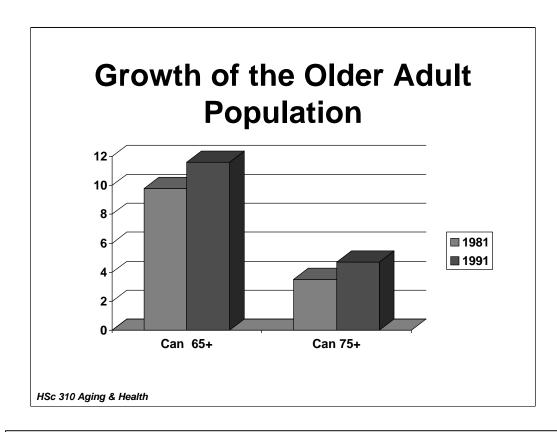


noc sto Aging & nealth

Today we will discuss the implications of our changing population....changing in that the largest cohort "The Baby-Boom Generation" will soon be making the transition from middle age to old age.

How will this shape the our future as potential health care practitioners.

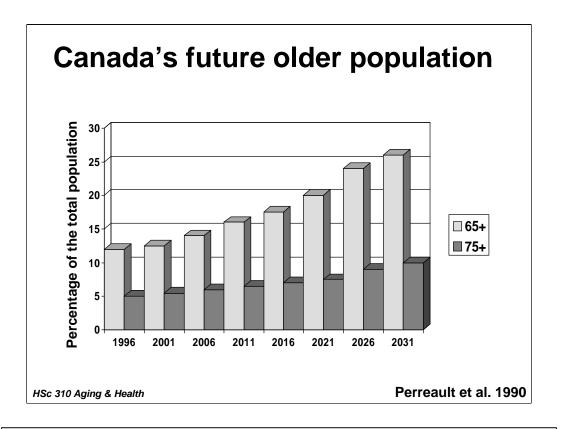


In 1991 older adults (those 65+) represented about 11.6% of the total Canadian population.

This was a 2% increase over 10 years.

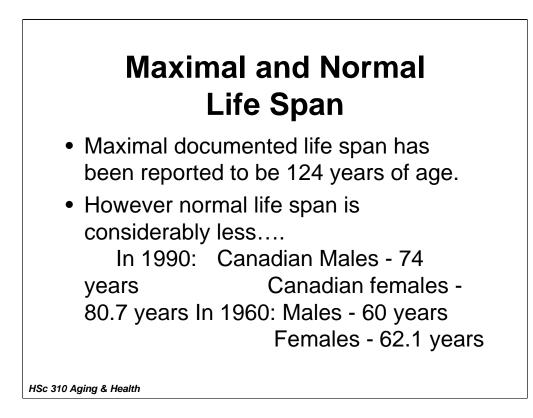
The majority of this population 60% are between the ages of 65-74 years.

What will happen over the next 10 years?



Looking into the future we will see that this percentage of the older adult population will grow substantially in the first part of this century. Older adults population will grow by 2-4 % every 10 years for the next 20 years.

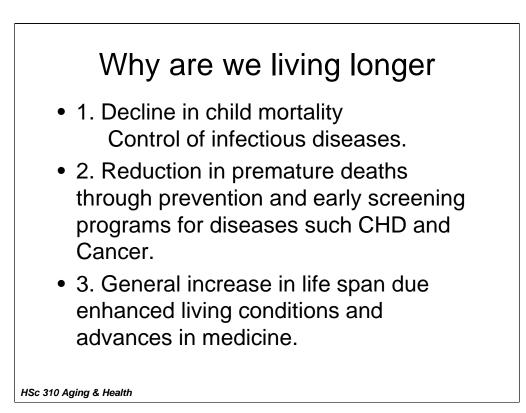
A similar predicted trend will be observed in those who reach 75+ years of age



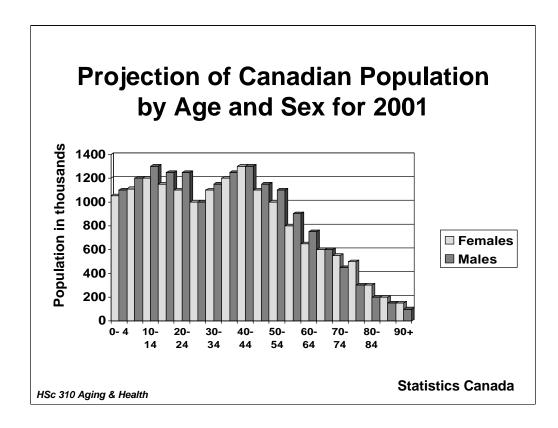
Trivia: Oldest living Canadian "Pierre Joubert" form Charlesbourg Quebec, reached the age of 113 yrs.

In 1900 only 40% of the entire population reached the age of 65 years.

By 1990 80% of the population would reach 65 years and 50% would reach 79 years of age.



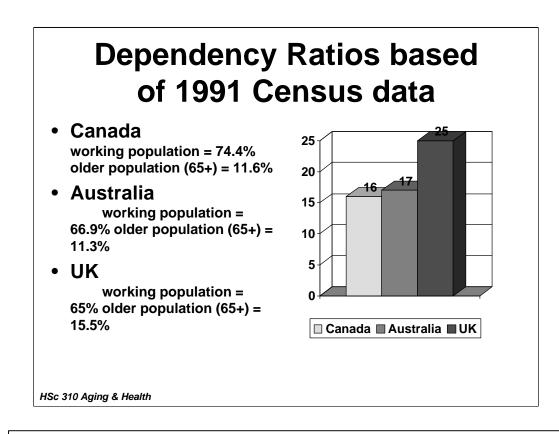
New medical and surgical techniques, wider availability of comprehensive health care, improved programs of public health and sanitary engineering, the closer control of working conditions, better nutrition, higher standard of living improved knowledge of hygiene.



Baby-Boom - post WWII increased birth rate causing a large increase in the population. Approximately those 35- 54 years of age are included in this cohort.

Following them we have the "Echo" cohort which includes yourselves as the offspring of the baby boom generation.

The concern is what will happen when the baby boom generation crosses over from middle age to old age? Will we be prepared to support them, what will have to the expenses placed upon health care?



Dependency ratio: size of the age cohort in relation to the size of the working population (15-64 yrs)

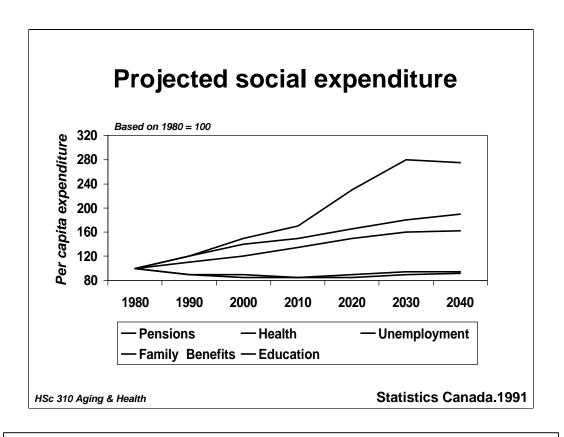
older population = population 65⁺X 100 dependency ratio (older population:working population)

With an increasing older population and a declining younger population this ratio will continue to grow in the next millennium.

It will become harder to support the older adult generation. Fewer workers may slow the economy, more money towards social programs.

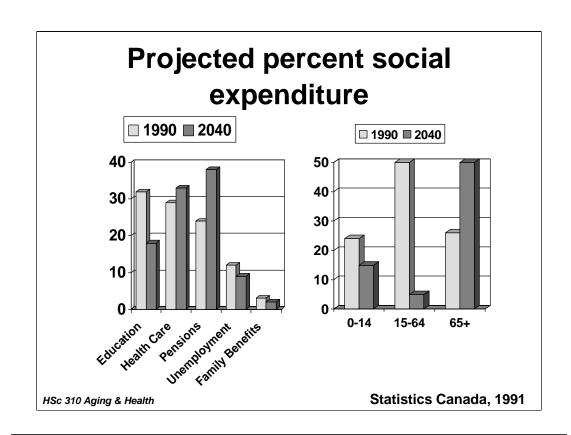
In the next decade your will have to support 2-3 older adults through taxes paid for increased health care, pensions.

The UK is already experiencing some of these problems as its baby boom cohort is slightly ahead of ours.

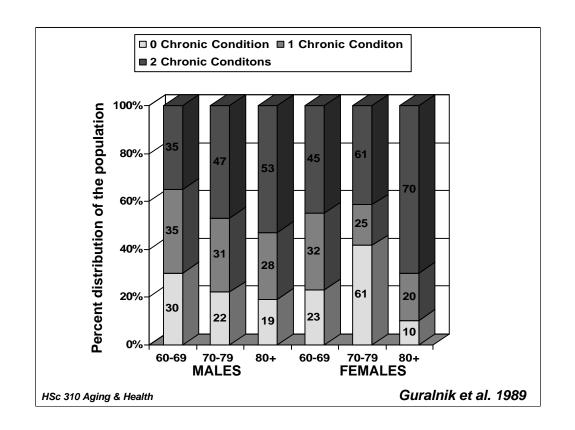


Social expenditures spanning six decades, projections based on constant mortality and migration rates within the population.

By 2040 pensions will 38% of the social spending. This will be due to the dramatic increase in the number of older adults by 2010. Health care spending will also increase due to the increased cost of caring for the elderly population.



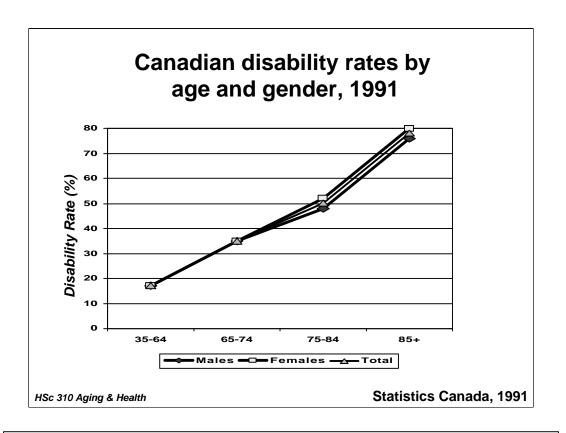
Here we see the shift in social program funding in the future as well as who the funding will be for...the second graph shows that the Baby-boom generation will control the majority of the spending habits as they continue to age.



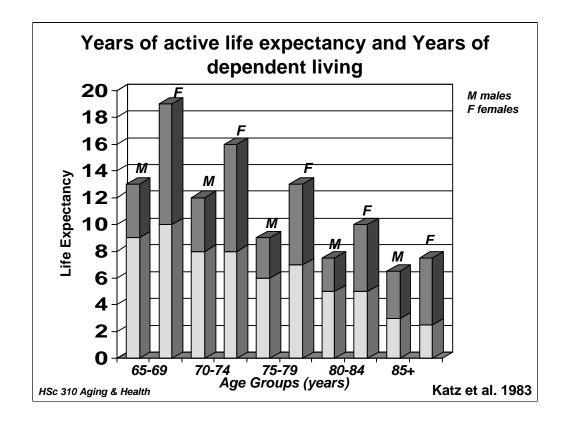
Health resources will be heavily burdened by the older adult population....

Chronic health problems experienced by those 65 yrs and older account for 30% of all health care expenditures for only approximately 12% of the population.

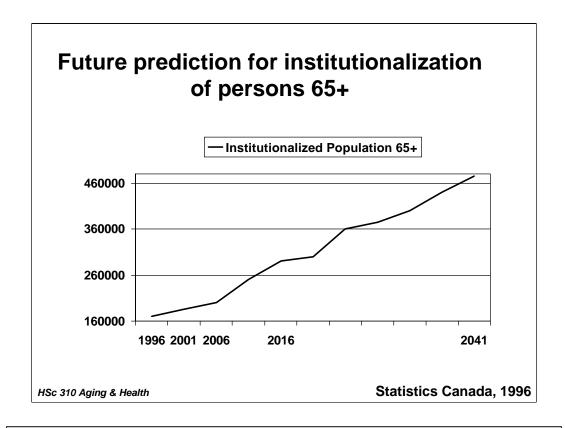
This will also place a greater demand upon those working in the health care system - doctors, nurses, hospitals, clinics....



Disability rates will also increase...including vision, hearing and ambulatory impairments. This place an greater demand upon the rehabilitative medical community which includes the PT's, OT's and Kinesiologists.

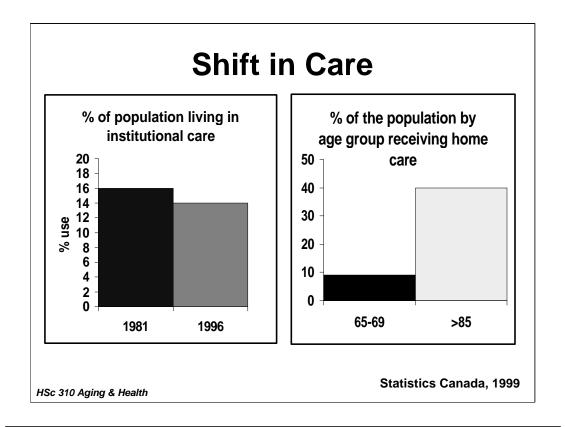


Reducing the years dependent living and the incidence/impact of chronic disease will obviously improve the quality of life for all older adults. This is called the "compression of morbidity".



Long-term care services and costs increase exponentially with age.....clearly the benefits to society, not to mention those afflicted would be enormous if the onset of functional limitations could be postponed...

However, there does seem to be some positive changes occurring within the health care system...



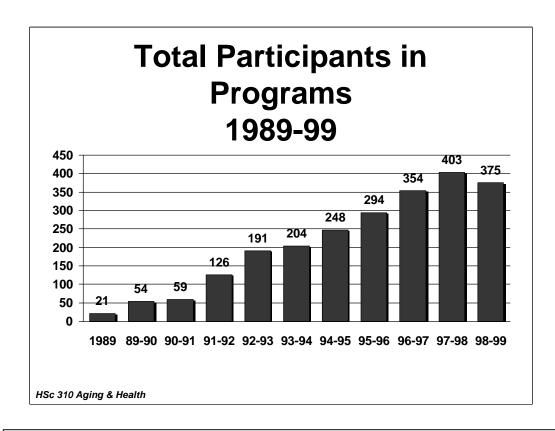
Encouraging evidence suggests that the rates of disease and disability have begun to decline in those 85+, with recent emphasis shifting from tertiary care toward preventing or delaying the onset of chronic disease, the maintenance of functional well-being may be extended to a time closer to life expectancy.

Canada has experienced a decline in institutionalized older adults \geq 75 years.

Increased use of home care services, especially those > 85 years of age.

Lack of knowledge by health care providers to deliver effective programs as well as staff in institutional setting to provide effective interventions for this older, sicker and frailer population.

Learned dependence by both residents and staff.



Older adults are also seeking programs/care that will help maintain and or improve their functional independence. Attending an exercise program for many older adults has become the "magic pill" they needed to make the best of their older adult life.

This graph shows the growth of participants in in-house programs at the CAA. Increased participant has been influence by the increased interest in exercise programs as well as a greater variety of exercise programs being offered.

Recreational activities - bird watching, gardening, golf

"If I'd known I was going to live this long, I'd have taken better care of myself."

Leon Eldred

The end