



Pulse

Canada's greying population

The 1998 report from Canada's auditor general predicts that baby boomers will begin retiring around 2010 and the number of seniors will increase sharply in Canada over the subsequent 2 decades. The number of Canadians older than 65 will grow from 3.6 million today to 5 million by 2011, and then climb to 9 million by 2031.

Not only will the proportion of elderly Canadians almost double from the current 12% to 22% by 2031, the "dependency ratio" will also double. This means that the ratio of the population 65 and over to the population aged 20-64 is projected to climb from 20% today to more than 38% by 2031. Any increase in fertility rates will not affect the labour force for at least 20 years, and even a doubling of current immigration levels will have only a marginal effect on the dependency ratio.

Per capita public spending on health care for those 65 and over is almost 5 times greater than for the rest of the population, and it jumps significantly for the very elderly (aged 80 and over). That latter group is expected to quadruple in size over the next 45 years.

According to the auditor general, the changing demographics could mean that government spending on social security and health care could rise from the 1996 level of 11.6% to between 14.7% and 20.7% of the gross domestic product by 2031.

Projections of government spending (as a percent of GDP) on social security and health

	1996	2011	2021	2031
Canada Pension Plan/Quebec Pension Plan	2.7	3.4	4.2	4.7
Old Age Security	2.0	2.1	2.5	2.9
Guaranteed Income Supplement	0.5	0.5	0.5	0.6
Health				
Low ¹	6.4	6.2	6.4	6.5
Medium ²	6.4	7.1	8.1	9.0
High ³	6.4	8.1	10.1	12.5
Total				
Low	11.6	12.2	13.7	14.7
Medium	11.6	13.1	15.4	17.2
High	11.6	14.1	18.4	20.7

¹ health spending per capita rises with inflation, i.e. age-specific health spending per capita remains constant in real terms

² per capita health costs rise at the same rate as average wages (1% in real terms)

³ age-specific per capita health costs rise at roughly the same rate as that experienced over the past two decades (2% in real terms)

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Feds dole out \$47 million for research

The federal government has doled out more than half of the \$82.5 million it committed to health research in the 1999 budget. So far, \$47 million will be spent on research initiatives across Canada over the next 3 years.

Ottawa says the following measures will increase the level of support in several areas of health research and help in the transition to the Canadian Institutes of Health Research (CIHR):

- 109 new operating grants and 57 personnel awards (\$34 million);
- \$2 million per year for 3 years available in Saskatchewan, Manitoba, Nova Scotia and Newfoundland under the Regional Partnership Program;
- \$1.9 million Challenge Partnership Program with health charities;
- \$3-million CIHR Opportunity Fund;
- \$2.1 million for new clinical trials; and
- 6 new health services research awards.

Dr. Henry Friesen, president of the Medical Research Council of Canada, said the new funding "is a solid first step in the transformation of the MRC to the CIHR." The CIHR is to be in place by 2000. Details of the newly funded projects are available at www.mrc.gc.ca in the "What's New" section.

Sprouts linked to illness

Crunchy sprouted seeds and beans have been linked to outbreaks of *Salmonella*- and *Escherichia coli*-related illness around the world. In Canada and the US, alfalfa sprouts are suspected as the culprit, while in Japan radish sprouts are being blamed; in Europe, white bean sprouts are suspected. The bacteria apparently lodge in tiny seed cracks and are difficult to eliminate. They can multiply during sprouting in warm, humid conditions.

Health Canada says public health officials are working with industry to establish safer growing methods, but in the meantime the federal government is warning consumers about the risk of eating uncooked sprouts. Proper cooking kills the bacteria.

Shortage of primary care doctors in US

US medical students are being urged to consider careers as primary care physicians in the face of worsening shortages. The move comes after the percentage of graduating seniors entering primary care residencies decreased for the first time in a decade. The Council of Graduate Medical Education recommends a ratio of 50% primary care doctors and 50% specialists. In 1997/98 too few generalist residents began training — 7% less than the recommended target. The American Medical Student Association is holding National Primary Care Week at every medical school in late September to promote primary care as a career.