



Health and Health Care for an Aging Population

Policy Summary of
The Canadian Medical Association
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1) Introduction and Context:

In 2010, 14% of Canada's population was 65 or older. With the aging of the baby boom generation, this proportion is estimated to rise to about 25% in 2036¹. The aging of Canada's population is expected to have a major impact on the country's economy, society and health care system over the next 25 to 30 years.

Though age does not automatically mean ill health or disability, the risk of both does increase as people age. In 2006, 33% of Canadians aged 65 or older had a disability; the proportion climbed to 44% among people aged 75 or older.² Nearly three-quarters of Canadians over 65 have at least one chronic health condition.³ Because of increasing rates of disability and chronic disease, the demand for health services is expected to increase as Canada's population ages. Currently Canadians over 65 consume roughly 44% of provincial and territorial health care budgets⁴, and governments are concerned about the health care system's capacity to provide quality services in future.

The CMA believes that to provide optimal care and support for Canada's aging population, while taking care to minimize pressure on the health-care system as much as possible, governments at all levels should invest in:

- programs and supports to promote healthy aging;
- a comprehensive continuum of health services to provide optimal care and support to older Canadians; and
- an environment and society that is "age friendly."

This policy describes specific actions that could be taken to further these three goals. Its recommendations complement those made in other CMA policies, including those on "Funding the Continuum of Care" (2009), Optimal Prescribing (2010) and Medication Use and Seniors (Update 2011).

¹ Public Health Agency of Canada. "Growing Older: Adding Life to Years. Annual report on the state of public health in Canada, 2010." Accessed at <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/index-eng.php>

² Statistics Canada: A Portrait of Seniors in Canada (2008). Accessed at <http://www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.htm>

³ Canadian Institute for Health Information. "Seniors and the health care system: What is the impact of multiple chronic conditions?" (January 2011.) Accessed at https://secure.cihi.ca/free_products/air-chronic_disease_aib_en.pdf

⁴ Canadian Institute for Health Information. *National Health Expenditure Trends, 1975 to 2010*. Accessed at http://www.cihi.ca/cihi-ext-portal/internet/en/document/spending+and+health+workforce/spending/release_28oct10

2) Providing Optimal Health and Health Care for Older Persons:

This section discusses in detail the three general areas in which the CMA believes governments should invest:

a) Promotion of “Healthy Aging”

The Public Health Agency of Canada (PHAC) defines healthy aging as “the process of optimizing opportunities for physical, social and mental health to enable seniors to take an active part in society without discrimination and to enjoy independence and quality of life.” It is believed that initiatives to promote healthy aging, and enable older Canadians to maintain their health, will help lower health-care costs by reducing the overall burden of disability and chronic disease. Such initiatives could focus on:

Physical activity. Being physically active is considered the most important step that older Canadians can take toward improving health, even if they do not start being active until later in life. However in 2008, 57% of seniors reported being physically inactive⁵.

Injury prevention. Falls are the primary cause of injury among older Canadians; they account for 40% of admissions to nursing homes, 62% of injury-related hospitalizations, and almost 90% of hip fractures⁶. The causes of falls are complex, and both physiology (e.g. effect of illness) and environment (e.g. poorly maintained walkways) can contribute. Most falls can be prevented through a mix of interventions: for the person (such as strength and balance training); and for the person’s environment, (such as grab bars and railings, slip-proof floor surfaces, walkways that are cleared of snow and ice in winter.)

Nutrition. In 2008, 28% of men and 31% of women over 65 were obese (BMI \geq 30); this is higher than the population average. *Underweight* is also a problem among seniors, 17% of whom report a BMI of 20 or less⁷. The reasons for nutrition problems among older Canadians are complex; they may be related to insufficient income to purchase healthy foods, or to disabilities that make shopping or preparing meals difficult.

Mental health. An estimated 10-15% of seniors report depression, and the rate is higher among those with concomitant physical illness, or those living in long-term

⁵ PHAC 2010

⁶ PHAC 2010

⁷ PHAC 2010

care facilities⁸. Depression among older people may be under-recognized and under-treated, since it might be dismissed as a normal consequence of aging. Poor mental health is often associated with social isolation, a common problem among seniors.

Recommendations:

Governments and National Associations

The CMA recommends that:

1. Governments at all levels support programs to promote physical activity, nutrition, injury prevention and mental health among older Canadians.

Health Service Delivery

The CMA recommends that:

2. Older Canadians have access to high-quality, well-funded programs and supports to help them achieve and maintain physical fitness and optimal nutrition.
3. Older Canadians have access to high-quality, well-funded programs aimed at determining the causes and reducing the risk of falls.
4. Older Canadians have access to high-quality, well-funded programs to promote mental health and well-being and reduce social isolation.

Physicians and Patients

The CMA recommends that:

5. Older Canadians be encouraged to follow current guidelines for healthy living, such as the 2012 Canadian Physical Activity Guidelines for adults 65 and over.
6. Physicians and other health care providers be encouraged to counsel older patients about the importance of maintaining a healthy and balanced life style.
7. All stakeholders assist in developing health literacy tools and resources to support older Canadians and their families in maintaining health.

b) A Comprehensive Continuum of Health Services

Though, as previously mentioned, age does not automatically mean ill health, utilization of health services does increase with increasing age. Patients over 65

⁸ Mood Disorders Society of Canada. "Depression in Elderly" (Fact sheet). Accessed at <http://www.mooddorderscanada.ca/documents/Consumer%20and%20Family%20Support/Depression%20in%20Elderly%20edited%20Dec16%202010.pdf>

have more family physician visits, more hospital admissions and longer hospital stays than younger Canadians (the overall length of stay in acute inpatient care is about 1.5 times that of non-senior adults)⁹.

In addition, seniors take more prescription drugs per person than younger adults; 62% of seniors on public drug programs use five or more drug classes, and nearly 30% of those 85 and older have claims for 10 or more prescription drugs¹⁰. Heavy medication use by people over 65 has a number of consequences:

- The risk of adverse drug reactions is several-fold higher for seniors than for younger patients.
- Medication regimes, particularly for those taking several drugs a day on different dosage schedules, can be confusing and lead to errors or non-adherence.
- Patients may receive prescriptions from multiple providers who, if they have not been communicating with each other, may not know what other medications have been prescribed. This increases the risk of harmful drug interactions and medication errors.

For seniors who have multiple chronic diseases or disabilities, care needs can be complex and vary greatly from one person to another. This could mean that a number of different physicians, and other health and social-services professionals, may be providing care to the same person. A patient might, for example, be consulting a family physician for primary health care, several medical specialists for different conditions, a pharmacist to monitor a complex medication regime, a physiotherapist to help with mobility difficulties, health care aides to clean house and make sure the patient is eating properly, and a social worker to make sure his or her income is sufficient to cover health care and other needs.

Complex care needs demand a flexible and responsive health care system. The CMA believes that quality health care for older Canadians should be delivered on a continuum from community based health care, (e.g. primary health care, chronic disease management programs), to home care (e.g. visiting health care workers to give baths and footcare), to long-term care and palliative care. Ideally, this continuum should be managed so that the patient can remain at home, out of emergency departments, hospitals and long term care unless appropriate, can easily access the level of care he or she needs, and can make a smooth transition from one level of care to another when needed.

Care managers are an essential part of this continuum, working with caregivers and the patient to identify the most appropriate form of care from a menu of alternatives. Care managers can co-ordinate the services of the various health professionals who deliver care to a given patient, and facilitate communication

⁹ Canadian institute for Health Information. *Health Care in Canada, 2011: A Focus on Seniors and Aging*. Accessed at https://secure.cihi.ca/free_products/HCIC_2011_seniors_report_en.pdf

¹⁰ CIHI 2011

among them so that all work to a common care plan. A family physician who has established a long-standing professional relationship with the patient and is familiar with his or her condition, needs and preference is ideally placed to serve as manager of a patient's overall care, supported by geriatric and other specialists as appropriate.

Not all of the patient's caregivers may be health professionals; more than 75% of the care of older Canadians is delivered by unpaid informal caregivers, usually relatives. The role of the family caregiver can be demanding financially, physically and emotionally. Though governments have instituted tax credits and other forms of support for caregivers, more may be required. The Special Senate Committee on Aging has called for a National Caregiving Strategy to help put in place the supports that caregivers need.¹¹

Finally, many of the services required by seniors, in particular home care and long-term care, are not covered by the *Canada Health Act*. Funding of these services varies widely from province to province. Long-term care beds are in short supply; as a result more than 5,000 hospital beds are occupied by patients waiting for long-term care placement¹², making them unavailable for those with acute-care needs. CMA's Health Care Transformation Framework (2010) makes a number of recommendations aimed at improving access to continuing care in Canada.

Recommendations:

Governments and National Associations

The CMA recommends that:

8. Governments and other stakeholders work together to develop and implement models of integrated, interdisciplinary health service delivery for older Canadians.
9. Governments continue efforts to ensure that older Canadians have access to a family physician, supported by specialized geriatric services as appropriate.
10. Governments and other stakeholders work together to develop and implement a National Caregiver Strategy, and expand the support programs currently offered to informal caregivers.
11. All stakeholders work together to develop and implement a national dementia strategy.
12. Governments and other stakeholders work together to develop and implement a pan-Canadian pharmaceutical strategy that addresses

¹¹ Special Senate Committee on Aging. "Canada's Aging Population: Seizing the Opportunity." (April 2009). Accessed at <http://www.parl.gc.ca/Content/SEN/Committee/402/agei/rep/AgingFinalReport-e.pdf>

¹² CIHI 2009

both comprehensive coverage of essential medicines for all Canadians, and programs to encourage optimal prescribing and drug therapy.

13. Governments work with the health and social services sector, and with private insurers, to develop a framework for the funding and delivery of accessible and sustainable home care and long-term care services.

Medical Education

The CMA recommends that:

14. Medical schools enhance the provision, in undergraduate education and in residency training for all physicians, of programs addressing the clinical needs of older patients.
15. Medical students and residents be exposed to specialty programs in geriatric medicine and other disciplines that address the clinical needs of older patients.
16. Continuing education programs on care for older patients be developed and provided to physicians of all specialties, and to other health care providers, on a continuous basis.

Health System Planners

The CMA recommends that:

17. Health systems promote collaboration and communication among health care providers, through means such as:
 - a. Interdisciplinary primary health care practice settings, that bring a variety of physicians and other health professionals and their expertise into a seamless network;
 - b. Widespread use of the electronic health record; and
 - c. A smooth process for referral between providers.
18. All stakeholders work toward integration of health care along the continuum by addressing the barriers that separate:
 - a. acute care from the community;
 - b. health services from social services; and
 - c. provincially-funded health care services such as physicians and hospitals, from services funded through other sources, such as pharmacare, home care and long term care.
19. Programs be developed and implemented that promote optimal prescribing and medication management for seniors.
20. Research be conducted on a continuous basis to identify best practices in the care of seniors, and monitor the impact of various interventions on health outcomes and health care costs.

Physicians in Practice

The CMA recommends that:

21. Continuing education, clinical practice guidelines and decision support tools be developed and disseminated on a continuous basis, to help physicians keep abreast of best practices in elder care.

c) An Age-Friendly Environment:

One of the primary goals of seniors' policy in Canada is to promote the independence of older Canadians in their own homes and communities, avoiding costly institutionalization for as long as feasible. To help older Canadians successfully maintain their independence, it is important that governments and society ensure that the social determinants of health care addressed when developing policy that affects them. This includes assuring that the following supports are available to older Canadians:

- *Adequate Income:* Poverty among seniors dropped sharply in the 1970s and 1980s. In 2008, 6% of Canada's seniors were living in low income, as opposed to nearly 30% in 1978. However, there has been a slight increase in poverty levels since 2007, and it may be necessary to guard against an upward trend in future.¹³ Raising the minimum age for collecting Old Age Security, as has been proposed, may weigh heavily on seniors with lower incomes, and make prescription drugs, dental care and other needed health services unaffordable.
- *Employment Opportunities:* it has been recommended that seniors be encouraged to work beyond age 65 as a means of minimizing a future drain on pension plans.¹⁴ Many older Canadians who have not contributed to employee pension plans may be dependent on employment income for survival. However, employment may be difficult to find if workplaces are unwilling to hire older workers.
- *Housing.* Nearly all of Canada's seniors live in their own homes; fewer than 10% live in long-term care facilities. Options are available that permit older Canadians to live independently even with disabilities and health care needs, such as:
 - *Home support* for services such as shopping and home maintenance; and
 - *Assisted-living facilities* that provide both independent living quarters and support services such as nursing assistance, and cafeterias if desired.
- *An Age-friendly built environment.* To enable seniors to live independently, the World Health Organization's "Age-Friendly Communities" initiative recommends that their needs be taken into consideration by those who design and build communities. For example, buildings could be designed with entrance ramps and elevators; sidewalks could have sloping curbs for walkers

¹³ PHAC 2010

¹⁴ Department of Finance Canada. Economic and fiscal implications of Canada's Aging Population (October 2012). Accessed at <http://www.fin.gc.ca/pub/eficap-rebvpc/report-rapport-eng.asp#Toc01>.

and wheelchairs; and frequent, accessible public transportation could be provided in neighbourhoods where a large concentration of seniors live.

- *Protection from Abuse.* Elder abuse can take many forms: physical, psychological, financial, or neglect. Often the abuser is a family member, friend, or other person in a position of trust. Researchers estimate that 4 to 10% of Canadian seniors experience abuse or neglect, but that only a small portion of this is reported¹⁵. CMA supports awareness programs to bring the attention of elder abuse to the public, as well as programs to intervene with seniors who are abused, and with their abusers.
- *A Discrimination-Free society.* Efforts to boost income and employment security, health care standards and community support for older Canadians are hampered if the pervasive public attitude is that seniors are second-class citizens. An age-friendly society respects the experience, knowledge and capabilities of its older members, and accords them the same worth and dignity as it does other citizens.

Recommendations:

Governments and National Associations

The CMA recommends that:

22. Governments provide older Canadians with access to adequate income support.
23. Governments devote a portion of national infrastructure funding to providing an adequate supply of accessible and affordable housing for seniors.
24. Older Canadians have access to opportunities for meaningful employment if they desire.
25. Communities take the needs and potential limitations of older Canadians into account when designing buildings, walkways, transportation systems and other aspects of the built environment.

Health System Planners

The CMA recommends that:

26. The health system offer a range of high-quality, well-funded home care and social support services to enable older Canadians to remain independent in the community for as long as possible.
27. Physicians receive advice and education on optimal community supports and resources to keep seniors independent and/or at home.

Physicians in Practice

The CMA recommends that:

¹⁵ PHAC 2010

28. Training and programs be provided to physicians and other care providers to enable them to identify elder abuse, and to intervene with abused people and their abusers.

3) Conclusion:

Aging is not a disease, but an integral part of the human condition. To maximize the health and well-being of older Canadians, and ensure their continued functionality and independence for as long as possible, CMA believes that the health care system, governments and society should work with older Canadians to promote healthy aging, provide quality patient-centered health care and support services, and build communities that value Canadians of all ages.