

**Presentation to the CLPNA  
“Planning for the Future” Think Tank**

***Demographic trends and  
impact on Service Delivery***

**by Vivien Lai,  
Health Care Consultant,  
December 5, 2013.**

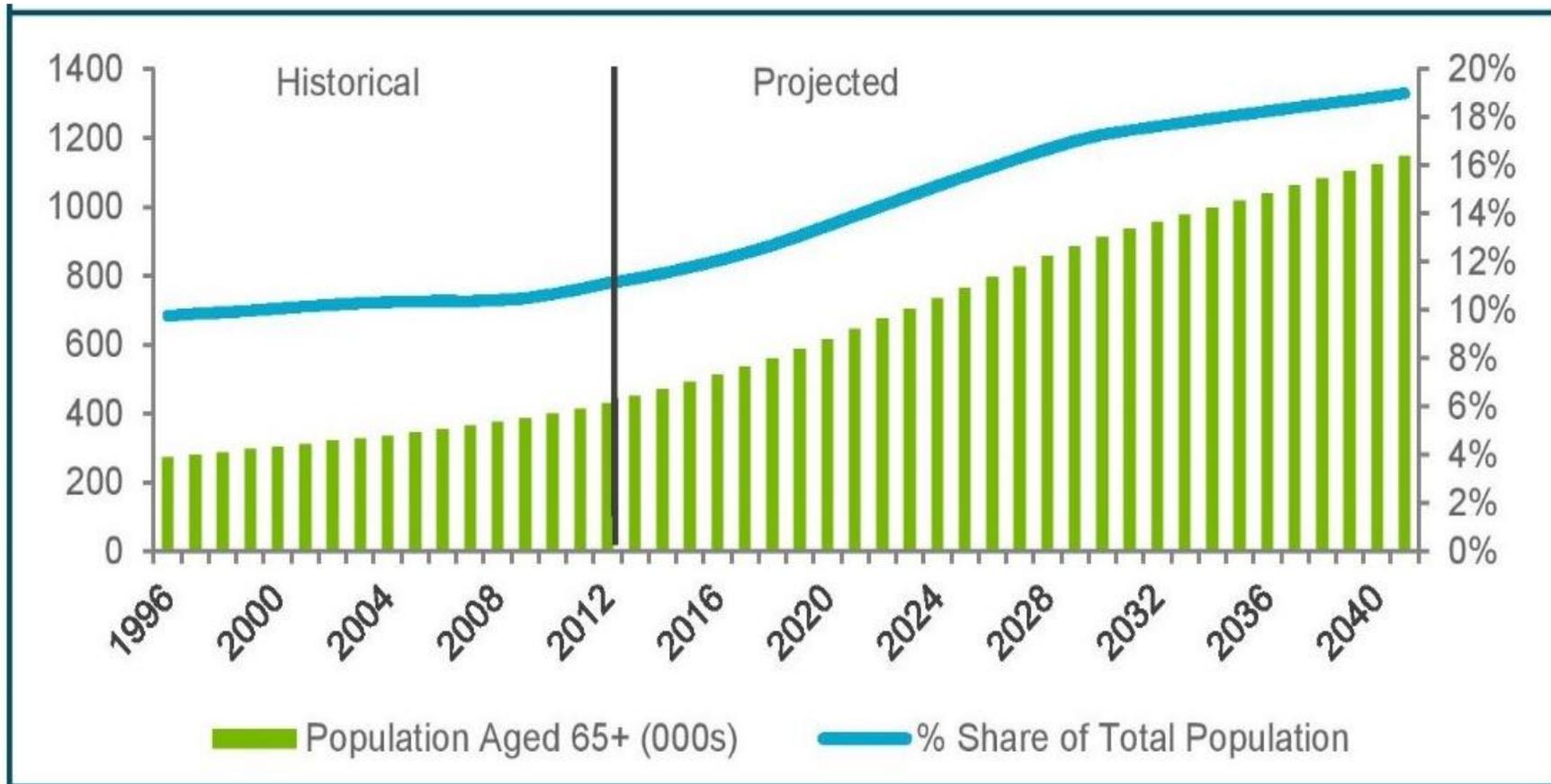
# Planning for the Future

- *The next 20 years will be the most interesting years in the planning for the delivery of health services.*
- *Demographic, fiscal, social and environmental trends are expected to change in a major way.*
- *Health organizations and professionals need to understand the impact of these changes and respond to the change.*
- *Congratulations to CLPNA for scheduling this “Think Tank” session to plan for this change.*

# Demographics: How it affects changing markets for health care

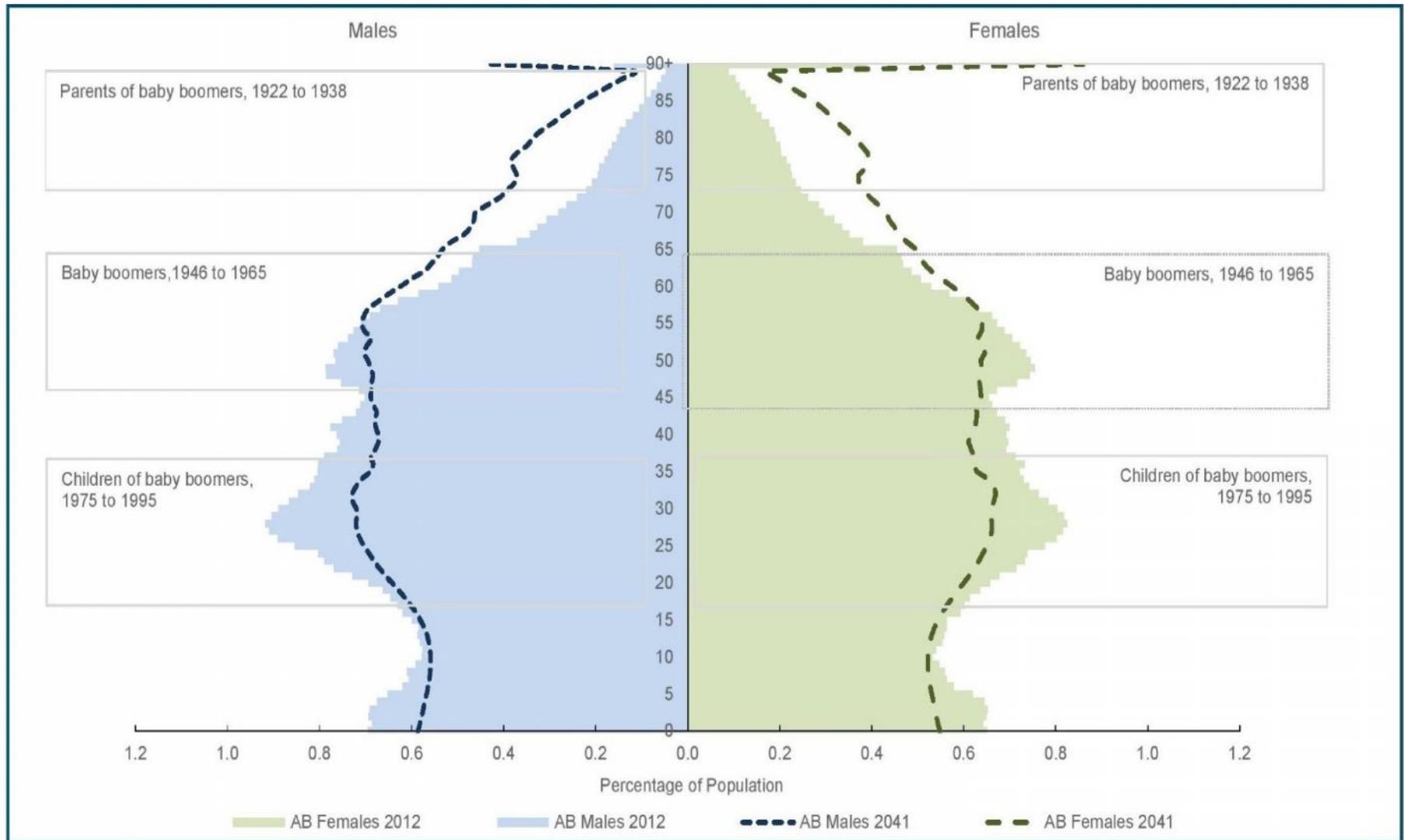
- Dr. David Foot, book *Boom, Bust and Echo*:  
“**Demographics explain about two-thirds of everything**”.
- Persons over 65 years currently represent 11.1% of the Albertan’s population.
- This is expected to increase to 17.3% of the population by 2030.
- Persons over 65 years consume an estimated 43.5 % of total health services expenditure.

# Population Aged 65 and Over, Alberta



Sources: Statistics Canada, Alberta Vital Statistics, and Alberta Treasury Board and Finance

# Age Sex Distribution (%) of Total Population, Alberta, 2012 - 2041



Sources: Statistics Canada and Alberta Treasury Board and Finance

## Arrival of Baby Boomers: impact on services and markets

- Oldest baby boomers are now 67 years of age.
- This new generation has different characteristics and life style preferences than previous generations.
- We need to understand the impact of this change and respond to it.

### **Common mistakes in planning seniors' services:**

- *Assume seniors is a homogeneous group.*
- *Assume future seniors will want what current seniors want.*
- *Assume that we can predict the future from the past.*

# Demographics: How it affects changing markets for health care

**Two World Wars produced two generation of elderly:**

**First Generation of Elderly: born after first World War.**

**Second Generation of Elderly: born after Second World War.**

- **I. First Generation of Elderly:**

- **World War I (1915 to 1919)**

- Post war babies, Now 85 years to 92 years,  
Current population of nursing homes.

- **Target population needs:**

- Majority requires complex hospital care or nursing home care.
- Nursing home clients are usually women that have never worked outside of the home.
- Gone through hard times, money is important.
- Less demanding, appreciates public funding for services.
- Baby boomers are the caregivers.

# Demographics: How it affects changing markets for health care

- **II. Second Generation of Elderly:**

- **World War II (1940 to 1946)**

- Baby Boom (1946 to 1964)

- **Baby boomers:**

- Healthier, longer life expectancy.
      - Higher education.
      - High expectation, more self-centred, more independent.
      - Have higher income.
      - Different values and lifestyle choices.
      - 90 percent want to age in their homes.
      - Embrace work ethic: will work longer before retirement.
      - Want to participate in health care decisions, want choice.

- **Boomers will defy previous trends, they are transformational.**

# Demographics: How it affects changing markets for continuing care

## Baby boomers' needs: 2010 to 2020:

65 to 75 years

### Independent/supportive housing and home care:

- Want to be independent and make health care and housing decisions
- Less likely to move out of a house
- Want to “age in place”
- Willing to pay for additional services
- Need new type of home care services
- Quality of life important, want fun in life
- Cruise ship is the new supportive housing

# Demographics: How it affects changing markets for continuing care

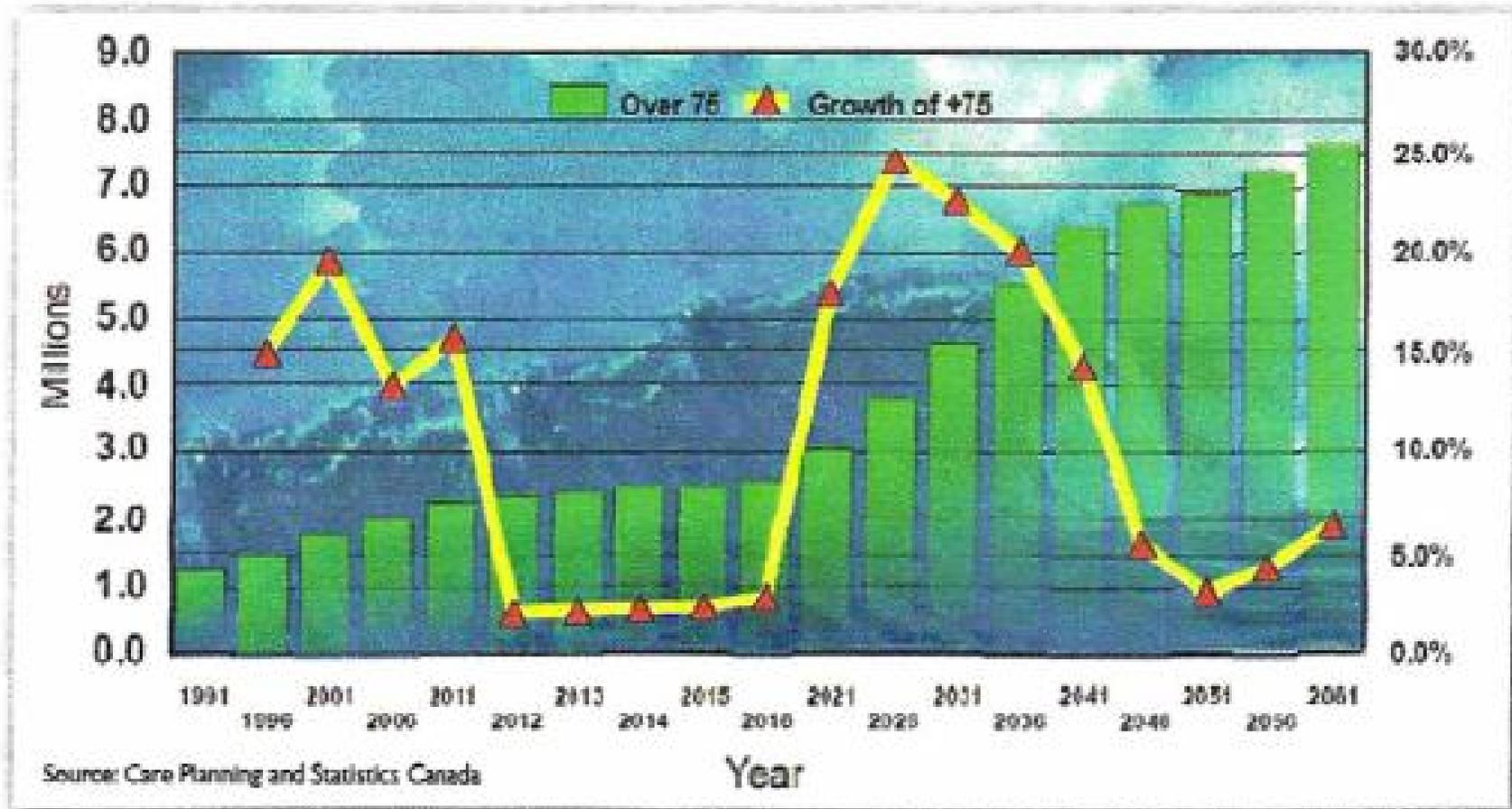
## Baby boomers' needs: 2020 to 2030:

75 to 85 years

### Supportive housing and complex care nursing homes:

- Institutional long-term care only required for last year of life
- Hospice care much needed
- High expectation, will seek Five-Star Nursing Homes
- Will seek state-of-art clinical care, boomers will buy best health care
- Will have labour shortage for staff to provide care.
- Look for new delivery model and technology to substitute labour.
- Payment of care for the elderly by taxpayers will be a big financial issue

# Growth of 75+ Population



# Impact on Service Delivery:

## Three Streams of Continuing Care:

In Alberta, the continuing care health system is made up of three Streams: home living, supportive living, and facility (long-term care) living.

### - Three Streams of the Continuing Care System -

Home Living	Supportive Living	Facility Living
Health care through home care programs	Health care services through home care programs.  Variety of accommodations services provided	Health care and accommodation services provided

# Role of the three streams

March 2012	Number	Percentage
• Number of LTC beds:	14,614	28.3
• Number of SL spaces:	7,069	13.7
• Total No. of LTC Home Care Clients:	29,879	58.0
Total	51,562	100.0

Total Long term and short term home care clients: 104,089

## Continuing Care Service Trends:

- **Home care:**

- Baby boomers will stay at home as long as possible to receive services, home renovation will flourish as a business.
- Home care services will need to increase. Boomers are looking for integrated community/home care services that are different from traditional hours of home care services.
- New service packages may include: nanny care, companion care, respite care, recreational, escort and transportation services.
- Also need for palliative care and complex home care.
- Home care will play a major role in ERs and preventing admission to hospitals.
- Private and public home care will expand, business opportunities available for health professionals.

# Continuing Care Service Trends:

- **Supportive housing:**
  - Supportive housing will be sought by boomers requiring supervised care.
  - Boomers of 60ties will behave like 40ties.
  - Will seek housing complexes that:
    - Support aging in place: look for aging in place complex
    - Integrate with the community and neighbourhood
    - Hide reminders of frailty to enhance youthful image
    - Allow choice, flexibility, and fun e.g. Netherlands: Rock and Roll Nursing Home.
    - Include housing services with other packages of services such as life style services, wellness and nutritional services, weight management, exercise services.
    - Include green space and walking paths to integrate with nature.

# Continuing Care Service Trends:

- **Long-term care facility care:**
  - Government and AHS policy is not to expand long-term care beds.
  - Whatever remains in future has to be modernized to provide care to clientele with very complex care needs, palliative care and last stage of dementia.
  - Dementia will be majority of clientele instead of minority, e.g. Netherlands build “Dementia Village” of care, instead of “dementia units”.
  - Baby boomers have high expectations, will seek care in five-star nursing homes and state-of-art clinical care.
  - Individuals and spouses will expect health professionals to respect “right to choose” for services, including “death and dying” decisions.

# Impact on health professionals and providers

- **Health care workers (including LPNs) will be providing services to a different generation of elderly with different “wants”, and different life style preferences.**
- **Patients have to be treated as customers.** Patient involvement in care and patient satisfaction are keys to success of service delivery.
- **Skills for case management/care coordination, palliative care, dementia care, primary care, home care are all needed.**
- Care operators will need to build a different type of supportive housing suites and nursing homes. **Care delivery models have to be changed. It will not be “business as usual” for continuing care and health care.**

# Staffing guidelines for three streams of services

## Long-term care facilities:

- 24 hour RN, about 17.5% RN
- Rest combination of LPN and HCA.

## Supportive Living 4D and 4:

- 24 hour LPN, rest HCA.
- RN on call.

## Supportive Living 3:

- 24 hour HCA.

## Impact of changes on LPNs:

- More LPNs needed in supportive living 4
- More LPNs needed in supportive living 4 D
- More LPNs needed in home care
- **More LPNs will be needed in seniors' services which currently represent more than 43.5% of total health services expenditure.**
- (Persons over 65 years of age utilize 44.8% of hospital patient days, 93.5% of long-term care facilities care days, and 71.5% of home care clients).

# Impact on future role and expansion of LPNs

- **Primary health care and family care clinics will grow:** LPNs will be a member of the health care team. Need competencies in assessment, case management, self care and wellness strategies, chronic disease management, palliative care and treatment of acute and episodic illness.
- **Acute hospital care will be high tech dealing with very complex care:** need LPNs with advanced nursing skills to address complex and unstable care.
- **Continuing care will emphasize supportive housing and home/community care:** substantial increase of LPNs in dementia care and supportive living 4 and 4D.
- **Home care will grow:** LPNs will be required in the expanded home care system providing care planning and supervision services for health care aides. Great opportunities for business development in private home care.
- **Visionary LPNs and champions are required to articulate potential role of LPNs in the transformation of the health system: leadership skill building.**

# Concluding Remarks

- *Future demographic and social trends will impact on our society as well as health services to be delivered.*
- *Health organizations and professionals **need to understand these trends and respond to these changes.***
- *Those who fail to perceive the change will **miss the opportunity to innovate and be left behind.***