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Manitoba Seniors: Living Longer; Living Healthier?

MANITOBA CENTRE FOR HEALTH POLICY

Summary by RJ Currie
based on the report:
*The Health and Health
Care Use of Manitoba's
Seniors: Have They
Changed Over Time?* by
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If you go by popular opinion, you're probably convinced that with Manitoba's population aging, our health care system will inevitably be overwhelmed by a flood of seniors. The result: spiraling health costs bankrupting the system. It's a perception fuelled by the stereotype that seniors are a frail, health-care-dependent lot, living in (or waiting for) nursing homes. But this apocalyptic view doesn't hold up under close inspection. The facts paint a far less gloomy picture. That is, there is both good news and bad.

Manitoba Health asked MCHP to look at what impact the province's aging population will have on our health care system. Our report focusses on three main questions: How healthy are seniors in Manitoba? Has their health improved? Has the use of health care by seniors in Manitoba changed over time?

The term *seniors* refers to individuals aged 65 or older living in Manitoba. Whenever possible, seniors are further divided into those 65 to 74, 75 to 84, and 85 years or older. We refer to these groups as young seniors, middle seniors, and older seniors.

When we talk about the "health" of seniors, much of that assessment is based on survey information collected by the Aging in Manitoba Study and the National Population Health Survey (Manitoba sample). When we speak of seniors being "healthier," it means, for example, that 65-74 year-olds are healthier overall now than 65-74 year-olds were fifteen years ago. For this, we used indicators like life expectancy, mortality rates (a widely used measure of health status) and hospitalizations

for things like heart attacks or hip fractures. We studied data from 1985 to 1999. All this information combined to give us an overall picture of health. Here is what we found.

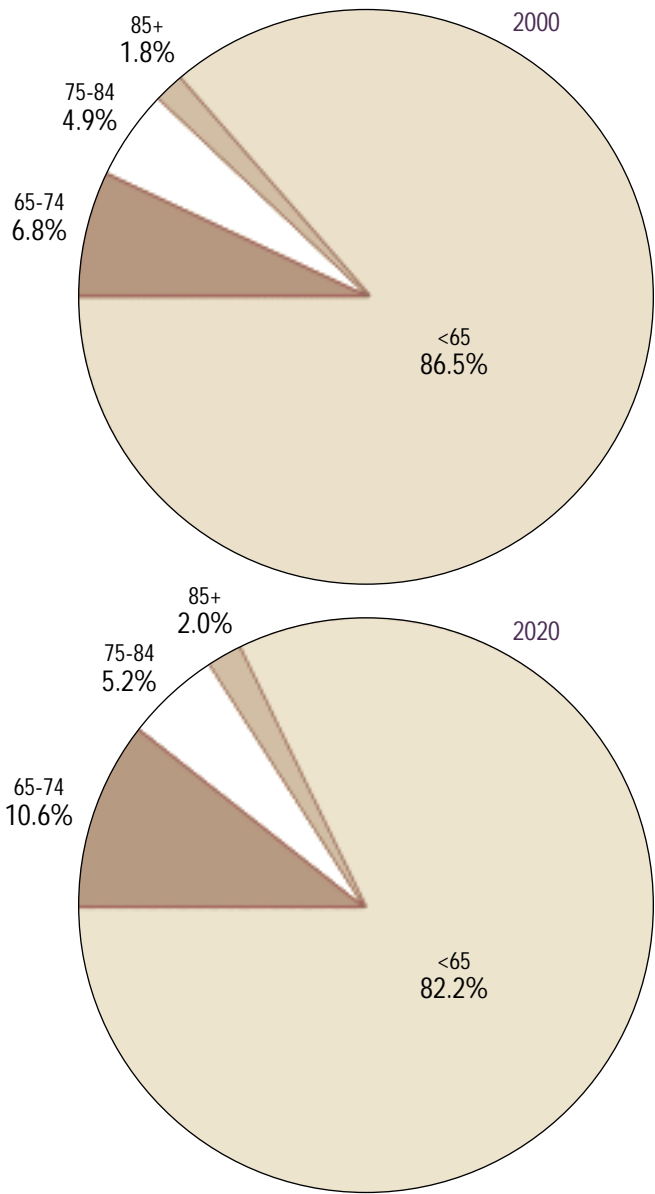
The Aging Population

Without a doubt, Manitoba's population is aging. Over the period of our study, the proportion of Manitobans aged 65 years and older rose from 12.1% of the population to 13.5%. Projected to 2020, seniors will constitute 17.8% of the population, or 213,300 people (Fig. 1).

Between 1985 and 2000, the increase in the number of seniors was driven by individuals aged 75 or older. The increase in the oldest seniors has been particularly large, with a growth of 59%. In contrast, between 2000 and 2020, the greatest increase is expected among young seniors (62%), while the increase in the number of individuals aged 75+ will slow down. The pattern will reverse after 2020 when the baby boomers reach the 75+ age range.

Good News

Manitoba seniors are for the most part healthy. That's not to say there aren't some in poor health: health declines with age and health care use increases. But about two-thirds of seniors aged 65 to 74 reported being in good to excellent health, the majority were independent and did not require assistance with everyday activities, and most had no disabilities. Although virtually all seniors in that age bracket saw a physician at least once every year, only 15% were hospitalized,



1. Percentage of Manitoba's Population Aged 65 or Older in the Years 2000 and 2020

7% used home care and only 1% lived in a PCH (personal care or nursing home) in 1999.

Even among people aged 85 and over, many are still relatively healthy and independent. It may surprise some to know, for example, that roughly 80% of older seniors living in the community in 1999 reported being in good to excellent health and about one in five were living independently (that is, they didn't need help with basic activities such as eating,

getting in and out of bed, going to the toilet, or bathing). Only one in three (less than 6,400) lived in a PCH.

Statistically, the health of Manitoba's seniors has also been improving in a number of ways. At the same time, their use of health care services has been declining.

- Life expectancy increased quite a bit for men (albeit not women) over the period studied. In 1985, men who lived to age 65 could expect to live 18.3 years longer; in 1999, they could expect to live 19.7 years longer. Similarly, life expectancy at age 75 increased from 11.8 years of life remaining to 12.6.
- Mortality rates for young and middle senior men dropped 19% and 10% respectively. The main reason (aside from the fact that more men are now living past the age of 74) appears to be a decline in deaths due to heart disease.
- Hospitalization rates for heart attacks fell: as much as 28% for men and 15% for women aged 65 to 84.

Health care use has changed:

- Hospital days decreased 35-40% among men, 33-47% among women. This is due, in part, to a shift toward more outpatient surgery, which has tripled for all groups and both genders.
- Use of physicians declined—from about 10 visits per year per person to about 7.

Seniors are living longer and healthier lives in the community, which is reflected in their changing use of PCHs:

- Seniors admitted to PCHs are older on average than they used to be: in 1985, 39% of persons admitted to PCHs were 85+, but in 1999 it was 49%. Because seniors are admitted to PCHs later in life than they used to be, lengths of stay in PCHs has decreased (Fig. 2), with a greater turnover in PCH beds as a result.

It is important to note these changes aren't due to a shortage of PCH beds (waiting times for PCH admissions have actually dropped). It is likely due to a mix of better health and function, combined with a 17-27% increase (depending on age group) in home care use.

Not So Good News

Although seniors' hospital use has declined, they still consume the lion's share of hospital resources. In 1999, 38% of inpatient hospitalizations involved seniors, who used close to two-thirds of hospital days. But this large share of hospital days—and costs—can be traced back to a small number of individuals. Only 5% of seniors used an amazing 78% of all the hospital days that were consumed by seniors. These patients also had very long lengths of stay, averaging 91 days.

Although Manitoba's seniors are living relatively independently—and longer than ever—in the community, cancer and other chronic diseases are increasingly common. Over the last 15 years, cancer rates increased for young seniors: for men 18%; for women 13%. Moreover, hypertension, diabetes and asthma diagnosis rates generally increased, while dementia rates increased dramatically.

Hospitalization rates for falls have changed little and are still high, especially among older senior women. In 1999, for every 1000 women aged 85 and over, 75 were hospitalized because of a fall. Not surprisingly, hip fracture (a common result of falls) rates for these women were also high at 28 per 1000.

There was a big jump in the number of operations for some high profile surgical

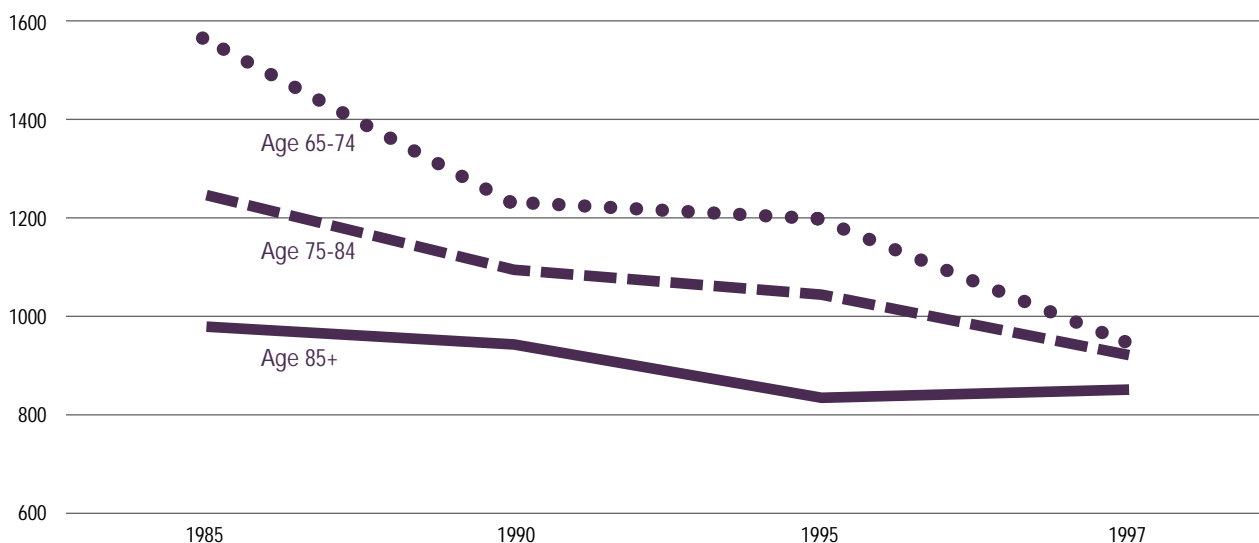
procedures: coronary bypasses rose by 54%, total hip replacements by 66%, and knee replacements by 75%. Moreover, the number of prescriptions per person increased for all seniors between 1995 and 1999, but especially so for older seniors—a surprising 80%. While these increases were large, they were outdistanced by alarming increases in the amount older seniors spent on prescriptions over the same time—more than double over five years, from \$353 to \$717 per year per person.

Looking Ahead

Manitoba's population is aging, no question about it. And yes, it will have an impact; many seniors do have health problems and will need care. But will they overwhelm our health care system? Our findings suggest that's unlikely.

The fact is, Manitoba's health care system had to cope with a larger increase in seniors aged 75+ between 1985 and 2000 than will be the case from 2000 to 2020. And while it's true there will be more Manitobans than ever in this age group, indications are they also will be healthier than ever. They should therefore require proportionately fewer health care services. In fact, it may come as a surprise to some that in the final year we studied, only about a third of seniors 85 and older lived in a nursing

2. Average Number of Days Manitoba Seniors Spent in Personal Care Homes, 1985 to 1997



home. So much for the frail, health-care-dependent stereotype.

Young seniors will have the biggest impact in terms of numbers over the next 20 years. But this group is in generally good health and also in better health than the same age group was 15 years earlier. If this trend continues, it should offset, or at least reduce, their impact on the system.

Now after telling you how healthy Manitoba's seniors are, it may sound contradictory when we say that cancer and chronic illnesses—such as hypertension, diabetes, asthma and dementia—are on the rise. But we don't really know what those numbers mean. Are there more cases of these illnesses? Maybe. Perhaps physicians are simply getting better at diagnosing them. For example, does the climb in diabetes rates mean that proportionately more people are getting the illness, or are more cases detected now due to heightened awareness and changes in diagnostic criteria? Probably both, but we can't say for sure.

Regardless, increased diagnoses tend to lead to more treatment. How much treatment seniors receive—do they get more care than they need?—is a critical issue. For example, hip and knee replacements are way up over the last 10 years. The future challenge will be to answer: For whom, and under what conditions, are these procedures most appropriate? Or consider the escalating cost of prescriptions: Are seniors being over-prescribed? Are these drugs cost-effective?

With our population aging, answering these questions becomes ever more important, and ever more elusive. Increasingly, the North American focus on length of life over quality of life will come into question. The bottom line—are these treatments and/or drugs resulting in greater health and better quality of life in the long run?—will need to be kept in focus.

We do know for sure that falls are a big problem for seniors, especially for those 85+ and especially for women. Even a healthy senior may suddenly find herself with a hip fracture disabling enough that she now needs the services of a nursing home. This suggests a continuing need for programs focussing on

injury prevention—strength training to improve stability or awareness sessions on making the home safer being two examples.

The majority of seniors—even those aged 85 and over—live in the community and are living longer. As the number of seniors rises, there likely will be an increasing need for home care. The need for more alternative housing, such as supportive housing, is also likely to increase.

Similarly, there is a growing need for community-based resources, such as primary care services like chronic disease management. There is also a need for supports like shared meal programs, handyman services, social programs, and transportation. While not care services per se, they are nevertheless essential in allowing seniors to live more independently in the community.

All of which will also help ease the pressure on relatives who support seniors in the community. We found that respite care rates (temporary admission to a PCH to relieve family members) jumped for men between 1985 and 1999. So aside from the services mentioned, there appears to be a growing need for programs that help give family, friends or other informal care-givers some relief from the burden of care.

Other services like home care, rehabilitation or convalescent care could ease the burden on hospitals. Currently, seniors consume two-thirds of inpatient days and costs. Conceivably, if more alternatives to acute care are put in place, likely fewer seniors will need to be in hospital. This would reduce the public need for hospital beds. Yes, these services will cost money, but over time, probably a lot less than hospital care would.

So indications are that the coming seniors crunch isn't going to choke Manitoba's health care system. Impact-wise, this population bulge will likely move through like the proverbial possum through a python. No doubt, its impact will be felt. But with some adaptability and changes in the system, coupled with the overall improvement shown in the health of our seniors, Manitoba should be able to cope.

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