



Ageing in the *Right Place*:

Actions to promote healthy
ageing in communities in
Ontario



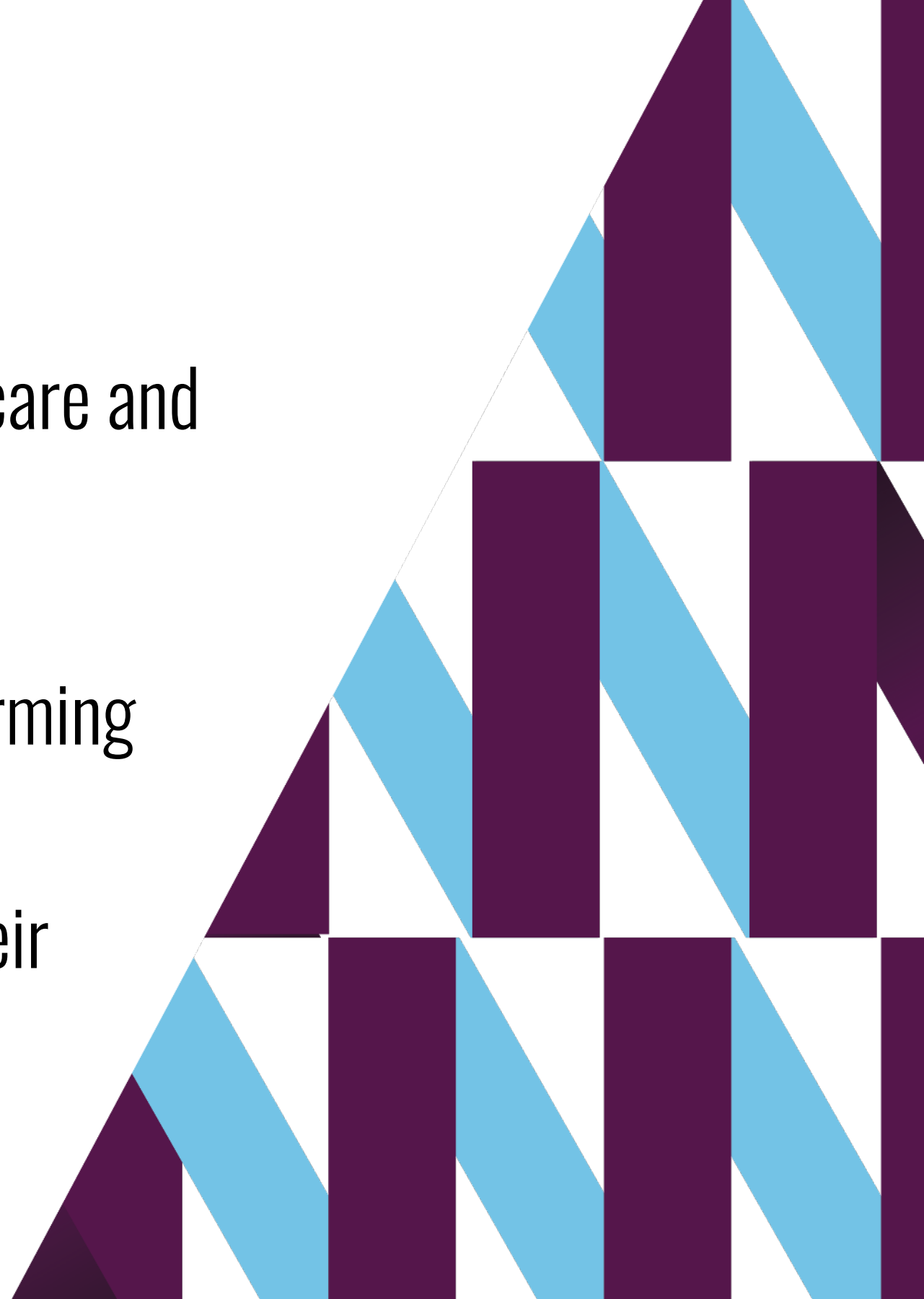
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Background and Context

- Canada's population is ageing, but its health care and support systems have not changed
- Meeting the demands of an ageing population requires expanding LTC services *and* transforming the way we provide care
- Canadians want to age and receive care in their homes and communities





60% of Canadians said that COVID-19 changed their views on whether they would live or have a loved one live in a LTC or retirement home.

91% of Canadians of all ages - and almost **100%** of Canadians aged 65 years and older reported that they planned to support themselves to live in their own homes for as long as possible.

Source: Pandemic Perspectives on Ageing in Canada in light of COVID-19: Findings from a National Institute on Ageing/TELUS Health Survey



85% of Canadians of all ages – and **96%** of Canadians aged 65 years and older reported that as they get older, they will do everything they can to avoid moving into a LTC home.


Source: Pandemic Perspectives on Long-Term Care: Insights from Canadians in Light of COVID-19



Among Canadians aged 50 years and older currently living in their own homes, **71%** say they would like to stay there and **14%** would like to downsize to a smaller home when asked where they would like to live as they age.

Source: Perspectives on Growing Older in Canada: The 2022 NIA Ageing in Canada Survey





Not only do Canadians overwhelmingly prefer to age and receive care in their homes and communities for as long as possible — it's often far **less expensive than care in long-term care homes.**



About **64%** of Canada's long-term care spending goes towards providing institutional care in nursing or LTC homes — significantly more than it spends on home and community-based care.

By comparison, the average OECD country's LTC spending provides closer to a **50/50** mix.

How Many Older Canadians are Currently Receiving LTC Services?



LTC home
residents 65+:
205,000



LTC home
waiting list:
Over 52,500



Unmet home
care needs:
Over 430,000

Despite the relatively small proportion of older adults receiving LTC services,
Canada's provinces and territories are already struggling
to meet the growing demand for publicly funded LTC – both in institutional and home-based settings.



Recent estimates suggest that between **11%** and **30%** of older adults admitted to LTC homes across Canada could potentially have remained at home and in their communities if adequate home care and community supports were available.



There is an urgent need to redesign Canada's health, social support, and financial systems for older adults to better address their needs and support their ability to age in their own homes and/or communities for as long as possible.





The NIA defines **Ageing in the *Right Place*** as
“the process of enabling healthy ageing in
the most appropriate setting based on an
older person’s personal preferences,
circumstances and care needs.”



With its rapidly ageing population, Canada must do more to enable older adults to **age in the *right place*** by:



- 1** Promoting preventive health and better chronic disease management
- 2** Strengthening home and community-based care and supports for unpaid caregivers

- 3** Developing more accessible and safer living environments
- 4** Improving social connections to reduce loneliness and social isolation

The NIA's Four Pillars to Enable Ageing in the *Right Place*



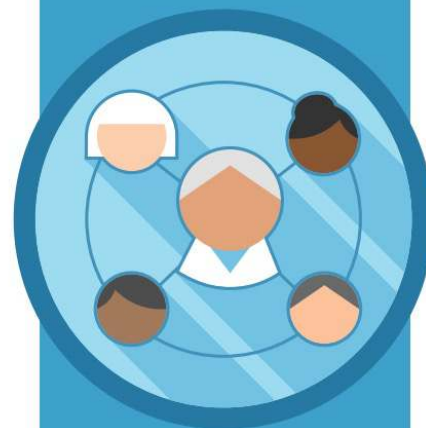
Promoting
Preventive Health
and Better
Chronic Disease
Management



Strengthening
Home and
Community-Based
Care and Supports
for Unpaid
Caregivers



Developing More
Accessible and
Safer Living
Environments



Improving Social
Connections to
Reduce Loneliness
and Social
Isolation



AGEING IN THE
RIGHT PLACE

Pillar 1: Promoting Preventive Health and Better Chronic Disease Management





Pillar 1: Promoting Preventive Health and Better Chronic Disease Management

4 Intervention Areas to Reduce LTC Home Admissions:

- **Chronic Disease Prevention and Management**
- **Dementia Prevention and Support**
- **Preventing Falls and Promoting Safety**
- **Supporting People's Activities of Daily Living at Home**

About **1/3** of community-dwelling older Canadians are living with **2 or more chronic conditions** — but that is only expected to increase as Canada's population ages. Care models that promote preventive health and better chronic disease management can help reduce future long-term care home admissions.





The Alzheimer Society of Canada projects that by 2030, nearly **1 million** Canadians will be living with dementia — a 65% increase from 2020. With dementia driving a significant portion of long-term care home admissions, ensuring older Canadians can **age in the *right* place** will require more targeted and co-ordinated efforts to create dementia-friendly communities.

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More than 5,500 older Canadians died due to a fall in 2019 — a number that has tripled between 2003 and 2019. Supporting Canadians to **age in the *right* place** requires better measures and actions to both prevent falls and minimize their negative outcomes.





Activities of Daily Living (ADLs) are essential and routine tasks that relate to a person's ability to care for themselves.

Older adults who have inadequate access to support to help manage their ADLS are more likely to be institutionalized and require more health care resources.

Pillar 2: Strengthening Home and Community-Based Care and Supports for Unpaid Caregivers





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2 Intervention Areas to Reduce LTC Home Admissions:

- **Improving the Provision of Home and Community-Based Care**
 - Home care and home support services
- **Interventions to Support Unpaid Caregivers**
 - The NIA estimates that about 75% of home care supports older Canadians receive is being provided for free by family members



The cost associated with Canadians receiving LTC services in publicly funded hospitals has been estimated to be at least **\$2.3 billion** each year.

Home and community-based care has been shown to be far more cost-effective than providing equivalent care in hospitals and other institutional settings such as LTC homes.



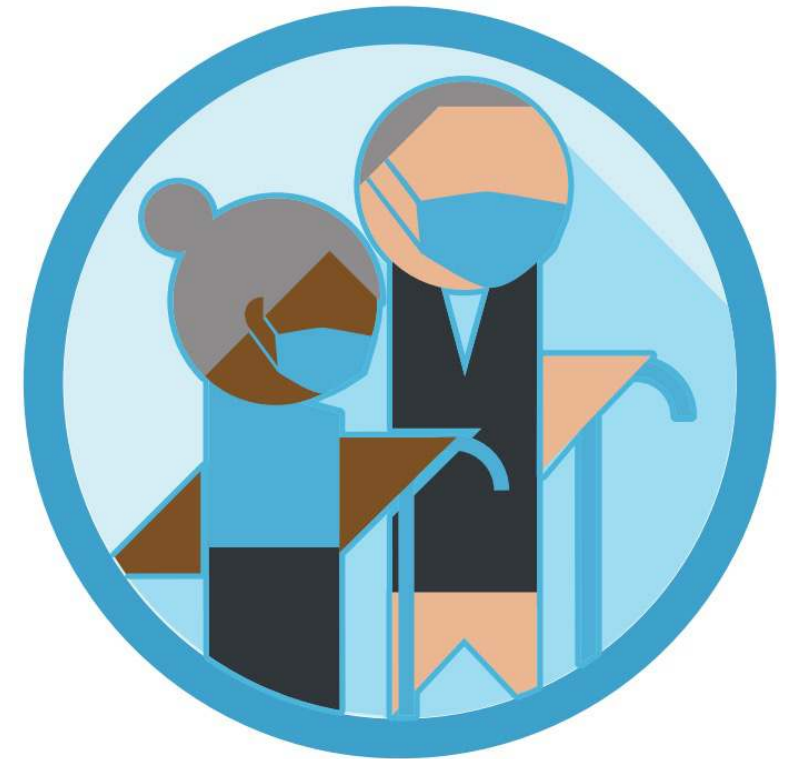
Initiatives to improve the availability and quality of home and community-based care and enable ageing in the *right* place include **reablement services, home-based primary care and community care navigators.**

Based on an assumed cost of \$30 per hour, unpaid caregivers provided just under **\$9 billion** in additional free care to Canada's publicly funded health care system in 2019.

The value of unpaid caregiving has now increased to approximately \$10 billion and is projected to be more than **\$30 billion** by 2050.



Pillar 3: Developing More Accessible and Safer Living Environments





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2 Intervention Areas to Reduce LTC Home Admissions:

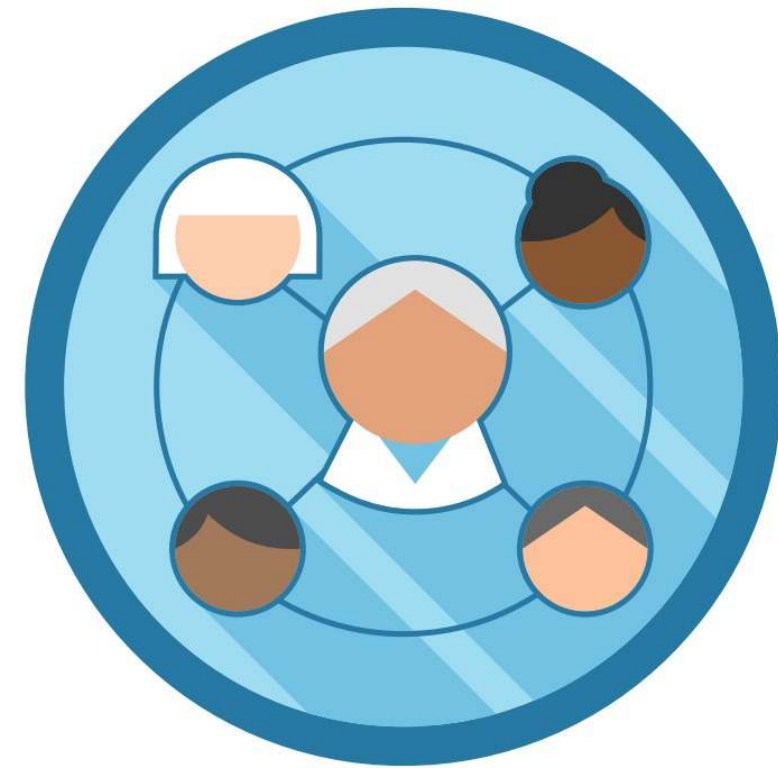
- **Providing Safe, Accessible and Supportive Housing**
 - 65% of older Canadians are estimated to have few or no housing options that meet their financial, medical, functional and personal preferences and needs.
- **Providing Accessible Transportation Services**
 - Older Canadians need practical ways to get around their communities as the average older person stops driving approximately 10 years before they die.

The demand of Canadians wanting to age in their homes and communities for as long as possible has outpaced the health, social and housing infrastructure needed to do so.

Naturally Occurring Retirement Community (NORC) programs can help fill the gaps.



Pillar 4: Improving Social Connections to Reduce Loneliness and Social Isolation





Social isolation and loneliness contribute to a range of adverse health outcomes and drive up the use of health care services among older adults. Ensuring older Canadians can maintain strong relationships and social connections as they age will be critical to enabling **ageing in the *right* place.**



Pillar 4: Improving Social Connections to Reduce Loneliness and Social Isolation

- Both social isolation and loneliness have been identified as independent predictors of **premature mortality**.
- The effects of social isolation on health are similar to smoking over **15 cigarettes a day** or excessively **consuming alcohol**.
- Key Initiatives to Prevent and Address Social Isolation and Loneliness:
 - Preventive Home Visits
 - Health and Social Programming Interventions

Rapid Review of Ageing in the *Right* Place Services and Programs Across Canada

Limited availability of programs and services based on location.

- Many programs only offered in populated, urban centres
- Routinely fewer programs available in the territories

Alberta, British Columbia and Ontario had the most comprehensive coverage.

Notable gaps in the availability of Falls Prevention and Reablement programs.



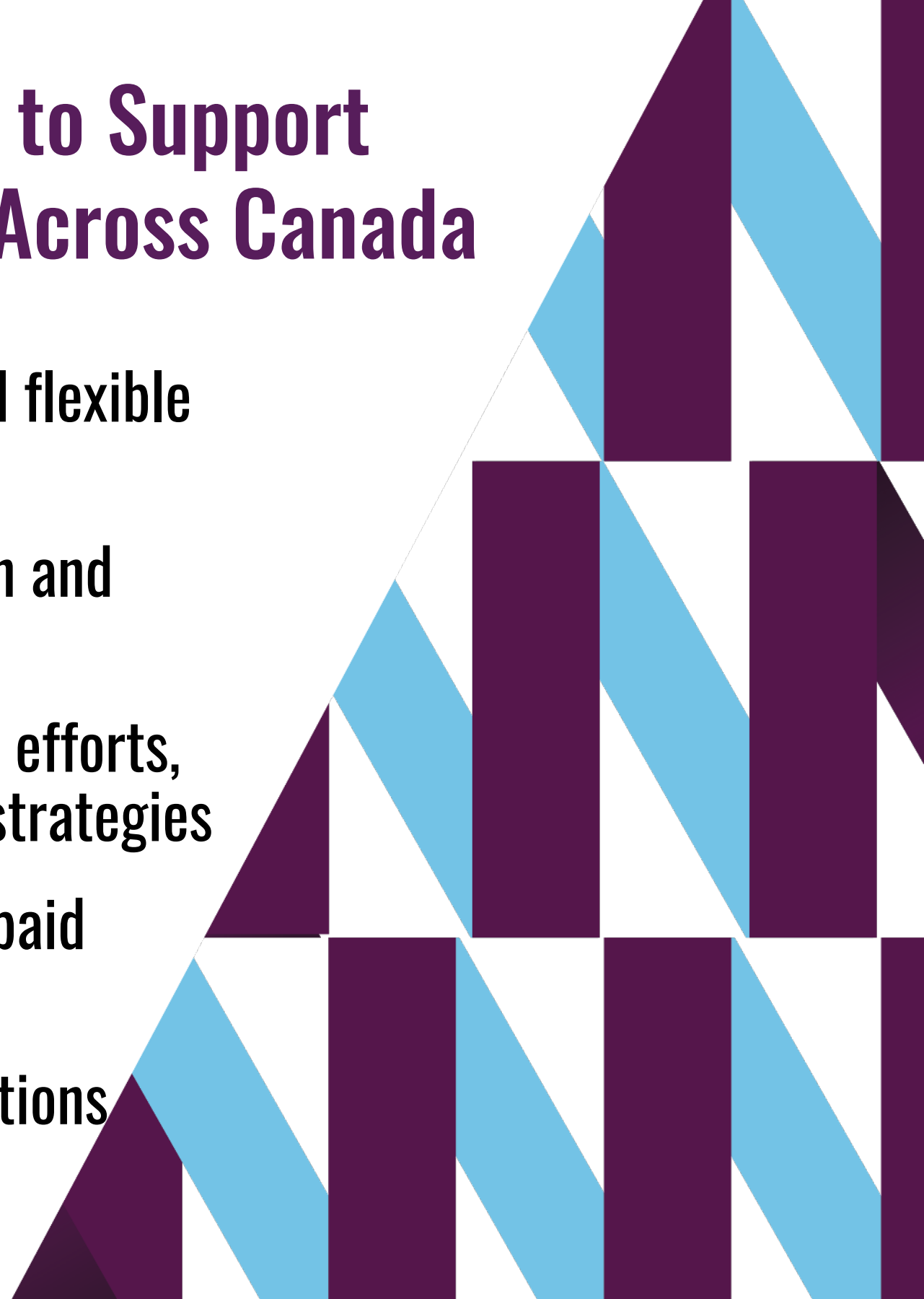
The NIA's 10 Policy Recommendations to Support and Enable Ageing in the *Right* Place Across Canada

1. Provide adequate and sustainable LTC funding
2. Adopt a deliberate public policy response to shift LTC resources towards home care and community-support services
3. Implement care models and policies that enable more older Canadians to live at home with greater independence
4. Establish community care navigator roles
5. Enable local governments and stakeholders to provide more inclusive, accessible and safe housing options



The NIA's 10 Policy Recommendations to Support and Enable Ageing in the *Right* Place Across Canada

6. Support greater investments in more accessible and flexible transportation options
7. Integrate screening and solutions for social isolation and loneliness
8. Implement focused and co-ordinated fall awareness efforts, and evidence-based and accessible fall-prevention strategies
9. Improve financial and non-financial supports for unpaid caregivers
10. Support continued research on factors and interventions that can enable AIRP



Thank You!



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