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65 Shades of Grey

The 2011 Census released last week reaffirmed what we already know. Canada's population is aging rapidly. Today, 14.8 percent of Canadians are 65 and older. That proportion will balloon to 23.0 percent within two decades.

This demographic reality has raised concerns about the mounting pressures on the retirement income system and anticipated labour shortages in many fields. Population aging has especially fuelled fears of skyrocketing health care costs.

But a look behind the numbers tells a different story. It is not aging *per se* that is driving cost increases. Rather, rising expenditures are linked primarily to the growing incidence of multiple chronic illnesses. The World Economic Forum estimates that five chronic conditions – cancer, heart disease, diabetes, respiratory diseases and mental illness – will cost $47 trillion on a global scale over the next 20 years.

These growing pressures on the health care system – coupled with governments' desire to slow the relentless increases in health spending – have led to endless roundtables, conferences and papers on health care reform in recent years.

The discussions typically conclude with the need to find 'efficiencies' in the current system. Often these are substantive changes, such as electronic records, which can contribute to more effective care. But sometimes these so-called efficiencies are code for cutbacks and must be carefully considered.

A second recommendation is to foster innovation that ideally leads to improved delivery in both cost and better quality care. While this proposal is indeed worthwhile, it will not necessarily result in reduced costs. New screening methods and surgical procedures often require expensive equipment and technologies.

A third proposal is to regroup the delivery of services. Sometimes the plan is to get more doctors to practise in community teams. Other proposals involve greater

responsibilities for nurse practitioners to lower the cost of procedures that do not necessarily need to be performed by physicians.

All are important recommendations and should be pursued. In fact, the Premiers themselves just announced a new pan-Canadian initiative. They will be teaming up with doctors and nurses to develop national standards for delivering primary health care services.

But often missing from the conversations are the factors that can have the biggest impact on health care spending because they have the largest impact on health. The most profound levers for change include reduced poverty, active living and home care.

In fact when it comes to health, money appears to be worth its weight in gold. Of all the hazards of life below the poverty line, none so dramatically separates low-income Canadians from the rest of society as the health gap. People living on low income have a shorter average lifespan and run a greater risk of illness and disability than those with more money.

As noted, the rising incidence of multiple chronic diseases is one of the most complex health issues facing Canada but is beyond the health care system alone to resolve. Fitness and active living have proven to be powerful antidotes to most chronic conditions, including heart disease, stroke and diabetes. A recent study in the medical journal *Lancet Neurology* found that people who are physically active are less likely to develop dementia. About 13 percent of Alzheimer cases in the study were deemed to result from inactivity.

Finally, there can be no fundamental reform of health care unless improved supports are in place for long-term care at home. Thousands of hospital beds are being occupied by people with no place to go – at great financial expense to governments and emotional cost to families. The long-term care crisis can be eased partly through the redirection of funds to home care and supports for informal caregivers who provide about 85 percent of care to seniors.

So here's the nub of the problem. Most of the people talking about health care reform are those involved in health care. Their contribution to the conversation is crucial, of course. But transformational reform of health care demands a far wider and inclusive debate, because deep structural change actually has little to do with health care.

Vital improvements will result only from reforms that fall outside the health care system. Yet the various actors who hold the key to profound change are not typically part of the discussion. Where are the tables for this broader conversation?

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