



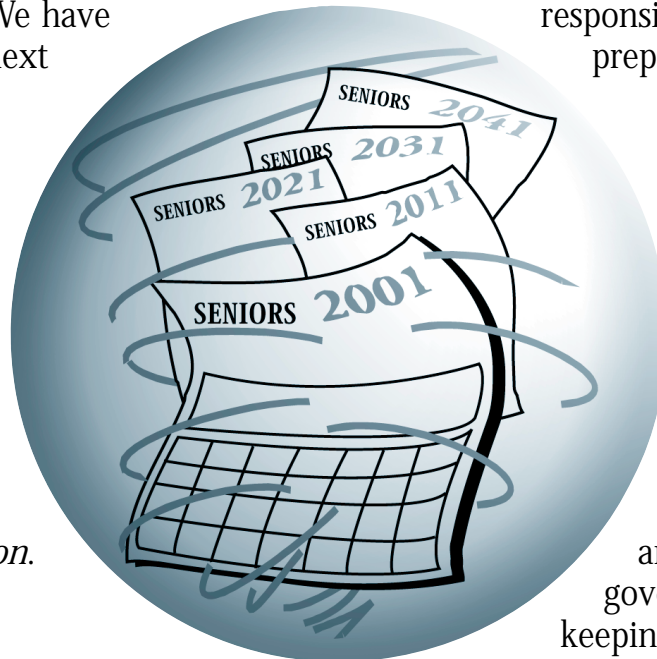
Member's Editorial

Seniors of Tomorrow

Old age ain't what it used to be. Overall, seniors are living longer, they're in better physical and mental shape, and their financial situation is brighter. We have to presume that the next generation of seniors will be as different from its predecessors as current seniors are from theirs. But how, exactly? And what are the implications for society?

This is the crystal-ball issue of *Expression*. We're peering at the demographic outlook, prognosticating about health, pondering the transition from work to retirement and predicting financial status. And we are following up on our very important recent publication *1999 and Beyond/Challenges of an Aging Canadian Society*, which is NACA's report

on the impact of demographic change. In it, we recommend an array of actions - by governments, businesses and social institutions. We also reflect on the responsibility of each of us to prepare for the future.



One thing is certain: demographics are only one facet of societal transformation. Faced with unrelenting evolution, institutions and individuals alike need *flexibility* - the capacity to accommodate diversity and adapt to change. For governments, this means keeping pace with changing demography, technology and social values and developing better monitoring and response capabilities. For individuals, it means lifelong pursuit of knowledge and skills to permit informed decisions about

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work and family, health and lifestyle, finances and retirement.

Each of us – today’s seniors and tomorrow’s – needs to be involved in the *process* of change. There’s time to prepare for the senior ‘boom’, because the demographic shift will happen gradually. But we need to make a commitment today. With sound leadership and a spirit of give and take, Canada can continue to be a caring society for all ages. We owe it to our children and our grandchildren to see that it is.



Jean-Claude Duclos
NACA Member
Quebec

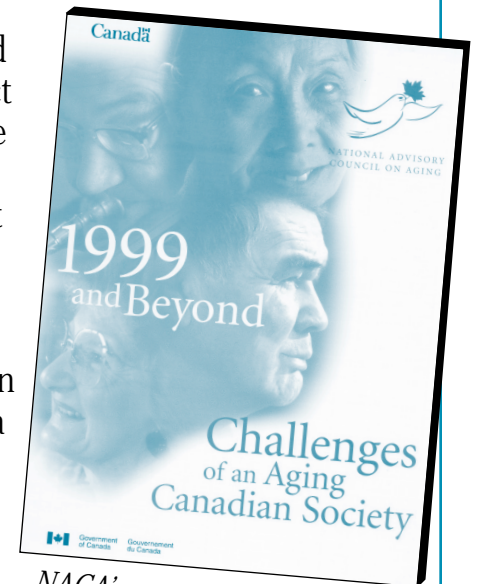
From Baby Boom to Senior Surge

No doubt the biggest difference between today’s seniors and tomorrow’s is their numbers: by the time baby boomers start to turn 65, there will be 6 million seniors – 16% of the population. By 2041, 22.6% of Canadians – 10 million people – will be over age 65.¹

How will our society cope? What are the implications for social services, health care and pensions? *1999 and Beyond: Challenges of an Aging Canadian Society* takes a balanced look at the issues under headings such as Health and Well-Being, Maintaining Autonomy, Financial Security, and Work and Transition to Retirement.

Population aging isn’t an isolated phenomenon: other factors interact with demographic change to shape the future. Demographer **Yves Carrière**, for instance, argues that diversity *within* generations as much as differences *between* generations may reduce or accentuate the effects of population aging. From the 1960s on, Canada opened up as a society, allowing for greater individuality and diversity. This means that upcoming seniors *within* the same generation will have had different experiences and will reach old age in different states of health, wealth and happiness.

Demography is not destiny. Canadians who came of age in the 1960s redefined the image of ‘youth’ – and they’re just as likely to redefine the image of aging, says Carrière. Each generation of seniors sparks social and economic change in the older population, and these, in turn, impact on the whole of society. We can’t presume that work patterns and the use of health and other services will be the same as for earlier generations of seniors.²



NACA’s recently released report:
1999 and Beyond

Beyond the numbers

Apart from numbers, what will distinguish tomorrow's seniors from today's? Demographic studies (see boxes) illustrate the difficulty of making categorical statements about tomorrow's seniors. The large number of variables – ethnic background, health status, education and literacy, marital status and family formation, place of residence, work history and income – and the ways they interact with each other mean that the future will be different for different seniors depending on, among other things, the decisions they make and the paths they choose between now and then.

How healthy?

On the health front, for example, will tomorrow's seniors benefit from the wealth of information available today about the impact of healthy lifestyle choices? Could their health be compromised by exposure to environmental hazards whose effects are not yet known? What will we learn about health promotion and illness prevention as researchers explore the links between health, heredity, lifestyle choices, and environmental quality?

In the adult population as a whole (both today's seniors and tomorrow's), overall cancer death rates have declined slowly for men since 1990 and remained relatively stable for women (despite increases in the incidence of breast and prostate cancer). Continuing to emphasize prevention and control strategies for younger adults should therefore mean more good news on the cancer front for seniors of the future. However, increases in

lung cancer incidence and deaths among senior women (mainly as a result of smoking) suggest more prevention work remains to be done.³

Live long and prosper

Some demographers expect the life expectancy gap between men and women to narrow. Women still live longer than men – an additional 20.2 years after age 65, compared to 16.3 for men, but in the 1990s men's life expectancy rose more quickly than women's, helping narrow the gap.⁴

The prevalence of cancers, diabetes, arthritis, dementia and osteoporosis will rise in future simply because there will be more older people, the group at greatest risk for them. The Canadian Study of Health and Aging predicts that 750,000 Canadians will have Alzheimer's disease by 2031, directly touching one family in three.⁵

Studies also reveal unsettling trends in obesity and activity levels in tomorrow's seniors. Just 44% of Canadians aged 20 to 64 are at about the right weight for their height, while almost half carry excess weight. Rates of physical activity drop quickly as age increases, reaching less than 20% at ages 45-54. Yet regular physical activity can reduce the risk of heart disease and back problems – the leading causes of disability in senior men – and help manage arthritis and osteoporosis, the leading cause of disability for older women.⁶

Do these trends spell unprecedented burdens for the health system as baby boomers

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reach old age? Not necessarily. Current patterns of health care use may not be a good guide to the future, because the nature and organization of services will change and interact with changes in people's attitudes and behaviour. As Yves Carrière points out, all institutions – public and private – operate according to rules, which have significant effects on whether and how services are used. Changing the rules changes people's service use.

Moreover, services do not operate in isolation. A person's health – and therefore the need for health care – is influenced by factors such as government regulation, health information, employment policy, environmental quality, income and community support. Governments, communities and institutions therefore have many levers at their disposal to influence the use and cost of health services.

How wealthy?

The conventional wisdom about seniors' income usually focuses on two assertions, both of them flawed:

- Future seniors are going to be left to their own devices in retirement because income security systems won't be able to accommodate the population bulge.
- Today's seniors are better off than ever before.

The first assertion, says sociologist **Ellen Gee**, ignores the fact that population aging is just *one* cause of higher Canada/Quebec Pension Plan costs; the others are better

benefits, periodic economic slumps and wage stagnation, and higher disability expenditures. Pension costs could be influenced by many changes between now and the time baby boomers retire, among them government and workplace policies, economic and productivity performance and the structure of the income security and tax systems.⁷

The second assertion is only partly true. Today's seniors are better off *on average*, but significant pockets of poverty remain – older women living alone are especially vulnerable. This will persist, says Gee, who has studied how baby boomers are doing financially. She found substantial inequality in individual incomes – the richest 20% of boomers make 45% of the income, while the poorest 20% make just 11%. Incomes are somewhat more equal at the household level, but single-parent households – most headed by women – are seriously affected by income inequality.

Demographers **Eric Moore** and **Mark Rosenberg** agree that the socially visible well-off boomers are vastly outnumbered by boomers who earn modest incomes. Today's demographic evidence suggests that tomorrow's seniors will be increasingly divided between haves and have-nots. Illness and incapacity are not inevitable in old age, but both are associated with lower levels of income. 'Wealthy and healthy' seniors will live in service-rich communities – with more amenities and recreation opportunities and higher levels of public services. Seniors with fewer resources and poorer health are more likely to be concentrated in service-poor communities – for example, seniors who age in place while their offspring have migrated in search of jobs.⁸

Only 42% of boomers will receive some pension from their place of work.⁴ Also, while about half of baby boom households contributed to an RRSP in 1996, just 30% of low-income households did, and not surprisingly their contributions were smaller.⁷

The result: many of tomorrow's seniors will rely on public pensions. Poverty figures among today's seniors show that these are not very good at providing adequate incomes for unattached seniors, who will be more numerous in future (see box). Trying to shift the burden to individuals won't work. As we have seen, many boomers have no private pension coverage and little chance of building an RRSP. (Indeed, 851,000 people under age 65 *withdrew* money from their RRSPs in 1998.)⁷

Wedding bell blues

Twentieth-century changes in marriage and family formation spell changes for 21st-century seniors:

- more common-law and lone-parent families – now 25% of all Canadian families, up from 20% in the 1980s.
- relatively fewer Canadians living as a member of a couple – 61% in 1991 and 59% in 1996 – and more living alone – 2.6 million in 1996, about one-third of them seniors and most of them widows.
- more divorced people, more than half of them women (because men are more likely to remarry after divorce).⁹

The real challenge, then, is not pension costs but income distribution. The polarization evident in the 1990s between those with and without high salaries, private pensions, and RRSPs will persist in the next generation of seniors. Once again, political will to redistribute Canada's wealth, not demographics, will determine what happens.

The 'new' retirement

Related to income is a blurring of the line between work and retirement. This line is likely to blur even more as people adapt to demographics and the new work environment. Social work professor **Lynn McDonald** contrasts the 'new' retirement with the 'old':

- **Age** at retirement is more varied.
- **Routes** to retirement are more varied – buyouts, layoffs, the need to care for an aging parent or sick spouse.
- **Involuntary retirement** used to happen when people reached mandatory retirement age, but now it's more likely to result from job loss or caregiving.
- **Reversing retirement** (returning to the work force) is a new trend (225,000 – 6% of the senior population – in 1998⁴), more common among men than women.
- There may be a trend toward **no retirement** because of the need to supplement income.

Many of tomorrow's seniors will face financial uncertainty as a result. Pension plans are based on how much a person earned and over what period. Women consistently fall short of men on these measures, but a

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growing number of men are being shortchanged as well through layoffs and forced retirement. Despite the social and labour market trends McDonald identifies, old assumptions about patterns of marriage, education and work continue to underpin income security policies, even though they are less and less relevant to increasing numbers of Canadians.¹⁰

Impact on autonomy

Changes in family formation and labour force participation will influence another aspect of successful aging: the ability of tomorrow's seniors to live independently. Today, family and friends account for 80% of the support and care provided to seniors. With more divorces and fewer children among boomers, there will be fewer family members to provide support.

But that's not the whole story. **Janet Fast** and **Norah Keating** of the University of Alberta found that the 2.1 million caregivers currently giving help to seniors are providing services that would cost governments more than \$5 billion if carried out by paid workers. The unpaid caregivers, many of them women in their prime earning years who may also have taken time off to raise a young family, are sacrificing time that would go to earning income and contributing to a pension or RRSP.¹¹ This will have an important influence on their own senior years, and in turn on the public help they will need. The community support services that take into account the significant changes in family formation and the reduced capacity for caregiving have yet to be developed.

Another seldom mentioned fact is that increasingly, parents and their children will be seniors at the same time. The health of seniors (whether offspring or spouse) providing care is also at risk, and they may experience stress, depression and even premature death as a result. **Richard Schulz** of the University of Pittsburgh found that caregiving seniors were less likely than non-caregivers to get enough exercise and rest or to see a doctor if they were sick.¹²

Location, location, location

The distribution of Canadian seniors is uneven and getting more so:

- 4 seniors in 5 live in cities.
- one-third of seniors live in Vancouver, Toronto or Montreal, where they account for about 10% of the population.
- seniors form a higher proportion of the population in Saskatchewan, Manitoba and the Atlantic provinces, in part because younger people seek jobs elsewhere while seniors 'age in place'.⁸

The leisure society?

Like caring for aging relatives, volunteer work plays a vital role in individual and community well-being. Today the boomers make up the bulk of Canada's substantial volunteer force – with those aged 35 to 54 accounting for 44% of all volunteers and contributing 44% of the volunteer hours donated annually. Will they continue to fill this role in their senior years? If current patterns of

volunteering continue, the answer is yes, because volunteering tends to increase with education and income, and the number of hours contributed by each volunteer increases with age.

Cap and gown

- ▲ 15% of today's seniors graduated from high school, while 17% of those aged 55 to 64 and 20% of those age 45 to 54 did so.
- ▲ The increase for university graduation is more pronounced – from 8% for today's seniors to 13% and 20% for the 55-64 and 45-54 age categories respectively.³

But other factors may intervene – family caregiving, perhaps, or part-time work to supplement income. Volunteering could suffer if boomers continue to face a time crunch in their senior years; by far the most common reason Canadians give for not volunteering more is 'no extra time'.¹³

With their higher levels of education, tomorrow's seniors might also be expected to boost museum and performing arts attendance, health club memberships, and university, college and adult education enrolment. Library use could rise, along with cultural and learning-based tourism. Accustomed to searching and comparing information from a variety of sources, tomorrow's seniors may also be in a better position to expand their choice of leisure and recreation opportunities.

What the future holds

Planning for an aging society means taking account of a full range of factors – not just demography but also economic performance, social trends, immigration patterns, shifts in people's expectations and behaviour, and institutional evolution. The shape of our future depends on how individuals, institutions and communities react to change and interact with each other.

Alarmist predictions about the impact of population aging on health and pension systems ignore the many other issues facing individuals, families and communities – income distribution, education and literacy, opportunities to work and prepare for retirement – all of which influence well-being but remain untouched by narrow debates on 'health care' or 'income security'.

Tomorrow's seniors will present a broad spectrum of abilities, interests and needs. Although many will be healthier, wealthier and better educated than their parents, some will be vulnerable to poverty, social isolation, and their adverse impacts on health and autonomy.

We have time to prepare for the future if we start now and build in flexibility to accommodate this diversity and adapt to evolving situations. Individual choices can make a difference – choices about lifestyle, health practices, and retirement planning. Public policy choices can also make a difference. Most of all, each of us has a responsibility to take part in the process of shaping the society we want for the future. ■

Tips for tomorrow's seniors today

- **Anticipate**
Plan for retirement, but plan for after you retire as well.
 - **Have diverse interests**
Get involved now in a balance of solitary and group activities that you can continue to enjoy in retirement.
 - **Accept limitations and adapt**
Plan to stay in touch with your grandchildren through e-mail or cassette tape if they live far away. Go to more concerts when you can no longer play the violin.
 - **Strive for financial security**
You don't have to be rich to be happy. But do continue your financial planning to make sure you can carry out the activities and lifestyle you value.
 - **Draw upon the kinship of others**
Turn to family and friends for support. Keep making new friends throughout life.
- **Maintain a positive, optimistic outlook**
This will contribute to a successful life and healthy aging.
 - **Be engaged in the world around you**
Can you offer something of value to your community? Time, knowledge, skills? Giving is immensely rewarding.
 - **Be flexible, accommodate**
There has been a lot of change in your lifetime. Change will continue. An ability to "roll with the punches" and a sense of humour contribute to well-being.
 - **Practice good health habits**
It's never too late to work toward health. Regular exercise, a balanced diet, adequate rest and leisure are ingredients of successful aging.

(Adapted from the Mayo Clinic Health Letter, November 1992)

Notes

1. National Advisory Council on Aging, *1999 and Beyond/Challenges of an Aging Canadian Society* (Ottawa: 1999).
2. Yves Carrière, "More than just a question of numbers", *GRC [Gerontology Research Centre, Simon Fraser University] News* (August 1998). "Demography is not destiny" is also the title of a report by the National Academy on an Aging Society (Washington, The Gerontological Society of America, 1999).
3. Federal, Provincial and Territorial Advisory Committee on Population Health, *Toward a Healthy Future, Second Report on the Health of Canadians* (Ottawa: Public Works and Government Services Canada, 1999), pp. 21-22; and Colin Lindsay, *A Portrait of Seniors in Canada*, third edition (Ottawa: Statistics Canada, 1999), pp. 58-60.
4. Colin Lindsay, *A Portrait of Seniors in Canada* (Ottawa: Statistics Canada, cat. no. 89-519-XPE, 1999).
5. Canadian Study of Health and Aging Working Group, "Canadian Study of Health and Aging: Study methods and prevalence of dementia", *Canadian Medical Association Journal* 150/6 (1994).
6. Federal, Provincial and Territorial Advisory Committee on Population Health, *Statistical Report on the Health of Canadians* (Ottawa: Public Works and Government Services Canada, 1999), p. 264; and *Toward a Healthy Future, Second Report on the Health of Canadians*, pp. 114-115, 167.
7. Ellen M. Gee, "Pensions and population aging: reframing the challenge of the baby boom", paper presented to the annual meeting of the Canadian Association on Gerontology, Ottawa, 4-7 November 1999.
8. Eric G. Moore and Mark W. Rosenberg, *Growing old in Canada: demographic and geographic perspectives* (Ottawa: Statistics Canada, 1997).
9. Statistics Canada, *The Daily*, cat. no. 11-001E, 14 October 1997.
10. Lynn McDonald, "The dawn of a new era in aging: challenges for boomers", paper presented to the annual meeting of the Canadian Association on Gerontology, Ottawa, 4-7 November 1999.
11. *Ottawa Citizen*, 1 January 2000.
12. Reported by the Associated Press, 15 December 1999.
13. Michael Hall et al., "Caring Canadians, involved Canadians: highlights from the 1997 national survey of giving, volunteering and participating" (Ottawa: Statistics Canada, 1998).

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