

Boom, Bust and Echocardiogram

By The Health Professional

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David K. Foot, Professor Emeritus of Economics at the University of Toronto and co-author of *Boom, Bust & Echo: Profiting from the Demographic Shift in the 21st Century*, is Canada's best known demographer. Dr. Foot is also known for musing that he has based his career on two "one-liners": "Demographics explains two-thirds of everything," and "Every year we get a year older."

The Health Professional asked Dr. Foot to comment on the implications of demographic changes for rehabilitation professionals. Following is a summary of his insights.

Different Decades, Different Issues

Dr. Foot's wisdom reminds us what happens as we get older. Just as our behaviour and interests change, so do our health and living circumstances. Foot described the health issues we can expect as we age, depicted in the table below. Each of the conditions requires specialized treatment and rehabilitation, so the table reveals great opportunities for rehabilitation professionals.

As we get older, Canadians can expect some specific health problems.

People in their...	Start to experience...
50s	Arthritis, diabetes and hypertension
60s	Cataracts, heart disease
70s	Strokes, hip and knee replacements
80s	Dementia, Alzheimer's
90s	Falls, pneumonia

Utilization of health care resources starts to rise in our 30s and 40s, although it still remains well below our lifetime average. In our 50s, we begin seeing the doctor more often about increasing aches and pains, but we don't usually require hospitalization or surgery yet.

The need for doctors increases slowly through our 60s, 70s and 80s, but our use of hospitals takes off in our 60s and rises dramatically to the late 80s. In our 90s it reaches 12 times the lifetime average because of broken hips, injuries from falls, and pneumonia.

Rehabilitation for Baby Boomers

In Canada the baby boom lasted from 1947 to 1966, peaking in 1961. Today there are 10 million baby boomers, with the largest group just entering their 50s and the oldest approaching 65 and starting to retire. However, because they are healthier – and younger – than earlier generations, retired boomers are more likely to consult, work part-time or start up new businesses than to "sit on their rear ends and collect a pension."

Rehabilitation practitioners should keep in mind that most boomers in their 50s and early 60s have plenty of disposable income, they are accustomed to wielding a lot of clout, they expect a high level of customer service, and they are willing to pay for it. These facts offer significant opportunities for rehabilitation professionals, both in their marketing and in their approach to treatment. Don't blame people in their 50s for their sedentary past, advises Foot, but persuade them to manage the inevitable slow deterioration of their bodies.

The effects of conditions that tend to show up in our 50s, such as arthritis and diabetes, can often be offset by exercise and good nutrition. Weight-bearing exercise keeps the joints lubricated and helps avoid knee replacements. Aerobic exercise and a sound diet help maintain a healthy weight, which is easier on the joints and less likely to lead to diabetes.

Rehabilitation practitioners (occupational therapists, physiotherapists, chiropractors, massage therapists, naturopaths, speech and language therapists, and even fitness trainers) could seize this profitable opportunity, cultivating demand and making use of their expertise – by providing their services in clients' and patients' homes. Physicians have been criticized when they don't make house calls, but do other regulated health professionals? There is no need to wait until people are elderly to take treatment into their homes – for a fee.

Even if they are feeling the pinch of the recent economic downturn and are cutting out some luxuries, baby boomers still value services that will make them feel better and heal faster. And in-home rehabilitation can be provided economically. Consider the scenario of a physiotherapist treating a group of four friends by seeing them in each of their homes in turn for a couple of hours a week. One might be learning exercises to keep her joints flexible and slow down the effects of arthritis, another is preparing for knee replacement surgery, a third is being treated for frozen shoulder, and the fourth regaining strength after an operation.

Rehabilitation and "Senior" Seniors

Falls are particularly prevalent among people in their 80s and 90s, and because of the large number of births right after WW I in the 1920s, we will be seeing more falls from now on. Rehabilitation professionals can help by proactively introducing falls prevention programs in seniors' residential facilities, community centres and even seniors' own homes.

Careers in Health Care

We are going to need large numbers of health care providers to look after the aging baby boomers over the next forty years, but David Foot believes we haven't attracted enough of the boomers' kids into health care occupations to meet that need. This is particularly disappointing because he says there is a health care career for every interest and grade point average, and every position from orderly to occupational therapist to neurosurgeon is essential to the system.

Some provinces have increased the number of medical and rehabilitation training programs in universities and colleges to try to address the need for increasing numbers of health professionals. Another approach to filling all these jobs will be through immigration, including putting a priority on immigrants with teenagers and encouraging those young people to pursue careers in health care.

Yet another strategy could be to recruit 45+-year-olds into a second career in the health field. Some baby boomers are retiring from their jobs in their late 40s to try something different. They could be encouraged to go back to school to get a diploma in health care through training programs that have been adapted to accommodate second-career students. Because of their life and work experience, they wouldn't need a three- or four-year program, but only something for three or four months, perhaps. As an example, someone might train to become a physiotherapy assistant and then with more courses become a full-fledged physiotherapist.

Retired people have pensions, so they may need less money in a second career. They value part-time work and the flexibility to pursue other interests and hobbies, so they could be available to work weekends without requiring overtime pay. David Foot mentioned the example of a retired teacher who trained to become a nursing assistant and worked only a couple of overnight shifts every week.

Diversity

Dr. Foot briefly discussed the issue of cultural diversity and the health care system. He pointed out that the heaviest users of the system are over 70, and many of them immigrated 50 or more years ago from European countries, specifically the UK, France, Italy, the Netherlands, Poland and Germany. By contrast, recent immigrants are from China, the Philippines, India, Pakistan and the Caribbean.

Encouraging diversity in the work force by employing recent immigrants is a popular idea, but we should be cautious in following this approach in health care because of challenges that arise in three specific areas.

Communications - Serious opportunities for miscommunication will occur if elderly patients and their caregivers cannot understand what one another is saying.

Religion - For example, will an elderly traditional Roman Catholic want a helper from a different religion?

Ethnicity - In a situation where there have been long-standing animosities between two ethnic groups, a health care worker from one group might be uncomfortable looking after a patient from another.

Oh, and the implementation of these bright ideas? Dr. Foot believes that's for health professionals to figure out. His contribution is to stimulate thinking about demographics challenges but it's up to people in the field to find solutions that work for their profession and their practice model. Ever inquisitive, he would love to hear health professionals' ideas, because he, too, is getting a year older with every year that goes by.