

# The Cost of Living Alone

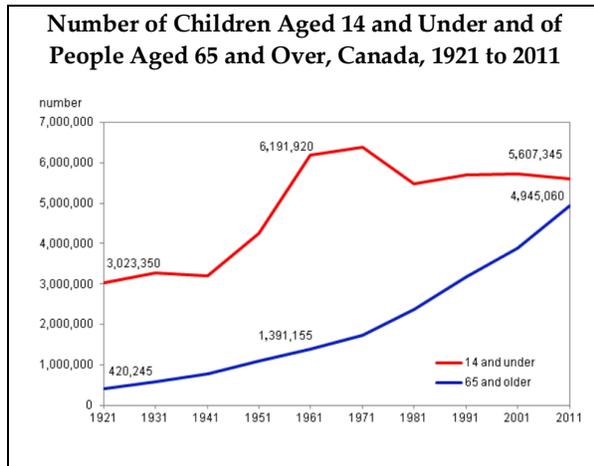
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Source: Statistics Canada, censuses of population, 1921 to 2011.

older, many of whom are aging alone with little to no social support.

More people are living alone than ever before. In Canada, almost 1 in 3 households are single occupancy, meaning 15% of the adult population live alone. According to Eric Klinenberg, author and professor of Sociology at NYU, “the incredible rise of living alone is the greatest social change that we’ve failed to name and identify, let alone understand.” With changing demographics such as smaller families, increasing divorce rates, a greater number of women in the workforce, adult children migrating for economic opportunities, and a decreasing old-age dependency ratio, the majority of solo dwellers are adults 65 and

The combination of an increasingly older population and decreasing levels of social support begs the question, ‘who will take care of the elderly?’

Decades ago researchers found that low social support is associated with premature mortality, and that the simple act of being married increases chances of survival in men, while a social network and social participation are more beneficial to women. A recent review of social support research found evidence suggesting that as we grow old the types of social support that impacts survival changes. The presence of emotional support, particularly from a confidant, and social integration become the strongest predictors of survival among older adults. Why is this important? Because in Canada more than 16% of the population is 65 and older and with the first of the baby boomers reaching retirement age it is now the fastest growing segment of the population. Projections suggest that the number of adults 65 and older may more than double in the next 20 years, reaching 25% of the population. For the first time, the number of adults 65 and older may be greater than the number of youths 14 and under.

As Canada’s age distribution shifts, the number of people living in retirement will increase while the number of people in the workforce will decrease. This has a tremendous impact on the old-age dependency ratio which provides the tax base for support services for retired seniors. The dependency ratio is also an indication of the population’s capacity to provide unpaid informal care to Canada’s aging population. In 2010 there were approximately 4.5 working adults for each

senior; this number is expected to fall to 2.8 to 1 in the next ten years, substantially crippling the availability of informal support.

The combination of an increasingly older population and decreasing levels of social support begs the question, 'who will take care of the elderly?' This question is particularly relevant as chronic conditions and age-associated degenerative conditions contribute to the highest levels of health care use, despite longer life expectancies and improvements in the health of older Canadians. Currently hospitals, the most expensive form of health care delivery, assume the burden of care for the elderly. Half of federal and provincial hospital spending, totaling nearly \$80 billion, is devoted to adults 65 and older, with the bulk of that amount spent on adults 80 and older. As the aging population continues to grow at an unprecedented rate the ability to fund the health care system, particularly hospitals, has come under considerable scrutiny.

### POLICY OPTIONS:

Home care programs with universal coverage for chronically ill older adults would reduce reliance on hospitals for services that can be administered in the home, while supporting care givers through time off would allow the family or friends of older adults to provide care during times of illness with less economic hardship.

In the past, women have traditionally filled the role of unpaid informal caregiver, today more and more women enter and remain in the workforce. Subsequently, as the aging population grows and the old-age dependency ratio shrinks we will no longer be able to rely on the unpaid labor force to provide a support system. A fundamental shift is required in the way we care for the elderly, a shift that is universally funded and a cheaper alternative to hospitals and expensive long term facilities. Two strategies that could mitigate the social and health effects of aging populations include improved home care programs and programs offering paid time off for caregivers. Both of these programs would allow older adults to remain in their homes and prevent or delay long term or acute care alternatives. Home care programs with universal coverage for chronically ill older adults would reduce reliance on hospitals for services that can be administered in the home, while supporting caregivers through time off from work would allow the family or friends of older adults to provide care during times of illness with less economic hardship.

Home care and caregiver support programs should be on the agenda of policymakers, but on a personal level community members can help by getting involved with volunteer organizations that assist Canada's seniors. Volunteering is inadequate as a paradigm shift, particularly with a decrease in the unpaid labor force, but for those who can make the time, volunteering can make a big impact. Existing programs in Canada include homebound visiting, food delivery, caregiver relief, and transportation for medical appointments. These are simple activities that provide one of our most basic needs, human contact, and at the very least a weekly visit can help identify

when an isolated individual is in need of medical attention. These forms of social support can increase the likelihood of survival by up to 50 per cent.

Improving social support can reduce the risk of premature mortality, improve health outcomes, further increase the overall health of the population, and reduce the burden on hospitals. This is acutely important in light of the demographic shifts that leave many older adults aging alone with low social support, as well as the sheer number of people advancing into old age. In order to provide older adults with the type of support necessary for healthful aging we must shift the way we care for the elderly to a system that is universally funded, affordable, and respects the people being cared for. To say that growing old is not for the faint of heart is not far from the truth. Growing old, and doing so alone, can be frightening as older adults begin to feel the tide of loss, from the loss of a spouse, friends, and siblings, to the loss of functionality and independence. We are all growing older and facing the prospect of old-age, the support we provide to seniors today, is the support we eventually create for ourselves

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