



PREPARING FOR MANITOBA'S BOOMERS

A summary of the report *Projecting Personal Care Home Bed Equivalent Needs in Manitoba Through 2036* by Dan Chateau, Malcolm Doupe, Randy Walld, Ruth-Ann Soodeen, Carole Ouelette, Leanne Rajotte

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This year, the oldest members of the Baby Boom (1946-1964) will turn 66, and as they head into retirement and beyond, they are at the forefront of a trend that could have a dramatic effect on need for long term care in Manitoba over the next three decades.

The reason is simple: As Manitoba's senior population begins to swell, so, too, will the need for long term care, whether through home care, supportive housing or personal care home (PCH) beds. By 2031, all Baby Boomers will be age 65 or older, and almost half will be older than 75, presenting a growing challenge for long term care planners.

How will planners and policy makers prepare for these new needs? How will healthcare services change to meet the needs of our seniors by 2036, when the youngest Baby Boomers turn 70? What factors will help our system keep pace?

Making sense of the statistics

In 2011, a study from the Manitoba Centre for Health Policy (MCHP) examined many of these questions. The authors (Doupe et al., 2011) produced PCH bed usage projections at a provincial level, predicting a 29-49 percent spike in PCH bed needs by 2030. But valuable region-specific forecasts were not available — until now.

A new study, "Projecting Personal Care Home Bed Equivalent Needs in Manitoba Through 2036," offers a regional analysis of the need for PCH bed or their alternatives across the province. This study provides very useful information for healthcare planners and policy makers alike, because MCHP researchers were able to make projections for each of Manitoba's regional

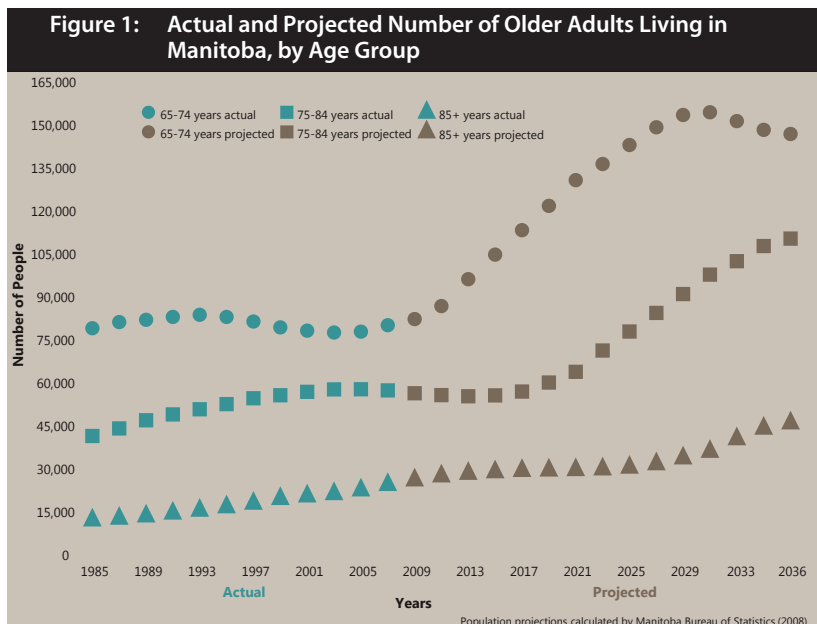
health authorities (RHAs) and offer some insights into which factors may increase or decrease usage rates for each RHA.

Projections in the report are based on care that was provided in PCH beds. The previous study from MCHP showed some of that care could have been provided by other means, such as supportive housing or expanded home care. These alternatives to PCH care are taken into account, and this report refers to PCH bed equivalents.

After the first boomers turn 85, between 5,100 and 6,300 extra beds will be needed in personal care homes, supportive housing, or expanded home care.

The report comes out just as Manitoba's 11 RHAs are being reorganized into five new regions. Despite this change the researchers were able to use age- and sex-specific population numbers from the Manitoba Bureau of Statistics to examine how Manitoba's older population is likely to grow in each of the new RHAs as well as the former ones. Using these population projections, the researchers could then anticipate the PCH equivalent needs for each RHA based on current usage rates and trends, giving a high and low estimate.

Figure 1 shows population numbers and projections for three age segments in Manitoba: 65-74, 75-84 and 85+. Notice that starting in 2011, there is a predicted spike in the number of people 65-74 years old. By 2021, the increase shifts to the 75-84 age group, and then to the 85+ age group in 2031 as the baby boomers gradually become older.



Usage rates are falling, but total use will rise

Currently, there are nearly 9,700 PCH beds in Manitoba's five health regions, with the lion's share located in Winnipeg (5,406). Trends show that a shrinking proportion of older adults have been using PCHs since 1985 — this may be attributed to many factors, such as a healthier senior population and increased supportive housing and home care services. These PCH-equivalent services have helped to keep PCH usage rates down. By far, the largest group of PCH users is typically aged 85 or older, so when the Baby Boomers begin to reach this age (2031), the number of days used at PCH



or PCH-equivalent services will rise dramatically. The report examines PCH and equivalent service needs together, since they are all necessary components of quality care and will all experience increased demand to various extents.

Being married tends to reduce PCH use, while being single increases the rate — more so for men than for women.

Researchers used PCH usage rates and population projections to calculate the increase in PCH-equivalent care needed across Manitoba by 2036, five years after the first boomers turn 85. The projections are only for people 65 and older (about 95% of all PCH use), and do not address any time that people spend waiting in the community or hospital before admission. RHA planners will need to adjust the baseline number of PCH bed equivalents to account for these exceptions. The projections do provide a roadmap for when and where extra capacity will be needed in the future. The results predict that between 5,100 and 6300 more PCH beds will be needed, whether in personal care homes, supportive housing or expanded home care — an increase of between 55 and 69 per cent.

As more Manitobans have fewer children — or none at all — the extended network of family members able to care for aging relatives will decrease.

The extra capacity won't all be needed at once, nor will it be distributed equally across the five RHAs.

In the first 10 years, from 2011 to 2021, projection models show slight increases for the Winnipeg RHA and more dramatic increases for Interlake-Eastern and Northern regions, while the Western RHA may actually experience a slight decrease. In the second 10 year span from 2021-2031, when the first boomers age from 75 to 85, you can see how the demands increase substantially in the Northern RHA and also for the Southern, Interlake-Eastern and Winnipeg RHAs. By 2036, the demands rise again across all RHAs (Table 1).

Other factors

Does marital status or having children have any effect on PCH bed usage?

- The answer was a resounding yes. Research shows that Manitobans are having fewer children per family, and as more Manitobans have fewer children — or none at all — the extended network of family members able to care for aging relatives will decrease. This is expected to put a larger strain on long term care, including PCH-equivalent care, in the future. In this report, researchers examined

Table 1: Projected PCH Bed Equivalent Needs by Regional Health Authority

RHA	2011	2021	2031	2036
Western	1,886 to 1,950	1,730 to 1,989	1,885 to 2,285	2,083 to 2,550
Winnipeg	5,368 to 5,500	5,550 to 6,029	7,006 to 7,781	8,383 to 9,346
Southern	1,125 to 1,198	1,250 to 1,423	1,634 to 1,909	1,918 to 2,262
Interlake-Eastern	724 to 748	980 to 1,026	1,346 to 1,411	1,557 to 1,631
Northern	162 to 158	216 to 215	338 to 338	414 to 412
Manitoba	9,265 to 9,554	9,725 to 10,682	12,208 to 13,723	14,355 to 16,201

the differences in family structure in urban and rural areas and in each RHA (Table 2). They found more women in Winnipeg did not have any children compared to women in rural areas. They also found that being married tends to reduce PCH use, while being single increases the rate — more so for men than for women, likely because women are better able to care for their husbands at home than the reverse. The distance that children live from their parents also affects PCH-equivalent usage rates.

What happens now?

Population projections are always shifting as time passes, and PCH bed equivalent projections will need to be updated to make sure we have it right. Revisions to PCH-equivalent bed projections should therefore be made periodically to ensure healthcare planners and policy makers have the most up-to-date information about the needs of Manitoba's seniors.

One thing is certain: the Baby Boomers are all entering their senior years, and the demands they will place on personal care homes, supportive housing and home care will steadily mount. Healthcare planners must look at strategies and policies now, so they can continue to provide excellent health services to this important segment of Manitoba's population.

Table 2: The Risk of Admission to a PCH

If a senior...	The risk of admission to a PCH:
is not married	(control group, no change)
is a married woman	Decreases by 23%
is a married man	Decreases by 40%
has no children	(control group, no change)
has one child	Decreases by 27%
has two children	Decreases by 34%
has three or more children	Decreases by 38%

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