

*Making Canada the
best place in the world
to age by 2030:
a senior-centric strategy*



MAKING CANADA THE BEST PLACE IN THE WORLD TO AGE BY 2030: A SENIOR-CENTRIC STRATEGY

→ The COVID-19 crisis has exposed worrying shortcomings in Canada's approach to aged care. Our long-term care homes (LTCs) are at the epicentre of the pandemic, revealing a system that was under severe strain even before the crisis. This is a critical moment for Canada's aged-care ecosystem: what we do next will speak to the character of our nation, whether we live by our core values or pay them only lip service.

Where do we start? While some global leading practices exist, no one country stands out as the model to emulate. Many advanced economies are also struggling to adapt their aged-care ecosystems to accommodate aging populations, finite fiscal resources, and workforce shortages.

Current efforts in Canada are rightly focused on stemming the tide of infection and death in aged-care settings. At the same time, this moment should be considered both a catalyst and an opportunity for more systemic changes. Canada could become a global leader in aged care.

But first, we need to seek to answer a singular question: How can Canada be the best place in the world to age by 2030?

Our ambition is that, a decade from now, Canadians over 65 will have access to a senior-centric ecosystem that gives them dignity and respect, choice, seamless care journeys, and financial autonomy and empowerment.

We believe that achieving this ambition is possible, but not without challenges. By 2030, the share of Canadians over the age of 65 is expected to nearly double, while the working-age population will shrink. This means costs will continue to grow while the tax base to underwrite them will decrease. Meanwhile, the demand for support for an aging population will continue to increase, as the incidence of dementia and chronic health conditions grows. Canada's current system typically attempts to address such public health situations by further institutionalizing and medicalizing care. This approach doesn't align with what seniors and their caregivers want or need, and it entails unnecessary costs.

Taken together, this is a daunting list of challenges. But, the future is in our hands. We can envision a new, better Canada if we use this as a catalyst to set us on a better path. Canada must move quickly to develop a responsive, flexible, holistic support system that respects every senior living in this country.

912,000

Canadians with dementia; a 61 percent increase from 2020¹

\$93 BILLION

Added health-care costs due to demographic trends²

\$23 BILLION

Potential cost savings from supplying more appropriate levels of care for seniors, instead of defaulting to acute care³

1. DESIGNING A SENIOR- CENTRIC CARE ECOSYSTEM

Deloitte asked experts, seniors, and family caregivers: how can Canada be the best place in the world to age? Based on their insights, we developed a set of four operating principles, centred on providing the best possible experience for seniors and their caregivers, that could guide a revitalized senior-centric ecosystem. →



Operating principles of the senior-centric ecosystem

- **1** *Dignity and respect*
- **2** *Choice*
- **3** *Seamless care journeys*
- **4** *Financial autonomy and empowerment*

Our research approach

- **Focus groups** with experts, seniors, and caregivers to understand their preferences and challenges with respect to choosing, accessing, and receiving care.
- **Literature review** of academic and policy research, including analyzing international best practices, to determine which policies Canadian governments could implement to create a senior-centric care ecosystem.

→ Principle 1: Dignity and respect

Vision: Dignity and respect are at the core of the senior-centric aged-care ecosystem. Seniors fully participate in their community, since the ecosystem values and enables their social and economic contributions.

Barriers: The prevalence of ageism significantly affects the health, well-being, and community involvement of seniors. Their social and economic contributions often receive little recognition, and many are vulnerable to elder abuse.

- ♦ In a recent Canadian survey, **63 percent** of respondents 66 years of age and older said they have been **treated unfairly or differently because of their age**.
- ♦ **80 percent** of respondents agreed with the statement that **adults 75 and older are seen as less important** and are more often ignored than younger generations.
- ♦ **51 percent** of respondents agreed that **ageism is the more tolerated social prejudice** compared to gender- or race-based discrimination.⁴

“

As soon as my hair started going white, I became invisible.

Canadian senior

→ Principle 2: Choice

Vision: Seniors and their caregivers understand the choices available to them, and can easily request the care best suited to their individual preferences and needs. Seniors age in place, staying integrated in their community.

Barriers: Seniors currently face various challenges in choosing what care they want to receive, how they want to receive it, and where. Limited community care and difficulty in understanding the choices in care available to them constrain their ability to age in place.

- ♦ **91 percent** of Ontario seniors hope to **stay in their own home** for as long as possible.⁵
- ♦ **40 percent** of Canadians aged 65-74 have **never used the internet** and only 29 percent aged over 75 have used it.⁶
- ♦ Only **12 percent** of older adults have the **health literacy skills** to make basic health-related decisions. In Ontario, 75 percent of seniors believe the **government has a role to play** in ensuring people make informed decisions about purchasing additional home-care services.⁷

“

Our mom spent her last years lonely. She should have been in a residence in her community so she could have been in her community... where she had roots.

Ontario family caregiver

Health literacy is “the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life course.”⁸

→ Principle 3: Seamless care journeys

Vision: Care is seamlessly integrated into seniors' lifestyle, and seniors are integrated in their community. They and their caregivers can easily navigate the ecosystem to adjust their ongoing care plan—one that prioritizes maintaining their well-being and preferred lifestyle.

Barriers: Fragmented health- and social-care services, complex processes for accessing services, lack of digital health- and social-care records, medicalized aged care, limited alternative care solutions, and a lack of age-friendly environments are all obstacles to seniors experiencing a smooth continuum of care in a way that meets their physical, mental, social, and psychological needs and wants.

- ◆ More than **40,000 Canadians** are currently on **wait lists for nursing homes**; this is due, in part, to a lack of available home and community-based care.⁹
- ◆ Up to **20 percent of older adults** currently experience some degree of social isolation.¹⁰

“

The main barrier I experienced was navigating the processes required to receive proper care. I found it daunting to have meetings with so many people and not have my daughter there to help take all the information and make decisions. It was very overwhelming.

Ontario senior

→ Principle 4: Financial autonomy and empowerment

Vision: Funding empowers seniors and their caregivers to make choices that accommodate their needs and preferences.

Barriers: Significant hurdles exist to achieving financial autonomy and empowerment, chief among them strained government funding and inequities in financial resources among seniors.

- ♦ The cost of **health care for the average senior** is about **\$12,000** per year, compared with **\$2,700 per year for individuals** in the rest of the population.¹¹
- ♦ Only **one-third of working Canadians have some form of pension coverage**, meaning that close to 12 million currently employed Canadians are not members of a registered workplace pension plan.¹²
- ♦ A 2015 Ipsos Public Affairs survey conducted for the Canadian Medical Association found that **63 percent** of respondents are concerned their families are **not in a good position** (financially or otherwise) **to care for older family members** if these seniors needed long-term health care.¹³
- ♦ In 2019, the **labour force participation rate among Canadian seniors was 14.9 percent**—slightly below the OECD average of 16 percent and well below peers such as the United States (20.2 percent) and Japan (25.3 percent).¹⁴

“

I am lucky. I have a full pension. And, I know my family will fight for me... How many people do not have these resources?

Canadian senior

Case study: Denmark's unique approach to aged care

Thirty years ago, Denmark was facing the same demographic and fiscal challenges for aged care that Canada is currently experiencing. The Danish government at that time chose to prioritize delivering care into the community, where seniors wanted to receive it. It invested in its home and community care sector, and provided more assisted-living and supportive-housing units.

It avoided building any new nursing homes for almost 20 years, while eliminating thousands of hospital beds.

The Danish government also mandated municipalities, which are responsible for providing aged-care services, to offer at least one preventive home visit per year by a community-based health-care professional to seniors over the age of 75.¹⁵

Denmark currently spends 36 percent of its aged-care funding on long-term care facilities and 64 percent on home and community-based care.¹⁶ In comparison, Canada currently spends about 62 percent of its funding on long-term care facilities (or 10.2 percent of its total health expenditure)¹⁷ and around 38 percent on home and community care (about 5.5 percent of total health spending).¹⁸



2. ENABLING THE SENIOR- CENTRIC AGED-CARE ECOSYSTEM

Putting seniors at the centre of their own care means transforming the aged-care ecosystem. Based on the four operating principles listed in the previous section, we propose targeted actions to drive this transformation in four key dimensions: governance, integration, funding, and workforce. →



Governing the aged-care ecosystem

Negotiate pan-Canadian standards for quality of care

Canada has a patchwork of programs and services with different levels of public funding, and varying eligibility criteria and out-of-pocket costs for seniors in different jurisdictions. Some of this variation reflects different demographic, economic, and programmatic contexts across the country. However, we believe care standards should be consistent from Vancouver to St. John's to Grise Fjord, aligned to the constitutional principle that guarantees roughly equivalent access to services no matter where one lives. There are safety and health considerations, too; no senior living in Canada should be subject to unsafe and unhealthy living conditions.

To promote equity, the federal, provincial, and territorial governments should work together to define common standards for aged care, with enhanced federal funding to help to underwrite these standards. The Federal/Provincial/Territorial Ministers Responsible for Seniors Forum, an intergovernmental body that shares information and discusses emerging issues related to seniors, could work on developing these pan-Canadian standards in close collaboration with a representative seniors' panel.

Enable interoperability and transparency of data collection and reporting

Federal, provincial, and territorial governments should also work with the Canadian Institute for Health Information to develop standardized accountability metrics and data collection models for aged care that measure quality, safety, and seniors' satisfaction.

It should be mandatory to report these metrics to the public and to be easy to access, both to enable seniors and their caregivers to make informed care choices and to ensure transparency into how the systems are performing.

Exercise the levers required to properly steward the aged-care ecosystem

The oversight of aged care is often fragmented across ministries, departments, and agencies. To facilitate the integration of care and seamless care journeys, provincial and territorial governments should take stock of and utilize the full suite of levers they can pull to steward outcomes for seniors. Regulation is one of several levers.

Each province and territory should assign a single minister to be accountable for ensuring quality, performance, and safety in the ecosystem as well as the economic and community integration of all seniors, not just those requiring care. This minister should be required to file an annual update of the key performance indicators of the system in their jurisdiction, and have the authority to remove care providers that are performing poorly. Information on performance at the provider and system level should be open-source and used to promote choice and accountability at all levels of the system. The minister should be supported by an independent ombudsperson on seniors' issues.

Federal, provincial, and territorial ministers should meet annually to trade information about what works well and what doesn't.

Case study: The transformation of aged care in Australia

Like Canada's, Australia's aged care system is facing significant demographic and financial challenges.¹⁹ In 2018, the Australian government established the Royal Commission into Aged Care Quality and Safety to review all aspects of the aged care system, with an eye to major transformation. Its far-reaching assessment included extensive public consultations, demand forecasting, and cost projections for various reform options. The Commission's interim report identified a pattern of societal neglect surrounding aged care that has left services fragmented, understaffed, and underfunded. While the review is ongoing, preliminary recommendations include increasing supports for home care and boosting workforce capacity through skilled immigration and enhanced workforce training and standards for aged care.²⁰

Deloitte Access Economics was commissioned to explore the future impacts of key aged care funding reforms under consideration and found that demographic and social trends will cause aged-care costs to escalate far above current levels—from roughly 0.9 percent of GDP in 2018 to nearly 1.4 percent in 2050.

The reform scenarios all contemplate a substantial shift away from residential care toward home-care packages. As such, reforms will alleviate some cost pressure. However, demographic trends mean that government funding of aged care will take up a growing share of national income over time, although at a slower pace than previously expected.

The study also suggests that mandating the amount of time spent per recipient becomes very costly in the long run, as it prevents providers from offsetting the cost pressures of an aging workforce through productivity gains. Costs therefore continue to rise in proportion to demand for aged care. The Deloitte Access Economics study illustrates that careful sequencing of policy reform will be essential to easing pressure on the system in the short term while laying the foundation for long-term resilience and quality.²¹



→ Integrating aged care

Better integrate ecosystem partners

To ensure that seniors experience a consistent journey throughout the care ecosystem and can age safely in place if they choose, it's important that all ecosystem partners—from primary care providers to physiotherapists—are fully integrated and form a team that works together to provide tailored care.

Governments can improve integration by establishing organized provider networks. These are teams of interdisciplinary health- and social-care professionals that are connected through standardized procedures, services agreements, joint training, shared information systems and, in some cases, resource ownership. This model enables the networks to provide continuous, frictionless high-quality care.²²

Personalize the care experience

A senior-centric ecosystem is grounded in personalized care journeys. These journeys, or ongoing plans, combine evidence-based practices and individual choice to ensure that all seniors receive the care they want and need. As much as possible, seniors should be enabled to age in place and access care in their community.

The care journey should be defined by a team of interdisciplinary health-care professionals. These teams work with each senior to identify from among a range of care options the most suited to that individual's health needs and personal preferences.

Adopt a lifespan approach to ongoing care delivery

The journey to aging well begins long before one is a senior. Governments and partners in the care ecosystem should be encouraging people to embrace healthy and active living throughout life. This is crucial to de-medicalizing aged care and enabling seniors to age in place, accessing care in their community.

The needs and preferences of seniors may change as time goes on, and it's important that their care evolves accordingly. With this in mind, care teams should continuously reassess seniors' care needs and modify delivery as necessary. Seniors and their caregivers should be able to easily access these reassessments, so that their tailored care plan follows them even if they move to a different care provider, institution, or city.

Offer free and accessible advice

The government ministry responsible for seniors in each province and territory should ensure there is a single access point that provides free information and advice over the phone, in person, and/or is virtually available to seniors and caregivers. It would help seniors and their caregivers navigate the care system and make informed choices about important issues like setting (e.g., home or a facility) and provider (public or private) that meet their specific needs. →

Create conditions for virtual care and community engagement

Expanding virtual care will be crucial for containing the costs of the aged-care ecosystem as Canada's population ages, as well as for ensuring the service meets the needs and preferences of families. Governments can facilitate this expansion through the following actions:

1. Address digital infrastructure inequities

Across Canada, access to affordable, high-speed internet is a challenge, particularly in remote areas underserved by telecommunications companies. This challenge has been exacerbated, in remote and urban areas alike, by pandemic-related closures of public internet access points such as cafes and libraries. Canadians without consistent, affordable internet access may be unable to obtain the virtual care services that would enable them to age in place.

The federal government should ensure that its Investing in Canada Plan creates inclusive digital infrastructure that meets the needs of seniors and caregivers.

2. Promote digital literacy for seniors and caregivers

It is imperative that seniors and their caregivers have the health and digital literacy skills required to make informed care decisions, access virtual care options, and fully participate in their communities.²⁵ The federal government should create a free program to provide skills-training tailored to seniors and caregivers.

To ensure that all seniors and caregivers, regardless of where they live, have access to this training, it could be delivered both virtually and in person, in partnership with provincial/territorial and municipal governments, community organizations, and public libraries.

3. Modify fee schedules to remove disincentives

Provincial and territorial governments should work to remove barriers to virtual health and social care by developing fee schedules that are revenue-neutral between in-person and virtual delivery.²⁴

4. Support pan-Canadian licensing

Qualified medical professionals, from physicians to psychologists to physiotherapists, may be restricted from offering virtual care across Canada because of jurisdictional differences in licensing. A virtual care provider we spoke with told us that the absence of cross-provincial licensing is the biggest barrier—it inhibits capacity for real-time service and makes staffing unnecessarily challenging, particularly in smaller provinces.

The various levels of government should work with the Federation of Medical Regulatory Authorities of Canada to simplify registration and licensing so that physicians and other health-care professionals can provide virtual care across provincial and territorial boundaries. Measures could include fast-tracking licences or virtual care licence portability.²⁵ →

Case study: Creating age-friendly communities in Ireland

In 2019, Ireland was recognized by the World Health Organization (WHO) as the first age-friendly country for its decade-long work to develop age-friendly environments. Like Canada, aged care is decentralized in Ireland, falling under the jurisdiction of the country's local authorities.

The country adopted a whole-of-government and whole-of-community approach to provide walkable streets, expand accessible housing and transportation options, and access to key services and opportunities for older people to participate in community activities by collaborating with all of its local authorities, non-governmental organizations,

and businesses.²⁶ Through its Age Friendly Ireland agency, the national government was able to coordinate with, and provide technical assistance to, all 31 local authorities that are responsible for aged care.²⁷

Age-friendly communities enable people of all ages to actively participate in community activities, help seniors to stay healthy and active, and make it easy for seniors to stay connected to the people that are important to them. A recent study found that living in age-friendly communities had a measurable positive impact on seniors' well-being, contributing specifically to their physical comfort and feeling of social belonging.²⁸ In an age-friendly

community “policies, services and structures related to the physical and social environment are designed to support and enable older people to ‘age actively.’ Age-friendly service providers, public officials, community leaders, faith leaders, and businesspeople:

- ♦ Recognize the great diversity among older persons;
- ♦ Promote their inclusion and contribution in all areas of community life;
- ♦ Respect their decisions and lifestyle choices; and
- ♦ Anticipate and respond flexibly to aging-related needs and preferences.”²⁹



*Integrating aged care cont'd***Explore age-friendly community models**

To date, 17 Canadian communities have been awarded the World Health Organization's (WHO) Age-Friendly City official designation.⁵⁰ Canada should follow Ireland's example (see *Creating age-friendly communities in Ireland*) and work with provinces, territories, and municipal governments to create an age-friendly country that encourages active aging, fosters strong community ties, and combats seniors' loneliness.

Public Health Canada could create an agency, perhaps called Age Friendly Canada, to bring together supports and provide guidance to a multi-agency provincial/territorial/municipal program that would implement the age-friendly plan at the local level.

The national Age Friendly Ireland Programme supports cities, counties and towns across Ireland to prepare for the rapid ageing of the Irish population by paying increased attention to the environmental, economic and social factors that influence the health and well-being of older adults.

Age Friendly Ireland

→ Funding aged-care journeys

Create a follow-the-client funding model to empower seniors

To facilitate senior choice and autonomy and expanded access to home care, governments should create and/or enhance access to personal budgets. These budgets could be allocated based on need and means-tested.

Meanwhile, the federal government could further promote and incentivize retirement savings and should maintain its commitment to increasing Old Age Security and the Canada Pension Plan survivor's benefit.

Consider universal insurance

Canada's aging population will require provincial and territorial governments to increase their spending on health care and aged care. Working with the federal government, they should launch a feasibility study on universal, mandatory, public-insurance plans for aged care, taking lessons from Japan, South Korea, and Germany (see *Lessons from Japan's aged-care insurance program*).⁵¹ Irrespective of its specific contours, the new funding model for aged care should align to the following principles:

1. Equity in quality and access to care no matter where a senior lives in Canada.
2. Be needs-based and allocated to promote equity in health and well-being outcomes.
3. Be continually improved to promote the above two principles.

Case study: Lessons from Japan's aged-care insurance program

In the 1990s, Japan was experiencing a similar problem to what Canada will face over the next decade: a rapidly aging population and slowing economic growth, both of which reduced the capacity of families to care for older relatives and increased the burden on public health-care systems. In response, the government introduced an aged-care insurance system—a combination of social insurance, taxation, and co-payments.³² Today, 28 percent of the Japanese population is aged over 65³³ and 1.8 percent of the country's GDP is spent on aged care (compared to 17.6 percent³⁴ and 1.5 percent³⁵ in Canada, respectively).

Half of the aged-care insurance funding comes from the general taxation of citizens aged over 40; the rest is a combination of social insurance premiums and co-payments of up

to 30 percent by all users, based on income thresholds. The system is built to be flexible: it undergoes a comprehensive review every three years to meet the evolving needs of the aging population.³⁶

However, the Japanese model also offers a cautionary tale. It is currently under significant pressure from a shrinking workforce, and the existing approach of increasing insurance premiums and user co-payments may be unsustainable. Furthermore, the aged-care insurance contributes to the depression of provider fees, which has kept wages low and caused workers to leave the aged care sector.³⁷ Thus, any funding reform in Canada would need to take into consideration its impact on the workforce.



→ Fostering a specialized workforce

Enhance career opportunities and pathways for aged-care professionals

Support work in the aged-care sector is undervalued relative to equivalent work in other sectors. This makes it difficult to attract talent. Compensation models need to be examined.

Governments and accreditation institutions should also work together to define career pathways that enable fulfilling career progression and incorporate emerging technologies. These pathways should include graduated accreditation for senior-specific care, training in virtual care technologies, and support for more on-the-job learning.

Assess current training gaps

Governments, accreditation bodies, and employers should conduct a joint assessment of the adequacy of current training and education processes in meeting the needs of seniors. This assessment should focus both on immediate competencies required, as well as future demands that will be placed on the system by an aging population. The assessment results should be used to strengthen and expand curricula, and to inform future investment decisions in workforce training.

Invest in workforce training

Governments should invest in high-quality training and education for workers in the sector. For instance, the 2020 federal Throne Speech promised the largest investment in Canadian history in training for workers.³⁸ A portion of this funding could be explicitly earmarked for aged-care accreditation, to improve training spaces and equipment or to attract high-quality instructors.

Plan for talent

Governments should expand their health human-resource planning to include health- and social-care resources specifically for seniors. There is a growing shortage of such workers both across Canada and around the world. By 2040, Canada will require an 80 percent increase in all health-care staff to maintain the current ratio of health-care staff to individuals 65 and over.³⁹ Foreign-born workers currently represent 34 percent of this country's aged-care workforce.⁴⁰ Strategies to recruit and train workers in Canada need to be supported by strengthening the program to attract foreign-trained immigrants to address the labour gap.

3. CANADA'S JOURNEY TO A SENIOR-CENTRIC ECOSYSTEM BEGINS TODAY

The need to transform Canada's aged-care ecosystem is evident. The COVID-19 pandemic has proved the aged-care sector is painfully ill-equipped to protect and promote the well-being of our seniors. As the Canadian population ages, these cracks will only deepen. →



By acting today, Canada can set itself on the path to a prosperous, inclusive, and resilient society and economy for all its citizens, no matter their age.

We must put seniors at the centre of their care ecosystem and empower them to choose and access the care and lifestyle they want. To do this, we need to reimagine a care journey that offers seniors dignity, choice, integrated services, and financial control, all enabled by the collaboration of governments and providers across jurisdictions.

While our global peers are making strides in this direction, no country has gotten it right at an ecosystem level. If we make the right choices and investments today, Canada would be positioned to become the best place in the world to age by 2030, and by virtue of that, to lead on the global stage.

Canada's approach to health care for its seniors is in need of a dramatic overhaul. This will be increasingly important as we enter the post-pandemic decade, as Canada faces a rapidly aging population.

Catalyst: a vision for a thriving Canada in 2030

Summary of recommendations

→ *Governing the aged-care ecosystem*

- ♦ Negotiate pan-Canadian standards for quality of care
- ♦ Enable the interoperability and transparency of data collection and reporting
- ♦ Exercise the levers required to properly steward the aged-care ecosystem

→ *Integrating aged care*

- ♦ Better integrate ecosystem partners
- ♦ Personalize the care experience
- ♦ Adopt a lifespan approach to ongoing care delivery
- ♦ Offer free and accessible advice
- ♦ Create conditions for virtual care and community engagement
- ♦ Explore age-friendly community models

→ *Funding aged-care journeys*

- ♦ Create a follow-the-client funding model to empower seniors
- ♦ Consider universal insurance

→ *Fostering a specialized workforce*

- ♦ Enhance career opportunities and pathways for aged-care professionals
- ♦ Assess current training gaps
- ♦ Invest in workforce training
- ♦ Plan for talent

Acknowledgements

→ This whitepaper was authored by *Georgina Black*, the lead partner for Government, Public Services, and Health Care, and *Josh Hjartarson*, the national lead partner for Human Services.

It is a follow-up to Deloitte's Future of Canada Centre first Catalyst report, *A vision for a thriving Canada in 2030*, which charts the country's path from recovery from the COVID-19 pandemic to a prosperous, resilient, and inclusive economy and society in 2030.

The Future of Canada Centre facilitates an exploration of new ideas, viewpoints, and insights about our country's most important national issues, with the aim of helping propel Canada into a new age of growth and competitiveness. It houses a team of Deloitte's most innovative thinkers and experienced leaders, who are valued influencers in their respective fields.

The Future of Canada Centre gratefully acknowledges *Hélène Emorine* and *Maya Prager* for their contributions to the research and writing of this whitepaper.

1. “Dementia Numbers in Canada,” Alzheimer Society of Canada, accessed December 8, 2020, <https://alzheimer.ca/en/about-dementia/what-dementia/dementia-numbers-canada>.
2. “Demand for Long-Term Care Beds in Canada Could Nearly Double in Little More Than 15 Years,” Conference Board of Canada, accessed December 8, 2020, <https://www.conferenceboard.ca/press/newsrelease/2017/11/27/demand-for-long-term-care-beds-in-canada-could-nearly-double-in-little-more-than-15-years?AspxAutoDetectCookieSupport=1>.
3. “The State of Seniors Health Care in Canada,” Canadian Medical Association, accessed December 8, 2020, <https://www.cma.ca/state-seniors-health-care-canada>.
4. “National Seniors Strategy, Third Edition,” National Institute on Ageing, accessed January 28, 2021, http://nationalseniorsstrategy.ca/wp-content/uploads/2020/09/NSS_2020_Third_Edition.pdf.
5. “New Poll Shows Over 90% of Ontario Seniors Want to Live at Home as They Age, and Want Government to Invest to Help Them Do It,” Home Care Ontario, accessed December 8, 2020, <https://www.newswire.ca/news-releases/new-poll-shows-over-90-of-ontario-seniors-want-to-live-at-home-as-they-age-and-want-government-to-invest-to-help-them-do-it-857341964.html>.
6. “National Seniors Strategy, Third Edition.”
7. “New Poll Shows Over 90% of Ontario Seniors Want to Live at Home as They Age, and Want Government to Invest to Help Them Do It.”
8. Irving Rootman and Deborah Gordon-El-Bihbey, “A Vision for a Health Literate Canada: Report of the Expert Panel on Health Literacy,” Canadian Public Health Association, accessed December 8, 2020, <https://www.deslibris.ca/ID/251817>.
9. “Enabling the Future Provision of Long-Term Care in Canada,” National Institute on Ageing, accessed December 8, 2020, <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5d9de15a38dca21e46009548/1570627931078/Enabling+the+Future+Provision+of+Long-Term+Care+in+Canada.pdf>.
10. “National Seniors Strategy, Third Edition.”
11. “Demand for Long-Term Care Beds in Canada Could Nearly Double in Little More Than 15 Years.”
12. Keith Ambachtsheer and Michael Nicin, “Improving Canada’s Retirement Income System,” National Institute on Ageing, accessed December 8, 2020, https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5e41c25873b8a7235f398b72/1581367901417/Improving-Canada-s-Retirement-Income-System-Setting-Priorities_final.pdf.
13. “Enabling the Future Provision of Long-Term Care in Canada.”
14. “Employment - Labour Force Participation Rate,” OECD, accessed January 28, 2021, <http://data.oecd.org/emp/labour-force-participation-rate.htm>.
15. “Enabling the Future Provision of Long-Term Care in Canada.”
16. Ibid.
17. “National Health Expenditure Trends, 1975 to 2019,” Canadian Institute for Health Information, accessed December 8, 2020, <https://www.cihi.ca/en/national-health-expenditure-trends-1975-to-2019>.
18. Greg Hermus et al., “Home and Community Care in Canada: An Economic Footprint,” Conference Board of Canada, accessed December 8, 2020, <https://www.conferenceboard.ca/CASHC/research/2012/homecommunitycare.aspx?AspxAutoDetectCookieSupport=1>.
19. “Home | Aged Care Quality and Safety Commission,” Australian Government, accessed December 9, 2020, <https://www.agedcarequality.gov.au/>.
20. “Home | Royal Commission into Aged Care Quality and Safety,” Australian Government, accessed January 28, 2021, <https://agedcare.royalcommission.gov.au/>.
21. “Research Paper 11 – Aged Care Reform: Projecting Future Impacts,” Royal Commission into Aged Care Quality and Safety, accessed January 28, 2021, <https://agedcare.royalcommission.gov.au/publications/research-paper-11-aged-care-reform-projecting-future-impacts>.
22. Margaret MacAdam, “Frameworks of Integrated Care for the Elderly: A Systematic Review,” Canadian Policy Research Networks, accessed December 8, 2020, <https://brainxchange.ca/Public/Files/Primary-Care/HQPC/Care-of-the-Eldery-integrate-care.aspx>.
23. “The Chief Public Health Officer’s Report on The State of Public Health in Canada 2010 – Growing Older: Adding Life to Years,” Public Health Agency of Canada, accessed December 7, 2020, <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/annual-report-on-state-public-health-canada-2010.html>.
24. “New Report: A Roadmap to Improve Virtual Care in Canada,” Canadian Medical Association, accessed December 8, 2020, <https://www.cma.ca/new-report-roadmap-improve-virtual-care-canada>.
25. Ibid.
26. Hugh O’Connor, “Age Friendly Ireland and Ireland’s Age Friendly Cities and Counties Programme,” European Innovation Partnership - European Commission, accessed December 8, 2020, https://ec.europa.eu/eip/ageing/commitments-tracker/d4/age-friendly-ireland-and-ireland%E2%80%99s-age-friendly-cities-and-counties-programme_en.
27. Ibid.
28. Anna P. Nieboer and Jane M. Cramm, “Age-Friendly Communities Matter for Older People’s Well-Being,” *Journal of Happiness Studies*, accessed January 28, 2021, <https://doi.org/10.1007/s10902-017-9923-5>.
29. “Global Age-Friendly Cities Project,” World Health Organization, accessed January 28, 2021, https://www.who.int/ageing/projects/age_friendly_cities/en/.
30. “National Seniors Strategy, Third Edition.”
31. Ito Peng, “We Can Draw Lessons from Countries with Strong Long-Term Care Systems,” *Policy Options*, accessed December 8, 2020, <https://policyoptions.irpp.org/magazines/june-2020/we-can-draw-lessons-from-countries-with-strong-long-term-care-systems/>.
32. Natasha Curry, Sophie Castle-Clarke, and Nina Hemmings, “What Can England Learn from the Long-Term Care System in Japan?,” Nuffield Trust, accessed December 8, 2020, <https://www.nuffieldtrust.org.uk/research/what-can-england-learn-from-the-long-term-care-system-in-japan>.
33. “Population Ages 65 and above (% of Total Population) - Japan,” World Bank, accessed December 8, 2020, <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=JP>.
34. “Population Ages 65 and above (% of Total Population) - Canada,” World Bank, accessed December 8, 2020, <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=CA>.
35. “Health at a Glance 2019: OECD Indicators,” OECD iLibrary, accessed December 8, 2020, https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2019_4dd50c09-en.
36. Curry, Castle-Clarke, and Hemmings, “What Can England Learn from the Long-Term Care System in Japan?”
37. Ibid.
38. “The Full Federal Throne Speech: ‘This Is an Ambitious Plan for an Unprecedented Reality,’” *The Globe and Mail*, accessed December 8, 2020, <https://www.theglobeandmail.com/politics/article-the-full-federal-throne-speech-this-is-an-ambitious-plan-for-an/>.
39. “Who Cares? Attracting and Retaining Care Workers for the Elderly,” OECD iLibrary, accessed December 8, 2020, <https://www.oecd-ilibrary.org/sites/92c0ef68-en/index.html?itemId=/content/publication/92c0ef68-en>.
40. Ibid.

The Future of Canada Centre facilitates an exploration of new ideas, viewpoints, and insights about our country's most important national issues, with the aim of helping propel Canada into a new age of growth and competitiveness. It houses a team of Deloitte's most innovative thinkers and experienced leaders, who are valued influencers in their respective fields. →



A vision for a thriving Canada in 2030

→ **Download our report at
deloitte.ca/canada2030**



www.deloitte.ca

This publication contains general information only and Deloitte is not, by means of this publication, rendering accounting, business, financial, investment, legal, tax, or other professional advice or services. This publication is not a substitute for such professional advice or services, nor should it be used as a basis for any decision or action that may affect your business. Before making any decision or taking any action that may affect your business, you should consult a qualified professional advisor. Deloitte shall not be responsible for any loss sustained by any person who relies on this publication.

About Deloitte

Deloitte provides audit and assurance, consulting, financial advisory, risk advisory, tax, and related services to public and private clients spanning multiple industries. Deloitte serves four out of five Fortune Global 500® companies through a globally connected network of member firms in more than 150 countries and territories bringing world-class capabilities, insights, and service to address clients' most complex business challenges. Deloitte LLP, an Ontario limited liability partnership, is the Canadian member firm of Deloitte Touche Tohmatsu Limited. Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee, and its network of member firms, each of which is a legally separate and independent entity. Please see *www.deloitte.com/about* for a detailed description of the legal structure of Deloitte Touche Tohmatsu Limited and its member firms.

Our global Purpose is making an impact that matters. At Deloitte Canada, that translates into building a better future by accelerating and expanding access to knowledge. We believe we can achieve this Purpose by living our shared values to lead the way, serve with integrity, take care of each other, foster inclusion, and collaborate for measurable impact.

To learn more about Deloitte's approximately 512,000 professionals, over 12,000 of whom are part of the Canadian firm, please connect with us on *LinkedIn, Twitter, Instagram, or Facebook*.

© Deloitte LLP and affiliated entities.

Designed and produced by the Agency | Deloitte Canada. 20-3083626