

## Population Aging and the Future of Canadian Healthcare

---

Jane Bezuko

Our world is undergoing a massive demographic shift. The population is aging, life expectancy is increasing, and, as Martin-Matthews states, by 2015 for the first time in the history of Canada there will be more seniors aged 65 and older than youth populating our country (as cited in Sheets & Gallagher, 2012, p. 2). The Organisation for Economic Co-Operation and Development (OECD, 2013) has pointed out that life expectancy at birth for Canadians is currently 80 years of age (p. 24), which is the fourth longest in the world. Most of the research (Canadian Institute for Health Information [CIHI], 2011; Canadian Nurses Association [CNA], 2014; Sheets & Gallagher, 2012; Statistics Canada, 2014) on population aging has projected that Canada will see nearly double the amount of people aged 80 and older in the next two decades due to the aging baby-boomers. The aging population should not be considered an insignificant contributor to increasing healthcare costs. Caring practices should be tailored to meet the complex needs of this population due to this increase in costs to the healthcare system. A transformation in Canada's healthcare system is needed to address the issues of chronic illnesses associated with aging, fragmentation of healthcare services, use of an acute care model, and lack of specialized gerontological nursing education programs, as these are all contributing factors to why aging is a significant cost driver in healthcare. Instead there needs to be a focus on managing chronic illnesses, integration of healthcare services, a shift from an acute care model to a chronic illness prevention and health promotion model in a community setting, and more comprehensive

gerontological content incorporated in nursing curriculums. These solutions must be implemented because at the rate at which the population is projected to age, healthcare costs will continue to skyrocket and care will continue to overlook the complexities associated with aging.

Some have argued that population aging is not a cost driver when it comes to healthcare because medical and technological advancements are keeping people alive longer. Researchers Garrett and Martini (2007) have projected that the overall cost of chronic illnesses in the year 2050 will be similar to that in the year 2000, concluding that aging alone will not cause significant increase in healthcare spending. However, these projections do not take into account changes in medical technology or new medical practices (p. 56). Although Sheets and Gallagher (2012) state that population aging is a meek contributor driving healthcare costs (p. 4), CIHI (2011) has shown that older adults actually account for approximately 45% of provincial healthcare expenditures, while people who are 80 and older account for the highest healthcare spending per person and consume more healthcare dollars per year due to the prevalence of multiple chronic illnesses (p. 16). The Canadian Health Services Research Foundation (CHSRF, 2011) reports that seniors generally have more chronic illnesses than younger people, which may include heart disease, dementia, and diabetes. These illnesses require longer hospital stays, the need to access healthcare services more frequently, and more medications, which can lead to adverse drug reactions and further hospitalizations (p. 252). Alberta Health Services (AHS, 2014) makes it clear that as we age we rely more heavily on the healthcare system due to these chronic illnesses, and by age 65 it is estimated that approximately 75% of Canadians have at least one chronic illness (p. 6). The Public Health Agency

of Canada (PHAC, 2011) has shown that chronic illnesses cost Canadians over \$190 billion per year in direct and indirect costs (para. 1). Similarly, a survey conducted by Denton and Spencer (2010) reveals that healthcare spending and resource consumption increases with advanced age and number of chronic illnesses, and spending will only continue to increase as the population continues to age with the same amount of comorbidities (p. 19). Furthermore, CIHI (2011) reported that the 2001 Conference Board of Canada study showed that aging in Canada will contribute to approximately a 0.9% annual increase in public-sector health spending until the year 2020 (p. 18). Although 0.9% seems like an insignificant amount, the CHSRF (2011) found that the 2008 public share of healthcare spending is actually a substantial amount of money, translating into over \$120 billion (p. 252). Obviously Canada's current healthcare system is not yet equipped to promote cost-effective healthy aging, as Denton and Spencer (2010) insist the healthcare system is geared towards dealing with urgent care matters and treating diseases and this system of acute care is no longer adequate (p. 6) for the changing needs of the population.

Since the healthcare system is currently based on an acute care model, healthcare services to deal with chronic illnesses associated with advanced age are "fragmented and poorly integrated with community services (Bierman, 2012, p. 1)" and are perpetuating in high costs to the healthcare system. The current acute care model in Canada is cure-focused, and as Shinkus Clark (2004) point out, the "cure" usually involves a series of consults where the nurses usually end up interpreting for physicians as physicians do not always communicate directly (p. 106). This greatly increases the length of time that it takes to cure an illness and can end up raising healthcare costs even more if the patient's condition worsens in the

meantime and requires additional treatment or hospitalisation. Bergman et al. (1997) also point out that fragmented care allows necessary services such as medical and social care, or acute and continuing care, to function autonomously which hinders smooth coordination of services and increases healthcare costs due to inappropriate use of acute care services (p. 1117). With the anticipated increase in chronic illnesses among the aging population, AHS (2014) has acknowledged that there will be a need for integration of policies and services by government, health service providers, and researchers (p. 6) to refocus healthcare resources to reduce costs to the system and ultimately provide better outcomes for patients.

Along with integrating healthcare policies and services throughout government, healthcare, and research areas, the CNA (2012) recommends implementing a new healthcare model based on health promotion and illness prevention and management that emphasizes education and interventions to help people take responsibility for their health in the community setting (p. 24). Many researchers (AHS, 2014; Andrews, Campbell, Denton, & McGilton, 2009; CHSRF, 2011; CIHI, 2011; CNA, 2012; Sheets & Gallagher, 2012) are in agreement that integrating health services in the community with illness prevention and health promotion efforts increases timely access to care and in turn decreases the burden of chronic illness on the healthcare system. Prevention strategies should be incorporated to avoid adverse effects of chronic illnesses and the increased costs of crisis intervention (Bergman, 1997, p. 1119), and promotion of health can be integrated by using a patient-centred approach that will teach older people to develop personal strengths and resiliency when coping with their illnesses (Glass, Moss, & Ogle, 2012, p. 382). Better management of chronic illnesses in the aging population can help decrease

healthcare costs, and Denton and Spencer (2010) point out that even a modest reduction in the prevalence of seniors with chronic illnesses would save the healthcare system a substantial amount of money (p. 18).

Since nurses are at the front lines of healthcare, they are in a position to help integrate healthcare services to prevent chronic illnesses and promote health; however, research has indicated that nurses need more education on gerontological care to better prepare them for their role in integrating healthcare services for this population. According to Stall, Cummings, and Sullivan (2013), nurses represent the largest sector of Canada's healthcare providers, and there are approximately 60 registered nursing training programs across the country with 80% of those programs claiming to integrate gerontology within the curriculum (para. 3). However, an analysis of nursing education programs by many researchers (Andrews et al., 2009; Baumbusch & Andrusyszyn, 2002; Fagerberg & Gilje, 2007; Ma, 2007) indicates very limited gerontological content that does not allow for nurses to gain comprehensive education on caring for a geriatric population with chronic illnesses. With insufficient education on caring for the unique needs of the elderly patient, the complexities associated with care can be overlooked. Baumbusch, Dahlke, and Phinney (2012) emphasize the need for nursing education programs to integrate gerontological content to better prepare nurses to deal with the complexities that the healthcare system will face with an aging population (p. 2556). With proper education, the CNA (2014) suggests that nurses can provide holistic care for the aging population by becoming involved in management of chronic illnesses, assembling illness prevention programs in the community, and advocating for continuity of care outside of the hospital setting (para. 3).

In conclusion, there is no doubt that Canada's population will continue to age, and the aging population should not be considered as an insignificant contributor to increasing healthcare costs. A transformation in Canada's healthcare system is needed to address the issues of chronic illnesses associated with aging, fragmentation of healthcare services, use of an acute healthcare model, and lack of specialized gerontological nursing education programs. There needs to be a focus on managing chronic illnesses, integration of healthcare services, a shift to an illness prevention and health promotion model, and more comprehensive gerontological content incorporated in nursing curriculums in order to provide sustainable and cost-effective healthcare for all.

#### References

- Alberta Health Services. (2014, February). Health Plan and Business Plan 2013-2016. Retrieved from <http://www.albertahealthservices.ca/>
- Andrews, G. J., Campbell, L., Denton, M., McGilton, K. S. (2009). Gerontology in Canada: History, challenges, research. *Ageing International*, 34(3), 136-153. doi: 10.1007/s12126-009-9042-7.
- Baumbusch, J. L., & Andrusyszyn, M. A. (2002). Gerontological content in Canadian baccalaureate nursing programs: Cause for concern? *Canadian Journal of Nursing Research*, 34(1), 119-129. Retrieved from <http://www.mcgill.ca/cjnr/home>
- Baumbusch, J., Dahlke, S., & Phinney, A. (2012). Nursing students' knowledge and beliefs about care of older adults in a shifting context of nursing education. *Journal of Advanced Nursing*, 68(11), 2550-2558. doi: 10.1111/j.1365-2648.2012.05958.x
- Bergman, H., Beland, F., Lebel, P., Contandriopoulos, A-P., Tousignant, P., Brunelle, Y., Kaufman, T., Leibovich, E., & Rodriguez, R. (1997). Care for

- Canada's frail elderly population: Fragmentation or integration? *Canadian Medical Association*, 157(8), 1116-1121. Retrieved from [https://www.cma.ca/en/Pages/cma\\_default.aspx](https://www.cma.ca/en/Pages/cma_default.aspx)
- Bierman, A. S. (2012). Averting an impending storm: Can we reengineer health systems to meet the needs of aging populations? *PLOS Medicine*, 9(7), 1-2. Retrieved from <http://journals.plos.org/plosmedicine/>
- Canadian Health Services Research Foundation. (2011). Myth: The ageing population is to blame for uncontrollable health care costs. *Journal of Health Services Research & Policy*, 16(4), 252-253. doi: 10.1258/jhsrp.2011.230511
- Canadian Institute for Health Information. (2011). Health care cost drivers: The facts. Retrieved from [https://secure.cihi.ca/free\\_products/health\\_care\\_cost\\_drivers\\_the\\_facts\\_en.pdf](https://secure.cihi.ca/free_products/health_care_cost_drivers_the_facts_en.pdf)
- Canadian Nurses Association. (2014). Aging and Seniors Care. Retrieved from <http://www.cna-aiic.ca/en/on-theissues/better-health/aging-and-seniors-care>
- Canadian Nurses Association. (2012). A nursing call to action. Retrieved from [www.cna-aiic.ca](http://www.cna-aiic.ca)
- Denton, F. T. & Spencer, B. G. (2010). Chronic health conditions: Changing prevalence in an aging population and some implications for the delivery of health care services. *Canadian Journal on Aging*, 29(1), 11-21. doi: 10.1017/S0714980809990390
- Fagerberg, I., & Gilje, F. (2007). A comparison of curricular approaches of care of the aged in Swedish and US nursing programs. *Nurse Education in Practice*, 7(6), 358-364. doi: <http://dx.doi.org/10.1016/j.nepr.2006.11.007>
- Garrett, N., & Martini, E. M. (2007). The boomers are coming: A total cost of care model of the impact of population aging on the cost of chronic conditions in

- the United States. *Disease Management*, 10(2), 51-60.  
doi: 10.1089/dis.2006.630
- Glass, N., Moss, C., & Ogle, K. R. (2012). A person-centered lifestyle change intervention model: Working with older people experiencing chronic illness. *International Journal of Nursing Practice*, 18, 379-387.  
doi: 10.1111/j.1440172X.2012.02054.x
- Ma, A. (2007). Evaluating the curricula for entry-level care professionals in aging-related fields. *Educational Gerontology*, 33(10), 881-896. doi:  
<http://dx.doi.org/10.1080/03601270701569200>
- Organisation for Economic Co-Operation and Development. (2013). Health at a glance 2013: OECD indicators. Retrieved from <http://www.oecd.org/PublicHealthAgencyofCanada>. (2011, September 20). Economic impact for Canadians. Retrieved from [http://www.phac-aspc.gc.ca/media/nr-rp/2011/2011\\_0919-bg-di-eng.php](http://www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0919-bg-di-eng.php)
- Sheets D. J. & Gallagher, E. M. (2012). Aging in Canada: State of the art and science. *The Gerontologist*, 53(1), 1-8. doi: 10.1093/geront/gns150
- Shinkus Clark, J. (2004). An aging population with compels new delivery systems focused on new structures and practices. *Nursing Administration Quarterly*, 28(2), 105-115. doi:  
<http://dx.doi.org/10.1097/00006216-200404000-00006>
- Stall, N., Cummings, G., & Sullivan, T. (2013, September 5). Caring for Canada's seniors will take our entire health care workforce. The Canadian health care workforce's coming of age? Retrieved from <http://healthydebate.ca/2013/09/topic/community-long-term-care/non-md-geriatrics>
- Statistics Canada. (2014, September 17). Population projections: Canada, the provinces and territories, 2013 to 2063. Retrieved from <http://www.statcan.gc.ca/daily->



**Jane Bezuko**

---

[quotidien/140917/dq140917a-eng.htm](#)