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Part I

Executive Summary

Canada welcomes the opportunity to provide a third report to the United Nations on the progress made to fulfill its commitments to the Regional Implementation Strategy (RIS) for the Madrid International Plan of Action on Ageing (MIPAA) during the 2012–2017 assessment period.

This report is organized around the four overarching goals of MIPAA:

1) to encourage longer working life and maintain ability to work;
2) to promote participation, non-discrimination and social inclusion of older people;
3) to promote and safeguard dignity, health and independence in older age; and
4) to maintain and enhance intergenerational solidarity.

The last section of the report speaks to regional (international and multi-national) collaboration, which is also a key component of MIPAA.

Goal 1: To encourage longer working life and maintain ability to work

Canada’s commitment to encourage a longer working life and maintain one’s ability to work is central to responding to the socio-economic challenges and opportunities of an increasingly ageing population. Efforts continue toward the development and implementation of policies and programs across government departments and agencies as well as within civil society. Such efforts are especially evidenced in activities related to income security and to the labour force, such as: supporting older workers; combatting ageism in the workplace; balancing work and care; and building evidence around healthy workplaces and how to extend working life.

Goal 2: To promote participation, non-discrimination and social inclusion of older adults

Canada recognizes the value of staying active and socially engaged throughout life, and has worked collaboratively across jurisdictions and with stakeholders to advance this concept to Canadians of all ages. Examples of actions taken to promote social participation and social inclusion of seniors include: integrating approaches to seniors’ issues; collecting and sharing data, statistics and qualitative information; including seniors’ voices; and addressing elder abuse.

Goal 3: To promote and safeguard dignity, health and independence in older age

Ensuring the healthy aging of Canadians requires a multifaceted approach that includes not only the provision and funding of health care, but also responding to a host of social determinants of health. Canada recognizes that efforts to improve health must include an understanding of how events and experiences throughout the life course can create conditions to influence health and quality of life as people age. Canada is committed to promoting and safeguarding dignity, health and independence in older age. All orders of government and civil society remain steadfast in developing and implementing policies and programs to assist in realizing this goal. Efforts include: improving home and continuing care; supporting caregivers; improving palliative care; supporting medically-assisted dying legislation; promoting healthy and active living; promoting mental health; addressing brain health as well as dementia; promoting age-friendly
Goal 4: To maintain and enhance intergenerational solidarity
The strength and number of social connections between community members are significant characteristics of a society with strong social capital and healthy social cohesion. Connections between individuals are important as they encourage membership and participation in community organizations and serve to build social solidarity, mutual dependence, understanding and co-operation. Federal activities related to intergenerational solidarity include: building strong intergenerational relationships; celebrating older Canadians; and promoting joint volunteering.

Regional Co-operation
This section emphasizes some of the regional collaboration (international and multi-national) associated with Canada’s activities related to seniors and aging.

Taken together, these measures demonstrate Canada’s efforts to address the implications of its aging population since its last report to the United Nations on the implementation of MIPAA in 2012. At the same time, an overview of these accomplishments also reveals areas for continued improvement. Summarized below are a number of broad commitments made by government and civil society partners in moving forward to ensure the well-being of seniors today and in the future.

<table>
<thead>
<tr>
<th>Key Achievements since 2012</th>
<th>Moving Forward</th>
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<tr>
<td>• supported ongoing programs that help seniors continue to be active members of their communities through paid or volunteer work;</td>
<td>• helping seniors find and access health care and social services they need to be healthier and stay at home longer;</td>
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<td>• supported initiatives to help seniors remain in their homes as long as possible;</td>
<td>• improving the income security of low-income seniors, developing a national poverty reduction strategy and a national strategy around affordable housing;</td>
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<tr>
<td>• undertook activities to prevent and to raise awareness on the issues of elder abuse and social isolation;</td>
<td>• providing more generous and flexible leave for caregivers;</td>
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<td>• invested in research and programs that support and promote good health while ageing; and</td>
<td>• developing federal accessibility legislation;</td>
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<td>• improved seniors’ access to information and resources about programs and services available to them in their communities.</td>
<td>• promoting the development of age-friendly communities to enhance seniors’ well-being and participation;</td>
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<td>• ensuring seniors have the supports that help them live safely, independently and with dignity; and</td>
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<td>• providing more timely access to benefits for all Canadians, including seniors.</td>
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Canada values the contributions seniors have made and continue to make to the Canadian economy and to its social fabric. As a country, Canada will continue to encourage and support partners and stakeholders to work collaboratively in building a secure future for Canadian seniors. This will help ensure that Canada effectively deals with the challenges posed by a quickly changing, complex environment.
General Information

Canada

Seniors Policy Division
Seniors and Pensions Policy Secretariat
Income Security and Social Development Branch
Employment and Social Development Canada
1. National Aging Situation

As of July 1, 2016, there were close to 6 million Canadian seniors over 65 years of age, representing 16.5% of the total population, or one Canadian out of six\(^1\). Since 2011, the number of seniors has grown at an average annual rate of 3.9%, and by 2036, that number is projected to increase quickly to reach between 9.8 and 10.8 million people, then representing between 23.1% and 25.1% of the total population\(^2\).

On average, Canadian seniors are living more active and healthier lives than past generations. In 1971, life expectancy at birth was age 69.3 for men and 76.4 for women. In 2011, it was 79.4 for men and 83.6 for women\(^3\). Life expectancy at 65 has also increased from 13.7 years in 1971 to 18.7 years in 2011 for men, and from 17.5 years to 21.7 years for women during the same period\(^4\).

Canadian seniors’ labour force participation rate has more than doubled since 2000, from 6.0% in 2000 to 13.4% in 2015\(^5\). This Canadian rate of 13.4% ranked 12th among the 34 countries in the Organisation for Economic Co-operation and Development; higher than in the United Kingdom (10.3%) and Australia (12.3%), and lower than that of seniors in the U.S. (18.6%) and Japan (21.3%)\(^6\).

With respect to income security, the percentage of people who are 65 years of age and over living in low income has been stable at 4.5% between 2002 and 2014\(^7\). Internationally, Canada has one of the lowest low-income rates for seniors, below the Organisation for Economic Co-operation and Development average of 12.8%\(^8\). Unattached senior women, recent immigrant seniors and Indigenous seniors are at an increased risk of living below the low-income cut-off. However, on average, Canadian seniors are wealthier than in the past. In 2012, the median net worth of households where the major income earner was age 65 years or older was $460,700, compared to $270,700 in 1999\(^9\).

In 2012, about 8.1 million individuals, or 28% of Canadians aged 15 years and older, provided unpaid care to a family member or friend with a long-term health condition, disability or aging needs. Of the 8.1 million caregivers, approximately 4.5 million were Canadians aged 45 and over. This represents a 20% increase from 2007. In 2012, a total of 966,455 caregivers were seniors aged 65 and over\(^10\).

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\(^1\) Statistics Canada, *Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual*, CANSIM Table 051-0001.

\(^2\) Statistics Canada *Projected population, by projection scenario, age and sex, as of July 1, Canada, provinces and territories*, CANSIM, Table 052-0005.

\(^3\) Statistics Canada, *Elements of the life table, Canada, provinces and territories*, CANSIM Table 053-0003.

\(^4\) Statistics Canada, *Elements of the life table, Canada, provinces and territories*, CANSIM Table 053-0003.


\(^7\) Statistics Canada, *Low income statistics by age, sex and economic family type, Canada, provinces and selected census metropolitan areas*, CANSIM Table 206-0041.


\(^9\) Statistics Canada, 2012, *Survey of Financial Security, composition of assets (including Employer Pension Plans valued on a termination basis) and debts held by all family units, by age group, Canada and provinces, occasional*, CANSIM Table 205-0002 and Table 205-0003.

Seniors’ issues are interdisciplinary and cut across many sectors, including but not limited to health, social services, pensions, labour, transport, housing, justice and official languages. Increasing linguistic, ethnic, cultural and racial diversity in Canada are also factors to be considered within the policy context of an aging population. Addressing the needs of seniors of today and tomorrow will require collaborative efforts on the part of all orders of government and civil society.

Canada has three orders of government—federal, provincial or territorial and municipal—and works bilaterally with Indigenous self-government groups. All orders of government have distinct responsibilities with respect to the provision of programs and services for seniors. At the same time, orders of government work collaboratively—together with civil society and other stakeholders—on a number of key shared areas of responsibility with respect to seniors.

The following report provides examples of how Canada is addressing the challenges and optimizing the opportunities associated with its evolving national aging situation.
2. Methods

The Department of Employment and Social Development, as the lead on seniors’ issues in the federal government, coordinated the drafting of this report. The Department also consulted other federal departments and agencies, provincial and territorial governments, and key seniors-related organizations from across civil society.

The federal government and provinces and territories have seniors’ advisory groups, which consist of non-government stakeholders and are involved in advocacy, education, research, policy and program development. Given the concise nature of the reporting requirements, Canada’s report focuses on policy approaches and innovative practices, particularly recent best practices and made-in-Canada innovations.
Part II

1. National Actions and Progress in Implementation of MIPAA/RIS

Goal 1: Longer working life is encouraged and ability to work is maintained

Canada’s commitment to encouraging a longer working life and maintaining one’s ability to work in an age-friendly environment is central to responding to the socio-economic challenges and opportunities of an aging population. The following section highlights some policy measures and initiatives undertaken in Canada by various governments and civil society since 2012.

RIS Commitment 1: To mainstream aging in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages.

Income security provisions that support an extended working life
The Government of Canada’s Old Age Security (OAS) program plays a significant role in providing income security to Canada’s seniors. The benefits under the OAS program include the OAS pension, paid to people aged 65 or over who meet residence requirements, and the Guaranteed Income Supplement for low-income seniors. To improve flexibility and choice, the Government introduced a provision which allows for voluntary deferral of the OAS pension for up to five years, or as late as age 70, giving Canadians the option to receive their OAS pension at a later date in exchange for a higher monthly amount. For each month of delay, their OAS pension increases by 0.6%, for a total of 7.2% for each full year of deferral. Further details on income security provisions can be found under Goal 3.

RIS Commitment 2: To ensure full integration and participation of older adults in society.

Programming that supports older workers
Cross-jurisdictional efforts have been pursued to strengthen the capacity of older workers and assist them in securing new jobs. Cost-shared bilateral agreements with provinces and territories are in place, including the Targeted Initiative for Older Workers program which supports unemployed older workers (typically age 55 to 64) living in small, vulnerable communities of 250,000 or less to reintegrate them into the labour market and/or improve their employability. Under the Initiative, provinces and territories are responsible for targeting specific communities for interventions and for designing and delivering projects that meet local labour market situations and client needs. Measures range from group-based employment assistance services (e.g. resume writing and interview techniques) to employability improvement activities (e.g. skills upgrading, work placements and self-employment assistance).

The Government of Canada funded the Renewing Older Workers’ Essential Skills for the 21st Century Multi-Generational Workplace initiative (commonly referred to as the Third Quarter) from 2010 to 2016. This project developed a unique job-search website that matched the competencies of workers aged 45 and over with the essential skills needs of employers. As of April 2015, results included 24,567 workers and 3,125 firms registered, and 5,298 jobs posted.

The province of Alberta developed an older workers action plan to achieve a higher employment rate for older workers by engaging employers, supporting workers, promoting
active aging and promoting a supportive policy environment. The labour force participation rate for older Albertans (55 years and older) is 47%, the highest among the Canadian provinces. Older workers account for 18% of Alberta’s labour force (2015).  

**RIS Commitment 5: To enable labour markets to respond to the economic and social consequences of population aging.**

Supporting age-friendly workplaces and combatting ageism in the workplace

A number of groups have developed **resources and initiatives in support of age-friendly workplaces**. The Forum of Federal/Provincial/Territorial Ministers Responsible for Seniors developed online tools in 2012 to foster age-friendly workplaces, including a guide for employers to promote older worker participation, a self-assessment tool for employers and an age-friendly workplaces charter. Also in 2012, the province of Manitoba, in partnership with the Manitoba Chamber of Commerce, undertook a pilot project to engage the business community in recognizing seniors as valued customers, employees and members of the community. In 2016, the International Longevity Centre Canada brought together business, government and civil society participants to discuss ways in which an aging workforce can bring value to employers, and in which employers can capitalize on the strengths of intergenerational workforces.

The importance of **addressing ageism and other barriers to older workers’ participation in the workplace** is increasingly being recognized. Two other recent examples of resources supporting these efforts include a tool developed in 2012 by le Réseau FADOQ [the FADOQ network] entitled *Le mentorat : La croisée des chemins en vue de favoriser l’échange entre les travailleurs d’expérience et les individus récemment arrivés sur le marché du travail ou en voie d’intégrer un nouvel emploi* [Mentoring: the Crossroads to Promote Exchange Between Experienced Workers and Newcomers to the Labour Market, or those in the Process of Integrating into a New Job], and a 2013 report from the National Seniors Council—the body which advises the Government of Canada on matters related to seniors’ well-being and quality of life—entitled *Older Workers at Risk of Withdrawing from the Labour Force or Becoming Unemployed: Employers’ views on how to retain and attract older workers.*

**Balancing work and care**

One barrier older workers can face to labour force attachment is their **need to balance work and caregiving responsibilities**; a number of Canadian initiatives have been developed in response. Mount Sinai Hospital in Toronto, Ontario, was awarded $2.84 million over five years from the Government of Canada in 2013 to develop the Reitman Centre Working CARERS Program for working caregivers. The program is being developed through innovative partnerships between the hospital, the Government and the private sector, to provide employees with **skills training, education and emotional support** tailored to individual caregiver needs.

In 2013 and 2014, the Forum of Federal/Provincial/Territorial Ministers Responsible for Seniors focused on **increasing awareness among employees and employers** of the programs, services and benefits that could help older workers who are balancing the demands of work and caregiving continue to be part of the Canadian labour force.

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In 2015, the Government of Canada released a report entitled *When Work and Caregiving Collide – How Employers Can Support their Employees Who Are Caregivers*. The report, the result of national consultations conducted by an employer-led expert panel, highlighted best workplace practices of employers supporting employees who provide unpaid care to family and friends. The report also includes a toolbox with additional resources for employers.

Important program changes, in effect since January 2016, have lengthened the Employment Insurance compassionate care benefits paid to people who have to be away from work temporarily to provide care or support to a family member who is gravely ill and who has a significant risk of death. Eligible people are now entitled to benefits for a maximum of 26 weeks (previously 6 weeks).

**Research into healthy workplaces**

**Excellence in research** is fundamental to improving the well-being of Canadians, and a number of research initiatives into healthy workplaces and longer working lives have been undertaken since 2012.

In 2015, the Canadian Institutes of Health Research joined with the Social Sciences and Humanities Research Council to launch the *Healthy and Productive Work Signature Initiative* to respond to the changing Canadian workforce through innovative, evidence-informed and gender-responsive solutions to: balancing caregiving responsibilities; retaining older Canadians in the workforce; physical and mental conditions experienced by workers; and the relative underemployment of people with disabilities. In 2015, its first competitive funding opportunity awarded 20 teams $1.96 million.

The Canadian Institutes of Health Research is also involved in the European Commission’s Joint Programming Initiative *More Years, Better Lives*, which seeks to enhance coordination and collaboration between European and national research programs related to demographic change.

Research and consultations on the labour market participation of people with disabilities have also provided important insights into private-sector successes and best practices as well as into remaining needs and gaps.
The vast majority of today’s seniors participate in society and live healthier, longer lives compared to previous generations. This is due in part to access to a quality health care system and a strong and stable retirement income system. Progress in medicine and improvements in welfare, diet, accident prevention, public health measures and healthy choices have all contributed to people living longer. In spite of these advancements, challenges remain, especially with respect to ensuring the participation, non-discrimination and social inclusion of older persons. Canada recognizes the value of seniors remaining active and socially engaged, and governments and civil society have undertaken various policy initiatives that support social inclusion. Some of the most salient measures undertaken between 2012 and 2016 are highlighted in the following section.

**RIS Commitment 1: To mainstream aging in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages.**

**Integrated approaches to seniors’ issues**

The Government of Canada leverages a number of key mechanisms to support coordinated actions on seniors’ issues, including a seniors secretariat. Its mandate is to be the focal point for seniors’ issues across the federal government. It works collaboratively on a horizontal basis, across federal departments to conduct policy coordination and analysis, and to provide policy advice and options to other branches, organizations, Cabinet, and to the Minister of Children, Families and Social Development. The Secretariat supports the National Seniors Council and its members in their work to advise the Government of Canada on matters related to the well-being and quality of life of seniors. Further, the Secretariat supports the Minister in his role as co-chair of the Forum of Federal/Provincial/Territorial Ministers Responsible for Seniors and provides full secretariat support to the Forum, which meets annually to discuss shared interests and priorities. The Secretariat also houses divisions that perform policy development and analysis functions for the first pillar (Old Age Security) and second pillar (Canada Pension Plan) of Canada’s Retirement Income System. The Secretariat monitors and participates in the international fora, such as the United Nations, and coordinates Canada’s reporting with respect to international commitments such as MIPAA. Additionally, the Secretariat leads the Interdepartmental Committee on Seniors, a forum on seniors’ issues for all federal departments and agencies whose mandate and/or responsibilities contribute to advancing federal interests in seniors’ and older adults’ issues.

Among the initiatives undertaken by individual provinces is Ontario’s *Action Plan for Seniors* (2013), an overarching guide on keeping seniors active, healthy and connected to their communities. Ontario continues to develop and implement initiatives for seniors under three pillars: senior-friendly communities, healthy seniors and safety and security. The Province of Ontario has also launched a number of programs to promote active aging, social and community engagement and learning, and to leverage partnerships at the local level. These include: the Seniors Community Grant Program, which provides funding to not-for-profit groups for projects that enhance social inclusion, volunteerism and community engagement; and the Community Transportation Pilot Grant Program, which provides funding to municipalities to partner with community organizations to improve local transportation services for seniors. The Prince Edward Island Seniors’ Secretariat provides the provincial government, community organizations and businesses with advice on the development, implementation and evaluation of policies, programs and services to effectively respond to a changing population demographic
using a policy lens with seniors in view. Similar approaches and actions are underway in provinces and territories across Canada.

In Brazil, the Government of Canada and the International Longevity Centre collaborated to prepare, release (at the United Nations), and disseminate (within Canada) the policy report: *Active Ageing: A policy framework for the longevity revolution* (2015). It seeks to **stimulate and guide multisectoral policy action** that promotes health, lifelong learning, participation and security across the life course to enhance quality of life in older adulthood.

**Collection and sharing of data, statistics and qualitative information**

The development and delivery of programs that are effective in meeting the needs of an aging population are dependent on a **strong evidence base** to inform those processes. Core to these mechanisms and measures, every five years Statistics Canada conducts a mandatory national census to provide a statistical portrait of the country and its people, including information on the demographic, social and economic situation of people across Canada, and their dwellings.

Supplementing these results, Canada’s General Social Survey program is designed as a series of **independent, annual, cross-sectional surveys**, each covering one theme in-depth in order to gather data on social trends and monitor changes in the living conditions and well-being of Canadians. Current themes in the General Social Survey, repeated approximately every five years, include caregiving, families, time use, social identity, volunteering and victimization—all relevant to understanding the situation of seniors in Canada.

Additionally, the Canadian Community Health Survey is a large cross-sectional survey that collects information every two years related to **health status, health care utilization and health determinants** for the Canadian population, while the Labour Force Survey, which provides monthly estimates of employment and unemployment for the population aged 15 and over, can be used to track changes in retirement patterns and the labour market participation of seniors.

More recently, the Government of Canada, through the Canadian Institutes of Health Research, launched the **Canadian Longitudinal Study on Aging**, a large, national, long-term study that is following approximately 50,000 Canadian men and women between the ages of 45 and 85 for a period of 20 years. The study is collecting information on the changing biological, medical, psychological, social, and economic aspects of people’s lives, which will enable interdisciplinary, population-based research and evidence-based decision-making that will lead to better health and quality of life for Canadians.

Canada also has a number of **Centres on Aging**, with many housed within universities. For example, the Province of Manitoba works and collaborates with the Manitoba Centre for Health Policy and the Centre on Aging, at the University of Manitoba, to research and receive data and other statistical and qualitative information to inform policy and program development. Also, the province of Newfoundland and Labrador provides support to the Healthy Aging Research Program, which supports research in the area of aging and seniors. Researchers have investigated a range of topics, from body mass index trajectories to the health impacts of social isolation.

Various provinces and territories also collect and share data and statistics as it relates to older adults in Canada. For instance, Alberta Labour gathers and disseminates data and statistics on the **older worker labour force participation rate**, and monitors cases of violation and abuses
of older workers through its **occupational health and safety, employment standards and labour relations programs**.

**RIS Commitment 2: To ensure full integration and participation of older persons in society.**

**Including seniors’ voices**

The **inclusion of seniors’ voices** at the institutional level is an important and empowering aspect required to stay healthy, active, engaged and informed in Canadian society. The National Seniors Council helps give Canadian seniors the chance to have a say in the issues that matter to them. As an advisory body to the Government of Canada on matters related to seniors’ well-being and quality of life, the **National Seniors Council** is comprised of government-appointed members consisting of seniors, representatives of seniors’ organizations and experts on seniors and aging. The inclusion of seniors’ voices is also achieved through the Council’s mandate to develop and deliver well-balanced advice that takes into account the views of experts, seniors, organizations and groups that provide seniors’ programs and services beyond the Council’s membership base.

In June 2016, the Canada Mortgage and Housing Corporation **began a national housing discussion** (Let’s Talk Housing) which included public roundtable consultations on finding ways to make housing affordable and to increase the supply of social housing and rental units—including housing specifically for seniors.

At the provincial level, Prince Edward Island’s Engage PEI program offers older adults an opportunity to **become actively involved** in nearly 70 government agencies, boards and commissions as members of advisory, operational and regulatory boards. Engage PEI matches the talents and skills of older adults with leadership opportunities.

In March 2014, the Government of British Columbia **appointed Canada’s first seniors advocate**. The Office of the Seniors Advocate monitors and analyzes seniors’ services and issues in British Columbia, and makes recommendations to government and service providers to address systemic issues.

**RIS Commitment 4: To adjust social protection systems in response to demographic changes and their social and economic consequences.**

**Addressing elder abuse**

In line with the Government of Canada’s commitment to helping protect at-risk seniors and prevent their mistreatment, **measures to raise awareness of elder abuse** have included television and print advertising, Internet-based resources and research funding. In addition, community-based and pan-Canadian projects on elder abuse awareness (e.g. development of screening tools, curricula and fact sheets for front-line service providers) are funded through the New Horizons for Seniors Program, a grants and contributions program that supports projects led or inspired by seniors who make a difference in the lives of others and in their communities. These projects have supported the development, replication, adaptation and dissemination of resources and promising practices across the country.

As part of these efforts, the Government of Canada supported a **national prevalence study** on the mistreatment of older Canadians to increase the understanding of these issues and the challenges faced by vulnerable seniors. Undertaken by the National Initiative for the Care of the
Elderly, the results of this study provide new evidence to inform all partners working to address elder abuse. During this period, the Government also funded the Université de Sherbrooke to undertake a project in partnership with the Service de Police de la Ville de Montréal entitled L’intervention policière auprès des aînés maltraités [Policing Intervention among Abused Seniors]. This project will enhance the ability of police forces across Canada to detect and address elder abuse incidents.

The Canada.ca website provides links to a variety of resources about preventing elder abuse, including a booklet about powers of attorney and joint bank accounts developed by the Forum of Federal/Provincial/Territorial Ministers Responsible for Seniors. Moreover, the Government of Canada supported the development and dissemination of the brochure, It’s Not Right!, a publication that provides tips on how to recognize the warning signs and risk factors of elder abuse, along with similar products focusing on the legal perspective.

To better protect seniors from mistreatment, the Government of Canada put into force the Protecting Canada’s Seniors Act in January 2013, which amends the Criminal Code of Canada so that age of the victim is considered an aggravating factor for criminal sentencing purposes; while Newfoundland and Labrador passed An Act Respecting the Protection of Adults in June 2014, which protects adults who are at risk of abuse and neglect. A number of provinces have released elder abuse strategies and programs, including British Columbia, Alberta, Quebec and Manitoba. For instance, Manitoba’s strategy includes: a full-time elder abuse consultant; a 24-hour seniors abuse support line; community or regional prevention strategies; education, awareness and training; and funded partnerships with senior-serving organizations that provide direct services.

More recently, the Government of Canada hosted a number of roundtables with elder law experts, academics, the financial services industry, and police service representatives on financial abuse, powers of attorney and substitute decision-making across Canada. To assist in the prevention of financial abuse, the Government funded the Uniform Law Conference of Canada to develop a uniform Enduring Powers of Attorney Act. The Act, developed in conjunction with and for enactment by provinces and territories, contains specific measures to ensure that protections and remedies to protect against the financial abuse of seniors exist in a harmonized way across Canada. The Government of Canada has developed numerous financial literacy programs and initiatives, including a Seniors’ financial literacy strategy, Strengthening Seniors’ Financial Literacy, to address specific challenges faced by seniors. The strategy is being implemented in collaboration with the public, private, and not-for-profit sectors, to improve seniors’ financial well-being, and to help prevent fraud and elder financial abuse.
Among the necessary factors in ensuring dignity, health and independence as Canadians age are income security (also addressed under Goal 1), access to health care and to affordable housing, and innovative measures to ensure that seniors are afforded independence through opportunities to age-in-place in a safe and healthy way. The following section underscores some related activities undertaken by different orders of government and within civil society since 2012.

RIS Commitment 7: To strive to ensure quality of life at all ages and maintain independent living including health and well-being.

The Government of Canada plays a central role in helping Canadians maintain and improve their health. While the provinces and territories are responsible for delivering health care to the majority of Canadians, the federal government also has a number of key roles and responsibilities in areas that affect health and health care, including being a regulator, service provider, promoter of innovation and source of information. In 2015, the Government of Canada committed to engage provinces and territories in the development of a multi-year health accord, with the intent to improve coordination on priority areas shared across jurisdictions, including prescription drug costs, home care, mental health and innovation to accelerate system transformation.

Promoting the sustainability and adequacy of pension systems
While retirement income security provisions that benefit those who voluntarily defer their pension are addressed above, it is important to note that not all Canadians are in a position to extend their working life; for those who are, not all choose to do so. In 2016, the Government of Canada introduced a number of measures to continue to help ensure the financial security of current and future seniors. The Government changed provisions that were to increase the age of eligibility for Old Age Security benefits from 65 to 67, starting in 2023. It also committed to look at how a new seniors price index that reflects the cost of living faced by seniors could be developed in order to ensure that OAS benefits keep pace with the actual costs of living faced by seniors. In addition, it announced an increase of $947 per year to the Guaranteed Income Supplement top-up for the lowest-income single seniors, starting in July 2016. This measure represents an investment of over $670 million per year, and will improve the financial security of about 900,000 vulnerable seniors across Canada. Almost 70 percent of these seniors are women.

The Government of Canada further committed to strengthening the Canada Pension Plan in order to help Canadians achieve their goal of a safe, secure and dignified retirement. To that end, on October 6, 2016, the Government introduced legislation to enhance the Plan, following a historic agreement in principle between federal and provincial ministers of finance.

Improving home and continuing care and supporting caregivers
The priorities in negotiating a new multi-year health accord include more access to high quality in-home caregivers and financial supports for family care.

The Government of Canada’s Health Care Policy Contribution Program provides funding for projects that address the challenges facing Canada’s health care system, promoting innovation
to address current and emerging health care system priorities. Priorities include health human resources, home and continuing care, quality care, patient safety and end-of-life care.

Provinces provide a range of home and continuing care options. For example, Saskatchewan assists seniors by: providing home nursing services free of charge; subsidizing home support services through home care; and subsidizing approximately 80 percent of the overall province-wide cost of publicly funded long-term care. In addition, the province’s Seniors House Calls pilot program provides a cohort of targeted seniors who are at risk for poor health outcomes, including repeated hospitalizations and emergency hospital visits, with home-based access to health care providers.

British Columbia is working to improve access to primary care through a primary care home that provides comprehensive and coordinated team-based care linked to specialized services in order to meet the needs of a rising number of seniors – particularly older adults with moderate-to-complex medical conditions and frailty, including dementia, and individuals with mental health and substance use issues. This approach, which emphasizes simplified patient pathways and better linkages to a range of community resources, is underway in 14 prototype communities.

Alberta’s Home Care Initiatives Grant (2012 to 2016): supports the implementation of innovative home care projects; enhances service delivery; optimizes Albertans' level of physical, spiritual, social, cognitive and emotional functioning; and provides support, respite and education to caregivers.

In addition to federally instituted Employment Insurance compassionate care benefits (previously addressed under Goal 1), several other initiatives to improve support for caregivers exist at the provincial level. For instance, Newfoundland and Labrador is working with regional health authorities and the not-for-profit sector to provide support to unpaid caregivers through such programs as Caregivers Out of Isolation NL, delivered by the Seniors Resource Centre of Newfoundland and Labrador for caregivers who care for family members and friends of any age. The province is also committed to increase innovative caregiving options through the Paid Family Caregiving pilot program. This program provides subsidies over an 18-month period for seniors and adults with disabilities to pay a family member for approved home support.

Manitoba’s Caregiver Recognition Act (2011) serves to increase awareness and recognition of the valuable contributions of unpaid caregivers; sets out general principles for government relating to caregivers; and provides for a minister-appointed caregiver advisory committee, mandatory biannual reporting and an annual recognition event.

Palliative Care
The 2015 commitment to negotiate a multi-year Health Accord includes, among other priorities, more and better home care services, including palliative care at home.

In 2013, the Government of Canada committed funding to support training in palliative care to front-line health care providers, through Pallium Canada. The Government has also invested more than $43 million in the past eight years in the area of palliative care research.

The Government has worked with the Canadian Hospice Palliative Care Association to provide home support workers serving First Nations communities with appropriate tools and resources to support palliative care needs. The overall goal is to improve end-of-life care in First Nations communities through developing palliative care programs and creating a culturally
appropriate theory of change to guide palliative care program and policy development nationally.

At the provincial level, both Alberta and British Columbia are among provinces which have established **provincial end-of-life-care action plans** and related measures.

**Legislation on medical assistance in dying**
In June 2016, the Government of Canada announced the **passing of legislation on medical assistance in dying**, enabling safe and consistent access across Canada. The legislation balances personal autonomy for those seeking access to medically assisted dying while protecting vulnerable Canadians. The legislation revises the *Criminal Code* to exempt health care practitioners who provide, or help to provide, medical assistance in dying from otherwise applicable criminal offences. The Government of Canada will continue to work with provinces and territories as provisions of the legislation come into force. It will also further study medical assistance in dying in the context of mature minors, people for whom mental illness is the sole underlying condition, and advance requests.

**Health promotion and seniors’ mental health**
In its efforts on health promotion and disease and injury prevention, the Government of Canada takes a **life course approach** to shape its activities, helping identify and interpret trends in the health of the population from birth to end of life.

The Government’s Aboriginal Diabetes Initiative aims to **reduce type 2 diabetes** through health promotion and disease prevention services. The Initiative benefits First Nations and Inuit communities by increasing awareness, knowledge and skills relevant to risk factors and diabetes prevention approaches, and by providing access to diabetes prevention, screening, and management services. Programming includes health promotion activities that involve Elders. In addition, some communities have nutrition or physical activity programming that is adapted for seniors.

In 2015, the Government of Canada partnered with the Canadian Coalition for Seniors’ Mental Health and retailer Shoppers Drug Mart to develop and disseminate **seniors’ mental health resources** to help seniors and those who care for them to recognize the signs, symptoms and factors that can lead to depression. Similar educational resources on suicide prevention were also created, and resources are being developed on delirium and mental health issues in long-term care for health professionals.

Saskatchewan’s **Mental Health and Addictions Action Plan** addresses the needs of a growing population of seniors through promoting a culture of care that improves mental health in long-term care facilities, providing to staff in-home and long-term care and enhancing resources to better respond to identified needs.

**Brain health and dementia**
The Government of Canada has initiated a five-year partnership (2015 to 2020) with Baycrest Health Sciences to help **establish the Canadian Centre for Aging and Brain Health Innovation**. Funding for the Centre will support the development, testing, and scale-up of innovative products and services to support brain health and aging, with a focus on dementia. The Canadian Consortium on Neurodegeneration in Aging, which was launched in 2014 and is Canada’s premier **research hub on neurodegenerative diseases** affecting cognition, including dementia, includes over 350 researchers from across Canada, and 14 multisectoral partners. Two new initiatives were recently launched by the **Canadian Institutes of Health Research** that
focus on new aspects related to dementia research: big data on dementia; and the challenge of dementia in Indigenous populations.

In 2015, the Government of Canada launched Dementia Friends Canada in collaboration with the Alzheimer Society of Canada. The digital engagement campaign works to decrease stigma about what it is like to live with dementia. In 2016, the Government released a series of videos to raise awareness of the challenges associated with caring for a person with dementia, in particular the risk of becoming socially isolated.

Manitoba’s Framework for Alzheimer’s Disease and Other Dementias (June 2014) outlines recommendations in five key areas that follow common responses to dementia that people would experience in their dementia journey, including: raising awareness and understanding; early recognition, initial assessment and diagnosis; management, care and support; end-of-life care; and research and evaluation. A similar strategy is being developed in Alberta.

Also at the provincial level, Prince Edward Island has replaced all nursing homes with small home models of residence and implemented person-centred care strategies to promote safe, dignified care and support for those with dementia. Newfoundland and Labrador has introduced protective community residences, located in residential neighbourhoods, where people living with mild-to-moderate dementia are able to retain their independence and participate in daily activities.

Both Alberta and British Columbia have provided funding to provincial Alzheimer Society organizations to implement the First Link program, a proactive early intervention program connecting individuals, families, and caregivers affected by dementia to community supports. In British Columbia, a province-wide dementia care education program, P.I.E.C.E.S.™ (based on physical, intellectual, emotional, capabilities, environment and social behaviours) is being implemented to support delivery of person-centred care for people with cognitive impairment and/or mental health care need.

Age-Friendly Communities

Age-Friendly Communities (AFC) is an initiative in which over 1,000 Canadian communities, 10 provinces and the Government of Canada are currently engaged with a focus on creating physical and social environments where policies, services and structures are designed to support and enable older adults.

Several provinces have launched AFC initiatives as part of a range of programs to promote active aging, social and community engagement and learning, and to leverage partnerships at the local level. Ontario offers its Age-Friendly Communities Planning Grant Program (2014), while 84 Manitoba communities, including the City of Winnipeg, have taken part in that province’s Age-Friendly Manitoba Initiative. Meanwhile, Quebec has seen more than 800 municipalities join the AFC initiative as part of provincial efforts to respond to population aging and to ensure seniors live in environments that are more responsive to their needs.

Individual cities, such as Hamilton, Ontario, and Edmonton, Alberta, are engaging stakeholder organizations, seniors and the broader community to respond to the needs of older residents. This has included undertaking walkability strategies, prioritizing sidewalk and transit improvements, establishing the Snow Angels program to recognize citizens who assist with private snow removal, and offering age-friendly training to transit and taxi drivers.
The Government of Canada continues to play a leadership role in promoting the AFC model to other orders of government, non-government organizations and the international community. This has included releasing tools and resources to support implementation, progress and outcomes measurement, and evaluation.

Seniors housing
The Government of Canada supports a range of housing activities to help seniors with their diverse housing needs. This includes providing mortgage loan insurance for large, multi-unit rental properties, including retirement and nursing homes. From 2006 to 2015, federal mortgage loan insurance was provided for some 98,000 seniors housing units.

Through various funding programs, including the Investment in Affordable Housing, the Government supports low-income seniors whose needs cannot be met in the marketplace. In 2016, the Government announced $200.7 million in funding over two years to support the construction, repair and adaptation of affordable housing for more than 5,000 low-income senior households. In addition, it announced that public consultations to develop a national housing strategy, which will review existing programs and explore new and innovative approaches to housing, including seniors housing.

The Government conducts research and analysis on seniors housing needs, aging-in-place, and accessible and affordable housing options. It also works with private and government partners to demonstrate how innovative design, such as FlexHousing and laneway homes, can help seniors live independently.

Among the many examples of innovative housing projects, the City of North Vancouver secured 76 new below-market-price seniors’ rental-housing units through a public–private partnership. The project features 63 units with specialized adaptability features, including adjustable countertops, wider doorways, and grab bars in bathrooms.

Supports for aging in place
In 2012, the Forum of Federal/Provincial/Territorial Ministers Responsible for Seniors released Thinking About Aging in Place, a guide for older adults who want to plan for their future.

A range of financial supports are provided at the provincial level to enable home repairs and modifications and support independent living, including Prince Edward Island’s Seniors Safe @ Home Program for low- to moderate-income seniors and Manitoba’s Residential Adaptations for Disabilities Program, along with low-interest home equity loans through Alberta’s new Seniors Home Adaptation and Repair Program.

Other financial measures include Manitoba’s Rent Assist – Help for Low-Income Senior Renters, which provides direct monthly cash to low-income renters aged 55 and over, and Alberta’s Seniors Property Tax Deferral Program, which allows homeowners 65 and older to defer all or part of their residential property taxes through a low-interest home equity loan to be repaid when the home is sold, or sooner if the senior chooses.

British Columbia’s Better at Home non-medical home support program provides simple, non-medical services (e.g. light housekeeping, grocery shopping) to help seniors remain in their own homes longer. Meanwhile, Saskatchewan’s Home First/Quick Response projects target enhanced home care services for intensive short-term needs or longer-term support services with a goal of sustaining seniors in their homes for as long as possible in order to: delay or prevent admission to long-term care; facilitate appropriate discharge from acute care to the
community; prevent unnecessary admissions to emergency rooms; and engage service providers in the system to support seniors in their own homes.

**Fall prevention, technology investments and emergency preparedness**

The Government of Canada undertakes research on fall injuries and death among Canadians 65 years and over, and works with national and international partners to share knowledge and to promote best practices for the prevention of seniors’ injuries. The Government also worked with various stakeholders to improve safe stair construction in new homes. In 2015, the *National Building Code of Canada* was updated to benefit older adults and reduce the probability injuries related to falls.

In addition, the Government supports the Canadian Frailty Network in developing, evaluating and disseminating information about the use of various technologies in the care of seriously ill older patients.

The Government is also supporting the AGE-WELL Networks Centre of Excellence (Aging Gracefully across Environments using Technology to Support Wellness, Engagement and Long Life NCE Inc.). AGE-WELL is a national research network in technology and aging that seeks to help older Canadians maintain their independence, health and quality of life through accessible technologies that increase their safety and security, support their independent living, and enhance their social participation. AGE-WELL represents a $36.6 million investment (2014–2019) between industry partners, not-for-profit organizations and researchers.

CanAssist is a University of Victoria organization dedicated to helping people with disabilities improve their quality of life and increasing awareness of disability issues. In March 2014, British Columbia provided $2 million to CanAssist for the CanStay Home program to develop a suite of innovative technologies that support vulnerable British Columbian seniors and others to stay in their homes longer, enhancing their well-being and quality of life. One system, the Wandering Deterrent System, uses computer screens that flash personalized video messages to discourage a person from leaving the house late at night—a common occurrence among people with dementia.

The Government of Canada’s Get Prepared campaign aims to educate and assist all people in preparing for natural and man-made disasters, with a focus on helping those that have disabilities or special needs, including aging citizens. From 2009 to 2013, the Government of Canada funded the University of Ottawa to lead a project entitled Enhancing Resilience Among High Risk Populations to Maximize Disaster Preparedness, Response and Recovery. The project identified new knowledge on resilience-oriented interventions to enhance emergency preparedness among seniors and other at-risk populations. The Government also developed tangible tools for emergency managers, first responders and community organizations to identify strengths and vulnerabilities in their communities and to implement interventions. This project addressed a gap in empirical evidence on the effectiveness of interventions focused on disaster support and promoting resilience.
Goal 4: To maintain and enhance intergenerational solidarity

The strength and number of social connections between community members, including trust, reciprocity and civic engagement, are significant characteristics of a society with strong social capital and healthy social cohesion. Connections between individuals are important as they encourage membership and participation in community organizations and serve to build social solidarity, mutual dependence, understanding and co-operation—values that unite all Canadians and characterize Canadian society. More specifically, intergenerational relations describe solidarity between generations; something built when Canadians of all ages engage, recognize and respect individuals of all generations.

The measures highlighted in the following section demonstrate some of the efforts occurring across the country over the last five years that continue to preserve and fortify intergenerational relations.

RIS Commitment 9: To support families that provide care for older adults and promote intergenerational and intragenerational solidarity among family members.

Building strong intergenerational relationships
The New Horizons for Seniors Program provides funding to not-for-profit organizations to support intergenerational projects involving seniors and their communities. Among the range of initiatives receiving support are: the Building Bridges project, developed by the Curling 50+ Club to connect seniors with youth in Newfoundland and to build new friendships as students learn new skills, experiences and wisdom from local seniors; and an intergenerational culinary project initiated by the Bureau de la communauté haïtienne de Montréal, in which seniors give young people cooking lessons, and pass down their knowledge of Haitian cuisine from one generation to the next.

The Age-Friendly Manitoba Initiative was designed to promote and enhance opportunities for intergenerational relationships and partnerships that contribute to more inclusive and respectful communities, and to provide resources to support local intergenerational activities. Moreover, the Manitoba Council on Aging recognizes intergenerational groups in its recognition awards, featuring Manitobans of different generations collaborating to address community needs or making extraordinary contributions to the community through collaborative activities.

The Government of Canada supported the development of a video, Seniors are Cool!, that targets school-aged children and is part of an educational tool kit designed for use by educators to help dispel misconceptions around aging and older people. The video, geared to children between the ages of 9 and 11, is for use by elementary school educators to instill values of respect towards older adults in school-aged children and ensure changing attitudes about aging.

Celebrating older Canadians and promoting volunteering
Since 2011, the Government of Canada, as well as organizations and individuals in communities across the country, have celebrated National Seniors Day on October 1, as a means of recognizing the valuable past and present contributions of seniors to Canadian communities, workplaces and society.

In addition, through the initiative of civil society, June 1 was declared Intergenerational Day Canada by over 90 cities across Canada in 2013. Intergenerational Day Canada is meant to
raise awareness about the simplicity and power of intergenerational connections, and to act as an invitation for every individual to do something positive in bridging generations.

Canada’s Volunteer Awards program recognizes the many Canadians who give their time to make impactful change in the lives of the people around them and to better their communities. The awards celebrate the significant contributions of volunteers, not-for-profit organizations and businesses across the country in their communities. The honours, which consist of 17 awards at the national and regional level, highlight best practices in community leadership, encourage partnerships across sectors, and seek to inspire Canadians from all life stages to find new ways to make a difference.
In light of the socio-economic challenges and opportunities that lie ahead, Canada welcomes opportunities to participate with fellow member states of the United Nations Economic Commission for Europe in bilateral and multilateral research, projects and discussions oriented toward addressing the implications of an aging global population.

In adherence to the corresponding commitment of the Regional Implementation Strategy (RIS), the following section emphasizes some of the regionally collaborative policy measures and activities associated with Canada’s efforts to promote the implementation and follow-up of the strategy since 2012.

**RIS Commitment 10: To promote the implementation and follow-up on the regional implementation strategy through regional co-operation.**

**Multilateral collaboration**

Canada collaborates with the World Health Organization (WHO) on the Age-Friendly Communities initiative, which is an affiliated program of their Global Network of Age-Friendly Cities and Communities. Additionally, Canada has **endorsed commitments for action** on dementia at the 2013 G8 Dementia Summit, as well as the 2015 WHO Ministerial Conference on Global Action Against Dementia. Canada is also supportive of the World Dementia Council and the WHO Global Dementia Observatory, which developed out of these meetings. Canada supports the first WHO regional strategy and plan of action on dementia that was developed and released by Pan American Health Organization in 2015.

The Government of Canada is an **active participant** at the United Nations Economic Commission for Europe Working Group on Ageing meetings in Geneva. Canadian civil society organizations such as le Réseau FADOQ (la Fédération de l’Âge d’Or du Québec), the International Longevity Centre Canada, or the International Federation on Aging are also recognized Canadian participants at the working group meetings. The Working Group provides a **platform for international co-operation, exchange of experiences and policy discussions** on aging taking into account the situation and different needs of individual countries. The annual meeting of the Working Group acts as a constructive mechanism to follow up on various activities related to MIPAA.

Canada also seeks to **engage bilaterally** on matters of mutual interest with regard to seniors and population aging. In May 2014, Canada signed a memorandum of understanding with the China National Committee on Ageing to support the **exchange of information** on related issues.

The International Longevity Centre Canada worked as part of the Stakeholders Group on Ageing at the United Nations to **include older adults' rights** in the development of the Sustainable Development Goals and in development of indicators for older adults, which were adopted.
2. Conclusions and priorities for the future

The aging of Canada’s population presents both policy challenges and opportunities. Responding to these challenges and capitalizing on the opportunities will require the examination and consideration of new and innovative approaches within the context of current social and fiscal realities. These responses will require a collective and collaborative approach from all orders of government, the private sector and civil society.

Seniors’ issues are interdisciplinary in nature and cut across many sectors including health, social services, pensions, labour, transport, housing, justice and official languages. This offers a challenge to devising plans, implementing holistic measures, identifying and isolating outcomes, and fully measuring social and economic impacts. Canada’s vast geographic, socio-economic and cultural diversity adds to the complexity.

As seen throughout the report, Canada’s common goals on seniors and population aging continue to be realized through a variety of programs, services and initiatives designed to better the lives of older Canadians today and in the future.

In this third report to the United Nations on the progress made in implementing Canada’s MIPAA commitments, particular attention has been given to innovative activities across the country.

While the Canadian population is aging more quickly in some regions than in others, governments are working on systemic innovations that can provide substantial learning for all jurisdictions. These include a number of innovations, a few examples of which are highlighted below:

- legislative (e.g. Manitoba’s Caregiver Recognition Act, 2013);
- organizational (e.g. British Columbia’s Office of the Seniors Advocate);
- programmatic (e.g. person-centred caregiving models in Prince Edward Island; paid caregiving pilots in Newfoundland and Labrador; New Horizons for Seniors Program at the federal level);
- research and development-based (e.g. British Columbia’s technology-based CanAssist, and its innovative video wandering deterrent system).

Moving forward, Canada has committed to: improving the income security of low-income seniors; ensuring adequate and coordinated support programs to address seniors’ poverty; developing a national poverty reduction strategy; providing more generous and flexible leave for caregivers; developing a national strategy around affordable housing; developing federal accessibility legislation; and providing more timely access to benefits for all Canadians, including seniors.

In supporting the delivery of programs and services that meet seniors’ needs in a strategic and coordinated fashion, it will be important to ensure that providers continue to base program and service improvements on evidence, and on the views of the stakeholders and citizens for which the programs are designed.

Today’s seniors are important contributors to the society and the economy. They also have more choices for living, working, retiring and staying active. However, there is recognition that some older Canadians remain at risk of financial insecurity, elder abuse, isolation and a variety
of unmet health and social care needs. Canada will continue its important work, bringing together all orders of government, along with Indigenous governments and stakeholders whose work touches the lives of Canada’s seniors, to ensure no senior is left behind.

Canada is committed to achieving these objectives by building a society for all ages, to promote intergenerational cohesiveness and to ensure that all Canadians are able to maintain their well-being as they age.
### 3. Annex A: Statistical Indicators on Active Aging

#### COUNTRY: CANADA

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>VARIABLE</th>
<th>SOURCE</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1. Labour market (contribution of older adults through paid activities)</td>
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<tr>
<td>1.1. Employment rate for the age group 55–59</td>
<td>Same as indicator</td>
<td>Labour Force Survey, annual estimates 2005, 2010, 2015</td>
<td>64.7</td>
<td>72.4</td>
<td>57.2</td>
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<tr>
<td>1.2. Employment rate for the age group 60–64</td>
<td>Same as indicator</td>
<td>Labour Force Survey annual estimates 2005, 2010, 2015</td>
<td>41.8</td>
<td>50.8</td>
<td>33.1</td>
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<tr>
<td>1.4. Employment rate for the age group 70–74</td>
<td>Same as indicator</td>
<td>Labour Force Survey annual estimates 2005, 2010, 2015</td>
<td>6.9</td>
<td>9.8</td>
<td>4.4</td>
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<tr>
<td>2. Participation in society (contribution of older adults through unpaid activities)</td>
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<tr>
<td>2.1. Voluntary work by older adults (aged 55+)</td>
<td>Percentage of older population (aged 55+) providing unpaid voluntary work through organizations</td>
<td>Canadian Survey of Giving, Volunteering and Participating 2004, 2010, 2013</td>
<td>37.1</td>
<td>36.8</td>
<td>37.3</td>
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<tr>
<td>INDICATOR</td>
<td>VARIABLE</td>
<td>SOURCE</td>
<td>2005</td>
<td>2010</td>
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<tr>
<td>2.2. Care to children, grandchildren by older population (aged 55+)</td>
<td>Percentage of older population (aged 55+) who provide care to their children and grandchildren (at least once a week)</td>
<td>General Social Survey on Time Use 2005, 2010</td>
<td>21.7</td>
<td>21.6</td>
<td>21.9</td>
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<td>20.1</td>
<td>19.3</td>
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<td>N.A.</td>
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<tr>
<td>2.3. Care to older adults by older population (aged 55+)</td>
<td>Percentage of older population (aged 55+) providing personal care to elderly or disabled relatives (at least once a week)</td>
<td>General Social Survey on Time Use 2005, 2010</td>
<td>18.8</td>
<td>19.0</td>
<td>18.7</td>
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<td>21.0</td>
<td>18.0</td>
<td>23.6</td>
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<td>2.4. Political participation of older population (aged 55+)</td>
<td>Percentage of older population (aged 55+) taking part in the activities or meetings of a trade union, a political party or political action group</td>
<td>General Social Survey on Social Identity 2003, 2008, 2013</td>
<td>20.5</td>
<td>27.1</td>
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<td>26.9</td>
<td>33.0</td>
<td>21.4</td>
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<td>20.9</td>
<td>25.2</td>
<td>17.0</td>
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<thead>
<tr>
<th>3. Independent, healthy and secure living</th>
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<tbody>
<tr>
<td>3.1. Physical exercise for older adults (aged 55+)</td>
<td>Percentage of people aged 55 years and older who were “active or very active” in their leisure time*</td>
<td>Canadian Community Health Survey 2005, 2010, 2014</td>
<td>45.9</td>
<td>49.7</td>
<td>42.6</td>
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<td>45.3</td>
<td>48.6</td>
<td>42.3</td>
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<td></td>
<td>48.4</td>
<td>51.2</td>
<td>45.8</td>
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<tr>
<td>3.2. Access to health and dental care (for those aged 55+)</td>
<td>Percentage of people aged 55 years and older who report no unmet need for medical and dental examination or treatment</td>
<td>Canadian Community Health Survey 2005, 2010, 2014</td>
<td>91.6</td>
<td>92.6</td>
<td>90.8</td>
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<tr>
<td></td>
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<td></td>
<td>90.5</td>
<td>90.9</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>90.7</td>
<td>91.3</td>
<td>90.1</td>
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</tbody>
</table>

*This proxy measure of physical activity is based on a series of questions on the frequency and duration of different leisure time physical activities that are combined to assign an average daily energy expenditure which is categorized into active, moderately active, and inactive. The indicator is the combination of “active or moderately active.”
**This indicator is based on the Canadian Community Health Survey question “During the past 12 months, was there ever a time when you felt that you needed health care but you didn’t receive it?” Note that medical and dental care are not specified.**

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<tbody>
<tr>
<td>3.3. Independent living arrangements (for those aged 75+)</td>
<td>Percentage of people aged 75 years and older who live in a single household alone or in a couple household</td>
<td>2006 and 2011 Censuses</td>
<td>84.4</td>
<td>91.8</td>
<td>79.4</td>
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<td>84.7</td>
<td>91.8</td>
<td>79.4</td>
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<tr>
<td>3.4. Relative median income (for those aged 65+)</td>
<td>Ratio of the median equivalized disposable income of people aged 65 and above to the median equivalized disposable income of those aged below 65</td>
<td>Historical Canadian Income Series 2005, 2010 and Canadian Income Survey 2013</td>
<td>89.9</td>
<td>93.6</td>
<td>87.1</td>
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<tr>
<td></td>
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<td></td>
<td>90.1</td>
<td>94.0</td>
<td>86.8</td>
</tr>
<tr>
<td>3.5. No poverty risk (for those aged 65+)</td>
<td>100 – Percentage of people aged 65 years and older who are not at risk of poverty (using the 50 percent of median income threshold)</td>
<td>Historical Canadian Income Series 2005, 2010 and Canadian Income Survey 2013</td>
<td>95.7</td>
<td>97.0</td>
<td>94.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>94.1</td>
<td>95.1</td>
<td>93.3</td>
</tr>
<tr>
<td>3.6. No severe material deprivation (for those aged 65+)</td>
<td>100 – Percentage of people aged 65 years and older who are severely materially deprived (having an enforced inability to afford at least 4 out of the 9 selected items)</td>
<td>Not available</td>
<td>N.A.</td>
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<td>N.A.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>N.A.</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
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<td></td>
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<td></td>
<td>N.A.</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
</tbody>
</table>
Healthy life expectancy at age 55 is conceptualized as “disability-free life expectancy including the institutionalized population,” using the Sullivan method with a single-year life table.

### Table: Physical safety (for those aged 55+)

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>VARIABLE</th>
<th>SOURCE</th>
<th>2004</th>
<th>2009</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7. Physical safety (for those aged 55+)</td>
<td>Percentage of people aged 55 years and older who feel very safe or safe to walk after dark in their local area</td>
<td>General Social Survey on victimization 2004, 2009, 2014</td>
<td>61.1</td>
<td>67.8</td>
<td>68.7</td>
</tr>
</tbody>
</table>

### Table: Lifelong learning (for those aged 55–74)

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>VARIABLE</th>
<th>SOURCE</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8. Lifelong learning (for those aged 55–74)</td>
<td>Percentage of people aged 55 to 74 who stated that they received education or training in the four weeks preceding the survey</td>
<td>Not available (N.A.)</td>
<td>N.A.</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
</tbody>
</table>

### Table: Capacity and enabling environment for active aging

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>VARIABLE</th>
<th>SOURCE</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. Life expectancy at age 55</td>
<td>Same as indicator</td>
<td>Custom Life Tables, Demography Division</td>
<td>27.8</td>
<td>28.7</td>
<td>N.A.</td>
</tr>
<tr>
<td>4.2. Healthy life expectancy at age 55</td>
<td>Same as indicator***</td>
<td>Life Tables, Canadian Community Health Survey, Census</td>
<td>17.9</td>
<td>18.3</td>
<td>N.A.</td>
</tr>
</tbody>
</table>

**Healthy life expectancy at age 55 is conceptualized as “disability-free life expectancy including the institutionalized population,” using the Sullivan method with a single-year life table.
For more information, please see the list of the surveys, data from which was used to calculate the Active Ageing Index for EU28 countries:

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3. Mental well-being (for those aged 55+)</td>
<td>An index that measures self-reported feelings of positive happy moods and spirits****</td>
<td>Canadian Community Health Survey 2005, 2010, 2014</td>
<td>78.0</td>
<td>77.2</td>
<td>78.7</td>
<td>76.6</td>
<td>77.0</td>
<td>76.3</td>
</tr>
<tr>
<td>4.4. Use of ICT by older adults (aged 55–74)</td>
<td>Share of people aged 55 to 74 using the Internet at least once a week</td>
<td>Canadian Internet Use Survey 2005, 2010, 2012</td>
<td>36.4</td>
<td>38.1</td>
<td>34.8</td>
<td>59.5</td>
<td>60.5</td>
<td>58.6</td>
</tr>
<tr>
<td>4.5. Social connectedness of older adults (aged 55+)</td>
<td>Share of people aged 55 or more that meet socially with friends, relatives or colleagues several times a week or every day</td>
<td>General Social Survey on Social Identity 2008, 2013 (2003 data not comparable)</td>
<td>N.A.</td>
<td>N.A.</td>
<td>N.A.</td>
<td>75.7</td>
<td>72.9</td>
<td>78.1</td>
</tr>
<tr>
<td>4.6. Educational attainment of older adults (aged 55+)</td>
<td>Percentage of older people aged 55 to 74 with upper secondary or tertiary educational attainment</td>
<td>Labour Force Survey, annual averages 2005, 2010, 2015</td>
<td>68.0</td>
<td>69.8</td>
<td>66.3</td>
<td>76.2</td>
<td>76.7</td>
<td>75.7</td>
</tr>
</tbody>
</table>

***This proxy measure is from the emotion component of the Health Utilities Index which asks "Would you describe yourself as being... happy and interested in life/somewhat happy/somewhat unhappy/unhappy with little interest in life/so unhappy, that life is not worthwhile.” This is not precisely what is asked for, but does include the emotion aspect that other possible indicators do not. The value shown represents those who answered being “happy and interested in life.”
EU–Labour Force Survey

European Quality of Life Surveys

EU–Statistics on Income and Living Conditions

European Social Survey

Eurostat ICT Survey

European Health and Life Expectancy Information System