



The Oldest Old: A New Reality in Canada's Population

About this Brief

This Policy Brief is based on « [Les oldest-olds canadiens : une population en pleine croissance, mal connue et à risque de manquer de services adéquats](#) », Discussion Paper Series 3(2), Population Change and Lifecourse Strategic Knowledge Cluster.

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Summary

Canadians aged 85 and over (the oldest old) form a distinct group which is destined to grow as a proportion of the country's population. This is a demographic reality which needs to be taken into account in policy making.

Key Findings

- ◆ People aged 85 years old and over form a special population group in Canada. Demographic research will have to take this demographic reality into account in future.
- ◆ The rapid rise in the numbers of people aged 85 years old and over in Canadian society has the potential to outstrip the capacity of existing infrastructure.
- ◆ The "over 85s" are different from the "over 65s". For example, only 8% of those aged 65 and over live in private or public care institutions. This proportion rises to 31% for the 85 and over.
- ◆ The oldest old are defined as a population group not just by age, as by a series of criteria such as health, socio-economic conditions, etc.
- ◆ Policies must be devised which can meet the particular needs of the oldest old of the future, whose characteristics will be different from those of this group today. For example, in 2015, 67% of those aged 85 and over are women; in 2060, women will make up only 57% of this cohort.

A Population Group Which Needs Further Study

Reaching the age of 85 is no longer exceptional. According to the mortality tables of Statistics Canada (2007), about 10% of men and women lived to the age of 85 in 1931. Today (2001 data) 30% of men and 50% of women reach this age.

The "fourth age" is becoming increasingly well documented. Peter Laslett (1989) defines a person as entering the "fourth age" when he or she becomes physically dependent on another person. This kind of definition is based on the loss of personal autonomy. Nevertheless, demographers generally agree that the fourth age starts at 80 or 85 (Robine, 2003) even if a sizeable minority of people will never lose their autonomy. This is the threshold used in this research. However it is important to bear in mind that it is a threshold which should vary with time, space

Target Audience

- General Public
- Researchers
- Graduate students



and the characteristics of the individual. There has been little interest in studying this population sub-group until relatively recently, because it has always been so small in numbers. But in the 21st century this is no longer the case. This change is partly caused by significant improvements in mortality at advanced ages. The ten main causes of death among the over 65s (heart diseases, cancers and cardiovascular diseases etc...) have all been declining since 2000, with the result that life expectancy at 65 and at 85 has greatly increased. It is also due to the ageing of the Baby Boomers, born in the 1940s and 1950s, who have begun to contribute significant numbers to the oldest old.

A Growing Population Group

The oldest old group (those aged 85 and over) is growing faster than the Canadian population as a whole. These Canadians in the “fourth age” are therefore a group which is increasing, and which is at risk of not receiving appropriate services in the future. This is a demographic reality which has major consequences for many areas of society.

Canada’s population grew by 60% between 1971 and 2013, to reach over 35 million. Throughout this period the numbers of those aged 65 and over rose more rapidly than the population as a whole (by 205% rather than 60%). The population has therefore been ageing for a long time. But it is among the 85 years old and over that this rise has been greatest - an increase of 405% (Figure 1).

This is explained partly by better management of life-threatening diseases in the older population and among the very oldest groups. Declining mortality at older ages has caused an explosion in numbers of people aged 85 and over, some of whom will become centenarians or even super-centenarians (over 110 years old) (Oeppen and Vaupel, 2002). Demographers and actuaries have

become very aware of the significance of these growing numbers of the oldest old.

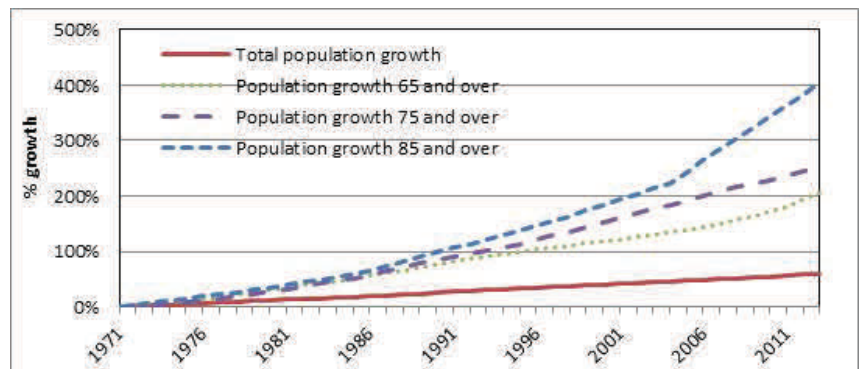


Figure 1: Percentage Population Growth, Canada, by Age Group

Source: Statistics Canada, Table 051-0001 Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual, CANSIM database

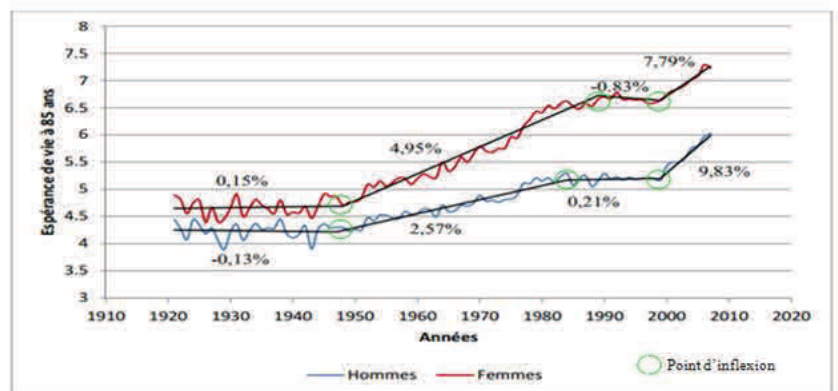


Figure 2: Life Expectancy at Age 85, Canada, 1921-2007

Source : Bergeron-Boucher, M.-P. 2012. « Changements épidémiologiques au Canada : un regard sur les causes de décès des personnes âgées de 65 ans et plus, 1979-2007 ». SEDAP, Research Paper n°299 (August 2012) 119 pages.

Figure 2 shows a clear and regular rise in life expectancy for men (lower lines) and women (upper lines) at age 85.



As Figure 2 shows, life expectancy at age 85 has been rising steadily since the post-war period. Since the 1990s, the increase in life expectancy has been greater for men than for women. This is because women's lifestyle has been becoming increasingly more like that of men, while men have begun paying more attention to their health.

These trends show the changes which are to be expected in the composition of the oldest old group. Furthermore, the largest advances in life expectancy have come about since 2000 (an annual percentage increase of 7.8% for women and 9.8% for men). These figures point to the relative numerical weight which the 85 and over will have in the future population. According to three sources (Statistics Canada, 2014; United Nations, 2014 and Gerland et al., 2014), the rising trend in the proportion of the 85 and over is set to continue.

Figure 3 shows that in 2060 the number of oldest old will be at least 3.6 times higher than in 2015 – 2.7 million compared with 755,000. Although long-term forward projections like this should be treated with great caution, both the UN and the IIASA predict that there will be between 4 and 8 million people aged 85 and over in Canada in 2100, representing 8.6% and 15.2% of the total projected population.

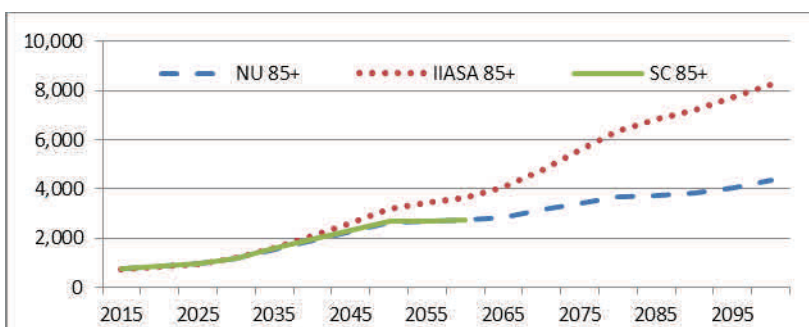


Figure 3: Projection of the population aged 85 and over in Canada (000s), according to Statistics Canada (SC) 2015-2060, United Nations (UN) and IIASA, 2015-2100.

Special Needs

Being in good health does not mean having no diseases at all, and this is especially true of older people, all of whom have one or more medical problems. What is important in enabling them to avoid becoming institutionalised is their degree of independence, faced with a number of potentially activities limitations. Aging of the population, the rise in the prevalence of chronic illnesses, and changes in the delivery of health care mean that needs for health care and services are bound to increase.

On the other hand, if we are to respond to the needs of the oldest old in the future, we need to be aware of how their characteristics are changing. One's level of education, for example, is a variable which affects one's entire life-course, in terms of fertility, nuptiality, lifestyle and mortality. In 2015, slightly over half of those 80 and over have fewer than 13 years of education. We already know that this will be very different in the future, since 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 fewer than one in three men and one in four women today.

Health Expenditure

The health budgets of provincial and territorial governments vary with the age groups among older people. On average, the highest health costs per person are for those 80 and over. Health costs for the oldest old are higher for two main reasons: the costs of health care in the final months of life, and the long-running health costs involved in car-



ing for the minority of the population who suffer from chronic diseases as they get older. The results of the Canadian Survey of Experiences with Primary Health Care (CSE-PHC) of 2008 show that the amount of health care services older people use is driven more by the number of chronic illnesses they have than simply by their age (ICIS, 2011).

Public Policies

Although it is the health domain which is usually the first priority in discussion of public policies for the oldest old, it is not the only concern of governments in most countries. Besides health, policies also generally focus on accessible housing, the numbers of places in health institutions, and financial security. Taken together, they are aimed at ensuring dignity, autonomy, participation, equity and security for the oldest citizens.

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Conclusion

This report's conclusion is that while, in a general sense, Canada is aware of the phenomenon of population ageing, the rapid and massive arrival of the Baby Boomers to join the ranks of the oldest old will give rise to new social issues which need to be examined. Planning for their needs will make for public policy which is better equipped to face these issues. New forms of behaviour, and the health status of those who are currently of advanced age, make it vital to continue to formulate public policies which take account of the characteristics of the older and the oldest old people of today and tomorrow. At the same time it is important to continue efforts to make policies respond as completely as possible to their needs, and to enable them to remain as independent as possible for as long as possible. Encouraging a healthy and positive attitude towards older people will also contribute to good relations between the generations.