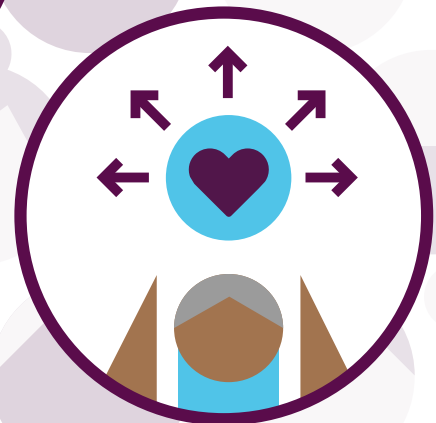


# Perspectives on Growing Older in Canada:

## The 2024 NIA Ageing in Canada Survey



# National Institute on Ageing



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**Disclaimer**

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## About the National Institute on Ageing

The National Institute on Ageing (NIA) improves the lives of older adults and the systems that support them by convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision is a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

## About the Environics Institute of Survey Research

The Environics Institute for Survey Research conducts in-depth public opinion and social research on the issues shaping Canada's future. It is through such research that Canadians can better understand themselves and their changing society. The Institute is a not-for-profit corporation that typically works in collaboration with other organizations from the public, private and not-for-profit sectors, who provide the thought leadership, networks and capacity to connect research insights to meaningful action and social change.



**WALTONS**  
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## Executive Summary

The 2024 NIA Ageing in Canada Survey continues its critical role as Canada's largest ongoing, public-oriented research initiative exploring the perspectives and experiences of Canadians aged 50 and older.

As Canada's ageing population continues to grow, understanding the challenges and opportunities associated with this demographic shift will become increasingly essential. Now in its third year, the survey provides an invaluable lens into the evolving realities of ageing in Canada, offering fresh insights into the social well-being, financial security and health and independence of older adults. At the time of publication, the data in this report represents some of the most current information available to policymakers and organizations active in the sector about the experiences of older Canadians.

With findings drawn from a representative sample of nearly 6,000 Canadians aged 50 and older, this year's report highlights areas of stability and progress, as well as ongoing challenges, including persistent inequities and barriers, particularly for the most vulnerable populations. It also identifies actionable areas where targeted interventions and policy innovations can significantly improve quality of life.

The 2024 survey builds on the foundations of previous years, incorporating both recurring measures and new indicators like the Material Deprivation Index to deepen our understanding of older adults' lived experiences.

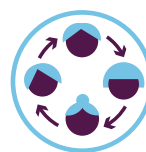
## Key Findings Across the Three Dimensions



### 1. Social Well-Being

Social well-being is key to healthy ageing. Strong social networks, regular interactions and a sense of community help people stay active and engaged across the lifespan. It's important to know if older adults are maintaining meaningful relationships and

roles in Canadian communities. This year's survey focuses on three indicators of social well-being: the strength of social networks, social engagement and experiences of ageism.



**Social Network Strength:** One in three (32%) of Canadians aged 50 and older have strong social networks, but almost as many (36%) experience weak social networks, and this is most common among those with fair to poor health or facing financial struggles.





**Social Engagement:** Four in ten (39%) Canadians aged 50 and older engage in social and recreational activities at least weekly and another 20 percent do so monthly, but one in four (23%) rarely or never do so. About half say they participate in social activities as often as they would like, and this is most likely to be the case for people aged 80 and older. Canadians are most likely to cite financial reasons for why they are not participating in recreational activities as often as they would like.



**Experienced Ageism:** In 2024, one in ten (9%) Canadians aged 50 and older report experiencing discrimination or unfair treatment because of their age in the past year. At the same time, seven in ten also say that over this time period, they have experienced one or more types of everyday ageism, such as hearing jokes about old age or others assuming they have difficulty understanding or remembering things, a clear indication of pervasive societal attitudes and behaviours that diminish the value of older people.



## 2. Financial Security

The financial security of older Canadians is essential to ensuring they can live their later years with comfort and security. With affordability challenges persisting in 2024, understanding the financial security of ageing Canadians is more important than ever. The

2024 survey explores the financial security of Canadians aged 50 and older with three indicators: financial well-being, material deprivation and retirement readiness.



**Financial Well-being:** Most Canadians aged 50 and older report stable, if not improving, financial well-being, but not everyone is doing well. More of them say their income is “good enough” to save in 2024 than in 2023, but one in four (23%) report household incomes that are inadequate to meet their current or long-term needs. Challenges with financial well-being are most likely to be experienced by people aged 50-64 years, those without a workplace pension or those who report fair to poor health.

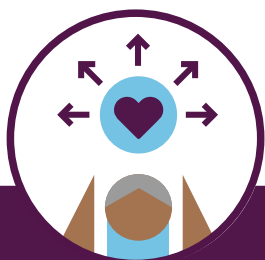


**Material Deprivation:** The Material Deprivation Index (MDI) is a newly developed indicator of poverty in Canada which reveals that financial hardship is more widespread among older Canadians than other official estimates. The MDI in 2024 shows that one in five Canadians aged 50 and older experience a poverty-level standard of living. For those aged 65 and older, the figure is 14%, more than double the current official measure for Canada. Those aged 50-64 years and those who report poor or fair health also have some of the highest levels of deprivation. Other vulnerable groups, including women, renters, single-person households, and those with lower education levels, are also at greater risk of poverty.



**Retirement Readiness:** Only one in three (34%) Canadians aged 50 and older who are still working feel financially prepared to retire

when they want. In addition, one in four have saved \$5,000 or less for retirement. Retirement readiness is much lower among Canadians aged 50 and older who say their income is “not enough” or that they are in fair to poor health. Those who rent their homes or do not have a workplace pension are also less likely to feel ready to retire at their desired time.



### 3. Health and Independence

Ensuring Canada is a place where older adults can age with confidence requires the right mix of health and social services to meet their evolving care needs. It’s also crucial to support their ability to live independently in their own homes and communities for as long as possible. The 2024 survey examines the extent to which Canada enables community-dwelling adults aged 50 and older to age well with three indicators: access to healthcare, access to home and community care, and the ability to age in place.



**Access to Health Care:** Nearly two-thirds (64%) of Canadians aged 50 and older who needed health care services in 2024 were able to access them all or most of the time—a rate unchanged since 2022. However, one in ten (11%) Canadians aged 50 and older could rarely or never access the services and treatments they needed in 2024. Difficulty getting appointments and canceled



**Access to Home and Community Based Care:** Canadians aged 50 and older who require home care or community support services struggle to access reliable care. Only a minority of Canadians aged 50 and older reported needing home care services (11%) or community support services (12%) in 2024, either to help care for themselves or another person living in their home. But among those who did, less than half could access the home care (48%) or community support services (44%) they needed all or most of the time. The top challenges limiting access to both home and community-based care in 2024 included eligibility difficulties and affordability.



**Enabling Ageing in the Right Place:** Most (80%) Canadians aged 50 and older say they want to remain in their own home for as long as they can, with very few (3%) expressing a preference to eventually move into a long-term care home. The desire to remain at home is strongly influenced by both health and financial circumstances: those with better health and more adequate incomes are more likely to say they want to remain in their own home for as long as they can. Home ownership also plays a key role, with the desire to remain at home more prevalent among homeowners than renters.



## Overall Experience of Ageing in Canada

Canadians aged 50 and older generally continue to feel positively about ageing, with most feeling very (13%) or somewhat (49%) positive about either the prospect or experience of getting older. However, optimism has gradually declined among those aged 70 and older since 2022, highlighting potential challenges for older age groups. Despite this decline, older cohorts continue to feel more positively about the experience of old age relative to younger cohorts looking ahead.

## A Call to Action: Addressing Persistent Barriers and Inequities

The 2024 NIA Ageing in Canada Survey underscores the complex and interconnected challenges faced by Canada's ageing population. These findings serve as a call to action for policymakers, organizations, and stakeholders to prioritize evidence-based strategies that address social isolation, financial insecurity, and barriers to health care access. By leveraging the insights from this survey, decision-makers can design and implement programs and services where older adults feel valued, included, supported and better prepared to age with confidence. Let this report be a guiding resource in building a more inclusive and equitable future for all Canadians.

# Introduction

## Background

First launched in 2022, the NIA Ageing in Canada Survey is a decade-long annual research program designed to capture Canadians' experiences, perspectives and expectations on ageing. As the largest ongoing, public-oriented annual survey of this nature in Canada, the NIA's survey makes several important contributions:

- Generates timely and reliable data directly from older Canadians;
- Tracks changing perspectives and experiences on key ageing-related issues over the years;
- Provides key indicators to assess how well Canada supports its ageing population and measures progress or setbacks over time;
- Highlights the critical role of social well-being, financial security, and health and independence, particularly for vulnerable groups within the ageing population;
- Identifies how ageing is experienced across key segments of the older population; and,
- Offers empirical insights to guide policy development.

This report outlines the key findings from the 2024 NIA Ageing in Canada Survey, marking the third annual review of Canadians' perspectives on growing old in Canada. The study continues to focus on three key dimensions of ageing well: social well-being, financial security, and health and independence, with each dimension incorporating measurable indicators. With Canada's ageing population, this survey continues to be a vital tool for understanding the evolving needs of older adults and

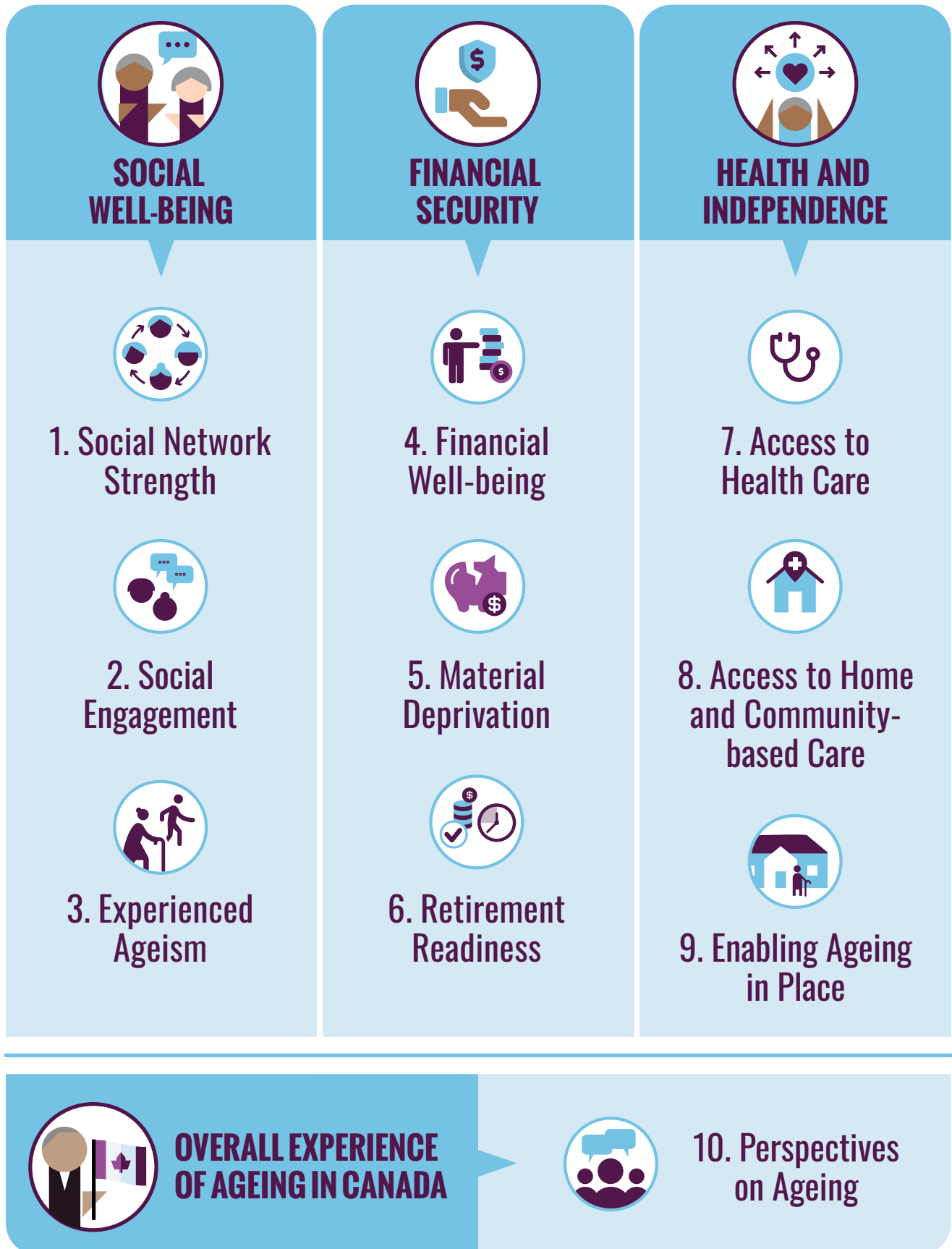
informing policies and practices that support their well-being.

Building on the benchmarks set in 2022 and 2023, the 2024 findings help to deepen our understanding of how Canadians aged 50 and older are doing and tracks how the NIA's three dimensions have evolved over time. While many Canadians aged 50 and older report positive outcomes, the 2024 study also highlights ongoing disparities in experiences, particularly in relation to age, health and financial well-being. These findings point to areas where additional support is needed to enhance the lives of older adults across Canada, with policy implications outlined throughout the report.

## What's New in 2024

The purpose of this research survey—to track Canadians' perspectives on growing older in Canada—remains unchanged. The 2024 survey builds on the foundation of previous years, incorporating indicators used in the 2022 or 2023 editions, and introduces one new indicator: the Material Deprivation Index (MDI). The MDI is included to capture the extent of poverty among older adults, marking an important step in enhancing our understanding of older Canadians' financial security. In addition, many of the recurring indicators have been modified or broadened to better reflect the issues of interest. These adjustments ensure the survey continues to provide comprehensive and relevant insights into the social well-being, financial security, and health and independence of older Canadians, and is adapting to the emerging challenges and opportunities that affect their lives.

## NIA's 2024 10 INDICATORS OF AGEING WELL IN CANADA



## About the 2024 Survey

The 2024 NIA Ageing in Canada Survey was conducted online between June 5 and July 12, 2024, with a representative sample of 5,875 Canadians aged 50 and older living in the country's 10 provinces. Comprised of 89 questions, the survey was developed in partnership with the Environics Institute for Survey Research and administered using standard survey-industry recruitment and confidentiality protocols. Respondents had the option to complete the survey in either English or French, ensuring accessibility for Canada's two official language groups.

As was the case in the first two years of the Ageing in Canada Survey, the target population for this research is Canadians aged 50 years and older living in their communities, rather than in institutional long-term care settings. This population was chosen to gain insights into how we can best support older adults in Canada as they age in their own homes and communities, and to inform evidence-based policy recommendations that will influence government, industry and community practice.

The survey sample was designed to provide robust representation and analysis opportunities across a number of relevant subgroups of the target population, including age cohorts in five-year increments (from 50-54 to 80+). The sample was also stratified to ensure representation by region and educational attainment.

The final data were weighted by age, gender, region and educational attainment to ensure the national results are representative of the country's population aged 50 years and older, based on Canada's 2021 census (see Appendix 1).

Our large sample of mostly community-dwelling<sup>i</sup> Canadians aged 50 years and older provides highly reliable and useful insights into how we can better support Canada's ageing population, which includes more than 15 million individuals.<sup>1</sup> The survey, however, is not able to represent the approximately 36,000 Canadians aged 50 and older living in Canada's three northern territories<sup>2</sup> because this population cannot be adequately included through panel-based online survey research. Our survey sample also significantly underrepresents the approximately 200,000 Canadians living in long-term care homes,<sup>3</sup> another relatively small but key segment of Canada's older population. Finally, the online nature of the survey also presents limitations, including that it favours older adults with digital access and/or digital literacy, leading to an underrepresentation of those who are most disadvantaged and vulnerable, especially in older cohorts. Despite these limitations, the survey makes critical contributions to understanding the needs and experiences of Canada's ageing population, offering valuable insights that can shape future policies and practices.

The 2024 survey was modelled on the 2022 and 2023 surveys to ensure that results could be compared across the three surveys. As such, many of the 2024 questions are repeats of questions asked in 2022 and 2023. However, several questions were modified, and others were added to the survey to address new issues relating to existing indicators or entirely new indicator topics. The full set of questions used to measure the NIA's 2024 indicators of Ageing Well in Canada is available in Appendix 2.

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<sup>i</sup> See Note on Terminology and Findings

## Note on Terminology and Findings

The focus of the NIA's Ageing in Canada Survey is the community-dwelling population aged 50 years and older in Canada. The community-dwelling population is defined as individuals living in private dwelling within the community.

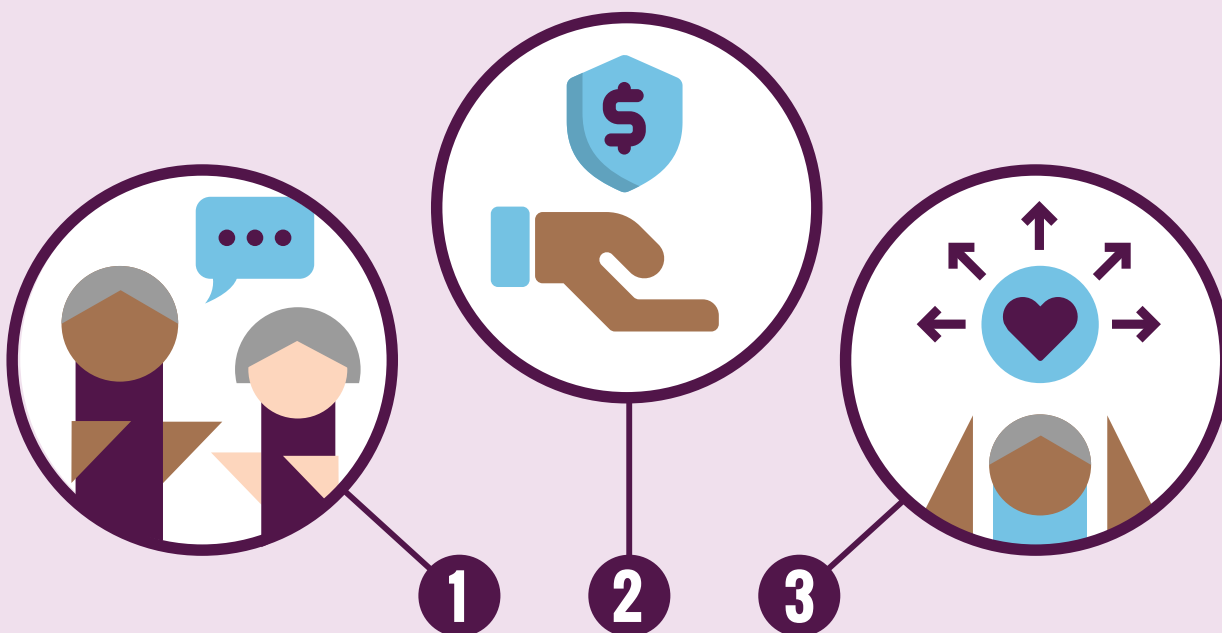
The population aged 50 years and older was selected to account for the life circumstances of those both nearing old age and at older ages. In the sections that follow of this report, this population will be referred to as "Canadians 50+."

This report also uses "Canadians 50+" to refer to all individuals aged 50 and older living in Canada, regardless of their citizenship or legal status.

This report presents the findings using specific age cohorts to cover the experiences of Canadians across three different age groups: 50–64 years, 65–79 years and 80 and over. As the research shows, the life circumstances and situations of Canadians vary significantly among these three age groups.

Because our survey underrepresents individuals living in long-term care homes, the findings do not account for the full range of life experiences among older Canadians. This is particularly the case for individuals aged 80 years and older, who account for the majority of the roughly 200,000 individuals living in Canadian long-term care homes.





## Perspectives and Experiences Across Three Key Dimensions of Ageing Well

The NIA’s survey is focused on three key themes, each one representing a key dimension of ageing well: social well-being, financial security, and health and independence.

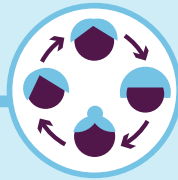




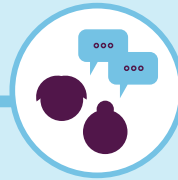


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## Social Well-being



**1. Social Network Strength**



**2. Social Engagement**

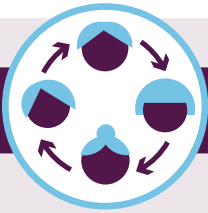


**3. Experienced Ageism**

Social well-being is key to healthy ageing. Strong social networks, regular interactions and a sense of community help people stay active and engaged across the lifespan.<sup>4</sup>

It's important to know if older adults are maintaining meaningful relationships and roles in Canadian communities. This year's survey focuses on three indicators of social well-being: the strength of social networks, social engagement and experiences of ageism.

# Social Well-being of Canadians 50+ in 2024: At a Glance



## 1. Social Network Strength

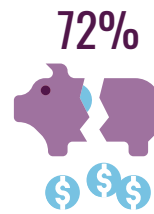
### Persistent Social Isolation and Loneliness:



Canadians 50+ at risk of social isolation

- Social isolation and loneliness levels remain unchanged since 2022: 43% of Canadians 50+ are at risk of social isolation and 59% experience some degree of loneliness
- More than one in three (36%) Canadians 50+ have very (13%) or somewhat (23%) weak social networks, higher than the proportion with strong social networks

### Weak Social Networks Among Vulnerable Groups:



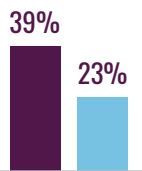
- 72% of those who are struggling financially have weak networks
- Those in fair or poor health (55%) are more than twice as likely to have weak social networks than those in excellent or very good health (23%)



## 2. Social Engagement

### Gaps in Social Engagement:

- 39% of Canadians 50+ engage in social and recreational activities at least weekly, but 23% almost never do
- Only 52% participate in social, recreational or group activities as often as they would like



■ Canadians 50+ engage in weekly social and recreational activities  
■ Almost never engage in social or recreational activities

### Older Age Differences:

Canadians 80+ are the most likely to say they participate in social and recreational activities as often as they would like

### Top Reasons Limiting Social Engagement:

- 42% Lack of funds/activities cost more than I could afford
- 31% Health condition limits what I can do
- 28% Do not have anyone to go with/do not want to do them alone
- 26% Lack of energy to do more
- 23% Activity timing or schedule is inconvenient/doesn't work with my schedule



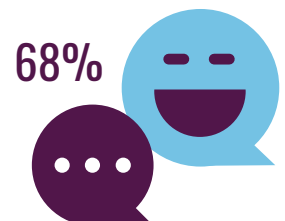
## 3. Experienced Ageism

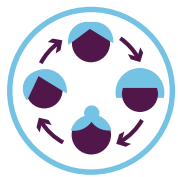
### Few Report Experiences of Discrimination:

- Only 9% of Canadians 50+ say they have experienced discrimination or unfair treatment because of their age in the past year

### Everyday Ageism is Common:

- When asked about specific experiences in their day-to-day lives, 68% of Canadians 50+ report experiencing at least one form of everyday ageism
- Ageism is experienced most often indirectly, through exposure to ageist messages: 47% of Canadians 50+ say that they often or sometimes hear, see and/or read jokes about ageing or older people





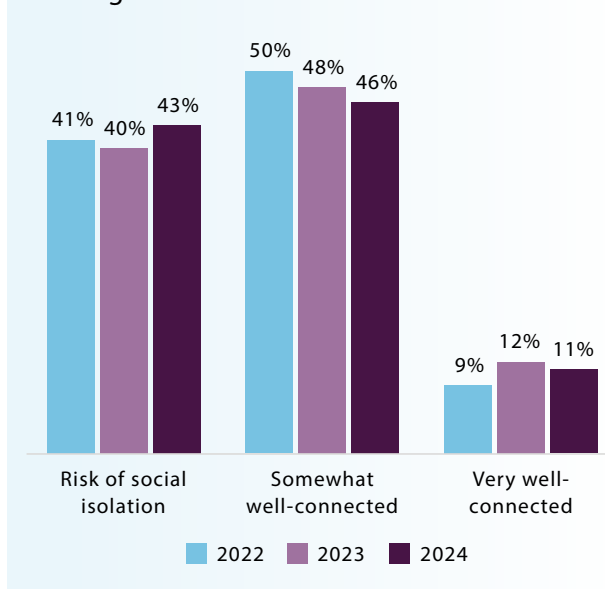
# 1. Social Network Strength

**Social isolation and loneliness levels have stayed the same since 2022, indicating that both continue to be experienced by a significant number of Canadians 50+.**

Social isolation occurs when a person has few social connections with family, friends, or the community.<sup>5</sup> The 2024 survey found that most Canadians 50+ have a network of family and friends they can count on, but 43% are experiencing or at risk of experiencing social isolation<sup>ii</sup> (Figure 1).

Loneliness happens when a person feels that they don't have enough social connections and/or that their relationships aren't as meaningful as they would like.<sup>6</sup> The 2024 survey results show that, as was the case in previous years, the majority of Canadians 50+ experienced some degree of loneliness: two in 10 (19%) were very lonely and another 40% were somewhat lonely<sup>iii</sup> in 2024 (Figure 2).

**Figure 1.** Prevalence of social isolation among Canadians 50+

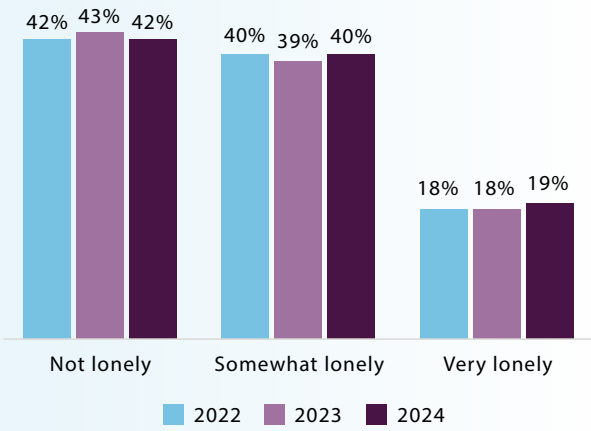


Social isolation and loneliness are related but distinct concepts. <b>Key Differences:</b>		
Staffing Model	Social Isolation	Loneliness
Nature	Objective (lack of social connections).	Subjective (feeling disconnected or alone).
Measurement	Can be quantified (e.g., number of interactions).	Based on emotional self-assessment.
Experience	May not feel lonely (e.g., enjoys solitude).	Can feel lonely even with frequent interactions.
Focus	Quantity of connections.	Quality of relationships.

<sup>ii</sup> The NIA's survey measures social isolation using the six-item Lubben Social Network Scale (LSNS-6), one of the most well established and commonly used measures of social isolation. It looks at how often people interact with family and friends, how many connections they have and how close these relationships are. The total score on this scale ranges from 0 to 30, with higher scores showing stronger social connections. A score below 12 means a person may be at risk of social isolation. In this report, a score of 0-11 means "Risk of social isolation," 12-20 means "somewhat well-connected," and 21-30 means "very well-connected."

<sup>iii</sup> Loneliness is measured using the Hughes Three-item Loneliness Scale (HLS-3). It asks about feeling a lack of companionship, being left out or feeling isolated. The scores range from 3 to 9, with higher scores showing greater loneliness. In this report, a score of 3 means "not lonely," 4-6 means "somewhat lonely," and 7-9 means "very lonely."

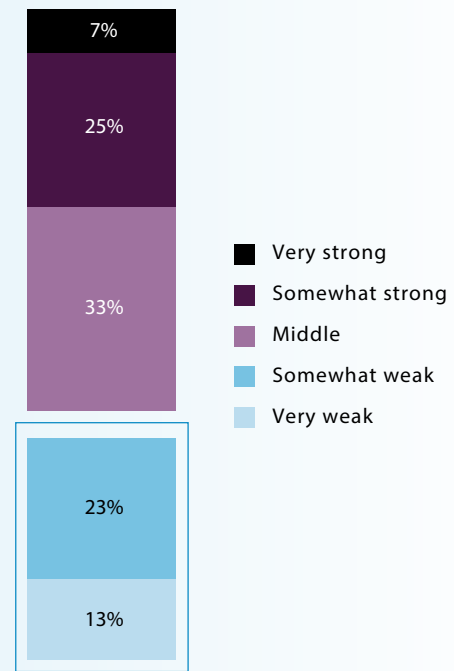
**Figure 2. Prevalence of loneliness among Canadians 50+**



The survey also combines the measures on social isolation and loneliness to capture the overall strength of social networks. The NIA’s Index of Social Network Strength sorts Canadians 50+ into five groups, ranging from weak to strong social networks.

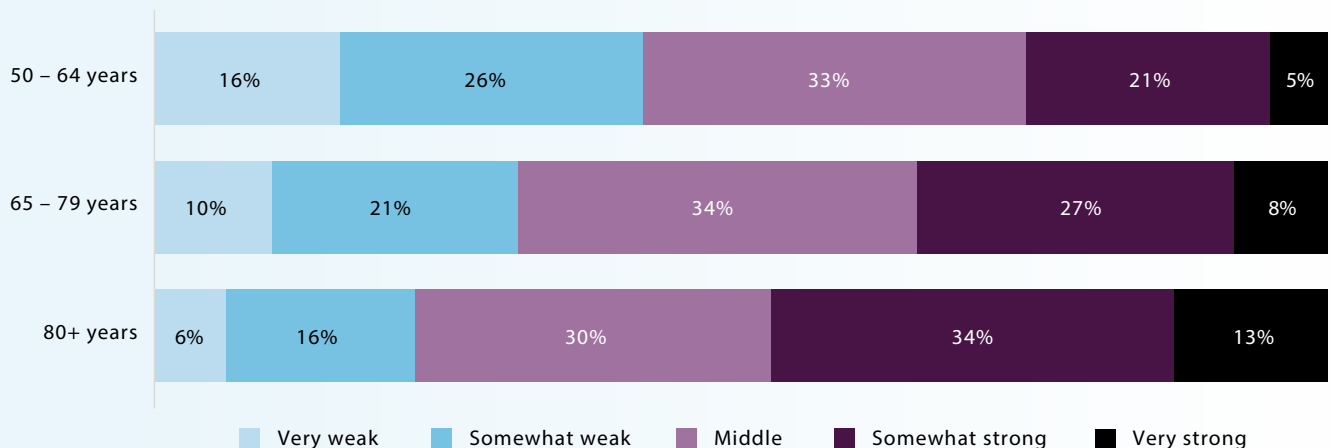
Social network strength has also stayed relatively unchanged among older adults in Canada since last year. In 2024, more than one in three (36%) Canadians 50+ had very (13%) or somewhat (23%) weak social networks, higher than the proportion with strong social networks (very: 7% or somewhat: 25%) or who fall somewhere in the middle (33%), with neither particularly strong nor weak networks (Figure 3).

**Figure 3. Social network strength among Canadians 50+**

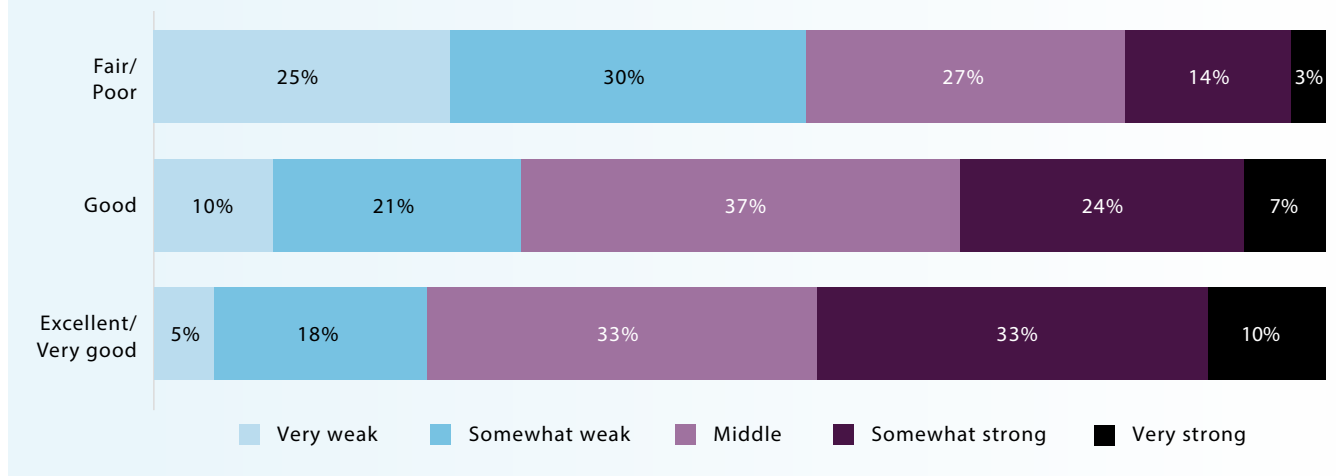


The strength of social networks also varies by age within the population aged 50 years and older. Consistent with last year’s survey, weak networks (whether very or somewhat weak) were most prevalent among Canadians 50-64 years (41%) in 2024, while being considerably less common among the oldest Canadians 80+ (22%) (Figure 4).

**Figure 4. Social network strength by age**



**Figure 5. Social network strength by health status**



The prevalence of the weak ties becomes more pronounced when looking at health and socioeconomic circumstances.

As Figure 5 shows, Canadians 50+ in fair or poor health (55%) were more than twice as likely to have weak social networks (whether very or somewhat) than those in excellent or very good health (23%).

Similarly, better socioeconomic circumstances are also related to stronger social networks.

For example, weak social networks were found to be much more common among those who say that they do not have enough income and are struggling (72%) than those who describe their income as “good enough” (21%).

There are also differences by work status, with older adults who are still working (37%) more likely to have weak networks than those who have retired (29%). Older adults who are unemployed, looking for a job, stay at home full-time or on a disability pension (54%) are most likely to have weak networks.

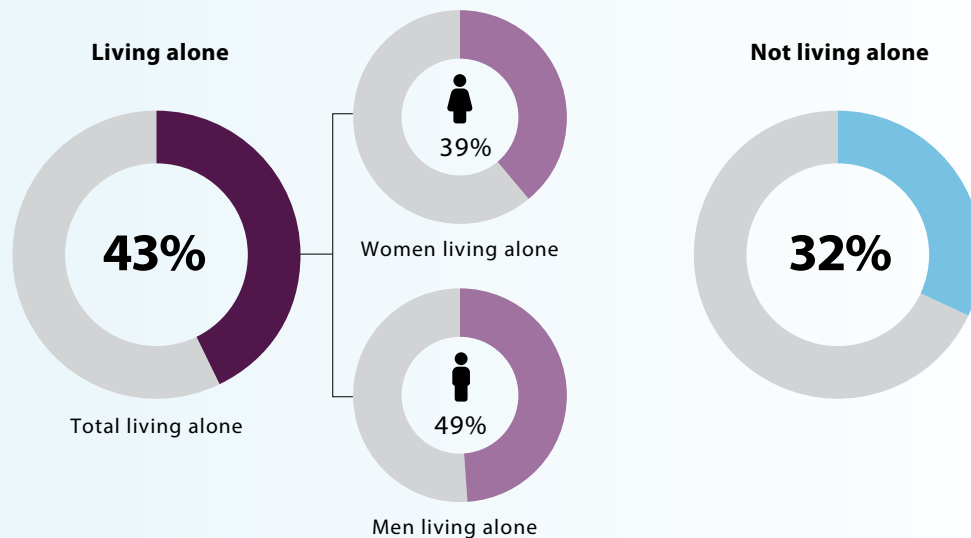
These findings support that social isolation and loneliness disproportionately affect vulnerable groups, particularly Canadians 50+ who are facing health challenges and socioeconomic disadvantages.



The 2024 survey results also show that family ties and one’s living arrangements, namely household composition and community size, play a role. Weak social networks (whether very or somewhat) were more common among Canadians without children (43%) than those with children (32%). Weak social networks were also more common among Canadians 50+ who live alone (43%), with this difference largely the result of weaker networks among men who live alone (Figure 6).

**Figure 6.** Social networks are weaker among those who live alone

Percentage of people who have weak social networks



Men who live alone were most likely to experience weak social networks, which suggests that there might be gender disparities in how social connections are maintained in older age. However, the 2024 survey revealed little difference in social network strength based on gender alone—36% of men had weak social networks compared to 34% of women—signalling that it may be the experience of living alone that puts men at risk of having weaker social networks.<sup>iv</sup>

Canadians 50+ living in medium-sized communities, such as towns or villages, were also less likely to have weak social networks (32%) than those living in large urban areas (36%) or rural areas (37%). This disparity could

be due to factors like geographic isolation, fewer opportunities for social interactions, difficulties with transportation and limited access to services.

On the other hand, the 2024 survey showed that the strength of social networks is largely the same among Canadians 50+ regardless of race or the number of generations their family has been in Canada. Canadians 50+ who identify as being white were just as likely to have weak social networks (35%) as those who identify as being from a racialized group (34%).<sup>v</sup> There was also little difference in social network strength based on generations in Canada, but immigrants were slightly less likely to have weak social networks (32%) than those born in Canada (35%).<sup>vi</sup>

<sup>iv</sup> The survey collected gender data through a question allowing respondents to identify as one or more of the following: Man, Woman, Transgender, Two-Spirit, Genderqueer, Nonbinary, Another gender identity (with an option to specify), or Prefer not to say. For the purposes of this analysis, we have reported only the experiences of respondents who identified as men or women, as the proportions of respondents in all other categories were 0%.

<sup>v</sup> The survey measured racial identity using a benchmark question from the Canadian census that asks respondents to identify their ancestral or cultural background(s) from a list (with the opportunity to volunteer other categories). For the purpose of this analysis, “racialized” is defined as anyone who does not identify as “white.”

<sup>vi</sup> The findings presented in this section are based on two-way cross-tabulations and do not account for other contributing factors. Our analysis is intended to be purely descriptive, drawing attention to observed differences within the survey data without implying any causality. The purpose of including this information is to highlight disparities that deserve further examination and research, and it is not meant to suggest any motivations or underlying reasons for these differences.

## Policy Implications

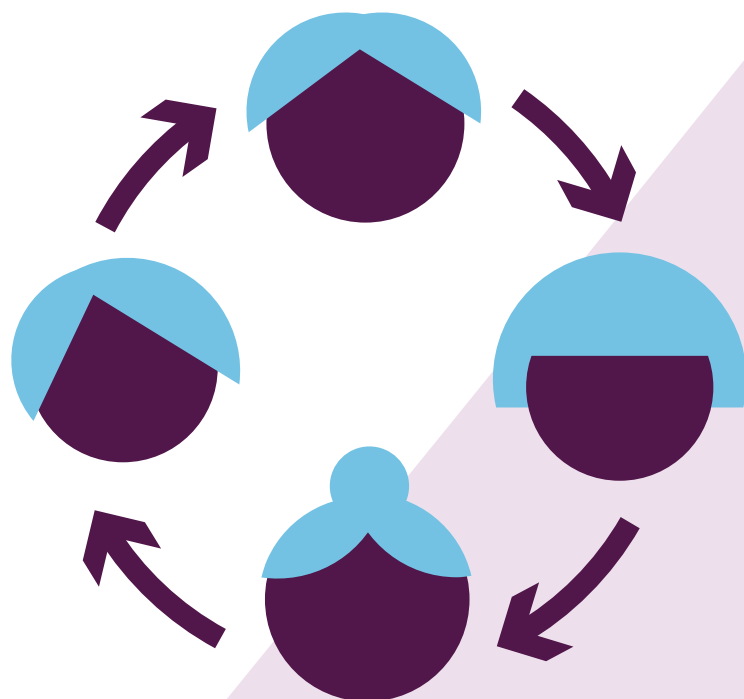
**The 2024 NIA Ageing in Canada Survey reveals that weak social ties continue to persist for many Canadians 50+, which should be of great concern to policymakers given the well-documented impacts of social isolation and loneliness on health, well-being and quality of life.<sup>7,8,9</sup>** Lack of improvement in social network strength since 2022 and continued disparities faced by vulnerable populations signal that existing programs or services aimed at combating social isolation and loneliness have failed to effect measurable change.

In recent years, federal and provincial governments have taken various steps aimed at reducing social isolation among older adults. That includes a toolkit developed in 2007 through the Federal, Provincial and Territorial Ministers Responsible for Seniors to promote the social integration of older adults.<sup>10</sup> The federal government has also funded more than 23,000 community-based projects to help older adults stay active, engaged and socially connected through an initiative that provides one-off programmatic grants, the New Horizons for Seniors Program.<sup>11,12</sup> Yet despite these efforts, **our data show that many Canadians 50+ continue to experience weak social ties, suggesting that current programs, which are often limited, may not be reaching enough individuals, may not effectively tackle social isolation and loneliness, or both.**

In fact, few sustainable, long-term strategies have been adopted to address social isolation and loneliness in Canada, despite recommendations from the federal government's National Seniors Council (NSC) more than a decade ago in 2013.<sup>13</sup> As a result, there is a continued need for the development

of a national strategy to address the growing issue of social isolation and loneliness among Canada's ageing population.<sup>14,15</sup>

Globally, some countries have begun to track the social status of their populations, and to design targeted campaigns and interventions through national strategies. **Canada could follow the lead of other countries that have implemented national strategies, like Australia, Japan, New Zealand, the United Kingdom and the United States, and learn from the successful examples they have set.** The federal government could take a central leadership role, with clear co-ordination between provinces, territories and municipalities to ensure consistent action.<sup>16,17</sup>



**At the same time, there is a pressing need for more robust research to identify and evaluate what works in preventing and reducing social isolation and loneliness.**

Significant gaps in evidence have made it difficult to assess the effectiveness of existing programs and interventions.<sup>18</sup> The World Health Organization's recent evidence and gap map on the effectiveness of in-person interventions highlights these challenges, showing that despite a large body of evidence gathered in recent years, there is a need for better quality research, in part due to conflicting findings. Policymakers must therefore address these knowledge gaps to ensure that decisions about intervention strategies and funding are guided by solid evidence and can lead to meaningful change.<sup>19</sup>

**However, existing evidence appears to indicate that interventions are most effective when tailored to individuals' specific needs and circumstances.** There is no one-size-fits-all solution, and when interventions are designed to reflect the diverse realities of the populations they aim to serve, they can better address the unique challenges faced by different groups.<sup>20</sup>

The findings from the NIA's survey, therefore, provide important insights into the groups most affected by social isolation and loneliness and the broader determinants of these issues. In particular, they underscore the need for interventions that promote social inclusion and stronger networks among certain groups of older adults, particularly those in poor health, facing economic instability or with fewer family ties.

**By focusing on these vulnerable groups and implementing targeted, evidence-based strategies, policymakers can help build stronger, more supportive networks for older adults and reduce the burden of social isolation and loneliness in Canada.**







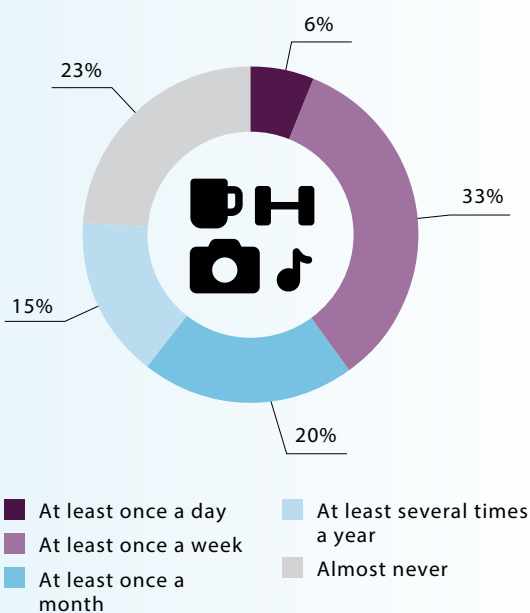
## 2. Social Engagement

Having strong social networks is important, but so is having frequent, regular and meaningful interactions with those in one’s social networks and communities. For older adults, being socially active and staying engaged is associated with better physical and mental health.<sup>21</sup>

**Many Canadians 50+ regularly engage in social and recreational activities, but only half do so as often as they would like.**

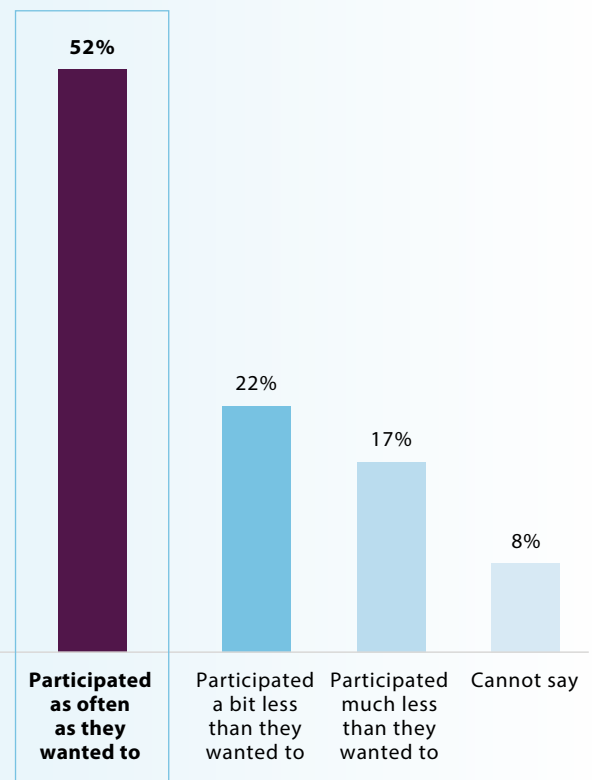
The 2024 survey findings reveal that many (39%) Canadians 50+ regularly engage in social, recreational or group activities, which we define as at least once a week over the past year. However, one in four (23%) Canadians 50+ said they almost never get to participate in social, recreational or group activities (Figure 7).

**Figure 7.** Frequency of social engagement among Canadians 50+



In addition, only half (52%) of Canadians 50+ said they participated in social, recreational or group activities as often as they would have liked in the past 12 months (Figure 8).

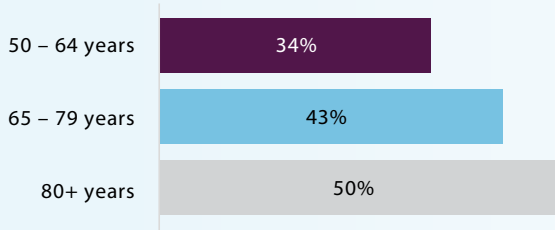
**Figure 8.** Do Canadians 50+ engage in social activities as often as they would like?



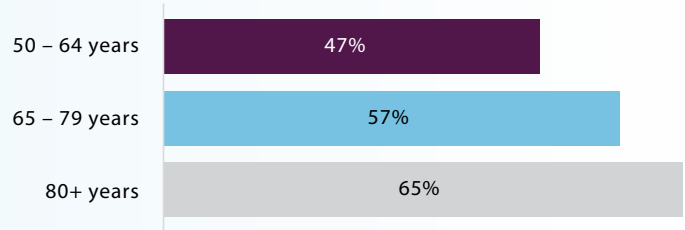
Canadians 50+ are more likely to say they regularly participate in social, recreational or group activities, and to feel that they did so as often as they would have liked across older age cohorts. In fact, the oldest Canadians 80+ were the most likely to say they did so as often as they would have liked over the past year (Figure 9).

**Figure 9.** Social engagement across age groups in 2024

Percentage of Canadians 50+ who participated in social, recreational or group activities daily or weekly



Percentage of Canadians 50+ who said they participated as often as they would have liked

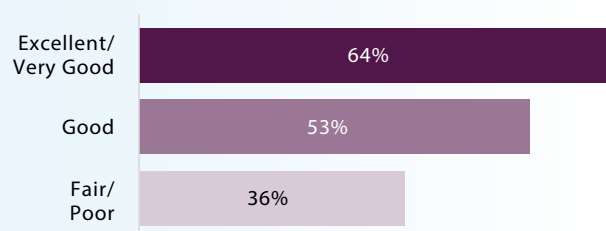


Canadians 50-64 were the least likely to say they participate as often as they would have liked, and this may be due to the unique challenges faced by this age group as they approach their older years, including balancing ongoing work commitments, caregiving responsibilities for both ageing parents and children, and emerging health issues.<sup>22,23</sup> These competing demands can limit their opportunities for social engagement.

Canadians 50+ with better health and stronger socioeconomic standing are also more likely to say they engage in social opportunities as often as they would like. It is therefore not surprising that Canadians 50+ identify affordability and health conditions as the main barriers to social engagement.

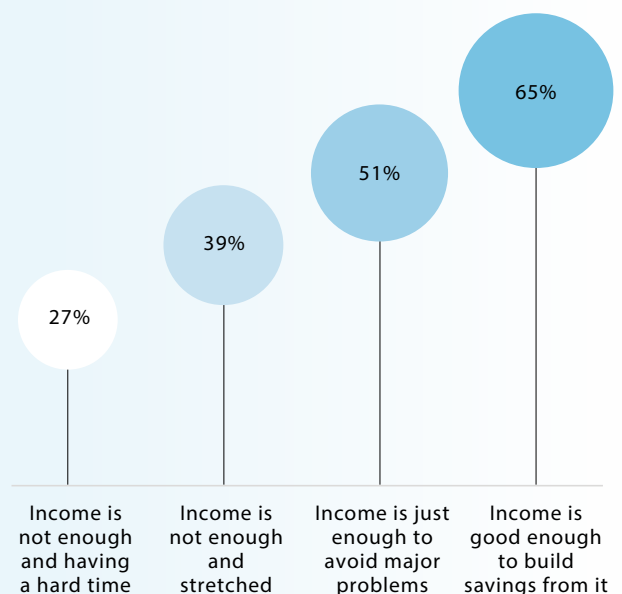
The 2024 survey reveals that Canadians 50+ in better health were much more likely to report participating in social activities as often as they wanted (Figure 10).

**Figure 10.** Percentage of Canadians 50+ who said they participated in social, recreational or group activities as often as they would have liked by health status



Financial circumstances also strongly influence social participation. For example, the proportion of Canadians 50+ who reported being satisfied with their level of social engagement grew by more than 10% with each increasing level of income adequacy (Figure 11). As a result, Canadians 50+ who reported the highest incomes were more than twice as likely as those who were struggling the most financially to say they participated in social activities as often as they would have liked over the past year.

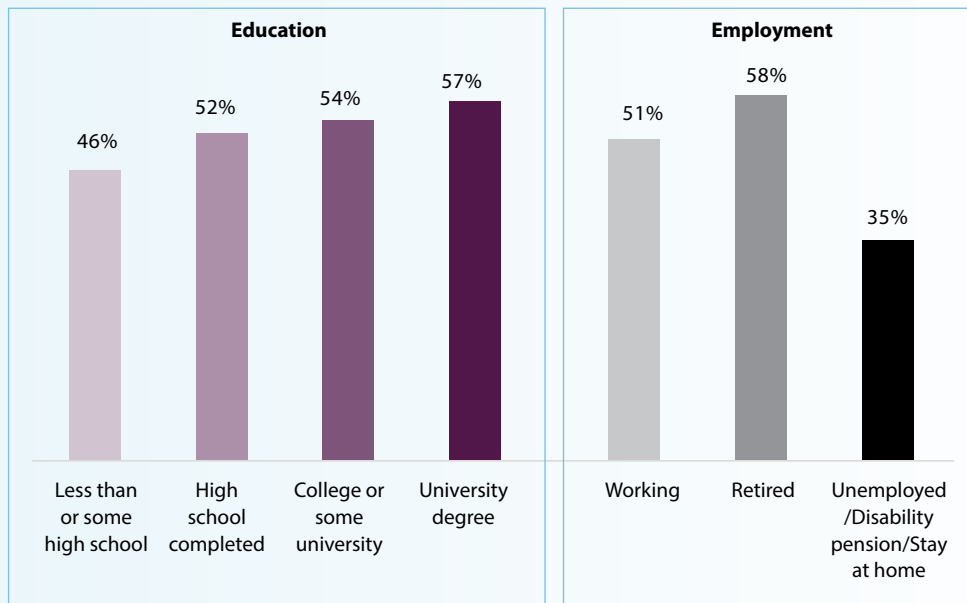
**Figure 11.** Percentage of Canadians 50+ who said they participated in social, recreational or group activities as often as they would have liked by income adequacy



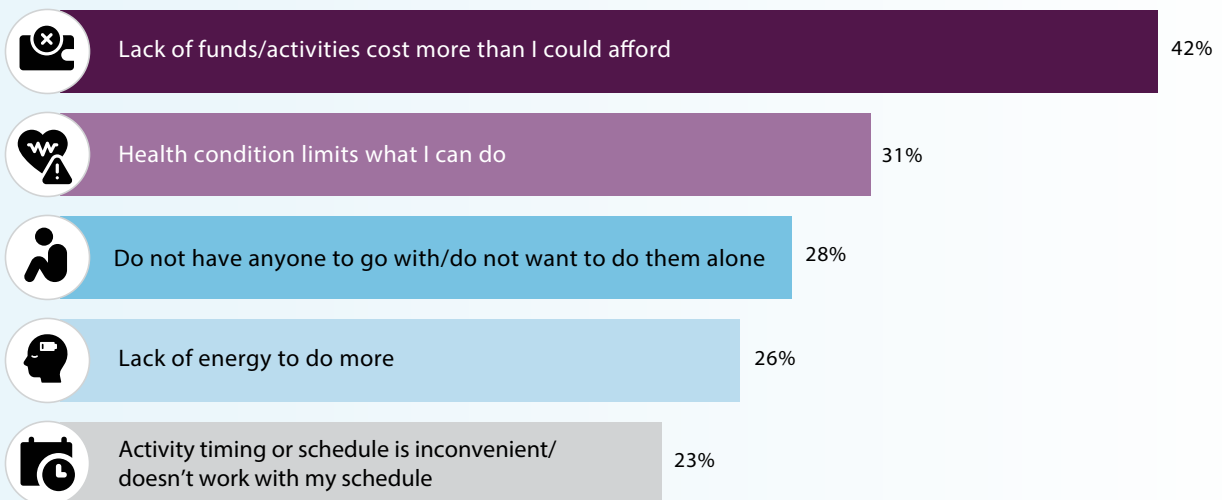
These gaps underscore how financial barriers can limit social participation for older adults. The impact of socioeconomic circumstances and financial limitations is also reflected in how both education and employment status shape social engagement among Canadians 50+ (Figure 12).

When Canadians 50+ who participated in activities less often than they would have liked were asked about the reasons why, the most common answers had to do with affordability and health status (Figure 13). A lack of social connectedness was also among the top reasons.

**Figure 12.** Percentage of Canadians 50+ who said they participated in social, recreational or group activities as often as they would have liked by education and employment status



**Figure 13.** Top 5 reasons limiting social engagement among Canadians 50+ in 2024



## Policy Implications

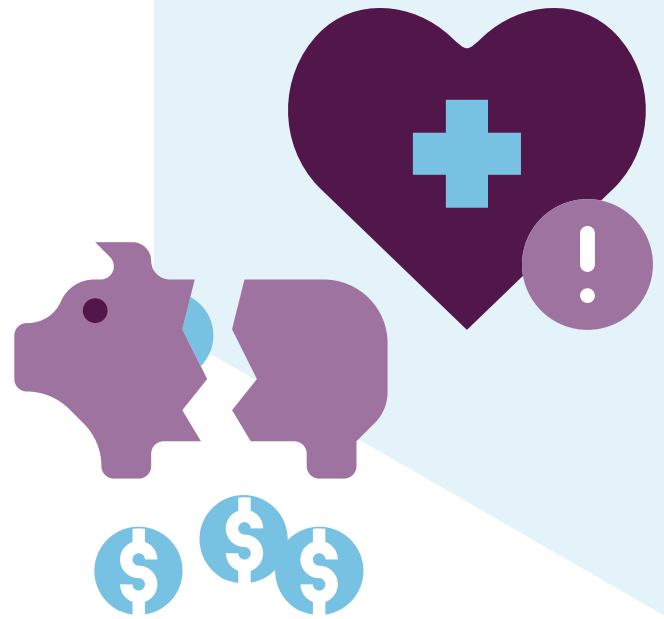
**Many Canadians 50+ regularly engage in social and recreational activities, but gaps in participation highlight that there is room for improved access to social opportunities for older adults in Canada.**

It is positive to see that Canadians appear to be more likely to regularly participate in social activities, and to become more satisfied with their level of social participation across older age cohorts. This suggests that as individuals transition into later life, they may experience fewer constraints and gain more freedom to engage in social and recreational activities, at least in the case of those who remain in good enough health to remain outside of long-term care homes.

However, **it is concerning that a significant portion of Canadians 50+ across all age groups report unmet social needs.** This indicates that barriers to social engagement persist, limiting the extent to which individuals can remain socially active and engaged members of their communities later in life.

**The survey findings also highlight the connection between health, socioeconomic status and social engagement among older adults in Canada.** Canadians 50+ with better health and stronger socioeconomic standing are more likely to say they engage in social opportunities as often as they would like. In addition, affordability and health conditions are the main barriers to social engagement that Canadians 50+ identify.

Together, **the 2024 survey findings suggest that there is a need for both targeted and universal policy solutions that help foster communities where older adults feel empowered to engage socially.** Specifically,



policymakers should prioritize improving the affordability and accessibility of social and recreational opportunities for Canadians 50+, particularly for those facing financial and health barriers.

For example, **policymakers could consider expanding access to subsidized social programs and activities for older adults to ensure that financial limitations do not prevent them from engaging in enriching social opportunities.**

In addition, social prescribing—a practice where health care providers connect individuals to non-clinical, community-based activities and services through referrals—could be another effective strategy for promoting social engagement. U.K.-based studies have shown that social prescribing significantly increases participation in social and cultural activities among older adults.<sup>24</sup> Research has also demonstrated its effectiveness in reducing loneliness and improving overall well-being by linking individuals to tailored social opportunities, such as group activities, volunteering or arts programs.<sup>25</sup> **Integrating social prescribing into Canada’s health care and community systems could help address barriers faced**

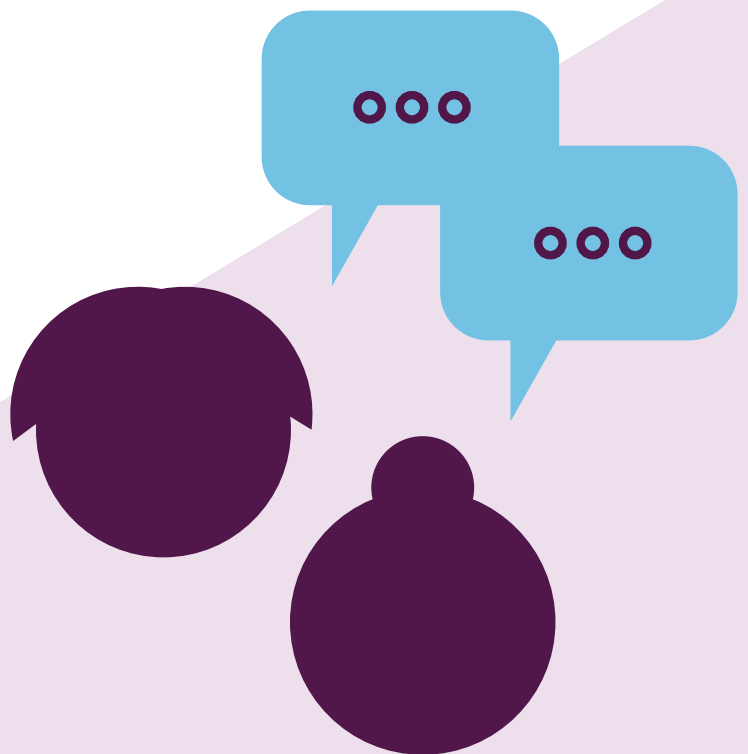
**by older adults, particularly those with health-related challenges, by facilitating access to meaningful and enriching social connections.**

Policymakers could also address the broader environments in which older adults live to make them more conducive to social engagement. **Governments should consider supporting senior-friendly housing models that promote communal living or co-housing, such as the development of Naturally Occurring Retirement Communities (NORCs), where older adults already live in close proximity.** NORCs offer a unique opportunity to provide community-based services and foster connections among older adults, helping them maintain an active social life even while living independently.<sup>26</sup> Research has shown that co-housing arrangements enhance quality of life by fostering a sense of belonging, reducing loneliness and embedding opportunities for daily social interactions into residents' lives.<sup>27,28</sup>

Similarly, policymakers could also consider making transportation solutions widely available, as accessible and affordable transportation is a crucial enabler for older adults to participate in social activities,

especially for those with mobility challenges or living in rural areas. **Policymakers could ensure that transportation solutions—such as subsidized transit services, community shuttles or ride-sharing programs—are widely available to help older adults stay connected with their communities.**

To ensure the most effective allocation of resources, **it would be worthwhile for future research to explore the specific preferences and experiences of older adults with different types of social and recreational programs.** Understanding which activities older adults find most meaningful and accessible could help policymakers make informed decisions about which programs to prioritize and invest in, ultimately enhancing the impact of these initiatives on social engagement and overall well-being.





### 3. Experienced Ageism

**Although few Canadians 50+ report experiences of discrimination or unfair treatment because of their age, when asked about specific experiences of ageism in their day-to-day lives, the vast majority indicate regularly experiencing different forms of ageism.**

In 2024, only 9% of Canadians 50+ said they had personally experienced discrimination or unfair treatment because of their age in the past 12 months.<sup>vii</sup>

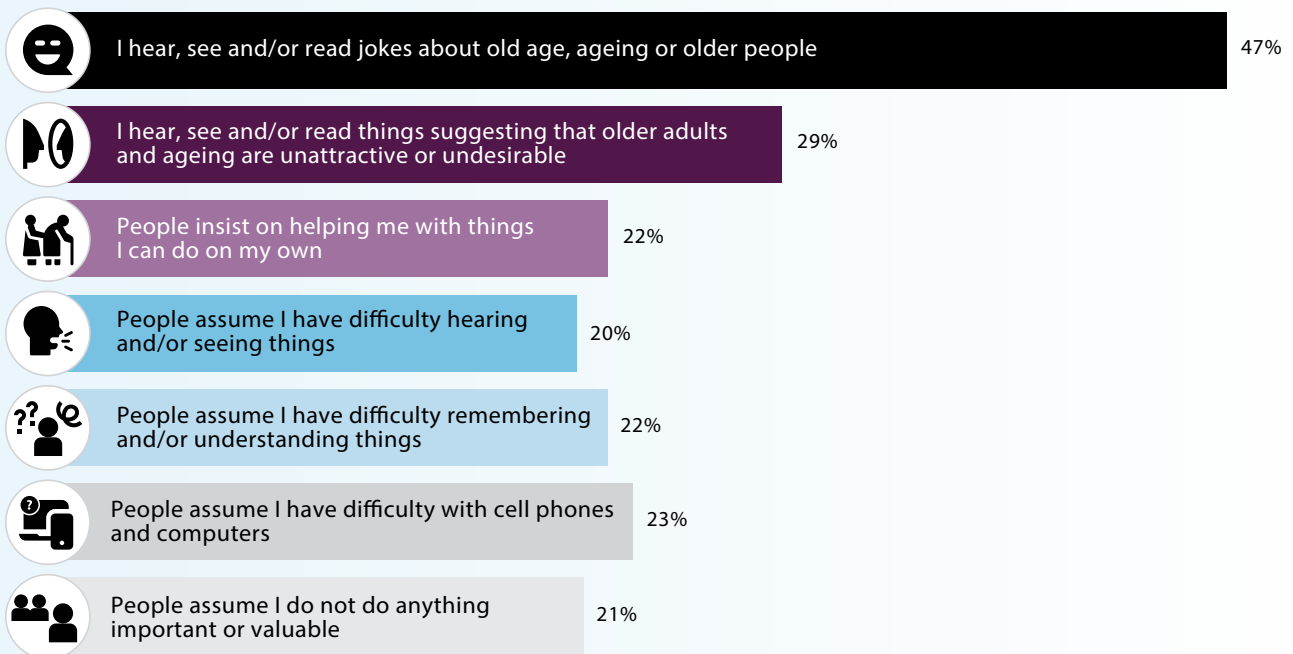
However, when asked about specific experiences of ageism they encountered in their day-to-day lives in the past 12 months,

the proportion who reported experiencing ageism is much higher (Figure 14).

The 2024 survey results indicate that Canadians 50+ experience ageism in their day-to-day lives most often indirectly, through exposure to ageist messages, but direct experiences through interpersonal interactions are also common.

**Figure 14.** Experiences of everyday ageism among Canadians 50+

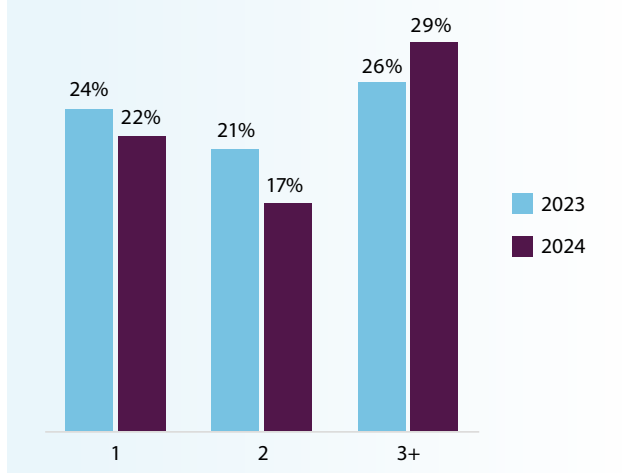
Percentage who report often or sometimes to each form of ageism



<sup>vii</sup> The 2024 results regarding whether Canadians 50+ have experienced discrimination or unfair treatment due to their age are not directly comparable to the 2023 findings. This is due to a change in the framing of the question, asking respondents whether they had experienced discrimination or been treated unfairly because of their age in the past 12 months, rather than at any point in their lives.

Overall, in 2024, 68% of Canadians 50+ reported experiencing at least one form of everyday ageism in their daily lives (Figure 15). Canadians 50+ were about as likely to experience common forms of daily ageism in 2024 as they were in 2023, when 71% reported regularly experiencing at least one form of everyday ageism in their day-to-day lives.

**Figure 15.** Percentage of Canadians 50+ who experience 1, 2 or 3+ forms of everyday ageism



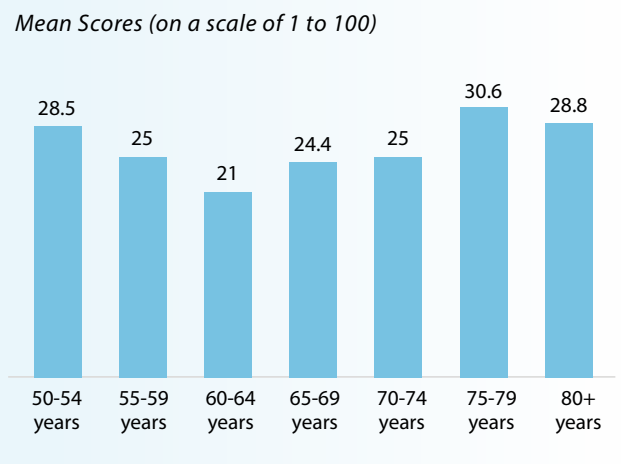
The NIA’s Everyday Ageism Index combines the seven forms of everyday ageism. It captures the full range of experiences in a single measure and provides the basis for identifying how ageism is similar and different across groups. The index is based on how often each of seven different types of ageism are experienced, with scores ranging from “0” (none of the seven types of ageism are ever experienced) to a maximum of “100” (each is experienced regularly).

The everyday ageism index score shows that experiences of ageism have stayed the same in Canada. In 2024, the average everyday ageism index score for Canadians 50+ was 25.6 (out of 100), the same as in 2023. This

indicates that any existing efforts to reduce ageism in Canada have not been leading to meaningful progress.

Experiences of everyday ageism also vary considerably by age. Canadians nearing old age (50-54 years) and Canadians 75+ are the most likely to say they experience ageism in their daily lives (Figure 16). These findings suggest that experiences of ageism evolve over the life course, mostly affecting Canadians at the younger and older ends of the ageing spectrum.

**Figure 16.** Average ageism index: Mean scores by 5-year age group



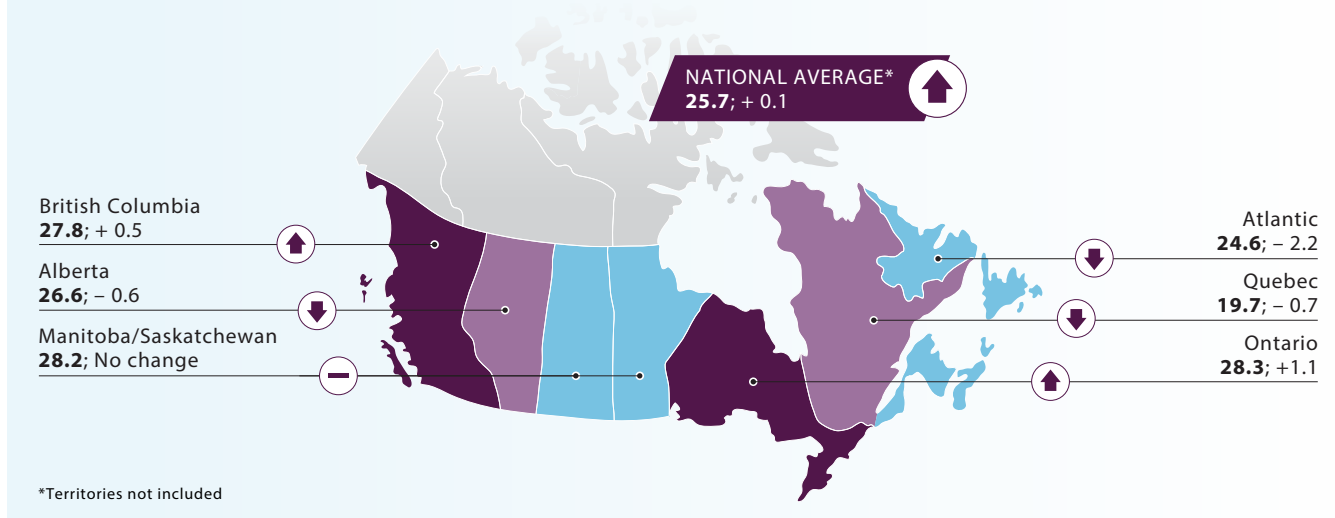
Experiences of ageism vary considerably across Canada, with Quebec again standing out this year as a province where older adults report experiencing notably less ageism (Figure 17).<sup>viii</sup> This suggests that regional or cultural factors may play a role in shaping attitudes toward older adults.

The 2024 survey also reveals differences in how various groups of older Canadians experience ageism, shedding light on how this form of discrimination impacts specific populations. Canadians 50+ who are unpaid

<sup>viii</sup> The data for the Atlantic provinces (New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island) are combined to ensure representativeness and meaningful comparisons given the smaller sample sizes for each individual province are smaller.

**Figure 17.** Average ageism index: Mean scores across Canada

Mean scores (on a scale of 1 to 100) in 2024 and difference since 2023



caregivers, for instance, are particularly vulnerable, with an average ageism score of 30.0—notably higher than the 24.8 reported by those who are not caregivers.

And just like in the case of the other two indicators of social well-being, health status and financial circumstances once again lead to large differences in the extent to which Canadians encounter ageist attitudes and treatment in their day-to-day lives. These

disparities have also persisted since 2023.

Canadians 50+ in poor or fair health are much more likely to say they encounter ageism in their daily lives than those with better health (Figure 18).

The role of income is even more significant, with stark differences between those who are financially struggling and those who feel their income is sufficient (Figure 19).

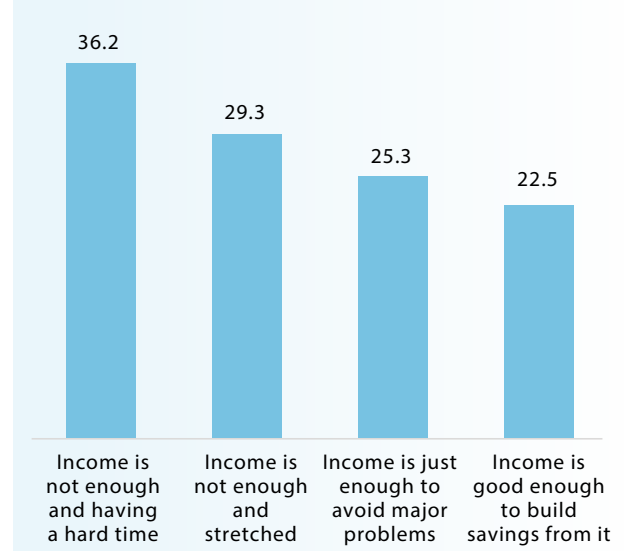
**Figure 18.** Average ageism index: Mean scores by health status

Mean Scores (on a scale of 1 to 100)



**Figure 19.** Average ageism index: Mean scores by income adequacy

Mean Scores (on a scale of 1 to 100)





## Policy Implications

The NIA's 2024 findings reveal that ageism remains a significant issue in Canada, even if many older adults do not always recognize or consider their experiences to be ageism when they are happening. While only a small portion of Canadians 50+ report experiences that they identify or label as "age-based discrimination" directed at them personally, most report encountering different forms of ageism in their day-to-day lives when answering more nuanced questions about their experiences. The disconnect highlights that many older Canadians do not identify the subtle ways in which ageism manifests, or do not consider these experiences to be ageism, even though they experience it regularly.

Overall, the 2024 data reflects no year-over-year change in the way Canadians 50+ report their experiences of everyday ageism. This is the case despite the fact that there is public awareness and government focus on the issue.<sup>29</sup> In recent years, the Federal/Provincial/Territorial Ministers Responsible for Seniors in Canada have taken several steps to address ageism as part of their broader mandate to improve the well-being of older Canadians.

Their efforts have included increasing public awareness, advocating for legislative and policy changes, and the promotion of age-friendly communities to foster inclusivity and challenge stereotypes.<sup>30</sup>

The ministers have consulted on the issue of ageism, engaging stakeholders through discussions like the 2022 consultations on ageism in Canada and potential solutions to address it.<sup>31</sup> While attention from the ministers is an important step, **the NIA's findings suggest that current efforts are not yet affecting the pervasiveness of ageist attitudes. The persistence of everyday ageism indicates a need for policymakers to explore stronger, more comprehensive initiatives aimed at combating ageism in all its forms.**

**The framework to reduce ageism put forward by the World Health Organization is built around three key pillars: policy and law, educational interventions, and intergenerational contact programs.<sup>32</sup> Canadian policymakers should consider interventions in each of these three categories.** Governments and organizations should focus on strengthening laws and policies that protect older adults from discrimination. Ensuring that anti-discrimination policies are robust and well implemented can help protect individuals from the harmful effects of ageism, particularly in the workplace and health care settings.

At the same time, efforts should focus on raising awareness and educating people about ageing to reduce stereotypes and negative attitudes. **The survey findings reveal that many Canadians 50+ may not be aware they are experiencing ageism or**



**are reluctant to label their experiences as a form of ageism. This highlights the need for policymakers to better understand, identify and name ageism, so that it can be effectively addressed and tackled.**

The Canadian Coalition Against Ageism represents a collaborative effort to challenge ageist attitudes and promote awareness. This coalition brings together diverse community voices to advocate for systemic change, support educational campaigns and foster greater understanding of ageism in Canadian society. Expanding the reach and impact of such initiatives could help shift societal norms and attitudes toward ageing.

There is also a need not only to combat overt age-based discrimination, but also to tackle the underlying assumptions and stereotypes that contribute to ageism in Canadian society.

**Encouraging interaction between people of different ages can help break down misconceptions and build understanding across generations, promoting a societal shift toward greater respect and inclusion for older adults.**

Finally, as the survey findings show, particular attention is needed for groups such as caregivers, individuals facing health challenges, and those with inadequate incomes who appear to be especially vulnerable to ageist attitudes and experiences.

**Initiatives developed to combat ageism in the Canadian context should prioritize the experiences of and support for older caregivers, low-income individuals and those in poor health.**



2

## Financial Security



4. Financial Wellbeing

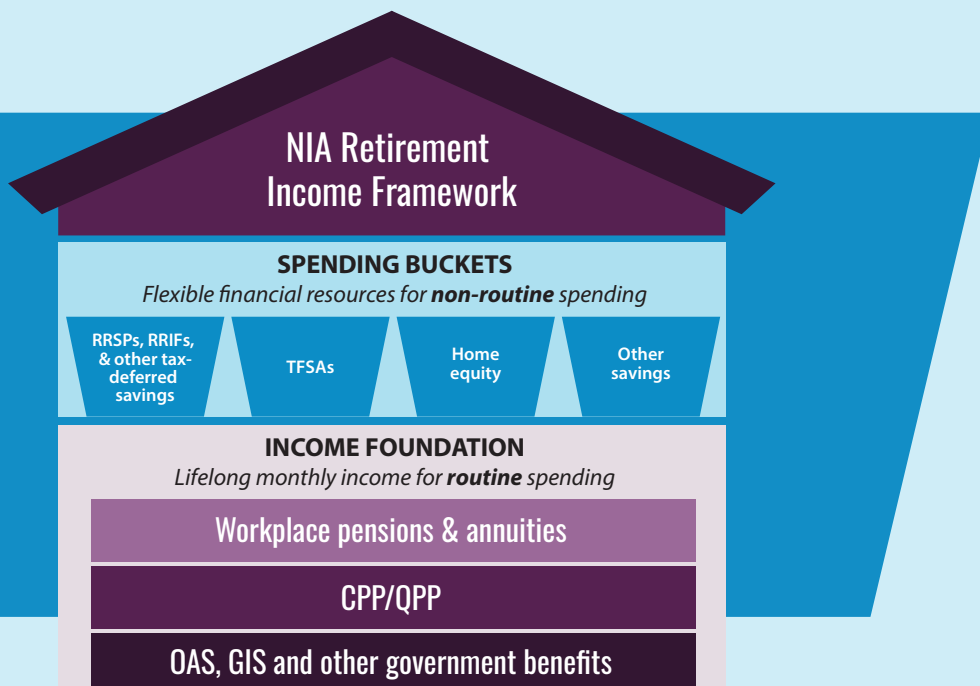


5. Material Deprivation



6. Retirement Readiness

The financial security of older Canadians is essential to ensuring they can live their later years with comfort and security. As older adults retire, they may rely on a range of income sources, as showcased in the NIA's Retirement Income Framework.<sup>33</sup>



Canada's retirement income system provides a basic level of support through programs such as the Canada/Quebec Pension Plan (CPP/QPP), Old Age Security (OAS) and the Guaranteed Income Supplement (GIS). While these government-administered programs ensure a base level of retirement income for all Canadians, they were never designed to fully replace pre-retirement earnings. Estimates suggest these programs collectively replace only about 40% of average pre-retirement income.<sup>34</sup>

To maintain their standard of living in retirement, most Canadians need additional income beyond what the public system provides. Historically, workplace pension plans helped bridge this gap by offering reliable, lifetime income. However, these plans have become increasingly rare, especially in the private sector, leaving more Canadians without access to employer-sponsored pensions.

## Canada's government-sponsored retirement income system

Canada's public pension system provides a foundational income for retirees through the Canada Pension Plan (CPP)/Quebec Pension Plan (QPP), Old Age Security (OAS) and the Guaranteed Income Supplement (GIS).

CPP benefits can be claimed as early as age 60 or as late as age 70, while QPP allows deferral up to age 72. Benefits are calculated based on lifetime contributions and adjusted according to the age at which payments begin. Deferring benefits until age 70 can result in a monthly pension more than double (2.2 times) the amount received at age 60. These benefits are indexed to inflation and paid for life.<sup>35</sup>

OAS is a monthly pension available to Canadians starting at age 65. Payments can be deferred up to five years, with the monthly amount increasing for each month of delay, though no additional benefit is gained by deferring beyond age 70.<sup>36</sup>

GIS provides additional non-taxable support to low-income older adults who qualify for OAS. GIS payments are added to OAS pension payments each month and determined based on annual income.<sup>37</sup>

OAS and GIS are both reviewed four times a year and adjusted for inflation to reflect changes in the cost of living.

As a result, the financial responsibility for retirement has shifted heavily onto individuals. Rising living costs in 2024 have further strained financial resources. Those not yet retired face challenges saving for the future, as their efforts often compete with the escalating costs of housing, education and childcare. Meanwhile, retirees may find that their personal savings have not kept pace with the rising cost of living, making it difficult to meet their ongoing needs.

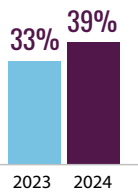
With affordability challenges persisting, understanding the financial security of ageing Canadians is more important than ever. This 2024 survey focuses on three indicators of financial security: financial well-being, material deprivation and retirement readiness. Material deprivation is a new indicator, incorporated into the survey for the first time to examine the extent of poverty among Canadians 50+.

# Financial Security of Canadians 50+ in 2024: At a Glance



## 4. Financial Well-being

### Progress and persistent challenges:



- More Canadians 50+ are able to save than before: the proportion who say that their income is “good enough” to allow them to save increased from **33%** in 2023 to **39%** in 2024

- **1 in 4** Canadians 50+ have household incomes that are not adequate to meet their current, let alone long-term, needs



### Key group differences:

- Challenges with financial well-being are more likely to be experienced by people aged 50-64, those without a workplace pension, and those who report poor or fair health



## 5. Material Deprivation

### Significant Poverty Among Canadians 50+:



- According to the Material Deprivation Index, **1 in 5** Canadians 50+ likely have a poverty-level standard of living
- Among Canadians 65+, **14%** are likely living in poverty, more than double what Canada’s official measure of poverty shows

### Groups at greater risk of experiencing poverty:

- Canadians 50+ who say that their income is “not enough” are the most likely to have a poverty-level standard of living
- Those aged 50-64 years and those who report poor or fair health also have some of the highest levels of deprivation, with poverty rates of **29%** and **41%**, respectively
- Women, single-person households, renters and those with lower education levels are also at greater risk of poverty

### Top essential goods, services and activities that are unaffordable for Canadians 50+:

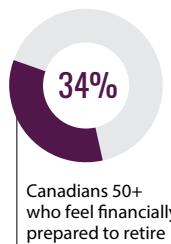
- 20%** cannot afford an unexpected expense of \$500
- 16%** cannot afford regular dental care
- 16%** cannot spend a small amount of money each week on themselves



## 6. Retirement Readiness

### Lack of savings and financial preparedness:

- Only **34%** of Canadians 50+ who would like to retire feel financially prepared to retire when they want
- **1 in 4** Canadians 50+ have saved \$5,000 or less for retirement



### Significant concerns about the future:

- Rising cost of living (70%) and fear of running out of money (48%) are the top financial concerns among Canadians 50+



### Key barriers and enablers:

- Retirement readiness is much lower among Canadians 50+ who say their income is “not enough,” or that they are in poor or fair health, than those with adequate incomes and better health
- Canadians 50+ who own their homes (44%) or who have workplace pensions (48%) are far more likely to feel financially ready to retire compared to renters (15%) or those without pensions (16%)



## 4. Financial Well-being

**In 2024, the financial well-being of Canadians 50+ reflects both progress and persistent challenges. One quarter of Canadians 50+ report household incomes that are not adequate to meet their current, let alone, long-term needs. Challenges with financial well-being are more likely to be experienced by people aged 50-64, those without a workplace pension and those who are in poor health.**

In 2024, three-quarters of Canadians 50+ reported that their household income is adequate, either because it is good enough to build savings (39%) or just enough to avoid major problems (36%). The proportion of Canadians 50+ who say that their income is “good enough” to allow them to save has increased by six percentage points over the past year, from 33% in both 2022 and 2023 to 39% in 2024 (Figure 20).

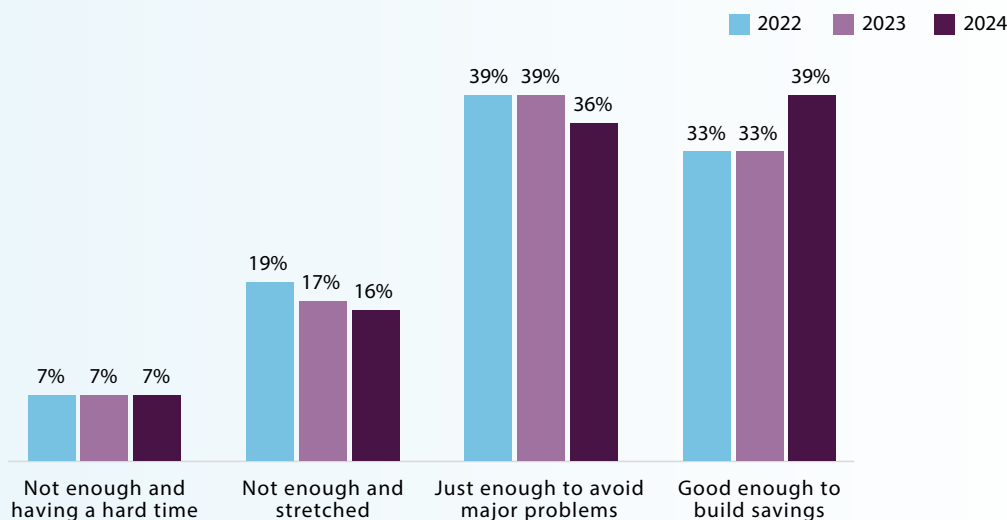
At the same time, close to one-quarter of Canadians 50+ continue to be financially vulnerable. In 2024, one in four reported that their incomes are not enough for them: 16% said that they are financially “stretched,” while 7% said that they are “having a hard time.” The share of Canadians 50+ with the lowest levels of

financial well-being and who are “having a hard time” has remained unchanged since 2022.

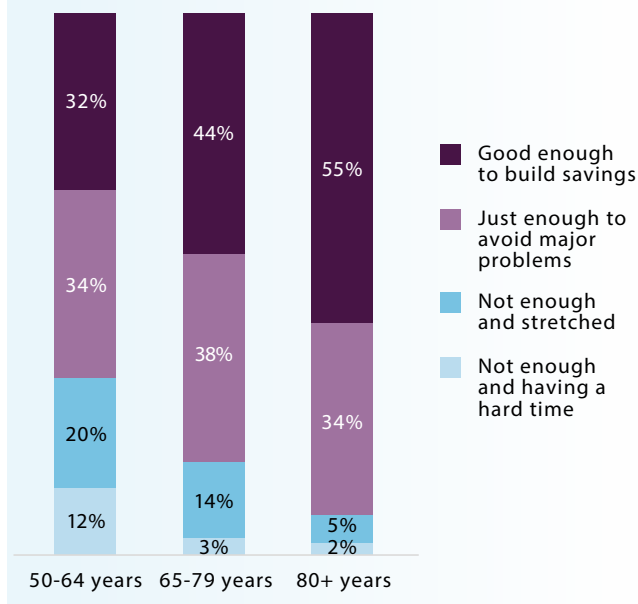
The 2024 results demonstrate an improvement in the proportion of Canadians 50+ who report levels of financial well-being at the higher end of the income scale, while the proportion at the lowest end and who continue to struggle has remained the same.

Canadians 80+ are the most likely to report that their income is “good enough” to allow for savings. Financial pressures appear to be more common for those approaching older ages, as Canadians 50-64 years are considerably more likely to be financially stretched or struggling (Figure 21).

**Figure 20.** Adequacy of household income among Canadians 50+



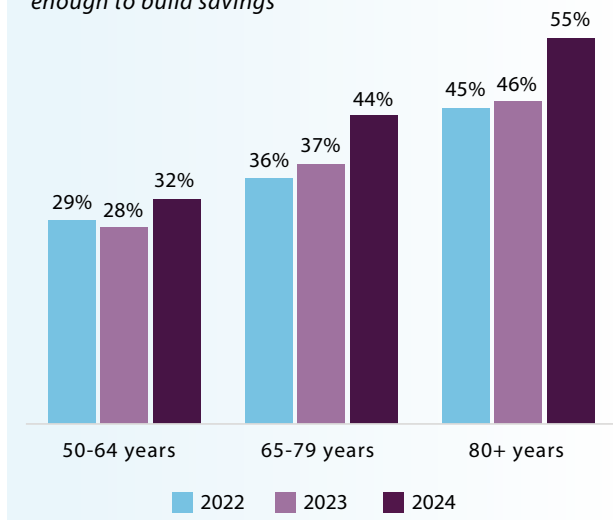
**Figure 21.** Adequacy of household income by age in 2024



The proportion who said that their household income is good enough to build savings has also increased across all age groups since 2022. However, Canadians 80+ have seen the most significant improvement in their financial security over the past year (Figure 22). This suggests that this year, more older Canadians, regardless of age, are feeling financially secure, but also that targeted financial supports for the oldest Canadians (discussed below) may be having a positive impact.

**Figure 22.** Income adequacy by age

Percentage who say their household income is “good enough to build savings”

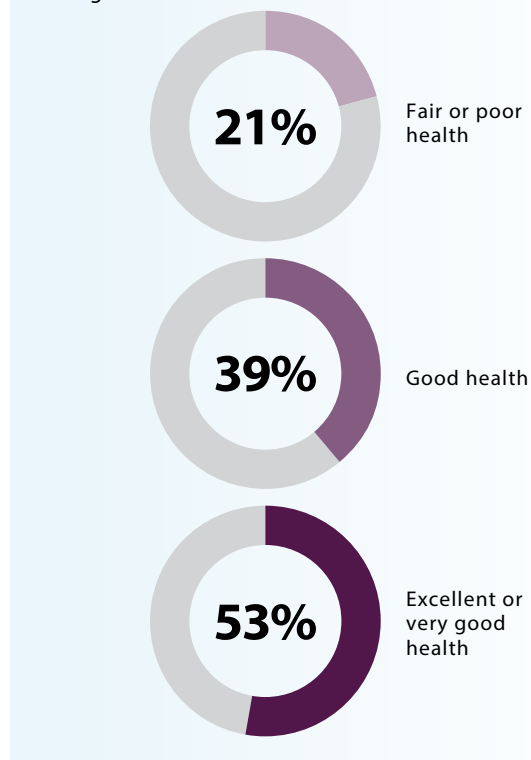


As has been the case since 2022, financial well-being also varies with health and other socio-economic factors.

In 2024, Canadians 50+ in better health were again much more likely to describe their income as “good enough” than those in fair or poor health (Figure 23).

**Figure 23.** Income adequacy by health status

Percentage with income that is “good enough to build savings”



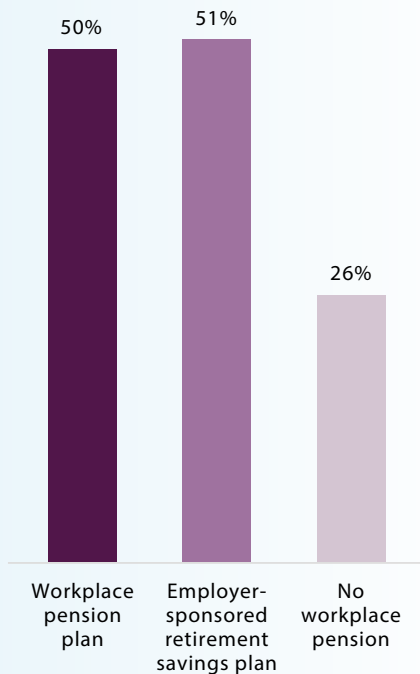
Financial well-being also increases with other aspects of socio-economic status that are closely tied to income. For example, the proportion who said that their income is “good enough” was higher for those with a university education (51%) than those with less than a high school education (34%).

The proportion holding this view was also higher for those who own their homes (48%) compared to those who rent (24%), and for those with a workplace pension plan (50%) or other employer-sponsored retirement savings plan (51%) than those without (26%) (Figure 24).



**Figure 24.** Income adequacy by workplace pension plan

Percentage with income that is “good enough”



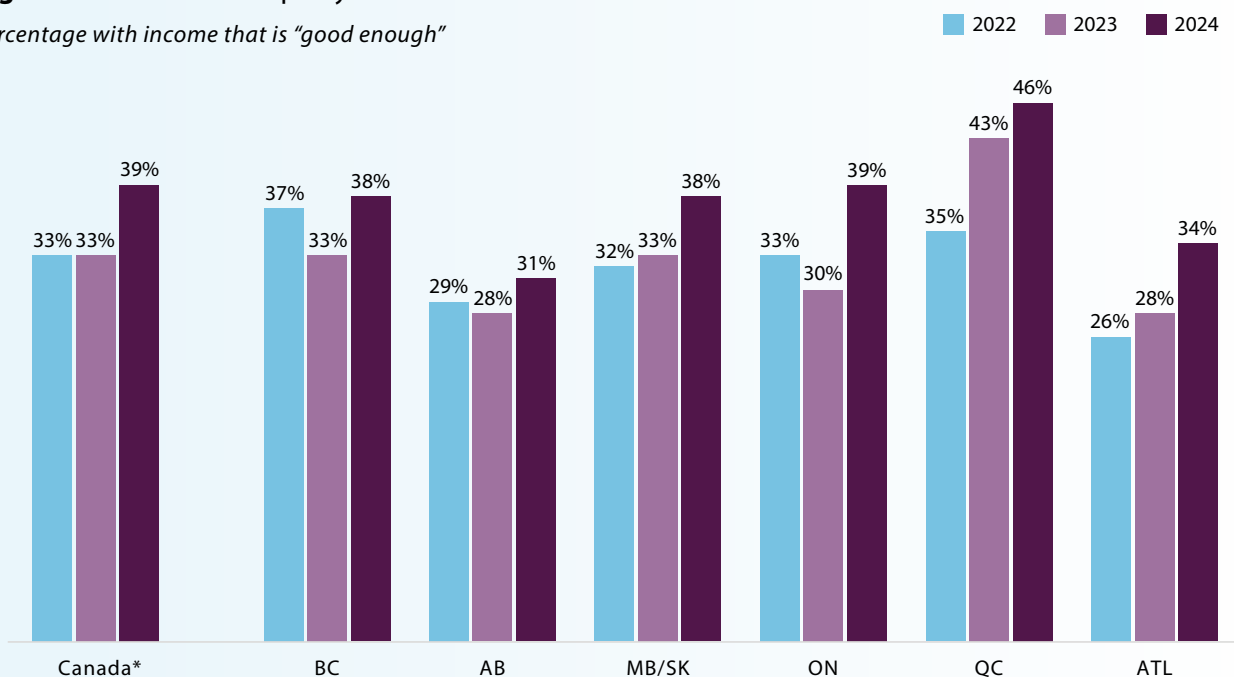
In addition, men were more likely (44%) than women (35%) to say their income is “good enough” for them, as were those who live with someone else (41%) compared to those living alone (34%), highlighting the value of pooled income for Canadians.

Finally, there are also regional differences. Provincial variation exists across Canada, and as was the case in 2023, the proportion who described their income as good enough was higher in Quebec (46%) than in any other province (ranging from 31-39%) and the national average (39%) (Figure 25).

The 2024 findings also reveal notable differences in financial well-being based on community size. Canadians 50+ living in rural regions were less likely to report that their income is “good enough” (32%) than those living in cities and suburbs (41%) or towns and villages (42%).

**Figure 25.** Income adequacy across Canada

Percentage with income that is “good enough”



\*Territories not included

## Policy Implications

The 2024 survey results highlight a complex financial landscape for older Canadians with significant policy implications. **While there is a growing segment of Canadians 50+ who report that their income is “good enough” to build savings—an encouraging trend—a substantial portion remain vulnerable to financial shocks or unexpected expenses.**

This year’s findings suggest that financial circumstances are improving for those who are already generally well-off, while low-income older adults continue to struggle. This is characterized by the growing proportion of Canadians 50+ who say that they are able to save from their income, while the proportion with inadequate incomes and struggling the most financially has remained unchanged since 2022. This finding is consistent with recent reports highlighting widening economic disparities and a more pronounced wealth gap in the overall Canadian population.<sup>38</sup> In fact, Statistics Canada reports that in the second quarter of 2024, income inequality in Canada rose to the highest level on record since 1999.<sup>39</sup> It will be important to monitor whether this emerging trend continues in the years ahead.

**The findings also underscore the importance of expanding and reinforcing financial support systems for Canadians, especially for those aged 50-64 who are the most likely to report financial struggles. This cohort is not yet eligible for OAS/GIS benefits and potentially other workplace and provincial programs that begin at age 65.<sup>ix</sup> As this group approaches retirement but is not yet eligible for these important**



sources of retirement income, they may be at heightened risk of financial insecurity. In addition, while continued employment may be an option for this age group, many are forced into early retirement owing to poor health, the need to care for a spouse or other circumstances beyond their control.

While financial pressures may be more acute for those approaching retirement, **the findings also show that older age cohorts report better financial well-being, suggesting that the oldest Canadians may be benefitting from established income sources such as pensions or government benefits like the OAS/GIS.**

This trend may partly be explained by the surveyed population itself: those aged 80+ include individuals living in the community who are facing initial physical limitations that may prevent discretionary spending, but not so much so that they require paying out of pocket for long-term care facilities. However, **the fact that Canadians 80+ also report the greatest improvements in financial well-**

<sup>ix</sup> See MacDonald & Chandler (2024) for a review of the importance that age 65 plays in the Canadian retirement income system. MacDonald, B.J. and Chandler, D. (2024). Step #4: Providing the Right Information in the Right Way: Removing the Biases in CPP/QPP Communications and Empowering Informed Decisions. National Institute on Ageing, Toronto Metropolitan University.

**being since 2023 could be interpreted as suggesting that targeted financial supports are making a meaningful difference. In July 2022, the federal government introduced a 10% increase to OAS for Canadians aged 75 and older.<sup>40</sup>**

**Policymakers can observe the successful downstream impact of policy interventions within the retirement security system, particularly the role that OAS/GIS play in the retirement-income security of Canadians 65+.** There are also signs of potentially positive effects of the 10% increase in OAS for those aged 75+ since 2022. However, broader policy responses are required to address the financial pressures faced by those approaching retirement and other at-risk groups, in order to ensure income security for all older adults.

Addressing these age-related and group differences while maintaining progress on income adequacy across all age groups, and ensuring that income supports continue to meet the evolving needs of older adults—particularly those not yet eligible for OAS/GIS—will be crucial for creating more comprehensive financial security across the ageing population in Canada. More information and a better understanding of the factors driving financial strain among so many Canadians could allow governments to tailor interventions and ensure resources are allocated effectively to address root causes of financial vulnerability.

**Regional disparities, particularly the higher financial well-being reported in Quebec, suggest that provincial-level policies and programs may be playing an important role in shaping the economic well-being of older adults. Quebec has one of the oldest populations in Canada,<sup>41</sup> meaning that a larger proportion of the**

**provincial population is receiving monthly income from public pensions.** Our finding on the relative financial well-being of older adults in Quebec therefore suggests that public pensions are effectively fulfilling their intended role.

Quebec's tailored pension system, the Quebec Pension Plan (QPP), also differs slightly from the Canada Pension Plan (CPP) in terms of contribution rates and benefits, including by providing more generous and accessible survivor's and disability benefits.<sup>42</sup> Quebec also offers unique provincial programs, tax credits and income supports, such as the Solidarity Tax Credit and grants to offset municipal tax increases, to support low- to middle-income residents.<sup>43,44</sup> The province's superior rental protections, including recent measures to prevent renovictions—when tenants are displaced under the pretext of renovations—also ensure greater housing stability for older adults.<sup>45</sup> These protections ensure that older adults, who are often on fixed incomes, are shielded from sudden increases in housing costs and potential displacement. Collectively, **the unique policy interventions in Quebec that support income security for older adults may contribute to the relatively higher financial security among Quebec's older population. Policymakers across Canada would benefit from examining the factors driving regional differences.**

**Addressing the financial challenges that Canadians approaching older ages and older Canadians face will require policymakers to innovate and design new, creative solutions that can bridge gaps in income support systems and ensure a more equitable distribution of financial resources.**



## 5. Material Deprivation

**More older adults in Canada may be living in poverty than official measures show.**

The Material Deprivation Index (MDI) is a new, alternative approach to measuring poverty, developed for the Canadian context by researchers at Food Banks Canada. Unlike methods that have typically been used to assess poverty in Canada—such as the Market Basket Measure (MBM) and the Low-income Measure (LIM), which focus primarily on household income levels—the MDI assesses material outcomes. Used in Europe for decades, the MDI methodology complements income-based poverty measures to provide a better understanding of the true extent and nature of poverty.<sup>46,47,48</sup> As a result, the MDI is a complementary tool that can be used together with the MBM or LIM.

The MDI assesses whether a household has a poverty-level standard of living by evaluating its ability to afford goods and services, and to participate in activities that most Canadians view as necessary for achieving an acceptable living standard. Rather than focusing only on

income to define poverty, the MDI focuses on what households can actually afford, such as being able to pay bills on time or keep one’s home at a comfortable temperature all year round.<sup>49</sup> This approach makes the MDI a useful complement to income-based measures of poverty, helping to capture the reality of poverty and the lived experiences of households struggling to meet their basic needs.

The MDI is a useful complement to income-based measures of poverty because it accounts for the fact that comparable households with the same income can experience vastly different standards of living. There are a multitude of circumstances beyond income that can impact whether a household is living in poverty, which income-based measures of poverty cannot fully account for—such as unexpected expenses, debt, specific health needs or other needs requiring larger out-of-pocket spending.<sup>50,51</sup>

### Comparing Poverty Measures

Market Basket Measure (MBM)	Low-income Measure (LIM)	Material Deprivation Index (MDI)
<p>Defines poverty based on the cost of a “basket” of essential goods and services for a modest standard of living.</p> <p>A household is considered to be in poverty if its income is below the cost of this basket.</p> <p>Measured by Statistics Canada for Canada’s official poverty line, which the government defines.</p>	<p>A relative measure of poverty comparing household incomes to the national median.</p> <p>Households are considered low-income if their income is less than 50% of the median income of all households, adjusted for family size.</p>	<p>Assesses a household’s ability to afford 11 essential items and services needed for a minimally acceptable living standard.</p> <p>A household is considered to be experiencing a poverty-level standard of living if it lacks access to two or more necessary items because it cannot afford them.</p>

## How the MDI works

The MDI is based on a list of 11 goods, services and activities that most people consider necessary for maintaining an acceptable standard of living in Canada. These are not merely basic necessities like food and shelter, but rather items and services that, if missing, would cause a household's living conditions to fall below what most would consider as acceptable in Canada.<sup>52</sup> Importantly, the MDI distinguishes between

households that cannot afford certain goods or services and those that do not have them for other reasons, such as personal preference or lack of access. It measures deprivation to assess a standard of living by counting the number of items a household lacks because it can't afford them.<sup>53</sup>

Table 1 shows the 11 deprivation items and the proportion of Canadians 50+ who, in the NIA's 2024 survey, reported not being able to afford each one.

**Table 1.** Material Deprivation Items & 2024 NIA Survey Results

Item	Question	% of Canadians 50+ unable to afford the item
<b>Unexpected expense</b>	If you had an unexpected expense today of \$500, could you cover this from your own resources?	20%
<b>Spending money</b>	If you wanted to, could you spend a small amount of money each week on yourself?	16%
<b>Dental Care</b>	Are you/is everyone in your household able to get regular dental care, including teeth-cleaning and fillings, at least once a year?	16%
<b>Gifts</b>	Are you able to buy some small gifts for family or friends at least once a year?	10%
<b>Special Occasion</b>	Are you able to participate in celebrations or other occasions that are important to people from your social, ethnic, cultural or religious group?	9%
<b>Clothes</b>	Do you/does everyone in your household have appropriate clothes to wear for special occasions, such as a job interview, wedding or funeral?	8%
<b>Bills</b>	Are you currently able to pay your bills on time?	7%
<b>Temperature</b>	Are you able to keep your house or apartment at a comfortable temperature all year round?	5%
<b>Protein</b>	Are you/is everyone in your household able to eat meat or fish or a vegetarian equivalent at least every other day?	4%
<b>Transportation</b>	Are you/is everyone in your household able to get around your community whenever you/they need to?	3%
<b>Footwear</b>	Do you/does everyone in your household have at least one pair of properly fitting shoes and at least one pair of winter boots?	3%

The more deprivation items a household wants but cannot afford, the greater the likelihood that the household has a poverty-level standard of living.<sup>54</sup>

Table 2 shows the number of deprivation items Canadians 50+ reported wanting but not being able to afford. In 2024, just over two-thirds (68%) of Canadians 50+ reported no deprivation items.

**Table 2.** Canadians 50+ reporting 0 to 11 or more deprivation items

0	68%
1	10%
2	6%
3	5%
4	3%
5	3%
6	2%
7	1%
8	1%
9	-
10	-
11	-

The researchers at Food Banks Canada, who developed the MDI for the Canadian context, determined that a threshold of two items or more indicates a poverty-level standard of living.<sup>55</sup>

**According to a material deprivation threshold of two items or more, the NIA’s survey reveals that, in 2024, 22% of Canadians 50+ likely have a poverty-level standard of living.<sup>x</sup>**

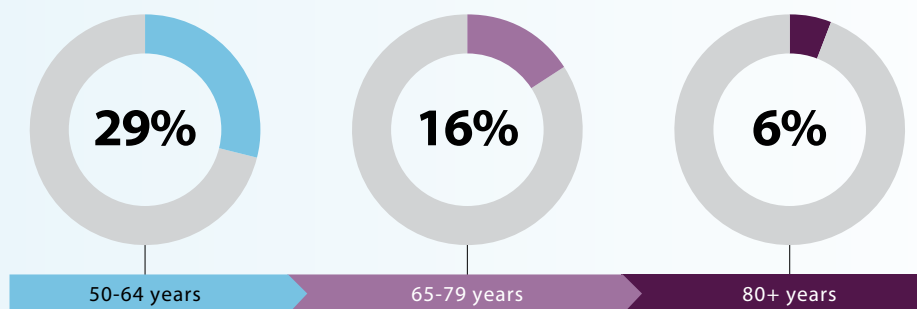
This means that one in five Canadians 50+ said they could not afford two or more essential items, such as regular dental care, adequate heating, or an unexpected expense.

Consistent with existing evidence,<sup>56</sup> this finding suggests that poverty among older Canadians may be considerably more prevalent than reflected in Canada’s official income poverty statistics.

There are also considerable differences in material deprivation across age groups. Canadians aged 50-64 years are far more likely to have a poverty-level standard of living, and levels of material deprivation drop considerably across older age groups (Figure 26). When looking at the overall population 65+, about 14% are living in poverty according to the two-item threshold MDI.

**Figure 26.** Poverty-level standard of living by age group

Percentage with 2 or more deprivation items

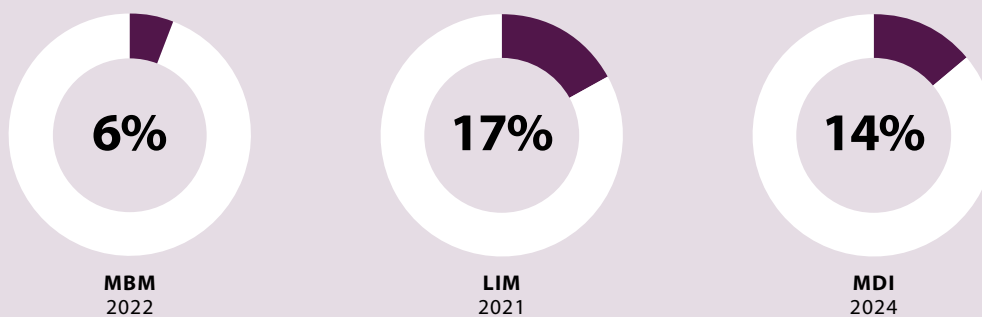


<sup>x</sup> The total reported for this finding exceeds the sum of individual items in Table 2 due to rounding of decimal points not displayed in the table

## Comparing Poverty Estimates

While official poverty estimates in Canada are unavailable for the population 50+, Statistics Canada reports that 6% of older adults 65+ were living in poverty based on the MBM in 2022.<sup>57</sup> However, the NIA's survey shows that when we measure poverty based on material deprivation (MDI), the proportion of adults aged 65+ who are living in poverty is substantially higher at 14%—more than twice the MBM-based rate.

### Poverty and low-income statistics among Canadians aged 65+

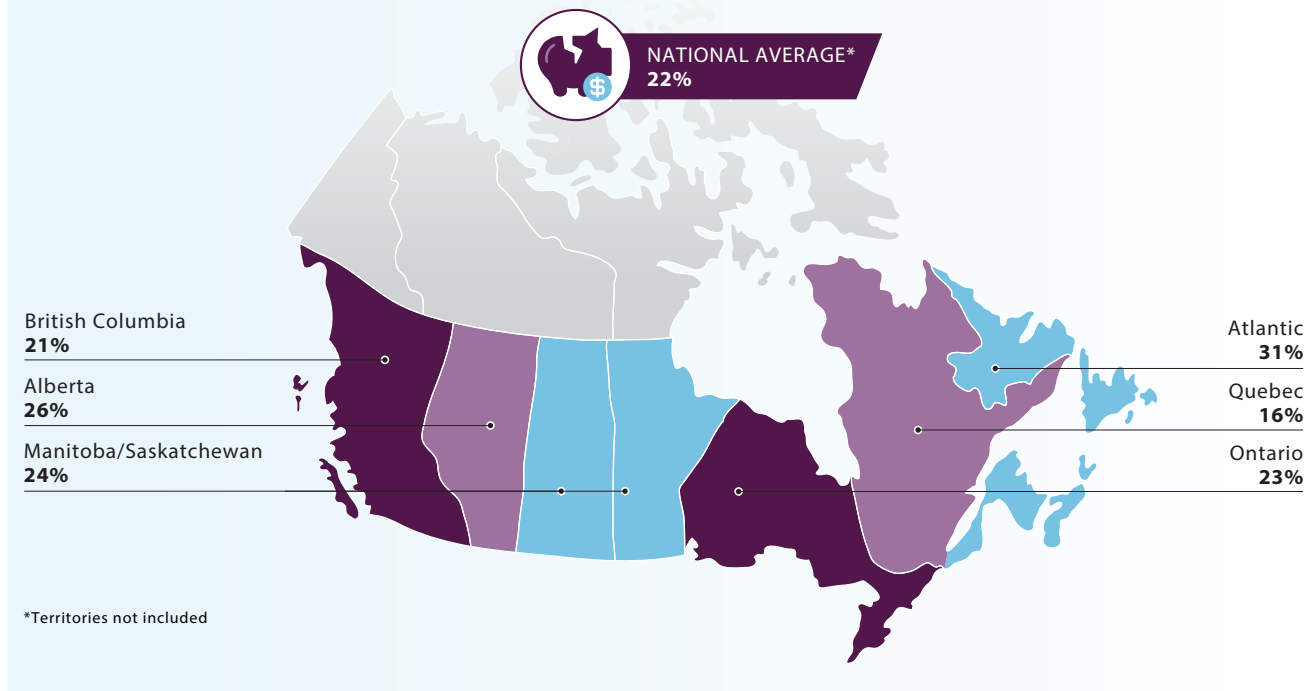


On the other hand, estimates of poverty among older adults in Canada based on the LIM (after-tax) are even higher than those based on the MDI, suggesting that 17% of Canadians 65+ are living in poverty.<sup>58</sup> In fact, LIM-based poverty rates among older adults in Canada have been rising, due in part to growing income inequality among older adults, as well as faster-rising incomes among younger cohorts than older adults.<sup>59</sup> LIM-based estimates of poverty among Canadians 65+ have been, at minimum, twice the MBM poverty rate since 2015.<sup>60</sup>

Relying on the MDI, therefore, appears to confirm the trends observed with LIM-based estimates, suggesting that financial hardship among older Canadians may be much more widespread than previously estimated based on the MBM.

**Figure 27.** Canadians 50+ with poverty-level standard of living across Canada

Percentage with 2 or more deprivation items

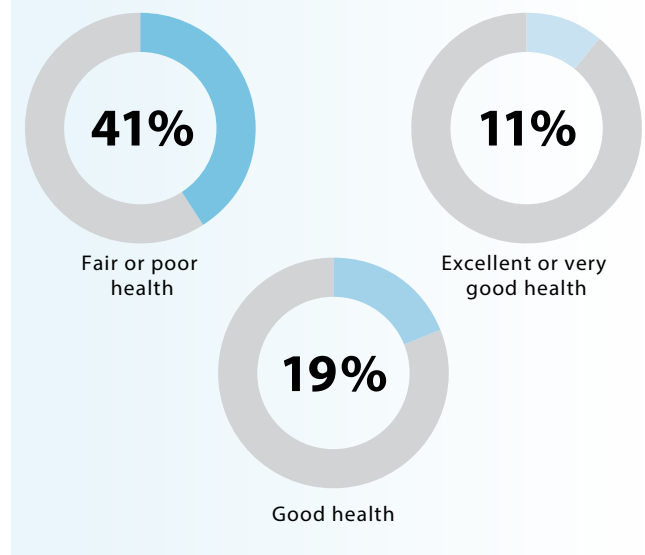


Across Canada, those living in Quebec had the lowest rates of material deprivation, while those living in the Atlantic provinces were the most likely to have a poverty-level standard of living (Figure 27).<sup>xi</sup>

According to the two-item threshold MDI, Canadians 50+ who report poor or fair health are nearly four times more likely to be living in poverty than those with excellent or very good health. (Figure 28).

**Figure 28.** Poverty-level standard of living by health status

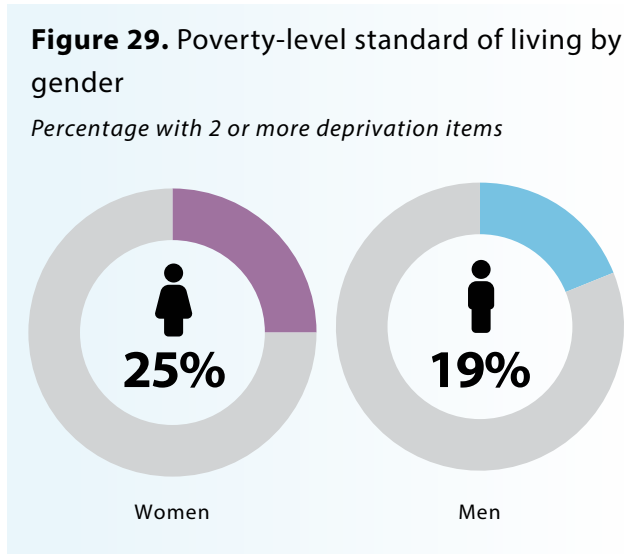
Percentage with 2 or more deprivation items



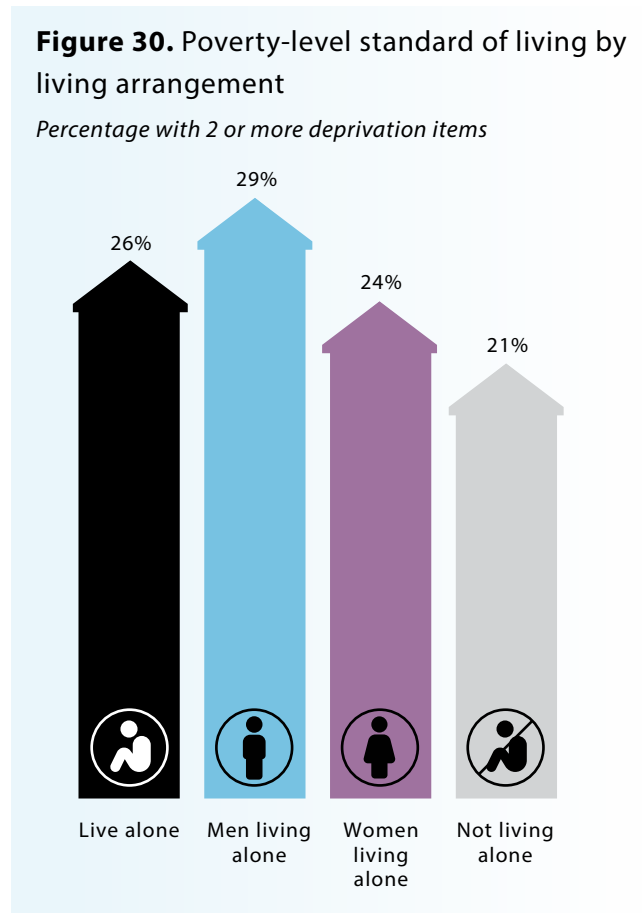
<sup>xi</sup> The data for the Atlantic provinces (New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island) are combined to ensure representativeness and meaningful comparisons given the smaller sample sizes for each individual province are smaller.



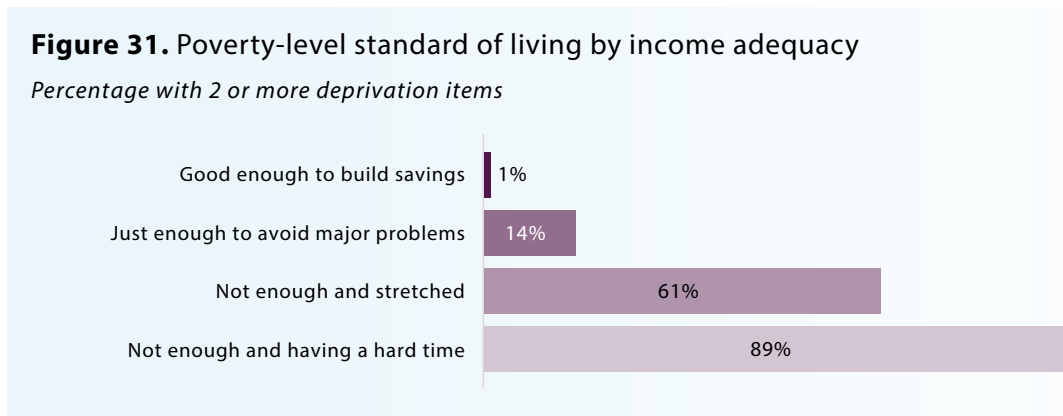
Women 50+ were slightly more likely to be living in poverty than men 50+ (Figure 29).



In line with existing evidence showing higher rates of deprivation among single-person households, the NIA survey found Canadians 50+ living alone had slightly higher rates of deprivation (Figure 30). However, among those living alone, men had higher rates of deprivation than women—contrary to the overall findings on gender. This finding may, in part, be explained by the fact that widowhood is more common among women, especially later in life.<sup>61</sup> As a result, among women living alone, many may have previously benefited from dual household incomes during their marriages, mitigating some of the financial challenges associated with single-person living arrangements.



Not surprisingly, the survey found considerably higher deprivation rates among Canadians 50+ who reported inadequate incomes (Figure 31). In fact, across all factors examined, the highest levels of deprivation were found among Canadians 50+ who said their income is “not enough” for them, either because they are stretched (61%) or having a hard time (89%).



This finding demonstrates how the MDI provides a clearer picture of what it means to report an inadequate income, offering insight into the lived experiences of those who are financially stretched or struggling. By showing clear differences in deprivation levels across these categories, the MDI also enhances our understanding of income adequacy and the economic challenges Canadians 50+ face.

Material deprivation rates also vary considerably by other socio-economic factors. For example, among those with less than a high-school education, 30% were experiencing a poverty-level standard of living according to the two-item MDI threshold in 2024, compared to only 12% among those with a university degree.

Canadians 50+ who were still working (23%) had higher levels of deprivation than those who were retired (14%), but levels were highest for those who are unemployed or on a disability pension (54%).

Among Canadians 50+ who rent their homes, the deprivation rate is 38%, compared to only 12% among those who own their home. Similarly, those without any workplace pension were much more likely to be living in poverty (35%) than those with a workplace pension plan (12%) or other employer-sponsored retirement savings plan (11%).



## Policy Implications

**By focusing on material deprivation rather than income alone, the NIA's 2024 survey results reveal that poverty among older Canadians may be significantly more widespread than official estimates based on the MBM suggest (see Box Comparing Poverty Estimates).** With 22% of Canadians aged 50+ unable to afford two or more essential goods or services, there is a clear need for policy interventions that address not only income levels but also access to necessities that ensure households can maintain an adequate standard of living.

It is important to note that, **based on the MDI, poverty estimates for the entire adult Canadian population show that those over 65 are the least deprived compared to their younger counterparts—even in the case of single-person person households, which tend to be at higher risk of poverty.**<sup>62</sup>

However, the NIA's findings, which show that poverty among older adults may be considerably higher than what's indicated by Canada's official poverty line, remain important in the context of the other vulnerabilities this population faces.

**This finding is also consistent with existing research showing that poverty among older adults in Canada tends to be higher than indicated by official statistics.** For example, the Maytree Foundation has previously documented that income-based measures do not adequately capture the economic hardships older adults face, arguing that a seniors-specific measure of income adequacy should be developed to better address and understand older adults' poverty in Canada.<sup>63</sup>

The MDI also provides a more nuanced understanding of financial strain that can help policymakers identify where interventions are

most needed to address financial and material hardship and improve well-being. **Among Canadians 50+, the inability to afford regular dental care (16%) and cover an unexpected \$500 expense (20%) were the most common deprivation items.** The federal government recently launched the Canadian Dental Care Plan, a national program to improve access to dental services for low- and middle-income Canadians.<sup>64</sup> The program began with a phased rollout, initially offering eligibility to Canadians aged 87 and older in December 2023, and subsequently expanding to those aged 65 and older by May 2024.

Given that our survey was conducted in June-July 2024, shortly after the dental plan opened to all Canadians 65+, the full impact of the program is unlikely to be reflected in this year's findings. **It will be important to assess any changes with respect to dental-service affordability in the NIA's forthcoming 2025 Ageing in Canada report.**

Overall, the 2024 survey suggests that poverty may be more extensive among older Canadians than it appears when based solely on MBM income.

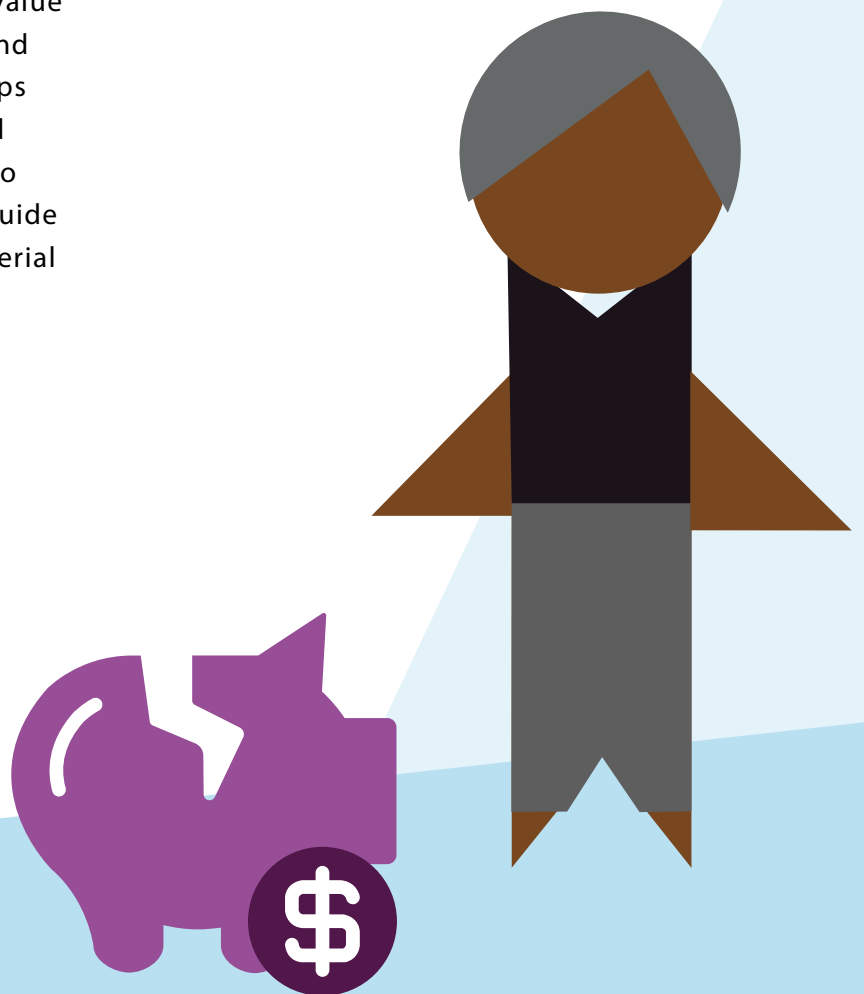
**The survey results also confirm that certain population groups are especially at-risk of experiencing poverty, such as those aged 50-64 years, those in poor health and those living alone. Regional disparities, particularly the higher deprivation rates in Atlantic Canada, also suggest that there is a need for region-specific programs that address local cost-of-living challenges.**

Strengthening social safety nets and ensuring that income supports, such as the GIS, are responsive to the actual costs of essential goods and services could make a significant

difference in reducing material deprivation among Canadians 65+.

The MDI used in the NIA's 2024 survey is based on the most rigorous research available for Canada to date on the development of an MDI tailored to the Canadian context.<sup>65</sup> However, it is possible to develop deprivation scales tailored to specific population groups, including older adults.

**A deprivation scale specifically for older adults could include items of particular relevance to this demographic, such as access to medications, long-term care and mobility aids—areas not fully reflected in the current MDI.** International research, particularly from the U.K., highlights the value of such specialized scales in identifying and addressing the distinct economic hardships of older populations. Policymakers should prioritize the creation of an MDI specific to older adults to better track poverty and guide interventions to reduce financial and material deprivation in the older population.





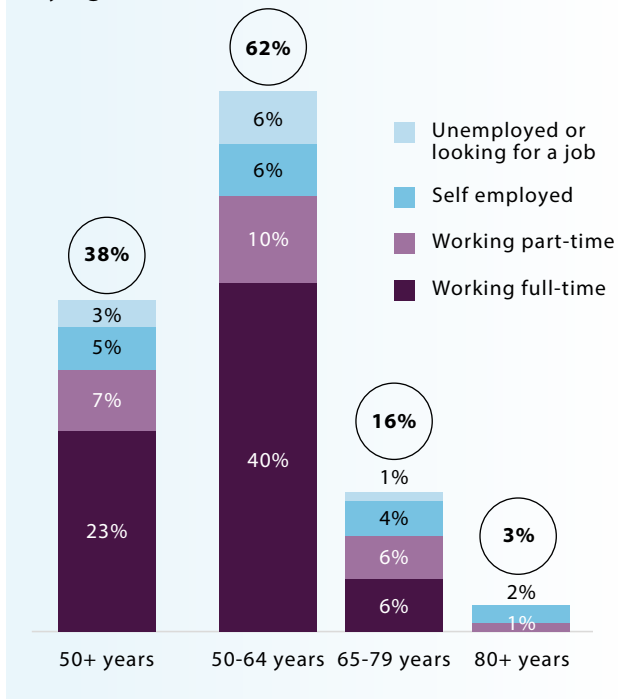
## 6. Retirement Readiness

Planning for retirement can be a complex financial exercise, as older adults have to contend with the uncertainty of not knowing their lifespan, their future health and long-term care needs, or how broader economic trends will impact the cost of living and the value of their savings.

**Despite modest improvements in financial well-being since last year, most Canadians 50+ are still not in a position to financially afford to retire when they want to.**

In 2024, 38% of Canadians aged 50+ reported that they are working (either full-time, part-time or self-employed) or looking for work.<sup>xii</sup>

**Figure 32.** Participation in the workforce by age

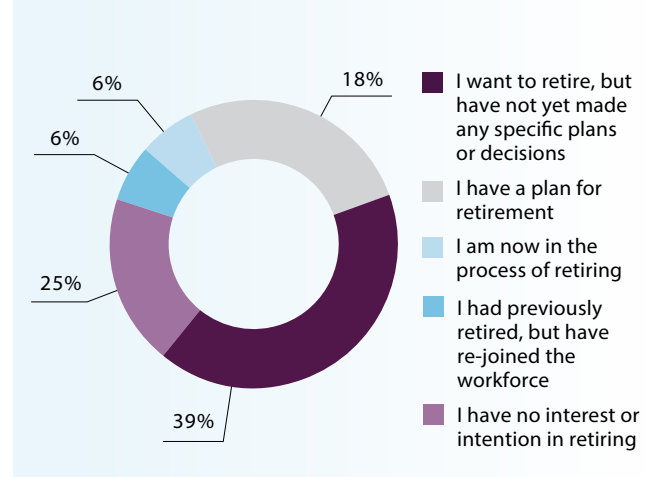


As would be expected, participation in the workforce changes noticeably across cohorts as people age. Among Canadians aged 50-64 years, most (62%) were still working or looking for work, and this cohort was much more likely to be working than their older counterparts aged 65-79 years and 80 years and older (Figure 32).

As a result, those aged 50-64 years made up the majority (83%) of the population 50+ who were still working, and the average age among those aged 50 years and older still working in the labour force was 58.7 years.

When working Canadians 50+ were asked about their retirement plans, most expressed a desire to eventually retire, and were at various stages of either planning or carrying out their retirements. One in four (25%) did, however, report having no interest or intention of ever retiring from work (Figure 33).

**Figure 33.** Plans for retirement among Canadians 50+



<sup>xii</sup> These numbers are largely consistent with Statistics Canada data, showing that labour force participation among Canadians aged 55 and older was 36% in September 2024. See: <https://www150.statcan.gc.ca/n1/daily-quotidien/241108/t001a-eng.htm>

Yet, while retirement is a common goal, the 2024 survey reveals a troubling reality: many Canadians 50+ lack retirement savings, raising serious questions about their financial security as they transition to retirement in the coming years.

It's important to note that the amount of savings required for a secure retirement can vary widely based on individual circumstances. Factors such as having other financial assets (e.g., home equity), access to a defined-benefit pension plan, lifestyle choices, expected expenses, personal debts and health care needs all play a role in determining how much a person needs to save.

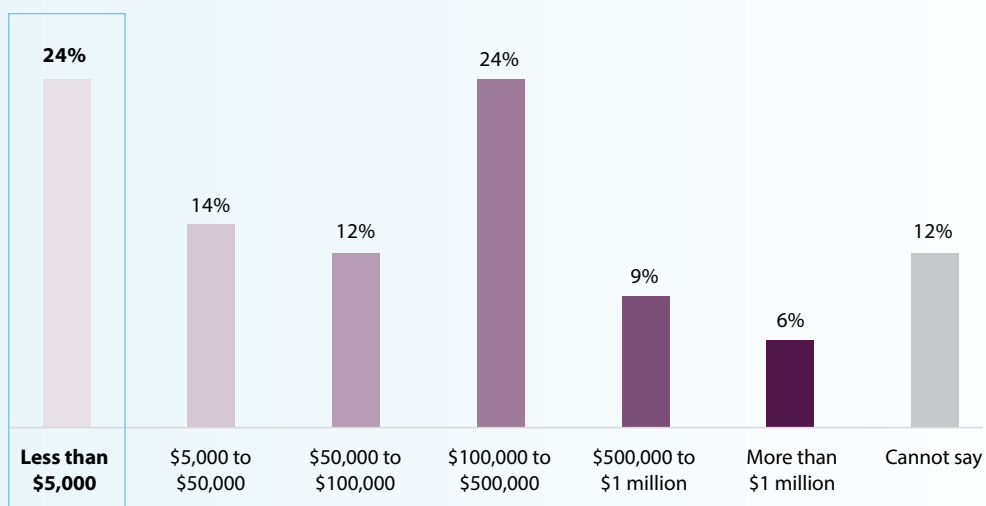
However, it is still worrying that a significant portion of working Canadians 50+ have little

to no savings to support a secure retirement. In 2024, one in four (24%) Canadians 50+ said that they had saved \$5,000 or less for their retirement (Figure 34).<sup>xiii</sup>

It is, therefore, no surprise that a significant portion of Canadians 50+ recognize that their retirement savings may not be adequate to meet their retirement goals. This reality is reflected in the fact that, in 2024, only a minority (34%) of Canadians 50+ with the intention of retiring said that they were in the position to afford to do so when they want (Figure 35). That number has also remained virtually unchanged since 2022, underscoring the ongoing challenges that many Canadians face in achieving a secure and timely retirement.

**Figure 34.** Retirement savings among working Canadians 50+

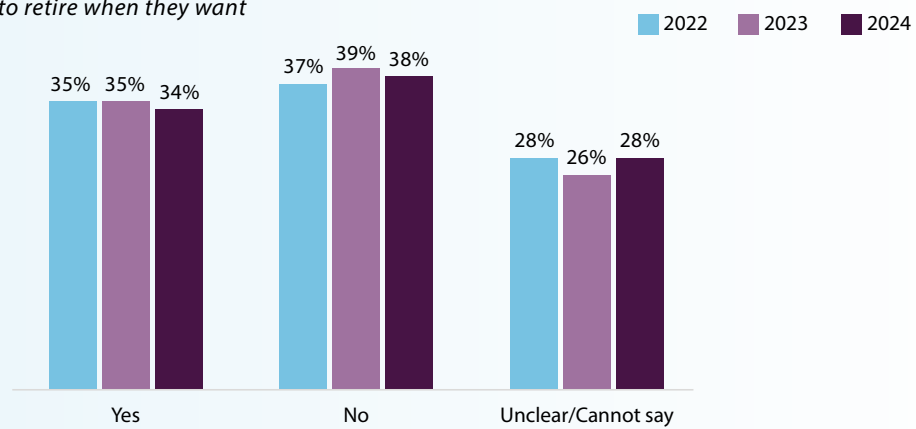
*Dollars put away for retirement or invested, not including property*



<sup>xiii</sup> Respondents were asked: "Approximately how much have you (and your spouse if applicable) saved for your retirement, in terms of dollars invested or put away for this purpose (not including property you may own)?"

**Figure 35.** Retirement readiness among Canadians 50+

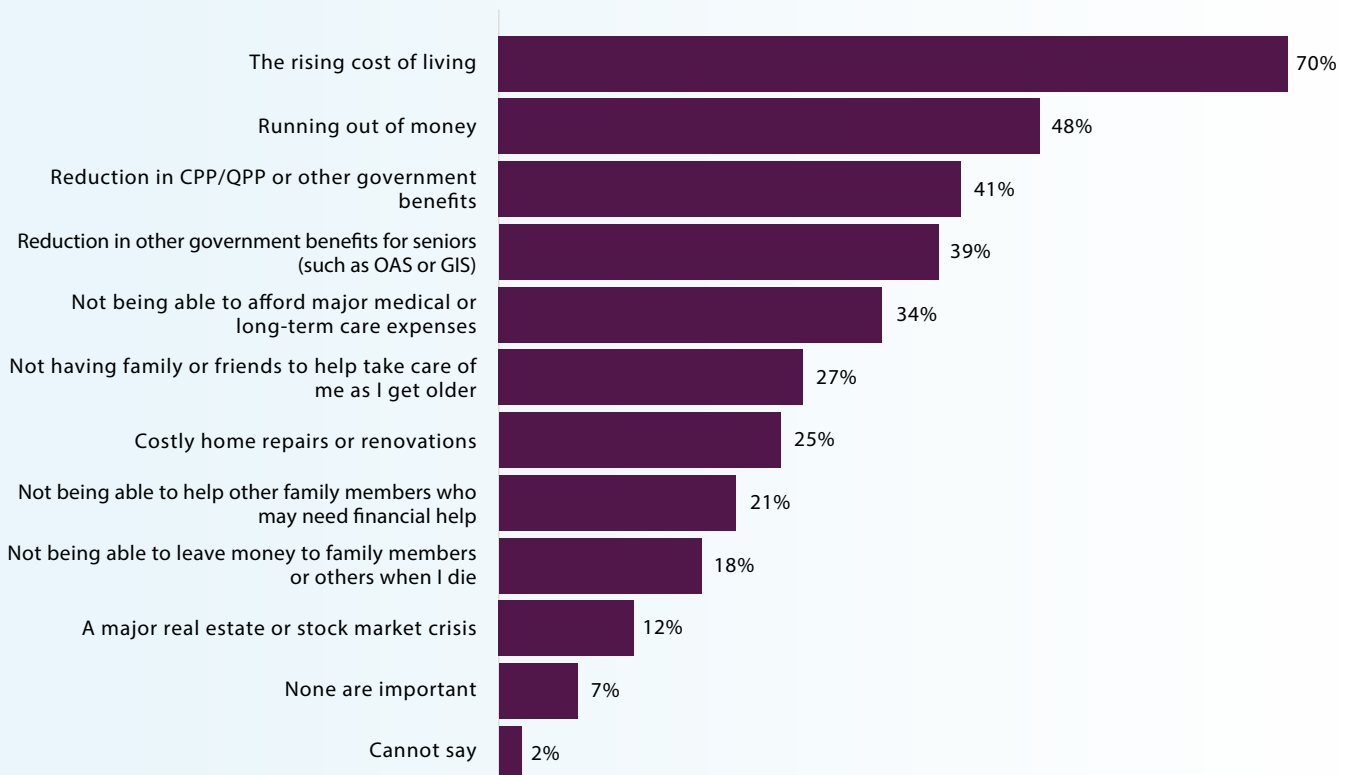
Percentage who can afford to retire when they want



In addition to revealing that many Canadians 50+ have saved very little for retirement and that most do not believe that they will be able to retire when desired, the 2024 survey also indicates that Canadians 50+ have significant financial concerns as they think about the future. The most common financial concern cited by Canadians 50+ was the rising cost of living (70%), followed by the fear of running out of money (48%). Many are

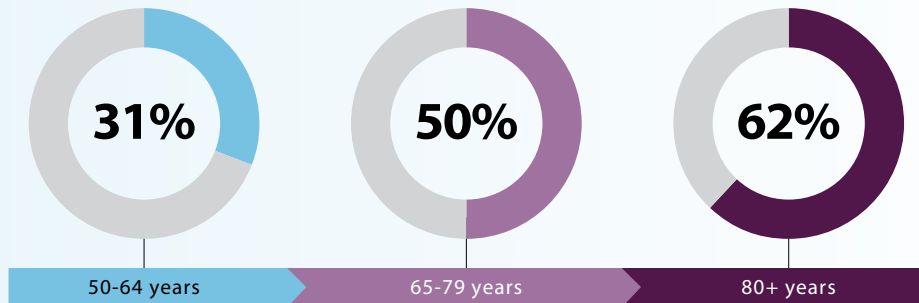
also worried about potential reductions in government benefits, with approximately 4 in 10 concerned about cuts to the CPP/QPP and other benefits for older adults like OAS or GIS (Figure 36). The rising cost of living was the top concern across all age cohorts. Overall, the top concerns highlight the precarious financial outlook of many Canadians 50+ in relation to retirement, underscoring the uncertainty that many feel around the affordability of a secure and timely retirement.

**Figure 36.** Future financial concerns among Canadians 50+ in 2024



**Figure 37.** Retirement readiness by age

*Percentage who can afford to retire when they want*



Retirement readiness increases somewhat with age, though not as significantly as might be expected. Regardless of age, a substantial portion of Canadians still in the workforce and intending to retire said they do not believe that they can afford to do so when they would like (Figure 37).

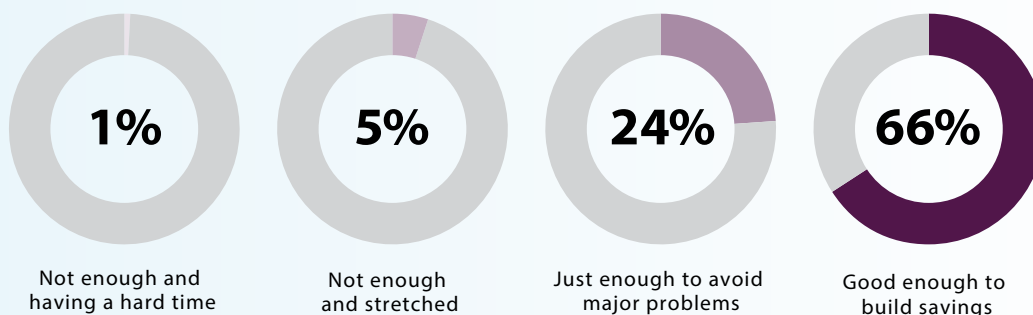
Retirement readiness is also higher for Canadians who are healthier and have more adequate incomes.

The proportion who said they can afford to retire when they want was more than twice as high among those who reported very good or excellent health (47%) than those with fair or poor health (19%).

It was also noticeably higher for those who described their income as “good enough” (66%), while being much lower than average among those who said that their income is “not enough,” either because they are stretched (5%) or having a hard time (1%) (Figure 38).

**Figure 38.** Retirement readiness by income adequacy

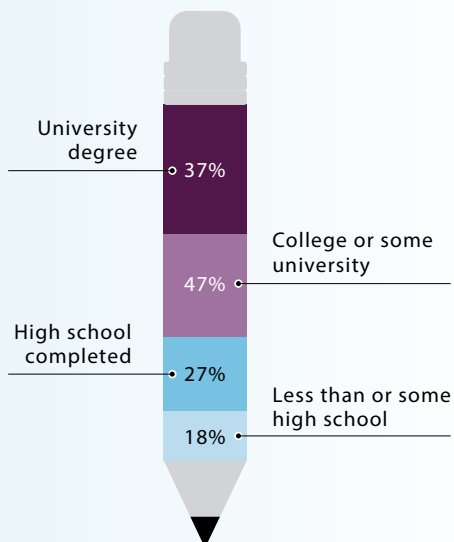
*Percentage who can afford to retire when they want*





**Figure 39.** Retirement readiness by education level

Percentage who can afford to retire when they want



Similarly, retirement readiness also increases with other aspects of socio-economic status. For example, the proportion who said they can afford to retire when they want to rose with educational attainment (Figure 39). Canadians 50+ who own their home (44%) were much more likely than those who rent (15%) to say they can afford to retire when they want, as were those with a workplace pension plan (48%) or other employer-sponsored retirement savings plan (44%) than those without (16%).

In 2024, the proportion who said that they could afford to retire when they want was also higher among those who identify as white (35%) than those who identify as being from a racialized group<sup>xiv</sup> (26%), and higher among individuals born in Canada (35%) than those born in another country (26%).<sup>xv</sup>

Finally, retirement readiness varies across Canada, but the 2024 survey reveals distinct regional shifts, with improvements in Western Canada, stability in Ontario and declines in Atlantic Canada. Overall, however, regional differences became less pronounced in 2024 than in 2023.

Quebec remains the region with the highest proportion of residents who feel they can afford to retire when they want, though the gap with other regions has narrowed. Alberta, which ranked last in terms of retirement



<sup>xiv</sup> The survey measured racial identity using a benchmark question from the Canadian census that asks respondents to identify their ancestral or cultural background(s) from a list (with the opportunity to volunteer other categories). For the purpose of this analysis, “racialized” is defined as anyone who does not identify as “white.”

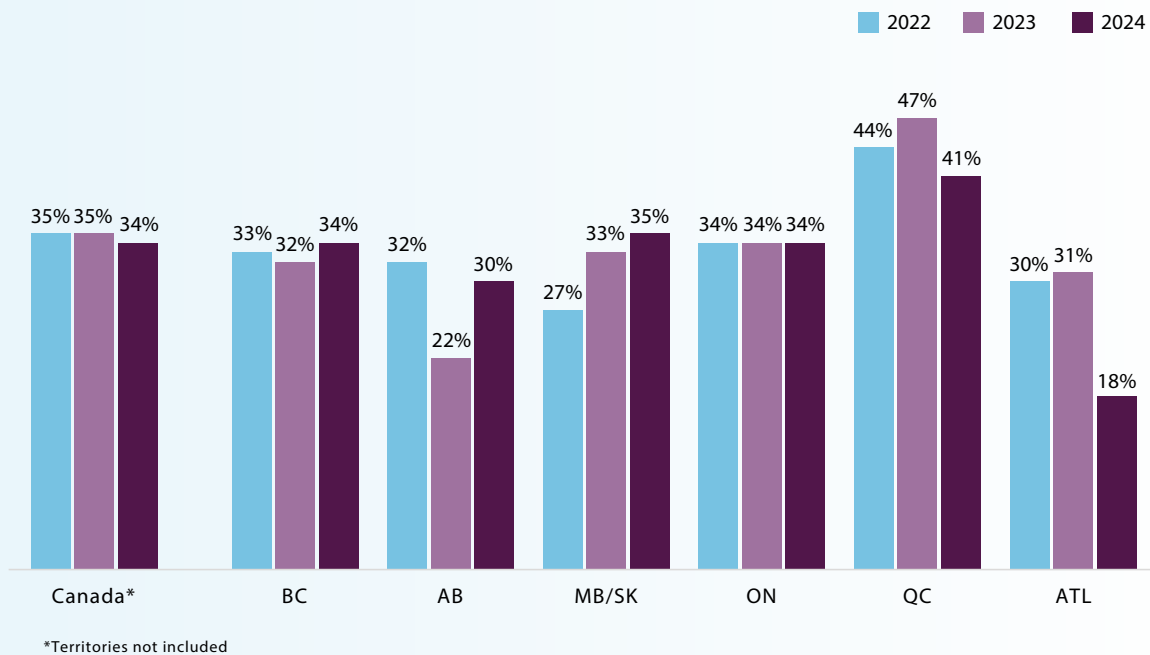
<sup>xv</sup> The findings presented in this section are based on two-way cross-tabulations and do not account for other contributing factors. Our analysis is intended to be purely descriptive, drawing attention to observed differences within the survey data without implying any causality. The purpose of including this information is to highlight disparities that deserve further examination and research, and it is not meant to suggest any motivations or underlying reasons for these differences.

readiness in 2023 is no longer the region with the lowest proportion who feel they can afford to retire when desired. In 2023, only 22% of Albertans felt financially ready for retirement—a 10-point drop from 2022—but this year, the proportion who said they can

afford to retire when they want has returned to around 2022 levels. Instead, the Atlantic provinces now report the lowest levels of retirement readiness, having experienced a sharp decline since 2023—a regional shift that should continue to be monitored.<sup>xvi</sup>

**Figure 40.** Retirement readiness across Canada

*Percentage who can afford to retire when they want*



<sup>xvi</sup> The data for the Atlantic provinces (New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island) are combined to ensure representativeness and meaningful comparisons given the smaller sample sizes for each individual province are smaller.

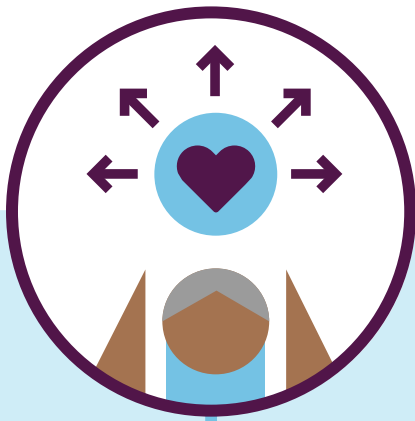
## Policy Implications

**The 2024 findings reveal a troubling reality for many older Canadians: a significant proportion of those aged 50+ are not financially prepared to retire when they would like.**

While retirement is a goal for many, the survey shows that **one in four Canadians 50+ has saved \$5,000 or less for retirement, suggesting that insufficient savings will likely leave a large segment of older Canadians vulnerable to financial hardship in their later years.**

**These findings highlight the ongoing need for stronger retirement savings mechanisms and policies aimed at bolstering financial security in the pre-retirement years.** Policymakers could consider expanding government-sponsored retirement income from CPP/QPP and OAS/GIS benefits. Policymakers should also recognize the importance of expanding access to workplace pension plans, enhancing public retirement savings programs, and providing targeted support to Canadians who are financially stretched or struggling. For example, policymakers could consider expanding the income eligibility threshold for GIS benefits to enable older adults to work longer without fear of losing their benefits.





3

## Health and Independence



**7. Access to Health Care**



**8. Access to Home and Community-Based Care**



**9. Enabling Ageing in Place**

Ensuring Canada is a place where older adults can age with confidence requires the right mix of health and social services to meet their evolving care needs. It's also crucial to support their ability to live independently in their own homes and communities for as long as possible.

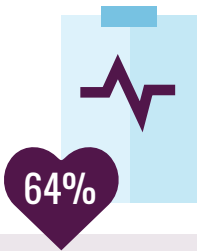
The 2024 survey examines the extent to which Canada enables community-dwelling adults aged 50 years and older to age well with three indicators: access to health care, access to home and community care, and the ability to age in place.

# Health and Independence of Canadians 50+ in 2024: At a Glance



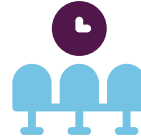
## 7. Access to Health Care

### Persistent Gaps in Access:



Only **64%** of Canadians 50+ who needed health care services in 2024 were able to access them all or most of the time—a rate unchanged since 2022

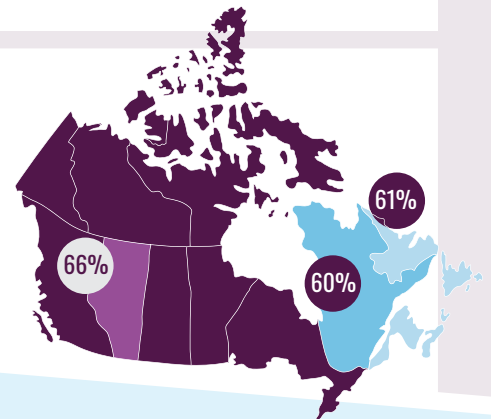
### Top Barriers to Care:



Difficulty getting appointments (**47%**) and canceled or delayed treatments (**25%**) were the most common challenges preventing Canadians 50+ from getting the health care they needed

### Regional disparities persist, but have narrowed in 2024:

Adequate access to needed health care services and treatments is lowest in Quebec (**60%**) and Atlantic Canada (**61%**), while being highest in Alberta (**66%**)



## 8. Access to Home and Community-Based Care

### Limited Access to Essential Support:

In 2024, less than half of Canadians 50+ needing home care (**48%**) or community support services (**44%**) could access them all or most of the time. Concerningly, **19%** were rarely or never able to get the help they needed

**19%**

Canadians 50+ are rarely or never able to get the care they need



### Barriers to Care:

Top challenges limiting access to both home and community-based care include eligibility difficulties (**29%-31%**) and affordability (**23%-34%**)



### Disparities in Access:



- Canadians 50+ who are struggling financially have a much harder time getting the care and services they need
- Women and Canadians 80+ have better access to services, while immigrants and racialized Canadians struggle more to access needed services



## 9. Enabling Ageing in Place

### Desire to Remain at Home and in the Community for as Long as Possible

- Only **3%** of Canadians 50+ would like to move into a long-term care home when thinking about where they would like to live as they age
- Most (**80%**) say they would like to remain in their own homes for as long as they can

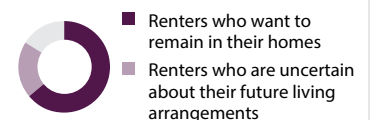


### Health and Income Play Key Roles:

The desire to remain at home is strongly influenced by both health and financial circumstances

### Housing Barriers:

Only **64%** of renters express a desire to remain in their homes, compared to **89%** of homeowners. Instead, **20%** of renters express uncertainty or say it is too early to know about their future living arrangements



## 7. Access to Health Care

Canada’s health care systems have struggled to keep pace with the demands of its ageing population as Canadians are living longer, often with multiple chronic conditions and complex care needs. The COVID-19 pandemic added additional pressure to an already strained system, impacting the availability and quality of health care services to this day.

Access to timely and comprehensive health care services and treatments is necessary for older adults to remain healthy and independent members of their communities. However, the NIA’s 2024 survey reveals continued gaps in access.

### Need for Health Care Services and Treatments

In 2024, 88% of Canadians 50+ reported needing health care services and treatments over the past 12 months. This figure is consistent with the 2023 survey (87%) but higher than the proportion who reported needing health care in 2022 (81%).

Not surprisingly, the reported need for health care services and treatments also increases across age groups. In 2024, 87% of Canadians 50-64 years reported needing health care services and treatments over the past 12 months, compared to 89% of Canadians 65-79 years and 91% of Canadians 80+.

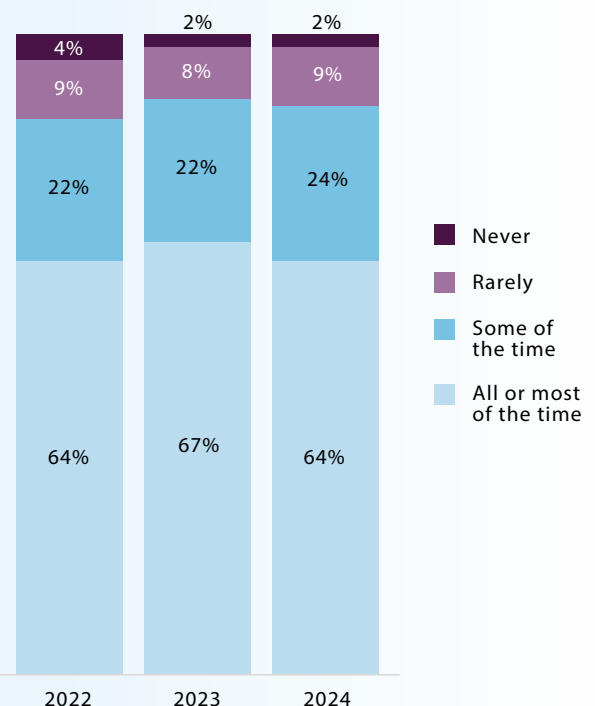
### Access to Needed Health Care Services and Treatments

**As has been the case since 2022, many Canadians 50+ have little or no access to the health care services and treatments they need.**

Nearly two-thirds (64%) of Canadians 50+ in need of health care could get the services and treatments they needed all or most of the time in 2024, while one in three struggled to access necessary health care (Figure 41). The proportion of Canadians 50+ able to access health all or most of the time has also remained relatively stable since 2022.

**Figure 41.** Access to health care among Canadians 50+

*Percentage who could get the care or services they needed, when they needed it, over the past 12 months*



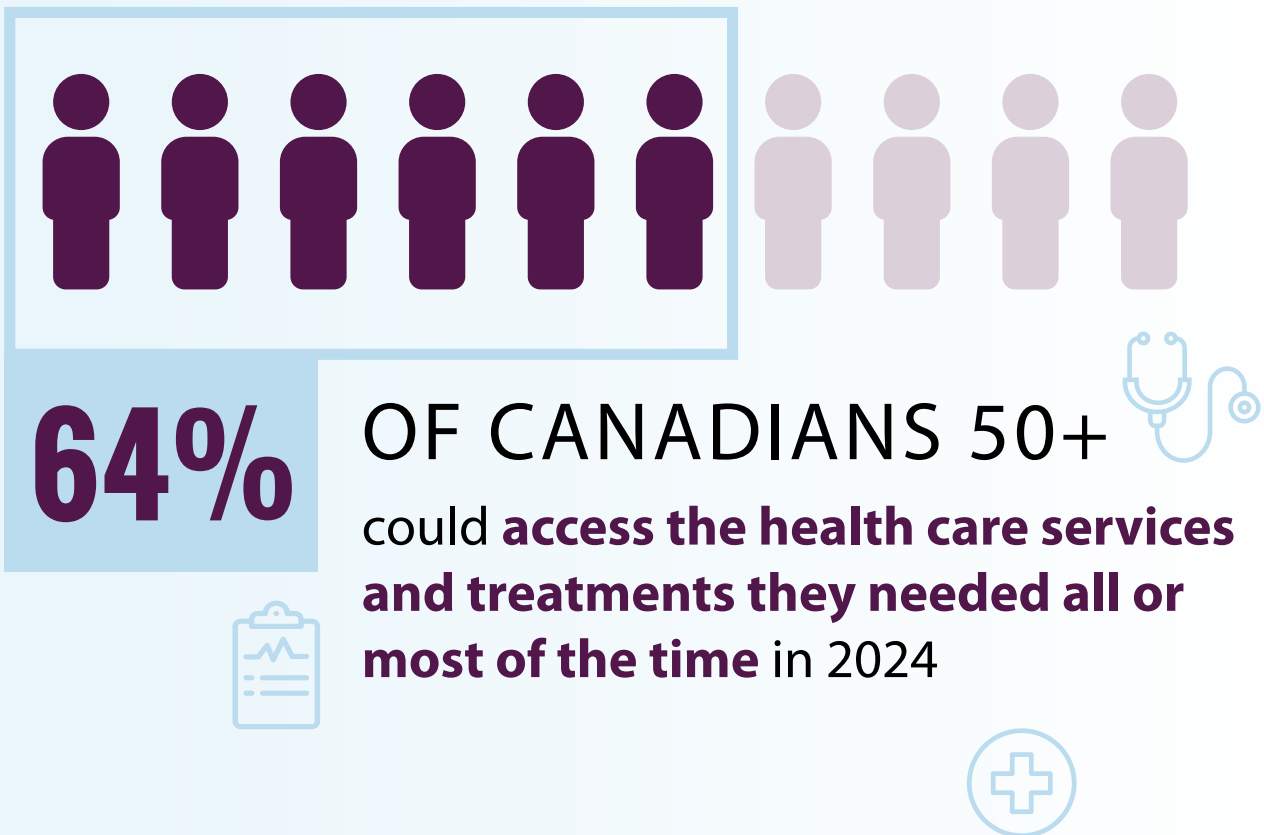
However, this apparent stability masks an important shift: the absolute number of Canadians 50+ who can adequately access care has improved and is higher than in 2022. This increase is driven by the rise in the proportion of the population aged 50+ reporting a need for care (from 81% in 2022 to 88% in 2024). While the proportion of Canadians 50+ accessing care all or most of the time has remained at 64%, this percentage now represents a larger number of people than in previous years.

Put simply, 64% of a larger group means more people are successfully accessing care. Combined with the fact that the population

50+ has also grown since 2022, the result is that more Canadians 50+ were able to get the health care they needed all or most of the time in 2024 than before.

These findings suggest that Canada's health care systems have expanded their capacity to provide care to a greater number of Canadians 50+. However, these improvements have been offset by a growing demand for care, leaving more than one in three without adequate access to health care. The reality remains that, for every 10 Canadians 50+ who seek health care, only about 6 are able to access the services and treatments they need all or most of the time (Figure 42).

**Figure 42.** Access to health care in 2024



Access to health care does, however, improve with age and Canadians 80+, who are the most likely to need health care services, continue to be most likely to report reliable access to care in 2024 (Figure 43). However, there has been no improvement in the proportion who can access necessary health care services and treatments since 2022. Instead, access to needed health care has declined slightly across all age groups since 2023.

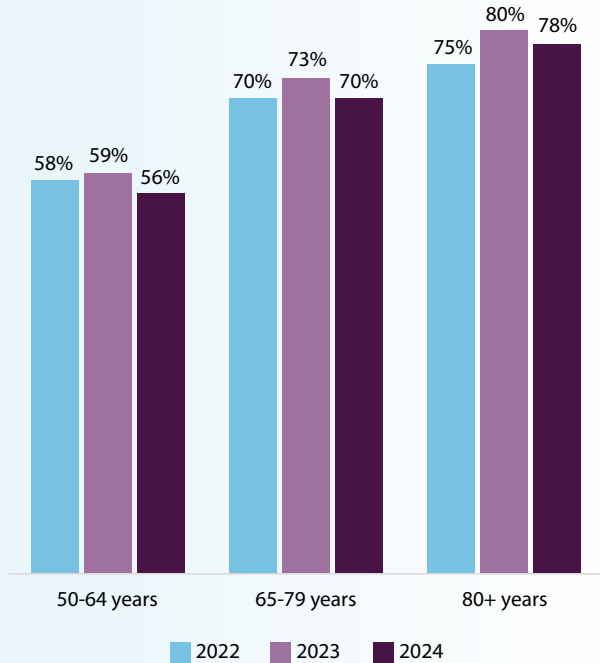
Since 2022, the survey has shown that Canadians in poor health and without adequate household income are especially likely to face barriers to accessing the health care services they need.

The 2024 findings again reveal that those in poor or fair health, who have the greatest need for health care, continue to experience considerably worse access than those who report excellent, very good or good health (Figure 44).

Concerningly, access to needed health care has also worsened the most for Canadians 50+ who report poor or fair health since 2023 (Figure 45).

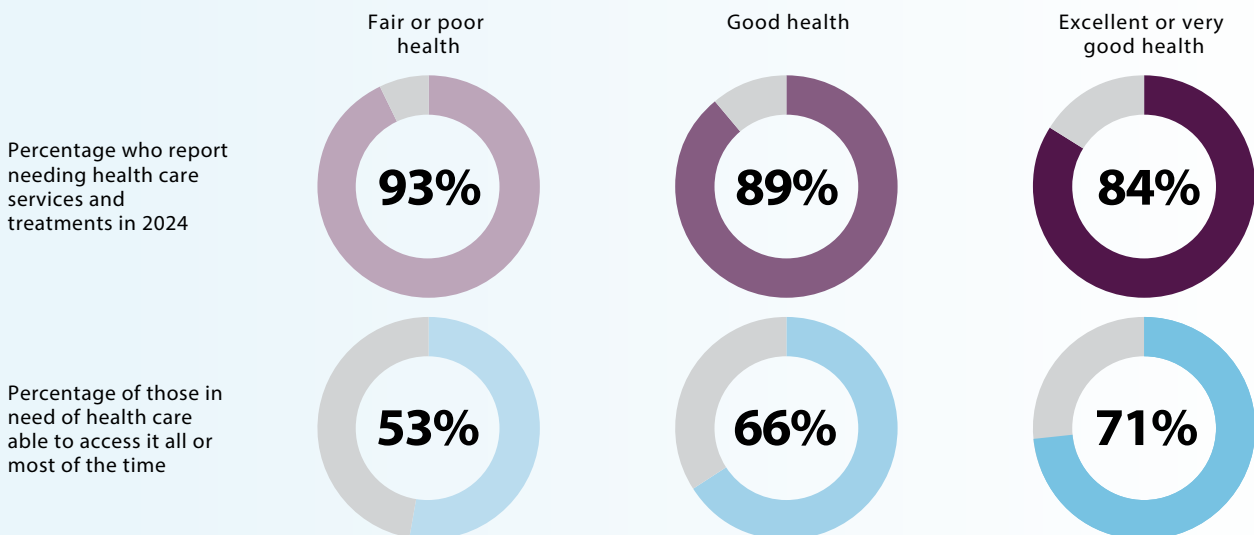
**Figure 43.** Access to health care by age

Percentage who could access needed health care all or most of the time



**Figure 44.** Need for health care and access to it by health status

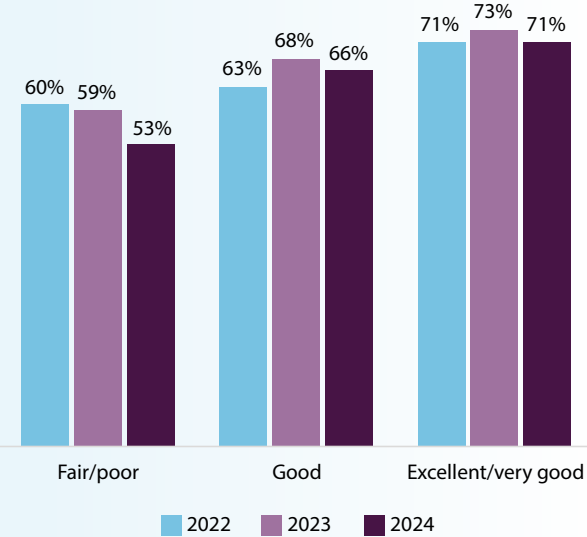
**Canadians 50+ in poor or fair health have a greater need for health care, but are less able to access it**





**Figure 45.** Access to health care by health status

Percentage who could access needed health care all or most of the time



The 2024 survey also reveals a widening gap in access to needed health care between Canadians 50+ with the most and least adequate incomes (Figure 46). This gap is the result of reliable access declining among Canadians 50+ who are struggling the most

financially over the years. This group has also experienced a significant drop in access to needed health care in the last year alone.

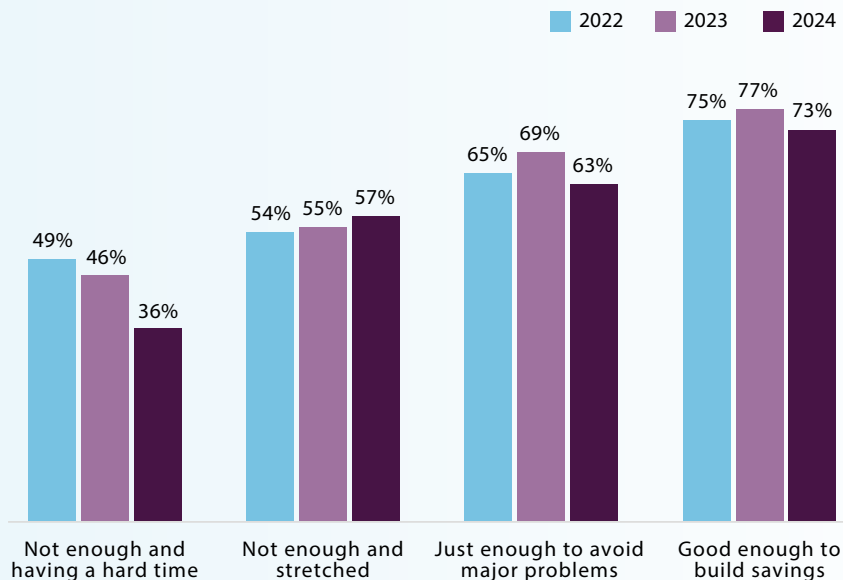
Among those who said that their income is “not enough and they are having a hard time,” the proportion who could access the services they needed all or most of the time has fallen by 10 percentage points to 36%—the lowest level recorded since the survey began.

Access to needed health care also varies based on other socioeconomic factors. For example, education plays a role: Canadians 50+ who have not completed high school (58%) were less likely to report being able to access the care they needed all or most of the time compared to those who have completed high school (66%), college (65%) or university (65%).

The ability to access needed health care was also lower for Canadians 50+ who are working (57%) than those who are retired (71%), but those who are unemployed or on a disability pension struggled the most to access needed health care services all or most of the time (51%).

**Figure 46.** Access to health care by income adequacy

Percentage who could access needed health care all or most of the time



In addition, Canadians 50+ who identify as being from a racialized group (57%)<sup>xvii</sup> were less likely than those who identify as white (66%) to report being able to access the health care they needed all or most of the time, whereas the proportion was more comparable among immigrants (60%) and those who were born in Canada (65%).<sup>xviii</sup>

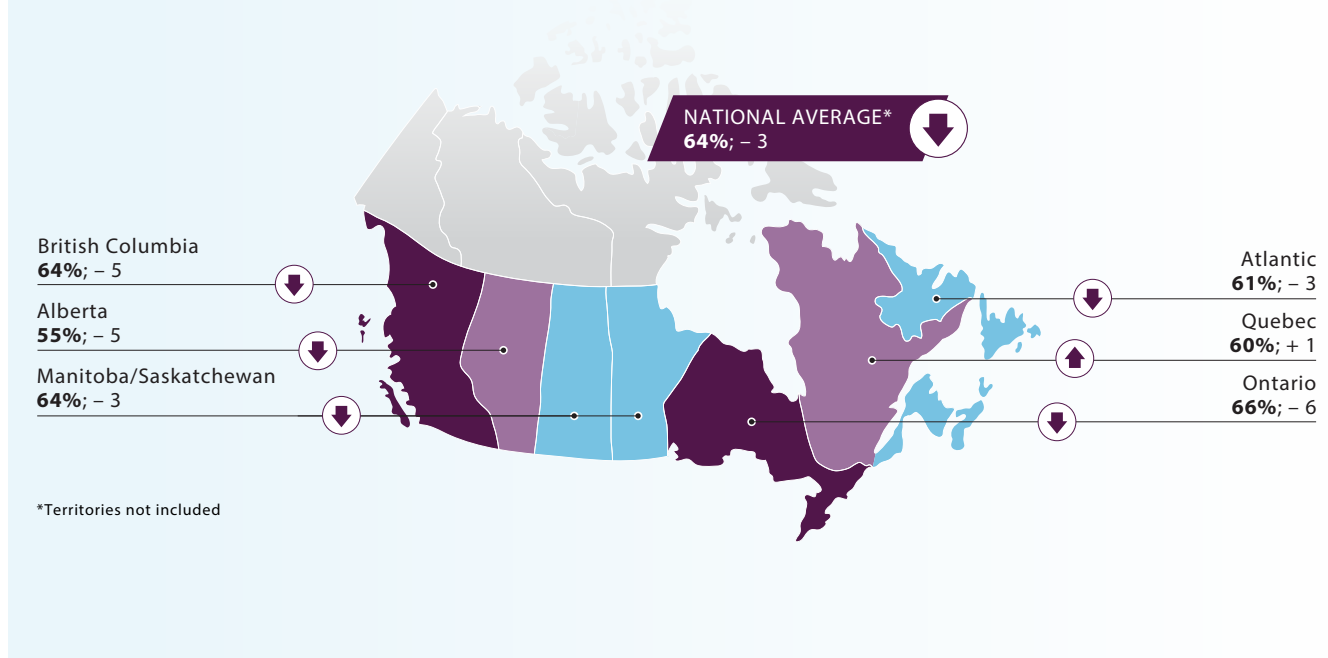
The 2024 survey also highlights continued regional differences across Canada. Most concerning, there have been no real improvements in access to needed health care across Canada since 2023. Those living in Quebec and Atlantic Canada were again the least likely to say they could access the health care they needed all or most of the time. However, Quebec stood out less in 2024 than

2023 because access worsened in every other region since 2023 (Figure 47).

Finally, the experience of being a caregiver is also a barrier to accessing health care services and treatments for oneself. In the NIA’s survey, a caregiver is defined as someone who is looking after a friend or family member who needs some level of personal support. Among Canadians 50+ who identified as caregivers, only 57% reported being able to access the health care they needed all or most of the time, compared to 66% of those who weren’t caregivers. These findings suggest that caregivers face challenges related to getting the health care they need, potentially due to the time cost and added responsibilities and pressures that their caregiving duties bring.

**Figure 47.** Access to health care across Canada

Percentage who could access needed health care all or most of the time in 2024 and difference since 2023



<sup>xvii</sup> The survey measured racial identity using a benchmark question from the Canadian census that asks respondents to identify their ancestral or cultural background(s) from a list (with the opportunity to volunteer other categories). For the purpose of this analysis, “racialized” is defined as anyone who does not identify as “white.”

<sup>xviii</sup> Note: The findings presented in this section are based on two-way cross-tabulations and do not account for other contributing factors. Our analysis is intended to be purely descriptive, drawing attention to observed differences within the survey data without implying any causality. The purpose of including this information is to highlight disparities that deserve further examination and research, and it is not meant to suggest any motivations or underlying reasons for these differences.



## Reasons why Canadians 50+ could not access needed health care

The most common reason Canadians 50+ gave for not being consistently able to access the health care services they needed in 2024 was an inability to get appointments with health care providers (47%). The other top reasons were cancelled or delayed appointments (25%) and difficulty getting a referral (21%) (Figure 48).

Despite various population differences in access to needed health care, the barriers that Canadians 50+ who struggled to access needed care faced were remarkably similar across population groups. However, there were also meaningful differences in the extent to which certain types of barriers were experienced. Some key differences include:

- Canadians aged 65-79 years (52%) and 80+ years (53%) were more likely to report that they could not get appointments than their younger counterparts aged 50-64 years (44%).
- Women (52%) were more likely than men (43%) to report that the inability to get appointments was a barrier.
- The inability to get appointments was a more commonly reported challenge for those living in Atlantic Canada (57%) compared to the national average (47%).

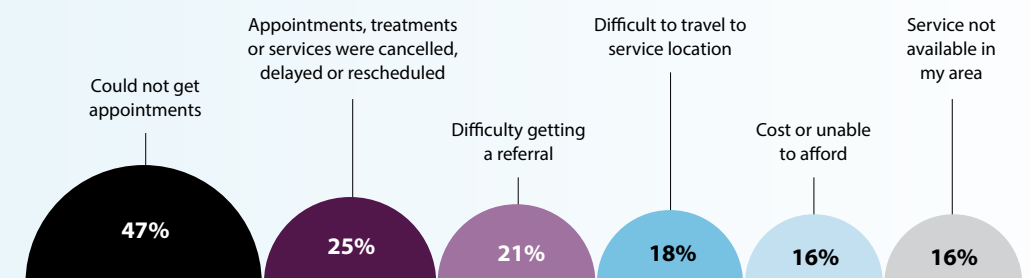


- Cost or the inability to afford care was a much bigger obstacle for Canadians aged 50-64 years: 19% said it was a reason they could not get all or most of the health care services or treatments they needed, compared to just 3% of those aged 80+.
- Not surprisingly, the extent to which cost or the inability to afford services and treatments was a barrier to getting needed care also varied based on the adequacy of Canadians' household incomes. Those who said that their income was not enough for them and that they were struggling (36%) were six times more likely than those who described their income as "good enough" (6%) to cite cost as a reason they couldn't access needed care.
- Difficulty travelling to a service location was a more significant barrier for Canadians 50+ in fair or poor health (25%) than for those in excellent, very good or good health (13%).
- Those living in rural areas (22%) and towns or villages (20%) were more likely to report that needed health care services were not available in their area than those living in cities or suburbs (12%).
- Difficulty getting a referral (29%) was a common challenge for those living in Atlantic Canada when compared to national average (21%).



**Figure 48.** Barriers to health care

Top 5 reasons Canadians 50+ could not get all or most of the health care services and treatments they needed in 2024



## Policy Implications

The NIA's 2024 survey findings reveal persistent challenges for Canadians 50+ in accessing needed health care, confirming that health care is an area where policy interventions are urgently needed. **The consistent proportion of Canadians 50+ unable to access necessary health care, combined with a higher demand for services since 2022, suggests that existing measures to expand access to care have not kept pace with growing needs.**

A number of measures aimed at improving access to health care have been implemented in Canada in recent years. One of the more significant developments has been the renewal and expansion of federal-provincial/territorial health agreements. In 2023, the federal government committed to providing the provinces and territories with \$196.1 billion in additional health funding over a 10-year period with the goal of improving Canada's health care system.<sup>66</sup> As part of that funding, \$25 billion was allocated to new bilateral agreements with the provinces and

territories to advance shared health priorities, including improving family health services, reducing backlogs and modernizing the health system.<sup>67</sup>

Similarly, many provinces have invested in expanding virtual care options as a strategy to improve access to needed health care services. For example, Ontario's Digital First for Health strategy<sup>68</sup> and Quebec's telehealth initiatives<sup>69</sup> have sought to integrate virtual care as a permanent feature of those provinces' health care systems. Similarly, New Brunswick's Connected Health Virtual Care Program aims to improve access to care through digital health solutions,<sup>70</sup> and British Columbia's Real-Time Virtual Support Network connects rural health care providers and patients to virtual physicians and specialists via videoconferencing or telephone, offering team-based, wrap-around services.<sup>71,72</sup>

**The 2024 survey findings signal that additional funding and new initiatives have yet to translate into widespread improvements for older Canadians in need of health care. Among Canadians 50+, the same gaps in access persist, and only about two-thirds of those who require health care services and treatments can reliably get the care they need.**

Improving access to health care in Canada will require targeted investments and strategic efforts to ensure that those in need can access timely and appropriate services. As outlined in the NIA's recent report, *Health Care Access Among Older Canadians: Findings from the NIA's Ageing in Canada Survey*, **possible approaches include strengthening primary care through initiatives that improve recruitment and retention of primary**



**care professionals, adopting team-based and community-focused care models, and expanding the role of non-physician providers such as nurse practitioners and pharmacists.<sup>73</sup>**

In addition to these solutions, the 2024 survey revealed that access for Canadians 50+ with poorer health and less adequate incomes has been worsening over time, underscoring a need for solutions that prioritize access for the most vulnerable populations. Without targeted interventions, these groups are likely to remain underserved, leading to widening inequalities within Canada's health care system.

**Policymakers should focus their efforts on closing gaps for individuals with complex health needs and lower incomes, who have considerably lower access to needed health care. Interventions could aim to expand home and community-based health care services for those with complex needs,<sup>74</sup> especially since challenges in travelling to service locations are a major barrier for those in poor or fair health. Additionally, expanding coverage to address out-of-pocket costs associated with essential services and treatments is crucial for those with financial challenges.**

While the public health care system covers many essential services, older adults often encounter out-of-pocket expenses for several necessary treatments and services, including prescription medications, vision and hearing care, and physiotherapy. Average out-of-pocket medical expenses for older adults and their caregivers are currently nearly \$6,000 a year, with projections indicating that this will increase to at least \$8,000 by 2035.<sup>75</sup> Broader expenses, such as transportation costs or lost income from time away from work, also play a role in preventing access to care and should therefore be considered in policy reforms.

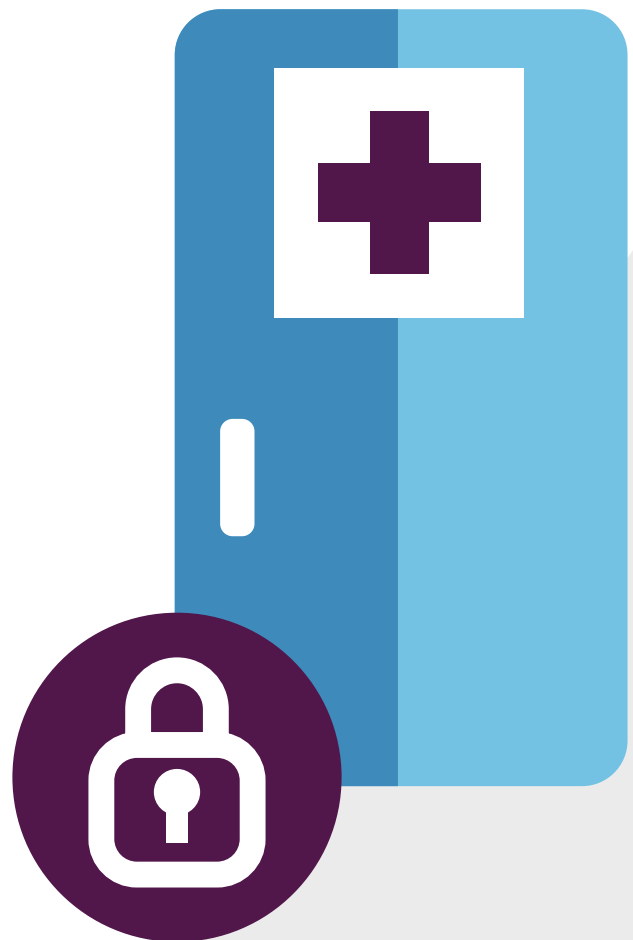
**The persistent regional disparities in access to health care underscore the need for tailored approaches that address the particular needs of older adults in different provinces and territories.** The NIA's finding that access remains lower for older adults in Quebec is consistent with data from the 2021 Canadian Community Health Survey (CCHS), which show that Quebec has the lowest percentage of Canadians aged 12 and older with access to a regular health care provider.<sup>76</sup> These disparities highlight the critical importance of region-specific policies and targeted interventions. Policymakers should prioritize addressing these gaps in Quebec and the Atlantic provinces, where access to necessary health care remains lowest, to ensure the health care system can effectively meet the needs of all older adults across Canada.

**The NIA's findings reveal that caregivers, who provide crucial support to family and friends, are themselves less likely to access the health care they need, potentially due to the demands of their caregiving roles.** Research on family caregivers of older adults suggests that time constraints are a major barrier, as caregiving responsibilities often leave individuals with limited time to prioritize their own health or attend medical appointments.<sup>77</sup> At the same time, the disparity in access may be due to the financial barriers caregivers experience—studies from the United States suggest that caregivers may underutilize necessary health care services due to the costs.<sup>78,79</sup> The Canadian Centre for Caregiving Excellence's National Caregiving Survey revealed that one in five caregivers in Canada is over 65, and older caregivers are particularly vulnerable to the challenges of caregiving.<sup>80</sup> In addition, despite their greater need for support, older caregivers are among the least likely to use available caregiving

services and supports.<sup>81</sup> Policymakers should strengthen supports for caregivers—such as caregiver allowances and respite services—and make these resources more accessible, enabling older caregivers to better balance their caregiving responsibilities with their own health needs.

Finally, **the 2024 survey findings reveal that systemic barriers—such as limited appointment availability, delays in care and difficulties obtaining referrals—continue to limit access to essential health care for older Canadians.** These challenges mirror CCHS data showing that older adults aged 65 and older face persistent challenges in accessing specialized care, including long wait times and difficulties obtaining referrals.<sup>82</sup> Together, these findings underscore the urgent need for policy interventions to address inefficiencies and gaps in Canada's health care system.

Health policy experts and organizations have repeatedly emphasized the need for transformative reforms to create a health care system that is more efficient, accessible and equitable. The NIA's 2024 survey findings support the need for a comprehensive, multi-layered policy response to eliminate barriers to care. Achieving this will require coordinated efforts across federal, provincial and local governments, in partnership with civil society—including community organizations, non-profits and the private sector. Only through collaboration and meaningful reform can Canada ensure that older adults receive the timely, accessible and equitable care they deserve.







## 8. Access to Home and Community-based Care

The provision of adequate home and community-based care is also a key part of ensuring older Canadians can remain healthy and independent members of their communities. These services also empower patients and families to have a greater say in the care that is being received, and by enabling care to be delivered everywhere—including at home—such services support a more personalized and accessible health care system.

Home and community-based care refers to care and support services that are provided within the home or community settings rather than in hospitals or long-term care homes. This could include a broad range of health care services—such as palliative care; therapy and rehabilitative care; nursing care and non-clinical services, such as personal care and meal preparation and delivery; household maintenance; transportation; and exercise and fall-prevention programs—to help older adults age safely and well in their own homes. Together, home and community-based care play a critical role in meeting the overall care needs, values and preferences of our ageing population.

### Need for Home Care and Community Support Services

In the NIA's 2024 survey, 11% of Canadians 50+ reported needing home care services and 12% reported needing community support services, either to help care for themselves or for another person living in their home. When looking at the combined need for home care and community support services among Canadians 50+, about 16% reported needing home care and/or community support services in 2024, whether for themselves or for another person living in their home.

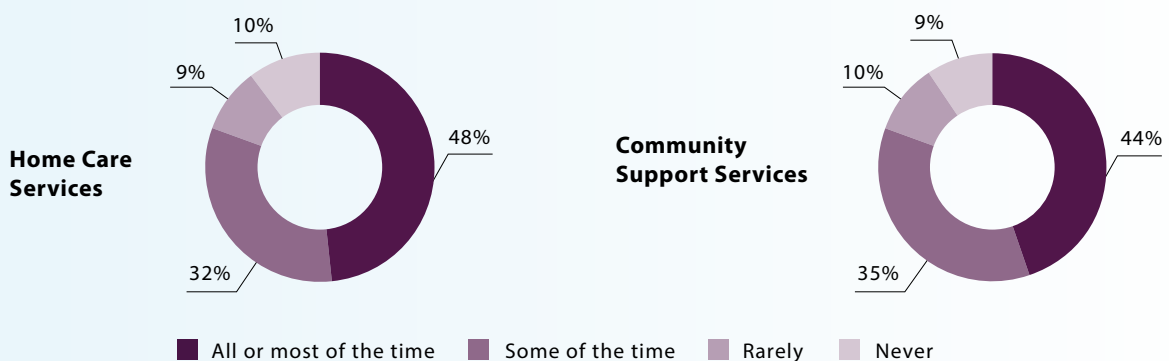
### Access to Needed Home Care and Community Support Services

**Canadians 50+ who require home care or community support services struggle to access reliable care.**

Among those who needed services in 2024, less than half said they could get the supports they needed all or most of the time, in the case of both home care (48%) and community support services (44%) (Figure 49). Concerningly, one

**Figure 49.** Access to home care and community support services among Canadians 50+

*Percentage who could get the care or services they needed, when they needed it, over the past 12 months*



in five (19%) Canadians 50+ were unable to access these services when needed, reporting that they could do so only rarely or never.

**In terms of overall access to care, only 44% of Canadians 50+ said they were able to get the services they needed—through home care, community support or a combination of both—all or most of the time in 2024.<sup>xix</sup>**

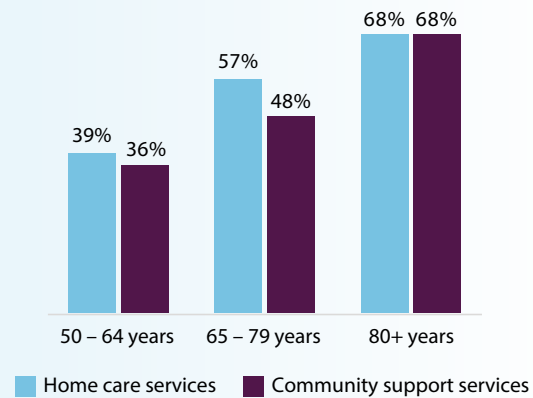
Access to both needed home care and community support services does, however, appear to improve with age—Canadians 80+ are the most likely to say they consistently get the care and services they need (Figure 50).

In 2024, Canadians 50+ relied on a range of community support services to help themselves or someone else remain independent in their homes and communities. Among those who reported needing community support services. The services most commonly needed were low-cost or accessible

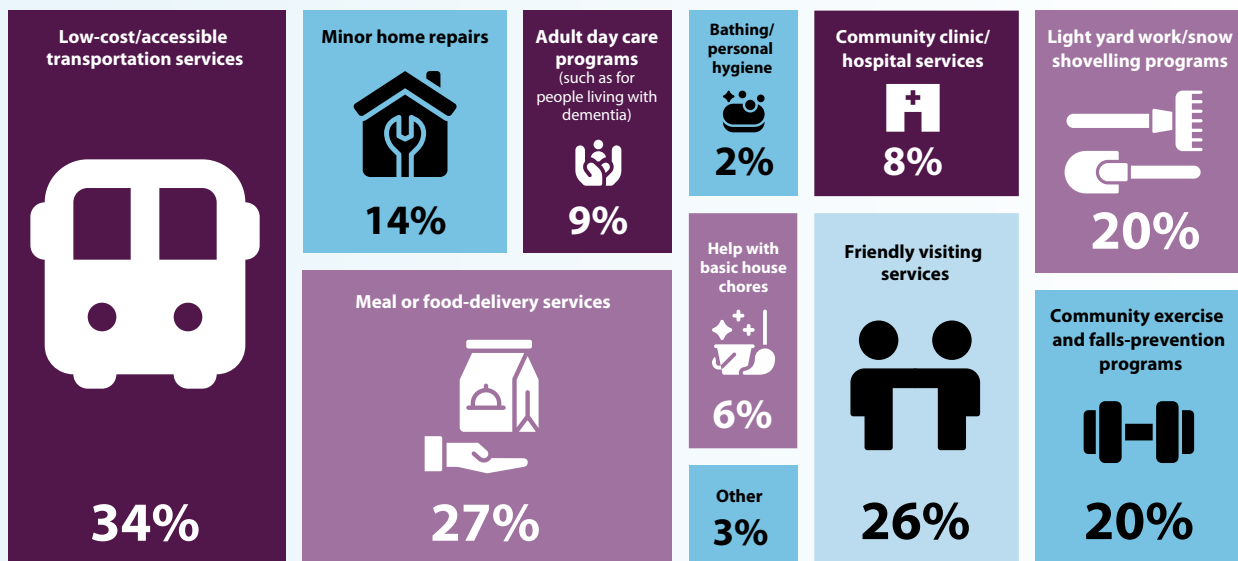
transportation (34%), followed by meal or food-delivery services (27%). Canadians 50+ also said they needed friendly visiting services (26%) to provide social interaction and support, as well as community exercise and falls-prevention programs (20%) and assistance with light yard work or snow shovelling (20%). The broad range of services relied on highlights the importance of practical supports in helping older adults manage daily activities and stay engaged in their communities.

**Figure 50.** Access to home care and community support services by age

Percentage who could access needed services all or most of the time in 2024



**Figure 51.** Types of community support services Canadians 50+ with a need for care relied on in 2024



<sup>xix</sup> Overall access was calculated by combining responses for those who reported being able to access home care and/or community support services ‘all or most of the time.’ If respondents reported needing only home care or only community support services, they were included if they were able to access the needed service ‘all or most of the time.’ For those who required both home care and community support services, they were only included if they answered ‘all or most of the time’ for both services.



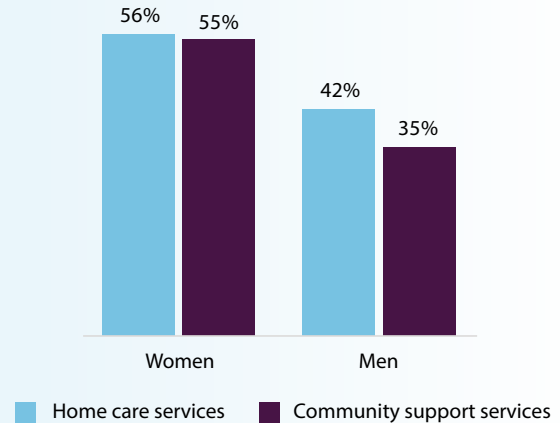
The 2024 results reveal key population differences in the extent to which Canadians 50+ can access home care and community support services, whether for themselves or someone else in the home. Women are much more likely than men to report being able to access the services they need (Figure 52).<sup>xx</sup>

Those living in Alberta had an easier time getting both the home care services and community support services they needed all or most of the time in 2024 (Figure 53).

Access to home care and community support services is also closely tied to financial well-being, with Canadians 50+ who are struggling financially reporting a much harder time getting the care and services they need than those who are financially secure. The 2024 survey findings reveal significant income-based disparities in access between those with the highest and lowest levels of income adequacy (Figure 54).

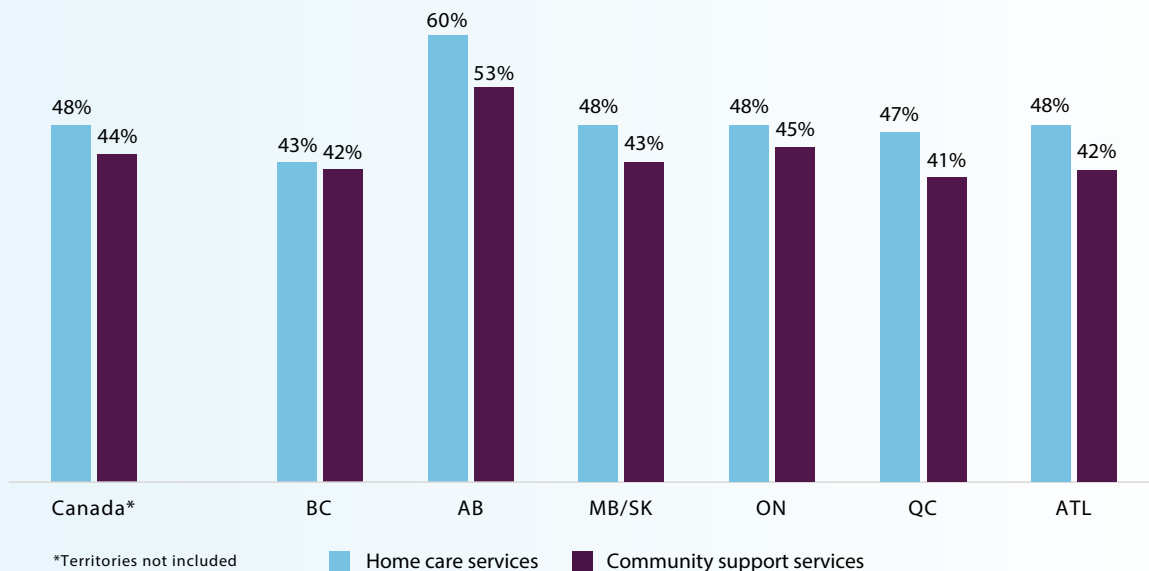
**Figure 52.** Access to home care and community support services by gender

Percentage who could access needed services all or most of the time in 2024



**Figure 53.** Access to home care and community support services across Canada

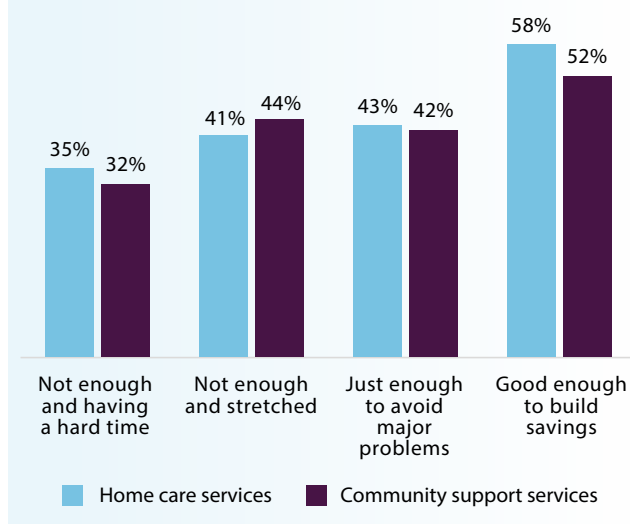
Percentage who could access needed services all or most of the time in 2024



<sup>xx</sup> The survey collected gender data through a question allowing respondents to identify as one or more of the following: Man, Woman, Transgender, Two-Spirit, Genderqueer, Nonbinary, Another gender identity (with an option to specify), or Prefer not to say. For the purposes of this analysis, we have reported only the experiences of respondents who identified as men or women, as the proportions of respondents in all other categories were 0%.

**Figure 54.** Access to home care and community support services by income adequacy

Percentage who could access needed services all or most of the time in 2024



Differences based on health status were less pronounced than for other indicators examined in this study. Canadians 50+ in poor or fair health (50%) were more likely to access the home care services they needed all or most of the time than those in excellent or very good health (43%), but access to community support services was virtually the same for both groups (44% and 42%, respectively). Instead, those in the middle bracket (reporting good health) stood out for reporting the best access to community support services (50%).

Finally, access to home care and community support services also varies significantly based on generation in Canada and racial background, with immigrants and racialized groups reporting worse access to these services.

In 2024, only 33% of immigrants said they could access home care services all or most of the time, compared to 50% of those born in Canada. Access to community support services was also lower among immigrants, with just 38% reporting consistent access, compared to 45% of those born in Canada.

Similarly, among those who identify as being from a racialized group,<sup>xxi</sup> only 32% reported being able to access home care services all or most of the time, compared to 55% of their white counterparts. Racialized Canadians (35%) were also less likely to report adequate access to community support services than white Canadians (50%).<sup>xxii</sup>

## Reasons Canadians 50+ could not access needed home care and community support services

Canadians 50+ faced several barriers to accessing the home care and community support services they needed in 2024, though the specific challenges they encountered varied slightly.

Despite certain differences, issues related to financial constraints, eligibility criteria and geographic accessibility were common challenges in accessing both types of care.

The most common issue Canadians 50+ said prevented them from getting all or most of the home-care services they needed was difficulty qualifying or not being eligible for services (29%), followed closely by the challenges of applying for services (27%)

<sup>xxi</sup> The survey measured racial identity using a benchmark question from the Canadian census that asks respondents to identify their ancestral or cultural background(s) from a list (with the opportunity to volunteer other categories). For the purpose of this analysis, “racialized” is defined as anyone who does not identify as “white.”

<sup>xxii</sup> The findings presented in this section are based on two-way cross-tabulations and do not account for other contributing factors. Our analysis is intended to be purely descriptive, drawing attention to observed differences within the survey data without implying any causality. The purpose of including this information is to highlight disparities that deserve further examination and research, and it is not meant to suggest any motivations or underlying reasons for these differences.

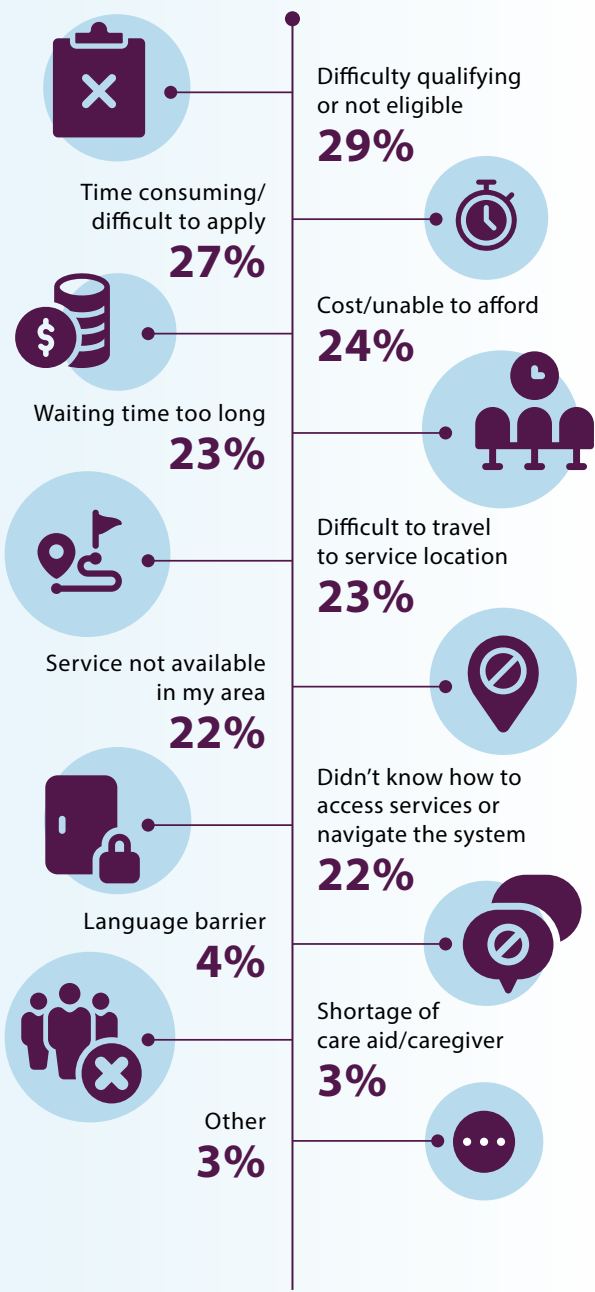
(Figure 55). The inability to afford services (24%) also played a significant role, while long wait times (23%) and challenges in travelling to service locations (23%) were also common obstacles.

When it comes to accessing necessary community support services, affordability

(34%) was a major barrier for Canadians 50+ in 2024. Other major challenges were necessary services not being available within the area (31%), eligibility criteria (31%) and difficulties related to travelling to service locations (28%) (Figure 56).

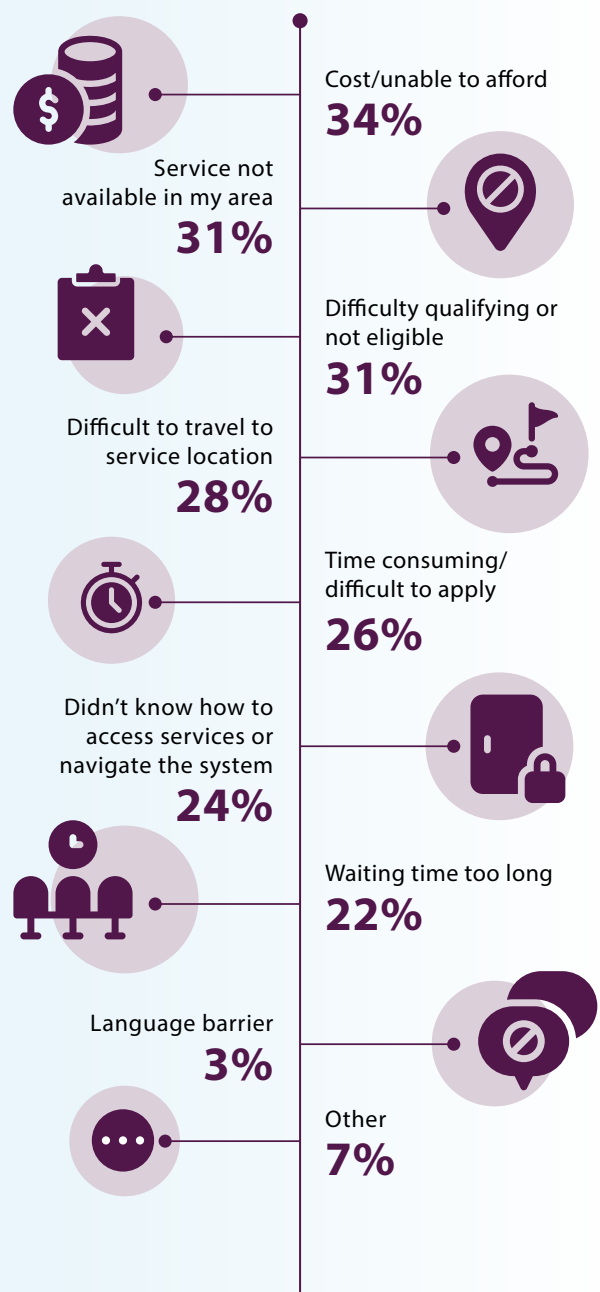
**Figure 55. Barriers to home care**

*Reasons Canadians 50+ could not get all or most of the home care services and treatments they needed in 2024*



**Figure 56. Barriers to community-based care**

*Reasons Canadians 50+ could not get all or most of the community support services they needed in 2024*

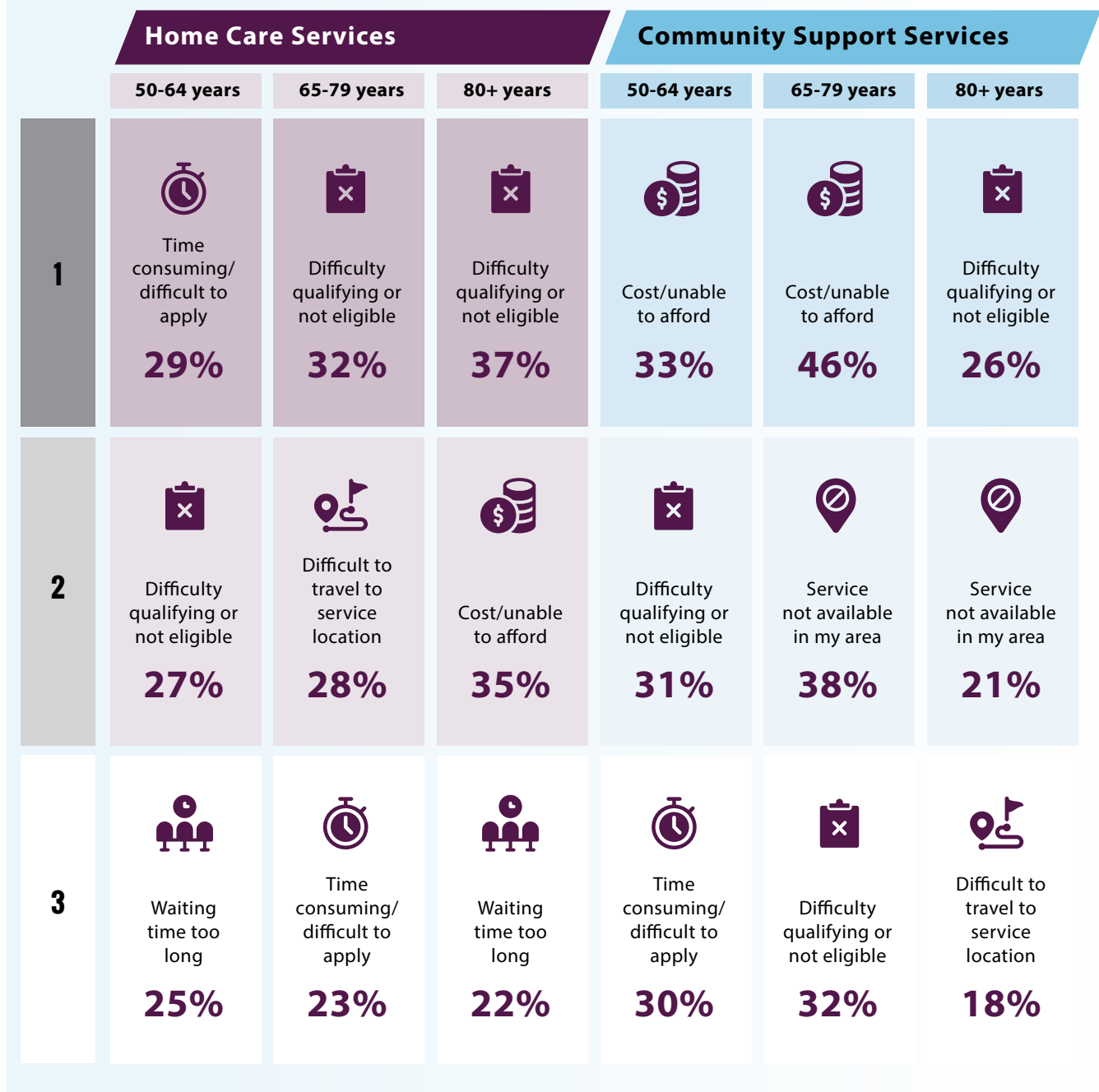


The 2024 survey also revealed notable similarities and differences between age cohorts in terms of the most common barriers limiting access to home care and community support services. Not qualifying or difficulty meeting eligibility criteria was a top barrier across all age groups for both home care and community support services. Lengthy processes and application-related

difficulties were named as common obstacles limiting access to home care for those aged 50-79 years, while for those aged 80+, affordability was a major issue. For community support services, cost was a major barrier for those aged 50-79, but less of an issue for Canadians 80+, who were more likely to report service availability and travel difficulties (Figure 57).

**Figure 57.** Barriers to home and community-based care by age

Top 3 reasons Canadians 50+ could not get all or most of the home care and community support services they needed in 2024



## Policy Implications

Federal and provincial governments have made several investments to address gaps in home care and community support services in recent years. For example, the federal government has increased support for home care and related services as part of its investments to support health systems, including through the commitment of \$6 billion in funding over 10 years through the 2017 bilateral agreements on home and community care.<sup>83,84</sup> Similarly, provinces like British Columbia, Ontario and Alberta have increased funding for home and community care programs, aiming to provide more comprehensive home-based services and better support for older adults to age in their own homes.<sup>85,86,87</sup>

The 2024 survey findings indicate that **significant access challenges remain** despite these targeted funding initiatives, with less than half of those needing home care and community support services saying they were able to access them reliably. In addition, **age differences in access reveal that while access to home and community support services improves for Canadians 80+, those aged 50-64 face particular difficulties in obtaining the care they need.** These differences may reflect a mismatch between younger cohorts' care needs and available services, as well as challenges in knowing how to access resources effectively.

The 2024 survey findings also reveal that Canadians face a range of barriers limiting access to home and community support services. **Difficulty meeting eligibility requirements is a common barrier regardless of age, suggesting that eligibility criteria may not align well with the diverse needs of older Canadians.** Procedural barriers such as

lengthy application processes and challenges navigating the system were also commonly identified obstacles, as was affordability.

**There is an urgent need for targeted policy interventions to ensure that older adults—particularly those with lower incomes, immigrants and those from racialized communities—can access the services they need.** The most commonly identified needs in the survey highlight specific services that should be prioritized, including low-cost and accessible transportation, meal or food delivery and friendly visiting services. Policymakers should consider expanding eligibility criteria, reducing the financial burden of services and improving the availability of community supports in underserved regions. While recent funding increases are a step in the right direction, more tailored and expansive measures are essential to close the persistent gaps in access and ensure equitable support for all older Canadians.

In addition to expanding access, the quality of home and community-based care services should be a focus. **Ensuring high standards of care is critical, as research shows that enhancing the quality of home care services leads to better health outcomes and higher satisfaction among older adults.**<sup>88</sup> This could be achieved by implementing quality-assurance measures, such as standardized assessments and continuous monitoring, to ensure that services not only reach those in need but also meet high standards of care.



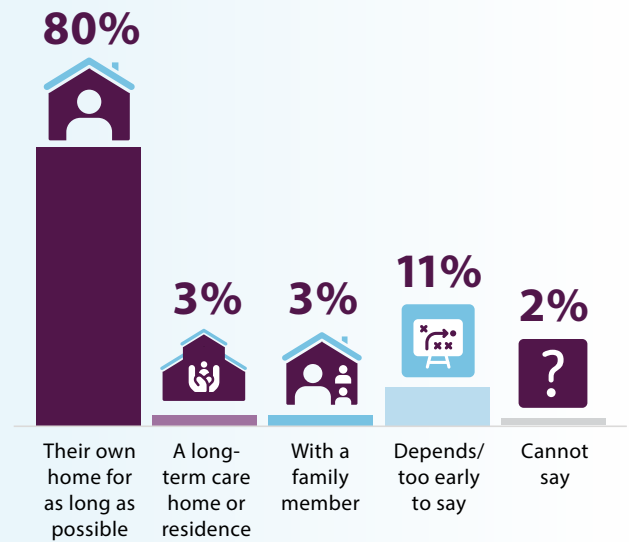
## 9. Enabling Ageing in Place

Supporting older adults to age in their own homes and communities, commonly known as “ageing in place,” will be a crucial part of caring for Canada’s ageing population. Doing so effectively requires responsive systems and services that can allow for what the NIA calls Ageing in the *Right Place*: “The process of enabling healthy ageing in the most appropriate setting based on an older person’s personal preferences, circumstances and care needs.”

**The evidence continues to show that most Canadians 50+ want to remain in their own homes and communities for as long as possible.**

In 2024, only 3% of Canadians 50+ said they would like to move into a long-term care home in the future as they age. Most Canadians 50+ (80%) said they would like to remain in their own homes for as long as they could (Figure 58).

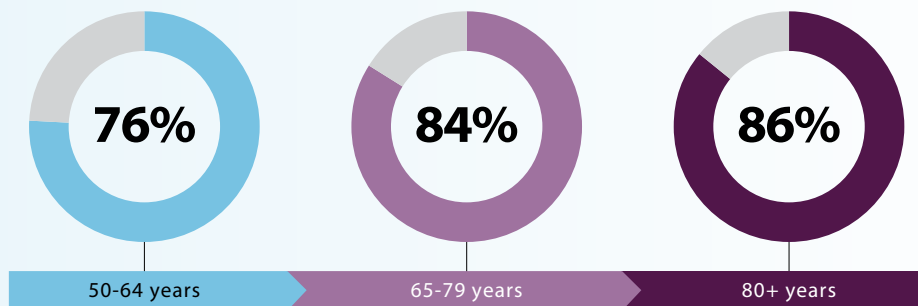
**Figure 58.** Where Canadians 50+ want to live as they age



Consistent with the findings of previous NIA surveys, the desire to live and age in one’s own home for as long as possible increases across age cohorts (Figure 59).

**Figure 59.** Desire to remain at home by age

*Percentage who would like to remain in their own home for as long as possible*



## Looking at differences across years:

When compared to last year, this year's survey suggests that the proportion of older adults wanting to remain in their own homes has decreased—dropping from 88% in 2023 to 80% in 2024.

There are a few possible explanations for this difference. One reason could be changes to the subsample to whom the question on ageing in place was asked.

When asking Canadians 50+ about where they would like to live as they age, the 2022 and 2023 surveys only included responses from those living in their own homes, and excluded those living in the home of someone else, such as a family member. And although most Canadians 50+ (87%) in 2023 reported living in their own homes, about one in 10 (11%) said they lived in the home of someone else.

In contrast, the 2024 survey captured the preferences of all Canadians 50+ living in their communities, regardless of whether they live in their own home or someone else's. As a result, this year's findings also reflect the views of those who may have already made changes to their living arrangements, such as moving in with family members for additional support, or who have less clarity about their future plans due to ageing-related reasons.

Another possible explanation for the change in findings is the removal of a response category for downsizing to a smaller, more manageable home in this year's survey question. The inability of respondents to select that option may have led more respondents to choose "it depends/it's too early to tell" instead. The proportion selecting this response increased from 7% in 2023 to 11% in 2024.

Finally, the change could also simply reflect a slight shift in preferences among older Canadians. Remaining in one's own home for as long as possible may not be the preferred or desired option for everyone, given the financial, social and health implications of doing so. Preferences may also be changing given the realities of Canada's precarious housing market, limiting the availability of affordable housing options for older adults. Indeed, this year's survey revealed an increase in the proportion of Canadians 50+ renting their homes, from 23% in 2023 to 30% in 2024.

Consistent with the surveys conducted in 2022 and 2023, the proportion of Canadians 50+ saying they would prefer to remain in their own homes varies based on their health and financial situation.

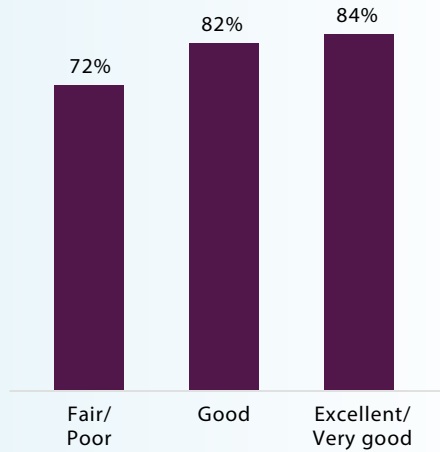
Those in better health are more likely to express a desire to remain in their homes than those in poor or fair health (Figure 60).

Instead, those facing health challenges show less certainty about whether they want to age in place. In 2024, the proportion of Canadians 50+ who said they were uncertain about their future living arrangements was twice as high among those with fair or poor health (16%) than it was among those in excellent or very good health (8%).



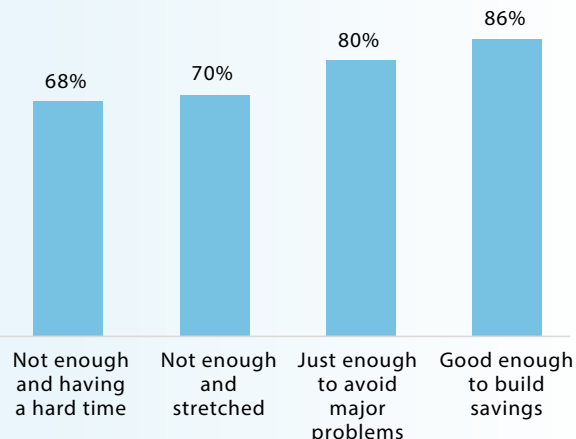
**Figure 60.** Desire to remain at home by health status

Percentage who would like to remain in their own home for as long as possible



Similarly, when compared to those facing financial struggles, those with adequate incomes are considerably more likely to want to stay in their own homes as they age (Figure 61). The difference in the proportion who express that they would like to remain in their own homes between those who say their income is “good enough” and those who are struggling financially is nearly 20%. Those facing financial struggles (14%) are more likely to express uncertainty about whether they want to age in place than those with the most adequate incomes (7%).

**Figure 61.** Desire to remain at home by income adequacy



Together, these findings suggest that the desire to remain at home is strongly influenced by both health and financial circumstances, and that concerns about health care needs, support systems and affordability play a larger role in shaping the choices of more vulnerable groups.

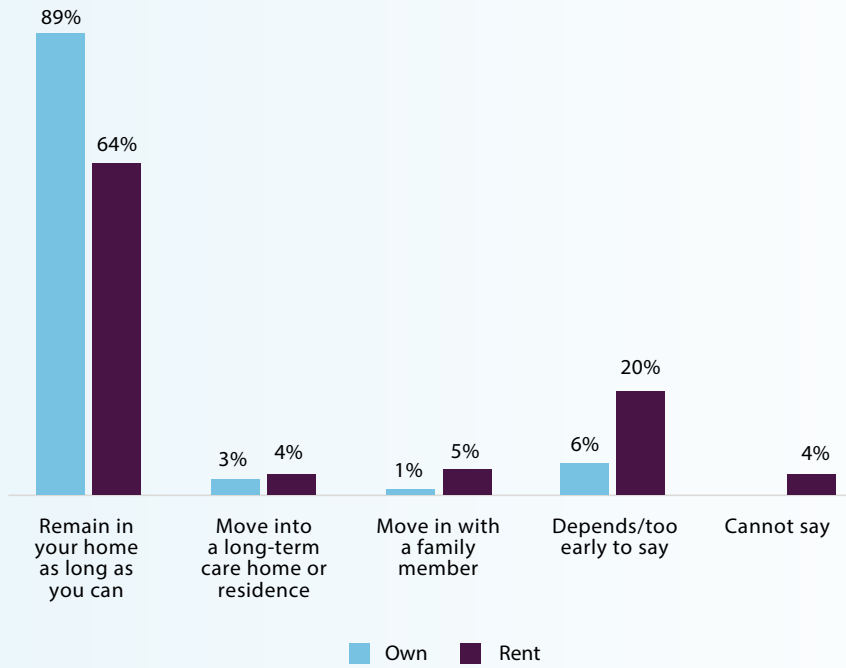
The NIA’s 2024 survey also reveals that there are differences in whether or not Canadians 50+ want to live in their own homes based on other socioeconomic factors, which likely reflect the broader financial implications associated with remaining at home.

For example, education levels are a relevant factor, with the proportion who want to live in their own homes for as long as possible increasing with every step up the educational attainment ladder. Canadians 50+ who had completed some high school or less (74%) were the least likely to report a desire to remain in their own homes, while those who had completed a university degree were the most likely (84%).

Home ownership is also linked to a greater desire to age at home for as long as possible. In 2024, 89% of Canadians 50+ who owned their homes said they would like to stay in their own home for as long as they could. On the other hand, when those who were renting their homes were asked where they would like to live as they age, only 64% expressed a desire to remain in their own home. Instead, among those who were renting, one in five (20%) expressed uncertainty or said it was too early to know about their future living arrangements (Figure 62).



**Figure 62.** Where Canadians 50+ want to live as they age by homeownership



## Policy Implications

Ultimately, the 2024 findings highlight that while the desire to remain at home is widespread, achieving this goal will require both universal and targeted policy interventions that address the diverse needs of Canada's ageing population. Within the current context, **maintaining a certain level of health and financial stability are key factors in the desire and ability of older Canadians to age in place.**

**To better support ageing in the community, policymakers should prioritize enhancing specific supports for those with financial insecurities or health challenges.** This could include increasing access to affordable in-home care, meal delivery programs, transportation services and subsidized home modifications to ensure older adults can remain in their homes safely and comfortably, regardless of financial or health status.

While long-term care homes and institutional settings play a critical role in supporting and caring for older adults and individuals experiencing health challenges, existing evidence suggests that many Canadians currently in institutional care could have remained at home if adequate support services were available. For example, data from the Canadian Institute for Health Information (CIHI) indicate that 1 in 9 new long-term care residents could have potentially remained at home with the appropriate community-based supports.<sup>89</sup>

**Expanding initiatives to better support Canadians with health challenges to remain at home would align with the preferences of many to age in place and could also alleviate growing pressure on long-term care homes. Given that home-based care is less costly than providing care in LTC**

**homes,**<sup>90</sup> this could also contribute to a more sustainable approach to supporting an ageing population.

Older adults facing financial barriers, particularly those who are renting, could benefit from expanded policies to subsidize home modifications or in-home care.

**Expanding access to affordable housing and improving community-based support systems could better address the needs of those who are uncertain about their ability to continue living at home as their circumstances change.**

In addition, **leveraging innovation and AgeTech could play a transformative role in making ageing in place more accessible, flexible and supportive for older Canadians.**<sup>91</sup> Technologies such as assistive devices, remote monitoring systems and apps designed to enhance activities of daily living (ADLs) and self-management can help older adults maintain independence and receive personalized care. These innovations can also facilitate better health monitoring, enabling families and caregivers to provide timely and effective support while reducing the reliance on institutional care.<sup>92,93</sup>

Together, these various measures can help ensure that ageing in place remains a feasible option for all older Canadians, fostering both independence and well-being as they age.



## The Overall Experience of Ageing in Canada



### 10. Perspectives on Ageing

The 2024 survey assessed how Canadians perceive the broader experience of getting older in Canada. It analyzes how Canadians perceive the experience of getting older with one indicator on perspectives on ageing, which helps to shed light on what the experience of growing older in Canada is like.



## 10. Perspectives on Ageing

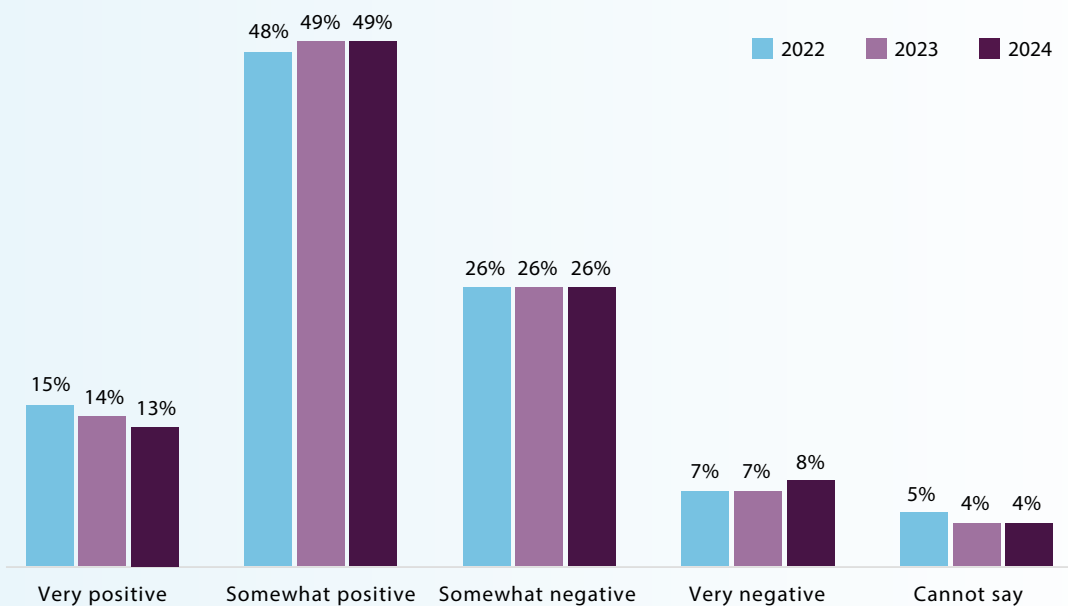
**Canadians 50+ generally continue to feel positively about ageing, but optimism appears to be gradually declining among those 70+, highlighting potential challenges for older age groups.**

As was the case in 2022 and 2023, most (62%) Canadians 50+ in 2024 reported feeling either very (13%) or somewhat (49%) positive about the prospect or experience of getting older (Figure 63).

The 2024 survey results show varied trends in how Canadians of different age groups feel about getting older (Figure 64). Among those aged 50–64, the proportion expressing positive feelings about ageing has either remained stable or increased since 2022. However, among those aged 70+, there has

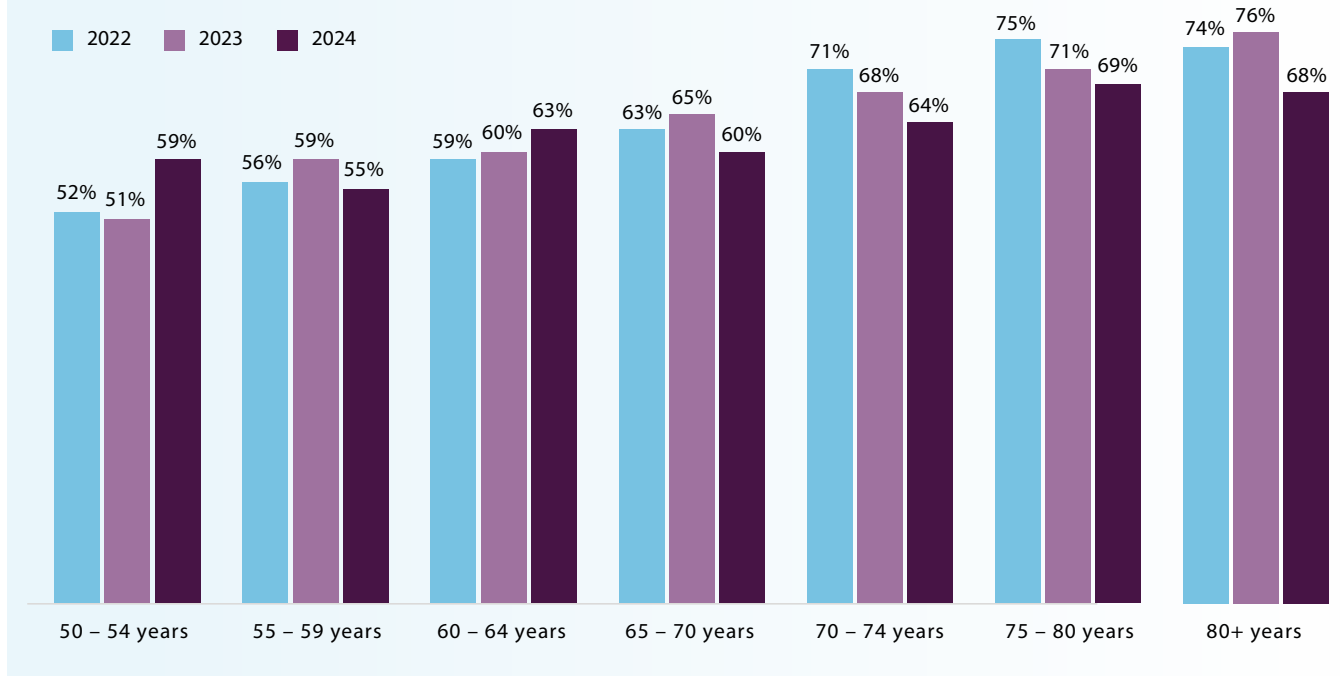
been a gradual decline in positive perceptions of ageing since 2022. The most significant decline in optimism occurred among those aged 80+, with just 68% saying they felt positive about ageing in 2024—a sharp drop from 76% the previous year. The decline among Canadians 70+ is a concerning trend, suggesting that broader issues may be affecting Canada’s oldest population, potentially pointing to larger systemic challenges related to health care, social support and overall quality of life.

**Figure 63.** Feelings about the prospect or experience of getting older



**Figure 64.** Positive feelings about getting older by age

Percentage who report feeling very or somewhat positive



As was the case in previous years, health and financial well-being are important factors in shaping perspectives on getting older.

Canadians 50+ who reported excellent or very good health were more than twice as likely to feel very or somewhat positive (79%) about getting older than those who reported fair or poor health (37%). These proportions also remain unchanged since 2022 and 2023.

Similarly, those who described their income as “good enough” (73%) were considerably more likely to report positive feelings about the prospect or experience of getting older than those who said their income is “not enough” for them and they are struggling (35%).

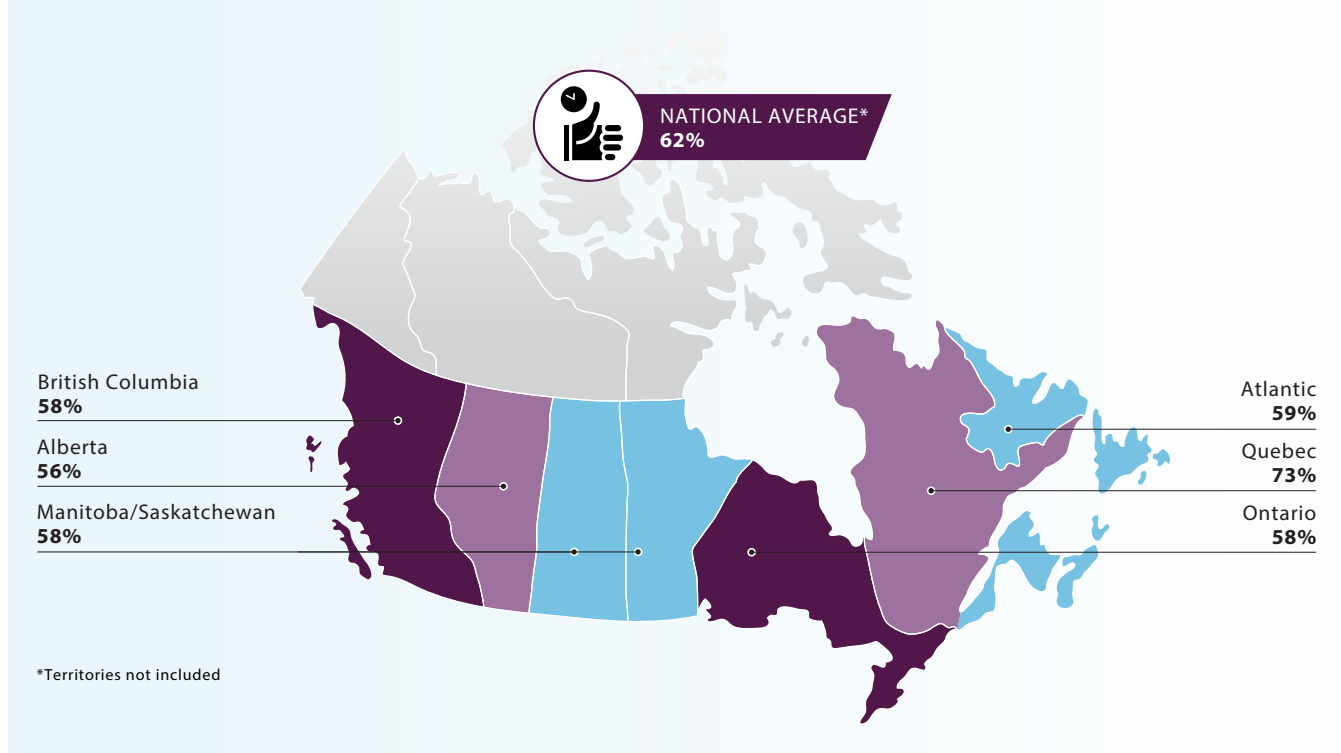
For the third year, Canadians living in Quebec continue to be considerably more likely to report a positive outlook on ageing compared to their counterparts in other provinces (Figure 65). This difference may reflect demographic trends, as Quebec has an older population than many other provinces.

Additionally, as seen throughout this survey, there is evidence to suggest that Quebec may be taking more proactive steps to support its seniors, which could contribute to the more positive outlook among older adults in the province. While further research would be needed to confirm this trend, it points to the potential impact of regional policies and supports on shaping attitudes toward ageing.



**Figure 65.** Positive feelings about getting older across Canada

Percentage who report feeling very or somewhat positive in 2024



Overall, the findings from the NIA’s 2024 survey highlight both continuity and change in how Canadians 50+ feel about getting older. While a majority continue to say they view ageing positively, the decline in optimism among those aged 80+ is a notable shift. It suggests that the ageing experience is becoming more challenging for the oldest Canadians, possibly due to issues like declining health, increased isolation or limited access to services. The decline in positive perceptions is a trend that should continue to be monitored in the coming years as it may indicate deeper systemic challenges.



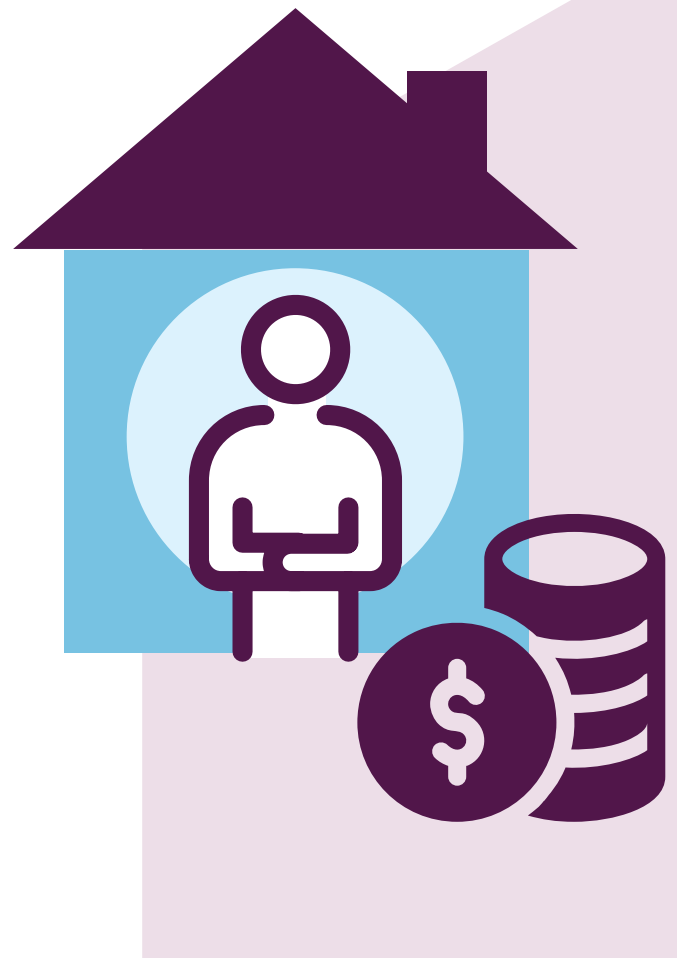
## Conclusion

The 2024 NIA Ageing in Canada Survey provides the third look into the perspectives and experiences of Canadians 50+ since its inaugural launch in 2022. The findings of this year's survey underscore the complexities of ageing in Canada, highlighting some progress but also persistent challenges that remain.

There have been some positive developments. For one, a growing proportion of Canadians 50+ now report that their income is “good enough” to build savings, suggesting some level of financial improvement. Another positive development is that Canadians 80+ continue to be doing generally well and report better circumstances than their younger counterparts across most key issues, as was the case in 2022 and 2023. There is, of course, a very important caveat to these findings, which is that they largely represent the experiences of Canadians 80+ who are doing well enough to still be living independently within their communities. It is reasonable to expect that older adults living in institutional settings, such as long-term care homes, might have markedly different experiences. Nonetheless, the survey makes the important revelation that among the growing number of older adults living in Canadian communities, those aged 80+ consistently report the most positive perceptions and experiences across key aspects of ageing.

Otherwise, the majority of this year's findings across the three key dimensions of ageing well—social well-being, financial security, and health and independence—are characterized by a lack of progress and, in some cases, widening disparities between groups.

Levels of social isolation and loneliness have stayed the same, and experiences of



everyday ageism remain common place. In addition, nearly half of Canadians 50+ are not participating in social activities as often as they would like.

**The findings also suggest some Canadians 50+ continue to face difficulties in maintaining financial security as they age, with no improvements in financial well-being among Canadians who are struggling the most.**

Moreover, those who are still working continue to struggle to save for retirement, with only a third of those who intend to retire in the financial position to do so at their desired time.

The 2024 survey again confirms that many Canadians 50+ continue to struggle with accessing timely and adequate care, especially those with lower incomes or health challenges. While last year's findings suggested that a growing majority of Canadians 50+ could access needed health care services, this year's findings reveal that, proportionally, there have been no improvements in providing care to a larger share of those in need. Canadians 50+ also experience significant unmet home care needs and struggle in accessing community support services, putting their long-term health and well-being in jeopardy.

New insights have also been uncovered this year, including that the share of older adults living in poverty may be considerably higher than Canada's official poverty line suggests. This year's survey also provides emerging evidence of widening inequalities, both in terms of income differences between those on the higher and lower ends of the income scale, and increasingly unequal access to services.

Continuing to monitor these trends, in conjunction with implementing effective policy solutions to address the gaps and challenges identified in this report, will help Canada provide an adequate support system for its entire ageing population and ensure that no one is left behind.





# Appendix 1

## Profile of Canadians 50+

The below table highlights the composition of the population aged 50 years and older based on the 2024 survey's 5,875 respondents.

2024 NIA Ageing in Canada Survey Sample				
Key Characteristics	2024 Weighted Survey Sample (%)			
	Total	50-64 years	65-79 years	80+ years
<b>Sample Size (# of respondents)</b>	<b>5,875</b>	<b>3,050</b>	<b>2,140</b>	<b>685</b>
<b>Total</b>	<b>100</b>	<b>52</b>	<b>36</b>	<b>12</b>
<b>Gender</b>				
Man	47	47	47	47
Woman	52	52	52	52
Another gender identity	-	-	-	-
<b>Province</b>				
British Columbia	14	12	16	18
Alberta	10	10	10	8
Manitoba/Saskatchewan	6	7	4	8
Ontario	38	39	36	42
Quebec	24	24	27	15
Atlantic	8	9	6	8
<b>Community Size</b>				
City	59	58	59	62
Town or village	21	21	22	21
Rural area	20	21	20	17
<b>Health Status</b>				
Excellent or very good health	35	36	35	33
Good health	38	36	39	42
Fair or poor health	27	28	25	25
<b>Adequacy of Household Income</b>				
Good enough and can save	39	32	44	55
Just enough to not have major problems	36	34	38	34
Not enough and stretched	16	20	14	5
Not enough and having a hard time	7	12	3	2
<b>Educational Attainment</b>				
Some high school or less	23	20	24	35
High school	27	24	29	29
College or some university	30	33	29	19
University degree	20	23	18	17

Key Characteristics	2024 Weighted Survey Sample (%)			
	Total	50-64 years	65-79 years	80+ years
<b>Employment Status</b>				
Working (full-time, part-time or self-employed)	35	56	15	3
Unemployed or looking for a job	3	6	1	-
Stay at home full-time	4	6	1	2
Retired	52	20	82	96
On a disability pension	6	11	-	-
<b>Household Income</b>				
Less than \$30,000	20	23	18	17
\$30,000-\$80,000	42	35	48	52
More than \$80,000	31	37	26	20
<b>Marital Status</b>				
Married	47	44	52	46
Common law	11	14	10	4
Partnered but living separately	1	2	-	1
Single and never married	15	21	10	2
Divorced or separated	15	16	15	10
Widowed	10	3	12	36
<b>Caregiver</b>				
Yes	15	18	12	12
No	83	80	87	86
<b>Children</b>				
Yes	70	64	74	85
No	29	36	25	14
<b>Homeownership</b>				
Own	67	62	73	75
Rent	31	36	25	22
<b>Living Alone</b>				
Yes	28	24	30	43
No	70	74	69	57
<b>Ethnic-Racial Background</b>				
White	91	87	94	96
Other	10	13	7	4
<b>Immigration Status*</b>				
First-generation immigrant	15	14	15	20
Second-generation immigrant	18	18	17	21
Third-generation plus	67	68	68	59

Categories may not add up to 100% due to non-responses or multiple responses.

\* "First-generation immigrant" refers to those born outside of Canada, "second-generation immigrant" refers to those born in Canada, but with at least one parent born outside of Canada, and "third-generation plus" refers to those born in Canada to Canada-born parents.

## Appendix 2

### Survey Questions

#### 1. Social Network Strength

**Thinking about your life today, how often do you feel each of the following:**

- a. You feel that you lack companionship
- b. You feel left out
- c. You feel isolated from others

01 – Hardly ever  
02 – Some of the time  
03 – Often  
99 – *Cannot say*

---

**Considering the people to whom you are related (by birth, marriage, adoption or in other ways), how many of these relatives:**

- a. Do you see or hear from at least once a month?
- b. Do you feel at ease with that you can talk about private matters?
- c. Do you feel close to such that you could call on them for help?

01 – None  
02 – One  
03 – Two  
04 – Three or four  
05 – Five to eight  
06 – Nine or more  
99 – *Cannot say*

---

**Now considering all the people you consider to be friends (including those who live in your neighbourhood), how many of these friends:**

- a. Do you see or hear from at least once a month?
- b. Do you feel at ease with that you can talk about private matters?

- c. Do you feel close to such that you could call on them for help?

01 – None  
02 – One  
03 – Two  
04 – Three or four  
05 – Five to eight  
06 – Nine or more  
99 – *Cannot say*

---

#### 2. Social Engagement

The next questions are about activities and events you may have participated in during the past 12 month outside of the home, involving social, recreational or group activities. This might include getting together with friends and family, volunteer work, sports, recreation or leisure, arts and cultural activities, or those involving a religious or faith-based community.

**In the past 12 months, how often have you participated in these types of social, recreational or group activities?**

01 – At least once a day  
02 – At least once a week  
03 – At least once a month  
04 – At least several times a year  
05 – Almost never  
99 – *Cannot say*

---

**In the past 12 months, did you participate in these types of social, recreational or group activities as often as you wanted, or less so than you would have liked?**

01 – Participated as often as I wanted to

SKIP TO Q.X

- 02 – Participated a bit less than I would have liked  
03 – Participated much less than I would have liked  
99 – *Cannot say* SKIP TO Q.X
- 

(IF A BIT/MUCH LESS (02-03) IN Q.6\_4)

**Which of the following reasons best describe why you participated in these types of social, recreational or group activities less than you would have liked in the past 12 months?**

*Select all that apply*

- 01 – Lack of funds/activities cost more than I could afford  
02 – Lack of transportation to get to activities  
03 – Activities not available in my area  
04 – Activities are not physically accessible  
05 – Activity timing or schedule is inconvenient/doesn't work with my schedule  
06 – Do not have anyone to go with/do not want to do them alone  
07 – Health condition limits what I can do  
08 – Too busy/other responsibilities  
09 – Lack of energy to do more  
10 – Concerns about safety or getting injured  
11 – Concerns about getting sick from being exposed to others  
98 – Other reason (*please specify*):  
\_\_\_\_\_  
99 – *Cannot say*
- 

### 3. Experienced Ageism

**In the past 12 months, have you experienced discrimination or been treated unfairly because of your age?**

- 01 – Yes  
02 – No  
99 – *Cannot say*
- 

**In the past 12 months, how often have each of the following things happened to you:**

- a. I hear, see and/or read jokes about old age, ageing or older people.  
b. I hear, see and/or read things suggesting that older adults and ageing are unattractive or undesirable.  
c. People insist on helping me with things I can do on my own.  
e. People assume I have difficulty hearing and/or seeing things.  
f. People assume I have difficulty remembering and/or understanding things.  
g. People assume I have difficulty with cell phones and computers.  
h. People assume I do not do anything important or valuable.

- 01 – Often  
02 – Sometimes  
03 – Rarely  
04 – Never  
99 – *Cannot say*
- 

### 4. Financial Well-being

**Which of the following best describes your total household income at the present time?**

- 01 – Good enough for you and you can save from it  
02 – Just enough for you, so that you do not have major problems  
03 – Not enough for you and you are stretched  
04 – Not enough for you and you are having a hard time  
99 – *Cannot say*
- 

### 5. Material Deprivation

**How many people currently live in your household, including yourself?**

- Number in household

99 – *Cannot say* SKIP TO Q.X

---

V1. [IF HOUSEHOLD SIZE = 1]

**Next we would like to ask some questions about the things you might own, items you might purchase or activities you might do.**

V2. [IF HOUSEHOLD SIZE = 2+]

**Next we would like to ask some questions about the things you and the people in your household might own, items you might purchase or activities you might do.**

CUSTOMIZE QUESTION WORDING TO V1/V2

(Are you/Is everyone)

**[Are you/Is everyone in your household] able to eat meat or fish or a vegetarian equivalent at least every other day?**

01 – Yes SKIP TO Q.X

02 – No

99 – *Cannot say* SKIP TO Q.X

---

(IF NO TO Q.X) **Is this because you cannot afford it, or for some other reason?**

01 – Cannot afford it

02 – Some other reason

99 – *Cannot say*

---

**[Do you/Does every adult in your household] have appropriate clothes to wear for special occasions, such as a job interview, wedding or funeral?**

01 – Yes SKIP TO Q.X

02 – No

99 – *Cannot say* SKIP TO Q.X

---

(IF NO TO Q.X) **Is this because you cannot afford it, or for some other reason?**

01 – Cannot afford it

02 – Some other reason

99 – *Cannot say*

---

**[Do you/Does everyone in your household] have at least one pair of properly fitting shoes and at least one pair of winter boots?**

01 – Yes SKIP TO Q.X

02 – No

99 – *Cannot say* SKIP TO Q.X

---

(IF NO TO Q.X) **Is this because you cannot afford it, or for some other reason?**

01 – Cannot afford it

02 – Some other reason

99 – *Cannot say*

---

**[Are you/Is everyone in your household] able to get regular dental care, including teeth cleaning and fillings, at least once a year?**

01 – Yes SKIP TO Q.X

02 – No

99 – *Cannot say* SKIP TO Q.X

---

(IF NO TO Q.X) **Is this because you cannot afford it, or for some other reason?**

01 – Cannot afford it

02 – Some other reason

99 – *Cannot say*

---

**Are you able to keep your house or apartment at a comfortable temperature all year round?**

01 – Yes SKIP TO Q.X

02 – No

99 – *Cannot say* SKIP TO Q.X

---

(IF NO TO Q.X) **Is this because you cannot afford it, or for some other reason?**

01 – Cannot afford it

02 – Some other reason

99 – *Cannot say*

---

**[Are you/Is everyone in your household] able to get around your community whenever [you/they need to], either by having a car or by taking the bus or equivalent mode of transportation?**

- 01 – Yes SKIP TO Q.X
  - 02 – No
  - 99 – *Cannot say* SKIP TO Q.X
- 

**(IF NO TO Q.X) Is this because you cannot afford it, or for some other reason?**

- 01 – Cannot afford it
  - 02 – Some other reason
  - 99 – *Cannot say*
- 

**If you wanted to, could you spend a small amount of money each week on yourself?**

- 01 – Yes SKIP TO Q.X
  - 02 – No
  - 99 – *Cannot say* SKIP TO Q.X
- 

**(IF NO TO Q.X) Is this because you cannot afford it, or for some other reason?**

- 01 – Cannot afford it
  - 02 – Some other reason
  - 99 – *Cannot say*
- 

**If you had an unexpected expense today of \$500, could you cover this from your own resources?**

- 01 – Yes SKIP TO Q.X
  - 02 – No
  - 99 – *Cannot say* SKIP TO Q.X
- 

**(IF NO TO Q.X) Is this because you cannot afford it, or for some other reason?**

- 01 – Cannot afford it
  - 02 – Some other reason
  - 99 – *Cannot say*
- 

**Are you currently able to pay your bills on time?**

- 01 – Yes SKIP TO Q.X
  - 02 – No
  - 99 – *Cannot say* SKIP TO Q.X
- 

**(IF NO TO Q.X) Is this because you cannot afford it, or for some other reason?**

- 01 – Cannot afford it
  - 02 – Some other reason
  - 99 – *Cannot say*
- 

**Are you able to buy some small gifts for family or friends at least once a year?**

- 01 – Yes SKIP TO Q.X
  - 02 – No
  - 99 – *Cannot say* SKIP TO Q.X
- 

**(IF NO TO Q.X) Is this because you cannot afford it, or for some other reason?**

- 01 – Cannot afford it
  - 02 – Some other reason
  - 99 – *Cannot say*
- 

**Are you able to participate in celebrations or other occasions that are important to people from your social, ethnic, cultural, or religious group?**

- 01 – Yes SKIP TO Q.X
  - 02 – No
  - 99 – *Cannot say* SKIP TO Q.X
- 

**(IF NO TO Q.X) Is this because you cannot afford it, or for some other reason?**

- 01 – Cannot afford it
  - 02 – Some other reason
  - 99 – *Cannot say*
-

## 6. Retirement Readiness

### Are you currently:

- 01 – Working full-time
- 02 – Working part-time
- 03 – Unemployed or looking for a job
- 04 – Self-employed
- 05 – Stay at home full-time                      SKIP TO Q.X
- 07 – Retired    SKIP TO Q.X
- 08 – On a disability pension                      SKIP TO Q.X
- 98 – Other (*please specify*):  
\_\_\_\_\_
- 99 – *Cannot say*                                      SKIP TO Q.X

[IF EMPLOYED - CODES 01 – 04/98 IN Q.X;  
OTHERS SKIP TO Q.43\_3]

### Which of the following best describes your current thinking or plans about retiring from work in the future?

- 01 – I have no interest or intention in retiring                                      SKIP TO Q.X
- 02 – I want to retire, but have not yet made any specific plans or decisions
- 03 – I have a plan for retirement
- 04 – I am now in the process of retiring    SKIP TO Q.X
- 05 – I had previously retired, but have rejoined the workforce
- 98 – Other (*please specify*):  
\_\_\_\_\_
- 99 – *Cannot say*                                      SKIP TO Q.X

[IF EMPLOYED - CODES 01 – 04/98 IN Q.X AND NOT CODE 01 IN Q.X]

### Are you in a position to financially afford to retire when you want to do so?

- 01 – Yes
- 02 – No
- 03 – Unclear
- 99 – *Cannot say*

(IF EMPLOYED CODE 01 – 04/98 IN Q.X)

### Approximately how much have you (and your spouse if applicable) saved for your retirement, in terms of dollars invested or put away for this purpose (not including property you may own)?

- 01 – Nothing
- 02 – Up to \$5,000
- 03 – \$5,000 to \$50,000
- 04 – \$50,000 to \$100,000
- 05 – \$100,000 to \$500,000
- 06 – \$500,000 to \$1 million
- 07 – More than \$1 million
- 99 – *Cannot say*

### In thinking about the future, which of the following, if any, are you concerned about as you get older?

*Check all that apply*

- 01 – Not being able to afford major medical or long-term care expenses
- 02 – The rising cost of living
- 03 – Running out of money
- 04 – Not being able to help other family members who may need financial help
- 05 – Not being able to leave money to family members or others when I die
- 06 – A major real estate or stock market crisis
- 07 – Reduction in [CPP/QPP] or other government benefits
- 08 – Reduction in other government benefits for seniors (such as OAS or GIS)
- 09 – Not having family or friends to help take care of me as I get older
- 10 – Costly home repairs or renovations
- 98 – Other (*please specify* \_\_\_\_\_)
- 97 – None are important                              SKIP TO Q.X
- 99 – *Cannot say*                                      SKIP TO Q.X

(IF MORE THAN ONE SELECTED IN Q.X)

### Of the concerns you identified, which one of them are you most concerned about as you get older?

Select one only

[SHOW ONLY THOSE SELECTED IN Q.X]

- 01 – Not being able to afford major medical or long-term care expenses
  - 02 – The rising cost of living
  - 03 – Running out of money
  - 04 – Not being able to help other family members who may need financial help
  - 05 – Not being able to leave money to family members or others when I die
  - 06 – A major real estate or stock market crisis
  - 07 – Reduction in [CPP/QPP] or other government benefits
  - 08 – Reduction in other government benefits for seniors (such as OAS or GIS)
  - 09 – Not having family or friends to help take care of me as I get older
  - 10 – Costly home repairs or renovations
  - 98 – Other (please specify):
- 

- 97 – Both equally important/All equally important
  - 99 – Cannot say
- 

## 7. Access to Health Care

**Thinking about your need for health care services and treatments over the past 12 months, how often were you able to get these services and treatments you needed, when you needed them?**

- 01 – All or most of the time                      SKIP TO Q.X
  - 02 – Some of the time
  - 03 – Rarely
  - 04 – Never
  - 98 – Have not required any health care services or treatments in past 12 months                      SKIP TO Q.X
  - 99 – Cannot say                                      SKIP TO Q.X
- 

{IF SOME OF THE TIME/RARELY/NEVER (02-04) IN Q.X]

**Which of the following were reasons why you were not able to get all or most of the health care services and treatments you needed?**

*Check all that apply*

- 01 – Could not get appointments
  - 02 – Appointments, treatments or services were cancelled, delayed or rescheduled
  - 03 – Difficulty getting a referral
  - 04 – Service not available in my area
  - 05 – Difficult to travel to service location
  - 06 – Cost or unable to afford
  - 07 – Language barrier
  - 98 – Other (please specify):
- 
- 99 – Cannot say
- 

## 8. Access to Home and Community-based Care

The next few questions are about home care and community support services, to help people remain in their homes as long as possible as they age.

Home care services refer to health care services provided by trained professionals or non-medical support services to assist with one's personal care needs (such as bathing and dressing).

**In the past 12 months, have you needed home care services to help with in-home care for yourself or another person living in your home?**

*Select more than one if applicable*

- 01 – Yes – for myself
  - 02 – Yes – for someone else in my home
  - 03 – No    SKIP TO Q.26\_4
  - 99 – Cannot say                                      SKIP TO Q.26\_4
-



(IF YES (01-02) IN Q.X

**How often were you able to get the home care services you needed, when you needed them?**

- 01 – All or most of the time                      SKIP TO Q.X
- 02 – Some of the time
- 03 – Rarely
- 04 – Never
- 99 – *Cannot say*                                      SKIP TO Q.X

{IF SOME OF THE TIME/RARELY/NEVER (02-04) IN Q.28\_3]

**Which of the following were reasons why you were not able to get all or most of the home care services you needed?**

*Select all that apply*

- 01 – Didn't know how to access services or navigate the system
- 02 – Time consuming/difficult to apply
- 03 – Difficulty qualifying or not eligible
- 04 – Service not available in my area
- 05 – Difficult to travel to service location
- 06 – Cost; unable to afford
- 07 – Waiting time too long
- 08 – Language barrier
- 98 – Other (*please specify*):

99 – *Cannot say*

Community support services provide other types of support to help people stay active, independent and engaged in their homes and communities. This includes non-medical services that may take place in or outside the home to support a person's well-being, such as meal delivery, transportation, home maintenance, friendly-visiting, recreational and adult day care programs.

**In the past 12 months, have you needed community support services for yourself or another person living in your home?**

*Select more than one if applicable*

- 01 – Yes – for myself
- 02 – Yes – for someone else in my home
- 03 – No    SKIP TO Q.X
- 99 – *Cannot say*                                      SKIP TO Q.X

(IF YES (01-02) Q) **Which types of community support services did you need?**

*Select all that apply*

- 01 – Low cost/accessible transportation services
- 02 – Meal or food delivery services
- 03 – Community exercise and falls prevention programs
- 04 – Friendly visiting services
- 05 – Light yard work/snow shoveling programs
- 06 – Minor home repairs
- 06 – Adult day care programs (such as for people living with dementia)
- 98 – Other (*please specify*):

- 96 – None    SKIP TO Q.X
- 99 – *Cannot say*                                      SKIP TO Q.X

**How often were you able to get the community support services you needed, when you needed them?**

- 01 – All or most of the time                      SKIP TO Q.X
- 02 – Some of the time
- 03 – Rarely
- 04 – Never
- 99 – *Cannot say*                                      SKIP TO Q.X

{IF SOME OF THE TIME/RARELY/NEVER (02-04) IN Q.X]

**Which of the following were reasons why you were not able to get all or most of the community support services you needed?**

*Select all that apply*

- 01 – I didn't know how to access services or navigate the system
- 02 – Time consuming/difficult to apply

- 03 – Difficulty qualifying or not eligible
- 04 – Service not available in my area
- 05 – Difficult to travel to service location
- 06 – Cost; unable to afford
- 07 – Waiting time too long
- 08 – Language barrier
- 98 – Other (*please specify*):  
\_\_\_\_\_

99 – *Cannot say*

---

## 9. Enabling Ageing in Place

**What type of dwelling do you currently live in?**

- 01 – House (single detached, semi-detached, duplex or townhouse)
  - 02 – Apartment or condominium
  - 03 – Retirement or nursing home    SKIP TO Q.X
  - 04 – Seniors' housing or apartments                                SKIP TO Q.X
  - 05 – Mobile home, hotel, rooming or lodging house                        SKIP TO Q.X
  - 98 – Other (*please specify*):  
\_\_\_\_\_                                SKIP TO Q.X
  - 99 – *Cannot say*                                SKIP TO Q.X
- 

**In thinking about the future and where you would like to live as you age further, would you most like to:**

- 01 – Remain in your own home as long as you can
  - 03 – Move in with a family member
  - 04 – Move into a long-term care home or residence (such as a nursing home, retirement home or assisted living facility)
  - 98 – Other (*please specify*):  
\_\_\_\_\_
  - 97 – Depends/too early to say
  - 99 – *Cannot say*
- 

## 10. Perspectives on Ageing

**How do you feel generally about the [IF 50 – 69: prospect / IF 70+: experience] of getting older? Would you say that overall your feeling is:**

- 01 – Very positive
  - 02 – Somewhat positive
  - 03 – Somewhat negative
  - 04 – Very negative
  - 99 – *Cannot say*
-

## References

- <sup>1</sup> Statistics Canada. (2024). Population estimates on July 1, by age and gender. Retrieved November 29, 2024 from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>
- <sup>2</sup> Statistics Canada. (2024). Population estimates on July 1, by age and gender. Retrieved November 29, 2024 from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>
- <sup>3</sup> Canadian Institute for Health Information. (2021). How many long-term care beds are there in Canada?. Retrieved December 22, 2023 from <https://www.cihi.ca/en/how-many-long-term-care-beds-are-there-in-canada>
- <sup>4</sup> NIA. (2020). National Senior Strategy. Retrieved November 29, 2024 from <https://nationalseniorsstrategy.ca/>
- <sup>5</sup> NIA. (2023). Understanding the Factors Driving the Epidemic of Social Isolation and Loneliness among Older Canadians. Retrieved November 29, 2024 from <https://www.niageing.ca/loneliness23>
- <sup>6</sup> NIA. (2023). Understanding the Factors Driving the Epidemic of Social Isolation and Loneliness among Older Canadians. Retrieved November 29, 2024 from <https://www.niageing.ca/loneliness23>
- <sup>7</sup> Rico-Uribe, L.A, Caballero, F.F., MartínMaría, N., Cabello, M., Ayuso-Mateos, J.L., and Miret M. (2018). Association of loneliness with all-cause mortality: A meta-analysis. PLoS One, 13(1), 1–21. Retrieved from: <https://doi.org/10.1371/journal.pone.0190033>
- <sup>8</sup> Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., and Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A MetaAnalytic Review. Perspectives on Psychological Science, 10(2), 227– 237. Retrieved from: <https://doi.org/10.1177/1745691614568352>
- <sup>9</sup> Gilmour, H., and Ramage-Morin, P.L. (2020). Social isolation and mortality among Canadian seniors. Health reports, 31(3), 27–38. Retrieved from: <https://doi.org/10.25318/82-003-x202000300003-eng>
- <sup>10</sup> Federal/Provincial/Territorial Ministers Responsible for Seniors. (2007). Working Together for Seniors: A Toolkit to Promote Seniors’ Social Integration in Community Services, Programs and Policies. Retrieved November 29, 2024 from [https://publications.gc.ca/collections/collection\\_2017/edsc-esdc/HS64-34-2007-eng.pdf](https://publications.gc.ca/collections/collection_2017/edsc-esdc/HS64-34-2007-eng.pdf)
- <sup>11</sup> NIA. (2022). Understanding Social Isolation and Loneliness Among Older Canadians and How to Address it. Retrieved November 29, 2024 from <https://www.niageing.ca/social-isolation-and-loneliness>
- <sup>12</sup> Employment and Social Development Canada. (2024). New Horizons for Seniors Program. Retrieved November 29, 2024 from <https://www.canada.ca/en/employment-social-development/news/2022/09/background-new-horizons-for-seniors-program.html>
- <sup>13</sup> NIA. (2022). Understanding Social Isolation and Loneliness Among Older Canadians and How to Address it. Retrieved November 29, 2024 from <https://www.niageing.ca/social-isolation-and-loneliness>

- <sup>14</sup> NIA. (2022). Understanding Social Isolation and Loneliness Among Older Canadians and How to Address it. Retrieved November 29, 2024 from <https://www.niageing.ca/social-isolation-and-loneliness>
- <sup>15</sup> NIA. (2023). Understanding the Factors Driving the Epidemic of Social Isolation and Loneliness among Older Canadians. Retrieved November 29, 2024 from <https://www.niageing.ca/loneliness23>
- <sup>16</sup> NIA. (2022). Understanding Social Isolation and Loneliness Among Older Canadians and How to Address it. Retrieved November 29, 2024 from <https://www.niageing.ca/social-isolation-and-loneliness>
- <sup>17</sup> NIA. (2023). Understanding the Factors Driving the Epidemic of Social Isolation and Loneliness among Older Canadians. Retrieved November 29, 2024 from <https://www.niageing.ca/loneliness23>
- <sup>18</sup> Welch, V., Ghogomu, E. T., Dowling, S., Barbeau, V. I., Al-Zubaidi, A. A., Beveridge, E., ... & Mikton, C. (2024). In-person interventions to reduce social isolation and loneliness: An evidence and gap map. *Campbell Systematic Reviews*, 20(2), e1408.
- <sup>19</sup> Welch, V., Ghogomu, E. T., Dowling, S., Barbeau, V. I., Al-Zubaidi, A. A., Beveridge, E., ... & Mikton, C. (2024). In-person interventions to reduce social isolation and loneliness: An evidence and gap map. *Campbell Systematic Reviews*, 20(2), e1408.
- <sup>20</sup> Welch, V., Ghogomu, E. T., Dowling, S., Barbeau, V. I., Al-Zubaidi, A. A., Beveridge, E., ... & Mikton, C. (2024). In-person interventions to reduce social isolation and loneliness: An evidence and gap map. *Campbell Systematic Reviews*, 20(2), e1408.
- <sup>21</sup> Centers for Disease Control and Prevention. Alzheimer's Disease and Healthy Aging Program Home: Are you engaged? Retrieved, November 28, 2022, from: <https://www.cdc.gov/aging/publications/features/social-engagement-aging.html>
- <sup>22</sup> Williams, C. (2004). The sandwich generation. Retrieved November 29, 2024 from <https://www150.statcan.gc.ca/n1/pub/75-001-x/10904/7033-eng.htm>
- <sup>23</sup> Steiner, A. M., & Fletcher, P. C. (2017). Sandwich generation caregiving: A complex and dynamic role. *Journal of Adult Development*, 24, 133-143.
- <sup>24</sup> Percival, A., Newton, C., Mulligan, K., Petrella, R. J., & Ashe, M. C. (2022). Systematic review of social prescribing and older adults: where to from here?. *Family medicine and community health*, 10(Suppl 1).
- <sup>25</sup> Liebmann, M., Pitman, A., Hsueh, Y. C., Bertotti, M., & Pearce, E. (2022). Do people perceive benefits in the use of social prescribing to address loneliness and/or social isolation? A qualitative meta-synthesis of the literature. *BMC health services research*, 22(1), 1264.
- <sup>26</sup> National Institute on Ageing and NORC Innovation Centre. (2022). It's Time to Unleash the Power of Naturally Occurring Retirement Communities in Canada. Retrieved November 29, 2024 from <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/672a490aa878a82c11a72796/1730824459905/Veterans+Report.pdf>
- <sup>27</sup> Brenton, M. (2013). Senior cohousing communities—an alternative approach for the UK. York: Joseph Rowntree Foundation.

- <sup>28</sup> Glass, A. P. (2014). Innovative seniors housing and care models: what we can learn from the Netherlands. *Seniors Housing and Care Journal*, 22(1), 74-81.
- <sup>29</sup> Ipsos. (2024). Canadians' understanding of ageism varies widely, revealing a significant lack of awareness regarding its pervasiveness and detrimental consequences. Retrieved November 29, 2024 from: <https://www.ipsos.com/en-ca/public-opinion-on-awareness-of-ageism-in-Canada-2024>
- <sup>30</sup> Government of Canada. (2024). Ageism consultations: Share your thoughts and experiences. Retrieved from <https://www.canada.ca/en/employment-social-development/corporate/seniors-forum-federal-provincial-territorial/consultation-ageism.html>
- <sup>31</sup> Government of Canada. (2024). Ageism consultations: Share your thoughts and experiences. Retrieved November 29, 2024 from <https://www.canada.ca/en/employment-social-development/corporate/seniors-forum-federal-provincial-territorial/consultation-ageism.html>
- <sup>32</sup> World Health Organization. (2021). Global report on ageism. Retrieved November 29, 2024 from <https://iris.who.int/bitstream/handle/10665/340208/9789240016866-eng.pdf?sequence=1>
- <sup>33</sup> NIA. (2024). 7 Steps Toward Better CPP/QPP Claiming Decisions Shifting the paradigm on how we help Canadians. Retrieved November 29, 2024 from [https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/66a26ef9b1afef7d5e447a09/1721921275325/24-27\\_CPP+Paper+Series\\_Step1\\_Accessible\\_2.pdf](https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/66a26ef9b1afef7d5e447a09/1721921275325/24-27_CPP+Paper+Series_Step1_Accessible_2.pdf)
- <sup>34</sup> OECD (2021), Net pension replacement rates (indicator). doi: 10.1787/4b03f028-en (Accessed on 27 September 2021)
- <sup>35</sup> MacDonald, B.-J. (2024). Introduction: Opportunities and Obstacles to Shifting the Paradigm. 7 Steps Toward Better CPP/QPP Claiming Decisions Series. National Institute on Ageing, Toronto Metropolitan University. Retrieved November 29, 2024 from <https://www.niageing.ca/cpp-qpp-introduction>
- <sup>36</sup> Government of Canada. (2024). Old Age Security How much you could receive. Retrieved November 29, 2024 from <https://www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security/benefit-amount.html>
- <sup>37</sup> Government of Canada. (2024). Old Age Security How much you could receive. Retrieved November 29, 2024 from <https://www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security/benefit-amount.html>
- <sup>38</sup> Yassin, Shaimaa, Petit, Gillian, Abraham, Yasmin (2024). The troubling rise of income and wealth inequality in Canada. Retrieved November 29, 2024 from <https://policyoptions.irpp.org/magazines/july-2024/income-wealth-inequality/>
- <sup>39</sup> Statistics Canada (2024). Distributions of household economic accounts for income, consumption, saving and wealth of Canadian households, second quarter 2024. Retrieved November 29, 2024 from <https://www150.statcan.gc.ca/n1/daily-quotidien/241010/dq241010a-eng.htm>

- <sup>40</sup> Government of Canada. (2024). How much you could receive. Retrieved November 29, 2024 from <https://www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security/benefit-amount.html>
- <sup>41</sup> Statistics Canada. (2024). Demographic estimates by age and gender, provinces and territories: Interactive dashboard. Retrieved November 29, 2024 from <https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2020018-eng.htm>
- <sup>42</sup> Mendelson, Michael. (2005). Financing the Canada and Quebec Pension Plans. Retrieved November 29, 2024 from <https://maytree.com/wp-content/uploads/601ENG.pdf>
- <sup>43</sup> Revenu Québec. (n.d.). Seniors 60 and Older. Retrieved November 29, 2024 from <https://www.revenuquebec.ca/en/citizens/your-situation/seniors-60-and-older/>
- <sup>44</sup> Revenu Québec. (n.d.). Solidarity Tax Credit – Individuals. Retrieved November 29, 2024 from <https://www.revenuquebec.ca/en/citizens/tax-credits/solidarity-tax-credit/>
- <sup>45</sup> Gouvernement du Québec. (2024). Dépôt du projet de loi no 65 - Dans le contexte de crise du logement, le gouvernement souhaite mieux protéger les locataires face aux évictions. Retrieved November 29, 2024 from <https://www.quebec.ca/nouvelles/actualites/details/depot-du-projet-de-loi-no-65-dans-le-contexte-de-crise-du-logement-le-gouvernement-souhaite-mieux-protéger-les-locataires-face-aux-evictions-56006>
- <sup>46</sup> Food Banks Canada. (2024). 5 things you should know about using a material deprivation index to measure poverty. Retrieved November 29, 2024 from <https://foodbanksCanada.ca/5-things-you-should-know-about-using-a-material-deprivation-index-to-measure-poverty/>
- <sup>47</sup> Guio, A. C., Marlier, E., Gordon, D., Fahmy, E., Nandy, S., & Pomati, M. (2016). Improving the measurement of material deprivation at the European Union level. *Journal of European social policy*, 26(3), 219-333
- <sup>48</sup> Łuczak, A., & Kalinowski, S. (2020). Assessing the level of the material deprivation of European Union countries. *PLoS One*, 15(9), e0238376.
- <sup>49</sup> Mendelson, Michael, Notten, Geranda, Matern, Richard & Seer, Sofia. (2024). POVERTY Through a Deprivation Lens. Retrieved November 29, 2024 from [https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC\\_2024PovertyInCanada\\_ENG\\_v6.pdf](https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC_2024PovertyInCanada_ENG_v6.pdf)
- <sup>50</sup> Mendelson, Michael, Notten, Geranda, Matern, Richard & Seer, Sofia. (2024). POVERTY Through a Deprivation Lens. Retrieved November 29, 2024 from [https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC\\_2024PovertyInCanada\\_ENG\\_v6.pdf](https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC_2024PovertyInCanada_ENG_v6.pdf)
- <sup>51</sup> Notten, Geranda, Seer, Sofia, Mendelson, Michael, Matern, Richard & Parkin, Andrew. (2024). Measuring Poverty With a Material Deprivation Index (MDI): An Updated Index for Canada. Retrieved November 29, 2024 from [https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC\\_2024\\_MeasuringPovertywithMDI\\_v20240327\\_FINAL-June-17-002.pdf](https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC_2024_MeasuringPovertywithMDI_v20240327_FINAL-June-17-002.pdf)



- <sup>52</sup> Notten, Geranda, Matern, Richard & Seer, Sofia. (2024). Canadian governments need a new way to measure poverty. Retrieved November 29, 2024 from <https://policyoptions.irpp.org/magazines/august-2024/poverty-measurement/>
- <sup>53</sup> Notten, Geranda, Matern, Richard & Seer, Sofia. (2024). Canadian governments need a new way to measure poverty. Retrieved November 29, 2024 from <https://policyoptions.irpp.org/magazines/august-2024/poverty-measurement/>
- <sup>54</sup> Mendelson, Michael, Notten, Geranda, Matern, Richard & Seer, Sofia. (2024). POVERTY Through a Deprivation Lens. Retrieved November 29, 2024 from [https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC\\_2024PovertyInCanada\\_ENG\\_v6.pdf](https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC_2024PovertyInCanada_ENG_v6.pdf)
- <sup>55</sup> Mendelson, Michael, Notten, Geranda, Matern, Richard & Seer, Sofia. (2024). POVERTY Through a Deprivation Lens. Retrieved November 29, 2024 from [https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC\\_2024PovertyInCanada\\_ENG\\_v6.pdf](https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC_2024PovertyInCanada_ENG_v6.pdf)
- <sup>56</sup> Griffin, Paloma & Tabbara, Mohy-Dean. (2023). A fine line: Finding the right seniors' poverty measure in Canada. Retrieved November 29, 2024 from <https://maytree.com/publications/a-fine-line-finding-the-right-seniors-poverty-measure-in-canada/>
- <sup>57</sup> Statistics Canada. (2024). Canadian Income Survey, 2022. Retrieved November 29, 2024 from <https://www150.statcan.gc.ca/n1/daily-quotidien/240426/dq240426a-eng.htm>
- <sup>58</sup> Tabbara, Mohy-Dean & Griffin, Paloma. (2023). Canada does not know how many seniors live in poverty. Retrieved November 29, 2024 from <https://policyoptions.irpp.org/magazines/december-2023/poverty-seniors-measurement/>
- <sup>59</sup> Sibal, P., & Raphael, D. (2022). What Is Behind the Fluctuations in Seniors' Poverty Rates in Canada from 1976-2019?. *Canadian Review of Social Policy*, 82, 58-82.
- <sup>60</sup> Tabbara, Mohy-Dean & Griffin, Paloma. (2023). Canada does not know how many seniors live in poverty. Retrieved November 29, 2024 from <https://policyoptions.irpp.org/magazines/december-2023/poverty-seniors-measurement/>
- <sup>61</sup> Battams, Nathan & Mathieu, Sophie (2024). The percentage of older adults who are widowed has declined. Retrieved November 29, 2024 from <https://vanierinstitute.ca/wp-content/uploads/2024/04/Families-count-2024-the-percentage-of-older-adults-who-are-widowed-has-declined.pdf>
- <sup>62</sup> Mendelson, Michael, Notten, Geranda, Matern, Richard & Seer, Sofia. (2024). POVERTY Through a Deprivation Lens. Retrieved November 29, 2024 from [https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC\\_2024PovertyInCanada\\_ENG\\_v6.pdf](https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC_2024PovertyInCanada_ENG_v6.pdf)
- <sup>63</sup> Griffin, Paloma & Tabbara, Mohy-Dean. (2023). A fine line: Finding the right seniors' poverty measure in Canada. Retrieved November 29, 2024 from <https://maytree.com/publications/a-fine-line-finding-the-right-seniors-poverty-measure-in-canada/>

- <sup>64</sup> Canada Revenue Agency. (2023). Applications for the new Canada Dental Benefit are now open! Retrieved November 29, 2024 from <https://www.canada.ca/en/revenue-agency/news/2022/11/applications-for-the-new-canada-dental-benefit-are-now-open.html>
- <sup>65</sup> Notten, Geranda, Seer, Sofia, Mendelson, Michael, Matern, Richard & Parkin, Andrew. (2024). Measuring Poverty With a Material Deprivation Index (MDI): An Updated Index for Canada. Retrieved November 29, 2024 from [https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC\\_2024\\_MeasuringPovertywithMDI\\_v20240327\\_FINAL-June-17-002.pdf](https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC_2024_MeasuringPovertywithMDI_v20240327_FINAL-June-17-002.pdf)
- <sup>66</sup> Prime Minister of Canada. (2023). Working together to improve health care for Canadians. Retrieved November 29, 2024 from <https://www.pm.gc.ca/en/news/news-releases/2023/02/07/working-together-improve-health-care-canadians>
- <sup>67</sup> Prime Minister of Canada. (2023). Working together to improve health care for Canadians. Retrieved November 29, 2024 from <https://www.pm.gc.ca/en/news/news-releases/2023/02/07/working-together-improve-health-care-canadians>
- <sup>68</sup> Government of Ontario. (2022). Ontario Health Teams: Digital Health Playbook. Retrieved November 29, 2024 from <https://www.ontario.ca/files/2024-01/moh-dig-health-playbook-en-2024-01-22.pdf>
- <sup>69</sup> Gouvernement du Québec. (2024). About telehealth. Retrieved November 29, 2024 from <https://www.quebec.ca/en/health/health-system-and-services/telehealth/description>
- <sup>70</sup> Government of Canada. (2022). 1. Connected Health – Virtual Care Program. Retrieved November 29, 2024 from <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/bilateral-agreement-pan-canadian-virtual-care-priorities-covid-19/action-plan-new-brunswick.html>
- <sup>71</sup> RCCbc. (2024). Real-Time Virtual Support. Retrieved November 29, 2024 from [https://rccbc.ca/initiatives/rtvs/?utm\\_source=](https://rccbc.ca/initiatives/rtvs/?utm_source=)
- <sup>72</sup> Government of Canada. (2022). 1. Connected Health – Virtual Care Program. Retrieved November 29, 2024 from <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/bilateral-agreement-pan-canadian-virtual-care-priorities-covid-19/action-plan-new-brunswick.html>
- <sup>73</sup> Carter, C., Iciaszczyk, N., & Sinha, S.K. (2024). Health Care Access Among Older Canadians: Findings from the NIA's Ageing in Canada Survey. Retrieved November 29, 2024 from [https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/67045f78e28f7b16df17a9dc/1728339834618/NIA\\_Access+to+Health+Care.pdf](https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/67045f78e28f7b16df17a9dc/1728339834618/NIA_Access+to+Health+Care.pdf)
- <sup>74</sup> Norman, G. J., Wade, A. J., Morris, A. M., & Slaboda, J. C. (2018). Home and community-based services coordination for homebound older adults in home-based primary care. *BMC geriatrics*, 18, 1-9.
- <sup>75</sup> Heschl, Christopher & Alan Arcand. (2019). Measures to Better Support Seniors and Their Caregivers. Retrieved November 29, 2024 from <https://www.cma.ca/sites/default/files/pdf/health-advocacy/Measures-to-better-support-seniors-and-their-caregivers-e.pdf>



- <sup>76</sup> Statistics Canada. (2023). Health of Canadians: Access to health care. Retrieved November 29, 2024 from <https://www150.statcan.gc.ca/n1/pub/82-570-x/2023001/section3-eng.htm>
- <sup>77</sup> Slaboda, Jill, Nelson, Sandahl, Agha, Zia & Norman, Gregory, (2021). A national survey of caregiver's own experiences and perceptions of U.S. health care system when addressing their health and caring for an older adult. Retrieved November 29, 2024 from [https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06086-z?utm\\_source=](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06086-z?utm_source=)
- <sup>78</sup> Tingey, J. L., Lum, J., Morean, W., Franklin, R., & Bentley, J. A. (2020). Healthcare coverage and utilization among caregivers in the United States: Findings from the 2015 Behavioral Risk Factor Surveillance System. *Rehabilitation Psychology*, 65(1), 63.
- <sup>79</sup> Caldwell, J. (2008). Health and access to health of female family caregivers of adults with developmental disabilities. *Journal of Disability Policy Studies*, 19, 68–79. 10.1177/1044207308316093
- <sup>80</sup> Canadian Centre for Caregiving Excellence. (2024). Caring in Canada: Survey insights from caregivers and care providers across Canada. Retrieved November 29, 2024 from [https://canadiancaregiving.org/wp-content/uploads/2024/06/CCCE\\_Caring-in-Canada.pdf](https://canadiancaregiving.org/wp-content/uploads/2024/06/CCCE_Caring-in-Canada.pdf)
- <sup>81</sup> Canadian Centre for Caregiving Excellence. (2024). Caring in Canada: Survey insights from caregivers and care providers across Canada. Retrieved November 29, 2024 from [https://canadiancaregiving.org/wp-content/uploads/2024/06/CCCE\\_Caring-in-Canada.pdf](https://canadiancaregiving.org/wp-content/uploads/2024/06/CCCE_Caring-in-Canada.pdf)
- <sup>82</sup> Islam, Md Kamrul & Gilmour, Heather. (2024). Health Reports: Access to specialized health care services among older Canadians. Retrieved November 29, 2024 from <https://www150.statcan.gc.ca/n1/pub/82-003-x/2024003/article/00002-eng.htm?utm=>
- <sup>83</sup> Prime Minister of Canada. (2023). Working together to improve health care for Canadians. Retrieved November 29, 2024 from <https://www.pm.gc.ca/en/news/news-releases/2023/02/07/working-together-improve-health-care-canadians>
- <sup>84</sup> Government of Canada. (2024). Canada-Quebec Agreement on Federal Funding to Support Home and Community Care as well as Long-Term Care (2023-2024 to 2027-2028). Retrieved November 29, 2024 from <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities/aging-dignity-bilateral-agreements/quebec-funding.html>
- <sup>85</sup> Government of Ontario, (2022). Ontario Investing \$1 Billion More to Expand Home Care. Retrieved November 29, 2024 from <https://news.ontario.ca/en/release/1002107/ontario-investing-1-billion-more-to-expand-home-care>
- <sup>86</sup> Government of BC. (2024). Province supports seniors living independent, healthy lives at home. Retrieved November 29, 2024 from <https://news.gov.bc.ca/releases/2024HLTH0030-000339#:~:text=It%20is%20expected%20that%2021.7,in%20their%20own%20homes%20longer>

- <sup>87</sup> Alberta Government. (2024). Canada-Alberta aging with dignity funding agreement (2023-24 to 2027-28). Retrieved December 5, 2024 from: <https://open.alberta.ca/publications/canada-alberta-aging-with-dignity-funding-agreement>
- <sup>88</sup> Mofina, A. M., & Guthrie, D. M. (2014). A comparison of home care quality indicator rates in two Canadian provinces. *BMC Health Services Research*, 14, 1-11.
- <sup>89</sup> Canadian Institute for Health Information. (2020). 1 in 9 new long-term care residents potentially could have been cared for at home. Retrieved November 29, 2024 from <https://www.cihi.ca/en/1-in-9-new-long-term-care-residents-potentially-could-have-been-cared-for-at-home>
- <sup>90</sup> Chappell, N. L., Dlitt, B. H., Hollander, M. J., Miller, J. A., & McWilliam, C. (2004). Comparative costs of home care and residential care. *The Gerontologist*, 44(3), 389-400
- <sup>91</sup> Government of Canada. (2024). Aging in Place Challenge program. Retrieved December 5, 2024 from <https://nrc.canada.ca/en/research-development/research-collaboration/programs/aging-place-challenge-program>
- <sup>92</sup> Ollevier, A., Aguiar, G., Palomino, M., & Simpelaere, I. S. (2020). How can technology support ageing in place in healthy older adults? A systematic review. *Public health reviews*, 41(1), 26.
- <sup>93</sup> Kim, K. I., Gollamudi, S. S., & Steinhubl, S. (2017). Digital technology to enable aging in place. *Experimental gerontology*, 88, 25-31.

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