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1999 Annual Report on the Health of the Montreal Population

Prevent, Cure, Care
Challenges of an Ageing Society

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Garder notre monde en santé

1999 Annual Report on the Health of the Montreal population

Prevent, Cure, Care
Challenges of an Ageing Society

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Richard Lessard, M.D.
Director of Public Health

Summary

In its second annual report on public health in Montreal, the Montreal-Centre Public Health Department focuses on the question of ageing. As in many other urban areas, the residents of Montreal have already started to enter their golden years, but more rapidly than elsewhere in Quebec and Canada. Montreal's demographic figures bear witness to this reality: whereas, today, those 65 and over constitute 15% of Montreal's population, in 2016, when baby-boomers will have reached retirement age, the 65+ will account for 20% of Montrealers.

In the context of North America's strong baby boom, Quebec, more rapidly than other societies, has plummeted from a very high to a very low fertility rate. In parallel, life expectancy has increased significantly, while migratory movements have done little to offset the ageing of Montreal's population.

Another fact: the current generation of the elderly has benefited from the waves of progress characterizing the second half of the 20th century, but, unfortunately, all have not profited equally. We too often forget that Montreal is still a city with glaring social inequalities, notably among those over the age of 65.

Contrary to still prevailing statistical categories, people, today, are no longer old at 65. Old age is being pushed further and further ahead. This is a result of generally improved personal health; considerable advances in prevention, promotion, and medical treatment; and improvements in major health indicators. Not unlike the young, the elderly can also improve their state of health. Today, what counts most is not one's age, but one's health.

Yet despite constant improvements in the population's health, we must, paradoxically, at the same time deal with a significant increase in the diseases of ageing which are and will continue to be on the upswing. This report analyses the determinants and impacts of these diseases. It also examines the various aspects of a changing physical and social environment: family dynamics, the trend towards early retirement, and the urban environment and living conditions.

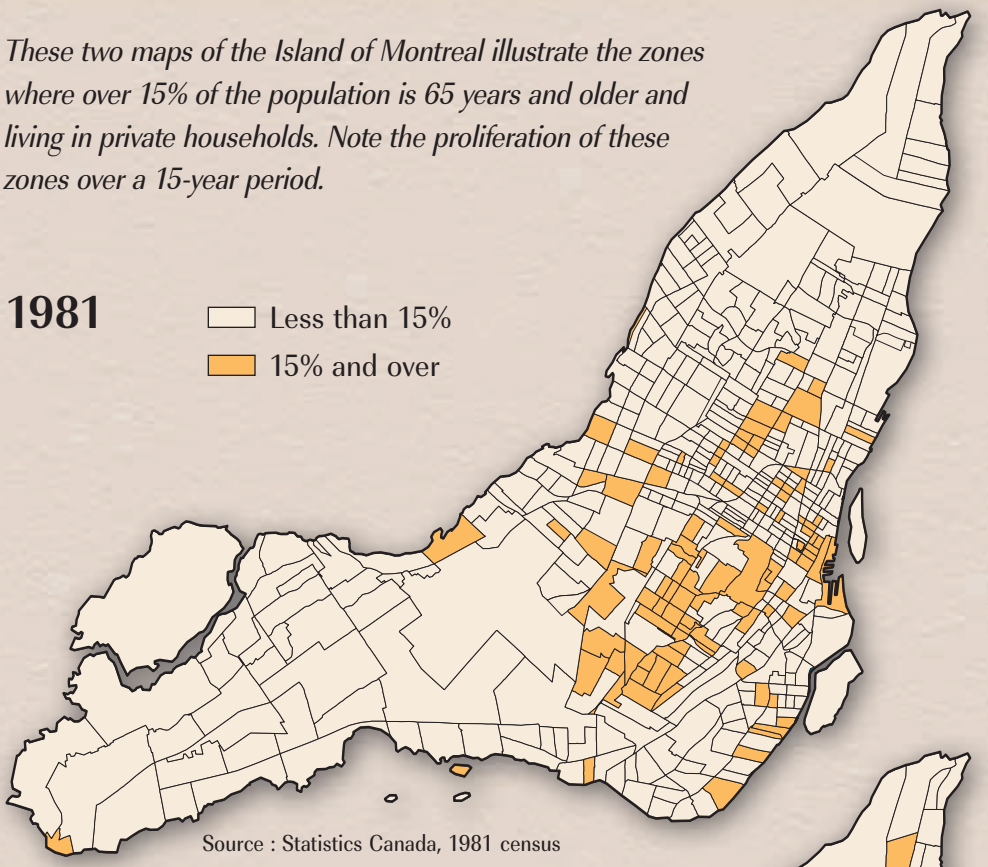
This annual report postulates that it is possible for people to grow old in good health if the various social actors are adequately prepared to meet the challenges posed by an ageing population. In the new demographic context, the goal is to keep people in good health for as long as possible, while maintaining their functional autonomy and quality of life. Reaching such objectives means acting — whenever possible — before risks and problems or their consequences appear.

The report divides the population into three groups: those who consider themselves in excellent or very good health (most Montrealers); those who consider themselves in good health (a third of Montrealers); and those who consider their health to be average or poor (one Montrealer in ten). The latter are recipients of a very large share of the health and social services provided by the system, and contrary to popular opinion, scarcely a quarter of elderly Montrealers belong to this group.

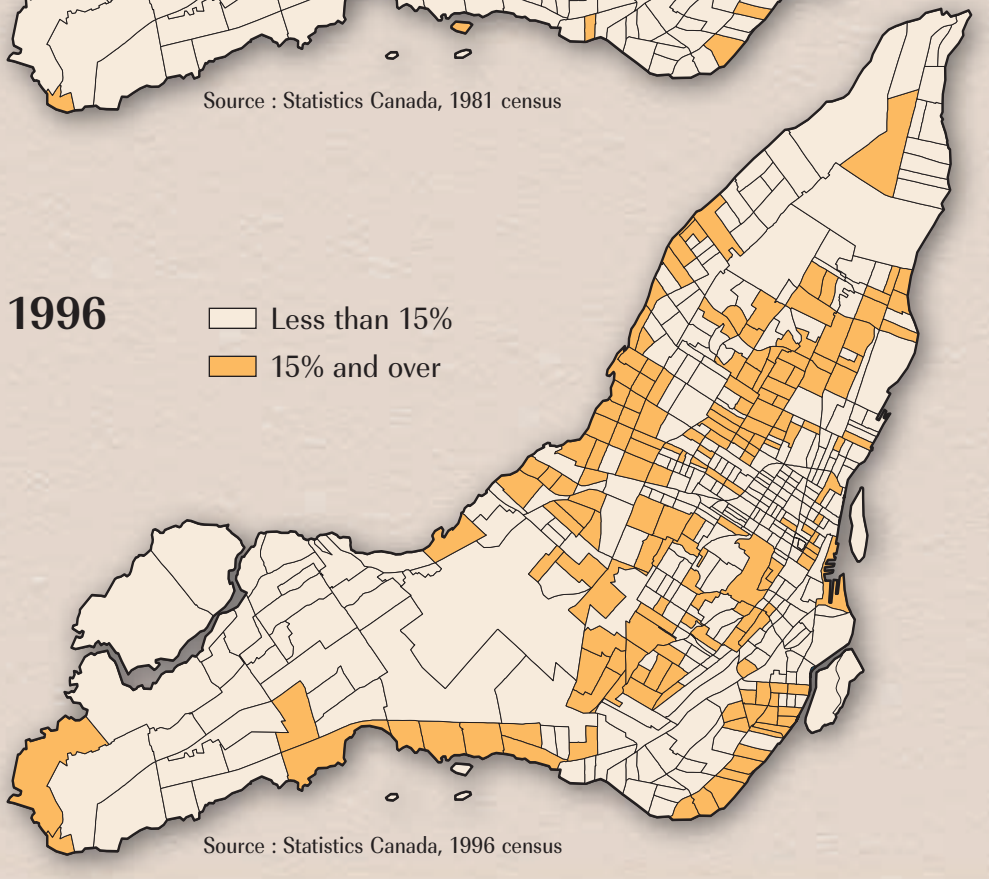
In order to cultivate the above-indicated "health capital," the report proposes a preventive management approach which uses prevention, cure or care to act on three health determinants (see diagram B, p. 47) as they apply to any of the subgroups in question. The report explores different ways of developing the potentials of individuals and communities; of managing the environment and living conditions; and of adapting health and social services to changing needs.

For more than a few, the rapid ageing of Montreal's population, with its presumed impact on health, raises new questions and even anxieties concerning our collective capacity to maintain our social policies and our public health system, in particular. This report tries to shed some light on what is really at stake in the questions being raised; it also tries to project a vision of positive action that can serve as an antidote to the too often fatalistic view of the phenomenon of ageing. We see the situation as an opportunity that Montrealers should seize, in order to get a head start on the coming dramatic shift in demographics.

These two maps of the Island of Montreal illustrate the zones where over 15% of the population is 65 years and older and living in private households. Note the proliferation of these zones over a 15-year period.



Source : Statistics Canada, 1981 census



Source : Statistics Canada, 1996 census

Foreword

Our second annual report deals with a phenomenon whose already visible effects will go on to shape the coming decades. Montreal's population is ageing and this demographic trend (clearly apparent in the two maps on the facing page) will only gather strength.

This report also follows up on the issues raised in the first report concerning social inequalities and their impact on the health of the population. In Montreal, where levels of poverty are twice as high as those in the rest of Canada, our elders are not immune to these inequalities.

To get a firm hold on the issues, we will analyse the foreseeable impacts of ageing on the health and social services network. In the process, we will see why it is ever more necessary for citizens, professionals, and managers to help the health system adapt to the new demographic reality of our society.

"The challenge is to 'keep people healthy' for as long as possible."

Prevention and health promotion quickly emerge from the analysis as key factors. The challenge is to "keep people healthy" for as long as possible. And this raises issues which cannot be strictly confined to the organization of services but which branch out into all sectors of activity. It is useful not to lose sight of the central role played by social and environmental determinants such as education, employment, and the environment. The health of a population depends largely on how healthy these determinants are. Whether in the public or private sphere all those involved will thus have a role to play in turning these challenges into achievements — challenges having to do with social and environmental policies as well as with pro-social corporate decisions.

Prevent, cure, care: three objectives that we must pursue simultaneously in responding to the global health needs of an ageing population. Visibly, the field of action is vast and we are thus urgently required to prepare and fine-tune a far-reaching strategy.

We in the Public Health Department have already set our sights on what seem to us promising paths of action for the whole community. Could not our ageing population be seen as a new opportunity to improve the health and well-being of the population as a whole? As the International Year of the Elderly draws to a close, in light of all that has been said and written, and of our own analyses, we remain firmly convinced of a positive outcome.

The Director of Public Health

Richard Lessard, M.D.

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Adapting to an Ageing Population

The World Health Organization chose 1999 as the International Year of the Elderly because ageing is an issue in many countries, both developing and developed, and we are, in many ways, still poorly prepared to face this fact. In our region, this fact is a pressing reality, since Montreal's[1] still relatively young society will age so quickly that just 20 years from now it will be among the oldest in Canada.

The effects of the Island's ageing population are already being felt in the field of health as in other areas. We must examine all the consequences of this trend without being either alarmist or over-confident. However, there is no denying that the marked social inequalities characterizing Montreal will amplify the challenges we must face.

In this context, what would then be the major health issue? It would be to establish conditions allowing this ageing society to assure the well-being of its youngest as well as its oldest members. Prevent, cure, and care: this means stepping up promotion and prevention at all stages of life. It also means reaffirming the importance of community-based primary care and of working to minimize the impact of chronic illnesses and disabilities. Therefore we must focus on creating physical and community environments fostering greater autonomy.

These changing issues and demographics present an opportunity to revisit the vital role of prevention and health promotion: reduce morbidity, delay mortality, and increase years of life in good health. From healthy lifestyles to vaccination or screening, prevention and promotion are still the best medicine — the most effective and least costly — at all ages and even for chronic diseases. Though the economic and social challenges of ageing are unavoidable, they are neither catastrophic nor insurmountable. Rather than adopt a defensive stance, we intend to see beyond stereotypes and focus on positive factors, while pinpointing the specific tasks we must perform.

[1] The term Montreal here refers to the Island of Montreal or the Montreal-Centre administrative region and the 29 municipalities of the Montreal Urban Community.

One of the primary and most pressing questions is that of financing health and social services in a society where the number of elderly — the biggest users of health care — will rise from year to year. The problem is undeniable, but so is the knowledge that we can substantially counter its negative effects.

Several factors could play a role in slowing down rising costs: improvements in the population's health; increased fiscal contribution from the elderly; and a healthier job market. We also know that education, employment, and income — three interrelated health factors — have gained ground over the century. Looking at the characteristics of the baby boomers who will soon be our elderly, we can already perceive what a different (and perhaps beneficial) impact their culture and numbers will have on society. Current questions of ageing must be viewed in light of these new trends.

In the following pages, we shall first trace the evolution of the age pyramid up to 2016. We shall use a few indicators to track the evolution of various public health problems and try to define the issues specific to our region. We will also try to identify the broad challenges involved in offering all, youth and the elderly[2], the opportunity to thrive. We shall, of course, pay special attention to matters concerning the adaptation and funding of health and social services, while bearing in mind that the financial component exceeds the scope of our mandate. Finally, as this report is based on a host of data and studies that it would be impractical to cite, we refer readers who would like more details to the Department's web site[3].

[2] The term "elderly" here refers to those 65 and over.

[3] The Public Health Department's Internet address is http://www.santepub-mtl.qc.ca