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EXECUTIVE SUMMARY

Ottawa, like the rest of Canada, is getting older. Nationally, Statistics Canada found that between 1981 and 2005, seniors, defined as people over 65 years of age, rose from 9.6 to 13.1 per cent of the population.¹ Between 1996 and 2006, the population of seniors in Ottawa rose from 49,445 to 100,875.²

Over the next 50 years, Canada is going to get much older, due to the aging of the Baby Boomers.³ In this paper, we examine how long-term care homes in Ottawa are preparing for explosive growth in the senior population.

To find out how these homes are preparing, the Institute of Marriage and Family Canada sent a survey to all long-term care homes in Ottawa.⁴ Twenty-five surveys were distributed and 12 were returned, for a completion rate of 48 per cent. This is therefore a local snapshot only; it cannot be extrapolated to represent a larger geographical area due to the small sample size.

Ottawa long-term care homes revealed several common concerns, which this paper will explore. These include:

- the expectation of higher demands from Baby Boomers for care
- more complicated diagnoses requiring diverse care
- the need for more staff
- the difficulties of operating within the limits of Ministry of Health and Long-term Care funding levels, even as funding increases at an astounding rate from year to year

As a result of our survey, we recommend the following:

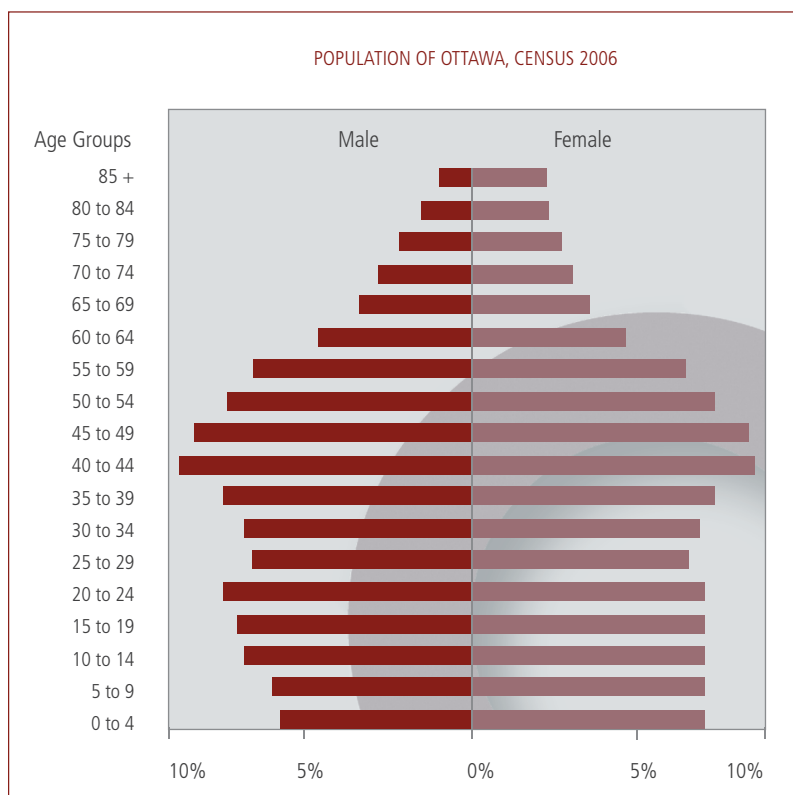
- Individuals and families should consider local homecare options
- Colleges and universities across the country should prepare to increase the available space in their nursing (R.N. and R.P.N.) programs; nursing students should be encouraged to specialize in geriatrics
- Persons engaged in the lives of young people should encourage them to consider how their career options can be addressed to seniors
- Families, wherever possible, should continue to be part of their loved one's life
- Schools could be encouraged to engage in regular interaction with local seniors' centres
- Families who are far away from parents or grandparents could consider having children "adopt" a grandparent in a local long-term care facility

GETTING READY FOR THE BOOM

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OTTAWA IS GROWING OLDER

Ottawa is growing older. The number of seniors in Ottawa doubled between 1996 and 2006 (49,445 to 100,875).⁵ The first Baby Boomers turn 65 in 2011, so their presence in this age group was not found in previous censuses.



This population pyramid gives a snapshot of Ottawa's population in 2006. The two bulges in the pyramid are the Baby Boomers (age 40- 59) and their children (age 10-24). The baby boom generation in Ottawa clearly dwarfs the size of any other age group. Looking ahead 20 years the longest bars will be between 60 and 69 years of age.

CANADA IS ALSO GROWING OLDER

Ottawa is far from unique in this respect. In fact, the same pattern holds true for the country. Statistics Canada found that between 1981 and 2005, the number of seniors in Canada increased from 2.4 million and their share of the total population increased from 9.6 per cent to 13.1 per cent.⁶ In the 1920s and 1930s seniors made up five per cent of the population.⁷ In fact, according to Statistics

Canada population projections, seniors will begin to outnumber children 14 years old and younger by about 2015.⁸

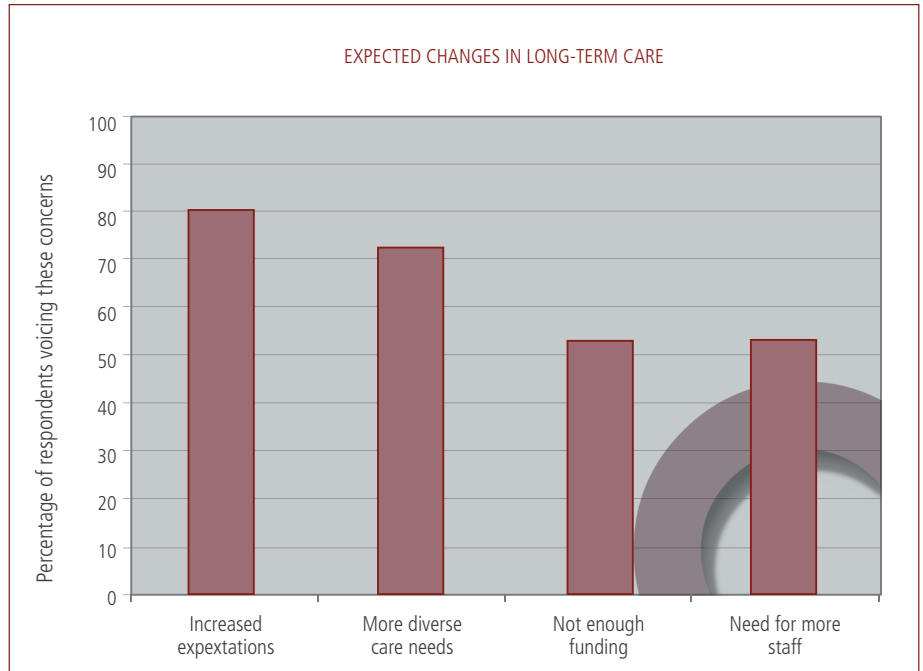
THE EXPECTATIONS OF LONG-TERM CARE HOMES IN OTTAWA

In response to a question regarding expected changes in long-term care due to the arrival of baby boom residents, the following were consistently mentioned:

- Increased expectations for care from residents and their families (nine of 12 surveys)
- More diverse care needs (including multiple diagnoses) mean more and increasingly specialized care (eight of 12)

- A consistent challenge to meet the real and perceived needs of clients on existing budget allocations by the Ministry of Health and Long-term Care (six of 12)
- The need for more staff (six of 12)

These challenges coalesce around two main issues. First, there's the entrance of the Baby Boomers into institutional care increasing the long-term care population. Secondly, there's the lack of funding (coupled with the perceived inability of this next generation of seniors to pay for their desired level of care.)



Source: Institute of Marriage and Family Canada survey of long-term care homes in Ottawa

INCREASING LONG-TERM CARE POPULATION

Long-term care homes in Ottawa are preparing for a wave of new residents in the coming decades: the Baby Boomers. For Ottawa in particular, we can see that Baby Boomers (the last of whom would have turned 44 in 2006) are the largest portion of the city's population.

In 2007, Statistics Canada found that 22 per cent of senior citizens were living in some type of care facility.⁹ Applying this percentage to Ottawa Census data, we estimate that the care home population there has increased from approximately 19,578 in 2001 to approximately 22,200 in 2006, an increase of 13 per cent.¹⁰

INCREASING EXPECTATIONS OF CARE

Yet increased numbers are not the only concern for long-term care facilities and their staff. Eight of 12 homes reported that one of the challenges they foresaw with the arrival of the Baby Boomers into their facility was increased expectations of personal medical care. In short, Baby Boomers may expect more (and therefore more expensive) care from nurses and other caregivers than did previous generations.

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This could be something as simple as relating to personal hygiene. One residence wrote: “Another small issue we have encountered is that the new generation prefers showers every day, but there isn’t usually enough staff to fulfill this desire. The Ministry of Health requirement is that residents are given two baths or showers every week.”

Another wrote that the arrival of Baby Boomers in long-term care homes would require “(increased) income to support private accommodation” since many are less willing to live in shared accommodations. Baby Boomers, as another respondent stated “will be much more demanding, wanting efficient, quicker, faster service.” And yet another: “Baby Boomers will demand greater choice and options but may not be in the financial position to support their demands and expectations.” One care home survey respondent indicated they believe this inability is due at least in part to a lack of knowledge regarding the expense of long-term care services.

MORE DIVERSE CARE NEEDS

The desires of baby boom residents are not the only issue complicating their care needs. Residences also replied that complex diagnoses are already now driving a need for more intense care.

“Dementia care demands immediate action to manage behaviours of residents and family members,” said one survey.

“More staff [are] required as residents have multiple diagnoses requiring multiple levels of care,” replied another. Statistics Canada bears this reality out. The number of deaths caused by Alzheimer’s Disease in people over 65 has increased 16 per cent from 2000 to 2005, five per cent higher than the growth of that age group between 2001 and 2006.¹¹

Another care home is “dealing with a lot more disabilities/dementias” because residents are coming into long-term care much later in life. “(The) average age now in [our] LTC is 88 to 100 years.” Still another wrote that they “must change staffing ratios to reflect complex diagnoses.”

Not only the desires of resident and their families but also the needs of current and future baby boom residents are changing the face and nature of long-term care in Ottawa.

STAFFING REQUIREMENTS

One respondent described long-term care nursing as a “demanding job with an older workforce. Their bodies don’t recover as fast, so they may get tired faster and possibly call in sick.”

“We are definitely going to be short of available Registered Nurses as most of our R.N.s are close to retirement age now,” said another. “Since hospitals also have more funding they pay Registered Practical Nurses and Registered Nurses better so that retention of nurses is already difficult.”

The implications of the age of current staff and the growth of future long-term care populations highlight the need for more staff in the future.

FUTURE STRATEGIES

More nurses and senior care specialists

Young people today who desire job stability and continuing employment might consider, if at all inclined, studying nursing. As our population grows older, health care will be an area of increasing job opportunities. Teaching, on the other hand, barring a sudden increase in the number of births in Canada, will be an area of shrinking opportunities, because of the currently declining enrolments.¹²

Our seniors will need good quality care: in their own homes, in hospitals, in nursing homes, in long-term care homes. As the senior population grows, so will a need for quality caregivers.

Assessment of funding levels

The Ministry of Health and Long-term Care reports that its annual operating costs are expected to be over \$39.5 billion for the year 2008-2009, compared to \$26.7 billion in 2007-2008.¹³ Our survey showed that the gap between funding levels (and therefore available services) and service expectations is predicted to grow if funding levels of long-term care homes continues at its current levels. Calls for more funding, though understandable, will not provide the solution to the growth in the number of long-term care residents, given that the budget increases noted above are not sustainable into the future.

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Family involvement

The move to institutional care, let alone long-term care, affects an entire family, not only the one making the move. Where families express the need to be included and involved in this transition, long-term care facilities should offer space. And they are.

In several of the long-term care homes surveyed, family members are able to be as involved as they desire, where appropriate.

- “Families can play any role they wish...; if families wish, we can train them in transferring toileting, feeding, ADL (activities of daily living) techniques”
- “Families have input in the care planning and decision making”
- Families are “encouraged to participate in resident care when appropriate, training provided”

Family involvement is always done with the understanding that health care in a long-term care facility is provided by trained staff, and that families may supplement and/or aid in, but never entirely replace that care.

WORKING TOGETHER: *FAMILIES AND LONG-TERM CARE*

Survey respondents indicated certain guidelines for family members caring for a loved one in a long-term care facility. They include:

- Advocate for your loved one with the understanding that nurses are the trained medical professionals there to deliver good medical care
- Inquire of the long-term care facility what opportunities exist for volunteer involvement in resident care. If you desire to be directly involved in care, be prepared to abide by the residence’s training requirements
- If you need to ask for additional care or point out a need for your loved one, do so out of a motivation to help nurses care for him or her, not simply to point out shortcomings in care

The long-term care facilities consider that family members are an asset when they continue to at very least remain in regular contact. “More frequent visits, better rapport is beneficial to residents,” wrote one respondent. Statistics Canada found that “...those with daily social involvement had 2.4 times the odds of having positive self-perceived health, compared with those who did not participate in such activities.”¹⁴

Enhancing your loved one’s experience of their health in a long-term care facility may start with something as basic as being socially engaged in their lives.

RECOMMENDATIONS

- Individuals and families should consider their local homecare options (such as home maintenance and personal health care services) and other alternatives before exploring entry into long-term care
- Colleges and universities across the country should prepare to increase the available space in their nursing (R.N and R.P.N.) programs as well as other specialties applicable to senior care such as foot care, occupational therapy, physiotherapy, orthopedics, speech therapy, dietary care and palliative care, among others
- Nursing students should be encouraged to specialize in geriatrics for a long and secure nursing career
- Local communities should encourage young people to consider how their career options can be addressed to seniors
- Families, wherever possible, should continue to be part of their loved one's life; regular visits, social outings and other activities can contribute to a more positive experience of personal health
- Schools could be encouraged to engage in regular interaction with local seniors' centres for the benefit of intergenerational socializing and learning
- Families who are distant from parents or grandparents could consider having children "adopt" a grandparent in a local long-term care facility

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Endnotes

- 1 Statistics Canada. (2007). A Portrait of Seniors in Canada 2006, Ottawa: Social and Aboriginal Statistics Division, Minister of Industry. p.141. Retrieved June 24, 2009 from <http://www.statcan.ca/english/freepub/89-519-XIE/89-519-XIE2006001.htm>
- 2 Statistics Canada. (2001). Community Profiles, Ottawa: Census 2001; Statistics Canada. (1996). Community Profiles, Ottawa: Census 1996.
- 3 Miedema, D. (April, 2009). Care-full? The demographic crunch and senior care in Canada. The Institute of Marriage and Family Canada. Retrieved June 24, 2009 from http://www.imfcanada.org/article_files/IMFC%20Derek%20Miedema_FINAL.pdf
For the purposes of this paper, I refer to the baby boom generation from a population standpoint. That is, all children born between 1947 and 1962.
- 4 The list of long-term care facilities was retrieved April 2009 from <http://www.champlainhealthline.ca/listServices.aspx?id=49&Region=Ottawa>
- 5 Statistics Canada. Census 1996, Census 2006.
- 6 Statistics Canada. (2007). A Portrait of Seniors in Canada 2006. p.12. Retrieved July 27, 2009 from <http://www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.pdf>
- 7 *Ibid*, p.11.
- 8 Statistics Canada. (2005). Population Projections, p. 45. Retrieved July 27, 2009 from <http://www.statcan.gc.ca/pub/91-520-x/91-520-x2005001-eng.pdf>
- 9 Cranswick, K., Dosman, D. (2008). Eldercare: What We Know Today. *Canadian Social Trends*, 86, p. 49. Statistics Canada. Retrieved June 13, 2009 from <http://www.statcan.gc.ca/pub/11-008-x/2008002/article/10689-eng.pdf>
- 10 Author's calculations.
- 11 Statistics Canada. Leading causes of death, total population, by age group and sex, annual. Cansim Table 102-0561 with calculations by author.
- 12 The Ministry of Ontario Declining Enrolment Working Group states that: "Between 2002–03 and 2007–08, enrolment in Ontario's schools declined by 68,000, or 3.4 per cent. The Ministry of Education expects a similar trend over the next five years, anticipating that the number of students in the public education system will further decrease by a projected 72,000, or 3.8 per cent."
See Declining Enrolment Work Group. (2009). Planning and Possibilities: The Report of the Declining Enrolment Working Group. p.4. Retrieved July 17, 2009 from <http://www.edu.gov.on.ca/eng/policyfunding/DEWG.pdf>
- 13 Ontario Ministry of Finance. (2008). Ministry of Health and Long-term Care, The Estimates, Summary. Retrieved July 17, 2009 from <http://www.fin.gov.on.ca/english/budget/estimates/2008-09/volume1/mohltc.html>
- 14 Ramage-Morin, P. (2006). Successful aging in health care institutions. Statistics Canada Health Reports, Vol. 16. Retrieved online from <http://www.statcan.gc.ca/pub/82-003-s/2005000/pdf/9089-eng.pdf>