The Grey Tsunami ?

CASPR Conference

May 10, 2011

Hon. Carolyn Bennett M.P., M.D.


The Grey Tsunami ?
CAS R Co ence
May 2011
Hon. lyn Benn .P., M.D,

Overview

- Demographics
- Active Ageing
- Age Friendly
- Health vs Health Care
- Chronic Diseases and Over-medication
- Emergencies
- End of Life
- Policy Process
- HHR

Demography and Ageing
Ilona Kickbusch

- "It is evident that ageing in today's society has changed radically during the last century. As people live increasingly longer, healthier lives, our understanding, expectations, and institutions will need to be revised. Longevity and heightened productivity and quality of living later in life are natural desires on the level of the individual and indeed are characteristic of a better and sustainable society. However, society does not yet value the potential contribution of older peoples, and policies in most facets are ill prepared to meet the changing demographics. Radical shifts in how we think about older peoples on all fronts are required. Positive management, for example the continued valuable contribution to the work force by the older generation, paired with pro-active measures, for example health promotion and disease management, can start to transform what some see as a looming crisis into a social revolution."

World Demographic Association

Vision

Demographic developments and intergenerational relationships are key topics for the coming decades.

Yet, although worldwide efforts at all levels to grasp the changes and challenges we face have recently intensified, these efforts remain very uncoordinated and piecemeal.

The World Demographic Association not only sees these demographic developments as a challenge but above all as a **unique opportunity**.

Nonetheless, only by looking at the broad spectrum of issues can sustainable solutions be developed.

The goal of the World Demographic Association is to establish an international, interdisciplinary, intergenerational and permanent platform for the discussion of demographic issues.

St. Gallen
World Demographic Association

- Housing
- Home Care
- Long Term Care
- Pension Reform
- Pharma
- Brain Physiology
- Retirement Planning

Aging, Ageism, and the 'Silver Tsunami'

Posted by White Coat, Black Art on April 04 at 10:16 AM

- In less than 3 years, the oldest of an estimated 10 million baby boomers will turn 65 ……
- Some are calling the coming avalanche of boomers a 'silver tsunami.'
- The people we talked to think calling it a 'tsunami' or an avalanche is quite an overstatement. Still, if the system is under stress now, it's likely to get worse in the coming years.

CBCradio

Aging, Ageism, and the 'Silver Tsunami'

Posted by White Coat, Black Art on April 04 at 10:16 AM

- Picture this: two patients are wheeled into the Emergency Room at the same time. Both are having heart attacks and both need an angioplasty -- a procedure to unblock a coronary artery. When it comes to heart attacks, the faster you unblock the artery, the better for the patient. The hospital can only treat one patient at a time. So, how do you decide who goes first? Flip of the coin? Skill testing question? Tough choice, huh?

- Now, suppose I tell you one patient is 42 years old and the other is 92. Does that make your choice any easier?
- If you said yes, I know at least one geriatrician who calls that age discrimination.

"An army of useful citizens" can do what no one person can.

Dr. Ethel Percy Andrus, an educator of rare vision and spirit who founded AARP in 1958 on the principles of **collective purpose, voice, and purchasing power**.

Market !!!

- Japan….. Silver Industry
- US ….. Mature Senior Market

Wisdom

"the other brain drain"

AGE

HAS **NOTHING** TO DO WITH

DATE OF BIRTH

D.O.B.

?

W.H.O.

In almost every country, the proportion of people aged over 60 years is growing faster than any other age group, as a result of both longer life expectancy and declining fertility rates.

W.H.O.

This population ageing can be seen as a success story for public health policies and for socioeconomic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security.

Active Ageing
A Policy Framework

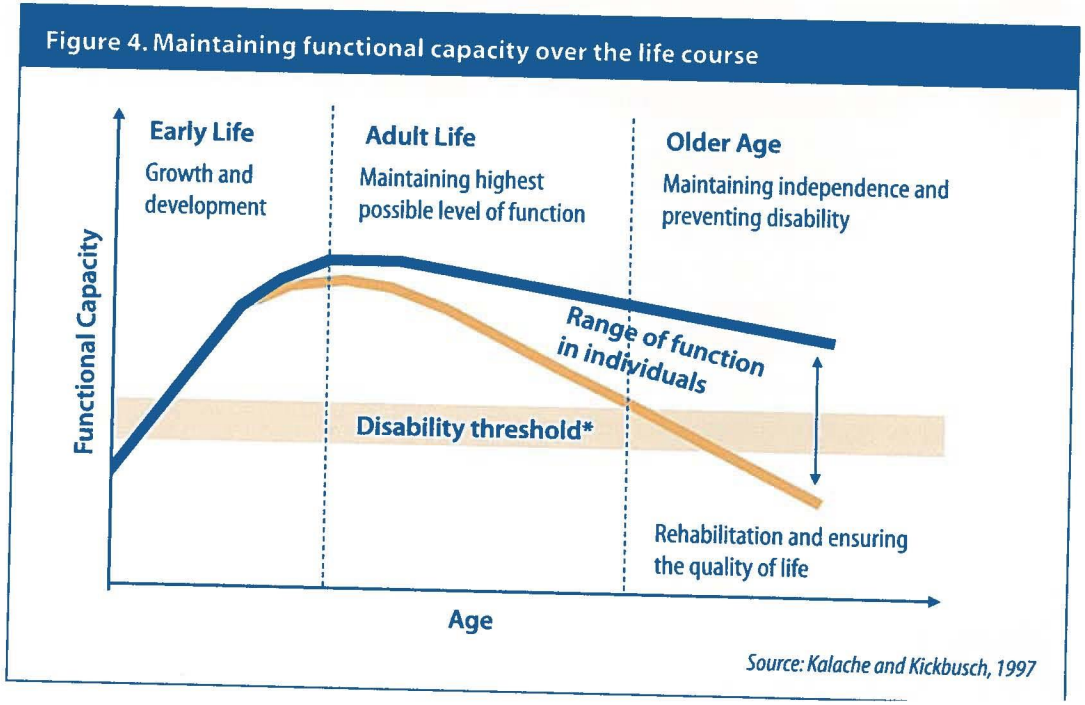
World Health Organization
Noncommunicable Diseases and Mental Health Cluster
Noncommunicable Disease Prevention and Health Promotion Department
Ageing and Life Course

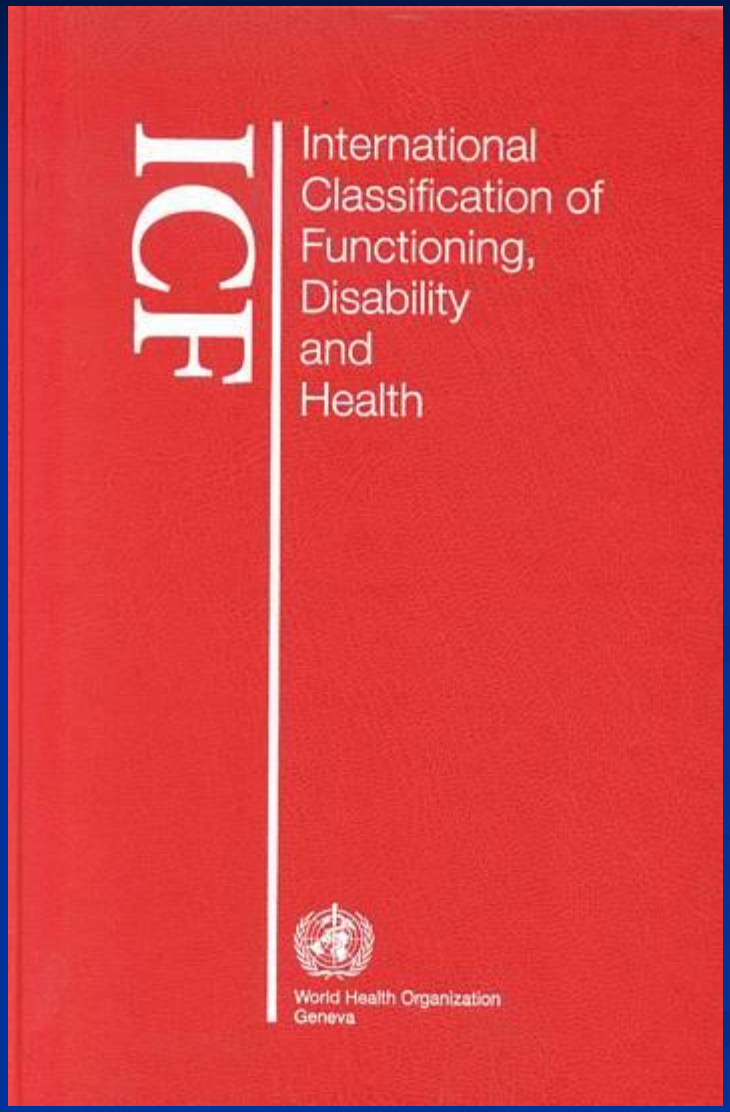
Active Ageing

" Active ageing is the process of optimizing the processes for health, participation and security in order to maximize the quality of life as people age."

Figure 8. The determinants of Active Ageing

Disability Threshold




ICF
International Classification of Functioning, Disability and Health
World Health Organization
Geneva

I.C.F.

ICF describes how people live with their health condition.

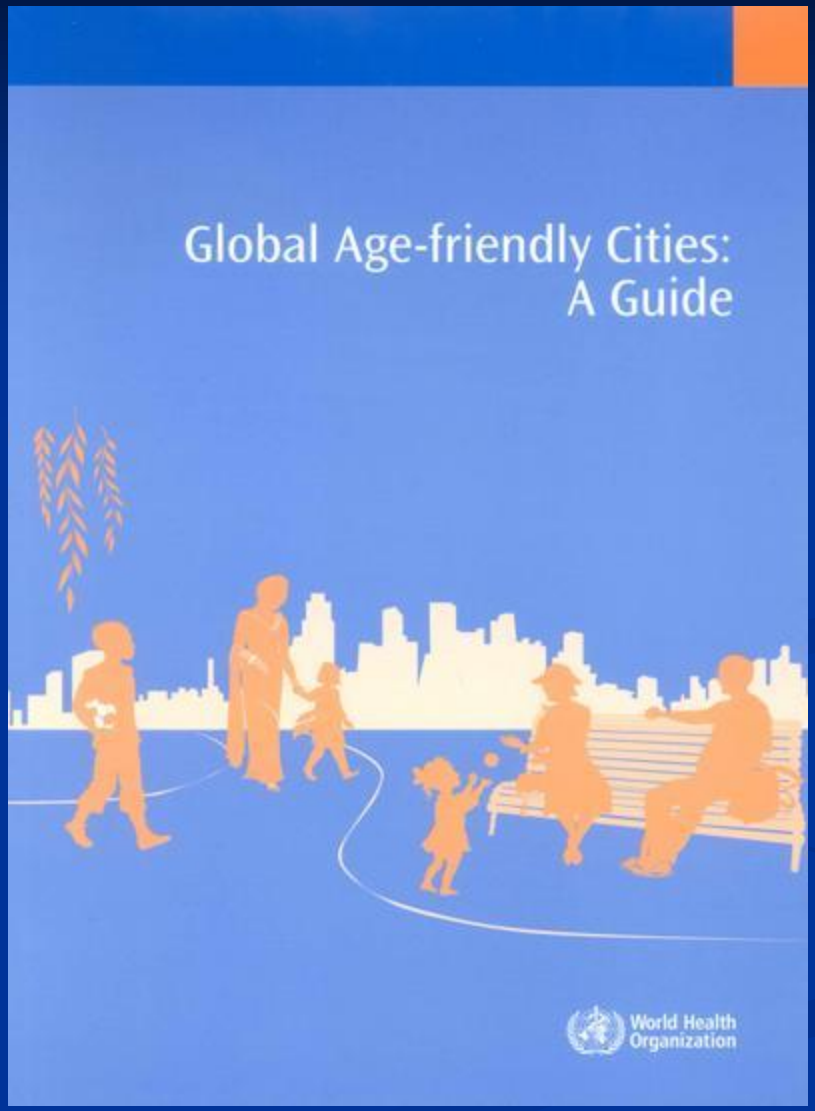
ICF is a classification of health and health related domains that describe body functions and structures, activities and participation.

The domains are classified from body, individual and societal perspectives.

Since an individual's functioning and disability occurs in a context, ICF also includes a list of environmental factors.

ICF is useful to understand and measure health outcomes.

It can be used in clinical settings, health services or surveys at the individual or population level.


Global Age-friendly Cities:
A Guide
World Health
Organization

Age-Friendly

- Older people play crucial roles in all societies
- In our fast ageing world, older people are increasingly playing a crucial role - by volunteering work, transmitting experience and knowledge, helping their families with caring responsibilities or in paid work. These contributions can only be ensured if older persons enjoy good health and if societies address their needs.
- "The number of older persons is projected to more than triple worldwide over the next half century"
- Healthy older persons are resources to their families, their communities and to the economy.

Age- Friendly

Older people themselves were active participants in the project: they decided what an age-friendly city is. About 1500 older people described the advantages and disadvantages faced in eight areas of city living:

- outdoor spaces and buildings
- transportation
- housing
- social participation
- respect and social inclusion
- civic participation and employment
- communication and information
- community support and health services.

Age Friendly Cities

- Saanich
- Portage La Prairie
- Sherbrooke
- Halifax

Canada

Age-Friendly Rural And Remote Communities: A Guide

- Outdoor Spaces and Buildings
- Transportation
- Housing
- Respect and Social Inclusion
- Social Participation
- Communication and Information
- Civic Participation and Employment Opportunities
- **Community Support & Health Services**

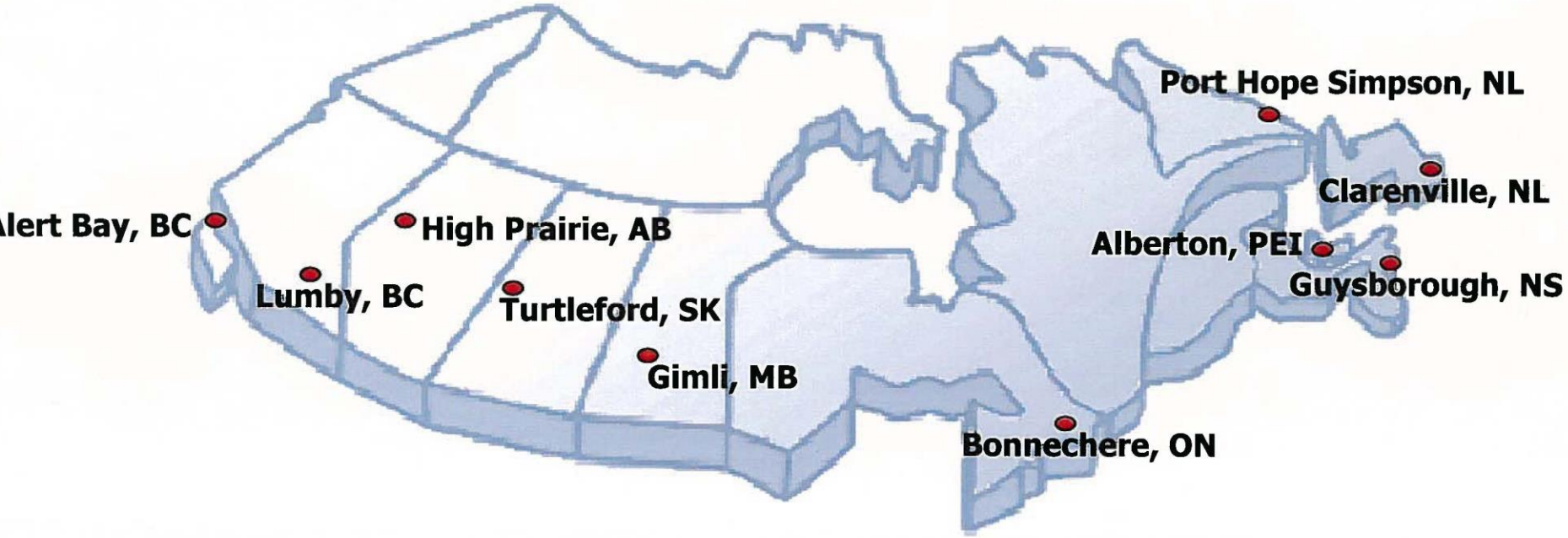
Age-Friendly Rural And Remote Communities: A Guide

- **Community Support & Health Services**
  - Caring and Responsible Professionals
  - Home Health and Support Services
  - Diversity of Health Services and Facilities
  - Availability of Equipment and Aids
  - Caregiver Support (including respite)
  - Information

Public Health Agency of Canada

Agence de santé publique du Canada

Age-Friendly Rural And Remote Communities



Public Health Agency of Canada

Agence de santé publique du Canada

Issues

- Older Women's Network, Ontario Coalition of Seniors' Organizations, Canadian Pensioners Concerned
  - Housing
  - Economic security/pension reform
  - Health care system/homecare services/public health
  - Transportation/mobility
  - The environment

Senate Committee on Ageing

- 2nd Interim Report www.senate-senat.ca/age.asp

- Chapter 1 of the report introduces the study, explains the work of the committee and presents the **four broad questions** that guided phase two deliberations.

Senate Committee on Ageing

- Chapter 2 provides a series of issues and options relating to **maximizing the opportunities for seniors to be active members of society** through volunteer work; in educational opportunities; in opportunities for social and intergenerational interaction; and through physical activity. It explores how ageism can limit the active participation of seniors, and suggests options to eliminate ageist attitudes.
- Remaining physically and mentally active are instrumental to the well-being of senior Canadians.

Senate Committee on Ageing

- Chapter 3 presents a range of options related to **work, retirement, and income**.
- Witnesses have advocated for flexibility in retirement that would allow older workers who wish to continue working past age 65 the opportunity to do so. At the same time, the Committee recognizes that those who wish to retire should not be put in a situation that requires them to continue to work.

Senate Committee on Ageing

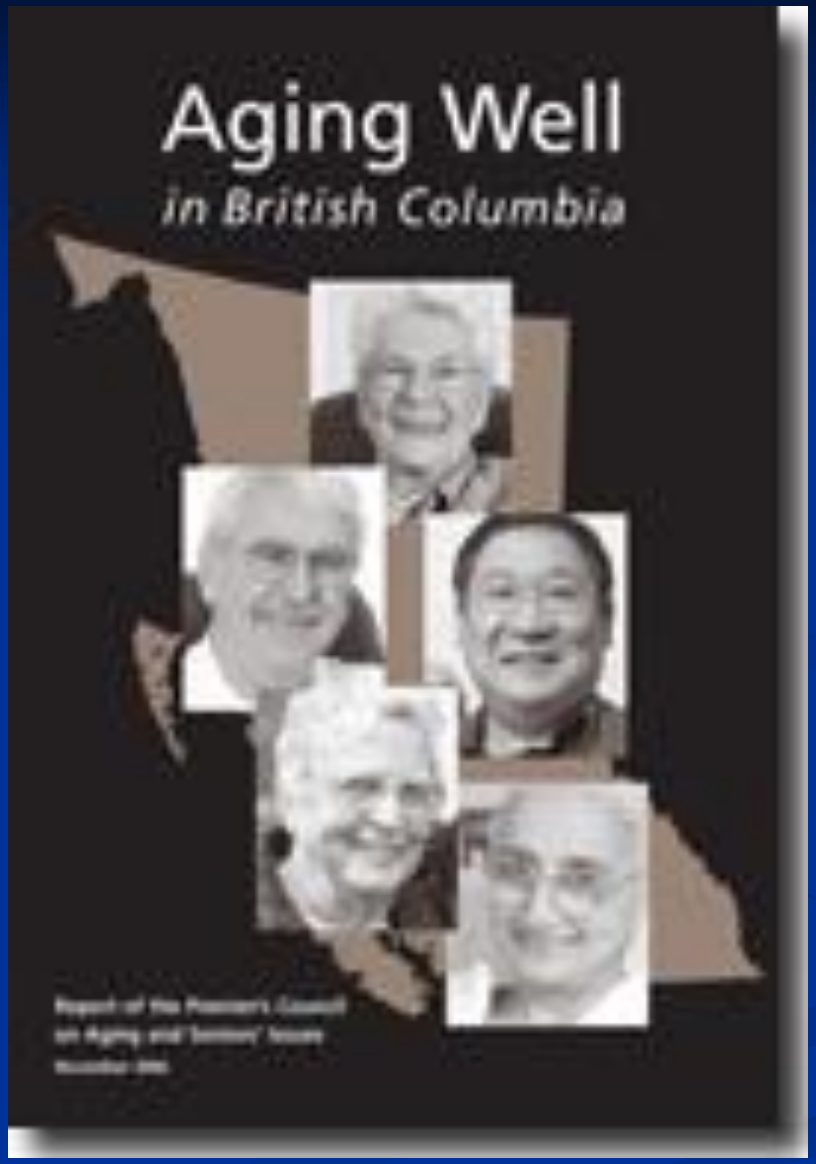
- Chapter 4 provides options related to the services needed by older Canadians for prevention, management, and treatment of their physical and mental health.
- The Committee has heard that a focus on "curing" in the health care system might detract from the "caring" aspects which help maintain a quality of life.
- The Committee heard repeatedly that health is fundamental to quality of life for Canadian seniors. Canadians are not only living longer, but they are also living longer in good health. Recognizing that aging is often associated with physical and mental decline, the Committee sought options **for building health, activity and fulfillment into the senior years**.

Senate Committee on Ageing

- Chapter 5 provides an overview of the issues and options related to **aging in place of choice.** Most seniors express a strong preference for staying in their homes as they age. Sometimes supports are required to allow seniors to age in the place of their choice.
- Currently, the labour force is structured in such a way that family members and friends often have great difficulty balancing work and care for the frail elderly. Formal supports can supplement the support of family members. There are significant differences across the country in the formal supports to seniors. The chapter presents options relating to housing, supportive housing, long-term care facilities, home care, informal caregivers, and moving toward greater integration between health and social support systems in provinces and territories.
- The Committee has heard that labour force mobility has exacerbated the aging of the population in some jurisdictions, particularly Atlantic Canada.

Senate Committee on Ageing

- Because the costs of providing health care to seniors is higher than for other age groups, **per-capita health funding** through the Canada Health Transfer may eventually result in a widening gap in the basket of services provincial and territorial governments will be able to provide to seniors as the population ages. The Committee will seek guidance on whether this situation deserves more attention in Chapter 6.

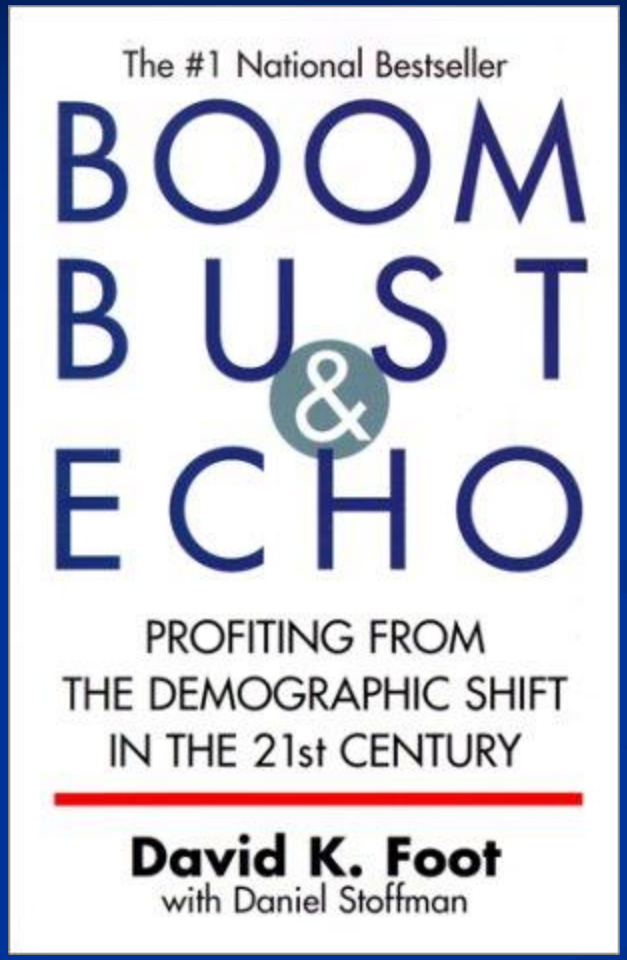

Aging Well
in British Columbia

Canada

- Newfoundland….. Drug plan only if getting GIS
- Halifax…. Mt. St. Vincent .. Study on Housing
- Goderich… transportation, long term care
- Manitoba…. Accessible/visitable
- Alberta… a la carte care, ‘no place to grow old’
- B.C…. Property tax, Baird report
- Fed regulated … mandatory retirement

Ageing in a Foreign Land

- Dr. Alexandre Kaleche
- June 24, 25 2008, New York


The #1 National Bestseller
BOOM
BUST
&
ECHO
PROFITING FROM
THE DEMOGRAPHIC SHIFT
IN THE 21st CENTURY
David K. Foot
with Daniel Stoffman

Boom, Bust and Echo

" Over the next 2 decades, as 9.8 million baby boomers turn 50, we will witness a significant exodus from big-city Canada to small-town Canada. The participants in this exodus are going to need the same hospitals that provincial governments want to close in the mid-1990's"

Boom, Bust and Echo

"Governments should view small-town hospitals not as a burden on the health care budget but as a powerful tool for the economic development of rural regions. In the years to come, the reassuring presence of a good local hospital will act as a magnet for relatively prosperous new retirees, whose arrival will create new demand for good and services."

Boom, Bust and Echo

"…. bring their new wealth with them.

…. already happening in the Okanagan and other parts of the B.C. interior

…..one scenario where increased population does lead to increased prosperity…..

A Region that loses its local hospital may be losing its best chance for economic rebirth."

Canadian Institute for Advanced Research

- 25% health attributable to health care system
- 15% biology and genetics
- 10% physical environment
- 50% social and economic environments

Canada

Canadian legacy:
HEALTH trumps health CARE

- Tommy Douglas… Father of Medicare
- Lalonde Report 1974
- Ottawa Charter 1986
- SARS, Naylor Report 2003
- WHO Commission SDOH 2005
- Health Goals for Canada 2005

Goal of Medicare…

Tommy Douglas

- Sharing risk
  - getting people the health care they need when they need it
- **<u>Keeping people well not just patching them up once they get sick</u>**

Ottawa Charter for Health Promotion (1986)

5. to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;

Fantasy

The Em PHA sis

is on the wrong

syl LAB le

HEALTH LITERACY
Citizens have to 'get it'

- More health …less health care

- Service contract ??????
- Or longer warranty ????

The Tyranny of the Acute

As long as citizens think of the **sickness** care system whenever they hear the word **'health'** we are not going to be able to reorient health systems.

Sir Michael Marmot

Chair, WHO Commission on Social Determinants of Health

"The worst thing for a physician is to help someone get well and then send them straight back into the situation that made them sick in the first place"

“What we have here is a failure to communicate”

Cool Hand Luke 1967

Public Health 101

1.Do you think we should have a:

A) strong fence at the top of the cliff

B) state of the art fleet of ambulances and paramedics waiting at the bottom ?

2. Would you prefer:

A) Clean air

B) Enough puffers and respirators for all

3. Would you prefer that wait-times were reduced by:

A) a falls program to reduce preventable hip fractures

B) private orthopaedic hospitals and more surgeons

4.Should we invest in:

A) early learning, child care, literacy, the early identification of learning disabilities and bullying programmes

B) increase the budget for young offenders' incarceration

5.Should we:

A) assume that the 'grey tsunami' will bankrupt our health care system

B) include our aging population in the planning of strategies to keep them well

6. Is the best approach to food security:

A) food banks and vouchers

B) Income security, affordable housing, community gardens and community kitchens and a national food policy

7. Pick the one that is NOT correct

Pandemic Preparedness should focus on

A) Tamiflu for all

B) Working with the vets to keep avian flu a disease of birds

C) Making sure people wash their hands especially the doctors and nurses

D) Research on vaccines

E) Community care plans for our most vulnerable

8.Governments should boast about:

A) how much they spent on the sickness care system

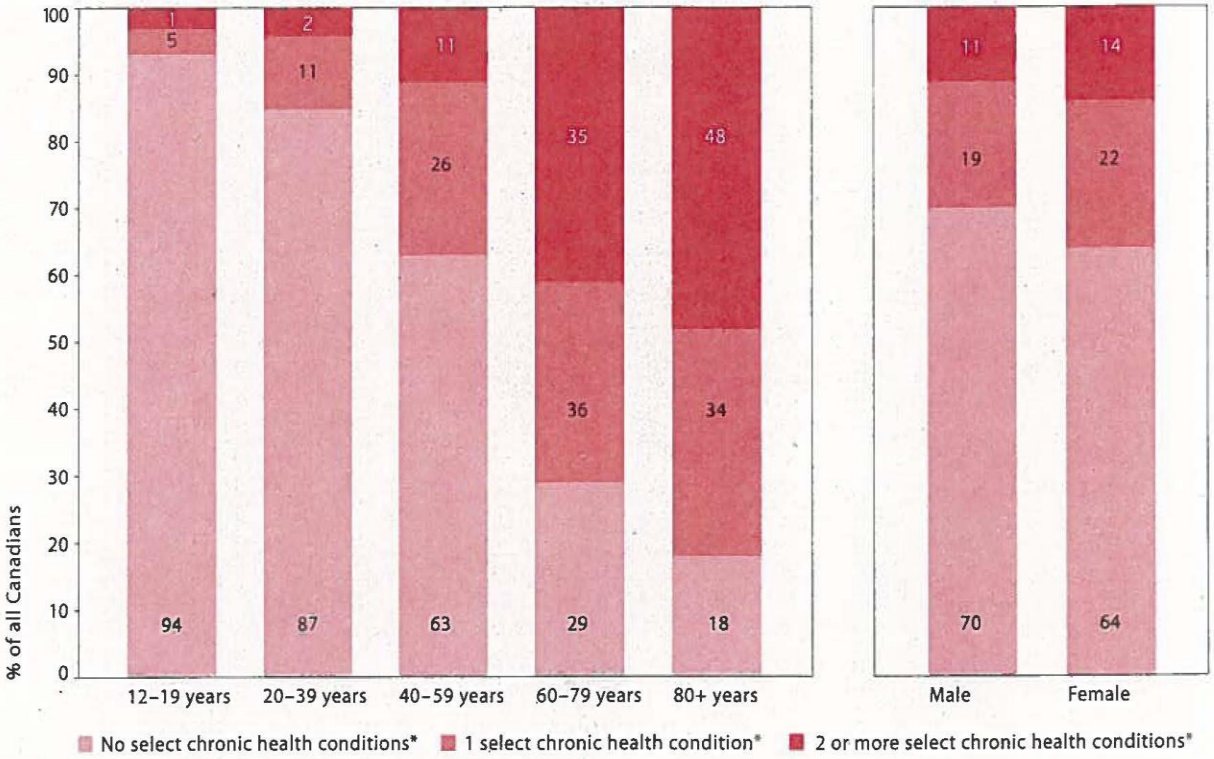
B) the health of their citizens, leaving no-one behind

Health Council of Canada

- December 2007
- *Why Health Care Renewal Matters:* Learning from Canadians with Chronic Health Conditions
- Population Patterns of Chronic Health Conditions in Canada

FIGURE 3

Chronic health conditions* are more common among older Canadians and among women



* Select chronic health conditions include arthritis, cancer, chronic obstructive pulmonary disease, diabetes, heart disease, high blood pressure, and mood disorders.

Source: Statistics Canada. Canadian Community Health Survey (Cycle 3.1), 2005.

Over Medication

- **Polypharmacy**
- **Benzodiazepams** Post – hospital
  - Dr. Chaim Bell,
    - J Gen Intern Med 2007:22:1024-9
- **Mental Health-Related Drug Ultilization Among Older Adults**
  - Am J Geriatric Psychiatry 13:10, October 2005
- **Long-term care** Anti-psychotics
  - Dr. Paula Rochon,
    - Arch Intern Med/Vol167, April 9,2007

Division of Ageing & Seniors

"…It's efforts are focused on four main areas:

emergency preparedness

active ageing

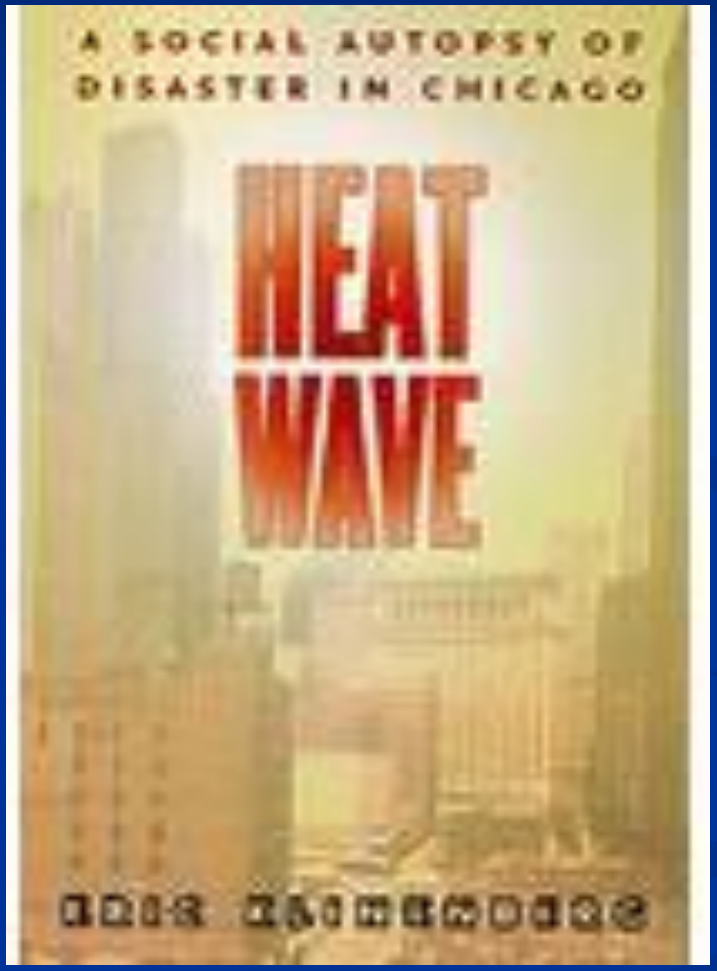
injury prevention and

mental health."

Public Health Agency of Canada | Agence de santé publique du Canada

teachable moments

- 2003
  - Canada… 44 died of SARS
  - France…14,000 died in the heat wave
- 2005..Katrina, Kasheshewan


A SOCIAL AUTOPSY OF
DISASTER IN CHICAGO
HEAT
WAVE

Victims

- The Poor: who either had no working air conditioning or could not afford to turn it on.
- The Elderly: who were hesitant to open windows and doors at night for fear of crime.
- African Americans: many blacks lived in areas of sub-standard housing and less cohesive neighborhoods.

Survivors

- Hispanics: had an unusually low death rate due to heat. Hispanics at the time lived in places with higher population density, and more social cohesion.

- Elderly women: who may have been more socially engaged, were less vulnerable than elderly men

Vulnerability

- The US Centers for Disease Control and Prevention did a thorough study of individual-level risk factors for heat wave victims, and they came up with a list of conditions of vulnerability:
  - living alone
  - not leaving home daily
  - lacking access to transportation
  - being sick or bedridden
  - not having social contacts nearby
  - not having an air conditioner !!!!

CNN…. August 25, 2003

- France heat wave death toll set at 14,802 PARIS (AP) — The death toll in France from August's blistering heat wave has reached nearly 15,000, according to a government-commissioned report released Thursday, surpassing a prior tally by more than 3,000.

2003 Paris Heat Wave

- Nearly 15,000 people in France, most of them elderly, died from heat-related deaths during the heat wave that hit all of Europe.

- French authorities say about half the people who died as a result of the heat wave died in their homes, not in hospitals or nursing homes

2003 Paris Heat Wave

- Critics suggest many seniors were abandoned by their families heading to vacation spots for the traditional August holiday.
- The French government cut more than $150 million in elder funding earlier that year

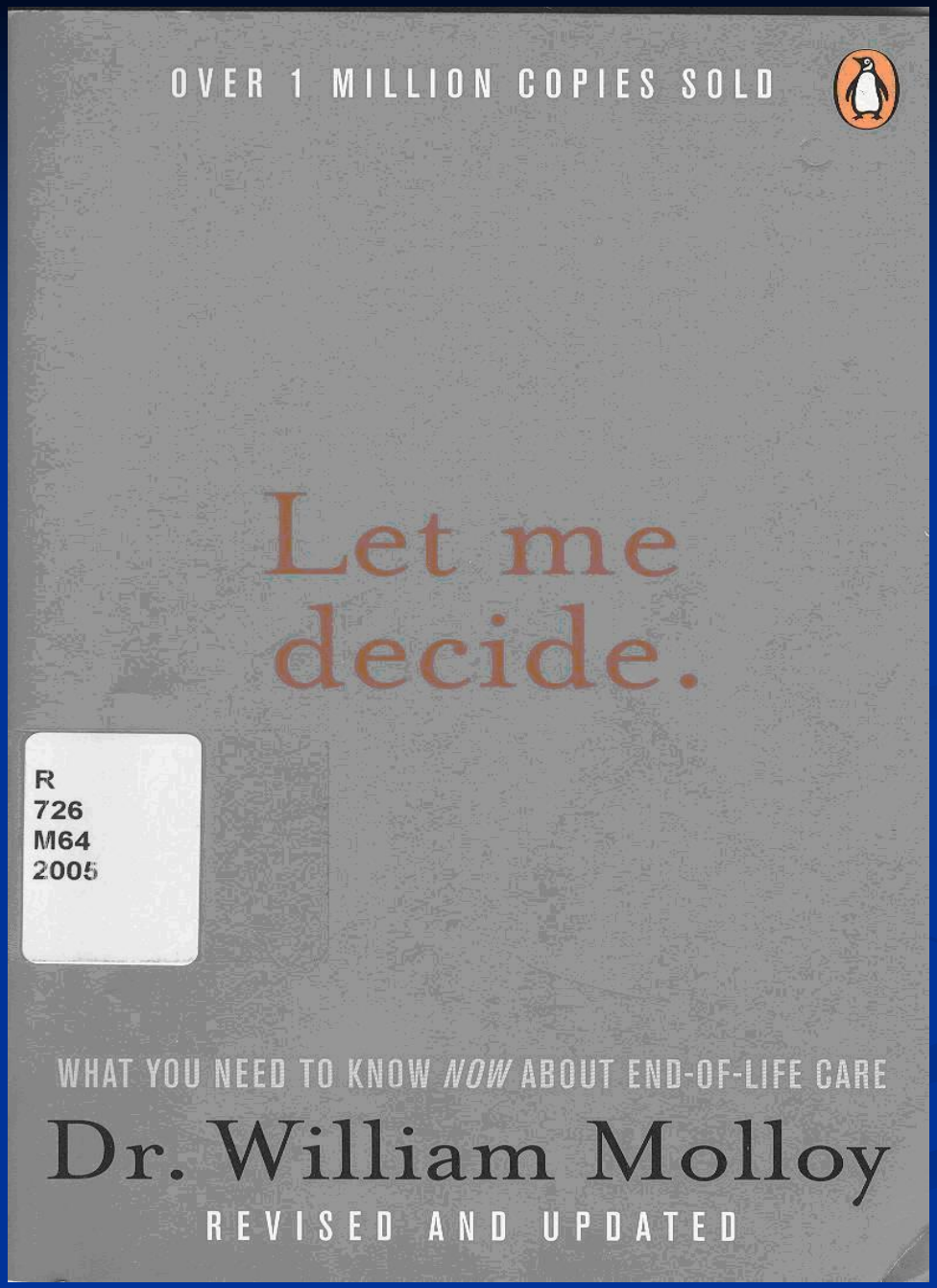
2003 Paris Heat Wave

- According to doctors, about 30 people usually die each day in the Paris area. With the heat wave the daily toll jumped to about 180.

- Most deaths were from dehydration or heatstroke. 80 percent of those who died were over 75 years of age.

The responsibility of society?

- Health Minister Mattei stated the deaths were a “brutal revelation of a social fracture, of the solitude and isolation of the aged.”
- "Our society doesn't display enough sense of community“ said Paris Mayor Bertrand Delanoe
- The August leave system - which also meant the cabinet was absent as the crisis took hold – was strongly criticized in the inquiry into the disaster


OVER 1 MILLION COPIES SOLD
Let me decide.
R
726
M64
2005
WHAT YOU NEED TO KNOW NOW ABOUT END-OF-LIFE CARE
Dr. William Molloy
REVISED AND UPDATED

If my condition is Acceptable			If my condition is Unacceptable		
Life Threatening Illness	**Cardiac Arrest**	**Feeding**	**Life Threatening Illness**	**Cardiac Arrest**	**Feeding**
Palliative Limited Surgical Intensive	No CPR CPR	Basic Supplemental TPN/Intravenous Tube	Palliative Limited Surgical Intensive	No CPR CPR	Basic Supplemental TPN/Intravenous Tube
1.					
Date Patient Signature		Power of Attorney Signature(s)		Physician Signature	
Date of next review should be once a year, after an illness or if there is any change in health.					
2.					
Date Patient Signature		Power of Attorney Signature(s)		Physician Signature	
3.					
Date Patient Signature		Power of Attorney Signature(s)		Physician Signature	
4.					
Date Patient Signature		Power of Attorney Signature(s)		Physician Signature	

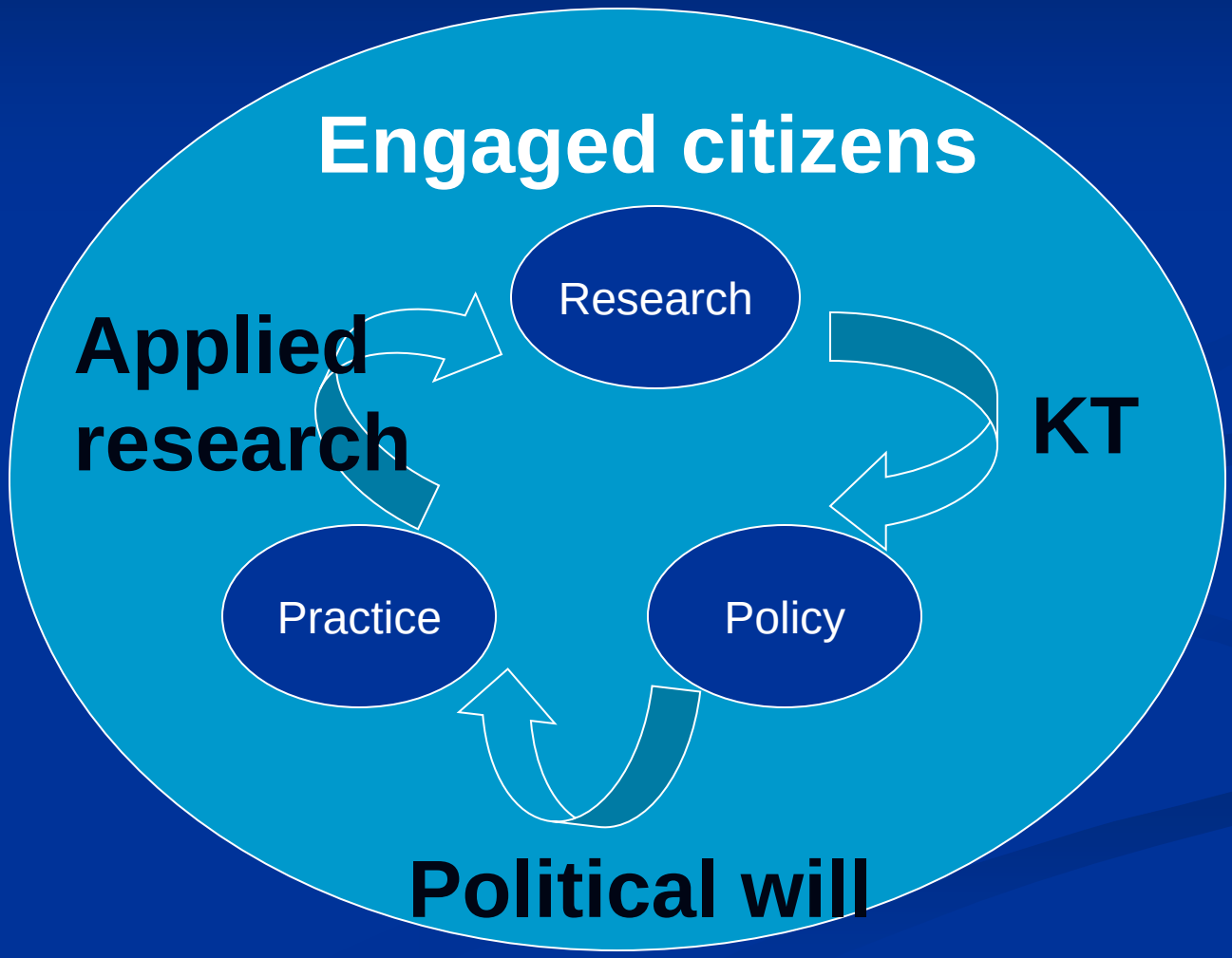

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada
IA IV
Institute of Aging
Institut du vieillissement

Research….Learning Culture

- Evidence-informed practice
- Practice-informed evidence

- Courage to fund what works
- Courage to stop funding what doesn`t

- Complex adaptive systems…


Engaged citizens
Research
Applied research
KT
Practice
Policy
Political will

Rural Health in Rural Hands

Strategic Directions for Rural, Remote, Northern and Aboriginal Communities
2002

- Building Healthy Communities
- Infrastructure for Community Capacity-building
- Intersectoral Collaboration
- Rural Health Research
- Health Information Technology
- Health Human Resources
- Aboriginal Health

Health Human Resources

???? INCENTIVES

- Rural
- Family Medicine
- Geriatrics

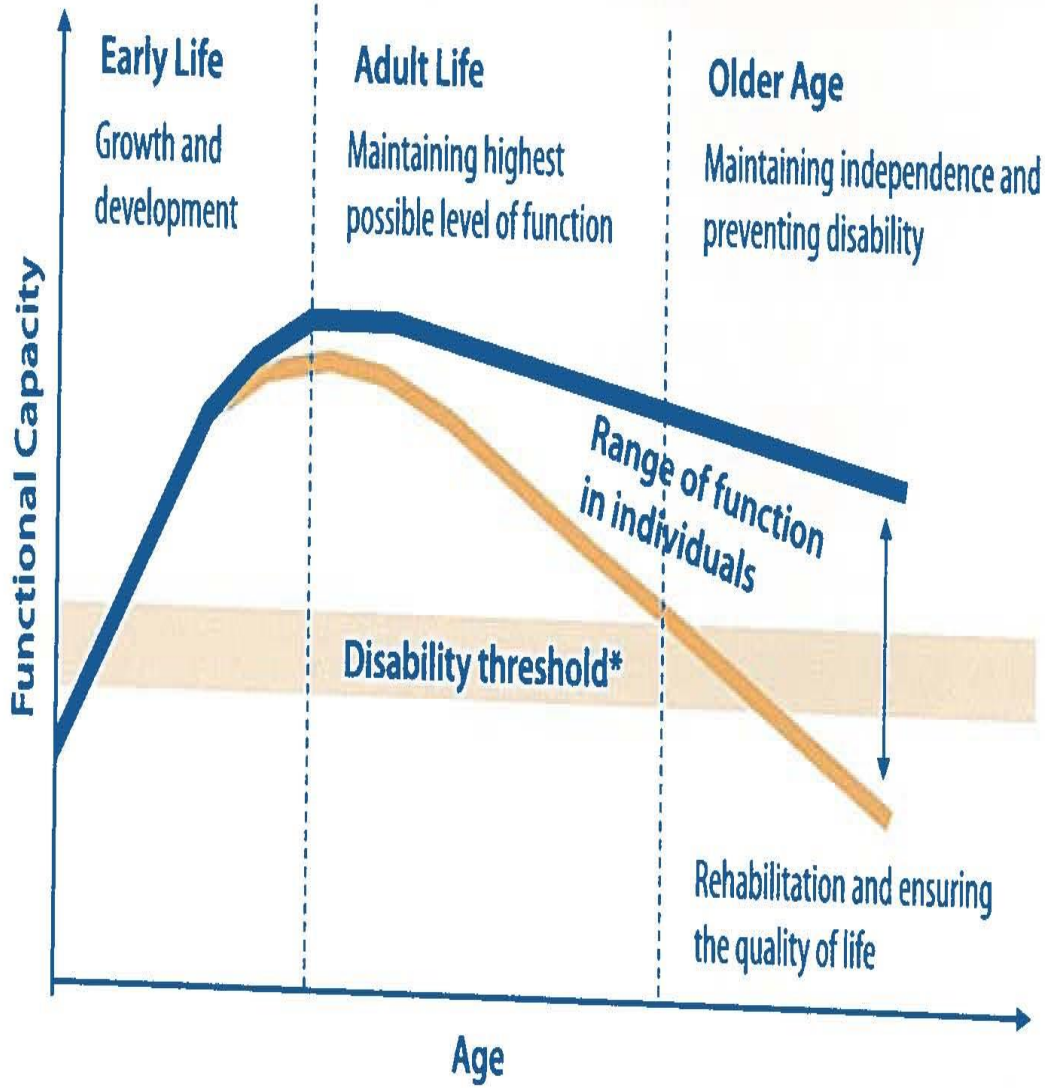
Wise and Wonderful

- Nunavut ….ELDERS…

  Why ?

- South of 60….ELDERLY ????

Figure 4. Maintaining functional capacity over the life course



Source: Kalache and Kickbusch, 1997

"We are not tinkers, who patch and mend what is broken. We must be watchmen, guardians of the life and health of our generation, so that stronger and more able generations may come after."

Dr. Elizabeth Blackwell

first woman physician in North America