NATIONAL INSTITUTE ON AGEING

4TH ANNUAL REPORT

Perspectives on Growing Older in Canada:

The 2025 NIA Ageing in Canada Survey

JANUARY 2026

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National Institute on Ageing

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About the National Institute on Ageing

Founded in 2016, the National Institute on Ageing (NIA) is celebrating a decade of impact in our mission to improve the lives of older adults and the systems that support them. Over the past 10 years, the NIA has become Canada's leading voice on ageing policy — convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision remains clear: a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

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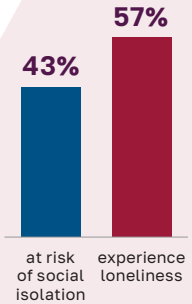
2025 Ageing In Canada Survey At A Glance

About the Survey

The NIA's *Ageing in Canada Survey* is a decade-long annual research program measuring older Canadians' experiences, perspectives and expectations of ageing through 10 indicators. The fourth annual NIA survey was conducted online from June to July 2025, with a representative sample of 6,001 Canadians aged 50+ living in community settings across all provinces and territories.

Social Network Strength



Widespread Social Isolation and Loneliness Persist

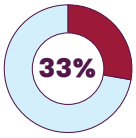
- Social isolation and loneliness levels are unchanged since 2022: 43% are at risk of social isolation and 57% experience loneliness.
- More have weak social networks (36%) than strong ones (33%), unchanged since 2022.

Poor Health and Low Income Increase the Risks

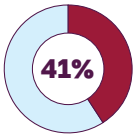
- 65% of those with inadequate income face high risk of isolation, compared with 35% of those whose income was "good enough to save."
- 54% of those in poor health are at risk of social isolation, compared with 35% in excellent health.

Social Engagement

Social Engagement is Declining



- Only 33% of older adults have joined social, recreational or group activities weekly — down from 39% last year.



- 41% participated less than they wanted, with those with inadequate incomes reporting the biggest barriers.

Top Barriers to Social Engagement

- 36% Affordability
- 32% Health condition
- 31% Lack of energy
- 30% Don't have anyone to go with
- 29% Too busy

Experienced Ageism

Ageism is Common Yet Often Overlooked

- Only 12% report direct discrimination based on age.

When asked about specific experiences in their day-to-day lives, 70% report experiencing everyday ageism, such as subtle comments, jokes and assumptions about ageing.

- Ageism was most prevalent among older adults 80+, those with inadequate incomes and those in poor health.

Income Adequacy

Income Adequacy Rate Holds Steady, But Remains Precarious

38%

- Only 38% reported their income was "good enough to save", while 39% had "just enough to avoid major problems", and 22% had an inadequate income, similar to 2024.
- Older Canadians in excellent or very good health were more than twice as likely as those in fair or poor health to say their income was sufficient (52% vs. 23%).
- Close to half (48%) of homeowners reported adequate or higher incomes, versus 20% of renters.

Everyday Affordability Is Top Concern

31% identified the rising cost of living as their top concern.

16% identified running out of money as their top concern and this was more common among renters and those approaching retirement.

Material Deprivation

Older Adults Face Hidden Poverty

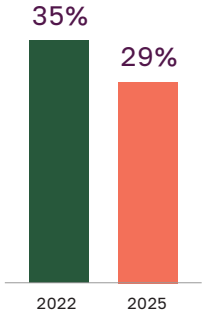
- 20% are experiencing a poverty-level standard of living, down slightly from 22% in 2024.
- 18% cannot afford an unexpected expense of $500, down from 20% in 2024.
- Those who cannot afford dental care dropped from 16% in 2024 to 11% in 2025.

Poverty Is Not Equally Distributed

- Those most likely to be experiencing material deprivation include women, those aged 50-64, those in poor health status and renters.

Retirement Readiness

Those 50+ who can afford to retire at their desired time



Confidence in Ability to Retire is Declining

- Among those who have not yet retired, the share of those who can afford to retire at their desired time has declined from 35% in 2022 to 29% in 2025.
- Those saying they cannot afford to retire at their desired time rose from 37% to 43% from 2022 to 2025.
- Those in poor health and with inadequate incomes were most uncertain about their ability to retire.

Insufficient Retirement Savings

22% have saved $5,000 or less for retirement.

Access to Health Care

Access is Improving, But Still Falling Short

- 68% reported having a regular primary care provider (family doctor or nurse practitioner), up from 62% in 2022.
- 70% who needed care reported getting it when they needed it, up from 64% in 2022.

Nearly 1 in 3 could only get care some of the time, rarely or never.

Barriers Remain to Accessing Care

The biggest barriers identified were:

- **47%** could not get appointments
- **25%** difficulty getting a referral
- **22%** cancelled or delayed appointments
- **17%** cost
- **14%** services being unavailable in their area

47% could not get appointments

Access to Home and Community Care

Modest Improvements, But Still Major Gaps

- 51% who needed home care said they were able to obtain it all or most of the time, up from 48% in 2024.
- Those with adequate income were most likely to be able to access home and community care.

47% of those who needed community supports received it all or most of the time, up from 44% in 2024.

Cost and Wait Times Were Biggest Barriers

Home care:

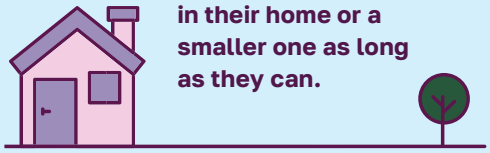
- **41%** reported long wait times, up from 23% in 2024.
- **23%** reported cost as a barrier, unchanged since 2024.

Community support services:

- **37%** reported long wait times, up from 22% in 2024.
- **34%** reported cost as a barrier, unchanged since 2024.

41% reported long wait times

Ageing in the Right Place



81% want to remain in their home or a smaller one as long as they can.

Older Adults Want to Age at Home

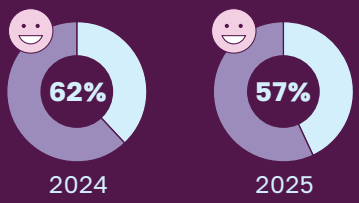
- Homeowners, those with good health, and those with adequate income were most likely to want to age in their home or a smaller one.

62% reported making no modifications or plans to prepare their home for ageing in place.

Few Have Taken Steps to Make Ageing in Place Possible

- Just under half (49%) felt their homes were fully suitable to support them as they age, and 45% said their homes were suitable for now but might not meet their future needs.
- The most common modifications made were: 18% set aside savings for in-home care or renovations, and 18% installed safety features.

Perspectives on Ageing



- Only 57% reported positive feelings towards ageing, compared with 62% in 2024.

Optimism and Positivity About Ageing Declining

- 39% reported negative feelings towards ageing, compared with 34% in 2024.
- Those in poor health and with inadequate incomes were most likely to have negative views of ageing.

Societal Views Towards Older Adults are Mixed

- When asked how Canadian society views older adults, 13% said they are generally respected and valued, 47% said they are sometimes overlooked or dismissed, 16% felt older adults are often seen as a burden and 20% said views vary widely.

A Call to Action

Experiences of ageing are shaped by individual circumstances and by broader systems and policy choices. It is critical that all levels of government:

- Prioritize the voices and experiences of older adults in shaping public policies and programs.
- Ensure the diversity of experiences of older adults with respect to income, gender, race, health status and geography are reflected.
- Prioritize interventions that address the key dimensions of ageing well: social inclusion, financial security and health and independence.

Introduction

Context

Canada's ageing population continues to reshape the country's social and economic landscape. As of July 2025, Canadians aged 50 and older account for 38% of the population, representing 15.7 million individuals.[1]

Canada is entering a period of profound demographic change. Within the next year, we will officially become a "super-aged" nation, with more than one in five Canadians over the age of 65.[2,3] This is already true for more than 111 urban centres in Canada.[4] This shift is the result of population patterns and greater longevity, which is something to be celebrated.

Canada's ageing population will shape every part of our economy and society, from health care and housing to pensions, labour markets, digital access and social inclusion. Demographic change at this scale brings both challenges and opportunities.

The choices we make and the actions we take now will determine whether this longevity dividend will translate into added years of health, independence and active participation in society — or whether rising inequality, gaps in care and social isolation become defining features later in life.

Recognizing and planning for this demographic shift is essential for the current cohort of older Canadians, as well as for the resilience and sustainability of the country and for future cohorts of older Canadians.

Why the Way we Age Matters

Ensuring older adults can age with security, dignity, good health and social connection is not only the right thing to do — it is critical for the sustainability of Canada's programs and services.

Investing in the conditions that make it possible to age well will help close equity gaps and ensures that all Canadians, regardless of income, health or background, can thrive in later life. Ageing well helps to optimize access to health and social care systems, while improving quality of life for individuals and families.

Background

First launched in 2022, the NIA's *Ageing in Canada Survey* is an annual research program designed to capture Canadians' experiences, perspectives and expectations on ageing. This report examines 10 indicators that reflect social connection, health, retirement readiness and ongoing independence; together, they provide a comprehensive picture of what it means to age well in Canada. The report builds on time-series data collected since 2022, tracking changes in these indicators among Canadians aged 50 and older.

While there are many valuable data sources about older adults, most are released infrequently, lag years behind real-time experiences or focus only on narrow issues or sub-populations. While these are critically important sources of information, the NIA survey makes several important contributions:

- Generates timely and reliable annual data directly from a representative sample of older Canadians.
- Tracks changing perspectives and experiences on a broad range of ageing-related issues over the years.
- Provides key indicators to assess how well Canada supports its ageing population and measures progress or setbacks over time.
- Highlights differences across key population segments, helping identify inequities and diverse experiences among older adults.
- Offers robust, empirical evidence to guide policy development, program design and planning at local, provincial and national levels.

Together, these features make the NIA's *Ageing in Canada Survey* one of the country's most important ongoing tools for understanding the realities of ageing — and for shaping a future where older adults feel valued, included, supported and better prepared to age with confidence.

What's New in 2025

The purpose of this fourth annual *Ageing in Canada Survey* — to track Canadians' perspectives on growing older — remains unchanged, but the 2025 cycle brings new depth and emphasis. This year marks the second wave of reporting on the Material Deprivation Index (MDI), a measure of the inability to afford household necessities, allowing for the beginning of time-series analysis of deprivation trends among older Canadians. Early results demonstrate how policy interventions, such as the new federal Canada Dental Care Program, may be contributing to reductions in hardship.

This year's report builds on time-series data from 2022 through 2025, tracking changes across key aspects of life for Canadians 50+, including indicators that reflect social connection, health, retirement readiness and ongoing independence.

The 2025 NIA survey reflects not only continuity, but a shift towards increasing policy relevance: findings from the *Ageing in Canada Survey* are increasingly being used by governments, industry, service providers and community organizations to evaluate the effectiveness of their programs and services, identify gaps and inform critical decisions around social wellbeing, health care and financial security.

This year's NIA survey was conducted at a time of considerable economic and political turmoil in Canada, with significant tariffs imposed upon Canada by the United States throughout spring and early summer 2025. While the NIA survey did not directly assess the opinions of older adults on these issues, it is likely that this heightened uncertainty impacted how older adults view their personal finances as well as future prospects.

By linking and comparing trends over multiple years with clear policy implications, the **2025 NIA survey reinforces its role as both a barometer of older Canadians' wellbeing and a practical tool to guide evidence-based decisions in a rapidly ageing society.**

Key Findings

The NIA's 2025 *Ageing in Canada Survey* shows a disconnect between the aspiration of older adults to age well and the systems and structures available to support them.

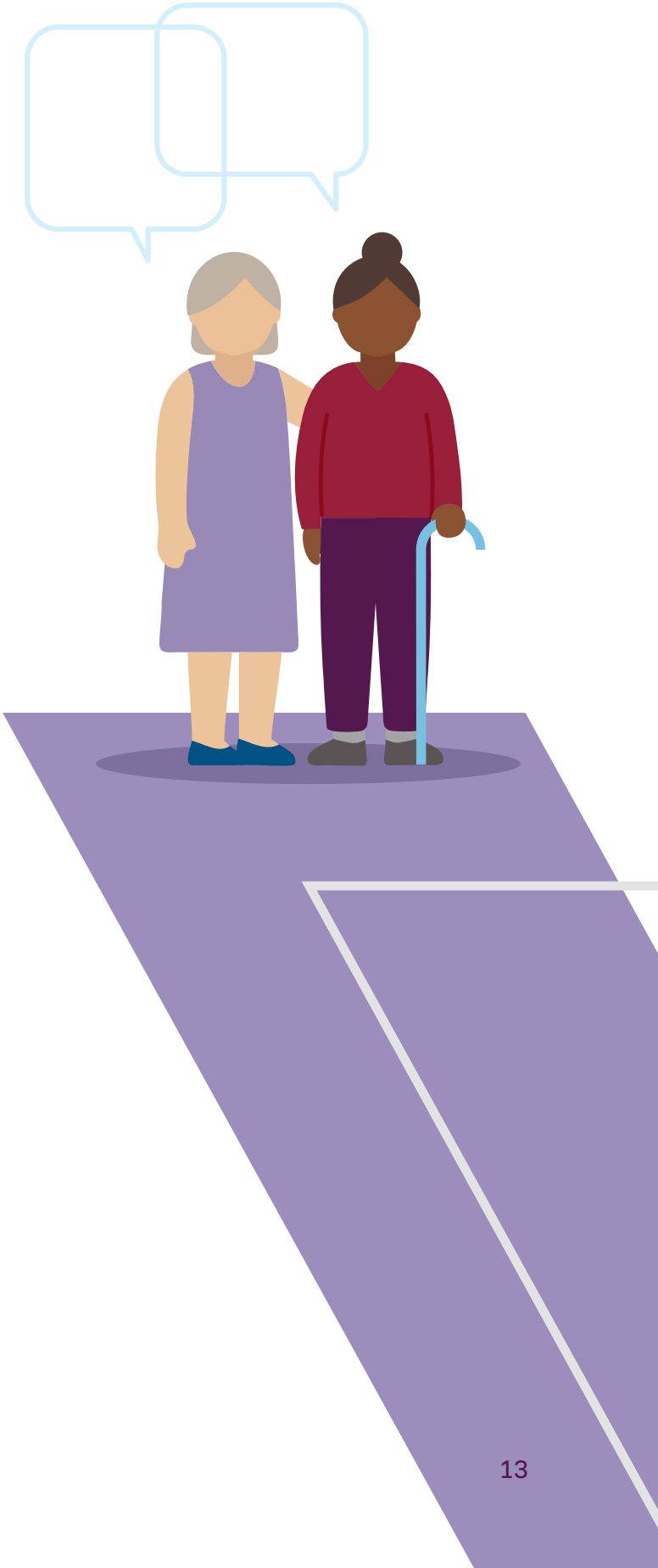
Positive feelings towards ageing saw the biggest year-over-year drop since the survey's initiation, falling from 62% in 2024 to 56% in 2025.

At the same time, those saying they cannot afford to retire at their desired time rose from 37% to 43% from 2022 to 2025. Retirement is becoming a distant dream for many older Canadians.

Social isolation and loneliness remain stubbornly high, with no change since 2022. It is concerning that 43% of older adults continue to be at risk of social isolation and 57% experience loneliness. Barriers to social engagement persist, with 41% participating less than they wanted in social activities and affordability being the largest barrier reported.

The NIA's 2025 Ageing in Canada Survey also reveals promising areas where public policy investments may be having demonstrable impacts. Perceptions about access to health care, and primary care specifically, have improved since 2022, as well as modest improvements in access to home and community care. Barriers remain, however, with respect to availability of services, wait times and cost. Given Canada's shifting demographics, these issues will persist until significant investments are made nationally.

Despite ongoing financial challenges, rates of material deprivation have improved slightly since 2024. Access to dental care saw the greatest improvement, with the proportion of respondents unable to afford dental care dropping from 16% in 2024 to 11% in 2025. Coming on the heels of the full implementation of the Canadian Dental Care Program, this affirms the importance of public investments in programs and services designed to better support and improve the experiences of older adults.



NIA'S 10 Indicators of Ageing Well in Canada

Social Wellbeing

1 Social Network Strength

2 Social Engagement

3 Experienced Ageism

Financial Security

4 Income Adequacy

5 Material Deprivation

6 Retirement Readiness

Health and Independence

7 Access to Health Care

8 Access to Home and Community-based Care

9 Ageing in the Right Place

Overall Experience of Ageing in Canada

10 Perspectives on Ageing

About the 2025 Survey

The NIA's 2025 *Ageing in Canada Survey* was conducted online between June 27 and July 24, 2025, with a sample of 6,001 Canadians aged 50 years and older living in the country's 10 provinces and for the first time, the three territories.

The fourth annual NIA survey was developed in partnership with Abacus Data, using consistent approaches to the previous surveys to ensure comparability. The NIA survey was administered through the Lucid Exchange platform, which aggregates participants from multiple online panel providers. Respondents were recruited through a variety of online channels and screened into the study based on pre-set demographic quotas to ensure proportional representation by age, gender, ethnicity, educational attainment, income, province/territory and community size. Within each quota group, participants were randomly invited from Lucid's supply partners, minimizing researcher selection bias. Participants were able to complete the NIA survey online in either English or French, ensuring accessibility for both of Canada's official language groups.

The NIA survey focuses on Canadians aged 50 years and older — rather than the traditional 65+ population — to capture the full transition into later life, including pre-retirement planning, workforce participation, caregiving and health changes that begin well before age 65. Capturing insights from this broader age range allows the NIA to track ageing trajectories over time and identify areas for early policy interventions that can improve outcomes in older age. The final dataset was weighted to the 2021 Census of Population by age, gender, region and educational attainment, producing results that are broadly representative of Canada's population aged 50 and older (see Appendix I).

As in previous years, the 2025 NIA survey targeted community-dwelling Canadians aged 50 and older and excludes the 200,000 individuals[5] living in long-term care homes or other institutional settings, which in turn likely underrepresents older adults with significant health challenges. The focus on community settings was chosen to provide valuable insights into how older adults are ageing within their homes and communities — the environments in which most Canadians wish to remain as they grow older.

As respondents were drawn from an opt-in online panel rather than a random probability frame, results cannot be considered statistically generalizable in the same way as a true probability sample. However, this method

is widely used in public opinion and social research for its cost efficiency, speed and demonstrated reliability in tracking population-level attitudes.[6] As this report is based on an online survey, the results are further limited to those with internet access and the digital literacy skills to participate. Participation in opt-in panels can overrepresent individuals who are more comfortable with, and have better access to, digital tools or those who are motivated by incentives.

The 2025 NIA survey successfully included participants from all 10 provinces and three territories. Of the total sample, 0.2% of respondents were from the territories. While this is proportionately representative of the population of 37,179 Canadians aged 50 or older living in the territories,[7] the total sample was too small to enable territorial-level analysis. However, the responses are retained within the overall national totals.

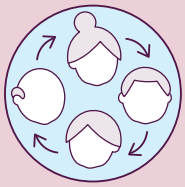
Year-over-year differences should be interpreted as indicative trends rather than statistically tested changes.

Notes on Terminology and Findings

To ensure clarity and comparability, terminology in this report aligns with definitions used in previous NIA surveys (2022-24). Key terms and conventions include:

- "Canadians 50+" or "older adults" refers to community-dwelling people in Canada aged 50 years and older, regardless of their citizenship or legal status.
- "Community-dwelling" refers to individuals living in a private dwelling in the community, rather than in an institutional setting.
- "Ageing well" refers to NIA's 10-indicator framework capturing the multidimensional factors — health, income, housing, connection, inclusion and security — that support wellbeing in later life.
- Unless otherwise stated, results represent weighted percentages of respondents. Where year-over-year comparisons are presented, minor variations (+/- 2 or 3 percentage points) should be interpreted with caution, as they may reflect both sampling error and non-response error that is only partially addressed through post-stratification, which are typical considerations for non-probability online panels.
- The 2025 NIA survey repeats and refines many questions from the 2022-24 instruments to enable time-series analysis, while introducing new items to reflect emerging issues. The full set of questions used to measure the NIA's 2025 indicators of Ageing Well in Canada is available in Appendix 2.

Together, these methodological and definitional standards ensure that findings in this report remain both comparable over time and reflective of the diversity of the 15.7 million Canadians aged 50 and older.[8]

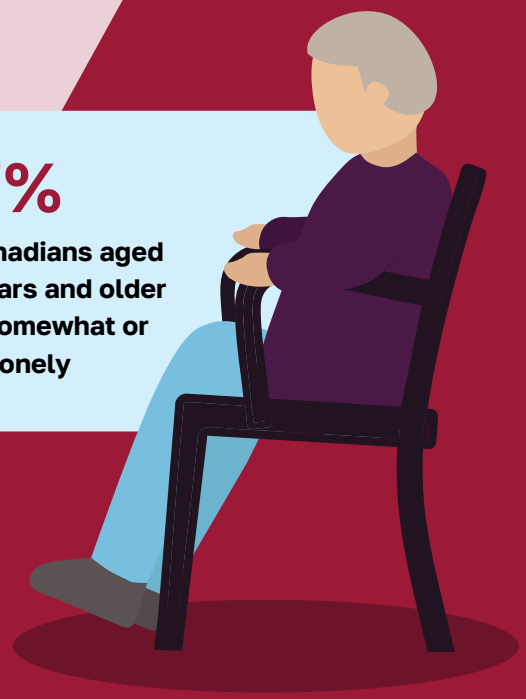


1. Social Network Strength

Social isolation and loneliness are distinct but related concepts.[9] **Social isolation** refers to having few social connections with family, friends or the broader community.[10] **Loneliness** refers to the subjective feeling of being disconnected, regardless of the number of relationships a person may have.[11] Taken together, these measures offer a comprehensive picture of the strength of social networks among older adults.

57%

of Canadians aged 50 years and older feel somewhat or very lonely



Loneliness and social isolation have well-documented impacts on health, raising the risk of premature mortality to levels comparable with smoking or obesity.[12] They are linked to higher rates of depression, anxiety, cognitive decline and dementia,[13] as well as increased cardiovascular disease, weakened immune function and poorer recovery from illness.[14]

For older adults, social disconnection is now widely recognized as a critical public health challenge, tied to poorer health, higher mortality and reduced quality of life.

Social isolation and loneliness are health threats for older Canadians.

Social isolation and loneliness are related but distinct concepts. Key differences:

	Social Isolation	Loneliness
Basis	Objective (lack of social connections).	Subjective (feeling disconnected or alone).
Assessment method	Can be quantified (i.e., number of interactions).	Based on emotional self-assessment.
Emotional correlation	May not feel lonely (i.e., enjoys solitude).	Can feel lonely even with frequent interactions.
Focus	Quantity of connections.	Quality of relationships.

The NIA's *2025 Ageing in Canada Survey* reveals a concerning ongoing trend. More than half (57%) of Canadians aged 50 years and older feel somewhat or very lonely, a trend that has remained unchanged since 2022 (Figure 1).[i] Similarly, 43% are at risk of social isolation and this has remained stable since 2022 (Figure 2).[ii]

The NIA survey also combines the measures on social isolation and loneliness to capture the overall strength of social networks. The NIA's Index of Social Network Strength sorts Canadians 50+ into five groups, ranging from weak to strong social networks. In 2025, 36% of Canadians 50+ had weak social networks (13% very weak and 23% somewhat weak), compared with 33% who reported strong networks, and the remainder falling in the middle (Figure 3).[iii] Since 2023, this composite measure has remained relatively unchanged, suggesting a large share of older Canadians are experiencing the detrimental impacts of weak social ties.

Figure 1. Prevalence of loneliness among Canadians aged 50 and older, 2022-25

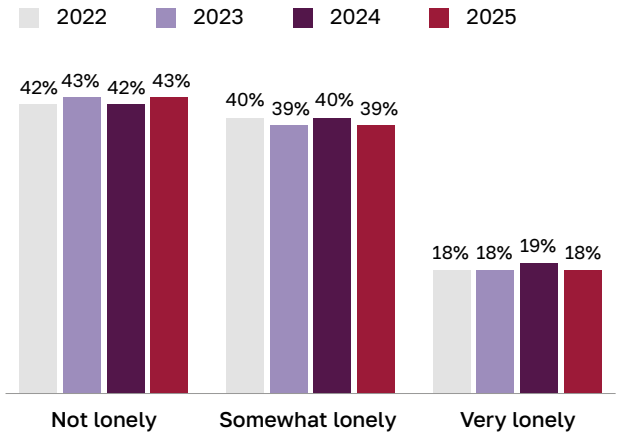


Figure 2. Prevalence of social isolation among Canadians aged 50 and older, 2022-25

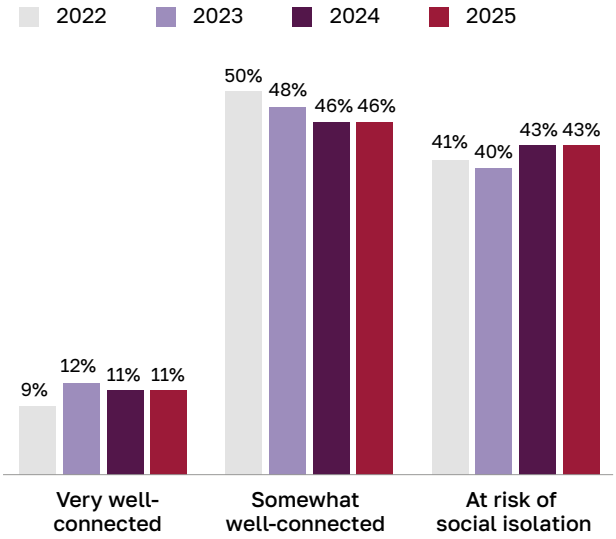
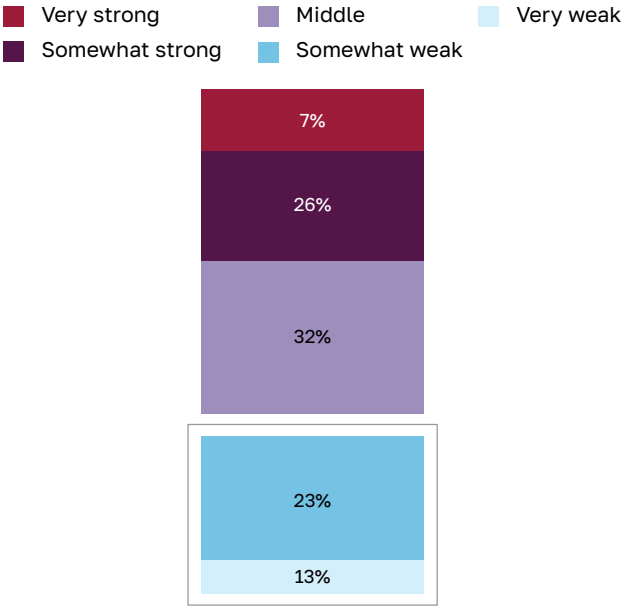


Figure 3. Social network strength among Canadians aged 50 and older, 2025



[i] The NIA's survey measures loneliness using the Hughes Three-Item Loneliness Scale (HLS-3). It asks about feeling a lack of companionship, perceptions of being left out, or feeling isolated. The scores range from 3 to 9, with higher scores showing greater loneliness. In this report, a score of 3 means "not lonely," 4-6 means "somewhat lonely," and 7-9 means "very lonely."

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

[iii] High risk of isolation is measured via LSNS-6; the composite Index of Social Network Strength integrates both isolation and loneliness. Levels are not directly comparable but point in the same direction.

The youngest cohort of older Canadians is struggling most with isolation.

Patterns of social isolation and loneliness vary by age, highlighting important differences. Canadians 50-64 reported the most concerning outcomes, with nearly one in four (24%) saying they were very lonely and almost half (48%) were at high risk of isolation. Outcomes improve with advancing age: 14% of Canadians aged 65-79 were very lonely and 40% were at high risk. Similarly, among those 80+, just 9% reported being very lonely and 31% were at high risk of social isolation. Given that many of those in the 50-64 cohort would be in the workforce, it is important to note that being engaged in the workforce may not be sufficient to prevent social isolation.

Low-income older adults are far more likely to be lonely and isolated.

Health and income adequacy are the strongest predictors of social connection, showing that older Canadians who are at risk in one area are often facing challenges across several others.

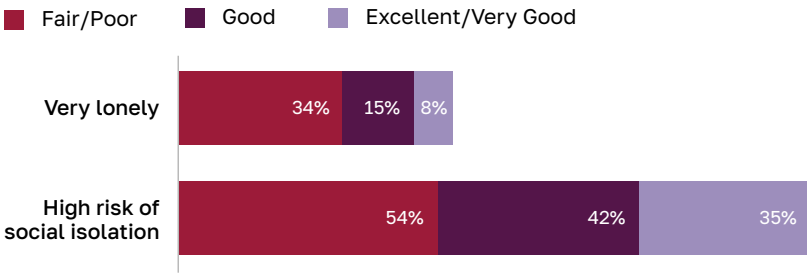
More than one-third (34%) of Canadians 50+ in fair or poor health said they were very lonely, compared with only 8% in excellent or very good health. Similarly, 54% of those in poor health were at high risk of isolation, compared with 35% in excellent health (Figure 4).

Among Canadians 50+ who have inadequate income, nearly half (48%) reported being very lonely and 65% faced high isolation risk. These rates are significantly higher than among Canadians 50+ with incomes "good enough to save," where only 9% reported being very lonely and 35% were at high risk of social isolation.

Strong health and steady income protect against social isolation.

Living arrangements also play a role. One in four older Canadians surveyed who were living alone (25%) reported being very lonely and just over half (51%) were at high risk of isolation. Men living alone face particular vulnerabilities, with 30% reporting severe loneliness and 55% at high risk of social isolation — higher than among women living alone.[iv]

Figure 4. Prevalence of loneliness and risk of social isolation by health status, 2025



[iv] In 2025, 48% (or 2,880) survey respondents were men and 52% (or 3,121) were women.

Renters were also more likely to face isolation and loneliness than homeowners, with 25% reporting severe loneliness and 51% at high risk of isolation. In comparison, homeowners were much less affected, with only 14% reporting severe loneliness and 38% at high risk of isolation. However, this difference may partly reflect underlying factors such as income levels, net worth and living arrangements, which tend to differ between renters and homeowners.

Material deprivation is another way of looking at the connection between these vulnerabilities, with 40% of those experiencing material deprivation according to the MDI reporting being very lonely and 62% at high risk of isolation, much higher than the national averages. In contrast, among those not materially deprived, only 13% were very lonely and 38% faced a high isolation risk.

Renters face higher risks of loneliness and isolation than homeowners.

These results suggest that a concerning proportion of older adults have weak social networks. Health and financial security, along with living arrangements, remain the strongest dividing lines, with those in poorer health, facing financial hardship or living alone at greatest risk of isolation.

Policy Implications

With the risk of social isolation and loneliness remaining unchanged since 2022, there is a pressing need to confront and address these challenges facing older adults. Older Canadians are not simply experiencing loneliness as a matter of individual circumstance; they are often being systematically left without the supports and structures that enable strong support networks in an increasingly disconnected world. Interventions should be tailored to the unique and specific circumstances of individual older adults, recognizing that there is no single solution that works across all groups.

The impacts of social isolation and loneliness have garnered increasing attention in recent years. There are provincial/territorial as well as federal initiatives, such as the New Horizons for Seniors Program, that provide funding for community-based projects that promote volunteerism, community engagement and social participation and combat elder abuse.[15] While this initiative supports many valuable community-based programs, in 2024 the Auditor General found that the New Horizons program "did not adequately measure how the funded projects impacted older adults." One of the challenges is the lack of a consistent approach to measurement nationally,[16] which can be addressed by the adoption of a uniform social isolation and loneliness measurement framework, as recommended in the NIA's 2023 report *Understanding Social Isolation and Loneliness among Older Canadians and How to Address It*.[17] New Horizons could also be further improved by increasing the funding allocation limit and extending project time periods to enhance sustainability in programs and provide a more fulsome understanding of their impacts.

In 2025, Canada's National Seniors Council issued a report with key recommendations that the government can take to foster better social connectedness.[18] These include increasing grant opportunities for community programming, better standardized measurements, expanding social prescribing and creating a national framework to enable federal-provincial alignment in tackling social isolation and loneliness.[19]

Looking to other countries such as the United Kingdom[20] and Japan,[21] which have adopted national strategies that treat social connectedness as a central policy objective, can also help improve policy interventions in Canada. A comprehensive policy response should also consider innovative solutions such

as leveraging Canada Post workers to help combat social isolation, as explored in the NIA's 2023 report *Special Delivery: How Canadian Postal Workers Could Better Enable Ageing in the Right Place.*[22]

Social connectedness plays a major role in enabling healthy ageing. Regular social connection is vital for mental health and integral to supporting ageing in the right place. Community-based seniors services (CBSS) organizations are particularly well-placed to tackle this pressing issue. These organizations already provide lifelines for many older adults, enabling regular social contact and helping people remain active and engaged members of their communities.

Without meaningful action and measurable objectives, the problems of social isolation and loneliness will remain entrenched, leaving too many older Canadians without the connections they need to age with confidence.

Men's Sheds: Fighting Social Isolation and Strengthening Social Networks

Men's Sheds are community-based organizations that provide spaces where men — often older or retired — can gather, socialize and work on practical projects together, such as woodworking, gardening and community repairs. Originating in Australia in the 1990s, the movement has since spread worldwide, including to Canada where over 150 Men's Sheds now exist.[23]

Their focus is on the practical outcomes of the projects that participants undertake, and on reducing social isolation, supporting mental health and fostering a sense of purpose and camaraderie. Men's Sheds offer informal peer support, opportunities to learn new skills and a place to connect outside traditional health or social service settings.

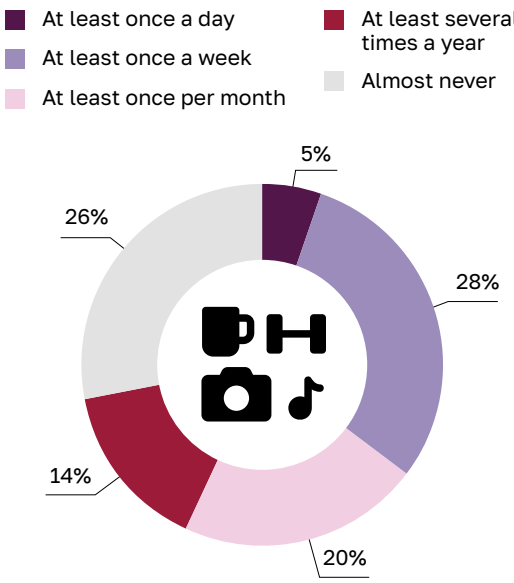
2. Social Engagement

Having strong social networks is important, but so too is having frequent, regular[v] and meaningful interactions with those in one's social networks and communities. For older adults, being socially active and staying engaged is associated with better physical and mental health.[24]

The 2025 NIA survey shows signs that these social and recreational opportunities to build connections are eroding. In 2024, approximately two in five (39%) Canadians aged 50 and older joined in social, recreational or group activities once a week or more but in 2025 this dropped to 33%. At the same time, more people said they almost never took part in such activities (26%, up from 23% in 2024) (Figure 5). Future NIA survey data will be required to determine if this is part of a long-term trend.

Only 33% of older adults have joined social, recreational or group activities once a week or more — down from 39% in 2024.

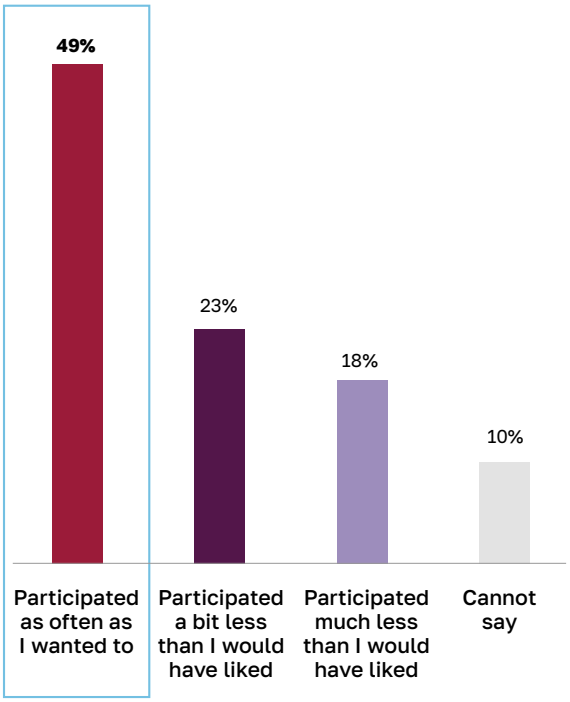
Figure 5. Frequency of social engagement among Canadians aged 50 and older, 2025



[v] 'Regular' refers to social interactions that occur at consistent time intervals (e.g. weekly, biweekly, monthly) as part of an individual's ongoing routine, rather than sporadically or infrequently.

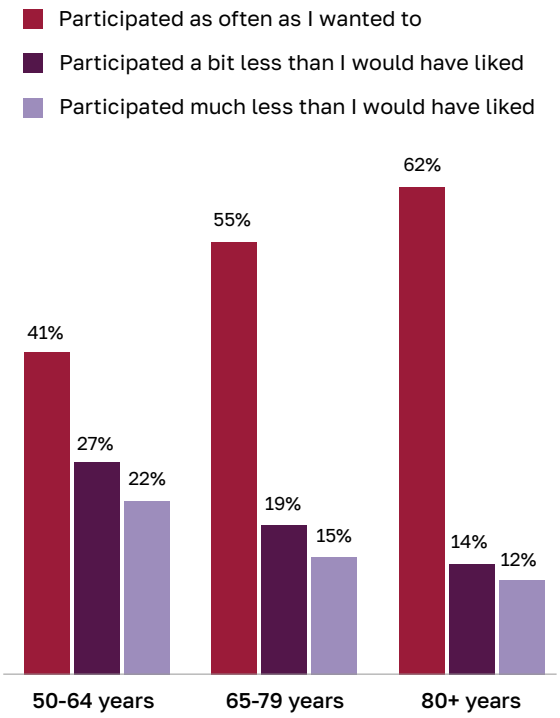
Older Canadians clearly desire greater social engagement, but factors beyond their control are preventing it. Only 49% felt they were able to participate in social activities as often as they would have liked (down from 52% last year), and nearly one in five (18%) indicated they were participating far less than they wanted to, showing a large gulf between intent and reality (Figure 6).

Figure 6. Participation in social activities by level of interest, 2025



The picture looks different across age groups. Canadians in their 80s were the most content: 62% said they could participate as often as they wished. But among those aged 50-64, satisfaction dropped to just 41% (Figure 7). These adults often face overlapping pressures of employment, caregiving and emerging health challenges, leaving them with limited time and energy to devote to social life. For some, the transition out of the workplace can be an isolating experience that disrupts existing social connections.

Figure 7. Participation in social activities by age, 2025

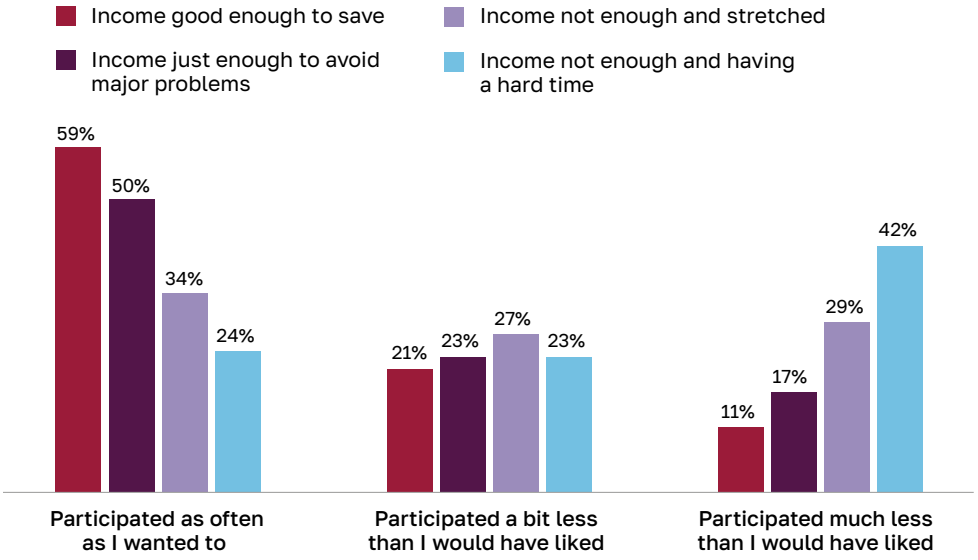


Once again, overall health makes a big difference. Nearly two-thirds (62%) of older adults in excellent or very good health felt satisfied with their level of participation, compared with only about one in three (34%) of those in fair or poor health. For those struggling with their health, almost a third (31%) said they participated much less than they wanted.

Income shapes opportunities to belong.

Unsurprisingly, finances also shape opportunities to connect. Among Canadians 50+, those in the highest income households were far more likely to feel satisfied with their levels of social and recreational opportunities (60%) than those with the lowest incomes (38%). For people facing financial hardship, barriers were even sharper: 42% said they took part much less often than they wanted — more than double the rate of those at the top of the income scale (11%) (Figure 8).

Figure 8. Participation in social activities by income adequacy, 2025

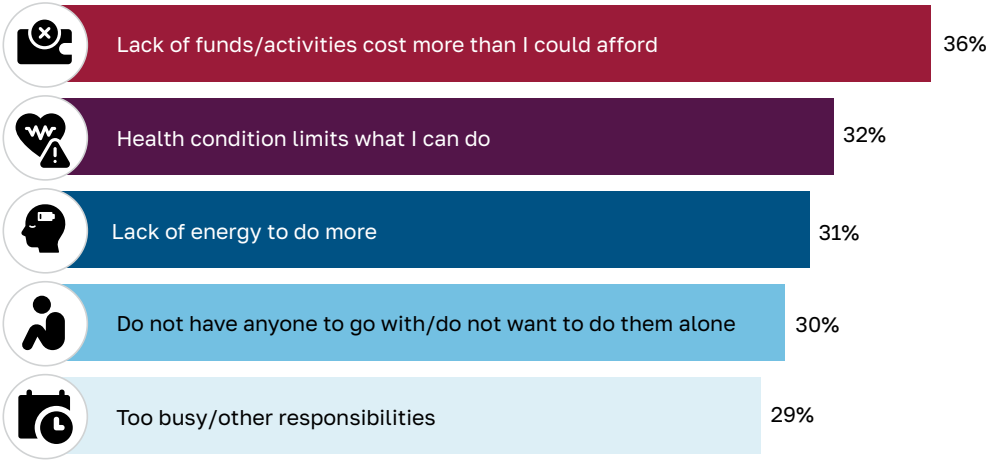


Housing, education and work status all matter for engagement.

Other groups reported bigger gaps as well: renters (23%), people without a high school education (24%) and those who were unemployed, stay-at-home or on disability (33%) participated much less than they wanted. These numbers show how strongly life circumstances shape the ability to stay socially engaged.

When Canadians 50+ were asked why they couldn't participate more often, the most common answer was simple: cost. More than a third (36%) said affordability was a barrier. Health issues (32%), low energy (31%), not having someone to go with (30%) and competing responsibilities (29%) were also major obstacles (Figure 9). When broken down by age, 50-64-year-olds were most likely to report affordability concerns and having competing responsibilities, while those aged 80+ were most likely to report their health prevented participation.

Figure 9. Top five barriers to social engagement among Canadians aged 50 and older, 2025



Policy Implications

The 2025 NIA survey results underscore that social participation remains a critical pillar of healthy ageing and ageing in the right place in Canada. While some older adults (particularly those over the age of 80) report being satisfied with their opportunities for social engagement, younger cohorts (ages 50-64) are far less likely to feel that way.

Health and financial resources remain the strongest predictors of social participation. These patterns are consistent with a broader body of international research showing that socioeconomic disadvantage and poorer health significantly reduce older adults' opportunities to connect socially.[25]

From a public policy perspective, addressing these barriers requires a variety of approaches. Policymakers should focus on making social and recreational opportunities more affordable and accessible for Canadians 50+, with particular attention to those who face financial or health-related barriers. One approach could be to expand subsidized programs and activities for older adults so that cost does not stand in the way of participating in meaningful and enriching social opportunities. While transportation did not emerge as one of the top five barriers identified by NIA survey participants, maintaining affordable, accessible transportation options is critical to ensuring older adults can fully participate.

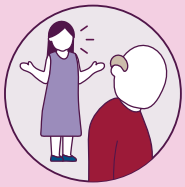
Equally important is the need to design programming that accommodates health limitations: for example, shorter activity sessions, flexible scheduling or programs that incorporate physical supports for those with mobility or energy challenges.

Finally, the NIA survey points to an important policy lesson: older adults know best which opportunities are meaningful to them. Future policy and program development should be informed by research into older adults' preferences for social and recreational opportunities and what would enable them to participate more often, recognizing that "one size fits all" approaches are unlikely to succeed. Understanding which activities feel most engaging, accessible and worth the effort can help governments and community organizations invest in programs that make the greatest difference.

Small Steps, Big Difference

The NIA's Small Steps, Big Difference campaign highlights how lifestyle-oriented interventions can drive everyday choices that could reduce or delay dementia cases around the world by up to 45%.[26] The campaign emphasizes the importance of maintaining strong social connections alongside staying physically active. It notes these are among the 14 small, manageable actions that can add up to a big impact over time in preventing or delaying cases of dementia. By focusing on practical, evidence-based steps, the initiative encourages Canadians to take an active role in protecting their brain health and overall wellbeing as they age.

Learn more about the steps you can take and help spread the word at www.smallstepsbigdifference.ca.



3. Experienced Ageism

70%

of Canadians aged 50 and older have experienced at least one form of everyday ageism in 2025

Ageism remains one of the most common, yet often overlooked, challenges facing older Canadians. Ageism is discrimination, prejudice or stereotyping directed at individuals based on their age.[27] It can be expressed through negative attitudes, assumptions about ability or worth, exclusion from opportunities or inequitable treatment in areas such as employment, health care and social participation.

More than 12% of Canadians aged 50 and older say they have been directly discriminated against or treated unfairly because of their age at some point in their lives — slightly down from 14% in 2024, but future years of data will be required to understand whether this is part of a trend. Of those who reported it, two-thirds (66%) said it happened within the last 12 months.

However, the reality of everyday ageism tells a different story. Subtle comments, jokes and assumptions about ageing continue to shape how older adults are treated in daily life — in workplaces, communities and even within families. The NIA's Everyday Ageism Index combines seven forms of everyday ageism. It captures the full range of experiences in a single measure and provides the basis for identifying how ageism is similar and different across groups.

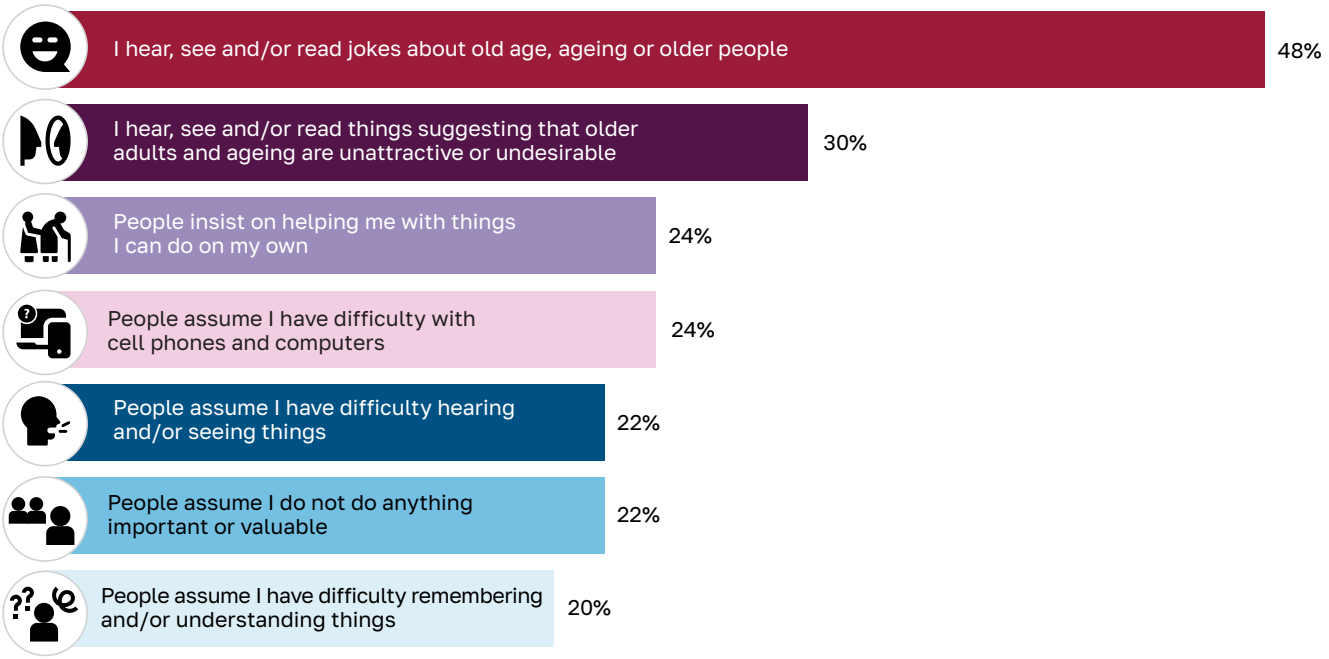
The index is based on how often each of seven different types of ageism are experienced, with scores ranging from "0" (none of the seven types of ageism are ever experienced) to a maximum of "100" (each is experienced regularly).

Almost half of older adults (48%) said they often or sometimes hear or see jokes about old age or ageing. Three in ten (30%) said they encounter messages that paint older adults as unattractive or undesirable. One in four (24%) said people assume they can't handle technology. Another 24% said people insist on "helping" them with tasks they could do on their own (Figure 10).

1 in 4 say people assume they can't handle technology.

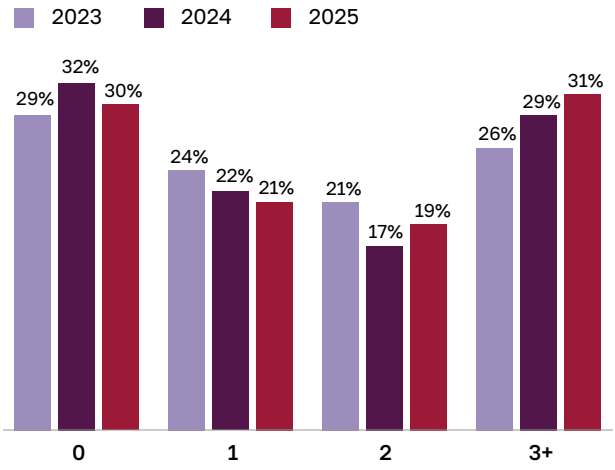
Figure 10. Experiences of everyday ageism in the past 12 months among Canadians aged 50 and older, 2025

Percentage who report "often" or "sometimes" to each form of ageism



When these responses are taken together, it becomes clear that seven in ten Canadians 50+ (70%)[vi] said they experienced at least one form of everyday ageism in 2025, which is similar to 2024 (68%) and 2023 (71%) (Figure 11).

Figure 11. Reported number of everyday ageism experiences among Canadians aged 50 and older, 2023-25

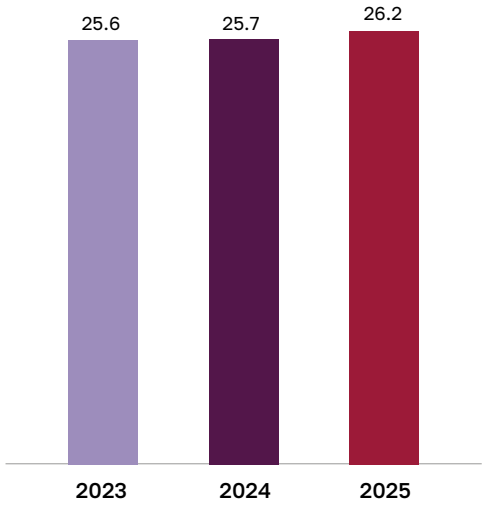


[vi] Note discrepancy with Figure 11 is due to rounding.

The Everyday Ageism Index has moved very little, rising from 25.6 in 2023 to 25.7 in 2024 and 26.2 in 2025 (Figure 12).

Figure 12. Everyday Ageism Index scores, 2023-25

Mean scores on a scale of 1 to 100



This indicates that while older adults in Canada experience ageism regularly in their daily lives, they struggle to identify those experiences as "ageism" until they are presented with an itemized list of ageist actions.

Ageism shapes how older adults are seen and treated.[28] Assumptions about capability can undermine self-esteem and limit economic opportunity.[29] In health care, it contributes to missed or inadequate diagnoses for age-related conditions, including dementia.[30] Most concerning, ageism contributes to elder abuse[31,32] — a serious and widespread issue affecting too many older Canadians.

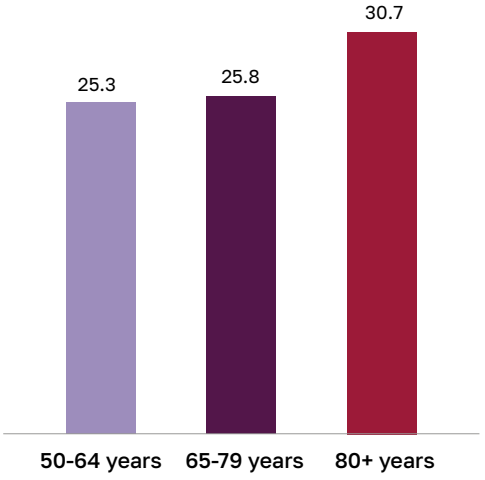
Ageism isn't fading, it's holding steady.

The NIA's 2025 *Ageing in Canada Survey* finds that these experiences remain widespread across the country, with patterns that vary by age, region, health and financial security.

These experiences also shift across the life course. The oldest Canadians report the highest levels of ageism: those 80+ scored an average of 30.7 on the index, compared with 25.8 among those aged 65-79 and 25.3 among those aged 50-64 (Figure 13). Ageism, in other words, isn't a single, uniform experience but rather changes as people get older.

Figure 13. Everyday Ageism Index scores by age, 2025

Mean Scores (on a scale of 1 to 100)

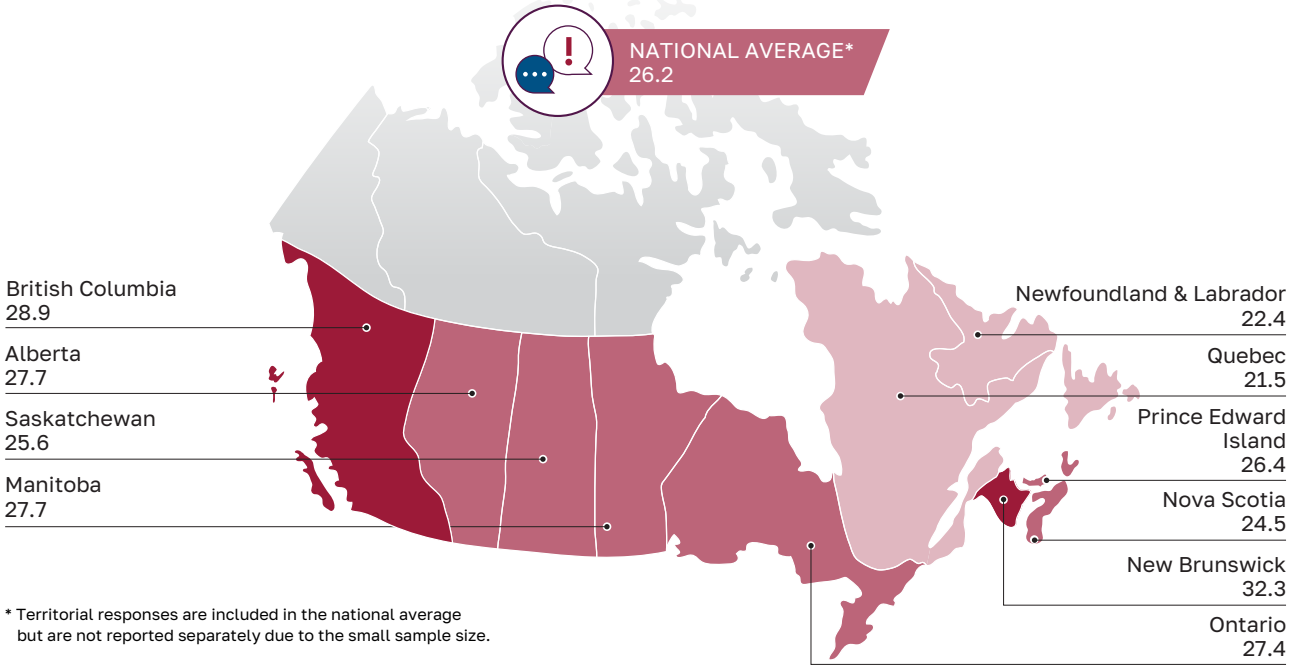


The Everyday Ageism Index scores also reveal clear regional patterns.[vii] In 2025, New Brunswick (32.3), British Columbia (28.9), Manitoba (27.7) and Alberta (27.7) posted above-average scores on the Everyday Ageism Index. Quebec (21.5) and Newfoundland and Labrador (22.4), on the other hand, continue to be places where older adults report fewer experiences of daily ageism (Figure 14).

[vii] Regional sample sizes vary but are representative of the national population distribution, based on Census of Population 2021.

Figure 14. Everyday Ageism Index scores across Canada, 2025

Mean Scores (on a scale of 1 to 100)



* Territorial responses are included in the national average but are not reported separately due to the small sample size.

Health status makes a big difference as well. Canadians 50+ in fair or poor health reported an average score of 31.0, compared with a score of 22.1 among those in excellent or very good health (Figure 15).

Money pressures sharpen these effects. Those who said they were financially insecure and "having a hard time" reported an average score of 32.4, while those who were financially stretched scored 29.6. By contrast, older adults who were financially secure scored just 23.5 — nearly 10 points lower (Figure 16). This points to the potential intersection of ageism and classism.

Figure 15. Everyday Ageism Index scores by health status, 2025

Mean Scores (on a scale of 1 to 100)

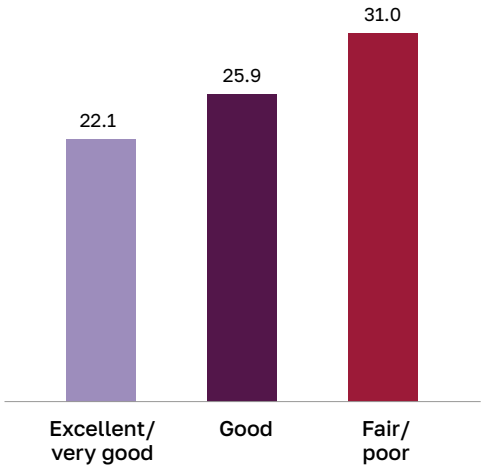
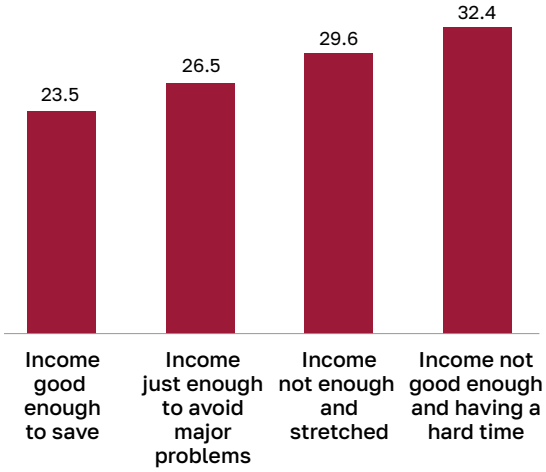


Figure 16. Everyday Ageism Index scores by income adequacy, 2025

Mean Scores (on a scale of 1 to 100)



Material deprivation adds another layer: those lacking two or more basic items scored 31.5, compared with 24.8 among those without such deprivation.

Older adults in poor health or with inadequate incomes are more likely to experience ageism.

Policy Implications

The NIA's *Ageing in Canada Survey* shows that everyday ageism is a stubborn reality in Canada. It remains especially acute for the oldest Canadians, for those in poorer health and for those struggling financially. There has been a growing recognition of this issue, with the Government of Canada releasing policy recommendations to tackle ageism in March 2025.[33] Despite this, the NIA survey offers little evidence that exposure to ageist messages and treatment is declining.

Ageism can intersect with other forms of discrimination and inequalities associated with gender, race, health status and income level, compounding the negative impacts. In response, policies aimed at combating ageism need to recognize that health status, economic security and age intersect to create higher risks of exclusion and discrimination.

Ageism operates through attitudes and systems that fail to recognize or support the diverse aspirations of older people.[34] It is critical that we work collectively to confront ageism and structural barriers that often limit older adults' opportunities, including promoting lifelong learning, dismantling institutional barriers and valuing the knowledge and contributions of older adults.[35]

Structural and Systemic Barriers Persist

Policymakers should work to address structural and systemic ageism with deliberate reviews of legislation, workplace policies and service delivery standards to uncover and remove ageist assumptions. This involves examining how age biases may be embedded in laws, employment practices and the design of health and social programs which often limit opportunities or reinforce stereotypes about older adults.

By identifying and dismantling these systemic barriers, governments and organizations can create more equitable frameworks that recognize the contributions of older people and ensure fair treatment across all stages of life.

The NIA survey demonstrates that older adults often only identify ageism when prompted specifically about certain ageist behaviours. It is important then to continue to raise awareness about ageism, while also continuing to collect disaggregated data to better understand inequities and target solutions where they are needed most.

Broader public education efforts are needed to shift narratives around ageing, particularly the persistent stereotypes that older adults are burdensome, technologically incapable or unattractive. Evidence from other jurisdictions suggests that sustained campaigns (paired with legal and institutional reforms) can reduce prejudice and reshape social norms.[36]

AI: A Potential New Frontier for Ageism

One in four older adults surveyed indicated that they had faced assumptions that they could not handle technology, when in reality the vast majority of older Canadians regularly access the internet.[37] As artificial intelligence (AI) becomes increasingly integrated into daily life, it is transforming how Canadians access information, health care and social services,

including for older adults. Recent evidence suggests AI chatbots are prone to perpetuating ageist assumptions.[38] Without intentional safeguards, the rapid expansion of AI could amplify existing inequities and embed new forms of discrimination.

To build a more inclusive digital future, policymakers should embed anti-ageism, inclusivity, transparency and accessibility into emerging AI regulatory frameworks. Doing so will help ensure that older adults are protected from harm and empowered to participate fully and benefit from the power of AI, by contributing their experience, insight and creativity to the technologies shaping tomorrow's society.

Elder Abuse and Ageism

Elder abuse is closely linked to ageism, as discriminatory attitudes that devalue older people can create the conditions where neglect, mistreatment and exploitation are more likely to occur.[39,40] Elder abuse is defined by the World Health Organization as a single or repeated act or lack of appropriate action occurring within any relationship of trust that causes harm or distress to an older person.[41] It can occur in either community or institutional settings and can take many forms, including financial abuse, neglect, psychological abuse, sexual abuse and physical abuse.[42]

Ageism contributes to the invisibility of elder abuse by downplaying its seriousness, and without standardized data collection across sectors, the true scope of abuse remains hidden, limiting effective prevention and policy responses.

Continued measurement of everyday ageism is essential. Increased availability of disaggregated data will help policymakers track trends over time, help identify whether interventions are working and ensure accountability in efforts to reduce ageist behaviours.

Human Rights for Older Adults

Canada has an opportunity to show greater leadership in the fight against ageism by further aligning with international efforts to strengthen the protection of older adults' rights. The UN General Assembly's 2024 resolution endorsed the development of a Convention on the Rights of Older Peoples (UNCROP) following years of deliberation by the Open-Ended Working Group on Ageing, with the support of the Canadian government. By lending its support to this emerging framework, Canada is working to combat ageism globally, close critical gaps in human rights protections and reinforce its commitment to dignity, equality and inclusion for older people at home and abroad.

4. Income Adequacy

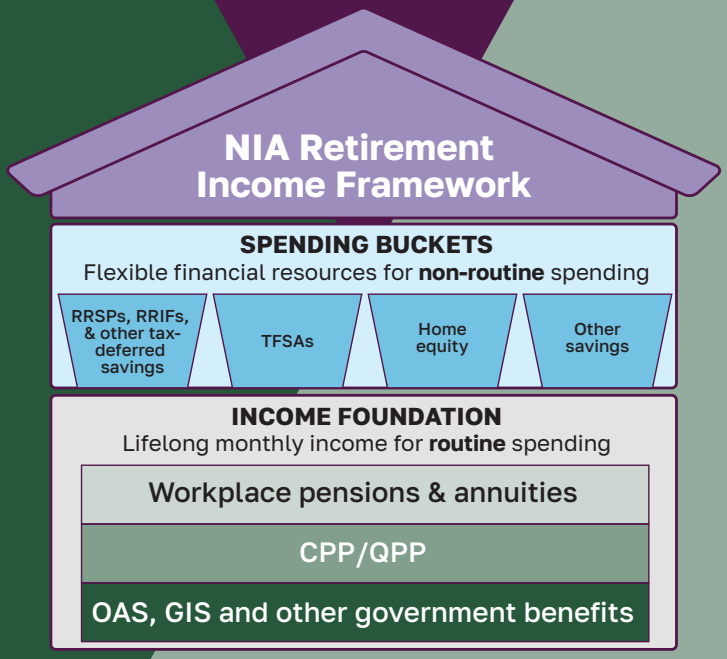
NIA Retirement Income Framework

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

Canada's retirement income system provides a basic level of support through programs such as the Guaranteed Income Supplement (GIS), Old Age Security (OAS) and Canada/Quebec Pension Plan (CPP/QPP). While these government-administered programs ensure a base level of retirement income, they were not designed to fully replace pre-retirement earnings for all Canadians. Estimates suggest these programs collectively replace only about 40% of average pre-retirement income (though for low-income older adults this proportion is much higher).[43]

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

A private or workplace-based retirement plan is a retirement savings program set up by an employer or union to provide employees with retirement income. Contributions are usually made by the employer, the employee or both and the funds are managed and invested until retirement.



These plans are designed to supplement government benefits like OAS and CPP/QPP and can take different forms, such as defined benefit pension plans (which promise a set income in retirement) or defined contribution plans (where benefits depend on contributions and investment performance). Defined benefit pensions and annuities form part of an individual's lifelong income foundation, while Registered Retirement Savings Plans (RRSPs) and other workplace capital accumulation plans contribute to flexible spending "buckets" available for non-routine expenses.

Canada's Government-Sponsored Retirement Income System

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

OAS is a monthly pension starting at age 65. Payments can be deferred up to five years, with the monthly amount increasing for each month of delay, up to the age of 70. OAS requires 40 years of residency in Canada after age 18 for the full pension.

GIS provides an additional non-taxable supplement to low-income Canadian residents who are receiving OAS. The combined total of GIS and OAS payments is determined based on annual income. OAS and GIS are both adjusted for inflation quarterly.

CPP and QPP retirement pensions are calculated based on lifetime contributions and can be claimed as early as age 60 or as late as age 70. Deferring CPP benefits can result in a monthly pension more than double the amount available at age 60. In addition to retirement pensions, CPP and QPP provide pensions to disabled contributors and survivors of deceased contributors. These benefits are indexed to inflation annually.

Income is one of the strongest determinants of how well Canadians age. For this indicator, we asked older adults about their absolute household income: how much money they have coming in each year and their perceptions of adequacy, or how well they feel that income meets their needs. These two measures provide distinct but complementary insights: one tells us what older Canadians have, while the other tells us whether they feel it is enough.

For many, income in later life is largely fixed, shaped by pensions, savings or government benefits and is less flexible in the face of unexpected expenses or economic shocks. Investment market volatility, rising housing costs and inflation all test the adequacy of income, making an older adult's perception as important as the numbers themselves.

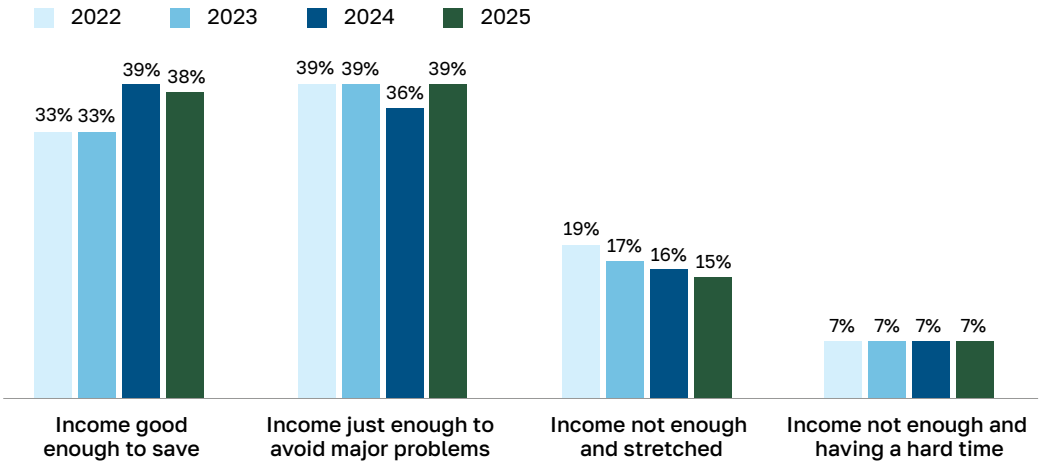
Income Adequacy Holds Steady

From 2022 to 2025, the share of respondents who reported their income was "good enough to save" rose from 33% in 2022 and 2023 to 38% in 2025. At the same time, the proportion of those whose income was "not enough and stretched" declined from 19% to 15% (Figure 17). Taken together, these show the early stages of a potentially positive trend in income adequacy.

However, it is important to note that those with "not enough" income who are "having a hard time," has held steady at 7% each year since 2022.

This means that in total, 22% of Canadians 50+ report their income is inadequate (defined as those who reported their incomes as "not enough and having a hard time"/"not enough and stretched"), though this is a slight improvement from 26% in 2022.

Figure 17. Adequacy of household income among Canadians aged 50 and older, 2022-25



Like other indicators, income adequacy varies by population groups among older adults:

Demographic divides	
By age	Income adequacy is seen to improve with age, with 55% of Canadians 80+ describing their income as "good enough to save," compared with only 29% of those aged 50-64 and 43% of those aged 65-79.
By gender	Men were more likely than women to describe their incomes as "good enough to save" (43% vs. 33%).
Socio-economic divides	
By health status	Older Canadians in excellent or very good health were more than twice as likely as those in fair or poor health to say their income was sufficient (52% vs. 23%) (Figure 18).
By education	Only one-quarter (25%) of those who had not completed high school described their income as "good enough to save," compared with 50% of university graduates.
By housing status	Those with more secure housing were more likely to report adequate incomes. Close to half (48%) of homeowners reported adequate or higher incomes, versus 20% of renters (Figure 19).

Figure 18. Income adequacy by health status, 2025

Percentage of Canadians aged 50 and older who describe their income as "good enough to save"

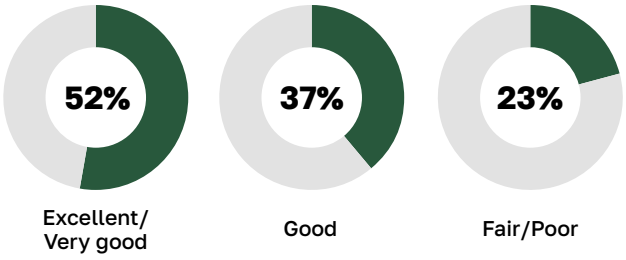


Figure 19. Income adequacy by home ownership status, 2025

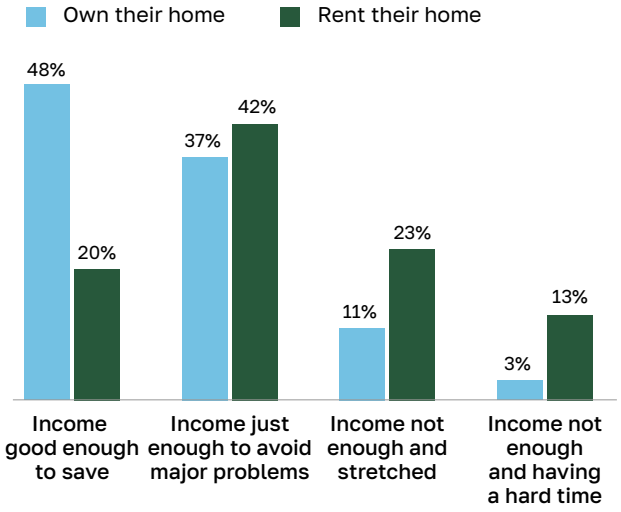
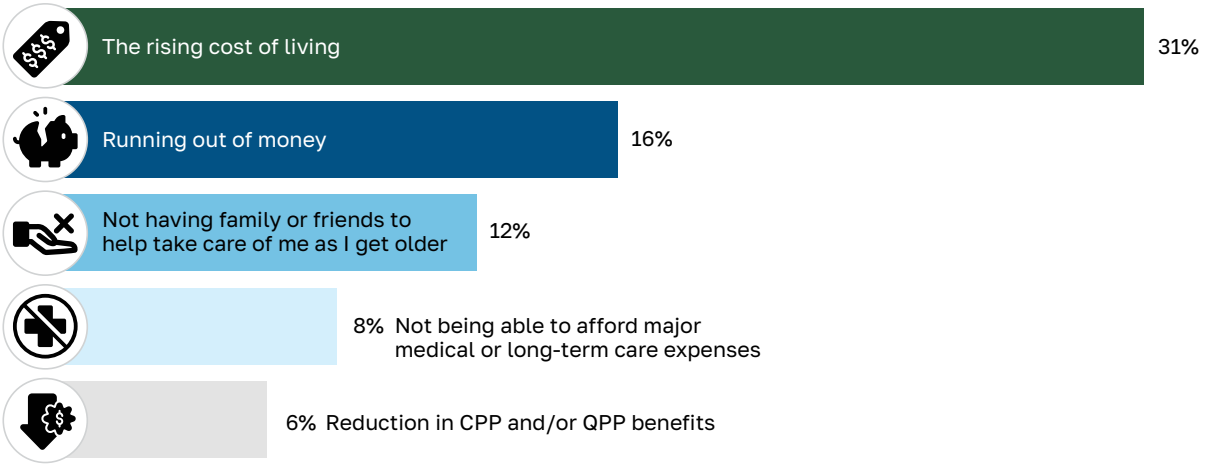


Figure 20. Top five future financial concerns among Canadians aged 50 and older, 2025



The Price of Ageing: Everyday Affordability Tops Older Adults' Concerns

Older Canadians are most concerned about the affordability of everyday life:

1. **Rising cost of living:** In 2025, nearly one-third (31%) of Canadians 50+ identified the cost of living as their top concern (Figure 20). Pressures were sharper among renters (35% vs. 30% of homeowners) and regionally, concern was highest in New Brunswick, Newfoundland and Labrador, Nova Scotia and Saskatchewan, where close to four in ten older adults named it as their greatest worry.

2. **Running out of money:** Around 16% of Canadians 50+ identified running out of money as their top concern (Figure 20). This fear was more common among those approaching retirement (20% of those aged 50-64 compared with 10% of those 80+). Renters (19% vs. 15% of homeowners) and those who had not completed high school (22% vs. 11% of university graduates) were also more likely to report this concern.

Overall, the 2025 NIA survey findings reveal two competing realities. Many Canadians aged 50 and older are maintaining financial stability, with middle- to higher-income households in particular reporting confidence that their incomes are adequate. Women, renters, those in poorer health and those with less education are overrepresented at the lower end of both absolute and perceived income security.

Quebec's Unique Measures

Quebec's unique pension policy measures appear to play a role in the relatively higher financial security reported by its older population. With one of the oldest demographics in the country, a significant share of Quebec residents receives monthly income from public pensions along with provincial programs that further reinforce income stability.

Quebec shows us how provincial policies can positively shape the experience of ageing in Canada.

Variations in income security across provinces point to the critical role of provincial policies and programs in shaping financial wellbeing later in life. Quebec's stronger outcomes warrant closer study by policymakers across the country.

Key features of Quebec's approach:

1. **Housing protection:** The province's superior rental protections, including recent measures to prevent renovictions (when tenants are displaced under the pretext of renovations) also ensure greater housing stability for older adults. These protections ensure that older adults, who are often on fixed incomes, are shielded from sudden increases in housing costs and potential displacement.[44]
2. **Lower out-of-pocket health costs:** Quebec's prescription drug insurance program and comparatively lower user fees reduce out-of-pocket health expenditures for older adults, freeing up more income for other essentials.[45]
3. **Tax credits and other income support:** Quebec also offers unique provincial programs, tax credits and income supports, such as the Solidarity Tax Credit and grants to offset municipal tax increases, to support low- to middle-income residents.
4. **The Quebec Pension Plan (QPP):** Quebec's tailored pension system differs slightly from the CPP in terms of contribution rates and benefits, including by providing more generous and accessible survivor and disability benefits.

Policy Implications

As Canadians move beyond midlife and into retirement, their ability to meet essential needs, manage unexpected expenses and plan for future care increasingly depends on the stability of their household income.

While public pensions such as Old Age Security (OAS), the Guaranteed Income Supplement (GIS) and the Canada and Quebec Pension Plans (CPP/QPP) provide a vital foundation for income, they were never designed to fully replace employment earnings. As a result, many Canadians aged 50 and older continue to rely heavily on personal savings, workplace pensions and other resources to maintain their standard of living.

For low-income older adults, GIS is a critical income source, providing up to $1,100 per month for a single individual. This income supplement has helped raise the majority of Canadians aged 65 and older out of poverty. However, the current structure results in a disincentive to work for lower-income older adults.

Currently, GIS allows recipients to earn up to $5,000 without reducing GIS payments but claws back 50% on the next $10,000 of earnings. In its 2025 report *Let Poor Older Adults Work*,[46] the NIA recommended that the federal government immediately increase the GIS earnings exemption amount to $10,000 per year and index it to inflation.

This would reduce poverty among low-income older adults and promote workforce participation. It would also close an unjust policy gap: currently, older Canadians transitioning from disability supports like the Canada Disability Benefit — which has an earnings exemption of $10,000 — face a steep drop in allowable earnings simply by turning 65 and beginning to receive GIS, where the earnings exemption has been capped at $5,000 since 2020.[47]

Financial vulnerability is rarely tied to current circumstances alone; its roots stretch back decades. Factors like limited access to workplace pensions, periods of ill health, and histories of precarious or unstable work can all leave people approaching later life with fewer financial resources. Shortcomings in financial literacy add another layer of difficulty, limiting the ability to prepare effectively for retirement.

When the entire life course is considered, the income insecurity experienced by older adults today reflects the cumulative impacts of social and economic inequalities they faced throughout their lives.

5. Material Deprivation

Material deprivation is a way of measuring poverty based on material living conditions. Commonly used in Europe, material deprivation can offer new insights to complement Canadian income-based measures of poverty.

Recently, a new Material Deprivation Index (MDI) was created for the Canadian context through a collaboration between Food Banks Canada, the Maple Leaf Centre for Food Security, Maytree, Environics and researchers at the University of Ottawa.[48] It was first applied to the Canadian older adult population in the NIA's 2024 Ageing in Canada Survey. In 2025, the NIA repeated the same set of questions — providing the only comparable data on how older adults experience material deprivation in Canada.

Unlike other common measures such as the Market Basket Measure (MBM) and the Low-income measure, after tax (LIM-AT), which are based on household income, the MDI evaluates poverty based on material outcomes. This methodology complements income-based measures to offer a more complete understanding of the real impact of poverty.[49] The MDI evaluates whether a household is unable to afford certain necessities that most Canadians consider part of a decent standard of living, such as heating or cooling their home, adding protein to their diet or covering an unexpected expense. In this way, it captures what households can actually afford rather than simply what they earn.

The MDI captures real-life experiences of poverty.

Ultimately, the MDI highlights how households with similar incomes can experience vastly different standards of living. For example, factors like debt, extended family support, health needs or sudden expenses can push some households into deprivation even when their income appears to be sufficient.

How the MDI works

The MDI is built on a list of 11 goods, services and activities that most Canadians see as essential for a decent standard of living. These go beyond basic needs like food and shelter to include items and services that, if absent, would place a household's living conditions below what is widely considered acceptable in Canada.

The MDI links the number of necessities someone can't afford to the likelihood of poverty.

The MDI distinguishes between households that cannot afford certain goods or services and those that do not have them for other reasons, such as personal preference or lack of access. It measures deprivation to assess a standard of living by counting the number of items a household lacks because it can't afford them. The more deprivation items a household is unable to afford, the greater the likelihood that it faces a poverty-level standard of living.

The MDI assigns a threshold of two items or more to indicate a poverty-level standard of living.[50]

Table 1 shows the 11 deprivation items and the proportion of Canadians 50+ who, in the NIA's 2025 survey, reported not being able to afford each one. Compared with 2024, several items show slight improvements, though others remain unchanged. Future years of data will be required to confirm these trends.

Table 1. Material Deprivation Index items, 2024-25

Item	Question	% of Canadians 50+ unable to afford the item	
		2024	2025
Unexpected expense	If you had an unexpected expense today of $500, could you cover this from your own resources?	20%	18%
Spending money	If you wanted to, could you spend a small amount of money each week on yourself?	16%	14%
Dental care	Are you/Is everyone in your household able to get regular dental care, including teeth cleaning and fillings, at least once a year?	16%	11%
Gifts	Are you able to buy some small gifts for family or friends at least once a year?	10%	10%
Special occasion	Are you able to participate in celebrations or other occasions that are important to people from your social, ethnic, cultural or religious group?	9%	8%
Clothes	Do you/Does everyone in your household have appropriate clothes to wear for special occasions, such as a job interview, wedding or funeral?	8%	8%
Bills	Are you currently able to pay your bills on time?	7%	7%
Temperature	Are you able to keep your house or apartment at a comfortable temperature all year round?	5%	4%
Protein	Are you/Is everyone in your household able to eat meat or fish or a vegetarian equivalent at least every other day?	4%	3%
Footwear	Do you/Does everyone in your household have at least one pair of properly fitting shoes and at least one pair of winter boots?	3%	3%
Transportation	Are you/Is everyone in your household able to get around your community whenever you/they need to?	3%	2%

There were small improvements in the share of Canadians 50+ unable to cover an unexpected $500 expense, which declined from 20% in 2024 to 18% in 2025. Similarly, those who reported not being able to afford spending money on themselves also fell from 16% in 2024 to 14% in 2025. Collecting additional data in future years will help uncover whether this is a trend.

The most substantive improvement was the share of older Canadians who reported being unable to afford regular dental care, which dropped from 16% in 2024 to 11% in 2025 — a five-point improvement. Meaningful progress in this critical health area could be due to the implementation of the new Canadian Dental Care Plan for low-income Canadians who are not covered by another dental plan, which will be discussed in further detail below. While longer-term data is required, it is also worth noting that when out-of-pocket expenses are reduced in one category, it can translate into reduced material deprivation in other categories.

Table 2 shows the number of deprivation items Canadians 50+ reported wanting but not being able to afford. In 2025, 71% of Canadians 50+ reported no deprivation items — an increase of three points from 68% in 2024.

Table 2. Canadians aged 50 and older reporting 0 to 11 Material Deprivation Index items, 2024-25

Number of Deprivation Items Reported	% of Canadians 50+ reporting 0 to 11 deprivation items	
	2024	2025
0	68%	71%
1	10%	10%
2	6%	6%
3	5%	4%
4	3%	3%
5	3%	2%
6	2%	2%
7	1%	1%
8	1%	1%
9	<1%	<1%
10	<1%	<1%
11	<1%	<1%

According to the material deprivation threshold of two items or more, the NIA survey reveals that, in 2025, 20% of Canadians 50+ likely have a poverty-level standard of living — down slightly from 22% in 2024.

This means that one in five Canadians 50+ are experiencing material deprivation and could not afford two or more essential items, such as regular new clothes, adequate heating or an unexpected expense.

Comparing the MDI to Other Poverty Measures

There is no singular measure that can appropriately capture the full range of experiences of poverty. It is critical to use multiple poverty measures to capture the complexity.

The most common poverty measures, the Market Basket Measure (MBM) and Low-income measure (LIM), assess poverty based on the household's income (Figure 21). The MBM, Canada's official poverty measure, determines the disposable income threshold needed to afford a "basket" of goods, services and activities for a modest standard of living. Under the LIM, a household is considered in poverty if its after-tax income falls below 50% of the national median income. It is a relative measure of poverty that highlights income inequality.

These two measures tell differing stories. Under the MBM, only 5.5% of Canadians 65+ are considered living in poverty, considerably lower than the total population.[51] It is likely that the MBM underestimates poverty among older adults because it is limited in its ability to accurately measure poverty in small household sizes and among those with large health expenditures, both of which tend to apply to older adults.[52]

In contrast, under the LIM, 13.8% of 65+ are considered living in poverty, considerably higher than the rate for the entire population. This points to income inequality among older adults, as well as between older adults and the working-age population.[53]

These measures are both important and useful, but incomplete. While income-based measures can assess the extent to which a household's income should be sufficient, they don't look at the outcome — whether a household can *actually* afford specific items based on their individual circumstances. Factors like unexpected expenses, debt, health-related costs or supporting family members can mean that households with the same level of income can have vastly different living conditions. Using the MDI, 13% of those 65+ could be considered living in poverty. This is likely a more accurate representation of the lived experience of poverty among older adults, given the limitations of the MBM for measuring older adult poverty specifically.

Factors like unexpected expenses, debt, health-related costs or supporting family members can mean that households with the same level of income can have vastly different living conditions.

Figure 21: Comparison of poverty measures

What are the MBM, LIM, & MDI?

MBM

Market Basket Measure

(Canada's Official Poverty Measure)

Tells us: Does someone have the income to afford a basic standard of living?

Income-based measure (input): Assesses financial wellbeing based on disposable income

How it works: Based on the cost of a "basket" of essential goods and services for a modest standard of living. A household is considered in poverty if its disposable income is below the cost of this basket.

LIM

Low Income Measure

Tells us: Is someone's income far below that of the typical Canadian?

Income-based measure (input): Assesses financial wellbeing based on after-tax income.

How it works: Compares a household's income to the national median. A household is considered to have a low income if its income after taxes is less than 50% of the national median income.

MDI

Material Deprivation Index

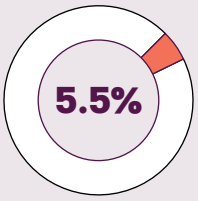
Tells us: Is someone unable to afford necessities?

Material-based measure (outcome): Assesses financial wellbeing based on one's ability to afford necessities.

How it works: Identifies 11 goods, services, and activities that are widely seen as necessary for an acceptable standard of living in Canada. Households that cannot afford two or more items are considered to have a poverty-level standard of living.

What Does Each Measure Reveal About Financial Hardship Among Older Canadians?

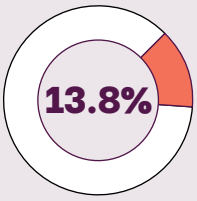
MBM



of 65+ fall below Canada's official poverty line in 2023.

Source: Statistics Canada, 2023 data[54]

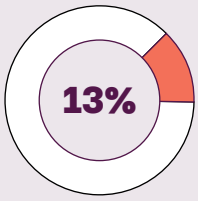
LIM



of 65+ had incomes below 50% of the median in 2023.

Source: Statistics Canada, 2023 data[55]

MDI

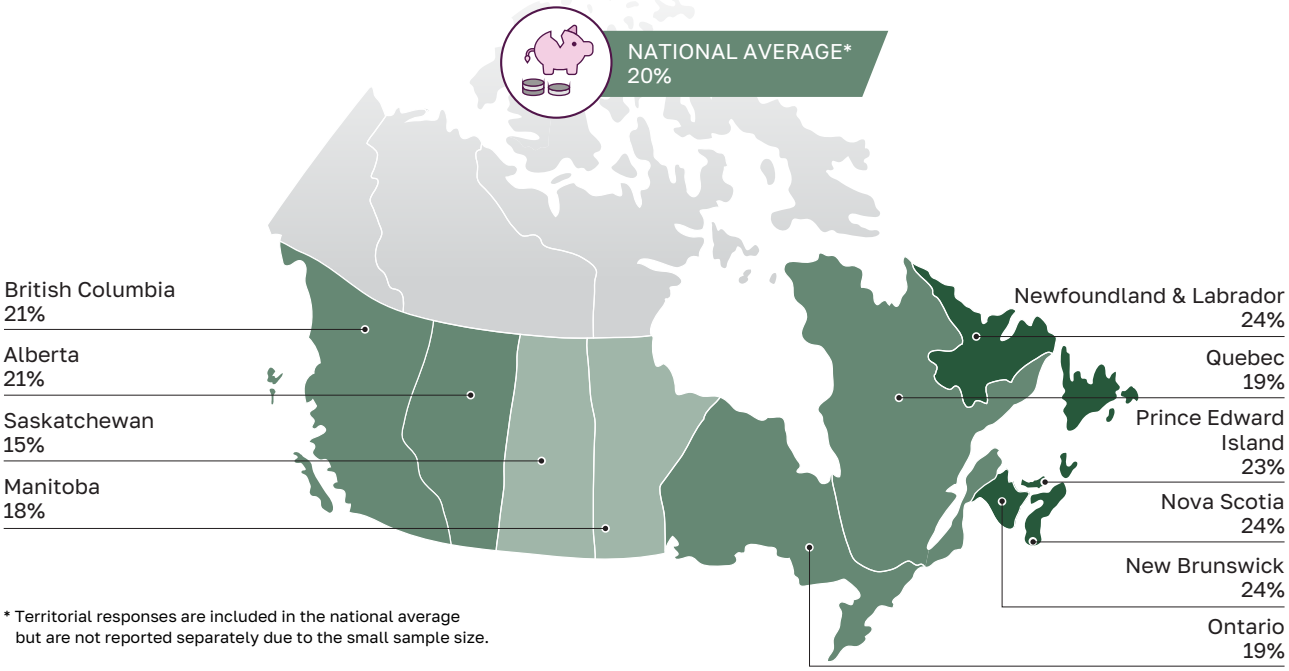


of 65+ could not afford two or more items in 2025.

Source: 2025 NIA Ageing in Canada Survey

Figure 22. Material deprivation rates across Canada, 2025

Percentage of Canadians aged 50 and older experiencing a poverty-level standard of living



* Territorial responses are included in the national average but are not reported separately due to the small sample size.

Deprivation Hits Hardest for Renters, Women and Those in Poor Health

Nationally, Saskatchewan reports the lowest rate of material deprivation at 15%, while residents of New Brunswick, Newfoundland and Labrador and Nova Scotia face the highest rate at 24% (Figure 22).

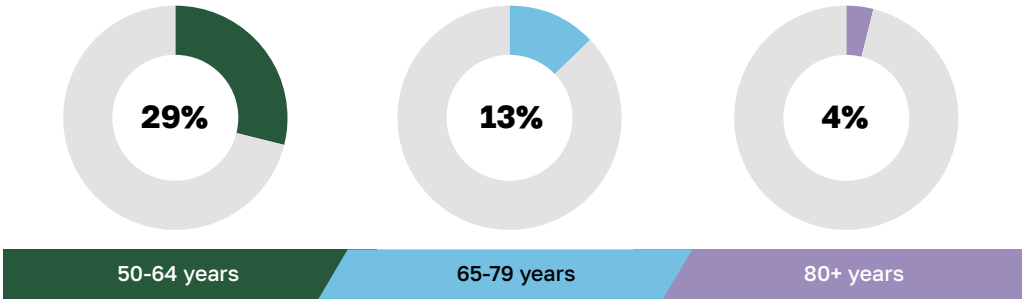
The MDI reveals significant disparities in poverty among Canadians 50+, with rates varying widely depending on health, gender, living arrangements, education, work status, housing and access to retirement savings:

Demographic divides	
By age	Those aged 50-64 are most likely to be experiencing a poverty-level standard of living (29%) compared with 13% among those 65-79 and just 4% among those 80 and older (Figure 23). This is likely due to the availability of anti-poverty initiatives, such as OAS and GIS that are successfully reducing poverty among those aged 65 and older.
By gender	Women 50+ are more likely than men 50+ to experience poverty (23% vs. 16%).

Socio-economic divides	
By health status	Those in poor or fair health are nearly four times more likely to live in poverty than those in excellent or very good health (35% vs. 10%).
By living arrangement	Canadians 50+ living alone face somewhat higher rates of deprivation (25%), with men living alone (26%) more affected than women (23%).
By education	35% of those with less than a high school education experienced poverty-level living, compared with 10% of those with a university degree.
By housing status	36% of renters faced deprivation, compared with just 11% of homeowners.

Figure 23. Material deprivation rates by age, 2025

Percentage with 2 or more deprivation items



Unsurprisingly, the NIA survey revealed much higher rates of deprivation among Canadians 50+ who reported inadequate incomes (defined as those who reported their incomes as "not enough and having a hard time"/"not enough and stretched"). Of all factors examined, deprivation was highest among those who said their income is inadequate — 56% of those incomes were "stretched" and 86% of those with incomes "having a hard time" reported experiencing poverty-level conditions.

These insights demonstrate how the MDI highlights the lived experiences of those who are financially stretched or struggling. By distinguishing deprivation levels across these groups, the MDI helps to deepen our understanding of income adequacy and the economic challenges facing Canadians 50+.

Policy Implications

The Canadian Dental Care Plan (CDCP) is a federal program intended to reduce the financial barriers to oral health care for eligible Canadians who lack dental insurance and fall under a defined income threshold (household net income below $90,000). The benefit covers a portion of approved dental services, including preventive, diagnostic, restorative, periodontal, prosthodontic and oral surgery procedures. The program was phased in by age, beginning with those over the age of 87 in 2023. By June 2024, all those aged 65 years and older were eligible, and by May 2025, all adults over the age of 18 could apply. As of November 2025, 5.5 million Canadians were covered under the CDCP, and more than three million Canadians had received dental care through this program.[56]

NIA data suggests that the Canadian Dental Care Plan is reducing the experience of material deprivation among older adults.

The NIA's 2024 Ageing in Canada Survey was conducted in June 2024, weeks after CDCP was made available to all Canadians aged 65+. Data collected a year later in June 2025 suggest the CDCP could be having a measurable impact on material deprivation among older adults. Because the MDI includes an item on the affordability of regular dental care, the five-point decline potentially reflects the early effects of the CDCP's rollout for older adults.[57] This decline would be consistent with the CDCP's objective of reducing out-of-pocket dental spending and alleviating unmet oral health needs. According to the Government of Canada, the CDCP has resulted in an average of $800 in savings for participants.[58] This promising evidence suggests the CDCP should

be sustained and strengthened to continue to enhance access to dental care among older adults.

Although the MDI is not designed to be a measure of program performance, it is sensitive to measuring the impact of the out-of-pocket expenses. Reducing expenditures in one area can result in an overall reduction in hardship, as money is freed up for other household needs. In this way, the MDI provides useful insight into the living conditions of older adults.

As the first and only annual measure of material deprivation specifically among a nationally representative sample of older adults in Canada, the NIA's findings underscore that more older adults are struggling to afford life's necessities than Canada's official income-based poverty measure, the MBM, suggests. The financial security of older adults needs to be understood beyond purely their income levels — higher expenditures for health, debt, financial support of relatives and unforeseen circumstances all impact the living conditions of older adults. These findings underscore the MDI's value as a necessary complement to income-based measures.

6. Retirement Readiness

Across Canada, retirement is being redefined by longer lifespans, higher living costs, smaller families and uncertainty about future health and care needs.[59,60,61,62] Recent national studies point to declining confidence among Canadians in their ability to retire comfortably, with inflation, debt and rising housing costs eroding financial security.[63,64]

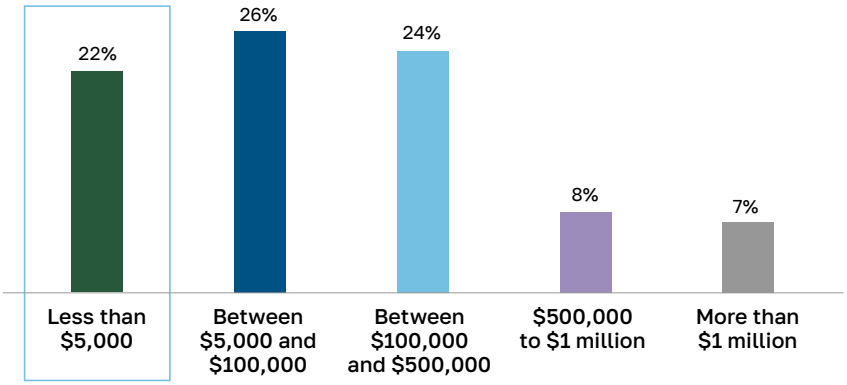
Recent reports from OMERS and Entente Education Canada suggest that many older adults are reimagining retirement as a gradual transition rather than a fixed endpoint — blending part-time work, caregiving or volunteering with reduced paid employment — while access to pensions and financial literacy remain key determinants of readiness.[65,66]

Findings from the NIA's 2025 Ageing in Canada Survey mirror these trends, showing that many Canadians aged 50 and older are delaying their retirement because they are not financially prepared. About one in five have saved $5,000 or less,[viii] leaving a substantial share of the population at risk of financial insecurity later in life (Figure 24).

Although overall financial wellbeing has improved slightly since 2024, most older adults still cannot afford to retire when they would like. As lifespans increase and economic pressures persist, the meaning of "retirement readiness" is shifting — encompassing not only financial capacity, but also confidence, adaptability and long-term resilience.

Figure 24. Retirement savings among working Canadians aged 50 and older, 2025

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



[viii] Not including property they may own or the value of workplace pensions.

Living Longer, Living Better: Why Longevity Is Rewriting Retirement[67]

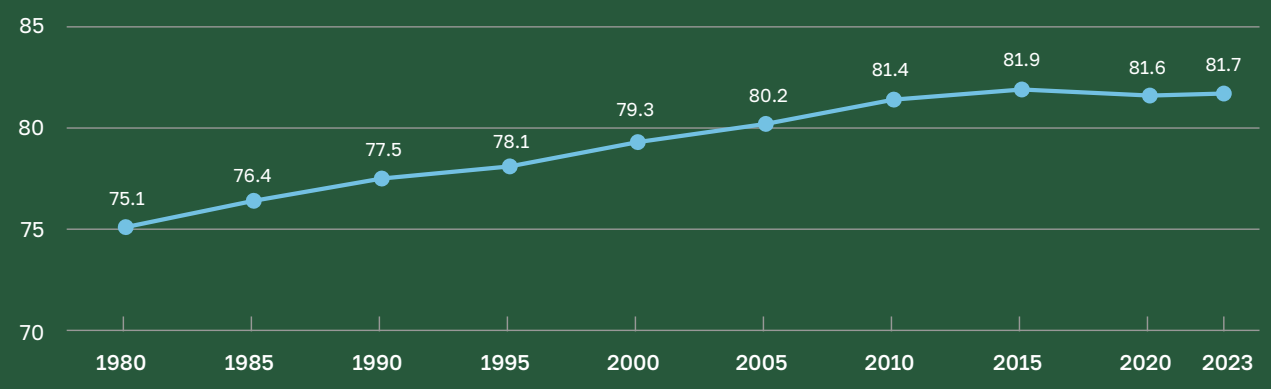
Canadians are living longer than ever before. Life expectancy at birth has increased from 75.1 years in 1980 to 81.7 years in 2023 (Figure 25), placing Canada among the countries with the highest life expectancy in the world.[68] For people aged 65, life expectancy has also risen from 16.7 more years in 1980 to 20.9 more years in 2023.[69]

Canada's "baby boom" generation, the large cohort of individuals born after World War II, began reaching 65 years of age in 2011 and 75 in 2021. By 2031, when baby boomers begin turning 85, nearly a quarter of Canadians will be aged 65 years and older.

This means that the demographic distribution of Canada's population is rapidly changing. In 2015, Canadians aged 65 and older began to outnumber children aged 15 and younger for the first time, and they will continue to do so for the foreseeable future.[70]

Greater longevity is changing the landscape of retirement, which could last as long as 40 years for some.[71] Retirement planning, public pensions, health care and income security programs must evolve — not only to support longer life, but to ensure those additional years are lived in good health, independence and dignity. Many older adults prioritize maintaining their independence, community, health and financial resilience.

Figure 25. Life expectancy at birth in Canada, 1980 - 2023[72]



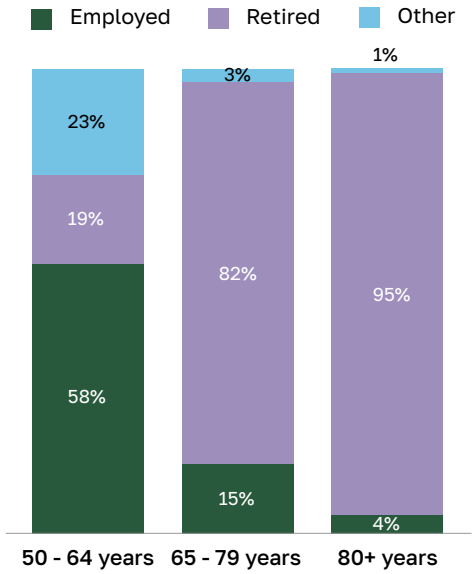
Employment and Retirement: Stable Trends, Unequal Realities

Employment and retirement patterns among Canadians 50+ have remained remarkably consistent since 2022. The balance between those working, retired or outside the labour force has shifted only slightly, with a modest decline in the share reporting "other" situations.[ix]

In 2025, 35% of Canadians 50+ said they were working, 52% said they were retired and 12% were in other situations. Naturally, employment rates were the highest among Canadians aged 50-64 (58%), compared with those aged 65-79 (15%) and 80+ (4%) (Figure 26).

[ix] "Other" situations throughout this section include being unemployed or looking for a job, on a disability pension or staying at home full-time.

Figure 26. Participation in the workforce by age,[x] 2025



Beneath this stability, important differences emerge by gender, education and health:

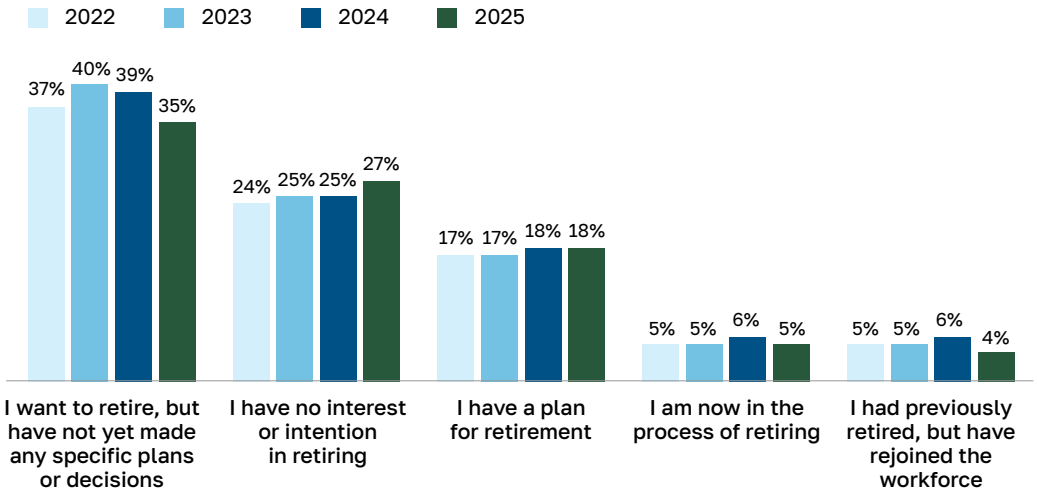
Demographic divides	
By gender	Men (39%) are more likely than women (31%) to be employed.

Socio-economic divides	
By health status	In 2025, 40% of those in excellent or very good health are employed, compared with 28% of those in fair or poor health.
By education	University graduates (45%) are nearly twice as likely to be working as those without a high school diploma (23%).

Planning for Retirement: Small Shifts, Big Gaps

Planning for retirement relates to financial capacity as well as social and emotional considerations. Retirement intentions among working Canadians 50+ have changed slightly since 2022. Each year, the largest share (35-40%) report hoping to retire but have not yet made concrete plans, though this proportion has declined from 39% in 2024 to 35% in 2025. In 2025, 18% report having formal plans in place, a small increase from earlier years, while roughly one-quarter (27%) continue to say they have no intention of ever retiring. At any given time, about 5% are actively in transition to retirement (Figure 27).

Figure 27. Retirement plans among working Canadians aged 50 and older, 2022-25



[x] "Other" includes respondents that are unemployed or looking for a job, those on a disability pension and those staying at home full-time.

These averages mask important differences across age groups. Adults aged 50-64 are the most likely to say they intend to retire but have not formalized plans, while those aged 65-79 include a higher share (11%) who report being in active transition.

Less education equals more uncertainty about retirement.

Lower levels of education are associated with more uncertainty: those without a high school diploma (13%) are far more likely not to have a plan for retirement as compared with those witha university education (24%). The NIA survey also found that pension holders are more likely to report having specific plans for retirement (16% among those with pensions vs. 13% among those without).

Poor health makes retirement planning far less likely.

Health status and income continue to define retirement readiness. Among those reporting excellent or very good health, 24% had retirement plans, versus just 10% of those in poorer health.

A similar trend emerges with respect to income adequacy. One-third (33%) of Canadians with an income “good enough to save” had formal retirement plans, compared with only 2% of those whose incomes were “not enough and having a hard time.”

Retirement planning is often absent among the least financially secure: 43% of the financially stretched want to retire but haven’t made concrete plans, and nearly one-third (31%) of those “having a hard time” say they never intend to retire. Without planning for retirement, low-income older adults face greater financial challenges if they become unexpectedly unable to work.

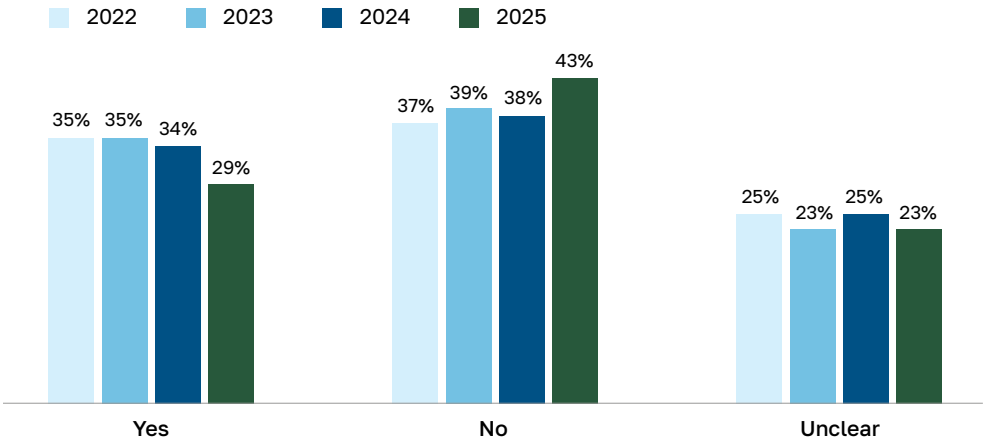
Expectations about years left in the workforce have shifted noticeably:

- Fewer now expect to retire within three to five years (29.5% in 2024 vs. 21.6% in 2025).
- More anticipate working for 10+ additional years (14.9% in 2024 vs. nearly 20% in 2025).
- The most financially precarious group is the least certain: 32% are unsure how much longer they will work.

Eroding Confidence in Retirement Security

Among Canadians 50+ who have not yet retired, the share of those who feel they can afford to retire at their desired time has declined from 35% in 2022 to 29% in 2025. Over the same period, those saying they cannot afford to retire at their desired time rose from 37% to 43%, while about one-quarter remain unsure (Figure 28). These shifts point to a steady erosion of retirement confidence, with growing numbers uncertain about their ability to stop working when they choose. Future NIA surveys will help determine if this is part of a longer-term trend.

Figure 28. Percentage of Canadians aged 50 and older who can afford to retire when they want, 2022-25



Intersections: Retirement Readiness

Demographic divides	
By age	27% of those 50-64 feel they can afford to retire at their desired time, compared with 39% at ages 65-79 and 47% at 80+.
By gender	33% of men feel they can afford to retire at their desired time, compared with only 25% of women.

Socio-economic divides	
By housing status	40% of homeowners feel they can afford to retire at their desired time, compared with only 12% of renters.
By income	64% of those who say their income is "good enough to save" feel they can afford to retire at their desired time, compared with only 3% of those who report their income is "not enough and stretched."
By pension access	36% of pension holders feel they can afford to retire at their desired time versus 11% of non-holders.
By education	42% of university graduates feel they can afford to retire at their desired time, compared with only 18% of those who did not complete high school.

Most Retirees Report Enjoyment, But Inequalities Persist

Among retirees, experiences are generally positive and have remained steady over time. In 2025, nearly half (45%) say life is more enjoyable than before retirement, about one-third (34%) say it is about the same, and fewer than one in five (18%) report it is worse. These shares have remained stable since 2023.

Nearly 1 in 2 retirees say life is more enjoyable than before retirement.

In 2025, older retirees — particularly those 65-79 (48%) and 80+ (almost 50%) — are the most likely to report greater enjoyment.

Socio-economic factors remain influential: 52% of university graduates describe retirement as more enjoyable, compared with 28% of those with less than a high school education. This is likely due to higher levels of education being associated with greater financial security, better health outcomes and greater control over the timing and terms of their exit from work.[73,74]

Good health doubles the odds of enjoying retirement.

Health and income also shape retirement satisfaction. Nearly half (49%) of those in excellent or very good health report that life after retirement is more enjoyable, compared with just 28% of those in fair or poor health.

Similarly, those with an income "good enough to save" report the most positive experiences, while retirees with insufficient incomes are more likely to say retirement is less enjoyable.

Policy Implications

We know that economic uncertainty and ongoing affordability challenges mean many Canadians are prioritizing daily expenses over saving for retirement — this, in turn, contributes to long-term vulnerabilities for future financial security.

Financial uncertainty and insecurity are major concerns, as older adults increasingly worry about the cost of living and running out of money. Tackling these concerns requires more than just financial education and financial planning. It is critical to address the underlying issues facing older adults — including mounting cost of living pressures, alongside the psychological and behavioural aspects of financial decision-making, such as prioritizing short-term over long-term gains or underestimating the potential impact of rising health needs.[75]

Workplace pension coverage is widely recognized as the "key differentiator" in whether retirement goals feel attainable, yet access remains uneven.[76,77] According to Statistics Canada data, in 2023, only 37.7% of Canadians had coverage through a Registered Pension Plan, leaving more than 60% of the population to finance their retirement through individual savings and government-sponsored retirement income programs (CPP/QPP, OAS and GIS).[78]

These findings underscore the need for a modernized Canadian retirement security system. The NIA's 2024 eight-part CPP/QPP report series, *7 Steps Toward Better CPP/QPP Claiming Decisions: Shifting the Paradigm on how we help Canadians*,[79] demonstrated that by delaying CPP/QPP payments, the majority of older adults who can afford to do so in Canada would benefit from increased lifelong payments, enhancing their financial security. The NIA recommended creating a "pension delay guarantee" whereby if someone delays CPP/QPP past 60 but dies before the higher benefits "catch up," their estate receives a one-time payment for the missed amount.

Canada's retirement income system is complex, with layers of public programs like OAS, GIS and CPP/QPP interacting with private pensions, savings and tax credits. Without a clear understanding, older adults may struggle to navigate these programs, missing out on benefits or making choices that reduce their financial security. In 2025, the Government of Canada announced the intention to move towards automatic tax filing through pre-filled tax forms and automatic filing by the Canada Revenue Agency for eligible low-income individuals who do not owe tax and do not file themselves.[80] This is a promising initiative that could better connect Canadians with low incomes to the benefits to which they are entitled.

Supporting older adults in planning for retirement, setting aside savings and managing a fixed income is critical for shaping older Canadians' independence and quality of life.

7. Access to Health Care

68%

of Canadians 50+ reported having a regular primary care provider in 2025

Canada's health care systems continue to face persistent challenges in meeting the needs of its ageing population. As the number of older adults grows, demand for timely and comprehensive care has intensified across the country.[81] For older adults, reliable access to health care services is essential to maintaining health, wellbeing, independence and dignity throughout later life — yet the NIA's 2025 survey highlights ongoing gaps in access.

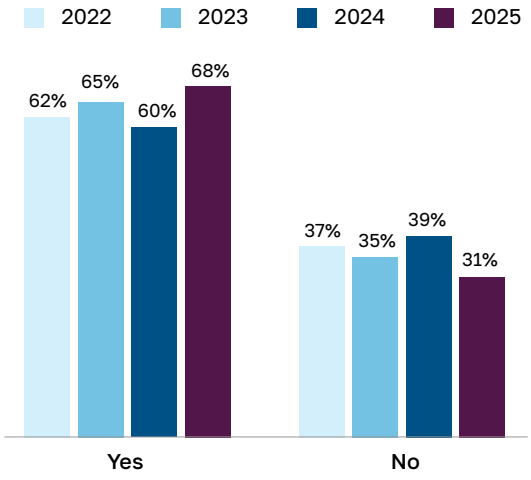
Ensuring equitable health care access requires more than just the availability of services; it depends on whether older adults can find, afford and navigate care when and where they need it. Differences in income, geography, health status and other social determinants continue to shape these experiences, revealing inequities that challenge the principle of universal access at the heart of Canada's publicly funded health care systems.

More Older Canadians Have a Primary Care Provider

In 2025, 68% of Canadians 50+ reported having a regular primary care provider (family physician or nurse practitioner). That's up from 62% in 2022, 65% in 2023 and 60% in 2024 — an overall increase over four years (Figure 29). Even so, it continues to fall far short of what should be 100%.

Figure 29. Primary care provider coverage among Canadians aged 50 and older, 2022-25

Percentage of Canadians aged 50 and older who reported whether they had a primary care provider



Older adults 80+ were most likely to have a primary care provider (76%), compared with just 64% of those aged 50-64. Women reported higher rates than men (70% vs. 66%).

Regional gaps are striking as well: only 53% of older adults in Prince Edward Island reported having a regular primary care provider, compared with above-average coverage in Manitoba (72%) and Saskatchewan (71%).

Health Care Needs Rise with Age

In 2025, 86% of Canadians 50+ reported needing health care services or treatments in the past year; this is consistent with 87% in 2024 and 86% in 2023 and notably higher than 80% in 2022.

While need is widespread across older adults, it grows steadily with age: 85% among those 50-64, 87% among those 65-79 and 91% among those 80+. The findings underline a clear reality: demand for care increases with age.

How Canada Compares Internationally

The 2024 Commonwealth Fund International Health Policy Survey of Older Adults — covering 10 countries, including Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom and the United States — shows that older Canadians (65+) face greater challenges accessing timely care than their peers abroad.[82]

Key international comparisons:

- **Primary care access:** Canada ranked last (10/10) among surveyed countries in the share of its older adults (92%[xi] vs. 97% average) with access to a regular doctor or place for medical care, marking a steady decline since 2017.
- **Timely appointments:** Older Canadians were near the bottom of the rankings for being able to get same- or next-day appointments or reach their doctor after hours, reflecting significant challenges in access to primary care.
- **Care coordination:** Canada ranked above the international average on continuity and coordination of care. Older Canadians were more likely than their peers in other countries to report that their regular doctor helped manage care across multiple providers and stayed informed about specialist visits, indicating strong follow-through once connected to the system.
- **Mental health and social connection:** Older Canadians were among the most likely to report feeling isolated and among the least likely to have received counselling or treatment for a mental health concern.
- **Home-based supports:** Canada performed near the top in measures of home-based support, with older adults more likely than those in other countries to receive either professional or unpaid care at home.

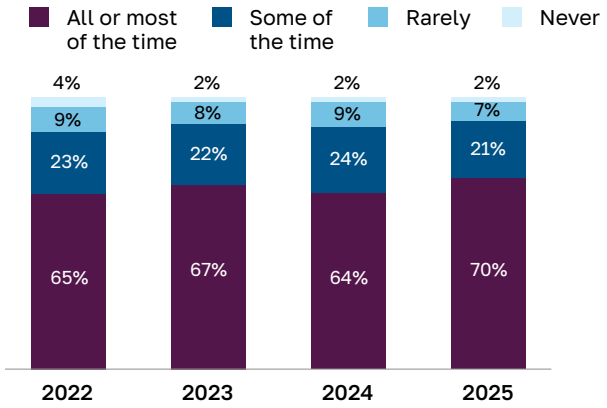
Overall, these results show that Canada performs relatively well once people are connected to the care they need, but older adults face greater challenges than their peers in other countries in obtaining timely and accessible primary and mental health care.

[xi] Difference in primary care coverage rates compared to the NIA's Ageing in Canada Survey relate to differences in sample (50+ vs. 65+), how the question was phrased and methodological differences.

Access to needed health care among older Canadians has improved over time, but major gaps remain. In 2025, 70% of Canadians 50+ who needed care reported getting it when they needed it — up from 64% in 2024, 67% in 2023 and 65% in 2022. Still, nearly one in three said they could only get care some of the time, rarely or never (Figure 30).

Figure 30. Access to health care among Canadians aged 50 and older, 2022-25

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

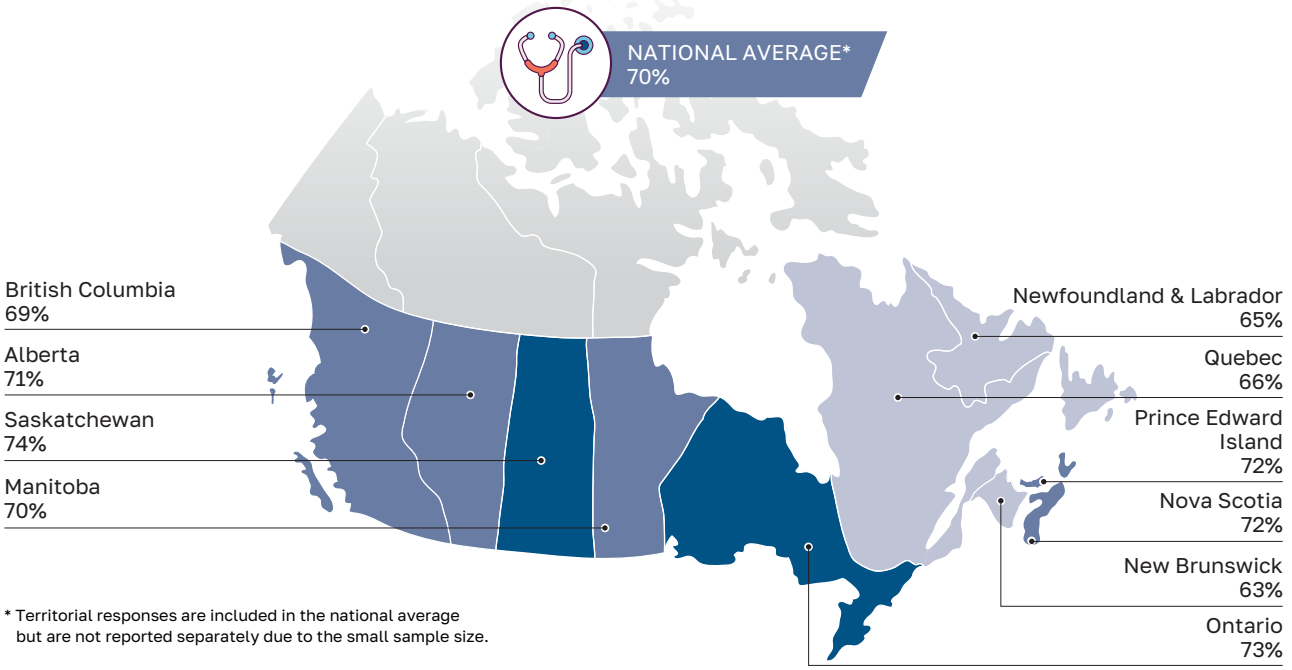


The NIA survey also found differences between key segments of the population:

Demographic divides	
By age	Older adults aged 80+ had the highest success accessing needed care (85%), followed by those aged 65-79 (76%), while only 61% of those aged 50-64 were able to get care when needed.
By gender	Men were slightly more likely than women to report consistent access (72% vs. 68%).
By geography	Provincial variation was notable, with access lowest in New Brunswick (63%) and Newfoundland and Labrador (65%), and highest in Saskatchewan (74%) and Ontario (73%) (Figure 31).
By race and ethnicity	Racialized respondents reported lower access at 58%, compared with 72% among respondents who identify as white.

Figure 31. Access to health care across Canada, 2025

Percentage who could access needed services all or most of the time in 2025



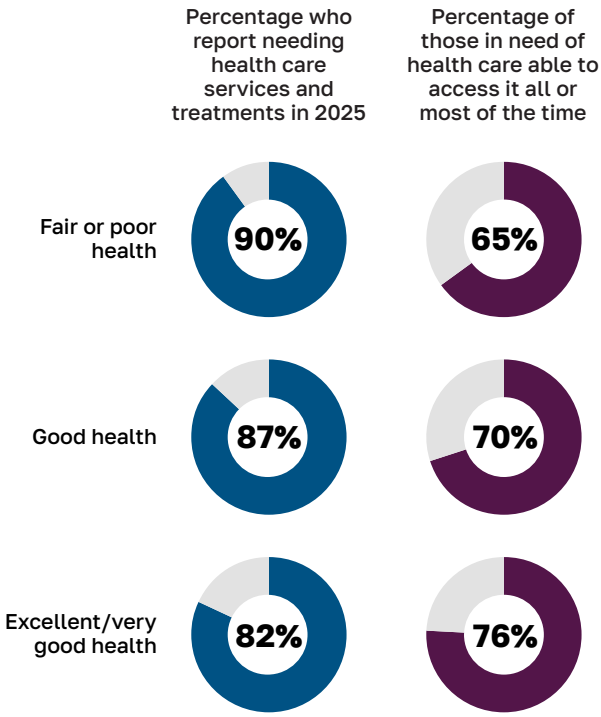
* Territorial responses are included in the national average but are not reported separately due to the small sample size.

Socio-economic divides	
By health status	Those in excellent or very good health were more likely to report consistent access (76%) compared with those in fair or poor health (65%) (Figure 32).
By income	Income adequacy strongly shaped access, with 78% of those who said their income was "good enough to save" reporting they could access care, compared with 58% of those whose income was "not enough and stretched" and 52% of those reporting incomes "not enough and having a hard time." This can become a detrimental cycle whereby those with inadequate incomes have a high risk of experiencing poor health yet also face barriers to accessing care, which can then exacerbate health challenges and further perpetuate financial insecurity.
By education	Education produced a clear gradient, with 63% of those with less than a high school education reporting access compared with 72% of those with a university or graduate education.
By work status	Retirees reported better access to needed health care than those still in the workforce (71% vs. 65%). This may be due to more flexible schedules among those who are retired.

Barriers to Health Care Access

The most common reason Canadians 50+ gave for not being consistently able to access the health care services they needed in 2025 was an inability to get appointments with health care providers (47%). Other leading barriers were difficulties getting referrals (25%) and appointments or treatments being cancelled or delayed (22%). Cost (17%), services not available in their area (14%), difficulty travelling (13%) and language barriers (3%) were reported less often (Figure 33). Since these questions were first introduced in 2023, the results have stayed largely the same, showing that the main barriers to accessing care have persisted over time.

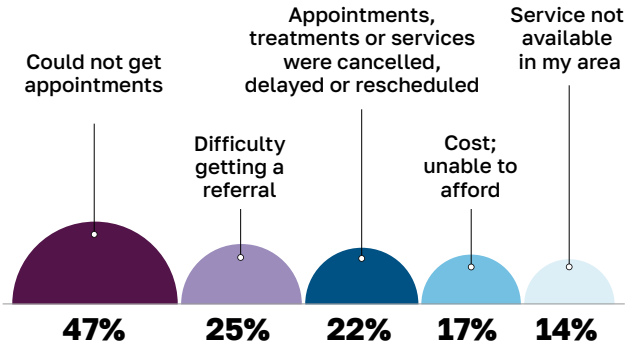
Figure 32. Need for and ability to access health care by health status, 2025



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

Figure 33. Barriers to health care, 2025

Top five reasons Canadians aged 50 and older could not get all or most of the health care services and treatments they needed in 2025.



Dementia

Approximately 500,000 older adults were diagnosed with dementia in 2023-24 and close to 772,000 Canadians may be living with dementia in 2025.[83] The NIA's 2025 *Ageing in Canada Survey* asked older Canadians about their awareness, experiences and attitudes towards dementia. The results show that although many have been personally affected and feel at ease discussing the illness with health care professionals, concerns about dementia prevention remain at the forefront.

- Nearly two-thirds of older Canadians (62%) said they have a personal connection to dementia — most often an extended family member (22%), a parent (21%) or a friend (16%).
- When asked about their ability to reduce their own risk of developing dementia, most Canadians 50+ (88%) believed they could influence it to some degree.

Canada's growing ageing population makes it even more critical that every province and territory has a comprehensive dementia strategy or action plan for addressing modifiable risk factors, given the fact that by 2030, 1.7 million Canadians could be living with dementia.[84]

A coordinated approach — from improving awareness and risk reduction, to improving care and support for those living with dementia and their care partners — can foster greater dementia-inclusive communities and ensure Canadians have the tools to reduce their risk of, and live well with, dementia. It is also important to ensure that standard metrics are used to track progress and maintain accountability over time.

Policy Implications

While access to needed health care among those surveyed has improved in recent years, the data reveal stark and persistent inequities. Age, income, education, race, region and health status all influence whether older adults can get care when they need it. These disparities highlight systemic barriers that cannot be solved by individuals alone; they require coordinated policy responses. Addressing gaps in primary care, reducing financial and geographic barriers and ensuring culturally safe and equitable services are critical to meeting the needs of an ageing population.

Several opportunities to strengthen primary care are discussed in the NIA's 2024 report *Health Care Access Among Older Adults in Canada: Findings from the NIA's Ageing in Canada Survey*. Recruitment and retention of primary care professionals remains an ongoing challenge that must be addressed to improve access, as well as prevent further challenges associated with provider burnout.[85] Team-based primary care models can help improve coordination and promote cooperation and collaboration between health providers, strengthening the resilience of health care and patient outcomes.[86] Virtual care is an emerging area that requires further consideration in terms of ensuring equitable access.[87]

The NIA survey data shows that even when health care services are available, many older adults struggle to find, understand and coordinate them. Complex eligibility rules, multiple providers and fragmented programs can make the system nearly impossible to navigate without support. For older adults,

especially those living with chronic conditions, lower income or limited digital literacy, the challenge of figuring out where to go and what they qualify for can be as daunting as the care need itself. This is why system navigation support is critical to ensuring that older Canadians have services available and can actually access and benefit from them.

Seniors Navigators

Prince Edward Island's Seniors Navigators program[88] is a provincial initiative designed to help older Islanders, as well as their families and caregivers, more easily access and navigate available programs and services offered across municipal, provincial, federal and community sectors. The Navigators assist in a variety of ways: providing information on services and eligibility, directing individuals to the correct contacts, helping complete applications for supports and raising awareness of programs that older adults might not know about.

Improved access to care will not come from the health system alone. When older adults face barriers — whether due to long wait times, unaffordability or lack of local providers — family and friends often act as unpaid caregivers and fill the gap. This invisible safety net is essential, but it can come at a cost to caregivers' own financial security and wellbeing. Recognizing and supporting this unpaid workforce is critical. One important step is strengthening financial supports, such as the Canada Caregiver Credit (CCC), ensuring that those who provide essential care are not left economically disadvantaged for doing so.

Among survey respondents, 15% reported that they are balancing work while also providing care to a family member or friend. Canada is losing $1.3 billion in productivity because of insufficient support for these caregivers to balance paid work obligations and provide care to their loved ones.[89] The NIA's findings show that caregivers, who play a vital role in supporting family and friends, are less likely to access needed health care. Studies on family caregivers of older adults point to time constraints as a major barrier, with many unable to prioritize their own health or attend appointments.[90] Financial challenges faced by caregivers may also contribute to this disparity in access.

A refundable caregiver tax credit would help recognize unpaid work.

As part of the work to close that gap, the Canadian federal government should complete the development and implementation of a National Caregiving Strategy — which, in 2025, it committed to creating — including transforming the Canada Caregiver Credit (CCC) into a refundable benefit. This latter objective was outlined in the Minister of Finance's 2021 Mandate Letter, recognizing that while caregivers with lower incomes are most in need of financial support, they are least likely to benefit from the current CCC non-refundable model that reduces taxes and therefore only benefits those who have tax owing. To address this, the CCC should be transformed into a refundable benefit with the total amount adjusted to $1,250 and indexed to inflation to support low-income caregivers.

8. Access to Home and Community Care

Access to timely home and community-based care is vital to helping older Canadians maintain independence, wellbeing and quality of life. Services such as home care, meal delivery, transportation and exercise programs allow older adults to remain at home and connected to their communities and can reduce the need for more expensive forms of institutional care.

Home and community care are distinct but complementary parts of Canada's care continuum for older adults. Provinces and territories fund these services differently, with home care often subsidized on a needs-based and income-tested basis, and community supports delivered through a patchwork of provincial/territorial programs and local non-profit organizations.

While the models vary, both streams are essential to enabling older adults to age in place by providing the practical, health, social and community supports that help people remain safe, independent and connected in their own communities. Together, these supports are a cornerstone of a person-centred health system that enables care and support in familiar settings.

Home Care and Community Support Services

The NIA's 2025 *Ageing in Canada Survey* defines home care services as "health care services provided by trained professionals or non-medical support services to assist with one's personal care needs."

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

Home and community-based care are provided within the home or in community settings — rather than in institutional settings, such as hospitals or long-term care homes — to help older adults age safely and well in their own homes.

Together, home and community-based care play a critical role in meeting the overall care needs, values and preferences of our ageing population.

Need for Home Care and Community Support Services

In 2025, one in ten (10%) Canadians 50+ reported needing home care services in the past year, down slightly from 11% in 2024. Most needed care for themselves, while a smaller share reported it was for someone else in their household. The vast majority (89%) did not need home care, consistent with previous years.

Similarly, the need for community support services held steady, with 7% requiring help for themselves and 4% for another household member. Nearly nine in ten (89%) said they did not need these supports.

Access to Needed Home Care and Community Support Services

In 2025, just over half (51%) of Canadians 50+ who needed home care said they were able to obtain it all or most of the time, up from 48% in 2024. The share who "never" received needed care fell from 10% to 7%, while those who could only access it "some of the time" declined from 32% to 29% (Figure 34).

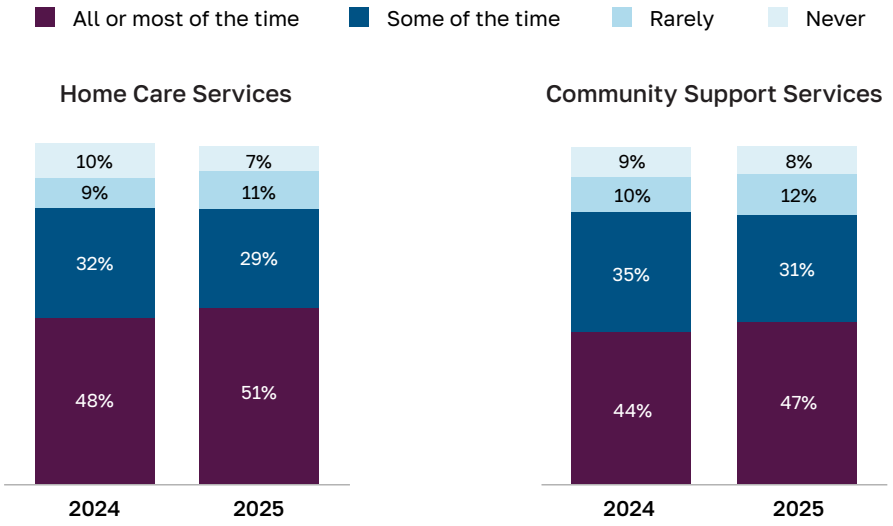
Access to community support services showed similar improvement. In 2025, 47% of those who needed support received it all or most of the time, compared with 44% in 2024. About one in five continued to report rarely or never receiving the help they needed (Figure 34).

In 2025, just over half of older Canadians who needed home or community care were able to get it reliably — a modest improvement, though one in five still went without the support they needed.

Among those who needed community supports, the NIA survey found that age shapes access: among those 80+, 69% said they could reliably obtain home care, and 78% could access community supports. In contrast, only 39% of adults aged 50-64 reported consistent access to home care and 33% to community supports, with those 65-79 falling in between (59% reporting reliable access to home care; 57% to community supports).

Figure 34. Access to home care and community support services among Canadians aged 50 and older, 2024-25

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



While there were no major differences with respect to access to community services by gender, a sharp divide emerged in access to home care. Among those who needed home care in 2025, 57% of men reported being able to get the services they needed all or most of the time, compared with 45% of women. This gender gap may reflect the fact that women, who are more likely to live alone and have lower income in later life, face additional challenges in coordinating and affording formal supports.

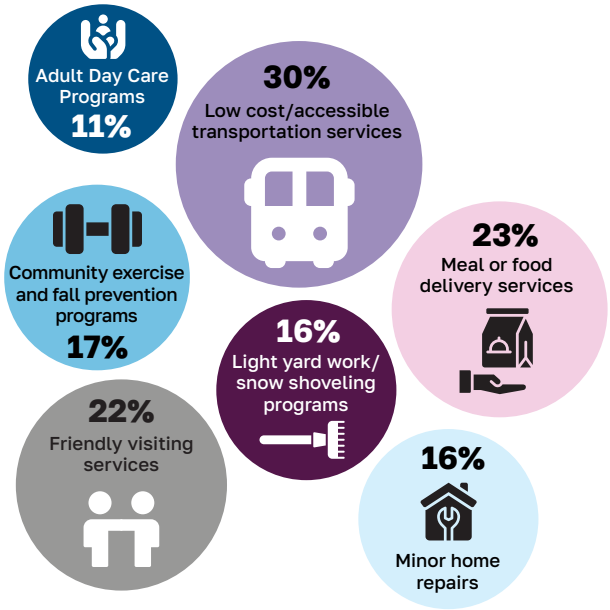
Income adequacy is one of the most powerful predictors of being able to access home and community care services.

Income adequacy is one of the most powerful predictors of access: among those with an income "good enough to save," 61% said they were able to obtain home care services all or most of the time, while only 26% of those with incomes "not enough and having a hard time" reported the same — a gap of 35 percentage points.

Access to community support services followed a similar pattern, highlighting how financial wellbeing shapes both eligibility for publicly funded supports and the ability to pay for private supports.

Home care provision also remains uneven across the country. In most provinces and territories, there are publicly funded home care programs that are fully subsidized, meaning clients pay no direct costs, but the range of services remains limited and recipients must qualify. In some jurisdictions, home care operates on an income-based model, where some individuals receive care at no cost while others contribute through co-payments based on income. With these variations, access to home care across Canada continues to be constrained by service availability and regional disparities.

Figure 35. Types of community support services relied on by Canadians aged 50 and older with a need for care,[xii] 2025



Affordability and Wait Times Make Access to Care Difficult for Too Many

Although modest improvements were observed in overall access to home care and community support services in 2025, many Canadians 50 and older continued to encounter substantial barriers when attempting to obtain the care they required. For home care, the most frequently cited barrier in 2025 was long wait times, reported by 41% of respondents who were unable to get the services they needed — nearly double the 23% who said the same in 2024. Workforce shortages and rising demand for in-home services could be contributing to this sharp increase.[91,92]

Wait times were especially high among adults aged 80 and older, nearly seven in ten (69%) of whom identified delays as their main barrier. As at the national level, residents of Manitoba (56%), Quebec (48%) and New Brunswick (42%) also reported long wait times as the leading barrier to home care access. Demand for in-home support in these regions has especially outpaced the capacity to meet it.

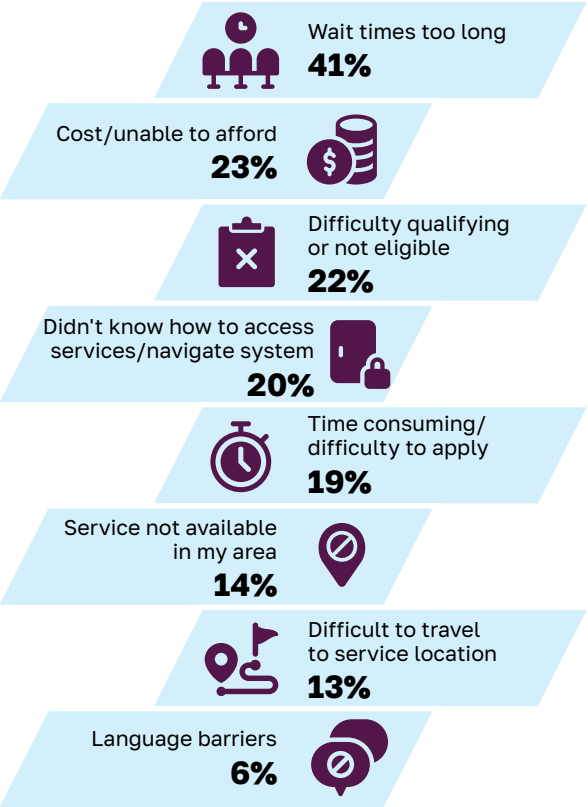
[xii] Totals may exceed 100% because respondents could select more than one option.

Cost and wait times are the most common barriers to accessing home and community care services for older Canadians.

In 2025, nearly one in four (23%) Canadians 50+ who needed but could not obtain home care cited cost as the barrier, unchanged since 2024 (Figure 36). The issue was especially acute for those under financial strain: 37% with an income "just enough to avoid major problems" and 38% with an income "not enough and stretched" pointed to affordability, compared with 15% of those with an income "good enough to save." Women (26%) and renters (28%) were also more likely to report affordability challenges than men (20%) and homeowners (22%).

Figure 36. Barriers to home care, 2025

Reasons Canadians aged 50 and older could not get all or most of the home care services and treatments they needed in 2025

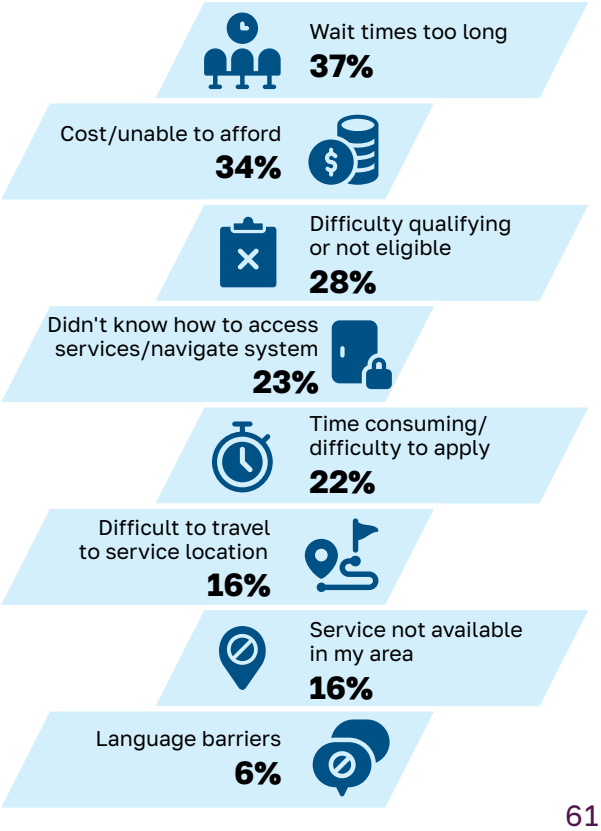


Affordability remains a persistent barrier to accessing community care as well. For community support services, affordability was the most pressing barrier in 2025, reported by 34% of those unable to access help — a number that is unchanged since 2024. Reports of wait times as a barrier also grew sharply, rising from 22% in 2024 to 37% in 2025 (Figure 37). Older adults with incomes "not enough and stretched" were most likely to cite cost as a barrier to community supports, which places financially insecure older adults at a systemic disadvantage in accessing critical support.

Community supports are too costly, and access is too slow for many older adults in Canada.

Figure 37. Barriers to community support services, 2025

Reasons Canadians aged 50 and older could not get all or most of the community support services they needed in 2025



Policy Implications

Access to home and community care is fundamental to older Canadians' ability to age with dignity in the settings they prefer. NIA research consistently shows that most older adults want to age in their own homes and communities for as long as they can, yet nearly half report being unable to consistently access the supports that would make this possible.

This mismatch between preferences and current care and support models puts too many older Canadians at risk of premature institutionalization and unnecessary hospitalizations and puts greater strain on families and health systems. The Canadian Institute for Health Information (CIHI) estimates that at least one in ten long-term care admissions could have been avoided and supported instead through home and community-based care.[93]

Ensuring that home and community-based services are accessible and well-resourced would also help prevent unnecessary hospital stays and high rates of Alternate Level of Care (ALC) patients, who no longer require acute care but remain in the hospital as they await the services they need or a transfer to a more appropriate setting. This could ease pressure on acute care systems and result in significant downstream costs.

Beyond cost efficiency, increasing and shifting more resources towards the greater provision of home and community care would better align services with what older Canadians want and need. These supports — like meals and nutrition, home maintenance and community transportation — help maintain independence, prevent isolation and provide flexible, person-centred care that can be adapted as needs change.

Canada's Community-based Seniors Services (CBSS) Sector

Community-based seniors services (CBSS) are an essential part of this continuum. Community-based seniors services are non-medical, preventive and supportive services that facilitate older adults' safe, independent and dignified ageing within their communities. These services are primarily provided locally by non-profit organizations, community groups, municipalities and volunteers, to address physical, emotional and social needs beyond the scope of health care systems.

This sector is a crucial partner in prevention and health promotion — providing opportunities for social connection, physical activity, cultural participation and lifelong learning that extend well beyond the formal provision of health and home care services.

The CBSS environment throughout Canada shows a spectrum of coordination and integration. Some provinces have more mature sectors with digital tools and cross-sector collaborations, and others depend on localized services without official recognition or policy alignment. Even within provinces, there can be variations in access, with rural and remote communities facing unique challenges in provisioning home and community care supports due to workforce shortages and transportation challenges.[94] While many CBSS organizations do receive government funding, other organizations rely on precarious, short-term sources of funding, making it difficult to meet the growing needs of the older adults they serve. This limits their ability to recruit and retain staff, scale up successful programs and innovate to meet the local needs of their increasingly diverse older populations. Greater access to more stable, long-term sources of funding in the CBSS sector would strengthen the continuum of care and unlock the sector's full potential as a cornerstone of enabling healthy ageing in the community and ageing well in Canada.

Ensuring equitable access to home and community care also means addressing the unique needs of the diverse population of older

adults in Canada. This means ensuring access in rural, remote and Indigenous communities[95] and offering culturally and linguistically inclusive services[96] through locally responsive funding.

Emerging approaches like social prescribing could potentially further strengthen this continuum by connecting older adults directly to community resources that support health and wellbeing outside of clinical settings. Social prescribing is an approach in which medical and social care providers help connect individuals to non-clinical, community supports tailored to their needs (like social activities or transportation).[97] Emerging evidence suggests it may reduce hospital use, ease demand on primary care services, improve wellbeing, and improve access to community resources — especially for individuals affected by social determinants like lower income, isolation or precarious housing.[98]

Taken together, the evidence makes clear that home and community care must be recognized as core infrastructure in Canada's ageing and health systems. Strengthening these services through greater and more stable sources of funding, better integration with the formal provision of health care services and innovations such as social prescribing will not only help older Canadians age with dignity and independence but also reduce the demand for more expensive institutional care services.

By investing more in the provision of home care and community-based support services that are trusted, adaptable and rooted in local contexts, Canadian jurisdictions could create a paradigm where ageing in the right place becomes more of a sustainable reality, rather than an aspiration.

9. Ageing in the Right Place

For most Canadians, ageing well means ageing where they live and want to be. The NIA's *Ageing in Canada Survey* confirms that the vast majority of adults aged 50 and older want to remain in their own homes for as long as possible — a goal often described as "ageing in place." This preference reflects more than comfort or familiarity; it speaks to the importance of independence, belonging and connection to community. Ensuring that older Canadians can live safely and comfortably in their chosen settings is a central priority as the population ages.

As noted in the NIA's 2022 report *Ageing in the Right Place: Supporting Older Canadians Where they Want to Live*, ageing successfully is not only about remaining at home, but about ageing in the right place — the process of enabling healthy ageing in the most appropriate setting based on an older person's preferences, circumstances and care needs. This section examines older Canadian's desire to age in what they consider to be the right place for them, tracked over four years of the NIA's *Ageing in Canada Survey*, and new insights into their practical readiness to do so — measured for the first time in 2025.

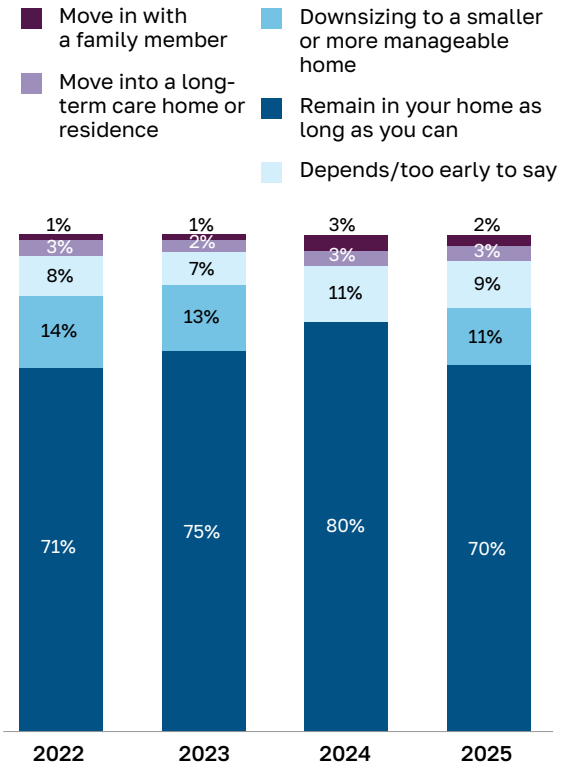
Most Canadians want to age in place — the challenge is making their homes safe, supportive and sustainable.

Most Older Adults Want to Age in Their Current Homes

In 2025, 81% of respondents indicated a preference to remain in their own homes for as long as they can as they age, whether in their current home (70%) or a smaller/more manageable home (11%). This has remained consistent for most respondents in all four waves of the NIA's *Ageing in Canada Survey* (Figure 38). It is important to note that in 2024, the option of "downsizing to a smaller or more manageable home" was removed, which likely led to an increase in the proportion of those indicating they wished to remain in their own home for as long as possible. When "remain in your home as long as you can" is combined with "downsizing to a smaller or manageable home," the proportion wishing to remain in a private

residence has dropped from 85% in 2022 and 88% in 2023 to 80% in 2024 and 81% in 2025. This may reflect evolving preferences based on shifting financial, social and health realities they face, particularly in the context of Canada's housing market.

Figure 38. Where Canadians aged 50 and older want to live as they age,[xiii] 2022-25



Moving in with family members (2%) or into long-term care homes or residences (3%) remains a rare, yet consistent preference since 2022, while 9% of Canadians 50+ in 2025 said it was too early to know.

While the overwhelming majority of older Canadians want to age in their own homes, levels of certainty have shifted over the four years of this survey, pointing to the possible influence of affordability, health and housing suitability on future outlooks.

Most older Canadians want to age in their own home, but affordability, health and the suitability of their housing determine if they can.

Age also appears to influence ageing at home preferences. Among those aged 50-64, 77% said they want to remain in their own home or a smaller one, compared with 85% of those aged 65-79 and 87% of those 80+. The desire to remain in one's own home increases with age. The youngest cohort (50-64) was most likely to respond that it's "too early" at 13% and lowest among the oldest cohort at just 3%. It is also important to note that the NIA survey only includes community-dwelling older adults and excludes those living in long-term care homes, which may impact overall findings.

The Health-Home Connection: Wellbeing Drives Ageing in Place

Health remains one of the strongest predictors of whether older Canadians want to age in place. In 2025, 85% of those in excellent or very good health said they wanted to remain in their home or a smaller one for as long as they can, compared with only 76% of those in fair or poor health. Uncertainty was also more common among those in poorer health, with 11% saying it was too early to know, compared with 8% among those in better health.

Confidence in Wanting to Age in Place Rises with Income

Income plays a decisive role in shaping preferences for ageing in place. Canadians who described their income as "good enough to save" were much more likely to want to

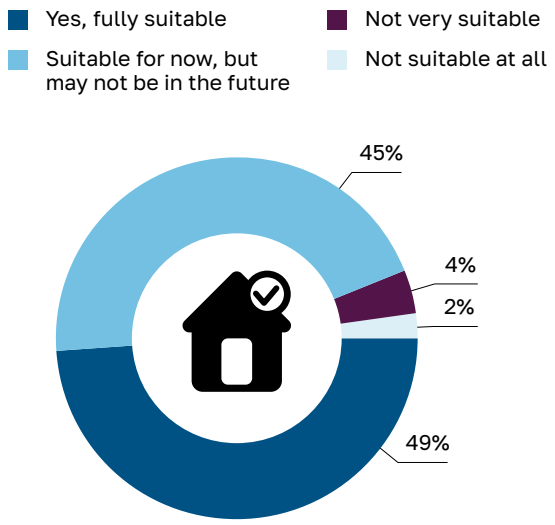
[xiii] In 2024, the option of "downsizing to a smaller or more manageable home" was removed, which likely led to an increase in the proportion of those indicating they wished to remain in their own home for as long as possible.

remain in their home or a smaller one (88%) than those who said their income was "not enough and stretched" (73%). Among those reporting their income was "not enough and having a hard time," just 65% expressed a preference to remain at home for as long as they can. Uncertainty was highest among those with inadequate incomes, with 18% saying it was too early to know.

Home Suitability Shapes Desire to Age in Place

The ability to age at home reflects both an individual's physical needs as well as the suitability of their home, such as whether it has stairs or can accommodate mobility devices. A new indicator in 2025 reveals that just under half (49%) of Canadians 50+ felt their homes were fully suitable to support them as they aged, while 45% said their homes were suitable for now but might not meet their future needs. A small share reported more serious concerns, with 4% saying their homes were not very suitable and 2% saying their homes were not suitable at all (Figure 39).

Figure 39. Percentage of Canadians aged 50 and older with homes suitable to age in place, 2025



Housing Status Impacts Ageing in Place

Home ownership is a powerful factor shaping preferences for ageing in place. In 2025, 90% of homeowners aged 50+ said they wanted to remain in their home or a smaller one for as long as they can as they age, compared with only 65% of renters. This gap reflects more than just housing status: homeowners often have a greater sense of stability, equity and control over their environment, while renters may face insecurity around affordability, lease renewals or the physical suitability of rental housing for ageing-related needs.

Homeowners are more likely to plan to age in place.

Uncertainty was also far higher among renters. Among renters, 18% reported being unsure about their future living arrangements, more than triple the 5% of homeowners who said the same. This suggests that housing status is linked to confidence about ageing, with instability in tenure undermining older people's ability to plan for the future.

Suitability was strongly tied to a respondent's health and financial security. Among those in excellent or very good health, 56% said their homes were fully suitable, compared with only 41% of those in fair or poor health. Income produced a similar gradient: only 38% of Canadians 50+ who said their incomes are "not enough and having a hard time" said their homes were fully suitable, compared with 52% of those with incomes "good enough to save." Renters were more likely to say their homes were not very suitable (6% of renters vs. 3% of homeowners) or not suitable at all (3% of renters vs. 1% of homeowners).

Preparations for Ageing in Place

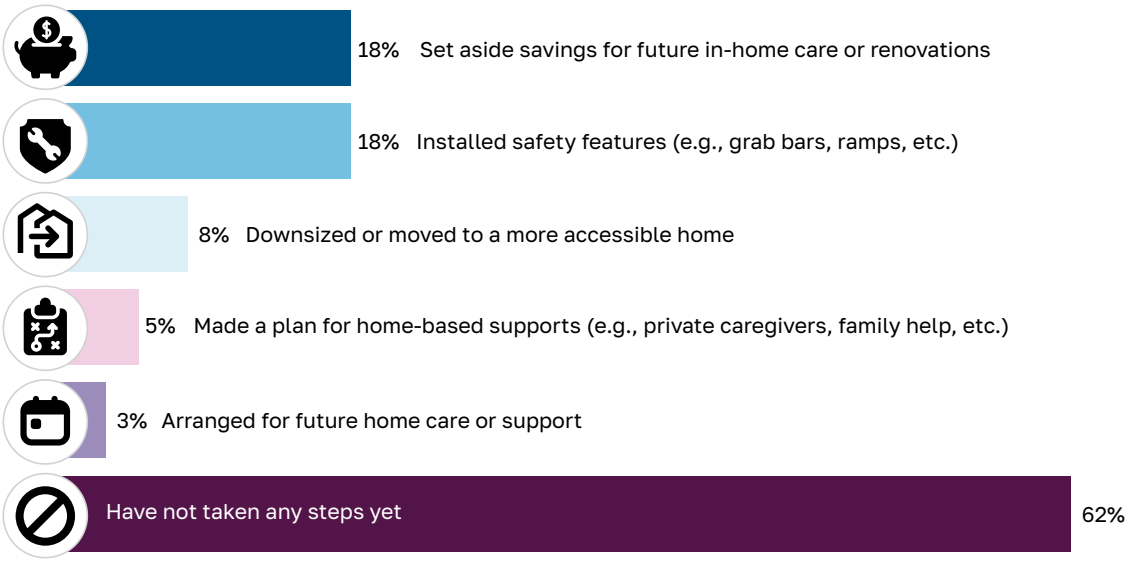
Although most Canadians 50+ want to age in their current homes for as long as they can, the majority have not taken concrete steps to prepare for this. In 2025, 62% reported making no modifications or plans. The most common actions were setting aside savings for future care or renovations (18%) and installing safety features such as grab bars or walk-in showers (18%) (Figure 40). Preparation increases with age: just 11% of adults 50-64 had installed safety features, compared with 21% of those 65-79 and 35% of those 80+.

Most older Canadians want to age in their current homes for as long as they can, yet few have taken the practical steps to make it possible.

While most older Canadians want to age in place, relatively few have taken the practical steps necessary to ensure that their homes and finances will support this goal.

Overall, the findings highlight that while most older adults want to remain in their homes for as long as they can, health, finances and housing suitability create uncertainty and few have prepared for the future. Closing this gap will require supportive policies and programs that turn aspiration into reality, enabling more Canadians to age in the right place.

Figure 40. Preparations for ageing in place among Canadians aged 50 and older, 2025



Policy Implications

The NIA survey has consistently found that most older adults want to age in their own homes for as long as possible. While many provincial governments have rightfully increased home and community care funding in recent years, investments are still not meeting the needs of older adults to enable ageing in the right place. Strengthening supports that allow older Canadians to remain at home (accessible housing, health and social services and community-based home care and support services) aligns with older adults' preferences, while also reducing pressure on the need for institutional care and delivering better value for public investment.

The desire of Canadians to age in their own homes and communities has grown faster than the health, social and housing infrastructure available to support them to do so. Enabling older Canadians to live at home and in their communities for as long as possible requires not only closing funding gaps but also implementing deliberate, evidence-based policy reforms and practices that ensure access to accessible, affordable housing and health and social services, as well as the home and community support services needed to age in the right place.[99]

The WHO's *Age-Friendly Cities* framework[100] emphasizes the importance of age-friendly physical environments, including affordable, adaptable housing and accessible transportation. Age-friendly cities require a whole-of-government approach, from urban planning to zoning to service provisioning. While recent investments through Canada's *National Housing Strategy* have expanded federal supports, the demand for affordable, accessible housing continues to far outpace supply.[101] Tax credits such as the Home Accessibility Tax Credit[102] and Multigenerational Home Renovation Tax Credit[103] are important initiatives that support individuals in remaining in their own homes, but do not address the 25% of households led by people over the age of 65 who are renters.[104]

In addition to affordable, accessible housing, older adults also need access to home care and community-based care and supports, as described in indicator eight of the 2025 NIA survey's framework. Ensuring access to both medical and non-medical supports such as meal delivery, transportation, home maintenance, friendly visiting and recreational and adult day care programs are key enablers of ageing in place.

Emerging innovative service models, such as Naturally Occurring Retirement Communities (NORC) Programs, should be further explored. NORCs are communities that over time may naturally come to house a high density of older adults.[105] They are not purpose-built residences for older adults, but rather residential buildings or even communities where a high concentration of older adults tend to live.[106] NORCs provide an opportunity to leverage the high concentration of older adults to provide a range of health and social support services that could support an individual to remain in their own home longer-term.[107] These services, referred to as NORC Programs, are a promising practice to enable ageing in the right place in Canada. They are described more fully in the NIA's 2022 report *It's Time to Unleash the Power of Naturally Occurring Retirement Communities in Canada*.[108]

Canadians deserve access to diverse housing options that uphold dignity, autonomy and quality of life. Ageing in the right place requires coordinated action across all levels of government, alongside civil society, health and social care providers and community organizations. With deliberate, evidence-based policy reform, Canada can embrace its ageing population as an opportunity to create more inclusive, resilient and compassionate communities for people of all ages.

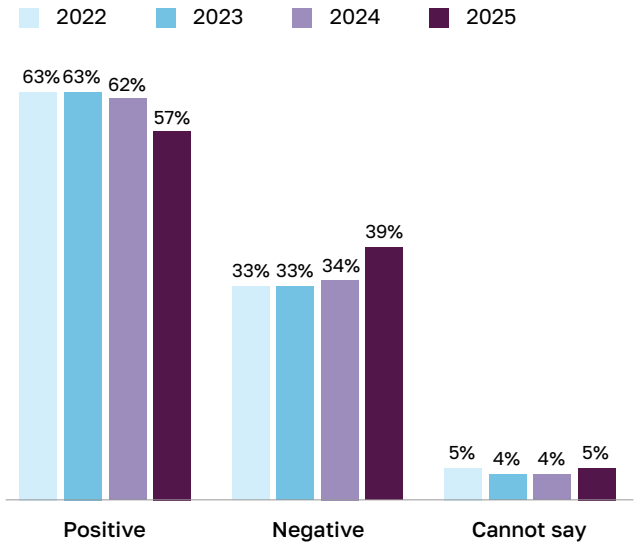
10. Perspectives on Ageing

The NIA's *Ageing in Canada Survey* shows a complex and shifting picture of how older Canadians perceive the experience of ageing. Many older adults continue to feel positive about ageing, but levels of positivity and optimism have declined considerably since 2024.

In 2022 and 2023, 63% of older Canadians felt somewhat or very positive about ageing, a figure that dropped slightly to 62% in 2024. By 2025, only 57% reported positive feelings towards ageing, a year-over-year decrease of 5%.

A similar trend emerges with respect to the negative perception of ageing. In 2022 and 2023, one third (33%) of Canadians 50+ expressed negative feelings; this rose slightly to 34% in 2024 and reached 39% in 2025, representing a year-over-year increase of 5% (Figure 41). This includes 30% of Canadians 50+ saying they felt "somewhat negative" and 8% saying "very negative."

Figure 41. Feelings about the prospect or experience of getting older among Canadians aged 50 and older, 2022-25



Most older Canadians still feel positive about ageing, but optimism has slipped and negativity is on the rise.

The 2025 NIA survey results show varied trends in how Canadians of different age groups feel about getting older. Among those aged 50-64, the share expressing positive feelings about ageing declined in 2025, after having remained relatively stable or increasing between 2022 and 2024. For Canadians aged 70+, the gradual decline in positive perspectives observed since 2022 continued in 2025. Additionally, the sharpest decline in positivity is also among this group, particularly among those aged 75-79 years, with only 59% expressing positive feelings about ageing in 2025 — a substantial decrease from 69% in 2024 (Figure 42).

Health status emerged as the strongest differentiator: 77% of Canadians 50+ in excellent or very good health felt positively about ageing, compared with just 33% of those in fair or poor health. Conversely, 62% of Canadians 50+ in fair or poor health had negative perceptions of ageing, compared with only 20% of those in excellent or very good health.

The health of older Canadians drives their outlook on ageing: 77% in good health feel positive about ageing, compared with just 33% in poor health.

Similarly, perspectives on ageing vary across provinces (Figure 43). Residents of Nova Scotia remain the most optimistic, with 65% reporting a positive outlook. Quebec (62%) also stands out, with a majority of Canadians 50+ expressing positive views on ageing — consistent with patterns observed in earlier surveys. In contrast, positivity towards ageing is lowest in Manitoba, where fewer than half of residents (49%) report a positive perspective.

Figure 42. Positive feelings about getting older by age, 2025

Percentage who report feeling very or somewhat positive

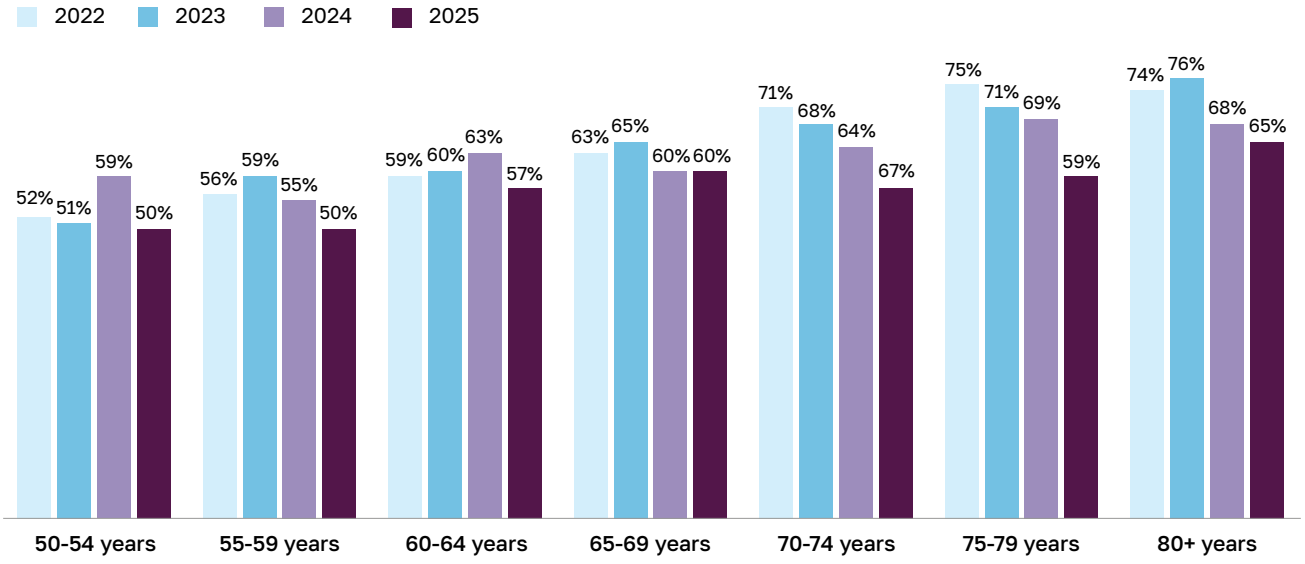
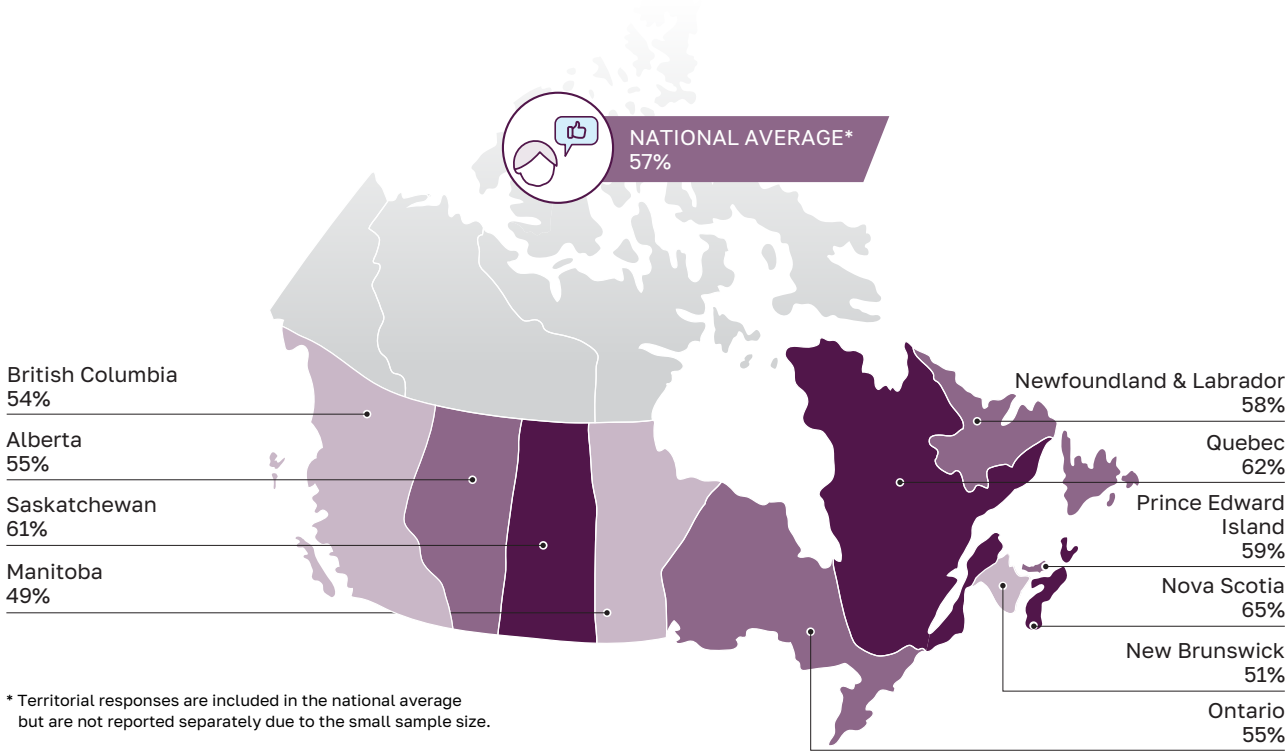


Figure 43. Positive feelings about getting older across Canada, 2025

Percentage who report feeling very or somewhat positive in 2025



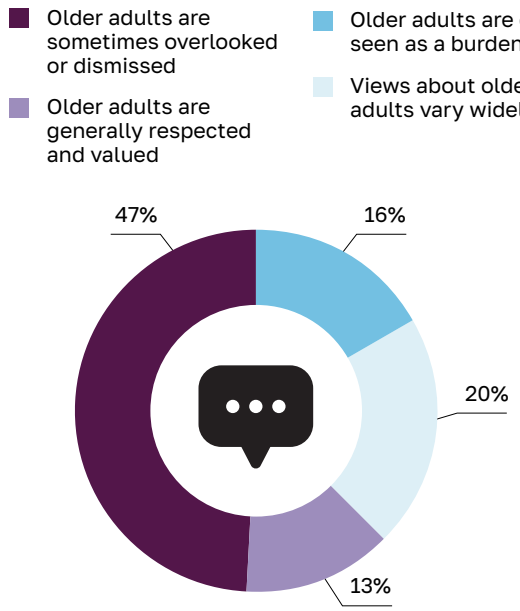
In line with overall perceptions on ageing, respondents' perceptions of control over their ability to age well also revealed meaningful divides in 2025. When asked, "To what extent do you feel in control of how you will age?" older Canadians told us that health was a critical factor: 89% of those in excellent or very good health felt at least somewhat in control, compared with only 41% of those in fair or poor health. Conversely, nearly six in ten (59%) of those in poor health said they lacked control.

Many view control as being directly shaped by access to resources, support services and the design of care systems: when health systems offer person-centred, integrated care, feelings of agency and confidence are notably higher.

Income security was also decisive, with 77% of those with an income "good enough to save" feeling some level of control, compared with only 41% of those reporting their incomes are "not enough and having a hard time."

Older adults who view ageing positively and feel in control of how they age are more likely to enjoy better health and a higher quality of life. When asked how Canadian society views older adults, 13% said they are generally respected and valued, 47% said they are sometimes overlooked or dismissed, 16% felt older adults are often seen as a burden and 20% said views vary widely (Figure 44).

Figure 44. Perspectives on how society views older adults, 2025



Positive perceptions of ageing have declined in the past year, while negative views are on the rise — especially among those in poorer health or facing financial insecurity. Feelings of control over ageing are closely linked to these factors, with health status, income and access to supportive systems emerging as decisive influences. Beyond these personal factors, external influences such as economic or political factors may also be impacting perceptions of ageing and confidence in the future.

The policy challenge is clear: close the gap between older adults' hopes for dignity and the realities of our systems.

At the same time, many older Canadians believe society does not fully respect or value them, with nearly half saying they are sometimes overlooked or dismissed. Taken together, these findings point to a critical policy challenge: to close the gap between older adults' hopes for independence, dignity and participation, and the realities of the systems meant to support them. Ensuring that ageing in Canada is met with respect, choice and security will require deliberate action across health, social and economic policies.

Conclusion

The NIA's *Ageing in Canada Survey* has become a vital tool for tracking the realities of later life. The 2025 survey provides the NIA's fourth annual national look into the perspectives and experiences of Canadians 50+ since its launch in 2022. This year's findings reinforce that ageing in Canada remains marked by progress as well as persistent and new challenges. Some improvements are visible (most notably with respect to perceived access to health care and dental care affordability), yet these gains are tempered by persistent social isolation and continued financial insecurity for many.

There are powerful insights in this report, which reflect the lived experiences of real people. The challenge for policy and decision-makers, practitioners and community leaders is to turn those insights into action, translating evidence into policies that close the gaps they reveal. The task ahead is to keep driving this research forward, ensuring it is leveraged by decision-makers to bridge the divide between data and real-world impact.

The NIA's *Ageing in Canada Survey* makes clear that the experiences of ageing are shaped by individual circumstances as well as broader systems and policy choices. Provincial variation shows how government decisions directly shape outcomes for older adults, while inequalities in income, health and social connection continue to reinforce one another, leaving some groups far less certain about their futures. Retirement readiness is also declining, with many working Canadians unable to save enough to retire when they would like.

At the same time, the diversity of older Canadians is becoming ever more visible. This is not a single group but a growing and varied population whose lives reflect the values and policies of the society around them.

The NIA's Ageing in Canada Survey is a call to action.

Ensuring that the diverse older adult population can age with dignity, connection and confidence should be at the centre of Canada's public policy goals for the years ahead.

Looking forward, the NIA survey underscores the urgency of moving beyond aspiration to action. Monitoring trends is essential, but equally important is implementing policies and programs that address the social, financial and health-related barriers identified in this report.

The NIA's 2025 *Ageing in Canada Survey* findings show that while progress is possible, it remains fragile. The test for Canada will be whether we act now to build systems that support all older adults to age with the security and inclusion they deserve.

Appendix 1

Profiles of Canadians 50+

The table below highlights the composition of the population aged 50 years and older based on the 2025 NIA survey's 6,001 respondents, weighted.[xiv]

2025 NIA Ageing in Canada Survey Sample

Key Characteristics	2025 Weighted Survey Sample (%)			
	Total	50-64 years	65-79 years	80+ years
Sample Size (# of respondents)	**6,001**	**2,970**	**2,307**	**724**
Total	**100%**	**49.5%**	**38.4%**	**12.1%**
Gender				
Man	47.9	47.8	47.9	48.0
Woman	51.8	51.8	51.8	51.7
Another gender identity	0.2	0.2	0.2	0.3
Prefer not to say	0.1	0.1	0	0
Province				
Alberta	10.2	10.2	10.2	10.2
British Columbia	14.1	14.1	14.1	14.1
Manitoba	3.4	3.5	3.5	2.6
New Brunswick	2.4	2.4	2.4	2.2
Newfoundland and Labrador	1.5	1.6	1.4	1.2
Nova Scotia	3.2	3.2	2.9	4.0
Ontario	38.5	38.5	38.5	38.6
Prince Edward Island	0.5	0.3	0.8	0.2
Quebec	23.4	23.4	23.4	23.4
Saskatchewan	2.7	2.6	2.6	3.5
Territories	0.2	0.3	0.2	0
Community Size				
City	68.0	67.7	68.4	68.0
Town or village	19.0	17.6	19.0	24.6
Rural area	13.0	14.7	12.5	7.4

[xiv] Totals may exceed 100% due to rounding and weighting adjustments.

Key Characteristics	2025 Weighted Survey Sample (%)			
	Total	50-64 years	65-79 years	80+ years
Community Size				
Cannot say	0	0	0	0
Health Status				
Excellent or very good health	32.9	32.6	33.1	33.9
Good health	38.3	35.8	41.4	38.2
Fair or poor health	28.7	31.4	25.5	27.8
Cannot say	0.1	0.2	0	0
Adequacy of Household Income				
Good enough to save	37.7	29.5	42.9	55.1
Just enough to avoid major problems	38.8	36.7	41.5	38.7
Not enough and stretched	14.8	19.9	11.5	4.2
Not enough and having a hard time	6.8	11.7	2.6	0
Cannot say	2.0	2.3	1.6	2.0
Educational Attainment				
Some high school or less	7.3	6.8	6.4	12.3
High school	35.0	34.0	37.0	30.0
College or some university	33.0	33.9	32.5	31.1
University degree	25.7	24.3	24.4	29.7
Cannot say	0.1	0	0.1	0
Employment Status				
Working (full-time, part-time or self-employed)	34.8	57.7	15.0	4.0
Unemployed or looking for a job	3.7	6.5	1.2	0.1
Stay at home full-time	2.9	5.0	0.9	0.2
Retired	52.3	18.9	81.9	95.2
On a disability pension	4.3	8.5	0.2	0
Other	1.7	2.7	0.7	0.5
Cannot say	0.4	0.7	0	0
Household Income				
Less than $30,000	17.6	19.2	16.3	14.9
$30,000-$60,000	29.8	24.8	32.7	40.8
$60,000-$80,000	13.6	12.8	15.4	11.3
$80,000-$100,000	11.9	12.2	12.8	8.1
$100,000-$150,000	13.9	16.2	11.9	11.0

Key Characteristics	2025 Weighted Survey Sample (%)			
	Total	50-64 years	65-79 years	80+ years
Household Income				
$150,000 and over	8.1	9.9	6.0	7.0
Cannot say	5.1	4.8	4.9	6.9
Marital Status				
Married	47.0	43.1	51.2	49.4
Common law	9.4	12.7	7.4	1.9
Partnered but living separately	1.2	1.9	0.4	0.3
Single and never married	16.2	23.4	10.4	5.3
Divorced or separated	15.6	15.4	17.3	11.1
Widowed	10.4	3.0	13.1	32.1
Cannot say	0.2	0.4	0.1	0
Children				
Yes	68.4	63.1	71.1	81.4
No	31.1	36.3	28.4	18.0
Cannot say	0.5	0.5	0.5	0.6
Homeownership				
Own	67.3	62.3	72.0	72.8
Rent	31.2	35.7	26.9	25.8
Cannot say	1.5	1.9	1.1	1.4
Living Alone				
Yes	30.4	25.6	32.6	43.2
No	67.7	71.3	66.6	56.5
Cannot say	1.9	3.1	0.8	0.4
Ethnic-Racial Background				
White	88.4	83.7	92.1	95.4
Other	13.1	17.8	9.3	7.0
Cannot say	0.5	0.8	0.4	0
Immigration Status				
First-generation immigrant	16.3	16.7	14.9	18.9
Second-generation immigrant	18.8	18.5	17.5	24.3
Third-generation plus	64.5	64.2	67.3	56.7
Cannot say	0.4	0.5	0.3	0.1

Appendix 2

NIA Survey Questions

1. Social Network Strength

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

a. Do you see or hear from at least once a month?

b. Do you feel at ease with that you can talk about private matters?

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

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

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

a. Do you see or hear from at least once a month?

b. Do you feel at ease with that you can talk about private matters?

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

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

2. Social Engagement

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

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

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

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

01 – Participated as often as I wanted to [SKIP TO Q.X]
02 – Participated a bit less than I would have liked
03 – Participated much less than I would have liked
99 – Cannot say [SKIP TO Q.X]

[IF A BIT/MUCH LESS (02-03)]

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

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

3. Experienced Ageism

Have you ever personally experienced discrimination or been treated unfairly because of your age?

01 – Yes
02 – No [SKIP TO Q.X]
99 – Cannot say [SKIP TO Q.X]

[IF Yes (01)]

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

01 – Yes
02 – No
99 – Cannot say

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

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

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

4. Income Adequacy

Which of the following categories best corresponds to the total annual income, before taxes, of all members of your household for 2023? Select one only.

01 - Under $30,000
02 - $30,000 to $60,000
03 - $60,000 to $80,000
04 - $80,000 to $100,000
05 - $100,000 to $150,000
06 - $150,000 and over
99 – Cannot say

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

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

In thinking about the future, which of the following are you most concerned about as you get older? Please select the issue you are most concerned about. [Rotate]

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

5. Material Deprivation

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

[ ] – Number in household
99 – Cannot say [SKIP TO Q.X]

[Question wording adjusts below based on number of people in household – it will always appear as Q.X = 1/Q.X = 2+]

[IF NUMBER OF HOUSEHOLD MEMBERS =1]

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

[IF NUMBER OF HOUSEHOLD MEMBERS = 2+]

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

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

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

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

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

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

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

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

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

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

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

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

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)] Is this because you cannot afford it, or for some other reason?

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

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

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

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

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

Are you currently able to pay your bills on time?

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

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

01 – Yes
02 – No
99 – Cannot say

[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

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

01 – Yes
02 – No
99 – Cannot say
[IF RESPONSE CHOICE = No (02)]

Is this because you cannot afford it, or for some other reason?

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

6. Retirement Readiness

Are you currently:

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

[IF EMPLOYMENT STATUS = 01-04, 98]

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

01 – I have no interest or intention in retiring
02 – I want to retire, but have not yet made any specific plans or decisions
03 – I have a plan for retirement
04 – I am now in the process of retiring
05 – I had previously retired, but have rejoined the workforce
98 – Other (Please specify _____)
99 – Cannot say

[IF EMPLOYMENT STATUS = 01-04, 98]

How much longer do you plan to work before you retire?

01 – Another 1 to 2 years
02 – Another 3 to 5 years
03 – Another 6 to 10 years
04 – More than 10 years
05 – Uncertain at this point
99 – Cannot say

[IF EMPLOYMENT STATUS = 01-04, 98]

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

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

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

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

[IF EMPLOYMENT STATUS = RETIRED (07)]

How would you compare your life today with your life the year before you retired? Would you say life today is:

01 – More enjoyable than before retirement
02 – About the same
03 – Less enjoyable than before retirement
99 – Cannot say

7. Access to Health Care

Do you currently have a primary care provider who you see on an ongoing basis for your general health needs (such as a family or primary care doctor or nurse practitioner)?

01 – Yes
02 – No [SKIP TO Q.X]
99 – Cannot say [SKIP TO Q.X]

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

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

[IF SOME OF THE TIME/RARELY/NEVER (02, 03, 04)]

Which of the following were reasons why you were not able to get all or most of the health care services and treatments you needed? Check all that apply. [Rotate]

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

8. Access to Home and Community Care

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

In the past 12 months, have you needed home care services to help with in-home care for yourself or another person living in your home? Select more than one if applicable.

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

[IF YES FOR MYSELF/YES FOR SOMEONE ELSE IN MY HOME (01-02)]

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

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

[IF SOME OF THE TIME/RARELY/NEVER (02, 03, 04)]

Which of the following were reasons why you were not able to get all or most of the home care services you needed? Select all that apply. [Rotate]

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

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

In the past 12 months, have you needed community support services for yourself or another person living in your home? Select more than one if applicable.

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

[IF YES FOR MYSELF/YES FOR SOMEONE ELSE IN MY HOME (01-02)]

Which types of community support services did you need? Select all that apply. [Rotate]

01 – Low cost/accessible transportation services
02 – Meal or food delivery services
03 – Community exercise and falls prevention programs
04 – Friendly visiting services
05 – Light yard work/snow shoveling programs
06 – Minor home repairs
06 – Adult day care programs (such as for people living with dementia)
07 – Palliative care
08 – Hospice care
98 – Other (please specify _____)
96 – None [SKIP TO Q.X]
99 – Cannot say [SKIP TO Q.X]

[IF RESPONSE= 01-08 or 98]

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

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

[IF SOME OF THE TIME/RARELY/NEVER (02, 03, 04)]

Which of the following were reasons why you were not able to get all or most of the community support services you needed? Select all that apply. [Rotate]

01 – I didn't know how to access services or navigate the system
02 – Time consuming/difficult to apply
03 – Difficulty qualifying or not eligible
04 – Service not available in my area
05 – Difficult to travel to service location
06 – Cost; unable to afford
07 – Waiting time too long
08 – Language barrier
98 – Other (Please specify _____)
99 – Cannot say [Exclusive]

10. Perspectives on Ageing

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

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

To what extent do you feel in control of how you will age?

01 – Completely in control
02 – Somewhat in control
03 – Not very in control
04 – Not at all in control
99 – Not sure

Thinking about how others in Canadian society view older adults, would you say...

01 – Older adults are generally respected and valued
02 – Older adults are sometimes overlooked or dismissed
03 – Older adults are often seen as a burden
04 – Views about older adults vary widely
99 – Not sure

Do you feel that society does enough to support people as they age?

01 – Yes, definitely
02 – Yes, somewhat
03 – No, not really
04 – No, not at all
99 – Not sure

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