

# The Grey Tsunami Will Not Swamp Us: Health Care for Seniors is Sustainable

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Canada, like other countries, is aging. As the baby boom generation heads into retirement, alarm bells have been ringing in the media. The language of natural disaster often surrounds the issue: “Grey tsunami approaching our hospitals,” insists the *Hamilton Spectator* (February 2013), echoing the language of the November 2011 *Huffington Post* article, “Grey Tsunami: Canada's Aging Population Means Fiscal Squeeze Coming, Study Says.” This article argues that the choice before us is either to cut services or to raise taxes. Expressions like “looming” and “bankrupt healthcare system” abound. Is it time to panic?

A new book released today, entitled *Aging in Canada*, is written by experts Neena Chappell and Marcus Hollander (<http://www.oupcanada.com/catalog/9780195447668.html>). This short, accessible book provides a balanced look at the facts based on over thirty years’ of careful research into aging and healthcare.

While it is true that the numbers and percentages of older adults within our population are increasing, that health declines with age, and that family members are less available to provide care for aging parents, the book notes that aging will only add one percent or less per year to the costs of health care. This is a fact, the authors observe, accepted even by those economists who are deeply concerned about rising health costs now. Instead, the main factors that drive up costs include technological advances, labour costs, and prescription drugs. Chappell and Hollander note that the perceived crisis in the sustainability of our health care system should be framed not in relation to demographic determinism, but rather in terms of challenges related to the organization and management of health services, particularly for older adults. They argue,

We can improve our care delivery systems, while continuing to provide the same, or even better, quality of care by substituting lower cost home care for more costly residential and hospital care. This can be accomplished by developing improved, integrated systems of care delivery for older adults and people with disabilities which allow for such substitutions to be made.

*Aging in Canada* provides an excellent blueprint for how this can be achieved.

In a nutshell, the increased numbers and proportions of older adults is a cause for attention, but not for alarm. The current gloom about the sustainability of our health care system is premature. Canada can address the challenges of changing demographics with effective planning and greater collaboration, and government has an essential role to play in the creation of such a system.

## Contact the Authors



Neena L. Chappell, PhD, FRSC, is the Canada Research Chair in Social Gerontology. She is also: Professor, Centre on Aging and the Department of Sociology, University of Victoria; President, Academy II (Social Sciences), Royal Society of Canada; and Past-president, Canadian Association on Gerontology. She was the founding Director of the Centre on Aging at the University of Manitoba (1982 - 1992) and first Director of the Centre on Aging at the University of Victoria (1992 - 2002), developing both into world-class research facilities while ensuring accessibility to the community. She has held appointments at the University of Hong Kong and East China Normal University in Shanghai. For over 35 years, she has been a leader in gerontological research, focusing on issues around aging (caregiving, social support, dementia care, health services, healthy aging, Chinese and China) and health and social policy. Dr. Chappell has lectured

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