

The Statistics Canada study shows that approximately 84% of seniors with disabilities live in households and the remaining 16% live in institutions. The 1987 CMA study showed that, in 1981, seniors were 10% of the population of Canada and it was estimated that they accounted for 40% of total health expenditure.⁵⁰ At present, seniors make up roughly 11% of the Canadian population yet, according to the best estimates available at this time, account for about 40% of total health expenditure. The three main reasons identified in the Statistics Canada study why many of these elderly disabled Canadians cannot enjoy normal daily activities are: lack of support services, poverty and the fact that communities are designed for the able-bodied. Cost was found to be the main reason why disabled seniors living at home do not have mobility aids and housing adaptations such as handrails and ramps.⁵¹

RECOMMENDATION

- 9. That the federal government, as part of the development of a national health policy, establish objectives for improving the access of seniors and the disabled to a broad range of services which affect their health.**

While those between 65 and 84 years use hospitals about three times as much as those between 25 and 64 years, those over 85 (frequently referred to as the "frail elderly") use hospitals about five times as much. A small group of seniors (less than 5%) actually use most of the hospital days.⁵²

Increasing use of institutional and medical health services by the elderly should clearly be a serious concern in the development of health care policy. Research indicates that, in the past, changes in how patients are treated have been much more significant than changes in the number of patients, and their ages, who were available for treatment. Some witnesses suggested that we consider the broader question of how much the increased use of hospital and physician services by the elderly is really a reflection of the unavailability or lack of accessibility to more appropriate levels of care (e.g. community and homecare alternatives to institutional care, direct access to non-medical health practitioners) rather than increasing illness or need.

⁵⁰ CMA, 1987, pp. 4-5. The study found that, in 1981-1982, seniors used 48% of the patient-days in general and allied special hospitals and 72% of those in long-term facilities. Seniors were also estimated to account for one third of the days in psychiatric hospitals and 20% of physician's services for a combined estimated figure of 40% (\$10 billion) of total health care expenditure.

⁵¹ Dunn, Dr. Peter A., *op. cit.*, pp. 1-2.

⁵² Mustard, J. Fraser, "Aging and Health: Research, Policy, and Resource Allocation", *Aging and Health: Linking Research and Public Policy*, Steven J. Lewis, Lewis Publishers, Michigan, 1989, p. 189.