Short report: Care for people aged 75 and older

Independence, community care, and institutional care

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During the first two decades of this century, the population of Canada aged 65 and older will grow from 12% to 18% of the total population. The population 75 and older will grow even more.[1] The life expectancy of both men and women has increased, the baby boomers are aging, and the birth rate has dropped. The situation in Newfoundland is similar to that in other parts of Canada. The population aged 75 and older is estimated to grow by 48% in Newfoundland during the next 20 years.[2]

People 75 years and older are more likely to have health problems and use health services. Although it is well known that informal caregivers are the main reason frail older people can continue to reside in the community, there are fears that the "gray tide" will overwhelm already stretched health and community services.[1]

The institutional care system will be able to cope if beds becoming available are as, or more, numerous than the number needed by people coming from the community, from community-based programs, and from hospitals. Similarly, community-based long-term care (CBLTC) services will not be overwhelmed if the number of spaces becoming available is greater than those needed by formerly independent people from the community and after hospital discharge. We decided to assess our local situation.

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We are doing a 5-year randomized trial funded by the Canadian Institutes for Health Research (CIHR) to determine whether annual functional assessment and care planning for community residents 75 and older currently not receiving home care services will help prevent institutionalization. For this study, we randomly recruited 522 people 75 or older (mean age 80.6 years) living on the Avalon Peninsula. We studied them for a year.

We determined how many of them moved from living independently at home to receiving long-term care, either in their own homes or in institutions during the calendar year 2001. At the same time, we determined how many institutional and community long-term care places became available in the area. We compared demand with availability.

In 2001, 12 315 people aged 75 and older lived in the study area. At any one time, about 412 of them were in hospital.[2] During 2001, the two health care boards responsible for providing institutional long-term care on the Avalon Peninsula, the St John's Nursing Home Board and Avalon Health Care Institutions Board, provided 1346 long-term care beds, of which 1002 were occupied by people aged 75 and older.[3] Thus, about 10 900 of these very elderly people remained in the community. A total of 377 (3.5%) were receiving formal care in their own homes from local CBLTC services,[3] so 10 523 were still living independently at home.

During 2001, 36.1% of institutionalized residents aged 75 and older died leaving 362 beds vacant.[3] Fifty-four of those already receiving CBLTC entered institutions (usually directly, but sometimes after a short hospital stay). Nine (1.7%) moved into long-term hospital care or nursing homes.

If our cohort of independent seniors was typical (we selected them by random-digit dialing), we could expect an additional 179 people

to move directly from the community into institutions. Thus, 233 people would need places, and 362 places would be available (**Figure 1**). It seems we do not have a problem here. In fact, a recent report suggested that the number of institutional beds might be reduced slightly.[4] Similarly, a report in Ontario[5] suggested that the demand for institutional beds there is less than previously expected.

Of the 377 people receiving CBLTC already, 71 (18.8%) died, 41 (11.0%) moved or left the program for other reasons, and 54 entered institutional care. Hence, 166 places in CBLTC became vacant. Among the independent seniors we were studying, 17 (3.3%) applied for and received CBLTC services. If our figure is typical of the region, there would, therefore, be a projected demand for 347 places, but only 166 places in CBLTC were becoming available (**Figure 1**). Thus, the demand for community care is far greater than current resources can supply.

Although our results so far are something of a "snapshot" (they cover only 1 year), they indicate that the current and future situation will be different from that sometimes depicted. They show no shortage of long-term care beds; numbers seem to be more than adequate. The real crunch seems to be the availability of CBLTC.

Our study found a relatively healthy and independent group of seniors, very different from the frail, dependent, and resource-consuming group some people expected. There are, however, large numbers of people aged 75 and older, and the numbers will increase over the next two decades.

It seems clear that increasing resources should be directed to CBLTC rather than to institutional care, particularly in rural areas, where the ratio of elderly people receiving community care to those receiving institutional care is far greater than in the city. As family physicians, who often have a large role in caring for people receiving CBLTC (and who sometimes see people who would benefit from such care but who do not always receive it), we should be advocating for CBLTC resources for our patients.

Contributors

Dr Worrall conceived and designed the study, interpreted the data, and prepared the manuscript for publication. Mr Knight gathered and analyzed the data and approved the final version of the article.

Competing interests

None declared

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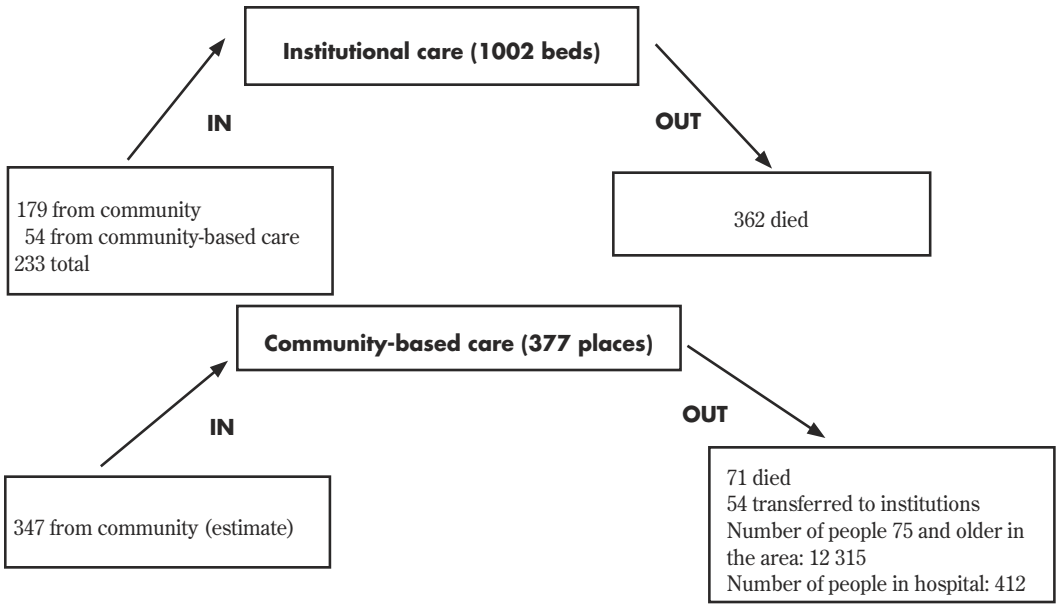
Figure 1. Newfoundland seniors aged 75 and older: *Movement between independent living, community care, and institutional care, calendar year 2001.*



Editor's key points

- This study shows seniors' movement from independent living to community or institutional care during 1 year on the Avalon Peninsula, Nfld.
- Enough institutional beds were available, but the demand for assisted care in the community far outstripped the resources available.
- Also, contrary to common opinion, most seniors older than 75 were relatively healthy and living independently. As this population increases, pressure on community care resources will rise.

Points de repère du rédacteur

- Cette étude effectuée dans la péninsule d'Avalon à Terre-Neuve a établi combien de personnes âgées ayant vécu jusque là de façon autonome ont commencé à requérir des soins de proximité ou institutionnels de façon appréciable.
- Le nombre de lits institutionnels disponibles était suffisant, mais la demande pour les soins de proximité dépassait de beaucoup la capacité du système.
- La plupart des personnes de plus de 75 ans étaient autonomes et plutôt en bonne santé. Avec l'augmentation de cette frange de la population, les besoins en soins de proximité iront croissant.

References

1. Denton FT, Spencer BG. Demographic change and the cost of the publicly funded health care system. *Can J Aging* 1995;14:174-94.
2. Economics and Statistics Branch, Department of Finance, Government of Newfoundland and Labrador. *Population projections by provincial health regions, 2001 (based on "medium" fertility and mortality assumptions)*. St John's, Nfld: Government of Newfoundland and Labrador; 2001.
3. Newfoundland and Labrador Centre for Health Information. *Institutional health boards: demographic profiles 2000.* St John's, Nfld: Newfoundland and Labrador Centre for Health Information; 2001.
4. St John's Nursing Home Board. *Role/feasibility report*. St John's, Nfld: St John's Nursing Home Board; 2002.
5. Coyte PC, Laporte A, Baranek PM, Croson WS. *Forecasting facility and in-home long-term care for the elderly of Ontario: the impact of improving health and changing practices*. Toronto, Ont: Ministry of Health and Long Term Care and University of Toronto; 2002.