



Canada's Aging Population



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Canada's Aging Population

A report prepared by
Health Canada in collaboration
with the Interdepartmental Committee
on Aging and Seniors Issues.

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Canada's Aging Population

Introduction

The Second World Assembly on Ageing (April 2002) provides an opportunity for all the countries of the world to come together to reflect on the impact of aging not only on individual nations but also globally. It is an opportunity to celebrate the enormous gains in longevity witnessed in the twentieth century and to anticipate the challenges of the new millennium. Canada is positioned well to respond to these challenges and its federal government remains committed to building a strong society for all ages.

At the start of this new century, Canada faces significant aging of its population as the proportion of seniors increases more rapidly than all other age groups. In 2001, one Canadian in eight was aged 65 years or over. By 2026, one Canadian in five will have reached age 65.

Population aging is a complex issue that concerns not only the well-being of today's older Canadians but also broader areas and sectors affecting the total population, such as health, labour markets and public finances. It affects and engages communities, all levels of government and all sectors of society.

The challenges of an aging Canadian society will require continued efforts to:

- improve health, well-being and independence in later life;
- facilitate the participation of older Canadians in economic and social life;
- strengthen the supportive environments within communities; and,
- sustain government programs benefiting Canadians of all ages.

Canada's seniors are a diverse population. Issues related to their overall health and well-being may vary depending on their place of residence (urban, rural, or northern areas), their gender, their ethnocultural background as well as if they are among Canada's Aboriginal peoples. The federal response to population aging recognizes and responds to this diversity through a wide range of policy and program initiatives.

This document is intended to provide an overview of population aging in Canada and of the major issues that must be addressed as both the number and the proportion of seniors increase in Canadian society. It also provides information on how the federal government is responding to these issues.

The first section of the document presents statistical information on seniors in Canada, outlining the characteristics and diversity of Canada's older population, while the second section describes a number of the key steps being taken by the Canadian federal government in collaboration with partners to address important aging issues.



Seniors in Canada – At a Glance

Who are Canada's seniors?

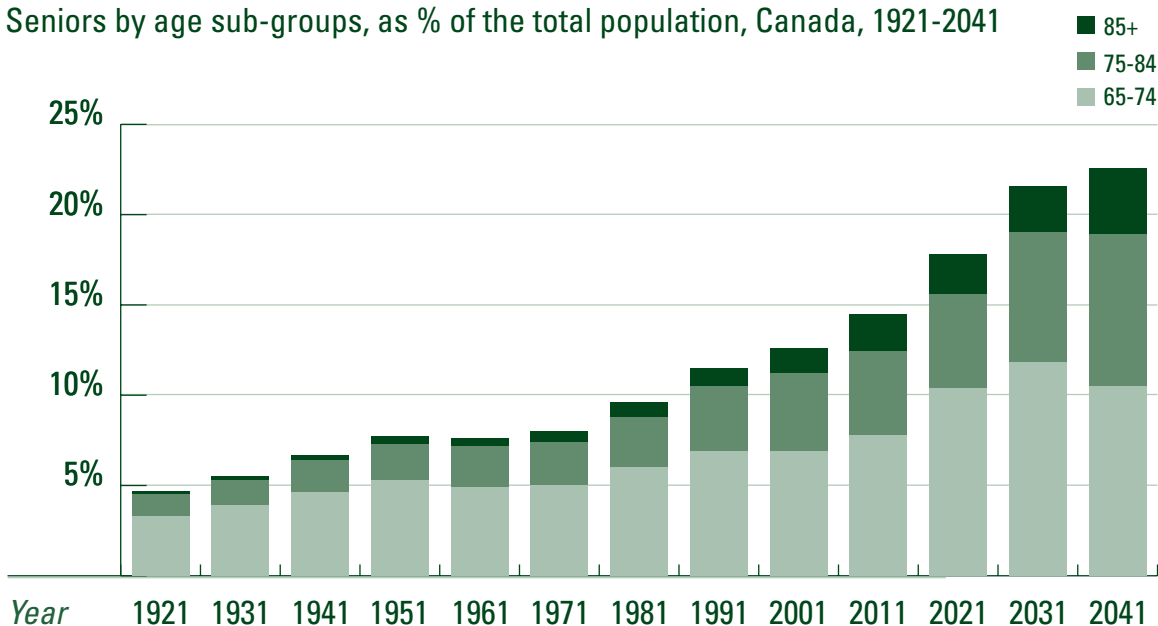
Demographic profile of Canada's aging population

Seniors* constitute the fastest growing population group in Canada. In 2001, it was estimated that 3.92 million Canadians were 65 years of age or older, a figure that is two thirds more than in 1981. During the same period, the overall Canadian population increased by only one quarter. The proportion of seniors in the overall population has gone from one in twenty in 1921, to one in eight in 2001. As the “baby boomers” (born between 1946 and 1965) age, the seniors population is expected to reach 6.7 million in 2021 and 9.2 million in 2041 (nearly one in four Canadians). In fact, the growth of the seniors population will account for close to half of the growth of the overall Canadian population in the next four decades.

The fastest growth in the seniors population is occurring among the oldest Canadians. In 2001, over 430,000 Canadians were 85 years of age or older – more than twice as many as in 1981, and more than twenty times as many as in 1921. The proportion of Canadians aged 85 or more is expected to grow to 1.6 million in 2041 – 4% of the overall population. (See Chart 1 below.)

Chart 1

Seniors by age sub-groups, as % of the total population, Canada, 1921-2041



Source: See Appendix 1

* Please note that in this document, the terms “senior” and “older Canadian” refer to adults 65 years of age or more.

One of the main causes of the aging of the Canadian population is the change in fertility rates since 1945. The fertility rate was three children or more per woman from the mid-1940s to the mid-1960s. It then fell rapidly, and has remained below the rate for natural replacement of the population for the last thirty years. The current fertility rate of 1.5 child per woman is expected to remain relatively constant for coming decades. This phenomenon accounts for a notable “bulge” in the population of baby boomers, who by virtue of their numbers, will influence Canadian society for many years to come. (See Chart 2 below.)

Chart 2

Population by age and sex, Canada, 2001 and 2041



Source: See Appendix 1

Another key factor in population aging is the increase in life expectancy. In 1997, life expectancy at birth for Canadians reached 75.8 years for men and 81.4 years for women. Life expectancy at birth is expected to continue to grow, albeit more slowly, reaching 81 years for men and 86 years for women in 2041. (See **Chart 3** below.)

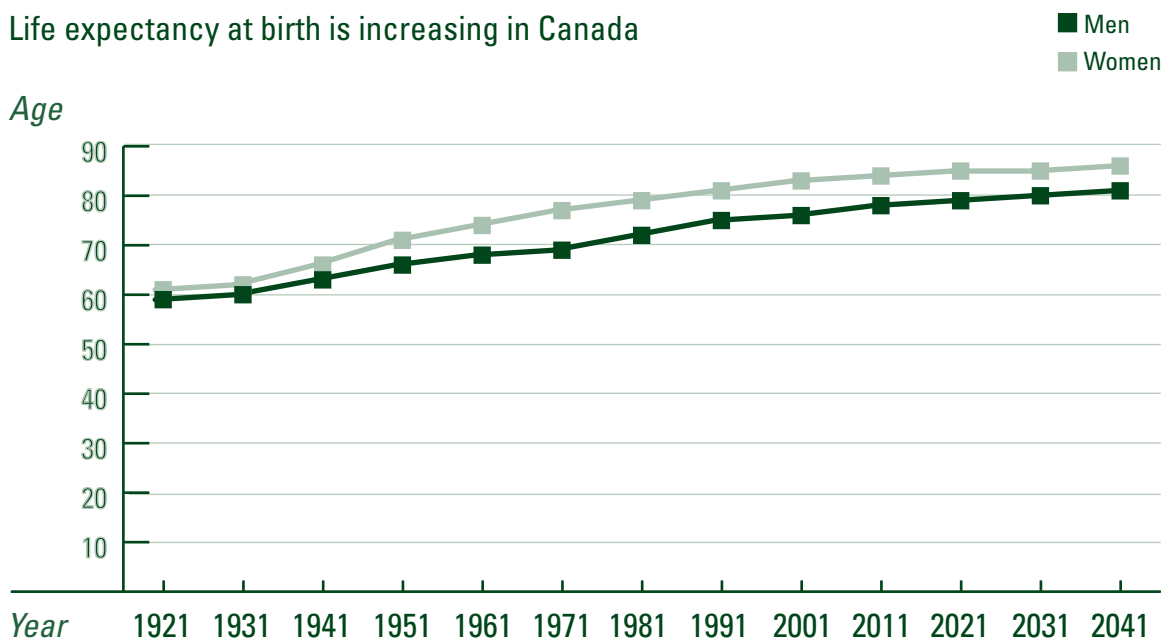
While the aging of the Canadian population will be significant, the proportion of seniors in Canada is currently less than in many other industrialized countries. This situation allows Canada the time to prepare for the coming increase in its own seniors population. In coming decades however, Canada's population is expected to age more rapidly than that of other industrialized countries as the large cohort of baby boomers has an impact. For example, the proportion of seniors in the overall population in Canada should be nearly the same as in the United Kingdom by 2030, despite being one fifth less in 2000.¹

Geographic variations across Canada

There are notable variations in the aging of the population across Canada. In 2001, the proportion of seniors varied among provinces and territories from a low of 2.6% in Nunavut to a high of 14.6% in Saskatchewan. Still, five out of six Canadian seniors live in Canada's four most populated provinces: Ontario, Quebec, British Columbia, and Alberta. Like the rest of Canada's population, the majority of seniors – approximately three out of four – live in a metropolitan or urban area. (See **Chart 4** and **5** on page 7.)

Chart 3

Life expectancy at birth is increasing in Canada



Source: See *Appendix 1*

If current trends continue over the next decades, all provinces will see significant increases in their senior population. Meanwhile, the seniors population of Canada's three northern territories will almost triple.

Senior women and senior men

Women form the majority of the Canadian seniors population (56% in 2001) and their proportion increases with age. In 2001, women made up 60% of seniors aged 75 to 84, and 70% of seniors aged 85 or older.

While the majority of seniors are married (56% in 1996), nearly one third are widowed, and there are marked differences in marital status between the genders. In 1996, three quarters of senior men were married compared to 41.4% of women, while 46% of senior women were widowed compared to 12.7% of senior men. These differences become even more pronounced in older age groups.

Aboriginal seniors

Seniors make up a relatively small proportion of Canada's Aboriginal population (in 1996, only 3.5% of the reported Aboriginal population were seniors). However, Aboriginal seniors are living longer, and their population is growing significantly – the number of Aboriginal seniors is expected to triple between 1996 and 2016.

At the same time, the average life expectancy of Aboriginal people remains significantly lower than the Canadian average. Also, among Aboriginal seniors, the prevalence (self-reported) of certain chronic conditions such as heart problems, hypertension, diabetes, and arthritis is often double or triple the rate reported by Canadian seniors overall.²

Ethnocultural seniors

An estimated one in four Canadian seniors was born outside of Canada. However, most immigrated to Canada when they were children or young adults. In 1996, three out of five seniors born outside of Canada had arrived in Canada more than 35 years earlier. A small percentage of immigrants arriving in Canada each year are seniors (3% in 1997).

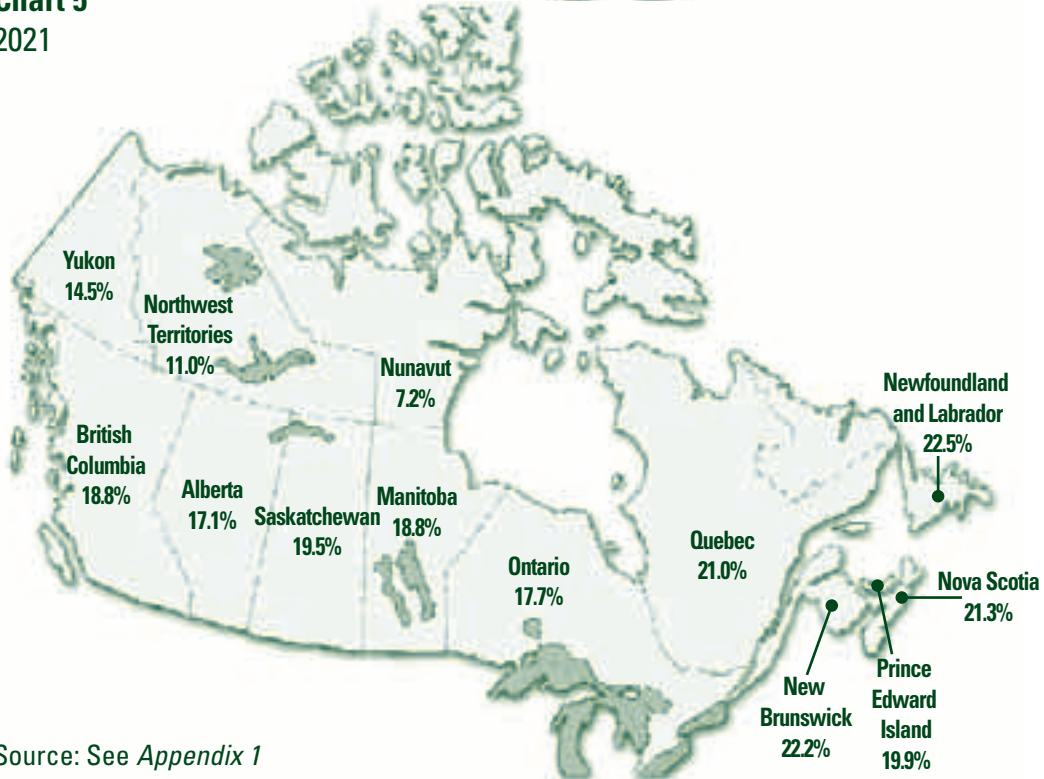
While almost all seniors can speak one or both of Canada's official languages, in 1996, 4% could speak neither. Among seniors, women are somewhat more likely than men to be unable to speak either English or French. In 1996, 5.2% of senior women, versus 3.5% of their male counterparts, were unable to converse in either official language.

Percentage of seniors in each Canadian province and territory

Chart 4
2000



Chart 5
2021



Source: See *Appendix 1*

Veterans

War Service Veterans (veterans of the First World War, the Second World War or the Korean conflict) account for a significant segment of the seniors population. In Canada, approximately one senior in ten is a war service veteran, with one in five senior men having served in wartime. Nevertheless, the veteran population is aging and declining in size. The average age of veterans in 2001 was 78. The total war service veteran population of nearly 357,000 in 2001 is projected to decrease by nearly 30% from 2001 to 2005.



The health of older Canadians

Health status

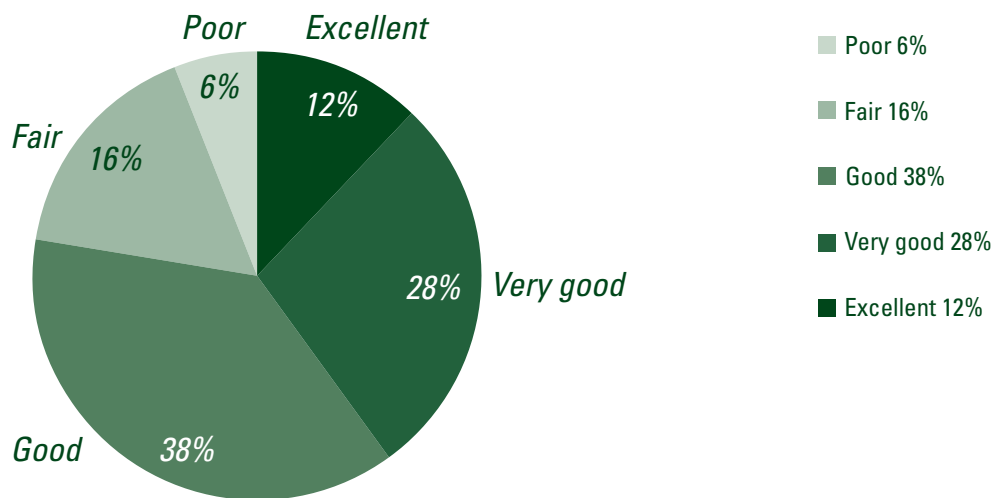
Canadians generally live their later years in good health. In 1997, more than three quarters of seniors living at home viewed their health as good, very good or excellent, while only 6% reported their health as poor. This is true for all senior age groups; good health was reported by eight of ten seniors aged 65 to 74, and seven of ten seniors aged 85 or more. (See Chart 6 below.)

Nonetheless, more than one in four seniors face restrictions in their activities due to long-term health problems. Such limitations tend to increase with age. In 1996-97, activity limitations affected slightly more than one fifth of seniors aged 65 to 74, but nearly half of seniors aged 85 or more.

Heart disease and cancer account for the majority of deaths among both senior men and senior women, albeit with much higher rates among senior men. In recent decades, there has been a notable decline in the rate of mortality from heart disease among seniors; however, rates for cancer and respiratory diseases increased during the same period. (See Chart 7 on page 10.)

Chart 6

Most Canadian seniors* rate their health positively, 1996-1997



* Seniors living in private households only.

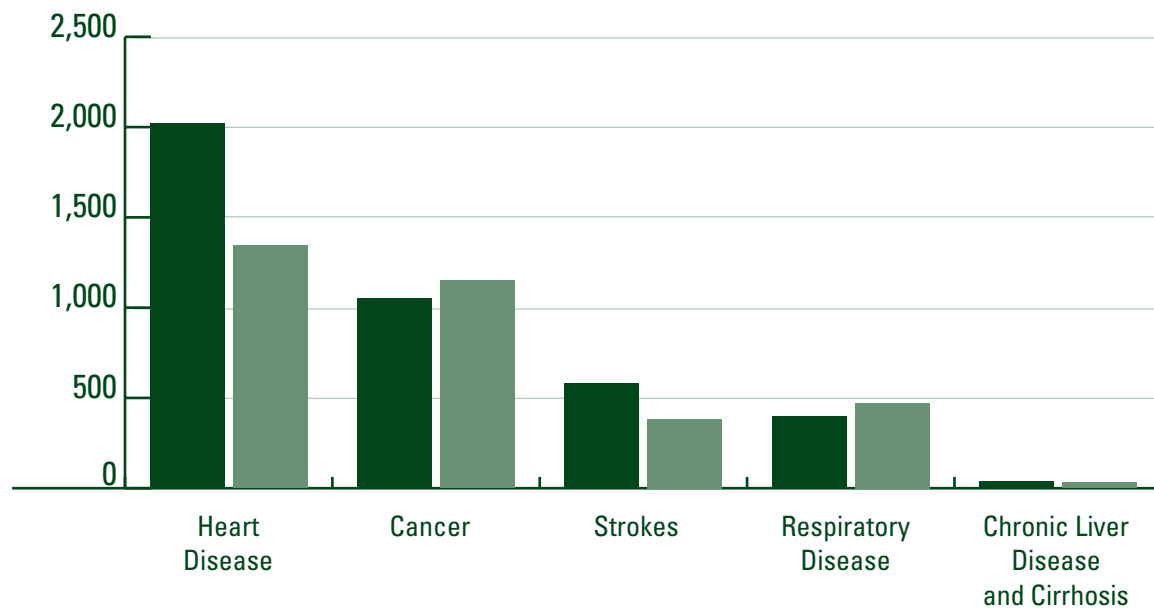
Source: See Appendix 1

Chart 7

Death rates among seniors from selected causes, Canada, 1980 and 1996

■ 1980
■ 1996

Deaths per 100,000 population



Source: See *Appendix 1*

Chronic conditions and disabilities

Despite reporting good health, more than four out of five seniors living at home suffer from a chronic health condition, this proportion being slightly higher among senior women than senior men. The most common chronic health problems reported by seniors are arthritis and rheumatism, followed by high blood pressure, allergies, back problems, chronic heart problems, cataracts and diabetes. (See **Chart 8 on page 11.**)

In addition, one in four Canadian seniors has a long-term disability or handicap (1997 numbers). The proportion rises sharply with age: 45% of those aged 85 and over had a disability or handicap versus 28% of those aged 75-85 and 21% of those aged 65-74.

While senior women live longer than senior men, it is estimated that only one quarter to one third of these extra years are spent free from disability.

Injuries

Injuries among seniors are a key concern, because of the sharp increase with age in the rate of injuries and injury-related deaths. In 1996-97, seniors aged 85 and over were 70% more likely than seniors aged 65 to 74 to suffer an injury that limited their activities. Senior women are nearly 60% more likely than senior men to suffer an injury. Falls are the main cause. In the

late 1990s, falls were responsible for 65% of injuries, 84% of injury-related hospital admissions, and 58% of injury-related deaths among the seniors population.³ The total health care costs due to seniors' falls are estimated at \$1 billion annually.⁴

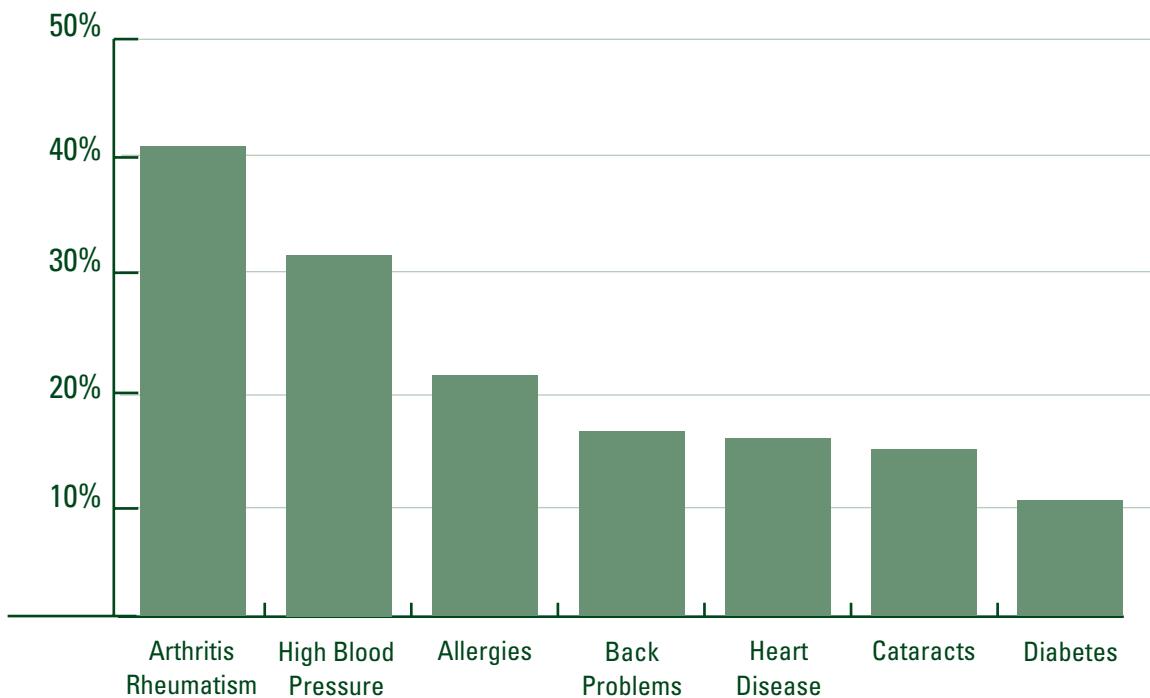
Health care utilization

As they get older, people tend to develop health problems that cause them to increase their use of health services. Almost all seniors consult a health professional during a given year. For example, in 1996-97, 96% of seniors living at home saw at least one health professional (89% of seniors consulted a family doctor). The great majority of seniors use prescription or over-the-counter medication. In 1997, 84% of seniors reported taking some medication in a two-day period, with 56% reporting taking two or more medications.

Seniors are generally far more likely to be hospitalized than Canadians from other age groups and hospitalization rates increase with age in later life. The hospital stay of seniors also tends to be longer than for younger people with senior women staying in hospital longer than senior men. (See **Chart 9** on page 12.)

Chart 8

Chronic conditions reported by Canadian seniors*, 1996-1997

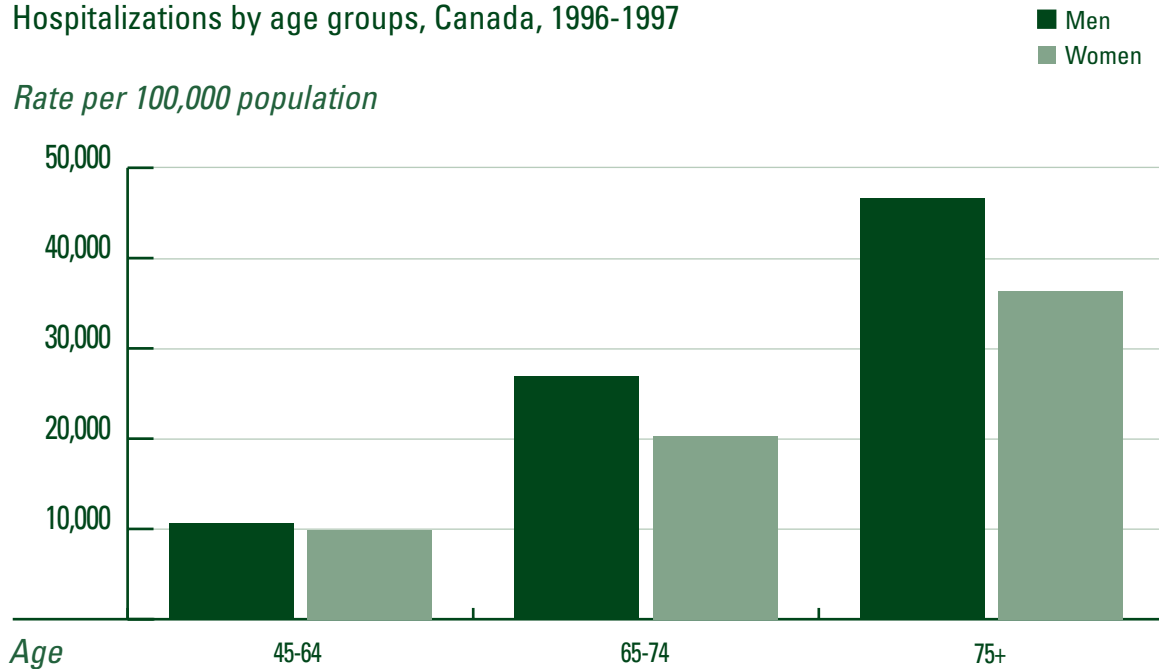


* Seniors living in private households only.

Source: See Appendix 1

Chart 9

Hospitalizations by age groups, Canada, 1996-1997

Rate per 100,000 population

Source: See Appendix 1

Financial security in later life**Income in later life**

Recent statistics indicate that Canadian seniors have an average income of more than \$21,000 per year, but have a lower income than adults in other age groups. However, this must be balanced against the often lower expenses of seniors, many of whom have paid their mortgages and finished raising their children. Moreover, seniors' incomes have grown faster than that of other adults in the last two decades. Accounting for the effects of inflation, the average income of seniors rose 22% between 1981 and 1998, compared to only 2% for Canadians aged 16 to 64. This increase in income is largely the result of the maturation of the public pension system and the increasing importance of the private retirement income system.

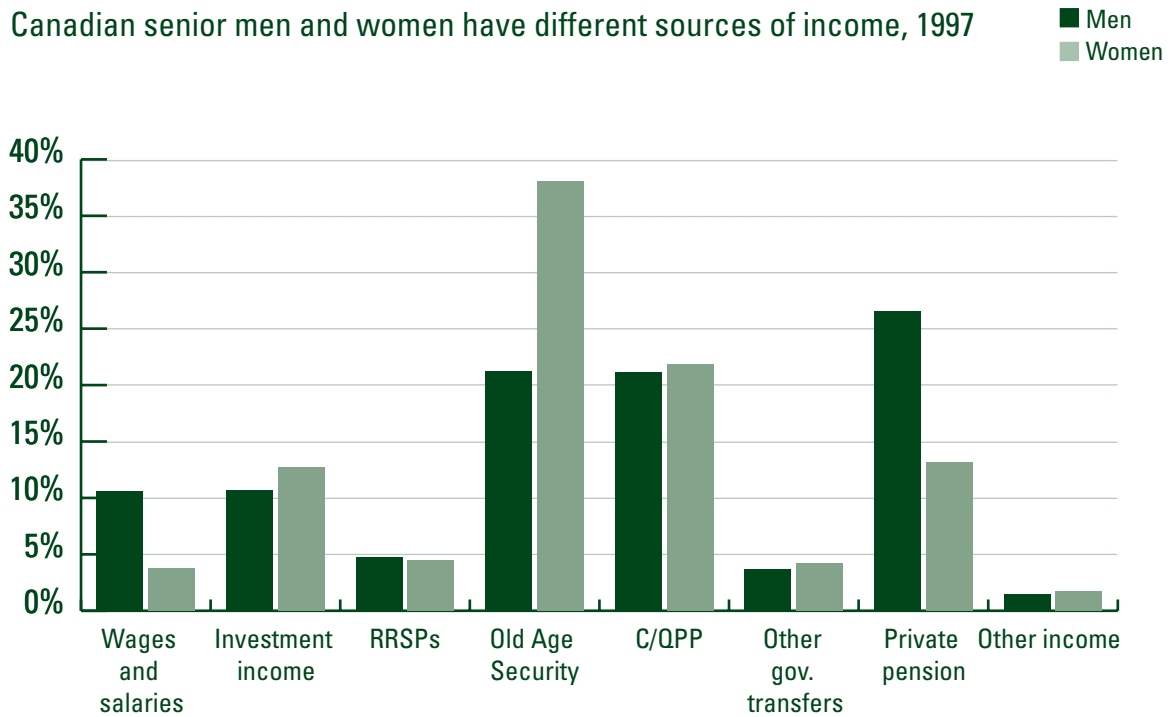
Approximately three quarters of the income of seniors comes from the public retirement income system (the Old Age Security program and the Canada/Quebec Pension Plans) and from private retirement pensions, including employer-sponsored registered pension plans (RPPs) and individual registered retirement savings plans (RRSPs). The composition of income

has changed greatly in the last two decades; between 1981 and 1998, the proportion of income that seniors derived from work-related pensions and RRSPs more than doubled, the proportion of income from Canada/Quebec Pension Plans rose considerably, while the proportion of income from Old Age Security fell.

Different groups of seniors rely more or less heavily on different income sources. For example, the Old Age Security program is the largest source of income for senior women, while private employment-related retirement pensions and RRSPs contribute the most to the income of senior men. As well, seniors with lower income rely more on the public retirement income system than do seniors with higher income. (See Chart 10 below.)

Chart 10

Canadian senior men and women have different sources of income, 1997



Source: See Appendix 1

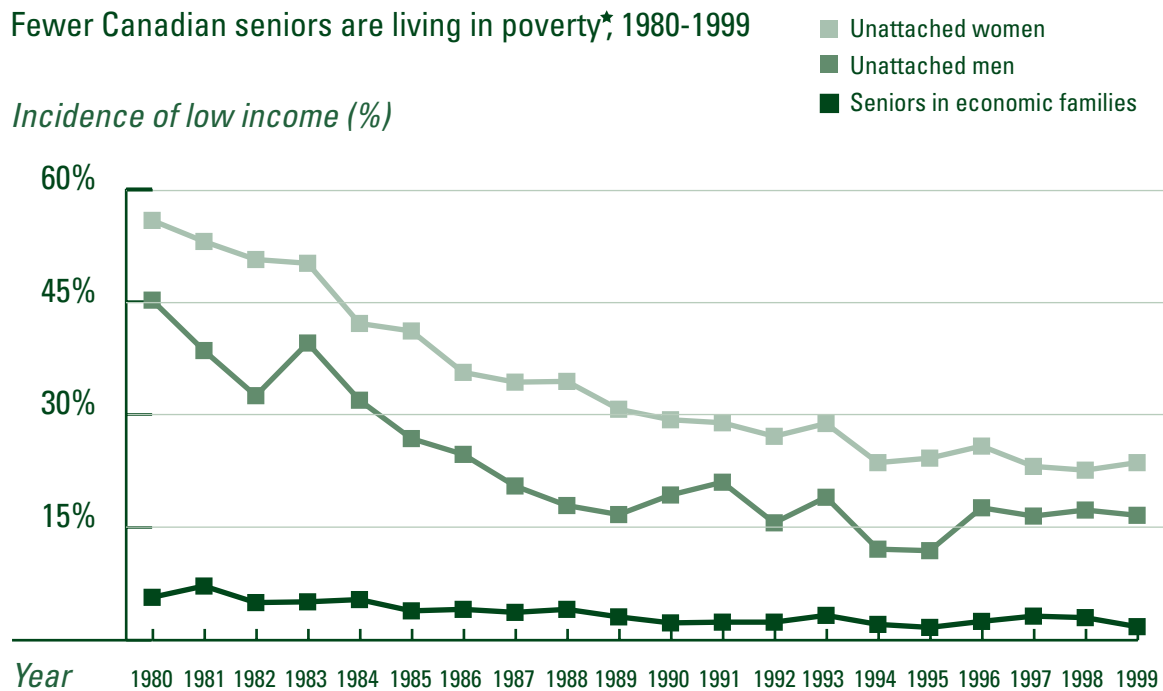
Seniors with low income

Over the last two decades, the rate of low income among Canada's seniors has declined appreciably. While in 1980, 21% of seniors had after-tax incomes below Statistics Canada's Low Income Cut-off line (LICO)*, this figure had fallen to 8% by 1999.** From a relative perspective, low income rates among Canadian seniors are among the lowest in all countries of the Organization for Economic Co-operation and Development (OECD).⁵ Those seniors who do fall below the LICO experience less poverty depth (that is, require less additional income to raise their household income to the LICO) than do other age groups.

However, certain groups of seniors remain at greater risk for low income. Unattached seniors, particularly women, are more likely to experience low income than are seniors in families. For senior women, this reflects the fact that historically they had less labour force attachment and lower wages than men. It is anticipated that the improvements seen in the low income situation of senior women will continue, given their increased labour force participation. (See Chart 11 below.)

Chart 11

Fewer Canadian seniors are living in poverty*, 1980-1999



*Based on after-tax Low Income Cut-off lines.

Source: See Appendix 1

* Families and individuals are classified as having low income if they spend, on average, at least 20% more of their income than the Canadian average on food, shelter and clothing. The number of people in the family and the size of the community where the family resides are also taken into consideration. However, LICOs are not recognized by the federal government as official poverty lines.

** Seniors also fare well compared to other demographic subgroups, e.g. in 1999 the low income rate for unattached individuals under age 65 was 33% (Source: Statistics Canada. *Income in Canada 1999*).

The participation of older Canadians in society

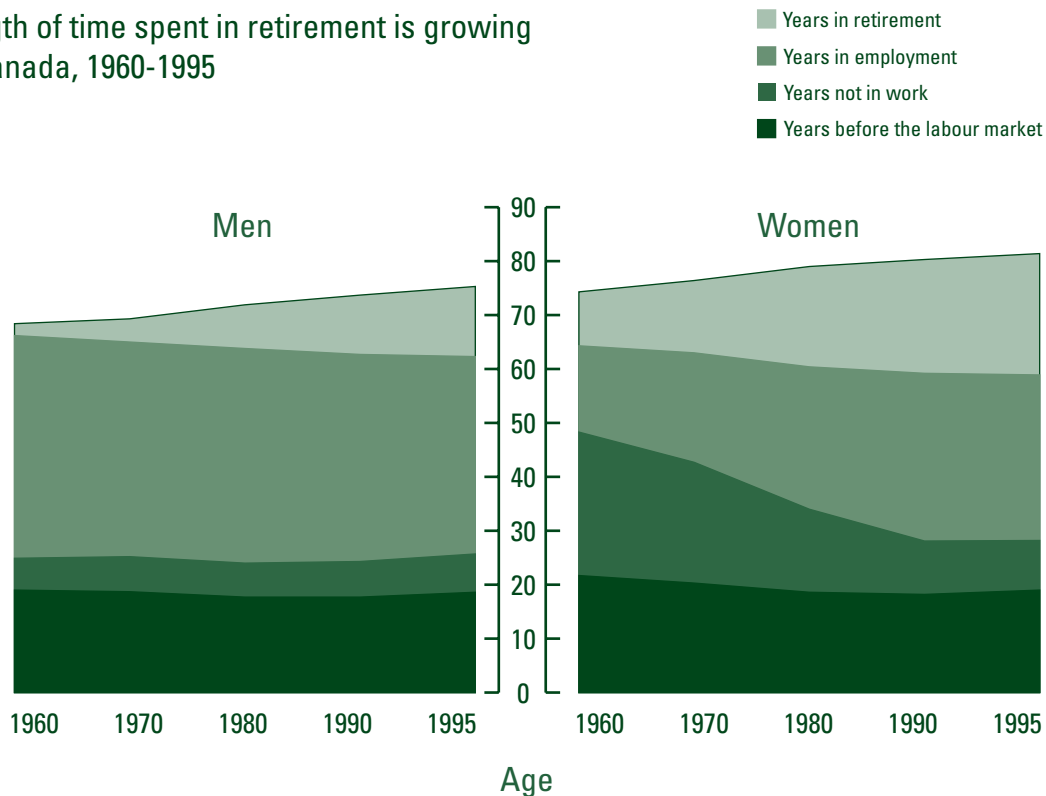
Work and retirement in later life

While the great majority of Canadian seniors are retired, some do participate in the paid workforce. In 1998, 6% of all seniors were employed outside the home, down from 9% in 1976. Among this age group, individuals with a university degree had an employment rate of about 15%, while those with 0-8 years of education had an employment rate of approximately 3%. The majority of employed seniors are men; the proportion of senior men with paid employment is three times that of senior women (10% vs. 3% in 1998). In the future, seniors will be a much larger potential source of labour force participants.

In 1998, more than three of five employed seniors were either self-employed or persons who worked without pay in family farms or businesses. A large number of employed seniors work on a part-time basis – 41% of working seniors in 1998. Many seniors also return to paid work following an initial retirement; in 1994, 13% of Canadian retirees reported that they had returned to paid work following initial retirement, mostly on a part-time basis.

Chart 12

Length of time spent in retirement is growing in Canada, 1960-1995



Source: See Appendix 1

A trend that Canada shares with many industrialized countries is that of earlier retirement. Between 1976 and 1996, the median age of retirement declined by 3 years for men (from 64.5 to 61) and by 5 years for women (from 65 to 60). (See **Chart 12 on page 15.**) Canadians retire for a number of reasons. In 1994, 23% of retiring Canadians did so because they wished to, while 24% retired due to health reasons, 14% due to mandatory retirement policies, 10% due to unemployment, and 7% due to an early retirement package.

Volunteering

Many Canadian seniors stay active in their communities by volunteering; nearly one quarter (23%) of seniors participated in volunteer activities in 1997. Seniors are somewhat less likely than adults in other age groups to participate in volunteer activities, in great part due to health limitations. However, senior volunteers contribute more time to such activities than people in other age groups – 44% more time than volunteers aged 25 to 44. The contributions of seniors are vital to Canada's volunteer sector, notably to a wide variety of community organizations including those created by and for seniors. The value of the unpaid assistance provided by seniors is quite substantial. In 1992, it was estimated that seniors contributed unpaid help worth \$5.5 billion, or \$1650 per senior.⁶

Education and lifelong development

Seniors have, on average, lower levels of formal education than younger Canadian adults. For example, in 1996, six out of ten seniors had never completed high school, with more than one third of seniors having no secondary education. Partly as a result of this, many seniors have limited literacy skills; in 1994, more than half of Canadian seniors were estimated by a literacy test to be able to perform only simple reading tasks. However, seniors of tomorrow will have completed higher levels of formal education than those of today. In addition, a large number of Canadian seniors are enrolled in some kind of educational program – nearly 100,000 seniors in 1997.

Seniors are also adopting new technologies. A growing number of seniors have a computer at home and the proportion of senior households with access to the Internet is rapidly increasing, almost doubling between 1997 and 1999. Still, the proportion of senior households with a computer is well below that of households headed by a non-senior.

Independence and quality of life

Housing

The majority of seniors in Canada enjoy good housing. In 1996, nearly three quarters of the households headed by a senior reported living in housing that met or exceeded Canada's housing standards. This means that their housing was in adequate condition, requiring no major repairs; suitable in size to meet their needs; and affordable, consuming less than 30% of their total before-tax household income.

In 1996, 93% of all seniors resided in private households. Of these seniors, 69% lived with their families (either as family heads or spouses, or in a minority of instances, as members of their extended families), 2% lived with non relatives, and 29% lived alone.

Most Canadian seniors live in single-detached houses. Of the 3.2 million seniors living in private households in 1996, 61% lived in single-detached houses; 28% lived in apartments; 10% lived in other multiple dwellings such as semi-detached houses and townhouses; and 1% lived in movable dwellings such as mobile homes.

In 1997, over two thirds of senior households owned their home, a proportion higher than for households headed by people under the age of 45. Seniors living in a family are more likely to be homeowners than seniors living alone (84% vs. 50% in 1997). Seniors represent the age group most likely to be mortgage-free homeowners; in 1997, more than five out of six senior homeowners had paid off their mortgages.

Nearly one senior in three is a renter. In 1997, nearly half of seniors living alone rented their dwelling, compared to one sixth of families headed by a senior.

Generally, for senior households who rent, the proportion of total income devoted to rent is higher than it is in the rest of the population.

Caregiving and social supports

The majority of seniors receive some help with housework, personal chores or health-related home care services. Senior women are more likely than men to be recipients of home-based support. More than half the 2.1 million informal caregivers in Canada in 1996 were adult children providing care to their parents or parents-in-law.⁷

In 1996, five out of six seniors received some form of assistance in this area, mostly from family members or friends. However, a number of seniors with health problems also receive support from a home care service – one in ten seniors in 1997. Older seniors, and notably older senior women, are most likely to receive assistance from home care. Seniors are more likely to receive housekeeping assistance from home care services than other adults accessing such services.

Seniors contribute widely to informal social support activities. These include visiting other seniors, helping with shopping, transportation, housework and household maintenance. Nearly 60% of senior women and men participated in these types of activities outside their homes in 1997. Many seniors spend considerable time providing such support; for example, in 1996, 7% of seniors spent five or more hours per week on child care activities, and another 7% spent five or more hours helping other seniors.

Seniors are also the beneficiaries of these social supports. In 1996, 84% of all people aged 65 and over received some kind of assistance of this nature. Senior women were more likely to receive emotional support and to have someone check up on their well-being while senior men were more likely than their female counterparts to get help with housework.



Federal Action on Aging

The federal context

The Canadian federation

To improve the quality of life of Canadians, governments at all levels introduced in the last century a host of programs in areas such as income security, health, social services, and housing. The development and delivery of these programs follow the division of legislative powers and responsibilities between the federal and provincial governments set out in the Canadian Constitution – originally formulated in the *British North America Act* of 1867, and recast in the *Constitution Act* of 1982. Both these Acts generally assign matters of broad national interest to the federal government and matters of a local or particular nature to the provincial governments, which may delegate some powers to municipalities. This sharing of powers requires close co-operation between the federal government and provincial governments to ensure effective policies, increase efficiency, minimize duplication and control costs, while respecting the legislative jurisdiction of each level of government.

In February 1999, agreement on a framework to improve the social union for Canadians was reached between the federal government and the governments of the provinces and territories. This framework is based upon a mutual respect between orders of government and a willingness to work more closely together to meet the needs of Canadians.



Federal government involvement in aging issues

In the federal Cabinet, the Minister of Health is assigned the responsibilities of Minister Responsible for Seniors. In addition, many portfolios have substantial responsibilities concerning seniors. In 1980, the federal government created the National Advisory Council on Aging to advise the Minister of Health on issues related to the aging of the Canadian population and the quality of life of seniors. Among its functions, the Council reviews the needs and problems of seniors, recommends remedial action and stimulates public discussion on aging.

Federal departments and agencies involved in aging policies and programs include:

- the Canada Mortgage and Housing Corporation, for research, innovation and information on seniors' housing, and for social housing contributions and renovation programs.
- Health Canada, for health promotion programming targeting seniors, and for monitoring and research on issues affecting the health of seniors, Canada's health care system, and First Nations and Inuit health.
- Human Resources Development Canada, for public retirement income programs providing pensions and benefits, for literacy and lifelong learning programs, and for support for volunteers and older workers.
- Industry Canada, for research on and promotion of industries and services devices which help seniors live more independently, such as assistive technologies.
- Statistics Canada, for demographic and social science research on the aging Canadian population.
- Status of Women Canada, for research and information on senior women's issues.
- Veterans Affairs Canada, for health care programs and caregiver support programs; and for disability pensions and income support programs for eligible veterans and their survivors.

Other departments consider the needs of older Canadians within their broader mandates. For example, the Canada Customs and Revenue Agency (CCRA) has a Seniors Advisory Committee to help it serve older Canadian clients more effectively. Other federal departments and agencies whose broader mandate affects seniors and aging issues include the Canadian Human Rights Commission, the Canadian Transportation Agency, the Department of Canadian Heritage, the Department of Finance, Indian and Northern Affairs Canada, the Department of Justice, Environment Canada, National Archives of Canada, National Film Board of Canada, Public Works and Government Services Canada, Solicitor General of Canada, and Transport Canada.

Federal/provincial/territorial collaboration

Federal and provincial/territorial governments are working together under the leadership of the Federal/Provincial/Territorial Ministers Responsible for Seniors to respond collaboratively to cross-cutting issues related to aging and to identify shared priorities across governments. Key aging issues such as safety and security, informal caregiving and use of technology have been examined.

In 1998, the Federal/Provincial/Territorial Ministers Responsible for Seniors approved the National Framework on Aging to assist them in responding to the needs of an aging population.⁸ The Framework facilitates the application of a “seniors lens” to government initiatives at all levels, ensuring that the perspectives and needs of seniors are considered.

The Framework has as its core, a shared vision statement and a set of principles that seniors and governments across Canada endorse.* The vision states that: “Canada, a society for all ages, promotes the well-being and contributions of older people in all aspects of life, promotes the well-being of seniors, recognizes their valuable contributions and reflects the goals of elimination of ageism in all sectors.” The principles for the Framework – dignity, independence, participation, fairness, and security – guide the actions by which its vision will be achieved, and reflect the core values of seniors inherent in the vision statement.

* Quebec did not participate in the elaboration of the National Framework on Aging. It indicated that it supports the Vision and Principles put forth by other governments, but that it intends to assume full responsibility for the entire range of activities pertaining to health and social services.

A companion piece to the Framework is the Seniors Policies and Programs Database which provides up-to-date information on policies and programs across the country that relate to seniors in areas such as health, social housing, income support, programs and information services.⁹

Other federal/provincial/territorial fora in areas of health and social services and status of women examine issues related to aging and seniors within their sectors.

Sustainability of public finances

The federal government currently spends over \$27 billion dollars* on issues related to seniors, a significant outlay of total annual federal expenditures. In addition, in 2001-02, the government will transfer an estimated \$34.6B to the provinces under the Canada Health and Social Transfer (CHST). The CHST is a block fund dedicated to providing financial assistance to provinces to use at their discretion for health care (including health care for seniors), post-secondary education and social programs.

The aging of Canada's population will cause escalating pressures on public expenditures in the areas of health care and old age security, while potentially slowing the growth of the labour force, reducing the growth of the economy, and limiting the growth in government revenues. However, pressures from an aging society will also emerge relatively slowly, enabling governments to plan and prepare in advance. Still, this adaptation will not be easy as shifts in demographics will necessitate difficult decisions regarding shifts in expenditures.¹⁰

In the last decade, the federal government has taken measures to balance its budget and reduce the federal debt. The implications of population aging have been reviewed by many experts in recent years and there is general agreement that Canada can manage the financial issues associated with the aging of its population, assuming the continuation of existing economic and expenditure trends.

* This figure is based on estimated annual federal expenditures for the Old Age Security program. It also includes the estimated expenditures of a number of federal programs related to aging and seniors. It does not, however, include annual expenditures under the Canada Pension Plan which are based on employer and employee contributions and investment earnings.

Income and labour force issues

Canada's retirement income system

Canada's multi-level retirement income system balances public and private retirement benefits. It guarantees a minimum income for all seniors and is intended to allow Canadians to avoid serious disruptions in living standards upon retirement.

The first level is the public Old Age Security (OAS) program, which provides a basic pension (adjusted for inflation) to virtually everyone over 65 years of age who has lived in Canada for a required length of time. The OAS program includes the income-tested Guaranteed Income Supplement (GIS), which provides extra money to OAS recipients who have little or no other income, and the Allowance, which pays benefits to low-income spouses/partners of an OAS pensioner, or widows/widowers, between the ages of 60 and 64. Annual OAS program expenditures are \$25 billion (2.3% of Gross Domestic Product, or GDP) in 2001-02.

The earnings-based Canada and Quebec Pension Plans (C/QPP) are the second level. They provide a retirement pension to persons who have contributed to the Plan, as early as age 60*. These Plans also offer disability, survivors' and death benefits as well as inflation protection and full portability from job to job. Annual C/QPP program expenditures (2002) are \$26.4 billion (2.4% of GDP).

The first and second levels, which make up Canada's public retirement income system, provide a base for the third level of Canada's retirement income system: occupational or employer-sponsored pension plans (RPPs), registered retirement savings plans (RRSPs), and deferred profit sharing plans (DPSPs). The federal government provides tax assistance on savings in RPPs, RRSPs and DPSPs, up to specified limits. The tax owing on the contributions and investment income in these plans is deferred until the savings are withdrawn or received as pension income. This tax assistance encourages and assists Canadians to save privately for retirement. In addition to retirement income generated from these registered plans, seniors also derive income from other private savings and assets. As noted earlier, the tax-assisted private pension system accounts for an increasingly large share of retirement income system payments to seniors.

* Individuals taking early CPP benefits have their benefits actuarially adjusted, as do those who choose to postpone benefit receipt beyond age 65.

The Government of Canada has undertaken several initiatives that may assist Canadians to prepare better for retirement. For example, it has undertaken an information initiative to help Canadians understand the role of public pensions within the retirement income system, have confidence in them, and take action towards their personal retirement goals.

The Organization for Economic Co-operation and Development (OECD) has applauded the basic strength of Canada's retirement income system, particularly its effective mix of public and private elements which provides not only fiscal stability, but also multiple sources of income for retirees and greater ability to weather changes in economic and demographic conditions. The OECD rates the Canadian system well in terms of income adequacy, equity and affordability.⁵

Reform of the public pension system

In the 1990s, federal and provincial governments recognized that the aging of Canadian society would put pressure on the Canada Pension Plan, and so undertook significant reforms to ensure the Plan's long-term sustainability. These reforms, which included accelerating higher contribution rates, a new investment strategy and benefit measures to reduce the growth in benefit expenditures, ensured that the Plan would be financially sustainable and affordable, able to meet current and future obligations without imposing an overly onerous burden on contributors. The reforms also sought to ensure that the Plan would be fair across generations.

In the 18th CCP Actuarial Report (December 2001), Canada's Chief Actuary confirmed the future sustainability of the Plan. According to the Report, CPP assets are projected to grow in coming years, allowing the Plan to absorb almost any unforeseen economic or demographic fluctuation, and ensuring that the Plan will be able to meet its future obligations under currently legislated contribution rates.



Participation in the labour force

Demographic changes in Canada will have important impacts on the composition of tomorrow's workforce. Participation in the paid workforce currently diminishes markedly after age 55, and is quite low after age 65. Aging of the population will thus lead to a reduced growth of the labour force and a proportionally smaller workforce. But as the majority of older adults can still work productively, it becomes increasingly important that older workers who wish to do so can remain part of the labour force.

The aging of the workforce is taking place as Canada is shifting to a knowledge-based economy, where a constant renewal of skills is necessary to keep up with rapid changes in knowledge, technology and information. While numerous studies have shown that there is no significant difference in the job performance of older and younger workers, older workers participate less than younger workers in job-related education and training. Adjustment problems are particularly acute for older workers with low skills. For example, older workers with low education or literacy levels are at higher risk of lay-offs, and have greater difficulty in finding new work.

In response to such challenges and in partnership with provincial and territorial governments, the federal government is funding pilot projects to test innovative approaches that help older workers to remain employed or be reintegrated into the labour force. As well, the federal government has developed a skills and learning agenda with the aim of maintaining and enhancing a skilled workforce, and of ensuring that Canadians have opportunities for lifelong learning. For many older workers and seniors wishing to remain active in the labour force, updating skills or learning new skills will be crucial in finding and retaining employment. In addition, recognition of the skills that older Canadians have acquired through a lifetime of training and experience could allow employers to see that these workers often do meet their staffing requirements.

Health

Healthy aging/healthy human development

Healthy aging can be described as a lifelong process of maximizing opportunities for maintaining and preserving health, physical and mental well-being, independence and quality of life. Multiple factors influence healthy aging, including adequate income, education, appropriate housing, satisfying relationships, and safe environments.

Older Canadians have the potential to improve their health and well-being as many aging-related diseases are preventable and frailty can be minimized. These facts are key elements in the attention given to healthy aging. The challenge for Canada is to develop the most effective strategies to expand the disability-free years of life, to reduce the occurrence of chronic diseases and disabilities, and to improve the health of seniors.

Linked to the concept of healthy aging is the model of healthy human development which posits that ongoing human development is not age-based nor dependent on the absence of illness or disease. It also recognizes that there are surrounding environmental conditions which support or hinder the chances of meeting development challenges throughout one's life.

The federal government, through Health Canada, is working with provinces, territories, non-governmental organizations, institutions, and professional associations to address a wide range of issues relevant to healthy aging and healthy human development in later life. Support has been provided for community capacity-building, public health surveillance, research, public awareness, and professional education in aging-related areas such as heart health, cancer control, physical activity, and elder abuse. Mental health is an often neglected aspect of seniors' issues. The two most common mental health problems encountered by seniors are cognitive impairment, including dementia, and depression. Health Canada supports model development for effective mental health interventions for seniors; it is also supporting a major research initiative on cognitive impairment.

Health Canada has produced and widely disseminated user-friendly documents such as *Canada's Physical Activity Guide to Healthy Active Living for Older Adults* and *The Safe Living Guide: A Guide to Home Safety for Seniors*.

In recent years, the federal government has also launched two major initiatives. Through the Canadian Diabetes Strategy, the federal government is working with a wide range of stakeholders to address the serious impacts of diabetes on an increasing number of Canadians, especially seniors. Meanwhile, two federal departments, Veterans Affairs Canada and Health Canada have partnered on the community-based Falls Prevention Initiative to help identify effective falls prevention strategies for veterans and seniors.

In the area of aging-related standards, Health Canada is participating in the development of the Canadian Standards Association guidelines which provide guidance on designing products, services and environments suitable for seniors and people whose abilities are affected by aging.

Health care system in Canada

Canada has a predominantly publicly-financed, privately-delivered health care system based on an interlocking set of provincial and territorial health insurance plans. Known to Canadians as “Medicare”, the system provides access to universal, comprehensive coverage for medically necessary hospital, in-patient and out-patient physician services. The system is referred to as a “national” health insurance system in that all provincial/territorial hospital and medical insurance plans are linked through adherence to national principles set at the federal level. The management and delivery of health services is the responsibility of each province or territory. The *Canada Health Act* stipulates the criteria that provincial health insurance plans must meet to qualify for full federal transfer payments. The following five criteria are known as the “principles” of Canada’s national health care system: public administration, comprehensiveness, universality, accessibility, and portability.

The federal government’s role in health care involves setting and administering national principles or standards for the health care system, assisting in the financing of provincial health care services through fiscal transfers, and fulfilling functions for which it is constitutionally responsible such as direct health service delivery to veterans. The federal government has also taken on direct health service delivery to First Nations on-reserve. Other federal government health-related functions include health protection, disease prevention, and health promotion.

In 2000, Canada's total health expenditure in current dollars was an estimated \$95 billion. Health expenditures for seniors are substantial, representing 43% of total health expenditures in Canada in 2000-01. Health expenditures for seniors increase notably with age; per capita health expenditures for seniors aged 85 or older were over four times that of seniors aged 65 to 74 in 2000-01. However, between 1980-81 and 2000-01, the increase in the share of health expenditures for seniors was one third less than the increase in the proportion of seniors in the overall population.

Starting in the early 1980s, health care spending required increasing portions of provincial government budgets, prompting measures for restraint and cost efficiencies in the early 1990s. Recently, both the federal and provincial governments have been undertaking major systemic reviews of Canada's health care system to ensure continued sustainability (e.g. the federally-appointed Romanow Commission).

Through Health Canada, the federal government is active in many health-care system related initiatives. It is widely recognized that home, community and long-term care are integral components of the broader continuum of health care services. Through collaboration with provincial and territorial governments, other federal departments and key stakeholders, Health Canada is working to identify and analyse key policy questions concerning the cost-effectiveness and sustainability of the home, community and long-term care sectors and their role with respect to health system reform.

The federal government is also addressing the issues of palliative and end-of-life care. A Minister with Special Responsibility for Palliative Care has recently been appointed and Health Canada has established a Secretariat on Palliative and End-of-Life Care to co-ordinate and facilitate the development of a strategy to improve end-of-life care for Canadians.



Research on the health of seniors

The federal government invests in research to develop the evidence necessary to address the many issues arising from demographic aging. The Social Sciences and Humanities Research Council supports research on a variety of aging-related topics such as changing family structures and roles, ethics in health care and workforce and productivity. The Canadian Institutes of Health Research (CIHR) were established in 2000 to create and disseminate new knowledge to improve the health of Canadians, provide more effective health services and strengthen the health care system. One of the CIHR's 13 strategic research institutes, the Institute of Aging, is focusing on advancing knowledge with respect to understanding the aging process; promoting healthy aging; preventing and treating age-related diseases and disabilities; improving health policies and systems; and understanding the social, cultural and environmental factors affecting the life and health of older Canadians. The work of several other CIHR strategic institutes will also yield valuable knowledge in specific areas of concern such as cancer, circulatory and respiratory diseases, arthritis, diabetes, health services, population and public health, and gender and health.



Supports to independence and quality of life

Housing

The availability of appropriate and affordable housing is an important factor to help seniors enjoy good quality housing and opportunities for greater independence and quality of life. Through its housing agency, the Canada Mortgage and Housing Corporation (CMHC), the federal government helps to improve housing choice and affordability for Canadian seniors through a combination of social housing contributions, renovation programs and enabling initiatives.

CMHC provides support to social housing services in partnership with other levels of government and a variety of housing agencies and sponsor groups. Approximately 639,000 social housing dwelling units exist across Canada with approximately 200,000 of these being committed to seniors. Additional units for seniors are committed under unilateral provincial programs. In November 2001, the Government of Canada reached an agreement with the provinces and territories on a framework for a new cost-shared initiative which will provide affordable housing for Canadians, including seniors.

Through its Canadian Centre for Public-Private Partnerships in Housing, CMHC also brings together the public and private sectors, not-for-profit groups and organizations, and private citizens to facilitate the production of affordable housing without federal government subsidies. Since its inception in 1991, the Centre has facilitated over 200 affordable housing projects for seniors across Canada.

The federal government also helps to improve housing quality and living conditions, enabling older Canadians to enjoy greater independence and quality of life. Through a number of programs, CMHC administers housing renovation initiatives for low-income Canadians, including low-income seniors, to help bring substandard housing to minimum health and safety levels, to make homes accessible to persons with disabilities, and to make emergency repairs required for the safe occupancy of homes in rural and remote communities.

CMHC also undertakes a broad range of research and information transfer initiatives related to seniors housing which are designed to encourage innovation in a variety of areas including: community planning; the development of new types of housing options; new financing options and types of tenure to improve housing affordability; the implementation of innovative design concepts and the use of new technology and home adaptations to improve comfort, safety and security.

The voluntary sector

As they age, seniors generally require higher levels of support to enable them to preserve their independence. While much of that support takes the form of help from family and friends, volunteers and community organizations are also important.

The voluntary sector and the Government of Canada share a long tradition of joining forces to achieve common goals for the benefit of Canadians, and are working to strengthen their relationship. The Government of Canada and Canada's voluntary sector ratified an Accord in December 2001, which spelled out the values, principles and commitments that will underlie their future relationship. Also announced was the creation of the Canada Volunteerism Initiative, a program to strengthen volunteering and to improve the understanding of volunteering's impact on Canada's economic and social well-being. Recent federal initiatives are evidence that the contribution of volunteers is valued, and that the relationship with the volunteer sector will continue to grow to better meet the evolving needs of Canadian communities.

Technology

The growth in older populations is occurring at the same time as an explosion in technology. Thousands of older adults are discovering the many benefits of technology. Yet, credited with making life easier, technology has also created challenges for some as everyday activities such as banking, telephoning, and finding health information may increasingly involve unfamiliar or different ways of doing things. Access, literacy, cost, design, privacy and attitudes all play a role in how we choose to use technology.

The federal government is undertaking initiatives to address issues related to seniors and technologies. For example, the Community Access Program of Industry Canada provides training to Canadians, including seniors, in the use of information technologies.

Industry Canada also works with government, universities, hospitals, industries and others to find new technologies that can serve seniors. Its Assistive Devices Industry Office supports businesses that make affordable devices which help seniors and people with disabilities live more independently.

Information

The federal government has made a commitment to have all of its services available through the Internet by 2004. To deliver on this commitment, the Government launched Government On-Line. One of the projects emanating from this initiative is called Seniors Canada On-Line. This web site is a special portal established to provide seniors, and persons interested in seniors issues, with easier access to government information. Seniors can find information they require and/or links to other web sites to find what they need regarding government programs and services. Seniors can also keep informed on matters of interest to them by using a toll-free line to access government information or get person-to-person service using Access Centres in certain government buildings throughout Canada.

Health Canada provides health information to the general public through the Canadian Health Network (CHN).¹¹ This is a national, bilingual internet-based health information service whereby visitors can find excellent resources from health information providers across Canada. It features 26 Health Centres focused on major health topics and population groups.

Another key federal information resource for seniors is the *Seniors Guide to Federal Programs and Services* which is updated regularly and distributed widely across Canada.

By providing Canadian seniors with clear and accessible information, the federal government is playing an important role in enabling them to maintain their health and well-being.

Aboriginal seniors

The hardships experienced by Aboriginal people in Canada are well documented. In the case of Aboriginal seniors, inadequate income, substandard housing conditions, and an elevated rate of disabilities are just some of the common factors that threaten health and well-being.

Canada continues to work towards improving the socio-economic and health status of Aboriginal people. In 1998, Canada unveiled *Gathering Strength – Canada's Aboriginal Action Plan*, a fully integrated, long-term, government-wide strategy designed to improve the quality of life for Aboriginal people and promote self-sufficiency. The federal government has also expressed its commitment to working to ensure that basic needs are met for jobs, health, education, housing and infrastructure in Aboriginal communities.

The federal government has also made significant investments to improve the health of First Nations and Inuit. Recent programs likely to benefit First Nations and Inuit seniors include the First Nations and Inuit Home and Community Care Program. The Aboriginal Diabetes Initiative will address some of the prevention and treatment needs of First Nations, Inuit and Metis seniors. In addition, the Non-Insured Health Benefits Program provides access, with some restrictions, to vision care, dental care, prescription drugs and medical supplies and equipment to First Nations and Inuit people regardless of where they live in Canada.



Veterans

Veterans Affairs Canada (VAC) offers programs which enhance the autonomy and quality of life of veterans and their families. For example, VAC provides health care and home support programs, disability pensions and income support, allowances to compensate caregivers, health promotion services, advocacy services and commemoration services to honour the achievements and sacrifices of Canadians during war and conflict.

Through services such as counselling, assessment and care planning, VAC ensures that clients and their families receive a continuum of care based on viable, community-based social support networks. VAC also supports the health and well-being of eligible clients through comprehensive health care programs and services which include health promotion initiatives, treatment benefits, medical and nursing services. For example, the Veterans Independence Program offers a number of valuable home support care services targeted to meeting the specific needs of an aging client and his or her caregiver.

The financial needs of Canadian veterans are also addressed by the federal government. The War Veterans Allowance (WVA), an income-tested program, ensures that Canadians who have served in wartime receive a monthly income to meet their basic needs. Widow(er)s and orphans may also qualify. WVA recipients can also receive funding to meet emergency needs that threaten their health and safety. As well, eligible veterans receive pensions to compensate them for service-related disabilities. The Veterans Review and Appeal Board provides clients with full opportunity to request review and appeal hearings to ensure a fair adjudicative process for disability pension and war veterans allowance claims.

The number of Canadian war service veterans is declining. However, as they reach their eighties and nineties, many of them will require enhanced health care services. At the same time, the overall number of Canadian Forces (CF) veterans and still-serving pensioners is increasing and by 2005, widow(er)s of war veterans will form the majority of clients accessing VAC benefits or services. These client groups are generally younger and require a more diverse range of services. The federal government is responding by developing service improvement options and by engaging veterans and retired personnel in program enhancement initiatives and new program development.

Conclusion

In recent decades the federal government has made important contributions to improving the health of seniors, maintaining financial security in later life, reducing the proportion of seniors with low income, reducing disparities among vulnerable populations, supporting the voluntary sector, enhancing supports to independence in areas such as housing, and fostering lifelong learning. Building on these efforts will be the key to successfully addressing future challenges.

Aging is not an issue to be addressed through a single, confined approach or solution but rather a multi-faceted one presenting challenges in a number of public policy areas. Nor is aging simply about older Canadians; it is an issue that affects all generations as the demographic structure of the population changes. All levels of government and all sectors of society will need to work in partnership to respond to the challenges of an aging Canadian society. The federal government will continue to play an important role in addressing the challenges of an aging population in a comprehensive, collaborative and inclusive manner, for the benefit of present and future Canadians.



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Internet Sites

Canadian Health Network  www.canadian-health-network.ca

Canada Mortgage and Housing Corporation  www.cmhc-schl.gc.ca

Government of Canada  www.canada.gc.ca

Health Canada  www.hc-sc.gc.ca

Health Canada's Division of Aging
and Seniors  www.hc-sc.gc.ca/seniors-aines/

Human Resources Development Canada  www.hrdc-drhc.gc.ca

Seniors Canada On-line  www.seniors.gc.ca

Seniors Policies and Programs Database  www.sppd.gc.ca

Statistics Canada  www.statcan.ca

Veterans Affairs Canada  www.vac-acc.gc.ca

Other Sources of Information

O-Canada toll-free telephone service

1-800-O-CANADA (TTY: 1-800-465-7735)

