CANADA’S OLDEST OLD POPULATION: GROWING FAST, POORLY APPREHENDED AND AT RISK FROM LACK OF PROPER SERVICES

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Summary: Canadians aged 85 and over – the Oldest Old - are a distinct population group, which is set to occupy an increasingly significant place nationally. This new demographic reality needs to be taken into account in public policy decisions.

Key facts:

- People aged 85 and over are a distinct population group in Canada. Demographic Research has to take this reality into account in future.

- The on-going growth in the numbers of those 85 and over in Canada is rapid, and could out-strip the capacities of the existing infrastructure to provide for them.

- There are important differences between the 85+ and the 65+. For example, only 8% of those aged 65 and over are resident in public or private care homes and hospitals; but this proportion rises to 31% for those aged 85 and over.

- Age by itself is not the sole demographic marker of the Oldest Old group. Other criteria such as health and socio-economic status are also involved.

- Policies will need to be devised to meet the specific needs of the Oldest Old of tomorrow, whose characteristics will be different from the same group today. For example, in 2015:
  
  - Just over 50% of those aged 80 and over have had less than 13 years of education. We already know that this will be different in future, because those aged 65 to 75 today will be 80 or over in 2030; by then almost 50% of men and 40% of women will have a post-secondary qualification, compared with only a third of men and a quarter of women today.

  - 67% of those aged 85 and over are women; in 2060, women will make up only 57% of this cohort.
Executive Summary

Population ageing in the industrialised countries, including Canada, will be driven in future not by lower fertility but by increases in life expectancy. Lower mortality will mostly affect the highest age groups. Peter Laslett’s (1989) ideas on rethinking traditional approaches to the life cycle are fundamental here. He shows why we need to move from three stages of life to four: childhood, adulthood, and then the new third age lasting from retirement until old age, which becomes the fourth age.

Our report examines the present and future characteristics of the Oldest Old, and the public policies needed to ensure their well-being.

1. A population group which needs further study

Reaching the age of 85 is increasingly unexceptional. Canada Statistics mortality tables show that about 10% of men and women lived to age 85 in 1931. Today, by contrast, 30% of men and 50% of women reach this age, according to the 2001 data.

Our report gives an outline demographic sketch of Canada’s Oldest Old as we enter the 21st century. The data fall under four main headings: population trends, lifestyles, economic and social characteristics, and health status and use of health services.

2. A growing population

In Canada the oldest section of the population (aged 85 and over) is growing faster than the population as a whole. Canadians of the fourth age (known as the Oldest Old) are a population which is rising in numbers, and this demographic reality has major consequences in many social spheres.

Between 1971 and 2013 the population of Canada grew by 60% to reach over 35 million. In the same period, the population of aged 65 and over grew more rapidly than the population as a whole (by 205% compared with 60%). So the population is ageing; and it is among those 85 and over that the rise is most marked, amounting to an increase of 405% (Figure 1). This is explained partly by improved treatment of fatal diseases in old and very old people. The result of this decline in mortality at advanced ages has been an explosion in numbers of those 85 and over. Both actuaries and demographers have become aware of the significance of these numbers of the Oldest Old.
Life expectancy at age 85 has been increasing steadily since the post-war period. Since the 1990s it has been noticeable that advances in life expectancy have been greater for men than for women. This is because women’s lifestyles have been becoming more like men’s, and because men are paying more attention to their health than before. In addition, the most significant gains in life expectancy at age 85 have come about since 2000 (an average annual increase of 7.8% for women and 9.8% for men). This will have a direct effect on the proportion of those 85 and over in the population in the decades to come. Three data sources (Statistics Canada, 2014, United Nations 2014, Gerland et al., 2014) show that this rising trend in the proportion of those 85 and over will continue in the long term. Figure 2 shows that in 2060 the number of people aged 85 and over will be 3.6 times higher than in 2015: 2.7 million versus 755,000 today. Although long-term projections of this kind need to be treated with great caution, the United Nations and the International Institute for Applied Systems Analysis (IIASA) forecast that there will be between 4 and 8 million people aged 85 and over in Canada in 2100, representing between 8.6% and 15.2% of the total forecast population.
3. Particular needs

For the Oldest Old, being in good health does not mean having no illnesses. It is their degree of independence, in terms of a certain number of potentially disabling incapacities, which determines whether they can avoid being institutionalised. Population ageing, bringing with it a rise in the prevalence of chronic diseases and changes in the provision of health services, implies increased demands for care and for services at home.

At the same time, if we are to meet the needs of the Oldest Old of the future, we must be aware that their characteristics are changing. For example, their level of education is a key variable which affects the entire life course (in terms of fertility, nuptiality, lifestyle, mortality....). In 2015, just over 50% of people 85 and over have had less than 13 years of schooling. We already know that this will be different in the future, given that those aged 65 to 75 today will be 80 and over in 2030; by then, almost 50% of men and 40% of women will have a post-secondary qualification, compared with less than one third of men and a quarter of women today.

Conclusion

The people aged 65 and over are too often treated as if they were a homogenous group, with insufficient attention being given to the particular characteristics of the Oldest Old. There are two possible reasons for this. Firstly, reaching the age of 85 is sometimes seen as exceptional, whereas our report shows that the numbers of those 85 and over, and the proportion of the population they represent, will grow strongly in the coming decades. Secondly, being 85 or over, which is generally accepted as marking out the Oldest Old, and which we have used as the criterion in our analysis, needs to be considered as a variable marker, dependent on individual characteristics, rather than as an immutable threshold. As our report shows, social policies should be designed to provide for individuals not on the basis of their age (with some exceptions), but of criteria such as their state of health or their income. It may also be possible to design a threshold for the Oldest Old which changes with life expectancy or healthy life expectancy.

At a time when older people, and especially the Oldest Old, are becoming more and more important as a group, it is regrettable that an ambitious Canadian programme, the Social and Economic Dimensions of an Aging Population (SEDAP) which focussed on the socio-economic consequences of ageing, has come to an end. In our view it is important for Canada to equip itself with a panel made up of a multidisciplinary team of researchers and public policy-makers who have a common interest in the implications of population ageing for the society of today and tomorrow. Although this kind of research team is quite rare, there are examples such as the New Dynamics of Ageing programme in the United Kingdom, which has set up MAP 2030 (Modelling Ageing Population to 2030). This multidisciplinary research programme brings together academic and civil service experts with a shared interest in the consequences of population ageing; forecasting, and particularly micro-simulation models, are at the heart of their research. A similar type of research programme would be very pertinent in Canada.