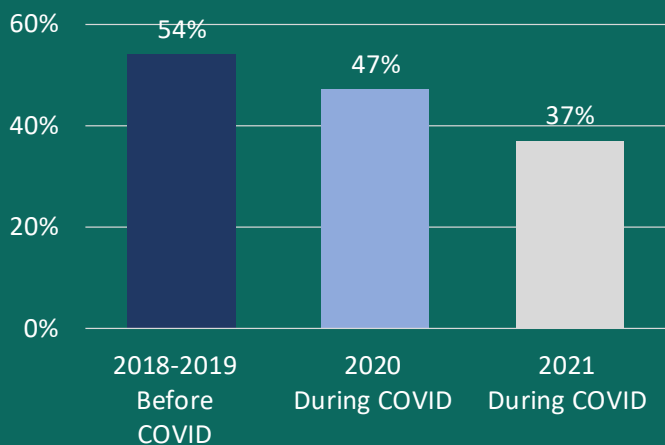
Pre-COVID, 54% of Manitobans aged 55 or older participated frequently in social activities. This percentage decreased to 47% in 2020 and 37% in 2021.

When asked if, in the past 12 months, they felt they wanted to participate in more social, recreational, or group activities, 37% of Manitobans aged 55 or older said 'yes' before COVID. This proportion increased to 43% in 2020 and 52% in 2021.

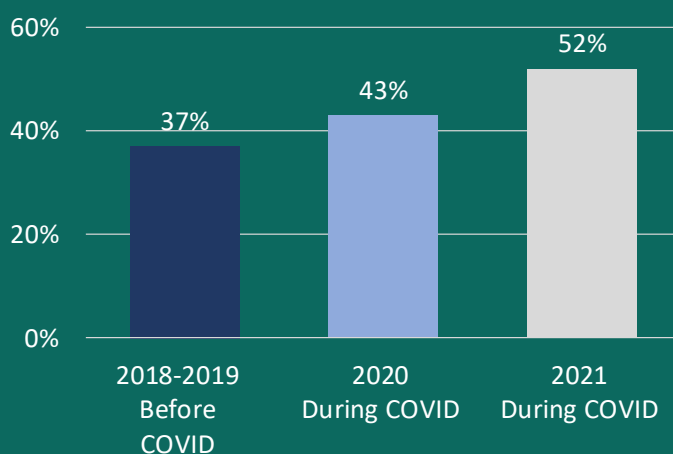
## Key take-away points

- About half of Manitobans aged 55+ participated frequently in social activities pre-COVID; more than a third said they would like to participate in more social activities.
- Not surprisingly, given the physical distancing mandate, social participation decreased during COVID. The proportion of people who wanted to be socially active correspondingly increased.
- An important task for future research will be to examine if some older adults continue to avoid social activities now, and how they might be encouraged to participate in social activities.

**% Manitobans aged 55+ who frequently participated in social activities**



**% Manitobans aged 55+ who would like to participate in more social activities**



# Social Isolation, Loneliness

**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.<sup>1,2</sup> It reflects the objective state of having limited contact with people.

In contrast to social isolation, **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.

Among Manitobans aged 55 or older, 18% were identified as being socially isolated before COVID. The proportion increased to 30% in 2020 and 37% in 2021.

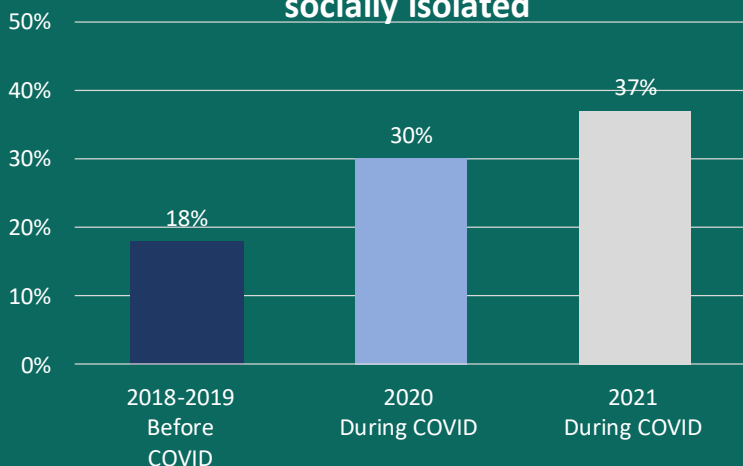
When asked how often they felt lonely in a given week, 22% of Manitobans aged 55 or older said they felt lonely 'some of the time (1-2 days)', 'occasionally (3-4 days)', or 'all the time (5-7 days)' before COVID. The proportion who felt lonely some of the time or more often increased to 25% in 2020 and 25% in 2021.

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

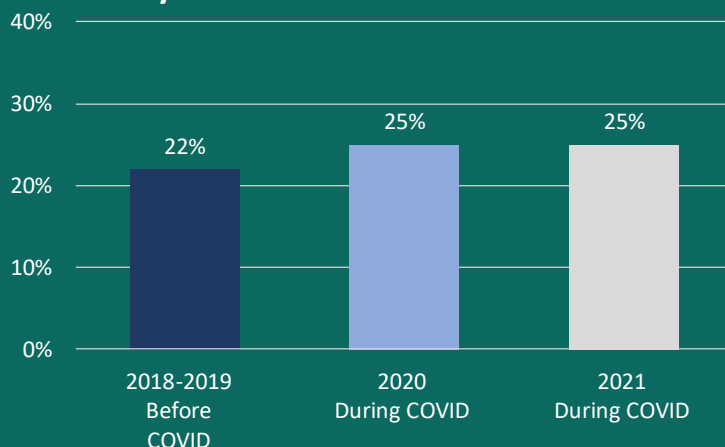
## Key take-away points

- The proportion of socially isolated older Manitobans doubled during COVID, compared to pre-COVID.
- The proportion of people who reported being lonely also increased.
- It is important to reach and re-connect individuals who may have remained socially isolated or lonely, even though the physical distancing mandate has ended.

**% Manitobans aged 55+ who were socially isolated**



**% Manitobans aged 55+ who felt lonely some of the time or more often**



# Social Support

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 that CLSA participants were asked, namely whether 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'.

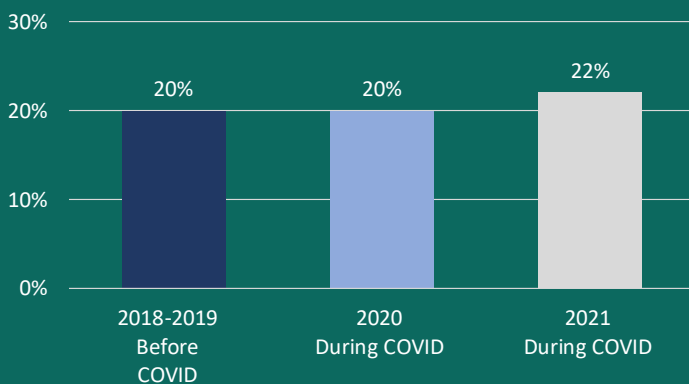
Among Manitobans aged 55 or older, before COVID, 20% said they don't always have somebody who could help them if they were confined to bed. This proportion did not change in 2020 and was virtually the same in 2021 (22%).

Similarly, 16% of Manitobans aged 55 or older said they don't always have somebody to confide in or talk to about problems before COVID, with the proportion decreasing only slightly to 13% in 2020 and 14% in 2021.

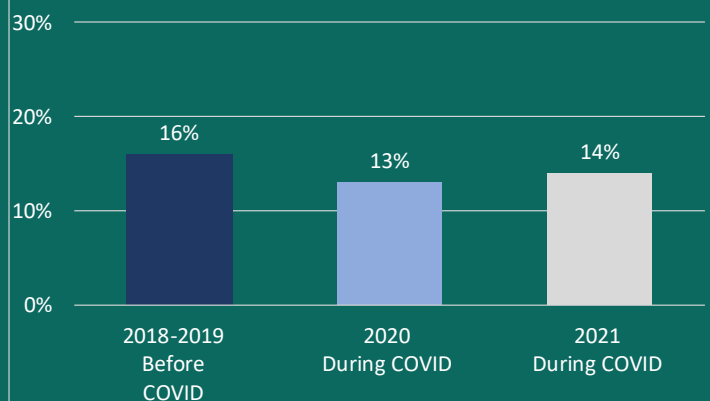
## Key take-away points

- The majority of older Manitobans have social support available to them if they were sick or wanted to talk about problems.
- However, a significant proportion (almost 1 in 5) said they did not always have these supports, pre-COVID or during the pandemic.
- Individuals who do not have supports available are at risk and could benefit from being connected to community resources.

**% Manitobans aged 55+ who said they don't always have somebody who could help if they were confined to bed**



**% Manitobans aged 55+ who said they don't always have somebody they can confide in**



# Virtual Social Connections

Information and Communication Technology (ICT), such as smart phones and computers play an important role in being socially connected. CLSA participants were asked a series of questions about their ICT use. Here we focus on three questions that relate to staying socially connected:

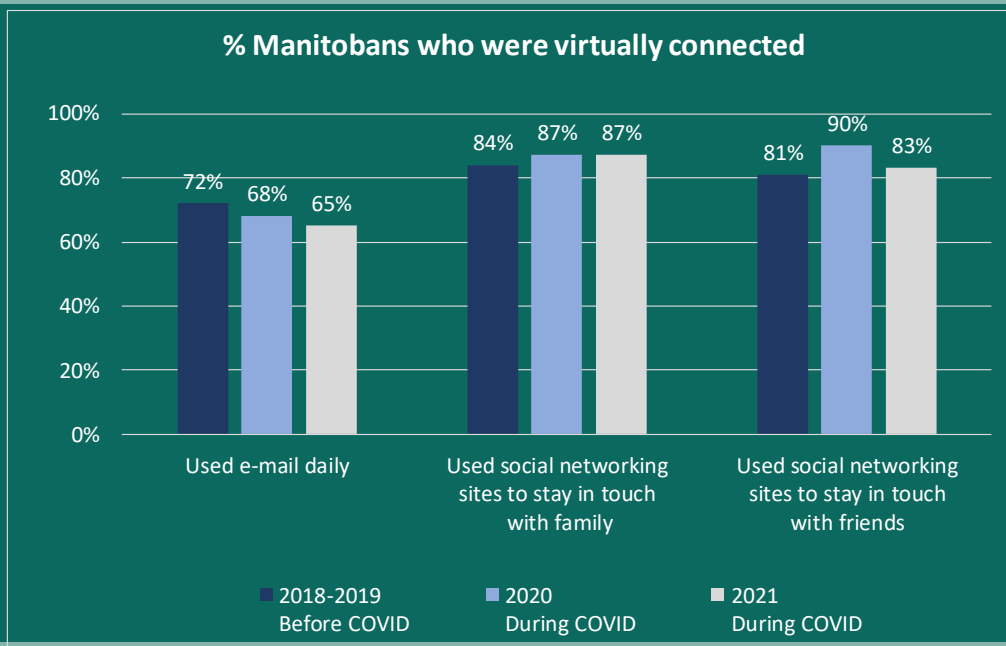
- 'How frequently do you use e-mail' [daily, a few times a week, a few times a month, a few times a year, never]
- Among those who said they used websites and also, specifically, said they used social networking sites: 'What are the different ways you use social networking sites? Do you ever use those sites to...'
  - stay in touch or make plans with family
  - stay in touch or make plans with friends

The majority (92%) of Manitobans aged 55 or older said they had access to internet or e-mail at home, with 72% saying that they used e-mail daily. This proportion decreased slightly during the pandemic to 68% in 2020 and 65% in 2021.

About half of the sample (56%) used social networking sites. Among these individuals, 84% said their used social networking sites to keep in touch with family before COVID. The proportion increased slightly to 87% in 2020 and 87% in 2021. Use of social networking sites to stay in touch with friends was also common, with 81% of individuals indicating they did so before the pandemic and 90% and 83% in 2020 and 2021, respectively.

## Key take-away points

- The majority of older Manitobans have access to internet and use e-mail; many use social networking sites to stay connected with family and friends.
- Almost 1 in 10 older Manitobans said they did not have access to internet or e-mail at home.
- Ensuring that all older adults have access to technology continues to be important.





# Physical and Recreational Activity

## 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
- c) Participation in sedentary (sitting) activities



## Why is this an important topic?

Both physical and recreational activity is beneficial for health and well-being for people 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.<sup>1,2</sup> Despite the known benefits of physical activity, many Canadians do not achieve the recommended levels of physical activity to gain health benefits.<sup>3</sup> While sitting too much has also been shown to be detrimental to health, engaging in sedentary recreational activities can contribute to quality of life.<sup>4</sup>



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. *Scandinavian Journal of Medicine & Science 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 Journal of Sports Medicine*, 2020;54: 1451-1462.
3. Statistics Canada. Canadian Health Measures Survey: Activity monitor data, 2018-2019. 2021, The Daily, Sept 21.
4. Adams KB, Leibbrandt S, Moon H. A critical review of the literature on social and leisure



# Physical Activity

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.<sup>1</sup> Asking about the previous week provides a reasonable estimate of people's regular activity patterns.

Among older Manitobans 63% said they walked outside their home or yard, for pleasure or exercise, on 3 or more days in the previous week; the proportion was slightly higher in 2020 (73%), but about the same in 2021 as pre-COVID (62%).

When looking at other types of physical activity, pre-COVID, 17% of Manitobans aged 55 or older said they participated in light sports activities, such as bowling, golf with a cart, or fishing, 16% said they participated in strenuous sports activities, such as jogging, aerobics (dance or water), racquet ball, or swimming, and 21% 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.

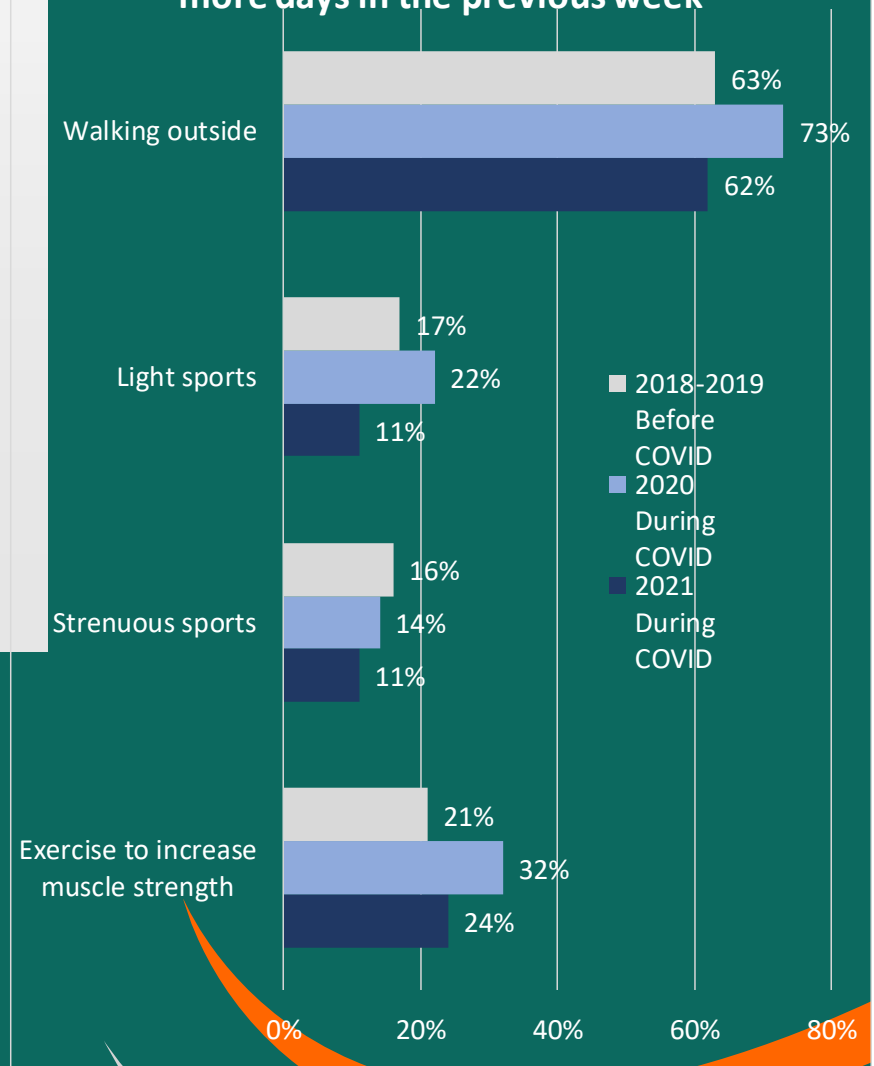
The proportions tended to increase in 2020, during COVID, and return to pre-COVID levels in 2021. The exception was participation in strenuous sports, which declined slightly during 2020 and 2021.

1. Washburn RA, Smith KW, Jette AM et al. The physical activity scale for the elderly (PASE): Development and evaluation. *Journal of Clinical Epidemiology*, 1993;46: 153–162.

## Key take-away points

- Walking was the most common type of physical activity.
- Physical activity levels were generally quite low, with the majority of older Manitobans indicating that they would like to be more physically active. This suggests the continued need to promote physical activity participation.

**% Manitobans aged 55+ who participated in physical activity 3 or more days in the previous week**



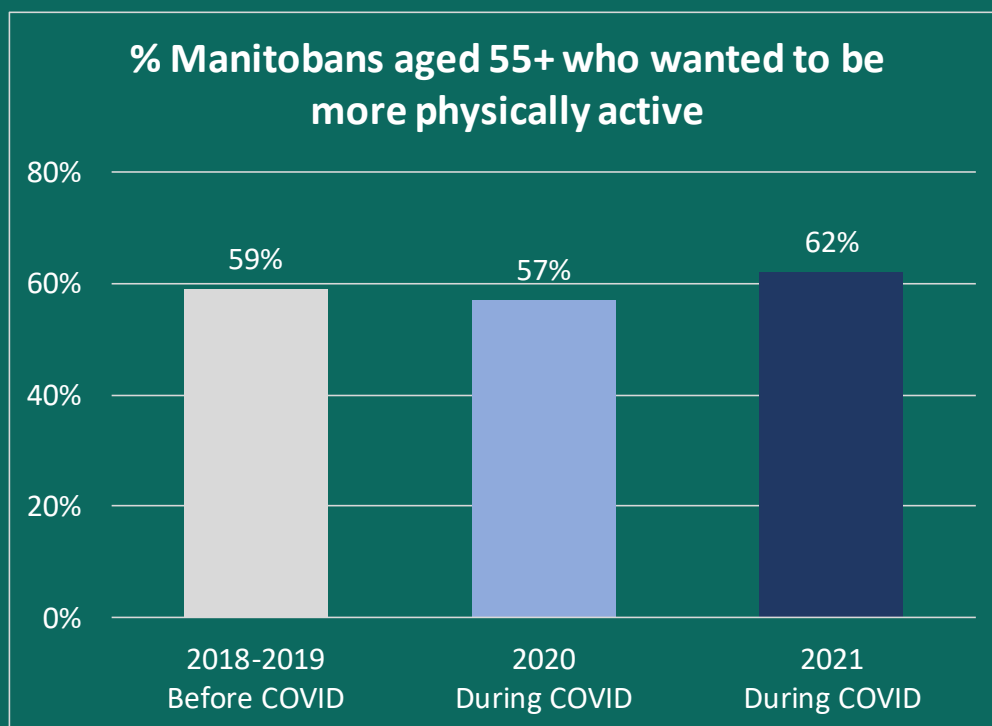
## Wanting to be more physically active

CLSA participants were also asked if they felt that they wanted to participate in more physical activities in the past 12 months. They could answer either 'yes' or 'no' to this question.

59% of participant said they wanted to participate in more physical activity pre-COVID; the proportions were similar in 2020 (57%), and in 2021 (62%).

## Key take-away points

- Over half of older Manitobans would like to be more physically active.
- This suggests the continued need to reduce barriers to physically activity, such as raising awareness of the opportunities that are available, and providing transportation to access opportunities.



# Sedentary Activity

Engaging in a variety of recreational activities, including sedentary ones, can bring enjoyment and enhance quality of life. Participants in the Canadian Longitudinal Study on Aging were asked whether they participated in a number of sedentary (sitting) activities in the previous week.

Before COVID, among Manitobans aged 55 or older:

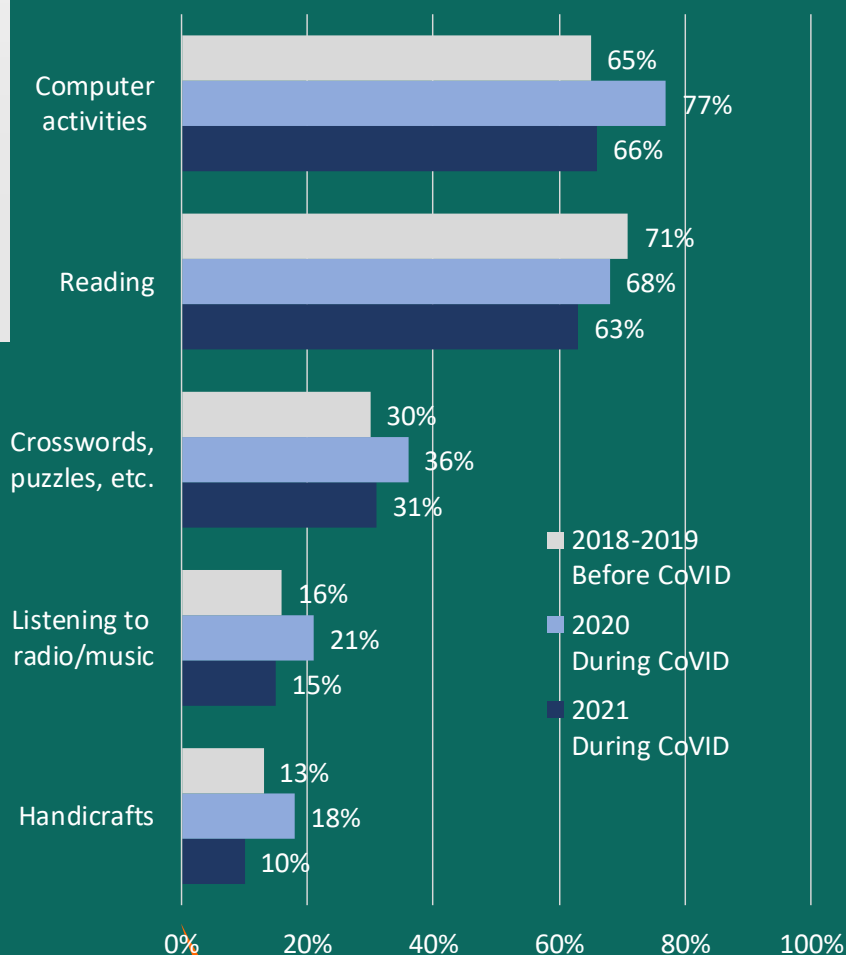
- 71% reported reading
- 65% said they engaged in computer activities
- 30% said they did crosswords, puzzles, etc.
- 16% reported listening to the radio or music
- 13% said they did handicrafts

For most activities (except for reading), an increase was observed in 2020, but the proportions tended to return to pre-pandemic levels in 2021.

## Key take-away points

- Older Manitobans engage in a variety of sedentary activities.
- Although physical activity is important for health and well-being, engaging in sedentary activities can also contribute to quality of life.

### % Manitobans aged 55+ who participated in sedentary activities



# Health and Well-being

## WHAT DID WE LOOK AT?

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

- a) Happiness
- b) General perceptions of health
- c) Mental health (general perceptions of mental health, depression)



## Why is this an important topic?

Health and well-being are clearly important at any age, and promoting healthy aging is the key goal for the current United Nations 'Decade of Healthy Ageing'.<sup>1</sup> The World Health Organization defines healthy aging as 'the process of developing and maintaining the functional ability that enables well-being in older age'.<sup>2</sup> Health, personal characteristics, and the environment in which people live all contribute to their functional ability and, in turn, well-being.<sup>2</sup>

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

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

# Happiness, General Health

Happiness is an aspect of overall well-being. In the Canadian Longitudinal Study on Aging, participants were asked how often they were happy in the past week.

Participants were also asked to rate their own health with the question: '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.<sup>1</sup>

67% of Manitobans aged 55 or older said they were happy most of the time (5-7 days per week) before COVID. The proportion decreased slightly during COVID to 65% in 2020 and 61% in 2021.

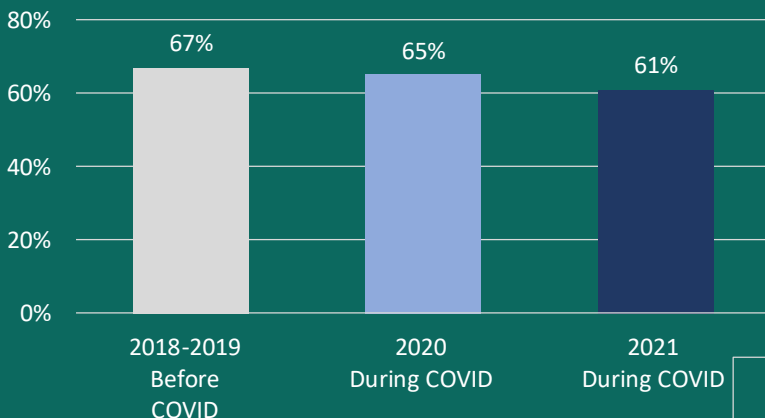
For perceptions of health, the percentage remained stable at 85% before COVID, 83% in 2020, and 84% in 2021.

1. DeSalvo KB, Bloser N, Reynolds K et al. Mortality prediction with a single general self-rated health question. A meta-analysis. *Journal of General Internal Medicine*, 2006;21: 267-75.

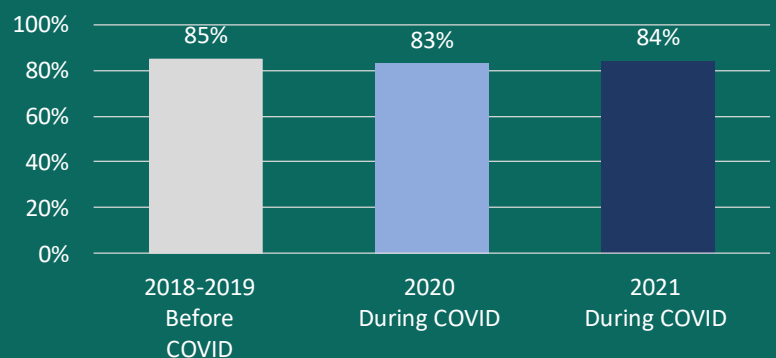
## Key take-away points

- Two out of three older Manitobans report being happy most of the time, and the majority feel they are in good to excellent health.
- Overall, older Manitobans' well-being is high; however, supports need to be in place for those individuals who experience challenges to their well-being.

**% Manitobans aged 55+ who felt happy most of the time**



**% Manitobans aged 55+ who rated their health in general as good, very good, or excellent**





# Mental Health

Mental health can be assessed in many ways. In this report we look at 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 disorders.<sup>1</sup> It provides a holistic view of looking at mental health and, therefore, provides a good, general sense of the mental health of a population.

Another measure of mental health focuses on symptoms of depression, assessed with 10 questions.<sup>2</sup> High scores on this questionnaire reflect the presence of many depressive symptoms that should be explored further with diagnostic tests. A high score on the scale is, therefore, commonly referred to as ‘having screened positive for depression’.

Among older Manitobans, 92% rated their mental health as good, very good, or excellent before COVID. The percentages were similar during COVID (94% in 2020 and 93% in 2021).

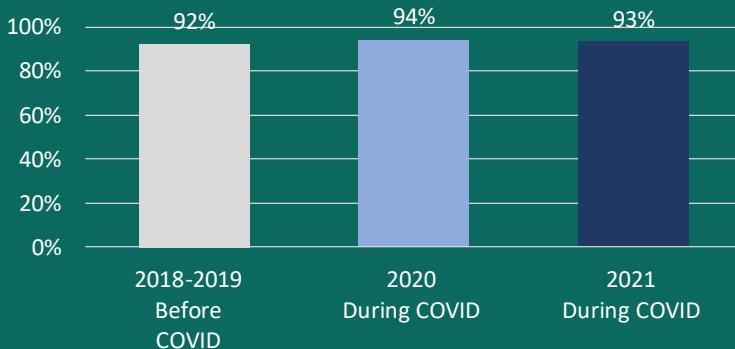
For depression, 14% of older Manitobans screened positive for depression before COVID, 16% in 2020 and 11% in 2021.

1. Mawani FN, Gilmour H. Validation of self-rated mental health. Health Report, 2010;21: 61-75.
2. Andresen, E., Malmgren, J., Carter, W., & Patrick, D. (1994). Screening for depression in well older adults: Evaluation of a short form of the CES-D. American Journal of Preventative Medicine, 10(2), 77-84.

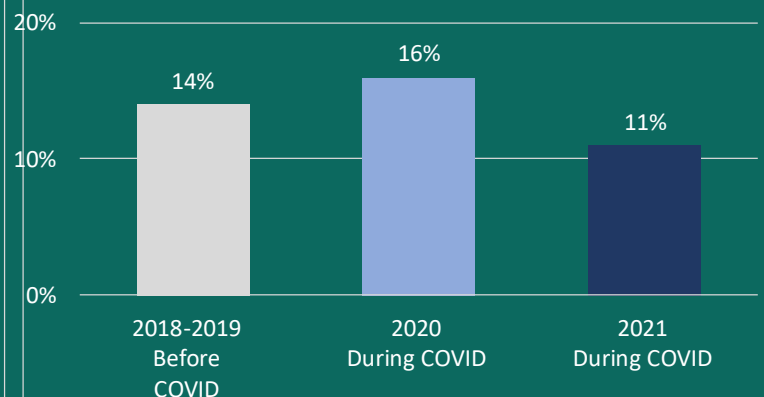
## Key take-away points

- While the vast majority of older Manitobans report being in good mental health, over 1 in 10 screened positive for depression.
- Supports should be available for Manitobans who experience mental health problems.

**% Manitobans aged 55+ who rated their general mental health as good, very good, or excellent**



**% Manitobans aged 55+ who screened positive for depression**



# Conclusions



## What is this Report About?

In this report we provided an update of our previous report *“Older Adults in Winnipeg: A Profile Before the COVID-19 Pandemic Using Canadian Longitudinal Study on Aging Data”*.

In the present report we aimed to:

- provide an update of select statistics using the 2018-2021 wave of data collection of Canadian Longitudinal Study on Aging (CLSA); and,
- expand the scope of the report by providing statistics on all Manitobans aged 55 or older who participated in the CLSA during that time period.

Since the COVID-19 pandemic started during the CLSA data collection, we present statistics for three time periods: before COVID-19 and during COVID in 2020, and 2021. This provides a snapshot of experiences at three points in time. To maintain adequate sample sizes for the three time periods, we present statistics on people aged 55+ as a whole. As such, we cannot do justice to the diversity of older adults in this report. The interested reader is referred to the Appendix for statistics for Manitobans aged 65 or older.

The majority of older Manitobans are socially connected, perceive themselves as being in good general and mental health; more than half say they are happy most of the time.

However, one in five were socially isolated or lonely before the COVID-19 pandemic, and about one in three would have liked to participate in more social activities.

Not surprisingly, the physical distancing restrictions during the COVID-19 pandemic had a major impact on Manitobans' social lives. The proportion of socially isolated older adults doubled during the pandemic. Moreover, some older Manitobans experienced mental health challenges before and during the pandemic.

Therefore, there continues to be a need to focus on those who are socially isolated, lonely, and those experiencing mental health problems. This means:

- Connecting (or re-connecting) Manitobans who are socially isolated/lonely to other people; for example, by linking them to the many social activities that are available in the province, such as those provided by Active Living Centres<sup>1</sup>, and organizations such as A & O Support Services for Older Adults<sup>2</sup>;
- Promoting and connecting older adults with the physical and recreational activity programs that are available in Manitoba<sup>3</sup>;
- Reducing barriers to social engagement and participation in social, physical and recreational activity programs, such as ensuring that affordable, appropriate transportation is available;
- Ensuring that all Manitobans have access to internet;
- Ensuring that mental health services are readily available.

Given the major impact of the COVID-19 pandemic on Manitobans' lives, in future research it will be important to examine the long-term consequences of the pandemic.

1. [manitobaseniorcommunities.ca/](http://manitobaseniorcommunities.ca/)

2. [aosupportservices.ca/](http://aosupportservices.ca/)

3. [activeagingmb.ca](http://activeagingmb.ca)

# Appendix

Statistics are provided here for Manitobans aged 65 or older who participated in Follow-up 2 of the Canadian Longitudinal Study on Aging. Data were collected between 2018 and 2021.

## Social Engagement Among Manitobans Aged 65 or Older

	2018-2019 Before COVID	2020 During COVID	2021 During COVID
Participated in 4 or more social activities at least once a month	56%	47%	35%
Wanted to participate in more social activities	34%	32%	48%
Socially isolated	20%	30%	40%
Lonely at least some of time	26%	23%	27%
Did not always have somebody who could help if confined to bed	21%	21%	22%
Did not always have somebody to confide in	17%	11%	10%
Had access to internet	86%	92%	84%
Used social networking sites	56%	56%	70%
Used e-mail daily	66%	58%	63%
Used social networking sites to stay in touch with friends	86%	92%	89%
Used social networking sites to stay in touch with friends	81%	91%	80%

# Appendix (continued)

## Physical and Recreational Activity Participation Among Manitobans Aged 65 or Older

	2018-2019 Before COVID	2020 During COVID	2021 During COVID
Walked outside 3+ times per week	61%	69%	56%
Participated in light sports 3+ times per week	17%	22%	13%
Participated in strenuous sports 3+	13%	10%	10%
Did muscle strengthening exercises	21%	32%	18%
Wanted to be more physically active	52%	48%	63%
Sedentary activities - computer activ-	57%	69%	63%
Sedentary activities - reading	76%	69%	68%
Sedentary activities – crosswords,	35%	34%	34%
Sedentary activities – listening to	17%	21%	18%
Sedentary activities – handicrafts	14%	19%	13%

## Health and Well-Being Among Manitobans Aged 65 or Older

	2018-2019 Before COVID	2020 During COVID	2021 During COVID
Felt happy most of the time	70%	70%	61%
Rated their health in general as good, very good, or excellent	83%	84%	81%
Rated their general mental health as good, very good, or excellent	93%	95%	95%
Screened positive for depression	13%	11%	12%



This report is available at:

[Targetingisolation.com](https://targetingisolation.com)



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