



CSA PUBLIC POLICY CENTRE

# Aging Canada 2040: Policy Implications of Demographic Change

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December 2024

## Foreword

Globally, populations are ageing and people around the world are living longer, although there remains significant differences between countries and within countries, in the pace of progress in increasing life span, in extending health span, and importantly, crafting policies that anticipate the future.

The World Health Organization promotes healthy ageing as a response to population ageing, towards a vision that all people can live long and healthy lives. This requires reorienting and strengthening multiple sectors, guided by each level of government with stakeholders, to deliver person-centred integrated care and other needed services to maintain older people's physical and mental health, and to enable communities to foster older people's well-being. Policies should recognize that there is no typical older adult, catalyze a whole-of-society approach, and reflect innovative options and tools for meaningful and sustained actions.

To foster learning, WHO encourages that experiences from different countries are documented and shared widely, especially those that reflect engagement of older persons and stakeholders in multiple sectors. This report embodies this ask, and systematically explores key facts and trends in Canada, and considers what could be done to meet the needs and rights of older people in relation to healthcare, housing and independent living, learning and education, pensions and benefits, and climate change, among other topics. It also incorporates new methods, including scenario planning, and wide public engagement, that serve as inputs to developing nuanced, equity enhancing strategies. This approach is in line with the commitments made to accelerate actions within the United Nations Decade of Healthy Ageing 2021-2030.

In my view, *Ageing Canada 2040: Policy Implications of Demographic Change* provides insights on how comprehensive public policies can be developed, addressing health and its social determinants, and engage and empower older persons as they age. The report is an important contribution to the global evidence base and beneficial to policy makers committed to addressing population ageing, as well as those who recognize the need for intergeneration equity and a life-course approach to optimizing health and well-being.



**Dr. Ritu Sadana**  
*Head, Ageing and Health, World Health Organization*

A handwritten signature in black ink that reads "Ritu Sadana".

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# CSA Public Policy Centre

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For over 100 years, CSA Group has been working to help make Canada safer and more sustainable. With a mandate of holding the future to a higher standard, we have a vested interest in the social, economic, and environmental challenges that policy makers and governments face when addressing the evolving needs of Canadians.

The CSA Public Policy Centre raises critical issues, provides thoughtful analysis, and produces new ideas and policy pathways for Canada's most pressing policy challenges. Building on the organization's long history of cooperation and inclusion, we facilitate conversations, raise awareness of emerging issues, and promote collaborative, evidence-based solutions.

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Heather Russek and Jessica Thornton of Creative Futures led the strategic foresight component and authored sections of this report. Creative Futures Studio Inc. helps organizations plan and prepare for their futures. Using applied futures methodologies, Creative Futures helps organizations navigate complexity and embrace uncertainty, arming them with the tools to think beyond present-day issues and imagine, prepare for, and navigate multiple potential futures. For more details, see: [www.creativefutures.studio](http://www.creativefutures.studio)

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**By 2040, it is projected that 22.7% of Canadians will be over the age of 65.**

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## Executive Summary

Canada's aging population is one of the most significant and far-reaching challenges facing policymakers today. As a result of increased life expectancy and the spike in fertility after World War II that drove the “Baby Boom” generation, the proportion of Canada's population over the age of 65 will be larger than ever before in the years to come. This age group grew over 18% between 2016 and 2021 alone, reaching over seven million individuals. By 2040, it is projected that 22.7% of Canadians will be over the age of 65. These trends and projections are well-documented. Attention must now be paid to the areas of society that population aging will impact and what can be done to prepare for these changes.

An aging population will impact Canada in complex ways that intersect and create knock-on effects throughout Canada's social, healthcare, and economic systems. As a large portion of the working population retires, the income tax base that funds services across levels of government will shrink; at the same time, significant investments in healthcare and other public services will be required to meet the needs of older Canadians. And while aging-in-place becomes an increasingly desirable alternative to aging in an institution, questions about social isolation, accessibility of Canada's built environment, and the broader housing market will proliferate. There are many opportunities that can be realized from an aging population, such as new consumer markets and unique perspectives and experiences that can be leveraged in the workplace and within communities.

All levels of government and partners across industry, community organizations, and elsewhere must take action to ensure that the needs of the aging population are met in the coming years. At the same time, it will be crucial to balance any actions with the need for intergenerational equity, ensuring that younger generations can still thrive. This will require new ways of thinking, strategic investments, and systemic cultural change.

This report takes a systems approach to exploring the impacts of an aging population across key domains of society and public policy and applies a foresight model to understand how various trends could play out across different scenarios in 2040. This methodology entailed horizon scanning research to uncover trends impacting the futures of aging,<sup>1</sup> as well as facilitating virtual workshops in February 2024 with 37 experts from across Canada — including economists, futurists, healthcare leaders, housing policy experts, tech innovators, and more — to co-develop scenarios.

Additionally, a representative survey of 2,500 Canadians was conducted in February to March 2024 to better understand public opinion around the future of aging. The survey asked respondents how confident they feel in the ability of governments in Canada to address key issues related to aging — such as healthcare, housing, and accessibility — both today and in the future. The survey also gauged public opinion on the role of technology, perceived generosity of support programs, and eligibility for retirement benefits.

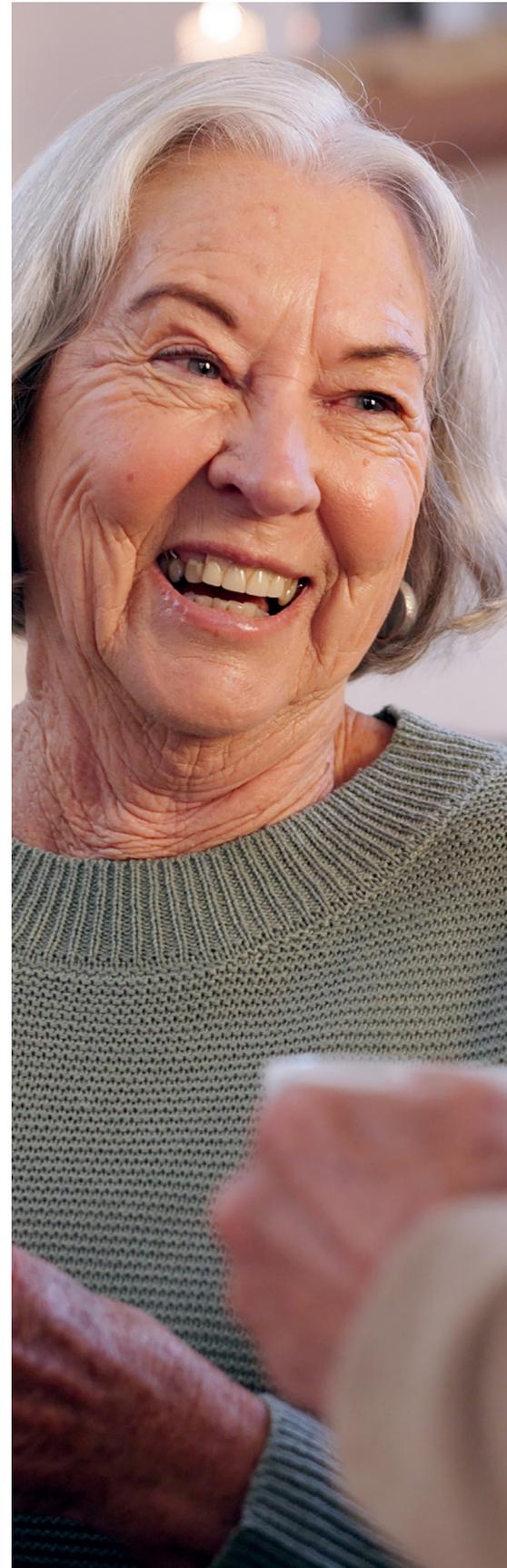


This report is organized in four parts. The first two sections provide historical context of major demographic trends and then a snapshot of older Canadians today. These are followed by an exploration of key areas in which Canada's existing policies and programs will be challenged by demographic shifts in the coming years. In the fourth section, the analysis applies a foresight model to explore alternative futures of aging by 2040, told through the narratives of individual older adults living in those imagined futures. The report concludes with recommendations for governments to consider to ensure that older Canadians are aging well.

This research reveals the potential for significant disparities in health outcomes, financial security, and social inclusion among older adults in the absence of thoughtful policy reform. This report recommends that policymakers consider the following as Canada moves towards 2040:

1. Reimagine where Canadians live in their later years by creating age-friendly communities, funding and scaling up successful aging-in-place initiatives, both reforming and investing in long-term care settings, and actively combatting social isolation and loneliness.
2. Transform Canadians' understanding of health and healthcare services, highlighting the need to take a life-course approach (i.e., one that considers interventions throughout one's life), focus on social determinants of health (i.e., non-medical factors that influence health outcomes), and provide adequate support for caregivers.
3. Leverage technological advancements to improve health, enable independent living, and reduce social isolation among older adults, while also safeguarding and ensuring equitable access to these technologies.
4. Prioritize equity as a driving force behind policy change — including considerations around socioeconomic, intergenerational, and climate equity.
5. Embrace the silver opportunity by acknowledging the unique contributions of older adults, investing in lifelong learning, and encouraging community engagement and civic participation.
6. Take a whole-of-society approach that coordinates across departments and levels of government through a national strategy and appointment of official advocates, and leverages industry and community partners to advance cultural change around the experience of aging.

Making these strategic investments will not only improve the quality of life for older Canadians today but also lay the foundation for future generations.



# Canada's Changing Demographics

The major demographic shift that Canada is experiencing today is largely the result of two key factors:



## Longer life expectancy

Canadians are living longer. Like most high-income nations, life expectancy has steadily increased in Canada over the past 100 years because of factors such as better public health practices and medical advancements. In 1920–1922, life expectancy at birth was 58.8 for men and 60.6 for women.<sup>2</sup> As of 2017, life expectancy at birth was 80 for men and 84.1 for women. In 1920–1922, life expectancy at 65 (i.e., the number of years one can expect to live beyond 65, often a better indicator of the health of an older population) was 13 years for men and 13.5 years for women. By 2022, this increased to 19.34 for men and 22.09 for women.<sup>3</sup>



## Declining fertility

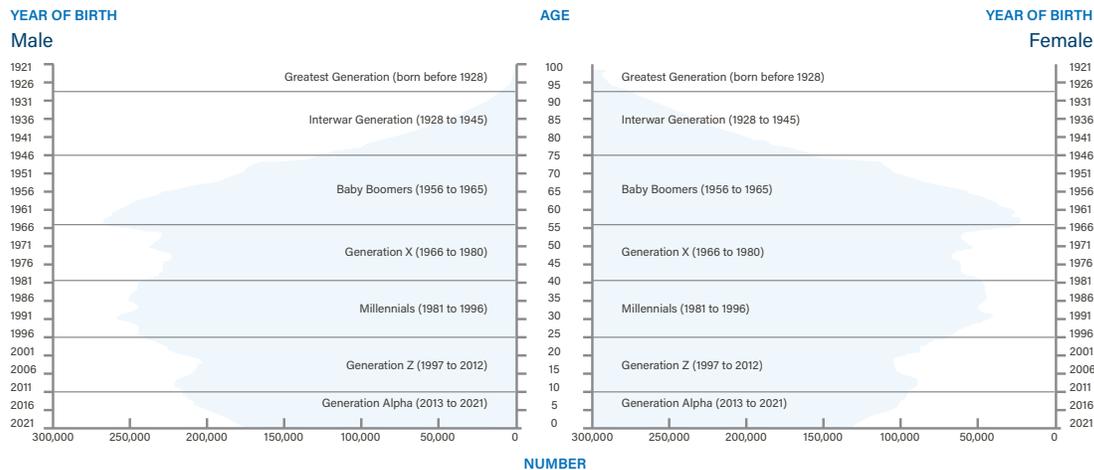
Canada's demographic landscape has been significantly shaped by the spike in fertility that drove the "Baby Boom" generation after World War II. This surge lasted around 20 years (between 1946 and 1965), after which time fertility consistently declined. During the peak of the Baby Boom, around 1959, the average birth rate was about 4 births per woman of child-bearing age. This figure halved by 1972, and, as of 2023, the fertility rate in Canada has dwindled to 1.48 births per woman.<sup>4</sup>

## Current State

As a result of these two trends, the proportion of Canada's older population is larger than its younger cohorts (see Figure 1). Between 2016 to 2021, the population aged 65 and older experienced an 18.3% increase, growing to seven million individuals and representing one of the most significant demographic shifts in 75 years.<sup>5</sup>

Figure 1: Canada's Population Pyramid

## Age Pyramid of the Canadian Population (2021)



Source: Statistics Canada. (2022, April 25). A generational portrait of Canada's aging population from the 2021 Census. Statistics Canada. <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021003/98-200-X2021003-eng.cfm?wbdisable=true>



While this shift has been long anticipated, the impacts are now quickly becoming Canada’s new reality:

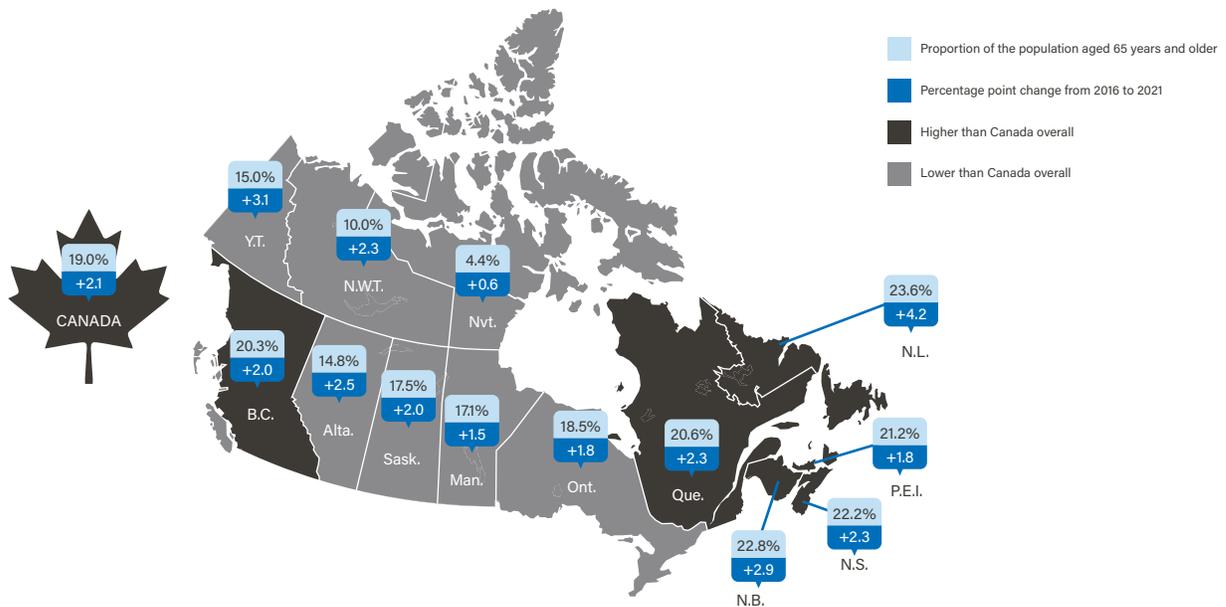
- Approximately 21.8% of Canadians are between the ages of 55 and 64, marking the highest percentage of individuals nearing retirement age ever recorded in Canadian census history. This translates into a significant number of Canadians exiting, or about to exit, the workforce.<sup>6</sup>
- In Canada, the age dependency ratio for older dependents (those older than 64) increased from 13 per 100 working-age population (ages 15–64) in 1960 to 29 per 100 in 2022.<sup>7</sup> This means there are now relatively fewer Canadians participating in the workforce and generating income tax revenue compared to the number of older Canadians drawing on public pensions, benefits, and healthcare resources.
- Since 2001, the number of Canadians aged 85 and older has doubled. From 2016 to 2021, the population aged 85 and above grew by 12%, more than double the overall national growth rate of 5.2%.<sup>8</sup> The needs of this cohort, such as health, housing and transportation services, are often more intensive and complex than those of Canadians in their 60s and 70s.<sup>9</sup>

This shift is happening unevenly across the country, with some provinces experiencing more rapid aging of their overall populations than others (see Figure 2). This is particularly apparent in the Atlantic region: for example, between 2016 and 2021, Newfoundland and Labrador’s 65+ cohort increased by 4.2 percentage points to 23.6% of their population, compared to the national average increase of 2.1 percentage points to 19% of the population. Nunavut is by far the youngest region, experiencing only 0.6 percentage point increase — nearly one-third of that population is under 15 and less than 5% are 65 or older.<sup>10</sup>

Across Canada, the population is also generally aging faster in rural areas than urban centres — between 2016–2021, the 65+ cohort grew by 1.9 percentage points in urban centres compared to 3.1 percentage points in rural areas.<sup>11</sup>

Figure 2: Provincial Share of Canada’s Aging Population<sup>12</sup>

## Population aged 65 years and older



Source: Statistics Canada. (2022, April 27). Map 4: The populations of the Atlantic provinces are aging quickly. Statistics Canada. <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/mc-a004-eng.htm>

## Looking Ahead

The Conference Board of Canada projects that by 2040, 22.7% of Canadians will be over the age of 65.<sup>13</sup> Statistics Canada's projections suggest that by 2051, nearly one-quarter of the country's population could be 65 years of age or older, totaling close to 12 million individuals.<sup>14</sup> It is projected that by 2056, the age dependency ratio will be 50 older dependents for every 100 working-age individuals.<sup>15</sup> The number of Canadians in older cohorts will also increase dramatically:

- Between 2022 and 2042, the number of individuals aged 75 and above is expected to double.<sup>16</sup>
- The population aged 85 and older is expected to triple by 2046, reaching almost 2.5 million people. This is projected to continue to between 3.3 million (low-growth scenario) and 4.3 million (high-growth scenario) by 2073.<sup>17</sup>
- By 2065, there could be more than 87,500 "centenarians" (i.e., individuals aged 100 or older).<sup>18</sup>

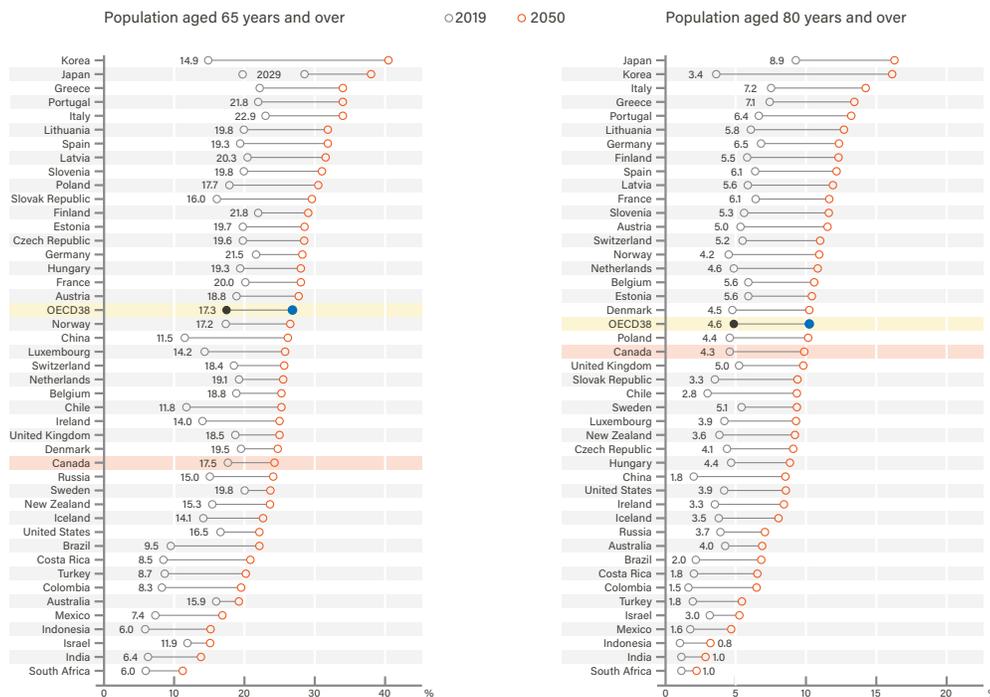
It is important to note that growth in the 65+ cohort is expected to be less pronounced after 2030, after which point most of the Baby Boom generation will have surpassed 65 years of age.<sup>19</sup>

These projections are not unique to Canada: the proportion of the world's population aged 60 and over will grow from 12% to 22% by 2050.<sup>20</sup> While population aging first occurred in higher income countries, this will accelerate in low- and middle-income countries in the coming years. Trends in Canada are similar to its higher-income counterparts: across OECD countries, the proportion of the population aged 65 and older has nearly doubled, from 9% in 1960 to 17.3% in 2019, and is expected to continue to grow to 26.7% by 2050.<sup>21</sup> The 80+ cohort is expected to grow on average from 4.8% of the population among OECD nations in 2019 to 9.8% of the population in 2050 (see Figure 3).

Some countries are further along in this process, most notably Korea and Japan. Today, nearly 30% of Japan's population is over 65 years old.<sup>22</sup> By 2070, it is projected that this cohort will grow to nearly 40%, while Japan's total population is expected to shrink by 30% from its current numbers.<sup>23</sup> Many governments around the world are looking to Japan, Korea, and other countries experiencing this dramatic shift for potential solutions.

Figure 3: OECD Projections 2019–2050

### Share of the population aged 65 and over and 80 and over, 2019 and 2050



Source: OECD. (2023). Demographic Trends. In Health at a Glance 2023: OECD Indicators. OECD. <https://www.oecd-ilibrary.org/sites/7a7afb35-en/1/3/10/1/index.html?itemId=/content/publication/7a7afb35-en&csp=6cf33e24b658441b81774026d82a571&itemGO=oeecd&itemContentType=book>



## Older Adults in Canada

As the World Health Organization (WHO) notes, there is no “typical” older adult.<sup>24</sup> Older adults in Canada are as diverse as Canada’s overall population, with different lived experiences, intersectional identities, needs, preferences, and barriers.

### Physical and Mental Health

Older adults in Canada generally report good physical health — almost half perceive their physical health as very good or excellent.<sup>25</sup> This is often despite living with chronic disease, the prevalence of which increases with age. Specific conditions are common after the age of 65 — for example, around two-thirds of older Canadians are living with hypertension, one-third living with osteoarthritis, and, among those between 65–79, over half experience moderate-to-severe periodontal disease.<sup>26</sup> It is very common to experience multiple co-occurring chronic conditions over the age of 65, particularly after 85 years of age.<sup>27</sup>

Mental health and physical health are inextricably linked: 94% of older Canadians with mental illness also have chronic physical health conditions, and mental illness can exacerbate physical conditions and reduce quality of life.<sup>28</sup> While many older Canadians also perceive their mental health to be very good or excellent, data shows that they experience depression, anxiety, and other mental health problems at slightly higher rates (14%) than those over 65 in other Commonwealth Fund countries (12%).<sup>29</sup> In 2023, around 1 in 5 older Canadians reported feeling emotional distress that they found difficult to cope with on their own within the last two years.<sup>30</sup>



**Aging is a dynamic and cumulative process: one’s physical and cognitive capacity in their later years is often determined much earlier in life.**

In addition to longer life expectancy or *lifespan*, public health and medical advances have improved older adults’ healthspan, that is, the portion of their life lived in good health.<sup>31</sup> Many conditions can be prevented and managed to maintain a high quality of life, and mortality rates for most chronic disease and conditions have declined. However, research shows that this doesn’t always translate into a longer healthier life — for many, particularly women, living longer means additional years in poor health.<sup>32</sup> Mortality rates have also increased for some conditions such as dementia, Parkinson’s disease, and hypertension.<sup>33</sup>

It is important to highlight that several factors contribute to the health outcomes of older Canadians. Research from the WHO shows that aging is a dynamic and cumulative process: one’s physical and cognitive capacity in their later years is often determined much earlier in life. Biological, socioeconomic, and environmental factors from as early as birth shape the trajectory of aging, and social determinants of health (such as income and financial stability, social and community connections, and access to housing and education) can even have intergenerational impacts.<sup>34</sup> Inequities that are experienced throughout one’s life can impact health outcomes as an older adult.



## Race and Ethnicity

Older Canadians are a diverse group. Recent data shows that population growth among racialized people has been particularly high among the 65+ cohort. This is driven largely by increased immigration throughout the 1990s, as those who arrived in Canada during this time are now in their later years.<sup>35</sup> It is expected that the number of older adults that belong to a racialized group will grow from 1 in 7 today to approximately 1 in 4 by 2041.<sup>36</sup>

This is important to consider in the delivery of health and social services. Research has long shown inequities in accessing healthcare services and in health outcomes for racialized communities, which only grows in importance as older adults face increased health and mobility changes with age and require more complex interventions.<sup>37</sup> This also highlights the importance of having culturally appropriate services available as institutional living arrangements and medicalized care in Canada are currently often grounded in Western values and traditions.

## Living Arrangements

Housing needs and preferences often change when one enters their later years. Depending on several factors, including health, financial, and family circumstances, older Canadians may live in their homes (independently or with friends or family) with varying degrees of in-home assistance or live in a collective dwelling (i.e., living quarters that are shared, institutionalized, or privatized), such as a retirement community, long-term care (LTC) home, hospital, or nursing home, with varying degrees of care and assistance.<sup>38</sup>

As of 2016, over 90% of those aged 65 and over lived in a private dwelling, most often with a spouse (58%), and only 7.7% lived in collective dwellings. However, those aged 85+ tend to be more likely to live in a collective dwelling: while 68% lived in a private dwelling, 32% lived in collective dwellings (20% of which were an institutionalized setting).<sup>39</sup> The costs of living arrangements typically increase with higher levels of care and are largely paid for out of pocket by older Canadians and their families.

Most (78%) of those living within a private dwelling are homeowners, and over half (57%) are without a mortgage. The remaining 22% are renters, with 4% in subsidized housing.<sup>40</sup> Older adults in rented dwellings are more likely to experience unaffordability (i.e., spending more than 30% of their income on shelter) than renters in the total population — 41% compared to 26%.<sup>41</sup> They are also more likely to be in core housing need (25%). The housing crisis is significantly impacting older adults, and emerging data shows a rising incidence of homelessness — in 2021, 32% of people using shelters across Canada were aged 50 or older, and many others are unsheltered, living outdoors, or are experiencing hidden homelessness.<sup>42</sup>



## Income

Most older adults draw from multiple income sources to maintain their standard of living, particularly once they enter retirement (see Figure 4). This includes employment income, dividend and interest from investments, public pensions (e.g., Canada/Quebec Pension Plans), benefit programs (e.g., Old Age Security and Guaranteed Income Supplement), private pensions, registered savings vehicles, and other income sources.

The median total income for Canadians aged 65 and over living in a private dwelling is \$32,800.<sup>43</sup> This is slightly higher for older adults living alone (\$34,000) or in a couple (\$34,400), and lower for those living with other relatives or non-relatives (\$25,200).

Some older adults have robust pensions, savings, and access to housing wealth, and therefore greater purchasing power than younger Canadians. However, others do not — older adults without access to these income sources or at insufficient levels can be at risk of poverty and homelessness.

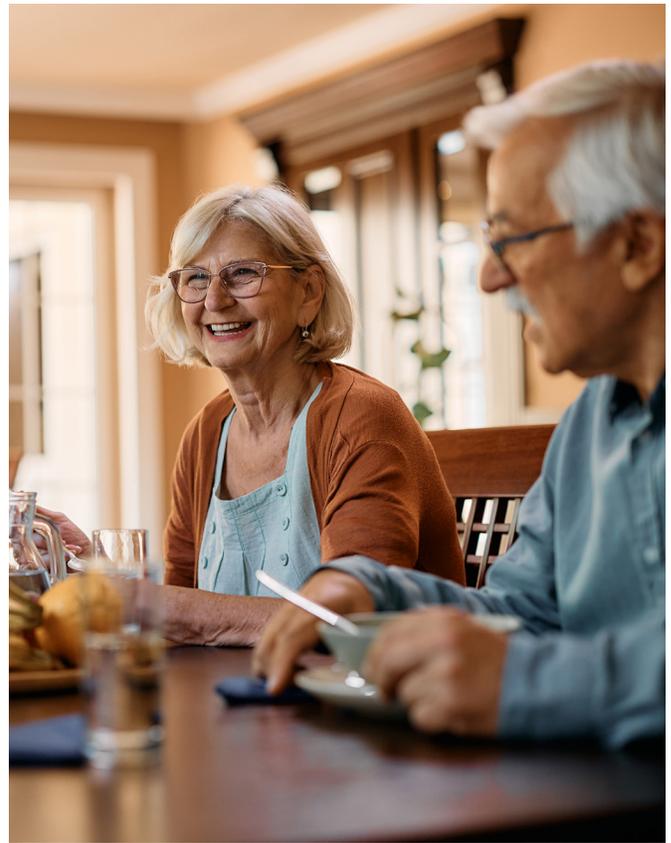
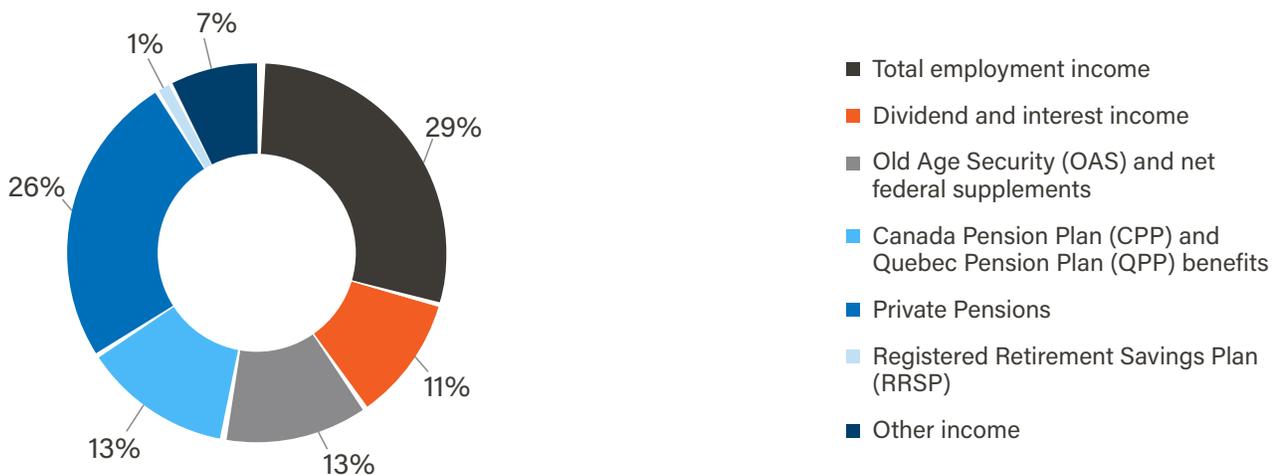


Figure 4: Total Income Earned by Canadians Aged 65 and Over, 2021

### Total income earned by Canadians aged 65 and over, 2021



Source: Statistics Canada. (2024, July 15). Sources of income of senior census families by family type and age of older partner, parent or individual. Statistics Canada. <https://www150.statcan.gc.ca/t1/tbl/en/tv.action?pid=1110005301>



## Employment and Retirement

Many Canadians continue to work beyond the “retirement age,” and there are many factors that influence this decision. Some continue working out of choice; others do so out of financial necessity. In 2022, more than 1 in 5 Canadians (21%) aged 65–74 was employed — on average, around half of which reported working out of necessity.

This varies significantly by immigration status, race, and socioeconomic factors. Both immigrant men and women are more likely to be working over the age of 65 out of necessity than Canadian-born counterparts. About 20% of Black, Filipino, or South Asian immigrant men reported working by necessity, compared to 12% of White immigrant men and 9% of Canadian-born White men. Both Canadian-born and immigrants living in a rented dwelling were more likely to work

out of necessity than homeowners.<sup>44</sup> Those working out of necessity were more likely to be working full-time jobs and less likely to be self-employed than those working by choice. Regardless of immigration status and gender, those working out of necessity earned lower wages than those working by choice.<sup>45</sup>

According to a 2023 survey from the National Institute on Ageing (NIA), 39% of working Canadians aged 50 and older report that they cannot afford to retire as planned, and 26% are uncertain about their financial readiness. Among Canadians aged 80 and older who are still working, only half believe they can retire as intended.<sup>46</sup>

# Key Trends and Issues

An aging population will impact nearly every aspect of society and public policy in ways that intersect and create knock-on effects throughout our systems.

As large swaths of the working population retire in the coming years, this shift will have significant impacts on the labour market and productivity. It will also shrink the income tax base that funds services across levels of government — at a time when significant investments in public services such as healthcare will be required to meet the needs of an aging population. In particular, chronic conditions will increase at a population level, putting pressure on a healthcare system that is not only already buckling across the country but also is not designed to care for the needs of the growing population of older adults.

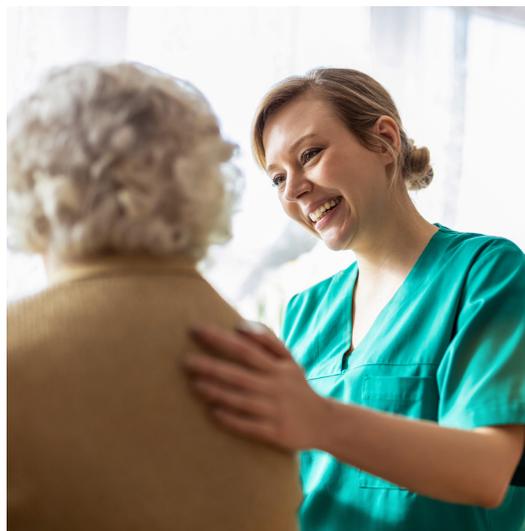
In the face of a years-long decline in Canada's LTC system and growing preferences of Canadians to age at home, a policy shift towards aging-in-place has become a priority. However, this potential shift raises important questions about social isolation, accessibility of Canada's built environment and public services, and the broader housing market, such as affordability and availability of suitable options for older adults. There are also many opportunities that can be realized from an aging population, such as new consumer markets and unique perspectives that can be offered in the workplace and communities.

This section provides an overview of 11 key areas in which Canada's existing policies and programs will be challenged to adapt or transform by the approaching demographic shifts:

1. healthcare
2. mental health and dementia
3. long-term care
4. housing and independent living
5. accessibility
6. labour market
7. learning and education
8. pensions and benefits
9. business continuity
10. consumer spending
11. climate change

## Healthcare

Long-term challenges such as shortages of healthcare human resources, combined with more recent challenges brought on by the COVID-19 pandemic, have put Canada's healthcare system under immense pressure — even in the absence of an increasingly aged population. Life expectancy for Canadians was 67 when Medicare was introduced in 1957, and that same system is now expected to support Canadians with an average life expectancy of 82.<sup>47</sup> The majority of healthcare provided, which requires financial resources, is for older adults. As the overall population ages, healthcare costs are expected to rise significantly.



### Key facts

- As of 2021, older adults accounted for approximately 18% of Canada's population but consumed about 45% of healthcare spending by provincial/territorial (P/T) governments.<sup>48</sup> On average, the cost of healthcare is about \$12,000 per person per year for those 65+ compared with \$2,700 for those under 65.<sup>49</sup> Health expenditure peaks in the 70–74 age group at \$18,167.8.<sup>50</sup>
- By 2039–2040, P/T health expenditures may make up 10.5% of the economy, which represents a rise of 2.5 percentage points compared to the figures from 2010.<sup>51</sup> These increased expenditures may crowd out province's ability to pay for other emerging issues.<sup>52</sup>
- Additional external factors will exacerbate healthcare cost pressures in the coming years, such as inflation, population growth, long-term impacts of the COVID-19 pandemic, and system improvements.<sup>53</sup>
- Labour shortages in healthcare are a growing concern across provinces, although data is inconsistently reported. B.C. reported 5,825 vacancies as of November 2023.<sup>54</sup> Ontario reported that 26.1% of Registered Nurse roles and 14.2% of full-time personal support workers (PSW) positions were unfilled in 2021.<sup>55</sup> In Saskatchewan, healthcare worker shortages have led to emergency room closures.<sup>56</sup> Looking ahead, the demand for PSWs in Canada could increase by 3.4% on average each year by 2036, and up to 142,000 FTE nursing positions could be required by 2035.<sup>57</sup>
- Medical assistance in dying (MAID) has been legal in Canada since 2016 and there has been steady growth in MAID provisions since its introduction. There were 13,241 provisions reported in Canada in 2022, accounting for 4.1% of all deaths in Canada. The average age that MAID was provided was 77, with cancer cited as the most common underlying medical condition.<sup>58</sup>



## Implications

Healthcare is funded primarily by general tax revenues, which are expected to decline as a large proportion of the population retires from the workforce. Further, the Canada Health Transfer, which provides federal funds to P/T governments to deliver healthcare services, is provided on an equal per capita basis and does not account for population ages within recipient jurisdictions. This creates a more acute pressure in specific regions (e.g., Atlantic Canada) where the population is older overall, and it is more expensive to deliver healthcare.<sup>59</sup>

In Canada, the healthcare system is often described as a “sickness treatment” system as public coverage primarily includes physician and hospital services, with less focus on preventive care, wellness, and increasingly urgent needs in uninsured areas such as mental health. Such an approach does not adequately address social determinants of health and the varying factors that

influence a person’s aging trajectory throughout their life and ultimately their health outcomes.

Meeting the healthcare needs of an aging population while ensuring sustainability of the system will require new ways of thinking around how Canada funds and delivers healthcare. While public coverage must be expanded to address unmet needs in areas such as mental health and aging care, policymakers will need to consider the tension between equity and universality in delivering such care in a way that balances the need for reform in the existing system.<sup>60</sup> Leveraging technology, making strategic investments in the healthcare workforce, and considering innovative models that focus on social determinants of health will also be critical.



**There is strong evidence correlating loneliness and social isolation with serious health risks, increasing the risk of premature death from all causes.**

## Mental Health and Dementia

Social isolation, increased likelihood of living alone, loss of loved ones, fewer relationships, major life transitions, declines in physical health and mobility, chronic pain and illness, feeling a loss of independence, and the feeling of being a burden to loved ones all contribute to the high risk of mental health problems among older adults.

Mental illness can, in turn, increase the risk of developing dementia (i.e., a set of symptoms associated with progressive decline in cognitive function, which can be caused by a variety of brain diseases or injuries). While it is not a mental illness, dementia is characterised by psychological and behavioural symptoms and therefore often included in discussions surrounding mental health for older adults. The number of older adults experiencing both mental health issues and dementia is increasing in Canada.<sup>61</sup>

### Key facts

- Depression is the most common mental illness among older Canadians, with 10–15% experiencing mild symptoms of depression.<sup>62</sup> Older adults are also at high risk of suicide<sup>63</sup> and a significant number engage in problematic substance use, particularly binge drinking.<sup>64</sup>
- Research suggests that the Baby Boomer generation may have a higher risk of mood disorders and substance use disorders than those of previous generations.<sup>65</sup>
- Loneliness has been declared a global public health concern by the WHO and recognized as a public health crisis in the US.<sup>66</sup> There is strong evidence correlating loneliness and social isolation with serious health risks, increasing the risk of premature death from all causes (similar to, or exceeding, the risks of smoking, obesity, and physical inactivity) as well as dementia, heart disease, and stroke.<sup>67</sup>
- As of 2021, there were nearly 477,000 Canadians living with dementia, two thirds of whom were women.<sup>68</sup> Between 60–70% of dementia cases are related to Alzheimer's Disease.<sup>69</sup>
- The risk of developing dementia generally increases with age: the risk of being diagnosed is six times higher for those aged 80 and over than for those aged 65–79.<sup>70</sup> Every hour, nearly 10 Canadians are diagnosed with dementia.<sup>71</sup>



## Implications

Mental healthcare spending is lower in Canada than its OECD counterparts, accounting for 7.2% of total public and private health spending compared to 13% on a similar set of non-dementia related mental health services in England, for example.<sup>72</sup> Most Canadian mental health services are not covered by public health insurance, requiring Canadians to pay out of pocket for services that are critical to their wellbeing and face extensive waitlists. Further, despite growing public awareness, there is still stigma surrounding mental health needs and this is exacerbated by ageism. Older adults are less likely to be referred to psychological therapy, less likely to seek support and services, and often face ageism, bias, and negative attitudes in the healthcare system.<sup>73</sup> Older adults with intersecting marginalized identities (e.g., IBPOC, 2SLGBTQ+) face further systemic discrimination.

When it comes to dementia, there is currently no treatment to stop its progression. However, a number of modifiable risk factors have been identified that, if addressed, could delay or prevent over one-third of dementia cases.

These include physical factors such as obesity, hypertension, and diabetes and social factors such as limited social contact, lower educational attainment, and exposure to air pollution.<sup>74</sup> Thus prevention efforts and understanding how social determinants of health impact outcomes of older Canadians can reduce the risk of dementia.

Addressing social isolation, mental illness, dementia, and behavioural disturbance of dementia each require different approaches. While stronger social ties and community participation can help support those experiencing social isolation and depression, older Canadians living with dementia or behaviour disturbance may need medicalized or institutional care. Therefore, an array of approaches is needed, such as funding for research into prevention, treatment, and management strategies; transforming how Canadians envision healthcare; developing age-friendly communities; and increasing availability of and access to programs and trained professionals to deliver services, as well as public education and efforts to eliminate stigma.



## Long-term Care

Long-term care (LTC) homes are residential spaces that provide care to older adults who are unable to remain within their community. The impact of the COVID-19 pandemic on Canada's LTC system was devastating and among the worst in the world, drawing attention to a years-long decline in standards and regulation and exacerbating extensive issues facing the system, such as outdated infrastructure, crowded rooms, inconsistent regulations, staff shortages, and suboptimal working conditions.<sup>75</sup>

### Key facts

- In the first wave of COVID-19, over 80% of deaths in Canada were in collective living environments such as LTC, which was more than twice the OECD average.<sup>76</sup> Research indicates that there were 74 times more deaths among older Canadians living in LTC and retirement homes than among community-dwelling older Canadians.<sup>77</sup>
- In 2019, there were 380,000 individuals in need of care (with 302,576 in LTC and 77,448 on waitlists in Canada) — this is expected to grow by 59.5% by 2031, to a total of 606,000.<sup>78</sup>
- It is estimated that there are currently over 9,405 hospital patients who do not require the level of care provided (alternate level of care, or ALC) and are waiting to be transferred to other care options — 44% of which are waiting for LTC.<sup>79</sup>
- In 2018–2019, approximately 1 in 9 newly admitted residents in LTC homes could have potentially been cared for at home, freeing up more than 5,000 LTC spaces.<sup>80</sup> It is estimated that moving 37,000 Canadians to homecare instead of LTC could save \$2.2 billion by 2031.<sup>81</sup>
- According to a 2020 survey from the CMA and NIA, 85% of Canadians of all ages, and 96% of Canadians aged 65 years and older, report that they will do everything they can to avoid moving into an LTC home.<sup>82</sup> The same survey showed that only 39% of respondents have trust in the federal government and 43% in their provincial/territorial government to ensure the health and safety of LTC residents.<sup>83</sup>



## Implications

The funding and delivery of LTC is complex — publicly funded homes may be either publicly or privately owned; those that are privately owned may operate for-profit or not-for-profit. P/T governments are primarily responsible for the regulation of LTCs, and some complement their legislation with third-party accreditation that may be voluntary or mandatory. Although not historically involved in this space, the federal government has made recent investments in LTC, including funding the development of national standards for long-term care, and work is underway to develop new legislation.<sup>84</sup>

LTC is not insured under public healthcare and Canadians therefore largely pay out of pocket for these services. However, there is a common misconception that LTC services are covered, and subsidies tend to be “opaque and misunderstood.”<sup>85</sup> As a result, many Canadians may not plan for or sufficiently save funds for this expense and find it unaffordable later in life. While provincial governments offer varying degrees of support, generally, the cost for 24/7 care is high.

Fixing Canada’s LTC system requires nothing short of transformation. Several reports have been commissioned since the COVID-19 pandemic to understand the failures and take action on all aspects from capital investments to regulation, community integration, and better support for workers.<sup>86</sup> While significant resources will be required to support LTC in the coming years, the growing demand for additional space is expected to stabilize in the years that follow, which raises questions around flexibility to avoid overbuilding new LTC homes, and how supports to age at home might supplement this.

## Housing and Independent Living

Homecare and other supports that enable older adults to remain in their homes and communities (“aging-in-place”) offer alternatives that can alleviate pressure on the LTC system and align increasingly with the preferences of Canadians. However, there are several factors to consider in whether a home is suitable for independent living, such as affordability and accessibility of the home, surrounding neighbourhood, nearby services and supports. Enabling independent living often requires care, supports, and home modifications that can be expensive and are generally paid for out of pocket.



## Key facts

- An estimated 1.1 million individuals needed home care in 2019 (including those who were receiving informal care but wanted professional care); this number is expected to grow by 53%, to over 1.7 million by 2031.<sup>87</sup> Homecare is expected to account for the majority (75%) of overall care demand in 2031.<sup>88</sup>
- There is a shortage of PSWs in homecare specifically across provinces — for example, approximately 13% of positions in homecare are currently unfilled in Nova Scotia.<sup>89</sup> Ontario reported a 331% increase in vacant positions from 2020 to 2021 in the home and community care sector.<sup>90</sup> Manitoba saw a dramatic increase in vacancy rates, to 33% for homecare attendants in 2024 from 20.7% in 2019.<sup>91</sup>
- In 2022, 42% of Canadians spent the past 12 months providing unpaid care to others, with 20% providing care to dependent adults, 28% providing care to children, and 6% reporting “sandwich caregiving,” in which they provided unpaid care to both dependent children and adults. These caregivers are more likely to be women than men.<sup>92</sup>
- Recent polling shows that 92% of Canadians over the age of 45 would prefer supports to age in place rather than moving to a LTC home, and 95% believe that aging-in-place would “maintain their independence, comfort, and dignity.”<sup>93</sup> However, only 12% of respondents reported having funds available to receive homecare supports.<sup>94</sup>
- Recent analysis suggests that rather than downsizing, more Canadians are staying in larger homes than they require as they age.<sup>95</sup>



## Implications

Canada spends only 1.2% of its GDP on LTC services, the majority of which is directed towards LTC facilities and hospitals. Only 11% of this funding goes to the home and community care sector.<sup>96</sup> Greater investment into home and community care will be critical in the coming years to expand available programs, as well as potential financial supports for those who do not have the means to pay out of pocket. Beyond homecare, holistic approaches that ensure residents can engage with their community, participate in programs, and navigate their neighbourhood without barriers, will be necessary.

Unpaid care provided by family members and friends can be a key contributor to a person's ability to remain in their home. The provision of unpaid care also results in significant cost savings for governments: research has estimated that if all unpaid hours of care were publicly funded, it would add \$27 billion to public sector costs by 2050, and, if the current reliance on that unpaid care were to diminish, the total cost of LTC could rise from a projected \$71 billion to \$98 billion by 2050.<sup>97</sup> However, unpaid caregivers do not always receive the support they need and often report negative impacts on their own wellbeing.<sup>98</sup>

Ageing-in-place strategies must also consider the context of Canada's housing crisis. Economists historically expect housing units to be released onto the market as older adults downsize or move into other forms of housing.<sup>99</sup> However, many older adults are currently "overhoused" (i.e., living in space that is larger than their needs require) and facing a lack of suitable options in the market — with soaring costs for smaller homes and no availability in the community that they reside in.<sup>100</sup> The shift towards ageing in place may have broader unintended consequences if suitable housing options are not made available and if existing housing wealth is difficult to access.

## Accessibility

The prevalence of long-term physical conditions that require support increases with age. While those living with chronic conditions can live fulfilling lives and maintain a high level of functioning with the right supports, such supports are often lacking.<sup>101</sup> Much of the built environment, as well as products and services in Canada, have not been designed for all abilities, creating barriers that impact a person's ability to live with dignity and independence. The right design can also be an important preventive measure for injuries that can reduce health and independence, particularly falls.

**Accessibility is foundational to enabling older adults to age in their homes and communities.**



### Key facts

- Falls are the leading cause of injury-related hospitalizations and deaths among Canadians aged 65 or older. In 2018, the direct healthcare costs associated with falls among older adults was \$5.6 billion, in addition to personal and social costs.<sup>102</sup> Falls are a global public health concern, resulting in injuries that reduce quality of life, increase demand on caregivers, and often lead to admission into LTC.<sup>103</sup>
- When asked about satisfaction with current dwellings, Canadians aged 55 and older ranked satisfaction with accessibility the lowest of all aspects of their residences, with dissatisfaction particularly high among those identifying as living with a disability.<sup>104</sup>
- In 2022, 30.2% of Canadians aged 65 or older with a disability reported unmet needs for assistive aids, devices or technologies, medication, or healthcare services because of cost. On average, unmet needs are higher for women and Canadians living under the poverty line.<sup>105</sup>
- More than 3 in 4 (76%) Canadians express feeling somewhat or very concerned about facing a new or worsening disability as they age. Levels of concern are higher among older adults, Canadians with an existing disability (84%), and those living in low-income households.<sup>106</sup>



## Implications

With a growing number of Canadians facing mobility challenges and other chronic conditions that impact their daily activities as they age, governments will need to quickly advance accessibility goals. While the federal government and several provincial governments, including B.C., Manitoba, Ontario, Nova Scotia, and Newfoundland and Labrador, have introduced accessibility legislation, there are limitations to these efforts.<sup>107</sup> A lack of meaningful enforcement efforts and limited resources have been areas of concern for many years, compounded by a broader lack of awareness and understanding of accessibility and disability issues. This manifests itself in many ways, such as poor design of buildings and technologies and entrenched misconceptions about people with different abilities.

Accessibility is foundational to enabling older adults to age in their homes and communities. Home modification, as well as assistive devices and technologies, are key

components of fall prevention.<sup>108</sup> The physical design of public spaces, as well as the design and delivery for important services such as public and specialized transit will be critical to developing age-friendly communities, enabling independent living, and encouraging community participation. Similarly, ensuring that virtual spaces and new digital technologies are accessible can encourage greater use of social technology, which has been shown to benefit older adults experiencing social isolation.

Prioritizing accessibility and applying a broader “disability inclusion lens” that aims to reduce physical, social, and economic barriers is critical for a long-term policy vision that meets the needs of older adults. Advancing accessibility and disability inclusion requires completely reimagining the systems currently in place and significant investments to ensure that physical and virtual spaces, as well as various services, are designed for barrier-free access.

## Labour Market

As income sources shift from wages to pensions, savings, and investment income — often taxed at a lower rate — there will be an overall decrease in tax revenue. Concurrently, there will be a surge in the need for healthcare services and retirement benefits, increasing the financial burden on governments. Research also indicates that an aging workforce can lead to a reduction in overall economic growth, arising from diminished productivity among older employees.<sup>109</sup> This will likely exacerbate broader economic challenges — in 2023, Canada's labour productivity fell by 1.8%, marking the third consecutive annual decrease.<sup>110</sup>



## Key facts

- By November 2023, around 2.7 million Canadians aged 15–24 were employed, compared to over 4.4 million workers aged 55 and older, indicating a higher number of individuals nearing retirement than young workers entering the workforce to fill the impending gaps.<sup>111</sup>
- In the year ending August 2022, 73,000 more individuals retired compared to the previous year, resulting in a 32% increase in retirements. Two-thirds of these retirements were in healthcare, infrastructure development, retail trade, education services, and social assistance.<sup>112</sup>
- Some Canadians are retiring earlier than age 65, particularly those in high-stress and physically challenging occupations, as well as those facing continued impacts of the pandemic. In August 2021, the most common age group retiring was individuals aged 65–69. By the following year, retirements among this age group had decreased, while the percentage of retirees in the 60–64 and 55–59 age groups increased.<sup>113</sup>
- Retirement is not always a straightforward transition: as of 2016, one in five Canadians over the age of 65 was engaged in some form of work, including full-time, part-time, or unpaid labour.<sup>114</sup>
- Over the next 50 years, demographic shifts are expected to drive a 25% increase in the proportion of GDP collected as taxes (Canada's aggregate tax rate).<sup>115</sup> The total value of the resources needed to cover age-related social expenditures (i.e., hypothetical savings required to cover these costs without raising taxes) amounts to \$4.5 trillion.<sup>116</sup>



## Implications

To address the coming labour market gaps, Canada has turned to immigration to maintain its workforce size.<sup>117, 118</sup> Canada is relatively unique in this approach compared to its counterparts experiencing similar trends. Countries such as Japan and Italy have instead focused other supportive policies and technological solutions such as AI and automation to address labour shortages.<sup>119</sup> While the federal government has set ambitious targets to increase the population of permanent and non-permanent residents in the coming years, some of these plans are being readjusted in response to concerns regarding the ability to effectively aid newcomers. Immigration experts have voiced concern about shortcomings in areas like refugee resettlement and housing.<sup>120</sup>

As the population ages, policy adjustments are needed to ensure a sufficient workforce, including encouraging older worker participation, investing in effective skills development, and addressing age discrimination in the workplace.<sup>121</sup> However, these policy changes may also trigger backlash. For example, nationwide

demonstrations took place in France in January 2023, reflecting the growing anger towards the government's decision to raise the retirement age from 62 to 64.<sup>122</sup>

There is widespread agreement in the literature that augmenting the rate of labour market participation, including that of younger and older workers, women, and immigrants, is crucial to offsetting the costs of an aging population.<sup>123</sup> However, addressing the financial pressures will likely also necessitate spending cuts, increased taxation, or a higher reliance on government loans. Besides introducing non-fiscal measures like extending the retirement age, implementing skills policies, and offering affordable childcare, many countries still have the potential to introduce tax and benefit reforms that diminish the tax-related obstacles to employment.



## Survey Insights: Eligibility for Retirement Benefits

Support for raising the eligibility age for retirement benefits from 65 to 67 to increase labour market participation of seniors varies greatly based on income, age, and immigration status. For example, only 39% of households earning under \$35,000 somewhat or strongly agree with this policy change compared to 49% of households earning over \$200,000. Young Canadians (18–24) are also more likely to agree with this change (52%), whereas support is lowest (29%) among adults approaching retirement (55–64). Agreement is particularly low among Canadian-born (non-immigrant) respondents (35%) compared to non-permanent residents (63%) and immigrants landed in the past five years (67%).



## Learning and Education

Education and learning opportunities for older adults are not only important for encouraging labour market participation but also play an important role in quality of life. Education and reskilling or upskilling in more traditional and formal capacities can benefit older adults who are looking to stay in the labour market longer or enter a new field later in their career. At the same time, providing programs and services for older adults to engage in lifelong learning can bring a sense of belonging, connection, and community. The concept of *ikigai* — a Japanese term for one’s sense of purpose or meaning in life — is reflected in older adults’ pursuit of creative challenges, intellectual engagement, lifelong learning, and activities that contribute to their communities.<sup>124</sup>



**Programs and services for older adults to engage in lifelong learning can bring a sense of belonging, connection, and community.**



### Key facts

- The WHO’s framework for active aging recognizes the significance of lifelong learning in addition to formal education and literacy, as a key component that supports social participation, health, and security in the aging population.<sup>125</sup>
- In Canada, there is a growing interest in lifelong learning among older adults, particularly through university programs, which supports their overall wellbeing and strengthens community ties.<sup>126</sup> Among the general population, 98% of the population agree that access to lifelong learning is imperative.<sup>127</sup>
- A longitudinal study published in 2022 found that the feeling of *ikigai* was associated with a 31% lower risk of developing functional disability, 36% lower risk of developing dementia, decreased symptoms of depression, and improved social outcomes.<sup>128</sup>
- Access to technology is an important enabler of learning, although age is the primary determinant of internet use among older adults, with significant variations observed across different educational levels. For instance, in 2016, 89% of Canadian older adults with a university education used the internet, compared to 46.2% of those without a high school diploma.<sup>129</sup>



## Implications

The evolving demographic landscape in Canada highlights the critical need for reskilling and upskilling the aging workforce to adapt to a rapidly changing labour market, particularly as many Canadians today are choosing to or considering staying in the workforce longer than in the past.

While technological advancements present new opportunities for jobs, they also pose challenges in training older adults, who may face barriers such as adapting to digital platforms or learning new skills. Effective training strategies tailored to their learning preferences and technological literacy are essential for leveraging older adults' potential to enhance national labour productivity and creating new opportunities for learning, meaning, and connection.<sup>130</sup>

Integrating technology in educational strategies for older adults opens new avenues for engagement and skill development. For example, online learning platforms can address mobility constraints by bringing education directly into the home and providing opportunity regardless of physical limitations.<sup>131</sup> Simulation technologies can offer older adults the opportunity to acquire new skills in a safe, controlled environment, enhancing their confidence and competence in new domains, and AI-based career guidance systems can provide personalized recommendations for reskilling or exploring entrepreneurship.<sup>132</sup>

Strategic investments in such technology can make learning more accessible and applicable to the unique needs and capabilities of older adults.<sup>133</sup> However, the digital divide must be addressed as socioeconomic factors can restrict an individual's access to learning opportunities and social connection.<sup>134</sup>

## Pensions and Benefits

The Canada Pension Plan (CPP) functions as a defined benefit pension financed by mandatory contributions from the working-aged population in managed investments and is projected to be financially stable for the next 75 years.<sup>135</sup> However, CPP payments are typically not sufficient to maintain a person's quality of life in retirement and must be supplemented by workplace pensions and private savings. Additional benefits for older adults, including Old Age Security (OAS) and Guaranteed Income Supplement (GIS) for those with low incomes, are funded from general revenues that will experience pressures from reduced taxes. Canada's public pension system may come under strain as the number of Canadians entering this time of life increases dramatically, rising costs of living create financial difficulty, and workplace pensions become less common.



### Key facts

- According to the 2023 Fall Economic Statement, OAS and GIS, combined with debt servicing costs, will account for 52 cents of every new dollar of spending by the 2028–29 fiscal year, with benefits growing from \$69.4 billion in 2022 to \$101.3 billion in 2029.<sup>136</sup>
- Inflation and rising costs of living are significant concerns, increasing debt load and impeding the ability for individuals to set aside money for retirement. For those aged 55–64, 54% believe they will have to postpone their retirement if inflation continues to rise, and almost half (44%) have less than \$5,000 in savings.<sup>137</sup>
- The prevalence of workplace pensions has been steadily declining: as of 2021, the overall pension coverage rate for paid workers was only 38%. There is a stark difference between public and private sector coverage, with 22.8% of private sector workers having a registered pension plan (RPP), compared to 87.8% of public sector workers.<sup>138</sup>
- Canadians with pensions are more optimistic about their standard of living, with 41% feeling they are getting ahead, compared to 27% without pensions.<sup>139</sup>



## Implications

Without sufficient pension access and personal savings, many Canadians will face financial hardship in their later years.<sup>140</sup> A lack of workplace pensions may increase dependence on public pensions and benefits, and expanding these systems would require increased taxes, contributions, or both imposed on the working-aged population.<sup>141</sup>

The federal government will need to ensure that existing programs such as OAS and GIS are both financially viable and equitable. There has been criticism surrounding OAS, for which current eligibility rules can provide payments to households (made up of two older adults) earning a combined income of about \$340,000 a year and households with access to significant tax-free investment accounts.<sup>142</sup>

As many Canadians consider delaying retirement and staying in the workforce longer, this may impact opportunities for younger generations, particularly those from marginalized communities who face unique barriers to employment, such as systemic discrimination

or lack of access to education and training.<sup>143,144</sup> Older Canadians staying in the labour market longer may also cause resentment among younger job-seekers, depending on the state of the labour market. Programs targeting these marginalized groups can operate alongside policies aimed at keeping older adults employed without conflicting with each other. Embracing workplace diversity, including age diversity, can enhance organizational performance, suggesting a multi-generational workforce benefits all parties — older and younger workers alike, along with their employers.<sup>145</sup>

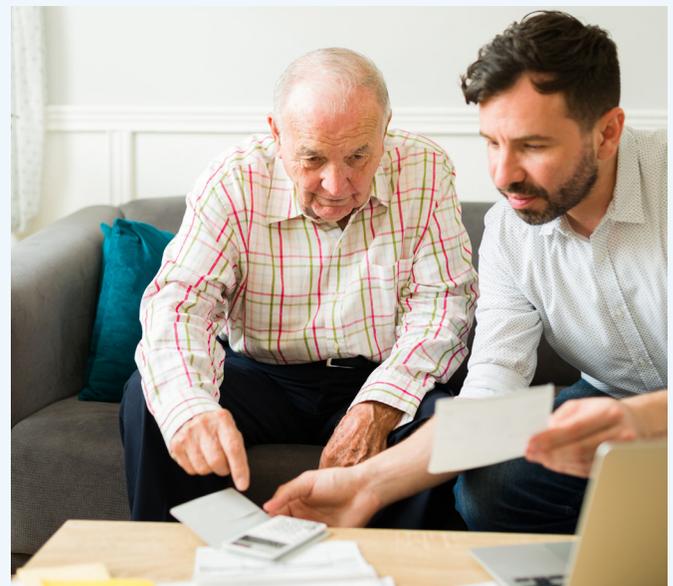


**Without sufficient pension access and personal savings, many Canadians will face financial hardship in their later years.**



## Survey Insights: Generosity of Government Supports

On average, Canadians are divided on whether government-funded programs and supports for seniors such as prescription drug coverage and income supports are generous — 48% agree and 52% disagree. However, dramatic differences emerge depending on one’s household income and current working situation. While the majority (52%) of Canadians working full-time believe that these programs are generous, this drops to 36% for retired Canadians who are entitled to and/or receive these benefits. Further, high-earning households (over \$200,000) are more likely to believe that these supports are generous (62%) compared to households earning less than \$35,000 (49%).

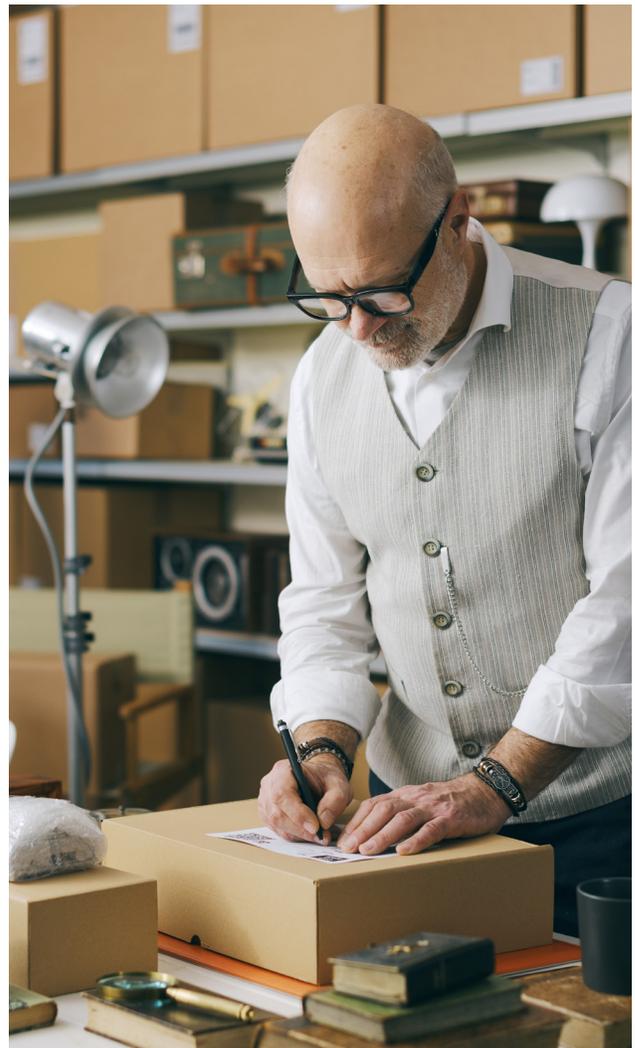


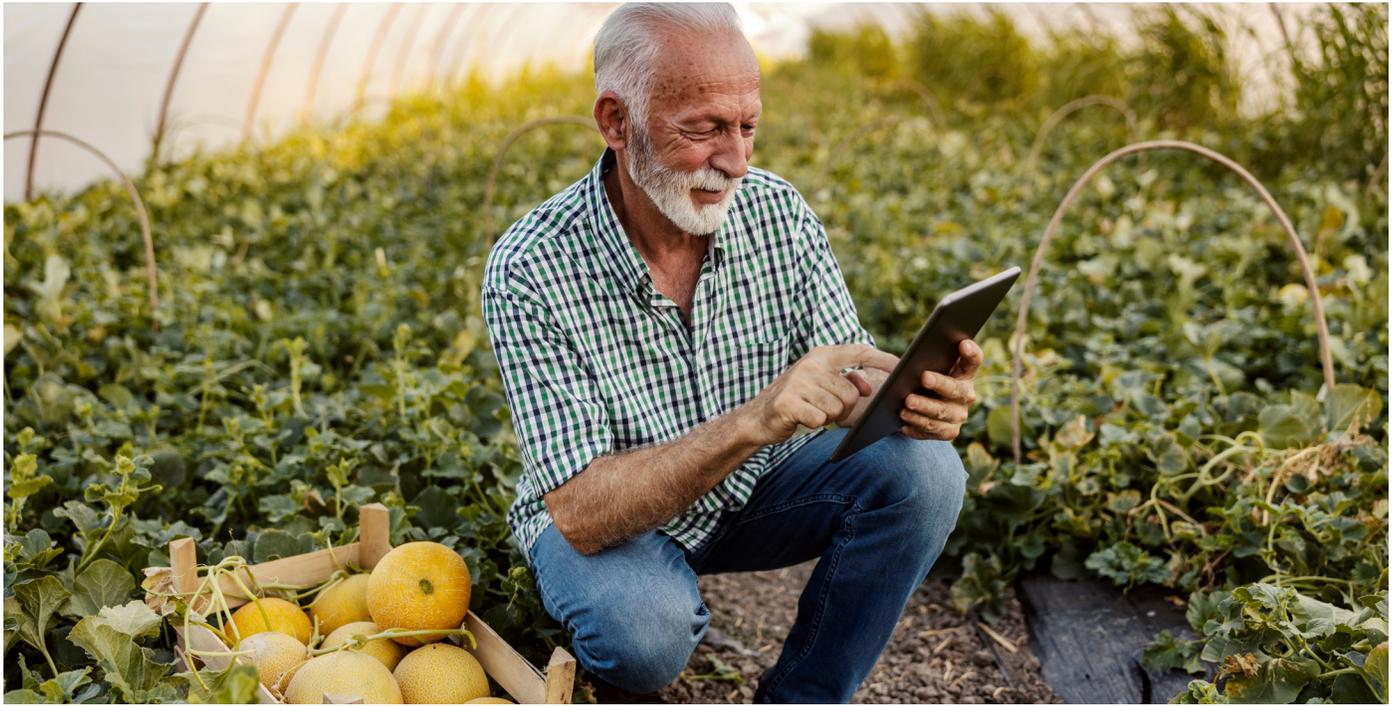
## Business Continuity

The aging population will dramatically change Canada's business and entrepreneurial environment in the coming years. According to a survey by the Canadian Federation of Independent Business, business assets worth more than \$1.5 trillion are expected to change hands in the coming years and approximately three-quarters of small business owners are planning to exit their businesses. However, many lack formal succession plans, which may challenge business owners and the overall economy, risking business continuity and potentially leading to business consolidation and reduced competition.<sup>146</sup>

### Key facts

- In 2004, people aged 50 and older owned 47% of small and medium-sized enterprises (SMEs). By 2020, this had grown to 62%.<sup>147</sup>
- Most small business owners approaching retirement intend to transfer or sell their business (81%) although more than half (51%) of those have no plan in place.<sup>148</sup> Business owners report that finding a suitable buyer is the biggest barrier to succession planning.<sup>149</sup>
- Business owners may face conflicting priorities when considering their options as they approach retirement, particularly if succession planning was not considered earlier in life. For example, transitioning ownership to younger family members may be difficult if the sale or withdrawal of funds from the business was expected to help fund retirement income.<sup>150</sup>
- Approximately a third of SMEs are family-owned. Among these, 40% have been in operation for more than 20 years, suggesting that many owners of such businesses are approaching retirement age.<sup>151</sup>
- Between 2011 and 2020, the proportion of small businesses in Canada owned by individuals born outside of Canada rose from 22% to 29%.<sup>152</sup>





## Implications

In the absence of strong succession plans, the expected retirement of many business owners could lead to significant consolidations and closures, affecting local economies across Canada. Generational transfer of a business can be a complicated process that Canadian business owners and their families may not be prepared for. Retiring business owners may choose to sell to multinational corporations or private-equity funds based elsewhere, resulting in the loss of wealth and control of business operations outside of Canada.<sup>153</sup>

Economic analyses show a direct correlation between diminished competition and restricted consumer choices, leading to escalated costs in many industries, including health-related services where market consolidation is already a notable trend.<sup>154, 155</sup> Given that many older adults grapple with lower incomes, elevated

poverty levels, and escalating uncovered health-related expenditures due to illness or disability, the country's evolving business landscape may affect their purchasing power.<sup>156</sup> Small businesses are also heralded as pillars of economic stability in their communities, especially during turbulent times, owing to their propensity to maintain employment levels as much as feasible, in contrast to larger firms that may act more quickly to cut their workforces.<sup>157</sup>

Addressing these challenges will require resources for succession planning that are accessible to business owners, leveraging new tools such as employee ownership trusts, support and coaching for immigrant entrepreneurs, and exploration of regulatory interventions to mitigate the adverse effects of market consolidation on competition and consumer choice.<sup>158</sup>



## Consumer Spending

The “silver economy” refers to the economic activities related to meeting the needs and leveraging the purchasing power of older adults as the population ages. It encompasses the creation, distribution, and consumption of goods and services designed specifically for older individuals, catering to their consumption, lifestyle, and healthcare preferences.<sup>159</sup> Some older adults have accumulated savings over their lifetimes and possess higher average net worth than younger Canadians, providing them with considerable spending power. According to the OECD, individuals aged 60 and over are poised to drive over half of the urban consumption growth in developed countries, primarily through healthcare expenditures.<sup>160</sup>

### Key facts

- In 2023, the average total assets of Canadians aged 65 and over was CAD \$1,132,954, up from CAD \$666,659 in 2010.<sup>161</sup> Real estate accounts for about 40% of total assets for households led by older adults today, suggesting that significant portions of older Canadians’ wealth may be tied up in their homes.<sup>162</sup>
- A major transfer of generational wealth, which is predicted to be the largest in Canada’s history, will take place in the coming years. By 2026, approximately CAD \$1 trillion will move from Canadians from the Baby Boom generation to Generation X and Millennial heirs.<sup>163</sup>
- Older adults allocate a larger portion of their budget (7.4%) to health and personal care compared to the average Canadian household (4.9%).<sup>164</sup>
- The burgeoning sector of age-tech, which includes innovations like assisted living technologies and digital homecare, is poised for substantial growth — by 2025, the age-tech market in Europe alone could reach CAD \$8.5 trillion.<sup>165</sup>
- Older adults make up a significant and growing segment of tourism markets. By 2050, the number of international tourists over the age of 60 is expected to reach 2 billion annually.<sup>166</sup> Research in the US indicates that the frequency of overnight trips peaks around the age of 79, with older travelers outspending younger ones per trip. Travelers over 65 also tend to spend more on air travel compared to other age demographics.<sup>167</sup>



## Implications

There are many opportunities for new consumer markets and offerings tailored to older adults. Travel has been shown to improve physical and mental health in older adults and contribute to active and positive aging.<sup>168</sup> Older travelers may also be less likely to be affected by economic slumps, suggesting a ripe opportunity for targeted offerings in tourism.<sup>169,170</sup> Canada's potential in this area is hindered by a lack of accessibility in many parts of the country where transportation and underdeveloped tourism infrastructure, especially in northern regions, makes travel challenging for older adults. Investments in Canadian tourism that improve accessibility for older travelers could not only stimulate economic growth by boosting both domestic and international tourism but also benefit communities, particularly Indigenous communities, in the case of northern tourism.<sup>171</sup>

Investing in and fostering innovation in the emerging consumer age-tech sector could both give Canada a competitive advantage and improve quality of life for older adults. Emerging technology can play an important role in improving social connections for older adults — increased social support and improved psychological wellbeing is associated with higher levels of internet use and social tech among Canadians.<sup>172</sup> Further, assisted living technologies and digital homecare have significant potential to enable Canadians to age in their home longer than ever before. However, it will be critical to safeguard these new technologies and ensure equitable access.



## Survey Insights: Role of Technology

The majority (59%) of Canadians agree or strongly agree that emerging technologies such as care robots and AI-based health monitoring systems will improve quality of life for older adults. There are slight differences across age groups: 64% of young Canadians (18–24) somewhat or strongly agree that emerging technologies will improve quality of life, compared to 53% of older adults. However, optimistic attitudes towards technology are generally consistent across age, gender, income, immigration status, race/ethnicity, and working situation.



## Climate Change

Older adults are disproportionately vulnerable to climate-related disasters such as heatwaves, wildfires, and poor air quality, which can exacerbate pre-existing health conditions, particularly those related to respiratory and cardiovascular health.<sup>173, 174</sup> As people age, bodies naturally decline, leading to various physical and metabolic constraints.<sup>175</sup> Aging and certain medications can also alter the body's capacity to cope with heat, making older adults more susceptible to heat-related illnesses and fatalities as temperatures rise.<sup>176</sup>

Social determinants of health are also a significant factor in how older adults are impacted by climate change.<sup>177</sup> Older adults with lower socioeconomic status often reside in inadequate housing and have more difficulty accessing essential services.<sup>178</sup> During climate disasters, these social factors act as “threat multipliers,” intensifying the challenges faced by older adults in preparing for, responding to, and recovering from such events.<sup>179</sup>

### Key facts

- According to the United Nations Population Data Portal, 704,507 Canadians over the age of 60 are exposed to flood risks.<sup>180</sup> In 2017, floods in Quebec had a severe impact on older Canadians — a quarter of those seeking assistance from the Canadian Red Cross were older adults.<sup>181</sup>
- In 2021, a heatwave in B.C. resulted in 619 heat-related deaths, 67% (415 individuals) of which were of individuals aged 70 or older.<sup>182</sup> Over half (56%) of them lived alone and typically resided in homes lacking proper air conditioning.<sup>183</sup>
- In a recent study analyzing the impacts of extreme heat events on mortality in 12 Canadian cities, it was found that older adults experienced significantly higher mortality risks.<sup>184</sup> For example, older adults in Montreal faced a 19% increase in daily cardiovascular mortality risk, and both Montreal and Toronto saw significantly elevated respiratory mortality risks.<sup>185</sup>
- Older individuals often have weaker immune systems, making them especially vulnerable to severe illnesses from diseases transmitted by insects and water, diseases that are likely to become increasingly prevalent due to climate change.<sup>186</sup>



### Implications

According to a report from the Canadian Red Cross and NIA, older adults consistently experience higher rates of casualties during emergencies such as natural disasters and pandemics due to a combination of factors, including age-related physiological changes, cognitive impairments, and social isolation. The report stresses the inadequate preparedness and response systems currently in place, which fail to address the unique needs of older adults, particularly those with chronic health conditions and those living in care institutions.<sup>187</sup>

Governments must consider the unique vulnerabilities of older adults in the context of climate change.<sup>188</sup> Canada's overburdened healthcare system may be ill-prepared to respond to heat-related health concerns of older adults.<sup>189</sup> Intense heat waves could lead to healthcare costs of about \$100 million annually by 2030 in B.C., and, without crucial infrastructure improvements, B.C. alone could face 1,370 deaths and 6,000 hospital admissions annually by the end of this decade.<sup>190</sup>

Community infrastructure must also be adapted to withstand climate impacts, ensuring they are supportive of older adults' unique needs. Investment in healthcare innovation, climate-resilient housing, and community support systems (e.g., community-based heat-action plans) can protect older Canadians from health risks posed by climate change.<sup>191</sup> Targeted support will also be needed to protect the most vulnerable older individuals.<sup>192</sup>





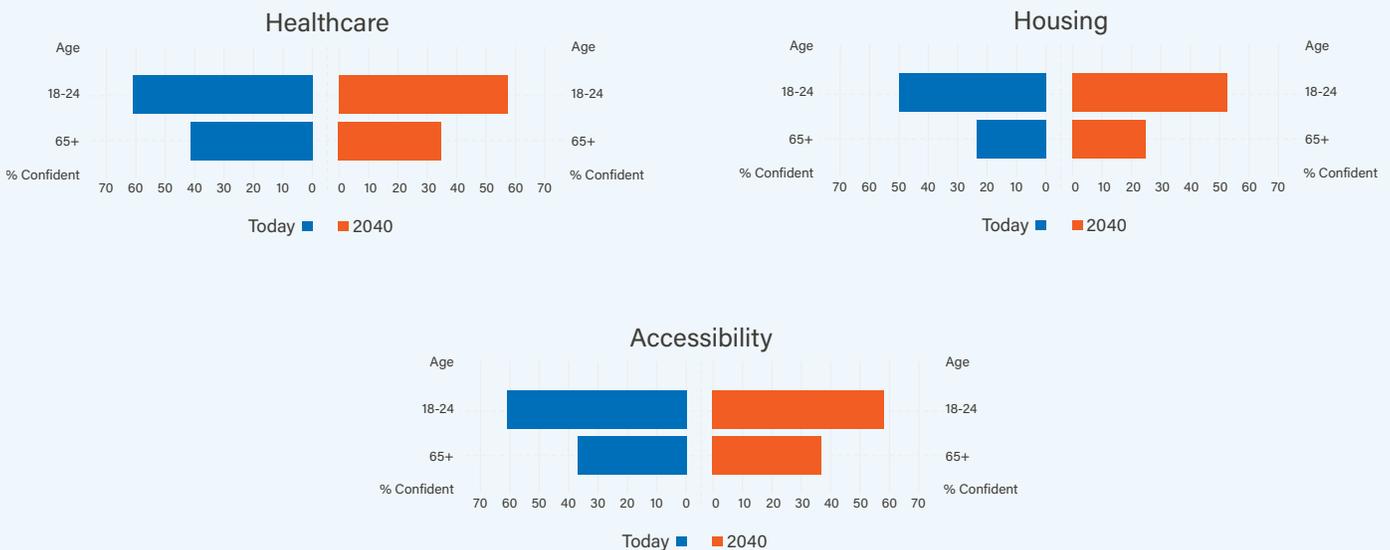
## Survey Insights: Confidence in Governments' Ability to Address Key Needs

CSA Public Policy Centre's public opinion research shows significant generational differences when it comes to confidence in the ability of governments to address the needs of an aging population. Young adults (18–24) are consistently more confident than older adults (65+) in government capacity to deliver healthcare, housing, and accessibility — today and looking towards 2040.

**Healthcare:** Among young adults (18–24), 64% are somewhat or very confident in the ability of the healthcare system to meet the needs of an aging population today, whereas only 41% of older adults (65+) share this confidence. Both groups are less optimistic about 2040, with 57% of young adults and 35% of older adults expressing confidence.

**Housing:** 50% of young adults are somewhat or very confident in the government's ability to ensure appropriate housing options for seniors today, compared to only 23% of older adults. Looking towards the future, confidence remains low but increases slightly to 52% for young Canadians and 25% for older adults.

**Accessibility:** 61% of young adults are somewhat or very confident in the government's ability to address accessibility needs for seniors today. Only 37% of older adults share this confidence. The confidence of young adults decreases slightly when looking towards 2040 (58%), while perceptions remain consistently low (37%) for older adults.



# The Futures of Aging: 2040

In light of the challenges that policymakers face in meeting the needs of an aging population, this section describes four possible futures in 2040, told through the narratives of older adults living in those futures. Appendix 2 contains the detailed descriptions of each scenario, as well as the methodology and trend analysis that was used to inform their development. These scenarios are not meant to be predictions of 2040, nor are they meant to represent every possible scenario that may unfold. Instead, they are meant to provoke deeper policy discussions about the intersections of changes and the collaboration needed across sectors to prepare.

These scenarios were developed using strategic foresight. Strategic foresight is “a structured and systematic way of using ideas about the future to anticipate and better prepare for change. It is about exploring different plausible futures, and the opportunities and challenges they could present. We then use those ideas to make better decisions and act now.”<sup>193</sup> Scenarios can be used to visualize how trends and drivers of change could mature in the future, test assumptions, gain a deeper understanding of unexpected changes, and to highlight possible ideas, innovations, and actions that need to take place today.

The four scenarios described here were created using a scenario development methodology that uses an archetype-based approach.<sup>194</sup>

Each scenario represents alternative conditions of a possible future where the extreme version of specific changes happening today are reflected. The methodology entailed horizon scanning research to uncover trends impacting potential futures of aging, as well as facilitating workshops with 37 experts from across Canada (economists, futurists, healthcare leaders, housing policy experts, tech innovators, and more) to co-develop scenarios.



## Thriving End-of-Life Economy

In a future where trends continue on the current trajectory, the market has stepped in to respond to the growing needs of Canada’s aging population, providing a range of services to meet various price points. Multinational companies previously known for providing home delivery of affordable goods have moved into the healthcare space, filling gaps created by public healthcare spending reductions. For those who can afford it, death can be scheduled and accessed at several relaxing death spas or received at home, surrounded by family and friends.

### Prominent trends that shape this scenario:

- Caregiver crisis and carebots
- Death preferences
- Expansion of private healthcare
- Ageism in the workforce
- Climate-driven migration
- Intensified housing crisis

## Meet Akira (Generation X)

Akira is a healthy, able-bodied 67-year-old who enjoys ultramarathon running. They have an MBA and spent the majority of their career helping Canadian SMEs scale their businesses. Five years ago, at age 62, they “retired” because they could no longer get work. They were turned down opportunity after opportunity because they were told that they were providing outdated advice and expertise, inconsistent with the present needs of SMEs.

Akira hadn’t planned to retire so soon. They had expected to work well into their 70s. Instead, they are watching as their retirement savings are running out, and CPP payments, which they just started receiving last year, are not nearly enough to cover the cost of living. They, like many their age, still have a mortgage, as they needed to remortgage the family home to cover the care of their parents before they died and their child’s education.

Akira’s partner is still working and is employed in healthcare. This is the sector with the least ageism due to sheer demand. It’s terrible pay though, and Akira was always the primary earner in the family. As such, Akira and their partner have considered selling their home and moving into a corporate-run retirement facility, but they feel too young for this. Instead, they’ve opted to make extra income by renting space in their house to a family of climate refugees. They don’t see them very often; the parents are always at work, while their two

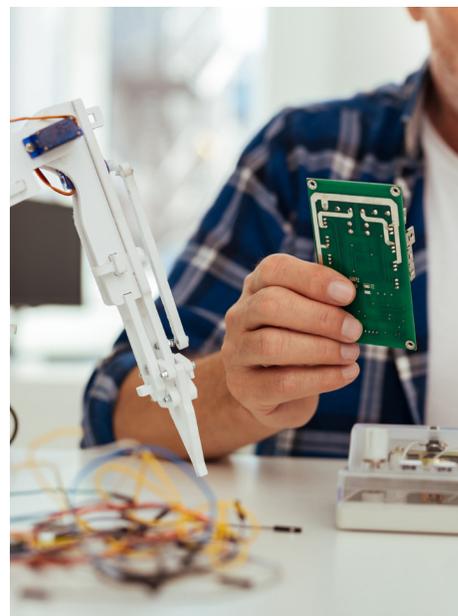


kids, both teenagers, never leave their shared room. The children’s high school is mostly virtual, and they spend the rest of their time connecting virtually with their friends from home, who are now scattered across the globe.

Akira spends a lot of their days worrying about the coming years. They had spent their entire working life looking forward to a dynamic retirement with big plans of epic travel adventures. However, even if they could afford to travel, it’s not very appealing these days due to the volatility of the climate, health, and socio-political conditions. In hopes of shifting their future trajectory, Akira has recently enrolled in a new training program, hoping to start a new career. It’s not the work they expected to be doing at this stage of their life, but at least it’s something for them to do.

## Worked to Death

In a future where there is a confluence of economic and environmental crises, property tax increases, and rising government debt, many public programs and services for older residents have diminished. With limited public supports, many older adults are staying in the workforce much longer than in previous generations. Many families have adopted co-living and intergenerational living situations where there may be multiple families living in one structure or complex managed costs and shared incomes, resources, and care needs. These communities tend to be close knit, connected, and look after each other.



### Prominent trends that shape this scenario:

- Living with dementia
- Weakening intergovernmental ties
- Declining trust in institutions
- Climate disasters
- Death preferences
- End of retirement

## Meet Charlie (Generation X)

Charlie (age 72) lives with his daughter and son-in-law, and other roommates, Casey (age 76) and Nadia (age 78) in a co-living complex. This group of family members and neighbours moved to the complex about five years ago when property taxes became too much for individuals to manage. They could no longer afford their detached homes and decided to live together. Charlie could also tell that Casey and Nadia were going to need more support for the cognitive decline that was starting to show, recognizing that many publicly funded services were severely rationed, and they didn't have children to help them out.

In 2031, when Charlie was 63 years old, he was looking forward to retirement from a career in sales where he worked for a number of growing tech companies. He had tried to save for this period of his life, but other expenses kept creeping up, especially the tax and maintenance of his previous home, and additional healthcare expenses after the government kept cutting from the list of publicly offered services. He was looking forward to receiving Old Age Security and CPP benefits starting in a few years so that he could take a break from working so much. And then the federal government announced that these programs were significantly reduced, and not enough to rely upon going forward.

Now, nine years later, Charlie hasn't been able to retire. Instead, after being made redundant in sales and recognizing he wasn't going to find a similar job at his age, he decided to enroll in a reskilling program to become a part-time Carebot technician. Now he is on call 24/7 for all of the households that have purchased new and used Carebots to help with the care of the aging population. Many of these households have someone living with dementia and don't have human caregivers on hand at all times because some of the residents need to spend their time on paid work.

Charlie enjoyed learning a new skill in his 70s but sometimes finds it hard to respond to the calls, especially in the middle of the night, because he just doesn't have as much energy as he had when he was younger. As a perk of the job, Charlie has his own Carebot that he uses to care for Casey and Nadia when he leaves the house. Luckily, he knows how to care for it and doesn't need to pay for regular maintenance like some of the other households in their area.

After a fairly successful career earlier in his life, Charlie often can't believe he is still working and isn't experiencing the retirement he was expecting when he was younger. He does feel very thankful that he and his household survived the COVID-38 pandemic a couple of years ago. So many of his former friends and neighbours didn't make it since the pandemic swept through the country without much of a government response. Charlie hopes he continues to stay healthy because his household depends on his part-time income and caregiving support. He recently started attending house church with some other residents in his complex as an outlet for his stress and to make new social connections.

## Health+

In a future where there is increased government regulation, the health and wellbeing of older adults is prioritized in Canada with extensive programs to facilitate a high quality of life. With a rapidly aging population and healthcare system that wasn't able to respond to demand, health ministers committed to making a significant shift from an illness-based model to a wellness model focused health and prevention. This thrust continued when income tax and property tax increases were put in place to obtain the revenues needed to accommodate the necessary programs and services. Resentment builds among younger generations carrying higher tax levels.



### Prominent trends that shape this scenario:

- Extended lifespan
- Improved healthspan
- Inclusive community design
- Loneliness epidemic
- Moving away from LTC
- Personalized healthcare



### Meet Aisha (Baby Boomer)

Aisha is 82 years old. She retired when she was 65 after a career working as a nurse and then a healthcare manager. At the beginning of her retirement, Aisha was very lonely, having separated from her partner decades earlier and without the socialization of work. She wasn't sure how to fill her time and spent hours of her day streaming old movies from the 1990s.

About five years ago, Aisha moved into a Naturally Occurring Retirement Community (NORC) and really enjoys that she has neighbours and services available while also having complete independence. After the government became concerned about the levels of social isolation and loneliness among older adults, a new caregiving program was implemented. Now, Aisha is visited by a community volunteer every afternoon as part of this program. She is looking forward to this afternoon because it is the day that Ravi (age 62) normally visits. Ravi always shares the most hilarious stories.

At her age, Aisha is considered extremely healthy after being prompted by government campaigns to increase her daily activity and improve her eating habits. She often walks 8 km every day and participates in many different programs, like yoga, strength training, and high intensity training. This all started over 10 years ago, when the government banned the sale of ultra-processed foods. A few years later, healthy living programs popped up across the country and it was frowned upon to miss the daily classes that were offered. Aisha attended the classes, and she is now focused on living the longest, healthiest life possible.

It is not just up to Aisha though. Aisha's health is actively monitored through her wearable device, which was provided to her as part of the government pilot program for residents 65 years and older. Her device shares her data with the government so that new programs and community design interventions can be put in place to support quality of life. Based on data from her community, a new music program was just launched to encourage joy and happiness, and a section of the sidewalk was expanded to encourage her neighbours to walk even further every day.

## Embracing Natural Cycles

In a future where there is radical social transformation, the housing and climate crises meet a breaking point, leading to wide-scale societal transformations, changing the way Canadians live and die. The growth of new intergenerational housing models leads to a shift in overall thinking about living and aging and reducing ageism. Additionally, Canada introduced a national death education program to reinforce this connection between living things and natural cycles, providing death counselling support for those who have chosen their end.



### Prominent trends that shape this scenario:

- Intensified housing crisis
- New housing models + moving away from LTC
- Different perspectives embraced
- Young leaders and activists emerge
- Death preferences
- Inclusive community design

### Meet Fatima (Baby Boomer)

Fatima is 88 years old and lives in an ICOR — an intergenerational and community-owned residence. After a successful pilot of this model in 2031, this became a popular housing choice for many people living in Canada. Unlike traditional ownership models, ICORs are community owned, lived in by people who collectively cover the costs of maintenance, receiving housing security in return and transferring their units to new people when they no longer have need. These models are intergenerational by design, drawing older residents with seasoned home maintenance knowledge and life experience and younger residents who can take care of more physical tasks. Fatima moved to an ICOR when her partner passed away, seeking more communal living to combat her grief and loneliness.

After living here for only seven years, Fatima is now looking for someone to take over her home later this year because she has decided that she's reached the natural end of her life. At 88, it has become increasingly challenging for her to do the things she enjoys and look after herself, as her body is no longer able to react to everything her brain asks it to do without pain. Some days Fatima finds herself quite frustrated, but she's decided to take it as a reminder that like all living things, her time is coming to an end.

As such, Fatima has scheduled her end-of-life date six months from tomorrow, giving all her loved ones enough time to make arrangements to come and visit her. Her children were surprised when she told them, but with the help of end-of-life family counselling, she's been able to have these hard conversations. Fatima's son especially needs support with this decision, as he has been her main caregiver these past years. Fatima will forever be thankful for the caregiving income program that acknowledges the value of his work, taking the pressure off his family to manage full-time work and her care.

Thinking about her upcoming death day, Fatima feels a mix of emotions. Some days she wakes up with a heavy feeling that she's made the wrong choice; maybe if she took some new supplements or exercised more, she would be able to prolong her life. She worries about whether her cat will like its new home. She worries about how her children will manage without her being there to babysit her grandchildren. She feels sad not to have the opportunity to know her grandchildren as adults. But she also feels a deep sense of peace and curiosity about what's next. Like most people these days, she's opted for a natural burial in a mushroom suit, which means her body will become part of nature. She wonders what that will mean, and what new lifeforms will grow from her decaying body. She can't help but hope for colourful flowers to match the vibrant life she's had the pleasure of living.



# Recommendations

As Canada approaches 2040, the evolving landscape of aging requires a nuanced and multifaceted policy response. The four futures scenarios outlined illustrate distinct trajectories, each reflecting varying degrees of societal, economic, and technological change. These scenarios serve as thought-provoking explorations designed to challenge current assumptions and stimulate strategic conversations about the future of aging.

The challenges and opportunities presented by these scenarios underscore the urgency for comprehensive, innovative policy solutions that prioritize the wellbeing of older Canadians. The scenarios reveal the potential for significant disparities in health outcomes, economic security, and social inclusion, depending on the path taken. They highlight the critical need for intergenerational solidarity, equitable access to resources, and robust public infrastructure to support aging populations. These reflections call for a proactive and collaborative approach across all sectors of society to ensure that the aging process is an integral aspect of Canada’s future.

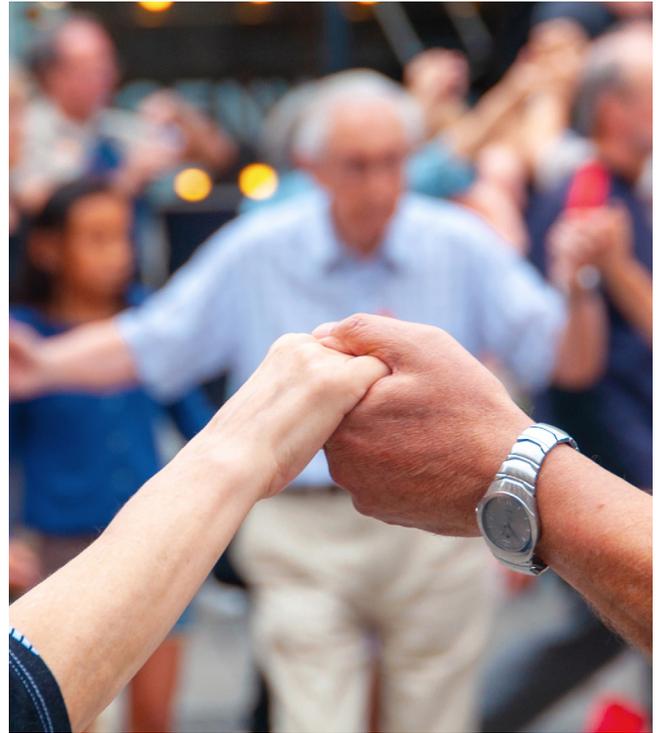
The policy recommendations that follow are rooted in the insights gleaned from these scenarios and supporting research and aim to create a more inclusive, equitable, and sustainable future for aging in Canada.

## Reimagine Where We Age

### Create Age-friendly communities

Aging-in-place strategies are emerging as a significant priority for governments as the population ages. The data is clear that remaining at home for as long as possible is both preferred by most Canadians and more cost effective than delivering institutional care. A multifaceted approach to age-friendly communities will provide social and physical environments that accommodate people of all abilities, promote healthy aging, and enable older adults to remain involved in their community.<sup>195</sup>

As part of this, governments have an important role to play in ensuring accessibility of homes, including providing financial support to older adults who require modifications, as well as adopting and enforcing accessibility standards. Mandating accessible design through building codes could greatly increase the supply of housing that is accessible for all abilities — Australia has recently done this by requiring new buildings to have one step-free entry, an accessible toilet, and wider hallways among other features through its national building code.<sup>196</sup> In the Canadian context, the federal housing advocate has recommended incorporating measures from the Accessible Dwellings Standard developed by CSA Group and Accessibility Standards Canada into legislation, making it legally enforceable.<sup>197</sup> Governments also have a critical role to play in ensuring that appropriate housing options are available for older adults, including homes of suitable size, location, and opportunities for intergenerational living.



Beyond the home, incorporating universal design into the physical environment of the surrounding community, as well as into virtual environments and services and program design is key in promoting independence. For example, a public transit system that is accessible for all abilities, combined with robust specialized paratransit services, will enable older adults to engage with their community and maintain social ties. The WHO's Age-Friendly Cities Framework provides helpful guidance to local governments on key aspects such as public buildings and outdoor spaces, transportation, housing, and social and civic participation.<sup>198</sup> As urbanization continues to be a growing trend, developing age-friendly cities is crucial. However, older adults in rural and remote areas face unique challenges, and data shows that rural communities are aging faster than urban areas. In 2006, federal and provincial/territorial governments in Canada built on the WHO's work to establish a guide for Age-Friendly Rural and Remote Communities.<sup>199</sup> While an important document, the strategy deserves a refresh to reflect the new realities of aging in Canada.

## Fund and Scale Local Initiatives

When it comes to building age-friendly communities in a holistic and integrated way, there is much to be learned from innovative approaches that are being explored in naturally occurring retirement communities (NORCS). NORCS, where older adults are clustered in specific buildings or neighbourhoods, can be leveraged to create programs that provide health and social services effectively, develop and sustain communities, and combat loneliness and isolation among residents. NORC programs are not new in Canada — there have been several pilots since the 1980s. However, Canada does not have an enabling policy environment to support and scale such pilots beyond the local and grassroots level.<sup>200</sup> The state of New York is the only jurisdiction in North America that recognizes NORCs in legislation, setting out a framework and funding eligibility criteria that has enabled its success and expansion. The New York model has also been applied in multicultural communities to great success, offering promise as an effective strategy to help Canada's diverse population age within their communities.<sup>201</sup>

The local-level innovation happening in NORCs highlights the importance of municipal governments and community organizations working to create age-friendly communities. Municipal governments are often well positioned to coordinate such initiatives but jurisdictional and fiscal parameters limit their ability to legislate change or collect revenue to fund them. Similarly, community and grassroots organizations understand the needs of their residents best and can deliver meaningful programs and services but often struggle with unpredictable or unsustainable funding. Both the federal and provincial governments must consider ways to support local initiatives and replicate successful programs across the country.



## Reform and Invest in LTC

The NIA refers to the concept of “aging in the right place,” which considers an older person’s preferences, circumstances, and care needs.<sup>202</sup> It is important to state that not all Canadians will be able to remain within their home — depending on a person’s care needs, the right place may be an institutional care home. Policymakers should consider LTC in the context of a “stairway of services” model that promotes reablement, supports Canadians in maintaining independence for as long as possible, and provides increasing levels of support based on need. LTC homes should be viewed as a unique place that provides the highest level of care for Canadians who need it. That care should be safe, compassionate, well-resourced, and delivered by a workforce that is respected.

The federal government’s recent funding and commitment to developing the *Safe Long-term Care Act* are important first steps in ensuring consistent, high-quality care across Canadian provinces and territories. Adopting existing voluntary standards around infection prevention and control, workforce practices, and service delivery into this legislation or regulations can enable provincial governments to build enforcement protocols and ensure compliance with established best practices.<sup>203</sup> As this legislation is developed, the federal government should also consider a more holistic approach to what makes LTC safe for its residents. Mental health is not currently included in the initial framework for this legislation — standards related to services, programs, training, policies, and procedures to help support the mental health and wellbeing of residents should be explicitly included.<sup>204</sup>



## Transform Our Understanding of Healthcare

### Take a Social Determinants Approach

The WHO notes that most determining factors of a person's health can be shaped by policy.<sup>205</sup> Therefore, meaningful aging policies must take both a life-course approach (i.e., one that considers interventions throughout one's life), and a social determinant approach (i.e., one that focuses on equity and considers non-medical factors that influence health outcomes).

There are many ways to begin shifting Canada's healthcare system towards one that considers social factors, such as expanding public coverage to include prescription drugs for people of all ages, mental health services, and non-physician providers like physiotherapists.<sup>206</sup> Social prescribing, which enables providers to refer patients to non-clinical supports and resources, is an innovative approach that is gaining traction and should be further explored in Canada. Social prescribing takes a person-centric approach that addresses the physical, social, and structural factors that influence a person's overall wellbeing. This can be an effective bridge between medical and social care and potentially alleviate pressure on the healthcare system.<sup>207</sup>

Ensuring that culturally appropriate care is available must be a priority for governments in the coming years — older Canadians are an increasingly diverse group and available healthcare services must be equally diverse. Culturally appropriate care meets the social, cultural, and linguistic needs of patients, which can reduce health disparities among marginalized groups and improve overall health outcomes.<sup>208</sup>

### Combat Social Isolation and Loneliness

Loneliness is a public health concern and must be treated as such by governments. In both the UK and Japan, Ministers of Loneliness have been appointed to specifically address loneliness and isolation. Many other countries are beginning to take action to better understand and confront loneliness, but more must be done.<sup>209</sup> Medical and institutional care may be required for older adults with complex mental health needs, dementia, or behavioural problems. However, programs that create community and foster a sense of meaning and belonging can play an important role in improving overall mental health and wellbeing, addressing needs of those experiencing depression and avoiding medicalization.

There are many forms that this can take, including educational programs, sports and recreational activities, community kitchens and meal programs, social technology, and religious and spiritual groups, to name a few. Programs that connect volunteers with isolated individuals are an important development seen in many jurisdictions — Australia, for example, coordinates a national level program called the Community Visitors



**Loneliness is a public health concern and must be treated as such by governments.**

Scheme.<sup>210</sup> In the UK, the Campaign to End Loneliness is pursuing a national coordinated approach focused on public education, health promotion, and support for individuals. Local initiatives that empower individuals and communities can be particularly impactful. A recent evaluation of "neighbourhood networks" across Leeds in the UK showed that pressure-free engagement can initiate a positive cycle of increased confidence and awareness of one's capabilities, which leads to further participation and engagement. Not only did engagement reduce social isolation, improve mental health and wellbeing, and promote independence, but it also alleviated pressure on caregivers and healthcare services.<sup>211</sup>

## Support Caregivers

Homecare is critical for enabling aging-in-place but is currently underfunded and lacking sufficient human resources in Canada. Greater public investment and targeted supports for those in need will be necessary.<sup>212</sup> However, even with sufficient funding, it will be difficult to deliver these services without the necessary human capital. While addressing shortages across the healthcare workforce (particularly nurses and PSWs) will continue to be a priority in the coming years, policymakers must also acknowledge the crucial economic contribution of unpaid caregivers. Enhanced financial support, as well as non-financial support for caregivers such as education, training, and counselling will be a critical component of any strategy.



## Leverage and Safeguard Technology

### Promote the Safe Use of New Technologies

New technologies have shown great potential in improving health, independence, and quality of life for older adults. For example, smart home technologies, including devices for fall detection, voice-activated assistants, and remote monitoring systems, can improve safety and enable independent living for older adults.<sup>213</sup> In South Korea, the Nugu smart speaker has been adopted by 76 local governments and institutions as a “social safety net” serving over 14,000 older Koreans living alone.<sup>214</sup> Similar to Amazon’s Alexa, the speaker can respond to questions, play music, make calls, and offer games and quizzes designed to enhance cognitive abilities. During the pandemic, authorities used the speakers to provide infection prevention tips, healthy recipes, and uplifting music.<sup>215</sup>

AI and advanced robotics can be used to alleviate labour shortages in a number of critical sectors, particularly in healthcare.<sup>216</sup> Japan, for example, has been proactively encouraging the development and use of robots (e.g., “carerobos”) in LTC services.<sup>217</sup> Under the national “Robot Plan,” local governments offer subsidies to facilitate the adoption of robots in nursing homes, generally covering 50% of the adoption cost up to 100,000 yen (CAD \$860) per robot.<sup>218</sup> A 2021 study concluded that robot adoption has alleviated turnover rates and offered greater flexibility for LTC workers in the country.<sup>219</sup>

However, there are numerous concerns related to privacy and trust in adopting new technologies.<sup>220</sup> Privacy

mechanisms to protect users’ personal information is essential to ensuring the safe use of, and trust in, new technologies. While there are existing privacy laws and much work is underway to update and introduce new regulations to safeguard technology more broadly, important consideration must be given to how older adults engage with these technologies and potential vulnerabilities they may face. For example, obtaining informed consent for data collection requires clear and understandable information on what data is being collected and for what purpose. There is also growing concern around online scams and manipulation that disproportionately impacts older adults. The development of ethical guidelines specifically for the deployment of technology for older adults should be explored.<sup>221</sup>



**New technologies have shown great potential in improving health, independence, and quality of life for older adults.**



## Promote Digital Literacy and Equitable Access

Digital literacy programs tailored for older adults have shown potential to enhance their ability to use and benefit from new technologies.<sup>222</sup> For example, in 2007, Singaporean government agencies — in collaboration with NGOs, industry, academia, and the public — launched the Silver Infocomm Initiative (SII), which aims to enhance IT awareness and literacy among adults aged 50 and above.<sup>223</sup> In its 13th year, the program has enabled over 350,000 older adults to embrace technology, enhancing their community connectivity, quality of life, and digital opportunities.<sup>224</sup> Adopting a similar approach in Canada could greatly empower older adults, helping them stay connected and engaged in the digital era.

Despite the life-changing potential of new technologies, there are barriers to accessing these. Cost is a significant barrier for many, particularly low-income Canadians, and consideration should be given to enabling more equitable access to new technologies, making devices available in community spaces and through subsidies or tax credits to adopt devices in the home.<sup>225</sup> Ensuring that these technologies address other potential barriers — such as accessibility, language, geographic, and cultural barriers — is crucial for their successful adoption.<sup>226</sup> Applying universal design principles and ensuring that older users are included in the design process can help avoid such issues.

## Apply Equity Lenses

### Centre Equity in Benefits and Programs

There is often a perception that older adults, particularly those from the Baby Boom generation, are heading into a comfortable retirement with robust pensions and opportunities for leisure. While some older adults may have accumulated significant wealth and/or inherited generational wealth, others experience low incomes in the face of rapidly rising costs of living, and, in some cases, are facing poverty and homelessness. Many older Canadians are “house rich and income poor,” meaning that they have low and/or fixed income that may be insufficient for daily life, with wealth tied up in housing equity that can be difficult to access.

Much like health outcomes, financial security is influenced by numerous factors that are often socially determined. Marginalized groups have not had access to generational wealth, face discrimination in the workplace and society, and may continue to work past age 65 out of financial necessity. Many Canadians are therefore lacking financial security in their later years, and often do not have sufficient resources to afford long-term care or the necessary home modifications and services (e.g., homecare and property upkeep) to remain within their home.

While federal and provincial programs subsidize costs to varying degrees, there are often considerable expenses that must be paid out of pocket. There are many comparable jurisdictions that enable “self-directed care” by providing cash payments or vouchers to older adults to cover costs of their preferred form of care that Canada can learn from.<sup>227</sup> However, this must be done equitably, and programs should be means-tested to both income and wealth. Mechanisms for Canadians to more easily access their housing wealth should also be considered, as well as tools that ensure overall financial literacy and security for older adults.

## Intergenerational Equity

One of the most difficult tasks for policymakers in the coming years will be balancing the needs of older and younger generations. There are examples of intergenerational inequity today that are expected to continue and may exacerbate tensions. For example, there has been criticism that while many young Canadians are choosing not to start a family for financial reasons, the Age Credit (which shelters taxes on incomes as high as \$92 thousand for older adults) costs as much each year as the federal government invested in the \$10-a-day child care program.<sup>228</sup> Similarly, some have pointed out that the \$27 billion increase in OAS alone — which will cost \$96 billion annually by 2027 — is as large as the entire budget for Employment Insurance or the Canada Child Benefit.<sup>229</sup>

“One of the most difficult tasks for policymakers in the coming years will be balancing the needs of older and younger generations.”

Taking an intergenerational approach to engagement and policy development will be critical in ensuring equitable outcomes. This means having a diverse group of voices around the table, including those from older and younger generations and different lived experiences. Tools such as Gender-based Analysis Plus (GBA+), which considers a wide range of intersecting identities including age, sex, gender, race/ethnicity, income, disability, education, geography, and other factors, can provide helpful guidance for meaningful engagement.

## Climate Equity

Climate equity aims to address the disproportionate impacts of climate change on vulnerable groups, while ensuring that everyone benefits equally from climate protection measures.<sup>230</sup> This approach recognizes that certain groups, such as older adults, may face greater risks and challenges due to their health, mobility, and living conditions.<sup>231</sup> Climate equity aims to address these disparities by implementing policies that specifically target the needs of these vulnerable populations.<sup>232</sup>

Canada should support community-based climate solutions, climate-resilient housing and infrastructure, emergency preparedness plans tailored for older adults,



and improved access to healthcare services (e.g., caregiving support systems) during extreme weather events.<sup>233</sup> For example, targeted interventions such as community cooling spaces and the localized delivery of services during heatwaves can reduce health risks for older Canadians.<sup>234</sup> Looking at successful models from other jurisdictions, France’s national “Plan Canicule” (Heatwave Plan) includes a comprehensive alert system, population health monitoring devices, a local registry for vulnerable individuals, the ability to reach people in their homes, and a crisis unit system for real-time response coordination, which have proven effective in reducing heat-related mortality among older adults.<sup>235,236</sup> Quebec, particularly Montreal, has already drawn considerable inspiration from this model, and other Canadian jurisdictions should take note.<sup>237</sup>

Intergenerational dialogues can help different age groups understand each other’s strengths and challenges, ultimately leading to a collaborative action plan for climate change adaptation, mitigation, and nature conservation.<sup>238</sup> Such strategies must include adults and youth in rural areas to ensure older individuals are not overlooked and to alleviate the caregiving responsibilities of grandparents in regions vulnerable to climate change.<sup>239</sup>

## Embrace the Silver Opportunity

### Invest in Learning, Education, and Reskilling

Opportunities for learning and education can enhance the quality of life of older adults.<sup>240</sup> Further, reskilling and upskilling can improve productivity, mitigate the broader economic impacts of widespread retirement, and help sustain Canada's standard of living.<sup>241</sup> For example, Singapore's successful SkillsFuture program offers government-subsidized credits for a wide range of training courses — including digital literacy, languages, entrepreneurship, IT, and science — available at universities, polytechnics, and Institutes of Technical Education. This program has been instrumental in helping older workers acquire new skills and stay in the workforce.<sup>242</sup>

However, many older adults encounter difficulties when attempting to remain in or re-enter the workforce due to insufficient workplace accommodations, limited work-life balance, and ageism in the workplace.<sup>243</sup> To address these issues, governments and workplaces support flexible work arrangements, such as part-time and remote/hybrid work and phased retirement options.<sup>244</sup> For example, the UK Government's Department for Work and Pensions has successfully promoted the retention, reskilling, and recruitment of older workers through detailed toolkits and resources for employers, illustrating the substantial benefits of an age-diverse workforce.<sup>245</sup>



### Encourage Civic and Community Engagement

Older adults should be acknowledged as a driving force in civil society and public policy change. Older adults contribute a significant amount of their time volunteering — for example, in 2018, those from the Mature generation (born between 1918 and 1945) contributed an average of 222 hours annually, the highest among all age groups.<sup>246</sup> Encouraging and facilitating this volunteerism, as well as mentorship roles for older adults helping younger volunteers, can leverage their experience and skills to benefit local communities and help change the narrative around aging. Programs like the US Experience Corps, which recruits older adults to mentor and tutor young students, have shown positive outcomes in both student performance and the mental wellbeing of the older volunteers.<sup>247</sup> Implementing such programs in Canada can harness the dedication of older adults to volunteer, provide meaningful engagement opportunities, improve intergenerational relationships, and enhance the social fabric of communities.

Older Canadians are among the most civically engaged demographics in the country. Those from the Mature and Baby Boom generations are the most likely to participate in public meetings.<sup>248</sup> In terms of voter turnout, 74.9% of those aged 65–74 voted in the 2021 federal election, compared to only 46.7% of those aged 18–24.<sup>249</sup> Governments and civil society should aim to sustain and enhance this high level of engagement. For example, targeted public awareness campaigns should be regularly updated and tailored to emphasize the importance of voting, civic participation, and staying informed about key policy issues affecting older adults.<sup>250</sup> Additionally, ensuring accessible voting methods, such as mail-in ballots and early voting options, will help maintain strong participation for Canadians as they age.<sup>251</sup>



## Take a Whole-of-society Approach

### National Aging Strategy

Despite calls from the Senate of Canada, numerous think tanks, advocacy organizations, and an alliance of medical associations for a comprehensive strategy to support aging Canadians, a coordinated national response has yet to materialize.<sup>252</sup> The need for such a strategy remains urgent to ensure that older adults have access to appropriate and accessible care, support services, opportunities for labour force participation, and more.<sup>253</sup>

**Changing the narrative around aging requires broader social change and action from partners across government, industry, community organizations, and the public.**

A National Aging Strategy must involve coordinated efforts across federal, provincial/territorial, and municipal levels of government.<sup>254</sup> The NIA emphasizes that federal leadership could mobilize resources and direct Canada towards a sustainable strategy with the capacity to set national standards, provide essential funding, and ensure that efforts are harmonized across the country to prevent fragmentation and inefficiency.<sup>255</sup> Taking a human rights approach and ensuring alignment with the UN Declaration of Human Rights and Principles for Older Persons is essential to ensure that every individual enjoys the highest attainable standards of physical and mental health; an adequate standard of living; education; and freedom from exploitation, violence, and abuse, as well as the right to live in the community and participate in public, political, and cultural life.<sup>256</sup>



### Establish Advocates for Older Adults

There is also growing consensus that official advocates should be appointed across Canada to hold governments accountable to older Canadians.<sup>257</sup> Advocates monitor and analyze services such as healthcare, housing, income and community supports, and transportation; track concerns; and make recommendations to government and service providers to address systemic issues.<sup>258</sup> Following B.C.'s successful example, other provincial governments have either established (e.g., Newfoundland and Labrador, New Brunswick) or are moving towards establishing (e.g., Manitoba) similar offices. Canada can look to international jurisdictions for lessons on how these offices can be legislated, organized, and granted authorities. For example, in addition to advocacy, oversight, and monitoring of services, New Zealand's Aged Care Commissioner can make statutory decisions on complaints and investigations.<sup>259</sup>

### Advance Cultural Change

A shift is needed in Canada to reimagine what it means to age. Beyond a "whole-of government" approach, changing the narrative around aging requires broader social change and action from partners across industry, community organizations, and the public. While culture change can seem daunting and is often a slow process, public awareness campaigns can support changing perceptions about aging and encouraging intergenerational solidarity. In Nova Scotia, changing the narrative around aging to focus on the social and economic contributions of older adults is the backbone of SHIFT, the province's action plan for an aging population. Advocacy groups can play a critical role in this type of public messaging as well — groups such as the Canadian Coalition Against Ageism, for example, is promoting awareness of ageism and advocating for the implementation of laws, policies, and practices that uphold the human rights and social inclusion of older adults.<sup>260</sup>

## Conclusion

As Canada moves towards 2040, addressing the needs of an aging population will require a multifaceted strategy that centres equity and prioritizes the wellbeing of older adults. The trends and scenarios outlined in this report highlight the need for a whole-of-government approach that addresses the social determinants of health, leverages technology, and promotes age-friendly communities where older Canadians can thrive. This will necessitate collaboration across all levels of government, as well as with industry and community organizations, to ensure that the diverse needs of Canada's aging population are met.

It is essential to view aging not just as a demographic shift but as an opportunity to enrich all sectors of society. Embracing the strengths and contributions of older adults can lead to new economic opportunities, intergenerational solidarity, and stronger, more inclusive communities. By adopting a proactive stance, Canada can transform the challenges of a shifting demographic landscape into a catalyst for positive change. The commitment to creating a supportive environment for aging will not only benefit older adults but also lay the foundation for a resilient, compassionate, and equitable society for future generations.





# RIWI Survey Methodology

Data was collected using a combination of [RIWI Communities](#) and Random Domain Intercept Technology (RDIT), a patented web-intercept technology invented by RIWI Corp. RIWI Communities is designed to support intricate research demands, where the strengths of multiple methodologies and validated partners are leveraged to flexibly engage respondents globally or in specific regions. RIWI's RDIT delivers surveys to web users who encounter random anonymous opt-in surveys when they land on entry points on the internet that may have held some other content or have been an inactive domain or broken URLs on existing websites (such as error 404). RIWI can reach a highly diverse sample of web users anonymously and confidentially. All Internet users over the age of 18 in Canada had the possibility of randomly landing on one of the entry points to the survey. 2500 French and English-speaking respondents in Canada completed the entire survey in preferred language between February 14– March 16. The questionnaire included thirteen questions for all respondents plus demographics.



# The Futures of Aging in 2040: Four Possible Futures

The purpose of the following four scenarios is to illuminate a variety of possible futures facing aging in 2040. These scenarios are not meant to be predictions of 2040, nor are they meant to represent every possible scenario that may unfold. Instead, they are meant to provoke deeper policy discussions about the intersections of changes, and deep collaboration needed across sectors to prepare.

## Methodology

The scenarios presented here were developed using strategic foresight methodology and a participatory futures approach facilitated by Creative Futures Studio. Strategic foresight is “a structured and systematic way of using ideas about the future to anticipate and better prepare for change. It is about exploring different plausible futures that could arise, and the opportunities and challenges they could present. We then use those ideas to make better decisions and act now.”

Scenarios are descriptions of plausible alternative futures and are used to visualize how trends and drivers of change could mature in the future. They can be used to test assumptions, to gain a deeper understanding of unexpected changes and to highlight possible ideas, innovations and actions that need to take place today. The four scenarios described here were created using a scenario development methodology that uses an archetype-based approach. Each scenario represents alternative conditions (grow/continue, collapse, discipline and transformation) of a possible future where the extreme version of specific changes happening today are reflected.

The methodology included the following key activities:

- Conducting horizon scanning research to uncover 29 trends impacting the futures of aging (see Appendix 2.1);
- Facilitating two virtual workshops held February 9, 2024 and February 13, 2024 with 37 experts from across Canada (economists, futurists, healthcare leaders, housing policy experts, tech innovators, and more) to co-develop draft scenarios; and,
- Synthesizing ideas and responses from these two workshops by Creative Futures Studio, described through the eyes of an older adult and their experience living in Canada, followed by a longer description of the scenario, and the timeline of key events that led to this future.



### Scenarios at a Glance:

- 1. Thriving End-of-Life Economy:** In a future where there is continued growth, the market has stepped in to respond to the growing needs of Canada's aging population, providing a range of services to meet various price points. Multinational companies previously known for providing home delivery of affordable goods have moved into the healthcare space, filling gaps created by public healthcare spending reductions. For those who can afford it, death can be scheduled and accessed at several relaxing death spas or received at home, surrounded by family and friends.
- 2. Worked to Death:** In a future where there is decline, property tax increases and rising government debt has meant many public programs and services for older residents have diminished. With limited public supports, residents are left on their own, and many older adults are forced to stay in the workforce much longer than in previous generations. Many families have adopted co-living and intergenerational living situations where there may be multiple families living in one structure or complex in order to manage costs, and share incomes, resources and care needs. These communities tend to be close knit, connected and look after each other.
- 3. Health+:** In a future where there is discipline, it is 2040, and the health and wellbeing of older adults is prioritized in Canada with extensive programs to facilitate a high quality of life. With a rapidly aging population and healthcare system that wasn't able to respond to demand, the health ministers committed to making a significant shift from an illness-based model to focus on health and prevention. This trust continued when income tax and property tax increases were put in place to obtain the revenues needed to accommodate all of the necessary programs and services.
- 4. Embracing Natural Cycles:** In a future where there is transformation, the housing and climate crisis meet a breaking point, leading to wide-scale societal transformations, changing the way we live and die. The growth of new intergenerational housing models leads to a shift in overall thinking about living and aging, reducing ageism. Additionally, Canada introduced a national death education program to reinforce this connection between living things and natural cycles, providing death counselling support for those who have chosen their end.



## Appendix 2

### 1. Thriving End-of-Life Economy

#### Meet Akira (Generation X)

Akira is a healthy, able-bodied 67-year-old who enjoys ultramarathon running. They have an MBA and spent the majority of their career helping small and medium-sized enterprises (SMEs) in Canada scale their business. Five years ago, at age 62, they “retired” because they could no longer find work. Opportunity after opportunity told them they were providing outdated advice and expertise, inconsistent with the present needs of SMEs. Akira hadn’t planned to retire so soon. They’d expected to work well into their 70s. Instead, they’re watching as their retirement savings are running out, and CPP payments, which they just started receiving last year, are not nearly enough to cover the cost of living. They, like many their age, still have a mortgage, as they needed to remortgage their house to cover the care of their parents before they died, and their child’s education.

Akira’s partner is still working and works in health care. This is the sector with the least ageism due to sheer demand. It’s terrible pay though, and Akira was always the primary earner in the family. As such, Akira and their partner have considered selling their home and moving into one of those corporate-run retirement facilities always advertised, but they feel too young for this. Instead, they’ve opted to make extra income by renting space in their house to a family of climate refugees. They don’t see them very often, the parents are always at work, while their two kids, both teenagers, never leave their shared room. The children’s high school is mostly virtual, and they spend the rest of their time connecting virtually with their friends from home, who are now scattered across the globe.

Akira spends a lot of their days worrying about the coming years. They had spent their entire working life looking forward to a dynamic retirement, with big plans of epic travel adventures. However, even if they could afford to travel, it’s not very appealing these days due to the volatility of the climate, health, and socio-political conditions. In hopes of shifting their future trajectory, Akira has recently enrolled in a new training program, in hopes of starting a new career. It’s not the work they expected to be doing at this stage of their life, but at least it’s something for them to do.



## Appendix 2

### Scenario Description

It is 2040 and in the absence of sufficient public funding to meet the mounting healthcare needs of Canada's aging population, the private sector has stepped in and Canada has a booming end-of-life economy. As a result, aging has never been better for those who have the money to spend on their care, while it's an entirely different story for those without the financial means to do so. Overall, the experience of older adults varies dramatically based on their income level, whether they have the financial means to choose retirement, and can cover the cost of their own care services.

Significant generational wealth transfers have happened in the last decade, resulting in an even greater division of wealth. Many of the wealthiest Canadians had planned to retire abroad where their money went even further than in Canada, however, due to uncertainty and volatility of climate, health, geopolitical and economic conditions, this has become a less popular choice in recent years. Even travel is becoming less common.

Multinational companies known back in the 2020s for providing home delivery of affordable goods have moved into the healthcare space, filling gaps created by public healthcare spending reductions, with promises of affordable and fast service. Many are now running budget-friendly long-term care facilities (though branded as something different to be more appealing to customers), while others are providing more premium services with specialized carebots and personalized care. These facilities were initially made possible through deep government subsidies, and the acquiring of high school buildings made vacant after most provinces were forced to shift to virtual learning due to resource constraints, and fewer young people. In addition to new residential facilities supporting older adults, the booming end-of-life economy also entails a variety of assisted death services. In some cases they are advertised to people as a social imperative, to reduce their burden on the healthcare system. In other cases, they are advertised as "a better way out", promoting death calculators that suggest ideal dates of departure based on personal finances. Regardless, Canada's population is bombarded with ads for the latest product targeted at older populations.

For those who can afford it, death can be scheduled and accessed at several relaxing death spas or received at home, surrounded by family and friends. Death parties have quickly become the new weddings, with even higher price tags. For others, the experience of death is less glamorous, and often selected because individuals feel they have no options left but to choose death. In these cases, the experience is much more medicalized and sterile. While the end-of-life economy in Canada continues to boom, the biggest challenge facing its continued growth is the lack of healthcare workers. In some cases, companies have opted to cope with this shortage using Carebots. Carebots are now able to provide a range of tasks previously reserved for humans, including social connections to help reduce loneliness. Many affluent households also have Carebots, while others may have a second or third-generation device that they were able to buy second-hand.



## Appendix 2

Given the unequal access to Carebots, and residual concerns about the ethical use of data by Carebot parent companies, the Canadian government has sought a variety of ways to attract healthcare talent. For example, the Federal government recently announced a program for newcomers and climate refugees that provides them Canadian citizenship in return for 5 years of work in the healthcare sector. Due to an ongoing influx of climate and conflict refugees especially, there is hope Canada's healthcare talent needs will be met in the next five years. In general, this scenario sees extreme intergenerational tensions. Younger generations feel like they've been left with a crumbling world, poor quality public education, and less free access to healthcare than their parents and grandparents. On the other hand, older generations feel they've been left to fend for themselves, needing to pay for their own care, and being forced to work longer than they had hoped to meet the financial demands of the end-of-life economy.

### Scenario Timeline

- 2029** Canada's first death spa opens illegally. It regularly closes due to police raids.
- 2030** Rising government debts force the federal government to reduce healthcare spending budget and increase the CPP age to 66.
- 2032** Canadian government loosens restrictions on medically assisted death (MAID), opening door for death spas and other assisted dying services.
- 2036** Canada introduces a guaranteed care provider program, offering citizenship to newcomers who commit to providing 5 years in the healthcare sector.
- 2038** Canada's end-of-life economy is measured at \$29 trillion, officially the biggest economic driver for the country.
- 2040** A famous Canadian singer makes headlines for throwing \$15M death party.

### Prominent trends in this scenario:

- Caregiver crisis
- Death preferences
- Dr. Corporation
- Carebots
- Ageism in the workforce
- Climate-driven migration
- Housing crisis intensified



## Appendix 2

### 2. Worked to Death

#### Meet Charlie (Generation X)

Charlie (age 72) lives with his daughter and son-in-law, and other roommates, Casey (age 76) and Nadia (age 78) in a co-living complex. This group of family members and neighbours moved to the complex about five years ago when property taxes went up again, for the 10th time in a row. They could no longer afford their independent homes and decided to live together. Charlie could also tell that Casey and Nadia were going to need more support for the cognitive decline that was starting to show, recognizing that many publicly funded services were severely rationed and they didn't have children to help them out.

In 2031, when Charlie was 63 years old, he was looking forward to retirement from a career in sales where he worked for a number of growing tech companies. He had tried to save for this period of his life but other expenses kept creeping up, especially the tax and maintenance of his previous home, and additional healthcare expenses after the government kept cutting from the list of publicly offered services. He was looking forward to receiving Old Age Security and CPP benefits starting in a few years so that he could take a break from working so much. And then the federal government announced that these programs were significantly reduced, and not enough to rely upon going forward.

Now, nine years later, Charlie hasn't been able to retire. Instead, after being made redundant in sales and recognizing he wasn't going to find a similar job at his age, he decided to enroll in a retraining program to become a part-time Carebot technician. Now he is on call 24/7 for all of the households that have purchased new and used Carebots to help with the care of the aging population. Many of these households have someone living with dementia and don't have human caregivers because they need to spend their time on paid work. Charlie enjoyed learning a new skill in his 70s but sometimes finds it hard to respond to the calls, especially in the middle of the night, because he just doesn't have as much energy as he had when he was younger. As a perk of the job, Charlie has his own Carebot that he uses to care for Casey and Nadia when he leaves the house. Luckily he knows how to care for it and doesn't need to pay for regular maintenance like some of the other households in their area.

Charlie sometimes gets sad that he is never going to have any grandchildren. A number of years ago, when they were 35 years old, Charlie's daughter and son-in-law made the decision not to have their own children because of the numerous climate disasters that occur over the course of the year and the challenging economic situation. This is a common choice among their friends even though it is hard for their parents to accept this reality.

After a fairly successful career earlier in his life, Charlie often can't believe he is still working and isn't experiencing the retirement he was expecting when he was younger. He does feel very thankful that he and his household survived the COVID-18 pandemic a few years ago. So many of his former friends and neighbours didn't make it since the pandemic swept through the country without much of a government response. Charlie hopes he continues to stay healthy because his household depends on his part-time income and caregiving support. He recently started attending house church with some other residents in his complex as an outlet for his stress and to make new social connections.



## Appendix 2

### Scenario Description

It is 2040, and aging residents are working longer and caring for family members and neighbours after many public programs and services are significantly reduced and rationed.

Resident incomes are stagnating or even declining in this future, while costs continue to rise. In the mid-2020s, municipal governments increased property taxes to maintain service levels. Property taxes continued to increase over many years reaching a point where residents could no longer afford it and needed to walk away from their homes. At the same time, federal government debt levels reached a breaking point and revenues were no longer covering deficit payments and existing programs. In 2031, it was announced that many public programs would be significantly reduced and available to residents based on needs and income tests, including Old Age Security and the Canada Pension Plan. It didn't end there. For healthcare in particular, services were progressively removed from the list of what was paid for by the government. This started with no longer providing drug benefit programs for older adults, and then included physician visits as well. Residents have become used to extremely long wait times and some people never get the services that they need. With very few publicly funded healthcare services remaining, the Canada Health Act was amended in 2034, on its 50th anniversary.

This paved the way for mega-corporations to provide healthcare services for the residents who could pay out of pocket. For residents who could afford it, healthcare became a luxury service with rapid access to the physician and hospital services that were needed. For the majority of residents though, this left a gap. Now, older residents are dying from treatable conditions, like bacterial infections.

Without financial security and limited public programs, many older adults are forced to stay in the workforce much longer than in previous generations. Older adults tend to work as long as possible, as long as they are healthy enough and are not experiencing cognitive decline. Now there are a number of people working well into their 80s. They are contributing to multi-generational workforces that include Gen Alpha, Gen Z, millennial and Gen X colleagues. This provides a number of social benefits, where multiple generations are able to socialize and learn from each other. This also means many residents now acknowledge, after years of denial, that they will never retire. Not like they had imagined anyway. For the minority of older residents who privately saved for their non-working years, many are choosing to "retire" abroad.

Even though there is a group of older residents who are still working, it is still much more cost-effective for large employers and mega-corporations to invest in automation and AI. Employers and corporations now deploy a mix of humans, robots and software to deliver their products and services. Healthcare has experienced massive talent shortages and has deployed carebots as a care provision tactic. Carebots are used in healthcare facilities and also privately by residents to provide monitoring and socialization and to alert human caregivers if attention and support is needed. Carebots do require some maintenance, particularly the second-hand versions, and now there are businesses that provide this service.

After governments reduced many of the programs that residents relied upon, particularly as they age, people lost trust in governments. As well, weakening intergovernmental ties meant that governments were no longer working together to address and respond to challenges. As such, climate-related disasters continued to increase, impacting many parts of the southern United States and Central America, as well as parts of Canada. Along with climate disasters causing increasing mortality for aging Canadians, this also led to a massive influx of 10 to 20 million climate refugees to Canada. As well, when the COVID-38 pandemic emerged, it wasn't possible to coordinate a response, resulting in mass casualties, particularly for older residents.



## Appendix 2

In a world with limited public supports, residents are left on their own. Some families have adopted co-living and intergenerational living situations where there may be multiple families living in one structure or complex in order to manage costs, and share incomes, resources and care needs. These communities tend to be close knit, connected and look after each other.

Within each household, the healthier residents are relied upon to work and care for their families and neighbours. They can't afford to get sick or to not work. These people feel a lot of pressure to stay healthy.

Overall, the older adult population in Canada has declined due to poor health, climate disasters, and the COVID-38 pandemic that caused mass casualties. This has reduced the demands on existing public services and pensions, however, the remaining population is finding it difficult to catch up after many years of struggling. Younger generations are fairly apathetic about the current situation after growing up with severe climate anxiety. They are looking ahead to their own future without much hope to improve the situation. Some residents and families have turned to religion and spirituality as a way to manage the ongoing stress and demands of this future.

### Timeline of key events

- 2029 Canada's fertility rate reaches an all-time low of 1.10 births per woman.
- 2031 The federal government discontinues a range of programs including Old Age Security and the Canada Pension Plan.
- 2034 Canada Health Act is annulled on its 50th anniversary.
- 2038 COVID-38 pandemic emerges and without a unified government, Canada struggles to respond and experiences mass casualties.
- 2039 Large employer pension plan announces that it will not be able to continue to provide defined benefits to all of its members.

### Prominent trends in this scenario:

- Living with dementia
- Weakening intergovernmental ties
- Trust no one
- Climate disasters
- Death preferences
- End of retirement



## Appendix 2

### 3. Health+

#### Meet Aisha (Baby Boomer)

Aisha is 82 years old. She retired when she was 65 after a career working as a nurse then healthcare manager. At the beginning of her retirement, Aisha was very lonely, having separated from her partner decades earlier and without the socialization of work. She wasn't sure how to fill her time and spent hours of her day streaming old movies from the 1990s.

About five years ago, Aisha moved into a Naturally Occurring Retirement Community (NORC) and really enjoys that she has neighbours and services available while also having complete independence. After the government became extremely worried about the levels of social isolation and loneliness among older adults, a new caregiving program was implemented. Now, Aisha is visited by a community volunteer every afternoon as part of this program. She is looking forward to this afternoon because it is the day that Ravi (age 62) normally visits. Ravi always shares the most hilarious stories.

At her age, Aisha is considered extremely healthy after being prompted by government campaigns to increase her daily activity and improve her eating habits. She often walks 8 km every day and participates in many different programs, like yoga, strength training and high intensity training. This all started over 10 years ago, when the government banned the sale of ultra-processed foods. A few years later, healthy living programs popped up across the country and it was frowned upon to miss the daily classes that were offered. Aisha attended the classes, and she is now focused on living the longest, healthiest life possible.

It is not just up to Aisha though. Aisha's health is actively monitored through her wearable device, which was provided to her as part of the government pilot program for residents 65 years and older. Her device shares her data with the government so that new programs and community design interventions can be put in place to support their quality of life. Based on data from her community, a new music program was just launched to encourage joy and happiness, and a section of sidewalk was expanded to encourage her neighbours to walk even further every day.

Aisha finds it hard to be healthy 100% of the time. She knows she shouldn't, but she occasionally asks her neighbour to wear her device for a few hours so that she can eat a slice of freshly baked cake. She quickly bakes with her dwindling supply of white sugar that is no longer available for purchase at the grocery store.



## Appendix 2

### Scenario Description

It is 2040, and the health and wellbeing of everyone but especially older adults is prioritized in Canada with extensive programs to facilitate a high quality of life.

Residents and governments are much more aware of what to do to live longer, healthier lives. After many research studies confirmed the causal link, legislation was passed in 2027 to ban the sale of ultra-processed foods in order to reduce cardiovascular disease and improve mortality rates. Dramatic advances in artificial intelligence, data analytics, synthetic biology and 3D printing of organs have occurred with significant efforts and funding to support longevity. An Alzheimer's vaccine became available and was rolled out before 2030. CRISPR4 therapies received significant investment and finally showed some promising results in the mid-2030s to reduce cancer prevalence, and a number of other gene therapies became available that prevent diseases. As a result, the centenarian population (people over the age of 100) in Canada continues to grow.

Quality of life and longevity for older adults wasn't always a priority. A federal, provincial and territorial health ministers meeting was held in 2029 after many years of unsustainable growth in healthcare spending, marking the transition to this new philosophy. With a rapidly aging population and healthcare system that wasn't able to respond to demand, the health ministers committed to making a significant shift from an illness-based model to focus on health and prevention. This far-sighted, brave, cohesive, and expensive response from all levels of government was swift even though it would take years to see health cost savings. It also translated into people over the age of 50 having a higher trust in government decision making, supporting the government's shift to taking a longer view.

This trust continued when income tax and property tax increases were put in place to obtain the revenues needed to accommodate all of the necessary programs and services. This surprised politicians since they had spent so many years avoiding increases, assuming residents would not approve. With increased funding and monitoring of resident behaviours, communities had the data and resources needed to design and promote the health and wellbeing of the population. Cities have invested heavily in design that supports social connections, access to green space and walkable communities. This was all in an effort to improve the quality of life index that launched in 2036. Instead of measuring wait times and access to acute care after residents get sick, the index measures health, happiness, social connections and spirituality. So far, Canada is ranked very highly for the quality of life for older adults.

With expanding tax revenues and a significant re-thinking and re-investment in public health care, there is a huge interest in innovation. Cooperation is booming between the public service, universities, public-private partnerships and communities to take advantage of new health insights, new technologies and cost savings. Canada has developed a new intellectual property regime to encourage investment but ensure Canada reaps more of the benefits. R&D investments of companies and investment funds have grown as they appreciate the fair sharing of risks and benefits among stakeholders.

After the World Health Organization declared loneliness a global health concern in 2023, there was a lot of attention put towards reducing social isolation. In addition, lower fertility rates meant there were fewer children to provide family caregiving and connections to their aging parents. To fill the gap in family support, a mandatory volunteer caregiving program was implemented in the early 2030s that requires all healthy adults (between 18 and 65 years old) to volunteer three hours per week as a caregiver for a neighbour in their community. Employers track their employee contribution to this program and are required to schedule this "volunteer" time into every week.



## Appendix 2

In 2033, governments recognized that taxes could not be increased further without completely disrupting the disposable income available for the younger population. However further revenues were needed to sustain all of the programs that were implemented over the last decade. As such, old age security and CPP were adjusted to start at 69 years of age, instead of 65 years. This caused an uproar among the population in their 60s who were relying on these sources of financial support but was easily managed based on the discounts and free services and programs available for recreation and leisure. For others however the change makes sense, given that older adults are living longer and healthier lives than ever before.

With such a large focus on the older adult population, there is resentment building among the younger population. They are carrying high tax levels and have received minimal recreation and education services relative to the high levels of programs and services available for the older population. In some cases, younger leaders are forming opposing political movements and strategizing about how to advocate for their needs.

### Timeline of key events

- 2025** Groundbreaking research study is published that validates previous research linking ultra-processed foods with cardiovascular disease, some cancers, and higher mortality rates.
- 2027** New legislation is passed that bans the sale of ultra-processed foods in Canada.
- 2028** Launch of the wearable device pilot program.
- 2032** Mandatory volunteer caregiving program implemented.
- 2033** Old age security and CPP adjusted to start at 69 years old.
- 2036** Quality of life index is launched.

### Prominent trends in this scenario:

- Let's live forever + healthspan
- Community design
- Loneliness epidemic
- No more LTC
- Inclusive design
- Personalized care



## Appendix 2

### 4. Embracing Natural Cycles

#### Meet Fatima (Baby Boomer)

Fatima is an 88-year-old human, who lives in an ICOR - an intergenerational and community- owned residence. After a successful pilot of this model in 2031, this became a popular housing choice for many people living in Canada. Unlike traditional ownership models, ICORs are community owned, lived in by people who collectively cover the costs of maintenance, receiving housing security in return, and transferring their units to new people when they no longer have need. To make these models work, they are intergenerational by design, drawing older residents with seasoned home maintenance knowledge, and younger residents who can take care of more physical tasks. Fatima moved to an ICOR when her partner passed away, seeking more communal living to combat her grief and loneliness.

After living here for only seven years, Fatima is now looking for someone to take over her home later this year because she has decided she's reached the natural end of her life. At 88, it has become increasingly challenging for her to do many of the things she enjoys, as her body is no longer able to react to everything her brain asks it to do. Some days Fatima finds herself quite frustrated, but she's decided to take it as a reminder that like all living things, her time is coming to an end.

As such, Fatima has scheduled her end-of-life date six months from tomorrow, giving all her loved ones enough time to make arrangements to come visit her. Her children were surprised when she told them, but with the help of end-of-life family counselling, she's been able to have these hard conversations. Fatima's son especially needs support with this decision, as he has been her main caregiver these past years. Fatima will forever be thankful for the caregiving income program that acknowledges the value of this "unpaid" work, taking the pressure off his family to manage full-time work and her care.

Reflecting on her life these last 10 years, Fatima can't believe how much is different from when her mom was her age. She had lived in a long-term care home, where the food was awful, she shared a room with a 90-year-old who could no longer speak, and the staff turnover rate was so high she stopped even trying to learn people's names. While long-term care homes no longer exist today, back then, Fatima's mom didn't have any other choice. Not even the choice to die when her health declined to the point she could barely get out of bed. Fatima is grateful for the many changes that have led to her changed experience of aging.

Thinking about her upcoming death day, Fatima feels a mix of emotions. Some days she wakes up with a heavy feeling that she's made the wrong choice; that maybe if she took some new supplements or exercised more, she would be able to prolong her life. She worries about whether her cat will like its new home. She worries about how her children will manage without her being there to babysit her grandchildren. She feels sad not to have the opportunity to know her grandchildren as adults. But she also feels a deep sense of peace, and curiosity about what's next. Like most people these days, she's opted for a natural burial in a mushroom suit, which means her body will become part of nature. She wonders what that will mean, and what new lifeforms will grow from her decaying body. She can't help but hope for colourful flowers, to match the vibrant life she's had the pleasure of living.



## Appendix 2

### Scenario Description

In Canada, the housing and climate crisis hit a breaking point in the late 2020s, which saw mass protests and civil unrest across the country, culminating in a general labour strike in 2028. This strike was led by a new political party, composed primarily of Generation Z, who banded together to fight for people and planetary justice. Despite its newness and the age of its leaders (all under 35), this party came to power and led to major societal reforms, changing the way people lived, aged, and died.

Changes came quickly, starting with a wave of policy changes related to asset ownership, taxation, wealth distribution, and more. Legislative changes were made to ensure housing was truly a basic right, no longer able to be treated as a financial commodity, or burden. For wealthy people living in Canada, these broad policy changes were at first viewed as absurd, and later as an attack on their lifestyles. Many attempted to emigrate, while others bought into the change, agreeing that the time had come to do things differently.

Adjustments to taxation and wealth distribution (including inheritance) funded new social programs, including a “living income” program which replaced previous social assistance programs, including CPP. This living income program is available to everyone who resides in Canada and includes a “top up” for individuals who provide “unpaid” caregiving to children or older adults. While critics of the program warned the new government that any “universal basic income style” program would result in massive job vacancies, so far this has not been the case. Instead, labour productivity remains high, while Canada has attracted a wave of new immigrants, especially climate refugees, who, having lived through climate disasters, are grateful to live in a country that is taking serious action. However calculating the overall growth of Canada’s population is challenging to articulate, given the overall population count now includes all living creatures residing within the colonial borders of Canada.

In addition to changes to income and wealth distribution, housing ownership models have evolved. In many cases, people no longer own homes, but are instead stewards of places of living, only paying maintenance costs and Local Community Investments (formerly known as property taxes). This shift came after a variety of federally funded housing pilot programs tested new models of housing, exploring new ownership models and ways to solve a variety of social, economic and environmental challenges through housing types.

Of all the new housing models tested, the ICORs (Intergenerational Community-Owned Residences) have become the most popular. Initially funded by governments, ICORs are community-owned, meaning that no one person, company or government agency owns them. Instead, residents of an ICOR collectively manage (and pay for) its maintenance, sharing community knowledge and responsibility, similar to co-op housing models popular in the 1980s. ICORs are designed to meet the accessibility needs of all ages and abilities and support social connections. With the availability of the caregiver “top up” it has become increasingly common for neighbours to become caregivers for the older adults on their floor when family members are not nearby. As a result, long-term care facilities are no longer operating, as they are seen as outdated, and unable to support a good life for older adults.

The growth of intergenerational living models such as the ICOR has led to a shift in overall thinking about living and aging. As a result, ageism, especially in the workplace, is reversing, with a deeper understanding among generations of the strengths they each bring, and the unique needs they each possess. This intergenerational understanding also grew from the overall shift in thinking related to planetary justice, understanding the interconnection between all living things, and the need to work together to adapt to the changing environment. While some are still suspicious of this way of thinking, living in an era of climate chaos means most have experienced first-hand how the climate crisis disrupts the lives of all living things.



## Appendix 2

Canada introduced a national death education program to reinforce this connection between living things. The goal of this program was to not only build interspecies understanding but also to better prepare humans for their natural end. To support this program, a variety of volunteer-run end-of-life counsellors are available to people around the clock, to help identify whether the time is right to die, and to help families and friends prepare for that moment.

Instead of people grieving alone after someone dies, there are dedicated moments of collective grieving and celebrating before people go.

Creating more support for people to choose their end remains controversial, with some older adults feeling that it's the younger generation's way of "getting rid of them" and reducing their strain on healthcare. Others however view it as a more humane and human-centred approach to living well and embracing one's end.

### Scenario Timeline

- 2028** High levels of social unrest across Canada due to impacts of the housing and climate crisis.
- 2029** Federal election leads to a strong majority of Gen Z in parliament, elected based on promises of people and planetary justice, vowing to make housing a truly basic right.
- 2032** Canada introduces sweeping policy changes to asset ownership, taxation, wealth distribution, and more.
- 2035** CPP and social assistance payment programs replaced with living income program. Amounts higher for individuals providing "unpaid" caregiving.
- 2038** Canada introduces a national death education program, further supporting the connection between humans and the natural world. Includes end-of-life family counselling for those who are choosing to die.
- 2040** Last LTC facility closes, no longer needed, and seen as an outdated model of care.

### Prominent trends in this scenario:

- Housing crisis intensified
- New housing models + No more LTC
- Multiple ways of knowing
- Young leaders and activists
- Death preferences
- Community design



# Future Trends with the Potential to Impact Aging in Canada

The following list was compiled using a strategic foresight research method called horizon scanning. The list is organized by key areas of impact: health & wellbeing, homes & living arrangements, relationships & belonging, economy & finances, and leadership & decision-making. In addition to a brief discussion of the trend and related evidence, the maturity of each trend is described, defined in the following way:

- **Mature trends** are those which are already mainstream and are likely to continue to strongly influence 2040.
- **Emerging trends** are those which are growing in prominence, with growing evidence to suggest their potential influence on the future.
- **Weak signals** are changes that have limited (or weak) evidence but have the potential to wield significant impact should they grow in pervasiveness.

## Health & Wellbeing

### MATURE

**Living with Dementia:** In 2020, 600,000 people in Canada were living with dementia, a number expected to grow to [one million by 2030 and 1.7 million by 2050](#). This increase will create new challenges for home care and long-term care systems in Canada that are already under strain and facing multiple crises.

**Loneliness Epidemic:** In 2023, the World Health Organization [declared loneliness a global public health concern](#). In older adults, loneliness is [associated with a 50% increased risk of developing dementia and a 30% increased risk of incident coronary artery disease](#) or stroke.

**Climate Disasters:** The most recent report released by the Intergovernmental Panel on Climate Change (IPCC) highlights that the planet has already warmed by 1.1°C above pre- industrial levels causing fiercer wildfires, heat waves, droughts, and storms. Many residents across Canada actively experienced the [2023 record breaking wildfire season](#) resulting in “smoke days” and poor air quality. With an anticipated increase in climate disasters over time, older adults are at greater risk of the health impacts of these events and may need to stay indoors or protect themselves with outdoor face masks.



## Appendix 2.1

### EMERGING

**Tech - Human Integration:** Humans and technology may become more integrated to enhance cognition and bodily functions, supporting quality of life later in life. This may include enhanced use of wearable devices to monitor health, or even brain - computer interfaces designed to [support memory](#).

**Future Pandemics:** The 194 World Health Organization member states are working on a [global pandemic accord](#) with the expectation that there will be another pandemic. It is believed that the [next pandemic will be driven by climate impacts](#) that will create ideal conditions for new viruses to evolve and pass from one species to another. With the next pandemic, individuals and governments will need to implement various interventions to protect the most vulnerable, including older adults, from serious outcomes.

**Death Preferences:** The rate of [Medical Assistance in Dying \(MAID\) provision](#) continues to increase every year and individuals have accessed MAID under the circumstances of [housing precarity](#). Individual preferences at end-of-life may continue to evolve over the next 15 to 20 years where instead of living with difficult medical conditions, older adults may increasingly choose MAID.

### WEAK SIGNAL

**Let's Live Forever:** The lifespan of individuals may extend due to a variety of advances in longevity science. For example, there have been a variety of advances in new [gene therapies designed to support longevity](#), while Rapamycin, a transplant drug, [is being used by "biohackers" to extend their life](#).

**Health Span:** A variety of advances in biomedical research may result in an enhanced health span (length of time healthy) of older adults. For example, scientists are experimenting with a [novel vaccine](#) that has helped eliminate Alzheimer's disease in mice, while human clinical trials have begun in 2021 to test a nasal vaccine. Additionally, CRISPR therapies are being tested to cure cancers.



# Homes & Living Arrangements

## MATURE

**Housing Crisis Intensified:** Housing costs in Canada are [among the highest in the world](#), a trend that may intensify as construction of new dwellings [has not kept pace](#) with the growing population, creating conditions for even greater affordability challenges. However some [housing experts warn that Canada is facing a significant housing bubble](#), which may reduce housing costs, but may also result in mortgage defaults.

## EMERGING

**Community Design:** Today, almost 80% of the 65 and older population live in [urban areas](#), with a growing population of people aged [85 and older living in downtown cores](#), in order to access more services and amenities. In contrast, [rural communities](#) experience downsized health infrastructure and a lack of community services and transportation. Along with access to hospitals and other housing types, exposure to [green space](#) and [walkable communities](#) are critical to cognitive health and happiness, respectively, for older adults. Urban community design might evolve to prioritize the needs and mobility of the growing older adult population and rural communities may struggle to support older adults to age in place.

**No More LTC:** The large numbers of COVID-19 deaths that happened in long-term care has brought widespread attention to the gaps in funding and capacity of long-term care (LTC). According to a [recent survey](#), 85% of Canadians of all ages and 96% of Canadians aged 65 years and older, report that they will do everything they can to avoid moving into an LTC home. This is reinforced by another [survey](#) by the Canadian Medical Association and the National Institute on Ageing, that found 96% of Canadians want to age at home and live independently for as long as possible.

**Climate-Driven Migration:** Increasing global and local climate disasters will force people to leave their homes. This may increase immigration to Canada and migration within Canada. In 2023, because of wildfires, [over 167,000 Canadians were displaced from their homes](#). Climate migration may increase the overall population and may reinforce the housing crisis in geographies that have fewer climate related impacts.

**Retiring Abroad:** According to the [Global Retirement Index](#), the best places to retire are Portugal, Mexico, Panama, Ecuador, and Costa Rica. [Reasons for retiring abroad](#) include weather, cost of living, and lifestyle-related choices. If housing costs remain high in Canada, more older adults may choose to retire elsewhere.



## Appendix 2.1

### WEAK SIGNAL

**New Housing Models:** To respond to the desire of most older adults to live independently, there are new housing models emerging such as [students living with older adults](#), [roommates](#), [dementia villages](#), and [naturally occurring retirement communities](#).

## Relationships & Belonging

### EMERGING

**Caregiver Crisis:** Older adults requiring family support may have less care available to them in the coming years and may experience increasing rates of elder abuse. For example, while there were seven potential caregivers for every person 80+ years in 2010, this [may shrink to only three for every one person](#) by 2050, while [elder abuse incidences](#) have risen in recent years.

**Personalized Care:** From [“up-to-the second” shareable health data](#) to [medication designed for specific genes](#), all aspects of healthcare may become more personalized and culturally appropriate, enhancing quality of care and health outcomes for older adults.

**Carebots:** [Robots](#) that interact with older adults are being tested to determine how they can be used to mitigate loneliness and social isolation of older adults. So far, care bots have had a [mixed](#) reaction by users and families. In the future they may be used to fill labour shortages facing the care economy and may be used beyond socializing to change the way older adults receive care.

**Virtual Experiences:** Significant [investments](#) in virtual reality and augmented reality technologies may result in enhanced access to immersive experiences ([travel](#), [learning](#), [performances](#) and more) from the safety of one's own home.

**AI + Data Inequity:** As [governments](#) and [corporate](#) decisions become increasingly data- driven, and [AI becomes more pervasive in daily life](#), older adults, whose data may be missing, may experience increased barriers to information, services, and more. Older adults are also more vulnerable to [AI scams](#) as [digital literacy levels among older adults remains low](#).



## Appendix 2.1

### EMERGING

**Inclusive Design:** Rather than designing for the “average user”, inclusive design focuses on designing for older adults and other people that have specific needs. Products and services, particularly [digital services](#), that meet the needs of an aging population will serve other audiences as well.

**Trust No One:** The institutions, systems and news that support politics and democracy are losing trust. [Trust in the government](#)'s ability “to do what is right” has dropped to 43% in 2022, from 58% in 2020. The same survey found that only 33% believe that most people can be trusted. As well, [fake news](#) and the increasing polarization of online spaces, is resulting in a fragmentation in the political democratic space. With this loss of trust, older adults may become more resentful of governments and distance themselves from institutions, making it more difficult to organize a coordinated response and implement policy that will respond to an aging population.

## Economy & Finances

### MATURE

**Shifting Generational Wealth:** In the coming years, a significant portion of wealth is projected to be passed down from older adults to millennial and Gen X heirs, shifting the current distribution of wealth and intensifying economic inequity. In the US, [\\$84 trillion is projected to be inherited through 2045](#), \$16 trillion of which will be transferred within the next decade.

**Dr. Corporation:** The Canada Health Act prohibits individuals to pay out of pocket for specific hospital and physician services however with the anticipated growing costs of healthcare for governments and the rapid expansion of private options being provided by mega-corporations (e.g. [Walmart plans to install 4,000 primary care supercentres](#) in the United States by 2029, and [growth and expansion of Maple](#), an all-in-one platform for virtual care), private corporations in Canada may play a greater role in healthcare delivery.

**Ageism in the Workforce:** According to [research](#), older workers (defined as 55 years and older) experience various forms of ageism in the workforce. Older workers are denied promotions, access to training and new job opportunities, even though [businesses are having difficulties with labour market shortages](#), and retaining and recruiting skilled employees.



## Appendix 2.1

### EMERGING

**The End of Retirement:** As pensions become less common or [insufficient to cover cost of living](#), and financial pressures restrict people's ability to accumulate personal savings, [people may no longer be able to retire](#), instead prolonging their participation in the workforce.

**Resource Scarcity:** Climate change and global conflicts such as the war in Ukraine are disrupting the global supply of various products including [oil](#), [fresh water](#), [food](#), [pharmaceuticals](#) and more. As a result, food insecurity, and access to pharmaceuticals or freshwater may disproportionately impact vulnerable populations including older adults.

## Leadership & Decision Making

### EMERGING

**Multiple Ways of Knowing:** Indigenous, Black and other marginalized populations are impacted by a history of discrimination and racism that extends into the present day. As part of reconciliation, equity, diversity and inclusion (REDI), there is a growing appreciation of multiple ways of knowing, including a holistic approach to health, wellbeing and aging.

**Weakening Intergovernmental Ties:** From [Wexit](#) to [Quebec sovereignty movements](#), there are rising tensions between Canada's federal, provincial / territorial and municipal governments, which may lead to a less united approach to healthcare delivery, pensions, and more.

### WEAK SIGNAL

**Younger Leaders and Activists:** Over the last few years, younger people have been actively involved in fighting global issues such as climate change (e.g. a [group of young Australians](#) between 14 and 24 years old lodged a human rights complaint with the UN over alleged inaction on the climate crisis) and have been elected to government positions (e.g. AOC, Finland's Prime Minister, MPs in Canada). With younger leaders and activists moving into positions of influence over the coming years, the focus of decision making may move towards issues of importance for Gen Z and Gen Alpha, rather than those traditionally prioritized by Baby Boomers.



# Scenario Workshop Participants

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## Endnotes

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